



## COUNCIL FOR MEDICAL SCHEMES

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NOTICE TO PROVIDERS

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Reference: ICD 10 Implementation

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### **CIRCULAR 35 OF 2005**

ICD-10 coding has been a requirement on claims submitted to medical schemes since the 1<sup>st</sup> of July 2005. The National Task Team on ICD 10 implementation continues to hold regular meetings in order to monitor the implementation process. In addition to this, extensive statistical reviews are conducted weekly, by medical schemes and administrators to assess the impact on providers, beneficiaries of medical schemes and other relevant stakeholders. In line with the legislative provisions, the process of rejection of claims by medical schemes has commenced.

A review of claims submitted during the month of July has revealed that part of the reason for rejection of claims, is incorrect coding practices due to coding format errors appearing on claims. This however, could be eliminated by ensuring that care is taken when typing in ICD-10 codes on accounts, as invalid formatting could lead to rejections.

Where manual typing of codes occur, providers, software vendors and other relevant stakeholders should take note of the following common errors:

#### ***1. Three character codes:***

Example: Code T14

The correct submission is: T14

Common typing/transcription errors:

- T14. (Dot incorrect)
- T14□ (Space incorrect)
- T14.□ (Space and dot incorrect)

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### **Why does this matter?**

When a code is carried to the medical scheme or administrator via an electronic switch, various characters are used in this message to distinguish 'fields'.

In the above example, the dot in an ICD-10 code means that a character should follow it, and in this case there is no character, or a space – leading to an error message at the medical scheme or administrator.

## **2. Multiple three character codes**

Example: Codes T14, T15 and T16 all apply to the same patient encounter

### **The correct submission is: T14/T15/T16**

Do not type any spaces in or between ICD-10 codes, such as T14 / T15 / T16. This may cause electronic systems in the claim submission process to "see" the wrong number of codes or the wrong codes.

Do not insert any separating characters of your own between ICD-10 codes. Your software program should enable you to type the codes in separate fields, e.g.

Item 1  ICD-10 codes

Your software program should automatically send this as T14/T15/T16 when it creates an electronic claim.

An electronic switch does not require human intervention, resulting in faster, accurate claim submission. This also facilitates speedy payment of your claims.

Electronic switch simply transforms **EXACTLY** what was typed into a field into a message format, which is then received as a message by the medical scheme or administrator.

Thus the human input must be correct at the input stage, to ensure that correct information is received at the other end of the information chain.

## **3. Extended codes to maximum specificity**

For providers to submit valid ICD-10 codes to the maximum specificity (i.e. 4 or 5 character codes) which is the requirement for Phase 2 of the ICD-10 Implementation process from the 1st of October 2005, then the dot (.) must be submitted as part of the code. No spaces are allowed to follow the code. No special character may be submitted as part of the code, and care must be taken to ensure that transcription errors do not occur:

JO9.1 (Use of capital O instead of a zero 0 is incorrect)

ICD-10 codes all follow the same format – a letter followed by two numbers.

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If the code is more specific, the format is:

**AlphaNumericNumeric[.Numeric]** and in some cases a fifth character is required and the format should be as follows: **AlphaNumericNumeric[.Numeric[Numeric]]**

The correct submission is: J09.1

#### **4. Multiple extended codes**

Each code should be typed into a separate field in your software, as follows:

M79.2

I10.5

K53.6

M79.□2□/I10.5□/□K53.6□ (Incorrect - no spaces allowed)

M79-2/I10-5/K53-6 (Incorrect - no hyphens allowed)

(M79.2)(I10.5)(K53.6) (Incorrect - no brackets allowed)

The correct submission of a single code is: M79.2

The correct submission of multiple codes is: M79.2/I10.5/K53.6

If the codes have been typed into separate fields as shown above, your software and the switch will ensure correct submission.

#### **5. Inclusion of ICD-10 descriptions on claims**

##### **NO DIAGNOSIS DESCRIPTIONS SHOULD BE INCLUDED ON CLAIMS**

Reasons for this are two-fold:

- a. Maintenance of patient confidentiality
- b. In the electronic environment, each character in a description would be interpreted as a separate code

Since all ICD-10 codes start with a letter of the alphabet, a software program designed to store and transport codes will recognise a letter as the beginning of a new code – and every claim would be rejected on the basis of invalid codes!

#### **Your responsibility**

The correct submission of codes through to medical schemes or administrators is the responsibility of the software providers and switches, for which you already pay a fee.

In other words, as long as you code correctly, your software should do the rest.

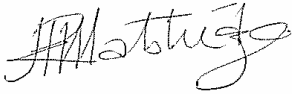
If you are unsure about your software accuracy or capability, or if you have received messages regarding incorrect codes on your medical scheme reconciliation statements, please contact your software vendor directly.

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If you are not using commercially available software, please ensure that your program has the required capability to guarantee correct coding submissions – the smooth running of your practice depends on it.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patrick Matshidze', written in a cursive style.

**Patrick Matshidze**  
**HEAD: RESEARCH & MONITORING**