

Independent Hospital Pricing Authority

COVID-19 Response

Rules for coding and reporting
COVID-19 episodes of care

Version 2.0
10 March 2021



IHPA

COVID-19 Response – Rules for coding and reporting COVID-19 episodes of care – Version 2.0 – 10 March 2021

Version History:

- Version 2.0 published 10 March 2021. Incorporating new class *10.21 COVID-19 vaccination* and related counting rules.
- Version 1.1 published 1 May 2020. Added references to frequently asked questions, updated web links (including How to classify COVID-19) and addressed typographical changes.
- Version 1.0 published 1 April 2020.

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1. Background

Coronavirus disease (COVID-19) is caused by a new (or 'novel') strain of coronavirus not previously identified in humans before the outbreak in Wuhan, Hubei Province, China.

In March 2020, the Australian Government activated the *Emergency Response Plan for Communicable Disease Incidents of National Significance* and the *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*.

On 13 March 2020, the Commonwealth and all state and territory governments signed the *National Partnership on COVID-19 Response*, in order to provide financial assistance for the additional costs incurred by health services in responding to the COVID-19 outbreak.

2. Purpose

In order to implement the measures under the agreement, IHPA is required to update the national activity based funding (ABF) classifications and data reporting requirements to accommodate the emerging situation with COVID-19. Accurately capturing hospital activity associated with the COVID-19 outbreak will also be critical for other purposes, such as epidemiological studies.

The purpose of this document is to specify the rules for coding and reporting of COVID-19 episodes of care in Australian public hospitals in the following settings:

- admitted care
- emergency department care
- non-admitted care.

Full details of IHPA's ABF classifications are available on the [IHPA website](#).

3. Definitions

The following definitions have been developed to guide users who are required to classify or report COVID-19 related episodes of care. The definitions are based on those developed by the World Health Organization (WHO) for global surveillance.

Suspected COVID-19

Individuals are suspected to have COVID-19 if they have one of the criteria described below:

- acute respiratory illness (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) AND no other aetiology that fully explains the clinical presentation AND a history of travel to or residence in a country, area or territory that has reported local transmission of COVID-19 during the 14 days prior to symptom onset.
- OR
- any acute respiratory illness AND has been in contact with a confirmed or probable case of COVID-19 during the 14 days prior to the onset of symptoms.
- OR
- severe acute respiratory infection (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) AND who requires hospitalisation AND who has no other aetiology that fully explains the clinical presentation.

A suspected case of COVID-19, as defined above, will then either receive a confirmed or probable diagnosis of COVID-19 or COVID-19 will be ruled out:

Laboratory confirmed COVID-19

An individual with a laboratory confirmation of infection with COVID-19, irrespective of clinical signs and symptoms.

Clinically diagnosed or probable COVID-19

An individual who is suspected of having COVID-19 but laboratory testing for COVID-19 is inconclusive or not available but in whom a clinical determination of COVID-19 has been made.

Ruled out COVID-19

An individual suspected of having COVID-19 but COVID-19 has subsequently been excluded on laboratory testing and in whom a clinical diagnosis of COVID-19 has not been made.

4. Admitted care classification

Classification for admitted care

The classification system for admitted care is comprised of the following disease and intervention classifications:

- International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) used to classify diseases and other health problems
- Australian Classification of Health Interventions (ACHI) used to classify procedures and interventions
- Australian Coding Standards (ACS) specifies coding standards that provide guidelines to assist users of the classifications in obtaining consistency in clinical coding nationally.

The current edition of ICD-10-AM/ACHI/ACS is Eleventh Edition, which applies to reporting in 2019-20 and 2020-21. The classification rules in this document relate to ICD-10-AM/ACHI/ACS Eleventh Edition.

Classification rules

IHPA published coding rule *Coronavirus disease 2019 (COVID-19)* on 7 February 2020, last updated on 27 March 2020, to be effective for separations from 1 January 2020.

To classify COVID-19 in episodes of admitted care follow the national coding rule in the first instance.

Coding rule *Coronavirus disease 2019 (COVID-19)*

(Effective from 1 January 2020; Updated 27 March 2020)

Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

Coronavirus disease 2019 (COVID-19) is a disease caused by a new (or 'novel') strain of coronavirus (SARS-CoV-2) not previously identified in humans before the outbreak in Wuhan, Hubei Province, China.

