COUNCIL FOR MEDICAL SCHEMES

Private Bag X34, HATFIELD, 0028
Hadefields Block E, 1267 Pretorius Street, HATFIELD, PRETORIA

Phone: +27 (0) 12 431-0500
Fax: +27 (0) 12 430-7644

http://www.medicalschemes.com

FOR ATTENTION:

ALL MEDICAL SCHEMES, ADMINISTRATORS, HEALTH CARE PROVIDERS AND OTHER RELEVANT STAKEHOLDERS

Telephone: 012 431 0514
Fax: 012 430 7644
Enquiries: Mr Patrick Matshidze
E-mail: p.matshidze@medicalschemes.com
Date: 25th July 2006

CIRCULAR NO 33 OF 2006

VALIDITY OF UNSPECIFIED, OTHER SPECIFIED, SIGN & SYMPTOM AND DEFAULT ICD-10 CODES

1. Background

It has come to the attention of the ICD-10 Implementation Task Team that health providers are experiencing problems/delays with claim payments by medical schemes and administrators in cases where 'unspecified', 'other specified', 'sign and symptom' or 'default' codes are used. This is especially problematic where no additional information is available to the provider in order to determine more specific codes.

This circular addresses the use and validity of unspecified, default and sign & symptom codes.

2. Definitions

"Unspecified" codes are codes which have a ".9" as the fourth character and are used when there is no additional information available to further classify the 3-character category title.

"Other specified" codes which have a ".8" as the fourth character are used for conditions that cannot be classified anywhere else under the relevant 3-character category title.

Chairperson: Prof. William Pick Vice-Chairperson: Dr Saadiq Kariem Chief Executive & Registrar: Patrick Masobe

A STATUTORY BODY ESTABLISHED IN TERMS OF THE MEDICAL SCHEMES ACT, 1998 (ACT 131 OF 1998)

"Sign & symptom" codes are codes that begin with the letter "R" and are used if no definite diagnosis has been established by the end of the episode of health care.

"Default" codes are codes that begin with a "U" or "Z" and are used in instances where there is no specific code allocated for a particular condition or situation.

3. Validity and Specificity of ICD-10 codes

For an ICD-10 code to be considered valid, it must be reflected at the highest level of specificity as determined by the WHO's coding rules. While most ICD-10 codes are valid up to four and even five characters, there are codes that are valid to three characters only and these codes cannot be rejected by medical schemes. Please note that the dot (.) in the ICD-10 codes preceding the 4th character is not regarded as a character. However, it must be reflected in the ICD-10 code.

Most codes from the following chapters of Volume 1 of the WHO ICD-10 books require coding up to five characters*:

CHAPTER	CONTENTS	USE OF 5TH CHARACTER
Chapter XIII	Diseases of the musculoskeletal system and connective tissue (M00-M99)	Subdivisions by anatomical site.
Chapter XIX	Injury, poisoning and certain other consequences of external causes (S00-T98)	Subdivisions to indicate open and closed fractures as well as intracranial, intra-thoracic and intra-abdominal injuries with or without open wound.
Chapter XX	External causes of morbidity and mortality (V01-Y98)	Subdivisions to indicate the type of activity being undertaken at the time of the event.
U codes unique to South Africa	Multi-drug resistant tuberculosis (MDR TB) (U50.-)	Type of drug for which the patient is resistant.

**** Not all codes from chapters XIII, XIX and XX require coding up to the 5th character level, as some codes are valid at three and four characters in these chapters.***
Follow the WHO coding rules for these chapters in order to code correctly.

4. Use of 'other specified' (.8) or 'unspecified' (.9) codes

The fourth character '.8' of an ICD-10 code is generally used for "other conditions" belonging to the three-character category. These "other conditions" cannot be classified anywhere else in the ICD-10 classification; therefore they are coded with a fourth character '.8'.

ICD-10 codes with a fourth character '.9' are mostly used to convey the same meaning as the three-character category title, without adding any additional information. The South African coding standard is to code all ICD-10 codes to their full specificity; therefore, although the fourth character '.9' is not adding any additional information to the meaning of the three-character category title, it is used to ensure that these codes are reflected to their full specificity.

5. Use of 'Sign and symptom' codes (the 'R' codes)

'Sign & symptom' codes that begin with the letter 'R' are used if no definite diagnosis has been established by the end of an episode of health care or if a patient is treated symptomatically as at a primary health care level. The information that permits the greatest degree of specificity and knowledge about the condition that necessitated care or investigation should be recorded. This should be done by stating a symptom, abnormal finding or problem, rather than qualifying a diagnosis as "possible", "questionable" or "suspected", when it has been considered but not established.

