

# Medicare coverage and coronavirus

Original Medicare-covered services related to coronavirus include:

- **Coronavirus testing**

- Your doctor can bill Medicare for tests provided after February 4, 2020. Medicare covers your first coronavirus test without an order from a doctor or other qualified health care provider. After your first test, Medicare requires you to get an order from your provider for any further coronavirus tests you receive. You will owe nothing for the laboratory test and related provider visits (no deductible, coinsurance, or copayment). This applies to both Original Medicare and Medicare Advantage Plans.

- **COVID-19 vaccine**

- Original Medicare Part B covers the vaccine, regardless of whether you have Original Medicare or a Medicare Advantage Plan. You will owe no cost-sharing (deductibles, copayments, or coinsurance). The Food and Drug Administration (FDA) has approved an additional dose of the COVID-19 vaccine or booster for people age 16 or older. The additional dose or booster is covered by Medicare with zero-cost sharing.
- You should bring your red, white, and blue Medicare card with you to your vaccination appointment, even if you have a Medicare Advantage Plan. If you do not have your card on you, your vaccine provider will ask you for your Social Security number so that they can look up your Medicare information.

- **Telehealth benefits**

- A telehealth service is a full visit with your doctor using video technology. During the public health emergency, Medicare covers hospital and doctors' office visits, mental health counseling, preventive health screenings, and other visits via telehealth for all people with Medicare. You can access these benefits at home or in health care settings. You may owe standard cost-sharing (like a coinsurance or copayment) for these services, but contact your provider to learn more. If you have a Medicare Advantage Plan, contact your plan to learn about its costs and coverage.

- **Prescription refills**

- If you want to refill your prescriptions early so that you have extra medication on hand, contact your Part D drug plan. Your plan should remove restrictions that stop you from refilling most prescriptions too soon.

Medicare also covers other medically necessary services, such as inpatient and outpatient hospital care or skilled nursing facility care.

Medicare Advantage Plans must cover everything that Original Medicare does, but they can do so with different costs and restrictions.

## Accessing care during a public health emergency

During a public health emergency, Medicare Advantage and Part D plans must maintain access to health care services and prescription drugs.

### Medicare Advantage Plans must:

- Allow you to receive health care services at out-of-network doctor's offices, hospitals, and other facilities
- Charge in-network cost-sharing amounts for services received out of network
- Waive referral requirements
- Suspend rules that require you to tell your plan before you get certain kinds of care or prescription drugs, if failing to contact the plan ahead of time would limit your access to care

### Part D plans must:

- Cover formulary Part D drugs picked up at out-of-network pharmacies
  - Part D plans must do this when you cannot be expected to pick up Part D drugs at an in-network pharmacy
- Cover up to a 90-day supply of a prescription at your request
  - Plan cannot put a quantity limit on a drug that would prevent you from getting a full 90-day supply, as long as you have prescription for that amount
  - Some safety limits are still in place to prevent unsafe dispensing of opioids
- Make other needed changes to make sure you can access medications without interruption
  - Plans have different options for how to do this, such as lifting restrictions that stop you from filling a prescription too soon



If you have trouble getting your plan to cover services, call the  
**Medicare Rights Center Consumer Helpline: 800-333-4114**