



Understanding COVID-19 Testing for Employer Groups

* Essential worker is defined by the DMHC Emergency Testing Regulation. Please see FAQ #2 on the [DMHC Emergency Regulation FAQs](#) to determine essential worker status

Essential Worker

Non-Essential Worker

Symptomatic or have known or suspected exposure		Asymptomatic and has not been exposed			
<p>Covered</p> <ul style="list-style-type: none"> as medically necessary, under FFCRA/CARES Act and requires a provider order based on individualized medical necessity determination OR under DMHC regulation, as an essential worker* without a provider order, the same as an asymptomatic essential worker (see next column for details) 	<p>Covered</p> <ul style="list-style-type: none"> must contact Blue Shield to locate an in-network testing provider/lab if Blue Shield cannot provide an in-network testing option within 48 hours of the request at a site that is within 15 miles or 30 minutes of the member's workplace or residence, the member can use any available testing options 	<p>Do we cover diagnostic tests (PCR, antigen, LAMP, saliva)? (Testing for current COVID-19 infection)</p>	<p>Covered</p> <ul style="list-style-type: none"> as medically necessary, under FFCRA/CARES Act and requires a provider order based on individualized medical necessity determination 	<p>Not covered</p> <ul style="list-style-type: none"> except when determined to be medically necessary based on an individualized assessment of the patient by a provider, such as for an upcoming procedure 	
<p>Limited coverage</p> <ul style="list-style-type: none"> covered only with provider order based on medical necessity for diagnostic purposes (e.g., to help make a diagnosis when still having symptoms that suggest COVID-19 infection but a diagnostic test is negative) 	<p>Not covered</p>	<p>Do we cover antibody (serology) tests? (Testing for previous COVID-19 infection)</p>	<p>Limited coverage</p> <ul style="list-style-type: none"> covered only with provider order based on medical necessity for diagnostic purposes (e.g., to help make a diagnosis when still having symptoms that suggest COVID-19 infection but a diagnostic test is negative) 	<p>Limited coverage</p> <ul style="list-style-type: none"> covered only with provider order based on medical necessity for diagnostic purposes (rare circumstances) 	
<ul style="list-style-type: none"> in- and out-of-network testing covered for provider-ordered testing; however, member may be subject to balance billing by out-of-network testing providers 	<ul style="list-style-type: none"> member required to contact BSC for in-network options, but if BSC does not provide in-network testing options, out-of-network covered if member contacts BSC and is provided an in-network testing option, but member chooses to go out of network, member may be subject to balance billing by out-of-network testing providers 	<p>What is our in-network or out-of-network coverage?</p>	<ul style="list-style-type: none"> in- and out-of-network testing covered; however, member may be subject to balance billing by out-of-network testing providers 	<ul style="list-style-type: none"> if medically necessary and based on individualized assessment by provider (see above), in- and out-of-network testing covered member may be subject to balance billing by out-of-network testing providers 	
<ul style="list-style-type: none"> \$0 cost share; BSC will waive out-of-pocket costs for co-payments, coinsurance, and deductibles if medically necessary and provider ordered member may be subject to balance billing by out-of-network testing providers 	<ul style="list-style-type: none"> member cost share applies; BSC will NOT waive out-of-pocket costs for co-payments, coinsurance, and deductibles when member does NOT contact BSC: Not covered – member responsible for all costs associated with testing 	<p>Are copays, deductibles, and coinsurance covered?</p>	<ul style="list-style-type: none"> \$0 cost share; BSC will waive out-of-pocket costs for co-payments, coinsurance, and deductibles if medically necessary and provider ordered member may be subject to balance billing by out-of-network testing providers 	<ul style="list-style-type: none"> if medically necessary and based on individualized assessment by provider (see above), then \$0 cost share; BSC will waive out-of-pocket costs for co-payments, coinsurance, and deductibles if not medically necessary and not based on an individualized assessment by provider, member responsible for cost associated with testing 	
Yes	No	<p>Is a MD/Provider order required?</p>	Yes	Yes	
No	<p>Yes</p> <ul style="list-style-type: none"> The essential worker must contact Blue Shield of California before getting tested or locate a testing site at https://www.blueshieldca.com/coronavirus Blue Shield will then provide in-network testing options 	<p>If essential worker, does member need to contact BSC about in-network options before getting tested?</p>	No	No	
<ul style="list-style-type: none"> For coverage of provider-ordered testing: March 1 through the end of the federal public health emergency 	<ul style="list-style-type: none"> For coverage of asymptomatic essential worker testing: July 17, 2020 until expiration of the DMHC emergency regulation mandate 	<p>When are these rules effective?</p>	March 1 through the end of the federal public health emergency	March 1 through the end of the federal public health emergency	
No limit; based on provider determination	No limit; applicable cost sharing applies to each test	<p>How frequently can members get tested?</p>	No limit; based on provider determination	No limit if medically necessary based on individualized assessment by provider	

