

DATE: September 15, 2020 (Updates in Red)

SUBJECT: COVID-19 Emergency Medical Coding Guidance

In response to the COVID-19 emergency declaration, AHCCCS is providing emergency medical coding guidance related to applicable diagnosis and procedures codes and use of modifiers. This guidance is effective immediately and is anticipated to remain in effect for the period of the emergency. For changes that are temporary in nature, further guidance will be provided to indicate when those changes are no longer in effect.

General AHCCCS COVID-19 FAQ can be found [here](https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html):
<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>.

COVID-19: Diagnosis and Procedure Codes

AHCCCS has added the new procedure codes and diagnosis codes to meet guidelines that are described on the [Center for Disease Control](#) and [Centers for Medicare and Medicaid Services](#) websites. All codes are currently available for use and are listed here as they are not in the current coding books.

Diagnosis Code:

- U07.1 COVID-19, virus identified

Procedure Codes:

- U0001 SARS-CoV-2 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel (CDC Testing Laboratories)
 - NDC's are not required- Change made effective to begin date of the Code
- U0002 SARS-CoV-2/2019-nCoV (COVID-19 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel
 - NDC's are not required- Change made effective to begin date of the Code
- 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

- 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
- C9803 Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source
- 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 skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source
- 86328 Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus Disease {COVID-19})
- 86769 Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus Disease (COVID-19))
- 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]) Effective 06/25/2020
- 86408 Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen Effective 08/10/2020
- 86409 Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer Effective 08/10/2020
- 86413 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
- Resources for these coding changes can be located on the following sites:
 - [AMA \(American Medical Association\)](#)
 - AMA has issued CPT Assistance Guides
 - [CMS \(Centers for Medicare and Medicaid\)](#)
 - [CDC \(Centers for Disease Control and Prevention\)](#)

CPT 99072 is NOT A COVERED BENEFIT for AHCCCS members.

COVID-19: Use of Modifiers

AHCCCS is requiring the use of specified modifiers and a condition code related to services provided as a result of, or related to, the COVID-19 emergency. In addition, AHCCCS is

providing guidance regarding time-limited, coverage of telehealth services that can be provided telephonically.

1. COVID-19 Emergency Related - "CR" Modifier - Catastrophe/Disaster.
 - a. The CR modifier must be used on all applicable claims for services provided as a result of, or related to, the national emergency declaration of March 13, 2020 related to the COVID-19 outbreak.
 - b. The CR modifier must be used on all billing for the all claims for both outpatient institutional and non-institutional forms listed here:
 - i. ASC X12 837P and 837I (Outpatient)
 - ii. CMS – 1500
 - iii. NUBC UB-04 (Outpatient)
 - c. For example, the CR modifier may be used in the following instances:
 - i. Member is experiencing COVID-19 symptoms, receives influenza test with positive result, so is not tested for COVID-19 and does not have an associated dx code, but would likely not have received influenza test if not for the emergency.
 - ii. Member is unable to attend treatment program due to closures and/or quarantine related to the emergency and additional respite hours are provided, which otherwise would likely not have been received if not for the emergency.
2. COVID-19 Emergency Related - "DR" Condition Code - Disaster Related.
 - a. The DR condition code must be used on all applicable claims for services provided as a result of, or related to, the national emergency declaration of March 13, 2020 related to the COVID-19 outbreak.
 - b. The DR condition code must be used on all inpatient claims listed here:
 - i. ASC X12 837I (Inpatient)
 - ii. NUBC UB-04 (Inpatient)
 - c. The DR condition code is applicable to inpatient stays for which a member has received a COVID-19 diagnosis.
3. Telephonic Telehealth Services

AHCCCS has established two telephonic code sets that are available for use:

 - a. Table I, **AHCCCS Telephonic Code Set (Temporary)** provides the lists of codes available on a temporary basis to be provided telephonically starting on dates of service March 17, 2020 until the end of the COVID-19 declared emergency.
 - i. The UD modifier must be used when billing the applicable CPT or HCPCS code to designate telephonic service.
 - ii. The Place of Service (POS) is the originating site (ie, where the member is located at the time of the telephonic service delivery).
 - b. Table II, **AHCCCS Telephonic Code Set (Permanent)** are codes that have been available for use telephonically prior to the COVID-19 declared emergency and will continue to be available after the end of the emergency. There is no change to the coding standards for these codes. When providing these services telephonically, please continue to utilize POS 02 telehealth.

Telehealth services should otherwise continue to be billed in compliance with [AMPM 320-I Telehealth](#) and the [AHCCCS Telehealth Code List with POS criteria](#).

¹Place of Service (POS) is originating site (where member is located at the time of the telephonic service delivery)

² In order for T1015 to be utilized, one or more other services from this telephonic code list must be provided