



PIEDMONT

COMMUNITY HEALTH PLAN

COVID-19 PCHP Coding Guidelines

Effective - Date(s) Of Service March 10, 2020 thru March 31, 2021

COVID Testing		
CPT	Description	Effective Date
86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip)	4/10/2020
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); blood method	4/10/2020
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	8/10/2020
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	8/10/2020
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	9/8/2020
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); blood method	4/10/2020
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]) - via nasal swab	6/25/2020
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	11/10/2020
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	3/13/2020
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	10/6/2020
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	10/6/2020
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	10/6/2020
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	5/20/2020
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	6/25/2020
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	6/25/2020
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	8/10/2020
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	8/10/2020
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	10/6/2020
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	10/6/2020
U0001	Lab Test created by the CDC	6/1/2020
U0002	Lab test performing non CDC testing	6/1/2020
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.	6/1/2020
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.	6/1/2020
U0005	Add on payment code (U0003, U0004) for completion of lab results within two days of specimen collection.	1/1/2021

Billing Guidelines

1. Waive out-of-pocket member costs associated with COVID-19 diagnostic testing which takes place at any lab location regardless of in or out of network status.
- 2 - Following CMS guidelines on coverage of laboratory testing.
- 3 - Antibody testing will be covered as long as it is deemed medically necessary by a provider.
- 4 - In home testing kits will only be covered if administered by in-network labs.
- 5 - Pre-auth is not required for providers providing diagnostic services related to COVID-19 Testing.

6. These services will be covered under these guidelines until March 31, 2021

Version 1.9

Telehealth Guidelines being followed by PCHP

These guidelines are in effect until March 31, 2021

The AMA and CMS have established CPT and HCPCS codes for reporting evaluation and management services provided by telephone and online methods. These codes are reported based on time, so providers must document the time spent rendering the service. The rest of the rules can be seen in the code descriptions. The same general rules apply for both Physician and Non-Physician providers.

Telephone Based Services

"Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent or guardian not originating from a related E/M services provided within the previous 7 days not leading to an E/M service or procedure within the next 24 hours or soonest available appointment;"

OR

"Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment or management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment"

Other Communication-Based Technology

"Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days";

OR

"Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days"

Billing Guidelines

- The service must be initiated by the patient - this requirement is being waived until March 31, 2021. Providers are allowed to initiate the service.
- The patient must be established to the practice, but the problem can be new - this requirement is being waived until March 31, 2021. Providers are allowed to provide services to New Patients as well.
- Only providers licensed to render E/M services are allowed to report these telehealth services
- If the work takes under five minutes, it is not reported.
- Time can't be counted twice or billed for under another, separate code.
- The time can't be related to an E/M service provided in the last 7 days
- If a separate E/M face-to-face visit or real-time virtual visit occurs within the seven-day period, then this online work is incorporated into the face-to-face visit and not separately reported.

The work included in these services is:

- Review of patient record and data pertinent to assessment of the problem.
- Development of a management plan.
- Generation of a prescription or test order.
- Any subsequent online communication that does not include a separately reported E/M service.

Additional Coding Guidelines

- If there are no Telehealth Service CPT codes which will correctly document services provided, please utilize normal CPT codes and bill with POS 02 AND with a -GT OR -95 modifier.**
- Due to the changes created by CMS based on Risk Adjustment concerns, claims received with POS 11 or 12 AND Modifier -GT OR -95 will also be processed as correctly billed telehealth services.**
- Facilities may bill for Telehealth services if utilizing the appropriate type of bill (TOB), with UB-04 Revenue Code 0780 and HCPCS Q3014. The CPT/HCPCS of the service rendered (e.g. consultation) is not separately reported by the institutional provider.**

Reimbursement Impact

1. Waive out-of-pocket member costs for telehealth services at Centra 24/7. Normal member benefits apply to all other telehealth service types.
2. As of 7/1/20 - Abbott has opted out of the use of Centra 24/7 and Sentry Equipment is returning to normal member benefits across all telehealth service types.
3. Permit online mental health counseling to all members at in-network providers.

