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New York State Medicaid Billing Guidance for COVID-19 Testing and Specimen Collection

The services in this guidance document are currently reimbursable by NYS Medicaid fee-for-service and Medicaid Managed Care (MMC) Plans. The fees* below are specific to Medicaid fee-for-service. For individuals enrolled in Medicaid Managed Care, providers should check with the individual's plan for implementation details. Providers are reminded tests performed must be Food and Drug Administration (FDA) approved or granted Emergency Use Authorization (EUA) through the FDA and in agreement with the level of complexity assigned by Wadsworth Lab.

* The fees below are current as of May 12, 2020. Providers should periodically check their respective fee schedules in eMedNY for updates: https://www.emedny.org/ProviderManuals/index.aspx

Complexity levels are available at the following link: https://www.cdc.gov/clia/test-complexities.html

Tests with EUA: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd

Molecular/PCR Tests:

- 87635 (effective 3/13/2020) – 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. **FFS fee =$51.31**

- U0002 (effective 3/13/2020) – 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCov (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC. **FFS fee =$51.31**

High Throughput Tests:

These tests utilize highly sophisticated throughput machines which require more intensive technician training (to ensure the role of extremely skilled personnel) and more time intensive processes (to assure quality). A high throughput technology uses a platform that employs automated processing of more than two hundred specimens a day.

It is noted that U0003 should identify tests that would otherwise be identified by CPT code 87635 but for being performed with these high throughput technologies. It is further noted that U0004 should identify tests that would otherwise be identified by U0002 but for being performed with these high throughput technologies. Finally, it is noted that neither U0003 nor U0004 should be used for tests that detect COVID-19 antibodies. (https://www.cms.gov/files/document/cms-2020-01-r.pdf)

- U0003 (effective 4/14/2020) – 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. **FFS fee = $100**

- U0004 (effective 4/14/2020) - 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. **FFS fee = $100**

Antibody Tests:

Please see the following link for information on antibody testing for NYS residents: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#2019-ncov

- 86328 (effective 4/10/2020) – 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]). **FFS fee = $10.97**

- 86769 (effective 4/10/2020) – Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]). **FFS fee = $15.91**

Specimen Collection (effective 05/22/2020)**:** During the period of the emergency separate Medicaid reimbursement is available for specimen collection when this is the **only** service being performed. Providers billing for reimbursement of one of the above tests should not bill separately for specimen collection or report. These specimen collection components are included in reimbursement for the test. Providers/Clinics billing for other primary procedures for the same patient on the same day should not bill for specimen collection. For more information please see the chart below. **IMPORTANT INFORMATION: CLAIMS FOR SPECIMEN COLLECTION CAN ONLY BE SUBMITTED STARTING MAY 29, 2020 AND MAY INCLUDE SERVICE DATES FROM MAY 22, 2020 FORWARD.**

Code	Description	Practitioner/Clinic (Non-FQHC) Reimbursement	FQHC Reimbursement
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	$23.46	**Physician/PA/NP/Midwife**: bill rate code 4012 when **specimen collection only** is provided. Offsite visit rate ($64.97 upstate/$72.73 downstate) will be paid. **Physician/PA/NP/Midwife**: bill rate code 4013 **when specimen collection**

			and E&M are provided. Full PPS rate will be paid. **RN/LPN**: bill Procedure Code G2023 (ordered ambulatory) **for specimen collection only**. A fee of $23.46 will be paid. All FQHC services above are eligible for wrap payments.

Clinics should bill the codes outlined in this guidance via the ordered ambulatory fee schedule. The COVID-19 test and specimen collection codes are not payable under ambulatory patient groups (APGs).

Providers who are already receiving payment, from another source, for either lab specimen collection or for COVID-19 testing should not bill Medicaid.

For additional testing guidance from the CDC and Wadsworth Center please see the following links:

https://coronavirus.health.ny.gov/covid-19-testing

https://www.cdc.gov/coronavirus/2019-ncov/lab/index.html

https://www.wadsworth.org/regulatory/clep

https://www.wadsworth.org/regulatory/polep

Questions:
Medicaid Fee-for-Service (FFS) coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP), Division of Program Development and Management at (518) 473–2160 or FFSMedicaidPolicy@health.ny.gov.

MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC plan.

FFS claim questions should be directed to the eMedNY Call Center at (800) 343–9000.