INFINX

COVID-19: Coding and Billing Updates

September 13, 2021

UPDATES: Listed in chronological order as they were announced. All Codes and Descriptions are listed below by category.

- On September 7, 2021, the American Medical Association (AMA) has announced CPT code updates that recognize COVID-19 Booster shots expected to begin later this month. Also, the updates include a unique code for vaccine and administration of Pfizer's new formulation that uses a tris-sucrose buffer rather than a phosphate buffer used in the first formulation.

- The American Medical Association (AMA) has implemented new CPT codes for the COVID-19 vaccine from AstraZeneca and the University of Oxford, and Janssen. The codes were conceived and approved in anticipation of vaccine approval sometime in early 2021.

- Beginning on December 10, 2020, the Centers for Medicare and Medicaid Services (CMS) initiated new codes for COVID-19 Monoclonal Antibodies and their administration during the public health emergency.

- Beginning on January 1, 2021, CMS will implement 21 new ICD-10-PCS codes for vaccines and therapeutics, including FDA-approved baricitinib, currently used for rheumatoid arthritis (brand name Olumiant), and when used for inpatient treatment and in conjunction with remdesivir, as well as monoclonal antibody and immunomodulator treatments.

- Additionally, CMS assigned Medicare Severity Diagnosis-Related Groups (MS-DRGs) to new six ICD-10-PCS codes related to COVID-19 for inpatient care.

- For inpatient care, CMS has approved using the CPT code for vaccines and vaccine administration for all inpatients. Medicare Advantage participants should have claims submitted to Original Medicare for all vaccines and vaccine administration through 2021.

- On November 10, 2020, the AMA released new codes for the COVID-19 vaccine (91300 - Pfizer and 91301 - Moderna), as well as new administration codes (0001A, 0002A, 0011A, and 0012A).

- Effective October 28, 2020, CMS issued a rule stating that they will reimburse providers $28.39 for the administration of a single dose of COVID-19 vaccine. If the vaccine turns out to require multiple doses, CMS will pay $16.94 for the initial doses and $28.39 for the last dose of the series. Commercial insurance is expected to follow suit.

- CMS and commercial insurance plans will provide the vaccine for free to patients. In addition, state health agencies and others will provide the vaccine for free to uninsured patients.

- Effective October 23, 2020, Health and Human Services (HHS) has extended the public health emergency for 90 days or until January 23, 2021. This will also include a new round of $20 billion in support intended to cover ongoing pandemic-related expenses for providers.

- On October 7, 2020, the AMA published additional updated codes pertaining to COVID-19. The changes include several additions (Codes 87636, 87637, 87811) and one update (Code 87426).

- "Two of the newly approved codes report nucleic acid assays that allow a single test to simultaneously detect the novel coronavirus and a combination of common viral infectious agents, including influenza A/B and respiratory syncytial virus," stated new AMA President Susan R. Bailey, M.D. "Concurrent detection promises to conserve important testing resources, allowing for ongoing surveillance of influenza while testing for the novel coronavirus."

- 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 CMS and most commercial insurances for COVID-19 testing and care for an interim period
- 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. Codes continue to be updated as care expands to include booster vaccines, etc.

COVID-19 CPT Codes for Vaccines and Vaccine Administration

The AMA is issuing CPT codes for the use and administration of each new vaccine as they are submitted for approval from the Food and Drug Administration (FDA). More codes will follow with over 15 additional vaccines currently in development.

CPT/HCPCS Code	Description
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) Pfizer vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) Moderna vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use
91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) AstroZeneca vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage, for intramuscular use
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Janssen vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5×10^{10}$ viral particles/0.5mL dosage, for intramuscular use
91305	**Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use - Pfizer**
91306	**Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use - Moderna**
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) Pfizer vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) Pfizer vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose

CPT/HCPCS Code	Description
0004A	**Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, booster dose - Moderna**
0011A	Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) Moderna vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose
0012A	Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) Moderna vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) AstraZeneca vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage; first dose
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) AstraZeneca vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage; second dose (AstraZeneca)
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Janssen vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage, single dose
0051A	**Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose - Pfizer**

CPT/HCPCS Code	Description
0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose - Pfizer
0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose - Pfizer
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, booster dose - Moderna
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose - Moderna

COVID-19 CPT Codes for Monoclonal Antibodies and their Administration

Code	CPT Descriptor	Labeler Name	Vaccine/Procedure Name
Q0239	bamlanivimab-xxxx	Eli Lily	Injection, bamlanivimab, 700 mg
M0239	bamlanivimab-xxxx infusion	Eli Lily	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring
Q0243	casirivimab and imdevimab	Regeneron	Injection, casirivimab and imdevimab, 2400 mg
M0243	casirivimab and imdevimab	Regeneron	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring

COVID-19 Coding for Laboratory Testing

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

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
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiqualitative, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), single step method
86408	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
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 semiqualitative, 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], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
87635	Infectious agent detection by nucleic acid (DNA or RNA), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
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

CPT/HCPCS Code	Description
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) (Cororavirus disease [COVID-19]), any specimen source.
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Cororavirus disease [COVID-19]), from an individual in an SNF or a laboratory on behalf of an HHA, any specimen source.
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 January 1, 2021, all telehealth-related changes will be permanent.

