

CORONAVIRUS DISEASE 2019 (COVID-19)

COVID-19 Coding Guidance



Audience : Coders, Auditors, Patient Financial Services

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We appreciate your support as we work Together to ensure the safety of our patients, and community at large.

March 11, 2020, Novel Coronavirus Disease, COVID-19, was declared a pandemic by the World Health Organization.

March 13, 2020, the Centers for Disease Control (CDC), under the National Emergencies Act Section 201 and 301, announced a change in the **effective date of new diagnosis code U07.1, COVID-19, to April 1, 2020.**

<https://www.cdc.gov/nchs/icd/icd10cm.htm>

The ICD-10-CM Official Guidelines for Coding and Reporting- FY 2021- for health care encounters and deaths related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV can be found at:

<https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2021.pdf>

Review Section I.C.1.g. for Coronavirus infections.

Frequently Asked Questions Regarding ICD-10-CM Coding for COVID-19: AHA Coding Clinic Advisor published a frequently updated document that answers common questions related to coding diagnoses and procedures for COVID-19 cases. Please visit frequently for updated versions:

<https://www.codingclinicadvisor.com/faqs-icd-10-cm-coding-covid-19>

This guidance is intended to be used in conjunction with the current ICD-10-CM classification and the *ICD-10-CM Official Guidelines for Coding and Reporting* (effective October 1, 2020) and will be updated to reflect new clinical information as it becomes available. The ICD-10-CM codes provided in this document are intended to provide information on the coding of encounters related to coronavirus. Other codes for conditions unrelated to coronavirus may be required to fully code and sequence these scenarios in accordance with the *ICD-10-CM Official Guidelines for Coding and Reporting*.

ICD-10-CM Diagnosis Coding:

To correctly apply diagnosis codes, there must be an understanding of the types of COVID-19 tests. Two kinds of tests are available for COVID-19. They are viral tests and antibody tests.

- **Viral test:** Indicate whether the patient currently has and infection with SARS-CoV-2, the virus that causes COVID-19. Molecular and antigen tests are viral tests. These are called diagnostic tests.
- **Antibody test:** Indicates whether the patient previously had an infection with SARS-CoV-2, the virus that causes COVID-19. This type of test is called a serological test.

HHS.gov; Coronavirus – COVID-19 Testing: <https://www.hhs.gov/coronavirus/testing/index.html>

December 2, 2020:**New Diagnosis Code for January 1, 2021:**

With the ongoing and urgent need to capture more information about this condition in our surveillance data and the nation's health care claims, the Centers for Disease Control (CDC), under the National Emergencies Act Section 201 and 301, is announcing further additions to ICD-10-CM Classification related to COVID-19, that will become effective January 1, 2021.

As a result of the ongoing COVID-19 public health emergency, the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC/NCHS) is implementing additional codes into the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting to include:

- Encounter for screening for COVID-19 (Z11.52)
- Contact with and (suspected) exposure to COVID-19 (Z20.822)
- Personal history of COVID-19 (Z86.16)
- Multisystem inflammatory syndrome (MIS) (M35.81)
- Other specified systemic involvement of connective tissue (M35.89)
- Pneumonia due to coronavirus disease 2019 (J12.82)

These new codes will be effective January 1, 2021 to identify conditions resulting from COVID-19. These specific COVID-19 diagnosis codes are intended to replace the non-specific diagnosis codes that were originally available.

September 3, 2021:**New Diagnosis Code for October 1, 2021:**

- **U09.9, Post COVID-19 condition:**

Use code B94.8, Sequelae of other specified infectious and parasitic diseases, for discharges/encounters prior to October 1, 2021, or code U09.9, Post COVID-19 condition, unspecified for discharges/encounter on or after October 1, 2021.

April 1, 2022:**New Diagnosis Codes for April 1, 2022:**

- Z28.310 – Unvaccinated for COVID-19
- Z28.311 – Partially vaccinated for COVID-19
- Z28.39 – Other under-immunization status

The original code, Z28.3, Underimmunization status was expanded to include two codes specific to unvaccinated and partially vaccinated for COVID-19 diagnosis codes.

