COVID-19: Locating the ICD-10-CA/CCI Code

The purpose of this job aid is as follows:

1. To supplement the Canadian Coding Standards for Version 2022 ICD-10-CA and CCI — Addendum: Pandemics and Epidemics (COVID-19). Coders are to use the Canadian Coding Standards for Version 2022 ICD-10-CA and CCI — Addendum: Pandemics and Epidemics (COVID-19) as the main source of direction regarding COVID-19 code assignment to ensure that all requirements related to code assignment for a COVID-19–related episode of care are met.

2. To guide you to the correct code for a COVID-19–related episode of care. This job aid includes a table of all COVID-19–related codes, code titles and coding instructions, as well as the associated alphabetical index and tabular list. It also includes the CCI COVID-19 vaccination code.

Table 1: ICD-10-CA COVID-19–related codes
Table 2: Confirmed COVID-19 in a newborn
Table 3: COVID-19 in pregnancy
Table 4: COVID-19 in palliative care
Table 5: CCI COVID-19–related code

ICD-10-CA COVID-19–related codes

Table 1 lists the ICD-10-CA COVID-19–related emergency use codes.

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i. The coding instructions found in this job aid are limited to direction regarding mandatory code assignment, diagnosis typing, diagnosis prefix, diagnosis cluster and any special direction regarding COVID-19 code assignment that is an exception to direction found elsewhere in the coding standards.
### Table 1  ICD-10-CA COVID-19–related codes

