What Common Procedural Technology (CPT) codes should be used for COVID-19 testing?


- 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

For Medicare claims, CMS adopted two HCPCS codes, (U0001) and (U0002), for COVID-19 testing.

- U0001 - 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel should be used when specimens are sent to the CDC and CDC-approved local/state health department laboratories.
- U0002 - 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC should be used when specimens are sent to commercial laboratories, e.g. Quest or LabCorp, and not to the CDC or CDC-approved local/state health department laboratories.

For more information and future updates, visit the CMS website and its recently issued FAQs.

What CPT, HCPCS, ICD-10 and other codes should I be aware of related to COVID-19?

Reporting codes related to COVID-19 include:

ICD-10 Reporting Codes

- An emergency ICD-10 code has been created by WHO.
- Code U07.1, 2019-nCoV acute respiratory disease, will be implemented into ICD-10-CM with the update effective October 1, 2020. Until then, providers must use available ICD-10 codes and guidance.

Exposure to COVID-19
• Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out). Used for cases where there is a concern about 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). Used for cases where there is an actual exposure to someone who is confirmed to have COVID-19.

Signs and Symptoms
• For patients presenting with any signs/symptoms (such as fever, etc.) and where 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)

Pneumonia
• For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes:
  • J12.89 (Other viral pneumonia)
  • B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

Bronchitis
• Acute bronchitis confirmed as due to COVID-19, assign codes:
  • J20.8 (Acute bronchitis)
  • 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 codes:
  • J40 (Bronchitis, not specified as acute or chronic)
  • B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

Lower Respiratory Infection
• Assign the following codes if the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS:
  • J22 (Unspecified acute lower respiratory infection)
  • B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
• Assign the following codes if the COVID-19 is documented as being associated with a respiratory infection, NOS:
  • J98.8 (Other specified respiratory disorders)
  • B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

ARDS
• ARDS due to COVID-19 should be assigned the codes:
  • J80 (Acute respiratory distress syndrome)
  • B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

Other
• Diagnosis code B34.2 (Coronavirus infection, unspecified) would in general not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be “unspecified.”
• 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).