

# BENEFIT COVERAGE POLICY

**Title:** BCP-15 COVID-19 Testing and Treatment

**Effective Date:** 03/20/2020



Physicians Health Plan  
PHP Insurance Company  
PHP Service Company

## Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

### 1.0 Policy:

The Health Plan covers the appropriate medically necessary diagnostic laboratory tests that are consistent with CDC guidelines related to COVID-19. A physician's order is required for benefit coverage.

General exclusions and limitations for coverage include:

Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments when:

1. Required solely for purposes of career, education, sports, camp, travel, employment, insurance, marriage or adoption.
2. Related to judicial or administrative proceedings or orders.
3. Conducted for purposes of medical research, except for qualified clinical trials.
4. Required to obtain or maintain a license of any type.

Please refer to the member's benefit plan coverage guidelines for coverage details. Benefit plans may include a maximum allowable benefit, either in duration of treatment or in number of visits. When the maximum allowable benefit is exhausted, coverage may no longer be provided even if the medical necessity criteria are met.

Prior approval is required for all non-network covered services to be paid at the network benefit level, except for emergency/urgent services.

Unlisted codes are subject to review.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines.

Delegated vendor guidelines may be used to support medical necessity and other coverage determinations. InterQual references are available upon request.

## **2.0 Background:**

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The World Health Organization (WHO) and The Centers for Disease Control and Prevention (CDC) are actively monitoring the outbreak of this new coronavirus strain.

The WHO and the CDC indicated that COVID-19 is a new disease, a new strain of coronavirus which originated in Wuhan City, China, The CDC documents they are still learning how it spreads, the severity of illness it causes, and to what extent it may spread in the United States.

### **A. Description of COVID-19, as identified today:**

#### **1. COVID-19 mainly spreads person-to-person.**

- a. Between people who are in close contact with one another (within about 6 feet).
- b. Close personal contact such as touching or shaking hands.

Through respiratory droplets produced when an infected person coughs or sneezes.

- c. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
2. People are thought to be most contagious when they are most symptomatic (the sickest).
3. Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.
4. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.
5. The virus that causes COVID-19 seems to be spreading easily and sustainably in the community (“community spread”) in some affected geographic areas.

### **B. Symptoms:**

1. Anyone can have mild to severe symptoms.
2. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.
3. Persons with weakened immune systems are at higher risk for more severe symptoms for this illness.
4. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19, may not be an all-inclusive list:
  - Fever or chills

- Cough
  - Shortness of breath/breathing difficulties
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
  - Rash
  - Inflammatory conditions such as “COVID toes”
  - Thromboembolic events
  - Trouble breathing
  - Bluish lips or face
  - Persistent pain or pressure in the chest
  - New confusion or other alterations in mental status
  - Alterations in blood glucose control
  - Inability to wake or stay awake
  - Children with multisystem inflammatory syndrome
5. Members are directed to call their healthcare provider for medical advice when there has been exposure to COVID-19 and have developed the symptoms listed above.
6. If a member develops emergency warning signs for COVID-19, they should get medical attention immediately. Emergency warning signs include, not all-inclusive:
- Difficulty breathing or shortness of breath
  - Persistent pain or pressure in the chest
  - New confusion or inability to arouse
  - Bluish lips or face

7. Mildly ill patients are encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness.

#### C. Testing:

1. Clinicians are to work with their local and state health departments to coordinate testing through public health laboratories. In addition, COVID-19 diagnostic testing, authorized by the Food and Drug Administration under an Emergency Use Authorization (EUA), is becoming available in clinical laboratories. This additional testing capacity will allow clinicians to consider COVID-19 testing for a wider group of symptomatic patients.
2. Clinicians are to rely upon the best-available clinical guidelines and policy recommendations offered by multiple medical and public health organizations, including but not limited to the CDC, FSA, AMA, IDSA, WHO. Respiratory viral panel testing in the outpatient setting using limited panels involving five (5) targets or less is considered medically necessary for individuals who are at high risk for complications of respiratory viral infection, including but not limited to individuals who are immunocompromised, including lung transplant recipients, when the result of testing is used to guide or alter management.
3. Clinicians are utilizing their medical judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Clinical decisions about testing are made by the individual's attending health care provider and may include testing of individuals with signs or symptoms compatible with COVID-19, as well as asymptomatic individuals with known or suspected recent exposure to SARS-CoV-2, that is determined to be medically appropriate by the individual's health care provider, consulting CDC guidelines as appropriate. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:
  - a. Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
  - b. 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 (subjective or confirmed) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing);
  - c. Other symptomatic individuals such as, older adults and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney or liver disease).
  - d. Any persons including healthcare personnel, who within 14 days of symptom onset had, close contact with a suspect or laboratory-confirmed COVID-19 patient.
  - e. Any persons with a history of travel from affected geographic areas with sustained/ongoing transmission (Level 2 or 3-travel health notice.
4. There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).

