# ICD-10-CM Coding for COVID-19

**April 1, 2020**

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## Faculty

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## Objectives

- Learn about the new ICD-10-CM code for COVID-19 effective April 1, 2020
- Discuss the updated ICD-10-CM Official Coding Guidelines related to coding for COVID-19
- Apply the new coding guidance for COVID-19 to common scenarios identified by the AHA Central Office

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## What's in a Name?

- Virus Name
  - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
  - 2019 novel coronavirus (nCoV)
  - Novel coronavirus
  - COVID-19 virus
- Disease Name
  - Coronavirus disease 2019 (COVID-19)

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## Coding for COVID-19 *Prior* to April 1, 2020

- Refer to the supplement to the ICD-10-CM Official Guidelines for coding encounters related to the COVID-19 coronavirus outbreak.
  - https://www.cdc.gov/nchs/icd/icd10cm.htm
  - Also published in *Coding Clinic* First Quarter 2020
- Frequently asked questions
  - Jointly developed by the American Hospital Association's Central Office on ICD-10-CM/PCS and AHIMA
  - Posted on our respective websites
    - https://www.codingclinicadvisor.com/faqs-icd-10-cm-coding-covid-19
    - https://journal.ahima.org/ahima-and-aha-faq-on-icd-10-cm-coding-for-covid-19/

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## New ICD-10-CM Code effective April 1, 2020

- **U07.1, COVID-19**
  - Developed by the World Health Organization
  - Announced March 18 at ICD-10-CM Coordination and Maintenance Committee
  - May be used for discharges/date of service on or after April 1, 2020.

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## Addenda effective April 1, 2020

- New Chapter 22
  - Codes for special purposes (U00-U85)
  - New section Provisional assignment of new diseases of uncertain etiology or emergency use (U00-U49)
  - New category U07 Emergency use of U07
    - New codes
      - **U07.0**, Vaping-related disorder
      - **U07.1**, COVID-19

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## Addenda effective April 1, 2020 (cont.)

- Tabular List

| | |
|---|---|
| New code | U07.1 COVID-19 |
| Add | Use additional code to identify pneumonia or other manifestations |
| Add | Excludes1: Coronavirus infection, unspecified (B34.2) |
| Add | Coronavirus as the cause of diseases classified elsewhere (B97.2-) |
| Add | Pneumonia due to SARS-associated coronavirus (J12.81) |

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## Addenda effective April 1, 2020 (cont.)

- Alphabetic Index

| | |
|---|---|
| Add | Coronavirus (infection) |
| Add | - as cause of diseases classified elsewhere B97.29 |
| Add | - coronavirus-19 U07.1 |
| Add | - COVID-19 U07.1 |
| Add | - SARS-associated B97.21 |
| | Infection, infected, infective (opportunistic) B99.9 |
| Add | - coronavirus-2019 U07.1 |
| | - coronavirus NEC B34.2 |
| | - - as cause of disease classified elsewhere B97.29 |
| | - - severe acute respiratory syndrome (SARS associated) B97.21 |
| Add | - COVID-19 U07.1 |
| | - virus, viral NOS B34.9 |
| Add | - - COVID-19 U07.1 |

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## ICD-10-CM Official Coding and Reporting Guidelines

**April 1, 2020 through September 30, 2020**

https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf

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## Code Only Confirmed Cases

Assign code **U07.1, COVID-19**, only for a confirmed diagnosis of the 2019 novel coronavirus (COVID-19)

- as documented by the provider
- documentation of a positive COVID-19 test result, or
- a presumptive positive COVID-19 test result.

- This is an exception to the hospital inpatient guideline Section II, H.
  - In this context, "confirmation" does not require documentation of the type of test performed; the provider's documentation that the individual has COVID-19 is sufficient.

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## Code Only Confirmed Cases (cont.)

- Presumptive positive COVID-19 test results should be coded as confirmed.
  - A presumptive positive test result means an individual has tested positive for the virus at a local or state level, but it has not yet been confirmed by the Centers for Disease Control and Prevention (CDC).
  - CDC confirmation of local and state tests for the COVID-19 virus is no longer required.

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## Code Only Confirmed Cases (cont.)

- If the provider documents "suspected," "possible," "probable," or "inconclusive" COVID-19, do not assign code U07.1.
  - Assign a code(s) explaining the reason for encounter (such as fever) or **Z20.828**, Contact with and (suspected) exposure to other viral communicable diseases.

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## AHA-AHIMA Recommendation

- *Question: How should we handle cases related to COVID-19 when the test results aren't back yet? The supplementary guidance and FAQs are confusing since some times COVID-19 is not "ruled out" during the encounter, since the test results aren't back yet. (3/24/2020)*

Answer: Due to the heightened need to capture accurate data on positive COVID-19 cases, **we recommend that providers consider developing facility-specific coding guidelines to hold back coding of inpatient admissions and outpatient encounters until the test results for COVID-19 testing are available.** This advice is limited to cases related to COVID-19.

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## 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.
  - Exception: Obstetrics patients as indicated in Section . I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium.
- *For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock.*

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## Acute Respiratory Illness Due to COVID-19

- **Pneumonia**
  - Codes **U07.1,** COVID-19, and **J12.89**, Other viral pneumonia.
- **Acute bronchitis**
  - Codes **U07.1**, and **J20.8**, Acute bronchitis due to other specified organisms.
- **Bronchitis not otherwise specified (NOS)**
  - Code **U07.1** and **J40**, Bronchitis, not specified as acute or chronic.

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## Acute Respiratory Illness Due to COVID-19 (cont.)

