

CHAPTER 22: CODES FOR SPECIAL PURPOSES (U00-U85)

This chapter contains the following blocks:

U00-U49 Provisional assignment of new diseases of uncertain etiology or emergency use

Provisional assignment of new diseases of uncertain etiology or emergency use (U00-U49)

4 U07 Emergency use of U07

SP + U07.0 Vaping-related disorder

Dabbing related lung damage
 Dabbing related lung injury
 E-cigarette, or vaping, product use associated lung injury [EVALI]
 Electronic cigarette related lung damage
 Electronic cigarette related lung injury
 Use additional code to identify manifestations, such as:
 abdominal pain (R10.84)
 acute respiratory distress syndrome (J80)
 diarrhea (R19.7)
 drug-induced interstitial lung disorder (J70.4)
 lipoid pneumonia (J69.1)
 weight loss (R63.4)

GUIDELINES Section I.C.10.e.

For patients presenting with condition(s) related to vaping, assign code U07.0, Vaping-related disorder, as the principal diagnosis. For lung injury due to vaping, assign only code U07.0. Assign additional codes for other manifestations, such as acute respiratory failure (subcategory J96.0-) or pneumonitis (code J68.0).

Associated respiratory signs and symptoms due to vaping, such as cough, shortness of breath, etc., are not coded separately, when a definitive diagnosis has been established. However, it would be appropriate to code separately any gastrointestinal symptoms, such as diarrhea and abdominal pain.

DEFINITION E-cigarette or vaping product use associated lung injury (EVALI) is the lung disease linked to vaping. Symptoms include cough, shortness of breath, acute respiratory distress, chest pain, fever, stomach pain, diarrhea, nausea, vomiting and weight loss. Damaging lung effects can be so severe as to stop the lungs from functioning. It is thought that vitamin E acetate or other harmful chemical byproduct produced by the heated liquid disrupt the lung's surfactant lining or otherwise interferes with the lung's ability to expand. Treatment includes the use of a ventilator or supplemental oxygen depending on illness severity; corticosteroids to reduce inflammation; and antibiotics or antivirals until test results for EVALI are finalized.

SP SL + U07.1 COVID-19

Use additional code to identify pneumonia or other manifestations, such as:
 pneumonia due to COVID-19 (J12.82)

EXCLUDES 2 coronavirus as the cause of diseases classified elsewhere (B97.2-)
 coronavirus infection, unspecified (B34.2)
 pneumonia due to SARS-associated coronavirus (J12.81)

GUIDELINES Section I.C.1.g.1)(c)(i)

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.

GUIDELINES Section I.C.1.g.1)(c)(v)

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

GUIDELINES Section I.C.1.g.1)(d)

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.

GUIDELINES Section I.C.1.g.1)(l)

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.

GUIDELINES Section I.C.1.g.1)(g)

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 someone who has COVID-19, assign Z20.822, Contact with and (suspected) exposure to COVID-19, as an additional code.

GUIDELINES **Section I.C.1.g.1)(a)**
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.

GUIDELINES **Section I.C.1.g.1)(b)**
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.

Section I.C.1.g.1)(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.

CODING TIPS ✓ Possible manifestations of COVID-19 are not assumed related. They must be linked to the COVID-19 by the physician or NPP.

CODING TIPS ✓ If the provider documents suspected, possible or probable COVID-19, do not assign U07.1. U07.1 is assigned when the test results are positive, or documented by the provider. If test results are returned and are negative, the provider should be queried.

CODING TIPS ✓ U07.1 is assigned as a primary code when the COVID-19 infection is the primary focus of care. Follow with the specified manifestations of the COVID-19, i.e., pneumonia. If COVID-19 does not meet the definition of primary, use U07.1 as a secondary diagnosis.

DEFINITION COVID-19, caused by the 2019 novel coronavirus, causes respiratory illness with flu-like symptoms that range from mild to severe illness and death. Symptoms may appear 2-14 days after exposure and include cough, fever, shortness of breath, or difficulty breathing in serious cases. Emergency warning signs for COVID-19 infection that require immediate medical attention include trouble breathing; continual pain or pressure in the chest; a newly altered mental state such as confusion or the inability to be aroused; and a bluish tint to the lips or face. The virus is spread primarily through contact with an infected person by saliva droplets or nasal discharge whenever the person coughs or sneezes.

