



PHIRI

Population Health Information
Research Infrastructure

46th Rapid Exchange Forum

DIAGNOSIS CODING

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DGS desde
1899
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“Diagnosis coding captures a patient's state of illness and disease during outpatient care and at the time of inpatient admission. This important information communicates the patient's health to other healthcare providers, specialists, insurance payers, and data registries.”

The diagnosis code supports the medical necessity for the service and tells the payer why the service was performed

- population data



Diagnosis coding for COVID-19 is complicated, in part because the World Health Organization (WHO) created two different diagnosis codes for COVID-19:

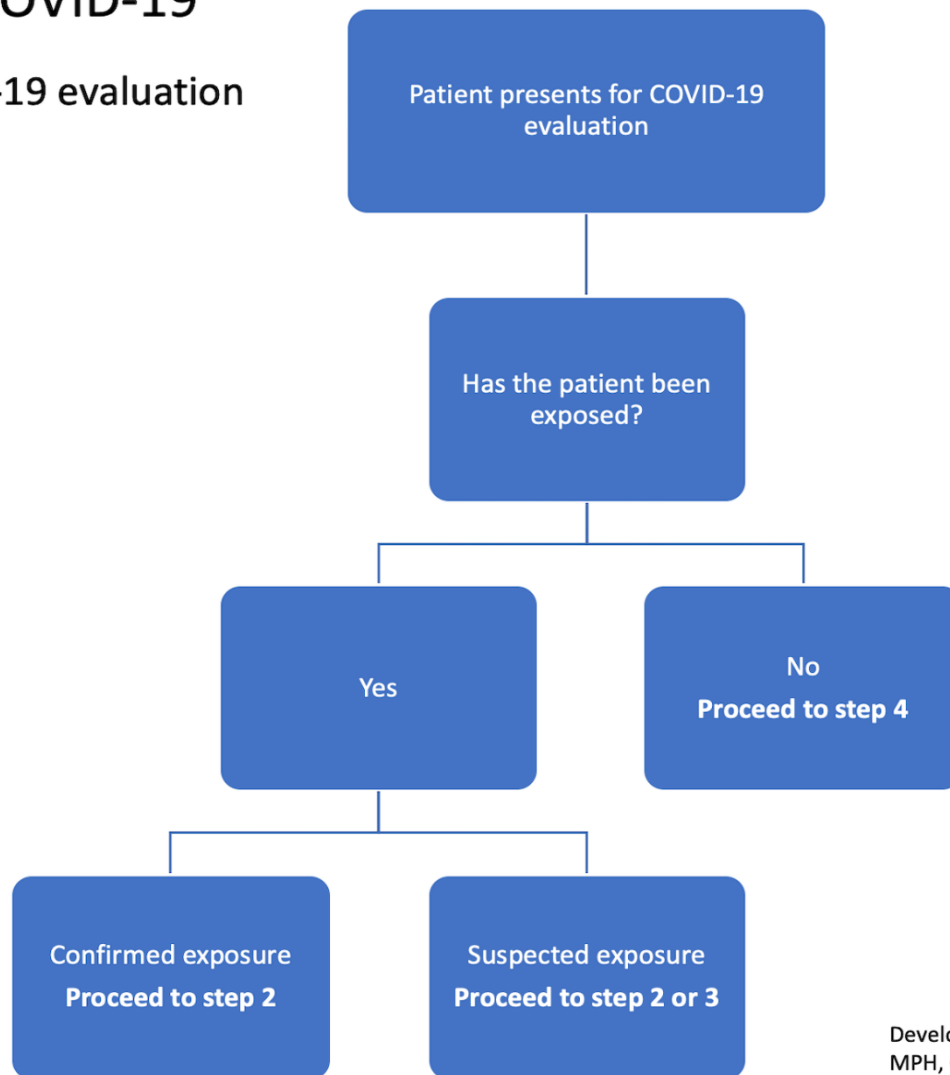
- U07.1 – COVID-19, virus identified (lab confirmed),
- U07.2 – COVID-19, virus not identified (clinically diagnosed).

