COVID-19 Medical Coding Policy

Medical Coding Program Branch
Effective: 01 January 2021
Version 5.1

1. A patient is an official Coronavirus 2019 (COVID-19) patient if tested and confirmed with the use of a U.S. Food and Drug Administration (FDA) Emergency Use Authorization (EUA)-approved diagnostic test for COVID-19 performed by the Centers for Disease Control and Prevention (CDC), a DoD laboratory, a commercial reference laboratory, a local laboratory or a state laboratory. A specimen may be collected and tested locally; if positive, this is a "confirmed" COVID-19 patient and needs to be coded according to the policy in Section 2.

2. CDC/National Center for Health Statistics (NCHS) guidance on how to code COVID-19 care for <u>confirmed diagnoses</u>:
   - Assign the primary/principal COVID-19 diagnosis code as **U07.1**, COVID-19.
     - **Asymptomatic Individuals who test positive for COVID-19** - assign code **U07.1**, COVID-19. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.
   - Assign an additional code to identify Pneumonia or other manifestations. For example:
     - **Pneumonia – J12.82****, Pneumonia due to coronavirus disease 2019
     - **Acute Bronchitis -** Assign code **J20.8**, Acute bronchitis due to other specified organisms.
     - **Bronchitis Not Otherwise Specified (NOS)** - Assign code **J40**, Bronchitis, not specified as acute or chronic.
     - **Lower Respiratory Infection -** Lower respiratory infection, NOS, or an acute respiratory infection, NOS, assign code **J22**, Unspecified acute lower respiratory infection. If documented as being associated with a respiratory infection, NOS, assign code **J98.8**, Other specified respiratory disorders.
     - **ARDS -** Acute Respiratory Distress Syndrome (ARDS). Assign code **J80**, Acute respiratory distress syndrome.
     - **M35.81**** Multisystem inflammatory syndrome
       - If MIS develops as a result of a previous COVID-19 infection, assign codes **M35.81**, Multisystem inflammatory syndrome, and **B94.8**, Sequelae of other specified infectious and parasitic diseases.
       - If an individual with a known or suspected exposure to COVID-19, and no current COVID-19 infection or history of COVID-19, develops MIS, assign codes **M35.81**, Multisystem inflammatory syndrome, and **Z20.822**, Contact with and (suspected) exposure to COVID-1**9.**
     - **M35.89**** Other specified systemic involvement of connective tissue
   - **Personal History of COVID-19 Z86.16**:**
     - For a follow up examination after treatment of COVID with no remaining signs or symptoms, code **Z09** (Encounter for follow-up exam after completed treatment for conditions other than malignant neoplasm) as primary and **Z86.16** as secondary.

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o If an individual with a history of COVID-19 develops MIS and the provider does not indicate the MIS is due to the previous COVID-19 infection, assign codes **M35.81**, Multisystem inflammatory syndrome, and **Z86.16**, Personal history of COVID-19.

3. CDC/NCHS guidance on how to code care for <u>unconfirmed diagnoses</u>:

- **Exposure to COVID-19**
  - <u>Possible exposure</u> to COVID-19, but this is ruled out after evaluation, assign code **Z03.818**, Encounter for observation for suspected exposure to other biological agents ruled out.
  - <u>Actual or suspected exposure</u> to someone who is confirmed to have COVID-19, assign the code **Z20.822****, Contact with and (suspected) exposure to COVID-19.
  - <u>Actual or suspected exposure</u> - symptomatic individuals and the infection has been ruled out, or test results are inconclusive or unknown, assign code **Z20.822**,** Contact with and (suspected) exposure to COVID-19.
  - <u>No known exposure</u> - asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, assign code **Z11.59**, Encounter for screening for other viral diseases.
  - <u>Antigen testing for post exposure</u>- asymptomatic individuals who are being screened for antigens after confirmed exposure to COVID-19, assign code **Z01.84**, Encounter for antibody response examination**.**
  - ***Note: New code Z11.52**(Encounter for Screening for COVID-19) in not appropriate for screenings until the pandemic officially ends.***

- **Signs and symptoms -** For patients presenting with any signs/symptoms but a definitive diagnosis has not been established, 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
  - **R43.8** Other disturbances of smell and taste

  Note: This is not an all-inclusive list of signs and symptoms

4. In the MHS, **laboratory coding** is mapped from the ordered laboratory test. At this time, no COVID-19 testing is Clinical Laboratory Improvement Amendments (CLIA) waived, so coders will not be required to assign CPT/HCPCS for COVID-19 testing in the clinics. In accordance with CDC/NCHS guidance for COVID-19 Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System (HCPCS) codes, the following are the current laboratory codes:

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- **CPT Codes**
  - **87635** – COVID-19 Lab Test Amplified Probe (for the RNA, demonstrating an active infection)
  - **86328** - COVID-19 Antibody Testing, Single Step (for antibody testing after recovery)
  - **86769** – COVID-19 Antibody Testing, Multi-Step (for antibody testing after recovery)
- **HCPCS Codes**
  - **U0001** – CDC Confirming COVID-19 Lab Test
  - **U0002** – Locally Developed COVID-19 Lab Test
  - **U0003** – High Throughput COVID-19 DNA or RNA Lab Test
  - **U0004** – High Throughput COVID-19 non-CDC Lab Test

- In the MHS, when a specimen is collected in a clinic unassociated with a face-to-face provider encounter (e.g., patient is tested due to a virtual encounter), the specimen collection work should be collected.
  - **C9803** – COVID-19, Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source.
  - Note: Do not use **G2023** or **G2024** as those codes are no longer being used for COVID-19 specimen collections.

