



# COVID-19: Vaccine and treatment billing guide under Medicare

- Pfizer-BioNTech COVID-19 Vaccine
- Moderna COVID-19 Vaccine
- AstraZeneca COVID-19 Vaccine
- Bamlanivimab EUA
- Regeneron (Caisrivimab + Imdevimab) EUA
- Bamlanivimab & Etesevima





## Update Overview - January 28th, 2021

Over the last several weeks, the Federal Drug Administration (FDA) has approved, or is in the process of approving, Emergency Use Authorization (EUA) to Pfizer, Moderna, Eli Lilly and Regeneron Pharmaceuticals for their COVID-19 Vaccines or Infusion Treatment. The United States government, through [Operation Warp Speed](#), has been working since the onset of the pandemic to make one or more COVID-19 vaccines and infusions available as soon as possible.

Additional information can be found in the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations published by the Centers for Disease Control and Prevention (CDC) in October here: [https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim\\_Playbook.pdf](https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf)

Initially, a limited supply of COVID-19 vaccines have been distributed to healthcare organizations. Vaccination efforts will focus on those critical to the response. Those include first responders and frontline healthcare workers providing direct care, as well as those at the highest risk for developing severe illness from COVID-19.

Examples:

- **Phase 1a Distribution:**
  - Healthcare personnel (paid and unpaid persons serving in healthcare setting who have the potential for direct or indirect exposure to patients or infections materials)
  - Residents living in Long Term Care Facilities
  
- **Phase 1b Distribution:**
  - Non-healthcare essential workers (Law Enforcement, EMT/Paramedic)
  - Adults 75 years and older
  
- **Phase 1c Distribution:**
  - Adults with high-risk medical conditions who possess risk factors for severe COVID-19 illness
  - Other essential workers

To review the CDC published recommendation on vaccine distribution, click [HERE](#).

CMS has published Vaccination Provider Guidance to include a toolkit, enrollment and billing information, and more. Click [HERE](#) to review.



## Billing for Infusion Administration

- Healthcare providers can bill for the administration of the monoclonal antibody vaccine/infusion on a single claim for COVID-19 or submit claims on roster bill according to the FDA EUA.
- Healthcare providers are expected to maintain appropriate and supportive documentation attesting to the medical necessity of the service. This to include:
  - Support of the terms of the EUA are met
  - For the treatment of mild to moderate COVID-19, with positive viral test of direct SARS-CoV-2
  - Patient is at high risk for progression to severe COVID-19, and/or hospitalization
  - Name of the practitioner who ordered or made the decision to administer (this is also the case where claims are submitted on roster bills)
- Healthcare providers can only bill for the administration of the monoclonal antibody vaccine/infusion when doses are provided by the government without charge.
- Healthcare providers participating in a Medicare Advantage Plan should submit claims for COVID-19 vaccines/infusions administered to Original Medicare for all patients enrolled in Medicare Advantage in 2020 and 2021.
- How to bill for the administration of COVID-19 Vaccines:

<https://www.cms.gov/files/document/covid-19-vaccine-enrollment-scenario-1.pdf>

- Health Resources & Services Administration (HRSA) has released FAQ for COVID-19 Claims Reimbursement. Click [HERE](#) to review.

## Clinical Guidelines

- All the COVID-19 vaccines/infusions are of the monoclonal antibody format and present risks to individuals taking these medications:
  - These patients present a high-risk population with mild to moderate symptomology for COVID-19
  - Vaccine administration and use will be determined by the healthcare provider supplying the medication to ensure the appropriate individuals are administered the vaccine. These parameters will be dependent upon age, weight, risk levels, morbidities and co-morbidities and with positive viral test of direct SARS-CoV-2
  - Infusion administration and use will include but not limited to:
    - Patients must be 12-years of age or older and weigh at least 40 kg (approximately 88 pounds) with positive viral test of direct SARS-CoV-2
    - High risk for progressing to severe COVID-19 and/or hospitalization
    - Administer infusion within 10 days of symptom onset
    - These patients cannot be serviced in the same area with any other immunocompromised patients receiving Chemotherapy, due to the high potential of cross contamination of the environment regardless of the distance and life expectancy of the virus itself on surfaces
  - The administration of infusions must be done under direct physician supervision
    - This does not mean the physician administers the drug, however, must be present and immediately available to furnish assistance and direction throughout the performance of the procedure. The physician does not need to be present in the actual room. This is due to the high adverse reaction to the drug in the form of anaphylaxis.



