Emergency use ICD codes for COVID-19 disease outbreak

The COVID-19 disease outbreak has been declared a public health emergency of international concern.

- An emergency ICD-10 code of U07.1 is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing.
- An emergency ICD-10 code of U07.2 is assigned to a clinical or epidemiological diagnosis of COVID-19 where laboratory confirmation is inconclusive or not available.
- The title of U07 will be changed back to ‘codes for emergency use’.
- In ICD-11, the code for the confirmed diagnosis of COVID-19 is RA01.0 and the code for the clinical diagnosis (suspected or probable) of COVID-19 is RA01.2.

The World Health Organization (WHO) created an emergency ICD-10 code to identify this new coronavirus:

- Code U07.1, 2019-nCoV acute respiratory disease, will be implemented into ICD-10-CM with the update effective April 1, 2020

The National Center for Health Statistics (NCHS) developed interim coding advice in a supplement to the ICD-10-CM Official Coding Guidelines effective April 1, 2020. The interim coding advice states to assign the following ICD-10-CM codes for confirmed cases related to COVID-19:

- **Pneumonia due to COVID-19**: U07.1 (Covid-19) and J12.89 (Other viral pneumonia)
- **Acute bronchitis due to COVID-19**: U07.1 (Covid-19) and J20.8 (Acute bronchitis due to other specified organisms)
- **Bronchitis not otherwise specified (NOS) due to COVID-19**: U07.1 (Covid-19) and J40 (Bronchitis, not specified as acute or chronic)
- **Lower respiratory infection NOS or acute respiratory infection NOS due to COVID-19**: U07.1 (Covid-19) and J22 (Unspecified acute lower respiratory infection)
- **Respiratory infection NOS due to COVID-19**: U07.1 (Covid-19) and J98.8 (Other specified respiratory disorders)
- **Acute respiratory distress syndrome (ARDS) due to COVID-19**: U07.1 (Covid-19) and J80 (Acute respiratory distress syndrome)
- **Sepsis with Covid-19 positive**: assign the sepsis code first A41.89 for Other specified sepsis (Viral Sepsis) with U07.1 as a secondary code with all other associated codes

Exposure to & non-confirmed cases of COVID-19:

- For possible exposure to COVID-19 that is **ruled out** after evaluation, assign code Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out) this code is only used as a principal diagnosis.
- If a patient was exposed to someone with a confirmed case of COVID-19, assign code Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases)
- If a patient has symptoms with no known exposure, assign code Z20.828
- If a patient presents with signs or symptoms without an established definitive diagnosis, assign codes for each of the presenting signs and symptoms such as:
  - Cough (R05)
  - Shortness of breath (R06.02)
  - Fever, unspecified (R50.9)
New CPT code for Coronavirus test

The American Medical Association (AMA) announced that the CPT Editorial Panel approved a new addition to the Current Procedural Terminology (CPT) code set that will help streamline data-driven resource planning and allocation in the battle against the novel coronavirus (SARS-CoV-2) as the number of confirmed COVID-19 cases continues to rise.

For quick reference, the new Category I CPT code and short, medium and full descriptors are:

- **87635**: SARS-CoV-2 COVID-19 AMP PRB (short)
- **87635**: IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ M (medium)
- **87635**: Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique (full)

The code is effective immediately for use as the industry standard for reporting of tests for the novel Coronavirus across the nation’s health care system. You will need to manually upload this code descriptor into your EHR system.

**Aerosol generating procedures: (procedures with the potential to produce a cough)**

CDC advised to be aware of procedures that could aerosolize

- **94640**: Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device
- **94642**: Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
- **94644**: Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
  - **94645**: Each additional hour (List separately in addition to code for primary procedure)
- **94660**: Continuous positive airway pressure ventilation (CPAP), initiation and management
- **94662**: Continuous negative pressure ventilation (CNP), initiation and management
- **94664**: Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB
- **94667**: Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
  - **94668**: subsequent
- **94669**: Mechanical chest wall oscillation to facilitate lung function, per session
- **94680**: Oxygen uptake, expired gas analysis; rest and exercise, direct, simple or 94681 including CO2 output, percentage oxygen extracted
  - **94681**: including CO2 output, percentage oxygen extracted
  - **94690**: rest, indirect (separate procedure)
- **94726**: Plethysmography for determination of lung volumes and, when performed, airway resistance
- **94727**: Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
- **94728**: Airway resistance by oscillometry
- **94729**: Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)
- **94750**: Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)

Vizient is committed to sharing updated coding information as it comes available.

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