

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

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).

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 | Pfizer-BioNTech Covid-19 Vaccine (Aged 12 years and older) (Purple Cap) | N/A (currently government supplied at no cost to the provider) |
| 0001A | 12/11/2020 – 3/14/2021 | Pfizer-BioNTech Covid-19 Vaccine (Purple Cap) Administration – First Dose | 16.94 |
| 0001A | 3/15/2021 | Pfizer-BioNTech Covid-19 Vaccine (Purple Cap) Administration – First Dose | 42.14 |
| 0002A | 12/11/2020 – 3/14/2021 | Pfizer-BioNTech Covid-19 Vaccine (Purple Cap) Administration – Second Dose | 28.39 |
| 0002A | 3/15/2021 | Pfizer-BioNTech Covid-19 Vaccine (Purple Cap) Administration – Second Dose | 42.14 |
| 0003A | 8/12/2021 | Pfizer-BioNTech Covid-19 Vaccine (Purple Cap) Administration – Third Dose | 42.14 |
| 0004A | 9/22/2021 | Pfizer-BioNTech Covid-19 Vaccine (Purple Cap) Administration – Booster | 42.14 |
| 91301 | 12/18/2020 | Moderna Covid-19 Vaccine (Aged 12 years and older) (Red Cap) | N/A (currently government supplied at no cost to the provider) |

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| 0011A | 12/18/2020 – 3/14/2021 | Moderna Covid-19 Vaccine (Red Cap) Administration – First Dose | 16.94 |
| 0011A | 3/15/2021 | Moderna Covid-19 Vaccine (Red Cap) Administration – First Dose | 42.14 |
| 0012A | 12/18/2020 – 3/14/2021 | Moderna Covid-19 Vaccine (Red Cap) Administration – Second Dose | 28.39 |
| 0012A | 3/15/2021 | Moderna Covid-19 Vaccine (Red Cap) Administration – Second Dose | 42.14 |
| 0013A | 8/12/2021 | Moderna Covid-19 Vaccine (Red Cap) Administration – Third Dose | 42.14 |
| 91303 | 2/27/2021 | Janssen Covid-19 Vaccine (Aged 18 years and older) | N/A (currently government supplied at no cost to the provider) |
| 0031A | 2/27/2021 – 3/14/2021 | Janssen (Johnson & Johnson) COVID-19 Vaccine Administration – Single Dose | 28.39 |
| 0031A | 3/15/2021 | Janssen (Johnson & Johnson) COVID-19 Vaccine Administration – Single Dose | 42.14 |
| 0034A | 10/20/2021 | Janssen (Johnson & Johnson) COVID-19 Vaccine Administration - Booster | 42.14 |
| 91304 | 7/13/2022 – 8/21/2022 | Novavax Covid-19 Vaccine, Adjuvanted (Aged 18 years and older) | N/A (currently government supplied at no cost to the provider) |
| 91304 | 8/22/2022 | Novavax Covid-19 Vaccine, Adjuvanted (Aged 12 years and older) | N/A (currently government supplied at no cost to the provider) |
| 0041A | 7/13/2022 | Novavax Covid-19 Vaccine, Adjuvanted Administration – First Dose | 41.80 |
| 0042A | 7/13/2022 | Novavax Covid-19 Vaccine, Adjuvanted Administration – Second Dose | 41.80 |
| 0044A | 10/19/2022 | Novavax Covid-19 Vaccine, Adjuvanted Administration – Booster | 41.80 |

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| 91305 | 1/3/2022 | Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Aged 12 years and older) (Gray Cap) | N/A (currently government supplied at no cost to the provider) |
| 0051A | 1/3/2022 | Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - First dose | 41.80 |
| 0052A | 1/3/2022 | Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - Second dose | 41.80 |
| 0053A | 1/3/2022 | Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - Third dose | 41.80 |
| 0054A | 1/3/2022 | Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - Booster | 41.80 |
| 91306 | 10/20/2021 | Moderna Covid-19 Vaccine (Aged 18 years and older) (Red Cap) (Low Dose) | N/A (currently government supplied at no cost to the provider) |
| 0064A | 10/20/2021 | Moderna Covid-19 Vaccine (Red Cap) (Low Dose) Administration - Booster | 42.14 |
| 91307 | 10/29/2021 | Pfizer-BioNTech Covid-19 Pediatric Vaccine (Aged 5 years through 11 years) (Orange Cap) | N/A (currently government supplied at no cost to the provider) |
| 0071A | 10/29/2021 | Pfizer-BioNTech Covid-19 Pediatric Vaccine (Orange Cap) - Administration - First dose | 42.14 |
| 0072A | 10/29/2021 | Pfizer-BioNTech Covid-19 Pediatric Vaccine (Orange Cap) - Administration - Second dose | 42.14 |
| 0073A | 01/03/2022 | Pfizer-BioNTech Covid-19 Pediatric Vaccine (Orange Cap) - Administration - Third dose | 41.80 |
| 0074A | 05/17/2022 | Pfizer-BioNTech Covid-19 Pediatric Vaccine (Orange Cap) - Administration - Booster | 41.80 |
| 91308 | 06/17/2022 | Pfizer-BioNTech Covid-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) | N/A (currently government supplied at no cost to the provider) |
| 0081A | 06/17/2022 | Pfizer-BioNTech COVID-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) - Administration - First dose | 41.80 |

