



COVID-19 Provider Billing Guidelines

In response to the coronavirus disease (COVID-19), we've established billing code guidelines for our Commercial, Affordable Care Act (ACA), Medicare Advantage and Federal Employee Program[®] (FEP) lines of business. To ensure proper, timely reimbursement, please submit claims using the following guidelines. All claims billed by a provider must effectively meet the accepted standard of care for the condition being treated

Note: Please check these guidelines often as they will be updated on a regular basis. These remain in effect until further notice.

Service	HCPCS / CPT / Diagnosis Codes	Place of Service	Provider Type Able to Bill	Provider Participation Status	Effective Date	Applies to the following lines of business			
						All	Commercial / ACA	Medicare Advantage	FEP
FDA approved lab tests for COVID-19 will be covered at \$0 cost share for the member	U0002 U0003 U0004 87635 87426 G2023 G2024 0223U HCPC: C9803 0202U	Off Campus Outpatient Hospital (19) On Campus Outpatient Hospital (22) Independent Laboratory (81)	Hospital Laboratory	Participating and Non-Participating Providers	02/02/2020	✓			
FDA approved serology/anti-body lab tests for COVID-19 will be covered at \$0 cost share for the member	86328 86769 0224U	Off Campus Outpatient Hospital (19) On Campus Outpatient Hospital (22) Independent Laboratory (81)	Hospital Laboratory	Participating and Non-Participating Providers	03/15/2020	✓			

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\$0 member cost share for office visit and related services during a visit that results in an order for the COVID-19 test	Diagnosis Codes: B97.29 Z03.818 Z20.828 U07.1 Z11.59 CPT Codes: 99000, 99001 E&M codes as appropriate CS Modifier	Office (11) Urgent Care (20) ER (23) Mobile Unit (15) Other places of service as appropriate	Primary Care Providers Specialists Emergency Room Urgent Care Convenient Care Clinics Mobile Units Walk-In Clinics	Participating and Non-Participating Providers	03/18/2020	✓			
COVID medical care/treatment in all locations of service, including inpatient and observation hospital admissions Waiving member cost share for those that have a positive diagnosis for COVID-19 and must undergo treatment for COVID-19	B9729 U071 DR Modifier	All Places of Service	Inpatient and Outpatient Facilities	Participating and Non-Participating Providers	Admission dates beginning from 03/15/2020 through 10/31/2020 Admission dates beginning from 03/15/2020 (FEP Only)		✓		✓

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Member cost share for SAO Group will still apply									
COVID medical care/treatment in all locations of service, including inpatient and observation hospital admissions Waiving member cost share for those that have a positive diagnosis for COVID-19 and must undergo treatment for COVID-19	B9729 U071 DR Modifier	All Places of Service	Inpatient and Outpatient Facilities	Participating and Non-Participating Providers	Admission dates beginning from 03/15/2020 through 10/31/2020			✓	

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Coverage for virtual visits at the member's current cost share For SAO Group, the cost share will be waived for members effective 03/26/2020	99201-99215 99441-99443 (State Group excluded) Need to be billed with a GT or 95 modifier	Telehealth (02)	Primary Care Providers Specialists Urgent Care Centers Convenient Care Clinics	Participating only	03/15/2020 (State Group 03/26/2020)		✓		
The member's current cost share for virtual visits will be waived for dates of service from 6/1/2020 and until CMS directs otherwise.	99201-99215 Need to be billed with a GT or 95 modifier	The place of service should be the regular place of service as if you saw the patient in-person Telehealth (02)	Primary Care Providers	Participating only	03/15/2020			✓	

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<p>Coverage for virtual visits at the member's current cost share</p> <p>For SAO Group, the cost share will be waived for members effective 03/26/2020</p>	<p>Various Behavioral Health codes¹</p> <p>Rev Code 0905 w/HCPC S9480</p> <p>Rev Code 0906 w/HCPC H0015</p> <p>Rev Code 0912 or 0913 w/HCPC S0201 or H0035</p> <p>Need to be billed with a GT or 95 modifier</p>	<p>Telehealth (02)</p> <p>The place of service should be the regular place of service as if you saw the patient in-person (for facilities)</p>	<p>Florida Blue and New Directions Contracted Behavioral Health Providers and Outpatient Facilities</p>	<p>Participating only</p>	<p>03/15/2020</p> <p>(State Group 03/26/2020)</p>		<p>✓</p>		
<p>The member's current cost share for virtual visits will be waived for dates of service from 6/1/2020 and until CMS directs otherwise.</p>	<p>Various Behavioral Health codes¹</p> <p>Rev Code 0905 w/HCPC S9480</p> <p>Rev Code 0906 w/HCPC H0015</p> <p>Rev Code 0912 or 0913 w/HCPC S0201 or H0035</p> <p>Need to be billed with a GT or 95 modifier</p>	<p>The place of service should be the regular place of service as if you saw the patient in-person</p> <p>Telehealth (02)</p>	<p>Florida Blue and New Directions Contracted Behavioral Health Providers and Outpatient Facilities</p>	<p>Participating only</p>	<p>03/15/2020</p>			<p>✓</p>	

