

Medicare coverage and coronavirus

The Medicare Rights Center Consumer Helpline is open
Call **800-333-4114** to speak with a counselor

As the number of cases of COVID-19 (also known as coronavirus) increases, so does the importance of programs like Medicare in helping you maintain your health. Medicare is taking important steps to keep you informed and help you access appropriate care.

Original Medicare-covered services related to coronavirus include:

- **Coronavirus testing**
 - Your doctor can bill Medicare for this test beginning April 1, 2020 for testing provided after February 4, 2020. 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.
- **Virtual check-ins**
 - Virtual check-ins can be used to communicate with your doctor and assess whether you should go to the office for an in-person visit. If you have a Medicare Advantage Plan, contact your plan to learn about its costs and coverage.
- **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
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