

Aug. 10, 2020
Virtual Rounds



NC



VIRTUAL ROUNDS WITH DR. JANET MCCAULEY, DR. LARRY WU, GLENNA MCMENAMIN AND SCOTT LEWIS



Agenda

- + Overview of all measures and deadlines
- + Latest news
 - Coding review
 - In-network lab capacity update
- + Q&A
 - Please hold your questions until we open Q&A.
- + Next steps
 - We will post these slides at BlueCrossNC.com/Coronavirus-Providers.

Please note:

There is a slight delay in the webinar feed. Please keep this in mind as we proceed.

There have been technical issues across all platforms due to increased usage. Close your window and rejoin the webinar if you're having issues.



OVERVIEW OF ALL MEASURES AND DEADLINES

Slides updated as of 08.10.2020. Content is subject to change.
Please visit [BlueCrossNC.com/coronavirus-providers](https://www.BlueCrossNC.com/coronavirus-providers) for the most up-to-date information



BRIEF OVERVIEW OF ALL BLUE CROSS NC MEASURES FOR COVID-19

COVID-19 (Coronavirus)

Measures We're
Taking to Support
Members and
Clinicians

For the latest updates, please visit
BlueCrossNC.com/Coronavirus



Expanded Telehealth
Measures



Blue Cross NC is waiving
member cost-sharing for
COVID-19 clinical visits, testing
and related treatments.



No Prior Authorization for
COVID-19 Testing and
Related Services

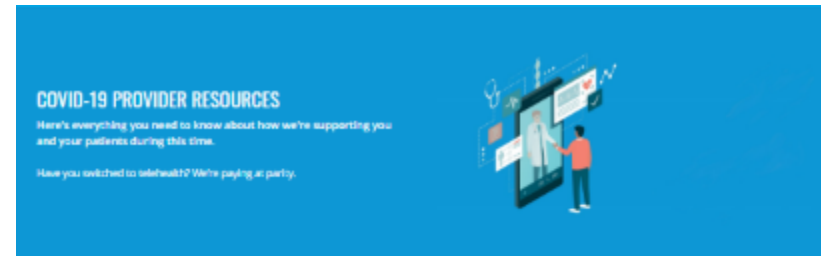


Members with suspected and
confirmed COVID-19 diagnosis:
No prior authorization for
diagnostic tests and covered
services that are medically
necessary based on CDC
guidelines.

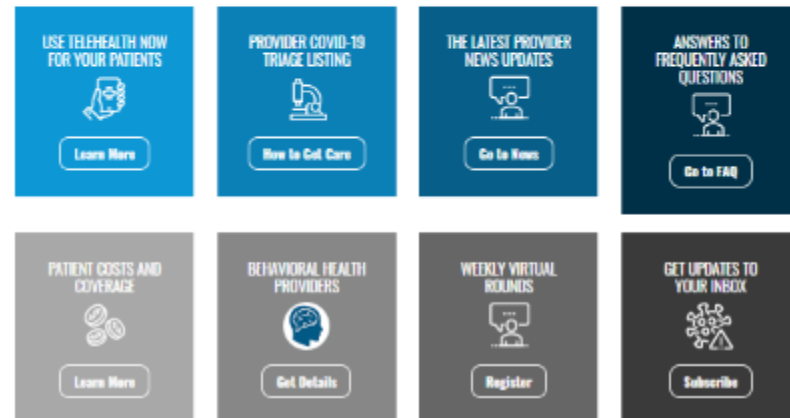
How our measures apply to patients

- + At a high level, all measures available to:
 - Fully insured (group and individual)
 - High-deductible health plan, Medicare Advantage (includes Experience Health)
 - State Health Plan, *except the drug benefit (administered through CVS)*
 - **PLEASE NOTE:** We are working with self-funded groups to revise their benefits for each measure. We can't guarantee benefits or payments for self-funded, FEP or IPP. Use the contacts on the back of a patient's card to verify benefits for these plans.

BlueCrossNC.com/Coronavirus-Providers



PROVIDER RESOURCES AT A GLANCE



OVERVIEW OF DEADLINES



The following measure is extended through Dec. 31, 2020:

- + **Virtual Care:** Blue Cross NC will continue its expanded virtual care policy. Under this expanded policy, visits to providers that previously required an in-person encounter can be performed virtually and will be paid at parity with office visits as long as they are medically necessary, meet criteria in the updated Blue Cross NC Telehealth Corporate Reimbursement Policy, and occur on or after March 6, 2020. This includes virtual care encounters for patients that can replace in-person interactions across appropriate care settings, including outpatient clinics, hospitals, and the emergency departments. This measure applies to all Blue Cross NC commercial plans and Medicare Advantage plans offered and administered by Blue Cross NC, including Experience Health.

