



EFFECTIVE DATE: 03 | 18 | 2020

POLICY LAST UPDATED: 07 | 24 | 2020

OVERVIEW

This **TEMPORARY** policy documents the waiver of cost share in accordance with the **Families First Coronavirus Response Act (Public Law No. 116-127)** which requires group health plans (both fully insured and self-insured) and group and individual health insurance plans to cover office, urgent care and emergency room visits associated with obtaining the COVID-19 diagnostic tests or for the determination of the need of such testing.

During the timeframe this policy is in effect, BCBSRI will suspend authorization or referral requirements for the services in this policy.

Refer to the policies for **TEMPORARY** Coronavirus (COVID-19) Diagnostic Testing and **TEMPORARY** Telemedicine/Telehealth and Telephone Services Effective 03/18/2020 in the Related Policies section.

This policy is effective for dates of service on or after March 18, 2020.

Blue Cross & Blue Shield of Rhode Island (BCBSRI) reserves the right to implement and revoke this policy without the contractual sixty-day (60) notification for a change in policy that is normally required under BCBSRI contracts with its providers. This would apply both for the effective date, due to the urgent and emergent nature of a pandemic, as well as for the withdrawal of the policy.

Notice of the implementation, update or withdrawal of this policy will be communicated to BCBSRI providers via a notice on BCBSRI's provider website/portal under Alerts and Updates.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercials Products

During the timeframe this policy is in effect, BCBSRI will not impose any cost sharing (e.g. deductibles, copayments, and coinsurance) requirements for the in-person, telemedicine/telehealth/telephone encounter, urgent care and/or emergency room visits that result in an order for, or administration of COVID-19 diagnostic testing, but only to the extent that the services relate to the furnishing of COVID-19 diagnostic testing or the determination of the need for such testing.

Background

Based on statutory requirements out of the First Coronavirus Act (the FFCRA), the Coronavirus Relief and Economic Security Act (the CARES Act) and FAQ Guidance issued by the Department of Labor (DOL), the Department of Health and Human Services and the Department of the Treasury, BCBSRI is covering without cost share those items and services furnished to an individual during health care provider office visits (including in-person visits and telehealth visits), urgent care center visits, and emergency room visits that result in an order for or administration of a test for COVID-19, but only to the extent that the items and services relate to the furnishing or administration of the test or to the evaluation of the individual for purposes of determining the need of the individual for that test

COVERAGE

Services identified in this policy are covered with no cost share to the member during the timeframe the policy is in effect.

CODING

BlueCHiP for Medicare and Commercial Products

To ensure correct claims processing, claims filed in accordance with this policy must adhere to the coding instructions found below.

The following services, when filed with a diagnosis noted in this policy, will have no cost share for the member:

99201-99215 Evaluation & Management Services

99281-99285 Emergency Department Evaluation & Management Services

ICD-10 Diagnosis Codes

B34.2 Coronavirus infection, unspecified

B97.21 SARS-associated coronavirus as the cause of diseases classified elsewhere

B97.29 Other coronavirus as the cause of diseases classified elsewhere

U07.1 2019-nCoV acute respiratory disease

Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out

Z11.59 Encounter for screening for other viral diseases

Z20.828 Contact with and (suspected) exposure to other viral communicable diseases

Please note for dates of service on or after August 1, 2020, BCBSRI requires professional providers when billing for professional services on a CMS 1500 or equivalent electronic format that one of the diagnosis's listed above be listed as the primary or first diagnosis listed on the line level of the claim for any service the provider determines to be part of/related to the encounter for the determination for COVID-19 testing in order for cost share to be waived.

Please ensure that you use the diagnosis pointer to ensure that claims submitted are processed accurately. For line items on a claim that are not associated with an encounter for the determination of COVID-19 testing, please use the primary diagnosis for that service and the appropriate diagnosis pointer.

Note:

For BlueCHiP for Medicare members, BCBSRI will accept modifier CS for medical visits that: are furnished between March 18, 2020 and the end of the Public Health Emergency (PHE); that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test as outlined by Medicare.

If a Medicare Advantage member is evaluated via Telemedicine/Telehealth/Telephone, please note that BCBSRI requires the CR modifier to be added to those services. Telemedicine/Telehealth/Telephone services that are reported with one of the diagnosis listing in this Policy will drive cost share waiver, it is good practice for BCBSRI participating providers to add the CR modifier to all Telemedicine/Telehealth and Telephone services for tracking and consistency purposes.”

RELATED POLICIES

Advanced Practitioners

Telemedicine/Telehealth and Telephone Services – **TEMPORARY** Policy - Effective 3/18/20

Telemedicine/Telehealth Services

TEMPORARY Coronavirus (COVID-19) Diagnostic Testing

TEMPORARY Cost Share Waiver for Treatment of Confirmed Cases of COVID-19

TEMPORARY Timely Filing Limit Extension Policy – Additional 180 Days

PUBLISHED

BCBSRI's website under Alerts and Update

An FAQ document is available on BCBSRI.com

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