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| 0082A | 06/17/2022 | Pfizer-BioNTech COVID-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) - Administration - Second dose | 41.80 |
| 0083A | 06/17/2022 | Pfizer-BioNTech COVID-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) - Administration - Third dose | 41.80 |
| 91309 | 3/29/2022 | Moderna Covid-19 Vaccine (Aged 6 years through 11 years or aged 18+) (Blue Cap with purple border) 50MCG/0.5ML | N/A (currently government supplied at no cost to the provider) |
| 0091A | 6/17/2022 | Moderna Covid-19 Pediatric Vaccine (Aged 6 years through 11 years) (Blue Cap with purple border) Administration - First dose | 41.80 |
| 0092A | 6/17/2022 | Moderna Covid-19 Pediatric Vaccine (Aged 6 years through 11 years) (Blue Cap with purple border) - Administration - Second dose | 41.80 |
| 0093A | 6/17/2022 | Moderna Covid-19 Pediatric Vaccine (Aged 6 years through 11 years) (Blue Cap with purple border) - Administration - Third dose | 41.80 |
| 0094A | 3/29/2022 | Moderna Covid-19 Vaccine (Aged 18 years and older) (Blue Cap with purple border) 50MCG/0.5ML Administration - Booster | 41.80 |
| 91311 | 6/17/2022 | Moderna Covid-19 Pediatric Vaccine (Aged 6 months through 5 years) (Blue Cap with magenta border) 250MCG/0.25ML | N/A (currently government supplied at no cost to the provider) |
| 0111A | 6/17/2022 | Moderna Covid-19 Pediatric Vaccine (Aged 6 months through 5 years) (Blue Cap with magenta border) - Administration - First dose | 41.80 |
| 0112A | 6/17/2022 | Moderna Covid-19 Pediatric Vaccine (Aged 6 months through 5 years) (Blue Cap with magenta border) - Administration - Second dose | 41.80 |
| 0113A | 6/17/2022 | Moderna Covid-19 Pediatric Vaccine (Aged 6 months through 5 years) (Blue Cap with magenta border) - Administration - Third dose | 41.80 |
| 91312 | 8/31/2022 – 10/11/2022 | 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) |

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| 91312 | 10/12/2022 | Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 5 years and older) (Gray Cap) | N/A (currently government supplied at no cost to the provider) |
| 0124A | 8/31/2022 | Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Gray Cap) Administration – Booster Dose | 41.80 |
| 91313 | 8/31/2022 – 10/11/2022 | Moderna COVID-19 Vaccine, Bivalent Product (Aged 18 years and older) (Dark Blue Cap with gray border) | N/A (currently government supplied at no cost to the provider) |
| 91313 | 10/12/2022 | Moderna COVID-19 Vaccine, Bivalent Product (Aged 6 years and older) (Dark Blue Cap with gray border) | N/A (currently government supplied at no cost to the provider) |
| 0134A | 8/31/2022 – 10/11/2022 | Moderna COVID-19 Vaccine, Bivalent (Aged 18 years and older) (Dark Blue Cap with gray border) Administration – Booster Dose | 41.80 |
| 0134A | 10/12/2022 | Moderna COVID-19 Vaccine, Bivalent (Aged 12 years and older) (Dark Blue Cap with gray border) Administration – Booster Dose | 41.80 |
| 91314 | 10/12/2022 | 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) |
| 0144A | 10/12/2022 | Moderna COVID-19 Vaccine, Bivalent (Aged 6 years through 11 years) (Dark Blue Cap with gray border) Administration – Booster Dose | 41.80 |
| 91315 | 10/12/2022 | 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) |
| 0154A | 10/12/2022 | Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 5 years through 11 years) (Orange Cap) Administration – Booster Dose | 41.80 |
| M0201 | 6/8/2021 | COVID-19 Vaccine Administration Inside a Patient's Home Note: please see the HFS 7/2/21 provider notice for information ; however, per CMS billing of this code is no longer limited to once per DOS, per home effective 8/24/21 | 37.05 |

Vaccine Counseling

Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), and School-Based Health Centers (SBHCs). 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 5y-20y 6/17/2022 for ages 6mos-5y | 6 months – 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 |

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| 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 | 25.14 |

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| | | 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 | |
| 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:

| Procedure Code | Effective Date | Description | State Max Amount |
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| 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 |

Note: The above 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 the GT or 93 modifier.

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. Only Q0247 was previously practitioner-purchased until it became unauthorized effective April 5, 2022.

Antibody treatment administration codes are billable by Physicians, Advance Practice Nurses (APNs), and Physician Assistants (PAs). 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.

