



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

Purchasing and System Performance
Division

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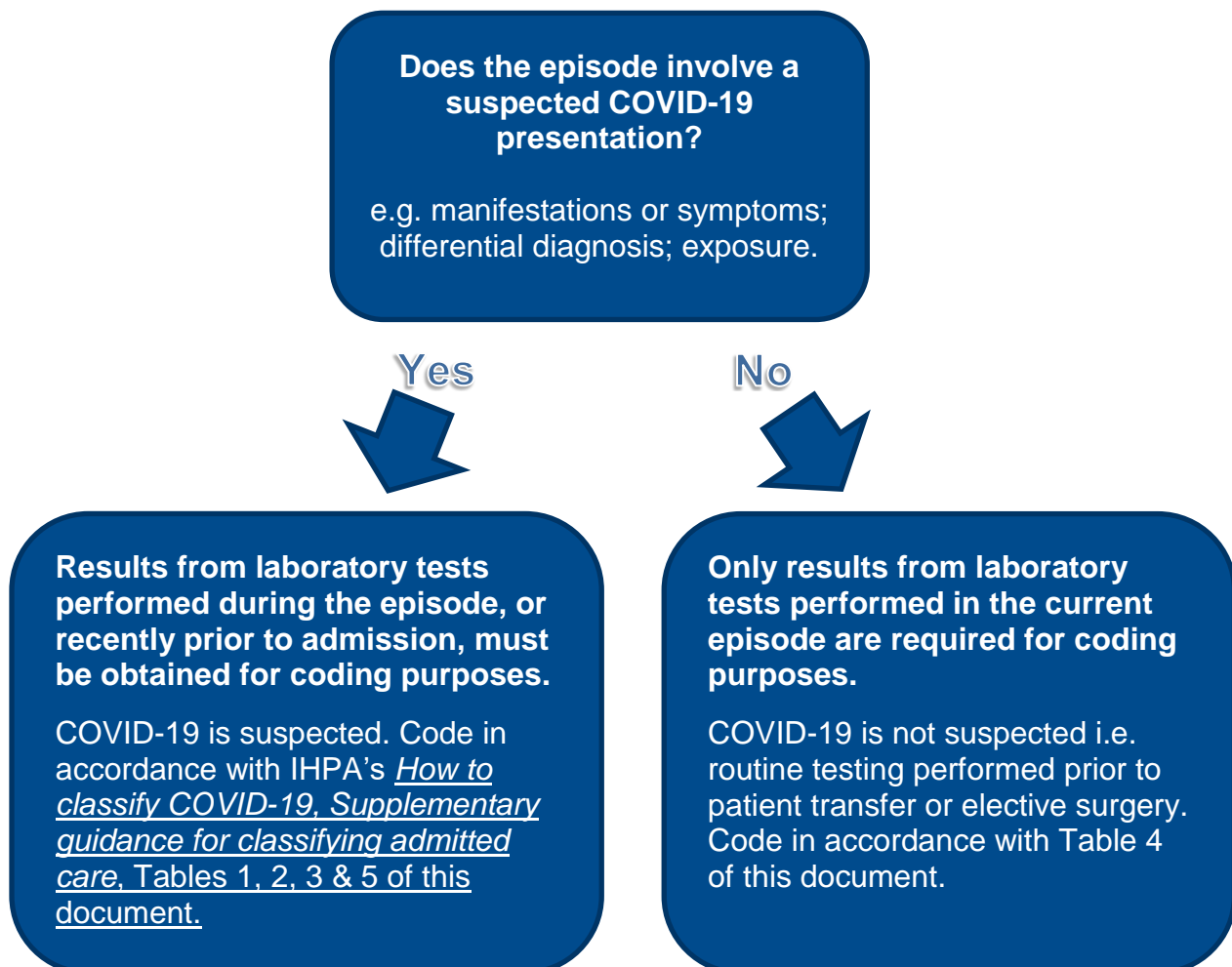
Introduction

This document contains guidelines for code assignment once an admission has been deemed appropriate and the care type has been determined. Appropriateness of admission and determination of care type should be made following instructions in the Admission Policy (MP 0058/17).

These guidelines are a supplement to IHPA's [How to classify COVID-19, Supplementary guidance for classifying admitted care](#) and will be updated as necessary to address the evolving nature of the COVID-19 pandemic. Changes will be listed in the *Version History* section of this document.

