Government of Western Australia
Department of Health

Clinical Coding Guidelines: Coronavirus disease 2019 (COVID-19)

ICD-10-AM/ ACHI/ ACS Eleventh Edition

WA Clinical Coding Authority

15 February 2022
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Version history

Version	Date Released	Author	Amendment
1.0	June 2020	WA Clinical Coding Authority	
2.0	February 2022	WA Clinical Coding Authority	New additions: • COVID-19 testing (page 4-5) • Reporting of testing activity (page 4-5) • Table of ICD-10-AM codes relevant to COVID-19 (Page 6) • Adverse effects of COVID-19 vaccination (page 14) • Condition Onset Flag for U06.0 (page 15) • New Examples 15, 16, 17, 18 and 19 (page 22-23) Revisions: • Abstraction and coding flow-chart (page 7) • Table 2 updated to incorporate Rapid Antigen Test (page 8) • Table 3 updated to clarify assignment of U06.0 only when sample taken during the admitted episode (page 9) • Examples 1-4 revised (pages 16-17) • Example 13 expanded (page 21)
3.0	March 2022	WA Clinical Coding Authority	New additions: • U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* (page 12) • Testing for evidence of a previous SARS Co-V-2 infection (page 16) Revisions: • Reporting of RAT activity (page 6) amended to include instruction that Z03.8 should not be assigned for a negative RAT result. • *Abstraction and coding of COVID-19 results* chart (page 8) amended – "Assign Z03.8" replaced with "no code assigned" from Test during admission/Test sample taken during admitted episode/Negative RAT • Coding rationale for Example 16 amended to incorporate Z03.8 not assigned (page 23)
4.0	April 2022	WA Clinical Coding Authority	New addition: • Same-day dialysis (page 6)
5.0	July 2022	WA Clinical Coding Authority	New addition: • IHPA response received for U06.0 COF assignment (page 16)

Contents

These guidelines are a supplement to IHPA's *How to classify COVID-19* and Coding Rules.

COVID-19 testing

Laboratory testing: Polymerase chain reaction (PCR) and antibody serology

Polymerase chain reaction (PCR) virology swab tests remain the primary diagnostic tool for COVID-19, and are considered more clinically sensitive than antibody serology tests.[1] PCR tests detect SARS-CoV-2 viral ribonucleic acid (RNA), while antibody serology tests detect IgM and/or IgG antibodies against the SARS-CoV-2 virus.

Non-laboratory testing: Rapid antigen tests (RATs)

Rapid antigen tests (RATs) are a recently introduced diagnostic tool that can be used alone or in conjunction with PCR testing.

RATs detect antigen viral proteins from the SARS-CoV-2 virus. They are most accurate during the symptomatic period, and best performed within the first 7 days from when symptoms first appear.[2]

In these Guidelines:

- COVID-19 polymerase chain reaction, virology swab test is abbreviated to "PCR".
- COVID-19 antibody serology test is abbreviated to "serology test".
- COVID-19 rapid antigen test is abbreviated to "RAT".

Reporting of activity

In accordance with the National Partnership on COVID-19 Response, national classification and reporting rules aim to capture COVID-19 testing activity for:

- admitted care
- emergency department (ED) care
- non-admitted care.

U07.1

For admissions with laboratory confirmed current COVID-19, U07.1 *COVID-19, virus identified* is assigned regardless of where/when the test was performed (e.g. test performed prior to admission in a non-admitted clinic, ED, or previous admitted episode; or test performed in the current admitted episode).

U06.0

U06.0 *COVID-19, ruled out* is only assigned if the PCR or serology test sample is taken during the admitted episode. Refer to: IHPA Coding Rule TN1541 *Clinical documentation to support assignment of U06.0 Emergency use of U06.0 [COVID-19, ruled out]*, effective 17 September 2020.

Samples taken in ED are not assigned U06.0 because admission time commences when the patient physically leaves ED.
Note: in Twelfth Edition U06.0 will be replaced with an ACHI code.

[1] https://www.tga.gov.au/covid-19-testing-australia-information-health-professionals

[2] https://www.tga.gov.au/how-testing-works-covid-19

Reporting of activity (continued)

RAT

IHPA provided RAT advice in January 2022, formally published in March 2022 (Q3766 *Use of rapid antigen test results for COVID-19 emergency use code assignment*) and summarised below:

- RAT is NOT a laboratory test. Therefore U06.0 and U07.1 are not applicable for RAT testing.
- Confirmed, current COVID-19 diagnosis, based on positive RAT alone, is assigned U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*.
- The code title for U07.2 includes "virus not identified", however conventions in the ICD-10-AM Tabular List state: *It is unnecessary for conditions to be explicit in a code title or Inclusion term to be correctly classified.*
- Do not assign Z03.8 *Observation for other suspected diseases and conditions* or U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* based on a negative SARS-CoV-2 RAT result. Assign these codes only when a laboratory test has been performed and the result rules out COVID-19.