6. Use of default codes

The "default" codes agreed upon by the ICD-10 Technical subcommittee of the ICD-10 National Implementation Task Team are used in instances where there is no specific allocated code for that condition or situation. As is outlined below, these default codes are for use by certain specialty groups. The conditions for which they can be used are also described.

Default code where no abnormality is detected:

Clinical support providers sometimes perform investigations where no diagnosis is made or confirmed (no abnormalities detected). This includes instance where a person presents with symptoms or evidence of an abnormal condition which requires study, but which, after examination and observation, show no need for further treatment or medical care (WHO definition). The following code is recommended for use in such instances:

Z03.9: Observation for suspected disease or condition, unspecified.

Default code when information regarding the External Cause Code (ECC) for an injury is not available:

This code is intended for providers who diagnose or treat injuries (S or T Codes) but who do not come in contact with the patient to enquire from them the circumstances regarding their acquired injuries, could possibly use the following secondary code as an External Cause Code (ECC):

> **Y34.99: Unspecified event, undetermined intent, unspecified place, during unspecified activity**

Default code for pathologists, radiologists, pharmacologists and other service providers who receive referrals when the referral diagnosis is not provided

The appropriate code for use by pathologists, radiologists, pharmacologists and other service providers who receive referrals in the absence of a referral diagnosis is:

> **Z76.9: Person encountering health services in unspecified circumstances**
>
> *Please note that "U98:1 Service provider refusal to disclose clinical information" would never be used by pathologists as it is inappropriate for their purposes.*

Default codes to be used by pharmacists:

When a prescription does not include an ICD-10 code, the appropriate ICD-10 code is:

> **Z76.9: Person encountering health services in unspecified circumstances**

For telephonic prescriptions or when preventive/prophylactic medications are issued, the appropriate ICD-10 code is:

> **Z76.8: Persons encountering health services in other specified circumstances**

For pharmacy advised treatment (PAT) or claimable over-the-counter medicine (OTCs), sign and symptom codes (R codes) could be used, if more specific information is not available. If no diagnostic information is available the appropriate code to use is:

> **Z76.8: Persons encountering health services in other specified circumstances**

7. Coding for routine examinations

Routine dental examination

Routine examinations are often carried out by dentists where no diagnosis is made. The recommended code for use in such examinations is the following:

Z01.2: **Dental examination**

Routine examinations by radiologists

Routine examinations are often carried out by radiologists, on the request of the referring health care provider. The code recommended for use in such examinations (e.g. chest X-rays or mammogram) when no abnormality has been detected, is the following:

Z01.6: **Radiological examination, not elsewhere classified**

Routine examinations by pathologists

Routine examinations are often carried out by pathologists, on the request of the referring health care provider. The code recommended for use for such an examination is:

Z01.7: **Laboratory examination**

Routine examination of eyes and vision

When a routine examination of eyes and vision is performed by optometrists or ophthalmologists, the code to use is a follows:

Z01.0: **Examination of eyes and vision**

Routine examination of newborn baby (up to 28 days old):

When a newborn baby is routinely examined, use the following code:

Z00.1: **Routine child health examination**

8. Coding for non-disclosure of clinical information:

The following are used for non-disclosure of clinical information:

U98.0: **Patient refusal to disclose clinical information**

U98.1: **Service provider refusal to disclose clinical information**

Chairperson: Prof. William Pick Vice-Chairperson: Dr Saadiq Kariem Chief Executive & Registrar: Patrick Masobe

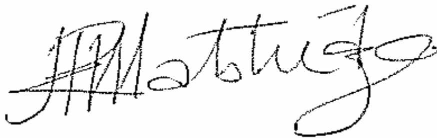
A STATUTORY BODY ESTABLISHED IN TERMS OF THE MEDICAL SCHEMES ACT, 1998 (ACT 131 OF 1998)

9. Conclusion and recommendation

These codes (other specified, unspecified, sign & symptom and default) are part of the full World Health Organisation (WHO) list of ICD-10 codes and are reflected in the South African electronic BHF/DXS ICD-10 master industry table. These codes are valid and cannot be rejected by medical schemes.

Should you require any further information please do not hesitate to contact Ms Shobna Sawry at the Council for Medical Schemes at s.sawry@medicalschemes.com.

Yours Sincerely



Mr KP Matshidze

Chairperson: Prof. William Pick Vice-Chairperson: Dr Saadiq Kariem Chief Executive & Registrar: Patrick Masobe

A STATUTORY BODY ESTABLISHED IN TERMS OF THE MEDICAL SCHEMES ACT, 1998 (ACT 131 OF 1998)