

# COVID-19 Testing Frequently Asked Questions

Coverage, benefits, medical information

For employer groups, brokers, and consultant partners  
Updated August 22, 2022

## Table of Contents

COVID-19 Testing .....	3
Testing coverage .....	3
Over-the-counter (OTC) at-home test kits .....	6
Employer testing .....	10
Policies and regulations .....	11
Claims, operations, and billing .....	14
Types of tests, where/when should one get tested .....	15
Online resources .....	19
Blue Shield resources .....	19
Government resources .....	19

## COVID-19 Testing

### Testing coverage

#### 1. Are COVID-19 tests covered?

Yes, but coverage for testing varies by plan. Blue Shield and Blue Shield Promise will cover most COVID-19 tests at no out-of-pocket cost to the member for specified plans noted below. This applies to both diagnostic and screening tests.

#### Reasons to be tested

	DIAGNOSTIC	DIAGNOSTIC & SCREENING	SCREENING		
	INDIVIDUAL TESTING WITH OR WITHOUT SYMPTOMS	TESTS ORDERED BY HEALTHCARE PROVIDERS <sup>1</sup>	TESTS FOR CONTACT-TRACING, KNOWN OR SUSPECTED EXPOSURE	TESTS FOR EMPLOYMENT, RETURN TO SCHOOL, OR SPORTS <sup>2</sup>	TESTS BEFORE OR AFTER TRAVEL
Individual and Family plans Small business plans Medi-Cal plans Medicare Supplement plans Cal MediConnect plans Fully-insured or flex-funded group plans <sup>3</sup>	Yes	Yes	Yes	Yes	Yes
Medicare Advantage plans	Yes	Yes	Yes	No	Yes
Self-funded group plans <sup>4</sup>	Yes	Yes	Yes	Maybe <sup>5</sup>	Yes
Medicare Prescription Drug Plan <sup>6</sup> (pharmacy benefit only)	No	No	No	No	No

<sup>1</sup>Tests ordered by a healthcare provider means that a licensed and authorized healthcare provider has requested that you obtain a test for COVID-19. For example, a physician, a nurse practitioner, or a physician assistant. These tests can be for diagnostic or screening purposes, such as a screening before a procedure.

<sup>2</sup>Tests obtained for employment purposes, return to school, or sports are those requested at the direction of an employer, school, or sports league/facility or are for group testing rather than for individual assessment.

<sup>3</sup>If you receive your health insurance through your employer, association, trust, etc., please contact your employer, plan sponsor, or benefits administrator to see whether you have a fully-insured or a flex-funded group plan. You may also call the customer service phone number on your member ID card.

<sup>4</sup>These can be group plans from employers, associations, trusts, etc. If you receive your health insurance through your employer, plan sponsor, or benefits administrator, review your Blue Shield member ID card for the letters "ASO" (Administrative Services Only) to learn if you are on a self-funded or self-insured plan.

Otherwise, contact your employer, plan sponsor, or benefits administrator. You may also call the customer service phone number on your member ID card.

[Click here to go back to Table of Contents](#)

<sup>5</sup>Self-funded group plans are not required to cover these costs. Some may choose to cover screening tests for employment purposes, return to school, or sports. Please refer to your specific benefits or contact your employer, plan sponsor, or benefits administrator for more information.

<sup>6</sup>Neither diagnostic nor screening testing is covered through pharmacy benefits. Therefore, Medicare PDP plans do not cover medical testing. Please check your Original Medicare or Medicare Supplement plan for testing coverage under your medical benefits. [Learn how to get free OTC at-home tests](#) through the federal program.

## Types of tests covered

Out-of-pocket costs may apply

	OVER-THE-COUNTER (OTC) AT-HOME TESTS <sup>7</sup>	STANDARD PCR <sup>8</sup>	RAPID, POINT-OF-CARE ANTIGEN TESTS	ANTIBODY TESTS
Individual and Family plans Small business plans Cal MediConnect plans <sup>11</sup> Medicare Supplement plans Fully-insured or flex-funded group plans	YES for purchases on or after 1/1/22	Yes	Yes	Yes
Medicare Advantage Plans <sup>11</sup>	Yes when ordered by a provider <sup>9,10</sup>	Yes	Yes	
Medi-Cal plans	No This is only covered through Medi-Cal Rx <sup>11</sup>	Yes	Yes	
Self-funded group plans	Yes for OTC at-home tests purchased on or after 1/15/22	Yes	Yes	Yes, when ordered by a provider* Out-of-pocket costs may apply
Medicare Prescription Drug Plan (pharmacy benefit only)	No, coverage for OTC at-home tests is covered by Original Medicare <sup>11</sup>	No	No	No
Medicare Supplement plans	Yes, for purchases between 1/1/22 – 4/3/22 No, for purchases on or after 4/4/22 Coverage for OTC at-home tests is covered by Original Medicare <sup>11</sup>	Yes	Yes	Yes, when ordered by a provider <sup>9</sup> Out-of-pocket costs may apply

<sup>7</sup>OTC at-home tests are only covered if used for personal use and not for resale. Also, there are some limitations to the number of tests that can be reimbursed without a provider order. [See OTC at-home test section](#) for more details.

