



Coronavirus (COVID-19) Coding Guidelines

Background

According to the CDC the COVID-19 caused an outbreak of respiratory illness, and was first identified in 2019 in Wuhan, Hubei Province, China. Since then, thousands of cases have been confirmed in China, and COVID-19 has also spread internationally, including in the United States. Investigations are ongoing. The most recent situation updates are available from the CDC web page, About 2019 Novel Coronavirus (COVID-19).

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Disease information

The Coronavirus causes symptoms similar to the flu including fever, cough, and shortness of breath and can include diagnoses of pneumonia, acute bronchitis, lower respiratory infections, respiratory distress and acute respiratory failure. ICD-10-CM Official Guidelines for Coding and Reporting are to be used in all coding scenarios including with the Coronavirus.

Coding Guidance

Patients that present with signs/symptoms where a definitive diagnosis has not been established, assign the appropriate codes for the symptoms. According to ICD-10-CM Official Guidelines for Coding and Reporting General Coding Guidelines Section I B 18 “If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis.”

Common symptoms of Coronavirus COVID-19 are Cough (R05), Shortness of Breath (R06.02) and Fever (R50.9).

To code cases for possible or confirmed exposure to Coronavirus where a diagnosis of Coronavirus has not been made there are two coding options.

1. Possible exposure – For patients who may have been exposed to Coronavirus COVID-19 with no confirmation of exposure and the virus is ruled out code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out, would be the first listed diagnosis for the encounter

2. Confirmed exposure – For patients that have been exposed to Coronavirus COVID-19 the code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases would be applied. The sequencing of this diagnosis would depend on the documentation of the encounter and if the patient has symptoms or other diagnoses to be coded. Sequencing guidelines based on the place of service of the encounter should be used.

Coding of confirmed cases of Coronavirus would be coded based on the documentation of the patient's conditions at the time of the encounter. Some common conditions are listed below.

Acute Respiratory Illness Due to COVID-19

A new ICD-10-CM code has been added by the World Health Organization (WHO) on January 30, 2020. This code is temporary and becomes effective for discharges April 1, 2020 and later. The code is U07.1, 2019-nCoV acute respiratory disease. This code should be sequenced based on the reason for admission.

Pneumonia

A patient with confirmed Coronavirus COVID-19 and pneumonia codes J12.89, Other viral pneumonia and B97.29, Other coronavirus as the cause of the diseases classified elsewhere would be coded.

(Diagnosis code B34.2, Coronavirus infection, unspecified, would not be the correct selection for the virus since the current Coronavirus COVID-19 is a specific strain of this virus. Since there is no specific code for this type of Coronavirus the Other classification would be the appropriate code selection)

Bronchitis

A patient with confirmed Coronavirus COVID-19 and Acute Bronchitis would have codes J20.8, Acute bronchitis due to other specified organisms, and B97.29, Other coronavirus as the cause of disease classified elsewhere. Bronchitis not otherwise specified (NOS) that is linked to the Coronavirus COVID-19 would be coded J40, Bronchitis, not specified as acute or chronic; along with B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Respiratory Infections/Respiratory Distress

A patient with a lower respiratory infection that is linked to the Coronavirus COVID-19 in the documentation would be coded using J22, Unspecified acute lower respiratory infection, and B97.29, Other coronavirus as the cause of diseases classified elsewhere. For a patient with a respiratory infection, NOS, code J98.8, Other specified respiratory disorders, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere. Patients that develop acute

respiratory distress (ARDS) would be coded with J80, Acute respiratory distress syndrome and B97.29 Other coronavirus as the cause of diseases classified elsewhere.

COVID-19 Testing

The AMA and CMS have added new codes to report the COVID-19 testing. These would be used in conjunction with the ICD-10-CM codes listed above.

The CPT code added by the AMA is a Category I CPT code and is listed as follows:

87635 - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus [COVID-19], amplified probe technique

HCPCS codes for Medicare Patients are as follows:

U0001 - Providers billing for the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel

U0002 - Laboratories and healthcare facilities Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel