



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

Q:

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

A:

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

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

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



Transfer for suspected COVID-19

Q:

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

A:

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

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

OR

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

See examples 1 and 2 below.



Transfer for suspected COVID-19, example 1:

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



Transfer for suspected COVID-19, example 2:

Hospital	A	B	A
Scenario	Patient is admitted with viral pneumonia due to ?COVID-19. There is no documentation of exposure; however, due to recent travel overseas, patient is transferred to Hospital B specifically for laboratory testing to exclude a diagnosis of COVID-19.	Patient is received from Hospital A with viral pneumonia due to ?COVID-19. Laboratory testing is performed to exclude COVID-19. Test results for SARS-CoV-2 were documented as negative. Patient was transferred back to Hospital A for ongoing care.	Patient is transferred back to Hospital A from Hospital B with a diagnosis of viral pneumonia.
Codes assigned	<p><u>Principal diagnosis:</u> J12.8 <i>Other viral pneumonia</i></p> <p><u>Additional diagnoses:</u> B97.2 <i>Coronavirus as the cause of diseases classified to other chapters</i> Z75.6 <i>Transfer for suspected condition</i></p>	<p><u>Principal diagnosis:</u> J12.9 <i>Viral pneumonia, unspecified</i></p> <p><u>Additional diagnosis:</u> U06.0 <i>Emergency use of U06.0 [COVID-19, ruled out]</i></p>	<p><u>Principal diagnosis:</u> J12.9 <i>Viral pneumonia, unspecified</i></p>
Rationale	<p>COVID-19 is <u>suspected</u> to have caused the viral pneumonia.</p> <p>B97.2 is assigned to reflect the suspected viral agent.</p> <p>A U07 emergency use code is <u>not</u> assigned as it has not been confirmed by laboratory testing or clinically diagnosed.</p> <p>Z75.6 is assigned to identify that the patient is being transferred for investigation of a suspected condition.</p> <p>Z20.8 is <u>not</u> assigned because only a history of recent overseas travel is documented by a clinician, not a documented history of exposure to a confirmed case of COVID-19.</p>	<p>After study, viral pneumonia was determined to be the principal diagnosis, and COVID-19 was ruled out following laboratory testing; therefore, U06.0 is assigned.</p>	<p>After study, viral pneumonia continues to be the principal diagnosis, with no specific virus identified.</p> <p>COVID-19 was ruled out at Hospital B; therefore, U06.0 is <u>not</u> assigned.</p>



Assignment of code for exposure to COVID-19

Q:

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

A:

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

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

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

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



Condition onset flag for COVID-19

Q:

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

A:

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

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

An example is provided:

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

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

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

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

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



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

Q:

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

A:

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

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

Example 1:

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

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

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

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

Example 2:

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

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

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



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

Q:

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

A:

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

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

Reference:

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



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

Q:

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

A:

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

- are asymptomatic
- have no documented history of exposure.

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

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

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