



NOTICE TO ALL SERVICE PROVIDERS

June 2005

Diagnostic coding on your claims

From 1 January 2005, health service providers are required to include diagnostic codes (known as ICD-10 codes) on all claims or accounts for services rendered.

These codes must be provided **in addition** to treatment codes, such as for consultations, surgery, etc.

ICD-10 codes on an account indicate the diagnoses or reasons for which the service was rendered.

From 1 July 2005, failure by your service provider to include valid ICD-10 codes on an account, will lead to a rejection of that claim and non-payment by your medical scheme.

THIS REQUIREMENT APPLIES TO ALL CLAIMS – WHETHER THE SERVICE PROVIDER SUBMITS THE CLAIM DIRECTLY TO YOUR MEDICAL SCHEME, OR YOU PAY AT THE TIME OF SERVICE AND THEN CLAIM YOUR BENEFITS FROM YOUR MEDICAL SCHEME YOURSELF.

What is ICD-10? ICD-10 is a set of codes which translates the written description of a diagnosis (condition/illness) into a coded format e.g. acute tonsillitis = J03.9

This set of codes form part of an international standard, with which South Africa is now required to comply in accordance with the Regulations to the Medical Schemes Act.

Why do we need ICD-10 codes? In the past, suppliers described diagnoses each in their own way. Using codes instead, has the following benefits:

- Reliable statistics mean that your scheme can plan correct management of your medical services and benefits
- Faster payment of your claims
- Reliable statistical data of members' prevalent illnesses, leads to improved research and treatment plans
- Statistical data allows South Africa to compare its health information with that of other countries and base medical benefit design on South African patterns of disease, rather than assuming these are the same as those of other countries.
- Correct coding of Prescribed Minimum Benefits (PMB) conditions ensures payment from the appropriate benefit pool
- Ensuring confidentiality of your condition/illness, since that information is now supplied to your medical scheme in coded form

What about confidentiality? As with all your other personal details and clinical information contained in your medical accounts, these ICD-10 codes will be handled in a confidential manner ensuring the continued privacy and security of your information.

Do service providers know about ICD-10? Every service provider has been informed about the legal requirement for ICD-10, with formal communications to all providers starting in 2004, and continuing through this year. All providers should thus be familiar with requirements and have access to a full list of ICD-10 codes in their practice.

What is a 'valid' code? The validity of a code is defined through a complicated set of rules provided by the World Health Organisation. Your doctor or other service provider should already be familiar with these rules. The majority of codes consist of a letter of the alphabet followed by two numerals, a dot and a final numeral.

Examples: A00.0

J45.8

I10.1

What should I do? Ask your doctor or other service provider if he/she uses ICD-10 codes. Give him/her this leaflet if necessary.

Insist on an ICD-10 code before paying an account yourself!

For more information please contact the Council for Medical Schemes on 012 431 0500

