



Government of **Western Australia**
Department of **Health**

Preview of Twelfth Edition Changes *Coronavirus disease 2019 (COVID-19)*

WA Clinical Coding Authority

Purchasing and System Performance Division

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*Produced with resources available prior to release of IHPA
Education*

With the implementation of 12th Edition all previously published IHPA COVID-19 Coding Rules and Frequently Asked Questions will be retired. COVID-19 classification instructions will be incorporated into the Alphabetic Index pathways, Tabular Lists, existing Australian Coding Standards and new ACS 0113 *Coronavirus disease 2019 (COVID-19)*.

Major changes to COVID-19 classification in 12th Edition

- Creation of ACS 0113 *Coronavirus disease 2019 (COVID-19)*.
 - **No longer assigned:** B34.2 *Coronavirus infection, unspecified site* and B97.2 *Coronavirus as the cause of diseases classified to other chapters* - no longer assigned for COVID-19 cases.
 - **No longer permitted:** Temporary 11th Edition exceptions to ACS 0001 *Principal diagnosis*, ACS 0002 *Additional diagnoses* and ACS 0012 *Suspected conditions* – no longer permitted for classifying COVID-19.
 - Temporary 11th Edition assignment of sign/symptom codes for classifying COVID-19, will revert to the regular guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*, in line with standard classification practice.
 - **4th digit expansion:** U07.1 *Coronavirus disease 2019 [COVID-19], virus identified* now includes four digits to classify 'symptomatic' or 'asymptomatic' cases; and allows assignment of U07.1- as principal diagnosis.
 - **Deactivation** of U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*.
 - **New ACHI code:** Inpatient COVID-19 testing will now be assigned 96273-00 [1866] *Testing for severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]*. This new code is assigned for laboratory testing only (ie PCR) and can be assigned for testing performed for surveillance purposes.
 - **New ICD-10-AM code:** Z03.81 *Observation for suspected coronavirus disease 2019 [COVID-19], ruled out* is assigned for cases with no symptoms, but there's some evidence to suspect COVID-19 (such as exposure), and COVID-19 is ruled out.
 - Z03.81 is only assigned as per ACS 0012 *Suspected conditions*. Coders should follow ACS 0012 *Suspected conditions* for episodes transferred with suspected COVID-19.
 - **5th digit expansion:** Expansion of codes in Z20.8 *Contact with and exposure to other communicable diseases* to 5 digits to classify exposure to zoonotic diseases, including COVID-19 (new code Z20.81 *Contact with and exposure to zoonotic disease*).
 - **New ICD-10-AM and ACHI vaccination codes** to identify vaccine categories, developed in consultation with the Therapeutic Goods Administration. Vaccine brand names excluded to provide classification development flexibility.
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12th Edition COVID-19 codes

Coronavirus disease 2019, Severe Acute Respiratory Syndrome Coronavirus 2, SARS-CoV-2