<sup>8</sup>\*Self-funded group plan antibody tests are covered when ordered by a provider unless the group has opted in to offer coverage in alignment with SB 510.

<sup>9</sup>PCR tests (polymerase chain reaction) tests which are generally sent to a lab, but may also include rapid tests such as [Nucleic Acid Amplification Tests](#) (NAAT). [Learn more about the different types of tests.](#)

<sup>10</sup> Tests ordered by a healthcare provider means that a licensed and authorized healthcare provider has requested that you obtain a test for COVID-19. For example, a physician, a nurse practitioner, or a physician assistant. These tests can be for diagnostic or screening purposes, such as a screening before a procedure.

<sup>11</sup>[Medicare members can get up to eight OTC COVID-19 home tests each calendar month](#) through the Centers for Medicare and Medicaid Services.

[Click here to go back to Table of Contents](#)

## Out-of-pocket costs for COVID-19 testing: in-network vs. out-of-network

	IN-NETWORK COSTS	OUT-OF-NETWORK COSTS
Individual & family plans Small business plans Cal MediConnect plans Medicare Supplement plans Fully-insured or flex-funded group plans	None for covered tests	None for covered tests during the public health emergency <sup>12 13</sup>
Medicare Advantage plans	None for covered tests	None for covered tests during the public health emergency <sup>12 13</sup>
Medi-Cal plans	None	
Self-funded group plans	None for covered tests	None for covered tests during the public health emergency <sup>12 13 14</sup>

<sup>12</sup>When the public health emergency ends, all out-of-network costs not paid by Blue Shield will be your responsibility.

<sup>13</sup> Other fees unrelated to the administration of the COVID-19 test may be charged for your visit. These may include fees for other tests or services. The member will be responsible for any unrelated fees charged by an out-of-network provider. [Learn more](#) about potential out-of-pocket costs from out-of-network providers.

<sup>14</sup>Self-funded plans may not cover all of an out-of-network provider's charges for services related to COVID-19 testing. These amounts not paid by the plan may be the responsibility of the member. Related fees may include specimen collection or processing fees. [Learn more about potential out-of-pocket costs from out-of-network providers.](#)

### 2. Does Blue Shield cover Nucleic Acid Amplification Tests (NAATs) for members?

Yes if the test is FDA EUA approved.

A Nucleic Acid Amplification Test, or NAAT, is a type of viral diagnostic test used to diagnose the COVID-19 virus. PCR tests fall under the category of NAAT.

### 3. If an individual needs to get tested for travel, is that covered?

#### Domestic travel

Screening tests for domestic travel are covered for most plans. [See which plans cover screening tests for travel.](#)

#### International travel

Coverage for COVID-19 testing outside of the United States depends on the member's plan benefits and the reason for testing. For some plans, only emergency and urgent care are covered outside of the United States. COVID-19 testing for routine travel does not qualify as urgent or emergency care. However, if the member falls ill with COVID-19 symptoms while traveling internationally, testing and treatment may be covered. Proper documentation will need to be submitted.

Members should check their *Evidence of Coverage* or plan policy documents to find out what is covered when traveling internationally. Please remember that COVID-19 testing and vaccination requirements vary worldwide. We highly recommend the member reviews the host country's COVID-19 requirements before they travel.

[Click here to go back to Table of Contents](#)

#### 4. Are at-home test kits covered for members enrolled in Medicare plans?

As of April 4, 2022, the Centers for Medicare & Medicaid Services (CMS) is covering up to eight free OTC COVID-19 at-home tests each calendar month at participating pharmacies and healthcare providers. This benefit is available to Blue Shield and Blue Shield Promise members in the following plans:

- Medicare Advantage
- Cal MediConnect
- Medicare Supplement
- Medicare Prescription Drug Plan (PDP) if you also have Medicare Part B coverage

[See a list of participating pharmacies.](#)

Members should bring their red, white, and blue Medicare card to get their free OTC COVID-19 tests. This applies even if members have another card for their Blue Shield or Blue Shield Promise plan.

#### 5. For HMO Blue Shield Away from Home Care members in another state: how do they find out what type of testing is covered, cost of coverage, and where to get tested for COVID-19 and antibodies?

Away from Home Care enables members to receive Guest Membership benefits from other participating Blue Plans while traveling outside their Home Plan service area. The member will need to contact the Blues plan that they are enrolled in by calling the Member Services number on the back of their Blue Shield member ID card.

