

## 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

**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.

**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, 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.