

# #CHIATogether

## CONNECTING THE HIM COMMUNITY



### A MESSAGE FROM CHIA

First and foremost, we hope that you and your loved ones are staying safe and healthy. As we navigate this challenging time, the health and well-being of California's health information management (HIM) community is our top priority. We have made extraordinary changes quickly to pivot, respond to the needs of CHIA's HIM community and provide virtual opportunities to assist our members in navigating this new normal.

As was recently announced, the CHIA Board of Directors made the decision to transform CHIACON20 into a virtual event, with live and prerecorded sessions on June 15-17, 2020. CHIA remains dedicated to providing the HIM community with a first-class

learning experience with over 40 hours of continuing education and is committed to include our exhibitors in this virtual experience. We are investigating a variety of technical platforms and working with our presenters and exhibitors to launch a virtual event as we seek an innovative solution.

CHIA's mission is to *develop health information professionals and advocate for practice excellence*, and we are inspired by the goals of the CHIA Strategic Plan as we seek ways to focus on this mission during these changing times. CHIA has launched a series of virtual events to connect the HIM community and we continue to provide HIM and coding resources on the **CHIA COVID-19 Resources webpage**.

## CODING FOR COVID-19

**Disclaimer:** The coding information included in this article is as of April 29, 2020, and is subject to change.

In response to the rapidly growing number of cases, new ICD-10-coding guidelines effective April 1, 2020 and CPT codes have been put into place for use. The CHIA Coding and Data Quality (CDQ) Committee has outlined these coding updates and provided guidance to aid HIM coding professionals.

Coronaviruses are a large family of viruses that can cause illnesses that range widely in severity. The first known severe illness caused by a coronavirus surfaced in 2003 as the Severe Acute Respiratory Syndrome (SARS) epidemic in China. A second outbreak of severe illness began in 2012 in Saudi Arabia with the Middle East Respiratory Syndrome (MERS). The COVID-19 strain (SARS-CoV-2) emerged late last year in a live animal market in Wuhan, China. It has now spread throughout the world. The COVID-19 outbreak has already reached more people and caused more cases than SARS did in 2003, and the reported best practice to contain this pandemic is quarantine or self-isolation practices to reduce exposure.

### ICD-10-CM Coding

To assist coding professionals with diagnosis coding scenarios, provided is ICD-10-CM coding advice that should be considered.

#### Positive COVID-19 test result (U07.1)

Confirmed diagnosis of the COVID-19 as documented by the provider. Documentation of a positive test result or a presumptive positive COVID-19 test result is required. The Centers for Disease Control and Prevention (CDC) does not need to confirm the presumptive positive COVID-19 test for code assignment. If COVID-19 meets the definition of principal or first-listed diagnosis, U07.1 can be sequenced first, followed by the appropriate codes for any associated manifestations. Examples from CDC include:

- Pneumonia due to COVID-19: Code first U07.1, COVID-19 followed by J12.89, Other viral pneumonia

- Acute bronchitis due to COVID-19: Code first U07.1, COVID-19 followed by J20.8, Acute bronchitis due to other specified organisms

- ARDS due to severe COVID-19: Code first U07.1, COVID-19 followed by J80, Acute respiratory distress syndrome

#### Suspected, possible, probable, or inconclusive COVID-19

Do not assign U07.1 if the provider documented "suspected, possible, probable, or inconclusive COVID-19." Instead code the signs and symptoms for the encounter or Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

#### Other viral pneumonia (J12.89) vs SARS pneumonia (J12.81)

Pneumonia due to COVID-19 is coded first to U07.1, COVID-19, followed by J12.89, Other viral pneumonia. SARS associated coronavirus is the name

of the coronavirus stain discovered in 2003 and should not be coded for COVID-19 related pneumonia.

