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MEDICAID MEMO

TO: All Providers Participating in the Virginia Medicaid and FAMIS Programs

FROM: Karen Kimsey, Director
Department of Medical Assistance Services (DMAS)

DATE: 4/21/21

SUBJECT: Updates to Coverage of COVID-19 Testing & Antibody Treatment

The purpose of this memorandum is to inform providers that DMAS fee-for-service (FFS) and all contracted managed care plans will ensure coverage of COVID-19: 1) antibody laboratory testing codes listed below; 2) multiplex laboratory testing codes listed below; and 3) antibody treatment codes listed below.

Current FFS reimbursement rates for the codes described below are available for reference via the DMAS fee file. Managed Care Organizations (MCOs) can be reached at the contacts listed at the end of this memo for MCO-specific reimbursement rates.

Coverage of COVID-19 Antibody Laboratory Testing

DMAS FFS and all contracted managed care plans will ensure coverage of claims for the following COVID-19 antibody or viral neutralization capacity laboratory testing codes with dates of service on and after the dates listed below:

- **86408** (08/10/2020): Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen
- **86409** (08/10/2020): Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer
- **86413** (09/08/2020): Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
- **0224U** (06/25/2020): Antibody, severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed

- **0226U** (08/10/2020): Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum

Requirements for Reimbursement

For members enrolled in the FFS program, DMAS will reimburse providers for the COVID-19 antibody laboratory testing codes outlined above when the test is:

- recommended by a health care provider;
- has an FDA Emergency Use Authorization (EUA) or FDA approval;
- performed by a Clinical Laboratory Improvement Amendments (CLIA)-accredited high- or medium-complexity laboratory;
- ordered following non-diagnostic molecular or antigen testing for COVID-19; AND
- used as a method to help establish a diagnosis when patients present with late complications of COVID-19 illness, such as multisystem inflammatory syndrome in children.

Reimbursement for each code will be made for a maximum of one (1) test per member per day. In keeping with American Medical Association (AMA) guidance, Proprietary Laboratory Analysis (PLA) codes should not be billed in conjunction with any other Category 1 AMA codes.

Claims submitted on or after the coverage dates listed above which were denied on the grounds of non-coverage will be reprocessed by DMAS FFS and all managed care plans without requiring resubmission of claims by the provider.

Coverage of COVID-19 Multiplex Laboratory Testing

DMAS FFS and all contracted managed care plans will ensure coverage of claims for the following COVID-19 multiplex laboratory testing codes with claims from dates of service on or after the dates listed below:

- **87428** (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
- **87636** (10/06/2020): 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

- **87637** (10/06/2020): 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
- **87811** (10/06/2020): 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])
- **0202U** (05/20/2020): 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
- **0223U** (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
- **0225U** (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
- **0240U** (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
- **0241U** (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

Requirements for Reimbursement

For members enrolled in the FFS program, DMAS will reimburse providers for the COVID-19 multiplex laboratory testing codes outlined above when the test is:

- recommended by a health care provider;
- has an FDA Emergency Use Authorization (EUA) or FDA approval;
- performed by a CLIA-accredited high- or medium-complexity laboratory;
- the patient has had a flu-like illness within the last 48 hours; AND

- At least one of the following conditions apply to the individual being tested:
    - age is less than 6 months;
    - age is less than 2 years AND there is chronic lung disease of prematurity or chronic heart disease;
    - there is a history of stem cell transplant or solid organ transplant;
    - the individual has hematologic malignancy (leukemia or lymphoma) and is receiving chemotherapy; OR
    - age is less than 21 AND there is a neuromuscular disorder

Reimbursement for each code will be made for a maximum of one (1) test per member per day. In keeping with AMA guidance, PLA codes should not be billed in conjunction with any other Category 1 AMA codes.

Claims submitted on or after the coverage dates listed above which were denied on the grounds of non-coverage will be reprocessed by DMAS FFS and all managed care plans without requiring resubmission of claims.

Coverage of COVID-19 Antibody Treatment

DMAS FFS and all managed care plans will ensure coverage of the following COVID-19 antibody treatment codes with claims from dates of service on or after on or after the dates listed below:

- **Q0239** (11/10/2020*): Injection, bamlanivimab, 700 mg
- **M0239** (11/10/2020): Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring
- **Q0243** (11/21/2020*): Injection, casirivimab and imdevimab, 2400 mg
- **M0243** (11/21/2020): Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring
- **Q0245** (02/09/2021*): Injection, bamlanivimab and etesevimab, 2100 mg
- **M0245** (02/09/2021): intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring

**The Centers for Medicare and Medicaid Services (CMS) anticipates that, at this time, providers will not incur a cost for COVID-19 monoclonal antibody products (Q0239, Q0243, Q0245). Providers should not bill for a COVID-19 monoclonal antibody product if they received it for free.*

Requirements for Reimbursement

For members enrolled in the FFS program, DMAS will reimburse providers for the COVID-19 antibody treatment codes outlined above under the following conditions:

- treatment has an FDA Emergency Use Authorization (EUA) or FDA approval, AND
- patient meets the criteria identified in the EUA Limitations of Authorized Use or FDA approval letter

Claims submitted on or after the coverage dates listed above which were denied on the grounds of non-coverage will be reprocessed by DMAS FFS and all managed care plans without requiring resubmission of claims.

For questions on coverage for members enrolled in a managed care organization, refer to the contact information listed below.

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PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	**Visit**: www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	**Call**: 1-800-884-9730, or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	**Visit**: https://dmas.kepro.com/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	**Visit**: http://www.dmas.virginia.gov/#/med4
CCC Plus	**Visit**: http://www.dmas.virginia.gov/#/cccplus
PACE	**Visit**: http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility,	**Visit**: http://www.magellanhealth.com/Provider For credentialing and behavioral health service information: **Visit**: www.magellanofvirginia.com

claim status, service limits, and service authorizations for fee-for-service members.	**Email**: VAProviderQuestions@MagellanHealth.com **Call**: 1-800-424-4046
Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	**Call**: 1-804-786-6273, or 1-800-552-8627
Aetna Better Health of Virginia	**Visit**: www.aetnabetterhealth.com/virginia **Call**: 1-800-279-1878
Anthem HealthKeepers Plus	**Visit**: www.anthem.com/vamedicaid, or **Call**: 1-800-901-0020
Magellan Complete Care of Virginia	**Visit**: www.MCCofVA.com **Call**: 1-800-424-4518 (TTY 711), or 1-800-643-2273
Optima Family Care	**Call**: 1-800-881-2166
United Healthcare	**Visit**: www.uhccommunityplan.com/VA, or www.myuhc.com/communityplan **Call**: 1-844-752-9434, TTY 711
Virginia Premier	**Call**: 1-800-727-7536 (TTY: 711), www.virginiapremier.com