Factsheet
COVID-19 (novel coronavirus disease)
Rules for coverage of the costs for the analysis for SARS-CoV-2 and the associated medical care

Date: May 15th 2020
(reredacted version of May 27th 2020)

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1 Summary

The sampling strategy of the federal office of public health (FOPH)\(^1\) has been expanded since April 22nd 2020. In particular, it should be possible while gradually easing the protective measures to test all symptomatic persons to fight against the spread of SARS-CoV-2.

The Swiss Federal Council has clarified the rules on who is to cover the costs of sampling and testing according to the existing laws. The costs of the analysis are borne either by the compulsory health insurance (CHI) under the Federal Health Insurance Act (HIA; SR 832.10), the accident insurance (AI) under the Federal Act on Accident Insurance (AIA; SR 832.20), or the canton of residence under the Epidemics Act (EpidA; SR 818.101). In the case of members of the army, the civilian service and civil defence, the costs are borne by the military insurance (MI) under the Federal Act on Military Insurance (MIA; SR 833.1).

It should be possible to assign the majority of cases to one of the following categories (see also the graphic below showing the coverage of the costs of the diagnostic analysis of SARS-CoV-2). The other case constellations are specified in detail in Section 4.

1. In the case of a symptomatic person (see clinical criteria specified in the FOPH’s sampling strategy of May 18th 2020) who is either hospitalised and / or a vulnerable person and / or needs close monitoring (on an inpatient or outpatient basis) and / or requires more medical examination and treatment, the costs of the analysis for SARS-CoV-2, including the associated medical care (medical consultation, sampling and medical treatment), will be borne by the CHI.

2. In the case of a symptomatic (see clinical criteria specified in the FOPH’s sampling strategy of May 18th 2020) healthcare, nursing and support staff member at inpatient and outpatient medical facilities, nursing and care institutions, who is at specific risk at work, the costs are covered by the AI.

3. In the case of a symptomatic (see clinical criteria specified in the FOPH’s sampling strategy of May 18th 2020) member of the army, civilian service and civil defence, the MI will pay the costs of the analysis, sampling and medical treatment under the MIA, analogous to the CHI.

4. In the case of a symptomatic person (see clinical criteria specified in the FOPH’s sampling strategy of May 18th 2020) who does not fall into case constellations 1 to 3, the costs are borne by the canton under the EpidA.

5. In the case of an asymptomatic person for whom the analysis was ordered by the cantonal medical practitioner, the costs are borne by the canton under the EpidA.

6. In the case of an asymptomatic staff member who is at specific risk at work, the employer, based on his obligation to prevent occupational illness illnesses, is responsible for conducting preventive testing to assure his employees’ health protection and safety at work according to the AIA. In this case, the costs are borne by the employer (Accident Prevention Ordinance; APO, SR 832.30).

7. In the case of an asymptomatic person who does the test in the absence of an order of the cantonal medical practitioner, the costs are borne by the person himself.

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\(^1\) Not available in English. The German version “BAG: Neues Coronavirus (COVID-19). Verdachts-, Beprobungs- und Meldekriterien: Stand 18.05.2020” is accessible at: https://www.bag.admin.ch/bag/de/home/krankheiten/infektionskrankheiten-bekaempfen/meldesysteme-infektionskrankheiten/meldepflichtige-ik/meldeformulare.html

Further information:
Federal Office of Public Health, Communication and Campaigns Division, Communication and Media Section, media@bag.admin.ch
www.bag.admin.ch
This publication is also available in German, French and Italian.
Overview: Coverage of diagnostic testing for SARS-CoV-2

At least one of the following clinical criteria is met:
1. Symptoms of acute respiratory disease with or without temperature, feverishness or aching muscles
2. Sudden onset of anosmia or ageusia (loss of sense of smell or taste)

Plus at least one of the following criteria:
- Already hospitalised
- Vulnerable
- Closer monitoring or other medical examination and treatment necessary

Clinical criteria not met
- Explicit order from the cantonal medical practitioner
- Specific risk at work
- Requested by the person

Specification on lab order:
- Analysis due to occupational illness
- Analysis to fight the pandemic

Analysis done by the laboratory: the laboratories have to address the invoices according to the specification on the lab order

Billing

Payer

Employer
- Full costs covered by employer

Patient
- Full costs covered by individual

Canton
- Full costs covered by canton

MI
- Full costs covered by MI

AI
- Full costs covered by AI

CHI
- Costs are covered by CHI. Insured must still pay co-payment (standard deductible and retention fee).

