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1

1

Content:

- Definition of Medical Coding
- Statistical Facts
- Historical Incentive Programs
- Value-Based Healthcare
- Medical Coding
 - ICD-10 Coding
 - CPT Coding

2

2

What is Medical Coding?

^(what) Medical Coding is recognized as one of the core health information management (HIM) functions within healthcare. Medical coding is the translation of the provider's documentation of healthcare diagnosis, procedures, medical services, and equipment into a **universal medical alphanumeric code**.

(U07.1, I10, E11.9, R51)

^(where) The (1)diagnoses and (2)procedure codes are taken from **medical record documentation**, such as transcription of physician's notes, laboratory and radiologic results, etc.

(paper MR, EHR, PHR, EMR)

3

<https://www.aapc.com/medical-coding/medical-coding.aspx>

3

What is Medical Coding?

^(when) **Medical coding** happens every time you see a healthcare provider. The healthcare provider reviews your complaint and medical history, makes an expert assessment of what's wrong and how to treat you, and documents your visit.

^(who) **Coding professionals (coders)** are frequently faced with ethical coding and coding-related challenges due to the complex regulatory requirements affecting the health information coding process (**medical billers?**)

<https://www.aapc.com/medical-coding/medical-coding.aspx>

4

4

What is Medical Coding? (why?) Purpose

*Medical record documentation is not only the patient's ongoing record, it's how the **healthcare provider gets paid**.

.This **common language**, mandated by the Health Information Portability and Accountability Act (HIPAA), allows hospitals, providers, and payers to communicate easily and consistently

***Benchmarking, Reporting, Research, Population Health**-The CDC National Center for Health Statistics (NCHS), the Federal agency responsible for use of the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) in the United States. It has developed a clinical modification of the classification for morbidity purposes. The ICD-10 is used to code and classify mortality data from death certificates, having replaced ICD-9 for this purpose as of January 1, 1999. ICD-10-CM is the replacement for ICD-9-CM, volumes 1 and 2, effective October 1, 2015.

{ 5 }

5

What is Medical Coding?

How?

Common Language = Codes

Medical coding is performed all over the world, with most countries using the International Classification of Diseases (ICD). ICD is maintained by the World Health Organization and modified by each member country to serve its needs. In the United States, there are six official HIPAA-mandated code sets serving different needs.

1. ICD-10-CM (International Classification of Diseases, 10th Edition, Clinically Modified)
2. CPT® (Current Procedure Terminology)
3. ICD-10-PCS (International Classification of Diseases, 10th Edition, Procedural Coding System)
4. HCPCS Level II (Health Care Procedural Coding System, Level II)
CDT® (Code on Dental Procedures and Nomenclature)
NDC (National Drug Codes)
5. Modifiers
6. MS-DRG and APC
MS-DRG (Medical Severity Diagnosis Related Groups)
APC (Ambulatory Payment Categories)

6

Getting Paid- Overall Spending !

U.S. health care spending grew 4.6 percent in 2018, reaching \$3.6 trillion or \$11,172 per person. As a share of the nation's Gross Domestic Product, health spending accounted for **17.7 percent**.



Per person personal health care spending for the 65 and older population was \$19,098 in 2014, over 5 times higher than spending per child (\$3,749) and almost 3 times the spending per working-age person (\$7,153).

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet>

7

Health Spending by Type of Service or Product:

1. **Hospital Care:** Hospital expenditures grew 4.5% to \$1,191.8 billion in 2018, slower than the 4.7% growth in 2017.
2. **Physician and Clinical Services:** Physician and clinical services expenditures grew 4.1% to \$725.6 billion in 2018, a slower growth than the 4.7% in 2017.
3. **Retail Prescription Drugs:** Prescription drug spending increased 2.5% to \$335.0 billion in 2018, faster than the 1.4% growth in 2017.
4. **Out of Pocket:** Out of pocket spending grew 2.8% to \$375.6 billion in 2018, or 10 percent of total NHE. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet>

8

8

Who's Paying?

