IHACPA

How to classify COVID-19

Guidance for data analysts using ICD-10-AM Eleventh Edition

Version 1.1 – Updated with Appendix A

COVID-19 data in admitted patient care –
Guidance for data analysts using ICD-10-AM Eleventh Edition

Version History:

- Version 1.1 published 15 December 2022 – updated with Appendix A: Comparison between Eleventh Edition and Twelfth Edition.
- Version 1.0 published 1 July 2022.

Disclaimer

The content in this document was published on the IHACPA website to support the publication *Rules for coding and reporting COVID-19 episodes of care*. This advice was valid for classifying admitted care using the Eleventh Edition of:

- International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)
- Australian Classification of Health Interventions (ACHI)
- Australian Coding Standards (ACS).

Note: The information that follows should not be used for the classification of COVID-19 outside Eleventh Edition and is **provided for historical purposes**.

The publication of ICD-10-AM/ACHI/ACS Twelfth Edition supersedes all published advice on the classification of COVID-19 for Eleventh Edition.

For information on how to classify COVID-19 using ICD-10-AM/ACHI/ACS Twelfth Edition please refer to ACS 0113 *Coronavirus disease 2019 (COVID-19)* and any relevant advice listed in the current publication of National Coding Advice.

Contents

Background

Rules for coding and reporting

IHPA has issued classification advice that specifies the rules for reporting of COVID-19 in Australian hospitals, including admitted, emergency and non-admitted care. The advice can be found in the Rules for coding and reporting COVID-19 episodes of care.

Definitions

The following definitions are a guide for 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 for global surveillance.

Case type	Definition
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.
Clinical 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.

Classification of COVID-19 in Eleventh Edition

IHACPA (formerly the Independent Hospital Pricing Authority) published guidance on the classification of COVID-19 in admitted care using ICD-10-AM/ACHI/ACS Eleventh Edition, including:

- *Rules for coding and reporting COVID-19 episodes of care*
- **Coding Rules** – four Coding Rules were issued
- **Supplementary guidance** to support Coding Rule *Coronavirus disease 2019 (COVID-19)* – an online webpage was issued with updates listed as appropriate
- **Frequently Asked Questions** (FAQs) –issued in four paints.

Note: The information that follows should not be used for the classification of COVID-19 outside Eleventh Edition and is **provided for historical purposes**.

The publication of ICD-10-AM/ACHI/ACS Twelfth Edition supersedes all published advice on the classification of COVID-19 for Eleventh Edition.

Timeline of published advice

The table below includes a timeline of published guidance and the expected impact on Eleventh Edition codes.

Publication date	Classification guidance published	Status on codes**
7 February 2020	Publication of **Coding Rule**: *Coronavirus disease 2019 (COVID-19)*	Effective 1 January 2020, activation of: • U07.1 *Emergency use of U07.1* • U07.2 *Emergency use of U07.1* • U06.0 *Emergency use of U06.0*
10 March 2020	Publication of ***Rules for coding and reporting COVID-19 episodes of care***	Not applicable
27 March 2020	Update to **Coding Rule**: *Coronavirus disease 2019 (COVID-19)*	Not applicable
3 April 2020	Publication of **Supplementary guidance for classifying admitted care**	Not applicable
1 May 2020	Publication of ***Admitted care FAQs*** – *Part 1*	Not applicable
25 May 2020	Publication of ***Admitted care FAQs*** – *Part 2*	Not applicable
17 September 2020	Publication of ***Admitted care FAQs*** – *Part 3*	Not applicable
18 December 2020	Publication of **Coding Rule**: *Classification of post COVID-19 conditions*	Effective 1 January 2021, activation of: • U07.3 *Emergency use of U07.3* • U07.4 *Emergency use of U07.4*
18 December 2020	Publication of **Coding Rule**: *Multisystem inflammatory syndrome associated with COVID-19*	Effective 1 January 2021, activation of: • U07.5 *Emergency use of U07.5*
16 March 2021	Publication of **Coding Rule**: *COVID-19 vaccines causing adverse effects in therapeutic use*	Effective 1 January 2021, activation of: • U07.7 *Emergency use of U07.7*
20 August 2021	Publication of ***Admitted care FAQs*** – *Part 4*	Not applicable

Publication date	Classification guidance published	Status on codes**
1 July 2022	Publication of ICD-10-AM/ACHI/ACS Twelfth Edition: • ACS 0113 *Coronavirus disease 2019 (COVID-19)*	Effective 1 July 2022, activation of: • U07.11 *Coronavirus disease 2019 [COVID-19], virus identified, asymptomatic* • U07.12 *Coronavirus disease 2019 [COVID-19], virus identified, symptomatic* • U07.70 *Coronavirus disease 2019 [COVID-19] vaccines, not elsewhere classified, causing adverse effect in therapeutic use* • U07.71 *Coronavirus disease 2019 [COVID-19] vaccine, using viral vector, causing adverse effect in therapeutic use* • U07.72 *Coronavirus disease 2019 [COVID-19] vaccine, using whole virus, causing adverse effect in therapeutic use* • U07.73 *Coronavirus disease 2019 [COVID-19] vaccine, using subunit, causing adverse effect in therapeutic use* • U07.74 *Coronavirus disease 2019 [COVID-19] vaccine, using nucleic acid, causing adverse effect in therapeutic use* Effective 1 July 2022, deactivation of: • U07.1 *Emergency use of U07.1* • U07.7 *Emergency use of U07.7* • U06.0 *Emergency use of U06.0*

**Emergency use codes are listed in the classification books with a code title of "*Emergency use of [Code]*" as they are not used to indicate a disease or injury concept until they are activated. Some vendors of ICD-10-AM/ACHI/ACS reference software updated the code titles for users after the release of the Coding Rules that activated the emergency use codes. The emergency use codes were renamed in the publication of Twelfth Edition to indicate the title given to them from the activating Coding Rule (e.g. U07.2 or U07.3), or were used as the category title where more specific codes were developed (e.g. U07.1 or U07.7).

Coding Rules for Eleventh Edition

Four Coding Rules were published, upon instruction from the World Health Organization (WHO), to classify COVID-19 and related concepts in admitted patient care:

- *Coronavirus disease 2019 (COVID-19)*
- *Classification of post COVID-19 conditions*
- *Multisystem inflammatory syndrome associated with COVID-19*
- *COVID-19 vaccines causing adverse effects in therapeutic use*

The guidelines in the Coding Rules are provided below.

Please note:

- these Coding Rules have been retired due to the publication of ICD-10-AM/ACHI/ACS Twelfth Edition
- some hyperlinks may no longer function due to the transition between IHPA and IHACPA – where hyperlinks refer to coding advice this advice can be found within this document using the search function.

