NUBC Guidance: Claims for COVID 19 Treatment

Usage of the "DR" condition code:

Without codes to specifically indicate COVID-19 (including those cases for which services were provided but the patient ultimately tested negative), the ability of payers to trigger special handling of institutional claims for COVID-19 related services has been significantly limited.

NUBC Recommendation: In order to ensure appropriate flagging of COVID-19 related care, institutional claims for COVID-19 diagnosis or treatment should include:

1. The "DR" condition code, which is used to identify claims that are or may be impacted by specific policies related to a national or regional disaster/emergency.
2. One of the following diagnosis codes, as included in the interim ICD-10-CM Official Guidelines for Coding and Reporting (for more information, see https://www.cdc.gov/nchs/icd/icd10cm.htm):
     - B97.29 (Other coronavirus as the cause of diseases classified elsewhere) for services provided before April 1, 2020
     - U07.1 (COVID-19) for services provided on or after April 1, 2020
     - Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out)
     - Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases)
3. An appropriate service date. The "DR" condition code should be utilized for COVID-19 related care occurring since January 27th, the date that the Department of Health and Human Services declared the COVID- 19 crisis as a federal public health emergency (January 27th, 2020)

Utilization of Hospital Outpatient Bill Type for COVID Testing Locations:

In order to meet patient needs, many hospitals and health systems have moved testing locations from hospitals to off-campus facilities (e.g. parking lots, parks, football stadiums). In such cases, the NUBC recommends usage of the Hospital Outpatient Type of Bill (013x), the main hospital address and National Provider Identifier (NPI). When paired with the DR condition code (as directed above), the claim will help payers correctly apply site of service restrictions/edits