Polymerase chain reaction (PCR) virology swab tests are currently the primary diagnostic tool for COVID-19, and are considered more clinically sensitive than serology.¹

Abstraction and clinical coding process



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

Table 1: U07.1 Laboratory confirmed cases (tested positive)					
Virology swab test HAS been performed			Virology swab test HAS NOT been performed		
Test result	Details	Coding tips	Test result	Details	Coding tips
Positive	<ul style="list-style-type: none"> Positive virology swab result. Example 2 Example 5 Example 6 	<ul style="list-style-type: none"> Exposure is inherent in U07.1, therefore do not assign Z20.8 <i>Contact with and exposure to other communicable diseases</i>. <p>Pregnant patients Table 5</p>	n/a	<ul style="list-style-type: none"> Clinician diagnoses COVID-19 based on positive serology test. 	
Negative	<ul style="list-style-type: none"> Clinician diagnoses COVID-19 based on positive serology test. Example 11 				

Table 2: U07.2 Clinically diagnosed or probable cases (testing is inconclusive, unavailable or not specified)					
Virology swab test HAS been performed			Virology swab test HAS NOT been performed		
Test result	Details	Coding tips	Test result	Details	Coding tips
Inconclusive or false negative	<p>Clinically diagnosed/probable COVID-19, which has taken into account the virology swab result. Example 12</p> <p>The virology swab result is:</p> <ul style="list-style-type: none"> inconclusive equivocal negative and deemed to be false negative and has taken into account any serology test result. 	<ul style="list-style-type: none"> Exposure is inherent in U07.2, therefore do not assign Z20.8 <i>Contact with and exposure to other communicable diseases</i>. U07.2 will trigger an HMDS edit because it should be rarely assigned. <p>Pregnant patients Table 5</p>	n/a	<ul style="list-style-type: none"> Clinically diagnosed/probable COVID-19 without virology or serology testing performed such as when testing unavailable or declined. 	<ul style="list-style-type: none"> COVID-19 'U codes' are not assigned for untested patients transferred with suspected COVID-19. Apply guidelines in IHPA's <i>COVID-19 Frequently asked questions – admitted care (Part 1)</i> and ACS 0012 <i>Suspected conditions</i>. Example 8 U07.2 will trigger an HMDS edit because it should be rarely assigned.

Table 3: U06.0 Ruled out cases (tested negative)

Virology swab test HAS been performed			Virology swab test HAS NOT been performed		
Test result	Details	Coding tips	Test result	Details	Coding tips
Negative	<ul style="list-style-type: none"> COVID-19 suspected (e.g. symptoms and/or exposure) but subsequently ruled out with negative virology swab result (including when COVID-19 is a differential diagnosis or needs to be ruled out for other reasons). Example 1 Example 3 Example 4 		n/a	n/a	<ul style="list-style-type: none"> U06.0 can only be assigned if a virology swab test has been performed. Do not assign U06.0 where COVID-19 is clinically ruled out alone.

Table 4: Routine testing

Test result	Details	Code assignment	Coding tips
Negative	<ul style="list-style-type: none"> Routine testing or screening with negative virology swab result (without exposure). Example 9 Example 10 	<p>Code first: Condition which occasioned the episode.</p> <p>Code also: Z29.0 <i>Isolation</i> (if applicable) U06.0 <i>Emergency use of U06.0 [COVID-19, ruled out]</i></p>	<ul style="list-style-type: none"> Do not assign additional diagnosis Z11.5 <i>Special screening examination for other viral diseases</i> for routine screening during an episode, as per IHPA's <i>COVID-19 Frequently asked questions – admitted care (Part 1)</i> and subsequent IHPA clarification. U06.0 assigned alone will trigger a HMDS edit. Coder will need to explain that screening was performed and there are no symptoms or exposure.

Table 5: Pregnant patients

Coding tips	Neonates
<ul style="list-style-type: none"> 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 <i>Other viral diseases complicating pregnancy, childbirth and the puerperium</i> 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 <i>Pregnancy state, incidental</i> as additional diagnosis; O98.5 is not assigned. See also IHPA's <i>COVID-19 Frequently asked questions – admitted care (Part 2): COVID-19 complicating pregnancy</i>. 	<ul style="list-style-type: none"> Where suspected COVID-19 is documented with symptoms, but is ruled out, assign Z03.71 <i>Observation of newborn for suspected infectious condition, for newborns</i> (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 result U06.0) or proven (positive result U07.1).

- **“Probable” COVID-19** is where the suspicion is deemed likely/probable, based on clinical diagnosis, and:
 - no test has been performed.
 - a test has been performed with equivocal/inconclusive result (i.e. test result taken into account as part of clinical determination/diagnosis).
 - a 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).

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]*

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]*

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.
 - there is documentation of recent overseas travel, or contact with individuals that have recently travelled overseas.

