

Payment Policy | TEMPORARY Cost Share Waiver for Treatment of Confirmed Cases of COVID-19 During the COVID-19 Crisis



**EFFECTIVE DATE:** 04 | 01 | 2020

**POLICY LAST UPDATED:** 03 | 23 | 2021

## OVERVIEW

This **TEMPORARY** policy documents that Blue Cross & Blue Shield of Rhode Island (BCBSRI) will waive cost share for treatment when there is a confirmed diagnosis of COVID-19 during the timeframe and for the services this policy is in effect.

This policy is applicable to In-Network Providers only for Commercial Products.

This policy is applicable to In-Network and Out of Network Providers for Medicare Advantage Plans.

Refer to the Related Policies section for other policies related to services rendered during this designated timeframe.

### Medicare Advantage Plans

This policy is effective for dates of service on or after April 1, 2020 through the end of the State of Rhode Island state of emergency as declared by the Governor of Rhode Island or any state official/office authorized to make such a declaration.

### Commercial Products

This policy is effective for dates of service on or after April 1, 2020, through the end of the State of Rhode Island state of emergency as declared by the Governor of Rhode Island or any state official/office authorized to make such a declaration.

### Medicare Advantage Plans and Commercial Products

BCBSRI will communicate the end date of the state of emergency and cost share waiver either through an update to this policy and/or a notice on BCBSRI Alerts and Updates.

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.

## MEDICAL CRITERIA

Not applicable

## PRIOR AUTHORIZATION

Please refer to BCBSRI.com for current Authorization and Referral Guidelines requirements.

## POLICY STATEMENT

### Medicare Advantage Plans and Commercial Products

This policy is applicable to the following services:

- Ambulance Providers
- Durable Medical Equipment (items directly related to treatment and care for COVID-19)
- Emergency Room\*
- Home Health Care

- Home Infusions Providers
- Hospital Outpatient Services such as Physical Therapy, Pulmonary Rehabilitation
- Inpatient \*
- Long Term Skilled Care Facilities (LTACH)\*
- Observation \*
- Provider Office \*
- Skilled Nursing Facilities\*
- Urgent Care Centers\*

**\*Note:** This includes any Telemedicine/Telehealth/Telephone (POS-02) services.

## **COVERAGE**

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

### **BCBSRI Cost Share Waiver**

BCBSRI will waive all member cost share for BCBSRI subscribers (waiver of the cost share does not/may not apply to BlueCard HOST members/those members of other Blue Cross Blue Shield Plans nationally) for services related to COVID-19 treatment as outlined in this policy, during the time period this policy is in effect. Providers should NOT collect cost share from a member in accordance with this policy.

Please note that BCBSRI self-insured/administrative services contract accounts (ASC) may elect to opt out of this policy and continue to apply cost share for their members for those services covered under this policy. BCBSRI will take all reasonable steps to inform and maintain a listing of those self-insured accounts that opt out of the terms of this policy on BCBSRI.com, under Alerts and Updates.

## **CODING**

### **Medicare Advantage Plans and Commercial Products**

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

**For the following places of service claims filed with any of the following ICD-10-CM diagnosis codes below will process with no cost share:**

- Ambulance
- Emergency Room
- Provider Office
- Urgent Care Centers

### **Applicable ICD-10-CM 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

J12.82 Pneumonia due to Coronavirus disease 2019 (effective 1/1/2021)

U07.1 COVID-19

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

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

**For the following places of service claims filed with any of the following ICD-10-CM diagnosis codes below will process with no cost share:**

- Durable Medical Equipment directly related to treatment and care for COVID19
- Home Health Care
- Home Infusions Providers
- Hospital Outpatient Services such as Physical Therapy, Pulmonary Rehabilitation

- Inpatient
- Long Term Skilled Care Facilities (LTACH)
- Observation
- Skilled Nursing Facilities

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**RELATED POLICIES**

**TEMPORARY** Telemedicine/Telehealth and Telephone Services During the COVID-19 Crisis – Effective 3/18/20

**TEMPORARY** Policy for COVID-19 Diagnostic Testing

**TEMPORARY** Timely Filing Limit Extension Policy – Additional 180 Days During the COVID-19 Crisis

**TEMPORARY** Encounter for Determination of Need for COVID-19 Diagnostic Testing

Telemedicine/Telephone Service – Medicare Advantage Plans

Telemedicine/Telephone Services for Commercial Products

**PUBLISHED**

Provider Update, February 2021

An FAQ document is available on BCBSRI.com

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