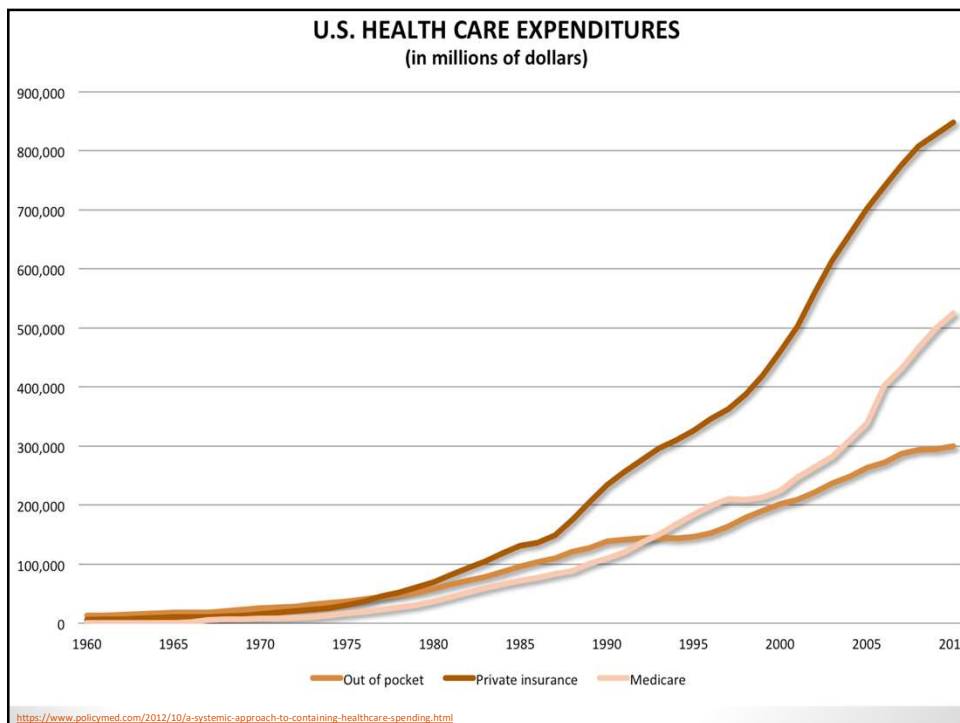
The largest shares of total health spending were sponsored by the federal government (28.3 percent) and the households (28.4 percent). The private business share of health spending accounted for 19.9 percent of total health care spending, state and local governments accounted for 16.5 percent, and other private revenues accounted for 6.9 percent.

- Medicare spending grew 6.4% to \$750.2 billion in 2018, or 21 percent of total NHE.
- Medicaid spending grew 3.0% to \$597.4 billion in 2018, or 16 percent of total NHE.
- Private health insurance spending grew 5.8% to \$1,243.0 billion in 2018, or 34 percent of total NHE

***Under current law, national health spending is projected to grow at an average rate of 5.5 percent per year for 2018-27 and to reach nearly \$6.0 trillion by 2027.

***The Medicare enrollment impacts are the key reason the share of health care spending sponsored by federal, state, and local governments is expected to increase by 2 percentage points over the projection period, reaching 47 percent by 2027.

9



10

↓↓Payment Incentive Programs

1. Reimbursement to healthcare providers for services has evolved. Many of the initial changes were triggered by **HIPAA** legislation. (*The Health Insurance Portability And Accountability Act (HIPAA) was signed into law in the year 1996.*) *HIPAA Title II aims to direct the United States Department Of Human Services and Health in order to standardize the processing of electronic healthcare transactions nation-wide.*
2. **Meaningful Use program** as part of the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act. to encourage health care providers to show "meaningful use" of a certified Electronic Health Record (EHR) (2009)
3. The Physician Quality Reporting System (**PQRS**) is a **health care** quality improvement incentive program. (2010) CMS can determine efficiency (or lack thereof) in terms of procedures provided vs. improvement in health.
4. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is a bipartisan legislation signed into law on April 16, 2015.