****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 | 12/8/2021 | Tixagev and Cilgav, 300mg | N/A (currently government supplied at no cost to the provider) |
| M0220 | 12/8/2021 | 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 | 2/24/2022 | Injection, Tixagevimab and Cilgavimab, for the pre-exposure prophylaxis only, for certain adults | N/A (currently government supplied at no cost to the provider) |

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| | | 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 | |
| M0221** | 12/8/2021 | 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 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. |
| Q0222 | 2/11/2022 – 11/30/2022 | Injection, Bebtelovimab, 175 mg | N/A (currently government supplied at no cost to the provider) |
| M0222 | 2/11/2022 – 11/30/2022 | Intravenous injection, Bebtelovimab, includes injection and post administration monitoring | 350.50 |
| M0223** | 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 | **Billable only by hospitals on the 837I. Reimbursed using EAPG methodology. |

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| | | has been made provider-based to the hospital during the covid-19 public health emergency | |
| Q0243 | 11/21/2020 – 1/23/2022 | Casirivimab and Imdevimab, 2400 mg (Regeneron) | N/A (currently government supplied at no cost to the provider) |
| M0243** | 5/6/2021 – 1/23/2022 | Intravenous infusion, Casirivimab and Imdevimab, includes infusion and post administration monitoring (Regeneron) | 450.00 **Hospitals billing on the 837I will be reimbursed using EAPG methodology. |
| M0244** | 5/6/2021 – 1/23/2022 | Intravenous infusion or subcutaneous injection, Casirivimab and Imdevimab includes infusion or 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. |
| Q0245 | 2/9/2021 – 1/23/2022 | Injection, Bamlanivimab and Etesevimab, 2100 mg (Eli Lilly) | N/A (currently government supplied at no cost to the provider) |
| M0245 | 5/6/2021 – 1/23/2022 | Intravenous infusion, Bamlanivimab and Etesevimab, includes infusion and post administration monitoring (Eli Lilly) | 450.00 |
| M0246** | 5/6/2021 – 1/23/2022 | Intravenous infusion, Bamlanivimab and Etesevimab, includes infusion 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. |
| Q0247 | 10/1/2021 – 4/4/2022 | Injection, Sotrovimab, 500 mg | 2394.00 |
| M0247 | 7/1/2021 – 4/4/2022 | Intravenous infusion, Sotrovimab, includes infusion and post administration monitoring | 450.00 |
| M0248** | 5/26/2021 – 4/4/2022 | Intravenous infusion, Sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been | **Billable only by hospitals on the 837I. Reimbursed using EAPG methodology. |

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| | | made provider-based to the hospital during the covid-19 public health emergency | |
| 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 supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose | **Billable only by hospitals on the 837I. Reimbursed using DRG methodology. |

Laboratory Services

Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), 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 COVID-related service from the rate reduction when billing outside HFS' COVID portal. It is not necessary to include the modifier when billing through the portal.

These rates also apply to hospitals who choose to have the Department generate their claim(s) within the HFS COVID Portal per the [February 8, 2021 provider notice](#) for uninsured individuals. For Medicaid-eligible participants, 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 semiquantitative, single step method (e.g. reagent strip) | 16.90 |

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| 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-2) (Coronavirus disease [COVID-19]), amplified probe technique | 51.31 |
| 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 |

| | | | |
|--------|-----------------------------|--|--------|
| 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 | 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 | 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 | 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) <u>NOTE:</u> 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 that providers normally subject to a SMART Act rate reduction (e.g. Independent Labs) must include modifier CR to exempt the COVID-related service from the rate reduction when billing outside HFS' COVID portal. It is not necessary to include the modifier when billing through the portal.**

****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 | Specimen Collection, SARS-CoV-2, COVID-19, any specimen source | 23.46 |
| G2024*** | 3/1/2020 | 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 and Testing-Related Services for the Uninsured Population

The following procedure codes are covered for the uninsured population for the purposes of COVID-19 testing and testing-related services 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. ***PLEASE NOTE: All claims for the uninsured population must contain a diagnosis code indicating the patient encounter was for the purposes of COVID testing or COVID vaccine administration. Paid claims with no COVID or COVID-related diagnosis code are subject to post-payment review and recoupment.***

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, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99421, 99422, 99423

*Note: All COVID-19 laboratory testing and vaccine administration codes are billable for the uninsured population, effective with the specific code effective date.

Rates for these codes may be found on the COVID-19 Fee Schedule above, on the [Practitioner Fee Schedule](#) or, in the case of T1015, will be at the FQHC/RHC/ERC provider-specific medical encounter rate. Please note, effective dates for codes found on the COVID-19 fee schedule above are applicable, and CPT 99201 is an obsolete code effective with dates of service beginning 1/1/2021. Providers normally subject to a SMART Act rate reduction must include modifier CR to exempt the COVID-related service from the rate reduction when billing outside HFS' COVID portal. It is not necessary to include the modifier when billing through the portal.

As a reminder, Federally Qualified Health Centers (FQHCs) may bill specimen collection procedure code 99000 – Handling of Specimen for Transfer from Office to Lab, as fee-for-service utilizing the full functionality of the COVID portal. However, if an FQHC needs to bill a T1015 encounter for a testing-related service, it can only use the portal to obtain a RIN. The FQHC will have to submit the encounter claim through its normal billing process outside the portal once a RIN is obtained.