State of New Mexico
Medical Assistance Program Manual

Supplement

SPECIAL COVID-19 SUPPLEMENT #4

DATE: MAY 6, 2020 (EFFECTIVE APRIL 23, 2020)

TO: NEW MEXICO HEALTH CARE PROVIDERS & LABORATORIES

FROM: NICOLE COMEAUX, J.D., M.P.H., MEDICAL ASSISTANCE DIVISION DIRECTOR

THROUGH: DEVI GAJAPATHI, BUREAU CHIEF, BENEFITS AND REIMBURSEMENT BUREAU

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/covid.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.

APPLICATION FOR COVID-19 TESTING

HUMAN SERVICES
DEPARTMENT
MEDICAL ASSISTANCE DIVISION

Do you have health insurance? If not, you may be able to get free testing for COVID-19 through Medicaid. List the names and information for you and anyone who lives with you who needs insurance for COVID-19 testing. Coverage will start the month when we get your application. You may also ask for coverage for the past three months if you got COVID-19 testing or related services.* If you need full health insurance, you might be able to get it from Medicaid or the NM Health Insurance Exchange for free or low-cost. Go to **www.yes.state.nm.us** to apply. Or call 1-855-637-6574.

Person Giving Information for Applicants or for Household Members Listed Below. (This can be the applicant. It can be a health-care provider. It can be a presumptive eligibility determiner.)

First Name   Middle   Last   Organization Name, if applicable

Applicant's Home Address   City   State   Zip

Phone   Email

Applicant's Mailing Address. (Enter if different from above.)

Address   City   State   Zip

List all uninsured members in your household. List those who need help with COVID-19 testing or testing-related services.

Name (First, Middle, Last)	Date of Birth	SSN (required)	Have you received COVID-19 testing?	If yes, in which month(s)?	Is applicant a US Citizen, a US National, or a Qualified Non-Citizen?**	Is applicant a resident of New Mexico? And do they plan to stay here?	Does applicant have other health insurance? (Such as private or employer-sponsored.)	Does applicant have Medicaid? Medicare? TRICARE? Or federal health insurance?
			Y☐ N☐		Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐
			Y☐ N☐		Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐
			Y☐ N☐		Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐
			Y☐ N☐		Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐
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			Y☐ N☐		Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐

* COVID-19 testing and testing-related services received before March 18, 2020, are not covered by this program.

** COVID-19 testing and testing-related services are covered regardless of immigration status. HSD and its staff will not share the information in this application other than solely for the purpose of determining your eligibility for coverage for COVID-19 testing and testing-related services. If you do not have a SSN or a qualifying immigration status, we have other programs that can help you.

If you sign below, you swear that what you have said above is true. You swear it is correct as far as you know. What you share will be kept secure. It will be kept private.

Signature of Applicant   Date

Citizenship or Immigration Status: Many immigrants can get Medicaid. Some immigrants must have been in a certain status for 5 years before they can get Medicaid. There are many exceptions. Any lawfully residing child under the age of 21 or pregnant woman that meets all other requirements can get Medicaid right away. We keep your information private and secure.

Individuals in one of the following statuses may be eligible for coverage of COVID-19 testing and testing-related services if they meet the other program requirements.

U.S. Citizen	Lawful Permanent Resident (LPR/Green Card holder)	Asylee	Refugee	Cuban/Haitian entrant	Paroled into the U.S. (for at least one year)
Conditional entrant granted before 1980	Battered spouse, child, or parent	Victim of trafficking and his/her spouse, child, sibling, or parent	Granted Withholding of Deportation or Withholding of Removal	Member of a federally recognized Indian tribe or American Indian born in Canada	Afghan or Iraqi Special Immigrant
Amerasian	Individual with non-immigrant status (including worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau	Paroled into the U.S. (for less than one year)	Temporary Protected Status (TPS)	Deferred Enforced Departure (DED)	Deferred Action Status
Lawful temporary resident (LTR)	Granted an administrative stay or removal by DHS	Granted Withholding of Removal under the Convention Against Torture (CAT)	Resident of American Samoa	Applicant for Special Immigrant Juvenile Status	Applicant for Adjustment to LPR Status with an approved visa petition
Applicant for Victim of trafficking visa	Applicant for Asylum (with EAD or under age 14 with application pending for at least 180 days)	Applicant Withholding of Deportation or Withholding of Removal (with EAD or under age 14 with application pending for at least 180 days)	Registry applicant (with EAD)	Order of supervision (with EAD)	Applicant for Cancellation of Removal or Suspension of Deportation (with EAD)
Applicant for Legalization under IRCA (with EAD)	Applicant for Temporary Protected Status (TPS) (with EAD)	Legalization under the LIFE Act (with EAD)			

SOLICITUD PARA PRUEBA DE COVID-19

¿Tiene seguro médico? Si no tiene, es posible que pueda obtener pruebas gratuitas para COVID-19 a través de Medicaid. Indique los nombres e información suya y la de cualquier persona que viva con usted que necesite un seguro para la prueba de COVID-19. La cobertura comenzará el mes en que recibamos su solicitud. También puede solicitar cobertura por los últimos tres meses si recibió la prueba COVID-19 o los servicios relacionados. * Si necesita un seguro de salud completo, puede obtenerlo de Medicaid o de los Mercados de Seguros de Salud de NM de forma gratuita o a bajo costo. Para aplicar entre a este sitio **www.yes.state.nm.us**. O llame al 1-855-637-6574.

