An important message regarding Humana's COVID-19 response: FAQs for COVID-19 treatment during the public health emergency 05/16/2023

We received many questions from providers regarding COVID-19 treatment during the public health emergency (PHE). This document highlights the most frequently asked questions.

Puerto Rico coverage may vary. Please verify member plan benefits by contacting the Puerto Rico call center. The phone number can be found on the back of a member's id card.

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1. COVID-19 Monoclonal Antibodies

a. Did Humana cover out-of-pocket costs for COVID-19 monoclonal antibodies?

For the 2023 plan year through the end of the COVID-19 PHE:

- Medicare Advantage (MA) plans covered COVID-19 monoclonal antibodies when furnished consistent with their respective U.S. Food and Drug Administration (FDA) emergency use authorizations (EUA) criteria. MA members were not responsible for paying a cost share for covered COVID-19 monoclonal antibodies.

- Commercial group (those who receive insurance through their employers) standard benefits and cost sharing applied for COVID-19 treatment. COVID-19 monoclonal antibodies were considered a covered benefit during the national PHE. COVID-19 monoclonal antibodies must have been furnished consistent with their respective FDA EUA criteria. Humana commercial group plans followed state requirements for COVID-19 monoclonal antibodies as applicable.

- Medicaid plans followed state requirements for COVID-19 treatment.

Note: This did not apply to Medicare Part D-only plan members because Part D-only plan members were eligible for prescription benefits.

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

During the PHE, Humana covered COVID-19 monoclonal antibodies when furnished consistent with their respective FDA EUAs. This included:

- Bamlanivimab and etesevimab, administered together (not authorized for use as of Jan. 24, 2022)*
- Bebtelovimab (not authorized for use as of Nov. 30, 2022)*
- REGEN-COV (casirivimab and imdevimab, administered together) (not authorized for use as of Jan. 24, 2022)*
- Sotrovimab (not authorized for use as of April 5, 2022)*
- Tixagevimab co-packaged with cilgavimab (not authorized for use as of Jan. 26, 2023)*
- Tocilizumab

**Not currently authorized in any U.S. region due to the high frequency of circulating SARS-CoV-2 variants that are not susceptible to these monoclonal antibodies. Therefore, these drugs may not be administered for treatment or post-exposure prevention of COVID-19 under the EUA until further notice by the Agency. For more information about EUAs for drugs and non-vaccine biological products, visit the FDA website.*

c. How did Humana handle claims for COVID-19 monoclonal antibodies?

The federal government coordinated with the states to supply most COVID-19 monoclonal antibody products to providers. It was not necessary for a provider to submit a COVID-19 monoclonal antibody product code for a state-supplied product. Humana did not reimburse a COVID-19 monoclonal antibody product code for a state-supplied product; however, the administration of a state-supplied product was 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 included 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 denied 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, please refer to Humana's COVID-19 Monoclonal Antibodies Claims Payment Policy. Note: When the policy link above is selected, it will automatically download the claims payment policy. Due to the file size, this may take a moment to open.

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

Providers were required to 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 were required to report codes appropriate for the manufacturer-specific monoclonal antibody product and the type of administration. CMS created the codes listed in the chart below for reporting COVID-19 monoclonal antibodies. See the CMS website for more information on COVID-19 monoclonal antibody coding.

Manufacturer	Name	Product code	Administration code	Home administration code
Regeneron	Casirivimab and imdevimab, administered together: 2400 mg	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: 1200 mg	Q0244	M0243	M0244
Genentech	Tocilizumab	Q0249	First dose: M0249 Second dose: M0250	N/A
Regeneron	Casirivimab and imdevimab, administered together: 600 mg	Q0240	M0240	M0241
AstraZeneca	Tixagevimab co-packaged with cilgavimab: 300 mg	Q0220	M0220	M0221
Eli Lilly	Bebtelovimab	Q0222	M0222	M0223
AstraZeneca	Tixagevimab co-packaged with Cilgavimab: 600 mg	Q0221	M0220	M0221

CMS has 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 Claims Payment Policy. Note: When the policy link above is selected, 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 COVID-19 Monoclonal Antibodies Claims Payment Policy. Note: When the policy link above is selected, it will automatically download the claims payment policy. Due to the file size, this may take a moment to open.

e. Which COVID-19 monoclonal antibodies required prior authorization?

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

2. remdesivir (VEKLURY)

a. Did Humana cover remdesivir?

Yes, Humana covered remdesivir under the medical benefit.

b. How did Humana handle claims for remdesivir?

Claims for remdesivir were processed like normal medical claims. Pharmacy claims were not covered on the formulary, but they could be requested and were reviewed on an individual basis via the exceptions process.

c. What codes were reported for remdesivir?

CMS 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 COVID-19 Related Coding Claims Payment Policy. Note: When the policy link above is selected, it will automatically download the claims payment policy. Due to the file size, this may take a moment to open.

d. Did remdesivir require prior authorization?

When billed on the medical benefit, remdesivir did not require prior authorization. When billed on the pharmacy benefit, remdesivir was not covered on the formulary, but coverage was reviewed on an individual basis.

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

Remdesivir could be prescribed/administered in both the inpatient and outpatient setting.

3. Oral Antiviral Treatments

a. **Did Humana cover out-of-pocket costs for oral antiviral treatment related to confirmed cases of COVID-19?**

For the 2023 plan year:

- MA plans with Part D coverage and Humana prescription drug plans (PDP) had no member cost share for oral antiviral treatment. These agents were available by the FDA under EUA.

- Commercial group (those who receive insurance through their employers) pharmacy benefits included no member cost share for oral antiviral treatment. These agents were covered under the pharmacy benefit with zero cost share on all formularies during the EUA period.

- Medicaid plans followed state requirements for COVID-19 treatment.

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

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

- molnupiravir (Lagevrio™)
- nirmatrelvir and ritonavir (Paxlovid™)

c. How did Humana handle claims for oral antiviral treatment?

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

d. Which oral antiviral treatment required prior authorization?

Neither Lagevrio or Paxlovid required prior authorization.

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

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

For more information about COVID-19 treatments, visit the CDC website.