Screening

- As at 18 June 2020, **symptomatic** individuals meet testing criteria in WA.
- There is special allowance for screening of **asymptomatic** individuals undergoing specific aerodigestive procedures. ²
- 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 result, 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 result, refer to Admission Policy (MP 0058/17) to determine reporting requirement for cancelled procedures.

Isolation

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

² Reference: <https://www.wa.gov.au/government/publications/covid-19-testing-directions>

Coding Tips

Abstraction

- A test result in isolation should not be used to assign U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*. The significance of the test result should be verified in the documentation.
- Where a negative result is reported after discharge, and a clinical diagnosis of COVID-19 is made and documented without taking into account the test result, a query should be generated to clarify whether the episode should be coded as a false negative. [See Table 2.](#)

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 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
<p>Patient presents with cough and fever. Diagnosed with lower respiratory tract infection.</p> <p>Principal diagnosis: LRTI</p> <p><i>J22 Unspecified acute lower respiratory tract infection</i></p> <p>As per ACS 0001 <i>Principal diagnosis/Codes for symptoms, signs and ill-defined conditions</i> the symptoms are not coded as they are inherent in the diagnosis LRTI.</p>	<p>Patient presents with cough and fever. Diagnosed with COVID-19 with positive virology swab result.</p> <p>Principal diagnosis: COVID-19</p> <p>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]</p> <p>As per IHPA’s <i>How to classify COVID-19</i> instructions, the presentation is “symptomatic” therefore code symptoms followed by B97.2, rather than B34.2 <i>Coronavirus infection, unspecified</i> alone.</p>

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

- O98.5 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.

Coding Examples

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

Patient admitted after returning from cruise with known COVID-19 cases on board. Presented with shortness of breath and fever. Patient diagnosed with exacerbation of asthma, likely viral. Virology test for suspected COVID-19 returned negative result.

Principal diagnosis: Viral asthma

J45.9 *Asthma, unspecified*

B97.8 *Other viral agents as the cause of diseases classified to other chapters*

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]*

As there is a diagnosis (viral asthma) established after study to be chiefly responsible for the presenting symptoms, do not assign codes for the symptoms. Z03.8 and U06.0 are assigned as COVID-19 was suspected and ruled out. Z20.8 *Contact with and exposure to other communicable diseases* is assigned because exposure has been determined and documented by a clinician.

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

Patient admitted with cough, fever and sore throat. Close contact of confirmed COVID-19 case. Virology test returned positive result.

Principal diagnosis: COVID-19 + Upper Respiratory Tract Infection (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]

As there is a diagnosis (URTI), the diagnosis is coded and the symptoms are not. A code for exposure is not assigned as it is inherent in the positive virology result.

Example 3: Symptomatic presentation with diagnosis, COVID-19 negative

Patient presents with pneumonia. Nil overseas travel nor contacts with COVID-19 cases. Catches public transport to work. COVID-19 swabs sent and a negative result is returned.

Principal diagnosis: Pneumonia

J18.9 Pneumonia unspecified

Z03.8 Observation for other suspected diseases and conditions

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

As there is a diagnosis (pneumonia), do not assign codes for the symptoms. Z03.8 and U06.0 are assigned as COVID-19 was suspected and ruled out. The clinical documentation does not meet the requirements to assign a code for exposure.

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

Returned overseas traveller admitted with cough, fever and myalgia. Virology testing returns a negative result. 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]*

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. Clinical documentation of overseas travel does not meet the requirements to assign a code for exposure.

Example 5: COVID-19 complicating pregnancy

Symptomatic presentation, with diagnosis, COVID-19 positive

Pregnant patient presents with fever, dyspnoea and myalgia. Patient reports currently at day 10 of 14 isolation after returning from overseas. Obstetrician orders CTG and virology test for COVID-19. Patient develops acute respiratory distress syndrome. Virology testing returns a positive result and the patient is placed in isolation.

Principal diagnosis: Acute Respiratory Distress Syndrome 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 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. Virology test ordered; patient placed in isolation. Symptoms remain mild and patient is discharged home to continue isolation. Virology test 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 positive

Patient presents to remote hospital (Hospital A) with shortness of breath and cough. Close contact of confirmed COVID-19 case. COVID-19 virology test ordered. Patient deteriorates rapidly and is transferred to Hospital B (with an intensive care facility). The virology test 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 <i>Dyspnoea</i>	R06.0 <i>Dyspnoea</i>
R05 <i>Cough</i>	R05 <i>Cough</i>
B97.2 <i>Coronavirus as the cause of diseases classified to other chapters</i>	B97.2 <i>Coronavirus as the cause of diseases classified to other chapters</i>
U07.1 <i>Emergency use of U07.1 [COVID-19, virus identified]</i>	U07.1 <i>Emergency use of U07.1 [COVID-19, virus identified]</i>
	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 positive

Patient presents to remote hospital (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 virology test and it returns a positive result.

