

## COVID-19 Testing

Description

COVID-19 (coronavirus disease 2019) is a disease caused by a virus named SARS-CoV-2. It can be very contagious and spreads quickly. It most often causes respiratory symptoms that can feel much like a cold, the flu, or pneumonia. Most people with COVID-19 have mild symptoms, but some people become severely ill.

Viral tests look for a current infection with SARS-CoV-2, the virus that causes COVID-19, by testing specimens from the nose or mouth. There are two main types of viral tests:

- **Polymerase Chain Reaction (PCR) tests:** A type of nucleic acid amplification test (NAAT), which are more likely to detect the virus than antigen tests. Must be performed by a healthcare provider and samples taken to a lab for testing.
- **Antigen tests:** Rapid tests that usually produce results in 15-30 minutes. These are the type of tests available for at home use.

See also

Similar, related, or easily confused documents.

- [COVID-19 Vaccine](#) - COVID-19 vaccines help the body develop protection from the virus that causes COVID-19.

Table of Contents

The following topics are included in this document:

- [Commercial](#)
- [Government Programs](#)
- [Individual and Family Business \(IFB\)](#)

Document history

The document history for the past 12 months is outlined below.

Date	Description
9.17.24	Updated header formatting.
8.26.24	<i>See also</i> - Added hyperlink for the <i>COVID-19 Vaccine</i> document.
8.26.24	New A-Z sheet.

# Commercial

Introduction	<p>This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.</p>						
Dean (DHP, Prevea360)	<p>Quote laboratory benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none"><li>• <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li><li>• <b>OTC home testing kit:</b> Not covered.</li></ul>						
Mayo Medical Plan (MMP)	<p>Quote laboratory benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none"><li>• <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li><li>• <b>OTC home testing kit:</b> Not covered.</li></ul>						
Medica (including MHPS)	<p>Quote laboratory benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none"><li>• <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li><li>• <b>OTC home testing kit:</b> Not covered.</li></ul>						
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<a href="#">Medicaid only groups:</a> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <a href="#">Medicare eligible groups:</a> <ul style="list-style-type: none"><li>• Quote diagnostic services.<ul style="list-style-type: none"><li>– <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li></ul></li><li>• <b>OTC home testing kit:</b> Not covered.</li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>						
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	Quote outpatient diagnostic tests and therapeutic services and supplies. <ul style="list-style-type: none"><li>• <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li><li>• <b>OTC home testing kit:</b> Not covered</li><li>• Medica is the only payer.</li></ul>						
Cost (Prime)	Quote outpatient diagnostic tests and therapeutic services and supplies. <ul style="list-style-type: none"><li>• <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li><li>• <b>OTC home testing kit:</b> Not covered.</li><li>• Follows Medicare guidelines.</li></ul>						
Med Advantage	Quote outpatient diagnostic tests and therapeutic services and supplies. <ul style="list-style-type: none"><li>• <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li><li>• <b>OTC home testing kit:</b> Not covered.</li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>						
Med Supp (Select, Signature)	Quote laboratory benefits. <ul style="list-style-type: none"><li>• <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li><li>• <b>OTC home testing kit:</b> Not covered.</li><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>						
Medicaid	Coverage depends on the date of service. See table below. <table><tr><th>DOS</th><th></th></tr><tr><td>Prior to 9.30.24</td><td><ul style="list-style-type: none"><li>• Covered 100% no member liability both INN and OON.<ul style="list-style-type: none"><li>– <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li></ul></li><li>• <b>OTC home testing kit:</b> Covered at no cost through 9.30.24.<ul style="list-style-type: none"><li>– Member must have a prescription from a provider and purchase the test from an INN pharmacy.</li><li>– The claim must be run through the pharmacy system.</li><li>– There is no member reimbursement option.</li></ul></li></ul></td></tr><tr><td>10.1.24 and later</td><td><ul style="list-style-type: none"><li>• Quote diagnostic services. When done in a facility, also quote facility benefits.<ul style="list-style-type: none"><li>– <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li></ul></li><li>• <b>OTC home testing kit:</b> Not covered.</li></ul></td></tr></table>	DOS		Prior to 9.30.24	<ul style="list-style-type: none"><li>• Covered 100% no member liability both INN and OON.<ul style="list-style-type: none"><li>– <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li></ul></li><li>• <b>OTC home testing kit:</b> Covered at no cost through 9.30.24.<ul style="list-style-type: none"><li>– Member must have a prescription from a provider and purchase the test from an INN pharmacy.</li><li>– The claim must be run through the pharmacy system.</li><li>– There is no member reimbursement option.</li></ul></li></ul>	10.1.24 and later	<ul style="list-style-type: none"><li>• Quote diagnostic services. When done in a facility, also quote facility benefits.<ul style="list-style-type: none"><li>– <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li></ul></li><li>• <b>OTC home testing kit:</b> Not covered.</li></ul>
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## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Quote laboratory benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none"><li>• <b>Note:</b> Testing required for travel is not medically necessary. Not covered.</li><li>• <b>OTC home testing kit:</b> Not covered.</li></ul>				
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