THE OHIO STATE UNIVERSITY
HEALTH PLAN

Subject: COVID-19 Testing, Prevention and Treatment Post Public Health Emergency

Effective Date: 1/21
Revision Date: 4/23

POLICY

On February 4, 2020, the Secretary of Health and Human Services (HHS) declared a Public Health Emergency (PHE) due to the COVID-19 outbreak. During the PHE, certain services were covered at 100% without any cost-sharing, prior authorization, or network restrictions. On February 9, 2023, HHS announced that the PHE will expire on May 11, 2023. Services related to COVID-19 will transition to traditional health care coverage at that time.

DEFINITIONS

COVID-19: At the end of 2019, a novel coronavirus was identified as the cause of a cluster of pneumonia cases in Wuhan, China. It spread rapidly to other countries, including the United States. In February 2020, the World Health Organization designated the disease COVID-19, which stands for coronavirus disease 2019. 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.

POLICY GUIDELINES

According to the OSU Faculty and Staff Health Plans Specific Plan Details (SPD), preventive health services are:

- Services with an “A” or “B” rating from the U.S. Preventive Services Task Force;
- Immunizations for children, adolescents and adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- Preventive care and screenings for infants, children and adolescents as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- Additional preventive care and screening for women provided for in the comprehensive health plan coverage guidelines supported by the Health Resources and Services Administration.

Effective May 12, 2023, over-the-counter (OTC) COVID-19 tests are not covered, consistent with traditional coverage of other OTC products.

Effective May 12, 2023, all testing and treatment of COVID-19 and related complications is covered according to the plan guidelines outlined in the OSU Faculty and Staff Health Plans Specific Plan Details (SPD) Document.

PROCEDURE S

At-Home, Over the Counter (OTC) Testing

During the PHE, the federal government mandated health insurance coverage pertaining to certain at-home, over-the-counter (OTC) COVID-19 diagnostic tests. Effective January 15, 2022, through May 11, 2023, the Ohio State University Faculty and Staff Health Plan will cover up to eight (8) OTC tests per month per covered person. The university’s pharmacy benefit administrator, Express Scripts (ESI)

facilitates this coverage.

Tests are only covered when they are purchased for the personal use of individuals covered under OSU Health Plan. Members cannot use tests covered by the Plan for any other purpose. Members may be asked to acknowledge that any use other than personal use constitutes fraud under the terms of the Plan.

This coverage requirement does not include tests used for employment purposes.

Tests must be authorized by the U.S. Food and Drug Administration (FDA) for coverage. Some examples of the FDA-authorized brands include:

- InteliSwab COVID-19 Rapid Test
- BinaxNOW COVID-19 Antigen Self-Test
- QuickVue At-Home COVID-19 Test
- Ellume COVID 19 Home Test
- Flowflex COVID-19 Antigen Home Test

Members should contact Express Scripts for additional information regarding coverage of FDA-approved OTC COVID-19 tests during the PHE.

Effective May 12, 2023, coverage of OTC COVID-19 tests will end.

Testing Ordered by Health Care Professional

During the public health emergency exception period[2], effective February 4, 2020, through May 11, 2023, OSU Health Plan covers medically necessary COVID-19 (molecular PCR or antigen) testing when ordered by a physician or health care professional for diagnostic purposes or to determine the need for member treatment. This applies to direct-to-consumer/home-based diagnostic or antigen tests. OSU Health Plan does not cover a test performed at the direction of a member's employer in order to obtain or maintain employment or to perform the member's normal work functions or for return to school or recreational activities, except as required by applicable law. Testing required solely for travel requirements is not covered. Effective May 12, 2023, coverage of medically necessary COVID-19 testing will transition to traditional health care coverage as outlined in the OSU Faculty and Staff Health Plans Specific Plan Details (SPD) Document. Items and services that result in an order for, or administration of, an in vitro diagnostic test will also transition to traditional health care coverage effective May 12, 2023.

During the PHE, modifier CS was utilized to identify those services required to determine the necessity of a COVID-19 test or related to the administration of a COVID-19 test. Effective May 12, 2023, this modifier will not affect payment for services related to COVID-19. Coverage will be determined according to the plan guidelines outlined in the SPD.

Modifier	Description
CS	Cost-sharing waived for specified COVID-19 testing-related services that result in an order for, or administration of, a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in Rural Health Clinics and Federally Qualified Health Centers during the COVID-19 public health emergency

Prevention

OSU Health Plan will continue to cover the COVID-19 vaccine[1] and administration at 100% after the PHE according to the definition of preventive care outlined in the SPD. Depending on the brand of vaccine, the member's age and comorbid conditions, the number of recommended vaccinations may vary. For example, an adult member who is immunosuppressed may need an additional vaccination dose during the primary series. Traditional health care coverage, including network restrictions, will apply effective May 12, 2023.

