



PHISC Addendum to the South African ICD-10 Morbidity Coding Standards and Guidelines document

Proposal from the PHISC ICD-10 Technical Workgroup of the PHISC Clinical Coding subcommittee

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Table of Contents

Acknowledgement	5
Introduction and Disclaimer	5
User Guide.....	6
A standard	6
A guideline	6
PHISC General Morbidity Coding Standards and Guidelines	7
PGS0001 Version of ICD-10 used in South Africa.....	7
PGS0002 ICD-10 Quick Reference Code (QRC) lists or Short lists	9
PGS0003 Gender edits for specific procedures/scenarios	9
PGS0004 Age edits for certain diagnoses	9
PHISC Chapter Specific Coding Standards and Guidelines	10
PCS01 Certain infectious and parasitic diseases (A00 – B99)	11
PCS0101 ICD-10 codes to be assigned for Enterococcus Faecalis.....	11
PCS0102 ICD-10 codes to be assigned for invasive non-typhoidal salmonella caused by the Novel Pathogen	11
PCS0103 ICD-10 code to be assigned for Sindbis virus (SINV)	11
PCS0104 ICD-10 code to be assigned for Extended Spectrum Betalactamase (ESBL)	11
PCS0105 ICD-10 code to be assigned for MERS virus.....	12
PCS0106 ICD-10 code to be assigned for Zika virus	12
PCS0107 ICD-10 code to be assigned for Carbapenem-resistant Enterobacteriaceae (CRE) or carbapenemase-producing Enterobacteriaceae (CPE)	12
PCS02 Neoplasms (C00 – D48).....	13
PCS0201 Neoplasm Coding	13
Guideline	13
Histopathology report vs ICD-10 and morphology codes assigned by the treating doctor	13
Sequencing of Neoplasm, Morphology, Dagger and Asterisk Codes.....	13
PCS03 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50 – D89).....	14
Coding of diagnosis if indicated as “patient is immunocompromised”	14
PCS09 Diseases of the circulatory system (I00 – I99)	15
PCS0901 Coding of the Circulatory System (I00 – I99).....	15
Hypertension and renal disease or conditions	15
Guideline for coding of hypertensive crisis.....	15
Coding of ST-Elevation Myocardial Infarction (STEMI) and non-ST segment elevation myocardial infarction (NSTEMI).....	16
PCS10 Diseases of the respiratory system (J00 – J99).....	17
PHISC Guideline for the coding of Respiratory Distress.....	17
PCS11 Diseases of the digestive system (K00 – K93)	18
PHISC Guideline for the coding of liver failure caused by chronic viral Hepatitis C infection.....	18
PCS14 Diseases of the genitourinary system (N00 – N99)	19
PCS1401 Coding of acute on chronic renal failure	19
PCS15 Diseases of Pregnancy, Childbirth and the Puerperium (O00 – O99).....	20
PHISC Guideline: ICD-10 codes to be assigned on claims for the transporting of a patient in labour ..	20
Guideline when coding obesity in pregnant patients.....	20
Coding of HIV / AIDS and Deliveries.....	21
PCS16 Certain conditions originating in the perinatal period (P00 – P96)	22
DSN1603 Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery (P00 – P04).....	22
PCS18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00 – R99)	23
Guidelines when using sign and symptom codes e.g. R-codes	23
Coding guideline for “cannot tolerate oral medicine”	23
PCS19 Injury, poisoning and certain other consequences of external causes (S00 – T98).....	24
Poisoning.....	24
Misadventure.....	24
Mishaps in hospital, even if the patient does not sustain an injury	25
Hospital acquired conditions and infections	25
Coding of subcutaneous haematomas.....	26

PCS20 External causes of morbidity and mortality (V01 – Y98)	27
External Cause Codes not linked to Injury, poisoning and certain other consequences of external causes	27
PCS21 Factors influencing health status and contact with health services (Z00 – Z99)	28
Surgery not performed	28
Coding of PEP for mucosal splashing	28
Coding guideline for Prophylaxis	28
Definitions, Acronyms and Abbreviations	29

Revision History

Version	Date	By Whom	Changes
Draft 1 version 1.00	2016/02/27	Crystal Wahid	Document creation after meeting held on the 2016/02/17.
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Draft 6 Version 2.00	2018/03/26	Crystal Wahid	Document updated with decisions taken at the PHISC ICD-10 Technical Working Group meeting (21 st February 2018)
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Acknowledgement

The PHISC Addendum to the South African ICD-10 Morbidity Coding Standards and Guidelines document has been agreed and compiled by the PHISC ICD-10 Technical Workgroup. Acknowledgment and thanks to the members for their contribution and efforts in making this document possible.

Introduction and Disclaimer

This addendum has been compiled with the aim of documenting ICD-10 coding standards and guidelines suggested by PHISC, for use IN ADDITION TO The South African ICD-10 Morbidity Coding Standards and Guidelines, Version 6 (April 2014) as officially published for South Africa on the website of the National Department of Health. This addendum does not serve as a training document and is not regulated for use; it is a de-facto PHISC guide to further assist the user in the standardised use of ICD-10.

