



ICD-10-CA | CCI

Canadian Coding Standards

for Version 2022 ICD-10-CA and CCI

Addendum: Pandemics and Epidemics (COVID-19)

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Introduction

Due to the evolving nature of the COVID-19 pandemic, direction related to COVID-19 code assignment will be maintained in this addendum to the *Canadian Coding Standards for v2022 ICD-10-CA and CCI*. This addendum will be updated as needed to provide the most up-to-date direction on COVID-19 code assignment. The current version of this addendum can be found on CIHI's [Codes and Classifications](#) web page.

Chapter XXIII — Provisional codes for research and temporary assignment

In effect 2021. Amended April 2021, July 2021, April 2022, April 2023.

COVID-19

COVID-19 (coronavirus disease 2019) is a new strain of coronavirus not previously identified in humans. Coronaviruses (CoVs) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome–associated coronavirus (SARS-CoV). There are codes in the classification for CoV. However, these codes include conditions due to other CoV strains; they do not uniquely and specifically identify COVID-19. COVID-19 was declared a pandemic in 2020. WHO and subsequently CIHI communicated direction to use certain emergency use codes for specific COVID-19 diagnoses and circumstances.

When a COVID-19 test is performed, coders should code an encounter once the COVID-19 test result is available to ensure that the code assignment reflects the greatest degree of specificity known from the COVID-19–related documentation.

Facilities are encouraged to prioritize coding of COVID-19 cases to expedite timely data capture and reporting.

The direction from another coding standard may apply when coding a COVID-19–related episode of care. For example, COVID-19–related episodes of care may be classified following the direction in the coding standards *Complicated Pregnancy Versus Uncomplicated Pregnancy*, *Admission for Observation*, *Admission for Follow-Up Examination*, *Admission for Convalescence*, *Screening for Specific Diseases* and *Palliative Care*.

Confirmed and suspected COVID-19

A **confirmed** COVID-19 case is one that is diagnosed based on a positive COVID-19 test result, regardless of the type of COVID-19 test performed. It is classified to ICD-10-CA emergency use code U07.1 *COVID-19, virus identified*.

A **suspected** COVID-19 case is one that is clinically or epidemiologically diagnosed but for which COVID-19 test results are inconclusive, not available or testing is not performed. It is classified to ICD-10-CA emergency use code U07.2 *COVID-19, virus not identified*.

DAD and NACRS directive statements



Assign U07.1 *COVID-19, virus identified*, **mandatory**, regardless of significance, when there is a diagnosis of an acute infection due to the COVID-19 virus confirmed by a positive COVID-19 test result, or when the physician or primary care provider or infection control staff documents a positive COVID-19 test result.



Assign U07.2 *COVID-19, virus not identified*, **mandatory**, regardless of significance, when there is a final diagnosis of (**suspected**) COVID-19 and the COVID-19 test result is inconclusive or not available, or testing is not performed. Do not assign U07.2 when COVID-19 is ruled out by a negative COVID-19 test result.



Use COVID-19 test results, when available, to confirm or to rule out documentation of suspected COVID-19 when the physician/primary care provider or infection control staff does not document the COVID-19 test results.



Assign additional code(s), **mandatory**, to identify any specific manifestations of COVID-19.

Note

Do not assign U07.1 when the physician/primary care provider documents the diagnosis in terms of past COVID-19 (i.e., the infection with the COVID-19 virus [SARS-CoV-2] has resolved).

Note

Per usual coding practice, use physician/primary care provider documentation of a positive or negative COVID-19 test result to inform code assignment, even when the COVID-19 test report is not available to the coder (e.g., COVID-19 testing was performed at another facility).

Note

Assignment of diagnosis type and main problem/other problem with U07.1, U07.2 and additional code(s) to identify specific manifestations depends on the clinical documentation and circumstances surrounding the episode of care.

Note

Do not apply prefix Q when the physician/primary care provider records the final diagnosis using terminology meaning COVID-19 is **unconfirmed** (suspected). U07.2 *COVID-19, virus not identified* means COVID-19 is unconfirmed.

Note

Documentation by infection control staff stating that a patient has confirmed or suspected COVID-19 may be used to meet the requirement for code assignment per the directive statement above.