Vaccination

COVID-19 vaccination administered during the admitted episode is to be reported as non-admitted activity. Refer to: IHPA Coding Rule TN1556A *Assignment of emergency use code for the need for COVID-19 vaccination*, effective 20 August 2021.

Same-day dialysis auto-generated coding

Same-day dialysis coding is usually auto-generated with the medical record unavailable for the coding process.

Therefore, for auto-generated same day dialysis admissions for patients with current COVID infection receiving dialysis, it is acceptable to omit COVID codes and assign only Z49.1 *Extracorporeal dialysis* or Z49.2 *Other dialysis for peritoneal dialysis* together with the appropriate procedure code.

ICD-10-AM codes relevant to COVID-19 classification

B34.2	Coronavirus infection, unspecified site
B97.2	Coronavirus as the cause of diseases classified to other chapters
O98.5	Other viral diseases in pregnancy childbirth and the puerperium
T88.1	Other complications following immunisation, not elsewhere classified
U06.0	Emergency use of U06.0 [COVID-19, ruled out]
U07.1	Emergency use of U07.1 [COVID-19, virus identified]
U07.2	Emergency use of U07.2 [COVID-19, virus not identified]
U07.3	Emergency use of U07.3 [Personal history of COVID-19]
U07.4	Emergency use of U07.4 [Post COVID-19 condition]
U07.5	Emergency use of U07.5 [Multisystem inflammatory syndrome associated with COVID-19]
U07.7	Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]
Z03.8	Observation for other suspected diseases and conditions
Z03.71	Observation of newborn for suspected infectious condition, for newborns
Z11.5	Special screening examination for other viral diseases
Z20.8	Contact with and exposure to other communicable diseases
Z29.0	Isolation
Z75.6	Transfer for suspected condition

Abstraction and coding of COVID-19 test results

Symptomatic presentation

i.e. COVID-19 is suspected (or known) at time of admission

Test before admission

Test sample taken before admitted episode (e.g. in testing clinic, ED, home)

PCR test
Positive result
Assign U07.1

Negative result received before admission – no code assigned

Negative result received during admitted episode
Assign Z03.8

Rapid Antigen Test
Positive result
Assign U07.2

Negative result – no code assigned

Test during admission

Test sample taken during admitted episode

PCR test
Positive result – assign U07.1

Negative result – assign
Z03.8
U06.0

Rapid Antigen Test
Positive result
Assign U07.2

Negative result - no code assigned

Non-symptomatic presentation

i.e. COVID-19 not suspected (screening for COVID-19)

Test before admission

Test sample taken before admitted episode (e.g. in ED)

PCR test
Positive result
Assign U07.1

Negative result – no code assigned

Rapid Antigen Test
Positive result
Assign U07.2

Negative result – no code assigned

Test during admission

Test sample taken during admitted episode

PCR test
Positive result
Assign U07.1

Negative result
Assign
U06.0

Rapid Antigen Test
Positive result
Assign U07.2

Negative result – no code assigned

Table 1: U07.1 *COVID-19 virus identified* – positive laboratory test (PCR, serology)

PCR HAS been performed			PCR HAS NOT been performed		
Test result	**Details**	**Coding tips**	**Test result**	**Details**	**Coding tips**
Positive	• Positive PCR result. Example 2 Example 5 Example 6 Example 13	• Exposure is inherent in U07.1, therefore do not assign Z20.8 *Contact with and exposure to other communicable diseases.* **Pregnant patients Table 5**	n/a	• Clinician diagnoses COVID-19 based on positive serology test. Example 11	
Negative	• Clinician diagnoses COVID-19 based on positive serology test. Example 11				

Table 2: U07.2 *COVID-19, virus not identified* – RAT positive and/or clinically diagnosed

PCR HAS been performed			PCR HAS NOT been performed		
Test result	**Details**	**Coding tips**	**Test result**	**Details**	**Coding tips**
Inconclusive or false negative	Clinically diagnosed/ probable COVID-19, which has taken into account the PCR result. Example 12 The PCR result is: • inconclusive • equivocal • negative and deemed to be false negative and has taken into account any serology test result. Example 13	• Exposure is inherent in U07.2, therefore do not assign Z20.8 *Contact with and exposure to other communicable diseases.* **Pregnant patients Table 5**	n/a	• RAT positive (without PCR or serology testing performed). Example 15 • Clinically diagnosed/probable COVID-19 (without PCR or serology testing performed) taking into account any RAT result(s).	• COVID-19 'U codes' are not assigned for untested patients transferred with suspected COVID-19. Apply guidelines in IHPA's *COVID-19 Frequently asked questions – admitted care (Part 1)* and ACS 0012 *Suspected conditions*. Example 8

