ICD-10-CM FY2021 Official Guidelines for Coding and Reporting Update

On December 16, 2020, the National Center for Health Statistics (NCHS) posted new FY2021 Official Guidelines for Coding and Reporting with revisions effective January 1, 2021. The most notable changes were to Section C. Chapter-Specific Coding Guidelines, Chapters 1 and 21, which we have included below. Changed content in these sections have been identified with bold face and deleted content is identified with stirkethrough. For the full ICD-10-CM Official Guidelines for Coding and Reporting, effective January 1, 2021, see: https://www.cms.gov/medicare/icd-10/2021-icd-10-cm.

1. **Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1**
   g. **Coronavirus infections**
   1) **COVID-19 infection (infection due to SARS-CoV-2)**
      (a) **Code only confirmed cases**
      Code only a 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 guideline Section II, H. In this context, "confirmation" does not require documentation of a positive test 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.g.

      (b) **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.

      (c) **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 **J12.82, Pneumonia due to coronavirus disease 2019.**

         (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.

         (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.

      (d) **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.

      (e) **Exposure to COVID-19**
      For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code **Z20.822, Contact with and (suspected) exposure to COVID-19.**

      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 **Z20.822, Contact with and (suspected) exposure to COVID-19.** 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.

      (f) **Screening for COVID-19**
      During the COVID-19 pandemic, a screening code is generally not appropriate. **Do not assign code Z11.52, Encounter for screening for COVID-19.** 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.

      (g) **Signs and symptoms without definitive diagnosis of COVID-19**
      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 **Z20.822, Contact with and (suspected) exposure to COVID- 19, as an additional code.**

      (h) **Asymptomatic individuals who test positive for COVID-19**
      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.

      (i) **Personal history of COVID-19**
      For patients with a history of COVID-19, assign code **Z86.16, Personal history of COVID-19.**

      (j) **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 **Z86.16, Personal history of COVID-19.**

      (k) **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.

(l)　Multisystem Inflammatory Syndrome
For individuals with multisystem inflammatory syndrome (MIS) and COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code M35.81, Multisystem inflammatory syndrome, as an additional diagnosis.

If MIS develops as a result of a previous COVID-19 infection, assign codes M35.81, Multisystem inflammatory syndrome, and B94.8, Sequelae of other specified infectious and parasitic diseases.

If an individual with a history of COVID-19 develops MIS and the provider does not indicate the MIS is due to the previous COVID-19 infection, assign codes M35.81, Multisystem inflammatory syndrome, and Z86.16, Personal history of COVID-19.

If an individual with a known or suspected exposure to COVID-19, and no current COVID-19 infection or history of COVID-19, develops MIS, assign codes M35.81, Multisystem inflammatory syndrome, and Z20.822, Contact with and (suspected) exposure to COVID-19.

Additional codes should be assigned for any associated complications of MIS.

21.　Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)
　c.　Categories of Z Codes
　　6)　Observation
There are three observation Z code categories. They are for use in very limited circumstances when a person is being observed for a suspected condition that is ruled out. The observation codes are not for use if an injury or illness or any signs or symptoms related to the suspected condition are present. In such cases the diagnosis/symptom code is used with the corresponding external cause code.

The observation codes are primarily to be used as a principal/first-listed diagnosis. An observation code may be assigned as a secondary diagnosis code when the patient is being observed for a condition that is ruled out and is unrelated to the principal/first-listed diagnosis. (e.g., patient presents for treatment following injuries sustained in a motor vehicle accident and is also observed for suspected COVID-19 infection that is subsequently ruled out). Also, when the principal diagnosis is required to be a code from category Z38, Liveborn infants according to place of birth and type of delivery, then a code from category Z05, Encounter for observation and evaluation of

newborn for suspected diseases and conditions ruled out, is sequenced after the Z38 code.

Additional codes may be used in addition to the observation code, but only if they are unrelated to the suspected condition being observed.

Codes from subcategory Z03.7, Encounter for suspected maternal and fetal conditions ruled out, may either be used as a first-listed or as an additional code assignment depending on the case. They are for use in very limited circumstances on a maternal record when an encounter is for a suspected maternal or fetal condition that is ruled out during that encounter (for example, a maternal or fetal condition may be suspected due to an abnormal test result). These codes should not be used when the condition is confirmed. In those cases, the confirmed condition should be coded. In addition, these codes are not for use if an illness or any signs or symptoms related to the suspected condition or problem are present. In such cases the diagnosis/symptom code is used.

Additional codes may be used in addition to the code from subcategory Z03.7, but only if they are unrelated to the suspected condition being evaluated.

Codes from subcategory Z03.7 may not be used for encounters for antenatal screening of mother. *See Section I.C.21. Screening.*

For encounters for suspected fetal condition that are inconclusive following testing and evaluation, assign the appropriate code from category O35, O36, O40 or O41.

The observation Z code categories:

Z03　Encounter for medical observation for suspected diseases and conditions ruled out

Z04　Encounter for examination and observation for other reasons

　　Except: Z04.9, Encounter for examination and observation for unspecified reason

Z05　Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out