COVID-19 National Clinical Coding Standards (01 April 2021)

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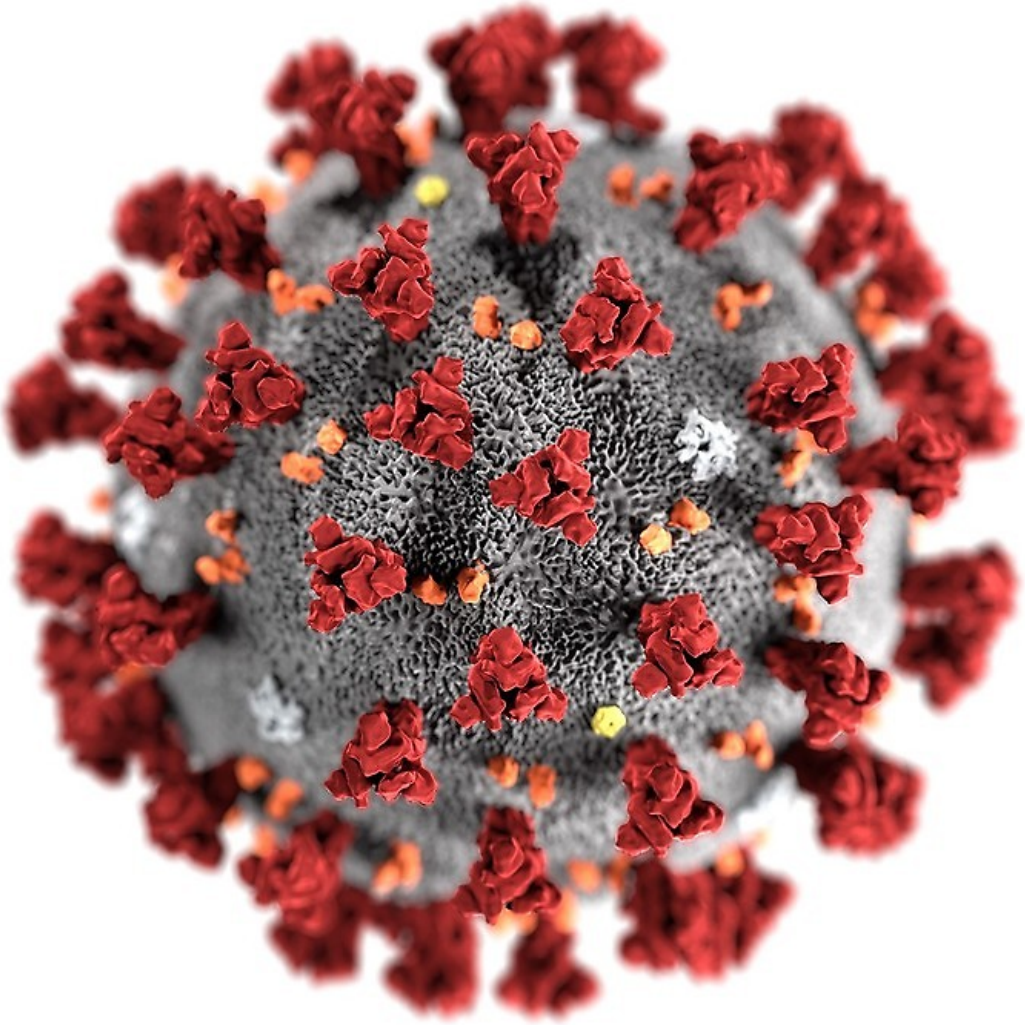

Terminology and Classifications Delivery Service

COVID-19 National Clinical Coding Standards and Guidance

01 April 2021 Delen update

Accurate data for quality information

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INTRODUCTION

The COVID-19 national clinical coding standards are for use with the World Health Organisation (WHO) International Statistical Classification of Diseases and Related Health Problems, Tenth Revision 5th Edition (ICD-10) when translating diagnoses and other health related problems recorded in a patient's medical record for COVID-19 morbidity coding.

Background

The WHO declared the outbreak of COVID-19 a global pandemic on 11 March 2020, with health and care systems responding to the pandemic across the world.

The ICD-10 is the foundation for the identification of health trends and statistics globally, and the international standard for reporting diseases and health conditions. The United Kingdom (UK) has a mandatory obligation to collect and submit ICD-10 data to the WHO to produce international statistical and epidemiological data.

In the UK and its constituent countries (England, Northern Ireland, Scotland, and Wales) all hospital providers collect data using ICD-10 as a vital component of national data sets such as Hospital Episodes Statistics (HES) in England, Hospital In-patient Statistics (HIS) in Northern Ireland, Patient Episode Data (PEDW) for Wales and Scottish Morbidity Records (SMR) in Scotland.

UK implementation of WHO ICD-10 emergency use codes

In ICD-10 there are categories reserved for emergency use under direction from WHO and in anticipation of such circumstances. The WHO has designated codes for COVID-19 from within category **U07 Emergency use of U07**.

In February 2020, **U07.1 Emergency use of U07.1** was designated 'COVID-19, virus identified' and code **U07.2 Emergency use of U07.2** was designated 'COVID-19, virus not identified' by the WHO (published by NHS Digital in March 2020 for local implementation).

The WHO released three further emergency codes at categories **U08**, **U09** and **U10** in September 2020 (published by NHS Digital in November 2020 as **U07.3**, **U07.4** and **U07.5** for local implementation) and two more at categories **U11** and **U12** in January 2021 (published by NHS Digital in February 2021 as **U07.6** and **U07.7** for local implementation), to enable users to identify conditions that occur in the context of COVID-19.

