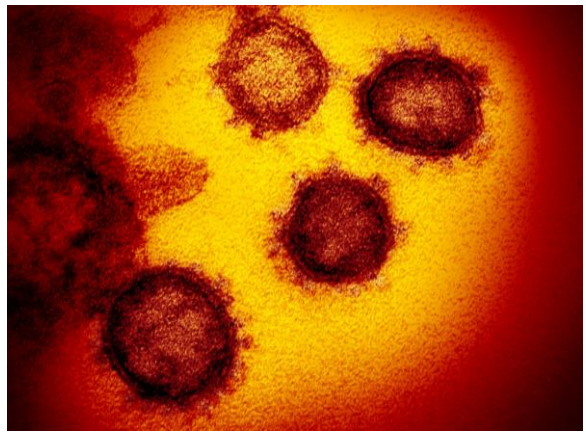
COVID-19 Coding applications



Sheila Goethel, RHIT, CDIP, CCS

April 2020

PPT availability and Archive Viewing Instructions

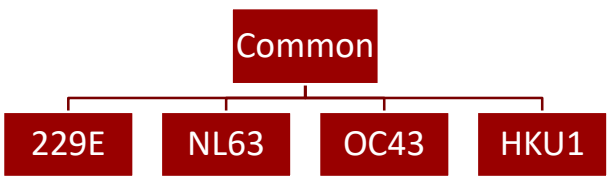
- PPT handout will be available on archived link – click on the paperclip icon
- Complete survey to obtain CEU form
- Link to view taped session will be available at:
  - http://www.rwhc.com/Resources/PublicPresentations.aspx (RWHC Resources)
  - https://www.whima.org/continuing-education/ WHIMA Education as well as through KnowledgeConnex
  - https://www.whainfocenter.com/ (WHAIC website)
  - https://www.wha.org/On-demandLearning (WHA On-Demand learning center)

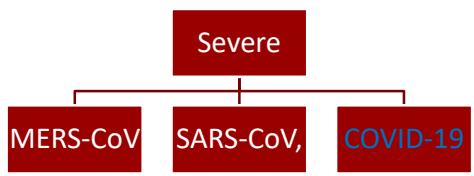
After this session, participant will:

- Understand COVID-19 CM codes and reporting timelines
- Have awareness of present Coding Guidelines that relate to coronavirus encounters
- Have answers to your specific COVID-19 CM coding questions
- Gain coding confidence with coronavirus related encounters

Coronavirus

- Coronaviruses are named for the crown-like spikes on their surface.
- Coronavirus types include:





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

SARS-CoV-2/2019-nCoV (COVID-19)

- Emerged from China in 2019
- Animal transmitted the virus to humans in open market, or….
- This demonstrates the virus can be spread from animal/person and now person/person
- Virus can be mild or fatal

- **COVID-19**
- **CO** – Stands for Coronavirus
- **VI** – Stands fir Virus
- **D** – Stands for Disease
- **19** – identified in 2019

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CDC Testing Priorities

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

PRIORITY 1

Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system

- Hospitalized patients
- Healthcare facility workers with symptoms

PRIORITY 2

Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

PRIORITY 3

As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Healthcare facility workers and first responders
- Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations

NON-PRIORITY

- Individuals without symptoms

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CDC Guidance released in Feb 2020

- Sequencing and use of B97 code is now outdated!!
- Did not include CM code newly effective U07.1

https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf

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Effective April 1 2020

- Index and Tabular https://www.cdc.gov/nchs/data/icd/icd-10-cm-april-1-2020-addenda.pdf
- FAQs released in late March https://www.codingclinicadvisor.com/faqs-icd-10-cm-coding-covid-19?utm_source=email&utm_medium=eblast&utm_campaign=CovidWebsite03242020&utm_term=maintext&mkt_tok=eyJpIjoiWm1WaU1HRTFNVFl3WmpZMiIsInQiOiJ0VVRMYkpQTFlSaW03WjRNMDVYdXBZQ1wvUW5Sbzl4M1pBbjNYMHNmeDBvNGhMOEl0V2FJMGp0ZSs4andvTGg1RTFzK1BXZWkyQWV2dFFqcElSWVZ2RWRnMmd2bkVqcmViNHQ0bHYydWg1ZVk3bDVCMExwUG41OXFpV1kxOGFBRGoifQ%3D%3D

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Effective April 1 2020

- Guidelines Effective 4-1-20 https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf
- Addenda for revised codes/descriptors https://www.cdc.gov/nchs/data/icd/ICD-10-CM-April-1-2020-addenda.pdf

Effective April 1, 2020 U07.1 COVID-19

U07.1 coded when

- Testing positive for COVID-19
- Even if/when patient was asymptomatic
- Presumptively +

Additional Guidance…..

