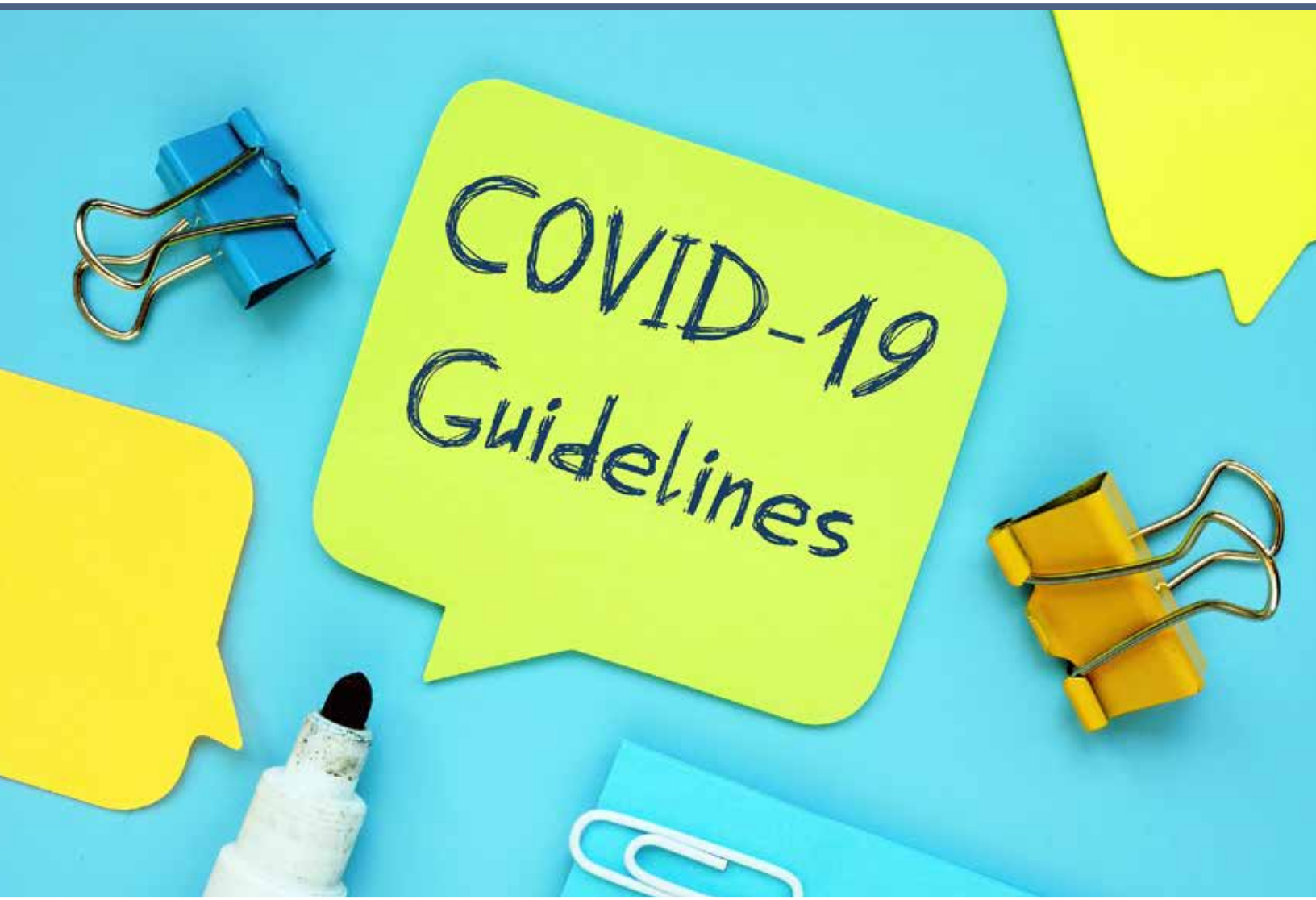
COVID-19 Coding Guidelines
Quick Sheet



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New ICD-10-CM Codes for COVID-19 as January1,2021

- **J12.82**, Pneumonia due to coronavirus disease 2019
- **M35.81**, Multisystem inflammatory syndrome
- **M35.89**, Other specified systemic involvement of connective issue
- **Z11.52**, Encounter for screening for COVID-19
- **Z20.822**, Contact with and (suspected) exposure to COVID-19
- **Z86.16**, Personal history of COVID-19

Question:

How should we handle cases related to COVID-19 when the test results aren't back yet? The supplementary guidance and FAQs are confusing since sometimes COVID-19 is not "ruled out" during the encounter, since the test results aren't back yet.

Answer:

Due to the heightened need to capture accurate data on positive COVID-19 cases, we recommend that providers consider developing **facility-specific coding guidelines** to hold back coding of inpatient admissions and outpatient encounters until the test results for COVID-19 testing are available. This advice is limited to cases related to COVID-19.

Sequencing for COVID–19

- When COVID-19 meets the definition of the principal diagnosis, **U07.1 is sequenced first**, followed by the appropriate codes for associated manifestations
- Exceptions: Obstetrics and Sepsis or transplant complications.

