Coding Novel Coronavirus:
Type COVID-19

The ICD-10-CM code below should be used only for a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19), as documented by the provider; for documentation of a positive COVID-19 test result; or for a presumptive 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 the type of test performed; the provider's documentation that the individual has COVID-19 is sufficient.

This document provides guidance on proper coding practices for a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19). Please note that Healthfirst guidelines related to waiving the cost share for evaluating a member for suspected COVID-19 are not reflected within this coding guidance. Please refer to the Coronavirus (COVID-19) section at **hfproviders.org** to find information on claims/encounters that will result in the waiver of cost sharing for members.

ICD-10-CM Code for Confirmed Diagnosis of COVID-19	
ICD-10-CM	**Description**
U07.1	Coronavirus infection (COVID-19) - *Positive serology and confirmed cases only

Confirmed Cases with Positive Test Results	
ICD-10-CM	**Presence of Symptoms**
U07.1	No symptoms
U07.1	COVID-19 documented as cause of death
U07.1	**Use additional code(s) for respiratory disease** ■ Pneumonia due to coronavirus disease - J12.82 ■ Other viral pneumonia - J12.89 ■ Acute bronchitis - J20.8 ■ Respiratory infection - J98.8. ■ Bronchitis NOS as acute/chronic - J40 ■ LRI - J22 ■ ARDS - J80 *OR* **Signs or symptoms of respiratory disease** (e.g., shortness of breath and/or cough), as documented

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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 in the case of obstetrics patients as indicated in Section I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium.

	Documentation should include
Status of condition	Stable, improved, and/or worsening
COVID-19 culture	Method of use via microbiology; nasal swab or blood culture
Signs and symptoms	Cough, fever, tiredness, difficulty breathing (severe cases)
Complications	Such as acute respiratory distress or other
Link causative condition and related manifestations	Using terms such as "due to," "secondary to," "associated with," "related to," etc.
Treatment plan	Orders, testing relating to Real-Time RT-PCR Diagnostic Panel, prescriptions and referrals

Ensure all diagnoses are monitored, evaluated, assessed, and/or treated during the encounter.

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COVID-19 Documentation and Coding					
EXPOSURE	**Concern for/ Possible**	**Possible**	**Actual exposure to a confirmed case of COVID-19**	**Possible/ Actual**	**Possible/ Actual**
SYMPTOMS	NO	NO	NO	YES	YES
PROVIDER DOCUMENTATION	"Worried, well, no need for testing"	"Possible exposure, COVID-19 ruled out"	"Exposure to a confirmed case, COVID-19 ruled out"	"Cough, shortness of breath (SOB), fever, COVID-19 ruled out"	"Pneumonia" or "Acute bronchitis" or "Lower respiratory infection" or "Respiratory infection" or "Acute Respiratory Distress Syndrome (ARDS)" **"due to COVID-19"**
CODING 1/1/21 and after	Z20.822	Z20.822	Z20.822	Cough R05 SOB R06.02 Fever R50.9 (in absence of definitive diagnosis)	Dx = **U07.1** +Pneumonia J12.82 +Acute Bronchitis J20.8 +Bronchitis NOS as acute/chronic J40 +LRI J22 +Respiratory infection J98.8 +ARDS J80
CODING 10/1/20 up to 12/31/20	Z20.828	Z20.828	Z20.828	Cough R05 SOB R06.02 Fever R50.9 (in absence of definitive diagnosis)	Dx = **U07.1** +Pneumonia J12.89 +Acute Bronchitis J20.8 +Bronchitis NOS as acute/chronic J40 +LRI J22 +Respiratory infection J98.8 +ARDS J80
CODING 4/1/20 up to 9/30/20	Z03.818	Z03.818	Z20.828	Cough R05 SOB R06.02 Fever R50.9 (in absence of definitive diagnosis)	Dx = **U07.1** +Pneumonia J12.89 +Acute Bronchitis J20.8 +Bronchitis NOS as acute/chronic J40 +LRI J22 +Respiratory infection J98.8 +ARDS J80
CODING up thru 3/31/20	Z03.818	Z03.818	Z20.828	Cough R05 SOB R06.02 Fever R50.9 (in absence of definitive diagnosis)	Pneumonia J12.89 Acute Bronchitis J20.8 LRI J22 Respiratory infection J98.8 ARDS J80 **+B97.29**

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Post COVID-19 Documentation and Coding	
CODING 10/1/21 and after U09.9	Post COVID-19 (Includes post-acute sequela of COVID-19 - PASC, sequela of COVID-19, long-haul COVID-19, long COVID-19) (Excludes current, acute, or active case of COVID-19 Provider Documentation Post COVID19 conditions and/or symptoms; COVID 19 variant, if known; Lab testing results, diagnostic testing/results; Comprehensive treatment plan

Calendar Year	Screening Test for COVID-19	Personal History of COVID-19
2020	Z11.59 - Encounter for screening for other viral diseases	Z86.19 - Personal history of other infectious and parasitic diseases
2021	Z11.52 - Encounter for screening for COVID-19 **(Do not use Z11.52 during pandemic. Must wait until pandemic is over to begin using this code.)**	Z86.16 - Personal history of COVID-19

If the provider documents "suspected," "possible," or "probable" COVID-19, do not assign code B97.29 - code to symptoms or appropriate Z-code.