Hospital A principal diagnosis: ?COVID-19

Hospital B principal diagnosis: COVID-19

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

Example 9: Routine testing pre-procedure

Patient admitted for microlaryngoscopy with excision of lesion of larynx. Rapid test for COVID-19 performed prior to surgery. Results returned negative result and elective surgery proceeded as planned.

Condition which occasioned the episode of care

Any 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. Z11.5 is not assigned as patient was not admitted specifically for screening of COVID-19. A HMDS edit will be raised for U06.0 assigned alone. Coder will need to explain that screening was performed and there are no symptoms or exposure.

Example 10: Testing prior transfer for unrelated condition

Patient admitted to hospital with deep laceration of left hand. Patient for transfer to Hospital B for surgery of severed nerve. Rapid testing performed and patient given all clear for transfer.

Condition which occasioned the episode of care

External causes codes

Any 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. Testing is performed for clearance for transfer. A HMDS edit will be raised for U06.0 assigned alone. Coder will need to explain that screening was performed and there are no symptoms or exposure.

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

Patient presents with fever, dry cough, chest pain. Recently returned from overseas. Two negative PCR this episode, however treated as positive given symptoms and high risk factors. Serology ordered, 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*

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

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

R07.4 *Chest pain, unspecified*

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)*, documentation of COVID-19 with confirmation from antibody serology test can be used to assign U07.1.

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 PCR 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 virology result.

Example 13: Symptomatic presentation, without diagnosis, result unknown

Patient developed flu-like illness in quarantine hotel. Returned from travel 6 days ago. Swab taken earlier today prior to presenting to hospital.

Patient assessed – stable. Nil need for COVID 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 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 test result performed recently prior to admission needs to be obtained for coding purposes.

If the result is positive, U07.1 should be assigned in this case. If the result is negative or equivocal, clinician clarification is required to allow the clinician to determine the final diagnosis taking into account the test result (U07.2 or U06.0).

Queries submitted to IHPA pending a response

Query 1: Clarification FAQ 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).

Recently published IHPA COVID-19 Frequently Asked Questions Part 2,

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) states U06.0 should only be assigned when there is clinical documentation stating that COVID-19 has been ruled out.

In the absence of documented COVID-19 “ruled out”, we consider documentation of a request for a test as adequate for classification purposes in line with ACS 0010 *Clinical documentation and general abstraction guidelines/ Test results and medication charts to “not use test result values, descriptions, medication charts, symbols and abbreviations in isolation to inform code assignment.* Is this correct?

Clinicians are unlikely to record such documentation in the body of the record and therefore this instruction as it stands is highly restrictive. WA believe that documentation indicating COVID-19 testing has been performed is sufficient for the test result to be used.

Query 2: Definition of “unspecified” at U07.2

In the document COVID-19 Response/ Rules for coding and reporting COVID-19 episodes of care/ 4. Admitted care classification, the following description appears:

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).

We understand **inconclusive** as: inconclusive swab test result, as reported by the laboratory.

We understand **not available** as: referring to where swab testing is unable to be performed.

Could you please provide clarification on how **unspecified** is to be interpreted and which circumstances would be representative of this concept for classification purposes?

The WA Clinical Coding Authority have been providing the following instruction to coders and we seek your confirmation or otherwise as to whether our instruction and interpretation is correct.

For episodes where:

- A patient has had a COVID-19 swab performed in the admission; or
- A patient has had a COVID-19 swab performed recently prior to admission,

the swab result **must** be obtained for coding purposes to ensure accurate assignment of U07.1 versus U07.2 versus U06.0.

Queries submitted to IHPA pending a response (continued)

Query 3: COVID-19 result obtained prior to classification

U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]* is **not** to be assigned for swab **result not available**, which might be the case when:

- patients are discharged prior to swabs being processed; or
- patients are swabbed by Health Service A, recently prior to admission at Health Service B and the results are not readily available to coders at health service B.
 - For instance, a patient is swabbed in a public, non-admitted COVID-19 clinic (Health Service A) on 15.4.20. The patient is admitted to a private health service (Health Service B) on 17.4.20 for treatment of worsening lower respiratory tract infection symptoms.

We're instructing WA coders they must obtain the swab results prior to classifying the episode.

Our interpretation is that, 'not available' referred to within the U07.2 definition, refers to COVID-19 testing 'not available,' not the testing being recently performed with the swab result 'not available' to the coder.

Version History:

- Version 1.1 June 2020.

References

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