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.

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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
Note:
For BlueCHiP for Medicare members, BCBSRI will accept modifier CS for medical visits that: are furnished between March 18, 2020 and the end of the Public Health Emergency (PHE); that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test as outlined by Medicare.

If a Medicare Advantage member is evaluated via Telemedicine/Telehealth/Telephone, please note that BCBSRI requires the CR modifier to be added to those services. Telemedicine/Telehealth/Telephone services that are reported with one of the diagnosis listing in this Policy will drive cost share wavier, it is good practice for BCBSRI participating providers to add the CR modifier to all Telemedicine/Telehealth and Telephone services for tracking and consistency purposes.”

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

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.