The third code, Z28.39 – Other under-immunization status, will be used to represent all other under immunization status that is not related to COVID-19 immunizations.

These new diagnosis status codes may be used for discharges/encounters on or after April 1, 2022.

Confirmed Coronavirus Disease:

For confirmed cases on or after April 1, 2020 assign ICD-10-CM diagnosis code **U07.1, COVID-19**. This code is intended to be sequenced first followed by codes for associated manifestations, except in obstetric cases, when COVID-19 meets the definition of principal diagnosis. If COVID-19 develops after admission, code U07.1 should be used as a secondary diagnosis.

Exposure to COVID-19: For asymptomatic individuals where there is a concern about an ***actual or possible exposure*** to COVID-19, but the test is negative and COVID-19 is ruled out after evaluation, it would be appropriate to assign the code **Z20.828, Contact with and (suspected) exposure to other viral communicable diseases**. *To be replaced with Z20.822, Contact with and (suspected) exposure to COVID-19, as of January 1, 2021.* If COVID-19 is confirmed, assign code U07.1 instead of code Z20.828 (Z20.822).

Suspected, Possible, Probable: If the provider documents “suspected”, “possible” or “probable” COVID-19, and test results are negative, do not assign code U07.1. **Assign a code(s) explaining the reason for encounter**, along with code **Z20.828, Contact with and (suspected) exposure to other viral communicable diseases**. *To be replaced with Z20.822, Contact with and (suspected) exposure to COVID-19, as of January 1, 2021.* If COVID-19 is confirmed, assign code U07.1 instead of code Z20.828 (Z20.822).

Signs and symptoms: For patients presenting with any signs/symptoms (such as fever, cough or shortness of breath) and where a definitive diagnosis of COVID-19 is ruled out based on negative test results, assign the appropriate code(s) for each of the presenting signs and symptoms and the code **Z20.828, Contact with and (suspected) exposure to other viral communicable diseases**. *To be replaced with Z20.822, Contact with and (suspected) exposure to COVID-19, as of January 1, 2021.* If COVID-19 is confirmed, assign code U07.1 instead of code Z20.828 (Z20.822).

A patient infected with COVID-19 may vary from being asymptomatic to having a range of symptoms and severity. Signs and symptoms associated with COVID-19 may be coded separately, *unless the signs or symptoms are routinely associated with a manifestation*. For example, a cough is a symptom of a manifestation of pneumonia due to COVID-19 and you would not code the symptom of cough. Coding the additional symptoms is meant to provide additional information.

Encounter for Screening: During the COVID-19 pandemic, a screening code is generally not appropriate. For an encounter for COVID-19 testing being performed as part of preoperative testing, assign code Z01.812, Encounter for preprocedural laboratory examination, as the first-listed diagnosis and assign code Z20.828 as an additional diagnosis. *To be replaced with Z20.822, Contact with and (suspected) exposure to COVID-19, as of January 1, 2021.*

Encounter for screening for COVID-19 (Z11.52) new code as of January 1, 2021, is intended for screening after pandemic status. Use Z20.822 for COVID19 screening until pandemic is declared resolved.

Testing for Screening for Travel (Trinity Health Ministry (HM) Colleagues): Health Ministries may require a COVID-19 test for colleague travel purposes. A physician order for a COVID screening test may be required and should clearly state that testing is being performed for travel screening purposes. COVID-19 testing for travel purposes is not covered by insurance, so patients must be registered as a self-pay to ensure we appropriately assign liability. Patient Access will collect the self-pay payment at the time of service. Because this type of testing is on a cash basis and registered as a self-pay, the accounts would not need to be coded by HIM. Refer to HM specific processes.

False positive screening for COVID-19:

A patient recently discharged had subsequently tested positive for COVID-19 via rapid antigen test. The patient was readmitted and given two repeat tests using COVID PCR which were negative. The provider documented that the patient had a false positive test that did not represent a true COVID-19 infection. This case should not be coded with U07.1, COVID-19 due to the provider clarification of the COVID-19 test as being a false positive. Query the provider if clarification is necessary.

