



**UPDATE:** This bulletin has been sunset given the termination of the COVID-19 Public Health Emergency.

**DATE:** March 15, 2021

**TO:** All Insurers Authorized to Write Health Insurance in Wisconsin

**FROM:** Mark V. Afable, Commissioner of Insurance

**SUBJECT:** Updated Guidance on COVID-19 Testing Coverage Requirements

On February 26, 2021, the U.S. Departments of Health Services, Labor, and the Treasury jointly issued guidance clarifying coverage requirements for diagnostic COVID-19 testing<sup>1</sup>. These requirements stem from the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and continue the requirements as presented in the Office of the Commissioner of Insurance’s Bulletin dated May 19, 2020.<sup>2</sup>

The additional guidance was provided in the form of frequently asked questions (FAQs) about the FFCRA and CARES Act<sup>3</sup>. The new FAQs respond to questions regarding use of medical screening criteria, location of testing sites, and coverage for asymptomatic individuals. Specifically, the FAQs provide the following guidance:

- Insurers cannot require the presence of symptoms or a recent known or suspected exposure or use medical screening criteria to deny a claim for COVID-19 diagnostic testing.
- Insurers must cover the test without cost sharing (including deductibles, copayments, and coinsurance), prior authorization, or other medical management requirements.
- Insurers must assume that the receipt of the COVID-19 test reflects an “individual clinical assessment” when an individual seeks and receives a COVID-19 diagnostic test or is referred for a COVID-19 diagnostic test from a health care provider including individuals who are asymptomatic or without known or suspected exposure.
- Insurers are required to cover COVID-19 diagnostic tests provided through state or locally administered testing sites, including “drive-through” testing sites when the purpose of the testing is for individualized diagnosis.

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<sup>1</sup>CMS information may be accessed through: <https://www.cms.gov/files/document/faqs-part-44.pdf>

<sup>2</sup> OCI Bulletin issued May 19, 2020 <https://oci.wi.gov/Pages/Regulation/NTI20200519COVID-19Requirements.aspx>

<sup>3</sup> Prior FAQs may be accessed through: <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordablecare-act/for-employersand-advisers/aca-implementation-faqs> and <http://www.cms.gov/ccio/resources/fact-sheets-and-faqs/index.html>

- Insurers are required to cover COVID-19 diagnostic tests including point-of-care or “rapid” tests provided the test meets one of the criteria established in the FFCRA section 6001 (a) (1), as amended by section 3201 of the CARES Act.

Any questions concerning this bulletin should be directed to Sarah Smith at [Sarah.Smith2@wisconsin.gov](mailto:Sarah.Smith2@wisconsin.gov).