



Connecticut Medical Assistance Program

Policy Transmittal 2020-39

Deidre S. Gifford, MD, MPH, Commissioner

Provider Bulletin 2020-48

May 2020

Effective Date: March 18, 2020

Contact: See Below

TO: All Providers

RE: REVISED CMAP COVID-19 Response – Bulletin 32: Services Covered under the Optional Medicaid Coverage Group “COVID-19 Testing Group” for Uninsured Connecticut Residents

The Department of Social Services (DSS) implemented an optional Medicaid coverage group, “COVID-19 Testing Group” for uninsured Connecticut residents effective March 18, 2020. This optional eligibility group provides coverage for the testing for COVID-19 and the office visit related to testing for COVID-19. Please refer to *PB 2020-42 CMAP COVID-19 Response – Bulletin 27: New COVID-19 Coverage Group for Uninsured Residents*, for additional details regarding eligibility under this optional group.

Eligibility Verification

The DXC Automated Eligibility Verification System (AEVS) will return client information that identifies if a client is eligible for the new optional Medicaid coverage group, “COVID-19 Testing Group”. This is a limited benefit coverage group for Connecticut residents who are citizens or qualified non-citizens who do not otherwise qualify for Medicaid or who do not have coverage through Medicare, or any other health plan or program. The eligibility verification response for this population will be “COVID-19 Limited Coverage”.

Uninsured Connecticut residents seeking COVID-19 testing coverage should be directed to apply for HUSKY Health at www.accesshealthct.com or by calling 1-855-805-4325.

Services Covered under the COVID-19 Testing Group

Effective for dates of service between March 18, 2020 and the end of the federally declared public health emergency, the following

services are covered under the COVID-19 Testing Group. These services are consistent with the allowable service categories for this new optional Medicaid coverage group as outlined in the Families First Coronavirus Response Act (FFCRA) and clarifying guidance from the Centers for Medicare & Medicaid Services (CMS). Federal law allows for coverage of the test itself, an office visit to determine whether testing is necessary and related services to determine whether testing is necessary, such as a chest x-ray. An individual can qualify more than once for testing and an office visit to determine whether testing is necessary under the COVID-19 Testing Group. Prior authorization is not required for these services.

The new testing group does not allow for coverage of treatment and does not include prescription drug coverage or coverage for non-emergency medical transportation.

Office and Outpatient Visits*	
Proc. Code	Description
99201-99215	Patient Office or Other Outpatient Services
Emergency Department*	
99281-99285	New or Established Patient Emergency Department Services
Hospital Outpatient Clinic Visit*	
G0463	Hospital outpatient clinic visit
Lab Testing	
Proc. Code	Description
U0001	2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test

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U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
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)
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87275	Influenza b ag if
87276	Influenza a ag if
87279	Parainfluenza ag if
87400	Influenza a/b ag ia
87501	Influenza dna amp prob 1+
87502	Influenza dna amp probe
87503	Influenza dna amp prob addl
87804	Influenza assay w/optic
87280	Respiratory syncytial ag if
87420	Resp syncytial ag ia
87634	Rsv dna/rna amp probe
87807	Rsv assay w/optic
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87631	Resp virus 3-5 targets
87632	Resp virus 6-11 targets
87633	Resp virus 12-25 targets
Chest X-Ray*	
Proc. Code	Description
71045	X-ray exam chest 1 view
71046	X-ray exam chest 2 views
71047	X-ray exam chest 3 views
71048	X-ray exam chest 4+ views

*Covered only if related to the ordering of COVID-19 testing.

DSS will continue to update the list of services covered under the COVID-19 Testing Group as additional services are identified or new procedure codes are developed for services related to COVID-19 testing.

Services not identified as covered services in this provider bulletin or subsequent bulletins issued by DSS will be denied.

Providers Eligible to Bill for Services Covered under the COVID-19 Testing Group

The following provider types that are enrolled with the Connecticut Medical Assistance Program (CMAP) are eligible to bill for the services listed above:

- Outpatient Hospitals
- Physicians
- Physician Assistants
- Advanced Practice Registered Nurses
- Medical Federally Qualified Health Centers
- Independent Laboratories

Existing reimbursement methodologies for each provider category will apply to the services billed under the COVID-19 Testing Group and each provider should refer to their applicable fee schedule for reimbursement rates.

Claims Submission

Providers should continue to submit claims electronically to DXC Technology for individuals eligible under the COVID-19 Testing Group.

Billing Questions

For questions about billing or if further assistance is needed to access the fee schedules on the Connecticut Medical Assistance Program (CMAP) Web site, please

contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions

Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

Responsible Units

Questions Related to **Eligibility** - DSS Medical Eligibility Policy at EligPolicy.DSS@ct.gov

Questions Related to **Covered Services** - DSS, Division of Health Services: Nina Holmes, Medical Policy Consultant at nina.holmes@ct.gov

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