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Special issue

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COVID-19 PHE's end will bring changes

Coverage and member cost-sharing will revert to pre-pandemic requirements

The federally declared public health emergency (PHE) related to the COVID-19 pandemic will end on **May 11, 2023**. This will result in changes in coverage and cost-sharing requirements for members of Arkansas Blue Cross and Blue Shield's and Health Advantage's fully insured health plans, as described below.

Please note: Coverage and cost-sharing changes for members of self-funded health plans administered by BlueAdvantage Administrators of Arkansas or Health Advantage are determined by the employers or plan sponsors who fund those self-funded plans. If you have questions about coverage for such plans, please call the number on the back of the health plan member's ID card.

Member cost-sharing for COVID-19-related services

On **May 11, 2023**, federal mandates for coverage (without member cost-sharing) of certain healthcare services will end. Affected services rendered **May 12, 2023**, and thereafter will be subject to **member cost-sharing requirements of the member's plan** (copays/deductibles/coinsurance, etc.).

This resumption of member cost-sharing requirements for covered services includes:

- **Clinical encounters associated with COVID-19**, including:
 - Office visits.
 - Urgent care clinic visits.
 - Emergency department visits.
 - Telemedicine visits.
 - Lab evaluations performed in conjunction with any of the above-listed types of clinical encounters.
- **Diagnostic lab testing for COVID-19 performed in a medical setting** – including eligible specimen collection.
- **Pharmacy-based diagnostic lab testing for COVID-19 performed by pharmacists** – including eligible specimen collection.
- **All U.S. Food and Drug Administration-approved therapeutic agents used to treat COVID-19** – e.g., Veklury.

This resumption of member cost-sharing requirements **will not include** (meaning that members will not be subject to cost-sharing):

- **The cost of COVID-19 vaccines** that have been approved by the Centers for Disease Control & Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).
- **Charges for administration of ACIP-approved COVID-19 vaccines** – which are covered as preventive services and therefore do not require cost-sharing for most members.

Coverage for at-home COVID-19 test kits

Coverage for such tests will end May 11, 2023.

Specimen collection codes

Healthcare Common Procedure Coding System (HCPCS) specimen collection codes **G2023** and **G2024** will no longer be covered after May 11, 2023, and claims containing those codes will be denied.

Monoclonal antibodies

There currently are **no monoclonal antibody treatments approved** for COVID-19. Accordingly, any related services rendered May 12, 2023, and thereafter **will not be covered**.

High-throughput testing

The following HCPCS codes no longer will be covered after May 11, 2023, for **any provider at any place of service**:

- **U0003**
- **U0004**
- **U0005**

Out-of-network COVID-19 testing

After May 11, 2023, there will be **no coverage** for COVID-19 tests performed by entities that are not contracted participants in our health plans' provider networks. Fee schedule pricing will be applied to **covered** lab codes only.

Prior authorization/medical management

Laboratory services for which prior authorization requirements were suspended due to the public health emergency **will be** subject to such prior authorization requirements beginning May 12, 2023.