<table>
<thead>
<tr>
<th>COVID-19–related episode of care</th>
<th>ICD-10-CA code and code title</th>
<th>Coding instructions</th>
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</table>
| Confirmed COVID-19              | U07.1 COVID-19, virus identified | • Assign U07.1 *(mandatory)* when the patient is diagnosed with an acute infection with the COVID-19 virus (SARS-CoV-2), confirmed by a positive COVID-19 lab test result, or when the physician or primary care provider or infection control staff documented a COVID-19 positive lab test result.  
**Note:** A COVID-19 rapid antigen test (RAT) is not a “COVID-19 lab test.”  
• Apply the diagnosis type (M, 1, 2, 3, W, X, Y) for the Discharge Abstract Database (DAD) based on the *Diagnosis Typing Definitions for DAD* coding standard or the problem type (MP or OP) for the National Ambulatory Care Reporting System (NACRS) based on the *Main and Other Problem Definitions for NACRS* coding standard.  
• Assign additional code(s) *(mandatory)* to identify any specific manifestations of COVID-19 as a diagnosis type (M, 1, 2, 3, W, X, Y) for the DAD or problem type (MP or OP) for NACRS.  
**Note:** You may use COVID-19 lab test results, when available, to confirm or to rule out documentation of suspected COVID-19 when the COVID-19 lab test results are not documented by the physician or primary care provider or by infection control staff. | **Coronavirus disease 2019 [COVID-19]**  
– confirmed with positive laboratory result U07.1  
– virus identified (laboratory result confirmed) U07.1  
**Disease**  
– 2019-nCoV acute respiratory disease (see Disease, coronavirus 2019)  
– 2019-new Coronavirus acute respiratory disease (see Disease, coronavirus 2019)  
– coronavirus 2019 [COVID-19]  
– – confirmed with positive laboratory result U07.1  
– – virus identified (laboratory result confirmed) U07.1  
– COVID-19  
– – confirmed with positive laboratory result U07.1  
– – virus identified (laboratory result confirmed) U07.1 | U07.1 COVID-19, virus identified  
**Note:** Use this code when infection with the COVID-19 virus (SARS-CoV-2) has been confirmed by laboratory results, irrespective of severity of clinical signs or symptoms.  
Use additional code to identify pneumonia or other manifestations.  
**Excludes:**  
• Coronavirus as the cause of diseases classified to other chapters (B97.2)  
• Coronavirus infection, unspecified site (B34.2)  
• Severe acute respiratory syndrome [SARS], unspecified (U04.9–) |
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| Suspected COVID-19              | U07.2 COVID-19, virus not identified | • Assign U07.2 (mandatory) when the patient is diagnosed, clinically or epidemiologically, with an acute infection with the COVID-19 virus (SARS-CoV-2) and the COVID-19 lab test results are inconclusive or not available, or COVID-19 testing is not performed.    
Note: A COVID-19 rapid antigen test (RAT) is not a “COVID-19 lab test.”    
• Do not apply prefix Q to U07.2.    
• Apply the diagnosis type (M, 1, 2, 3, W, X, Y) for the DAD based on the Diagnosis Typing Definitions for DAD coding standard or the problem type (MP or OP) for NACRS based on the Main and Other Problem Definitions for NACRS coding standard.    
• Assign additional code(s) (mandatory) to identify any specific manifestations of COVID-19 as a diagnosis type (M, 1, 2, 3, W, X, Y) for the DAD or problem type (MP or OP) for NACRS.    
Note: You may use COVID-19 lab test results, when available, to confirm or to rule out documentation of suspected COVID-19 when the COVID-19 lab test results are not documented by the physician or primary care provider or by infection control staff. | Coronavirus disease 2019 [COVID-19]  
– clinical diagnosis U07.2  
– suspected (clinically or epidemiologically diagnosed) (probable) U07.2  
– virus not identified (clinically or epidemiologically diagnosed) (probable) (suspected) U07.2  
Disease  
– 2019-nCoV acute respiratory disease (see Disease, coronavirus 2019)  
– 2019-new Coronavirus acute respiratory disease (see Disease, coronavirus 2019)  
– coronavirus 2019 [COVID-19]  
– – clinical diagnosis U07.2  
– – suspected (clinically or epidemiologically diagnosed) (probable) U07.2  
– – virus not identified (clinically or epidemiologically diagnosed) (probable) (suspected) U07.2  
– COVID-19  
– – clinical diagnosis U07.2  
– – suspected (clinically or epidemiologically diagnosed) (probable) U07.2  
– – virus not identified (clinically or epidemiologically diagnosed) (probable) (suspected) U07.2 | U07.2 COVID-19, virus not identified  
Note: Use this code when COVID-19 is diagnosed clinically or epidemiologically but laboratory results are inconclusive, not available or testing is not performed. Use additional code to identify pneumonia or other manifestations.  
Excludes: Coronavirus infection, unspecified site (B34.2)  
COVID-19:  
• Confirmed by laboratory testing (U07.1)  
• Special screening examination (Z11.5)  
• Suspected but ruled out by negative laboratory results (Z03.8) |
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| Multisystem inflammatory syndrome (MIS) associated with COVID-19 | U07.3 Multisystem inflammatory syndrome associated with COVID-19 | • Assign U07.3 (mandatory) when the patient is diagnosed with MIS associated with COVID-19.  
• Apply the diagnosis type (M, 1, 2, 3, W, X, Y) for the DAD based on the Diagnosis Typing Definitions for DAD coding standard or the problem type (MP or OP) for NACRS based on the Main and Other Problem Definitions for NACRS coding standard.  
**Note:** MIS associated with COVID-19 includes cytokine storm and Kawasaki-like syndrome; it can be diagnosed in both children and adults.  
• Assign additional code(s) (mandatory) to identify any specific manifestations of COVID-19 as a diagnosis type (M, 1, 2, 3, W, X, Y) for the DAD or problem type (MP or OP) for NACRS. | Multisystem inflammatory syndrome associated with COVID-19 (in adults (MIS-A)) (in children (MIS-C)) U07.3  
Storm  
– cytokine storm, associated with COVID-19 U07.3  
Syndrome  
– cytokine storm, associated with COVID-19 U07.3  
– Kawasaki-like, associated with COVID-19 U07.3  
– pediatric inflammatory multisystem (PIMS) U07.3  
– multisystem inflammatory  
– – associated with COVID-19 (adult) (child) U07.3 | U07.3 Multisystem inflammatory syndrome associated with COVID-19  
Includes:  
Temporally associated with COVID-19:  
• Cytokine storm (syndrome)  
• Kawasaki-like syndrome  
• Paediatric Inflammatory Multisystem Syndrome [PIMS]  
• Multisystem Inflammatory Syndrome in Children [MIS-C]  
**Excludes:** Mucocutaneous lymph node syndrome [Kawasaki] (M30.3) |
<table>
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| Post COVID-19 condition         | U07.4 Post COVID-19 condition | ● Assign U07.4 *(mandatory)* when the physician or primary care provider documented the patient as having a condition that’s related to or associated with a past COVID-19 infection (i.e., resolved acute COVID-19 infection).  
● Do *not* apply prefix 7 to U07.4.  
● Apply diagnosis type (3) for the DAD and OP for NACRS to U07.4.  
● Do *not* apply diagnosis type (M) for the DAD or MP for NACRS to U07.4.  
● Assign *(mandatory)* additional code(s) for the specific condition(s) or symptom(s).  
● Apply the diagnosis type (M, 1, 2, 3, W, X, Y) for the DAD based on the *Diagnosis Typing Definitions for DAD coding standard* or the problem type (MP or OP) for NACRS based on the *Main and Other Problem Definitions for NACRS coding standard* to the ICD-10-CA code(s) for the specific condition(s) or symptom(s).  
● Apply prefix 7 *(mandatory)* to the ICD-10-CA code(s) that identify each specific post COVID-19 condition or symptom. | Post COVID-19 condition U07.4 | U07.4 Post COVID-19 condition |

