



CPT reporting for COVID-19 Testing

Where is the patient assessed?

| Assessment | In office | | Telehealth* or telephone | | Virtual check-in or online visit | |
|------------|-------------|---------------------|--------------------------|---|----------------------------------|----------------------------------|
| | New patient | Established patient | New patient | Established patient | New patient | Established patient |
| | 99201 | 99212 | 99201* | E/M: | Telephone: | N/A |
| | 99202 | 99213 | 99202* | 99212* <i>(typical time 10 min.)</i> | 99441 <i>(5–10 min.)</i> | 99421 <i>(5–10 min.)</i> |
| | 99203 | 99214 | 99203* | 99213* <i>(typical time 15 min.)</i> | 99442 <i>(11–20 min.)</i> | 99422 <i>(11–20 min.)</i> |
| | 99204 | 99215 | 99204* | 99214* <i>(typical time 25 min.)</i> | 99443 <i>(21–30 min.)</i> | 99423 <i>(21–30 min.)</i> |
| | 99205 | | 99205* | 99215* <i>(typical time 40 min.)</i> | | G2010 <i>Remote images</i> |
| | | | | | | G2012 <i>Virtual check-in</i> |

Where is the swab collected?

| Swab collection | During E/M in-person visit | Go to office or group practice's testing site for swab | Go to independent testing site |
|-----------------|---------------------------------|--|------------------------------------|
| | N/A <i>(included in E/M)</i> | 99211 <i>(separate day)</i> 99000 <i>(if code requirements are met)</i> | 99001 <i>(Reported by site)</i> |

Where is the test performed?

| COVID-19 Test Conducted | Laboratory |
|-------------------------|--|
| | 87635 <i>(Reported by laboratory)</i> |

* = See Medicare will pay telehealth at office visit rates and not conduct audits to ensure prior relationship.

CMS requires use of modifier 95 for telehealth services; other payors may require its use

Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.

CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM).

CMS will allow telehealth office visits to be selected and documented based on total time on date of visit via CMS total time.

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.

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