The three-character categories issued by the WHO at **U08**, **U09**, **U10**, **U11** and **U12** are provided for countries that are unable to report codes at four-character level. Alternatively, the WHO agreed that countries could utilise available four-character emergency use codes already included at **U07**. As the NHS ICD-10 5th Edition data files already included the four-character codes there was no need to implement the new three-character categories.

ICD-10 COVID-19 EMERGENCY USE CODES

The WHO confirmed the emergency codes and instructional notes designated for COVID-19 as follows:

U07.1 COVID-19, virus identified
COVID-19 NOS

Use this code when COVID-19 has been confirmed by laboratory testing irrespective of severity of clinical signs or symptoms. Use additional code, if desired, to identify pneumonia or other manifestations.

Excl.: Coronavirus infection, unspecified site (B34.2)
Coronavirus as the cause of diseases classified to other chapters (B97.2)
Severe acute respiratory syndrome [SARS], unspecified (U04.9)

U07.2 COVID-19, virus not identified
Use this code when COVID-19 is diagnosed clinically or epidemiologically but laboratory testing is inconclusive or not available. Use additional code, if desired, to identify pneumonia or other manifestations

Excl.: Coronavirus infection, unspecified site (B34.2)
COVID-19:
- confirmed by laboratory testing (U07.1)
- special screening examination (Z11.5)
- suspected but ruled out by negative laboratory results (Z03.8)

U07.3 Personal history of COVID-19
Note: This optional code is used to record an earlier episode of COVID-19, confirmed or probable, that influences the person's health status, and the person no longer suffers from COVID-19. This code should not be used for primary mortality tabulation.

U07.4 Post COVID-19 condition
Note: This optional code serves to allow the establishment of a link with COVID-19. This code is not to be used in cases that still are presenting COVID-19.

U07.5 Multisystem inflammatory syndrome associated with COVID-19

Cytokine storm
Kawasaki-like syndrome
Paediatric Inflammatory Multisystem Syndrome (PIMS)
Multisystem Inflammatory Syndrome in Children (MIS-C)

Temporally associated with COVID-19

Excl.: Mucocutaneous lymph node syndrome [Kawasaki] (M30.3)

U07.6 Need for immunization against COVID-19

Note: This code should not be used for international comparison or for primary mortality coding. This optional code is intended to be used when a person who may or may not be sick encounters health services for the specific purpose of receiving a COVID-19 vaccine.

Prophylactic COVID-19 vaccination

Excl.: immunization not carried out (Z28.-)

U07.7 COVID-19 vaccines causing adverse effects in therapeutic use

Note: This code is to be used as an external cause code (i.e. as a subcategory under Y59 *Other and unspecified vaccines and biological substances*). In addition to this, a code from another chapter of the classification should be used indicating the nature of the adverse effect.

Correct administration of COVID-19 vaccine in prophylactic therapeutic use as the cause of any adverse effect.

COVID-19 CODING STANDARDS AND GUIDANCE

Confirmed COVID-19 (U07.1)

U07.1 Emergency use of U07.1 [COVID-19, virus identified] must only be assigned for cases of COVID-19 which are confirmed by a positive laboratory test.

U07.1 fully classifies the COVID-19 disease resulting from SARS-CoV-2 infection, therefore:

- **B34.2 Coronavirus infection, unspecified site** must not be assigned to classify COVID-19.
- **B97.2 Coronavirus as the cause of diseases classified to other chapters** must not be assigned directly after **U07.1**.

Codes for any condition (including non-infectious conditions) classified outside of Chapter XVIII Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified, that are documented as being due to or caused by COVID-19, must be assigned after **U07.1.** Each code must be followed by **B97.2** (excluding codes from Chapter I – *see **DCS.I.4: Bacterial, viral and other infectious agents (B95-B98)***). This will indicate that these conditions are due to COVID-19 for data analysis.

Symptom codes from Chapter XVIII must be assigned in addition to a confirmed diagnosis of COVID-19 (**U07.1**) where no condition classified outside of Chapter XVIII is diagnosed. This is an exception to **DChS.XVIII.1: Signs, symptoms and abnormal laboratory findings** and must only be applied to cases of COVID-19. **B97.2** must not be assigned directly after Chapter XVIII symptom codes.

U07.1 is assigned without additional codes in cases of laboratory confirmed COVID-19 where patients are asymptomatic.

See also:

- ***Multisystem inflammatory syndrome associated with COVID-19 (U07.5)***
- ***Sequencing of COVID-19 (U07.1 and U07.2)***

It is recommended that ICD-10 codes are assigned following the availability of any laboratory testing to ensure the correct assignment of codes.

Examples:

Laboratory confirmed COVID-19 pneumonia

U07.1 Emergency use of U07.1 [COVID-19, virus identified]
J12.8 Other viral pneumonia
B97.2 Coronavirus as the cause of diseases classified to other chapters

Cough, shortness of breath and fever due to COVID-19 (positive test)

U07.1 Emergency use of U07.1 [COVID-19, virus identified]
R05.X Cough
R06.0 Dyspnoea
R50.9 Fever, unspecified

(**B97.2** must not be assigned directly after Chapter XVIII symptom codes)

COVID-19 diarrhoea

U07.1 Emergency use of U07.1 [COVID-19, virus identified]
A08.3 Other viral enteritis

*(***B97.2** must not be assigned in addition to **A08.3*, see DCS.I.4: Bacterial, viral and other infectious agents (B95-B98)****)**

Suspected and clinically or epidemiologically diagnosed COVID-19 (U07.2)

U07.2 Emergency use of U07.2 [COVID-19, virus not identified] must be assigned when laboratory testing for COVID-19 is reported as inconclusive, or has not been carried out, but the responsible consultant confirms a diagnosis of COVID-19 based on clinical or epidemiological evidence.

