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Cheat Sheet: Parsing COVID-19, Related Codes

Deloitte Advisory developed this chart explaining how to code diagnoses for COVID-19 and (potentially) related respiratory illnesses before and after April 1. There wasn't a specific diagnosis code for the novel coronavirus before then, so coders should use B97.29, said Leslie Slater, specialist leader for Deloitte Advisory in New York City. "As of April, we have a new code that's specific to COVID-19," U07.1 (see story, p. 1).^[1] Contact Slater at leslater@deloitte.com.

Coding & Billing – COVID-19 Diagnosis Coding Guidelines (Prior)

The following guidelines should be used for Discharges/Date of Service prior to April 1, 2020.

Diagnosis	Guidelines	ICD-10-CM Coding
Pneumonia	For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes J12.89, Other viral pneumonia, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.	PDX: J12.89 Other viral pneumonia SDX: B97.29 Other coronavirus as cause of diseases classified elsewhere
Acute Bronchitis	For a patient with acute bronchitis confirmed as due to COVID-19, assign codes J20.8, Acute bronchitis due to other specified organisms, and B97.29, Other coronavirus as the cause of diseases classified elsewhere. Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code J40, Bronchitis, not specified as acute or chronic; along with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.	PDX: J20.8 Acute Bronchitis SDX: B97.29 Other coronavirus as cause of diseases classified elsewhere

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, this should be assigned with code J22, Unspecified acute lower respiratory infection, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere. If the COVID-19 is documented as being associated with a respiratory infection, NOS, it would be appropriate to assign code J98.8, Other specified respiratory disorders, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.	PDX: J22 Unspecified acute lower respiratory infection SDX: B97.29 Other coronavirus as cause of diseases classified elsewhere
ARDS	Acute respiratory distress syndrome (ARDS) may develop with COVID-19, according to the Interim Clinical Guidance for Management of Patients with Confirmed COVID-19 Infection. Cases with ARDS due to COVID-19 should be assigned the codes J80, Acute respiratory distress syndrome, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.	PDX: J80 Acute respiratory distress syndrome SDX: B97.29 Other coronavirus as cause of diseases classified elsewhere
Suspected exposure	For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation	Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.

Actual exposure	For cases where there is an actual exposure to someone who is confirmed to have COVID-19 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).	Z20.828 , Contact with and (suspected) exposure to other viral communicable diseases.
Signs and Symptoms	For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as: cough, shortness of breath, fever	R05 Cough R06.02 Shortness of breath R50.9 Fever, unspecified

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