ICS 22X2: NOVEL CORONAVIRUS (COVID-19)

Please see Coding Rules below published by the Independent Hospital Pricing Authority (IHPA) which incorporates guidance from the WHO regarding the HIPE coding of Novel Coronavirus (COVID-19).

A further supplementary guidance document (V1.2) is provided in addition to the classification advice below to provide further detail and scenarios for clinical coders.

The Coding Advisory CA1- 060420 Coding of pneumonia is also provided.

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Australian Classification Exchange

IHPA

Coding Rule

Ref No: TN1530 | Published On: 07-Feb-2020 | Status: Current

SUBJECT: Coronavirus disease 2019 (COVID-19)

Effective from 1 January 2020 (Updated 27/03/20)

Novel coronavirus (COVID-19) is a new (or 'novel') strain of coronavirus not previously identified in humans before the outbreak in Wuhan, Hubei Province, China.

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).

Common signs of COVID-19 infection include respiratory symptoms such as cough, shortness of breath, breathing difficulties and fever. In severe cases, the infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and death.

The World Health Organization (WHO) have advised the following;

- *U07.1 Emergency use of U07.1* (COVID-19, virus identified) is to be assigned when COVID-19 has been documented as confirmed by laboratory testing

- *U07.2 Emergency use of U07.2* (COVID-19, virus not identified) is to be assigned when COVID-19 has been documented as clinically diagnosed COVID-19, including evidence supported by radiological imaging (i.e. where a clinical determination of COVID-19 is made but laboratory testing is inconclusive, not available or unspecified)

IHPA also advise that Emergency use of *U06.0 Emergency use of U06.*0 (COVID-19, ruled out) is to be assigned when laboratory testing for COVID-19 has been performed, but ruled out (i.e. negative test result)

References:

- Australian Government Department of Health 2020, *Novel coronavirus (2019-nCoV)*, DOH, Canberra, viewed 4 February 2020, https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov .
- Centers for Disease Control and Prevention 2020, *2019 Novel coronavirus*, US Department of Health and Human Services, viewed 4 February 2020, https://www.cdc.gov/coronavirus/index.html .
- World Health Organization 2020a, *Coronavirus*, viewed 4 February 2020, https://www.who.int/health-topics/coronavirus .
- World Health Organization 2020b, *Q&A on coronavirus*, viewed 4 February 2020, https://www.who.int/news-room/q-a-detail/q-a-coronaviruses .

Initially published by IHPA on 07 February 2020, for implementation 01 January 2020. Updated by IHPA 27 March 2020.

CLASSIFICATION GUIDELINES FOR COVID 19

Laboratory Confirmed cases of COVID 19

Laboratory confirmed COVID-19: An individual with a laboratory confirmation of infection with COVID-19, irrespective of clinical signs and symptoms. Use U07.1 Emergency use of U07.1 [COVID-19, virus identified] when COVID-19 has been confirmed by laboratory testing irrespective of severity of clinical signs or symptoms.

Where documentation indicates confirmed COVID-19 **with symptoms**, assign:

Principal Diagnosis: A code for the symptom (s) or condition (s) as per the guidelines in ACS 0001 *Principal diagnosis*

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

and

U07.1 Emergency use of U07.1 (COVID-19, virus identified)

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

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

Additional Diagnosis: *U07.1 Emergency use of, as an additional diagnosis U07.1* (COVID-19, virus identified)

Note:

- DO NOT assign U07.1 *Emergency use of, as an additional diagnosis U07.1* (COVID-19, virus identified) to episodes where novel coronavirus is only suspected/clinically diagnosed.
- Where COVID 19 is acquired during an episode of care the codes above can be assigned as additional diagnosis with the HADX flag(s) assigned as appropriate.

Clinically diagnosed or probable COVID-19

Clinically diagnosed or probable COVID-19: An individual who is suspected of having COVID-19 but laboratory testing for COVID-19 is inconclusive or not available but in whom a clinical determination of COVID-19 has been made. Use U07.2 Emergency use of U07.2 [COVID-19, virus not identified] when COVID-19 is diagnosed clinically but laboratory testing is inconclusive, not available, or unspecified.

Please Note:

- Do not use U07.2 *Emergency use of U07.2,* (COVID-19, virus not identified) where test results are pending.

Where clinically diagnosed or probable COVID-19 is documented **with symptoms**, assign:

Principal Diagnosis: A code for the symptom (s) or condition (s) as per the guidelines in ACS 0001 Principal diagnosis

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

and

U07.2 Emergency use of U07.2 (COVID-19, virus not identified) to identify cases documented as clinically diagnosed COVID-19 but laboratory testing is inconclusive, not available or unspecified.

Where clinically diagnosed or probable COVID-19 is documented **without symptoms**, assign:

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

Additional Diagnosis: *U07.2 Emergency use of U07.2,* (COVID-19, virus not identified) to identify cases documented as clinically diagnosed COVID-19 but laboratory testing is inconclusive, not available or unspecified.

