# COVID-19: FAQs for Medicare Providers

May 7, 2020; updated May 20, 2021

Our response to COVID-19 continues to evolve as we work to best serve our members and providers. Blue Cross and Blue Shield of Montana (BCBSMT) will continue to follow the applicable guidelines from the [Montana Department of Public Health and Human Services](#) 🔗 and [Centers for Medicare & Medicaid Services (CMS)](#) 🔗 as appropriate for our members.

These FAQs refer to our Medicare members' access to care and other information during the Public Health Emergency, unless otherwise noted. Unless otherwise specifically described below, this information applies to our members in these individual and group Medicare (excluding Part D) and Medicare Supplement plans:

- Blue Cross Group Medicare Advantage (PPO)<sup>SM</sup>
- Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup>
- Blue Cross Medicare Advantage (PPO)<sup>SM</sup>
- Blue Medicare Supplement<sup>SM</sup>

Please visit our [Provider Information on COVID-19 Coverage page](#) and [News and Updates](#) for additional announcements.

1. [COVID-19 testing](#)
2. [COVID-19 treatment](#)
3. [Vaccines](#)
4. [Telemedicine](#)
5. [Pharmacy](#)
6. [More resources](#)

## COVID-19 Testing for Medicare Members

**Does BCBSMT cover the cost of testing for COVID-19 for Medicare members?**
Yes. Medicare (excluding Part D) members won't pay copays, deductibles or coinsurance for lab tests to diagnose COVID-19. For Medicare Supplement members, these costs are covered by Original Medicare. Providers don't have to ask BCBSMT for approval to test for COVID-19. Testing must be for individualized diagnosis or treatment of COVID-19, medically appropriate and in accordance with generally accepted standards of care.

**Does BCBSMT cover the cost of testing-related visits for COVID-19 for Medicare members?**
Yes. Medicare (excluding Part D) and Medicare Supplement members won't pay copays, deductibles or coinsurance with in-network providers for testing-related visits related to COVID-19, including visits at a provider's office, urgent care clinic, emergency room and by telehealth. Medicare Supplement members do not have network restrictions unless otherwise noted by their plan terms.

**Which labs should I use for testing?**

Network physicians are encouraged, and pursuant to their network contracts may be required, to refer our members to participating, in-network providers. Check our online Provider Finder® for currently contracted labs that are in-network for each patient, according to details of the member's benefit plan.

**How should I code COVID-19 testing claims?**

If you are collecting a COVID-19 sample from a member, submit the claim using the appropriate collection or lab code. Testing must be for individualized diagnosis or treatment of COVID-19, medically appropriate and in accordance with generally accepted standards of care, including the Centers for Disease Control (CDC) guidance as appropriate.

COVID-19 Collection Codes
- C9083 Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) any specimen source
- G2023 Specimen collection for severe acute respiratory syndrome coronavirus 2(sars-cov-2) (coronavirus disease [covid-19]), any specimen source
- G2024 Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source

COVID-19 Lab Codes
- 0202U Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR
- 0223U Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
- 0225U Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
- 0226U Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum
- 0240U Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
- 0241U Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
- 87426 Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
- 87248 Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B

- 87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
- 87636 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
- 87637 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
- 87811 Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
- U0001 CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
- U0002 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
- U0003 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R
- U0004 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R
- U0005 Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection

See the [American Medical Association (AMA) website](#) and [Billing and Coding Guidance FAQs](#) on the CMS website for more information.

**Does BCBSMT cover at-home tests?**
We cover at-home collection methods for COVID-19 testing if the tests are authorized by the Food and Drug Administration (FDA) and are clinically indicated for the member. We encourage members to consult with their health care provider to determine whether the test is medically appropriate for their condition.

**How should I code claims for COVID-19 antibody testing?**
Submit claims for COVID-19 antibody testing to us using the appropriate code. Member cost-share will be waived during the public health emergency for antibody tests that are FDA-authorized, including tests with Emergency Use Authorization (EUA), regardless of the diagnosis. Antibody testing should be medically appropriate for the member and ordered by a health care provider. Medical or invoice records may be requested to support if an antibody test is FDA-authorized or if EUA approval has been requested.

COVID-19 Antibody Testing Codes
- 0224U Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
- 86318 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method
- 86328 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method, severe acute respiratory syndrome coronavirus (SARS-CoV-2) (Coronavirus disease COVID-19)
- 86408 Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen

- 86409 Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer
- 86413 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
- 86769 Severe Acute Respiratory Syndrome Coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] testing via multiple-step method

**How should I code claims for COVID-19 testing- and antibody-related services?**

To indicate services performed in conjunction with the testing for COVID-19 or COVID-19 antibodies, include one of the following diagnosis codes:

COVID-19 Diagnosis Codes
- U07.1 COVID-19
- B97.29 Other coronavirus as the cause of diseases classified elsewhere
- B34.2 Coronavirus infection, unspecified
- Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
- Z11.52 Encounter for screening for COVID-19
- Z20.822 Contact with and (suspected) exposure to COVID-19
- Z20.828 Contact with and suspected exposure to other viral communicable diseases(actual exposure to COVID-19)

