Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	**Submission Date: 3/1/2021**
Policy Number: PA.CP.MP.183	**Effective Date: 3/1/2020** **Revision Date: 2/18/2021**
Policy Name: Diagnostic Testing Guidelines for 2019-Novel Coronavirus	**HC Approval Date:**

Type of Submission – Check all that apply:

- ☐ **New Policy**
- ☐ **Revised Policy***
- ☑ **Retiring Policy –** *This option indicates the retirement of an active policy. If there is no indicated replacement, then "NONE" will be listed as the New/Replacement Policy.*
- ☐ **Annual Review – No Revisions**
- ☐ **Statewide PDL -** *Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any changes or clarifying information for the policy below:

This policy is being retired.

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Name of Authorized Individual (Please type or print):	**Signature of Authorized Individual:**
Carla Huitt, MD MPH	Carla J Huitt MD MPH

Clinical Policy: Diagnostic Testing Guidelines for 2019-Novel Coronavirus

Reference Number: PA.CP.MP.183
Effective Date: 03/1/2020
Last Review Date: ~~03~~02/202~~0~~1

Coding Implications
Revision Log

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See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Medical necessity criteria for diagnosing coronavirus disease 2019 (COVID-19). COVID-19 is caused by the virus SARS-CoV-2.

Policy/Criteria

I. It is the policy of health plans affiliated with PA Health & Wellness® that tests authorized under the FDA Emergency Use Authorization (EUA) for diagnosing COVID-19 are **medically necessary** when following the CDC guidelines for evaluation of persons under investigation for COVID-19.

A. 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;
B. 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);
C. Clinicians are encouraged to test for other specific causes of respiratory illness, including seasonal infections such as influenza, if indicated;
D. Epidemiologic factors that may help guide decisions on whether to test include:
   1. Any persons, including healthcare workers, who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset; or
   2. 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.
E. No PARP for Influenza PCR, RSV, Viral Panel or a CXR associated with the above should be considered to determine whether the patient should be tested.

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.

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.

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.

Coding Implications
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
N/A	

HCPCS Codes	Description
U0001	(Effective 4/1/2020) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel
U0002	(Effective 4/1/2020) Non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)

ICD-10-CM Diagnosis Codes that Support Coverage Criteria
+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
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

ICD-10-CM Code	Description
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed and medical necessity criteria reflects CDC guidelines as of 3/4/2020.	03/20	3/9/2021
This policy is being retired.	2/2021	

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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-Gudance-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

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by PA Health & Wellness, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.