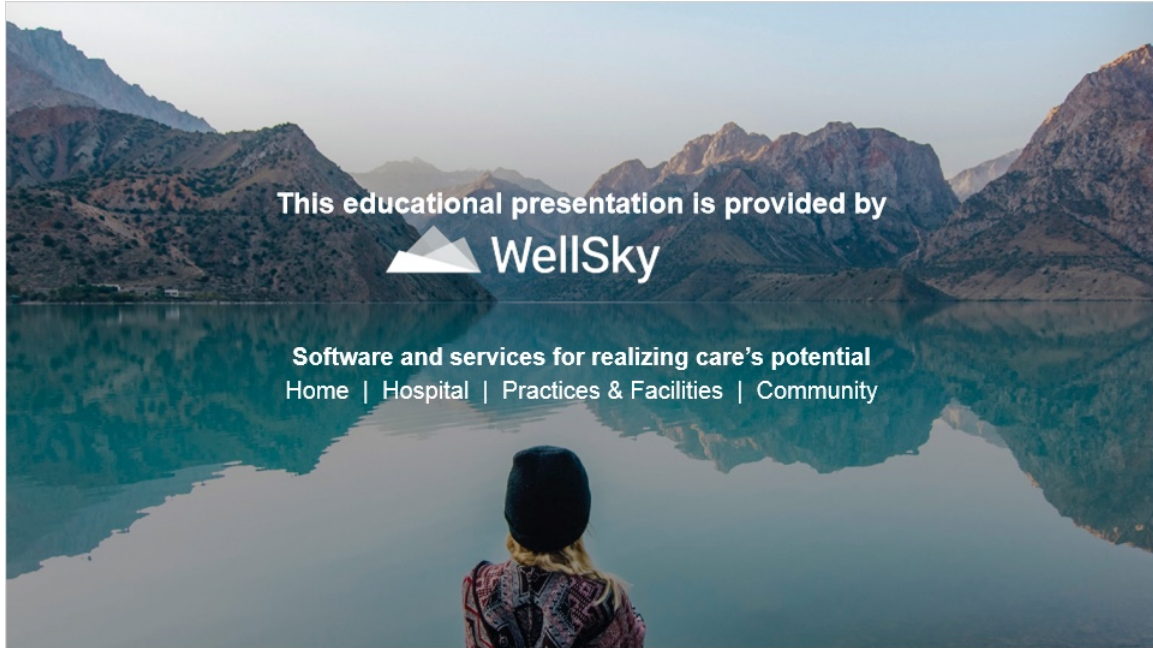


# Coding COVID-19:

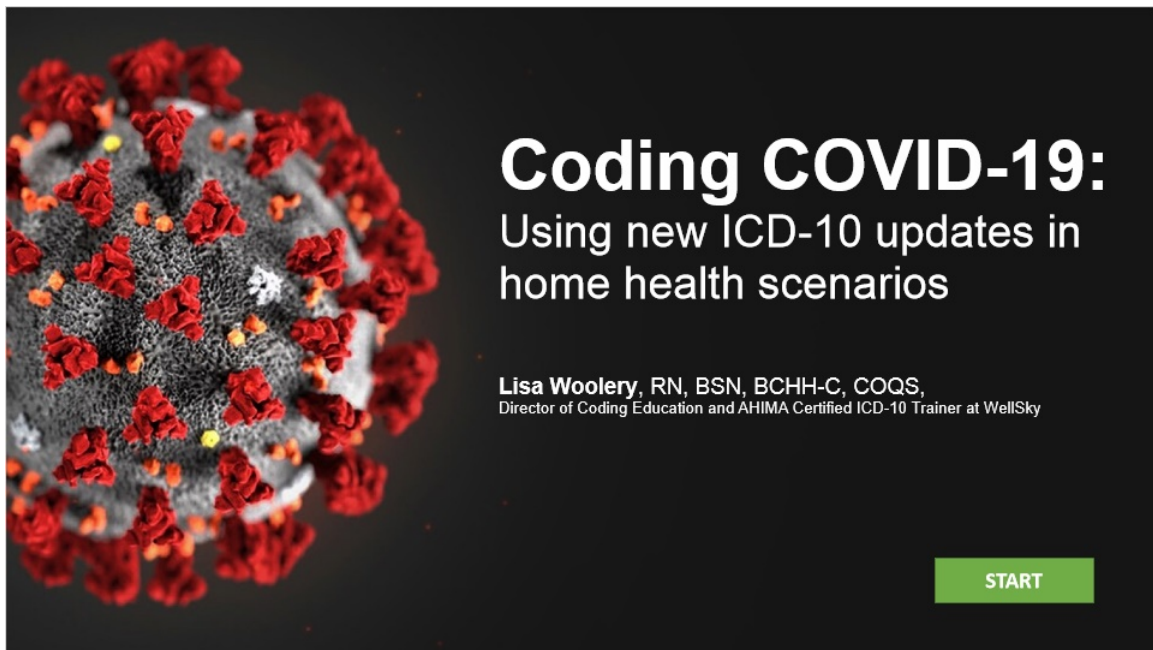
Using New ICD-10 Updates in Home Health Scenarios

