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 except for certain obstetric conditions. 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.

Note: U07.2 is not a valid code for ICD-10-CM in the United States.

General Guidance

Dates of Service April 1 and after:

COVID-19 virus can be diagnosed either by confirmatory testing or by clinical certainty. Code first ICD-10-CM U07.1 COVID-19, followed by the disease, condition or manifestation associated with the COVID-19 virus. For testing and testing-related services, one of the Z codes listed below should be assigned when the COVID-19 test is negative.

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
Obstetric patient with COVID-19	O98.5-	U07.1
Suspected possible COVID-19 exposure ruled out	Z03.818	
Exposure to someone confirmed to have COVID-19	Z20.828	
Encounter for screening for other viral diseases	Z11.59	

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 U07.1 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 clinical evaluation, testing, or both, 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.

Pregnancy, Childbirth, and the Puerperium

During pregnancy, childbirth or the puerperium, a patient presenting because of COVID-19 should receive a principal diagnosis code of **O98.5-**, Other viral diseases complicating pregnancy, childbirth and the puerperium, followed by code U07.1, COVID-19, and the appropriate codes for associated manifestation(s). Codes from Chapter 15 always take sequencing priority.

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/COVID-19-guidelines-final.pdf

Test Results Delayed Until After Patient Discharge

For asymptomatic patients with no known exposure or not in an epidemic area and who wants COVID testing, use code Z11.59 [Encounter for screening for other viral diseases] whether test results are available at the time of the encounter or are to be reported later.

Due to the heightened need to capture accurate data on positive COVID-19 cases, the AHA and AHIMA (Coding Clinic editors) 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.

Source: https://journal.ahima.org/ahima-and-aha-faq-on-icd-10-cm-coding-for-covid-19/

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Other viral pneumonia	J12.89	B97.29
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Bronchitis, not specified as acute or chronic	J40	B97.29
Unspecified acute lower respiratory infection	J22	B97.29
Respiratory Infection NOS, Other specified resp. disorders	J98.8	B97.29
Acute Respiratory Distress Syndrome (ARDS)	J80	B97.29
Suspected possible COVID-19 exposure ruled out	Z03.818	
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Supplement: Coding encounters related to COVID-19 Coronavirus Outbreak Effective: February 20, 2020

New information from the Health Resources& Services Administration, (HRSA) which is charged with administering the HHS payment program for uninsured patients during the public health emergency

HRSA has provided coding guidance for claims for uninsured patients with COVID-19 related presentations.

HRSA coding guidance lists categories for Testing, Antibody Testing and Treatment codes

Under Testing they list three codes, one of which must be on a claim to be eligible for reimbursement:

Z03.818   Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)

Z20.828   Contact with and (suspected) exposure to other viral communicable (confirmed exposure to COVID-19)

Z11.59   Encounter for screening for other viral diseases (asymptomatic)

Under Treatment, eligible claims must meet the following criteria:

The COVID-19 diagnosis code **must be the primary diagnosis code submitted**. The only exception is for pregnancy (O98.5-), when the COVID-19 code may be listed as secondary.

COVID-19 diagnosis code for dates of service or dates of discharge **through March 31, 2020**:

B97.29   Other coronavirus as the cause of diseases classified elsewhere COVID-19 diagnosis codes.

COVID-19 diagnosis code for dates of service or dates of discharge **through March 31, 2020**:

U07.1   2019-nCoV acute respiratory disease.

Consider this FAQ from HRSA: https://www.hrsa.gov/coviduninsuredclaim/frequently-asked-questions

Q. What services are eligible for Reimbursement?

A. Reimbursement will be made for qualifying testing for COVID-19 and treatment services with a primary COVID-19 diagnosis, including the following:

- Specimen collection, diagnostic and antibody testing.
- Testing-related visits including in the following settings: office, urgent care or emergency room or via telehealth.

- Treatment, including office visit (including via telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ground ambulance transportation, non-emergent patient transfers via ground ambulance, and FDA-approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay.

- FDA-approved vaccine, when available.

- For inpatient claims, date of admittance must be on or after February 4, 2020.

Additional Resources

The links below are to new information from the Health Resources& Services Administration, (HRSA) which is charged with administering the HHS payment program for uninsured patients during the public health emergency.

This first link takes you to the HRSA website where you can find links to the COVID-19 Uninsured Portal and FAQ set

https://www.hrsa.gov/coviduninsuredclaim

This second link takes you to a page with COVID19 advice for both ICD-10 and CPT

https://coviduninsuredclaim.linkhealth.com/billing-codes.html

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