**PreferredOne**

<table>
<thead>
<tr>
<th>Department of Origin:</th>
<th>Approved by:</th>
<th>Date Approved:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Healthcare Services</td>
<td>Chief Medical Officer</td>
<td>3/23/2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department(s) Affected:</th>
<th>Effective Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims, Coding, Customer Service, Integrated Healthcare Services</td>
<td>2/1/2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Policy Document:</th>
<th>Replaces Effective Policy Dated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 (Coronavirus) Testing and Provider Visit Coverage</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference #:</th>
<th>Page:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MP/C013</td>
<td>1 of 3</td>
</tr>
</tbody>
</table>

**PRODUCT APPLICATION:**
- PreferredOne Community Health Plan (PCHP) Large Group
- PreferredOne Community Health Plan (PCHP) Small Group
- PreferredOne Administrative Services, Inc. (PAS) ERISA
- PreferredOne Administrative Services, Inc. (PAS) Non-ERISA
- PreferredOne Insurance Company (PIC) Individual
- PreferredOne Insurance Company (PIC) Large Group
- PreferredOne Insurance Company (PIC) Small Group

Please refer to the enrollee’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee’s benefit plan or certificate of coverage, the terms of the enrollee’s benefit plan document will govern.

Benefits must be available for health care services. Health care services must be ordered by a physician, physician assistant, or nurse practitioner. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

This policy is intended to comply with the Families First Coronavirus Response Act (H.R. 6201) and applies to all individual and group health plans, including PAS self-funded plans, regardless of grandfathered status.

**PURPOSE:**
The intent of this policy is to provide coverage guidelines for COVID-19 testing and the associated visit.

**POLICY:**
PreferredOne waives cost sharing for:
- Centers for Disease Control (CDC) recommended and FDA-approved testing for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, when ordered by a provider and performed at approved locations in accordance with the CDC guidelines, and
- the related office, urgent care, emergency room or telehealth visit, which resulted in COVID-19 testing, but only to the extent that such visit related to the evaluation for and administration of COVID-19 testing.

**COVERAGE:**
Coverage is limited to one test (MDH two sample approach is considered one test) and one office, urgent care, emergency room or telehealth visit that is associated with the covered test.

Coverage is limited to the ICD-10 diagnosis codes and CPT codes identified in the policy.

**EXCLUSIONS:**
All other health care services, such as but not limited to, follow-up visits, hospital charges, prescription drugs, other laboratory testing (e.g., CBC, influenza or strep testing), x-rays and treatment for COVID-19 will be covered in accordance with plan benefits and subject to cost sharing.
CODING:
CPT® or HCPCS

U0001 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel
This code is only to be used for the tests developed by the Centers for Disease Control and Prevention (CDC)

U0002  -nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
Reported by laboratories performing non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (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

CPT codes copyright 2020 American Medical Association. All Rights Reserved. CPT is a trademark of the AMA. The AMA assumes no liability for the data contained herein.

ICD-10 Diagnosis Code Guidance and Descriptions

The following coding guidance has been developed by CDC and approved by the four organizations that make up the Cooperating Parties: the National Center for Health Statistics, the American Health Information Management Association, the American Hospital Association, and the Centers for Medicare & Medicaid Services.

J82.89 plus U07.1 = pneumonia confirmed due to COVID-19
J20.8 plus U07.1 = acute bronchitis confirmed due to COVID-19
J22 plus U07.1 = COVID-19 documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS
J98.8 plus U07.1 = COVID-19 documented as being associated with a respiratory infection, NOS
J80 plus U07.1 = ARDS (acute respiratory distress syndrome) due to COVID-19
Z03.818 = concern about a possible exposure to COVID-19, but this ruled out after evaluation
Z20.828 = actual exposure to someone who is confirmed to have COVID-19

ICD-10 Diagnosis Code Descriptions
U07.1 Other coronavirus as the cause of diseases classified elsewhere
J12.89 Other viral pneumonia
J20.8 Acute bronchitis due to other specified organisms
J22 Unspecified acute lower respiratory infection
J40 Bronchitis, not specified as acute or chronic
J80    Acute respiratory distress syndrome
J98.8  Other specified respiratory disorders
R05    Cough
R06.02 Shortness of breath
R50.9  Fever, unspecified
Z20.828 Contact with and (suspected) exposure to other viral communicable diseases
Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out

General ICD-10-CM Coding Guidelines.
• If the provider documents “suspected”, “possible” or “probable” COVID-19, do not assign code U07.1. Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828).

• Note: Diagnosis code B34.2, Coronavirus infection, unspecified, would in generally not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be “unspecified.”

RELATED CRITERIA/POLICIES:
Medical Policy: MP/C009 Coverage Determination Guidelines

REFERENCES:

DOCUMENT HISTORY:
Created Date: 03/18/20
Reviewed Date:
Revised Date: