



# Special coding advice during COVID-19 public health emergency

Information provided by the American Medical Association does not dictate payer reimbursement policy and does not substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.

**COVID-19 UPDATE**

# Special coding advice during COVID-19 public health emergency

- The coding scenarios in this document are designed to apply best coding practices. The American Medical Association (AMA) is working to ensure that all payors are applying the greatest flexibility to our physicians in providing care to their patients during this public health crisis.
- The Centers for Medicare & Medicaid Services (CMS) lifted Medicare restrictions on the use of telehealth services during the COVID-19 emergency. Key changes include:
  - Effective March 6 and throughout the national public health emergency, Medicare will pay physicians for telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19.
  - Patients can receive telehealth services in all areas of the country and in all settings, including at their home.
  - CMS will not enforce a requirement that patients have an established relationship with the physician providing telehealth.
  - Physicians can reduce or waive cost-sharing for telehealth visits.
  - Physicians licensed in one state can provide services to Medicare beneficiaries in another state. State licensure laws still apply.
- HHS Office for Civil Rights offers flexibility for telehealth via popular video chat applications, such as FaceTime or Skype, during the pandemic.
- AMA's telemedicine quick guide has detailed information to support physicians and practices in expediting implementation of telemedicine.
- Disclaimer: Information provided by the AMA contained within this Guide is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA's Current Procedural Terminology® manual ("CPT Manual") or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payer coverage or reimbursement policy, and (iv) substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.
- To learn more about CPT licensing [click here](#).

# Scenario 1: Patient comes to office for E/M visit, is tested for COVID-19 during the visit



| Action                  | In-office E/M visit  | Patient swab sample collected    | COVID-19 test performed  |
|-------------------------|--|----------------------------------|--|
| Who is performing       | Physician/QHP  | Clinical staff (e.g., RN/LPN/MA) | Laboratory   |
| Applicable CPT Codes    | 99201-99205 (New Patient)<br>99212-99215 (Established Patient)               | Included in E/M                  | 87635<br>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 |
| Applicable ICD-10 codes | Possible exposure to COVID-19 Z03.818<br>Actual exposure to COVID-19 Z20.828 |                                  |  |
| Place of Service (POS)  | 11 Physician Office  | N/A                              | 11 Physician office<br>19 Off Campus Outpatient Hospital<br>22 On Campus Outpatient Hospital<br>81 Independent Laboratory  |

## Scenario 2: Patient comes to office for E/M visit re: COVID-19 and is directed to a testing site



| Action                  | In-office E/M visit  | Patient swab sample collected   | COVID-19 test performed  |
|-------------------------|--|---|--|
| Who is performing       | Physician/QHP  | Testing Site  | Laboratory   |
| Applicable CPT Codes    | 99201-99205 (New Patient)<br>99212-99215 (Established Patient)               | 99001<br>Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated) | 87635<br>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 |
| Applicable ICD-10 codes | Possible exposure to COVID-19 Z03.818<br>Actual exposure to COVID-19 Z20.828 |   |  |
| Place of Service (POS)  | 11 Physician Office  | 15 Mobile Unit<br>17 Walk-in Retail Health Clinic<br>20 Urgent Care Facility<br>23 Emergency Room Hospital  | 11 Physician office<br>19 Off Campus Outpatient Hospital<br>22 On Campus Outpatient Hospital<br>81 Independent Laboratory  |

# Scenario 3: Patient received telehealth visit re: COVID-19, and is directed to come to physician office or physician's group practice site for testing



