

# COVID-19 CODING TIP SHEET



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April 2020



In light of the world wide pandemic, this month our quarterly coding tip will cover COVID-19 coding guidelines.

## Official Coding Guidance on Covid-19 (U07.1)

- U07.1 COVID-19 is used for confirmed cases only
- U07.1 COVID-19 will be primarily used as a principle diagnosis except for newborn and obstetric patients.
  - The new code will end to MS-DRGs 177-179 for non-ventilated patients
  - Patients on ventilator will end to MS-DRGs 207-208
  - MS-DRGs 791 or 793 for Newborns
  - MS-DRGs 974-976 for patients with HIV
- U07.1 COVID-19 is a MCC if used as a secondary diagnosis
  - According to AHA and AHIMA, the new ICD-10-CM code U07.1 COVID-19 should be used as a principle diagnosis only and followed by the appropriate codes for manifestation. Exceptions are for newborn and obstetric patients.
- Inpatient coders- do not assign code U07.1 as a “suspected, probable or likely” condition
- Coronavirus 229E or other strains **that are not COVID-19** should be coded to B97.29 effective for discharge dates of 4/1/20
- Continue to code all pertinent secondary conditions established during visit and treated according to coding guidelines

Patient Presentation	Coding Guideline
<b>Confirmed COVID-19 diagnosis</b>	Assign U07.1 as the primary diagnosis, followed by the underlying condition as secondary diagnosis.
<b>Signs &amp; Symptoms with No Definitive COVID-19 diagnosis established</b>	Code all signs and symptoms. Code Z20.828 ( <b>contact with and exposure to other viral communicable diseases</b> ) may be added as a secondary diagnosis if there is documentation of patient traveling outside of state/country or having exposure to someone that tested positive or has been tested for COVID-19.
<b>Signs &amp; Symptoms with Definitive Underlying Diagnosis (other than COVID-19) established</b>	Follow coding guidelines. Assign the definitive diagnosis as primary. Z20.828 may be added as a secondary diagnosis if there is documentation of the patient traveling outside of the state/country or having exposure/possible exposure to someone that has tested positive or has been tested for COVID-19. In outpatient coding, symptoms that have been coded may have resolved.
<b>Exposure to COVID-19 with no signs and symptoms</b>	<b>Assign Code Z20.828 (contact with and exposure to other viral communicable diseases)</b> as Admit and Primary diagnosis in cases of exposure only. <b>If using this as primary diagnosis the patient wouldn't have signs or symptoms only possibility of exposure.</b> This code is being used by physicians to order testing, for reference labs.
<b>Signs &amp; Symptoms with Negative test results documented</b>	<b>Outpatient:</b> Assign Z03.818 ( <b>Encounter for observation for suspected exposure to other biological agents ruled out</b> ) as a Primary diagnosis if a patient presents with signs and symptoms and physician documentation states COVID-19 test results are negative/ruled out at discharge. <b>Inpatient:</b> Assign the PDX based on coding guidelines and use Z03.818 as a secondary diagnosis if results are negative/ruled out at discharge.
<b>Potential Exposure with negative test results documented</b>	Assign Z20.828 as admit and Z03.818 as Primary Diagnosis. Patient had a potential exposure and presented for testing (No signs or Symptoms present for the patient). At discharge, physician documents lab results negative for COVID-19 ruled out.

## REFERENCES

[www.cdc.gov](http://www.cdc.gov)

[www.ahima.org](http://www.ahima.org)

[www.aha.org](http://www.aha.org)