Physician Telehealth Services				
CPT	Description	Notes	Pre-Auth	Member Responsible
99441	other qualified health care professional who may report evaluation and management services provided to a new or established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Effective 7/1/20 - for use with all Exchange/Commercial and Centra self insured group	Not Required for in-network providers	Waive out-of-pocket member costs for telehealth services at Centra 24/7. Otherwise, normal member benefits apply.*
99442	other qualified health care professional who may report evaluation and management services provided to a new or established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Effective 7/1/20 - for use with all Exchange/Commercial and Centra self insured group	Not Required for in-network providers	Waive out-of-pocket member costs for telehealth services at Centra 24/7. Otherwise, normal member benefits apply.*
99443	other qualified health care professional who may report evaluation and management services provided to a new or established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Effective 7/1/20 - for use with all Exchange/Commercial and Centra self insured group	Not Required for in-network providers	Waive out-of-pocket member costs for telehealth services at Centra 24/7. Otherwise, normal member benefits apply.*
99421	Online digital evaluation and management service, for a new or established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Effective 7/1/20 - for use with all Exchange/Commercial and Centra self insured group	Not Required for in-network providers	Waive out-of-pocket member costs for telehealth services at Centra 24/7. Otherwise, normal member benefits apply.*
99422	Online digital evaluation and management service, for a new or established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Effective 7/1/20 - for use with all Exchange/Commercial and Centra self insured group	Not Required for in-network providers	Waive out-of-pocket member costs for telehealth services at Centra 24/7. Otherwise, normal member benefits apply.*
99423	Online digital evaluation and management service, for a new or established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Effective 7/1/20 - for use with all Exchange/Commercial and Centra self insured group	Not Required for in-network providers	Waive out-of-pocket member costs for telehealth services at Centra 24/7. Otherwise, normal member benefits apply.*

Billing Guidelines for In Network Physician Providers

1. Waive out-of-pocket member costs for telehealth services at Centra 24/7. Normal member benefits apply to all other telehealth service types.
2. As of 7/1/20 - Abbott has opted out of the use of Centra 24/7 and Sentry Equipment is returning to normal member benefits across all telehealth service types.
3. Permit online mental health counseling to all members at in-network providers.
4. See Telehealth Guidelines for our billing requirements.
5. These services will be covered under these guidelines until March 31, 2021

Non-Physician Telehealth Services				
CPT	Description	Notes	Pre-Auth	Member Responsible
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to a new or established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Effective 7/1/20 - for use with all Exchange/Commercial and Centra self insured group	Not Required for in-network providers	Waive out-of-pocket member costs for telehealth services at Centra 24/7. Otherwise, normal member benefits apply.*
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to a new or established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Effective 7/1/20 - for use with all Exchange/Commercial and Centra self insured group	Not Required for in-network providers	Waive out-of-pocket member costs for telehealth services at Centra 24/7. Otherwise, normal member benefits apply.*
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to a new or established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Effective 7/1/20 - for use with all Exchange/Commercial and Centra self insured group	Not Required for in-network providers	Waive out-of-pocket member costs for telehealth services at Centra 24/7. Otherwise, normal member benefits apply.*
98970	Qualified nonphysician health care professional online digital evaluation and management service, for a new or established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Effective 7/1/20 - for use with all Exchange/Commercial and Centra self insured group	Not Required for in-network providers	Waive out-of-pocket member costs for telehealth services at Centra 24/7. Otherwise, normal member benefits apply.*
98971	Qualified nonphysician health care professional online digital evaluation and management service, for a new or established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Effective 7/1/20 - for use with all Exchange/Commercial and Centra self insured group	Not Required for in-network providers	Waive out-of-pocket member costs for telehealth services at Centra 24/7. Otherwise, normal member benefits apply.*
98972	Qualified nonphysician health care professional online digital evaluation and management service, for a new or established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Effective 7/1/20 - for use with all Exchange/Commercial and Centra self insured group	Not Required for in-network providers	Waive out-of-pocket member costs for telehealth services at Centra 24/7. Otherwise, normal member benefits apply.*