*Over-the-counter (OTC) at-home test kits*

General information about OTC at-home tests

#### 6. What are over-the-counter (OTC) at-home tests?

OTC at-home tests are rapid results tests. The sample is taken at home and individuals can read the results in a few minutes. Everything is done at home. Nothing is sent to a lab. Coverage and reimbursement for OTC at-home tests is limited to those [tests authorized for emergency use by the FDA](#). [Find out how to tell if a test is authorized for emergency use by the FDA.](#)

#### 7. How can members tell if the OTC at-home test kit is authorized by the Food and Drug Administration (FDA)?

On the test kit package, look for a message that states the test has been authorized for emergency use by the FDA. Some examples of authorized tests include:

- BinaxNOW COVID-19 Antigen Self-Test (Abbott)
- BD Veritor At-Home COVID-19 Test (Becton Dickinson)
- CareStart COVID-19 Antigen Home Test (Access Bio)
- Celltrion DiaTrust COVID-19 Ag Home-Test (Celltrion)
- CLINITEST Rapid COVID-19 Antigen Self-Test (Siemens)
- COVID-19 At-Home Test (SD Biosensor)
- Ellume COVID-19 Home Test (Ellume)
- Flowflex COVID-19 Antigen Home Test (ACON)
- iHealth COVID-19 Antigen Rapid Test (iHealth Labs)
- IntelliSwab COVID-19 Rapid Test (OraSure)

[Click here to go back to Table of Contents](#)

- QuickVue At-Home OTC COVID-19 Test (Quidel)
- SCoV-2 Ag Detect Rapid Self-Test (InBios)

[See a complete list of authorized tests on the FDA's web page.](#) Type “OTC” or “Home” in the search bar to narrow the results for at-home tests.

#### **8. What are the limits to reimbursement for OTC COVID-19 at-home tests?**

Blue Shield provides coverage for OTC COVID-19 at-home tests purchased prior to January 1, 2022, with a healthcare provider order.

As of January 1, 2022, most members can get reimbursed for up to eight OTC at-home tests per member per month without a provider order. Some restrictions apply. For example:

- OTC at-home tests must have been purchased on or after January 1, 2022.
- OTC at-home tests purchased from a private reseller, online auction, or resale marketplace like eBay are not covered.
- OTC at-home tests that are reimbursed by other entities like a flexible spending account (FSA), health savings account (HSA) or health reimbursement account (HRA) or through reselling are not covered.
- If the member has a self-funded group plan, OTC at-home tests are not covered or reimbursable if purchased prior to January 15, 2022, without a healthcare provider order, or purchased at any time for employment purposes.
- If the member has a Medicare Advantage Plan, they must have a healthcare provider order for their OTC at-home test purchases to be reimbursed by Blue Shield. For more options to get free OTC tests, [see details here](#).
- If the member has a Medi-Cal plan, their at-home tests will be covered by their pharmacy benefits. [See details here](#) to learn more.

[Find out coverage details for OTC at-home tests.](#)

Mandates related to OTC at-home test kit

#### **9. What does the Biden Guidance released on January 10, 2022 on at-home test kits entail?**

On December 2, 2021, the [White House announced](#) a new requirement for insurers to reimburse members for over-the-counter COVID-19 diagnostic tests. On January 10, 2022, the Biden Administration released [additional guidance](#) detailing requirements for coverage with an effective date of January 15, 2022.

According to the announcement:

- Individuals who purchase OTC at home COVID-19 diagnostic tests will be able to seek reimbursement from their group health plan or health insurance issuer and have insurance cover the cost during the public health emergency.
- The coverage requirement for the reimbursement of over-the-counter at-home COVID-19 tests are for test kits purchased on or after January 15, 2022.
- The new requirement will not change current guidance regarding workplace screening. Testing for employment purposes is not covered under federal law.
- Health plans are allowed to limit the number of at home tests covered per beneficiary or enrollee to 8 tests per 30-day period or per calendar month.

[Click here to go back to Table of Contents](#)

#### **10. How is Blue Shield responding to the federal guidance on coverage of at-home test kits?**

Blue Shield of California continues to adhere to state and federal requirements regarding coverage of COVID-19 testing and vaccinations. Per guidance issued by the Biden Administration on January 10, 2022, Blue Shield will provide coverage for at-home COVID-19 tests for personal use that were purchased on or after January 15, 2022 and will cover these tests without cost-sharing, medical management, or prior authorization for members in individual and group health plans. To be eligible for coverage, at-home COVID tests must be purchased by the participant, beneficiary, or enrollee for personal use, and not for employment purposes nor resale.

To be reimbursed for at-home test kits, members must submit the subscriber's Statement of Claim form and proof of purchase receipt. The proof of purchase receipt should include the name of the retailer, including the street address, or, if purchased online, the website address; date of purchase; UPC code for the at-home test kit; and the cost of the at-home test kit.

In the coming weeks, we anticipate additional guidance from our regulators regarding COVID testing and will continue to follow state and federal requirements.

