

Payment Policy | COVID-19 Diagnostic Testing, Vaccine and Antibody Treatment Administration Reimbursement



EFFECTIVE DATE: 02|01|2021

POLICY LAST UPDATED: 08|18|2022

OVERVIEW

This policy documents Blue Cross & Blue Shield of Rhode Island (BCBSRI) reimbursement determination related to the following COVID-19 services from the beginning of the Public Health Emergency (e.g. January 31, 2020), as defined in BCBSRI's policies listed in the Related Policies section below:

- COVID-19 Laboratory In Vitro Diagnostic Testing
- Monoclonal Antibody Treatment Administration
- Vaccines and Administration of Vaccines

This policy applies to all BCBSRI in-network/participating providers as well as out-of-network/non-participating providers with BCBSRI.

BCBSRI reserves the right to implement changes to this policy without the contractual sixty-day (60) notification that is normally required under BCBSRI contracts with its in-network/participating providers due to the urgent nature of a pandemic related service.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

BCBSRI will reimburse the following COVID-19 related services (as defined in BCBSRI's policies listed in the Related Policies section below) at 100% of Medicare Reimbursement Rates, as documented in the fee schedules developed by Centers for Medicare and Medicaid Services (CMS) or a Medicare Administrative Contractor (MAC) established rate. Please note rates may be subject to change from time to time:

- COVID-19 Laboratory In Vitro Diagnostic Testing
- Monoclonal Antibody Treatment Administration
- Vaccines and Administration of Vaccines

Note: BCBSRI will make reasonable efforts to reimburse out-of-network/non-participating providers directly for services provided. However, there may be instances where BCBSRI makes payment directly to the member as outlined in their Subscriber Agreements, following BCBSRI's standard reimbursement direction for out-of-network/non-participating providers.

COVERAGE

Services identified in this policy are priced at 100% of the Rhode Island CMS, National CMS or a Medicare Administrative Contractor Fee Schedule when applicable, and may be updated from time to time during the timeframe the policy is in effect. Any code/services which does not have a CMS or Medicare Administrative

Contractor rate will be priced at BCBSRI's standard fee schedule which rates may be updated from time to time.

CODING

See Related Policies section.

RELATED POLICIES

COVID-19 Monoclonal Antibody Treatment

COVID-19 Vaccinations

TEMPORARY COVID-19 Diagnostic Testing

PUBLISHED

BCBSRI's website

Provider Update, April 2021

REFERENCES

Not applicable

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