

## Optum360 Coding for Coronavirus (COVID-19)

Below is an overview of and industry guidance for coding changes related to the 2019 novel coronavirus (COVID-19).

### ICD-10-CM Code(s)

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS), the federal agency responsible for maintaining the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Clinical Modification (ICD-10-CM) in the United States, implemented the following ICD-10-CM code effective April 1, 2020:

**U07.1** COVID-19

In addition, new guidelines specific to COVID-19 were added to the ICD-10-CM *Official Guidelines for Coding and Reporting* effective April 1, 2020 through September 30, 2020.

### ICD-10-PCS Code(s)

The Centers for Medicare and Medicaid Services (CMS) has added twelve new procedure codes to the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), effective August 1, 2020. These codes describe the introduction or infusion of therapeutics, including remdesivir and convalescent plasma, current treatments used to manage COVID-19 patients. These codes do not affect MS-DRG assignment.

- XW013F5** Introduction of Other New Technology Therapeutic Substance into Subcutaneous Tissue, Percutaneous Approach, New Technology Group 5
- XW033E5** Introduction of Remdesivir Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5
- XW033F5** Introduction of Other New Technology Therapeutic Substance into Peripheral Vein, Percutaneous Approach, New Technology Group 5
- XW033G5** Introduction of Sarilumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5
- XW033H5** Introduction of Tocilizumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5
- XW043E5** Introduction of Remdesivir Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5
- XW043F5** Introduction of Other New Technology Therapeutic Substance into Central Vein, Percutaneous Approach, New Technology Group 5
- XW043G5** Introduction of Sarilumab into Central Vein, Percutaneous Approach, New Technology Group 5
- XW043H5** Introduction of Tocilizumab into Central Vein, Percutaneous Approach, New Technology Group 5
- XW0DXF5** Introduction of Other New Technology Therapeutic Substance into Mouth and Pharynx, External Approach, New Technology Group 5
- XW13325** Transfusion of Convalescent Plasma (Nonautologous) into Peripheral Vein, Percutaneous Approach, New Technology Group 5
- XW14325** Transfusion of Convalescent Plasma (Nonautologous) into Central Vein, Percutaneous Approach, New Technology Group 5

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## HCPCS Level II Code Changes

Two new HCPCS Level II codes were created for coronavirus testing, effective April 1, 2020, for dates of service starting February 4, 2020.

- U0001** CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel  
*For tests developed only by the CDC (reporting allows CDC testing laboratories to test new patients and track new cases).*
- U0002** 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC  
*For laboratories performing non-CDC testing.*

Two new HCPCS Level II codes were created for coronavirus testing using *high throughput technologies*, effective April 14, 2020 (reportable for services provided on March 18, 2020, and forward).

- 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
- 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

Two new HCPCS Level II codes were created for specimen collection, effective March 1, 2020.

- G2023** Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
- G2024** Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source

A new HCPCS Level II code was created for coronavirus specimen collection for hospital outpatient clinics effective March 1, 2020.

- C9803** Hospital outpatient clinic visit specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source

Modifier CS was revised and may be appended to COVID-19 related testing services provided on or after March 18, 2020 to identify the cost-sharing waiver is applied and the Medicare patient should not be charged co-insurance or deductible.

- CS** Cost-sharing for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test

Modifier CS was revised and may be appended to COVID-19 related testing services provided on or after July 1, 2020, to identify the cost-sharing waiver is applied and the Medicare patient should not be charged co-insurance or deductible, for services furnished via telehealth in Rural Health Clinics and Federally Qualified Health Centers.

- CS** Cost-sharing waived for specified COVID-19 testing-related services that result in an order for, or administration of, a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in Rural Health Clinics and Federally Qualified Health Centers during the COVID-19 public health emergency

### CPT® Code Changes

One new CPT code was created for reporting coronavirus 2 (SARS-CoV-2) COVID-19 testing, effective March 13, 2020.

- 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

Two new CPT codes were created and one revised for reporting COVID-19 antibody testing, effective April 10, 2020.

- 86318** Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip);

- #86328** Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])  
*# Code 86328 is a resequenced code that follows code 86318.*

- 86769** Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

A new proprietary laboratory analysis CPT code was created for reporting coronavirus 2 (SARS-CoV-2) COVID-19 testing, effective May 20, 2020.

- 0202U** Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

A new CPT code and two PLA CPT codes were created for reporting coronavirus 2 (SARS-CoV-2) COVID-19 testing, effective June 25, 2020.

