# CPT reporting for COVID-19 Testing

## Where is the patient assessed?

### In office
- **New patient**
  - 99201
  - 99202
  - 99203
  - 99204
  - 99205
- **Established patient**
  - 99212
  - 99213
  - 99214
  - 99215

### Telehealth* or telephone
- **New patient**
  - 99201*
  - 99202*
  - 99203*
  - 99204*
  - 99205*
- **Established patient**
  - E/M:
    - 99212* (typical time 10 min.)
    - 99213* (typical time 15 min.)
    - 99214* (typical time 25 min.)
    - 99215* (typical time 40 min.)
- **Telephone**:
  - 99441 (5–10 min.)
  - 99442 (11–20 min.)
  - 99443 (21–30 min.)

### Virtual check-in or online visit
- **New patient**
  - N/A
- **Established patient**
  - 99421 (5–10 min.)
  - 99422 (11–20 min.)
  - 99423 (21–30 min.)
  - G2010
    - Remote images
  - G2012
    - Virtual check-in

## Where is the test performed?

- **Laboratory**
  - 87635 (Reported by laboratory)

## Where is the swab collected?

### During E/M in-person visit
- **New patient**
  - N/A (included in E/M)
- **Established patient**
  - 99211
    - (separate day)

### Go to office or group practice’s testing site for swab
- **New patient**
  - 99000
    - (if code requirements are met)
- **Established patient**
  - 99001
    - (Reported by site)

### Go to independent testing site
- **New patient**
  - N/A
- **Established patient**
  - N/A

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* = 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.

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.