- Generally, an emergency kit is available with the required medications to mitigate the reaction of anaphylaxis
- Any adverse reaction during the administration or observation period following must be reported to the FDA-SRP web page or via the FAERS Electronic Submissions web page. Either report must state “Use of [Bamlanivimab] or [Casirivimab and Imdevimab] was under an EUA”; and in accordance with the Fact Sheet for Healthcare Providers <http://www.fda.gov/medwatch/report.htm> OR complete and submit the FDA Form 3500 (Health Professional) by fax at 1-800-FDA-0178
- Patients treated with Bamlanivimab or Regeneron (casirivimab and imdevimab) should continue to self-isolate and use infection control measures according to the CDC guidelines (e.g., wear mask, isolate, social distance, avoid sharing personal items, clean and disinfect “high touch” surfaces, and frequent handwashing).

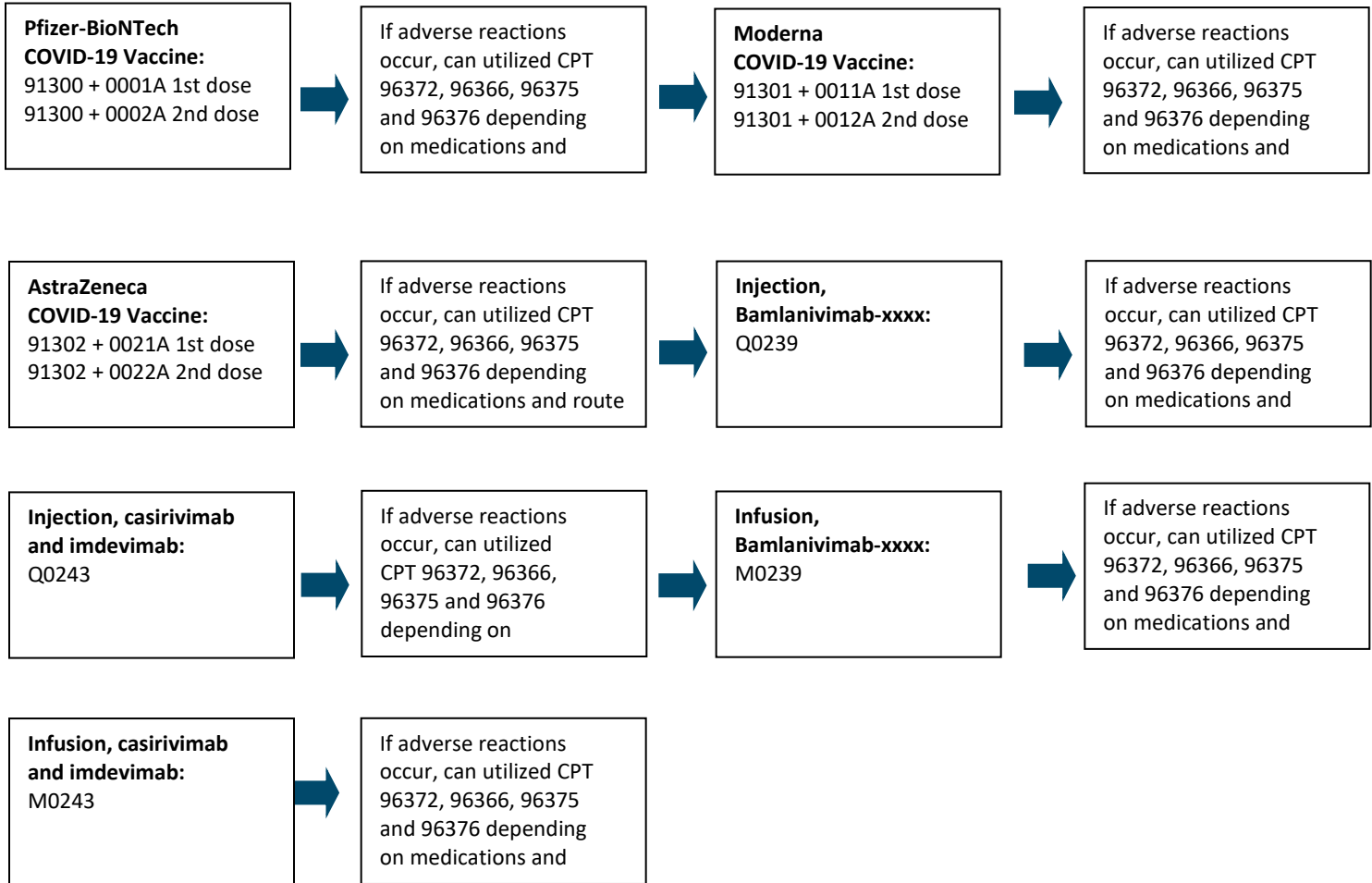


## Charging

Vaccine Code		Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	Dosing Interval	NDC
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LPN, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	0001A (1st dose)  0002A (2nd dose)	Pfizer, Inc.	Pfizer-BioNTech COVID-19 Vaccine	21 days	
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LPN, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	0011A (1st dose)  0012A (2nd dose)	Moderna, Inc	Moderna COVID-19 Vaccine	28 days	
*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 <sup>10</sup> viral particles/0.5mL dosage, for intramuscular use	*0021A (1st dose)  *0022A (2nd dose)	AstraZeneca	AstraZeneca COVID-19 Vaccine	1 month	
91303	SARSCO2 Vac AD26.5 ML, for intramuscular use	0031A	Janssen	Janssen COVID-19 vaccine		
Q0243	Injection, casirivimab and imdevimab, 2400 mg (intramuscular use)	No additional code for administration	Regeneron Pharmaceuticals, Inc	Regeneron		
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	No additional code for administration	Regeneron Pharmaceuticals, Inc	Regeneron		
Q0239	Injection, bamlanivimab-xxxx, 700 mg (intramuscular use)	No additional code for administration	Eli Lilly Company	Bamlanivimab		
M0239	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	No additional code for administration	Eli Lilly Company	Bamlanivimab		
Q0245	Injection, Bamlanivimab & Etesevimab, 2100 mg	No additional code for administration	Eli Lilly Company	Bamlanivimab/ Etesevimab		
