



# COVID-19 temporary provisions

Reference guide

Updated May 10, 2023

United  
Healthcare



# Overview

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On Jan. 30, 2023, the Department of Health and Human Services (HHS) announced the Public Health Emergency (PHE) and the President's National Emergency will end on May 11, 2023.

This reference guide outlines the temporary programs, processes and procedures UnitedHealthcare implemented as a result of COVID-19, and the changes taking place to those temporary provisions after the PHE ends on May 11, 2023.

Where outlined, changes apply to Individual Exchange, Individual and fully insured Group Market health plans. Implementation for self-funded customers may vary. Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website or your state's UnitedHealthcare Community Plan website, if applicable. Medical management requirements may also apply, according to the member's benefit plan.

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# Testing

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
<b>COVID-19 diagnostic testing (physician ordered)</b>	From Feb. 4, 2020, through May 11, 2023, UnitedHealthcare is waiving cost-share (copay, coinsurance and deductible) for in-network and out-of-network tests.	State variations and requirements apply. Please refer to your state's COVID-19-specific website for more information.	From Feb. 4, 2020, through May 11, 2023, UnitedHealthcare is waiving cost-share (copay, coinsurance and deductible) for in-network and out-of-network tests.
	<b>After the PHE:</b> For dates of service on or after May 12, 2023, FDA-approved or authorized COVID-19 lab tests ordered by a physician or health care provider are covered in accordance with the member's health plan.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, state variations and requirements apply. Please refer to your state's COVID-19-specific website for more information.  UnitedHealthcare health plans do not cover COVID-19 surveillance testing unless mandated by state regulatory requirements. Please refer to your state's COVID-19-specific website for more information.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, FDA-approved or authorized COVID-19 lab tests ordered by a physician or health care provider are covered in accordance with the member's standard medical plan benefit. UnitedHealthcare health plans do not cover COVID-19 surveillance testing unless mandated by state regulatory requirements. Individual plans may vary. Refer to plan benefits for more detail.



# Testing (cont.)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
<b>Over-the-counter (OTC) COVID-19 tests</b>	<p>From Feb. 4, 2020, through May 11, 2023, UnitedHealthcare is waiving cost-share (copay, coinsurance and deductible) for in-network and out-of-network tests when medically appropriate as ordered or reviewed by a physician or appropriately licensed health care professional. UnitedHealthcare Medicare Advantage plans with an OTC benefit also offer at-home test kits through the OTC benefit.</p>	<p>State variations and requirements may apply. Please refer to your state's COVID-19-specific website for more information.</p>	<p>From Jan. 15, 2022, through May 11, 2023, UnitedHealthcare is waiving cost-share (copay, coinsurance and deductible) for in-network and out-of-network tests.</p>
	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare Medicare Advantage plans will not cover OTC COVID-19 tests under the plan's medical benefits. UnitedHealthcare Medicare Advantage plans with an OTC benefit will continue to offer at-home test kits through the OTC benefit.</p>	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will not cover OTC COVID-19 tests unless mandated by state regulatory requirements. State requirements may vary. Please refer to your state's COVID-19-specific website for more information.</p>	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will not cover OTC COVID-19 tests unless mandated by state regulatory requirements. Members may use their account plans, such as Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA) to purchase OTC tests. Individual plans may vary. Refer to plan benefits for more detail.</p>



# Testing (cont.)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
<b>COVID-19 antibody testing</b>	From April 10, 2020, through May 11, 2023, UnitedHealthcare is waiving cost-share (copay, coinsurance and deductible) for in-network and out-of-network provider-ordered tests.	State variations and requirements may apply. Please refer to your state's COVID-19-specific website for more information.	From April 10, 2020, through May 11, 2023, UnitedHealthcare is waiving cost-share for in-network and out-of-network provider-ordered tests.
	<b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover FDA-approved or authorized COVID-19 lab tests ordered by a physician or health care provider (e.g., pharmacist, nurse, or doctor) in accordance with the member's health plan.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, state variations and requirements may apply. Please refer to your state's COVID-19-specific website for more information.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover FDA-approved or authorized COVID-19 lab tests ordered by a physician or health care provider (e.g., pharmacist, nurse, or doctor) in accordance with the member's standard plan benefit. Individual plans may vary. Refer to plan benefits for more detail.



