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

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★ U07  Emergency use of U07
★ 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)
  - interstitial pneumonia (J69.1)
  - weight loss (R63.4)

★ U07.1  COVID-19
  Use additional code to identify pneumonia or other manifestations

EXCLUDES 1  coronavirus infection, unspecified (B34.2)
  coronavirus as the cause of diseases classified elsewhere (B97.2-)
  pneumonia due to SARS-associated coronavirus (J12.81)

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 Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, 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.
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.

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.

COVID-19, also known as 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.