

Over-the-Counter COVID-19 Tests

3/29/2023



2412_0223





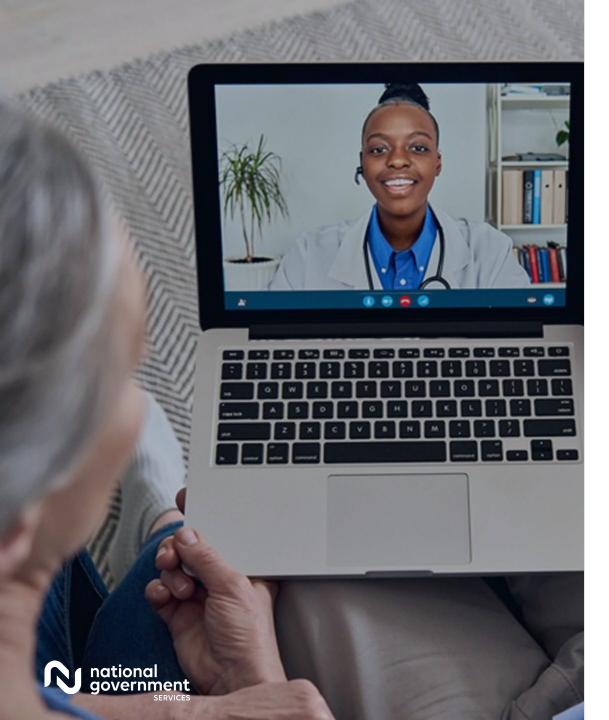


Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the <u>CMS website</u>.







No Recording

Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

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.



OTC COVID-19 Tests

Jean Roberts

Billing Gail Toussaint

FAQs Gail Toussaint

Key Messages for Your Medicare

Patients Gail Toussaint

Resources

Gail Toussaint

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
 - \checkmark 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 selfcollected use, FDA approved, authorized or cleared, one test count
- This code applies to all OTC, FDA-approved, authorized or cleared selfcollected/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



- 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 <u>DIAL@usaginganddisability.org</u>
- 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)
- <u>Biden-Harris Administration Announces a New Way for Medicare</u> <u>Beneficiaries to Get Free Over-the-Counter COVID-19 Tests</u> (CMS news release)
- <u>COVID-19 Over-the-Counter Tests</u> (a resource for healthcare providers)







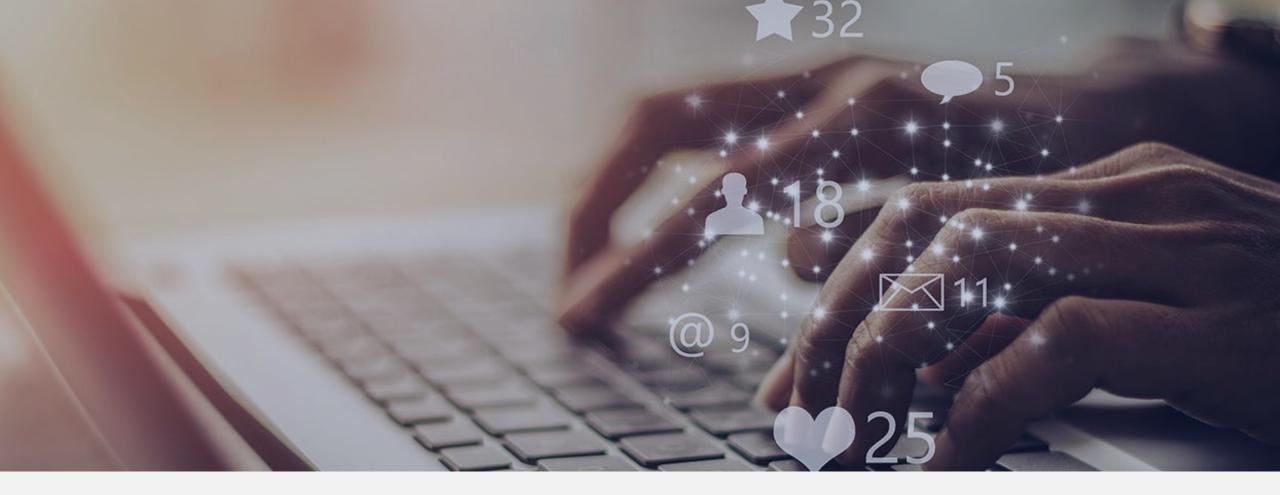
Medicare Coverage of Over-the-Counter COVID-19 Tests: Frequently Asked Questions





Questions?

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







Text NEWS to 37702; Text GAMES to 37702



youtube.com/ngsmedicare