Previous COVID-19, with follow up exam: Assign codes Z09, Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, and Z86.19, Personal history of other infectious and parasitic diseases. *To be replaced with Z86.16, Personal history of COVID-19, as of January 1, 2021.*

Antibody Testing: For an encounter for antibody testing when the patient has recovered from COVID-19, assign Z01.84, Encounter for antibody response examination.

Linking Test Results: The provider does not need to link the test results to the respiratory condition, if the test results are positive and the test result is in the medical record, and COVID-19 can be coded as confirmed. Cases are being reviewed to determine the results of the COVID-19 test, before completion of coding the record.

Inpatient Circumstances of Admission: When there are multiple conditions present with COVID-19 sequencing of the codes depends on the circumstances of admission and whether the conditions are related. Codes for signs and symptoms may be reported in addition to a related definitive diagnosis when the sign or symptom is not routinely associated with that diagnosis.

Sepsis and COVID-19 Guidelines: Whether or not sepsis or COVID-19 is assigned as the principal diagnosis depends on the circumstances of admission, and whether sepsis meets the definition of principal diagnosis. If a patient is admitted

with pneumonia due to COVID-19 that progresses to sepsis, **U07.1, COVID-19** would be the principal diagnosis code. If the patient is admitted with sepsis due to COVID-19 pneumonia, and sepsis meets the definition of principal diagnosis, the sepsis should be coded as the principal diagnosis, followed by the code for COVID-19.

Provider has documented COVID-19 and test results are negative: For correct coding when the provider has documented COVID-19 and test results come back negative, the provider should be queried and given the opportunity to reconsider the diagnosis based on the new information. If the provider documented disagreement with the test results, the coder must code COVID-19 based on the provider's documentation.

Post COVID-19 Organizing Pneumonia:

A patient who tested negative several times returns with symptoms of possible pneumonia. A COVID-19 test is performed and is still negative, but a COVID-19 antibody test was positive. The provider's diagnosis is 'post COVID-19 organizing pneumonia'. In this case, the pneumonia is considered due to a previous COVID-19 infection. Assign J84.89, Other specified interstitial pulmonary diseases, followed by code B94.8, Sequelae of other specified infectious and parasitic diseases, as a secondary diagnosis for the sequelae of a COVID-19 infection for discharges/encounters prior to October 1, 2021, or code U09.9, Post COVID-19 condition, unspecified for discharges/encounters on or after October 1, 2021.

Neonates / Newborns: If it is the birth episode of care and the newborn tests positive for COVID-19 and provider documents the condition as contracted in utero or during the birth process, assign the appropriate code from category Z38 as the principal diagnosis. Also assign codes P35.8, Other congenital viral diseases, and U07.1, COVID-19. If a neonate or newborn tests positive for COVID-19 and it is not the birth episode of care, but a subsequent episode, assign code U07.1, COVID-19, and the appropriate codes for associated manifestation(s).

Sequela of previous COVID-19 Infection: If the patient has a history of resolved COVID-19 and is being admitted due to sequela, and the patient no longer has COVID-19, code the sequela conditions as the reason for the admission followed by code B94.8, Sequelae of other specified infectious and parasitic diseases, as a secondary diagnosis.

New Code for October 1, 2021: U09.9, Post COVID-19 condition: for a patient that has any type of sequela of COVID-19, and is not currently diagnosed with active COVID-19 infection, but returns due to a complication of COVID-19: Use code B94.8, Sequelae of other specified infectious and parasitic diseases, for discharges/encounters prior to October 1, 2021, or code U09.9, Post COVID-19 condition, unspecified for discharged/encounter on or after October 1, 2021.

A patient that is no longer infectious with COVID-19 that is being transferred to a **long term care hospital (LTCH)** with acute on chronic or chronic respiratory failure for tracheostomy and vent weaning, should be assigned the appropriate respiratory failure code followed by the code B94.8, Sequelae of other specified infectious and parasitic diseases, or code U09.9, Post COVID-19 condition, unspecified for discharged/encounter on or after October 1, 2021.

