

4.7.20

We're Answering Provider Questions About Coronavirus (COVID-19) (4/7/2020)

Thank you for all you do for our members. We want to be sure our members have access to the care they need, now more than ever. We've included information on some common questions many providers have asked us since the spread of coronavirus in the United States.

The FAQs outlined in this document are up-to-date. We appreciate your patience during this state of emergency as we work to make sure all of our systems reflect these changes as quickly as possible.

The Centers for Disease Control and Prevention is providing up-to-the-minute information and is a great resource for you. Here are some quick links to help you:

Click [here](#) for the latest information from the Centers for Disease Control and Prevention.

Read more about the State of Tennessee's response to the disease on the [Tennessee Department of Health website](#).

Call the Tennessee Coronavirus Public Information Line at 1-877-857-2945.

TELEHEALTH COVERAGE – Commercial, Medicare Advantage and BlueCare Plus plans (See below for BlueCare Tennessee information)

Q: Will BlueCross cover telehealth (telephonic or virtual) consultations with my patients with BlueCross coverage? Yes. During this time of emergency, you may bill for telehealth for these lines of business. This applies to services that previously required an in-person visit in settings like outpatient clinics, hospitals, emergency departments and therapist offices. Pricing will be consistent with your BlueCross fee schedule. All of the following are required:

- Effective for dates of service March 16 until further notice.
- The services provided are covered under the member's benefits, and are eligible for separate payment when performed in person.
- The services take place in real time, and the provider and patient are connected via an interactive audio and video telecommunication system.
- All services provided are medically appropriate and necessary.
- All relevant online communications about the member's medical care and follow-up are included in their medical record.
- Any evaluation and management services (E/M) provided via telehealth include a problem-focused history and straightforward medical decision-making, per the Current Procedural Terminology (CPT®) manual.
- When billing for telehealth, applicable service codes, diagnostic codes, modifiers and units should be reported with Place of Service-02 to indicate a telehealth service.

Q: Do I need different codes to bill for telehealth for PT/OT/ST/ABA Skilled Therapies?

- No. Please continue to include your normal service codes, diagnostic codes, modifiers and units. Just be sure to include Place of Service-02, which tells us you've treated our member using telehealth. Pricing will be consistent with your BlueCross fee schedule. All of the following are required:
- Effective for dates of service March 16 until further notice.
- Providers supported by this exception are licensed physical therapists, occupational therapists, speech-language pathologists and ABA therapists.
- All services provided are medically appropriate and necessary.
- The services must take place in real time, and the patient and provider are connected via an interactive audio and video telecommunication system.
- All relevant online communications about the member's medical care and follow-up are included in their medical record.
- Any existing visit limitations and/or prior authorization requirements continue to apply.

Q: Are there any telehealth services that BlueCross will not cover?

We won't cover telehealth for educational or administrative services. We also won't cover patient communications incidental to evaluation and management services (E/M), counseling or medical services covered by this policy. This includes, but is not limited to, providing educational materials.

Please note: BlueCare Tennessee has different exclusions, which are listed separately below.

TELEHEALTH COVERAGE – BlueCare Tennessee (BlueCare, TennCareSelect and CoverKids)

Q: Will BlueCare Tennessee cover telehealth (telephonic or virtual) consultations with my patients?

- Yes. During this time of emergency, you may bill for telehealth in the following ways:
- CPT® codes 99441–99443 for telephonic provider-to-member consultations for all lines of business's PCP or specialist benefits.
- E&M codes 99201–99215 for virtual and telephonic consults with your patients.
- CPT® codes 97153, 97155, 97156, 90791, 90792, 90832, 90834 and 90837 for behavioral health consultations.
- CPT® H0032 and H2019 (with or without a modifier HO) for Applied Behavior Analysis (ABA) therapy.
- The Division of TennCare posts regular updates, including recommendations on providing care for Long-Term Services and Supports (LTSS) members in home settings. Visit the [site](#) for helpful advice.

Q: Do I need different codes to bill for telehealth for PT/OT/ST Skilled Therapies?