# Testing (cont.)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
<b>COVID-19 testing-related services</b>	From Feb. 4, 2020, through May 11, 2023, UnitedHealthcare is waiving cost-share (copay, coinsurance and deductible) for in-network and out-of-network testing-related services (in person or telehealth).	State variations and requirements may apply. Please refer to your state’s COVID-19-specific website for more information.	From Feb. 4, 2020, through May 11, 2023, UnitedHealthcare is waiving cost-share for in-network and out-of-network testing-related services (in person or telehealth).
	<b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover COVID-19 test-related office visits in accordance with member’s health plan.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, state variations and requirements may apply. Please refer to your state’s COVID-19-specific website for more information.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover COVID-19 test-related office visits in accordance with member’s standard plan benefit. Individual plans may vary. Refer to plan benefits for more detail.



# Treatment

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
<b>COVID-19 treatment</b>	<p>As of April 1, 2021, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's health plan. This includes telehealth, inpatient and outpatient COVID-19 treatment for both in-network and out-of-network services.</p>	<p>State variations and requirements apply. Please refer to your state's COVID-19-specific website for more information.</p>	<p>Coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's health plan.</p>
	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's health plan. This includes telehealth, inpatient and outpatient COVID-19 treatment for both in-network and out-of-network services.</p>	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, state variations and requirements may apply. Please refer to your state's COVID-19-specific website for more information.</p>	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's standard plan benefits.</p>





# Treatment (cont.)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
<b>COVID-19 anti-viral treatment</b>	FDA-authorized or approved COVID-19 antiviral treatments will be reimbursed with no cost-share (copayment, coinsurance or deductible) through May 11, 2023. For oral drugs, member cost-share is zero through May 11, 2023.	State variations and requirements apply. Please refer to your state's COVID-19-specific website for more information.	For medical health plans, coverage and cost-share for both in-network and out-of-network treatment are adjudicated in accordance with the member's health plan. There are 3 antiviral treatment options available: <ul style="list-style-type: none"> <li>• Infusion: Veklury® (remdesiver)</li> <li>• Oral: Paxlovid™ (nirmatrelvir + ritonavir, co-packaged) and Lagevrio™ (molnupiravir).</li> </ul> Through May 11, 2023, UnitedHealthcare is waiving cost-share (copay, coinsurance and deductible) for in-network and out-of-network oral antiviral treatment.
	<b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover FDA-approved or authorized COVID-19 treatments in accordance with a member's health plan. Please review the <a href="#">FDA's COVID-19 site</a> for information on FDA-authorized and approved COVID-19 treatments.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, state requirements may vary. Please refer to your state's COVID-19-specific website for more information.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover FDA-approved or authorized COVID-19 treatments in accordance with a member's standard plan benefits. Please review the <a href="#">FDA's COVID-19 site</a> for information on FDA-authorized and approved COVID-19 treatments. Individual plans may vary. Refer to plan benefits for more detail.



# Treatment (cont.)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
<b>Monoclonal antibody treatment</b>	For Medicare health plans, administration claims for FDA-authorized or approved COVID-19 monoclonal antibody treatments for Medicare beneficiaries will be reimbursed with no cost-share (copayment, coinsurance or deductible) through May 11, 2023.	State variations and requirements apply. Please refer to your state’s COVID-19-specific website for more information.	As of April 1, 2021, no cost-share waivers are in effect for the administration (intravenous infusion) of monoclonal antibodies. Coverage and cost-share for both in-network and out-of-network treatment are adjudicated in accordance with the member’s health plan.
	<b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover FDA-approved or authorized monoclonal antibody treatment in accordance with a member’s health plan. Please review the <a href="#">FDA’s COVID-19 site</a> for information on FDA-authorized and approved COVID-19 treatments.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, state variations and requirements may apply. Please refer to your state’s COVID-19-specific website for more information.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover FDA-approved or authorized monoclonal antibody treatment in accordance with a member’s standard plan benefits. Please review the <a href="#">FDA’s COVID-19 site</a> for information on FDA-authorized and approved COVID-19 treatments. Individual plans may vary. Refer to plan benefits for more detail.



