THE OHIO STATE UNIVERSITY
HEALTH PLAN

Subject: COVID-19 Testing, Prevention and Treatment

Number: MMPP 58.0

Responsible Department/Person: Medical Management

Approvals: Medical Management

Effective Date: 1/21
Revision Date: 2/21, 3/21, 9/21
Review Date:

POLICY

Effective February 4, 2020, through the duration of the public health emergency, as declared by the Secretary of Health and Human Services (HHS), the following testing items and services outlined in this policy are covered at 100% without any cost-sharing, prior authorization or network restrictions.

DEFINITIONS

COVID-19: At the end of 2019, a novel coronavirus was identified as the cause of a cluster of pneumonia cases in Wuhan, China. It spread rapidly to other countries, including the United States. In February 2020, the World Health Organization designated the disease COVID-19, which stands for coronavirus disease 2019. The virus that causes COVID-19 is designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); previously, it was referred to as 2019-nCoV.

POLICY GUIDELINES

Effective February 4, 2020, through the duration of the public health emergency, as declared by the Secretary of Health and Human Services (HHS), the following items and services are covered at 100% without any cost-sharing, prior authorization or network restrictions:

- In vitro diagnostic tests for the detection of SARSCoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such a test, that:
    - Is FDA-approved, cleared or authorized; or
    - The test developer has requested, or intends to request, emergency use authorization under the Food, Drug and Cosmetic Act; or
    - Is developed in and authorized by a state that has notified HHS of its intention to review tests intended to diagnose COVID19; or
    - HHS otherwise has approved in guidance.
- Serological tests for COVID-19 used to detect antibodies against the SARS-CoV-2 virus, and are intended for use in the diagnosis of the disease or condition of having current or past infection with SARS-CoV-2, the virus which causes COVID-19.
- Items and services furnished during a visit to a provider's office (including via telehealth), urgent care, an emergency room, drive up testing site or other (even nontraditional) provider visit that results in an order for or administration of an in vitro diagnostic test described above, but only to the extent the item or service relates to:
    - The furnishing or administration of the diagnostic test; or
    - The evaluation of the individual to determine need for the diagnostic test.

During the public health emergency for COVID-19 and as recommended by the governing preventive service agencies, coronavirus preventive services will be covered at 100% with no out-of-pocket costs or network restrictions. These services include an item, service or immunization[1] intended to prevent or mitigate the coronavirus disease and that is:

- An evidence-based item or service that has in effect a rating of "A" or "B" in the current recommendations of the U.S. Preventive Services Task Force; or
- An immunization that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.

Treatment of COVID-19 and related complications is covered according to the plan guidelines outlined in the OSU Faculty and Staff Health Plans Specific Plan Details (SPD) Document.

PROCEDURE S

Testing

During the public health emergency exception period[2], OSU Health Plan will cover medically necessary COVID-19 (molecular PCR or antigen) testing when ordered by a physician or health care professional for diagnostic purposes or to determine the need for member treatment. This applies to direct-to-consumer/home-based diagnostic or antigen tests. OSU Health Plan generally does not cover a test performed at the direction of a member's employer in order to obtain or maintain employment or to perform the member's normal work functions or for return to school or recreational activities, except as required by applicable law.

OSU Health Plan (OSUHP) will cover the following codes for COVID-19 testing, including collection, at 100%[2] when billed with a diagnosis other than ICD-10 Z71.84:

Code	Description
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, 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])
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Severe Acute Respiratory Syndrome Coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Severe Acute Respiratory Syndrome Coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
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
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
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
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 [BioFire® Respiratory Panel 2.1 (RP2.1), BioFire® Diagnostics, BioFire® Diagnostics, LLC]
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 [QIAstat-Dx Respiratory SARS CoV-2 Panel, QIAGEN Sciences, QIAGEN GmbH]
0224U	Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed [COVID-19 Antibody Test, Mt. Sinai]
0225U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or 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 [ePlex® Respiratory Pathogen Panel 2, GenMark Dx, GenMark Diagnostics, Inc.]
0226U	Surrogate viral neutralization test (sVNT), Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum [Tru-Immune, Ethos Laboratories, GenScript® USA Inc.]
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
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
G2025	Payment for a telehealth distant site furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only
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

	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
U0005	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) amplified technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R

In addition to the codes for testing, items and services that result in an order for or administration of an in vitro diagnostic test described above will also be covered at 100%[2] when billed with a diagnosis other than ICD-10 Z71.84. Examples of common sites for COVID-19 evaluation and testing include:

- Office visit (including via telehealth)
- Convenient Care visit
- Urgent care visit
- Emergency room visit
- Drive up testing site

Modifier CS can be utilized to identify those services required to determine the necessity of a COVID-19 test or related to the administration of a COVID-19 test.

