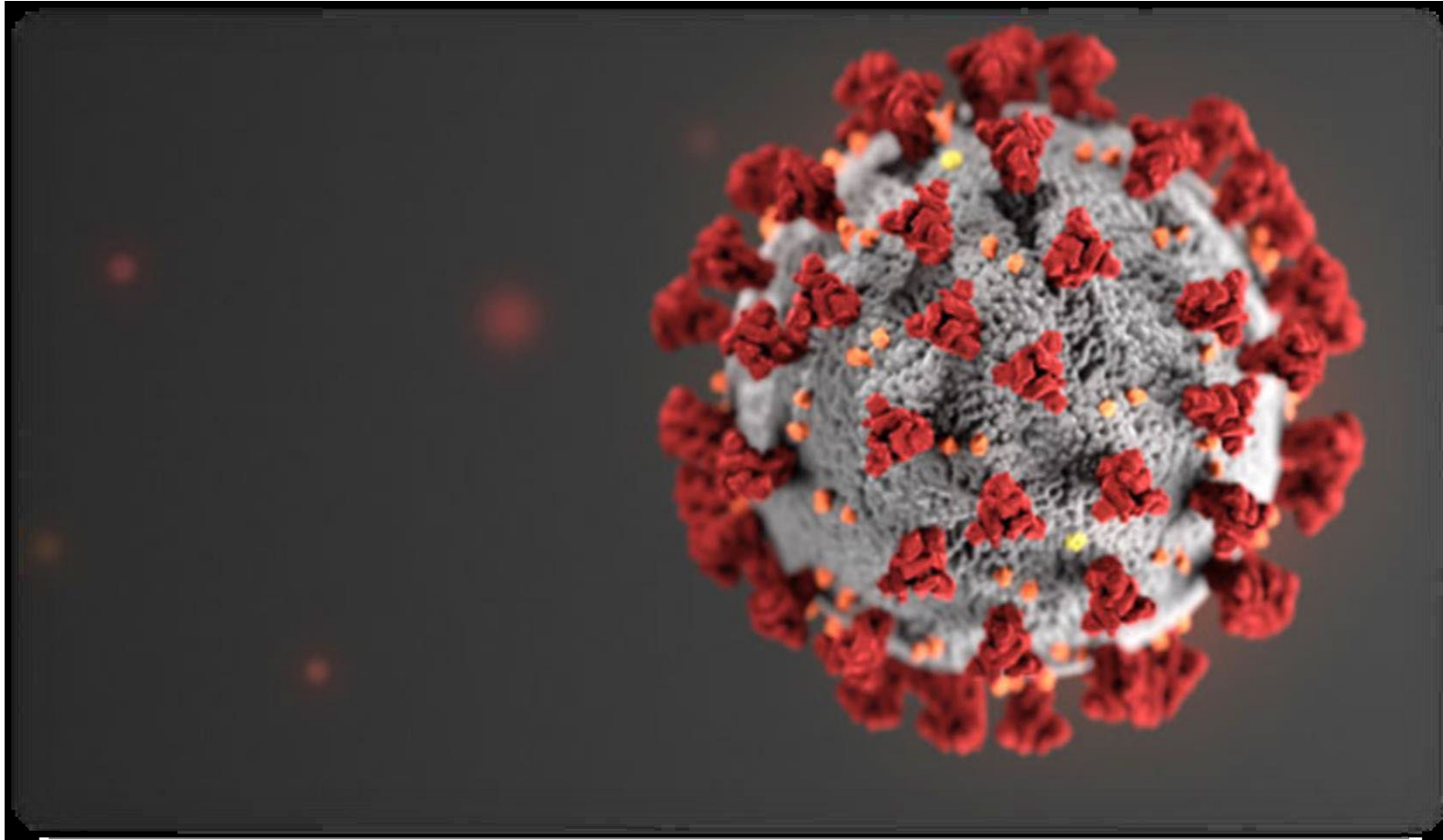


COVID-19

WHAIC Covid-19 preparedness

WHA Information Center and COVID-19

working together for a better tomorrow!



Objectives and Purpose

- Understand Coronavirus definitions and resources available.
- Access state and federal resources in response to– COVID19, including what WHA is doing to assist hospitals in their response efforts.
- Review current coding guidance that WHAIC will use to assess and accurately review data pertaining to COVID-19
- Recognize the need to submit the data timely to allow for WHAIC to frequently assess the status of the virus.

