Apple Health (Medicaid) COVID-19 testing clinical policy

In this time of the COVID-19 pandemic, the Health Care Authority (HCA) is aware that usual and customary ways of providing and billing/reporting services may not be feasible. It is also understood that different providers will have different capabilities. Therefore, in the interest of public health, HCA's Apple Health (Medicaid) program is trying to be as flexible as possible and is creating new policies that will allow you to provide medically necessary services and bill or report the encounter with the most appropriate code you determine applicable, using the guidance below.

Overview

The Medicaid program pays for Coronavirus disease 2019 (COVID-19) molecular, antigen and antibody testing for diagnostic and screening services services ordered by a qualified provider. Qualified providers are those who are eligible to bill Medicaid for reimbursement, such as health care providers, pharmacists, and dentists as listed in Washington Administrative Code (WAC) Chapter 182-502 WAC.

Only tests with FDA approval or FDA Emergency Use Authorization (EUA) are reimbursed in accordance with Chapter 182-530 WAC.

Providers that perform COVID-19 testing are expected to meet the Washington State Department of Health Reporting Requirements and have the appropriate credentials to perform testing.

The lab codes listed below are not encounter eligible for IHS (Indian Health Service), Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) providers.

Please see the COVID-19 fee schedule for rates. This policy applies to HCA-contracted managed care organizations.

PCR Tests			
HCPCS Code	**Short Description**	**Professional Claims**	**Facility Claims**
U0001	2019-ncov diagnostic p	Modifier CR	Modifier CR and Condition code DR
U0002	Covid-19 lab test non-cdc	Modifier CR	Modifier CR and Condition code DR
U0003	Cov-19 amp prb hgh thruput	Modifier CR	Modifier CR and Condition code DR
U0004	Cov-19 test non-cdc hgh thru	Modifier CR	Modifier CR and Condition code DR
CPT® Code	**Short Description**	**Professional Claims**	**Facility Claims**
87635	SARS-COV-2 COVID-19 AMP PRB	Modifier CR	Modifier CR and Condition code DR
87636	SARSCOV2 & INF A&B AMP PRB	Modifier CR	Modifier CR and Condition code DR
87637	SARSCOV2&INF A&B&RSV AMP PRB	Modifier CR	Modifier CR and Condition code DR

(Revised 1/24/2022)

Antigen test			
87426	CORONAVIRUS AG IA	Modifier CR	Modifier CR and Condition code DR
87811	SARS-COV-2 COVID19 W/OPTIC	Modifier CR	Modifier CR and Condition code DR
87428	SARSCOV & INF VIR A&B AG IA	Modifier CR	Modifier CR and Condition code DR

Limitations
- A total of 12 tests, per client, per month
- If additional test are needed, providers can submit a limitation extension request to HCA. Please see the Physician related services/health care professional services billing guide for information regarding limitation extension.

Over the Counter (OTC) COVID-19 testing

Apple Health (Medicaid) covers over-the-counter (OTC) COVID-19 tests with or without a prescription for clients. An adjudicated pharmacy claim is required for reimbursement of an OTC COVID-19 test. Pharmacies may not bill for test administration of an OTC COVID-19 test; these tests should be used by the patient in the home setting.

To bill the OTC COVID-19 tests, pharmacies must follow the NCPDP standard and use the national drug code (NDC) or universal product code (UPC) found on the package.

No Prescription
When there is no prescription:
- For clients in managed care, contact the client's managed care plan for billing instructions.
- For fee-for service clients, pharmacies must use the following prescriber information:
  - Prescriber ID Qualifier (466-EZ): 01
  - Prescriber ID (407-D7): 5123456787
  - Prescriber last name: OTC PRODUCT

Limitations
The following limits apply for OTC COVID-19 tests billed with or without a prescription:
- A total of 12 tests, per client, per month
- If additional tests are needed, pharmacy providers can submit a prior authorization request to HCA. Please see the Prescription Drug Program billing guide for information on how to obtain a authorization.

Claims can be processed using single packs (1 test) or multi-pack test kits (2 tests), equaling a total 12 OTC COVID-19 tests per month. As an example:
- 1 Single pack kit (1 test) – allows 12 kits per calendar month
- 1 Multi pack kit (2 tests) – allows 6 kits per calendar month

Billing for specimen collection

When collecting a specimen to test for COVID-19 that is not associated with an E/M visit, HCA previously allowed CPT® code 99001 to be billed. Effective 10/1/2020, in order to align with Medicare and other payers, Apple Health will allow HCPCS code G2023, G2024, and C9803 when billing for specimen collection, which includes drive-through testing. Those procedure codes will retro back to the date listed on the COVID-19 Fee Schedule and Apple Health will

accept CPT® code 99001 with a date of service before 10/15/2020 only. If you have denials for the following procedure codes, please resubmit your claim.

