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COVID-19: Coding and Billing Updates

APRIL 4th UPDATE

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.

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COVID-19 Updates:

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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
Senate passes the coronavirus aid, relief and Economic Security (CARES) Act which will allow for a 20% increased payment on COVID cases. https://www.aha.org/special-bulletin/2020-03-26-senate-passes-coronavirus-aid-relief-and-economic-security-cares-act

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.

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

02/13/2020
CMS issued a public health news alert on February 13, which has additional information about the new Healthcare Common Procedure Coding System (HCPCS) code (U0001) for health care providers and laboratories to bill for a laboratory testing patients for SARS-CoV-2.

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COVID-19 Coding For Laboratory Testing:

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CPT/HCPCS Code	CPT Description
U0001	2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel at a CDC lab
U0002	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
87635	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

COVID-19 & Related Diagnosis Codes:

These are common diagnosis codes seen with COVID-19 (but is NOT all inclusive). Also, 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).

Diagnosis Code	Diagnosis Description	Rules
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

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COVID-19 Coding Scenarios:

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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.

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- **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

- **With Sepsis POA**
  Patients with COVID-19 may develop ARDS. If this occurs code as such:
    - A41.89, Sepsis due to other organisms
    - U07.1, COVID-19

- **With Sepsis not POA**
  Patients with COVID-19 may develop ARDS. If this occurs code as such:
    - U07.1, COVID-19
    - A41.89, Sepsis due to other organisms

- **With Vent Hours**
    - Don't forget to look for vent hours as this will contribute to the DRG
    - COVID patients with sepsis POA, on a vent, will typically group to MS-DRG 872/871/870, depending on the vent hours
    - COVID patients with sepsis not POA, on a vent, will typically group to MS-DRG 207/208, depending on the vent hours.

COVID Official Guidelines (effective 4/1/2020)

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

d. Sepsis, Severe Sepsis, and Septic Shock (added related guidelines – see ICD-10 guidelines for additional details on sepsis)

1) Coding of Sepsis and Severe Sepsis

(a) Sepsis

For a diagnosis of sepsis, assign the appropriate code for the underlying system infection or causal organism is not further specified, assign code A41.9, Sepsis, unspecified organism.

3) Sequencing of severe sepsis

If severe sepsis is present on admission, and meets the definition of principal diagnosis, the underlying systemic infection should be assigned as principal diagnosis followed by the appropriate code from subcategory R65.2 as required by the sequencing rules in the Tabular List. A code from subcategory R65.2 can never be assigned as a principal diagnosis.

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4) Sepsis or severe sepsis with a localized infection

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. If the patient has severe sepsis, a code from subcategory R65.2 should also be assigned as a secondary diagnosis. If the patient is admitted with a localized infection, such as pneumonia, and sepsis/severe sepsis doesn't develop until after admission, the localized infection should be assigned first, followed by the appropriate sepsis/severe sepsis codes.

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

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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).

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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.

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21. Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

Note: The chapter specific guidelines provide additional information about the use of Z codes for specified encounters.

a. Use of Z Codes in Any Healthcare Setting

Z codes are for use in any healthcare setting. Z codes may be used as either a first-listed (principal diagnosis code in the inpatient setting) or secondary code, depending on the circumstances of the encounter. Certain Z codes may only be used as first-listed or principal diagnosis.

b. Z Codes Indicate a Reason for an Encounter

Z codes are not procedure codes. A corresponding procedure code must accompany a Z code to describe any procedure performed.

c. Categories of Z Codes

1) Contact/Exposure

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.

Contact/exposure codes may be used as a first-listed code to explain an encounter for testing, or, more commonly, as a secondary code to identify a potential risk.

6) Observation

There are three observation Z code categories. They are for use in very limited circumstances 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. The only exception to this is when the principal diagnosis is required to be a code from category Z38, Liveborn infants according to place of birth and type of delivery. Then a code from category Z05, Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out, is sequenced after the Z38 code. Additional codes may be used in addition to the observation code, but only if they are unrelated to the suspected condition being observed.

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Codes from subcategory Z03.7, Encounter for suspected maternal and fetal conditions ruled out, may either be used as a first-listed or as an additional code assignment depending on the case. They are for use in very limited circumstances on a maternal record when an encounter is for a suspected maternal or fetal condition that is ruled out during that encounter (for example, a maternal or fetal condition may be suspected due to an abnormal test result). These codes should not be used when the condition is confirmed. In those cases, the confirmed condition should be coded. In addition, these codes are not for use if an illness or any signs or symptoms related to the suspected condition or problem are present. In such cases the diagnosis/symptom code is used.

Additional codes may be used in addition to the code from subcategory Z03.7, but only if they are unrelated to the suspected condition being evaluated.

Codes from subcategory Z03.7 may not be used for encounters for antenatal screening of mother. See Section I.C.21. Screening.

For encounters for suspected fetal condition that are inconclusive following testing and evaluation, assign the appropriate code from category O35, O36, O40 or O41.

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Common DRGs - BEFORE APRIL 1st

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:

MS-DRG	FY 2020 FINAL Post-Acute DRG	FY 2020 FINAL Special Pay DRG	MDC	TYPE	MS-DRG Title	Weights	Geometric mean LOS	Arithmetic mean LOS
177	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	1.8912	5.5	6.9
178	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	1.2433	4.2	5.1
179	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	0.8661	3.1	3.8
190	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMO-NARY DISEASE W MCC	1.1440	3.6	4.5
191	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMO-NARY DISEASE W CC	0.8928	3.0	3.6
192	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMO-NARY DISEASE W/O CC/MCC	0.7092	2.4	2.9
193	Yes	No	04	MED	SIMPLE PNEUMONIA & PLEURISY W MCC	1.3335	4.2	5.2
194	Yes	No	04	MED	SIMPLE PNEUMONIA & PLEURISY W CC	0.8886	3.2	3.8
195	Yes	No	04	MED	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	0.6821	2.6	3.0
196	Yes	No	04	MED	INTERSTITIAL LUNG DISEASE W MCC	1.6754	4.8	6.2
197	Yes	No	04	MED	INTERSTITIAL LUNG DISEASE W CC	1.0215	3.2	4.0
198	Yes	No	04	MED	INTERSTITIAL LUNG DISEASE W/O CC/MCC	0.7550	2.4	2.9
199	No	No	04	MED	PNEUMOTHORAX W MCC	1.7941	5.2	6.7
200	No	No	04	MED	PNEUMOTHORAX W CC	1.0821	3.3	4.2
201	No	No	04	MED	PNEUMOTHORAX W/O CC/MCC	0.7180	2.4	3.0
202	No	No	04	MED	BRONCHITIS & ASTHMA W CC/ MCC	0.9480	3.0	3.7
203	No	No	04	MED	BRONCHITIS & ASTHMA W/O CC/ MCC	0.6938	2.3	2.8
204	No	No	04	MED	RESPIRATORY SIGNS & SYMP-TOMS	0.8125	2.2	2.8
205	Yes	No	04	MED	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	1.6342	4.1	5.6
206	Yes	No	04	MED	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	0.8725	2.4	3.1
207	Yes	No	04	MED	RESPIRATORY SYSTEM DIAGNO-SIS W VENTILATOR SUPPORT >96 HOURS	5.7356	12.0	14.1
208	No	No	04	MED	RESPIRATORY SYSTEM DIAG-NOSIS W VENTILATOR SUPPORT <=96 HOURS	2.4841	4.9	6.8
870	Yes	No	18	MED	SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	6.3243	12.3	14.3
871	Yes	No	18	MED	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	1.8663	4.8	6.2
872	Yes	No	18	MED	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	1.0393	3.6	4.3

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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:

MS-DRG	FY 2020 FINAL Post-Acute DRG	FY 2020 FINAL Special Pay DRG	MDC	TYPE	MS-DRG Title	Weights	Geomet-ric mean LOS	Arithmetic mean LOS
177	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	1.8912	5.5	6.9
178	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	1.2433	4.2	5.1
179	Yes	No	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/ MCC	0.8661	3.1	3.8
207	Yes	No	04	MED	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	5.7356	12.0	14.1
208	No	No	4	MED	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	2.4841	4.9	6.8
791	No	No	15	MED	PREMATURITY W MAJOR PROBLEMS	3.8062	13.3	13.3
793	No	No	15	MED	FULL TERM NEONATE W MAJOR PROBLEMS	3.9097	4.7	4.7
870	Yes	No	18	MED	SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	6.3243	12.3	14.3
871	Yes	No	18	MED	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	1.8663	4.8	6.2
872	Yes	No	8	MED	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	1.0393	3.6	4.3
974	No	No	25	MED	HIV W MAJOR RELATED CONDITION W MCC	2.6739	6.3	8.7
975	No	No	25	MED	HIV W MAJOR RELATED CONDITION W CC	1.3420	4.1	5.5
976	No	No	25	MED	HIV W MAJOR RELATED CONDITION W/O CC/MCC	0.9142	3.0	3.9

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Query Templates: COVID-19

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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: ***

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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

https://revenuecycleadvisor.com/news-analysis/cms-issues-billing-instructions-covid-19-related-waivers-and-payment-rates-diagnostic?spMailingID=17104388&spUserID=MzkwMTE5ODcxNTEyS0&spJobID=1841166762&spReportId=MTg0MTE2Njc2MgS2

Elective surgery update

https://www.cms.gov/newsroom/press-releases/cms-releases-recommendations-adult-elective-surgeries-non-essential-medical-surgical-and-dental

AHIMA

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

ACDIS ARDS discussion

https://acdis.org/articles/qa-documenting-ards-when-not-present-admission

ACDIS documentation recommendations

https://acdis.org/articles/qa-preparing-covid-19-documentation-errors

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