



BlueCross BlueShield of Vermont

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TEMPORARY/EMERGENCY CORPORATE PAYMENT POLICY 30: WAIVER OF COST SHARE FOR COVID-19-RELATED TESTING, DIAGNOSIS, AND TREATMENT

Policy No.: CPP_30

Creation Date: March 2020; **Updated April 22, 2020**

Next Review: On or before May 31, 2020

Effective Date: March 13, 2020

Description

This payment policy is implemented on a temporary/emergency basis and will be effective for all inpatient admissions through May 31, 2020. The purpose is to remove barriers to Blue Cross and Blue Shield of Vermont (BCBSVT) members receiving care during the COVID-19 pandemic.

BCBSVT 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 in provider contracts. This will apply for both the effective date, due to the urgent and emergent nature of the pandemic, as well as for withdrawal of the policy. Notice of changes to this policy will be communicated to providers via a notice on BCBSVT's provider website.

This policy applies to BCBSVT fully-insured plans. Self-insured plans may opt to waive cost sharing. This policy does not apply to services provided to members of other Blue Plans or to FEP members.

Policy

On a temporary/emergency basis, BCBSVT will:

- Waive member cost-sharing for office visits related to COVID-19 screening and testing through May 31, 2020
- Waive member cost-sharing for COVID-19 treatment in the inpatient setting for admissions through May 31, 2020; this includes both the facility and professional services (UB-04 or CMS-1500 form types), billed with a primary diagnosis of COVID-19 (U07.1 or B97.29 for claims prior to April 1, 2020).

Provider Billing Guidelines and Documentation

I. Billing for COVID-19 Screening and Testing

Providers should follow the guidance from the Centers for Disease Control (CDC) with respect to billing for COVID-19 testing.

For BCBSVT members to receive a zero cost-share for COVID-19 testing/screening, services must be provided in an office (place of service 11), or urgent care center (place of service 20) or emergency room



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(place of service 23) setting, or via telemedicine (place of service 02). In addition, one of the following ICD-10-M codes needs to be reported as the primary diagnosis:

- Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out
- Z20.828 Contact with an (suspected) exposure to other viral communicable diseases
- Z11.59 Encounter for screening for other viral diseases

The ICD-10-CM code B97.29 (Other coronavirus as the cause of diseases classified elsewhere) (for claims prior to April 1, 2020) or U07.1 (for claims April 1, 2020, forward) should be reserved for patients with confirmed coronavirus and therefore, should not be used for the purposes of screening.

NOTE: If a practice is doing the interactions/testing in a parking lot/driveway, bill using the appropriate place of service, as follows: POS 11 for office property, POS 20 for urgent care clinic property, and POS 23 for ER property.

If the interaction/testing is being provided in another location (for example a tent in a shopping plaza) please submit using POS 20.

II. Billing for COVID-19 Hospital Inpatient Treatment

BCBSVT is waiving out-of-pocket costs for COVID-19 treatment. The term “treatment”:

- Refers to hospital inpatient services that are supportive in nature, focused on symptom relief for the acute illness, and billed on the inpatient claim;
- Does not apply to any related services provided in a non-inpatient setting;
- Is limited to services provided during the emergency period (defined as an admission date from March 13, 2020, through May 31, 2020, with a primary diagnosis of U07.1 (or B97.29 for claims prior to April 1, 2020).

Providers must follow any applicable industry standards for billing these services that may be developed, including any requirements related to DRG billing, diagnosis coding, or CPT/HCPCS coding or revenue coding.



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Policy Implementation/Update Information

This policy is implemented on an emergency/temporary basis effective for inpatient admissions from March 13, 2020, through May 31, 2020. The policy is updated April 22, 2020, to include an additional place of service (telemedicine) and an additional diagnosis code for screening (Z11.59).

Approved by

Date Approved: 4/22/2020

Handwritten signature of Joshua Plavin, MD, MPH.

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Dawn Schneiderman, Vice President, Chief Operating Officer