ICD-10-CA Coding Direction for COVID-19

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Classifications and Terminologies

Canadian Institute for Health Information
Learning objectives

During this webinar, we will address

• Coding direction for confirmed, suspected and ruled-out COVID-19
• Use of COVID-19 lab results
• Coding direction for COVID-19 in palliative care and obstetrics
• Other COVID-19–related cases
COVID-19 coding direction: Bulletins

ICD-10-CA Coding Direction for **Confirmed** COVID-19 Cases *(February 24)*

ICD-10-CA Coding Direction for **Suspected** COVID-19 Cases *(March 26)*

ICD-10-CA Coding Direction for COVID-19 in **Obstetrics**, and Updates on the Use of COVID-19 Laboratory Test Results *(April 30)*
COVID-19

U07.1 COVID-19, virus identified
- Confirmed COVID-19
- Positive COVID-19 lab result

U07.2 COVID-19, virus not identified
- Suspected COVID-19
- Diagnosed clinically or epidemiologically and lab results are inconclusive or not available, or testing is not performed
Confirmed COVID-19

U07.1 COVID-19, virus identified

When COVID-19 lab results are positive

Assign additional codes for any manifestations (e.g., pneumonia) that meet the definition of diagnosis type (1) or (2)
Suspected COVID-19

U07.2 COVID-19, virus not identified

When COVID-19 is diagnosed clinically or epidemiologically
and
When COVID-19 lab results are inconclusive or not available or COVID-19 testing is not performed
Canadian Emergency Department Diagnosis Shortlist (CED-DxS)

• In April 2020, the following codes were added to the CED-DxS v7.0 and CED-DxS–SNOMED CT v3.0
  – U07.1 COVID-19, virus identified
  – U07.2 Suspected COVID-19
Use of COVID-19 lab results for coding

- Applies to abstracts submitted to NACRS and the DAD

- Use physician or infection control documentation of COVID-19 lab results to inform code assignment, even when the lab report is not available to the coder (e.g., testing performed at another facility)

- For a suspected COVID-19 diagnosis, use the most recent COVID-19 lab results from a continuous, uninterrupted episode of care, when available, to confirm or rule out COVID-19

- It is recommended that coders flag coded charts and update once lab results become available

Exception to the direction provided in coding standard *Using Diagnostic Test Results in Coding*
Use of COVID-19 lab results for coding

- For these continuous, uninterrupted episodes of care, COVID-19 lab results that qualify for use can originate from an
  - Assessment centre, to inform COVID-19 code assignment for emergency department (ED) or acute care inpatient episode of care
  - ED, to inform COVID-19 code assignment for acute care inpatient episode of care
  - Acute care inpatient episode of care, to inform COVID-19 code assignment for ED episode of care
COVID-19 diagnosis typing
Diagnosis typing

• Depends on clinical documentation and circumstances of episode of care

• In most circumstances,
  – Apply most responsible diagnosis or main problem to U07.1 for episode of care for confirmed COVID-19
  
  – Apply most responsible diagnosis or main problem to U07.2 for episode of care for suspected COVID-19

  ▪ Do not apply prefix Q

• Apply a significant diagnosis type to the manifestations (e.g., pneumonia) that meet the definition of diagnosis type (1) or (2)
Knowledge check 1
Knowledge check 1: Scenario

Facts

› Patient presents to ED with dry cough, shortness of breath and fever
› Spouse tested positive for COVID-19 1 week ago
› COVID-19 testing **not** performed on patient
› Discharged home with instructions to self-isolate and return if signs and symptoms worsen

**Final diagnosis: COVID-19**
Knowledge check 1: Question and options

Which code is assigned as the main problem?

a) R05 (MP) Cough
b) U07.1 (MP) COVID-19, virus identified
c) U07.2 (MP) COVID-19, virus not identified
Knowledge check 1: Answer and rationale

Main problem

c) U07.2 (MP) COVID-19, virus not identified

Rationale

✓ COVID-19 testing not performed

✓ Clinically diagnosed with COVID-19 because of presenting signs and symptoms and known exposure to COVID-19

