



Category	Information you need to know
Temporary changes	Refer to the Temporary changes due to the COVID-19 pandemic document to determine which temporary changes are still in effect.
Bill Blue Cross or BCN first	<ul style="list-style-type: none"> The temporary waiving of member cost share (copays, coinsurance and deductibles) will not be viewable in our systems. We suggest you bill Blue Cross or BCN first for COVID-19-related services and wait for the voucher (remittance advice) to determine member cost share liability. If you charge the member a cost share at the time of service, you may need to reimburse the member when you receive your voucher.
COVID-19 testing	<ul style="list-style-type: none"> Diagnostic testing codes include: U0001, U0002, U0003, U0004, 0202U, *87635. Serologic testing codes include: *86318, *86328, *86769. Use diagnosis code Z20.828. Include the CS modifier as applicable. For specimen collection use *99000, *99001 or G2023. Hospital outpatient must use C9803 for Medicare Plus BlueSM PPO and BCN AdvantageSM members. For observing self-administered specimen collection use *99211. (This code is not billable with another evaluation and management code on same date of service.)
COVID-19 treatment	<ul style="list-style-type: none"> For confirmed COVID-19, use U07.1 as the primary diagnosis (April 1, 2020, and after). For suspected COVID-19, use Z20.828 as the primary diagnosis.
Billing telehealth	<ul style="list-style-type: none"> Services can be billed via telehealth if the service falls within the provider's scope of practice and the documentation requirements for the codes billed are met. Significant progress to established treatment goals must be possible and progress must be documented clearly in the medical record. Bill Place of Service 02 except for IOP or PHP. (During public health emergency, you can temporarily use POS as if you provided service in person. Include modifier GT or 95.) For Intensive outpatient program, or IOP, bill revenue code 0905 or 0906 with Q3014 and modifier GT or 95. For partial hospitalization program, or PHP, bill revenue code 0912 with the usual procedure codes and modifier GT or 95. Do not include place of service 02. For audiovisual technology include GT or 95 modifier; telephone-only visits don't need a modifier. For BCN behavioral health services, always include licensure level (level of care) modifier (for example: AM, HA, HO, AJ). Outpatient psychiatric centers can bill using an OPC facility NPI. Include modifiers in this order: licensure level, GT or 95, then place of service. (Telephone-only visits do not require the GT or 95 modifier.) Standard telehealth codes are included in the Telehealth for medical providers and Telehealth for behavioral health providers guides. Telehealth codes that temporarily have no member cost sharing can be found in the Telehealth procedure codes for COVID-19 document.

For more information, go to the [Billing tips for COVID-19](#) document. Log in as a provider at bcbsm.com and click on Coronavirus (COVID-19) or visit bcbsm.com/coronavirus and click on [For Providers](#).

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