Common signs of COVID-19 infection include respiratory symptoms such as cough, shortness of breath, breathing difficulties and fever. In severe cases, the infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and death.

The World Health Organization (WHO) has advised:

- U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* is to be assigned when COVID-19 has been documented as confirmed by laboratory testing.
- U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]* is to be assigned when COVID-19 has been documented as clinically diagnosed COVID-19, including evidence supported by radiological imaging (ie where a clinical determination of COVID-19 is made but laboratory testing is inconclusive, not available or unspecified).

Emergency use code U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* is to be assigned when laboratory testing for COVID-19 has been performed, but ruled out (ie negative test result).

In addition to the admitted patient data, the [National Notifiable Disease Surveillance System](#) provides national surveillance of notifiable communicable diseases and tracks notifications, including notifications of [COVID-19](#).

Classification

Laboratory confirmed cases

Where laboratory confirmed COVID-19 is documented with symptoms, assign:

- | | |
|-----------------------|--|
| Principal diagnosis: | A code for the symptom(s) or condition(s) as per the guidelines in ACS 0001 <i>Principal diagnosis</i> |
| Additional diagnoses: | B97.2 <i>Coronavirus as the cause of diseases classified to other chapters</i> to identify the infectious agent
and
U07.1 <i>Emergency use of U07.1 [COVID-19, virus identified]</i> |

Where laboratory confirmed COVID-19 is documented without symptoms, assign:

- | | |
|-----------------------|--|
| Principal diagnosis: | B34.2 <i>Coronavirus infection, unspecified site</i> |
| Additional diagnosis: | U07.1 <i>Emergency use of U07.1 [COVID-19, virus identified]</i> |

Clinically diagnosed or probable COVID-19

Where clinically diagnosed or probable COVID-19 is documented with symptoms, assign:

- | | |
|-----------------------|---|
| Principal diagnosis: | A code for the symptom(s) or condition(s) as per the guidelines in ACS 0001 <i>Principal diagnosis</i> |
| Additional diagnoses: | B97.2 <i>Coronavirus as the cause of diseases classified to other chapters</i> to identify the infectious agent
and
U07.2 <i>Emergency use of U07.2 [COVID-19, virus not identified]</i> , to identify cases documented as clinically diagnosed COVID-19 but laboratory testing is inconclusive, not available or unspecified |

Where clinically diagnosed or probable COVID-19 is documented without symptoms, assign:

- | | |
|-----------------------|---|
| Principal diagnosis: | B34.2 <i>Coronavirus infection, unspecified</i> |
| Additional diagnosis: | U07.2 <i>Emergency use of U07.2 [COVID-19, virus not identified]</i> , to identify cases documented as clinically diagnosed COVID-19 but laboratory testing is inconclusive, not available or unspecified |

COVID-19 complicating pregnancy

Where laboratory confirmed or clinically diagnosed COVID-19 is documented as complicating pregnancy, the correct obstetric chapter code is O98.5 *Other viral diseases in pregnancy, childbirth and the puerperium*. Code the remainder of the episode in accordance with ACS 1521 *Conditions and injuries in pregnancy* and ACS 1500 *Diagnosis sequencing in obstetric episodes of care*.

Suspected COVID-19, ruled out

Where suspected COVID-19 is documented with symptoms, but is ruled out, assign:

- | | |
|------------------------|---|
| Principal diagnosis: | A code for the symptom(s) or condition(s) as per the guidelines in ACS 0001 <i>Principal diagnosis</i> |
| Additional diagnoses*: | <p>Either Z03.8 <i>Observation for other suspected diseases and conditions</i></p> <p>or</p> <p>Z03.71 <i>Observation of newborn for suspected infectious condition</i>, for newborns (infants less than 28 days old),</p> <p>and</p> <p>U06.0 <i>Emergency use of U06.0 [COVID-19, ruled out]</i> to identify suspected but ruled out COVID-19</p> |

- * From 1 January 2020, an exception has been made to ACS 0012 *Suspected conditions* to identify symptomatic presentations where COVID-19 has been suspected but then ruled out.

