Billing/Reimbursement strategies
Understanding ICD 10 coding

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Introduction

The South African government made the inclusion of ICD 10 codes on all medical accounts compulsory from 1 July 2005. By law, practitioners are required to include the ICD 10 code that applies to the relevant medical diagnosis for every single line item on a medical account since 1 July 2005. This should be used in conjunction with Nappi-codes when medicine or stock is issued. The ICD 10 codes also ensure that the medical aid has the necessary information to route claims to the correct benefit categories for the patient’s benefit options. This is particularly beneficial in the case of Prescribed Minimum Benefits (PMBs) to ensure that these claims are funded via the medical scheme fund and not the day-to-day savings account of the patient.

ICD 10 coding is still very new in South Africa, and the diagnostic codes are often used incorrectly. To understand the use of ICD 10 codes we first need to answer a few questions.

Questions and Answers

Q: What are ICD 10 Codes?
A: ICD 10 stands for the tenth revision of the International Statistical Class of Diseases and related Health Problems. The ICD 10 is a diagnostic coding system which is used in addition to the procedural codes currently in use.

Q: What are ICD 10 codes for?
A: The ICD 10 system is an international standard used to collect data for health statistics. It is used as an attempt to create a link between diagnosis, treatment and product while reducing administrative costs.

Q: What is the difference between diagnostic and procedural codes?
A: Diagnostic codes are used to identify what went wrong whereas procedure codes are used to describe what is to be done about it. Both code types must be reflected on accounts submitted to medical aids.

Q: What do ICD 10 codes look like?
A: Valid ICD 10 codes have up to 5 characters. It is important to use as many digits as possible. For example; S72.10

1. Alpha character in capital letters – S
2. Numerical – 72
3. Dot (not a character!) - .
4. Numerical – 1
5. Numerical – 0

eg. Pertrochanteric # Femur, closed = S72.10

The more specific the diagnosis, the easier it is to find the correct code. If a limited number of digits are used, the claim may be rejected as the diagnosis will be too general.

Q: Why do we use alpha characters in the ICD 10 code?
A: ICD 10 codes are divided into different chapter headings and alpha characters, for example:

- K: Digestive system
- M: Musculoskeletal system – chapter 13
- O: Obstets and Gynae
- S&T: Injuries and poisoning – chapter 20
- R: Symptoms

Q: Why do we then sometimes only use 3 digit codes?
A: There are 258 valid 3 digit codes within the ICD 10 coding system that may not be rejected by medical schemes for example:

- I10 – Hypertension essential
- R11 – Vomiting
- L89 – Decubitis Ulcer
- G20 – Parkinson’s

Remember R codes are symptoms

Q: When do we use 5 digit codes?
A: 5 digit coding is required with the following chapters and alpha characters:

- Chapter 13, M – Musculoskeletal
- Chapter 19, S&T – Injuries and poisoning
- Chapter 20, V or Y – External codes of Morbidity and Mortality
Q: When do we use Z codes?
A: Z codes are used for follow up care for example:
• Z48.0 – Attention to surgical dressings …….

Q: What is the difference between a primary and secondary diagnosis?
A: A primary diagnosis is either the most life threatening diagnosis or the one which will use the most resources (i.e. financial resources). For example:

a patient cannot be diagnosed with a diabetic cataract H28.0* unless it is pre-empted by a diabetic code such as IDDM – E10.3 i.e.:
• E10.3/H28.0

Another example of a primary diagnosis is INFECTION and the ORGANISM is the secondary diagnosis.

LIST OF ICD 10 CODES COMMONLY ASSOCIATED WITH WOUND CARE:
(Most commonly used codes are indicated in italics and blue)

• INSULIN DEPENDENT DIABETES MELLITUS E10
  - E10.0 – Insulin-dependent diabetes mellitus with coma
  - E10.1 – Insulin-dependent diabetes mellitus with ketoacidosis
  - E10.2 – Insulin-dependent diabetes mellitus with renal complications
  - E10.3 – Insulin-dependent diabetes mellitus with ophthalmic complications
  - E10.4 – Insulin-dependent diabetes mellitus with neurological complications
  - E10.5 – Insulin-dependent diabetes mellitus with peripheral circulatory complications
  - E10.6 – Insulin-dependent diabetes mellitus with other specified complications
  - E10.7 – Insulin-dependent diabetes mellitus with multiple complications
  - E10.8 – Insulin-dependent diabetes mellitus with unspecified complications
  - E10.9 – Insulin-dependent diabetes mellitus without complications

• NON-INSULIN DEPENDENT DIABETES MELLITUS E11
  - E11.0 – Non-insulin dependent diabetes with coma
  - E11.1 – Non-insulin dependent diabetes with ketoacidosis
  - E11.2 – Non-insulin dependent diabetes with renal complications
  - E11.3 – Non-insulin dependent diabetes with ophthalmic complications
  - E11.4 – Non-insulin dependent diabetes with neurological complications
  - E11.5 – Non-insulin dependent diabetes with peripheral complications
  - E11.6 – Non-insulin dependent diabetes with other specified complications

• HEMIPLEGIA G81
  - G81.0 – Flaccid hemiplegia
  - G81.1 – Spastic hemiplegia
  - G81.9 – Hemiplegia, unspecified

• PARAPLEGIA AND TETRAPLEGIA G82
  - G82.0 – Flaccid paraplegia
  - G82.1 – Spastic paraplegia
  - G82.2 – Paraplegia, unspecified
  - G82.3 – Flaccid tetraplegia
  - G82.4 – Spastic tetraplegia
  - G82.5 – Tetraplegia, unspecified