#### SARS pneumonia vs Severe COVID-19 with pneumonia and ARDS

For Severe COVID-19 with pneumonia and ARDS code first to U07.1, COVID-19, followed by J80, ARDS, and J12.89, Other viral pneumonia. J12.81, Pneumonia due to SARS associated coronavirus as mentioned earlier was discovered in 2003. Do not code J12.81 for severe COVID-19 with acute respiratory distress syndrome (ARDS) as these are completely two different things. ARDS and SARS are not interchangeable. Also note, that if the patient has ARDS and acute respiratory failure, only code J80, Acute respiratory distress syndrome due to the tabular Excludes 1 note. For Severe COVID-19 with pneumonia and ARDS code first to U07.1, COVID-19,

## New COVID-19 Codes

EFFECTIVE DATE	CODE	DESCRIPTION	ADDITIONAL NOTES
04/2020	CPT: 86328	COVID-19 antibody detection	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
04/2020	CPT: 86769	COVID-19 antibody detection	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
04/01/2020	ICD-10-CM: U01.7	COVID-19	COVID-19
02/04/2020	HCPC: U0001	Novel coronavirus (2019-ncov) realtime rt-pcr diagnostic panel	Lab test: Only approved for CDC COVID-19 test kit Medicare claims processing systems will be able to accept these codes starting on April 1, 2020, for dates of service on or after February 4, 2020
03/13/2020	CPT: 87635	COVID-19 test using amplified probe	Lab test
02/04/2020	HCPC: U0002	COVID-19 test using any technique other than U0001/ 87635	Use U0002 for dates of service 2/4 – 3/12 for amplified probe technique

followed by J80, ARDS, and J12.89, Other viral pneumonia.

### Sepsis and COVID-19

The new guideline states “for a COVID-19 infection that progresses to sepsis, see coding guideline I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock.” If Sepsis meets the definition for principal diagnosis, Sepsis would be sequenced first followed by the COVID-19 localized infection as a secondary diagnosis.

### Pregnancy, childbirth, and the puerperium with COVID-19

Patients who are pregnant, delivered, or in the puerperium period who have COVID-19 should be coded to O98.5, Other viral diseases complicating pregnancy, childbirth, and the puerperium, followed by code U07.1, COVID-19. The coding professional should additionally add any associated manifestation(s).

### Key differences in the Z-codes for COVID-19

- Exposure Symptomatic
- Exposure Asymptomatic

- No Exposure and Asymptomatic Routine Screenings

### Symptomatic patients with possible or known exposure to COVID-19

For patients who have signs/symptoms associated with COVID-19 but the test results are negative or unknown at the time of coding, assign the appropriate code(s) for the signs and symptoms followed by a code for Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. AHA FAQs further instruct that, “when a patient presents with signs/symptoms associated with COVID-19 and is tested for the virus because the provider suspects the patient may have COVID-19, code Z20.828 may be assigned *without explicit documentation of exposure* or suspected exposure to COVID-19.”

### Asymptomatic patients with possible or known exposure, COVID-19 ruled out

Code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out, should be used if a patient is asymptomatic and there is possible

exposure to COVID-19 but the patient tests negative for COVID-19. It is important to note that Z03.818 is a principal only diagnosis and should not be used as a secondary diagnosis.

### Screening for COVID-19 (asymptomatic/no exposure)

Z11.59, Encounter for screening for other viral diseases is used routine screenings for COVID-19. These patients have no signs, symptoms, or exposure, and the test results are unknown or negative at the time of coding. These tests may be performed for screenings to discharge to a skilled nursing facility, screening at homeless shelters, etc.

### CPT Coding

To assist coding professionals with CPT coding scenarios, provided is CPT coding advice that should be considered.