- Specific outpatient PT/OT/ST CPT® codes are included as part of the temporary expansion of telehealth services as a result of the COVID-19 public health emergency.
 - Effective for dates of service March 18 through June 18, 2020.
 - Providers supported by this exception are licensed physical therapists, occupational therapists and speech-language pathologists.
 - All services provided are medically appropriate and necessary.
 - The services must take place in real time, and the patient and provider are connected via an interactive audio and video telecommunication system.
 - All relevant online communications about the member's medical care and follow-up are included in their medical record.
 - Any existing visit limitations and/or prior authorization requirements continue to apply.
- **When billing for telehealth, applicable service codes, diagnostic codes, modifiers and units should be reported with Place of Service-02 to indicate a telehealth service.**

Category	CPT® Code	Description
Physical Therapy	97161	Physical therapy evaluation – low complexity
Physical Therapy	97162	Physical therapy evaluation – moderate complexity
Physical Therapy	97163	Physical therapy evaluation – high complexity
Physical Therapy	97164	Physical therapy re-evaluation
Physical Therapy	97110	Therapeutic procedure, one or more areas, each 15 minutes
Physical Therapy	97116	Gait training

Physical Therapy	97530	Therapeutic activities, one-to-one patient contact, each 15 minutes
Physical Therapy	97112	Therapeutic procedure, one or more areas, each 15 minutes
Physical Therapy	97535	Self-care/home management training, each 15 minutes
Occupational Therapy	97165	Occupational therapy evaluation – low complexity
Occupational Therapy	97166	Occupational therapy evaluation – moderate complexity
Occupational Therapy	97167	Occupational therapy evaluation – high complexity
Occupational Therapy	97168	Occupational therapy re-evaluation
Occupational Therapy	97110	Therapeutic procedure, one or more areas, each 15 minutes
Occupational Therapy	97530	Therapeutic activities, one-to-one patient contact, each 15 minutes
Occupational Therapy	97112	Therapeutic procedure, one or more areas, each 15 minutes
Occupational Therapy	97535	Self-care/home management training, each 15 minutes
Speech Therapy	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder
Speech Therapy	92521	Evaluation of speech fluency
Speech Therapy	92522	Evaluation of speech sound production
Speech Therapy	92523	Evaluation of speech sound production
Speech Therapy	92526	Treatment of swallowing dysfunction and/or oral function for feeding
Speech Therapy	96105	Assessment of Aphasia and Cognitive Performance Testing
Speech Therapy	97129	Therapeutic interventions that focus on cognitive function
Speech Therapy	97130	Each additional 15 minutes (use in conjunction with 97129)

Excluded from this temporary expansion of telehealth services:

- **Any treatment that requires specialized hands-on care or specialized equipment, such as whirlpools, etc. This includes Athletic Trainings (97169–97172), Modalities (97010–97039) and Group Therapies. Any member currently receiving group therapy should be considered for individual therapy via telehealth.**

TELEHEALTH GENERAL – All lines of business unless stated otherwise

Q: Is BlueCross removing the geographic restrictions on your Medicare Advantage plans to cover live, interactive, audio and visual consultations?

Yes. We're relaxing the originating site and geographic requirements for all Medicare Advantage plans during this time of emergency.

Q: Can I use applications like Facebook or Skype for telehealth visits with my patients?

Yes. BlueCross aligns with recent CMS regulations, which allow for telehealth visits via platforms like Apple FaceTime, Facebook Messenger, Skype, Google Hangouts and WhatsApp.

Updated Q: Will BlueCross waive the copay for telehealth?

If there is a COVID-19 diagnosis, we are waiving the cost-share for telehealth services performed by network providers. If telehealth is being provided for other conditions, we will continue to apply cost-share to our members.

Q: Can I use telehealth for chiropractic services?

No. We don't cover chiropractic services for telehealth.

Q: Can I refer patients to use telehealth services to protect them and others from transmission of disease during a possible outbreak?

Yes. We encourage our patients to use their PhysicianNow powered by MDLive® telehealth benefits, if they have them. We also encourage patients to avoid using the emergency room, except in a true medical emergency, to prevent the spread of illness.

TESTING AND TREATMENT – All lines of business unless stated otherwise

Please note: While we encourage our self-funded employer group customers to participate in waiving cost-sharing for COVID-19 treatments for their employees during this health crisis, they have the ability to opt out of this decision.

