



COVID-19 Provider Billing Guidelines

In response to the coronavirus disease (COVID-19), we established billing code guidelines for our Commercial, Affordable Care Act (ACA), Medicare Advantage, Federal Employee Program® (FEP) and Truli for Health lines of business. To ensure proper, timely reimbursement, please submit claims using the following guidelines. All claims billed by a provider must effectively meet the accepted standard of care for the condition being treated **Note:** The Federal Public Health Emergency (PHE) **ended on May 11, 2023**. **The matrix below provides specific timelines for when these guidelines were effective prior to the PHE expiration.**

Service	HCPCS / CPT / Diagnosis Codes	Place of Service	Provider Type Able to Bill	Provider Participation Status	Effective Date	Applies to the following lines of business			
						All	Commercial / ACA	Medicare Advantage	FEP
FDA approved molecular/antigen lab tests for COVID-19 will be covered at \$0 cost share for the member Note: Cost share is waived for COVID-19 molecular /antigen lab tests through 05/11/2023. This applies to all lines of business.	U0002 U0003 U0004 87426 87428 87635 87811 87636 87637 87428 0240U 0241U G2023 G2024 0202U	Off Campus Outpatient Hospital (19) On Campus Outpatient Hospital (22) Independent Laboratory (81) Office (11) Pharmacy (01) Independent Clinic (49) Public Health Clinic (49) 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.	Hospital Laboratory	Participating and Non-Participating Providers	02/02/2020 Effective 05/12/2023 Normal cost share applies for all lines of business.	✓			FEP will waive member cost share when billed with diagnosis code. U071 (With non-surgical covered services) As of 07/01/22 FEP no longer waives cost share for diagnosis Z20822.

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<p>FDA approved lab tests for COVID-19 will be covered at \$0 cost share for the member</p> <p>Note: Cost share is waived for COVID-19 lab tests through 05/11/2023. This applies to all lines of business.</p>	0223U 0225U	<p>Off Campus Outpatient Hospital (19) On Campus Outpatient Hospital (22) Independent Laboratory (81) Pharmacy (01) Independent Clinic (49) Public Health Clinic (49)</p> <p>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>	Hospital Laboratory	Participating and Non-Participating Providers	02/02/2020 Effective 05/12/2023 Normal cost share applies for all lines of business.	✓			<p>FEP will waive member cost share when billed with diagnosis code U071 (With non-surgical covered services)</p> <p>As of 07/01/22 FEP no longer waives cost share for diagnosis Z20822.</p>

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<p>FDA approved serology/antibody lab tests for COVID-19 will be covered at \$0 cost share for the member</p> <p>Note: Cost share is waived for COVID-19 serology/antibody lab tests expires on 05/11/2023. This applies to all lines of business.</p>	<p>86328 86408 86409 86413 86769 0224U 0226U</p> <p>HCPC: C9803</p>	<p>Off Campus Outpatient Hospital (19) On Campus Outpatient Hospital (22) Independent Laboratory (81) Pharmacy (01) Independent Clinic (49) Public Health Clinic (49)</p> <p>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>	<p>Hospital Laboratory</p>	<p>Participating and Non-Participating Providers</p>	<p>03/15/2020</p> <p>Effective 05/12/23 normal cost share applies for all lines of business.</p>	<p>✓</p>			<p>FEP will waive member cost share when billed with diagnosis code U071 (With non-surgical covered services)</p> <p>As of 07/01/22 FEP no longer waives cost share for diagnosis Z20822.</p>
<p>\$0 member cost share for office visit and related services during a visit that results in an order for the COVID-19 test</p>	<p>Diagnosis Codes: B97.29 Z03.818 Z20.822 Z20.828 U07.1</p> <p>CPT Codes: 99000, 99001</p>	<p>Office (11) Urgent Care (20) ER (23) Mobile Unit (15)</p> <p>Other places of service as appropriate</p>	<p>Primary Care Providers Specialists Emergency Room Urgent Care Convenient Care Clinics</p>	<p>Participating and Non-Participating Providers</p>	<p>03/18/2020</p>	<p>✓</p>			<p>FEP will waive member cost share when billed with diagnosis code U071</p>