Covered codes include:

Code	Description
91302	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, 5x1010 viral particles/0.5mL dosage, for intramuscular use [AstraZeneca Oxford 1 (ChAdOx1) vaccine]
91303	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/0.5mL dosage, for intramuscular use
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use
91310	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use
91312	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
91313	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
91314	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use
91315	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, for intramuscular use
91316	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use
91317	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
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; 5x1010 viral particles/0.5mL dosage; first dose
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; 5x1010 viral particles/0.5mL dosage; second dose

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, 5x1010 viral particles/0.5mL dosage, single dose
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/0.5mL dosage; booster dose
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose
0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; booster dose
0121A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; single dose
0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; additional dose
0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose
0141A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; first dose
0142A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; second dose
0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; additional dose
0151A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease CPT® Assistant Special Edition: May Update / Volume 33 • 2023 5 [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose
0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; additional dose

0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose
0171A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
0172A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose
0174A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; additional dose
M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home, per date of service, when only COVID-19 vaccine administration is performed at the patient's home

Treatment

Treatment of COVID-19 and related complications will continue to be covered per the member's plan guidelines. Deductible, coinsurance, and network restrictions may apply.

Refer to the Prior Authorization Code List available online at https://osuhealthplan.com/health-plan-tools/forms-policies to determine if specific treatments require prior authorization. Examples of specific COVID-19 treatments requiring medical necessity review through the medical benefit include (not an all-inclusive list):

- Tocilizumab (Actemra) [HCPCS J3262, Q0249, M0249, M0250]: *Covered, when medically necessary*
  - FDA issued a EUA on June 24, 2021, that permits use of tocilizumab for treatment of COVID-19 in hospitalized adults and pediatric patient's ≥2 years of age who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).
  - Recommended dosage:
    - Adults and pediatric patients ≥2 years of age weighing <30 kg:
      - 12 mg/kg given as a single 60-minute IV infusion; may administer a second infusion ≥8 hours after first infusion if clinical signs or symptoms worsen or do not improve after initial dose.
    - Adults and pediatric patients ≥2 years of age weighing ≥30 kg:
      - 8 mg/kg (maximum of 800 mg per infusion) given as a single 60-minute IV infusion; may administer a second infusion ≥8 hours after first infusion if clinical signs or symptoms worsen or do not improve after initial dose.
- Inhaled Prostacyclins (e.g., epoprostenol, iloprost) [HCPCS J1325, Q4074]: *Covered, when medically necessary*
  - The NIH COVID-19 Treatment Guidelines Panel and the Surviving Sepsis Campaign state that a trial of inhaled pulmonary vasodilator as rescue therapy may be considered

in mechanically ventilated adults with COVID-19, severe ARDS, and hypoxemia despite optimized ventilation and other rescue strategies.
    - If no rapid improvement in oxygenation is observed, the patient should be tapered off treatment.
    - Recommended dosage:
        - Epoprostenol: 20-30 ng/kg/min
        - Iloprost: 20 mcg every 8 hours for 5 days
- Interferons [HCPCS J9215, J9214, J9213]: *Not Covered*
    - The NIH COVID-19 Treatment Guidelines Panel recommends against use of interferons for treatment of severe or critical COVID-19, except in the context of a clinical trial.
    - The NIH COVID-19 Treatment Guidelines Panel states there are insufficient data to recommend either for or against use of interferon beta for the treatment of early mild or moderate COVID-19.
    - The Surviving Sepsis Campaign COVID-19 subcommittee states that there is insufficient evidence to issue a recommendation on use of interferons, alone or in combination with antivirals, in critically ill adults with COVID-19.
- COVID-19 Convalescent Plasma [No specific code]: *Not Covered*
    - There are no convalescent blood products currently licensed by the FDA. COVID-19 convalescent plasma is regulated as an investigational product.
    - The Emergency Use Authorization (EUA), issued 8/23/20, states that COVID-19 convalescent plasma should not be considered a new standard of care for the treatment of patients with COVID-19. The FDA states that adequate and well-controlled randomized trials remain necessary to determine optimal product attributes and to identify appropriate subpopulations for its use and that ongoing clinical trials of COVID-19 convalescent plasma should not be amended based on issuance of the EUA.
    - The NIH COVID-19 Treatment Guidelines Panel states there are insufficient data to recommend for or against the use of convalescent plasma in patients with COVID-19 and that COVID-19 convalescent plasma should not be considered a standard of care for the treatment of patients with COVID-19.
    - The Surviving Sepsis Campaign COVID-19 subcommittee suggests that convalescent plasma not be used routinely in critically ill adults with COVID-19 because efficacy and safety is not established and uncertainty surrounding optimal preparation of convalescent plasma.
- Immune Globulin [HCPCS J1459, J1460, J1556, J1557, J1560, J1561, J1562, J1566, J1568, J1569, J1599]: *Not Covered*
    - The NIH COVID-19 Treatment Guidelines Panel recommends against the use of commercially available immune globulin for the treatment of COVID-19, except in the context of a clinical trial.
    - The Surviving Sepsis Campaign COVID-19 subcommittee suggests that immune globulin not be used routinely in critically ill adults with COVID-19 because efficacy data is not available, currently available preparations may not contain antibodies against SARS-CoV-2, and it can be associated with increased risk of severe adverse effects.
- SARS-CoV-2-Specific Monoclonal Antibodies
    - Medication: Most SARS-CoV-2-specific monoclonal antibodies (mAbs) are not commercially available. Allocation of monoclonal antibodies for use under their respective EUAs is directed by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) in collaboration with state and territorial health departments.
        - **Bamlanivimab** [Q0239]: *Not Covered*
            - EUA issued 11/9/20.
            - EUA revoked 4/16/21.
        - **Bamlanivimab and etesevimab** [Q0245]: *Not Covered*
            - EUA issued 2/9/21.

