Clinical IS **Update**

Topic: **ICD-10-CM Official Coding Guidelines Related to COVID-19**

Facility: **IU Health**

Audience: **Providers, Residents and Coders**

Effective Date
March 16, 2020

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What: *The purpose of this document is to provide official diagnosis coding guidance for health care encounters and deaths related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV.*

Why: *To ensure IU Health providers have the most up-to-date information from the Centers or Disease Control and Prevention in order to properly address the current crisis.*

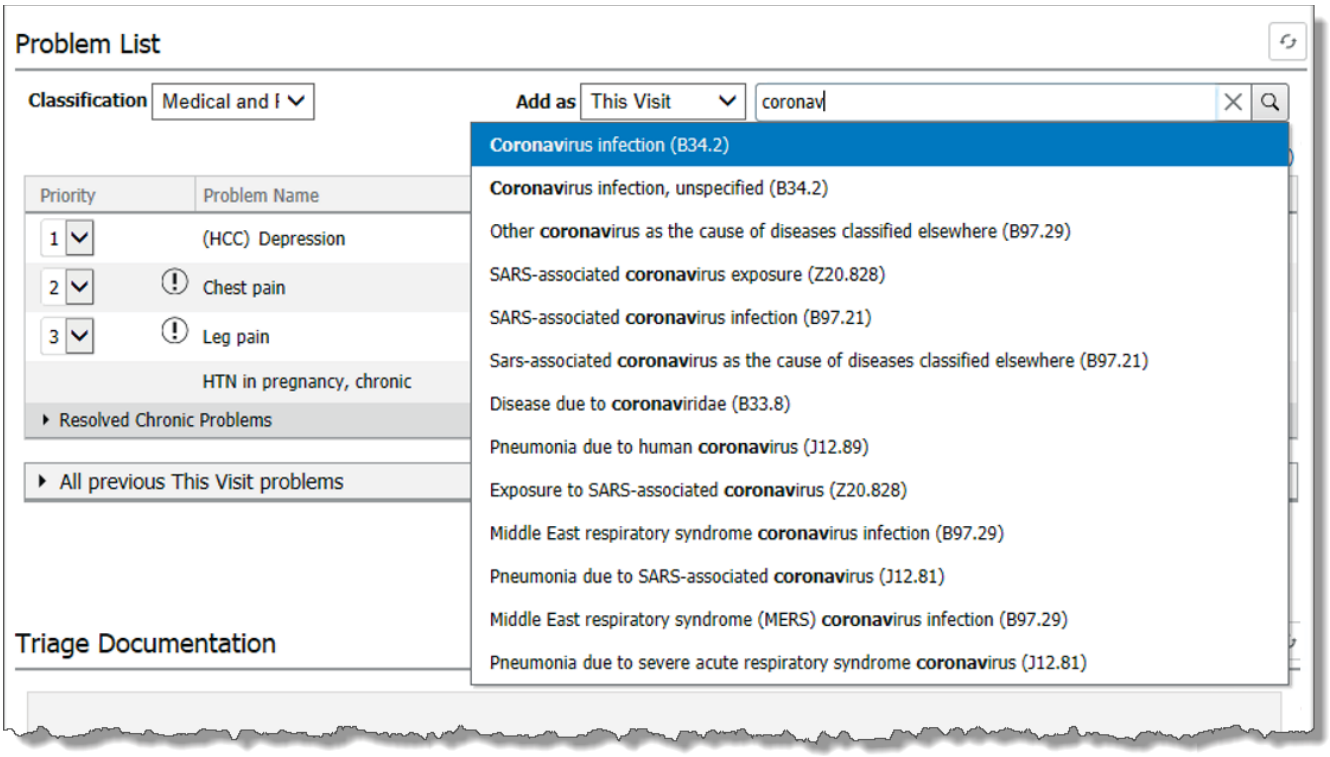
Suspected Diagnoses Considerations

Clinicians and coders should be as consistent as possible with diagnoses and coding for adequate tracking of

- Those with symptoms
- Those with exposures
- Those confirmed positive.

Covid-19, SARS-CoV2 specific diagnoses/codes are not available. **"Suspected Coronavirus" is not a diagnosis** just as ICD10 does not allow for suspected diagnoses.

The following screen shot displays selections available within Cerner's Problem List.



The CDC's **ICD-10-CM Official Coding Guidelines – Supplement** regarding **Coding encounters related to COVID-19 Coronavirus Outbreak**, **Effective February 20, 2020** are found on the following two (2) pages.

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ICD-10-CM Official Coding Guidelines - Supplement
Coding encounters related to COVID-19 Coronavirus Outbreak
Effective: February 20, 2020

Introduction

The purpose of this document is 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 most recent situation updates are available from the CDC web page, About 2019 Novel Coronavirus (COVID-19).

https://www.cdc.gov/coronavirus/2019-ncov/index.html

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) and will be updated to reflect new clinical information as it becomes available. https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf.

The ICD-10-CM codes provided 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. A hyphen is used at the end of a code to indicate that additional characters are required.

General Guidance

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.

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
- B34.9 Viral Syndrome

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."

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).

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General Guidance (continued)

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.

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.

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.

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. https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

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.

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.

Reference:

COVID-10 clinical presentation: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html