Coding Standards are:

1. Developed to assist the clinical coder.
2. Developed to keep a record of and track coding standards and guidelines as agreed on by PHISC.
3. To be used concurrently with the South African ICD-10 Morbidity Coding Standards and Guidelines document, the ICD-10 manuals and training material.

User Guide

A standard

- a specification by which something may be tested or measured (specification – details describing something to be done)
- the required level of quality

A guideline

- a statement of principle giving general guidance

PGS0001

PGS – PHISC General Standard

GS00 – Relates to General Coding Standards

01 – A unique number allocated to the standard

PCS0101

PCS – PHISC Chapter Specific Standard

CS01 – Relates to Chapter Specific Standards

01 – A unique number allocated to the standard

Symbols used



Please reference the South African ICD-10 Morbidity Coding Standards and Guidelines, Version 6 (as at April 2014) when this symbol is displayed.

PHISC General Morbidity Coding Standards and Guidelines

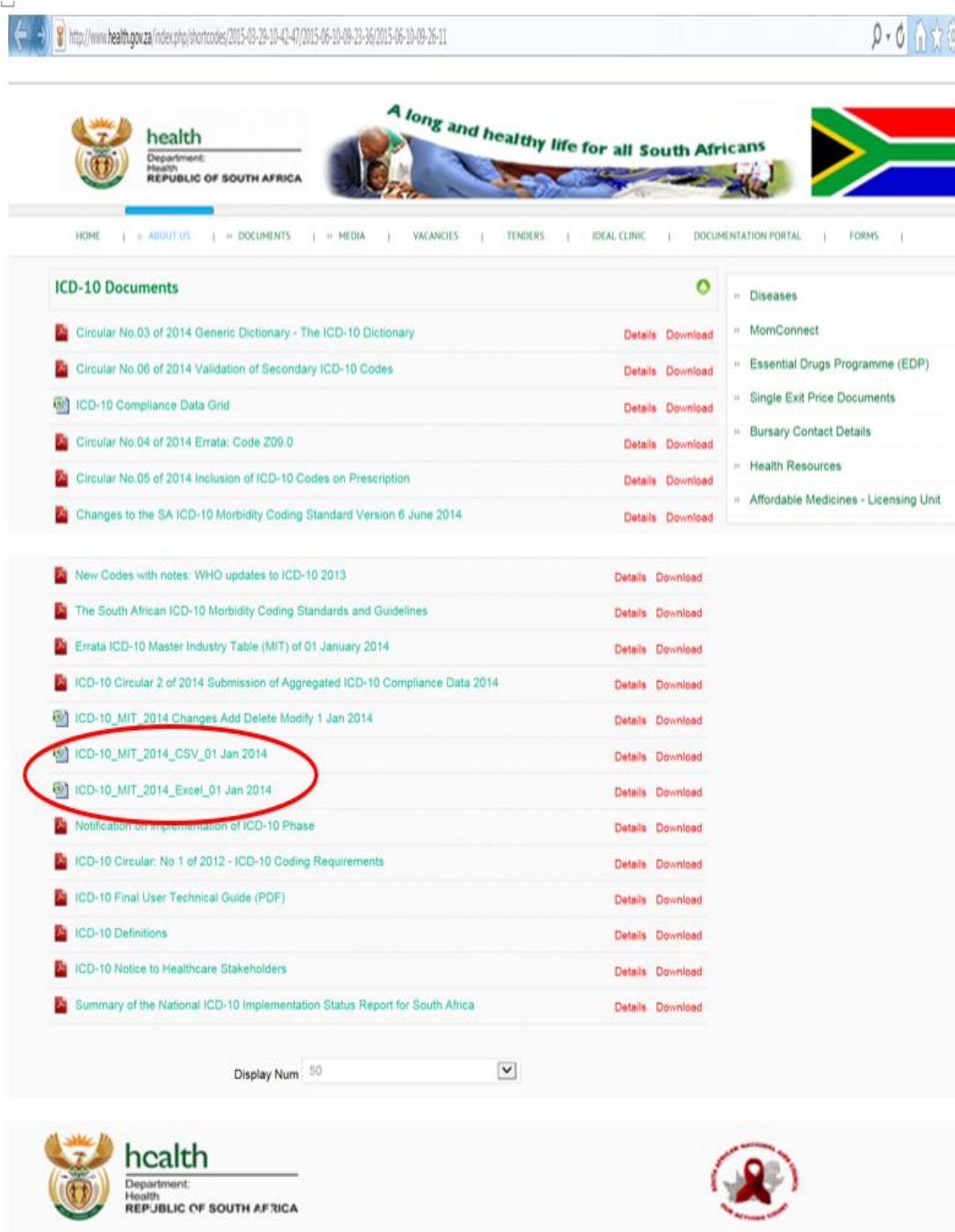
PGS0001 Version of ICD-10 used in South Africa

Caution regarding different versions of ICD-10

Please note that not all reference to ICD-10 on the internet is referring to the World Health Organisation (WHO) edition of ICD-10. In South Africa, we use the WHO 'vanilla' version of ICD-10, with a few local code additions. The SA ICD-10 Master Industry Table (MIT), Jan 2014 (containing all WHO Corrigenda updates until January 2014), is the ONLY official reference list for ICD-10 codes appropriate for use in South Africa.