| Action                  | Patient evaluated for COVID-19 testing need: E/M telehealth OR telephone visit ( <i>Flexibility: permit audio only for E/M Telehealth</i> )  | Pt goes to office | Throat swabs taken in office   | Swab sent to lab | COVID-19 test performed  |       |
|-------------------------|--|-------------------|--|------------------|--|-------|
| Who is performing       | Physician / QHP  |                   | Clinical Staff (e.g., RN/LPN/MA)   |                  | Laboratory team  |       |
| Applicable CPT Code(s)  | New Patient: E/M Telehealth*   |                   | Patient directed to proceed to office for COVID-19 testing                 | 99211            | 87635<br>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 |       |
|                         | 99201  | 99203             |  |                  |  | 99205 |
|                         | 99202  | 99204             |  |                  |  |       |
|                         | <i>Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)*</i>   |                   |  |                  |  |       |
|                         | 99212 (typical time 10 min)  | 99441 (5-10 min)  |  |                  |  |       |
|                         | 99213 (typical time 15 min)  | 99442 (11-20 min) |  |                  |  |       |
|                         | 99214 (typical time 25 min)  | 99443 (21-30 min) |  |                  |  |       |
|                         | 99215 (typical time 40 min)  |                   |  |                  |  |       |
| Applicable ICD-10 codes | Possible exposure to COVID-19 - Z03.818<br>Actual exposure to COVID-19 - Z20.828   |                   |  |                  |  |       |
| Place of Service (POS)  | 02 Telehealth  |                   | 11 Physician Office  |                  | 11 Physician office<br>19 Off Campus Outpatient Hospital<br>22 On Campus Outpatient Hospital<br>81 Independent Laboratory  |       |
| Notes                   | *Payers may require the use of Modifier 95 for telehealth services<br><a href="#">Office for Civil Rights at HHS provides flexibility on audio/visual tools</a><br><a href="#">Medicare will pay telehealth at office visit rates and not conduct audits to ensure prior relationship with patient</a> |                   | <i>Add modifier 25 if same date of service as Physician/QHP assessment</i> |                  |  |       |

# Scenario 4: Patient received telehealth visit re: COVID-19, and is directed to unaffiliated testing site



| Action                      | Patient Evaluated for COVID-19 testing need: E/M telehealth OR telephone visit<br>(Flexibility: permit audio only for E/M telehealth)   | Pt goes to testing site | Throat swabs taken at remote testing site, delivered to lab   | Coronavirus test performed   |       |
|-----------------------------|---|-------------------------|---|--|-------|
| Who is performing/reporting | Physician / QHP   |                         | Testing Site  | Laboratory team  |       |
| Applicable CPT Code(s)      | New Patient: E/M Telehealth*  |                         | 99001<br>Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated) | 87635<br>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 |       |
|                             | 99201   | 99203                   |   |  | 99205 |
|                             | 99202   | 99204                   |   |  |       |
|                             | Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)*   |                         |   |  |       |
|                             | 99212 (typical time 10 min)   | 99441 (5-10 min)        |   |  |       |
|                             | 99213 (typical time 15 min)   | 99442 (11-20 min)       |   |  |       |
|                             | 99214 (typical time 25 min)   | 99443 (21 – 30 min)     |   |  |       |
|                             | 99215 (typical time 40 min)   |                         |   |  |       |
| Applicable ICD-10 codes     | Possible exposure to COVID-19 - Z03.818<br>Actual exposure to COVID-19 - Z20.828  |                         |   |  |       |
| Place of Service            | 02 Telehealth   |                         | 15 Mobile Unit<br>17 Walk-in Retail Health Clinic<br>20 Urgent Care Facility<br>23 Emergency Room Hospital  | 11 Physician office<br>19 Off Campus Outpatient Hospital<br>22 On Campus Outpatient Hospital<br>81 Independent Laboratory  |       |
| Notes                       | *Payors may require the use of Modifier 95 for telehealth services<br><a href="#">Office for Civil Rights at HHS provides flexibility on audio/visual tools</a><br><a href="#">Medicare will pay telehealth at office visit rates and not conduct audits to ensure prior relationship with patient</a><br>**COVID-19 test orders given to patient** |                         | **Patient presents physician/QHP test orders to testing personnel**   |  |       |

## Scenario 5: Patient receives virtual check-in/online visit re: COVID-19 (not related to E/M visit), and is directed to come to physician office for testing



| Action                  | Patient evaluated for COVID-19 testing need: Online digital E/M  | Pt goes to office  | Throat swab taken in office   | Swab sent to lab | COVID-19 test performed  |
|-------------------------|--|--|---|------------------|--|
| Who is performing       | Physician / QHP  |  | Clinical Staff (e.g. RN/LPN/MA)                                     |                  | Laboratory team  |
| Applicable CPT Code(s)  | New Patient: N/A<br><br>Established Patient:<br>99421 (5-10 min)<br>99422 (11-20 min)<br>99423 (21-30 min)<br><br>G2010 Remote Image<br>G2012 Virtual Check-In | Patient directed to proceed to office for COVID-19 testing | 99211   |                  | 87635<br>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 |
| Applicable ICD-10 codes | Possible exposure - Z03.818<br>Actual exposure - Z20.828   |  |   |                  |  |
| Place of Service (POS)  | 11 Physician Office  |  | 11 Physician Office   |                  | 11 Physician office<br>19 Off Campus Outpatient Hospital<br>22 On Campus Outpatient Hospital<br>81 Independent Laboratory  |
| Notes                   | - For Established Patients<br>- Patient Initiates communication  |  | Add modifier 25 if same date of service as Physician/QHP assessment |                  |  |