Table 3: U06.0 *COVID-19, ruled out* - negative laboratory test, sample taken during current episode

PCR HAS been performed			PCR HAS NOT been performed		
Test result	**Details**	**Coding tips**	**Test result**	**Details**	**Coding tips**
Negative	• COVID-19 suspected (e.g. symptoms and/or exposure) but subsequently ruled out with negative PCR result (including when COVID-19 is a differential diagnosis or needs to be ruled out for other reasons). Example 1 Example 3 Example 4 Example 13	• As per IHPA Coding Rule TN1541, only assign U06.0 when the PCR sample is taken during the current admitted episode. PCR sample taken in ED is not admitted activity, as admission time commences when the patient physically leaves ED.	n/a	n/a	• U06.0 may only be assigned if a laboratory test has been performed. • Do not assign U06.0 for negative RAT as this is not considered a laboratory test. • Do not assign U06.0 where COVID-19 is clinically ruled out (i.e. without PCR and/or serology testing). • For negative serology test alone: ensure documentary evidence that COVID-19 has been ruled out before assigning U06.0, or seek clinician clarification.

Table 4: Routine PCR testing

Test result	Details	Code assignment	Coding tips
Negative	• Routine testing or screening with negative PCR result. Example 9 Example 10	Code first: Condition which occasioned the episode. Code also: Z29.0 *Isolation* (if applicable) U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*	• Do not assign additional diagnosis Z11.5 *Special screening examination for other viral diseases* for routine screening during an episode, as per IHPA's *COVID-19 Frequently asked questions – admitted care (Part 1)* and subsequent IHPA clarification.

Table 5: Pregnant patients	Neonates
Coding tips	**Coding tips**
• If two or more criteria in ACS 1521 are met (i.e. 'O' code(s) from Chapter 15 are to be assigned) assign O98.5 *Other viral diseases complicating pregnancy, childbirth and the puerperium* and sequence it immediately prior to B97.2 or B34.2. • A HMDS edit will be triggered if U07.1 is assigned without O98.5, when other "O" code(s) are present. • When criteria in ACS 1521 are not met (i.e. 'O' code(s) from Chapter 15 are not assigned), assign Z33 *Pregnancy state, incidental* as additional diagnosis; O98.5 is not assigned. • See also IHPA's *COVID-19 Frequently asked questions – admitted care (Part 2): COVID-19 complicating pregnancy*.	• Where suspected COVID-19 is documented with symptoms, but is ruled out, assign Z03.71 *Observation of newborn for suspected infectious condition, for newborns* (infants less than 28 days old) in lieu of Z03.8.

Definitions

Suspected

- ACS 0012 *Suspected conditions* categorises “probable” and “suspected” as synonymous terms. However, for the purposes of COVID-19 classification, these terms are NOT synonymous.

- **“Suspected” COVID-19** is any individual who undergoes laboratory testing due to:
    - Clinical manifestation(s), with or without exposure.
    - Symptom(s), with or without exposure.
    - Asymptomatic with exposure.

  The suspicion will either be ruled out (negative laboratory test result U06.0) or proven (positive laboratory test result U07.1).

- **“Probable” COVID-19** is where the suspicion is deemed likely/probable, based on clinical diagnosis, and:

    - no laboratory test has been performed.
    - a laboratory test has been performed with equivocal/inconclusive result (i.e. test result taken into account as part of clinical determination/diagnosis).
    - a laboratory test has been performed and is considered to be a false negative (i.e. test result taken into account as part of clinical determination/diagnosis).
    - a RAT has been performed with positive result indicating a patient has COVID-19, but is not confirmed by laboratory test.

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

- Assigned for **symptomatic** COVID-19 patients.
- Sequenced following the condition(s) or symptom(s) code(s).
- B97.2 is not acceptable as a principal diagnosis.
- B97.2 and B34.2 are mutually exclusive and should not be assigned together.
- B97.2 should not be assigned with U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*
- B97.2 should not be assigned with Z03.8 *Observation for other suspected diseases and conditions*.

B34.2 *Coronavirus infection, unspecified site*

- Assigned for **asymptomatic** COVID-19 patients.
- B34.2 may be assigned as a principal diagnosis.
- B97.2 and B34.2 are mutually exclusive and should not be assigned together.
- B34.2 should not be assigned with U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*
- B34.2 should not be assigned with Z03.*8 Observation for other suspected diseases and conditions*.

