

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
COVID-19 positive provider documentation must:	<ul style="list-style-type: none"> • Confirm a positive test of COVID-19. • Link any associated respiratory conditions. • Identify that the infection was present on admission, if the patient is being treated in the hospital. • Consistently document comorbidities such as acute respiratory failure, ARDS, COPD exacerbation, pneumonia, CHF, MI, etc.
COVID-19 infections (infections due to SARS-CoV-2) — code only confirmed cases	<ul style="list-style-type: none"> • 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. • 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. • 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. • Sequencing of codes: <ul style="list-style-type: none"> – 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. – 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 – See ICD-10-CM Official Coding and Reporting Guidelines Section I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium.

(Continued)

Requirement	Approach
<p>A positive COVID-19 result must be linked to a specific respiratory condition in order to code in ICD-10 as shown:</p>	<ul style="list-style-type: none"> • Pneumonia. For a pneumonia case confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia. • Acute bronchitis. 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. • Lower respiratory infection. 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. • Acute respiratory distress syndrome (ARDS). For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80, Acute respiratory distress syndrome.
<p>Unconfirmed and negative COVID-19 documentation and coding exposure to COVID-19</p>	<p>Exposure to COVID-19</p> <ul style="list-style-type: none"> • 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. • 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. <p>Screening for COVID-19</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"> • Signs and symptoms. 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). • Asymptomatic individuals who test positive for COVID-19. 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. • 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 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.

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.

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