University of Michigan Health Plan

PAYMENT REIMBURSEMENT POLICY

Title: PRP-17 COVID-19 Testing and Treatment

Benefit Reimbursement Policy: BCP-15 COVID-19 Prevention, Testing, and Treatment

Category: UMHP_PAYMENT REIMBURSEMENT (PR)

Effective Date: 10/11/2024

1.0 Guidelines:

This policy applies to all network and non-network providers, including but not limited to percent of charge contract providers. This policy does not guarantee benefits or solely determine reimbursement. Benefits are determined and/or limited by an individual member's benefit coverage document (COC, SPD, etc.). The Health Plan reserves the right to apply clinical edits to all medical claims through coding software and accuracy of claim submission according to industry billing standards. Clinical edits are derived from nationally recognized billing guidelines such as the Centers for Medicare and Medicaid Services (CMS), National Correct Coding Initiative (NCCI), the American Medical Association (AMA), and specialty societies. The Health Plan may leverage the clinical rationale of CMS or other nationally sourced edits and apply this rationale to services that are not paid through CMS but which are covered by the Health Plan to support covered benefits available through one of the Health Plan's products. Prior approval does not exempt adherence to the following billing requirements. The provider contract terms take precedence if there is a conflict between this policy and the provider contract.

2.0 Description:

This policy applies to billed services related to the COVID-19 testing and treatment. The Health Plan provides coverage for appropriate medically necessary diagnostic laboratory tests consistent with CDC guidelines related to COVID-19. The codes identified in this policy may not be an all-inclusive list. The Health Plan recognizes ongoing COVID-19 testing and treatment developments, including regular coding updates and expanded billing guidelines. The Health Plan continues to monitor, review and update COVID-19-related policies as necessary.

3.0 Coding and Billing:

Diagnosis Codes

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
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

ICD-10 DIAGNOSIS CODES (list is not all-inclusive)	
Code	**Description**
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 (effective 1/1/2021) for 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 Z20.822 (effective 1/1/2021) 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 not been established, assign the appropriate diagnosis code(s) for each sign/symptom.

<u>COVID-19 Diagnostic Testing</u>

Code	**Description**
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 coronoavirus (e.g., SARS-CoV, SARS-CoV2 [COVID-19])
87428	Infectious agent antigen detection by immunoassay technique, (e.g., 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
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
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

Code	Description
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
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])
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)
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose
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
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), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected For additional PLA code with identical clinical descriptor, see 0202U.
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
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
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
U0001	CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel
U0002	2019-ncov coronavirus, sars-cov-2/2019-ncov (COVID-19), any technique, multiple types or subtypes (includes all targets), non-cdc

- Testing must be performed in a consistent manner under the guidelines set forth by the United States Centers for Disease Control and Prevention (CDC).
- Testing must have an order on file.
- PCR testing is appropriate for asymptomatic patients with documented exposure to persons with known COVID-19.

- PCR testing is appropriate for the determination of abated infection.
- Rapid Testing is appropriate for documented symptomatic patients.
- The Health Plan covers medically necessary, CDC-approved COVID-19 testing when there is documented direct exposure, symptoms, or for asymptomatic patients prior to surgery.

At Home Testing

Code	Description
K1034	Provision of COVID-19 test, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared, one test count

Effective January 15, 2022 -May 11, 2023
UM Health Plan will cover 8 at-home over-the-counter FDA-approved COVID-19 tests, per person enrolled in the plan, per month. Tests may be packaged as single or multiple tests in one package. The total number of tests will be calculated per test not per box. Therefore a two count box will count as two tests.

- The purchase date must be January 15, 2022 -May 10, 2023
- Providers should not submit for reimbursement of at-home tests.
- Members should refer to UM Health PlanMM.com for directions on how to submit for reimbursement.
- Testing for employment purposes is **not covered.**
- A physician's order is not required.
- If approved, UM Health Plan will reimburse $12 per test to the requesting member.
- Swab and send, machine read or mobile apps that are required to process the Covid-19 test are **not covered**.

*Due to the expiration of the public health emergency (PHE) on May 11, 2023, at home testing will no longer be reimbursed by the Plan as of May 12, 2023.

Antibody Testing

Code	Description
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])
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]); screen
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]); titer
86413	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative

86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) MULTIPLE STEP METHOD

- The Health Plan covers antibody testing when medically appropriate for an individual, as determined and ordered in accordance with current CDC guidelines for antibody testing.
- Antibody testing should not be used as the only means of diagnosis of COVID-19.
- Testing must have an order on file.
- Report 86328 once for each reagent strip tested.

  If the reagent strip tests for one or multiple antibody classes (e.g. IgG and IgM), one unit of service should be reported, regardless of the number of antibodies evaluated and reported on the reagent strip.

- Modifier -59 should be appended to the code for the second reagent strip and documentation should support use of two reagent strips.
- Modifier -59 should be appended to the code reported for the second assay and documentation should support as two distinct analyses were performed.

Vaccine & Administration Codes

Code	Description
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus 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
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
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
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
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

Code	Description
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

- Initially, the federal government is reimbursing designated vaccination sites directly for the COVID-19 vaccines. Administration may be billed and reimbursed.

Miscellaneous Services

Code	Description
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.

The Health Plan **does not separately reimburse** for procedure codes identified as Status B codes in the MPFS Final Rule and the Outpatient Prospective Payment System (OPPS) Addendum D that corresponds with the date of service billed. This code is considered inclusive of the office visit and is not separately reimbursable for claims submitted on or after September 8, 2020.

Specimen Collection

Code	Description
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory

Due to the public health emergency (PHE) expiration on May 11, 2023, CPT 99000 will no longer be separately reimbursable.

Report C9803 when clinical staff assesses patient symptoms and collects nasopharyngeal, oropharyngeal, sputum, or other types of specimens from a patient in a hospital outpatient clinic setting for the purpose of performing a laboratory test for the SARS–CoV–2 viruses.

Treatment Coding

Code	Description
C9507	Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring, subsequent repeat doses
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab,

Code	Description
	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
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring
M0244	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
M0245	Intravenous infusion, bamlanivimab and estesevimab, includes infusion and post administration monitoring
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring
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
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
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
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

Modifier CS

Cost-sharing waived for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency.

Cost share waivers may adjust over time and be specific to a member's coverage plan. Cost share will not be waived on E/M services billed without COVID testing.

Services billed with modifier CS will be regularly audited for appropriate billing and claims processing.

*The PHE is set to expire on May 11, 2023. This modifier will no longer be applicable for the COVID-19 cost-sharing waiver for dates of service May 12, 2023, and forward.

Exclusions and Limitations

Physical, psychiatric, or psychological exams, testing, vaccinations, immunizations, or treatments when:

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

Non-Covered Services

Code	Description
*Please refer to Member Benefit Details for Coverage of the following	
0225U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, 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 minutess time (This code is used for Medicaid billing purposes)
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 minutess time (This code is used for Medicaid billing purposes)
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)
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)
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 minutes time (This code

Code	Description
	is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])
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])
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, 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), includes injection and post administration monitoring
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
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring
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
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring, subsequent repeat doses
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
M0243	Intravenous infusion or subcuteaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring
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
M0245	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
M0246	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

Code	Description
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring
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
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 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
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
Q0222	Injection, bebtelovimab, 175 mg
Q0240	Injection, casirivimab and imdevimab, 600 mg
Q0243	Injection, casirivimab and imdevimab, 2400 mg
Q0244	Injection, casirivimab and imdevimab, 1200 mg
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg
Q0247	Injection, sotrovimab, 500 mg

4.0 Documentation Requirements:

The medical record entries must provide a complete and accurate reflection of the procedures/services provided and fully support the coding and claim data submitted for reimbursement. Incomplete records and lack of response to medical records requests may result in denial or reduced reimbursement.

The documentation submitted for support is based on the services provided. For example, documentation for a lab service would include; lab order/requisition, lab reports, the time and date of the draw, whereas the documentation for an office visit with a primary care provider may consist of the visit notes (HPI, exam, medical decision making). The Health Plan uses CMS documentation guidelines as best practice to ensure that all pertinent medical record components are reviewed as support of services billed. All supporting components of service must be received within the allotted time frame to avoid denial for lack of supporting documentation.

5.0 Verification of Compliance

Claims are subject to audit, prepayment, and post payment, to validate compliance with the terms and conditions of this policy.

6.0 Terms & Definitions:

Antibody Test- Also referred to as serology testing, looks for the presence of antibodies, which are specific proteins made in response to infections. Antibodies are detected in the blood of people who are tested after infection; they show an immune response to the infection. Antibody testing does not detect the virus itself. 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 Test- Diagnostic test that allows 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 Test- Diagnostic test that 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 Test- 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 Test- Diagnostic tests uses 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 within minutes. These may be molecular or antigen tests.

Saliva Test- Diagnostic test that allows 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 Test- Provides information if you have a current infection.

7.0 References, Citations, Resources & Associated Documents:

BCP-15 COVID-19 Testing and Treatment.

PRP-15 Telemedicine Services.

The Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinicalcriteria.html.

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

MLN Matters Number: MM11939 Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB).

MLN Matters Number: MM11960 October 2020 Update of the Hospital Outpatient Prospective Payment System (OPPS).

CPT Assistant Special Edition: SARS-Cov-2 Serologic Laboratory Testing Volume 30, 2020.

8.0 Revision History:

Original Effective Date: 10/11/2024

Next Review Date: 04/01/2025

Revision Date	Reason for Revision
7/21	Annual review; new dx and procedure codes added, updated verbiage on the Guidelines.
2/22	Off-cycle review : coding and home testing language updates, approved at CCSC 07/12/22
1/23	Off-cycle review
4/23	Off-cycle review
7/23	Off-cycle review
2/24	Off-cycle reviewOff-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. 91300-91303, 91305-91317, 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, C9803, G2023-G2024, U0003-U0005 removed from covered codes-deleted codes as of 11/1/2023. 3/2024 updates: M0220-23, M0240-48 moved to not covered as no longer FDA approve. Q codes added to noncovered section.