Illinois Medicaid COVID-19 Fee Schedule

PLEASE NOTE: New COVID-19 related codes will be added to the HFS system as they are released by the Centers for Medicare and Medicaid Services (CMS) in accordance with the December 8, 2020 provider notice. Claims containing new codes which do not have a Medicare or National Government Services (NGS) rate will temporarily suspend until a code rate is assigned. Once a rate is assigned, the HFS system will be updated with that rate and any held claims released into processing.

COVID-19 Vaccines and Vaccine Administration

****Information regarding rates and billing guidance for the new mRNA COVID-19 Vaccine CPT codes (90480, 91318, 91319, 91320, 91321, 91322), which are effective September 11, 2023 for ages 6 months and older, will be forthcoming on the next COVID-19 fee schedule.***

COVID-19 vaccine product procedure codes are included as a reference but should not be billed when obtained at zero cost to the provider. COVID-19 vaccine administration procedure codes are billable by Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), Local Health Departments, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Encounter Rate Clinics (ERCs), and School-Based Health Centers (SBHCs). Home Health Agencies may now bill for COVID-19 Vaccine administration, effective with this fee schedule posting, from this or any archived COVID-19 fee schedule so long as the vaccine administration code was a covered service on the date of service.

***Please Note*: FQHCs, RHCs and ERCs must submit COVID-19 vaccine administration codes fee-for-service separately from an encounter claim, even if the vaccine was administered during a face-to face encounter with a practitioner.**

Procedure Code	Effective Date	Description	State Max Amount
91300	12/11/2020 – 4/18/2023	Pfizer-BioNTech Covid-19 Vaccine (Aged 12 years and older) (Purple Cap)	N/A (government supplied at no cost to provider during effective dates)
0001A	1/1/2023 – 4/18/2023	Pfizer-BioNTech Covid-19 Vaccine (Purple Cap) Administration – First Dose	43.60
0002A	1/1/2023 – 4/18/2023	Pfizer-BioNTech Covid-19 Vaccine (Purple Cap) Administration – Second Dose	43.60
0003A	1/1/2023 – 4/18/2023	Pfizer-BioNTech Covid-19 Vaccine (Purple Cap) Administration – Third Dose	43.60
0004A	1/1/2023 – 4/18/2023	Pfizer-BioNTech Covid-19 Vaccine (Purple Cap) Administration – Booster	43.60

91301	12/18/2020 – 4/18/2023	Moderna Covid-19 Vaccine (Aged 12 years and older) (Red Cap)	N/A (government supplied at no cost to provider during effective dates)
0011A	1/1/2023 – 4/18/2023	Moderna Covid-19 Vaccine (Red Cap) Administration – First Dose	43.60
0012A	1/1/2023 – 4/18/2023	Moderna Covid-19 Vaccine (Red Cap) Administration – Second Dose	43.60
0013A	1/1/2023 – 4/18/2023	Moderna Covid-19 Vaccine (Red Cap) Administration – Third Dose	43.60
91303	2/27/2021 – 5/6/2023	Janssen Covid-19 Vaccine (Aged 18 years and older) {**Please Note: previous COVID-19 fee schedules effective 5/2/23, 5/5/23 and 5/12/23 listed this code with a 4/18/2023 end date in error**}	N/A (government supplied at no cost to provider during effective dates)
0031A	1/1/2023 – 5/6/2023	Janssen (Johnson & Johnson) COVID-19 Vaccine Administration – Single Dose	43.60
0034A	1/1/2023 – 5/6/2023	Janssen (Johnson & Johnson) COVID-19 Vaccine Administration - Booster	43.60
91304	8/22/2022 – 9/11/2023	Novavax Covid-19 Vaccine, Adjuvanted (Aged 12 years and older)	N/A (currently government supplied at no cost to the provider)
0041A	1/1/2023 – 9/11/2023	Novavax Covid-19 Vaccine, Adjuvanted Administration – First Dose	43.60
0042A	1/1/2023 – 9/11/2023	Novavax Covid-19 Vaccine, Adjuvanted Administration – Second Dose	43.60
0044A	1/1/2023 – 9/11/2023	Novavax Covid-19 Vaccine, Adjuvanted Administration – Booster	43.60
91305	1/3/2022 – 4/18/2023	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Aged 12 years and older) (Gray Cap)	N/A (government supplied at no cost to provider during effective dates)
0051A	1/1/2023 – 4/18/2023	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - First dose	43.60

