

# Coronavirus Disease 2019 (COVID-19)

This content is an example of documentation best practices based on ICD-10-CM Official Guidelines for Coding and Reporting. It is not intended to replace any specific coding and reporting guidelines from your organization. All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (e.g. HCPCS, CPT, ICD-10-CM), only codes valid for the date of service may be submitted or accepted.

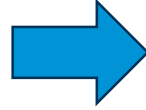
## Effective April 1, 2020 – September 30, 2020

Documentation supports	Code	And
Pneumonia due to COVID-19	<b>U07.1</b> COVID-19, virus identified, confirmed by laboratory testing	<b>J12.89</b> Other viral pneumonia
Acute bronchitis due to COVID-19	<b>U07.1</b> COVID-19, virus identified, confirmed by laboratory testing	<b>J20.8</b> Acute bronchitis due to other specified organisms
Bronchitis NOS due to COVID-19	<b>U07.1</b> COVID-19, virus identified, confirmed by laboratory testing	<b>J40</b> Bronchitis, not specified as acute or chronic
Acute respiratory distress syndrome (ARDS) due to COVID-19	<b>U07.1</b> COVID-19, virus identified, confirmed by laboratory testing	<b>J80</b> Acute respiratory distress syndrome
COVID-19 associated with Lower respiratory infection NOS or Acute respiratory infection NOS	<b>U07.1</b> COVID-19, virus identified, confirmed by laboratory testing	<b>J22</b> Unspecified acute lower respiratory infection
COVID-19 associated with Respiratory infection NOS	<b>U07.1</b> COVID-19, virus identified, confirmed by laboratory testing	<b>J98.8</b> Other specified respiratory disorders
Encounter due to COVID-19 infection in pregnancy, childbirth, and the puerperium	<b>O98.5xx</b> Other viral diseases complicating pregnancy, childbirth and the puerperium	<b>U07.1</b> COVID-19, virus identified, confirmed by laboratory testing
COVID-19 ruled out after evaluation	<b>Z03.818</b> Encounter for observation for suspected exposure to other biological agents ruled out	
Exposure to confirmed COVID-19 case	<b>Z20.828</b> Contact with and (suspected) exposure to other viral communicable diseases	

Any "suspected," "possible," or "probable" COVID-19, assign reason for encounter (e.g. signs and symptoms) or **Z20.828**, Contact with and (suspected) exposure to other viral communicable diseases

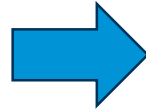
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**Question:** We have been told that the World Health Organization (WHO) has approved an emergency ICD-10 code of “U07.2 COVID-19, virus not identified.” Is code U07.2 to be implemented in the U.S. too?



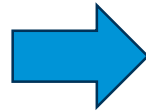
**Answer:** No, the HIPAA code set standard for diagnosis coding in the U.S. is ICD-10-CM, not ICD-10. As shown in the April 1, 2020 Addenda on the CDC website, the only new code being implemented in the U.S. for COVID-19 is U07.1.

**Question:** Is the ICD-10-CM code U07.1, COVID-19 retroactive to cases diagnosed before the April 1, 2020 date?



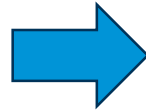
**Answer:** No, the code is not retroactive. Please refer to <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf> for encounters related to the COVID-19 for coding guidance of discharges/services provided before April 1, 2020.

**Question:** Should presumptive positive COVID-19 test results be coded as confirmed?



**Answer:** Yes, 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 the COVID-19 virus is no longer required.

**Question:** Since the new guidelines for COVID 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:** Yes, **IF** a patient is admitted with sepsis due to COVID-19 pneumonia and the sepsis meets the definition of principal diagnosis, then viral sepsis (A41.89) should be assigned as principal diagnosis followed by codes U07.1 and J12.89, as secondary diagnoses. No, **IF** a patient is admitted with pneumonia due to COVID-19 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.