Please Note: This matrix outlines Blue Shield's alignment with state and federal mandates for coverage of COVID-19 diagnostic testing and related services, including coverage requirements under the DMHC emergency regulation on testing for essential workers and federal guidance under the FFCRA and CARES Act. The information in this matrix is a summary and is not intended to address all aspects of state and federal law; it is current as of 09/14/2020 and is subject to change as state and federal guidance on COVID-19 diagnostic testing continues to develop.

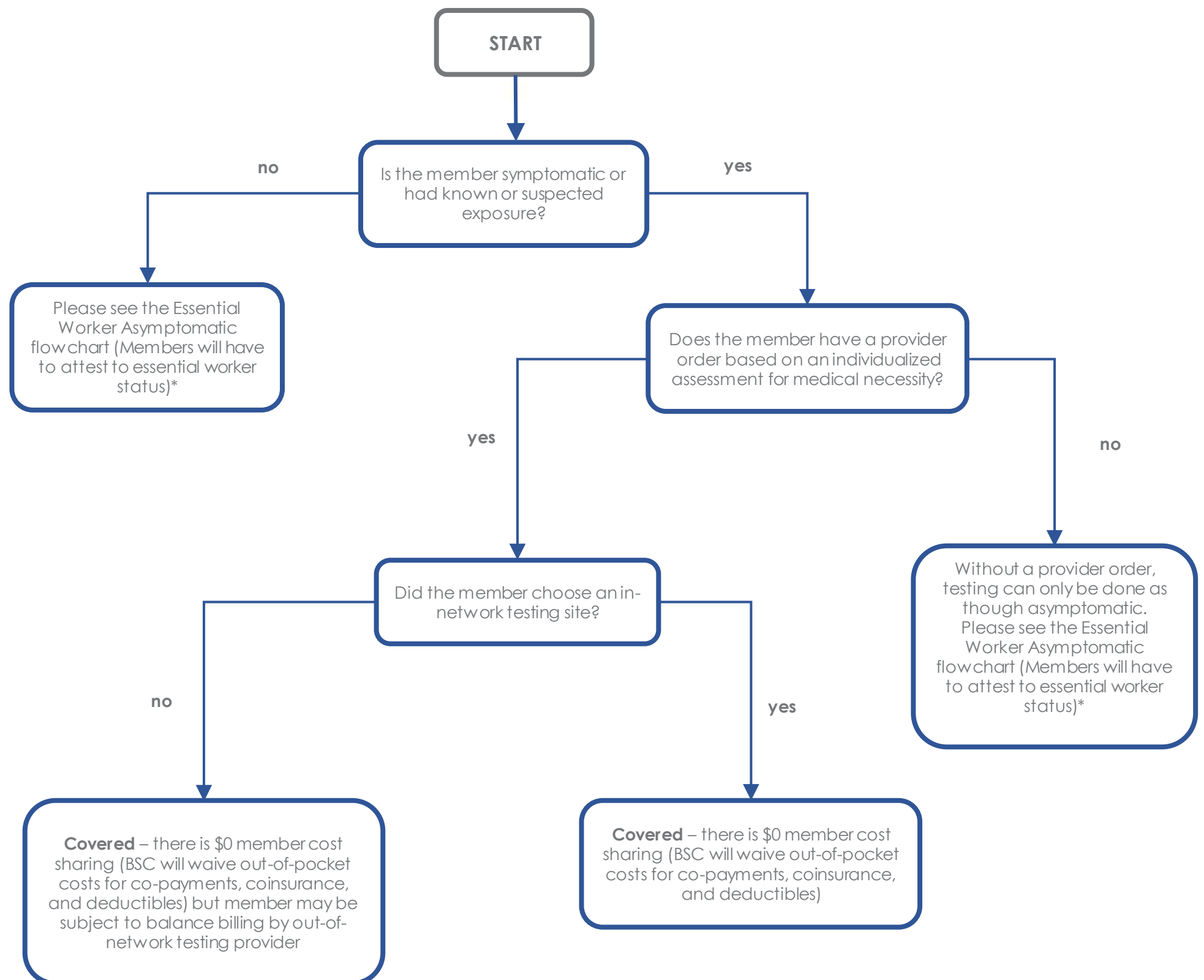
The "Essential Worker" testing requirements in this document are applicable only for fully insured DMHC Plans; the testing requirements for individuals who are symptomatic or have known or suspected exposure (under "Non-Essential Worker") are applicable to all employer group plans, including self-funded plans.

