Scottish Clinical Coding Standards – ICD-10

The COVID-19 pandemic is a rapidly developing situation. Following a number of queries, further clarification has been sought with the World Health Organisation (WHO) on the assignment of ICD-10 code **U07.2 COVID-19, virus not identified**.

Previously, in [Scottish Clinical Coding Standard (SCCS) No. 24 April 2020](#), it was specified that **U07.2** should be assigned where a clinical diagnosis is made and a laboratory test is inconclusive, unavailable or has not been performed. However, this advice has been updated and in addition, **U07.2** may now also be assigned in cases where COVID-19 has been diagnosed clinically, even with a negative laboratory test result. This is to ensure that any false negative test results are still recorded as the pandemic strain where a clinical diagnosis of COVID-19 has been made.

Subsequently, SCCS 24 has been revised and re-issued as SCCS 25 to incorporate this new guidance with the following sections updated with new/amended text and examples:

**Introduction**
- Amendments: Slight rewording and addition of previous SCCS hyperlinks

**1. COVID-19 confirmed by laboratory testing**
- Amendments: Re-wording of 3rd and 4th bullet points in list regarding acceptable use of U07.1 not in main condition position

**2. COVID-19 diagnosed clinically**
- Amendments: change to section title, addition of guidance for use of U07.2 for clinical diagnosis with a negative test laboratory result and new examples.

**3. COVID-19 ruled out (negative laboratory test and absence of clinical diagnosis)**
- Amendments: change to section title, amendments to guidance and updating of examples.

**Summary**
- Addition of summary guidance for discharges prior to April 1st 2020 (Guidance as per SCCS 22) and addition of guidance table.

This guidance supersedes SCCS 24 and it is applicable for discharges from 1st April 2020.

For discharges before 1st April 2020, [Scottish Clinical Coding Standards No. 22 February 2020](#) is still applicable.
Coding of COVID-19 Guidance

COVID-19 the clinical syndrome caused by the novel coronavirus ‘Severe Acute Respiratory Syndrome Coronavirus-2’ (SARS-CoV-2), (formerly known as 2019-nCoV) has been declared a pandemic by the World Health Organisation (WHO).

In response, WHO has assigned the ICD-10 emergency use codes U07.1 and U07.2 as follows:

- An emergency ICD-10 code of **U07.1 COVID-19, virus identified** is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing.
- An emergency ICD-10 code of **U07.2 COVID-19, virus not identified** is assigned to a clinical or epidemiological diagnosis of COVID-19 where laboratory confirmation is inconclusive or not available.

WHO have issued an official update to the published volumes of ICD-10 Volume 1 Tabular List and Volume 3 Alphabetical Index. The details of how to access these are at the end of the standard and the electronic update ‘COVID-19 update for ICD-10’ is available on the WHO website [https://www.who.int/classifications/icd/icd10updates/en/](https://www.who.int/classifications/icd/icd10updates/en/)

Coding Guidance for SMR records

This standard details how COVID-19 should be coded on SMR records in NHS Scotland for discharges from 1st April 2020 and supersedes [Scottish Clinical Coding Standard No. 24 April 2020](https://www.who.int/classifications/icd/icd10updates/en/).

Discharges prior to April 1st 2020 should be coded using the guidance provided in [Coding Standards No 22 February 2020](https://www.who.int/classifications/icd/icd10updates/en/).

This guidance applies to SMR01, SMR02, and SMR04 records.

There are five main coding scenarios related to COVID-19:

1. **COVID-19 confirmed by laboratory testing**
2. **COVID-19 diagnosed clinically**
3. **COVID-19 ruled out (negative laboratory test and absence of clinical diagnosis)**
4. **Non COVID-19 coronavirus**
5. **Coronavirus NOS**

Please note, there are many synonymous terms used for COVID-19, including:

- COVID-19 (various versions in terms of capital letters and small letters)
- COVID/Covid (no number specification)
- 2019 Coronavirus
- SARS-CoV-2
- 2019-nCoV
COVID-19 related coding scenarios

1. **COVID-19 confirmed by laboratory testing**

For patients in whom laboratory testing has confirmed COVID-19, **U07.1 COVID-19, virus identified** should be assigned.

