

COVID-19 Coding and Reporting Information

CPT[®], HCPCS, and ICD-10 CM Codes

5/10/22

This resource provides an overview of CPT, HCPCS, and ICD-CM codes related to COVID-19 treatment and testing. It is intended as an informational resource for ASCO members and should not be considered as official payment guidance. ASCO members are encouraged to confer directly with payers (both Medicare and private) for appropriate reporting guidelines, as they may vary by payer.

Changes/Updates are highlighted in yellow.

Current Procedural Terminology[®] (CPT) Codes

COVID-19 Vaccines

CPT codes are developed as needed for the reporting of immunizations for the novel coronavirus (SARS-CoV-2).

The American Medical Association (AMA) has created a tool to help select the appropriate CPT[®] code for the type and dose of vaccine that is being administered.

Special editions of [CPT[®] Assistant](#) also provide coding guidance such as full code descriptions, clinical examples, and FAQs.

AMA COVID-19 CPT[®] Coding and Guidance

The AMA CPT Editorial Panel has developed CPT codes unique for each vaccine in addition to administration codes. To determine the appropriate CPT code to report, refer to the AMA tool [“Find your COVID-19 Vaccine CPT[®] Codes”](#)

The tool asks the following questions to determine which code or codes should be reported:

1. “Do you know the vaccine manufacturer or brand name?” (Moderna, Pfizer, AstraZeneca, Novavax, or Janssen)
2. “Which dose is being administered?” (first, second, third, single dose, booster)

AMA CPT Professional Edition- Appendix Q: Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccines

The table in [Appendix Q](#) connects the individual COVID-19 vaccine codes) to their associated immunization administration codes, manufacturer name, vaccine name(s), 10 and 11-digit National Drug Code (NDC) Labeler Product ID, and interval between doses. These codes are also located in the Medicine section of the CPT code set.

Health Resources Coverage Assistance COVID-19 Coverage Assistance Fund

The Health Resources and Services Administration COVID -19 Assistance Fund covers the costs of administering COVID-19 vaccines to patients whose health insurance does not cover vaccine administration fees or is subject to cost-sharing. Eligible providers will be reimbursed at national Medicare rates for vaccine administration fees and patient cost-sharing related to the vaccination. More information about the program can be found on the [HRSA COVID-19 Coverage Assistance Fund Portal](#).

Vaccine and Administration CPT® Codes

91300	Severe Acute Respiratory Syndrome Coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use, (Report 91300 with administration codes 0001A, 0002A, 0003A, and 0004A) <i>Pfizer</i>
0001A	Administration, first dose
0002A	Administration, second dose
0003A	Administration, third dose
0004A	Administration, booster dose
91301	Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use, (Report 91301 with administration codes 0011A, 0012A, 0013A) <i>Moderna</i>

- 0011A** Administration, first dose
- 0012A** Administration, second dose
- 0013A** Administration, third dose
- 91302** Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, for intramuscular use
(Report 91302 with administration codes 0021A, 0022A)
Astra Zeneca
- 0021A** Administration, first dose
- 0022A** Administration, second dose
- 91303** Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, for intramuscular use
(Report 91303 with administration code 0031A)
Janssen
- 0031A** Administration, first dose
- 0034A** Administration, booster dose
- 91304** Severe Acute Respiratory Syndrome Coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use
(Report 91304 with administration codes 0041A, 0042A)
Novavax
- 0041A** Administration, first dose
- 0042A** Administration, second dose

- 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 (Report 91305 with administration codes 0051A, 0052A, 0053A, 0054A)
Pfizer ready to use vaccine product
- 0051A** Administration, first dose
- 0052A** Administration, second dose
- 0053A** Administration, third dose
- 0054A** Administration, booster dose
- 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 (Report 91306 with administration code 0064A)
Moderna lower-dose vaccine
- 0064A** Administration, booster dose
- 91307** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, trissucrose formulation, for intramuscular use
(Pfizer)
- 0071A** Administration, first dose
- 0072A** Administration, second dose
- 0073A** Administration, third dose
- 0074A** Administration, booster dose
- 91308** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, trissucrose formulation, for intramuscular use
(Pfizer)
- 0081A** Administration, first dose
- 0082A** Administration, second dose

91309 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use (Report 91309 with administration code 0094A)
(Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A)
Moderna

0094A Administration, booster dose

91310 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use (*Sanofi Pasteur*)
(Report 91310 with administration code 0104A)

0104A Administration, booster dose

Immunology

86317 – Immunoassay for infectious agent antibody, quantitative, not otherwise specified

