IHPA

Frequently asked questions – principal diagnosis of emergency care episodes relating to COVID–19

Q1:

A patient presents to the emergency department with a condition that is unrelated to COVID-19. Despite this, COVID-19 testing was performed in the emergency department due to the patient developing a fever and cough. What is the principal diagnosis if the patient is positively tested for COVID-19?

A:

As only a principal diagnosis can be reported at the national level for emergency departments, a clinician has to make a decision based on the definition of emergency department principal diagnosis – *The diagnosis established at the conclusion of the patient's attendance in an emergency department to be mainly responsible for occasioning the attendance following consideration of clinical assessment.*

If, following the application of this definition, the principal diagnosis is not reported as COVID-19, the patient's confirmed COVID-19 status will be collected elsewhere in national data, either in the admitted patient coding or in non-admitted setting such as a COVID-19 clinic for treatment.

Q2:

A patient presents to the emergency department with flu like symptoms and shortness of breath. They have no risk factors for COVID-19 and a clinical diagnosis of pneumonia is made. The patient is ventilated and transferred from the emergency department to the ICU ward within an hour. Pneumonia is assigned as the principal diagnosis by the emergency department physician. In ICU, the patient undergoes COVID-19 testing and the result is positive. Should COVID-19 be assigned retrospectively as the principal diagnosis in place of Pneumonia for the emergency episode?

A:

Pneumonia should remain as the principal diagnosis due to being the diagnosis established at the conclusion of the patient's attendance in an emergency department. COVID-19 was considered an unlikely diagnosis by the emergency department physician and the patient was transferred before further investigations could be performed. The patient's confirmed COVID-19 status will be collected in the admitted episode of care.

Q3:

A patient presents to the emergency department with a fever and sore throat after returning from overseas. The patient has a COVID-19 test during their emergency stay and is sent home to await the result in isolation. What is the principal diagnosis for a probable COVID-19 case?

A:

Assign U07.1 *Emergency use of U07.1 [COVID-19]* as the principal diagnosis as it was clinically determined this patient had probable COVID-19.

Q4:

A patient presents to the emergency department after close contact with a person with confirmed COVID-19. The patient is tested for COVID-19, and the test results are negative. What is the principal diagnosis?

A:

Assign U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* as the principal diagnosis.

Q5:

A child presented to the emergency department requesting a clearance certificate to return to their childcare facility. This was requested by the facility after the child developed a cough. The child was diagnosed with a residual cough post an upper respiratory tract infection. No COVID-19 testing was performed. What is the patient's principal diagnosis?

A:

Cough should be assigned as the principal diagnosis as it is the presenting symptom and the patient was not suspected of having COVID-19 at the time of presentation.

Q6:

A patient presented to the emergency department with a history of a sore throat and a cough. COVID-19 was suspected, but the patient left, in contradiction of medical advice, before any testing could take place. What code should be assigned as the principal diagnosis?

A:

Assign U07.1 *Emergency use of U07.1 [COVID-19]* as the principal diagnosis as it was clinically determined this patient had probable COVID-19.

Q7:

A patient with a history of a chronic respiratory condition presented to the emergency department for shortness of breath and a cough. A range of tests were undertaken, including a test for COVID-19. The patient was admitted to the inpatient respiratory ward with suspected acute exacerbation of their chronic condition before any test results were confirmed. What is the patient's principal diagnosis?

A:

Assign a code appropriate for the presenting respiratory condition as the principal diagnosis. Whilst a COVID-19 test was performed, it was not deemed clinically probable that the patient had COVID-19.

Q8:

A patient presents to the emergency department with symptoms suggestive of COVID-19. The patient is referred to an outpatient COVID-19 fever clinic. The clinic has been set up for patients with mild symptoms who are likely to have contracted COVID-19. The patient undergoes testing for COVID-19 in the outpatient clinic, and is sent home pending the results of their tests. What is the principal diagnosis for the emergency department presentation?

A:

Although the testing did not occur in an emergency setting, the code U07.1 *Emergency use of U07.1 [COVID-19]* should be assigned as the principal diagnosis as it was clinically determined this patient had probable COVID-19.