Obtaining an OTC at-home test kit

#### **11. Does Blue Shield have an option for direct to consumer tests or any partnerships with pharmacy vendors?**

Blue Shield does not currently have a direct-to-consumer shipping program or partnership with a pharmacy vendor for point of sale coverage of at-home tests.

Members can request reimbursement from Blue Shield for up to 8 individual at-home tests per month at no cost-share, and any additional at-home test reimbursement with an order from a licensed or authorized health care provider. Blue Shield of California will reimburse the cost of the at-home tests indicated on a member's receipt submitted with their claim.

Shipping and any taxes are included in reimbursements as of February 4, 2022.

**Note:** Each test is counted separately, even if multiple tests are sold in one package. For example, if one package includes two tests, this counts as two tests, rather than one test, toward the quantity limit of eight (8) tests per calendar month.

#### **12. Does Blue Shield have any contracted or preferred onsite testing providers or vendors?**

Blue Shield does not have any contracted or preferred onsite testing vendors. Coverage for diagnostic and screening tests, if the test is conducted by an onsite testing vendor, will be provided in accordance with federal and state law at no out-of-pocket costs to the member.

#### **13. How can members get a free OTC COVID-19 at-home test?**

The federal government is currently providing four free OTC COVID-19 at-home tests per household. Visit [covidtests.gov](https://www.covidtests.gov) for details or call [\(800\) 232-0233](tel:8002320233).

#### **14. Will members have to pay for an OTC at-home test?**

No, the federal government is currently providing four free OTC COVID-19 at-home tests per household. Visit [covidtests.gov](https://www.covidtests.gov) for details or call [\(800\) 232-0233](tel:8002320233).

[Click here to go back to Table of Contents](#)

If the member purchases an OTC at-home test at a local retail pharmacy, store, or online, they can submit a claim to Blue Shield for reimbursement for the full cost of the test. [See for how to submit a claim for these types of tests.](#)

#### Reimbursements and limits for OTC at-home test kit

**15. Can members get reimbursed for multiple packages if their at-home test kit comes with more than one test per package?**

Each individual test within a package counts as one test. For example, if an individual purchases a package with two tests inside, that counts as two separate tests. In that case, the member would be able to submit reimbursement for up to four packages, or eight tests total, for each member on the main subscriber's plan.

**16. Can members be covered for multiple COVID-19 tests?**

There are no limitations on repeat testing if coverage requirements are met under state or federal law. The federal guidance allows health plans to limit coverage of at-home test kits to 8 per person, per month.

There are no additional limits to reimbursement for at-home test kits purchased when ordered by a licensed or authorized health care provider.

#### HSA, FSA, and HRA

**17. Are at-home COVID-19 test kits FSA, HSA, or HRA eligible items for reimbursement?**

Yes, according to the IRS at-home COVID-19 test kits are FSA, HSA, and HRA eligible. This means that members can use their HSA, FSA, or HRA funds to purchase at-home test kits.

However, expenses incurred by the member for OTC at-home COVID-19 test kits are not qualified medical expenses when the costs of the test kits are reimbursed by Blue Shield.

Qualified medical expenses are medical expenses incurred by an individual (or the individual's spouse or dependent) but only when such amounts are not compensated or reimbursed for by the health plan.

Blue Shield does not offer tax advice for HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility, and the law's current provisions, members should ask their financial or tax adviser, or check with their HSA administrator for more details.

**18. How are members who use FSA, HSA, or HRA funds reimbursed for at-home test kits?**

Members must follow existing claims reimbursement processes in place to obtain an at-home test kit reimbursement.

Blue Shield does not deposit any reimbursements directly into FSA, HSA, or HRA accounts. If Blue Shield reimburses the member, the member is responsible for those funds and any deposits back into their FSA, HSA, or HRA.

Please note: Individuals cannot be reimbursed more than once for OTC (Over The Counter) at-home COVID-19 test kits. It is recommended that individuals do not to use a health FSA or HRA debit card to purchase OTC at-home COVID-19 tests for which the individual intends to seek reimbursement from Blue Shield.

[Click here to go back to Table of Contents](#)

Similarly, for OTC at home COVID-19 tests paid or reimbursed by Blue Shield individuals should not seek reimbursement from a health FSA or HRA for the cost (or the portion of the cost).

If an individual mistakenly receives reimbursement from a health FSA or HRA for OTC COVID-19 test costs covered by Blue Shield, the individual should contact the health FSA or HRA administrator regarding correction procedures.

Blue Shield does not offer tax advice for HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility, and the law's current provisions, members should ask their financial or tax adviser, or check with their HSA administrator for more details.

### *Employer testing*

#### **19. Can group plan sponsors with carve-out pharmacy benefits have COVID-19 at-home test kit coverage through the pharmacy benefits and managed by their PBM, rather than coverage as a medical benefit through Blue Shield?**

Yes. Blue Shield can configure benefits administration to do so for ASO groups (self-funded). Group plan sponsors should work with their Blue Shield account representative for this option.

