

COVID-19: Coding and Billing Updates

September 15, 2020



As of July 25th, Health and Human Services (HHS) officially extended the PHE declaration for an additional 90 Days through October 25, 2020. This means that accelerated payments, the 20% add-on for Medicare COVID-19 patients, and the telehealth provisions that have helped many care providers survive the pandemic will still be in place for the foreseeable future.

In addition, Centers for Medicare and Medicaid Services (CMS) Administrator, Seema Verma, said recently that CMS is actively assessing telehealth’s expanded role, including reimbursement rates and the possibility of making the changes permanent.

Update: On September 8, 2020, the AMA added two new codes for COVID-19 billing. The first code is CPT code 99072 and is intended to recognize additional supplies and clinical staff time that’s being used to contain and stop the coronavirus. The other code is 86413 intended to report quantitative measures of COVID-19 antibodies (further described below in the section entitled “COVID-19 Coding for Laboratory Testing”).

CPT/HCPCS Code	Description
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

How is COVID-19 Affecting Coding and Billing?

Through swift implementation at the onset of the COVID-19 public health emergency, several especially important things happened:

- Radical changes to healthcare delivery were accepted and implemented in real-time, including expansion of telehealth and virtual check-ins to include all locations (not just rural as previously specified)
- Copays and coinsurances were waived by the Centers for Medicare and Medicaid Services (CMS) and most commercial insurances for COVID-19 testing and care, and
- Updates were quickly approved and implemented to include codes for coronavirus testing and care in the CPT, DRG, and ICD-10-CM coding criteria and accepted universally by CMS and all commercial insurers.

COVID-19 Coding for Laboratory Testing

Special Note: On Friday, August 10, 2020, the AMA added four new codes for SARS-CoV-2 testing as noted below.

Special Note: On Friday, June 26, 2020, the AMA added a new code to specify billing of antigen tests performed on patients suspected of being infected with coronavirus. The AMA has already developed and approved CPT codes for other serological tests for COVID-19 antibodies, including 86328 and 86769 (below).

The CPT coding criteria was expanded, effective April 10, 2020, to specify reporting of anti-body testing with increased specificity.

CPT/HCPCS Code	Description
87635	Infectious agent detection by nucleic acid (DNA or RNA), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), single step method
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
86769	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), multiple step method
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer

CPT/HCPCS Code	Description
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
U0001	2019 Novel Coronavirus real time RT-PCR diagnostic test panel at a CDC lab
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types of subtypes at a non-CDC lab
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]), 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
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source, is effective for services provided on or after March 1, 2020
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in an SNF or a laboratory on behalf of an HHA, any specimen source

CPT/HCPCS Code	Description
P9603	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated miles actually traveled
P9604	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated trip charge

COVID-19 CPT Codes for Telehealth, Virtual Check-In, E-Visits, Remote Monitoring, and Telephone Only (Audio Only) Visits:

As of March 6, 2020, providers can bill new and established patients and their insurance payers for telehealth services for E/M including the office visit codes 99201-99205 for new patients and 99211-99215 for established patients. These codes should be appended with the modifier -95 to denote services provided at a remote location. These services will be paid at the current fee schedule and patients are not responsible for associated copays and co-deductibles.

CPT/HCPCS Code	Description
<i>Emergency Room Encounters and Initial Inpatient Contacts</i>	
G0425-G0427	Telehealth consultations, emergency departments or initial inpatient
G0406-G0409	Follow-up inpatient telehealth consultations for hospitals or SNFs
<i>Virtual Check-In</i>	
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up 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

CPT/HCPCS Code	Description
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management 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
E-Visits	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 may still apply
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
Remote Monitoring	
99453	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
99454	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate) initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
99457	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

CPT/HCPCS Code	Description
Telephone Only (Audio Only)	
99441	Telephone E/M service provided by a physician 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 of medical discussion
99442	Telephone E/M service provided by a physician 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, 11-20 of medical discussion
99443	Telephone E/M service provided by a physician 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, 21-30 of medical discussion
Home Health Plans of Care: NPs, CNSs, PAs	
G0179	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care
G0180	Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care
G0181	Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans

CPT/HCPCS Code	Description
Modifiers – Level I and Level II	
Level I Modifier -95	Place of Service Code (POS) to be used for Telehealth services provided for COVID-19 testing and care
Level II Modifier -CS	Indicates service as eligible for Cost Sharing Waiver where Medicare and commercial insurers have waived cost sharing, but are paying at 100% for testing and care effective on services provided after March 18, 2020

CMS telehealth policy updates as of April 30, 2020:

- CMS is increasing payment for audio-only telephone E/M services (CPT codes 99441-99443) such that they are paid at the same rate as similar office and outpatient E/M visits, resulting in increased payments from \$14-\$41 to \$46-\$110. CMS believes that the resources required to furnish these services during the PHE are better captured by RVUs associated with level 2-4 established office/outpatient E/M visits. CMS is not increasing payment for CPT codes 98966-98968, which are intended for practitioners that cannot separately bill for E/M. This policy is retroactive to March 1, 2020.
- For telehealth services other than CPT codes 99441-99443 and 98966-98968 (now added to the list of covered telehealth services), Medicare continues to require modalities that have both audio and video capabilities.
- 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.
- CMS is forgoing its typical rulemaking process to add new services to the list of Medicare services that may be furnished via telehealth. Instead, CMS will add new telehealth services on a sub-regulatory basis to speed up the process of adding codes to the list.
- G0179, G0180, and G0181 are permanent and will continue post-PHE. The descriptors will be revised at a later date to include the non-physician practitioner specialties.