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	No additional code for administration	Eli Lilly Company	Bamlanivimab/ Etesevimab		



## Charging



**Professional:**  
E&M New 99201 – 99205  
OR  
E&M Est 99211 – 99215

E&Ms are based on intensity of service to severity of illness and are for either New or Established patients  
CPT 99070 and 99072 are a possible for supplies and time of staff to mitigate infection/disease transmission during the evaluation, treatment or procedural services.

**NOTE:** These CPTs cannot be billed along with an E&M Level



## Outpatient Procedure Codes

These are common procedure codes seen with COVID-19 treatments (but this is NOT all inclusive). Please note, some organizations may have their own guidelines for coding these procedures:

Code	Description
86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip)
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2
86635	Antibody; coccidioides
86769	Antibody; severe acute respiratory syndrome coronavirus 2
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2, amplified probe technique
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
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
0224U	Antibody, severe acute respiratory syndrome coronavirus 2, includes titer(s), when performed
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
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serumb
U0001	CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel
U0002	2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc
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.
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
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19])
Q0239	Injection, bamlanivimab-xxxx, 700 mg (intramuscular use)
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg
M0245	intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring



## Diagnosis Codes

These are common diagnosis codes seen with COVID-19 (but this is NOT all inclusive). Also, remember that per coding guidelines, the provider’s diagnostic statement that the patient has the condition would suffice. Some organizations, however, may choose to hold accounts until lab results are confirmed (according to CDC guidance). See guidelines below for further instructions.

