Factsheet
COVID-19 (new coronavirus):
Reimbursement of costs of diagnostic analysis for SARS-CoV-2 from 22 April 2020

Date: 22 April 2020

1. Background

Up to 21 April 2020, the FOPH recommended testing for SARS-CoV-2 mainly in symptomatic patients in high-risk groups, patients who experience a severe course of the disease, hospitalised patients or healthcare professionals in direct contact with patients.

Sufficient tests are now available to considerably expand the testing strategy for analysis of SARS-CoV-2. In particular, it should be possible to test all symptomatic individuals for epidemiological surveillance purposes as the protective measures are gradually relaxed. The current rules on who meets the cost of the tests have been adapted accordingly and are set out below.

Since 4 March 2020, the diagnostic molecular biological analysis (PCR) for SARS-CoV-2 has been part of the List of Analyses (AL) (until 29.04.2020 item no. 3565.00, from 30.04.2020 item no. 3186.00) and thus is covered by compulsory health insurance if it meets the criteria listed in the introductory remarks of the AL.

The serological analysis for the presence of SARS-CoV-2 antibodies (e.g. using ELISA or rapid test) or for SARS-CoV-2 antigens is not currently on the AL and is therefore not covered by compulsory health insurance.

2. Testing strategy criteria from 22 April 2020

It is now recommended that everyone meeting at least one of the following clinical criteria should be tested for SARS-CoV-2, regardless of the severity of the symptoms:

- Symptoms of acute respiratory disease (e.g. cough, sore throat, shortness of breath) with or without a temperature, feverishness or aching muscles
- Sudden anosmia or ageusia (loss of the sense of smell or taste)

Cantonal medical practitioners may also require asymptomatic persons in hospitals, nursing homes and care homes to be tested if this is considered necessary to prevent or control the spread of the virus (outbreaks of the disease) in a given institution.

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Further information:
Federal Office of Public Health, Communication, 058 462 95 05, media@bag.admin.ch www.bag.admin.ch
This publication is also available in German, French and Italian.
3. Rules for cost coverage from 22 April 2020 in view of the FOPH’s new testing strategy

On the basis of the above explanations, the following rules now apply for cost coverage of SARS-CoV-2 testing and associated medical care:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Analysis prescribed by</th>
<th>Cost borne by</th>
<th>Contribution to costs under compulsory health insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person in out-patient care, meets the clinical criteria and:</td>
<td>Authorised medical care provider in accordance with HIA Art. 25 para. 2 let. b</td>
<td>Compulsory health insurance (rate according to AL and TARMED for possibly medical care if needed)</td>
<td>Contribution by insured person according to individual health insurance policy</td>
</tr>
<tr>
<td>• is in a high-risk group or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• medical practitioner recommends hospitalisation or closer out-patient monitoring</td>
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<td></td>
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</tr>
<tr>
<td>Hospitalised person, meets the clinical criteria regardless of degree of severity</td>
<td>Authorised medical care provider in accordance with HIA Art. 25 para. 2 let. b</td>
<td>Compulsory health insurance (under Swiss DRG)</td>
<td>Contribution by insured person according to individual health insurance policy</td>
</tr>
<tr>
<td>Hospital, nursing and care institutions with a heightened risk of exposure and who meet the clinical criteria</td>
<td>No prescription required</td>
<td>In accordance with AIA: AIA insurer (cost borne in accordance with Art. 9 para. 1 AIA)</td>
<td>N/A</td>
</tr>
<tr>
<td>Person meets the clinical criteria but does not fall within any of the above scenarios</td>
<td>No prescription required</td>
<td>Canton in accordance with EpidA (lab analysis and any medical care according to TARMED or at rate agreed by the canton)</td>
<td>N/A</td>
</tr>
<tr>
<td>Asymptomatic persons (clinical criteria not met)</td>
<td>Cantonal medical practitioner</td>
<td>Canton in accordance with EpidA (lab analysis and any medical care according to TARMED or at rate agreed by the canton)</td>
<td>N/A</td>
</tr>
<tr>
<td>Person requests a lab analysis with no medical or epidemiological necessity</td>
<td>None</td>
<td>Individual themselves</td>
<td>N/A</td>
</tr>
</tbody>
</table>

2 The costs of the medical care associated with the laboratory analysis for SARS-CoV-2 are covered by the same body. Where the criteria are met for the costs of the analysis to be covered under compulsory health insurance, the costs of the associated medical care are reimbursed in accordance with TARMED. If the cost of the test is borne by the canton, the canton must also pay for the associated medical care, which may be charged in accordance with TARMED or at a rate agreed by the canton.

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NB:

- The laboratory request must indicate the reason of conducting the analysis according to the above scenarios.
- The lab is required to address invoices accordingly.

4. Date of application

This factsheet replaces the factsheet “Vergütung der Analyse SARS-CoV-2” of 13 March 2020 and is applicable from 22 April 2020.