Frequently Asked Questions
Coverage of COVID-19 Testing

1. Must health plans cover COVID-19 testing?
Yes. Health plans must cover COVID-19 tests that are FDA approved or authorized, or approved by the state, without prior authorization and at no cost to the enrollee. This includes follow-up (serial/sequential) tests. This requirement applies to such tests administered by a skilled nursing facility.

2. Does the requirement for health plans to cover COVID-19 apply to testing for asymptomatic individuals?
Yes. Health plans must cover testing for COVID-19 and may not deny coverage based on lack of medical necessity. Please refer to the federal Coronavirus Aid, Relief, and Economic Security Act” (CARES Act) for additional information.

3. Does the requirement for health plans to cover COVID-19 testing apply to commercial, Medi-Cal, and Medicare Advantage plans?
Yes. All of these plans must cover COVID-19 testing, without prior authorization, and at no cost to the enrollee. Similarly, recent guidance from the federal Centers for Medicare and Medicaid Services (CMS) also requires coverage of COVID-19 tests for beneficiaries in traditional Medicare coverage.

4. Does the requirement for health plans to cover COVID-19 testing apply to self-funded, employer plans (also known as ERISA plans)?
Yes. Self-funded employer plans also are required to cover COVID-19 testing and screening without cost to the enrollee, and without prior authorization. Please refer to the CARES Act for additional information.