We are assessing the availability of this option for other types of groups.

#### **20. Is testing for employment purposes covered under SB 510?**

**Please note:** The response below does not take into account the Federal guidance that was issued on January 10, 2022.

Yes, testing for employment purposes, are covered at no out-of-pocket cost to members enrolled in the following plan types:

- Individual plans purchased through Blue Shield of California directly
- Individual plans purchased through Covered California
- Medicare Supplement plans
- Medi-Cal plans
- FEHBP plans
- Fully-insured employer-sponsored plans
- Flex-funded employer-sponsored plans

#### **21. Can employees be covered for multiple COVID-19 tests?**

There are no limitations on repeat testing if coverage requirements are met under state or federal law. The federal guidance allows health plans to limit coverage of at-home test kits to 8 per person, per month.

There are no additional limits to reimbursement for at-home test kits purchased when ordered by a licensed or authorized health care provider.

#### **22. If an employer purchases at-home test kits and decides to sell it to their employees at cost, would the member be reimbursed by Blue Shield if the member submits an individual claim?**

The member can be reimbursed for at-home test kits purchased directly through their employer if the member submits the Subscriber's Statement of Claim form and proof of purchase receipt.

[Click here to go back to Table of Contents](#)

Blue Shield of California will continue to cover vaccines and tests, including COVID-19 tests for at-home use. As the legal and regulatory landscape on this issue continues to develop, Blue Shield will provide updates if, and as, guidance and requirements change. If a member believes they are owed COVID-19 testing or vaccination reimbursement, they can submit a claim and we will review and respond accordingly.

Testing for employment purposes is not covered under federal law.

For at-home test kits purchased between January 1-14, 2022, they are only covered when ordered by a licensed or authorized health care provider.

At-home test kits purchased on and after January 15, 2022 are reimbursed at purchase cost to the member up to 8 tests per month, and any additional test kits are covered at no cost-share to the member when ordered by a licensed or authorized health care provider.

At-home test kits purchased by an employer will not be reimbursed directly to the employer group at this time.

**23. Does Blue Shield have any contracted or preferred onsite testing providers or vendors?**

Blue Shield does not have any contracted or preferred onsite testing vendors. Coverage for diagnostic and screening tests, if the test is conducted by an onsite testing vendor, will be provided in accordance with federal and state law at no out-of-pocket costs to the member.

*Policies and regulations*

**24. What does the Biden Guidance released on January 10, 2022 on at-home test kits entail?**

On December 2, 2021, the [White House announced](#) a new requirement for insurers to reimburse members for over-the-counter COVID-19 diagnostic tests. On January 10, 2022, the Biden Administration released [additional guidance](#) detailing requirements for coverage with an effective date of January 15, 2022.

According to the announcement:

- Individuals who purchase OTC at home COVID-19 diagnostic tests will be able to seek reimbursement from their group health plan or health insurance issuer and have insurance cover the cost during the public health emergency.
- The coverage requirement for the reimbursement of over-the-counter at-home COVID-19 tests are for test kits purchased on or after January 15, 2022.
- The new requirement will not change current guidance regarding workplace screening. Testing for employment purposes is not covered under federal law.
- Health plans are allowed to limit the number of at home tests covered per beneficiary or enrollee to 8 tests per 30-day period or per calendar month.

SB 510

**25. Will Blue Shield comply with COVID-19 testing expansions mandated in SB 510?**

Blue Shield of California will continue to adhere to state and federal requirements regarding coverage of COVID-19 testing and vaccinations, including SB 510 when

[Click here to go back to Table of Contents](#)

applicable. The bill went into effect January 1, 2022 and applies to plans regulated under state law.

We anticipate additional guidance from the state in the coming weeks, and we will continue to provide updates to support our members and employer groups in the battle against COVID-19. Please visit our [COVID-19 Resources page](#) for information and resources regarding testing and vaccinations.

**26. What does the SB510 law on COVID-19 testing coverage entail?**

Senate Bill 510 is a California State law requiring the coverage of COVID-19 diagnostic and screening tests and vaccines, at no out-of-pocket cost to the member at both in- and out-of-network facilities, effective January 1, 2022 (the cost share waiver requirement for out-of-network services sunsets upon the expiration of the federal public health emergency). This bill applies to medical plans regulated by the California Department of Managed Health Care (DMHC) and California Department of Insurance (CDI). SB510 also requires testing and vaccines to be made cost-free to members during future pandemics.

**27. Does SB510 apply to all plans and funding types?**

SB 510 applies to CDI- and DMHC-regulated medical plans, including IFP, Small Group and Large Group. It covers both Blue Shield and Blue Shield Promise plans, but some requirements apply differently for Medi-Cal plans (e.g., Medi-Cal plans will continue to follow DHCS guidance on provider reimbursement requirements). It does not apply to self-funded plans, including Administrative Services Only (ASO) plans and Shared Advantage plans, specialty plans, or Medicare Advantage plans. Blue Shield has offered self-funded groups the option to waive cost-share for antibody testing in alignment with SB 510.