Modifier	**Description**
CS	Cost-sharing waived for specified COVID-19 testing-related services that result in an order for, or administration of, a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in Rural Health Clinics and Federally Qualified Health Centers during the COVID-19 public health emergency

CPT 99072 represents a new practice expense code specifically intended for use during a declared PHE as defined by law, due to respiratory-transmitted infectious disease. It accounts for additional supplies, materials, and clinical staff time required for patient symptom checks over the phone and upon arrival, donning and removing personal protective equipment (PPE), and increased sanitation measures to prevent the spread of communicable disease. This new code is established in response to the significant additional practice expenses related to activities required to safely provide medical services to patients in person during a PHE over and above those usually included in a medical visit or service. OSU Health Plan covers CPT 99072 per plan guidelines according to the following criteria:

- Billed during a public health emergency, as declared by the Secretary of Health and Human Services (HHS); and
- Reported only once per in-person patient encounter per provider identification number (PIN); and
- Service is rendered in a non-facility place of service (POS) setting, and in an area where it is required to mitigate the transmission of the respiratory disease for which the PHE was declared. Per CMS, non-facility POS codes include:
    - 01 Pharmacy
    - 03 School (OSUHP review required)
    - 04 Homeless Shelter (OSUHP review required)
    - 09 Prison/Correctional Facility (OSUHP review required)
    - 11 Office
    - 12 Home
    - 13 Assisted Living Facility

- 14 Group Home
- 15 Mobile Unit
- 16 Temporary Lodging
- 17 Walk-in Retail Health Clinic
- 20 Urgent Care
- 25 Birthing Center (OSUHP review required)
- 32 Nursing Facility
- 33 Custodial Facility
- 49 Independent Clinic
- 50 Federally Qualified Health Center
- 54 Intermediate Care Facility/Individuals with Intellectual Disabilities
- 55 Residential Substance Abuse Treatment Facility
- 57 Non-residential Substance Abuse Treatment Facility
- 58 Non-residential Opioid Treatment Facility
- 60 Mass Immunization Center
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End-Stage Renal Disease Treatment Facility
- 71 State or Local Public Health Clinic
- 72 Rural Clinic
- 81 Independent Laboratory
- 99 Other Place of Service (OSUHP Review required)

- Network restrictions may apply depending on plan guidelines.

Prevention

OSU Health Plan will cover the COVID-19 vaccine[1] and administration at 100%[2]. Covered codes include:

Code	Description
91300	Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use [Pfizer-BioNTech COVID-19 vaccine]
91301	Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein preservative free, 100 mcg/0.5 mL dosage, for intramuscular use [Moderna COVID-19 vaccine]
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, 5x1010 viral particles/0.5mL dosage, for intramuscular use [AstraZeneca Oxford 1 (ChAdOx1) vaccine]
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, 5x1010 viral particles/0.5mL dosage, for intramuscular use
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use
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/0.3 mL 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/0.3 mL dosage, diluent reconstituted; second dose

0003A	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/0.3 mL dosage, diluent reconstituted; third 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/0.5 mL 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/0.5 mL dosage, second dose
0013A	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/0.5 mL dosage; third dose
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; 5x1010 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; 5x1010 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, 5x1010 viral particles/0.5mL dosage, single dose
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose
M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home, per date of service, when only COVID-19 vaccine administration is performed at the patient's home

Treatment

Treatment of COVID-19 and related complications will be covered per the member's plan guidelines. Deductible, coinsurance and network restrictions may apply. The following guidelines apply to distinguish evaluation and testing from treatment:

- Emergency Room:
  - Covered at 100%[2]:
    - Facility visit charge (eg, Revenue Code 450)
    - Physician visit charge (eg, CPT 99281 – 99288)
    - Testing (refer to *Testing* section of policy)
  - Remaining charges covered per plan guidelines (eg, deductible, coinsurance)
- Inpatient Hospitalization:
  - Emergency room visit and testing covered at 100%[2] (see above)
  - Remaining charges covered per plan guidelines (eg, deductible, coinsurance)
- Other:

- Services billed with ICD-10 U07.1 covered per plan guidelines (eg, deductible, coinsurance)

Refer to the Prior Authorization Code List available online at https://osuhealthplan.com/health-plan-tools/forms-policies to determine if specific treatments require prior authorization. Examples of specific COVID-19 treatments requiring medical necessity review through the medical benefit include (not an all-inclusive list):

