Updated Respiratory Viral Panel Testing Policy

We've updated our Respiratory Viral Panel Testing policy. The following sections changed:

Under Coverage Criteria

At Home Over-The-Counter (OTC) COVID-19 Testing:

1. A home test is when Members use a home kit to administer their own test and receive results without sending the specimen to a lab for processing. At-home testing is covered for HAP/AHL Members **other than Medicare products** as follows:
    a. Coverage is effective for tests purchased on or after January 15, 2022.
    b. Test must be a diagnostic test which has been authorized, cleared, or approved by the U.S. Food and Drug Administration (FDA).
    c. Quantity: 8 over-the-counter at-home tests per covered individual Member per month at no member cost, consistent with the Affordable Care Act 2022 modification during the COVID-19 PHE.
    d. Order:
        i. No medical order is required from the Member's health care provider for the 8 OTC tests per month per Member.
2. HAP Empowered Medicaid Members are covered consistent with State of Michigan Medicaid guidelines. Available at: https://www.michigan.gov/documents/mdhhs/MSA_21-50_742174_7.pdf

Under Exclusions

2. **COVID-19 testing for screening, surveillance or employment purposes**:
    b. Over-the-Counter (OTC) tests for COVID are not covered:
        i. If purchased before January 15, 2022
        ii. Exceeding 8 tests per member per month.
        iii. If not FDA approved as an OTC Covid test.

For your convenience, a copy of the policy is attached. Remember, you can always find the most up-to-date benefit policy information online. Log in at **hap.org**; select *Benefit Admin Policy* under *More*.

Important!
We also added information on **hap.org** for members regarding at-home COVID-19 testing kits.

Respiratory Viral Panel Testing

DESCRIPTION

Virus infections can be confirmed by a multitude of methods. Diagnostic virology has changed rapidly due to the advent of molecular techniques and increased clinical sensitivity of serological assays. Immunofluorescence or immunoperoxidase are laboratory testing methods commonly used to determine if a virus is present in a patient sample. Molecular testing techniques are able to assess the viral genome or nucleic acid. Tests may include: Rapid molecular assays, Reverse Transcription-Polymerase Chain Reaction (RT-PCR), and other nucleic acid amplification tests. [1]

Because viruses cause most URIs, the diagnostic role of laboratory investigations and radiologic studies is limited. Only after common conditions are ruled out, should uncommon viral conditions be tested. Respiratory viral panel testing in the outpatient setting may be indicated 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.

Note: These tests are not considered “Genetic tests”. They are covered as “Laboratory testing or Diagnostic Laboratory testing”.

RELEVANT CODES - Respiratory Viral Panels

0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected [USE FOR GenMark® ePlex Respiratory Pathogen (RP) Panel]
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets

RELEVANT CODES - Corona virus/COVID-19 - Molecular or antigen in vitro diagnostic tests

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 [Proprietary name and clinical laboratory- cQIAstat-Dx Respiratory SARS-CoV-2 Panel, QIAGEN Sciences, QIAGEN]
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum
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 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
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
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 (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and 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
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
87637	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, and respiratory syncytial virus, multiplex amplified probe technique
87811	Infectious agent antigen detection in immunoassay with direct optical observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
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
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

RELEVANT CODES - Corona virus/COVID-19 Antibody testing

0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed [Proprietary name and clinical laboratory- cCOVID-19 Antibody Test, Mt Sinai, Mount Sinai Laboratory]
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
86408	Neutralizing antibody, sever acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID-19), screen
86409	Neutralizing antibody, sever acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID-19), titer
86413	Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (Covid-19))antibody, quantitative
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

COVERAGE CRITERIA

Multiplex PCR respiratory viral panels:

1. Multiplex PCR respiratory viral panels are covered for HAP/AHL Members when the following criteria are met:
    a. Member is in a healthcare setting that is equipped to care for and routinely does care for critically ill patients and the test is billed from ONE of the following settings:
        i. Urgent Care (place of service 20)
        ii. Inpatient hospital (place of service 21)
        iii. Emergency Room (place of service 23)
    b. Test is ordered by an infectious disease specialist who is diagnosing and treating the Member.

Novel Coronavirus /Covid-19 testing:
Two kinds of tests are available for COVID-19:

- A diagnostic is test used to diagnose a current infection. Diagnostic testing includes molecular tests, such as RT-PCR tests, that detect the virus's genetic material, and antigen tests that detect specific proteins from the virus. Diagnostic tests are commonly used as point of care or rapid tests.
- An antibody test is also known as serology testing. Serologic assays for SARS-CoV-2 infection, are an important tool for surveillance and epidemiologic studies, such as understanding the transmission dynamic of the virus in the general population. Unlike direct viral detection methods, such as nucleic acid amplification or antigen detection tests that can detect acutely infected persons, antibody tests help determine whether the individual being tested was previously infected—even if that person never showed symptoms. The FDA has not authorized using antibody tests to diagnose SARS-CoV-2 infection, and the CDC does not currently recommend using antibody testing as the sole basis for diagnosis of acute infection[11].