Transfer with suspected COVID-19

For individuals transferred with suspected COVID-19, meeting the criteria in ACS 0012 *Suspected conditions*, do not assign the emergency use codes U07.1, U07.2 or U06.0.

Supplementary guidance

[How to classify COVID-19](#) is a dedicated webpage on the IHPA website that contains additional guidance for the classification of COVID-19 episodes of care. The page will be updated as necessary with frequently asked questions for admitted care to address the evolving nature of the COVID-19 outbreak.

Clinical coders and other users should frequent the page to keep up to date with the most recent guidance, noting that the webpage will also publish a chronology of updates.

Applying *Coronavirus disease 2019 (COVID-19)* where suspected COVID-19 is the reason for presentation.

Tables 1a, 1b and 1c provide guidance on how to apply coding rule *Coronavirus disease 2019* providing example scenarios where suspected COVID-19 is the reason for presentation. The following notes apply to the Tables 1a, 1b and 1c.

- Note 1: Exposure is determined and documented by a clinician, as opposed to patient-reported exposure to COVID-19 alone.
- Note 2: Where isolation (as opposed to quarantined) is documented, assign Z29.0 *Isolation* as an additional diagnosis.
- Note 3: For Australian admitted care/multiple condition coding purposes: The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) 2019 has new instructional notes at U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* and U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*. However, as ICD-10-AM Eleventh Edition is based on (ICD-10) 2016 the above advice is consistent with the Australian Coding Standards.

Table 1a. Suspected COVID-19 as reason for presentation, laboratory confirmed cases.

Reason for presentations	Laboratory confirmed cases Tested positive
Patient exhibiting symptoms (Symptoms) = Yes Exposure to confirmed case (Exposure) = Yes	Principal diagnosis: Symptom(s) or condition(s) as per ACS 0001 <i>Principal diagnosis</i> Additional diagnoses: B97.2 <i>Coronavirus as the cause of diseases classified to other chapters</i> U07.1 <i>Emergency use of U07.1 [COVID-19, virus identified]</i>
Symptoms = Yes Exposure = No	Principal diagnosis: Symptom(s) or condition(s) as per ACS 0001 <i>Principal diagnosis</i> Additional diagnoses: B97.2 <i>Coronavirus as the cause of diseases classified to other chapters</i> U07.1 <i>Emergency use of U07.1 [COVID-19, virus identified]</i>
Symptoms = No Exposure = Yes	Principal diagnosis: B34.2 <i>Coronavirus infection, unspecified site</i> Additional diagnoses: U07.1 <i>Emergency use of U07.1 [COVID-19, virus identified]</i>
Self-presenting, non-mandated Symptoms = No Exposure = No	Principal diagnosis: B34.2 <i>Coronavirus infection, unspecified site</i> Additional diagnoses: U07.1 <i>Emergency use of U07.1 [COVID-19, virus identified]</i>
Mandated screening by authority Symptoms = No Exposure = No	Principal diagnosis: B34.2 <i>Coronavirus infection, unspecified site</i> Additional diagnoses: U07.1 <i>Emergency use of U07.1 [COVID-19, virus identified]</i>
Pregnancy complicated by COVID-19 / other condition (as per ACS 1521 <i>Conditions and injuries in pregnancy</i>)	Code first: O98.5 <i>Other viral diseases complicating pregnancy, childbirth and the puerperium</i> Additional diagnoses: As per advice above

Use U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* when COVID-19 has been confirmed by laboratory testing irrespective of severity of clinical signs or symptoms.

Table 1b. Suspected COVID-19 as reason for presentation, clinically diagnosed or probable cases.