Definitions (continued)

Z20.8 Contact with and exposure to other communicable diseases

- Exposure must be determined and documented by a clinician, as opposed to patient reported exposure alone.
- **Do not** assign Z20.8 *Contact with and exposure to other communicable diseases* where:
  - COVID-19 is confirmed and either U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* or U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]* is assigned. Exposure is inherent.
  - patient alone reports exposure.

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

- Assign U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* where clinical documentation indicates a previously confirmed COVID-19 diagnosis that is no longer current.

- As per Q3775 *History of positive result on COVID-19 rapid antigen test*, documentation of a positive result of a rapid antigen test for SARS-CoV-2, that has been conducted by the patient at home (i.e. outside of the health facility) is not by itself confirmation of a past COVID-19 diagnosis.

Screening

- IHPA's *COVID-19 Frequently asked questions – admitted care (Part 1)* states Z11.5 *Special screening examination for other viral diseases* should only be assigned when screening is the **only** reason for admission. This circumstance would not meet the criteria for admission in WA.
- A query has been answered by IHPA clarifying that Z11.5 should not be assigned as additional diagnosis in elective surgery episodes where screening has been performed prior to conducting surgery. In these cases, where surgery goes ahead due to a negative laboratory result (test sample taken during admitted episode), U06.0 *Emergency use of U06.0 (COVID-19, ruled out]* is assigned alone. Note: where elective surgery does not go ahead due to positive COVID-19 test result, refer to the Admitted Patient Activity Data Business Rules to determine reporting requirement for cancelled procedures.

Isolation

- Coders should ascertain the specific protocols at their hospital regarding isolation of patients.
- Z29.0 *Isolation* is appropriate for documentation such as "isolation" or placement of patient on a "COVID ward".
- Documented "PPE" (personal protective equipment) or "droplet precautions" alone does not justify assignment of Z29.0 *Isolation*.

Exceptions to regular coding practice

- An exception has been made to ACS 0001 *Principal diagnosis/Codes for symptoms, signs and ill-defined conditions.*

  Usually, codes for symptoms and signs are not assigned as principal diagnosis when a related definitive diagnosis has been established. However, for COVID-19 positive cases with principal diagnosis "COVID-19" or similar (without manifestation such as pneumonia or LRTI) the symptoms **are** coded, even though inherent in the definitive diagnosis "COVID-19". This is because COVID-19 classification is based on the patient's presentation: clinical manifestation(s), symptomatic or asymptomatic.

Regular coding practice	**COVID-19 exception to regular practice**
Patient presents with cough and fever. Diagnosed with lower respiratory tract infection. Principal diagnosis: LRTI	Patient presents with cough and fever. Diagnosed with COVID-19 with positive PCR. Principal diagnosis: COVID-19
J22 *Unspecified acute lower respiratory tract infection* As per ACS 0001 *Principal diagnosis/Codes for symptoms, signs and ill-defined conditions* the symptoms are not coded as they are inherent in the diagnosis LRTI.	R05 *Cough* R50.9 *Fever, unspecified* B97.2 *Coronavirus as the cause of diseases classified to other chapters* U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* As per IHPA's *How to classify COVID-19* instructions, the presentation is "symptomatic" therefore code symptoms followed by B97.2, rather than B34.2 *Coronavirus infection, unspecified* alone.

Exceptions to regular coding practice (continued)

- An exception has been made to ACS 0012 *Suspected conditions* whereby Z03.8 *Observation for other suspected diseases and conditions* can be assigned in addition to codes for symptom(s) or condition(s) where COVID-19 was suspected but subsequently excluded on laboratory testing (and in whom a clinical diagnosis has not been made).

  Please note that the examples in IHPA's *COVID-19 Frequently asked questions – admitted care (Part 1) Transfer for suspected COVID-19* states that Z03.8 is not assigned where COVID-19 is ruled out and symptoms confirmed to be due to another condition, however this has been flagged with IHPA as a possible error.

Regular coding practice Observation following suspected ingestion of pills, patient is asymptomatic.	**COVID-19 exception to regular practice** Respiratory symptoms with COVID-19 excluded by PCR. After study, patient diagnosed with staphylococcal pneumonia.
Z03.6 *Observation for suspected toxic effect from ingested substance* As per ACS 0012 *Suspected conditions*, codes from Z03 are only assigned where there are no symptoms related to the suspected condition.	J15.2 *Pneumonia due to staphylococcus* Z03.8 *Observation for other suspected diseases and conditions* U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* As per IHPA's *How to classify COVID-19* instructions, Z03.8 is assigned even in a symptomatic presentation.

- O98.5 *Other viral diseases in pregnancy childbirth and the puerperium* is usually only assigned in conjunction with code range B25-B34. An exception has been made to allow O98.5 to be assigned with B97.2 *Coronavirus as the cause of diseases classified to other chapters*.