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Coverage for virtual visits at the member's current cost share For SAO Group, the cost share will be waived for members effective 03/26/2020	Home Health and Therapy procedures as appropriate Need to be billed with a GT or 95 modifier	Telehealth (02) Home (12)	CareCentrix Home Health Contracted Providers	Participating only	03/15/2020 (State Group 03/26/2020)		✓		
Coverage for virtual visits at the member's current cost share	Home Health and Therapy procedures as appropriate Need to be billed with a GT or 95 modifier	The place of service should be the regular place of service as if you saw the patient in-person Telehealth (02)	CareCentrix Home Health Contracted Providers	Participating only	03/15/2020			✓	

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<p>Coverage for virtual visits at the member's current cost share</p> <p>For SAO Group, the cost share will be waived for members effective 03/26/2020</p>	<p>Various Physical, Speech and Occupational Therapy codes as appropriate²</p> <p>Need to be billed with a GT or 95 modifier</p> <p>Revenue Code 780 along with Various Physical Therapy, Speech Therapy and Occupational Therapy codes as appropriate²</p>	<p>Telehealth (02)</p> <p>The place of service should be the regular place of service as if you saw the patient in-person (Facilities)</p>	<p>CareCentrix Home Health Contracted Providers</p> <p>Qualified Health Care Professionals in PT, OT or ST</p> <p>Hospital</p>	Participating only	<p>03/15/2020</p> <p>(State Group 03/26/2020)</p>		<p>✓</p>		
<p>Coverage for virtual visits at the member's current cost share</p>	<p>Various Physical, Speech and Occupational Therapy codes as appropriate²</p> <p>Need to be billed with a GT or 95 modifier</p>	<p>The place of service should be the regular place of service as if you saw the patient in-person</p> <p>Telehealth (02)</p>	<p>CareCentrix Home Health Contracted Providers</p> <p>Qualified Health Care Professionals in PT, OT or ST</p> <p>Hospital</p>	Participating only	03/15/2020			<p>✓</p>	

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Coverage for virtual visits at the member's current cost share For SAO Group, the cost share will be waived for members effective 03/26/2020	Nursing Home Virtual Visit 99307-99310 99304-99306 Need to be billed with a GT or 95 modifier	Telehealth (02) Skilled Nursing Facility (31) Nursing Facility (32)	Primary Care Providers Specialists Nursing Facilities	Participating only	03/15/2020 (State Group 03/26/2020)		✓		
Coverage for virtual visits at the member's current cost share	Nursing Home Virtual Visit 99307-99310 99304-99306 Need to be billed with a GT or 95 modifier	The place of service should be the regular place of service as if you saw the patient in-person Telehealth (02)	Primary Care Providers Specialists Nursing Facilities	Participating only	03/15/2020			✓	
Annual Wellness Exam Virtual Visit	99381-99397 Need to be billed with a GT or 95 modifier	Telehealth (02)	Primary Care Providers Specialists	Participating only	03/15/2020 (State Group 03/26/2020)		✓		
Annual Wellness Exam Virtual Visit	G0402 G0438 G0439 Need to be billed with a GT or 95 modifier	The place of service should be the regular place of service as if you saw the patient in-person Telehealth (02)	Primary Care Providers Specialists	Participating only	03/15/2020			✓	

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¹ List of Commercial / ACA / Medicare / Behavioral Health Codes:

80305-80307
90785
90791-90792
90832-90840, 90846-90849, 90853, 90867-90879, 90885
96121, 96125, 96130-96139, 96146, 96150-96158
99201-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99241-99245, 99251-99255, 99281-99285
99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99354-99355
99404
0362T
0373T
0374T

² List of Physical Therapy / Speech Therapy / Occupational Therapy / Dietician Health Codes:

97161-97168
97110
97116
97530
97112
97535
92507
92521-92524
92526
96105
97129-97130
G2061-G2063 (Medicare Advantage Only)
G0108 (Medicare Advantage Only)

Questions and Answers

What if I ordered the kit to test my patient?

The testing kit does not constitute billing the procedure code. Please include the E&M code to represent the face-to-face visit and the collection of the specimen.

What if an actual laboratory is performing the test?

Please bill the claim with CPT code 87635/HCPSC U0002 to represent the test. **Note:** This would not normally be billed by physicians or urgent care centers.

What if I am awaiting the results of a COVID-19 test?

Please submit the claim to Florida Blue as soon as possible with the applicable COVID-19 diagnosis code for the detection of the virus. If the test comes back with a positive result, please submit a corrected claim with diagnosis code B9729 or U071.

For the COVID-19 test, what procedure codes should I bill with?

