

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Deputy Director/Medicaid Director

**Transmittal # 21-19**

TO: All DC Medicaid Providers

FROM: Melisa Byrd  
Senior Deputy Director and State Medicaid Director

DATE: May 25, 2021

SUBJECT: **Updates to the *Laboratory Billing Codes and Reimbursement Rates for COVID-19 Testing***

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**Purpose**

The Department of Health Care Finance (DHCF) is committed to taking critical steps to ensure District residents have access to testing and treatments for COVID-19 in the professional setting. This transmittal provides notice of coverage and reimbursement for additional HCPCS and CPT codes related to COVID-19 diagnostic testing for fee-for-service providers and for providers enrolled in Medicaid Managed Care Organization (MCO) networks. The transmittal also provides a comprehensive listing of all current coverage and pricing for COVID-19 laboratory tests throughout the pendency of the Public Health Emergency (PHE).<sup>1</sup> The guidance, coverage, and pricing in this transmittal supersedes that provided in Transmittal 20-22, Transmittal 20-13, Transmittal 20-09, and Transmittal 20-41. Prior transmittals on the COVID-19 laboratory tests are available at: <https://dhcf.dc.gov/page/2020-dhcf-medicaid-updates>.

**Billing Codes & Reimbursement**

The billing and reimbursement rates for COVID-19 diagnostic test and specimen collection codes are based on the Medicare Administrative Contractor (MAC) for DC or other published guidance by CMS. If newer rates are published by CMS or a MAC, the rates may be updated with retroactive payment adjustments as necessary.

The table below provides the relevant and most current billing and reimbursement guidance for all COVID-19 laboratory tests covered by DHCF to date. Newly added codes are denoted in bold.

<b>HCPCS/CPT</b>	<b>Description</b>	<b>Effective Date</b>	<b>Max Units</b>	<b>PA Required</b>	<b>Rates</b>
U0001	CDC 2019 novel coronavirus (2019-nCoV) real-time RT-PCR diagnostic test panel	2/4/2020	2	No	\$35.92

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<sup>1</sup> The Public Health Emergency period, for purposes of the information contained in this Transmittal, is from March 1, 2020, through the termination of the PHE, as determined by the Secretary of the U.S. Department of Health and Human Services, including any extensions.

U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets)	2/4/2020	2	No	\$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.	3/18/20	2	No	\$100
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), nonCDC, making use of high throughput technologies as described by CMS-2020-01-R	3/18/20	2	No	\$100
U0005	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, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2	1/1/21	-	-	Not covered
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method, (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	4/10/2020	3	No	\$45.23

86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	8/10/20	1	No	\$42.13
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	8/10/20	1	No	\$105.33
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), antibody, quantitative	9/8/2020	1	No	\$42.13
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) (multiple-step method)	4/10/2020	3	No	\$42.13
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	6/25/2020	1	No	\$45.23
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [eia], enzyme-linked immunosorbent assay [elisa], fluorescence immunoassay [fia], immunochemiluminometric assay [imca]) qualitative or	11/10/2020	1	No	\$73.49

	semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B				
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	4/1/2020	2	No	\$51.33
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	10/6/2020	1	No	\$142.63
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	10/6/2020	1	No	\$142.63
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	10/6/2020	1	No	\$41.38
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	3/1/2020	2	No	\$23.46

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	3/1/2020	2	No	\$25.46
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid19]), any specimen source)	3/1/2020	N/A	N/A	Covered for hospitals only

CPT Proprietary Laboratory codes (0223U, 0224U, 0225U, 0226U, 0240U, 0241U) are not covered. DHCF will maintain rates of \$100.00 for U0003, U0004 for high throughput testing as the add-on code U0005 is not covered.

**For MCO Enrollees:** Providers should follow instructions provided by the enrollee's MCO for billing for administration of COVID-19 monoclonal antibody infusions. MCOs are required to reimburse providers at the rates published in this transmittal. Contact the appropriate MCO for more information:

- AmeriHealth Caritas DC Provider Services: 202-408-2237 or 1-888-656-2383
- CareFirst Community Health Plan DC Provider Services: 202-821-1100
- Health Services for Children with Special Needs (HSCSN) Provider Services: 202-467-2737 | Option #2
- MedStar Family Choice-DC Provider Services: 855-798-4244

### Contact

If you have questions, please contact Amy Xing, Reimbursement Analyst, at [amy.xing2@dc.gov](mailto:amy.xing2@dc.gov) or 202-481-3375.

**Cc:** DC Hospital Association  
DC Primary Care Association  
DC Health Care Association  
DC Home Health Association  
DC Behavioral Health Association  
DC Coalition of Disability Service Providers  
Medical Society of DC