- Tocilizumab (Actemra) [HCPCS J3262, Q0249]: *Covered, when medically necessary*
  - FDA issued a EUA on June 24, 2021 that permits use of tocilizumab for treatment of COVID-19 in hospitalized adults and pediatric patients ≥2 years of age who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).
  - Recommended dosage:
    - Adults and pediatric patients ≥2 years of age weighing <30 kg:
      - 12 mg/kg given as a single 60-minute IV infusion; may administer a second infusion ≥8 hours after first infusion if clinical signs or symptoms worsen or do not improve after initial dose.
    - Adults and pediatric patients ≥2 years of age weighing ≥30 kg:
      - 8 mg/kg (maximum of 800 mg per infusion) given as a single 60-minute IV infusion; may administer a second infusion ≥8 hours after first infusion if clinical signs or symptoms worsen or do not improve after initial dose.
- Inhaled Prostacyclins (e.g., epoprostenol, iloprost) [HCPCS J1325, Q4074]: *Covered, when medically necessary*
  - The NIH COVID-19 Treatment Guidelines Panel and the Surviving Sepsis Campaign state that a trial of inhaled pulmonary vasodilator as rescue therapy may be considered in mechanically ventilated adults with COVID-19, severe ARDS, and hypoxemia despite optimized ventilation and other rescue strategies.
  - If no rapid improvement in oxygenation is observed, the patient should be tapered off treatment.
  - Recommended dosage:
    - Epoprostenol: 20-30 ng/kg/min
    - Iloprost: 20 mcg every 8 hours for 5 days
- Interferons [HCPCS J9215, J9214, J9213]: *Not Covered*
  - The NIH COVID-19 Treatment Guidelines Panel recommends against use of interferons for treatment of severe or critical COVID-19, except in the context of a clinical trial.
  - The NIH COVID-19 Treatment Guidelines Panel states there are insufficient data to recommend either for or against use of interferon beta for the treatment of early mild or moderate COVID-19.
  - The Surviving Sepsis Campaign COVID-19 subcommittee states that there is insufficient evidence to issue a recommendation on use of interferons, alone or in combination with antivirals, in critically ill adults with COVID-19.
- COVID-19 Convalescent Plasma [No specific code]: *Not Covered*
  - There are no convalescent blood products currently licensed by the FDA. COVID-19 convalescent plasma is regulated as an investigational product.
  - The Emergency Use Authorization (EUA), issued 8/23/20, states that COVID-19 convalescent plasma should not be considered a new standard of care for the treatment of patients with COVID-19. The FDA states that adequate and well-controlled randomized trials remain necessary to determine optimal product attributes and to identify appropriate subpopulations for its use and that ongoing clinical trials of COVID-19 convalescent plasma should not be amended based on issuance of the EUA.
  - The NIH COVID-19 Treatment Guidelines Panel states there are insufficient data to recommend for or against the use of convalescent plasma in patients with COVID-19

and that COVID-19 convalescent plasma should not be considered a standard of care for the treatment of patients with COVID-19.
    - The Surviving Sepsis Campaign COVID-19 subcommittee suggests that convalescent plasma not be used routinely in critically ill adults with COVID-19 because efficacy and safety is not established and uncertainty surrounding optimal preparation of convalescent plasma.
- Immune Globulin [HCPCS J1459, J1460, J1556, J1557, J1560, J1561, J1562, J1566, J1568, J1569, J1599]: *Not Covered*
    - The NIH COVID-19 Treatment Guidelines Panel recommends against the use of commercially available immune globulin for the treatment of COVID-19, except in the context of a clinical trial.
    - The Surviving Sepsis Campaign COVID-19 subcommittee suggests that immune globulin not be used routinely in critically ill adults with COVID-19 because efficacy data is not available, currently available preparations may not contain antibodies against SARS-CoV-2, and it can be associated with increased risk of severe adverse effects.
- SARS-CoV-2-Specific Monoclonal Antibodies (i.e., casirivimab, imdevimab, bamlanivimab) [HCPCS Q0240, Q0243, Q0244, Q0245, Q0247]: *Not Covered*
    - SARS-CoV-2-specific monoclonal antibodies (mAbs) are not commercially available.
    - Safety and efficacy of investigational SARS-CoV-2-specific mAbs for the treatment or prevention of COVID-19 have not been established.
    - Allocation of bamlanivimab and allocation of casirivimab and imdevimab for use under their respective EUAs are being directed by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) in collaboration with state and territorial health departments.
    - ***Note:*** *Administration [HCPCS M0240, M0241, M0243, M0244, M0245, M0246, M0247, M0248] does not require prior authorization and is covered according to member's benefit plan.*
- Ivermectin (Stromectol) [No Specific Code]: *Not Covered*
    - NIH COVID-19 Treatment Guidelines Panel states that data are insufficient to date to recommend either for or against the use of ivermectin for the treatment of COVID-19. These experts state that clinical trials reported to date have significant methodological limitations and incomplete information; results from adequately powered, well-designed, and well-conducted clinical trials are needed to provide more specific, evidence-based guidance on the role of ivermectin in the treatment of COVID-19.
    - NIH panel recommends against use of ivermectin for preexposure prophylaxis (PrEP) or postexposure prophylaxis (PEP) for prevention of SARS-CoV-2 infection, except in a clinical trial.
    - Manufacturer (Merck) states that, to date, there is no scientific basis from preclinical studies for a potential therapeutic effect of ivermectin against COVID-19, no meaningful evidence of clinical activity or clinical efficacy of the drug in patients with COVID-19, and a concerning lack of safety data in the majority of studies.
    - FDA issued a warning concerning possible inappropriate use of ivermectin products intended for animals as an attempt to self-medicate for the treatment of COVID-19.