Please note HCPCS code G2023 and G2024 are not encounter eligible for federally qualified health centers (FQHCs) and rural health clinics (RHCs). CPT® 99211 is encounter eligible when performed by an encounter eligible provider in an eligible place of service. Outpatient hospital specimen collection, HCPCS code C9803, is not allowable in the FQHC or RHC setting.

The specimen collection codes listed below are eligible for the IHS (Indian Health Service) encounter rate if rendered by a health care professional at a direct IHS clinic, tribal clinic or tribal FQHC.

Specimen collection			
HCPCS Code	**Description**	**Professional Claims**	**Facility Claims**
G2023	Specimen collect covid-19	Modifier CR	Modifier CR and Condition code DR
C9803	Hopd covid-19 spec collect	Modifier CR	Modifier CR and Condition code DR
CPT® Code	**Short Description**	**Professional Claims**	**Facility Claims**
99211	Office Specimen Collection	Modifier CR	Modifier CR and Condition code DR

Clinical Policy: Medical Necessity Criteria for Antibody Testing for SARS-CoV-2 Policy

Antibody testing currently has clinical applicability only in specific circumstances and is not recommended for the general public on a broad scale. Per CDC Interim Guidelines for COVID-19, antibody testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established.

Based on this information, the Health Care Authority requires the following criteria be met for payment of COVID-19 antibody tests:

Must be performed by a CLIA certified lab

Must meet medical necessity criteria, specifically that the results from the antibody test will be used by a clinician to initiate or change the management of a client's care. A representative example of this occurs in cases where a client has late complications of COVID-19 illness, such as multisystem inflammatory syndrome in children

Please note, this policy may be updated as new information becomes available. This policy has a retroactive date of 4/10/20. HCA may perform a post-pay review on any claim and supporting physician's documentation to ensure compliance with this policy.

Antibody Test				
CPT® code	**Short Description**	**Professional claims**	**Facility Claims**	**Limitation**
86328	IA NFCT AB SARSCOV2 COVID19	Modifier CR	Modifier CR and Condition code DR	1 antibody test per calendar year, per client
86408	NEUTRLZG ANTB SARSCOV2 SCR	Modifier CR	Modifier CR and Condition code DR	1 antibody test per calendar year, per client

86409	NEUTRLZG ANTB SARSCOV2 TITER	Modifier CR	Modifier CR and Condition code DR	1 antibody test per calendar year, per client
86413	SARS-COV-2 ANTB QUANTITATIVE	Modifier CR	Modifier CR and Condition code DR	1 antibody test per calendar year, per client
86769	SARS-COV-2 COVID-19 ANTIBODY	Modifier CR	Modifier CR and Condition code DR	1 antibody test per calendar year, per client

Apple Health (Medicaid) is aware that there are other non-specific procedure codes that could be used to gain the same information, if those codes are billed to Apple Health (Medicaid) the same criteria listed above will be applied.

Limitations

- Limited to 1 antibody test per calendar year per client. If additional test are needed, providers can submit a limitation extension request to HCA. Please see the Physician related services/health care professional services billing guide for information regarding limitation extension.

Fee Schedule

- Please see HCA's COVID-19 fee schedule.

Pharmacists

Pharmacies can bill for over-the-counter (OTC) COVID-19 tests with or without a prescription. For more information on how to bill for OTC COVID-19 tests, see Over-the-Counter (OTC) COVID-19 testing.

During the PHE, a pharmacist may prescribe, administer, and bill for COVID testing as follows:

- Pharmacies may bill for COVID testing if the performing provider is a pharmacist and the test is performed in the pharmacy.
- These claims must be billed as a HIPPA 837 transaction using the pharmacy billing taxonomy of 193200000X.
- Tests that are allowed to be billed by pharmacies and pharmacists: antigen and PCR test codes as above.
- Specimen collection codes that are allowed to be billed with the test: G2023, C9803

This policy applies to HCA-contracted managed care organizations

Dentists

During the PHE, prior to an aerosole generating procedure a dentist may prescribe, administer, and bill for COVID antigen testing using the appropriate CDT code.

The test allowed to be billed by a dentist: antigen D0604

The specimen collection code, D0415, is allowed to be billed by a dentist. This code can be billed separately or with the antigen test.

Please see the COVID-19 fee schedule for rates.

Please note CDT codes D0604 and D0415 are not encounter eligible for federally qualified health centers (FQHCs) and rural health clinics (RHCs).

Direct IHS Clinics, Tribal Clinics or Tribal FQHCs, D0415 (specimen collection) is an encounter eligible professional service. D0604 (antigen testing) is a laboratory service and does not qualify for the encounter rate.

Antigen test- Dental	
Code	description
D0604	antigen testing for a public health-related pathogen, including coronavirus
D0415	specimen collection for a public health-related pathogen, including coronavirus