1. **Molecular or antigen in vitro diagnostic tests** for Novel Coronavirus /Covid-19 testing (includes Point of care, rapid tests) are covered when medically necessary for HAP/AHL Members as follows:
    a. Member is symptomatic, suspected of having Covid-19 infection and is being diagnosed.
        i. Symptoms of Covid-19 include:
            A. Fever or Chills
            B. Cough
            C. Shortness of breath or difficulty breathing
            D. Fatigue
            E. Muscle or body aches
            F. Headache
            G. New loss of taste or smell
            H. Sore throat
            I. Congestion or runny nose
            J. Nausea, vomiting or diarrhea
            K. Rash
            L. Inflammatory conditions such as "COVID toes"
            M. Thromboembolic events, blood clots
            N. Bluish lips or face
            O. Persistent pain or pressure in the chest
            P. New confusion or other alterations in mental status
            Q. Alterations in blood glucose control
            R. Inability to wake or stay awake
            S. Children with Multisystem Inflammatory Syndrome

b. Member is not having symptoms (asymptomatic) but meets ANY of the following situations:
    i. Possible exposure to a person who has a laboratory confirmed case of Covid-19
    ii. Before elective admission or procedure at a healthcare facility located in an area with a current high prevalence of Covid-19 cases
    iii. Member is immunocompromised and testing is prior to an elective admission
    iv. Before an immunosuppressive procedure such as cytotoxic chemotherapy, solid organ or stem cell transplantation, long acting biologic therapy, cellular immunotherapy, or high-dose corticosteroids
    v. Before a time-sensitive aerosol-generating elective procedure such as a bronchoscopy
    vi. When a Member seeks and receives a COVID-19 diagnostic test from a licensed or authorized health care provider, or when a licensed or authorized health care provider refers a Member for a COVID-19 diagnostic test
    vii. When the purpose of the testing is for individualized diagnosis or treatment of COVID-19 of the Member
c. Testing must be ordered by a qualified health care provider. A qualified health care provider is a licensed physician, pharmacist or clinician operating under the scope of their license.

2. **Antibody (serology) tests:** Per the CDC, Serologic testing does not replace virologic testing and should not be used to establish the presence or absence of acute SARS-CoV-2 infection.
    a. Antibody (serology) tests for SARS-CoV-2 antibodies are covered when both the following are met:
        i. Test meets all the following:
            A. Has been ordered by a qualified health care provider
            B. Is FDA approved or cleared or has Emergency Use Authorization (EUA)
            C. Performed by a CLIA-accredited high or medium-complexity laboratory (per test Instructions for Use)
        ii. When used as a diagnostic tool and BOTH the following are met:
            A. Member is symptomatic
            B. Member has results of molecular or antigen tests that are non-diagnostic for COVID-19 infection and the results will be used to establish a diagnosis (conditions such as Multisystem Inflammatory Syndrome in Children)
    b. **NOTE:** Since vaccines induce antibodies to specific viral protein targets, post-vaccination serologic test results will be negative in Members without a history of previous natural infection if the test used does not detect the antibodies induced by the Member's specific vaccine.
3. **ALL testing**: Testing must be performed by a Clinical Laboratory Improvement Amendment (CLIA) approved laboratory as described by the CDC or is approved as a CLIA waived test.
   h**ttps://www.cdc.gov/coronavirus/2019-ncov/downloads/OASH-COVID-19-guidance-testing-platforms.pdf**
    a. Order: Testing must be ordered by a qualified healthcare provider. A qualified health care provider is a licensed physician, pharmacist or clinician operating under the scope of their license.
    b. The qualified health professional assumes responsibility for documentation of medical necessity in the medical record.
4. Member eligibility:
    a. HAP covers medically necessary testing consistent with Center for Disease Control (CDC) and State of Michigan recommendations. The priorities for testing for COVID-19 continue to change.
        i. For the latest information on Michigan's response to COVID-19, please visit **https://www.michigan.gov/coronavirus**
        ii. For the latest information on the CDC response to COVID-19, please visit **https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html**

At Home Over-The-Counter COVID-19 Testing:

1. A home test is when Members use a home kit to administer their own test and receive results without sending the specimen to a lab for processing. At-home testing is covered for HAP/AHL Members **other than Medicare products** as follows:
    a. Coverage is effective for tests purchased on or after January 15, 2022.
    b. Test must be a diagnostic test which has been authorized, cleared, or approved by the U.S. Food and Drug Administration (FDA).
    c. Quantity: 8 over-the-counter at-home tests per covered individual Member per month at no member cost, consistent with the Affordable Care Act 2022 modification during the COVID-19 PHE.

