



Department of Medical Assistance Services  
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<http://www.dmas.virginia.gov>

# MEDICAID MEMO

**TO:** All Medicaid Providers and Managed Care Organizations Participating in the Virginia Medical Assistance Program

**FROM:** Karen Kimsey, Director  
Department of Medical Assistance Services (DMAS)

**DATE:** 8/07/2020

**SUBJECT:** Coverage of COVID-19 Antibody Lab Tests

The purpose of this memorandum is to inform providers that DMAS fee for service (FFS) and all contracted managed care plans will cover two new COVID-19 antibody-testing codes. Please check with the individual plan for details on service authorization. Further contact information is included at the bottom of this document.

The two antibody testing codes below will be covered with effective dates of service of August 10, 2020 and onwards. Laboratories billing for these codes will need to be CLIA-certified.

86769: Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and

86328: Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) the codes.

For members enrolled in the FFS program, DMAS will reimburse providers for COVID-19 antibody testing under the following conditions:

- Providers have ensured that the serologic assays used for testing:
  - Have Emergency Use Authorization (EUA) by the FDA: <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/eua-authorized-serology-test-performance>; and
  - Have a sensitivity and specificity > 98% and a Positive Predictive Value of > 90% (at an assumed prevalence of 5%).
- The purpose of testing meets either one (1) of the following criteria:
  - Used as a method to help establish a diagnosis when patients present with late complications of COVID-19 illness.
  - When used in addition to direct detection methods, such as polymerase chain reaction (PCR) to aid in the evaluation of acute COVID-19 illness for patients who present late in the disease course (currently defined as > 14 days after illness onset). The PCR test must be performed, and the result returned, before antibody testing is performed.

The reimbursement rate for these codes will be: 86769 = \$42.13; 86328 = \$45.23

For members enrolled in the FFS program, the DMAS Medical Support Unit (MSU) will be completing the authorization requests. Providers must fax authorization requests for the test to the DMAS Medical Support Unit (MSU). The MSU fax number is 804-452-5450.

For questions on completing authorization requests for members enrolled in a managed care organization, refer to the contact information listed below.

<b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</b>	
<b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	<a href="http://www.viriniamedicaid.dmas.virginia.gov">www.viriniamedicaid.dmas.virginia.gov</a>
<b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
<b>KEPRO</b> Service authorization information for fee-for-service members.	<a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a>
<b>Managed Care Programs</b> Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
<b>Medallion 4.0</b>	<a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>
<b>CCC Plus</b>	<a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>
<b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	<a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> For credentialing and behavioral health service information, visit: <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a> , email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> , or call: 1-800-424-4046
<b>Provider HELPLINE</b> Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	<a href="http://aetnabetterhealth.com/virginia">aetnabetterhealth.com/virginia</a> 1-800-279-1878
Anthem HealthKeepers Plus	<a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> 1-800-901-0020
Magellan Complete Care of Virginia	<a href="http://www.MCCofVA.com">www.MCCofVA.com</a> 1-800-424-4518 (TTY 711) or 1-800-643-2273

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Optima Family Care	1-800-881-2166
United Healthcare	Uhcommunityplan.com/VA and myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711)