COVID-19
Providers’ Frequently Asked Questions (FAQs)

April 27, 2020

Blue Cross of Idaho identified a pricing discrepancy for some telehealth services billed with 02 place of service. The claims have been identified and will be reprocessed at that correct allowance.

Q. How is Blue Cross of Idaho covering the antibody testing?
A. Blue Cross of Idaho is still evaluating how we will proceed with coverage for this test. We will update this FAQ once a determination has been identified.

Q. Does G2025 billed by RHC and FQHC providers require modifier 95 to be allowed?
A. Yes, per MLN Matters SE20016, RHC and FQHC providers are required to bill G2025 with modifier 95 to be considered for payment effective 7/1/2020 until the end of the COVID19 health pandemic.

Q. Will Blue Cross of Idaho extend dates on submitted authorizations?
A. Yes, for approved authorization requests reviewed between 1/1/2020 and 4/30/2020 where services have not been rendered, Blue cross of Idaho will be extending medical, behavioral health, and surgical authorization end dates to 12/31/2020. Blue Cross of Idaho will update our authorization system to reflect the extension dates. Quantity/visit limits still apply.

Q. Is Blue Cross of Idaho following NCCI edits for procedure code 99000 when billed with an E & M?
A. Yes, we will apply appropriate coding edits.

Q. What personal care services can be provided via telehealth?
A. Procedure codes S5125 and T1019 are the two personal care services that can be provided via telehealth but still require prior authorization prior to services being rendered.

Q. How are RHC’s and FQHC’s required to bill virtual communication?
A. Per MLN Matters SE20016, effective 3/1/20, RHC and FQHC providers are to use G0071.

Questions updated from previous FAQ’s

Q. Is Blue Cross of Idaho extending timelines on Appeals?
A. Yes, Blue Cross of Idaho will not deny any inquiries or appeals for timeliness from processing date April 1, 2020 at least through July 31, 2020; timeline subject to extension if warranted. Appeal requirements must still be followed per PAP236.
Q. If a lab bills for the COVID-19 test, how will Blue Cross of Idaho know that the doctor’s office visit on a separate claim is related to the COVID-19 test?
A. Blue Cross of Idaho is waiving cost share on COVID tests billed with HCPCS U0001, U0002, 87635 and U0003 & U0004 for high throughput labs. We will also waive cost share on the line item procedure codes when billed in combination with the listed diagnosis codes.

<table>
<thead>
<tr>
<th>Diagnosis Codes</th>
<th>Procedure Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z03.818</td>
<td>99201 - 99205</td>
</tr>
<tr>
<td>Z20.828</td>
<td>99211 - 99215</td>
</tr>
<tr>
<td>R05</td>
<td>99000 - 99001</td>
</tr>
<tr>
<td>R06.02</td>
<td>G2023 &amp; G2024 (independent labs only)</td>
</tr>
<tr>
<td>R50.9</td>
<td></td>
</tr>
<tr>
<td>R19.7</td>
<td></td>
</tr>
<tr>
<td>A08.4</td>
<td>99281-99285</td>
</tr>
<tr>
<td></td>
<td>99341-99350</td>
</tr>
<tr>
<td></td>
<td>S9088 (Urgent care only)</td>
</tr>
</tbody>
</table>

April 17, 2020

Blue Cross of Idaho identified a pricing discrepancy for some telehealth services billed with 02 place of service. The claims have been identified and will be reprocessed at that correct allowance.

Q. Is Blue Cross of Idaho following CMS guidance and eliminating sequestration?
A. Yes, beginning with service date of May 1, 2020 through December 31, 2020, sequestration will be removed.

Q. Can wellness visits be performed via telehealth?
A. Yes. Special notations within the medical record needs to indicate why certain elements (i.e. vitals) could not be obtained due to services being performed via telehealth.

Q. Is Blue Cross of Idaho requiring modifier CS?
A. No, we are not requiring modifier CS to waive member cost share. We will accept the modifier; however, it does not impact claims processing.