The American ICD-10-CM (Clinical Modification), the new diagnostic coding system replacing ICD-9-CM in America is also referred to as ICD-10 on the internet. This is a very different set of codes, although based on ICD-10, a clinical modification has been done and some of the codes now have up to 7 characters (Format: XXX.XXXX). These are not appropriate for use in South Africa. The WHO also have a version of ICD-10 (2016) available in electronic look-up format on their website but this does not contain the South African local codes or specific rules for use of the code set in South Africa. An updated 2016 set of ICD-10 books is available from DENOSA – please note that there are some new codes in this edition which are not in the SA ICD-10 MIT January 2014.

It is thus vital to always cross-reference your ICD-10 codes to the SA MIT to ensure adherence to local industry requirements. The MIT can be freely downloaded from the website of the National Department of Health: <http://www.health.gov.za/index.php/shortcodes/2015-03-29-10-42-47/2015-06-10-09-23-36/2015-06-10-09-26-11>



http://www.health.gov.za/index.php/shortcodes/2015-03-29-10-42-47/2015-06-10-09-33-36/2015-06-10-09-26-11

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ICD-10 Documents

- Circular No.03 of 2014 Generic Dictionary - The ICD-10 Dictionary [Details](#) [Download](#)
- Circular No.06 of 2014 Validation of Secondary ICD-10 Codes [Details](#) [Download](#)
- ICD-10 Compliance Data Grid [Details](#) [Download](#)
- Circular No.04 of 2014 Errata: Code Z09.0 [Details](#) [Download](#)
- Circular No.05 of 2014 Inclusion of ICD-10 Codes on Prescription [Details](#) [Download](#)
- Changes to the SA ICD-10 Morbidity Coding Standard Version 6 June 2014 [Details](#) [Download](#)
- New Codes with notes: WHO updates to ICD-10 2013 [Details](#) [Download](#)
- The South African ICD-10 Morbidity Coding Standards and Guidelines [Details](#) [Download](#)
- Errata ICD-10 Master Industry Table (MIT) of 01 January 2014 [Details](#) [Download](#)
- ICD-10 Circular 2 of 2014 Submission of Aggregated ICD-10 Compliance Data 2014 [Details](#) [Download](#)
- ICD-10_MIT_2014 Changes Add Delete Modify 1 Jan 2014 [Details](#) [Download](#)
- ICD-10_MIT_2014_CSV_01 Jan 2014 [Details](#) [Download](#)
- ICD-10_MIT_2014_Excel_01 Jan 2014 [Details](#) [Download](#)
- Notification on implementation of ICD-10 Phase [Details](#) [Download](#)
- ICD-10 Circular: No 1 of 2012 - ICD-10 Coding Requirements [Details](#) [Download](#)
- ICD-10 Final User Technical Guide (PDF) [Details](#) [Download](#)
- ICD-10 Definitions [Details](#) [Download](#)
- ICD-10 Notice to Healthcare Stakeholders [Details](#) [Download](#)
- Summary of the National ICD-10 Implementation Status Report for South Africa [Details](#) [Download](#)

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PGS0002 ICD-10 Quick Reference Code (QRC) lists or Short lists

The use of ICD-10 Quick Reference Code (QRC) lists / short lists / “cheat-sheets” is not recommended as this compromises coding accuracy affecting health information data used for epidemiology, disease management, re-imburement e.g. prescribed minimum benefits (PMB's), etc¹

PGS0003 Gender edits for specific procedures/scenarios

Existing gender flags will not be changed to accommodate certain procedures that conflict with the patient's gender. Each organization must have the ability to override the gender edits for specific procedures/scenarios.

Refer to “7.8 List of code categories limited to, or more likely to occur in, just one sex” as per the WHO ICD-10 Instruction Manual (Volume 2), Fifth edition, 2016

7.8.1 List of categories limited to, or more likely to occur in, female persons

7.8.2 List of categories limited to, or more likely to occur in, male persons

PGS0004 Age edits for certain diagnoses

Existing age flags will not be changed to accommodate certain diagnosis/es that conflict with the patient's age. Each organization must have the ability to override the age edits for specific diagnoses.

¹ Reference: ICD-10 Implementation Review January 2004 – March 2010.

