

**COVID -19 Provider Executive Communication  
March 13, 2020**

Colleagues,

We continue to be committed to the safety of the patients and communities that we serve together. We want to support your heroic efforts to address the COVID-19 outbreak. Here is a summary and detailed guidance on the temporary measures we've taken. These measures will remain in effect for a **30-day period**, starting March 6, 2020 and then be reevaluated for extension.

**1. Expanded Telehealth Measures -- Effective March 6, 2020**

Visits to providers that previously required an in-person encounter can be performed virtually and will be **paid at parity** with office visits so long as they are medically necessary, meet criteria in the updated Blue Cross NC Telehealth Corporate Reimbursement Policy, and occur on or after March 6, 2020.

- These temporary measures include virtual care encounters for patients that can replace in-person interactions across appropriate care settings, including outpatient clinics, hospitals, and the emergency departments.
- Please **do not file telehealth claims with Blue Cross NC until March 21, 2020** and use **Telehealth as Place of Service (02)**.
- For providers or members who don't have access to secure video systems, **telephone (audio-only)** visits can be used for the virtual visit. Please use **both Telehealth as Place of Service and CR (catastrophe/disaster-related) modifier for audio-only visits**.
- If you believe an eligible telehealth claim has been improperly denied, please resubmit it after March 21, 2020.
- Some commercial members can access MDLive or TeleDoc as a virtual care benefit as noted their member ID card. Federal Employee Program (FEP) members can **only** access virtual care through the Teledoc service. Teledoc offers both video or audio virtual services. You can view COVID-19 benefits for Federal Employee Program [here](#).

**Guidance to Providers Regarding Virtual Visits for Blue Cross NC Commercial and Medicare Advantage Members**

These below scenarios reflect the updated Blue Cross NC Telehealth Corporate Reimbursement Policy that will be posted on Monday, March 16, 2020. The policy is in effect for dates of service beginning March 6, 2020 and can be accessed here: <https://www.bluecrossnc.com/document/telehealth>.

These measures will remain in effect for a **30-day period**, starting March 6, 2020 and then be reevaluated for extension.

<b>Clinical Scenarios</b>	<b>Guidance</b>
1. Established patient seen by provider (i.e., PCP, urgent care, or specialist) with symptoms concerning for COVID-19	Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Codes 99211-99215 plus <b>Place of Service (02)</b> .

<p>2. Same as #1, but patient or provider cannot use secure video function.</p>	<p>Use this scenario only when patient or provider cannot use secure video function. Secure video visit is always preferable to an audio-only visit. In this case, an audio visit can be used. Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Codes 99211-99215 plus <b>Place of Service (02) and CR modifier for audio only encounter.</b></p>
<p>3. New patient seen by provider (i.e., PCP, urgent care, or specialist) with symptoms concerning for COVID-19</p>	<p>Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Codes 99201-99205 plus <b>Place of Service (02).</b></p>
<p>4. Established patient was scheduled for an in-person outpatient visit but will now be seen for a virtual visit. May be especially useful for patients who are high risk for serious illness per <a href="#">CDC guidance</a> and consistent with strategy for social distancing.</p>	<p>Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Codes 99211-99215 plus <b>Place of Service (02).</b></p>
<p>5. Same as #4, but patient or provider cannot use secure video function.</p>	<p>Use this scenario only when patient or provider cannot use secure video function. Secure video visit is always preferable to an audio-only visit. In this case, an audio visit can be used. Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Codes 99211-99215 plus <b>Place of Service (02) and CR modifier for audio only encounter.</b></p>
<p>6. Patient in hospital confirmed or suspected COVID-19 infection but now stable. Hospitalist sees patient virtually to minimize contact.</p>	<p>Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Code for appropriate level of hospital inpatient or observation care, plus <b>Place of Service (02).</b></p>
<p>7. Patient in hospital confirmed or suspected COVID-19 infection sees specialty consult through virtual visit.</p>	<p>Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Codes 99251-99255 or G0406-G0408, plus <b>Place of Service (02).</b></p>
<p>8. Patient to be seen by behavioral health provider virtually. Patient is practicing social distancing and reluctant to come into clinic.</p>	<p>Use standard evaluation and management CPT® or HCPCS guidelines, including coding based on time. Codes may include 90791-90792, 90832-90842, 90845, 90853, 90863, 99210-15 plus Place of Service (02).</p>
<p>9. Patient in ER with confirmed or suspected COVID-19 infection but stable. ER provider sees patients virtually to minimize contact. Could apply to ER providers conducting visit to homebound patient, or offsite ER doctor seeing patient in the hospital</p>	<p>Use standard evaluation and management CPT® or HCPCS guidelines. Codes may include 99281-99285, based on history and complexity of decision making and outcomes.</p>

Most current member benefits for Commercial and Blue Medicare products **exclude** reimbursement for CPT® 99441-3 and 98966-8.

Blue Cross NC invites provider systems and clinical leaders in telehealth to join a “Virtual Rounds: COVID-19 and Telehealth” on **Friday, March 20, 2020 from 12noon-1pm**. We invite leaders from

provider systems and practices to learn about Blue Cross NC recent measures to expand telehealth services and share your strategies for virtual care response to COVID-19. Please register using this [link](#).

