



Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

Children's Medical Services Health Plan (CMS Health Plan)

Staywell of Florida

WellCare (Alabama, Arizona, Arkansas, California, Connecticut, Florida, Georgia, Illinois, Indiana, Louisiana, Maine, Michigan, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, South Carolina, Tennessee, Texas, Washington)

WellCare Heritage Health

WellCare Prescription Insurance

WellCare TexanPlus

Diagnostic Testing Guidelines for 2019 Novel Coronavirus

Policy Number: HS-326

Original Effective Date: 3/10/2020

Revised Date(s): N/A

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

In late 2019, 2019-Novel Coronavirus (COVID-19) caused severe pneumonia cases clustered in Wuhan, China, and spread rapidly. The Chinese Center for Disease Control and Prevention released a report stating that of 44,500 infections in the sample, 81% were estimated as mild (no or mild pneumonia), 14% were estimated as severe (e.g., with dyspnea, hypoxia, or >50% lung involvement on imaging within 24 to 48 hours), 5% were critical (e.g., with respiratory failure, shock, or multiorgan dysfunction), and the overall case-fatality rate was 2.3%.⁵

COVID-19) is a betacoronavirus in the same subgenus as the severe acute respiratory syndrome (SARS) virus, and is also called (SARS-CoV-2).⁴ Infected people present with respiratory symptoms such as cough, dyspnea, pneumonia, and fever. Although most infections are not severe, many patients have become critically ill.⁴

The U.S. Centers for Disease Control and Prevention (CDC) have released interim guidance on evaluating persons under investigation (PUI) for infection with COVID-19. The CDC developed a panel to test for COVID, called the 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel. The panel received emergency use authorization by the FDA and is being distributed to public health and clinical laboratories.⁶

The CDC states that providers with patients suspected of COVID-19 infections should contact local public health departments to determine if the patient meets the criteria for a person under investigation (PUI) for COVID-19. Clinical specimens should be collected from PUIs for routine testing of respiratory pathogens at either clinical or public health labs.⁶

The Centers for Medicare and Medicaid Services (CMS) has published a FAQ on COVID-19 and is available [here](#). Guidance is available for billing for Diagnostic Laboratory, Physician Hospital, and Ambulance Services as well as Drugs & Vaccines Under Part B.⁷ Additional information is available on the Current Emergencies page of the CMS site ([here](#)).⁸

POSITION STATEMENT

Applicable To:

- Medicaid (excluding KY)
- Children's Medical Services Health Plan (CHIP)
- Medicare

Coverage

Florida Medicaid will cover all medically necessary services required to facilitate testing and treatment of COVID-19.

Testing authorized under the FDA Emergency Use Authorization (EUA) for diagnosing coronavirus disease 2019 (COVID-19) **is considered medically necessary** when the following are met for the evaluation of persons under investigation for COVID-19:*

1. 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; **AND**
2. 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 (subjective or confirmed) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing); **AND**
3. Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza; **AND**
4. Epidemiologic factors that may help guide decisions on whether to test include:
 - a. Any persons, including healthcare workers, who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset; or
 - b. History of travel from affected geographic areas with sustained/ongoing transmission (Level 2 or 3 travel health notice; see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>) within 14 days of symptom onset.

*NOTE: As of March 4, 2020 per the CDC.

CODING

The CDC has published guidance (available [here](#)) to provide official diagnosis coding guidance for health care encounters and deaths related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV.³

CPT® Code

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

Covered HCPCS Codes

U0001 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel – *effective 4/1/2020*
U0002 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets).

Covered ICD-10-CM Diagnosis Codes

B97.29 Other coronavirus
J12.89 Other viral pneumonia
J20.8 Acute bronchitis due to other specified organisms
J22 Unspecified acute lower respiratory infection
J40 Bronchitis
J80 Acute respiratory distress syndrome
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

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal/ state laws.

REFERENCES

- Centers for Disease Control and Prevention (CDC). Coronavirus Disease 2019 (COVID-19): Evaluating and Reporting Persons Under Investigation (PUI). Centers for Disease Control and Prevention. Updated Mar. 4, 2020. Accessed Mar. 5, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.
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- COVID-19. Centers for Medicare and Medicaid Services Web site. <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>. Accessed March 9, 2020.
- Current Emergencies: Coronavirus. Centers for Medicare and Medicaid Services Web site. <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>. Accessed March 9, 2020.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
3/10/2020	• Approved by MPC. New.