

# Yes, Hospitals Get Paid More For Coronavirus-Coded Patients, Even If They Haven't Been Tested

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Hospitals get paid more money if a patient is coded for the novel coronavirus, even if they haven't been tested in some states, multiple fact-checking sites have confirmed, including USA Today, Politifact, and Snopes. Hospitals get a 20% add-on for COVID-19-coded patients and roughly three times as much if such patients are placed on a ventilator.


In the beginning of April, physician and State Sen. Scott Jensen (R-MN) notified the public of the policy and later emphasized on Fox News' "The Ingraham Angle" that "anytime health care intersects with dollars, it gets awkward."



“Right now Medicare has determined that if you have a COVID-19 admission to the hospital you’ll get paid \$13,000,” Jensen said on the Fox program. “If that COVID-19 patient goes on a ventilator, you get \$39,000; three times as much. Nobody can tell me, after 35 years in the world of medicine, that sometimes those kinds of things [have] impact on what we do.”

“Some physicians really have a bent towards public health and they will put down influenza or whatever because that’s their preference,” he continued. “I try to stay very specific, very precise. If I know I’ve got pneumonia, that’s what’s going on the death certificate. I’m not going to add stuff just because it’s convenient.”

On Facebook, the Republican reiterated, “How can anyone not believe that increasing the number of COVID-19 deaths may create an avenue for states to receive a larger portion of federal dollars. Already some states are complaining that they are not getting enough of the CARES Act dollars because they are having significantly more proportional COVID-19 deaths.”



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“Hospital administrators might well want to see COVID-19 attached to a discharge summary or a death certificate. Why? Because if it’s a straightforward, garden-variety pneumonia that a person is admitted to the hospital for – if they’re Medicare – typically, the diagnosis-related group lump sum payment would be \$5,000,” he added on April 19. “But if it’s COVID-19 pneumonia, then it’s \$13,000, and if that COVID-19 pneumonia patient ends up on a ventilator, it goes up to \$39,000.”

Speaking to [USA Today](#), Marty Makary, a surgeon and professor of health policy and management at Johns Hopkins Bloomberg School of Public Health, said via email on April 21, “What Scott Jensen said sounds right to me.”

“We rate the claim that hospitals get paid more if patients are listed as COVID-19 and on ventilators as TRUE,” [USA Today](#) declared in a Friday fact-check.

“Hospitals and doctors do get paid more for Medicare patients diagnosed with COVID-19 or if it’s considered presumed they have COVID-19 absent a laboratory-confirmed test, and three times more if the patients are placed on a ventilator to cover the cost of care and loss of business resulting from a shift in focus to treat COVID-19 cases,” the fact-checker explains.

“This higher allocation of funds has been made possible under the Coronavirus Aid, Relief and Economic Security Act through a Medicare 20% add-on to its regular payment for COVID-19 patients, as verified by USA TODAY through the [American Hospital Association Special Bulletin](#) on the topic,” the outlet added.

Politifact conceded, “Medicare is paying a 20% add-on to its regular hospital payments for the treatment of COVID-19 victims. That’s a result of a federal stimulus law.”

And, as noted by Snopes, the best estimates for pay-outs to hospitals for uninsured patients match Sen. Jensen’s \$13,000 and \$39,000 figures.

“For less severe hospitalizations, we use the average Medicare payment for respiratory infections and inflammations with major comorbidities or complications in 2017, which was \$13,297,” said healthcare nonprofit Kaiser Family Foundation. “For more severe hospitalizations, we use the average Medicare payment for a respiratory system diagnosis with ventilator support for greater than 96 hours, which was \$40,218.”

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