

March 12, 2020: Advocacy spotlight on Emergency COVID-19 funding approved

CMS clarifies rules on coverage, payment

Congress approved a \$8.3 billion emergency coronavirus response funding package last week. The package, which was signed into law by President Trump on March 6, includes:

- More than \$3 billion for the development of treatments and a coronavirus vaccine
- \$2.2 billion in public health funding for prevention, preparedness and response
- \$300 million to ensure Americans will have access to the vaccine regardless of their ability to pay
- \$7 billion in low-interest Small Business Administration loans to small businesses impacted by the epidemic

This funding for vaccines, therapeutics, diagnostics and medical supplies is necessary to bolster the health care response to COVID-19. The bill also authorizes the Secretary of Health and Human Services to waive Medicare restrictions on providing telehealth services to seniors during this public health emergency. The AMA strongly advocated for the inclusion of this provision arguing that the use of telehealth would be critical to help limit further exposure and help stop the spread of the virus in the health care setting as well as make sure seniors continue to have access to routine care during the emergency. In addition last week the Centers for Medicare & Medicaid Services (CMS) released a COVID-19 fact sheet (PDF) to inform health care professionals and others about important Medicare coverage and payment information related to diagnosing and treating patients affected by the novel virus. (To keep up to date with what CMS is doing in response to COVID-19, please visit the CMS current emergencies website.) The fact sheet indicates that:

- Medicare Part B covers diagnostic laboratory tests when ordered by a physician without patient cost-sharing. There are two new HCPCS codes for lab tests to detect COVID-19: code for U0001 for the Centers for Disease Control (CDC) test panel and code U0002 for other tests.
- Medicare Part B covers medical necessary imaging tests, such as CT scans, as needed for lung infection treatment purposes, but not for screening asymptomatic patients. Patient cost-sharing applies to imaging tests.

- Medicare Part B covers certain preventive vaccines (flu, pneumonia, Hepatitis B) with no cost-sharing. Under current law, if a vaccine is developed for COVID-19, CMS indicates that the vaccine will be covered under Part D and will be required to be covered by all Part D plans.
- Medicare Part A covers inpatient hospital care. There is a deductible of \$1,408.
- If a patient needs to be quarantined in a hospital, the hospital cannot charge the patient for a private room if the private room is medically necessary, nor is there an additional hospital deductible if a patient has been discharged from an inpatient stay but must remain in the hospital under quarantine.
- The Medicare physician payment schedule covers online digital evaluation and management services for patients, which may be billed using Current Procedural Terminology (CPT®) codes 99241-99243. These services are for established patients only, and the fact sheet indicates they must be initiated by the patient, but practices can educate patients about the availability of these services prior to patients initiating them. (Medicare also pays for "virtual check-ins" using HCPCS code G2012, which may include telephone calls.)
- Patients living in rural areas may use communication technology to have visits with their physicians at sites of service known as telehealth originating sites that use real-time audio and video.
- Medicare covers ground ambulance transportation to a hospital or skilled nursing facility when transportation in any other vehicle could endanger the patient's health.
- For patients with Medicare Advantage, the Medicare Advantage plan must cover all medically necessary Part A and B services covered under original Medicare.

To empower surveillance and laboratory testing in response to the spread of the novel coronavirus, the AMA announced a unique CPT® code for reporting novel coronavirus tests will be considered at a special CPT Editorial Panel meeting this week. If approved, the new CPT code will support the response to the urgent public health need for streamlined reporting of novel coronavirus testing offered by hospitals, health systems and laboratories in the United States. On a separate note, a malicious email phishing attack pretending to be the live map for COVID-19 Global Cases from John Hopkins University could pose a risk to physician cybersecurity. Learn more about this scam and protecting your practice against cyber security threats. Since the beginning of the COVID-19 outbreak, the AMA has been providing physicians with the latest clinical guidance from the CDC to help them evaluate, test and care for patients under investigation for COVID-19, as well as guidance to help protect physicians and other health care workers from illness. The AMA will continue to keep physicians informed of the CDC's resources and updates, including on the AMA's COVID-19 online resource center, the Physician's Guide to COVID-19 and via social media and direct communications. Additionally, the AMA's JAMA Network has a comprehensive overview of the coronavirus—including epidemiology, infection control and prevention recommendations—available for free on its JN Learning website.

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