

Coding Talk...

To Code or Not To Code

COVID-19

When a patient comes in with signs and symptoms but COVID-19 was ruled out and there was no other definitive diagnosis, assign code for symptom:

- Cough - R05
- Fever - R50.9
- Shortness of Breath - R06.02

If patient is tested due to **POSSIBLE exposure to COVID-19** and is **NOT symptomatic and test is NEGATIVE**:

- Assign Z03.818

If patient is tested due to **ACTUAL EXPOSURE** and is **NOT symptomatic and test is NEGATIVE**:

- Assign Z20.828

For documented coronavirus code B97.29 in addition to any of the following:

- Pneumonia: Assign J12.89 (Other viral pneumonia)
- Acute Bronchitis: Assign J20.8 (acute bronchitis due to other specified organisms)
- Bronchitis (NOS): Assign J40
- Respiratory Infection: Assign J22 (unspecified acute lower respiratory infection)
- Respiratory Infection (NOS): Assign J98.8 (Other specified respiratory disorders)
- Acute Respiratory Distress Syndrome: Assign J80 (acute respiratory syndrome)
- Severe acute respiratory syndromes (SARS): Associated coronavirus is classified to code B97.21

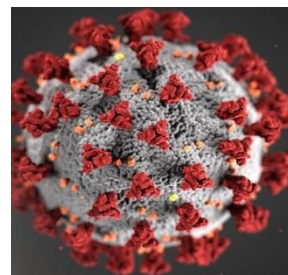
New Code as of April 1, 2020

U07.1 COVID-19

- ADD: Use additional code to identify pneumonia or other manifestations
- ADD: Excludes 1: Coronavirus infection, unspecified site (B34.2)
- ADD: Coronavirus as the cause of diseases classified to other chapters (B97.2)
- ADD: Severe acute respiratory syndrome (SARS), unspecified (J12.81)

CPT Lab testing code:

- 87635 – Track testing services related to SARS-CoV-2
- HCPCS code U0001 is used for tests developed by CDC
- HCPCS code U0002 is used for laboratories performing non –CDC lab tests



CDC announces April 1 implementation of ICD-10-CM COVID-19 code

March 18th, 2020 / By Rhonda Butler

The CDC announced this morning, March 18, that the ICD-10-CM code for COVID-19 will be implemented for use in the United States on April 1, instead of October 1. At the March 18, 2020 webcast meeting of the ICD-10 Coordination and Maintenance Committee, Donna Pickett of the National Center for Health Statistics/CDC announced the new implementation date, citing timely data collection needs.

The topic packet that accompanies the C&M meeting shows an updated code title and tabular instructional notes for assigning the new code.

As of today, here is the ICD-10-CM addenda information available on the COVID-19 code:

Chapter 22

Codes for special purposes (U00-U85)

Provisional assignment of new diseases of uncertain etiology or emergency use (U00-U49)

Add Note: Codes U00-U49 are to be used by WHO for the provisional assignment of new diseases of uncertain etiology. U07 Conditions of uncertain etiology

New code U07.1 COVID-19

Add Use additional code to identify pneumonia or other manifestations.

Add Excludes1: Coronavirus infection, unspecified site (B34.2)

Add Coronavirus as the cause of diseases classified to other chapters (B97.2-)

Add Severe acute respiratory syndrome [SARS], unspecified (J12.81)

However, Donna Pickett stated at the meeting that CDC will make changes to the addenda and post an updated version of this information. She said she hopes to have it posted by Friday March 20 on the CDC website.

Other highlights of the announcement and comments made at the meeting:

- The interim guidelines are still in place until April 1. A downloadable copy of the interim guidelines is available [here](#).
- The COVID-19 code created by the WHO is not intended to be a secondary diagnosis code.
- When asked whether the WHO is contemplating creating additional codes, Donna said, the answer is no, but they are monitoring the situation. She reiterated, "This is a first, this is unprecedented."
- Several participants, including Nelly Leon-Chisen of the AHA and Sue Bowman of AHIMA, as well as a representative from the FDA, thanked the CDC for changing the implementation date to April 1 and acknowledged the work involved to make the change.

