



Special COVID-19 Supplement #4 - Provider Billing for Uninsured Individuals

Date: May 6, 2020 (Effective Date April 23, 2020)
To: New Mexico Health Care Providers & Laboratories
From: Nicole Comeaux, Director, Medical Assistance Division
Subject: **Families First Coronavirus Response Act (FFCRA) Coverage of COVID-19 Testing for Uninsured Patients**

The purpose of this supplement is to provide billing and reimbursement information and guidance to health care providers that are performing COVID-19 testing or testing-related services to uninsured patients. In accordance with Special COVID-19 Supplement #2: Medicaid Coverage of COVID-19 Testing for All Uninsured, charging cost-sharing for diagnostic testing and related testing services is not allowed for New Mexico patients. No health insurance plan in New Mexico may charge patient co-pays, deductibles or coinsurance for COVID-19 diagnostic testing services; and no provider, test site or lab may bill any New Mexico patient for any portion of the cost of testing for COVID-19.

The New Mexico Human Services Department (HSD) has exercised the option to use federal funding for COVID-19 diagnostic testing and testing-related services provided to uninsured individuals as authorized through the Families First Coronavirus Response Act (FFCRA). This supplement gives providers information about patient eligibility for FFCRA funding and how providers can bill Medicaid for COVID-19 testing services provided to uninsured patients who qualify for FFCRA coverage.

1. Patient Eligibility for Coverage Under FFCRA

a. Application Form & Process

Federal guidance requires that uninsured patients must apply and qualify for a new Medicaid category of eligibility to obtain FFCRA coverage of COVID-19 testing and testing-related services. HSD has established a streamlined process for patients to apply for this coverage using the attached MAD 800 application form. An online application and downloadable/printable version is available at <https://nmmedicaid.portal.conduent.com/static/cover.htm>, or individuals may apply over the phone by calling 1-855-637-6574.

Eligibility for the new category of eligibility will be facilitated by the Medicaid fiscal agent, Conduent, and **not** by the HSD Income Support Division. Paper forms can be mailed (either individually or in batches) to:

Conduent
ATTN: MAD 800
PO Box 27460
Albuquerque, NM 87125

Providers should collect insurance information at the point of testing. When a patient is covered by either public or private health insurance, the provider should bill the payor as usual. Medicaid-approved codes and rates are set forth in Section 4 below. When a patient indicates that he/she does not have health insurance, the patient should be screened for potential FFCRA coverage and asked to apply using the MAD 800 form or online application. Providers and/or Presumptive Eligibility Determiners (PEDs) are able to assist with the application process; however, the applicant must sign the form to confirm their consent and agreement with all of the required attestations. Electronic signatures are allowed for online or telephonic applications. Original signatures are required for applications submitted using the MAD 800.

b. FFCRA Qualification Criteria

To qualify for FFCRA coverage, a patient must agree to provide the following information on the MAD 800 application:

- Social Security Number (SSN);
- Date of Birth (DOB);
- Attestation of New Mexico residency;
- Attestation of uninsured status; and
- Attestation to being either a US citizen or a qualified non-citizen (i.e., Lawful Permanent Resident (LPR), asylee, refugee, etc.). The full list of qualifying non-citizen statuses is included on the back of the MAD 800 application form.

Coverage through this program does not have an income test or requirement. It is available to all uninsured individuals who meet the criteria set forth above.

There are some uninsured individuals who will not meet the qualification criteria for FFCRA coverage, including patients who do not have a SSN and those who cannot attest to meeting the citizenship or qualified non-citizen criteria. Such individuals should be screened for potential coverage under other Medicaid programs (see Section 3 below).

c. Category of Eligibility

Individuals who apply for FFCRA coverage will first be evaluated to determine if they are already enrolled in the Medicaid program. If not, and if they meet the criteria set forth above, the applicant will be determined eligible for Medicaid Category of Eligibility (COE) 085. Once Conduent enrolls the individual, the patient's eligibility will appear in the Medicaid provider portal with the description "COVID-19/Uninsured". As always, providers are required to check for eligibility prior to submitting a claim for payment. Once the patient is confirmed as eligible in the portal, the provider may bill for COVID-19 testing and testing-related services. Claims should be submitted to the Medicaid Fee-for-Service (FFS) program via Conduent and not to a Centennial Care managed care organization (MCO).

Individuals may apply for up to three months retroactive coverage under FFCRA; however, the start date of this program is March 18, 2020. Claims with dates of service prior to March 18, 2020, will not be covered under the FFCRA program.

The scope of coverage is detailed in Section 4 below. Eligible individuals will remain enrolled in this category until the termination of the federal public health emergency.

