



EDUCATIONAL RESOURCES

# COVID – 19 CODING DRILL DOWN

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# OBJECTIVES

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- Understand the new codes to identify conditions resulting from COVID-19
- Discuss Clinical Group and Comorbidity Group and assignment
- Review Coding Guidelines

# NEW CODES TO IDENTIFY CONDITIONS RESULTING FROM COVID-19

- Active COVID-19 and Post-COVID-19 related conditions are occurring
- There is an ongoing and urgent need to capture more information about these conditions
- CDC has further additions to ICD-10 codes related to COVID-19, that became effective January 1, 2021.

# CDC IMPLEMENTED NEW CODES FOR CONDITIONS RESULTING FROM COVID-19 EFFECTIVE JAN 1, 2021

- Pneumonia due to coronavirus disease 2019 (J12.82)
- Multisystem inflammatory syndrome (MIS) (M35.81)
- Other specified systemic involvement of connective tissue (M35.89)
- Encounter for screening for COVID-19 (Z11.52)
- Contact with and (suspected) exposure to COVID-19 (Z20.822)
- Personal history of COVID-19 (Z86.16)

Reference: CDC 2019 Novel Coronavirus (COVID-19), November 30, 2020

Effective: January 1, 2021 [Announcement New-ICD-code-for-coronavirus-19-508](#)

# NEW RESPIRATORY CODE

- **NEW- J12.82 Pneumonia due to coronavirus disease 2019**
  - Pneumonia due to 2019 novel coronavirus (SARS-CoV-2)
  - Pneumonia due to COVID-19
    - **Code first** COVID-19 (U07.1)

***NOTE:** PRIOR TO Jan 1,2021 we were instructed to code J12.89, other viral pneumonia due to Covid-19. Do not use J12.89 to code PNA due to COVID-19 from Jan. 1, 2021 forward.*

# NEW MUSCULOSKELETAL CODES

- ***NEW*- M35.81 Multisystem inflammatory syndrome**
  - MIS-A
  - MIS-C
  - Multisystem inflammatory syndrome in adults
  - Multisystem inflammatory syndrome in children
  - Pediatric inflammatory multisystem syndrome
  - PIMS

# NEW MUSCULOSKELETAL CODES

- **NEW- M35.81 Multisystem inflammatory syndrome**
  - **Code first**, if applicable, COVID-19 (U07.1)
  - **Code also** any associated complications such as:
    - acute hepatic failure (K72.0-)
    - acute kidney failure (N17.-)
    - acute myocarditis (I40.-)
    - acute respiratory distress syndrome (J80)
    - cardiac arrhythmia (I47-I49.-)
    - pneumonia due to COVID-19 (J12.82)
    - severe sepsis (R65.2-)
    - viral cardiomyopathy (B33.24)
    - viral pericarditis (B33.23)

# NEW MUSCULOSKELETAL CODES

- ***NEW*- M35.81 Multisystem inflammatory syndrome**
  - Use **Additional code**, if applicable, for:
    - exposure to COVID-19 or SARS-CoV-2 infection (Z20.822)
    - personal history of COVID-19 (Z86.16)
    - sequelae of COVID-19 (B94.8)
  
- ***NEW*- M35.89 Other specified systemic involvement of connective tissue**



# MULTISYSTEM INFLAMMATORY SYNDROME CODING SCENARIO

- Patient was admitted to the hospital 2 weeks ago with Dx of COVID-19. The patient no longer has COVID-19, however, the physician has documented the patient has multisystem inflammatory syndrome as a sequelae of COVID-19. How would you code this patient?
- Primary:
  - M35.81 Multisystem inflammatory syndrome
- Secondary:
  - B94.8 Sequelae of other specified infectious and parasitic diseases

# NEW – Z CODES

- **NEW- Z11.52 Encounter for screening for COVID-19**
  - **\*Do Not assign code Z11.52 – not appropriate during the pandemic**
    - **Per the updated coding guidelines** - "During the COVID-19 pandemic, a screening code is generally not appropriate. Do not assign code Z11.52, Encounter for screening for COVID-19. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19"
- **NEW- Z20.822 Contact with and (suspected) exposure to COVID-19**
  - Contact with and (suspected) exposure to SARS-CoV-2
- **NEW- Z86.16 Personal history of COVID-19**

# CLINICAL GROUP & COMORBIDITY GROUP- CAN THE NEW CODES BE ASSIGNED AS A PRIMARY DIAGNOSIS?

4 of the new codes were assigned to a clinical group, so they can be assigned as a primary diagnosis:

- M35.81- Multisystem inflammatory syndrome – Musculoskeletal Rehabilitation
- M35.89 - Other specified systemic involvement of connective tissue – Musculoskeletal Rehabilitation
- Z11.52 - Encounter for screening for COVID-19 – MMTA Other
  - \*Per the coding guidelines - During the COVID-19 pandemic, a screening code is generally not appropriate. Do not assign code Z11.52, Encounter for screening for COVID-19. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19.
- Z20.822 - Contact with and (suspected) exposure to COVID-19 – MMTA Infectious Disease, Neoplasms, and Blood-Forming Diseases

# CLINICAL GROUP & COMORBIDITY GROUP- CAN THE NEW CODES BE ASSIGNED AS A PRIMARY DIAGNOSIS?

- 2 of the new codes were not assigned to a clinical group, so they **CANNOT** be assigned as a primary diagnosis:
- J12.82 Pneumonia due to coronavirus disease 2019
- Z86.16 Personal history of COVID-19
- J12.82 Pneumonia due to coronavirus disease 2019 is the **only** new diagnosis that was assigned to a **comorbidity group** - Respiratory 2

# CMS - SUMMARY OF DIAGNOSIS CODE CHANGES TABLE

## Diagnosis Code Changes

### Added ICD-10-CM Diagnosis Codes

The following ICD-10 Diagnosis code(s) were added.

### Added ICD-10-CM Diagnosis Codes

Diagnosis	Description	Clinical Group	Clinical Group Description	Comorbidity Group	Comorbidity Group Description	Low Comorbidity
J1282	Pneumonia due to coronavirus disease 2019	NA	No Group Assigned	Respiratory 2	Respiratory disease	0
M3581	Multisystem inflammatory syndrome	E	Musculoskeletal Rehabilitation	No_group	No group assigned	0
M3589	Other specified systemic involvement of connective tissue	E	Musculoskeletal Rehabilitation	No_group	No group assigned	0
Z1152	Encounter for screening for COVID-19	A	MMTA - Other	No_group	No group assigned	0
Z20822	Contact with and (suspected) exposure to COVID-19	K	MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	No_group	No group assigned	0
Z8616	Personal history of COVID-19	NA	No Group Assigned	No_group	No group assigned	0

Reference: CMS Final Summary of Data Changes HHGS v02.1.21, Effective 01/01/2021

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION 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 or documentation of a 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 a positive test result for COVID19; the provider’s documentation that the individual has COVID-19 is sufficient.
- If the provider documents “suspected,” “possible,” “probable,” or “inconclusive” COVID-19, do not assign code U07.1. Instead, code the signs and symptoms reported. See guideline I.C.1.g.1.g.

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

### (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 when another guideline requires that certain codes be sequenced first, such as obstetrics, sepsis, or transplant complications.
- 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 infection in pregnancy, childbirth, and the puerperium
- See Section I.C.16.h. for COVID-19 infection in newborn.
- For a COVID-19 infection in a lung transplant patient, see Section I.C.19.g.3.a. Transplant complications other than kidney

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

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### (c) Acute respiratory manifestations of COVID-19

- When the reason for the encounter/admission is a respiratory manifestation of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the respiratory manifestation(s) as additional diagnoses.



# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

- The following conditions are examples of common respiratory manifestations of COVID-19:
  - (i) *Pneumonia* For a patient with pneumonia confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.82, Pneumonia due to coronavirus disease 2019 .
  - (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.

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

- (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.

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

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- (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.
- (v) Acute respiratory failure For acute respiratory failure due to COVID-19, assign code U07.1, and code J96.0-, Acute respiratory failure.

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

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### (d) Non-respiratory manifestations of COVID-19

- When the reason for the encounter/admission is a non-respiratory manifestation (e.g., viral enteritis) of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the manifestation(s) as additional diagnoses.

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

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### (e) Exposure to COVID-19

- For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code Z20.822, Contact with and (suspected) exposure to COVID-19.
- For symptomatic individuals with actual or suspected exposure to COVID-19 and the infection has been ruled out, or test results are inconclusive or unknown, assign code Z20.822, Contact with and (suspected) exposure to COVID-19.
- See guideline I.C.21.c.1, Contact/Exposure, for additional guidance regarding the use of category Z20 codes. If COVID-19 is confirmed, see guideline I.C.1.g.1.a

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

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### (f) Screening for COVID-19

- During the COVID-19 pandemic, a screening code is generally not appropriate. Do not assign code Z11.52, Encounter for screening for COVID-19. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19 (guideline I.C.1.g.1.e).
- Coding guidance will be updated as new information concerning any changes in the pandemic status becomes available.

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

### (g) 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 COVID-19, assign Z20.822, Contact with and (suspected) exposure to COVID19, as an additional code.

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

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### (h) Asymptomatic individuals who test positive for COVID-19

- For asymptomatic individuals who test positive for COVID-19, see guideline I.C.1.g.1.a. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

### (i) Personal history of COVID-19

- For patients with a history of COVID-19, assign code Z86.16, Personal history of COVID-19.



# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

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### (j) Follow-up visits after COVID-19 infection has resolved

- For individuals who previously had COVID-19 and are being seen for follow-up evaluation, and COVID-19 test results are negative, assign codes Z09, Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, and Z86.16, Personal history of COVID-19.

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

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### (k) Encounter for antibody testing

- For an encounter for antibody testing that is not being performed to confirm a current COVID-19 infection, nor is a follow-up test after resolution of COVID-19, assign Z01.84, Encounter for antibody response examination.
- Follow the applicable guidelines above if the individual is being tested to confirm a current COVID-19 infection.
- For follow-up testing after a COVID-19 infection, see guideline I.C.1.g.1.j.

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

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### (I) Multisystem Inflammatory Syndrome

- For individuals with multisystem inflammatory syndrome (MIS) and COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code M35.81, Multisystem inflammatory syndrome, as an additional diagnosis.
- If MIS develops as a result of a previous COVID19 infection, assign codes M35.81, Multisystem inflammatory syndrome, and B94.8, Sequelae of other specified infectious and parasitic diseases.

# CHAPTER 1: CERTAIN INFECTIOUS & PARASITIC DISEASES

## COVID-19 INFECTION (INFECTION DUE TO SARS-COV-2)

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### (I) Multisystem Inflammatory Syndrome (continued)

- If an individual with a history of COVID-19 develops MIS and the provider does not indicate the MIS is due to the previous COVID-19 infection, assign codes M35.81, Multisystem inflammatory syndrome, and Z86.16, Personal history of COVID-19.
- If an individual with a known or suspected exposure to COVID-19, and no current COVID-19 infection or history of COVID-19, develops MIS, assign codes M35.81, Multisystem inflammatory syndrome, and Z20.822, Contact with and (suspected) exposure to COVID-19.
- Additional codes should be assigned for any associated complications of MIS

# CHAPTER 15: PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM

## COVID-19 infection in pregnancy, childbirth, and the puerperium

- During pregnancy, childbirth or the puerperium, when COVID-19 is the reason for admission/encounter, code O98.5-, Other viral diseases complicating pregnancy, childbirth and the puerperium, should be sequenced as the principal/first-listed diagnosis, and code U07.1, COVID-19, and the appropriate codes for associated manifestation(s) should be assigned as additional diagnoses.
- Codes from Chapter 15 always take sequencing priority.

# CHAPTER 15: PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM

## COVID-19 infection in pregnancy, childbirth, and the puerperium

- If the reason for admission/encounter is unrelated to COVID-19 but the patient tests positive for COVID-19 during the admission/encounter, the appropriate code for the reason for admission/encounter should be sequenced as the principal/first listed diagnosis, and codes O98.5- and U07.1, as well as the appropriate codes for associated COVID-19 manifestations, should be assigned as additional diagnoses.

# CHAPTER 16: CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

## COVID-19 Infection in Newborn

- For a newborn that tests positive for COVID-19, assign code U07.1, COVID-19, and the appropriate codes for associated manifestation(s) in neonates/newborns in the absence of documentation indicating a specific type of transmission.
- For a newborn that tests positive for COVID-19 and the provider documents the condition was contracted in utero or during the birth process, assign codes P35.8, Other congenital viral diseases, and U07.1, COVID-19.
- When coding the birth episode in a newborn record, the appropriate code from category Z38, Liveborn infants according to place of birth and type of delivery, should be assigned as the principal diagnosis.



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# SCENARIOS



# SCENARIO #1

- 78-year-old patient with history of CHF, HTN, and mild intermittent asthma, presented to the hospital 6 days ago, complaining of developing cough 2 days prior and upon presentation having chills, fatigue, and becoming notably more SOB. Patient was found to be hypoxic with pulse ox of 87%; rapid test was positive for COVID, and CXR showed bilateral ground glass opacities Patient was admitted with COVID Pneumonia. Pt was started on oxygen, received Remdesivir x 5 days and Dexamethasone.
- Patient's respiratory status stabilized, and he is being discharged home today on oxygen, decreasing doses of oral prednisone, with SN ordered for respiratory assessment, medication and disease process teaching.
- How would you code this patient?

# SCENARIO #1 - ANSWER

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- **Primary**

- U07.1 COVID-19

- **Secondary**

- J12.82 Pneumonia due to coronavirus disease 2019
- I11.0 Hypertensive heart disease with heart failure
- I50.9 Heart failure, unspecified
- J45.20 Mild intermittent asthma, uncomplicated
- Z99.81 Dependence on supplemental oxygen

# SCENARIO #1 - RATIONALE

- COVID-19 is coded primary as per the guidelines – “When the reason for the encounter/admission is a respiratory manifestation of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the respiratory manifestation(s) as additional diagnoses.
- New code for pneumonia due to covid-19 as of Jan 1 - J12.82 is the first secondary diagnosis.
- I11.0 is coded next, followed by I50.9 unspecified as there was no additional documentation of the type of heart failure
- J45.20 is coded, followed by
- Z99.81 as the patient was d/c home on oxygen.

# SCENARIO #2

- 4 weeks later, the same patient returns to the ER reporting sudden onset of SOB, chest pain and palpitations. D dimer was elevated, and V/Q scan revealed a Pulmonary embolism. A repeat COVID test was negative, and the physician diagnosed the patient with PE due to recent history of COVID-19. The patient was discharged on Warfarin and the nurse is to obtain INR in 3 days, and patient is to continue home oxygen.
- How would you code this patient?

# SCENARIO #2 - ANSWER

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- **Primary**

- I26.99 Other pulmonary embolism without acute cor pulmonale

- **Secondary**

- B94.8 Sequelae of COVID-19
- I11.0 Hypertensive heart disease with heart failure
- I50.9 Heart failure, unspecified
- J45.20 Mild intermittent asthma, uncomplicated
- Z51.81 Encounter for therapeutic drug level monitoring
- Z79.01 Long term (current) use of anticoagulants
- Z99.81 Dependence on supplemental oxygen

# SCENARIO #2 - RATIONALE

- I26.99 is coded primary as per the physician documentation the PE is a result of a recent COVID-19 infection, which is followed by B94.8 sequelae of other specified infectious and parasitic diseases.
- I11.0, I50.9, J45.20 are comorbidities that may affect the patient and are coded.
- Z51.81 is coded as the nurse is to obtain an INR and there is a code also note at Z51.81 that states to code also any long-term (current) drug therapy, therefore Z79.01 is also coded.
- Z99.81 is coded as the patient is to continue home oxygen.

# CONCLUSION

- The new codes to identify conditions resulting from COVID-19 were effective as of 01/01/2021.
- 4 of the new codes were assigned to a Clinical Group and can be used as a primary diagnosis.
- However, for Z11.52 Encounter for screening for COVID-19, which was assigned to MMTA Other
  - \*Per the coding guidelines - During the COVID-19 pandemic, a screening code is generally not appropriate. Do not assign code Z11.52, Encounter for screening for COVID-19. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19.
- J12.82 Pneumonia due to coronavirus disease 2019 is the only new diagnosis that was assigned to a comorbidity group - Respiratory 2.
- Follow the updated Coding Guidelines.



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# QUESTIONS?





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# THANK YOU!

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