

COVID-19 Telehealth Cost-Sharing Summary

Last Update: 3/20/2020

Medicare, Medicaid, other government plans, and many private plans must cover testing and associated visits related to the diagnosis of COVID-19 during the emergency period. For these services, patients are not responsible for co-pays, deductibles, and co-insurance. Plans, however, are not required to cover or waive cost-sharing for the treatment of COVID-19. Furthermore, CMS expanded Medicare's telemedicine coverage to all of its beneficiaries for services beyond COVID-19, such as common office visits, mental health counseling, and preventive health screenings. Telehealth services are paid under Medicare's Physician Fee Schedule at the same amount as in-person services. Medicare coinsurance and deductibles still apply for these services at the providers' discretion.

State governments are also directing health insurance companies to reduce or eliminate altogether any cost-sharing burden to patients for COVID-19. For example, New York, California, Texas, Colorado, and Massachusetts have outright prohibitions on any cost-sharing for in-network telehealth services relating to COVID-19. States such as Florida are directing insurance companies to find ways to reduce cost-sharing for COVID-19 services. Other states are likely to follow suit.

Many commercial plans do not allow co-payments or cost-sharing to be charged for telehealth services related to COVID-19 and urgent care for the next 90 days. Some plans, such as Blue Cross Blue Shield and Aetna, are waiving co-payments and cost-sharing for all virtual visits for in-network providers across their commercial plans for the next 90 days, regardless of the service type.

** The above statements are for informational purposes only and are not intended to provide legal advice. These statements are subject to change as the subject matter continues to develop.*