



Division of Medical Services
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AMENDED MEMORANDUM (DMS-03)

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

Amended on May 19, 2020

This guidance ends at the expiration of the public health emergency as declared by the Governor of Arkansas.

As authorized by the Governor's Executive Order 20-06 and Order 20-16, regarding the public health emergency concerning COVID-19, and power delegated to the Governor by Arkansas Code Annotated § 12-75-114, the following agency rules are identified as preventing, hindering, or delaying the agency's ability to render maximum assistance to the citizens of this state and are hereby suspended for the duration of the declared public health emergency, unless otherwise stated:

Section 225.100(A) in the Physician/Independent Lab/CRNA/Radiation Therapy Center Medicaid Provider Manual, regarding limitations on outpatient laboratory services.

In consistency 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.

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 Center (PT 26)

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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.