

# Quick reference

## COVID-19 Coronavirus diagnosis testing as of April 1, 2020



### Laboratory Testing

**Payer and test methodology determine the testing code submitted**

**Reported once per specimen obtained**

#### Medicare CDC Test Methodology

➔ **U0001**

CDC 2019 novel Coronavirus (2019-ncov) real-time rt-pcr diagnostic panel, for use with CDC developed testing

#### Medicare non-CDC Test Methodology

➔ **U0002**

2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets), for non-CDC developed testing (e.g., hospital specific in-house developed testing)

#### Non-Medicare Nucleic Acid Amplified Probe Methodology

➔ **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



### Diagnosis Coding

#### ⊕ **Confirmed cases of Coronavirus infection**

No longer report ICD-10 code B97.29  
other Coronavirus as the cause of diseases  
classified elsewhere

**Report Primary Diagnosis Code and Secondary ICD-10 code U07.1, COVID-19-nCoV acute respiratory disease**

*Example:* For a pneumonia case confirmed as due to the 2019 novel Coronavirus (COVID-19), assign codes J12.89, other viral pneumonia, and U07.1, COVID-19-nCoV acute respiratory disease

#### ⚠ **Possible Exposure to COVID-19**

**Z03.818**

Encounter for observation for suspected exposure to other biological agents ruled out. Report when patients were possibly exposed to COVID-19 which has been ruled out.

#### ✓ **Confirmed Exposure to COVID-19**

**Z20.828**

Contact with and (suspected) exposure to other viral communicable diseases. Report when patients have actual exposure to COVID-19 without development of the disease.

#### ❓ **Unconfirmed COVID-19**

A diagnosis of "suspected", "probable", or "possible" COVID-19 should be assigned a code for the sign/symptom explaining the reason for the encounter such as fever or cough. ■