**28. Do SB510's requirements apply retroactively?**

When originally enacted, the law stated that SB510's provisions would apply retroactively, beginning from the Governor's declared State of Emergency related to COVID-19 on March 4, 2020 and onward. However, pursuant to a court order issued in July 2022, health plans are not required to implement the retroactive requirements of SB 510 while a lawsuit challenging the law is underway.

Blue Shield of California continues to prioritize and advocate for affordable access to quality health care for our members and for all Californians. As such, we support the California Association of Health Plans' (CAHP) decision to file suit against the State of California over SB 510 and the retroactive components of this law.

The lawsuit, filed on November 10, 2021, did not challenge the application of the law from its effective date forward. However, by retroactively changing the rules and payment obligations for COVID-19 testing and altering existing rights after the fact, SB 510 violates the Federal and California constitutions. The testing required by SB 510, along with its retroactivity and out-of-network coverage requirements, will also result in a substantial increase in healthcare premiums. CAHP asked the court to halt the retroactive components of this law.

A preliminary injunction was issued on July 5, 2022, ensuring health plans are not required to implement the retroactive requirements of SB 510 while the case is in litigation. A trial is scheduled for January 2023.

[Click here to go back to Table of Contents](#)

**29. How will members be notified of the new changes in COVID-19 testing and coverage resulting from the passing of SB510?**

The member site on [COVID-19 testing coverage](#) has been updated to include new information on coverage at no out-of-pocket cost to the member for diagnostic and screening tests under SB 510. Member materials such as evidence of coverage (EOC) and explanation of benefits (EOB) will be updated to reflect that members have no cost-share liability for out-of-network COVID-19 testing services.

**30. Does SB510 impose specific requirements regarding type of tests covered (antigen or PCR)?**

All COVID-19 diagnostic and screening testing will be covered under SB 510 at no out-of-pocket cost to the member (the cost share waiver for out-of-network services will sunset upon the expiration of the federal public health emergency). This includes antigen, PCR, and antibody (serological) testing. Home testing is also covered as types of diagnostic and screening testing. To be covered, tests must be FDA approved or have FDA emergency use authorization.

**31. Are at-home test kits covered under SB510?**

Yes, at-home test kits are covered for diagnostic and screening purposes under SB 510. Most commercial plan HMO and PPO members will have to submit a claim to Blue Shield for reimbursement for at-home test kits purchased directly by the member. Instructions on how to get reimbursed can be found [here](#). To be covered, tests must be FDA approved or have FDA emergency use authorization. As a reminder, members can also order free test kits from the government [here](#).

Effective February 1, 2022, Medi-Cal members can obtain over-the-counter (OTC) at-home COVID-19 tests at no cost from pharmacies enrolled as Medi-Cal providers in the Department of Health Care Services' **Medi-Cal Rx** program.

To find a participating pharmacy, members can either go online, or call Medi-Cal Rx customer service number for assistance: (800) 977-2273, on any day, 24/7. This benefit covers up to eight (8) tests per member, per month. If a Medi-Cal member purchased an OTC at-home test between March 11, 2021, and January 31, 2022, they can go online to the [Medi-Cal Out-of-Pocket Expense Reimbursement \(Conlan\)](#) web page on the California Department of Health Care Services (DHCS) website to obtain information on how to obtain a refund.

**32. Does Blue Shield have any contracted or preferred onsite testing providers or vendors?**

Blue Shield does not have any contracted or preferred onsite testing vendors. However, we do have in-network labs that can connect groups with in-network testing sites/vendors. Our in-network labs include [Fulgent](#), [LabCorp](#), [Quest](#), [Color](#), and [IMD Pathology](#). More information can be found by visiting the sites linked under each lab name above. Coverage for diagnostic and screening tests, if the test is conducted by an onsite testing vendor, will be provided at no out-of-pocket costs to the member when required under state or federal law.

**33. How are providers reimbursed for COVID-19 testing under SB510?**

In-network providers will be reimbursed at the negotiated rate for COVID-19 diagnostic and screening tests.

For out-of-network providers (including labs), unless Blue Shield and the provider have agreed on a negotiated rate for COVID-19 diagnostic and screening tests, SB 510 requires that reimbursement be based on a reasonable rate (as determined by market rates based on the geographic region where the service was rendered). The DMHC has

[Click here to go back to Table of Contents](#)

specified that for commercial plans, this reasonable rate must be at least 125% of the amount Medicare reimburses. For Medi-Cal plans, provider reimbursement requirements are set forth under DHCS guidance.

