

Note - We believe this is the most up-to-date information available at this time



Subject: **UPDATED** ICD-10-CM Diagnosis Coding for COVID-19 Related Encounters

Effective Date:

- **Encounters for Confirmed Diagnosis of COVID-19**
 - **Prior to April 1, 2020:** B97.29 (other coronavirus as the cause of diseases classified elsewhere)
 - **On & After April 1, 2020:** U07.1 (2019 nCoV acute respiratory disease)

Source Authority:

- [CDC Announcement - Supplement Coding Related to COVID-19 \(02.20.2020\)](#)
- [CDC Announcement - New ICD-10-CM Code for COVID-19 \(03.18.2020\)](#)
- [CMS COVID-19 FAQ - Medicare Fee-for-Service Billing \(Section DD\)](#)
- **AHA AHIMA FAQ - Frequently Asked Questions Regarding ICD-10-CM Coding for COVID-19 (PDF attached)**

Background: The supplement coding guidance provides instructions for coding illnesses due to the 2019 novel coronavirus (COVID-19) and encounters related to COVID-19 testing, including Evaluation and Management (E&M) services. A new International Classification of Diseases, Tenth Revision (ICD-10) diagnosis code has been established by the World Health Organization (WHO). The Centers for Disease Control (CDC), under the National Emergencies Act Section 201 & 301, announced a change in the effective date of the new diagnosis code from October 1, 2020 to April 1, 2020. The interim and new code for COVID-19 are used in conjunction with the patient's illness, such as pneumonia (J12.89), acute bronchitis (J20.8), lower respiratory infection (J22) and acute respiratory distress syndrome, ARDS (J80).

Summary of Updates: The supplement coding guidance is also used for coding **diagnostic and antibody testing** and related evaluation services in situations where COVID-19 diagnosis has not been confirmed. Related conditions or signs and symptoms (S&S) should be coded in addition to the following:

- **Encounters for COVID-19 Testing & Related Evaluation Services**
 - **Encounters for Suspected Exposure**
 - Z03.818 (encounter for observation for suspected exposure to other biological agents ruled out)
 - Z20.828 (contact with and, suspected, exposure to other viral communicable diseases)
 - **Screening for Asymptomatic Patients**
 - Z11.59 (encounter for screening for other viral diseases, asymptomatic)

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- **Encounters for Confirmed Diagnosis of COVID-19**
 - **Prior to April 1, 2020**
 - B97.29 (other coronavirus as the cause of diseases classified elsewhere)
 - **On & After April 1, 2020**
 - U07.1 (2019 nCoV acute respiratory disease)
 - **History of COVID-19**
 - Z86.19 (personal history of other infectious and parasitic diseases)
- **Encounters for COVID-19 Antibody Testing**
 - *Please note, other diagnosis codes identifying contact with, exposure to or screening for COVID-19 should be assigned in addition to the following for antibody testing:*
 - **Z01.84 (encounter for antibody response examination)**
 - **Z09 (encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm)**
 - **Z86.19 (personal history of other infectious and parasitic diseases)**

Highlights:

- **Encounters for Suspected Exposure**
 - **Z03.818 (encounter for observation for suspected exposure to other biological agents ruled out)**
 - Assigned when there is possible exposure to COVID-19, but the patient is asymptomatic and the patient tests negative.
 - Scenario: Viral Triage Clinic (VTC) visit for an asymptomatic patient with suspected exposure and COVID-19 is ruled out
 - **Z20.828 (contact with and, suspected, exposure to other viral communicable diseases)**
 - Assigned when there is suspected or known exposure to COVID-19 and the patient is symptomatic, but the test results are negative, inconclusive or unknown.
 - Scenario: Big Sky Medical Center admission for a symptomatic patient exposed to COVID-19, but test results are negative
- **Screening for Asymptomatic Patients**
 - **Z11.59 (encounter for screening for other viral diseases, asymptomatic)**
 - Assigned when COVID-19 testing is performed for an asymptomatic patient with no known exposure to COVID-19.
 - Scenario: Deaconess Hospital screening for COVID-19 prior to scheduled procedure
- **Encounters for Confirmed Diagnosis of COVID-19 (Prior to April 1, 2020)**
 - **B97.29 (other coronavirus as the cause of diseases classified elsewhere)**
 - Supplement code assigned when documentation supports confirmed diagnosis of COVID-19.
- **Encounters for COVID-19 Antibody Testing**
 - **Z01.84 (encounter for antibody testing response examination)**
 - Assigned when antibody testing is not to confirm a current COVID-19 infection nor as follow-up after resolution of COVID-19.
 - **Z09 (encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm)**
 - Assigned in conjunction with Z86.19 when antibody testing a patient with resolved COVID-19 infection (history of).
 - **Z86.19 (personal history of other infectious and parasitic diseases)**
 - Assigned in conjunction with Z09 when antibody testing a patient with resolved COVID-19 infection (history of).

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- **U07.1 (2019 nCoV acute respiratory disease)**
 - **Assigned when antibody testing is conducted for a patient with an unresolved COVID-19 infection.**
- **Supporting Documentation & Diagnosis Sequencing**
 - **Suspected Diagnosis of COVID-19**
 - When a provider documents “suspected”, “possible” or “probable” diagnosis of COVID-19, the codes for confirmed diagnosis of COVID-19 should not be assigned. Codes for suspected exposure should be assigned in addition to related conditions or S&S.
 - *Please note, ICD-10-CM coding guidance provides specific instructions for coding suspected diagnoses depending on the setting where care is provided, e.g. outpatient and inpatient settings. However for suspected diagnosis of COVID-19, the guidance applies to all settings, including inpatient settings.*
 - **Presumptive Diagnosis of COVID-19**
 - When a provider documents “presumptive positive” COVID-19 test results, one of the codes for confirmed diagnosis of COVID-19 should be assigned.
 - **Confirmed Diagnosis of COVID-19**
 - When a provider documents confirmed diagnosis of COVID-19 or that the patient has the condition, one of the codes for confirmed diagnosis of COVID-19 should be assigned. Positive test results are not required in addition to the provider’s documentation.
 - *Please note, if the provider documents confirmed COVID-19 before test results come back negative the provider should be queried to reconsider the diagnosis based on the results*
 - When documentation in the medical record supports confirmed diagnosis of COVID-19 as the principal or first-listed diagnosis, U07.1 is sequenced first followed by related conditions or S&S. For supplement coding, the related condition, e.g. pneumonia, is sequenced first followed by B97.29 as a secondary diagnosis.
 - *Exception: ICD-10-CM coding guidance provides specific sequencing instructions for certain encounters, e.g. Obstetric and Newborn patients and patients with sepsis*
 - When a COVID-19 test result returns positive, one of the codes for confirmed diagnosis of COVID-19 may be assigned.
 - *Please note, coding guidance for coding from COVID-19 positive test result does not apply to coding for other laboratory tests, e.g. influenza*

Summary: The supplement coding guidance provides instructions for coding illnesses due to COVID-19 as well as encounters for diagnostic testing and related evaluation services. The codes established to identify suspected exposure, screening for asymptomatic patients and encounters for confirmed diagnosis of COVID-19 allow for hospitals and providers to effectively track COVID-19 testing and positive COVID-19 cases. Additionally, patient cost-sharing does not apply to outpatient COVID-19 testing under the Coronavirus Aid, Relief and Economic Security (CARES) Act. This means that when an order for outpatient COVID-19 testing is placed, payers cannot apply cost-sharing responsibility to the patient. For detailed guidance and instructions, please refer to “Latest & Greatest - Understanding and Using Condition Code & Modifiers to Identify COVID-19 Related Claims”.

This Latest & Greatest communication was developed to assist you with understanding and utilizing the supplement coding guidance for COVID-19 related services. Other Latest & Greatest communications can be found on our [Compliance COVID-19 MIND page](#), including Condition Code & Modifiers and Telemedicine & Telehealth. If you have any questions or concerns please do not hesitate to contact me.