https://www.aafp.org/pubs/fpm/blogs/inpractice/entry/covid_diagnosis_flowcharts.html

Diagnosis Coding for COVID-19

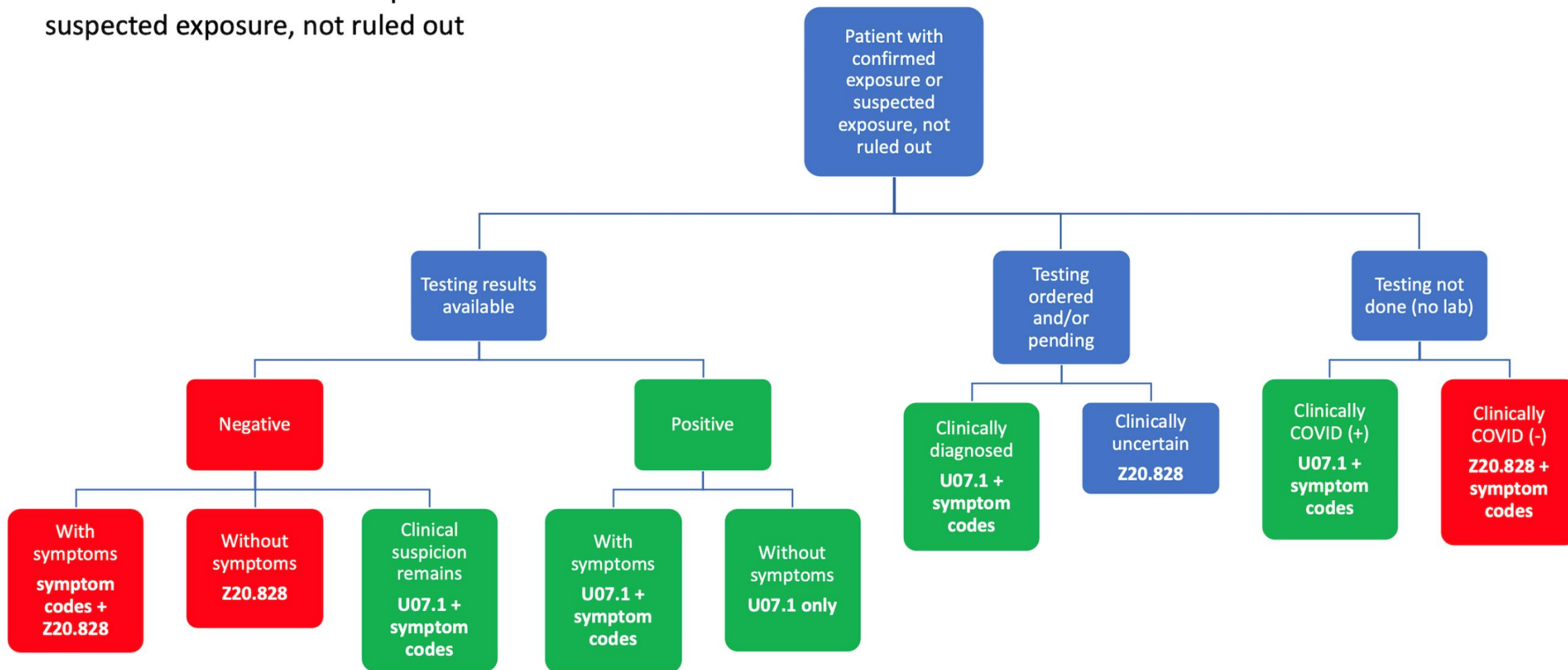
(applicable to services on or after 04/01/20)