d. Order:
    i. No medical order is required from the Member's health care provider for the 8 OTC tests per month per Member.
2. HAP Empowered Medicaid Members are covered consistent with State of Michigan Medicaid guidelines. Available at: **https://www.michigan.gov/documents/mdhhs/MSA_21-50_742174_7.pdf**

For any testing:

1. Coverage of services is based on the Member's subscriber documents. Please refer to those resources for information regarding eligibility for coverage, network or provider requirements. If the Member has coverage for the services discussed in this policy, then the medical criteria applies.
2. Some services require pre-authorization by a HAP Medical Director or designee, please refer to the Procedure reference list for specific code information.
3. Medicaid Providers should refer to:
    a. The Michigan Medicaid Provider Manual for coverage criteria, located at: **http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf**
    b. The Michigan Medicaid Fee Schedule located at: **http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html**

LIMITATIONS

1. Viral panels are billed with the corresponding code that best describes the test. Unit of service is one.

EXCLUSIONS

1. **Respiratory viral panel testing**
    a. Respiratory viral panel testing in the outpatient setting is not covered for HAP/AHL Members who are:
        i. Average risk individuals
        ii. Who are not at high risk of complications (not immunocompromised)
        iii. The result of testing is unlikely to guide management
    b. Respiratory viral panel testing in the outpatient setting using large panels involving 6 or more targets is not covered for HAP/AHL Members except when ordered by a provider specializing in infectious disease.
2. **COVID-19 testing for screening, surveillance or employment purposes**: testing conducted to screen for general workplace health and safety (such as employee "return to work" programs), for public health surveillance for SARS-CoV-2, or for any other purpose not primarily intended for individualized diagnosis or treatment of COVID-19 or another health condition is not covered under the scope of section 6001 of the FFCRA[5] and is not covered for HAP/AHL Members.
    a. Coronavirus /Covid-19 tests are not covered for ANY of the following situations (list may not be all inclusive):
        i. Sports participation
        ii. Admission or attendance such as for educational or religious institution uses
        iii. Workplace, occupational, or return to work testing
        iv. Admission or visitation screening in residential situations, including but not limited to Dormitories, Independent Living Apartments, Group or foster care homes, Assisted Living Programs, Continuing Care Retirement Communities, Nursing Homes or Skilled Nursing Facilities
        v. Travel or vacation
        vi. Disability or insurance reasons
        vii. Routine physical or check-up evaluations
        viii. Testing that has not been ordered by a healthcare provider
        ix. Testing that is not used to direct the Member's health care.
    b. Over-the-Counter (OTC) tests for COVID-19 are not covered:
        i. If purchased before January 15, 2022
        ii. Exceeding 8 tests per member per month.

iii. If not FDA approved as an OTC Covid test.

c. Covid-19 antigen and antibody testing are not covered for indications nor uses not listed under "Coverage Criteria".

3. **Antibody testing**:
   a. Antibody testing is not covered for the following uses, consistent with current CDC guidelines:
      i. When used to assess for immunity to COVID-19 following COVID-19 vaccination.
      ii. When used to assess the need for vaccination in an unvaccinated person.

REFERENCES:

