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UPDATED MEMORANDUM (DMS-03A)

To: Medicaid Providers
 From: Division of Medical Services (DMS)
 Date: July 13, 2020, updated August 7, 2020
 Re: UPDATE: Laboratory Diagnostic Testing for COVID-19

UPDATE

Effective on August 7, 2020, the following procedures codes are available for billing COVID-19 antigen detection testing. These codes will be retroactive to dates of service June 25, 2020, and forward.

Code	Short Description	Fee
87426	Coronavirus AG IA Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	\$45.23

The following provider types may bill for these services:

- Physicians (PT 01, 03 & 69)
- Nurse Practitioners (PT 58)
- Rural Health Clinics (PT 29)
- Hospitals (PT 05)
- Arkansas Department of Health (PT 30)
- Rehabilitation Centers (PT 26)

To ensure access to COVID-19 testing, Medicaid is exempting these screens from the \$500.00 limit on laboratory and x-ray services for beneficiaries over 21 years of age and from requiring a PCP referral.

Revised July 13, 2020:

This guidance ends at the expiration of the public health emergency as declared by the Governor.

In response to the COVID-19 outbreak in Arkansas and consistent with CMS’s coverage and payment for COVID-19 diagnostic testing, DMS is covering the following laboratory services. **The procedure codes described below will be available on April 1, 2020 and will be retroactive to dates of service February 6, 2020. The codes will be available as described for thirty (30) days, with the possibility of extending for additional thirty-day periods.**

Code	Short Description	Fee
U0001	CDC developed 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel	\$35.92
U0002	Non-CDC developed 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19)	\$51.33

Effective on July 20, 2020, the following procedures codes are available for billing “high-through put” COVID-19 diagnostic testing. These codes will be retroactive to dates of service April 14, 2020, and forward.

Code	Short Description	Fee
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	\$100.00
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	\$100.00

The following provider types may bill for these services:

- Physicians (PT 01 & 03)
- Nurse Practitioners (PT 58)
- Rural Health Clinics (PT 29)
- Hospitals (PT 05)
- Arkansas Department of Health (PT 30)
- Rehabilitation Centers (PT 26)

These codes are appropriate to be billed when at least one (1) of the following symptoms is present and documented on the claim:

- R05: Cough
- R06/02: Shortness of breath

- R50.9: Fever, unspecified

To ensure access to COVID-19 diagnostic testing, Medicaid is exempting these screens from the \$500.00 limit on laboratory and x-ray services for beneficiaries over 21 years of age.

UPDATE: As of June 19, 2020, the following diagnosis codes may also be used to bill for a COVID-19 test. These diagnosis codes will be added to all laboratory test claims that are billed for dates of service February 6, 2020 onward:

- A41.89—Other specified sepsis
- O98.511—Other viral diseases complicating pregnancy, first trimester
- O98.512—Other viral diseases complicating pregnancy, second trimester
- O98.513—Other viral diseases complicating pregnancy, third trimester
- O98.519—Other viral diseases complicating pregnancy, unspecified trimester
- O98.52—Other viral disease complicating childbirth
- O98.53—Other viral disease complicating the puerperium
- U07.1—COVID-19
- Z03.818—Encounter for observation for suspected exposure to other biological agents ruled out
- Z09—Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
- Z11.59—Encounter for screening for other viral diseases
- Z20.828—Contact with and (suspected) exposure to other viral communicable disease

If you received a denial for a claim due to improper diagnosis code and you can use one of the diagnosis codes listed above, please rebill the claim.

To ensure quality and consistency of care to Medicaid beneficiaries, DMS will coordinate with the Office of the Medicaid Inspector General (OMIG) to conduct retrospective reviews and audits of telemedicine services during this time. Please keep all records of services as required by Medicaid physician billing and telemedicine rules.