

COVID-19 Update as of September 20, 2022

We have updated this COVID-19 bulletin with the latest information for our Florida Blue Commercial, Affordable Care Act (ACA), Medicare Advantage, Federal Employee Program® (FEP) and Truli for Health lines of business. This provider bulletin includes processes currently in place. Processes that have returned to normal are available in this [previously published bulletin](#).

During the COVID-19 pandemic, the processes noted below remain in effect until further notice. **For easy reference, new updates are noted in “red” throughout the communication.**

- The Federal Public Health Emergency has been extended through October 13, 2022.

COVID-19 Provider Billing Guidelines

To ensure proper reimbursement, please submit claims using our COVID-19 Provider Billing Guidelines. All claims billed by a provider must effectively meet the accepted standard of care for the condition being treated. **Note:** Please check these guidelines often as they will be updated as needed. These remain in effect until further notice. [Click here](#) and scroll down to **COVID-19 Provider Billing Guidelines**.

COVID-19 Provider Information Web Page

[Click here](#) to find coronavirus information for providers on floridablue.com including current and past communications, billing guidelines, frequently asked questions, forms, support resources, and more.

Administrative Updates for All Lines of Business (Florida Blue Commercial, Affordable Care Act (ACA), Medicare Advantage, Truli for Health)

Service / Benefit	Description	End date
Availity	Availity ¹ transaction results may not reflect the temporary processes and claim adjudication decisions related to COVID-19. Please follow the processes noted below specific to COVID-19 and continue to use Availity for normal eligibility and benefits information.	N/A

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Service / Benefit	Description	End date
BlueCard®	Please continue to follow the normal business processes to verify eligibility, benefits and authorization requirements.	N/A
Vaccines	No member may be charged for a vaccine that has received final or emergency use authorization by the FDA to prevent COVID-19. Members also cannot be billed for the administrative fee, but the administrative fee may be billed to the insurance company for Commercial plans. Please note there may be a few grandfathered plans that are not covering the cost share. In that case, providers may attempt to recover the cost from the Provider Relief Fund. This is in place while the government-funded supplies last.	Until further notice

Medicare Advantage Updates

Service / Benefit	Description	Dates
Prescription Drugs	<ul style="list-style-type: none"> ▪ We are providing early access to 30-day prescription refills of medications (consistent with the member's benefit plan). ▪ Members are encouraged to use the 90-day mail order benefit. 	Through the end of the Federal Public Health Emergency, which has been extended through October 13, 2022
Referrals	We are relaxing referral requirements for all service types during this time. Please attempt to obtain a referral through your existing process. If you are unable to obtain a referral, please proceed with providing treatment. Claims will not be denied for failure to obtain a referral but will be reviewed for medical necessity and processed according to the member's contract benefits.	Through the end of the Federal Public Health Emergency, which has been extended through October 13, 2022
Out-of-Network Providers	If a medically necessary service (including labs) is not available from an in-network provider, members may seek care from an out-of-network provider and claims will process at the in-network benefit.	Through the end of the Federal Public Health Emergency, which has been extended through October 13, 2022

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Medicare Advantage Updates cont'd.

