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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Canadian Institute
for Health Information

Institut canadien
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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.

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 **lab test** is performed, coders should code an encounter once the COVID-19 lab test result is available to ensure that the code assignment reflects the greatest degree of specificity known from the COVID-19–related documentation. Note that a COVID-19 rapid antigen test (RAT) is **not** a "COVID-19 lab test."

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 lab test result. 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 lab 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

D/N Assign U07.1 *COVID-19, virus identified*, **mandatory**, regardless of significance, when acute infection due to the COVID-19 virus is confirmed by a positive COVID-19 lab test result.

D/N 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 lab 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 lab test result.

D/N Use COVID-19 lab 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 lab test results*.*

D/N 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 lab test result to inform code assignment, even when the COVID-19 laboratory 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 COVID19 may be used to meet the requirement for code assignment per the directive statement above.

Note

The use of COVID-19 lab 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 rapid antigen test (RAT) is **not** a "COVID-19 lab test."

Note

When lab testing is performed to confirm or rule out COVID-19, use the most recent COVID-19 lab 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 lab 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 lab
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: Lab-confirmed COVID-19 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 result is available. A COVID-19 nasopharyngeal
swab comes back positive for COVID-19. Use a COVID-19
lab 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.

D **Example:** The patient presents with a cough, fever and shortness of breath. A COVID-19 nasopharyngeal swab is taken. The COVID-19 lab 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: Lab-confirmed COVID-19 is classified to U07.1 and qualifies as the most responsible diagnosis. 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 lab 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: Lab-confirmed COVID-19 is classified to U07.1. COVID-19 lab 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 lab 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 lab 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. COVID-19 lab testing 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: COVID-19

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

Rationale: The final diagnosis is COVID-19 based on the patient's presenting signs and symptoms. U07.2 is assigned as the main problem because COVID-19 was diagnosed clinically and epidemiologically and COVID-19 lab testing (e.g., polymerase chain reaction [PCR] test) was not performed on this patient. A rapid antigen test (RAT) is not a COVID-19 lab test.

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 lab 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. U07.1 *COVID-19, virus identified* is not assigned because COVID-19 is not confirmed by a positive COVID-19 lab test result. U07.2 *COVID-19, virus not identified* is not assigned because suspected COVID-19 was ruled out by a negative COVID-19 (PCR) lab test. 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: Lab-confirmed COVID-19 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

D When an acute COVID-19 infection in a newborn is confirmed by a positive COVID-19 lab 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).

D When an acute COVID-19 infection in a newborn is confirmed by a positive COVID-19 lab 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 lab 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 lab 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 lab 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 lab 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 lab 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 lab 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.

◆D 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 lab-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 lab 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
	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.

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.

D **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: Lab-confirmed COVID-19 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

N 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.

ND 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 *Hypoaesthesia 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

This appendix lists Classifications and Terminologies education resources related to pandemics and epidemics (e.g., COVID-19). It is composed of the following 2 sections:

- Web conferences
- Job aids

Web conferences

This section lists all Classifications and Terminologies webinars related to pandemics and epidemics (e.g., COVID-19), along with a brief description. All webinars, including those released following January 2022, can be found on CIHI's Codes and Classifications web page.

Title	Description
Webinar: ICD-10-CA Coding Direction for COVID-19 — Part 1	Provides direction about the classification of confirmed, suspected and ruled-out COVID-19 cases.
Webinar: ICD-10-CA/CCI Coding Direction for COVID-19 — Part 2: A Comprehensive Review	Provides direction about the classification of a new pandemic or epidemic when one is declared. Reviews confirmed and suspected COVID-19 and other COVID-19–related episodes of care, including multisystem inflammatory syndrome (MIS) associated with COVID-19, post COVID-19 condition, personal history of COVID-19, vaccination against COVID-19 and adverse reaction due to a COVID-19 vaccine.

Job aids

This section lists all Classifications and Terminologies job aids related to pandemics and epidemics (COVID-19), along with a brief description. All job aids, including those released following January 2022, can be found on CIHI's Codes and Classifications web page.

Title	Description
COVID-19: Locating the ICD-10-CA/ CCI Code	Supplements the *Canadian Coding Standards for Version 2022 ICD-10-CA and CCI — Addendum: Pandemics and Epidemics (COVID-19)*, and guides coders to the correct code for a COVID-19–related episode of care.

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	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.	It identifies another circumstance for the patient that is important from a national planning and research perspective.
Personal history of COVID-19	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.	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 in 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
2021-04-30	Correction: Adverse reaction to a COVID-19 vaccine	Corrected the external cause code in the last example. The code was changed from Y83.8 to Y84.8. (Note that the code title did not change.)	To correct the external cause code in the example.
2021-07-21	New direction: Confirmed COVID-19 in a newborn	Added direction on how to classify confirmed COVID-19 in a newborn.	To provide direction on how to classify confirmed COVID-19 in a newborn.
2022-04-01	Moved direction: Pandemics and epidemics	Moved general direction for pandemics and epidemics to the *Canadian Coding Standards for Version 2022 ICD-10-CA and CCI*.	To include direction for new pandemics and epidemics in the *Canadian Coding Standards*.
2022-04-01	Updated second introductory paragraph: COVID-19	Added "Note that a COVID-19 rapid antigen test (RAT) is **not** a 'COVID-19 lab test'" to the second introductory paragraph.	To provide direction that a COVID-19 rapid antigen test (RAT) is not a COVID-19 lab test in the context of the coding standards.
2022-04-01	Added a new clarification note: Confirmed and suspected COVID-19	Added "A COVID-19 rapid antigen test (RAT) is **not** a 'COVID-19 lab test'" to the sixth note.	To provide direction that a COVID-19 rapid antigen test (RAT) is not a COVID-19 lab test in the context of the coding standards.
2022-04-01	Added a new example: Confirmed and suspected COVID-19	Added the 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) . . ."	To demonstrate that a positive result on a rapid antigen test (RAT) is not a COVID-19 lab test and is not used to confirm or rule out suspected COVID-19.
2022-04-01	Added a new example: Confirmed and suspected COVID-19	Added the 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) . . ."	To demonstrate that a COVID-19 rapid antigen test (RAT) is not a COVID-19 lab test and is not used to confirm or rule out suspected COVID-19.

Implementation date	Type of change	Description of change	Rationale
2022-04-01	New CCI code: Vaccination against COVID-19	Changed the CCI code for immunization (to prevent) COVID-19 **From** 8.FD.70.HB-BC Immunization (to prevent) COVID-19 [SARS-CoV-2] virus (CCI v2018 will not display this code title) **To** 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	To identify the new CCI code for immunization (to prevent) severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] for v2022.
2022-04-01	Amended example: Adverse reaction to a COVID-19 vaccine	Added "Application of a diagnosis cluster is mandatory for an adverse effect in therapeutic use" to the rationale.	To provide direction that a diagnosis cluster is mandatory for an adverse effect in therapeutic use.

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