Ref No: TN1530 | Published On: 7-Feb-2020 | Status: Retired | Retired On: 1-Jul-2022

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[1] provides national surveillance of notifiable communicable diseases and tracks notifications, including notifications of COVID-19 [2].

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 *Principal diagnosis*

Additional diagnoses: B97.2 *Coronavirus as the cause of diseases classified to other chapters* to identify the infectious agent

and

U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*

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

Principal diagnosis: B34.2 *Coronavirus infection, unspecified site*

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

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 *Principal diagnosis*

Additional diagnoses: B97.2 *Coronavirus as the cause of diseases classified to other chapters* to identify the infectious agent

and

U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*, 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 *Coronavirus infection, unspecified*

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

Additional diagnoses*: Either Z03.8 *Observation for other suspected diseases and conditions*

or

Z03.71 *Observation of newborn for suspected infectious condition*, for newborns (infants less than 28 days old),

and

U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* to identify suspected but ruled out COVID-19

* 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 guidelines for COVID-19 are available on the IHPA website [3].

1. National Notifiable Disease Surveillance System: http://www9.health.gov.au/cda/source/cda-index.cfm

2. COVID-19: https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm

3. IHPA website: https://www.ihpa.gov.au/what-we-do/icd-10-am-achi-acs-current-edition

References:

Australian Government Department of Health 2020, *Coronavirus (COVID-19) current situation and case numbers*, DOH, Canberra, viewed 25 March 2020, https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers.

Centers for Disease Control and Prevention 2020, *2019 Novel coronavirus*, US Department of Health and Human Services, viewed 25 March 2020, https://www.cdc.gov/coronavirus/index.html.

World Health Organization 2020, *Coronavirus disease (COVID-19) outbreak*, viewed 25 March 2020, https://www.who.int/emergencies/diseases/novel-coronavirus-2019.

Published 07 February 2020,
for implementation 01 January 2020.

Ref No: TN1545 | Published On: 18-Dec-2020 | Status: Retired | Retired On: 1-Jul-2022

Classification of post COVID-19 conditions

The long term health outcomes of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and coronavirus disease 2019 (COVID-19) are uncertain and unfolding.

The World Health Organization has activated two additional emergency use codes to identify episodes of care where documentation indicates a post COVID-19 condition, resulting from either a previous COVID-19 diagnosis or SARS-CoV-2 infection.

These emergency use codes are not for the classification of current infections of SARS-CoV-2 and are never assigned as a principal diagnosis.

In Australia, the post COVID-19 emergency use codes will be implemented as follows:

- assign U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* as an additional diagnosis where clinical documentation indicates that the patient has previously confirmed COVID-19 that is no longer current.
- assign U07.4 *Emergency use of U07.4 [Post COVID-19 condition]* as an additional diagnosis where clinical documentation indicates a current condition is causally related to previous COVID-19.

Do not assign B94.8 *Sequelae of other specified and infectious and parasitic diseases* as this concept is identified by the assignment of U07.4.

Where clinical documentation indicates previous COVID-19 but it is not clearly linked to a current condition, seek clarification from the treating clinician before assigning U07.4. Where a causal relationship is not established, assign U07.3 *Emergency use of U07.3 [Personal history of COVID-19].*

U07.3 and U07.4 are only assigned when COVID-19 is documented as no longer current. This includes where clinical documentation indicates that a patient does not have COVID-19, despite a positive laboratory test result for SARS-CoV-2. This scenario may occur where antibodies remain in the system even though an acute infection is no longer present (World Health Organization 2020). See also Coding Rule *Coronavirus disease 2019 (COVID-19)* when COVID-19 is documented as current.

Example 1: A patient is diagnosed with interstitial lung disease associated with previous COVID-19. As the clinical documentation states a causal relationship between the interstitial lung disease and previous history of COVID-19, assign emergency use code U07.4 *Emergency use of U07.4 [Post COVID-19 condition]* as an additional diagnosis.

Codes: J84.9 *Interstitial pulmonary disease, unspecified*

U07.4 *Emergency use of U07.4 [Post COVID-19 condition]*

Example 2: Following a full recovery from viral pneumonia with a SARS-CoV-2 (COVID-19) infection a patient is statistically discharged from an acute admitted episode of care and transferred to rehabilitation. The SARS-CoV-2 infection is no longer active in the rehabilitation episode of care.

In the rehabilitation episode of care, assign U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* as an additional diagnosis NOT U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* as the SARS-CoV-2 infection is no longer current.

Codes: J12.8 *Other viral pneumonia*

Z50.9 *Rehabilitation*

U07.3 *Emergency use of U07.3 [Personal history of COVID-19]*

Example 3: Patient admitted with community acquired pneumonia. Laboratory test identifies SARS-CoV-2 positive, but a review by the infectious diseases team states 'old viral RNA that is not infectious'. As there is clinical documentation of a previous SARS-CoV-2 infection but no causal relationship with a current condition, assign emergency use code U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* as an additional diagnosis.

Codes: J18.9 *Pneumonia, unspecified*

U07.3 *Emergency use of U07.3 [Personal history of COVID-19]*

Example 4: Patient presents with gastro-oesophageal reflux disease. Clinical documentation in the current episode of care notes a recent history of COVID-19. As there is no causal relationship documented between COVID-19 and the current condition, assign emergency use code U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* as an additional diagnosis.

Codes: K21.9 *Gastro-oesophageal reflux disease without oesophagitis*

U07.3 *Emergency use of U07.3 [Personal history of COVID-19]*

Reference:

World Health Organization 2020, Serology and early investigation protocols, viewed 2 September 2020,https://www.who.int/emergencies/diseases/novel-coronavirus-2019/serology-in-the-context-of-covid-19.

Published 18 December 2020,
for implementation 01 January 2021.

Ref No: TN1545 | Published On: 18-Dec-2020 | Status: Retired | Retired On: 1-Jul-2022

Multisystem inflammatory syndrome associated with COVID-19

The COVID-19 pandemic has resulted in reports describing patients with COVID-19-associated multisystem inflammatory conditions that appear to develop after the infection rather than during the acute stage of COVID-19. This condition may be synonymously referred to as:

- paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS)
- multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19
- multisystem inflammatory syndrome in adults (MIS-A).

While the clinical presentation may vary, signs and symptoms generally include persistent fever, abdominal pain, vomiting, diarrhoea, skin rash, mucocutaneous lesions and, in severe cases, hypotension and shock. Some patients may develop myocarditis, cardiac dysfunction or acute kidney injury (Centres for Disease Control and Prevention 2020a; World Health Organization 2020).

To identify this condition, the World Health Organization has activated an emergency use code that will be implemented in Australia as U07.5 *Emergency use code U07.5 [Multisystem inflammatory syndrome associated with COVID-19].*

U07.5 *Multisystem inflammatory syndrome associated with COVID-19* is assigned in accordance with ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*.