{ 11 }

11

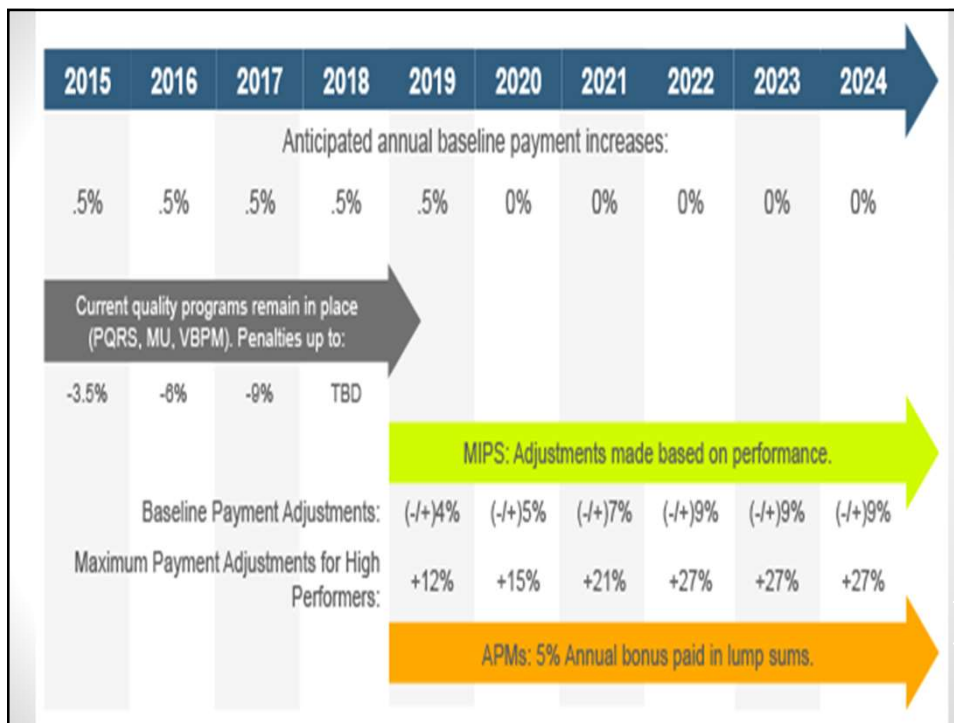
What is MACRA?

- MACRA created the Quality Payment Program that:
 - a. Repeals the Sustainable Growth Rate formula- Congress passed 17 doc fixes between 2003 and 2014
 - b. Changes the way that Medicare rewards clinicians for value over volume
 - c. Streamlines multiple quality programs under the new Merit Based Incentive Payments System (MIPS)
 - d. Gives bonus payments for participation in eligible alternative payment models (APMs)
 - e. MACRA also required us to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019.

=Value-Base Healthcare

{ 12 }

12



13

Sample Case : 1

Scenario Details

Chief Complaint

- Dizziness, weakness, and feeling tired last few days. He reports passing out at school.

History

- 20 year old male college athlete with no prior medical history. On wrestling and cross country running team. Feeling dizzy, lightheaded, weak, and tired for the past two days. Had three several second witnessed syncopal episodes at school yesterday. Went to university clinic and was referred by nurse. Patient states no palpitations, no tachycardia, and no blurred vision noticed prior to each episode .
- Upon questioning, patient admitted he had to lose 11 lbs. to meet wrestling weight requirement. He accomplished this by ingesting carbohydrates, minimal fluids, heavy exercise, and purging.
- No medication or allergies. Denies alcohol, drugs, supplements, or diuretics use.

Exam

- Looks exhausted. No apparent distress. Afebrile.
- Orthostatic VS:
 - Lying BP 116/78 with HR 56,
 - Sitting BP 107/60 with HR 74,
 - Standing BP 92/49 with HR 112

14

14

Exam,cont'd.