<p>Medical Test, Testing-Related Visits and Related Services</p>	<p>Medical Diagnostic Testing</p> <ul style="list-style-type: none"> ▪ The medical diagnostic test for COVID-19 is available at \$0 cost share to our members. ▪ Testing-related visits whether in a provider’s office, outpatient or virtual, and related services that result in an order for the COVID-19 test are at \$0 cost share to our members. <ul style="list-style-type: none"> ○ Refer to the Provider billing guidelines to ensure your claims are processed correctly. ▪ In-office tests are included in our covered laboratory list. If a provider has the proper equipment to perform the full COVID-19 testing in-office, including both the specimen collection and performing the analysis, these tests may be billed with POS 11. This includes the following CPT codes: 86328, 86769, 87426, 87635, U0001, U0002, U0003 and U0004. ▪ If COVID-19 diagnostic testing is provided by independent labs or physician offices, the member’s cost share for these tests only will be waived. <p>Serology Testing</p> <ul style="list-style-type: none"> ▪ Florida Blue will cover FDA/Emergency Use Authorization serology (antibody) tests at \$0 cost share to the member when the following criteria are met: <ul style="list-style-type: none"> ○ Serology tests are ordered by a licensed health care provider operating under their appropriate license requirements. ○ The ordering provider has first performed an individual clinical assessment of the member before ordering a serology test. ○ The ordering provider clearly documents in the medical record the reason for the serology test and how the results will impact clinical decision-making. ▪ For the appropriate codes and more detailed information, please refer to the COVID-19 Provider Billing Guide. Click here and select COVID-19 Provider Billing Guidelines. ▪ Reminder: Refer your Florida Blue patients to an in-network lab for services according to their contract benefits. Quest Diagnostics is our preferred lab provider. 	<p>Through the end of the Federal Public Health Emergency, which has been extended through October 13, 2022</p>
<p>Medical Test, Testing-Related Visits and Related Services cont'd.</p>	<ul style="list-style-type: none"> ▪ Starting Sept. 1, 2021, normal member cost shares resumed for: <ul style="list-style-type: none"> ○ In-network primary care visits (office and telemedicine). ○ In-network behavioral health visits (office, outpatient and telemedicine). ○ In-patient and observation hospital admissions for COVID-19 treatment. ▪ Refer to this provider bulletin for more information. 	<p>Sept. 1, 2021</p>
<p>Medical Test, Testing-Related Visits and Related Services cont'd.</p>	<ul style="list-style-type: none"> ▪ Pre-Procedure Testing (diagnostic testing for COVID-19 and serology): <ul style="list-style-type: none"> ○ Florida Blue will cover pre-procedure testing when the testing is conducted as part of the normal pre-procedure work. For procedures that include pre-procedure testing, reimbursement will be included in the global fee for the procedure. It is Florida Blue’s expectation that pre-procedure testing will be performed within 24 hours of the procedure whenever possible. Per official coding guidelines during the COVID-19 	<p>N/A</p>

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Medicare Advantage Updates cont'd.

	<p>pandemic, providers should submit ICD-10 code Z20.822 for the pre-procedure COVID-19 testing.</p> <ul style="list-style-type: none"> ▪ Employer Testing for COVID-19 <ul style="list-style-type: none"> ○ Florida Blue does not cover employer-requested testing under its health plan benefits. These tests should be covered by the employer. Additionally, Florida Blue does not cover tests in the following situations: <ul style="list-style-type: none"> • When an employer has a physician on staff or as part of their group membership and this physician writes testing/screening scripts for their employees for employment screening purposes. In this situation, the employer should cover these costs. • When an employer contracts with a physician or a lab to write scripts for their employees to receive testing/screening for employment screening purposes. The employer should cover these costs. ○ Also, any testing/screening requested for public health purposes, such as tracing the spread of the disease, will not be covered by the health benefit, but would be expected to be covered by the Department of Health or the health organization requesting the testing/screening. ○ If additional state and federal guidance related to testing becomes available, we will continue to keep you updated on any new developments. 	
Virtual Visits	<ul style="list-style-type: none"> ▪ In-network primary care providers, behavioral health providers and specialists can bill for virtual visits if they have telemedicine capabilities and want to consult with their patients virtually. ▪ The virtual visit reimbursement is based on your current fee schedule. ▪ The member's normal cost share applies. ▪ For the appropriate codes and more detailed information, please see below and refer to the COVID-19 Provider Billing Guide. Click here and select COVID-19 Provider Billing Guidelines. 	Through the end of the Federal Public Health Emergency, which has been extended through October 13, 2022
Virtual Visits cont'd.	<ul style="list-style-type: none"> ▪ For in-network general medical care, you should submit a claim to Florida Blue using the regular Evaluation and Management (E/M) codes (99201-99215). The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95 or GT. ▪ For in-network outpatient professional behavioral health providers, you should submit a claim to Florida Blue using one of the regular codes included in your fee schedule. The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95 or GT. 	N/A

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Medicare Advantage Updates cont'd.