Example 1: A patient is diagnosed with multisystem inflammatory syndrome after recovering from COVID-19. Assign emergency use code U07.5 *Emergency use code U07.5 [Multisystem inflammatory syndrome associated with COVID-19]* in accordance with the guidelines in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*.

Codes: U07.5 *Emergency use code U07.5 [Multisystem inflammatory syndrome associated with COVID-19]*

Example 2: A paediatric patient is diagnosed with Kawasaki-like syndrome. Symptoms include fever, odynophagia, two days of diarrhoea and vomiting, and abdominal pain. Laboratory tests reveal residual antibodies from a previous SARS-CoV-2 infection. Assign emergency use code U07.5 *Emergency use code U07.5 [Multisystem inflammatory syndrome associated with COVID-19]* as principal diagnosis. Do not assign additional diagnosis codes for the symptoms or M30.3 *Mucocutaneous lymph node syndrome [Kawasaki]* in addition to U07.5.

Codes: U07.5 *Emergency use code U07.5 [Multisystem inflammatory syndrome associated with COVID-19]*

Ref No: TN1551 | Published On: 16-Mar-2021 | Status: Retired | Retired On: 1-Jul-2022

COVID-19 vaccines causing adverse effects in therapeutic use

Effective from 1 January 2021

To identify adverse effects of COVID-19 vaccines in therapeutic use, the World Health Organization has activated an additional emergency use code.

In Australia, this emergency use code will be implemented as U07.7 *Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]*.

Assign U07.7 in addition to external cause codes where clinical documentation indicates that a patient has experienced an adverse effect due to a COVID-19 vaccination.

The COVID-19 vaccines currently approved for use in Australia are not serum based, therefore codes from T80 *Complications following infusion, transfusion and therapeutic injection* are not appropriate.

Example 1: A patient is admitted with allergic urticaria due to a COVID-19 vaccination. Assign codes for the adverse effect followed by emergency use code U07.7:

Codes: T88.1 *Other complications following immunisation, not elsewhere classified*

L50.0 *Allergic urticaria*

Y59.0 *Viral vaccines [causing adverse effects in therapeutic use]*

Y92.23 *Health service area, not specified as this facility*

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

Example 2: A patient presents with wheezing, itchy skin and difficulty swallowing and is diagnosed with anaphylaxis due to COVID-19 vaccination. Assign a code for the anaphylaxis followed by emergency use code U07.7:

Codes: T88.6 *Anaphylaxis and anaphylactic shock due to adverse effect of correct drug or medicament properly administered*

Y59.0 *Viral vaccines [causing adverse effects in therapeutic use]*

Y92.23 *Health service area, not specified as this facility*

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

See also Coding Rule *Allergens and anaphylaxis.*

Supplementary guidance for classifying admitted care in Eleventh Edition

To classify COVID-19 in episodes of admitted care follow the national Coding Rule – Coronavirus disease 2019 (COVID-19) (effective 1 January 2020; updated 27 March 2020) in the first instance.

This guidance supplements the Coding Rule where suspected COVID-19 is the reason for presentation.

Laboratory confirmed cases (tested positive)

Key point(s):

- 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.

Reason for presentation	Guidance
Symptoms = YES Exposure = YES	Principal diagnosis: Symptom(s) or condition(s) as per ACS 0001 *Principal diagnosis* Additional diagnoses: B97.2 *Coronavirus as the cause of diseases classified to other chapters* U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*
Symptoms = YES Exposure = NO	Principal diagnosis: Symptom(s) or condition(s) as per ACS 0001 *Principal diagnosis* Additional diagnoses: B97.2 *Coronavirus as the cause of diseases classified to other chapters* U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*
Symptoms = NO Exposure = YES	Principal diagnosis: B34.2 *Coronavirus infection, unspecified site* Additional diagnoses: U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*
Self-presenting, non-mandated Symptoms = NO Exposure = NO	Principal diagnosis: B34.2 *Coronavirus infection, unspecified site* Additional diagnoses: U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*
Mandated screening by authority Symptoms = NO Exposure = NO	Principal diagnosis: B34.2 *Coronavirus infection, unspecified site* Additional diagnoses: U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*
Pregnancy complicated by COVID-19 or other condition (as per ACS	Code first: O98.5 *Other viral diseases complicating pregnancy, childbirth and the puerperium*

Reason for presentation	Guidance
1521 *Conditions and injuries in pregnancy*)	Additional diagnoses: As per the advice above

Clinically diagnosed or probable cases (testing is inconclusive, unavailable or not specified)

Table last updated: 9 April 2020

Key point(s):

- 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.

Reason for presentation	Guidance
Symptoms = YES Exposure = YES	Principal diagnosis: Symptom(s) or condition(s) as per ACS 0001 *Principal diagnosis* Additional diagnoses: B97.2 *Coronavirus as the cause of diseases classified to other chapters* U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*
Symptoms = YES Exposure = NO	Principal diagnosis: Symptom(s) or condition(s) as per ACS 0001 *Principal diagnosis* Additional diagnoses: B97.2 *Coronavirus as the cause of diseases classified to other chapters* U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*
Symptoms = NO Exposure = YES	Principal diagnosis: B34.2 *Coronavirus infection, unspecified site* Additional diagnoses: U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*
Self-presenting, non-mandated Symptoms = NO Exposure = NO	Principal diagnosis: B34.2 *Coronavirus infection, unspecified site* Additional diagnoses: U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*
Mandated screening by authority Symptoms = NO Exposure = NO	Principal diagnosis: B34.2 *Coronavirus infection, unspecified site* Additional diagnoses: U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*

Reason for presentation	Guidance
Pregnancy complicated by COVID-19 or other condition (as per ACS 1521 *Conditions and injuries in pregnancy*)	Code first: O98.5 *Other viral diseases complicating pregnancy, childbirth and the puerperium* Additional diagnoses: As per the advice above

Ruled out cases (tested negative)

Key point(s):

- 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.

Reason for presentation	Guidance
Symptoms = YES Exposure = YES	Principal diagnosis: Symptom(s) or condition(s) as per ACS 0001 *Principal diagnosis* Additional diagnoses: Z20.8 *Contact with and exposure to other communicable diseases* Z03.8 *Observation for other suspected diseases and conditions* U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*
Symptoms = YES Exposure = NO	Principal diagnosis: Symptom(s) or condition(s) as per ACS 0001 *Principal diagnosis* Additional diagnoses: Z03.8 *Observation for other suspected diseases and conditions* U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*
Symptoms = NO Exposure = YES	Principal diagnosis: Z20.8 *Contact with and exposure to other communicable diseases* Additional diagnoses: U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*
Self-presenting, non-mandated Symptoms = NO Exposure = NO	Principal diagnosis: Z71.1 *Person with feared complaint in whom no diagnosis is made* Additional diagnoses: U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*
Mandated screening by authority Symptoms = NO Exposure = NO	Principal diagnosis: Z11.5 *Special screening examination for other viral diseases* Additional diagnoses: U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*

Additional notes for all admitted care cases

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.