U07.2 must also be assigned when testing is negative, but the responsible consultant continues to suspect COVID-19 (i.e. COVID-19 is clinically diagnosed and is not ruled out by negative testing).

U07.2 includes cases of suspected, probable, and presumed COVID-19, or patients being treated as having COVID-19 in the absence of a positive laboratory test where COVID-19 has not been ruled out. *See **DGCS.2: Absence of definitive diagnosis statement***

Assign the following codes and sequencing for patients who are clinically diagnosed with COVID-19 in the absence of a confirmed positive laboratory test:

U07.2 Emergency use of U07.2 [COVID-19, virus not identified]
Z20.8 Contact with and exposure to other communicable diseases (assign if confirmed or suspected exposure to COVID-19 is documented)
Codes for any symptoms or conditions documented as being due to, or caused by, COVID-19*
Z29.0 Isolation (assign if the patient has been isolated in hospital)

***** Symptom codes from Chapter XVIII must be assigned in addition to a diagnosis of suspected COVID-19 (**U07.2**) in patients who present with symptoms of COVID-19 where no condition classified outside of Chapter XVIII is diagnosed. This is an exception to **DChS.XVIII.1: Signs, symptoms and abnormal laboratory findings**.

B97.2 Coronavirus as the cause of diseases classified to other chapters must not be assigned in addition to any codes for conditions or symptoms related to suspected COVID-19 (**U07.2**) as coronavirus has not been definitively identified.

COVID-19 suspected but subsequently ruled out by negative laboratory results

Where the responsible consultant rules out COVID-19 due to a negative test result assign the following codes and sequencing:

Code for the relevant stated conditions or symptoms
Z03.8 Observation for other suspected diseases and conditions

See also:
- ***Multisystem inflammatory syndrome associated with COVID-19 (U07.5)***
- ***Sequencing of COVID-19 (U07.1 and U07.2)***

COVID-19 clinically diagnosed and not ruled out (false negative result)

One or more negative results do not rule out the possibility of COVID-19 virus infection. Several factors could lead to a negative result in an infected individual, including:

- poor quality of the specimen, containing little patient material.
- the specimen was collected late or very early in the infection.
- the specimen was not handled and shipped appropriately.
- technical reasons inherent in the test, e.g. virus mutation or PCR inhibition.

It is therefore important that negative test results returned by the laboratory must not be interpreted by the coder to arrive at a diagnosis, this is the role of the responsible consultant.

Example:

Clinically diagnosed COVID-19 pneumonia despite negative test result, consultant confirms treat as COVID-19 pneumonia

U07.2 Emergency use of U07.2 [COVID-19, virus not identified]
J12.8 Other viral pneumonia
(**B97.2** must not be assigned in addition to any codes for conditions or symptoms attributed to suspected COVID-19 (**U07.2**) as coronavirus has not been definitively identified)

Sequencing of COVID-19 (U07.1 and U07.2)

Where **U07.1 Emergency use of U07.1 [COVID-19, virus identified]** or **U07.2 Emergency use of U07.2 [COVID-19, virus not identified]** is assigned but the main condition treated or investigated is unrelated to COVID-19, **DGCS.1: Primary diagnosis** must be applied.

Where a condition or symptom documented as being due to, or caused by, COVID-19 is the main condition treated or investigated, **U07.1** or **U07.2** must be assigned in the primary diagnostic position followed by the code(s) for the condition or symptom.

Where **U07.1** or **U07.2** does not appear in the primary diagnosis field, it must be sequenced directly after the code for the primary diagnosis, except where another standard prevents this, such as the use of codes in category **Z37.-** in **DChS.XV.1: Outcome of delivery (Z37)**. This ensures that COVID-19 is recorded in systems and data collections where diagnostic code fields are limited.

Hospital acquired COVID-19

Where COVID-19 is documented as hospital acquired, **Y95.X Nosocomial condition** must be assigned directly after **U07.1** or **U07.2**. **Y95.X** must also be assigned after each code for any other conditions that have been documented as hospital acquired ***See also DCS.XX.10: Hospital acquired conditions (Y95.X).***

Examples:

Patient admitted with fractured neck of femur after falling down the stairs at home and underwent open reduction and internal fixation (ORIF). After 5 days the patient developed a cough and fever and tested positive for COVID-19, patient discharged to isolate at home.

S72.0 Fracture of neck of femur
W10.0 Fall on and from stairs and steps, home
U07.1 Emergency use of U07.1 [COVID-19, virus identified]
R05.X Cough
R50.9 Fever, unspecified

Hospital acquired COVID-19 pneumonia (positive test)

U07.1 Emergency use of U07.1 [COVID-19, virus identified]
Y95.X Nosocomial condition
J12.8 Other viral pneumonia
B97.2 Coronavirus as the cause of diseases classified to other chapters
Y95.X Nosocomial condition

History of COVID-19 (U07.3)

U07.3 Emergency use of U07.3 [Personal history of COVID-19] is assigned to classify personal history of COVID-19.

See also DCS.XXI.21: Persons with potential health hazards related to family and personal history and certain conditions influencing health status (Z80–Z99).

