

BENEFIT COVERAGE POLICY

Title: BCP-15 COVID-19 Prevention, Testing, and Treatment

Payment Reimbursement Policy: PRP-17 COVID-19 Testing and Treatment

Effective Date: 4/1/2024

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
 2. Any applicable laws and regulations.
 3. Any relevant collateral source materials including coverage policies.
 4. The specific facts of the particular situation.
- Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

The Health Plan covers the appropriate medically necessary diagnostic laboratory tests that are consistent with CDC guidelines related to COVID-19. A physician's order is required for benefit coverage.

General exclusions and limitations for coverage include: Physical, psychiatric, or psychological exams, testing, vaccinations, immunizations, or treatments when:

1. Required solely for purposes of career, education, sports, camp, travel, employment, insurance, marriage, or adoption.
2. Related to judicial or administrative proceedings or orders.
3. Conducted for purposes of medical research, except for qualified clinical trials.
4. Required to obtain or maintain a license of any type.

Please refer to the member's benefit plan coverage guidelines for coverage details. Benefit plans may include a maximum allowable benefit, either in the duration of treatment or in the number of visits. When the maximum allowable benefit is exhausted, coverage may no longer be provided even if the medical necessity criteria are met.

Prior approval is required for all non-network covered services to be paid at the network benefit level, except for emergency/urgent services.

Unlisted codes are subject to review.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines.

Delegated vendor guidelines may be used to support medical necessity and other coverage determinations. InterQual references are available upon request.

2.0 Background:

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).

COVID-19 (coronavirus disease 2019) is a disease caused by a virus named SARS-CoV-2. It can be very contagious and spreads quickly. Over one million people have died from COVID-19 in the United States.

COVID-19 most often causes respiratory symptoms that can feel much like a cold, the flu, or pneumonia. COVID-19 may attack more than your lungs and respiratory system. Other parts of your body may also be affected by the disease. Most people with COVID-19 have mild symptoms, but some people become severely ill.

People over age 60 and those with existing medical conditions have a higher risk of getting seriously ill. These conditions include high blood pressure, diabetes, obesity, immunosuppression including HIV, cancer and pregnancy. Unvaccinated people also have a higher risk of severe symptoms.

A. COVID-19:

1. COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. Other people can breathe in these droplets and particles, or these droplets and particles can land on their eyes, nose, or mouth. In some circumstances, these droplets may contaminate surfaces they touch
2. People are thought to be most contagious when they are most symptomatic (the sickest).
3. Anyone infected with COVID-19 can spread it, even if they do NOT have symptoms.

B. Symptoms:

1. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Symptoms may change with new COVID-19 variants. Possible symptoms include:
 - i. Fever or chills.
 - ii. Cough.
 - iii. Shortness of breath/breathing difficulties.
 - iv. Fatigue.
 - v. Muscle or body aches.
 - vi. Headache.
 - vii. New loss of taste or smell.
 - viii. Sore throat.
 - ix. Congestion or runny nose.
 - x. Nausea or vomiting.
 - xi. Diarrhea.
2. Older adults and people who have underlying medical conditions like heart or lung disease or diabetes are at a higher risk for severe symptoms.
3. Members are directed to call their healthcare provider for medical advice when there has been exposure to COVID-19 and have developed the symptoms listed above.
4. If a member develops emergency warning signs for COVID-19, they should get medical attention immediately. Emergency warning signs include, not all-inclusive:
 - i. Difficulty breathing or shortness of breath
 - ii. Persistent pain or pressure in the chest

- iii. New confusion or inability to arouse
 - iv. Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone
5. Mildly ill patients are encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness.

C. Testing:

1. Viral tests look for a current infection with SARS-CoV-2, the virus that causes COVID-19, by testing specimens from the nose or mouth. All tests should be performed following FDA's requirements. There are two main types of viral tests:
 - i. Polymerase Chain Reaction (PCR) tests
 - ii. Antigen tests
2. Testing for antibodies: Antibody tests detect antibodies that your body makes to fight the virus that causes COVID-19. Antibody tests should never be used to diagnose a current infection with the virus that causes COVID-19. An antibody test may not show if you have a current infection, because it can take 1 to 3 weeks after the infection for your body to make antibodies. Antibody tests can be used for public health surveillance or to test for conditions associated with COVID-19.

D. Treatment:

1. On November 9, 2020, the U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for the investigational monoclonal antibody therapy, bamlanivimab, for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients with positive COVID-19 test results who are at high risk for progressing to severe COVID-19 and/or hospitalizations. Bamlanivimab may only be administered in settings in which healthcare providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the EMS, as necessary.
 - a. Due to concerns of decreased susceptibility among SARS-CoV-2 variants, the FDA revoked the emergency use authorization (EUA) for bamlanivimab monotherapy in the United States effective April 16, 2021
2. On November 19, 2020, the FDA issued an EUA for the drug baricitinib, in combination with remdesivir (Veklury), for the treatment of suspected or laboratory-confirmed COVID-19 in hospitalized adults and pediatric patients two years of age or older requiring supplemental oxygen, invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).
 - a. On May 10, 2022, FDA approved Olumiant (baricitinib) for the treatment of COVID-19 in hospitalized adults requiring supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).
3. On November 21, 2020, the FDA issued an EUA for the investigational monoclonal antibody therapy, casirivimab and imdevimab, administered together, for the treatment of mild-to-moderate COVID-19 and postexposure prophylaxis in adults and pediatric patients with positive COVID-19 test results who are at high risk for progressing to severe COVID-19 and/or hospitalization. Similar to bamlanivimab, casirivimab and imdevimab may only be administered in settings in which healthcare providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary.

- a. As of January 2022 The FDA has amended the Emergency Use Authorization for Regen-COV (casirivimab and imdevimab) to limit its use to when a patient is likely to have been infected with or exposed to a variant that is susceptible to this treatment. Because data show that Regen-COV is highly unlikely to be active against the Omicron variant of COVID-19, it is not authorized for use in any US states, territories, or jurisdictions at this time. Future use may be authorized in certain regions if patients are likely to be infected or exposed to a variant that is susceptible to Regen-COV.
4. On May 5, 2021, the FDA authorized the use of sotrovimab under an Emergency Use Authorization (EUA) for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.
 - a. On April 5, 2022 The FDA and Health and Human Services (HHS) have announced that sotrovimab is no longer authorized for use to treat COVID-19 in any US region as it is unlikely to be effective against the Omicron BA.2 subvariant, which is now estimated to account for >50% of COVID-19 cases in the US.

E. Prevention: Standard recommendations to prevent infection spread include:

1. Stay up to date with COVID-19 Vaccines
2. Improve Ventilation
3. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains at least 60% alcohol.
4. Get tested for COVID-19 if needed
5. Follow recommendations for what to do if you have been exposed
6. Stay home if you have suspected or confirmed COVID-19
7. Seek treatment if you have COVID-19 and are at high risk of getting very sick
8. Avoid contact with people who have suspected or confirmed COVID-19

3.0 Clinical Determination Guidelines:

None.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO group L0002193.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]);	N	Outpatient laboratory and pathology services OR Physician office visit for

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	screen		sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
86413	Severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) Coronavirus disease [COVID-19] antibody, quantitative	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV2 [COVID-19])	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
87811	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	N	Preventive health services
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus	N	Preventive health services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use		
91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	N	Preventive health services
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	N	Preventive health services
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	N	Preventive health services
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use	N	Preventive health services
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	N	Preventive health services
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2),	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected For additional PLA code with identical clinical descriptor, see 0202U.		received during visit OR Professional fees for medical or surgical services
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
C9507	Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit	N	Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit
M0201	Administration of pneumococcal, influenza, hepatitis b, and/or covid-19 vaccine inside a patient's home; reported only once per individual home per date of service when such vaccine administration(s) are performed at the patient's home	N	Preventive Health services
M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	N	Inpatient and Outpatient Facility

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose monitoring, second dose	N	Inpatient and Outpatient Facility
Q0249	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	Y	Inpatient and Outpatient Facility
U0001	2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
U0002	Non-CDC lab tests for SARS-CoV-2/2019-nCoV (COVID-19)	N	Outpatient laboratory and pathology services OR Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease.	Bundled code
0225U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	Not medically necessary
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma,	Not medically necessary