0052A	1/1/2023 – 4/18/2023	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - Second dose	43.60
0053A	1/1/2023 – 4/18/2023	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - Third dose	43.60
0054A	1/1/2023 – 4/18/2023	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - Booster	43.60
91306	10/20/2021 – 4/18/2023	Moderna Covid-19 Vaccine (Aged 18 years and older) (Red Cap) (Low Dose)	N/A (government supplied at no cost to provider during effective dates)
0064A	1/1/2023 – 4/18/2023	Moderna Covid-19 Vaccine (Red Cap) (Low Dose) Administration - Booster	43.60
91307	10/29/2021 – 4/18/2023	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Aged 5 years through 11 years) (Orange Cap)	N/A (government supplied at no cost to provider during effective dates)
0071A	1/1/2023 – 4/18/2023	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Orange Cap) - Administration - First dose	43.60
0072A	1/1/2023 – 4/18/2023	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Orange Cap) - Administration - Second dose	43.60
0073A	1/1/2023 – 4/18/2023	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Orange Cap) - Administration - Third dose	43.60
0074A	1/1/2023 – 4/18/2023	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Orange Cap) - Administration - Booster	43.60
91308	06/17/2022 – 4/18/2023	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap)	N/A (government supplied at no cost to provider during effective dates)
0081A	1/1/2023 – 4/18/2023	Pfizer-BioNTech COVID-19 Pediatric Vaccine (Maroon Cap) - Administration - First dose	43.60
0082A	1/1/2023 – 4/18/2023	Pfizer-BioNTech COVID-19 Pediatric Vaccine (Maroon Cap) - Administration - Second dose	43.60
0083A	1/1/2023 – 4/18/2023	Pfizer-BioNTech COVID-19 Pediatric Vaccine (Maroon Cap) - Administration - Third dose	43.60

91309	3/29/2022 – 4/18/2023	Moderna Covid-19 Vaccine (Aged 6 years through 11 years or aged 18+) (Blue Cap with purple border) 50MCG/0.5ML	N/A (government supplied at no cost to provider during effective dates)
0091A	1/1/2023 – 4/18/2023	Moderna Covid-19 Pediatric Vaccine (Aged 6 years through 11 years) (Blue Cap with purple border) Administration - First dose	43.60
0092A	1/1/2023 – 4/18/2023	Moderna Covid-19 Pediatric Vaccine (Aged 6 years through 11 years) (Blue Cap with purple border) Administration - Second dose	43.60
0093A	1/1/2023 – 4/18/2023	Moderna Covid-19 Pediatric Vaccine (Aged 6 years through 11 years) (Blue Cap with purple border) Administration - Third dose	43.60
0094A	1/1/2023 – 4/18/2023	Moderna Covid-19 Vaccine (Aged 18 years and older) (Blue Cap with purple border) 50MCG/0.5ML Administration - Booster	43.60
91311	6/17/2022 – 4/18/2023	Moderna Covid-19 Pediatric Vaccine (Aged 6 months through 5 years) (Blue Cap with magenta border) 250MCG/0.25ML	N/A (government supplied at no cost to provider during effective dates)
0111A	1/1/2023 – 4/18/2023	Moderna Covid-19 Pediatric Vaccine (Blue Cap with magenta border) - Administration - First dose	43.60
0112A	1/1/2023 – 4/18/2023	Moderna Covid-19 Pediatric Vaccine (Blue Cap with magenta border) - Administration - Second dose	43.60
0113A	1/1/2023 – 4/18/2023	Moderna Covid-19 Pediatric Vaccine (Blue Cap with magenta border) - Administration - Third dose	43.60
91312	8/31/2022 – 9/11/2023	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 12 years and older) (Gray Cap)	N/A (currently government supplied at no cost to the provider)
0121A	4/18/2023 – 9/11/2023	Pfizer-BioNTech COVID-19 Bivalent (12 years and older) Administration – Single Dose	43.60
0124A	1/1/2023 – 9/11/2023	Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Gray Cap) Administration – Additional Dose	43.60
91313	8/31/2022 – 9/11/2023	Moderna COVID-19 Vaccine, Bivalent Product (Aged 12 years and older) (Dark Blue Cap with gray border)	N/A (currently government supplied at no cost to the provider)

