

**Payment Policy | COVID-19 Diagnostic Testing After  
Public Health Emergency End Date**



**EFFECTIVE DATE:** 05 | 12 | 2023

**POLICY LAST UPDATED:** 05 | 03 | 2023

**OVERVIEW**

This policy is effective for dates of service on or after 5/12/2023. This policy addresses testing for COVID-19. **For dates of service prior to 5/12/2023, please refer to Temporary COVID-19 Diagnostic Testing.**

**MEDICAL CRITERIA**

Not applicable

**PRIOR AUTHORIZATION**

Not applicable

**POLICY STATEMENT**

Testing is covered when medically appropriate for the individual, as determined by the individual's attending health care provider.

**Commercial Products**

In adherence with the Rhode Island General Law 27-18-86(b), BCBSRI will continue to waive cost-share (e.g. co-pays and/or deductibles) for diagnostic testing related to COVID-19 for fully insured and municipal self-funded employer groups.

This section applies to laboratory tests that have been approved by the FDA or which have followed the emergency use authorization process outlined by the FDA and are listed on the FDA website and over-the-counter (OTC) covid testing kits which are FDA approved that can be self-administered at the member's home or otherwise outside of a lab or healthcare setting.

BCBSRI requires a physician or advanced practice provider order for all laboratory testing to diagnose or treat conditions. Therefore, an order is required for testing described in this policy including home tests for dates of service on or after May 12, 2023.

Coverage of OTC covid tests by municipal self-funded employers may not be available through BCBSRI. Please refer to the appropriate Benefit Booklet or Subscriber Agreement.

**Medicare Advantage Plans**

BCBSRI will continue to waive cost-share (e.g., co-pays and/or deductibles) for laboratory testing and OTC tests related to COVID-19 through June 30, 2023.

For dates of service on or after July 1, 2023, product specific benefit design will apply for laboratory testing and OTC tests related to COVID-19. Please refer to the appropriate Evidence of Coverage for applicable cost share.

Provider orders will be required for all tests including home tests for dates of service on or after May 12, 2023.

This section applies to laboratory tests that have been approved by the FDA or which have followed the emergency use authorization process outlined by the FDA and are listed on the FDA website and over-the-

counter (OTC) covid testing kits FDA approved that can be self-administered at the member's home or otherwise outside of a lab or healthcare setting.

## COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable laboratory services benefits and excluded services/coverage. Please note that BCBSRI's plans generally exclude coverage for services required for or related to employment, education, marriage, adoption, insurance purposes, court order, or similar third parties when not medically necessary.

Testing conducted solely to screen for general workplace health and safety (such as employee "return to work" testing), for public health surveillance for SARS-CoV-2, or for any other purpose not primarily intended for individualized diagnosis or treatment of COVID-19 or another health condition such as travel related testing is not covered.

## REIMBURSEMENT

BCBSRI reserves the right to audit medical and/or any administrative records related to adherence to all the requirements of this policy.

## RELATED POLICIES

TEMPORARY COVID-19 Diagnostic Testing

## PUBLISHED

BCBSRI's website under Medical and Payment Policies

Provider Communication sent May 3, 2023

Provider Update, July 2023

## REFERENCES

1. <http://webservice.rilin.state.ri.us/Statutes/TITLE27/27-18/27-18-86.htm>

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This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.