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<p>Note: Cost share waive for COVID-19 treatment expired on 08/31/2021 for all lines of business except FEP.</p>	<p>E&M codes as appropriate</p> <p>CS Modifier</p>	<p>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>	<p>Mobile Units</p> <p>Walk-In Clinics</p>						<p>(With non-surgical covered services)</p> <p>As of 07/01/22 FEP no longer waives cost share for diagnosis Z20822.</p> <p>Note: Cost share is waived through May 11, 2023.</p>
<p>Coverage for virtual visits at the member's current cost share</p> <p>For SAO Group, the cost share will be waived for members effective 03/26/2020 to 08/31/2021</p>	<p>99201-99215</p> <p>99441-99443 (State Group excluded)</p> <p>Need to be billed with a GT or 95 modifier</p>	<p>Out-of-home telehealth services (02)</p> <p>Telehealth in Home (10)</p>	<p>Primary Care Providers</p> <p>Specialists</p> <p>Urgent Care Centers</p> <p>Convenient Care Clinics</p>	<p>Participating only</p> <p>For SAO Group, participating and non-participating</p>	<p>03/15/2020</p> <p>(State Group 03/26/2020)</p>		<p>✓</p>		

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See below for GatorCare health plans. ³									
The member's current cost share for virtual visits will be waived for dates of service from 6/1/2020 until CMS directs otherwise.	99201-99215 Need to be billed with a GT or 95 modifier	The place of service should be the regular place of service as if you saw the patient in-person with a GT or 95 modifier	Primary Care Providers	Participating only	03/15/2020 Expired 08/31/2021 Normal cost share applies			✓	
The member's current cost share for virtual visits will be waived for dates of service from 6/1/2020 to 08/31/2021 For SAO Group, the cost share will be waived for	Various Behavioral Health codes ¹ Rev Code 0905 w/HCPC S9480 Rev Code 0906 w/HCPC H0015	Out-of-home telehealth services (02) Telehealth in Home (10) The place of service should be the regular place of service as if you saw the patient in-person (For facilities)	Florida Blue and New Directions Contracted Behavioral Health Providers and Outpatient Facilities	Participating only For SAO Group, participating and non-participating	03/15/2020 (State Group 03/26/2020) Expired 08/31/2021		✓		

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members effective 03/26/2020 to 08/31/2021 See below for GatorCare health plans. ³	Rev Code 0912 or 0913 w/HCPC S0201 or H0035 Need to be billed with a GT or 95 modifier								
The member's current cost share for virtual visits will be waived for dates of service from 6/1/2020 to 08/31/2021	Various Behavioral Health codes ¹ Rev Code 0905 w/HCPC S9480 Rev Code 0906 w/HCPC H0015 Rev Code 0912 or 0913 w/HCPC S0201 or H0035	The place of service should be the regular place of service as if you saw the patient in-person with a GT or 95 modifier	Florida Blue and New Directions Contracted Behavioral Health Providers and Outpatient Facilities	Participating only	03/15/2020 Expired 08/31/2021			✓	

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						All	Commercial / ACA	Medicare Advantage	FEP
	Need to be billed with a GT or 95 modifier								
Coverage for virtual visits at the member's current cost share For SAO Group, the cost share will be waived for members effective 03/26/2020 to 08/31/2021 See below for GatorCare health plans. ³	Home Health and Therapy procedures as appropriate Need to be billed with a GT or 95 modifier	Out-of-home telehealth services (02) Telehealth in Home (10)	CareCentrix Home Health Contracted Providers	Participating only For SAO Group, participating and non-participating	03/15/2020 (State Group 03/26/2020)		✓		
Coverage for virtual visits at the member's current cost share	Home Health and Therapy procedures as appropriate Need to be billed with a GT or 95 modifier	The place of service should be the regular place of service as if you saw the patient in-person with a GT or 95 modifier	CareCentrix Home Health Contracted Providers	Participating only	03/15/2020			✓	

