What is COVID-19?
COVID-19 is a virus that primarily causes respiratory signs/symptoms. Many with the virus show no symptoms or symptoms similar to a common cold. Those who are immune compromised, however, can experience a wide range of conditions such as pneumonia and acute respiratory distress syndrome.
COVID-19 Updates:

4/1/2020
U07.1 can now be used. New guidelines were published and are included below.

3/31/2020
G2023/G2024 update - To identify specimen collection for COVID-19 testing, we are establishing two new level II HCPCS codes. Independent laboratories must use one of these HCPCS codes when billing Medicare for the nominal specimen collection fee for COVID-19 testing for the duration of the PHE for the COVID-19 pandemic.

3/26/2020

3/26/2020
CMS announced the release of an updated ICD-10 MS-DRG grouper software package to accommodate the new diagnosis code, U07.1 for COVID-19, effective with discharges on and after April 1, 2020. If you use an Encoder, please check with them to determine if the update will be ready for your organization prior to April 1st. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/MS-DRG-Classifications-and-Software

3/23/2020
CMS Guidance on COVID-19 DRGs post April 1st. See below for details.

03/19/2020
Earlier today at the White House Task Force Press Briefing, the Centers for Medicare & Medicaid Services (CMS) announced that all elective surgeries, non-essential medical, surgical, and dental procedures be delayed during the 2019 Novel Coronavirus (COVID-19) outbreak.


03/18/2020
• See link for billing advice below

  • New code effective April 1st = U07.1
    • More coding guidelines to come but for now:
      ◦ Use ADDITIONAL code to identify pneumonia
      ◦ Excludes B34.2, B97.2-, J12.81

03/16/2020
The AMA just released a new code – effective 3/13/20 - CPT code 87635.

03/13/2020
COVID-19 Coding For Laboratory Testing:

<table>
<thead>
<tr>
<th>CPT/HCPCS Code</th>
<th>CPT Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U0001</td>
<td>2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel at a CDC lab</td>
</tr>
<tr>
<td>U0002</td>
<td>2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets) at a non-CDC lab</td>
</tr>
<tr>
<td>87635</td>
<td>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</td>
</tr>
</tbody>
</table>

COVID-19 & Related Diagnosis Codes:

These are common diagnosis codes seen with COVID-19 (but is NOT all inclusive). Remember that per coding guidelines, the provider’s diagnostic statement that the patient has the condition would suffice. Some organizations, however, may choose to hold accounts until lab results are confirmed (according to CDC guidance).

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Diagnosis Description</th>
<th>Rules</th>
</tr>
</thead>
</table>
| U07.1          | COVID-19                                                                             | • Effective on April 1st  
• Should be sequenced first in most scenarios  
  ◦ Newborn cases could be an exception  
  ◦ Obstetric cases could be an exception  
  ◦ Reason for admission could change this  
• Only to be used for confirmed cases (per CDC)  
• Can be used for physician documentation of a “presumptive positive” test (per AHA)  
• Cannot be used for probable, suspected, etc. |
| B97.29         | Other coronavirus as the cause of diseases classified elsewhere                        | • To be used for COVID-19 prior to April 1st (but is not specific to COVID-19).  
• Not to be used in addition to U07.1 |
| Z03.818        | Encounter for observation for suspected exposure to other biological agents ruled out | • A code from category Z03 is assigned when a person is suspected of having a condition, without signs or symptoms, and after examination and observation, the condition is ruled out.  
• If a definitive diagnosis exists, then it should be coded instead  
• If other (non-related) signs/symptoms exist, then those should be coded. |
| Z20.828        | Contact with and (suspected) exposure to other viral communicable diseases            | • For someone with no signs/symptoms but they have been exposed to someone with COVID-19 |
COVID-19 Coding Scenarios:

Reporting Contact Only
Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases) should be reported if the patient has had contact with someone who has tested positive but the patient has no signs/symptoms.

