

Coding Activity for COVID-19

Background

On 13 March 2020 the Commonwealth Government and all State and Territory Governments signed the National Partnership Agreement for the COVID-19 Response. The purpose of this agreement was to confirm the financial assistance the Commonwealth will provide for the additional costs incurred by State and Territory health services in responding to the COVID-19 outbreak.

To support the implementation of the measures detailed in the agreement, the Independent Hospital Pricing Authority (IHPA) is required to update the classification systems and reporting requirements underpinning the national Activity Based Funding (ABF) system.

These changes are to ensure that health services are accurately capturing all activity associated with the COVID-19 outbreak. This data will be used to determine final funding allocations from the Commonwealth as well as for other critical purposes including future epidemiological studies.

ICD Code changes

The World Health Organisation (WHO) has provided advice that health services should use the following **ICD-10 Emergency use codes**:

- **U07.1: Emergency use of U07.1** [COVID-19, virus identified]. This code 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]. This code is to be assigned when COVID-19 has been documented as clinically diagnosed COVID-19, including evidence supported by radiological imaging (i.e. where a clinical determination of COVID-19 is made but laboratory testing is inconclusive, not available or unspecified).
- **U06.0: Emergency use of U06.0** [COVID-19, ruled out]. This code is to be assigned when laboratory testing for COVID 19 has been performed but ruled out (i.e. negative test result).

Specific actions required

Clinicians are required to:

- Document both on the Discharge summary and in the progress notes, if a COVID-19 test is ordered. Specifically:
 - Connect the ordering of the COVID-19 test with a reason/symptom/condition e.g.
Shortness of breath – rule out COVID-19
- Document both on the **discharge summary** and in the **progress notes**, the results of the COVID-19 test as one of the following:
 - **Confirmed positive COVID-19**
 - **Probable COVID-19** (i.e. inconclusive, not available or unspecified)
 - **Ruled out COVID-19** (i.e. negative test result)
- Document if a patient is in isolation or quarantined. ICD-10-AM has a code for isolation as opposed to quarantined.
- It is important that COVID-19 inpatients are documented in the casenote as described above. If these matters are not documented in the casenote they will not be coded and CALHN will be understating the COVID-19 activity delivered.

This will have a direct impact on the allocation of financial assistance for the additional costs incurred. For further information contact:

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