

Coding rule

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SUBJECT: Coronavirus disease 2019 (COVID-19) *Effective from 1 January 2020; Updated 27 March 2020*

Coronaviruses 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) and Severe Acute Respiratory Syndrome (SARS).

Coronavirus disease 2019 (COVID-19) is a disease caused by a new (or 'novel') strain of coronavirus (SARS-CoV-2) not previously identified in humans before the outbreak in Wuhan, Hubei Province, China.

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) has advised:

- 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 (ie where a clinical determination of COVID-19 is made but laboratory testing is inconclusive, not available or unspecified).

Emergency use code 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 (ie negative test result).

In addition to the admitted patient data, the [National Notifiable Disease Surveillance System](#) provides national surveillance of notifiable communicable diseases and tracks notifications, including notifications of [COVID-19](#).

CLASSIFICATION

Laboratory confirmed cases

Where laboratory confirmed 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
U07.1 *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 U07.1 [COVID-19, virus identified]*

Clinically diagnosed or probable COVID-19

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*

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*. 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*.

Suspected 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 the guidelines in ACS 0001 *Principal diagnosis*

Additional diagnoses*: Either Z03.8 *Observation for other suspected diseases and conditions*

or

Z03.71 *Observation of newborn for suspected infectious condition*, for newborns (infants less than 28 days old),

and

U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* to identify suspected but ruled out COVID-19

* From 1 January 2020, an exception has been made to ACS 0012 *Suspected conditions* to identify symptomatic presentations where COVID-19 has been suspected but then ruled out.

Transfer with suspected COVID-19

For individuals transferred with suspected COVID-19, meeting the criteria in ACS 0012 *Suspected conditions*, do not assign the emergency use codes U07.1, U07.2 or U06.0.

Supplementary guidelines for COVID-19 are available on the [IHPA website](#).

References:

Australian Government Department of Health 2020, *Coronavirus (COVID-19) current situation and case numbers*, DOH, Canberra, viewed 25 March 2020, <<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers>>.

Centers for Disease Control and Prevention 2020, *2019 Novel coronavirus*, US Department of Health and Human Services, viewed 25 March 2020, <<https://www.cdc.gov/coronavirus/index.html>>.

World Health Organization 2020, *Coronavirus disease (COVID-19) outbreak*, viewed 25 March 2020, <<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>>.

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