EXCLUSIONS

The following services are not covered by OSUHP:

- Non-diagnostic COVID-19 testing and related services for travel (ICD-10 Z71.84)
- Testing and/or treatment provided without a referral from a physician or licensed health care professional for diagnostic purposes or to determine the need for member treatment
- More than one unit of CPT 99072 per day
- CPT 99072 billed with a facility place of service code, including:
    - 02 Telehealth

    - 19 Off Campus-Outpatient Hospital
    - 21 Inpatient Hospital
    - 22 On Campus-Outpatient Hospital
    - 23 Emergency Room – Hospital
    - 24 Ambulatory Surgical Center
    - 26 Military Treatment Facility
    - 31 Skilled Nursing Facility
    - 34 Hospice
    - 41 Ambulance – Land
    - 42 Ambulance – Air or Water
    - 51 Inpatient Psychiatric Facility
    - 52 Psychiatric Facility – Partial Hospitalization
    - 53 Community Mental Health Center
    - 56 Psychiatric Residential Treatment Center
    - 61 Comprehensive Inpatient Rehabilitation Facility
- Any treatment or service considered experimental or investigational for use in COVID-19

FOOTNOTES

[1] At this time, the COVID-19 vaccine will be paid for by the federal government through funding authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, but administration of the vaccine by a provider will be paid for by the applicable plan or insurance policy. OSU Health Plan will cover the vaccine, as well as the administration, if the vaccine was not provided free of charge by the federal government.

[2]During the public health emergency, as declared by the Secretary of Health and Human Services (HHS), no network restrictions apply to the services outlined in this policy. For In Network providers, including those priced through Zelis, coverage will be 100% of the allowed amount. For Out-of-Network providers without a Global LOA, claims will be sent to Zelis for pricing. If no pricing available, coverage will be at 100% of the cash price listed on the provider's website. If no cash price available, coverage will be at 100% of the billed amount.

REFERENCES

American Medical Association. (Sept. 2020). COVID-19 Coding Update. *CPT Assistant, 30*.

American Society of Health-System Pharmacists. (2021). *Assessment of Evidence for COVID-19-Related Treatments: Updated 8/19/21*. Retrieved September 16, 2021, from https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/Coronavirus/docs/ASHP-COVID-19-Evidence-Table.ashx

CMS. (2020, September 4). *Medicare Claims Processing Manual: Chapter 26 - Completing and Processing Form CMS-1500 Data Set*. Retrieved January 11, 2021, from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf

McIntosh, K. (2020, December 17). *Coronavirus disease 2019 (COVID-19): Clinical features* (M. S. Hirsch & A. Bloom, Eds.). Retrieved January 11, 2021, from https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-clinical-features?search=undefined&source=covid19_landing&usage_type=main_section

National Institutes of Health. *Coronavirus disease 2019 (COVID-19) treatment guidelines*. Updated 2020 Dec 3. From NIH website (https://www.covid19treatmentguidelines.nih.gov/). Accessed 2020

Dec 9.

S. 3548, 116th Cong., https://www.congress.gov/116/bills/s3548/BILLS-116s3548is.pdf (2020) (enacted).

U.S. Departments of Labor, Health and Human Services (HHS)/U.S. Department of the Treasury. (2021). *FAQs about families first coronavirus response act and coronavirus aid, relief, and economic security act implementation part 44*. https://www.cms.gov/files/document/faqs-part-44.pdf