COVID-19 Coding Guidance

May 2020

MediRevv

Encounters Related to COVID-19 "Coronavirus Outbreak"

The purpose of this document is to provide coding guidance for health care encounters and deaths related to the 2019 Novel Coronavirus (COVID-19) previously named 2019-nCoV.

ICD-10-CM Coding
The World Health Organization (WHO) convened an emergency meeting on January 31, 2020 and added code U07.1 to the international ICD-10. The Centers for Disease Control and Prevention (CDC) added U07.1 to ICD-10-CM effective on April 1, 2020.

Interim ICD-10-CM coding guidance effective February 20, 2020 - March 31, 2020
https://www.cdc.gov/nchs/data/icd/interim-coding-advice-coronavirus-March-2020-final.pdf

The ICD-10-CM Official Coding and Reporting Guidelines effective April 1, 2020
https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf

COVID-19
- **U07.1** — COVID-19

Coding tips

Because COVID-19 is primarily a respiratory condition, any other signs/symptoms would be coded separately unless another definitive diagnosis has been established for the other signs or symptoms. This is supported by Guideline IC.18.b, "Codes for signs and symptoms may be reported in addition to a related definitive diagnosis when the sign or symptom is not routinely associated with that diagnosis."

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.

Coding professionals should query the provider if the provider documented COVID-19 before the test results were back and the test results come back negative. Providers should be given the opportunity to reconsider the diagnosis based on the new information.

If the provider still documents and confirms COVID-19 even though the test results are negative, or if the provider documented disagreement with the test results, assign code U07.1, COVID-19. As stated in the Official Guidelines for Coding and Reporting for COVID-19, "Code only a

confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider ... the provider's documentation that the individual has COVID-19 is sufficient."

Source: This ICD-10-CM coding guidance was developed and approved by the American Hospital Association's Central Office on ICD-10-CM/PCS and the American Health Information Management Association.
https://www.aha.org/fact-sheets/2020-03-30-frequently-asked-questions-regarding-icd-10-cm-coding-covid-19

Encounter for COVID-19 Antibody Testing

- **Z01.84** — Encounter for antibody response examination

Exposure to COVID-19

- **Z03.818** — *Encounter for observation for suspected exposure to other biological agents ruled out*

- **Z20.828** — *Contact with and (suspected) exposure to other viral communicable diseases*

Coding tips

Code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out, should be used if a patient is asymptomatic and there is a possible exposure to COVID-19 and the patient tests negative for COVID-19. Per the instructional note under category Z03, codes in this category may only be used if a patient has no signs or symptoms.

Code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, should be used if a patient has a known or suspected exposure to COVID-19, is exhibiting signs/symptoms associated with COVID-19, and the test results are negative, inconclusive, or unknown. According to guideline I.C.21.c.1 Contact/Exposure, Z20 codes may be used for patients who are in an area where a disease is epidemic. Therefore, due to the current COVID-19 pandemic, when a patient presents with signs/symptoms associated with COVID-19 and is tested for the virus because the provider suspects the patient may have COVID-19, code Z20.828 may be assigned without explicit documentation of exposure or suspected exposure to COVID-19.

If the test results are positive, code U07.1 should be assigned instead of either code Z03.818 or Z20.828. An example of the application of code Z20.828 is a patient with respiratory signs or symptoms, testing for COVID-19 is negative, and the patient is determined to have another

condition (e.g. flu, pneumonia). Codes should be assigned for the condition (e.g., flu, pneumonia) and code Z20.828 should be assigned as an additional diagnosis.

