



**Medical schemes
Administrators
Other stakeholders**

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Validity of Unspecified, Other specified, Sign & symptom, and Default ICD–10 codes

1. Background

"Unspecified", "Other specified", "Sign & symptom" and "Default" codes can be used where no additional information is available to the healthcare service provider in order to determine more specific codes, both in the hospital and out-of-hospital environments.

This Circular aims to address the use and validity of "Unspecified", "Other specified", "Sign & symptom" and "Default" codes.

Please note that this Circular was updated in June 2009 and is to replace the original Circular 33 of 2006 published on 25 July 2006.

2. Definitions

"Unspecified" codes are codes which usually end with a ".9" as the fourth character. They are used when there is no additional information available to further classify the three-character category title.

"Other specified" codes, which usually end with an ".8" as the fourth character, are used for conditions that cannot be classified anywhere else under the relevant three-character category title. The information is specified but not listed in the three-character category group.

"Sign & symptom" codes are codes that usually begin with the letter "R" and are used if no definite diagnosis has been established at the end of the episode of healthcare.

"Default" codes are codes that begin with the letter "U" or "Z" and are used in instances where there is no specific code allocated for a particular condition or situation. The use of these default codes is as per the recommended national standards specifically for South Africa.

3. Validity and specificity of ICD-10 codes

For an ICD-10 (International Classification of Diseases 10th revision) code to be considered valid, it must be reflected at the highest level of specificity as determined by the coding rules of the World Health Organization (WHO) and the South African ICD-10 Coding Standards. While most ICD-10 codes are valid up to four and even five characters, there are codes that are valid up to three characters only.

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These codes cannot be rejected by medical schemes. Please note that the dot (.) used in the ICD-10 codes preceding the fourth character is not regarded as a character. However, it must be reflected as a part of the ICD-10 code.

Most codes from the following chapters of Volume 1 (Tabular List) of the WHO ICD-10 books require coding up to five characters*:

Chapter	Contents	Use fifth character
Chapter XIII	Diseases of the musculoskeletal system and connective tissue (M00 – M99)	Subdivisions by anatomical site
Chapter XIX	Injury, poisoning and certain other consequences of external causes (S00 – T98)	Subdivisions to indicate open and closed fractures as well as intracranial, intra-thoracic and intra-abdominal injuries with or without an open wound
Chapter XX	External causes of morbidity and mortality (V01 – Y98)	Subdivisions to indicate the place of occurrence of the external cause and the activity of the injured person at the time of the event
U codes unique to South Africa	U50 Drug resistant tuberculosis	Subdivisions to indicate the type of drug for which the patient is resistant

* Not all codes from chapters XIII, XIX and XX require coding up to a fifth character level. Some codes are valid at a three or four character level in these chapters. Follow the WHO coding rules and the South African ICD-10 Coding Standards for these chapters in order to code correctly.

4. Using "Other specified" (.8) or "Unspecified" (.9) codes

The fourth character ".8" of an ICD-10 code is generally used for "other conditions" belonging to the three-character category. These "other conditions" cannot be classified anywhere else in the ICD-10 classification; they are therefore coded with a fourth character ".8". (Refer also to the definition under point 2.) The information is specified but not listed in the three-character category group.

ICD-10 codes with the fourth character ".9" are mostly used to convey the same meaning as the three-character category title, without adding any additional information. The South African Coding Standard is to code all ICD-10 codes to their full specificity; therefore, although the fourth character ".9" is not adding any additional information to the meaning of the three-character category title, it is used to ensure that these codes are reflected to their full specificity. (Refer also to the definition under point 2.)

5. Using "Sign & symptom" codes (the "R" codes)

"Sign & symptom" codes that begin with the letter "R" are used if no definite diagnosis has been established at the end of an episode of healthcare or if a patient is treated symptomatically at a primary healthcare level (also in a hospital setup). The information that permits the greatest degree of specificity and knowledge about the condition that necessitated care or investigation should be recorded. This should be done by stating a symptom, abnormal finding or problem, rather than qualifying a diagnosis as "possible", "questionable" or "suspected", when it has been considered but not established. (Refer also to the definition under point 2.)