Note

The use of COVID-19 test results to determine code assignment for COVID-19 cases is an exception to the coding standard *Using Diagnostic Test Results in Coding*. A COVID-19 test may be a polymerase chain reaction (PCR) test, a rapid antigen test (RAT) or a point-of-care molecular test (POCT).

Note

When testing is performed to confirm or rule out COVID-19, use the most recent COVID-19 test result from a continuous, uninterrupted episode of care for the purpose of code assignment, when available. A continuous, uninterrupted episode of care for COVID-19 code assignment includes transfers between health care facilities, an admission to an acute care inpatient bed from the emergency department, and testing performed at a designated assessment centre or clinic prior to presentation at the health care facility.

COVID-19 test results that qualify for use can originate from

- An assessment centre or clinic, for the emergency department or acute care inpatient episode of care;
- An emergency department, for the subsequent acute care inpatient episode of care; or
- An acute care inpatient episode of care, for the preceding emergency department episode of care.

Note

From a classification perspective, a manifestation of COVID-19 is a condition in its own right (e.g., pneumonia, acute respiratory failure) that is classified elsewhere. It is mandatory to assign ICD-10-CA codes for COVID-19 manifestations when documented, when U07.1 or U07.2 is assigned. COVID-19 signs and symptoms (e.g., cough, shortness of breath, fever) are optional to code.



Example: The patient presents to the emergency department (ED) with a dry cough, shortness of breath, fever and generalized myalgia. A COVID-19 nasopharyngeal swab is taken. The patient is admitted. The COVID-19 test result for the swab taken in the ED is available after the patient is admitted and comes back positive for COVID-19. The patient is discharged home with instructions to self-isolate and to return to the ED if symptoms worsen.

ED final diagnosis: Suspected COVID-19

Inpatient final diagnosis: COVID-19

Code	DAD	NACRS	Code title
U07.1	(M)	(MP)	COVID-19, virus identified

Rationale: COVID-19 that is confirmed by a positive COVID-19 test is classified to U07.1. The ED final diagnosis is suspected COVID-19 based on the patient's presenting signs and symptoms. The patient is admitted before the COVID-19 test result is available. A COVID-19 nasopharyngeal swab comes back positive for COVID-19. Use a COVID-19 test result for a continuous, uninterrupted episode of care to inform code assignment. U07.1 is assigned as the main problem on the emergency department abstract and as the most responsible diagnosis on the acute care inpatient abstract.

Example: The patient presents with a cough, fever and shortness of breath. A COVID-19 nasopharyngeal swab is taken. The COVID-19 test result comes back positive. The patient also has chronic obstructive pulmonary disease (COPD). The patient is treated with antibiotics and corticosteroids. Over the course of 7 days, the patient's cough, fever and shortness of breath resolve. The patient is discharged home.

Final diagnosis: COVID-19 pneumonia

Code	DAD	Code title
U07.1	(M)	COVID-19, virus identified
J44.0	(1)	Chronic obstructive pulmonary disease with acute lower respiratory infection
J12.8	(1)	Other viral pneumonia

Rationale: COVID-19 that is confirmed by a positive COVID-19 test is classified to U07.1 and qualifies as the most responsible diagnosis in this case. J12.8 is assigned, mandatory, to denote the manifestation (i.e., COVID-19 pneumonia). COVID-19 pneumonia in COPD is classified to 2 codes: J44.0 and J12.8. See the coding standard *Pneumonia in Patients With Chronic Obstructive Pulmonary Disease (COPD)*.

D Example: The patient presents to the emergency department with bronchopneumonia. A COVID-19 nasopharyngeal swab is taken. The patient's respiratory status declines quickly. The physician discusses the patient's prognosis with the family. The patient is admitted solely for "comfort measures." The COVID-19 test subsequently comes back positive for COVID-19.

Final diagnosis: COVID-19 bronchopneumonia

Code	DAD	Code title
Z51.5	(M)	Palliative care
U07.1	(3)	COVID-19, virus identified
J12.8	(3)	Other viral pneumonia

Rationale: COVID-19 that is confirmed by a positive COVID-19 test is classified to U07.1. COVID-19 test results are used for a continuous, uninterrupted episode of care to inform code assignment to confirm or rule out suspected COVID-19. The COVID-19 swab taken in the emergency department prior to admission comes back positive for COVID-19. The final diagnosis is COVID-19 bronchopneumonia. Per the coding standard *Palliative Care*, the patient is admitted solely for palliative care. Therefore, Z51.5 is the most responsible diagnosis, and U07.1 and J12.8 are assigned as diagnosis type (3), mandatory, to describe the palliative conditions.

