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ALL HEADS OF CLINICAL COMPONENTS  
ALL REGIONAL/DISTRICTS/SUB-STRUCTURES/INSTITUTIONAL HEADS  
CASE MANAGERS  
REVENUE STAFF

**SUBJECT: ICD-10 DIAGNOSTIC AND ICD-9CM PROCEDURE CODES – NOVEL CORONAVIRUS (COVID-19) – UPDATE – DEFINITIONS, CLINICAL CODES AND DESCRIPTIONS, ACTIVATION OF NEW CODE AND FURTHER EXAMPLES**

## 1. Introduction:

The **Council for Medical Schemes (CMS)** has published a PMB definition guideline on COVID-19 on 14 April 2020. To read the article, click [here](#).

## 2. Background:

The **“2019-nCoV”** disease outbreak has been declared a public health emergency of international concern by the World Health Organization (WHO).

The WHO has introduced ICD-10 code **U07.1 Emergency use of U07.1** <sup>1</sup> effective from 01 January 2020 which they advised must be assigned for confirmed diagnosis of COVID-19 acute respiratory disease.

Further to this the WHO has now also authorised the use of **U07.2 Emergency use of U07.2** <sup>2</sup>.

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.

Please note that WHO has also advised that the name “**2019-nCoV**” was temporary and was changed on 11 February 2020 to “**COVID-19**” as it had chosen a name for the disease that makes no reference to places, animals or people to avoid stigma and is independent of date and virus family, and for consistency with international virus taxonomy. The **CO** stands for corona, the **VI** for virus and the **D** for disease.

### 3. WHO COVID-19 Case Definitions for Global Surveillance

#### <sup>1</sup> Laboratory confirmed COVID-19 cases

A confirmed case is a person/individual with a laboratory confirmation of infection with the COVID-19 virus, irrespective of clinical signs and symptoms.

Use **U07.1 COVID-19, virus identified**<sup>1</sup> when COVID-19 has been confirmed by laboratory testing irrespective of severity of clinical signs or symptoms.

[https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))

#### <sup>2</sup> Suspected cases

Individuals are suspected to have COVID-19 if they have one of the criteria described below:

- acute respiratory illness (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) **AND** with no other aetiology that fully explains the clinical presentation **AND** a history of travel to or residence in a country, area or territory that has reported local transmission of COVID-19 disease during the 14 days prior to symptom onset.
- OR**
- any acute respiratory illness **AND** who has been a contact of a confirmed or probable case (see definition of contact) of COVID-19 disease during the 14 days prior to the onset of symptoms.
- OR**
- severe acute respiratory infection (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) **AND** who requires hospitalization **AND** who has no other aetiology that fully explains the clinical presentation.

Use **U07.2 COVID-19, virus not identified**<sup>2</sup> when COVID-19 is diagnosed clinically but laboratory testing is inconclusive, not available, or unspecified.

#### <sup>3</sup> Probable case / Clinical diagnosed

A probable case is a suspected case for whom the report from laboratory testing for the COVID-19 virus is inconclusive or not available or for whom testing could not be performed for any reason but in whom a clinical determination of COVID-19 has been made.

Use **U07.2 COVID-19, virus not identified**<sup>2</sup> when COVID-19 is diagnosed clinically but laboratory testing is inconclusive, not available, or unspecified.

## Contact

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
2. Direct physical contact with a probable or confirmed case;
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; **OR**
4. Other situations as indicated by local risk assessments.

**Note:** for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation.

## <sup>4</sup> Ruled out COVID-19

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.

## <sup>5</sup> Screening

Screening is defined as the presumptive identification of unrecognized disease in an apparently healthy, asymptomatic population by means of tests or other procedures that can be applied rapidly and easily to the target population. It also includes mandated screening by authority through for e.g. questionnaires **and** based on clinical judgment, clinicians may order a test for the SARS-CoV-2 virus in a patient who does not strictly meet the case definition. Screening thus includes any specimens collected e.g. sputum, nasopharyngeal swabs, oral swabs, bloods, etc. for analysis at a laboratory **AND SHOULD NOT BE USED** for just monitoring of temperature and observations and no specimens taken or laboratory testing done as that is not classified as special screening.

**Note:** **DO NOT** assign U07.1 to episodes where novel coronavirus is only suspected. For suspected cases, please see **Suspected** and **Probable case / Clinical diagnosed** definitions above. In these cases, use U07.2 and South African Morbidity ICD-10 Coding Standards and Guidelines (as amended) and PHISC Addendum to the SA ICD-10 CS document Version 3 (August 2019) and the numerous examples provided for guidance.