## Scenario 6: Patient receives virtual check-in/online visit re: COVID-19 (not related to E/M visit) and is directed to unaffiliated testing site



| Action                  | Patient evaluated for COVID-19 testing need: Online digital E/M  | Pt goes to testing site | Throat swab taken at testing site, delivered to lab   | COVID-19 test performed  |
|-------------------------|--|-------------------------|---|--|
| Who is performing       | Physician / QHP  |                         | Testing Site  | Laboratory team  |
| Applicable CPT Code(s)  | New Patient: N/A<br><br>Established Patient:<br>99421 (5-10 min)<br>99422 (11-20 min)<br>99423 (21-30 min)<br><br>G2010 Remote Image<br>G2012 Virtual Check-In |                         | 99001<br>Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated) | 87635<br>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 |
| Applicable ICD-10 codes | Possible exposure - Z03.818<br>Actual exposure - Z20.828   |                         |   |  |
| Place of Service        | 11 Physician Office  |                         | 15 Mobile Unit<br>17 Walk-in Retail Health Clinic<br>20 Urgent Care Facility<br>23 Emergency Room Hospital  | 11 Physician office<br>19 Off Campus Outpatient Hospital<br>22 On Campus Outpatient Hospital<br>81 Independent Laboratory  |
| Notes                   | - For Established Patients<br>- Patient Initiates communication<br>**COVID-19 test orders given to patient**   |                         | **Patient presents physician/QHP test orders to testing personnel**   |  |

# Scenario 7: Telehealth visit for a COVID-19 diagnosed patient



| Action                      | Communication method | Patient assessed: E/M telehealth, telephone assessment<br>(Flexibility: permit audio only for E/M telehealth) |
|-----------------------------|----------------------|---|
| Who is performing           |                      | Physician / QHP   |
| Applicable CPT Code(s)      | <b>Audio</b>         | <i>New Patient: E/M Telehealth*</i>   |
|                             |                      | 99201   |
|                             |                      | 99202   |
|                             |                      | 99203   |
|                             |                      | 99204   |
|                             | <i>or</i>            | 99205   |
|                             | <b>Audio/Video</b>   | <i>Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)*</i>                      |
|                             |                      | 99212 (typical time 10 min)   |
| 99213 (typical time 15 min) |                      | 99442 (11-20 min)   |
| 99214 (typical time 25 min) |                      | 99443 (21-30 min)   |
|                             |                      | 99215 (typical time 40 min)   |
| Applicable ICD-10 codes     |                      | U07.1, COVID-19<br>Effective April 1, 2020<br><a href="#">CDC Announcement</a>                                |
| Place of Service            |                      | 02 Telehealth   |
| Notes                       |                      | *Payors may require the use of Modifier 95 for telehealth services  |

## Scenario 8: Patient with COVID-19 receives virtual check-in **OR** on-line visits via patient portal/e-mail (not related to E/M visit) **OR** telephone call from qualified nonphysician (those who may not report E/M)

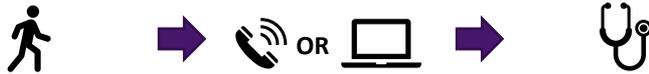


| Action  | Communication method   | Patient evaluated   |  |
|---|--|---|--|
| Who is performing   |  | Physician / QHP   | Qualified nonphysician (may not report E/M)                                  |
| Applicable CPT Code(s)  | Virtual Check-In Other Phone Call  | G2010 Remote Image<br>G2012 Virtual Check-In  | 98966 (5-10 min)<br>98967 (11-20 min)<br>98968 (21-30 min)                   |
|   | Online Visits<br>(eg EHR portal, secure email;<br>allowed digital communication) | 99421 (5-10 min)<br>99422 (11-20 min)<br>99423 (21-30 min)                                | 98970/G0261 (5-10 min)<br>98971/G0262 (11-20 min)<br>98972/G0263 (21-30 min) |
| Applicable ICD-10 codes   |  | U07.1, COVID-19<br><i>Effective April 1, 2020</i><br><a href="#">CDC Announcement</a>     |  |
| Place of Service  |  | 11 Physician Office or other applicable site of the practitioner's normal office location |  |
| <u><a href="#">A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit</a></u> |  |   |  |