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						All	Commercial / ACA	Medicare Advantage	FEP
<p>Coverage for virtual visits at the member's current cost share</p> <p>For SAO Group, the cost share will be waived for members effective 03/26/2020 to 08/31/2021</p> <p>See below for GatorCare health plans.³</p>	<p>Various Physical, Speech and Occupational Therapy codes as appropriate²</p> <p>Need to be billed with a GT or 95 modifier</p> <p>Revenue Code 780 along with Various Physical Therapy, Speech Therapy and Occupational Therapy codes as appropriate²</p>	<p>Out-of-home telehealth services (02) Telehealth in Home (10)</p> <p>The place of service should be the regular place of service as if you saw the patient in-person (Facilities)</p>	<p>CareCentrix Home Health Contracted Providers</p> <p>Qualified Health Care Professionals in PT, OT, or ST</p> <p>Hospital</p>	<p>Participating only</p> <p>For SAO Group, participating and non-participating</p>	<p>03/15/2020</p> <p>(State Group 03/26/2020)</p>		<p>✓</p>		
<p>Coverage for virtual visits at the member's current cost share</p>	<p>Various Physical, Speech and Occupational Therapy</p>	<p>The place of service should be the regular place of service as if you saw the patient in-person with a GT or 95 modifier</p>	<p>CareCentrix Home Health Contracted Providers</p> <p>Qualified Health Care</p>	<p>Participating only</p> <p>For SAO Group, participating and non-participating</p>	<p>03/15/2020</p>			<p>✓</p>	

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	codes as appropriate ² Need to be billed with a GT or 95 modifier		Professionals in PT, OT, or ST Hospital						
Coverage for virtual visits at the member's current cost share For SAO Group, the cost share will be waived for members effective 03/26/2020 to 08/31/2021 See below for GatorCare health plans. ³	Nursing Home Virtual Visit 99307-99310 99304-99306 Need to be billed with a GT or 95 modifier	Out-of-home telehealth services (02) Telehealth in Home (10)	Primary Care Providers Specialists Nursing Facilities	Participating only For SAO Group, participating and non-participating	03/15/2020 (State Group 03/26/2020)		✓		
Coverage for virtual visits at the member's current cost share	Nursing Home Virtual Visit 99307-99310 99304-99306	The place of service should be the regular place of service as if you saw the patient in-person with a GT or 95 modifier	Primary Care Providers Specialists Nursing Facilities	Participating only	03/15/2020 Expired 05/07/2022			✓	

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						All	Commercial / ACA	Medicare Advantage	FEP
Effective 05/07/2022 Medicare Advantage no longer covers nursing home virtual visits.	Need to be billed with a GT or 95 modifier								
Annual Wellness Exam Virtual Visit See below for GatorCare health plans. ³	99381-99397 Need to be billed with a GT or 95 modifier	Out-of-home telehealth services (02) Telehealth in Home (10)	Primary Care Providers Specialists	Participating only	03/15/2020 (State Group 03/26/2020)		✓		
Annual Wellness Exam Virtual Visit	G0438 G0439 Need to be billed with a GT or 95 modifier	The place of service should be the regular place of service as if you saw the patient in-person with a GT or 95 modifier	Primary Care Providers Specialists	Participating only	03/15/2020			✓	

¹ List of Commercial / ACA / Medicare / Behavioral Health Codes:

80305-80307
 90785
 90791-90792
 90832-90840, 90846-90849, 90853, 90867-90879, 90885
 96116, 96121, 96125, 96130-96139, 96146, 96150-96158, 97151-97158
 99201-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99241-99245, 99251-99255, 99281-99285
 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99354-99355
 99404

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0362T
0373T
0374T

² List of Physical Therapy / Speech Therapy / Occupational Therapy / Dietician Health Codes:

97161-97168
97110
97116
97530
97112
97535
92507
92521-92524
92526
96105
97129-97130
G2061-G2063 (Medicare Advantage Only)
G0108 (Medicare Advantage Only)

³Effective January 1, 2021, GatorCare **no longer covers** virtual visits under the health plan unless it is with a UF Health provider. (Exception: UF Graduates Assistant group 78358 allows virtual visits with participating New Directions Behavioral Health providers.)