In cases of doubt, health insurer may initiate review of individual case.

CHI = compulsory health insurance, AI = accident insurance, MI = military insurance.

Information on coverage of diagnostic testing for SARS-CoV-2, 15 May 2020
2 Background

2.1 Laboratory analysis for the novel coronavirus

Until April 21st 2020 the FOPH recommended giving the diagnostic molecular biological analysis (amplification of nucleic acids by polymerase chain reaction [PCR]) for SARS-CoV-2 (diagnostic testing for the novel coronavirus) only to symptomatic patients at high-risk, patients who experience a severe course of the disease, hospitalised patients or (healthcare) professionals in direct contact with patients.

Thanks to the rapid decline in the number of new infections, the FOPH has been able since April 22nd 2020 to significantly expand its strategy for testing for the novel coronavirus. In particular, it should be possible to test all symptomatic individuals as the protective measures are gradually eased, in order to fight the spread of SARS-CoV-2.

To ensure that persons, for whom a test for the novel coronavirus is recommended under the FOPH’s sampling strategy to fight the spread of SARS-CoV-2, but who gain no personal benefit from testing, do not have to pay for the analysis themselves, the Federal Council has clarified the rules for cost coverage on the basis of the existing laws. The laws addressing the coverage of the costs of testing for SARS-CoV-2 of the different case settings defined in the FOPH’s new sampling strategy are the HIA, the AIA, the MIA and the EpidA. The rules on who meets the costs of SARS-CoV-2 testing and the associated medical care are explained below.

Since March 4th 2020, the diagnostic molecular biological analysis for SARS-CoV-2 has been on the List of Analyses (until April 29th 2020 under item no. 3565.00, from April 30th 2020 under item no. 3186.00) and is thus covered by the CHI, as long as the criteria listed in the introductory remarks of the List of Analyses are met.

The serologic analysis of SARS-CoV-2 antibodies (e.g. using ELISA or rapid tests) or of SARS-CoV-2 antigens is not currently on the List of Analyses and is therefore not covered by the CHI.

It cannot be ruled out that in future, diagnostic immunological tests for SARS-CoV-2 will exist as an additional diagnostic criterion on suspicion of COVID-19 and unclear molecular biological results. In order to be covered by the CHI, these tests would have to figure on the List of Analyses. For this to happen, a request has to be submitted to the FOPH for appraisal by the Federal Commission for Analyses, Aids and Equipment (FCAAE). The Federal Department of Home Affairs (FDHA) decides on the basis of the FCAAE’s recommendation.

Further information on the list of analyses is available (in German, French and Italian) at: https://www.bag.admin.ch/bag/de/home/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/Analysenliste.html

Further information on the process for applying for the list of analyses is available (in German, French and Italian) at: https://www.bag.admin.ch/bag/de/home/versicherungen/krankenversicherung/krankenversicherung-bezeichnung-der-leistungen/antragsprozesse/antragsprozesse-analysenliste.html

Further information:
Federal Office of Public Health, Communications, 058 462 95 05, media@bag.admin.ch, www.bag.admin.ch
This publication is also available in German, French and Italian.
2.2 Medical care associated with testing for the novel coronavirus

2.2.1 Medical consultation and treatment

In general, the treating medical practitioner orders the diagnostic test for the novel coronavirus during a medical consultation. Exceptions are:

- Analyses in asymptomatic people: in this case, the cantonal medical practitioner orders the test if deemed appropriate to fight the spread of SARS-CoV-2.
- Suspicion of an occupational illness in a symptomatic healthcare, nursing and care staff member in outpatient and inpatient medical facilities, nursing and care institutions, who is in contact with infected people at work: No ordering is required for the test to be done in this case, but an accident report must be made for the costs of the test and associated medical care to be covered.

