

Coronavirus (COVID-19)

Frequently Asked Questions (FAQs)

Updated as of January 18, 2022

Questions Providers May Have

1. What is the new ruling regarding health plan coverage of Over-the-Counter At-Home testing? Beginning January 15, 2022, individuals covered by an employer-sponsored or individual & family health insurance plan who purchase an over-the-counter COVID19 diagnostic test authorized, cleared, or approved by the U.S. Food and Drug Administration (FDA) will be able to have those test costs covered by their health plan or insurance. Medicare Advantage plan Members are excluded per CMS.

2. Where can Medicare Members get OTC at-home testing kits? Every home in the U.S. is eligible to order 4 free at-home COVID-19 tests. Orders usually ship in 7-12 days. Orders can be submitted at: <https://www.covidtests.gov>. In addition, HHS is providing up to 50 million free, at-home tests to community health centers and Medicare-certified health clinics for distribution at no cost to patients and community Members. HHS also has established more than 10,000 free community-based pharmacy testing sites around the country. All AvMed Members can still obtain antigen and PCR testing at COVID Testing sites, laboratories and physician offices. There is no cost to the Member for COVID-19 testing.

Rendering Services

1. Is prior authorization required to prescribe chloroquine and/or other experimental drugs to treat COVID-19?

Drugs and treatments used off formulary or that are not FDA approved may require prior authorization. Please refer to AvMed's pharmacy formulary and prior authorization requirements.

2. Are referral requirements to see other physicians, specialists, or facilities being waived?

AvMed is waiving referral requirements to see a specialist for Medicare Advantage Members until further notice from the Centers for Medicare & Medicaid Services (CMS). (UPDATED)

Questions Members May Have

Benefits & Coverage

1. Will AvMed cover testing for COVID-19?

AvMed covers the antigen and PCR Covid-19 tests with no out of pocket cost to the Member. Testing can be obtained through a Member's local testing centers, laboratories, pharmacies, physician offices and other Covid-19 testing sites. Only the testing itself is covered without cost share. AvMed also covers 8 at home over-the-counter tests per member per month without cost share if purchased at in network pharmacies. Out of network tests are reimbursed at up to \$12 per test. (UPDATED)

2. Will AvMed cover telehealth services?

Most of AvMed's Members already have a telehealth coverage benefit through our Virtual Visits service. There may be a copayment for telehealth services. A referral to a specialist may be required under some plans. Members may also have access to MDLive telehealth services. Please see your benefit summary or contact Member Engagement at the number listed on your Member ID Card.