# 1. COVID-19: Coding for ICD-10

## 1.1 WellSky



## 1.2 Welcome



## 1.3 Agenda

### Agenda

- COVID-19 coding implications
- 3 key take-aways
  1. Understanding the new codes available for COVID-19 and their timeline
  2. Recognize the new "U" chapter in the ICD-10-CM code set
  3. Competency in assigning the new COVID-19 codes appropriately



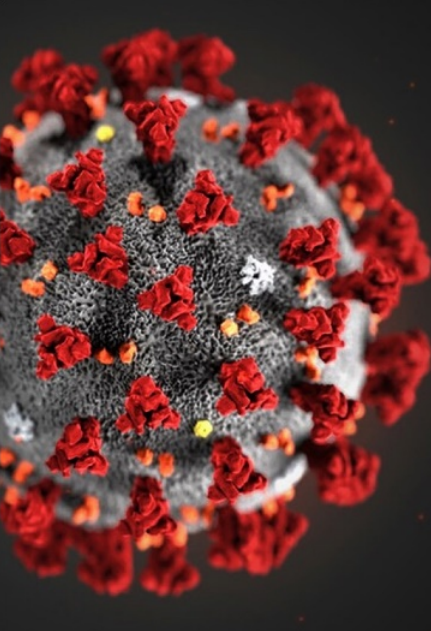
## 1.4 What is COVID-19?

### What is COVID-19?

- The COVID-19 caused an outbreak of respiratory illness
- First identified in 2019 in Wuhan, Hubei Province, China.
- Over thousands of cases have been confirmed internationally including in the United States.
- The most recent situation updates are available from the CDC web page: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>



## 1.5 COVID-19 Symptoms



### COVID-19 Symptoms

- COVID-19 infections can cause a range of illness, from little to no symptoms, to those affected being severely ill and even dying. Symptoms can include fever, cough, and shortness of breath.

Symptoms may appear from 2 to 14 days after exposure, based on the incubation period for other coronaviruses, such as the MERS (Middle East Respiratory Syndrome) viruses. <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>

- *Coding Clinic First Quarter 2020*

## 1.6 Coding Implications

### Coding Implications

#### Effective April 1, 2020

- Unprecedented addition of codes and chapter off-cycle from October 1<sup>st</sup>.
- The new U-chapter and U-codes are effective for (inpatient) discharges April 1, 2020 and later (or) services provided April 1, 2020 or later.
- For home health this code is available for use for *episodes* that start on or after April 1, 2020.
- Code is NOT retroactive – use interim coding guidelines for episodes prior to April 1, 2020.



