The purpose of this bulletin is to advise providers of the diagnosis coding guidance issued by the Centers of Disease Control and Prevention (CDC) for health care encounters related to the 2019 novel coronavirus (COVID-19).

SCOPE

This bulletin applies to all providers enrolled in the MA Program who render services to beneficiaries enrolled in the MA Fee-for-Service (FFS) delivery system. Providers rendering services in the MA managed care delivery system should address any coding or billing related questions to the appropriate managed care organization (MCO).

BACKGROUND


DISCUSSION

On February 20, 2020, the Centers of Disease Control and Prevention (CDC) issued official diagnosis coding guidance for health care encounters related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at: https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20%26%20For%20Providers/Contact-Information-for-Providers.aspx.
A new ICD-10 emergency code (U07.1, 2019-nCoV acute respiratory disease) has been established by the World Health Organization (WHO). The new code was scheduled to be added to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting, effective with the next update, October 1, 2020.

The CDC issued interim coding guidance 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, 2020). However, due to the urgent need to capture the reporting of the COVID-19 coronavirus in our nation’s claims and surveillance data, the CDC under the National Emergencies Act Section 201 and 301, announced a change in the effective date of new diagnosis code U07.1, COVID-19, from October 1, 2020 to April 1, 2020.

As a result, providers should use the new diagnosis code U07.1, COVID-19, beginning April 1, 2020.

**PROCEDURE**

Effective with dates of services on and after April 1, 2020, providers should use the new diagnosis code U07.1, COVID-19.

For dates of service beginning February 20, 2020, providers should refer to the [CDC interim guidance](https://www.cdc.gov) as noted below for conditions related to COVID-19.

**Pneumonia**

For a pneumonia case confirmed as due to COVID-19, assign codes J12.89, Other viral pneumonia, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

**Acute Bronchitis**

For a patient with acute bronchitis confirmed as due to COVID-19, assign codes J20.8, Acute bronchitis due to other specified organisms, and B97.29, Other coronavirus as the cause of diseases classified elsewhere. Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code J40, Bronchitis, not specified as acute or chronic; along with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

**Lower Respiratory Infection**

If COVID-19 is documented as being associated with a lower respiratory infection NOS, or an acute respiratory infection, NOS, this should be assigned with code J22, Unspecified acute lower respiratory infection, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere. If COVID19 is documented as being associated with a respiratory infection, NOS, it would be appropriate to assign code J98.8, Other specified respiratory disorders, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

**ARDS**

Acute respiratory distress syndrome (ARDS) may develop with COVID-19, according to the [Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (COVID-19) Infection](https://www.cdc.gov).
Cases with ARDS due to COVID-19 should be assigned the codes J80, Acute respiratory distress syndrome, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

**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.

**Signs and symptoms**
For patients presenting with any signs/symptoms (such as fever over 100, cough, shortness of breath) and where 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

Note: Diagnosis code B34.2, Coronavirus infection, unspecified, would generally not be appropriate for COVID-19, because the cases have universally been respiratory in nature, so the cite would not be “unspecified”.

If the provider documents “suspected”, “possible” or “probable” COVID-19, do not assign code B97.29. Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828).

Additional information is also available on the [CDC](https://www.cdc.gov) and [CMS](https://www.cms.gov) websites.

Information on MA Program coverage related to COVID-19 can be found on the Department of Human Services website [here](https://www.dhs.pa.gov).

The Pennsylvania Department of Health has a dedicated page for COVID-19 that provides regular updates. Click [here](https://www.health.pa.gov) for the most up to date information regarding COVID-19.