When performing and analyzing the COVID-19 test, use the applicable procedure codes: U0001, U0002, U0003, U0004, G2023, G2024, 0223U and 87635.

For the COVID-19 test, what place of service should I bill with?

For procedure codes U0001, U0002, U0003, U0004, G2023, G2024, 0223U and 87635 performed onsite, bill with place of service Off Campus Outpatient Hospital (19), On Campus Outpatient Hospital (22) and Independent Laboratory (81).

For the COVID-19 serology test, what procedure codes should I bill with?

When performing and analyzing the COVID-19 antibody test, use the applicable procedure codes: 86328, 86769 and 0224U. The antibody test must be medically necessary and ordered by a physician or qualified health professional. If the antibody test is billed with a surgery, the antibody test will be reimbursed within the cost of the surgery.

How do I bill for a specimen collection?

- For an in-office visit, bill with procedure code 99211 if there is no physician or qualified health professional involvement; or 99212 or greater if a physician or qualified health professional is involved. Please do not bill a modifier (including 26) with the test code for the specimen collection (U0001, U0002, U0003, U0004 and 87635).
- For homebound or inpatient (not in a hospital), bill procedure code G2023.
- For skilled nursing facility and home health agencies, bill procedure code G2024.
- For outpatient facility, bill procedure code HCPC C9803.

Are CPT 99000 and 99001 reimbursed separately for specimen collection?

If your fee schedule includes payment for specimen collection with no E&M service, you will be reimbursed for the specimen collection.

How do facilities bill for off-campus testing?

For facilities that are operating COVID-19 testing in a separate location from the main facility location (e.g. parking lots, parks, football stadiums), the National Uniform Billing Committee (NUBC) recommends that the facility submit a Hospital Outpatient Type of Bill (013x) using the facility's main address and National Provider Indicator (NPI) with a Disaster Related (DR) condition code as directed above. The DR condition code would flag that the outpatient claim is a COVID-19 testing site.

Should we use the “DR” condition code?

To continue to track COVID-19-related care, the NUBC recommends that institutional claims for COVID-19 diagnosis or treatment should include:

- The “DR” (disaster related) condition code, which is designed to identify claims that are or may be impacted by specific policies related to a national or regional disaster/emergency.
- One of the following diagnosis codes, as included in the [interim ICD-10-CM Guidelines for Coding and Reporting](#):
 - B97.29 (other coronavirus as the cause of disease classified elsewhere) for services provided before April 1, 2020.
 - U07.1 (COVID-19) for services provided on or after April 1, 2020.
 - 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).
- An appropriate service date. The “DR” condition code should be used for COVID-19 related care occurring since January 27, 2020. This is the date the Department of Health and Human Services declared coronavirus as a federal public health emergency.

What if the COVID-19 test is part of an inpatient stay?

The member cost share will be waived for the COVID-19 testing procedure. The additional procedure codes will apply the standard cost share when billed with an inpatient place of service (21).

What if the COVID-19 test is part of an outpatient stay?

The member cost share will be waived for the COVID-19 testing procedure. The additional procedure codes will apply the standard cost share when billed with an outpatient place of service (22).

What services are covered for virtual visits for State Group members?

The State is offering telemedicine benefits for State employees during the COVID-19 pandemic for the length of the Governor’s Executive Order. We have implemented Teladoc (in-network only) and virtual visits (in-network and out-of-network) at \$0 cost share for the member effective March 26, 2020. For State Group members, providers must include both visual and audio components when providing services for the virtual visit to be covered. Audioonly services are not covered for State Group members.

Is Florida Blue covering occupational, physical and speech therapy virtual services during the COVID-19 pandemic?

OT, PT and ST visits are available through virtual visits with in-network providers. Florida Blue will reimburse these virtual visits provided by qualified health care professionals through interactive technology. Benefits will be processed in accordance with the member’s plan. This change is effective for dates of service beginning March 15 until further notice. Reimbursable codes are limited to the specific set of OT, PT and ST therapy codes shown above.

Is Florida Blue covering audio-only virtual visits, if video capability is not available?

- CMS is temporarily allowing audio-only visits if video capability is not available. Visits provided consistently with CMS guidelines will be covered for Medicare Advantage members.

- Florida Blue is temporarily allowing audio-only virtual visits if video capability is not available. Audio-only virtual visits provided consistently with virtual visit billing guidelines will be covered for Commercial / Affordable Care Act (ACA) members. **Note:** The State Group will not cover audio-only virtual visits. Please refer to the member's plan on their insurance card.

Note: These guidelines may not apply to certain members who are covered through self-insured administrative services only (ASO) plans or members of other Blue Cross and/or Blue Shield Plans who may access our provider networks through the BlueCard® program. Remember to ask your patients for a copy of their member ID card at each visit and verify eligibility and benefits electronically through Availity^{®3} at availity.com.