

# COVID-19 Coding and Reporting Information

## New CPT<sup>®</sup>, HCPCS, and ICD-10 CM Codes

05/07/21

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<sup>®</sup> (CPT) Codes

#### COVID-19 Vaccines

CPT codes are being developed as needed for the reporting of immunizations for the novel coronavirus (SARS-CoV-2).

The American Medical Association (AMA) has created a tool to help select the appropriate CPT<sup>®</sup> code for the type and dose of vaccine that is being administered.

Special editions of CPT<sup>®</sup> Assistant ([November 2020](#), [December 2020](#), and [January 2021](#)) also provide coding guidance such as full code descriptions, clinical examples, and FAQs.

#### AMA COVID-19 CPT<sup>®</sup> Coding and Guidance

The AMA CPT Editorial Panel has developed CPT codes unique for each vaccine in addition to administration codes. To determine the appropriate CPT code to report, refer to the AMA tool "[Find your COVID-19 Vaccine CPT<sup>®</sup> Codes](#)"

The tool asks the following questions to determine which code or codes should be reported:

1. "Do you know the vaccine manufacturer or brand name?" (Moderna, Pfizer, AstraZeneca, or Janssen)
2. "Which dose is being administered?" (first or second)

#### Health Resources Coverage Assistance COVID-19 Coverage Assistance Fund

In May 2021, it was announced by the Biden-Harris administration that the Health Resources and Services Administration COVID -19 Assistance Fund will cover the costs of administering COVID-19 vaccines to patients whose health insurance does not cover vaccine administration fees or is subject to cost-sharing.

Eligible providers will be reimbursed at national Medicare rates for vaccine administration fees and patient cost-sharing related to the vaccination.

More information about the program can be found on the [HRSA COVID-19 Coverage Assistance Fund Portal](#).

## Vaccine and Administration CPT® Codes

NEW: CPT codes for Novavax COVID-19 Vaccine - The codes will be effective upon receiving Emergency Use Authorization or approval from the Food and Drug Administration.

91304- Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use

(Report 91304 with administration codes 0041A, 0042A)

0041A- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose

0042A- Second dose

**91300** Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use  
(Report 91300 with administration codes 0001A, 0002A)  
*Pfizer*

**0001A** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose

**0002A** Second dose

**91301** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use  
(Report 91301 with administration codes 0011A, 0012A)  
*Moderna*

- 0011A** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose
- 0012A** Second dose
- 91302** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5mL dosage, for intramuscular use
- (Report 91302 with administration codes 0021A, 0022A)  
*Astra Zeneca*
- 0021A** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5mL dosage; first dose
- 0022A** Second dose
- 91303**- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5mL dosage, for intramuscular use (report with administration code 0031A) \*
- (Report 91303 with administration code 0031A)  
*Janssen*
- 0031A** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10<sup>10</sup> viral particles/0.5mL dosage, single dose \*

Source: [CPT® Category I New SARS-CoV-2 Vaccine Codes Long Descriptors](#)

## Immunology

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

86318- Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, 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])

86408- Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen

86409-titer

86635- Antibody; coccidioides

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

## Microbiology

87301- 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; adenovirus enteric types 40/41

87426- severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) (Coronavirus disease [COVID-19])

87428- 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- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique

87637- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique

87811- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])

## Special Services, Procedures and Reports

*"CPT Copyright 2021 American Medical Association. All rights reserved.  
CPT® is a registered trademark of the American Medical Association."*

CPT<sup>®</sup> 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.

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

CMS will **not** be including CPT<sup>®</sup> code 99072 as a separately payable service in the Medicare Physician Fee Schedule, but rather as a bundled service. According to CMS, payment for the services and supplies described in 99072 are inherent in payment for other services. Private payer policies regarding 99072 may differ from CMS. CMS is finalizing several supply price increases:

- Adding the N95 mask on an interim basis.
- Increasing the price of a surgical mask.
- Increasing the price of a mask with a face shield.

The increased costs will be reflected in payment for services that include the supply inputs.

