COVID-19 Coding Resources

ICD-10-CM CODES		
PNEUMONIA		For a pneumonia case confirmed as 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.
Other viral pneumonia	J12.89	
Other coronavirus as the cause of disease classified	B97.29	
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** code B97.29, Other coronavirus as the cause of diseases classified elsewhere.
Acute bronchitis due to other specified organism	J20.8	
Bronchitis, not specified as acute or chronic	J40	
Other coronavirus as the cause of disease classified	B97.29	
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, this should be assigned with code J22, Unspecified acute lower respiratory infection, **with** code 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, it would be appropriate to assign code J98.8, Other specified respiratory disorders, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere*
Unspecified acute lower respiratory infection	J22	
Other specified respiratory disorders	J98.8	
Other coronavirus as the cause of disease classified	B97.29	
ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS)		Acute respiratory distress syndrome (ARDS) may develop in with the COVID-19, according to the Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (COVID-19) Infection. 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.
Acute respiratory distress syndrome	J80	
SIGNS AND SYMPTOMS		For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the
Cough	R05	
Shortness of breath	R06.02	
Fever, unspecified	R50.9	

		appropriate code(s) for each of the presenting signs and symptoms.
EXPOSURE TO COVID-19		For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after 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 who is confirmed to have COVID-19, it would be appropriate to assign the code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.
Encounter for observation for suspected exposure to other biological agents ruled out	Z03.818	
Contact with and (suspected) exposure to other viral communicable diseases	Z20.828	
Diagnosis code B34.2, Coronavirus infection, unspecified, would in generally **not be appropriate** for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be "unspecified."		
If the provider documents "suspected", "possible" or "probable" COVID-19, **do not assign** code B97.29. Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828).		
CPT CODES		
TESTING		The AMA has published guidance in CPT Assistant stating to use 87635. All healthcare entities must manually load it into their EHRs. An excerpt from CPT Assistant is as follows: *This code is effective immediately for use in reporting this testing service. Note that code 87635 is not in the CPT 2020 publication; however, it will be included in the CPT 2021 code set in the Microbiology subsection of the Pathology and Laboratory section.*
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.	87635	
Coronavirus testing using the CD 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel.	U0001	If your office is not running the test for COVID-19 or incurring the cost, you will **not report these codes**.
Report this code for validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).	U0002	
ONLINE DIGITAL E&M		These services are not for the non-evaluative electronic communication of test results, scheduling of appointments, or other communication that does not include E/M. While the patient's problem may be new to the clinician, the patient must be an established patient. **Patients initiate these services through**
Patient-initiated digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; **5-10 minutes**	99421	
11-20 minutes	99422	

21 minutes or more	99423	**HIPAA-compliant secure platforms, such as electronic health record (EHR) portals, secure email, or other digital applications, which allow digital communication with the clinician. Copays will apply, the patient must be informed and, the information documented in the chart.** **IMPORTANT NOTES:** • Can be done synchronously and asynchronously and audio/video phone can be used (but not a traditional telephone) • Must be patient initiated. The patient can initiate a virtual check-in, the practice can let the patient know about their options. If the patient calls back within 7 days, then the time from the virtual check-in can be added to the digital E/M code and only the digital E/M code is billed. Cost sharing applies to the E/M service; copays are waived for COVID-19 testing, but deductibles still apply. • **Use only once per 7-day period** • Clinical staff time is not calculated as part of cumulative time • Service time must be more than 5 minutes • Do not count time otherwise reported with other services • Do not report on a day when the physician or other qualified health care professional reports E/M services • Do not report when billing remote monitoring, CCM, TCM, care plan oversight, and codes for supervision of patient in home, domiciliary or rest home etc. for the same communication[s]) • Do not report for home and outpatient INR monitoring when reporting 93792, 93793) • If the patient presents a new, unrelated problem during the 7-day period of an online digital E/M service, then the time is added to the cumulative service time for that 7-day period.

		If the patient initiates a call to the physician office this would qualify for the remote check-in code (G2012), the time for the remote (virtual) check-in can be counted toward 99421-3 only if and when the patient calls back, so it is important to document the time. (See CPT book for further details regarding when the 7 days begins, how to count time, which "qualified non-physician health professionals" it applies to, and other documentation requirements.
REMOTE MONITORING		**No change for use of these codes with COVID-19.** • Established patients only. • Involves "asynchronous transmission of healthcare information" from the patient. If the images are insufficient to perform the evaluation, then do not bill for the service. • If an E&M service is provided within the defined time frames, then the telehealth visit is bundled in that E&M service. It would be considered pre- or post-visit time of the associated E&M service and thus not separately billable. • Follow-up can be by phone, audio/video, secure text messaging, email or patient portal communication. • Should be initiated by the patient since a copay is required. Verbal consent to bill and documentation is required. • **Communication must be HIPAA compliant**.
Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	99453	
Remote monitoring of physiologic parameter(s) (e.g., weight, BP, pulse oximetry, respiratory flow rate) initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	99454	
Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff, physician, or other qualified health professional time in a calendar month requiring interactive communication with the patient/caregiver during the month	99457	
HCPCS CODES		
VIRTUAL CHECK-IN		**Consider the following when billing these codes:** • Can be any real-time audio (telephone), or "2-way audio interactions that are enhanced with video or other kinds of data transmission." • Established patients only. • Any chronic patient who needs to be assessed as to whether an office visit is needed. • Patients being treated for opioid and other substance-use disorders.
Remote evaluation of recorded video and/or images submitted by an established patient (e.g. store and forward), including interpretation with 13.35followup with the patient within 24 business hours, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment.	G2010	
Brief communication technology-based service, e.g. virtual check-in, by a physician or other	G2012	