PHISC Chapter Specific Coding Standards and Guidelines

PCS01 Certain infectious and parasitic diseases (A00 – B99)

PCS02 Neoplasms (C00 – D48)

PCS03 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50 – D89)

PCS04 Endocrine, nutritional and metabolic diseases (E00 – E90)

PCS05 Mental and behavioural disorders (F00 – F99)

PCS06 Diseases of the nervous system (G00 –G99)

PCS07 Diseases of the eye and adnexa (H00 – H59)

PCS08 Diseases of the ear and mastoid process (H60 – H95)

PCS09 Diseases of the circulatory system (I00 – I99)

PCS10 Diseases of the respiratory system (J00 – J99)

PCS11 Diseases of the digestive system (K00 – K93)

PCS12 Diseases of the skin and subcutaneous tissue (L00 – L99)

PCS13 Diseases of the musculoskeletal system and connective tissue (M00 – M99)

PCS14 Diseases of the genitourinary system (N00 – N99)

PCS15 Diseases of Pregnancy, Childbirth and the Puerperium (O00 – O99)

PCS16 Certain conditions originating in the perinatal period (P00 – P96)

PCS17 Congenital malformations, deformations and chromosomal abnormalities (Q00 – Q99)

PCS18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00 – R99)

PCS19 Injury, poisoning and certain other consequences of external causes (S00 – T98)

PCS20 External causes of morbidity and mortality (V01 – Y98)

PCS21 Factors influencing health status and contact with health services (Z00 – Z99)

PCS22 Codes for special purposes (U00 – U99)

PCS01 Certain infectious and parasitic diseases (A00 – B99)

PCS0101 ICD-10 codes to be assigned for Enterococcus Faecalis

Example 1:

Patient admitted with a urinary tract infection, causative organism Enterococcus Faecalis

PDX: N39.0 Urinary tract infection, site not specified

SDX: B96.8 Other specified bacterial agents as the cause of diseases classified to other chapters

Example 2:

Patient admitted with a urinary tract infection, causative organism Enterococcus Faecalis, noted as resistant to multiple antimicrobial drugs

PDX: N39.0 Urinary tract infection, site not specified

SDX: B96.8 Other specified bacterial agents as the cause of diseases classified to other chapters

SDX: U84.7 Resistance to multiple antimicrobial drugs

PCS0102 ICD-10 codes to be assigned for invasive non-typhoidal salmonella caused by the Novel Pathogen

Assign codes as follows:

PDX: A02.8 Other specified salmonella infections

SDX: B96.8 Other specified bacterial agents as the cause of diseases classified to other chapters

PCS0103 ICD-10 code to be assigned for Sindbis virus (SINV)

Assign **A92.8 Other specified mosquito-borne viral fevers** for Sindbis virus (SINV)

PCS0104 ICD-10 code to be assigned for Extended Spectrum Betalactamase (ESBL)

Assign an ICD-10 code for the infection followed by **U82.2 Extended spectrum betalactamase (ESBL) resistance**.

PCS0105 ICD-10 code to be assigned for MERS virus

Middle East respiratory syndrome (MERS) is a viral respiratory disease caused by a novel coronavirus (MERS-CoV) that was first identified in Saudi Arabia in 2012².

Assign as follows:

Example 1:

Patient admitted with severe acute respiratory syndrome (SARS) caused by Middle East Respiratory Syndrome (MERS)

PDX: U04.9 Severe acute respiratory syndrome, unspecified

SDX: B97.2 Coronavirus as the cause of diseases classified to other chapters

Example 2:

Patient admitted with respiratory distress syndrome caused by Middle East Respiratory Syndrome (MERS)

PDX: J80 Adult respiratory distress syndrome

SDX: B97.2 Coronavirus as the cause of diseases classified to other chapters

PCS0106 ICD-10 code to be assigned for Zika virus

Based on the inputs received from members of the PHISC ICD-10 Technical work group, the following recommendations have been made for ICD-10 coding of the Zika virus:

1. For **pathology** coding of positive PCR test for the Zika virus: **U06.9 as the PDX only**
2. For all other healthcare providers and coders:
PDX: U06.9 (as per the WHO, for confirmed Zika virus) – this code is active and valid for use on our MIT (Master Industry Table)
SDX: A92.8 (Other specified mosquito-borne viral fevers) / O98.5 (Other viral diseases complicating pregnancy, childbirth and the puerperium) (these codes can be used as optional information for those that want to track the additional information when available)

In this way we adhere to the WHO coding directive for statistical tracking purposes, but still allow those that want to collect the additional information to do so in the secondary position. The work group will continue to work on firming up these guidelines for the pregnant person and the neonate who may be affected, for inclusion in the PHISC ICD-10 Coding Standards and Guidelines **Addendum** document agreed to at last week's meetings. We will also be on the lookout for any additional information released by our NDoH in this regard.

PCS0107 ICD-10 code to be assigned for Carbapenem-resistant Enterobacteriaceae (CRE) or carbapenemase-producing Enterobacteriaceae (CPE)

Assign an ICD-10 code for the infection followed by **U82.8 Resistance to other betalactam antibiotics**.

² <http://www.who.int/mediacentre/factsheets/mers-cov/en/>

PCS02 Neoplasms (C00 – D48)

PCS0201 Neoplasm Coding



DSN0201 Neoplasm Coding

Guideline

The abbreviation “Ca” will be deemed to mean “cancer” and the morphology code **M8000/3 Neoplasm, malignant, primary site** will be assigned unless preceded by a morphological description.

PHISC addition to “Ca” guideline:

Clinical Coders should make every effort to identify the detailed morphological description and the default code should only be assigned as the last resort.

PHISC change to guideline

Second sentence removed from the guideline

Z51.2 Other chemotherapy should be assigned when chemotherapy is administered for treatment of non-cancer diagnoses e.g. for the treatment of auto-immune conditions.

Histopathology report vs ICD-10 and morphology codes assigned by the treating doctor

Codes to be assigned as recorded by the Histopathologist.

Sequencing of Neoplasm, Morphology, Dagger and Asterisk Codes

Assign codes as follows

Example:

Patient for treatment of collapsed lumbar vertebra due to secondary malignant neoplasm of the bone.

PDX: C79.5 Secondary malignant neoplasm of bone and bone marrow

SDX: M8000/6 Neoplasm, malignant, metastatic site

SDX: C79.5+ Secondary malignant neoplasm of bone and bone marrow

SDX: M49.56* Collapsed vertebra in diseases classified elsewhere, lumbar region



DSN0201 Neoplasm Coding

Morphology codes

- The use of morphology codes is currently not mandatory
At the February 2014 ICD-10 National Task Team meeting, the mandatory use of morphology codes was postponed until further investigations are concluded on the most effective strategy for implementation.
- Coders are encouraged to make use of these codes
- The behaviour of the neoplasm can be changed to suit the diagnosis

If morphology codes are assigned, they must be valid on the ICD-10 Master Industry Table (MIT) as they are subject to secondary code validation and rejection.

PCS03 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50 – D89)

Coding of diagnosis if indicated as “patient is immunocompromised”

Obtain detailed information and assign an ICD-10 code based on the information available. Follow the alphabetical index.

Lead term:

Immune compromised NEC D89.9

Immunodeficiency D84.9

PCS09 Diseases of the circulatory system (I00 – I99)

PCS0901 Coding of the Circulatory System (I00 – I99)



DSN0901 Coding of the Circulatory System

Hypertension and renal disease or conditions

Rule:

For hypertension and renal disease or renal failure, only presume a link or causal relationship between the two conditions if it is clearly stated by the physician that the renal disease is due to the hypertension. Phrases such as hypertensive and due to hypertension indicate a causal relation.

Table 1³

Instruction	Tabular list entries
Revise inclusion: (January 2010)	I12 Hypertensive renal disease
	Includes: any condition in N18.-, N19, or N26 with any condition in I10 due to hypertension
	arteriosclerosis of kidney
	arteriosclerotic nephritis (chronic)(interstitial)
	hypertensive nephropathy
	nephrosclerosis
	Excludes: secondary hypertension (I15.-)
	I12.0 Hypertensive renal disease with renal failure
	Hypertensive renal failure
	I12.9 Hypertensive renal disease without renal failure
	Hypertensive renal disease NOS

Guideline for coding of hypertensive crisis

I10 Essential (primary) hypertension must be assigned as there is no other code for hypertensive crisis.

I10 includes

Hypertension

(arterial)(benign)(essential)(malignant)(primary)(systemic)

³ WHO Corrigenda, Official WHO Updates combined 1996 2015 VOLUME 1

Coding of ST-Elevation Myocardial Infarction (STEMI) and non-ST segment elevation myocardial infarction (NSTEMI)

Non-ST segment elevation myocardial infarction (NSTEMI)

Refer to the ICD-10 Alphabetical Index (volume 3), Fifth edition, 2016.

Infarct, infarction (of)

- myocardium, myocardial (acute or with a stated duration of 4 weeks or less) I21.9
- – non-ST elevation (NSTEMI) **I21.4**

Refer to the ICD-10 Tabular List (volume 1), Fifth edition, 2016.

I21.4 Acute subendocardial myocardial infarction

Myocardial infarction with non-ST elevation

ST segment elevation myocardial infarction (STEMI)

Assign a code from I21.0 – I21.3.

Assign a code from I22.0 – I22.9 for subsequent ST segment elevation myocardial infarction (STEMI) and subsequent non-ST segment elevation myocardial infarction (NSTEMI).

PCS10 Diseases of the respiratory system (J00 – J99)



DSN10 Diseases of the respiratory system (J00 – J99)

PHISC Guideline for the coding of Respiratory Distress

Neonate within 28 days

Premature newborn admitted with respiratory distress following delivery in hospital.

PDX: P22.9 Respiratory distress of newborn, unspecified

SDX: P07.3 Other preterm infants

SDX: Z38.0 Singleton, born in hospital

Premature newborn admitted with respiratory distress syndrome following delivery in hospital.

PDX: P22.0 Respiratory distress syndrome of newborn

SDX: P07.3 Other preterm infants

SDX: Z38.0 Singleton, born in hospital

Neonate readmitted after 28 days linked to perinatal period

Six week old baby re-admitted with respiratory distress.