U07.3 must not be assigned on episodes where patients are being treated for an acute COVID-19 infection (**U07.1 Emergency use of U07.1 [COVID-19, virus identified]** or **U07.2 Emergency use of U07.2 [COVID-19, virus not identified]**) or a post COVID-19 condition (**U07.4 Emergency use of U07.4 [Post COVID-19 condition]**)

Post COVID-19 condition (U07.4)

Where a condition or symptom has been documented by the responsible consultant as a post COVID-19 condition (i.e. the patient is no longer positive for COVID-19 and is not being treated for COVID-19), **U07.4 Emergency use of U07.4 [Post COVID-19 condition]** must be assigned directly after the code for the current condition or symptom described as post COVID-19.

Where multiple conditions or symptoms are described as post COVID-19, **U07.4** must be assigned directly after each of the codes that classify the conditions or symptoms.

Where the only information available is 'Post COVID-19 condition' or 'Post COVID-19 syndrome', **U07.4** may be assigned alone.

U07.4 must only be recorded on episodes where **U07.1** or **U07.2** are assigned when it is clear that the patient has recovered from acute COVID-19, is no longer positive for COVID-19 and is not being treated for acute COVID-19.

The National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of General Practitioners (RCGP) have developed a clinical guideline on the management of the long-term effects of COVID-19.

The NICE guideline [NG188] defines post-COVID syndrome (also known as 'long COVID'). Although the guideline has been agreed, NICE are using a 'living' approach for the guideline, which means that targeted areas will be continuously reviewed and updated in response to emerging evidence.

If there is any doubt that a condition is linked to the previous COVID-19 infection or whether the acute infection has resolved, we recommend this is validated by the responsible consultant. This clinical validation will help to ensure **U07.4** is not assigned to conditions that occur after COVID-19 and are unrelated to the previous COVID-19 infection, which will avoid over-counting within the coded data.

Examples:

Deep vein thrombosis secondary to recent COVID-19, responsible consultant confirms post-COVID-19 condition.

I80.2 Phlebitis and thrombophlebitis of other deep vessels of lower extremities
U07.4 Emergency use of U07.4 [Post COVID-19 condition]

Patient readmitted with on-going intermittent shortness of breath and fatigue, confirmed as post COVID-19 symptoms. A Computed Tomography Pulmonary Artery (CTPA) was performed, which excluded a pulmonary embolism.

R06.0 Dyspnoea
U07.4 Emergency use of U07.4 [Post COVID-19 condition]
R53.X Malaise and fatigue
U07.4 Emergency use of U07.4 [Post COVID-19 condition]

Patient admitted with COVID-19 positive pneumonia. After recovering from COVID-19 pneumonia and testing negative on two occasions the patient was diagnosed with post COVID-19 fibrosis within the same episode of care.

U07.1 Emergency use of U07.1 [COVID-19, virus identified]
J12.8 Other viral pneumonia
B97.2 Coronavirus as the cause of diseases classified to other chapters
J84.1 Other interstitial pulmonary diseases with fibrosis
U07.4 Emergency use of U07.4 [Post COVID-19 condition]

Multisystem inflammatory syndrome associated with COVID-19 (U07.5)

Where multisystem inflammatory syndrome is diagnosed and linked to COVID-19 by the responsible consultant, **U07.5 Emergency use of U07.5 [Multisystem inflammatory syndrome associated with COVID-19]** must be assigned.

Where a patient is also documented as having an acute COVID-19 infection (confirmed or suspected), **U07.5** must be assigned directly after **U07.1** or **U07.2**.

Where multisystem inflammatory syndrome associated with COVID-19 leads to complications (e.g. acute kidney injury (AKI), myocarditis), codes for these complications must be assigned following **U07.5**, this sequencing is an exception to **DGCS.7: Syndromes**. It is not necessary to assign codes from Chapter XVIII unless the symptom is treated as a problem in its own right. ***See also DChS.XVIII.1: Signs, symptoms and abnormal laboratory findings.***

Multisystem inflammatory syndrome linked to COVID-19 may also be described as Cytokine storm, Kawasaki-like syndrome, Paediatric Inflammatory Multisystem Syndrome (PIMS) and Multisystem Inflammatory Syndrome in Children (MIS-C)).

The Royal College of Paediatrics and Child Health (RCPCH) guidance includes a case definition of Paediatric multisystem inflammatory syndrome temporally associated with COVID-19 (PIMS) for clinicians. This guidance outlines the clinical and laboratory features which are included in the case definition, therefore there is no requirement to capture the associated symptoms of PIMS within the coded record.

COVID-19 vaccination (U07.6 and U07.7)

U07.6 Emergency use of U07.6 [Need for immunization against COVID-19] is to be used in the same way as codes from category **Z24 Need for immunization against certain single viral diseases** and must be assigned in accordance with ***DCS.XXI.3: Persons with potential health hazards related to communicable diseases (Z20–Z29)***

U07.7 Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use] is to be used in the same way as codes from category **Y59 Other and unspecified vaccines and biological substances** and must be assigned in accordance with ***DCS.XX.7: Drugs, medicaments and biological substances causing adverse effects in therapeutic use (Y40-Y59)***

Example:

Anaphylactic shock due to COVID-19 vaccine.

T88.6 Anaphylactic shock due to adverse effect of correct drug or medicament properly administered
U07.7 Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]

COVID-19 in Pregnancy, childbirth and the puerperium

Obstetric care for confirmed or suspected case of COVID-19

Assign the following codes when COVID-19 is complicating the pregnant state, aggravating the pregnancy, or is the reason for obstetric care:

U07.1 Emergency use of U07.1 or **U07.2 Emergency use of U07.2**
O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium
Code(s) to identify conditions caused by or due to COVID-19 or symptoms of COVID-19 (where applicable) *****

***** Conditions due to or caused by laboratory confirmed COVID-19 (**U07.1**) (e.g. pneumonia) must be followed by **B97.2 Coronavirus as the cause of diseases classified to other chapters**.