List of updates for Supplementary guidance for classifying admitted patient care

The following list describes changes made to the supplementary guidance provided in this document.

Updates related to the publication *Rules for coding and reporting COVID-19 episodes of care* can be found on the publication page.

Update	Section(s)	Description
9 April 2020	Additional notes for all cases	Updated Note 3 for new instructional notes included in ICD-10 2019 for U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*
9 April 2020	Supplementary guidance/Rules out cases	Removed redundant category 'Pregnancy complicated by COVID-19 or other condition' in Ruled out cases Adapted wording under Key points related to ACS 0012 *Suspected conditions*
9 April 2020	Supplementary guidance/Laboratory confirmed cases Supplementary guidance/Clinically diagnosed or probable cases Supplementary guidance/Ruled out cases	Wording added "as per ACS 0001 *Principal diagnosis*" to align with text in Coding Rule
3 April 2020		Publishing of 'Rules for coding and reporting COVID-19 episodes of care' (Version 1.0)

Frequently Asked Questions (FAQs) for Eleventh Edition Coding Rules

FAQs were published in four parts as queries were received by jurisdictional coding advisory committees. IHACPA (formerly IHPA) prioritised these queries to ensure consistent application of guidance related to COVID-19 concepts:

- Part 1 – included seven guidelines on COVID-19
- Part 2 – included four guidelines on COVID-19
- Part 3 – included three guidelines on COVID-19
- Part 4 – included two guidelines on COVID-19

The guidelines in the FAQs are provided below and were published to assist with the understanding of how to apply the Coding Rules related to COVID-19. It was not anticipated that the FAQs would have impacts on code assignment.

Please note:

- these FAQs have been retired due to the publication of ICD-10-AM/ACHI/ACS Twelfth Edition
- some hyperlinks may no longer function due to the transition between IHPA and IHACPA – where hyperlinks refer to coding advice this advice can be found within this document using the search function.

Admitted care FAQs – Part 1

Admitted care FAQs – Part 1 was published on 1 May 2020 and contained the following responses to FAQs:

- *Application of U06.0 Emergency use of U06.0 [COVID-19, ruled out]*
- *Transfer for suspected COVID-19*
- *Assignment of code for exposure to COVID-19*
- *Condition onset flag for COVID-19*
- *Code assignment from Chapter 1 Certain infectious and parasitic diseases in episodes of COVID-19*
- *False negative laboratory test result for SARS-CoV-2 and COVID-19*
- *Assignment of Z11.5 Special screening examination for other viral diseases to rule out COVID-19*

Application of U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*

Q:

In what circumstances is U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* assigned?

A:

Health care facilities may test inpatients for SARS-CoV-2 where COVID-19 is a differential diagnosis or there is a decision to rule out COVID-19 for other reasons. COVID-19 may be a differential diagnosis in conditions such as influenza, pneumonia and heart failure.

Where laboratory testing for SARS-CoV-2 is negative and COVID-19 has not been clinically diagnosed, assign U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* as an additional diagnosis. Additional codes for observation for suspected conditions or exposure to communicable diseases may be assigned if applicable.

DO NOT assign U06.0 where COVID-19 is clinically ruled out alone (ie not verified by a negative laboratory test result for SARS-CoV-2).

Transfer for suspected COVID-19

Q:

Where a patient is transferred with multiple suspected conditions and suspected COVID-19 is one of them, is a COVID-19 emergency use code assigned?

A:

Where a patient is transferred for a suspected condition, apply the guidelines in ACS 0012 *Suspected Conditions*:

- If a single condition is suspected, assign a code for the suspected condition.
- If **more than one suspected condition** is documented as the differential diagnosis:
  - assign code(s) for the documented symptom(s)

  OR

  - if there are no symptom(s) documented, assign codes for all suspected conditions.

See examples 1 and 2 below.

Transfer for suspected COVID-19, example 1:

Hospital	A	B
Scenario	Patient is admitted with shortness of breath and fever after returning from a cruise where other individuals were known to have COVID-19. Documentation states 'Patient exposed to COVID-19 during recent cruise. ?COVID-19 ?influenza other ?viral infection'. Patient is transferred to Hospital B for laboratory testing to exclude a diagnosis of COVID-19.	Patient is received from Hospital A for investigation of '?COVID-19 ?influenza ?other viral infection'. Laboratory testing is performed to exclude a diagnosis of COVID-19. Test results were negative for SARS-CoV-2. COVID-19 is documented as ruled out and the patient is diagnosed with influenza.
Codes assigned	Principal diagnosis: R06.0 *Dyspnoea* Additional diagnoses: R50.9 *Fever, unspecified* Z03.8 *Observation for other suspected diseases and conditions* Z20.8 *Contact with and exposure to other communicable diseases* Z75.6 *Transfer for suspected condition*	Principal diagnosis: J11.1 *Influenza with other respiratory manifestations, virus not identified* Additional diagnosis: Z20.8 *Contact with and exposure to other communicable diseases* U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*
Rationale	COVID-19 is suspected as one of three differential diagnoses. It is not laboratory confirmed, clinically diagnosed or ruled out; therefore, an emergency use code is not assigned. R06.0 and R50.9 are assigned as there was more than one suspected condition documented as differential diagnoses. Z03.8 is assigned as symptoms suggestive of COVID-19 were documented and it was noted as a possible diagnosis. Z20.8 is assigned to identify exposure to known COVID-19 as documented by the clinician. Z75.6 is assigned as the patient was transferred for investigation of suspected conditions. B97.2 is not assigned as there are multiple suspected conditions so only symptoms are coded.	After study, influenza was determined to be the principal diagnosis. Z20.8 is assigned to identify exposure to known COVID-19 as documented by the clinician. Z03.8 is not assigned as the symptoms were confirmed to be due to influenza and COVID-19 was ruled out. COVID-19 is documented as ruled out; therefore, U06.0 is assigned as an additional diagnosis.

Transfer for suspected COVID-19, example 2:

Hospital	A	B	A
Scenario	Patient is admitted with viral pneumonia due to ?COVID-19. There is no documentation of exposure; however, due to recent travel overseas, patient is transferred to Hospital B specifically for laboratory testing to exclude a diagnosis of COVID-19.	Patient is received from Hospital A with viral pneumonia due to ?COVID-19. Laboratory testing is performed to exclude COVID-19. Test results for SARS-CoV-2 were documented as negative. Patient was transferred back to Hospital A for ongoing care.	Patient is transferred back to Hospital A from Hospital B with a diagnosis of viral pneumonia.