0134A	1/1/2023 – 9/11/2023	Moderna COVID-19 Vaccine, Bivalent (Dark Blue Cap with gray border) Administration – Additional Dose	43.60
91314	10/12/2022 – 9/11/2023	Moderna COVID-19 Vaccine, Bivalent Product (Aged 6 years through 11 years) (Dark Blue Cap with gray border)	N/A (currently government supplied at no cost to the provider)
0141A	4/18/2023 - 9/11/2023	Moderna COVID-19 Vaccine, Bivalent Pediatric Vaccine (6 months through 11 years) Administration – First Dose	43.60
0142A	4/18/2023 – 9/11/2023	Moderna COVID-19 Vaccine, Bivalent Pediatric Vaccine (6 months through 11 years) Administration – Second Dose	43.60
0144A	1/1/2023 – 9/11/2023	Moderna COVID-19 Vaccine, Bivalent (Dark Blue Cap with gray border) Administration – Booster Dose	43.60
91315	10/12/2022 – 9/11/2023	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 5 years through 11 years) (Orange Cap)	N/A (currently government supplied at no cost to the provider)
0151A	4/18/2023 – 9/11/2023	Pfizer-BioNTech COVID-19 Bivalent Pediatric Vaccine (5 years through 11 years) Administration – Single Dose	43.60
0154A	1/1/2023 – 9/11/2023	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Orange Cap) Administration – Additional Dose	43.60
91316	12/8/2022 – 9/11/2023	Moderna COVID-19 Vaccine, Bivalent Product (Aged 6 months through 5 years) (Dark Pink Cap and a label with a yellow box)	N/A (currently government supplied at no cost to the provider)
0164A	1/1/2023 – 9/11/2023	Moderna COVID-19 Vaccine, Bivalent (Dark Pink Cap and label with a yellow box) Administration – Booster Dose	43.60
91317	12/8/2022 9/11/2023	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 6 months through 4 years) (Maroon Cap)	N/A (currently government supplied at no cost to the provider)
0171A	4/18/2023 – 9/11/2023	Pfizer-BioNTech COVID-19 Bivalent Pediatric Vaccine (6 months through 4 years) Administration – First Dose	43.60

0172A	4/18/2023 – 9/11/2023	Pfizer-BioNTech COVID-19 Bivalent Pediatric Vaccine (6 months through 4 years) Administration – Second Dose	43.60
0173A	1/1/2023 – 9/11/2023	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Maroon Cap) Administration - Third dose	43.60
0174A	3/14/2023 – 9/11/2023	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Maroon Cap) Administration – Additional Dose	43.60
M0201	1/1/2023	COVID-19 Vaccine Administration Inside a Patient's Home ***Note***: see the HFS 7/2/21 provider notice for information, though this code is no longer limited to once per DOS, per home effective 8/24/21	38.69

Vaccine Counseling

Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), School-Based Health Centers (SBHCs). Home Health Agencies may now bill for COVID-19 vaccine counseling, effective with this fee schedule posting, dating back to the code effective date. Vaccine counseling is intended to provide reimbursement for the additional time needed for parental/caregiver counseling and informed consent for the COVID-19 vaccination of children ages 6 months through 20. ****Note*: this code is *not billable as a telehealth service.*

Procedure Code	Effective Date	Ages	Description	State Max Amount
99402	10/29/2021 for ages 5-20 6/17/2022 for ages 6 mos–20	6 months through 20 years	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure) ; approximately 30 min.	30.00

Virtual Healthcare/Telehealth Expansion

Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), and Physician Assistants (PAs) – including physicians, APNs, and PAs rendering the service in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Encounter Rate Clinic (ERC), or School Based Health Center (SBHC):

**Note*: all virtual healthcare/telehealth codes must be billed with place of service 02 (or place of service 10 if applicable and date of service is on/after 7/1/2022), and modifier GT (or modifier 93 if applicable and date of service is on/after 7/1/2022).

