



## **PHISC Addendum to the South African ICD-10 Morbidity Coding Standards and Guidelines document**

**Proposal from the PHISC ICD-10 Technical Workgroup of the PHISC Clinical Coding subcommittee**

Date : July 2020

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## Revision History

Version	Date	By Whom	Changes
Draft 1 version 1.00	2016/02/27	Crystal Wahid	Document creation after meeting held on the 2016/02/17.
Draft 2 version 1.00	2016/10/25	Crystal Wahid	Document updated with decisions taken as at the PHISC ICD-10 Technical Working Group meeting (06 <sup>th</sup> October 2016).
Draft 3 version 1.00	2017/01/03	Crystal Wahid	Document updated with decisions taken as at the PHISC ICD-10 Technical Working Group meeting (30 <sup>th</sup> November 2016).
Draft 4 Version 1.00	2017/05/19	Crystal Wahid	Document updated with decisions taken as at the PHISC ICD-10 Technical Working Group meeting (21 <sup>st</sup> February and 26 <sup>th</sup> April 2017).
Draft 4 Version 1.00	2017/06/08	Crystal Wahid	Document updated with decisions taken as at the PHISC ICD-10 Technical Working Group meeting (21 <sup>st</sup> February and 26 <sup>th</sup> April 2017).
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Version 4.00	15/04/2020	Crystal Wahid	Document updated with decisions taken at the PHISC ICD-10 Technical Working Group meetings



## **Acknowledgement**

The PHISC Addendum to the South African ICD-10 Morbidity Coding Standards and Guidelines document has been agreed and compiled by the PHISC ICD-10 Technical Workgroup. Acknowledgment and thanks to the members for their contribution and efforts in making this document possible.

## **Introduction and Disclaimer**

This addendum has been compiled with the aim of documenting ICD-10 coding standards and guidelines suggested by PHISC, for use IN ADDITION TO The South African ICD-10 Morbidity Coding Standards and Guidelines, Version 6 (April 2014) as officially published for South Africa on the website of the National Department of Health. This addendum does not serve as a training document and is not regulated for use; it is a de-facto PHISC guide to further assist the user in the standardised use of ICD-10.

### **Coding Standards are:**

1. Developed to assist the clinical coder.
2. Developed to keep a record of and track coding standards and guidelines as agreed on by PHISC.
3. To be used concurrently with the South African ICD-10 Morbidity Coding Standards and Guidelines document, the ICD-10 manuals and training material.

## User Guide

### A standard

- a specification by which something may be tested or measured (specification – details describing something to be done)
- the required level of quality

### A guideline

- a statement of principle giving general guidance

### PGS0001

PGS – PHISC General Standard

GS00 – Relates to General Coding Standards

01 – A unique number allocated to the standard

### PCS0101

PCS – PHISC Chapter Specific Standard

CS01 – Relates to Chapter Specific Standards

01 – A unique number allocated to the standard

### Symbols used



Please reference the South African ICD-10 Morbidity Coding Standards and Guidelines, Version 6 (as at April 2014) when this symbol is displayed.

## PHISC General Morbidity Coding Standards and Guidelines

### PGS0001 Version of ICD-10 used in South Africa

#### Caution regarding different versions of ICD-10

Please note that not all reference to ICD-10 on the internet is referring to the World Health Organisation (WHO) edition of ICD-10. In South Africa, we use the WHO 'vanilla' version of ICD-10, with a few local code additions. The SA ICD-10 Master Industry Table (MIT), Jan 2014 (containing all WHO Corrigenda updates until January 2014), is the ONLY official reference list for ICD-10 codes appropriate for use in South Africa.

The American ICD-10-CM (Clinical Modification), the new diagnostic coding system replacing ICD-9-CM in America is also referred to as ICD-10 on the internet. This is a very different set of codes, although based on ICD-10, a clinical modification has been done and some of the codes now have up to 7 characters (Format: XXX.XXXX). These are not appropriate for use in South Africa. The WHO also have a version of ICD-10 (2016) available in electronic look-up format on their website but this does not contain the South African local codes or specific rules for use of the code set in South Africa. An updated 2016 set of ICD-10 books is available from DENOSA – please note that there are some new codes in this edition which are not in the SA ICD-10 MIT January 2014.

