Summary of c hanges made to the South Africa n ICD-10 Morbidity Coding Standards an d Guidelines Document

Developed to assist the Clinical Coder in the South African environment

Date : April 2014

A three month period will be allowed for the implementation of any operational changes and a six month period for any system related changes from the date of publication.

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The SA ICD-10 Morbidity Coding Standards and Guidelines are to be used concurrently with the WHO ICD-10 volumes

Acknowledgement

The South African Code of Ethics has been replaced by the following:

South African   Code of Ethics for Clinical Coders

Application of this Code

This Code applies to all persons doing clinical coding, irrespective of their background, experience, training or sector of work.

Coder's Ethical Principles

1) Clinical Coders shall be dedicated to providing the highest standard of clinical coding and billing services to their employers, clients and patients.

2) Clinical coders shall perform their work with honesty, attentiveness, responsibility and not exploit professional or other relationships with employers, employees, clients and patients for personal or undue commercial gain.

3) Clinical coders shall refuse to participate in or conceal any illegal, unlawful or unethical processes or procedures relating to coding or any aspect thereof.

4) Clinical coders shall participate in ongoing education to ensure that skills and knowledge meet the appropriate level of competence.

5) Clinical coders shall observe policies and legal requirements regarding patient consent, confidentiality and processing of patient-related clinical information and all personal information.

6) Clinical coders shall apply the South Africa Coding Standards and other official reporting requirements for the purposes of Clinical Coding, within what is lawful and ethical.

7) Clinical Coders should only assign and report codes that are clearly and consistently supported by practitioner documentation in the healthcare record.

8) Clinical coders shall ensure that clinical record content justifies selection of diagnosis, procedures and treatment, consulting clinicians as appropriate.

9) Clinical coders shall participate in quality improvement activities to ensure that the quality of coding supports the use of data for research, planning, evaluation and reimbursement, in the spirit of mutual respect for colleagues.

10) Clinical coders must strive to maintain and enhance the dignity, status competence and standards of coding for professional services.

11) Clinical coders shall resolve conflicts and interpretational issues in a manner that is transparent, professional and constructive, and seek guidance from professional bodies when in doubt.

12) Clinical coders shall raise matters of unprofessional coding, or coding in contravention of this code with the appropriate authorities, and not victimize any coder who exercises this right.

References :

Code of Ethics for Clinical Coders (Australia), the National Centre for Classification in Health (NCCH)
Coders Code of Conduct, United Kingdom (UK)
Code of Ethical Standards, American Academy of Professional Coders (AAPC)

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General Standards related to Claims

GSN0103 Paper and Electronic Claims containing ICD   -10 Codes

4. Submission of extended character ICD   -10 codes includes the dot / full stop. For example code K35.98:

          Incorrect submission: K3598
          Correct submission: K35.98

9. No spaces are allowed within ICD -10 codes (the underscore _ used in the following example represents a space).

          Incorrect submission: M79._20/I15._0/K35._98
          Correct submission: M79.20_/_I15.0_/_K35.98

10. No hyphens are allowed within ICD   -10 codes.

          Incorrect submission: M79-20/I15-0/K35-98
          Correct submission: M79.20_/_I15.0_/_K35.98

11. No brackets are allowed within ICD   -10 codes.

          Incorrect submission: (M79.20)(I15.0)(K35.98)
          Correct submission: M79.20_/_I15.0_/_K35.98

DSN01 Certain infectious and parasitic diseases (A00 – B99)

DSN02 Neoplasms (C00 – D48)

DSN03 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50 – D89)

DSN04 Endocrine, nutritional and metabolic diseases (E00 – E90)

DSN05 Mental and behavioural disorders (F00 – F99)

DSN06 Diseases of the nervous system (G00 –G99)

DSN07 Diseases of the eye and adnexa (H00 – H59)

DSN08 Diseases of the ear and mastoid process (H60 – H95)

DSN09 Diseases of the circulatory system (I00 – I99)

