

Frequently Asked Questions: COVID-19 Testing

June 10, 2020

(NOTE: Additional FAQs may be issued as more information is available)

COVID-19 testing performed by reference laboratories:

Question: Are health carriers that offer health plans and short term limited duration medical plans in Washington state required to cover laboratory claims for COVID-19 PCR diagnostic testing that has been authorized pursuant to FDA policy by the FDA or Washington state when an independent clinical laboratory certified under the Clinical Laboratory Improvement Act (CLIA certified) refers a specimen to another CLIA certified laboratory for testing and a modifier 90 is appended to the claim?

Response: Yes. Under OIC Emergency Order 20-01 and §6001(a) of the federal Families First Coronavirus Response Act (FFCRA) and §§3201 & 3202 of the federal CARES Act, carriers are required to cover COVID-19 testing provided by both in-network and out-of-network laboratories without prior authorization or other medical management requirements. The Department of Labor, the Department of Health and Human Services, and the Treasury have issued guidance clarifying that these coverage requirements encompass coverage of COVID-19 PCR diagnostic testing that has been authorized pursuant to FDA policy by the FDA or Washington state when determined medically appropriate for an individual by the individual's attending health care provider in accordance with accepted standards of current medical practice.¹ There is no exception in federal statute, or the tri-agency guidance issued to date, that allows denial of claims submitted by a CLIA-certified independent clinical laboratory (i.e. referring laboratory) that has referred a specimen to another CLIA certified laboratory (i.e. reference laboratory) for testing and appended a modifier 90 to the claim. The federal requirement to pay all medically appropriate COVID-19 testing claims supersedes any internal carrier payment or claims submission policies or guidelines to the contrary.

This FAQ is intended to address only coverage of PCR diagnostic testing when a modifier 90 is appended to the claim. This FAQ is not intended to address coverage of COVID-19 testing that is otherwise covered under OIC Emergency Order 20-01, FFCRA and the CARES Act.

¹ FAQs About Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation Part 42, THE DEPARTMENT OF LABOR, THE DEPARTMENT HEALTH AND HUMAN SERVICES , AND THE TREASURY., at 5-7 (Apr. 11, 2020).