Procedure Code	Effective Date	Description	State Max Amount
G0406	3/9/2020	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	39.17
G0407	3/9/2020	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	72.13
G0408	3/9/2020	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	103.70
G0425	3/9/2020	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	100.35
G0426	3/9/2020	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	136.14
G0427	3/9/2020	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	201.99
G2010	3/9/2020	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment	9.24
G2012	3/9/2020	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	13.19
G2061	3/9/2020 – 12/31/2020	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	12.10
G2062	3/9/2020 – 12/31/2020	Qualified nonphysician healthcare professional online assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	21.37
G2063	3/9/2020 – 12/31/2020	Qualified nonphysician qualified healthcare professional assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	33.14

G2250	1/1/2021	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	9.24
G2251	1/1/2021	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion	13.05
G2252	1/1/2021	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	25.14
98970	1/1/2021	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 min.	11.36
98971	1/1/2021	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 min.	20.31
98972	1/1/2021	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21+ min.	32.41
99421	3/9/2020	Online Digital Evaluation and Management Service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	13.19
99422	3/9/2020	Online Digital Evaluation and Management Service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	27.14
99423	3/9/2020	Online Digital Evaluation and Management Service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	43.23

Please Note: Evaluation and management services rendered by Physicians, Advance Practice Nurses, and Physician Assistants to new or existing patients using audio only telephonic equipment may be billed as a distant site telehealth service so long as the E/M service is of an amount and nature that would be sufficient to meet the key components of a face-to-face encounter. In this scenario, the claim must be submitted with place of service 02 (or 10 if applicable and the date of service is on/after

7/1/2022) and modifier GT (or 93 if applicable and the date of service is on/after 7/1/2022) appended to the applicable procedure code.

If an audio only telephonic interaction cannot meet key components of a face-to-face encounter, the provider may instead seek reimbursement for virtual check-in services using CPT code G2012. FQHCs/RHCs/ERCs will be reimbursed at the above rates (not their medical encounter rate) for virtual check-in and E-visit codes. Virtual check-in and e-visit/online portal services must be submitted fee-for-service without the T1015 encounter code.

Virtual Healthcare/Teledentistry Expansion

Billable by Dentists: *Note the below codes must be billed in addition to D0140, with place of service 02 (or 10, if applicable and date of service is on/after 7/1/2022). Do not include modifier GT or 93.

Procedure Code	Effective Date	Description	State Max Amount
D9995	3/9/2020	Teledentistry, synchronous; real-time encounter	13.19
D9996	3/9/2020	Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	9.24

COVID-19 Treatment

COVID-19 antibody product procedure codes are included as a reference but should not be billed when obtained at zero cost to the provider.

Antibody treatment administration codes are billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), and School-Based Health Centers (SBHCs). Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Encounter Rate Clinics (ERCs) may bill antibody treatment administration codes as detail codes with an encounter claim. Home Health Agencies may now bill for IV infused COVID-19 treatment, effective with this fee schedule posting, from this or any archived COVID-19 fee schedule so long as the treatment was a covered service on the date of service.

Hospitals may bill the antibody treatment administration codes marked with a double asterisk (**) using revenue code 0771. Reimbursement is based on DRG (inpatient setting) or EAPG (outpatient setting) methodology.