# Telehealth

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
<p> <b>Telehealth</b>  <b>Virtual check-ins</b>  <b>Electronic visits</b>  <b>Physical therapy</b>  <b>Occupational therapy</b>  <b>Speech therapy</b>  <b>Chiropractic therapy</b>  <b>Home health and hospice</b>  <b>Remote patient monitoring</b>  <b>Behavioral</b>  <b>Dental</b>  <b>Vision</b>  <b>Hearing</b> </p>	<p>From Feb. 4, 2020, through May 11, 2023, UnitedHealthcare is waiving cost-share (copay, coinsurance or deductible) for in-network and out-of-network testing and testing-related telehealth services.</p> <p><b>COVID-19 treatment:</b> Effective April 1, 2021, for both in- and out-of-network providers, members are responsible for any copay, coinsurance or deductible or out-of-network costs according to their benefit plan.</p> <p><b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover telehealth visits and virtual visits in accordance with the member's health plan.</p>	<p>State requirements apply. Please refer to your state's COVID-19-specific website for more information.</p> <p>Benefits are adjudicated in accordance with the member's health plan, if applicable.</p> <p><b>After the PHE:</b> For dates of service on or after May 12, 2023, state requirements may apply. Please refer to your state's COVID-19-specific website for more information.</p> <p>Benefits are adjudicated in accordance with the member's health plan, if applicable.</p>	<p>From Feb. 4, 2020, through May 11, 2023, UnitedHealthcare is waiving cost-share (copay, coinsurance or deductible) for in-network and out-of-network testing-related telehealth services.</p> <p><b>COVID-19 treatment:</b> Effective Jan. 1, 2021, members are responsible for any copay, coinsurance, deductible or out-of-network costs according to their benefit plan.</p> <p><b>After the PHE:</b> For dates of service on or after May 12, 2023, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's standard plan benefits.</p>



# Telehealth (cont.)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
<p>Telehealth Medical Physical therapy Occupational therapy Speech therapy</p>	<p>From Jan. 1, 2021, through May 11, 2023, UnitedHealthcare is waiving the Centers for Medicare &amp; Medicaid Services (CMS) originating site requirement. UnitedHealthcare will cover in-network telehealth services, as outlined in the current CMS guidelines.</p>	<p>State requirements apply. Please refer to your state's COVID-19-specific website for more information.</p>	<p><b>COVID-19 in-network testing and treatment:</b> As of Jan. 1, 2021, UnitedHealthcare is reimbursing in-network telehealth services as outlined in our <a href="#">telehealth/telemedicine reimbursement policy</a>.</p> <p><b>Out-of-network COVID-19 testing and treatment:</b> UnitedHealthcare extended the expansion of telehealth access for COVID-19 testing through May 11, 2023. As of Oct. 23, 2020, out-of-network telehealth services for COVID-19 treatment are covered according to the member's benefit plan.</p>
	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will continue to waive the Centers for Medicare &amp; Medicaid Services (CMS) originating site requirement. UnitedHealthcare will cover telehealth visits and virtual visits in accordance with the member's standard medical plan benefit.</p>	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, state requirements may apply. Please refer to your state's COVID-19-specific website for more information.</p> <p>Benefits are adjudicated in accordance with the member's health plan, if applicable.</p>	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's standard plan benefits. Individual plans may vary. Refer to plan benefits for more detail.</p>



