

May 11, 2020  
Virtual Rounds



NC



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



## Agenda

- + Brief overview of all Blue Cross NC COVID-19 measures
  - Reminder: Extension of deadlines
- + Latest news
  - Update on coverage for hydroxychloroquine/chloroquine use for COVID-19
  - Review of coding
  - In-network lab capacity
- + Q&A
  - Please hold your questions until we open Q&A.
- + Next steps
  - We will post these slides at [BlueCrossNC.com/Coronavirus-Providers](https://www.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.



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

Slides updated as of 05.11.2020. 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](https://www.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.

Notification Only for Some  
PPA Requirements.



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.



Refill Medications Early

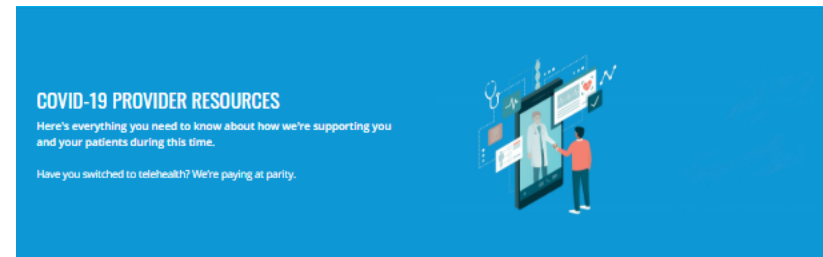
# BRIEF OVERVIEW OF ALL BLUE CROSS NC MEASURES FOR COVID-19



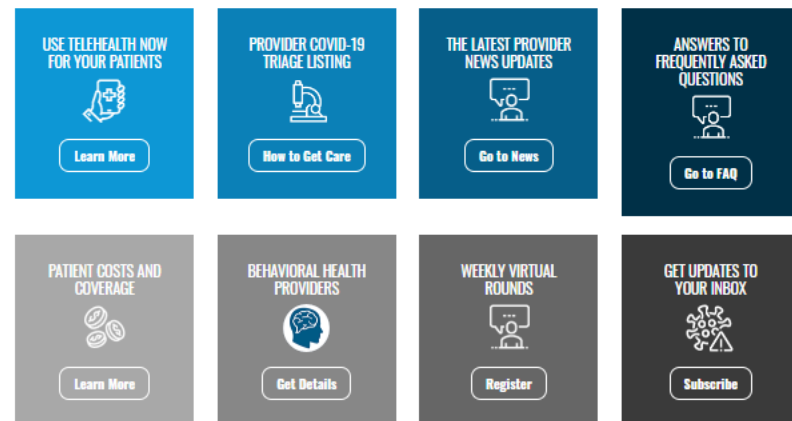
## How our measures apply to patients

- + 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](https://BlueCrossNC.com/Coronavirus-Providers)



### PROVIDER RESOURCES AT A GLANCE



# DEADLINE EXTENSION



Our COVID-19 measures will be extended as follows:

- + **Extended through July 31, 2020:** Expanded telehealth measures
- + **Extended through June 1, 2020:** 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 or has a suspected diagnosis of COVID-19
- + **Extended through June 4, 2020:** Waiving member cost-sharing (copays, deductibles and coinsurance) for:
  - Vendor-based telehealth
  - COVID-19 related health care visits and diagnostic testing that are medically necessary, ordered by a provider and FDA cleared, approved or authorized

## Our COVID-19 measures will be extended as follows: (continued)

### + **Extended through May 31, 2020:**

- Refilling patient medications early
  - Please note: This measure follows the North Carolina state of disaster announcement. Therefore, it may be renewed based on the state's decisions.
  
- Waiving prior authorization requirements
  - For diagnostic tests and covered services that are medically necessary and consistent with CDC guidance for members who are diagnosed with or have a suspected diagnosis of COVID-19
  - For emergent non-elective inpatient admissions and post-acute care services; in place of prior authorization, providers must give a 24-hour notification for such services.

- + We are closely monitoring the COVID-19 pandemic. We will reevaluate if an additional extension is needed as we get closer the new expiration dates.



# LATEST NEWS

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## Changes in coverage for hydroxychloroquine/chloroquine for use for COVID-19

- + On April 24, the FDA [updated its drug safety information](#) regarding use of hydroxychloroquine and chloroquine for COVID-19 outside the hospital setting or a clinical trial. The FDA cited the risk of heart rhythm problems. This announcement does not affect FDA-approved uses for malaria, extraintestinal amebiasis, chronic discoid erythematosus, systemic lupus erythematosus and rheumatoid arthritis.
- + Blue Cross NC has modified its COVID-19 coverage policies for hydroxychloroquine and chloroquine as a result of this update.
- + These changes apply to pharmacy benefit coverage for all Commercial and Medicare Advantage members who have their pharmacy benefits through Blue Cross NC, including individual (under-65) customers, fully insured group customers and self-funded (administrative services only) group customers. These changes will not apply to State Health Plan customers, Federal Employee Program customers or any self-funded employer groups that carve out their pharmacy benefits to another pharmacy benefits manager.

