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Keeping you informed: Updated COVID-19 testing guidance

Given the quickly evolving situation surrounding the COVID-19 pandemic, we're continuously working to provide you with the latest information and federal guidance to help you and your plan members.

Recently, the Centers for Medicare & Medicaid Services (CMS), together with the Departments of Labor and the Treasury, issued guidance that group health plans must cover COVID-19 diagnostic testing and services, including serological (antibody) testing, with no cost sharing – as required under recent federal legislation.

This guidance applies to group health plans, including insured and self-insured group health plans.

While new coding has been developed by the American Medical Association (AMA), there is currently no CMS pricing guidance for serological testing (antibody testing 86328 and 86769) at the moment. National labs are working to bring this new testing to market, with pricing expected by the middle of May. Information will be shared as soon as it is available.

NOTE: If there is no reference pricing from the clinical lab fee schedule, Aetna will use an empirical process to determine a payment amount using available information sources.

We fully appreciate that this situation is moving quickly. Contact your Aetna representative or visit our [**COVID-19 FAQs**](#) for the latest information and updates.

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