Code	Description	Rules
J12.82	Pneumonia due to coronavirus disease 2019	<ul style="list-style-type: none"> <li>• Effective on January 1st, 2021</li> <li>• This code is an MCC</li> <li>• This will route to DRG 193, 194, 195 primarily when it is the principal diagnosis</li> </ul>
M35.81	Multisystem inflammatory syndrome	<ul style="list-style-type: none"> <li>• Effective on January 1st, 2021</li> <li>• This code is a CC</li> <li>• This will route to DRG 545, 546, 547 primarily when it is the principal diagnosis</li> <li>• Excludes:               <ul style="list-style-type: none"> <li>○ M35.1 - Other overlap syndromes</li> <li>○ M35.5 - Multifocal fibrosclerosis</li> <li>○ M35.89 - Other specified systemic involvement of connective</li> </ul> </li> </ul>
M35.89	Other specified systemic involvement of connective tissue	<ul style="list-style-type: none"> <li>• Effective on January 1st, 2021</li> <li>• This code is a CC</li> <li>• This will route to DRG 545, 546, 547 primarily</li> <li>• Excludes:               <ul style="list-style-type: none"> <li>○ M35.1 - Other overlap syndromes</li> <li>○ M35.5 - Multifocal fibrosclerosis</li> <li>○ M35.81 - Multisystem inflammatory syndrome</li> </ul> </li> </ul>
U07.1	COVID-19	<ul style="list-style-type: none"> <li>• Effective on April 1st, 2020</li> <li>• Should be sequenced first unless coding guidelines state otherwise (see examples below)</li> <li>• Can be used for physician documentation of a “presumptive positive test” (per AHA)</li> <li>• Cannot be used for probable, suspected, etc.</li> </ul>
Z01.84	Encounter for antibody response examination	<ul style="list-style-type: none"> <li>• Antibody testing labs when they are NOT               <ul style="list-style-type: none"> <li>○ Trying to confirm COVID-19</li> <li>○ Following up on a previous positive test</li> <li>○ Following up on previous confirmed COVID-19</li> </ul> </li> </ul>
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out	<ul style="list-style-type: none"> <li>• No symptoms</li> <li>• Negative test results</li> <li>• Very rarely used</li> <li>• Per coding guidelines – is only a principal diagnosis</li> </ul>
Z09	Encounter for follow-up examination after completed treatment	<ul style="list-style-type: none"> <li>• Negative COVID-19 on follow-up lab</li> </ul>
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	<ul style="list-style-type: none"> <li>• Symptoms are typically present</li> <li>• Negative test results or results have not returned, and the account must be final coded</li> <li>• No symptoms are present, but the patient is in or has recently been to a high-risk area</li> </ul>
Z20.822	Contact with and (suspected) exposure to COVID-19	<ul style="list-style-type: none"> <li>• Effective on January 1st, 2021</li> <li>• Symptoms are typically present</li> <li>• Negative test results or results have not returned, and the account must be final coded</li> <li>• No symptoms are present, but the patient is in or has recently been to a high-risk area</li> </ul>





Z11.52	Screening for COVID-19	<ul style="list-style-type: none"><li>• Effective on January 1st, 2021</li><li>• No exposure</li><li>• No signs/symptoms</li><li>• Lab testing done and negative results</li><li>• Not considered to be in a high-risk area</li></ul>
Z11.59	Screening	<ul style="list-style-type: none"><li>• Before January 1st, 2021</li><li>• No exposure</li><li>• No signs/symptoms</li><li>• Lab testing done and negative results</li><li>• Not considered to be in a high-risk area</li></ul>
Z86.16	Personal history of COVID-19	<ul style="list-style-type: none"><li>• Effective on January 1st, 2021</li><li>• Negative COVID-19 on follow-up lab</li><li>• Use in addition to Z09 if they are seen for a follow-up</li><li>• When the physician mentions that the patient has a history of COVID-19 without a current positive status</li></ul>
Z86.19	Personal history of other infectious and parasitic diseases	<ul style="list-style-type: none"><li>• Before January 1st, 2021</li><li>• Negative COVID-19 on follow-up lab</li><li>• Use in addition to Z09 if they are seen for a follow-up</li><li>• When the physician mentions that the patient has a history of COVID-19 without a current positive status</li></ul>



## Chapter-Specific Coding Guidelines – Effective 10/1/2020

*In addition to general coding guidelines, there are guidelines for specific diagnoses and/or conditions in the classification. Unless otherwise indicated, these guidelines apply to all health care settings. Please refer to Section II for guidelines on the selection of principal diagnosis.*

## Chapter 1: Certain Infectious and Parasitic diseases (A00-B99), U07.1

### g. Coronavirus infections

#### 1) COVID-19 infection (infection due to SARS-CoV-2)

##### (a) Code only confirmed cases

Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider or documentation of a positive COVID-19 test result. For a confirmed diagnosis, assign code U07.1, COVID-19. This is an exception to the hospital inpatient guideline Section II, H. In this context, “confirmation” does not require documentation of a positive test result for COVID-19; the provider’s documentation that the individual has COVID-19 is sufficient.

If the provider documents "suspected," "possible," "probable," or “inconclusive” COVID-19, do not assign code U07.1. Instead, code the signs and symptoms reported. See guideline I.C.1.g.1.g.’

##### (b) Sequencing of codes

When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except when another guideline requires that certain codes be sequenced first, such as obstetrics, sepsis, or transplant complications.

For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock

See Section I.C.15.s. for COVID-19 infection in pregnancy, childbirth, and the puerperium See Section I.C.16.h. for COVID-19 infection in newborn

For a COVID-19 infection in a lung transplant patient, see Section I.C.19.g.3.a. Transplant complications other than kidney.

##### (c) Acute respiratory manifestations of COVID-19

When the reason for the encounter/admission is a respiratory manifestation of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the respiratory manifestation(s) as additional diagnoses.

The following conditions are examples of common respiratory manifestations of COVID-19.

##### (i) Pneumonia

For a patient with pneumonia confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.82, Pneumonia due to coronavirus disease 2019.



**(ii) Acute bronchitis**

For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8, Acute bronchitis due to other specified organisms. Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code U07.1 and J40, Bronchitis, not specified as acute or chronic.

**(iii) Lower respiratory infection**

If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, codes U07.1 and J22, Unspecified acute lower respiratory infection, should be assigned. If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned

**(iv) Acute respiratory distress syndrome**

For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80, Acute respiratory distress syndrome.

**(v) Acute respiratory failure**

For acute respiratory failure due to COVID-19, assign code U07.1, and code J96.0-, Acute respiratory failure.

**(d) Non-respiratory manifestations of COVID-19**

When the reason for the encounter/admission is a non-respiratory manifestation (e.g., viral enteritis) of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the manifestation(s) as additional diagnoses.

**(e) Exposure to COVID-19**

For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code Z20.822, Contact with and (suspected) exposure to COVID-19. See guideline I.C.21.c.1, Contact/Exposure, for additional guidance regarding the use of category Z20 codes. If COVID-19 is confirmed, see guideline I.C.1.g.1.a

**(f) Screening for COVID-19**

During the COVID-19 pandemic, a screening code is generally not appropriate. Do not assign code Z11.52, Encounter for screening for COVID-19. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19 (guideline I.C.1.g.1.e). Coding guidance will be updated as new information concerning any changes in the pandemic status becomes available.

**(g) Signs and symptoms without definitive diagnosis of COVID-19**

For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:

- R05 Cough
- R06.02 Shortness of breath
- R50.9 Fever, unspecified

If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to COVID-19, assign Z20.822, Contact with and (suspected) exposure to COVID-19, as an additional code.



## **(h) Asymptomatic individuals who test positive for COVID-19**

For asymptomatic individuals who test positive for COVID-19, see guideline I.C.1.g.1.a. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

## **(i) Personal history of COVID-19**

For patients with a history of COVID-19, assign code Z86.16, Personal history of COVID-19.