(For immunoassay techniques for non-infectious agent antigens, see 83516, 83518, 83519, 83520, 87301-87450, 87810-87899)

(For infectious agent antigen detection by immunoassay technique, see 87301-87451. For infectious agent antigen detection by immunoassay technique with direct optical [i.e., visual] observation, see 87802-87899)

(For particle agglutination procedures, use 86403)

86318 – Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip)

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])

(For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] antibody testing using multiple-step method, use 86769)

86408 – Neutralizing antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen

86409 – titer

86413 – Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative

86602 – Antibody; actinomyces

86635 – Antibody; coccidioides

(For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] antibody testing, see 86328, 86769)

86769 – Antibody; Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

(For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] antibody testing using single-step method, use 86328)

Microbiology

87250 – Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection

87255 – including identification by non-immunologic method, other than by cytopathic effect (e.g., virus specific enzymatic activity)

These codes are intended for primary source only. For similar studies on culture material, refer to codes 87140-87158. The most specific code possible should be reported. If there is no specific agent code, the general methodology code (e.g., 87299, 87449, 87450, 87797, 87798, 87799, 87899) should be used.

When identifying infectious agents on primary source specimens (e.g., tissue, smear) microscopically by direct/indirect immunofluorescent assay [IFA] techniques, see 87260-87300.

When identifying infectious agents on primary source specimens or derivatives via non-microscopic immunochemical techniques with fluorescence detection (i.e., fluorescence immunoassay [FIA]), see 87301-87451, 87802-87899.

When identifying infectious agents on primary source specimens using antigen detection by immunoassay with direct optical (i.e., visual) observation, see 87802-87899

87301 – Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; adenovirus enteric types 40/41

87318 – Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (e.g., reagent strip)

86328 – severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19])

(For severe acute respiratory syndrome coronavirus 2 [SARSCoV-2] [coronavirus disease {COVID-19}] antibody testing using multiple-step method, use 86769)

87426 – severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) (Coronavirus disease [COVID-19])

87428 – severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B

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

87636 – 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 – 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 – Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])

Special Services, Procedures and Reports

CPT[®] code **99072** was created in response to the significant additional practice expenses related to activities required to safely provide in-person medical services to patients during a public health emergency. These activities and supplies are over and above those usually included in a medical visit or service.

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

CMS will **not** be including CPT[®] code 99072 as a separately payable service in the 2022 Medicare Physician Fee Schedule, but as a bundled service instead. According to CMS, payment for the services and supplies described in 99072 are inherent in payment for other services. In 2021 CMS finalized several supply price increases for:

- Adding the N95 mask on an interim basis.
- Increasing the price of a surgical mask.
- Increasing the price of a mask with a face shield.

The increased costs will be reflected in payment for services that include the supply inputs.

Private payer policies regarding 99072 may differ from CMS.

Proprietary Laboratory Analyses

0202U – Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 22 targets including Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

Biofire Respiratory Panel 2.1

(For additional PLA code with identical clinical descriptor, see 0223U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)

0223U – Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

QIAstat-DX Respiratory SARS CoV-2 Panel

(For additional PLA code with identical clinical descriptor, see 0202U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)

0224U – Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), includes titer(s), when performed

COVID-19 Antibody Test, Mt Sinai

(Do not report 0224U in conjunction with 86769)

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

ePlex Respiratory Pathogen Panel 2

0226U – Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), ELISA, plasma, serum

Tru-Immune

0240U – Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (Severe Acute Respiratory Syndrome Coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected

Xpert Xpress SARS-CoV2/Flu/RSV (SARS-Cov-2 & Flu targets only)

0241U – Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (Severe Acute Respiratory Syndrome Coronavirus 2 [SARS-CoV-2], influenza A, influenza B,

respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected

Xpert Xpress SARS-Cov2/Flu/RSV (all targets)

Healthcare Common Procedure Coding System (HCPCS) Codes

The Centers for Medicare & Medicaid Services (CMS) also developed two new Healthcare Common Procedure Coding System (HCPCS) codes for coronavirus testing to be used for Medicare claims. They should not be used for private payer claims unless otherwise directed.

HCPCS Code Descriptions

J0248 – Injection, remdesivir, 1 mg (*Veklury*)

M0201 – Covid19 vaccine, home administration

Q0220 – Tixagve and cilgav, 300 mg (*Evusheld*)

Q0221 – Tixagve and cilgav, 600 mg (*Evusheld*)

M0220 – Tixagve and cilgav injection administration (*Evusheld*)

M0221 – Tixagve and cilgav injection administration, home (*Evusheld*)

Q0222 – Bebtelovimab 175mg

M0222 – Injection, Bebtelovimab

M0223 – Injection, home of Bebtelovimab

Q0249 – Tocilizumab 1 mg

M0249 – Injection, Tocilizumab 1st dose

M0250 – Injection, Tocilizumab 2nd dose

U0001 – CDC 2019 novel coronavirus (2019-ncov) real-time rt-PCR diagnostic panel

HCPCS code U0001 should be used specifically for Centers for Disease Control and Protection (CDC) testing laboratories to test patients for SARS-CoV-2 (CDC 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel).

U0002 – 2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc

HCPCS code U0002 may be used to report new types of COVID-19 tests in the future if they are not already specified by either U0001 or 87635. CMS will monitor the development of tests and assign codes when appropriate.

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.

HCPCS code U0003 identify tests that would otherwise be reported with CPT code 87635, but use high throughput technologies. U0004 should identify tests that would otherwise be identified by U0002 but for being performed with these high throughput technologies. Neither U0003 nor U0004 should be used for tests that detect COVID-19 antibodies.

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.

U0005 – 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, CDC or non-CDC, making use of high throughput technologies, completed within two calendar days from date and time of specimen collection. (List separately in addition to either HCPCS code U0003 or U0004)

C9803 – Hospital outpatient clinic visit specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19])

HCPCS code C9803 describes symptom assessment and specimen collection performed by hospital outpatient departments. The service is paid as conditionally packaged when performed with another payable service under the OPPTS.

Medicare: Billing for COVID-19 Related Services

Assessment and Specimen Collection

Practitioners can be paid for assessment and specimen collection for COVID-19 testing with CPT code 99211 (except if the provider is reporting another Evaluation and Management (E/M) code for a concurrent service). Medicare will recognize this code for all patients, not just established ones. Check with private payers on their policies regarding this code.

99211 – Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

The -CS modifier (cost sharing modifier) should be appended to 99211 to waive cost sharing.

Test Ordering

During the PHE, CMS is allowing any health care provider authorized under state law to order tests. Medicare will pay for tests without a written order from the treating physician or other practitioner:

- If an order is not written, an ordering or referring National Provider Identifier (NPI) is not required on the claim
- If an order is written, include the NPI of the ordering or referring professional, consistent with current billing guidelines

Check with private payers to determine their policies on test ordering.

Resource: [COVID-19, Influenza, and RSV Clinical Diagnostic Laboratory Tests for which Medicare Does Not Require a Practitioner Order During the PHE.](#)

Counseling Regarding Patient Self-Isolation

Payment is available to physicians and health care providers to counsel patients at the time of COVID testing about the importance of self-isolation after they are tested and prior to the onset of symptoms. CMS will use existing evaluation and management (E/M) payment codes to reimburse providers who are eligible to bill CMS for counseling services no matter where a test is administered, including doctor's offices, urgent care clinics, hospitals, and community drive-thru or pharmacy testing sites.

A [counseling check list](#) has been created by CMS to aid in the discussion with the patient.

Vaccine Administration

COVID-19 vaccination providers participating in the CDC COVID-19 Vaccination Program are required to sign a [CDC COVID-19 Vaccination Program Provider Agreement](#). As part of that agreement, providers of vaccines may not charge patients for the administration of the vaccines, as they are received for free from the federal government. Be sure to review the provisions for each payer as they may differ by plan.

The Centers for Medicare and Medicaid Services has several [resources](#) regarding the COVID-10 vaccine administration to assist healthcare providers which is continually updated. These resources include enrollment information for administering vaccine shots, coding and billing guidance, quality reporting, and several toolkits.

COVID-19 Testing

Until the end of the Public Health Emergency, CMS is waiving coinsurance and deductible amounts under Medicare Part B for Medicare patients for certain COVID-19 testing-related services. The cost sharing waiver applies to medical visits when an outpatient provider, physician, or other providers and suppliers that bill Medicare for Part B services orders or administers COVID-19 lab tests U0001, U0002, or 87635.

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Services/Visits for which cost sharing is waived:

- Services resulting in an order for or administration of a COVID-19 test
- Services related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test.
- Any of the following categories of HCPCS evaluation and management codes:
 - Office and other outpatient services
 - Hospital observation services
 - Emergency department services
 - Nursing facility services
 - Domiciliary, rest home, or custodial care services
 - Home services
 - Online digital evaluation and management services

CMS has also implemented a no cost-sharing requirement for group health plans and group and individual health insurance to cover both diagnostic testing and certain related items and services provided during a medical visit. This includes urgent care visits, emergency room visits, and in person telehealth visits that result in an order for or administration of a COVID-19 test.

