



February 12, 2021

Web Announcement 2428

Attention Provider Types 12 (Hospital, Outpatient) and 43 (Laboratory, Pathology Clinical):

Rate Change for COVID-19 Testing Codes U0003 and U0004

The Centers for Medicare & Medicaid Services (CMS) has lowered the payment amount for the following two Novel Coronavirus (COVID-19) diagnostic testing codes effective January 1, 2021:

- U0003 - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome Coronavirus 2, amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.
- U0004 - 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.

The rate change was implemented in the Medicaid Management Information System (MMIS) on February 8, 2021. Claims submitted by provider types 12 (Hospital, Outpatient) and 43 (Laboratory, Pathology Clinical) for codes U0003 or U0004 with dates of service on or after January 1, 2021, through February 8, 2021, that paid the higher rate will be automatically reprocessed to recoup the overpayment. A future web announcement will notify providers when the claims are reprocessed.