Federal law also mandates reimbursement rates for out-of-network COVID-19 testing. Under federal law, unless Blue Shield and the provider have an agreed upon rate, out-of-network diagnostic tests are required to be reimbursed based on the out-of-network provider's posted "cash price." When federal law applies, Blue Shield will reimburse the provider based on federal requirements.

Under SB 510, out-of-network providers are prohibited from seeking reimbursement from members for COVID-19 diagnostic and screening testing services. Federal law also includes restrictions on balance billing by out-of-network providers for COVID-19 diagnostic tests.

#### **34. Does SB 510 allow Blue Shield to delegate financial risk for COVID-19 testing under a capitation arrangement with a provider?**

SB 510 prohibits health plans from delegating financial risk for COVID-19 testing and related services to a provider unless the plan and the provider have negotiated a new agreement on the delegation of risk for these services. As such, as of January 1, 2022, Blue Shield will accept financial risk for COVID-19 testing and related services under capitation arrangements that are subject to SB 510, unless a new agreement with the delegated provider is reached. This applies to commercial HMO and Medi-Cal HMO and NOT Medicare Advantage HMO.

### *Claims, operations, and billing*

#### **35. How can members submit a claim form for their OTC COVID-19 at-home tests?**

For eligible plans, members can fill out a paper claim form and mail it in. Members may also submit a digital claim online with a copy of their receipt.

Using a paper claim form allows the member to submit reimbursement for multiple purchases and for multiple members at the same time.

If members use the online form, they must file a separate digital claim for each member and for each receipt.

Members will only be reimbursed for the maximum allowable tests per member per month for their plan.

[See details for how to submit a claim for reimbursement for covered testing.](#)

[Find out coverage for OTC at-home tests based on plan type.](#)

[Medi-Cal members: Do not submit any claims to Blue Shield Promise.](#)

#### **36. If a member paid out-of-pocket for a COVID-19 test that should be covered, what do they need to do?**

If the member paid the provider at the time of the appointment, the healthcare provider should give the member a refund after Blue Shield reimburses them. If the

[Click here to go back to Table of Contents](#)

member did not receive a refund from their provider, please contact the provider office.

If a member's provider has not submitted a claim to Blue Shield for them, [visit our How to file a claim page](#) to learn more.

For out-of-network providers:

Some out-of-network providers may charge added fees.

**Related fees:** Most plans cover all fees related to the administration of the COVID-19 test during the public health emergency. Some self-funded group plans may choose to apply out-of-pocket costs for related test fees. Members are responsible for any fees or tests that are not covered by their plan.

**Unrelated fees:** These are other fees that may be charged for a member's visit, but are unrelated to the test itself. These may include fees for the appointment, other tests, etc. Members are responsible for any unrelated fees from an out-of-network provider. To avoid paying any extra fees, members should use [network locations](#) for testing.

We will mail the member an explanation of benefits that outlines what Blue Shield paid and what remaining balance the member may owe, if any. Please be aware that this statement is **not** a bill. When the public health emergency ends, all out-of-network costs not paid by Blue Shield will be the member's responsibility.

### **37. If a member received a check from Blue Shield of California for their COVID-19 test, what should they do with it?**

If the member hasn't yet paid the provider, the check goes to the provider. The member should contact the provider to find out how they want to be reimbursed.

Please note that if the member has previously visited an out-of-network provider and received a check payment from Blue Shield, our process has changed. Those payments will now go directly to the provider. The provider should mail the member a refund check.

Blue Shield will mail the member an Explanation of Benefits that outlines what Blue Shield paid and what remaining balance the member may owe. This statement is NOT a bill.

### **38. Are out-of-network providers allowed to balance bill members for COVID-19 tests under current state or federal law?**

Out-of-network providers are paid their posted cash price or reimbursed the "reasonable and customary" rate by Blue Shield, when there is no posted cash price. Providers are prohibited from balance billing the member for the remainder of the cost under both state and federal law. Members may, however, be balance billed for related items or services provided along with the COVID-19 test.

*Types of tests, where/when should one get tested*

Types of tests

[Click here to go back to Table of Contents](#)

### 39. What types of tests are available?

There are two types of tests available for COVID-19:

- Diagnostic tests tell if someone has a current infection and is contagious. These tests are done by either spitting into a cup or having a swab inserted into the nose or throat. There are two kinds of diagnostic tests: laboratory-based tests and point-of-care tests (also called rapid tests). Laboratory tests take longer but are more accurate.
- Antibody or serology tests measure the presence of antibodies in the blood. These indicate previous infection but cannot tell if there is an active infection at the time of the test. These tests require blood to be drawn.

