AMA
AMERICAN MEDICAL ASSOCIATION

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Robert R. Redfield, MD
Director
Centers for Disease Control and Prevention
395 E Street, SW
Washington, DC 20024

Dear Director Redfield:

The American Medical Association (AMA) has become aware of confusion among some physicians and other health care providers on the use of the World Health Organization's (WHO) newly activated International Classification of Diseases, Tenth Revision (ICD-10) code U07.2 for the 2019 novel coronavirus disease (COVID-19). While official coding guidelines from the Centers for Disease Control and Prevention (CDC) explain the proper use of the United States International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes, we have concerns that the current coding schema is insufficient to fully identify all patients who have become ill from COVID-19.

The WHO has activated the following two new diagnosis ICD-10 codes for COVID-19:

- U07.1 COVID-19, virus identified
- U07.2 COVID-19, virus not identified

    - Clinically-epidemiologically diagnosed COVID-19
    - Probable COVID-19
    - Suspected COVID-19

ICD-10 is used in the U.S. for mortality (cause of death) reporting and vital statistics, while ICD-10-CM is used in patient care settings for morbidity (diagnosis code) reporting.

The CDC's National Center for Health Statistics (NCHS) approved the use of code U07.1 in ICD-10-CM effective April 1, 2020. This code is for all COVID-19 cases confirmed through documentation by a physician, a positive test result, or a presumptive positive test result. In contrast, the WHO's code U07.2 has not been adopted for use in ICD-10-CM; CDC guidelines state that for patients with suspected, possible, probable, or inconclusive COVID-19 to code the reason for the encounter, including symptoms, or Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

As claims, including SARS-CoV-2 tests, have started arriving in large volumes to payers, we have been notified by at least one large commercial health insurer that claims utilizing U07.2 have substantially outpaced that of U07.1. Furthermore, we have confirmed that it is not based on a regional anomaly, but widespread across the United States. While we are unaware of the source of this confusion, the activation of U07.1 received a highly significant amount of attention in the press when it was released; and a simple

internet search for diagnosis coding for COVID-19 provides WHO information on the availability of both U07.1 and U07.2, as the ICD-10 code version. Coding guidelines specify to use the diagnosis code with the highest degree of specificity for a given condition; as such, we question whether the providers submitting the code U07.2 are doing so because they are unaware of the CDC guidance on the correct coding and use of ICD-10 versus ICD-10-CM, or more likely, that they find the current ICD-10-CM coding to be insufficient for specifically identifying the patient's suspected COVID-19 diagnosis that lacks a positive test result; the code descriptor for U07.2 is specific to the COVID-19 virus, while Z20.828 is not specific.

While testing has increased over the past few weeks, access is still an issue. Therefore, we believe many COVID-19 patients do not have the necessary test results to support the use of code U07.1. The absence of a definitive COVID-19 diagnosis will impact patients' ability to qualify for cost-sharing waivers newly enacted by health plans and state and federal mandates. Employer-sponsored paid sick leave for COVID-19 illnesses will also be negatively impacted. Thorough data analysis and understanding of the COVID-19 pandemic will also be hampered by the confusion in coding suspected cases. These issues underline the need for a comprehensive set of reporting mechanisms, of which code U07.2 is essential.

Given these concerns, the AMA requests that code U07.2 be approved for use in the U.S. ICD-10-CM as a valid diagnosis for patients with suspected COVID-19. The approval of the code should be retroactive for encounters on and after April 1, 2020.

We appreciate your support in providing all necessary tools to fully capture the scope of the COVID-19 pandemic. If you have any questions regarding this letter, please contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,

James L. Madara, MD