COVID-19 CORONAVIRUS
Coding Updates

Diagnostic Testing

Background
The American Medical Association (AMA) has expedited approval of CPT® codes for reporting laboratory testing related to the novel coronavirus. The first to be released was:

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.

The AMA indicated that "the pathology and laboratory section of the CPT code set already contains codes for coronavirus testing. But those are for nucleic acid assays that detect multiple respiratory viruses in a multiplex reaction, while CPT 87635 is for the detection of SARS-CoV-2 (COVID-19) and any pan-coronavirus types or subtypes", using an amplified probe technique.1

According to the CPTA: “the appropriate code to be reported is dependent upon the payer to which the claim is being submitted... CPT and HCPCS codes should not both be reported on the same claim.”2

CPT® code 87635 was available for use as of April 1, 2020 which required providers to hold claims after February 4th before releasing them on April 1.


On April 15, 2020 CMS also released a bulletin indicating payment under Medicare Supplementary Medical Insurance (Part B) for clinical diagnostic laboratory tests for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19, making use of high throughput technologies.3

In order to identify these high throughput test methodologies two additional HCPCS codes to test for the virus were also released:

✓ U0003 – 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, making use of high throughput technologies as described by CMS-2020-01-R.

✓ U0004 – 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.

CMS has instructed providers to take note that "U0003 should identify tests that would otherwise be identified by CPT code 87635 but for being performed with these high throughput technologies. It is further noted that U0004 should identify tests that would otherwise be identified by U0002 but for being performed with these high throughput technologies. Finally, it is noted that neither U0003 nor U0004 should be used for tests that detect COVID-19 antibodies."

<table>
<thead>
<tr>
<th>Medicare CDC Test Kit Type RC PCR Technique</th>
<th>Non CDC Test Type Any Other Technique</th>
<th>Nucleic Acid Amp Probe Technique</th>
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<tbody>
<tr>
<td>Standard</td>
<td>U0001</td>
<td>U0002</td>
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<tr>
<td>High Throughput</td>
<td>U0004</td>
<td>U0003</td>
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</table>

Making use of high throughput technologies for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19, are new and involve high throughput machines (which are highly sophisticated equipment).
which require more intensive technician training (to ensure the role of extremely skilled personnel) and more time intensive processes (to assure quality). A high throughput technology uses a platform that employs automated processing of more than two hundred specimens a day.

This training and these processes represent an increase in resources, bringing the total resources required for these tests to $100 (a more accurate payment than the one currently in use via contractor pricing).

Compared to an average payment of $51 for the standard test the CMS press release indicated that Medicare will pay the higher payment of $100 for COVID-19 clinical diagnostic lab tests making use of high-throughput technologies. Medicare will pay laboratories for these tests at the higher amount effective April 14, 2020, through the duration of the COVID-19 national emergency.

As indicated these new codes are not meant to be reported for antibody testing. However, in response to the need for CPT® codes specific for antibodies the AMA also expedited the release of two additional codes on April 14, 2020:

- **86328** – Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).
- **86769** – Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]). (A parenthetical note has been added to the CPT Manual indicating this is a multi-step method test).

Additionally, code 86318 was revised as the parent code for code 86328. The description updates the word “antibody” to “antibodies.” Code 86318 is described as: “Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip).”

Additionally, CMS updated its COVID-19 Frequently Asked Questions (FAQ) on Medicare Fee-for-Service (FFS) Billing on 4/17/2020:

**Guidance**

- Determine test methodologies used by the Lab.
- Ensure all applicable codes are added to the CDM for testing reported by the hospital.
- Link CDM charge codes to Laboratory testing orders.
- Appropriately code and release claims held since February 4, 2020.

**Sources**