Hospital	A	B	A
Codes assigned	Principal diagnosis: J12.8 *Other viral pneumonia* Additional diagnoses: B97.2 *Coronavirus as the cause of diseases classified to other chapters* Z75.6 *Transfer for suspected condition*	Principal diagnosis: J12.9 *Viral pneumonia, unspecified* Additional diagnosis: U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*	Principal diagnosis: J12.9 *Viral pneumonia, unspecified*
Rationale	COVID-19 is suspected to have caused the viral pneumonia. B97.2 is assigned to reflect the suspected viral agent. A U07 emergency use code is not assigned as it has not been confirmed by laboratory testing or clinically diagnosed. Z75.6 is assigned to identify that the patient is being transferred for investigation of a suspected condition. Z20.8 is not assigned because only a history of recent overseas travel is documented by a clinician, not a documented history of exposure to a confirmed case of COVID-19.	After study, viral pneumonia was determined to be the principal diagnosis, and COVID-19 was ruled out following laboratory testing; therefore, U06.0 is assigned.	After study, viral pneumonia continues to be the principal diagnosis, with no specific virus identified. COVID-19 was ruled out at Hospital B; therefore, U06.0 is not assigned.

Assignment of code for exposure to COVID-19

Q:

When is Z20.8 *Contact with and exposure to other communicable diseases* assigned in relation to COVID-19?

A:

Where suspected COVID-19 is ruled out, or the patient is transferred to another facility to undergo testing for SARS-CoV-2, an additional code Z20.8 *Contact with and exposure to other communicable diseases* may be assigned to indicate a documented history of exposure to COVID-19 as determined by a clinician.

For classification purposes, exposure to, or contact with, a confirmed case of COVID-19 must be determined and documented by a clinician. Z20.8 is not assigned in the following scenarios:

- patient-reported exposure to COVID-19 alone
- documentation of recent overseas travel, or contact with individuals that have recently travelled overseas

Where COVID-19 is confirmed, a history of exposure is inherent in the assignment of emergency use codes U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* or U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*, and an additional code for Z20.8 is not assigned.

Condition onset flag for COVID-19

Q:

Which condition onset flag (COF) value is applied to the emergency use codes for COVID-19?

A:

ACS 0048 *Condition onset flag* defines COF 2 *Condition <u>not</u> noted as arising during the episode of admitted patient care* as:

> *A condition previously existing or suspected on admission such as the presenting problem, a comorbidity or chronic disease*

An example is provided:

- *a condition that has not been documented at the time of admission, but clearly did not develop after admission (eg newly diagnosed diabetes mellitus, malignancy and morphology).*

Where a patient is admitted for known or suspected COVID-19, apply COF 2 to the emergency use codes.

However, in the specific circumstance where exposure to COVID-19 is documented as occurring during the episode of admitted care, assign COF 1. For example, assign COF 1 where a patient contracts COVID-19 through exposure to an individual in a health care setting, who has tested positive to SARS-CoV-2.

When it is uncertain whether a condition was present at admission or arose during the episode, assign COF 2 as per ACS 0048 *Condition onset flag/Guide for use,* point 6:

> *When it is difficult to decide if a condition was present at the beginning of the episode of admitted patient care or if it arose during the episode, assign COF 2.*

Code assignment from Chapter 1 *Certain infectious and parasitic diseases* in episodes of COVID-19

Q:

What is the difference between assignment of B97.2 *Coronavirus as the cause of diseases classified to other chapters* and B34.2 *Coronavirus infection, unspecified site*?

A:

B97.2 *Coronavirus as the cause of diseases classified to other chapters* is assigned as an additional diagnosis to specify the infectious agent, where documentation indicates that symptom(s) or condition(s) are related to laboratory confirmed, or clinically diagnosed or probable COVID-19. B97.2 is not acceptable as a principal diagnosis (Example 1).

B34.2 *Coronavirus infection, unspecified site* is assigned to classify asymptomatic infection, where documentation indicates a confirmed case of COVID-19 in an asymptomatic patient. B34.2 may be assigned as a principal diagnosis (Example 2).

Example 1:

Patient admitted with shortness of breath and subsequently tested positive for SARS-CoV-2.

Principal diagnosis: R06.0 *Dyspnoea* (as per ACS 0001 *Principal diagnosis*)

Additional diagnoses: B97.2 *Coronavirus as the cause of diseases classified to other chapters*

U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*

Example 2:

Asymptomatic patient admitted with documented exposure to a confirmed case of COVID-19 and subsequently tested positive for SARS-CoV-2.

Principal diagnosis: B34.2 *Coronavirus infection, unspecified site*

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

False negative laboratory test result for SARS-CoV-2 and COVID-19

Q:

Is U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]* assigned for a clinical diagnosis of COVID-19, despite a negative laboratory test result?

A:

In laboratory testing, a negative test result means that the virus causing COVID-19 was not found in the test sample. For many individuals, this means that COVID-19 is not the cause of their symptoms or condition. However, it is possible for some individuals to receive a negative result in error (ie false negative), meaning they may have the virus causing
COVID-19 even though it is not detected (Centres for Disease Control and Prevention 2020).

Where COVID-19 is clinically diagnosed, despite a negative laboratory test result, assign U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*.

Reference:

Centres for Disease Control and Prevention 2020, *Fact sheet for patients: CDC - 2019-nCoV Real-Time RT-PCR Diagnostic Panel*, United States Department of Health & Human Services, viewed 28 April 2020, <https://www.cdc.gov/coronavirus/2019-ncov/downloads/Factsheet-for-Patients-2019-nCoV.pdf>.

Assignment of Z11.5 *Special screening examination for other viral diseases* to rule out COVID-19

Q:

What is screening by a mandated authority, and in what circumstance is Z11.5 *Special screening examination for other viral diseases* assigned in the context of screening for COVID-19?

A:

Screening mandated by an authority is performed where an authority, such as a government, compels testing of individuals who:

- are asymptomatic
- have no documented history of exposure.

Assign Z11.5 *Special screening examination for other viral diseases* as a principal diagnosis when screening for COVID-19, as described above, is performed (ie in rare circumstances where the only reason for admission is to screen for the presence of SARS-CoV-2). Screening should not be confused with a decision to routinely test for SARS-CoV-2 during an admitted episode of care.

Where COVID-19 is ruled out on screening (as defined above), assign U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* as an additional diagnosis.

Where COVID-19 has been confirmed as a result of screening (as defined above), assign B34.2 *Coronavirus infection, unspecified site* as the principal diagnosis and U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* as an additional diagnosis.

