

# Q&A: HOW MUCH DOES IT COST TO GET A COVID-19 TEST? IT DEPENDS.

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Widespread testing for the novel coronavirus has proven an essential tool in fighting the spread of the disease. Testing allows public health officials to track the virus's path, understand disease prevalence, and determine the need for isolation and quarantine. As the demand for COVID-19 testing has grown, so too have questions about who bears the cost. To understand more about the nuances of insurance coverage and expenses that accompany COVID-19 testing, we reached out to Josh Sharfstein, Professor of Practice and Vice Dean for Public Health Practice and Community Engagement at the Johns Hopkins Bloomberg School of Public Health.

## **How much does a viral test for COVID-19 cost?**

There is a [wide range](#) in charges. An investigation by the Kaiser Family Foundation determined that the cost of a test can range anywhere from \$20 to \$850, with \$127 being the median cost. Currently, the Medicare reimbursement rate for a COVID-19 test is either \$51 or \$100, depending on the type of test offered. For those who end up paying out of pocket, there was a smaller range of \$36 to \$180 per test. Again, any test would also likely require additional charges for specimen collection and a physician's visit, which could potentially add to the cost significantly.

## **Does the cost vary depending on where you live?**

Yes, in part. The cost for a COVID-19 test may vary a great deal based on type of laboratory where the test is processed, region of the country, insurance provider, and other factors. This unpredictability of cost is part of the larger, fragmented healthcare system in the United States that leads to a wide variability in medical expenses.

## **Does insurance cover the costs of a COVID-19 test?**

Federal law requires insurers to cover the costs of COVID-19 tests, but unfortunately patients are still being charged for related expenses. The law does not require insurers to cover the cost of the medical consultation or doctor's referral that may be required before a test will be administered. Another reason is that federal guidance only requires reimbursement for "medically appropriate" testing. An insurance provider might decide that certain types of testing (such as testing after a trip) may not be considered "medically appropriate."

## **What about the uninsured?**

The federal government has provided a [path](#) for reimbursement for COVID-related testing and treatment expenses for the uninsured, including testing. Details about this program are available [here](#). There is no requirement that clinics or physicians avail themselves of this program. As a result, it is possible that the uninsured could still be charged for testing by their healthcare provider.

## **Why is there so much confusion about pricing and payment for COVID-19 tests?**

Early on in the pandemic, in March, several faculty members at Johns Hopkins – myself included – recommended a very [different approach to the piecemeal strategy adopted by the federal government](#). The idea would be to build a crisis insurance system centered on paying to test for and treat COVID-19, and to use the existing Medicare infrastructure and network to provide a payment system for all providers. Since the scale of the problem is national, a federal program would have the capacity to negotiate prices on a global scale, which would help reduce costs. It would also provide an easy route for billing among the large influx of requests for tests and materials that are inundating labs, emergency departments, and hospitals. Additionally, centralizing the expenses from coronavirus care under a crisis insurance program would greatly improve our data collection efforts as we continue to track the virus. Such an alternative path would have prevented many of the current frustrations with accessing and paying for diagnosis and care.