Procedure Code	Effective Date	Description & Labeler Name	State Max Amount
J0248	12/23/2021	Injection, REMDESIVIR, 1 mg Please reference the 10/21/22 provider notice for details	**Billable only by hospitals on the 837I. Reimbursed using EAPG methodology.
Q0220 (see Foot note 12)	12/8/2021 01/26/2023	Tixagev and Cilgav, 300mg	N/A (currently government supplied at no cost to the provider)

M0220 (see Foot note 12)	12/8/2021 01/26/2023	Injection, Tixagevimab and Cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring	150.50
Q0221 (see Foot note 12)	2/24/2022 01/26/2023	Injection, Tixagevimab and Cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg	N/A (currently government supplied at no cost to the provider)
M0221** (see Foot note 12)	12/8/2021 01/26/2023	Injection, Tixagevimab and Cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration	**Billable only by hospitals on the 837I. Reimbursed using EAPG methodology.

		monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	
Q0222 (see Foot note 11)	2/11/2022 – 11/30/2022	Injection, Bebtelovimab, 175 mg	N/A (currently government supplied at no cost to the provider)
M0222 (see Foot note 11)	2/11/2022 – 11/30/2022	Intravenous injection, Bebtelovimab, includes injection and post administration monitoring	350.50
M0223** (see Foot note 11)	2/11/2022 – 11/30/2022	Intravenous injection, Bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	**Billable only by hospitals on the 837I. Reimbursed using EAPG methodology.
Q0249	6/24/2021	Injection, Tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	N/A (currently government supplied at no cost to the provider)
M0249**	6/24/2021	Intravenous infusion, Tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	**Billable only by hospitals on the 837I. Reimbursed using DRG methodology.
M0250**	6/24/2021	Intravenous infusion, Tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require	**Billable only by hospitals on the 837I. Reimbursed using DRG methodology.

		supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	

Laboratory Services

Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), School-Based Health Centers (SBHCs), and Independent Laboratories. Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Encounter Rate Clinics (ERCs) may bill the following laboratory services as detail codes with an encounter claim when the laboratory service is performed on-site. Please note that providers normally subject to a SMART Act rate reduction (e.g. Independent Labs) must include modifier CR to exempt the service from a rate reduction.

Hospitals must bill on an institutional invoice and will be reimbursed via the EAPG methodology.

Procedure Code	Effective Date	Description	State Max Amount
0202U	5/20/2020	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	250.07
0223U	6/25/2020	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	416.78
0224U	6/25/2020	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	42.13
0225U	8/10/2020	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	416.78
0226U	8/10/2020	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	42.28

0240U	10/6/2020	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	142.63
0241U	10/6/2020	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	142.63
86318	4/10/2020	Immunoassay for infectious agent antibody(ies), qualitative or semiqualitative, single step method (e.g. reagent strip)	16.90
86328	4/10/2020	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])	45.23
86408	8/10/2020	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	42.13
86409	8/10/2020	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	105.33
86413	9/8/2020	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	51.43
86769	4/10/2020	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	42.13
87426	6/25/2020	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	35.33
87428	11/10/2020	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]) and influenza virus types A and B SD: SARSCOV & INF VIR A&B AG IA	63.59
87635	3/13/2020	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-	51.31

		2) (Coronavirus disease [COVID-19]), amplified probe technique	
87636	10/6/2020	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	142.63
87637	10/6/2020	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	142.63
87811	10/6/2020	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])	41.38
87913	1/1/2023	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s). Max qty = 2.	154.47
U0001	2/4/2020	CDC 2019-Novel Coronavirus real-time RT-PCR diagnostic panel	35.91
U0002	2/4/2020	Coronavirus (COVID-19) SARS-COV-2/2019-NCOV, Non-CDC Lab Test	51.31
U0003	4/14/2020 through 2/28/2021	Infectious Agent Detection by Nucleic Acid (DNA or RNA); SARS-COV-2, COVID-19, Amplified Probe Technique, High Throughput Technologies	100.00
U0003	3/1/2021 – 5/11/2023	Infectious Agent Detection by Nucleic Acid (DNA or RNA); SARS-COV-2, COVID-19, Amplified Probe Technique, High Throughput Technologies	75.00
U0004	4/14/2020 through 2/28/2021	2019-NCOV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), Any Technique, Multiple Subtypes, Non-CDC, High Throughput Technologies	100.00
U0004	3/1/2021 – 5/11/2023	2019-NCOV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), specimen collection. (+add-on to U0003 or U0004 Any Technique, Multiple Subtypes, Non-CDC, High Throughput Technologies	75.00
+U0005	3/1/2021 – 5/11/2023	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 and time of; List separately in addition to either HCPCS code U0003 or U0004) ***NOTE:*** **certain conditions must be met to bill this code ; refer to the 02/26/2021 provider notice for billing guidelines**	25.00