Admitted care FAQs – Part 2

Admitted care FAQs – Part 2 was published on 25 May 2020 and contained the following responses to FAQs:

- *Application of U06.0 Emergency use of U06.0 [COVID-19, ruled out] for admitted patients with a negative test result for SARS-CoV-2 (COVID-19)*
- *COVID-19 complicating pregnancy*
- *Clinical variation in documentation of COVID-19*
- *Laboratory tests to identify COVID-19*

Application of U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* for admitted patients with a negative test result for SARS-CoV-2 (COVID-19)

Q:

When is U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* assigned?

A:

Health care facilities may routinely test admitted patients for SARS-CoV-2 (eg in the absence of symptoms suggestive of COVID-19).

U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* is assigned where there is clinical documentation that COVID-19 has been ruled out following laboratory testing, irrespective of the indication or whether the patient has been discharged before the test results are received.

U06.0 is not assigned based on observation of a test result alone as per the guidelines in ACS 0010 *Clinical documentation and general abstraction guidelines/Test results and medication charts:*

> *Do not use test result values, descriptions, medication charts, symbols and abbreviations in isolation to inform code assignment.*

COVID-19 complicating pregnancy

Q:

What codes are assigned for pregnancy complicated by COVID-19?

A:

Where COVID-19, diagnosed either clinically or by laboratory testing, is complicating pregnancy as per the guidelines in ACS 1521 *Conditions and injuries in pregnancy*, apply the guidelines in the Coding Rule *Coronavirus disease 2019 (COVID-19):*

> 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.*

Example 1:

Admission to hospital for acute lower respiratory tract infection (LRTI) secondary to COVID-19 (laboratory confirmed SARS-CoV-2) complicating pregnancy.

Principal diagnosis: O99.5 *Diseases of the respiratory system in pregnancy, childbirth and the puerperium*

Additional diagnoses: J22 *Unspecified acute lower respiratory tract infection*

O98.5 *Other viral diseases in pregnancy childbirth and the puerperium*

B97.2 *Coronavirus as the cause of diseases classified to other chapters*

U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*

Rationale: In this episode, the patient is admitted with a LRTI, secondary to SARS-CoV-2 infection (COVID-19). The principal diagnosis is assigned to O99.5 with J22 reflecting the LRTI complicating pregnancy. The COVID-19 infection is classified in accordance with the COVID-19 coding rule by assigning O98.5 first, followed by B97.2 for the symptomatic COVID-19 and the appropriate emergency use code.

Example 2:

A patient with fever and cough is clinically diagnosed with COVID-19 complicating pregnancy (SARS-CoV-2 testing unavailable).

Principal diagnosis: O99.8 *Other specified diseases and conditions in pregnancy, childbirth and the puerperium*

Additional diagnoses: R50.9 *Fever, unspecified*

R05 *Cough*

O98.5 *Other viral diseases in pregnancy childbirth and the puerperium*

B97.2 *Coronavirus as the cause of diseases classified to other chapters*

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

Rationale: In this episode, the patient is admitted with symptoms and clinically diagnosed as having COVID-19. The principal diagnosis is assigned to O99.8, with R50.9 and R05 to reflect the COVID-19 symptoms complicating pregnancy. COVID-19 is classified in accordance with the COVID-19 coding rule by assigning O98.5 first, followed by B97.2 for the symptomatic COVID-19 and U07.2 to reflect the clinical diagnosis of COVID-19.

Clinical variation in documentation of COVID-19

Q:

How do variations in clinical terminology and documentation of COVID-19 (eg ‘viral illness – COVID-19’ or ‘Coronavirus infection’) affect code assignment?

A:

Apply the guidelines in the Coding Rule *Coronavirus disease 2019 (COVID-19)*, irrespective of the varying terminology used to describe COVID-19. That is, classify the episode according to the presentation and whether the presentation occurs with a documented clinical manifestation, symptom or is asymptomatic.

Laboratory tests to identify COVID-19

Q:

Can laboratory tests such as an antibody serology test be used to inform assignment of an emergency use code for coronavirus disease 2019 (COVID-19)?

A:

Testing for COVID-19 can include nucleic acid detection tests, using polymerase chain reaction (PCR) to detect SARS-CoV-2 viral ribonucleic acid, or serology tests to detect human antibodies (ie immunoglobulins or Ig) against SARS-CoV-2 (Therapeutic Goods Administration 2020). Documentation of these tests can include 'swabs', PCR and blood serology tests.

Antibodies are produced after a person is infected with SARS-CoV-2. Serology tests can demonstrate the presence of these antibodies, and therefore whether someone has been infected (Centres for Disease Control and Prevention 2020; Therapeutic Goods Administration 2020).

Clinical advice confirms that documentation of COVID-19 with confirmation from laboratory testing, including antibody serology testing, can be used to assign U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* as these tests specifically identify COVID-19.

Where COVID-19 is ruled out, refer to the guidance in COVID-19 FAQ admitted care Part 2 - *Application of U06.0 Emergency use of U06.0 [COVID-19, ruled out] for admitted patients with a negative test result for SARS-CoV-2 (COVID 19).*

References:

Centers for Disease Control and Prevention 2020, *Serology Testing for COVID-19*, United States Department of Health & Human Services, viewed 14 May 2020, <https://www.cdc.gov/coronavirus/2019-ncov/lab/serology-testing.html>.

Therapeutic Goods Administration 2020, *COVID-19 point-of-care tests*, Australian Government Department of Health, viewed 14 May 2020, <https://www.tga.gov.au/covid-19-point-care-tests>.

Admitted care FAQs – Part 3

Admitted care FAQs – Part 3 was published on 17 September 2020 and contained the following responses to FAQs:

- *Assignment of symptoms in patients with COVID-19*
- *Assignment of COVID-19 emergency use codes in admitted episodes of care for transferred patients*
- *Clinical documentation to support assignment of U06.0 Emergency use of U06.0 [COVID-19, ruled out]*

Assignment of symptoms in patients with COVID-19

The COVID-19 pandemic is unprecedented, unique and evolving. Similarly, the classification of COVID-19 is unprecedented, unique and evolving.

At the beginning of the pandemic a decision was made, in Australia, to distinguish the classification of symptomatic COVID-19 admitted episodes from asymptomatic admitted episodes as it was considered this information would be useful in understanding the disease in the future.

Symptoms are not normally coded when a condition has been definitively diagnosed and so the classification of COVID-19 is unique in this respect.

There are complexities in the symptomatic versus asymptomatic nature of COVID-19 presentations, as the type and onset of symptoms are variable and may be related to causes other than COVID-19.