Providers should 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 when the service pertains to COVID-19.

CPT/HCPCS Code	Description
Emergency Room Encounters and Initial Inpatient Contacts	
G0425-G0427	Telehealth consultations, emergency departments or initial inpatient
G0406-G0409	Follow-up inpatient telehealth consultations for hospitals or SNFs
Virtual Check-In	
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.
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.

CPT/HCPCS Code	Description
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
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

CPT/HCPCS Code	Description
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
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 increased 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 9944199443 and 98966-98968 (now added to the list of covered telehealth services), Medicare continues to require modalities that have both audio and video capabilities.
- Ongoing 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
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

ICD-10-CM Code	Description
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

Beginning January 1, 2021, six new ICD-10-PCS codes are approved for inpatient care related to COVID-19 for MS-DRGs.

Z86.16	Personal history of COVID-19
Z11.52	Encounter for COVID-19 screening
Z20.822	Suspected exposure to COVID-19
J12.82	Pneumonia due to COVID-19 (now used as a single code). Includes the inclusion terms, “pneumonia due to COVID-19” and “pneumonia due to severe acute respiratory syndrome coronavirus 2”
M35.81	Multisystem inflammatory syndrome
M35.89	Other systemic involvement of connective tissue

Beginning on January 1, 2021, CMS will implement 21 new ICD-10-PCS codes for vaccines and therapeutics, including FDA-approved baricitinib, currently used for for rheumatoid arthritis (brand name Olumiant), and when used for inpatient treatment and in conjunction with remdesivir, as well as monoclonal antibody and immunomodulator treatments. These codes are as follows:

- **XW013H6** Introduction of other new technology monoclonal antibody into subcutaneous tissue, percutaneous approach, new technology group 6
- **XW013K6** Introduction of leronlimab monoclonal antibody into subcutaneous tissue, percutaneous approach, new technology group 6
- **XW013S6** Introduction of COVID-19 vaccine dose 1 into subcutaneous tissue, percutaneous approach, new technology group 6
- **XW013T6** Introduction of COVID-19 vaccine dose 2 into subcutaneous tissue, percutaneous approach, new technology group 6
- **XW013U6** Introduction of COVID-19 vaccine into subcutaneous tissue, percutaneous approach, new technology group 6
- **XW023S6** Introduction of COVID-19 vaccine dose 1 into muscle, percutaneous approach, new technology group 6
- **XW023T6** Introduction of COVID-19 vaccine dose 2 into muscle, percutaneous approach, new technology group 6
- **XW023U6** Introduction of COVID-19 vaccine into muscle, percutaneous approach, new technology group 6
- **XW033E6** Introduction of etesevimab monoclonal antibody into peripheral vein, percutaneous approach, new technology group 6
- **XW033F6** Introduction of bamlanivimab monoclonal antibody into peripheral vein, percutaneous approach, new technology group 6
- **XW033G6** Introduction of REGN-COV2 monoclonal antibody into peripheral vein, percutaneous approach, new technology group 6
- **XW033H6** Introduction of other new technology monoclonal antibody into peripheral vein, percutaneous approach, new technology group 6
- **XW033L6** Introduction of CD24Fc immunomodulator into peripheral vein, percutaneous approach, new technology group 6
- **XW043E6** Introduction of etesevimab monoclonal antibody into central vein, percutaneous approach, new technology group 6
- **XW043F6** Introduction of bamlanivimab monoclonal antibody into central vein, percutaneous approach, new technology group 6
- **XW043G6** Introduction of REGN-COV2 monoclonal antibody into central vein, percutaneous approach, new technology group 6
- **XW043H6** Introduction of other new technology monoclonal antibody into central vein, percutaneous approach, new technology group 6

- **XW043L6** Introduction of CD24Fc immunomodulator into central vein, percutaneous approach, new technology group 6
- **XW043H6** Introduction of other new technology monoclonal antibody into central vein, percutaneous approach, new technology group 6
- **XW043L6** Introduction of CD24Fc immunomodulator into central vein, percutaneous approach, new technology group 6
- **XW07M6** Introduction of baricitinib into lower GI, via natural or artificial opening, new technology group 6
- **XW0DXM6** Introduction of baricitinib into mouth and pharynx, external approach, new technology group 6
- **XW0G7M6** Introduction of baricitinib into upper GI, via natural or artificial opening, new technology group 6

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, Press Release, AMA Announces Additional CPT Codes for COVID-19 Vaccines. December 17, 2020. https://www.ama-assn.org/press-center/press-releases/ama-announces-additional-cpt-codes-covid-19-vaccines

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/