**Note:** This code should never be used in primary coding. This code is for use in multiple coding to identify an established relationship between a specific condition and post acute COVID-19 infection. Use additional code to identify the specific condition.

*Excludes:* Personal history of COVID-19 (U07.5)
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| Personal history of COVID-19    | U07.5 Personal history of COVID-19 | • Assign U07.5 (mandatory) when the documentation indicates that the patient has a history (confirmed or suspected) of COVID-19.  
  **Note:** Documentation indicating a history of COVID-19 is not limited to physician documentation.  
  • Apply diagnosis type (3) for the DAD and OP for NACRS.  
  • Do not apply diagnosis type (M) for the DAD or MP for NACRS to U07.5. | **History (personal) (of)**  
  – COVID-19 (confirmed) (suspected) U07.5  
  – disease or disorder (of) Z87.8  
  – – infectious Z86.18  
  – – – COVID-19 (SARS-CoV-2) (confirmed) (suspected) U07.5 | U07.5 Personal history of COVID-19  
  *Excludes:* Post COVID-19 condition (U07.4) |
| Need for vaccination against COVID-19 | U07.6 Need for immunization against COVID-19 | • **NACRS direction:** Assign U07.6 (mandatory) when the sole purpose of the ambulatory care encounter is the administration of a COVID-19 vaccine.  
  • Apply MP to U07.6.  
  • Do not assign U07.6 when a patient receives a COVID-19 vaccine during an acute care inpatient episode of care.  
  • **DAD acute care inpatient direction:**  
    Administration of the COVID-19 vaccine is classified as 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.  
    **Note:** The decision to assign 8.IM.70.HA-ZZ when a vaccination against COVID-19 is given is made at the jurisdiction or facility level based on data needs. | **Vaccination**  
  – prophylactic (against) Z26.9  
  – – COVID-19 (SARS-CoV-2) U07.6 | U07.6 Need for immunization against COVID-19  
  *Note:* This code is for use when a person who may or may not be sick, encounters the health services for the specific purpose of receiving the COVID-19 vaccine.  
  *Includes:* Prophylactic COVID-19 vaccination  
  *Excludes:* Immunization not carried out (Z28.—) |
<table>
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</thead>
<tbody>
<tr>
<td>Adverse reaction to a COVID-19 vaccine</td>
<td>U07.7 COVID-19 vaccines causing adverse effects in therapeutic use</td>
<td>• When the patient is diagnosed with an adverse reaction in therapeutic use due to the COVID-19 vaccine, assign U07.7 as an <strong>external cause code</strong> with an additional ICD-10-CA code(s) to identify the specific reaction.&lt;br&gt;• Apply diagnosis type (9) for the DAD and OP for NACRS to U07.7.&lt;br&gt;• Apply a diagnosis cluster (<strong>mandatory</strong>) to the set of codes that denote an adverse reaction in therapeutic use due to the COVID-19 vaccine.&lt;br&gt;&lt;b&gt;Notes:&lt;/b&gt;&lt;br&gt;• When the specific adverse reaction in therapeutic use is <strong>documented</strong> (i.e., a reaction to the substance/ingredients), assign an ICD-10-CA code that describes the <strong>specific</strong> reaction.&lt;br&gt;• When the specific reaction is <strong>not documented</strong>, assign T80.6 <strong>Other serum reactions</strong>.</td>
<td><strong>External Cause Index</strong>&lt;br&gt;Sequelae (of) Y89.9 — drugs and biologics causing adverse effects in therapeutic use (classifiable to Y40–Y59, U07.7) Y88.0&lt;br&gt;&lt;b&gt;Table of Drugs&lt;/b&gt;&lt;br&gt;COVID-19 vaccine: Adverse effect in therapeutic use U07.7&lt;br&gt;<strong>Vaccine NEC</strong>: COVID-19 vaccine — Adverse effect in therapeutic use U07.7</td>
<td>U07.7 COVID-19 vaccines causing adverse effects in therapeutic use&lt;br&gt;&lt;b&gt;Note:&lt;/b&gt; This code is to be used as an external cause code (i.e., under category Y59 Other and unspecified vaccines and biological substances). A code from another chapter must be assigned first to indicate the nature of the adverse effect.&lt;br&gt;&lt;b&gt;Includes:&lt;/b&gt; Correct administration of COVID-19 vaccine in prophylactic therapeutic use as the cause of any adverse effect&lt;br&gt;&lt;b&gt;Excludes:&lt;/b&gt; Accidents in the technique of administration of drugs, medicaments and biological substances in medical and surgical procedures (Y60–Y69)</td>
</tr>
</tbody>
</table>
Confirmed COVID-19 in a newborn

