



# 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) 99212-99215 (Established Patient)	Included in E/M	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
Applicable ICD-10 codes	Possible exposure to COVID-19 Z03.818 Actual exposure to COVID-19 Z20.828		
Place of Service (POS)	11 Physician Office	N/A	11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 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) 99212-99215 (Established Patient)	99001 Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	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
Applicable ICD-10 codes	Possible exposure to COVID-19 Z03.818 Actual exposure to COVID-19 Z20.828		
Place of Service (POS)	11 Physician Office	15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 23 Emergency Room Hospital	11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 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 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 Actual exposure to COVID-19 - Z20.828					
Place of Service (POS)	02 Telehealth		11 Physician Office		11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory	
Notes	*Payers may require the use of Modifier 95 for telehealth services <a href="#">Office for Civil Rights at HHS provides flexibility on audio/visual tools</a> <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 (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 Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	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
	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 Actual exposure to COVID-19 - Z20.828			
Place of Service	02 Telehealth		15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 23 Emergency Room Hospital	11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	*Payors may require the use of Modifier 95 for telehealth services <a href="#">Office for Civil Rights at HHS provides flexibility on audio/visual tools</a> <a href="#">Medicare will pay telehealth at office visit rates and not conduct audits to ensure prior relationship with patient</a> **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  Established Patient: 99421 (5-10 min) 99422 (11-20 min) 99423 (21-30 min)  G2010 Remote Image G2012 Virtual Check-In	Patient directed to proceed to office for COVID-19 testing	99211		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
Applicable ICD-10 codes	Possible exposure - Z03.818 Actual exposure - Z20.828				
Place of Service (POS)	11 Physician Office		11 Physician Office		11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	- For Established Patients - Patient Initiates communication		<i>Add modifier 25 if same date of service as Physician/QHP assessment</i>		

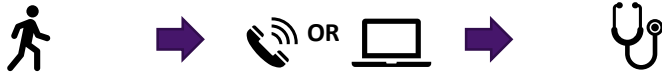
## Scenario 6: Patient receives virtual check-in/online visit re: COVID-19 (not related to E/M visit) and is directed to unaffiliated testing site



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  Established Patient: 99421 (5-10 min) 99422 (11-20 min) 99423 (21-30 min)  G2010 Remote Image G2012 Virtual Check-In		99001 Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	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
Applicable ICD-10 codes	Possible exposure - Z03.818 Actual exposure - Z20.828			
Place of Service	11 Physician Office		15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 23 Emergency Room Hospital	11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	- For Established Patients - Patient Initiates communication **COVID-19 test orders given to patient**		**Patient presents physician/QHP test orders to testing personnel**	

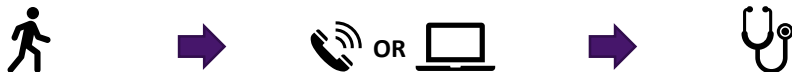


# Scenario 7: Telehealth visit for a COVID-19 diagnosed patient



Action	Communication method	Patient assessed: E/M telehealth, telephone assessment (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 Effective April 1, 2020 <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)



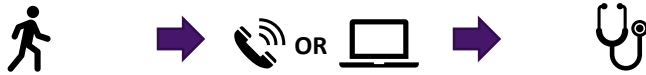
Action	Communication method	Patient evaluated	
Who is performing		Physician / QHP	Qualified nonphysician (may not report E/M)
Applicable CPT Code(s)	Virtual Check-In Other Phone Call	G2010 Remote Image G2012 Virtual Check-In	98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min)
	Online Visits (eg EHR portal, secure email; allowed digital communication)	99421 (5-10 min) 99422 (11-20 min) 99423 (21-30 min)	98970/G0261 (5-10 min) 98971/G0262 (11-20 min) 98972/G0263 (21-30 min)
Applicable ICD-10 codes		U07.1, COVID-19 <i>Effective April 1, 2020</i> <a href="#">CDC Announcement</a>	
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

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

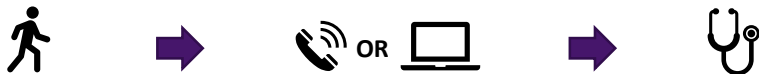
Action	Patient receives initial set-up of monitoring device and education on its use		Remote physiologic monitoring treatment management services (First 20 minutes)	Remote physiologic monitoring treatment management services (Each additional 20 minutes)		Collection and interpretation of physiologic data 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 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 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 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 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  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 (Flexibility: Permit audio only for E/M telehealth)	
Who is performing		Physician / QHP	
Applicable CPT Code(s)	Audio	<i>New Patient: E/M Telehealth*</i>	
		99201	
		99202	
		99203	
		99204	
	or	99205	
		<i>Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)*</i>	
		99212 (typical time 10 min)	99441 (5-10 min)
Audio/Video	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		*Payers 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 Other Phone Call	G2010 Remote Image G2012 Virtual Check-In	98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min)
	Online Visits (eg EHR portal, secure email; allowed digital communication)	99421 (5-10 min) 99422 (11-20 min) 99423 (21-30 min)	98970/G0261 (5-10 min) 98971/G0262 (11-20 min) 98972/G0263 (21-30 min)
Applicable ICD-10 codes		Report relevant ICD-10 code related to reason for 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