### Physician Office Visit: Patient sent to a COVID-19 testing site for amplified probe technique

- Physician: Apply the appropriate office E/M code

- Testing site: Apply CPT 99001, Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)
- Laboratory: Apply CPT 87635, COVID-19 amplified probe technique

**Telehealth Visit: Telehealth visit performed, then the patient comes to physician office for testing via amplified probe technique**

- Physician Coding: Apply E/M telehealth code 99212-99215
- Throat swab in office: Apply CPT 99211
- Laboratory: Apply CPT 87635, COVID-19 amplified probe technique

**Telephone Evaluation: Telephone visit performed, then the patient comes to the physician office for testing via amplified probe technique**

- Physician Coding: Apply E/M telephone evaluation CPT code 99441-99443
- Throat swab in office: Apply CPT 99211
- Laboratory: Apply CPT 87635 COVID-19 amplified probe technique

The American Hospital Association, American Medical Association, and Centers for Disease Control and Prevention have provided updated guidelines related to COVID-19 for FY2020. Each coding professional should familiarize themselves with the coding guidelines. It is essential that HIM professionals ensure the accuracy and reliability of code assignment and data capture to support COVID-19 clinical care, public health reporting and scientific research.

**Resources**

American Hospital Association. (2020,

April). Frequently Asked Questions Regarding ICD-10-CM Coding for COVID-19. Retrieved from [aha.org/fact-sheets/2020-03-30-frequently-asked-questions-regarding-icd-10-cm-coding-covid-19](https://www.aha.org/fact-sheets/2020-03-30-frequently-asked-questions-regarding-icd-10-cm-coding-covid-19)

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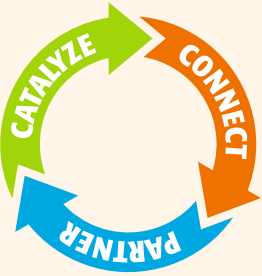
Centers for Disease Control and Prevention. (2020, February). ICD-10-CM Official Coding Guidelines – Supplement Coding encounters related to COVID-19 Coronavirus Outbreak. Retrieved from [cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf](https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf)

Centers for Medicare & Medicaid Services. (2020). 2020 ICD-10-CM. Retrieved from [cms.gov/Medicare/Coding/ICD10/2020-ICD-10-CM](https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-CM)

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## CHIA COVID-19 Resources

COVID-19 has brought an influx of patients being admitted to the health care system. While diagnoses and treatment of these patients is important, the ability to accurately capture this data by HIM professionals is also vital. CHIA leaders and industry experts have come together to connect the HIM community and provide the following resources.

Webinars On Demand	HIM Community Chats	Resources
<p>CHIA has held several webinars in the past few weeks to help coding and HIM professionals understand the COVID-19 impact. If you missed one of the recent webinars, no problem! CHIA offers a convenient solution with Webinars On Demand.</p> <ul style="list-style-type: none"> <li>■ Confidentiality &amp; ROI Hot Topics including COVID</li> <li>■ Coding Part I: Guidelines, New Codes and Resources</li> <li>■ Coding Part II: Practical Strategies for Coding Professional</li> <li>■ Coding Part III: Billing for Physician Services During the COVID-19 PHE Telehealth</li> <li>■ Remote Workforce Management: Operationalizing Change in a New Normal</li> </ul>	<p>CHIA invites HIM professionals to share operational challenges and best practices that worked for their department and/or organization. This complimentary community chat is open to CHIA and AHIMA Members every Friday thru May. Recordings are available online.</p> 	<p>CHIA partnered with California associations and industry leaders to provide practical HIM resources.</p> <ul style="list-style-type: none"> <li>■ <b>California Department of Public Health (CDPH)</b> works to protect the public's health in the Golden State and helps shape positive health outcomes for individuals, families and communities.</li> <li>■ <b>Center for Connected Health Policy (CCHP)</b> is dedicated to integrating telehealth virtual technologies into the health care system through advancing sound policy based on objective research and informed practices.</li> <li>■ <b>Office of Statewide Health Planning and Development (OSHPD)</b> is the leader in collecting data and disseminating information about California's health care infrastructure.</li> </ul>