

CHAPTER 1

Certain Infectious and Parasitic Diseases

(A00-B99)

October 2020



CHAPTER NOTES

- Chapter 1 of ICD-10-CM contains codes for diseases that are generally recognized as communicable or transmissible.
- This section reviews the coding guidelines for the following conditions:
 - HIV disease and AIDS
 - Sepsis and severe sepsis
 - MRSA
- This chapter has two excludes notes:
 - **Excludes 1**- certain localized infections- see body system-related chapters, infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium (O98.-) and influenza and other acute respiratory infections (J00-J22).
 - **Excludes 2**- carrier or suspected carrier of infectious disease(Z22.-) and infectious and parasitic diseases specific to the perinatal period (P35-P39).
- ICD-10-CM has created a range of codes to identify infections with a predominantly sexual mode of transmission (A50-A64). It is important to note that human immunodeficiency virus (HIV) disease is excluded from this range of codes.

CHAPTER NOTES (cont.)

- Use additional code to identify resistance to antimicrobial drugs (Z16)
- New section called infections with a predominantly sexual mode of transmission (A50–A64)
- When coding sepsis or AIDS, it is important to review the Coding Guidelines and the notes at the category level of ICD-10-CM
- Categories B90-B94 are to be used to indicate conditions in categories A00-B89 as the cause of sequelae, which are themselves classified elsewhere.
- Code first condition resulting from (sequela) the infectious or parasitic disease
- Bacterial and viral infectious agents (B95-B97) are provided for use as supplementary or additional codes to identify the infectious agent(s) in diseases classified elsewhere
 - Index
 - Infection
 - Organism (Streptococcus)

INFECTIOUS AGENTS AS THE CAUSE OF DISEASES CLASSIFIED TO OTHER CHAPTERS

- Certain infections are classified in chapters other than Chapter 1 and no organism is identified as part of the infection code.
- In these instances, it is necessary to use an additional code from Chapter 1 to identify the organism.
- A code from category B95, Streptococcus, Staphylococcus and Enterococcus as the cause of diseases classified to other chapters, B96, Other bacterial agents as the cause of diseases classified to other chapters, is to be used as an additional code to identify the organism.
- An instructional note will be found at the infection code advising that an additional organism code

INFECTIONS RESISTANT TO ANTIBIOTICS

- Many bacterial infections are resistant to current antibiotics.
- It is necessary to identify all infections documented as antibiotic resistant.
- Assign a code from category Z16, Resistance to antimicrobial drugs, following the infection code only if the infection code does not identify drug resistance.
- Specify which antibiotic the organism is resistant to in the medical record

CODING EXAMPLE

1. This 78-year-old gentleman is seen for continued follow-up for C. diff colitis. Cultures of the organism have found this infection to be resistant to flagyl. A new drug regimen will be started at this time. What is the correct diagnosis code assignment?

Answer: A04.7 Colitis (acute) (catarrhal) (chronic) (noninfective) (hemorrhagic), Clostridium difficile

Z16.39 Resistance, resistant (to), organism(s), to drug, antimicrobial (single), specified NEC

Rationale: ICD-10-CM provides a code to identify resistance to antimicrobial drugs (Z16._). The “use additional code” note is found at the beginning of Chapter 1.

HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS



CONFIRMED ONLY CONFIRMED CASES

- Code only confirmed cases of HIV infection/illness.
- This is an exception to the hospital inpatient guideline Section II, H.
- In this context, “confirmation” does not require documentation of positive serology or culture of HIV.
- The provider’s diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient.
- People with HIV can get many infections (called opportunistic infections, or OLS).

SELECTION AND SEQUENCING OF HIV CODES

- Patient admitted for HIV-related condition
- Patient with HIV disease admitted for unrelated condition
- Whether the patient is newly diagnosed
- Asymptomatic human immunodeficiency virus
- Patients with inconclusive HIV serology
- Previously diagnosed HIV-related illness
- HIV infection in pregnancy, childbirth and the puerperium
- Encounters for testing for HIV

PATIENT ADMITTED FOR HIV- RELATED CONDITION

- If a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, Human immunodeficiency virus [HIV] disease followed by additional diagnosis codes for all reported HIV-related conditions

PATIENT WITH HIV DISEASE ADMITTED FOR UNRELATED CONDITION

- If a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition (e.g., the nature of injury code) should be the principal diagnosis.
- Other diagnosis would be B20 followed by additional diagnosis codes for all reported HIV-related conditions.

ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS (Z21)

- Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, is to be applied when the patient without any documentation of symptoms is listed as being “HIV positive,” “known HIV” “HIV test positive,” or similar terminology.
- Do not use this code if the term “AIDS” is used or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from his/her HIV positive status; use B20 in these cases.
- Code Z21 is used for reporting a patient diagnosed with HIV positive status but has never had any opportunistic infections.
- A patient should never be assigned a Z21 code, even if at a particular encounter, no infection or HIV related condition is present.
- Codes B20 and Z21 should never appear on the same record.
- Once a patient has had first opportunistic infection code B20 is assigned.

PATIENTS WITH INCONCLUSIVE HIV SEROLOGY

- Patients with inconclusive HIV serology, but no definitive diagnosis or manifestations of the illness, may be assigned code R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV].
- Patients with any known prior diagnosis of an HIV-related illness should be coded B20.
- Once a patient has developed an HIV-related illness, the patient should always be assigned a code B20 on every subsequent admission/encounter.
- Patients previously diagnosed with any HIV illness (B20) should never be assigned to R75 or Z21, Asymptomatic human immunodeficiency virus [HIV] infection status.

HIV INFECTION IN PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

- During pregnancy, childbirth or the puerperium, a patient admitted (or presenting for a healthcare encounter) because of an HIV-related illness should receive a principal diagnosis code of O98.7-, Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium, followed by B20 and the code(s) for the HIV-related illness(es).
- Codes from Chapter 15 (Pregnancy, Childbirth and the Puerperium) always take sequencing priority.
- Patients with asymptomatic HIV infection status admitted (or presenting for a health care encounter) during pregnancy, childbirth, or the puerperium should receive codes of O98.7- and Z21.

ENCOUNTERS FOR TESTING FOR HIV

- If a patient is being seen to determine his/her HIV status, use code Z11.4, Encounter for screening for human immunodeficiency virus [HIV].
- Use additional codes for any associated high-risk behavior.
- If a patient with signs or symptoms is being seen for HIV testing, code the signs and symptoms.
- An additional counseling code Z71.7, Human immunodeficiency virus [HIV] counseling, may be used if counseling is provided during the encounter for the test.
- When a patient returns to be informed of his/her HIV test results and the test result is negative, use code Z71.7, Human immunodeficiency virus [HIV] counseling.
- If the results are positive, see previous guidelines and assign codes as appropriate.

CODING EXAMPLES

1. A pregnant patient in her second trimester at 17 weeks presents for a check up. She is HIV positive. What are the diagnosis codes?

Answer: O98.712 Human immunodeficiency virus (HIV) disease complicating pregnancy, second trimester

- Z21 Asymptomatic human immunodeficiency virus (HIV) infection status
- Z3A.17 17 weeks gestation of pregnancy

Rationale: Pregnant patients with HIV/AIDS will have a code from chapter 15 as the first-listed code. According to the guideline (I.C.a.2.g), during pregnancy, childbirth, or the puerperium, a patient admitted or presenting for a health care encounter because of an HIV-related illness or asymptomatic HIV should receive a first-listed code from subcategory O98.7-, Human immunodeficiency (HIV) disease complicating pregnancy, childbirth, and the puerperium, followed by either code B20 and the code(s) for the HIV-related illness or code Z21.

CODING EXAMPLE

2. This 42-year-old HIV positive male has a fever and shortness of breath. The diagnostic workup, including chest x-ray and sputum culture, resulted in a diagnosis of Pneumocystis pneumonia. That was documented as Pneumocystis pneumonia due to AIDS. What diagnosis codes are assigned?

Answer: B20- AIDS (related complex)
B59- Pneumonia, Pneumocystis (carinii) (jiroveci)

Rationale: Per the Official Coding Guidelines, if a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, Human immunodeficiency virus [HIV] disease, followed by additional diagnosis codes for all reported HIV-related conditions.

CODING EXAMPLES

3. A patient presents to the infectious disease clinic for a consultation. She states that she recently found out that her boyfriend has AIDS. She is currently showing no signs/symptoms of an HIV-related illness, but is very concerned about having contracted the virus. She states that she and her boyfriend have had unprotected sex. The rest of her history is negative.

Impression: HIV screening after unprotected sexual contact with partner with AIDS.

Answer: Z11.4 Encounter for screening for human immunodeficiency virus (HIV)
Z20.6 Contact with and (suspected) exposure to human immunodeficiency virus

Rationale: This patient is presenting with no symptoms, but exposure to AIDS from her boyfriend. As many codes regarding HIV/AIDS as are necessary may be assigned.

SEPSIS, SEVERE SEPSIS AND SEPTIC SHOCK



SEPSIS

- The term sepsis has replaced septicemia.
- Sepsis can be defined as the presence of both an infection and a systemic inflammatory response.
- For a diagnosis of sepsis, assign the appropriate code for the underlying systemic infection.
- If the type of infection or causal organism is not further specified, assign code A41.9, Sepsis, unspecified organism.
- In the ICD-10-CM world, in order to accurately reflect the severity of illness and risk of mortality for patients who present with a localized infection, SIRS, and a clinical picture of sepsis, the provider must document sepsis as a diagnosis.

SEPSIS (cont.)

- A code from subcategory R65.2, Severe sepsis, should not be assigned unless severe sepsis or an associated acute organ dysfunction is documented.
 - i. Negative or inconclusive blood cultures and sepsis

Negative or inconclusive blood cultures do not preclude a diagnosis of sepsis in patients with clinical evidence of the condition, however, the provider should be queried.
 - ii. Urosepsis The term urosepsis is a nonspecific term. It is not to be considered synonymous with sepsis. It has no default code in the alphabetic index. Should a provider use this term, h/she must be queried for clarification.
 - iii. Sepsis with organ dysfunction

If a patient has sepsis and associated acute organ dysfunction or multiple organ dysfunction (MOD), follow the instructions for coding severe sepsis.

SEPSIS (cont.)

- i. Acute organ dysfunction that is not clearly associated with the sepsis

If a patient has sepsis and an acute organ dysfunction, but the medical record documentation indicates that the acute organ dysfunction is related to a medical condition other than the sepsis, do not assign a code from subcategory R65.2, Severe sepsis. An acute organ dysfunction must be associated with the sepsis in order to assign the severe sepsis code. If the documentation is not clear as to whether an acute organ dysfunction is related to the sepsis or another medical condition, query the provider.

SEVERE SEPSIS

- The coding of severe sepsis requires a minimum of two codes: first a code for the underlying systemic infection, followed by a code from subcategory R65.2, Severe sepsis.
- If the causal organism is not documented, assign code A41.9, Sepsis, unspecified organism, for the infection.
- Additional code(s) for the associated acute organ dysfunction are also required.
- Due to the complex nature of severe sepsis, some cases may require querying the provider prior to assignment of the codes.
- The codes for severe sepsis from subcategory R65.2 can never be assigned as a principal diagnosis.
- According to the ICD-10-CM Official Guidelines for Coding and Reporting, an acute organ dysfunction must be associated with the sepsis in order to assign the severe sepsis code.

SEPTIC SHOCK

- Septic shock generally refers to circulatory failure associated with severe sepsis, and therefore, it represents a type of acute organ dysfunction.
- For cases of septic shock, the code for the systemic infection should be sequenced first, followed by code R65.21, Severe sepsis with septic shock or code T81.12, Postprocedural septic shock.
- Any additional codes for the other acute organ dysfunctions should also be assigned.
- As noted in the sequencing instructions in the Tabular List, the code for Septic shock cannot be assigned as a principal diagnosis.
- In ICD-10-CM, there are combination codes for severe sepsis with septic shock and severe sepsis without septic shock.

SEQUENCING OF SEVERE SEPSIS

- If severe sepsis is present on admission, and meets the definition of principal diagnosis, the underlying systemic infection should be assigned as principal diagnosis followed by the appropriate code from subcategory R65.2 as required by the sequencing rules in the Tabular List.
- A code from subcategory R65.2 can never be assigned as a principal diagnosis.
- When severe sepsis develops during an encounter (it was not present on admission) the underlying systemic infection and the appropriate code from subcategory R65.2 should be assigned as secondary diagnoses.
- Severe sepsis may be present on admission, but the diagnosis may not be confirmed until sometime after admission.
- If the documentation is not clear whether severe sepsis was present on admission, the provider should be queried.