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Guidelines when using R codes

Please refer to the South African ICD-10 Coding Standards for guidelines when using R codes. The Coding Standards document is available on the website of the Council for Medical Schemes (www.medicalschemes.com) – please ensure that you always use the latest version of the above mentioned document.

6. Using “Default” codes

The “Default” codes agreed upon by the ICD-10 Technical Subcommittee of the ICD-10 National Implementation Task Team are used in instances where there is no specific allocated code for that condition or situation. As is outlined below, these default codes are for use by certain specialty groups. The conditions for which they can be used are also described. (Refer also to the definition under point 2.)

Default code where no abnormality is detected

Clinical support providers sometimes perform investigations where no diagnosis is made or confirmed (no abnormalities detected). This includes an instance where a person presents symptoms or evidence of an abnormal condition which requires study, but after examination and observation, shows no need for further treatment or medical care. The following code is recommended for use in such instances:

“Z03.9: Observation for suspected disease or condition, unspecified”.

Default code when information regarding the External Cause Code (ECC) for an injury is not available

“Y34.99: Unspecified event, undetermined intent, unspecified place, during unspecified activity”. This External Cause Code is intended for use by providers when no additional causative information is available regarding an injury.

Default codes to be used by pharmacists

When a prescription does not include an ICD-10 code, the appropriate ICD-10 code is:

“Z76.9: Person encountering health services in unspecified circumstances”.

Default codes to be used by dental technicians

Dental technicians are non-diagnosing practices and are therefore unable to determine which ICD-10 diagnostic code(s) to use. They should therefore use one of the following default codes on each line on their accounts, as appropriate:

“Z46.3: Fitting and adjustment of dental prosthetic device” or

“Z46.4: Fitting and adjustment of orthodontic device”.

Default code to be used by pathologists

If a request form for laboratory tests is received which does not include referral ICD-10 code/s, the appropriate ICD-10 code is: “Z76.9: Person encountering health services in unspecified circumstances”. This default code is only for use for omitted referral ICD-10 codes, and not for individual tests. See section 7 below.



7. Coding for routine examinations

Routine dental examination

Routine examinations are often carried out by dentists where no diagnosis is made. The appropriate code to use for a routine dental examination in which no diagnosis is made and/or no treatment is rendered is "Z01.2: Dental examination".

Routine examinations by radiologists

Routine examinations are often carried out by radiologists on the request of the referring healthcare provider. The code recommended for use in such examinations (e.g. chest X-rays or a mammogram) when no abnormality has been detected, is "Z01.6: Radiological examination, not elsewhere classified".

Routine examinations by pathologists

Routine examinations are often carried out by pathologists on the request of the referring healthcare provider. The code recommended for use for such an examination is "Z01.7: Laboratory examination".

Routine examination of eyes and vision

When a routine examination of eyes and vision is performed by optometrists or ophthalmologists, the code to use is "Z01.0: Examination of eyes and vision".

Routine examination of newborn baby (up to 28 days old)

When a newborn baby is routinely examined, use the following code: "Z00.1: Routine child health examination".

8. Coding for non-disclosure of clinical information

The following are used for non-disclosure of clinical information:

"U98.0: Patient refusal to disclose clinical information" and/or

"U98.1: Service provider refusal to disclose clinical information".

9. Other specific standards set by the ICD-10 Task Team

Please use the South African ICD-10 Coding Standards which have been developed to assist the clinical coder with other specific standards as set by the ICD-10 Task Team, for example:

For telephonic prescriptions the appropriate ICD-10 code is:

"Z76.8: Persons encountering health services in other specified circumstances".

For pharmacy advised treatment (PAT) or claimable over-the-counter medicine (OTCM), sign and symptom codes (R codes) should be used if specific information is unavailable. If no diagnostic information is available, the appropriate code to use is:

"Z76.8: Persons encountering health services in other specified circumstances".



10. Conclusion and recommendation

These codes ("Other specified", "Unspecified", "Sign & symptom" and "Default") are part of the full WHO list of ICD-10 codes and are reflected in the South African electronic BHF/DXS ICD-10 master industry table. These codes are valid and cannot be rejected by medical schemes.

Should you require any further information, please do not hesitate to contact the Council for Medical Schemes at support@medicalschemes.com.

Your co-operation will be greatly appreciated.

Sincerely,

Michael Willie
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