N Example: The patient presents to the emergency department with signs and symptoms of COVID-19. The patient's partner has tested positive for COVID-19. A COVID-19 test is not performed on the patient. The patient is discharged with instructions to self-isolate and to return if signs and symptoms worsen.

Final diagnosis: Presumptive COVID-19

Code	NACRS	Code title
U07.2	(MP)	COVID-19, virus not identified

Rationale: The final diagnosis is presumptive COVID-19 based on the patient's presenting signs and symptoms and known exposure. U07.2 is assigned as the main problem because COVID-19 was diagnosed clinically and epidemiologically and a COVID-19 test was not performed on this patient. Prefix Q is not applied.

N Example: The patient presents to the emergency department with signs and symptoms of COVID-19. The patient had a positive result on a rapid antigen test (RAT) on the day of presentation. The patient is discharged with instructions to self-isolate and to return if signs and symptoms worsen.

Final diagnosis: COVID-19

Code	NACRS	Code title
U07.1	(MP)	COVID-19, virus identified

Rationale: The final diagnosis is COVID-19. There is documentation of a positive COVID-19 test. COVID-19 that is confirmed by a positive COVID-19 test is classified to U07.1.

N Example: The patient presents to the emergency department with a sore throat, fever and nasal congestion. The patient completed a COVID-19 rapid antigen test (RAT), which showed a faint positive line. A nasal swab is taken for a polymerase chain reaction (PCR) test in the emergency room. The patient is discharged home with instructions to self-isolate and to return if signs and symptoms worsen. The COVID-19 test subsequently comes back negative for COVID-19.

Final diagnosis: COVID-19

Code	NACRS	Code title
Z03.8	(MP)	Observation for other suspected diseases and conditions

Rationale: The final diagnosis is COVID-19. COVID-19 infection was ruled out by a negative COVID-19 test result. A COVID-19 code is not assigned. Z03.8 is assigned because suspected COVID-19 is ruled out, no further investigation is required and another underlying condition is not identified. See the coding standard *Admission for Observation*.

Example: 10 days after testing positive for COVID-19, the patient — who is 35 weeks pregnant — presents with dyspnea, fever and pleuritic chest pain. X-rays show bilateral pneumonia.

Final diagnosis: COVID-19 pneumonia

Code	DAD	Code title
O98.503	(M)	Other viral diseases complicating pregnancy, childbirth and the puerperium antepartum condition or complication
U07.1	(3)	COVID-19, virus identified
O99.503	(1)	Diseases of the respiratory system complicating pregnancy, childbirth and the puerperium antepartum condition or complication
J12.8	(3)	Other viral pneumonia

Rationale: COVID-19 that is confirmed by a positive COVID-19 test in pregnancy is classified to O98.5– and COVID-19 pneumonia in pregnancy is classified to O99.5–. Per the “use additional code to identify specific condition” instruction at categories O98 and O99, additional codes U07.1 and J12.8 are assigned, mandatory. See the coding standard *Complicated Pregnancy Versus Uncomplicated Pregnancy*.

Confirmed COVID-19 in a newborn

The following provides direction on how to classify confirmed COVID-19 in a newborn.

The code U07.1 *COVID-19, virus identified* denotes a viral infection that would normally be located in Chapter I — Certain infectious and parasitic diseases (A00–B99). In ICD-10-CA, infections **acquired in utero or during birth** are classified to the block *Infections specific to the perinatal period* (P35–P39). Per the excludes note at block P35–P39, infectious diseases **acquired after birth** are classified to A00–B99 or J09–J11.

CIHI has sought clinical advice, and the following direction has been established to support consistent data collection and future research and analysis specific to newborns diagnosed with acute COVID-19 infection.

