

## 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 claim 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](#).*