STAGE	CODE	Assign
Diagnosis	NEW U07.1- <i>Coronavirus disease 2019, virus identified</i>	U07.11 <i>Coronavirus disease 2019 [COVID-19], virus identified, asymptomatic</i> ; or U07.12 <i>Coronavirus disease 2019 [COVID-19], virus identified, symptomatic</i> for laboratory confirmed COVID-19.
	U07.2 <i>Coronavirus disease 2019, virus not identified</i>	U07.2 for clinically diagnosed or probable COVID-19, including where laboratory testing for COVID-19 is inconclusive (eg false negative) or not available.
	NEW Z03.81 <i>Observation for suspected coronavirus disease 2019, ruled out</i>	Z03.81 <u>only</u> if it meets ACS 0012 <i>Suspected conditions</i> criteria.
	NEW Z20.81 <i>Contact with and exposure to zoonotic disease</i>	Z20.81 where clinical documentation indicates exposure to, or contact with, a confirmed COVID-19 case. Do not assign Z20.81: <ul style="list-style-type: none"> ▪ for patient-reported exposure alone. ▪ with U07.1- or U07.2 - exposure is inherent.
	NEW 96273-00 [1866] <i>Testing for severe acute respiratory syndrome coronavirus 2</i>	96273-00 [1866] where laboratory testing has been performed during an episode to identify COVID-19 infection. Assign 96273-00 [1866] once per episode, <u>only</u> .
Post COVID-19	U07.3 <i>Personal history of coronavirus disease 2019</i>	U07.3 for clinical documentation of previous COVID-19 that's no longer current. U07.3 does not need to meet ACS 0002 <i>Additional diagnosis</i> criteria.
	U07.4 <i>Post coronavirus disease 2019 condition</i>	U07.4 in addition to a code for the current condition, where there's documentation that the current condition is due to previous COVID-19 infection, Where previous COVID-19 infection is not clearly linked to a current condition, seek clinical confirmation before assigning U07.4. Where a causal relationship is not established, assign U07.3 <i>Personal history of coronavirus disease 2019 [COVID-19]</i> .
	U07.5 <i>Multisystem inflammatory syndrome associated with coronavirus disease 2019</i>	U07.5 for multisystem inflammatory syndrome or synonymous terms, associated with COVID-19.
Vaccination	U07.7- <i>Coronavirus disease 2019 vaccines causing adverse effect in therapeutic use</i>	A U07.7 code, as a supplementary (flag) code to the adverse effect and external cause code, code string when classifying an adverse effect to COVID- 19 vaccination.
	[1882] <i>Prophylactic vaccination or inoculation against certain viral diseases</i>	A code from [1882] where a COVID-19 vaccination is administered in the current episode.

12th Edition code assignment for COVID-19

- **COVID-19** (current or history of) is **always coded when documented** in the current episode.

PCR Negative

Scenario/Concept	11 th Edition	12 th Edition	Change in coding practice?
Symptomatic (suspected COVID-19)	Assign <ul style="list-style-type: none"> • Symptoms or condition(s) suspected of being caused by COVID-19 (eg pneumonia). • Z03.8 for suspected COVID- 19, as per exception to ACS 0012. • U06.0 for PCR performed in episode. 	Assign <ul style="list-style-type: none"> • Symptoms or condition(s) suspected of being caused by COVID-19 (eg pneumonia). • 96273-00 [1866] for PCR performed in episode. Z03.81 is not assigned as there's a final diagnosis after study.	Yes <ul style="list-style-type: none"> • Z03 no longer assigned as the temporary exception to ACS 0012 no longer applies. • U06.0 no longer assigned for a negative result. • ACHI code 96273-00 [1866] will identify PCR testing.
Asymptomatic (suspected COVID-19)	Assign <ul style="list-style-type: none"> • Z03.8 for suspected COVID- 19. • Z20.8 for clinical documentation of exposure. • U06.0 for PCR performed in episode. 	Assign <ul style="list-style-type: none"> • Z03.81 for suspected asymptomatic COVID-19. • Z20.81 for clinical documentation of exposure. • 96273-00 [1866] for PCR performed in episode. 	Yes <ul style="list-style-type: none"> • U06.0 is no longer assigned for a negative result. • ACHI code 96273-00 [1866] will identify PCR testing.
Routine testing pre-procedure	As patient is asymptomatic and no known exposure is documented, assign <ul style="list-style-type: none"> • U06.0 alone. 	Assign <ul style="list-style-type: none"> • 96273-00 [1866] for PCR performed in episode. 	Yes <ul style="list-style-type: none"> • U06.0 is no longer assigned for a negative result. • ACHI code 96273-00 [1866] will identify PCR testing.

- Where a newborn is observed for suspected COVID-19 which is subsequently ruled out, follow the guidelines in ACS 0012 *Suspected conditions* and ACS 0113 *Coronavirus disease 2019 (COVID-19)*.