### 40. What are the two types of diagnostic tests?

1. Molecular tests: PCR (polymerase chain reaction) and LAMP tests
  - Done in a laboratory
  - Thought to be the most accurate option
  - Generally take longer. This is because they take a few hours to complete after they are sent to the lab.
2. Antigen tests
  - Most common type of rapid or point-of-care tests
  - Most often much faster
  - Most often cheaper than PCR or LAMP tests
  - Tend to be less accurate when the result is negative
  - This means the individual may get a “false negative” result. For example, a rapid test may show an individual is negative for an active COVID-19 infection. But a PCR test may show that the individual is actually positive. Sometimes testing more often can make up for some of these issues.

Members should talk to their doctor before using a rapid antigen test. Here are questions to ask:

- Is this the right test?
- What do the results mean?

### 41. What is an antibody test?

An [antibody test](#) (also known as a serology test) can detect antibodies to SARS-CoV-2 in your blood. Antibodies are proteins that your immune system makes to help fight infection and protect you from getting sick in the future.

Antibody tests should not be used to diagnose a current infection, but they may indicate if you had a past infection. Antibody tests help learn about how human immune systems defend against the virus, and about population-level protection. If you get an antibody test after receiving a vaccine, you might test positive by some (but not all) antibody tests. This depends on which type of antibody the specific test detects.

Antibody testing is [not currently recommended](#) to determine:

- If an individual has a current infection.
- If an individual has immunity to SARS-CoV-2 following COVID-19 vaccination.
- Whether an individual needs to get a [booster](#) following COVID-19 vaccination.
- Whether an individual needs to [quarantine](#) after a known or suspected exposure to COVID-19.

[Click here to go back to Table of Contents](#)

Antibody testing is only covered by Blue Shield plan if ordered by a healthcare provider.

Who can get tested

#### **42. Who can get tested for COVID-19?**

Everyone can get tested. [Learn more](#) about when and how Blue Shield covers tests.

When should individuals get tested

#### **43. When should individuals get tested?**

**If an individual has symptoms**

Vaccinated or not, individuals should get tested immediately if they are feeling any COVID-19 symptoms. If an antigen test is negative, they should another test in 24-48 hours since the tests do not always detect early cases.

**If an individual was exposed**

Anyone exposed to COVID-19 should consider getting tested as soon as possible, even if they do not have symptoms.

Test again 5 days after exposure.

**If an individual goes to a high-risk event**

Test before the event and 3-5 days after.

For mega-events of more than 1,000 people, it's strongly recommended that attendees test 1 day (antigen test) or 2 days (PCR test) before the event.

**If an individual travels**

Test before the event and 3-5 days after.

Vaccinated or not, anyone entering or re-entering California should test 3-5 days after arrival.

#### **44. If a test result shows negative, does that mean the individual does not have COVID-19?**

If a diagnostic test for COVID-19 is negative, the individual could still have COVID-19. This can happen if the test was taken too early or too late in the infection. It can also depend on the type of test taken. The negative test result just means that the individual probably did not have COVID-19 at the time of the test. Also, sometimes the test can be wrong. That does not mean the individual will not get sick or that they are not contagious. The individual could also be exposed to COVID-19 and get infected after the test. Everyone needs to take precautions even if they have had a negative test.

#### **45. What should an individual do if they test positive?**

They should speak with their healthcare provider about the next steps for care. They can also read more about [getting care](#).

#### **46. Should individuals still get tested even after fully vaccinated?**

Yes. If they have symptoms of COVID-19, they should get tested. This is true even after being vaccinated. Tests for COVID-19 work the same in vaccinated people as they do in unvaccinated people.

[Click here to go back to Table of Contents](#)

As more is learned about the vaccine, this guidance may change.

Where can individuals get tested

#### **47. How and where can an individual get tested?**

Individuals can order free at-home tests for their household at [COVIDtests.gov](https://www.covidtests.gov). At-home over-the-counter (OTC) tests can also be purchased online or in pharmacies and retail stores. OTC test kits that a member buys on their own may be reimbursed by Blue Shield. Learn more about [reimbursement](#) through Blue Shield.

If members need to obtain a test ordered by their healthcare provider, it is recommended they visit an in-network testing site.

In-network testing locations include these retail pharmacies:

- [CVS Pharmacies](#)
- [Rite-Aid](#)
- [Walgreens](#)
- [Quest through Walmart](#)
- [Ralphs' Clinic Testing Services for Viral or Rapid Antigen Tests](#)
- Diagnostic testing performed by out-of-network health care providers is also covered at no cost to members during the [public health emergency](#)

[Click here to go back to Table of Contents](#)

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## Online resources

### *Blue Shield resources*

- [Employer and Broker COVID-19 resource page](#)
- [Blue Shield News Center](#)
- [Member COVID-19 resource page](#)
- [Finding a Testing Location](#)
- [Member Testing FAQs](#)

### *Government resources*

- [State of California Testing Resources](#)
- [State of California Testing Task Force](#)
- [Finding a Testing Site](#)
- [DMHC COVID-19 Response](#)
- [CDC COVID-19 Testing Overview](#)

[Click here to go back to Table of Contents](#)