The following measure is extended through Sept. 30, 2020:

- + **Prior Authorization Waiver for COVID-19 Related Services:** Blue Cross NC will continue waiving prior authorization requirements for emergent non-elective inpatient admissions, durable medical equipment and post-acute care services that are medically necessary for COVID-19 related services. This measure applies to all Blue Cross NC commercial plans and Medicare Advantage plans offered and administered by Blue Cross NC, including Experience Health.

The following measure is extended through Oct. 31, 2020:

- + **COVID-19 Treatment Cost-Share Waivers:** Blue Cross NC will continue waiving member cost-sharing (copays, deductibles and coinsurance) for COVID-19 related treatment that is medically necessary and consistent with CDC guidance if a member is diagnosed with COVID-19. This measure applies to all fully insured, State Health Plan, Federal Employee Program, Blue Cross NC Medicare Advantage members, and Experience Health members. Self-funded employer groups will be given the option to apply these changes to their employees' plans.

OVERVIEW OF DEADLINES



The following measure is required by current laws and guidance. We will continue to monitor for any changes to the benefits and length of coverage.

- + **COVID-19 Testing and Clinical Visit Cost-Share Waivers:** Blue Cross NC will waive member cost-sharing (including deductibles, copayments, and coinsurance) for allowed charges for COVID-19 testing or for a clinical visit or call to determine if testing is necessary. Specifically, there will be no member cost-share for COVID-19 testing or clinical visits to determine if testing is needed through virtual care visits, outpatient office visits, urgent care visits or ER visits. This measure applies to all Blue Cross NC commercial plans and Medicare Advantage plans offered and administered by Blue Cross NC, including Experience Health.



LATEST NEWS

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Please visit [BlueCrossNC.com/coronavirus-providers](https://www.BlueCrossNC.com/coronavirus-providers) for the most up-to-date information

Coding review: For visits/services to determine if COVID-19 testing is needed

- + Effective for dates of service on or after Aug. 1, 2020, providers should use the -CS modifier to indicate any COVID-19 testing-related services that result in an order for or administration of a COVID-19 test.
- + This coding guidance applies to Blue Cross NC fully-insured and State Health Plan members.
- + Medicare Advantage plans offered or administered by Blue Cross NC, including Experience Health, should follow CMS guidelines for use of the -CS modifier.

Coding review: For visits/services to determine if COVID-19 testing is needed (cont.)

When to use the -CS modifier

- + For diagnostic imaging, labs and physician encounters (both face-to-face and telehealth) to determine if testing is needed for individuals with COVID-19 symptoms or with a suspected exposure to COVID-19.
- + If another modifier is required for reimbursement purposes (e.g. -26 on a radiology procedure or -CR to indicate audio only for a commercial telehealth visit), the -CS modifier may be placed in the second or third position.

When **not** to use the -CS modifier

- + **Do not** use the -CS modifier to screen patients who have no symptoms and no suspected exposure to COVID-19 (i.e., pre-op testing services). The modifier only should be used for visits and services to determine if COVID-19 testing is necessary.
- + **Do not** use the -CS modifier for treatment of COVID-19 or any other diagnosis. This is the most common error we have seen.

Coding review: COVID-19 testing

- + For a list of COVID-19 testing codes, [click here](#).

- + Molecular testing for COVID-19 virus
 - The following codes are available for use after April 1, 2020:
 - For non-CDC lab testing, use HCPCS code U0002 or U0003. This allows laboratories to bill for non-CDC laboratory tests, for SARS-CoV-2/2019-nCoV (COVID-19).
 - The AMA released the CPT code 87635 that may be used by providers as another option to bill for testing for severe acute respiratory syndrome coronavirus 2 (SARS-2-CoV-2) (Coronavirus disease [COVID-19]).

