

Medicare Updates Billing Guidance on Cost Sharing for COVID-19 Testing

The Families First Coronavirus Response ACT (FFRCA) waives cost sharing for COVID-19 testing-related services for Medicare Part B patients. Physicians should use the -CS modifier on applicable claims to identify the service subject to the cost-sharing waiver. Medicare beneficiaries should not be charged for any coinsurance or deductible for those services.

The -CS modifier will signal the Medicare Administrative Contractors (MACs) to pay 100% of the allowable cost for the service. Cost-sharing is waived for office visits that result in the order or administration of the COVID-19 test, or the evaluation of an individual to determine the need for such a test. Any EM service that results in ordering or administering a COVID-19 test (these would be the new HCPCS codes U0001, U0002, or 87635) should have a CS modifier as long as they are rendered in the following settings and payment systems:

Settings:

- Office and other outpatient services
- Hospital observation services
- Emergency department services
- Nursing facility services
- Domiciliary, rest home, or custodial care services
- Home services
- Online digital evaluation and management services

Payment Systems:

- Hospital Outpatient Departments paid under the Outpatient Prospective Payment System
- Physicians and other professionals under the Physician Fee Schedule
- Critical Access Hospitals (CAHs)
- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)

The cost-sharing waiver is effective for dates of service starting March 18, 2020, until the end of the public health emergency. For qualifying claims submitted without the CS modifier, you should notify the Medicare Administrative Contractor (MAC) and request to resubmit applicable claims with dates of service on or after 3/18/2020 with the CS modifier to get 100% payment.

Medicare Part B also covers medically necessary imaging tests, such as computed tomography (CT) scans, as needed for treatment purposes for lung infections (not for screening asymptomatic patients). For those imaging tests paid by Part B, beneficiary coinsurance and deductible would apply so no -CS modifier should be applied.

Office visit related to COVID-19 testing	11 – Office	-CS
Telehealth visit related to COVID-19 testing	11 – Office	-95 -CS
Office visit not related to COVID-19	11 – Office	None
Telehealth visit not related to COVID-19	11 – Office	-95
Virtual Check-In (HCPCS G2012, G2010)	11 – Office	None
E-Visit (CPT 99421-99423)	11 – Office	None
Telephone Evaluation and Management (CPT 99441-99443)	11 – Office	None

https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/coronavirus_modifier_coding.html