1. Patient presents for COVID-19 evaluation



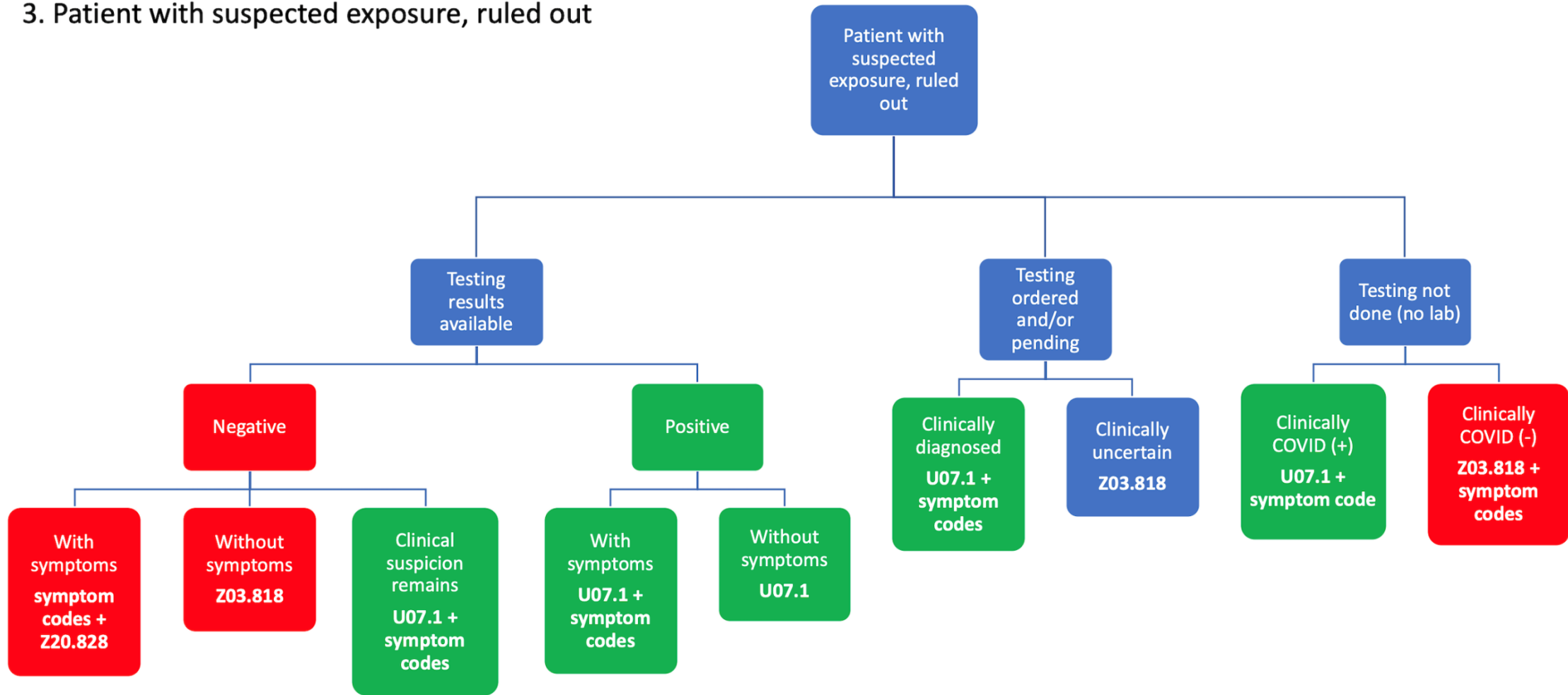
Developed by Sunita Varghees, MD, PhD, and Vinita Magoon, DO, JD, MBA, MPH, CMQ, Baylor Scott & White Health, Temple, Texas

