

# Coding Related to the Novel Coronavirus (COVID-19): Information for Providers & Labs

LAST UPDATED: MARCH 25, 2020

The following information outlines a summary of coding instruction provided by the CDC, World Health Organization (WHO) and CMS related to the novel coronavirus (COVID-19).

## Laboratory Testing

**NOTE: The information under this “Laboratory Testing” section is applicable to labs only.**

As of March 13, 2020, there are two HCPCS codes and one CPT code available to represent the lab tests. At this time, we anticipate receiving these codes only from our lab partners.

Code	Description
U0001	To be used to bill for CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel
U0002	To be used to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)
87635	To be used to bill for COVID-19 Infectious agent detection by nucleic acid (DNA or RNA); amplified probe technique

*Note: These services will not be subject to EAPG pricing.*

## Diagnosis Codes

**NOTE: The following diagnosis coding guidance is applicable for both providers and labs.**

**EFFECTIVE APRIL 1, 2020:**

- a. Per the CDC, a new ICD-10 emergency code has been established by the WHO for reporting the virus.

Code	Description
U07.1	2019-nCoV acute respiratory disease

**Reference:** <https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf>



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## FOR CONFIRMED CASES:

- b. Per the CDC, in the interim, to identify patients who have tested positive for COVID-19, current CDC guidance instructs to code first for the presenting illness followed by B97.29 - Other coronavirus as the cause of diseases classified elsewhere. See examples:

For confirmed cases of pneumonia due to COVID-19, use codes:

- J12.89, Other viral pneumonia, and
- B97.29, Other coronavirus as the cause of diseases classified elsewhere

For confirmed cases of acute bronchitis due to COVID-19, use codes:

- J20.8, Acute bronchitis due to other specified organisms, and
- B97.29, Other coronavirus as the cause of diseases classified elsewhere

For bronchitis not otherwise specified (NOS) due to COVID-19, use codes:

- J40, Bronchitis, not specified as acute or chronic, along with code
- B97.29, other coronavirus as the cause of diseases classified elsewhere

For lower respiratory infections, NOS, or an acute respiratory infection, NOS, with associated documented COVID-19, assign codes:

- J22, Unspecified acute lower respiratory infection, with code
- B97.29, Other coronavirus as the cause of diseases classified elsewhere

For respiratory infections, NOS, with associated documented COVID-19, use codes:

- J98.8, Other specified respiratory disorders, with
- B97.29, Other coronavirus as the cause of diseases classified elsewhere

For confirmed acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes:

- J80, Acute respiratory distress syndrome, and
- B97.29, Other coronavirus as the cause of diseases classified elsewhere

## FOR UNCONFIRMED CASES:

- c. For unconfirmed cases, coding guidance is below:

To code a concern about COVID-19 exposure that was ruled out after evaluation, use code:

- Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out



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To code actual COVID-19 exposure to a confirmed coronavirus case, assign code:

- Z20.828, Contact with and (suspected) exposure to other viral communicable diseases

For patients presenting with symptoms where a definitive coronavirus diagnosis is not established, assign the appropriate codes for each presenting symptom, such as:

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

Diagnosis code B34.2, coronavirus infection, unspecified, would not generally be appropriate for COVID-19 because confirmed cases have universally been respiratory in nature, so the site would not be unspecified.

According to the new guidelines, do not assign code B97.29 if the provider documents “suspected,” “possible,” or “probable” COVID-19. Instead, assign codes explaining the reason for the encounter (such as fever, or Z20.828).

Code	Description	Comment
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).	Interim instruction is to bill this code for confirmed cases of COVID-19. Code B97.29 in addition to the code for the presenting illness.
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out.	Use if a there is a concern that a patient has had 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.	Use if a patient has been exposed to someone with a documented case of any form of the virus including COVID-19.



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B34.2	Coronavirus infection, unspecified	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.
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**Reference:** <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>

**Note:** The information in this coding guide is subject to change. Check [AlabamaBlue.com/providers/coronavirus](http://AlabamaBlue.com/providers/coronavirus) for the most current information.

#### Revision History:

- March 25, 2020 – Removed B97.21

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