# Telehealth (cont.)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
<b>Behavioral</b>	<p>From Jan. 1, 2021, through May 11, 2023, benefits are adjudicated in accordance with the member's benefit plan. Originating site requirement does not apply for UnitedHealthcare Medicare Advantage benefit plans.</p>	<p>State Medicaid guidance/mandates apply. If no mandate was issued, the expanded policy was applicable through June 17, 2020.</p>	<p>Optum waived the CMS originating site restriction and extended the expansion of telehealth access. This exception is effective through April 1, 2022, for in-network providers.</p> <p>For out-of-network providers, these flexibilities may be applicable in accordance with the member's benefit plan and as mandated by the state. See the <a href="#">Optum Reimbursement Policies</a> for more information.</p>
	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover telehealth visits and virtual visits in accordance with the member's health plan.</p>	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, state requirements may apply. Please refer to your state's COVID-19-specific website for more information.</p>	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's standard plan benefits. Individual plans may vary. Refer to plan benefits for more detail.</p>



# Telehealth (cont.)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
Virtual check-ins	Covered per Medicare guidelines	State requirements apply. Please refer to your state's COVID-19-specific website for more information.	<p><b>COVID-19</b>            In-network testing and treatment: As of Jan. 1, 2021, UnitedHealthcare is reimbursing in-network telehealth services as outlined in our <a href="#">telehealth/telemedicine reimbursement policy</a>.            Out-of-network COVID-19 testing: UnitedHealthcare has extended the expansion of telehealth access for COVID-19 testing through May 11, 2023.            Out-of-network COVID-19 treatment: As of Oct. 23, 2020, out-of-network telehealth services for COVID-19 treatment are covered according to the member's benefit.</p> <p><b>Non-COVID-19</b>            In network: As of Jan. 1, 2021, UnitedHealthcare is reimbursing in-network telehealth services as outlined in our <a href="#">telehealth/telemedicine reimbursement policy</a>.            Out of network: As of July 25, 2020, out-of-network telehealth services are covered according to the member's benefit plan.</p>
	<b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover telehealth visits and virtual visits in accordance with the member's health plan.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, state requirements may apply. Please refer to your state's COVID-19-specific website for more information.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's standard plan benefits. Individual plans may vary. Refer to plan benefits for more detail.



# Telehealth (cont.)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
Electronic visits (e-visits)	Covered per Medicare guidelines	State requirements apply. Please refer to your state's COVID-19-specific website for more information.	E-visits will be covered according to the member's benefit plan.
	<b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover e-visits in accordance with the member's health plan.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, state requirements may apply. Please refer to your state's COVID-19-specific website for more information.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's standard plan benefits. Individual plans may vary. Refer to plan benefits for more detail.
Remote patient monitoring	Covered per Medicare guidelines	State requirements apply. Please refer to your state's COVID-19-specific website for more information.	UnitedHealthcare is reimbursing telehealth services for remote patient monitoring according to the member's benefit plan and as outlined in our <a href="#">telehealth/telemedicine reimbursement policy</a> .
	<b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover telehealth visits for remote patient monitoring in accordance with the member's health plan.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, state requirements may apply. Please refer to your state's COVID-19-specific website for more information.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's standard plan benefits. Individual plans may vary. Refer to plan benefits for more detail.



# Telehealth (cont.)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
Chiropractic therapy	Beginning Jan. 1, 2021, Covered per Medicare guidelines.	State requirements apply. Please refer to your state's COVID-19-specific website for more information.	UnitedHealthcare is reimbursing telehealth services for chiropractic therapy according to the member's benefit plan and as outlined in our <a href="#">telehealth/telemedicine reimbursement policy</a> .
	<b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover telehealth visits in accordance with the member's health plan.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, state requirements may apply. Please refer to your state's COVID-19-specific website for more information.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's standard plan benefits. Individual plans may vary. Refer to plan benefits for more detail.
Hospice	Not applicable	State requirements apply. Please refer to your state's COVID-19-specific website for more information.	UnitedHealthcare is reimbursing services provided by hospice agencies for routine home care when rendered using interactive audio-video technology according to the member's benefit plan and as outlined in our <a href="#">telehealth/telemedicine reimbursement policy</a> .
	Not applicable	<b>After the PHE:</b> For dates of service on or after May 12, 2023, state requirements may apply. Please refer to your state's COVID-19-specific website for more information.	<b>After the PHE:</b> For dates of service on or after May 12, 2023, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's standard plan benefits. Individual plans may vary. Refer to plan benefits for more detail.





