

COVID-19 coding in ICD-10

25 March 2020

This document provides information about the new codes for COVID-19 and includes clinical coding examples in the context of COVID-19. It includes a reference to the WHO case definitions for surveillance.

1 New ICD-10 codes for COVID-19

- U07.1 COVID-19, virus identified
- U07.2 COVID-19, virus not identified
 - Clinically-epidemiologically diagnosed COVID-19
 - Probable COVID-19
 - Suspected COVID-19

Details of the updates to ICD-10 are available online at <https://www.who.int/classifications/icd/icd10updates/en/>

2 Clinical Coding of COVID-19 with ICD-10

| Confirmed cases | No symptoms | With symptoms | ICD-10 codes |
|------------------------|--|---|------------------------------|
| | Positive test result only, patient showing no symptoms | | U07.1 |
| | Positive test result | COVID-19 documented as cause of death | U07.1* |
| | Positive test result | Use additional code(s) for respiratory disease (e.g. viral pneumonia J12.8) or signs or symptoms of respiratory disease (e.g. shortness of breath R06.0, cough R05) as documented | U07.1 + codes for symptoms * |

*Use intervention/procedure codes to capture any mechanical ventilation or extracorporeal membrane oxygenation and identify any admission to intensive care unit

*Use additional codes for isolation (Z29.0) or laboratory examination (Z01.7) as required for the specific case

| Suspected/probable cases | Patient presents with acute respiratory illness | Contact or suspected exposure | ICD-10 codes |
|---------------------------------|---|--------------------------------------|------------------------------------|
| | No other etiology; history of travel | √ | U07.2; Z20.8 + codes for symptoms* |
| | Contact with confirmed or probable case | √ | U07.2; Z20.8 + codes for symptoms* |
| | No other etiology: hospitalization required | | U07.2 + codes for symptoms* |
| | COVID-19 documented without any further information re: testing | | U07.2 + codes for any symptoms* |

*Use intervention/procedure codes to capture any mechanical ventilation or extracorporeal membrane oxygenation and identify any admission to intensive care unit

*Use additional codes for isolation (Z29.0) or laboratory examination (Z01.7) as required for the specific case

| | Presenting clinical scenario | ICD-10 codes |
|---------------------------|--|---|
| COVID-19 ruled out | Patient presents with acute respiratory illness; testing is negative, and COVID-19 is ruled out | Code the relevant stated infection/diagnosis + Z03.8 <i>Observation for other suspected diseases and conditions</i> |
| | Self-referral: after assessment no reason to suspect disease and further investigations deemed unnecessary | Code Z71.1 <i>Person with feared complaint in whom no diagnosis is made</i> |

| | | |
|-----------------------------|--|--|
| Testing for COVID-19 | 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. | Code Z11.5 <i>Special screening examination for other viral diseases</i> |
|-----------------------------|--|--|

3 Mortality Coding of COVID-19 with ICD-10

Both categories, U07.1 (COVID19, virus identified) and U07.2 (COVID19, virus not identified) 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 B, 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 COVID-19 Case definitions for Global Surveillance¹

24 March 2020

Confirmed cases

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

¹ [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))

Suspected cases

A) a patient with 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 etiology 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

B) a patient with any acute respiratory illness AND who has been a contact of a confirmed or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms

OR

C) a patient with severe acute respiratory infection (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness breath) AND who requires hospitalization AND who has no other etiology that fully explains the clinical presentation.

Probable case

A probable case is a suspected case for whom the report from laboratory testing for the COVID-19 virus is inconclusive.