



Securing Reimbursement for COVID-19 Treatment

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What Does It Mean?

New codes have been approved to bill for COVID-19 tests, and patients who are infected will need varying levels of care. CMS and commercial insurers have released several bulletins updating requirements for pre-authorization, coding, and billing. HBI has summarized them here to position revenue cycle leaders for success in preventing uncompensated COVID-19 care.

1 | Commercial insurers are waiving pre-authorizations

Many health insurers have announced they will not require pre-authorizations for COVID-19 testing, and, in some cases, related covered services. These payers include Blue Cross Blue Shield, CareFirst, and Molina Healthcare. State Medicaid programs do not need CMS approval to adjust pre-authorization requirements in managed Medicaid plans, and some commercial insurers have already announced pre-authorization waivers that also extend to managed Medicaid patients. More information is available from America's Health Insurance Plans [here](#).

2 | Commercial insurers are waiving cost-sharing

Several health insurers announced they will not require cost-sharing to be tested for COVID-19, including Aetna, Anthem, Blue Cross Blue Shield, Cigna, Humana, and many more. In some circumstances, this includes telehealth screenings. The full list of insurers, including the types of cost-sharing they are waiving and whether the policy also extends to an insurer's managed governmental and/or employer self-funded plans, is available from America's Health Insurance Plans [here](#).

3 | Commercial insurers are adjusting pharmacy benefits

Some health insurers are providing free pharmacy delivery or temporarily lifting limitations on refills. More information is available [here](#) from America's Health Insurance Plans.

4 | CMS created COVID-19 HCPCS codes

CMS created two HCPCS codes to bill for COVID-19 tests. Code U0001 should be used when the CDC-developed test is provided, and code U0002 should be used to bill for non-CDC testing.

5 | Medicare is covering COVID-19 tests, cost-sharing varies

Medicare claims for tests will be accepted starting April 1, 2020, and claims can be submitted for tests conducted on February 4, 2020, or later. Local Medicare Administrative Contractors are responsible for setting reimbursement rates. Patients with traditional Medicare—not Part C, also known as managed Medicare or Medicare Advantage—will not owe cost-sharing, similar to other lab tests. More information is available from CMS [here](#).

Note: Commercial insurers offering Medicare Part C plans appear to be making their own decisions on whether cost-sharing waivers extend to those beneficiaries. More information is available from America's Health Insurance Plans [here](#).

6 | Medicare will cover telehealth when the patient remains at home

CMS will reimburse at in-person rates for telehealth visits provided to Medicare patients who remain at home, temporarily suspending originating site requirements. Additionally, patients do not need a prior relationship with the clinician providing the telehealth service, which is another temporary departure from previous requirements. CMS also is allowing healthcare providers to waive collection of coinsurance and deductible amounts related to these telehealth visits. Healthcare providers should bill for these telehealth services using 99201-99215, G0425-G0427, and G0406-G0408 as appropriate. More information from CMS is available [here](#), including further criteria for reimbursing virtual check-ins and e-visits.

7 | Medicaid is covering COVID-19 tests, cost-sharing varies

While Medicaid programs can vary state by state, they all are subject to certain federal requirements, including testing considered a mandatory laboratory benefit. CMS has stated that COVID-19 tests fall under this mandate, though healthcare providers must continue to comply with requirements for where tests are provided, such as in an office or approved home health setting but not in a hospital outpatient clinic. Furthermore, a lab analyzing samples must still adhere to Clinical Laboratory Improvement Amendments standards.

CMS will allow state Medicaid programs to waive cost-sharing, but whether the waiver would apply only to COVID-19 patients could vary. If a state submits a Medicaid state plan amendment to waive cost-sharing, it could not apply only to patients with a COVID-19 diagnosis and must be offered broadly based on the type of service being provided. If a state submits a request under Section 1115, any resulting cost-sharing waiver could apply only to patients with a COVID-19 diagnosis. Additionally, CMS will allow state Children's Health Insurance Programs to waive cost-sharing by submitting a CHIP disaster relief state plan amendment. More information from CMS is available [here](#).

Note: Commercial insurers offering managed Medicaid plans appear to be making decisions in conjunction with state leaders on whether cost-sharing waivers extend to those beneficiaries. More information is available from America's Health Insurance Plans [here](#).

8 | Medicaid telehealth coverage varies but could expand

State Medicaid programs have varied in the past on which telehealth services are covered and what criteria need to be met for reimbursement. CMS has clarified that states do not need CMS approval to expand Medicaid telehealth coverage if the services will be reimbursed at in-person rates. However, it appears a state plan amendment would be required for changes to payment methodology that would include coverage of other costs, such as maintaining telehealth infrastructure. More information from CMS is available [here](#).

9 | Congress considering Medicaid coverage for the uninsured

Proposed legislation would extend Medicaid coverage nationally to uninsured patients for COVID-19 testing. Montana has announced it will use emergency funds to cover costs for uninsured COVID-19 patients. More information is available from *Health Affairs* [here](#).

Have a question about this topic or another altogether? HBI's research team is on the case. Send a message to contact@hbinsights.com with your questions!

About the Analyst

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Beth manages HBI's Revenue Cycle Scorecard and revenue cycle data. Her day-to-day focus is on surveying in all areas of the revenue cycle, data analysis, and Scorecard customization. She has extensive experience researching business office topics, such as claims submission and follow-up, denials, self-pay collections, payer relations, and vendor management.