
Alert: COVID-19 Updates for BCCHP Providers

Blue Cross and Blue Shield of Illinois (BCBSIL) [recently announced expanded services](#) to help provide greater access and remove potential barriers to medical services for participants in BCBSIL's PPO, Blue Choice PPOSM and HMO plans during the COVID-19 crisis.

We also wanted to provide an update on expanded services for our **Blue Cross Community Health PlansSM (BCCHPSM) members, following guidance from the Illinois Department of Healthcare and Family Services (HFS) and Centers for Medicare & Medicaid Services (CMS) during this COVID-19 crisis.**

Telehealth for BCCHP Members:

Effective March 9, 2020, BCBSIL is covering **telehealth, virtual check-ins** and **portal visits** by qualifying Medicaid providers for BCCHP members. These services do not require benefit preauthorization, co-pays or deductibles.

- Providers are encouraged to review the billing guidelines and provider qualification requirements posted on the [HFS website](#).
- **Telehealth** visits are appointments with a qualifying medical professional that are conducted virtually through telephone or video conferencing, or other methods allowed by state and federal law, that typically last for 30 minutes to 1 hour.
- **Virtual check-ins** are brief 5 to 10 minute discussions with a qualifying medical professional who has an established relationship with the patient.
- **Portal visits** may be conducted through a provider's patient portal or secure chat messaging with a qualifying medical professional who has an established relationship with the patient.

COVID-19 Testing for BCCHP Members:

- BCBSIL is covering COVID-19 testing for all BCCHP members. We are reimbursing for codes U0001 and U0002 and 87635 retroactive to Feb. 4, 2020, at the rates published by [HFS](#).

Pharmacy for BCCHP Members:

BCBSIL has put the following measures in place to ensure access to medications for BCCHP members:

- Allowing early refill overrides. Pharmacists should use clinical judgement to determine when it is appropriate to override the claim.
- Non-preferred products may become preferred if shortages of preferred agents occur.
- The edit requiring prescribing practitioners to be enrolled Medicaid providers has been temporarily turned off and will be reinstated after the COVID-19 pandemic has ended.
- All authorizations for maintenance medications will be appropriately extended.

Benefit Preauthorizations for BCCHP Members:

We have implemented benefit preauthorization flexibilities during the COVID-19 public health emergency and we are committed to working with our providers to facilitate removal of barriers to care for our members:

- Benefit preauthorizations are not required for medically necessary services and treatment related to COVID-19.
- Benefit preauthorizations for BCCHP members are being relaxed for certain non-elective care, but we will not cover any services that are not medically necessary and may be determining medical necessity post-service.
- We are requesting notification of all inpatient admissions so that we can monitor the status of our members and coordinate post-discharge care.
- Benefit preauthorizations are still in place for elective treatments and procedures.
- Benefit preauthorizations that were obtained with an expiration date will be extended beyond the expiration date for any services that have been rescheduled so that providers do not need to get new authorizations.
- Benefit preauthorization is not a guarantee of payment.

Please note that this information does not apply to Blue Cross Community MMAI Plans (Medicare-Medicaid Plan)SM and Blue Cross Medicare Advantage (PPO)SM members. BCBSIL will continue to publish updated information in the [News and Updates](#) section of the BCBSIL Provider website.

Furthermore, BCBSIL will continue to evaluate the current telehealth program and make adjustments to best serve our members as the COVID-19 pandemic evolves.

Need specific member benefit and eligibility assistance?

As a reminder, it's critical to check eligibility and benefits for each member at every visit prior to rendering services. Providers may connect with a Customer Advocate to check eligibility and benefits via phone by calling our Customer Service Center at 877-860-2837 or verify general coverage by submitting an electronic 270 transaction. This step will help providers determine eligibility and other important details.

Continue to watch the [News and Updates](#) section of the BCBSIL Provider website for more information. For the most up-to-date information about COVID-19, visit the [Centers for Disease Control and Prevention](#) website.