#### D. Treatment:

1. November 9, 2020 the U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for the investigational monoclonal antibody therapy, bamlanivimab, for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients with positive COVID-19 test results who are at high risk for progressing to severe in COVID-19 and/or hospitalizations. Bamlanivimab may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the EMS, as necessary.
2. November 19, 2020 the FDA issued an EUA for the drug baricitinib, in combination with remdesivir (Veklury), for the treatment of suspected or laboratory confirmed COVID-19 in hospitalized adults and pediatric patients two years of age or older requiring supplemental oxygen, invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO). The safety and effectiveness of this investigational therapy for use in the treatment of COVID-19 continues to be evaluated. Baricitinib is not authorized or approved as a stand-alone treatment for COVID-19.
3. November 21, 2020, the FDA issued as EUA for the investigational monoclonal antibody therapy, casirivimab and imdevimab, administered together, for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients with positive COVID-19 test results who are at high risk for progressing to severe COVID-19 and/or hospitalization. Similar to bamlanivimab, casirivimab and imdevimab may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary.

#### E. Prevention: Standard recommendations to prevent infection spread include:

1. Avoid large events and mass gatherings.
2. Avoid close contact (within about 6 feet, or 2 meters) with anyone who is sick or has symptoms.
3. Stay home as much as possible and keep distance between yourself and others (within about 6 feet, or 2 meters), especially if you have a higher risk of serious illness. Keep in mind some people may have COVID-19 and spread it to others, even if they do not have symptoms or do not know they have COVID-19.
4. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains at least 60% alcohol.
5. Cover your face with a cloth facemask in public spaces, such as the grocery store, where it is difficult to avoid close contact with others, especially if you are in an area with ongoing community spread.
6. Cover your mouth and nose with your elbow or a tissue when you cough or sneeze. Throw away the used tissue. Wash your hands right away.
7. Avoid touching your eyes, nose and mouth.
8. Avoid sharing dishes, glasses, towels, bedding and other household items if you are sick.
9. Clean and disinfect high-touch surfaces, such as doorknobs, light switches, electronics and counters, daily.

10. Stay home from work, school and public areas if you are sick, unless you are going to get medical care. Avoid public transportation, taxis and ridesharing if you're sick

**3.0 Clinical Determination Guidelines:**

None.

**4.0 Coding:**

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only.

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
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])	N	Outpatient laboratory and pathology services
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	N	Outpatient laboratory and pathology services
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	N	Outpatient laboratory and pathology services
86413	Severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) Coronavirus disease [COVID-19] antibody, quantitative	N	Outpatient laboratory and pathology services
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	N	Outpatient laboratory and pathology services
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV2 [COVID-19])	N	Outpatient laboratory and pathology services
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 (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	N	Outpatient laboratory and pathology services

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</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	N	Outpatient laboratory and pathology services
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	N	Outpatient laboratory and pathology services
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	N	Outpatient laboratory and pathology services
87811	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	N	Outpatient laboratory and pathology services
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	N	Outpatient laboratory and pathology services
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	N	Outpatient laboratory and pathology services
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 For additional PLA code with identical clinical descriptor, see 0202U.	N	Outpatient laboratory and pathology services
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	N	Outpatient laboratory and pathology services
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	N	Outpatient laboratory and pathology services

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
	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	N	Outpatient laboratory and pathology services
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-COV-s) (coronavirus disease [covid-19], any specimen source,	N	Outpatient laboratory and pathology services
G2023	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	N	Outpatient laboratory and pathology services
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	N	Outpatient laboratory and pathology services
Q0239	Injection, bamlanivimab-xxxx, 700 mg	N	Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
M0239	Intravenous infusion, bamlanivimab – xxxx, includes infusion and post administration monitoring	N	Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
Q0243	Injection, casirivimab and imdevimab, 2400 mg	N	Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	N	Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
			services
U0001	2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel	N	Outpatient laboratory and pathology services
U0002	Non-CDC lab tests for SARS-CoV-2/2019-nCoV (COVID-19)	N	Outpatient laboratory and pathology services
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	N	Outpatient laboratory and pathology services
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	N	Outpatient laboratory and pathology services
U0005	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, 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-R2	N	Outpatient laboratory and pathology services
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, 30mcg/0.3mL dosage, diluent reconstituted; first dose	N	Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
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, 30mcg/0.3mL dosage, diluent reconstituted; second dose	N	Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
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, 100mcg/0.5mL dosage; first dose	N	Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
0012A	Immunization administration by intramuscular injection of severe acute	N	Physician office visit for sickness or injury OR

