Got Medicare? Get a no-cost test for COVID-19

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If you have Medicare and want to be tested for coronavirus disease 2019 (COVID-19), the Trump Administration has good news.

Medicare covers tests with no out-of-pocket costs. You can get tested in your home, doctor's office, a local pharmacy or hospital, a nursing home, or a drive-through site. Medicare does not require a doctor's order for you to get tested.

Testing is particularly important for older people and nursing home residents, who are often among the most vulnerable to COVID-19. Widespread access to testing is a critical precursor to a safe, gradual reopening of America.

When a vaccine for COVID-19 is developed, Medicare will cover that, too.

For Medicare beneficiaries who are homebound and can't travel, Medicare will pay for a trained laboratory technician to come to your home or residential nursing home to collect a test sample. (This doesn't apply to people in a skilled nursing facility on a short-term stay under Medicare Part A, as the costs for this test, including sample collection, are already covered as part of the stay.)

If you receive Medicare home health services, your home health nurse can collect a sample during a visit. Nurses working for rural health clinics and federally qualified health clinics also can collect samples in beneficiaries' homes under certain conditions.

Or you can go to a "parking lot" test site set up by a pharmacy, hospital, or other entity in your community.

We're doing similar things in the Medicaid program, giving states flexibility to cover parking-lot tests as well as tests in beneficiaries' homes and other community settings.

We also implemented the Families First Medicaid eligibility option, which allows states to cover uninsured citizens' testing costs with no cost-sharing. Individuals should contact their state Medicaid agency to apply for this coverage.

Both Medicare and Medicaid cover serology or antibody tests for COVID-19. These tests can help identify who has been exposed to the virus.

Medicare generally covers the entire cost of COVID-19 testing for beneficiaries with Original Medicare. If you're enrolled in a Medicare Advantage health plan, your plan generally can't charge you cost-sharing (including deductibles, copayments, and coinsurance) for COVID-19 tests and the administration of such tests.

In addition, Medicare Advantage plans may not impose prior authorization or other utilization management requirements on the COVID-19 test or specified COVID-19 testing-related services for the duration of the COVID-19 public health emergency.

We have also required that private health issuers and employer group health plans cover COVID-19 testing, and certain related items and services, with no cost-sharing during the pandemic. This includes items and services that result in an order for, or administration of, a COVID-19 diagnostic test in a variety of medical settings, including urgent care visits, emergency room visits, and in-person or telehealth visits to the doctor's office.

From day one, President Trump has worked to ensure that cost is no barrier to being tested for COVID-19, and to make testing as widely and easily available as possible. As a result of these actions, we've seen a surge in testing among Medicare beneficiaries. Robust and widespread testing is of paramount importance as we begin easing back into normal life.

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