• ATHEROSCLEROSIS I70
  - I70.0 – Atherosclerosis of the aorta
  - I70.1 – Atherosclerosis of renal artery
  - I70.2 – Atherosclerosis of arteries of extremities
  - I70.8 – Atherosclerosis of other arteries

• OTHER PERIPHERAL VASCULAR DISEASES I73
  - I73.0 – Raynaud’s syndrome
  - I73.1 – Thromboangiitis obliterans (Buerger)
  - I73.9 – Peripheral vascular disease, unspecified

• VARICOSE VEINS OF LOWER EXTREMITIES I83
  - I83.0 – Varicose veins of lower extremities with ulcer
  - I83.1 – Varicose veins of lower extremities with inflammation
  - I83.2 – Varicose veins of lower extremities with both ulcer and inflammation
  - I83.9 – Varicose veins of lower extremities without ulcer or inflammation

• OTHER DISORDERS OF VEINS I87
  - I87.0 – Postphlebitic syndrome
  - I87.1 – Compression of vein
  - I87.2 – Venous insufficiency (chronic)(peripheral)
  - I87.9 – Disorders of vein, unspecified

• OTHER NONINFECTIVE DISORDERS OF LYMPHATIC VESSELS AND LYMPH NODES I89
  - I89.0 – Lymphoedema, not elsewhere classified
  - I89.1 – Lymphangitis
  - I89.9 – Noninfective disorders of lymphatic vessels and lymph nodes, unspecified
• POSTPROCEDURAL DISORDERS OF CIRCULATORY SYSTEM, NOT ELSEWHERE CLASSIFIED I97
  - I97.2 – Postmastectomy lymphoedema syndrome

• FISSURE AND FISTULA OF ANAL AND RECTAL REGIONS K60
  - K60.0 – Acute anal fissure
  - K60.1 – Chronic anal fissure
  - K60.2 – Anal fissure, unspecified
  - K60.3 – Anal fistula
  - K60.4 – Rectal fistula
  - K60.5 – Anorectal fistula

• ABSCESS OF ANAL AND RECTAL REGIONS K61
  - K61.0 – Anal abscess
  - K61.1 – Rectal abscess
  - K61.2 – Anorectal abscess
  - K61.3 – Ischiorectal abscess
  - K61.4 – Intrasphincteric abscess

• OTHER DISEASES OF ANUS AND RECTUM K62
  - K62.6 – Ulcer of anus and rectum

• CUTANEOUS ABSCESS, FURUNCLE AND CARBUNCLE L02
  - L02.0 – Cutaneous abscess, furuncle and carbuncle of face
  - L02.1 – Cutaneous abscess, furuncle and carbuncle of neck
  - L02.2 – Cutaneous abscess, furuncle and carbuncle of trunk
  - L02.3 – Cutaneous abscess, furuncle and carbuncle of buttock
  - L02.4 – Cutaneous abscess, furuncle and carbuncle of limb
  - L02.9 – Cutaneous abscess, furuncle and carbuncle, unspecified

• CELLULITIS L03
  - L03.0 – Cellulitis of finger and toe
  - L03.1 – Cellulitis of other parts of limb
  - L03.2 – Cellulitis of face
  - L03.3 – Cellulitis of trunk
  - L03.9 – Cellulitis, unspecified

• PILONIDAL CYST L05
  - L05.0 – Pilonidal cyst with abscess
  - L05.9 – Pilonidal cyst without abscess

• CORNS AND CALLOSITIES L84

• DECUBITS ULCER L89

• ULCER OF THE LOWER LIMB NOT ELSEWHERE CLASSIFIED L97

• ACQUIRED DEFORMITIES OF FINGERS AND TOES M20
  - M20.0 – Deformity of finger(s)
  - M20.1 – Hallux valgus (acquired)
  - M20.2 – Hallux rigidus
  - M20.3 – Other deformity of hallux (acquired)
  - M20.4 – Other hammer toe(s) (acquired)
  - M20.5 – Other deformities of toe(s) (acquired)
  - M20.6 – Acquired deformity of toe(s), unspecified

• PAIN IN LIMB M79.6
  - M79.60 – Pain in limb, multiple sites
  - M79.61 – Pain in limb, shoulder region
  - M79.62 – Pain in limb, upper arm
  - M79.63 – Pain in limb, forearm
  - M79.64 – Pain in limb, hand
  - M79.65 – Pain in limb, pelvic region and thigh
  - M79.66 – Pain in limb, lower leg
  - M79.67 – Pain in limb, ankle and foot
  - M79.69 – Pain in limb, unspecified

• FOLLOW UP CARE INVOLVING PLASTIC SURGERY Z42
  - Z42.0 – Follow up care involving plastic surgery of head and neck
  - Z42.1 – Follow up care involving plastic surgery of breast
  - Z42.2 – Follow up care involving plastic surgery of other parts of trunk
  - Z42.3 – Follow up care involving plastic surgery of upper extremity
  - Z42.4 – Follow up care involving plastic surgery of lower extremity
  - Z42.8 – Follow up care involving plastic surgery of other body part
  - Z42.9 – Follow up care involving plastic surgery, not specified

• ATTENTION TO ARTIFICIAL OPENINGS Z43
  - Z43.0 – Attention to tracheostomy
  - Z43.1 – Attention to gastrostomy
  - Z43.2 – Attention to ileostomy
  - Z43.3 – Attention to colostomy
  - Z43.4 – Attention to other artificial openings of digestive tract
  - Z43.5 – Attention to cystostomy
  - Z43.6 – Attention to other artificial openings of the urinary tract
  - Z43.7 – Attention to artificial vagina
  - Z43.9 – Attention to artificial opening, unspecified

• OTHER SURGICAL FOLLOW UP CARE Z48
  - Z48.0 – Attention to surgical dressings and sutures
  - Z48.9 – Surgical care follow up, unspecified