Updated Q: Will the COVID-19 test be covered for my patients?

Since Feb. 4, 2020, we've covered our members' cost-share for COVID-19 testing across all lines of business. This policy applies to FDA-approved tests and those currently pending FDA approval. It also applies to testing performed by providers outside of our network.

Q: Will BlueCross waive or suspend prior authorizations for testing and treatment of COVID-19 during this time?

Yes, we are waiving prior authorization requirements for the testing and treatment of coronavirus during this time of crisis. However, we aren't suspending other prior authorizations. We have prior authorizations in place for several reasons, but mainly to make sure treatments are covered and our members don't pay more than they should.

Q: How will I be reimbursed for COVID-19 testing?

From Feb. 4, 2020, until Dec. 31, 2020, we'll reimburse at 100% of Medicare for FDA-approved COVID-19 tests (as well as those currently pending FDA approval). The following codes are billable for all labs and providers across all BlueCross BlueShield of Tennessee product lines*:

U0001 – CDC

U0002 – Commercial Labs

CPT® code 87635 to be priced at the U0002 payment or the lesser of billed charges once physicians can do their own testing.

Q: Can I offer my patients drive-through testing services for COVID-19?

Yes. We'll cover our members' swabs and test results in a drive-through setting as part of the lab payment. Please talk with your provider network manager if you have questions.

Q: Does drive-through testing apply to screening services?

No. We'll reimburse only for our members' COVID-19 swabs and test results in drive-through testing.

*Codes included on preferred lab exclusion list for BlueCare, TennCare*Select* and CoverKids.

Q: Do you have a list of testing sites?

The CDC has linked to each state's department of health contact information for testing. You can view it here: <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>.

Updated Q: How are you addressing member cost-share during this state of emergency?

On April 2, 2020, we announced we are waiving member cost-share for in-network COVID-19 treatment, including hospitalization through May 31, 2020. Out-of-network treatment will be subject to out-of-network benefits and our allowed amounts.

Q: Once available, will a COVID-19 vaccine be covered for my patients?

Yes. We'll cover vaccines developed and approved to treat COVID-19 when available. Member cost-sharing may apply based on benefit plan.

CREDENTIALING & ENROLLMENT – All lines of business unless stated otherwise

Q: Will BlueCross waive credentialing requirements during this time of emergency?

You should continue using the same credentialing and enrollment processes, but let us know of any constraints or delays that you have with third-party requirements, such as CMS or accreditation. We can process your application with this additional information, and make it part of your file for our Credentialing Committee to assess. The Committee may decide to approve the application for a shortened period of time and require you to recredential earlier to ensure that pending requirements have been satisfied.

BlueCross is adhering to the emergency directives set forth in the State of Tennessee Executive Order by the governor, available [here](#).

Q: Can BlueCross expedite enrollment for providers during this time of emergency?

BlueCross is prepared to quickly credential and enroll all initial applicants during this time of emergency. Providers should submit a PEF and declare the need for an expedited enrollment due to the current State of Emergency (SOE). Use the Notes section to provide additional information about the expedited request, including when you anticipate the practitioner to begin providing services. (Providers must have a current CAQH ProView application before starting the enrollment process with us.)

When you submit your form, we recommend emailing your network manager with the subject line "SOE Request" so they can work with you and prioritize your expedited request with our enrollment team. Please have the PEF Numbers and dates these practitioners need to begin providing services.

Q: My practitioner is shifting to cover for a practitioner at one of our other practice locations. What do I need to do?

You don't need to notify us if the billing Group NPI, Tax ID and Individual NPI on the claim will be the same for the practitioner at either location. Reimbursement won't change, and claims will process under the practitioner's existing setup for that network.

Q: What if the billing Group NPI or Tax ID will be different for services performed at the new practice location?

Please email your network manager using the subject line "SOE Request" so they can help you with any changes needed to your existing contract.

Q: One of our practice locations is closing temporarily. What do we need to send you?

If your office or one of your practice locations will be closed for an indefinite period, we suggest you submit that information to us in a Change Form. In the Office Hours section of the Change Form, please indicate all days that each specific location will be closed. We'll update our member-facing, online provider directory to reflect this closure until we receive an update from you.