It is thus vital to always cross-reference your ICD-10 codes to the SA MIT to ensure adherence to local industry requirements. The MIT can be freely downloaded from the website of the National Department of Health: <http://www.health.gov.za/index.php/shortcodes/2015-03-29-10-42-47/2015-06-10-09-23-36/2015-06-10-09-26-11>

http://www.health.gov.za/index.php/shortcodes/2015-03-29-10-42-47/2015-06-10-09-23-36/2015-06-10-09-26-11

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### ICD-10 Documents

- Circular No.03 of 2014 Generic Dictionary - The ICD-10 Dictionary [Details](#) [Download](#)
- Circular No.06 of 2014 Validation of Secondary ICD-10 Codes [Details](#) [Download](#)
- ICD-10 Compliance Data Grid [Details](#) [Download](#)
- Circular No.04 of 2014 Errata: Code Z09.0 [Details](#) [Download](#)
- Circular No.05 of 2014 Inclusion of ICD-10 Codes on Prescription [Details](#) [Download](#)
- Changes to the SA ICD-10 Morbidity Coding Standard Version 6 June 2014 [Details](#) [Download](#)
- New Codes with notes: WHO updates to ICD-10 2013 [Details](#) [Download](#)
- The South African ICD-10 Morbidity Coding Standards and Guidelines [Details](#) [Download](#)
- Errata ICD-10 Master Industry Table (MIT) of 01 January 2014 [Details](#) [Download](#)
- ICD-10 Circular 2 of 2014 Submission of Aggregated ICD-10 Compliance Data 2014 [Details](#) [Download](#)
- ICD-10\_MIT\_2014 Changes Add Delete Modify 1 Jan 2014 [Details](#) [Download](#)
- ICD-10\_MIT\_2014\_CSV\_01 Jan 2014 [Details](#) [Download](#)
- ICD-10\_MIT\_2014\_Excel\_01 Jan 2014 [Details](#) [Download](#)
- Notification on implementation of ICD-10 Phase [Details](#) [Download](#)
- ICD-10 Circular: No 1 of 2012 - ICD-10 Coding Requirements [Details](#) [Download](#)
- ICD-10 Final User Technical Guide (PDF) [Details](#) [Download](#)
- ICD-10 Definitions [Details](#) [Download](#)
- ICD-10 Notice to Healthcare Stakeholders [Details](#) [Download](#)
- Summary of the National ICD-10 Implementation Status Report for South Africa [Details](#) [Download](#)

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### **PGS0002 ICD-10 Quick Reference Code (QRC) lists or Short lists**

The use of ICD-10 Quick Reference Code (QRC) lists / short lists / “cheat-sheets” is not recommended as this compromises coding accuracy affecting health information data used for epidemiology, disease management, re-imburement e.g. prescribed minimum benefits (PMB's), etc<sup>1</sup>

### **PGS0003 Gender edits for specific procedures/scenarios**

Existing gender flags will not be changed to accommodate certain procedures that conflict with the patient's gender. Each organization must have the ability to override the gender edits for specific procedures/scenarios.

Refer to “7.8 List of code categories limited to, or more likely to occur in, just one sex” as per the WHO ICD-10 Instruction Manual (Volume 2), Fifth edition, 2016

7.8.1 List of categories limited to, or more likely to occur in, female persons

7.8.2 List of categories limited to, or more likely to occur in, male persons

### **PGS0004 Age edits for certain diagnoses**

Existing age flags will not be changed to accommodate certain diagnosis/es that conflict with the patient's age. Each organization must have the ability to override the age edits for specific diagnoses.

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<sup>1</sup> Reference: ICD-10 Implementation Review January 2004 – March 2010.

## PHISC Chapter Specific Coding Standards and Guidelines

**PCS01** Certain infectious and parasitic diseases (A00 – B99)

**PCS02** Neoplasms (C00 – D48)

**PCS03** Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50 – D89)

**PCS04** Endocrine, nutritional and metabolic diseases (E00 – E90)

**PCS05** Mental and behavioural disorders (F00 – F99)

**PCS06** Diseases of the nervous system (G00 –G99)

**PCS07** Diseases of the eye and adnexa (H00 – H59)

**PCS08** Diseases of the ear and mastoid process (H60 – H95)

**PCS09** Diseases of the circulatory system (I00 – I99)

**PCS10** Diseases of the respiratory system (J00 – J99)

**PCS11** Diseases of the digestive system (K00 – K93)

**PCS12** Diseases of the skin and subcutaneous tissue (L00 – L99)

**PCS13** Diseases of the musculoskeletal system and connective tissue (M00 – M99)

**PCS14** Diseases of the genitourinary system (N00 – N99)

**PCS15** Diseases of Pregnancy, Childbirth and the Puerperium (O00 – O99)

**PCS16** