



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

SUMMARY OF THE NATIONAL ICD-10 IMPLEMENTATION STATUS REPORT FOR SOUTH AFRICA

1 JANUARY 2004 – 31 DECEMBER 2013

EXECUTIVE SUMMARY

ICD-10 is the current South African national standard for the coding of diagnoses, for both morbidity (cause of illness) and mortality (cause of death). This report reflects ten years of co-ordinated activities by public and private sector stakeholders to ensure the effective implementation of ICD-10, and to plan for the on-going implementation and maintenance of this national standard. It is designed to consolidate available information on ICD-10 implementation in South Africa, thus providing a comprehensive reference document for stakeholders and decision makers.

From 2004 to 2011, the ICD-10 implementation process was guided and driven by the ICD-10 Implementation Task Team. The ICD-10 Task Team of the National Department of Health (the Task Team) was formally appointed by the Minister of Health in 13 March 2012, and its current mandate extends to 31 May 2015. The Task Team is responsible for making ICD-10 policy recommendations to the NDoH and for guiding the implementation of ICD-10 in all components of the South African health care system.

The Terms of Reference of the Task Team include the following:

- To develop an implementation plan for ICD-10;
- To provide oversight, responsibility and monitoring capacity for the ICD-10 implementation process;
- To conduct an assessment of industry readiness for the different phases of ICD-10 implementation;
- To develop coding qualifications and training standards for clinical coders;
- To address confidentiality and privacy issues pertaining to the use of ICD-10; and
- To assist with the development of regulations for coding in terms of the appropriate legislation, including the National Health Act.

The Task Team has established five Sub-committees, drawing on the expertise of multiple stakeholders in the private and public healthcare and related sectors, to assist in meeting the Terms of Reference of the Task Team:

- Monitoring and Compliance
- Morbidity Technical
- Training
- Privacy and Security
- Mortality

The ICD-10 implementation plan makes provision for four phases of implementation:

- **Phase 1** (implementation period 1 July to 30 September 2005) required the submission of valid ICD-10 codes in claims for reimbursement by diagnosing providers. All providers were required to submit valid ICD-10 codes related to prescribe minimum benefit (PMB) conditions for claims to be paid.
- **In Phase 2** (implementation period 1 October 2005 to 31 December 2005) valid and complete coding was required as specified by the World Health Organisation and the South African ICD-10 coding standards, but no clinical validation was required unless included in the terms of specific contractual arrangements between providers and funders or for the entitlement of prescribed minimum benefits (PMB).
- **Phase 3** of the national implementation of ICD-10 commenced on 1 January 2006 and ends officially on 1 July 2014. The requirements for this phase are, that all healthcare providers include valid and complete ICD-10 codes on all patient healthcare records, including adherence to certain combination coding conventions that will support quality health data collection and facilitate reimbursement.
- **Phase 4** of the ICD-10 implementation will introduce clinical validation. Phase 4.1 will focus on age and gender validations against ICD-10 codes, as listed in the

current version of the MIT. This phase is scheduled to commence on 1 July 2014.

Sections 2 to 4 of this ICD-10 implementation status report provide an overview of the extensive activities already undertaken by the ICD-10 Task Team and its Sub-committees, including details of ICD-10 implementation requirements and available supporting resources to guide stakeholders. Key supporting documents include:

- Department of Health circulars related to ICD-10 implementation (section 2.4);
- South African ICD-10 coding standards document (section 3.15);
- The 2013 ICD-10 Master Industry Table for South Africa – the official electronic version of ICD-10 for use in South Africa (section 3.16);
- ICD-10 Complete Coding Course recommendations (section 4.6);
- Pre-course study guide (section 4.9); and
- Confidentiality Framework Document, published in 2007 and currently under revision (section 1.4d).

ACKNOWLEDGEMENTS

The National Department of Health would like to thank all those who participated in the ICD-10 Implementation Task Team, for giving their time in the development of the implementation plan. In particular, the NDoH would like to thank the Council for Medical Schemes (CMS), for stewardship of the ICD-10 Implementation Task Team from February 2004 until January 2011.

We would also like to extend our sincere thanks and appreciation to the:

Chairperson of the National ICD-10 Task Team, Ms. Sithara Satiyadev and the chairpersons of the Sub-committees of the Task Team, i.e. Communications and Monitoring Sub-committee, Mr. Etienne Dreyer, Morbidity Technical Sub-committee, Ms. Glenda De Beer, Mortality Sub-committee, Ms. Luisa Whitelaw and previously Ms. Elaine Sauls, Training Sub-committee, Ms. Brenda Gous, and Privacy and Security Sub-committee, Dr Lyn Hanmer, previously Dr. Buddy Modi and Vice-

chairperson, Dr. Rajesh Patel all past and present Sub-committee members for ensuring that all the activities proceeded as planned and for maintaining the enthusiasm of the team members throughout the deliberations.

We also appreciate the valuable inputs from the Board of Healthcare Funders (BHF), medical schemes, administrators, healthcare provider representative associations, switching companies, third party intermediaries, coding companies, Provincial representatives, Medical Research Council (MRC), Health Professionals Council of SA (HPCSA) and other stakeholders. Their contributions have benefited the process immensely.

The dedication and commitment of the Task Team sub-committees makes it possible to agree on standards for ICD-10 for the South African healthcare industry. The Chairperson of the Morbidity Technical Sub-committee, Ms. Glenda de Beer, sincerely thanks all those people who in their individual capacity, on behalf of their company or as a representative of a specific group(s), give both time and resources to the process. This work is done without any remuneration. Thank you specifically to Ms Crystal Wahid, for collating the coding standards information from the Minutes of the meetings for the *South African ICD-10 Morbidity Coding Standards* document. Ms de Beer also welcomes Ms. Faith Barter as the new Vice-chairperson for this Sub-committee.

The Chairperson of the Training Sub-committee, Ms. Brenda Gous, sincerely thanks all those who participated in the development of the training standards and registering the coding qualification. A special thanks to Ms. Elaine Sauls, who has left the country, for her commitment, dedication and endurance in assisting the Sub-committee with what has been accomplished. Thanks to Ms. Anne Roos, who has accepted the vice-chairmanship of this sub-committee.

The chairperson of the Monitoring and Compliance sub-committee, Mr Etienne Dreyer, (previously the Operations Sub-committee) would like to mention a special thanks to the Vice-chairperson, Ms. Ronelle Smit, for all her assistance and support and detailed minute-taking of the meetings.

The Chairperson of the National ICD-10 Task Team, Ms Sithara Satiyadev, sincerely thanks the previous Chairperson Mr. Patrick Matshidze, for his commitment, dedication and support to the ICD-10 implementation process. Mr Matshidze played an instrumental role in the management of the ICD-10 National Implementation Task Team. Ms Satiyadev also thanks all the Sub-committee chairpersons and members of the ICD-10 Task Team for their participation, contributions and commitment to the ICD-10 implementation process. Ms Satiyadev also thanks Mr. Thulani Masilela and Ms. Khabo Mahlangu (from the NDoH) and Mr. Thulani Matsebula and Ms. Ronelle Smit (from the Council for Medical Schemes) for their commitment to, and support of the Task Team. Sincere thanks to Ms. Crystal Wahid and Ms. Elaine Sauls for the development of the structure of the SA ICD-10 Morbidity Coding Standards Document .

ACCOMPLISHMENTS OF THE ICD-10 TASK TEAM (period 2004 to 2013)

- ICD-10 Master Industry Table (MIT) development and updates: electronic ICD-10 file.
- Development and maintenance of an ICD-10 Browser (2005 to 2012): currently in the process of securing a service provider to develop a new browser that will belong to the NDoH.
- Development of the SA ICD-10 Morbidity Coding Standards and Guidelines: live document.
- Development of the SA ICD-10 Mortality Coding standards and Guidelines: awaiting sign-off.
- Development of ICD-10 Task Team training standards.
- Registration of a national coding qualification: currently in the process of being updated.
- Development of a training guide to align to changes in the MIT.
- Development of the SA Coder's Code of Ethics.
- Development and enhancement of an ICD-10 implementation compliance report.
- Development of a confidentiality framework for ICD-10 implementation.

- Development of implementation standards for phase 3 and 4.1 of the ICD-10 implementation.
- Development and enhancement of the SA ICD-10 Morbidity Technical User Guide.
- Continuous communication to healthcare stakeholders in the form of circulars.
- Development of a ICD-10 Q & A document.
- Development of ICD-10 acronyms and common terms used.
- Development of a “Lessons Learned” document for future implementations.
- In the process of developing a national coding regulation.
- Presentation to all nine Provinces and some private healthcare stakeholders, regarding the iCD-10 implementation process and the requirements for phases 3 and 4.1.
- On-site ICD-10 evaluations of 8 of the 9 Provinces, within the NHI pilot sites.