## <sup>6</sup> Isolation versus Quarantine

**Isolation:** Isolation is used to protect the general public from possible exposure of a contagious disease. Isolation is the act of separating a sick individual with a contagious disease from healthy individuals without that contagious disease in such a manner as to prevent the spread of infection or contamination. In short, Isolation separates sick people with a contagious disease from people who are not sick. Where isolation is documented, assign **Z29.0 Isolation** as an additional diagnosis (SDX).

**Quarantine:** Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.

### Self-isolation versus Social distancing versus Social shielding

**Self-isolation:** Self-isolation applies to people who have symptoms of coronavirus and can look after themselves at home and also includes people who live with them.

Staying away from other people at home and not going out. Sleeping alone and using a separate bathroom if you can and try not using the same communal areas with your co-inhabitants at the same time or if not possible, try to keep at least 2 metres away from others, particularly people over 70 or with a long-term condition. Clean and sanitize surfaces you come into contact with before and after use.

Do not leave your home to walk (such as in a park) or to visit schools or other public places. You can go into your garden if you have one. Not having any visitors. Ask people to leave deliveries for you outside.

**Social distancing:** Social distancing is about ways to avoid catching and spreading coronavirus. This is about significantly limiting face-to-face contact if you can and making sure that essential visitors (such as health care services, carers or family members) follow handwashing and hygiene advice scrupulously. They should not visit you if you are unwell but make other arrangements for your care. You can go outside for a walk to the park or into your garden if you stay more than 2 metres from others.

**Social shielding:** This applies to people whose long-term lung condition means they are at very high risk of severe illness from coronavirus. Shielding is a way to protect people who are extremely vulnerable from coming into contact with coronavirus by minimising all interaction between them and other people.

## 7 Co-morbidities

The words "co-morbidity" and "comorbid condition" are common medical terms. Co-morbidity refers to one or more diseases or conditions that occur along with another condition in the same person at the same time. Conditions considered comorbidities are often long-term or chronic conditions for example: Hypertension (HT), Diabetes Mellitus (DM), Asthma, Cancer, Congestive cardiac failure (CCF), Chronic renal failure, Depression, etc. Please follow the current *South African Morbidity ICD-10 Coding Standards and Guidelines (as amended)* and *PHISC Addendum to the SA ICD-10 CS document Version 3 (August 2019)* for further guidance.

## 8 Risk and Social problems related to lifestyle

Risk = Personal history of noncompliance with medical treatment and regimen (Z91.1)

Social = Smoking or Tobacco use (Z72.0), Use of alcohol (Z72.1), Drug use (Z72.2), etc.).

Please follow the current *South African Morbidity ICD-10 Coding Standards and Guidelines (as amended)* and *PHISC Addendum to the SA ICD-10 CS document Version 3 (August 2019)* for further guidance.

## 9 Mortality Coding of COVID-19 with ICD-10

Both categories, *U07.1 COVID19, virus identified*<sup>1</sup> and *U07.2 COVID19, virus not identified*<sup>2</sup>, are suitable for cause of death coding. Similarly, new codes were created for ICD-11.

COVID-19 is reported on a death certificate as any other cause of death, and rules for selection of the single underlying cause are the same as for influenza (COVID-19 not due to anything else).

For recording on a death certificate, no special guidance needs to be given. The respiratory infection may evolve to pneumonia that may evolve to respiratory failure and other consequences. Potentially contributing comorbidity (immune system problem, chronic diseases...) is reported in part 2, and other aspects (perinatal, maternal...) in frame 8, in line with the rules for recording.

A manual plausibility check is recommended for certificates where COVID-19 is reported. In particular for certificates where COVID-19 was reported but not selected as the single underlying cause of death.

## 4. WHO new codes allocated for COVID-19

Based on information received from the Medical Research Council (MRC), designated as the WHO-FIC Collaborating Center for the Africa Region, and reported media releases from the World Health Organisation (WHO) on 25<sup>th</sup> March 2020, the following codes and descriptions has been allocated for use for COVID-19.

As we prepare our services for COVID-19, monitoring the numbers of cases is important for resource planning. You can help us immensely by coding COVID-19 cases for both Diagnostic and Procedural Coding correctly.