- "Probable" and "suspected" are not considered synonymous in the context of COVID-19 classification. See definition of *Suspected* above.

Adverse effects of COVID-19 vaccination

The following IHPA Coding Rules have raised questions about when T88.1 *Other complications of vaccination NEC* should be assigned:

- TN1556 *Code assignment and sequencing for COVID-19 vaccines causing adverse effects in therapeutic use* (effective 20 August 2021)
- Q3718 *Fever as an adverse effect of COVID-19 vaccination* (effective 1 October 2021)
- TN1551 *COVID-19 vaccines causing adverse effects in therapeutic use* (effective 1 January 2021)
- Clarity has been provided via the ICD Technical Group (ITG) about planned Twelfth Edition Alphabetic Index amendments, reinforcing the logic that T88.1 is only to be assigned for:
    - Not elsewhere classified complications (e.g. “vaccine complication” without further specification)
    - Eczema
    - Rash
    - Urticaria or allergic urticaria

For other adverse effects (complications) of vaccination not listed above, do not assign T88.1. Assign an appropriate chapter code e.g. fever: R50.2 *Drug induced fever*; pericarditis: I31.9 *Disease of pericardium unspecified*; or appropriate T code e.g. anaphylaxis: T88.6 *Anaphylaxis and anaphylactic shock due to adverse effect of correct drug or medicament properly administered.*

IHPA queries have been submitted by other jurisdictions regarding adverse effects of vaccination. These are in progress and new IHPA Coding Rules may be published in the future.

WACCA have provided feedback in the ITG process that IHPA Coding Rule Q3531 *Hypotension due to anaesthesia* conflicts with the logic they are presenting for Twelfth Edition changes for T88.1, and that Q3531 therefore requires update.

Condition onset flag for U06.0

TN1537 *Condition onset flag for COVID-19* instructs that when COVID-19 is suspected at admission, assign COF 2 to emergency use 'U' codes.

IHPA comments in the ITG process clarify that U06.0 represents an intervention and will be replaced with an ACHI code in Twelfth Edition.

There is no condition for which to determine onset because there is no condition found (COVID ruled out), plus U06.0 represents an intervention.

In this unusual circumstance default to COF 2 as per ACS 0048 *Condition onset flag:* 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.

An IHPA query response was received in July 2022 confirming that if symptoms arise during the episode/are not present on admission, assign COF 2 for U06.0 *Emergency use of U06.0 [COVID-19 ruled out]* for a negative PCR result.

As per (unpublished) IHPA query response:

- **COVID suspected at admission, PCR sample taken during episode is negative:**
  - Appropriate condition or symptom code(s) – assign COF 2
  - Z03.8 – assign COF 2
  - U06.0 - assign COF 2

- **COVID not suspected at admission and symptoms arise during the episode, PCR sample taken during episode is negative:**
  - Symptom(s) – assign COF 1
  - Z03.8 – assign COF 2 as per logic in Q3428 *COF values for suspected conditions in neonates.*
  - U06.0 – assign COF 2

Testing for evidence of a previous SARS Co-V-2 infection

As per Q3757 *Testing for evidence of a previous SARS Co-V-2 infection,* where a patient is tested with an intention to look for evidence of previous COVID-19 infection, rather than an acute/current COVID-19 infection, do not assign U06.0.

Coding Examples

Example 1: Symptomatic presentation, with diagnosis, COVID-19 PCR negative

Patient presents to ED with shortness of breath and fever. PCR, blood culture and CXR performed in ED. CXR confirmed pneumonia and patient admitted to respiratory ward. Responded well to antibiotics. PCR negative result reported during admitted episode.

Principal diagnosis: Pneumonia

J18.9 *Pneumonia, unspecified*

Z03.8 *Observation for other suspected diseases and conditions*

As there is a diagnosis (pneumonia) established after study to be chiefly responsible for the presenting symptoms, do not assign codes for the symptoms. Z03.8 is assigned as COVID-19 was suspected. U06.0 is not assigned as the PCR sample was not taken during the admitted episode.

Example 2: Symptomatic presentation, with diagnosis, COVID-19 PCR positive

COVID positive patient (laboratory (PCR) confirmed), day 12 of home isolation, presents to ED with shortness of breath at rest and mobilisation. Accepted for direct admission to COVID ward for workup. Diagnosed with pulmonary embolism and treated with anticoagulant therapy.

Principal diagnosis: COVID-19 with pulmonary embolism

I26.9 *Pulmonary embolism without cor pulmonale*

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

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

Z29.0 *Isolation*

As there is a diagnosis (pulmonary embolism) established after study to be chiefly responsible for the presenting symptoms, the diagnosis is coded and the symptoms are not. U07.1 is assigned even though PCR sample was taken prior to admitted episode.

