

## COVID-19 Testing

### **Effective 2/1/2023**

In accordance with the [ICD-10-CM Official Guidelines for Coding and Reporting \(2023\)](#), The Plan will require COVID-19 laboratory testing, including molecular, antigen, and antibody tests, to be billed with one of the below diagnosis codes.

Claims for COVID-19 laboratory testing without one of these diagnosis codes will be considered not medically necessary. Applicable codes and guidelines will be published in the [COVID-19 Testing Policy](#). *Please note:* this does not include at-home or over-the-counter COVID-19 testing and does not apply to the Medicaid/OHP line of business.

DIAGNOSES	DESCRIPTION
U071	COVID-19
Z20822	Contact with and (suspected) exposure to COVID-19
J1282	Pneumonia due to coronavirus disease 2019
J208	Acute bronchitis due to other specified organisms
J40	Bronchitis, not specified as acute or chronic
J22	Unspecified acute lower respiratory infection
J988	Other specified respiratory disorders
J80	Acute respiratory distress syndrome
J9600	Acute respiratory failure, unspecified w hypoxia or hypercapnia
J9601	Acute respiratory failure with hypoxia
J9602	Acute respiratory failure with hypercapnia
R051	Acute cough
R059	Cough, unspecified
R0602	Shortness of breath
R509	Fever, unspecified
Z8616	Personal history of COVID-19
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z0184	Encounter for antibody response examination
M3581	Multisystem inflammatory syndrome
U099	Post COVID-19 condition, unspecified
O9851	Other viral diseases complicating pregnancy
O9852	Other viral diseases complicating childbirth
O9853	Other viral diseases complicating the puerperium
P358	Other congenital viral diseases