

COVID-19 testing coverage

Tuesday, February 22, 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 |
|--|---|---|---|---|--|---|---|---|
| Reasons to be tested | | | | | | | | |
| 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 ⁷ |
| Screenings for students or staff for return to school or sports | Yes | Yes | No | No | Yes | Yes | Yes | No ⁷ |
| Screenings before or after travel | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| Types of tests | | | | | | | | |
| At-home / Over-the-Counter | Yes ¹ | Yes ¹ | Yes ³ | No | Yes ⁷ | Yes ¹ | Yes ¹ | Yes ^{1,2,8} |
| PCR (incl NAAT) | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| Rapid, antigen | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| Cost-share | | | | | | | | |
| 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 ^{4,5} | None for diagnostic or screening tests ^{4,5} | None for covered tests ^{4,5} | n/a | None for covered tests ^{4,5} | None for diagnostic or screening tests ^{4,5} | None for diagnostic or screening tests ^{4,5} | None for diagnostic tests ^{4,9} Cost shares apply for screening tests not covered |

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

² Not for employment purposes

³ With provider order

⁴ For the duration of the public health emergency

⁵ 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

⁶ 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.

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

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

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

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

