

Updated: 04/30/20

<p>For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of</p> <ul style="list-style-type: none"> • COVID test • Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee’s health care provider • Testing related visit in the outpatient or Emergency Department setting 			
<p>Follow Common Direction?</p>		<p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf & https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</p> <p>NOTE: Though CMS has approved the use of ‘CS’ modifier to identify those services that should not have a member cost share (per CMS https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913), some but not all commercial health plans will recognize the ‘CS’ modifier in their adjudication processing.</p>	
<p>Aetna</p>	<p>Yes 03/30/20</p>	<p>Aetna COVID page</p>	<p>Aetna is waiving member cost-sharing for diagnostic testing related to COVID-19. This policy covers the cost of a physician-ordered test and the office, clinic or emergency room visit that results in the administration of or order of a COVID-19 test. The test can be done by any approved laboratory. This member cost-sharing waiver applies to all Commercial, Medicare and Medicaid lines of business. The policy aligns with new Families First legislation requiring all health plans to provider COVID-19 testing without cost share. The requirement also applies to self-insured plans.</p>
<p>Amerigroup – DSNP</p>	<p>Yes 04/24/20</p>	<p>Provider COVID FAQ</p> <p>Use of ‘CS’ modifier is not applicable</p>	
<p>CHPW - Medicare Advantage</p>	<p>Yes 03/27/20</p>	<p>Provider COVID FAQ</p>	<p>‘CS’ modifier will be processed for Medicare</p>

<p>For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of</p> <ul style="list-style-type: none"> • COVID test • Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee’s health care provider • Testing related visit in the outpatient or Emergency Department setting 			
<p>Follow Common Direction?</p>		<p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf & https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</p> <p>NOTE: Though CMS has approved the use of ‘CS’ modifier to identify those services that should not have a member cost share (per CMS https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913), some but not all commercial health plans will recognize the ‘CS’ modifier in their adjudication processing.</p>	
<p>Cigna</p>	<p>Most 04/01/20</p>	<p>COVID Provider page Scroll down to “Provider Frequently Asked Questions” and Select “COVID-19 Medical Treatment”</p>	<p>Cigna will waive customers’ out-of-pocket costs for COVID-19 testing-related visits with in-network providers, whether at a doctor’s office, urgent care clinic, emergency room or via telehealth, through May 31, 2020. Cigna also eliminated patient out-of-pocket costs for the diagnostic testing when it is recommended by a physician. This expanded coverage includes customers in the United States who are enrolled in Cigna’s employer/union sponsored group insurance plans, globally-mobile plans, Medicare Advantage, Medicaid and the Individual & Family plans. Employers and other entities that sponsor self-insured plans administered by Cigna will be given the opportunity to adopt a similar coverage policy.</p>
<p>Coordinated Care - Commercial</p>	<p>Yes 03/27/20</p>	<p>COVID Provider page</p>	<p>When medically necessary diagnostic testing or medical screening services are ordered and/or referred by a licensed health care provider, we will cover the cost of medically necessary COVID-19 tests and the associated physician visit. Copayment, coinsurance, and/or deductible cost-sharing requirements will be waived for medically necessary COVID-19 diagnostic testing and/or medical screening services.</p>

<p>For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of</p> <ul style="list-style-type: none"> • COVID test • Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee’s health care provider • Testing related visit in the outpatient or Emergency Department setting 			
<p>Follow Common Direction?</p>		<p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf & https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</p> <p>NOTE: Though CMS has approved the use of ‘CS’ modifier to identify those services that should not have a member cost share (per CMS https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913), some but not all commercial health plans will recognize the ‘CS’ modifier in their adjudication processing.</p>	
<p>First Choice (TPA and PPO)</p>	<p>Varies by our Payers’ Plans 03/27/20</p>	<p>COVID Provider page</p> <p>Modifier CS will be considered in the adjudication of COVID-19 testing services with another claim information</p>	<p>First Choice Health is a PPO network that does not define the benefits. Please reach out to the individual Payers to confirm benefits.</p> <p>As an administrator for our self-funded health Plans, we are complying with the Families First Coronavirus Response Act, specifically the “Health Provisions” and the CARES Act-Health Provisions Coronavirus Aid, Relief and Economic Security (CARES) Act.</p> <p>FCH is encouraging all FCH payors to waive patient responsibility for COVID-19 diagnostics, including testing services, performed in accordance with the Families First Coronavirus Response Act and the CARES Act.</p>
<p>HCA Apple Health</p>	<p>Yes 04/08/20</p>	<p>Tests and E&M visit covered at 100% of the allowed amount and the patient cannot be billed.</p> <p>Use of ‘CS’ modifier is inappropriate as cost sharing is not</p>	<p>Claim coding should be consistent with the HCA FAQs posted at https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19</p> <p>Scroll down to ‘Providers, Billers and Partners’</p>

For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of

- COVID test
- Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee’s health care provider
- Testing related visit in the outpatient or Emergency Department setting

Follow Common Direction?

Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf> & https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913

NOTE: Though CMS has approved the use of ‘CS’ modifier to identify those services that should not have a member cost share (per CMS https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913), some but not all commercial health plans will recognize the ‘CS’ modifier in their adjudication processing.

applicable for Medicaid/MCO covered services’

See FFS and MCO specific pages identified below.

Medicaid FFS

Yes
03/27/20

[COVID resource page](#)

Amerigroup

Yes
03/27/20

See “COVID-19 News and Resources” on provider web site (<https://providers.amerigroup.com/pages/wa.aspx>)

CHPW

Yes
03/27/20

[Provider COVID FAQ](#)

Coordinated Care

Yes
03/27/20

[COVID Provider page](#)

When medically necessary diagnostic testing or medical screening services are ordered and/or referred by a licensed health care provider, we will cover the cost of medically necessary COVID-19 tests and the associated physician visit. Copayment, coinsurance, and/or deductible cost-sharing requirements will be waived for medically necessary COVID-19 diagnostic testing and/or medical screening services.

Molina

Yes
04/01/20

[Molina COVID Resource Page](#)

See HCA response for Medicaid.

<p>For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of</p> <ul style="list-style-type: none"> • COVID test • Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee’s health care provider • Testing related visit in the outpatient or Emergency Department setting 			
<p>Follow Common Direction?</p>		<p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf & https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</p> <p>NOTE: Though CMS has approved the use of ‘CS’ modifier to identify those services that should not have a member cost share (per CMS https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913), some but not all commercial health plans will recognize the ‘CS’ modifier in their adjudication processing.</p>	
			For Medicare will follow CMS guidance.
UHC Community Plan	Yes 03/27/20		UnitedHealthcare is waiving member costs for COVID-19 testing provided at approved locations in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines. This coverage applies to Medicare and Medicaid members as well as our commercial insured members.
KP-NW	Yes 04/24/20	We will NOT use the CS modifier in our adjudication	Most of our health plans require use of in-network providers for non-emergency services. However, in alignment with federal guidance, we cover COVID-19 related testing and visit, without deductible or cost-sharing, regardless of the provider’s network status.
KP-WA	Yes 04/24/20	We will NOT use the CS modifier in our adjudication	Most of our health plans require use of in-network providers for non-emergency services. However, in alignment with federal guidance, we cover COVID-19 related testing and visit, without deductible or cost-sharing, regardless of the provider’s network status. Self-insured plan sponsors will be able to opt-out of this program at their discretion

<p>For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of</p> <ul style="list-style-type: none"> • COVID test • Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee’s health care provider • Testing related visit in the outpatient or Emergency Department setting 			
<p>Follow Common Direction?</p>		<p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf & https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</p> <p>NOTE: Though CMS has approved the use of ‘CS’ modifier to identify those services that should not have a member cost share (per CMS https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913), some but not all commercial health plans will recognize the ‘CS’ modifier in their adjudication processing.</p>	
<p>Labor & Industries</p>	<p>Yes 04/08/20</p>	<p>If due to work exposure https://www.lni.wa.gov/agency/outreach/workers-compensation-coverage-and-coronavirus-covid-19-common-questions</p>	<p>Recommend worker file claim (Report of Accident or Occupational Disease) online before going for test, then take L&I claim # to provider giving test.</p> <p>https://secure.lni.wa.gov/home/default.aspx?rfs=PleaseSign%20In</p>
<p>Molina - Marketplace</p>	<p>Yes 04/01/20</p>	<p>Molina COVID Resource Page</p>	<p>Health plan has no Self-insured plan sponsors.</p> <p>We allow modifier CS submitted with diagnosis codes per CDC guidance. Providers should include the appropriate ICD-10 diagnosis code (B97.29, U07.1, Z03.818, Z20.828) with the E&M code for the visit</p>
<p>Pacific Source</p>	<p>Most 03/27/20</p>	<p>Provider page (link available on page to download COVID FAQ).</p>	<p>PacificSource is also covering all outpatient, urgent care, and emergency room visits, testing and radiology (applicable chest x-rays) at 100%, if billed with a COVID-19 DX (B342, B9729, U071, Z03818, Z20828). If the patient is admitted to the hospital, regular member benefits apply.</p> <p>Self-insured plan sponsors will be able to opt-in to this program at their discretion.</p>