## 1.7 Coding Implications Pt. 2

### Coding Implications

- **New Chapter - Chapter 22: Codes for special purposes (U00-U85)**
  - *Provisional assignment of new diseases of uncertain etiology or emergency use (U00-U49)*
- **New Category**
  - *U07 Emergency use of U07*
- **New Guideline**
  - Section I, Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)
  - g. Coronavirus Infections
- **New Codes**
  - **U07.1** COVID-19 (**C**orona **V**irus **D**isease 2019)
  - **U07.0** Vaping-related disorder (EVALI) E-cig or vaping associated lung injury

## 1.8 Coding Implications Pt. 3

### Coding Implications

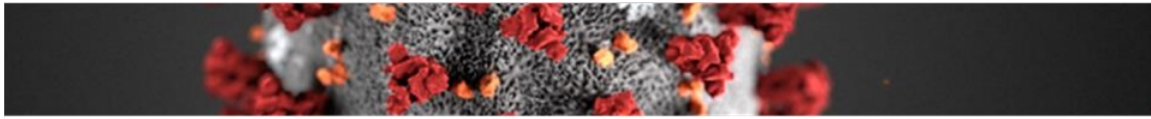
Terminology:

**The Virus that causes COVID-19 is named:**  
Severe acute respiratory syndrome coronavirus 2  
(SARS-CoV-2/2019-nCoV virus )

**The disease is named:**  
Coronavirus disease (COVID-19)



## 1.9 New Code!



### New Code! Index: As of April 1, 2020

**Coronavirus (infection)**

- as cause of diseases classified elsewhere B97.29
- coronavirus-19 **U07.1**
- COVID-19 **U07.1**
- SARS-associated B97.21

**Disease, diseased - see also Syndrome**

- COVID-19 **U07.1**

**Infection, infected, infective (opportunistic) B99.9**

- coronavirus-2019 **U07.1**
- coronavirus **NEC** B34.2
- as cause of disease classified elsewhere B97.29
- - severe acute respiratory syndrome (SARS associated) B97.21
- COVID-19 **U07.1**
- virus, viral NOS B34.9
- COVID-19 **U07.1**

## 1.10 Tabular Notes

### Tabular Notes

**U07.1 COVID-19**

**April 1, 2020**

**Not retroactive**

Use additional code to identify pneumonia or other manifestations

**Excludes:** Coronavirus infection, unspecified (B34.2)

Coronavirus as the cause of diseases classified elsewhere (B97.2-)

Pneumonia due to SARS-associated coronavirus (J12.81)

**Code may be assigned even when the patient is asymptomatic (test pos.)**

B97.29 should only be used for encounters before April 1, 2020

When applies, U07.1 is assigned as primary followed by the manifestations

## 1.11 COVID-19 in Pregnancy

### COVID-19 in Pregnancy

**Primary diagnosis from the O-chapter:**

- O98.51-: Other viral diseases complicating pregnancy (by trimester)
- O98.52: Other viral disease complicating childbirth
- O98.53: Other viral disease complicating puerperium

**Excludes 1 (O98.5): HIV complicating pregnancy, childbirth and the puerperium (O98.7-)**

**Use Additional Code (O98):** to identify specific infections or parasitic disease  
(This may be the U07.1 code when the patient tests positive)  
Followed by codes for related conditions when applies



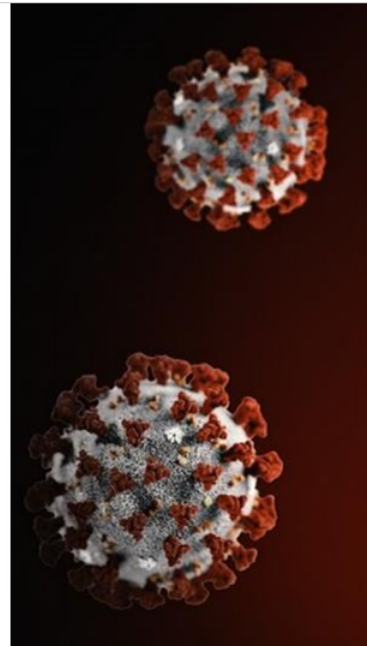
## 1.12 COVID-19 and Viral Sepsis (A41.89)