- Chest is clear. Heart sounds normal. • EKG shows sinus tachycardia
- Labs significant for creatinine (2.13), BUN (43), glucose (60).
- **Assessment and Plan**
- Orthostatic intolerance. Dizziness, fatigue, and syncope likely secondary to hypotension, dehydration and hypovolemia.
- Provided fluid challenge of 2L IV NS in office today with improved condition post infusion including resolution of orthostasis and tachycardia.
- Ordered nutritional consult for dietary intake requirements, physical activity, and potential bulimia
- Recommended patient have a psychological consult for potential bulimia; stated he would think about it.
- Scheduled a follow-up in 2 weeks to ensure no further symptoms. Return earlier if symptoms persist. No driving until follow up appointment.

[15]

15

ICD-10-CM Diagnosis Codes

R55	Syncope and collapse
R00.0	Tachycardia, unspecified
I95.1	Orthostatic hypotension
E86.0	Dehydration
E86.1	Hypovolemia

[16]

16

Exam, cont'd.

?

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- Labs significant for creatinine (2.13), BUN (43), glucose (60).
- **Assessment and Plan**
- **Orthostatic** intolerance. **Dizziness, fatigue**, and **syncope** likely secondary to **hypotension, dehydration** and **hypovolemia**.
- Provided fluid challenge of 2L IV NS in office today with improved condition post infusion including resolution of **orthostasis** and **tachycardia**.
- Ordered nutritional consult for dietary intake requirements, physical activity, and potential **bulimia**
- Recommended patient have a psychological consult for potential bulimia; stated he would think about it.
- Scheduled a follow-up in 2 weeks to ensure no further symptoms. Return earlier if symptoms persist. No driving until follow up appointment.

{ 17 }

17

Break!

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{ 18 }

18

So....What is Medical Coding?

- ICD-10 codes are alphanumeric codes used by doctors, health insurance companies, and public health agencies across the world to represent diagnoses. Every disease, disorder, injury, infection, and symptom has its own ICD-10 code. ICD-10 codes are used for everything from processing health insurance claims to **tracking disease epidemics and compiling worldwide mortality statistics.**
- **ICD-10** stands for *International Statistical Classification of Diseases and Related Health Problems 10th Revision*. (shorten to *International Classification of Diseases* or ICD).
- It's published, copyrighted, and updated regularly by the World Health Organization (WHO). In June 2018, WHO released ICD-11. It will likely go into effect in 2022.

19

19

- The most commonly used version of ICD codes in the United States right now is ICD-10, the tenth revision.
- CDC's -The National Center for Health Statistics is responsible for ICD-10 use in the United States.
- With the permission of the WHO, the NCHS has developed a modification of ICD-10 used only in the United States.
- This U.S. ICD-10 modification is called ICD-10-CM, with the CM part standing for *clinical modification*.
- In addition to ICD-10-CM used to designate diagnoses, the Centers for Medicare & Medicaid Services developed ICD-10-PCS, a set of codes designating **procedures** used on hospitalized patients.
- ICD-10-PCS is only used in the United States and only used for hospitalized inpatients.
- Procedures performed on outpatients in the U.S. are coded using CPT or HCPCS codes rather than ICD-10-PCS codes.

20

ICD10 Codes -Purpose

1. Validates medical necessity of services based on diagnosis
 - Identifies why patients are being seen*
 - Identifies and quantifies the services you have provided*
2. Permits retrieval of information for users
 - Research and Benchmarking
 - Administrative and funding decisions
 - HEDIS reporting-The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance .
3. Key to Population Health - identify trends - Hierarchical condition category relies on ICD-10 coding to assign risk scores to patients.



21

21

Who can bill (provider) using these codes ?

- Anesthesiology Assistants
- Audiologists
- Certified Nurse-Midwives
- Certified Registered Nurse Anesthetists
- Clinical Nurse Specialists
- Clinical Social Workers
- Mass Immunization Roster Billers, individuals
- Nurse Practitioners
- Occupational/Physical Therapists in private practice
- Physicians (Doctors of Medicine or Osteopathy, Doctors of Dental Medicine; Dental Surgery; Podiatric Medicine; or Optometry)
- Physician Assistants
- Psychologist, Clinical
- Psychologists billing independently
- Registered Dietitians or Nutrition Professionals
- Speech-Language Pathologists
- • Ambulance Service Suppliers
- • Ambulatory Surgical Centers (ASCs)
- • Clinics/Group Practices
- • Hospital Department(s)
- • Independent Clinical Laboratories
- • Independent Diagnostic Testing Facilities (IDTFs)
- • Intensive Cardiac Rehabilitation Suppliers
- • Mammography Centers
- • Mass Immunization Roster Billers, entities
- • Part B Drug Vendor
- • Pharmacy
- • Physical/Occupational Therapy Group in Private Practice
- • Portable X-ray Suppliers
- • Radiation Therapy Centers

