✓MetroPlusHealth

TO: 29-I VCFA Providers

RE: Article 29-I VFCA Health Facility (29-Is) Multiplex Testing Billing Update

Impacted LOBs: Medicaid, HIV-SNP, and CHP

Dear MetroPlusHealth Provider,

Effective as of October 1, 2026, a new rate code has been established for billing Multiplex Testing rendered by the **29-Is** facilities along with a parallel new rate code for this service rendered by 29Is that are qualified as Institution for Mental Diseases (IMD) facilities.

The two new rate codes are as follows:

- The new rate code ***4690** should be used when billing for multiplex testing performed in 29-Is that are **not IMDs**.
- The new rate code **5299** should be used when billing for multiplex testing performed in 29-Is that **are IMDs**.
- Procedure code to be billed with either rate code: **87637**
- Billing Unit Limit – one per day.

***Note:** Until NYSDOH releases the effective date for all 29-Is IMD rate codes, all 29-i VFCA providers (non-IMDs) can use the new rate code **4690** for billing this service, effective **Oct 1, 2026, onwards**.

Codes and Description also summarized in the table below:

Rate Code	**Unit Limit Per Rate Code**	**Rate Code Description**
Non IMD 4690 **IMD** 5299	1/day	Laboratory
Billing Unit Measure: One Laboratory Procedure		
Service Description	**Modifier**	**Procedure Code**

Multiplex testing: 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		87637

If you have any questions regarding this memo, please contact MetroPlusHealth at: ProviderRelationsOps@metroplus.org.

Thank you.

MetroPlusHealth