| Subject. COVID-19 Co-Pays and Cost Share | | Original Effective Date: 03/09/2020 |
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| **Policy Number: MCP-364** | **Revision Date(s):** 5/18/20, 2/8/2021 | |
| **Review Date:** 2/8/2021 | | |
| **Approval Date: 3/09/2020, 5/18/20, 2/8/2021** | | |

# Contents



## DISCLAIMER

*This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Policy (MCP) document and provide the directive for all Medicare members.*[1]

## DESCRIPTION OF DISEASE [2]

**What is COVID-19?**

COVID–19 is a new strain of coronavirus, which originated in Wuhan City, China. The name COVID-19, is short for "coronavirus disease 2019." This virus causes respiratory illness, and has infected millions of people worldwide. The CDC and WHO are actively monitoring the outbreak of this new coronavirus strain. Visit the CDC's Traveler's Health website for travel notices and advisories.

**What are the symptoms of COVID-19?**

Common signs of infection include fever, cough, and respiratory symptoms such as shortness of breath and breathing difficulties. In more severe cases, this infection can cause pneumonia, acute respiratory distress syndrome, kidney failure, and even death.
People with heart and lung disease or weakened immune systems, as well as infants and older adults, are at higher risk for more severe symptoms from this illness.

**How is COVID-19 spread?**
Coronaviruses are generally thought to be spread most often by respiratory droplets. They are usually spread from an infected person to others through the air by coughing and sneezing, and through close personal contact such as touching or shaking hands.

## COVERAGE CRITERIA [2]

**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).

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.

Several FDA approved tests are available. There are different categories of tests:

- Viral Test. These tests check for the presence of the virus. The time to process can vary. Molecular tests check for genetic material (nucleic acid) based on polymerase chain reaction (PCR). Antigen tests detect proteins from the viral particle and are usually point of care. They tend to be highly specific, but less sensitive than molecular tests. Contact your provider, state, or local health department for the latest information on testing.
- Antibody or Serology Tests. These tests determine if you have antibodies in the blood to determine if a member has had past exposure to COVID-19. This type of test should not be used to diagnose a current infection except in rare circumstances where viral testing is delayed. This may not show if you have current infection as it can take 1-3 weeks after infection for the body to make antibodies.

## COVERAGE EXCLUSIONS

This policy applies to all members in all lines of business (Medicare, Marketplace, and Medicaid) where the referenced service is a covered benefit.

## 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.

**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 waive co-pays and cost share for the COVID-19 vaccine(s) administration** to all Molina members at any approved location for all Medicare, Marketplace, and Medicaid lines of business. Molina will waive the member costs associated with the COVID-19 vaccine(s) administration. No Prior Authorization is needed for the vaccine.

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

| CPT | CPT Description (Testing Codes) |
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| 86328 | Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) |
| 86408 | Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen |
| 86409 | Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer |
| 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]) Multi-step method |
| 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 |

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| 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 |
| 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 |
| 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 (SARS-CoV-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, serum |
| 0240U | Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected |
| 0241U | Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected |
| | **Vaccine Codes** |
| 0001A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose |
| 0002A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose |
| 0011A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose |
| 0012A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose |

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| 0021A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage; first dose |
| 0022A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage; second dose |
| 0031A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage, single dose |
| 91300 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use |
| 91301 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular us |
| 91302 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage, for intramuscular use |
| 91303 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage, for intramuscular use |
| **HCPCS** | **Description HCPCS (Specimen Collection and Lab Codes)** |
| 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 SNF or by a laboratory on behalf of a HHA, any specimen source |
| U0001 | CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel |
| 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 |

| ICD-10 | Description |
|---|---|
| B97.29 | Other coronavirus as the cause of diseases classified elsewhere |
| 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 |

## RESOURCE REFERENCES


1. Centers for Medicare & Medicaid Services (CMS). Medicare Coverage Database. National coverage determination (NCD) Search. Accessed at: http://www.cms.gov/medicare-coverage-database/
2. Centers for Disease Control (CDC) [website]: Coronavirus Disease 2019 (COVID-19). Accessed at: https://www.cdc.gov/coronavirus/2019-ncov/index.html
3. ICD-10-CM Official Coding Guidelines – Supplement. Coding encounters related to COVID-19 Coronavirus Outbreak. Effective: February 20, 2020.
4. Optum360 EncoderPro [website]. Coding information compiled from the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS).


## REVISION/REVIEW HISTORY:

3/9/2020: New Policy
5/18/20: The policy was revised with the following: Removed the May 1, 2020 date from the policy statement regarding waiving co-pays, cost share and refill timing and added the following clarifying statement: 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.
2/8/21: Added information about cost sharing and copays for the administration of the COVID-19 vaccine(s), updated coding tables.