Your practitioners, office locations and networks will continue to display in the directory as usual, with the exception of the Location & Hours section. When the office reopens, please submit a new Change Form with the correct Office Hours for the location.

Thank you for continuing to keep your phone lines and websites up to date with the latest information about your practice's policies and hours or if you're redirecting patients to other providers. We're reminding members to check with you before any office visit.

OPERATIONAL – All lines of business unless stated otherwise

Q: How will BlueCross communicate with us during this time of emergency?

We understand this is a confusing and frightening time. We want to keep you updated so we can work together to care for your patients and our members. We've received your questions, and we're regularly posting answers in our provider FAQs on bcbst.com and in Availity. You can also help us communicate with you better by telling us how you prefer to be contacted. Just submit that information in Availity.

Q: Will BlueCross call centers be open for claims payment and follow-up during this time?

Yes. We continue to be committed to serving our members and providers in this time of emergency. We acted quickly to make sure our employees could work effectively from home while practicing social distancing. At the same time, we've prioritized our claims, customer service and clinical operations. We're monitoring the situation and our service metrics, and will revisit as needed.

PROCEDURAL – All lines of business unless stated otherwise

Q: Will BlueCross waive or suspend prior authorizations during this time?

We are waiving prior authorization requirements only for the testing and treatment of coronavirus during this time of crisis. We aren't suspending other prior authorization requirements. We have prior authorizations in place for several reasons, but mainly to make sure treatments are covered and our members don't pay more than they should.

Q: Will BlueCross continue to recoup funds from overpayments during this time?

No. In light of COVID-19, we are temporarily delaying recoupments. We'll also temporarily suspend any collections agency activity. In this time of emergency, we want to support our provider partners so they can focus on dealing with this health crisis.

Q: Can I bill BlueCross for medical supplies such as masks, gloves and disinfectant given to my patient?

No. We don't cover these supplies under our health plans.

Q: Can my patients stock up on prescriptions to avoid increased risk of exposure with multiple trips to the pharmacy?

Yes. For members who have BlueCross pharmacy benefits, we're allowing early refills on most medications, and we also encourage 90-day fills for chronic medications. Controlled substances, such as opioids, and some specialty drugs are excluded from this change. Some members may have a mail-order benefit, if they want to avoid going to the pharmacy.

New Q: How is BlueCross handling prior authorizations for elective procedures during this time of emergency?

If you want to extend an existing prior authorization that has already been approved for an elective procedure, please contact us directly and we'll work with you to change the date of service. Otherwise, please see below for prior authorization validity periods currently in place for the following lines of business:

Commercial:

- Elective outpatient procedures – 180 days (was 90 days)
- Select office procedures – 90 days (was 30 days)

Medicare Advantage:

- Outpatient elective procedures – 180 days

- Inpatient requests – 5 days from date of service
- MSK spine injections – 30 days

BlueCare Tennessee:

- We're working with providers to change the dates of service to the date they call in.
- There's currently no limit on how far in the advance we'll change the date.

New Q: Will BlueCross suspend the need for a signed patient attestation and delivery record during this time and agree that these cases be exempt from future post-payment review audits, given the unique situation?

Our priority is to support our members, which may include exploring ways to temporarily relax or suspend clinical and administrative policies. Right now, our current policies remain in place. In this time of emergency, however, we're closely monitoring the changes to federal and CMS guidelines and will align with any updates they release.

New Q: Will BlueCross waive the current requirement for chronic conditions and allow for the provision and reimbursement of these services if a member has a confirmed diagnosis of COVID-19 and has been prescribed home therapy?

No. We aren't waiving the requirement for chronic conditions as this is a CMS requirement. In this time of emergency, we're closely monitoring the changes to federal and CMS guidelines and will align with any updates they release.

Q: Will BlueCross waive timely filing during this time?

No. In light of COVID-19, we are prioritizing the processing of all requests. In this time of emergency, we want to support our provider partners so they can focus on dealing with this health crisis. Currently our requirements for timely filing for all lines of business are:

Commercial – 180 days

Medicare Advantage – 365 days

BlueCare Tennessee – 120 days

Q: CMS is no longer requiring the three-day inpatient stay before admitting patients to post-acute care. Will BlueCross follow this, and consider waiving prior authorization for post-acute care and transfers to another facility?