Signs and Symptoms

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*

Pneumonia

For a pneumonia case confirmed as due to the 2019 Novel Coronavirus (COVID-19), assign codes:

- **U07.1** — *COVID-19*
- **J12.89** — *Other viral pneumonia*

Acute Bronchitis

Acute bronchitis confirmed as due to COVID-19, assign codes:

- **U07.1** — *COVID-19*
- **J20.8** — *Acute bronchitis due to other specified organisms*

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

- **U07.1** — *COVID-19*
- **J40** — *Bronchitis, not specified as acute or chronic*

Lower Respiratory Infection

If the COVID-19 is documented as being associated with lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, assign codes:

- **U07.1** — *COVID-19*
- **J22** — *Unspecified acute lower respiratory infection*

If the COVID-19 is documented as being associated with respiratory infection, NOS, assign codes:

- **U07.1** — *COVID-19*
- **J98.8** — *Other specified respiratory disorders*

Acute Respiratory Distress Syndrome (ARDS)

Acute respiratory distress syndrome (ARDS) may develop with the COVID-19. For ARDS due to COVID-19, assign codes:

- **U07.1** — *COVID-19*
- **J80** — *Acute respiratory distress syndrome*

Source: This ICD-10-CM coding guidance has been developed by the CDC and 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.

Effective 4/1/2020

CPT

The American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel convened a special meeting to establish a new laboratory code (87635) effective March 13, 2020. As the COVID-19 pandemic continued, the AMA CPT Editorial Panel convened a second special meeting to revise a code (86318) and establish two new codes (86328 and 86769) effective April 10, 2020.

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

- ▲ **86318** Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg,reagent strip);

- **86328** severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

  (For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] antibody testing using multiple-step method, use 86769)

- **86769** Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

March 2020 AMA CPT Assistant guide
https://www.ama-assn.org/system/files/2020-03/cpt-assistant-guide-coronavirus.pdf

April 2020 CPT Assistant guide
https://www.ama-assn.org/system/files/2020-04/cpt-assistant-guide-coronavirus-april-2020.pdf

HCPCS

CMS created two HCPCS codes for laboratory testing for SARS-CoV-2. The Medicare claims processing system will be able to accept these codes on April 1, 2020 for dates of service on or after February 4, 2020:

- **U0001** — CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
  Note: This code is used for the laboratory test developed by the CDC.
- **U0002** — 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
  Note: This code is used for the laboratory test developed by entities other than the CDC.

New high throughput technology codes effective April 14, 2020:

- **U0003** — Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.
  Note: Code should identify tests that would otherwise be identified by CPT 87635, but are performed with high throughput technologies.
- **U0004** — 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or *subtypes* (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.
  Note: Code identifies tests that would be identified by U0002, but are performed with high throughput technologies.

A high throughput technology uses a platform that employs automated processing of more than two hundred specimens a day. Examples of high throughput technology as of April 14, 2020 include but are not limited to technologies marketed on that date as the Roche cobas 6800 System, Roche cobas 8800 System, Abbott m2000 System, Hologic Panther Fusion System, GeneXpert Infinity System, and NeuMoDx 288 Molecular.

https://www.cms.gov/newsroom/press-releases/public-health-news-alert-cms-develops-new-code-coronavirus-lab-test

https://www.cms.gov/newsroom/press-releases/cms-develops-additional-code-coronavirus-lab-tests

https://www.cms.gov/files/document/cms-2020-01-r.pdf

It will be important to understand payer guidance to determine whether to submit CPT or HCPCS codes for laboratory testing relating to SARS-CoV-2 (COVID-19).

CMS has released multiple updates regarding the public health emergency, including billing & coding guidance, coverage guidance, provider enrollment guidance and *many* other guidance topics. These updates are located on the Current Emergencies page.

https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

Please see the below links to a few documents found on the Current Emergencies page as well as an excerpt from the "Medicare Coverage & Payment Related to COVID19" document.

https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf

https://www.cdc.gov/coronavirus/index.html

https://www.who.int/health-topics/coronavirus

Certain modification and flexibilities to "business as usual" have been implemented by CMS under waiver 1135, in which the Secretary has declared a public health emergency, and only to the extent that the provider in question has been affected by the disaster, or is treating evacuees.

The CMS Regional Office(s) will review the provider's request and make decisions on a case-by-case basis. The waivers do not apply to care that is delivered to an evacuee by a provider that is not located in one of the designated areas. Providers outside of the affected areas should operate under normal rules and regulations unless specifically notified otherwise. The length of the waiver or modification is for the duration of the emergency period, unless terminated sooner.

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https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/All-Hazards-FAQs.pdf