***U07.1 Emergency use of U07.1***<sup>1</sup> and ***U07.2 Emergency use of U07.2***<sup>2</sup> is active and valid codes for use on our 2014 SA ICD-10 Master Industry Table (MIT).

The code descriptions have also been changed on the WHO Online ICD-10 Version:2019 (<https://icd.who.int/browse10/2019/en>). The code description however will stay as *Emergency use of U07.1* and *Emergency use of U07.2* on the official MIT until an updated SA MIT is published.

The descriptions have however been changed and additional Notations and examples have also been added in **eCCR** and will be effective from today to assist users in allocating the correct codes.

ICD10 _Code	WHO_Full_Desc	SA MIT WHO_Full_Desc	Valid_ICD10 _ClinicalUse	Valid_ICD10 _Primary
U07.1 <sup>1</sup>	COVID-19, virus identified	Emergency use of U07.1	Y	Y
U07.2 <sup>2</sup>	COVID-19, virus not identified	Emergency use of U07.2	Y	Y

## ICD-10 2019 (Sixth Edition) Tabular List (Online Browser) Descriptions:

### U07.1 COVID-19, virus identified <sup>1</sup>

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

**Excl.:** Coronavirus infection, unspecified site (B34.2) <sup>10</sup>  
Coronavirus as the cause of diseases classified to other chapters (B97.2) <sup>10</sup>  
Severe acute respiratory syndrome [SARS], unspecified (U04.9)

### U07.2 COVID-19, virus not identified <sup>2</sup>

COVID-19 NOS

Use this code when COVID-19 is diagnosed clinically or epidemiologically but laboratory testing is inconclusive or not available. Use additional code to identify pneumonia or other manifestations.

**Excl.:** Coronavirus infection, unspecified site (B34.2) <sup>10</sup>  
COVID-19:  

- confirmed by laboratory testing (U07.1)
- special screening examination (Z11.5) <sup>5</sup>
- suspected but ruled out by negative laboratory results (Z03.8)

<sup>10</sup> The WHO International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) 2019 version has a new instructional note at *U07.1 COVID-19, virus identified* that excludes assignment of **B34.2 Coronavirus infection, unspecified site** or **B97.2 Coronavirus as the cause of diseases classified to other chapters**. Currently the official ICD-10 codes used in South Africa is based on the ICD-10 2016 (Fifth Edition), and so for laboratory or clinically confirmed COVID-19, use **U07.1 COVID-19, virus identified** in addition to **B34.2 Coronavirus infection, unspecified site** or **B97.2 Coronavirus as the cause of diseases classified to other chapters** as per the current South African Morbidity ICD-10 Coding Standards and Guidelines (as amended) and PHISC Addendum to the SA ICD-10 CS document Version 3 (August 2019).

Common terminology:

- 2019-nCoV acute respiratory disease
- 2019-nCoV
- 2019 novel coronavirus
- COVID-19
- Pneumonia caused by (due to) COVID-19 (2019-nCoV) virus
- Pneumonia caused by (due to) novel coronavirus
- Pneumonia caused by (due to) SARS-associated coronavirus
- Pneumonia caused by (due to) severe acute respiratory syndrome [SARS] coronavirus
- Pneumonia caused by (due to) COVID-19 virus

## 5. Sequence of coding:

ICD-10 Diagnostic codes are indicated as follow as sequence is important:

PDX	Primary ICD-10 code
SDX1	First (1 <sup>st</sup> ) Secondary ICD-10 code
SDX2	Second (2 <sup>nd</sup> ) Secondary ICD-10 code
Etc.	

ICD-9CM Procedure codes are indicated as follow: **Sequence not important.**

PPX Procedure code

PPX Procedure code

Etc.

## 6. Intervention/Procedure coding:

Coding for Dependence on enabling machines and devices is encouraged in order for monitoring the numbers of cases which is important for resource planning.

ICD-10 Diagnostic coding:

**Z99.1 Dependence on a respirator** which includes a ventilator should only be assigned in the following instances (Last SDX position as per Example 6 except where **R99 Other ill-defined and unspecified causes of mortality** is allocated, then R99 will be the last SDX assigned):

- For all ventilation outside of theatre
- Where a patient collapses in theatre and is transferred to the Intensive Care Unit (ICU)
- Long term admissions that require ventilation
- Patients who are dependent on ventilation at home, in a frail care unit or step-down facilities etc.