Q. Is Blue Cross of Idaho covering teledentistry?
A. Yes, the following codes will be covered effective March 17, 2020 at no member cost share up to benefit limits.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9995 billed with D0140 or D0170</td>
<td>Teledentistry- synchronous; real time encounter</td>
</tr>
<tr>
<td>D0140</td>
<td>Limited oral evaluation – problem focused</td>
</tr>
<tr>
<td>D0170</td>
<td>Re-evaluation - limited</td>
</tr>
</tbody>
</table>
Questions updated from previous FAQ’s

April 10, 2020

Q. Will Blue Cross of Idaho accept CR modifier and DR condition code?
A. Yes, the CR modifier and DR condition code will be accepted but will not impact processing of claims.

Q. Will FQHC clinic encounter rates apply?
A. • FQHC billing for Medicare benefits are applied with the Medicare PPS encounter rate on a UB claim form.
   • Medicare cross over claims for MMCP – claims will coordinate with Medicaid and pick up the member cost shares.
   • FQHC billing for Medicaid benefits as primary will apply the Medicaid encounter rate on a 1500 claim form using T1015 as the billing code. This code is eligible to be delivered with POS 02 and modifier GT if it is delivered via a telehealth modality.

Q. What is Blue Cross of Idaho’s billing requirements for T1014 and Q3014, for Medicaid members?
A. T1014 and Q3014 will apply to behavioral health providers that are on the Optum fee schedule. Services must be submitted with modifier GT. Place of service 02 can be included on the claim but is not necessary to recognize these telehealth services. T1014 is specifically classified as a code that was established for State Medicaid Agencies and therefore can only be submitted on claims for our Medicaid members.

Q. Is Blue Cross of Idaho accepting HCPCS codes G2010 and G2012?
A. Yes, we will recognize these codes as a telehealth service. All telehealth services are temporarily covered with no member cost share during the state of emergency.

Q. How will services be allowed for limited benefit member plans that don’t normally cover services like office visits or laboratory services?
A. Blue Cross of Idaho extended benefits for testing and treatment of COVID-19 on our limited benefit plans.

Q. Will Blue Cross of Idaho accept verbal signatures for client care?
A. Yes, we will accept verbal signatures. Providers will need to obtain physical or electronic signatures once normal business is reinstated.

Questions Updated from Previously Distributed FAQs

Q. How are you recognizing claims related to COVID19 treatment in order to waive member cost share?
A. Diagnosis code U07.1 is used to report a confirmed case of COVID19. Claims from in network providers that reflect U07.1 in the primary position will auto adjudicate with no member cost share. Where U07.1 is in a secondary position, or other COVID19 suspect diagnosis codes (ie U07.2, B97.29) appear
on the claim, those claims will pend in our system allowing us to search for a confirmed COVID-19 diagnosis before processing with no member cost share.

Q. Should I administer the COVID-19 test to any of my patients that request it?
A. Typically, as with all medically necessary services, patients should present with appropriate signs and symptoms prior to be considered for COVID-19 testing and tests should be administered to those who meet your screening protocol. Please follow the current published CDC guidelines on appropriate COVID-19 testing protocol.

April 3, 2020

Q. Are GAP referrals still required?
A. Yes.

Q. What fee schedules will be used to determine allowances for telehealth services?
A. Telehealth services will be allowed under current fee schedules.

Q. How will BlueCard claims be processed for telehealth services?
A. Provider’s will need to contact the member’s Blue Cross Blue Shield plan to verify benefits and coverage for telehealth.

Q. Is Blue Cross of Idaho covering the newly released specimen collection codes for COVID-19 testing?
A. Yes, Blue Cross of Idaho has added HCPCS codes G2023 and G2024 to the table below as covered services for testing with no member cost share.

Q. Will Blue Cross of Idaho allow providers to perform telehealth services from their home during the ordered “Shelter in Place”?
A. Yes, if services are performed by either an audio and/or video method.

March 30, 2020

Q. Will Blue Cross of Idaho cover home visits?
A. Providers are encouraged to bill home visits using the CPT procedure code range of 99341-99350 with place of service 12. Services will be processed based on appropriate member benefits. Home visits billed with one of the listed diagnosis codes that support COVID-19 testing will process with no member cost share.

Q. How will services related to COVID-19 testing be considered in a hospital setting?
A. Services related to COVID-19 testing that are performed in a hospital setting will be processed with no member cost share when billed with one of the diagnosis codes listed in the table below.

