

DID YOU KNOW?

Medicare Covers At-Home COVID-19 Tests

Beneficiaries can now Test with no out-of-pocket costs

More than 64 million of Medicare's beneficiaries enrolled in Part A & B are receiving up to eight (8) free over-the-counter COVID-19 at-home tests per month from local physicians and non-physician practitioners, clinics, hospital outpatient departments, Critical access hospitals (CAHs), Skilled nursing facilities (SNFs), Home health agencies (HHAs), Rural health clinics (RHCs) and local pharmacies. Medicare will pay eligible healthcare facilities/practitioners directly, so beneficiaries will not have to pay anything up front for these tests.

This program applies both to people with original Medicare and to those who are enrolled in a Medicare Advantage (MA) plan. MA plans had already been authorized to offer the over-the-counter COVID-19 tests at no charge as a supplemental benefit. Medicare will cover only over-the-counter tests approved or authorized by the [U.S. Food and Drug Administration](#) (FDA).



**HOW
DOES
THIS
WORK?**

**SEE EXAMPLE
ON NEXT PAGE**

The importance for Medicare Beneficiaries

People 65 and older are at much greater risk of serious illness and death from this disease, and regular testing is crucial part of managing the spread of COVID-19. By testing-to-treat, this vulnerable age group can have access to the tools they need to keep them safe. This will be the first time that Medicare will cover any over-the-counter products at no cost to beneficiaries.

How Healthcare Providers can take advantage of this opportunity to serve their Medicare Population & Generate Reimbursement Income

As a healthcare provider, participation is voluntary, but you must meet this criteria if you want to participate:

- You don't need to sign a participation agreement to bill Medicare for these tests.
- You initiate participation in the demonstration when you submit a Medicare claim for OTC COVID-19 tests.
- You don't need to complete a new enrollment if you're currently enrolled in Medicare and can provide ambulatory health care services such as lab tests, preventive vaccines, or other clinic visits.
- Submit Medicare claims using HCPCS code K1034. [See "How to Bill."](#)
- You'll procure the OTC COVID-19 tests yourself to furnish to Medicare patients. [See "Tips for Providing Tests."](#)

To learn more on how you can help your Medicare Beneficiaries receive the care they need, please visit:
<https://www.cms.gov/covidotctestsprovider>

For information about INDICAID, your Test partner, please visit:
<https://www.phasescientificamericas.com/indicaid-rapid-antigen-test/>

1.877.934.9344

ussales@phasesci.com

[phasescientificamericas.com](https://www.phasescientificamericas.com)

HOW DOES THIS WORK?

Below is an example of the possible income potential:

Participating Healthcare Provider buys OTC test for \$5.00, and they can buy eight (8) tests per Beneficiary per month. Healthcare Provider/Nursing Facility can then file a reimbursement from the government (HHS) for \$12 per test. So, that would be \$7 per month income per each test (a total of eight (8) test per person per month) which would equal an income stream of \$56 per Medicare beneficiary per month for the Provider.



If the retail price of the over-the-counter COVID-19 tests is more than \$12, can a participating eligible pharmacy or health care provider charge or bill for the balance of the test?

NO. A participating eligible pharmacy or health care provider must agree not to balance bill or charge a Medicare beneficiary anything for tests that fall within the established per beneficiary per calendar month quantity limit of eight (8) tests. However, if a Medicare beneficiary has exceeded the per calendar month quantity limit, a participating eligible pharmacy or health care provider may seek payment from the beneficiary for such tests.



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ABOUT PHASE Scientific Americas

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1.877.934.9344

ussales@phasesci.com

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