



FAQs on Communications from Insurers about COVID-19 Tests

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I got communication from my insurance company about the CCC COVID-19 tests I received. Does this mean I have to pay for the test?

You do not have to pay for the test out of pocket and should not do so.

Is my insurance billed for the test?

Yes, insurance carriers are billed for these tests. The lab bills the insurance company directly and under current state and federal law, the insurance carrier should reimburse the lab directly.

Will this impact my individual premiums and deductibles?

Insurance carriers make decisions annually regarding rates for their various plans and groups. These decisions are the result of several factors, including usage of medical services. Since the start of the pandemic, insurers have been reimbursing much more than usual for diagnostic tests like the PCR tests for COVID-19. At the same time, they've had far fewer claims for elective procedures and other services than usual. What this means is that insurance rates may shift up or down over time. Those shifts will be a result of many factors and COVID-19 tests are only one of those.

Why am I getting this communication?

CCC's lab partner has informed us that they have recently made a practice of billing some insurance carriers \$250 per test, rather than the \$100 that they initially indicated to us that they would bill. The lab expects, as do we, that those insurance carriers will deny the \$250 claim and instead pay out \$100, which is the [reimbursement rate set by the Centers for Medicare and Medicaid Services](#) (CMS).

We believe that some individuals will receive notices of denial or an explanation of benefits when this process occurs. That notice does not mean that the insurance carrier is not covering the test, but merely that the insurance carrier is refusing to pay the full \$250 bill. We have no reason to believe that any of these bills will be passed directly to individuals. CCC will continue to work zealously to ensure that is never the case. Employees do not need to reply to these communications from insurance companies.

Will I get more communication like this from insurance carriers?

It is possible that after future tests you will receive an Explanation of Benefits or "EOB" from your insurance carrier in the future. An EOB is not a bill and does not require action from you. The EOB will document a reimbursement that the insurer has completed. In some cases, it will also indicate that only a partial reimbursement has been completed. A partial reimbursement could occur if the lab charges the insurer more than \$100 for a diagnostic PCR test. Even in cases of partial reimbursement, you are not required to cover the balance for the insurance carrier.