Charting and Documentation for Telehealth

Like documenting an in-person encounter, charting must support the claim with history, a review of systems, consultative notes or any information used to make a medical determination, treatment plan, and care instructions. Additionally, consider it prudent to also include a statement if the service was provided through telehealth, including the location of both the patient and the provider and the names and roles of any other persons participating in the telehealth service.

COVID-19 DRGs After April 1, 2020

MS-DRG	FY2020 Final Post-Acute DRG	FY2020 Final Special Pay DRG	MDC	Type	MS-DRG Title	Weights	Geometric Mean LOS	Arithmetic Mean LOS
177	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	1.8912	5.5	6.9
178	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	1.2433	4.0	5.1
179	Yes	No	04	MED	MED RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	0.8661	3.1	3.8
791	No	No	15	MED	PREMATURITY W MAJOR PROBLEMS	3.8062	13.3	13.3
793	No	No	15	MED	FULL TERM NEONATE W MAJOR PROBLEMS	3.9097	4.7	4.7
974	No	No	25	MED	HIV W MAJOR RELATED CONDITION W MCC	2.6739	6.3	8.7
975	No	No	25	MED	HIV W MAJOR RELATED CONDITION W CC	1.3420	4.1	5.5
976	No	No	25	MED	HIV W MAJOR RELATED CONDITION W/O CC/MCC	0.9142	3.0	3.9

COVID-19 ICD-10-CM Codes for Testing and Care

The World Health Organization (WHO) had established a single ICD-10-CM code for COVID-19 that was to be effective October 1, 2020. This was changed to an effective date of April 1, 2020. Care delivered after April 1, 2020 should use this code for confirmed cases only:

ICD-10-CM Code	Description
U07.1	COVID-19

This new code should be used for COVID-19 cases that are confirmed by diagnosis by a provider, have documentation of a positive COVID-19 test result, or a presumptive positive COVID-19 test result. A presumptive positive test result means an individual has tested positive for the virus at a local or state level but has not yet been confirmed by the CDC (something that is no longer required).

If “suspected”, “probable,” or “inconclusive” COVID-19 is documented, do not use U07.1. Assign a code(s) explaining the reason for the encounter (such as fever) or Z20.828 Contact with and suspected exposure to other viral communicable diseases.

Code U07.1 should be sequenced first when the patient meets the definition of primary or principal diagnosis. Sequenced next should be the underlying diagnosis, such as J40 Bronchitis not otherwise specified (NOS) due to COVID-19:

ICD-10-CM Code	Description
Confirmed Cases	
B97.29	Other coronavirus as the cause of diseases classified elsewhere. 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)
B34.2	Coronavirus infection, unspecified. NOTE: This code is not generally appropriate for COVID-19 because confirmed cases have universally been respiratory in nature, so the site would not be unspecified
J12.89	Pneumonia due to COVID-19
J20.8	Acute bronchitis confirmed as due to COVID-19
J40	Bronchitis not otherwise specified (NOS) due to COVID-19

ICD-10-CM Code	Description
J22	Lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS
J98.8	Respiratory infection (NOS) associated with COVID-19
J80	Acute respiratory distress syndrome (ARDS) due to COVID-19
Exposure to COVID-19	
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out. Used for cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases. Used for cases where there is an actual exposure to someone who is confirmed to have COVID-19 including asymptomatic individuals
Sign and Symptoms without Definitive Diagnosis	
R05	Cough
R06.02	Shortness of breath
R50.0	Fever, unspecified
Asymptomatic Individuals Who Test Positive	
U07.1	Asymptomatic individuals testing positive and considered to have the COVID-19 infection
Z11.59	Encounter for screening for other viral diseases. Asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus and the tests results are unknown or negative

In ICD-11, currently under review, the code for the confirmed diagnosis of COVID-19 is RA01.0 and the code for the clinical diagnosis (suspected or probable) of COVID-19 is RA01.2.

RESOURCES:

CPT

American Medical Association, CPT Assistant – Official Source for CPT Coding Guidance, Special Edition: April Update on SARS-CoV-2 Serologic Laboratory Testing

<https://www.ama-assn.org/system/files/2020-04/cpt-assistant-guide-coronavirus-april-2020.pdf>

American Medical Association, CPT Reporting for COVID-19 Testing and Care Chart

<https://www.ama-assn.org/system/files/2020-04/cpt-reporting-covid-19-testing.pdf>

American Medical Association, Special Coding Advice During COVID-19 Public Health Emergency, including coding scenarios defining best coding practices

<https://www.ama-assn.org/system/files/2020-04/covid-19-coding-advice.pdf>

American College of Physicians, Telehealth Coding and Billing During COVID-19, Updated April 16, 2020

<https://www.acponline.org/practice-resources/covid-19-practice-management-resources/telehealth-coding-and-billing-during-covid-19>

ICD-10-CM

American Academy of Professional Coders, ICD-10-CM Guidance

<https://www.aapc.com/covid-19/>

World Health Organization, Classifications, Emergency Use ICD Codes for COVID-19 Disease Outbreak

<https://www.who.int/classifications/icd/covid19/en/>

Coding and Billing Support

Infinx – Maximize Revenue in the Payment Lifecycle, Coding and Billing Support (Temporary or Long-Term)

<https://www.infinx.com/>