American Academy of Pediatrics

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Coding for COVID-19 and Non-Direct Care

How to use ICD-10-CM, new lab testing codes for COVID-19

The introduction of 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) in the United States has produced an influx of patients into the health care system. While knowing how to diagnose and treat these patients is vital, being able to appropriately capture this information for data tracking and payment also is important. The National Center for Healthcare Statistics has developed a resource for International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) coding that already is in effect.

COVID-19 attacks the respiratory system; therefore, suspicion of the disease typically will accompany respiratory conditions. A confirmation of COVID-19 will therefore be linked to a specific respiratory condition.

Coding guidance: ICD-10-CM
(Valid Through 3/31/2020)

- **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**. If the bronchitis is not specified as acute, due to COVID-19, report code **J40**, Bronchitis, not specified as acute or chronic, along with code **B97.29.**
- **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, report with code **J22**, Unspecified acute lower respiratory infection, with code **B97.29**. 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**.
- **Acute respiratory distress syndrome (ARDS):** ARDS may develop in conjunction with COVID-19. Cases with ARDS due to COVID-19 should be assigned the codes **J80**, Acute respiratory distress syndrome, and **B97.29**.
- **Exposure to COVID-19:** For cases where there is possible exposure to COVID-19, but the disease is ruled out, report 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, report code **Z20.828**, Contact with and (suspected) exposure to other viral communicable diseases. This code is not necessary if the exposed patient is confirmed to have COVID-19.
- **Signs and symptoms:** For patients presenting with any signs/symptoms and where a definitive diagnosis has *not* been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as: Cough (**R05**); Shortness of breath (**R06.02**) or Fever unspecified (**R50.9**).

Do *not* report "suspected" cases of COVID-19 with B97.29. In addition, diagnosis code B34.2, Coronavirus infection, unspecified, typically is not appropriate.

A new code is being introduced for use *on or after April 1, 2020*.

U07.1 COVID-19

Further instructions on the use of this new code will be made available prior to implementation. Until April 1, 2020, continue to report using the guidance above.

Coding guidance: procedural

There are no unique codes for evaluating and managing this condition; however, be sure to clearly document any additional time spent with the family or time spent coordinating any care that is not face-to-face with the patient and/or family.

Testing

There is no code for swabbing the patient for COVID-19, much like there is no code for swabbing for influenza. However, if the specimen will be prepared by your office and sent to an outside lab, report the specimen collection code **99000**.

The Centers for Medicare & Medicaid Services (CMS) developed two new lab testing codes:

- **U0001** will be reported for coronavirus testing using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel.
- **U0002** will be reported for validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).

If your office is not running the test for COVID-19 or incurring the cost, you will not report these codes.

The American Medical Association Current Procedural Terminology (CPT) Editorial Panel has developed a CPT code which streamlines novel coronavirus testing offered by hospitals, health systems, and laboratories in the United States. The code was effective March 13, 2020, for use as the industry standard for reporting of novel coronavirus tests across the nation's health care system.

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*

Telehealth

As concerns arise over the easy spread of COVID-19, increasing the use of telehealth has been proposed. In this instance, telehealth is referring only to the synchronous live videoconferencing. Knowing your state laws and payer rules is important in this instance. (See resources for AAP fact sheet on coding for telehealth services and help in navigating your state laws on telehealth services.) Please keep in mind that if a payer wants you to report a code outside of its intention, make sure to get it in WRITING!

Medicare COVID-19 Telehealth Expansion
On March 17, 2020, the Trump Administration announced expanded Medicare telehealth coverage that will enable beneficiaries to receive a wider range of health care services from their doctors without having to travel to a health care facility. Beginning on March 6, 2020, Medicare will temporarily pay clinicians to provide telehealth services for beneficiaries residing across the entire country (see resources). Prior to this announcement, Medicare was only allowed to pay clinicians for telehealth services such as routine visits in certain circumstances. For example, the beneficiary receiving the services must live in a rural area and travel to a local medical facility to get telehealth services from a doctor in a remote location. In addition, the beneficiary would generally not be allowed to receive telehealth services in their home. A range of health care providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to Medicare beneficiaries. Beneficiaries will be able to receive telehealth services in any health care facility including a physician's office, hospital, nursing home or rural health clinic, as well as from their homes. Medicare beneficiaries will be able to receive various services through telehealth including common office visits, mental health counseling, and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home. As part of this announcement, patients will now be able to access their doctors using a wider range of communication tools including telephones that have audio and video capabilities, making it easier for beneficiaries and doctors to connect. Clinicians can bill immediately for dates of service starting March 6, 2020. Telehealth services are paid under the Medicare Physician Fee Schedule at the same amount as in-person

services. Medicare coinsurance and deductible still apply for these services. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for health care providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Medicaid already provides a great deal of flexibility to states that wish to use telehealth services in their programs. States can cover telehealth using various methods of communication such as telephonic, video technology commonly available on smart phones and other devices. No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services.

