CMS is waiving cost sharing (e.g., deductibles, coinsurance, and copayments) for Medicare beneficiaries on COVID-19 tests and related outpatient medical visits. Two April notices outlined affected services and listed the included Medicare Part B service locations. The MLN Connects – Special Edition of April 7, 2020 waived cost sharing for patient testing, and the MLN Connects – Special Edition of April 10, 2020 further clarified specific patient evaluation and management visits on which no cost sharing is applicable.

The waiving of cost sharing was legislated through the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security Act (CARES), both passed in March. These two acts not only disallow cost sharing for Medicare patients but also state that no insurance plans or coverage issuers should impose any cost-sharing requirements on COVID-19 tests when medically appropriate for the individual, as determined by the individual’s attending healthcare provider in accordance with accepted standards of current medical practice.

**Covered services and locations**

Cost sharing does not apply for COVID-19 testing and/or testing-related services furnished between March 18, 2020 and the end of the public health emergency. CMS defines a related medical visit broadly to include any visit that results in an order for or the administration of a COVID-19 test, or a visit that is related to the evaluation and treatment of an individual for determining the need for a test. Specifically, professional fees at all locations, including office, hospital outpatient, telehealth, and emergency visits are included. For any facility fee associated with an outpatient visit, patient coinsurance and deductible amounts also should be waived.

**CS modifier required**

Per CMS, the CS modifier should be appended to the HCPCS code (test and/or visit) for applicable claim lines to identify the service as subject to the cost-sharing waiver for COVID-19 testing-related services. Using the CS modifier will help ensure outpatient professional and facility (technical) claims are processed appropriately for 100% payment, due to the waived cost sharing.

**To clean up your claims that were not initially submitted with the CS modifier:**

- For professional claims – notify your MAC and request to resubmit applicable claims
- For institutional claims – resubmit to receive 100% payment

**Additional CMS resources**

- CMS April 7 and April 10, 2020, MLN Connects – Special Editions: [www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive](http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive)