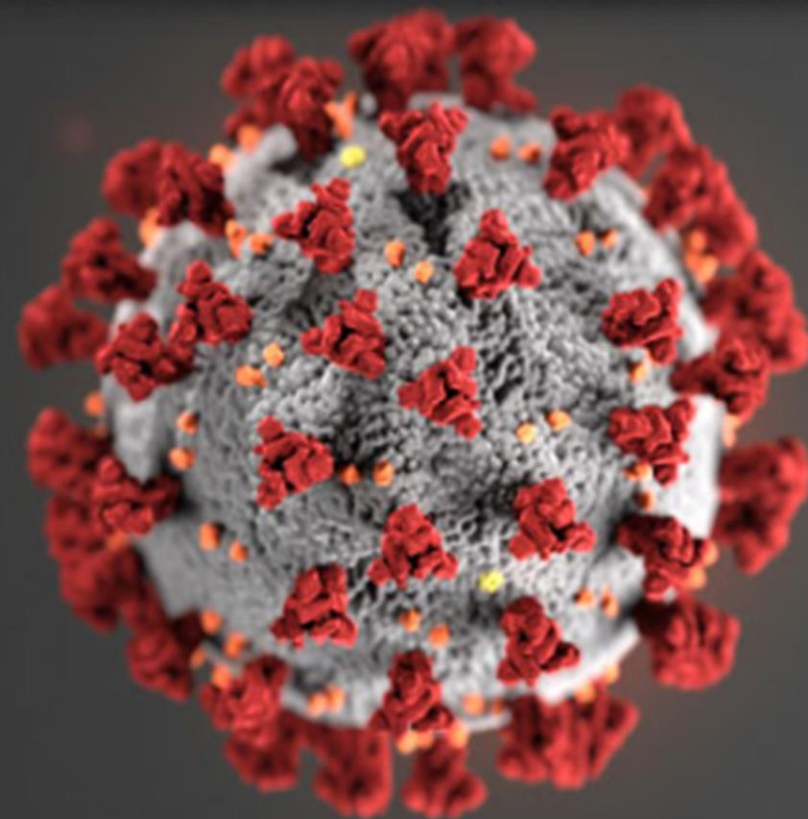




# Coding and Documentation of COVID-19

Understanding and  
Implementing CDC Guidance



# Presentation Objectives

- **Learn** what NJHA is doing to assist NJ providers in their response efforts.
- **Understand** the official diagnosis coding guidance for health care encounters and deaths related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV.
- **Implement** documentation practices that allow for accurate coding of COVID-19.

# NJHA RESPONSE EFFORTS

- NJHA's team of Emergency Preparedness and Clinical Affairs professionals are monitoring the 2019 novel Coronavirus (COVID-19), in collaboration with public health agencies.
- NJHA will begin to sweep the data daily to identify trends and possible hot spots.
- <http://www.njha.com/healthy-communities/promoting-and-protecting-health/public-health-issues/coronavirus/>
- This link compiles key guidance and other resources for the healthcare provider community to support their preparedness and response efforts. **NJHA's Emergency Preparedness office is available 24/7 to healthcare providers at 1-800-457-2262.**



**COMPLETE AND PRECISE CODING IS IMPERATIVE FOR  
ACCURATE REPORTING OF NJ COVID-19 CASES**

**IDENTIFICATION OF HOT SPOTS AND INFECTIONS RATES  
ARE BASED ON YOUR REPORTED ICD-10 CODES**

**THE IMPORTANCE OF CONSISTENT ADHERENCE TO THE  
FOLLOWING GUIDELINES CANNOT BE STRESSED  
ENOUGH**

# CDC GUIDANCE

- **ICD-10-CM Official Coding Guidelines – Supplement Coding encounters related to COVID-19 Coronavirus Outbreak Effective: February 20, 2020**
- **This guidance is intended to be used in conjunction with the current ICD-10-CM classification and the ICD-10-CM Official Guidelines for Coding and Reporting (effective October 1, 2019) and will be updated to reflect new clinical information as it becomes available.**
- **New ICD-10-CM code for the 2019 Novel Coronavirus (COVID-19), October 1, 2020 (U07.1, 2019-nCoV acute respiratory disease)**

# TYPES OF CORONAVIRUS

- Coronaviruses are named for the crown-like spikes on their surface. There are four main sub-groupings of coronaviruses, known as alpha, beta, gamma, and delta.
- Common types - 229E, NL63, OC43, HKU1
- Severe types - MERS-CoV, SARS-CoV , and COVID-19

# DOCUMENTATION FOR COVID-19

Physician documentation must:

- Confirm a positive test of COVID-19
- Link any associated respiratory conditions
- Identify that the infection was present on admission
- Consistently document comorbidities such as acute respiratory failure, ARDS, COPD exacerbation, PNA, CHF, MI, etc.



# CODING COVID-19

- **Do not** code “suspected”, “possible” or “probable” COVID-19. In such cases, **Assign a code(s) explaining the reason for encounter**
- **Do not** use Coronavirus infection, unspecified, for the COVID-19. Cases have universally been respiratory in nature, so the site would not be “unspecified.”
- **Presumptive positive** — A presumptive positive test is for the time between an initial positive test for the virus by a public health lab but before the federal Centers for Disease Control and Prevention has confirmed the results. A presumptive positive result from a CDC test is treated as if the patient is positive for the virus, according to the CDC.