### COVID-19 and Viral Sepsis (A41.89)

When a patient has sepsis due to COVID-19 follow guidelines for sepsis coding per Section I.C.1.d. Sepsis, Severe Sepsis and Septic Shock

4) Sepsis or severe sepsis with a localized infection If the reason for admission is sepsis or severe sepsis and a localized infection, such as pneumonia or cellulitis, a code(s) for the underlying systemic infection should be assigned first and the code for the localized infection should be assigned as a secondary diagnosis.

If the patient has severe sepsis, a code from subcategory R65.2 should also be assigned as a secondary diagnosis. If the patient is admitted with a localized infection, such as pneumonia, and sepsis/severe sepsis doesn't develop until after admission, the localized infection should be assigned first, followed by the appropriate sepsis/severe sepsis codes.



### 1.13 Code Only Confirmed Diagnoses

#### Code Only Confirmed Diagnoses

- The providers documentation that the patient has COVID-19 is sufficient.
- Outpatient: diagnostic tests interpreted by a physician as confirmed COVID-19 may be coded. Do not assign additional codes for related signs and symptoms.
- Do not code as confirmed (any setting) when COVID-19 is noted as:
  - Questionable, suspected, possible, probable, inconclusive, compatible or consistent with, concerning for, or rule out.
- Instead:
  - Assign codes for the reason for encounter (symptoms or diagnosis) and Z20.828 Contact with and exposure to other viral communicable diseases (if applies).

### 1.14 Documentation Requirements COVID-19

#### Documentation Requirements COVID-19

*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 diagnosis of COVID-19? Patients are being seeing 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. (rev. 4/1/2020)*

**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 guidelines to hold back coding of inpatient admissions and outpatient encounters until the test results for COVID-19 testing are available.

*AHIMA and AHA FAQ: ICD-10-CM Coding for COVID-19*



## 1.15 Presumptive Positive

### Presumptive Positive

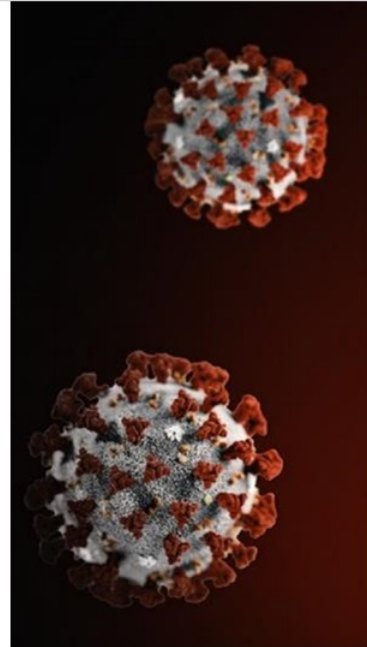
Presumptive positive means that results from initial *local* testing (not CDC confirmed) indicates positive for the virus.

We may code "presumptive positive" cases as COVID-19. Lab specimens that test positive by the CDC are "laboratory confirmed" COVID-19 cases (also coded as COVID-19).

There is no code for a patient under investigation (PUI) for COVID-19.

\*Code U07.2 COVID-19, virus not identified: **NOT** in ICD-10-CM (WHO code only)

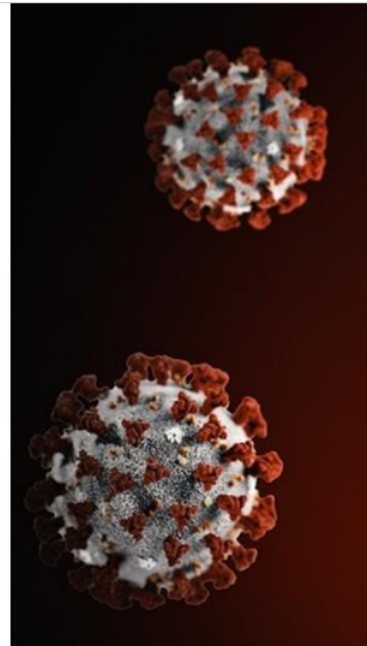
- Clinically-epidemiologically diagnoses COVID-19
- Probable COVID-19
- Suspected COVID-19