- No other CM codes (i.e. testing, exposure) have been added at this time
- Sequencing will depend on the circumstances of the encounter (will typically be principal/first listed)
- Entire Guidelines will be utilized in sequencing decisions
- Coding is based solely on providers documentation – not on positive lab test result

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Screening Guidelines
Section I.C.21.c.5

- "Screening is the testing for disease ……**in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease**….
- The testing of a person to rule out or confirm a suspected diagnosis because the patient has some sign or symptom is a diagnostic examination, not a screening. In these cases, the sign or symptom is used to explain the reason for the test.
- A screening code may be a first-listed code if the reason for the visit is specifically the screening exam. It may also be used as an additional code if the screening is done during an office visit for other health problems. A screening code is not necessary if the screening is inherent to a routine examination, such as a pap smear done during a routine pelvic examination."

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Screening for COVID-19

- Screening – testing without S/S – **Z11.59**

- Seemingly healthy individuals walking into a clinic or ER will not automatically be tested.
- Patients calling/presenting for testing will be thoroughly vetted.
- This vetting process/triage will weed out those that are not at risk.
- Classified through DHS as a **non-priority** patient
- We don't expect "screening" to occur for COVID at this time…perhaps in the future

Observation to rule out Guidelines Section I.C.21.c.6

- "….when a person is being observed for a suspected condition that is ruled out. The observation codes are **not for use if an injury or illness or any signs or symptoms related to the suspected condition are present.** In such cases the diagnosis/symptom code is used with the corresponding external cause code.
- The **observation codes are to be used as principal diagnosis only.**… Additional codes may be used in addition to the observation code, but only if they are unrelated to the suspected condition being observed."

Observation for COVID-19 Possible Exposure

- Observation **without S/S – Z03.818**
- **Coded when condition was RULED OUT after testing**

- Patient has **possible exposure** that warrants testing for COVID.
- May occur when Inpatient transitions back to the SNF (Part B stay) and SNF request COVID test to ensure staff or clients are not at risk

Exposure Guidelines Section I.C.21.c.1 & I.C.1.g.1.d

- "Category Z20 indicates contact with, and suspected exposure to, communicable diseases. **These codes are for patients who do not show any sign or symptom of a disease** but are suspected to have been exposed to it by close personal contact with an infected individual or are in an area where a disease is epidemic."
- **NEW GUIDELINES**…"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, code U07.1.

NEW EXCEPTION!!

If a patient with signs or 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.[!!]

Example #1

- Patient reports exposure to husband who has reported positive
- No s/s
- Test result is negative

Code: Z20.828 (exposure) is sole code reported

Example #2

- Patient reports suspected exposure to neighbor
- Patient complains of runny nose and cough
- Test result is negative

Code: 1) R09.89 (runny nose) & **R05** (cough)

2) **Z20.828** (Observation for…ruled out) is reported even though Guidelines instruct this is only reported when no S/S are present.

Observation versus Exposure					
Symptoms	Yes	NO	Yes	No	Yes
Exposure	No exposure or any risk documented	Suspected Contact	Suspected Exposure or Contact	Known or Suspected Exposure or Contact	Known Exposure or Contact
Lab Test Performed	Yes	Yes	Yes	Yes	Yes
Test Results	Negative	Negative	Negative	Negative	Negative
Code(s)	**Symptoms**	**Z03.818**	**Symptoms + Z20.828**	**Z20.828**	**Symptoms + Z20.828**

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NEW GUIDELINES and FAQ

- "Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification… 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….) as an additional code. This is an exception to guideline I.C.21.c.2,Contact/Exposure…."

