

---

## USER GUIDE

Technical User Guide compiled by the Ministerial ICD -10 Task Team to define standards and guidelines for ICD -10 coding implementation

Date: 18 October 2012 Final Version 1.00

---

## Table of Contents

1.	Introduction.....	4
1.1	Overview and Background .....	4
1.2	Objective(s) .....	4
1.3	Definitions, Acronyms and Abbreviations .....	5
1.4	Acknowledgements .....	5
2.	ICD-10 Implementation Phases .....	6
3.	ICD-10 Terminology Definitions .....	7
3.1	Master Industry Table (MIT) .....	7
3.2	Coding Definitions .....	8
3.2.1	Primary Diagnosis (PDX) - Morbidity .....	8
3.2.2	Primary Code .....	8
3.2.3	Secondary Diagnosis (SDX) - Morbidity .....	8
3.2.4	Secondary Code .....	9
3.2.5	Valid Code.....	9
3.2.6	Complete Code / Level of Specificity .....	9
3.2.7	Complications .....	10
3.2.8	Co-morbid Conditions .....	10
3.2.9	Maternity Codes.....	10
3.2.10	Morphology Codes (ICD-O).....	10
3.3	Combination Coding .....	10
3.3.1	Sequelae Codes .....	10
3.3.2	External Cause Codes (ECC) .....	11
3.3.3	Dagger (+) and Asterisk (*) Codes .....	11
3.3.4	Local Infections .....	12
3.3	Sequencing of ICD-10 Codes.....	12
3.4	Placement of ICD-10 Codes on Claims.....	12
3.4.1	General .....	12
3.4.2	Treating / Attending / Admitting Healthcare Provider Claims .....	13
3.4.3	Referring Healthcare Providers Diagnoses .....	13
3.4.4	Hospital Claims .....	13
3.4.5	ICD-10 codes and Modifiers .....	13
3.4.6	ICD-10 codes and Dental Laboratory Claims .....	13
3.5	Clinical Validation .....	14
3.5.1	General .....	14
3.5.2	PMB Conditions .....	14
3.5.3	Different ICD-10 codes on Different Claims .....	14
3.5.4	Pre-authorisation versus Claims.....	14
3.5.5	ICD-10 codes not appropriate for patient age .....	14
3.5.6	ICD-10 codes not appropriate for patient gender .....	15
3.5.7	Use of Morphology Codes (ICD-O) .....	15
4.1	Appendix A: Communication with Stakeholders .....	16
4.2	Appendix B: Notices Published by the National Department of Health.....	17
4.3	Appendix C: Explanatory Notes on MIT .....	18

## Revision History

Version	Date	By Whom	Changes
Draft 1 ver 1.00	2012/08/20	Brenda Gous, Izelle van Deventer, Ronelle Smit	Document creation and incorporating all changes suggested by members of the Task Team.
Draft 2 ver 1.00	2012/08/22	Izelle van Deventer	Incorporating changes suggested by members of the Task Team.
Draft 3 ver 1.00	2012/10/18	Sithara Satiyadev, Luisa Whitelaw, Brenda Gous	Expanding on phase 3 validations



### 1.3 Definitions, Acronyms and Abbreviations

Abbreviation	Term / Definition
BHF	Board of Healthcare Funders
CMS	Council for Medical Schemes
ECC	External Cause Codes
ICD-10	Statistical Classification of Diseases and Related Health Problems- Tenth Rev-. - 550.72 22.68 re f 52

## 2. ICD -10 Implementation Phases

A phased approach starting on 1 July 2005 has been followed to implement ICD-10 coding in South Africa

Implementation Requirements	Phase 1	Phase 2	Phase 3	Phase 4
-----------------------------	---------	---------	---------	---------

Healthcare Providers mandated to submit ICD -10 codes.

## 3.2 Coding Definitions

### 3.2.1 Primary Diagnosis (PDX) - Morbidity





### 3.2.7 Complications

Definition: A complication usually arises subsequent to:

- x an existing condition, disease, pregnancy, injury, etc.;
- x treatments and procedures;
- x adverse reactions to drugs and / or chemicals.

A complication may become a primary diagnosis despite it not being the reason for medical treatment. Examples are specified in the South African ICD-10 Coding Standards and Guidelines document.

### 3.2.8 Co-morbid Conditions

Definition: A pre-existing condition that may or may not increase resource usage and it may co-exist with the main diagnosis. A co-morbid condition may become a primary diagnosis if it is the main condition being treated.

### 3.2.9 Maternity Codes

Codes O80O84 (Delivery section in the WHO ICD-



### 3.3.4 Local Infections

**Definition:** Coding of some infections requires an additional code in order to identify the organism(s) that is causing the infection.

For example: Acute cystitis due to E.coli infection

PDX: N30.0: *Acute cystitis*

SDX: B96.2: *Escherichia [E.coli] as cause of diseases classified to other*

- o Under such circumstances, the medical scheme is under no obligation to reimburse the member or the healthcare provider as a claim would still not entirely conform to the requirements of the legislation. Any attempt to do so would constitute non-compliance with prevailing legislation.

#### 3.5.2 Treating / Attending / Admitting Healthcare Provider Claims

- x ICD-10 codes must be supplied on item level. This means that ICD-10 codes must be supplied on tariff level for all procedures and NAPPI level for all medicines. Modifiers and lab slip items are excluded.
- x A maximum of 10 (ten) codes in total must be allowed for per line item.

#### 3.5.3 Refer

### 3.6 Clinical Validation

#### 3.6.1 General

- x ICD-10 codes must be included on all claims / accounts / statements regardless of whether the patient or medical scheme is the recipient and of any payment arrangement between any party in

### 3.6.6 ICD -10 codes not appropriate for patient gender

During phase 4 of the ICD-10 implementation plan, a 'Gender' indicator has been included in the new version of the MIT. This Gender indicator must be used to determine when a specific ICD-10 code is clinically appropriate for use. This indicator has been compiled based on the WHO Volume 2 Instruction manual, chapter 3 aa12 0 0D





Year of Publication	Date of Publication	Circular Reference	Circular Title
2008	12 March 2008	7/2008	Changes to ICD-10 Master Industry Table
	21 August 2008	23/2008	ERRATA ON THE ICD10 MIT
	18 December 2008	37/2008	Submission of aggregated ICD-10 compliance data for 2009
2009	8 July 2009	16/2009	Validity of Unspecified, Other specified, Sign & symptom, and Default ICD-10 codes
	3 September 2009	25/2009	Proposed ICD-10 coding to be used for H1N1 ("swine flu")
	3 September 2009	26/2009	Criteria for coding training companies and trainers to be listed on the CMS website and the ICD-10 Task Team review document
	3 September 2009	27/2009	Including ICD-10 code(s) on claims for treating and referring healthcare providers
	3 September 2009	28/2009	Including ICD-10 code(s) for referring healthcare providers
2010	22 February 2010	08/2010	Submission of aggregated ICD-10 compliance data 2010
	23 June 2010	29/2010	Clarification of ICD-10 coding for dental laboratory and technician claims
	23 June 2010	30/2010	ICD-10 codes, pre-authorisation and clinical validation requirements
	23 June 2010	31/2010	ICD-10 coding for non-medical schemes claims
	23 June 2010	32/2010	Purpose of the National ICD-10 Task Team
	24 June 2010	33/2010	The updating of the ICD-10 codes in line with the



Column	Column Heading	Explanation of Headings	Data Example
M	Valid_ICD10_Dagger	Indicates whether ICD-10 code is a Dagger code or not. Indicated as: Y = Code IS a dagger code N = Code IS NOT a dagger code	N
N	Valid_ICD10_Sequelae	Indicates whether ICD-10 code is a Sequelae code or not. Indicated as: Y = Code IS a sequelae code N = Code IS NOT a sequelae code	N
O	Age_Range	Age indicator – only age information mentioned in WHO Volume 1 (Tabular List) added in range format.	
P	Gender	Indicated as: M = Male F = Female U = Unspecified As per WHO Volume 2 Instruction Manual	
Q	Status	South African status indicator for each entry: A = Add D = Discontinue (entry not deleted from file) M = Modify	A
R	WHO_Start_Date	The WHO effective from date for new entries OR effective from date for change to entry to take effect. Date format = CCYYMMDD	20051101
S	WHO_End_Date	WHO discontinued date - when entry is no longer in use. Date format = CCYYMMDD	
T	WHO_Revision_History		