COSMOS
Navigate the Compliance Universe

Report on Medicare Compliance Volume 30, Number 33. September 20, 2021
Long-Haul COVID-19 Gets Its Own Code; COVID-19 Audit Risks: 20% Bonus, Split Billing

By Nina Youngstrom

The first diagnosis code for patients with long-haul COVID-19 (U09.9) debuts Oct. 1, when the annual ICD-10-CM update takes effect. That level of specificity is helpful for hospitals, but it's another reminder of the unrelenting coding and billing changes surrounding the pandemic, including testing, treatment and vaccines, and the impact that will have as they brace for audits related to COVID-19.

"It's not just that we are moving forward with new codes. Don't overlook the fact that retrospective audits are going to be able to go back to the onset of COVID," said Susan Gatehouse, CEO of Axea Solutions, at a Sept. 14 webinar sponsored by RACmonitor.com.[1] Risk areas include the 20% additional payment for inpatients with COVID-19, diagnosis codes on COVID-19 test orders, split billing for the vaccines, the CS modifier, and billing the Health Resources and Services Administration (HRSA) for the uninsured. Overlaying all of them is the peril of billing errors when different rules apply depending on the date of service, she said.

In terms of long-haul COVID-19, hospitals usually don't report U07.1 (COVID-19) as the principal diagnosis because it's meant for patients with active COVID-19 infections, said Roger Hettinger, senior advisor of Axea Solutions, who also spoke at the webinar. Instead, when patients have long-haul COVID-19, hospitals assign a sequela code, which captures the residual effects of an acute illness or injury. Specifically, Hettinger said coders have been using diagnosis code B94.8 (sequelae of other specified infectious and parasitic diseases), "but that's not specific to COVID." Starting Oct. 1, coders will have U09.9 (post-COVID condition, unspecified) at their disposal. "It was created to correct the situation," Hettinger said. He recommends physician education "in linking a condition to a COVID sequela. Otherwise, there will be an influx of potential queries."