

# Coding in a crisis

## COVID-19 documentation guidance for providers

(effective for discharges/dates of service on or after April 1, 2020)



The World Health Organization (WHO) has developed ICD-10-CM codes and the Centers for Disease Control and Prevention (CDC) has recently announced adoption of the codes specifically for reporting COVID-19. These codes have been made available for use effective April 1, 2020. This off-cycle update (most updates are issued October 1 of each year) is unprecedented and is an exception to the code set updating process established under HIPAA. Complete and accurate code capture is imperative for accurate reporting of COVID-19 cases. ICD-10 coding is based on provider documentation and drives accurate code assignment. Identification of hot spots and infection rates is based on the reported ICD-10 codes.

ICD-10-CM code U07.1, COVID-19, may be used for discharges/date of service on or after April 1, 2020. This code is intended to be sequenced first, followed by the appropriate codes for associated manifestations when COVID-19 meets the definition of principal or first-listed diagnosis. For guidance on discharges/dates of service 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.

Requirement	Approach
<p><b>COVID-19 positive provider documentation must:</b></p>	<ul style="list-style-type: none"> <li>• Confirm a positive test of COVID-19.</li> <li>• Link any associated respiratory conditions.</li> <li>• Identify that the infection was present on admission, if the patient is being treated in the hospital.</li> <li>• Consistently document comorbidities such as acute respiratory failure, ARDS, COPD exacerbation, pneumonia, CHF, MI, etc.</li> </ul>
<p><b>COVID-19 infections (infections due to SARS-CoV-2) — code only confirmed cases</b></p>	<ul style="list-style-type: none"> <li>• Code only a confirmed diagnosis of 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, assign code U07.1, COVID-19. 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.</li> <li>• 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 the result has not yet been confirmed by the CDC. CDC confirmation of local and state tests for COVID-19 is no longer required.</li> <li>• 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.</li> <li>• <b>Sequencing of codes:</b> <ul style="list-style-type: none"> <li>– When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate code(s) for associated manifestations, except in the case of obstetrics patients as indicated in Section I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium of the ICD-10-CM Official Coding and Reporting Guidelines.</li> <li>– For a COVID-19 infection that progresses to sepsis, see ICD-10-CM Official Coding and Reporting Guidelines Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock</li> <li>– See ICD-10-CM Official Coding and Reporting Guidelines Section I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium.</li> </ul> </li> </ul>

(Continued)

Requirement	Approach
<p><b>A positive COVID-19 result must be linked to a specific respiratory condition in order to code in ICD-10 as shown:</b></p>	<ul style="list-style-type: none"> <li>• <b>Pneumonia.</b> For a pneumonia case confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia.</li> <li>• <b>Acute bronchitis.</b> For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8, Acute bronchitis due to other specified organisms. Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code U07.1 and J40, Bronchitis, not specified as acute or chronic.</li> <li>• <b>Lower respiratory infection.</b> If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, codes U07.1 and J22, Unspecified acute lower respiratory infection, should be assigned. If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned.</li> <li>• <b>Acute respiratory distress syndrome (ARDS).</b> For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80, Acute respiratory distress syndrome.</li> </ul>
<p><b>Unconfirmed and negative COVID-19 documentation and coding exposure to COVID-19</b></p>	<p><b>Exposure to COVID-19</b></p> <ul style="list-style-type: none"> <li>• For cases where there is possible exposure to COVID-19, but the disease is ruled out, report code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.</li> <li>• For cases where there is an actual exposure to someone who is confirmed to have COVID-19, report code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. This code is not necessary if the exposed patient is confirmed to have COVID-19.</li> </ul> <p><b>Screening for COVID-19</b></p> <p>For 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, assign code Z11.59, Encounter for screening for other viral diseases.</p> <ul style="list-style-type: none"> <li>• <b>Signs and symptoms.</b> For patients presenting with any signs/symptoms and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as: Cough (R05); Shortness of breath (R06.02); or Fever unspecified (R50.9).</li> <li>• <b>Asymptomatic individuals who test positive for COVID-19.</b> For asymptomatic individuals who test positive for COVID-19, assign code U07.1, COVID-19. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.</li> <li>• <b>COVID-19 infection in pregnancy, childbirth, and the puerperium.</b> During pregnancy, childbirth, or the puerperium, a patient admitted (or presenting for a health care encounter) 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.</li> </ul>

**All conditions being treated should be documented to highest specificity possible. All respiratory conditions due to COVID-19 need to be linked. Providers will receive a query for any unclear documentation related to COVID-19 and comorbidities.**

**Questions? Please contact us today.**

**Daniel Brooks, Chief Commercial Officer • (800) 770-3371 • [businessdevelopment@xtendhealthcare.net](mailto:businessdevelopment@xtendhealthcare.net)  
[xtendhealthcare.net](http://xtendhealthcare.net)**