Coding Clinic Guidance 2nd Q 2020 for Sepsis as principal with COVID -19

Question:

Since the new guidelines for COVID-19 regarding sepsis just say to refer to the sepsis guideline, is that then saying that sepsis would be sequenced first and then U07.1 for a patient presenting with sepsis due to COVID-19?

Answer:

Whether or not sepsis or U07.1 is assigned as the principal diagnosis depends on the circumstances of admission and whether sepsis meets the definition of principal diagnosis. For example, if a patient is admitted with pneumonia due to COVID-19 which then progresses to viral sepsis (not present on admission), the principal diagnosis is U07.1, COVID-19, followed by the codes for the viral sepsis and viral pneumonia. On the other hand, if a patient is admitted with sepsis due to COVID-19 pneumonia and the sepsis meets the definition of principal diagnosis, then the code for viral sepsis (A41.89) should be assigned as principal diagnosis followed by codes U07.1 and J12.82, as secondary diagnoses.

SCENARIOS

When the reason for the encounter/admission is a respiratory manifestation of COVID-19, assign code U07.1, COVID-19 as the principal/first listed diagnosis and assign codes(s) for the respiratory manifestation(s) as additional diagnosis.

EXAMPLES	JANUARY 1, 2021
Pneumonia confirmed as due to COVID-19	**U07.1** COVID-19 **J12.82** Other viral pneumonia
Acute bronchitis confirmed as due to COVID-19	**U07.1** COVID-19 **J20.8** Acute bronchitis due to other specified organisms
Bronchitis (NOS) confirmed as due to COVID-19	**U07.1** COVID-19 **J40** Bronchitis, not specified as acute or chronic
COVID-19 associated with lower respiratory infection, NOS or acute respiratory infection, NOS	**U07.1** COVID-19 **J22** Unspecified acute lower respiratory infection
COVID-19 associated with a respiratory infection, NOS	**U07.1** COVID-19 **J98.8** Other specified respiratory disorders
Acute respiratory distress syndrome (ARDS) due to COVID-19	**U07.1** COVID-19 **J80** Acute respiratory distress syndrome

The provider does not need to explicitly link the test result to the respiratory conditions and COVID-19.

Coding Clinic Guidance
2nd Q 2020

Question:

Based on the recently released guidelines for COVID-19 infections, does a provider need to explicitly link the results of the COVID-19 test to the respiratory condition as the cause of the respiratory illness to code it as a confirmed di-agnosis of COVID-19? Patients are being seen in our emergency department and if results are not available at the time of discharge, we are reluctant to query the physicians to go back and document the linkage when the results come back several days later.

Answer:

No, the provider does not need to explicitly link the test result to the respiratory condition, the positive test results can be coded as confirmed COVID-19 cases as long as the test result itself is part of the medical record. As stated in the coding guidelines for COVID-19 infections that went into effect on April 1, code U07.1 may be assigned based on results of a positive test as well as when COVID-19 is documented by the provider. Please note that this advice is limited to cases related to COVID-19 and not the coding of other laboratory tests. Due to the heightened need to uniquely identify COVID-19 patients, we recommend that providers consider developing facility-specific coding policies to hold back coding of inpatient admissions and outpatient encounters until the test results for COVID-19 testing are available.

Coding Clinic Guidance
3rd Q 2020

Question:

What is the ICD-10-CM diagnosis code(s) for a child admitted due to documented multisystem inflammatory syndrome in children (MIS-C) due to COVID-19?

Answer:

Assign code **U07.1**, COVID-19, as the principal diagnosis, and code **M35.81**, Multisystem inflammatory syndrome, as a secondary diagnosis, for MIS-C due to COVID-19.

COVID-19 Z Codes

Contact/Exposure Z Code

Z20.822, Contact with and (suspected) exposure to other viral communicable diseases, as first listed or an additional code – Use for asymptomatic or symptomatic individuals with actual or suspected exposure COVID-19, and the infection has been ruled out, or test results are inconclusive or unknown

Screening for COVID 19

Z11.52, Encounter for screening for other viral diseases (During the pandemic, a screening code is generally not appropriate)

For an encounter for COVID-19 testing being performed as part of preoperative Testing

Z01.812, Encounter for preprocedural laboratory examination, as the first-listed diagnosis and assign code **Z20.822** as an additional diagnosis

Personal history of COVID-19

Z86.19, Personal history of other infectious and parasitic diseases

FY2021 COVID-19 Coding Guidelines

Section I.C.1.g.1.g- Signs and symptoms without definitive diagnosis of COVID-19

For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each signs and symptoms such as:

- R05 Cough
- R06.02 Shortness of breath
- R50.9 Fever, unspecified

If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to COVID-19, assign Z20.822, Contact with and (suspected) exposure to other viral communicable diseases, as an additional code.

Section I.C.21.c.1 Categories of Z Codes

1) Contact/Exposure

Category Z20 indicates contact with, and suspected exposure to, communicable diseases. These codes are for patients who are suspected to have been exposed to **a disease** by close personal contact with an infected individual or are in an area where a disease is epidemic.

Category Z77, Other contact with and (suspected) exposures hazardous to health, indicates contact with and suspected exposures hazardous to health.

Contact/exposure codes may be used as a first-listed code to explain an encounter for testing, or, more commonly, as a secondary code to identify a potential risk.

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