

# COVID-19 testing coverage

Thursday, April 7, 2022

	Individual & Family Plans (On-Ex, Off-Ex, and GF)	Medicare Supplement	Medicare Advantage plans (includes Group MAPD)	Medicare PDP (pharmacy benefit only)	Medi-Cal plans	Cal MediConnect plans	Fully-insured / Flex-funded group plans	Self-funded group plans
<b>Reasons to be tested</b>								
Symptomatic or asymptomatic testing (including testing for individualized diagnosis)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Suspected or known exposure	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Testing for contact-tracing	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Screenings ordered by healthcare providers (i.e., prior to healthcare procedures)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Screenings for employment or return to work	Yes	Yes	No	No	Yes	Yes	Yes	No <sup>7</sup>
Screenings for students or staff for return to school or sports	Yes	Yes	No	No	Yes	Yes	Yes	No <sup>7</sup>
Screenings before or after travel	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
<b>Types of tests</b>								
At-home / Over-the-Counter	Yes <sup>1</sup>	Yes <sup>10</sup>	Yes <sup>10</sup>	Yes <sup>10</sup>	Yes <sup>7</sup>	Yes <sup>1,10</sup>	Yes <sup>1</sup>	Yes <sup>1,2,8</sup>
PCR (incl NAAT)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Rapid, antigen	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
<b>Cost-share</b>								
In-network	None for diagnostic or screening tests	None for diagnostic or screening tests	None for covered tests	n/a	None for diagnostic or screening tests	None for covered tests	None for diagnostic or screening tests	None for diagnostic tests; Member responsible for cost of screening tests not covered
Out-of-network	None for diagnostic or screening tests <sup>4,5</sup>	None for diagnostic or screening tests <sup>4,5</sup>	None for covered tests <sup>4,5</sup>	n/a	None for covered tests <sup>4,5</sup>	None for diagnostic or screening tests <sup>4,5</sup>	None for diagnostic or screening tests <sup>4,5</sup>	None for diagnostic tests <sup>4,9</sup> Cost shares apply for screening tests not covered

<sup>1</sup> For personal use and not for resale, limited to eight per member per calendar month without a provider order; unlimited with a provider order

<sup>2</sup> Not for employment purposes

<sup>3</sup> With provider order

<sup>4</sup> For the duration of the public health emergency

<sup>5</sup> Fees unrelated to the administration of the COVID-19 test may not be covered for OON providers and will be the responsibility of the member

<sup>6</sup> Not covered by Blue Shield Promise Health Plan. Members should obtain OTC home tests through Medi-Cal Rx starting 2/1/22. Members can get reimbursed for at home tests purchased with a provider order from 3/11/21 - 1/31/22 through DHCS process.

<sup>7</sup> Except when the plan sponsor has elected to provide coverage for this type of testing

<sup>8</sup> Purchase must be dated on or after 1/15/22

<sup>9</sup> Additional related fees may apply (ex. administration of the test) and will be the responsibility of the member

<sup>10</sup> As of April 4, Medicare members with Part B benefits can obtain up to 8 tests from participating pharmacies and health care providers with their Original Medicare card for the duration of the COVID-19 PHE

Above coverage guidance applies only for test that have Food and Drug Administration (FDA) approval or emergency use authorization

**Note:** The information in this matrix is an overview of most common questions related to COVID-19 testing coverage. It is current as of 02/22/2022 and is subject to change as state and federal guidance continues to develop. The contents of this communication are for informational purposes only and do not constitute legal advice.

