



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Cabinet Secretary

Frequently Asked Questions
on the Uninsured and COVID-19 Testing Coverage

For individuals without insurance:

1. I currently do not have insurance and need to have COVID-19 testing, will anyone pay for these services?
 - a. Yes, WV Medicaid will pay for your COVID-19 testing and treatment if you do not have insurance.
2. If Medicaid pays for my COVID-19 testing and related services, does that mean I have Medicaid?
 - a. No, you do not automatically have Medicaid. Only COVID-19 testing and treatment will be covered. You do not need to apply for Medicaid to receive these services.
3. Can I enroll in Medicaid at this time if I want to?
 - a. Yes, you may apply for Medicaid at any time. Your application will be reviewed, and if approved, you will have Medicaid as of the 1st day of the month of your application. This will give you access to other Medicaid services beyond COVID-19 testing and treatment.

For individuals with insurance:

1. Will I be required to pay a copay for COVID-19 testing?
 - a. No, you will not be asked to pay a co-pay for these services.
2. Will I need a prior authorization to receive testing?
 - a. No, your insurance should not require this before you can receive a test or create a barrier for you to receive treatment related to COVID-19.

Other Information for individuals:

1. Do I need to have symptoms to be tested?
 - a. No, you can receive a test regardless of whether you have symptoms or not. You may be required to be tested to return to work. You should work with your doctor to find a testing site or contact your Local Health Department.

For Providers:

1. How do I bill for an uninsured individual?
 - a. You will need to submit a paper claim to DXC for billing any testing and/or treatment services for uninsured individuals. Use the Member ID 24000000099 and include the patient’s name in the “Patient Account Number” field when submitting.

2. What testing and lab codes may I bill for reimbursement?
 - a. The following codes may be billed to Medicaid for reimbursement. Testing for both symptomatic and asymptomatic patients is reimbursable.

HCPCS/CPT Code	Description	Reimbursement
U0001	Use when specimens are sent to the CDC or CDC-approved labs	\$32.32
U0002	Use when specimens are sent to commercial (non-CDC) labs	\$46.18
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.	\$90.00
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.	\$90.00
86328	The code was established to report antibody testing performed using a single-step method immunoassay and will allow for tracking of COVID-19 antibody testing.	90% of Medicare Rate
86769	The code describes antibody testing performed using a multiple-step method .	90% of Medicare Rate
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease)	\$46.18
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	\$21.11
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	\$22.91

3. How will I be reimbursed for treatment of the uninsured?
 - a. Providers rendering treatment services should also bill Member ID 24000000099 and include the patient’s name in the “Patient Account Number” field when submitting their paper claim.
 - b. Providers will need to include a diagnosis code of U07.1 for confirmed COVID-19 cases or Z20.828 for suspected, possible, probable or inconclusive COVID-19 cases.