DSN10 Diseases of the respiratory system (J00 – J99)

DSN11 Diseases of the digestive system (K00 – K93)

DSN12 Diseases of the skin and subcutaneous tissue (L00 – L99)

DSN13 Diseases of the musculoskeletal system and connective tissue (M00 – M99)

DSN14 Diseases of the genitourinary system (N00 – N99)

DSN15 ~~Diseases of~~ Pregnancy, ~~C~~childbirth and the ~~P~~puerperium (O00 – O99)

DSN16 Certain conditions originating in the perinatal period (P00 – P96)

DSN17 Congenital malformations, deformations and chromosomal abnormalities (Q00 – Q99)

DSN18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00 – R99)

DSN19 Injury, poisoning and certain other consequences of external causes (S00 – T98)

DSN20 External causes of morbidity and mortality (V01 – Y98)

DSN21 Factors influencing health status and contact with health services (Z00 – Z99)

DSN22 Codes for special purposes (U00 – U99)

Example:
Patient presents with tuberculosis of lung and Kaposi's sarcoma as a result of the HIV disease

PDX: B20.0 HIV disease resulting in mycobacterial infection
SDX: A15.3 Tuberculosis of lung, confirmed by unspecified means
SDX: B21.0 HIV disease resulting in Kaposi's sarcoma
SDX: C46.9 Kaposi's sarcoma, unspecified
SDX: M9140/3 Kaposi's sarcoma, malignant, primary site (C46.–)

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DSN0103 Coding of infections with drug resistant micro- organisms

Assign a code for the infection in the primary position and additional codes for the causative organism and the drug resistant agent.

Example 1:
Patient admitted with a wound infection one week post cholecystectomy. Causative organism stated to be methicillin-resistant staphylococcus aureus (MRSA).

PDX: T81.4 Infection following a procedure, not elsewhere classified
SDX: B95.6 Staphylococcus aureus as the cause of diseases classified to other chapters
SDX: ~~U80.1 Methicillin resistant agent~~ U82.1 Resistance to methicillin
SDX: Y83.6 Surgical and 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: re-13<oadvalof her ar ao(ar)-1224.4hic
á9P Q¦0 , b   À   !ñ>È j   8 ñ0 å ; ¡3Q#   { æÀ a ±5558"NÀ ,Ói(X)-1for the002 T0e0029.96 144ÐS1 i 0105-6(c 03((X)-10(:)-1(B)-.-6(o

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Reference ICD -10, Volume 2, First Edition, page 76

Exceptions to the rule

Coding of radiotherapy and chemotherapy treatment for neoplasms

Z51.1 Chemotherapy session for neoplasm
This code should be assigned in the secondary position.
This code is used for chemotherapy for the neoplasm and for maintenance chemotherapy.

Example 1:
Patient admitted for chemotherapy following oophorectomy for malignant teratoma.

PDX: C56 Malignant neoplasm of ovary
        M9080/3 Teratoma, NOS, malignant, primary site, NOS
SDX: Z51.1 Chemotherapy session for neoplasm

Example

DSN0202 Coding of Gastrointestinal Stromal Tumou   rs

Assign the appropriate morphology code for ~~neoplasm NOS until the MIT is updated to include the morphology codes for~~ the gastrointestinal stromal tumour~~s~~.

~~M8000/0 Neoplasm, benign~~
~~M8000/1 Neoplasm, uncertain whether benign or malignant~~
~~M8000/3 Neoplasm, malignant, primary site~~
~~M8000/6 Neoplasm, malignant, metastatic site~~

M8936/0 Gastrointestinal stromal tumour, benign
M8936/1 Gastrointestinal stromal tumour, NOS, uncertain whether benign or malignant
M8936/3 Gastrointestinal stromal sarcoma, malignant, primary site
M8936/6 Gastrointestinal stromal sarcoma, malignant, metastatic site

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DSN04 Endocrine, nutritional and metabolic diseases (E00 – E90)