Reason for presentations	Clinically diagnosed or probable cases Testing is inconclusive, unavailable or not specified
Patient exhibiting symptoms (Symptoms) = Yes Exposure to confirmed case (Exposure) = Yes	Principal diagnosis: Symptom(s) or condition(s) as per ACS 0001 <i>Principal diagnosis</i> Additional diagnoses: B97.2 <i>Coronavirus as the cause of diseases classified to other chapters</i> U07.2 <i>Emergency use of U07.2 [COVID-19, virus not identified]</i>
Symptoms = Yes Exposure = No	Principal diagnosis: Symptom(s) or condition(s) as per ACS 0001 <i>Principal diagnosis</i> Additional diagnoses: B97.2 <i>Coronavirus as the cause of diseases classified to other chapters</i> U07.2 <i>Emergency use of U07.2 [COVID-19, virus not identified]</i>
Symptoms = No Exposure = Yes	Principal diagnosis: B34.2 <i>Coronavirus infection, unspecified site</i> Additional diagnoses: U07.2 <i>Emergency use of U07.2 [COVID-19, virus not identified]</i>
Self-presenting, non-mandated Symptoms = No Exposure = No	Principal diagnosis: B34.2 <i>Coronavirus infection, unspecified site</i> Additional diagnoses: U07.2 <i>Emergency use of U07.2 [COVID-19, virus not identified]</i>
Mandated screening by authority Symptoms = No Exposure = No	Principal diagnosis: B34.2 <i>Coronavirus infection, unspecified site</i> Additional diagnoses: U07.2 <i>Emergency use of U07.2 [COVID-19, virus not identified]</i>
Pregnancy complicated by COVID-19 / other condition (as per ACS 1521 <i>Conditions and injuries in pregnancy</i>)	Code first: O98.5 <i>Other viral diseases complicating pregnancy, childbirth and the puerperium</i> Additional diagnoses: As per advice above

Use U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]* when COVID-19 is diagnosed clinically but laboratory testing is inconclusive, not available or unspecified.

DO NOT assign U07.2 for individuals transferred with suspected COVID-19 that has not been ruled out.

Table 1c. Suspected COVID-19 as reason for presentation, ruled out cases.

Reason for presentations	Ruled out cases Tested negative	
Patient exhibiting symptoms (Symptoms) = Yes Exposure to confirmed case (Exposure) = Yes	Principal diagnosis:	Symptom(s) or condition(s) as per ACS 0001 <i>Principal diagnosis</i>
	Additional diagnoses:	Z20.8 <i>Contact with and exposure to other communicable diseases</i> Z03.8 <i>Observation for other suspected diseases and conditions</i> U06.0 <i>Emergency use of U06.0 [COVID-19, ruled out]</i>
Symptoms = Yes Exposure = No	Principal diagnosis:	Symptom(s) or condition(s) as per ACS 0001 <i>Principal diagnosis</i>
	Additional diagnoses:	Z03.8 <i>Observation for other suspected diseases and conditions</i> U06.0 <i>Emergency use of U06.0 [COVID-19, ruled out]</i>
Symptoms = No Exposure = Yes	Principal diagnosis:	Z20.8 <i>Contact with and exposure to other communicable diseases</i>
	Additional diagnoses:	U06.0 <i>Emergency use of U06.0 [COVID-19, ruled out]</i>
Self-presenting, non-mandated Symptoms = No Exposure = No	Principal diagnosis:	Z71.1 <i>Person with feared complaint in whom no diagnosis is made</i>
	Additional diagnoses:	U06.0 <i>Emergency use of U06.0 [COVID-19, ruled out]</i>
Mandated screening by authority Symptoms = No Exposure = No	Principal diagnosis:	Z11.5 <i>Special screening examination for other viral diseases</i>
	Additional diagnoses:	U06.0 <i>Emergency use of U06.0 [COVID-19, ruled out]</i>

From 1 January 2020, an exception has been made to ACS 0012 *Suspected conditions* with regard to assignment of codes from category Z03.- for coding of symptomatic presentations with suspected COVID-19, ruled out.

5. Emergency department care classification

Classification for emergency department care

The classification for reporting the principal diagnosis for an emergency department episode is the Emergency Department ICD-10-AM Principal Diagnosis Short List (ED Short List).

The principal diagnosis code, along with other variables such as triage, episode end status and type of visit, are used to assign the Urgency Related Group (URG) or Australian Emergency Care Classification (AECC) end class for the emergency department episode.

The current edition of the ED Short List is Eleventh Edition, which applies to reporting in 2019-20 and 2020-21. The ED Short List has been updated to include a code for confirmed and probable COVID-19 presentations and a code for suspected but subsequently ruled out COVID-19 presentations.

