LAST UPDATED – August 25, 2021

Changes are highlighted in yellow

Coronavirus/COVID-19 Updates for Commercial and ACA Plans

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.

Here are the following steps we are taking 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. 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.

COVID-19 information specific to our Blue Medicare Advantage members can be found here.

Blue KC Member Coverage for COVID-19 Inpatient hospital admissions

Effective April 1, 2020, Blue KC has waived all member cost sharing and copayments for inpatient hospital admissions due to the diagnosis of COVID-19. This policy will remain in place through December 31, 2021, and it applies to insured Blue KC plans, excluding individual ACA plans. **Note**: This benefit enhancement does not apply to individual ACA members. In addition, 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 testing for surgical interventions as well as for known or suspected exposure to COVID-19.

Important: In accordance with 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 with more than five targets. 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.

Detailed code information for testing and vaccines can be found here.

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

Request: Blue KC has discovered instances where Urgent Care facilities have billed a global rate without including a line item for COVID-19 testing. This has caused us to apply member cost-sharing incorrectly. Blue KC has decided to adjust these claims based on the member's verbal confirmation that a COVID test was done instead of requesting medical records to review. To avoid this issue in the future, we are asking Urgent Care facilities to add the COVID test CPT code on their claims with a zero dollar amount so our system can track and pay related services correctly. We appreciate your help to make this process as smooth as possible.

Important: If a member presents with 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.

There are a variety of in-network options if you are looking to provide a member advice on where to receive a COVID-19 test. The following locations work with a member's plan, meaning a member will not have to pay out of pocket to receive a test *(**please note** that testing sites not included below may require a member to pay higher out of pocket fees and submit a claim for reimbursement)*:

- A member's local County Health Department
- LabCorp and Quest diagnostic testing centers
- CVS and Walgreens pharmacies
- The pixel by LabCorp at home testing kit

Vaccine Administration and Billing

For Commercial and ACA members, Blue KC will reimburse for the vaccine administration fee only on an individual claim. We will accept roster billing if you utilize Blue KC's approved roster billing format. For those interested in roster billing, please contact your account executive.

For Medicare Advantage, all bills should be submitted to the local Medicare Administration Contractor (MAC).

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, LSCSW (KS) and LCSW (MO). PT, OT and Speech are covered at regular cost share. Exclusions include RN, LPN, LMSW, LMFT, Nurse Assistant contacts.

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

Blue KC has encouraged the use of the following for dates of service beginning on March 9, 2020, until further notice:

- 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. Use of 95/GT modifier is accepted.** These visits would be at no member cost share. This also includes 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 message using 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.

Policy Changes

We wanted to highlight other operational enhancements and steps we are taking to make it easier for your team to provide care to Blue KC members during these unprecedented times. These changes are effective immediately unless an earlier date is noted. This policy will remain in place through December 31, 2021.

- We are prioritizing claims over $100,000 for expediated processing and payment.

- We are continuing to operate with weekly payment cycles.

- We are waiving all prior authorization requirements for transfers to in-network skilled nursing facilities (SNF) through December 31, 2021.

    - This will apply to all commercial plans although excludes individual ACA members.
    - In-network SNF only.
    - In accordance with existing policy, intake facilities must notify Blue KC of admissions within 24 hours. Notifications should be sent via fax (816-995-1502) and include the admit date, facility NPI, physician name and NPI, ICD-10 code(s) and a contact person's name, phone and fax numbers.
    - SNF will also be required to fax relevant medical records for extension of days requests by day three of the initial admit (fax number 816-995-1502).
    - Length of stay and medical necessity reviews will still apply within member-specific benefit limits.

  In-network SNF will not be required to request authorizations from Blue KC prior to initiating transfers during this period.

- We have waived prior authorizations for COVID-19 diagnostic tests and related outpatient covered services that are medically necessary in accordance with our medical policy. Blue KC has also made dedicated clinical staff available to address inquiries related to medical services, ensuring timeliness of responses related to COVID-19.

- Effective April 1, 2020, we will be extending prior authorizations (PA) associated with most elective and non-essential services for a period of 180 days, different from the current 30-day timeframe. This decision will remain in effect until further notice.

    - **For all existing Blue KC authorizations:** Providers may call the PA request line (816-395-3989) to request extensions on any existing authorizations, with the exception of bariatric procedures (all plans) and gender reassignment procedures (Federal Employee Program (FEP) only). Bariatric procedures and FEP gender reassignment procedures will need to be re-authorized before performing, per medical policy guidelines.

    - **For all new Blue KC authorizations:** An end date of 180 days from the request date will be given for all authorizations, with the exception of bariatric procedures and FEP gender reassignment procedures.

We will continue to evaluate our operations and processes as this situation unfolds and communicate any other updates to you as is needed.

Thank you again for your partnership in providing quality care to our members.