## Changes in coverage for hydroxychloroquine/chloroquine for use for COVID-19 (continued)

### + Commercial members

- Effective May 15, 2020, Blue Cross NC will no longer cover hydroxychloroquine and chloroquine outside of a hospital setting.
- Going forward, Blue Cross NC will modify prior authorization criteria to only cover these drugs for COVID-19 if a member has been started on hydroxychloroquine and chloroquine in the hospital and requires outpatient continuation.
- Members who were previously approved for coverage and/or cost waiver through this policy will not be impacted by this change.

## Changes in coverage for hydroxychloroquine/chloroquine for use for COVID-19 (continued)

- + Medicare Advantage members who have their pharmacy benefits through Blue Cross NC
  - Blue Cross NC currently offers a cost-share waiver for hydroxychloroquine and chloroquine for Medicare members with a COVID-19 diagnosis.
  - Effective May 1, 2020, Blue Cross NC has modified the cost-share waiver to only apply to these drugs when they are started in the hospital, and it is medically necessary to continue treatment after discharge.

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

### + **Commercial Members**

- Place of Service (POS) 02
- 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: **Paying at parity for telehealth (continued)**

- + **Commercial:** We had a higher volume of telehealth claims that require adjustment than anticipated. There is no action needed by providers at this time to correct claims. We apologize for the delay, but we expect to be able to have these corrected by the end of May.
- + **Medicare:** We are set up to accept codes identified and approved by CMS for telehealth for the Medicare Advantage plans that we offer/administer. These changes will be in effect through the end of the declaration CMS implemented. If you are a Blue Cross NC MA provider and feel your telehealth claim has been paid incorrectly, please contact Medicare Advantage Provider Services at 888-296-9790.

## Coding review: **Cost-share waiver for COVID-19 testing or doctor visits to determine if testing is needed and related treatments**

- + 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
- + COVID-19 related treatments
  - In the primary field, use U07.1, which is an emergency ICD-10 code assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing

## Coding review: **Cost-share waiver for COVID-19 testing or doctor visits to determine if testing is needed and related treatments**

- + Collection of specimen for COVID-19 PCR test
  - CMS released C9803 for outpatient facilities to use when collecting the specimen but not performing the test onsite
    - **Please hold claims until after June 1 in order to ensure that our systems are configured correctly**
  - Non-facility providers collecting the specimen with no other services performed (i.e. physical exam) should bill 99211
    - Can be used for both new and established patients
  - 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: Waiving prior authorization requirements for diagnostic tests and covered services that are medically necessary services, consistent with CDC guidance, for members diagnosed with COVID-19 or with a suspected diagnosis**

- + The World Health Organization (WHO) will release COVID-19 ICD-10 codes by October 1, 2020.
- + In the interim, we will follow CDC/ICD-10-CM guidance on how to bill for services for members with COVID-19.
- + We will review these codes on the next slide. However, you also can view these on our [provider coronavirus page](#).



## Coding review: **Prior authorization waiver (continued)**

Patient Condition	What Codes to Use (primary and secondary fields)
Pneumonia: For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19)	<ul style="list-style-type: none"> <li>•J12.89 Other viral pneumonia; AND</li> <li>•B97.29, Other coronavirus as the cause of diseases classified elsewhere</li> </ul>
Acute Bronchitis: For a patient with acute bronchitis confirmed as due to COVID-19	<ul style="list-style-type: none"> <li>•J20.8, Acute bronchitis due to other specified organisms; AND</li> <li>•B97.29, Other coronavirus as the cause of diseases classified elsewhere.</li> </ul>
Bronchitis not otherwise specified (NOS): For a patient with bronchitis not otherwise specified due to the COVID-19	<ul style="list-style-type: none"> <li>•J40, Bronchitis, not specified as acute or chronic; AND</li> <li>•B97.29, Other coronavirus as the cause of diseases classified elsewhere.</li> </ul>
Lower Respiratory Infection or Acute Respiratory Infection not otherwise specified (NOS): For a patient with COVID-19 is documented as being associated with a lower respiratory infection	<ul style="list-style-type: none"> <li>•J22, Unspecified acute lower respiratory infection; AND</li> <li>•B97.29, Other coronavirus as the cause of diseases classified elsewhere.</li> </ul>
Respiratory infection, not otherwise specified (NOS)	<ul style="list-style-type: none"> <li>•J98.8, Other specified respiratory disorders; AND</li> <li>•B97.29, Other coronavirus as the cause of diseases classified elsewhere</li> </ul>
Acute respiratory distress syndrome (ARDS): For cases of ARDS due to COVID-19	<ul style="list-style-type: none"> <li>•J80, Acute respiratory distress syndrome; AND</li> <li>•B97.29, Other coronavirus as the cause of diseases classified elsewhere.</li> </ul>
Possible Exposure but ruled out for COVID-19: For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation.	<ul style="list-style-type: none"> <li>•Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.</li> </ul>
Actual Exposure to someone confirmed to have COVID-19	<ul style="list-style-type: none"> <li>•Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.</li> </ul>