B97.2 may also be assigned with other codes from Chapter XV Pregnancy, childbirth and the puerperium to identify that a symptom of COVID-19 is complicating labour or delivery, for example **O75.2 Pyrexia during labour, not elsewhere classified.**

In instances where **U07.1 or U07.2** is assigned but the main obstetric condition treated or investigated is unrelated to COVID-19 apply **DGCS.1: Primary diagnosis must be applied.** ***See also Sequencing of COVID-19 (U07.1 and U07.2)***

Examples:

Patient admitted for induction of labour at 38 weeks for Intrauterine Growth Retardation (IUGR). Patient developed pyrexia in labour and subsequently tested positive for COVID-19 but did not require any treatment for the COVID-19. Healthy baby born.

O36.5 Maternal care for poor fetal growth
Z37.0 Single live birth
U07.1 Emergency use of U07.1 [COVID-19, virus identified]
O75.2 Pyrexia during labour, not elsewhere classified
B97.2 Coronavirus as the cause of diseases classified to other chapters

Spontaneous vertex delivery of liveborn infant at 38 weeks. Patient is asthmatic, takes Ventolin as required. Tested positive for COVID-19 but asymptomatic.

O80.0 Spontaneous vertex delivery
Z37.0 Single live birth
U07.1 Emergency use of U07.1 [COVID-19, virus identified]
J45.9 Asthma, unspecified

DCS.XV.28: Delivery (O80–O84) must be applied for cases of normal deliveries (no other conditions classifiable to Chapter XV) where the patient is COVID-19 positive but asymptomatic and does not require treatment.

SUMMARY OF CHANGES

This section provides notification of all changes to the COVID-19 National Clinical Coding Standards, for use from 01 April 2021.

Each entry is shown with track changes to indicate what has changed. Deletions appear as strikethrough in red font whilst additions appear underlined in blue font. Where part of a standard or guidance has been updated, the whole standard or guidance will be displayed.

Where examples are updated, only the example that has been updated will be displayed. Where appropriate, a rationale is provided to indicate why a standard has been introduced, updated or deleted.

COVID-19, virus identified (U07.1)

~~**Last updated: 30 June 2020** (updated to reflect changes to sequencing of COVID-19 with non-COVID related conditions).~~

~~Code~~ **U07.1 Emergency use of U07.1 [COVID-19, virus identified]** must only be assigned for ~~laboratory confirmed~~ cases of COVID-19 which are confirmed by a positive laboratory test.~~(i.e. positive test result).~~

U07.1 fully classifies the COVID-19 disease resulting from SARS-CoV-2 infection, therefore:

- **B34.2 Coronavirus infection, unspecified site** must not be assigned to classify COVID-19.
- **B97.2 Coronavirus as the cause of diseases classified to other chapters** must not be assigned directly after **U07.1**.

Codes for any condition (including non-infectious conditions) classified outside of Chapter XVIII Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified, that are documented as being due to or caused by COVID-19, must be assigned after **U07.1.** Each code must be followed by **B97.2** (excluding codes from Chapter I – *see **DCS.I.4: Bacterial, viral and other infectious agents (B95-B98)***). This will indicate that these conditions are due to COVID-19 for data analysis.

~~Codes for conditions classified outside of Chapter XVIII Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified that are documented as being due to COVID-19 must be assigned after U07.1 and immediately followed by **B97.2 Coronavirus as the cause of diseases classified to other chapters.** This will indicate those conditions that are due to COVID-19 for future data analysis.~~

Symptom codes from Chapter XVIII must be assigned in addition to a confirmed diagnosis of COVID-19 (**U07.1**) where no condition classified outside of Chapter XVIII is diagnosed. This is an exception to **DChS.XVIII.1: Signs, symptoms and abnormal laboratory findings** and must only be applied to cases of COVID-19. **B97.2** must not be assigned directly after Chapter XVIII symptom codes. ~~in patients who present with symptoms where no condition classified outside of Chapter XVIII is diagnosed. This is an exception to **DChS.XVIII.1: Signs, symptoms and abnormal laboratory findings** and must only be applied to cases of COVID-19. Code **B97.2** must not be assigned following Chapter XVIII symptom codes.~~

U07.1 can be used alone in cases of laboratory confirmed COVID-19 where patients are asymptomatic.

~~Codes **B34.2 Coronavirus infection, unspecified site** and **B97.2** must not be used with **U07.1**, as **U07.1** fully classifies the COVID-19 disease resulting from SARS-CoV-2 infection.~~

See also:

- ***Multisystem inflammatory syndrome associated with COVID-19 (U07.5)***
- ***Sequencing of COVID-19 (U07.1 and U07.2)***

~~**See also:**~~

- ~~**DGCS.6: Infections**~~

~~**DCS.I.4: Bacterial, viral and other infectious agents (B95-B98)**~~

It is recommended that ICD-10 codes are assigned following the availability of any laboratory testing to ensure the correct assignment of codes.

