



Last Updated: 07/13/2022

## Updates to Coverage of High-Throughput COVID-19 Testing

The purpose of this memorandum is to inform providers that DMAS fee-for-service (FFS) and all contracted managed care plans will: 1) retroactively cover two high-throughput testing codes to no later than April 14, 2020 and, 2) add coverage of one COVID-19 high throughput testing add-on code and simultaneously update reimbursement for the aforementioned two high-throughput testing codes effective no later than February 1, 2021. Further contact information is included at the bottom of this document.

### Retroactive coverage of U0003 and U0004

The Medicaid Memo "Coverage of COVID-19 Laboratory Tests" announced coverage of two high-throughput COVID-19 testing codes - U0003 and U0004 - effective November 5, 2020. U0003 and U0004 provide reimbursement for Clinical Diagnostic Laboratory Tests (CDLTs) using high throughput technology. Per this memo, the effective begin date of coverage for U0003 and U0004 (summarized below) will be changed to dates of service on or after April 14, 2020 for DMAS FFS claims, and no later than April 14, 2020 for managed care plans.

- **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 as described by CMS-2020-01-R.
- **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 as described by CMS-2020-01-R.

### Coverage of U0005 and Update to Reimbursement Rates of U0003/U0004

Effective dates of service on and after February 1, 2021, DMAS and all contracted managed care plans will ensure coverage of a new high-throughput "add-on" code:

- **U0005:** 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, CDC or non-CDC, making use of high throughput technologies, completed within two calendar days from date and time of specimen collection. (List separately in addition to either HCPCS code U0003 or U0004)

The introduction of U0005 is intended to ensure that the elevated reimbursement level for high-throughput technology testing compared to non-high-throughput testing is provided only if results are completed rapidly (within 2 calendar days). As explained in the Centers for Medicare and Medicaid Services (CMS) COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing (<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>), providers eligible to bill for U0003 or U0004 will also be eligible to bill U0005 if they meet the following two requirements:



# MEDICAID MEMO

- They complete the COVID-19 Clinical Diagnostic Laboratory Test CDLT in two (2) calendar days or less from the date of specimen collection; and
- The majority of their COVID-19 CDLTs performed using high-throughput technology in the previous calendar month were completed in two (2) calendar days or fewer for ALL of their patients (not just Medicare or Medicaid patients).

DMAS will monitor compliance with CMS standards for U0005 laboratory billing practices as it does with all laboratory services. Laboratories must be able to demonstrate that the two aforementioned conditions have been met whenever U0005 has been billed.

The introduction of U0005 will impact reimbursement rates for U0003 and U0004. Effective for dates of service on or after February 1, 2021, DMAS FFS reimbursement for these codes will be:

- U0005: \$22.00
- U0003: \$66.00\*
- U0004: \$66.00\*

*\*This reimbursement rate is a reduction from the previous reimbursement rate of \$88 for these codes. Providers that are able to meet the criteria to bill for U0005 along with U0003 or U0004 may be reimbursed a total of \$88 (i.e., the same reimbursement amount as previously set for U0003/U0004).*

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

\*\*\*\*\*

<b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</b>	
<b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	<b>Visit:</b> <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>
<b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	<b>Call:</b> 1-800-884-9730, or 1-800-772-9996
<b>KEPRO</b> Service authorization information for fee-for-service members.	<b>Visit:</b> <a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a>
<b>Managed Care Programs</b> 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.	



# MEDICAID MEMO

<b>Medallion 4.0</b>	<b>Visit:</b> <a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>
<b>CCC Plus</b>	<b>Visit:</b> <a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<b>Visit:</b> <a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>
<b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee- for-service members.	<b>Visit:</b> <a href="http://www.magellanhealth.com/Provider">http://www.magellanhealth.com/Provider</a> For credentialing and behavioral health service information: <b>Visit:</b> <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a> <b>Email:</b> <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> <b>Call:</b> 1-800-424-4046
<b>Provider HELPLINE</b> Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	<b>Call:</b> 1-804-786-6273, or 1-800-552-8627
Aetna Better Health of Virginia	<b>Visit:</b> <a href="http://www.aetnabetterhealth.com/virginia">www.aetnabetterhealth.com/virginia</a> <b>Call:</b> 1-800-279-1878
Anthem HealthKeepers Plus	<b>Visit:</b> <a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> , or <b>Call:</b> 1-800-901-0020
Magellan Complete Care of Virginia	<b>Visit:</b> <a href="http://www.MCCofVA.com">www.MCCofVA.com</a> <b>Call:</b> 1-800-424-4518 (TTY 711), or 1-800-643-2273
Optima Family Care	<b>Call:</b> 1-800-881-2166
United Healthcare	<b>Visit:</b> <a href="http://www.uhcommunityplan.com/VA">www.uhcommunityplan.com/VA</a> , or <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> <b>Call:</b> 1-844-752-9434, TTY 711
Virginia Premier	<b>Call:</b> 1-800-727-7536 (TTY: 711)