**2. Refill Medications Early\* -- Effective March 6, 2020**

Waived early medication refill limits on prescriptions. Member cost-sharing will apply as usual.

- Blue Cross NC will allow payment of 60-day supplies should a member request two refills at once.
- We encourage 90-day supply. Physicians can order via mail order or at a retail pharmacy.

**3. No Prior Authorization and No Member Cost Share for COVID-19 Testing\*\* -- Effective March 6, 2020**

Blue Cross NC will not require prior authorization for COVID-19 diagnostic testing. Providers must order the test and need to consult with the lab to determine appropriate sample collection and shipping protocols, where appropriate. Blue Cross NC will cover medically necessary diagnostic tests for COVID-19 that are consistent with Centers for Disease Control and Prevention (CDC) guidance at no cost share to members.

- If you are a provider system that has test processing capability for COVID-19 please email [COandl@bcbsnc.com](mailto:COandl@bcbsnc.com) to tell us. We would like to collect current procedures and instructions to share with our members.
- If you are a provider system that will be using your own testing capability for COVID-19, **hold claims until after April 1, 2020.**
- CMS will release the following codes for use after April 01,2020.
  - For non-CDC labs testing use HCPCS code U0002. This allows laboratories to bill for non-CDC laboratory test for SARS-CoV-2/2019-nCoV (COVID-19).
  - The AMA may release a CPT code within the next month that could also be used by providers to bill for SARS-CoV-2/2019-nCoV (COVID-19) testing. This code has not been finalized yet.

**4. Blue Cross NC will waive prior authorization requirements for diagnostic tests and covered services that are medically necessary services, consistent with CDC guidance, for members diagnosed with COVID-19\*\* -- Effective March 06, 2020.**

You do not need a prior authorization to deliver medically necessary services for patients diagnosed with COVID-19. The World Health Organization (WHO) will release COVID-19 ICD-10 codes by October 1, 2020. In the interim, we will follow CDC/ICD-10-CM guidance on how to bill for services for members with COVID-19. You should **use the following diagnostic codes** in the **primary and secondary fields**:

Patient Condition	What Codes to Use
<b>Pneumonia:</b> For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19)	<ul style="list-style-type: none"> <li>• J12.89 Other viral pneumonia; AND</li> <li>• B97.29, Other coronavirus as the cause of diseases classified elsewhere</li> </ul>
<b>Acute Bronchitis:</b> For a patient with acute bronchitis confirmed as due to COVID-19	<ul style="list-style-type: none"> <li>• J20.8, Acute bronchitis due to other specified organisms; AND</li> <li>• B97.29, Other coronavirus as the cause of diseases classified elsewhere.</li> </ul>
<b>Bronchitis not otherwise specified (NOS):</b> For a patient with bronchitis not otherwise specified due to the COVID-19	<ul style="list-style-type: none"> <li>• J40, Bronchitis, not specified as acute or chronic; AND</li> <li>• B97.29, Other coronavirus as the cause of diseases classified elsewhere.</li> </ul>

<b>Lower Respiratory Infection or Acute Respiratory Infection not otherwise specified (NOS):</b> For a patient with COVID-19 is documented as being associated with a lower respiratory infection	<ul style="list-style-type: none"> <li>• J22, Unspecified acute lower respiratory infection; AND</li> <li>• B97.29, Other coronavirus as the cause of diseases classified elsewhere.</li> </ul>
<b>Respiratory infection, not otherwise specified (NOS)</b>	<ul style="list-style-type: none"> <li>• J98.8, Other specified respiratory disorders; AND</li> <li>• B97.29, Other coronavirus as the cause of diseases classified elsewhere</li> </ul>
<b>Acute respiratory distress syndrome (ARDS):</b> For cases of ARDS due to COVID-19	<ul style="list-style-type: none"> <li>• J80, Acute respiratory distress syndrome; AND</li> <li>• B97.29, Other coronavirus as the cause of diseases classified elsewhere.</li> </ul>
<b>Possible Exposure but ruled out for COVID-19:</b> For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation.	<ul style="list-style-type: none"> <li>• Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.</li> </ul>
<b>Actual Exposure to someone confirmed to have COVID-19</b>	<ul style="list-style-type: none"> <li>• Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.</li> </ul>

\*State Health Plan (SHP)members do not utilize Blue Cross NC pharmacy services and will follow the separate SHP prescription benefit policy.

\*\*Please note that self-insured employer groups have the option to opt-in to this benefit. As such, some members may be ineligible for cost sharing coverage and waiver of prior authorization if their employers do not elect to cover these benefits. SHP has opted into these measures.

As a reminder Blue Cross NC has a 30-day deferment policy to submit prior authorizations for any medically necessary services. If you submitted a claim for a **service provided after March 6, 2020** that was denied due to lack of prior authorization, please re-submit your claim after **March 21, 2020**. Please note that you may choose to submit a prior authorization for review, even if one is not required by the health plan.

Rahul