Q. Is Applied Behavioral Analysis (ABA) therapy covered via telehealth?
A. Yes, services will be covered at no member cost share if services are billed with place of service “02”.
Q. What is considered member cost share?
A. Member cost share includes deductible, coinsurance, and copays.

Q. Is Blue Cross of Idaho relaxing their prior authorization requirements?
A. Yes, Blue Cross of Idaho is relaxing their prior authorization requirements at least through April 30, 2020. We are not removing our prior authorization requirements but will be automatically approving services that have historically generated high authorization approval rates. Broad categories of services that will be automatically approved with no clinical documentation are enteral feeding supplies, CPAP/BiPAP and wheelchairs.

Q. How is Blue Cross of Idaho helping ease the process of moving patients from acute facilities to skilled nursing facilities (SNFs)?
A. Blue Cross is extending concurrent review time periods to 10 days to reduce the frequency and volume of clinical reviews. We are also allowing facilities to transfer patients to a SNF after 3 pm on Friday with a concurrent review the following Monday.

March 26, 2020

Q. What place of service should be used for tent testing sites?
A. Tent testing sites held in the facility parking lots are considered an extension of the provider location. Please use appropriate place of service code of office or outpatient depending on your provider site.

Q. If services have a frequency limit such as therapy services, do the limits still apply?
A. Member contract limits will still apply. Services that reach the member contract limits will deny as benefits exhausted and will be member liability.

Q. Will telehealth therapy services (physical, occupational, speech and behavioral) billed on a UB04 claim form apply member cost share?
A. Providers billing telehealth therapy services (physical, occupational, speech and behavioral) on a UB04 claim form with appropriate revenue codes, need to include either modifier GT or 95 on the procedure codes. Therapy services billed with either a GT or 95 modifiers will be processed with no member cost share up to benefit limits.

Q. Will there be limitations on coverage of oxygen upon discharge for patients?
A. Blue Cross will cover oxygen for patients that need clinical treatment for resting or exertional hypoxemia that must be documented in the patient medical record regardless of the cause or diagnosis.

Q. How will home health visits for COVID-19 testing be covered?
A. Providers are encouraged to submit regular E & M procedure codes with one of the approved symptom diagnosis codes. Claims will process the same as regular office visits with no member cost share.
Q. Are there specific documentation requirements that should be followed for telehealth visits?
A. Providers are required to develop and maintain documentation as required by PAP 107-Medical Record Standards. Clinical documentation requirements for telehealth visits are the same as those for in-office care.

Documentation should also include:
- Mode of communication (i.e. teleconference)
- Written or verbal consent from patient for telemedicine interaction
- Evidence of time, when using a code that is time-based

Q. What about the documenting elements are integral to an in-office visit (i.e. vitals) that cannot be obtained during the telehealth episode?
A. Document to the highest level of detail available for each episode of care. Special notations as to why elements (i.e. vitals) could not be obtained due to mode of communication is preferred, inclusion is based on clinic/provider discretion. Please review PAP 107 Medical Record Standards for what elements should be included in the medical record.

Q. What information should be stored as part of a virtual services (telehealth visits, virtual check-ins, e-visits)?
A. Information exchanged asynchronously (videos, images, communications) must be retained according to state regulation.

Synchronous video visits/calls are not required to be stored or retained.

Q. What resources are available to implement telehealth services at my clinic?
A. CMS has published a Telehealth and Telemedicine Tool Kit, which includes a variety of helpful resources. You may access the tool kit at: https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

Questions Updated from Previously Distributed FAQs

Q. How long will Blue Cross of Idaho be extending these member benefits for COVID-19 testing and related office visits for testing with no member cost share?
A. Blue Cross of Idaho will be paying for COVID-19 testing and related office visits with no member cost share at least through July 31, 2020, as well as in accordance with the Family First Act, extending such coverage without cost sharing during the currently declared National Emergency for COVID-19.

Q. Will the office visit coverage related to COVID-19 tests extend to Emergency Room and Urgent Care Visits?
A. Office visit coverage related to COVID-19 tests will extend to both Urgent Care visits and Emergency Room visits related to the test.
March 20, 2020

This document is intended to answer the most common benefit questions we’ve received from our provider community in response to the COVID-19 pandemic. Statements in this document address the most urgent needs of our provider community and supersede any conflicting policies in existence as of the publication date on this document.