**Do not assign codes for short term ventilation e.g. theatre admissions**

ICD-9CM Procedure coding:

Please add intervention/procedure (ICD-9CM Procedure) codes to capture any **Non-invasive and Invasive** mechanical ventilation or extracorporeal membrane oxygenation.

### Invasive Mechanical Ventilation:

<sup>11</sup> The following ICD-9CM Procedure codes can be used:

- **96.70 Continuous invasive mechanical ventilation of unspecified duration**
- **96.71 Continuous invasive mechanical ventilation for less than 96 consecutive hours**
- **96.72 Continuous invasive mechanical ventilation for 96 consecutive hours or more**
- **39.65 Extracorporeal membrane oxygenation [ECMO]**

**AND**

<sup>12</sup> Code also any associated:

- **endotracheal tube insertion (96.04)**
- **tracheostomy:**
  - **mediastinal (31.21)**
  - **permanent (31.29)**
  - **temporary (31.1)**

Invasive mechanical ventilation (**delivery through endotracheal tube or tracheostomy**) includes:

- Bi-level positive airway pressure [BiPAP] [airway] pressure release ventilation] [pressure control ventilation] by endotracheal tube/tracheostomy
- Continuous positive airway pressure [CPAP] by endotracheal tube/tracheostomy
- Intermittent mandatory ventilation [IMV]

- Invasive ventilation
- Mechanical ventilation
- Positive end expiratory pressure [PEEP]
- Pressure support ventilation [PSV]
- Synchronous intermittent mandatory ventilation [SIMV]
- **Includes:** endotracheal:
  - intubation
  - respiratory assistance
 mechanical ventilation by:
  - endotracheal tube (ETT)
  - nasal
  - oral

### Non-Invasive Mechanical Ventilation:

- **93.90 Non-invasive mechanical ventilation**

Non-invasive mechanical ventilation (**delivery through non-invasive interface**) includes:

- Bi-level positive airway pressure [BiPAP] [airway] pressure release ventilation] [pressure control ventilation]
- Continuous positive airway pressure [CPAP]
- Intermittent mask CPAP
- Intermittent positive pressure breathing [IPPB]
- Intermittent mask ventilation [NIMV]
- Non-invasive pressure ventilation (NIPV)
- **Includes:** ventilatory support by:
  - face mask
  - mouthpiece
  - nasal mask/pillows/prongs
  - nasal/nasopharyngeal tube

### Endotracheal Intubation:

- To calculate the number of hours (duration) of continuous mechanical ventilation during a hospitalization, begin the count from the start of the (endotracheal) intubation. The duration ends with (endotracheal) extubation.
- If a patient is intubated prior to admission, begin counting the duration from the time of the admission. If a patient is transferred (discharged) while intubated, the duration would end at the time of transfer (discharge).
- For patients who begin on (endotracheal) intubation and subsequently have a tracheostomy performed for mechanical ventilation, the duration begins with the (endotracheal) intubation and ends when the mechanical ventilation is turned off (after the weaning period).

### Tracheostomy:

- To calculate the number of hours of continuous mechanical ventilation during a hospitalization, begin counting the duration when mechanical ventilation is started. The duration ends when the mechanical ventilator is turned off (after the weaning period).

- If a patient has received a tracheostomy prior to admission and is on mechanical ventilation at the time of admission, begin counting the duration from the time of admission. If a patient is transferred (discharged) while still on mechanical ventilation via tracheostomy, the duration would end at the time of the transfer (discharge).

## 7. WCG: Health Interim Clinical Coding Standards:

Based on the fact that both U07.1 and U07.2 is valid in the PDX position on our MIT, and because the new description indicates “*Coronavirus Disease-19*”, thus a defined disease/condition in its own right, the following is proposed as an interim WCG: Health clinical coding standard for coding COVID-19:

### Example Shortcuts:

(Click on **Back to Example List** at top right-hand corner of each Heading to return to this section):

- A. [This is how you code a confirmed case with no symptoms](#)
- B. [This is how you code a confirmed case with symptoms](#)
- C. [This is how you code a confirmed case with acute respiratory disease/illness and or signs and symptoms of respiratory disease/illness](#)
- D. [This is how you code a suspected/probable case with symptoms](#)
- E. [This is how you code a suspected/probable contact case with no symptoms](#)
- F. [This is how you code a confirmed/suspected/probable COVID-19 contact case with or without symptoms complicating pregnancy](#)
- G. [This is how you code a Transfer of a confirmed COVID-19 case or suspected / probable COVID-19 contact case with or without symptoms to another facility](#)
- H. [This is how you code a Transfer of a confirmed COVID-19 case or suspected / probable COVID-19 contact case with or without symptoms to another facility](#)

