COVID-19 Coding and Reporting Information
New CPT ®, HCPCS, and ICD-10 CM Codes
9/10/20

This resource provides an overview of CPT, HCPCS, and ICD-CM codes related to COVID-19 treatment and testing. It is intended as an informational resource for ASCO members and should not be considered as official payment guidance. ASCO members are encouraged to confer directly with payers (both Medicare and private) for appropriate reporting guidelines, as they may vary by payer.

Current Procedural Terminology ® (CPT) Codes

NEW

The AMA CPT® Editorial Panel has approved two new CPT codes for pandemic related services, effective immediately. It is important to note the Centers for Medicare and Medicaid Services has not released any guidance about reimbursement or reporting at this time. Contact your third-party payers to confirm reimbursement, policies, and reporting guidelines.

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

CPT ® code 99072 was created in response to the significant additional practice expenses related to activities required to safely provide in-person medical services to patients during a public health emergency. These activities and supplies are over and above those usually included in a medical visit or service.

This code should only be reported "for a service provided in a non-facility place of service setting and in an area where it is necessary to mitigate the transmission of the respiratory disease for which the PHE was declared" and "once per in person encounter per provider identification number (PIN), regardless of the number of services at the encounter."

If the service is performed by a physician or qualified healthcare professional, the activity requirements would be met. However, the activities should NOT be counted in any other time-based visit or service reported during the same encounter.

CPT code 99072 encompasses the following:

- Time over what is included in the primary service of clinical staff (RNs, LPNs, MTAs)
    - Pre-visit phone call to screen patients (symptom checks)
    - Provide instructions on social distancing during the visit
    - Check patients for symptoms upon arrival

- o Apply and remove PPE
- o Perform additional cleaning of the exam/procedure/imaging rooms, equipment, and supplies.
- Three surgical masks
- Cleaning supplies- additional quantities of hand sanitizer, disinfecting wipes, sprays, and cleansers

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

CPT 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.

More information about CPT codes 99072 and 86413 can be found in the latest issue of *CPT Assistant.*

86318- Immunoassay for infectious agent antibody(ies), qualitative or semiqualitative, single step method (eg, reagent strip)

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])

86635- Antibody; coccidioides

86769 -Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

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]) (Coronavirus disease [COVID-19])

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

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 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

New Proprietary Laboratory Analyses CPT ® Codes

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 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

0224U-Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed

0225U- Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected

0226U-Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serumb

Healthcare Common Procedure Coding System (HCPCS) Codes

The Centers for Medicare & Medicaid Services (CMS) also developed two new Healthcare Common Procedure Coding System (HCPCS) codes for coronavirus testing to be used for Medicare claims. They should not be used for private payer claims unless otherwise directed.

HCPCS Code Descriptions

U0001- Cdc 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel

HCPCS code U0001 should be used specifically for Centers for Disease Control and Protection (CDC) testing laboratories to test patients for SARS-CoV-2 (CDC 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel),

U0002- 2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc

U0002 allows laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).

U0003- 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, 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.

HCPCS codes U0003 and U0004 identify tests that would otherwise be reported with CPT code 87635, but use high throughput technologies. Neither U0003 nor U0004 should be used for tests that detect COVID-19 antibodies.

C9803- Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19])

HCPCS code C9803 describes symptom assessment and specimen collection performed by hospital outpatient departments. The service is paid as conditionally packaged when performed with another payable service under the OPPS.

Billing for Clinician Services

Medicare
Practitioners can be paid for assessment and specimen collection for COVID-19 testing with CPT code 99211 (except if the provider is reporting another Evaluation and Management code for a concurrent service). Medicare will recognize this code for all patients, not just established ones. Check with private payers on their policies regarding this code.

99211- Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent

performing or supervising these services.

The CS modifier (cost sharing modifier) should be appended to 99211 to waive cost sharing.

Test Ordering
During the PHE, CMS is allowing any health care provider authorized under state law to order tests. Medicare will pay for tests without a written order from the treating physician or other practitioner:

- If an order is not written, an ordering or referring National Provider Identifier (NPI) is not required on the claim
- If an order is written, include the NPI of the ordering or referring professional, consistent with current billing guidelines

Check with private payers to determine their policies on test ordering.