We've always waived the three-day inpatient stay rule for post-acute transitions to help our members get the right care, at the right time and in the right place. That policy will stay in place. We aren't suspending prior authorization requirements. We are waiving prior authorization requirements for the testing and treatment of COVID-19 only. We have prior authorizations in place for several reasons, but mainly to manage claims payments, and allow our nurse case managers to perform transition of care and discharge planning with our members.

New Q: Will BlueCare Tennessee consider relaxing the standard that participating DME suppliers stay open to the public for 30 hours or more per week?

This is not just a BlueCare Tennessee policy, but a federal regulation that you can find [here](#). In this time of emergency, we're closely monitoring the changes to federal and CMS guidelines and will align with any updates they release.

4.2.20

(REVISED 4/2/20 Changes and clarifications highlighted in blue)

Thank you for all you do for our members and your patients. I'm reaching out to keep you updated on our responses to coronavirus in the U.S. We want to be sure we're all working together for the health of those who rely on us.

I'm sure you're following all CDC protocols for coronavirus, but these are a few reminders and some answers to questions you may have about how your patients' care and treatment will be covered. We're doing what we can to remind members suspected of coronavirus not to come to your practice. They should call your office and be evaluated over the phone first. If testing is needed, please send them to an FDA-approved coronavirus test lab. This will help keep your other patients and staff as safe as possible during this time. As always, we want to preserve our emergency rooms for true emergencies, so patients suspected of coronavirus should not be sent there unless it's a true emergency.

TELEHEALTH COVERAGE – ALL LINES OF BUSINESS EXCEPT BLUECARE TENNESSEE

Q: Will BlueCross cover telehealth (telephonic or virtual) consultations with my patients with BlueCross coverage?

Yes. During this time of emergency, you may bill for telehealth for Commercial, Medicare Advantage and BlueCare Plus lines of business. This applies to services that previously required an in-person visit in settings like outpatient clinics, hospitals, emergency departments and therapist offices. Pricing will be consistent with your BlueCross fee schedule. All of the following are required:

- Effective for dates of service March 16 until further notice.
- The services provided are covered under the member's benefits, and are eligible for separate payment when performed in person.
- The services take place in real time, and the provider and patient are connected via an interactive audio and video telecommunications system.
- All services provided are medically appropriate and necessary.
- All relevant online communications about the member's medical care and follow-up are included in their medical record.
- Any evaluation and management services (E/M) provided via telehealth include a problem-focused history and straightforward medical decision making, per the Current Procedural Terminology (CPT®) manual.
- When billing for telehealth, applicable service codes, diagnostic codes, modifiers and units should be reported with Place of Service-02 to indicate a telehealth service.

Q: Do I need different codes to bill for telehealth for PT/OT/ST/ABA Skilled Therapies for Commercial, Medicare Advantage or BlueCare Plus members?

No. Please continue to include your normal service codes, diagnostic codes, modifiers and units. Just be sure to include Place of Service-02, which tells us you've treated our member using telehealth. Pricing will be consistent with your BlueCross fee schedule. All of the following are required:

- Effective for dates of service March 16 until further notice
- Providers supported by this exception are licensed physical therapists, occupational therapists, speech-language pathologists, and ABA therapists.
- All services provided are medically appropriate and necessary.
- The services must take place in real time, and the patient and provider are connected via an interactive audio and video telecommunications system.
- All relevant online communications about the member's medical care and follow-up are included in their medical record.
- Any existing visit limitations and/or prior authorization requirements continue to apply.

Please note: BlueCare Tennessee has new coding requirements, which are listed separately below.

Q: Are there any telehealth services that BlueCross will not cover?

We won't cover telehealth for educational or administrative services. We also won't cover patient communications incidental to evaluation and management services (E/M), counseling or medical services covered by this policy. This includes, but is not limited to, providing educational materials.

Please note: BlueCare Tennessee has different exclusions, which are listed separately below.

TELEHEALTH COVERAGE – BLUECARE TENNESSEE

Q: Will BlueCare Tennessee cover telehealth (telephonic or virtual) consultations with my patients with BlueCareSM, TennCareSelect and CoverKids coverage?