SEPSIS OR SEVERE SEPSIS WITH A LOCALIZED INFECTION

- If the reason for admission is both sepsis or severe sepsis and a localized infection, such as pneumonia or cellulitis, a code(s) for the underlying systemic infection should be assigned first and the code for the localized infection should be assigned as a secondary diagnosis.
- If the patient has severe sepsis, a code from subcategory R65.2 should also be assigned as a secondary diagnosis.
- If the patient is admitted with a localized infection, such as pneumonia, and sepsis/severe sepsis doesn't develop until after admission, the localized infection should be assigned first, followed by the appropriate sepsis/severe sepsis codes.

SEPSIS DUE TO A POSTPROCEDURAL INFECTION

- **Documentation of causal relationship**

- As with all postprocedural complications, code assignment is based on the provider's documentation of the relationship between the infection and the procedure.

- **Sepsis due to a postprocedural infection**

For such cases, the postprocedural infection code, such as, T80.2, Infections following infusion, transfusion, and therapeutic injection, T81.4, Infection following a procedure, T88.0, Infection following immunization, or O86.0, Infection of obstetric surgical wound, should be coded first, followed by the code for the specific infection. If the patient has severe sepsis the appropriate code from subcategory R65.2 should also be assigned with the additional code(s) for any acute organ dysfunction.

SEPSIS DUE TO A POSTPROCEDURAL INFECTION

- Postprocedural infection and postprocedural septic shock
- In cases where a postprocedural infection has occurred and has resulted in severe sepsis and postprocedural septic shock, the code for the precipitating complication such as code T81.4, Infection following a procedure, or O86.0, Infection of obstetrical surgical wound should be coded first followed by code R65.21, Severe sepsis with septic shock and a code for the systemic infection

SEPSIS AND SEVERE SEPSIS ASSOCIATED WITH A NONINFECTIOUS PROCESS (CONDITION)

- In some cases a noninfectious process (condition), such as trauma, may lead to an infection which can result in sepsis or severe sepsis.
- If sepsis or severe sepsis is documented as associated with a noninfectious condition, such as a burn or serious injury, and this condition meets the definition for principal diagnosis, the code for the noninfectious condition should be sequenced first, followed by the code for the resulting infection.
- If severe sepsis, is present a code from subcategory R65.2 should also be assigned with any associated organ dysfunction(s) codes.
- It is not necessary to assign a code from subcategory R65.1, Systemic inflammatory response syndrome (SIRS) of non-infectious origin, for these cases.
- If the infection meets the definition of principal diagnosis it should be sequenced before the non-infectious condition.

SEPSIS AND SEVERE SEPSIS ASSOCIATED WITH A NONINFECTIOUS PROCESS (condition) (cont..)

- When both the associated non-infectious condition and the infection meet the definition of principal diagnosis either may be assigned as principal diagnosis.
- Only one code from category R65, Symptoms and signs specifically associated with systemic inflammation and infection, should be assigned.
- Therefore, when a non-infectious condition leads to an infection resulting in severe sepsis, assign the appropriate code from subcategory R65.2, Severe sepsis.
- Do not additionally assign a code from subcategory R65.1, Systemic inflammatory response syndrome (SIRS) of non-infectious origin.

See Section I.C.18. SIRS due to non-infectious process

METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS CONDITIONS (MRSA)



SELECTION AND SEQUENCING OF MRSA CODES

- Combination codes for MRSA infection
- Other codes for MRSA infection
- Methicillin susceptible Staphylococcus aureus (MSSA) and MRSA colonization
- MRSA colonization and infection

COMBINATION CODES FOR MRSA INFECTION

- When a patient is diagnosed with an infection that is due to methicillin resistant Staphylococcus aureus (MRSA), and that infection has a combination code that includes the causal organism (e.g., sepsis, pneumonia) assign the appropriate combination code for the condition (e.g., code A41.02, Sepsis due to Methicillin resistant Staphylococcus aureus or code J15.212, Pneumonia due to Methicillin resistant Staphylococcus aureus).
- Do not assign code B95.62, Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere, as an additional code because the combination code includes the type of infection and the MRSA organism.
- Do not assign a code from subcategory Z16.11, Resistance to penicillin's, as an additional diagnosis.

