

TEMPORARY/EMERGENCY CORPORATE PAYMENT POLICY 31: WAIVER OF COST SHARE FOR COVID-19 ACUTE OUTPATIENT TREATMENT Update Effective April 1, 2023

Original Effective Date: March 13, 2020

Expiration Date: May 11, 2023

Description

This payment policy is implemented on a temporary/emergency basis. **This policy will expire on May 11, 2023, to align with the end of the Public Health Emergency.**

The purpose is to remove barriers to Blue Cross and Blue Shield of Vermont (Blue Cross VT) members receiving care during the COVID-19 pandemic.

Blue Cross VT reserves the right to implement and revoke this policy without the sixty-day (60) advance notice for a change in policy that is normally required in provider contracts. This will apply for both the effective date, due to the urgent and emergent nature of the pandemic, as well as for changes to or withdrawal of the policy. Notice of changes to this policy will be communicated to providers via a notice on Blue Cross VT's provider website.

This policy applies to Blue Cross VT fully-insured plans. Self-insured plans may opt to waive cost sharing. This policy does not apply to services provided to members of other Blue Plans or to FEP members.

Policy

On a temporary/emergency basis, Blue Cross VT will waive member cost-sharing for COVID-19 Acute Outpatient Treatment, which means:

- Medically necessary services including:
 - Supportive care medical treatment provided to alleviate the signs and symptoms of COVID-19 (by treating the impacted organ systems) but does not directly treat the coronavirus itself;
 - Treatment for other chronic medical conditions that might be exacerbated by COVID-19 (e.g., medication for COPD); and
 - Anti-viral treatment that has received FDA approval for COVID-19 infection
- Services provided via telemedicine, in a doctor's office, in an urgent care center, in an emergency room, or ambulance services for a patient with confirmed COVID-19 infection
- Services delivered during the period from onset of symptoms until the resolution of the period of infectivity and a reasonable period thereafter during which onset, deterioration, and resolution of stabilization of physiologic systems has occurred.

The services must be billed with a primary diagnosis of COVID-19 (U07.1 for dates of service April 1, 2020, or later, and B97.29 for claims prior to April 1, 2020). The waiver of cost share

applies to services provided by in-network providers, and it applies to services provided by out-of-network providers only if in-network providers are unavailable (see section 5.1(K)(2) of DFR Rule H-2009-03).

Blue Cross VT will also waive member cost-sharing for an office visit and EKG where the purpose of the service(s) is to determine whether a patient seeking clearance for a return to sports activity has cardiomyopathy or other pulmonary compromise as a result of having a confirmed case of COVID-19. In these cases, the service should be billed with Z86.16 (Personal history of COVID-19).

Blue Cross VT does not intend to cover, at zero cost share, services necessary for the chronic or rehabilitative phase of post-COVID-19 infection (with the exception of the cardiac screening noted above). The diagnosis for COVID-19 should be billed for COVID-19 Acute Outpatient Treatment only.

The description outlined above is consistent with Blue Cross VT's Corporate Medical Policy: COVID-19 Acute Outpatient Treatment. To the extent there is any conflict between this payment policy and the medical policy, the terms of the medical policy will control.

Provider Billing Guidelines and Documentation

I. Billing for COVID-19-Related Non-Urgent Ambulance Transport

Blue Cross VT is waiving out-of-pocket costs for medically necessary non-urgent ground ambulance transport of members with a confirmed COVID-19 infection to and from treatment, recovery, or isolation areas. Blue Cross VT will also suspend prior approval requirements associated with such transport.

Providers must follow any applicable industry standards for billing these services that may be developed, including any requirements related to diagnosis coding, or CPT/HCPCS coding or revenue coding.

II. Billing for COVID-19 Treatment

Blue Cross VT is waiving out-of-pocket costs for medically necessary COVID-19 Acute Outpatient Treatment, as well as medically necessary prescription drugs in connection with this outpatient treatment. Please consult the Blue Cross VT Corporate Medical Policy: COVID-19 Acute Outpatient Treatment for details.

Regulatory References

Vermont Department of Financial Regulation (DFR) Regulation H-2020-06-E.
Vermont Department of Financial Regulation (DFR) Regulation H-2021-01-E.

Policy Implementation/Update Information

This policy is implemented on an emergency/temporary basis effective March 13, 2020.

The August 2020 update extended the end date for the policy.

The November 2020 update extends the end date for the policy and updates the reference for the DFR rule.

The April 2021 update incorporates language allowing zero cost share for office visits for cardiac screening for patients wishing to resume sports activities.

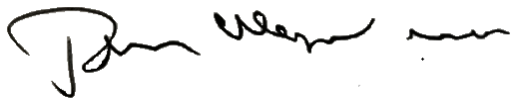
The June 2021 update extends the waiver of cost sharing for outpatient treatment for services rendered through March 31, 2022.

The March 31, 2022 update clarifies billing requirements for cardiac screening, updates the regulatory references, and extends the waiver of cost sharing for outpatient treatment for services rendered through March 31, 2023.

The April 1, 2023 update extends the policy through May 10, 2023 and expires the policy as of May 11, 2023.

Approved by

Date Approved: March 27, 2023

A handwritten signature in black ink, appearing to read 'Tom Weigel', is written over a horizontal line.

Tom Weigel, MD, Chief Medical Officer