

**Louisiana Medicaid
COVID-19 Laboratory Testing Fee Schedule**

TOS	Procedure Code	Code Description	Fee	Effective Date of Service	End Date of Service
03	U0002	COVID-19 Lab Test Non-CDC	\$51.33	03/05/2020	04/19/2020
03	86328	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	04/10/2020	TBD
03	86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	\$42.13	04/10/2020	TBD
03	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	\$51.33	04/20/2020	TBD
03	U0003	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, making use of high throughput technologies as described by CMS-2020-01-R.	\$100.00	04/14/2020	TBD
03	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.	\$100.00	04/14/2020	TBD
30	U0002	COVID-19 Lab Test Non-CDC	\$51.33	03/05/2020	04/19/2020
30	86328	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	04/10/2020	TBD
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37	U0002	COVID-19 Lab Test Non-CDC	\$51.33	03/05/2020	04/19/2020
37	86328	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	04/10/2020	TBD
37	86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	\$42.13	04/10/2020	TBD
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40	U0002	COVID-19 Lab Test Non-CDC	\$53.04	03/05/2020	04/19/2020
40	86328	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	04/10/2020	TBD
40	86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	\$42.13	04/10/2020	TBD
40	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	\$53.04	04/20/2020	TBD
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TOS (Type of Service): File from which claims are paid.					
03	Physician, physician-owned labs and independent laboratory services. (Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are reimbursed at 80% of this fee.)				
30	Acute Care Outpatient Hospital				
37	Small Rural Outpatient Hospital				
39	State Hospitals Outpatient Hospital				
40	Sole Community Outpatient Hospital				