Report on Medicare Compliance Volume 30, Number 17. May 03, 2021 Long-Haul COVID-19 Cases Are Potential Risk for Claim Denials

By Nina Youngstrom

With the pandemic in its second year, coding and documentation of long-haul COVID-19 patients who are admitted or readmitted to the hospital may be a sleeper risk. They pose coding challenges because long-haul COVID-19 patients don't have active infections and documentation may be murky, an expert said. At the same time, hospitals have seen denials for other COVID-19 claims, including patient status and sequencing.

Admissions for long-haul COVID-19 usually aren't coded with a principal diagnosis of COVID-19 (U07.1), said Garnette McLaughlin, senior consultant and compliance officer at Intersect Healthcare + AppealMasters in Towson, Maryland. "If people aren't actively infected with COVID, you don't assign the COVID code. You would assign a sequela code," which captures the residual effects of an acute illness or injury. The problem is "the documentation gets real muddy in terms of the current acute infection due to COVID or a sequela," said McLaughlin, who is also a contract coder and has seen a lack of clarity in documentation for long-haulers. For example, if patients need a lung transplant because of severe lung damage caused by COVID-19, the coder wouldn't code active lung infection. "You code fibrosis of the lung. It can't absorb oxygen anymore because of COVID," McLaughlin said. "You don't code active COVID. You code a sequela of COVID. The COVID itself is gone, but you are dealing with the leftovers."