# CODING COVID-19

## Pneumonia

For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes

**J12.89**, Other viral pneumonia

**B97.29**, Other coronavirus as the cause of diseases classified elsewhere.

# CODING COVID-19

Acute Bronchitis confirmed as due to COVID-19, assign codes

**J20.8**, Acute bronchitis due to other specified organisms  
**B97.29**, Other coronavirus as the cause of diseases classified elsewhere.

Bronchitis not otherwise specified (NOS) due to the COVID-19 assign codes

**J40**, Bronchitis, not specified as acute or chronic  
**B97.29**, Other coronavirus as the cause of diseases classified elsewhere.

# CODING COVID-19

Acute respiratory infection, NOS, associated with COVID-19 assign codes:

**J22**, Unspecified acute lower respiratory infection

**B97.29**, Other coronavirus as the cause of diseases classified elsewhere.

COVID-19 associated with a respiratory infection, NOS, assign codes:

**J98.8**, Other specified respiratory disorders

**B97.29**, Other coronavirus as the cause of diseases classified elsewhere.



# CODING COVID-19

## ARDS

Acute respiratory distress syndrome (ARDS) may develop in with the COVID-19, according to the Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (COVID-19) Infection.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

Cases with ARDS due to COVID-19 should be assigned the codes **J80**, Acute respiratory distress syndrome  
**B97.29**, Other coronavirus as the cause of diseases classified elsewhere.

# CODING COVID-19

## 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, it would be appropriate to assign the 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 to have COVID-19, it would be appropriate to assign the code

**Z20.828**, Contact with and (suspected) exposure to other viral communicable diseases.

# CODING COVID-19

## Coding scenario 1

88-year-old female presents to ER with granddaughter for failure to thrive. Per granddaughter patient has been very lethargic and weak for last 1 week. Patient is not taking her medications, refusing to eat, sleeping 22 hours a day. Per granddaughter patient is refusing to do anything to get out of bed. In ER patient is awake and alert x2 with fever chills. Granddaughter states no change in medication. Patient went to PCP today who referred her to ER for admission for dehydration and evaluation for possible COVID-19.

CXR: Hyperinflation compatible with COPD. Will consult pulmonary for further recommendations Continue to monitor

Smoking status: Former Smoker

Respiratory: Pt with cough, chest tightness and shortness of breath.

Discharge Summary

Reason for Hospitalization: COVID-19 with PNA and COPD exacerbation



## Scenario 1 Correct Codes –Pneumonia

For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes

**J12.89**, Other viral pneumonia

**B97.29**, Other coronavirus as the cause of diseases classified elsewhere.

**J44.0**, Chronic obstructive pulmonary disease with (acute) lower respiratory infection

**J44.1**, Chronic obstructive pulmonary disease with (acute) exacerbation

## Coding scenario 2-Bronchitis

84 y.o. female who presents to the emergency department with complaint of shortness of breath while walking. She states that she has been coughing over this time as well, and notes that she as relatives that recently returned from overseas travel. She admits to fever of 101.5 at home with chills. She denies any chest pain, nausea, sweating, or radiating pain anywhere. In addition, she also notes generalized weakness, and lightheadedness with change of position. Patient with worsening SOB for the past several days. Worsening bronchitis with positive test for COVID-19.

### Correct Coding – Bronchitis

**J40**, Bronchitis, not specified as acute or chronic

**B97.29**, Other coronavirus as the cause of diseases classified elsewhere.

## Coding scenario 3-Suspected COVID-19

56 y.o. male who presents to the emergency department with complaint of cough and shortness of breath. He states that a coworker in his office test positive for COVID-19. Negative for fever, chills, or chest pain. Admitted for confirmed exposure and suspected COVID-19 with cough and SOB. Cultures negative.

### Correct Coding – Exposure with Signs/Symptoms

**R05** Cough

**R06.02** Shortness of breath

**Z20.828**, Contact with and (suspected) exposure to other viral communicable diseases.



# When to Query

- When clinical indicators are present (fever, cough, SOB), and only a suspected case is documented.
- When a positive lab test is present, but there is not confirmation from the provider.
- When associated respiratory conditions are not specifically linked to a confirmed COVID-19 infection.
- When documentation is inconsistent between physicians.
- When the present on admission status of the infection is unclear.

# Query Examples

- Pt presented with fever, cough, SOB. ED report states suspected COVID-19. Patient treated with antiviral medication. Please clarify the diagnosis as either confirmed COVID-19, still suspected at discharge, clinically unknown, or other diagnosis (please specify)
- Pt presented with SOB and positive COVID-19 lab test is present. Pt treated with antiviral medication. Please clarify the diagnosis associated with the patient's clinical presentation and treatment.
- Pt presented with Pneumonia in ER and COVID-19 infection confirmed on the discharge summary. Please clarify if the patient's diagnosis of pneumonia is related or unrelated to COVID-19.

# Query Examples

- Pt presented with chest pain, SOB, elevated troponins. Admitted for suspect MI. Three days after admission, the patient was diagnosed with pneumonia due to COVID-19. Please clarify if the pneumonia and COVID-19 infection were present on admission or developed after admission.
- Attending physician PN indication bronchitis due to COVID-19. Pulmonary consult states COVID-19 infection unlikely, probably related to influenza. Please clarify the diagnosis as either bronchitis due to COVID-19, bronchitis due to influenza, clinically unknown, other diagnosis (please specify)



# Questions?

References:

The link for the supplement to the ICD-10-CM Official Coding Guidelines is: <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

AHA Coding Clinic for ICD-10-CM/PCS reprinted the supplemental guidance for coding encounters related to COVID-19 coronavirus outbreak in the first quarter 2020 issue.

Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>



# Thank you

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