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MEMORANDUM (DMS-03)

To: Medicaid Providers
From: Division of Medical Services (DMS)
Date: March 19, 2020
Re: Laboratory Testing for COVID-19

In response to the COVID-19 outbreak in Arkansas and consistent with CMS's coverage and payment for COVID-19 diagnostic testing, DMS is covering the following laboratory services. **The procedure codes described below will be available on April 1, 2020 and will be retroactive to dates of service February 6, 2020. The codes will be available as described for thirty (30) days, with the possibility of extending for additional thirty-day periods.**

Code	Short Description	Fee
U0001	CDC developed 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel	\$35.92
U0002	Non-CDC developed 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19)	\$51.33

The following provider types may bill for these services:

- Physicians (PT 01 & 03)
- Nurse Practitioners (PT 58)
- Rural Health Clinics (PT 29)
- Hospitals (PT 05)
- Arkansas Department of Health (PT 30)
- Rehabilitation Centers (PT 26)

These diagnostic tests must be ordered by a physician, regardless of who bills for the service. These codes are appropriate to be billed when at least one (1) of the following symptoms is present and documented on the claim:

- R05: Cough
- R06/02: Shortness of breath
- R50.9: Fever, unspecified

To ensure access to COVID-19 diagnostic testing, Medicaid is exempting these screens from the \$500.00 limit on laboratory and x-ray services for beneficiaries over 21 years of age. This rule is being suspended pursuant to Executive Order 20-06.

To ensure quality and consistency of care to Medicaid beneficiaries, DMS will coordinate with the Office of the Medicaid Inspector General (OMIG) to conduct retrospective reviews and audits of telemedicine services during this time. Please keep all records of services as required by Medicaid physician billing and telemedicine rules.