✓ U07.2 assigned when COVID-19 diagnosed clinically or epidemiologically and testing is not performed
Knowledge check 2
Knowledge check 2: Scenario

Facts

› Patient presents to COVID-19 assessment centre for testing
› Referred to ED with shortness of breath, fever and cough
› Discharged home with instructions to self-isolate and return if signs and symptoms worsen

Final diagnosis: Suspected COVID-19

COVID-19 assessment centre lab test results are positive (accessible to coder at the time of coding)
Knowledge check 2: Question and options

Which code is assigned as the main problem?

a) R06.0 (MP) Dyspnoea
b) U07.1 (MP) COVID-19, virus identified
c) U07.2 (MP) COVID-19, virus not identified
Knowledge check 2: Answer and rationale

Main problem
b) U07.1 (MP) COVID-19, virus identified

Rationale
✓ COVID-19 lab result came back positive
✓ Coders may use most recent COVID-19 lab results from a continuous, uninterrupted episode of care, when available, to confirm or rule out COVID-19
✓ U07.1 is assigned only when confirmed by a positive COVID-19 lab result
COVID-19: Ruled out
Ruled-out COVID-19: Signs and symptoms

| Scenario | • Patient presents with cough; nasopharyngeal swab taken for COVID-19  
|          | • Final diagnosis: Rule out COVID-19  |
| Lab results | • COVID-19 lab results are negative  |
| Code assignment | • Assign Z03.8 *Observation for other suspected diseases and conditions*  |
| Coding standard | • See *Admission for Observation* coding standard  |
### Ruled-out COVID-19: Screening for COVID-19

<table>
<thead>
<tr>
<th>Scenario</th>
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</thead>
<tbody>
<tr>
<td>• Patient contacted by public health because of possible exposure; nasopharyngeal swab taken for COVID-19; no signs or symptoms documented</td>
</tr>
<tr>
<td>• Final diagnosis: Possible exposure to COVID-19</td>
</tr>
</tbody>
</table>

| Lab results | |
|-------------|
| • COVID-19 lab results are negative |

| Code assignment | |
|-----------------|
| • Assign Z11.5 *Special screening examination for other viral diseases* |

| Coding standard | |
|-----------------|
| • See *Screening for Specific Diseases* coding standard |
## Ruled-out COVID-19: Confirmed underlying condition

| Scenario | • Patient diagnosed with influenza-like illness (ILI) and suspected COVID-19; nasopharyngeal swab taken for COVID-19  
|          | • Final diagnosis: ILI/rule out COVID-19 |
| Lab results | • COVID-19 lab results are negative |
| Code assignment | • Assign J11.1 *Influenza with other respiratory manifestations, virus not identified*  
|              | • **Note**: Z03.8 *Observation for other suspected diseases and conditions* is **not** assigned |
| Coding standard | • See *Admission for Observation* coding standard |
Re-testing following previous positive COVID-19

**Scenario**
- Patient presents for follow-up COVID-19 re-testing to return to work; nasopharyngeal swab taken for COVID-19
- Final diagnosis: COVID-19 re-testing

**Lab results**
- COVID-19 lab results are negative

**Code assignment**
- Assign Z09.9 *Follow-up examination after unspecified treatment for other conditions*

**Coding standard**
- See *Admission for Follow-Up Examination* coding standard
### Ruled-out COVID-19: Non-medical issue

| Scenario | • Patient has concern for COVID-19; presents with no known exposure and no signs or symptoms  
          | • Final diagnosis: Non-medical issue, concern for COVID-19 |
|----------|---------------------------------------------------------|
| Lab results | • COVID-19 lab testing not performed |
| Code assignment | • Assign Z71.1 *Person with feared complaint in whom no diagnosis is made* |
| Coding standard | • Not applicable; no documentation to support a clinical reason for the patient’s concern |
COVID-19 in obstetrics
COVID-19 coding direction: Obstetrical cases

