Coffee with the Coder® COVID-19

Questions and Answers

The questions presented here, and all the past episodes of Coffee with the Coder® are in a great library for you – but the library will only be available free for a limited time! So, get in and find answers and tell your friends! Its free to you right now, but only for a limited time! That's at https://aq-iq.com/coffee-with-the-coder/.

Revenue Warriors membership opening soon - do you ever feel like you are an island in your job? Not supported, or maybe you have lots of questions and don't know where to find the answers? That's what revenue warrior's is all about. Supporting you to help you do your job better! It's a group of multi-disciplinary professionals that share ideas, processes, get answers to questions and build each other up – so learn, support and share! Also, if that wasn't enough, you get access to our consultants and you learn tips and tricks to make life easier! Best of all you become a part of our community where you can have a safe place to ask questions and confidence in the answers. So often we find the free information and are not sure if it's exactly accurate. Sign up on the waiting list at https://aq-iq.com/quiz/revenue-warriors-waiting-list/; membership is opening soon and filled with awesomeness!

Announcing, you no longer must be part of an organization to join AQ-IQ in order to get access to all the courses, live webinars, tools, and answers to your tough questions - individual membership is now here! Email us at sales@aq-iq.com for more information.

Q1: If a patient is recovered and seen for follow up, is there an ICD code related to COVID?

A1: Well there was no code created for History of COVID-19 which would have really be useful in my opinion. We would report Z86.19 Personal history of other infectious and parasitic diseases.

Q2: On the IRF PAI is the U07.1 and the manifestation listed or only the U07.1 and the J12.89 is a comorbid condition?

A2: Each case will be different and based on the documentation of course/, goes without saying really. Consider why you are admitting the patient, what is going to be the primary focus of care? If COVID-19 with pneumonia is still the primary focus of care then yes, report it also as the etiologic secondary to the COVID-19. I expect this will happen a lot because that primary manifestation will likely drive IGC selection. For example, a patient has Acute respiratory failure due to COVID and the pulmonary debility is causing the need for rehab. The acute respiratory failure is resolved, both codes would be the etiologic. But if the manifestation is secondary and not the driver but still a focus just not the primary focus, I would list it as comorbidity. Remember, the etiologic can be resolved while a reported comorbidity should still exist. In the case of an acute respiratory condition without a chronic component, you will put that in IGC 16 and acute on chronic would go to 10.

Q3: How should I code a false positive COVID-19 test?

A3: Code the symptoms and Z03.818 for encounter for observation for suspected exposure to other biologic agents ruled out

Q4: Can you use Z20.818 on negative results of COVID test?

A4: Guidelines direct us to report Z03.818 is for encounter for observation for suspected exposure to other biologic agents ruled out**"**

Q5: What is the principle diagnosis when COVID-19 and sepsis are both POA? Sepsis (POA) due to COVID-19 would be the principal diagnosis, am I correct?

A5: The rules for coding COVID-19 that progresses to sepsis, severe sepsis or septic shock is the same as reporting other infections that progress to sepsis. That rule did not change.

Sepsis: The circumstances of admission determine the principal dx. The AHA gives the following example, *"if a patient is admitted with pneumonia due to COVID-19 which then progresses to viral sepsis (not present on admission), the principal diagnosis is U07.1, COVID-19, followed by the codes for the viral sepsis (A41.89) and viral pneumonia (J12.89). On the other hand, if a patient is admitted with sepsis due to COVID-19 pneumonia and the sepsis meets the definition of principal diagnosis, then the code for viral sepsis (A41.89) should be assigned as principal diagnosis followed by codes U07.1 and J12.89, as secondary diagnoses."*

With Severe Sepsis or Sepsis with acute organ dysfunction and Septic Shock you will add the code R65.20 or 21 as appropriate and code(s) for the specific acute organ dysfunction

So, for sepsis, you are going to follow the sepsis guidelines… If you need a refresher on coding for sepsis, we do have a presentation on reporting sepsis in the AQ-IQ eCourses Library

Q6: When the provider indicates the patient has COVID-19 when the test returns negative, provider claims it is a false negative, what is the correct way to code?

How do you code COVID-19 in a patient where the test is negative, but the provider documents they still possibly have COVID-19?

A6: Query the provider – educate the provider and talk within your organization regarding how to document. Since we can only code confirmed cases, educating physicians and other providers to document as existing when their clinical expertise and the patient's symptomatology indicates they have it. A positive test is helpful in making the diagnosis but according to clinical advice is not the only evidence. A negative test result does not ALWAYS confirm the patient is negative.

