

Table 1: COVID-19 Diagnosis Coding and Guidelines

ICD-10-CM Guideline	Description
<p>A. Code only confirmed cases</p>	<p>Provider documents a positive COVID-19 test result, or a presumptive positive COVID-19 test result.</p> <ul style="list-style-type: none"> For a confirmed diagnosis, assign code U07.1, COVID-19. NOTE: This is an exception to the hospital inpatient guideline Section II, H found in the 2020 ICD-10-CM Official Coding Guidelines below: https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf In this context, “confirmation” does not require documentation of the type of test performed; the provider’s documentation that the individual has COVID-19 is sufficient. 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 COVID-19 is no longer required. If the provider documents "suspected," "possible," "probable," or "inconclusive" COVID-19, do not assign code U07.1. Assign a code(s) explaining the reason for encounter (such as fever) or <i>Z20.828, Contact with and (suspected) exposure to other viral communicable diseases</i>.
<p>B. Sequencing of diagnosis codes</p>	<p>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 as indicated in Section I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium in the 2020 ICD-10-CM Official Coding Guidelines:</p> <p>https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf</p> <p>For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and</p>

	<p>Septic Shock in the 2020 ICD-10-CM Official Coding Guidelines at the link above.</p>
<p>C. Acute respiratory illness due to COVID-19</p>	<ul style="list-style-type: none"> • Pneumonia For a pneumonia case confirmed as due to COVID-19, assign codes U07.1 <i>COVID-19</i> and J12.89 <i>Other viral pneumonia</i>. • Acute bronchitis For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1 <i>COVID-19</i> and J20.8 <i>Acute bronchitis due to other specified organisms</i>. Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code U07.1 <i>COVID-19</i> and J40 <i>Bronchitis, not specified as acute or chronic</i>. • Lower respiratory infection If 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 <i>COVID-19</i> and J22 <i>Unspecified acute lower respiratory infection</i>. If COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 <i>COVID-19</i> and J98.8 <i>Other specified respiratory disorders</i>, should be assigned. • Acute respiratory distress syndrome For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1 <i>COVID-19</i> and J80 <i>Acute respiratory distress syndrome</i>.
<p>D. Exposure to COVID-19</p>	<p>For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, assign code Z03.818 <i>Encounter for observation for suspected exposure to other biological agents ruled out</i>.</p> <p>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</p>

	<p>NOTE: If the exposed individual tests positive for the COVID-19 virus, see Guideline A.</p>
<p>E. Screening for COVID-19</p>	<p>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 <i>Encounter for screening for other viral diseases</i>.</p> <p>For individuals who are being screened due to a possible or actual exposure to COVID-19, see guideline D.</p> <p>If an asymptomatic individual is screened for COVID-19 and tests positive, see guideline G.</p>
<p>F. Signs and symptoms without definitive diagnosis of COVID-19</p>	<p>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:</p> <p style="padding-left: 40px;">R05 <i>Cough</i></p> <p style="padding-left: 40px;">R06.02 <i>Shortness of breath</i></p> <p style="padding-left: 40px;">R50.9 <i>Fever, unspecified</i></p> <p>If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to someone who has COVID-19, assign Z20.828 <i>Contact with and (suspected) exposure to other viral communicable diseases</i>, as an additional code.</p> <p>NOTE: This is an exception to guideline I.C.21.c.1, Contact/Exposure in the 2020 ICD-10-CM Official Coding Guidelines.</p>
<p>G. Asymptomatic individuals who test positive for COVID-19</p>	<p>For asymptomatic individuals who test positive for COVID-19, assign code U07.1 <i>COVID-19</i>. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.</p>

H. COVID-19 infection in pregnancy, childbirth, and the puerperium

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).

NOTE: Codes from Chapter 15 of the **2020 ICD-10-CM Official Coding Guidelines** manual always take sequencing priority.