Effective Date		P&P Number
8/31/20	**Medical Policy: COVID-19 Testing & Testing Related Services**	MP 101
Current Review/ Revision Date	**Approval**	**Annual Approval Date**
01/19/21	Medical Policy Committee approval of this policy received on August 31, 2020. Revision approved and accepted by the Medical Policy Committee on January 19, 2021.	01/22

MedCost Benefit Services Claims Administration is Effective Date for dates of service on or after 9/1/20

I. Purpose

The purpose of this medical policy is to provide guidelines and coverage criteria for testing for the 2019 novel Coronavirus (COVID-19 or SARS-CoV-2) outbreak including testing related services, procedures, and equipment, in accordance with the Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief, and Economic Security (CARES) Act.

II. Policy

Policy will be updated as federal regulators issue new guidance.

Coverage should be provided for all diagnostic testing for the detection or diagnosis of COVID-19 that:

(A) is approved, cleared, or authorized by the U.S. Food and Drug Administration (FDA) for patient use through pre-market approval or emergency use pathways, as well as tests that are developed and administered in accordance with FDA specifications.

(B) the developer has requested, or intends to request, emergency use authorization under section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–3), unless and until the emergency use authorization request under such section 564 has been denied or the developer of such test does not submit a request under such section within a reasonable timeframe; or

(C) is developed in and authorized by a State that has notified the Secretary of Health and Human Services of its intention to review tests intended to diagnose COVID–19; or

(D) the Secretary of Health and Human Services determines appropriate in published guidance.

Such testing and testing related services will be covered without cost sharing or authorization between March 18, 2020 and the end of the COVID-19 Public Health Emergency, as determined by the Secretary of the U.S. Department of Health and Human Services.

Testing related services are medical visits (a) furnished between March 18, 2020 and the end of the Public Health Emergency; (b) that result in an order for or administration of a COVID-19 test; (c) related to furnishing or administering such a test or to the evaluation of an individual for the purposes of determining the need for such a test; and (d) are in any of the following categories of HCPCS evaluation and management codes:

- Office and other outpatient services
- Hospital observation services
- Emergency department services
- Nursing facility services

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- Home Services
    - COVID-19 tests intended for at-home testing (including tests where the individual performs self-collection of a specimen at home) will be covered when the test otherwise meets the criteria set forth herein.
- Online digital evaluation and management services

FFCRA requires coverage of items and services only for diagnostic purposes as outlined in this guidance. Clinical decisions about testing should be made by the individual's attending health care provider and may include testing of individuals with signs or symptoms compatible with COVID-19, as well as asymptomatic individuals with known or suspected recent exposure to SARS-CoV-2, that is determined to be medically appropriate by the individual's health care provider, consulting CDC guidelines as appropriate. Testing conducted to screen for general workplace health and safety (such as employee "return to work" programs), for public health surveillance for SARS-CoV-2, or for any other purpose not primarily intended for individualized diagnosis or treatment of COVID-19 or another health condition is beyond the scope of FFCRA and should not be covered.

The coverage required under FFCRA is not limited with respect to the number of diagnostic tests for an individual, provided that the tests are diagnostic and medically appropriate for the individual, as determined by an attending health care provider in accordance with current accepted standards of medical practice. Plans should not impose prior authorization or other medical management requirements to deny coverage for individuals who are tested multiple times. Providers are urged to consult guidance issued by the CDC, as well as state, tribal, territorial, and local health departments or professional societies, when determining whether diagnostic testing is appropriate for a particular individual.

Inpatient admissions will require medical necessity review and authorized stays will be administered according to plan provisions. Care Management will utilize:

A. MCG criteria as follows to guide medical necessity review:
    - M-280- Viral Illness, Acute
    - P-280- Viral Illness, Acute, Pediatric
    - M-280-RRG- Viral Illness, Acute RRG
    - P-280-RRG- Viral Illness, Acute, Pediatric RRG
    - OC-064- Viral Illness, Acute: Observation Care

AND

B. Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/ or the World Health Organization (WHO) at https://www.who.int/ for the most up-to-date guidance on the details of clinical care of patients with COVID-19.

In order to be eligible for coverage, all services must be medically necessary. To the extent there are any conflicts between medical policy guidelines and applicable plan language, the plan language takes precedence. Medical policy is not intended to override the plan, nor is it intended to dictate to providers how to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care.

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III. Procedure

Tests filed with one of the following codes, with a date of service between March 18, 2020 and the end of the Public Health Emergency, should be paid at 100%, provided that all other requirements herein are met.

