

An important message regarding Humana's COVID-19 response: COVID-19 Treatment FAQs 01/06/2023

We have received many questions from providers regarding COVID-19 treatment. This document highlights the most frequently asked. Our intent is to communicate about changes as they happen and quickly update as additional information emerges. Please check this page regularly for new information. In the event that individual states are facing unique challenges, refer to the latest information on <u>Humana's State-level COVID-19 Response</u>.

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1. COVID-19 Monoclonal Antibodies

a. Is Humana covering out-of-pocket costs for COVID-19 monoclonal antibodies?

For the 2023 plan year:

- Medicare Advantage (MA) plans cover COVID-19 monoclonal antibodies, when furnished consistent with their respective U.S. Food and Drug Administration (FDA) emergency use authorizations (EUA) criteria. MA members will not be responsible for paying cost-share for covered COVID-19 monoclonal antibodies.
- Commercial group (those who receive insurance through their employers) standard benefits and
 cost-sharing apply for COVID-19 treatment. COVID-19 monoclonal antibodies are considered a
 covered benefit during the national public health emergency period. COVID-19 monoclonal
 antibodies must be furnished consistent with their respective FDA EUA criteria. Humana
 commercial group plans will follow state requirements for COVID-19 monoclonal antibodies as
 applicable.
- Medicaid plans will continue to follow state requirements for COVID-19 treatment.

Note: This does not apply to Medicare Part D-only plan members. Part D-only plan members continue to be eligible for prescription benefits.

b. Which COVID-19 monoclonal antibodies will Humana cover?

Humana covers COVID-19 monoclonal antibodies when furnished consistent with their respective FDA EUAs. This includes:

- Bamlanivimab and etesevimab, administered together
- Bebtelovimab
- REGEN-COV (casirivimab and imdevimab, administered together)
- Sotrovimab
- Tixagevimab co-packaged with cilgavimab
- Tocilizumab

If the FDA authorizes more COVID-19 monoclonal antibodies, we will update this FAQ.

c. How is Humana handling claims for COVID-19 monoclonal antibodies?

The federal government is coordinating with the states to supply most COVID-19 monoclonal antibody products to providers. It is not necessary for a provider to submit a COVID-19 monoclonal antibody product code for a state-supplied product. Humana will not reimburse a COVID-19 monoclonal antibody product code for a state-supplied product; however, the administration of a state-supplied product is reimbursable.

For MA members, the Centers for Medicare & Medicaid Services (CMS) determined that coverage for COVID-19 monoclonal antibodies administered to MA plan members during 2020 and 2021 would be provided through the Original Medicare program. This includes charges for the COVID-19 monoclonal antibody product and its administration. All claims for administering COVID-19 monoclonal antibodies to a Humana MA member during 2020 and 2021 should be submitted to the applicable Medicare Administrative Contractor. Humana will deny any COVID-19 monoclonal antibody product or administration claims received for MA members for dates of service in 2020 and 2021. Claims for

administering COVID-19 monoclonal antibodies to Humana MA members for dates of service beginning Jan. 1, 2022, should be submitted to Humana.

For further guidance on Humana's reimbursement for COVID-19 monoclonal antibodies, refer to Humana's <u>COVID-19 Monoclonal Antibodies Claims Payment Policy</u>. Note: When the policy link above is clicked, it will automatically download the claims payment policy. Due to the file size, this may take a moment to open on your computer.

d. What codes are reported for COVID-19 monoclonal antibodies?

Providers should report charges for a COVID-19 monoclonal antibody product and its administration according to the Healthcare Common Procedure Coding System (HCPCS) coding standards established by CMS. Providers should report code appropriate for the manufacturer-specific monoclonal antibody product and the type of administration. CMS has created the codes listed in the chart below for reporting COVID-19 monoclonal antibodies. See CMS's website for more information on COVID-19 monoclonal antibodies, we will update this FAQ.