- + Antibody testing
 - The AMA released CPT codes 86328 and 86769

Coding review: COVID-19 testing

- + Collection of specimen for COVID-19 PCR test
 - **Outpatient facilities:** CMS released C9803 for outpatient facilities to use when collecting the specimen but not performing the test onsite.
 - **Office (Non-facility) providers:** When collecting the specimen with no other services performed (i.e. no physical exam), bill 99211.
 - This can be used for both new and established patients
 - For dates of service on or after Aug. 1, 2020, 99211 should be billed with the -CS modifier
 - For dates of services prior to Aug. 1, 2020, in order to apply cost share waiver, 99211 must be billed with one of the 2 diagnosis codes below:
 - Z03.818: Encounter for observation for suspected exposure to other biological agents ruled out.
 - Z20.828: Contact with and (suspected) exposure to other viral communicable diseases

Coding review: COVID-19 treatment and waiving prior authorization requirements for diagnostic tests and covered services that are medically necessary and consistent with CDC guidance for members diagnosed with COVID-19 or have a suspected diagnosis

- + Diagnosis code U07.1 should be in the principal or primary position on the claim
- + U07.1 should not be used when billing for the test itself
- + The -CS modifier should not be used when billing for the treatment of COVID-19

Coding review: **Paying at parity for telehealth**

+ **Commercial members**

- Place of Service (POS) 02 except urgent care and facility providers should bill the same as if the services were face to face
- Audio/Phone only (no video): POS 02 **and** -CR (catastrophe/disaster-related) modifier
- Modifiers –95 and –GT are allowed but not required
- **Do not** use POS 02 for billing services that must be done in a face to face encounter (i.e. labs, injections)

+ **Members of Medicare Advantage plans that Blue Cross NC offers or administers, including Experience Health**

- Follow CMS guidance and use POS 11, 22 or 19 (whichever is appropriate) and the -95 modifier for telehealth.
- If you are a MA provider and use POS 02, the reimbursement configuration may not apply your claim to the correct fee schedule.
- CMS released additional codes that they will approve for telehealth due to COVID-19. For a list of codes, please visit the [CMS website](#).

Coding review: Reminders

- + We cannot control or guarantee any benefits or payments for other Blues plans or FEP. You should check the back of the patient's insurance card and use the contact information listed for benefit verification.
- + You can view [detailed coding guidance on our website](#).
- + You also can visit the [Blue Cross and Blue Shield Association's Coronavirus Updates page](#) to find out how local Blues plans are responding to the pandemic.
- + For information on FEP, visit <https://www.fepblue.org/en/coronavirus-updates>.
- + For the latest CPT coding updates from the American Medical Association (AMA), [visit the AMA website](#).

Testing trends

- + Extended turnaround times for Covid-19 diagnostic testing continue. LabCorp and Quest Diagnostics are warning of extended times for results. While priority patients can expect a 48-hour response, turnaround for non-priority patient testing may extend to 4-6 days for LabCorp, and over 7 days for Quest.
- + Labs measure turnaround time from receipt of the patient specimen in the lab to the time that the lab system registers a report. The time necessary to transport the specimen and the lag in actual receipt of the report may further extend those turnaround times.
- + Most of the regional labs listed in the chart on slide 19 are reporting that they can maintain their published turnaround times. However, some labs are reporting that they are experiencing some interruption in the supply chain for necessary testing materials, including swabs and reagents.

Source: Avalon Healthcare Solutions
Current as of 08.07.2020

In-network testing capacity

Lab	PCR	Cap	TAT	AB	Cap	TAT
LabCorp	Y	165,000	48 hrs (priority) 4-6 days (all others)	Y	300,000	1-3 days
Quest	Y	130,000	48 hrs (priority) 6+ days (all others)	Y	200,000	1-2 days
BioReference	Y	35,000	1-2 days	Y	100,000	3 days
Sonic CPL	Y	20,000	1-3 days	Y	100,000	24 hrs
Mako Med Lab	Y	35,000	1-2 days	Y	20,000	1 day
Premier Med Lab	Y	20,000	1-3 days	Y	50,000	1-2 days
Eurofins-Diatherix	Y	30,000	1-2 days	Y	15,000	2-4 days
Aegis	Y	10,000	1-2 days	N	N/A	N/A
Med Diag Lab	Y	7,000	1-2 days	Y	1,000	3 days
Neogenomics	Y	3,400	1-4 days	N	N/A	
BAKO	Y	2,500	1-2 days	N	N/A	
Luxor	Y	5,000	1 day	Y	500	1-2 days