## 1.16 Presumptive Positive Pt. 2

### Presumptive Positive

- If the patient is not infected, but was exposed can assign:
  - Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.
- If the test is negative for COVID-19 can assign:
  - Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out
- If test is positive (before April 1) can code the provided diagnosis or the symptoms followed by the B-code:
  - J98.8, Other specified respiratory disorders (OR viral-PNA, LRI, ARDS, (Acute) bronchitis (J20.8/J40) etc.) , with code
  - B97.29, Other coronavirus as the cause of diseases classified elsewhere.
- After April 1 if present, the U07.1 code would be primary followed by the manifestations.



## 1.17 Coding Implications: Before April 1, 2020

### Coding Implications: Before April 1, 2020

**B97.29, Other coronavirus as the cause of diseases classified elsewhere**

**Question:** Is code B97.29, Other coronavirus as the cause of diseases classified elsewhere, limited to the COVID-19 virus? (3/20/2020)

**Answer:** No, code B97.29 is not exclusive to the SARS-CoV-2/2019-nCoV virus responsible for the COVID-19 pandemic. The code does not distinguish the more than 30 varieties of coronaviruses, some of which are responsible for the common cold. Due to the heightened need to uniquely identify COVID-19 until the unique ICD-10-CM code is effective April 1, providers are urged to consider developing facility-specific coding guidelines that limit the assignment of code B97.29 to confirmed COVID-19 cases and preclude the assignment of codes for any other coronaviruses

*Journal of AHIMA*  
Updated April 1  
AHIMA and AHA FAQ: ICD-10-CM Coding for COVID-19



## 1.18 Coding Implications Pt. 2

### Coding Implications: Before April 1, 2020

For suspected COVID-19, not confirmed or ruled out at the encounter, report codes for the presenting signs and symptoms. Do not report a code for coronavirus when this diagnosis is not stated in the medical record.

**Signs and symptoms \*NOT PDGM Primary codes**

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 such as:

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

**Note:** 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."



## 1.19 Coding Implications Pt. 3

### Coding Implications: Before April 1, 2020

#### Pneumonia

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.**

#### B97.2- Coronavirus as the cause of diseases classified elsewhere

- **B97.21 SARS-associated coronavirus as the cause of diseases classified elsewhere**
  - Excludes: pneumonia due to SARS-associated coronavirus (J12.81)
- **B97.29 Other coronavirus as the cause of diseases classified elsewhere**



## 1.20 Coding Implications Pt. 4

### Coding Implications: Before April 1, 2020

#### Acute Bronchitis

For a patient with acute bronchitis confirmed as due to COVID-19, assign codes

- **J20.8, Acute bronchitis due to other specified organisms, and**
- **B97.29, Other coronavirus as the cause of diseases classified elsewhere.**

Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using code

- **J40, Bronchitis, not specified as acute or chronic; along with code**
- **B97.29, Other coronavirus as the cause of diseases classified elsewhere.**





## 1.21 Coding Implications Pt. 5

### Coding Implications: Before April 1, 2020

#### Lower Respiratory Infection

If the COVID-19 is documented as being associated with a **lower respiratory infection**, not otherwise specified (NOS), or an **acute respiratory infection**, NOS, this should be assigned with code:

- J22, Unspecified acute lower respiratory infection, with code
- B97.29, Other coronavirus as the cause of diseases classified elsewhere.

If the COVID-19 is documented as being associated with a **respiratory infection**, NOS, it would be appropriate to assign code:

- J98.8, Other specified respiratory disorders, with code
- B97.29, Other coronavirus as the cause of diseases classified elsewhere.