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
	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		Associated services received during visit OR Professional fees for medical or surgical services
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 <sup>10</sup> viral particles/0.5mL dosage; first dose	N	Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
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 <sup>10</sup> viral particles/0.5mL dosage; second dose	N	Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services
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 <sup>10</sup> viral particles/0.5mL dosage, single dose	N	Physician office visit for sickness or injury OR Associated services received during visit OR Professional fees for medical or surgical services

<b>NON-COVERED CODES</b>		
<b>Code</b>	<b>Description</b>	<b>Benefit Plan Reference/Reason</b>
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease.	Bundled code
0225U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	Not medically necessary
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	Not medically necessary

<b>ICD-10 DIAGNOSIS CODES (list is not all-inclusive)</b>	
<b>Code</b>	<b>Description</b>

ICD-10 DIAGNOSIS CODES (list is not all-inclusive)	
Code	Description
	<b>Codes for pre-operative testing include:</b>
Z01.810	Encounter for pre-procedural cardiovascular examination
Z01.811	Encounter for pre-procedural respiratory examination
Z01.812	Encounter for pre-procedural laboratory examination
Z01.818	Encounter for other pre-procedural examination
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z11.59	Encounter for screening for other viral diseases
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z86.19	Personal history of other infectious and parasitic diseases
U07.1	COVID-19, virus identified

- Use ICD-10 diagnosis code Z03.818 for suspected exposure to COVID-19.
- Use Z11.59 for testing of asymptomatic patients prior to inpatient admissions, planned outpatient procedures, or therapies.
- Use ICD-10 diagnosis code Z20.828 for exposure to a confirmed case of COVID-19.
- Use Z86.19 for claims when the patient has a history of COVID-19 as applicable.
- When a patient presents with signs/symptoms associated with COVID-19 but a definitive diagnosis has both been established, assign the appropriate diagnosis code(s) for each sign/symptom.

### 5.0 Unique Configuration/Prior Approval/Coverage Details:

Testing and treatment for COVID-19 is covered at no member cost share during designated periods of the pandemic and this may change at any time.

### 6.0 Terms & Definitions:

Antibody Test - Also referred to as serology testing, provides information if you had a past infection. It may take several days to weeks for antibodies to develop and present in a test.

Antigen Test - Diagnostic test performed to identify an active coronavirus infection faster than a molecular test.

At-home collection tests - available only by prescription from a doctor, allow the patient to collect the sample at home and send it directly to the lab for analysis. Some at-home collection tests have a health care provider oversee the sample collection by video with the patient.

Combination tests - can test for the flu and the coronavirus at the same time. Some can test for many different types of respiratory viruses, including the one that causes COVID-19.

COVID-19 related - services directly related to the diagnosis and treatment of COVID-19 and services related to the detection of the SARS-CoV-2 virus, antibodies, and antigens

Molecular Tests - Diagnostic test, also referred to as PCR tests performed to identify an active coronavirus infection

PCR testing – directly detects the presence of an antigen, rather than the presence of the body's immune response, or antibodies. By detecting viral RNA, which will be present in the body before

antibodies form or symptoms of the disease are present, the tests can tell whether someone has the virus very early on.

Rapid, point-of-care diagnostic tests - use a mucus sample from the nose or throat but can be analyzed at the doctor's office or clinic where the sample is collected, and results may be available in minutes. These may be molecular or antigen tests.

Saliva tests - allow a patient to spit into a tube rather than get their nose or throat swabbed. Saliva tests may be more comfortable for some people and may be safer for health care workers who can be farther away during the sample collection.

Viral tests - provide information if you have a current infection.

**7.0 References, Citations & Resources:**

CMS.gov Centers for Medicare & Medicaid Services, Current Emergencies, Coronavirus Disease 2019. <https://www.cms.gov/About-CMS/Agency-Information/EPRO/Current-Emergencies/Current-Emergencies-page>.

Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) of Bamlanivimab. 12.02.2020. <http://pi.lilly.com/eua/bamlanivimab-eua-factsheet-hcp.pdf>.

Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) of Casirivimab and Imdevimab. 12.02.2020. <https://www.fda.gov/media/143892/download>.

**8.0 Associated Documents [For internal use only]:**

PRP-17 COVID-19 Testing and Treatment

**9.0 Revision History:**

Original Effective Date: 03/20/2020

Next Review Date: 04/01/2021

Revision Date	Reason for Revision
12/ 2020	Policy created