All materials related to the March 18, 2020 C&M meeting will be posted to the CMS website and links can be found [here](#) when available (as of this writing, materials have been posted for the March 17 C&M meeting,

which contains the procedure code portion). When the March 18 recording is posted, listen from the beginning. The announcement and discussion are in the first 15 minutes.

Rhonda Butler is a clinical research manager with 3M Health Information Systems.

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Tag(s):

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Coding for COVID-19: Latest guidelines, part 2

March 11th, 2020 / By Audrey Howard

This blog was posted March 11, 2020. Information is subject to change.

I have received many questions regarding the coding of COVID-19 and other coronavirus types since the publication of my last blog. I thought everyone would be interested in reading my responses to some of the questions, along with the latest guidance from AHA Coding Clinic and CMS, which follows the questions.

Q: If a patient admitted with cough, fever and sore throat with a recent travel history to any of the COVID-19 affected countries with negative COVID-19 results after lab evaluation, do we need to report Z03.818 in this scenario? My understanding is Z03.818 can be reported only if there is no signs or symptoms and there is a concern of exposure to COVID-19. Please clarify.

A: Do not assign code Z03.818 in the scenario provided. 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. In this example, it is appropriate to assign codes for the presenting signs or symptoms (cough, fever, sore throat) since the COVID-19 was ruled out and there was no other definitive diagnosis.

Q: Should we continue using B97.29, Other coronavirus as the cause of diseases classified elsewhere, to report common human coronaviruses? What would you recommend?

A: Yes, code B97.29 is assigned for all types of documented coronavirus as cause of diseases classified elsewhere except severe acute respiratory syndrome (SARS)-associated coronavirus which is classified to code B97.21. Common types of coronavirus include alpha coronavirus, beta coronavirus and Middle East respiratory syndrome (MERS).

Q: How should you currently code the other types of the coronavirus?

A: At this point, there is no coding difference for COVID-19 and the other coronaviruses apart from severe acute respiratory syndrome (SARS). Codes identifying SARS-associated coronavirus include:

- - - J12.81 (Pneumonia due to SARS-associated coronavirus)
 - B97.21 (SARS-associated coronavirus as the cause of diseases classified elsewhere)

Q: Do you have a direct link to the CDC/NCHS that describes the coding mechanism you have listed? I was unable to find it on the CDC website directly.

A: The link for the supplement to the ICD-10-CM Official Coding Guidelines is: <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

If the link does not work, please follow these instructions:

- - - Go to cdc.gov/nchs
 - Click on the tab labeled “Programs”
 - Click on “Classification of Diseases, Functioning, and Disability (ICD & ICF classification)” under Partnerships and Collaboration
 - Click on “ICD-10-CM” under the Classification of Diseases, Functioning, and Disability column
 - Here you will see the links to the two documents on COVID-19 from the National Center for Health Statistics (NCHS)

In addition, AHA Coding Clinic for ICD-10-CM/PCS reprinted the supplemental guidance for coding encounters related to COVID-19 coronavirus outbreak in the first quarter 2020 issue.

Also of interest, the Centers for Medicare and Medicaid Services (CMS) released a [frequently asked questions document](#) on March 6, 2020.

The document addresses the coding and billing for COVID-19 for laboratory diagnostic services, physician services and hospital services. Two new Healthcare Common Procedure Coding System (HCPCS) codes were created so that laboratories performing tests can bill Medicare and other health insurers for services that occurred after February 4, 2020:

- HCPCS code U0001 is used for tests developed by the Centers for Disease Control and Prevention (CDC)
- HCPCS code U0002 is used for laboratories performing non-CDC laboratory tests

According to CMS, the Medicare claims processing systems will be updated to accept these new codes effective April 1, 2020. [CMS also released another document](#) about the creation of the HCPCS codes.

We will continue to blog on this topic as new information becomes available.

Audrey Howard, RHIA, is a senior outsource services consultant with 3M Health Information Systems.

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