



COVID-19 – Oklahoma Provider Frequently Asked Questions

The purpose of this FAQ document is to help address specific questions we are hearing from our health care providers.

In addition, please visit our [Provider Information on COVID-19 Coverage](#) page and [News and Updates](#) for additional announcements. As more information becomes available we will be updating our provider website.

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COVID-19 Testing

Does BCBSOK Cover the cost of testing for COVID-19?

Our members won't pay copays, deductibles or coinsurance for testing to diagnose COVID-19 or for testing-related visits with in-network providers, whether at a provider's office, urgent care clinic, ER or by telemedicine.

This also applies to HSA high-deductible plans.

No referrals are needed for a member to be tested for COVID-19. A member can be tested more than once.

How will we know if self-insured clients are opting in?

When you check eligibility and benefits through your normal channels, you will receive the latest information on each members' benefits.

Will Availity have the latest information on coverage?

Yes. Availity is a real-time portal that allows providers to confirm patient coverage and benefits. However, to verify telemedicine coverage, providers should call Provider Services at 800-496-5774 and speak with a Customer Advocate.

How much will we be reimbursed for the diagnostic testing?

The [Centers for Medicare and Medicaid Services](#) (CMS) has established reimbursement rates for the COVID-19 diagnostic tests. We will apply the terms of our applicable provider agreements to determine the contracted reimbursement.

How should we direct members for testing?

See the [Centers for Disease Control and Prevention \(CDC\)](#) for the latest information on testing.

If someone is not exhibiting symptoms for COVID-19 but wants to be pro-actively tested, will it be covered?

Testing to diagnose COVID-19 must be medically necessary and consistent with the [CDC guidelines](#).

Which labs do providers need to use for testing?

Network physicians are encouraged, and may be contractually required, to refer our members to participating, in-network providers. Check our online [Provider Finder](#)[®] for labs that are in-network for each member, according to their benefit plan. Referring to in-network providers helps members control their health care costs and avoid balance billing by out-of-network providers.

What are the requirements for specimen collection?

See the [CDC](#) for the latest information on testing.

How should I code COVID-19 claims for testing?

If you test a member when it's medically necessary and consistent with CDC guidance, submit the claim to us using **HCPCs** code **U0002** or the appropriate CPT code.

Are there multiples LAB/CPT codes for testing?

Yes, there are multiple CPT codes for testing:

Codes	Description
C9803	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

Codes	Description
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])
87428	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

COVID-19 Diagnosis Codes


- **U07.1** (COVID-19 acute respiratory disease)
- **B97.29**
- **B34.2**
- **Z03.818** (possible exposure to COVID-19)
- **Z20.828** (actual exposure to COVID-19)

COVID-19 Antibodies Testing

If you test a member for COVID-19 antibodies when it's medically necessary, **medically appropriate and in accordance with generally consistent medical standards**, submit the claim to us using the appropriate code. Member cost-share will be waived.

COVID-19 Antibodies Testing Codes:

Code	Description
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)
86769	Severe Acute Respiratory Syndrome Coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] testing via multiple-step method

For more detail on COVID-19 coding and guidance, refer to the [American Medical Association website](#) .

COVID-19 Treatment

Will you cover treatment for COVID-19?

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is waiving member cost-sharing, including deductibles, copayments and coinsurance related to **treatment** for COVID-19. The waiver applies to costs associated with COVID-19 treatment at in-network facilities and treatment for out-of-network emergencies. Blue Cross and Blue Shield of Oklahoma (BCBSOK) is waiving member cost-sharing, including deductibles, copayments and coinsurance related to **treatment** for COVID-19. The waiver applies to costs associated with COVID-19 treatment at in-network facilities and treatment for out-of-network emergencies.

The policy is effective for treatment received April 1, 2020, through Dec. 31, 2020. We will reassess this policy as circumstances warrant.

For more information please review the [BCBSOK Waives Customer Cost-Sharing for COVID-19 Treatment](#) article in the News & Updates section on our provider website.

How should I code COVID-19 claims for treatment?

Submit your claims for COVID-19 treatment of confirmed cases of COVID-19 using **ICD-10 code U07.1**.

If a member is quarantined at home, will BCBSOK cover doctor visits to the home?

Physician home visits will be covered as indicated by the member's medical benefits.

Do you anticipate a delay in claims processing and payment?