DSN0401 ~~Non-insulin dependent~~ Type 2 diabetic who requires insulin

There is currently no appropriate ICD-10 ~~classification~~ code for a ~~non-insulin dependent~~ type 2, diabetic patient who occasionally requires insulin therapy. ~~In the current ICD-10 classification, the patient should be coded as non-insulin dependent. For classification of a diabetic patient who is non-insulin dependent, but receives insulin periodically as part of the treatment regime,~~ E11 ~~Non-insulin-dependent~~ Type 2 diabetes mellitus should be ~~used~~ assigned

DSN09 Diseases of the circula

A patient re-admitted within four weeks of having an acute myocardial infarction may still have an acute ischaemic heart condition. The coder should ascertain from the clinician the specific condition.

- x If the clinician considers the ischaemic condition to be chronic, then, code I25.8 Other forms of chronic ischaemic heart disease ~~would~~ should be ~~appropriate~~ assigned.
- x If not chronic, it will be a subsequent MI and a code~~d~~ from I22.– Subsequent myocardial infarction should be assigned.

I22 Subsequent myo5 TD (6J E2(and - t m)D]TJ /TT0(u)1F [(S)8(D]TJ aul)3(d)-1250 Td .85J auld7-8(i)3(g)-12(ned)]TJ 0 T

DSN10 Diseases of the respiratory system (J00   – J99)

DSN1008 Coding of A/H1N1 [swine flu] (A/H1N1) ~~~~

J09 Influenza due to certain identified ~~avian~~ influenza virus to be assigned for ~~(A/H1N1)~~ [swine flu]. ~~(A/H1N1) as per the WHO's recommendation~~.

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DSN15 ~~Diseases of~~ Pregnancy, ~~C~~childbirth and the P~~~~puerperium (O00 – O99)

DSN1501 Pregnancy with abortive outcome

Coding of a delivery with prem   ature rupture of membranes with chorioamnionitis

Example:
Patient admitted with premature rupture of membranes with chorioamnionitis and premature labour. Onset of labour noted as within 24 hours. Preterm delivery of live born.

PDX: O41.1 Infection of amniotic sac and membranes
SDX: O60.1 Preterm spontaneous   labour with preterm delivery

DSN18 Symptoms, signs and abnormal clinical and laboratory findings, not

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DSN2103 Routine Examination, Pathology

Code Z01.7 Laboratory examination   is the appropriate code to use when a routine examination is done.

Refer to examples at DSN2135 Special Screening examination   .

Z01.7 Laboratory Examination is the appropriate code to assign in clinical pathology where a definite diagnostic code cannot be determined from the result/s.

This code is not to be used for histopathology and cytopathology findings.

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DSN2106 Emergency Radiology   – removed

~~Z01.9 Special examination, unspecified~~

DSN2122 After hours radiological investigations — removed

After hours radiological investigations have been standardized with the use of Z01.8 Other specified special examinations

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DSN2123 Posts

A post in dental terms n__177.6-44.675.C B69/H2 [as/TT3envo30ay _____

If no abnormalities were detected, the default code

Guideline
The use of Z20.6 Contact with and exposure to human im   munodeficiency virus [HIV]   should only be used if there is clear documentation that the person was exposed to HIV.

DSN22 Codes for special purposes (U00 – U99)

DSN2201 Drug resistant tuberculosis

The U50.– codes must accompany codes from A15.–, A17.–, A18.–, and A19.– where bacteriological confirmation of aetiology has been established and site of disease is stated. These codes are to be used as additional codes.

~~Footn~~ Note:

The 5th character indicates whether the drug resistance is primary or secondary as follows [(i)37 -1.145 Td (0)Tj 36 Tm (:)Tj 0 indMC ET /P <</MT40 0 9.91</MCID 16 >>BDC 0.004 Tc -0.0040 second12(ww (.)Tj 4.904 0 Td (–)T6(s)-9.96 4d8u. -3

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References

Frans Vorster
Code Medix

Dr. Noluthando Nematswerani
Discovery