Classification rules

Confirmed or probable COVID-19

Effective from 1 January 2020, for confirmed and probable presentations of COVID-19, assign

- Principal diagnosis: U07.1 *Emergency use of U07.1 [COVID-19]*

According to WHO advice, probable presentations include those that have not been ruled out.

Ruled out COVID-19

Effective from 1 January 2020, for presentations where COVID-19 is suspected but ruled out due to testing negative, assign

- Principal diagnosis: U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*

Mappings

Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT-AU) to ICD-10-AM maps

COVID-19 SNOMED CT-AU concepts have been mapped to the appropriate ICD-10-AM code, as shown in Table 2.

Table 2. SNOMED CT-AU to ICD-10-AM mapping

Concept code	SNOMED CT- AU description	ICD-10-AM code	ICD-10-AM description
840533007	SARS-CoV-2	No equivalent	
840536004	Antigen of SARS-CoV-2	No equivalent	
840534001	SARS-CoV-2 vaccination	No equivalent	
840546002	Exposure to SARS-CoV-2	Z20.8	Contact with and exposure to other communicable disease
840535000	Antibody to SARS-CoV-2	U07.1	Emergency use of U07.1 [COVID-19]
840539006	COVID-19	U07.1	Emergency use of U07.1 [COVID-19]
840544004	Suspected disease caused by SARS-CoV-2	U07.1	Emergency use of U07.1 [COVID-19]

Maps for the purpose of URG and AECC class assignment

For the URG system, Table 3 lists the new ICD-10-AM codes mapped to the appropriate major diagnostic block (MDB).

Table 3. ICD-10-AM to MDB mapping

ICD-10-AM code	ICD-10-AM description	MDB	MDB description
U07.1	Emergency use of U07.1 [COVID-19]	3N	System infection/parasites
U06.0	Emergency use of U06.0 [COVID-19, ruled out]	6	Other presentation

Table 4 shows the ED Short List codes mapped to the AECC Emergency Care Category (ECC) and Emergency Care Diagnosis Group (ECDG).

Table 4. ICD-10-AM to ECC and ECDG mapping

ED Short List code	ED Short List code & term	ECC	ECDG
U07.1	Emergency use of U07.1 [COVID-19]	E18 Infectious diseases	E1820 Viral illness
U06.0	Emergency use of U06.0 [COVID-19, ruled out]	E60 Other factors influencing health status	E6090 Other factors influencing health status

Supplementary guidance

[How to classify COVID-19](#) is a dedicated webpage on the IHPA website that contains additional guidance for the classification of COVID-19 episodes of care. The page will be updated as necessary with frequently asked questions for emergency department care to address the evolving nature of the COVID-19 outbreak.

Users should frequent the page to keep up to date with the most recent guidance, noting that the webpage will also publish a chronology of updates.

6. Non-admitted care classification

Classification for non-admitted care

The classification used for non-admitted activity is the Tier 2 Non-Admitted Services Classification. Tier 2 categorises a hospital's non-admitted services into classes that are generally based on the nature of the service provided and the type of clinician providing the service.

Classification rules

Four Tier 2 classes capture activity associated with the diagnosis and treatment of patients with COVID-19 in the outpatient or non-admitted hospital setting and the provision of a COVID-19 vaccination. Full descriptions of these new classes are in Appendix 1.

Procedure clinic

IHPA has created a new Tier 2 class in the 10 series: 10.21 COVID-19 vaccination.

This class should be assigned where a hospital provides a vaccination for COVID-19.

Counting rules for procedure clinics

For COVID-19 Response purposes, services from the COVID-19 vaccination clinic (10.21) may also be reported as non-admitted patient service events if they are provided to a patient while they are admitted or registered in an emergency care setting.

Example 1

A patient attends a designated hospital hub for administration of the first dose of the COVID -19 vaccination. The patient does not receive any other care.

Outcome: This would be counted as a non-admitted patient service event for the COVID-19 vaccination clinic (10.21).

Example 2

A patient attends a Geriatric medicine clinic for a regular appointment. On the same day the patient is administered their first dose of the COVID-19 vaccination at the vaccination clinic in the designated hospital hub.