The WHAIC staff are all working remotely and encourage you to continue to feel free to reach out as needed for questions / answers.

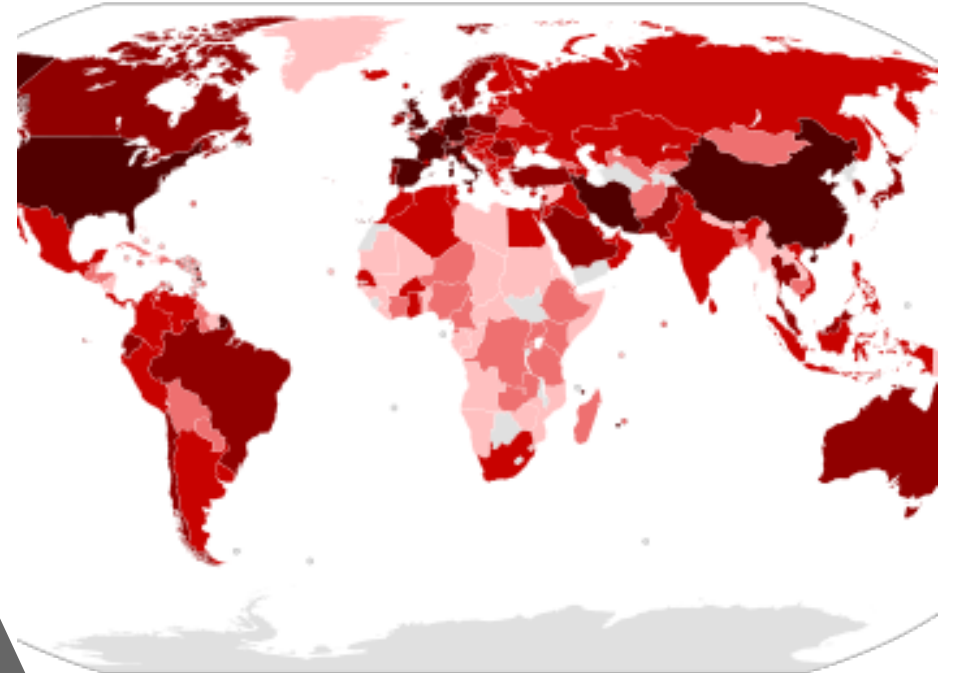
Definitions

What is a pandemic?

- A pandemic is a worldwide spread of a new disease. One which has spread across a wider geographic range than an epidemic, and which has affected a significant portion of the population.

What is an Epidemic?

- An epidemic is an outbreak of disease that spreads quickly and affects many individuals at the same time.





Types of coronavirus

- Coronaviruses are named for the crown-like spikes on their surface. There are four main sub-groupings of coronaviruses, known as alpha, beta, gamma, and delta.
- Coronaviruses are a group of related viruses that cause diseases in mammals and birds.
- **Severe types -MERS-CoV, SARS-CoV, and COVID-19**

Resources and websites



[Wisconsin Hospital Association – Emergency Preparedness](#)

[ForwardHealth News and Resources](#)

[State of Wisconsin Department of Health Services: COVID-19 Updates and Emergency Order](#)

[CMS and CDC](#)

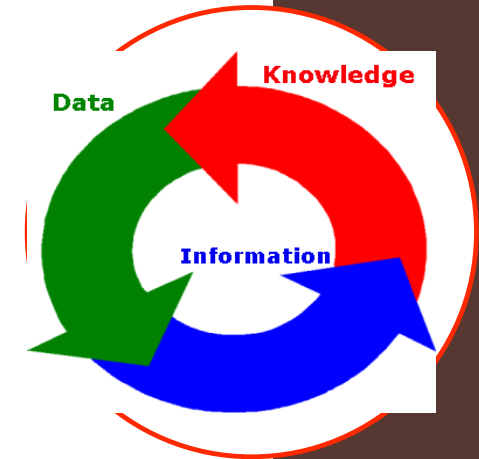
[World Health Organization](#)

CMS NEWS: March 29, 2020

- **Trump Administration Engages America's Hospitals in Unprecedented Data Sharing**
Hospital Data to be Shared with State, Federal Health Agencies
- Today, [3/29/2020]the Centers for Medicare & Medicaid Services (CMS) sent a letter to the nation's hospitals on behalf of Vice President Pence requesting they report data in connection with their efforts to fight the 2019 Novel Coronavirus (COVID-19). Specifically, the Trump Administration is requesting that hospitals report COVID-19 testing data to the U.S. Department of Health and Human Services (HHS), in addition to daily reporting regarding bed capacity and supplies to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. CMS, the federal agency with oversight of America's Medicare-participating health care providers – including hospitals – is helping the Trump Administration obtain this critical information to help identify supply and bed capacity needs, as well as enhance COVID-19 surveillance efforts. Hospitals will report data without personal identifying information to ensure patient privacy.
- <https://www.cms.gov/files/document/32920-hospital-letter-vice-president-pence.pdf>

Importance of data!

- WHAIC uses **discharge data** to tell the story of how your hospitals and ASCs are responding to the virus.
- The discharge data is needed now more than ever to monitor, track and explain the status of your patients exposed to, or diagnosed with the coronavirus.
- The discharge data is used on a national and state level, including WHA, DHS and CMS to **gain knowledge** and target the virus status throughout the state.
- The data is needed sooner rather than later, if you do not currently submit monthly, please consider doing so now.
- Using **information** from the codes provided on the following pages determine the number of patients tested, recovered and/or expired.
- Discharge data submission calendar: [2020 Calendar Dates](#)



Codes Used Prior to 4/1/2020: COVID-19 & ICD-10-CM

Exposure to COVID-19

Possible exposure to COVID-19 but ruled out after evaluation: **Not likely to see much of these because test takes so many days.**

Z03.818 - Encounter for observation -suspected exposure to other biological agents

Actual exposure to someone confirmed to have COVID-19,

Z20.828 - Contact with & (suspected) exposure to other viral communicable diseases

- *Also code reason for encounter i.e. signs and symptoms Fever, Cough, Shortness of Breath*

Pneumonia confirmed as due to (Covid-10)

- J12.89 - Other viral pneumonia **AND**
- B97.29 - Other coronavirus as the cause of diseases classified elsewhere

Acute Bronchitis confirmed due to COVID-19

- J20.8 - Acute bronchitis due to other specified organisms **AND**
- B97.29 - Other coronavirus as the cause of diseases classified elsewhere

Bronchitis not otherwise specified (NOS) due to the COVID-19

- J40 - Bronchitis, not specified as acute or chronic **AND**
- B97.29 -Other coronavirus as the cause of diseases classified elsewhere

Respiratory Infection

Patients with COVID-19 documented as being associated w/a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, assign

- J22 - Unspecified acute lower respiratory infection **AND**
- B97.29 - Other coronavirus as the cause of diseases classified elsewhere

Patients w/COVID-19 documented as being associated w/a respiratory infection, NOS, assign

- J98.8 - Other specified respiratory disorders **AND**
- B97.29 -Other coronavirus

Acute respiratory distress syndrome (ARDS) due to COVID-19

- J80 - Acute respiratory distress syndrome **AND**
- B97.29 - Other coronavirus as the cause of diseases classified elsewhere

COVID-19 and ICD-10-CM Diagnosis coding

- **Effective April 1, 2020, NEW DIAGNOSIS CODE:**

- **U07.1 – COVID-19 [2019-nCoV acute respiratory disease]**

- *Use additional code to identify pneumonia or other manifestation*
- *Not to be used retroactively; patient can be asymptomatic but tests positive.*
- *For uncertain cases of COVID-19 Assign Z20.828*

- **Excludes1 Note:**

- *Coronavirus infection, unspecified site (B34.2)*
- *Coronavirus as the cause of diseases classified to other chapters (B97.2-)*
- *Severe acute respiratory syndrome [SARS], unspecified (J12.81)*

Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition. Or, a diagnosis code of COVID-19 and SARS since the COVID-19 is an acute respiratory disease.

COVID-19 and ICD-10-CM Diagnosis coding

The **WHO** has provided a second code, **U07.2**, for clinical or epidemiological diagnosis of COVID-19 where a laboratory confirmation is inconclusive or not available.

- Because laboratory test results are not typically reported on death certificates in the U.S., NCHS is not planning to implement U07.2 for mortality statistics.

When will it be implemented?

- Immediately.

Will COVID-19 be the underlying cause?

- The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not.

