Payment Policy | TEMPORARY Encounter for Determination of Need for COVID-19 Diagnostic Testing

EFFECTIVE DATE: 03|18|2020
POLICY LAST UPDATED: 04|02|2020

OVERVIEW

This **TEMPORARY** policy documents the waiver of cost share in accordance with the **Families First Coronavirus Response Act (Public Law No. 116-127)** which requires group health plans (both fully insured and self-insured) and group and individual health insurance plans to cover office, urgent care and emergency room visits associated with obtaining the COVID-19 diagnostic tests or for the determination of such testing.

During the timeframe this policy is in effect, BCBSRI will suspend authorization or referral requirements for the services in this policy.

Refer to the policies for **TEMPORARY** Coronavirus (COVID-19) Diagnostic Testing and **TEMPORARY** Telemedicine/Telehealth and Telephone Services Effective 03/18/2020 in the Related Policies section.

This policy is effective for dates of service on or after March 18, 2020.
Blue Cross & Blue Shield of Rhode Island (BCBSRI) reserves the right to implement and revoke this policy without the contractual sixty-day (60) notification for a change in policy that is normally required under BCBSRI contracts with its providers. This would apply both for the effective date, due to the urgent and emergent nature of a pandemic, as well as for the withdrawal of the policy.

Notice of the implementation, update or withdrawal of this policy will be communicated to BCBSRI providers via a notice on BCBSRI's provider website/portal under Alerts and Updates.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercials Products
During the timeframe this policy is in effect, BCBSRI will not impose any cost sharing (e.g. deductibles, copayments, and coinsurance) requirements for the in-person, telemedicine/telehealth/telephone encounter, urgent care and/or emergency room visits that result in an order for, or administration of COVID-19 diagnostic testing, but only to the extent that the services relate to the furnishing of COVID-19 diagnostic testing or the determination of the need for such testing.

Background

On March 18, 2020, the following Health Provisions were signed into law, as part of the **Families First Coronavirus Response Act**.

> DIVISION F—HEALTH PROVISIONS
> SEC. 6001. COVERAGE OF TESTING FOR COVID–19.
> (a) IN GENERAL. —A group health plan and a health insurance issuer offering group or individual health insurance coverage (including a grandfathered health plan (as defined in section 1251(e)

of the Patient Protection and Affordable Care Act)) shall provide coverage, and shall not impose any cost sharing (including deductibles, copayments, and coinsurance) requirements or prior authorization or other medical management requirements, for the following items and services furnished during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) of the Social Security Act (42 U.S.C. 1320b–5(g)) beginning on or after the date of the enactment of this Act:
(1) In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19 that are approved, cleared, or authorized under section 510(k), 513, 515 or 564 of the Federal Food, Drug, and Cosmetic Act, and the administration of such in vitro diagnostic products.
(2) Items and services furnished to an individual during health care provider office visits (which term in this paragraph includes in-person visits and telehealth visits), urgent care center visits, and emergency room visits that result in an order for or administration of an in vitro diagnostic product described in paragraph (1), but only to the extent such items and services relate to the furnishing or administration of such product or to the evaluation of such individual for purposes of determining the need of such individual for such product.
H. R. 6201—25
visit that—
"(i) is in any of the categories of HCPCS evaluation and management service codes described in subparagraph (B);
"(ii) is furnished during any portion of the emergency period (as defined in section 1135(g)(1)(B))

COVERAGE

Services identified in this policy are covered with no cost share to the member during the timeframe the policy is in effect.

CODING

BlueCHiP for Medicare and Commercial Products

To ensure correct claims processing, claims filed in accordance with this policy must adhere to the coding instructions found below.

The following services, when filed with a diagnosis noted in this policy, will have no cost share for the member:

99201-99215 Evaluation & Management Services
99281-99285 Emergency Department Evaluation & Management Services

ICD-10 Diagnosis Codes

B34.2 Coronavirus infection, unspecified
B97.21 SARS-associated coronavirus as the cause of diseases classified elsewhere
B97.29 Other coronavirus as the cause of diseases classified elsewhere
U07.1 2019-nCoV acute respiratory disease
Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out
Z11.59 Encounter for screening for other viral diseases
Z20.828 Contact with and (suspected) exposure to other viral communicable diseases

RELATED POLICIES

Advanced Practitioners
Telemedicine/Telehealth and Telephone Services – **TEMPORARY** Policy - Effective 3/18/20
Telemedicine/Telehealth Services
TEMPORARY Coronavirus (COVID-19) Diagnostic Testing
TEMPORARY Cost Share Waiver for Treatment of Confirmed Cases of COVID-19
TEMPORARY Timely Filing Limit Extension Policy – Additional 180 Days

PUBLISHED

BCBSRI's website under Alerts and Update
An FAQ document is available on BCBSRI.com

REFERENCES

Families First Coronavirus Response Act, Public Law No: 116-127
https://www.congress.gov/bill/116th-congress/house-bill/6201/text/pl

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS