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HealthTeam Advantage Billing Alert:
CS Modifier Required on all COVID Testing Related Services

Plan Types	PPO Plan I, II and HMO CSNP
CS Modifier is Required on all COVID Testing Related Services	**Per CMS, cost-sharing does not apply for COVID-19 testing-related services.** Per CMS MLN dated 4/7/2020: Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits that: are furnished between March 18, 2020, and the end of the Public Health Emergency (PHE); 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, and are in any of the following categories of HCPCS evaluation and management codes: • 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 **For services furnished on March 18, 2020, and through the end of the PHE, outpatient providers, physicians, and other providers and suppliers that bill Medicare for Part B services under these payment systems should use the CS modifier on applicable claim lines to identify the service as subject to the cost-sharing wavier for COVID-19 testing-related services and should NOT charge Medicare patients any co-insurance and/or deductible amounts for those services.** **IMPORTANT:** If you had submitted a claim from DOS 3/18/2020 through 3/14/2021 for COVID testing-related services WITHOUT the CS modifier, we will be reprocessing all claims between these dates to append NO cost-share. Any monies collected from our members on any impacted claim must be refunded timely. However, effective DOS 3/15/2021, through the end of the PHE, you MUST file any COVID testing-related services with the CS modifier to waive the member's cost-share. Failure to append the CS modifier will require the submission of a corrected claim to waive the cost-share.

Billing Codes	Any of the following categories of HCPCS and evaluation and management codes billed at the time of service when/where the visit results in an order for or administration of a COVID-19 test: • 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
Supporting Documentation	See pages 3-5 of this document
Claims Submission	**When submitting claims electronically use the following payer ID's:** Payer ID PPO Plan I and II- 88250 /Payer ID HMO CSNP-88350 **Paper claims address:** HealthTeam Advantage/Claims Department PO Box 94270 Lubbock, TX 79493
Contact Information	**For questions regarding claim submission:** Provider Concierge: Phone: 855-218-3334 Email:providerconcierge@healthteamadvantage.com

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

mlnconnects
Official CMS news from the Medicare Learning Network®

SPECIAL EDITION

Tuesday, April 7, 2020

News

News

New Video Available on Medicare Coverage and Payment of Virtual Services

CMS released a video providing answers to common questions about the Medicare telehealth services benefit. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

Video

Families First Coronavirus Response Act Waives Coinsurance and Deductibles for Additional COVID-19 Related Services

The Families First Coronavirus Response Act waives cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for COVID-19 testing-related services. These services are medical visits for the HCPCS evaluation and management categories described below when an outpatient provider, physician, or other providers and suppliers that bill Medicare for Part B services orders or administers COVID-19 lab test U0001, U0002, or 87635.

Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits that: are furnished between March 18, 2020 and the end of the Public Health Emergency (PHE); 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; and are in any of the following categories of HCPCS evaluation and management codes:

- 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

Cost-sharing does not apply to the above medical visit services for which payment is made to:

- 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)

For services furnished on March 18, 2020, and through the end of the PHE, outpatient providers, physicians, and other providers and suppliers that bill Medicare for Part B services under these payment systems should use the CS modifier on applicable claim lines to identify the service as subject to the cost-sharing wavier for COVID-19 testing-related services and should NOT charge Medicare patients any co-insurance and/or deductible amounts for those services.

For professional claims, physicians and practitioners who did not initially submit claims with the CS modifier 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 CS modifier to get 100% payment.

For institutional claims, providers, including hospitals, CAHs, RHCs, and FQHCs, who did not initially submit claims with the CS modifier must resubmit applicable claims submitted on or after 3/18/2020, with the CS modifier to visit lines to get 100% payment.

Additional CMS actions in response to COVID-19, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit www.coronavirus.gov. For a complete and updated list of CMS actions, and other information specific to CMS, please visit the Current Emergencies Website.

Guidance for Processing Attestations from Ambulatory Surgical Centers (ASCs) Temporarily Enrolling as Hospitals during the COVID-19 Public Health Emergency

CMS is providing needed flexibility to hospitals to ensure they have the ability to expand capacity and to treat patients during the COVID-19 public health emergency. As part of the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers CMS is allowing Medicare-enrolled ASCs to temporarily enroll as hospitals and to provide hospital services to help address the urgent need to increase hospital capacity to take care of patients.

Guidance

COVID-19: Expanded Use of Ambulance Origin/Destination Modifiers

During the COVID-19 Public Health Emergency, Medicare will cover a medically necessary emergency and non-emergency ground ambulance transportation from any point of origin to a destination that is equipped to treat the condition of the patient consistent with state and local Emergency Medical Services (EMS) protocols where the services will be furnished. On an interim basis, we are expanding the list of destinations that may include but are not limited to:

- Any location that is an alternative site determined to be part of a hospital, Critical Access Hospital (CAH), or Skilled Nursing Facility (SNF)
- Community mental health centers
- Federally Qualified Health Centers (FQHCs)
- Rural health clinics (RHCs)
- Physicians' offices
- Urgent care facilities
- Ambulatory Surgery Centers (ASCs)
- Any location furnishing dialysis services outside of an End-Stage Renal Disease (ESRD) facility when an ESRD facility is not available
- Beneficiary's home

CMS expanded the descriptions for these origin and destination claim modifiers to account for the new covered locations:

- Modifier D - Community mental health center, FQHC, RHC, urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility
- Modifier E – Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary's home
- Modifier H - Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center
- Modifier N - Alternative care site for SNF
- Modifier P - Physician's office
- Modifier R - Beneficiary's home

For the complete list of ambulance origin and destination claim modifiers see Medicare Claims Processing Manual Chapter 15, Section 30 A.

Lessons from The Front Lines: COVID-19

On April 3, CMS Administrator Seema Verma, Deborah Birx, MD, White House Coronavirus Task Force, and officials from the FDA, CDC, and FEMA participated in a call on **COVID-19 Flexibilities.** Several physician guests on the front lines presented best practices from their COVID-19 experiences. You can listen to the conversation here.

CMS COVID-19 Update Call Today

Tuesday, April 7 from 2 to 3 pm ET

Register for Medicare Learning Network events.

CMS update on recent actions taken to address the COVID-19 public health emergency.

Target Audience: All Medicare fee-for-service providers and interested stakeholders.

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