TESTING

COVID-19 diagnostic and antibody testing and test related visits and applicable services has been extended through the national public health emergency (NPHE) when medically appropriate, ordered by a physician or licensed medical health professional. Test must be provided at approved location. Refer to FAQs for additional detail. The current NPHE date is October 22, 2020.

What is meant by diagnostic and antibody tests for COVID-19? Update 8/14

Diagnostic tests for COVID-19 include virus and antigen detection test that determine if a person is currently infected with COVID-19. An antibody (serology) COVID-19 test may determine if a person has been exposed to COVID-19.

During the national public health emergency period, we will cover medically appropriate COVID-19 testing at no cost-share (copayment, coinsurance or deductible) when ordered by a physician or health care professional for purposes of diagnosis or treatment of an individual member.

Can pharmacists order and administer COVID-19 diagnostic and antibody tests? New 7/7

Yes. HHS authorized licensed pharmacists to order and administer COVID-19 tests that the FDA has approved through the emergency authorization. The guidance was issued on April 8, 2020 under the PREP Act. Pharmacists, in partnership with other health care providers, are well positioned to aid COVID-19 testing expansion. Pharmacists are health care professionals with established relationships with their patients. The vast majority of Americans live close to a retail or independent community-based pharmacy. Pharmacists also have strong relationships with medical providers and hospitals to appropriately refer patients when necessary.

DIAGNOSTIC TESTING

Does UnitedHealthcare cover the diagnostic test for COVID-19? Update 8/14

UnitedHealthcare and its self-funded customers will waive cost sharing (copayment, coinsurance, and deductible) for medically appropriate COVID-19 diagnostic testing during this national emergency. We are also waiving cost sharing for COVID-19 diagnostic testing related visits during this same time, whether the testing related visit is received in a health care provider’s office, an urgent care center, an emergency department or through a telehealth visit. This coverage applies to Medicare Advantage, Medicaid and fully insured and self-funded employer-sponsored plans.

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Last updated 8/14/2020
Testing must be ordered by a physician or appropriately licensed health care professional and provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines including FDA approved testing at designated labs around the country.

Cost share will be waived for testing and testing-related services during the national public health emergency beginning on February 4, 2020. The Secretary of HHS renewed the National Public Health Emergency for 90 days from the earlier date, through July 24, 2020, and now extended it again through October 22, 2020.

**What constitutes an FDA-approved test mean? New 6/16**

Tests must be [FDA authorized](https://www.fda.gov) to be covered without cost sharing (copayment, coinsurance or deductible). FDA-authorized tests include tests approved for patient use through pre-market approval or emergency use pathways, and tests that are developed and administered in accordance with FDA specifications or through state regulatory approval.

**Is the COVID-19 diagnostic test and test-related visits covered for self-funded clients? Update 4/22**

Self-funded customers including HDHP/HSA must waive member cost sharing, including copayments, coinsurance and deductibles, for COVID-19 diagnostic test and test-related visits including related items and services at physician office, urgent care, emergency room, or through a telehealth visit that are covered under the member’s plan.

**Who qualifies as “appropriately licensed” to order a covered diagnostic or antibody test? New 6/8**

Licensure requirements vary by state. In some states, a pharmacist or other health care professional, such as a nurse practitioner, would have the appropriate licensure to order a test. Please refer to state-specific licensure requirements for appropriate guidance on who would qualify in your state.

**Can an administrative services-only (ASO) customer choose to only cover in-network testing? New 6/8**

During the national public health emergency period, cost share is required to be waived for testing, both in and out of network.

**Will UnitedHealthcare cover public surveillance screening? New 6/8**

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Last updated 8/14/2020
Testing conducted through a federal, state or local entity for public surveillance will be paid for by that coordinating entity.

Would mileage expenses be reimbursable for concierge services or other items related to obtaining COVID-19 testing? New 4/22

No. Items or services not covered under a member’s plan would not be covered for COVID-19 testing or testing related services. For example, mileage expense, transportation, meals, etc. are not covered.