Example 3: Symptomatic presentation, with diagnosis, COVID-19 PCR positive

Patient presents to ED with history of profuse vomiting, fatigue, shortness of breath. Oxygen saturations 90-92%. PCR swab and CXR taken in ED. No known close contacts with COVID-19 however there is current high level of community transmission. Patient admitted due to oxygen desaturations, for COVID precautions and single room. Received oxygen therapy. PCR positive result reported during admitted episode.

Principal diagnosis: Coronavirus infection

R09.0 *Asphyxia*

R11 *Nausea and vomiting*

R53 *Malaise and fatigue*

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

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

Z29.0 *Isolation*

As no diagnosis related to COVID-19 has been made, the symptoms are coded. U07.1 is assigned even though PCR sample was taken prior to admitted episode. Q3156 *Oxygen desaturation without mention of respiratory failure* is applicable.

Example 4: Symptomatic presentation, without diagnosis, COVID-19 PCR negative

Three-year-old child presents to ED with fever of 41 degrees, history of shaking/shivering, non-responsive events. Patient now sleepy but rousable. Impression: rigor vs febrile seizure.
PCR sample taken in ED and patient admitted overnight to short stay unit for observation, with COVID precautions. Fever required ongoing management, but no further episodes of rigors. PCR negative result reported during admitted episode. Principal diagnosis: Fever with rigors

R05.8 *Other specified fever*
Z03.8 *Observation for other suspected diseases and conditions*

As no diagnosis related to COVID-19 has been made, the symptom is coded. Z03.8 is assigned as COVID-19 was suspected. U06.0 is not assigned as the PCR sample was not taken during the admitted episode.

Example 5: COVID-19 complicating pregnancy

Symptomatic presentation, with diagnosis, COVID-19 PCR positive

Pregnant patient presents with fever, dyspnoea and myalgia. Patient reports currently at day 7 isolation as a close contact of confirmed COVID-19 case. Obstetrician orders CTG and PCR for COVID-19. Patient develops acute respiratory distress syndrome. PCR returns a positive result and the patient is placed in isolation.

Principal diagnosis: Acute Respiratory Distress Syndrome (ARDS) due to COVID-19

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

J80.0 *Acute respiratory distress syndrome*

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]*

Z29.0 *Isolation*

COVID-19 is complicating pregnancy because criteria 2 and 3 in ACS 1521 *Conditions and injuries in pregnancy* are met. As there is a diagnosis (ARDS) related to COVID-19, the diagnosis is coded and the symptoms are not.

Example 6: COVID-19 not complicating pregnancy

Symptomatic presentation, with diagnosis, COVID-19 PCR positive

Pregnant patient presents with symptoms of upper respiratory tract infection (URTI). Patient reports partner and self are in self isolation following contact with a confirmed case of COVID-19. PCR ordered; patient placed in isolation. Symptoms remain mild and patient is discharged home to continue isolation. PCR returns positive result and the patient is informed to return if symptoms worsen.

Principal diagnosis: Coronavirus URTI

J06.9 *Acute upper respiratory infection, unspecified*

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

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

Z29.0 *Isolation*

Z33 *Pregnant state, incidental*

COVID-19 is not complicating pregnancy as it does not meet criteria in ACS 1521 *Conditions and injuries in pregnancy,* therefore Z33 is assigned and O98.5 is not required with B97.2. As there is a diagnosis (URTI) related to COVID-19, the diagnosis is coded and the symptoms are not coded.

Example 7: Transfer to another hospital, tested and awaiting result, COVID-19 PCR positive

Patient presents to remote Hospital A with shortness of breath and cough. Close contact of confirmed COVID-19 case. COVID-19 PCR ordered. Patient deteriorates rapidly and is transferred to Hospital B (with an intensive care facility). The PCR returns a positive result and is reported after the patient is discharged from Hospital A.

Hospital A principal diagnosis: ?COVID-19
Hospital B principal diagnosis: COVID-19

Hospital A	Hospital B
R06.0 *Dyspnoea* R05 *Cough* B97.2 *Coronavirus as the cause of diseases classified to other chapters* U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*	R06.0 *Dyspnoea* R05 *Cough* B97.2 *Coronavirus as the cause of diseases classified to other chapters* U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* U07.1 is assigned in Hospital B, even though the test was performed prior to the episode.

Example 8: Transfer to another hospital, untested, COVID-19 PCR positive

Patient presents to remote Hospital A with shortness of breath and cough. Close contact of confirmed COVID-19 case. Patient deteriorates rapidly and is transferred to Hospital B (with an intensive care facility). Hospital B orders a PCR and it returns a positive result.