Outcome: This would be counted as one non-admitted patient service event for the Geriatric medicine clinic (20.09). The vaccination dose delivery would be counted as one non-admitted patient service event for the COVID-19 vaccination clinic (10.21).

Example 3

A patient is admitted to the spinal cord rehabilitation ward. A clinician from the designated hospital hub attends the ward to administer the second dose of the COVID-19 vaccination to the patient.

Outcome: This would be counted as a non-admitted patient service event for the COVID-19 vaccination clinic (10.21).

Medical consultation clinic

IHPA has created a new Tier 2 class in the 20 series: 20.57 COVID-19 response.

This class should be assigned where a clinic has been specifically set-up or is solely seeing patients for the purposes of the COVID-19 response and a medical officer or nurse practitioner provide the majority of services in the clinic.

Allied health/clinical nurse specialist clinic

IHPA has created a new Tier 2 class in the 40 series: 40.63 COVID-19 response.

This class should be assigned where a clinic has been specifically set-up or is solely seeing patients for the purposes of the COVID-19 response and an allied health professional or clinical nurse specialist provide the majority of services in the clinic.

Counting rules for medical consultation clinics and allied health/clinical nurse specialist clinics

Refer to the [Tier 2 Non-Admitted Services Compendium 2019-20](#) for the counting rules that apply.

Diagnostics clinic

IHPA has created a new Tier 2 class in the 30 series: 30.09 COVID-19 response diagnostics.

This class should be assigned where a hospital undertakes diagnostic testing as a result of the Australian Health Sector Emergency Response Plan for Coronavirus Disease 2019 (COVID-19).

Diagnostics clinic

IHPA has created a new Tier 2 class in the 30 series: 30.09 COVID-19 response diagnostics.

This class should be assigned where a hospital undertakes diagnostic testing as a result of the Australian Health Sector Emergency Response Plan for Coronavirus Disease 2019 (COVID-19).

Counting rules for diagnostic clinics

For COVID-19 Response purposes, services from diagnostic clinics (30 series) must be reported as non-admitted patient service events.

Example 4

A patient is referred by their GP for diagnostic testing as a result of suspected COVID-19. The patient attends an appointment at pathology and undergoes the diagnostic testing.

Outcome: For COVID-19 reporting purposes, this would be counted as a non-admitted patient service event for the COVID-19 response diagnostics clinic (30.09).

Example 5

A patient attends a COVID-19 response clinic and is referred for diagnostic testing as a result of suspected COVID-19, which is undertaken the same day at the pathology service. The COVID-19 response clinic is a nurse-led clinic therefore is classified to 40.63 COVID-19 response.

Outcome: This would be counted as one non-admitted patient service event for the COVID-19 response clinic (40.63). The diagnostic testing would be counted as one non-admitted patient service event for the COVID-19 response diagnostics clinic (30.09).

Supplementary guidance

[How to classify COVID-19](#) is a dedicated webpage on the IHPA website that contains additional guidance for the classification of COVID-19 episodes of care. The page will be updated as necessary with frequently asked questions for non-admitted care to address the evolving nature of the COVID-19 outbreak.

Users should frequent the page to keep up to date with the most recent guidance, noting that the webpage will also publish a chronology of updates.

Appendix 1 Tier 2 classes for COVID-19 response reporting

10.21 COVID-19 vaccination

Identifying attributes	
Number	10.21
Name	COVID-19 vaccination
Category	Procedures
Affected body part	Multiple MDCs
Definition of service	Provision of a vaccination for Coronavirus Disease 2019 (COVID-19) caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).

Guide for use	
Activity	<p>Inclusions:</p> <ul style="list-style-type: none"> COVID-19 vaccination dose delivery <p>Exclusions:</p> <ul style="list-style-type: none"> delivery of treatment for confirmed, probable and suspected COVID-19 in a medical COVID-19 response clinic (20.57) delivery of treatment for confirmed, probable and suspected COVID-19 in a clinical nurse specialised / allied health COVID-19 response clinic (40.63)
Conditions	
Constraints	This class should only be used for clinics that are created to deliver COVID-19 vaccinations as part of the <i>Australian Health Sector Emergency Response Plan for Coronavirus Disease 2019 (COVID-19)</i> and the <i>Australian Government's COVID-19 Vaccine National Roll-Out Strategy</i> .

