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October 5, 2020

VIA ELECTRONIC MAIL

Donna Pickett, MPH, RHIA
ICD-10 Coordination and Maintenance Committee
National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

Dear Ms. Pickett:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the proposed ICD-10-CM code modifications presented at the September ICD-10 Coordination and Maintenance (C&M) Committee meeting and being considered for January 2021 implementation.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

COVID-19 Issues

AHIMA supports the creation of unique codes for encounter for screening for COVID-19, contact with and (suspected) exposure to COVID-19, and personal history of COVID-19.

We fully support implementation of these new codes in January 2021. The COVID-19 pandemic has led to an urgent need for specific data concerning COVID-related diagnoses and other circumstances, including reasons for testing and previous history of COVID-19.

The *ICD-10-CM Official Coding Guidelines for Coding and Reporting* for fiscal year 2021 state, "During the COVID-19 pandemic, a screening code is generally not appropriate. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19." These guidelines also state that codes in category Z20, Contact with and (suspected) exposure to communicable diseases, are "for patients who are suspected to have been exposed to a disease by close personal contact with an infected individual or are in an area where a disease is epidemic." Therefore, if a new code for screening for COVID-19 is implemented in January, guidance should be provided to clarify that this code should not be reported until after the pandemic has ended.

As suggested during the C&M meeting, consideration should be given to also creating a code for personal history of multisystem inflammatory syndrome (MIS). Since not everyone who develops MIS has had a confirmed case of COVID-19, a patient with a previous history of MIS should not be coded as having a personal history of COVID-19 unless a history of COVID-19 is specifically documented. The CDC case definition of MIS in children includes laboratory evidence of current or recent SARS-CoV-2 infection **or exposure to a suspected or confirmed COVID-19 case within the 4 weeks prior to the onset of symptoms.**

We do **not** agree with a C&M attendee suggestion to create a unique code in subcategory Z03.81, Encounter for observation for suspected exposure to biological agents ruled out. The title of this subcategory indicates that it is the suspected exposure rather than the disease that has been ruled out, which does not seem applicable to COVID-19.

Multisystem Inflammatory Syndrome (MIS)

We support the creation of a unique code for multisystem inflammatory syndrome and implementation of this code in January 2021.

We recommend that the proposed instructional note to “code also, if applicable, exposure to SARS-CoV-2 infection (Z20.822)” be changed to a “use additional code” note. A “code also” note means that either code may be sequenced first, depending on the circumstances of the admission/encounter. When the patient has a clinical condition, such as MIS, as a result of his exposure to COVID-19, it would not be appropriate to report code Z20.822 as the principal/first-listed diagnosis.

We agree with a C&M attendee suggestion to add an instructional note indicating that an additional code should be used, if applicable, for sequelae of COVID-19 (code B94.8, Sequelae of other specified infectious and parasitic diseases).

We also agree with a suggestion to add “MIS-A” as an inclusion term under the new code.

We do **not** agree with the suggestion to add an instructional note to code also, if applicable, personal history of COVID-19. We believe that if a patient develops MIS following COVID-19, this would be considered a sequelae, not a personal history.

Pneumonia Due to COVID-19

AHIMA supports the creation of a code for pneumonia due to coronavirus disease 2019 and implementation of this code in January 2021.

We recommend that an instructional note be added under this new code indicating that COVID-19 (code U07.1) should be coded first.

We also recommend that the instructional note under code U07.1 indicating the use of an additional code to identify pneumonia or other manifestations be modified to specifically reference the new code for pneumonia due to COVID-19.

Thank you for the opportunity to comment on the proposed COVID-related ICD-10-CM codes being considered for January 2021 implementation. If you have any questions, please contact Sue Bowman, Senior Director of Coding Policy and Compliance, at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,

A handwritten signature in cursive script that reads "Wylecia Wiggs Harris".

Dr. Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer