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## MEDICAID MEMO

Last Updated: 07/13/2022

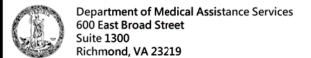
## **Update to Reimbursement Rate for COVID-19 Antigen Testing**

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	Visit: www.virginiamedicaid.dmas.virginia.gov
<b>Portal Automated Response</b>	
System (ARS)	
Member eligibility, claims	
status, payment status, service	
limits, service authorization	
status, and remittance advice.	
Medicall (Audio Response	<b>Call</b> : 1-800-884-9730, or
System)	1-800-772-9996
Member eligibility, claims	
status, payment status, service	
limits, service authorization	
status, and remittance advice.	
KEPRO	
Service authorization	Visit: https://dmas.kepro.com/
information for fee-for-service	
members.	



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## **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.

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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
	Visit: http://www.magellanhealth.com/Provider
Magellan Behavioral Health	For credentialing and behavioral health service
Behavioral Health Services	<u>information:</u>
Administrator, check eligibility,	<u>Visit</u> : www.magellanofvirginia.com
claim status, service limits, and	<b>Email</b> : VAProviderQuestions@MagellanHealth.com
service authorizations for fee-	<b>Call</b> : 1-800-424-4046
for-service members.	
Provider HELPLINE	<b>Call</b> : 1-804-786-6273, or
Monday-Friday 8:00 a.m5:00	1-800-552-8627
p.m. For provider use only,	
have Medicaid Provider ID	
Number available.	
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	Visit: www.MCCofVA.com
Virginia	<b>Call</b> : 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)