Resource: COVID-19, Influenza, and RSV Clinical Diagnostic Laboratory Tests for which Medicare Does Not Require a Practitioner Order During the PHE.

Counseling Regarding Patient Self- Isolation
Payment is available to physicians and health care providers to counsel patients at the time of COVID testing about the importance of self-solation after they are tested and prior to the onset of symptoms. CMS will use existing evaluation and management (E/M) payment codes to reimburse providers who are

eligible to bill CMS for counseling services no matter where a test is administered, including doctor's offices, urgent care clinics, hospitals and community drive-thru or pharmacy testing sites.

A counseling check list has been created by CMS to aid in the discussion with the patient.

Cost Sharing

Until the end of the Public Health Emergency, CMS is waiving coinsurance and deductible amounts under Medicare Part B for Medicare patients for certain COVID-19 testing-related services. The cost sharing waiver applies to medical visits when an outpatient provider, physician, or other providers and suppliers that bill Medicare for Part B services orders or administers COVID-19 lab tests U0001, U0002, or 87635.

Services/Visits for Which Cost Sharing is Waived

- Services resulting in an order for or administration of a COVID-19 test
- Services related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test;
- Any of the following categories of HCPCS evaluation and management codes:
  - Office and other outpatient services
  - Hospital observation services
  - Emergency department services
  - Nursing facility services
  - Domiciliary, rest home, or custodial care services
  - Home services
  - Online digital evaluation and management services

CMS has also implemented a no cost-sharing requirement for group health plans and group and individual health insurance to cover both diagnostic testing and certain related items and services provided during a medical visit. This includes urgent care visits, emergency room visits, and in person telehealth visits that result in an order for or administration of a COVID-19 test.

Reporting Information

For Medicare claims, to indicate that a service is subject to the cost-sharing waiver the CS modifier must be added to the appropriate claim lines. If claims were submitted to Medicare without the CS modifier, notify the Medicare Administrative Contractor (MAC) and request to submit the applicable claims.

These reporting instructions apply to Medicare beneficiary claims- check with private payers for their specific reporting guidelines.

Other Modifiers

During the Public Health Emergency, CMS has issued a number of waivers effective retroactively to March 1, 2020. ("COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers"). To indicate a claim or claims for which a waiver is applicable, one of the following modifiers or condition codes may be reported:

CR Modifier (catastrophic/disaster related)- Applies to Part B items and services for institutional and non-institutional billing, using claims submission format X12 837 or CMS-1500

DR Modifier (disaster related)- Applies to institutional billing; claims submitted by providers using the ASC X12 837 institutional claim format or paper claim form CMS-1450

MLN Matters SE2011 further breaks down the appropriate uses of the modifiers by the type of waiver and flexibility.

ICD-10 CM Codes

The Centers for Disease Control and Prevention (CDC) has developed coding guidance for health care encounters and deaths related to the 2019 novel coronavirus (COVID-19).

In certain circumstances, other codes for conditions *not* related to coronavirus may be required in accordance with the ICD-10-CM Official Guidelines for Coding and Reporting. A hyphen at the end of a code indicates an additional character is required.

Coronavirus Infection

Code Description
U07.1-COVID-19, virus identified

Coding Instructions
In response to the national emergency that was declared concerning the COVID-19 outbreak, a new diagnosis code, U07.1, COVID-19, has been implemented, effective **April 1, 2020**.

ICD-10 code U07.1 may be reported if:

- If the patient has a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider;
- Documentation of a positive COVID-19 test result; or
- A presumptive positive COVID-19 test result. A presumptive positive test result is defined as an "individual has tested positive for the virus at a local or state level, but it has not yet been confirmed by the Centers for Disease Control and Prevention (CDC).

If COVID is the principal diagnosis, it should be listed first and then followed by the appropriate codes for associated manifestations.