Questions and Answers

How do I bill for a specimen collection?

- For an in-office visit, bill with procedure code 99211 if there is no physician or qualified health professional involvement; or 99212 or greater if a physician or qualified health professional is involved.
- For homebound or inpatient (not in a hospital), bill procedure code G2023.
- For skilled nursing facility and home health agencies, bill procedure code G2024.
- For outpatient facility, bill procedure code HCPC C9803.

Are CPT 99000 and 99001 reimbursed separately for specimen collection?

If your fee schedule includes payment for specimen collection with no E&M service, you will be reimbursed for the specimen collection.

What if I ordered the kit to test my patient?

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The testing kit does not constitute billing the procedure code. Please include the E&M code to represent the face-to-face visit and the collection of the specimen.

How should a laboratory bill if they both draw the specimen and process the test?

Please bill the claim with CPT code 87635/HCPCS U0002 to represent the test. **Note:** This would not normally be billed by physicians or urgent care centers.

What if I am awaiting the results of a COVID-19 test?

Please submit the claim to Florida Blue as soon as possible with the applicable COVID-19 diagnosis code for the detection of the virus. If the test comes back with a positive result, please submit a corrected claim with diagnosis code B9729 or U071.

For the COVID-19 test, what procedure codes should I bill with?

For the most recent applicable codes, please refer to ama-assn.org/practice-management/cpt/covid-19-cpt-coding-and-guidance.

For the COVID-19 test, what place of service should I bill with?

For Covid-19 testing performed onsite, bill with place of service Office (11), Off Campus Outpatient Hospital (19), On Campus Outpatient Hospital (22) and Independent Laboratory (81).

For the COVID-19 serology test, what procedure codes should I bill with?

When performing and analyzing the COVID-19 test onsite, use the applicable procedure codes. Please refer to ama-assn.org/practice-management/cpt/covid-19-cpt-coding-and-guidance for the most recent list of appropriate codes.

Antibody tests must be medically necessary and ordered by a Physician or Qualified Health Professional. If the antibody test is billed with a surgery, the antibody test will be reimbursed within the cost of the surgery.

How do I bill for pre-procedure COVID-19 testing?

Florida Blue will cover pre-procedure testing when the testing is conducted as part of the normal pre-procedure work-up using a 3-hour test. 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, providers should submit ICD-10 code Z20.822 for the testing.*

How do facilities bill for off-campus testing?

For facilities that are operating COVID-19 testing in a separate location from the main facility location (e.g. parking lots, parks, football stadiums), the National Uniform Billing Committee (NUBC) recommends that the facility submit a Hospital Outpatient Type of Bill (013x) using the facility's main address and National Provider Indicator (NPI) with a Disaster Related (DR) condition code as directed above. The DR condition code would flag that the outpatient claim is a COVID-19 testing site. Note: The Disaster Related (DR) code should no longer be billed effective 05/12/2023 in accordance with the PHE expiration.

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Should we use the “DR” condition code?

To continue to track COVID-19-related care, the NUBC recommends that institutional claims for COVID-19 diagnosis or treatment should include:

- The “DR” (disaster related) condition code, which is designed to identify claims that are or may be impacted by specific policies related to a national or regional disaster/emergency.
- One of the following diagnosis codes, as included in the [interim ICD-10-CM Guidelines for Coding and Reporting](#):
 - B97.29 (other coronavirus as the cause of disease classified elsewhere) for services provided before April 1, 2020.
 - U07.1 (COVID-19) for services provided on or after April 1, 2020.
 - Z03.818 (encounter for observation for suspected exposure to other biological agents ruled out).
 - Z20.828 (contact with and (suspected) exposure to other viral communicable diseases).
- An appropriate service date. The “DR” condition code should be used for COVID-19 related care from January 27, 2020, the date the Department of Health and Human Services declared coronavirus as a federal public health emergency, through the end of the PHE.
- **Note:** The Disaster Related (DR) code should no longer be billed effective 05/12/2023, in accordance with the PHE expiration guidance.

