

## Coding for Coronavirus Disease (COVID-19)

When determining which codes to use for clinical scenarios related to COVID-19, it is important to consider both the diagnosis of the patient (diagnosis coding) and the procedure rendered by the provider during a clinical encounter (procedure coding). The following information provides guidance related to both diagnosis and procedure coding for COVID-19.

### Diagnosis Coding

The Centers for Disease Control and Prevention (CDC) has [released](#) supplemental guidance to aid health care providers in selecting diagnosis codes for clinical scenarios related to COVID-19. The information in this guidance is summarized below and is divided into two sections: one for screening and testing of suspected cases and one for confirmed cases. When selecting a diagnosis code, it is important to remember to **code only for what is known at the time of the visit**. If the provider documents "suspected", "possible", or "probable", do not assign a code for the suspected disease; assign a code(s) explaining the reason for encounter (such as fever, suspected contact, etc.).

#### Diagnosis Codes for Screening and Testing of Suspected COVID-19

**Signs/Symptoms:** For a patient that presents with signs or symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, 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

**Possible 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.

**Actual Exposure to COVID-19:** For cases where it was determined that there was 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.

## Diagnosis Codes for Confirmed Cases of COVID-19

The World Health Organization (WHO) recently added the diagnosis code **U07.1** (2019-nCoV acute respiratory disease) to the *international* ICD-10 code set. On March 18, 2020, following the actions of the WHO, the CDC's National Center for Health Statistics approved the addition of this diagnosis code for use in the U.S. version of ICD-10 (ICD-10-CM). This addition will take effect on October 1, 2020. Until this diagnosis code takes effect in the U.S., the CDC recommends the diagnosis code B97.29 (Other coronavirus as the cause of diseases classified elsewhere) for patients with confirmed COVID-19, in conjunction with additional appropriate diagnosis codes listed below.

**NOTE:** *The diagnosis code B34.2 (Coronavirus infection, unspecified) would generally not be appropriate for COVID-19. Cases of COVID-19 have universally been respiratory in nature, so the anatomical site should not be "unspecified."*

**Pneumonia:** For a pneumonia case confirmed as due to COVID-19, assign codes:

- **J12.89** - Other viral pneumonia *and*
- **B97.29** - Other coronavirus as the cause of diseases classified elsewhere

**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

If the patient has bronchitis due to COVID-19 that is not clearly an acute case, use codes:

- **J40** - Bronchitis, not specified as acute or chronic *and*
- **B97.29** - Other coronavirus as the cause of diseases classified elsewhere

**Lower Respiratory Infection:** If COVID-19 is documented as being associated with a lower respiratory infection or an acute respiratory infection assign codes:

- **J22** - Unspecified acute lower respiratory infection *and*
- **B97.29** - Other coronavirus as the cause of diseases classified elsewhere

If the COVID-19 is associated with any other respiratory infection that is not classified above, it would be appropriate to assign codes:

- **J98.8** - Other specified respiratory disorders *and*
- **B97.29** - Other coronavirus as the cause of diseases classified elsewhere

**Acute Respiratory Distress Syndrome (ARDS):** For a patient who develops ARDS due to COVID-19, assign codes:

- **J80** - Acute respiratory distress syndrome
- **B97.29** - Other coronavirus as the cause of diseases classified elsewhere

## Procedure Coding

The clinical services provided to a patient who presents with concerns about COVID-19 will likely include a cognitive exam, often referred to as an "office visit," and collecting specimens for laboratory testing.

### Office Visit

If a patient presents for an exam to discuss COVID-19, the situation most likely merits an **Evaluation and Management (E/M) office visit** code to represent the clinical encounter. An E/M office visit code represents the cognitive process a provider uses to diagnose and treat a patient. E/M office visit codes include five levels of service that represent the wide variation in skill, effort, time, responsibility, and medical knowledge required to provide care to patients in an office setting.

New	Established
99201	99211
99202	99212
99203	99213
99204	99214
99205	99215

Providers should refer to the [E/M Services Guide](#) published by the Centers for Medicare & Medicaid Services (CMS) for more information about how to appropriately select an E/M code.

## Testing for COVID-19

All health care providers collecting specimens for COVID-19 testing will likely need to use a procedure code from the Current Procedural Terminology (CPT) or Health Care Common Procedure Coding System (HCPCS) code sets to order a COVID-19 test from a laboratory. However, the practice of using CPT or HCPCS codes to *submit claims* for reimbursements for the requested tests will vary greatly based on an individual provider's financial agreement with laboratories. The appropriate code to be used will also be dependent upon the payer to which the claim is being submitted. CPT and HCPCS codes should not both be reported on the same claim.

### CPT

On March 13, 2020, the American Medical Association (AMA) added the following code to 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

This code was effective immediately upon release. If a claim is submitted to a payer that requires CPT codes, then code 87635 should be reported.

**NOTE:** *Per the standard early release delivery process for CPT codes, providers will need to manually upload this code descriptor into EHR systems.*

### HCPCS

For Medicare claims, CMS has established two new HCPCS codes for COVID-19 testing:

- **U0001** – COVID-19 testing using CDC's 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel
- **U0002** – COVID-19 testing using a validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)

The Medicare claims processing system will be able to accept this code beginning on April 1, 2020 for dates of service on or after February 4, 2020. If the payer is CMS (or another payer that requires use of the HCPCS Level II code), the U0001 or U0002 should be reported.

**Disclaimer:** This reference is for education purposes only. Nothing herein is a specific recommendation about selecting codes. Code selection and claim submission is based upon medical record documentation for services rendered and diagnoses considered for each individual encounter. Providers must check with the coding and coverage guidelines for a particular payer.

**Sources:**

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