

Tennessee Chapter

American Academy of Pediatrics

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COVID-19 Telehealth Coding Guidance

March 18, 2020

CPT/HCPCS

Telehealth Codes that may be covered by some plans — see Accompanying Payer Policy Document for details by plan.

Office or other outpatient visit E/M codes – 99201-99215

Non-Face-to-Face Telephone Services - 99441–99443

99441 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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

99442 - 11-20 minutes of medical discussion

99443 - 21-30 minutes of medical discussion

Online Digital Evaluation and Management Services - 99421, 99422, 99423

99421- Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes

99422 - 11–20 minutes

99423 - 21 or more minutes

- These services are patient-initiated services with physicians or other qualified healthcare professionals (QHPs)
- The patient’s problem may be new, but the patient is an established patient

Online Assessment

G2061 - Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes

G2062 - 11-20 minutes

G2063 – 21 or more minutes

Behavioral Health Consultations - 90791, 90792, 90832, 90834 and 90837

Virtual Check-In

G2012 - Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation 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

- Patient checks in with Physician to see if an appointment is needed
- Telephone, email or EHR messaging

Remote evaluation of recorded video and/or images

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)

- Remote evaluation of patient recorded data
- Video or images submitted by an established patient

Testing CPT/HCPCS Codes for COVID-19

There is no code for swabbing the patient for COVID-19, much like there is no code for swabbing for influenza. However, if the specimen will be prepared by your office and sent to an outside lab, report the specimen collection code **99000**.

The Centers for Medicare & Medicaid Services (CMS) developed two new lab testing codes:

- **U0001** will be reported for coronavirus testing using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel.
- **U0002** will be reported for validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).
- **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

If your office is not running the test for COVID-19 or incurring the cost, you will not report these codes.

ICD-10-CM Coding guidance:

- **Pneumonia:** For a pneumonia case confirmed as 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**. If the bronchitis is not specified as acute, due to COVID-19, report code **J40**, Bronchitis, not specified as acute or chronic, along with code **B97.29**.
- **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, report with code **J22**, Unspecified acute lower respiratory infection, with code **B97.29**. If the COVID-19 is documented as being associated with a respiratory infection, NOS, it would be appropriate to assign code **J98.8**, Other specified respiratory disorders, with code **B97.29**.
- **Acute respiratory distress syndrome (ARDS):** ARDS may develop in conjunction with COVID-19. Cases with ARDS due to COVID-19 should be assigned the codes **J80**, Acute respiratory distress syndrome, and **B97.29**.
- **Exposure to COVID-19:** For cases where there is possible exposure to COVID-19, but the disease is ruled out, report 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 who is confirmed to have COVID-19, report code **Z20.828**, Contact with and (suspected) exposure to other viral communicable diseases. This code is not necessary if the exposed patient is confirmed to have COVID-19.
- **Signs and symptoms:** For patients presenting with any signs/symptoms and where a definitive diagnosis has *not* been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as: Cough (**R05**); Shortness of breath (**R06.02**) or Fever unspecified (**R50.9**).

Do *not* report “suspected” cases of COVID-19 with B97.29. In addition, diagnosis code B34.2, Coronavirus infection, unspecified, typically is not appropriate.

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