**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**

**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 thousands 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**

**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). Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.

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.

As availability of diagnostic testing for COVID-19 increases, clinicians will be able to access laboratory tests for diagnosing COVID-19 through clinical laboratories performing tests authorized by FDA under an Emergency Use Authorization (EUA). Clinicians will also be able to access laboratory testing through public health laboratories in their jurisdictions.

**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 will waive co-pays and cost share for the diagnostic laboratory test for COVID-19 until May 1, 2020. (If the outbreak continues please monitor our provider notifications for potential extension of this policy).

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) - for any diagnosis until May 1, 2020. (If the outbreak continues please monitor our provider notifications for potential extension of this policy). 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 until May 1, 2020. (If the outbreak continues please monitor our provider notifications for potential extension of this policy). 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 relax refill timing on all prescriptions until May 1, 2020. (If the outbreak continues please monitor our provider notifications for potential extension of this policy). 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.

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<th>CPT</th>
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<td>This code is used specifically for CDC testing laboratories</td>
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<tr>
<td>U0002</td>
<td>This code is used for non-CDC testing laboratories</td>
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**ICD-10**

<table>
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<td>Encounter for observation for suspected exposure to other biological agents ruled out</td>
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<td>Contact with and (suspected) exposure to other viral communicable diseases</td>
<td>Z20.828</td>
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**Resource References**