"Codes should be assigned for the condition (e.g., flu, pneumonia) and code Z20.828 should be assigned as an additional diagnosis."

What happens if the S/S are due to an established condition?

ER encounter example – patient enters with cough and fever and shares that family member in same household has been tested positive for COVID. Therefore, COVID lab test ran and results were negative. After exam, Impression denotes:

1. Acute Bronchitis with exposure to COVID-19
2. **Code: J20.9 & Z20.828**

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TESTING POSITIVE – U07.1

CM Coding for COVID-19

- New Guidelines support…"If the provider documents "suspected", "possible", "probable" or "inconclusive" COVID-19, 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 and communicable diseases" [for all encounter types].
- **Like HIV and avian or other novel viruses, coding will be based on the provider's diagnostic statement that the patient has positive Coronavirus/COVID-10**

***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

Guidelines Also Support Presumptive positive COVID-19 tests results are coded as confirmed.

Emphasize **presumptive positive** – This directive is based on Physician documentation regarding a Presumptive positive lab test – and not a possible diagnosis of the condition.

AHA Coding Clinic Advisor – FAQ – link on reference page

***Question**: Based on the recently released guidelines for COVID-19 infections, does a provider need to explicitly link the results of the COVID-19 test to the respiratory condition as the cause of the respiratory illness to code it as a confirmed diagnosis of COVID-19? Patients are being seeing in our emergency department and if results are not available at the time of discharge, we are reluctant to query the physicians to go back and document the linkage when the results come back several days later. (4/1/2020)*

Answer: No, the provider does not need to explicitly link the test result to the respiratory condition, the positive test results can be coded as confirmed COVID-19 cases as long as the test result itself is part of the medical record. Please note that this advice is limited to cases related to COVID-19 and not the coding of other laboratory tests. **Due to the heightened need to uniquely identify COVID-19 patients, we recommend that providers consider developing facility-specific coding guidelines to hold back coding of inpatient admissions and outpatient encounters until the test results for COVID-19 testing are available.**

AHA Coding Clinic Advisor – FAQ – link on reference page

Clinical Indicator Query

- Documentation reveals COVID-19 diagnosis without having a lab report to support diagnosis
- Result returned negative

↓

- Recommendation: Query provider to validate

- Physician documents and confirms COVID-19 diagnosis even with a negative test result available

↓

- Recommendation: Assign U07.1

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Sequencing – U07.1 as First versus Secondary

Maintain Convention and Guideline directives

First	Second
When it meets definition of principal/first listed	When other Guidelines instruct
Conventions Direct	e.g. OB and Sepsis

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Index Entry – Effective 4-1-20

Add	Coronavirus (infection)
Add	- as cause of diseases classified elsewhere B97.29
Add	- coronavirus-19 U07.1
Add	- COVID-19 U07.1
Add	- SARS-associated B97.21

Index Entry – Effective 4-1-20

	Infection, infected, infective (opportunistic) B99.9
Add	- coronavirus-2019 U07.1
	- coronavirus NEC B34.2
	- - as cause of disease classified elsewhere B97.29
	- - severe acute respiratory syndrome (SARS associated) B97.21
Add	- COVID-19 U07.1
	- virus, viral NOS B34.9

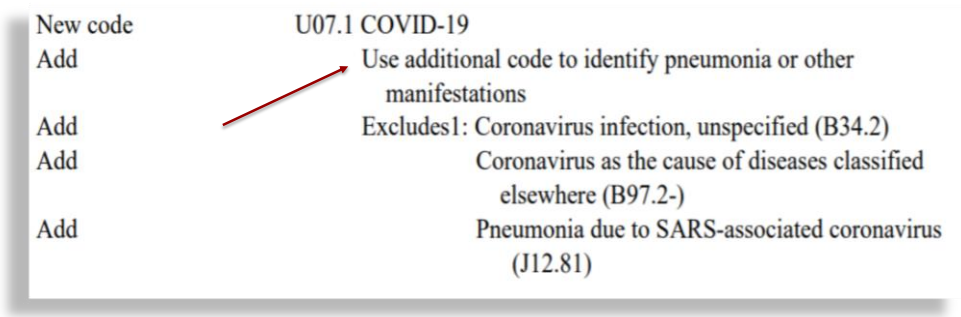
CM Coding

- **B97.29** (other coronavirus as the cause of diseases classified elsewhere)
  - Reported as **secondary** code PRIOR to 4-1-20
  - Is **NOT** exclusive to the SARS-CoV-2/2019-nCoV virus responsible for the COVID-19 pandemic
  - (Like bacterial UTIs) These codes are supplementary or additional.
- **B34.2** (coronavirus infection *unspecified*)
  - Not coded for COVID-19 as COVID is respiratory in nature…so COVID-19 IS "specified"

