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SPECIAL EDITION: September Update

COVID-19 Coding Update

The effect of the coronavirus disease (COVID-19) worldwide is unprecedented and multidimensional. The American Medical Association (AMA) Current Procedural Terminology (CPT[®]) Editorial Panel is tasked with ensuring that CPT codes remain up to date and reflect the latest medical care available to patients. To achieve this, the CPT Editorial Panel has set a precedent for rapidly releasing CPT codes during the pandemic to address this emergent issue. In keeping with this practice, the CPT Editorial Panel approved two new Category I codes and expedited the publication of these new codes to the AMA website on Tuesday, September 8, 2020, at <https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians>. These codes are **effective immediately**.

New CPT code 86413 was established to report quantitative antibody detection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). New code 99072 was established to report additional practice expenses incurred during a Public Health Emergency (PHE), including supplies and additional clinical staff time. This article will provide an overview of these new codes.

Immunology

#●**86413** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

(Coronavirus disease [COVID-19])
antibody, quantitative

Special Services, Procedures and Reports

●**99072**

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

Discussion

By providing precise quantitative measurements, code 86413 is intended for use as an aid in investigating the presence and temporal evolution of the adaptive immune response to SARS-CoV-2. The aim of this quantitative antibody assay is to assist in studies of the epidemiology, pathogenesis, prevention, and treatment of COVID-19.

New code 99072 represents a new practice expense code specifically intended for use during a declared PHE as defined by law, due to respiratory-trans-

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mitted infectious disease. It accounts for additional supplies, materials, and clinical staff time required for patient symptom checks over the phone and upon arrival, donning and removing personal protective equipment (PPE), and increased sanitation measures to prevent the spread of communicable disease. This new code is established in response to the significant additional practice expenses related to activities required to safely provide medical services to patients in person during a PHE over and above those usually included in a medical visit or service. This new code should only be reported when the service is rendered in a non-facility place of service (POS) setting, and in an area where it is required to mitigate the transmission of the respiratory disease for which the PHE was declared. A comprehensive list of POS codes and their facility/non-facility designations are found in the *Medicare Claims Processing Manual* at <https://www.cms.gov/Medicare/Coding/place-of-service-codes>.

Users familiar with the CPT code set will recall that code 99070 is typically reported for supplies and materials that may be used or provided to patients during an office visit or other service(s) provided in the office setting. However, the newly established code differs significantly. First, new code 99072 is reported only during a PHE and only for additional items required to support a safe in-person provision of evaluation, treatment, or procedural service(s). These items contrast with those typically reported with code 99070, which focuses on additional supplies provided over and above those usually included with a specific service, such as drugs, intravenous (IV) catheters, or trays. Secondly, the new code is also intended to account for the additional time required by clinical staff to provide the service safely.

This new code is designed to capture the following practice expense factors such as:

- Time over what is included in the primary service of clinical staff time (registered nurse [RN]/ licensed practical nurse [LPN]/ medical technical assistant [MTA]) to conduct a pre-visit phone call to screen the patient (symptom check), provide instructions on social distancing during the visit, check patients for symptoms upon arrival, apply and remove PPE, and perform additional cleaning of the examination/procedure/imaging rooms, equipment, and supplies
- Three surgical masks

- Cleaning supplies, including additional quantities of hand sanitizer and disinfecting wipes, sprays, and cleansers

To further delineate the use of code 99072, a parenthetical note has been added to code 99070 directing users to the new code when the additional supplies, materials, and preparation time meeting its criteria are utilized.

Code 99072 is to be reported only once per in-person patient encounter per provider identification number (PIN), regardless of the number of services rendered at that encounter. In the instance in which the noted clinical staff activities are performed by a physician or other qualified health care professional (eg, in practice environments without clinical staff or a shortage of available staff), the activity requirements of this code would be considered as having been met; however, the time spent should not be counted in any other time-based visit or service reported during the same encounter.

The following clinical examples and procedural descriptions reflect typical clinical scenarios for which it would be appropriate to report these new codes.

Clinical Example (86413)

A 52-year-old female was discharged from hospital after a lengthy stay with severe COVID-19, which is confirmed by molecular testing for SARS-CoV-2. Four weeks after her recovery, a blood specimen was submitted for quantitative antibody evaluation to assess her immune response to the virus.

Description of Procedure (86413)

Incubate and wash patient serum and diluent added to a SARS-CoV-2 spike protein receptor binding domain (RBD)-complexed solid-phase surface, followed by adding antihuman-signal antibodies to detect bound anti-RBD antibodies. The relative amount of signal measured is directly proportional to the anti-RBD antibody concentration in the specimen and is interpreted using a standards-generated calibration curve with results reported in quantitative units.

Clinical Example (99072)

A 65-year-old female presents to the physician's office, requiring care for an illness, acute injury, or

ongoing care for a chronic condition. The encounter occurs during a Public Health Emergency (PHE), as defined by law, due to respiratory-transmitted infectious disease.

Description of Procedure (99072)

N/A

See the following questions and answers regarding codes 86413, 86769, 86328, and 99072.

Questions and Answers

Question: *How does code 86413 differ from codes 86769 and 86328, two other recently approved SARS-CoV-2 antibody testing codes?*

Answer: Codes 86769, *Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])*, and 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])*, are both reported as qualitative or semiquantitative assays; code 86413 is reported as a quantitative assay.

Question: *Code 99072 is stated as being applicable “during a PHE.” What information should be used to verify when a PHE is in effect?*

Answer: A PHE is in effect when declared by law by the officially designated relevant public health authority(ies).

Question: *For what type of patient encounters or services should code 99072 be reported?*

Answer: Code 99072 may be reported with an in-person patient encounter for an office visit or other non-facility service, in which the implemented guidelines related to mitigating the transmission of the respiratory disease for which the PHE was declared are required. Use of this code is not dependent on a specific patient diagnosis. For a list of POS codes with facility/non-facility designations that are available in the *Medicare Claims Processing Manual*, visit <https://www.cms.gov/Medicare/Coding/place-of-service-codes>.

Question: *What documentation is required to report code 99072?*

Answer: Given that code 99072 may only be reported during a PHE, one would not report this code in conjunction with an evaluation and management (E/M) service or procedure when a PHE is not in effect. Therefore, code 99072 is reported justifiably only when health and safety conditions applicable to a PHE require the type of supplies and additional clinical staff time explained in the code descriptor. Documentation requirements may vary among third-party payers and insurers; therefore, they should be contacted to determine their specifications.

Question: *May code 99072 be reported with code 99070?*

Answer: Yes, code 99072 may be reported with code 99070 when the requirements for both codes have been met. Note that eligibility for payment, as well as coverage policy, is determined by each individual insurer or third-party payer.

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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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