



Provider Memorandum

To: All Molina Healthcare of New York, Inc. Providers
From: Provider Services, Molina Healthcare of New York, Inc
Date: 1/7/21
Subject: COVID-19 Testing, Specimen Collection and Monoclonal Antibody Infusions

Below you will find a list of codes related to COVID-19 Testing, Specimen Collection and Monoclonal Antibody Infusions:

COVID-19 Testing, Specimen Collection and Monoclonal Antibody Infusions

Code	Description	Eff Date	MNY Fee Amt \$	Pricing Source
C9803	H O/P CLI SPEC CLCT SARS-COV-2 COVID-19 ANY SRC	3/1/20	23.00	CMS
G2023	SPEC CLCT FOR SARS-COV-2 COVID-19 ANY SPEC SRC	3/1/20	23.46	CMS/Medicaid
U0001	CDC 2019 NOVEL CORONAVIRUS RT RT-PCR DX PANEL	3/3/20	35.91	CMS
U0002	2019-NCOV CORONAVIRUS SARS-COV-2/2019-NCOV	3/3/20	51.31	CMS/Medicaid
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	3/13/20	51.31	CMS/Medicaid
U0003	INF AGT DET DNA/RNA;SARS-COV-2 COVID-19 AMP P T	3/18/20	100.00	CMS/Medicaid
U0004	2019-NCOV CORONAVIRUS SARS-COV-2/COVID-19 ANY T	3/18/20	100.00	CMS/Medicaid
86328	IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	4/10/20	45.23	CMS
86769	ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	4/10/20	42.13	CMS
87426	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	6/25/20	45.23	CMS
0202U*	NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	6/25/20	0.01	TBD
99072*	SUPPLIES AND MATERIALS	9/8/20	0.01	TBD
87636*	IADNA SARSCOV2 and INF A and B MULT AMPLIFIED PROBE TQ	10/6/20	0.01	TBD
87811*	IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	10/6/20	0.01	TBD
87637*	IADNA SARSCOV2 and INF A and B and RSV MULT AMP PROBE	10/6/20	0.01	TBD
87428*	IAAD IA SARSCOV and INFLUENZA VIRUS TYPES A and B	11/10/20	0.01	TBD
U0005**	ADD ON INCENTIVE	1/1/21	25.00	CMS

* Loaded as \$.01 until pricing is released

** Effective 1/1/2021, only submitters of U0003 or U0004 that also include code U0005 will earn the higher payment of \$100 per test. Submitters unable to support the additional code of U0005 high throughput tests will receive a lesser CMS payment of \$75 per test.



Monoclonal Antibody COVID-19 Infusions

Code	Vaccine/Procedure Name	Effective Date	Payment Allowances \$	Labeler Name
Q0239	Injection, bamlanivimab, 700 mg	11/10/20	-	Eli Lilly
M0239	Intravenous infusion, bamlanivimab, includes infusion and post administration monitoring	11/10/20	309.60	Eli Lilly
Q0243	Injection, casirivimab and imdevimab, 2400 mg	11/21/20	-	Regeneron
M0243	Intravenous infusion, casirivimab and imdevimab, includes infusion and post administration monitoring	11/21/20	309.60	Regeneron

You can also visit the New York State Department of Health website at:

https://health.ny.gov/health_care/medicaid/covid19/guidance_for_specimen_collection.htm for additional information and the latest updates. We will continue to update providers as we receive new state guidance.

Please reach out to our Provider Relations Team with any questions or concerns by emailing MHNYProviderServices@MolinaHealthCare.Com or calling (877) 872-4716.

Sincerely,
Molina Healthcare of New York, Inc.