



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)

Q:

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

A:

Health care facilities may routinely test admitted patients for SARS-CoV-2 (eg in the absence of symptoms suggestive of COVID-19).

U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* is assigned where there is clinical documentation that COVID-19 has been ruled out following laboratory testing, irrespective of the indication or whether the patient has been discharged before the test results are received.

U06.0 is not assigned based on observation of a test result alone as per the guidelines in ACS 0010 *Clinical documentation and general abstraction guidelines/Test results and medication charts*:

Do not use test result values, descriptions, medication charts, symbols and abbreviations in isolation to inform code assignment.



COVID-19 complicating pregnancy

Q:

What codes are assigned for pregnancy complicated by COVID-19?

A:

Where COVID-19, diagnosed either clinically or by laboratory testing, is complicating pregnancy as per the guidelines in ACS 1521 *Conditions and injuries in pregnancy*, apply the guidelines in the Coding Rule *Coronavirus disease 2019 (COVID-19)*:

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

Example 1:

Admission to hospital for acute lower respiratory tract infection (LRTI) secondary to COVID-19 (laboratory confirmed SARS-CoV-2) complicating pregnancy.

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

Additional diagnoses: J22 *Unspecified acute lower respiratory tract infection*

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]*

Rationale: In this episode, the patient is admitted with a LRTI, secondary to SARS-CoV-2 infection (COVID-19). The principal diagnosis is assigned to O99.5 with J22 reflecting the LRTI complicating pregnancy. The COVID-19 infection is classified in accordance with the COVID-19 coding rule by assigning O98.5 first, followed by B97.2 for the symptomatic COVID-19 and the appropriate emergency use code.



Example 2:

A patient with fever and cough is clinically diagnosed with COVID-19 complicating pregnancy (SARS-CoV-2 testing unavailable).

Principal diagnosis: O99.8 *Other specified diseases and conditions in pregnancy, childbirth and the puerperium*

Additional diagnoses: R50.9 *Fever, unspecified*

R05 *Cough*

O98.5 *Other viral diseases in pregnancy childbirth and the puerperium*

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

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

Rationale: In this episode, the patient is admitted with symptoms and clinically diagnosed as having COVID-19. The principal diagnosis is assigned to O99.8, with R50.9 and R05 to reflect the COVID-19 symptoms complicating pregnancy. COVID-19 is classified in accordance with the COVID-19 coding rule by assigning O98.5 first, followed by B97.2 for the symptomatic COVID-19 and U07.2 to reflect the clinical diagnosis of COVID-19.



Clinical variation in documentation of COVID-19

Q:

How do variations in clinical terminology and documentation of COVID-19 (eg 'viral illness – COVID-19' or 'Coronavirus infection') affect code assignment?

A:

Apply the guidelines in the Coding Rule *Coronavirus disease 2019 (COVID-19)*, irrespective of the varying terminology used to describe COVID-19. That is, classify the episode according to the presentation and whether the presentation occurs with a documented clinical manifestation, symptom or is asymptomatic.



Laboratory tests to identify COVID-19

Q:

Can laboratory tests such as an antibody serology test be used to inform assignment of an emergency use code for coronavirus disease 2019 (COVID-19)?

A:

Testing for COVID-19 can include nucleic acid detection tests, using polymerase chain reaction (PCR) to detect SARS-CoV-2 viral ribonucleic acid, or serology tests to detect human antibodies (ie immunoglobulins or Ig) against SARS-CoV-2 (Therapeutic Goods Administration 2020). Documentation of these tests can include 'swabs', PCR and blood serology tests.

Antibodies are produced after a person is infected with SARS-CoV-2. Serology tests can demonstrate the presence of these antibodies, and therefore whether someone has been infected (Centres for Disease Control and Prevention 2020; Therapeutic Goods Administration 2020).

Clinical advice confirms that documentation of COVID-19 with confirmation from laboratory testing, including antibody serology testing, can be used to assign U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* as these tests specifically identify COVID-19.

Where COVID-19 is ruled out, refer to the guidance in COVID-19 FAQ admitted care 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)*.

References:

Centers for Disease Control and Prevention 2020, *Serology Testing for COVID-19*, United States Department of Health & Human Services, viewed 14 May 2020, <<https://www.cdc.gov/coronavirus/2019-ncov/lab/serology-testing.html>>.

Therapeutic Goods Administration 2020, *COVID-19 point-of-care tests*, Australian Government Department of Health, viewed 14 May 2020, <<https://www.tga.gov.au/covid-19-point-care-tests>>.