Examples:

Laboratory confirmed COVID-19 pneumonia

U07.1 Emergency use of U07.1 [COVID-19, virus identified]
J12.8 Other viral pneumonia
B97.2 Coronavirus as the cause of diseases classified to other chapters

Cough, shortness of breath and fever due to COVID-19 (positive test)

U07.1 Emergency use of U07.1 [COVID-19, virus identified]
R05.X Cough
R06.0 Dyspnoea
R50.9 Fever, unspecified

(**B97.2** must not be assigned directly after Chapter XVIII symptom codes)

COVID-19 diarrhoea

U07.1 Emergency use of U07.1 [COVID-19, virus identified]
A08.3 Other viral enteritis

(**B97.2** must not be assigned in addition to **A08.3**, ***see DCS.I.4: Bacterial, viral and other infectious agents (B95-B98)***)

Standard updated and examples added for clarification based on product support helpdesk feedback with no change to meaning.

Suspected and clinically or epidemiologically diagnosed COVID-19 (U07.2)~~**COVID-19 clinically or epidemiologically diagnosed (U07.2)**~~

~~***Last updated: 27 April 2020 (supersedes previous standard and guidance)***~~

U07.2 Emergency use of U07.2 [COVID-19, virus not identified] must be assigned when laboratory testing for COVID-19 is reported as inconclusive, or has not been carried out, but the responsible consultant confirms a diagnosis of COVID-19 based on clinical or epidemiological evidence.

U07.2 must also be assigned when testing is negative, but the responsible consultant continues to suspect COVID-19 (i.e. COVID-19 is clinically diagnosed and is not ruled out by negative testing).

U07.2 includes cases of suspected, probable, and presumed COVID-19, or patients being treated as having COVID-19 in the absence of a positive laboratory test where COVID-19 has not been ruled out. *See* ***DGCS.2: Absence of definitive diagnosis statement***
~~**U07.2 Emergency use of U07.2 [COVID-19, virus not identified]** must be assigned when laboratory testing for COVID-19 is negative, reported as inconclusive, or has not been carried out but the responsible consultant confirms a diagnosis of COVID-19 based on clinical or epidemiological evidence (i.e. COVID-19 is clinically diagnosed and therefore~~

~~not ruled out). This includes cases of suspected, probable, and presumed COVID-19, or patients treated as having COVID-19 in the absence of a positive laboratory test.~~

Assign the following codes and sequencing for patients who are clinically diagnosed with COVID-19 in the absence of a confirmed positive laboratory test:

U07.2 Emergency use of U07.2 [COVID-19, virus not identified]
Z20.8 Contact with and exposure to other communicable diseases (assign if confirmed or suspected exposure to COVID-19 is documented)
Codes for any symptoms or conditions documented as being due to, or caused by, COVID-19*~~related condition or symptoms~~
Z29.0 Isolation (assign if the patient has been isolated in hospital)

* Symptom codes from Chapter XVIII must be assigned in addition to a diagnosis of suspected COVID-19 (**U07.2**) in patients who present with symptoms of COVID-19 where no condition classified outside of Chapter XVIII is diagnosed. This is an exception to **DChS.XVIII.1: Signs, symptoms and abnormal laboratory findings**.

B97.2 Coronavirus as the cause of diseases classified to other chapters must not be assigned in addition to any codes for conditions or symptoms related to suspected COVID-19 (**U07.2**) as coronavirus has not been definitively identified.

COVID-19 suspected but subsequently ruled out by negative laboratory results

Where the responsible consultant rules out COVID-19 due to a negative test result assign the following codes and sequencing:

Code for the relevant stated conditions or symptoms
Z03.8 Observation for other suspected diseases and conditions

See also:
- ***Multisystem inflammatory syndrome associated with COVID-19 (U07.5)***
- ***Sequencing of COVID-19 (U07.1 and U07.2)***

COVID-19 clinically diagnosed and not ruled out (false negative result)

One or more negative results do not rule out the possibility of COVID-19 virus infection. Several factors could lead to a negative result in an infected individual, including:

- poor quality of the specimen, containing little patient material.
- the specimen was collected late or very early in the infection.
- the specimen was not handled and shipped appropriately.
- technical reasons inherent in the test, e.g. virus mutation or PCR inhibition.

It is therefore important that negative test results returned by the laboratory must not be interpreted by the coder to arrive at a diagnosis, this is the role of the responsible consultant.

Example:

Clinically diagnosed COVID-19 pneumonia despite negative test result, consultant confirms treat as COVID-19 pneumonia

U07.2 Emergency use of U07.2 [COVID-19, virus not identified]
J12.8 Other viral pneumonia
(**B97.2** must not be assigned in addition to any codes for conditions or symptoms attributed to suspected COVID-19 (**U07.2**) as coronavirus has not been definitively identified)

Standard updated and examples added for clarification based on product support helpdesk feedback with no change to meaning.

Sequencing of COVID-19 (U07.1 and U07.2)

~~**Published: 30 June 2020**~~

~~**This standard must only be applied to episodes ending on or after 01 July 2020.**~~

Where **U07.1 Emergency use of U07.1 [COVID-19, virus identified]** or **U07.2 Emergency use of U07.2 [COVID-19, virus not identified]** is assigned but the main condition treated or investigated is unrelated to COVID-19, **DGCS.1: Primary diagnosis** must be applied.

Where a condition or symptom documented as being due to, or caused by, COVID-19 is the main condition treated or investigated, **U07.1** or **U07.2** must be assigned in the primary diagnostic position followed by the code(s) for the condition or symptom.
~~When the main condition treated or investigated in patients with COVID-19 (**U07.1** or **U07.2**) is unrelated to COVID-19, **DGCS.1: Primary diagnosis** must be applied.~~

Where **U07.1** or **U07.2** does not appear in the primary diagnosis field, it must be sequenced directly after the code for the primary diagnosis, except where another standard prevents this, such as the use of codes in category **Z37.-** in **DChS.XV.1: Outcome of delivery (Z37)**. This ensures that COVID-19 is recorded in systems and data collections where diagnostic code fields are limited.