2. Patient with confirmed exposure or suspected exposure, not ruled out



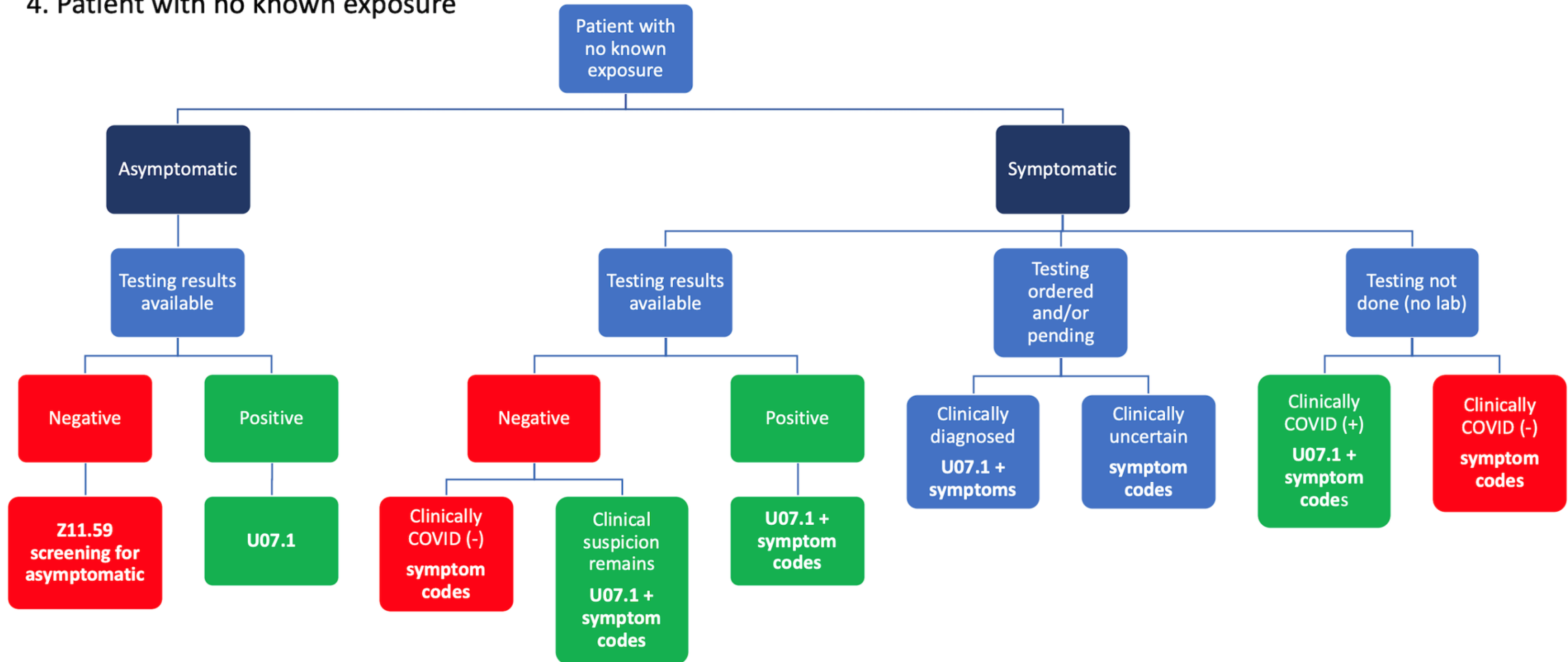
Developed by Sunita Varghees, MD, PhD, and Vinita Magoon, DO, JD, MBA, MPH, CMQ, Baylor Scott & White Health, Temple, Texas

3. Patient with suspected exposure, ruled out



Developed by Sunita Varghees, MD, PhD, and Vinita Magoon, DO, JD, MBA, MPH, CMQ, Baylor Scott & White Health, Temple, Texas