Modifier CS for testing-related services

Through the end of the PHE, use the CS modifier on applicable claim lines to identify the service as subject to the cost-sharing waiver for COVID-19.  This is for testing-related services that result in an order for or administration of COVID-19 testing or antibody testing. Use the CS modifier only on the [codes specified by CMS](#). The following types of claims do not need the CS modifier:
- Screenings before procedures that aren't related to COVID-19; the COVID-19 test should be billed on a separate claim from the non-COVID-19 services, which will be processed according to the member's benefit plan
- COVID-19 tests
- Treatment of COVID-19

**How much will I be reimbursed for diagnostic testing?**

We will follow CMS pricing and apply the applicable terms of our provider and/or network participation agreements.
- Out-of-network providers will be reimbursed according to CMS reimbursement rates.
- Note: For providers who negotiated a nonstandard reimbursement for labs as part of their participation agreement with BCBSMT, that contracted reimbursement rate may apply.

## COVID-19 Vaccines for Medicare Members

**Is the COVID-19 vaccine and its administration covered for Medicare members?**

Yes. For 2020 and 2021, Medicare payment for the COVID-19 vaccine and its administration will be through the original fee-for-service Medicare program. Members will have no cost-sharing on vaccines through Dec. 31, 2021.

Providers should submit claims for administering the COVID-19 vaccine to the CMS Medicare Administrative Contractor (MAC) using product-specific codes for each vaccine approved. Learn more about [vaccines and coverage](#).

# COVID-19 Treatment for Medicare Members

**How is treatment for COVID-19 covered for Medicare members?**
 Treatment of COVID-19 is covered in accordance with the member's benefit plan. We temporarily waived member cost-sharing for COVID-19 treatments through Dec. 31, 2020. Effective Jan. 1, 2021, copays, deductibles and coinsurance apply.

Members should confirm whether their benefit plan covers services received from out-of-network providers. Medicare Supplement members do not have network restrictions unless otherwise noted by their plan terms. Members should call the number on their ID card for answers to specific benefit questions.

**How should I check Medicare member benefits and eligibility?**
Providers may use the [Availity® Provider Portal](#) 🔗 or their preferred vendor to confirm member coverage and benefits.
- However, to verify telemedicine coverage, providers should call Provider Services at 1-877-774-8592 for individual and 1-877-299-1008 for group and speak with a Customer Advocate. [(Click here for more details on telemedicine.)](#)

**If a Medicare member is quarantined at home, will BCBSMT cover provider visits to the home?**
Home visits, if available and offered, will be covered consistent with the member's medical benefits.

**Is BCBSMT extending current prior authorizations for Medicare Advantage members?**
No. BCBSMT temporarily extended approvals on services with existing prior authorizations until Dec. 31, 2020, for Medicare Advantage members. This applied to services that were originally approved or scheduled between Jan. 1 and June 30, 2020.

**How does the Diagnosis Related Group (DRG) add-on payment apply to providers?**
For discharges of members diagnosed with COVID-19, the weight of the assigned DRG has temporarily increased 20 percent. We will apply the temporary increase, as appropriate and where consistent with network contracts, for Medicare Advantage providers. Providers should use the appropriate diagnosis code and date of discharge to identify these members:
- B97.29 (Other coronavirus as the cause of diseases classified elsewhere) for discharges occurring on or after January 27, 2020, and on or before March 31, 2020.
- U07.1 (COVID-19) for discharges occurring on or after April 1, 2020, through the emergency period.

**How is BCBSMT responding to the suspension of the Medicare sequestration?**
The Medicare sequester has been suspended until Dec. 31, 2021 (previously March 31, 2021). During this time, BCBSMT is suspending the 2% sequestration reduction in Medicare claims payments. This applies to Medicare providers who service Medicare Advantage members.

**How should a claim be rendered by a temporary provider, or "locum"?**
Locum refers to physicians and advanced practice clinicians who fill in for other staff on a temporary basis. BCBSMT recognizes the efforts of temporary providers willing to help during the COVID-19 outbreak. To expedite claims, these individuals – including medical doctor/midlevel retirees, affiliate and aligned providers and those with out-of-state licenses – should be billed using this process:

- All claims must include the rendering provider's National Provider ID (NPI)
- Locum claims for medical doctors should be billed under one supervising medical doctor
  - Example: Locum claims for an MD should be billed under one name and rendering NPI# of the currently contracted MD for your tax ID#
- Locum claims for midlevels (APNs, RNs., etc.) should be billed under one supervising midlevel
  - Example: Locum claims for midlevels should be billed under one name and rendering NPI# of the currently contracted midlevel for your tax ID#
- All locum claims must contain a Q6 modifier at the claim line level

**Due to COVID-19, will BCBSMT appeals procedures change?**
We have temporarily adopted flexibilities in our appeals procedures to serve our Medicare members, in accordance with CMS guidance. For questions about claims or appeals, contact Provider Services.