Table 2  Confirmed COVID-19 in a newborn

<table>
<thead>
<tr>
<th>When an acute COVID-19 infection in a newborn is confirmed by a positive COVID-19 swab taken less than or equal to 48 hours after birth, assign, mandatory . . .</th>
<th>When an acute COVID-19 infection in a newborn is confirmed by a positive COVID-19 swab taken more than 48 hours after birth, assign, mandatory . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>• P35.8 <em>Other congenital viral diseases</em> as a significant diagnosis type (M), (1), (W), (X) or (Y); and</td>
<td>• U07.1 <em>COVID-19, virus identified</em> as a diagnosis type (2).</td>
</tr>
<tr>
<td>• U07.1 <em>COVID-19, virus identified</em> as a diagnosis type (0).</td>
<td>Exception: When there is physician documentation to indicate that the confirmed COVID-19 infection was acquired in utero or during birth.</td>
</tr>
</tbody>
</table>

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

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*. 

COVID-19 in pregnancy

See the coding standard *Complicated Pregnancy Versus Uncomplicated Pregnancy*. 

Table 3  COVID-19 in pregnancy

<table>
<thead>
<tr>
<th>Confirmed COVID-19 in pregnancy is classified to . . .</th>
<th>Suspected COVID-19 in pregnancy is classified to . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>• O98.5– <em>Other viral diseases complicating pregnancy, childbirth and the puerperium</em> as a significant diagnosis type/main problem or other problem; and</td>
<td>• O98.5– <em>Other viral diseases complicating pregnancy, childbirth and the puerperium</em> as a significant diagnosis type/main problem or other problem; and</td>
</tr>
<tr>
<td>• U07.1 <em>COVID-19, virus identified (mandatory)</em> as diagnosis type (3)/other problem.</td>
<td>• U07.2 <em>COVID-19, virus not identified (mandatory)</em> as diagnosis type (3)/other problem.</td>
</tr>
</tbody>
</table>

Note
Do not assign O98.5– and U07.2 when COVID-19 is suspected but ruled out by a negative lab test result.
COVID-19 in palliative care

See the coding standard *Palliative Care*.

Table 4 COVID-19 in palliative care

When a patient with a diagnosis of COVID-19 is admitted for the *sole purpose* of receiving palliative care, assign . . .

- **Z51.5 Palliative care** *(mandatory)* as diagnosis type (M); and
- Additional ICD-10-CA code(s) to identify the palliative condition(s) (i.e., COVID-19 *(mandatory)* as diagnosis type [3]).

CCI COVID-19–related code

Table 5 identifies the CCI COVID-19–related vaccination code.

Table 5 CCI COVID-19–related code

<table>
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<tbody>
<tr>
<td>Vaccination against COVID-19</td>
<td>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</td>
<td>The decision to assign this code is made at the jurisdiction or facility level, based on data needs.</td>
</tr>
</tbody>
</table>
Additional resources

- Read the Canadian Coding Standards for Version 2022 ICD-10-CA and CCI — Addendum: Pandemics and Epidemics (COVID-19)
- Access our webinars (including knowledge checks and Q & As): ICD-10-CA coding direction for COVID-19 (parts 1 and 2)
- Stay up to date: CIHI's COVID-19 resources web page

Still need assistance?

Search eQuery using the keywords "U07.1," "U07.2," "U07.3," "U07.4," "U07.5," "U07.6," "U07.7," "8.IM.70.HA-ZZ" or "COVID-19" for answers to COVID-19–related questions.

If you need assistance coding a specific case that does not align with the directions above, submit a question and the de-identified, pertinent clinical documentation to Classifications coding (CED-DxS, ICD-10-CA, CCI, Canadian Coding Standards) via eQuery.

classifications@cihi.ca

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