COVID-19 Testing Flowchart

Essential Worker – Symptomatic or known/suspected exposure

Please note: this flow chart outlines many common scenarios, however, there are exceptions. Consult with your provider if there are questions.

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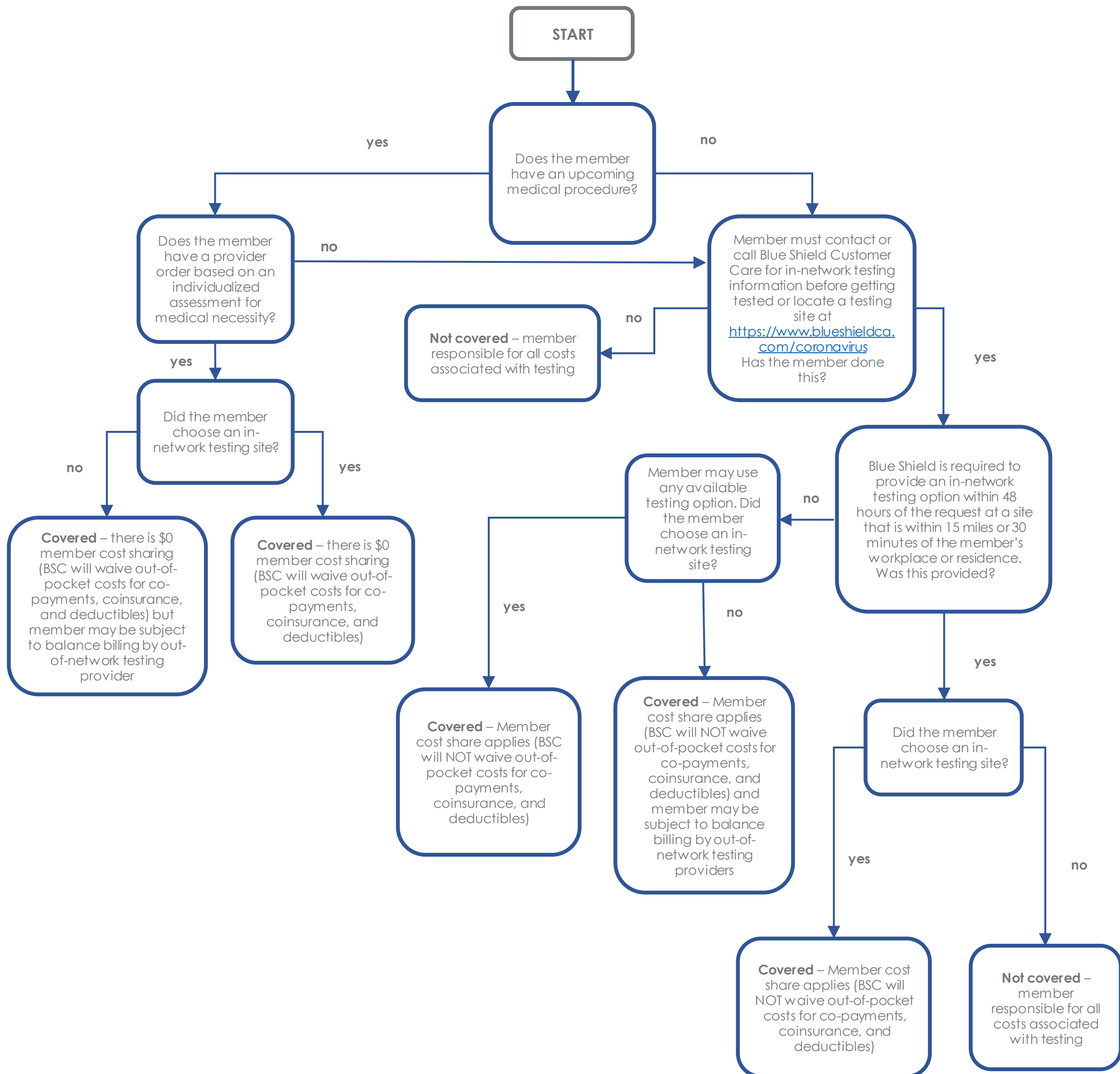
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COVID-19 Testing Flowchart

