

MSMS COVID-19: BILLING AND CODING RESOURCES

BCBSM/BCN

Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network of Michigan (BCN) announced that they were joining other Blue Cross and Blue Shield companies around the nation to fully cover the cost of medically necessary COVID-19 tests for members in fully insured health plans. BCBSM and BCN is working with employer group customers that are self-insured to make decisions regarding their own benefits. (Medicare Advantage plans, regulated by the federal government, are not included in the announcement.)

The initiatives include:

- BCBSM and BCN will waive prior authorizations for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19.
- BCBSM and BCN will cover the full cost of medically necessary diagnostic tests as long as the provider follows CDC guidelines related to COVID-19. Blue Cross and BCN will cover, with no cost share to the member, the appropriate medically necessary diagnostic testing for COVID-19 delivered by physicians and hospitals, where it is not covered as part of the Public Health Service response.
- BCBSM and BCN will increase access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance medications (consistent with member's benefit plan) and encouraging members to use 90-day mail order benefits if available. BCBSM and BCN will also ensure formulary flexibility if there are shortages or access issues. Patients will not be liable for the additional charges that stem from obtaining a non-preferred medication for COVID-19 Treatment.
- BCBSM and BCN are encouraging access to telehealth for groups who have the benefit and use of its 24-hour nurse hotline. Given the nature of the COVID-19 epidemic, seeking in-person medical care may lead to further spreading of the virus. BCBSM and BCN will encourage the use of virtual care and will also facilitate member access and use of nurse hotline.

The company news release about the changes can be found [here](#) news announcement.

During the COVID-19 pandemic, BCBSM and BCN want to make it easier for physicians to care for their patients. Thus, providing no-cost telehealth virtual medical visits for Blue Cross PPO (commercial), BCN HMO, Medicare Plus Blue PPO and BCN Advantage members with an existing telehealth benefit through at least April 30, 2020. This includes visits to network doctors who provide telehealth virtual medical visits as well as the Blue Cross Online Visits. (Member cost-sharing still applies for behavioral health telehealth visits.)

Telehealth allows patients to consult with physicians from home using their computers, smartphones, tablets and telephones. This helps patients with manageable flu-like symptoms have their initial consultations with physicians from home, rather than go into physicians' offices or hospital emergency rooms. This helps physicians focus on the more serious cases of coronavirus coming to hospitals and physician offices.

Although member cost-sharing for telehealth virtual medical visits is being waived, physician offices will not see this reflected when checking a patient's benefits via web-DENIS due to resource prioritization.

In addition, the telemedicine originating site requirement has been removed for BCN HMO and BCN Advantage members. With this change, separate BCBSM and BCN Telemedicine Services medical policies have now been combined into one joint Telemedicine Services Medical Policy. While this new joint policy has an official effective date of May 1, 2020, the removal of the originating site requirement is effective immediately. This medical policy can be found on the Coronavirus information updates for providers link on the BCN Provider Publications and Resources or BCBSM Newsletters and Resources web-DENIS pages.

BCBSM/BCN Telemedicine Services policy:

<https://provider.bcbsm.com/therecord/bcn/documents/medpolicy/telemedicine2.pdf>

BCBSM: PCMH Capability To Address Coronavirus

- A new PCMH capability is being implemented to address preparedness and concerns related to coronavirus. New capability requirements include:
- Establish procedures for testing high-risk patients and regularly review and update based on current guidelines
- Maintain documentation in clinical record of testing related decision-making
- Perform testing on all patients who meet established high-risk criteria
- Collect samples based on recommended guidelines
- POs and practices have established process for communicating about guidelines

The PCMH capability incentive is intended to help the PO's and practice with the financial burden and safety concerns associated with testing and caring for potential cases of COVID-19.

Practices that have demonstrated all capabilities (with attestation from their PO) and have tested at least one patient will be awarded \$1,000 for their efforts. Practices will be additionally awarded \$100 per day they complete testing on patient(s) meeting their high-risk criteria. PO's that have engaged their practice units to implement this capability will be awarded \$250 per practice (with attestation). The incentive is effective immediately through April 3, 2020.

MEDICARE

March 6, 2020, CMS issued frequently asked questions and answers (FAQs) for healthcare providers regarding Medicare payment for laboratory test and other services related to the 2019-Novel Coronavirus (COVID-19).

