



CarePlus Provider COVID-19 testing FAQs

Based on current COVID-19 trends, the Department of Health and Human Services (HHS) has planned for the federal public health emergency (PHE) for COVID-19, to expire on May 11, 2023. In support of the PHE ending, CarePlus has been updating its COVID-19 policies, accordingly, including those related to COVID-19 testing.

These FAQs summarize CarePlus' standard coverage and reimbursement for COVID-19 testing. These FAQs are a guideline only and do not constitute medical advice, guarantee of payment, plan pre-authorization, an explanation of benefits or a contract. They do not govern whether a procedure is covered under a specific member plan or policy, nor is it intended to address every claim situation. Claims may be affected by other factors, such as: state and federal laws and regulations, provider contract terms and our professional judgment.

COVID-19 testing: CarePlus coverage

1. Will CarePlus cover COVID-19 testing?

CarePlus covers a wide range of COVID-19 tests. Please read the following FAQs closely, as coverage may vary depending on the type of test.

2. What is CarePlus doing to comply with the federal [at-home, OTC COVID-19 test kit requirements](#)?

Beginning April 4, 2022, the Centers for Medicare & Medicaid Services (CMS) announced that Medicare beneficiaries with Part B coverage, including those enrolled in Medicare Advantage (MA), would be eligible for OTC COVID-19 tests from participating pharmacies and providers each calendar month until the end of the COVID-19 public health emergency (PHE). Those with Part A-only coverage would not be eligible. Medicare will not cover costs for OTC COVID-19 tests obtained prior to April 4, 2022. **This coverage is no longer in effect because the COVID-19 PHE ended on May 11, 2023.**

3. Is a referral, authorization or prescription required to obtain an at-home, OTC COVID-19 test?

At-home, OTC COVID-19 tests did not require a referral, authorization or prescription. CarePlus members were eligible to receive up to 8 at-home, OTC COVID-19 tests per 30 days (or calendar month) at no out-of-pocket cost during the COVID-19 PHE.

4. Does CarePlus still cover COVID-19 tests ordered by a physician or other licensed healthcare professional?

During the COVID-19 public health emergency, there were no out-of-pocket costs for CarePlus members who received a [US Food & Drug Administration \(FDA\) or emergency use authorized COVID-19 test](#) that was performed by a laboratory, when the test was ordered by a physician or other licensed health care professional. Medicare covered one lab-performed test per member per year without an order. Testing locations may have required an order or prescription. It was recommended that members contact the testing location for details.

For covered COVID-19 testing provided after the COVID-19 PHE, please verify member plan benefits as any applicable member cost-share would apply. In addition, standard ordering requirements apply to lab-performed COVID-19 tests.

5. Do COVID-19 tests require referral?

During the COVID-19 PHE, referral requirements were waived for COVID-19 testing. After the end of the COVID-19 PHE, COVID-19 tests may be subject to any applicable referral requirements, based on member's benefit plan

Ordering COVID-19 testing: Billing

6. What procedure code is reported?

When selecting a procedure code that is available for the applicable date of service, a provider must use the most specific procedure code that describes the COVID-19 test performed. Only one procedure code should be billed for each service; do not report both an applicable HCPCS code and CPT code when only one COVID-19 test was provided.

7. What date of service is reported for lab-performed test?

Report the date of service using the date the specimen was collected.