DAD-only directive statements



When an acute COVID-19 infection in a newborn is confirmed by a positive COVID-19 test and the swab is taken less than or equal to 48 hours after birth, assign, **mandatory**,

- P35.8 *Other congenital viral diseases* as a significant diagnosis type (M), (1), (W), (X) or (Y); and
- U07.1 *COVID-19, virus identified* as a diagnosis type (0).



When an acute COVID-19 infection in a newborn is confirmed by a positive COVID-19 test and the swab is taken more than 48 hours after birth, assign, **mandatory**, U07.1 *COVID-19, virus identified* as a diagnosis type (2), unless there is physician documentation to indicate that the confirmed COVID-19 infection was acquired in utero or during birth.

Note

The 48-hour timeline is based on when the swab is taken, not when the COVID-19 test results are available.

Note

An acute COVID-19 infection in a newborn is a condition that requires supervision and/or specific monitoring and puts the baby's health and/or life at risk. A newborn with an acute COVID-19 infection is always considered unhealthy. See also the coding standard *Diagnosis Typing Definitions for DAD*.

Example: The baby is born at term and a nasopharyngeal swab for COVID-19 is taken 2 hours following birth; the swab is negative. Since the mother had tested positive for COVID-19 on arrival to the hospital, the baby is swabbed again 24 hours later. This test is positive for COVID-19.

Code	DAD	Code title
P35.8	(M)	Other congenital viral diseases
U07.1	(0)	COVID-19, virus identified
Z38.000	(0)	Singleton, born in hospital product of both spontaneous (NOS) ovulation and conception delivered vaginally

Rationale: An acute COVID-19 infection was confirmed by a positive COVID-19 test result. The nasopharyngeal swab was taken less than 48 hours after birth. Therefore, the acute COVID-19 infection in this newborn is classified as an infection acquired in utero or during birth. P35.8 and U07.1 are assigned.

Example: The baby is born at 36 weeks gestation weighing 2,300 grams and is admitted to the neonatal intensive care unit (NICU). A COVID-19 nasopharyngeal swab is taken shortly after birth and comes back negative. At 8 days of age, the newborn begins sneezing and another nasopharyngeal swab is taken, which returns positive for COVID-19.

Code	DAD	Code title
P07.1	(M)	Other low birth weight
P07.3	(1)	Other preterm infants
U07.1	(2)	COVID-19, virus identified
Z38.000	(0)	Singleton, born in hospital product of both spontaneous (NOS) ovulation and conception delivered vaginally

Rationale: An acute COVID-19 infection was confirmed by a positive COVID-19 test result. The nasopharyngeal swab was taken more than 48 hours after birth and there is no physician documentation to indicate that the confirmed COVID-19 infection was acquired in utero or during birth. Therefore, the acute COVID-19 infection in this newborn is classified as an infection acquired after birth. U07.1 is assigned as a diagnosis type (2).

Example: The baby is born at 40 weeks, 4 days gestation via spontaneous vaginal delivery. The mother tests positive for COVID-19 and COVID-19 precautions are implemented. The baby is tested for COVID-19, but the COVID-19 test result comes back negative.

Code	DAD	Code title
Z38.000	(M)	Singleton, born in hospital product of both spontaneous (NOS) ovulation and conception delivered vaginally

Rationale: COVID-19 infection was ruled out by a negative COVID-19 test result. A COVID-19 code is not assigned.

Example: The baby is born via Cesarean section at 37 weeks, 4 days gestation. The mother had tested positive for COVID-19 at 20 weeks gestation. A repeat COVID-19 nasopharyngeal swab was taken 2 days prior to delivery and came back negative. The newborn tests positive for COVID-19 antibodies.

Code	DAD	Code title
Z38.010	(M)	Singleton, born in hospital product of both spontaneous (NOS) ovulation and conception delivered by caesarean

Rationale: The COVID-19 antibody test is an indication that the newborn was exposed to the COVID-19 virus (in this case, in utero) and developed antibodies. COVID-19 infection was ruled out by a negative COVID-19 test result. A COVID-19 code is not assigned.

Multisystem inflammatory syndrome (MIS) associated with COVID-19

Multisystem inflammatory syndrome (MIS) associated with COVID-19 is diagnosed in both children and adults. It is classified to ICD-10-CA emergency use code U07.3 *Multisystem inflammatory syndrome (MIS) associated with COVID-19*. For the purpose of ICD-10-CA code assignment, the following conditions that are **temporally associated with COVID-19** are considered synonyms of MIS associated with COVID-19:

- Cytokine storm (syndrome);
- Kawasaki-like syndrome;
- Multisystem Inflammatory Syndrome in Children [MIS-C]; and
- Pediatric Inflammatory Multisystem Syndrome [PIMS].

