

Interim ICD-10-CM Coding Guidance: Recommended Coding for COVID-19 and pregnancy

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The purpose of this document is to provide interim diagnosis coding guidance for encounters related to the 2019 novel coronavirus (COVID-19) for maternal-fetal medicine subspecialists. While the CDC has published coding guidance in the general setting (<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>), codes from ICD-10-CM Chapter 15 (Pregnancy, Childbirth, and Puerperium) should be sequenced first before codes from other ICD-10-CM chapters in the setting of pregnancy. The following code combinations are recommended for coding maternal and fetal encounters.

The SMFM has recently released guidance regarding COVID-19 and antenatal surveillance: “Very little is known about the natural history of pregnancy after a patient recovers from COVID-19. Given how little is known about this infection, a detailed mid-trimester anatomy ultrasound examination may be considered following first-trimester maternal infection. For those experiencing illness later in pregnancy, it is reasonable to consider sonographic assessment of fetal growth in the third trimester” (https://s3.amazonaws.com/cdn.smfm.org/media/2262/COVID19_PDF.pdf). We also provide interim coding guidance for these imaging services.

Recommendations for antenatal surveillance and pregnancy management, and hence coding guidance, may change as new clinical information becomes available about COVID-19 and pregnancy.

Maternal Exposure/Symptoms/Confirmed Cases

COVID-19 infections can cause a range of maternal illness, from no symptoms to severe illness and death. For E/M encounters, the following code combinations are recommended.

Exposure

- Exposure to someone confirmed to have COVID-19: O99.89, Z20.828
- Possible exposure to COVID-19, ruled out after evaluation: Z03.818, Z3A._ (0-42 weeks)

Signs and Symptoms without definitive diagnosis

- Use O99.89 + appropriate code for each presenting sign and symptom: R05 Cough, R06.02 Shortness of breath, R50.9 Fever

Confirmed COVID-19 infection

- Confirmed COVID-19 without symptoms: O98.51_, B97.29 (*Last character _ denotes trimester)
- Lower respiratory infection: O99.51_, J22, O98.51_, B97.29
- Acute bronchitis: O99.51_, J20.8, O98.51_, B97.29
- Bronchitis not otherwise specified (as acute or chronic): O99.51_, J40, O98.51_, B97.29
- Viral Pneumonia: O99.51_, J12.89, O98.51_, B97.29
- Respiratory failure with hypoxia: O99.51_, J96.01, O98.51_, B97.29
- ARDS: O99.51_, J80, O98.51_, B97.29
- Respiratory infection, not otherwise specified (other respiratory disorders): O99.51_, J98.8, O98.51_, B97.29

Fetal Ultrasound

To code for fetal ultrasound procedures in cases of confirmed COVID-19 infection as indicated in accordance with current SMFM recommendations, we recommend utilizing the following coding sequence:

- Detailed mid-trimester anatomy ultrasound: 035.3XX#, O98.51_, B97.29
- Third trimester fetal growth ultrasound: O36.59_#, O98.51_, B97.29

Case Examples:

1. 13 weeks, singleton, confirmed COVID-19 infection with pneumonia. Seen for inpatient E/M visit.
Recommended coding: 099.511, J12.89, O98.511, B97.29, Z3A.13
2. Same patient is seen at 20 weeks for detailed ultrasound. Recommended coding: O35.3XX0, O98.512, B97.29, Z3A.20
3. 32 weeks, singleton, confirmed COVID-19 infection with respiratory failure. Seen for inpatient E/M visit.
Recommend coding: O99.513, J96.01, O98.513, B97.29, Z3A.32
4. Same patient is seen for fetal growth ultrasound at 35 weeks. Recommended coding: O36.5930, O98.513, B97.29, Z3A.35

Select Key:

O99.89 Other specified diseases and conditions complicating pregnancy, childbirth, and the puerperium

O99.51 Diseases of the respiratory system complicating pregnancy

O98.51 Other viral disease complicating pregnancy

O35.3 Maternal care for (suspected) damage to fetus from viral disease in mother

O36.59 Maternal care for other known or suspected poor fetal growth

