

Blue Cross Blue Shield of Michigan and Blue Care Network have made many changes to support providers and protect members during the COVID-19 public health crisis. To help you submit claims that get processed as quickly and accurately as possible, we have compiled this list of billing tips. We'll update this list as needed. Please check back to ensure you have the latest version.

### Check the list of temporary changes due to the COVID-19 pandemic

Blue Cross and BCN have implemented many temporary changes to assist our members and providers during this crisis, dating back to a few days before the first Michigan cases of COVID-19 were reported. Since then, we've focused our efforts on facilitating testing and treatment, expanding telehealth services, reducing utilization management requirements, ensuring patients have access to the medications they need and extending many deadlines to support you and our members.

Refer to the [Temporary changes due to the COVID-19 pandemic](#) document to determine which temporary changes are still in effect. This document is available on our coronavirus webpages. Here's how to find these pages:

- For the most up-to-date and comprehensive information, log in as a provider at [bcbsm.com](http://bcbsm.com) and click on *Coronavirus (COVID-19)*.
- If you don't have access to Provider Secured Services, visit [bcbsm.com/coronavirus](http://bcbsm.com/coronavirus) (click on [For Providers](#)).

### You will not see waived member cost share for COVID-19 in our system

We have waived member cost sharing (copays, coinsurance and deductibles) on many services during this emergency. 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 some claims for COVID-19 treatment will process with the member cost share waived, effective July 1, 2020, the number of claims will increase for which you will need to bill the member (see "Bill Blue Cross or BCN first" below for details).

### Use correct coding when submitting your claims

To determine if a testing, treatment or telehealth claim should have member cost share waived, our system looks for specific codes on the claim. Remember that you can only bill a code if you meet the criteria for use of the code and supporting documentation is included in the member's medical record. As always, Blue Cross and BCN retain the right to audit records to ensure correct coding.

When either confirmed or suspected COVID-19 is the primary diagnosis, if the service is listed as having no member cost share on the [Temporary changes due to the COVID-19 pandemic](#) document for the date the service is delivered, then all services billed with a COVID-19 diagnosis as primary will also have no member cost sharing. For example, if a member presents with COVID-19 symptoms resulting in a COVID-19 diagnostic test, both the test and the office visit would have no member cost sharing.

- **Testing** – For COVID-19 testing, refer to these documents for the appropriate codes:
  - [COVID-19 patient testing recommendations](#)
  - [Billing recommendations for COVID-19 testing, including drive-through](#)
- **Telehealth** – For services delivered via telehealth, see the Billing section of the appropriate guide below, the list of telehealth procedure codes with no member cost sharing during COVID-19, and the frequently asked questions document
  - [Telehealth for medical providers](#)
  - [Telehealth for behavioral health providers](#)
  - [Telehealth procedure codes for COVID-19](#)
  - [Telehealth: Frequently asked questions for providers](#)
- **Treatment** – For COVID-19 treatment, make sure you are using the correct diagnosis code as shown in the table below.

Diagnosis codes to use:	Through March 31, 2020:	April 1, 2020, and after:
For confirmed COVID-19	J12.89, J20.8, J22, J40, J80, J98.8 in the primary diagnosis field and B97.29 in the secondary diagnosis field	U07.1 as the primary diagnosis
For suspected COVID-19	Z20.828 as the primary diagnosis	

As announced through a May 7 provider alert, Blue Cross and BCN are waiving member cost share for certain in-person and virtual services for members with Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> coverage from May 1 through Dec. 31, 2020. For more details, please see one of the following articles:

- [Page 11 of the July-August 2020 issue of BCN Provider News](#)
- The [July 2020 issue of The Record](#)

As noted in provider alerts posted on [July 27, 2020](#) and [July 16, 2020](#), some Medicare Advantage groups have a different end date for the waiver of member cost share. In addition, some commercial self-funded groups are extending the waiver of member cost share. Providers are encouraged to bill Blue Cross or BCN first and wait for the voucher (remittance advice) before charging member cost share, if applicable.

### Bill Blue Cross or BCN first

We recommend you submit your claim to Blue Cross or BCN and then wait to receive our voucher which will show whether the member has any cost share liability. You should bill the member for any cost share shown on the voucher you receive.

Effective July 1, 2020, most commercial members in self-funded groups will have cost share reflected on a voucher for COVID-19 treatment. Many of these members will receive reimbursement from Blue Cross or BCN for their cost share amount so they can pay you. Here's a copy of the [letter we will send to the member](#).

### Submit claims electronically

Blue Cross and BCN are committed to processing your claims quickly and accurately during this difficult time. Due to the impact to employee availability during this COVID-19 crisis, we ask that you submit your claims electronically whenever possible. Paper claim processing will be delayed until the COVID-19 situation has stabilized. The vast majority of providers already submit claims electronically and won't be impacted by the paper claim delay.

[Learn more about billing electronically on our website.](#)

Hospitals that have a human organ or bone marrow transplant bundled claim during this crisis are asked to call the Human Organ Transplant hotline at 1-800-242-3504 for further instructions. Hospitals do not need to call for kidney only, cornea or skin transplant claims that are submitted electronically.