See Section C.1. for instructions on coding and sequencing of sepsis and severe sepsis

OTHER CODES FOR MRSA INFECTION

- When there is documentation of a current infection (e.g., wound infection, stitch abscess, urinary tract infection) due to MRSA, and that infection does not have a combination code that includes the causal organism, assign the appropriate code to identify the condition along with code B95.62, Methicillin resistant *Staphylococcus aureus* infection as the cause of diseases classified elsewhere for the MRSA infection.
- Do not assign a code from subcategory Z16.11, Resistance to penicillin.

METHICILLIN SUSEPTIBLE STAPHYLOCOCCUS (MRSA) AND MRSA COLONIZATION

- The condition or state of being colonized or carrying MSSA or MRSA is called colonization or carriage, while an individual person is described as being colonized or being a carrier.
- Colonization means that MSSA or MSRA is present on or in the body without necessarily causing illness. A positive MRSA colonization test might be documented by the provider as “MRSA screen positive” or “MRSA nasal swab positive”.
- Assign code Z22.322, Carrier or suspected carrier of Methicillin resistant Staphylococcus aureus, for patients documented as having MRSA colonization.
- Assign code Z22.321, Carrier or suspected carrier of Methicillin susceptible Staphylococcus aureus, for patient documented as having MSSA colonization.
- Colonization is not necessarily indicative of a disease process or as the cause of a specific condition the patient may have unless documented as such by the provider.

MRSA COLONIZATION AND INFECTION

- If a patient is documented as having both MRSA colonization and infection during a hospital admission, code Z22.322, Carrier or suspected carrier of Methicillin resistant Staphylococcus aureus, and a code for the MRSA infection may both be assigned

CODING EXAMPLES

1. **HOSPITAL COURSE:** The patient is a 52-year-old male who has had a very complex course secondary to a right lower extremity complex open wound. He has had prolonged hospitalizations because of this problem. He was recently discharged when he was noted to develop as an outpatient swollen, red tender leg. Examination in the emergency room revealed significant concern for significant cellulitis. Decision was made to admit him to the hospital.
2. **HOSPITAL COURSE:** The patient was admitted on 07/26/12 and was started on IV antibiotics elevation, was also counseled to minimizing the cigarette smoking. The patient eventually grew MRSA in a moderate amount. He was treated with IV vancomycin. Local wound care and elevation. The patient had slow progress. He was started on compression, and by 07/31/12 his leg got much improved, minimal redness and swelling was down with compression. The patient was thought safe to discharge home.

CODING EXAMPLE (cont..)

DISCHARGE INSTRUCTIONS: The patient was discharged on doxycycline 100 mg p.o. b.i.d. x10 days. He was also given prescription for Percocet and OxyContin, picked up at my office. He is instructed to do daily wound care and wrap his leg with an Ace wrap. Follow-up was arranged in a couple of weeks.

DISCHARGE CONDITION: Stable.

DISCHARGE DIAGNOSIS: Right lower extremity methicillin-resistant staphylococcus aureus cellulitis.

ADDITIONAL DISCHARGE DIAGNOSES: Tobacco use. Patient is a 2 pack per day cigarette smoker.

ICD-10-CM Codes: L03.115 Cellulitis of right lower limb
95.62 Methicillin resistant Staphylococcus aureus as the cause of diseases classified elsewhere
F17.210 Nicotine dependence, cigarettes, uncomplicated

CODING EXAMPLE (cont.)

Rationale: In ICD-10-CM, many codes indicate laterality. In the above scenario, the first-listed code indicated that the right lower limb is affected. An instructional note at the beginning of the section Infections of the skin and subcutaneous tissue (L00-L08) states to use an additional code from B95-B97 to identify the infectious agent. In our scenario, the agent is MRSA.

Also, in ICD-10-CM, the type of tobacco product is identified in the chosen code (cigarettes). In ICD-10-CM, the type of nicotine product a patient is dependent upon is identified in the code. The patient in the above example is dependent on cigarettes.

ZIKA VIRUS INFECTIONS



CODE ONLY CONFIRMED CASES

Code only a confirmed diagnosis of Zika virus (A92.5, Zika virus disease) as documented by the provider.

This is an exception to the hospital inpatient guideline Section II, H.

In this context, "confirmation" does not require documentation of the type of test performed; the provider's diagnostic statement that the condition is confirmed is sufficient. This code should be assigned regardless the stated mode of transmission.