## 8. Summary (Quick guide):

**This is how you code ICD-10 Diagnosis codes on the Diagnosis tab and ICD-9CM Procedure codes on the Procedure tab:**

	No symptoms	With symptoms	ICD-10 codes
<b>Confirmed cases</b> <sup>1</sup>	Positive test result only, patient showing no symptoms		PDX: U07.1 <sup>1</sup>
	Positive test result	COVID-19 documented as cause of death	PDX: U07.1 <sup>1</sup> SDX: R99 <sup>7</sup>
	Positive test result	Use <b>additional code(s)</b>	PDX: Additional codes <sup>5, 13</sup> SDX: B97.2 <sup>10</sup> SDX: U07.1 <sup>1</sup>

	Patient presents with acute respiratory illness	Contact or suspected exposure	ICD-10 codes
<b>Suspected/probable cases</b> <sup>2, 3</sup>	No other aetiology; history of travel	√	PDX: Additional codes <sup>5, 13</sup> SDX: U07.2 <sup>2</sup> SDX: Z20.8 <sup>6</sup>
	Contact with confirmed or probable case	√	PDX: Additional codes <sup>5, 13</sup> SDX: U07.2 <sup>2</sup> SDX: Z20.8 <sup>6</sup>
	No other aetiology: hospitalisation required		PDX: Additional codes <sup>5, 13</sup> SDX: U07.2 <sup>2</sup> PPX: <sup>11, 12</sup>
	COVID-19 documented without any further information re testing		PDX: Additional codes <sup>5, 13</sup> SDX: U07.2 <sup>2</sup>

<sup>5</sup> **Additional ICD-10 Diagnostic code(s)** for respiratory disease (e.g. viral pneumonia J12.8) or <sup>13</sup> Signs and Symptoms of respiratory disease (e.g. SOB R06.0, Cough R05, etc.) as documented.

Use additional codes for Isolation (Z29.0) and/or Radiological examination (Z01.6) and/or Laboratory examination (Z01.7) as required for the specific case.

	Presenting clinical scenario	ICD-10 codes
<b>COVID-19 ruled out</b> <sup>4</sup>	Patient presents with acute respiratory illness; testing is negative, and COVID-19 is ruled out	PDX: Relevant stated infection/diagnosis SDX: Z03.8
	Self-referral: after assessment no reason to suspect disease and further investigations deemed unnecessary	PDX: Z71.1

		ICD-10 codes
<b>Testing for COVID-19</b>	Based on clinical judgement, clinicians may order a test for the SARS-CoV-2 virus in a patient who does not strictly meet the case definition.	PDX: Z11.5 <sup>5</sup>

## 9. Examples:

Please note that these examples provided are by no means exhaustive or the only available examples for use. Please follow the current South African Morbidity ICD-10 Coding Standards and Guidelines (as amended) and PHISC Addendum to the SA ICD-10 CS document Version 3 (August 2019) for further guidance.

Please remember to continue to code Co-morbidities <sup>7</sup> AND Social problems related to lifestyle <sup>8</sup>.

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### A. This is how you code a confirmed case with no symptoms:

#### Example 1:

Patient showing no symptoms but has a positive test result.

PDX: U07.1 COVID-19, virus identified

#### Example 2:

Patient presented to his GP showing no symptoms but has a positive test result. Patient passed away. COVID-19 documented as cause of death.

PDX: U07.1 COVID-19, virus identified

SDX1: R99 Other ill-defined and unspecified causes of mortality <sup>9</sup>

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### B. This is how you code a confirmed case with symptoms:

#### Example 3:

Patient admitted with a fever <sup>13</sup>, coughing <sup>13</sup> and shortness of breath <sup>13</sup>. Pathology confirms the cause is Coronavirus (COVID-19) disease.

PDX: R50.9 Fever, unspecified <sup>13</sup>

SDX1: R05 Cough <sup>13</sup>

SDX2: R06.0 Dyspnoea <sup>13</sup>

SDX3: B97.2 Coronavirus as the cause of diseases classified to other chapters

SDX4: U07.1 COVID-19, virus identified

<sup>13</sup> Signs and/or symptoms inherent to a diagnosis should not normally be assigned in addition to the code assigned for the specified diagnosis unless these represent important problems in medical care in their own right and provide additional valuable clinical information for management of the patient. (**See:** South African Morbidity ICD-10 Coding Standards and Guidelines - *DSN18 – Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)*).

