

Quick tips on documentation and coding during the COVID-19 pandemic

We appreciate all your effort and dedication during this challenging time of the COVID-19 pandemic.

This is a reminder to continue to accurately capture the conditions of our patients as this has implications on public health reporting, resource allocation and quality of care.

If you have any questions about documentation and coding, please email Dr. Momen Wahidi: momen.wahidi@duke.edu

1-HCC Coding is active with telehealth visits (telephonic and video):

As you conduct your telehealth visits with your patient and address numerous chronic conditions, please be sure to document and code for these conditions using the HCC Coding tool in Maestro Care (HCC BPA tool) as you would do in a face-to-face encounter with your patients.

2-Documentation and coding for patients with suspected or confirmed COVID-19 infection:

Coding PRIOR to Confirmation of COVID-19 Infection

Scenario	Appropriate Codes
Patients presenting with symptoms with no confirmed COVID-19 infection yet	R05 Cough R06.02 Shortness of breath R50.9 Fever R51 Headache R10.9 Abdominal pain R19.7 Diarrhea
Patients presenting after exposure to someone who is confirmed to have COVID-19	Z20.828 Contact with and (suspected) exposure to other viral communicable diseases

Coding AFTER Confirmation of COVID-19 Infection

Scenario	Appropriate Coding
Patients presenting with symptoms and positive COVID-19 tests	U07.1 Coronavirus
Patients presenting with a clinical picture of acute bronchitis and positive COVID-19 tests	U07.1 Coronavirus J20.8 Acute bronchitis due to other organisms
Patients presenting with a clinical picture of pneumonia and positive COVID-19 tests	U07.1 Coronavirus J12.89 Other viral pneumonia

Patients presenting with respiratory failure, clinical diagnosis of ARDS and positive COVID-19 tests

U07.1 Coronavirus
J96.01 Acute respiratory failure with hypoxia
J12.81 Severe acute respiratory syndrome [SARS], unspecified

Documentation for Inpatient with COVID-19 Infection

- Document how COVID infection is affecting body systems
 - Electrolyte abnormalities
 - Coagulation Defects (thrombocytopenia, coagulopathy, DIC)
 - Type of renal failure (stage, AKI, ATN)
 - Cardiac arrhythmia (with specificity of type of arrhythmia)
 - Type 2 MI
 - Sepsis (indicate if bacterial or viral in nature)
 - Heart failure (acuity and type, cardiogenic shock)
 - Acute liver failure (hepatorenal syndrome)
 - Pneumonia specificity (viral, bacterial or both)
 - Respiratory failure (acute, acute on chronic and type hypercapnic, hypoxic)
 - ARDS (Acute Respiratory Distress Syndrome)
 - Any condition leading to immunocompromised status
 - Encephalopathy (with type metabolic, anoxic, septic)
 - All chronic conditions (HTN, obesity, malignancies, HIV, COPD, pulmonary fibrosis, psychiatric and substance abuse conditions)

We appreciate your partnership and hard work during this challenging time.

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