Depending on the clinical situation, it may be necessary for the treating medical practitioner to prescribe further examinations and / or treatment and / or hospitalisation or closer outpatient monitoring in addition to the diagnostic test for the novel coronavirus.

Coverage of the costs of the medical consultation and treatment depends on the indication for the test.

2.2.2 Taking the sample (in most cases a nasopharyngeal swab) and filling out the laboratory order to the microbiological laboratory

The person doing the swab is also responsible for filling out the laboratory order with the patient’s personal details, clinical information and the indication for the analysis.

Coverage of the costs of taking the sample depends on the indication for the test.

The following places may serve as sampling points:

- Hospitals
- COVID-19 test centres, including drive-ins
- Contract laboratories
- Sampling points designated by the cantonal medical practitioner
- Medical practices
- Etc.

CHI covers only medical care provided by health care providers authorised according to HIA.

If CHI covers the costs of medical care (see Section 4) and if the swab is done by an authorised medical practitioner, TARMED item 04.0030 (“Nicht operative Entnahme von Schleimhaut, Haut und Hautanhängespielzeug durch den Facharzt zwecks zytologischer / mikrobiologischer Untersuchung im Laboratorium [Bestandteil von Allgemeine Grundleistungen]“⁴) applies. The medical consultation is billed via TARMED item 00.0010 (“Konsultation, erste 5 Min. [Grundkonsultation]“⁵). If the basic consultation lasts more than five minutes, surcharge items⁶ can be billed. All the TARMED items mentioned (00.0010, 00.0020, 00.0025 and 00.0026) have a tariff point value of 18.61, or 17.88 for general practitioners.

⁴ Non operative sampling of mucosa, skin and skin derivatives through the medical practitioner for cytologic / microbiologic examination in the laboratory
⁵ Consultation, for the first five minutes (initial consultation)
⁶ Surcharge items depending on the patient’s age and / or need for treatment
- 00.0020 Konsultation bei Personen über 6 Jahren und unter 75 Jahren, jede weitere 5 Min. (consultation for people over age 6 and under age 75, each additional 5 minutes [consultation surcharge])
- 00.0025 Konsultation bei Kindern unter 6 Jahren und Personen über 75 Jahren, jede weitere 5 Min. (consultation for children under age 6 and people over age 75, each additional 5 minutes)
- 00.0026 Konsultation bei Personen über 6 Jahren und unter 75 Jahren mit einem erhöhten Behandlungsbedarf, jede weitere 5 Min. (consultation for people over age 6 and under age 75 with an elevated need for treatment, each additional 5 minutes)

Further information:
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www.bag.admin.ch
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Important:
- The reason of conducting the analysis must be mentioned on the laboratory order.
- The laboratory is required to address invoices accordingly.

3 Definitions

3.1 Clinical criteria for diagnostic testing for SARS-CoV-2
In line with its sampling strategy, the FOPH recommends diagnostic testing for SARS-CoV-2 for anyone meeting at least one of the following clinical criteria, regardless of the severity:
- Symptoms of acute respiratory disease (e.g. coughing, sore throat or shortness of breath), with or without temperature, feverishness or aching muscles
- Sudden onset of anosmia or ageusia (loss of sense of smell or taste)

3.2 Vulnerable people
According to the FOPH’s current sampling strategy and Ordinance 2 on measures to fight the coronavirus (COVID-19), Annex 6 (SR 818.101.24), vulnerable people are defined as follows:
- Age 65 or over
- Adults with:
  - High blood pressure
  - Cardiovascular disease
  - Chronic respiratory diseases
  - Diabetes
  - Diseases / Therapies that weaken the immune system
  - Cancer
  - Class III obesity (BMI > 40 kg/m²)

4 Rules for cost coverage for testing for the novel coronavirus and the associated medical care
According to the FOPH’s current sampling strategy, testing all symptomatic persons regardless of the severity of their symptoms is recommended in order to fight the spread of SARS-CoV-2 while gradually easing the protective measures.

