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prevea360.com

November 29, 2021

Dear Prevea360 Health Plan Provider:

Thank you for your continued dedication and commitment to providing high-quality care to our members during the public health emergency.

This notification contains information regarding:

- Non-covered and covered COVID-19 testing.
- U.S. Food and Drug Administration's (FDA's) emergency use authorizations (EUAs) for a single booster dose of a COVID-19 vaccine.
- FDA EUA of the Pfizer-BioNTech (now marketed as Comirnaty) COVID-19 vaccine for children ages 5 through 11.
- Changes to Medicare Advantage Plan claim submission for COVID-19 vaccine and monoclonal antibody administration, effective January 1, 2022.

Information in this notification applies to the following Prevea360 Health Plan products: Commercial (fully insured, including ACA), Dean Administrative Services Only (ASO), and Medicare Advantage.

Non-Covered COVID-19 Testing

In most cases, the Health Plan does not cover COVID-19 testing when requested by a member or third party for reasons such as for employment, school admission, entertainment, or travel. Please refer to the <u>Member Summary of Benefits and Coverage</u> to verify if testing in these instances is covered for the member. Claims submitted for COVID-19 testing requested by a member or third party should include the appropriate diagnosis code from Z02.0 through Z02.9 as the primary diagnosis.

Covered COVID-19 Testing

As a reminder, there is no copayment, coinsurance, or deductible for medically necessary COVID-19 tests when ordered by a provider during the public health emergency. Medically necessary testing includes tests for members with known or suspected symptoms or known or suspected exposure. It also includes tests for members entering a medical facility for services.

Effective October 1, 2021, the ICD-10 CM code used to report COVID-19 testing for asymptomatic and symptomatic patients with actual or suspected exposure to COVID-19 is Z20.822 – Contact with and (suspected) exposure to COVID-19. Per the ICD-10-CM Official Guidelines for Coding and Reporting, a screening code such as Z11.52 – Encounter for screening for COVID-19 is generally not appropriate during the COVID-19 pandemic.

As with any claim submission to the Health Plan, it is important that claims for COVID-19 testing be submitted with an accurate diagnosis code.

COVID-19 Vaccination Single Booster Dose

Effective November 19, 2021, The <u>FDA expanded EUA to include COVID-19 booster shots for all adults</u> who received either the Moderna or Pfizer-BioNTech COVID-19 vaccine at least six months ago. (<u>Individuals who received the Janssen [Johnson and Johnson] vaccine</u> more than two months ago were already eligible for booster shots.

Providers should use the applicable Current Procedural Terminology (CPT) code on claims for booster dose vaccine administration, listed below.

- Pfizer-BioNTech; 0004A 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, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose
- Moderna; 0064A 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, 50 mcg/0.25 mL dosage, booster dose
- Janssen; 0034A 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, 5x1010 viral particles/0.5 mL dosage; booster dose

Prior to the recent FDA EUA, on October 20, 2021, the <u>FDA amended EUAs for COVID-19</u> vaccines to allow for a single booster dose to specific populations:

- For the Moderna and Pfizer-BioNTech COVID-19 vaccines, a booster was authorized to be administered at least 6 months after completion of the primary vaccination regimen to the following individuals:
 - 65 years of age and older
 - 18 through 64 years of age at high risk of severe COVID-19
 - 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2
- For the Johnson and Johnson COVID-19 vaccine, a booster was authorized to be administered at least 2 months after completion of the single-dose primary regimen to individuals 18 years of age and older.

Additionally, the <u>FDA authorized the use of a heterologous (or "mix and match") booster dose</u> with currently available (i.e., FDA-authorized or approved) COVID-19 vaccines.

COVID-19 Vaccine for Children

On October 29, 2021, the <u>FDA issued EUA for the Pfizer-BioNTech COVID-19 vaccine for children 5 through 11 years of age</u>. This is to be administered as a two-dose primary series, three weeks apart, at a lower dose (10 micrograms) than that used for individuals 12 years of age and older (30 micrograms).

Providers should use the applicable CPT code on claims specific to the first or second dose vaccine administration, listed below.

- Pfizer-BioNTech; 0071A 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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
- Pfizer-BioNTech; 0072A Second dose

Changes for Medicare Advantage Claims

Effective January 1, 2022, <u>claims for the administration of COVID-19 vaccines and monoclonal antibody products to members enrolled in a Medicare Advantage plan</u> must be submitted to the Health Plan. CMS will no longer pay for these claims.

Additional Health Plan Information

For additional health plan information and previous provider communications, refer our <u>COVID-19 provider information web page</u> located at the top of all <u>Prevea360.com</u> web pages. Providers are encouraged to check our website regularly for new and updated information.

Please contact your assigned Provider Network Consultant with any questions.

Thank you again for your commitment to our members.

Sincerely,

Loretta A. Lorenzen

Vice President- Network Management & Contracting