## 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 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](#).

## In-network lab capacity

- + Labs with PCR testing capability have stabilized with a total daily capacity of over 200,000 tests/day.
- + Covid-19 Antibody testing is still extremely limited throughout our area.
- + Avalon continues to update this data. Covid-19 updates and related information available on the Avalon website at [www.avalonhcs.com](http://www.avalonhcs.com)

Lab	RT-PCR Y/N	Multi Platform	Capacity (per Day)	Turn around	AB Y/N	Capacity (per Day)	Turn around
LabCorp	Y	Y	65,000	1 - 2 Days	Y	100,000	1 - 3 Days
Quest	Y	Y	50,000	1 - 2 Days	Y	150,000	1 - 2 Days
BioReference	Y	Y	30,000	1 - 2 Days	Y	TBD	3 Days
Sonic CPL (Clinical Pathology Lab)	Y	Y	20,000	1 - 3 Days	Y	100,000	24 hrs
Mako Medical Lab	Y	Y	12,000	1 - 3 Days	Y	11,000	1 Day
Premier Medical Lab	Y	Y	10,000	1 - 3 Days	Y	6,000	1 - 2 Days
Eurofins-Diatherix	Y	N	5,000	1 - 2 Days	Y	5,000	2 - 4 Days
MDL (Medical Diagnostic Lab)	Y	N	5,000	1 - 3 Days	Y	500	1 - 3 Days
Neogenomics	Y	Y	3,400	1 - 4 Days	N	N/A	
AIT (Amer. Inst. of Toxicology)	Y	Y	2,600	1 - 2 Days	N	N/A	
BAKO	Y	N	2,500	1 - 2 Days	N	N/A	
Precision Genetics	Y	N	2,400	1 Day	N	N/A	
PathGroup	Y	Y	2,200	1 - 2 Days	Y	500	1 Day
LabTech	Y	Y	2,000	1 - 2 Days	Y	3000	1 Day
Wake Medical Lab Consultants	Y	Y	1,000	1 Day	N	N/A	
SMA	Y	Y	500	1 Day	N	N/A	
Inform Diagnostics	Y	N	200	1 - 2 Days	N	N/A	

Source: Avalon Healthcare Solutions  
Current as of 5.11.20



## 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.

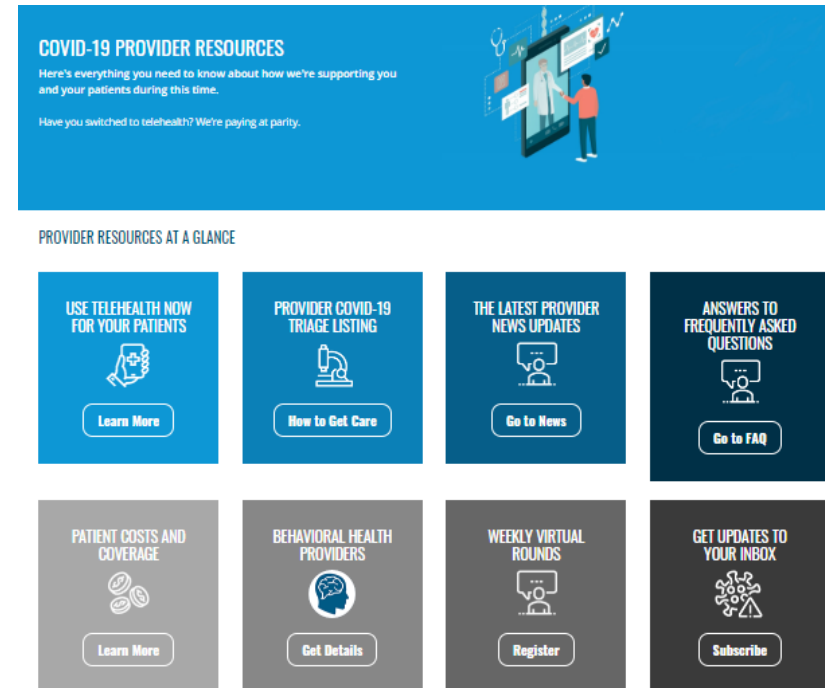


## NEXT STEPS

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




## Latest information

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



**COVID-19 PROVIDER RESOURCES**  
Here's everything you need to know about how we're supporting you and your patients during this time.  
Have you switched to telehealth? We're paying at parity.

PROVIDER RESOURCES AT A GLANCE

<b>USE TELEHEALTH NOW FOR YOUR PATIENTS</b>  <a href="#">Learn More</a>	<b>PROVIDER COVID-19 TRIAGE LISTING</b>  <a href="#">How to Get Care</a>	<b>THE LATEST PROVIDER NEWS UPDATES</b>  <a href="#">Go to News</a>	<b>ANSWERS TO FREQUENTLY ASKED QUESTIONS</b>  <a href="#">Go to FAQ</a>
<b>PATIENT COSTS AND COVERAGE</b>  <a href="#">Learn More</a>	<b>BEHAVIORAL HEALTH PROVIDERS</b>  <a href="#">Get Details</a>	<b>WEEKLY VIRTUAL ROUNDS</b>  <a href="#">Register</a>	<b>GET UPDATES TO YOUR INBOX</b>  <a href="#">Subscribe</a>



THANK YOU

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