COVID-19 Coding Information
New CPT®, HCPCS, and ICD-10 CM Codes

Last updated 4/6/20

This resource provides an overview of CPT, HCPCS, and ICD-CM codes related to COVID-19 treatment and testing. This is being provided 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.


A new CPT® code has been created to describe coronavirus testing provided by hospitals, health systems and laboratories in the United States effective March 13th, 2020.

CPT® Code Description

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

CPT® code 87635 differs from current CPT codes that mention coronavirus in the descriptor (87631, 87632, and 87633) in that it is specifically for the detection of SARS-CoV-2 (COVID-19) and any pan-coronavirus types or subtypes, and it can be reported with tests from multiple manufacturers using the stated technique.

Since this CPT code will not be published until 2021, you will need to manually upload it into your EHR system.

Resource

AMA Fact Sheet: Reporting Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) Laboratory Testing

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

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

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

HCPCS Code Payment Rates

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>National Payment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>U0001- 2019-ncov diagnostic p</td>
<td>$35.91</td>
</tr>
<tr>
<td>U0002- Covid-19 lab test non-cdc</td>
<td>$51.31</td>
</tr>
</tbody>
</table>

Claims processing systems will begin accepting these codes on April 1, 2020 for dates of service on or after February 4, 2020.

For original Medicare, beneficiaries will have zero cost sharing (as with other lab tests).

Resources

Public Health News Alert: CMS Develops New Code for Coronavirus Lab Test
Coverage and Payment Related to COVID-19

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 provider’s 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 confirmed 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
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

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
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.