PDX: P22.9 Respiratory distress of newborn, unspecified

Six week old baby re-admitted with respiratory distress syndrome.

PDX: P22.0 Respiratory distress syndrome of newborn

First time after 28 days

Six week old baby admitted with respiratory distress.

PDX: R06.0 Dyspnoea

Six week old baby admitted with respiratory distress syndrome.

PDX: J80 Adult respiratory distress syndrome

Two year old child admitted with respiratory distress syndrome.

PDX: J80 Adult respiratory distress syndrome

PCS11 Diseases of the digestive system (K00 – K93)



DSN11 Diseases of the digestive system (K00 – K93)

PHISC Guideline for the coding of liver failure caused by chronic viral Hepatitis C infection

Assign a code for the liver failure followed by the cause of the liver failure

Example:

Patient has liver failure caused by chronic viral Hepatitis C infection

PDX: K72.9 Hepatic failure, unspecified

SDX: B18.2 Chronic viral hepatitis C

PCS14 Diseases of the genitourinary system (N00 – N99)



DSN14 Diseases of the genitourinary system (N00 – N99)

PCS1401 Coding of acute on chronic renal failure

Assign ICD-10 codes for both acute kidney failure and chronic kidney disease or end stage renal disease if clearly documented by the medical practitioner as there is no ICD-10 code that describes an acute exacerbation of chronic kidney disease or end stage renal disease.

Example 1

Patient admitted with acute kidney failure and a urinary tract infection. Known to have chronic kidney disease.

PDX: N17.9 Acute renal failure, unspecified

SDX: N59.0 Urinary tract infection, site not specified

SDX: N18.9 Chronic kidney disease, unspecified

PCS15 Diseases of Pregnancy, Childbirth and the Puerperium (O00 – O99)



DSN1503 Labour and Delivery

PHISC Guideline: ICD-10 codes to be assigned on claims for the transporting of a patient in labour

For normal labour without complications such as haemorrhage, obstruction, preterm labour or premature rupture of membranes (PROM) etc. and where the baby is not delivered in the ambulance, assign a code from the following range of ICD-10 codes:

Z34.0 Supervision of normal first pregnancy
Z34.8 Supervision of other normal pregnancy
Z34.9 Supervision of normal pregnancy, unspecified

If the patient has a high risk pregnancy then assign a code from the following range of ICD-10 codes:

Z35.0 Supervision of pregnancy with history of infertility
Z35.1 Supervision of pregnancy with history of abortive outcome
Z35.2 Supervision of pregnancy with other poor reproductive or obstetric history
Z35.3 Supervision of pregnancy with history of insufficient antenatal care
Z35.4 Supervision of pregnancy with grand multiparity
Z35.5 Supervision of elderly primigravida
Z35.6 Supervision of very young primigravida
Z35.7 Supervision of high-risk pregnancy due to social problems
Z35.8 Supervision of other high-risk pregnancies
Z35.9 Supervision of high-risk pregnancy, unspecified

- ❖ If it is a preterm labour, or there are other complications (PROM, haemorrhage etc.) or the baby is delivered in the ambulance, then assign the appropriate ICD-10 code.

Guideline when coding obesity in pregnant patients

O99.2 Endocrine, nutritional and metabolic diseases complicating pregnancy, childbirth and the puerperium together with a code from E66.– should only be assigned if mentioned as such in the medical record. This should not be confused with 026.0 Excessive weight gain in pregnancy.



DSN0402 Obesity

Coding of HIV / AIDS and Deliveries



DSN1503 Labour and Delivery

Example 5:

A patient had an elective caesarean section for cephalo-pelvic disproportion. Outcome of delivery is a live born infant. She is HIV positive.

PDX: O33.9 Maternal care for disproportion, unspecified

SDX: O98.7 Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium

SDX: O82.0 Delivery by elective caesarean section

SDX: Z37.0 Single live birth

SDX: Z21 Asymptomatic human immunodeficiency virus [HIV] infection status

The medical condition necessitating the caesarean section must be assigned in the primary position.

PCS16 Certain conditions originating in the perinatal period (P00 – P96)

DSN1603 Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery (P00 – P04)

PHISC guideline to above standard:

Z03.8 Observation for other suspected diseases and conditions must be assigned for babies born to mothers that have an infectious disease and are kept in hospital for observation.

Example 1:

Newborn kept in hospital for observation for possible infection following delivery

PDX: Z03.8 Observation for other suspected diseases and conditions

SDX: Z38.0 Singleton, born in hospital



DSN1605 Fetal death of unspecified cause (P95)

DSN1605 Fetal death of unspecified cause (P95)

Whenever possible, fetal deaths should be classified according to the cause of death. P95 should only be used if the cause of death is unknown.

PHISC addition to above standard:

P95 should not be assigned as the outcome of delivery on the mother's record. Refer to DSN1503 Labour and Delivery.



DSN2139 Prophylactic drug administration in newborns

Assigning of codes for the administration of prophylactic drugs in newborns where no diagnosis is made.

