

Part B Insider (Multispecialty) Coding Alert

ICD-10: Update Your COVID-19 Coding Options

Tip: Master the coding process with relevant Z codes.

Despite much progress across the nation in "flattening the curve" of COVID-19 transmission, the pandemic continues to wreak havoc on the nation. Now that states and regions are slowly opening back up, spikes are expected, and you may want to prepare for an uptick in COVID-19 diagnoses.

Reminder: The Centers for Medicare & Medicaid Services (CMS) added an ICD-10-CM code for COVID-19: U07.1 (COVID-19) and specific instructions were provided via the ICD-10 Official Coding and Reporting Guidelines, which became effective April 1, 2020.

"The creation of an ICD-10-CM diagnosis code for COVID-19 was fast-tracked to fulfill the imperative need to track the diagnosis of this condition as well as its subsequent treatment," explains **Gregory Przybylski, MD**, immediate past chairman of neuroscience and director of neurosurgery at the New Jersey Neuroscience Institute, JFK Medical Center in Edison, New Jersey.

Read on for an in-depth look at the intersection of ICD-10-CM and the pandemic with tips to keep your COVID-19 claims accurate.

Don't Miss New Chapter in ICD-10-CM

The Tabular List of Diseases and Injuries now includes the following new chapter, section, and category code:

- Chapter 22 - Codes for special purposes (U00-U85)
- Section - Provisional assignment of new diseases of uncertain etiology or emergency use (U00-U49)
- Category Code U07 - Emergency use of U07

For COVID-19 positive patients, you'll report code U07.1. Make sure you check out the following list of supplemental "Use additional" and Excludes1 notes:

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

Use Updated COVID-19 Guidelines

ICD-10-CM has added some new guidelines regarding COVID-19. You can read the new guidelines in their entirety here: www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf.



Start by reviewing the rules surrounding Section C.1.g.1.a:

a) Code only confirmed cases

According to the new guidelines, you should "code only 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." For a confirmed diagnosis of COVID-19, you should report U07.1. "This is an exception to the hospital

inpatient guideline Section II, H, per the guidelines. "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."

You must also know how to report a presumptive positive COVID-19 test result. Per the guidelines, you should code a presumptive positive result as confirmed. And a presumptive positive test results means that "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 COVID-19 is no longer required."

You should not report U07.1 if the physician documents "suspected," "possible," "probable," or inconclusive COVID-19. You would instead report a code explaining the reason for the encounter such as a fever or Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases) or Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out) dependent on test results and specific COVID-19 exposure.

Understand Pulmonary Manifestations, Complications

You'll also have a set of specific rules to follow if and when a patient experiences acute respiratory illness due to COVID-19. Check out these secondary diagnoses when COVID-19 manifests as a respiratory condition.

Coding example 1: For instance, for a COVID-19 patient diagnosed with subsequent pneumonia, the guidelines advise that you report J12.89 (Other viral pneumonia) as a secondary diagnosis code. So, you would report U07.1, J12.89 on your claim.

Coding example 2: For a patient with acute bronchitis confirmed as due to COVID-19, you should report U07.1, J20.8 (Acute bronchitis due to other specified organisms) on your claim.

Note: If the patient has bronchitis not otherwise specified (NOS) due to COVID-19, then you would report U07.1, J40 (Bronchitis, not specified as acute or chronic) on your claim.

Coding example 3: If the physician documents the patient's COVID-19 as being associated with a lower respiratory infection, NOS, or an acute respiratory infection, NOS, you should report U07.1, J22 (Unspecified acute lower respiratory infection) on your claim. Note: If the physician documents the patient's COVID-19 as being associated with a respiratory infection, NOS, then you would report U07.1, J98.8 (Other specified respiratory disorders) on your claim.

Coding example 4: If the patient has acute respiratory distress syndrome (ARDS) due to COVID-19, then report U07.1, J80 (Acute respiratory distress syndrome) on your claim.

Evaluate These COVID-19 Clinical Scenarios

Take a look at some clinical scenarios and the respective ICD-10 codes you should report in those cases:

Scenario 1: A patient presents with concern about a possible exposure to COVID-19, but this is ruled out after evaluation. Report Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out).

Scenario 2: A patient has been exposed to a suspected or confirmed COVID-19 case. The patient's test results come back either negative or unknown. Report Z20.828.

Scenario 3: An asymptomatic patient is screened for COVID-19 without any known exposure and test results either negative or unknown. Report Z11.59 (Encounter for screening for other viral diseases).

Scenario 4: A patient presents with COVID-19 signs and symptoms, but no established diagnosis. Code the signs and symptoms.

Scenario 5: A patient presents with COVID-19 signs and symptoms with actual or suspected exposure to a COVID-19 patient. Report Z20.828.

Scenario 6: An asymptomatic patient receives a positive COVID-19 test result. Report U07.1.

Become Familiar with U07.1 Sequencing Rules

You should also consider sequencing of codes when reporting COVID-19. In all clinical scenarios outside of those that involve COVID-19 patients in pregnancy, childbirth, and puerperium, you should sequence code U07.1 as the primary, or principal, diagnosis.

For patients with a positive COVID-19 diagnosis in pregnancy, childbirth, and puerperium, you'll report the appropriate code from subcategory O98.5 (Other viral diseases complicating pregnancy, childbirth and the puerperium) as the primary diagnosis. You'll follow that up with U07.1 and the respective codes for any associated manifestations.

Disclaimer: Information related to COVID-19 is changing rapidly. This information was accurate at the time of writing. Be sure to stay tuned to future issues of Part B Insider for more information.