DAD and NACRS directive statement



When the physician/primary care provider documents a diagnosis synonymous with multisystem inflammatory syndrome associated with COVID-19, assign, **mandatory**, U07.3 *Multisystem inflammatory syndrome associated with COVID-19*, regardless of significance.

Note

Assignment of diagnosis type and main problem/other problem depends on the clinical documentation and circumstances surrounding the episode of care.

Example: The adult patient presents to the emergency department with nausea, vomiting, diarrhea, fever and a mild dry cough. The patient had contact with a relative who is COVID-19 positive. The patient has worsening shortness of breath. The patient is found to be hypoxemic and requires 2 liters of oxygen via nasal prongs. A central line is implanted. A COVID-19 nasopharyngeal swab is taken and comes back positive. In the context of the patient's worsening respiratory status, cytokine storm is identified with elevations in biomarkers. The patient is subsequently treated with tocilizumab, which results in the predicted decrease in biomarkers and improvement in the patient's condition.

Final diagnosis: COVID-19, acute respiratory distress syndrome, cytokine storm

Code	DAD	Code title
U07.1	(M)	COVID-19, virus identified
J80	(1)	Adult respiratory distress syndrome
U07.3	(1)	Multisystem inflammatory syndrome associated with COVID-19

Rationale: Cytokine storm temporally associated with COVID-19 and acute respiratory distress syndrome are COVID-19 manifestations in this case. It is mandatory to assign additional codes to identify specific manifestations of confirmed COVID-19. Cytokine storm temporally associated with COVID-19 is classified to U07.3. U07.1 meets the definition of most responsible diagnosis and the specific COVID-19 manifestations meet the definition of diagnosis type (1).

Post COVID-19 condition

A post COVID-19 condition is classified to emergency use code U07.4 *Post COVID-19 condition* when a physician/primary care provider has documented a relationship between or association with a specific condition or symptom and past COVID-19. For the purpose of ICD-10-CA code assignment, a post COVID-19 condition is classified to a set of codes.

Examples of diagnoses where a physician/primary care provider has documented a relationship between or association with a specific condition or symptom and past COVID-19 include

- Post COVID-19 viral cough;
- Post COVID-19 deconditioning;
- Post viral intermittent shortness of breath post COVID-19 infection;
- Deep vein thrombosis secondary to past COVID-19; and
- Early pneumonia/post COVID-19.

DAD and NACRS directive statement



When the physician/primary care provider documents a relationship between or association with a specific condition(s) or symptom(s) and past COVID-19 (i.e., resolved acute COVID-19 infection), assign, **mandatory**, regardless of significance,

- A code for the specific condition(s) or symptom(s) and apply prefix 7; and
- U07.4 *Post COVID-19 condition* as a diagnosis type (3)/other problem.

Note

Do not assign U07.4 *Post COVID-19 condition* when the physician/primary care provider has not documented a relationship between or association with a specific condition or symptom and past COVID-19. When it is unclear from the documentation whether there is a relationship between or association with the specific condition(s) or symptom(s) and past COVID-19, seek clarification from the physician/primary care provider.

Note

Assignment of diagnosis type and main problem/other problem for the specific condition(s) or symptom(s) depends on the clinical documentation and the circumstances surrounding the episode of care.

Notes

- Do not apply prefix 7 to U07.4 *Post COVID-19 condition*.
- Prefix 7 is restricted for use with the ICD-10-CA code(s) identifying the specific condition(s) or symptom(s) documented by the physician/primary care provider as having a relationship between or association with past COVID-19.

See Group 10, Field 01 in the *DAD Abstracting Manual* and data element 43 in the *NACRS Abstracting Manual*.



Example: The patient presents with a 3-day history of intermittent increasing shortness of breath and weakness. The patient was recently discharged after a prolonged stay in the intensive care unit with COVID-19 pneumonia. The patient is admitted and a COVID-19 nasopharyngeal swab is taken. The COVID-19 test result is available and comes back negative for COVID-19. The patient remains COVID-19 negative during this episode of care. The patient is cleared by infection control and is discharged home.

