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SPECIAL EDITION: April Update

SARS-CoV-2 Serologic Laboratory Testing

As the coronavirus (COVID-19) pandemic continues and as responses to the disease evolve, the American Medical Association (AMA) Current Procedural Terminology (CPT[®]) Editorial Panel convened a second special meeting within a month to approve codes specific to laboratory testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]). To address the urgent clinical need to report (and track) antibody testing, the CPT Editorial Panel has revised one code and established two additional codes to provide increased specificity to report serologic laboratory testing.

The AMA expedited the publication of these changes to the AMA website on Friday, April 10, 2020, at <https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians>. In addition to the revision of code 86318, addition of the two new codes, and a guideline revision, three parenthetical notes have been added to provide guidance on selecting the most appropriate code for the procedure performed. These codes are *effective immediately* for use in reporting these laboratory tests. Note that the revised code 86318, two new codes 86328 and 86769, new parenthetical notes and revised guideline are not included in the CPT 2020

code set; however, they will be included in the CPT 2021 code set in the Immunology subsection of the Pathology and Laboratory section.

Immunology

- ▲ **86318** Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip);

- #● **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)◀

- **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

continued on next page

disease [COVID-19] antibody testing using single step method, use 86328)◀

The new codes will allow accurate reporting and tracking of tests performed specifically for COVID-19 caused by SARS-CoV-2. Code 86328 was established as a child code to 86318 to report a qualitative or semiquantitative single-step method immunoassay for SARS-CoV-2 (COVID-19) antibody(ies). Code 86769 was established to report an antibody test for SARS-CoV-2 (Coronavirus disease [COVID-19]) using a multiple-step method. Note that code 86769 will be a child code under parent code 86710. It is represented here in its entirety, ie, complete long descriptor, including the language from parent code 86710.

The following information from the code set shows additional changes made to the code set related to the new antibody codes. The guidelines for codes 86602-86804 have been revised to incorporate new code 86328. In addition, a parenthetical note has been added following code 86635 directing users to new codes 86328 and 86769.

Immunology

► 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), 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.◀

(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]).

(For infectious agent/antigen detection, see 87260-87899)

86602 Antibody; actinomyces

86635 Coccidioides

► (For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] antibody testing, see 86328, 86769)◀

The following clinical examples and procedural descriptions reflect typical clinical situations for which these new codes would be appropriately reported. *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 and may clarify these indications as more information becomes available.*

Clinical Example (86328)

A 67-year-old female with a history of diabetes mellitus and hypertension presented to the emergency department with a 5-day history of malaise, a non-productive cough, and low-grade fever (eg, 100.4° F/ 38° C). A SARS-CoV-2 IgG/IgM reagent strip antibody test for COVID-19 was ordered. Blood or serum is collected from the patient for testing.

Description of Procedure (86328)

A reagent strip cartridge coated with anti-human monoclonal IgM and IgG antibodies and goat anti-mouse IgG antibodies is removed from its sealed container. The patient's blood sample is added to the specimen well, followed by specimen diluent. After the specimen and reagents advance to and react with the test area of the reagent strip, the specimen is read optically, observing the control, IgG and IgM bands. Results are interpreted and reported.

Clinical Example (86769)

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 fever (eg, 100.4° F/38° C). SARS-CoV-2 IgG and IgM antibody tests were ordered to inform diagnosis of acute or convalescent phase of COVID-19. Serum or plasma is collected from the patient for testing.

Description of Procedure (86769)

A sample of the patient's serum or plasma is diluted in buffer and an aliquot of the diluted sample and controls in duplicate are added to a multi-well plate, incubated and washed. Peroxidase-conjugated mouse anti-human IgG and IgM antibodies are added to the sample plate and incubated. A chromogenic substrate is added, incubated, and immediately read at 450 nm using a microtiter plate reader. Results are interpreted and reported.

The following are a few common questions and answers regarding these new SARS-CoV-2 (COVID-19) tests.

Question: *When are these codes available for reporting?*

Answer: Codes **86328** and **86769** are available for reporting beginning April 10, 2020. Contact your third-party payer to determine their guidelines regarding reimbursement.

Question: *How do these tests differ from newly released code 87635 for laboratory testing for SARS-CoV-2?*

Answer: Code 87635 is reported for respiratory specimens from which DNA/RNA is obtained and analyzed, and it is designed to detect the SARS-CoV-2 virus. The two new serologic codes will be used to identify the presence of antibodies to the SARS-CoV-2 virus.

Question: *I am using a standalone device that tests for SARS-CoV-2 IgM and IgG antibodies at the point of care (POCT), which new code should I report?*

Answer: While CPT does not specifically address place of service considerations, most POC platforms for SARS-CoV-2 serologic testing are single-step methods (eg, reagent strips). Code 86328 would be the most appropriate code to report this analysis. POC tests for COVID-19 also include nucleic acid analysis, and would be captured with code 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, which was issued on March 13. Codes selected should accurately describe the service provided.

Question: *If my testing device (eg, reagent strip) provides an analysis for two antibody classes on a single-step method assay, do I report code 86328 for each antibody class?*

Answer: No, code 86328 should be reported once for each reagent strip assay. If the reagent strip tests for one or multiple antibody classes (eg, IgG and IgM), one unit of service should be reported, regardless of the number of antibodies evaluated and reported on the reagent strip.

Question: *If I test two antibodies in two separate single-step assays, do I report code 86328 for each assay?*

Answer: Yes, code 86328 should be reported once for each reagent strip tested. However, modifier 59 should be appended to the code for the second reagent strip assay to identify that two distinct analyses were performed.

Question: *If I test for IgG and IgM in separate assays, do I report code 86769 for each antibody?*

Answer: Yes, if multiple assays are performed for antibodies of different immunoglobulin classes, each assay should be reported separately. Modifier 59 should be appended to the code reported for the second assay to identify that two distinct analyses were performed.

Question: *Is reporting of the SARS-CoV-2 (COVID-19) serologic testing handled differently if other services are performed on the same date?*

Answer: No, all other provided services should be reported as appropriate according to CPT coding guidelines, regardless if they are performed on the same day as the SARS-CoV-2 test. Note that the new codes describe laboratory tests, and therefore, guidelines regarding the appropriate reporting of laboratory tests apply.

Stay informed and updated with the AMA on the coronavirus COVID-19 by visiting the AMA web-site at <https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians>.

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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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