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
	serum	
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 minutes time (This code is used for Medicaid billing purposes)	This code is not eligible for reimbursement under commercial coverage
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 minutes time (This code is used for Medicaid billing purposes)	This code is not eligible for reimbursement under commercial coverage
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 minutes time (This code is used for Medicaid billing purposes)	This code is not eligible for reimbursement under commercial coverage
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 minutes time (This code is used for Medicaid billing purposes)	This code is not eligible for reimbursement under commercial coverage
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])	This code is not eligible for reimbursement under commercial coverage
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])	This code is not eligible for reimbursement under commercial coverage
K1034	Provision of COVID-19 test, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared, one test count	This code is not eligible for reimbursement as of 5/11/2023 due to the end of the Public Health Emergency
M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure... includes injection and post administration monitoring.	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure... includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	This code is not eligible for reimbursement due to the removal of Food and

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
		Drug Administration (FDA) approval
M0223	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring, subsequent repeat doses	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring in the home or residence. This includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
M0244	Intravenous infusion, casirivimab and imdevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
Q0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who	This code is not eligible for reimbursement due to the removal of Food and Drug Administration

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
	either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg	(FDA) approval
Q0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
Q0222	Injection, bebtelovimab, 175 mg	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
Q0240	Injection, casirivimab and imdevimab, 600 mg	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
Q0243	Injection, casirivimab and imdevimab, 2400 mg	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
Q0244	Injection, casirivimab and imdevimab, 1200 mg	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval
Q0247	Injection, sotrovimab 500mg	This code is not eligible for reimbursement due to the removal of Food and Drug Administration (FDA) approval

ICD-10 DIAGNOSIS CODES (list is not all-inclusive)	
Code	Description
	Codes for pre-operative testing include:
Z01.810	Encounter for pre-procedural cardiovascular examination

ICD-10 DIAGNOSIS CODES (list is not all-inclusive)	
Code	Description
Z01.811	Encounter for pre-procedural respiratory examination
Z01.812	Encounter for pre-procedural laboratory examination
Z01.818	Encounter for other pre-procedural examination
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z11.59	Encounter for screening for other viral diseases
Z20.822	Contact with and (suspected) exposure to COVID-19
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z86.19	Personal history of other infectious and parasitic diseases
U07.1	COVID-19, virus identified

- Use ICD-10 diagnosis code Z20.822 Contact with and (suspected) exposure to COVID-19.
- Use Z11.59 for testing of asymptomatic patients prior to inpatient admissions, planned outpatient procedures, or therapies.
- Use ICD-10 diagnosis code Z20.828 for exposure to a confirmed case of COVID-19.
- Use Z86.19 for claims when the patient has a history of COVID-19 as applicable.
- When a patient presents with signs/symptoms associated with COVID-19 but a definitive diagnosis has both been established, assign the appropriate diagnosis code(s) for each sign/symptom.

5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

6.0 Terms & Definitions:

Antibody Test - Also referred to as serology testing, provides information if you had a past infection. It may take several days to weeks for antibodies to develop and present in a test.

Antigen Test - Diagnostic test performed to identify an active coronavirus infection faster than a molecular test.

At-home collection tests - available only by prescription from a doctor, allow the patient to collect the sample at home and send it directly to the lab for analysis. Some at-home collection tests have a health care provider oversee the sample collection by video with the patient.

Combination tests - can test for the flu and the coronavirus at the same time. Some can test for many different types of respiratory viruses, including the one that causes COVID-19.

COVID-19 related - services directly related to the diagnosis and treatment of COVID-19 and services related to the detection of the SARS-CoV-2 virus, antibodies, and antigens

Molecular Tests - Diagnostic test, also referred to as PCR tests performed to identify an active coronavirus infection

PCR testing – directly detects the presence of an antigen, rather than the presence of the body's immune response, or antibodies. By detecting viral RNA, which will be present in the body before antibodies form or symptoms of the disease are present, the tests can tell whether someone has the virus very early on.

Rapid, point-of-care diagnostic tests - use a mucus sample from the nose or throat but can be analyzed at the doctor's office or clinic where the sample is collected, and results may be available in minutes. These may be molecular or antigen tests.