<p>Virtual Visits cont'd.</p>	<ul style="list-style-type: none"> ▪ Expanding virtual visits. We have expanded additional services for virtual visits. <ul style="list-style-type: none"> ○ In-network behavioral health outpatient facilities performing intensive outpatient and partial hospitalization services can bill for virtual visits if they have telemedicine capabilities and want to consult with their patient virtually. You should submit a claim to Florida Blue using the applicable revenue code and HCPCS code with modifier (IOP MH 0905, S9480, IOP SUD 0906, H0015, PHP 0912 or 0913, H0035 or S0201 – the modifier should be 95 or GT). There are no changes to the locator 4 Type of Bill. Continue to use the code that is currently being used by your facility. Notification or authorization for services are required and the member's cost share will apply. If you have an existing authorization, the authorization does not need to be modified and will apply based on the number and type of visits/units already authorized. Reimbursement will be based on your current fee schedule. ○ CareCentrix home health agency services are now available through virtual visits, if clinically appropriate and accompanied by patient consent. CareCentrix has established clinical guidelines to determine when services cannot be provided as a virtual visit. Many CareCentrix home health services can be provided virtually by a CareCentrix network home health provider, including the initial assessment performed by an RN and standard services provided by an RN, LPN, Clinical Social Worker and Physical, Occupational, and Speech Therapist. The ordering provider should use existing processes to submit home health orders to CareCentrix. When an order for home health services is appropriate for virtual visits based on the CareCentrix clinical criteria, the care will be offered through a virtual visit unless the order indicates that home health services must be in-person or the patient refuses the virtual visit. If an in-person home health visit must occur, please specify "in-person" on the order, otherwise CareCentrix will coordinate the care as a virtual visit. Registration or authorization for services is required and existing registrations and authorizations do not need to be modified for place of service 02. The member's cost share will apply to the virtual visit. ○ Physician visits to nursing facilities are now available through virtual visits with in-network providers. You should submit a claim to Florida Blue with the following: <ul style="list-style-type: none"> • Initial care nursing facility visits: Use CPT codes 99304-99306. The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95. • Subsequent care nursing facility visits: Use CPT codes 99307-99310. The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95 or GT. ○ Annual wellness visits are now available through virtual visits with in-network providers. You should submit a claim to Florida Blue using CPT codes G0438 or 	<p>Through the end of the Federal Public Health Emergency, which has been extended through October 13, 2022.</p>
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Medicare Advantage Updates cont'd.

	<p>G0439. The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95 or GT.</p> <ul style="list-style-type: none"> ○ Audio-only visits. CMS is temporarily allowing audio-only visits if video capability is not available. Visits provided consistently with CMS guidelines will be covered for Medicare Advantage members. ○ Physical, Occupational and Speech Therapy visits are available through virtual visits with in-network providers. Florida Blue will reimburse these virtual visits provided by qualified health care professionals through interactive technology. Benefits will be processed in accordance with the member's plan. This change is effective for dates of service beginning March 15. The place of service should be the regular place of service as if you saw the patient in-person. The modifier should be 95 or GT. 	
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Florida Blue Commercial / Affordable Care Act (ACA) Updates

<p>Medical Test, Testing-Related Visits and Related Services</p>	<p>Medical Diagnostic Testing</p> <ul style="list-style-type: none"> ▪ The medical diagnostic test for COVID-19 is available at \$0 cost share to our members. ▪ Testing-related visits whether in a provider's office, outpatient or telemedicine, and related services that result in an order for the COVID-19 test are at \$0 cost share to our members. ▪ Refer to the Provider billing guidelines to ensure your claims are processed correctly. ▪ In-office tests are included in our covered laboratory list. If a provider has the proper equipment to perform the full COVID-19 testing in-office, including both the specimen collection and performing the analysis, these tests may be billed with POS 11. This includes the following CPT codes: 86328, 86769, 87426, 87635, U0001, U0002, U0003 and U0004. ▪ If COVID-19 diagnostic testing is provided by independent labs or physician offices, the member's cost share for these tests only will be waived. <p>Serology Testing</p> <ul style="list-style-type: none"> ▪ Florida Blue will cover FDA/Emergency Use Authorization serology (antibody) tests at \$0 cost share to the member when the following criteria are met: <ul style="list-style-type: none"> ○ Serology tests are ordered by a licensed health care provider operating under their appropriate license requirements. ○ The ordering provider has first performed an individual clinical assessment of the member before ordering a serology test. ○ The ordering provider clearly documents in the medical record the reason for the serology test and how the results will impact clinical decision-making. ▪ For the appropriate codes and more detailed information, please refer to the COVID-19 Provider Billing Guide. Click here and select COVID-19 Provider Billing Guidelines. 	<p>Through the end of the Federal Public Health Emergency, which has been extended through October 13, 2022</p>
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	<ul style="list-style-type: none"> ▪ Reminder: Refer your Florida Blue patients to an in-network lab for services according to their contract benefits. Quest Diagnostics is our preferred lab provider. 	
Medical Test, Testing-Related Visits and Related Services cont'd.	<p>Starting Sept. 1, 2021, normal member cost shares resumed for in-patient and observation hospital admissions for COVID-19 treatment.</p> <ul style="list-style-type: none"> ▪ Refer to this provider bulletin for more information. 	Sept. 1, 2021
Medical Test, Testing-Related Visits and Related Services cont'd.	<ul style="list-style-type: none"> ▪ Pre-Procedure Testing (diagnostic testing for COVID-19 and serology): <ul style="list-style-type: none"> ○ Florida Blue will cover pre-procedure testing when the testing is conducted as part of the normal pre-procedure work-up. For procedures that include pre-procedure testing, reimbursement will be included in the global fee for the procedure. ○ It is Florida Blue's expectation that pre-procedure testing will be performed within 24 hours of the procedure whenever possible. Per official coding guidelines during the COVID-19 pandemic, providers should submit ICD-10 code Z20.822 for the pre-procedure COVID-19 testing. ▪ Employer Testing for COVID-19 <ul style="list-style-type: none"> ○ Florida Blue does not cover employer-requested testing under its health plan benefits. These tests should be covered directly by the employer. Additionally, Florida Blue does not cover tests in the following situations: <ul style="list-style-type: none"> • When an employer has a physician on staff or as part of their group membership and this physician writes testing/screening scripts for their employees for employment screening purposes. In this situation, the employer should cover these costs. • When an employer contracts with a physician or a lab to write scripts for their employees to receive testing/screening for employment screening purposes. The employer should cover these costs. ○ Also, any testing/screening requested for public health purposes, such as tracing the spread of the disease, will not be covered by the health benefit, but would be expected to be covered by the Department of Health or the health organization requesting the testing/screening. ○ If additional state and federal guidance related to testing becomes available, we will continue to keep you updated on any new developments. 	N/A
Virtual Visits	Virtual visits are a standard benefit for most members. In-network primary care providers, behavioral health providers and specialists can bill for virtual visits if they have virtual visit capabilities and want to consult with their patients virtually. For the appropriate codes and more	N/A