Final diagnosis: Post-viral intermittent shortness of breath
post-COVID-19 infection

Prefix	Code	DAD	Code title
7	R06.0	(M)	Dyspnoea
None	U07.4	(3)	Post COVID-19 condition

Rationale: The physician/primary care provider has documented a relationship between the intermittent shortness of breath and past COVID-19. R06.0 is assigned as the most responsible diagnosis and prefix 7 is assigned, mandatory, to denote that this condition is documented as associated with past COVID-19. U07.4 is assigned, mandatory, as a diagnosis type (3).

Personal history of COVID-19

Personal history of COVID-19 is classified to ICD-10-CA emergency use code U07.5 *Personal history of COVID-19*.

DAD and NACRS directive statement



When there is documentation indicating a history of COVID-19, whether confirmed or suspected, assign U07.5 *Personal history of COVID-19*, **mandatory**, as a diagnosis type (3)/other problem.

Note

Documentation indicating a history of COVID-19 is not limited to physician documentation. The intent is to assign U07.5 *Personal history of COVID-19* when it is noted on routine review of the record. Coders are not expected to conduct an exhaustive search of all ancillary documentation.

N Example: The patient presents to the emergency department with chest pain. Nursing documentation indicates that the patient has a past history of COVID-19.

Final diagnosis: Chest pain

Code	NACRS	Code title
R07.4	(MP)	Chest pain, unspecified
U07.5	(OP)	Personal history of COVID-19

Rationale: R07.4 is assigned as the main problem. It is mandatory to assign U07.5 as an other problem to identify that this patient has a personal history of COVID-19.

Example: The patient has a past history of COVID-19 and presents to the emergency department feeling weak with a new cough. Pneumonia is confirmed by chest X-ray. The patient is admitted for oxygen therapy and IV antibiotics. A COVID-19 nasopharyngeal swab is taken and the result is positive. The patient is moved to isolation and considered to have a new COVID-19 infection.

Final diagnosis: COVID-19 pneumonia

Code	DAD	Code title
U07.1	(M)	COVID-19, virus identified
J12.8	(1)	Other viral pneumonia
U07.5	(3)	Personal history of COVID-19

Rationale: COVID-19 that is confirmed by a positive COVID-19 test is classified to U07.1. J12.8 is assigned, mandatory, to denote the manifestation (i.e., COVID-19 pneumonia). It is mandatory to assign U07.5 as a diagnosis type (3) to identify that this patient also has a personal history of COVID-19.

Vaccination against COVID-19

An encounter solely for the purpose of vaccination against COVID-19 is classified to emergency use code U07.6 *Need for immunization against COVID-19*.

NACRS-only directive statement



When the sole purpose of the encounter is for the administration of the COVID-19 vaccine, assign U07.6 *Need for immunization against COVID-19* as the main problem.

Note

When a COVID-19 vaccine is given in the acute care inpatient setting, U07.6 does not apply.

Note

The administration of a COVID-19 vaccine is classified to an intervention. The CCI code is **8.IM.70.HA-ZZ** *Immunization (to prevent) severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] by intramuscular [IM] injection of agent or substance NEC*. The decision to assign 8.IM.70.HA-ZZ when a vaccination against COVID-19 is administered is made at the jurisdiction or facility level, based on data needs.

Adverse reaction to a COVID-19 vaccine

ICD-10-CA emergency use code U07.7 *COVID-19 vaccines causing adverse effect in therapeutic use* is an external cause code. This code would normally be located at the ICD-10-CA block Y40–Y59 *Drugs, medicaments and biological substances causing adverse effects in therapeutic use*.

For the purpose of classification in ICD-10-CA, when a substance (drug, medicament or biological agent) is administered correctly in therapeutic use and an adverse reaction occurs, the adverse reaction is classified per the direction in the coding standard *Adverse Reactions in Therapeutic Use Versus Poisonings*.

Some examples of **specific reactions** related to the COVID-19 vaccine (i.e., a reaction to the substance/ingredients of the vaccine) may include conditions such as anaphylaxis, headache, hypoesthesia, nausea, paresthesia, pruritus, rash or allergic urticaria.