Billing Guidelines for In-Network Non-Physician Providers

1. Waive out-of-pocket member costs for telehealth services at Centra 24/7. Normal member benefits apply to all other telehealth service types.
2. As of 7/1/20 - Abbott has opted out of the use of Centra 24/7 and Sentry Equipment is returning to normal member benefits across all telehealth service types.
3. Permit online mental health counseling to all members at in-network providers.
4. See Telehealth Guidelines for our billing requirements.
5. These services will be covered under these guidelines until March 31, 2021

CMS Guidelines for PT****Due to not having a Medicare Advantage Line of Business, PCHP has decided not to utilize the G codes designated by CMS.**

CPT	Description	Notes	Pre-Auth	Member Responsible
G2061	Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	CMS Guidelines -Will not be used by PCHP - Informational only	n/a	n/a
G2062	Qualified nonphysician health care professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	CMS Guidelines -Will not be used by PCHP - Informational only	n/a	n/a
G2063	Qualified nonphysician qualified health care professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	CMS Guidelines -Will not be used by PCHP - Informational only	n/a	n/a

Billing Guidelines for For In-Network Physical Therapy Providers

1. PT Providers should utilize Telehealth Service codes where appropriate. Please see Physician/Non-Physician Telehealth Services pages for appropriate CPT codes.
2. See Telehealth Guidelines for our billing requirements.
3. **These services will be covered under these guidelines until March 31, 2021**

In-Network Respiratory Therapy Companies

Q&A related to Home Respiratory Therapy Service Policies

1. Will Piedmont Community Health Plan cover respiratory services for the *acute* treatment of COVID-19?
 - a. Under current policy, home respiratory therapy, including oxygen, BiPAP, and ventilator, are covered and reimbursed only for beneficiaries with a diagnosed *chronic* condition(s). A diagnosis of COVID-19 would be defined as an *acute* condition. To treat confirmed cases of the virus, physicians are prescribing oxygen, Bi-PAP, and ventilators.
 - b. Will Piedmont Community Health Plan waive the current requirement for *chronic* conditions and allow for the provision and reimbursement of these services if a beneficiary has a confirmed diagnosis of COVID-19 and has been prescribed home therapy?

Yes, Piedmont will cover respiratory services needed for acute treatment of COVID-19.
2. Will Piedmont Community Health Plan suspend the requirement for medical record review for at least home respiratory therapy when prescribed to patients confirmed to have COVID-19 and being treated with these therapies?
 - a. It would seem that a current CMN, prescription for home respiratory therapy, and confirmation of COVID-19 diagnosis are objective documentation that would meet plan's needs for protecting against inappropriate use of the therapies.
 - b. It would also be helpful during the crisis to reduce the burden on suppliers by suspending the medical record review for home respiratory therapy when there is a properly completed CMN and prescription. This will help to avoid suppliers needing to make multiple calls/visits to physician offices to secure these documents when their time would be better spent servicing these patients and limiting their risk of contact. This will also speed up our delivery times for these infected patients.

Piedmont will waive the medical record review in order to get medically necessary respiratory equipment out to members faster until March 31, 2021. We would reserve the right to conduct post claims medical necessity audits as we do for other diagnosis.
3. Will Piedmont Community Health Plan suspend the need to have a signed patient attestation and delivery record during this time and agree that these cases be exempt from future post-payment review audits given the unique situation?
 - a. Our employees set the patient up in the home using infection control protocols and will continue making home deliveries as needed in order to care for the patient. We recognize this puts our staff in a high risk situation but it is necessary in order for us to provide quality care. Even with our strict protocols, we want to limit contact as much as possible in order to reduce the risk of further spreading COVID-19 to our employees and other patients on service.

