

## MDS Alert

### Reader Questions: COVID-19 Lab Test Included for Part A Beneficiaries

**Question:** Can our facility bill Medicare for COVID-19 testing if one of our nurses is performing the swab on a Medicare Part A beneficiary?

Ohio Subscriber

**Answer:** No, the role of the person performing the test doesn't matter in this instance, only the resident's beneficiary status. "We note that G2024 is applicable to patients in a non-covered stay in a SNF and not to those residents in Medicare-covered stays (whose bundled lab tests would be covered instead under Part A's SNF benefit at §1861(h) of the Act)," says the Centers for Medicare & Medicaid Services (CMS) in a recently updated Frequently Asked Questions set, "COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing."



For residents who have commercial insurance carriers, the answer may be a bit more obscure. Insurance carrier Excellus is explicit that skilled nursing facilities should not use HCPCS Level II code G2024 (Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source) for billing. "HCPCS codes G2023 and G2024 should **not** be billed by certified home health care agencies or skilled nursing facilities," Excellus said in a recent announcement for providers (emphasis original).