



Last Updated: 07/13/2022

Update to Reimbursement Rate for COVID-19 Antigen Testing

The purpose of this memorandum is to inform providers of a reimbursement rate change for COVID-19 antigen testing. The previous Medicaid Memo "Coverage of COVID-19 Laboratory Tests" (dated November 5, 2020) communicated coverage of CPT 87426, effective November 5, 2020 and onwards. At the time of that memo's publication, the Center for Medicare and Medicaid Services (CMS) had not established a reimbursement rate for CPT 87426. Since DMAS typically benchmarks its laboratory reimbursement rates to 88% of those established for Medicare, a preliminary reimbursement rate of \$6.93 was established – a rate identical to the current DMAS reimbursement rate to a similar non-COVID-19 antigen test (CPT 87400). That memo indicated that DMAS would update the reimbursement rate when CMS established a reimbursement rate for Medicare and reprocess any claims paid at the preliminary reimbursement rate. Since that time, CMS has published a reimbursement rate for CPT 87426 for Medicare Administrative Contractors.

For members enrolled in the FFS program, reimbursement for CPT 87426 will be updated to \$31.09 retroactive to November 5, 2020. Claims previously submitted and reimbursed at the preliminary reimbursement rate of \$6.93 will be reprocessed to be reimbursed at \$31.09.

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

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/>



MEDICAID MEMO

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, claim status, service limits, and service authorizations for fee- for-service members.	Visit: http://www.magellanhealth.com/Provider For credentialing and behavioral health service information: Visit: www.magellanofvirginia.com 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)