

PAYMENT GUIDELINE Guideline No: GL-022

Payment Guideline: COVID Test Payments

Read First

IMPORTANT INFORMATION CONCERNING WELLFLEET PAYMENT GUIDELINES

This Payment Guideline serves as notice to health care providers of Wellfleet's payment practices. Health providers are advised to consult their own network provider agreement for determining specific payment policies.

Wellfleet may use reasonable discretion in applying these Payment Guidelines to health care services provided to its enrollees. This Payment Guideline does not address all the issues related to reimbursement for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Payment Guideline. These factors may include, but are not limited to, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member's benefit coverage document.

Wellfleet may modify this Payment Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this payment Guideline. Should this Payment Guideline be revised, Wellfleet shall publish a new version of this Payment Guideline. Wellfleet encourages providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Payment Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

Applicabl	e
Plans	

Student Health Insurance (for policies issued or renewing after May 2019)
Excluding policies issued in the following states: NY
Excluding ISO
Self-Funded
Excluding policies issued by the following schools: N/A
Student Sports
☐ Fully Insured; for policies issued by the following carriers:
☐ AIG
Axis

Guideline No: GL-022



PAYMENT GUIDELINE

	Commercial Casualty Insurance Company Self-Funded Excluding policies issued by the following schools: N/A Fully Insured Student Accident; for policies issued by the following carriers: AIG Axis Self-Funded Employer Insurance Excluding policies issued by the following employers: N/A			
Purpose	To define Wellfleet's policies for payment for COVID-19 testing			
Scope	 All COVID-19 testing ordered by a provider. For guidance on payment of OTC COVID-19 tests, please refer to https://wellfleetstudent.com/covid-19/." Guideline may be revised under the following circumstances: COVID vaccine becomes generally accessible Emergency orders/regulations expire COVID penetration/immunity reaches >70% of the population 			
Definitions	 PCR Antigen test ("PCR" test): Gold Standard for detecting active disease; almost 100% accurate, requires several hours processing time in a professional laboratory, may not detect disease acquired ≤5 days prior Rapid Antigen test ("Antigen" test): detects active disease but less accurate than the PCR test, both false positives and false negatives possible, results possible ~15 minutes, may not detect disease acquired ≤5 days prior Antibody test: detects past disease and possible immunity, may not detect active disease 			
Guidelines	 To detect active COVID-19 disease: Antigen test (on-site rapid screening and in-lab test) OR PCR (Polymerase Chain Reaction) test (in-lab test) Either of the above tests will be covered under the following conditions: 			

■ An FDA approved test is utilized AND

Guideline No: GL-022

PAYMENT GUIDELINE

The member meets CDC/state requirements for testing

OR

- o The testing is for "asymptomatic testing" as an "individualized clinical assessment," and not part of EITHER:
 - Public Health Surveillance Testing (i.e. prior to or after travel)

OR

• Testing as part of a group of people without symptoms and known exposure (i.e. to return to work or school)

OR

- State regulations mandate coverage of testing without the above requirements being met.
- Wellfleet will reimburse for the minimum number of tests required to rule-out disease
 - Records may be required if:
 - o Multiple viral tests are performed on a single day OR
 - o Rapid Antigen tests are performed more often than weekly

OR

- o Rapid Antigen tests are performed in a pattern suspicious for EITHER
 - Public Health Surveillance Testing (i.e. prior to or after travel)

OR

- Testing as part of a group of people without symptoms and known exposure (i.e. to return to work or school)
- o For Rapid Antigen testing, Wellfleet will reimburse for the test as a single complete payment
 - Wellfleet will not reimburse for test collection/ administration and processing as separate fees for Rapid Antigen tests; billing as such would be considered unbundling
- To detect late active or past COVID-19 disease:
 - Antibody (serology) test (in-lab test)
 The above test will be covered under the following conditions:
 - The test is medically necessary

Guideline No: GL-022



PAYMENT GUIDELINE

AND

- The member meets CDC/state requirements for testing AND
- An FDA approved test is utilized as ordered by a qualified provider ("Provider")

OR

- State regulations mandate coverage of testing without any of the above requirements being met.
- o Records may be required to support reimbursement for outpatient Antibody testing when State regulations do not mandate coverage of testing without the above requirements being met.

Change History

Version	Effective Date	Next Review Date
1.0	12/15/2020	12/15/2021
1.1	1/1/2021	1/1/2022
1.2	3/31/2021	3/31/2022
1.3	10/1/2021	3/31/22
2.0	3/31/22	3/31/23