## 1.22 Coding Implications Pt. 6

### Coding Implications: Before April 1, 2020

#### ARDS

Acute respiratory distress syndrome (ARDS) may develop in with the COVID-19, according to the [Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus \(COVID-19\) Infection](#). Cases with ARDS due to COVID-19 should be assigned the codes:

- J80, Acute respiratory distress syndrome, and
- B97.29, Other coronavirus as the cause of diseases classified elsewhere.

#### Exposure to COVID-19

For cases where there is a concern about a **possible exposure to COVID-19, but this 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.





## 1.23 The Revised HH Grouper (U07.0)

### The Revised HH Grouper (U07.0)

The screenshot displays the 'Detailed Report' tab of the Revised HH Grouper (U07.0) software. The interface includes a header with 'Claim ID: 12345', 'From Date: 4/1/2020', 'Period Timing: 1 - Early', and 'Referral Source: Community'. Below this is a 'Diagnosis Codes' section with a table listing two diagnoses: U071 (Principal Diagnosis: COVID-19) and J1289 (Secondary Diagnosis: Other viral pneumonia). The 'Functional Impairment' section contains various checkboxes for hospitalization risks (e.g., Falls, Compliance, Weight Loss) and dropdown menus for activities of daily living (e.g., M1800 Grooming, M1820 Dress Lower, M1840 Toileting, M1860 Ambulation, M1810 Dress Upper, M1830 Bathing, M1850 Transferring).

## 1.24 The Revised HH Grouper (U07.0) Pt. 2

### The Revised HH Grouper (U07.0)

Principal Diagnosis : U07.1 : COVID-19  
HIPPS Position 2 = L (MMTA - Respiratory) (Resp 10 – comorbidity - LOW)

Secondary Diagnosis(1) : J12.89 : Other viral pneumonia  
Comorbidity Group = Respiratory-2  
HIPPS Position 4 = 1 (No comorbidity)

*Currently the Respiratory 2 comorbidity category does not contribute to high or low comorbidity adjustments*

The revised HH Grouper (U07.0) and related documentation will be available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/CaseMixGrouperSoftware>.

## **1.25 U07.0 EVALI**

### U07.0 EVALI

In response to recent occurrences of vaping related disorders, the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC/NCHS) is implementing a new diagnosis code into the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting vaping-related disorder effective April 1, 2020.

The Grouper Contractor, 3M Health Information Systems (3M-HIS), developed the new HH Grouper, Version 01.1.20, software package to accommodate this new code, effective for claim From dates on or after April 1, 2020. The HH Grouper assigns each claim into a Home Health Resource Group (HHRG) based on the reported claim and patient assessment information.

## **1.26 Quiz**

### Quiz 1

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### **1.27 Coding Implications Scenario 1**

#### Coding Implications Scenario 1

Patient was admitted to homecare on March 29th as a “person under investigation” for COVID-19 with a viral URI and respiratory symptoms of cough, shortness of breath and fever. She was exposed to a neighbor who had a positive COVID-19 test result one week earlier. SN is ordered to monitor respiratory symptoms.

### **1.28 Coding Implications Quiz 1**

#### Coding Implications Quiz 1

Patient was admitted to homecare on March 29th as a “person under investigation” for COVID-19 with a viral URI and respiratory symptoms of cough, shortness of breath and fever. She was exposed to a neighbor who had a positive COVID-19 test result one week earlier. SN is ordered to monitor respiratory symptoms.

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## **1.29 Quiz 2**

# Quiz 2

## **1.30 Coding Implications Scenario 2**

### Coding Implications Scenario 2

Patient was admitted to the hospital with suspected COVID-19. The test results available by the time of discharge indicated a presumptive positive COVID-19 test with pneumonia. Patient is admitted to homecare on April 2, 2020 for SN to teach and monitor PNA due to COVID-19.