## **(j) Follow-up visits after COVID-19 infection has resolved**

For individuals who previously had COVID-19 and are being seen for follow-up evaluation, and COVID-19 test results are negative, assign codes Z09, Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, and Z86.16, Personal history of COVID-19.

## **(k) Encounter for antibody testing**

For an encounter for antibody testing that is not being performed to confirm a current COVID-19 infection, nor is a follow-up test after resolution of COVID-19, assign Z01.84, Encounter for antibody response examination. Follow the applicable guidelines above if the individual is being tested to confirm a current COVID-19 infection. For follow-up testing after a COVID-19 infection, see guideline I.C.1.g.1.j.

## **(l) Multisystem Inflammatory Syndrome**

For individuals with multisystem inflammatory syndrome (MIS) and COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code M35.81, Multisystem inflammatory syndrome, as an additional diagnosis.

If MIS develops as a result of a previous COVID-19 infection, assign codes M35.81, Multisystem inflammatory syndrome, and B94.8, Sequelae of other specified infectious and parasitic diseases.

If an individual with a history of COVID-19 develops MIS and the provider does not indicate the MIS is due to the previous COVID-19 infection, assign codes M35.81, Multisystem inflammatory syndrome, and Z86.16, Personal history of COVID-19.

If an individual with a known or suspected exposure to COVID-19, and no current COVID-19 infection or history of COVID-19, develops MIS, assign codes M35.81, Multisystem inflammatory syndrome, and Z20.822, Contact with and (suspected) exposure to COVID-19.

Additional codes should be assigned for any associated complications of MIS.

## **Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00-O9A)**

### **s. COVID-19 infection in pregnancy, childbirth, and the puerperium**

During pregnancy, childbirth or the puerperium, when COVID-19 is the reason for admission/encounter, code O98.5-, Other viral diseases complicating pregnancy, childbirth and the puerperium, should be sequenced as the principal/first-listed diagnosis, and code U07.1, COVID-19, and the appropriate codes for associated manifestation(s) should be assigned as additional diagnoses. Codes from Chapter 15 always take sequencing priority.

If the reason for admission/encounter is unrelated to COVID-19 but the patient tests positive for COVID-19 during the admission/encounter, the appropriate code for the reason for admission/encounter should be sequenced as



the principal/first- listed diagnosis, and codes O98.5- and U07.1, as well as the appropriate codes for associated COVID-19 manifestations, should be assigned as additional diagnoses.

## Chapter 16: Certain Conditions Originating in the Perinatal Period (P00-P96)

For coding and reporting purposes the perinatal period is defined as before birth through the 28th day following birth. The following guidelines are provided for reporting purposes.

### h. COVID-19 Infection in Newborn

For a newborn that tests positive for COVID-19, assign code U07.1, COVID-19, and the appropriate codes for associated manifestation(s) in neonates/newborns in the absence of documentation indicating a specific type of transmission. For a newborn that tests positive for COVID-19 and the provider documents the condition was contracted in utero or during the birth process, assign codes P35.8, Other congenital viral diseases, and U07.1, COVID-19. When coding the birth episode in a newborn record, the appropriate code from category Z38, Liveborn infants according to place of birth and type of delivery, should be assigned as the principal diagnosis.

## Chapter 21: Factors influencing health status & contact with health services (Z00-Z99)

Note: The chapter specific guidelines provide additional information about the use of Z codes for specified encounters

### a. Use of Z Codes in Any Healthcare Setting

Z codes are for use in any healthcare setting. Z codes may be used as either a first-listed (principal diagnosis code in the inpatient setting) or secondary code, depending on the circumstances of the encounter. Certain Z codes may only be used as first-listed or principal diagnosis.

### a. Z Codes Indicate a Reason for an Encounter

Z codes are not procedure codes. A corresponding procedure code must accompany a Z code to describe any procedure performed.

### c. Categories of Z Codes

#### 1) Contact/Exposure

Category Z20 indicates contact with, and suspected exposure to, communicable diseases. These codes are for patients who are suspected to have been exposed to a disease by close personal contact with an infected individual or are in an area where a disease is epidemic. Contact/exposure codes may be used as a first-listed code to explain an encounter for testing, or, more commonly, as a secondary code to identify a potential risk.