Cost Sharing

For Medicare claims, to indicate that a service is subject to the cost-sharing waiver the CS modifier must be added to the appropriate claim lines. If claims were submitted to Medicare without the CS modifier, notify the Medicare Administrative Contractor (MAC) and request to submit the applicable claims.

These reporting instructions apply to Medicare beneficiary claims- check with private payers for their specific reporting guidelines.

Other Modifiers

During the Public Health Emergency, CMS has issued a number of waivers effective retroactively to March 1, 2020. ([“COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers”](#)). To indicate a claim or claims for which a waiver is applicable, one of the following modifiers or condition codes may be reported:

CR Modifier (catastrophic/disaster related)- Applies to Part B billing for institutional and non-institutional billing, using claims submission format X12 837, CMS-1500 paper form, or in the NCPDP format for pharmacies.

DR Modifier (disaster related)- Applies to institutional billing; claims submitted by providers using the ASC X12 837 institutional claim format or paper claim form CMS-1450

[MLN Matters SE2011](#) details the appropriate uses of the modifiers by the type of waiver and flexibility.

ICD-10 CM Codes

The Centers for Disease Control and Prevention (CDC) has developed coding guidance for health care encounters and deaths related to the 2019 novel coronavirus (COVID-19).

In certain circumstances, other codes for conditions *not* related to coronavirus may be required in accordance with the [ICD-10-CM Official Guidelines for Coding and Reporting](#). A hyphen at the end of a code indicates an additional character is required.

Encounter for Screening

Z11.52- Encounter for screening for COVID-10

Exposure or Contact

Z20.822- Contact with and (suspected) exposure to COVID-19
Contact with and (suspected) exposure to SARS-CoV-2

Identified Coronavirus Infection

U07.1-COVID-19, virus identified

Use additional code to identify pneumonia or other manifestations, such as:
pneumonia due to COVID-19 (J12.82) Excludes2: coronavirus as the cause of diseases classified elsewhere (B97.2-)
coronavirus infection, unspecified (B34.2)
pneumonia due to SARS-associated coronavirus (J12.81)

Report U07.1 if:

- The patient has a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider;
- There is documentation of a positive COVID-19 test result; OR
- A presumptive positive COVID-19 test result. A presumptive positive test result is defined as an “individual has tested positive for the virus at a local or state level, but it has not yet been confirmed by the Centers for Disease Control and Prevention (CDC).

If COVID is the principal diagnosis, it should be listed first and then followed by the appropriate codes for associated manifestations.

Do not report U07.1 if the providers documentation indicates the patient’s condition is "suspected," "possible," "probable," or “inconclusive” COVID19. In that case, report a code(s) indicating the reason for encounter (ex. a fever) or Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases).

Personal History

Z86.16- Personal history of COVID-19 (excludes post-COVID condition, see U09)

Provisional Assignment of New Diseases of Uncertain Etiology or Emergency Use

U09- Post COVID-19 condition

U09.9- Post COVID-10 condition, unspecified

ICD-10 CM code enables establishment of a link with COVID-19. It is not to be used in cases that are still presenting with active COVID-19. However, an exception is made in cases of re-infection with COVID-19, occurring with a condition related to prior COVID-19.

The specific condition related to COVID-19 (if known) should be coded first, such as chronic respiratory failure, loss of smell, loss of taste, multisystem inflammatory syndrome, pulmonary embolism, pulmonary fibrosis.

Source: [ICD-10 Tabular list of diseases and injuries, 2022 Addenda](#)

Pneumonia

For a pneumonia case confirmed 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 - Other coronavirus as the cause of diseases classified elsewhere

Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using code:

J40 - Bronchitis, not specified as acute or chronic *along with*

B97.29 - Other coronavirus as the cause of diseases classified elsewhere

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, assign codes:

J22 - Unspecified acute lower respiratory infection *with*

B97.29 - Other coronavirus as the cause of diseases classified elsewhere

If the COVID-19 is documented as being associated with a respiratory infection, NOS, assign code:

J98.8 - Other specified respiratory disorders *with*

B97.29 - Other coronavirus as the cause of diseases classified elsewhere

Acute respiratory distress syndrome (ARDS)

