



Cutting Through COVID-19 Coding Advice FAQs

Haugen Consulting Group, Inc created this FAQ document on April 24, 2020 in response to the number of questions received on COVID-19. The answers given refer to official coding guidelines, when applicable, and reflect best practices established by Haugen Consulting Group's subject matter experts. Each question has the date of submission and the response is based on the information available at that time.

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Question: Can you please clarify how to code for acute respiratory distress in COVID-19? Should code J80, Acute respiratory distress syndrome be assigned? (4/24/20)

Answer: No, code J80 should not be assigned for acute respiratory distress. Acute respiratory distress is assigned to code R06.03, Acute respiratory distress, and is not the same as acute respiratory distress syndrome (ARDS). According to Coding Clinic for ICD-10-CM/PCS, Fourth Quarter 2017, Page 23, respiratory distress refers to difficulty breathing that may be due to conditions, such as asthma, aspiration, trauma, heart disease, pneumonia, etc.

ARDS is a rapidly progressive disorder that has symptoms of dyspnea, tachypnea, and hypoxemia. In ARDS, fluid accumulates in the alveoli of the lung, preventing oxygen from entering the bloodstream. The low blood oxygen levels threaten organ function and the primary goal of treatment is to get oxygen to the organs.

Question: How do you code COVID re-testing in an OB patient? The patient is a 41 yo at 32 weeks presenting for f/u COVID testing. Patient had positive COVID test on 03/16. In order to have qualified as clearing the infection and take her off COVID precautions, she needs 2 negative COVID PCRs at least 24 hours apart. (4/24/20)

Answer: Our recommendation would be to hold the account until the COVID-19 test results are available. If the test results are positive, assign codes O98.5-, Other viral diseases complicating pregnancy, childbirth and the puerperium followed by code U07.1, COVID-19 (for cases on or after April 1, 2020). If the date of service was prior to April 1, 2020, and test results were positive, assign codes O98.5-, the specific respiratory illness, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

If the test results are negative, assign codes Z09, Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, Z87.09, Personal history of other diseases of the respiratory system, and Z33.1, Pregnant state, incidental.

Question: The patient was admitted for Observation for near syncope and dehydration. COVID-19 test was performed on 3/15/20 during a previous ED visit. The test returned positive. He is being discharged home today with instructions to continue self-isolation. How is this case coded? (4/24/20)

Answer: Assign a code for dehydration as the first-listed diagnosis since it was the reason for the encounter (Source: Guideline IV.A, Selection of first-listed condition). Sequence code U07.1, COVID-19, as an additional diagnosis (OCG: I.C.g.1)b), Sequencing of codes).



Question: A 33-week OB patient has a diagnosis of viral respiratory tract infection. COVID appears likely given negative viral panels. COVID test is pending. (even though COVID wasn't diagnosed/confirmed this visit we still coded B97.89 since "Viral URI" was documented? (4/24/20)

Answer: For cases prior to April 1, 2020, code B97.89 is not exclusive to COVID-19. For an OB patient presenting with a non-COVID-19 viral upper respiratory infection, assign codes O99.51-, Diseases of the respiratory system complicating pregnancy, J06.9, Upper respiratory infection, unspecified, and B97.89, Other viral agents as the cause of diseases classified elsewhere.

Question: Can you please clarify if the physician says suspected COVID-19 at discharge and the test comes back positive, can we code from the test result without a provider's interpretation? (4/24/20)

Answer: Yes. If the provider states that COVID-19 is suspected at the time of discharge and the test comes back positive after discharge, code U07.1, COVID-19, can be reported from the test result without confirmation from the provider. This applies only to COVID-19 (Source: OCG I.C.1.g.1)a). Per the AHA and AHIMA FAQ: ICD-10-CM Coding for COVID-19 document, updated on April 1, 2020, the provider does not need to explicitly link the test result to the respiratory condition and the positive test results can be coded as confirmed as long as the test result itself is part of the medical record.

Question: Thank you for the presentation. Could you give an example for or clarify this guideline: "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."

Z03 category is first listed/principal only for asymptomatic patients. So, a patient who is completely asymptomatic, and without a known or suspected exposure, but still has an encounter to rule out COVID-19, which after the result is back is ruled out, and the patient goes home. Is this correct?

Thank you!? (4/24/20)

Answer: An example of the use of code Z03.818 is a healthcare worker who is exposed to a patient with COVID-19 without appropriate personal protective equipment (PPE). Code Z03.818 would be assigned if the patient was observed and found to be negative for COVID-19.

Question: Thank you. I would like to know, is the code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out, allowed to be used as a secondary diagnosis, or is it strictly for use as a principal diagnosis? (4/24/20)

Answer: According to the Official Guidelines for Coding and Reporting, codes in category Z03 can only be first-listed or principal diagnosis unless there are multiple encounters on the same day and the medical records for the encounters are combined (Source: OCG I.C.21.c.16).

Question: I just watched your informational webinar about coding COVID-19 and I have a question. I work in HHH and SNF coding and was wondering how to code this if someone had symptoms of COVID-19 but the test came back negative? Would I still use the symptom codes and/or the Z codes for screening and/or exposure with a negative test result? (4/24/20)

Answer: Yes, the COVID-19 coding guidelines are part of the chapter-specific guidelines from Section I of the Official Guidelines for Coding and Reporting and apply to all healthcare settings, including home health, hospice, and SNF. If a patient had symptoms of COVID-19 and tested negative, assign codes for the signs and symptoms. If the patient has also had actual or suspected contact with or



exposure to someone with COVID-19, code Z20.828 may also be assigned. Additionally, according to the AHA/AHIMA Q&A update of 4/6/20, Z20.828 is to be used in symptomatic patients who test negative or have unknown results, even without explicit documentation of exposure, according to guideline I.C.21.c.1 Contact/Exposure, Z20 codes may be used for patients who are in an area where a disease is epidemic.

Question: We have a question about what reference says to use Z20.828 for inconclusive test results? Starting @ 15:37, for Z20.828 – “For cases where someone was exposed to another and the other person is confirmed or suspected, and that has not been ruled out—and this includes cases that are inconclusive. If the patient tests positive—so they’ve been exposed, and they test positive—then you’re coding flips over to the U code.” (4/24/20)

Answer: OCG I.C.g.1)a), Code only confirmed cases, states: “If the provider documents ‘suspected,’ ‘possible,’ ‘probable,’ or ‘inconclusive’ COVID-19, 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.” The statement during the webinar left out the instruction to assign codes for the reason for the encounter, if present.

This is reiterated in OCG I.C.g.1)d): “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.”