Hospital A principal diagnosis: ?COVID-19
Hospital B principal diagnosis: COVID-19

Hospital A	Hospital B
R06.0 *Dyspnoea* R05 *Cough* B97.2 *Coronavirus as the cause of diseases classified to other chapters* Z20.8 *Contact with and exposure to other communicable diseases* Z75.6 *Transfer for suspected condition* As the PCR was not performed in this episode, a U code is not assigned. This episode is coded in accordance with ACS 0012 *Suspected conditions*.	R06.0 *Dyspnoea* R05 *Cough* B97.2 *Coronavirus as the cause of diseases classified to other chapters* U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* Z20.8 *Contact with and exposure to other communicable diseases* is not assigned, as history of exposure is inherent in the assignment of U07.1 or U07.2. Because the patient was symptomatic, the symptoms are coded with B97.2, rather than B34.2 *Coronavirus infection, unspecified site*.

Example 9: Routine testing pre-procedure, COVID-19 PCR negative

Patient admitted for microlaryngoscopy with excision of lesion of larynx. Rapid PCR sample taken at time of admission. Negative result returned and elective surgery proceeded as planned.

Condition which occasioned the episode of care
Other condition(s) as appropriate
U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*

As the patient is asymptomatic and no known exposure is documented, U06.0 is assigned alone. Z11.5 is not assigned as patient was not admitted specifically for screening for COVID-19.

Example 10: Testing prior to transfer for unrelated condition, COVID-19 PCR negative

Patient admitted to Hospital A with deep laceration of hand. Patient for transfer to Hospital B for surgery of severed nerve. PCR sample taken during episode which returned negative result. Patient cleared for transfer.

Hospital A code assignment:

Condition which occasioned the episode of care
External causes codes
Other condition(s) as appropriate
U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*

As patient is asymptomatic and no known exposure is documented, U06.0 is assigned alone. Laboratory testing is performed for clearance for transfer.

Example 11: Symptomatic presentation, without diagnosis, COVID-19 PCR negative, serology test positive

Patient presents with fever, dry cough, chest pain. Recently returned from overseas. Two negative PCRs this episode, however treated as positive given symptoms and high risk factors. Serology test result: SARS-COV-2 IgA antibody detected. Result reviewed by Infectious Diseases Consultant who confirmed patient should be treated as COVID-19 positive.

Principal diagnosis: Coronavirus infection

R50.9 *Fever, unspecified*
R05 *Cough*
R07.4 *Chest pain, unspecified*
B97.2 *Coronavirus as the cause of diseases classified to other chapters*
U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*

As no diagnosis related to COVID-19 has been made, the symptoms are coded. In accordance with IHPA's *COVID-19 FAQs – admitted care (Part 2),* documented current COVID-19 with confirmation from serology test can be used to assign U07.1, as serology tests are laboratory tests.

Example 12: Symptomatic presentation, without diagnosis, COVID-19 clinically diagnosed

Patient developed fever and cough in quarantine hotel. Returned from travel 6 days ago. Two negative PCRs this episode. Treat as positive given symptoms and high risk factors.

Principal diagnosis: COVID-19

R50.9 *Fever, unspecified*
R05 *Cough*
B97.2 *Coronavirus as the cause of diseases classified to other chapters*
U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*

As no diagnosis related to COVID-19 has been made, the symptoms are coded. The clinician has made a clinical diagnosis, taking into account the negative laboratory result.

Example 13: Symptomatic presentation, without diagnosis, COVID-19 PCR result unknown

Patient developed fever and severe headache in quarantine hotel. Returned from travel 6 days ago. PCR swab taken earlier today prior to presenting to hospital.
Patient assessed – stable. Nil need for PCR swab this episode – already swabbed today. For discharge back to quarantine hotel.

Principal diagnosis: Probable COVID-19

In this case, the clinician had not received the PCR result during the episode or prior to writing the discharge summary (completed on the day of discharge). As this is a suspected COVID-19 presentation, the PCR result performed recently prior to admission needs to be obtained for coding purposes.

- If the result is positive, assign:
  R50.9 *Fever unspecified*
  R51 *Headache*
  B97.2 *Coronavirus as the cause of diseases classified to other chapters*
  U07.1 *Emergency use of U07.1 [COVID-19, virus identified]*

- If the result is negative or equivocal, clinician clarification is required to allow the clinician to take into account the test result to determine the final diagnosis.

    - If the clinician clarifies that the final diagnosis is clinically diagnosed COVID-19, assign:
      R50.9 *Fever unspecified*
      R51 *Headache*
      B97.2 *Coronavirus as the cause of diseases classified to other chapters*
      U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*

    - If the clinician clarifies that the final diagnosis is negative for COVID-19, assign:
      R50.9 *Fever unspecified*
      R51 *Headache*
      Z03.8 *Observation for other suspected conditions and diseases*
      (U06.0 is not assigned as the PCR sample was taken prior to admitted episode).