COVID-19 Diagnostic Testing Specimen Collection

***Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), and Federally Qualified Health Centers (FQHCs) with drive-thru testing sites. FQHCs may bill fee-for-service when there is not a billable medical encounter. Please note providers normally subject to a SMART Act rate reduction (e.g. Independent Labs) must include modifier CR to exempt the service from a rate reduction.**

****Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), and Independent Labs.**

*****Billable by Independent Labs only.**

Procedure Code	Effective Date	Description	State Max Amount
99000*	3/18/2020	Handling of Specimen for Transfer from Office to a Lab	23.46
G2023**	3/1/2020 – 5/11/2023	Specimen Collection, SARS-CoV-2, COVID-19, any specimen source	23.46
G2024***	3/1/2020 – 5/11/2023	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	25.46

COVID-19 Testing, Testing-Related and Vaccination Coverage for the Uninsured Population

The following procedure codes are covered for the uninsured population, for dates of service through May 11, 2023 in accordance with the May 9, 2023 provider notice, for the purposes of COVID-19 testing, testing-related services, and vaccination for dates of service beginning March 18, 2020. Testing-related services include those directly related to the administration of an in vitro diagnostic product described in section 1905(a)(3)(B) of the Social Security Act, or to the evaluation of a patient for purposes of determining the need for such product.

- HCPCS codes: G2010, G2012, G2023, G2024, G2061, G2062, G2063, G2250, G2251, G2252, T1015
- CPT codes: All COVID-19 laboratory testing and vaccine administration codes, 71045, 71046, 71047, 71048, 99000, 99201 (note this code became obsolete 1/1/2021), 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99421, 99422, 99423

COVID-19 Treatment Coverage for the Uninsured Population

In accordance with the December 22, 2022 provider notice, practitioners may now submit professional claims for monoclonal antibody treatment for a specific subset of the uninsured population, for dates of service through May 11, 2023 in accordance with the May 9, 2023 provider notice, via the provider's

usual claim submittal process ***outside the HFS Uninsured Portal.*** In order to properly identify the uninsured individuals eligible for monoclonal antibody treatment:

1) Check the MEDI system to verify if the person has an existing Recipient Identification Number (RIN) assigned with 'COVID 19 Testing Only' eligibility for the date of service.
2) If a RIN is found, the "Special Information" under the "COVID-19 Testing" eligibility in MEDI will show "Title XIX". Please note, if the "Special Information" shows only 'State-Funded' information, then COVID-19 treatment is not a covered service for that individual.

Rates for the COVID-19 testing, testing-related, vaccination and treatment services above may be found on the COVID-19 Fee Schedule preceding this uninsured coverage information, on the Practitioner Fee Schedule or, in the case of T1015 will be at the FQHC/RHC/ERC provider-specific medical encounter rate. Coverage effective dates are specific to each procedure code's effective date as indicated.

Providers normally subject to a SMART Act rate reduction must include modifier CR to exempt the COVID-related service from the rate reduction (e.g. independent labs billing for testing).

PLEASE NOTE: All claims for the uninsured population must contain a diagnosis code indicating the patient encounter was for the purposes of COVID testing, COVID vaccine administration, or COVID treatment. Paid claims with no COVID or COVID-related diagnosis code are subject to post-payment review and recoupment.

Footnotes:

[11] On November 30, 2022, the FDA announced that bebtelovimab isn't currently authorized in any U.S. region because it isn't expected to neutralize Omicron sub-variants BQ.1 and BQ.1.1. Therefore, you may not administer bebtelovimab to treat COVID-19 under the EUA until further notice.

[12] On January 26, 2023, the FDA announced that EVUSHELD isn't currently authorized for emergency use in the U.S