4. Patient with no known exposure



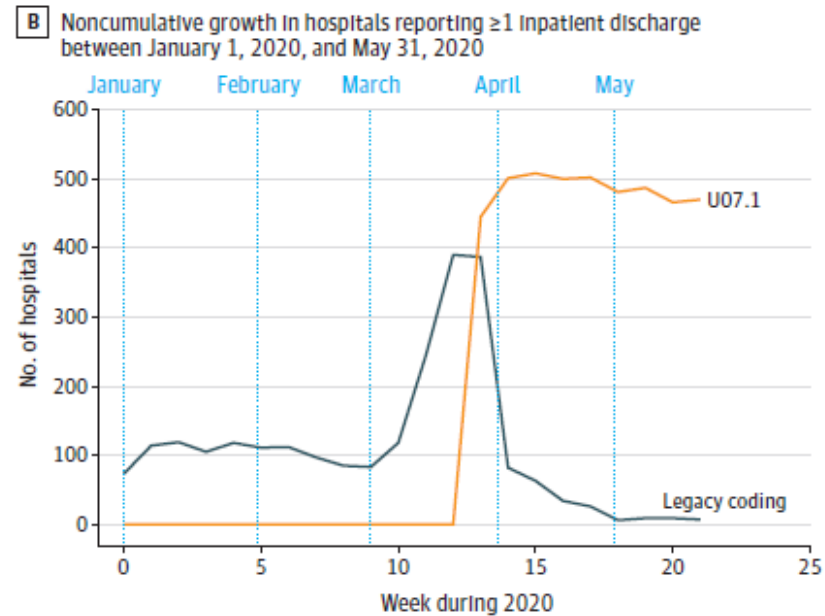
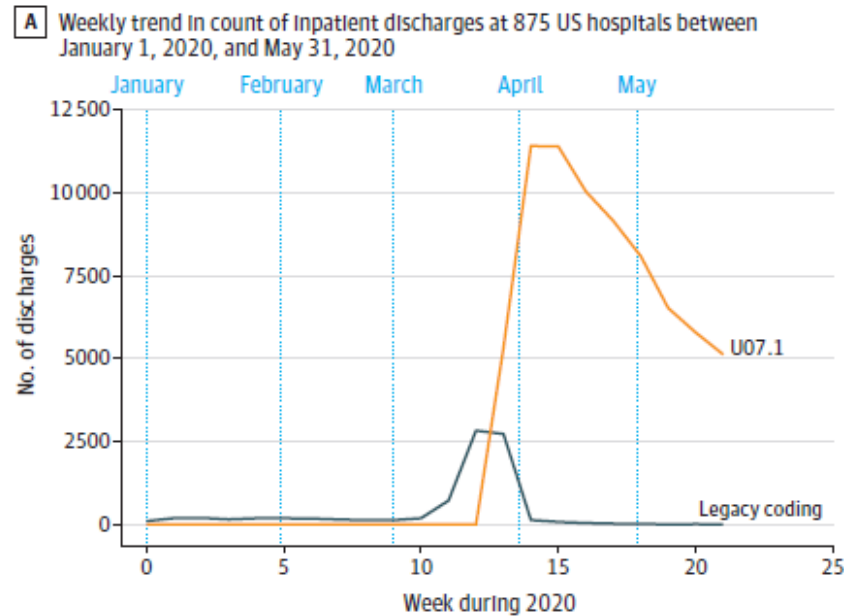
- U07.1, COVID-19
- Z20.828, Contact with and (suspected) exposure to other viral communicable diseases
- Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out
- Z11.59, Encounter for screening for other viral diseases

Developed by Sunita Varghees, MD, PhD, and Vinita Magoon, DO, JD, MBA, MPH, CMQ, Baylor Scott & White Health, Temple, Texas

JAMA RESEARCH LETTER 2020

Uptake and Accuracy of the Diagnosis Code for COVID-19 Among US Hospitalizations

Figure. Transition From Legacy Coding at US Hospitals and Uptake of the COVID-19-Specific Diagnosis Code



Legacy coding is for a clinical syndrome plus "other coronavirus as the cause of diseases classified elsewhere" (*International Statistical Classification of Diseases, Tenth Revision, Clinical Modification* [ICD-10-CM] code B97.29) and is







shown in blue. Coronavirus disease 2019 (COVID-19)-specific coding (ICD-10-CM code U07.1) is shown in orange.

Our results support the use of code U07.1 to identify hospitalized COVID-19 patients in U.S. claims data.

BRIEF REPORT

WILEY

Validation of diagnosis codes to identify hospitalized COVID-19 patients in health care claims data

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Abstract

Purpose: Health plan claims may provide complete longitudinal data for timely, real-world population-level COVID-19 assessment. However, these data often lack laboratory results, the standard for COVID-19 diagnosis.

Methods: We assessed the validity of ICD-10-CM diagnosis codes for identifying patients hospitalized with COVID-19 in U.S. claims databases, compared to linked laboratory results, among six Food and Drug Administration Sentinel System data partners (two large national insurers, four integrated delivery systems) from February 20–October 17, 2020. We identified patients hospitalized with COVID-19 according to five ICD-10-CM diagnosis code-based algorithms, which included combinations of