We are always ready to activate our Business Resiliency Plan, whether it's for a natural disaster, power outage, or something like COVID-19. Our Business Resiliency Plan is designed to ensure operational resiliency and minimize the impact of disruptions on our membership and business partners: In short, the goal of the program is to ensure BCBSOK remains open for business.

Pharmacy

How is BCBSOK going to help with Pharmacy shortages and prescriptions?

For members who have BCBSOK pharmacy benefits administered through Prime Therapeutics, BCBSOK will allow members to receive an early fill of their medication for the same quantity as the last prescription filled. We also encourage members to use their 90-day mail order benefit, if applicable. All pharmacy practice safety measures, as well as prescribing and dispensing laws, will remain.

Note on Medicare members: Members of these plans can get 90-day fills through mail order:

- Blue Cross Group Medicare Advantage (PPO)SM

- Blue Cross Group Medicare Advantage Open Access (PPO)SM
- Blue Cross Group MedicareRx (PDP)SM
- Blue Cross Medicare Advantage (HMO)SM
- Blue Cross Medicare Rx (PDP)SM

We are also prepared for medication shortages or access issues. Patients will not be liable for additional charges that may stem from obtaining a non-preferred medication if the preferred medication is not available due to shortage or access issues.

Telemedicine

Are telemedicine consultations covered?

We are expanding the current coverage for telemedicine visits for all our state-regulated, fully-insured members and for Medicare (excluding Part D), and Medicare Supplement members. They now have access to clinically appropriate medical and behavioral health services from in-network providers delivered through telemedicine with no cost-share until Dec. 31, 2020. BCBSOK will continue to consider whether to extend the timeframe of this temporary cost-share change.

For more information on our telemedicine benefits, check our [provider site](#) and [newsroom](#).

Is BCBSOK waiving copays and deductibles for evaluation, management and behavioral health telemedicine visits?

Yes, all state-regulated, fully-insured members and for Medicare (excluding Part D), and Medicare Supplement members have access to evaluation, management and behavioral health telemedicine visits with in-network providers at no out-of-pocket cost.

Which members have this telemedicine benefit?

The expanded benefit applies to all fully insured, retail and Medicare members. It applies to claims from March 15, 2020 through Dec. 31, 2020.

Note: Many of our members are covered under a health plan that is self-insured by their employer. **Some of these members may be responsible for cost-share**, based on their employer's election to participate in this benefit.

Are telemedicine visits limited to COVID-19 diagnosis code (or with the COVID-19 modifier)?

No, telemedicine visits are not limited to claims with a COVID-19 diagnosis codes.

Is the member required to have current telemedicine coverage?


Telemedicine coverage may differ based on the member's benefit plan. Please call the Customer Service number on the member's ID card to verify benefits

Do providers have to use our telemedicine vendor?

No. Available telemedicine visits with BCBSOK providers currently include:

- 2-way, live interactive telephone communication and digital video consultations
- Phone calls
- Online services

- Other methods allowed by state and federal laws, which can allow members to connect with physicians while reducing the risk of exposure to contagious viruses or further illness.

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](#). 

Members covered by some self-funded employer group plans and Federal Employee Plan (FEP) members have a limited benefit requiring the use of a single-source telemedicine provider. Verify coverage, by calling Provider Services at 800-496-5774 and speak with a Customer Advocate.

Note: PPO members may see out-of-network providers through telemedicine. If they do, the member will be responsible for copays, coinsurance, and deductibles.

How can I check telemedicine benefits since telehealth/telemedicine is not a category in the IVR?

Today, we do not support telemedicine in our provider IVR. You may request office visit benefits through IVR and ask to speak with a Customer Advocate.

Is Availity up to date on the telemedicine benefits?


While eligibility and benefit information for most members/services can be obtained by submitting an electronic 270 transaction via the Availity portal or your preferred web vendor, telemedicine-specific services are not defined in the electronic eligibility and benefits response. Also, telemedicine is not a category offered currently in our automated Interactive Voice Response (IVR) phone system. For telemedicine benefits, please call our Provider Services at 800-496-5774 to request Office Visit benefits and request to speak with an agent for telemedicine-specific information.

How do I code telemedicine visits?

