How to code for COVID-19 diagnosis, testing, telehealth

by from the AAP Division of Health Care Finance


Coding for encounters related to COVID-19 is changing rapidly. Following is information that will help with coding for diagnosis and testing and getting paid for telehealth services.

Diagnosis codes

Positive COVID

Assign code U07.1, COVID-19, for a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider, a positive COVID-19 test result or a presumptive positive COVID-19 test result. Confirmation does not require documentation of the type of test performed; the provider's documentation that the individual has COVID-19 is sufficient.

In addition, report any contributory conditions as secondary diagnosis codes to the U07.1 diagnosis including (but not limited to):

- J12.89 Other viral pneumonia
- J20.8 Acute bronchitis due to other specified organisms
- J40 Bronchitis not specified as acute or chronic
- J22 Unspecified acute lower respiratory infection
- J98.8 Other specified respiratory disorders
- J80 Acute respiratory distress syndrome

Suspected COVID

If the provider documents "suspected," "possible," "probable" or "inconclusive" COVID-19, do not assign code U07.1. Assign a code(s) explaining the reason for encounter (such as fever) and/or Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

Exposure to COVID

If there is a concern about a possible exposure 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. Do not report the Z03.818 if patient has other signs/symptoms.

When there is an exposure to someone who is confirmed or suspected (not ruled out) to have COVID-19 and the exposed individual either tests negative or the test results are unknown, assign code Z20.828.

Fetal exposure to COVID

When a newborn is born to a mother who is COVID positive but the baby's status is unknown, report code P00.2, Newborn affected by maternal infectious and parasitic diseases.

If during the hospital stay, the baby is tested and COVID infection is ruled out, report Z05.1, Observation and evaluation of newborn for suspected infectious condition ruled out. If the baby is positive for COVID, report...
P00.2 and U07.1 to indicate the infection in the newborn.

**Screening for COVID**

For asymptomatic individuals who are 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.

For individuals who are screened due to a possible or actual exposure to COVID-19, see guideline for Exposure.

For asymptomatic individuals who test positive for COVID-19, assign code **U07.1**.

**Procedure codes for testing**

The Current Procedural Terminology Editorial Panel has developed the following new codes for immediate release.

86328 Immunoassay for infectious agent antibody(ies), qualitative or semi quantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

For antibody testing using multiple step method, use **86769**, Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).

**Telehealth policies**

Telehealth has morphed from a strict definition and restrictions based on place of service to a robust list of services, relaxed definitions and removal of place of service restrictions. It is important to know your payers' requirements to understand how to maximize payments during this public health emergency.

As payers have expanded their telehealth coverage, the AAP has been tracking payers' policy changes. In addition, the AAP has sent letters to the largest regional and national carriers advocating for expanded telehealth coverage and provided guidance on coding for preventive medicine services via telehealth.

**Resources**

- More information on coding for COVID-related encounters, including an FAQ
- State Notices on Telehealth Policy in Response to COVID-19