Manifestations of the disease (i.e. associated conditions, signs and/or symptoms) should also be coded if known and always be sequenced after the **U07.1** code.

If the patient is asymptomatic i.e. has no manifestations of COVID-19 disease, **U07.1** can be used alone as long as laboratory testing has confirmed COVID-19.

**U07.1** should also be used in cases where COVID-19 has been confirmed by laboratory testing, but there is no clear clinical statement attributing the patient’s conditions/symptoms to the positive test result (see examples ‘c’ and ‘d’ below). This contravenes the normal coding rules as per CG 20 June 2007. This is only applicable to the use of **U07.1** for the COVID-19 pandemic and does not apply to any other ICD-10 codes. In addition:

- If the result is not available at time of discharge, but a positive result is available at time of coding then this should be coded to **U07.1**
- Coders are advised to review laboratory test results if the COVID-19 status is unclear from the discharge letter

The majority of patients with COVID-19 confirmed by laboratory testing should have **U07.1** assigned as main condition. However, there may be exceptions when it is acceptable for **U07.1** not to be in the primary diagnosis field, which include:

- the patient is under obstetric care (SMR02):
  - In these cases, a Chapter XV code should go in 1st position followed by **U07.1** and any COVID-19 manifestation codes sequenced after **U07.1**.
  - **O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium** can be recorded as the main condition if there are no other applicable Chapter XV codes for the episode.
- the patient is under psychiatric care (SMR04):
  - In these cases, a Chapter V code should go in 1st position followed by **U07.1** and any COVID-19 manifestation codes sequenced after **U07.1**.
- there is no stated diagnosis of COVID-19 (another condition is being treated as main condition), but available information indicates that a test for the condition
was positive i.e. a positive COVID-19 laboratory test is an incidental finding in an asymptomatic patient (another condition is being treated as main condition)

- the patient is admitted and treated/investigated for another condition specified as the main condition for the episode, but in addition they are also diagnosed, via laboratory test, with COVID-19 which does not require any medical treatment. Any manifestations of the COVID-19 disease should be sequenced after **U07.1**.

**Note:** there is no requirement to add the codes **B34.2 Coronavirus infection, unspecified site** or **B97.2 Coronavirus as the cause of diseases classified to other chapters** for COVID-19 cases. This information is captured by the **U07.1** code.

**Examples**

a) **Cough, proven to be due to COVID-19 by laboratory testing**  
   U07.1 COVID-19, virus identified  
   R05.X Cough

b) **Patient admitted with pneumonia due to COVID-19, confirmed by laboratory testing**  
   U07.1 COVID-19, virus identified  
   J12.8 Other viral pneumonia

c) **Patient admitted with persistent pyrexia. COVID-19 positive on swab result.**  
   U07.1 COVID-19, virus identified  
   R50.8 Other specified fever

d) **Patient admitted with viral infection. Laboratory test available after discharge letter completed shows proven COVID-19.**  
   U07.1 COVID-19, virus identified  
   - **B34.2 is not needed as U07.1 classifies the COVID-19 disease**

e) **Patient 32 weeks pregnant, admitted to obstetric ward for observation due to cough and shortness of breath due to suspected COVID-19 which was confirmed by positive laboratory testing. (SMR02 record)**  
   O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium  
   U07.1 COVID-19, virus identified  
   R05.X Cough  
   R06.0 Dyspnoea

f) **Patient admitted for delivery at 39 weeks and had 750ml postpartum haemorrhage. Cough noted and swab was positive for COVID-19. (SMR02 record)**  
   O72.1 Other immediate postpartum haemorrhage  
   U07.1 COVID-19, virus identified  
   R05.X Cough

g) **Psychiatric inpatient being treated for schizophrenia. COVID-19 outbreak in the ward and patient tests positive for COVID-19. (SMR04 record)**  
   F20.9 Schizophrenia, unspecified  
   U07.1 COVID-19, virus identified
h) Admitted due to fall in nursing home and fractured neck of right femur sustained. Nursing home known to have COVID-19 cases so patient swabbed as a precaution even though asymptomatic and found to be positive for COVID-19. Main condition treated confirmed as the fracture.

S72.00 Fracture of neck of femur (closed)
W19.1 Unspecified fall (Residential institution)
U07.1 COVID-19, virus identified

2. COVID-19 confirmed clinically

Clinical confirmation means that the healthcare professional (e.g. doctor, nurse) has made a clinical decision from the patient’s history, signs and symptoms that they have COVID-19. Laboratory testing has not been performed, has not been available or testing has been inconclusive. In addition, a patient may have a negative test result, but despite this still be diagnosed clinically with COVID-19 due to their signs/symptoms.

U07.2 COVID-19, virus not identified should be assigned for patients who have been clinically diagnosed as having COVID-19. This applies even in the presence of a negative laboratory test as long as the healthcare professional responsible has clinically diagnosed the patient with COVID-19 due to their signs/symptoms, recorded a diagnosis of COVID-19 and managed them accordingly.

Manifestations of the disease (i.e. associated conditions, signs and/or symptoms) should also be coded if known and always be sequenced after the U07.2 code.

If the manifestations are not known, U07.2 can still be assigned for the patient as long as a clinical diagnosis of COVID-19 has been recorded by the health care provider.

Note: U07.2 COVID-19, virus not identified can be assigned if the responsible healthcare professional states any of the following terms in relation to COVID-19 (or any synonymous terms):

- Suspected
- Possible
- Impression of
- Probable
- Query
- Likely
- Suggestive of
- Consistent with, compatible with or in keeping with
- Treated as, for, accordingly

This contravenes the normal coding rules as per CG25 April 2010. This is only applicable for the duration of the COVID-19 pandemic and will be reviewed in the future.

Note: the majority of patients with COVID-19 confirmed clinically (testing not performed or inconclusive) should have U07.2 assigned as main condition. However, there may be
exceptions when it is acceptable for **U07.2** not to be in the primary diagnosis field, which include:

- the patient is admitted under obstetric care (SMR02):
  - In these cases, a Chapter XV code should go in 1\textsuperscript{st} position followed by **U07.2** and any COVID-19 manifestation codes sequenced after **U07.2**.
  - **O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium** can be recorded as the main condition if there are no other applicable Chapter XV codes for the episode.
- the patient is under psychiatric care (SMR04):
  - In these cases, a Chapter V code should go in 1\textsuperscript{st} position followed by **U07.2** and any COVID-19 manifestation codes sequenced after **U07.2**.
- the patient is admitted for another condition and is also diagnosed with COVID-19 clinically, but does not require any medical treatment for the COVID-19. The other condition is specified as the main condition treated. Any manifestations of the COVID-19 disease should be sequenced after **U07.2**.

Examples

a) \textit{Cough and pyrexia}. Doctor diagnoses COVID-19 and patient is managed with supportive IV fluids. Laboratory testing for COVID-19 not performed.
   
   **U07.2 COVID-19, virus not identified**
   R05.X Cough
   R50.9 Pyrexia

b) \textit{Admitted with pneumonia}. Doctor suspects COVID-19 and patient is managed for COVID-19 related pneumonia with supportive IV fluids. Laboratory testing for COVID-19 was inconclusive.
   
   **U07.2 COVID-19, virus not identified**
   J12.8 Other viral pneumonia

c) \textit{Patient was admitted with suspected COVID-19}. No testing was available, but due to her symptoms, she was managed as per the COVID-19 protocol.
   
   **U07.2 COVID-19, virus not identified**

d) \textit{Patient 28 weeks pregnant, admitted to obstetric ward for observation due to cough}. COVID-19 suspected. Testing for COVID-19 was inconclusive. (SMR02 record)
   
   **O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium**
   **U07.2 COVID-19, virus not identified**
   R05.X Cough

e) \textit{Patient admitted for delivery at 39 weeks and had 750ml postpartum haemorrhage}. Cough noted and presumed to be COVID-19. Testing not performed. (SMR02 record)
   
   **O72.1 Other immediate postpartum haemorrhage**
   **U07.2 COVID-19, virus not identified**
   R05.X Cough
f) Psychiatric inpatient being treated for schizophrenia. COVID-19 outbreak in the ward. Patient noted to have a cough and diagnosed clinically as having COVID-19. Testing not available. (SMR04 record)
- F20.9 Schizophrenia, unspecified
- U07.2 COVID-19, virus not identified
- R05.X Cough

g) Admitted due to fall in nursing home and fractured neck of right femur sustained. Patient noted to have cough and COVID-19 likely cause though no testing was available and treatment for it was not required. Main condition treated for the episode confirmed as the fracture.
- S72.00 Fracture of neck of femur (closed)
- W19.1 Unspecified fall (Residential institution)
- U07.2 COVID-19, virus not identified
- R05.X Cough
- While U07.2 is not the main condition, sequencing guidance still applies and manifestations should follow the U07.2 code.

h) Patient presented with fever, cough and shortness of breath. Swab for COVID-19 was negative. CT chest showed changes consistent with COVID-19 and patient had typical symptoms so was diagnosed with COVID-19 pneumonia.
- U07.2 COVID-19, virus not identified
- J12.8 Other viral pneumonia
- Note even though the test result was negative, the patient was still diagnosed clinically and treated for COVID-19 disease so the U07.2 should be assigned

i) Patient presented with fever, shortness of breath and lethargy. Swab for COVID-19 was negative, however the impression was that the patient was COVID-19 case and was managed accordingly.
- U07.2 COVID-19, virus not identified
- R50.9 Pyrexia
- R06.0 Dyspnoea
- R53.X Malaise and fatigue

3. COVID-19 ruled out (negative laboratory test and absence of clinical diagnosis)

There may be patients admitted to hospital who are initially suspected to be COVID-19 cases, but later are confirmed not to have the disease by laboratory testing and are not assigned a clinical diagnosis by the responsible healthcare professional.

When coding these patients, first record any manifestation of disease (i.e. associated conditions, signs and/or symptoms) followed by Z03.8 Observation for other suspected diseases and conditions.

Examples

a) Patient admitted with pneumonia. Initially thought might be due to COVID-19, but laboratory test was negative. Treated as bacterial pneumonia with antibiotics.
- J15.9 Bacterial pneumonia, unspecified
- Z03.8 Observation for other suspected diseases and conditions
- Note there is no clinical diagnosis of COVID-19 assigned in this example so U07.2 should not be assigned

b) Patient admitted with pyrexia. Initially thought to be COVID-19 but this was ruled out by a negative lab test and patient diagnosed with a UTI after further investigations.
   N39.0 Urinary tract infection, site not specified
   Z03.8 Observation for other suspected diseases and conditions
   - Note there is no clinical diagnosis of COVID-19 assigned in this example so U07.2 should not be assigned

4. Non COVID-19 coronavirus

Coronaviruses are a group of viruses that can cause a variety of respiratory infections. Not all coronaviruses are the COVID-19 subtype (SARS-CoV-2). For example, other types of coronaviruses include Human coronavirus OC43 (HCoV-OC43) and Human coronavirus HKU1, both of which can cause mild symptoms similar to the common cold.

If a patient’s record details clearly states they have a coronavirus strain other than COVID-19, these should be coded as per normal coding rules. These should not be coded using U07.1 or U07.2.