The following principles apply to the classification of symptoms in COVID-19 admitted episodes of care:

Scenario	Classification
COVID-19 has been confirmed and symptoms are present that are attributable to a definitive condition not associated with COVID-19	Codes for symptoms are not assigned, in accordance with normal coding practice
COVID-19 has been confirmed and symptoms are present that are attributable to a definitive condition associated with COVID-19, such as pneumonia or a respiratory tract infection	Codes for symptoms are not assigned, in accordance with normal coding practice
COVID-19 has been confirmed and symptoms are present, that are not attributable to a definitive condition or any other cause	Codes for symptoms are assigned for the classification of COVID-19
COVID-19 has been confirmed and symptoms are present or develop during the episode of care that are not attributable to a definitive condition or any other cause	Codes for symptoms are assigned for the classification of COVID-19

Where a symptom arising during the admitted episode is assigned as a principal diagnosis, follow ACS 0048 *Condition onset flag* to assign a condition onset flag (COF) of 2 *Condition not noted as arising during the current episode of care*, in accordance with *Guide for use point 3*.

Where there is uncertainty as to whether symptoms are attributable to COVID-19, confirmation should be sought from the treating clinician.

Assignment of COVID-19 emergency use codes in admitted episodes of care for transferred patients

The assignment of the COVID-19 emergency use codes are guided by clinical documentation, and supported by the test results.

Each COVID-19 related admitted episode of care must be reviewed on a case by case basis.

Where COVID-19 is documented as a suspected condition before transfer, apply the guidelines in ACS 0010 *Clinical documentation and general abstraction guidelines/Test results and medication charts* to assign the relevant emergency use code in that episode:

- where the laboratory test confirms a negative COVID-19 result, assign U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*
- where the laboratory test confirms a positive COVID-19 result, assign U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*

See also COVID-19 FAQ Part 3: *Clinical documentation to support assignment of U06.0 Emergency use of U06.0 [COVID-19, ruled out]*.

Clinical documentation to support assignment of U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*

Australia enacted U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* to identify activity related to the testing of COVID-19 in accordance with the National Partnership on COVID-19 Response.

Assign U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* where clinical documentation indicates that testing for COVID-19 has occurred but the presence of COVID-19 has been ruled out by virtue of a negative test result for SARS-CoV-2. The specific terminology of 'ruled out' is not required in order to assign this code.

U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* is only assigned in the episode where the laboratory test was performed.

Admitted care FAQs – Part 4

Admitted care FAQs – Part 4 was published on 20 August 2021 and contained the following responses to FAQs:

- *Code assignment and sequencing for COVID-19 vaccines causing adverse effects in therapeutic use*
- *Assignment of emergency use code for the need for COVID-19 vaccination*

Code assignment and sequencing for COVID-19 vaccines causing adverse effects in therapeutic use

Q:

What is the correct code assignment and sequencing for a condition documented as an adverse effect of a COVID-19 vaccine?

A:

Minor and unspecified adverse reactions (complications) to non-serum vaccines are classified to T88.1 *Other complications following immunisation, not elsewhere classified*; such as eczema, reaction (allergic) and rash in accordance with the ICD-10-AM Alphabetic Index.

Coding Rule *COVID-19 vaccines causing adverse effects in therapeutic use* provided an example of such an adverse reaction, allergic urticaria, where T88.1 is assigned. In this example, an additional code was added for specificity (L50.0 *Allergic urticaria*).

For other specified adverse effects (complications) of a COVID-19 vaccination, such as pulmonary embolism, assign an appropriate chapter code and appropriate external cause codes.

In all instances of an adverse effect of a COVID-19 vaccination assign U07.7 *Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]* in addition to appropriate external cause codes where clinical documentation indicates the adverse effect is due to a COVID-19 vaccination.

In the March 2021 Coding Rule, the first example was intended to demonstrate application of U07.7 *Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]*, and is not a directive that T88.1 is to be assigned as principal diagnosis in all scenarios where an adverse effect of a COVID-19 vaccination is documented.

Improvements to this area of the classification are being progressed for the next edition of ICD-10-AM.

See also Coding Rule *COVID-19 vaccines causing adverse effects in therapeutic use.*

See also Coding Rule *Allergens and anaphylaxis.*

Assignment of emergency use code for the need for COVID-19 vaccination

Q:

Why was an emergency use code not implemented for the need for a COVID-19 vaccination?

A:

The World Health Organization (WHO) released two emergency use codes in early 2021 to classify the need for vaccination against coronavirus disease 2019 (COVID-19) and adverse effects of COVID-19 vaccines.

In March 2021, Coding Rule *COVID-19 vaccines causing adverse effects in therapeutic use* was released to implement U07.7 *Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]*.

A code to classify the *need for immunisation against COVID-19* was not implemented in Australia following a decision to report COVID-19 vaccinations in the admitted setting as a non-admitted patient service event under COVID-19 vaccination clinic (10.21): https://www.ihpa.gov.au/publications/rules-coding-and-reporting-covid-19-episodes-care.

Classification of COVID-19 in Twelfth Edition

The publication of ICD-10-AM/ACHI/ACS Twelfth Edition, effective 1 July 2022 in Australian health services, supersedes all published advice on the classification of COVID-19 for Eleventh Edition.

The classification of COVID-19 in Twelfth Edition is subject to Australian Coding Standard (ACS) ACS 0113 *Coronavirus disease 2019 (COVID-19)*.

Access to the guidelines in ACS 0113 is available within the Australian Coding Standards hardcopy book, or through software vendors that provide the ICD-10-AM/ACHI/ACS Twelfth Edition reference material. Please note that Twelfth Edition is subject to the publication of errata – further information is available on the Twelfth Edition publication webpage.

Appendix A: Comparison between Eleventh Edition and Twelfth Edition

ICD-10-AM/ACHI/ACS Twelfth Edition was implemented for separations on 1 July 2022. In some instances, Twelfth Edition classifies COVID-19 differently than Eleventh Edition. This appendix provides a summary of key changes for COVID-19 between Eleventh Edition and Twelfth Edition.

This appendix is not provided for the purposes of classification guidance to inform the clinical coding process, instead it is provided for users of coded health data to better understand changes in the classification of COVID-19 and may assist analysing episodes of care in admitted patient care data collections. A scenario is included below to illustrate the difference in coding between editions.

Scenario A (COVID-19 with symptoms): Patient admitted with suspected COVID-19 from household contact, with shortness of breath and fever. Patient was isolated until test results were confirmed. Patient discharged with a principal diagnosis of COVID-19.

Testing	Eleventh Edition	Twelfth Edition
Laboratory testing used to confirm COVID-19	Principal diagnosis: • R06.0 *Dyspnoea* Additional diagnoses: • R50.9 *Fever, unspecified* • B97.2 *Coronavirus as the cause of diseases classified to other chapters* • U07.1 *Coronavirus disease 2019 [COVID-19], virus identified* • Z29.0 *Isolation* Interventions: • N/A	Principal diagnosis: • U07.12 *Coronavirus disease 2019 [COVID-19], virus identified, symptomatic* Additional diagnoses: • Z29.0 *Isolation* Interventions: • 96273-00 **[1866]** *Testing for severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]*
COVID-19 clinically confirmed	Principal diagnosis: • R06.0 *Dyspnoea* Additional diagnoses: • R50.9 *Fever, unspecified* • B97.2 *Coronavirus as the cause of diseases classified to other chapters* • U07.2 *Coronavirus disease 2019 [COVID-19], virus not identified* • Z29.0 *Isolation* Interventions: • N/A	Principal diagnosis: • U07.2 *Coronavirus disease 2019 [COVID-19], virus not identified* Additional diagnoses: • Z29.0 *Isolation* Interventions: • N/A

It is recommended that advice from a health information manager or clinical coder with experience in the ICD-10-AM/ACHI/ACS classification system is sought prior to utilising this appendix.

