Diagnostic Testing & Testing Related Services

Medica is covering the testing to diagnose COVID-19 with no prior authorization needed and no member copays, deductibles or coinsurance when the COVID-19 testing claims is submitted following proper coding guidelines through 10/31/2020.

- This includes associated provider services, and the items and services provided during the visit, when the claim is submitted with a suspect or confirmed COVID-19 diagnosis. Items and services may include but are not limited to influenza tests, blood draws, strep test, chest x-ray, etc.
- Exception: For Medicaid the above applies only to in-network providers, as there is no OON coverage.
- Note: If a claim does not include a COVID-19 code/diagnosis, normal member benefits apply.
- Additional guidance can be found in the Medica COVID-19 Testing Reimbursement Policy

Diagnostic Testing Requirements:

- For the individual diagnosis or treatment of COVID-19.
- Medically appropriate and ordered by a healthcare professional.
- In accordance with generally accepted standards of care, including the Centers for Disease Control (CDC) guidance as appropriate.
- Testing as part of public surveillance, return to work programs, return to school/athletics, event participation, etc. are not supported as medical necessary and should not be submitted to Medica for payment.
- Home tests for COVID-19 that are FDA-approved, ordered by a practitioner and medically necessary are eligible for coverage, except when done for return to work or public surveillance testing.

Serology (Antibody) Testing

Medica is covering antibody testing with no member copays, deductibles or coinsurance when claims are submitted following proper coding guidelines through 10/31/2020. Antibody testing must be FDA-authorized, medically appropriate and ordered by a healthcare professional.

- Additional guidance can be found in the Medica COVID-19 Testing Reimbursement Policy

Telemedicine, Telephone, Virtual Care

Medica has temporarily expanded access to telemedicine in response to COVID-19. This expanded access is available through 10/31/2020, with the exception of MN Medicaid extended to the end of the PHE or 2/1/2021.

- Refer to the Emergency Telemedicine Reimbursement Policies for additional guidance and applicable code lists. Telehealth services are reimbursed at the same rate as in-person, face-to-face visits.
- Waive member cost share for a telehealth visit for COVID-19 testing (administered or ordered, including outpatient treatment) for in-network providers.
- Additional guidance can be found in the following Medica Reimbursement Policies: Telemedicine for MN Health Care Program Members, Telemedicine (for all other members), and Telephone and Virtual Care Services

Inpatient Treatment & Care

Medica will waive member cost share for in-network inpatient hospital care (for all facility & professional services) when related to the treatment of COVID-19. This applies when claims are submitted following proper coding guidelines for Fully Insured Commercial, Individual Family and Business and Government Products (may not apply to Self-Insured Commercial) through 9/30/2020.

Prior Authorizations

Medica will continue to suspend prior authorization for admission to a post-acute setting. Also, for the repair or replacement of durable medical equipment (DME), we will continue to waive a new physician’s order, face-to-face visit or medical necessity documentation. This applies through 10/31/2020.

CS Modifier

Please use the CS modifier for only services “relate to the order for or administration of” COVID-19 or that relate “to the evaluation of an individual for purposes of determining the need for diagnostic testing”.

Note:

- Medical or invoice records may be requested for all services rendered to support testing appropriateness and use of FDA approved tests.
- State and federal mandates and customer benefit plan designs may supersede guidelines contained in this overview.
- The Centers for Medicare & Medicaid Services (CMS) guidelines for place of service may vary.
- For the most up-to-date information, review the COVID-19 FAQ and Medica’s Reimbursement Policies.