

Independent Hospital Pricing Authority

# Emergency Care COVID-19 Response

Rules for coding and reporting  
COVID-19 for emergency care episodes

Version 1.0  
June 2022



IHPA

## Emergency Department Care COVID-19 Response – Rules for coding and reporting COVID-19 emergency department episodes of care – Version 1.0 – June 2022

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# Acronyms and initialisations

<b>AECC</b>	Australian Emergency Care Classification
<b>COVID-19</b>	Coronavirus disease 2019
<b>ECC</b>	Emergency Care Category
<b>ECDG</b>	Emergency Care Diagnosis Group
<b>ED Short List</b>	Emergency Department International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification Principal Diagnosis Short List
<b>ICD-10-AM</b>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
<b>IHPA</b>	Independent Hospital Pricing Authority
<b>RAT</b>	Rapid antigen test
<b>SNOMED CT-AU</b>	Systematized Nomenclature of Medicine – Clinical Terms

# 1. Emergency Department care classification rules

## Classification for emergency department care

The classification for reporting the principal diagnosis for an emergency department episode is the Emergency Department International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (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 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, 2020–21 and 2021–22. The ED Short List has been updated to include a code for confirmed and clinically diagnosed or probable coronavirus disease 2019 (COVID-19) presentations, presentations where the COVID-19 vaccine has caused an adverse effect and COVID-19 testing presentations.

## Classification rules

The Emergency Department (ED) principal diagnosis is to be determined by the treating clinician currently defined as *'the diagnosis established at the conclusion of the patient's attendance in an ED to be mainly responsible for occasioning the attendance following consideration of clinical assessment, as represented by a code'*.<sup>1</sup>

As a result of changes to the management of the COVID-19 pandemic, IHPA has updated the below examples in June 2022 to reflect the current codes included in the ED Short List.

## Confirmed COVID-19

Effective from 1 July 2022, for laboratory confirmed presentations of COVID-19, assign

Principal diagnosis: U07.1 *Emergency use of U07.1 [COVID-19], virus laboratory identified*

### Example 1

A patient presents to the emergency department with a fever and sore throat after returning from overseas. The patient has a laboratory COVID-19 test during their emergency stay and returns a positive result. What is the principal diagnosis for a laboratory confirmed COVID-19 case?

Outcome: Assign U07.1 *Emergency use of U07.1 [COVID-19]* as the principal diagnosis as it was laboratory confirmed this patient has COVID-19.

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<sup>1</sup> Australian Institute of Health and Welfare, METeOR metadata online registry (2018). Emergency department stay—emergency department ICD-10-AM (11th edn) principal diagnosis short list code. <http://meteor.aihw.gov.au/content/index.php/ml/itemId/699598>

**Example 2**

A patient presents to the emergency department with fever and loss of smell and taste. The patient works as a nurse in aged care and is concerned they have contracted COVID-19. The patient meets the criteria for suspected COVID-19 and undergoes a laboratory COVID-19 test, returning a positive result.

Outcome: Assign U07.1 *Emergency use of U07.1 [COVID-19], virus laboratory identified* as the principal diagnosis as it was a laboratory confirmed case of COVID-19.

**Example 3**

An admitted patient was treated for COVID-19 related pneumonia and was discharged home. Later that day, the patient re-presented to the emergency department with increasing shortness of breath. The patient was still considered to have active COVID-19.

Outcome: Assign U07.1 *Emergency use of U07.1 [COVID-19], virus laboratory identified* as the principal diagnosis of the emergency episode as the patient is positive for COVID-19.

**Clinically diagnosed or probable COVID-19**

Effective 1 July 2022, for clinically diagnosed or probable presentations of COVID-19, including a positive rapid antigen test (RAT) result, assign

Principal diagnosis: U07.2 *Emergency use of U07.2 [COVID-19], virus not laboratory identified*

**Example 4**

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.

Outcome: Assign U07.2 *Emergency use of U07.2 [COVID-19], virus not laboratory identified* as the principal diagnosis as it was clinically determined this patient had probable COVID-19.

**Example 5**

A patient presents to the emergency department with a fever and runny nose. The patient undergoes a RAT for COVID-19 as it was clinically determined the patient has probable COVID-19. The RAT returned a positive result, confirming the clinical diagnosis.

