

# Correction to: Charges of COVID-19 Diagnostic Testing and Antibody Testing Across Facility Types and States



Mark K. Meiselbach, BSc<sup>1</sup>, Ge Bai, PhD, CPA<sup>1,3</sup>, and Gerard F. Anderson, PhD<sup>1,2</sup>

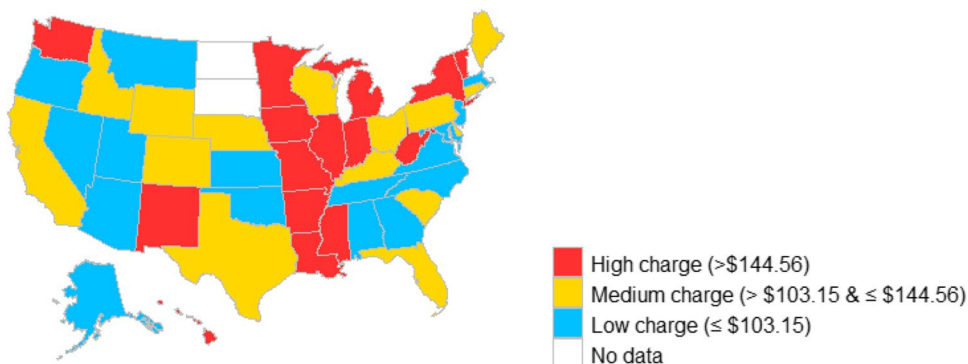
<sup>1</sup>Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA; <sup>2</sup>Johns Hopkins School of Medicine, Baltimore, MD, USA; <sup>3</sup>Johns Hopkins Carey Business School, Baltimore, MD, USA 2021© Society of General Internal Medicine, 2021

J Gen Intern Med  
DOI: 10.1007/s11606-021-07201-w  
© Society of General Internal Medicine 2021

## Correction to: J Gen Intern Med <https://doi.org/10.1007/s11606-020-06198-y>

In this study, Figure 2a was presented with some coloring inconsistencies with Figure 2b; please see a revised figure here.

**Fig. 2a** Average charges for COVID-19 testing, by state. **a** Diagnostic testing (CPT code: 87635),  $N=182,149$ . States that had ten or fewer claims were classified as “No data.” The Medicare reimbursement rate is \$51.31. **b** Antibody testing (CPT code: 86769),  $N=318,546$ . States that had ten or fewer services were classified as “No data.” The Medicare reimbursement rate is \$42.13.



**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

---

The original article can be found online at <https://doi.org/10.1007/s11606-020-06198-y>.