

**Subject:** COVID-19 Testing

**Medical Policy #:** 43.0

**Status:** Reviewed

**Original Effective Date:** 07/28/2021

**Last Review Date:** 07/26/2023

## Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

During the declared Public Health Emergency (PHE) period, PHP provides coverage without imposing any cost-sharing requirements (including deductibles, copayments, and coinsurance), prior authorization, or other medical management requirements for COVID-19 diagnostic testing of asymptomatic individuals when the purpose of the testing is for individualized diagnosis or treatment of COVID-19. However, PHP is not required to provide coverage of testing such as for public health surveillance or employment purposes.<sup>7</sup>

## Description

### Types of tests:

COVID-19 tests are available that can test for [current infection](#) or [past infection](#).

- A [viral test](#) tells you if you have a current infection. Two types of viral tests can be used: nucleic acid amplification tests (NAATs) and antigen tests.
- An [antibody test](#) (also known as a serology test) might tell you if you had a past infection. Antibody tests should not be used to diagnose a current infection.

There are several **types of SARS-CoV-2 and COVID-19 related In vitro diagnostic (IVD):**

- **Diagnostic Tests:** Person with signs or symptoms of COVID-19 should have diagnostic testing. Tests that detect parts of the SARS-CoV-2 virus and can be used to diagnose infection with the SARS-CoV-2 virus. These include molecular tests and antigen tests.
- **Serology/Antibody and Other Adaptive Immune Response Tests:** Antibody or serology tests look for antibodies in your blood to determine if you had a past infection with the virus that causes COVID-19. Tests that detect antibodies (for example, IgM, IgG) to the SARS-CoV-2 virus or that measure a different adaptive immune response (such as, T cell immune response) to the SARS-CoV-2 virus. These types of tests cannot be used to diagnose a current infection.
- **Tests for Management of COVID-19 Patients:** Beyond tests that diagnose or detect SARS-CoV-2 virus or antibodies, there are also tests that are authorized for use in the management of patients with COVID-19, such as to detect biomarkers related to inflammation. Once patients are diagnosed with COVID-19 disease, these additional tests can be used to inform patient management decisions.
- **Vaccination and SARS- CoV-2 Testing:** [Prior receipt of an mRNA COVID-19 vaccine will not affect the results of SARS-CoV-2 viral tests \(NAAT or antigen\)](#). Because the Pfizer-BioNTech, Moderna, and Johnson & Johnson COVID-19 vaccines use the SARS-CoV-2 spike protein to generate an immune response, a positive serologic (antibody) test for spike protein IgM/IgG could indicate either previous infection or vaccination. Antibody testing is not currently recommended to assess for immunity to COVID-19 following COVID-19 vaccination or to assess the need for vaccination in an unvaccinated person. To evaluate for evidence of previous infection in an individual with history of COVID-19 vaccination, an antibody test specifically evaluating IgM/IgG to the nucleocapsid protein should be used (e.g., for public health surveillance or the diagnosis of MIS-C/MIS-A).

## Coverage Determination

**Prior Authorization is not required but coverage determinations and payment of claims depend upon eligibility, covered benefits, provider contracts and correct coding/billing practices. Logon to Pres Online to submit a request:** <https://ds.phs.org/preslogin/index.jsp>

### For Medicare, Medicaid and Commercial.

PHP follows Novitas LCD ([L38916](#)) Respiratory Pathogen Panel Testing. See also PHP, [COVID-19 Resource Center](#) for more information.

### Non-covered:

CPT code 0373U and 0202U are non-covered for Medicaid, Commercial and Medicare.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

## Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

Please note the following codes are guidance related to the national public health emergency associated with the 2019 Novel Coronavirus (COVID-19) outbreak. The list of the following codes may not always reflect current changes set by CMS. Please follow the most updated CMS guidelines and timeframes as it relates to diagnosis coding and CPT codes at [Novitas Coronavirus COVID-19 information](#). Payment of claims depend upon eligibility, covered benefits, provider contracts and correct coding/billing practices.

