

## Payer Cost Sharing Policies during the Pandemic For COVID Related Services

Health Plan	Cost-Sharing Policy During Public Health Emergency	Accepts / Requires - CS modifier	Eff. Date
Allina/Aetna	Aetna is waiving member cost-sharing for diagnostic testing related to COVID-19. The test can be done by any authorized testing facility. This member cost-sharing waiver applies to all Commercial, Medicare and Medicaid lines of business.	No Guidance	Through 12/31/2020
BCBS of MN	<p>Blue Cross is waiving the member cost share for a COVID-19 provider visit for Medicare and Commercial lines of business until 12/31/2020. In addition to waiving member cost share for the COVID-19 test and related provider visit, the following respiratory illness-related services provided during a COVID-19 provider visit will also have member cost share waived if an FDA approved COVID-19 lab is administered or ordered by the attending practitioner. This waiver is in effect until 12/31/2020 for Commercial and Medicare lines of business. Blue Cross will continue to monitor this list.</p> <ul style="list-style-type: none"> <li>• Complete Blood Count (CBC) – 36591, 36592, 85025, 85027, 85048</li> <li>• C-Reactive Protein Test – 86140</li> <li>• Sedimentation Rate Tests – 85651, 85652</li> <li>• Influenza Tests – 87275, 87276, 87279, 87400, 87501, 87502, 87804</li> <li>• Respiratory Syncytial Virus (RSV) Tests – 87634, 87807, 87280</li> <li>• Strep Tests – 87430, 87650, 87651, 87652, 87880</li> <li>• Pregnancy Tests – 81025, 84702, 84703</li> <li>• Chest X-Rays – 71045, 71046</li> <li>• Specimen Collection – 36415, 36416, 36591, 36592, 99000, 99001</li> <li>• In-Office Nebulizer Treatment – 94060, 94640, 94644, 94645, 94664, 94760, 94761</li> <li>• Hydration Therapy – 96360, 96361</li> </ul>	Accepts -CS modifier Does not require to apply cost sharing	Through 12/31/2020

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HealthPartners	<p>HealthPartners, will waive member cost-sharing for all fully insured commercial, Medicare and Medicaid members for in network COVID-19 related treatment through December 31, 2020. We are actively working with our self-insured clients to make this option available for their employees and dependents.</p> <ul style="list-style-type: none"> <li>-Waiving early medication refill limits on 30-day prescription authorizations and encouraging 90-day mail order benefits</li> <li>-Allowing retail pharmacists at point of sale to override claim that is rejecting for 'refill too soon'</li> <li>-Removing prior authorization for COVID-19 diagnostic service</li> <li>-Coverage of medically necessary tests</li> <li>-Providing coverage for online care eligible to all HealthPartners members</li> <li>-Expanding access to telehealth</li> </ul>	HealthPartners recommends that providers submit the modifier CS on office visits associated with COVID-19 lab testing to aid in identifying COVID-19-related-claims.	Through the PHE
Medica	<p>Cost-sharing for COVID-19 diagnostic testing for all Medica members, whether in-network or out-of-network, plus related services such as office visits for the test when provided in-network. To properly reflect the waiver of member cost-sharing for COVID-19 testing during the public health crisis (PHE), please use the CS modifier only for services relating to the order for or administration of a COVID-19 diagnostic test. Also, network providers may append the CS modifier to codes used for the evaluation of an individual for purposes of determining the need for diagnostic testing. This guidance applies for all Medica members.</p>	Add modifier CS for services relating to the order for or administration of a COVID-19 diagnostic test and for the evaluation for purposes of determining the need for diagnostic testing.	1/31/2021

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PreferredOne	<p>PreferredOne waives cost sharing for:</p> <ul style="list-style-type: none"> <li>• Centers for Disease Control (CDC) recommended and FDA-approved testing for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, when performed at approved locations in accordance with the CDC guidelines; and</li> <li>• The related office, urgent care, emergency room or telehealth visit which resulted in COVID-19 testing, but only to the extent that such visit is related to the evaluation for and administration of COVID-19 testing; and</li> <li>• Additional items or services furnished to the member during a visit that results in an order for, or administration of, a COVID-19 test, but only to the extent that the item or service relates to the furnishing or administration of the test or to the evaluation of the member for purposes of determining the need of the member for the product. Examples include testing such as CBC, influenza or strep testing.</li> </ul>	<p>Yes, PreferredOne will accept the CS modifier to be appended to services relating to COVID-19 testing and treatment. The CS modifier will be used for reporting and tracking purposes.</p>	<p>Through the PHE</p>
UCare	<p>UCare will cover copays, coinsurance or deductibles for provider-ordered COVID-19 tests meeting Centers for Disease Control and Prevention (CDC) guidelines for members in all our plans, for the immediate future.</p> <p>During this time, we will cover copays, coinsurance or deductibles for medically necessary clinic and urgent care visits when a COVID-19 test is administered for members in all of our plans.</p> <p>UCare will waive coinsurance, copays and deductibles for in-network hospital observation and inpatient services to treat COVID-19 through the end of 2020, for members in all of our plans. If a member goes to the emergency department for treatment, and is not admitted as an inpatient or placed under observation, cost sharing will apply according to the terms of the member's EOC / member contract for services provided in the emergency department. For UCare Medicare Plans, effective March 1, 2020, and through the COVID-10 public health emergency, for the laboratory services outlined below UCare will not imposed any ICD-10 diagnosis restrictions, including screening diagnosis codes:</p> <ul style="list-style-type: none"> <li>--U0001 – U0004 - Diagnostic panels</li> <li>--87635, 86328, and 86769 - Laboratory studies</li> <li>--G2023 and G2024 - Specimen collection codes</li> </ul>	<p>There is no member cost share for COVID-19 testing or for the evaluation visits related to the testing. Provider should append the -CS Modifier to procedure codes on applicable claims to identify the service subject to the cost-sharing waiver. The -CS modifier should not be used for services unrelated to COVID-19.</p>	<p>Through the PHE</p>
UHC	<p>Cost share will be waived for testing-related services when billed with diagnosis codes Z03.818 or Z20.828.</p>	<p>No Guidance</p>	<p>Through the PHE</p>