PCR Positive

Scenario/Concept	11 th Edition	12 th Edition	Change in coding practice?
With manifestation of COVID-19	Assign <ul style="list-style-type: none"> a code for the manifestation of COVID-19 (eg pneumonia). B97.2 U07.1 	Assign <ul style="list-style-type: none"> a code for the manifestation of COVID-19 (eg pneumonia). U07.12 for symptomatic COVID-19. 96273-00 [1866] for PCR performed in episode. Sequence codes as per ACS 0001 and ACS 0002.	Yes <ul style="list-style-type: none"> U07.12 is now permitted as principal diagnosis. Assign and sequence diagnoses as per ACS 0001 and ACS 0002. B97.2 is no longer assigned for COVID-19 cases.
Symptomatic without manifestation of COVID-19	Assign <ul style="list-style-type: none"> codes for symptoms B97.2 U07.1 	Assign <ul style="list-style-type: none"> U07.12 96273-00 [1866] for PCR performed in episode. 	Yes <ul style="list-style-type: none"> U07.12 is now permitted as principal diagnosis. Assignment of codes for signs and symptoms will revert to the guidelines in ACS 0001 <i>Principal diagnosis</i> and ACS 0002 <i>Additional diagnoses</i> in line with standard classification practice. Assign and sequence diagnoses as per ACS 0001 and ACS 0002. B97.2 is no longer assigned for COVID-19 cases.
Asymptomatic	Assign <ul style="list-style-type: none"> B34.2 U07.1 	Assign <ul style="list-style-type: none"> U07.11 	Yes <ul style="list-style-type: none"> B97.2 is no longer assigned for COVID-19 cases.

- Where COVID-19 is documented as being contracted in utero or during the birth process, code first P35.8 *Other congenital viral diseases* and then follow the guidelines in the COVID-19 table in ACS 0113 *Coronavirus disease 2019 (COVID-19)*.

RAT Positive

Scenario/Concept	11 th Edition	12 th Edition	Change in coding practice?
With manifestation of COVID-19	Assign <ul style="list-style-type: none"> • A code for the manifestation. • B97.2 • U07.2 	Assign <ul style="list-style-type: none"> • A code for the manifestation. • U07.2 for clinically diagnosed COVID-19 unable to be confirmed by laboratory testing. Sequence codes as per ACS 0001 and ACS 0002.	Yes <ul style="list-style-type: none"> • U07.2 is now permitted as principal diagnosis. • Assign and sequence diagnoses as per ACS 0001 and ACS 0002. • B97.2 is no longer assigned for COVID-19 cases.
Symptomatic presentation, without manifestation of COVID-19	Assign <ul style="list-style-type: none"> • codes for symptoms • B97.2 • U07.2 	Assign <ul style="list-style-type: none"> • U07.2 for clinically diagnosed COVID-19 unable to be confirmed by laboratory testing. 	Yes <ul style="list-style-type: none"> • U07.2 is now permitted as principal diagnosis. • Assignment of codes for signs and symptoms will revert to the guidelines in ACS 0001 <i>Principal diagnosis</i> and ACS 0002 <i>Additional diagnoses</i> in line with standard classification practice. • Assign and sequence diagnoses as per ACS 0001 and ACS 0002. • B97.2 is no longer assigned for COVID-19 cases.

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

Concept	11 th Edition	12 th Edition	Change in coding practice?
Clinically diagnosed (PCR unattainable or inconclusive)	Assign <ul style="list-style-type: none"> • Symptom(s) or condition(s) as per ACS 0001 <i>Principal diagnosis</i>. • B97.2 • U07.2 	Assign <ul style="list-style-type: none"> • Diagnoses as per ACS 0001 and 0002. • U07.2 • 96273-00 [1866] for PCR performed in episode, if applicable. Sequence codes as per ACS 0001 and ACS 0002.	Yes <ul style="list-style-type: none"> • U07.2 is now permitted as principal diagnosis. • Assignment of codes for signs and symptoms will revert to the guidelines in ACS 0001 <i>Principal diagnosis</i> and ACS 0002 <i>Additional diagnoses</i> in line with standard classification practice. • Assign diagnoses as per ACS 0001 and ACS 0002. • B97.2 is no longer assigned for COVID-19 cases. • ACHI code 96273-00 [1866] will identify PCR testing.

