

**CO**RONA**VI**RUS **D**ISEASE 2019   
(COVID-19)

**Coinsurance and Deductible Waiver for Testing Related E&Ms and use of CS Modifier**

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| **Audience:** Patient Access, Patient Financial Services, Revenue Integrity, HIM, MGPS |
| **Revision Date:** 09/25/2020 |
| **Version:**  #3 |
| **COVID-19 Response Team Owner:** Finance |
| **Date of Last Review: 09/29/2020** |

**What's Changed:** CMS updated SE 20011 to include the impacted E&M CPT/HCPCS codes for which CS modifier would be applicable.

CS Modifier Application

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. The April 7, 2020 MLN Connects Special Edition Article 20011 provides the following guidance.

For dates of service on or after March 18, 2020 through the end of the Public Health Emergency, the waiver of Medicare beneficiary cost-sharing is applicable to medical evaluation and management (E&M) visits related to determining if a patient needs COVID-19 testing **which visit results in a physician or advanced practice provider (APPs) ordering or administering the COVID-19 lab test**.

For the following services provided by outpatient providers, physicians, and other providers and suppliers that bill Medicare for Part B services **report CS modifier** **on E&M visits resulting in an order or administration of a COVID-19 lab test claim lines** to identify that the beneficiary cost-sharing will be waived for COVID-19 testing-related services. Do NOT charge Medicare patients any co-insurance and/or deductible amounts for those services. This instruction applies to E&M visits when the provider conducts the visit during

* Hospital observation services
* Emergency department services
* Nursing facility services
* Domiciliary, rest home, or custodial care services
* Home services
* Online digital evaluation and management services
* Services to patients in their homes which are billed with a site of service of 11, 19 or 22.

The CS modifier is applicable for both CMS-1500 and UB-04 claims. From the hospital perspective, CS modifier would be used on the ED E&M, or HCPCS codes G0379/G0463 for observation visits.

The CMS MLN article notes that presence of the modifier will result in 100% payment of the E&M services. CMS is allowing applicable claims that have already processed to be rebilled with the CS modifier.

CS Modifier is not appropriate in the following scenarios:

* "Visit" determines that COVID-19 testing is not needed
* "Visit" is provided for a patient that has already tested positive for COVID-19 so no test is ordered or performed.
* Ancillary services that are provided during the "visit" (e.g., chest x-ray, other testing)

In the August 26, 2020 update of MLN SE 20011, CMS provided links to the CPT/HCPCS codes for which modifier CS is applicable for professional, OPPS and RHCs/FQHCs.

* Physicians and Non-Physician Practitioners: <https://www.cms.gov/files/zip/cs-modifier-hcpcs-codes-physicians-non-physician-practitioners.zip>
* OPPS: <https://www.cms.gov/files/document/cs-waiver-opps-codes.pdf>
* RHCs/FQHCs: <https://www.cms.gov/files/zip/cs-codes-rhc-fqhc.zip>.

The CPT/HCPCS codes can be found in this Excel document.



**References**: <https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913>

<https://www.cms.gov/files/document/se20011.pdf>

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