Special COVID-19 edition

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CME

CODING FOR COVID-19 WHEN TESTING ISN'T AVAILABLE

Q How should I code for COVID-19 when testing is unavailable or delayed?

A The World Health Organization created two diagnosis codes for COVID-19: one for lab-confirmed cases (U07.1, "COVID-19, virus identified") and one for clinically diagnosed cases (U07.2, "COVID-19, virus not identified"). But so far the United States has adopted only one: U07.1, "COVID-19."

That means U07.1 should be used when you believe a patient has COVID-19 based on your clinical judgment, with or without test results. You should also code for any manifestations the patient may have (e.g., lower respiratory infection, viral enteritis), but U07.1 can stand alone if the patient is asymptomatic.

If you think a patient has been exposed to the novel coronavirus but you are uncertain about the diagnosis and tests are unavailable or results are pending, you should report Z20.828, "Contact with and (suspected) exposure to other viral communicable diseases" and codes for the patient's symptoms.

You should also report Z20.828 when an asymptomatic patient fears prior exposure to COVID-19 but current infection is not diagnosed during the visit.

See the ICD-10-CM Official

Guidelines for Coding and Reporting FY 2021 (https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2021.pdf) for other COVID-19 diagnosis coding guidance.

COVID-19 DIAGNOSIS CODES FOR RECOVERED PATIENTS

Q What diagnosis code should be reported for follow-up visits with patients who have recovered from COVID-19?

A Report codes Z09, "Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm," and Z86.19, "Personal history of other infectious and parasitic diseases," when the patient no longer has COVID-19.

CODING COVID-19 SYMPTOMS THAT LINGER

Q I am seeing patients who no longer test positive for COVID-19 but continue to experience fatigue and other symptoms several weeks or even months later. Should I still report a diagnosis code for COVID-19 infection?

A If your clinical judgment is that the symptoms are not due to an active COVID-19 infection, but rather are sequelae of the previous infection, report codes for the symptoms, such as fatigue (R53.82 for chronic fatigue or R53.83 for acute fatigue), followed by code B94.8, "Sequelae of other specified infectious and parasitic diseases." But if you diagnose postviral fatigue syndrome, report code G93.3.

DIAGNOSIS CODES FOR COVID-19 ANTIBODY TESTING

Q What diagnosis code should I report when a patient presents for COVID-19 antibody testing?

A Report code Z01.84, "Encounter for antibody response examination," if the antibody test is neither to confirm a current COVID-19 infection nor for follow-up of a known infection. For a current COVID-19 infection, report U07.1 and codes for any manifestations.

CPT CODES FOR COVID-19 ANTIGEN TESTING

Q What CPT code is reported for the CLIA-waived multi-step diagnostic immunoassay test for COVID-19 antigen?

A Report code 87426 for the multi-step antigen test, "Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])."

The antigen test is quicker and simpler than other tests for COVID-19 and therefore is more likely to be done at the point of care. A COVID-19 *antibody* test with a similarly simple single-step method immunoassay is reported with code 86328.

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