A patient that is no longer infectious with COVID-19 that is being transferred to a **rehab facility** for deconditioning or generalized debility due to prolonged hospitalization for COVID-19 which has now resolved, should be assigned codes for the specific symptoms (such as generalized weakness, debility, etc.). Code also Z86.16 for Personal history of COVID-19. **Do Not** assign B94.8, Sequelae of other specified infectious and parasitic diseases, for discharges/encounters or code U09.9, Post COVID-19 condition, unspecified, as the debility is due to the prolonged hospitalization rather than being a sequela of COVID-19 infection.

Post COVID-19 Syndrome: If a patient presents with symptoms such as generalized weakness and lack of appetite, and the provider documents a diagnosis of "post COVID-19 syndrome" codes are based on date of code release.

- **Discharges prior to October 1, 2021:** Assign codes for the specific symptoms and Z86.16 for Personal history of COVID-19.
- **Discharges after October 1, 2021:** Assign codes for the weakness, anorexia and code U09.9, Post COVID-19 condition, unspecified, for the diagnosis of post COVID-19 syndrome. This is supported by the instructional note to code first the specific condition related to COVID-19, if known.

Documentation of COVID-19 "likely reflective of old noninfectious virus":

A patient arrives with a condition unrelated to COVID-19, but has a positive COVID-19 test, and the physician documents COVID-19 "likely reflective of old noninfectious virus". While the patient had a positive COVID-19 test, the provider documented that the patient was not actively infectious during this admission. When the provider documents "noninfectious" or "not infectious" this indicates that the patient no longer has an active COVID-19 infection. Do not code U07.1, COVID-19, when the physician has clarified that the infection is no longer active. Assign codes for the reason for

admission, along with Z86.16, Personal history of COVID-19. If documentation is unclear, query the provider for clarification.

Documentation of COVID-19 reinfection:

A patient presents with respiratory manifestations but had resolved COVID-19 many months prior to admission. A repeat COVID-19 test comes back as positive, but provider documentation indicates that the patient's status is "history of COVID-19 currently testing positive for COVID". The provider does not consider the patient to be currently infectious with COVID-19 or a "reinfection". Although the patient is still testing positive, the provider indicates the condition is not current or a 'reinfection', so it would be appropriate to code the conditions for the admission, along with Z86.16, Personal history of COVID-19.

Manifestations of COVID-19: If a patient is readmitted with manifestations of COVID-19 and the infection and manifestations are still considered active due to the COVID-19, code U07.1, COVID-19 and the resulting manifestations.

If a patient has completed treatment for COVID-19 and been discharged, but is readmitted, with COVID-19 pneumonia, the patient is still considered to have active "acute" manifestations of COVID-19. Physician Documentation might indicate that COVID-19 tests are currently negative, but there is the presence of "Pneumonia due to COVID-19 virus". Code U07.1 should be coded as the principal diagnosis, with the J12.82, Pneumonia due to coronavirus disease 2019, as a secondary diagnosis. U07.1, COVID-19 would be listed as the principal diagnosis, regardless of whether the patient's most recent COVID-19 test is positive or negative.

For 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.

Pneumonia:

U07.1, COVID-19, and J12.89, Other viral pneumonia (to be replaced with J12.82, Pneumonia due to coronavirus disease 2019 as of January 1, 2021.)

Bronchitis:

U07.1, and J20.8, Acute bronchitis due to other specified organisms. U07.1 and J40, Bronchitis, not specified as acute or chronic.

Lower respiratory infection NOS

U07.1 and J22, Unspecified acute lower respiratory infection.

Acute respiratory infection NOS

U07.1 and J22, Unspecified acute lower respiratory infection.

Respiratory infection NOS

U07.1 and J98.8, Other specified respiratory disorders.

Acute respiratory distress syndrome

U07.1 and J80, Acute respiratory distress syndrome.

