COVID-19 Coverage Policy
(HCA and MCP-364)

Legend:	Effective Date:
= Health Care Authority	10/26/20
= Molina Clinical Policy (MCP)/Molina Clinical Review (MCR)	Reviewed Only Date:
= Washington Administrative Code (WAC)	Reviewed and Revised Date:
= InterQual	11/19/20
= Other	Approval Date:
	10/26/20, 11/19/20

COVERAGE CRITERIA

Who should be tested?

The Centers for Disease Control and Prevention (CDC) is telling clinicians to use their judgment in determining whether testing is necessary. They should consider the presence of symptoms (fever, cough, shortness of breath), travel history, contact with a confirmed COVID-19 patient and local epidemiology, and should rule out other potential causes of illness.

This expands testing to a wider group of symptomatic patients. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.

Epidemiologic factors that may help guide decisions on whether to test include: any persons (including healthcare workers) who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas within 14 days of symptom onset.

When there is a suspected case of COVID-19, clinicians should immediately notify their state or local health department and implement infection control practices.

As availability of diagnostic testing for COVID-19 increases, clinicians will be able to access laboratory tests for diagnosing COVID-19 through clinical laboratories performing tests authorized by FDA under an Emergency Use Authorization (EUA). Clinicians will also be able to access laboratory testing through public health laboratories in their jurisdictions.

MOLINA POLICY

Molina considers the following criteria to be in effect as long as global "state of emergency" is declared for COVID-19 and will expire when the U.S. Department of Health and Human Services (HHS) determines that

the outbreak of the 2019 novel Coronavirus (COVID-19) associated with the national public health emergency is contained:

Molina will waive co-pays and cost share for the diagnostic laboratory test for COVID-19. This policy will cover the test kit for patients who meet CDC guidelines for testing, which can be done in any approved laboratory location. Molina will waive the member costs associated with this diagnostic testing for COVID-19 at any authorized location for all Medicare, Marketplace, and Medicaid lines of business. No Prior Authorization is needed for this testing.

Covered lab testing codes include but are not limited to those on this document. Please refer to the current HCA COVID-19 Fee Schedule for the most updated list of covered lab and collection codes.

Molina will offer zero co-pay and cost share for participating (PAR) telemedicine visits (where these are a covered benefit. Molina members should use telemedicine as their first line of defense in order to limit potential exposure in physician offices. Cost sharing will be waived for all video visits by in-network providers delivering synchronous virtual care (live video-conferencing) for those plans that cover this type of service.

Molina will waive co-pays and cost share for office visits, urgent care visits, and ED visits where the diagnosis rendered is specifically related to COVID-19. Visits for other symptoms or diagnoses will not have co-pay or cost share removed. This includes not removing cost share for other laboratory testing (besides COVID-19 testing), x-rays, or other add-on testing.

Molina will relax refill timing on all prescriptions. Refill timing will be relaxed to allow refills up to 7 days early. (Additionally, some state plans may have additional relaxation of the timing allowed based on state executive orders).

Molina will allow 90 day prescription volumes if this is covered by your plan. This covers prescriptions and refills performed at CVS pharmacies.

CODING INFORMATION
THE CODES LISTED IN THE MERGE DOCUMENT ARE FOR REFERENCE PURPOSES ONLY. LISTING OF A SERVICE OR DEVICE CODE IN THIS DOCUMENT DOES NOT IMPLY THAT THE SERVICE DESCRIBED BY THIS CODE IS COVERED ON NON-COVERED. COVERAGE IS DETERMINED BY THE BENEFIT DOCUMENT. THIS LIST OF CODES MAY NOT BE ALL-INCLUSIVE.

CPT	**Description**
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])

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
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel [This code is used specifically for CDC testing laboratories]
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
U0003	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, making use of high throughput technologies as described by CMS-2020-01-R
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R
G2023	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
G2024	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source
C9803	Hospital outpatient clinic visit specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source

ICD-10	**Description**
B97.29	Other coronavirus as the cause of diseases classified elsewhere
U07.1	COVID-19 Confirmed Cases, virus identified. Assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing
U07.2	COVID-19 Suspected/Probable cases, virus not identified. Assigned to a clinical or epidemiological diagnosis of COVID-19 where laboratory confirmation is inconclusive or not available
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases

SOURCES

1. Molina Clinical Policy MCP-364: COVID-19 Co-Pays and Cost-Share
2. Washington State Health Care Authority Emergency COVID-19 Fee Schedule (10/26/20 update)