Do high-deductible plans with a Health Savings Account (HSA) cover the COVID-19 diagnostic test prior to reaching a deductible? Update 4/10

Yes. Such plans must cover the COVID-19 diagnostic test and test-related visit at no cost share prior to the member meeting their deductible. If the member has already reached their deductible there is no additional deductible.

Will diagnostic testing for COVID-19 be covered as a preventive service under the Affordable Care Act (ACA)?

The cost of COVID-19 diagnostic testing is considered an essential health benefit but is not classified as an ACA preventative health benefit.

Does the provider or lab need to use a specific HCPCS code to have the COVID-19 diagnostic test covered? Update 5/31

For a complete list of testing and related COVID-19 codes, go to uhcp2provider.com.

Yes. The new HCPCS and CPT codes to cover the diagnostic test are:

- U0001 - to be used for the tests developed by the Centers for Disease Control and Prevention (CDC).
- U0002 - Used by laboratories performing non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).
- CPT Code 87635 – Pathology and Laboratory code for severe acute respiratory syndrome coronavirus 2 (SARS-2-Co-2). Most national laboratories will use this code.
- CPT Code 99001 – If specimen is collected somewhere other than physician’s office.

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Last updated 8/14/2020
Codes apply to fully insured and self-funded plans in- and out-of-network.

There will be diagnosis codes specific to the virus that will be billed for testing related visits. They are as follows:

- Z03.818 - Used for cases where there is a concern about a possible exposure to COVID-19.
- Z20.828 - Used for cases where there is an actual exposure to someone who is confirmed to have COVID-19.
- Z11.59 - For asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative.

For specific codes related to COVID-19 related to testing, treatment, coding and reimbursement visit uhcprovider.com.

Are there tools to help people understand their symptoms or find a testing site near them?

New 4/6

Yes, UnitedHealthcare is committed to helping people protect their health by expanding access to care, support and resources during this unprecedented time. By going to the myuhc.com pre login website people may use the online symptom checker to assess their risk for COVID-19 and get treatment options.

The Test Locator tool helps individuals find a COVID-19 diagnostic test location in their area. In most test locations they will ask for a script from a provider. Use the telehealth option to contact a provider for a script.

For members, by signing in to myuhc.com there are additional resources and care information access to member benefits.

Where can a member go to get a COVID-19 diagnostic test?

If someone thinks they have been exposed to COVID-19 and develops symptoms such as fever, cough and/or difficulty breathing, they should first CALL a health care professional for medical advice. The provider will use their judgment to determine if a patient should be tested. The provider may collect a respiratory specimen or in certain situations the provider may refer a member to one of the approved testing locations and UnitedHealthcare will cover the COVID-19 diagnostic test and test-related visit with no cost sharing (copayment, coinsurance, and deductible).
Does UnitedHealthcare cover antigen tests? Update 7/24

Yes, antigen tests are diagnostic tests and covered through the national public health emergency, when approved by the FDA or FDA emergency approval and are ordered by a provider.

Will UnitedHealthcare cover the “rapid” point of care testing for COVID-19? New 3/30

UnitedHealthcare will cover COVID-19 diagnostic testing for members enrolled in Commercial, Medicare Advantage, and Medicaid plans. Coverage includes the recently announced “rapid” point of care COVID-19 diagnostic test that has been authorized under the FDA Emergency Use Act (EUA). This testing will be available to patients tested in clinical settings who are equipped to run the test, such as urgent care and emergency departments. The “rapid” point of care diagnostic test will be billed under the same CPT code (87635) as the other COVID-19 diagnostic tests.

This test has been authorized only for the COVID-19 diagnostic test and not for any other viruses or pathogens.

Are diagnostic tests readily available from physicians? Update 4/19

The COVID-19 diagnostic tests are being made available now but check with your physician to see if they have the test or where you can you can go in your area for a test. A member may also check test site locations using the Test Locator Tool on myuhc.com.

If the physician requests a second test for COVID-19 to determine if the member is positive, would the second test be covered? New 4/20

Our claim payment is dependent upon accurate coding. If coded as a test, we will pay multiple COVID-19 tests at zero cost share.

