

CDI Tip of the Week

Documentation Tips for COVID-19

1. Coders are entitled to not pick up the code for COVID-19 if you don't include the "-19." This indicates a coronavirus disease which was first discovered in 2019. There is another code for other types of coronaviruses, and there may be future zoonoses. This may not be the last COVID. → Document "**COVID-19**"
2. COVID-19 is an **exception to the uncertain diagnosis rule** (e.g., probable, possible, suspected, rule out). For most diagnoses other than HIV, Zika, novel influenzas, and COVID-19, an uncertain diagnosis at the time of discharge or demise gets coded as being a definitive diagnosis.
3. You must demonstrate a positive SARS-CoV-2 test in the medical record from the encounter or 14 days prior for the government to grant the 20% increase in reimbursement for treating a COVID-19 patient. Import test results into the record.
4. You *are* still allowed to make a diagnosis of COVID-19 based on clinical judgment. Document it that way: **COVID-19 based on clinical judgment**. However, keep in mind: No test, no 20%.
5. Try to **package signs and symptoms into a clinical manifestation**, e.g., viral pneumonia, acute bronchitis, viral enteritis. Link uncommon, unusual, or non-respiratory conditions with the COVID-19 (e.g., "*multiple pulmonary emboli due to hypercoagulable state from COVID-19,*" loss of taste or smell).
6. **Document comorbidities**. Epidemiologists have work for the rest of their lives. Give them robust data to analyze.

Questions? Contact your CDIS