

Health Safety Net (HSN), Uninsured, & MassHealth Limited COVID-19 Testing and Treatment FAQ

Updated as of July 14, 2020

This FAQ is intended to address billing questions for COVID-19 testing and treatment for patients who are either uninsured (including Health Safety Net (HSN) patients), or insured through MassHealth Limited. It is directed to providers permissibly rendering COVID-19-related testing and treatment services to the above-described populations. These providers include, but are not limited to, durable medical equipment providers, home health agencies, pharmacies, ambulances, physicians, acute and non-acute hospitals, community health centers, chronic disease and rehabilitation hospitals (CDRHs), and nursing facilities.

1. How should providers bill for COVID-19-related testing and treatment for uninsured individuals?

An uninsured person who qualifies for HSN is considered uninsured for COVID-19-related testing and treatment. Providers furnishing COVID-19 testing, treatment, and related services to uninsured individuals should bill for such services through the federal claim-submission portal, available through the following link:

<https://coviduninsuredclaim.linkhealth.com/>.

For further information on how to sign up for and use the portal, as well as for program details and a summary of covered services, use the following link:

<https://www.hrsa.gov/coviduninsuredclaim>.

Claims may be submitted to the federal claim-submission portal for dates of service beginning February 4, 2020.

Any services for the uninsured that are not billable to the federal claim-submission portal may be billed to HSN for individuals who qualify for HSN, or to MassHealth for individuals eligible for the Children's Medical Security Plan (CMSP).

2. Can I submit claims for an HSN patient, or an individual in CMSP, to the federal claims- submission portal?

Yes, bill the portal for COVID-19-related testing or treatment services provided to HSN patients and to individuals in CMSP.

3. How should providers bill for COVID-19-related testing and treatment for MassHealth Limited members?

Claims for COVID-19-related testing, treatment, and other related services provided to MassHealth Limited members are considered emergency services, payable by MassHealth.

In order for such services to MassHealth Limited patients to be paid by MassHealth, providers must include the following information with those claims:

- A diagnosis indicating COVID-19 in position 1 or 2 of the claim.

- An indication that the episode of care was emergent in nature. On institutional claims, using “emergency,” “urgent,” or “trauma” would meet this requirement.

4. Does the MassHealth Limited coverage of COVID-19 claims apply to inpatient services?

Yes. MassHealth Limited will cover COVID-19-related admissions for inpatient admissions with admission dates during the Massachusetts public health emergency, even if the individual is discharged after the emergency concludes.

5. How does the MassHealth Limited coverage of COVID-19 claims apply to non-acute facilities, including CDRHs or nursing facilities?

COVID-19-related services are payable by MassHealth for Limited benefit members.

Please note the following:

- The admission date must be during the Massachusetts COVID 19 public health emergency.
- The discharge date is not considered in determining payable status. Regardless of whether the discharge date is during the Massachusetts COVID-19 emergency or afterward, it has no bearing on the payable status of the limited-benefit member claim.
- When the initial admission is COVID-19-related, the entire stay is payable under this policy. (This includes the recovery period, when the member may test negative for COVID-19.)