

## New CPT Codes for COVID-19

On September 8, 2020 the American Medical Association (AMA) created two new Category I CPT codes related to COVID-19 effective immediately. In the wake of COVID-19, extra safety precautions and office protocols have been adopted to safely provide in-person visits. Physicians have been bearing the brunt of these additional expenses incurred during the Public Health Emergency (PHE), including extra sanitizing supplies, personal protective equipment (PPE), patient masks, installation of plexiglass at check-in, as well as additional staff time to sanitize rooms, assess patients prior to admittance and other safety protocols.

To address these expenses, the AMA/Specialty Society RVS Update Committee (RUC) worked with 50 national medical specialty societies and other organizations to collect data on the additional costs of maintaining safe protocols during patient in-person visits during the PHE, and created and implemented a new CPT code to capture these additional costs endured by physicians during the COVID-19 pandemic. CPT code 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*, is effective September 8, 2020 and may be reported until the end of the PHE. As it stands currently, the PHE expires on October 23, 2020. Therefore, code 99072 may be reported from the effective date of 9/8/20 until the end of the PHE. Please check with your payer regarding the possible reporting of code 99072 retroactively for services prior to the effective date 9/8/20.

- 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

Per AMA CPT guidance, code 99072 may be reported once per patient in-person encounter regardless of the number of services performed and should only be reported in a non-facility setting. Documentation requirements and coverage may vary among payers, please contact payers for specific policies. The recommendation for reimbursement of code 99072 was submitted to the Centers for Medicare and Medicaid Services (CMS).

The second code created and implemented is the laboratory CPT code 86413, *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative*. This code was created for the reporting of quantitative measurements of SARS-CoV-2 antibodies, as opposed to a qualitative assessment (positive/negative) of SAR-CoV-2 antibodies provided by laboratory tests reported by other CPT codes.

- 86413 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative

Please note, with the immediate effective date of 9/8/20, these new codes and descriptors will need to be manually uploaded into Electronic Health Record (EHR) systems. The [CPT Assistant, Special Edition](#), contains further details and pertinent Q&As regarding the reporting of these codes.