Lab	PCR	Cap	TAT	AB	Cap	TAT
Precision Genetics	Y	3,000	1 day	N	1,250	N/A
PathGroup	Y	2,200	1-2 days	Y	500	1 day
Radeas	Y	2,400	2-4 days	Y	4,000	1 day
LabTech	Y	2,000	1-2 days	Y	3,000	1 day
Wake Med Lab Consultants	Y	1,500	1 day	N	4,800	N/A
SMA	Y	1,000	1 day	TBD	TBD	TBD
Inform Diagnostics	Y	200	1-2 days	N	N/A	

***Denotes change from last report**

Covid-19 updates available on the Avalon website @ avalonhcs.com

Source: Avalon Healthcare Solutions
Current as of 08.07.2020

Q&A

Please follow the instructions on the next slide.

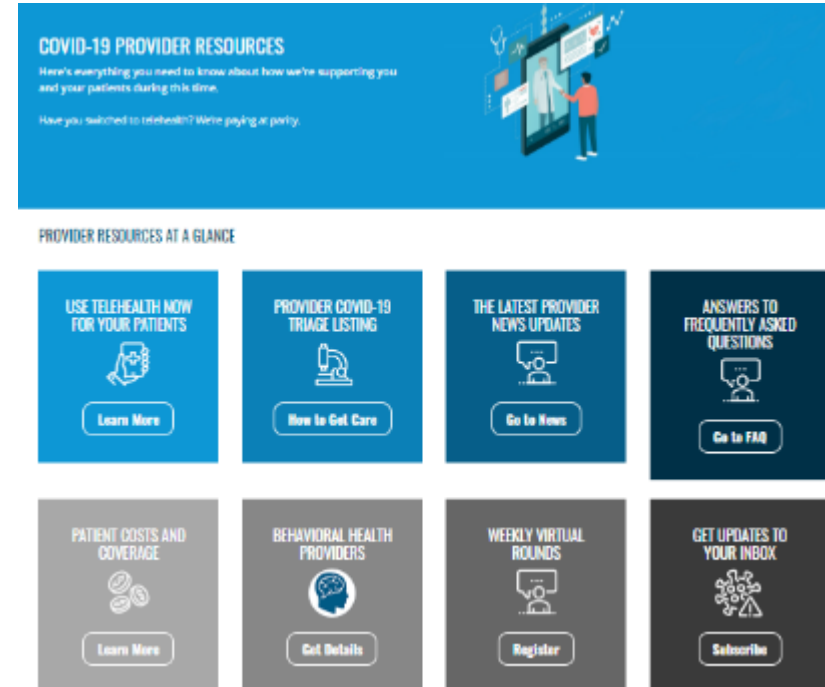
Instructions

- + Use the Q&A box under the webinar screen.
- + Read the questions that are published before submitting your own.
- + Please do not submit duplicate questions. Instead, click the heart to vote for the question.
- + We will answer the questions with the most votes first.

NEXT STEPS

Latest information

- + Visit BlueCrossNC.com/Coronavirus-Providers.
- + We will post the slides on this page.
- + Remember to sign up for E-briefs.
- + Join us for biweekly "Virtual Rounds" with Dr. Janet McCauley, Dr. Larry Wu, Glenna McMenamin and Scott Lewis every other Monday from 1-2 p.m. [Sign up in our registration form.](#)



The screenshot shows the 'COVID-19 PROVIDER RESOURCES' section of the Blue Cross of North Carolina website. It features a blue header with the title and a sub-header: 'Here's everything you need to know about how we're supporting you and your patients during this time.' Below this is a small illustration of a person interacting with a large screen displaying various icons. The main content area is titled 'PROVIDER RESOURCES AT A GLANCE' and contains eight interactive buttons arranged in two rows. The top row buttons are: 'USE TELEHEALTH NOW FOR YOUR PATIENTS' (Learn More), 'PROVIDER COVID-19 TRIAGE LISTING' (How to Get Care), 'THE LATEST PROVIDER NEWS UPDATES' (Go to News), and 'ANSWERS TO FREQUENTLY ASKED QUESTIONS' (Go to FAQ). The bottom row buttons are: 'PATIENT COSTS AND COVERAGE' (Learn More), 'BEHAVIORAL HEALTH PROVIDERS' (Get Details), 'WEEKLY VIRTUAL ROUNDS' (Register), and 'GET UPDATES TO YOUR INBOX' (Subscribe).



THANK YOU

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