Do not report U071.1 if the providers documentation indicates the patient's condition is "suspected," "possible," "probable," or "inconclusive" COVID19. In that case, report a code(s) indicating the reason for encounter (ex. a fever) or Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases).

Pneumonia

For a pneumonia case confirmed due to the 2019 novel coronavirus (COVID-19) assign codes:

J12.89 - Other viral pneumonia *and*

B97.29 - Other coronavirus as the cause of diseases classified elsewhere

Acute Bronchitis

For a patient with acute bronchitis confirmed as due to COVID-19, assign codes:

 J20.8 - Acute bronchitis due to other specified organisms *and*

B97.29 - Other coronavirus as the cause of diseases classified elsewhere

Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using code:

J40 - Bronchitis, not specified as acute or chronic *along with*

B97.29 - Other coronavirus as the cause of diseases classified elsewhere

Lower Respiratory Infection

If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, assign codes:

J22 - Unspecified acute lower respiratory infection *with*

B97.29 - Other coronavirus as the cause of diseases classified elsewhere

If the COVID-19 is documented as being associated with a respiratory infection, NOS, assign code:

J98.8 - Other specified respiratory disorders *with*

B97.29 - Other coronavirus as the cause of diseases classified elsewhere

Acute respiratory distress syndrome (ARDS)

Cases with ARDS due to COVID-19 should be assigned the codes:

J80 - Acute respiratory distress syndrome *and*

B97.29, Other coronavirus as the cause of diseases classified elsewhere

Exposure to COVID-19

For cases where there is a concern about a possible exposure to COVID-19, but is ruled out after an evaluation, it would be appropriate to assign the code:

Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out

For cases where there is an actual exposure to someone <u>confirmed</u> to have COVID-19, assign the code:

Z20.828 - Contact with and (suspected) exposure to other viral communicable diseases

Signs and symptoms

For patients with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been determined, assign the appropriate code(s) for each of the presenting signs and symptoms such as:

R05 - Cough

R06.02 - Shortness of breath

R50.9 - Fever, unspecified

The diagnosis code B34.2 (Coronavirus infection, unspecified) would in general *not* be appropriate for the COVID-19, as the cases have universally been respiratory in nature. Therefore, the site would not be "unspecified."

If the provider documents "suspected", "possible" or "probable" COVID-19, *do not* assign code B97.29 (Other coronavirus as the cause of diseases classified elsewhere). Assign a code or codes explaining the reason for encounter, such as fever, or Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases).

Resources

Centers for Medicare and Medicaid Services
Laboratories: Medicare Flexibilities to Fight COVID-19
CMS-Ruling 2020-1-R
Update to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for Vaping Related Disorder and 2019 Novel Coronavirus (COVID-19) (April 1, 2020)
Update to the Home Health Grouper for New Diagnosis Code for Vaping Related Disorder and COVID-19

ASCO®
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MLN Connects: Friday, April 10th 2020
FAQS ABOUT FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION PART 42Public Health News Alert: CMS Develops New Code for Coronavirus Lab Test

Coverage and Payment Related to COVID-19

MLN Matters Number: SE20011 (Revised)

Counseling Check List

Centers for Disease Control and Prevention
ICD-10-CM Official Coding Guidelines - Supplement Coding encounters related to COVID-19 Coronavirus Outbreak
ICD-10-CM Official Coding and Reporting Guidelines April 1, 2020 through September 30, 2020

World Health Organization
COVID-19 coding in ICD-10

American Hospital Association
AHA: Frequently Asked Questions Regarding ICD-10-CM Coding for COVID-19

American Medical Association
September Update: COVID-19 Coding Update
August Update: Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) Laboratory Testing
June Update: Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV and SARS-CoV-2) Laboratory Testing
May Update: Infectious Disease Testing for Bacterial or Viral Respiratory Tract Infection
April Update: SARS-CoV-2 Serologic Laboratory Testing
AMA Fact Sheet: Reporting Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) Laboratory Testing
CPT reporting for COVID-19 Testing
Special coding advice during COVID-19 public health emergency

Coding and Billing Questions
Questions regarding billing and coding can be sent to ASCO at billingandcoding@asco.org.