Code	Description
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source
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 skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel Description: 2019 – nCoV diagnostic P
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC Description: COVID-19 lab test 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,
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC,
U0005	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, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code u0003 or u0004) as described by cms-2020-01-r2
0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneumovirus, influenza A, influenza A subtype H1, influenza A subtype H3, influenza A subtype H1-2009, influenza B, parainfluenza virus, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydophila pneumoniae, Mycoplasma pneumoniae)
0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1- 2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydophila pneumonia, Mycoplasma pneumoniae)

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0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, human metapneumovirus, human rhinovirus/enterovirus, influenza A, including subtypes H1, H1-2009, and H3, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus, Bordetella parapertussis [IS1001], Bordetella pertussis [ptxP], Chlamydia pneumoniae, Mycoplasma pneumoniae)
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
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serumb
0240U	Detection of SARS-CoV-2, Influenza A and Influenza B; code 0240U also detects RSV
0241U	Detection of SARS-CoV-2, Influenza A and Influenza B
86318	Immunoassay for infectious agent antibody(ies), qualitative or semiqualitative, single step method (eg, reagent strip) * Must include one of the following ICD-10 CM codes: Z11.59 Asymptomatic, no known exposure, results unknown or negative Z03.818 Possible exposure to COVID-19, ruled out Z20.828 Contact with COVID-19, Suspected exposure U07.1 2019-nCoV acute respiratory disease
86328	Immunoassay for infectious agent antibody(ies), qualitative or semi-quantitative, single-step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
86408	NEUTRLZG ANTB SARSCOV2 SCR
86409	NEUTRLZG ANTB SARSCOV2 TITER
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay

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	[IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus
87428	Multiplex viral pathogen panel using antigen immunoassay technique for SARS-CoV-2 testing along with influenza A and influenza B
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12- 25 targets0202
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 * Must include one of the following ICD-10 CM codes: Z11.59 Asymptomatic, no known exposure, results unknown or negative Z03.818 Possible exposure to COVID-19, ruled out Z20.828 Contact with COVID-19, Suspected exposure U07.1 2019-nCoV acute respiratory disease
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 * Must include one of the following ICD-10 CM codes: Z11.59 Asymptomatic, no known exposure, results unknown or negative Z03.818 Possible exposure to COVID-19, ruled out Z20.828 Contact with COVID-19, Suspected exposure U07.1 2019-nCoV acute respiratory disease
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

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87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

Testing related services that result in an order for, or administration of, a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for the purposes of determining the need for such a test; and are in any of the categories of HCPCS evaluation and management codes listed below, with a date of service between March 18, 2020 and the end of the Public Health Emergency, with CS modifier should result in 100% payment.

Codes	Description
99201-99215	Office or Other Outpatient Services
99217-99226	Hospital Observation Services
99281-99288	Emergency Department Services
99304-99318	Nursing Facility Services
99341-99350	Home Services
99421-99423	Online Digital Evaluation and Management Services

In addition, all diagnostic imaging services and rule-out lab testing services within the codes listed below, with a date of service between March 18,2020 and the end of the Public Health Emergency, with CS modifier should result in 100% payment.

Codes	Description
71045 - 71048	Diagnostic Imaging for Chest X-ray Services
87804	Rapid Flu Test
87880	Rapid Strep Test

Authorized inpatient admissions will be transmitted via electronic certification. Claim will be paid according to plan provisions.

IV. References:

https://www.congress.gov/bill/116th-congress/house-bill/6201/text
https://www.congress.gov/bill/116th-congress/senate-bill/3548/text?q=product+actualizaci%C3%B3n
https://www.cms.gov/files/document/se20011.pdf
https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf
https://www.ama-assn.org/press-center/press-releases/ama-announces-new-cpt-codes-covid-19-advancements-expand#:~:text=The%20second%20addition%2C%20CPT%20code,reported%20by%20other%20CPT%20codes
https://www.cms.gov/files/document/cms-ruling-2020-1-r2.pdf

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V. Revision History

10/13/2021 – Addition of CPT Code 86413 to approved test filings per AMA guidance.

11/12/2021 – Addition of CPT Codes 86318, 86408, 86409, 87636, 87637, 87811, 0225U, 0226U, 0240U, and 0241U to approved test filings per AMA guidance.

01/19/2021 – Addition of HCPCS Code U0005 to approve rapid COVID-19 testing per CMS-2020-01-r2 guidance.