### C. This is how you code a confirmed case with acute respiratory disease/illness and or signs and symptoms of respiratory disease/illness:

#### Example 4:

Patient diagnosed with pneumonia due to COVID-19.

PDX: J12.8 Other viral pneumonia

SDX1: B97.2 Coronavirus as the cause of diseases classified to other chapters

SDX2: U07.1 COVID-19, virus identified

#### Example 5:

Patient diagnosed with confirmed COVID-19 is presenting with acute respiratory failure.

PDX: J96.09 Acute respiratory failure, Type unspecified

SDX1: B97.2 Coronavirus as the cause of diseases classified to other chapters

SDX2: U07.1 COVID-19, virus identified

#### Example 6:

Patient diagnosed with confirmed COVID-19 is presenting with acute respiratory failure. Patient placed in isolation. Patient intubated and placed on a ventilator.

PDX: J96.09 Acute respiratory failure, Type unspecified

SDX1: B97.2 Coronavirus as the cause of diseases classified to other chapters

SDX2: U07.1 COVID-19, virus identified

SDX3: Z29.0 Isolation

SDX4: Z99.1 Dependence on enabling machines and devices

PPX: 96.04 Insertion of endotracheal tube **or** 31.29 Tracheostomy

PPX: 96.70 Continuous invasive mechanical ventilation of unspecified duration

**or**

PPX: 96.70 Continuous invasive mechanical ventilation of unspecified duration

PPX: 96.04 Insertion of endotracheal tube \*

PPX: 31.29 Tracheostomy <sup>12</sup>\*

\* **Note:** For patients who begin on (endotracheal) intubation and subsequently have a tracheostomy performed for mechanical ventilation, you will code both procedures.

## D. This is how you code a suspected/probable case with symptoms:

### Example 7:

Patient admitted with shortness of breath <sup>13</sup> and a fever <sup>13</sup>. Patient has no other aetiology. He indicated that he has recently travelled overseas. Coronavirus disease is suspected, bloods have been sent to the laboratory for testing and awaiting results.

PDX: R06.0 Dyspnoea <sup>13</sup>  
 SDX1: R50.9 Fever, unspecified <sup>13</sup>  
 SDX2: U07.2 COVID-19, virus not identified  
 SDX3: Z20.8 Contact with and exposure to other communicable diseases  
 SDX4: Z11.5 Special screening examination for other viral diseases <sup>5</sup>  
 SDX5: Z01.7 Laboratory examination

## E. This is how you code a suspected/probable contact case with no symptoms:

### Example 8:

Patient admitted with shortness of breath <sup>13</sup> and a fever <sup>13</sup>. Coronavirus disease is suspected due to clinical picture presented. CXR <sup>15</sup> done which indicates possible pneumonia. Specimens <sup>14</sup> have been sent to the laboratory for testing but results not available yet.

PDX: R06.0 Dyspnoea <sup>13</sup>  
 SDX1: R50.9 Fever, unspecified <sup>13</sup>  
 SDX2: U07.2 COVID-19, virus not identified  
 SDX3: Z01.6 Radiological examination, not elsewhere classified <sup>15</sup>  
 SDX4: Z01.7 Laboratory examination <sup>14</sup>

PPX: 87.49 Other chest x-ray <sup>15</sup>

<sup>14</sup> Includes:  
 Any specimens collected e.g. sputum, nasopharyngeal swabs, oral swabs, bloods, etc. for analysis at a laboratory

<sup>15</sup> Includes:  
 Chest:  
 - decubitus view  
 - ribs  
 - single view  
 - standard view  
 - thoracic inlet  
 - two views (PA + Lateral)

**Example 9:**

Patient indicated they might have been in contact with a patient that is suspected or confirmed with COVID-19. Sputum, nasopharyngeal and oral swab, and bloods have been sent to the laboratory for testing.

PDX: Z20.8 Contact and exposure to other communicable diseases  
SDX1: Z11.5 Special screening examination for other viral diseases <sup>5</sup>  
SDX2: Z01.7 Laboratory examination

**Example 10:**

Patient indicated they have been in contact with a patient that is suspected or confirmed with COVID-19 but is asymptomatic. Temperature and observations done, patient counselled and sent home for self-isolation.