Essential Worker – Asymptomatic without exposure

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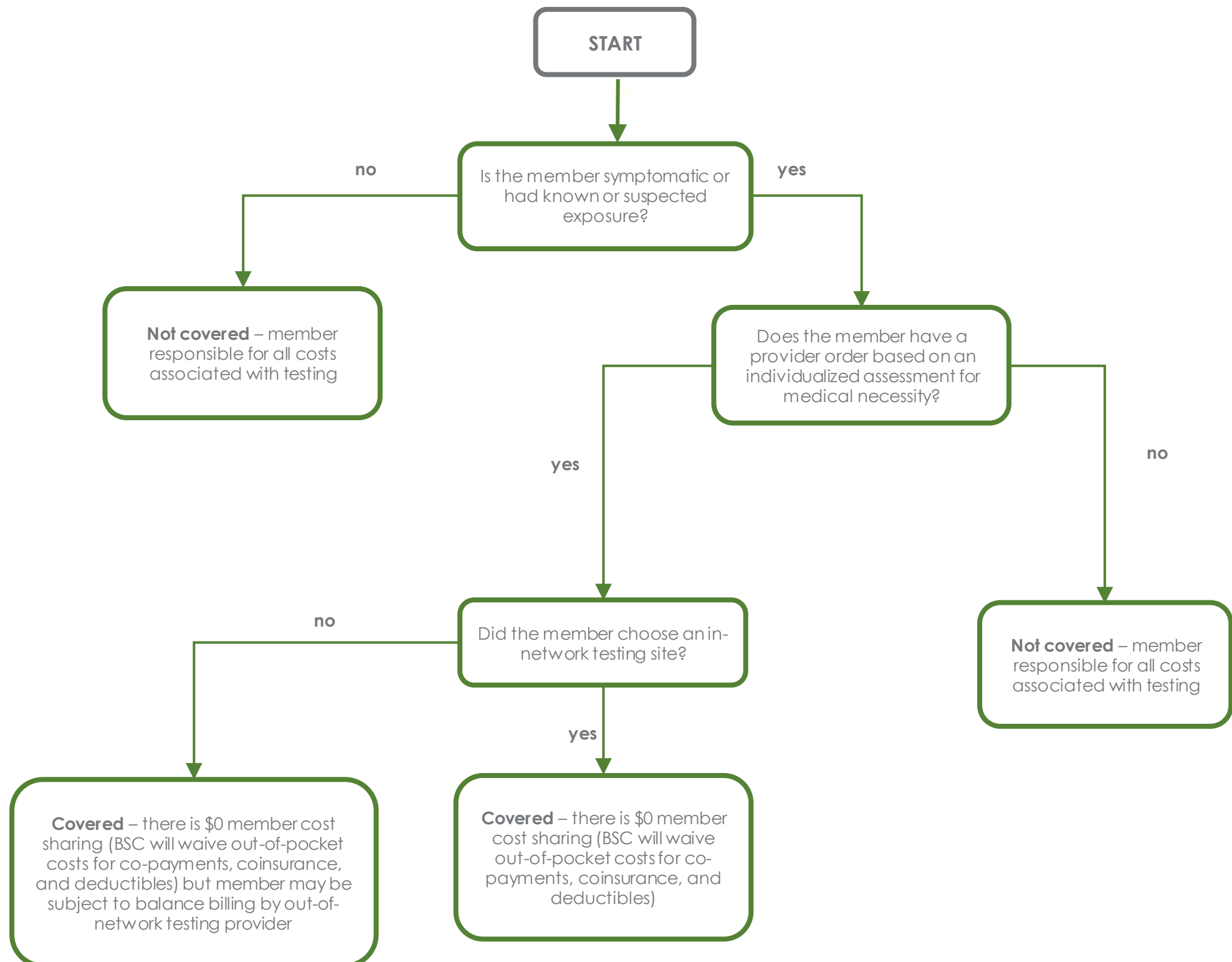
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COVID-19 Testing Flowchart

