COVID-19 Coding Guide

Updated 4-6-2020

If your office is open, we appreciate your work to see patients during the COVID-19 outbreak. The following codes will help make sure your claims are processed and paid correctly.

Mahalo.

Current CDC diagnosis coding guidance

- To identify patients who have tested positive for COVID-19, first code for the presenting illness, followed by:
  - **U07.1 *COVID-19*** for dates of service on or after April 1, 2020.
  - **B97.29 *Other coronavirus as the cause of diseases classified elsewhere*** for dates of service on or before March 31, 2020.
- Don't assign code U07.1 (or code B97.29) if the provider documents "suspected," "possible," or "probable" COVID-19. Instead, assign codes explaining the reason for the encounter.
- Use **Z03.818 *Encounter for observation for suspected exposure to other biological agents ruled out*** if a there was a concern that a patient had a possible exposure to COVID-19, but it was ruled out after evaluation.
- Use **Z20.828 *Contact with and (suspected) exposure to other viral communicable diseases*** for cases where there's an actual exposure to someone who's confirmed to have COVID-19.
- Diagnosis code **B34.2 *Coronavirus infection, unspecified***, wouldn't generally be appropriate for COVID-19 because confirmed cases have universally been respiratory in nature, so the site won't be unspecified.

Laboratory tests for COVID-19

The following codes are billable only by laboratories and shouldn't be billed by the providers collecting the specimen:

- HCPCS U0001 CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel.
- HCPCS U0002 2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-CDC.
- CPT 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.
- HCPCS G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source. This code is billable by clinical diagnostic laboratories.
- HCPCS G2024 - Specimen collection 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 an HHA, any specimen source. This code is billable by clinical diagnostic laboratories.

Telehealth and other virtual visits

Type of service	What is the service?	HCPCS/CPT code	Patient relationship with provider
Telehealth visits	A patient visit with a provider who uses telecommunication systems.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) • Bill with appropriate place of service (02) or modifier (95, GT, GQ or G0). For Medicare Advantage plans, please follow Medicare billing guidelines listed below: For a complete list: cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes For a list of expanded telehealth services covered during emergency proclamation: cms.gov/files/document/covid-19-physicians-and-practitioners.pdf	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.
Virtual check-in	A brief (5-10 minute) check-in with a patient by telephone or other telecommunications device to decide if an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by the patient.	• HCPCS code G2012 • HCPCS code G2010	For new and established patients.
E-visits	A communication between a patient and provider through an online patient portal.	Practitioners: 99421 - 99423 Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists - HCPCS code G2061-G2063 A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients (CPT codes 98966 -98968; 99441-99443)	For established patients.
Remote Patient Monitoring	Remote patient monitoring for both acute and chronic conditions. Can now be provided for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry.	• 99091 • 99457-99458 • 99473-99474 • 99493-99494	For new and established patients.

Medicare Advantage Expanded Telehealth Billing Guidelines

For Medicare Advantage plans when billing professional claims for the expanded telehealth services with dates of services on or after March 1, 2020, and for the duration of the public health emergency (PHE), bill with:

- Place of Service (POS) equal to what it would've been had the service been furnished in-person.
- •Modifier 95, indicating that the service rendered was performed via telehealth.

As a reminder, CMS isn't requiring the CR modifier on telehealth services. However, consistent with current rules for telehealth services, there are two scenarios where modifiers are required on Medicare telehealth professional claims:

- Furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, use GQ modifier.
- Furnished for diagnosis and treatment of an acute stroke, use G0 modifier.

There are no billing changes for institutional claims; critical access hospital method II claims should continue to bill with modifier GT.

Office, Urgent Care, and ER Visits for Diagnosis Billing Scenarios

Patient presents for an office visit, urgent care visit, or emergency room visit.

Physician/practice staff collect specimen for COVID-19 testing OR physician/practice staff oversee FDA-approved self-administered collection. Practice sends specimen for testing to approved locations in accordance with CDC guidelines.

If you're a provider collecting the specimen for the COVID-19 test, please use the following codes:

1. Use appropriate Office Visit E/M code:
    - Specimen collection is included in the E/M.
    - E/M coding guidelines must be applied for all E/M provided.
2. Use ICD-10 Diagnosis:
    - Z03.818 (Encounter for observation for suspected exposure to other biological agents rule out) when the patient has a suspected exposure to COVID-19.
    - Z20.828 (Contact with and exposure to other viral communicable disease) when the patient has been exposed to confirmed case of COVID-19.

Provider should not collect any copayment or deductibles (cost-share) from the member for these visits.

Previously processed claims

HMSA is in the process of updating our systems to pay for the scenarios listed above without any member cost-sharing. For claims previously processed with cost-sharing or incorrectly denied, we'll evaluate and reprocess based on updated guidance. For example, e-Visit codes 99441-99443 were not previously recognized by HMSA commercial and Quest Integration plans, but will be recognized retroactive to March 1, 2020.

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