

COVID-19 FAQ for Submitting Claims

Document Overview

This document provides an overview of recommended steps for submitting COVID-19 claims to Blue Cross and Blue Shield of Nebraska (BCBSNE). It is not intended to be a replacement for other BCBSNE coding and billing guidelines.

This document provides general information only and is not a guarantee of benefits. The benefit information below applies to BCBSNE insured members and **may not be applicable to members of the Federal Employee Program (FEP) plan, other Blue Cross and Blue Shield plans or certain self-funded/administrative services only (ASO) group plans.** All benefits are subject to the terms and conditions of the member's benefit plan or policy. Please confirm active benefits prior to any service.

All updates to this document are highlighted in yellow.

COVID-19 Testing

Reminder: BCBSNE is currently waiving member cost-share for in-network medically appropriate COVID-19 testing and related services from March 1, 2020 through July 14, 2022. The Public Health Emergency (PHE) has been extended.

Medically appropriate COVID-19 testing must be ordered by a physician or health care provider for the purpose of diagnosing COVID-19. This includes home test kits purchased with an order from a physician. COVID-19 related services would include services in a telehealth session, doctor's office, urgent care facility or emergency room.

This waiver of cost share applies to all fully insured groups and individual health plan members, along with those who receive their insurance through our Medicare Supplement and Medicare Advantage plans. Members enrolled in a self-funded group health plan should check with their employer about their benefits

CODE	EFFECTIVE	NOTE
U0001	Feb. 4, 2020	
U0002	Feb. 4, 2020	
87635	Mar. 1, 2020	
G2023	Mar. 1, 2020	
G2024	Mar. 1, 2020	
C9803	Mar. 1, 2020	
86328	Apr. 10, 2020	
86769	Apr. 10, 2020	
86318	Apr. 10, 2020	
36415	Apr. 10, 2020	Will not be applied to claims submitted to BCBSNE until Mar. 1, 2020
U0003	Apr. 14, 2020	
U0004	Apr. 14, 2020	
99211	Apr. 29, 2020	
87426	Jun. 25, 2020	
87636	Oct. 6, 2020	
87637	Oct. 6, 2020	
87811	Oct. 6, 2020	
87428	Nov. 10, 2020	
U0005	Jan. 1, 2021	

Over-the-counter COVID-19 testing

Over-the-counter COVID-19 testing Test kits that do not require a doctor's order or a lab to read the results are considered over-the-counter (OTC). Beginning Jan. 15, 2022, there will be a \$0 cost share for up to eight individual OTC COVID-19 tests per member per 30 days.

This applies to all fully-insured and self-funded groups that utilize BCBSNE's pharmacy benefits manager, Prime Therapeutics. Please reference the [Centers for Medicare and Medicaid Services \(CMS\)](#) for information on OTC COVID-19 tests for Medicare members.

Non-Coverage of COVID-19 PLA Billing Codes

BCBSNE has made the decision to deny PLA CPT® codes submitted by providers when appropriate. If providers believe the denial is inappropriate, they should submit an appeal and include records that support the use of the PLA.

Alternative CPT codes may be available and are encouraged to be used in place of the PLA codes when appropriate.

Surveillance Medical Policy

COVID-19 testing for public surveillance or employment purposes will not be covered. This includes for general workplace health and safety, school, travel and other reasons for public surveillance, unless reimbursement becomes required by law. Testing as required by the OSHA Emergency Temporary Standards (ETS) for employers with 100+ employees is not covered.

NOTE: This includes testing in lieu of employee vaccinations requirements.

Coverage of Additional COVID-19 Testing-related Services

Currently, COVID-19 testing-related services are defined as any services where the diagnosis code(s) on the claim indicate COVID-19 or possible COVID-19. BCBSNE has defined these COVID-19 testing-related services as claims submitted with the below diagnosis codes:

- Diagnosis code B97.29 in any position on the claim
- Diagnosis codes U07.1, Z03.818 or Z20.828 in the primary position
- Diagnosis codes (effective 3-18-20) R05, R06.02 or R50.9 in the primary position
- Diagnosis code Z20.822 (effective 1-1-21) in the primary position
- Diagnosis codes (effective 2-15-21) R05, R06.02 or R50.9 in the primary position, plus additional code indicating COVID-19 (B97.29, U07.1, Z03.818, Z20.828 and Z20.822) in any position
- Diagnosis code R05 is being replaced with R05.1 and R05.8 (effective 10-1-2021)

Telehealth Expansion – Updated May 28, 2021

Reference the [General P&P](#)

COVID-19 and the use of QW Modifier

QW Modifier should be used for CLIA waived tests

COVID-19 and the use of CS Modifier

The Modifier-CS represents Cost Share Waiver for COVID-19. This requires insurers and health plans to waive the cost-share (deductible, coinsurance and/or copay) for individuals for certain COVID-19 testing and the related services to the testing.

The CS Modifier should only be used on COVID-19 testing-related services, which are medical visits that:

1. Are between March 18, 2020 through the end of the Public Health Emergency;
2. Result in an order for or administration of a COVID-19 test;
3. 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; **AND**
4. Are included in the following categories of HCPCS evaluation and management codes:
 - Office and other outpatient services
 - Hospital observation services
 - Emergency department services
 - Nursing facility services
 - Domiciliary, rest home or custodial care services
 - Home services
 - Online digital evaluation and management services

The CS modifier should only be placed on the evaluation and management codes and testing done to diagnose COVID-19. It should not be used on codes tied to other services to treat or prevent COVID-19.

COVID-19 Vaccine and Administration

Approved vaccines are being covered by the U.S. government and should be submitted using correct CPT with a \$0 charge. Please refer to the first table on the CMS website link here → [COVID-19 Vaccines and Monoclonal Antibodies | CMS](#)

COVID-19 Treatment

Effective Jan. 1, 2021, member cost shares will apply to COVID-19 treatment.

Treatment applies to any setting (IP, OP, lab, office, telehealth, etc.) and services performed once COVID-19 has been diagnosed.

Please refer to the second table on the CMS website link here → [COVID-19 Vaccines and Monoclonal Antibodies | CMS](#)

NOTE: Q codes with a reimbursement of \$0.01 can now be submitted with \$0.00 along with applicable administration or monitoring codes.

Dental Providers & COVID-19 Vaccines

Dental providers are not currently authorized to provide vaccines in Nebraska. Please reference [COVID-19 Vaccine Regulations for Dentists Map \(ada.org\)](#) for most up-to-date information.

PPE (Personal Protective Equipment)

Dental and Medical PPE are not considered covered services. These codes will receive a line item denial, as they are considered inclusive.