# Telehealth (cont.)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
<p><b>Home health</b></p>	<p>UnitedHealthcare will extend the expansion of telehealth access through May 11, 2023. Services must be performed using live, interactive audio-video while the patient is at home or a CMS originating site.</p>	<p>State requirements apply. Please refer to your state's COVID-19-specific website for more information.</p>	<p><b>In-network testing and treatment:</b> No telehealth expansion provisions for in-network COVID-19 services are currently in effect. As of Jan. 1, 2021, UnitedHealthcare is reimbursing in-network telehealth services as outlined in current <a href="#">CMS guidelines</a>, and additional codes as outlined in our <a href="#">telehealth/telemedicine reimbursement policy</a>.</p> <p><b>Out-of-network COVID-19 testing and treatment:</b> For out-of-network providers, UnitedHealthcare will extend the expansion of telehealth access for COVID-19 testing through May 11, 2023. Services must be performed using live, interactive audio-video while the patient is at home or a CMS originating site. UnitedHealthcare is reimbursing telehealth services out-of-network home health therapy according to the member's benefit plan and as outlined in our <a href="#">telehealth/telemedicine reimbursement policy</a>.</p>
	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover telehealth visits in accordance with the member's health plan. .</p>	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, state requirements may apply. Please refer to your state's COVID-19-specific website for more information.</p>	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's standard plan benefits. Individual plans may vary. Refer to plan benefits for more detail.</p>



# Telehealth (cont.)

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market health plans
<b>Dental Vision Hearing</b>	<p>As of Jan. 1, 2021, through May 11, 2023, UnitedHealthcare will cover telehealth services as outlined in the current CMS Medicare guidelines. Member benefit plan terms will apply.</p>	<p>State requirements apply. Please refer to your state's COVID-19-specific website for more information.</p>	<p><b>In-network testing and treatment:</b> Beginning Jan. 1, 2021, through May 11, 2023, UnitedHealthcare is reimbursing in-network telehealth services, including originating site requirements, for COVID-19 testing and treatment in accordance with the member's benefit plan.</p> <p><b>Out-of-network COVID-19 testing and treatment:</b> UnitedHealthcare is extending the expansion of telehealth access for COVID-19 testing through May 11, 2023. UnitedHealthcare is reimbursing out-of-network telehealth services according to the member's benefit plan.</p>
	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, UnitedHealthcare will cover telehealth visits in accordance with the member's health plan.</p>	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, state requirements may apply. Please refer to your state's COVID-19-specific website for more information.</p>	<p><b>After the PHE:</b> For dates of service on or after May 12, 2023, coverage and cost-share (copay, coinsurance and deductible), including out-of-network costs, are adjudicated in accordance with the member's standard plan benefits. Individual plans may vary. Refer to plan benefits for more detail.</p>



# Timely filing

Program or benefit scenario	Health plan	Details
<b>Timely filing extensions</b>	Individual and Group Market health plans	Regulations enacted during the pandemic relaxed certain timely filing deadlines for claims and appeals for a time period after the end of the President's National Emergency referred to as the "Outbreak period." The outbreak period ends on July 10, 2023, after which standard timeframes and deadlines will apply.
<b>Timely filing extensions</b>	Medicare Advantage and Medicaid plans	Standard timely filing requirements apply. Medicaid state-specific rules and other state requirements may apply. For Medicaid and other state-specific requirements, please refer to your state-specific website.