Administrative attributes	
Source	Independent Hospital Pricing Authority
Date created	28 January 2021
Date last updated	
Update source	
Reference material	https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov accessed 11 March 2020 accessed 28 January 2021

20.57 COVID-19 response

Identifying attributes	
Number	20.57
Name	COVID-19 response
Category	Medical consultation
Definition of service	Assessment, investigation, treatment and management of patients with confirmed, probable or suspected Coronavirus Disease 2019 (COVID-19) caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).

Guide for use	
Activity	<p><i>Inclusions:</i></p> <p>Consultation on the following services:</p> <ul style="list-style-type: none"> • screening • new diagnosis education • ongoing patient management and support <p><i>Exclusions:</i></p> <ul style="list-style-type: none"> • management of respiratory conditions in a general medical respiratory clinic (20.19) • management of respiratory conditions in a general allied health/clinical nurse specialist respiratory clinic (40.40) • management of COVID-19 in an allied health/clinical nurse specialist respiratory clinic (40.63)
Conditions	
Constraints	This class should only be used for clinics that are created as part of the Australian Health Sector Emergency Response Plan for Coronavirus Disease 2019 (COVID-19).

Administrative attributes	
Source	Independent Hospital Pricing Authority
Date created	16 March 2020
Date last updated	
Update source	
Reference material	<p>https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert accessed 30 April 2020</p> <p>https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it accessed 30 April 2020</p>

30.09 COVID-19 response diagnostics

Identifying attributes	
Number	30.09
Name	COVID-19 response diagnostics
Category	Diagnostic services
Affected body part	MDC 04 Diseases and disorders of the respiratory system
Usual provider	Pathologist / Radiologist, medical diagnostic radiographer
Definition of service	Pathology collection services, the use of computerised tomography (CT) and other investigations to determine the origin, nature and causes of Coronavirus Disease 2019 (COVID-19).

Guide for use	
Activity	<p><i>Inclusions:</i></p> <p>The clinic may conduct the following services:</p> <ul style="list-style-type: none"> • collection of specimens • diagnostic testing • CT scan <p>The types of pathology include:</p> <ul style="list-style-type: none"> • immunopathology • microbiology
Conditions	
Constraints	<p>This class should only be used for pathology, CT scans and other diagnostic tests undertaken as a result of the Australian Health Sector Emergency Response Plan for Coronavirus Disease 2019 (COVID-19).</p> <p>Some testing may be provided as part of a medical consultation and allied health / clinical nurse specialist clinic.</p>

Administrative attributes	
Source	Independent Hospital Pricing Authority
Date created	16 March 2020
Date last updated	
Update source	
Reference material	<p>https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert accessed 30 April 2020</p> <p>https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it accessed 30 April 2020</p>

40.63 COVID-19 response

Identifying attributes	
Number	40.63
Name	COVID-19 response
Category	Allied health and/or clinical nurse specialist interventions
Definition of service	Assessment, investigation, treatment and management of patients with confirmed, probable and suspected Coronavirus Disease 2019 (COVID-19) caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).

Guide for use	
Activity	<p><i>Inclusions:</i></p> <p>Consultation on the following services:</p> <ul style="list-style-type: none"> • screening • new diagnosis education • ongoing patient management and support <p><i>Exclusions:</i></p> <ul style="list-style-type: none"> • management of respiratory conditions in a general medical respiratory clinic (20.19) • management of COVID-19 in a medical COVID-19 clinic (20.57) • management of respiratory conditions in a general allied health/clinical nurse specialist respiratory clinic (40.40)
Conditions	
Constraints	This class should only be used for clinics that are created as part of the Australian Health Sector Emergency Response Plan for Coronavirus Disease 2019 (COVID-19).

Administrative attributes	
Source	Independent Hospital Pricing Authority
Date created	16 March 2020
Date last updated	
Update source	
Reference material	<p>https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert accessed 30 April 2020</p> <p>https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it accessed 30 April 2020</p>

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