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Florida Blue Commercial / Affordable Care Act (ACA) Updates cont'd.

	<p>detailed information, please refer to the COVID-19 Provider Billing Guide. Click here and select COVID-19 Provider Billing Guidelines.</p> <ul style="list-style-type: none">▪ In-network primary care providers and specialists:<ul style="list-style-type: none">○ The virtual visit reimbursement will be based on your current fee schedule.○ Member will be responsible for their normal office visit cost share for this virtual visit.▪ In-network behavioral health providers:<ul style="list-style-type: none">○ The virtual visit reimbursement will be based on your current fee schedule.○ Virtual health specialist visits are at \$0 cost share to the member.▪ For in-network general medical care, you should submit a claim to Florida Blue using the regular Evaluation and Management (E/M) codes (99201-99215). The place of service should be 02 and the modifier should be 95 or GT.▪ For in-network outpatient professional behavioral health providers, you should submit a claim to Florida Blue using one of the regular codes included in your fee schedule with a place of service 02 and the modifier should be 95 or GT.▪ Expanding virtual visits. We have expanded additional services for virtual visits.<ul style="list-style-type: none">○ In-network behavioral health outpatient facilities performing intensive outpatient and partial hospitalization services can bill for virtual visits if they have telemedicine capabilities and want to consult with their patient virtually. You should submit a claim to Florida Blue using the applicable revenue code and HCPCS code with modifier (IOP MH 0905, S9480, IOP SUD 0906, H0015, PHP 0912 or 0913, H0035 or S0201 – the modifier should be 95 or GT). There are no changes to the locator 4 Type of Bill. Continue to use the code that is currently being used by your facility. Notification or authorization for services are required and the member's cost share will apply. If you have an existing authorization, the authorization does not need to be modified and will apply based on the number and type of visits/units already authorized. Reimbursement will be based on your current fee schedule.○ CareCentrix home health agency services are now available through virtual visits, if clinically appropriate and accompanied by patient consent. CareCentrix has established clinical guidelines to determine when services cannot be provided as a virtual visit. Many CareCentrix home health services can be provided virtually by a CareCentrix network home health provider, including the initial assessment performed by an RN and standard services provided by an RN, LPN, Clinical Social Worker and Physical, Occupational, and Speech Therapist. The ordering provider should use existing processes to submit home health orders to CareCentrix. When an order for home health services is appropriate for virtual visits based on the CareCentrix clinical criteria, the care will be offered through a virtual visit unless the order indicates that home health services must be in-person or the patient refuses the virtual visit. If an	
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Florida Blue Commercial / Affordable Care Act (ACA) Updates cont'd.

