COVID-19 payment policy, lab testing codes, claim reminders

April 29, 2020

This article is for **all** Blue Cross Blue Shield of Massachusetts providers except dental

We'd like to communicate these three things:

- A new temporary COVID-19 payment policy
- New COVID-19 lab testing codes
- Reminders about telehealth claim submissions

Temporary COVID-19 payment policy effective immediately

We have developed a temporary COVID-19 payment policy to remain in effect during the Massachusetts public health state of emergency.

This new temporary policy includes a collection of policy updates that outlines how Blue Cross reimburses for COVID-19 related services, with guidance from the Centers for Disease Control, the Centers for Medicare & Medicaid Services, state health departments, the American Medical Association, and other relevant health organizations.

Information in this temporary COVID-19 payment policy supersedes all other Blue Cross payment policies for the duration of the Massachusetts emergency.

Because this situation is fluid and fast-moving, we will continue to update the policy as things change. Please refer to the "Policy Update History" on the last page of the COVID-19 payment policy to learn more about the most recent updates. We'll also share updates in our weekly COVID-19 email.

What's included in this new policy?

- Consolidated information that we previously published
- New information about:
  - Ambulance services
  - Autism services
  - Field hospital billing
  - Informational modifiers for reporting
  - New HCPCS codes for COVID-19 testing
  - Place of service billing
  - Specimen collection coding
  - Temporary documentation requirements for telehealth or telephone E/M visits

New COVID-19 lab testing codes

The Centers for Medicare & Medicaid Services created two new HCPCS codes for COVID-19 lab testing. These codes are included in the COVID-19 payment policy and will be added to the applicable provider fee schedules for all products.

Code	Service description	Reimbursement effective date
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome Coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]), amplified probe technique	For dates of service on or after April 14, 2020
U0004	2019-NCOV Coronavirus, SARS-COV-2/2019-NCOV (COVID-19), any technique, multiple	

	types or subtypes (includes all targets), non-CDC	

Fee schedules will be updated
We will update our professional, hospital outpatient, and clinical laboratory fee schedules accordingly.

Reminders about telehealth claim submissions
We've received calls from members who have been charged a cost share (copayments, co-insurance, and deductibles) for their telehealth or telephonic visit because the services were not billed with a modifier. Since we removed member cost share for **all telehealth services** (both COVID-19 and non-COVID-19-related) for in-network providers, the member should not be charged anything for telehealth or telephonic visits.

These services include:

- A telephone call in place of an office visit
- A virtual visit/video service

> **Exception**: For FEP, applicable cost share applies for all non-COVID-19 services provided by a non-Teladoc provider.

Use modifiers and place of service when applicable
Please review our COVID-19 payment policy to make sure you are including the correct modifiers and place of service on your claims, when applicable.

- Modifiers (GT, 95, GO, GQ) are *required* on all **video/telehealth** claims. Please follow industry-standard practice of including the modifier on *all* lines of the claim form.
- Depending on your provider specialty, modifiers may or may not be required on claims for **telephonic/telehealth** visits. Please see our payment policy for details.
- Include the place of service.

Replacement claims
If you've submitted claims for telehealth or telephonic visits with dates of service between March 16, 2020 and today, and there's a patient liability (cost share) that you think may have been applied incorrectly due to the way you billed, do not submit a new claim. Instead:

- Submit a **replacement claim** with changes for reprocessing.
- Use frequency code 7 and update the claim.

See our replacement claims page for more information.

Resources

- COVID-19 payment policy
- Laboratory and Pathology Payment Policy
- Replacement claims information
- COVID-19 Information page

Questions?
Call Network Management and Credentialing Services at **1-800-316-BLUE (2583)**.

MPC_030620-1N-57-ART