- 87426** Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
- 0223U** Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
- 0224U** Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed

Two new CPT codes and one PLA CPT code were created for reporting COVID-19 neutralizing antibody testing, and one additional PLA CPT code was created for reporting coronavirus 2 (SARS-CoV-2) COVID-19 testing, effective August 10, 2020.

- #86408** Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen
- #86409** Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer  
*Codes #86408 and #86409 are resequenced codes that follow code 86352.*
- 0225U** Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
- 0226U** Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum

Two new CPT codes were created, one for reporting COVID-19 antibody testing, and one for reporting additional supplies and clinical staff time required during a Public Health Emergency (PHE), effective September 8, 2020.

- #86413** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative  
*Code #86413 es a resequenced codes that follow resequenced code 86409.*
- 99072** Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease

A HCPCS code and CPT code should **not** be reported together. Providers should contact third-party payer(s) for their guidance on whether to report a CPT or a HCPCS code, as well as for retroactive billing and reimbursement guidelines.

## DRG Coding

Assignment of new ICD-10-CM diagnosis code U07.1 COVID-19, is as follows:

Diagnosis Code	Description	CC	MDC	MS-DRG
U07.1	COVID-19	MCC	04	177, 178, 179
			15	791, 793
			25	974, 975, 976

When a patient is admitted with a diagnosis of COVID-19 and this diagnosis meets the definition of principal or first-listed diagnosis, code U07.1 COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except as otherwise guided by the classification and guidelines.

Code U07.1 is assigned to MDC 04 Diseases & Disorders of the Respiratory System. It is included in the principal diagnosis list for MS-DRGs 177, 178, and 179 Respiratory Infections and Inflammations. Any manifestations would be coded as secondary diagnoses and would act as CC/MCC if they apply.

- DRG 177** Respiratory Infections and Inflammations with MCC
- DRG 178** Respiratory Infections and Inflammations with CC
- DRG 179** Respiratory Infections and Inflammations without CD/MCC

If the patient is placed on a ventilator, MS-DRGs 207–208 would be assigned, depending on the duration of the ventilator support.

**DRG 207** Respiratory System Diagnosis with Ventilator Support >96 Hours

**DRG 208** Respiratory System Diagnosis with Ventilator Support ≤96 Hours

In the case of newborns diagnosed during the birth episode, according to chapter-specific guidelines, a code from category Z38 is assigned as the principal diagnosis and code U07.1 is assigned as a secondary diagnosis. Newborns are categorized in MDC 15 Newborns & Other Neonates with Conditions Originating in Perinatal Period.

Code U07.1 is listed in the secondary diagnosis major problems list for MS-DRGs 791 Prematurity with Major Problems, and 793 Full Term Neonate with Major Problems.

**DRG 791** Prematurity with Major Problems

**DRG 793** Full Term Neonate with Major Problems

According to the ICD-10-CM COVID-19 guidelines, during pregnancy, childbirth, or the puerperium, a patient admitted (or presenting for a health care encounter) because of COVID-19 should receive a principal diagnosis code of O98.5- Other viral diseases complicating pregnancy, childbirth, and the puerperium, followed by code U07.1 COVID-19, and the appropriate codes for associated manifestation(s). Codes from Chapter 15 always take sequencing priority. The MS-DRG that will be assigned in MDC 14 Pregnancy, Childbirth, and Puerperium depends on whether the episode of care was antepartum, with or without operating room procedures, postpartum, or for delivery, the type of delivery (vaginal vs. cesarean section), if the patient had a sterilization procedure, and the presence or absence of MCC/CC complicating conditions.

If a patient is admitted with a principal diagnosis of COVID and has underlying HIV, the case is assigned to MDC 25 Human Immunodeficiency Virus Infections, in MS-DRGs 974, 975, and 976.

If the patient is admitted with an HIV principal diagnosis with a secondary diagnosis of COVID, the COVID code U07.1 acts as a major related condition to the HIV instead of an MCC, and the case is assigned to MDC 25 Human Immunodeficiency Virus Infections, in MS-DRGs 974, 975, and 976.

**DRG 974** HIV with Major Related Condition with MCC

**DRG 975** HIV with Major Related Condition with CC

**DRG 976** HIV with Major Related Condition without CC/MCC

**Other Resources:** Visit [optum360coding.com/covid-19-coding](https://optum360coding.com/covid-19-coding).