

## ICD-10 Phase 3 and 4.1 - Update on ICD 10 Coding

### ICD-10 Master Industry Table for South Africa

In order to ensure consistent ICD-10 coding throughout South Africa, the Department of Health (DoH) publishes the ICD-10 Master Industry Table for South Africa (MIT) from time to time.

The Master Industry Table is specifically created to ensure that:

- All healthcare industry role players have easy access to a locally applicable set of codes;
- The integrity of the ICD-10 coding system can be maintained at a central point; and
- The list can simply and easily be incorporated into any software or paper-based system for coding of claims for submission, as well as for adjudication of those claims from a medical schemes perspective.

The 2014 ICD-10 MIT implementation date was 01 January 2014. A list of added and deleted codes have been compiled and published on the NDoH website ([www.health.gov.za](http://www.health.gov.za)) to help healthcare stakeholders update older versions of ICD-10 Coding manuals, in-house browsers and ICD-10 search engines.

The list could also be used as an additional reference to existing ICD-10 manuals to ensure that the codes used comply with the industry standards when submitted on claims.

Healthcare funders have been asked to send warning messages to providers of healthcare from 1 June 2013 informing them that ICD-10 phases 3 and 4.1 will be implemented on 1 July 2014.

### The implementation of Phase 3 and Phase 4.1

Implementation of Phase 3 commenced on 1 January 2006. During phase 3 implementation, all healthcare providers are required to submit claims and assign codes to health records with complete codes (third, fourth or fifth character codes, as appropriate). The validation of all primary and secondary codes as well as the validation of combination coding rules is required during this phase. All injury and poisoning codes must be accompanied by external cause codes.

### All outstanding Phase 3 validations commenced on 1 July 2014

#### ***All providers must apply the following by 1 July 2014 in order to comply with the Phase 3 requirements***

The phase 3 validation requires a scheme/administrator to apply the following validation on ICD-10 codes received on claims:

- All ICD-10 codes must be valid as per the ICD-10 Master Industry Table (MIT)
- The primary ICD-10 code must be valid for use in the primary position as indicated on the MIT (clinical validation will be part of phase 4)
- The secondary ICD-10 code(s) must be a valid secondary ICD-10 code(s) as per the MIT
- The correct / maximum level of specificity for every primary and secondary code(s), i.e. the code must be valid at a 3, 4 or 5 character level as per the MIT
- Chapter XIX (S & T codes) codes must have external cause codes as secondary codes up to the full

level of specificity

- Rejections **can be expected** if external cause, asterisks, sequelae and non-clinically valid codes are reported in the primary position

#### **Implementation of ICD-10 Phase 4.1 commenced on 1 July 2014**

- Implementation of gender edits as per Volume 2 of the WHO manual.
- Implementation of age edits where it is included in the ICD-10 code or information in Volume 1 (Tabular listing) of the WHO manual.

At the ICD-10 Task Team meetings held on the 3<sup>rd</sup> of April 2014, a concern was noted relating to the impact that the ICD-10 age and gender edits will have on paediatrician claims (practice types 32 and 33) on 1 July 2014's go-live of Phase 4.1 for ICD-10 clinical validation. Warning message statistics from schemes indicate that this provider group will experience a high rate of claim rejections, based not on clinical inaccuracies, but on the administrative process of billing paediatric services on the maternal account, until such time that new-borns are registered and can be identified and billed for as separate entities.

Based on this motivation, *the Task Team has agreed to defer the validation and rejection of Paediatrician claims (practice types 32 and 33) for the ICD-10 age and gender edits from 1 July 2014.*

A process will be established to engage with this provider group to better understand their claims administration processes in order to resolve this issue towards compliance with the required Phase 4.1 clinical validations.

For more information, read the "Notification on implementation of ICD-10 Phase 3 and Phase 4.1" as published on the National Department of Health website at <http://www.health.gov.za/icddoc.php>

#### **Implementation of ICD-O (Morphology codes)**

The implementation of ICD-O (Morphology codes) will not be implemented on 1 July 2014. The implementation date has been postponed and the new implementation date will be communicated.

The morphology code records the kind of tumour that has developed and how it behaves. This means that morphology codes will need to be supplied with all Chapter 2 (Neoplasm – C and D) codes of the Tabular Listing in Volume 1 of WHO ICD-10 books, where surgery has been performed or where pathology/laboratory investigations have been done to confirm the underlying cell type of the neoplasm.

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