Acute respiratory failure

U07.1 and J96.0-, Acute respiratory failure.

Multisystem Inflammatory Syndrome in Children (MIS-C): For cases of a current COVID-19 infection, assign code U07.1, COVID-19, as the principal diagnosis, and code M35.8, Other specified systemic involvement of connective tissue, as a secondary diagnosis, (M35.81, Multisystem inflammatory syndrome (MIS), as of January 1, 2021) for MIS-C due to COVID-19. For resolved COVID-19 infection where MIS-C is a later manifestation, code M35.8, Other specified systemic involvement of connective tissue, as the principal diagnosis, for the MIS-C, (M35.81, Multisystem inflammatory syndrome (MIS), as of January 1, 2021) and code B94.8, Sequelae of other specified infectious and parasitic diseases, as a secondary diagnosis for the sequelae of a COVID-19 infection for discharges/encounters prior to October 1, 2021, or code U09.9, Post COVID-19 condition, unspecified for discharges/encounters on or after October 1, 2021.

COVID-19 Vaccine Administration: For accounts where the visit is only for COVID-19 vaccination, Code Z23, Encounter for immunization as the primary diagnosis. If vaccination is completed on a visit for another reason, Code Z23, Encounter for immunization as a secondary diagnosis code.

A patient that has been vaccinated, and tests positive for COVID-19:

A patient is seen for a condition unrelated to COVID-19 but was tested upon admission for COVID-19. Although the patient was fully vaccinated, the physician documented that the patient was COVID-19 positive and was put into isolation.

Codes for the condition that occasioned the admission and code U07.1, COVID-19 should be assigned based on the provider's documentation that COVID-19 was detected. It is possible for COVID-19 infection to occur in a vaccinated patient.

"Under immunization status":

A patient is admitted for respiratory symptoms and tested for COVID-19, which is positive. The provider documents "unvaccinated" or "not immunized" for COVID-19. Do not report code Z28.3, Underimmunization status for this purpose.

There is currently no ICD-10-CM code to identify lack of COVID-19 immunization. (Prior to April 1, 2022) Do not accept an autosuggested code in 3M for Z28.3, Underimmunization, for a COVID-19 case.

New Diagnosis Codes for use on or after April 1, 2022:

- Z28.310 – Unvaccinated for COVID-19
- Z28.311 – Partially vaccinated for COVID-19
- Z28.39 – Other under-immunization status

Official Coding Guidelines updated: Section I.C.1.g.1.n Underimmunization for COVID-19

Status Code Z28.310, Unvaccinated for COVID-19, may be assigned when the patient has not received at least one dose of any COVID-19 vaccine.

Code Z28.311, Partially vaccinated for COVID-19, may be assigned when the patient has received at least one dose of a multi-dose COVID-19 vaccine regimen, but has not received the full set of doses necessary to meet the Centers for Disease Control and Prevention (CDC) definition of "fully vaccinated" in place at the time of the encounter.

3M Autosuggested codes may be accepted based on provider documentation in the medical record.

Adverse Effects and Reactions to Vaccine:

Normal or expected **side effects** of the COVID-19 vaccination should be coded for patients when they are seeking medical care for the side effects. It would be appropriate to report codes for side effects when the patient requires additional treatment or medical care, such as monitoring or treatment for the side effects. Assign the nature of the effect (e.g. fever) followed by code T50.B95A, Adverse effect of other viral vaccines, initial encounter.

If patient presents with symptoms and physician documentation indicates **allergic reaction** to COVID-19 vaccine, assign codes for T78.49XA, Other allergy, initial encounter, along with the codes indicating the allergic symptoms. Do not use code T80.62XA, Other serum reaction due to vaccination, initial encounter, as the COVID-19 vaccine is not serum based.

If patient presents complaining of symptoms following administration of COVID-19 vaccine, and provider has documented "**adverse effect** of COVID-19 vaccine", the codes assigned should be for the presenting symptoms, and the code T50.B95A, Adverse effect of other viral vaccines, initial encounter.

