April 23, 2020

VIA ELECTRONIC MAIL

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
PO Box 8011
Baltimore, Maryland 21244-1850

RE: Patient-Driven Payment Model (PDPM) Methodology and ICD-10-CM Coding for Known and Suspected Exposure to COVID-19

Dear Administrator Verma:

The American Health Information Management Association (AHIMA) respectfully submits the following recommendations regarding the addition of ICD-10-CM codes for suspected COVID-19 in the Patient-Driven Payment Model (PDPM) methodology.

AHIMA is a global nonprofit association of health information management (HIM) 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 HIM 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.

The PDPM payment methodology has not been updated to include the appropriate ICD-10-CM codes for suspected COVID-19 cases. Effective April 1, 2020, CMS updated the PDPM payment methodology to include the new ICD-10-CM code for COVID-19 (code U07.1). However, per the Official ICD-10-CM Guidelines for Coding and Reporting, code U07.1 can only be assigned for confirmed, not suspected, cases.

For suspected cases of COVID-19, either code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out, or Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, would be assigned. Code Z03.818 would be assigned when there is a concern about a possible exposure to COVID-19 in an asymptomatic patient, but this is ruled out after evaluation. Code Z20.828 would be assigned when there is an actual or suspected exposure to COVID-19 in a symptomatic patient and the test results are negative, inconclusive, or unknown. Code Z20.828 would also be assigned for asymptomatic patients with a possible
exposure to COVID-19, where COVID-19 has not been ruled out because the test results are either inconclusive or unknown.

AHIMA respectfully requests that the PDPM payment methodology be updated to include the appropriate ICD-10-CM codes for suspected cases of COVID-19 (ICD-10-CM codes Z03.818 and Z20.828).

Thank you for your consideration of our comments. If you have any questions, please feel free to contact Sue Bowman, AHIMA’s senior director of coding policy and compliance, at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,

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