Where a condition or symptom documented as being due to, or caused by, COVID-19 is the main condition treated or investigated, **U07.1** or **U07.2** must be assigned in the primary diagnosis position followed by the code(s) for the condition or symptom.

Hospital acquired COVID-19

Where COVID-19 is documented as hospital acquired, **Y95.X Nosocomial condition** must be assigned directly after **U07.1** or **U07.2**. **Y95.X** must also be assigned after each code for any other conditions that have been documented as hospital acquired ***See also DCS.XX.10: Hospital acquired conditions (Y95.X).***

Examples:

Patient admitted with fractured neck of femur after falling down the stairs at home and underwent open reduction and internal fixation (ORIF). After 5 days the patient developed a cough and fever and tested positive for COVID-19, patient discharged to isolate at home.

S72.0 Fracture of neck of femur
W10.0 Fall on and from stairs and steps, home
U07.1 Emergency use of U07.1 [COVID-19, virus identified]
R05.X Cough
R50.9 Fever, unspecified

Hospital acquired COVID-19 pneumonia (positive test)

U07.1 Emergency use of U07.1 [COVID-19, virus identified]
Y95.X Nosocomial condition
J12.8 Other viral pneumonia
B97.2 Coronavirus as the cause of diseases classified to other chapters
Y95.X Nosocomial condition

Standard updated and examples added for clarification based on product support helpdesk feedback with no change to meaning, Hospital acquired COVID-19 added to this section to cover sequencing of Y95.X when used with COVID-19 conditions.

~~**COVID-19 suspected but ruled out by negative laboratory results**~~

~~Assign the following codes and sequencing where the responsible consultant rules out COVID-19 due to a negative test result:~~

- ~~Code for the relevant stated infection/diagnosis~~
- ~~**Z03.8 Observation for other suspected diseases and conditions**~~

Moved to section; Suspected and clinically or epidemiologically diagnosed COVID-19 (**U07.2**).

~~**Routine testing for COVID-19**~~

~~**Last updated: 27 April 2020** (provided additional clarification of existing standards and guidance)~~

~~Based on clinical judgement, clinicians may order a routine test for COVID-19 in a patient who is not suspected of having COVID-19.~~

~~Assign code **Z11.5 Special screening examination for other viral diseases** where the routine laboratory test returns a negative result.~~

As routine testing has become standard practice there is no requirement to capture this data using ICD-10 codes, therefore this section has been retired.

History of COVID-19 (U07.3)

~~**Published: 24 November 2020**~~

U07.3 Emergency use of U07.3 [Personal history of COVID-19] is assigned to classify personal history of COVID-19.

See also DCS.XXI.21: Persons with potential health hazards related to family and personal history and certain conditions influencing health status (Z80–Z99).

U07.3 must not be assigned on episodes where patients are being treated for an acute COVID-19 infection (**U07.1** or **U07.2**) or a post COVID-19 condition (**U07.4**).

Post COVID-19 condition (U07.4)

~~**Published: 24 November 2020**~~

Where a condition or symptom has been documented by the responsible consultant as a post COVID-19 condition (i.e. the patient is no longer positive for COVID-19 and is not being treated for COVID-19), **U07.4 Emergency use of U07.4 [Post COVID-19 condition]** must be assigned directly after the code for the current condition or symptom described as post COVID-19.

Where multiple conditions or symptoms are described as post COVID-19, **U07.4** must be assigned directly after each of the codes that classify the conditions or symptoms.

Where the only information available is 'Post COVID-19 condition' or 'Post COVID-19 syndrome', **U07.4** may be assigned alone.

U07.4 must only be recorded on episodes where **U07.1** or **U07.2** are assigned when it is clear that the patient has recovered from acute COVID-19, is no longer positive for COVID-19 and is not being treated for acute COVID-19.

The National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of General Practitioners (RCGP) are currently working on a clinical guideline on the management of the long-term effects of COVID-19.

The scope of the guideline defines post-COVID syndrome (also known as Long COVID). Although the scope has been agreed, these definitions will be continuously reviewed as evidence emerges and are therefore subject to change.

If there is any doubt that a condition is linked to the previous COVID-19 infection or whether the acute infection has resolved, we recommend this is validated by the responsible consultant. This clinical validation will help to ensure **U07.4** is not assigned to conditions that occur after COVID-19 and are unrelated to the previous COVID-19 infection, which will avoid over-counting within the coded data.

Examples:

Patient admitted with COVID-19 positive pneumonia. After recovering from COVID-19 pneumonia and testing negative on two occasions the patient was diagnosed with post COVID-19 fibrosis within the same episode of care.

U07.1 Emergency use of U07.1 [COVID-19, virus identified]
J12.8 Other viral pneumonia
B97.2 Coronavirus as the cause of diseases classified to other chapters
J84.1 Other interstitial pulmonary diseases with fibrosis
U07.4 Emergency use of U07.4 [Post COVID-19 condition]

Example provided for clarification.