Testing performed in episode

Concept	11 th Edition, assign	12 th Edition, assign	Change in coding practice?
Positive PCR	U07.1	U07.11 for asymptomatic COVID-19 Or U07.12 for symptomatic COVID-19 And 96273-00 [1866] for PCR performed in episode.	Yes <ul style="list-style-type: none"> U07.1 now has 5 digits to classify asymptomatic vs symptomatic COVID-19 infection. ACHI code 96273-00 [1866] will identify PCR testing.
Negative PCR	U06.0	No ICD-10-AM code. And 96273-00 [1866] for PCR performed in episode.	Yes <ul style="list-style-type: none"> An ICD-10-AM code is no longer assigned for a negative PCR. ACHI code 96273-00 [1866] will identify PCR testing.
Inconclusive PCR (clinical diagnosis of COVID-19)	U07.2	U07.2 And 96273-00 [1866] for PCR performed in episode.	Yes <ul style="list-style-type: none"> U07.2 is now permitted as principal diagnosis. Assign and sequence diagnoses as per ACS 0001 and ACS 0002. ACHI code 96273-00 [1866] will identify PCR testing.
Positive RAT	U07.2	U07.2	Yes <ul style="list-style-type: none"> U07.2 is now permitted as principal diagnosis. Assign and sequence diagnoses as per ACS 0001 and ACS 0002.
Negative RAT	-	-	No

- An ACHI code for COVID-19 testing should be assigned where clinical documentation indicates that laboratory testing (PCR) has been performed during the episode to identify a SARS-CoV-2 infection.

History of COVID-19

Concept	11 th Edition	12 th Edition	Change in coding practice?
Previously tested positive to COVID-19, no longer active or no causally related condition	Assign <ul style="list-style-type: none"> U07.3 	Assign <ul style="list-style-type: none"> U07.3 	No
Post COVID-19 condition, resulting from either a previous COVID-19 diagnosis or SARS-CoV-2 infection	Assign <ul style="list-style-type: none"> A code for the causally related condition. U07.4 	Assign <ul style="list-style-type: none"> A code for the causally related condition. U07.4 	No
COVID-19 associated multisystem inflammatory conditions	Assign <ul style="list-style-type: none"> U07.5 	Assign <ul style="list-style-type: none"> U07.5 	No

Vaccination

Concept	11 th Edition	12 th Edition	Change in coding practice?
Adverse effect of COVID-19 vaccination	Assign <ul style="list-style-type: none"> a code for the specific adverse effects/complications of COVID-19 vaccination or T88.1 if unspecified. Y59.0 POO and ACT codes. U07.7 	Assign <ul style="list-style-type: none"> a code for the specific adverse effects/complications of COVID-19 vaccination or T88.1 if unspecified. Y59.0 POO and ACT codes. a code from subcategories U07.70 to U07.74. 	Yes <ul style="list-style-type: none"> Assign a code from subcategories U07.70-U07.74 to identify the category of vaccine associated with the adverse effect/complication. See Appendix A.
ACHI code for administration of vaccine	<ul style="list-style-type: none"> No classification advice was given from IHPA regarding vaccine administration. 	Assign <ul style="list-style-type: none"> an appropriate code from block [1882] to identify the type of vaccine. 	Yes <ul style="list-style-type: none"> Vaccination is coded whenever performed. Assign the appropriate code from block [1882] for classification of type of vaccine given for immunisation against COVID-19. See Appendix A.

- Adverse effects of COVID-19 vaccinations are now centralised under the Lead term **Complication(s)** in the Alphabetic Index.
- Changes to the categorisation of vaccines in both ICD-10-AM and ACHI were developed in consultation with Therapeutic Goods Administration. Brand names have been intentionally excluded from code titles and will be managed through supplementary classification advice to provide more flexibility in a changing environment. See Appendix item '[Supplementary guidance for classification of COVID-19 vaccines](#)'.