	<p>in-person home health visit must occur, please specify “in-person” on the order, otherwise CareCentrix will coordinate the care as a virtual visit. Registration or authorization for services is required and existing registrations and authorizations do not need to be modified for place of service 02. The member’s cost share will apply to the virtual visit.</p> <ul style="list-style-type: none"> ○ Physician visits to nursing facilities are now available through virtual visits with in-network providers. You should submit a claim to Florida Blue with the following: <ul style="list-style-type: none"> ● Subsequent care nursing facility visits: Use CPT codes 99307-99310. The place of service should be 02 or 32 and the modifier should be 95 or GT. ● Initial care nursing facility visits: Use CPT codes 99304-99306. The place of service is 32. The modifier should be 95. ○ Annual wellness visits are available through virtual visits with in-network providers. You should submit a claim to Florida Blue using the standard annual wellness CPT codes, with place of service 02 and modifier GT or 95. ○ Physical, Occupational and Speech Therapy visits are available through virtual visits with in-network providers. Florida Blue will reimburse these virtual visits provided by qualified health care professionals through interactive technology. Benefits will be processed in accordance with the member’s plan. This change is effective for dates of service beginning March 15. The place of service should be 02 and the modifier should be 95 or GT. 	
Virtual Visits cont'd.	<ul style="list-style-type: none"> ▪ Expanding virtual visits cont'd. <ul style="list-style-type: none"> ○ Audio-only virtual visits: As with all services provided, physicians and other health care providers remain responsible for assuring that they have satisfied all applicable coding and/or licensure requirements prior to submitting a bill to Florida Blue for an audio-only virtual visit. 	N/A

Truli for Health Updates

Service / Benefit	Description	Dates
Medical Test, Testing-Related Visits and Related Services	<p>Medical Diagnostic Testing</p> <ul style="list-style-type: none"> ▪ The medical diagnostic test for COVID-19 is available at \$0 cost share to our members. ▪ Testing-related visits whether in a provider’s office, outpatient or telemedicine, and related services that result in an order for the COVID-19 test are at \$0 cost share to our members. ▪ Refer to the Provider billing guidelines to ensure your claims are processed correctly. 	Through the end of the Federal Public Health Emergency, which has been

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	<ul style="list-style-type: none"> ▪ In-office tests are included in our covered laboratory list. If a provider has the proper equipment to perform the full COVID-19 testing in-office, including both the specimen collection and performing the analysis, these tests may be billed with POS 11. This includes the following CPT codes: 86328, 86769, 87426, 87635, U0001, U0002, U0003 and U0004. ▪ If COVID-19 diagnostic testing is provided by independent labs or physician offices, the member's cost share for these tests only will be waived. <p>Serology Testing</p> <ul style="list-style-type: none"> ▪ Serology Testing. We will cover FDA/Emergency Use Authorization serology (antibody) tests at \$0 cost share to the member when the following criteria are met: ▪ Serology tests are ordered by a licensed health care provider operating under their appropriate license requirements. <ul style="list-style-type: none"> ○ The ordering provider has first performed an individual clinical assessment of the member before ordering a serology test. ○ The ordering provider clearly documents in the medical record the reason for the serology test and how the results will impact clinical decision-making. ▪ Reminder: Refer your patients to an in-network lab for services according to their contract benefits. Quest Diagnostics is our preferred lab provider. 	extended through October 13, 2022
Medical Test, Testing-Related Visits and Related Services cont'd.	<p>Starting Sept. 1, 2021, normal member cost shares resumed for in-patient and observation hospital admissions for COVID-19 treatment.</p> <ul style="list-style-type: none"> ▪ Refer to this provider bulletin for more information. 	Sept. 1, 2021
Medical Test, Testing-Related Visits and Related Services cont'd.	<ul style="list-style-type: none"> ▪ Pre-Procedure Testing (diagnostic testing for COVID-19 and serology): <ul style="list-style-type: none"> ○ Pre-procedure testing will be covered when the testing is conducted as part of the normal pre-procedure work-up. For procedures that include pre-procedure testing, reimbursement will be included in the global fee for the procedure. It is our expectation that pre-procedure testing will be performed within 24 hours of the procedure whenever possible. Per official coding guidelines during the COVID-19 pandemic, providers should submit ICD-10 code Z20.822 for the pre-procedure COVID-19 testing. ▪ Employer Testing for COVID-19 <ul style="list-style-type: none"> ○ Employer-requested testing is not covered under the employer's health plan benefits. These tests should be covered directly by the employer. Additionally, we do not cover tests in the following situations: 	N/A

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Truli for Health Updates cont'd.