Yes. During this time of emergency, you may bill for telehealth in the following ways:

- CPT® codes 99441 – 99443 for telephonic provider-to-member consultations for all lines of business’ PCP or specialist benefits.
- E&M codes 99201–99215 for virtual and telephonic consults with your patients.
- CPT® codes 97153, 97155, and 97156 , 90791, 90792, 90832, 90834 and 90837 for behavioral health consultations
- CPT® H0032 and H2019 (with or without a modifier HO) for Applied Behavior Analysis (ABA) therapy.

Q: Do I need different codes to bill for telehealth for PT/OT/ST Skilled Therapies for BlueCare, TennCareSelect and CoverKids members?

Specific outpatient PT/OT/ST CPT® codes are included as part of the temporary expansion of telehealth services as a result of the COVID-19 public health emergency.

- Effective for dates of service March 18 through June 18, 2020
- Providers supported by this exception are licensed physical therapists, occupational therapists and speech-language pathologists.
- All services provided are medically appropriate and necessary.
- The services must take place in real time, and the patient and provider are connected via an interactive audio and video telecommunications system.
- All relevant online communications about the member’s medical care and follow-up are included in their medical record.
- Any existing visit limitations and/or prior authorization requirements continue to apply .
- When billing for telehealth, applicable service codes, diagnostic codes, modifiers and units should be reported with Place of Service-02 to indicate a telehealth service.

Category	CPT® Code	Description
Physical Therapy	97161	Physical therapy evaluation - low complexity
Physical Therapy	97162	Physical therapy evaluation – moderate complexity
Physical Therapy	97163	Physical therapy evaluation – high complexity
Physical Therapy	97164	Physical therapy re-evaluation
Physical Therapy	97110	Therapeutic procedure, one or more areas, each 15 minutes
Physical Therapy	97116	Gait training
Physical Therapy	97530	Therapeutic activities, one-to-one patient contact, each 15 minutes
Physical Therapy	97112	Therapeutic procedure, one or more areas, each 15 minutes
Physical Therapy	97535	Self-care/home management training, each 15 minutes
Occupational Therapy	97165	Occupational therapy evaluation - low complexity
Occupational Therapy	97166	Occupational therapy evaluation - moderate complexity
Occupational Therapy	97167	Occupational therapy evaluation - high complexity
Occupational Therapy	97168	Occupational therapy re-evaluation
Occupational Therapy	97110	Therapeutic procedure, one or more areas, each 15 minutes
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Category	CPT® Code	Description
Speech Therapy	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder
Speech Therapy	92521	Evaluation of speech fluency
Speech Therapy	92522	Evaluation of speech sound production
Speech Therapy	92523	Evaluation of speech sound production
Speech Therapy	92526	Treatment of swallowing dysfunction and/or oral function for feeding
Speech Therapy	96105	Assessment of Aphasia and Cognitive Performance Testing
Speech Therapy	96105	Assessment of Aphasia and Cognitive Performance Testing
Speech Therapy	97129	Therapeutic interventions that focus on cognitive function
Speech Therapy	97130	Each additional 15 minutes (use in conjunction with 97129)

Excluded from this temporary expansion of Telehealth services:

- Any treatment that requires specialized hands on care or specialized equipment, such as whirlpools, etc. This includes Athletic Trainings (97169 – 97172), Modalities (97010 – 97039) and Group Therapies. Any member currently receiving group therapy should be considered for individual therapy via telehealth.

TELEHEALTH GENERAL

Q: Is BlueCross removing the geographic restrictions on your Medicare Advantage plans to cover live, interactive, audio and visual consultations?

Yes. We're relaxing the originating site and geographic requirements for all Medicare Advantage plans during this time of emergency.

Q: Can I use applications like Facebook or Skype for telehealth visits with my patients?

Yes. BlueCross aligns with recent CMS regulations, which allow for telehealth visits via platforms like Apple FaceTime, Facebook Messenger, Skype, Google Hangouts and WhatsApp.

Q: Will BlueCross waive the copay for telehealth?

No. We aren't waiving the cost-share for telehealth services performed by network providers.

