

HEALTH PLAN COVERAGE FOR COVID-19 TESTING FREQUENTLY ASKED QUESTIONS

The Families First Coronavirus Response Act (“Act”) requires group health plans and health insurance issuers offering group or individual health insurance coverage (“Health Plans”) to cover diagnostic testing services in relation to COVID-19 (“Testing”), at 100% with no patient cost sharing, meaning no deductible, coinsurance, or copays would apply. These services include the Testing itself, and physician office visits, including telehealth visits; urgent care visits, and emergency room visits that are related to the Testing or for the evaluation to determine the need for the Testing. These required medical benefits are effective under Health Plans during the COVID-19 Emergency Period. A Health Plan is not required to provide coverage for testing for surveillance or employment purposes or any other purposes for which testing is not required under the Act.

What coverage is provided by a Health Plan for COVID-19 Testing?

A Health Plan is required to provide coverage for individual diagnostic COVID-19 Testing.

What is diagnostic Testing?

Diagnostic testing covered by a Health Plan is testing that is medically appropriate for the individual as determined by the person's attending health care provider. This may include Testing that the health care provider determines is appropriate due to a patient exhibiting symptoms, having exposures, or as necessary for health care procedures.

Does the Testing have to be ordered by a primary care physician to be covered?

Testing that determined to be medically appropriate by any health care provider who is licensed (or otherwise authorized) under applicable law, who is acting within the scope of the provider's license (or authorization), and who is responsible for providing care to the patient can determine whether the Testing is medically appropriate for a patient. A health care provider does not need to be "directly" responsible for providing care to the patient to be considered an attending health care provider as long as the provider makes an individualized assessment to determine whether the test is medically appropriate in accordance with current accepted standards of medical practice.

Is testing that an individual undertakes without involvement of a health care provider covered?

No. Only diagnostic testing determined medically appropriate for the individual by the attending health care provider is covered.

Is an in-person visit with the attending health care provider needed?

No. A determination that Testing is medically appropriate can be done by telehealth or other appropriate remote health care services.

Is testing that is required by the employer or otherwise conducted for employment or surveillance purposes covered by a Health Plan?

No. A Health Plan is only required to cover diagnostic testing as required by the Act. Testing required by an employer or otherwise required or requested for employment or surveillance purposes is not required to be covered by Health Plan. For example, screening for workplace health and safety including "return to work" programs would not be required to be covered by the Health Plan. The

Health Plan is required to cover only individualized diagnostic testing determined medically appropriate by the attending health care provider for the patient as required by the Act.

If an employee has a potential exposure at work, would Testing be covered by the Health Plan?

Individual diagnostic testing is covered regardless of the source of the potential exposure. In order for the Testing to be covered in this situation, it would need to be determined to be medically appropriate for the patient by the attending health care professional. In the event of a determination of illness or injury at work covered by workers compensation, a Health Plan will usually coordinate coverage with any applicable workers compensation coverage.

Where can I get additional information about Testing that is required by the Act and covered by a Health Plan?

CMS issued Q&A guidance on health plan coverage for COVID-19 testing found here:

<https://www.cms.gov/files/document/FFCRA-Part-43-FAQs.pdf>

You can also contact the Health Plan directly for further guidance.