ITG queries to IHPA during 12th Edition development process

Question 1

ITG

Which code should be sequenced first where patient admitted with asymptomatic COVID subsequently develops symptoms while in hospital – U07 or code(s) for the manifestation(s)?

IHPA

... coders should follow the guidelines in ACS 0001 and ACS 0002 regarding sequencing of conditions within the episode. An Excludes note has been added at U07.11 (asymptomatic) for where symptoms have developed after diagnosis to U07.12 (symptomatic).

Question 2

ITG

Example 3 includes assignment of U07.11 for asymptomatic SARS-CoV-2 identified on routine screening. Does “asymptomatic SARS-CoV-2” need to be written in the progress notes to assign this code? What if the doctor documents “COVID +ve” – is that considered a diagnosis of COVID-19?

IHPA

Clinical documentation of “COVID +ve” suggests a diagnosis of COVID-19 which should be assigned as either a code from category U07.1- or U07.2 as appropriate for documentation of the presence or absence of symptoms related to COVID-19. If there is uncertainty, this should be clarified with the clinician.

Question 3

ITG

Can U07.3 be assigned in the same episode as a code for current infection?

IHPA

The Note at U07.3 has been updated to confirm that U07.3 should be assigned for a previous diagnosis of COVID-19 that is no longer present. There is nothing to prevent assignment of U07.3 in the same episode as U07.11, U07.12 or U07.2, where a patient has a new current infection of COVID-19.

Note

There is no distinction between previous history of symptomatic or asymptomatic COVID-19 infection for assignment of U07.3.

Question 4

ITG

At times throughout the Tabular **SARS-CoV-2** and **COVID-19** are used interchangeably and other times they are referred to as separate conditions. It is quite confusing. Please clarify the distinction between documented SARS-CoV-2 infection and documented COVID-19 – are they not synonymous terms?

IHPA

This is a complex area, but **SARS-CoV-2** and **COVID-19** are not synonymous terms. SARS-CoV-2 is the infective agent, which causes the disease (Coronavirus disease 2019). This will be a focus of Twelfth Edition education.

Question 5

ITG

What are some definitions for “post COVID” or “long COVID”?

IHPA

As clinical understanding of these conditions continues to evolve, it is restrictive to put definitions of these conditions into the classification at this stage. Literature indicates that ‘post COVID syndrome’ and ‘long COVID’ are the same condition (CDC 2021; NHS 2021). Information on these terms will be considered in new edition education.

Question 6

ITG

What code should be assigned when a diagnosis of COVID-19 is documented but patient displays no specific symptoms during the episode? For example, where patient has been admitted for monitoring because they displayed symptoms before admission, or at the time of testing, but by the time the results were returned, or the patient was admitted, symptoms had resolved.

IHPA

Where clinical documentation indicates a current diagnosis of COVID-19, assign either a code from category U07.1- or U07.2 as appropriate. In 12th Edition, U07.1/U07.2 are acceptable as the principal diagnosis.

Question 7

ITG

Are terms such as ‘post vaccine’ synonymous with ‘due to/secondary to’ for coding adverse effect of COVID-19 vaccine?

IHPA

Coders should follow the guidelines in ACS 1904 *Procedural complications* where there is documentation of ‘post vaccine’. It would not be possible to consider this as synonymous with due to/secondary to.

Question 8

ITG

How will anaphylaxis to a serum-based vaccination, if approved for use in Australia, be coded?

IHPA

If Australia does release a serum-based vaccine, classification advice will be provided. Clinical coders can follow the Excludes note at T88.6 to assign T80.5.

Question 9

ITG

Why hasn't the FAQ regarding condition onset flag (COF) assignment to codes associated with COVID-19 been included in ACS 0113?

IHPA

The FAQ Condition onset flag for COVID-19 follows the guidelines in ACS 0048 *Condition onset flag* does not contain additional unique advice – ACS 0048 is sufficient to apply to all episodes of care without specific advice required for COVID-19 episodes.