22

22

Who is responsible for coding physician services? The medical provider or the coder?

- Legally, when a physician, physician assistant (PA) or nurse practitioner (NP) enroll in a Medicare, Medicaid or commercial insurance, the practitioner signs an agreement attesting that accurate claims will be submitted. **The practitioner is responsible for claims submitted under his/her NPI.**
- CMS's E/M guide says:
 “When billing for a patient’s visit, select codes that best represent the services furnished during the visit. A billing specialist or alternate source may review the provider’s documented services before submitting the claim to a payer. These reviewers may help select codes that best reflect the provider’s furnished services.

23

23

Medical Coding Professionals

Medical coding professionals help ensure the codes are applied correctly during the medical billing process, which includes **abstracting the information from documentation, assigning the appropriate codes**, and creating a claim to be paid by insurance carriers.

- ▶ The keys to coding compliance are:
 - Correct documentation
 - Correct codes
 - Correct guidelines
 - Standardized audit methodology

24

24

Medical coding-Compliance



The National Health Care Anti-Fraud Association (NHCAA) estimates that the financial losses due to health care fraud are in the tens of billions of dollars each year. A conservative estimate is 3% of total health care expenditures, while some government and law enforcement agencies place the loss as high as 10% of our annual health outlay, which could mean more than **\$300 billion**.

25

25

Medical coding

There are six official HIPAA-mandated code sets serving different needs.

- ICD-10-CM (International Classification of Diseases, 10th Edition, Clinically Modified)
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26

26

DIAGNOSIS Codes



ICD-10-CM

The most important benefit to and for the patient...data analysis of the specific ICD10 codes provides not only data about physician, tech, but data about patient conditions/comorbidities – it helps define clinical treatment patterns and practices; that, combined with additional analytics, relates to outcomes.

27

27

Practice: What is the reason for this visit? (abstract)

A 44-year-old man presents to his local urgent care clinic for chest pain radiating up into his neck. He states that the pain started 5 hours ago and is gradually getting worse. The radiating chest pain is aggravated by breathing or swallowing. He denies any trouble breathing, fever, vomiting, cough, or any other complaints.

On physical examination, his vital signs are all normal, and his skin is warm and dry. His head and neck and heart and lung sounds are also normal, as is the rest of the physical exam.

Choose the best ICD 10 code to describe the visit above.

- R07 Pain in throat and chest
- R07.0 Pain in throat
- R07.1 Chest pain on breathing
- R07.2 Precordial pain
- R07.8 Other chest pain
 - R07.81 Pleurodynia
 - R07.82 Intercostal pain
 - R07.89 Other chest pain
- R07.9 Chest pain, unspecified

28

R07 Pain in throat and chest
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 R07.81 Pleurodynia
 R07.82 Intercostal pain
 R07.89 Other chest pain ✓
R07.9 Chest pain, unspecified

{ 29 }

29

The following case -2 highlights the increased specificity required to code for ICD-10-CM:

S: Mrs. Finley presents today after having a new cabinet fall on her last week, suffering a concussion, as well as some cervicgia. She was cooking dinner at the home she shares with her husband. She did not seek treatment at that time. She states that the people that put in the cabinet in her kitchen missed the stud by about two inches. Her husband, who was home with her at the time told her she was "out cold" for about two minutes. The patient continues to have cephalgias since it happened, primarily occipital, extending up into the bilateral occipital and parietal regions. The headaches come on suddenly, last for long periods of time, and occur every day. They are not relieved by Advil. She denies any vision changes, any taste changes, any smell changes. The patient has a marked amount of tenderness across the superior trapezius.