<p>For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of</p> <ul style="list-style-type: none"> • COVID test • Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee's health care provider • Testing related visit in the outpatient or Emergency Department setting 			
<p>Follow Common Direction?</p>		<p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf & https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</p> <p>NOTE: Though CMS has approved the use of 'CS' modifier to identify those services that should not have a member cost share (per CMS https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913), some but not all commercial health plans will recognize the 'CS' modifier in their adjudication processing.</p>	
<p>Premera</p>	<p>Most 03/27/20</p>	<p>COVID Provider page</p> <p>Premera accepts the CS modifier but it is optional, not required</p>	<p>Premera will cover 100% of the cost of the COVID-19 lab and other diagnostic test panels and the associated visit resulting in no cost share for the fully insured members.</p> <p>Premera and LifeWise Health Plan of Washington customers will pay nothing out of pocket for treatment of COVID-19 or health complications associated with COVID-19, including in-patient and out-patient hospital admissions, urgent care and emergency room visits, medical transport when needed, and FDA-approved in-patient medications for both in and out of network providers. The company previously announced that it would waive cost shares for COVID-19 testing.</p> <p>Self-funded employer groups will apply this approach but may opt out of this arrangement.</p>
<p>Providence</p>	<p>Most 04/01/20</p>		<p>Most - We are supporting self-insured plan sponsors who choose to implement the same or similar coverage; however, self-insured plan sponsors are able to opt-out of this coverage at their discretion.</p>
<p>Regence</p>	<p>Most 04/29/20</p>	<p>COVID resource page</p> <p>Scroll down to COVID Testing</p>	<p>Regence is covering testing, the additional respiratory diagnostic panels, and the associated office visit for COVID-19 without any out-</p>

<p>For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of</p> <ul style="list-style-type: none"> • COVID test • Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee's health care provider • Testing related visit in the outpatient or Emergency Department setting 			
<p>Follow Common Direction?</p>		<p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf & https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</p> <p>NOTE: Though CMS has approved the use of 'CS' modifier to identify those services that should not have a member cost share (per CMS https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913), some but not all commercial health plans will recognize the 'CS' modifier in their adjudication processing.</p>	
		<p>Providers can bill with CS, but it is information and does not drive payment.</p>	<p>of-pocket costs for our fully insured members. Regence is also covering the cost of treatment for COVID-19 without any out-of-pocket costs for our fully insured members who are admitted through June 30, 2020.</p> <p>Regence is working with our self-funded employer groups to implement similar cost share arrangements when directed</p> <p>For additional information and current claims submission information related to COVID-19 testing and treatment, please visit the Regence provider site referenced here. This site is updated as quickly as possible when new information is available.</p>
<p>UHC - Commercial</p>	<p>Most 03/27/20</p>	<p>Provider COVID resource</p> <p>UHC accepts the CS modifier, but it is optional, not required</p>	<p>UnitedHealthcare is waiving member costs for COVID-19 testing provided at approved locations in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines. This coverage applies to Medicare and Medicaid members as well as our commercial insured members.</p>

<p>For all patients that meet the CDC criteria, plans will cover 100% of the cost, without patient deductible or cost share, of</p> <ul style="list-style-type: none"> • COVID test • Diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined medically necessary by the enrollee's health care provider • Testing related visit in the outpatient or Emergency Department setting 	
<p>Follow Common Direction?</p>	<p>Health plans provide 100% coverage, as outlined in the OIC Emergency Order above, except where self-funded groups opt out of that coverage. Coding should be consistent with https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf & https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913</p> <p>NOTE: Though CMS has approved the use of 'CS' modifier to identify those services that should not have a member cost share (per CMS https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913), some but not all commercial health plans will recognize the 'CS' modifier in their adjudication processing.</p>
	<p>We are also supporting self-insured employer customers who chose to implement similar actions.</p>