Example 14: Symptomatic presentation, without diagnosis, COVID-19 PCR results post-discharge

Negative PCR reported after discharge, and after discharge summary completion. Clinical diagnosis of COVID-19 documented as principal diagnosis before being able to take into account the PCR result. In this instance, a clinician query should be generated to clarify the principal diagnosis. See Table 2.

Example 15: Symptomatic presentation, without diagnosis, COVID-19 RAT positive

Patient presents with fever, shortness of breath and sore throat following a positive RAT test performed at home. Patient admitted due to low oxygen saturations. Placed in isolation. Responded well to oxygen therapy. Once weaned off oxygen patient is discharged home to continue isolation.

Principal diagnosis: COVID-19

R50.9 *Fever, unspecified*

R06.0 *Dyspnoea*

J02.8 *Acute pharyngitis due to other specified organisms*

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

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

Z29.0 *Isolation*

As no diagnosis related to COVID-19 has been made, the symptoms are coded. As per IHPA's January 2022 advice, U07.2 is assigned as RAT is not considered a laboratory test.

Example 16: Routine COVID-19 testing pre-procedure, COVID-19 RAT negative

Patient admitted for elective LUSCS at 39/40 for breech presentation. RAT performed on ward at time of admission returns a negative result.

Principal Diagnosis: Breech delivery

O82 *Single delivery by caesarean section*

O32.1 *Maternal care for breech presentation*

Z37.0 *Single live birth*

As per Q3766 *Use of rapid antigen test results for COVID-19 emergency use code assignment* neither U06.0 nor Z03.8 are assigned as RAT is not considered a laboratory test. Z03.8 is also not assigned becauseCOVID is not suspected(screening).

Example 17: Adverse effect of COVID-19 vaccination

Patient admitted with chest pain post COVID-19 vaccination. A diagnosis of myocarditis is made.

Principal Diagnosis: Acute myocarditis due to COVID-19 vaccine

I40.0 *Acute myocarditis, unspecified*

Y59.*0 Viral vaccines causing adverse effect in therapeutic use*

Y92.23 *Place of occurrence, health service area, not specified as this facility*

U73.8 *Other specified activity*

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

As per IHPA Coding Rule TN1556 *Code assignment and sequencing for COVID-19 vaccines causing adverse effects in therapeutic use (effective 20 August 2021)*, T88.1 is not assigned for specific adverse effects/complications of COVID-19 vaccination.

As per IHPA Coding Rule TN1551 *COVID vaccines causing adverse effects in therapeutic use,* U07.7 is assigned to identify an adverse effect of COVID vaccination.

Example 18: COF assignment for U06.0

Patient admitted for a unilateral total hip replacement. During the episode, patient developed a fever and sore throat. A PCR swab was taken which returned a negative result.

(2) M16.1 *Other primary coxarthrosis*

(1) R50.9 *Fever, unspecified*

(1) J02.9 *Acute pharyngitis, unspecified*

(2) Z03.8 *Observation for other suspected diseases and conditions*

(2) U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*

There is no condition for which to determine onset because there is no condition found (COVID ruled out) plus U06.0 represents an intervention.

In this unusual circumstance default to COF 2 as per ACS 0048 *Condition onset flag:* 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.

Z03.8 is assigned a COF 2 as per Q3428 *COF values for suspected conditions in neonates*. Symptoms arising during the episode are assigned a COF 1 as per ACS 0048 *Condition onset flag*.

Example 19: Symptomatic presentation, without diagnosis, COVID-19 PCR negative, history of COVID-19

Patient presents with cough, fever and myalgia. COVID-19 suspected amid high level of community transmission of the Omicron variant. COVID-19 PCR sample taken during the episode returns a negative result. Patient hospitalised for COVID-19 pneumonia 6 months previously, which completely resolved.

Principal diagnosis: COVID-19 negative

R05 *Cough*
R50.9 *Fever, unspecified*
M79.19 *Myalgia, site unspecified*
Z03.8 *Observation for other suspected diseases and conditions*
U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*
U07.3 *Emergency use of U07.3 [Personal history of COVID-19]*

As no diagnosis related to COVID-19 has been made, the symptoms are coded. Z03.8 and U06.0 are assigned as COVID-19 was suspected and ruled out by laboratory testing. U07.3 is assigned because clinical documentation indicates the patient had previously confirmed COVID-19 that is no longer current.
See also Q3775 *History of positive result on COVID-19 rapid antigen test.*

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