What if the COVID-19 test is part of an inpatient stay?

The member cost share will be waived for the COVID-19 testing procedure. The additional procedure codes will apply the standard cost share when billed with an inpatient place of service (21).

What if the COVID-19 test is part of an outpatient stay?

The member cost share will be waived for the COVID-19 testing procedure. The additional procedure codes will apply the standard cost share when billed with an outpatient place of service (22).

What testing codes are eligible for an Urgent Care Center to bill?

For procedure codes 87426, 87428, U0003-U0005, bill with place of service Urgent Care Center (20) and a COVID-19 diagnosis code: Z03.818, Z20.822, Z20.828, and U07.1.

What services are covered for virtual visits for State Group members?

The State is offering telemedicine benefits for State employees during the COVID-19 pandemic for the length of the Governor’s Executive Order. We have implemented Teladoc (in-network only) and virtual visits (in-network and out-of-network) at \$0 cost share for the member effective March 26, 2020. **Note:** Coverage for virtual visits at \$0 cost share ended August 31, 2021. Standard member benefits now apply. For State Group members, providers must include both visual and audio components when providing services for the virtual visit to be covered. Audio-only services are not covered for State Group members.

Is Florida Blue covering occupational, physical and speech therapy virtual services during the COVID-19 pandemic?

OT, PT and ST 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, 2020, until further notice. Reimbursable codes are limited to the specific set of OT, PT and ST therapy codes shown above.

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Is Florida Blue covering audio-only virtual visits if video capability is not available?

- CMS is temporarily allowing audio-only visits for Medicare Advantage members only if video capability is not available. Visits provided consistently with CMS guidelines will be covered for them.
- During the COVID-19 Public Health Emergency (PHE), Florida Blue temporarily allowed its Commercial/Affordable Care Act (ACA) members to receive audio-only virtual visits if video capability was not available and the visits were conducted in accordance with virtual visit billing guidelines. Although such audio-only virtual visits were temporarily allowed, as of June 26, 2021, Florida Blue reverted to normal guidelines. It is the provider's responsibility to ensure all applicable coding and/or licensure requirements have been satisfied prior to submitting a bill to Florida Blue for an audio-only virtual visit.
- **Note:** The State Group did not and will not cover audio-only virtual visits. Please refer to the member's plan on their insurance card.

Is Florida Blue covering monoclonal antibody therapies?

Please refer to your provider contract and/or fee schedule and the member's benefits to determine monoclonal antibody treatment coverage. If the drug was provided by the government, please bill Florida Blue for covered infusion therapy for the administration only, using the appropriate CPT code.

Medicare Advantage patients: The Centers for Medicare & Medicaid Services (CMS) has instructed providers to bill Original Medicare for administration of the vaccines and monoclonal antibodies for claims with a date of service on or prior to December 31, 2021. The product should not be billed to Florida Blue as it is provided by the government.

Effective January 1, 2022, Medicare Advantage plans cover the administration of vaccines and monoclonal antibodies. Providers must refer to CMS' webpage [cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies](https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies) to determine if the FDA currently approves the product. Providers should not bill for the product if the provider received the product for free through the USG-purchased inventory.

State of Florida Monoclonal Antibody Treatment Sites

The Florida Department of Health closed all state-supported monoclonal antibody sites on January 24, 2022, when the FDA halted the emergency use authorizations (EAU) for Eli Lilly's monoclonal antibody treatments.

Note: These guidelines may not apply to certain members who are covered through self-insured administrative services only (ASO) plans or members of other Blue Cross and/or Blue Shield Plans who may access our provider networks through the BlueCard® program. Remember to ask your patients for a copy of their member ID card at each visit and verify eligibility and benefits electronically through Availity^{®3} at [availity.com](https://www.availity.com).

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