Q7 What is the correct code assignment for a negative COVID-19 test result?

How should we code a negative COVID-19 test result?

A7: Z03.818 is for encounter for observation for suspected exposure to other biologic agents ruled out. This is for cases where there is a concern about a possible exposure to COVID-19, but it's ruled out after evaluation.

Q8: Clarify use of Z03.818 (principal only?), Z20.828, Z11.59. Lots of confusion out there.

A8: So, let's define those codes – and the ramifications on DRG

Z03.818 is for encounter for observation for suspected exposure to other biologic agents ruled out. This is for cases where there is a concern about a possible exposure to COVID-19, but its ruled out after evaluation This principal drives to DRG 951 Other factors influencing health status which will be reimbursed around $4,273

Z20.828 is for Contact with and (suspected) exposure to other viral communicable diseases. You are reporting this for a patient who has had exposure or suspected exposure. DRG is also 951

Z11.59 is Encounter for Screening for other viral diseases. The guideline states, "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, Encounter for screening for other viral diseases." This is an unacceptable Pdx.177-179 depending on the presence of an MCC or CC rates range from $5,777 to 11,292 – I expect many of these cases may result in outliers as well.

Remember – any time there is a positive test code U07.1 and the manifestations not one of the Z codes here are reported.

Q9: Is there a Z code to account for extra care a patient received due to precautions such as isolation, etc. pending test results?

A9: If the patients test has not returned, the symptoms with Z20.828 for suspected exposure can be used. If the test returns as negative, you will report Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out. If the test has returned as positive, you would report the U07.1 and manifestations. Z03.89 would not be appropriate for the suspected condition NEC.

That said, the CDC is strongly recommending cases are not coded and completed until test results are back.

Q10: Are commercial payers paying for G2023: Specimen collection for COVID-19?

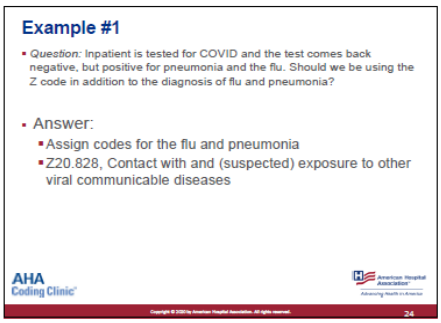
A10: Not sure, you will have to check with individual ones. Many have increased what they will consider for payment, but it is up to the individual payer to make the determination. Typically, the HCPCS G codes are paid for Medicare claims and other payers want to see a CPT code or other HCPCS code. However, this too is payer specific.

Q11: If the patient is COVID-19 positive with pneumonia is the pneumonia always coded as J12.89 or does the doctor need to link it to the COVID-19?

A11: The guidelines state, *"*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, *For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia"* We went further to check and see if there were any additions in the alphabetic index that reflected "Covid-19 with" and there were none. That tells us in order to report in the manner directed in the COVID-19 guidelines, U07.1 first (when it meets the definition of principal) and J12.89

second for the pneumonia, the association would need to be made in the documentation. That said, this is a query opportunity if the association is not made by the provider. Otherwise, it may also be a query if they are not stated as associated to determine which one is principal. If the patient had both COVID-19 and pneumonia the association is not presumed according to what we are seeing in the current guidelines therefore, both would be reported with appropriate codes but which comes first would be determined based on what meets the definition for Pdx. On the outpatient side this would also be true for determining the first listed.

Q12: Do you agree with the guidance below for symptomatic patients with a negative COVID-19 result? (guidance is from an AHA webinar last week)



A12: Yes, we do agree. Although the case does not mention if the patient had symptoms and did not mention if the patient had actual exposure. The code Z20.828 is not only used for contact with but also suspected exposure to other viral communicable diseases. The case mentions the patient is tested identifying the fact that it was suspected and the other code in the category, Z20.89 does not specify viral communicable diseases.

Are you a member of the Coffee with the Coder® Facebook Group? Or the new Coffee with the Coder® Network group on LinkedIn?

Have you joined IRF-The Whole PAI Facebook group? Or the IRF-The Whole PAI group on LinkedIn?

Join us for the next Live Coffee with the Coder® and tell your friends!

- ***Send in your questions and comments here.***
- ***Tell us what you'd like to hear on the insider portion here!***
-

Drop everything and call 712-770-4160 at

10:10am every other Monday for the live show

OR Join Early at 10:00am for some extra special stuff!

Worried you might forget?

Email "CWTC and (*your text number*)" to: help@aq-iq.com. We will text you a reminder during the 60 minutes prior to the start.