



COUNCIL FOR MEDICAL SCHEMES

Private Bag X34, HATFIELD, 0028
Hadefields Block E, 1267 Pretorius Street, HATFIELD

t: +27 (0)12 431-0500
f: +27 (0)12 430-7644

<http://www.medicalschemes.com>

Medical schemes
Administrators
Other stakeholders

t: +27 (0)12 431-0407
f: +27 (0)12 430-7644
Enquiries: Michael Willie
26 November 2008

Circular 37 of 2008

Submission of aggregated ICD-10 compliance data 2009

Background

The industry is in the third phase of the implementation plan, this requires **all** healthcare providers to submit ICD-10 codes on **each line item** of a claim.

The National Task Team on ICD-10 Implementation continues to monitor the ICD-10 implementation process across all 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 task team. The ultimate purpose is also to ensure that all schemes are complying at least with the minimum ICD-10 rejection requirements.

In terms of Circular 47 of 2006, schemes were required to submit high-level compliance data according to a predetermined specification. A review of this process revealed the following:

- some schemes were still not submitting their compliance data, for various reasons;
- data was not being submitted according to the predetermined specification; and
- data files did not contain all the relevant indicators to monitor the implementation process.

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 Schemes Act 131 of 1998, in terms of which any medical scheme which fails to furnish the Registrar with 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.

Chairperson: Prof. William Pick Vice-Chairperson: Dr Saadiq Kariem Chief Executive & Registrar: Patrick Masobe

A STATUTORY BODY ESTABLISHED IN TERMS OF THE MEDICAL SCHEMES ACT, 1998 (ACT 131 OF 1998)

Specification for the submission of aggregated ICD-10 data, 2009

In order to address the above-mentioned issues, the previous specification (see Circular 47 of 2006) has been modified (see Appendix 1):

- to reflect the current status of the implementation plan and to monitor the use of certain codes, additional fields were introduced;
- to ensure smaller file sizes, and also to reduce the administrative burden on medical schemes and their administrators; and
- to reduce the frequency of reporting and submission deadlines.

The deadlines for 2009 submissions are as follows:

- January-31 March 2009 **deadline is 15 April 2009**
- January-30 June 2009 **deadline is 17 July 2009**
- January-30 September 2009 **deadline is 16 October 2009**
- January-31 December 2009 **deadline is 15 January 2010**

Adherence to the attached specification and deadlines is crucial to the process of collecting, collating and analysing the compliance data effectively and timely. Detailed industry reports based on the data submitted will be sent to all medical schemes on a regular basis.

Should you require any further clarification on this matter, please do not hesitate to contact Mr Michael Willie (m.willie@medicalschemes.com).

Your cooperation will be highly appreciated.

Yours sincerely



MM Willie
Researcher: Research and Monitoring
Council for Medical Schemes

APPENDIX 1: Technical specification for the submission of ICD-10 compliance data for 2009

1. File specification

File format

Data will be presented in common ASCII format. Fields will be separated by the pipe character (|), and records terminated by Carriage Return_Linefeed combination. The first row of the file will contain field names as tabled below, separated by the pipe character (|).

File name

The file name will always be "administrator_yyyymm.txt", 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_200903.txt will be from administrator XYZhealth and include data from January to March 2009.

File contents

The file will be created with aggregate data (at the discipline level) from 2009/01/01 to the end of the current month of submission.

Examples: File xyzhealth_200906.txt will include data from 2009/01/01 up to and including 2009/06/30 (30 June). File xyzhealth_200912.txt will include data from 2009/01/01 up to and including 2009/12/31 (31 December).

2. Data specification

Field names and descriptions

FIELD SEQ	FIELD NAME	TYPE	SIZE	REPRESENTATION	DESCRIPTION
1	Scheme_ref_no	N	4	TEXT	CMS - Medical scheme reference number
2	Scheme_name	TEXT	10	TEXT	Provide the first 10 letters of the scheme name, with no spaces between words.
3	Year	N	4	NUMERIC	Year in which service was provided
4	Month_No	N	2	TEXT (Representation is TEXT to retain leading zeros)	Month number in which date of service falls (Range: 01 to 12). (SEE NOTE 2)
5	Discipline _code	N	3	TEXT (format: ###) (Represenation is TEXT to retain leading zeros)	PCNS Discipline Code (3 digit code). AS published by the Board of Healthcare Funders.
6	Discipline_code_description	TEXT	10	TEXT	Decritption of the Discipline Code. AS published by the Board of Healthcare Funders.
7	Claim_Lines	N (Integer)	See Note 1	NUMERIC	Count of total claim lines received
8	Claim_Lines_Valid_Complt	N (Integer)	See Note 1	NUMERIC	Count of claims lines received with valid & complete codes.
9	Claim_Lines_Rejected	N (Integer)	See Note 1	NUMERIC	Count of claim lines rejected, (See Note 3)
10	R101	N (Integer)	See Table 1 & Note 4	NUMERIC	Count of claim lines rejected with R101
11	R102	N (Integer)	See Table 1 & Note 4	NUMERIC	Count of claim lines rejected with R102
12	R103	N (Integer)	See Table 1 & Note 4	NUMERIC	Count of claim lines rejected with R103
13	R104	N (Integer)	See Table 1 & Note 4	NUMERIC	Count of claim lines rejected with R104
14	R105	N (Integer)	See Table 1 & Note 4	NUMERIC	Count of claim lines rejected with R105
15	R106	N (Integer)	See Table 1 & Note 4	NUMERIC	Count of claim lines rejected with R106
16	R107	N (Integer)	See Table 1 & Note 4	NUMERIC	Count of claim lines rejected with R107
17	R108	N (Integer)	See Table 1 & Note 4	NUMERIC	Count of claim lines rejected with R108
18	U98.0	N (Integer)	See Note 1	NUMERIC	Count of claim lines with U98.0 ICD-10 code
19	U98.1	N (Integer)	See Note 1	NUMERIC	Count of claim lines with U98.1 ICD-10 code
20	Z01.6	N (Integer)	See Note 1	NUMERIC	Count of claim lines with Z01.6 ICD-10 code
21	Z01.7	N (Integer)	See Note 1	NUMERIC	Count of claim lines with Z01.7 ICD-10 code
22	Z76.8	N (Integer)	See Note 1	NUMERIC	Count of claim lines with Z76.8 ICD-10 code
23	Z76.9	N (Integer)	See Note 1	NUMERIC	Count of claim lines with Z76.9 ICD-10 code

Chairperson: Prof. William Pick Vice-Chairperson: Dr Saadiq Kariem Chief Executive & Registrar: Patrick Masobe

A STATUTORY BODY ESTABLISHED IN TERMS OF THE MEDICAL SCHEMES ACT, 1998 (ACT 131 OF 1998)

Table 1: List of minimum rejection codes

INFORMATION MESSAGE	CONDITIONS
R101	
ICD CODE INVALID: PROVIDER TO SUPPLY CORRECT CODE	ICD-10 does not exist on MIT
R102	
ICD CODE NON-SPECIFIC/INCOMPLETE:	The ICD-10 does is not supplied up to the maximum of specificity: <ul style="list-style-type: none"> - applicable , 3rd, 4th, 5th character not provided – additional important information
R103	
PRIMARY ICD10 CODE OMITTED/INVALID/NOT IN 1ST POSISION	The primary (first)code provided does not qualify in terms of the MIT as valid in the primary position) for e.g: <ul style="list-style-type: none"> - External Cause code provided - Morphology code provided
R104	
DAGGER/* CODE OMITTED: SUPPLIER SHOULD AMMEND FUTURE ACC	Combination coding to be provided – and/or the secondary code (SDX) and/or primary code (PDX) is provided: <ul style="list-style-type: none"> - Only Asterisk code is provided - Only Dagger code is provided
R105	
ICD10 CODE NOT APPLICABLE FOR AGE/SEX:DR SHOULD AMMEND FUTURE ACC	ICD10 indicated age and/or sex
R106	
ICD10 CODE OMITTED:SUPPLIER SHOULD AMMEND FUTURE ACC	No ICD10 is reported/provided per item on line level
R107	
ICD10 CODE NOT APPLICABLE:PROVIDER SUPPLIER SHOULD AMMEND FUTURE ACC	Diagnoses not applicable for procedure performed
R108	
CANNOT READ THE ICD 10 PROVIDED	The ICD 10 provided is not readable

NOTE 1

For the purposes of this specification, Integer will be interpreted as a whole number ranging from -231 (-2,147,483,648) through 231 - 1 (2,147,483,647).

NOTE 2

For the purposes of this specification, month will be interpreted as starting on the 1st and ending on the last day of that particular month.

NOTE 3

For the purposes of this specification.

Ensure that $\text{claim_lines} = \text{claim_lines_valid_complt} + \text{claim_lines_rejected}$

NOTE 4

For the purposes of this specification.

Ensure that $\text{claim_lines_rejected} > \text{R101}, \text{R102}, \text{R103}, \text{R104}, \text{R105}, \text{R106}, \text{R107}, \text{R108}$

Ensure that $\text{claim_lines_rejected} = \text{R101} + \text{R102} + \text{R103} + \text{R104} + \text{R105} + \text{R106} + \text{R107} + \text{R108}$

Example of a submission line with a header line from "ABC Medical Scheme"

```
Scheme_ref_no|Scheme_name|Year|Month_No|Discipline_code|Discipline_code_description|
Claim_Lines|Claim_Lines_Valid_Complt|Claim_Lines_Rejected|R101|R102|R103|R104|R105|R106|
R107|R108|R109|R110|U98.0|U98.1|Z01.6|Z01.7|Z76.8|Z76.9
1234|abcmedicscheme|2009|02|010|Anaesthetists|789|701|88|5|0|11|16|3|2|8|
7|6|11|22|2|0|0|22|22
```

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.

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.

For more information, please contact Mr Michael Willie at m.willie@medicalschemes.com or at 012 431-0407.