

## A Message From Todd Ray

*Dear Valued Provider,*

*Thank you for your continued dedication to serving the health care needs of our members. We've appreciated your flexibility and cooperation as we continue to adapt the way we work with one another.*

*Now that the state is starting to re-open, we want to assure you we're being just as thoughtful about the way we serve your needs and the needs of our members. We're continuing to make changes to help you provide care as we all slowly transition back toward a state of normalcy. Please continue to review this site and our payer space at [Availity.com](https://www.availity.com) for daily updates.*

*Thanks again for everything you do to provide care to our friends and neighbors across Tennessee. As always, please reach out to your Network Manager if you have questions or need assistance.*

*Sincerely,*

*Todd Ray, Senior Vice President, Corporate Provider Network Management and Medicare Products*

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## **We're Answering Provider Questions About COVID-19 (Revised May 26, 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'd like to point you toward helpful resources, where you can get daily updates about providing treatment during the COVID-19 emergency:**

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

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### **COVID-19 Emergency Disclaimer**

During the COVID-19 emergency, we'll continue to follow the COVID-19-related policies and processes listed in this section of the BCBSTupdates website. If a policy or process has a current end date, we've indicated that in individual answers. Should we decide to make a voluntary change to a policy or process that's listed on this website during the COVID-19 emergency, we'll provide a 30-day advance notice in this section of the BCBSTupdates website. Please refer to this content daily.

**For Commercial, Medicare Advantage and BlueCare Plus lines of business unless stated otherwise.**

### **COVID-19 TESTING & TREATMENT**

#### **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 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 the COVID-19 emergency. 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.

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

From Feb. 4, 2020, until further notice during the COVID-19 emergency, 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, until further notice during the COVID-19 emergency, we'll reimburse at 100% of Medicare for High Through-Put Tests.

The following codes are billable for all contracted and non-contracted 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
- U0003 and U0004 – High Through-Put Testing (Effective 4/14/20)

#### **New Q: How will I be reimbursed for specimen collection testing?**

From March 1, 2020, until further notice during the COVID-19 emergency we'll reimburse at 100% of Medicare for FDA-approved COVID-19 tests (as well as those currently pending FDA approval).

- G2023 – home/nursing home collection
- G2024 – home/nursing home collection
- C9803 – hospital outpatient

**New Q: Will BlueCross reimburse for multiple COVID-19 tests for a patient being admitted and/or being evaluated for an outpatient procedure that's unrelated to COVID-19 treatment?**

Yes. Testing guidelines for these circumstances are outlined below:

- COVID 19 testing done 72 hours before an admission/OP Procedure will pay "in addition" to the procedural reimbursement.
- COVID 19 testing done less than 72 hours (i.e., 48 hours), but prior to the day of the admission/OP procedure, will pay "in addition" to the procedural reimbursement.
- COVID 19 testing done the day of the OP procedure and billed on the same claim as the OP procedure will pay "in addition" to any OP procedure. Inpatient admission will be included in the DRG charge.

**Please note:** the test will be covered even if the member's admission/OP procedure is cancelled due to a positive COVID-19 test.

**New Q: Will BlueCross reimburse for multiple COVID-19 tests for a patient being admitted and/or being evaluated in the Emergency Room for services unrelated to COVID-19 treatment?**

Yes. Testing guidelines for these circumstances are outlined below:

- Commercial – COVID-19 testing performed as part of an ER visit will be reimbursed as part of the ER visit unless the provider's contract specifies differently.
- Medicare Advantage and BlueCare Plus – COVID-19 testing performed as part of an ER visit will be reimbursed separately from the ER visit reimbursement.

**Please note:** For ER claims, the COVID-19 test should be included on the same claim as the ER services being billed.

**Updated Q. How are you addressing member cost-share for COVID-19 treatment?**

We're waiving member cost-share for in-network COVID-19 treatment, including hospitalization, until the end of the COVID-19 National Emergency. Out-of-network treatment will be subject to out-of-network benefits and our out-of-network allowed amounts.

**COVID-19 Testing & Treatment – Drive-through 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 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.

**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).

## **COVID-19 Testing & Treatment – Antibody Tests**

### **New Q. Will you pay for COVID-19 antibody tests?**

We'll pay for FDA-approved versions of these tests when they're ordered by an in-network physician during in-person or telehealth appointments.

Many of the antibody tests marketed have proven to be ineffective, so we'll only cover the ones that the FDA has cleared, approved or given emergency use authorization for. Like you, we're deeply invested in making sure our members get safe, effective and conclusive tests, while minimizing false or misleading diagnoses.

**If the above conditions are met, we'll reimburse at 100% of Medicare for the following codes:**

- **86328 and 86769 – Antibody Testing During Appointment**  
Effective for dates of service April 10, 2020 until further notice during the COVID-19 emergency

### **New Q: Will you pay for COVID-19 at-home tests that diagnose current disease (not antibody tests)?**

We'll pay for at-home tests that diagnose current disease when they're ordered by a licensed physician. Many of the at-home tests marketed have been approved as ineffective, so we'll cover just those the FDA has cleared, approved or given emergency use authorization for. Like you, we're deeply invested in making sure our members get safe, effective and conclusive tests, while minimizing false or misleading diagnoses.