Saliva tests - allow a patient to spit into a tube rather than get their nose or throat swabbed. Saliva tests may be more comfortable for some people and may be safer for health care workers who can be farther away during the sample collection.

Viral tests - provide information if you have a current infection.

7.0 References, Citations, Resources:

PRP-17 COVID-19 Testing and Treatment

CMS.gov Centers for Medicare & Medicaid Services, Current Emergencies, Coronavirus Disease 2019. <https://www.cms.gov/About-CMS/Agency-Information/EPRO/Current-Emergencies/Current-Emergencies-page>.

CDC Center for Disease Control and Prevention, COVID-19 2023.
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) of Bamlanivimab. 12.02.2020. <http://pi.lilly.com/eua/bamlanivimab-eua-factsheet-hcp.pdf>.

Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) of Casirivimab and Imdevimab. 1202.2020. <https://www.fda.gov/media/143892/download>.

8.0 Associated Documents [For internal use only]:

Policy and Procedure (P&P) - MMP-09 Benefit Determinations, MMP-02 Transition and Continuity of Care.

Standard Operating Procedure (SOP) – MMS-03 Algorithm for Use of Criteria for Benefit Determinations; MMS-45 UM Nurse Review, MMS-52 Inpatient Case Process in CCA; MMS-53 Outpatient Case Process in CCA

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Specific Exclusion Letter; Lack of Information Letter

Form – Request Form: Out of Network/ Prior Authorization

9.0 Revision History:

Original Effective Date: 03/20/2020

Next Review Date: 10/01/2022

Revision Date	Reason for Revision
12/20	Policy created
2/21	Off cycle review, new codes added: M0245, M0247, M0248, Q0239, Q0243, Q0247 and Z20.822, 2.0.D.4 added, references updated
2/22	Off-cycle review; new codes added: M0220, M0221, 0004A, 0034A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0081A, 0082A.
6/22	Off-cycle review: new codes added: 0074A, 0094A, 0104A, 0111A, 0112A, K0134, 0083A, G0310-G0315
12/22	Off-cycle review: new codes added:0044A, 0124A, 0134A, 0144A, 0154A. Removed 90654, 90657, 90686, 90688, Q2035, Q2036, Q2037, Q2038 these are flu vaccine codes and are listed in BCP-45. Added 0041A and 0042A, these are COVID codes from 11/1/21. Added 1/1/23 codes 0164A and 0173A. Added associated PRP-17 to Title box. Removed deleted codes: M0239 and Q0239. Added additional codes: 0113A, 0091A, 0092A, 0093A, C9507, M0201, and M0244
4/23	Off cycle review, edits due to public health emergency (COVID-19) ending on 5/11/23 – moved K0134 from Covered to Non-Covered section. Removed cost share disclaimer from section 5.0 and added ASO group L0002193. Added

Revision Date	Reason for Revision
	<p>benefit cs reference for Q0221 & Q0222 and updated Q0220, M0220 & M0221 per BCC meeting 2/6/23.</p> <p>Updates per gap analysis (7/6/23): removed deleted codes: G2023, G2024, U0003, U0004 and U0005. Added new codes: 0121A, 0141A, 0151A, 0164A, 0171A, 0172A, 0173A, and 0174A.</p>
2/24	<p>Off-cycle review, updated background (section 2.0), 87913 added to covered codes, 90480 added to covered codes (new code as of 10/1/2023), C9803 removed from covered code list- deleted code as of 1/1/2024, updated description for code M0201. 0001A-0004A, 0011A-0013A, 0021A-0022A, 0031A, 0034A, 0041A-0042A, 0044A, 0051A-54A, 0064A, 0071A-0074A, 0081A-0083A, 0091A-0094A, 0104A, 0111A, 0112A-0114A, 0121A, 00124A, 0134A, 00141A-00142A, 0144A, 0151A, 0154A, 0164A, 0171A-0174A removed from covered codes- deleted codes as of 11/1/2023. Added section 8.0 associated documents and reference internal documents. 3/2024 updates: moved M0220-23, M0240-48 to the non-covered code section: administration codes for drugs that are no longer FDA approved.</p> <p>8/21/24 Per Gap Analysis: updated Cost Share reference for M0249 and M0250 to align with BCC/CCSC decision: Inpatient and Outpatient Facility (AH)</p>