References:

"Emergency use ICD codes for COVID-19 disease outbreak," World Health Organization, www9.who.int/classifications/icd/covid19/en/, Accessed April 9, 2020.

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"Coronavirus disease 2019 (COVID-19)", UpToDate, https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19#H162437075

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https://www.cdc.gov/nchs/icd/icd10cm.htm

https://www.cms.gov/files/zip/icd-10-ms-drgs-v381-effective-january-1-2021.zip

https://www.cdc.gov/nchs/data/icd/March-10-2021-CM-QA-508.pdf

https://www.icd10monitor.com/arriving-soon-code-u09-9-post-covid-19-condition?utm_campaign=coschedule&utm_source=linkedin_company&utm_medium=ICD10monitor

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Frequently Asked Questions

What is the ICD-10-CM code for COVID-19?
ICD-10-CM code **U07.1, COVID-19** may be used for discharges/dates of service on or after April 1, 2020. The code was developed by the World Health Organization (WHO) and is intended to be used as principal or first-listed diagnosis. Specific guidelines for usage will be released shortly. For guidance prior to April 1, 2020, please refer to the supplement to the ICD-10-CM Official Guidelines for coding encounters related to the COVID-19 coronavirus outbreak.

Is the new ICD-10-CM code **U07.1, COVID-19** a secondary code?
No. When COVID-19 meets the definition of principal or first-listed diagnosis, code **U07.1, COVID-19** should be sequenced first, followed by the appropriate codes for associated manifestations, except in the case of newborns and obstetrics patients.

Are there additional new codes to identify other situations specific to COVID-19?
Yes. The following are new codes for multisystem inflammatory syndrome, a condition associated with COVID-19, particularly in children:

- M35.81, multisystem inflammatory syndrome (Previously M35.8)
- M35.89, Other specified systemic involvement of connective tissue (Previously M35.8)

Is the ICD-10-CM code **U07.1, COVID-19** retroactive to cases diagnosed before the April 1, 2020 date?
No, the code is not retroactive.

Is code **B97.29 - Other coronavirus as the cause of diseases classified elsewhere** limited to the COVID-19 virus?
No, code **B97.29** is not exclusive to the SARS-CoV-2/2019-nCoV virus responsible for the COVID-19 pandemic.

What is the difference between ICD-10-CM codes B34.2 and B97.29?
Diagnosis code **B34.2 - Coronavirus infection, unspecified** (Excludes 1 COVID-19 (U07.1) & Pneumonia due to SARS-associated coronavirus (J12.81) would not be appropriate for the COVID-19 because the cases have universally been respiratory in nature, so the site of infection would not be "unspecified."

Code **B97.29 - Other coronavirus as the cause of diseases classified elsewhere** is not exclusive to the SARS-CoV-2/2019-nCoV virus responsible for the COVID-19 pandemic.

Does the supplement to the ICD-10-CM Official Guidelines for coding encounters related to the COVID-19 coronavirus outbreak apply to all patient encounter types, i.e., inpatient and outpatient, specifically in relation to the coding of "suspected," "possible," or "probable" COVID-19?
Yes, the supplement applies to all patient types. As stated in the supplement guidelines, "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 **Z20.822**, **Contact with and (suspected) exposure to COVID 19)**.

Frequently Asked Questions *(Continued)*

Should presumptive positive COVID-19 test results be coded as confirmed?

Yes, presumptive positive COVID-19 test results should be coded as confirmed. A presumptive positive test result means an individual has tested positive for the virus at a local or state level, but it has not yet been confirmed by the Centers for Disease Control and Prevention (CDC). CDC confirmation of local and state tests for the COVID-19 virus is no longer required.

For COVID-19-related pneumonia cases: Do we need to assign combinations code (J12.82 - Pneumonia due to coronavirus disease 2019) only or both codes (U07.1 - COVID-19 and J12.82 - Pneumonia due to coronavirus disease 2019)?

As per AHA, U07.1 and J12.82 would be reported as of January 1, 2021 for viral pneumonia due to COVID-19. They are not following the existing OCG on using one combination code in this situation.

Should U09.9 be coded instead of the B94?

According to CDC, this is correct, it would be appropriate to use the proposed new code U09.9, Post COVID-19 condition, unspecified, instead of the B94 - Sequela of COVID-19.

Is the new ICD-10-CM code U09.9 – Post COVID-19 a primary code?

No, Code first the specific condition related to Post COVID-19, if known. Such as:

- J96.1X - Chronic respiratory failure
- R43.8 - Loss of smell and taste
- G93.3 - Post viral fatigue syndrome
- M35.81 - Multi-system inflammatory syndrome