## **TELEHEALTH COVERAGE**

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

Yes. During the COVID-19 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 during the COVID-19 emergency.
- 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 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.**

**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/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 or your normal Place of Service code with a 95 modifier appended to the CPT/HCPCS code. 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 during the COVID-19 emergency.
- 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.

**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.

**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: 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. During the COVID-19 emergency, however, we're closely monitoring the changes to federal and CMS guidelines and will align with any updates they release.

**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 the COVID-19 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 video chat, Skype, Google Hangouts video and Zoom.

**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.

**New Q: Will BlueCross network providers continue to deliver care through telehealth once the COVID-19 emergency has passed?**

Telehealth has made it easier for members to access health care, so we've decided to continue to support telehealth services for our Commercial line of business for in-network providers who offer them. We're seeking guidance from Medicare, CMS and TennCare about the possibility of making telehealth a permanent option for our other lines of business. Until further notice, BlueCare Tennessee, Medicare Advantage and BlueCare Plus will continue covering telehealth during the COVID-19 emergency, as we have for the past few months.

**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 BlueCross waive credentialing requirements during the COVID-19 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.

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 the COVID-19 emergency?**

BlueCross is prepared to quickly credential and enroll all initial applicants during the COVID-19 emergency. Providers should submit a PEF and declare the need for an expedited enrollment due to the current COVID-19 emergency. 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 "COVID-19 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 "COVID-19 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.

## **OPERATIONS**

### **Q: How will BlueCross communicate with us during the COVID-19 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 during the COVID-19 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. We're allowing early refills on many 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. Members may have a mail-order benefit if they want to avoid going to the pharmacy.

### **Q. Will a member have to pay a copay or cost share for prescriptions or over-the-counter drugs to help with their symptoms outside of a hospital setting?**



Yes. Any prescriptions or over-the-counter drugs you recommend for at-home symptom treatment will have a normal copay or cost share.

**Q: Do you have a policy to address possible drug shortages?**

It's important that we closely watch drug distribution, so everyone has access and life-saving drugs don't go to waste. So on April 2, 2020, BlueCross implemented an anti-stockpile policy with quantity limits on the following medications:

- Short-Acting Beta Agonist Inhalers (ProAir; Proventil; Ventolin; Xopenex)
- Chloroquine
- Hydroxychloroquine (Plaquenil)
- Lopinavir/Ritonavir (Kaletra)
- Azithromycin (Zithromax)

We've adopted this policy temporarily until we're no longer in a state of crisis. We'll provide an update in this Q&A document when we decide to make a change.

**Q: Will BlueCross cover home births for my patients during the COVID-19 emergency?**

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.

**Updated Q: How is BlueCross managing recoupments?**

To help our providers during this trying time, we announced we would temporarily delay recoupments until further notice. Effective May 15, 2020, we resumed recoupment for funds we've overpaid. If you have questions, please contact your Network Manager.

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

We are only waiving prior authorization requirements for the testing and treatment of coronavirus during the COVID-19 emergency. 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: How is BlueCross handling prior authorizations for elective procedures during the COVID-19 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 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 and BlueCare Plus:**

- Outpatient elective procedures — 180 days
- Inpatient requests — 5 days from date of service
- MSK spine injections — 30 days

**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?**

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. During the COVID-19 emergency, however, we're closely monitoring the changes to federal and CMS guidelines and will align with any updates they release.

**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. During the COVID-19 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. During the COVID-19 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 and BlueCare Plus— 365 days

**Q: How are you handling prior authorization for post-acute admission during the COVID-19 emergency?**

To better serve our members, we've made the decision to waive prior authorization requirements on post-acute admission requests when the member is coming from an inpatient setting and transferring to an in-network facility. This will include admissions to Skilled Nursing Facilities, Inpatient Rehabilitation Facilities, and Long Term Acute Care Facilities.

**Here are some important details:**

- Waiver of initial post-acute authorization requirements is good for dates of service effective April 10 through May 31, 2020.
- Waiver is only for members coming from an acute care facility to an in-network post-acute facility (LTACH, Acute Rehab Hospital or SNF).
- BlueCross will still require notification on the next business day following transfers. Please use the regular authorization forms for each line of business (located on Availity).
- We'll continue to conduct concurrent stay reviews for medical necessity in the post-acute setting.

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

Revised 05/18/20

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.

**Q: Will Medicare Advantage and BlueCare Plus address the CMS 2% sequestration announcement?**

Yes. We're updating our claims processing and pricing system to temporarily suspend the sequestration reduction for dates of service and discharges occurring from May 1, 2020, through Dec. 31, 2020.

**Q: How will BlueCross Medicare Advantage and BlueCare Plus plans handle the addition of U07.1 to the CD-10 MS-DRG V37 Grouper and the 20% increase in the weighting factor for COVID-19 Diagnosis-Related Groups (DRGs)?**

We're aware of these changes, as detailed in the CARES Act, and are currently updating our systems. We'll implement with an April 1, 2020, effective date and all claims received will be adjudicated at the proper rate after the update is complete.

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