# Referrals and prior authorization

Program or benefit scenario	Health plan	Details
Referrals	Medicare Advantage	As of Aug. 1, 2022, coverage for in-network and out-of-network service is adjudicated in accordance with the member's health plan.  <b>After the PHE:</b> Coverage for in-network and out-of-network service is adjudicated in accordance with the member's health plan.
	Medicaid	<ul style="list-style-type: none"> <li>• Consistent with existing policy, members do not need a referral for emergency care</li> <li>• Florida and Maryland have state requirements for referrals</li> <li>• The latest advisories, updates and process changes from state health plans can be found on the UnitedHealthcare Community Plan pages, where you'll also find links to each state's resources</li> </ul>
	Individual and Group Market health plans	Consistent with existing policy, members do not need a referral for emergency care. All other standard referral requirements apply.
<b>Diagnostic radiology for COVID-19 testing and testing-related services (diagnostic imaging)</b>	Medicaid and Individual and Group Market health plans	Prior authorization is not required through the end of the national public health emergency period on May 11, 2023.
	No notice is necessary for Medicare	<b>After the PHE:</b> For dates of service on or after May 12, 2023, all standard referral requirements apply.
<b>Post-acute care admission, site of service reviews and transfers to a new provider</b>	Medicare Advantage, Medicaid, and Individual and Group Market health plans	Normal prior authorization requirements apply.





# Resources

- The Centers for Medicare & Medicaid Services (CMS) guidance document: [What Do I Need to Know: CMS Waivers, Flexibilities, and the Transition Forward from the End of the COVID-19 Public Health Emergency](#)
- Learn more about our reimbursement policies at [UHCprovider.com/policies](https://www.uhcprovider.com/policies)
- For the most recent updates on COVID-19, visit the [CDC](#) and [World Health Organization](#)



# Appendix – Previous provisions

The following pages outline past temporary program provisions and/or suspensions UnitedHealthcare implemented in response to COVID-19.

**All these provisions and suspensions are no longer in effect. The information is included here simply for reference.**



# Expired cost-share waivers – Treatment

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market fully insured health plans	Additional details
COVID-19 treatment (medical benefits)	From Feb. 4, 2020, through March 31, 2021, UnitedHealthcare waived cost-share (copay, coinsurance or deductible) for in-network and out-of-network services. This included telehealth, inpatient and outpatient COVID-19 treatment.	State requirements may have applied. Please refer to your state's COVID-19-specific website for more information.	<p><b><u>In network</u></b></p> <ul style="list-style-type: none"> <li>From Feb. 4, 2020, through Oct. 22, 2020, UnitedHealthcare waived cost-share (copay, coinsurance or deductible) for in-network and out-of-network services</li> <li>From Oct. 23, 2020, through Dec. 31, 2020, UnitedHealthcare waived cost-share for in-network services for inpatient and outpatient COVID-19 treatment</li> <li>From Jan. 1, 2021, through Jan. 31, 2021, UnitedHealthcare waived cost-share for COVID-19 inpatient treatment at in-network facilities. (This includes UnitedHealthcare Individual Exchange health plans.) For inpatient admissions that begin before Jan. 31, 2021, cost-share is waived until the patient is discharged.</li> <li>Beginning Feb. 1, 2021, cost-share is adjudicated in accordance with the member's benefit plan</li> </ul> <p><b><u>Out of network</u></b></p> <ul style="list-style-type: none"> <li>From Feb. 4, 2020, through Oct. 22, 2020, UnitedHealthcare waived cost-share for in-network and out-of-network services</li> <li>As of Oct. 23, 2020, out-of-network coverage is determined by the member's benefit plan</li> <li>Implementation for self-funded customers may have varied.</li> </ul>	<ul style="list-style-type: none"> <li>Treatment must be for a COVID-19 diagnosis with an appropriate admission or diagnosis code</li> <li>Applies to observation stays, inpatient hospital episodes, acute inpatient rehab, long-term acute care and skilled nursing facilities</li> <li>This applies to remdesivir and convalescent plasma administered consistent with Food and Drug Administration (FDA) authorizations for emergency use. See below for additional detail on monoclonal antibody treatment.</li> </ul>
Monoclonal antibody treatment (medical benefits)	Not applicable.	Not applicable.	UnitedHealthcare waived cost-share (copay, coinsurance or deductible) for the administration (intravenous infusion) of monoclonal antibodies for in-network providers in outpatient settings from Nov. 24, 2020, through March 31, 2021.	



