

GUIDE FOR THE COLLECTION AND CODING OF COVID-19 AROC DATA

This guide has been created to assist in the correct collection and coding of AROC data in relation to patients receiving rehabilitation:

- for COVID-19
- for another impairment after a positive COVID-19 diagnosis
- for another impairment where their rehabilitation program has been affected by current or previous positive COVID-19 diagnosis.

It covers:

- [AROC National COVID-19 Adjunct Data Collection](#)
- [AROC COVID-19 impairment codes](#)
- [AROC COVID-19 comorbidity and complication](#)
- [What to do if your data entry system has not been updated](#)
- [AROC COVID-19 data entry FAQ](#)
- [AROC COVID coding decision tree](#)

If you have further questions please contact AROC at aroc@uow.edu.au

AROC NATIONAL COVID-19 ADJUNCT DATA COLLECTION

In early 2020 AROC created the National COVID-19 rehabilitation adjunct data collection. This collection is being used to monitor the impact of COVID-19 on rehabilitation presentations and outcomes at a population level for patients requiring rehabilitation following a positive COVID-19 diagnosis. This data is collected for ALL patients participating in rehabilitation in ANY care setting who had a positive diagnosis of COVID-19; but may not be still be COVID-19 positive when they commence rehabilitation. This includes patients whose primary diagnosis is COVID-19 related as well as those with a secondary diagnosis where admission to rehabilitation is linked to having had COVID-19. This is a national data collection, which means all rehabilitation services are requested to participate, regardless of whether they are members of AROC.

This data can be collected on the paper form available here:

<https://apps.ahsri.uow.edu.au/downloads/CovidCollection.pdf>.

Once the patient has been discharged the data can be entered electronically here: **(Note: You are unable to save a partially completed form, so only commence the electronic form after the patient has been discharged)**

<https://apps.ahsri.uow.edu.au/redcap/surveys/?s=DR4AE3FHAX>

AROC COVID-19 IMPAIRMENT CODES

In July 2022 AROC introduced new COVID-19 specific impairment codes. Use these codes only when the primary reason for rehabilitation is COVID. They are:

- 18.1 COVID with pulmonary issues
- 18.2 COVID with deconditioning
- 18.9 COVID all other

AROC COVID-19 COMORBIDITY AND COMPLICATION

Along with the new impairment codes the following comorbidity and complication options are now also available in the AROC dataset (do not code these if the primary reason for rehabilitation is COVID);

Comorbidities

- 25 Acute COVID 1-28 days since COVID diagnosis (weeks 1-4)
- 26 Post COVID 29-84 days since COVID diagnosis (weeks 5-12)
- 27 Long COVID >84 days since COVID diagnosis, new symptoms following infection unexplained by any other diagnosis (weeks 13 onwards)

Complications

- 13 Acute COVID 1-28 days since COVID diagnosis (weeks 1-4)

WHAT TO DO IF YOUR DATA ENTRY SYSTEM HAS NOT BEEN UPDATED

If your service enters data directly into AROC Online Services (AOS) then all of the new COVID options above will be available.

However, if your services extracts and uploads data to AROC, your system may not have the new COVID impairment codes, comorbidities or complication available. If this is the case please do the following;

For COVID Impairment codes

- Choose the impairment code, which reflects the patient's impairments from COVID which require rehabilitation.
- Enter the COVID conditions impairment code in the general comments field (e.g. 18.1 COVID with pulmonary issues)

For COVID comorbidities or complications

- Enter other comorbidity or complication
- Enter the appropriate COVID comorbidity or complication in the general comments field (e.g. Comorbidity Acute COVID)

AROC COVID-19 DATA ENTRY FAQ

The FAQs have been broken down into the following scenarios;

- Patient is receiving rehabilitation for COVID after an acute admission for COVID
- Patient is receiving rehabilitation for a stroke but contracted COVID-19 while in acute care prior to coming to rehab
- Patient returns to rehab from acute care for COVID-19 which was contracted while on the rehab ward
- Patient is in an acute facility with COVID-19 under the in-reach team and then transferred to a different facility for inpatient sub-acute rehab
- Patient contracts COVID-19 on a rehab ward while under maintenance care type, they come back to the rehab ward from acute care and now need some rehab
- Patient contracts COVID-19 on a rehab ward while under maintenance care type, they come back to the rehab ward from acute care and stay under maintenance care type

PATIENT IS RECEIVING REHABILITATION FOR COVID AFTER AN ACUTE ADMISSION FOR COVID

Do I complete the AROC National COVID-19 Adjunct Data Collection?

Yes. Collect data using the data collection form

<https://apps.ahsri.uow.edu.au/downloads/CovidCollection.pdf> . Once the patient has been discharged, this data can be entered electronically at

<https://apps.ahsri.uow.edu.au/redcap/surveys/?s=DR4AE3FHAX>

What impairment code do I use?

The primary reason for rehabilitation is COVID, so choose the appropriate COVID impairment code

- 18.1 COVID with pulmonary issues
- 18.2 COVID with deconditioning
- 18.9 COVID all other

If the new codes are not available in your data entry system, see [What to do if your data entry system has not been updated](#)

Do I code COVID as a comorbidity?

No. COVID is the primary impairment for rehabilitation and therefore is not a comorbidity.

Do I code COVID as a complication?

No. COVID is the primary impairment for rehabilitation and therefore is not a complication.