COVID-19 complicating pregnancy

Where laboratory confirmed or clinically diagnosed COVID-19 is documented as complicating pregnancy, the correct obstetric chapter code is *O98.5 Other viral diseases in pregnancy, childbirth and the puerperium* which is followed by the guidelines in this standard ICS 22X2.

Code the remainder of the episode in accordance with ACS 1521 *Conditions and injuries in pregnancy* and ACS 1500 *Diagnosis sequencing on obstetric episodes of care*.

Suspected COVID-19, ruled out

Suspected COVID-19, ruled out: An individual suspected of having COVID-19 but COVID-19 has subsequently been excluded on laboratory testing and in whom a clinical diagnosis of COVID-19 has not been made. In this circumstance assign U06.0 *Emergency use of U06.0 [COVID-19, ruled out]*.

Where suspected COVID-19 is documented **with symptoms**, **but is ruled out**, assign:

Principal Diagnosis:	A code for the symptom(s) or condition(s) as per guidelines in ACS 0001 Principal diagnosis
Additional Diagnosis:	Either *Z03.8 Observation for other suspected diseases and conditions* **Or** *Z03.71 Observation of newborn for suspected infectious condition* **And also assign** *U06.0 Emergency use of U06.0* (COVID-19, ruled out) to identify suspected but ruled out COVID-19

Please Note:

- For cases where COVID 19 has been ruled out a further additional code *Z20.8 Contact with and exposure to other communicable diseases* can be coded as appropriate and only as determined and documented by a clinician.
- Please refer to the supplementary guidance document for further case scenarios for suspected COVID 19, ruled out.

Isolation:

Where isolation is documented, assign Z29.0 *Isolation* as an additional diagnosis.

Post COVID-19 Conditions & Multisystem Inflammatory Syndrome

The following advice on the coding of post COVID-19 Conditionswas published by IHPA in December 2020 effective for discharges from 1st January 2021.

This advice provides guidance on the following codes:

- 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 code U07.5 [Multisystem inflammatory syndrome associated with COVID-19]

Ref No: TN1545 | Published On: 18-Dec-2020 | Status: Current

Classification of post COVID-19 conditions

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

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

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

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

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

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

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

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

Example 1:

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

Codes: J84.9 *Interstitial pulmonary disease, unspecified*
U07.4 *Emergency use of U07.4 [Post COVID-19 condition]*

CONTD./ Ref No: TN1545 Classification of post COVID-19 conditions

Example 2:

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

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

Codes: J12.8 *Other viral pneumonia*
Z50.9 *Rehabilitation*
U07.3 *Emergency use of U07.3 [Personal history of COVID-19]*

Example 3:

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

Codes: J18.9 *Pneumonia, unspecified*
U07.3 *Emergency use of U07.3 [Personal history of COVID-19]*

Example 4:

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

Codes: K21.9 *Gastro-oesophageal reflux disease without oesophagitis*
U07.3 *Emergency use of U07.3 [Personal history of COVID-19]*

Reference:

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

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See next page for TN1545 Multisystem inflammatory syndrome associated with COVID 19

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Multisystem inflammatory syndrome associated with COVID-19

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

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

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

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

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

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

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

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

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

References:

- Centres for Disease Control and Prevention 2020a, Information for healthcare providers about Multisystem Inflammatory Syndrome in Children (MIS-C), United States Department of Health Human Services, viewed 2 September 2020, https://www.cdc.gov/mis-c/hcp.
- Centres for Disease Control and Prevention 2020b, Multisystem Inflammatory Syndrome in Adults (MIS-A), United States Department of Health Human Services, viewed 2 December 2020, https://www.cdc.gov/mis-c/mis-a.html.
- Jiang, L., Tang, K., Levin, M., Irfan, O., Morris, S.K., Wilson, K., Klein, J.D., Bhutta, Z.A. 2020, 'COVID-19 and multisystem inflammatory syndrome in children and adolescents', Lancet Infectious Diseases: Online first, viewed 2 September 2020, https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30651-4/fulltext#:~:text=This%20COVID%2D19%2Dassociated%20multisystem,19%2C%20and%20herein%20is%20referred.
- World Health Organization 2020, Multisystem inflammatory syndrome in children and adolescents temporally related to COVID-19: Scientific brief, viewed 2 September 2020, https://www.who.int/news-room/commentaries/detail/multisystem-inflammatory-syndrome-in-children-and-adolescents-with-covid-19.

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First Published: Issued via e-mail bulletin 10th February 2020.
Standard Updated: The standard has been updated as follows:

- Standard updated to include term "COVID 19" March 2020
- Coding Advisory on coding of Pneumonia in COVID 19 published on 6th April 2020
- Supplementary guidance updated on 1st May on the coding of ruled out COVID 19 in obstetrics
- ICS V1.4 provides publication of the full Irish Coding standard, Supplementary guidelines and the Coding Advisory.

Standard Further Updated: ICS 2021 V1 January 2021

Reason for update: Additional codes released by WHO and IHPA for the classification of Post COVID conditions and multisystem inflammatory response.

See Also: Supplementary Guidance for Classifying COVID 19 (V1.2) and Coding Advisory

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