

STEVE SISOLAK
Governor

STATE OF NEVADA

TERRY REYNOLDS
Director



BARBARA D. RICHARDSON
Commissioner

DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

1818 East College Pkwy., Suite 103
Carson City, Nevada 89706
(775) 687-0700 • Fax (775) 687-0787
Website: doi.nv.gov
E-mail: insinfo@doi.nv.gov

FAQs: COVID-19 and Your Health Insurance

The following information is provided by the Division of Insurance (“Division”) for the purpose of addressing questions about COVID-19 and health insurance plans in Nevada. Note that not all health insurance plans are subject to these requirements. (See Question 1.) For information about COVID-19 in Nevada, visit http://dpbh.nv.gov/Programs/OPHIE/dta/Hot_Topics/Coronavirus/.

1. Are all health insurance plans required to cover medical services related to testing for COVID-19?

No. Health insurance plans that are regulated by the Division (individual health plans, small group plans, large group plans, and catastrophic plans) must cover certain medical services related to testing for COVID-19. Short-term limited duration plans are not required to cover COVID-19 testing. Self-funded plans, Medicaid, Medicare, federal health plans for members of the military or veterans, and health care sharing ministries plans are not regulated by the Division. Therefore, these plans are not required to follow the Division’s regulation. If you are unsure what type of health plan you have, contact your employer or health insurer.

2. Is testing for COVID-19 free? Is the patient exam free?

Yes. Under Regulation R054-20 health insurers are required to cover—with no out-of-pocket cost—testing for COVID-19 and the visit to a provider’s office, an urgent care center, a center for emergency medical care, an emergency room, or a COVID-19 screening or testing site when the purpose of the visit is to be tested for COVID-19. No “out-of-pocket cost” means that you cannot be charged a copay or have to meet your deductible for the test or visit.

3. Does my health insurer have to cover any COVID-19 test?

No. Testing for COVID-19 is covered by health insurers when medically appropriate as determined by the member’s healthcare provider in accordance with accepted standards of current medical practice. This would require that a test be ordered by the member’s physician and that the prescribed test be approved by the Food and Drug Administration for the test to be covered by the health insurer.

4. Is testing for COVID-19 so I can return to work covered by my health insurer?

No. The coverage for COVID-19 testing is not intended to cover the cost of testing related to public health surveillance, workplace testing, or any other testing not specifically ordered by the member's healthcare provider in accordance with accepted standards of current medical practice.

5. Where do I get tested?

Contact your health care provider for information on how to get tested.

6. Does my health insurance have to cover medical services related to my treatment of COVID-19?

The terms of your health insurance policy will determine what treatment, if any, would be covered for COVID-19. Health insurance plans cover medically necessary services. So, treatment related to COVID-19 will depend on whether the treatment was medically necessary. Contact your health insurer for coverage details. If your insurance policy has copays and deductibles, they will apply to treatment for COVID- 19.

7. Is my provider required to test me if I want a test regardless of whether I have symptoms?

Testing protocols are up to providers. The testing or treatment required to address a patient's situation is between the patient and the patient's provider.

8. What if my health insurance refuses to cover my doctor's visit?

If your health insurance plan did not cover medical services related to COVID-19 testing that you believe should have been covered, file a consumer complaint through the Division of Insurance consumer complaint portal at <http://doi.nv.gov/Consumers/File-A-Complaint/> or by calling consumer services at (775)687-0700.

9. Can I see an out-of-network provider for COVID-19 testing if my in-network provider cannot see me?

Yes. If there is an issue with accessing care through an in-network provider that would prolong testing for COVID-19, testing performed by an out-of-network provider must be covered by your health insurer at no out-of-pocket cost.

10. What do I do if my health insurance is a self-funded plan, Medicare, Medicaid, a federal health plan (military or veteran), or a health care sharing ministry plan?

The Division does not regulate self-funded plans, Medicare, Medicaid, a federal health plan (military or veteran), or health care sharing ministries. Contact your employer, health insurer, or plan administrator to find out what is covered by your health plan.

11. Does my short-term limited duration plan have to cover the cost of COVID-19 testing?

It depends. While a short-term limited duration plan is not required to follow the regulation (R054-20 adopted on 07/02/2020), the plan may cover preventive services, such as testing. Contact your health insurer to find out what is covered by your health plan.

12. My pharmacy does not have my medication because it is low on supplies. What is my health insurer required to cover?

If prescription drugs are not available due to supply disruptions as a result of the COVID-19 state of emergency, health insurers must cover off-formulary prescriptions at no additional cost to you.