CPT and Diagnosis Codes List
(NEWLY ADDED 4/24/2020)
Customer Cost-share (if applicable depending on customer's benefit plan) is waived for COVID-19 related services only.

DIAGNOSIS CODES FOR SCREENING & TREATMENT
Note: Append GQ, GT, or 95 modifier if done virtually

Code Type	Code	Description and Reimbursement
SCREENING	Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out. To be used for cases where there is a concern about a possible exposure to COVID-19, but **this is ruled out** after evaluation.
	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases. Should be used for cases where there is an actual exposure to someone who is confirmed to have COVID-19.
	Z11.59	Encounter for screening for other viral diseases. *NOTE: Customer cost-share is not waived for this screening code as it is not COVID-19 specific.*
TREATMENT	U07.1	2019-nCoV acute respiratory disease.
	B34.2	Coronavirus infection, unspecified
	B97.2	Coronavirus as the cause of diseases classified elsewhere
	B97.29	Other coronavirus as the cause of diseases classified elsewhere.
	B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere
	J12.81	Pneumonia due to SARS-associated coronavirus

TESTING & SPECIMEN COLLECTION CODES
These codes will be reimbursed according to the CMS fee schedule.

Code Type	Code	Description and Reimbursement
SPECIMEN COLLECTION	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 SNF or by a laboratory on behalf of a HHA, any specimen source
SARS-CoV-2/ 2019-nCoV TESTING	U0001	This HCPC code is used for the tests developed by the Center of Disease Control and Prevention (CDC). 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel.
	U0002	This HCPC code is used by laboratories performing non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19). 2019-nCoV Coronavirus, SARS COV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets).
	U0003 *(NEWLY ADDED 4/24/2020)*	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. **This code will be reimbursed for DOS: 3/18-5/31/2020.**
	U0004 *(NEWLY ADDED 4/24/2020)*	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. **This code will be reimbursed for DOS: 3/18-5/31/2020.**
	87635	This new CPT code became available on March 13, 2020. 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. *NOTE: CMS has not released pricing for this code at this time.*

ANTIBODY TESTING CODES
These codes will be reimbursed according to the CMS fee schedule.
Codes will be accepted with DOS: **4/10/2020** through **5/31/2020**

Code Type	Code	Description and Reimbursement
ANTIBODY TESTING *(NEWLY ADDED 4/24/2020)*	86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip);
	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])

TELEHEALTH SERVICES
Note: Customer cost-share (if applicable) will only be waived for COVID-19 related services done via telehealth.

Service Type	Code	Description and Reimbursement
E-VISITS *(Established Patients Only)*	• 99241 • 99422 • 99423 • G2061 • G2062 • G2063	A communication between a patient and their provider through an online patient portal. **Requirement: Patient portal**
VIRTUAL CHECK-IN *(New or Established Patients)*	• G2012 • G2010	A brief (5-10) minute check-in conversation between customer and provider to determine whether an office visit or other service is needed. **Requirement: Audio only**
MEDICARE TELEHEALTH VISITS *(New or Established Patients)*	Cigna will accept CMS covered telehealth codes for COVID-19 and Non-COVID-19 related services as listed here: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	A visit with a provider that uses telecommunication systems between a provider and patient. **Requirement: Video and audio**
	The following codes are allowed for **audio-only** visits • 98966-98968 • 99441-99443 *******reference the note below.*	A telephone visit with a provider. Reference the page 125 in the Interim Final Rule with Comment for further details. **Requirement: Audio only**

**Directly Contracted Fee-For-Service (PCP & Spec) Providers- adjusted increased rate will be applied when these codes are billed for DOS 3/6/2020 through 5/31/2020.