PDX: Z20.8 Contact and exposure to other communicable diseases  
SDX1: Z29.0 Isolation <sup>6</sup>

**Example 11:**

Patient presents with acute respiratory failure. Testing for COVID-19 is negative and COVID-19 is ruled out as cause of respiratory failure.

PDX: J96.09 Acute respiratory failure, Type unspecified  
SDX1: Z03.8 Observation for other suspected diseases and conditions

**Example 12:**

Patient self-referred herself as she suspects she has COVID-19. She shows no symptoms and after assessment, the clinician records that there is no reason to suspect COVID-19 disease and any further investigation is deemed unnecessary. The clinician reassures the patient and discharges her home.

PDX: Z71.1 Person with feared complaint in whom no diagnosis is made

**F. This is how you code a confirmed/suspected/probable COVID-19 contact case with or without symptoms complicating pregnancy:**

**Example 13:**

Patient admitted with lobar pneumonia due to COVID-19. She is 28/52 pregnant.

PDX: O98.8 Other maternal infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium

SDX1: J12.8 Other viral pneumonia

SDX1: B97.2 Coronavirus as the cause of diseases classified to other chapters

SDX2: U07.1 COVID-19, virus identified

**Example 14:**

Patient admitted with lobar pneumonia due to COVID-19. She is 34/52 pregnant and went into spontaneous delivery. A live born infant is delivered.

PDX: O98.8 Other maternal infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium

SDX1: O82.0 Spontaneous vertex delivery

SDX2: Z37.0 Single live birth

SDX1: J12.8 Other viral pneumonia

SDX1: B97.2 Coronavirus as the cause of diseases classified to other chapters

SDX2: U07.1 COVID-19, virus identified

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 current South African Morbidity ICD-10 Coding Standards and Guidelines (as amended) and PHISC Addendum to the SA ICD-10 CS document Version 3 (August 2019) – *DSN1503 Labour and Delivery* and *DSN1505 Other Obstetric Conditions*.

**G. This is how you code a Transfer of a confirmed COVID-19 case or suspected / probable COVID-19 contact case with or without symptoms to another facility:**

**Example 15:**

Patient with suspected COVID-19 is transferred to another hospital for testing and treatment.

PDX: Code episode in accordance with above mentioned rules, guidelines and examples.

SDX1: Z75.1 Person awaiting admission to adequate facility elsewhere

If a patient is transferred for further investigation of a suspected condition, the transferring hospital should assign the suspected condition code. (**Note:** this code is not to be used for ALL transfers as the discharge status provides that information).

Clinical coders at the transferring hospital should use only the available information at the time of transfer to code the case. Information which becomes available from the hospital to which the patient was transferred should not be used to inform the coding decision.

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## H. Healthcare worker tested positive for COVID-19 due to accidental exposure at work:

Currently no specific coding standard has been published and it is suggested to follow the current South African Morbidity ICD-10 Coding Standards and Guidelines (as amended) and PHISC Addendum to the SA ICD-10 CS document Version 3 (August 2019) – *DSN2130 Post Exposure Prophylaxis (PEP)* (Example 4) for guidance. Please also see link below from Department of Labour.

<http://www.labour.gov.za/DocumentCenter/Publications/Compensation%20for%20Occupational%20Injuries%20and%20Diseases/Notice%20on%20compensation%20for%20Occupationally%20acquired%20corona%20virus%20under%20COIDA%20Amended%20Act.pdf>

## 10. Implementation:

As per the South African ICD-10 Morbidity Standards and Guidelines (April 2014) document normally, "A three (3) month period will be allowed for the implementation of any operational changes and a six month period for any system related changes from the date of publication" However, because COVID-19 has been deemed a public health emergency, U07.1 and U07.2 should be used with immediate effect. The implementation of these standards will then be applied during the Clinical Coding Compliance and Improvement process.

Your co-operation regarding implementation of the abovementioned would be appreciated.

If you have any queries or questions, please contact us on [Support.ICD-10@westerncape.gov.za](mailto:Support.ICD-10@westerncape.gov.za)



**MANAGER: CLINICAL CODING SERVICES AND DRGs**

**DATE:** 15 April 2020

**References:**

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>

PHISC Communication, viewed 13 February 2020, <https://www.phisc.net/>

PHISC UPDATED Communication 3 for COVID-19 coding, viewed 07 April 2020, <https://www.phisc.net/>