Examples

a) Patient admitted with pneumonia. Swab showed Human coronavirus HKU1 so treated as coronavirus related pneumonia.
   J12.8 Other viral pneumonia
   B97.2 Coronavirus as the cause of diseases classified to other chapters

b) Patient admitted with vague symptoms and swab taken confirmed a common cold strain of coronavirus. Managed as viral infection with supportive treatment.
   B34.2 Coronavirus infection, unspecified site

5. Coronavirus NOS

There is a concern that the term “coronavirus” may be seen on records without further modifiers or specification that it is the pandemic strain, COVID-19. Coders may not be able to get clarification from other documentation, laboratory testing or the clinician indicating that the patient should be considered to be a COVID-19 case or not.

In such cases, the U07.- should not be used and the B34.2 Coronavirus infection, unspecified site or B97.2 Coronavirus as the cause of diseases classified to other chapters applied as appropriate.

However, there is also a concern that “coronavirus NOS” may be seen with the terms such as ‘suspected’, ‘possible’, ‘impression of’ etc. for which normal coding guidance would be to code the symptoms and not the virus B codes. This could mean there is a group of potential coronavirus cases that could not be identified by analysing either U07.1/2 or B34.2/B97.2 codes.

As such, if the only information available to coders is “coronavirus” with no confirmation of the COVID-19 strain, the codes B34.2 Coronavirus infection, unspecified site or B97.2 Coronavirus as the cause of diseases classified to other chapters should be used and this includes if the non-specific term “coronavirus” is stated in conjunction with
the following terms:
- Suspected
- Possible
- Impression of
- Probable
- Query
- Likely
- Suggestive of
- Consistent with, compatible with or in keeping with
- Treated as, for, accordingly

This contravenes the normal coding rules as per CG25 April 2010. This is only applicable for the duration of the COVID-19 pandemic and will be reviewed in the future.

Examples

a) Patient admitted with coronavirus. Managed as viral infection with supportive treatment. There is no other information to clarify whether the patient was thought to be a suspected COVID-19 case or not.
   B34.2 Coronavirus infection, unspecified site

b) Patient admitted with lower respiratory tract infection due to suspected coronavirus. No laboratory testing performed and no other information was available to clarify whether the patient was thought to be a suspected COVID-19 case or not.
   J22X Unspecified acute lower respiratory infection
   B97.2 Coronavirus as the cause of diseases classified to other chapters

Summary of guidance for discharges from 1st April 2020

1. COVID-19 confirmed by laboratory testing
   i. U07.1
   ii. Plus, conditions/signs/symptoms (if present)

2. COVID-19 confirmed clinically
   i. U07.2
   ii. Plus, conditions/signs/symptoms (if present)
      ▪ Terms “suspected/possible/impression” etc can be coded to U07.2

3. COVID-19 ruled out (negative laboratory test and absence of clinical diagnosis)
   i. Conditions/signs/symptoms
   ii. Plus, Z03.8

4. Non COVID-19 coronavirus
   i. Code as per normal coding rules and standards

5. Coronavirus NOS
i. Do NOT use U07.1 or U07.2
ii. Code to B34.2 or manifestation codes followed by B97.2
   ▪ Terms “suspected/possible/impression” etc can be coded to B34.2/B97.2

Summary of guidance for discharges prior to 1st April 2020

Confirmed cases of COVID-19

i. U07.1

ii. Manifestation codes followed by B97.2

For further detail, please see Scottish Clinical Coding Standards No. 22 February 2020.

Summary of COVID-19 coding

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ICD-10 Book Updates: Addition of COVID-19 codes

Updates to the ICD-10 Tabular List and Alphabetical Index are accessible on the WHO website- https://www.who.int/classifications/icd/icd10updates/en/

To access the ICD10 update documents, select https://www.who.int/classifications/icd/COVID-19_EmergencyUpdate.zip?ua=1

This will open a zip file of two PDF documents which contain the details of the amendments:

- Volume 1_Tabular List 2019_with Suspected COVID-19_Final.pdf
- Volume 3_Alphabetical Index_2020_Suspected COVID-19_Final (002).pdf

Please update your print and electronic ICD-10 books and with these amendments.

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