

## Novel Coronavirus Coding (HERC Recommendations)

The following are the ICD-10-CM codes and procedure codes which may be commonly used for patients with suspected or confirmed COVID-19, along with their placements on the Prioritized List/other HSD files.

These recommendations are from staff of the Health Evidence Review Commission (HERC) and have been updated **October 27, 2020**.

- Placements are from the October 1, 2020 Prioritized List, including errata and changes to incorporate new codes since the original posting.
- In addition, proposed changes based on recent science and guidance from the Centers for Disease Control and Prevention (CDC) are being implemented related to the use of COVID-19 antibody testing for multisystem inflammatory system in adults (MIS-A).

This document and the Prioritized List will continue to be updated based on new evidence and information.

ICD-10-CM code	Code descriptions	Current Placement <i>(Italicized lines are unfunded)</i>	Notes
B97.29	Other coronavirus as the cause of diseases classified elsewhere	399 INFLUENZA, NOVEL RESPIRATORY VIRUSES	To be used as a secondary code
J12.81	Pneumonia due to SARS-associated coronavirus	399 INFLUENZA, NOVEL RESPIRATORY VIRUSES	
J12.89	Other viral pneumonia	304 VIRAL PNEUMONIA	
J20.8	Acute bronchitis due to other specified organisms	459 ACUTE BRONCHITIS AND BRONCHIOLITIS	
J22	Unspecified acute lower respiratory infection	<i>657 RESPIRATORY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY</i>	
J40	Bronchitis, not specified as acute or chronic	<i>635 CHRONIC BRONCHITIS</i>	
J80	Acute respiratory distress syndrome	233 ADULT RESPIRATORY DISTRESS SYNDROME; ACUTE RESPIRATORY FAILURE; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS	
J98.8	Other specified respiratory disorders	<i>657 RESPIRATORY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY</i>	
R05	Cough	DIAGNOSTIC WORKUP FILE	
R06.02	Shortness of breath	DIAGNOSTIC WORKUP FILE	
R50.9	Fever, unspecified	DIAGNOSTIC WORKUP FILE	
U07.1	COVID-19	399 INFLUENZA, NOVEL RESPIRATORY VIRUSES	
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	3 PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS	

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<b>CPT code</b>	<b>Code descriptions</b>	<b>Current Placement <i>(Italicized lines are unfunded)</i></b>	<b>Notes</b>
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (e.g., reagent strip)	Diagnostic Procedure File	
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])	Diagnostic Procedure File	
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	Excluded File	
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	Excluded File	
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	Diagnostic Procedure File	
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	Diagnostic Procedure File	
87426	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])	Diagnostic Procedure File	
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	Diagnostic Procedure File	
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	Diagnostic Procedure File	
87637	Infectious agent detection by nucleic acid (DNA or RNA); 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	Diagnostic Procedure File	
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	Diagnostic Procedure File	
87811	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe	Diagnostic Procedure File	

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	acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])		
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	399 INFLUENZA, NOVEL RESPIRATORY VIRUSES	
99201-99215, 90832-90853, 90791-90792, Many other codes	Office visits	Covered on most lines Covered for diagnostic purposes regardless of diagnosis  Should be covered by telemedicine/phone when billed per payer guidelines. Other visit/valuation/assessment/therapy codes are covered as well when clinical value approximates in person service. See <a href="#">Guideline Note A5</a> .	
99281-99285	ER visits	Same as 99201-99215	
98966-98968, 99441-99443, 99421-99423, 98970-98972, G2061-G2063	Telephone or online assessments/telephone or online evaluation and management services	Covered on most lines Covered for diagnostic purposes regardless of diagnosis  Correct code depends on communication medium and provider type	
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	600+ lines	
G2012	Brief communication technology-based service (e.g. virtual check-in) by a physician or other qualified health care professional who can report evaluation	Similar to telephone codes above.	See above

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	and management services, provided to an established patient, not originating from a related E/M service provided 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	This code can be used for services provided by telephone or synchronous audio/video	
U0001	2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel (CDC test)	Diagnostic Procedure File	
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets).	Diagnostic Procedure File	
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	Diagnostic Procedure File	
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	Diagnostic Procedure File	

### HERC's Statement of Intent 6: Telephonic Services During an Outbreak or Epidemic

During an outbreak or epidemic of an infectious disease, reducing administrative barriers (e.g. increasing reimbursement rates) for telephonic evaluation and management services (CPT 99441-99443) and assessment and management services (CPT 98966-98968) is appropriate to ensure access to care while avoiding and preventing unnecessary potential infectious exposure

### HERC's Diagnostic Guideline 27: SARS-COV-2 (COVID-19) Testing<sup>1</sup>

Testing for SARS-CoV-2 (COVID-19) virus RNA or viral antigen is a covered diagnostic service.

Antibody testing for SARS-CoV-2 (COVID-19; CPT 86413, 86328 or 86769) is covered as diagnostic only when such testing meets the following criteria:

- A) Testing is done using tests that have FDA Emergency Use Authorization (EUA) or FDA approval;  
AND
- B) Testing is used as part of the diagnostic work up of multisystem inflammatory syndrome in children (MIS-C) [or multisystem inflammatory syndrome in adults \(MIS-A\)](#) for hospitalized persons ~~under the age of 21~~.

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<sup>1</sup> The Tracked Changes do not appear on the 10/1/2020 Prioritized List but are being implemented immediately to ensure appropriate coverage based on the latest guidance from the CDC.