CPT Codes	Description of COVID-19 Testing:
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
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.
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19])
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected. Effective 10/01/2020
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected. Effective 10/01/2020
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]) <b>(single-step method)</b>
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]). (for multiple-step method)
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed (Do not report 0224U in conjunction with 86769)
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s) (Code is effective for dates of service on and after February 21, 2022)

HCPCS Codes	For Medicare claims:
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R
U0005	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, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date and time of specimen collection. (List separately in addition to either HCPCS code U0003 or U0004)
C9803	Hospital Outpatient Clinic Visit Specimen collection for severe acute respiratory syndrome, Coronavirus 2 (SARSCOV-2) (Coronavirus disease [COVID-19]), any specimen source.
G2023	<b>Specimen collection</b> for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
G2024	<b>Specimen collection</b> for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source

ICD-10-CM	Covered diagnosis when reported with the above listed CPT codes, (not an all-inclusive list):
B34.2	Coronavirus infection, unspecified
J02.8	Acute pharyngitis due to other specified organisms
J02.9	Acute pharyngitis, unspecified
J10.1	Influenza due to other identified influenza virus with other respiratory manifestations
J12.82	Pneumonia due to coronavirus disease 2019
J34.89	Other specified disorders of nose and nasal sinuses
M35.81	Multisystem inflammatory syndrome
M35.89	Other specified systemic involvement of connective tissue
M79.10	Myalgia, unspecified site
M79.11	Myalgia of mastication muscle
M79.12	Myalgia of auxiliary muscles, head and neck
M79.18	Myalgia, other site
R05	Cough
R06.02	Shortness of breath
R07.89	Other chest pain
R09.81	Nasal congestion
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.2	Nausea with vomiting, unspecified
R19.7	Diarrhea, unspecified
R23.0	Cyanosis
R41.82	Altered mental status, unspecified
R43.0	Anosmia
R43.1	Parosmia
R43.2	Parageusia
R43.8	Other disturbances of smell and taste
R43.9	Unspecified disturbances of smell and taste
R50.9	Fever, unspecified
R51	Headache (Code deleted 9/30/2020)
R51.0	Headache with orthostatic component, not elsewhere classified
R51.9	Headache, unspecified
R53.83	Other fatigue
R68.83	Chills (without fever)
U07.1	COVID-19 (effective April 1, 2020)
Z01.811	Encounter for preprocedural respiratory examination
Z01.812	Encounter for preprocedural laboratory examination

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ICD-10-CM	Covered diagnosis when reported with the above listed CPT codes, (not an all-inclusive list):
Z01.818	Encounter for other preprocedural examination
Z01.89	Encounter for other specified special examinations
Z20.822	Contact with and (suspected) exposure to COVID-19
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy
Z79.52	Long term (current) use of systemic steroids
Z86.16	Personal history of COVID-19

ICD-10-CM	Non-covered diagnosis when reported with any of the above listed CPT codes:
Z01.84	Encounter for antibody response examination
Z02.1	Encounter for pre-employment examination
Z02.3	Encounter for examination for recruitment to armed forces
Z02.5	Encounter for examination for participation in sport
Z02.6	Encounter for examination for insurance purposes
Z02.71	Encounter for disability determination
Z02.89	Encounter for other administrative examinations (routine)
Z02.9	Encounter for administrative examinations, unspecified
Z03.818	Encounter for observation for suspected exposure to <b>other</b> biological agents ruled out
Z11.52	Encounter for screening for COVID-19
Z11.59	Encounter for screening for other viral diseases
Z20.828	Contact with and (suspected) exposure to <b>other</b> viral communicable diseases
<b>The below code is considered not medically necessary when submitted with the Antibody (Serology) Testing listed above:</b>	
Z01.84	Encounter for antibody response examination

CPT Code	Description	Non-covered
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	Non-covered for Commercial, Medicaid and Medicare.
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	Non-covered for Commercial and Medicare.
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), amplified <b>probe</b> technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected.	Non-covered for Commercial and Medicare.
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	Non-covered for Commercial and Medicare.
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen	Non-covered for Commercial, Medicaid and Medicare.

CPT Code	Not Covered when used to report Non-Diagnostic Tests and Devices for SARS-CoV-2 (COVID-19) infection (e.g., Tiger Tech COVID Plus™):
99199	Unlisted special service, procedure or report

**Reviewed by / Approval Signatures**

**Clinical Quality & Utilization Mgmt. Committee:** Gray Clarke MD  
**Senior Medical Director:** David Yu MD  
**Medical Director:** Ana Maria Rael MD  
**Date Approved:** 07/26/2023

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

## References

1. CMS, COVID-19 Over-the-Counter Tests, Page Last Modified: 05/12/2023 02:51 PM. <https://www.cms.gov/COVODOTCtestsProvider>, [Cited 06-15-2023]
2. American Medical Association (AMA). [COVID-19 CPT coding and guidance](#). Copyright 2020 American Medical Association. [Cited 06-15-2023]
3. Centers for Medicare & Medicaid Services (CMS), Manual System, Pub 100-04 Medicare Claims Processing, [Transmittal 10575, Change Request 12080](#), Date: January 20, 2021, Transmittal 11594, Change Request 12885, Date Sept 09, 2022 [Cited 06/16/2023]
4. Novitas, (newsletter about codes and allowances), [New codes for Laboratory tests for the novel coronavirus \(COVID-19\)](#), last modified 06/13/2023. [Cited 06/16/2023]
5. Human Services Department of New Mexico, [Special COVID-19 LOD #8-3 - Testing and Treatment Services and Codes for Centennial Care 2.0 Manage Care Organization](#), Dated: June 02, 2022 [Cited 06-16-2023]
6. CMS, Novitas, LCD L38916, Respiratory Pathogen Panel testing, updated, 05/21/2021, [Cited 06-16-2023]
7. CMS, Novitas LCA A58575, revision date 04/01/2023, R7 [Cited 06-16-2023]

## Publication History

- 07-28-2021 New policy for COVID-19 related testing. Developed under the pandemic guidelines by CMS, CDC and FDA. Prior Authorization is not required. Reviewed by Medical Policy Committee on 12/03/2021 and 01/21/2022. PHP will follow CMS, LCA (A57579) guidance for non-covered codes: 0202U, 0223U, 0225U and 0226U for Medicare and Commercial and all codes provided by New Mexico Medicaid, Special COVID-19 Letter of Direction (LOD #8-2) should remain covered for Medicaid. PHP has determined the following COVID-19 Testing as non-covered. CPT code (0202U) is non-covered for Medicaid, Commercial and Medicare. CPT codes (0223U, 0225U and 0226U) is non-covered for Commercial and Medicare. Our coverage and non-coverage determination are based upon CMS, Local Coverage Article (A57579) Group 2 Paragraph and the New Mexico Human Service Department (HSD) mandate, Letter of Direction (LOD 8.2).
- 07-27-2022 Annual review. Reviewed by Medical Policy Committee on 07/15/2022. Criteria removed. Will now use the following guidance: (1) Novitas LCD (L38916) Respiratory Pathogen Panel Testing and (2) PHS.org, [COVID-19 Resource Center](#). New CPT code 87913, effective for dates of service on and after 2/21/2022. The over-the-counter OTC test will continue to be managed by Pharmacy. Medicaid Letter of Direction #8-3 reviewed and acknowledge regarding the OTC and the language regarding coverage of screening for testing to return to school or work or to meet travel requirements. Medicare will continue no OTC. Commercial will continue to not cover for screening for testing to return to school or work or to meet travel requirements.
- 07-26-2023 Annual review. Reviewed by Medical Policy Committee on 06-16-2023. Continue to follow Novitas LCD (L38916) Respiratory Pathogen Panel Testing and LOD 8-3. Added the newly released, non-covered code (0373U) to policy per LCA (A58575), which will be config as non-covered for ALOB. Novitas website, "New codes for laboratory tests for novel coronavirus (COVID-19)", does not list code (0373U), last modified: 06/13/2023. Added the newly covered ICD-10-CM (J10.1). Continue 0202U as non-covered for Medicaid, Commercial and Medicare. Continue CY 2021 config of non-covered codes (0202U, 0223U, 0225U, 0226U) for ALOB.

*This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.*

*For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)*

### **Web links:**

*At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.*

*When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.*