4-1 Tabular addenda

	B34 Viral infection of unspecified site
	B34.2 Coronavirus infection, unspecified
Add	Excludes1: COVID-19 (U07.1)
	pneumonia due to SARS-associated coronavirus (J12.81)

Tabular Entry – Effective 4-1-20



New code	U07.1 COVID-19
Add	Use additional code to identify pneumonia or other manifestations
Add	Excludes1: Coronavirus infection, unspecified (B34.2)
Add	Coronavirus as the cause of diseases classified elsewhere (B97.2-)
Add	Pneumonia due to SARS-associated coronavirus (J12.81)

"Use additional code" is located at etiology code
"Code First" is located at the manifestation code

Inpatient Example

Patient admitted with SOB, fever, and coughing. CXR confirmed pneumonia & lab tests reveal COVID-19 positive. Patient monitored in ICU for one day, but did not display any signs of respiratory failure or hypoxemia. Received IV antibiotics. D/S reveals a viral pneumonia due to COVID-19.

CODE: 1) U07.1 (COVID-19)
2) J12.89 (Viral Pneumonia)

Inpatient Example

- Patient falls down the stairs at home and is admitted with a broken RT femur and RT radius. Required surgery for both fxs. On the second day, patient confides neighbor has been struggling for 5 days with COVID related symptoms including fever, cough and SOB. Patient indicates he visited twice last week to deliver meals to this individual. Patient therefore tested – test positive, but was not symptomatic nor treated for COVID during his 5 day stay.

Code: 1) Fx

2) U07.1

Sepsis with Viral pneumonia & COVID-19

- CC 3rd Q '16 informs to report A41.89 (Other specified sepsis) and B97.89 (other viral agents) for "Viral Sepsis"
- In this case, B97.29 (Other coronavirus as cause of diseases classified elsewhere) is more applicable than B97.89 to represent the viral agent
- Sepsis guidelines Section I.C.1.d.4 provides sequencing as follows:
  - *"If the reason for admission **is sepsis or severe sepsis** and a localized infection, such as pneumonia or cellulitis, a code(s) for the underlying systemic infection should be assigned first and the code for the localized infection should be assigned as a secondary diagnosis. .."*
- **D/S denotes Sepsis with Viral Pneumonia due to COVID-19:**
  - **A41.89**
  - **U07.1**
  - **J12.89**

COVID with other conditions

Bronchitis due to COVID	• U07.1 • J20.8
Respiration Infection due to COVID	• U07.1 • J22 (lower) OR J06.9 (Viral upper)
Respiratory Failure due to COVID	• U07.1 • J96.--
OB patient w/COVID	• O98.5- • U07.1

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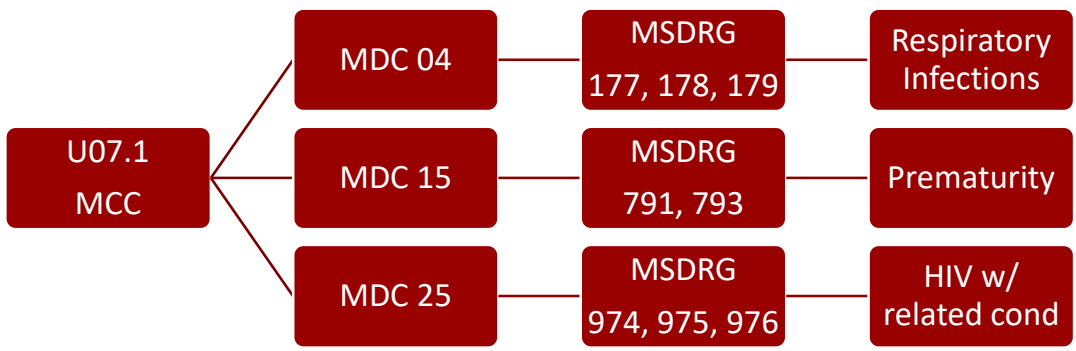
COVID-19 MSDRG affects



https://edit.cms.gov/files/document/icd-10-ms-drgs-version-371-r1-effective-april-1-2020-updated-march-23-2020.pdf

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Encounter for follow-up COVID-19 testing

- Patient with a previous COVID-19 diagnosis. Outpatient lab test to validate COVID-19 is not longer present
- Code Z09

Z09 **Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm**

Medical surveillance following completed treatment

Use additional code to identify any applicable history of disease code (Z86.-, Z87.-)

Excludes1: aftercare following medical care (Z43-Z49, Z51)
surveillance of contraception (Z30.4-)
surveillance of prosthetic and other medical devices (Z44-Z46)

& Add History of COVID-19 – Z86.19

Z86.1 Personal history of infectious and parasitic diseases
Conditions classifiable to A00-B89, B99
Excludes1: personal history of infectious diseases specific to a body system
sequelae of infectious and parasitic diseases (B90-B94)

- **Z86.11 Personal history of tuberculosis**
- **Z86.12 Personal history of poliomyelitis**
- **Z86.13 Personal history of malaria**
- **Z86.14 Personal history of Methicillin resistant Staphylococcus aureus infection**
  Personal history of MRSA infection
- **Z86.15 Personal history of latent tuberculosis infection**
- **Z86.19 Personal history of other infectious and parasitic diseases**

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Serology testing

- Z11.59 (encounter for screening for other viral diseases)

Infusion blood plasma for immunotherapy

Z29.1 Encounter for prophylactic immunotherapy
Encounter for administration of immunoglobulin

- **Z29.11 Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV)**
- **Z29.12 Encounter for prophylactic antivenin**
- **Z29.13 Encounter for prophylactic Rho(D) immune globulin**
- **Z29.14 Encounter for prophylactic rabies immune globin**

Z29.3 Encounter for prophylactic fluoride administration
Z29.8 Encounter for other specified prophylactic measures
Z29.9 Encounter for prophylactic measures, unspecified

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Telehealth

Mcare – MLN SE20011

- https://www.cms.gov/files/document/se20011.pdf
- https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf
- CARES Act - https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

Mcaid - waiver

- https://www.forwardhealth.wi.gov/WIPortal/content/html/news/covid19_resources.html.spage

Third party payers

- Each have their own policy

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CPT coding for Covid-19
Selection based on payer choice…just don't report both

Medicare approved and suggested

- **U0001** – Only used for the tests developed by the CDC (real time RT PCR assay).
- **U0002** – Use when reporting non-CDC laboratory tests for COVID-19 virus….in house developed tests.

Also Effective March 13

- **87635** – Infectious agent detection by nucleic acid (DNA/RNA) severed acute respiratory syndrome coronavirus 2 (SARS-CoV-2) Coronavirus disease [COVID-19] amplified probe technique
- For use by hospitals, health systems and laboratories
- It's immediate release is unprecedented
- Expected to replace the U HCPCS codes

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COVID-19 Antibody Testing CPT Codes

CPT Code	Description
86318 (REVISED)	Immunoassay for infectious agent antibody(ies), qualitative or semiqualitative, single step method (eg, reagent strip);
86328 (NEW)	Immunoassay for infectious agent antibody(ies), qualitative or semiqualitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
86769 (NEW)	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) (multistep method)

https://www.ama-assn.org/system/files/2020-04/cpt-assistant-guide-coronavirus-april-2020.pdf

Item under FORMAL waiver
Service/claim entail waiver related item(s)

Condition code DR

- Disaster Related claim
- Under Medicare – only submitted on claims under formal waiver
  - Hearing that NUBC and insurers are asking for the CC on all COVID related claims
  - ??
- Blanket waivers included on MLN Matters 20011
  - EXCLUDES TELEHEALTH
- Institutional claim

