MVPFASTFAX

Important News for **Providers**

COVID-19 Update – April 5, 2021

Monoclonal Antibodies COVID-19 Billing Guidance

The U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorization (EUA) for the following investigational monoclonal antibody treatment for COVID-19:

- Casirivimab and imdevimab
- Bamlanivimab
- Bamlanivimab and etesevimab

The EUA allows any of these three treatments to be administered to non-hospitalized adults and pediatric patients (12 years of age and older weighing at least 40kg) with confirmed COVID-19 infection, who are experiencing mild to moderate symptoms, and are at high risk for progressing to severe symptoms and hospitalization. For purposes of the EUA Casirivimab and imdevimab must be administered together by intravenous (IV) infusion.

Allocation and distribution of the treatments are determined by the U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response (HHS/ASPR).

MVP Health Care® (MVP) will reimburse for the administration of the treatments listed above at no cost share to MVP Medicaid Managed Care and commercial Members when the codes below are submitted. MVP will not provide payment for the monoclonal antibody products that health care providers receive for free, as will be the case upon the product's initial availability in response to the COVID-19 public health emergency.

- **M0239** (intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring)
- **M0243** (intravenous infusion, casirivimab and imdevimab, includes infusion and post administration monitoring)
- **M0245** (intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring

Providers should bill Medicare Fee-for-Service (FFS) directly for the monoclonal antibody products and administration of these products to MVP Members enrolled in Medicare Advantage. Reimbursement submitted to MVP for these Members will be denied.

Additional codes, rates and coverage will be issued through a similar process as information becomes available.

COVID-19 Diagnostic Testing

In compliance with state and federal regulations, MVP **does not apply a cost-share to visits for testing for COVID-19 when deemed medically necessary**, including any fees associated with an in-network office, Emergency Department (ED), or Urgent Care Center (UCC) or an out-of-network Emergency Department (ED), or Urgent Care Center (UCC) Provider for the purpose of getting tested for COVID-19. Medicare MSA plan Members must meet their deductible for cost-share to be waived.

MVP has updated diagnosis codes that waive cost share for visits for diagnostic testing. Effective January 1, 2021, diagnosis codes Z20.822 and Z86.16 waive Member cost share. Effective May 1, 2021 diagnosis code Z11.59 will no longer waive cost share, but will still be covered. The following diagnosis codes will waive cost share for Members who have a **visit for diagnostic testing**:

To view all faxed messages, visit **mvphealthcare.com/FastFax.**

To receive future FastFax messages by email, send a request to **MVPFastFax@mvphealthcare.com**.

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at **1-800-684-9286**.

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Diagnosis Code	Description
Z03.818	Encounter for observation for suspected exposure to other biologic agents ruled out
Z20.828	Contact with and exposure to other viral communicable diseases
R05	Cough
R06.02	Shortness of breath
R50.9	Fever, unspecified
Z20.822	Contact with and (suspected) exposure to COVID-19
Z86.16	Personal history of COVID-19

Specimen Handling

MVP will cover specimen handling, 99001, and C9803 with Member cost-share waived when billed with the following diagnosis codes in any position:

Diagnosis Code	Description
Z03.818	Encounter for observation for suspected exposure to other biologic agents ruled out
Z20.828	Contact with and exposure to other viral communicable diseases
R05	Cough
R06.02	Shortness of breath
R50.9	Fever, unspecified
Z20.822	Contact with and (suspected) exposure to COVID-19
Z86.16	Personal history of COVID-19

COVID-19 Treatment

The diagnosis codes to identify treatment have also been updated. To ensure cost-share is waived for all applicable Members, bill the following code for the **treatment of COVID-19:**

Diagnosis Code	Description
U07.1	2019-nCoV acute respiratory disease
J12.82	Pneumonia due to coronavirus disease 2019
M35.81	Multisystem inflammatory syndrome
M35.89	Other specified systemic involvement of connective tissue

New HCPCS Lab Code

Effective for dates of service January 1, 2021 and after, in order to receive the higher payment from CMS during the Public Health Emergency, the new HCPCS code **U0005** must be used to signify that the laboratory is effectively turning around their high throughput test (i.e., they were "completed within two calendar days of the specimen being collected, meaning, the results of the test[s were] finalized and ready for release"). This code should be submitted along with U0003 or U0004.

Pre-op Testing

Pre-op COVID-19 diagnostic testing is covered for all Members with no cost share. MVP will not reimburse separately for diagnostic pre-op testing for MVP commercial and Medicaid Members as it will be considered global to the surgery, as are all other pre-op tests. Providers billing for MVP Medicare Members will be reimbursed based on CMS Guidelines.