- **Lower respiratory infection NOS**
  - **U07.1,** COVID-19, and **J22**, Unspecified acute lower respiratory infection
- **Acute respiratory infection NOS**
  - **U07.1,** COVID-19, and **J22**, Unspecified acute lower respiratory infection
- **Respiratory infection NOS**
  - **U07.1,** COVID-19, and **J98.8**, Other specified respiratory disorders
- **Acute respiratory distress syndrome**
  - **U07.1**, COVID-19, and **J80**, Acute respiratory distress syndrome

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## Exposure to COVID-19

- Concern about a possible exposure to COVID-19, but this is ruled out after evaluation
  - **Z03.818**, Encounter for observation for suspected exposure to other biological agents ruled out.
- Actual exposure to someone who is confirmed or suspected (not ruled out) to have COVID-19, and the exposed individual either tests negative or the test results are unknown
  - **Z20.828**, Contact with and (suspected) exposure to other viral communicable diseases. If the exposed individual tests positive for the COVID-19 virus, see guideline a) Code only confirmed cases.

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## Screening for COVID-19

- Asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative
  - **Z11.59**, Encounter for screening for other viral diseases.
- For individuals who are being screened due to a possible or actual exposure to COVID-19, see guideline for Exposure to COVID-19.
- Asymptomatic individual is screened for COVID-19 and tests positive, assign code U07.1, COVID-19.

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## Signs and symptoms without definitive diagnosis of COVID-19

- 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

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## Signs and symptoms without definitive diagnosis of COVID-19 (cont.)

- Patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to someone who has COVID-19
  - **Z20.828**, Contact with and (suspected) exposure to other viral communicable diseases, as an additional code.
  - **This is an exception to guideline I.C.21.c.1, Contact/Exposure.**

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## Asymptomatic individuals who test positive for COVID-19

- Asymptomatic individuals who test positive for COVID-19
  - **U07.1**, COVID-19. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

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## Chapter 15: COVID-19 Infection in Pregnancy, Childbirth, and The Puerperium

- During pregnancy, childbirth or the puerperium, a patient admitted (or presenting for a health care encounter) because of COVID-19
  - Principal diagnosis: **O98.5-**, Other viral diseases complicating pregnancy, childbirth and the puerperium
  - Secondary diagnosis: **U07.1**, COVID-19, and the appropriate codes for associated manifestation(s).
- **Codes from Chapter 15 always take sequencing priority**.

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## Example #1

- *Question:* Inpatient is tested for COVID and the test comes back negative, but positive for pneumonia and the flu. Should we be using the Z code in addition to the diagnosis of flu and pneumonia?

- Answer:
  - Assign codes for the flu and pneumonia
  - Z20.828, Contact with and (suspected) exposure to other viral communicable diseases

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## Examples #2

- *Question:* Patient was admitted for liver transplant rejection and 10 days into the admission the patient develops new onset cough, runny nose and tests positive for coronavirus. Documentation shows COVID-19 with very mild symptoms. How should this be sequenced?

- Answer:
  - Principal diagnosis: T86.41, Liver transplant rejection
  - Secondary diagnosis: U07.1, COVID-19

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## Example #3

- *Question: Patient is admitted with pneumonia due to COVID-19 which then progresses to viral sepsis. How should this be reported?*

- Answer:
  - Principal diagnosis: U07.1, COVID-19
  - Secondary diagnosis:
    - A41.89, Other specified sepsis
    - J12.89, Other viral pneumonia

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## Example #4

- *Question:* If a patient is admitted with sepsis due to COVID-19 pneumonia. Would code U07.1 be assigned as the principal diagnosis?
- Answer:
  - Principal diagnosis: A41.89, Other specified sepsis
  - Secondary diagnosis:
    - U07.1, COVID-19
    - J12.89, Other viral pneumonia

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## Example #5

- *Question:* Does code U07.1 apply to all healthcare settings? For example, can it be used as the primary code for home health services or rehab facilities?
- Answer: Code U07.1, COVID-19, has part of the official ICD-10-CM code set effective April 1, 2020. As such, it is the HIPAA code set standard for diagnosis coding in all care settings.
- If the reason for the encounter is COVID-19, then code U07.1 may be applied, depending on the circumstances of admission/encounter.

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## Example #6

- *Question:* Does a provider need to explicitly link the results of the COVID-19 test to the respiratory condition as the cause of the respiratory illness? Patients are being seeing in our ED and if results are not available, we are reluctant to query the physicians to go back and document the linkage when the results come back.
- Answer: No, the provider does not need to explicitly link the test result to the respiratory condition, as long as there is documentation of a positive COVID-19 test result in the record.
- **We recommend that providers consider developing facility-specific coding guidelines to hold back coding of inpatient admissions and outpatient encounters until the test results for COVID-19 testing are available. This advice is limited to cases related to COVID-19.**

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## Additional Resources

- https://www.codingclinicadvisor.com/
- https://www.aha.org/2020-01-22-updates-and-resources-novel-coronavirus-2019-cov
- https://www.cdc.gov/nchs/icd/icd10cm.htm
- https://edit.cms.gov/files/document/icd-10-ms-drgs-version-371-r1-effective-april-1-2020-updated-march-23-2020.pdf
- http://www.ahima.org/topics/covid-19

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- AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.
- **Please do not contact the AHA for information on CEU requirements.**

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## Evaluations and Certificates

- https://www.surveymonkey.com/r/cc_covid19

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April 2020

Registrant name: _____

Title: _____

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Address: _____

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This serves as verification for your Continuing Education for the AHA Coding Clinic's webinar ICD-10-CM Coding for COVID-19 by Nelly Leon-Chisen, RHIA - Director, Coding & Classification, American Hospital Association. The webinar was available for on-demand viewing and was one hour in length.

**Please use this form for self-reporting to AHIMA.**

Retain this verification in your personal file for audit purposes.

Thank you for your interest and participation.

Chabre Ross
Program Chairperson
American Hospital Association