2. Patients Already Enrolled in the Medicaid Family Planning Category

Individuals who are enrolled in the Medicaid Family Planning Category (COE 029) are considered uninsured under the provisions of FFCRA. These individuals **do not** need to apply for separate FFCRA coverage using the MAD 800. COVID-19 testing and testing-related services can be billed directly to the Family Planning program for patients who are enrolled in COE 029. No action needs to be taken by the patient. The provider can check the portal and, once eligibility for COE 029 has been confirmed, submit a claim for testing or testing-related services via Conduent. As indicated above, this provision is effective for claims with dates of service on or after March 18, 2020.

Providers should note that COVID-19 testing and testing-related services are covered for all full-coverage Medicaid categories, including all children, adults, and categories specific to pregnant women, with the exception of individuals whose enrollment has been suspended because of incarceration. For incarcerated individuals, Medicaid coverage is only available for inpatient hospital stays of 24 or more hours, in accordance with longstanding policy.

3. Patients who do not Qualify for FFCRA Coverage

There are some uninsured individuals who will not meet the qualification criteria for FFCRA coverage. Most often, this will include patients who do not have a SSN and/or those who cannot attest to meeting the citizenship or qualified non-citizen criteria. HSD intends to issue guidance soon regarding coverage options for these individuals and how they can apply.

4. Scope of FFCRA Testing Coverage

The scope of coverage available to uninsured individuals through FFCRA is limited to:

- COVID-19 testing procedure codes (includes diagnostic testing and **HSD-approved** antibody testing); and
- COVID-19 testing-related services that are furnished during a clinic, facility or mobile test site visit.

The scope of coverage **does not** include ongoing medical care or treatment for COVID-19, with the exception of emergency medical treatment provided to patients who are eligible for the EMSA program.

Information about antibody testing is included in Section 4b below.

a. COVID-19 Testing Codes & Rates

Below please find the approved codes and Medicaid reimbursement rates for COVID-19 laboratory testing and specimen collection procedures. This code set does not include all covered procedures for testing-related services. If a patient receives a diagnostic x-ray, for example, the x-ray will be covered as a testing-related service. Similarly, HSD will cover Evaluation & Management (E&M) services and other care provided during the course of a visit to the extent that such services were rendered to support the COVID-19 test and/or diagnostic result.

Please note that HSD is not covering lateral flow testing devices at this time until further evidence is available regarding their effectiveness.

Procedure Code	Description	Medicaid Fee-for-Service (FFS) Payment Rate
Laboratory Tests		
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (e.g., reagent strip)	\$17.00
87635	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	\$51.33
0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus, 229e, coronavirus hku1, coronavirus, coronavirus oc43, human metapneumovirus, influenza A, influenza A subtype h3, influenza A subtype h1-20)	Manually priced
U0001	CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel	\$35.92
U0002	2019-ncov coronavirus, sars-cov-2/2019n-cov (COVID-19), any technique, multiple types of subtypes (includes all targets), non-CDC	\$51.33
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	\$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 as described by CMS-2020-01-R	\$100.00
Specimen Collection		
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	\$25.46
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source	\$25.46

b. Antibody Testing for COVID-19

HSD will only pay for FDA-approved serologic testing that has been shown to be reliable based on independent testing. The Department is awaiting a recommendation from the Medical Advisory Team regarding the coverage of serologic tests to detect COVID-19 antibodies. At this time, there are no HSD-approved antibody tests. Once such tests have been reviewed and approved by the Medical Advisory Team, providers will be notified. HSD will maintain a list of the approved serologic tests on its website.

Please note that serological antibody tests **should not** be used as the sole basis for obtaining a COVID-19 diagnosis.

c. Place of Service & Diagnosis Codes

Providers should bill for testing and testing-related services using the same claim forms that are used during their normal course of business. Providers should use Place of Service (POS) code 99 to identify testing or specimen collection that takes place in an alternative setting (such as a mobile testing site).

Please ensure that COVID-19 diagnosis codes are included on all claims for payment. Refer to guidance from the Centers for Disease Control and Prevention (CDC) regarding appropriate ICD diagnosis codes here: <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>.

5. Temporary Provider Enrollment

HSD has established an expedited temporary provider enrollment process for providers who intend to enroll with Medicaid only for the duration of the public health emergency. The temporary provider enrollment process requires that providers respond to standard disclosure questions and attestations; agree to the terms of the Medicaid Provider Participation Agreement (PPA); and agree to standard licensure screening processes.

To enroll with Medicaid through the temporary process, providers should go to: <https://nmmedicaid.portal.conduent.com/webportal/enrollOnline>.

Thank you for your service to New Mexicans during this emergency pandemic. Please contact the Medical Assistance Division at (505) 827-6252 or MADInfo.HSD@state.nm.us if you have any questions regarding this guidance.

Sincerely,

A handwritten signature in blue ink, appearing to read "Nicole Comeaux".

Nicole Comeaux, J.D., M.P.H., Director
Medical Assistance Division