



## **Coding and Documentation of COVID-19**

### **FAQs**

**4/1/2020**

\* Please also see Coding Clinic Advisor for an official published a list of COVID-19 coding FAQs that can be found at <https://www.codingclinicadvisor.com/faqs-icd-10-cm-coding-covid-19>

### **CDC Announcement: New ICD-10-CM code for the 2019 Novel Coronavirus (COVID-19),**

**April 1, 2020**

**Due to the urgent need to capture the reporting of this condition in our nation’s claims and surveillance data, the Centers for Disease Control (CDC), under the National Emergencies Act Section 201 and 301, is announcing a change in the effective date of new diagnosis code U07.1, COVID-19, from October 1, 2020 to April 1, 2020. This off-cycle update is unprecedented and is an exception to the code set updating process established under HIPAA.**

**U07.1 is effective for all discharges dated April 1<sup>st</sup>, 2020 and beyond. It is not a retroactive code. Discharges prior to April 1<sup>st</sup>, 2020 will continue to use code B97.29.**

**COVID-19 cases with discharge of April 1, 2020 should be held until the April 2020 product update has been installed. By pending the cases until the update installation, the claims will be correctly coded when the claims drop.**

## **Coding and Documentation of COVID-19**

### **FAQs**

**Applicable for discharges on and after April 1st, 2020**

- 1. Q: If a patient admitted with cough, fever and sore throat with a recent travel history to Italy and has a negative COVID-19 lab test, how should this be coded? Do we code exposure or suspected condition ruled out?**

A: In this scenario, only code the signs and symptoms. There is no appropriate Z code to use in this case. According to the instructional note under category Z03, a code from category Z03 is assigned when a person is suspected of having a condition, without signs or symptoms, and after examination and observation, the condition is ruled out. The Z20 code for exposure would not be used because confirmed exposure is not documented.

- 2. Q: Should we continue using B97.29, Other coronavirus as the cause of diseases classified elsewhere, to report common human coronaviruses?**

A: Yes, code B97.29 is assigned for other types of documented coronavirus as cause of diseases classified elsewhere, except COVID-19, U07.1, and severe acute respiratory syndrome (SARS)-associated coronavirus, which is classified to code B97.21.

- 3. Q: When should we use code Z03.818?**

A: Z03.818 is used as a first-listed code for a patient that has a suspected exposure, has no symptoms, and/or a negative test. Testing isn't required in order to use the code, but a concern for exposure is. This includes the worried well.

- 4. Q: Are presumptive positive cases coded as U07.1?**

A: Yes, presumptive positive means a positive lab test was obtained by a provider, but has not yet been confirmed by the CDC. CDC confirmation is NOT required in order to code U07.1.

**5. Q: Will we have to wait for CDC confirmation to code U07.1?**

A: No, CDC confirmation is not necessary to code a positive COVID-19 with code U07.1.

**6. Q: If a patient comes in and there is suspected COVID-19 and a send out test is done; however, the results don't come back until days later, are facilities holding on to these charts and querying the provider if there is a positive test?**

A: This will require a facility specific decision. While you cannot code a case of COVID-19 until it is confirmed, coders are instructed to code 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.

If a facility decides to release accounts (drop the bill) prior to receiving test results – therefore not including code U07.1, we recommend that you implement a follow-up process whereby you are alerted to results when they are available and subsequently correct the claim if the result is positive for COVID-19. Remember, NJHA and other State Hospital Associations will be relying upon accurate UB claim information for trending and data analysis.

**7. Q: If a patient comes in with suspected COVID-19 and test results aren't in prior to discharge, are coders supposed to code the signs and symptoms if there is no confirmed exposure?**

A: Yes, 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.

**8. Q: I had a case where the patient came in with symptoms (fever, SOB, coughing). They documented that she had no exposure to someone who tested positive and no recent travel. Her daughter had the Flu last month (patient was negative for Flu**

**and RSV). COVID-19 testing was done (because of symptoms and age) and came back negative. She was diagnosed with bacterial pneumonia. Is it appropriate to apply code Z03.818? When I added it, I get an edit stating that this code should only be used as a principal diagnosis. Coding Clinic 2020 first quarter is not available yet to me as a reference.**

A: In this situation, code the bacterial pneumonia. Z03.818 is used when there is exposure, but no symptoms or disease process.

**9. Q: Are presumptive positive COVID-19 findings coded as confirmed in all settings or just inpatient?**

A: All presumptive positive COVID-19 findings are coded as confirmed in all settings.

**10. Question: Is the new ICD-10-CM code U07.1, COVID-19 a secondary code?**

Answer: No, when COVID-19 meets the definition of principal or first-listed diagnosis, code U07.1, COVID-19, should be sequenced first, and followed by the appropriate codes for associated manifestations, except in the case of newborns and obstetrics patients.

**11. Question: Are there additional new codes to identify other situations specific to COVID-19? For example, codes for exposure to COVID-19, or observation for suspected COVID-19 but where the tests are negative?**

Answer: No, at the present time, there are no other COVID-19-related ICD-10-CM codes. However, the Centers for Disease Control and Prevention's National Center for Health Statistics, the US agency responsible for maintaining ICD-10-CM in the US, is monitoring the situation. The off-cycle release of code U07.1, COVID-19, is unprecedented and is an exception to the code set updating process established under the Health Insurance Portability and Accountability Act (HIPAA).

**12. Question: Is the ICD-10-CM code U07.1, COVID-19 retroactive to cases diagnosed before the April 1, 2020 date?**

Answer: No, the code is not retroactive. Please refer to the supplement to the ICD-10-CM Official Guidelines for coding encounters related to the COVID-19 coronavirus outbreak for guidance for coding of discharges/services provided before April 1, 2020.

**Disclaimer**

**The codes and other information presented here are for educational purposes only, and should not be depended upon or utilized by any person for any other purpose, including coding or billing. Always consult official sources, such as Coding Clinic, the Official Guidelines, and other credible sources for confirmation and additional information. Official sources are available from the Cooperating Parties, which includes the American Health Information Management Association (AHIMA), the Centers for Medicare and Medicaid Services (CMS), the National Center for Health Statistics (NCHS), and the American Hospital Association (AHA). NJHA and its instructors explicitly deny any liability for any dependence upon the codes and other information presented in this material for any unauthorized purpose or for any other misapplication of the same. The information contained in this publication is protected by copyright. All rights reserved. No part of this publication may be copied, circulated or transmitted by any person in any form or by any means, now known or hereafter invented or devised, without the express written permission of NJHA-HBS.**