What is the process if client requests to opt out of covering the diagnostic test or test related expenses?

Based on federal legislation passed on March 18, 2020, all plans are required to cover these services without cost sharing (copayment, coinsurance, and deductible) during the emergency period.

Will drive-up diagnostic testing be an option?

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Last updated 8/14/2020
Yes. If your health care provider determines you should be tested for COVID-19 and orders the diagnostic test, they should work with local and state health departments to coordinate testing. As long as the testing place is at an FDA approved facility/location and administered in accordance with CDC Guidelines, it will be covered.

**Will UnitedHealthcare cover COVID-19 testing at Walgreens’ drive up test sites? Update 8/14**

The Walgreens’ drive up test sites includes the physician network (PWNHealth) that will be screening and ordering the test as deemed appropriate. The test is FDA-authorized. When a claim is submitted with the proper physician coding, UnitedHealthcare will reimburse at no cost share.

During the national public health emergency period, UnitedHealthcare will cover medically appropriate COVID-19 testing at no cost share when ordered by a physician or appropriately licensed health care professional for purposes of diagnosis or treatment of an individual member.

**Does UnitedHealthcare cover COVID-19 Home Tests? Update 8/14**

During the national public health emergency period, we will cover medically appropriate COVID-19 testing at no cost-share (copayment, coinsurance or deductible) when ordered by a physician or health care professional for purposes of diagnosis or treatment of an individual member.

Testing must be ordered by a physician or licensed health care professional and provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines including FDA approved testing at designated labs around the country.

Claims must be coded appropriately for COVID-19 diagnostic testing including home tests.

At this time there are only a few home tests that were FDA approved (EUA) for home usage (manufacturer- Everlywell and LabCorp).

Call your health care provider right away if you believe you might have been exposed to COVID-19 or have symptoms such as fever, cough or difficulty breathing. If your health care provider determines you should be tested for COVID-19 and orders a test, they should continue to work with local and state health departments to coordinate testing, or use COVID-19 diagnostic testing authorized by the Food and Drug Administration under an Emergency use Authorization through clinical laboratories.

**Does UnitedHealthcare cover saliva tests? New 7/1**

There is one saliva test that is approved for emergency use. The code for this test has not been assigned. Once available UnitedHealthcare would process the claims for a saliva test ordered by a

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Last updated 8/14/2020
provider that has the emergency use authorization and coded appropriately for the purpose of diagnosing COVID-19.

Can a member self-refer for the test?

No. A member should call their physician right away if they believe they have been exposed to COVID-19. The provider will have special procedures to follow. If the provider feels a COVID-19 diagnostic test is indicated, the provider will collect a respiratory specimen. In certain situations, the provider may refer a member to an approved testing location and UnitedHealthcare will cover the test at without cost sharing.

If the test comes back positive for COVID-19 will my treatment be covered? Update 7/24

UnitedHealthcare is waiving member cost share for the applicable treatment of COVID-19 through October 22, 2020, for fully insured commercial, Medicare Advantage and Medicaid plans. We will work with self-funded customers who want to implement a similar approach on their behalf.

Are more labs, such as LabCorp and Quest, available for testing?

Yes, per the CDC as of March 23, the total number of public health laboratories (PHL) that have completed verification and are offering testing is 91. This includes one or more PHL in 50 states plus DC, Guam and Puerto Rico. CDC is updating this information regularly.


Should children exhibiting symptoms be tested?

UnitedHealthcare encourages members with children to contact their child’s pediatrician, who will review the symptoms and determine if a test is recommended.

How long before test results are known?

Test results were taking three to four days early on; however, that is speeding up with the incorporation of more labs. A 24-48 hour turnaround now is more common.
Can telehealth providers evaluate symptoms and send the individual for a COVID-19 diagnostic test?

A telehealth provider may determine whether the individual should be sent to a CDC approved location for a COVID-19 diagnostic test. The COVID-19 diagnostic test and test-related telehealth visit is paid at no cost share.

