

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

LAST UPDATED: MAY 21, 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).

Disclaimer: The codes in this guide do not ensure coverage and/or cost-sharing waivers for all Blue Cross and Blue Shield of Alabama plans. Some plans may require members to pay copayments, coinsurance or deductibles for certain services. Review your patient’s eligibility and benefits through *ProviderAccess* or your practice management software before each visit.

Laboratory Testing

The following codes are available to represent lab tests. Codes U0002, 86328 and 87635 are included in the Preferred Medical Doctor (PMD) Agreement’s Exhibit I – Physician In-Office Clinical Laboratory Procedures. Specimen collection codes are also listed in the chart below.

Note: Blue Cross and Blue Shield of Alabama is working with providers to ensure access to affordable care during this crisis. Blue Cross encourages out-of-network providers to accept our payment for COVID-19 testing as payment in full and to work together to protect our members from financial harm.

Codes for Testing		
Code	Description	Fee*
U0001	CDC 2019 novel coronavirus (2019-nCoV) real-time rt-pcr diagnostic panel	\$35.91
U0002	Non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)	\$51.31
U0003	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, making use of high throughput technologies as described by CMS-2020-01-R	\$100.00
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	\$100.00
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	\$45.23



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86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	\$42.13
87635	COVID-19 Infectious agent detection by nucleic acid (DNA or RNA); amplified probe technique	\$51.31
Codes for Specimen Collection		
Code	Description	Fee*
C9803	Specimen collection billed by hospital outpatient department <i>(Note: C9803 should be billed with an appropriate laboratory revenue code for payment consideration.)</i>	\$23.46
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	\$23.46
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source	\$25.46
*Blue Cross typically does not communicate fees in this manner. These in-network fees are being published to assist providers in light of the COVID-19 Public Health Emergency.		

Note: In the above chart, codes U0001, U0002, U0003, U0004, 86328, 86769, 87635, C9803 and G2023 are not subject to EAPG pricing.

Diagnosis Codes

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

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



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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 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-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

**The information in this coding guide is subject to change.
Check AlabamaBlue.com/providers/coronavirus for the most current information.**

Revision History:

- March 25, 2020 – Removed B97.21.
- April 7, 2020 – Under “Laboratory Testing,” added reference to Exhibit I and revised introductory text.
- April 17, 2020 – Under “Laboratory Testing,” added codes U0003, U0004, 86328 and 86769, as well as out-of-network COVID-19 testing statement.
- April 21, 2020 – Disclaimer statement added.
- April 28, 2020 – Specimen collection codes added: G2023 and G2024. Also updated codes not subject to EAPG pricing.
- May 20, 2020 – Specimen collection code added: C9803. Also updated codes not subject to EAPG pricing.
- May 21, 2020 – In-network fees for testing and specimen collection codes added.

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