



SBAR: COVID-19 Provider Hospital Inpatient Documentation

REQUEST: Providers requesting education about documentation for COVID

S Situation	- On March 11, 2020 the Novel Coronavirus Disease, COVID-19, was declared a pandemic by the WHO. - There is an urgent need to capture the reporting of this condition.
B Background	- Effective April 1, 2020, new diagnosis code U07.1 available to capture COVID-19 condition. - Code U07.1 cannot be assigned on cases discharged prior to April 1, 2020.
A Assessment	Provider inpatient documentation demonstrates many variations that will not allow for appropriate code assignment based on guidance to link diagnostic terms and clarify nonspecific documentation. Examples Nonspecific and Unlinked Diagnostic Terms - Pneumonia likely due to COVID 1. Pneumonia 2. COVID positive - Despite negative infection, COVID infection is very likely, CAP - Presumed COVID Pneumonia - Suspected COVID Viral Pneumonia - Patient son is positive for COVID, but there is no documentation that states patient was exposed to son
R Recommendation	To ensure accurate reflection of acuity and reimbursement: - Providers must document the link between COVID and the underlying condition or symptoms if definitive condition has not manifested - Providers must document treatment or supportive care for COVID positive patients that are asymptomatic - COVID code assignment cannot occur when documented as possible, probable, likely, suspected or similar adjective when diagnosing COVID - Providers must clearly document present on admission status Examples of Confirmed and Linked Diagnostic Terms - Covid19 Pneumonia - Acute Respiratory Failure due to COVID-19 - SARS-ConV-2 Acute Bronchitis Pneumonitis due to COVID - SARS-CONV (COVID19) Sepsis - Known exposure to COVID - Acute Respiratory Failure secondary to COVID-19 Query will be sent to support accurate COVID documentation based on above recommendation.