Outcome: Assign the code U07.2 *Emergency use of U07.2 [COVID-19], virus not laboratory identified* as a RAT was performed instead of a laboratory test, therefore the diagnosis of COVID-19 was clinically determined.

**Example 6**

A patient with lupus presents to the emergency department with a fever, cough and painful swollen joints. The patient is diagnosed with COVID-19 after a positive RAT result. It was determined the patient's lupus flare up was due to the COVID-19 infection.

Outcome: Assign U07.2 *Emergency use of U07.2 [COVID-19], virus not laboratory identified* as the principal diagnosis and lupus as an additional diagnosis, as COVID-19 was determined to be mainly responsible for occasioning the attendance at the emergency department.

## COVID-19 vaccine causing adverse effect

Effective from 1 July 2022, for presentations where the COVID-19 vaccine has caused an adverse effect, assign

Principal diagnosis: *U07.7 Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]*

### Example 7

A patient presents to the emergency department with wheezing, itchy skin and difficulty swallowing following a COVID-19 vaccination.

Outcome: Assign *U07.7 Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]* as the principal diagnosis of the emergency episode.

## Testing for COVID-19

Effective from 1 July 2022, for where a patient presents for COVID-19 testing, assign

Principal diagnosis: *Z11.5 Special screening examination for coronavirus disease 2019 [COVID-19]*

### Example 8

A patient presents to a rural emergency service for testing after a close contact with a person with confirmed COVID-19. The patient is tested for COVID-19 and is discharged home to await the results. What is the principal diagnosis?

Outcome: Assign *Z11.5 Special screening examination for coronavirus disease 2019 [COVID-19]* as the principal diagnosis.

## Other COVID-19 related examples

### Example 9

A patient presents to the emergency department with a condition that is unrelated to COVID-19. COVID-19 testing was performed in the emergency department due to the patient having a family member who was COVID-19 positive.

Outcome: 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. If in this instance COVID-19 is not the principal diagnosis, then the patient's confirmed COVID-19 status will be collected elsewhere in national data, either through admitted patient coding or in non-admitted setting such as a COVID-19 clinic for treatment.

### Example 10

A patient presents to the emergency department with a fever. Three days ago, the patient was tested for COVID-19 but has not received their results. The attending physician performs a COVID-19 RAT on the patient which confirms they are negative for COVID-19.

Outcome: The patient was suspected of having COVID-19 and initially treated in the emergency department for the disease until laboratory test results confirmed the patient did not have COVID-19. Therefore, assign the relevant principal diagnosis code based on the presenting symptoms, for example *R50.9 Fever, unspecified*.

## Mappings

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

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

**Table 2. SNOMED CT-AU to ICD-10-AM Eleventh Edition 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
840539006	COVID-19	U07.1	Emergency use of U07.1 [COVID-19]
840544004	Suspected disease caused by SARS-CoV-2	U07.2	Emergency use of U07.2 [COVID-19]
1142180003	Adverse reaction to COVID-19 vaccine	U07.7	Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]
1142181004	Adverse reaction to COVID-19 mRNA vaccine	U07.7	Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]
1142182006	Adverse reaction to COVID-19 antigen vaccine	U07.7	Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]

### Maps for the purpose of AECC class assignment

Table 3 shows the ED Short List codes mapped to the AECC Emergency Care Category (ECC) and Emergency Care Diagnosis Group (ECDG).

**Table 3. ED Short List to ECC and ECDG mapping**

ED Short List code	ED Short List term	ECC	ECDG
U07.1	Emergency use of U07.1 [COVID-19], virus laboratory identified	E18 Infectious diseases	E1820 Viral illness
U07.2	Emergency use of U07.2 [COVID-19], virus not laboratory identified	E18 Infectious diseases	E1820 Viral illness
U07.7	Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]	E20 Injuries and other externally-caused morbidity	E2080 Complications of surgical and medical care
Z11.5	Special screening examination for coronavirus disease 2019 [COVID-19]	E60 Other factors influencing health status	E6090 Other factors influencing health status
<del>U06.0</del>	<del>Emergency use of U06.0 [COVID-19, ruled-out]</del>	Code removed as of 1 July 2022	

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