Example 1:

Prophylactic antibiotics administered to newborn, born in hospital. No specific diagnosis made.

PDX: Z38.0 Singleton, born in hospital

SDX: Z29.2 Other prophylactic chemotherapy

PHISC guideline:

Assign codes as per example 1 if the administration of prophylactic antibiotics is:

- because the mother had a previous streptococcus infection or
- the mother is a known carrier of Streptococcus, group B.

Z83.1 Family history of other infectious and parasitic diseases must be assigned as an additional code if the mother is a known carrier of Streptococcus, group B.

The coding must be updated with the appropriate ICD-10 code/s once a definitive diagnosis has been confirmed.

PCS18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00 – R99)



DSN18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

Guidelines when using sign and symptom codes e.g. R-codes

PHISC amendment to above guideline:

Signs and/or symptoms inherent to a diagnosis should not be assigned in addition to the code assigned for the specified diagnosis unless these represent important problems in medical care in their own right and provide additional valuable clinical information for management of the patient.

Coding guideline for “cannot tolerate oral medicine”

There is no specific ICD-10 code for “cannot tolerate oral medicine”. Assign a sign and/or symptom code for each specific case where relevant.

PCS19 Injury, poisoning and certain other consequences of external causes (S00 – T98)



DSN1901 Poisoning, Overdose and Adverse Effects

Poisoning

A poisoning is identified as the:

- Wrong dosage given or taken
- Wrong medication given or taken
- Medication given or taken by the wrong person
- Intoxication (other than cumulative effect)
- Overdose
- Correct medicine taken with alcohol causing an unexpected adverse effect.
- Correct medicine taken with non prescription drug, causing an unexpected adverse effect.
- Wrong route of administration
- Therapeutic misadventure
- Toxic effect / Toxicity

PHISC addition

Therapeutic misadventure – refer to definition of misadventure (**DSN1906 Complications of Surgery and Medical care**)

Guideline

- Assign a code for each drug if multiple drugs documented.
- Assign a code for each active ingredient of a combination drug sequencing the one with the highest strength in the absence of detailed information.
- Code the manifestation in addition to the poisoning code and then the external cause code.
- A poisoning will be coded as undetermined if it is not stated as accidental or intentional although the note below “event of undetermined intent” indicates “but not poisoning” in the ICD-10 Tabular List.

PHISC amendment to point 4 of the “Poisoning Guideline”:

Event of undetermined intent (Y10 – Y34)

Note: This section covers events where available information is insufficient to enable a medical or legal authority to make a distinction between accident, self-harm and assault. It includes self-inflicted injuries, but not poisoning, when not specified whether accidental or with intent to harm (X40-X49). Follow legal rulings when available⁴.



DSN1906 Complications of Surgery and Medical Care

PHISC amendment to the definition of “Misadventure” in the SA ICD-10 Coding Standards and Guidelines document.

Misadventure

A misadventure is an instance of misfortune, a mishap, an un-intentional error in surgery or other fields of medicine.

⁴ ICD-10 Tabular List, 2010 Edition

Mishaps in hospital, even if the patient does not sustain an injury

Example 1

A 75 year old male patient was admitted for a biopsy of a lung mass. He fell while trying to sit on a chair a day after the procedure. No injury was sustained as per the clinical notes.

PDX: R91 Abnormal findings on diagnostic imaging of lung

SDX: Z04.3 Examination and observation following other accident

SDX: W07.28 Fall involving chair, school, other institution and public administrative area, while engaged in other specified activities

Example 2

A 2 year child admitted for observation following a fall at home. ? Head injury mentioned. Child stable. No bruises noted.

PDX: Z04.3 Examination and observation following other accident

SDX: W19.09 Unspecified fall, home, during unspecified activity



DSN2001 External Cause Codes – an external cause code should be assigned with Z04.–



DSN1906 Complications of Surgery and Medical Care

PHISC addition

Hospital acquired conditions and infections

Hospital acquired conditions

“A nosocomial condition is acquired or occurs while a patient is in hospital – also referred to as a ‘hospital-acquired condition’; this could be an infection or any other disease or condition for which the patient was not initially admitted but which was contracted or occurred while under medical care.”

Hospital acquired infections

An infection acquired in hospital by a patient who was admitted for a reason other than that infection. An infection occurring in a patient in a hospital or other health care facility in whom the infection was not present or incubating at the time of admission. This includes infections acquired in the hospital but appearing after discharge, and also occupational infections among staff of the facility.

Assign Y95 Nosocomial condition as per the WHO document for both nosocomial infections and conditions⁵.

Example 1:

A patient is admitted to the hospital and diagnosed with severe sepsis due to healthcare associated pneumonia. The medical doctor documented that her healthcare associated pneumonia was due to her recent hospitalization.