### Proprietary Laboratory Analyses

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

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

0241U- Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected

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, serum

## 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).

*HCPCS code U0002 may be used to report new types of COVID-19 tests in the future, if they are not already specified by either U0001 or 87635. CMS will monitor the development of tests and assign codes when appropriate.*

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](#) identify tests that would otherwise be reported with CPT code 87635, but use high throughput technologies. U0004 should identify tests that would otherwise be identified by U0002 but for being performed with these 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 OPFS.*

## Medicare: Billing for COVID-19 Related Services

### Assessment and Specimen Collection

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 (E/M) 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-isolation 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.

## Vaccine Administration

COVID-19 vaccination providers participating in the CDC COVID-19 Vaccination Program are required to sign a [CDC COVID-19 Vaccination Program Provider Agreement](#). As part of that agreement, providers of vaccines may not charge patients for the administration of the vaccines, as they are received for free from the federal government. Be sure to review the provisions for each payer as they may differ by plan.

The Centers for Medicare and Medicaid Services has several [resources](#) regarding the COVID-10 vaccine administration to assist healthcare providers which is continually updated. These resources include enrollment information for administering vaccine shots, coding and billing guidance, quality reporting, and several toolkits.

## COVID-19 Testing

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.



## Cost Sharing

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 billing for institutional and non-institutional billing, using claims submission format X12 837 , CMS-1500 paper form, or in the NCPDP format for pharmacies.

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](#) details 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.

## Encounter for Screening

Z11.52- Encounter for screening for COVID-10

## Exposure or Contact

Z20.822- Contact with and (suspected) exposure to COVID-19

## Identified Coronavirus Infection

U07.1-COVID-19, virus identified

Report U07.1 if:

- The patient has a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider;
- There is 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).

#### Personal History

Z86.16- Personal history of COVID-19

#### 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).

*"CPT Copyright 2021 American Medical Association. All rights reserved.  
CPT® is a registered trademark of the American Medical Association."*

## Resources

American Medical Association

[COVID-19 CPT vaccine and immunization codes](#)

[Find your COVID-19 Vaccine CPT<sup>®</sup> Codes](#)

CPT Assistant

[CPT Assistant Special Edition January Update.](#)

[Download the Nov. 10, 2020 CPT Assistant guide](#) (PDF, includes information on code 87428)

[Download the Oct. 6, 2020 CPT Assistant guide](#) (PDF)

[Download the Sept. 8, 2020 CPT Assistant guide](#) (PDF, includes information on code 99070)

[Download the Aug. 10, 2020 CPT Assistant guide](#) (PDF)

[Download the June 25, 2020 CPT Assistant guide](#) (PDF, includes information on code 87301)

[Download the May 20, 2020 CPT Assistant guide](#) (PDF)

[Download the April 10, 2020 CPT Assistant guide](#) (PDF, includes information on codes 86602, 86635)

[Download the March 13, 2020 CPT Assistant guide](#) (PDF, includes information on codes 87631, 87632, 87633, 0098U, 0099U, 0100U)

Coding Advice and Testing Guides

[Quick reference flow chart for CPT reporting for COVID-19 testing](#) (PDF)

[Coding scenarios and how to apply best coding practices](#) (PDF)

Centers for Medicare and Medicaid Services

[Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost Sharing under Medicaid, the Children's Health Insurance Program, and Basic Health Program](#)

[Enrollment for Administering COVID-19 Vaccine Shots](#)

[Medicare Billing for COVID-19 Vaccine Shot Administration](#)

[FAQS ABOUT FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION PART 44](#)

[COVID-19 Vaccine Policies & Guidance](#)

[COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#)

[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](#)

[MLN Connects: Friday, April 10<sup>th</sup> 2020](#)

[FAQS ABOUT FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION PART 42](#)

[Public 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](#)

HRSA COVID-19 Coverage Assistance Fund

[HHS Press Release](#)

[CAF Information](#)

[Provider Relief Fund Program](#)



## Coding and Billing Questions

Questions regarding billing and coding can be sent to ASCO at [billingandcoding@asco.org](mailto:billingandcoding@asco.org)