Professional claims may be submitted for services where the provider is acting within the scope of their state license, the service being rendered can be performed via telemedicine and meets the definition of the procedure code billed. Claim should include POS 2 (professional) and appropriate modifier (95, GT, GQ).

Will the benefits be pulled/quoted the same as the service in the office?

MDLive, Teladoc and Doc-on-Demand will receive telemedicine-specific benefits when inquiring electronically.

Other providers may request office visit benefits and submit a telemedicine claim using the approved codes and the modifier 95 for members who have telemedicine benefits. To confirm whether a member has telemedicine benefits, use the [Availity® Provider Portal](#)  or your preferred vendor for eligibility and benefit verifications.

Do I need to do anything to provide and be compensated for telemedicine services?

No, just submit your claims with the approved codes and the modifier.

Can licensed clinicians conduct telemedicine visits utilizing a HIPAA compliant video conferencing platform from our EMR in their homes or offsite from our clinic?

Yes. Please see the U.S. Department of Health and Human Services [notification about telemedicine](#).

Will this be allowed for Out-of-Network Providers?

PPO members may see out-of-network providers through telemedicine. If they do, the member will be responsible for copays, coinsurance, and deductibles.

What is the reimbursement rate for telemedicine visits?

In-Network providers:

For members with MDLive or telemedicine benefits, visits will be covered as a regular office visit for providers.

Use the most appropriate CPT or HCPCS code that describes the service they are rendering.

As a reminder, all providers must be acting within their scope of practice and the member must have benefits for a service to be reimbursable.

Out-of-Network providers:

If you are not in our networks, our allowed amounts are consistent with our out-of-network pricing and our member's benefits. Please call the customer service number on the member's ID card for benefit information.

Is telemedicine covered for physical, occupational and speech therapies?

Yes, professional claims may be submitted for services where the provider is acting within the scope of their state license, the service being rendered can be performed via telemedicine and meets the definition of the procedure code billed. Claim should include POS 2 (professional) and appropriate modifier (95, GT, GQ).

Is telemedicine available for Medicare members?

Yes, Medicare members can use telemedicine services for common office visits, mental health counseling and preventive health screenings.

Telemedicine – Behavioral Health

Does the new Telemedicine coverage include BH?

Yes, professional claims may be submitted for services where the provider is acting within the scope of their state license, the service being rendered can be performed via telemedicine and meets the definition of the procedure code billed. Claim should include POS 2 (professional) and appropriate modifier (95, GT, GQ).

Is telemedicine available for all BH Outpatient/Office services?

Yes.

Can all behavioral health providers use telemedicine?

Services for allowed billing codes covered by the member's benefit plan must be provided by in-network health care professionals who are authorized by law to provide those services via telemedicine.

Note: PPO members may see out-of-network providers through telemedicine. If they do, the member will be responsible for copays, coinsurance, and deductibles.

Credentialing Process Simplified for COVID-19

BCBSOK is temporarily updating our credentialing policy and processes in response to the COVID-19 emergency. This complies with emergency state and federal regulations and is effective April 3, 2020. The temporary modifications are only in place during the COVID-19 emergency and subject to change based upon state and federal action. Otherwise, standard credentialing and processes will apply.

What's Changing? We are simplifying the process of joining our network.

Subject to state actions on licensing and practice requirements, we will credential providers who meet the following conditions for the duration of the state-declared Executive Order:

- Oklahoma Board approved healthcare professional intending to participate in Oklahoma.
- We will accept temporary licenses.
- We will waive accreditation requirements, CMS certification and site visits for institutional providers.
- We will accept expired documents if they have been inactive or expired for less than six-months and the provider is unable to obtain a current document from the issuer due to the COVID-19 emergency. Licenses, accreditations or certifications that have been revoked for cause will not be accepted.

All occupational licenses extended during the Executive Order by Governor Stitt will expire fourteen (14) days following the withdrawal of termination of the Order.

Credentialing criteria and verification sources may change.

More Resources

BCBSOK:

- [Provider Information on COVID-19 Coverage](#)
- [News and Updates](#)
- [Provider Network Representatives](#)

CDC:

- [CDC Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Information for Healthcare Professionals](#)

FDA:

- [FDA Coronavirus Disease 2019 \(COVID-19\)](#)
- [Emergency Use Authorizations](#)

Medscape:

- [Coding for Coronavirus: NEW Guidance Replaces the Rule of 1 Month Ago](#)