

Health Information Exchange Guidance for the COVID-19 Pandemic

Missouri's Health Information Networks (HIN) have been working closely with the State of Missouri and key partners to enhance health information exchange in Missouri. This group, called the HIN Workgroup, includes Missouri Health Connection (MHC), the Lewis and Clark Health Information Exchange (LACIE), the Show-Me Information Network of Missouri (SHINE), and the Tiger Institute.

The HIN Workgroup has come together to provide unified guidance for HIN participants statewide specifically for the unprecedented COVID-19 pandemic. Likewise, the Workgroup understands that HINs should be committed, now more than ever, to operate at peak performance and minimize scheduled downtimes during the pandemic. The State of Missouri understands the value of health information exchange and encourages all providers to ensure they are fully participating with a HIN.

The HIN Workgroup maintains that accurate clinical information and coding of COVID-19 is essential. As a health care provider participant in a HIN, you are in a unique position to contribute to Missouri's understanding of the pandemic. By ensuring all relevant information is entered for each patient, the information can then be used in aggregated form by decision-makers and public health officials to guide response, target resources, and effectively communicate with the public.

The following recommendations are designed to enhance the quality of data entered into each potentially impacted patient's record. At this time, DHSS and DSS strongly encourage all health care providers to ensure they are entering in as much clinical information into their electronic health record systems as possible and contributing as much information to the HINs as possible. Please see the specific recommendations below for health care providers participating with a HIN. Some general tips:

- Please do not filter out deceased patients when sharing clinical data with your HIN.
- Let your HIN know if you are actively testing for COVID-19 and what laboratories or facilities you are working with on testing.
- As soon as possible, send lab results from your laboratory feed through an ORU or MDM type transaction, if capable.

Documentation of Critical Health Information in Electronic Health Record Systems

Including thorough information about each of the following categories is critical:

- Demographics
- Diagnosis
- Problems
- Demographics
- Vital signs
- Smoking history
- Laboratory orders and results (see below for more information)

Admission, Discharge, Transfer (ADT) Messages

Providing complete information in Admission, Discharge, Transfer (ADT) messages is imperative to increase the opportunity for meaningful real-time alerting and patient monitoring. Please see our ADT technical specifications and work to meet these requirements as soon as possible with your HIN.

<https://dss.mo.gov/mhd/hie-onboarding/files/RecommendedADTSpecifications.pdf>. Please ensure the patient death indicator and deceased date and time are included in your ADT interface to the HIN as they may be extremely important.

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Coding Resources (Note: please check resources periodically as the COVID-19 situation changes).

- CDC ICD-10-CM Resource Website - <https://www.cdc.gov/nchs/icd/icd10cm.htm>
- Interim Coding Advice PDF - <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>
- <https://www.healthit.gov/isa/covid-19>
- B97.29, COVID-19 (use additional code to identify pneumonia and other manifestations)
- Z03.818, Possible Exposure
- Z20.828, Actual Exposure
- Avoid use of B34.2, Coronavirus infection unspecified
- COVID-19 Code Info for April 1 - <https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf>
- U07.1, COVID-19
- Use additional code to identify pneumonia or other manifestations
- Excludes1: Coronavirus infection, unspecified site (B34.2)
- Coronavirus as the cause of diseases classified to other chapters (B97.2-)
- Severe acute respiratory syndrome [SARS], unspecified (J12.81)
- Lab Testing CPT Code Info - <https://journal.ahima.org/new-cpt-code-announced-to-report-novel-coronavirus-test/>
- CDC developed tests HCPCS (U0001)
- Labs using non-CDC tests HCPCS (U0002)