Q: Can I use telehealth for chiropractic services?

No. We don't cover chiropractic services for telehealth.

Q. Can I refer patients to use telehealth services to protect them and others from transmission of disease during a possible outbreak?

Yes. We encourage our patients to use their PhysicianNow powered by MDLive® telehealth benefits, if they have them. We also encourage patients to avoid using the emergency room, except in a true medical emergency, to prevent the spread of illness.

TESTING

Q. Will COVID-19 testing be covered for my patients?

Yes. We'll cover our members' copay and waive their cost-share for any appropriate FDA-approved tests and those currently pending FDA approval you order at this time. This applies for testing through providers outside our network.

Q. Will I have to get a prior authorization for testing or treatment of COVID-19?

No. Prior authorization won't be required.

Q: Will BlueCross suspend certain policies and requirements, such as prior authorizations, during this time?

No. We aren't suspending prior authorization requirements. We are waiving prior authorization requirements for the testing and treatment of coronavirus. We have prior authorizations in place for several reasons, but mainly to manage claims payments, and allow our nurse case managers to perform transition of care and discharge planning with our members.

Q: Will BlueCross waive timely filing during this time?

No. In light of COVID-19, we are prioritizing the processing of all requests. In this time of emergency, we want to support our provider partners so they can focus on dealing with this health crisis. Currently our requirements for timely filing for all lines of business are:

- Commercial — 180 days
- Medicare Advantage — 365 days
- BlueCare Tennessee — 120 days

Q: CMS is no longer requiring the three-day inpatient stay before admitting patients to post-acute care. Will BlueCross follow this, and consider waiving prior authorization for post-acute care and transfers to another facility?

We've always waived the three-day inpatient stay rule for post-acute transitions to help our members get the right care, at the right time and in the right place. That policy will stay in place. We aren't suspending prior authorization requirements. We are waiving prior authorization requirements for the testing and treatment of COVID-19 only. We have prior authorizations in place for several reasons, but mainly to manage claims payments, and allow our nurse case managers to perform transition of care and discharge planning with our members.

Q: How will I be reimbursed for COVID-19 testing?

From Feb. 4, 2020, until Dec. 31, 2020, we'll reimburse at 100% of Medicare for COVID-19 FDA-approved tests (as well as those currently pending FDA approval). The following codes are billable for all labs and providers across all BlueCross BlueShield of Tennessee product lines*:

- U0001 - \$35.91 (CDC)
- U0002 - \$51.31 (Commercial Labs)
- CPT® code (87635) to be priced at the U0002 payment of \$51.31 or the lesser of billed charges once physicians can do their own testing.

Q: Can I offer my patients drive-thru testing services for COVID-19?

Yes. We'll cover our members' swabs and test results in a drive-thru setting as part of the lab payment. Please note that the test code includes both the swab and the results. You should use place of service code 99 when billing and all reimbursement will be based on the testing code.

Q: Does drive-thru testing apply to screening services?

No. We'll only reimburse for our member's COVID-19 swabs and test results in drive-thru testing.

*Codes included on preferred lab exclusion list for BlueCareSM, TennCareSelect and CoverKids.

Q. Do you have a list of testing sites?

The CDC has linked to each state's department of health contact information for testing. You can view it here:

<https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>

CREDENTIALING & ENROLLMENT

Q: Will BlueCross waive credentialing requirements during this time of emergency?

You should continue using the same credentialing and enrollment processes, but let us know of any constraints or delays that you have with third-party requirements, such as CMS or accreditation. We can process your application with this additional information, and make it part of your file for our Credentialing Committee to assess. The Committee may decide to approve the application for a shortened period of time and require you to recredential earlier to ensure that pending requirements have been satisfied.

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Q: Can BlueCross expedite enrollment for providers during this time of emergency?

BlueCross is prepared to quickly credential and enroll all initial applicants during this time of emergency. Providers should submit a PEF and declare the need for an expedited enrollment due to the current State of Emergency (SOE). Use the Notes section to provide additional information about the expedited request, including when you anticipate the practitioner to begin providing services. (Providers must have a current CAQH ProView application before starting the enrollment process with us.)