PATIENT IS RECEIVING REHABILITATION FOR A STROKE BUT CONTRACTED COVID-19 WHILE IN ACUTE CARE PRIOR TO COMING TO REHAB

Do I complete the AROC National COVID-19 Adjunct Data Collection?

Yes. Collect data using the data collection form

<https://apps.ahsri.uow.edu.au/downloads/CovidCollection.pdf> . Once the patient has been discharged, this data can be entered electronically at

<https://apps.ahsri.uow.edu.au/redcap/surveys/?s=DR4AE3FHAX>

What impairment code do I use?

Choose the appropriate stroke impairment code

Do I code COVID as a comorbidity?

Yes, **if** COVID interfered with the process of rehabilitation for this patient. Choose the appropriate COVID comorbidity

- 25 Acute COVID 1-28 days since COVID diagnosis (weeks 1-4)
- 26 Post COVID 29-84 days since COVID diagnosis (weeks 5-12)
- 27 Long COVID >84 days since COVID diagnosis, new symptoms following infection unexplained by any other diagnosis (weeks 13 onwards)

If the new codes are not available in your data entry system, see [What to do if your data entry system has not been updated](#)

Do I code COVID as a complication?

No. COVID occurred prior to the rehabilitation admission and therefore is not a complication.

PATIENT RETURNS TO REHAB FROM ACUTE CARE FOR COVID-19 WHICH WAS CONTRACTED WHILE ON THE REHAB WARD

Is this a suspension?

If the patient returns to the **same** rehabilitation program then record the time in acute as a suspension from rehabilitation and complete the following;

- Record COVID as a complication
 - If the new codes are not available in your data entry system, see [What to do if your data entry system has not been updated](#)
- Complete the AROC National COVID-19 Adjunct Data Collection.
 - Collect data using the data collection form <https://apps.ahsri.uow.edu.au/downloads/CovidCollection.pdf>. Once the patient has been discharged, this data can be entered electronically at <https://apps.ahsri.uow.edu.au/redcap/surveys/?s=DR4AE3FHAX>

If the patient's rehabilitation program needs to be **changed** because of COVID, a new episode will need to be commenced and complete the following;

- Record COVID as a comorbidity (unless COVID is now the primary reason for rehabilitation, in this case COVID could be the impairment code and therefore not a comorbidity)
 - If the new codes are not available in your data entry system, see [What to do if your data entry system has not been updated](#)
- Complete the AROC National COVID-19 Adjunct Data Collection.
 - Collect data using the data collection form <https://apps.ahsri.uow.edu.au/downloads/CovidCollection.pdf>. Once the patient has been discharged, this data can be entered electronically at <https://apps.ahsri.uow.edu.au/redcap/surveys/?s=DR4AE3FHAX>

PATIENT IS IN AN ACUTE FACILITY WITH COVID-19 UNDER THE IN-REACH TEAM AND THEN TRANSFERRED TO A DIFFERENT FACILITY FOR INPATIENT SUB-ACUTE REHAB

Which team completes the AROC National COVID-19 Adjunct Data Collection?

Both teams complete the AROC National COVID-19 Adjunct Data Collection.

Yes. Collect data using the data collection form

<https://apps.ahsri.uow.edu.au/downloads/CovidCollection.pdf> . Once the patient has been discharged, this data can be entered electronically at

<https://apps.ahsri.uow.edu.au/redcap/surveys/?s=DR4AE3FHAX>

What impairment code do I use?

The primary reason for rehabilitation is COVID, so choose the appropriate COVID impairment code

- 18.1 COVID with pulmonary issues
- 18.2 COVID with deconditioning
- 18.9 COVID all other

If the new codes are not available in your data entry system, see [What to do if your data entry system has not been updated](#)

PATIENT CONTACTS COVID-19 ON A REHAB WARD WHILE UNDER MAINTENANCE CARE TYPE, THEY COME BACK TO THE REHAB WARD FROM ACUTE CARE AND NOW NEED SOME REHAB

Do I complete the AROC National COVID-19 Adjunct Data Collection?

Yes, for the episode of rehab only, the maintenance episode is not reported to AROC.

Collect data using the data collection form

<https://apps.ahsri.uow.edu.au/downloads/CovidCollection.pdf> . Once the patient has been discharged, this data can be entered electronically at

<https://apps.ahsri.uow.edu.au/redcap/surveys/?s=DR4AE3FHAX>

What impairment code do I use?

If COVID is now the **primary reason** for rehab choose the appropriate COVID impairment code and **do not** code COVID as a comorbidity or complication.

- 18.1 COVID with pulmonary issues
- 18.2 COVID with deconditioning
- 18.9 COVID all other



If COVID is **not the primary reason** for the rehabilitation admission, choose the appropriate impairment code for their impairments. Code COVID as comorbidity if it affects their rehabilitation program. Do not code COVID as a complication.

If the new codes are not available in your data entry system, see [What to do if your data entry system has not been updated](#)

PATIENT CONTACTS COVID-19 ON A REHAB WARD WHILE UNDER MAINTENANCE CARE TYPE, THEY COME BACK TO THE REHAB WARD FROM ACUTE CARE AND STAY UNDER MAINTENANCE CARE TYPE

Do I complete the AROC National COVID-19 Adjunct Data Collection?

No, AROC does not collect data on maintenance episodes.

AROC COVID coding decision tree

