

116TH CONGRESS  
2D SESSION

# H. R. 6263

To amend title XVIII of the Social Security Act to waive cost sharing under the Medicare program for certain visits relating to testing for COVID-19.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 12, 2020

Mr. SARBANES (for himself, Mr. DANNY K. DAVIS of Illinois, and Mr. COURTNEY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to waive cost sharing under the Medicare program for certain visits relating to testing for COVID-19.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. WAIVING COST SHARING UNDER THE MEDI-**  
4 **CARE PROGRAM FOR CERTAIN VISITS RELAT-**  
5 **ING TO TESTING FOR COVID-19.**

6 (a) IN GENERAL.—Section 1833 of the Social Secu-  
7 rity Act (42 U.S.C. 1395l) is amended—

1 (1) in subsection (a)(1)—

2 (A) by striking “and” before “(CC)”; and

3 (B) by inserting before the period at the  
4 end the following: “, and (DD) with respect to  
5 a specified COVID–19 testing-related service  
6 described in paragraph (1) of subsection (cc)  
7 for which payment may be made under a speci-  
8 fied outpatient payment provision described in  
9 paragraph (2) of such subsection, the amounts  
10 paid shall be 100 percent of the payment  
11 amount otherwise recognized under such respec-  
12 tive specified outpatient payment provision for  
13 such service,”;

14 (2) in subsection (b), in the first sentence—

15 (A) by striking “and” before “(10)”; and

16 (B) by inserting before the period at the  
17 end the following: “, and (11) such deductible  
18 shall not apply with respect to any specified  
19 COVID–19 testing-related service described in  
20 paragraph (1) of subsection (cc) for which pay-  
21 ment may be made under a specified outpatient  
22 payment provision described in paragraph (2)  
23 of such subsection”; and

24 (3) by adding at the end the following new sub-  
25 section:

1       “(cc) SPECIFIED COVID-19 TESTING-RELATED  
2 SERVICES.—For purposes of subsection (a)(1)(DD):

3               “(1) DESCRIPTION.—

4                       “(A) IN GENERAL.—A specified COVID-  
5 19 testing-related service described in this para-  
6 graph is a medical visit that—

7                               “(i) is in any of the categories of  
8 HCPCS evaluation and management serv-  
9 ice codes described in subparagraph (B);

10                               “(ii) is furnished during any portion  
11 of the emergency period defined in section  
12 1135(g)(1)(B) beginning on or after the  
13 date of the date of the enactment of this  
14 subsection; and

15                               “(iii) results in an order for or admin-  
16 istration of an in vitro diagnostic product  
17 (as defined in section 809.3(a) of title 21,  
18 Code of Federal Regulations) administered  
19 during any portion of such emergency pe-  
20 riod beginning on or after the date of the  
21 enactment of this subsection for the detec-  
22 tion of SARS-CoV-2 or the diagnosis of  
23 the virus that causes COVID-19 that is  
24 approved, cleared, or authorized under sec-

1                   tion 510(k), 513, 515, or 564 of the Fed-  
2                   eral Food, Drug, and Cosmetic Act.

3                   “(B) CATEGORIES OF HCPCS CODES.—For  
4                   purposes of subparagraph (A), the categories of  
5                   HCPCS evaluation and management services  
6                   codes are the following:

7                   “(i) Office and other outpatient serv-  
8                   ices.

9                   “(ii) Hospital observation services.

10                  “(iii) Emergency department services.

11                  “(iv) Skilled nursing facility services.

12                  “(v) Domiciliary, rest home, or custo-  
13                  dial care services.

14                  “(vi) Home services.

15                  “(2) SPECIFIED OUTPATIENT PAYMENT PROVI-  
16                  SION.—A specified outpatient payment provision de-  
17                  scribed in this paragraph is any of the following:

18                  “(A) The hospital outpatient prospective  
19                  payment system under subsection (t).

20                  “(B) The physician fee schedule under sec-  
21                  tion 1848.

22                  “(C) The prospective payment system de-  
23                  veloped under section 1834(o).

24                  “(D) Section 1834(g), with respect to an  
25                  outpatient critical access hospital service.

1           “(E) The payment basis determined in  
2           regulations pursuant to section 1833(a)(3) for  
3           rural health clinic services.”.

4           (b) CLAIMS MODIFIER.—The Secretary of Health  
5           and Human Services shall provide for an appropriate  
6           modifier (or other identifier) to include on claims to iden-  
7           tify, for purposes of subparagraph (DD) of section  
8           1833(a)(1), as added by subsection (a), specified COVID–  
9           19 testing-related services described in paragraph (1) of  
10          section 1833(cc) of the Social Security Act, as added by  
11          subsection (a), for which payment may be made under a  
12          specified outpatient payment provision described in para-  
13          graph (2) of such subsection.

14          (c) IMPLEMENTATION.—Notwithstanding any other  
15          provision of law, the Secretary of Health and Human  
16          Services may implement the provisions of, including  
17          amendments made by, this section through program in-  
18          struction or otherwise.

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