**Confirmed** COVID-19 (positive COVID-19 lab result) is classified to
- O98.5– (M), (1), (2)/MP, OP Other viral diseases complicating pregnancy, childbirth and the puerperium; and
- U07.1 (3)/OP COVID-19, virus identified

**Suspected** COVID-19 (diagnosed clinically or epidemiologically and COVID-19 lab results are inconclusive or not available, or COVID-19 testing was not performed) is classified to
- O98.5– (M), (1), (2)/MP, OP Other viral diseases complicating pregnancy, childbirth and the puerperium; and
- U07.2 (3)/OP COVID-19, virus not specified

When COVID-19 is ruled out, classify the case accordingly
COVID-19 and palliative care
### COVID-19 coding direction: Palliative care

| Scenario | • Patient presents to the ED with acute respiratory failure; nasopharyngeal swab taken for COVID-19; patient admitted solely for comfort care  
• Final diagnosis: COVID-19 |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Lab results</td>
<td>• COVID-19 lab result is positive</td>
</tr>
</tbody>
</table>
| Code assignment | • Assign additional code(s), mandatory, to describe the palliative condition(s)  
• Z51.5 (M) *Palliative care*  
• U07.1 (3) *COVID-19, virus identified* |
| Coding standard | • See *Palliative Care* coding standard |
COVID-19 in convalescence
COVID-19 coding direction: Admission for convalescence

**Scenario**
- Patient has surgery at Facility A and is transferred to Facility B for convalescence; patient admitted to isolation unit for 14 days
- Final diagnosis: Convalescence

**Lab results**
- COVID-19 lab testing not performed

**Code assignment**
- Assign Z54.0 (M) *Convalescence following surgery*
- Code for condition requiring convalescence (3)
- Z29.0 (3) *Isolation, optionally*

**Coding standard**
- See *Admission for Convalescence* coding standard
Knowledge check 3
Knowledge check 3: Scenario

Facts

› Patient presents to COVID-19 assessment centre for testing
› Referred to ED with shortness of breath, (dry) cough and fever
› Admitted with acute respiratory failure, intubated and ventilated, prognosis poor, extubated on day 5, comfort measures, passes on day 7
› Physician documents COVID-19 positive
› COVID-19 lab results not available to coder

Acute care final diagnosis: COVID-19
Knowledge check 3: Question and options

Which code is assigned as the most responsible diagnosis?

a) J96.09 (M) Acute respiratory failure, type unspecified
b) U07.1 (M) COVID-19, virus identified
c) U07.2 (M) COVID-19, virus not identified
d) Z51.5 (M) Palliative care
Knowledge check 3: Answer and rationale

MRDx

b) U07.1 (M) COVID-19, virus identified

Rationale

✓ Physician documented that the COVID-19 lab result was positive
✓ COVID-19 lab result is not available to the coder; there is no need for coder to check lab results
✓ COVID-19 meets the criteria for MRDx
COVID-19

How can clinicians help ensure that data supports monitoring?

Clearly document COVID-19 as

- Suspected COVID-19: Laboratory result inconclusive or not available at time of discharge, or testing not performed (diagnosed clinically or epidemiologically)
- Confirmed COVID-19: Positive laboratory result
# COVID-19 lab test performed: Absence of documentation

<table>
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<th>Scenario</th>
<th>Lab results</th>
<th>Coding direction</th>
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</table>
| • Documentation identifies only “COVID-19 nasopharyngeal swab taken”  
• No documentation of COVID-19 status (neither suspected nor confirmed) | • Lab result not available at time of coding | • Flag chart and update code assignment when lab results are available  
• Positive for COVID-19 = confirmed  
• Negative for COVID-19 = ruled out |
Contact us

• There are a number of coding questions in eQuery
  – Search on the keyword “COVID”
  – If the answer does not cover the circumstance you have encountered, submit a coding question and a de-identified copy of the pertinent clinical documentation for the specific case

• Send questions that are not case specific or that pertain to content covered during the webinar to classifications@cihi.ca
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