Manufacturer	Name	Product code	Administration code	Home administration code
Regeneron	Casirivimab and imdevimab, administered together: 2400mg	Q0243	M0243	M0244
Eli Lilly	Bamlanivimab and etesevimab, administered together	Q0245	M0245	M0246
GlaxoSmithKline (GSK)	Sotrovimab	Q0247	M0247	M0248
Regeneron	Casirivimab and imdevimab, administered together: 1200mg	Q0244	M0243	M0244
Genentech	Tocilizumab	Q0249	First dose: M0249 Second dose: M0250	N/A
Regeneron	Casirivimab and imdevimab, administered together: 600mg	Q0240	M0240	M0241
AstraZeneca	Tixagevimab co- packaged with cilgavimab: 300mg	Q0220	M0220	M0221
Eli Lilly	Bebtelovimab	Q0222	M0222	M0223
AstraZeneca	Tixagevimab co- packaged with Cilgavimab: 600mg	Q0221	M0220	M0221

CMS has also created ICD-10-PCS procedure codes to report COVID-19 monoclonal antibodies administered to hospital inpatients. For further information, refer to Humana's COVID-19 Related Coding

<u>Claims Payment Policy</u>. Note: When the policy link above is clicked, it will automatically download the claims payment policy. Due to the file size, this may take a moment to open on your computer.

For further guidance on Humana's billing expectations for COVID-19 monoclonal antibodies, refer to Humana's <u>COVID-19 Monoclonal Antibodies Claims Payment Policy</u>. Note: When the policy link above is clicked, it will automatically download the claims payment policy. Due to the file size, this may take a moment to open on your computer.

e. Which COVID-19 monoclonal antibodies will require prior authorization?

None. Prior authorization is not required for administration of COVID-19 monoclonal antibodies.

2. remdesivir (VEKLURY)

a. Will Humana cover remdesivir?

Yes, Humana covers remdesivir under the medical benefit.

b. How is Humana handling claims for remdesivir?

Claims for remdesivir are processed like normal medical claims. Pharmacy claims are not covered on the formulary but can be requested and will be reviewed on an individual basis via the exceptions process.

c. What codes are reported for remdesivir?

CMS has created the following procedure codes to report remdesivir on medical claims:

- HCPCS code J0248: Injection, remdesivir, 1 mg
- ICD-10-PCS procedure code XW033E5: Introduction of Remdesivir Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5
- ICD-10-PCS procedure code XW043E5: Introduction of Remdesivir Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5

For further information, refer to Humana's <u>COVID-19 Related Coding Claims Payment Policy</u>. Note: When the policy link above is clicked, it will automatically download the claims payment policy. Due to the file size, this may take a moment to open on your computer.

d. Will remdesivir require prior authorization?

When billed on the medical benefit, remdesivir does not require prior authorization. When billed on the pharmacy benefit, remdesivir is not covered on the formulary, but coverage will be reviewed on an individual basis.

e. In what setting(s) will Humana allow remdesivir to be prescribed/administered?

Currently, remdesivir can be prescribed/administered in both the inpatient and outpatient setting.

3. Oral Antiviral Treatments

a. Is Humana covering out-of-pocket costs for oral antiviral treatment related to confirmed cases of COVID-19?

For the 2023 plan year:

- Medicare Advantage (MA) plans with Part D coverage and Humana prescription drug plans (PDP)
 will have no member cost share for oral antiviral treatment. Currently, these agents are available
 by the FDA under EUA.
- Commercial group (those who receive insurance through their employers) pharmacy benefits include no member cost share for oral antiviral treatment. These agents are covered under pharmacy benefit with zero cost share on all formularies during the EUA period.
- Medicaid plans will continue to follow state requirements for COVID-19 treatment.

b. Regarding oral antiviral treatment, which medications will Humana cover?

Members can receive the following oral antiviral medications for COVID-19 treatment when furnished consistent with their respective FDA EUAs. This includes:

- Molnupiravir
- Nirmatrelvir and Ritonavir (Paxlovid)

If more oral antiviral medications become available under FDA EUA and are procured by the federal government, or if the FDA fully approves an oral antiviral medication(s), we will update this FAQ.

c. How is Humana handling claims for oral antiviral treatment?

Claims for oral antiviral treatment are processed like normal pharmacy claims. For MAPD and PDP members, pharmacies are not reimbursed for ingredient costs (including administration fees) but are reimbursed for dispensing fees (for oral antivirals available under EUA only). The federal government is supplying select pharmacies with oral antiviral medications via a special ordering system.

d. Which oral antiviral treatments will require prior authorization?

Neither Molnupiravir or Paxlovid require prior authorization.

e. In what setting(s) will Humana allow oral antiviral treatment to be prescribed/administered?

Molnupiravir and Paxlovid can be prescribed by any licensed provider and administered in the outpatient setting, including at select pharmacies (while an oral antiviral is available under EUA only).

For more information about COVID-19 treatments, visit the <u>CDC website</u>.