The tables in this section present an overview of the rules for cost coverage for testing for the novel coronavirus and the associated medical care for all possible case constellations.

4.1 People with symptoms

4.1.1 General public

4.1.1.1 Outpatient
Overall, a distinction is made between people who are vulnerable and not vulnerable to a severe course of COVID-19:
- Symptomatic people who are not vulnerable decide on the basis of the prominence of their symptoms whether or not they want a medical examination and treatment:
- If the person affected does not want a medical examination and treatment, he can nevertheless have a test (e.g. via the corona check or hotline or at a drive-in, etc.). Some cantons have guidelines on this. The costs of sampling and the analysis are borne by the canton as per the EpidA. Billing can be done analogously to CHI or according to a tariff specified by the canton.

- If the person affected needs a medical examination and treatment, the recommendation of the FOPH is to call the medical practitioner before making an appointment. The costs of the consultation, sampling, testing and medical treatment are borne by the CHI. The CHI co-payment is owed by the insured person.

- As a matter of principle, vulnerable people should be examined and tested for the novel coronavirus, regardless of the severity of their symptoms. The costs of the consultation, sampling, testing for the novel coronavirus and medical treatment are borne by the CHI. The insured person has to pay the co-payment.

<table>
<thead>
<tr>
<th>Case constellation (cumulative requirements)</th>
<th>Diagnostic testing for SARS-CoV-2</th>
<th>Medical treatment, including medication</th>
<th>CHI co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prescription</td>
<td>Specification on laboratory order</td>
<td>Payer</td>
</tr>
<tr>
<td>Symptoms Does not want a medical consultation Not vulnerable</td>
<td>None necessary</td>
<td>Fighting the pandemic</td>
<td>Canton as per EpidA</td>
</tr>
<tr>
<td>Symptoms Needs a medical consultation Not vulnerable</td>
<td>Treating medical practitioner</td>
<td>Disease</td>
<td>CHI</td>
</tr>
<tr>
<td>Symptoms Vulnerable</td>
<td>Treating medical practitioner</td>
<td>Disease</td>
<td>CHI</td>
</tr>
</tbody>
</table>

### 4.1.1.2 Inpatient

According to the FOPH's current sampling strategy, inpatients are to be tested systematically for the novel coronavirus, regardless of the severity of their symptoms.

<table>
<thead>
<tr>
<th>Case constellation (cumulative requirements)</th>
<th>Diagnostic testing for SARS-CoV-2</th>
<th>Medical treatment, including medication</th>
<th>CHI co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prescription</td>
<td>Specification on laboratory order</td>
<td>Payer</td>
</tr>
<tr>
<td>Symptoms, regardless of severity regardless of risk of complication</td>
<td>Treating medical practitioner</td>
<td>Disease</td>
<td>CHI</td>
</tr>
</tbody>
</table>

Further information:
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www.bag.admin.ch
This publication is also available in German, French and Italian.
4.1.2 Symptomatic healthcare, nursing and support staff at outpatient and inpatient medical facilities, nursing and care institutions, regardless of severity of symptoms

4.1.2.1 Outpatient

In the case of a symptomatic healthcare, nursing and support staff member at inpatient and outpatient medical facilities, nursing and care institutions, who is at specific risk because he works in contact with infected patients, a test for SARS-CoV-2 is indicated regardless of the severity of the symptoms to look for a possible occupational illness.

