Billing and cost share waivers for COVID-19 treatment

At the beginning of April, we announced that Blue Cross Blue Shield of Michigan and Blue Care Network are waiving member cost sharing for COVID-19 treatment. We appreciate your partnership as we work to support our members during this difficult time.

Like many others, we have had to quickly respond to this public health emergency. We are doing everything possible in a short timeframe to make changes in our system to process COVID-19 treatment claims. But we recognize this situation is unprecedented and the processes and codes are new to both you and us.

Here are our recommendations to help with the COVID-19 treatment billing process.

- **You will not see the waived member cost share for COVID-19 in our system**
  - When you check member eligibility and benefits in our system, the waiving of member cost sharing will not be reflected as these are temporary changes. While the vast majority of claims for COVID-19 treatment will process with the member cost share waived, for some you will need to bill the member (see below for details).

- **Hold your COVID-19 claims until May, if possible**
  - If you can, please hold your COVID-19 claims and submit them in May. This gives us time to implement some additional system changes. If claims are processed prior to May, some may process with member cost share. We plan to reprocess these claims automatically to remove member cost share, where appropriate, once we complete the system updates. You do **not** need to rebill these claims as long as you submitted your claim with the appropriate diagnosis code.

- **Use the correct diagnosis code when submitting your claims**
  - Use the appropriate diagnosis code as communicated April 9. For confirmed COVID-19 with a date of service of April 1, 2020, or after, use U07.1 as the primary diagnosis code.

- **Know when to rebill or charge for the member’s cost share**
  - Please follow these guidelines:
    - **Bill Blue Cross or BCN first**
      - We recommend you submit your claim to Blue Cross or BCN and then wait to receive our voucher (remittance advice) which will show whether the member has any cost share liability.
    - **Rebill if the diagnosis code was not correct**
      - If you submitted a claim and did not use the appropriate diagnosis code, you should rebill the claim using type of bill XXX7 with the appropriate diagnosis code.
Claims submitted prior to May 1 will be reprocessed for cost share –

We recommend you hold claims until May 1 and then submit. If you already submitted a claim prior to May 1 and used the appropriate diagnosis code and your voucher reflects member cost share, please wait before billing the member.

- We will reprocess the claim automatically if the member cost share should be waived.
- If you do not receive an adjusted claim by May 31, 2020, the member cost share applies and you should bill the member.

Claims submitted May 1 or after – Claims submitted May 1 or after with the appropriate COVID-19 diagnosis code should reflect the proper cost share on your voucher. You should bill the member for any cost share shown on the voucher you receive.

These guidelines apply to Blue Cross’ PPO commercial, Medicare Plus BlueSM PPO, BCN HMOSM commercial and BCN AdvantageSM.

Thank you for your understanding as we update our system to better support you and our members during this major health crisis. Please continue to read our provider alerts. If there are any changes to the above guidelines, we will publish them here.