Concept	ICD-10-AM Eleventh Edition	ICD-10-AM and ACHI Twelfth Edition
COVID-19 confirmed by laboratory testing	**CODE** • U07.1 Coronavirus *disease 2019 [COVID-19], virus identified* **CLASSIFICATION NOTES** **Assignment**: • This code is **not** assigned as principal diagnosis. **Related codes**: • For asymptomatic cases, B34.2 *Coronavirus infection, unspecified site* may be assigned as principal diagnosis. • For symptomatic cases, symptom(s) or condition(s) may be assigned as principal diagnosis. B97.2 *Coronavirus as the cause of diseases classified to other chapters and* U07.1 *COVID-19, virus identified* are assigned as additional diagnoses.	**CODES** Code U07.1 was expanded to identify symptomatic versus asymptomatic COVID-19. Code U07.1 is no longer a valid code. • U07.11 *Coronavirus disease 2019 [COVID-19], virus identified, asymptomatic* • U07.12 *Coronavirus disease 2019 [COVID-19], virus identified, symptomatic* **TWELFTH EDITION CHANGES** **Change to assignment**: • These codes **may** be assigned as principal diagnosis. **Change to related codes**: • Other coronavirus codes (B34.2 and B97.2) are no longer assigned for COVID-19. • Manifestations from chapters other than Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)* are assigned when they meet ACS 0002 *Additional diagnoses*. Symptoms are no longer coded.
COVID-19 clinically diagnosed, not confirmed by laboratory testing Includes clinical diagnosis supported by radiological imaging or rapid antigen tests	**CODE** • U07.2 *Coronavirus disease 2019 [COVID-19], virus not identified* **CLASSIFICATION NOTES** **Assignment**: • This code is **not** assigned as a principal diagnosis. **Related codes**: • For symptomatic cases, symptom(s) or condition(s) are assigned as principal diagnosis. B97.2 *Coronavirus as the cause of diseases classified to other chapters and* U07.1 *COVID-19, virus identified* are assigned as additional diagnoses.	**CODE** (No change) • U07.2 *Coronavirus disease 2019 [COVID-19], virus not identified* **TWELFTH EDITION CHANGES** **Change to assignment**: • This code **may** be assigned as principal diagnosis. **Change to related codes**: • Other coronavirus codes (B34.2 and B97.2) are no longer assigned for COVID-19. • Manifestations from chapters other than Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)* are assigned when they meet ACS 0002 *Additional diagnoses*. Symptoms are no longer coded.

Concept	ICD-10-AM Eleventh Edition	ICD-10-AM and ACHI Twelfth Edition
Previously confirmed COVID-19 that is no longer current Includes where previous COVID-19 has not been causally linked to a condition	**CODE** • U07.3 Personal *history of coronavirus disease 2019 [COVID-19]* **CLASSIFICATION NOTES** **Assignment**: • This code is **not** assigned as principal diagnosis.	**CODE** (No change) • U07.3 *Personal history of coronavirus disease 2019 [COVID-19]* **TWELFTH EDITION CHANGES** **Change to assignment**: • Nil.
Condition causally related to COVID-19	**CODE** • U07.4 *Post coronavirus disease 2019 [COVID-19] condition* **CLASSIFICATION NOTES** **Assignment**: • This code is **not** assigned as principal diagnosis.	**CODE** (No change) • U07.4 *Post coronavirus disease 2019 [COVID-19] condition* **TWELFTH EDITION CHANGES** **Change to assignment**: • Nil.
Multisystem inflammatory syndrome	**CODE** • U07.5 *Multisystem inflammatory syndrome associated with coronavirus disease 2019 [COVID-19]* **CLASSIFICATION NOTES** **Assignment**: • This code **may** be assigned as principal diagnosis.	**CODE** (No change) • U07.5 *Multisystem inflammatory syndrome associated with coronavirus disease 2019 [COVID-19]* **TWELFTH EDITION CHANGES** **Change to assignment**: • Nil.

Concept	ICD-10-AM Eleventh Edition	ICD-10-AM and ACHI Twelfth Edition
Adverse effect due to a COVID-19 vaccination	**CODE** • U07.7 *Coronavirus disease 2019 [COVID-19] vaccines causing adverse effect in therapeutic use* **CLASSIFICATION NOTES** **Assignment**: • This code is **not** assigned as principal diagnosis.	**CODES** Code U07.7 was expanded to identify the type of COVID-19 vaccine causing adverse effect. Code U07.7 is no longer a valid code. • U07.70 *Coronavirus disease 2019 [COVID-19] vaccines, not elsewhere classified, causing adverse effect in therapeutic use* • U07.71 *Coronavirus disease 2019 [COVID-19] vaccine, using viral vector, causing adverse effect in therapeutic use* • U07.72 *Coronavirus disease 2019 [COVID-19] vaccine, using whole virus, causing adverse effect in therapeutic use* • U07.73 *Coronavirus disease 2019 [COVID-19] vaccine, using subunit, causing adverse effect in therapeutic use* • U07.74 *Coronavirus disease 2019 [COVID-19] vaccine, using nucleic acid, causing adverse effect in therapeutic use* **TWELFTH EDITION CHANGES** **Change to assignment**: • Nil. **Change to related codes**: • Nil.
Laboratory testing performed	**CODE** • U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* **CLASSIFICATION NOTES** **Assignment**: • This code was only assigned when documentation indicated testing was performed and the clinician had ruled-out COVID-19	**CODE** Code U06.0 is no longer a valid code. • 96273-00 **[1866]** *Testing for severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]* **TWELFTH EDITION CHANGES** **Change to assignment**: • This code is assigned to identify **laboratory testing** activity for COVID-19 and independent of a COVID-19 diagnosis.

Other COVID-19 related codes in Twelfth Edition that are not anticipated to have high volume:

- Z25.2 *Need for immunisation against coronavirus disease 2019 [COVID-19]* is not anticipated for use in admitted care outside antenatal or delivery episodes of care.
- Z03.81 *Observation for suspected coronavirus disease 2019 [COVID-19], ruled out* has been created for the rare circumstance when someone is admitted to hospital, without symptoms, and that is the only reason they are admitted.