Reporting Observation Only
Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out) should be used if the patient is being observed for what is thought to be COVID-19 but the test was negative or it was ruled out. In this case it is important to also code the signs/symptoms that the patient is experiencing.

Guidelines:

• According to the instructional note under category Z03, a code from category Z03 is assigned when a person is suspected of having a condition, without signs or symptoms, and after examination and observation, the condition is ruled out.

• Prior to April 1st, 2020, Code B97.29 is assigned for all types of documented coronavirus as cause of diseases classified elsewhere except severe acute respiratory syndrome (SARS)-associated coronavirus which is classified to code B97.21. Common types of coronavirus include alpha coronavirus, beta coronavirus and Middle East respiratory syndrome (MERS).

Note: if another definitive diagnosis is reported instead, then that would take the place of Z03.818.

Reporting a Confirmed Case BEFORE APRIL 1st

• With Pneumonia
If the pneumonia is confirmed as being due to a confirmed case of COVID-19, code:
  ◦ J12.89, Other viral pneumonia
  ◦ B97.29, Other coronavirus as the cause of diseases classified elsewhere

• With Acute Bronchitis
If the bronchitis is confirmed as being due to a confirmed case of COVID-19, code:
  ◦ J20.8, Acute bronchitis due to other specified organisms
  ◦ B97.29, Other coronavirus as the cause of diseases classified elsewhere

• With Lower Respiratory Infection
If the lower respiratory infection is confirmed as being due to a confirmed case of COVID-19, code:
  ◦ J22, Unspecified acute lower respiratory infection, not otherwise specified
  ◦ B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Alternatively, if they state that it is another type of respiratory infection (not included in other coding options) then you would use J98.8 (other specified respiratory disorders) with B97.29.

• With ARDS (Acute Respiratory Distress Syndrome)
Patients with COVID-19 may develop ARDS. If this occurs code as such:
  ◦ J80, Acute respiratory distress syndrome
  ◦ B97.29, Other coronavirus as the cause of diseases classified elsewhere.
Reporting a Confirmed Case AFTER APRIL 1st

• With Pneumonia
  If the pneumonia is confirmed as being due to a confirmed case of COVID-19, code:
  ◦ U07.1, COVID-19
  ◦ J12.89, Other viral pneumonia

• With Acute Bronchitis
  If the bronchitis is confirmed as being due to a confirmed case of COVID-19, code:
  ◦ U07.1, COVID-19
  ◦ J20.8, Acute bronchitis due to other specified organisms

• With Lower Respiratory Infection
  If the lower respiratory infection is confirmed as being due to a confirmed case of COVID-19, code:
  ◦ U07.1, COVID-19
  ◦ J22, Unspecified acute lower respiratory infection, not otherwise specified

Alternatively, if they state that it is another type of respiratory infection (not included in other coding options) then you would use J98.8 (other specified respiratory disorders) with B97.29.

• With ARDS (Acute Respiratory Distress Syndrome)
  Patients with COVID-19 may develop ARDS. If this occurs code as such:
  ◦ U07.1, COVID-19
  ◦ J80, Acute respiratory distress syndrome

COVID Official Guidelines (effective 4/1/2020)

1. Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)
   g. Coronavirus Infections

1) COVID-19 Infections (Infections due to SARS-CoV-2)

   a) Code only 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.
b) 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 Section I.C.15.s. for COVID-19 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 See Section I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium

c) Acute respiratory illness due to COVID-19

(i) Pneumonia For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia.

(ii) 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.

(iii) 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.

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

d) 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 a).

e) 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 d). If an asymptomatic individual is screened for COVID-19 and tests positive, see guideline g).

f) 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.

g) 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.

15. Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00-O9A)

s) 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.
Please note that COVID-19 will not link to a specific DRG as the scenario will vary by patient. That being said, the most common DRGs that we will see are as follows:

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>FY 2020 Post-Acute DRG</th>
<th>FY 2020 Special Pay DRG</th>
<th>MDC</th>
<th>TYPE</th>
<th>MS-DRG Title</th>
<th>Weights</th>
<th>Geometric mean LOS</th>
<th>Arithmetic mean LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>177</td>
<td>Yes</td>
<td>No</td>
<td>04</td>
<td>MED</td>
<td>RESPIRATORY INFECTIONS &amp; INFLAMMATIONS W MCC</td>
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<td>MED</td>
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<td>MED</td>
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<td>199</td>
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<td>MED</td>
<td>PNEUMOTHORAX W/O CC/MCC</td>
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<td>MED</td>
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<td>No</td>
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<td>4.3</td>
</tr>
</tbody>
</table>
Common DRGs - AFTER APRIL 1st

DRG Add-on - During the emergency period, the legislation provides a 20% add-on to the DRG rate for patients with COVID-19. This add-on will apply to patients treated at rural and urban inpatient prospective payment system (IPPS) hospitals.

The ICD-10 MCE Version 37.1 R1 uses edits for the ICD-10 codes reported to validate correct coding on claims for discharges on or after April 1, 2020.

The ICD-10 MS-DRG Grouper software package to accommodate this new code, Version 37.1 R1, is effective for discharges on or after April 1, 2020.

Assignment of new ICD-10-CM diagnosis code U07.1, COVID-19, is as follows:

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>FY 2020 FINAL Post-Acute DRG</th>
<th>FY 2020 FINAL Special Pay DRG</th>
<th>MDC</th>
<th>TYPE</th>
<th>MS-DRG Title</th>
<th>Weights</th>
<th>Geometric mean LOS</th>
<th>Arithmetic mean LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>177</td>
<td>Yes</td>
<td>No</td>
<td>04</td>
<td>MED</td>
<td>RESPIRATORY INFECTIONS &amp; INFLAMMATIONS W MCC</td>
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</tr>
</tbody>
</table>
**Query Templates: COVID-19**

Pt admitted with *** (symptoms such as fever, dry cough, SOB) and noted to have *** (lab test + for Covid-19). Please document in progress notes and discharge summary if you are evaluating or treating any of the following:

- Pneumonia due to COVID-19
- Acute bronchitis due to COVID-19
- Acute lower respiratory infection due to COVID-19
- Other, please specify
- Unable to determine

The medical record reflects the following:
- Risk Factors: ***
- Clinical Indicators: ***
- Treatment: ***

Below not to appear in query itself:
- Possible Risk Factors: Age, any chronic medical conditions, and acute conditions that would complicate anything...any recent sickness (flu/ pneumonia, etc.), exposure to someone with COVID-19
- Clinical/ Diagnostic Criteria: (symptoms), (labs), COVID-19 Test Result (positive or negative)
- Treatment: meds, monitoring, if they mention what PPE the hospital staff use/droplet isolation

**Query Templates: POA**

Pt admitted with *** (pneumonia, acute bronchitis, LRTI or respiratory symptoms). Pt noted to have laboratory test positive for COVID 19. If possible, please document in progress notes and discharge summary if *** was present on admission (POA):

- Yes, COVID 19 was present at the time of the order to admit to the hospital
- No, COVID 19 was not present on admission and developed during the inpatient stay
- Clinically you are unable to determine if COVID 19 was present on admission

The medical record reflects the following:
- Risk Factors: ***
- Clinical Indicators: ***
- Treatment: ***
References
For the most up to date guidance, please visit:

CDC
- Fact Sheet
- Index and Tabular

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

CMS
- Fact Sheet
- Emergency Statement
- Elective surgery update
- ICD-10 MS-DRG V37.1 R1 Grouper
- Specimen updates (pg. 98/99)

Billing Advice

Elective surgery update

AHIMA
http://www.ahima.org/topics/covid-19