



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 23, 2020

DEPARTMENT CIRCULAR

No. 2020- 0067-A

- FOR :** ALL DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT, MINISTER OF HEALTH BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM), CHIEFS OF MEDICAL CENTERS, HOSPITALS AND SANITARIA, PHILIPPINE HEALTH INSURANCE CORPORATION (PHIC), PHILIPPINE STATISTICS AUTHORITY (PSA) AND OTHERS CONCERNED
- SUBJECT :** Amendment to Department Circular No. 2020-0067 re ICD-10 code for COVID-19 (previously known as 2019-nCoV Acute Respiratory Disease)

The 'COVID-19' disease outbreak has been declared a public health emergency of international concern by the World Health Organization (WHO).

An updated (WHO) coding guidelines from the World Health Organization have been provided for implementation. These guidelines supersede provisions of the Department Circular No. 2020-0067 dated February 12, 2020.

1. New ICD-10 codes for COVID-19

- U07.1 COVID-19, virus identified
- U07.2 COVID-19, virus not identified
 - ✓ Clinically-epidemiologically diagnosed COVID-19
 - ✓ Probable COVID-19
 - ✓ Suspected COVID-19

2. Clinical Coding of COVID-19 with ICD-10

CONFIRMED CASES	No symptoms	With symptoms	ICD-10 codes
	Positive test result only, patient showing no symptoms		U07.1
	Positive test result	COVID-19 documented as cause of death	U07.1* (* does not indicate an asterisk code, there is a note below)
	Positive test result	Use additional code(s) for respiratory disease (e.g. viral pneumonia- J12.8) or signs or symptoms of respiratory disease (e.g. shortness of breath- R06.0, cough -R05) as documented	U07.1 + codes for symptoms *

*Use intervention/procedure codes to capture any mechanical ventilation or extracorporeal membrane oxygenation and identify any admission to intensive care unit

*Use additional codes for isolation (Z29.0) or laboratory examination (Z01.7) as required for the specific case

SUSPECTED/PROBABLE CASES	Patient presents with acute respiratory illness	Contact or suspected exposure	ICD-10 codes
	No other etiology; history of travel	√	U07.2; Z20.8 + codes for symptoms*
	Contact with confirmed or probable case	√	U07.2; Z20.8 + codes for symptoms*
	No other etiology; hospitalization required		U07.2 + codes for symptoms*
	COVID-19 documented without any further information re testing		U07.2 + codes for any symptoms*

* Use intervention/procedure codes to capture any mechanical ventilation or extracorporeal membrane oxygenation and identify any admission to intensive care unit

* Use additional codes for isolation (Z29.0) or laboratory examination (Z01.7) as required for the specific case

	Presenting clinical scenario	ICD-10 codes
COVID-19 ruled out	Patient presents with acute respiratory illness; testing is negative, and COVID-19 is ruled out	Code the relevant stated infection/diagnosis + Z03.8 Observation for other suspected diseases and conditions
	Self-referral: after assessment no reason to suspect disease and further investigations deemed unnecessary	Code Z71.1 Person with feared complaint in whom no diagnosis is made

Testing for COVID-19	Based on clinical judgement, clinicians may order a test for the SARS-CoV2 virus in a patient who does not strictly meet the case definition.	Code Z11.5 Special screening examination for other viral diseases
-----------------------------	---	--

3. Mortality Coding of COVID-19 with ICD-10

Both categories, **U07.1 (COVID19, virus identified)** and **U07.2 (COVID19, virus not identified)** are suitable for cause of death coding.

COVID-19 is reported on a death certificate as any other cause of death, and rules for selection of the single underlying cause are the same as for influenza (COVID-19 not due to anything else).

For recording on a death certificate, no special guidance needs to be given. The respiratory infection may evolve to pneumonia that may evolve to respiratory failure and other consequences. Potentially contributing comorbidity (immune system problem, chronic diseases...) is reported in part 2, and other aspects (perinatal, maternal...) in appropriate section/field, in line with the rules for recording.

A manual plausibility check is recommended for certificates where COVID-19 is reported, in particular for certificates where COVID-19 was reported but not selected as the single underlying cause of death.

4. Case definitions (Source: DOH DM No. 2020-0189 dated 17 April 2020)

Confirmed case

Any individual who tested positive for COVID-19 through laboratory confirmation at the national reference laboratory, a subnational reference laboratory, and/or DOH-certified laboratory testing facility.

Suspect/Suspected case

A person who is presenting with any of the conditions below.

- a. All SARI cases where NO other etiology fully explains the clinical presentation.
- b. ILI cases with any one of the following:
 - i. with no other etiology that fully explains the clinical presentation **AND** a history of travel to or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset **OR**
 - ii, with contact to a confirmed or probable case of COVID-19 in the two days prior to onset of illness of the probable/confirmed COVID-19 case until the time the probable/confirmed COVID-19 case became negative on repeat testing.

- c. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
 - i. Aged 60 years and above
 - ii. With a comorbidity
 - iii. Assessed as having a high-risk pregnancy
 - iv. Health worker

Probable case

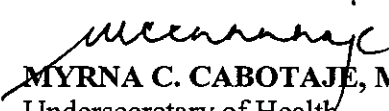
A probable case is a suspect case who fulfills anyone of the following listed below:

- a. Suspect case whom testing for COVID-19 is inconclusive, OR
- b. Suspect who tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing OR
- c. Suspect case who died without undergoing any confirmatory testing

The codes are valid for use immediately.

For information and guidance of all concerned.

By Authority of the Secretary of Health:


MYRNA C. CABOTAJE, MD, MPH, CESO III
Undersecretary of Health
Public Health Services Team