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COVID-19 Guidance Update

To date there have been seven ‘Emergency Use’ ICD-10 codes related to the COVID-19 pandemic released by the World Health Organisation (WHO) since January 2020. Terminology Services have released five Scottish Clinical Coding Standards in relation to these codes (SCCS 22, 24, 25, 27 and 28) with three (SCCS 25, 27 and 28) containing current/active guidance.

Due to the changing nature and evolution of the pandemic, these current/active standards have been reviewed and updates have been made to SCCS 25 and SCCS 27 (see below).

Terminology Services acknowledge the complexity of the numerous COVID-19 related standards. As such, a separate consolidation of all active guidance has been created and released as SCCS 30, which incorporates all COVID-19 guidance (including the updates in this standard, SCCS 29).

Previous text will appear scored out e.g. main diagnosis and updated text will appear in red text e.g. main condition.

Updates to SCCS 25

Section: “1. COVID-19 confirmed by laboratory testing” pages 4-6

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:

When coding COVID-19 infections, normal main condition rules should be followed.

Where COVID-19 is confirmed by laboratory testing to be present, but is not the main condition for the episode, U07.1 must be included as one of the other conditions in positions 2-6. Any manifestations of the COVID-19 disease should be sequenced after U07.1 if space allows.

Where COVID-19 confirmed by laboratory testing is present in SMR02 and SMR04 episodes, the guidance is as follows:

- 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
  - If COVID-19 is not the main condition, the applicable Chapter XV code should go in 1st position and U07.1 must be included as one of the other conditions in positions 2-6. Any manifestations of the COVID-19 disease should be sequenced after U07.1 if space allows.
  - 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.
  - If COVID-19 is the main condition then O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium should be recorded as the main condition, followed by U07.1 and any COVID-19 manifestation codes sequenced after U07.1.
- 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.
New example:

i) Admitted with gangrenous left foot due to peripheral atherosclerosis. Also, found to be have a significant AKI (acute kidney injury). New cough also noted and laboratory test for COVID-19 was +ve.

**I70.21 Atherosclerosis of arteries of extremities with gangrene**

**N17.9 Acute renal failure, unspecified**

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

**R05.X Cough**

Section: “2. COVID-19 confirmed clinically” pages 6 - 8

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 and 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 healthcare professional.

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 to COVID-19 coding 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:

When coding COVID-19 infections, normal main condition rules should be followed.

Where COVID-19 confirmed clinically is present, but is not the main condition for the episode, **U07.2** must be included as one of the other conditions in positions 2-6. Any manifestations of the COVID-19 disease should be sequenced after **U07.2** if space allows.

Where COVID-19 confirmed clinically is present in SMR02 and SMR04 episodes, the guidance is as follows:

- **the patient is admitted under obstetric care (SMR02):**
  - In these cases, a Chapter XV code should go in 1st position followed by **U07.2** and any COVID-19 manifestation codes sequenced after **U07.2**.
  - If COVID-19 is not the main condition, the applicable Chapter XV code should go in 1st position and **U07.2** must be included as one of the other conditions in positions 2-6. Any manifestations of the COVID-19 disease should be sequenced after **U07.2** if space allows.
  - **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.
  - If COVID-19 is the main condition then **O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium** should be recorded as the main condition, followed by **U07.2** and any COVID-19 manifestation codes sequenced after **U07.2**.

- **the patient is under psychiatric care (SMR04):**
  - In these cases, a Chapter V code should go in 1st 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**:**
Amended example:

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.

Section: “5. Coronavirus NOS” page 10

Amended sentence:

This contravenes the normal coding rules as per CG25 April 2010. This is only applicable to coding Coronavirus NOS for the duration of the COVID-19 pandemic and will be reviewed in the future.
Updates to SCCS 27

Section: “B) U07.4 Post COVID-19 condition” page 4

Amended Examples 1 and 2:

1) A patient admitted and diagnosed with “Post COVID Viral Cough”. They had been previously confirmed COVID-19 positive via a laboratory test. Known type 2 diabetes and COPD.
   
   **R05.X Cough U07.4**
   **Post COVID-19 condition**
   **J44.9 Chronic obstructive pulmonary disease, unspecified**
   **E11.9 Type 2 diabetes mellitus without complications**

2) Patient admitted with chest pain and fatigue. He was previously swab+/ve for clinically diagnosed with COVID-19. Examination and investigations were normal. His symptoms were attributed as being due to post COVID syndrome. Known to have IHD.

   **R07.4 Chest pain, unspecified**
   **U07.4 Post COVID-19 condition**
   **R53.X Malaise and fatigue I25.9**
   **Chronic ischaemic heart disease, unspecified**

THIS GUIDANCE IS APPLICABLE FOR DISCHARGES FROM 1 JUNE 2021