DAD and NACRS directive statements



Classify an adverse reaction to a COVID-19 vaccine (i.e., a reaction to the substance/ingredients) as follows:

- A code to describe the **specific reaction**;
- U07.7 *COVID-19 vaccines causing adverse effects in therapeutic use* as a diagnosis type (9)/other problem; and
- Apply the diagnosis cluster, mandatory.



When the **specific reaction** is not documented (e.g., allergic reaction to the COVID-19 vaccine) assign

- T80.6 Other serum reactions;
- U07.7 *COVID-19 vaccines causing adverse effects in therapeutic use* as a diagnosis type (9)/other problem; and
- Apply the diagnosis cluster, mandatory.

Note

- Choose a code from the alphabetical index that clearly describes the **specific reaction**, such as
 - Allergic urticaria (L50.0 *Allergic urticaria*);
 - Anaphylaxis (T80.5 *Anaphylactic shock due to serum*);
 - Generalized rash (L27.0 *Generalized skin eruption due to drugs and medicaments*);
 - Headache (G44.4 *Drug-induced headache, not elsewhere classified*);
 - Hypoesthesia (R20.1 *Hypoesthesia of skin*);
 - Localized skin eruption (rash) (L27.1 *Localized skin eruption due to drugs and medicaments*); or
 - Pruritus (L29.9 *Pruritus, unspecified*).
- Assign T80.6 only when the **specific reaction** is not documented.
- The alphabetical index in some instances may lead to T88.1 *Other complications following immunization, not elsewhere classified*; however, this is not a code describing a **specific reaction**. Therefore, it is not expected that T88.1 will be assigned with U07.7 in the same diagnosis cluster.

Note

A condition that is related to the **act of administering** the COVID-19 vaccine (e.g., cellulitis of the injection site) is a post-intervention condition. The condition is classified according to the coding standard *Post-Intervention Conditions*. U07.7 *COVID-19 vaccines causing adverse effects in therapeutic use* is not assigned.



Example: The patient received a COVID-19 vaccine and presented to hospital 2 days later with symptoms of confusion and fever. Infection is ruled out and the final diagnosis is documented as fever secondary to the COVID-19 vaccine.

Code	DAD	NACRS	Cluster	Code title
R50.2	(M)	(MP)	A	Drug-induced fever
R41.0	(1)	(OP)	A	Disorientation, unspecified
U07.7	(9)	(OP)	A	COVID-19 vaccines causing adverse effects in therapeutic use

Rationale: The physician has documented that the confusion and fever are secondary to the COVID-19 vaccine (i.e., a reaction to the substance/ingredients). Codes for the specific reactions are assigned with the external cause code U07.7. Application of a diagnosis cluster is mandatory for an adverse effect in therapeutic use. See the coding standards *Diagnosis Cluster* and *Adverse Reactions in Therapeutic Use Versus Poisonings*.



Example: The patient presents to the emergency department 2 days after receiving the COVID-19 vaccine complaining of a lump at the vaccination site. On examination, there is a lump at the injection site. The patient denies any fever. The patient is instructed to apply ice to the injection site as needed.

Final diagnosis: Vaccination lump

Code	NACRS	Cluster	Code title
T88.1	(MP)	A	Other complications following immunization, not elsewhere classified
R22.3	(OP)	A	Localized swelling, mass and lump, upper limb
Y84.8	(OP)	A	Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Rationale: The lump at the injection site is related to the act of administering the COVID-19 vaccine. This is a post-intervention condition and not a reaction to the substance/ingredients. U07.7 is not assigned. See the coding standard *Post-Intervention Conditions*.

Appendices

Appendix A: Education resources

Job aids

This appendix lists Classifications and Terminologies job aids related to pandemics and epidemics (e.g., COVID-19). All job aids can be found on CIHI's [Codes and Classifications](#) web page.

Title	Description
COVID-19: Locating the ICD-10-CA/CCI Code	Supplements the <i>Canadian Coding Standards for Version 2022 ICD-10-CA and CCI — Addendum: Pandemics and Epidemics (COVID-19)</i> , and guides coders to the correct code for a COVID-19–related episode of care. Updated in April 2023.
Mapping COVID-19 Codes: ICD-10-CA to WHO's Base ICD-10	Assists with data reporting, analysis and international comparison. Provides information about mapping codes in version 2022 of ICD-10-CA (<i>International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada</i>) to codes in version 2019 of the World Health Organization's (WHO's) base ICD-10 (<i>International Classification of Diseases, 10th Revision</i>).

