



Advisory Services Coding Updates and Information

Topic: COVID-19 Coronavirus ICD-10-CM Diagnosis Coding

Background:

On January 30, 2020, the World Health Organization (WHO) declared the 2019 Novel Coronavirus (2019-nCoV) disease outbreak a public health emergency of international concern. As a result of the declaration, the WHO Family of International Classifications (WHOFIC) Network Classification and Statistics Advisory Committee (CSAC) convened an emergency meeting on January 31, 2020 to discuss the creation of a specific code for this new coronavirus. A new International Classification of Diseases, Tenth Revision (ICD-10) emergency code (U07.1, 2019-nCoV acute respiratory disease) was established by WHO.¹

On February 11, 2020 the WHO announced the official name of the virus: COVID-19. Consistent with this WHO update to the ICD-10, the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC/NCHS) announced they will implement the new diagnosis code into the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting, effective with the next update, October 1, 2020.

In the interim, the CDC released a bulletin to provide official diagnosis coding guidance for health care encounters and deaths related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV. The guidance was approved by the four organizations that make up the Cooperating Parties: the National Center for Health Statistics, the American Health Information Management Association, the American Hospital Association, and the Centers for Medicare & Medicaid Services.

The guidance utilizes existing ICD-10 code B97.29, *Other coronavirus as the cause of diseases classified elsewhere*, which is a supplementary or additional code to identify the infectious agent(s) in diseases classified elsewhere.²

The CDC guidance notes that Diagnosis code B34.2, *Coronavirus infection, unspecified*, would in generally not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be "unspecified."

As a secondary code, the following example was given to demonstrate reporting the underlying disease first:

For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes J12.89, *Other viral pneumonia*, and B97.29, *Other coronavirus as the cause of diseases classified elsewhere*.

Additional examples for coding acute bronchitis, lower respiratory infection and ARDS are also given.³

The following scenarios are also outlined for reporting suspected cases:

¹ <https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf>.

² ICD-10 CM, 2020.

³ <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>.

For cases where there is a concern about a possible exposure to COVID-19, but it is ruled out after evaluation, it would be appropriate to assign the 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, it would be appropriate to assign the code Z20.828, *Contact with and (suspected) exposure to other viral communicable diseases*.

If the provider documents “suspected,” “possible” or “probable” COVID-19, do not assign code B97.29. Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828).

On March 18, 2020 AHIMA cited the CDC bulletin stating that due to the "urgent need to capture the reporting of [COVID-19] in our nation's claims and surveillance data," the agency has changed the effective date of **new diagnosis code U07.1, COVID-19**, from October 1 to April 1, 2020.⁴

Going forward, U07.1 would be reported as the most specific code available, rather than the “other coronavirus” code B97.29.

Guidance:

1. Review coding guidelines with both hospital and physician practice staff to ensure the appropriate diagnosis codes are both reported and sequenced correctly.
2. Assign other codes for conditions unrelated to coronavirus if required to fully code the scenario in accordance with the ICD-10-CM Official Guidelines for Coding and Reporting.

⁴ AHIMA Weekly E-Alert, March 19, 2020.