



Reference: ICD-10 Compliance Statistics  
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### **Circular 1 of 2016: Submission of ICD-10 compliance data**

The healthcare industry is in the third and fourth phase of the ICD-10 implementation plan. Please refer to the *Notification on implementation of ICD-10 Phase 3 and 4.1* and *South African ICD-10 Technical User Guide* documents on the National Department of Health's website at <http://www.health.gov.za/icddoc.php> for details on the requirements of phase 3 and 4.1.

The Ministerial ICD-10 Task Team continues to monitor the ICD-10 implementation process across all healthcare stakeholder groups in the health information value chain. The monitoring process is intended to ensure that the implementation process is in line with legislation and the recommendations of the ICD-10 Task Team.

The ultimate purpose is to ensure that all schemes are complying at least with the minimum ICD-10 rejection requirements.

*Please note that the submission of the aggregated data is mandatory. Your attention is drawn to the provisions of Section 66(3) of the Medical Scheme Act 131 of 1998, in terms of which any medical scheme which fails to furnish the Registrar with the prescribed documentation shall be liable to pay a penalty of R1 000 (one thousand Rand) for every day for which the failure continues. Penalties will be imposed on all schemes who fail to meet the deadlines.*

The dates of submission of compliance data to the Council for Medical Schemes (CMS) is as follows:

- January - December 2015 data 15 February 2016

Appendix A to this circular provides the new technical specification for the data submission. The data must be submitted as per the compliance data grid that is published on the CMS website.

[http://www.medicalschemes.com/files/ICD10%20Codings/CmplncSttstcsGrdVrsn2\\_20150107.xls](http://www.medicalschemes.com/files/ICD10%20Codings/CmplncSttstcsGrdVrsn2_20150107.xls)

Please ensure that all data submissions are sent to [icd10data@medicalschemes.com](mailto:icd10data@medicalschemes.com).



**Dr. Anton De Villiers**  
**General Manager: Research and Monitoring**  
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## APPENDIX A: Technical specification for the submission of ICD-10 compliance data for January – December 2015

### 1. File specification

#### File format

Data will be presented in an **MS Excel format**.

#### File name

The file name will always be “administrator\_yyyymm.exe”, where “administrator” contains the name of the medical scheme administrator (where schemes are self-administered, the scheme name should be used), “yyyy” contains the year, and “mm” contains the month number of the current month of submission.

Example: XYZhealth\_201506.exe will be from administrator XYZhealth and include data from January to December 2015.

#### File contents

The file will be created with data (at the discipline level) from 01 January 2015 to the 31 December 2015. The data must not be aggregated for the 12 months but must be presented for each month separately.

Examples:

- File xyzhealth\_201512.exe will include data from 2015/01/01 up to and including 2015/12/31 (31 December 2015).

The following data descriptions should be used as entry criteria for the population of the grids:

- Counts of line items must represent the actual number of PROCESSED claim line items (this means all lines that was handled in the system regardless whether it was paid or not). Hospital claims does not form part of the current submissions
- Date of claim – the date of the service of the claim must be used
- Line items – each item on a claim represent a different claim line
- Reversals – if a claim is reversed in the same month/period it should be removed from the grid. If the reversal is in a different period it should be reported separately and not as part of the current grid. The number of reversals can be reported on a separate sheet.
- Duplicate claims – if duplicate claims are rejected up front it must not be included in the grid. Only data for claim line items that are valid for payment must be included.
- Column A to H is not discipline specific thus the numbers in these will be the same for all disciplines
- Line items rejected – only reason R101 to R111 is valid for rejection of claim line items. Internal reason codes must therefore be mapped to these reason codes.
- R111 was added to count the number of external cause codes that was omitted completely.
- Columns marked ICD 1 / ICD 2 / ICD 3 / ICD 4 / ICD 5 represent the top 5 ICD-10 codes that was reported in the reporting period. This field must state the top 5 codes per discipline and include valid and invalid codes
- Columns marked Morphology / W103 was added to count the number of warning messages in each field. The morphology codes requirement together with ICD-10 codes: C00.- to D48.- have been postponed for now. If a valid morphology code is included on the claim (even if it is the default code) the line item should not be reported in this field. This field should only be populated if warning messages are sent out where no morphology code appears of the account or a code that does not exist on the ICD-10 MIT is included on the account...