1. Center for Disease Control and Prevention. Information on Rapid Molecular Assays, RT-PCR, and other Molecular Assays for Diagnosis of Influenza Virus Infection. Avail @ **https://www.cdc.gov/flu/professionals/diagnosis/molecular-assays.htm**
2. Bartlett, J.G., MD. Diagnostic approach to community-acquired pneumonia in adults. UpToDate. Literature review current through: Mar 2020. This topic last updated: Dec 02, 2019. Topic 7032 Version 55.0.
3. Flor M Munoz, F.M., MD, MSc and Flomenberg, P., MD. Diagnosis, treatment, and prevention of adenovirus infection. UpToDate. Literature review current through: Mar 2020. This topic last updated: Jan 07, 2020. Topic 8348 Version 19.0.
4. FDA. Emergency Use Authorizations. **https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations**
5. FAQS ABOUT FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION PART 43. June 23, 2020. **https://www.cms.gov/files/document/FFCRA-Part-43-FAQs.pdf**
6. Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV and SARSCoV-2) Laboratory Testing. American Medical Association. CPT Assistant Special Edition: June Update, Volume 30, 06-26-2020. **https://www.ama-assn.org/system/files/2020-06/cpt-assistant-guide-coronavirus-june-2020.pdf**
7. MLN Matters. Medicare Fee-for-Service (FFS) Response to the Public Health Emergency on the Coronavirus (COVID-19). MLN Matters Number: SE20011 Revised, Article Release Date: June 26, 2020. **https://www.cms.gov/files/document/se20011.pdf**
8. American Medical Association. CPT Assistant Guide: Coronavirus. CPT® Assistant Special Edition: August Update, Volume 30, August 2020. **https://www.ama-assn.org/system/files/2020-08/cpt-assistant-guide-coronavirus-august-2020.pdf**
9. **99072; 86413**
   American Medical Association. COVID-19 Coding Update. CPT Assistant. Special Edition: September Update. Volume 30 • 2020 **https://www.ama-assn.org/system/files/2020-09/cpt-assistant-guide-coronavirus-september-2020.pdf**
10. American Medical Association. COVID-19 Coding Update. CPT Assistant. Special Edition: October Update. Volume 30 • 2020 **https://www.ama-assn.org/system/files/2020-10/cpt-assistant-guide-coronavirus-october-2020.pdf**
11. Center for Disease Control and Prevention. Overview of Testing for SARS-CoV-2 (COVID-19). Updated Oct. 21, 2020. **https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-criteria.html**
12. CMS. Biden Administration Strengthens Requirements that Plans and Issuers Cover COVID-19 Diagnostic Testing Without Cost Sharing and Ensures Providers are Reimbursed for Administering COVID-19 Vaccines to Uninsured. Affordable Care Act. Feb 26, 2021. **https://www.cms.gov/newsroom/press-releases/biden-administration-strengthens-requirements-plans-and-issuers-cover-covid-19-diagnostic-testing**
13. **Antibody testing**: Centers for Disease Control & Prevention. Interim Guidelines for COVID-19 Antibody Testing. Updated Mar. 17, 2021. **https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests-guidelines.html**
14. **FAQS** ABOUT AFFORDABLE CARE ACT IMPLEMENTATION PART 51, FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION January 10, 2022. **https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-51.pdf**

MEDICARE REFERENCES:

1. Local Coverage Determination (LCD): MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (L37764) **https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37764**
   a. Local Coverage Article:
      Billing and Coding: MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (A57579) **https://www.cms.gov/medicare-coverage-**

database/view/article.aspx?articleid=57579&ver=31&LCDId=37764&bc=AAAAAAAAkAAA&=

MEDICAID REFERENCES

1. MDHHS Bulletin. MSA 21-50. COVID-19 Response: Updates to COVID-19 Testing Coverage. Issued: November 30, 2021. Programs Affected: Medicaid, Healthy Michigan Plan, MIChild, Children's Special Health Care Services, Maternity Outpatient Medical Services, Emergency Services Only. **https://www.michigan.gov/documents/mdhhs/MSA_21-50_742174_7.pdf**
2. Michigan Medicaid Provider Manual. **http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf**
    a. Billing & Reimbursement for Professionals
        i. SECTION 6 - SPECIAL BILLING
            A. 6.14 LABORATORY SERVICES - Panels
    b. Hospital
        i. SECTION 3 – COVERED SERVICES
            A. 3.20 LABORATORY
    c. Laboratory
        i. SECTION 1 - GENERAL INFORMATION
        ii. SECTION 5 - PROCEDURE GUIDELINES
            A. 5.3 TEST REPORTS - Panel tests
    d. Practitioner
        i. SECTION 3 – GENERAL PRACTICE
            A. 3.14 LABORATORY
                I. 3.14.C. NON-COVERED SERVICES

Benefit Administration Manual Policies are developed to provide guidance to Members and Providers. This Policy relates only to the services or supplies described in it. The existence of a Benefit Administration Manual Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Policy. Coverage of services for Members is based on the Member's subscriber documents and is subject to all terms and conditions including specific exclusions and limitations. This type of document includes the following: Subscriber contract and associated riders; Member Benefit Guide; or an Evidence of Coverage document (for Medicare Advantage Members).
HAP HMO/POS and AHL EPO/PPO Members:
If there is a discrepancy between this policy and coverage described in the subscriber documents, the Member's subscriber documents will apply.
ASO Members:
Coverage as discussed in this policy may not apply to employer groups that are self-funded (referred to as an ASO group [Administrative Services Only]). Each ASO group determines the coverage available to their members which is found in the ASO Benefit Guide and associated riders. If a member has coverage for the type of service covered by this policy, then the medical criteria as discussed in this policy applies to those services.
Medicare Advantage Plan Members:
Coverage is based on Medicare (CMS) regulations and guidelines which include the NCDs (National Coverage Decision) and LCDs (Local Coverage Decision) for our area. When no coverage determination has been made by CMS, then this policy will apply.
Medicaid Plan Members:
For Medicaid/Healthy Michigan Plan members coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: **http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html**. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: **http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html**, the Michigan Medicaid Provider Manual will apply.

EFFECTIVE DATE

04/01/2020

REVISED DATE

01/14/2022

REVIEWED DATE

01/14/2022