Non-Essential Worker – Symptomatic or known/suspected exposure

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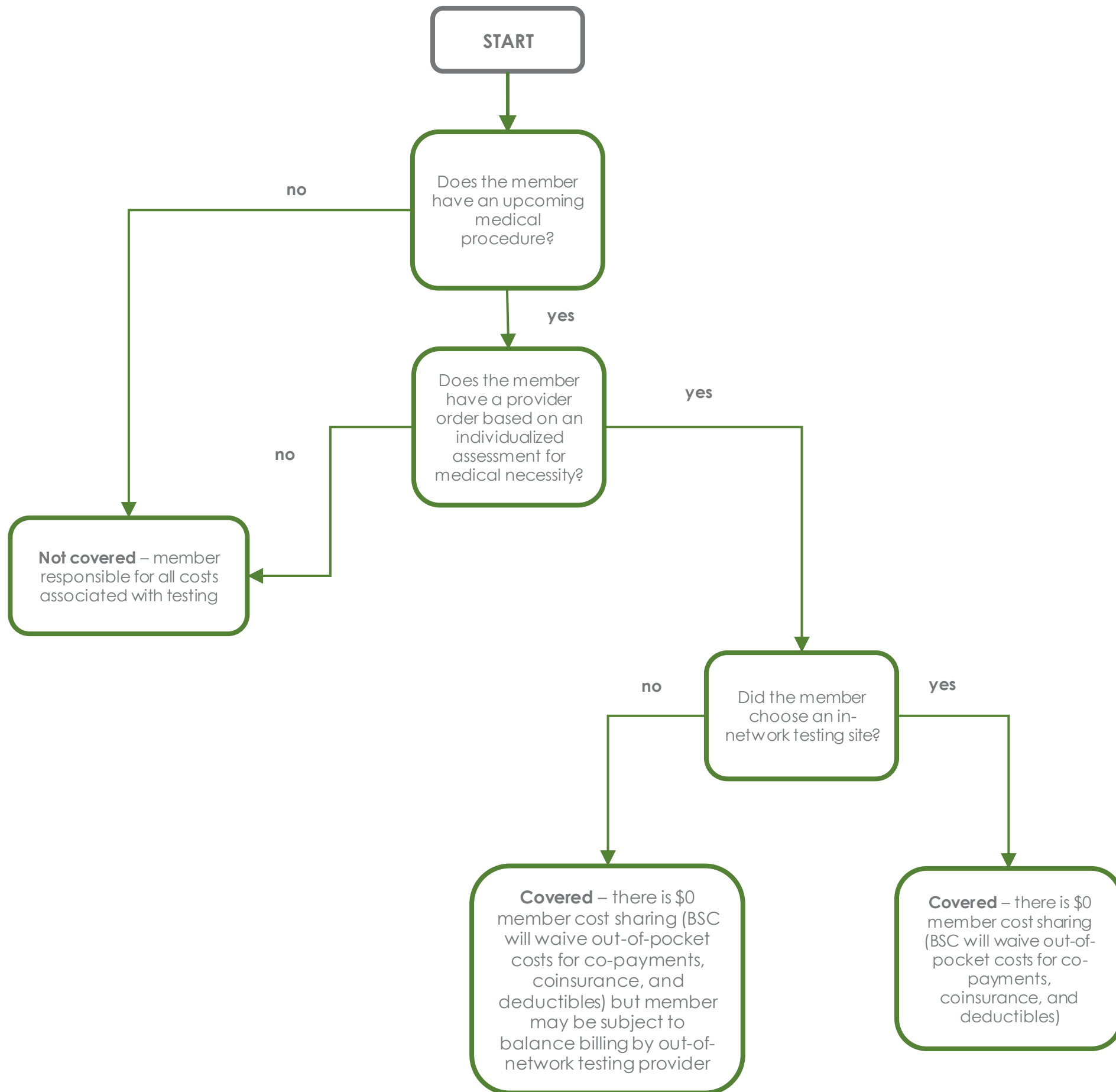
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