

Medical Policy

COVID-19 (Coronavirus) Testing and Subsequent Care

Policy Number: 1104

Policy History

Approve Date:	03/19/2020	Effective Date:	03/19/2020
Reviewed/Revised Date:	03/19/2021, 01/10/2022		

Preauthorization

All Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.
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Policy

Indications of Coverage

- I. Laboratory testing for COVID-19 Coronavirus
 - A. Laboratory testing for the Coronavirus is a covered service for all benefit plans in all care settings (office visit, urgent care, emergency department, or inpatient hospital) where medically necessary and appropriate.

- II. Inpatient care related to a confirmed COVID-19 infection
 - A. Inpatient admissions require authorization, including confirmed COVID-19 infection
 - B. Requests for inpatient admissions will be reviewed for medical necessity/appropriateness using Milliman Care Guidelines (MCG) criteria
 - a. If the sole need for a patient's hospitalization is isolation, inpatient care is medically necessary and appropriate in a high fever or other high-risk infection situation as indicated by 1 or more of the following
 - i. Home, outpatient, or observation care is not effective, or not appropriate
 - ii. Temperature greater than 104.9 degrees F (40.5 degrees C) (oral)
 - iii. Isolation required (e.g., tuberculosis that requires isolation, Ebola infection)

Background

The management of COVID-19 is changing rapidly as healthcare professionals continue to gain experience and learn more about best practices regarding patient care, provider and community safety, and local public health recommendations. This policy will be updated based on recommendations provided by the Centers for Disease Control and Prevention (CDC) and other state and local authorities. This policy will be reviewed as early as 2 weeks from publish date with posting of the most recent policy to our website.

References

The above policy is based on the following references:

- 1.American Medical Association, “New CPT code for COVID-19 testing: what you should know”. Retrieved March 17, 2020, from <https://www.ama-assn.org/delivering-care/public-health/new-cpt-code-covid-19-testing-what-you-should-know>
- 2.Office of the Commissioner of Insurance, State of Wisconsin, “Coronavirus (COVID-19) coverage request.” Retrieved March 17, 2020, from <https://oci.wi.gov/Documents/Regulation/Bulletin20200306COVID-19.pdf>
- 3.Milliman Care Guideline, “COVID-19 Guidance”, retrieved March 17, 2020, from <https://community.mcg.com/s/covid19guidance>

