


Special COVID-19 Letter of Direction #8-1

Date: December 30, 2020

To: Centennial Care 2.0 Managed Care Organizations

From: Nicole Comeaux, Director, Medical Assistance Division 

Subject: COVID-19 Testing and Treatment Services and Codes Repeal and Replace Special COVID-19 LOD 8

Title: COVID-19 Testing and Treatment Services and Codes

The purpose of this Letter of Direction (LOD) is to provide guidance and directives to the Centennial Care 2.0 Managed Care Organizations (MCOs) for modification of services and program standards related to the national public health emergency associated with the 2019 Novel Coronavirus (COVID-19) outbreak. The purpose of these changes is to assure the continuation of essential services to Medicaid patients without disruption or delay while following Centers for Disease Control and Prevention (CDC) direction to maximize social distancing for the duration of the public health emergency.

This Repeal and Replace Special COVID-19 LOD:

1. Adds additional billing codes to Table 1
2. Eliminates requirements for Medicaid ID numbers and NPIs for referring, rendering, and ordering providers.

COVID-19 Testing and Treatment Services:

1. **New Billing Codes for Testing** – HSD has added new laboratory billing codes as directed by the Centers for Medicare and Medicaid Services (CMS) for COVID-19 lab testing. These codes are identified in Table 1 of this LOD and do not require a NM Medicaid Provider Identification Number and/or National Provider Identification (NPI) number for a referring, rendering/administering, or ordering provider(s).

MCOs should follow CMS guidelines and timeframes as it relates to diagnosis coding and code claims accordingly [https://www.cms.gov/files/document/covid-dear-clinician-letter.pdf].

- 2. Claims Processing-** MCO's should update their claims processing systems to bypass rendering/administering, referring, and ordering exceptions and adjust claims according to the rates listed in Table 1 below for dates of service on March 18, 2020 and subsequent to that date, unless noted otherwise.

MCO's are required to have all adjustments completed by January 31, 2021. MCO's should confirm with HSD that all adjustments have been completed.

- 3. Confirmed COVID-19 Diagnosis-** Effective with services on and after April 1, 2020, a confirmed diagnosis of COVID-19 (2019 novel coronavirus disease) should be reported with a diagnosis code **U07.1, COVID-19**. Assignment of this code is applicable to positive COVID-19 test results and presumptive positive COVID-19 test results.

- 4. Drive-through Testing/Screening** – HSD requests that the MCOs continue to work with their contracted providers and in coordination with Department of Health (DOH) to operate “drive-up” or “drive-through” COVID-19 testing and screening services, including the use of this strategy in rural/frontier areas to the greatest possible extent. This strategy will help to alleviate the impact of crowding in medical clinics and facilities and mitigate the spread of COVID-19. Drive-through testing will be billed in accordance with current rules dependent on provider type and the associated facility where the testing is done.

- 5. Antibody Testing for COVID-19**

HSD will only pay for FDA-approved serologic testing that has been shown to be reliable based on independent testing. The Department is awaiting a recommendation from the Medical Advisory Team regarding the coverage of serologic tests to detect COVID-19 antibodies. At this time, there are no HSD-approved antibody tests. Once such tests have been reviewed and approved by the Medical Advisory Team, providers will be notified. HSD will maintain a list of the approved serologic tests on its website.

Please note that serological antibody tests should not be used as the sole basis for obtaining a COVID-19 diagnosis.

- 6. Lateral Flow Testing**

Please note that HSD is not covering lateral flow testing devices at this time, until further evidence is available regarding their effectiveness.

- 7. Modification of payment for clinical diagnostic laboratory tests (CDLTs) for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 making use of high throughput technologies for HCPCS code U0003, U0004, and U0005 effective January 2, 2021**

CMS has established a payment amount of \$75 per test for CDLTs making use of high throughput technologies for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, as identified by HCPCS codes U0003 and U0004.

CMS has established a new add-on payment of \$25 as identified by HCPCS code U0005. As required by the HCPCS code U0005 descriptor, this add-on payment may be billed with either HCPCS code U0003 or HCPCS code U0004 when the applicable test is completed within 2 calendar days of the specimen being collected.

Laboratories that do not complete the CDLT making use of high throughput technologies for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 within 2 calendar days may not bill HCPCS code U0005 and will not receive the \$25 add-on payment. Payment for these CDLTs will be \$75.

Under the Medicare guidance (link below), the responsibility is with providers to determine their eligibility to bill for this additional payment and is subject to audit or medical review (see page 7 of the CMS policy <https://www.cms.gov/files/document/cms-ruling-2020-1-r2.pdf>).

In the event of an audit or medical review, laboratories will need to produce documentation to support the add-on payment established in this Ruling, even if such documentation would not otherwise be required under Medicare regulations.

For additional guidance please visit <https://www.cms.gov/files/document/cms-ruling-2020-1-r2.pdf>.

HSD values its continued collaboration and partnership with the MCOs to implement these directives as quickly as possible to help assure the health and safety of Medicaid members and our fellow New Mexicans. Further direction will be provided as guidance and authorities become available.

This COVID-19 Letter of Direction will sunset when the Human Services Department determines that the outbreak of the 2019 Novel Coronavirus (COVID-19) associated with the national public health emergency has been contained.

Table 1. Authorized COVID-19 Laboratory and Other Related Codes

Code	Description	Medicaid FFS Rate
Laboratory Codes		
0223U (effective 06/25/2020)	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	Manually priced
0225U (effective 08/10/2020)	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	Manually priced
0226U (effective 08/10/2020)	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	Manually priced
0240U (effective 10/06/2020)	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	Manually priced
0241U (effective 10/06/2020)	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	Manually priced
87428 (effective 11/10/2020)	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	Manually priced
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	\$51.33
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.”	Manually priced
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [Covid-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	Manually priced

87811 (effective 10/6/2020)	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	Manually priced
C9803	Hospital Outpatient Clinic Visit Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus2 (SARS-CoV-2) (Coronavirus Disease [COVID-19]), Any Specimen Source	\$25.46
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	\$25.46
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source	\$25.46
U0001	CDC 2019 novel coronavirus (2019-nCoV) real-time RT-PCR diagnostic panel	\$35.92
U0002	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types of subtypes (includes all targets), non-CDC	\$51.33
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	<ul style="list-style-type: none"> • \$100.00 (current rate) • \$75.00 (effective 1/1/2021)
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	<ul style="list-style-type: none"> • \$100.00 (current rate) • \$75.00 (effective 1/1/2021)
U0005 (effective 1/1/2021)	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, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date and time of specimen collection.	\$25.00
86318 (Not specific to COVID-19)	Immunoassay for infectious agent antibody, qualitative or semiquantitative single step method (e.g., reagent strip)	\$17.00
0099U (Not specific to COVID-19)	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009	Manually priced