



Agency FAQs Clarify COVID-19 Testing and Vaccine Coverage

On Feb. 26, 2021, the Departments of Labor, Health and Human Services (HHS), and the Treasury issued [FAQ guidance](#) to clarify health coverage requirements related to COVID-19.

Coverage of COVID-19 Diagnostic Testing

Health plans and issuers must cover COVID-19 diagnostic items and services without cost-sharing. The FAQs explain that plans and issuers:

- May not use medical screening criteria to deny (or impose cost sharing on) a claim for COVID-19 diagnostic testing for an asymptomatic person with no known or suspected exposure to COVID-19.
- May distinguish between COVID-19 diagnostic testing of asymptomatic people that must be covered, and testing for general workplace health and safety or other purposes not primarily intended for individualized diagnosis or treatment of COVID-19.
- Must assume that a test is for individualized clinical assessment if it is provided by a licensed or authorized provider, including at a state- or locality-administered site, a drive-through site or a site that does not require appointments.

Other Guidance

These FAQs also provide guidance regarding:

- Coverage of COVID-19 vaccines and other preventive care services;
- Notice requirements for plans and issuers regarding coverage of preventive care services; and
- Requirements for employee assistance programs (EAPs) and on-site medical clinics that administer COVID-19 vaccines to be considered excepted benefits.

HIGHLIGHTS

- ✓ Plans and issuers are encouraged to ensure communications about the circumstances in which testing is covered are clear.
- ✓ Plans and issuers may continue to employ programs designed to detect and address fraud and abuse, as long as they are consistent with the prohibition on medical management.

Plans and issuers must provide any required notice of the preventive care coverage changes as soon as reasonably practicable.