# Telemedicine for Medicare Members

**What telemedicine services are covered for Medicare members?**
CMS identifies covered services for Medicare members. This means we will cover all the CMS telemedicine codes, including those available only during the PHE for Medicare Advantage and Medicare Supplement members. Care must be consistent with the terms of the member's benefit plan.

For the duration of the PHE, we are waiving cost share for our Medicare Advantage members for telehealth visits. This means these members will not owe any copays, deductibles or coinsurance for telehealth visits. The cost share waiver does not apply to Medicare Supplement members. Members should call the number on their ID card if they have questions. Learn more here.

**Which providers may provide telemedicine services to Medicare members?**
Providers of telemedicine may include, but are not necessarily limited to:
- Physicians
- Physician assistants
- APRNs
- CMS-recognized, licensed behavioral health and applied behavioral analysis service providers
- Physical therapy, occupational therapy and speech therapy service providers

See CMS' telehealth guidance and Waivers and Flexibilities for more details.

**How should I check Medicare members' benefits and eligibility for telemedicine?**
- Call our Provider Services to check eligibility and office visit benefits at 1-877-774-8592 for individual and 1-877-299-1008 for group. (Telemedicine is not yet a category offered in our automated Interactive Voice Response (IVR) phone system.)
- Verify general coverage by submitting an electronic 270 transaction. This step will help providers determine coverage information, network status, benefit prior authorization/pre-notification requirements and other important details.

Visit the CMS website for a complete list of telehealth codes.

**Can I provide telemedicine services to new and established Medicare patients?**
Yes. CMS currently is not requiring Medicare providers to have treated a patient in the previous three years to provide telemedicine services. Providers can now engage in telemedicine services with new Medicare patients.

**Can I conduct Medicare members' annual health assessments by telemedicine?**

Initial and subsequent Annual Wellness Visits (G0438 and G0439) may be conducted by telemedicine. Submit claims for wellness visits with Modifier 95 and Place of Service (POS) 11. BCBSMT covers one wellness visit every calendar year.

- CMS has not approved Initial Preventive Physical Examinations (IPPE) (G0402) for telemedicine. Members are eligible for the IPPE during their first 12 months of enrollment in Medicare.

**Are prior authorizations required for telemedicine visits?**

Some telemedicine care will require referrals and prior authorizations in accordance with the member's benefit plan. If you have questions about prior authorizations, please use Availity Authorizations.

**How can telemedicine be conducted for Medicare members?**

Providers should use an interactive audio and video telecommunications system that permits real-time interactive communication to conduct telemedicine services. CMS permits audio only in limited circumstances. See the CMS website for designated audio-only codes.

Providers can find the latest guidance on acceptable HIPAA-compliant remote technologies issued by the U.S. Department of Health and Human Services' Office for Civil Rights in Action.

**How should I code telemedicine claims?**

Submit claims for medically necessary services delivered via telemedicine with the appropriate modifiers (95, GT, GQ, G0) and Place of Service (POS) 02.

We accept the following modifiers:

- 95 – synchronous telemedicine (two-way live audio visual)
- GT – interactive audio and video telecommunications
- GQ – asynchronous
- G0 – telemedicine services for diagnosis, evaluation or treatment of symptoms of an acute stroke; G0 must be billed with one of the approved telemedicine modifiers (GT, GQ or 95)

Visit the CMS website for a complete list of telehealth codes and telehealth guidance.

**How will I be reimbursed for telemedicine claims?**

Currently, telehealth claims for insured members, for in-network medically necessary covered health care services will be reimbursed at the same rate as in-person office visits. Submit claims with appropriate codes and modifiers.

- Out-of-network providers: We reimburse out-of-network providers according to the CMS reimbursement rates. Please call the customer service number on the member's ID card for benefit information.

# Pharmacy for Medicare Members

**How is BCBSMT helping with prescriptions?**

Members of these Medicare plans can get 90-day fills through mail order.

- Blue Cross Group Medicare Advantage (PPO)
- Blue Cross Group Medicare Advantage Open Access (PPO)
- Blue Cross Medicare Advantage (PPO)

All pharmacy practice safety measures, as well as prescribing and dispensing laws, remain in force and effect.

## More Resources

Continue to watch the [News and Updates](#) section of the BCBSMT website for updates.

CMS
- General: https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page
- Fact Sheets and News Alerts: https://www.cms.gov/newsroom
- Telehealth Services: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

CDC
- General: https://www.cdc.gov/nCoV
- Health Care Professionals: https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html
- Information for Laboratories: https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html
- Laboratory Biosafety: https://www.cdc.gov/coronavirus/2019-nCoV/lab/lab-biosafety-guidelines.html
- Specimen Collection: https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html

U.S. Food and Drug Administration (FDA)
- General: https://www.fda.gov/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19
- Emergency Use Authorizations: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization