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SPECIAL EDITION: June Update

Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV and SARS-CoV-2) Laboratory Testing

As the coronavirus (COVID-19) pandemic continues and responses to the disease continue to evolve, the American Medical Association (AMA) Current Procedural Terminology (CPT[®]) Editorial Panel convened a special meeting to approve additional codes specific to laboratory testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]). To address the ongoing clinical need to report testing, the CPT Editorial Panel has added one new Category I code (87426) to provide increased specificity for reporting immunoassay antigen testing and two new proprietary laboratory analyses (PLA) testing codes (0223U, 0224U). The AMA expedited the publication of these CPT codes to the AMA website on Thursday, June 25, 2020, at <https://www.ama-assn.org/practice-management/cpt/covid-19-coding-and-guidance>. These codes are *effective immediately* for use in reporting these laboratory tests.

Microbiology

87301 Infectious agent antigen detection by immunoassay technique, (eg,

enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; adenovirus enteric types 40/41

● **87426** severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])

The new codes will allow for more accurate reporting of immunoassay testing for SARS-Coronavirus antigen. It is worth noting that the code is not specific for SARS-CoV-2, and it could be used for an immunoassay that detects antigenic proteins for either SARS-CoV or SARS-CoV-2. As the antigenic proteins across the SARS-Coronavirus family are highly conserved, the assays currently available are not capable of distinguishing between SARS-CoV and SARS-CoV-2.

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Proprietary Laboratory Analyses

✕●0223U Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

▶(For additional PLA code with identical clinical descriptor, see 0202U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)◀

●0224U Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed

▶(Do not report 0224U in conjunction with 86769)◀

New PLA code 0223U describes a novel type of fully automated molecular assay that provides simultaneous qualitative detection and identification of multiple respiratory pathogens based on viral and bacterial nucleic acids obtained via nasopharyngeal swabs.

New PLA code 0224U describes qualitative and quantitative detection of antibodies in serum and plasma. The test may aid in determining whether an individual suspected of significant exposure or prior infection with SARS-CoV-2 virus has a high titer of IgG antibodies against this virus when performed.

In addition to listing codes 0223U and 0224U in the Pathology and Laboratory section, these new PLA codes will also be included with the procedure's proprietary name in Appendix O in the CPT code set. To report a PLA code, the analysis performed must fulfill the code descriptor and must be the test represented by the proprietary name listed in Appendix O. Codes 0223U and 0224U will be listed in Appendix O as follows:

Proprietary Name and Clinical Laboratory or Manufacturer	Alpha-Numeric Code	Code Descriptor
▶QIAstat-Dx Respiratory SARS-CoV-2 Panel, QIAGEN Sciences, QIAGEN GmbH◀	✕●0223U	▶Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected◀ ▶(For additional PLA code with identical clinical descriptor, see 0202U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)◀
▶COVID-19 Antibody Test, Mt Sinai, Mount Sinai Laboratory◀	●0224U	▶Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed◀ ▶(Do not report 0224U in conjunction with 86769)◀

The following clinical examples and procedural descriptions reflect typical clinical scenarios when it would be appropriate to report these new codes. *Due to the early utilization stage for these tests, clinical indications are subject to further refinement as knowledge of the novel coronavirus evolves. The CPT Editorial Panel will continue to review indications and may clarify these indications as more information becomes available.*

Clinical Example (87426)

A 50-year-old female presents to her physician's office with fever, cough, and shortness of breath. The physician or other qualified health care professional (QHP) suspects the patient may have COVID-19. A nasopharyngeal swab is collected and submitted for SARS-CoV-2 detection.

Description of Procedure (87426)

Place the swab and swirl in a supplied reagent tube to disrupt and release viral nucleoprotein antigen, and transfer an aliquot of that sample to the test cassette sample well. The sample cassette along with quality control cassettes are placed in the analyzer, which produces a qualitative result that is reported to the ordering health care professional.

Clinical Example (0223U)

A 62-year-old male presents to the emergency department with fever of 103.4°F, shortness of breath, and headache for the past 24 hours, as well as a dry cough and muscle pain for a week. The clinician orders a molecular respiratory panel.

Description of Procedure (0223U)

Transfer a nasopharyngeal swab sample to the specimen cartridge and place the sample on the QIAstat-Dx Analyzer System, which utilizes multiplex real time (RT) polymerase chain reaction (PCR). The instrument generates a report that includes results for each pathogen. Communicate the results to the appropriate healthcare professional.

Clinical Example (0224U)

A 68-year-old male with a history of coronary artery disease, aortic valve replacement, and lymphoma presented to the emergency department with a 6-day history of malaise, a non-productive cough, and low-grade fevers (eg, 100.4° F/38° C). SARS-CoV-2 IgG antibody test was ordered to inform diagnosis of a recent past infection (within 10-14 days) or convalescent phase of COVID-19. Serum or plasma is collected from the patient for testing.

Description of Procedure (0224U)

Use the patient's sample serum or plasma on an enzyme-linked immunosorbent assay (ELISA) platform for both the qualitative and quantitative detection of human IgG antibodies in serum or plasma to SARS-CoV-2 receptor binding domain and spike protein antigens. The results are reported as negative or positive with titers for both IgG antibodies.

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The *CPT Assistant* Special Edition information is designed to provide accurate, up-to-date coding information. We continue to make every reasonable effort to ensure the accuracy of the material presented. However, this publication does not replace the CPT codebook; it serves only as a guide.

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