



State of New Mexico  
Medical Assistance Program Manual  
**Supplement**



**SPECIAL COVID-19 SUPPLEMENT #11**

**DATE:** SEPTEMBER 10, 2020

**TO:** FEDERALLY QUALIFIED HEALTH CENTERS, INDIAN HEALTH SERVICE AND TRIBAL 638 FACILITIES, RURAL HEALTH CLINICS AND HOSPITAL-BASED RURAL HEALTH CLINICS

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

**SUBJECT:** COVID-19 TESTING: BILLING AND REIMBURSEMENT FOR TESTING AND SERVICES RENDERED OFFSITE

In response to the National Public Health Emergency associated with the 2019 Novel Coronavirus (COVID-19) outbreak Federally Qualified Health Centers (FQHC), Indian Health Service (IHS) and Tribal 638 Facilities, Rural Health Clinics (RHC) and Hospital Based Rural Health Clinics (HBRHC) that have set up testing sites outside of the clinic environment may bill for the collection of a specimen when the specimen is obtained. This billing change is effective for dates of service on, or after, 03/01/2020 and will sunset when the Human Services Department determines that the outbreak of the 2019 Novel Coronavirus (COVID-19) associated with the national public health emergency has been contained.

**BILLING REQUIREMENTS**

**FQHCs:**

1. For swabbing only - if billing on a UB-04 claim form, use revenue code 0300 (Laboratory - General Classification) and append HCPCS procedure code G2023 (Specimen Collect COVID-19). Reimbursement will be at the fee schedule rate. Enter condition code DR (disaster related) for reporting purposes only, it does not affect payment. The revenue code and the HCPCS code must be on the claim line to avoid claim/claim line denials and ensure accurate payment.
2. For swabbing only - if billing on a CMS-1500 claim form, use HCPCS procedure code G2023 (Specimen Collect COVID-19). Append modifier CR (catastrophe/disaster related) for reporting purposes only, it does not affect payment. Reimbursement will be made at the fee schedule rate.
3. For a complete service (medical screen, specimen collection and handling, reporting results to a recipient and providing follow-up guidance as necessary) bill revenue code 0529-Free-Standing Clinic. Reimbursement will be made at the provider's encounter rate.

**IHS and Tribal 638 Facilities:**

1. Bill on a UB-04 claim form with revenue code 0519-Clinic. Reimbursement will be made for the complete service (medical screen, specimen collection and handling, reporting results to a recipient and providing follow-up guidance as necessary) at the OMB rate. Enter condition code DR (disaster related) for reporting purposes only, it does not affect payment.

**RHCs and HBRHCs:**

1. For swabbing only - if billing on a UB-04 claim form, use revenue code 0300 (Laboratory - General Classification) and append HCPCS procedure code G2023 (Specimen Collect COVID-19). Reimbursement will be at the fee schedule rate. Enter condition code DR (disaster related) for reporting purposes only, it does not affect payment. The revenue code and the HCPCS code must be on the claim line to avoid claim/claim line denials and ensure accurate payment.
2. For a complete service (medical screen, specimen collection and handling, reporting results to a recipient and providing follow-up guidance as necessary) bill revenue code:
  - a. Rural Health Clinic: 0521 (Free-Standing Clinic)
  - b. Hospital Based Rural Health Clinic: 0510 (Clinic – General Classification)Reimbursement will be made at the provider's encounter rate.

**MANAGED CARE ORGANIZATIONS:**

The above guidance relates to fee-for-service claims submission. For managed care claims, please follow guidance provided by each MCO.

Thank you for your service to New Mexicans during this emergency pandemic. This COVID-19 Supplement will sunset when the Human Services Department determines that the national public health emergency associated with the 2019 Novel Coronavirus (COVID-19) outbreak has been contained. Please contact the Medical Assistance Division at (505) 827-6252 or [MADInfo.HSD@state.nm.us](mailto:MADInfo.HSD@state.nm.us) if you have any questions regarding this guidance.