

CPT code approved for SARS-CoV-2 antigen testing

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What's the news: The AMA Current Procedural Terminology (CPT®) Editorial Panel has adopted a new CPT code to report antigen testing of patients suspected of SARS-CoV-2 infection.

The code joins other COVID-19 testing codes already approved by the CPT Editorial Panel, an independent body convened by the AMA that has the sole authority to expedite the review of proposed changes and additions to the CPT code set.

“The new CPT code for antigen testing to detect the coronavirus is the latest in a series of CPT codes developed in rapid response to the pandemic,” said AMA President Susan R. Bailey, MD. “Moving quickly during this crisis to meet the medical coding needs of the health care industry has enhanced the reporting of innovative tools now available to advance medicine's overarching goals of reducing the COVID-19 disease burden, improving health outcomes and reducing long-term care costs.”

CPT Assistant, the official source for CPT coding guidance, has issued a special edition with advice on severe acute respiratory syndrome coronavirus laboratory testing, including antigen testing.

Why it's important: Antigen testing is designed to be quicker and simpler than other tests for the coronavirus and could be conducted at the point of care. A breakthrough in coronavirus antigen testing could become part of the broader solution for the widespread testing shortages.

As Food and Drug Administration officials explained in a statement after issuing the first emergency use authorization for a COVID-19 antigen test, “antigen tests are also important in the overall response against COVID-19 as they can generally be produced at a lower cost than PCR [polymerase chain reaction] tests and once multiple manufacturers enter the market, can potentially scale to test millions of Americans per day due to their simpler design, helping our country better identify infection rates closer to real time.”

The agency officials went on to note that “antigen tests are very specific for the virus, but are not as sensitive as molecular PCR tests. This means that positive results from antigen tests are highly

accurate, but there is a higher chance of false negatives, so negative results do not rule out infection. With this in mind, negative results from an antigen test may need to be confirmed with a PCR test prior to making treatment decisions or to prevent the possible spread of the virus due to a false negative.”

The new code is intended for use as the industry standard for accurate reporting and tracking of antigen tests using immunofluorescent or immunochromatographic technique for the detection of biomolecules produced by the SAR-CoV-2 virus.

For quick reference, the new Category I CPT codes and long descriptors are:

87426: Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]).

Learn more: Development, review and approval of the new CPT codes involved broad input from practicing physicians, commercial laboratories and other experts. COVID-19 CPT coding guidance, including short and medium descriptors, is available from the AMA.

The AMA will continue to keep physicians informed of the CDC’s resources and updates, including on the?AMA’s COVID-19 online resource center?and through its?physician’s guide to COVID-19. Additionally, the JAMA Network™ has a comprehensive overview of the coronavirus—including epidemiology, infection control and prevention recommendations—available on its?JN Learning website.

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