- FDA announced on 1/24/22 that bamlanivimab and etesevimab is not authorized in any US region.

- **Bebtelovimab** [Q0222]: *Covered 8/15/22 – 11/30/22, when medically necessary*
  - EUA issued 2/11/22.
  - On 8/15/22, drug manufacturer, Eli Lilly, started commercial distribution of bebtelovimab.
  - EUA revoked 11/30/22.
  - Bebtelovimab is medically necessary for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg):
    - with positive results of direct SARS-CoV-2 viral testing, and
    - who are at high risk for progression to severe COVID-19, including hospitalization or death, and
    - for whom alternative COVID-19 treatment options approved or authorized by FDA are not accessible or clinically appropriate, and
    - administered between 8/15/22 – 11/30/22.
  - Bebtelovimab is not authorized for treatment of mild-to-moderate COVID-19 in geographic regions where infection is likely to have been caused by a non-susceptible SARS-CoV-2 variant based on available information including variant susceptibility to this drug and regional variant frequency.
  - Bebtelovimab is not authorized for use in patients who:
    - are hospitalized due to COVID-19, or
    - require oxygen therapy and/or respiratory support due to COVID-19, or
    - require an increase in baseline oxygen flow rate, or
    - respiratory support due to COVID-19 and are on chronic oxygen therapy and/or respiratory support due to underlying non-COVID-19 related comorbidity.
- **EVUSHELD** (tixagevimab co-packaged with cilgavimab) [Q0221]: *Not Covered*
  - EUA issued 12/8/21.
  - FDA released important information about certain viral variants that tixagevimab and cilgavimab may not neutralize on 10/3/22.
  - EUA revoked 1/26/23.
- **REGEN-COV** (casirivimab and imdevimab) [Q0240, Q0243, Q0244]: *Not Covered*
  - EUA issued 11/21/20.
  - FDA announced on 1/24/22 that REGEN-COV is not authorized in any US region.
- **Sotrovimab** [Q0247]: *Not Covered*
  - EUA issued 5/26/21.
  - FDA announced on 4/5/22 that sotrovimab is not authorized in any US region.
- **Veklury** (remdesivir) [J0248]: *Covered, when medically necessary*
  - EUA issued on May 1, 2020. Distribution coordinated by the federal government at this time.
  - EUA expanded to patients with moderate COVID-19 on August 28, 2020. Distribution continues to be coordinated by the federal government.
  - FDA approval issued on October 22, 2020, for patients with COVID-19 requiring hospitalization.
  - FDA approval expanded to non-hospitalized patients at high risk for COVID-19 disease progression on January 21, 2022.

- Veklury is medically necessary for the treatment of coronavirus disease (COVID-19) in adults and pediatric patients (28 days of age and older weighing at least 3 kg) who are:
    - Hospitalized, or
    - Not hospitalized and have mild-to-moderate COVID-19 and are at high risk for progression to severe COVID-19, including hospitalization or death.