# Expired cost-share waivers – Transportation

Program or benefit scenario	Medicare Advantage	Medicaid	Individual and Group Market fully insured health plans
Transportation	No cost-share waivers have been enacted by UnitedHealthcare due to COVID-19. Coverage and cost-share has been adjudicated in accordance with the member's health plan.	No cost-share waivers have been enacted by UnitedHealthcare due to COVID-19. State requirements may have applied. Please check your state-specific website.	<p>From Feb. 4, 2020, through Dec. 31, 2020, UnitedHealthcare waived cost-share for:</p> <ul style="list-style-type: none"> <li>Emergency and medically necessary non-emergency ground ambulance transportation for COVID-19-related services</li> <li>Ground transportation from facility to facility (acute to acute or acute to post-acute) for patients with a positive COVID-19 diagnosis</li> </ul> <p>From Jan. 1, 2021, through Jan. 31, 2021, UnitedHealthcare waived cost-share for emergency ground transportation that resulted in an inpatient admission for COVID-19 treatment at an in-network facility.</p>

# Expired cost-share waivers – Medicare Advantage professional services

Program or benefit scenario	Health plan*	Date details	Additional details
Primary care professional services	Medicare Advantage	From Oct. 1, 2020, through Dec. 31, 2020, UnitedHealthcare waived cost-share for primary care office-based professional services and primary care telehealth services.	<ul style="list-style-type: none"> <li>This applied to in-network and covered out-of-network COVID-19 and non-COVID-19 services</li> <li>Urgent care and emergency room care copays were not waived</li> </ul>
Office-based professional services	Medicare Advantage	From May 11, 2020, through Sept. 30, 2020, UnitedHealthcare waived cost-share for all office-based professional services and telehealth services performed by both primary care physicians and specialists in certain categories only.	





# Expired provisional credentialing provisions

Program or benefit scenario	Health plan*	Date details	Additional details
Provisional credentialing	Medicare Advantage, Medicaid and Individual and Group Market health plans	<p>From March 19, 2020, through June 30, 2021, in accordance with National Committee for Quality Assurance (NCQA) guidelines.</p> <p>Provisional Credentialing Requirements:</p> <ul style="list-style-type: none"> <li>• Receipt of a completed application with a current attestation</li> <li>• Primary source verification of a current, valid license to practice</li> <li>• Review of malpractice history</li> <li>• Evidence of adequate professional liability insurance</li> <li>• Completion of the full credentialing process within 180 calendar days from when provisional credentialing was granted</li> </ul>	<p>UnitedHealthcare temporarily updated its credentialing policies and processes to help health care professionals go through the credentialing and contracting process more quickly, and to allow more time to complete recredentialing activities. The temporary provisions included:</p> <ul style="list-style-type: none"> <li>• <b>Provisional Credentialing:</b> Implemented provisional credentialing for out-of-network, licensed independent practitioners who wanted to participate in one or more of our networks. The full credentialing process was then completed within 180 calendar days from when provisional credentialing was granted. <ul style="list-style-type: none"> <li>○ Care providers were required to check with the applicable professional licensing boards for guidelines on where they were able to practice during the COVID-19 health emergency.</li> <li>○ Practitioners who came out of retirement to assist during staffing shortages needed to complete the provisional credentialing process.</li> <li>○ Practitioners who were acting as Locum Tenens or practicing solely in a hospital setting did not require credentialing.</li> <li>○ For practitioners who were already credentialed, we did not require additional credentialing to practice in a new location. This is because credentialing occurs at the practitioner level not at a location level.</li> <li>○ Site visit requirements were waived for health care practitioners and facilities. We tracked all practitioners and facilities that were approved without a site visit to determine whether a visit will be required at a later time. If a site visit is needed, they will be contacted.</li> <li>○ Facilities: For participating facilities that opened a new site, we did not require additional credentialing. For non-participating facilities seeking participation, we required credentialing but waived a site visit, if required.</li> </ul> </li> <li>• <b>Recredentialing extension:</b> The recredentialing cycle was extended by 2 months, to 38 months instead of 36, to allow practitioners additional time to respond to requests.</li> <li>• <b>Delegated credentialing entities:</b> These organizations were strongly encouraged to implement a provisional credentialing process similar to UnitedHealthcare's temporary process and policy changes.</li> </ul>