Persona que da la información a los solicitantes o los miembros del hogar que se enumeran a continuación. (Puede ser el solicitante. Puede ser un proveedor de atención médica. Puede ser quien determina la presunta elegibilidad).

Nombre	Segundo Nombre	Apellido	Nombre de la organización, si corresponde

Domicilio del solicitante	Ciudad	Estado	Código Postal

Teléfono	Email

Dirección postal del solicitante. (Ingrese si es diferente a la de arriba.)

Dirección	Ciudad	Estado	Código Postal

Enumere a todos los miembros no asegurados en su hogar. Enumere a aquellos que necesitan ayuda con las pruebas de COVID-19 o servicios relacionados con las pruebas.

Nombre (Primer nombre, Segundo nombre, Apellido)	Fecha de nacimiento	No. Seguro Social (requerido)	¿Ha recibido la prueba de COVID-19?	Si respondió que sí, ¿en qué mes o meses?	¿El solicitante es ciudadano estadounidense, nacional estadounidense o un no-ciudadano calificado? **	¿El solicitante es residente de Nuevo México? ¿Y planea quedarse aquí?	¿El solicitante tiene otro seguro de salud? (Como privado o patrocinado por el empleador)	¿El solicitante tiene Medicaid? ¿Medicare? ¿TRICARE? ¿O un seguro de salud federal?
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			S☐ N☐		S☐ N☐	S☐ N☐	S☐ N☐	S☐ N☐
			S☐ N☐		S☐ N☐	S☐ N☐	S☐ N☐	S☐ N☐
			S☐ N☐		S☐ N☐	S☐ N☐	S☐ N☐	S☐ N☐
			S☐ N☐		S☐ N☐	S☐ N☐	S☐ N☐	S☐ N☐
			S☐ N☐		S☐ N☐	S☐ N☐	S☐ N☐	S☐ N☐

* Las pruebas COVID-19 y los servicios relacionados con las pruebas recibidos antes del 18 de marzo de 2020 no están cubiertos por este programa.

** Las pruebas COVID-19 y los servicios relacionados con las pruebas están cubiertos independientemente del estado migratorio. HSD y su personal no compartirán la información de esta solicitud excepto con el único fin de determinar su elegibilidad para la cobertura de las pruebas COVID-19 y los servicios relacionados con las pruebas. Si no tiene un número de Seguro Social o un estado migratorio calificado, tenemos otros programas que pueden ayudarlo.

Al firmar a continuación, jura que lo que ha dicho aquí es cierto. Jura que la información es correcta hasta donde sabe. La información que comparta se mantendrá segura, y será confidencial.

_____
Firma del Solicitante   Fecha

Estado de ciudadanía o inmigratorio: muchos inmigrantes pueden obtener Medicaid. Algunos inmigrantes deben haber estado en una determinada situación inmigratoria durante 5 años antes de poder obtener Medicaid. Hay muchas excepciones. Cualquier menor de 21 años que resida legalmente o una mujer embarazada que cumpla con todos los requisitos puede recibir Medicaid de manera inmediata. Mantenemos su información privada y segura.

Las personas en una de las siguientes situaciones pueden ser elegibles para la cobertura de pruebas COVID-19 y los servicios relacionados con las pruebas si cumplen con los otros requisitos del programa.

Ciudadano estadounidense	Residente permanente legal (titular de LPR/Permiso de Residencia)	Asilado	Refugiado	Ingresante cubano/haitiano	En libertad condicional en los EE. UU. (durante al menos un año)
Ingreso condicional otorgado antes de 1980	Cónyuge, hijo/hija o padre/madre maltratado	Víctima de trata y su cónyuge, hijo/hija, hermano/hermana o padre/madre	Retención de deportación concedida o retención de expulsión concedida	Miembro de una tribu india reconocida federalmente o de un indio americano nacido en Canadá	Inmigrante especial afgano o iraquí
Amerasiático	Individuo con estatus de no-inmigrante (incluyendo visas de trabajo, visas de estudiante y ciudadanos de Micronesia, las Islas Marshall y Palau)	En libertad condicional en los EE. UU. (por menos de un año)	Estatus de Protección Temporal (TPS)	Salida Forzada Diferida (DED)	Estatus de Acción Diferida
Residente temporal legal (RTL)	Estadía administrativa autorizada o remoción por parte del DHS	Retención de deportación autorizada bajo la Convención Contra la Tortura (CCT)	Residente de Samoa Americana	Solicitante de estatus especial de inmigrante juvenil	Solicitante de Ajuste de Estado de LPR con una petición de visa aprobada
Solicitante de visa de víctima de trata de personas	Solicitante de asilo (con permiso de trabajo o menor de 14 años con solicitud pendiente por al menos 180 días)	Solicitud de retención de deportación o retención de expulsión (con permiso de trabajo o menores de 14 años con solicitud pendiente por al menos 180 días)	Solicitante de registro (con permiso de trabajo)	Orden de supervisión (con permiso de trabajo)	Solicitante de cancelación de expulsión o suspensión de deportación (con permiso de trabajo)
Solicitante de legalización bajo IRCA (con permiso de trabajo)	Solicitante de Estatus de Protección Temporal (TPS) (con permiso de trabajo)	Legalización bajo la Ley LIFE (con permiso de trabajo)			