Appendix B: References to mandatory diagnosis type (3)/other problem in directive statements

This appendix summarizes all directive statements in this addendum that give instruction to assign a code as diagnosis type (3)/other problem, **mandatory**. It is important to always refer to the applicable coding standard to ensure the directive statement is interpreted in the correct context.

Section	Directive statement	Rationale
Post COVID-19 condition	<p>When the physician/primary care provider documents a relationship between or association with a specific condition(s) or symptom(s) and past COVID-19 (i.e., resolved acute COVID-19 infection), assign, mandatory, regardless of significance,</p> <ul style="list-style-type: none"> • A code for the specific condition(s) or symptom(s) and apply prefix 7; and • U07.4 <i>Post COVID-19 condition</i> as a diagnosis type (3)/other problem. 	It identifies another circumstance for the patient that is important from a national planning and research perspective.
Personal history of COVID-19	<p>When there is documentation indicating a history of COVID-19, whether confirmed or suspected, assign U07.5 <i>Personal history of COVID-19</i>, mandatory, as a diagnosis type (3)/other problem.</p>	It identifies another circumstance for the patient that is important from a national planning and research perspective.

Appendix C: Table of changes

The purpose of this appendix is to

- Provide a summary of changes to the addendum for easy reference; and
- Support understanding of changes.

This table identifies changes made in April 2023 to the *Canadian Coding Standards for Version 2022 ICD-10-CA and CCI — Addendum: Pandemics and Epidemics (COVID-19)*.

Implementation date	Type of change	Description of change	Rationale
2023-04-01	Change in direction. Updates, as applicable, to entire addendum.	Removed “lab” from all directive statements, notes and examples that pertain to COVID-19 test results that are used to confirm or rule out COVID-19.	To align the coding direction for assignment of U07.1 <i>COVID-19, virus identified</i> with provincial and territorial changes in requirements for clinicians to confirm COVID-19 infection solely by a COVID-19 laboratory test. Confirmation can also include a positive rapid antigen test or a positive point-of-care molecular test.
2023-04-01	Change in direction. Update to existing directive statement.	<p>Revised the first directive statement in the section Confirmed and suspected COVID-19.</p> <p>From Assign U07.1 <i>COVID-19, virus identified</i>, mandatory, regardless of significance, when acute infection due to the COVID-19 virus is confirmed by a positive COVID-19 lab test result.</p> <p>To Assign U07.1 <i>COVID-19, virus identified</i>, mandatory, regardless of significance, when there is a diagnosis of an acute infection due to the COVID-19 virus, confirmed by a positive COVID-19 test result, or when the physician or primary care provider or infection control staff documents a positive COVID-19 test result.</p>	To align the coding direction for assignment of U07.1 <i>COVID-19, virus identified</i> with provincial and territorial changes in requirements for clinicians to confirm COVID-19 infection solely by a COVID-19 laboratory test. Confirmation can also include a positive rapid antigen test or a positive point-of-care molecular test.

Implementation date	Type of change	Description of change	Rationale
2023-04-01	Update to existing note	<p>Revised the sixth note in the section Confirmed and suspected COVID-19.</p> <p>From The use of COVID-19 lab test results to determine code assignment for COVID-19 cases is an exception to the coding standard <i>Using Diagnostic Test Results in Coding</i>. A COVID-19 rapid antigen test (RAT) is not a “COVID-19 lab test.”</p> <p>To The use of COVID-19 test results to determine code assignment for COVID-19 cases is an exception to the coding standard <i>Using Diagnostic Test Results in Coding</i>. A COVID-19 test may be a polymerase chain reaction (PCR) test, a rapid antigen test (RAT) or a point-of-care molecular test (POCT).</p>	<p>To align with the change in direction and to clarify the meaning of “COVID-19 test results” in the context of the direction for U07.1 <i>COVID-19, virus identified</i> and U07.2 <i>COVID-19, virus not identified</i>.</p>



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