

Addendum 11 to HAAD Claims & Adjudication Rules

Version

V2012

Including the Mandatory Tariff Pricelist Application Rules.



دائرة الصحة
DEPARTMENT OF HEALTH

1. Purpose of this Document.

This Addendum is issued due to the current circumstances to guide healthcare providers on the use of the following ICD10 & CPT codes for Coronavirus Disease (COVID - 19) services.

2. Effective Date for this coding guidelines:

1st April 2020 .

3. Coding Guidelines

Coding	Outpatient	Inpatient
ICD-10	<p>U07.1</p> <p>a. Code only confirmed cases Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider, documentation of a positive COVID-19 test result, or a presumptive positive COVID-19 test result. For a confirmed diagnosis, assign code U07.1, COVID-19.</p> <p>b. 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. During pregnancy, childbirth or the puerperium, a patient admitted (or presenting for a health care encounter) because of COVID-19 should receive a principal diagnosis code of O98.5-, Other viral diseases complicating pregnancy, childbirth and the puerperium, followed by code U07.1, COVID-19, and the appropriate codes for associated manifestation(s). Codes from Chapter 15 always take sequencing priority. For asymptomatic individuals who test positive for COVID-19 For asymptomatic individuals who test positive for COVID-19, assign code U07.1, COVID-19. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.</p> <p>c. Screening for COVID-19 For asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, assign code Z11.59, Encounter for screening for other viral diseases. For individuals who are being screened due to a possible or actual 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. 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, follow guiding rules for Code only confirmed cases (above).</p>	
	<ul style="list-style-type: none"> For cases where there is a concern about a possible exposure to COVID-19, but is ruled out after evaluation, assign Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out) 	<ul style="list-style-type: none"> If confirmed and respiratory in nature, principal diagnosis of any respiratory condition to be assigned and <u>additional diagnosis</u> code for B97.29 (Other coronavirus as the cause of diseases classified elsewhere).

	<ul style="list-style-type: none"> • For cases where there is an <u>actual exposure</u> 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) • For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting s/sx such as but not limited to: <ul style="list-style-type: none"> - Cough - Shortness of breath - Fever, unspecified • Z11.59 Encounter for screening for other viral diseases – testing for asymptomatic patients based on the instruction received. 	<ul style="list-style-type: none"> • If confirmed and no source cited, principal diagnosis code to assign as B34.2 (coronavirus infection, unspecified). • For cases where there is a concern about a <u>possible exposure</u> to COVID-19, but is <u>ruled out</u> after evaluation, assign Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out) • For cases where there is an <u>actual exposure</u> 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) • For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting s/sx such as but not limited to: <ul style="list-style-type: none"> - Cough - Shortness of breath - Fever, unspecified • If the provider documents “suspected”, “possible” or “probable” COVID-19, Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828).
CPT	<ol style="list-style-type: none"> 1. Influenza POCT = 2 units <ul style="list-style-type: none"> • 87804: Infectious agent antigen detection by immunoassay with direct optical observation; Influenza. 2. MDx Novel Human Coronavirus RT-PCR = 1 unit <ul style="list-style-type: none"> • 87798: Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism 3. Respiratory Panel would be requested for cases with Pneumonia based on clinical judgement of the physician 4. 87635: Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique 	<ul style="list-style-type: none"> • Included in the DRG

<https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>