**Payment Policy |** COVID-19 Diagnostic Testing, Vaccine and Antibody Treatment Administration Reimbursement



**EFFECTIVE DATE:** 02 | 01 | 2021

**POLICY LAST UPDATED:** 07 | 06 | 2021

## **OVERVIEW**

This policy documents Blue Cross & Blue Shield of Rhode Island (BCBSRI) reimbursement determination related to the following COVID-19 services from the beginning of the Public Health Emergency (e.g. January 31, 2020), as defined in BCBSRI's policies listed in the Related Polices section below:

- COVID-19 Laboratory In Vitro Diagnostic Testing
- Monoclonal Antibody Treatments
- Vaccines and Administration of Vaccines

This policy applies to all BCBSRI in-network/participating providers as well as out-of-network/non-participating providers with BCBSRI.

BCBSRI reserves the right to implement changes to this policy without the contractual sixty-day (60) notification that is normally required under BCBSRI contracts with its in-network/participating providers due to the urgent nature of a pandemic related service.

#### **MEDICAL CRITERIA**

Not applicable

# PRIOR AUTHORIZATION

Not applicable

#### **POLICY STATEMENT**

# Medicare Advantage Plans and Commercials Products

BCBSRI will reimburse the following COVID-19 related services (as defined in BCBSRI's policies listed in the Related Polices section below) at 100% of Medicare Reimbursement Rates, as documented in the fee schedules developed by Centers for Medicare and Medicaid Services (CMS) or a Medicare Administrative Contractor (MAC) established rate. Please note rates may be subject to change from time to time:

- COVID-19 Laboratory In Vitro Diagnostic Testing
- Monoclonal Antibody Treatments
- Vaccines and Administration of Vaccines

Note: BCBSRI will make reasonable efforts to reimburse out-of-network/non-participating providers directly for services provided. However, there may be instances where BCBSRI makes payment directly to the member as outlined in their Subscriber Agreements, following BCBSRI's standard reimbursement direction for out-of-network/non-participating providers.

#### **COVERAGE**

Services identified in this policy are priced at 100% of the Rhode Island CMS, National CMS or a Medicare Administrative Contractor Fee Schedule when applicable, during the timeframe the policy is in effect.

#### **CODING**

See Related Policies section.

## **RELATED POLICIES**

COVID-19 Monoclonal Antibody Treatment COVID-19 Vaccinations **TEMPORARY** COVID-19 Diagnostic Testing

#### **PUBLISHED**

BCBSRI's website Provider Update, April 2021

## **REFERENCES**

Not applicable

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