



Missouri Care

WellCare Heritage Health

Diagnostic Testing Guidelines for 2019 Novel Coronavirus

Policy Number: HS-326

Original Effective Date: 3/10/2020

Revised Date(s): 4/10/2020

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 – Missouri and Nebraska

Coverage

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

Note: CDC guidance for COVID-19 testing may be adapted by state and local health departments to respond to rapidly changing local circumstances.

Priorities for Testing:

- A. Priority 1:** Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system:
1. Hospitalized patients;
 2. Symptomatic* healthcare workers;
- B. Priority 2:** Ensure that those who are at highest risk of complication of infection are rapidly identified and appropriately triaged:
1. Patients in long-term care facilities with symptoms*;
 2. Patients 65 years of age and older with symptoms*;
 3. Patients with underlying conditions with symptoms*;
 4. First responders with symptoms*;
- C. Priority 3:** As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers:
1. Critical infrastructure workers with symptoms*;
 2. Individuals who do not meet any of the above categories with symptoms*;
 3. Health care workers and first responders;
 4. Individuals with mild symptoms* in communities experiencing high COVID-19 hospitalizations;
- D. Non-priority:**
1. Individuals without symptoms*.

*Note: Symptoms include fever, cough, and difficulty breathing.

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

- 86318** Immunoassay for infectious agent antibody(ies) qualitative or semi quantitative, single step method
86328 acute respiratory syndrome coronavirus 2 (SARS-COV-2)
86769 Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-COV-2)
87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus2 (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
- U07.1** COVID-19
- 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

1. 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>.
2. Centers for Medicare and Medicaid Services (CMS). Public Health News Alert: CMS Develops New Code for Coronavirus Lab Test. CMS.gov. Feb. 13, 2020. <https://www.cms.gov/newsroom/press-releases/public-health-news-alert-cms-develops-new-code-coronavirus-lab-test>.
3. CDC. ICD-10-CM Official Coding Guidelines- Supplement Coding encounters related to COVID-19 Coronavirus Outbreak. Centers for Disease Control and Prevention. Effective Feb. 20, 2020. Accessed Feb. 27, 2020. <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>
4. McIntosh, K. Coronavirus disease 2019 (COVID-19). UpToDate. Hirsch MS, Bloom A (Eds.). Accessed Mar. 5, 2020.
5. Wu Z, McGoogan JM. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72 314 Cases From the Chinese Center for Disease Control and Prevention. JAMA 2020.
6. CDC. Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19). Centers for Disease Control and Prevention. Updated Feb. 14, 2020. Accessed Mar. 5, 2020. <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>
7. COVID-19. Centers for Medicare and Medicaid Services Web site. <https://www.cms.gov/About-CMS/Agency-Information/EPRO/Current-Emergencies/Current-Emergencies-page>. Accessed March 9, 2020.
8. 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
4/10/2020	<ul style="list-style-type: none"> • Approved by MPC. Updated Position Statement criteria; coding changes.
3/10/2020	<ul style="list-style-type: none"> • Approved by MPC. New.