Frequently Asked Questions Regarding ICD-10-CM Coding for COVID-19

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The following questions and answers were jointly developed and approved by the American Hospital Association' Central Office on ICD-10-CM/PCS and the American Health Information Management Association

Question: What is the ICD-10-CM code for COVID-19?

Answer: ICD-10-CM code U07.1, COVID-19, may be used for discharges/date of service on or after April 1, 2020. For more information on this code, click here. 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.

Question: Is the new ICD-10-CM code U07.1, COVID-19 a secondary code?

Answer: No, when COVID-19 meets the definition of principal or first-listed diagnosis, code U07.1, COVID-19, should be sequenced first, and followed by the appropriate codes for associated manifestations, except in the case of newborns and obstetrics patients.

Question: Are there additional new codes to identify other situations specific to COVID-19? For example, codes for exposure to COVID-19, or observation for suspected COVID-19 but where the tests are negative?

Answer: No, at the present time, there are no other COVID-19-related ICD-10-CM codes. However, the Centers for Disease Control and Prevention's National Center for Health Statistics, the US agency responsible for maintaining ICD-10-CM in the US, is monitoring the situation. The off-cycle release of code U07.1, COVID-19, is

unprecedented and is an exception to the code set updating process established under the Health Insurance Portability and Accountability Act (HIPAA).

Question: How should we code cases related to COVID-19 prior to April 1, 2020, the effective date of ICD-10-CM code U07.1, COVID-19?

Answer: Please refer to the [supplement](#) to the ICD-10-CM Official Guidelines for coding encounters related to the COVID-19 coronavirus outbreak.

Question: Is the ICD-10-CM code U07.1, COVID-19 retroactive to cases diagnosed before the April 1, 2020 date?

Answer: No, the code is not retroactive. Please refer to the [supplement](#) to the ICD-10-CM Official Guidelines for coding encounters related to the COVID-19 coronavirus outbreak for guidance for coding of discharges/services provided before April 1, 2020.

Question: Is code B97.29, Other coronavirus as the cause of diseases classified elsewhere, limited to the COVID-19 virus?

Answer: No, code B97.29 is not exclusive to the SARS-CoV-2/2019-nCoV virus responsible for the COVID-19 pandemic. The code does not distinguish the more than 30 varieties of coronaviruses, some of which are responsible for the common cold. **Due to the heightened need to uniquely identify COVID-19 until the unique ICD-10-CM code is effective April 1, providers are urged to consider developing facility-specific coding guidelines that limit the assignment of code B97.29 to confirmed COVID-19 cases and preclude the assignment of codes for any other coronaviruses.**

Question: What is the difference between ICD-10-CM codes B34.2 vs. B97.29?

Answer: Diagnosis code B34.2, Coronavirus infection, unspecified, would in generally 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, has been designated as interim code to report confirmed cases of COVID-19. Please refer to the [supplement](#) to the ICD-10-CM Official Guidelines for coding encounters related to the COVID-19

coronavirus outbreak for additional information. **Because code B97.29 is not exclusive to the SARS-CoV-2/2019-nCoV virus responsible for the COVID-19 pandemic, we are urging providers to consider developing facility-specific coding guidelines that limit the assignment of code B97.29 to confirmed COVID-19 cases and preclude the assignment of codes for any other coronaviruses.**

Question: 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?

Answer: 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 Z20.828, Contact with and (suspected) exposure to other viral and communicable diseases."

Question: The supplement to the ICD-10-CM Official Guidelines for coding encounters related to the COVID-19 coronavirus outbreak refers to coding confirmed cases in a couple of instances, but it does not specify what "confirmation" means similar to language in guidelines found for reporting of HIV, Zika and H1N1. Can you clarify whether the record needs to have a copy of the lab results or what lab tests are approved for confirmation?

Answer: The intent of the guideline is to code only confirmed cases of COVID-19. It is not required that a copy of the confirmatory test be available in the record or documentation of the test result. The provider's diagnostic statement that the patient has the condition would suffice.

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

Answer: 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.

Question: How should we handle cases related to COVID-19 when the test results aren't back yet? The supplementary guidance and FAQs are confusing since some times COVID-19 is not "ruled out" during the encounter, since the test results aren't back yet.

Answer: Due to the heightened need to capture accurate data on positive COVID-19 cases, we recommend that providers consider developing facility-specific coding guidelines to hold back coding of inpatient admissions and outpatient encounters until the test results for COVID-19 testing are available. This advice is limited to cases related to COVID-19.