Modifier CR

- Catastrophe Related claim
- Under Medicare – only submitted on claims under formal waiver
- Blanket waivers included on MLN Matters 20011
  - EXCLUDES TELEHEALTH
- Physician claim/component

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Modifier CS recently introduced Families First Act – Effective March 18th, 2020

- Modifier CS **appended onto EM** when visit results in COVID lab test
  - Office/Outpt visits, ER, Hosp OBS, Nursing facility and custodial services, home health, and online digital EMs
  - Not clear if only reported when COVID lab ordered (87365, U0001 or U0002) OR if also includes CXR or other labs that were ordered for MDM
- Professional or Institutional modifier
- Waives cost sharing (coinsurance and deductible) for Medicare patients
  - Provider is paid 100%
  - Many third party payers have also requested this modifier
- If already submitted claim without Modifier CS:
  - Pro – notify NGS and request to resubmit
  - Institutional/Hospital - resubmit

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?? ER patient

Q: A patient presents with cough/fever and diagnosed with an influenza like illness. The patient was tested for COVID-19, which was negative. Encoder is giving and edit that Z03.818 should be primary, but the patient did not present specifically for COVID-19 testing. Should we bypass this edit?

Answer/Rationale: Guidelines indicate to report the S/S when no definitive diagnosis of COVID-19 is made. As previously mentioned, we have an Exception now to report Z20.828 as SECONDARY when there is **suspected/actual exposure**. Without any risk or (suspected) exposure documented, recommend to report:
CODE: R05 (cough), R50.9 (fever) – Facility and Pro: 9928X-CS & 87635

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?? ER setting

Q: Patient presents with reported exposure to co-worker that tested positive yesterday. Patient complained of fever – tested and test result was negative.

Answer/Rationale: Guidelines indicate to report the S/S when no definitive diagnosis of COVID-19 is made. Guideline Exception now advises to report Z20.828 as SECONDARY when there is suspected/actual exposure.

1. R50.9 (fever), **2. Z20.828** (exposure) is also reported, as Exception to the Guidelines allow to report as secondary even though s/s were present.

Facility and PRO EM: 9928X-CS & 87365

?? Inpatient setting

Q: What if a patient is diagnosed with pneumonia due to COVID-19 but all the documentation says probable and the test result isn't in yet? Or what if the test comes back negative? Would it just be coded as pneumonia then?

Answer/Rationale: Possible/probable COVID dx documented at discharged cannot be reported even on inpatient. Coder needs to have provider documentation that supports a (positive) test/diagnosis. AHA Q&A advises to wait for COVID test result for coding functions and to query provider to validate COVID-19 diagnosis. Therefore, wait for COVID test result to return and query physician (as necessary) to document test result into inpatient account.

Code: Code assignment will rely on lab test result and query response.

?? LTC/SNF facility question

Q: Our facility is partnered with a large local hospital and there is talk of taking displaced people for possible exposure for their quarantine period without having them be picked up skilled for therapy. This is where the Z20.828 would come into play correct? But, PDPM says that is return to provider. Does the disaster relief condition code make Z20.828 an acceptable primary diagnosis for SNF even though PDPM says it's return to provider? In the MDS should SOB be documented on COVID-19 patients like it is in COPD patients to paint the whole picture (dyspnea lying flat for example) and ensure maximum reimbursement?

?? LTC/SNF facility question

Answer/Rationale: Without knowing specifically:

1) If you are using your SNF as a temporary expansion site of the hospital, (allowed by waiver), I expect this will be billed on the hospital bill.

2) If you are asking how to report those individuals that need to come back to the SNF but under a 14 day quarantine period, the patient is just going into a quarantine area – and not actually in SNF for quarantine or Observation to rule out a condition. As they are in the SNF for a designated skilled reason – would recommend to report that CM code for PDPM and utilize Obs vs Exposure grid for secondary.

Other Tools & References

- AHIMA query templates – both specificity and validatation https://ahima.realmagnet.land/covid-19-query-templates-professional
- MSDRG V37.1 https://www.cms.gov/icd10m/version38-fullcode-cms/fullcode_cms/P0001.html
- CDC – COVID-19 (accounts prior to 4-1-20) https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf

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  - https://www.whainfocenter.com/ (WHAIC website)
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