Yes, Piedmont will suspend the need for a signed patient attestation thru March 31, 2021. We would reserve the right to conduct post claims medical necessity audits as we do for other diagnosis.
4. Will Piedmont Community Health Plan waive authorization requirements, if currently required, for oxygen equipment and supplies, respiratory assist devices, CPAP's, and ventilators for patients infected with COVID-19?

Piedmont does not currently require authorization for oxygen. For CPAPs and other devices that do require authorization, if COVID-19 is the diagnosis submitted on claim we will waive the prior authorization requirements in order to ensure needed equipment is provided to our members through March 31, 2021.
5. Will Piedmont Community Health Plan waive authorization requirements to exceed quantity limits on gloves, masks and other supplies or adding coverage if not already part of the benefit?

5. These services will be covered under these guidelines until March 31, 2021

**Does not apply to Sentry Self Insured Group members effective 7/1/20.

COVID-19 Vaccines		
CPT	Description	Effective Date
Medication		
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	12/11/2020
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	12/18/2020
91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use	TBD
Administration		
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose	12/11/2020
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose	12/11/2020
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose	12/18/2020
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose	12/18/2020
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage; first dose	TBD
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage; second dose	TBD

(see following page for billing guidelines)

Version 1.9

Vaccine Billing Guidelines

1. Per the guidelines of the CARES Act, PCHP will be providing COVID vaccines with \$0 cost share to our members until the Public Health Emergency is over. Currently, there are two formulations the FDA has provided Emergency Use Authorization (EUA) – Pfizer as of 12/11/20 and Moderna 12/17/20. Both Pfizer and Moderna require a dual dose of vaccine given 1 month apart. There are two additional formulations which should go to the FDA/ACIP for approval within the next several months (AstraZeneca and Johnson&Johnson).
2. Since the government is currently providing the COVID vaccine, PCHP will only be reimbursing for the administration of the vaccine at this time. PCHP will be reimbursing at the CMS rate. These reimbursement rates will apply whether the provider is in or out of network. **Therefore pre-authorization is not required.**
3. If claims are received for the vaccine itself (CPT 91300, 91301), PCHP will consider them to be informational only and no reimbursement will be issued. We are also requesting NDC data be included on administration claims for verification that the correct vaccine formulation/CPT combination was billed.
4. As there is an embedded counseling element to vaccine administrations, an E/M visit should not be billed at the time of vaccine administration unless the provider has documented a “significant, separately identifiable evaluation and management (E/M) service” was done along with the vaccine administration and identifies that with a -25 modifier. As such, normal member cost share would apply to services rendered at the same visit which a vaccine was given.

These services will be covered under these guidelines until March 31, 2021

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COVID ICD-10 FOR 2020-2021		
ICD-10	Description	Effective Date
ASYSTEMATIC/NEGATIVE		
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out	USED UNTIL 4/1/20
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	USED FROM 4/1/20-12/31/20
Z20.822	Contact with and (suspected) exposure to COVID-19	1/1/2021
POSITIVE		
B97.29	Other coronavirus as the cause of diseases classified elsewhere	USED UNTIL 4/1/20
U07.1	COVID-19 (positive)	4/1/2020
ADDITIONAL COVID RELATED ICD-10		
Z86.19	Personal history of other infectious and parasitic diseases (personal history of COVID)	USED UNTIL 12/31/20
Z86.16	Personal history of COVID-19	1/1/2021
M35.81	Multisystem Inflammatory Syndrome	1/1/2021
M35.89	Other specified systemic involvement of connective tissue	1/1/2021
J12.82	Pneumonia due to coronavirus disease 2019	1/1/2021
Z11.59	Encounter for screening for other viral diseases	1/1/2020
Z11.52	Encounter for screening for COVID-19 **NOT FOR USE DURING PHE	1/1/2021
Vaccines		
Z23	Encounter for immunization	10/1/2015

Billing Guidelines

This is not a complete list of COVID related diagnosis codes released since the beginning of the Public Health Emergency. This is intended to be an additional resource within our COVID guidelines of common ICD-10 codes related to the COVID-19 pandemic.