



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



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[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**

Antigen Test:

- 87426 (effective 06/25/2020) - Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) **FFS fee = \$45.23**

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 = \$45.23**
- 86769 (effective 4/10/2020) – Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]). **FFS fee = \$42.13**

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.

Code	Description	Practitioner/Clinic (Non-FQHC) Reimbursement	FQHC Reimbursement
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-	\$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.



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	CoV-2) (Coronavirus disease [COVID-19])		<p>Physician/PA/NP/Midwife: bill rate code 4013 when specimen collection and E&M are provided. Full PPS rate will be paid.</p> <p>RN/LPN: bill Procedure Code G2023 (ordered ambulatory) for specimen collection only. A fee of \$23.46 will be paid.</p> <p>All FQHC services in this chart are eligible for wrap payments.</p>
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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).

Skilled Nursing Facilities services are paid at a daily rate; therefore, separate reimbursement is not available.

Certified Home Health Agencies (CHHAs) should perform specimen collection as part of nursing visits when ordered for existing clients who receive nursing services.

CHHA specimen collection for homebound patients who do not receive nursing services is eligible for reimbursement on or after **11/01/2020**. Please see the chart below for details.

Rate Codes Used for CHHAs Only	Descriptions	CHHA Patient Receiving Nursing Services	CHHA Patient Receiving Personal Care Services	NON-CHHA Homebound Patient	MLTC Patient Homebound Patient
4921	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from a homebound*** individual on behalf of a home health agency, any specimen source(s). Reimburses \$25.46. For CHHA use only.	<p>X</p> <p>Do not bill for specimen collection or travel. This should be done as part of a nurse visit and is included in the CHHA rate.</p>	<p>✓</p> <p>CHHAs providing nursing staff to collect a specimen from their patient who only receives lower level services</p>	<p>✓</p> <p>CHHAs providing specimen collection to a homebound individual who is not a CHHA patient may bill rate code 4921 and rate code 4922 (travel</p>	<p>✓</p> <p>CHHAs providing specimen collection for homebound patients may bill rate code 4921 and rate code 4922 (travel each way) to Medicaid if</p>



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4922	Travel for COVID-19 specimen collection. Reimburses \$9.35 each way. For CHHA use only. When seeing multiple patients in the same location** only bill 1 trip charge for the first Medicaid member visit.		may bill rate code 4921 and rate code 4922 (travel each way) if specimen collection is the only service performed.	each way) if specimen collection is the only service performed.	specimen collection is the only service performed.
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** The same location is defined as a vehicle is not necessary to travel between visits.

1. *** Patients are considered "homebound" if they meet these two criteria Patients either need supportive devices such as crutches, canes, wheelchairs, and walkers; special transportation; or help from someone else in order to leave their home because of illness or injury OR have a condition that makes leaving the home medically inadvisable, and.
2. There must exist a normal inability to leave home; and leaving home must require a considerable and taxing effort.

If specimen collection occurs during a home visit where other scheduled services are being provided, a specimen collection fee and travel expense cannot be billed. Payment is included in the CHHA's per diem payment. CHHAs may bill for members who only receive lower level services when a nurse is sent to collect the specimen (see chart above). This includes homebound patients enrolled in Managed Long-Term Care.

COVID specimen collection should not be billed to Medicaid when a home health visit is covered by Medicare (either episodic or Low Utilization Payment Adjustment (LUPA)/fee-for-service payment).

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.



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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.