# Scenario 9: Physician orders remote physiologic monitoring following patient quarantined at home after receiving COVID-19 diagnosis

| Action                 | Patient receives initial set-up of monitoring device and education on its use   |   | Remote physiologic monitoring treatment management services (First 20 minutes)   | Remote physiologic monitoring treatment management services (Each additional 20 minutes)   |    | Collection and interpretation of physiologic data digitally stored and/or transmitted by the patient to physician/QHP (Minimum of 30 minutes)  |
|------------------------|---|---|--|--|----|--|
| Who is performing      | Physician/QHP/Clinical Staff  |   | Physician/QHP  | Physician/QHP  |    | Physician/QHP  |
| Applicable CPT Code(s) | 99453<br>Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment | + | 99457<br>Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes | 99458<br>Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure) | OR | 99091<br>Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days |
| Place of Service       | 11 Physician Office   |   | 11 Physician Office  | 11 Physician Office  |    | 11 Physician Office  |
| Notes                  | Do not report 99453 for monitoring of less than 16 days   |   | Bill once per calendar month, regardless of number of parameters monitored   | Use 99458 in conjunction with 99457  |    | Bill once per 30 days<br><br>Do not report in conjunction with 99457 or 99458  |

# Scenario 10 – (Non-COVID-19 case): Telehealth visit for a non-COVID-19 patient



| Action                      | Communication method        | Patient assessed: E/M telehealth, telephone assessment<br>(Flexibility: Permit audio only for E/M telehealth) |
|-----------------------------|-----------------------------|---|
| Who is performing           |                             | Physician / QHP   |
| Applicable CPT Code(s)      | <b>Audio</b>                | <i>New Patient: E/M Telehealth*</i>   |
|                             |                             | 99201   |
|                             |                             | 99202   |
|                             |                             | 99203   |
|                             |                             | 99204   |
|                             | <i>or</i>                   | 99205   |
|                             | <b>Audio/Video</b>          | <i>Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)*</i>                      |
|                             |                             | 99212 (typical time 10 min)   |
| 99213 (typical time 15 min) |                             | 99442 (11-20 min)   |
| 99214 (typical time 25 min) |                             | 99443 (21-30 min)   |
|                             | 99215 (typical time 40 min) |   |
| Applicable ICD-10 codes     |                             | Report relevant ICD-10 code(s) related to reason for call or online interaction                               |
| Place of Service            |                             | 02 Telehealth   |
| Notes                       |                             | *Payors may require the use of Modifier 95 for telehealth services  |

## Scenario 11 – (Non-COVID-19 case): Patient receives virtual check-in OR on-line visits via patient portal/e-mail (not related to E/M visit) OR telephone call from qualified nonphysician (those who may not report E/M)



| Action                  | Communication method   | Patient evaluated   |  |
|-------------------------|--|---|--|
| Who is performing       |  | Physician / QHP   | Qualified nonphysician (may not report E/M)                                  |
| Applicable CPT Code(s)  | Virtual Check-Ins<br>Other Phone Call  | G2010 Remote Image<br>G2012 Virtual Check-In  | 98966 (5-10 min)<br>98967 (11-20 min)<br>98968 (21-30 min)                   |
|                         | Online Visits<br>(eg EHR portal, secure email;<br>allowed digital communication) | 99421 (5-10 min)<br>99422 (11-20 min)<br>99423 (21-30 min)                                | 98970/G0261 (5-10 min)<br>98971/G0262 (11-20 min)<br>98972/G0263 (21-30 min) |
| Applicable ICD-10 codes |  | Report relevant ICD-10<br>code related to reason for<br>call or online interaction        |  |
| Place of Service        |  | 11 Physician Office or other applicable site of the practitioner's normal office location |  |

A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit