

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.

COVID-19 Testing

BCBSNE is waiving member cost-share for in-network medically appropriate COVID-19 testing and related services from **March 1, 2020 through July 19, 2021.**

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. It does not include over the counter (OTC) home test kits. OTC kits can be submitted for reimbursement under FSA or HSA accounts.

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	

Non-Coverage of COVID-19 PLA Billing Codes

BCBSNE has made the decision to deny PLA CPT® codes billed from providers not identified as laboratories in the PLA table on NebraskaBlue.com.

- The below codes have been identified as only appropriate for utilization when the proprietary laboratory is being used
- If providers believe the denial is inappropriate, they should submit an appeal and include records that support the use of the proprietary laboratory
- For more information on PLA CPT Codes, go to the bottom of the page at [COVID-19 | BCBSNE \(NebraskaBlue.com\)](#)

COVID PLA Codes

PLA CODE	EFFECTIVE	NOTE
0202U	May 20, 2020	<i>Will be subject to cost shares Dec. 1, 2020 to April 30, 2021; claims after will deny</i>
0223U	June 25, 2020	<i>Will be subject to cost shares Feb. 1, 2021 to April 30, 2021; claims after will deny</i>
0224U	June 25, 2020	
0225U	Aug. 10, 2020	<i>Will be subject to cost shares March 1, 2021 to April 30, 2021; claims after will deny</i>
0226U	Aug. 10, 2020	
0240U	Oct. 6, 2020	
0241U	Oct. 6, 2020	

Surveillance Medical Policy

Beginning Nov. 1, 2020, COVID-19 testing for public surveillance or employment purposes will not be covered. This includes testing for return to work, school, travel and other reasons for public surveillance, unless required by law.

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 billed 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

Telehealth Expansion Related to COVID-19 – Jan. 1, 2021

In support of our providers and members, BCBSNE is encouraging the use of telehealth services to limit unnecessary exposure to viruses. Member cost shares apply.

- On July 1, 2020, BCBSNE updated telehealth services to the following provider types:
 - Medical doctors
 - Doctors of osteopathy
 - Physician assistants
 - Nurse practitioners
 - Behavioral health providers
 - Occupational, physical and speech therapists
- BCBSNE will continue to pay eligible providers at regular fee schedule levels
- BCBSNE prefers providers use a HIPAA-secure platform; The video component is not required

- Legislative mandate: Out-of-network telehealth services will be covered at no cost to the member if related to COVID-19 diagnostic testing

90785	92507	96168	99231-99233
90791	92522	97110	99307-99310
90792	92523	97112	99354-99355
90832-90840	92526	97116	99406-99407
90845-90847	92609	97161	99451*
90951	93107	97162	G2025
90954	96116	97165	G0270
90955	96156	97168	G2086-G2088
90957	96158	97530	G0296
90958	96159-96161	97542	G0396-G0397
90960	96164	97802-97804	G0406-G0408
90961	96165	99201-99204	G0436-G0437
90963-90970	96167	99211-99214	G0442-G0447
*Can be submitted with GQ or 95 modifier			

Member cost share will apply to treatment for COVID-19

- Please reference the listing of specific providers and codes above
- As of Nov. 1, 2020, institutional claims will no longer be allowed for telehealth services
- OT/PT/ST would be an exception for institutional claims and will be allowed

NOTE: If claims related to diagnostic testing are denied, providers have the opportunity to make an appeal using medical records.

COVID-19 Modifiers

Modifiers will be allowed as follows:

- QW – for CLIA waived tests
- CS – for E&M related to diagnostic COVID-19 **test** (cost shares will be waived)
 - Applies to telehealth, office, urgent care or emergency room
 - If related to COVID-19 treatment, do not use the modifier

COVID-19 Vaccine and Administration

Approved vaccines are being covered by the U.S. government and should be billed using correct CPT with a \$0 charge. Administration of the vaccines will be covered and should use appropriate coding below:

Applicable vaccine codes

CPT 91300 – should be billed with \$0

Administration covered codes

- 1st dose - 0001A
- 2nd dose - 0002A

CPT 91301 – should be billed with \$0

Administration covered codes

- 1st dose - 0011A
- 2nd dose - 0012A

CPT 91303 – should be billed with \$0

Administration covered codes

- Single dose – 0031A

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.

COVID-19 Treatment

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

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

- CPT Q0239 (Bamlanivimab) – FDA has rescinded EUA; CMS termed 4-16-2021
 - Effective Nov. 9, 2020
 - Only bill with Admin code M0239
 - Claims submitted with dates of service 4-16-21 and after will be denied
- CPT Q0243 (Regeneron) – should not be billed
 - Effective Nov. 21, 2020
 - Only bill with Admin code M0243
- CPT Q0245 (Bamlanivimab & Etesevimab) – should not be billed
 - Effective Feb. 9, 2021
 - Only bill with Admin code M0245

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.