

Informational Update Vol 15 #8 August 23, 2024

1. COVID-19

Although the COVID-19 pandemic is long over, there has been a tremendous increase in the virus this summer, ruining vacation plans and causing fever and coughing among the virus-infected individuals. Although the Centers for Disease Control and Prevention (CDC) no longer tracks individual infection numbers, experts believe the number of infected cases could be the largest summer amount yet.

As of now, the variants have not proven to cause serious illness, and vaccines remain effective. However, this could easily change as new variants keep emerging.

COVID-19 Vaccine

The CDC recommends that everyone 6 months or older receive the 2024-25 updated COVID-19 vaccine to protect them this fall and winter against the virus, even if they never had a COVID-19 vaccination previously.

As I write this article, I just received a news flash that the US Food and Drug Administration approved the updated vaccine from Moderna & Pfizer. The vaccine shots should now become available in the coming days and will target a strain called KP.2

The good news is that the COVID-19 vaccine cost is free. The Department of Health and Human Services (HHS) has said the coronavirus “must be provided to vaccine recipients with no out-of-pocket costs.” If you go to your local pharmacy for the shot, you will probably be asked to show your current ID and health insurance card.

Who Pays for the COVID-19 Vaccine

Medicare will pay for the COVID-19 vaccine for Medicare beneficiaries under Part B; HHS will pay for all others not on Medicare. However, those health insurance plans not compliant with the Affordable Care Act (ACA) will have to request reimbursement from the HHS provider relief fund. Under no circumstances can they bill patients directly.

2. Physical Therapy

I often get questions from Medicare-eligible retirees about physical therapy coverage. Does the CSA Retiree Welfare Fund cover physical therapy? What about Medicare? Well, the answers are simple: yes, and yes. However, there is a caveat: if you are on Medicare, you must first exhaust its coverage before you can file for the Fund's coverage.

Medicare Coverage

In 2024, Medicare continued to cover physical therapy under Part A (hospital insurance) and Part B (medical insurance). For Part A, the therapy takes place either in a hospital or a Skilled Nursing Facility. Part B covers outpatient services that take place at various locations or, under certain conditions, at home.

In the past, Medicare limited the number of therapy visits. That is not the case now as there is no longer a hard cap on therapy services. However, there is a soft cap or threshold amount that cannot be exceeded unless the healthcare provider indicates on a claim form that the therapy is medically necessary and documents why this is so. The cap this year is \$2,330.

Also, the physical therapy regulations require a licensed physical therapist to reassess the patient every 30 days. The reassessment measures the improvement from the previous 30 days.

CSA Retiree Welfare Fund's Coverage

After an annual \$100 deductible, you will get back 80% of the therapy cost up to \$2,000. When you file your first claim, you will need a statement from Medicare (or your primary carrier if it covers physical therapy) that you have exhausted their coverage.

3. Question of the Month

Q. I recently was in the emergency room and received an invoice for \$50. Is that reimbursable?

A. I'm sorry you had to go to the emergency room. I hope you had a speedy recovery

The Fund would process the \$50 deductible under the Supplemental Medical Benefits program. However, under this program, there is a \$100 annual deductible. If \$50 is the only out-of-pocket expenditure during the calendar year, then the answer is no.