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COVID-19 Claims Reimbursement for Testing and Treatment to Health Care Providers and Facilities Serving the Uninsured

President Trump is providing support to healthcare providers fighting the COVID-19 pandemic. The President signed the bipartisan Families First Coronavirus Response Act or FFCRA (P.L. 116-127), which appropriates \$1 billion to reimburse providers for conducting coronavirus testing for the uninsured, and the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136), which provides \$100 billion in relief funds, including to hospitals and other healthcare providers on the front lines of the coronavirus response. Within the Provider Relief Fund, a portion of the funding will be used to support healthcare-related expenses attributable to the treatment of uninsured patients with COVID-19.

About the program

As part of the FFCRA and [CARES Act](#), the U.S. Department of Health and Human Services (HHS), will provide claims reimbursement to health care providers generally at Medicare rates for testing uninsured patients for COVID-19 and treating uninsured patients with a COVID-19 diagnosis.

Physicians and other health care providers are true heroes – especially during the COVID-19 outbreak – and HHS is grateful for their continued dedication.

How it works

Health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 patients on or after February 4 can request claims reimbursement through the program electronically and will be reimbursed generally at Medicare rates, subject to available funding. Steps will involve: enrolling as a provider participant, checking patient eligibility, submitting patient information, submitting claims, and receiving payment via direct deposit.

To participate, providers must attest to the following:

- You have checked for health care coverage eligibility and confirmed that the patient is uninsured. You have verified that the patient does not have individual, employer-sponsored, Medicare or Medicaid coverage, and no other payer will reimburse you for COVID-19 testing and/or care for that patient.
- You will accept defined program reimbursement as payment in full.
- You agree not to balance bill the patient.
- You agree to program terms and conditions and may be subject to post-reimbursement audit review.

Program timeline

- April 22 – Program Details launch
- April 27 – Sign up period begins for the program
- April 29 – On Demand training starts
- May 6 – Begin submitting claims electronically
- Mid-May – Begin receiving reimbursement

For whom can claims be submitted

Providers may submit claims for patients in the U.S. without health care coverage.

What's covered

For dates of service or admittance on or after February 4, 2020, providers will be eligible to seek reimbursement for COVID-19 testing and testing-related visits for uninsured patients, as well as treatment for uninsured patients with a COVID-19 diagnosis. All claims will be subject to the same timely filing requirements required by Medicare.

Reimbursement will be made for: qualifying testing for COVID-19 and treatment services with a primary COVID-19 diagnosis, including the following:

- Specimen collection, diagnostic and antibody testing.
- Testing-related visits including in the following settings: office, urgent care or emergency room or via telehealth.
- Treatment: office visit (including via telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ground ambulance transportation, non-emergent patient transfers via ground ambulance, and FDA approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay.
- When an FDA-approved vaccine becomes available, it will also be covered.
- For inpatient claims, date of admittance must be on or after February 4, 2020.

Services not covered by traditional Medicare will also not be covered under this program. In addition, the following services are excluded:

- Air and water ambulance.
- Any treatment without a COVID-19 primary diagnosis, except for pregnancy when the COVID-19 code may be listed as secondary.
- Hospice services.
- Outpatient prescription drugs covered under Medicare Part D.

All claims submitted must be complete and final.

Claims Submission

This content will be available by Monday, April 27, so please check back for more information.

Claims Reimbursement

Claims for reimbursement will be priced as described below for eligible services (see coverage details above).

- Reimbursement will be based on current year Medicare fee schedule rates except where otherwise noted.
- Reimbursement will be based on incurred date of service.
- Publication of new codes and updates to existing codes will be made in accordance with CMS.
- For any new codes where a CMS published rate does not exist, claims will be held until CMS publishes corresponding reimbursement information.

When can I learn more?

We will update this site with much more information starting April 27. Please check back often for the latest updates and stay connected with us on [Twitter](#), [Facebook](#) and [LinkedIn](#).

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