- Source: <https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf>

COVID-19 CPT and HCPCS Testing Codes

WHAIC will query the data for the following COVID-19 **TEST** codes:

AMA – CPT Codes – effective date 3/13/2020

- 87635 – COVID-19 Infectious agent detection DNA or RNA

CMS HCPCS Codes – effective date 2/4/2020

- U0001 – COVID-19 New LAB testing code CMS
- U0002 - COVID-19 non-CDC lab tests for SARS-CoV-2/2019-nCoV (COVID-19)

Medicare Fee-for-Service (FFS) Response to the Public Health Emergency on the (COVID-19)

MLN Matters - COVID-19 Modifiers and Condition Codes

In the wake of the Public Health Emergency, apply the following to claims for which Medicare payment is based on a “formal waiver” including, but not limited to, Section 1135 or Section 1812(f) of the Act:

1. The “DR” (disaster related) **condition code for institutional billing**, i.e., claims submitted using the ASC X12 837 institutional claims format or paper Form CMS-1450.
2. The “CR” (catastrophe/disaster related) **modifier for Part B billing**, *both institutional and non-institutional*, i.e., claims submitted using the ASC X12 837 professional claim format or paper Form CMS-1500 or, for pharmacies, in the NCPDP format.
3. Payors may also require use of **Telehealth Modifier 95** during the COVID response with codes 99421-99423 or G2010 and G2012

For more information: <https://www.cms.gov/files/document/se20011.pdf>

WHAIC will Track ICU and Ventilatory Use

Revenue Codes for ICU patients:

- 0200 Intensive Care
- 0201 Intensive Care – Surgical ICU
- 0202 Intensive Care – Medical
- 0203 Intensive Care – Pediatric
- 0204 Intensive Care – Intermediate Care
- 0205 Intensive Care – Other Intensive Care



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CPT and HCPCS Codes - Ventilator usage

Code

- 94002 – Vent mgmt. init day
- 94003 – Vent mgmt. subsq day
- 94004 – Vent mgmt. nursing fac. p/day
- 94005 – Home Vent mgmt.

Code

- E0450 - VOL CONTROL VENT INVASIV INT
- 4167F – HD BED TILTED 1ST DAY VENT
- 4168F - PT CARE ICU&VENT W/IN 24HRS
- 4169F - NO PT CARE ICU/VENT IN 24HRS

These codes will be used in conjunction with revenue codes in the revenue line item detail to locate ventilated patients in the discharge data.



WHAIC will monitor APR-DRGs

- 130 – Respiratory System Diagnosis w/Ventilator Support 96+ hours
- 133 - Respiratory Failure
- 137 - Major Respiratory Infections and Inflammations

CMS MS-DRG COVID-19 – Effective 4/1/2020

- The Centers for Medicare & Medicaid Services (CMS) has published Medicare Severity Diagnosis Related Group (MS-DRG) information related to COVID-19, effective April 1, 2020. The diagnosis will be a Major Complication Comorbidity (MCC), and grouping will be dependent on the Major Diagnostic Category (MDC).
- This information is found on the Medicare website, under the Acute “Resources” at the Inpatient PPS provider tab, accessible by selecting the MS-DRG Classifications and Software listing.

Source: <https://www.icd10monitor.com/cms-publishes-ms-drg-information-for-covid-19-and-relaxes-other-regulations>

MDC	MDC Title	MS-DRG	General Description
MDC 04	Diseases of Respiratory System	177, 178, 179	Respiratory Infections
MDC 15	Newborns and Other Neonates with Conditions Originating in the Perinatal Period	791, 793	Prematurity
MDC 25	Human Immunodeficiency Virus Infections	974, 975, 976	HIV w/Major Related Conditions



We will get through this together.



News changes daily – use resources to keep informed!

- ICD10 Monitor: <https://www.icd10monitor.com/cms-publishes-ms-drg-information-for-covid-19-and-relaxes-other-regulations>
- AHIMA: <http://ahima.org/COVID19>
- CDC.Gov ICD-10 April 1, 2020 Addenda
<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-April-1-2020-addenda.pdf>
- AAPC: <https://www.aapc.com/blog/49883-coronavirus-what-every-medical-coder-needs-to-know/>
- 3M: <https://www.3mhisinsideangle.com/blog-post/coding-for-covid-19/>
- CMS COVID-19: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>





Thank You!

whainfocenter@wha.org