

COVID-19 – Testing, Therapeutics, and Related Services	
Health and Safety Code Sections: 1342.2 and 1342.3	Insurance Code Sections: 10110.7 and 10110.75
Policy effect date:	Revision date:
11/06/2024	11/06/2024

Market Segment (Line of Business)	Medical Plan Types:	Grandfather Status:
IFP- On & Off Exchange Small Business – On & Off Exchange Large Group (Core & Premier)	HMO      PSP EPO      POS PPO	Grandfathered Plans Non-Grandfathered Plans
Regulator:	Funding:	
Department of Managed Healthcare (DMHC) California Department of Insurance (CDI)	Fully Insured Flex Funded	
Market Segment Out of Scope of this Policy (Line of Business)	Product Types out of Scope for this Policy	
Self-Funded (ASO) FEP Shared Advantage Medi-Cal Medicare	Dental – Embedded Vision – Embedded Pharmacy	

## Policy Purpose

This COVID-19 Benefit Policy ("Policy") documents requirements applicable to Blue Shield of California and Blue Shield of California Life and Health Insurance Company (collectively, "Blue Shield") under California law governing coverage of COVID-19 testing, therapeutics, and related services.<sup>1</sup> This policy addresses coverage, cost sharing, claims coding, and reimbursement requirements that Blue Shield will comply with in benefit coding and claims adjudication for plans subject to these state laws.<sup>2</sup>

In implementing and administering the benefits addressed in this Policy, Blue Shield will utilize industry standard code sets (CPT, HCPCS, ICD10 DX and Revenue Codes) from Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA) Current Procedural Terminology (CPT) to identify benefit coding for both facility and professional claims.

## Benefit Policy

California law (referenced above) requires Blue Shield to provide coverage without cost sharing (copayments, coinsurance, deductibles) for COVID-19 testing, therapeutics, and related services provided by in-network providers. For out-of-network providers, coverage of these services is also required, but Blue Shield is permitted to apply cost sharing after November 11, 2023. In-network providers must be reimbursed based on contracted rates. For dates of services through November 11, 2023, out-of-network providers must be reimbursed in an amount that is at least 125% of the amount Medicare reimburses on a fee-for-service basis in the general geographic region in which the service is delivered; after November 11, 2023, the required percentage of Medicare is reduced to 100%. Out-of-network providers are required to accept these reimbursement amounts as payment in full and may not seek additional remuneration (beyond applicable cost sharing) from a member (i.e., balance billing is prohibited). This benefit policy encompasses the following COVID-19 Services:

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<sup>1</sup> Please reference the Blue Shield of California Preventive Policy for coverage of Covid-19 vaccines and related services.

<sup>2</sup> There may be other aspects of the referenced laws that are not addressed in this Policy. In addition, Health and Safety Code section 1342.3 and Insurance Code section 10110.75 include requirements related to the coverage of certain preventive, testing, therapeutic, and related services for a disease that is the subject of a future public health emergency declared by the Governor of the State of California. Blue Shield may update this Policy or adopt separate policies to address coverage requirements under these state laws in the case of any such future public health emergency.

- COVID-19 viral tests (polymerase chain reaction (PCR) and antigen) when provided for “diagnostic”<sup>3</sup> or “screening”<sup>4</sup> purposes.<sup>5</sup>
- COVID-19 antibody testing when provided for “diagnostic” or “screening” purposes.
- Services related to “diagnostic” and “screening” testing, including specimen collection and handling, office visits, and products, items, and services furnished to a member as part of the testing (e.g., the tests themselves)
- COVID-19 therapeutics that are FDA approved and are for the specific treatment of Covid-19.

The tables below describe the procedure coding that will be used by Blue Shield for the purposes of covering the benefits addressed in this Policy. When these procedure codes are billed in conjunction with the ICD 10 diagnosis code noted in the tables below, the cost share waiver and reimbursement methodology outlined in this Policy would apply.

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<sup>3</sup> Under applicable state law, “diagnostic testing” means all of the following:

- (A) Testing intended to identify current or past infection and performed when a person has signs or symptoms consistent with COVID-19, or when a person is asymptomatic but has recent known or suspected exposure to SARS-CoV-2.
- (B) Testing a person with symptoms consistent with COVID-19.
- (C) Testing a person as a result of contact tracing efforts.
- (D) Testing a person who indicates that they were exposed to someone with a confirmed or suspected case of COVID-19.
- (E) Testing a person after an individualized clinical assessment by a licensed health care provider.

<sup>4</sup> Under applicable state law, “screening testing” means tests that are intended to identify people with COVID-19 who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening testing helps to identify unknown cases so that measures can be taken to prevent further transmission. Screening testing includes all of the following:

- (A) Workers in a workplace setting.
- (B) Students, faculty, and staff in a school setting.
- (C) A person before or after travel.
- (D) At home for someone who does not have symptoms associated with COVID-19 and does not have a known exposure to someone with COVID-19.

<sup>5</sup> This Policy does not address coverage of over the counter (OTC) COVID-19 tests. Claims for OTC COVID-19 tests should be submitted by members for reimbursement of their out-of-pocket costs. State law requires coverage of up to 8 OTC COVID-19 tests per month.

Antibody Treatment (Monoclonal Therapeutic Services)			
CPT/HCPCS	ICD-10 Diagnosis Code	CPT/HCPCS	ICD-10 Diagnosis Code
96365	U071, J1282	Q0249	U071, J1282
96366	U071, J1282	J3490*	U071, J1282,
96372	U071, J1282	M0249	J1282, U071
J0248	Any DX	M0250	J1282, U071
M0224	Any DX	Q0224	Any DX

\*J3490 should be billed for Kineret (anakinra) and / or Gohibic (vilobelimab) (Treatment) until a more appropriate HCPCS has been created.

