

## Cost-sharing, coding and billing for COVID-19 screening and diagnostic testing services Blue Shield of California HMO and PPO commercial plans

At Blue Shield of California (Blue Shield), we will continue to do all we can to support the health, safety, and well-being of our members as we begin to emerge from the COVID-19 pandemic. We also want to keep you informed as you continue to provide care.

**Please check this section of the website to stay informed.** As changes in laws, mandates and business decisions occur, we will update this content to reflect the latest information. We will also continue to add announcements on the home page of our COVID-19 provider website.

### [Prior authorization for COVID-19 diagnostic testing](#)

No prior authorization is required, based on federal guidelines under the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

### [Member cost-sharing waivers for COVID-19 diagnostic testing](#)

In accordance with applicable state and federal laws throughout the COVID-19 public health emergency, we will continue to waive member cost-sharing for individual COVID-19 diagnostic tests. This cost-sharing waiver is available for screening and diagnostic testing ordered by a member's attending healthcare provider acting within the scope of their license or authorization. This cost-sharing waiver applies to all commercial HMO, POS, PPO, and EPO plan members who have Blue Shield coverage, including self-funded plans.

### [Coding and billing for COVID-19 testing services](#)

In this document, we have provided Blue Shield's coding and billing preferences which are intended to help you submit claims to be processed as accurately and quickly as possible. These recommendations are not intended to be an all-inclusive list.

## Financial responsibility of delegated providers

(Updated December 30, 2021)

In accordance with new laws becoming effective January 1, 2022, Blue Shield of California (“Blue Shield”) will assume financial responsibility for certain administrative costs related to COVID-19 testing. The information below outlines specific changes that will impact Blue Shield’s contracted IPA/medical groups in order to comply with those changes.

- In accordance with California Senate Bill 510 (“SB 510”), beginning January 1, 2022, Blue Shield will assume financial responsibility for all COVID-19 screening and diagnostic testing for HMO commercial plan members, including for a self-administered at-home testing kit when ordered by a healthcare provider.
- The members will continue having no cost-sharing responsibility for COVID-19 testing, and the testing will be covered regardless of the member’s purpose for COVID-19 testing. Financial responsibility includes the costs for specimen collection, handling, and covered testing processes. The covered testing will include testing that has been approved or granted emergency use authorization by the Food and Drug Administration.
- Delegation to a contracted provider for the costs associated with COVID-19 testing services will not occur unless the parties involved have negotiated and agreed upon a new provision of their contract.
- This announcement supersedes Blue Shield’s policy that became effective August 1, 2021, where Blue Shield delegated financial responsibility for the administration costs of COVID-19 testing to contracted HMO IPA/medical groups for their assigned commercial HMO group members. If you believe you are owed reimbursement, please submit a claim and we will review and respond accordingly. As the legal and regulatory landscape on this issue continues to develop, Blue Shield will provide updates if, and as, guidance and requirements change.”
- Please ensure that all administrators and clinical practitioners, as well as billing laboratories, are made aware that testing costs should be billed to Blue Shield for the dates of service beginning January 1, 2022.

Blue Shield has consistently paid claims for COVID-19 testing and vaccinations in accordance with our contracts and the laws in effect throughout the COVID-19 pandemic. With the passage of SB 510, we have been working diligently to evaluate, develop, and implement processes and procedures necessary to comply with the bill’s requirements. The legal and regulatory landscape regarding COVID-19 testing and vaccinations continues to change, and we anticipate additional guidance and regulations from the state in the coming weeks that will impact how SB 510 is applied, including necessary clarification on how to pay for COVID-19 testing under SB 510. Blue Shield will keep you informed of any additional changes to those we are outlining in this document, should they occur.

## Preferred coding and billing for all COVID-19 testing for Blue Shield commercial plan members

For additional information on Blue Shield's preferred coding and billing for screening tests and diagnostic tests, please review the detailed information in this document.

### Coding and billing for specimen collection for COVID-19 testing

In accordance with Blue Shield's preferences, to ensure efficient and accurate claims processing, healthcare providers who are only performing the collection of the patient specimen for COVID-19 screening testing or diagnostic testing should bill using one of the following CPT or HCPCS codes:

- **HCPCS code G2023:** Specimen collection for COVID-19 [severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)], any specimen source. Please note that this is the most widely used code.
- **HCPCS code G2024:** Specimen collection for COVID-19 from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source.
- **C9803 code:** Hospital outpatient clinic visit specimen collection for COVID-19, any specimen source.
- **CPT code 99001:** Handling and/or conveyance of a specimen for transfer from the patient in a setting other than an office to a laboratory.
  - This code will not be reimbursed when it is billed with an office visit or specimen collection code.
  - Please note that use of a specimen collection code instead of CPT 99001 will expedite and maximize proper reimbursement.
- **CPT code 99072:** Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease. This code will be considered for reimbursement when it is billed for services defined by the American Medical Association's CPT code description and when an office visit results in diagnostic testing for COVID-19, throughout the duration of the declared federal and/or state COVID-19 public health emergency.

## Symptomatic diagnostic testing

This type of COVID-19 testing is a benefit for all eligible commercial HMO and PPO commercial plan members (including self-identified essential workers). Any eligible individual member with Blue Shield commercial plan coverage can see their provider for any reason to request a COVID-19 test. They can also visit any out-of-network testing providers that are licensed or authorized to provide or order COVID-19 diagnostic testing, including state or locality run sites and "drive-through" sites.

If a member conducts a visit with a clinician, the clinician will collect the specimen onsite or refer the member to an appropriate facility to have a specimen collected.

## COVID-19 at-home testing kit

Home test kits include instructions to patients for collecting swab or saliva specimens themselves, and a return mailer addressed to a lab that will process the test.

Effective on and after January 1, 2022, this type of specimen collection or testing is covered when the member has obtained a physician order to purchase the test kit.

- A specimen collection is when the specimen is processed in a patient's residence and sent to a lab for processing.
- A home test is when patients use a home kit to administer their own test and receive results without sending the specimen to a lab for processing.

## Antibody (serology) testing

Antibody testing is covered when medically necessary and all laboratory cost share, copayments and deductibles will apply.

## Pooled testing

At this time, pooled testing is at the sole discretion of the laboratory, is not widely being used, and is not available based by a provider's order or employer's request. When performed, it is billed, reported, and covered as though it is an individual test.