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) which may change from time to time:

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

COVERAGE
Services identified in this policy are priced at 100% of Medicare 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
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.