ICD Code Changes for COVID

As we saw in April 2020, there again will be an expedited release of ICD-10-CM codes related to COVID-19 effective January 1, 2021.

The following codes will go into effect on January 1, 2021:

- J12.82 Pneumonia due to coronavirus disease 2019 – To avoid potential under recording of pneumonia due to COVID-19.
- M35.81 Multisystem inflammatory syndrome (MIS) – Code first COVID-19, U07.1; Code also if applicable exposure to SARS-CoV-2 infection (Z20.822) use additional codes for associated complications.
- M35.89 Other specified systemic involvement of connective tissue
- Z11.52, Encounter for screening for COVID-19 – This code will only be used if asymptomatic otherwise use the appropriate symptom code.
- Z86.16, Personal history of COVID-19
- Z20.822, Contact with and (suspected) exposure to COVID-19

The prior changes around COVID-19 code assignment left confusion due to changes in guidance from the interim guidance issued in April 2020 to the release of the official ICD-10-CM coding guidelines effective October 1, 2020. Here are a few key items to keep in mind:

- These guidelines and conventions related to COVID-19 will not be found in the Chapter 22 specifics even though the code is found there, but rather in Chapter 1 of the official guidelines with other infectious diseases.
- Per the official FY2021 guidelines manifestations, a COVID-19 diagnosis must be confirmed or so stated per the physician, which is different than the interim guidance released when U07.1 COVID-19 was first introduced with the unprecedented April 2020 release.

Individuals responsible for code assignment should make sure they understand the guidelines and conventions related to assignment of these new codes. Here are a few tips for ICD-10 coding for COVID-19:

- Coders cannot assign COVID-19 U07.1 for “suspected”, “possible” or “inconclusive” terminology. In this case assign the appropriate signs and symptoms.
- Keep in mind the physician’s diagnostic statement is sufficient for code assignment.

- If COVID-19 meets the definition of principle diagnosis it will be listed primary followed by additional codes for the manifestations. Keep in mind this will not apply to certain coding scenarios such as infections associated with sepsis, lung transplants, newborns, pregnancy, childbirth and the puerperium. In these situations, reference the appropriate code chapter for sequencing guidance.
- When the patient presents with manifestations of COVID-19 and the reason for the admission is the manifestation, you will sequence U07.1 COVID-19 primary. Remember, per the official FY2021 guidelines, manifestations of COVID-19 must be confirmed or so stated per the physician.
- For those who are being treated for a COVID-19 manifestation but no longer have the acute COVID-19 infection, assign the manifestation code followed by B94.8 Sequelae of other specified infectious and parasitic disease. Remember in this scenario a personal history code is not appropriate since the patient is clearly receiving treatment for a residual of COVID-19.

More resources for information on new codes and guidance:

- https://www.cdc.gov/nchs/icd/icd10cm.htm
- https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpati
- https://www.codingclinicadvisor.com/