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COVID-19 Testing CPT/HCPCS Summary
As of 9/21/2020

Since the inception of COVID-19, new tests have been developed and introduced. Following is a listing in chronological order of the introduction of these tests. The CPT, HCPCS or PLA codes are assigned by the American Medical Association (AMA).

On February 4, 2020:

U0001 was created as a CDC test - real-time RT-PRC diagnostic panel. This code is used only for CDC-developed tests. U0001 pays less than U0002, because it uses a CDC-supplied test kit. Labs using a non-CDC test kit will report 87635 or U0002. This code was effective on February 4, 2020, but more MACs did not implement this code until April 1, 2020.

U0002 was created as a Non-CDC test using any technique. This code is used for non-CDC tests and allows for testing using any technique. Per CMS, to determine the difference between U0002 and 87635: use 87635 for tests using amplified probe technique and U0002 for tests performed using other methodologies other than amplified probe technique.

On March 1, 2020:

G2023 was created as a Specimen Collection for COVID-19, any specimen source. This code is limited for use by Independent Labs for specimens collected from homebound or non-hospital inpatients. Do not use this code to report patient collected specimens. This code may be billed in conjunction with travel allowance (P9603 or P9604).

G2024 was created as a Specimen Collection for COVID-19, from individual in a Skilled Nursing Facility (SNF) or on behalf of Home Health Agencies (HHA), any specimen source. This code is limited for use by Independent Labs for specimens collected from patients in a non-covered stay at a SNF and collected on behalf of Home Health Agencies. Do not use this code to report patient-collected specimens. This code may be billed in conjunction with travel allowance (P9603 or P9604).

On March 13, 2020:

87635 was created as an amplified probe technique. Per AMA, if tests are performed on two separate specimens (i.e., nose and throat), report twice using the 59 modifier although payment may be limited to one unit for some payers.

On April 10, 2020:

86769 was created as an antibody testing multi-step method. This code uses blood or serum samples. Per AMA, report once for each separate assay performed. If two different assays are performed on different immunoglobulin classes (i.e. IgG and IgM), report twice using the 59 modifier.

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86328 was created as an antibody testing single-step method. This code uses blood or serum samples. This method uses a strip containing all testing components. Per AMA, report once for each reagent strip assay (if a single strip tests for multiple antibody classes, report only one unit).

On April 14, 2020:

U0003 was created as a test that would otherwise be reported with 87635 (amplified probe technique), but are performed using high throughput technologies. Do not use this code for reporting antibody tests (i.e., 86328, 86769). Examples of high throughput systems as of July 2020 are below:

- Roche Cobas 6800
- Roche Cobas 880
- Abbott m2000
- Hologic Panther Fusion
- GeneXpert Infinity
- NeuMoDx 288 Molecular

U0004 was created as a test that would otherwise be reported with U0002 (other methodologies than amplified probe technique), but are performed using high throughput technologies.

On May 20, 2020:

0202U was created for a PLA Test: BioFire Respiratory Panel 2.1 (RP2.1), 22 targets (including SARS-CoV-2), qualitative RT-PCR (by BioFire). This is a nasopharyngeal swab. Each pathogen needs to be reported as detected or not detected. This is the same test description as 0223U, but is distinguished by the clinical laboratory or manufacturer.

On June 24, 2020:

87426 was created as an antigen testing. This is Immunoassay testing for SARSCoronavirus. This test/code is not specific to SARS-CoV-2 (COVID-19) as it is not currently capable of distinguishing between SARS-CoV and SARS-CoV-2.

0223U was created as a PLA Test: QIAstat-Dx Respiratory SARS-CoV-2 Panel, 22 targets (including SARS-CoV-2), qualitative RT-PCR (by QIAGEN Sciences). This is a nasopharyngeal swab. Each pathogen needs to be reported as detected or not detected. This is the same test description as 0202U, but is distinguished by the clinical laboratory or manufacturer.

0224U was created as a PLA Test: COVID-19 Antibody Test (by Mt Sinai Laboratory). This test includes titer(s) when performed. Do not report this code in conjunction with 86769.

On August 10, 2020:

86408 was created for neutralizing antibody, screen. This is for SARS-CoV-2.

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86409 was created for neutralizing antibody, titer. This is for SARS-CoV-2.

0225U was created as a PLA Test: ePlex Respiratory Pathogen Panel 2 using an amplified probe technique (by Genmark Diagnostics, Inc.). This is for infectious disease (bacterial or viral respiratory tract infection) pathogen specific DNA and RNA. This Includes multiplex reverse transcription for RNA targets. Each analyte should be reported as detected or not detected.

0226U was created as a PLA Test: Tru-Immune, plasma, serum (by Ethos Laboratories, GenScript USA Inc. This is a surrogate viral neutralization test (sVNT), ELISA.

On September 8, 2020:

86413 was created for a quantitative antibody detection for severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2). This test differs from 86769 and 86328 antibody tests as those codes are reported as qualitative or semi-quantitative, while 86413 reflects a quantitative assay.