

## Modifier CS Cost-Sharing Coding Update

**UPDATED INFO**

See yellow highlights for updated content from previous published version.

### Background

If coding claims during this Public Health Emergency (PHE) wasn't complex enough, CMS has introduced a new twist as they too struggle to operationalize and implement all the provisions of the CARES Act.

As our coders and billers know, modifiers tell the payer something additional about how the service was rendered or how the claim should be processed or paid.

On April 7, 2020 CMS released an MLN Special Edition which included an article that, according to the title, addresses the waiving of copays and deductibles.

On the surface, this may not have captured the interest of those preparing claims data. However, the article directs providers to utilize an additional modifier to indicate that the line-item service was related to the assessment for, or diagnosis of, COVID-19 whether it results in testing or not.

This change is retroactive to March 18, 2020 and continues through the end of the PHE. These services might have been provided face-to-face, by telehealth or by the Lab. Regardless, Modifier CS, *Cost Sharing Waived*, must be applied.

Initially, the article indicates that the waiver of cost-sharing referred to medical visits for the HCPCS evaluation and management categories listed when an outpatient provider, physician, or other provider and suppliers that bill Medicare for Part B services orders or administers COVID-19 lab test U0001, U0002 or 87635.

However, the article goes on to state, "services that result in an order for or administration of a COVID-19 test are related to furnishing or administering such a test **or to the evaluation of an individual for purposes of determining the need for such a test**" are subject to the waiver of cost-sharing.<sup>1</sup> This would seem to indicate that if the visit relates to the assessment of COVID-19 symptoms, regardless of whether the patient is ultimately tested, that cost-sharing would not be applicable. This question has been raised during the CMS "Office Hour" provider calls. The CMS representatives have taken the position that the evaluation portion is applicable only when it leads to testing.

Modifier CS was initially created in April 2010 to facilitate tracking of items and services provided for treatment of

illnesses, injuries, or conditions that are related (directly or indirectly) to the Gulf oil spill. It is being repurposed to identify claims where cost-sharing is being waived in relation to the new COVID-19 emergency.

The special bulletin announces that providers that have already submitted claims on or after March 18, 2020 must take additional action:

- ✓ For professional claims, physicians and practitioners who did not initially submit claims with the Modifier CS must notify their Medicare Administrative Contractor (MAC) and request to resubmit applicable claims with dates of service on or after 3/18/2020 with the Modifier CS to get 100% payment.
- ✓ For institutional claims, providers, including hospitals, CAHs, RHCs, and FQHCs, who did not initially submit claims with the Modifier CS must resubmit applicable claims submitted on or after 3/18/2020, with the Modifier CS to visit lines to get 100% payment.

MLN Matters Article SE20016 was revised and released July 6, 2020 for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) during the COVID-19 Public Health Emergency (PHE). In this article CMS discusses the need to distinguish those telehealth services that do not have cost sharing waived from those that do, such as certain preventive services, RHCs and FQHCs must also report Modifier CS.

As a result CMS "modified the descriptor of the CS modifier to account for this additional use as follows: CS - Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in Rural Health Clinics and Federally Qualified Health Centers during the COVID-19 public health emergency." Further guidance in submitting claims for FQHCs and RHCs may be found at: <https://www.cms.gov/files/document/se20016.pdf>.

Modifier CS is applicable to the following list of services, in addition to laboratory test codes U0001, U0002 and 87635.

- ✓ 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

Additionally, Modifier CS is applicable to the following provider types:

- ✓ 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)

Modifier CS is to be applied in addition to any other modifiers or condition codes that may also be required. (See the Condition Code DR and Modifier CR coding update published by nThrive on April 3, 2020).

## Guidance

- ✓ Identify all areas where COVID-19 related services are provided.
- ✓ Develop an ongoing mechanism for sharing coding updates as they become available.
- ✓ Ensure print guidelines or coding tip sheets are replaced as new information is made available.
- ✓ Strategize mechanisms to identify claims related to the assessment and testing of patients related to COVID-19 and to apply Modifier CS and all other modifiers and condition codes as appropriate.



## Sources

1. [MLN Special Edition April 7, 2020](#). ■