CMS Announces New Changes to Respond to Coronavirus: What You Need to Know


Following is a summary of important CMS actions and announcements related to patient care and coverage at this time.

**Provider Location**

Section 1135 of the Social Security Act will temporarily waive requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state; however, this does NOT override state laws on licensure. For this waiver to apply, the state must also waive these requirements. This waiver applies to Medicare and Medicaid.

**Billing, Coding, and Coverage of COVID-19**

CMS developed two new Healthcare Common Procedure Coding System (HCPCS) codes for Coronavirus lab tests:

- HCPCS code [U0001](#) – Used specifically for Centers for Disease Control and Protection (CDC) testing laboratories to test patients for SARS-CoV-2 (CDC 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel).
  - Payment: $35.91
  - Payment: $51.31

Claims processing systems will begin accepting these codes on April 1, 2020 for dates of service on or after February 4, 2020. Until Medicare establishes national payment rates, rates will be set by the Medicare Administrative Contractors (MACs).

*Original Medicare:* As with other lab tests, beneficiaries will have zero cost-sharing.

*Medicare Advantage (Medicare Advantage):* MA organizations may waive or reduce enrollee cost sharing for Novel Coronavirus (COVID-19) laboratory tests or treatments in doctor’s offices or emergency rooms provided they do so for all enrollees on a uniform basis.

**Telehealth and Other Communication-Based Technology Services**

*Original Medicare:*

CMS announced that beneficiaries may initiate “virtual check-ins” with their doctors when they have an established relationship. These brief communications must be unrelated to any previous evaluation and management visit. Physicians must bill the appropriate code: G2010 or G2012. Beneficiary cost-sharing and deductibles apply.
Beneficiaries may also initiate virtual communication with their physician over a 7-day window through an online patient portal. Physicians bill the appropriate code: 99421-99423, G2061-G2066. Beneficiary cost-sharing and deductibles apply.

Typically, only Medicare beneficiaries living in rural areas have access to full physician visits with their doctors through telehealth visits. Bipartisan legislation signed into law March 6, 2020, waived certain telehealth rules and will now provide beneficiaries, regardless of geography, access to telehealth services during this public health emergency. The beneficiary may receive telehealth services anywhere, including in the home, through real-time audio and visual communication. Beneficiary cost-sharing and deductibles apply.

We will update this section when CMS releases implementation guidance, reimbursement information, and details about how implementation of the legislation will change telehealth and affect providers and beneficiaries.

*Medicare Advantage:*

Beneficiaries enrolled in MA have access to telehealth services regardless of geography (i.e. not limited to rural areas) and from a variety of places, including the beneficiary’s home. MA beneficiaries can receive clinically appropriate treatment for COVID-19 through telehealth services. MA organizations may waive cost-sharing for COVID-19 treatments delivered via telehealth.

*Requests for Early Prescription Refills*

MACs will consider on a case by case basis whether to pay for greater than a 30-day supply of a Part B drug. Variables included in consideration are the nature of the drug, the patient’s diagnosis, the extent and likely duration of disruptions to the drug supply chain during an emergency, and other relevant factors to determine if the advanced refill is reasonable and necessary.

Part D Sponsors may waive prescription refill limits allowing an affected enrollee to obtain the maximum extended day supply available under their plan, if requested and available. They may also relax restrictions on home or mail delivery of prescription drugs.

*Prior Authorization*

*Medicare Advantage:*

Medicare Advantage Organizations may waive prior authorization requirements for tests or services related to COVID-19.

*Part D:*

Part D Sponsors may waive prior authorization requirements for Part D drugs used to treat or prevent COVID-19, if or when such drugs are identified.

*Vaccines*

When a vaccine for COVID-19 is available, all Part D plans will be required to cover the vaccine.

*Quality, Safety, and Oversight*
CMS has released several Quality, Safety, and Oversight memorandum to State Survey Agency Directors with guidance and mechanisms for CMS and state agency inspectors to focus their efforts, personnel and related resources on addressing COVID-19 spread and containment.

**Suspension of Survey Activities:** Identifies modifications to the survey and certification processes asking healthcare providers to focus on infection control and prevention of COVID-19.

**Hospitals:** Outlines guidance for hospital administrators regarding screening visitors and patients and monitoring and restricting healthcare facility staff from working in case of exposure.

**Nursing Homes:** Provides guidance to help nursing homes limit the transmission of COVID-19, including guidance for monitoring or restricting staff, managing transfers and admissions of patients with suspected or confirmed COVID-19 infection, and guidance for visitors.

**Hospice:** Supports hospices with information about how to address potential and confirmed COVID-19 cases, including the screening, treatment, and transfer of patients to higher level of care, when appropriate.

**Emergency Departments:** Provides guidance to hospitals with emergency departments on patient screening, treatment and transfer requirements to prevent the spread of infectious disease and illness, including COVID-19. CMS requires facilities to maintain infection control and prevention policies as a condition for participation in the programs.

**Home Health:** Covers how HHAs should screen patients for COVID-19, guidance on monitoring and restricting home health visits for health care staff, and a FAQ section for home health workers.

For the latest updates on the response to COVID-19, visit asco.org/ascoaction.