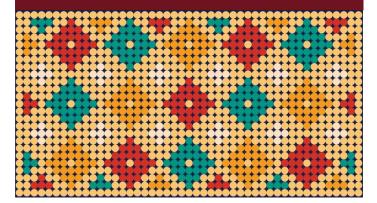**COVID-19 (2019 Novel Coronavirus)**

ICD-10-CM Official Coding Guidelines

Supplement Coding encounters related to COVID-19 Coronavirus Outbreak

The CDC has issued official medical coding guidance for health care encounters and deaths related to COVID-19 Coronavirus outbreak. It is important that these be adopted in your Urban Indian Health Program or Tribal Health facility to ensure that Indian Country correctly captures the data on this outbreak in urban and rural tribal communities.

This coding guidance has been developed by 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 (Centers for Disease Control and Prevention [CDC], 2019).

Coding Guidance

This guidance is intended to be used in conjunction with the current ICD-10-CM classification and the ICD-10-CM Official Guidelines for Coding and Reporting (effective October 1, 2019). The ICD-10-CM codes in this document are intended to provide information on the coding of encounters related to coronavirus. Other codes for conditions unrelated to coronavirus may be required to fully code these scenarios in accordance with the ICD-10-CM Official Guidelines for Coding and Reporting (CDC, 2019).

A hyphen is used at the end of a code to indicate that additional characters are required (CDC, 2020b).

Coding Confirmed Cases

Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider, documentation of a positive COVID-19 test result, or a presumptive positive COVID-19 test result. For a confirmed diagnosis, assign code U07.1, COVID-19. This is an exception to the hospital inpatient guideline Section II, H. In this context, "confirmation" does not require documentation of the type of test performed; the provider's documentation that the individual has COVID-19 is sufficient. Presumptive positive COVID-19 test results should be coded as confirmed. A presumptive positive test result means an individual has tested positive for the virus at a local or state level, but it has not yet been confirmed by the Centers for Disease Control and Prevention (CDC). CDC confirmation of local and state tests for COVID-19 is no longer required. **If the provider documents "suspected," "possible," "probable," or "inconclusive" COVID19, do not assign code U07.1.** Assign a code(s) explaining the reason for encounter (such as fever) or Z20.828, Contact with and (suspected) exposure to other viral communicable diseases (CDC, 2020b)

Sequencing of Codes

When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except in the case of obstetrics patients as indicated in the section below, "COVID-19 Infection in Pregnancy, Childbirth, and the Puerperium."

For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock (CDC, 2019).

See section below, "COVID-19 Infection in Pregnancy, Childbirth, and the Puerperium" (Section I.C.15.s) (CDC, 2020b).

Acute Respiratory Illness Due to COVID-19

Pneumonia

For a pneumonia case confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia (CDC, 2020b).

Acute Bronchitis

For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8, Acute bronchitis due to other specified organisms. Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code U07.1 and J40, Bronchitis, not specified as acute or chronic (CDC, 2020b).

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, codes U07.1 and J22, Unspecified acute lower respiratory infection, should be assigned. If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned (CDC, 2020b).

Acute Respiratory Distress Syndrome (ARDS)

For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80, Acute respiratory distress syndrome (CDC, 2020b).

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, assign 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 or suspected (not ruled out) to have COVID-19 and the exposed individual either tests negative or the test results are unknown, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. If the exposed individual tests positive for the COVID-19 virus, see guideline in previous section, "Coding Confirmed Cases" (CDC, 2020b).

Screening for COVID-19

For asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus and the test results are either unknown or negative, assign code Z11.59, Encounter for screening for other viral diseases. For individuals who are being screened due to a possible or actual exposure to COVID-19, see guideline in section above "Exposure to COVID-19". If an asymptomatic individual is screened for COVID-19 and tests positive, see guideline in section below "Asymptomatic individuals who test positive for COVID-19" (CDC, 2020b).

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 of the presenting 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 someone who has COVID-19, assign Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, as an additional code. This is an exception to guideline I.C.21.c.1, Contact/Exposure (CDC, 2020b).

Asymptomatic Individuals Who Test Positive for COVID-19

For asymptomatic individuals who test positive for COVID-19, assign code U07.1, COVID-19. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection (CDC, 2020b).

COVID-19 Infection in Pregnancy, Childbirth, and the Puerperium

During pregnancy, childbirth, or the puerperium, a patient admitted (or presenting for a health care encounter) because of COVID-19 should receive a principal diagnosis code of O98.5-, Other viral diseases complicating pregnancy, childbirth and the puerperium, followed by code U07.1, COVID-19, and the appropriate codes for associated manifestation(s). Codes from Chapter 15 always take sequencing priority (CDC, 2020b).

Additional Resources:

Centers for Disease Control and Prevention ICD-10-CM Official Guidelines for Coding and Reporting FY 2020 (October 1, 2019 - September 30, 2020) cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf

Centers for Disease Control and Prevention Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

References

Centers for Disease Control and Prevention. (2019). ICD-10-CM Official Guidelines for Coding and Reporting FY 2020 (October 1, 2019 through September 30, 2020). Retrieved from: https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf

Centers for Disease Control and Prevention (2020a). About COVID-19. www.cdc.gov/coronavirus/2019-ncov/about/index.html

Centers for Disease Control and Prevention. (2020b). ICD-10-CM Official Coding and Reporting Guidelines April 1, 2020 through September 30, 2020. Retrieved from: https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf