



February 25, 2021

Web Announcement 2436

COVID-19 Testing Codes Update

Effective February 8, 2021, the Medicaid Management Information System (MMIS) has been updated to allow the following COVID-19 testing codes to be billed by the additional provider types indicated below.

Testing codes:

Code	Description
U0002	2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-CDC)
86328	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) – Antibody testing using single step method)
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
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])

Provider types:

Provider Type	Description
17 Specialty 166	Special Clinics: Family Planning
17 Specialty 179	Special Clinics: School Based Health Centers (SBHC)
17 Specialty 188	Special Clinics: Certified Community Behavioral Health Center (CCBHC)*
17 Specialty 198	Special Clinics: Human Immunodeficiency Virus (HIV)

Effective February 8, 2021, procedure code 87426 has been end dated for provider type 17 specialties 180 (Rural Health Centers) and 181 (Federally Qualified Health Centers) and provider type 47 (Indian Health Services (IHS) and Tribal Clinics). Claims previously submitted that are currently suspended will be denied as the code is not payable to these provider types.

Procedure code 87428 (Infectious agent antigen detection by immunoassay technique, severe acute respiratory syndrome coronavirus and influenza virus types A and B) has been added to the MMIS and may be billed by provider types 12 (Hospital, Outpatient) and 43 (Laboratory, Pathology Clinical) on claims with dates of service on or after November 10, 2020.

The Centers for Medicare & Medicaid Services (CMS) has not established reimbursement rates for procedure codes 87426 and 87428. Therefore, claims for these codes will suspend for payment and will be automatically reprocessed once rates have been established by CMS.

Encounter-based providers are encouraged to review the [COVID-19 General Billing Guide](#) and the [COVID-19 Community-Based Testing & Vaccination Billing Guide](#) for billing instructions.

*PT 17 specialty 188 providers are directed to the [Special Clinics: Certified Community Behavioral Health Center \(CCBHC\) Billing Guide](#) for instructions on billing using the Q2 modifier.