



## CIRCULAR

Reference : PMB Coded List 2013  
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### Circular 34 of 2013: Prescribed Minimum Benefits Coded List 2013

The publication of the updated International Classification of Diseases – 10th Revision (ICD-10) Master Industry Table (MIT) necessitated that the Council for Medical Schemes (CMS) review the Prescribed Minimum Benefits (PMBs) ICD-10 Coded List that was first published on the CMS website in 2008.

The CMS had invited all stakeholders to comment on the 2013 PMBs ICD-10 Coded List and would like to thank all parties who provided input and comments.

Please note the following important facts:

1. ICD-10 codes alone are seldom adequate to correctly define PMB conditions since the PMB Regulations in the Medical Schemes Act 131 of 1998 define PMBs as a diagnosis with a specified severity in relation to a specified treatment. The presence of an ICD-10 code which appears on the Coded List is therefore not always sufficient to confirm PMBs, and medical schemes may require additional clinical information to verify the existence of a PMB condition.
2. The PMB ICD-10 Coded List is not legislation; it is merely a basic guideline to identify possible PMB conditions. It should not be used as the final legal interpretation of PMB conditions.
3. In the event of conflict between the interpretation of ICD-10 codes and the definition of conditions set out in Annexure A to the Regulations, the definition of conditions contained in the Regulations will prevail.
4. The ICD-10 codes in this guideline may be associated with the cause of the condition, or may describe a functional state. The inclusion of the code here does not imply that the condition automatically qualifies for PMBs. These codes only serve to assist in the identification of possible PMB conditions. To qualify as a PMB condition, the condition must fully meet the criteria in the PMB descriptor.

The CMS would like to say the following in response to the comments received:

1. ICD-10 coding rules must be followed and complied with at all times. The PMB ICD-10 Coded List does not imply that these codes must always be used in the primary position.
2. PMBs are diagnosis-specific, and treatment modalities do not necessarily determine the inclusion of a condition in the Coded List.
3. The PMB ICD-10 Coded List includes codes which should be used to verify whether a condition qualifies for PMB cover if entry and other qualifying criteria (as in the explanatory notes and algorithms) are met. These codes were included to make the Coded List as comprehensive as possible and to assist medical schemes in cases which may need further clarification, e.g. metastatic cancer.
4. The update of the Coded List did not address any updates or changes in the PMB Regulations which were published in 2000. Only the ICD-10 codes for each category were reviewed in light of the new ICD-10 Master Industry Table that was published. All diagnosis, treatment, and care as specified in the PMB Regulations remains the same.
5. All suggested revisions of the actual Regulations will be kept on file.
6. *941A - Spinal cord compression, ischaemia or degenerative disease NOS* does not include radiculopathy or pathology on any other structure except the actual spinal cord. *Degenerative disease NOS* does not expand to all degenerative diseases of the brain and nervous system.
7. PMB conditions qualify for cover regardless of the cause of the condition. If a current condition is not a PMB condition per se but was caused by a PMB condition, it is included for PMB cover, e.g. sequelae of certain conditions.
8. External cause codes have been deleted except in the case of attempted suicide / self-harm. The ICD-10 external cause codes included under attempted suicide have been included as this category can include various medical conditions. Once again, this was done for the sake of completeness of the Coded List and for the possible identifying of PMB conditions. The external cause codes must be used as per the ICD-10 coding rules.
9. Sign and symptom codes which are included refer to a symptom that qualifies for PMB cover regardless of the final diagnosis, e.g. haemoptysis, or signs and symptoms that should prompt further investigation of conditions such as *213A - Difficulty in breathing, eating, swallowing, bowel or bladder control due to on-progressive neurological condition or injury*.



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