Will zero cost share be available for an employee that is required to remain outside of the country due to COVID-19? **New 4/4**

Coverage for the test and test related visits will be paid at zero cost share. The claim is processed by transaction accommodating the foreign exchange rate according to the terms in the member’s plan.
ANTIBODY TESTING

Will UnitedHealthcare waive cost share for COVID-19 antibody testing? Update 8/14

During the national public health emergency period, UnitedHealthcare will cover medically appropriate FDA-authorized COVID-19 antibody tests ordered by a physician or appropriately licensed health care professional without cost sharing (copayment, co-insurance or deductible). This coverage applies to members enrolled in Medicare Advantage, Medicaid, and Individual and Group Market health plans. Benefits will be otherwise adjudicated in accordance with the member’s health plan.

An antibody test may determine if a person has been exposed to COVID-19, while a COVID-19 diagnostic test determines if a person is currently infected. FDA-authorized tests include FDA-approved tests, and tests used in an office or lab that are developed and administered in accordance with FDA specifications or through state regulatory approval. According to the FDA, an antibody test should not be used as the sole basis for diagnosis. UnitedHealthcare strongly supports the need for reliable testing and encourages health care providers to use reliable FDA-approved tests.

UnitedHealthcare is requesting all physicians and health care professionals who perform and bill for COVID-19 antibody tests to register the tests you will use for our members. UnitedHealthcare will use the registration information to assist health care professionals in choosing tests that are FDA-approved and to better understand the clinical reliability of the tests being used. Additional instructions on test registration are provided on UHCprovider.com/covid19.

UnitedHealthcare will use the registration information to assist providers in choosing tests that are FDA-approved and to better understand the clinical reliability of the tests being used.

Coverage is effective for dates of service April 10, 2020 which aligns with the date coding was made available, through the public health emergency, currently October 22, 2020.

Who qualifies as “appropriately licensed” to order a covered diagnostic or antibody test? New 6/8

Licensure requirements vary by state. In some states, a pharmacist or other health care professional, such as a nurse practitioner, would have the appropriate licensure to order a test. Please refer to state-specific licensure requirements for appropriate guidance on who would qualify in your state.

What is UnitedHealthcare’s position on antibody (serology) testing? New 6/8

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Per FDA guidelines, antibody tests should not be used to diagnose a current infection. An antibody test detects antibodies in the blood when the body is responding to a specific infection and may determine if a person has been exposed to the virus SARS-CoV2 that causes COVID-19. A positive result for the antibody test has not been determined to confer immunity, as the strength and duration of the antibodies are still being researched.

The AMA “cautions physicians and the general public about use of these tests to determine individual immunity and warns that public health decisions, such as discontinuation of physical distancing, should not be made on the basis of results.”

**Can an administrative services-only (ASO) customer choose to only cover in-network testing? New 6/8**

During the national public health emergency period, cost share is required to be waived for testing, both in and out of network.

**Will UnitedHealthcare cover public surveillance screening? New 6/8**

Testing conducted through a federal, state or local entity for public surveillance will be paid for by that coordinating entity.

**Has CMS published rates for antibody tests? Update 5/31**

Yes. The published rates for antibody tests are:

- **CPT Code 86789 — $42.13**
  
  Antibody; severe acute respiratory syndrome coronavirus2 (SARS-CoV-2)

- **CPT Code 86328 — $45.23**
  
  Immunoassay for infectious agent antibody or antibodies, qualitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus2 (SARS-CoV-2)

[Codes for COVID-19 services](#) are on uhc.provider.com.

**Does UHC cover antibody detection tests (Serology - IGG/IGM/IGA for SARS-nCOV2 (COVID19)? Update 5/10**

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In the coming weeks, UnitedHealthcare will use the registration information to assist providers in choosing tests that are FDA-approved and to better understand the clinical reliability of the tests being used.

The national public health emergency as renewed will end on July 24, 2020. COVID-19 testing is rapidly evolving and UnitedHealthcare will continue to provide updates as they become available. Be sure to check back often for the latest information.

**During the national emergency period is a self-funded customer required to cover an antibody test?**  
Yes. Self-funded clients are automatically opted in to covering the antibody tests with medical professional order at no cost share during the national emergency period.