- Administration:
    - M0220, M0221*: *Covered 12/8/21 – 1/26/23.*
        - EUA for EVUSHELD (tixagevimab and cilgavimab) issued 12/8/21.
        - EUA revoked 1/26/23.
        - HCPCS effective 12/8/21
    - M0222, M0223*: *Covered 2/11/22 – 11/30/22.*
        - EUA for bebtelovimab issued 2/11/22.
        - EUA revoked 11/30/22.
        - HCPCS effective 2/11/22
    - M0239: *Covered 11/9/20 – 4/16/21.*
        - EUA for bamlanivimab issued 11/9/20.
        - EUA revoked 4/16/21.
        - HCPCS effective 2/9/21 and deleted 4/17/21.
    - M0240, M0241*, M0243, M0244*: *Covered 11/21/20 – 1/24/22.*
        - EUA for REGEN-COV (casirivimab and imdevimab) issued 11/21/20.
        - On 1/24/22, the FDA advised REGEN-COV (casirivimab and imdevimab) is not authorized in any US region.
        - HCPCS M0243 effective 11/21/20
        - HCPCS M0244 effective 5/6/21
        - HCPCS M0240 and M0241 effective 7/30/21
    - M0245, M0246*: *Covered 2/9/21 – 1/24/22.*
        - EUA for bamlanivimab and etesevimab issued 2/9/21.
        - On 1/24/22, the FDA advised use of bamlanivimab and etesevimab is not authorized in any US region.
        - HCPCS M0245 effective 2/9/21
        - HCPCS M0246 effective 5/6/21
    - M0247, M0248*: *Covered 5/26/21 – 4/5/22.*
        - EUA for sotrovimab issued 5/26/21.
        - On 4/5/22, the FDA advised use of sotrovimab is not authorized in any US region.
        - HCPCS effective 5/26/21
    - M0249, M0250: *Covered starting 5/1/20.*
        - EUA for Veklury issued 5/1/20.
        - FDA approval issued 10/22/20.
        - HCPCS effective 6/24/21

    *Administration in the home requires prior authorization.

- Ivermectin (Stromectol) [No Specific Code]: *Not Covered*
    - NIH COVID-19 Treatment Guidelines Panel states that data are insufficient to date to recommend either for or against the use of ivermectin for the treatment of COVID-19. These experts state that clinical trials reported to date have significant methodological limitations and incomplete information; results from adequately powered, well-designed, and well-conducted clinical trials are needed to provide more specific, evidence-based guidance on the role of ivermectin in the treatment of COVID-19.

- NIH panel recommends against use of ivermectin for preexposure prophylaxis (PrEP) or postexposure prophylaxis (PEP) for prevention of SARS-CoV-2 infection, except in a clinical trial.
- Manufacturer (Merck) states that, to date, there is no scientific basis from preclinical studies for a potential therapeutic effect of ivermectin against COVID-19, no meaningful evidence of clinical activity or clinical efficacy of the drug in patients with COVID-19, and a concerning lack of safety data in the majority of studies.
- FDA issued a warning concerning possible inappropriate use of ivermectin products intended for animals as an attempt to self-medicate for the treatment of COVID-19.

EXCLUSIONS

The following services are not covered by OSUHP:

- Non-diagnostic COVID-19 testing and related services for travel (ICD-10 Z71.84)
- Testing and/or treatment provided without a referral from a physician or licensed health care professional for diagnostic purposes or to determine the need for member treatment.
- FDA-approved OTC COVID-19 tests obtained prior to January 15, 2022, or after May 11, 2023.
- Non-FDA approved OTC COVID-19 tests.
- More than 8 FDA-approved OTC COVID-19 tests per covered individual per month during the mandated coverage period (1/15/22 – 5/11/23)
- Coverage for OTC COVID-19 tests through the medical benefit
- CPT 99072
- Any treatment or service considered experimental or investigational for use in COVID-19

FOOTNOTES

[1] At this time, the COVID-19 vaccine will be paid for by the federal government through funding authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, but administration of the vaccine by a provider will be paid for by the applicable plan or insurance policy. OSU Health Plan will cover the vaccine, as well as the administration, if the vaccine was not provided free of charge by the federal government.

[2]During the public health emergency, as declared by the Secretary of Health and Human Services (HHS), no network restrictions apply to the services outlined in this policy. For In Network providers, including those priced through Zelis, coverage will be 100% of the allowed amount. For Out-of-Network providers without a Global LOA, claims will be sent to Zelis for pricing. If no pricing available, coverage will be at 100% of the cash price listed on the provider's website. If no cash price available, coverage will be at 100% of the billed amount.

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