<https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-assist-medicare-providers>

Billing and Coding Guidance:

[Medicare Coverage and Payment Related to COVID-19 \(PDF\)](#)

[COVID-19: New ICD-10-CM Code and Interim Coding Guidance](#)

Coverage Guidance:

[Guidance to help Medicare Advantage and Part D Plans Respond to COVID-19 \(PDF\)](#)

For more information on telehealth benefits in the Medicare program:

<https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

MEDICAID

The following services are covered to treat individuals with COVID-19 infection:

- Practitioner visits and services, including home visits and telemedicine services
- Clinical diagnostic laboratory tests and diagnostic imaging
- Prescribed drugs
- Vaccines
- Medical supplies and equipment
- Inpatient and outpatient hospital services
- Long-term services and supports
- Other ancillary and medically necessary Medicaid-covered services, as appropriate

Physicians are encouraged to contact the Medicaid Health Plans regarding additional services that may be covered for beneficiaries enrolled in a health plan.

Coding Guidance:

Medically necessary diagnostic testing for COVID-19 virus is a Medicaid covered benefit. There are two new Healthcare Common Procedure Coding System (HCPCS) codes for providers who need to test patients for Coronavirus, U0001 and U0002.

- HCPCS U0001 - Providers using the CDC 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for that test using HCPCS code U0001.
- HCPCS U0002 - generally describes 2019-nCoV Coronavirus, SARS-CoV-2/2019nCoV (COVID-19) using any technique, multiple types or subtypes, can be used by private laboratories and healthcare facilities.

The Medicaid claims processing system will be able to accept these codes on April 1, 2020 for dates of service on or after February 4, 2020.

For additional coding information:

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

Physicians seeking reimbursement for Medicaid covered services are expected to report the diagnosis code(s) at the highest level of specificity in compliance with the International Classification of Diseases (ICD) coding guidelines and conventions.

Additional Resources:

Final Bulletin MSA 20-09, General Telemedicine Policy Changes:

https://www.michigan.gov/documents/mdhhs/MSA_20-09_683712_7.pdf

[https://www.michigan.gov/documents/mdhhs/Numbered Letter L 20-16-New 684071 7.pdf](https://www.michigan.gov/documents/mdhhs/Numbered_Letter_L_20-16-New_684071_7.pdf)

<https://www.michigan.gov/coronavirus>

HEALTH ALLIANCE PLAN (HAP)

HAP will waive cost-sharing for COVID-19 test for its Medicare, Medicaid and individual members, as well as fully insured employer group customers. Self-insured employer group customers control their own health benefits and HAP is working with its self-insured customers to determine how they will cover COVID-19 testing. For additional information, [visit www.HAP.org](http://www.HAP.org).

SPECTRUM HEALTH

Spectrum Health is offering free virtual screenings for people who are concerned they may have the virus.

PRIORITY HEALTH

Priority Health will be waiving copays for telehealth visits for coronavirus advice and initial screening evaluations through Priority. For additional information, [visit www.priorityhealth.com](http://www.priorityhealth.com).

UNITEDHEALTHCARE (UHC)

UnitedHealthcare (UHC) is expanding policies around telehealth services for Medicare Advantage, Medicaid and commercial membership. UHC will waive the Centers for Medicare and Medicaid's (CMS) originating site restrictions for Medicare Advantage, Medicaid and commercial members, so that care providers can bill for telehealth services performed while a patient is at home. This change in policy is effective until April 30, 2020 but may extend that date if necessary. The policy change applies to members whose benefit plans cover telehealth services and will allow those patients to connect with their physician through audio/video visits. Member cost sharing and benefit plans apply.

For all UHC Medicare Advantage plans, including Dual Eligible Special Needs Plans, any originating site requirements that may apply under Original Medicare are waived so that telehealth services provided via real-time audio and video communication system can be billed for members at home or another location. All CPT/HCPCS codes payable as telehealth when billed with Place of Service 02 and GQ or GT modifiers, as appropriate, under Medicare will be covered on our Medicare Advantage plans for members at home during this time. Standard plan copays, coinsurance and deductibles will apply. Codes that are payable as telehealth under Medicare Advantage can be found at www.cms.hhs.gov.

Additionally, for commercial, Medicare Advantage and some Medicaid plans, UHC already reimburses appropriate claims for several technology-based communication services, including virtual check-ins, which may be done by telephone, for established patients. Until April 30, 2020, UHC will extend this reimbursement to all Medicaid plans. For full details visit <https://www.uhc.com/health-and-wellness/health-topics/covid-19>.



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