If the provider documents "suspected", "possible", or "probable" Zika, do not assign code A92.5. Assign a code(s) explaining the reason for encounter (such as fever, rash, or joint pain) or Z20.821, Contact with and (suspected) exposure to Zika virus.

CORONAVIRUS INFECTIONS



COVID-19 INFECTION (infection due to SARS-CoV-2)

- Code only confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider or documentation of a positive COVID-19 test result.
- For a confirmed diagnosis, assign code **U07.1**, COVID-19.
- This is an exception to the hospital inpatient guidance Section II, H. In this context, “confirmation” does not require documentation of a positive result for COVID-19; the provider’s documentation that the individual has COVID-19 is sufficient.
- If the provider documents “suspected”, “possible”, “probable”, or “inconclusive” COVID-19, do not assign code U07.1. Instead code the signs and symptoms reported. See guideline I.C.1.g.1.

Sequencing of Codes

- 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 when another guideline requires that certain codes be sequenced first, such as obstetrics, sepsis or transplant complications.

For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock

See Section I.C.15.s. for COVID-19 infection in pregnancy, childbirth, and the puerperium

See Section I.C.16.h. for COVID-19 infection in newborn

For a COVID-19 infection in a lung transplant patient, see Section I.C.19.g.3.a. Transplant complications other than kidney.

Acute Respiratory Manifestations of COVID-19

- When the reason for the encounter/admission is a respiratory manifestation of COVID-19, assign code U07.1, COVID-19, as the principal/first listed diagnosis and assign code(s) for the respiratory manifestation(s) as additional diagnoses. The following conditions are examples of common respiratory manifestations of COVID-19.

(i) Pneumonia

For a patient with pneumonia confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia.

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(ii) Acute bronchitis

For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8, Acute bronchitis due to other specified organisms.

Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code U07.1 and J40, Bronchitis, not specified as acute or chronic.

Acute Respiratory Manifestations of COVID-19

(iii) Lower respiratory infection

If the 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 and J22, Unspecified acute lower respiratory infection, should be assigned.

If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned.

(iv) Acute respiratory distress syndrome

For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80, Acute respiratory distress syndrome.

(v) Acute respiratory failure

For acute respiratory failure due to COVID-19, assign code U07.1, and code J96.0-, Acute respiratory failure.

Non-Respiratory Manifestations of COVID-19

- **When the reason for the encounter/admission is a non-respiratory manifestation (e.g., viral enteritis) of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the manifestation(s) as additional diagnoses.**
- **Exposure to COVID-19. For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.**
- **For symptomatic individuals with actual or suspected exposure to COVID-19 and the infection has been ruled out, or test results are inconclusive or unknown, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. See guideline I.C.21.c.1, Contact/Exposure, for additional guidance regarding the use of category Z20 codes.**
- **If COVID-19 is confirmed, see guideline I.C.1.g.1.a.**

Screening for COVID-19

- **During the COVID-19 pandemic, a screening code is generally not appropriate. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19 (guideline I.C.1.g.1.e).**
- **Coding guidance will be updated as new information concerning any changes in the pandemic status becomes available.**

Signs and Symptoms without Definitive Dx of COVID

- **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:**
 - **R05 Cough**
 - **R06.02 Shortness of breath**
 - **R50.9 Fever, unspecified**
- **If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to COVID-19, assign Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, as an additional code.**

Asymptomatic Individuals Who Test Positive

- For asymptomatic individuals who test positive for COVID-19, see guideline I.C.1.g.1.a. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.
- **PERSONAL HISTORY OF COVID-19**
- For patients with a history of COVID-19, assign code Z86.19, Personal history of other infectious and parasitic diseases.
- **Follow-up visits after COVID-19 infection has resolved**
- For individuals who previously had COVID-19 and are being seen for follow-up evaluation, and COVID-19 test results are negative, assign 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.

ENCOUNTER FOR ANTIBODY TESTING

- **For an encounter for antibody testing that is not being performed to confirm a current COVID-19 infection, nor is a follow-up test after resolution of COVID-19, assign Z01.84, Encounter for antibody response examination.**
- **Follow the applicable guidelines above if the individual is being tested to confirm a current COVID-19 infection.**
- **For follow-up testing after a COVID-19 infection, see guideline I.C.1.g.1.j.**

CONTACT

If you have any questions or concerns, please contact our Sr. Risk Mitigation Coordinator

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