qualified health care professional who can report E&M services, provided to an established patient, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.		• Nurse or other staff member cannot provide this service. It must be a clinician who can bill E&M services. • If an E&M service is provided within the defined time frames, then the telehealth visit is bundled in that E&M service. It would be considered pre- or post-visit time of the associated E&M service and thus not separately billable. • No geographic restrictions for patient location. • Should be initiated by the patient since a copay is required. Verbal consent to bill and documentation is required. • Communication can use non-HIPAA compliant technology during the COVID-19 public health emergency
ONLINE ASSESSMENT		There no new rules specific to the COVID-19 public health emergency.
Qualified non-physician professional online assessment (such as using the patient portal), for up to 7 days, **5-10 minutes** cumulative time during the 7 days	G2061	
11-20 minutes	G2062	
21 minutes or more	G2063	
IMPORTANT NOTES		
ALLOWED TECHONOLOGY	Effective immediately (as of March 17, 2020), the Office for Civil Rights (OCR), the department responsible for enforcing the Health Insurance Portability and Accountable Act of 1996 (HIPAA) regulations, announced they will exercise enforcement discretion for telehealth remote communications during the COVID-19 nationwide public health emergency. During the COVID-19 emergency, physicians subject to HIPAA Rules may communicate with patients, and provide telehealth services, through remote communications technologies that may not fully comply with the requirements of the HIPAA Rule, regardless of whether the service is related to the diagnosis and treatment of conditions related to COVID-19. OCR will not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth during the COVID-19 emergency.	

	PLEASE NOTE: This federal enforcement discretion will likely not impact individual states' laws and regulations regarding protection and security of health information. Separate state action will be required in certain areas – physicians should assess their state-specific privacy laws prior to moving forward. Physicians may use any **non-public facing** remote communication product available to communicate with patients (even if this product is not fully compliant with HIPAA Rules) – examples include: • Apple FaceTime • Facebook Messenger video chat • Google Hangouts video • Skype Examples of public-facing products and applications that **should NOT be used** include: • Facebook Live • Twitch • TikTok **Physicians are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and physicians should enable all available encryption and privacy modes when using such applications** Physicians seeking additional privacy protections should provide telehealth remote communication services through vendors who are HIPAA-compliant and will enter into **a HIPAA Business Associate Agreement (BAA) in connection with the use of their product**. The below list of vendors has indicated they provide HIPAA-compliant platforms (NOTE: OCR has not reviewed these vendors BAAs and is not endorsing the use of or suggesting certification for any of the below products): • Skype for Business • Updox • VSee • Zoom for Healthcare • Doxy.me • Google G Suite Hangouts Meet Additional information from OCR can be found on their website: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html Flexibilities available, as well as obligations that remain in effect under HIPAA as physicians respond to crises or emergencies must also be review on the OCR.

COVID-19 Coding Resources

MODIFIERS	The modifier 95 is used when **synchronous telemedicine** service rendered via **a real-time interactive.** Use POS=2 to report the location when health services are provided or received through telecommunication technology. **-95: Synchronous telemedicine** service rendered **via a real-time interactive audio and video telecommunications system**. Append this modifier to an appropriate CPT code for a real time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the reporting provider. The totality of the communication of information exchanged between the reporting provider and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. • Modifier -95 should **not** be used with virtual visits (G2012) or the digital evaluations (99421-99423). It is for use with all other telehealth codes that use **synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system**. **-GQ :** Clinicians participating in the federal telemedicine demonstration programs in **Alaska or Hawaii** must submit the appropriate CPT or HCPCS code for the professional service along with the modifier GQ, "via asynchronous telecommunications system." **Note:** Medicare stopped the use of modifier -GT in 2017 when the place of service code 02 (telehealth) was introduced. However, private payer may still be using the modifier -GT.
IMPORTANT NOTE ON ORGINATING SITE	During the COVID-19 public health emergency, rural and site limitations are removed. Telehealth services can now be provided regardless of where the enrollee is located geographically and type of site, which allows the home to be an eligible originating site. However, locations that are newly eligible will **not** receive a facility fee.

https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf

https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

https://www.acponline.org/practice-resources/business-resources/covid-19-telehealth-coding-and-billing-practice-management-tips