## 2. Data specification

### Field names and descriptions

The following explain the data that must be included in each column. Please note that there is no limit on the number of lines – each line will represent a different discipline.

FIELD SEQ	FIELD NAME	REPRESENTATION	DESCRIPTION
Column A	Scheme Reference Number	NUMERIC	CMS medical scheme reference number
Column B	Scheme name	TEXT	Name of the medical scheme represented in grid
Column C	Number of beneficiaries	NUMERIC	Total number of beneficiaries registered on scheme (all options)
Column D	Average age of beneficiaries	NUMERIC	Average age of all beneficiaries
Column E	Number of options	NUMERIC	Number of registered options for scheme
Column F	Administrator name	TEXT	Name of administrator. If self-administered repeat scheme name
Column G	Year	NUMERIC	Year that is represented by the data
Column H	Month	TEXT  (Representation is TEXT to retain leading zeros)	Number of month that is represented by the data (01, 02, ..., 12)
Column I	Discipline code	TEXT ( format: ###)  (Representation is TEXT to retain leading zeros)	PCNS Discipline Code (3 digit code) as published by the Board of Healthcare Funders. This exclude hospitals.
Column J	Discipline Code Description	TEXT	Description of the Discipline Code as published by the Board of Healthcare Funders. This exclude hospitals.
Column K	Line items received	NUMERIC	Count of total claim lines received (all claim lines for all options on the scheme for the <b>specific discipline</b> )
Column L	Line items: Complete and valid	NUMERIC	Count of claims lines received with valid & complete ICD-10 codes. (discipline specific)
Column M	Compliance percentage	NUMERIC	Percentage of complaint line items (% difference between column K and L)

Column N	Line items Rejected (e.g. Incomplete, Missing or Invalid ICD-10 codes)*	NUMERIC	*Any rejection reason related to ICD-10 coding i.e. R101 – R111 (Total number of rejected lines) (Column L + N must calculate to the same number as reported in Column K)
Column O	Non-compliance percentage	NUMERIC	Percentage of non-complaint line items (% difference between column K and N)
Column P	R101 – Primary ICD-10 code invalid	NUMERIC	Count of claim lines rejected because ICD-10 code does not exist on MIT or falls outside of the MIT current active date range (indicated in Column U & V of MIT)
Column Q	R102 Primary ICD-10 code invalid in the primary position	NUMERIC	Count of claim lines rejected because primary ICD-10 code is invalid in the primary position  As per the indicator on the MIT – valid as primary code (MIT Column K - Valid_ICD10_Primary)
Column R	R103 Primary ICD-10 code incomplete	NUMERIC	Count of claim lines rejected because primary ICD-10 code is is not supplied up to the maximum level of specificity applicable: 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> character not provided – additional important information  (MIT Column J - Valid_ICD10_ClinicalUse)
Column S	R104 - ICD 10 code omitted	NUMERIC	No ICD-10 code on claim
Column T	R105 - Secondary ICD-10 code invalid (code does not exist on MIT or are not within current date range )	NUMERIC	Count of claim lines rejected because secondary ICD-10 code does not exist on MIT or falls outside of the MIT current active date range (indicated in Column U & V of MIT)
Column U	R106 - Secondary ICD-10 code incomplete (not to maximum level of specificity)	NUMERIC	Count of claim lines rejected because secondary ICD-10 code is not supplied up to the maximum level of specificity applicable: 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> character not provided – additional important information  (MIT Column J - Valid_ICD10_ClinicalUse)
Column V	R107 - dagger code omitted (supplier should amend future accounts)	NUMERIC	<ul style="list-style-type: none"> <li>• Number of claim lines that had an asterisk code but the dagger code is omitted (only if information is available and not compulsory)</li> <li>• Dagger code indicated on MIT together with asterisk listed on MIT (Column M of MIT)</li> </ul>
Column W	R108a – age code incorrect	NUMERIC	Count of claim lines rejected because the code is not applicable to the age of the patient [rejection only by utilization of Column O of the MIT is allowed]

Column X	R108b – gender code incorrect	NUMERIC	Count of claim lines rejected because the code is not applicable to the gender of the patient [rejection only by utilization of Column P of the MIT is allowed]
Column Y	R109 – ICD-10 code not applicable to procedure (PMBs and contracts) – applicable on the entire string of codes	NUMERIC	Count of claim lines rejected because the diagnoses are not applicable for procedure performed – only applicable if data is captured
Column Z	R110 - cannot read the ICD-10 provided	NUMERIC	Count of claim lines rejected because the ICD-10 provided is not readable/legible
Column AA	R111 – ICD-10 external cause code omitted	NUMERIC	Count of claim lines where the external cause code (ECC) has been omitted from following an S/T code somewhere in the secondary string
Column AB	U98.0	NUMERIC	Count of claim lines with U98.0 ICD-10 code in primary position
Column AC	U98.1	NUMERIC	Count of claim lines with U98.1 ICD-10 code in primary position
Column AD	Z01.6	NUMERIC	Count of claim lines with Z01.6 ICD-10 code in primary position
Column AE	Z01.7	NUMERIC	Count of claim lines with Z01.7 ICD-10 code in primary position
Column AF	Z76.8	NUMERIC	Count of claim lines with Z76.8 ICD-10 code in primary position
Column AG	Z76.9	NUMERIC	Count of claim lines with Z76.9 ICD-10 code in primary position
Column AH	Top 1 Primary Codes per discipline Valid and/or Invalid	NUMERIC	1 <sup>st</sup> Top Primary Codes per discipline (Valid and Invalid)
Column AI	Top 2 Primary Codes per discipline Valid and/or Invalid	NUMERIC	2 <sup>nd</sup> Top Primary Codes per discipline (Valid and Invalid)
Column AJ	Top 3 Primary Codes per discipline Valid and / or Invalid	NUMERIC	3 <sup>rd</sup> Top Primary Codes per discipline (Valid and Invalid)
Column AK	Top 4 Primary Codes per discipline Valid and / or Invalid	NUMERIC	4 <sup>th</sup> Top Primary Codes per discipline (Valid and Invalid)
Column AL	Top 5 Primary Codes per discipline Valid and / or Invalid	NUMERIC	5 <sup>th</sup> Top Primary Codes per discipline (Valid and Invalid)
Column AM	W101 - age (only for pediatricians)	NUMERIC	Number of warning messages to advise that age of the child is not within parameters for the specific ICD-10 code

			as per Column O of the MIT (applies to warning sent to pediatricians only)
Column AN	W102 Gender (only for pediatricians)	NUMERIC	Number of warning messages to advise that ICD-10 code cannot be used for the specific gender as per Column P of the MIT (applies to warning sent to pediatricians only)
Column AO	W103 Morphology	NUMERIC	Number of warning messages to advise that no morphology code was supplied in addition to codes in the C00-D48 neoplasm range
Column AP	W104 Clinical validation for non-PMB and non-contracts	NUMERIC	Number of warning messages to advise that ICD-10 code and procedure code does not correlate with each other (this is applicable to all non-PMB claims or where no contract is in place)

### 3. File submission specification

#### E-mail address

Data files must be submitted to the Council for Medical Schemes via e-mail. All ICD-10 compliance data must be sent to [icd10data@medicalschemes.com](mailto:icd10data@medicalschemes.com).

This e-mail address may not be used for any ICD-10 or CMS-related correspondence. Only data submissions will be accepted on this e-mail address.

### 4. Ministerial ICD-10 Task Team Publications

The documents and publications of the former Ministerial ICD-10 Task Team is available on the National Department of Health website. The documents and publications are hosted under **About Us, Programmes, NHIS and Health Information**

The link below will take you to the list of documents:

<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>