Coding
Why, oh Why!

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History of Coding in South Africa

The Medical Association of South Africa (MASA) (now SAMA) published the first procedural coding structure for South Africa in 1944.

History of coding in South Africa

The SAMA procedural coding structure is maintained by SAMA and updated annually based on submissions received from the specialty groups.

Reason for Coding

Coding provides a unified ‘language’ for doctors and other healthcare professionals when submitting accounts to medical schemes.

The procedural code consist of an item number, description of the service and a relative value unit (units)

Reasons for Coding

The rules/modifiers for procedural coding make sure that:

- Processes are properly followed to ensure that the information on the account rendered, is accurate and correct
- Making sure the patient's record is accurate and the claims are submitted correctly
- Reimbursement.

Impacts when not complying with the rules

Failure to follow coding rules and guidelines can result in:

- Late payment, medical record/motivation requests, rejection of claims.
- Audits by Medical Schemes that can result in being suspended from that scheme or direct payments being made to patients
- Patients complaints to the HPCSA, usually on ‘overcharging’
- Incorrect information on patient’s medical record (ICD-10 codes)

SAMA Procedural Coding Structure

Submissions made, must be supported by the Complete CPT® for South Africa (CCSA) codes.

CPT® (Current Procedural Terminology) is developed by the American Medical Association (AMA)

SAMA is the custodian of copyright of CPT® in South Africa with permission to customise the information to conform to SA standards

SAMA/CPT® Relationship

CCSA is a combination of the CPT® nomenclature and the Medicare Resource-Based Relative Value Scale (RBRVS)

The RBRVS is a standardised doctor's payment schedule where payments for services are determined by the resource costs needed to provide them

SAMA/CPT® Relationship

The cost of providing each service is divided into three components:

- Doctor's Work (50.9%)
- Practice Expense (44.8%)
- Professional Liability Insurance (4.3%)

SAMA/CPT® Relationship

Doctor's work component is determined by:

- Time it takes to perform the service
- Technical skill and physical effort
- Mental effort and judgment
- Stress due to the potential risk to the patient

SAMA Procedural Coding Structure

- SAMA structure is based on CPT® nomenclature (description) and
- RBRVS (units)

SAMA Procedural Coding Structure

- Submissions for new codes to be added to the SAMA procedural structure, is made by the various speciality groups
- The submissions must be based on CCSA codes
- These submissions are peer-reviewed before accepted into the procedural structure
- The submissions are either accepted, rejected or referred back for further information

Diagnostic Coding (ICD-10) versus Procedural Coding (MDCM)

- Diagnostic Coding: What was wrong with the patient/why was the service rendered.

  K80.0 – Calculus of gallbladder with acute cholecystitis

- Procedural Coding: What service was rendered

  Item 1761 - Cholecystectomy

History of ICD

International List of Causes of Death

History of ICD

- Death Registration in the mid – 15th century
- Attempt to estimate the proportion of liveborn children who died before reaching the age of 6 – early 16th century
- Florence Nightingale -1860 (Hospital Statistics)

History of ICD

William Farr – 19th century

Developed a structure that distinguishes between general diseases and etiology and those localised to a particular organ or anatomical site

International Statistical Classification of Diseases and Related Health Problems (ICD)

History of ICD

Since 1948 the World Health Organisation (WHO) develops and maintains the ICD structure, now called ‘International Statistical Classification of Diseases and Related Health Problems’ (ICD)

- 9th revision 1965 – 4 and 5 digits and external cause codes
- 10th revision 1994 – Alphanumeric 5 characters

ICD-10

The 10th Revisions is currently used in South Africa (ICD-10)

Use of ICD-10 in SA

- Medical Schemes Act requires procedural and diagnostic codes on accounts
- All providers of healthcare (diagnosing and non-diagnosing)

Use of ICD-10 in SA

Required to code to full specificity:

E11 – Incorrect

E11.5 - Correct

Type 2 diabetes mellitus with peripheral circulatory complications – full specificity

Use of ICD-10 in SA

External cause codes: To be added to primary code

Cause of injury (activity)

Where did it happen (place of occurrence)

Use of ICD-10 in SA

Closed fracture distal forearm code to full specificity:

- S52 – Fracture
- S52.6 – Lower en of radius and ulna
- S52.60 – Closed

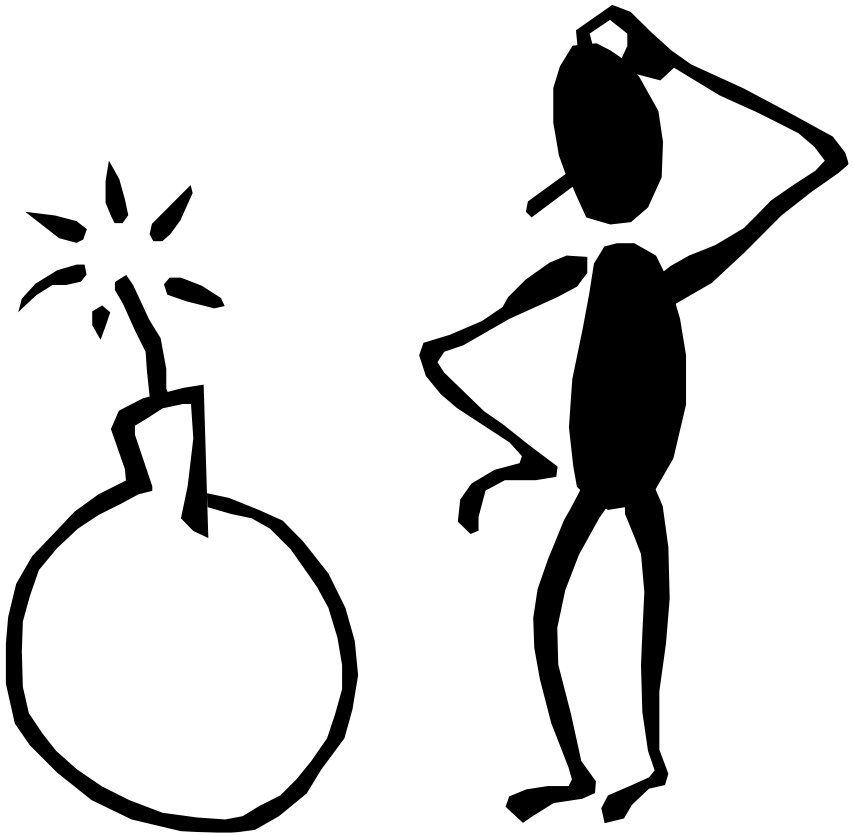
Use of ICD-10 in SA

External cause code to full specificity:

- W01 – Fall on same level from slipping, tripping and stumbling
- W01.2 – at school
- W01.20 – Engaged in sports activity

Reasons for coding errors

- Inappropriate/no coding training
- Lack of Anatomy/Medical Terminology knowledge
- Lack of comprehensive clinical/operative notes
- ICD-10 codes



Thank you

If you have any queries on coding, you are welcome to contact us at coding@samedical.org