

## **COVID-19 at-home testing member language**

*For use in FAQs, on [bcbsm.com](http://bcbsm.com) or other member assets*

**Background:** Recently, the federal government issued requirements for insurance companies to reimburse members for at-home rapid diagnostic COVID-19 tests purchased from Jan. 15, 2022 through the end of the public health emergency with no cost sharing and no requirement for a health care provider's order. We know that you'll have questions around these requirements and getting reimbursement and we're here to help.

### **The basics**

- The government requirements allow for the reimbursement for up to eight (8) at-home COVID-19 rapid diagnostic tests for each member over a 30-day period. (Note: this is the number of total tests – if a member purchases a kit with two tests in it, that counts as two tests).
- These are the types of tests that you can get over the counter at a pharmacy, retail store or even through online purchases.
- It is only for at-home rapid diagnostic COVID-19 tests purchased Jan. 15, 2022 and after.
- The tests must be FDA authorized and they are called antigen and molecular tests.
- The FDA lists all authorized tests on their website, but there are steps you need to take to find them:
  - o A list of FDA authorized antigen tests is located [here](#).
  - o A list of FDA authorized molecular tests is located [here](#).
  - o To get to the tests that are payable at home, you'll need to type "OTC" in the search box. That will bring up a list of tests and all of those are part of the at-home rapid diagnostic COVID-19 reimbursement program (except for one test in the antigen page which is listed as "Telehealth Proctor Supervised.").

### **Does that mean that Blue Cross and BCN will only cover at-home rapid diagnostic COVID -19 tests?**

No. The information above only applies to rapid at-home tests that the government requires insurance companies to pay for during the public health emergency. Blue Cross and BCN will still cover other types of COVID-19 diagnostic tests if they are FDA-approved or authorized and determined appropriate by a qualified health professional.

### **Does this apply to Medicare Advantage plans?**

No. These requirements do not include Medicare Advantage plans, they are for non-Medicare Advantage plans only. Remember that Blue Cross and BCN Medicare Advantage members can get one COVID-19 diagnostic test without an order from a licensed health care provider. All subsequent tests must be ordered by a licensed health care provider.

We are looking into reimbursement for Medicare Advantage members for these at-home COVID-19 tests.

### **How do I get reimbursed for these tests?**

Blue Cross Blue Shield of Michigan and Blue Care Network members can fill out a [form](#) to obtain reimbursement for these at-home rapid diagnostic COVID-19 test kits under the new government

requirements starting Jan. 15, 2022. You can fill out the form online or print it out and mail it to us at the address provided.

Once we receive the forms, we will process them and mail checks to the members. Due to ongoing delays and potential high volumes of requests, this process could take from 60-90 days to receive reimbursement.

# COVID-19 Testing

## Member Reimbursement Form – Non-Medicare Advantage



Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan

Please use this form to request reimbursement for COVID-19 tests you have paid for out of your own pocket. Submit one form per member. To be eligible for reimbursement, your test must be authorized by the Food and Drug Administration, you must provide documentation of the amount you paid (like a receipt) and follow the guidelines below.

For at-home rapid diagnostic COVID-19 tests:

- There is a limit of 8 tests per member per month (based on the date of purchase).
- Testing for employment purposes is not covered and will not be reimbursed.

**NOTE:** If you bought the test prior to Jan. 15, 2022, you must also include documentation that the test was ordered by a health care provider.

For all health care provider administered tests, additionally:

- You must provide documentation that the test was ordered or performed by a health care provider.
- The test was medically appropriate as determined by a licensed or authorized provider.

**Reimbursement will not be approved without all the documentation listed above. All fields below must be completed to enable processing of your request.**

### Subscriber Information

You can find your subscriber or member ID on your Blue Cross ID card.

Three character prefix	Subscriber ID (Required)	Group Number
Subscriber's Last Name (Required)		Subscriber's First Name
Subscriber's Street Address		
City	State	Zip Code

### Patient Information

Last Name	First Name	Date of Birth
Reason for the test (if health care provider ordered and authorized):		
<input type="checkbox"/> I was exposed to someone with COVID-19.		
<input type="checkbox"/> I had COVID-19 symptoms.		
<input type="checkbox"/> Other: _____		

**If you're requesting reimbursement for an at-home test, please provide the following information:**

Manufacturer of the test: \_\_\_\_\_

Where was test purchased (for example, Amazon.com)? \_\_\_\_\_

Date of purchase (MM/DD/YYYY): \_\_\_\_\_ Reimbursement amount requested: \$ \_\_\_\_\_

How many tests in total were purchased? \_\_\_\_\_

*Please indicate the number of tests in total, not number of boxes. For example, 1 box was purchased with 2 tests, indicate 2 tests in total.*

By submitting this form, I attest that these at home tests are not being used for employment purposes.

**If you're requesting reimbursement for a test provided by a health care provider, please provide the following information:**

Provider type (check one)

Provider's office       Laboratory or mobile lab       Urgent care facility       Pharmacy

Other: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

Provider's National Provider Identifier (NPI): \_\_\_\_\_

Date of service (MM/DD/YYYY): \_\_\_\_\_ Cost of the test: \$ \_\_\_\_\_

I certify the above information is true, the enclosed material is correct and unaltered, and the expenses were incurred by the patient listed above. False receipts or altering of this information will result in civil or criminal prosecution. I authorize the release of any information as described below.

Signature	Date	Phone Number

We value your privacy. We won't release any information about you unless you ask us to in writing or we must do so to process or review your claim (by sharing with another insurance company, for example). We'll tell you which information we released and to whom, if you request it.

**Please make sure you provide the following documents with this form:**

- For at home tests, please make sure you provide a receipt indicating the amount you paid, date of purchase and where you purchased the test.
- For tests provided by a health care provider, the original bill or claim for the services that includes:
  - The laboratory or provider's name and address
  - The date of service
  - The appropriate procedure and diagnosis codes
  - The receipt indicating the amount you paid
- Keep copies of your original receipts for your files. We can't return originals to you.

**Mail this form to:**

Blue Cross Blue Shield of Michigan  
COVID Member Reimbursement  
Imaging and Support Services  
P.O. Box 32592  
Detroit, MI 48233