★ **4** U09 Post COVID-19 condition

★ U09.9 Post COVID-19 condition, unspecified

Note:

This code enables establishment of a link with COVID-19.

This code is not to be used in cases that are still presenting with active COVID-19.

However, an exception is made in cases of re-infection with COVID-19, occurring with a condition related to prior COVID-19.

Post-acute sequela of COVID-19

Code first the specific condition related to COVID-19 if known, such as:

chronic respiratory failure (J96.1-)

loss of smell (R43.8)

loss of taste (R43.8)

multisystem inflammatory syndrome (M35.81)

pulmonary embolism (I26.-)

pulmonary fibrosis (J84.10)

DEFINITION Any long-term physical, cognitive or psychological symptom or illness experienced as a post-acute sequela of a COVID-19 (SARS-CoV-2 virus) infection, generally persisting more than a month after the initial, active COVID-19 diagnosis.

Chapter 22 Scenarios: Codes for special purposes (U00-U85)

Positive COVID-19

A 68-year old female has been referred for home health therapy following hospitalization due to severe weakness with diarrhea and hypertensive urgency, which have now resolved. The discharge summary lists positive test for COVID-19 upon admission and NSTEMI occurring upon admission (now 16 days ago). The patient has a pre-existing diagnosis of hypertension.

Description	Code
Primary: COVID-19	U07.1
Secondary: Non-ST elevation (NSTEMI) myocardial infarction	I21.4
Secondary: Essential (primary) hypertension	I10

Coding guidelines require that when COVID-19 meets the definition of principal diagnosis, U07.1 should be sequenced first, followed by the appropriate codes for associated manifestations. This patient did test positive for COVID-19 and should be coded using U07.1 for this reason. If the documentation is unclear as to whether the COVID-19 is active or resolved, query the physician. This patient experienced weakness, diarrhea, and hypertensive urgency, which are all stated as resolved, so no manifestations remain. The NSTEMI that the patient experienced is within the past 4 weeks and can still be coded as an acute MI. Hypertension should additionally be coded due to its relevance to the current plan of care and impact on the overall prognosis.

Down syndrome, COVID-19, E. coli pneumonia

A 52-year-old man was admitted to home health 3 weeks ago with a diagnosis of COVID-19 positive with associated viral pneumonia, then re-hospitalized when his respiratory condition declined. He is now being resumed at home for care to continue recovery from a new diagnosis of E. coli pneumonia that developed from his already compromised respiratory condition. He continues to take oral antibiotics and will for several weeks. Inpatient medical records from this recent hospitalization report that the patient was re-tested for COVID-19 and was still positive at admission, but negative when re-tested at discharge. He has Down syndrome with severe intellectual disabilities.

Description	Code
Primary: COVID-19	U07.1
Secondary: Pneumonia due to coronavirus disease 2019	J12.82
Secondary: Pneumonia due to Escherichia coli	J15.5
Secondary: Down syndrome, unspecified	Q90.9
Secondary: Severe intellectual disabilities	F72
Secondary: Long term (current) use of antibiotics	Z79.2

This patient tested positive for COVID-19 and was diagnosed with associated viral pneumonia. While he was re-hospitalized and did have one negative test, the patient has been diagnosed with a subsequent bacterial pneumonia due to his respiratory compromise and his diagnosis of COVID-19 is not yet resolved based upon the available medical records and treatment plan. Per updated coding guidelines that took effect 1/1/21, for a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign U07.1 and J12.82. Because the COVID-19 and associated pneumonia has caused the patient's overall respiratory decline, it is coded first, followed by the E. Coli pneumonia.

His Down syndrome will impact his plan of care and is also coded. His severe intellectual disabilities are coded following the Down syndrome code, in accordance with tabular instruction. Since he will be taking antibiotics for several more weeks, the code for long-term antibiotic use is assigned.