PDX: A41.9 Sepsis, unspecified

SDX: J18.–

SDX: R65.–

SDX: Y95 Nosocomial condition

⁵ Prevention of hospital-acquired infections, A practical guide, 2nd edition

Example 2:

A nursing student was admitted into the medical ward, with severe respiratory infection, confirmed to be streptococcal pneumonia, during the stay contracted MRSA. It was confirmed that she was nursing a patient with MRSA. There was no confirmation on discharge, that the infection was acquired while working in the medical ward.

PDX: J15.4 Pneumonia due to other streptococci

SDX: B95.6 Staphylococcus aureus as the cause of diseases classified to other chapters

SDX: U82.1 Resistance to methicillin

Example 3:

Patient admitted with UTI caused by bacterium *Klebsiella pneumonia*. The patient developed septicaemia during the stay at hospital. Patient died and it was confirmed that the septicaemia was hospital acquired.

PDX: A41.9 Sepsis, unspecified


SDX: Y95 Nosocomial condition

SDX: N39.0 Urinary tract infection, site not specified

SDX: B96.1 *Klebsiella pneumoniae* [K. pneumoniae] as the cause of diseases classified to other chapters

SDX: R99 Other ill-defined and unspecified causes of mortality

- The use of R99 is not mandatory

 **DSN1801 Coding a Death**

Example 4:

An elderly patient with documented diagnosis of intracerebral haemorrhage and a hospital acquired deep vein thrombosis (DVT) of the left leg.

PDX: I61.9 Intracerebral haemorrhage, unspecified

SDX: I80.2 Phlebitis and thrombophlebitis of other deep vessels of lower extremities

SDX: Y95 Nosocomial condition

Y95 Nosocomial condition must always be sequenced following the condition/s acquired in hospital.

Coding of subcutaneous haematomas

There is no specific code for subcutaneous haematomas.

Patient developed an adverse reaction to the warfarin. Bleeding with subcutaneous haematomas all over her body.

PDX: R58 Haemorrhage, not elsewhere classified

SDX: R23.3 Spontaneous ecchymoses

SDX: Y44.2 Adverse effects in therapeutic use, anticoagulants

PCS20 External causes of morbidity and mortality (V01 – Y98)



DSN2001 External Cause Codes

External Cause Codes not linked to Injury, poisoning and certain other consequences of external causes

As per the notes in Volume 1 (Tabular List), Chapter XX External causes of morbidity and mortality, it states:

“This chapter, which in previous revisions of ICD constituted a supplementary classification, permits the classification of environmental events and circumstances as the cause of injury, poisoning and other adverse effects.

Most often, the condition will be classifiable to chapter XIX Injury, poisoning and certain other consequences of external causes (S00-T98).

Other conditions that may be stated to be due to external causes are classified in chapters I to XVIII. For these conditions, codes from Chapter XX should be used to provide additional information for multiple-condition analysis only⁶.”

There are instructions to provide an ECC for non-injury codes in the volume 1 (tabular list)
Examples below:

H26.1 Traumatic cataract

Use additional external cause code (Chapter XX), if desired, to identify cause.

H26.2 Complicated cataract

Cataract in chronic iridocyclitis

Cataract secondary to ocular disorders

Glaucomatous flecks (subcapsular)

H26.3 Drug-induced cataract

Use additional external cause code (Chapter XX), if desired, to identify drug.

⁶ ICD-10 Tabular List, 2010 Edition

PCS21 Factors influencing health status and contact with health services (Z00 – Z99)



DSN2136 Surgery not performed

Surgery not performed

Ensure that the ICD-10 diagnosis code(s) assigned as per DSN 2136 Surgery not performed align with the CCSA code(s) and modifier(s) assigned.



DSN2130 Post Exposure Prophylaxis (PEP)

Coding of PEP for mucosal splashing

Example 5:

A health care worker prescribed PEP following exposure to bodily fluids of an HIV positive patient while working for an income at the hospital. She sustained a splash to mucosal membranes.

PDX: Z20.6 Contact with and exposure to human immunodeficiency virus [HIV]

SDX: Z57.8 Occupational exposure to other risk-factors

SDX: X58.22 Exposure to other specified factors, school, other institution and public administrative area, while working for income

SDX: Z29.8 Other specified prophylactic measures

Example 6:

A health care worker received post exposure management following exposure to bodily fluids of a patient with infectious hepatitis B while working for an income at the hospital. She sustained a splash to mucosal membranes.

PDX: Z20.5 Contact with and exposure to viral hepatitis

SDX: Z57.8 Occupational exposure to other risk-factors

SDX: X58.22 Exposure to other specified factors, school, other institution and public administrative area, while working for income

SDX: Z29.8 Other specified prophylactic measures

Coding guideline for Prophylaxis

Assign codes for prophylaxis as per existing ICD-10 Morbidity Coding Standards and Guidelines document and Z-codes for immunization and vaccination from chapter XXI where appropriate.

Definitions, Acronyms and Abbreviations

Abbreviation	Term / Definition
PHISC	Private Healthcare Information Standards Committee
NDoH	National Department of Health
ICD-10	International Statistical Classification of Diseases and Related Health problems, 10 th Revision
MIT	Master Industry Table