

CPT® Category I and Proprietary Laboratory Analyses (PLA) Codes for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

Most recent changes to this long descriptor document:

- Addition of guidelines, parenthetical note, and 2 Category I codes (86413, 99072) accepted by the CPT Editorial Panel.

It is important to note that further CPT Editorial Panel or Executive Committee actions may affect these codes and/or descriptors. For this reason, code numbers and/or descriptor language in the CPT code set may differ at the time of publication. In addition, further Panel actions may result in gaps in code number sequencing.

The following code was accepted at the March 2020 CPT Editorial Panel meeting for the 2021 CPT production cycle. This code is effective immediately on March 13, 2020. *Note that code 87635 will be a child code under parent code 87471. It is represented here as the full long descriptor including the language from parent code 87471.

Code	Long Code Descriptor	Released to AMA website	Effective	Publication
●87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	March 13, 2020	March 13, 2020	CPT® 2021

The following codes, guidelines, and parenthetical notes were accepted and/or revised at the April 2020 CPT Editorial Panel meeting for the 2021 CPT production cycle. The codes, guidelines, and parenthetical notes are effective immediately on April 10, 2020.

▲86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip)	April 10, 2020	April 10, 2020	CPT® 2021
#●86328	severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) ▶(For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] antibody testing using multiple-step method, use 86769)◀	April 10, 2020	April 10, 2020	CPT® 2021

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	<p>►The following codes (86602-86804) are qualitative or semiquantitative immunoassays performed by multiple-step methods for the detection of antibodies to infectious agents. For immunoassays by single-step method (eg, reagent strips), use see codes 86318, 86328. Procedures for the identification of antibodies should be coded as precisely as possible. For example, an antibody to a virus could be coded with increasing specificity for virus, family, genus, species, or type. In some cases, further precision may be added to codes by specifying the class of immunoglobulin being detected. When multiple tests are done to detect antibodies to organisms classified more precisely than the specificity allowed by available codes, it is appropriate to code each as a separate service. For example, a test for antibody to an enterovirus is coded as 86658. Coxsackie viruses are enteroviruses, but there are no codes for the individual species of enterovirus. If assays are performed for antibodies to coxsackie A and B species, each assay should be separately coded. Similarly, if multiple assays are performed for antibodies of different immunoglobulin classes, each assay should be coded separately. When a coding option exists for reporting IgM specific antibodies (eg, 86632), the corresponding nonspecific code (eg, 86631) may be reported for performance of either an antibody analysis not specific for a particular immunoglobulin class or for an IgG analysis. ◀</p> <p style="padding-left: 40px;">(For the detection of antibodies other than those to infectious agents, see specific antibody [eg, 86021-86023, 86376, 86800, 86850-86870] or specific method [eg, 83516, 86255, 86256]).</p> <p style="padding-left: 40px;">(For infectious agent/antigen detection, see 87260-87899)</p>			
		<p>Revised Guidelines Added to AMA Website</p> <p>April 10, 2020</p>	<p>Revised Guidelines Effective</p> <p>April 10, 2020</p>	<p>Revised Guidelines Publication</p> <p>CPT® 2021</p>
86602	Antibody; actinomyces			
86635	Coccidioides			
	<p>►(For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] antibody testing, see 86328, 86769) ◀</p>	<p>Parenthetical Note Added to AMA Website</p> <p>April 10, 2020</p>	<p>Parenthetical Note Effective</p> <p>April 10, 2020</p>	<p>Parenthetical Note Publication</p> <p>CPT® 2021</p>

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●86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) ▶(For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] antibody testing using single-step method, use 86328)◀	April 10, 2020	April 10, 2020	CPT® 2021
The following code was accepted by the Executive Committee of the CPT Editorial Panel. This code is effective immediately on June 25, 2020. *Note that code 87426 will be a child code under parent code 87301. It is represented here as the full long descriptor including the language from parent code 87301.				
●87426	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	June 25, 2020	June 25, 2020	CPT® 2022
The following codes were accepted by the CPT Editorial Panel. These codes are effective immediately on August 10, 2020.				
#●86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	August 10, 2020	August 10, 2020	CPT® 2022
#●86409	titer	August 10, 2020	August 10, 2020	CPT® 2022
The following guidelines, parenthetical note, and codes were accepted by the CPT Editorial Panel. These guidelines, parenthetical note, and codes are effective immediately on September 8, 2020. *Note that resequenced code 86413 will follow code 86409.				
#●86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	September 8, 2020	September 8, 2020	CPT® 2022

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99070	<p>Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)</p> <p>(For supply of spectacles, use the appropriate supply codes)</p> <p>▶(For additional supplies, materials, and clinical staff time required during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease, use 99072)◀</p>	<p>Parenthetical Note Added to AMA Website</p> <p>September 8, 2020</p>	<p>Parenthetical Note Effective</p> <p>September 8, 2020</p>	<p>Parenthetical Note Publication</p> <p>CPT® 2022</p>
●99072	<p>▶Code 99072 is used to report the additional supplies, materials, and clinical staff time over and above the practice expense(s) included in an office visit or other non-facility service(s) when the office visit or other non-facility service(s) are rendered during a Public Health Emergency (PHE), as defined by law, due to respiratory-transmitted infectious disease. These required additional supplies, materials, and clinical staff time are intended to mitigate the transmission of the respiratory disease for which the PHE was declared. These include, but are not limited to, additional supplies, such as face masks and cleaning supplies, as well as clinical staff time for activities such as pre-visit instructions and office arrival symptom checks that support the safe provision of evaluation, treatment, or procedural service(s) during the respiratory infection-focused PHE. When reporting 99072, report only once per in-person patient encounter per day regardless of the number of services rendered at that encounter. Code 99072 may be reported during a PHE when the additional clinical staff duties as described are performed by the physician or other qualified health care professional in lieu of clinical staff.◀</p> <p>Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease</p>	<p>Guidelines and Code Added to AMA Website</p> <p>September 8, 2020</p>	<p>Guidelines and Code Effective</p> <p>September 8, 2020</p>	<p>Guidelines and Code Publication</p> <p>CPT® 2022</p>

CPT[®] Category I and Proprietary Laboratory Analyses (PLA) Codes for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

The following code was accepted by the Executive Committee of the CPT Editorial Panel for the 2021 CPT production cycle. This code is effective immediately on May 20, 2020. *The duplicate PLA symbol and parenthetical note following the code descriptor for code 0202U will be published for the first time in CPT 2022.

Proprietary Name and Clinical Laboratory or Manufacturer	Code	Long Code Descriptor	Released to AMA Website	Effective Date	Publication
BioFire [®] Respiratory Panel 2.1 (RP2.1), BioFire [®] Diagnostics, BioFire [®] Diagnostics, LLC	✕●0202U	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 0223U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)◀	May 20, 2020	May 20, 2020	CPT [®] 2021 Duplicate PLA Symbol and Parenthetical Note Added to Publication CPT[®] 2022

The following codes were accepted by the Executive Committee of the CPT Editorial Panel. These codes are effective immediately on June 25, 2020.

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)◀	June 25, 2020	June 25, 2020	CPT [®] 2022
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)◀	June 25, 2020	June 25, 2020	CPT [®] 2022

The following codes were accepted by the CPT Editorial Panel. These codes are effective immediately on August 10, 2020.



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ePlex® Respiratory Pathogen Panel 2, GenMark Dx, GenMark Diagnostics, Inc	●0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	August 10, 2020	August 10, 2020	CPT® 2022
Tru-Immune™, Ethos Laboratories, GenScript® USA Inc	●0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	August 10, 2020	August 10, 2020	CPT® 2022