If a patient is brought to the ED with hives, swelling, severe breathing problems following administration of the COVID-19 vaccine, and physician has documented **anaphylactic reaction** to COVID-19 vaccine, assign code T80.52XA, Anaphylactic reaction due to vaccination, initial encounter. Do not use code T80.62XA, Other serum reaction due to vaccination, initial encounter, as the COVID-19 vaccine is not serum based.

ICD-10-PCS Procedure Coding:

Procedure Codes for Therapeutic Substances: In response to the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) implemented 12 new ICD-10-PCS procedure codes to describe the introduction or infusion of therapeutics for the treatment of COVID-19, effective with discharges on or after August 1, 2020.

- These ICD-10-PCS procedure codes do not impact the DRG or affect reimbursement but must be coded when applicable, as they will be useful in evaluating the effectiveness of different therapeutic substances used to treat COVID-19 and for tracking patient outcomes.

- Coding of these new technology codes **would not** be appropriate for when the drugs were used for clinical conditions other than COVID-19.
- If multiple administrations of a single type of drug, code the administration only once. Code each type once, if more than one type of drug was administered.

Dexamethasone administration: It is recommended to code ICD-10-PCS codes for the administration of Dexamethasone, either IV or oral routes, when used for treatment of COVID-19 on **Inpatient** cases. This is due to the possible need for tracking of types of COVID treatments.

If dexamethasone is administered via peripheral IV, code:

- 3E0333Z, Introduction of Anti-inflammatory into Peripheral Vein, Percutaneous Approach

If dexamethasone is administered via central IV, code:

- 3E0433Z, Introduction of Anti-inflammatory into Central Vein, Percutaneous Approach

If dexamethasone is administered orally, code:

- 3E0DX3Z, Introduction of Anti-inflammatory into Mouth and Pharynx, External Approach

Code	Definition
XW013F5	Introduction of Other New Technology Therapeutic Substance into Subcutaneous Tissue, Percutaneous Approach, New Technology Group 5
XW033E5	Introduction of Remdesivir Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5
XW033F5	Introduction of Other New Technology Therapeutic Substance into Peripheral Vein, Percutaneous Approach, New Technology Group 5
XW033G5	Introduction of Sarilumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5
XW033H5	Introduction of Tocilizumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5
XW043E5	Introduction of Remdesivir Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5
XW043F5	Introduction of Other New Technology Therapeutic Substance into Central Vein, Percutaneous Approach, New Technology Group 5
XW043G5	Introduction of Sarilumab into Central Vein, Percutaneous Approach, New Technology Group 5
XW043H5	Introduction of Tocilizumab into Central Vein, Percutaneous Approach, New Technology Group 5
XW0DXF5	Introduction of Other New Technology Therapeutic Substance into Mouth and Pharynx, External Approach, New Technology Group 5
XW13325	Transfusion of Convalescent Plasma (Nonautologous) into Peripheral Vein, Percutaneous Approach, New Technology Group 5
XW14325	Transfusion of Convalescent Plasma (Nonautologous) into Central Vein, Percutaneous Approach, New Technology Group 5

The Code Tables, Index and related Addenda files for the 12 new procedure codes are available at: <https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS>

New ICD-10-PCS Procedure Codes: Effective January 1, 2021:

Twenty-one new procedure codes to describe the introduction or infusion of therapeutics, including monoclonal antibodies and vaccines for COVID-19 treatment.

The new procedure codes and descriptions are listed in the following table:

Procedure Code	Description
XW013H6	Introduction of other new technology monoclonal antibody into subcutaneous tissue, percutaneous approach, new technology group 6
XW013K6	Introduction of leronlimab monoclonal antibody into subcutaneous tissue, percutaneous approach, new technology group 6
XW013S6	Introduction of COVID-19 vaccine dose 1 into subcutaneous tissue, percutaneous approach, new technology group 6
XW013T6	Introduction of COVID-19 vaccine dose 2 into subcutaneous tissue, percutaneous approach, new technology group 6
XW013U6	Introduction of COVID-19 vaccine into subcutaneous tissue, percutaneous approach, new technology group 6
XW023S6	Introduction of COVID-19 vaccine dose 1 into muscle, percutaneous approach, new technology group 6
XW023T6	Introduction of COVID-19 vaccine dose 2 into muscle, percutaneous approach, new technology group 6
XW023U6	Introduction of COVID-19 vaccine into muscle, percutaneous approach, new technology group 6
XW033E6	Introduction of etesevimab monoclonal antibody into peripheral vein, percutaneous approach, new technology group 6
XW033F6	Introduction of bamlanivimab monoclonal antibody into peripheral vein, percutaneous approach, new technology group 6
XW033G6	Introduction of REGN-COV2 monoclonal antibody into peripheral vein, percutaneous approach, new technology group 6
XW033H6	Introduction of other new technology monoclonal antibody into peripheral vein, percutaneous approach, new technology group 6
XW033L6	Introduction of CD24Fc immunomodulator into peripheral vein, percutaneous approach, new technology group 6
XW043E6	Introduction of etesevimab monoclonal antibody into central vein, percutaneous approach, new technology group 6
XW043F6	Introduction of bamlanivimab monoclonal antibody into central vein, percutaneous approach, new technology group 6
XW043G6	Introduction of REGN-COV2 monoclonal antibody into central vein, percutaneous approach, new technology group 6
XW043H6	Introduction of other new technology monoclonal antibody into central vein, percutaneous approach, new technology group 6
XW043L6	Introduction of CD24Fc immunomodulator into central vein, percutaneous approach, new technology group 6
XW0DXM6	Introduction of baricitinib into mouth and pharynx, external approach, new technology group 6
XW0G7M6	Introduction of baricitinib into upper GI, via natural or artificial opening, new technology group 6
XW0H7M6	Introduction of baricitinib into lower GI, via natural or artificial opening, new technology group 6

New ICD-10-PCS Procedure Codes: Effective April 1, 2022:

These new technology COVID-19 procedure codes are used to describe the administration of vaccines, specifically, vaccine dose 3 or boosters, introduction of therapeutics, including monoclonal antibodies for COVID-19 treatment.

The new procedure codes and descriptions are listed in the following table:

Procedure Code	Description
XW013V7	Introduction of COVID-19 vaccine dose 3 into subcutaneous tissue, percutaneous approach, new technology group 7
XW013W7	Introduction of COVID-19 vaccine booster into subcutaneous tissue, percutaneous approach, new technology group 7
XW023V7	Introduction of COVID-19 vaccine dose 3 into muscle, percutaneous approach, new technology group 7
XW023W7	Introduction of COVID-19 vaccine booster into muscle, percutaneous approach, new technology group 7
XW0DXR7	Introduction of fostamatinib into mouth and pharynx, external approach, new technology group 7
XW0G7R7	Introduction of fostamatinib into upper GI, via natural or artificial opening, new technology group 7
XW0H7R7	Introduction of fostamatinib into lower GI, via natural or artificial opening, new technology group 7
Procedure Code	Description
XW023X7	Introduction of tixagevimab and cilgavimab monoclonal antibody into muscle, percutaneous approach, new technology group 7
XW023Y7	Introduction of other new technology monoclonal antibody into muscle, percutaneous approach, new technology group 7

ICD-10 MS-DRGs Grouping:

The ICD-10 MS-DRG Grouper assigns each case into an MS-DRG based on the reported diagnosis and procedure codes and demographic information (age, sex, and discharge status). Assignment of ICD-10-CM diagnosis code U07.1, COVID-19, is as follows:

Diagnosis Code	Description	CC	MDC	MS-DRG
U07.1	COVID-19	MCC	04	177,178,179
			15	791,793
			25	974,975,976

The ICD-10 MS-DRG V37.1 R1 Grouper Software, Definitions Manual Table of Contents and the Definitions of Medicare Code Edits V37.1 R1 manual will be available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/MS-DRG-Classifications-and-Software.html>