Cases with ARDS due to COVID-19 should be assigned the codes:

J80 - acute respiratory distress *syndrome and*

B97.29- Other coronavirus as the cause of diseases classified elsewhere

Exposure to COVID-19

For cases where there is a concern about a possible exposure to COVID-19, but is ruled out after an evaluation, it would be appropriate to assign the 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 confirmed to have COVID-19, assign the code:

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

Signs and symptoms

For patients with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been determined, assign the appropriate code(s) for each of the presenting signs and symptoms such as:

R05 - Cough

R06.02 - Shortness of breath

R50.9 - Fever, unspecified

The diagnosis code B34.2 (Coronavirus infection, unspecified) would in general *not* be appropriate for the COVID-19, as the cases have universally been respiratory in nature. Therefore, the site would not be “unspecified.”

If the provider documents “suspected”, “possible” or “probable” COVID-19, *do not* assign code B97.29 (Other coronavirus as the cause of diseases classified elsewhere). Assign a code or codes explaining the reason for encounter, such as fever, or Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases).

Resources

American Medical Association

[COVID-19 CPT vaccine and immunization codes](#)

[Find your COVID-19 Vaccine CPT[®] Codes](#)

[COVID-19 CPT coding and guidance](#)

CPT Assistant

[New COVID-19 codes: April 2022 Update](#)

[New COVID-19 codes: March 2022 Update](#)

[New COVID-19 codes: February 2022 Update](#)

[New COVID-19 codes: January 2022 Update](#)

[New COVID-19 codes: November 2021 Update](#)

[New COVID-19 codes: October 2021 Update](#)

[New COVID-19 codes: September 2021 Update](#)

[New COVID-19 codes: May 2021 Update](#)

[New COVID-19 codes: January 2021 Update](#)

[New COVID-19 codes: December 2020 Update](#)

[New COVID-19 codes: November 2020 Update](#)

[New COVID-19 codes: October 2020 Update](#)

[New COVID-19 codes: September 2020 Update](#)

[New COVID-19 codes: August 2020 Update](#)

[New COVID-19 codes: June 2020 Update](#)

[New COVID-19 codes: May 2020 Update](#)

[New COVID-19 codes: April 2020 Update](#)

[New COVID-19 codes: March 2020 Update](#)

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[Quick reference flow chart for CPT reporting for COVID-19 testing \(PDF\)](#)

[Coding scenarios and how to apply best coding practices \(PDF\)](#)

Centers for Medicare and Medicaid Services

[Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost Sharing under Medicaid, the Children's Health Insurance Program, and Basic Health Program](#)

[Enrollment for Administering COVID-19 Vaccine Shots](#)

[Medicare Billing for COVID-19 Vaccine Shot Administration](#)

[FAQS ABOUT FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION PART 44](#)

[COVID-19 Vaccine Policies & Guidance](#)

[COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#)

[Laboratories: Medicare Flexibilities to Fight COVID-19](#)

[CMS-Ruling 2020-1-R](#)

[Update to the International Classification of Diseases, Tenth Revision, Clinical Modification \(ICD-10-CM\) for Vaping Related Disorder and 2019 Novel Coronavirus \(COVID-19\) \(April 1, 2020\)](#)

[Update to the Home Health Grouper for New Diagnosis Code for Vaping Related Disorder and COVID-19](#)

[MLN Connects: Friday, April 10th 2020](#)

[FAQS ABOUT FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION PART 42](#)

[Public Health News Alert: CMS Develops New Code for Coronavirus Lab Test](#)

[Coverage and Payment Related to COVID-19](#)

[MLN Matters Number: SE20011 \(Revised\)](#)

[Counseling Check List](#)

[COVID-19 Vaccines and Monoclonal Antibodies](#)

Centers for Disease Control and Prevention

[2022 ICD-10 CM](#)

[ICD-10-CM Official Coding Guidelines - Supplement Coding encounters related to COVID-19 Coronavirus Outbreak](#)

[ICD-10-CM Official Coding and Reporting Guidelines April 1, 2020 through September 30, 2020](#)

World Health Organization

[COVID-19 coding in ICD-10](#)



American Hospital Association

[AHA: Frequently Asked Questions Regarding ICD-10-CM Coding for COVID-19](#)

HRSA COVID-19 Coverage Assistance Fund

[CAF Information](#)

[Provider Relief Fund Program](#)

Coding and Billing Questions

Questions regarding billing and coding can be sent to ASCO at billingandcoding@asco.org