

Laws Governing Insurance Reimbursement for Covid-19 Testing

“On June 23, 2020, the Departments of Health and Human Services (HHS), Treasury, and Labor jointly issued a second round of guidance to implement the COVID-19-related coverage provisions in the Families First Coronavirus Response (Families First) Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Collectively, these two bills require comprehensive private health insurance plans to cover COVID-19 testing and related services without cost-sharing, although only for the duration of the declared public health emergency.”

“The latest guidance clarifies that a provider need not be “directly” responsible for providing care to that patient so long as the provider makes an individualized clinical assessment and confirms that testing is medically appropriate based on accepted standards of current medical practice. The federal agencies essentially removed the word “directly” from their definition of an attending health care provider and broadened the language to include those authorized to practice under applicable laws. Consistent with prior guidance, plans, insurers, hospitals, and managed care companies do not qualify as health care providers.

Insurers must cover more than one diagnostic test and related services assuming the test meets these requirements. Said another way, enrollees are not limited to only one COVID-19 test: if an attending health care provider recommends that a second, third, or fourth (etc.) test is medically appropriate, the plan or insurer must cover each test without cost-sharing.

The federal government does not precisely define standards for when testing is “medically appropriate,” but it refers to [guidelines](#) from the Centers for Disease Control and Prevention (CDC) and urges providers to consult state, tribal, territorial, and local health departments or professional societies.”(Katie Keith, HealthAffairs.org, [10.1377/HBLOG20200625.139207](#)).

The article above goes on to explain that testing is covered for diagnostic and management purposes and not merely for screening or surveillance. The RT-PCR test for viral RNA is clearly diagnostic and the IgG is primarily screening and says that you have had the virus. The IgM in our opinion is actually as good a test for diagnosis as the viral test when it is done during the window when this test is likely to be positive which is 7 to 14 days after infection and/or exposure occurs. There are relatively no false negatives (which is relatively common with direct viral testing) and few false positives and so when positive is an accurate test; however, it cannot rule out Covid-19 if the testing is done earlier than 10-12 days after onset of infection. TestKC interprets the new rules to cover testing centers managed by providers who ask appropriate questions on their web site to determine “medically appropriate testing” for diagnostic purposes per the CDC guidelines. The rules also say that when patients are referred by a provider for

testing, that insurance should pay for the diagnostic tests as well and this is done without a copay or first meeting a deductible.

Applying for Insurance Reimbursement

To apply for medical insurance reimbursement of testing cost, contact your insurance company with the following information.

1. Give them one or both test procedure codes below
2. Provide a diagnosis code that fits best from the list below
3. Provide the cost of the test and where it was performed (TestKC mobile testing site)
4. If a specific medical provider recommended the test, provide their name, otherwise the TestKC **provider** is Randolph A Malone IV MD.

Procedure Code: Viral RNA RT-PCR CPT Code 87635 and/or IgM/IgG Lateral Flow Immunoassay CPT Code 86328

Diagnosis code to accompany the test would depend on circumstance.

Choose from the following:

For a positive Covid-19 test:

U07.1 along with one of the following unless were asymptomatic: **J12.89** viral pneumonia, **J40** Bronchitis, **J22** Unspecified acute lower respiratory infection, **R05** Cough, **R06.02** Shortness of breath, **R50.9** Fever

For a negative Covid-19 test:

Z03.818 possible exposure to Covid-19

Z20.82 exposure to confirmed Covid-19

Z11.59 asymptomatic with no exposure to Covid-19

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