Question 10

ITG

Is there any expectation to code vaccination in all episodes of care or just where it is the primary reason for admission?

IHPA

It is not anticipated that Australia will admit patients for the purposes of vaccination. Z25.2 can be assigned as an additional diagnosis as determined by the documentation in the episode of care.

Appendix A: Supplementary guidance for classification of COVID-19 vaccines

Vaccine sponsor and name	Vaccine type	Coronavirus disease 2019 [COVID-19] vaccine causing adverse effects in therapeutic use	Vaccination against coronavirus disease 2019 [COVID-19]
AstraZeneca Pty Ltd Name: VAXZEVRIA (previously COVID-19 Vaccine AstraZeneca)	Viral vector	U07.71 <i>Coronavirus disease 2019 [COVID-19] vaccine, using viral vector, causing adverse effects in therapeutic use</i>	92157-03 [1882] <i>Vaccination using viral vector against coronavirus disease 2019 [COVID-19]</i>
AstraZeneca/Serum Institute of India NAME: Covishield	Viral vector	U07.71 <i>Coronavirus disease 2019 [COVID-19] vaccine, using viral vector, causing adverse effects in therapeutic use</i>	92157-03 [1882] <i>Vaccination using viral vector against coronavirus disease 2019 [COVID-19]</i>
Bharat Biotech Name: Covaxin	Whole virus	U07.72 <i>Coronavirus disease 2019 [COVID-19] vaccine, using whole virus, causing adverse effects in therapeutic use</i>	92157-04 [1882] <i>Vaccination using whole virus against coronavirus disease 2019 [COVID-19]</i>
Bioclect Pty Ltd on behalf of Novavax Inc Name: NUVAXOVID (NVX-CoV2373)	Protein subunit	U07.73 <i>Coronavirus disease 2019 [COVID-19] vaccine, using subunit, causing adverse effects in therapeutic use</i>	92157-05 [1882] <i>Vaccination using subunit against coronavirus disease 2019 [COVID-19]</i>
Gamaleya Research Institute Name: Sputnik V	Viral vector	U07.71 <i>Coronavirus disease 2019 [COVID-19] vaccine, using viral vector, causing adverse effects in therapeutic use</i>	92157-03 [1882] <i>Vaccination using viral vector against coronavirus disease 2019 [COVID-19]</i>
Janssen-Cilag Pty Ltd Name: COVID-19 Vaccine Janssen	Viral vector	U07.71 <i>Coronavirus disease 2019 [COVID-19] vaccine, using viral vector, causing adverse effects in therapeutic use</i>	92157-03 [1882] <i>Vaccination using viral vector against coronavirus disease 2019 [COVID-19]</i>
Moderna Australia Pty Ltd Name: Spikevax (elasomeran)	Nucleic acid	U07.74 <i>Coronavirus disease 2019 [COVID-19] vaccine, using nucleic acid, causing adverse effects in therapeutic use</i>	92157-06 [1882] <i>Vaccination using nucleic acid against coronavirus disease 2019 [COVID-19]</i>
Pfizer Australia Pty Ltd Name: COMIRNATY - BNT162b2 [mRNA]	Nucleic acid	U07.74 <i>Coronavirus disease 2019 [COVID-19] vaccine, using nucleic acid, causing adverse effects in therapeutic use</i>	92157-06 [1882] <i>Vaccination using nucleic acid against coronavirus disease 2019 [COVID-19]</i>
Sinopharm China Name: BBIBP-CorV	Inactivated virus	U07.72 <i>Coronavirus disease 2019 [COVID-19] vaccine, using whole virus, causing adverse effects in therapeutic use</i>	92157-04 [1882] <i>Vaccination using whole virus against coronavirus disease 2019 [COVID-19]</i>
Sinovac NAME: Coronavac	Inactivated virus	U07.72 <i>Coronavirus disease 2019 [COVID-19] vaccine, using whole virus, causing adverse effects in therapeutic use</i>	92157-04 [1882] <i>Vaccination using whole virus against coronavirus disease 2019 [COVID-19]</i>

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