O: Her weight is 188 which is up 5 pounds from last time, blood pressure 144/82, pulse rate 70, respirations are 18. She has full strength in her upper extremities. DTRs in the biceps and triceps are adequate. Grip strength is adequate. Heart rate is regular and lungs are clear.

A: 1. Status post concussion with acute persistent headaches

2.2. Cervicgia

3.3. Cervical somatic dysfunction

P: The plan at this time is to send her for physical therapy, three times a week for four weeks for cervical soft tissue muscle massage, as well as upper dorsal. We'll recheck her in one month, sooner if needed.

30

The following case highlights the increased specificity required to code for ICD-10-CM:

S: Mrs. Finley presents today **after having a new cabinet fall on her last week**, suffering a concussion, as well as some cervicgia. **She was cooking dinner at the home she shares with her husband. She did not seek treatment at that time.** She states that the people that put in the cabinet **in her kitchen** missed the stud by about two inches. **Her husband, who was home with her at the time told her she was "out cold" for about two minutes.** The patient continues to have cephalgias since it happened, primarily occipital, extending up into the bilateral occipital and parietal regions. **The headaches come on suddenly, last for long periods of time, and occur every day. They are not relieved by Advil.** She denies any vision changes, any taste changes, any smell changes. The patient has a marked amount of tenderness across the superior trapezius.

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31

ICD-10-CM Coding:

S06.0x1A	Concussion with loss of consciousness of 30 minutes or less, initial encounter
G44.311	Acute post traumatic headache, intractable
M54.2	Cervicgia
M99.01	Segmental and somatic dysfunction of cervical region
W20.8xxA	Struck by falling object (accidentally), initial encounter
Y93.g3	Activity, cooking and baking
Y92.010	Place of occurrence, house, single family, kitchen

32

PROCEDURES

CPT Codes



. CPT – Current Procedural Terminology –first appeared in 1966-
Currently using 4th edition- (updated every year) –Department of Health
and Human Services.

All financial and administrative health care transactions sent
electronically, CPT code set needs to be used.

33

33

Case Study 3

This is a 40-year-old male with rectal pain, rectal bleeding, and some left-sided lower abdominal pain. The colonoscopy procedure and the risks, not limited to bleeding, perforation, infection, side effects from medication, need for surgery, etc., and were fully explained to the patient. An informed consent was taken.

Instrument Used: CF-Q160.

Sedation: Versed 5 mg IV in incremental doses and Demerol 100 mg IV in incremental doses performed by the anesthesia team.

Extent of Exam: Up to cecum as identified by ileocecal valve and appendiceal orifice.

Length of Scope Insertion: 110 cm.

Postop Diagnoses/Impression:

1. Moderate-sized, internal hemorrhoids.
2. Mild diverticulosis.

Description of Procedure: With the patient being in the left lateral position, first digital examination of the rectum was done, which was unremarkable. Then, the CF-Q160 was passed through the rectum under direct visualization and advanced all the way to cecum. The cecum was identified by ileocecal valve and appendiceal orifice. There were a couple of tics/diverticula seen on the left side of the colon. A careful look was taken while withdrawing the scope. Retroflex view in the rectum showed moderate-sized internal hemorrhoids.

Plan:

1. Anusol-HC suppositories for hemorrhoids.
2. High-fiber diet.
3. If there is no family history, a follow-up colonoscopy in 10 years.

34

1. CPT® Code: 45378- base code for a colonoscopy without biopsy or other interventions. It includes brushings or washings, if performed. If the **procedure** is a screening exam, modifier 33 (preventative service) is appended.

2. ICD-10-CM Codes:

K64.8- other hemorrhoids

K57.30- Diverticulosis of large intestine without perforation or abscess without bleeding.