Please hold all COVID-19 related claims until April 1, 2020 to allow us the opportunity to configure our system to recognize and price the new diagnosis and procedure codes. After April 1, you can submit your COVID-19 related claims with dates of service back to February 4, 2020. COVID-19 related claims are not just those claims for COVID-19 tests and related office visits, but also include telehealth services necessitated by social distancing or clinic closures.

Q. Is Blue Cross of Idaho covering the cost of COVID-19 tests with no member cost share (deductible, coinsurance, copay)?
A. Yes, Blue Cross of Idaho is covering the cost of COVID-19 testing performed by in network providers with no member cost share.
Tests provided by out of network providers will be paid at the same rate as our in-network providers. Out of network providers are prohibited from balance billing our members under the Family First Act.

Q. What HCPCS/CPT codes should be billed for COVID-19 test?
A. Please use the following codes to report COVID-19 laboratory tests.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U0001</td>
<td>Test for SARS-CoV-2 (CDC laboratory test)</td>
</tr>
<tr>
<td>U0002</td>
<td>Test for SARS-CoV-2 (non-CDC laboratory test)</td>
</tr>
<tr>
<td>87635</td>
<td>Infection agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique</td>
</tr>
</tbody>
</table>

Q. Is Blue Cross of Idaho covering any other COVID-19 related services with no member cost share?
A. Yes. Blue Cross of Idaho is covering the cost of office visits and specimen collections related to COVID-19 when provided by our in-network practitioners.
Services provided by out of network providers will be paid at the same rate as our in-network providers. Out of network providers are prohibited from balance billing our members under the Family First Act.

Q. How is Blue Cross of Idaho addressing the needs of your members who choose to practice social distancing by not visiting clinics, yet need to seek medical or behavioral help?
A. Blue Cross of Idaho has expanded coverage for telehealth services provided by all our in-network providers through July 31, 2020.
Q. Is Blue Cross of Idaho waiving member cost shares on telehealth services?
A. Yes, Blue Cross of Idaho is covering telehealth services with no member cost share at least through July 31, 2020, at which time we will reassess the situation and determine how to proceed.

Q. How do you define ‘telehealth’ services?
A. Through at least July 31, 2020, Blue Cross of Idaho is defining ‘telehealth’ as any audio and/or video interaction between a practitioner and a patient used to facilitate medical or behavioral care services. Telehealth services could include Skype, Facetime and phone calls in addition to traditionally recognized telehealth service platforms. For purposes of this coverage, telehealth services do not have to be rendered at traditionally recognized telehealth sites. However, they must be rendered via a live interaction; email and text exchanges do not constitute telehealth services.

Q. Given the broad range of services for which patients may need telehealth coverage and the various mediums for telehealth delivery, how can I indicate telehealth services on my claim?
A. All claims for telehealth services MUST be submitted with a Place of Treatment ‘02’ on your CMS-1500 (837P) claim.

Q. In addition to the services described above, what else are you doing to ensure coverage for our members?
A. Blue Cross of Idaho is expanding our offering of MDLive to all our members with no cost share, extending through July 31, 2020.

Q. Are self-insured companies offering the same benefits through Blue Cross of Idaho to their members?
A. Self-insured companies have the choice to opt in or opt out of the new benefits. Many self-insured companies have opted into the same benefits as those underwritten by Blue Cross of Idaho.

Q. What is Blue Cross of Idaho doing to ensure access to medications for your members?
A. Blue Cross of Idaho is taking additional steps to support our members filling prescriptions, including:
   • Blue Cross of Idaho is increasing access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance medications (consistent with a member’s benefit plan)
   • Encouraging members to take advantage of their ability to obtain a 90-day prescription supply via mail order or approved retail pharmacies.
     We are also carefully monitoring global drug supplies for potential disruptions and will be ready to ensure members have access to needed medications without additional costs.

Q. Who can I contact if I have additional questions about Blue Cross of Idaho’s coverage of my COVID-19 related services?
A. Our Provider Team stands ready to talk through your concerns. You can contact them at 866-482-2250.