The following professionals are at specific risk and are to be tested under the FOPH’s current sampling strategy:

Healthcare, nursing and support professionals in direct contact with

- infected patients in outpatient and inpatient medical facilities (e.g. medical practices, hospitals and ambulances)
- infected residents of nursing homes and other healthcare institutions (for example institutions for people with impairments)

A distinction must be made between

- Healthcare, nursing and support professionals at specific risk:
  - In the case of symptomatic professionals, the indication for testing is looking for a possible occupational illness. An accident report must be made if the costs of the analysis, sampling, and medical treatment are to be covered by the AI. On the basis of the statutory standards of proof, each case will have to be checked individually.
  - In the case of asymptomatic professionals, the test may be done to prevent of an occupational illness. The costs of the analysis and sampling have to be covered and paid by the institution. The costs of any medical treatment for an occupational illness would be charged to the AI.

- Healthcare, nursing and support staff at no specific risk:
  - In the case of symptomatic professionals at no specific risk the rules for the general public (Section 4.1.1) and the table under 4.1.1.1 apply.

<table>
<thead>
<tr>
<th>Case constellation (cumulative requirements)</th>
<th>Diagnostic testing for SARS-CoV-2</th>
<th>Medical treatment, including medication</th>
<th>CHI co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prescription</td>
<td>Specification on laboratory order</td>
<td>Payer</td>
</tr>
<tr>
<td>Symptomatic professionals At specific risk</td>
<td>No prescription necessary</td>
<td>Occupational illness</td>
<td>AI</td>
</tr>
<tr>
<td></td>
<td>Requires an accident report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asymptomatic professional At specific risk</td>
<td>Employer</td>
<td>Prevention of an occupational illness</td>
<td>Employer</td>
</tr>
</tbody>
</table>

4.1.2.2 Hospitalisation

If the professional staff member has to be hospitalised because of COVID-19:

- For professionals at no specific risk, the rules for the general public (Section 4.1.1) and the table under 4.1.1.2 apply.

- For professionals at specific risk, the AI applies.
4.1.3 Members of the army, civilian service and civil defence

In the case of symptomatic members of the army, civilian service and civil defence, the MI will pay the costs of the analysis, sampling and medical treatment under the MIA, analogous to the CHI.

<table>
<thead>
<tr>
<th>Case constellation (cumulative requirements)</th>
<th>Diagnostic testing for SARS-CoV-2</th>
<th>Medical treatment, including medication</th>
<th>CHI co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prescription</td>
<td>Specification on laboratory order</td>
<td>Payer</td>
</tr>
<tr>
<td>Members of the army, civilian service and civil defence</td>
<td>Treating medical practitioner / troop medical practitioner / medical practitioner of the course</td>
<td>Disease</td>
<td>MI</td>
</tr>
</tbody>
</table>

4.2 Asymptomatic persons

4.2.1 Testing of asymptomatic persons ordered by a cantonal medical practitioner

According to the FOPH's current sampling strategy, cantonal medical practitioners can in justified cases order asymptomatic persons in hospitals and sociomedical institutions to be tested for the novel coronavirus in order to fight the spread of the virus (outbreaks of the disease) within the facility.

<table>
<thead>
<tr>
<th>Case constellation (cumulative requirements)</th>
<th>Diagnostic testing for SARS-CoV-2</th>
<th>Medical treatment, including medication</th>
<th>CHI co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prescription</td>
<td>Specification on laboratory order</td>
<td>Payer</td>
</tr>
<tr>
<td>professionals in hospitals, nursing and care institutions</td>
<td>Cantonal medical practitioner</td>
<td>Fighting the pandemic</td>
<td>Canton as per EpidA</td>
</tr>
<tr>
<td>Elevated risk of complication</td>
<td>Cantonal medical practitioner</td>
<td>Fighting the pandemic</td>
<td>Canton as per EpidA</td>
</tr>
</tbody>
</table>

4.2.2 Testing asymptomatic persons at their own request

The costs of diagnostic testing for the novel coronavirus for an asymptomatic person at his own request has to be paid by the person himself.

5 Entry into force

This factsheet replaces the factsheet “COVID-19 (new coronavirus): Reimbursement of costs of diagnostic analysis for SARS-CoV-2 from April 22nd 2020” of April 22nd 2020 and is applicable since May 15th 2020.