	<ul style="list-style-type: none"> • When an employer has a physician on staff or as part of their group membership and this physician writes testing/screening scripts for their employees for employment screening purposes. In this situation, the employer should cover these costs. • When an employer contracts with a physician or a lab to write scripts for their employees to receive testing/screening for employment screening purposes. The employer should cover these costs. ○ Also, any testing/screening requested for public health purposes, such as tracing the spread of the disease, will not be covered by the health benefit, but would be expected to be covered by the Department of Health or the health organization requesting the testing/screening. <p>If additional state and federal guidance related to testing becomes available, we will continue to keep you updated on any new developments.</p>	
Teladoc	<ul style="list-style-type: none"> ▪ Teladoc virtual visits are included as a standard member benefit at the member cost share. ▪ Please use Availity for normal eligibility and benefits information. 	N/A
Virtual Visits	<ul style="list-style-type: none"> ▪ In-network primary care and behavioral health providers. <ul style="list-style-type: none"> ○ Virtual visits are included as a standard member benefit. ○ Please use Availity for normal eligibility and benefits information. 	N/A
Virtual Visits (cont'd)	<ul style="list-style-type: none"> ▪ In-network specialists: <ul style="list-style-type: none"> ○ Virtual visits are included as a standard member benefit. ○ The virtual visit reimbursement will be based on your current fee schedule. ○ Members are responsible for their normal office visit cost share for this virtual visit. ○ Please use Availity for normal eligibility and benefits information. 	N/A
Virtual Visits (cont'd)	<ul style="list-style-type: none"> ▪ Expanding virtual visits continued. <ul style="list-style-type: none"> ○ Audio-only virtual visits: As with all services provided, physicians and other health care providers remain responsible for assuring they have satisfied all applicable coding and/or licensure requirements prior to submitting a bill to Florida Blue for an audio-only virtual visit. 	N/A

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Federal Employee Program (FEP) Updates

Service / Benefit	Description	Dates
Prior Authorizations	Prior authorizations are waived for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19.	Effective until further notice
Tests and Treatment	<p>Effective Jan. 22, 2021, professional, outpatient and inpatient facility claims with dates of service on or after Jan. 1, 2021 will only receive the COVID-19 benefit (100% of the plan allowance/charges, with no member cost-share regardless of the provider network status) when billed with diagnosis code U071 or Z20822 or one of these COVID-19 testing procedure codes: C9803, G2023, G2024, U0001, U0002, U0003, U0004, U0005, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637 or 87811</p> <ul style="list-style-type: none"> ▪ In-office tests are included in our covered laboratory list. If a provider has the proper equipment to perform the full COVID-19 testing in-office, including both the specimen collection and performing the analysis, these tests may be billed with POS 11. This includes the following CPT codes: 86328, 86769, 87426, 87635, U0001, U0002, U0003 and U0004. ▪ Serology Testing. Serology (antibody) testing will be covered at \$0 cost share to the member if the test and associated office visit are on the same claim or the claim has one of the COVID-19 diagnosis codes listed in the COVID-19 Provider Billing Guide. ▪ For the appropriate codes and more detailed information, please refer to the COVID-19 Provider Billing Guide. Click here and select COVID-19 Provider Billing Guidelines. ▪ Reminder: Refer your patients to an in-network lab for services according to their contract benefits. While there are independent labs that are in network, Quest Diagnostics is our preferred lab provider. 	Effective until further notice
Telemedicine and Teladoc	Claims billed with the COVID-19 diagnosis codes, U071 or Z20822 (on non-surgical claims), will continue to pay all charge lines on the claim at 100% of the Plan Allowance without any member cost share, otherwise normal office visit benefits will apply.	Effective until further notice
Prescription Drugs	<ul style="list-style-type: none"> ▪ We are providing early access to 30-day prescription refills of medications (consistent with the member's benefit plan). ▪ We are eliminating member cost share for prescriptions up to a 30-day supply when it is part of their treatment for COVID-19. ▪ Members are encouraged to use the 90-day mail order benefit. 	Effective until further notice

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	<ul style="list-style-type: none"> ▪ We are ensuring formulary flexibility if there are medication shortages or access issues. Patients will not be responsible for additional charges when getting non-preferred medication when a formulary drug is not available. ▪ For additional information or questions, FEP members should consult their pharmacy benefit manager related to their prescription medications. 	
<p>For more information regarding FEP, please visit fepblue.org.</p>		

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