



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>

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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