



LAST UPDATED – July 16, 2020 (most recent updates are highlighted in yellow)

Coronavirus/COVID-19 Testing and Diagnosis Coding

Blue Cross and Blue Shield of Kansas City (Blue KC) sincerely thanks all healthcare providers who are on the frontline of fighting the COVID-19 outbreak and working day in and day out to protect the health and well-being of our community and treat the sick.

We are taking the following steps to support our provider network so it's easier for you to support your patients:

1. Expanding coverage and access to virtual care services.
2. Waiving prior authorization for testing and diagnosis for COVID-19.
3. Waiving limits on early medication refills.
4. Covering the cost of screenings, tests, and visits related to COVID-19.

We are also doing our best to make it as easy as possible for you to submit the claims for the services you provide related to COVID-19. We will continue to update this information on our Provider Portal with the latest on coding, billing, pricing and more.

Blue KC Member Coverage for COVID-19 Inpatient hospital admissions

Effective April 1, 2020, Blue KC is waiving all member cost sharing and copayments for inpatient hospital admissions due to the diagnosis of COVID-19. This policy will remain in place through July 25, 2020, and applies to insured Blue KC plans. Note: Some Minimum Premium and ASO customers may have chosen to opt out of this enhanced benefit.

Blue KC Member Coverage for COVID-19 Testing

Blue KC will cover FDA approved Molecular, Antigen and Antibody testing for COVID-19. A physician's order is required for testing to be covered. In addition, Blue KC will cover Molecular testing for surgical interventions as well as for known or suspected exposure to COVID-19.

Important: In accordance with recent federal guidance, Blue KC will not cover Molecular, Antigen or Antibody testing to screen for general workplace health and safety (such as employee "return to work" programs) or for public health surveillance for SARS-CoV-2 or for any other purpose not primarily intended for individualized diagnosis or treatment of COVID-19. Should a member request testing for these reasons, providers should advise the member that the test is not covered by Blue KC. In addition, Blue KC will not cover COVID-19 testing that is performed as part of a panel.



For patients who receive a definitive positive COVID-19 diagnosis, effective April 1, 2020, the U07.1 code should be used. This diagnosis code will not be retroactive.

Billing Code	Lab Service	Blue KC Allowable	DOS Effective Date
U0002	Molecular test that uses any technique, multiple types or subtypes (includes all targets)	\$51.31	2/4/2020
U0003 U0004	Molecular COVID-19 tests that use high-throughput technology	\$100 or less based on Provider Contract	4/14/2020
87635	Molecular COVID-19 test that uses RNA-based technology	\$51.31	3/13/2020
86328 86769	Serology (antibody test)	\$45.23 \$42.13	4/10/2020
0224U	Serology (antibody test)	TBD	6/26/2020
87426	Antigen	TBD	6/26/2020

These allowable rates are based on rates recently announced by CMS for COVID-19 testing. By submitting a claim to Blue KC for COVID-19 testing, providers acknowledge that the above amounts will be accepted as payment in full for each COVID-19 test performed, and that they will not seek additional reimbursement from members. For inpatient testing, it would be inclusive to the appropriate billed inpatient DRG or outpatient ER case rate.

Important: If a member presents COVID-19 related symptoms at a provider visit, Blue KC is encouraging providers to consider not collecting any up-front payment from the member until after the visit has been completed. This will prevent providers from having to refund members post-visit based on the Federal Cares Act requirements.

Telehealth

Blue KC understands that virtual care can allow providers to monitor members at home, minimizing the spread of infection and easing the burden on emergency rooms, doctors' offices and urgent care clinics to keep you safe. Blue KC has made key changes to both member benefits and provider billing. Provider is defined as MD, DO, PA, ARNP and Ancillary to include: Licensed Clinical Psychologist, MSW, MA, MS, LCSW (KS), LCSW (MO), PT, OT and Speech. Exclusions include RN, LPN, LMSW, LMFT, Nurse Assistant contacts.

These telehealth changes are available to in-network providers only.

Blue KC will encourage the use of the following for dates of service beginning on March 9 and ending on **December 31, 2020**:

- Medical Office visit virtual (video visit) care (codes 99201-99205, 99211-99215). These medical visits would be at no member cost share. These codes are for providers using virtual visits and using place of service 02 for telehealth. This also include providers who perform telehealth services for skilled nursing or nursing home patients. The use of the 02 place of service code will ensure accurate processing.
- Provider telephonic (phone call) medical visits. **In order for the allowable to be the same as an in-person office visit, you must use codes 99201-99205, 99211-99215 and place of service 02 for telehealth.** These visits would be at no member cost share. This also include providers who perform telehealth services for skilled nursing or nursing home patients. The use of the 02 place of service code will ensure accurate processing.
- Virtual Check-in via Text or Email (codes G2010, G2012). These visits are a brief communication technology based service by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an *established patient*, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the last 24 hours; 5–10 minutes of medical discussion. These visits would be at no member cost share.
- E-Visit/Online Digital Evaluation and Management Services via email on the patient portal (codes 99421-99423) for physicians. Non-face-to-face patient-initiated communication with their doctor for evaluation and management services for an established patient for up to 7 days, cumulative timed codes. These visits would be at no member cost share.
- E-Visit/Online Digital Assessment Services via email on the patient portal (codes G2061-G2063) for qualified non-physician healthcare provider including physical/occupational/speech therapists and Licensed Clinical Psychologists. Non-face-to-face patient-initiated communication with their provider for assessment services for an established patient for up to 7 days, cumulative timed codes. These visits would be at no member cost share.

To qualify as an E-Visit, three basic qualifications must be met:

1. The billing practice must have an established relationship with the patient, meaning the provider must have an existing provider-patient relationship.
 2. The patient must initiate the inquiry for an E-Visit and verbally consent to check-in services.
 3. The communications must be limited to a seven-day period through an "online patient portal."
- Behavioral health therapy, including ABA therapy, virtual (video) care is a covered service. You must use place of service 02 for telehealth. These therapy visits would be at no member cost share.
 - Behavioral health provider telephonic (call) therapy visits. **In order for the allowable to be the same as an in-person therapy visit, you must use the in-person therapy visit code and place of service 02 for telehealth.** These therapy visits would be at no member cost share.

- Physical, Occupational or Speech Therapy virtual (video) therapy visits. You must use place of service 02 for telehealth. **These therapy visits are subject to member therapy cost share.**
- Facility-based telehealth visits. **In order for the allowable to be the same as an in-person visit at a facility, you must use the Revenue Code that you would have used if the service was provided in-person and you must add a 95 modifier.** Claims submitted with Rev Code 780 will be denied. These visits are subject to member cost share.

For further information on telehealth, please refer to the Telehealth Payment policy located on the [Blue KC Provider Portal](#).

Important Information

- While Blue KC encourages healthcare providers to bill consistent with an office visit, we also strongly encourage providers to be aware when they are billing level four and five codes for virtual services—we understand that some services remain complex even when provided virtually. While we will reimburse these services to reflect with face-to-face rates, we will monitor the use of level four and five services to help prevent fraud, waste and abuse. We will also be monitoring and auditing claims for services that should not be performed virtually, such as surgical codes.
- Any development or changes in CPT and/or ICD-10 coding, as well as coding guidance, will be handled and communicated promptly by Blue KC. We encourage you to check daily the provider portal for updates.
- Note: Self-insured group health plans administered by National Alliance may differ in their coverage of these benefits. In addition, some Minimum Premium and ASO customers may have chosen to not extend this enhanced telehealth benefit.