

# Over-the-Counter COVID-19 Tests

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## Objective

To educate the provider community on the initiative that will cover up to eight OTC COVID-19 tests each calendar month, at no cost to the Medicare beneficiary.



Today's Presenters Jean Roberts, RN, BSN, CPC & Gail Toussaint

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## OTC COVID-19 Tests

Jean Roberts

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## Billing

Gail Toussaint

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## FAQs

Gail Toussaint

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## Key Messages for Your Medicare

## Patients

Gail Toussaint

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## Resources

Gail Toussaint

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## Questions

Jean Roberts | Gail Toussaint

# OTC COVID-19 Tests

# Patient Eligibility

- Medicare beneficiaries enrolled in Part B, including Medicare Advantage plans
  - Beneficiaries solely enrolled in Part A (hospital insurance) are noncovered
    - ✓ Free tests available through other government-led programs

# Provider Eligibility

- Physicians/NPPs
- Clinic/group practices
- Hospital OPDs
- CAHs
- SNFs
- HHAs
- FQHCs
- RHCs
- OTPs
- Independent labs
- Independent renal dialysis facilities
- CORFs
- Mass immunizers \*
- IHS facilities
- Pharmacies
  - Enrolled in Part B (i.e., CLIA-certified lab, mass immunizers or under enrollment of a professional to provide ambulatory health care services)

# Additional Provider Eligibility

- Institutional facilities (i.e., inpatient or other hospital providers) when the test is furnished on the day of discharge from inpatient stay
  - Noncovered when billed by providers to patients during an inpatient stay (i.e., hospital or SNF stay)
- Not covered for those solely enrolled as a DMEPOS supplier



# Timeline and Frequency

- Started 4/4/2022 and will continue throughout PHE declaration
- Part B beneficiaries can obtain up to eight OTC tests per month through the end of the COVID-19 PHE

# How to Participate

- Participation is voluntary
  - Do not need to sign a participation agreement to bill
    - ✓ Participation initiated when you submit a claim to Medicare
- No need to complete new enrollment if currently enrolled and can provide ambulatory health care services such as lab tests, preventive vaccines or other clinic visits

# Providing Tests

- Procure FDA-approved, authorized, or cleared tests
- Give when patient requests them
  - Discuss availability & quantity allowed
  - Verify they have not already received tests elsewhere
    - ✓ Patient liability if over limit – voluntary ABN can be provided
- Must document patient's request for tests
- No physician supervision or order required

Billing

# Billing

- Use HCPCS K1034 for single test
  - Short descriptor: Covid test self-admin/collect
  - Long descriptor: Provision of Covid test, nonprescription, self-administered and self-collected use, FDA approved, authorized or cleared, one test count
- This code applies to all OTC, FDA-approved, authorized or cleared self-collected/administered COVID-19 tests

# Professional Billing

- Bill the same way as billing for flu/pneumococcal or COVID-19 vaccines
  - Use same NPI, TIN or PTAN
  - Do not roster bill

# Institutional Billing

- Revenue code: Use 0300
  - CORF use code 0274
- FQHC/RHC
  - Hospital based: Bill test through hospital
  - Free standing/independent: Bill on CMS-1500
- Renal dialysis facility: Bill with AY modifier
- CAH and IHS facility: Bill on TOB 014x

# Institutional Billing

- OTP: Bill each test as a separate line item with a quantity of one, maximum of eight lines per patient/claim/calendar month
  - Do not add other services (like demo code 99) to claim



# Other Billing Notes

- If no other diagnoses to use
  - Suggested Z20.822: Contact with and (suspected) exposure to COVID-19
- If no attending physician for claim, enter a billing provider NPI and “self-referred” in corresponding name field

# Billing for Enrolled MA Patients

- Submit claims to original Medicare
  - Use MBI number, not MA member ID
  - Include condition code 78

# Billing Tips

- Can bill for multiple or single test packages
  - If more than one test, bill total number of tests
    - ✓ If package has two tests, bill two units
- Submit promptly, using standard claims format
- Roster bills not allowed
  - Bill as you would a regular claim (electronic or paper)
- Patient cannot submit a claim

# Payment

- Fixed national payment rate of \$12 per test
  - Not geographically adjusted
  - If you charge less, Medicare will pay the lesser of the two amounts
  - Cannot collect any additional amount from patient within quantity limit (eight tests per calendar month)
- Claims will be paid for dates of service starting on/after 4/4/2022 through last day of PHE

# If You Participate

- You agree to
  - Submit a claim to get paid
  - Get paid as a participating eligible provider
  - Accept payment in full
  - Not collect any additional payment from patient for tests provided within the eight per calendar month limit



# Key Messages for Your Medicare Patients

# Key Messages

- Disability Information and Access Line (DIAL)
  - Hotline can help with COVID-19 vaccinations, testing, and masks for people with disabilities such as blind, deaf
  - Call 888-677-1199 M-F from 9:00 a.m. – 8:00 p.m. ET or email [DIAL@usaginganddisability.org](mailto:DIAL@usaginganddisability.org)
- Avoid COVID-19 Scams – Test Kits
  - Scammers are selling fake unauthorized at-home COVID-19 test kits in exchange for personal or medical information
  - Remind your patients NOT to give out their Medicare number

# FAQs



# FAQ

- What happens if a Medicare beneficiary wants more than eight OTC tests per calendar month?
  - If the per calendar month quantity limit is exceeded, Medicare will deny the claim
    - ✓ Beneficiary can then be charged
  - If other coverage available, check with the plan to see if it may be covered

# FAQ

- Is there an option for people with Medicare to order tests over the telephone or online?
  - CMS is encouraging participating eligible pharmacies and health care providers to provide tests through a variety of means, including online or telephone ordering
    - ✓ May only be operated by participating eligible pharmacy or health care provider under this initiative
  - Helps beneficiaries obtain access in harder to reach communities
  - Must document beneficiary's request for tests

# FAQ

- Can institutional providers submit claims for OTC tests furnished to beneficiaries during an inpatient stay?
  - No. Inpatient facilities should provide any needed testing during the inpatient stay
  - Payment could be made for tests provided on the day of discharge from an inpatient stay

# Resources

# Resources

- [Medicare Covers Over-the-Counter Covid Tests](#) (CMS news release)
- [Biden-Harris Administration Announces a New Way for Medicare Beneficiaries to Get Free Over-the-Counter COVID-19 Tests](#) (CMS news release)
- [COVID-19 Over-the-Counter Tests](#) (a resource for healthcare providers)


# Resources

- [Medicare Coverage of Over-the-Counter COVID-19 Tests: Frequently Asked Questions](#)

# Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.



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