



**BlueCross BlueShield
of Vermont**

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COVID-19 Acute Outpatient Treatment Corporate Medical Policy

File Name: COVID-19 Acute Outpatient Treatment

File Code: UM.COVID-1

Origination: 04/15/2020

Last Review: 12/2020

Next Review: 06/2021

Effective Date: 01/01/2021

Description/Summary

At the end of 2019, a novel coronavirus was identified in a cluster of cases of pneumonia in Wuhan, China.” In February 2020, the World Health Organization designated the disease COVID-19, which stands for coronavirus disease 2019 [1]. 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”(UpToDate). COVID-19 has spread widely throughout the world as a pandemic and is now impacting Vermont and the rest of the United States this is an emerging infectious disease and therefore, determining medical necessity of outpatient treatment is an ongoing process. Treatment will change; however, the purpose of this policy is to guide the outpatient treatment using the best available scientific evidence at this time.

Direct person-to-person respiratory transmission is the primary mechanism of transmission. Droplet and aerosol transmission have been reported, with droplet being the more common mechanism. The incubation period for COVID-19 is thought to be within 14 days following exposure, with most cases occurring 2-5 days post-exposure. The spectrum of illness is extremely wide, ranging from mild to critical and affecting almost all body systems. Most cases are mild, and with 40-45% of infections being completely asymptomatic. Children do not appear to be affected as severely as adults. Adults over 60, or those with underlying chronic health conditions appear to be the most at risk.

Confirmed COVID-19 infection is defined as having a positive RT-PCR or a CT scan with clinical features consistent with the pathognomonic findings of COVID-19.

COVID-19 outpatient treatment for the purpose of cost share waiving is defined as medical care provided in via telemedicine, in a doctor’s office, urgent care center, emergency room, or ambulance services to a patient with confirmed COVID-19 infection including all of the following:

- Supportive Care - medical treatment provided to alleviate the signs and symptoms of COVID-19 (by treating the impacted organ systems) but does not directly treat the Coronavirus itself
- Treatment for other chronic medical conditions that might be exacerbated by COVID-19 (e.g. medication for COPD)
- Anti-viral treatment that has received FDA approval for COVID-19 infection

Acute COVID-19 is defined as the time period from the onset of symptoms until the resolution of the period of infectivity and a reasonable period thereafter during which onset, deterioration, and resolution or stabilization of physiologic systems has occurred.

This policy includes the medically necessary care for the duration of the acute illness encompassing the care required during the episode defined as above. Services that are medically necessary for the chronic or rehabilitative phase of post-COVID-19 infection are not addressed in this policy.

Policy

Coding Information

[Attachment I](#)

When a service may be considered medically necessary

We consider the following services to be **medically necessary** for the treatment of acute outpatient COVID-19 in the outpatient setting:

- Acute pre- and post-hospitalization supportive treatment consistent with widely accepted evidence based clinical guidelines
- Acute pre- and post-hospitalization monitoring for clinical deterioration using clinical signs and symptoms consistent with widely accepted evidence based clinical guidelines
- Isolation (including non-urgent ambulance transportation) to prevent transmission based on either a test-based or non-test based strategy (see policy guidelines)
- Palliative care consistent with widely accepted evidence based clinical guidelines

When a service is considered not medically necessary

We consider the following services to be **not medically necessary** for the treatment of acute outpatient COVID-19:

- Non-urgent ambulance ground transportation for COVID-19 patients who are past the time of concern for infectivity according to the test-based or non-test based strategies listed below.
- Rehabilitation services for stabilized patients falling outside the acute period of illness including outpatient physical therapy, speech therapy, and occupational therapy occurring after the period of acute infection has passed.
- Mental health services for stabilized patients falling outside the acute period of illness
- Other medical services and therapies provided outside the acute period of illness

When a service is considered a benefit exclusion and therefore not covered

Out of network treatment for COVID-19 when in-network providers are available.

Use of

- Homeopathy or natural medicines
- Acupuncture
- Vitamin therapies or other ingestibles including Vitamin C and zinc
- Teas, essential oils, tinctures
- Air purifiers
- “Immune support” therapies including medications, vitamins, massage, reiki, or other therapies purporting to support the immune system or to improve immunity.

When a service is considered investigational

We consider the following services to be **investigational** for the diagnosis and treatment of Acute COVID-19 which includes the following but is not limited to:

- Home COVID-19 testing kits
- Routine use of
 - Remote cardiac monitoring not meeting utilization review criteria
 - Zoll vests or other external defibrillators not meeting utilization review criteria
 - Pulse Oximetry other than when used consistent with widely accepted evidence based clinical guidelines
 - Oxygen Therapy not meeting utilization review criteria
- Pharmacologic treatment with any of the following agents in the outpatient setting for patients who do not have an underlying condition that would be treated routinely and appropriately under our current criteria or step therapies with this medication in the absence of COVID-19:
 - Hydroxychloroquine or Chloroquine
 - Lopinavir/ritonavir (Kaletra)
 - Remdesivir
 - Azithromycin
 - Favipiravir
 - Umfenovir
 - Nitazoxanide
 - IL-6 antagonists including
 - Sarilumab (Kevzara)
 - Tocilizumab (Actemra)
 - Ivermectin
 - Anakinra
 - Colchicine
 - Baloxavir
 - Oseltamivir
 - Sirolimus

- Calquence
- Mefloquin
- Any additional medication which is not FDA approved for COVID-19 and not recommended by standardized clinical guidelines for the treatment of COVID-19 in the outpatient setting.
- Use of
 - Silver products, colloidal, or other metals based products
- Non-FDA approved
 - Antibody tests
 - Vaccines

Policy Guidelines

Reference Resources

- 1) UpToDate®: Coronavirus disease 2019: Management in Adults Last updated December 17, 2020
- 2) UpToDate®: Coronavirus disease 2019: Epidemiology, virology, clinical features, diagnosis, and prevention. Last updated December 22,2020.

Document Precedence

BCBSVT reserves the right to implement and revoke this policy without the advance notification requirement in the provider contracts or in Rule 9-03 for a change in policy. This will apply for both the effective date, due to the urgent and emergent nature of the pandemic, as well as for modifications to or withdrawal of the policy. Notice of changes to this policy will be communicated to providers via a notice on BCBSVT's provider website.

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

04/15/2020	New Policy
04/24/2020	Reviewed current policy. No changes to existing policy statements.
12/2020	Reviewed Policy- updated policy statements

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s) providing acute outpatient treatment to COVID-19 patients.

Approved by BCBSVT Medical Directors

Date Approved

Joshua Plavin, MD, MPH, MBA
Chief Medical Officer

Kate McIntosh, MD, MBA, FAAP
Senior Medical Director

Attachment I

Code Type	Number	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			
HCPCS	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	No Prior Authorization Required - Refer to Policy Guidelines
HCPCS	A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	No Prior Authorization Required - Refer to Policy Guidelines
The following ICD-10-CM diagnoses will be considered as medically necessary when applicable criteria have been met.			
ICD-10-CM	B97.29	Other coronavirus as the cause of diseases classified elsewhere	
ICD-10-CM	U07.1	COVID-19	