Covid Antibody Testing			
86328	Any DX	86408	Any DX
86413	Any DX	86409	Any DX
86769	Any DX	0224U	Any DX
0226U	Any DX	D0605	Any DX

Covid Diagnostic Screening Testing			
87426	Any DX	87428	Any DX
87635	Any DX	87636	Any DX
87637	Any DX	87811	Any DX
87913	Any DX	0202U	Any DX
0223U	Any DX	0225U	Any DX
0240U	Any DX	0241U	Any DX
C9803	Any DX	D0604	Any DX
D0606	Any DX	U0001	Any DX
U0002	Any DX	U0003	Any DX
U0004	Any DX		

\*U0003 and U0004 expired on 5-12-2023 and will not be accepted on claims after 5-12-2023 \*C9803 expired on 01-01-2024 and will not be accepted on claims after 01-01-2024

Covid Specimen Collection for Antibody Testing			
36415	J1282, U071, Z1152, Z20822	36416	J1282, U071, Z1152, Z20822
36591	J1282, U071, Z1152, Z20822	36592	J1282, U071, Z1152, Z20822
99001	J1282, U071, Z1152, Z20822	G0471	J1282, U071, Z1152, Z20822
G2023*	Any DX	G2024*	Any DX
S9529	J1282, U071, Z1152, Z20822		

\*G2023 and G2024 expired on 5-12-2023 and will not be accepted on claims after 5-12-2023

Covid Screening Visits			
98966	J1282, U071, Z1152, Z20822	98967	J1282, U071, Z1152, Z20822
98968	J1282, U071, Z1152, Z20822	99324	J1282, U071, Z1152, Z20822
99325	J1282, U071, Z1152, Z20822	99334	J1282, U071, Z1152, Z20822
99335	J1282, U071, Z1152, Z20822	99600	J1282, U071, Z1152, Z20822
99202	J1282, U071, Z1152, Z20822	99204	J1282, U071, Z1152, Z20822
99203	J1282, U071, Z1152, Z20822	99205	J1282, U071, Z1152, Z20822
99211	J1282, U071, Z1152, Z20822	99214	J1282, U071, Z1152, Z20822
99212	J1282, U071, Z1152, Z20822	99215	J1282, U071, Z1152, Z20822
99213	J1282, U071, Z1152, Z20822	99281	J1282, U071, Z1152, Z20822
99282	J1282, U071, Z1152, Z20822	99342	J1282, U071, Z1152, Z20822
99283	J1282, U071, Z1152, Z20822	99347	J1282, U071, Z1152, Z20822
99341	J1282, U071, Z1152, Z20822	99348	J1282, U071, Z1152, Z20822
99421	J1282, U071, Z1152, Z20822	99441	J1282, U071, Z1152, Z20822
99422	J1282, U071, Z1152, Z20822	99442	J1282, U071, Z1152, Z20822
99423	J1282, U071, Z1152, Z20822	99443	J1282, U071, Z1152, Z20822
G0071	J1282, U071, Z1152, Z20822	G0081	J1282, U071, Z1152, Z20822
G0380	J1282, U071, Z1152, Z20822	G0082	J1282, U071, Z1152, Z20822
G0381	J1282, U071, Z1152, Z20822	G0463	J1282, U071, Z1152, Z20822
G0466	J1282, U071, Z1152, Z20822	G0467	J1282, U071, Z1152, Z20822
G2001	J1282, U071, Z1152, Z20822	G2002	J1282, U071, Z1152, Z20822
G2006	J1282, U071, Z1152, Z20822	G2007	J1282, U071, Z1152, Z20822
G2010	J1282, U071, Z1152, Z20822	G2025	J1282, U071, Z1152, Z20822
G2061	J1282, U071, Z1152, Z20822	S9083	J1282, U071, Z1152, Z20822
Q3014	J1282, U071, Z1152, Z20822	S9088	J1282, U071, Z1152, Z20822

T1014	J1282, U071, Z1152, Z20822	99072	Any DX
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\*99324, 99325, 99334, 99335 expired on 01-01-2023 and will not be accepted on claims after 01-01-2023

\*G2061 expired on 01-01-2021 and will not be accepted on claims after 01-01-2021

## References

- **American Medical Association**

<http://www.ama-assn.org/ama>

- **Centers for Medicare & Medicaid Services**

<http://www.cms.gov/>

- *Health and Safety Code sections 1342.2 and 1342.3*

[CALIFORNIA KNOX-KEENE HEALTH CARE SERVICE PLAN ACT AND REGULATIONS, 2022 EDITION](#)

- *Insurance Code sections 10110.7 and 10110.75*

[SB 510 \(calhealthplans.org\)](#)

- *DMHC APL 23-017, APL 22-017, APL 22-014, APL 22-005*

[DMHC All Plan Letters](#)

## Policy Owner

Name	Job Title
Lisa Longwell-Willis	Sr. Manager Product Strategy

## Definitions

This section provides a glossary of key terms included in the

Term	Definition
AMA	American Medical Association

Term	Definition
CPT	Current Procedural Terminology
CMS	Centers for Medicare & Medicaid Services
DX	Diagnosis
FEP	Federal Employee Program
HCPCS	Healthcare Common Procedure Coding System
ICD10	International Classification of Diseases

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

## Contact Information

This Benefit Policy is owned by Benefit Intent. Questions and inquiries about this Policy can be directed to your Blue Shield of California Provider Relations representative.