

## Coding Guidance for COVID-19

### ICD-10-CM

The ICD-10-CM Coordination and Maintenance Committee meeting March 17-18, 2020, formally adopted the World Health Organization's emergency code for the novel coronavirus COVID-19. **The new ICD-10-CM diagnosis code for COVID-19 is U07.1, effective April 1, 2020.** This new code significantly revises the interim coding guidance published by the Centers for Disease Control and Prevention (CDC) effective February 20, 2020.

The new code U07.1 COVID-19 is added to ICD-10-CM Chapter 22, Provisional assignment of new diseases of uncertain etiology or emergency use. Code U07.1 is always listed as the primary code. U07.1 specifically excludes using other coronavirus codes B34.2 and B97.2-. Additionally, the new U07.1 code excludes using SARS, unspecified J12.81. While the code is effective April 1, 2020, there is a public comment period for the new code through May 18, 2020.

### General Guidance

When the COVID-19 virus is confirmed, code first ICD-10-CM U07.1 COVID-19, followed by the disease, condition or manifestation associated with the COVID-19 virus.

Clinical Impression	Code First	Also Code
Other viral pneumonia	U07.1	J12.89
Acute bronchitis due to other specified organisms	U07.1	J20.8
Bronchitis, not specified as acute or chronic	U07.1	J40
Unspecified acute lower respiratory infection	U07.1	J22
Respiratory Infection NOS, Other specified resp. disorders	U07.1	J98.8
Acute Respiratory Distress Syndrome (ARDS)	U07.1	J80
Suspected possible COVID-19 exposure ruled out	Z03.818	
Exposure to someone confirmed to have COVID-19	Z20.828	

### Pneumonia

For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign primary code U07.1 COVID-19, followed by J12.89 Other viral pneumonia.

### Acute Bronchitis

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

### Lower Respiratory Infection

If COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, this should be assigned with primary code U07.1 COVID-19, followed by J22 Unspecified acute lower respiratory infection. If the COVID-19 is documented as being associated with a respiratory infection, NOS, it would be appropriate to assign code U07.81 and J98.8, Other specified respiratory disorders.

### **ARDS**

Cases with ARDS due to COVID-19 should be assigned the primary code U07.1 and J80, Acute respiratory distress syndrome.

### **Exposure to COVID-19**

For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, it would be appropriate to assign the code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.

For cases where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign the code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

### **Signs and Symptoms**

For patients presenting with any signs/symptoms (such as fever, etc.) and where 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 the provider documents “suspected”, “possible” or “probable” COVID-19, do not assign code U07.1, B97.29 or B34.2. Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828).

### **Sources:**

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

### **CPT Code for SARS-CoV-2/2019-nCoV Test**

Due to the emergent nature of the public health concern surrounding novel coronavirus testing, the American Medical Association (AMA) Current Procedural Terminology (CPT®) Editorial Panel convened a special meeting and approved a new, specific CPT code to describe laboratory testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

This code is effective immediately for use in reporting this testing service as of March 13, 2020. Note that code 87635 is not in the CPT 2020 publication; however, it will be included in the CPT 2021 code set in the Microbiology subsection of the Pathology and Laboratory section. Contact your third-party payer to determine their guidelines regarding applicability for retroactive billing and reimbursement.

The AMA has released this information:

87635 (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)

**Clinical Example** (87635) A 47-year-old male presents to the emergency department with fever, cough, and shortness of breath. The physician or other qualified health care professional (QHP) suspects the patient may have coronavirus (COVID-19). Respiratory swabs are collected and sent to the laboratory.

**Description of Procedure** (87635) Place specimens (eg, nasopharyngeal or oropharyngeal swab, sputum, lower respiratory tract aspirate, bronchoalveolar lavage, and nasopharyngeal wash or aspirate or nasal aspirate) into specimen-transport containers. Use oligonucleotide primers and probes for detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (formally known as 2019-nCoV), and any pan-coronavirus types or subtypes if included, to identify viral gene target(s). Isolate and purify ribonucleic acid (RNA) from the specimens, followed by molecular amplification and analysis. Send the test result (positive, negative, inconclusive) to the patient's physician or other QHP and report or refer to the appropriate public health official as indicated.

## **HCPCS codes for CDC RT-PCR Diagnostic Test Panel and Private Lab SARS-CoV-2/2019-nCoV Test**

### **Medicare**

There are two new HCPCS codes for healthcare providers who need to test patients for Coronavirus. Providers using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for that test using the newly created HCPCS code (U0001). A second new HCPCS code (U0002) can be used by laboratories and healthcare facilities to bill Medicare as well as by other health insurers that choose to adopt this new code for such tests. HCPCS code (U0002) generally describes 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets). The Medicare claims processing system will be able to accept these codes on April 1, 2020 for dates of service on or after February 4, 2020.

Source: <https://www.cms.gov/newsroom/press-releases/cms-develops-additional-code-coronavirus-lab-tests>