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## 1.31 Coding Implications Quiz 2

### Coding Implications Quiz 2

Patient was admitted to the hospital with suspected COVID-19. The test results available by the time of discharge indicated a presumptive positive COVID-19 test with pneumonia. Patient is admitted to homecare on April 2, 2020 for SN to teach and monitor PNA due to COVID-19.

## 1.32 Preparation

### Preparation

- Assure the new code is available in your EMR system or encoder software for coder assignment.
- Provide education to coders on the assignment of, sequencing and exclusions for the new U-code.



### 1.33 Resources



WellSky

\*NO AUDIO PROVIDED

# The WellSky COVID-19 Resource Center

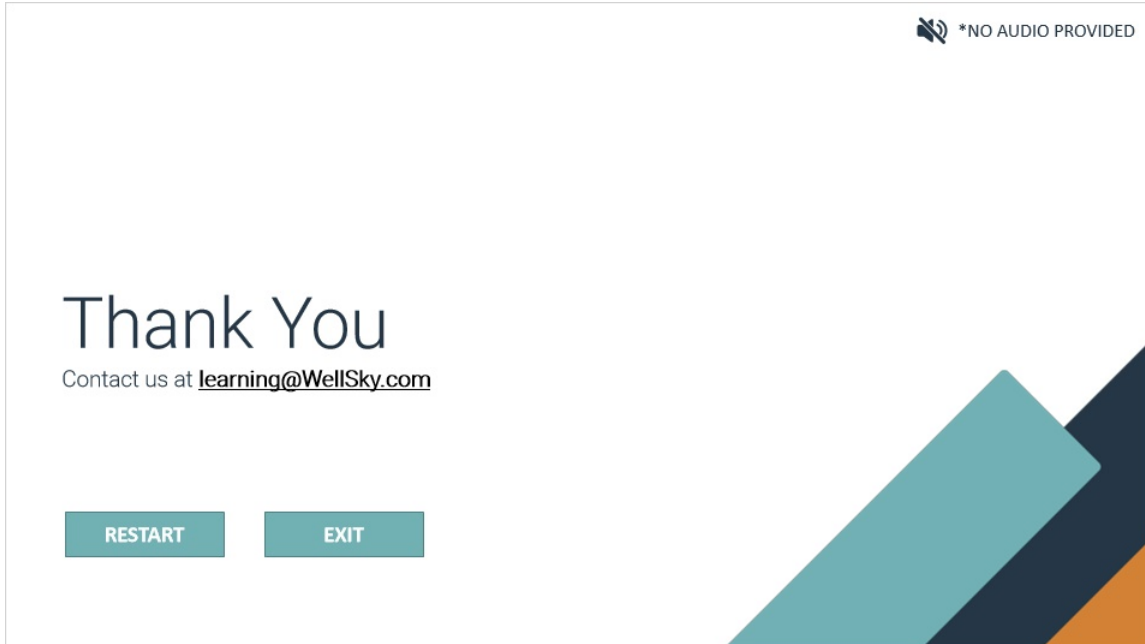
WellSky is providing a free, continuously updated library of **news and actionable guidance** to assist healthcare providers. The WellSky COVID-19 Resource Center includes [webinars](#), white papers, tip sheets, and more — all developed by experienced consultants, attorneys, and healthcare educators.

WellSky is with you.

>> [wellsky.com/COVID19](https://wellsky.com/COVID19)

The slide features a dark blue background with white text. On the right side, there are two stylized white and orange virus particles. The WellSky logo is in the top left corner, and a speaker icon with a slash through it is in the top right corner.

### 1.34 Thank You



\*NO AUDIO PROVIDED

# Thank You

Contact us at [learning@WellSky.com](mailto:learning@WellSky.com)

RESTART EXIT

The slide has a white background with a decorative geometric shape in the bottom right corner consisting of teal, dark blue, and orange triangles. The text is centered on the left side. A speaker icon with a slash through it is in the top right corner.