

Code	Description	Rate	Valid for Dates of Service on or After
<u>COVID-19 Testing Fee Schedule</u>			
86328	Immunoassay, COVID-19	\$ 45.23	4/10/2020
86769	Antibody, COVID-19	\$ 42.13	4/10/2020
87426	Coronavirus AG IA	\$ 51.31	6/25/2020
87635	Infectious agent detection by nucleic acid, COVID-19	\$ 51.31	2/4/2020
U0001	CDC COVID-19 real-time PCR diagnostic panel	\$ 35.91	2/4/2020
U0002	COVID-19, any technique, non-CDC	\$ 51.31	2/4/2020
U0003	Infectious agent detection by nucleic acid, COVID-19, high throughput	\$ 100	3/18/2020
U0004	COVID-19, any technique, non-CDC, high throughput	\$ 100	3/18/2020
C9803	Hospital outpatient clinic visit, COVID-19 specimen collection	\$ 25.46	3/1/2020
G2023	Specimen collection, COVID-19	\$ 23.46	2/4/2020
G2024	Specimen collection, COVID-19, individual in a SNF	\$ 25.46	2/4/2020

Posted August 2020.