BlueCross BlueShield Nebraska

Request to Cover Biometric Screening as a Claim at Employer Worksite

Blue Cross and Blue Shield of Nebraska (BCBSNE) health plans exclude services provided at worksites or employee health fairs unless otherwise approved by BCBSNE.

Please complete this form to request BCBSNE to cover the services listed below at your worksite or employee health fair. Then, email this form to your BCBSNE representative. Upon receiving the response from BCBSNE, please share the outcome with your chosen vendor to ensure understanding and consistency with all parties involved.

Note:

- BCBSNE will still apply all medical reimbursement and medical polices to services performed as part of worksite wellness services when billed as a claim
- Approval is only for the date(s) of service listed below
- A new request is required each year, even if the service(s) and vendor(s) remain the same
- In-network providers are required to submit claims electronically; out-of-network providers will not be considered for these services
- Claims will process separate from the preventive services outlined in the benefit plan document

Employer Information

Employer group name: _____

Account/group number: _____

Contact name: _____

Contact email: _____

Contact phone number: _____

Provider networks the group offers: (select all that apply)

☐ NEtwork BLUE ☐ Premier Select BlueChoice ☐ Blueprint Health

Date(s) service(s) will be provided: _____

Services being offered to: (select all that apply)

- **Employee**
  - ☐ Only covered by the health plan
  - ☐ All employees regardless of health plan coverage
- **Spouses/Children**
  - Spouses: ☐ Not offered ☐ Spouses covered by the health plan ☐ Spouses regardless of health plan coverage
  - Children: ☐ Not offered ☐ Children covered by the health plan ☐ Children regardless of health plan coverage

Note: For services to be administered as a claim under the health benefits, employees and/or spouses and dependent children must be covered by BCBSNE employee health plan. If not covered by this plan, the group is responsible for ensuring payment is made to the vendor directly.

It is also the group's responsibility to ensure direct payment to the vendor for any administrative fees, including minimums or charges for denied service(s).

Approval for payment is contingent on 1) the group's active status with BCBSNE at the time of worksite service and 2) the provider's maintaining in network status in all networks offered to employees as of the date of the worksite service. If a provider is no longer in network as of the date of the worksite service, the approval will be revoked, and claims will not process as in-network worksite services.

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Provider Information

Name of provider: _____

Provider TIN/NPI: _____

Provider contact name: _____

Provider contact email: _____

Provider contact phone number: _____

Billing Information

The place of service and diagnosis codes noted below are required. Procedure codes should be specific to procedures provided.

- Place of service: 18; place of employment/worksite
- Diagnosis codes: Z00.00 encounter for general exam; use for all (biometrics, laboratory tests and other services)
- Procedure codes: biometric screenings

Select all applicable boxes for the type of biometric screening services to be provided and billed. If the code and description are not listed below, please add them in the blank fields.

Select all that apply	Procedure code	Description of biometric screenings
☐	**36416**	Blood draw via finger stick
☐	**80061**	Lipid panel
☐	**82947**	Blood glucose testing
☐	**82948**	Blood glucose testing with regent strip
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Other information:

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This section to be completed by BCBSNE:

_____

_____

_____

Decision Maker: _____

Decision Date: _____