This guidance follows on President Trump's call for all insurance companies to expand and clarify their policies around telehealth.

OCR COVID-19 HIPPA Enforcement Discretion
In light of the COVID-19 nationwide public health emergency, the HHS Office for Civil Rights (OCR) is exercising its enforcement discretion and, effective immediately, will not impose penalties on physicians using telehealth in the event of noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA).

Physicians may seek to communicate with patients and provide telehealth services through remote communications technologies. Some of these technologies, and their use, may not fully comply with the requirements of the HIPAA Rules (see resources).

However, today's announcement means that physicians who want to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing service that is available to communicate with patients. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

For example, a physician using their professional judgement may request to examine a patient exhibiting COVID-19 symptoms, using a video chat application connecting the physician's or patient's phone or desktop computer in order to assess a greater number of patients while limiting the risk of infection of other persons who would be exposed from an in-person consultation. Likewise, a physician may provide similar telehealth services in the exercise of their professional judgment to assess or treat any other medical condition, even if not related to COVID-19, such as a sprained ankle, dental consultation or psychological evaluation, or other conditions.

Under this Notice, physicians may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules. Physicians should not use Facebook Live, Twitch, TikTok or other public facing communication services. Physicians are encouraged, but not required, to notify patients of the potential security risks of using these services and to seek additional privacy protections by entering into HIPAA business associate agreements (BAA). HHS also noted that while it hasn't confirmed such statements, Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, and Google G Suite Hangouts have said that their products will help physicians comply with HIPAA and that they will enter into a HIPAA BAA.

Other Non-Direct Evaluation Services

In the wake of COVID-19 more and more offices are looking at alternatives to bringing in sick patients and risking unnecessary exposure. Some alternative services being offered are listed here with their codes. Be sure to look into these services more carefully. Refer to your CPT resources or visit the AAP resource.

Digital Online Evaluation and Management

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   11-20 minutes

99423   21 or more minutes

Telephone Care

For physicians and advanced practitioners (NP or PA)

99441   Telephone evaluation and management to patient, parent or guardian not originating from a related E/M service 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

99442   11-20 minutes of medical discussion

99443   21-30 minutes of medical discussion

The following codes are reported by nonphysician providers who may independently bill such as physical therapists and psychologists, but are not reported for clinical staff (eg, RN) unless noted in writing by your payer.

98966 Telephone assessment and management service provided by a qualified nonphysician healthcare professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

98967   11-20 minutes of medical discussion

98968   21-20 minutes of medical discussion

Advocacy and payment

The AAP is monitoring health plan carrier uptake of the new Healthcare Common Procedure Coding System (HCPCS) Level II codes: **U0001** and **U0002**. Per CMS, the Medicare claims processing system will be able to accept this code for payment as of April 1 for dates of service on or after Feb. 4, 2020.

The Academy sent inquiries to the largest national carriers (Aetna, Anthem, Cigna, Humana and UnitedHealthcare) to ascertain their coverage policies. The carriers will offer the test with no patient out-of-pocket expense, and as of press time, Humana replied that it will follow CMS with retroactive coverage to Feb. 4, 2020. Carriers are waiting for CMS to value COVID-19 testing before establishing their fee schedules for the test. In the interim, providers should check their carrier contract regarding payments for services not included in the fee schedule (e.g., payment as a percentage of billed charges).

Additionally, several carriers are waiving co-payments for all diagnostic testing related to COVID-19 and for video visits (in lieu of office visits) for synchronous virtual care (live videoconferencing only).

Resources

- ICD-10-CM Resource
- CMS (Medicare) Resource
- Medicare Telemedicine Health Care Provider Fact Sheet
- Notification of Enforcement Discretion for Telehealth
- AAP Telemedicine Coding Fact Sheet
- AMA Quick Guide to Telemedicine in Practice
- Telehealth State Laws
- Non-Direct Care Coding Fact Sheet
- Additional AAP News Coverage of COVID-19
- Additional Coding Corner Columns