

We're Answering Provider Questions About COVID-19

(Revised April 24, 2020; Please note updates are frequent)

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.

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.

On April 21, 2020, the Division of TennCare shared a memo for inclusion here. Please read it carefully, as it covers numerous administrative policies now effective for dates of service March 12, 2020 through May 15, 2020. The changes in this memo only apply to our BlueCare Tennessee providers, and may extend to a later date:

[TennCare's Memo on Administrative Changes](#)

We'd also like to point you toward additional resources, where you can get daily updates about providing treatment during this state of crisis:

- Read more about the State of Tennessee's response to the disease on the [Tennessee Department of Health website](#).
- Visit the [Division of TennCare website](#) for important memos and updates about providing care for BlueCare Tennessee members. They've called special attention to information about [EPSDT appointments](#), [federal PASRR requirements](#) and [civil rights guidance](#).
- Click [here](#) for the latest information from the Centers for Disease Control and Prevention (CDC).

For more general information about Coronavirus resources available to the public, you may also call the Tennessee Coronavirus Public Information Line at 1-877-857-2945.

All answers apply to BlueCareSM, TennCare*Select* and CoverKids plans unless stated otherwise.

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. 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 BlueCare Tennessee 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.

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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). Effective April 14, 2020, we'll reimburse at 100% of Medicare for High Throughput Tests.

The following codes are billable for all contracted and non-contracted labs and providers:

- 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
- U0003 and U0004 – High Throughput Testing
- 86328 and 86769 – New AMA codes for antibodies testing
- 86318 – Reclassified AMA code for antibodies 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 only reimburse for our member's 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. Here's a link to the CDC site: [cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html](https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html)

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.

TELEHEALTH COVERAGE

Updated 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' PCP or specialist benefits.
- E&M codes 99201 – 99215 for virtual and telephonic consults with your patients.

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- E&M codes 99421 – 99423 for non-face-to-face digital online consultations.
- HCPCS codes G2061, G2062 and G2063 for online assessments and management.
- HCPCS codes G2010 for remote evaluation of video and/or images.
- HCPCS code G2012 for virtual check-ins 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.
- In addition, here are some more recent [behavioral health codes](#).

When billing for telehealth, applicable service codes, diagnostic codes, modifiers and units should be reported with Place of Service-02 or your normal Place of Service code with a 95 modifier appended to the CPT/HCPCS code. This will let us know you've treated our member using telehealth.

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: How should telehealth services be billed on facility claims?

Please bill them with the appropriate Revenue code and the DR (Disaster Recovery) condition code.

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 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 or your normal Place of Service code with a 95 modifier appended to the CPT/HCPCS code. This will let us know you've treated our member using telehealth.

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
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	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)

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and Group Therapies. Any member currently receiving group therapy should be considered for individual therapy via telehealth.

TELEHEALTH GENERAL

Q: May I use telehealth to treat new and existing patients?

Yes. You can use E&M codes to bill for telehealth with both new and established patients.

Q: How should telehealth services be billed on facility claims?

Please bill them with the appropriate Revenue code and the DR (Disaster Recovery) condition code.

Q: Can nurses as well as physicians perform and bill for telehealth services?

No. Only contracted and credentialed physicians, specialists, nurse practitioners and Physician Assistants can bill for telehealth services. Additionally, nurse practitioners and Physician Assistants who provide telehealth services must be supervised by a contracted physician. Claims should be billed per Provider Administration Manual guidelines.

Q: Can providers perform ultrasound testing in a home setting and follow up via telehealth?

No. 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.

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 BlueCare Tennessee 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.

CONTRACTING, CREDENTIALING & ENROLLMENT

Q: What should I do if a recommended process or treatment for COVID-19 conflicts with information in a Provider Administration Manual (PAM)?

We strive to deliver important updates to you quickly through this Provider FAQ, so some details may conflict with what's already been published in our Provider Administration Manuals (PAMs). If you find information in this Provider FAQ conflicts with a provision in a PAM, the Provider FAQ information will temporarily take precedence over previously published information in the PAM during this pandemic. If you have questions or need clarification, please contact your network manager.

Q: Will BlueCare Tennessee 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 re-credential earlier to ensure that pending requirements have been satisfied.

We're 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 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

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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.

OPERATIONAL

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

Q: Have new codes been added to the medical emergency list for COVID-19?

Yes. The following Coronavirus/COVID-19 diagnosis codes have been added to the medical emergency list for all lines of business:

- B97.29
- B97.21
- Z03.818
- Z20.828
- U07.1

Updated Q. Can my patients get early refills on prescriptions to avoid increased risk of exposure with multiple trips to the pharmacy?

Yes. TennCare is allowing early refills on many medications, and they also encourage 90-day fills for chronic medications. Controlled substances, such as opioids, and some specialty drugs are excluded from this change. Members may have a mail-order benefit if they want to avoid going to the pharmacy.

Q: Will BlueCare Tennessee cover home births for my patients during this time of emergency?

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We'll cover home births with a Certified Nurse Midwife for our members who have that benefit. We only recommend home births for low-risk pregnancies, and the member must have a detailed birthing plan that includes a hospital and doctor, in case of complications. For more information, please refer to your Provider Administration Manual.

Q: Will BlueCare and TennCareSelect temporarily waive PCP assignment?

Yes. For dates of service Mar. 1 – May 31, 2020, we're waiving PCP lock-in processes during this time. This does not apply to CoverKids.

Q: Will BlueCare Tennessee 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 BlueCare Tennessee for medical supplies such as masks, gloves and disinfectant given to my patient?

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

Updated Q: How is BlueCare Tennessee handling prior authorizations for elective procedures during this time of emergency?

If you want to extend an existing prior authorization that's 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:

- 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.

Q: Will BlueCare Tennessee 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?

No. 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.

Q: Will BlueCare Tennessee 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.

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Q: Will BlueCare Tennessee 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 is 120 days.

Q: CMS is no longer requiring the three-day inpatient stay before admitting patients to post-acute care. Will BlueCare Tennessee 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 make sure treatments are covered and our members don't pay more than they should.

Q: Will BlueCare Tennessee consider advance 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 polices, and offering premium extensions.

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