Multisystem inflammatory syndrome associated with COVID-19 (U07.5)
~~**Published: 24 November 2020**~~ Where multisystem inflammatory syndrome is diagnosed and linked to COVID-19 by the responsible consultant, **U07.5 Emergency use of U07.5 [Multisystem inflammatory syndrome associated with COVID-19]** must be assigned. Where a patient is also documented as having an acute COVID-19 infection (confirmed or suspected), **U07.5** must be assigned directly after **U07.1** or **U07.2.** Where multisystem inflammatory syndrome associated with COVID-19 leads to complications (e.g. acute kidney injury (AKI), myocarditis), codes for these complications must be assigned following **U07.5**, this sequencing is an exception to **DGCS.7: Syndromes**. It is not necessary to assign codes from Chapter XVIII unless the symptom is treated as a problem in its own right. ***See also DChS.XVIII.1: Signs, symptoms and abnormal laboratory findings.***
Multisystem inflammatory syndrome linked to COVID-19 may also be described as Cytokine storm, Kawasaki-like syndrome, Paediatric Inflammatory Multisystem Syndrome (PIMS) and Multisystem Inflammatory Syndrome in Children (MIS-C)). The Royal College of Paediatrics and Child Health (RCPCH) guidance includes a case definition of Paediatric multisystem inflammatory syndrome temporally associated with COVID-19 (PIMS) for clinicians. This guidance outlines the clinical and laboratory features which are included in the case definition, therefore there is no requirement to capture the associated symptoms of PIMS within the coded record.

COVID-19 vaccination (U07.6 and U07.7)

~~**Published: 01 February 2021**~~

U07.6 Emergency use of U07.6 [Need for immunization against COVID-19] is to be used in the same way as codes from category **Z24 Need for immunization against certain single viral diseases** and must be assigned in accordance with **DCS.XXI.3: Persons with potential health hazards related to communicable diseases (Z20–Z29)**

U07.7 Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use] is to be used in the same way as codes from category **Y59 Other and unspecified vaccines and biological substances** and must be assigned in accordance with **DCS.XX.7: Drugs, medicaments and biological substances causing adverse effects in therapeutic use (Y40-Y59)**

~~The following situation is also provided by the WHO but may not be applicable to admitted patient care in England:~~

~~**COVID-19 ruled out (following clinical decision)**~~

~~Self-referral but after assessment there is no reason to suspect disease and further investigations deemed unnecessary:~~

~~**Z71.1 Person with feared complaint in whom no diagnosis is made**~~

Removed as not required.

Common themes identified by the NHS in England:

~~**Hospital acquired COVID-19**~~

~~**Published: 28 April 2020**~~

~~Where it is clearly stated in the medical record that COVID-19 is hospital acquired, ICD-10 code **Y95.X Nosocomial condition** must be assigned directly after **U07.1** or **U07.2**. Where there are other conditions stated to be due to COVID-19, and these are clearly stated as hospital acquired, these must also be directly followed by **B97.2** then **Y95.X** to allow for meaningful data extraction.~~

Standard moved into section; Sequencing of COVID-19 (**U07.1** and **U07.2**).

~~Laboratory results not back before coding~~

~~We recommend that ICD-10 codes are assigned following the availability of any laboratory testing to ensure the correct assignment of codes.~~

~~It is recommended that trusts correct previously submitted data which does not comply with the current guidance.~~

Moved into guidance box following; Sequencing of COVID-19 (**U07.1** and **U07.2**).

~~Coding~~ **COVID-19 in Pregnancy, childbirth and the puerperium**

~~**Published: 07 April 2020**~~

~~**Last updated: 30 June 2020** (updated to reflect changes to sequencing of COVID-19 with non-COVID related conditions).~~

Obstetric care for confirmed or suspected case of COVID-19

Assign the following codes when COVID-19 is complicating the pregnant state, aggravating the pregnancy, or is the main reason for obstetric care:

U07.1 **Emergency use of U07.1** or **U07.2 Emergency use of U07.2**
O98.5 **Other viral diseases complicating pregnancy, childbirth and the puerperium**

Code(s) to identify conditions caused by or due to COVID-19 or symptoms of COVID-19 (where applicable) *

~~manifestation or symptoms (where applicable)~~

* Conditions due to or caused by laboratory confirmed COVID-19 (**U07.1**) (e.g. pneumonia) must be followed by **B97.2 Coronavirus as the cause of diseases classified to other chapters**.

~~Manifestations of COVID-19 (e.g. pneumonia) must be followed by **B97.2 Coronavirus as the cause of diseases classified to other chapters**. However, **B34.2 Coronavirus infection, unspecified site** or **B97.2** must not be assigned in addition to **O98.5** as **U07.1** classifies the COVID-19 disease resulting from SARS-CoV-2 infection.~~

B97.2 may also be assigned with other codes from Chapter XV Pregnancy, childbirth and the puerperium to identify that a symptom of COVID-19 is complicating labour or delivery, for example **O75.2 Pyrexia during labour, not elsewhere classified.**

In instances where **U07.1 or U07.2** is assigned but the main obstetric condition treated or investigated is unrelated to COVID-19 apply **DGCS.1: Primary diagnosis must be applied.** ***See also Sequencing of COVID-19 (U07.1 and U07.2)***

~~**Confirmed case of COVID-19 during labour and delivery**~~

~~When an obstetric condition in patients with COVID-19 (**U07.1** or **U07.2**) is the main condition treated or investigated, **DGCS.1: Primary diagnosis** must be applied. ***See also Sequencing of COVID-19 (U07.1 and U07.2)***~~

~~Code(s) to identify any manifestation or symptoms (where applicable) must be assigned following **U07.1**.~~

~~**B97.2 Coronavirus as the cause of diseases classified to other chapters** may also be assigned to other codes from Chapter XV to identify that a manifestation or symptom is complicating labour or delivery, for example **O75.2 Pyrexia during labour, not elsewhere classified**.~~

Standard updated for clarification based on product support helpdesk feedback with no change to meaning.

COVID-19 National Clinical Coding Standards