5. **CS Modifier** - CMS recently repurposed the ****(CS) Cost-Sharing**** modifier to describe "COVID-19 related testing." This modifier should be appended to the encounter that leads to the COVID-19 Lab Tests. For instance,
   a. If a patient is doing a pre-op and all pre-op patients are tested, the CS modifier would be on the encounter where the decision for surgery was made.
   b. If a patient presents to the ED and a COVID-19 test is done, the CS modifier would be on the 9928x code for the encounter.
   c. If the patient is being admitted and all admissions have the COVID-19 test, the E&M for the admission would have the CS modifier.
   d. If the Active Duty Member is being deployed, the pre-deployment visit would have the CS modifier.
   e. If Public Health begins a screening program of 10% of all hospital staff every two weeks, there must be an appointment to order the test – the CS modifier will be on the appointment made so the test could be ordered.

6. **INTERIM COVID-19 Vaccination Guidance** - 2021 HCPCS/CPT and ICD-10-CM/PCS specific codes have been developed with an effective date of 1 January 2021. **Updated coding will begin at each MTF as soon as the 2021 code sets have been updated in the EHR systems. Until these new codes are available in the system, please utilize the following interim guidance:**

- All vaccination data are collected in various vaccination modules, and that data are available centrally. If COVID vaccinations or other new procedures are performed, providers may document the following in AHLTA:
  - Enter **Z23** Encounter for Immunization as the diagnosis code
  - Enter **99499** in the E&M field

- DO NOT ENTER ANY CPT OR HCPCS CODES IN THE CPT FIELD FOR VACCINE OR IMMUNIZATION ADMINISTRATION. The current CPT codes are not appropriate for COVID vaccination, and the 2021 codes may not be in the system. . Additionally, it is expected that additional CPT or HCPCS codes may be released as vaccination efforts proceed and potential new vaccines are approved. Entering incorrect codes will only compromise data accuracy. Since the current CPT codes are in use for other vaccinations and immunizations, leaving the CPT field blank can be useful in identifying COVID vaccinations.

  Note: Once the 2021 code sets become available in the EHR, please utilize the COVID-19 Vaccination Guidance in Section 7.

7. **COVID-19 VACCINATION GUIDANCE - January 1, 2021**

   Note: Updated vaccination coding will begin at each MTF as soon as the 2021 code sets have been updated in the EHR systems. Until the codes become available, please utilize the interim guidance in Section 6.

- CPT coding is assigned by the manufacturer of the vaccine:
  - Pfizer-BioNTech
    - **91300**** – Pfizer-BioNTech COVID-19 Vaccine
    - **0001A**** – Administration first dose
    - **91300**** – Pfizer-BioNTech COVID-19 Vaccine
    - **0002A**** – Administration second dose

  - Moderna
    - **91301**** – Moderna COVID-19 Vaccine
    - **0011A**** – Administration first dose
    - **91301**** – Moderna COVID-19 Vaccine
    - **0012A**** – Administration second dose

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https://www.cms.gov/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies

- AstraZeneca *(Note: Do Not Use these codes until effective date is published)*
  - **91302**** - AstraZeneca COVID-19 Vaccine
  - **0021A**** - Administration first dose
  - **91302**** - AstraZeneca COVID-19 Vaccine
  - **0022A**** - Administration second dose

- Janssen (Johnson & Johnson)
  - **91303**** - Janssen COVID-19 Vaccine
  - **0031A**** - Administration single dose

- Diagnosis coding - **Z23** Encounter for Immunization will be coded for each vaccine given

- ICD-10 PCS coding (Inpatient hospital vaccine administration)
  - **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

8. **COVID-19 THERAPEUTIC TREATMENT GUIDANCE - January 1, 2021**

   Note: Updated coding will begin at each MTF as soon as the 2021 code sets have been updated in the EHR systems.

   - **Outpatient Monoclonal Antibody Infusion Therapy:**
     - **Q0239**** – Injection, Bamlanivimab-xxxx, 700mg
     - **Q0243**** - Injection, Casirivimab and Imdevimab, 2400mg
     - **Q0245**** - Injection, Bamlanivimab and Etesevima, 2100mg

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- **Outpatient Monoclonal Antibody Infusion Therapy - continued:**
  - **M0239**** - Intravenous, Bamlanivimab-xxxx includes infusion and post administration monitoring
  - **M0243**** - Intravenous, Casirivimab and Imdevimab infusion and post administration monitoring
  - **M0245**** - Intravenous, Bamlanivimab and Etesevima infusion and post administration monitoring

- **Inpatient Hospital Treatments:**
  - **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
  - **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
  - **XW0H7M6**** – 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

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https://www.cms.gov/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies