

Coding COVID-19

Procedure code reporting

HCPSC lab codes—These codes are effective April 1st, for dates of service on or after February 4th, 2020

CMS has issued two new HCPSC codes for the lab testing:

| HCPSC Code | Long Description |
|------------|--|
| U0001 | 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel should be used when specimens are sent to the CDC and CDC-approved local/state health department laboratories |
| U0002 | 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC should be used when specimens are sent to commercial laboratories, e.g. Quest or LabCorp, and not to the CDC or CDC-approved local/state health department laboratories. |

HCPSC code U0001 is to be used for CDC testing laboratories to test and track patients for SARS-CoV-2. HCPSC code U0002 is to be used for specimens sent to commercial laboratories to test for SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types, or subtypes (includes all targets). Medicare will be prepared to accept these codes as of April 1, 2020 for dates of service on or after February 4, 2020.

CPT code for lab testing—This code is effective as of March 13, 2020

| CPT® Code | Long 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 |

According to the AMA this code is effective immediately and will assist in the reporting and tracking of services related to SARS-CoV-2. The AMA provided the following clinical example and a description of the procedure for CPT® code 87635:

Clinical Example (87635)

"A 47-year-old male presents to the emergency department with fever, cough, and shortness of breath. The physician or other qualified health care professional (QHP) suspects the patient may have coronavirus (COVID-19). Respiratory swabs are collected and sent to the laboratory".

ICD-10 Reporting through March 31st

For dates of service through March 31st, 2020, please use the guidance below. As of April 1st, we will have a new code to use.

Signs and Symptoms

For patients presenting with signs/symptoms and a definitive dx has not been established, we will need to code the signs/symptoms such as:

- R05 Cough
- R06.02 Shortness of breath
- R50.9 Fever

Exposure to COVID-19

For patients where there is a possible exposure concern, 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

Confirmed cases of COVID-19

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

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 code 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, 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.

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

NOTE: Diagnosis code B34.2, Coronavirus infection, *unspecified*, would not be appropriate for reporting COVID-19 because the cases have universally been respiratory in nature, so the site would not be “unspecified”.

ICD-10 Reporting as of April 1st

Effective April 1st, 2020, we will have a new diagnosis code to report COVID-19:

| ICD-10 Diagnosis Code | Description |
|-----------------------------|-------------------------------------|
| U07.1 | 2019-nCoV acute respiratory disease |

Chapter 22

Codes for special purposes (U00-U85)

Provisional assignment of new diseases of uncertain etiology or emergency use (U00-U49)

Add Note: Codes U00-U49 are to be used by WHO for the provisional assignment of new diseases of uncertain etiology. U07 Conditions of uncertain etiology

New code U07.1 COVID-19

Add Use additional code to identify pneumonia or other manifestations.

Add Excludes1: Coronavirus infection, unspecified site (B34.2)

Add Coronavirus as the cause of diseases classified to other chapters (B97.2-)

Add Severe acute respiratory syndrome [SARS], unspecified (J12.81)

We would not code U07.1 with B34.2, B97.2- or J12.81 per the above guidance.