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| **Addendum 19 to HAAD Claims & Adjudication Rules** | **Version****V2012** |
| **Including the Mandatory Tariff Pricelist Application Rules.** |  |

1. **Purpose of this Document.**

This Addendum is issued to the continuing circumstances to guide healthcare providers on the use of additional introduced ICD-10-CM codes for Coronavirus Disease (COVD-19) and the updated guidelines.

Additional ICD-10-CM codes are:

* J12.82 Pneumonia due to coronavirus disease 2019
* M35.81 Multisystem inflammatory syndrome
* M35.89 Other specified systemic involvement of connective tissue
* Z11.52 Encounter for screening for COVID-19
* Z20.822 Contact with and (suspected) exposure to COVID-19
* Z86.16 Personal history of COVID-19
1. **Effective Date:**

16 May 2021

1. **Coding Guidelines**

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| Coding |  |
| ICD-10-CM | COVID-19 infection (infection due to SARS-CoV-2)**a) Code only confirmed cases**Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider or documentation of a positive COVID- 19 test result. For a confirmed diagnosis, **assign code U07.1**, COVID-19. This is an exception to the hospital inpatient guideline. In this context, “confirmation” does not require documentation of a positive test result for COVID-19; the provider’s documentation that the individual has COVID-19 is sufficient.If the provider documents "suspected," "possible," "probable," or “inconclusive” COVID-19, do not assign code U07.1. Instead, code the signs and symptoms reported.**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 when another guideline requires that certain codes be sequenced first, such as obstetrics, sepsis, or transplant complications.**COVID-19 infection in pregnancy, childbirth, and the puerperium**During pregnancy, childbirth or the puerperium, when COVID-19 is the reason for admission/encounter , code O98.5-, Other viral diseases complicating pregnancy, childbirth and the puerperium, should be sequenced as the principal/first-listed diagnosis, and code U07.1, COVID-19, and the appropriate codes for associated manifestation(s) should be assigned as additional diagnoses. Codes from Chapter 15 always take sequencing priority.If the reason for admission/encounter is unrelated to COVID-19 but the patient tests positive for COVID-19 during the admission/encounter, the appropriate code for the reason for admission/encounter should be sequenced as the principal/firstlisted diagnosis, and codes O98.5- and U07.1, as well as the appropriate codes for associated COVID-19 manifestations, should be assigned as additional diagnoses.**COVID-19 Infection in Newborn**For a newborn that tests positive for COVID-19, assign code U07.1, COVID-19, and the appropriate codes for associated manifestation(s) in neonates/newborns in the absence of documentation indicating a specific type of transmission. For a newborn that tests positive for COVID-19 and the provider documents the condition was contracted in utero or during the birth process, assign codes P35.8, Other congenital viral diseases, and U07.1, COVID-19. When coding the birth episode in a newborn record, the appropriate code from category Z38, Liveborn infants according to place of birth and type of delivery, should be assigned as the principal diagnosis.Refer to the guidelines for Sepsis, severe sepsis and septic shock and transplants other than kidney for sequencing guidelines for cases involving COVID-19. **c) Acute respiratory manifestations of COVID-19**When the reason for the encounter/admission is a respiratory manifestation of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the respiratory manifestation(s) as additional diagnoses, such as the following: 1. **Pneumonia:** For a patient with pneumonia confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.82, Pneumonia due to coronavirus disease 2019 .
2. **Acute bronchitis:** For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8, Acute bronchitis due to other specified organisms
3. **Lower respiratory infection:** If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, codes U07.1 and J22, Unspecified acute lower respiratory infection, should be assigned. If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned.
4. **Acute respiratory distress syndrome:** For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80, Acute respiratory distress syndrome.
5. **Acute respiratory failure:** For acute respiratory failure due to COVID-19, assign code U07.1, and code J96.0-, Acute respiratory failure

**d) Non-respiratory manifestations of COVID-19**When the reason for the encounter/admission is a non-respiratory manifestation (e.g., viral enteritis) of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the manifestation(s) as additional diagnoses.**e)** **Exposure to COVID-19**For *asymptomatic* individuals with actual or suspected exposure to COVID-19, assign code Z20.822, Contact with and (suspected) exposure to COVID-19. For *symptomatic* individuals with actual or suspected exposure to COVID-19 and the infection has been ruled out, or test results are inconclusive or unknown, assign code Z20.822, Contact with and (suspected) exposure to COVID-19. See guidelines for Contact/Exposure, for additional guidance regarding the use of category Z20 codes.**f) Screening for COVID-19**During the COVID-19 pandemic, a screening code is generally not appropriate. Do not assign code Z11.52, Encounter for screening for COVID-19. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19.**g)** **Signs and symptoms without definitive diagnosis of COVID-19**For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as; R05 Cough, R06.02 Shortness of breath, R50.9 Fever, unspecified.If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to COVID-19, assign Z20.822, Contact with and (suspected) exposure to COVID19, as an additional code.**h) Asymptomatic individuals who test positive for COVID-19**For asymptomatic individuals who test positive for COVID-19, see guideline I.C.1.g.1.a. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.**i) Personal history of COVID-19**For patients with a history of COVID-19, assign code Z86.16, Personal history of COVID-19.**j)** **Follow-up visits after COVID-19 infection has resolved**For individuals who previously had COVID-19 and are being seen for follow-up evaluation, and COVID-19 test results are negative, assign codes Z09, Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, and Z86.16, Personal history of COVID-19.**k)** **Encounter for antibody testing**For an encounter for antibody testing that is not being performed to confirm a current COVID-19 infection, nor is a follow-up test after resolution of COVID-19, assign Z01.84, Encounter for antibody response examination. Follow the applicable guidelines above if the individual is being tested to confirm a current COVID-19 infection.For follow-up testing after a COVID-19 infection, follow guideline (j) above. **l)** **Multisystem Inflammatory Syndrome**For individuals with multisystem inflammatory syndrome (MIS) and COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code M35.81, Multisystem inflammatory syndrome, as an additional diagnosis. If MIS develops as a result of a previous COVID-19 infection, assign codes M35.81, Multisystem inflammatory syndrome, and B94.8, Sequelae of other specified infectious and parasitic diseasesIf an individual with a history of COVID-19 develops MIS and the provider does not indicate the MIS is due to the previous COVID-19 infection, assign codes M35.81, Multisystem inflammatory syndrome, and Z86.16, Personal history of COVID-19. If an individual with a known or suspected exposure to COVID-19, and no current COVID-19 infection or history of COVID-19, develops MIS, assign codes M35.81, Multisystem inflammatory syndrome, and Z20.822, Contact with and (suspected) exposure to COVID-19Additional codes should be assigned for any associated complications of MIS.<https://www.cdc.gov/nchs/data/icd/ICD-10cmguidelines-FY2021-COVID-update-January-2021-508.pdf> |