{ 35 }

35

Medical Terminology

-ectomy	Body part	
Appendectomy		
Cardectomy		
Cholecystectomy		
Colectomy		
Craniectomy		
Encephalectomy		
Gastrectomy		
Glossectomy		
Hepatectomy		
-ectomy	Body part	
Hysterectomy		
Mastectomy		
Nephrectomy		
Oophorectomy		
Orchidectomy		
Pancreatectomy		
Prostatectomy		
Rhinectomy		
Vasectomy		

36

Medical Terminology Answers

-ectomy	Body part	
Appendectomy	Appendix	
Cardiectomy	Cardiac end of the stomach	
Cholecystectomy	Gallbladder	
Colectomy	Colon	
Craniectomy	Cranial bones	
Encephalectomy	Brain	
Gastrectomy	Stomach	
Glossectomy	Tongue	
Hepatectomy	Liver	
-ectomy	Body part	
Hysterectomy	Uterus	
Mastectomy	Breast	
Nephrectomy	Kidney	
Oophorectomy	Ovaries	
Orchidectomy	Testes	
Pancreatectomy	Pancreas	
Prostatectomy	Prostate	
Rhinectomy	Nose	
Vasectomy	Vas deferens	

37

Example : Patient with SOB & cough.
 Procedure: SINGLE VIEW X-RAY (CPT)

What CPT code describes this procedure?

- a. 71045 – Chest X-Ray 1 view
- b. 71046 – Chest X-Ray 2 view
- c. 71030 – Chest X-Ray complete 4 view

What ICD10-cm code describes these symptoms?

- R05 Cough
- R06.02 Shortness of breath
- R06.00 Dyspnea
- R50.9 Fever, unspecified



38

What CPT code describes this procedures?

- a.71045 – Chest X-Ray 1 view ✓
- b.71046– Chest X-Ray 2 view
- c.71030 – Chest X-Ray complete 4 view

What ICD10-cm code describes these symptoms?

- R05 Cough ✓
- R06.02 Shortness of breath ✓
- R06.00 Dyspnea
- R50.9 Fever, unspecified

39

39

Breaking News

New ICD-10-CM code for the 2019 Novel Coronavirus (COVID-19), April 1, 2020 Effective: March 18, 2020
 On March 11, 2020 the Novel Coronavirus Disease, COVID-19, was declared a pandemic by the World Health Organization. On March 13, 2020 a national emergency was declared in the United States concerning the COVID-19 Outbreak. Given these developments, and the urgent need to capture the reporting of this condition in our nation's claims and surveillance data, the Centers for Disease Control (CDC), under the National Emergencies Act Section 201 and 301, is announcing a change in the effective date of new diagnosis code U07.1, COVID-19, from October 1, 2020 to April 1, 2020.

This off-cycle update is unprecedented and is an exception to the code set updating process established under HIPAA.

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40

40

CoronaVirus COVID-19

As of March 20, here is the ICD-10-CM addenda information available on the COVID-19 code:

Chapter 22

Codes for special purposes (U00-U85)

Provisional assignment of new diseases of uncertain etiology or emergency use (U00-U49)

Add Note: Codes U00-U49 are to be used by WHO for the provisional assignment of new diseases of uncertain etiology. U07 Conditions of uncertain etiology

New code U07.1 COVID-19

Add Use additional code to identify pneumonia or other manifestations.

Add Excludes 1: Coronavirus infection, unspecified site (B34.2)

Add Coronavirus as the cause of diseases classified to other chapters (B97.2-) { 41 }

Add Severe acute respiratory syndrome [SARS], unspecified (J12.81)

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41

Coronavirus Coding Cases

ARDS (acute respiratory distress syndrome) due to COVID-19:

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

Pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19):

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

Acute bronchitis confirmed as due to COVID-19-

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

Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using code J40, Bronchitis, not specified as acute or chronic

{ 42 }

42

Coronavirus Coding Cases cont.d

Lower Respiratory Infection

If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS,

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

If the COVID-19 is documented as being associated with a respiratory infection, NOS

- J98.8- Other specified respiratory disorders
- B97.29- Other coronavirus as the cause of diseases classified elsewhere.

{ 43 }

43

• **Thank you!**

• **Questions?**

{ 44 }

44