

	COVID 19 Coding and Billing	
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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

COVID-19 (coronavirus disease 2019) is a disease caused by the SARS-CoV-2 virus. COVID-19 most often causes respiratory symptoms that can feel much like a cold, the flu, or pneumonia. COVID-19 may attack more than your lungs and respiratory

system. Other parts of your body may also be affected by the disease. Most people with COVID-19 have mild symptoms, but some people become severely ill.

Blue KC aligns with the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) for CPT coding for COVID medical claims.

Policy

Diagnosis for COVID 19 Testing

ICD-10 code U07.1 should be used for confirmed cases of COVID 19 with positive or presumptive-positive test results.

Scenario	ICD-10 Diagnosis Code
Patient has symptoms and confirmed or suspected exposure to COVID-19 w/ negative or unknown results	Z20.822, Contact with and (suspected) exposure to COVID-19
Patient has no symptoms, no confirmed (or suspected) exposure to COVID-19 w/ negative or unknown results	Z11.52 Encounter for Screening for COVID-19
Asymptomatic individuals who test positive for COVID-19	U07.1
Patient previously had COVID-19; and was seen for follow-up exam, and COVID-19 test is negative	Z09, Encounter for follow-up exam after completed treatment for conditions other than neoplasm Z86.16, Personal history of COVID-19

Obstetric patients with confirmed COVID-19 during pregnancy, childbirth or the puerperium should be coded with O98.5X, other viral diseases, as the primary diagnosis, followed by U07.1.

If COVID is not confirmed or if testing is negative, the following encounter codes should be used.

Outpatient Scenario	ICD-10 Diagnosis Code
Patient presents to the ED with cough and shortness of breath. COVID-19 test is performed and the result is negative. MD assessment is acute URI, and patient is discharged to home.	J06.9 , Acute upper respiratory infection. Z20.822 , Contact with and (suspected) exposure to COVID-19
A patient presents to the physician clinic requesting COVID-19 test due to being exposed to COVID-19 by a family member. The patient has no symptoms, and the test is negative.	Z20.822 , Contact with and (suspected) exposure to COVID-19
A patient presents to the physician clinic requesting COVID-19 test. The patient has no symptoms and no known or suspected exposure. The test is negative.	Z11.52 Encounter for Screening for COVID-19
Patient comes in for outpatient removal of squamous cell carcinoma of the skin of the nose. The patient has no COVID-19 symptoms, but routine testing is done, and the test is negative.	C44.301 , Unspecified malignant neoplasm of skin of nose. Z11.52 Encounter for Screening for COVID-19

https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf

Written Order

Laboratory services must have a written or electronic request for patient testing from an authorized person.

Written orders need to contain standard information such as,

- Authorized HCP name, address, and NPI
- Patient name/unique identifier
- Sex and age, or date of birth of patient

In addition to the order, there must be an individualized patient assessment.
(Exception being the FIRST test rendered for a Medicare beneficiary)

Laboratory Documentation Requirements

No documentation requirements have been waived during the public health emergency so guidance specific to laboratory testing published by the Centers for Medicare and Medicaid Services still applies.

Laboratory result reports must have the following,

- Date of collection
- Date of receipt
- Date of test results or “release”

Non-Covered Services

In accordance with federal guidance, COVID 19 tests will not be covered to screen for general workplace health and safety, such as employee return to work program(s) or for public health surveillance for SARS-CoV-2 or for any other purpose not primarily intended for individualized diagnosis or treatment of COVID-19.

Reimbursement for CPT Codes 99072 (Additional supplies, materials, and clinical staff time over and above those usually included in an office visit) and S8301 (Infection control supplies, not otherwise specified), are bundled in the payment for the service/procedure in which it is being used and is not separately payable

Coding

Immunizations

CPT Code	Description	
91318	Pfizer 6mo -4y	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, diluent reconstituted, trissucrose formulation, for IM use
91319	Pfizer 5y -11y	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for IM use

91320	Pfizer 12y +	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for IM use
91321	Moderna 6mo – 11y	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for IM use
91322	Moderna 12+	COVID-19 vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, PF, 5 mcg/0.5 mL dosage, for IM use
91304	Novavax	COVID-19 vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, PF, 5 mcg/0.5 mL dosage, for IM use
90480	Immunization Administration	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose

Laboratory testing

CPT Code	Description
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) antibody, quantitative
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [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
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), includes titer(s), when performed
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
U0002	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC

Related Documents

N/A

References

Center for Disease Control
 American Medical Association
 Bleu KC Provider Reference Guide

Revision History

Version	Date	Summary of Revisions
001	12/1/2021	Initial version
002	03/29/2022	Vaccine status codes added

003	7/21/2022	Added Novavax vaccine and vaccine administration codes
004	9/2/2022	Policy updated to include newly approved Moderna bivalent booster and Pfizer-BioNTech bivalent booster vaccine and administration codes
005	12/1/2022	Annual review. Updated COVID vaccine and administration codes, and COVID testing codes based on American Medical Association guidelines. https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-coding-and-guidance
006	4/17/2023	Corrected transposed numbers on HCPCS code S8301.
007	6/30/2023	HCPCS codes G2023 and G2024 were deleted 5/12/2023 and removed from this policy
008	7/10/2023	HCPCS codes U0003, U0004, and U0005 were deleted 5/12/2023 and removed from this policy
009	11/1/2023	Added new codes for vaccine product and administration
010	12/1/2023	Annual review, no updates, or changes were made to the policy
011	12/1/2024	Annual review, diagnosis for asymptomatic patient with no confirmed (or suspected) exposure to COVID-19 w/ negative or unknown results from Z20.822 to Z11.52 based on ICD-10-CM Official Guidelines for Coding and Reporting FY 2024
012	12/1/2025	Annual review, Proprietary lab codes 0240U and 0241U were deleted 7/1/2025 and removed from the policy.