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SPECIAL EDITION

AMA Fact Sheet: Reporting Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) Laboratory Testing

Due to the emergent nature of the public health concern surrounding novel coronavirus testing, the American Medical Association (AMA) Current Procedural Terminology (CPT[®]) Editorial Panel convened a special meeting and approved a new, specific CPT code to describe laboratory testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Note: Per the World Health Organization, the official name of the virus is severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), while the name of the disease it causes is coronavirus disease (COVID-19).

The AMA expedited the publication of this new CPT code to the AMA website on Friday, March 13, 2020, at <https://www.ama-assn.org/practice-management/cpt/cpt-releases-new-coronavirus-covid-19-code-description-testing>. This code is **effective immediately** for use in reporting this testing service. Note that code 87635 is not in the CPT 2020 publication; however, it will be included in the CPT 2021 code set in the Microbiology subsection of the Pathology and Laboratory section.

Microbiology

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

Use of code 87635 will help to efficiently report and track testing services related to SARS-CoV-2 and will streamline the reporting and reimbursement for this test in the United States. For Medicare claims, the Centers for Medicare & Medicaid Services (CMS) has established two new Healthcare Common Procedure Coding System (HCPCS) codes for coronavirus testing. HCPCS code U0001 is used specifically for CDC testing laboratories to test patients for SARS-CoV-2 and to track new cases of the virus. HCPCS code U0002 is intended for laboratories to report non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19). Therefore, to meet the needs of the CDC safety-monitoring programs and to track the

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specific testing performed, it is important that the appropriate code is listed on claim forms. For more information on CMS' response to COVID-19, visit <https://www.cms.gov/newsroom>.

Clinical Example (87635)

A 47-year-old male presents to the emergency department with fever, cough, and shortness of breath. The physician or other qualified health care professional (QHP) suspects the patient may have coronavirus (COVID-19). Respiratory swabs are collected and sent to the laboratory.

Description of Procedure (87635)

Place specimens (eg, nasopharyngeal or oropharyngeal swab, sputum, lower respiratory tract aspirate, bronchoalveolar lavage, and nasopharyngeal wash or aspirate or nasal aspirate) into specimen-transport containers. Use oligonucleotide primers and probes for detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (formally known as 2019-nCoV), and any pan-coronavirus types or subtypes if included, to identify viral gene target(s). Isolate and purify ribonucleic acid (RNA) from the specimens, followed by molecular amplification and analysis. Send the test result (positive, negative, inconclusive) to the patient's physician or other QHP and report or refer to the appropriate public health officials, as indicated.

The following are a few common questions and answers regarding the SARS-CoV-2 (COVID-19) test in relation to the use of the new CPT code 87635.

Question: *When is this code available for reporting? Can this CPT code be used to bill for testing that occurred in February?*

Answer: Code 87635 is available effective immediately in the CPT code set and available for reporting beginning March 13, 2020. Contact your third-party payer to determine their guidelines regarding applicability for retroactive billing and reimbursement.

Question: *Should CPT code 87635, a HCPCS Level II code, or both be reported if the test for COVID-19 is performed?*

Answer: The appropriate code to be reported is dependent upon the payer to which the claim is being submitted. If the claim is submitted to a payer that requires CPT codes, then code 87635 should be reported. Conversely, if the payer requires use of the HCPCS Level II code, the HCPCS Level II code should be reported. CPT and HCPCS codes should not both be reported on the same claim.

Contact your local third-party payer directly to determine their specific reporting guidelines. Further guidance from CMS on the reporting of HCPCS Level II codes can be found at <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>.

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

Answer: No, other provided services should be reported as appropriate according to CPT guidelines. Note that the new code describes a laboratory testing procedure, and therefore, guidelines regarding the appropriate reporting of laboratory tests do apply for this code.

Question: *Codes already exist in the Pathology and Laboratory section of the CPT code set for coronavirus. What is the difference between the new code 87635 and the other CPT codes that state coronavirus in their descriptor (ie, 87631, 87632, 87633, 0098U, 0099U, 0100U)?*

Answer: Existing codes 87631, 87632, and 87633 are used for nucleic acid assays that detect multiple respiratory viruses in a multiplex reaction (ie, single procedure with multiple results). Similarly, proprietary laboratory analyses (PLA) codes 0098U, 0099U, and 0100U are used to identify multiple types or subtypes of respiratory pathogens. In contrast, code 87635 is for the detection of SARS-CoV-2 (COVID-19) and any pan-coronavirus types or subtypes, and it can be reported with tests from multiple manufacturers using the stated technique.

Question: *Is code 87635 required to be reported in conjunction with any of the other CPT test codes that mention coronavirus, namely code 87631, 87632, 87633, 0098U, 0099U, or 0100U? Would they ever be used together?*

Answer: Code 87635 does not require reporting of an additional CPT code for this service. There are no known restrictions on the reporting of code 87635, if performed as a separate assay, with code 87631, 87632, 87633, 0098U, 0099U, or 0100U. Codes selected should accurately describe the service provided.

Question: *In the "Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)" published on March 9, 2020, the CDC recommends collecting both nasopharyngeal and oropharyngeal swabs from the upper respiratory system for initial diagnostic testing. If*

a laboratory is requested to test multiple separate specimens for the same virus, on the same patient, on the same day, how should this be reported?

Answer: Report 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*, **and** a second unit of code 87635, appended with modifier 59, *Distinct Procedural Service*. Per CPT reporting guidelines for microbiology codes, when separate assays are performed on multiple specimens, modifier 59 should be used to indicate that the results represent the separate services performed.

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



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