

## Patient cost-sharing for laboratory tests to diagnose COVID-19, provider visits to diagnose COVID-19 and all telehealth services

*This communication applies to the Medicaid and Medicare Advantage programs for Empire BlueCross BlueShield (Empire).*

Please be advised that the New York State Department of Financial Services (DFS), the New York State Department of Health (DOH) and the federal government are directing payers to waive patient copayments, coinsurance and deductibles for certain testing and treatment due to the COVID-19 emergency.

### 1. Commercial Health Insurance, Medicaid, Medicaid Managed Care, Child Health Plus, and the Essential Plan

DFS and DOH have waived patient copayments, coinsurance and deductibles for in-network laboratory tests, in-network provider visits and visits at the emergency department of a hospital to diagnose COVID-19 effective March 13, 2020, for 90 days during the state of emergency. In addition, the Departments have also waived patient copayments, coinsurance and deductibles for all covered telehealth services effective March 16, 2020, for 90 days during the state of emergency. The waivers apply to Commercial Health Insurance coverage, Medicaid, Medicaid Managed Care, Child Health Plus and the Essential Plan. Providers should not collect the copayment, coinsurance or deductible from the patient, and, to the extent possible, notify the health plan that they have waived cost sharing. Instead, the health plan will reimburse the provider directly. For more information see the following resources.

- DFS [regulation](#) to waive cost-sharing for laboratory tests and visits to diagnose COVID-19
- DFS [regulation](#) to waive cost-sharing for telehealth
- DFS [Circular Letter](#) on telehealth coverage
- DFS [Q&A](#) on telehealth coverage
- DOH Comprehensive Telehealth [guidance](#) for Medicaid providers
- New York State Office of Mental Health [guidance](#)
- New York State Office of Addiction Services and Supports:
  - [Letter to providers March 9, 2020](#) — waives and modifies certain telepractice regulations
  - [Letter to providers March 17, 2020](#) — regarding provider attestation
- Teleconference waiver [update I](#) (issued March 13, 2020)
- Teleconference waiver [update II](#) (issued March 18, 2020)

### 2. Self-Funded Plans

The federal government has waived prior authorization and copayments, coinsurance, and deductibles for a diagnostic test and items and services furnished during a visit that results in administration of diagnostic test for COVID-19 for individual and group fully-insured and self-funded plans.

### **3. Medicare**

The federal government has passed **legislation** providing that during the emergency period, Medicare will pay the entire cost, and no deductible will be applied, for any medical visit that results in an order for, or the administration of, a test for COVID-19 or that relates to an evaluation to determine whether such test is needed.