

“POST PANDEMIC – What CPT codes are in place for testing and what diagnosis codes are appropriate to use in the office setting?”

The following questions and answers were jointly developed and approved by the American Hospital Association (AHA) and the American Health Information Management Association (AHIMA). These were discussed on the June 16, 2020 NAOHP Town Hall with Terri Scales of BDA and Donna Lee Gardner.

1. **Question:** What is the ICD-10-CM code for COVID-19?

Answer: ICD-10-CM code U07.1, COVID-19, may be used for date of service on or after April 1, 2020. The code was developed by the World Health Organization (WHO). The code was developed by the World Health Organization and is intended to be sequenced first followed by the appropriate codes for associated manifestations when COVID-19 meets the definition of principle or first-listed diagnosis.

2. **Question:** Is the new ICD-10-CM code U07.1, COVID-19 a secondary code?

Answer: No, when COVID-19 meets the definition of principle or first-listed diagnosis, code U07.1, COVID-19, should be sequenced first, and followed by the appropriate codes for associated manifestations.

3. **Question:** Is the ICD-10-CM code U07.1, COVID-19 retroactive to cases diagnosed before the April 1, 2020 date?

Answer: No, the code is not retroactive.

4. **Question:** Is code B97.29, “Other coronavirus as the cause of diseases classified elsewhere”, limited to the COVID-19 virus?

Answer: No, code B97.29 is not exclusive to the virus responsible for the COVID-19 pandemic. The code does not distinguish the more than 30 varieties of coronaviruses, some of which are responsible for the common cold.

5. **Question:** Does the supplement to the ICD-10-CM Official Guidelines for coding encounters related to the COVID-19 coronavirus outbreak apply to all patient encounter types, i.e., inpatient and outpatient, specifically in relation to the coding of “suspected”, “possible” or “probable” COVID-19?

Answer: Yes, the supplement applies to all patient types. As stated in the supplement guidelines, “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, Contact with and (suspected) exposure to other viral and communicable diseases).”

6. **Question:** What constitutes a confirmed COVID19 Case?

Answer: The intent of the guideline is to code only confirmed cases of COVID-19. It is not required that a copy of the confirmatory test be available in the record or documentation of the test result. The provider’s diagnostic statement that the patient has the condition would suffice.

7. **Question:** Should presumptive positive COVID-19 test results be coded as confirmed?

Answer: Yes, presumptive positive COVID-19 test results should be coded as confirmed. A presumptive positive test result means 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). CDC confirmation of local and state tests for the COVID-19 virus is no longer required.

8. **Question:** How should we handle cases related to COVID-19 when the test results are not back yet?

Answer: Due to the heightened need to capture accurate data on positive COVID-19 cases, we recommend that providers consider developing facility-specific coding guidelines to hold back coding of inpatient admissions and outpatient encounters until the test results for COVID-19 testing are available. This advice is limited to cases related to COVID-19.

9. **Question:** Are there specific ICD10 codes for Screening for COVID – 19

Answer: Yes

- For asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, assign code:
 - ✓ Z11.59-Encounter for screening for other viral diseases.
- If an asymptomatic individual is screened for COVID-19 and tests positive, assign code:
 - ✓ U07.1-COVID-19

Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

10. **Question:** Are there specific ICD10 codes for Exposure to COVID-19

Answer: Yes

- 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 ICD-10-CM code:
 - ✓ Z03.818-Encounter for observation for suspected exposure to other biological agents ruled out.
- Where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign the ICD-10-CM code:
 - ✓ Z20.828-Contact with and (suspected) exposure to other viral communicable diseases.
- Code also any signs and symptoms

11. **Question:** Are there specific ICD10 codes for Signs and Symptoms Only

Answer: Yes

- For patients presenting with only signs/symptoms (such as fever, etc.), 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

12. **Question:** Are there specific ICD10 codes for Uncertain Diagnosis

Answer: The Rules are...

- If the provider documents "suspected," "possible," "probable," or "inconclusive" COVID-19, do not assign code U07.1. Assign a code(s) explaining the reason for encounter (such as fever) or Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

13. **Question:** How will the occ med clinics get paid for the testing?

Medicare is separately paying hospitals and practitioners to assess patients and collect laboratory samples for COVID-19 testing even when that is the only service the patient receives. This approach supports both hospitals and physician practices to operate testing sites.

To ensure that Medicare beneficiaries have broad access to testing, for Medicare payment purposes, Medicare no longer requires an order from the treating physician or other practitioner for beneficiaries to get both COVID-19 testing and laboratory tests for influenza and RSV that may be part of a COVID-19 diagnosis. COVID-19 tests may be covered when ordered by any healthcare professional authorized to do so under state law.

Medicare is covering serology (or antibody) tests, which may be helpful for patients, practitioners, and communities in making decisions on medical treatment and responsible social distancing policies.

Healthcare facilities like hospitals, doctors’ offices, labs can set up off-site locations like drive- through testing to collect samples. Medicare pays these healthcare providers as they normally would:

Lab Service	Payment	Billing Code
CDC RNA Based Lab Test	Approx. \$36	HCPCS code U0001
Non- CDC Lab Test that uses any technique, multiple types or subtypes (includes all targets)	Approx. \$51	HCPCS code U0002
Non-CDC Lab Test using RNA based technique	Approx. \$51	CPT code 87635
Serology (antibody) Test	TBD	CPT code 86328 CPT code 86769
Lab Test Using High Through-Put Technology	\$100 (effective 4/14)	HCPCS code U0003; HCPCS code U0004
Lab Specimen Collection from a Patient	Approx. \$23-\$25	HCPCS code 99211 billed by a physician office

AMA (American Medical Association)

Special Coding Advice During COVID-19 Public Health Emergency

<https://www.ama-assn.org/system/files/2020-05/covid-19-coding-advice.pdf>