#### 2) Inoculations and vaccinations

Code Z23 is for encounters for inoculations and vaccinations. It indicates that a patient is being seen to receive a prophylactic inoculation against a disease. Procedure codes are required to identify the actual administration of the injection and the type(s) of immunizations given. Code Z23 may be used as a secondary code if the inoculation is given as a routine part of preventive health care, such as a well-baby visit.



## 6) Observation

There are three observation Z code categories. They are for use in very limited circumstances when a person is being observed for a suspected condition that is ruled out. The observation codes are not for use if an injury or illness or any signs or symptoms related to the suspected condition are present. In such cases the diagnosis/symptom code is used with the corresponding external cause code.

The observation codes are primarily to be used as a principal/first-listed diagnosis. An observation code may be assigned as a secondary diagnosis code when the patient is being observed for a condition that is ruled out and is unrelated to the principal/first-listed diagnosis (e.g., patient presents for treatment following injuries sustained in a motor vehicle accident and is also observed for suspected COVID-19 infection that is subsequently ruled out). Also, when the principal diagnosis is required to be a code from category Z38, Liveborn infants according to place of birth and type of delivery, then a code from category Z05, Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out, is sequenced after the Z38 code.

Additional codes may be used in addition to the observation code, but only if they are unrelated to the suspected condition being observed.

## 13) Routine and Administrative Examinations

The Z codes allow for the description of encounters for routine examinations, such as, a general check-up, or, examinations for administrative purposes, such as, a pre-employment physical. The codes are not to be used if the examination is for diagnosis of a suspected condition or for treatment purposes. In such cases the diagnosis code is used. During a routine exam, should a diagnosis or condition be discovered, it should be coded as an additional code. Pre-existing and chronic conditions and history codes may also be included as additional codes as long as the examination is for administrative purposes and not focused on any particular condition.

### The Z codes/categories for routine and administrative examinations:

- Z00 Encounter for general examination without complaint, suspected or reported diagnosis
- Z01 Encounter for other special examination without complaint, suspected or reported diagnosis (Z01.84 – Antibody testing)
- Z02 Encounter for administrative examination  
Except: Z02.9, Encounter for administrative examinations, unspecified Z32.0- Encounter for pregnancy test

## 16) Z Codes That May Only be Principal/First-Listed Diagnosis

The following Z codes/categories may only be reported as the principal/first- listed diagnosis, except when there are multiple encounters on the same day and the medical records for the encounters are combined:

- Z01 Encounter for other special examination without complaint, suspected or reported diagnosis



## Our Reports and Recommendations:

These materials are for general informational purposes only. These materials do not, and are not intended to, constitute legal or compliance advice, and you should not act or refrain from acting based on any information provided in these materials. Please consult with your own legal counsel or compliance professional regards specific legal or compliance questions you have.

## References

- [Medicare Monoclonal Antibody COVID-19 Infusion Program Instruction](#)
- [Covid-19 NDC-HCPCS Crosswalk](#)
- [COVID-19 Vaccination Resources at CDC](#)
- [COVID-19 CPT Vaccine and Immunization Codes - AMA](#)
- [Quick Reference Guide to the Coding Structure for Covid-19 Vaccine CPT Reporting](#)
- [Bamlanivimab Emergency Use Authorization](#)
- [Casirivimab and imdevimab Emergency Use Authorization \(ZIP\)](#)
- [Fact Sheet for Healthcare Providers - Emergency Use Authorization of Bamlanivimab](#)
- [Fact Sheet for Healthcare Providers - Emergency Use Authorization of casirivimab and imdevimab](#)
- [COVID-19 Vaccination Training Programs and Reference Materials for Healthcare Professionals](#)
- [CMS Provider Toolkit](#)
- [CMS COVID-19 Vaccines Payment Allowances and Effective Dates](#)
- [Self-pay Provider Relief Fund](#)
- [Coding for NCTAP](#)
- [ICD-10 Official Guidelines Updated December 16, 2021](#)
- <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>

