

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)

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)
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.
AHA: 1Q 2020, 3

U07.1 COVID-19

MCC **HIV**

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)(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: R05.1 (Acute cough) or R05.9 (Cough, unspecified), 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)(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.16.h.

For a newborn that tests positive for COVID-19 and the provider documents the condition was contracted in utero or during the birth process, assign codes P35.8, Other congenital viral diseases, and U07.1, COVID-19.

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)(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)(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 TIP ✓ 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.

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.

AHA: 2Q 2020, 3

AHA: 2Q 2020, 3

AHA: 3Q 2020, 8

AHA: 4Q 2020, 10

AHA: 1Q 2021, 19

AHA: 1Q 2021, 24

CC Ex: See Appendix

● **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)

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

For sequela of COVID-19, or associated symptoms or conditions that develop following a previous COVID-19 infection, assign a code(s) for the specific symptom(s) or condition(s) related to the previous COVID-19 infection, if known, and code U09.9, Post COVID-19 condition, unspecified.

Code U09.9 should not be assigned for manifestations of an active (current) COVID-19 infection.

If a patient has a condition(s) associated with a previous COVID-19 infection and develops a new active (current) COVID-19 infection, code U09.9 may be assigned in conjunction with code U07.1, COVID-19, to identify that the patient also has a condition(s) associated with a previous COVID-19 infection. Code(s) for the specific condition(s) associated with the previous COVID-19 infection and code(s) for manifestation(s) of the new active (current) COVID-19 infection should also be assigned.

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.