



Advisory Services Coding Updates and Information

Topic: COVID-19 Coronavirus Diagnostic Testing Coverage

Background:

On March 18, 2020 President Trump signed the Families First Coronavirus Response Act which provides for free testing for the COVID-19 coronavirus.¹

Section G

Section 101. Coverage of Testing for COVID-19. This section requires private health plans to provide coverage for COVID-19 diagnostic testing, including the cost of a provider, urgent care center and emergency room visits in order to receive testing. Coverage must be provided at no cost to the consumer.

Section 102. Waiving Cost Sharing Under the Medicare Program For Certain Visits Relating To Testing For COVID-19. This section requires Medicare Part B to cover beneficiary cost-sharing for provider visits during which a COVID-19 diagnostic test is administered or ordered. Medicare Part B currently covers the COVID-19 diagnostic test with no beneficiary cost-sharing.

Section 103. Waiving Cost Sharing Under the Medicare Advantage Program for Certain Visits Relating to Testing for COVID-19. This section requires Medicare Advantage to provide coverage for COVID-19 diagnostic testing, including the associated cost of the visit in order to receive testing. Coverage must be provided at no cost to the beneficiary.

Section 104. Coverage at No Cost Sharing of COVID-19 Testing Under Medicaid and CHIP. This section requires Medicaid to provide coverage for COVID-19 diagnostic testing, including the cost of a provider visit in order to receive testing. Coverage must be provided at no cost to the beneficiary. It would also provide states with the option to extend Medicaid eligibility to uninsured populations for the purposes of COVID-19 diagnostic testing. State expenditures for medical and administrative costs would be matched by the federal government at 100 percent.

Section 105. Laboratory Reimbursement for Diagnostic Testing for COVID-19 in Uninsured Individuals. This section requires the National Disaster Medical System to reimburse the costs of COVID-19 diagnostic testing provided to individuals without insurance.

Section 107. Application with Respect to TRICARE, Coverage for Veterans, and Coverage for Federal Civilians. This section ensures that individuals enrolled in TRICARE, covered veterans, and federal workers have coverage for COVID-19 diagnostic testing without cost sharing.

Section 108. Coverage of Testing for COVID-19 At No Cost Sharing for Indians Receiving Contract Health Services. This section ensures that American Indians and Alaskan Natives do not experience cost sharing for COVID-19 testing, including those referred for care away from an Indian Health Service or tribal health care facility.

A bulletin containing FAQs addressing coverage of the test under Medicaid was also released yesterday:

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<https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/Families%20First%20summary.pdf>.

Q. Is the test for the detection of COVID-19 coverable under Medicaid's mandatory laboratory benefit?

A. Yes, the test meets the criteria for a mandatory laboratory service as described at 1905(a)(3) and 42 C.F.R. § 440.30. The test must be ordered and provided by or under the direction of a physician or other licensed practitioner within the appropriate scope of practice as defined by the state, or ordered by a physician, but provided by referral laboratory. To meet this definition, the test must be provided in an office or similar facility other than a hospital outpatient department or clinic and furnished by a laboratory that meets Clinical Laboratory Improvement Amendments (CLIA) requirements at Part 493 of the Code of Federal Regulations. Tests that do not meet these criteria may still be covered under the optional diagnostic benefit described at 1905(a)(13) of the Act and 42 C.F.R. § 440.130(a).²

Q. Are Medicaid home health agencies able to collect the samples necessary for the diagnostic testing for COVID-19?

A. If a physician orders the diagnostic test and the sample collection needed is within the scope of practice for the home health nurse or can be delegated to other practitioners, based on the state's nurse practice act, Medicaid may cover the collection under the home health benefit. If it is not within the scope of practice, CMS encourages states to explore state emergency or other authorities to remove these restrictions during this public health emergency. CMS is available for technical assistance.

Pursuant to 42 C.F.R. §440.70(f), if the sample collection is a beneficiary's first utilization of the home health benefit, a face-to-face encounter must have occurred no longer than 90 days before or 30 days after the start of services and must be related to the primary reason the beneficiary requires home health services.

Although the test may be free, there may still be limitations on who needs to be tested. The American Medical Association in a FAQ for physicians provides the following guidance:

Q. When should I test patients for COVID-19?

A. The CDC is regularly updating guidance on who physicians should test for COVID-19. In general, physicians should watch for patients presenting with fever or signs of lower respiratory illness — especially in those who may have been exposed to the virus. Decisions on testing may be made based on local epidemiology of COVID-19. Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.³

The CDC also maintains criteria for testing:

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever¹ and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:

² <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>.

³ <https://www.ama-assn.org/delivering-care/public-health/covid-19-frequently-asked-questions>.

1. Hospitalized patients who exhibit signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
2. Other symptomatic individuals, such as older adults and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
3. Any persons including health care personnel², who within 14 days of symptom onset had close contact³ with a suspect or laboratory-confirmed⁴ COVID-19 patient, or who have a history of [travel from affected geographic areas](#)⁵ (see below) within 14 days of their symptom onset.

There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).⁴

NBC News reached out to the health departments for all 50 states, the District of Columbia and the five U.S. territories for information on how they are handling testing and what recommendations they have for people seeking tests.

Their findings are published in an article found at: <https://www.nbcnews.com/health/health-news/coronavirus-testing-information-covid-19-tests-according-state-health-departments-n1158041#anchor-Alabama>

“The general advice is the same nationwide: Call ahead to your doctor or a health care facility if you are concerned you may need to be tested. Based on your symptoms and exposure, they will decide if you need to be evaluated in person and may confer with state authorities about where and how to do the testing.”

By using a link at this site, providers can review their State’s specific guidelines. However, providers should be reminded to check frequently as guidelines are updated frequently.

Guidance:

1. Review State specific guidelines for who should be tested.
2. Implement strategies across the health system to test patients consistently and according to guidelines.
3. Create charges in the CDM based on the test methodology employed.
4. Educate billing and collection staff to ensure patients are not balance billed for this testing.
5. Implement procedures to report to the CDC positive test results performed outside of a CDC or State laboratory.

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.