When you submit your form, we recommend emailing your network manager with the subject line “SOE Request” so they can work with you and prioritize your expedited request with our enrollment team. Please have the PEF Numbers and dates these practitioners need to begin providing services.

Q: My practitioner is shifting to cover for a practitioner at one of our other practice locations. What do I need to do?

You don’t need to notify us if the billing Group NPI, Tax ID and individual NPI on the claim will be the same for the practitioner at either location. Reimbursement won’t change and claims will process under the practitioner’s existing set up for that network.

Q: What if the billing Group NPI or Tax ID will be different for services performed at the new practice location?

Please email your network manager using the subject line “SOE Request” so they can help you with any changes needed to your existing contract.

Q: One of our practice locations is closing temporarily. What do we need to send you?

If your office or one of your practice locations will be closed for an indefinite period, we suggest you submit that information to us in a Change Form. In the Office Hours section of the Change Form, please indicate all days that each specific location will be closed. We’ll update our member-facing, online provider directory to reflect this closure until we receive an update from you.

Your practitioners, office locations, and networks will continue to display in the directory as usual, with the exception of the Location & Hours section. When the office reopens, please submit a new Change Form with the correct Office Hours for the location.

Thank you for continuing to keep your phone lines and websites up to date with the latest information about your practice’s policies, hours or if you’re redirecting patients to other providers. We’re reminding members to check with you before any office visit.

TREATMENT

Q. Once available, will a COVID-19 vaccine be covered for my patients?

Yes. We’ll cover vaccines developed and approved to treat COVID-19 when available. Member cost-sharing may apply based on benefit plan.

Q. Will my recommended treatments for symptoms of COVID-19 be covered for my patients?

Yes. We’ll cover the care you order for members with COVID-19 to help relieve symptoms, just as we would with any other viral respiratory infection. Your patients’ care will be covered under their usual benefit with the same cost-share.

Q. Will BlueCross cover a hospital quarantine stay for a patient diagnosed with COVID-19?

Yes. If you order a patient be admitted to the hospital and quarantined, we’ll cover it under their usual inpatient benefits with the same cost-share.

GENERAL

Q: How will BlueCross communicate with us during this time of emergency?

We understand this is a confusing and frightening time. And we want to keep you updated so we can work together to care for your patients and our members. We’ve received your questions and we’re regularly posting answers in our provider FAQs on bcbst.com and in Availity. You can also help us communicate with you better by telling us how you prefer to be contacted. Just submit that information in Availity.

Q: How will BlueCross address the Medicare Advantage 2% sequestration?

Because we will get the sequestration withhold back, we'll pass that along to our providers for dates of service from May 1, 2020, through Dec. 31, 2020, as announced by CMS. This is a temporary change and only applies to providers who have the sequestration language in their contracts.

Q: Will BlueCross call centers be open for claims payment and follow-up during this time?

Yes. We continue to be committed to serving our members and providers in this time of emergency. We acted quickly to make sure our employees could work effectively from home while practicing social distancing. At the same time, we've prioritized our claims, customer service and clinical operations. We're monitoring the situation and our service metrics, and will revisit as needed.

Q: Will BlueCross continue to recoup funds from overpayments during this time?

No. In light of COVID-19, we are temporarily delaying recoupments. We'll also temporarily suspend any collections agency activity. In this time of emergency, we want to support our provider partners so they can focus on dealing with this health crisis.

Q: Will BlueCross consider advanced payment or other financial support for individual health systems?

No. Our priority right now is to support our members by exploring ways to temporarily relax or suspend clinical and administrative policies, and offering premium extensions. We're also focusing on supporting our community at large. For example, the BlueCross Foundation recently donated \$3.25 million in emergency grants to food banks across the state.

Q. Can I bill BlueCross for medical supplies such as masks, gloves and disinfectant given to my patient?

No. We don't cover these supplies under our health plans.

Q. Can my patients stock up on prescriptions to avoid increased risk of exposure with multiple trips to the pharmacy?

Yes. For members who have BlueCross pharmacy benefits, we're allowing early refills on most medications, and we also encourage 90-day fills for chronic medications. Controlled substances, such as opioids, and some specialty drugs are excluded from this change. Some members may have a mail-order benefit, if they want to avoid going to the pharmacy.