

# Provider Bulletin

Molina Healthcare of Washington, Inc.

August 12, 2025

## COVID-19 molecular and antigen testing Service Procedure Codes (Medicaid)

Molina Healthcare of Washington, Inc. is sharing a recent update from the Washington Health Care Authority (HCA) regarding COVID-19 Molecular and Antigen Testing that became effective for dates of services on April 1, 2025.

### Service Procedure Codes Impacted:

- CPT® codes: 87635, 87636, 87637, 87913, 87426, 87428, and 87811
- HCPCS codes: U0001 and U0002

### Medical Necessity Criteria

HCA considers molecular and antigen COVID-19 testing to be medically necessary when all the following are present:

- Targeted testing:
  - Test is being used for diagnostic purposes
  - Results of the test will be used for medical management of the client's illness
  - Test is ordered by a qualified provider
  - Client does not have a primary diagnosis of screening for COVID 19
- Multiplex or panel testing:
  - The client requires hospitalization
  - Test is ordered by a qualified provider
  - Test is being used for diagnostic purposes
  - Results of the test will be used for medical management of the client's illness
  - Limited to place of service 19, 21, 22, and 23 multiplex or panel testing including COVID is **NO LONGER COVERED in POS 11.**
- Client does not have a primary diagnosis of suspected exposure of COVID 19 or screening for COVID 19

HCA does not consider qualitative COVID 19 molecular testing (CPT® code 87913) to be medically necessary. HCA does not consider at home molecular tests to be medically necessary.

### Over-the-counter (OTC) COVID-19 testing

Refer to HCA's coverage policy for OTC COVID-19 testing for pharmacists and pharmacies in HCA's Prescription Drug Program Billing Guide.

MHW Part # 0106-1208

MHW-08/12/25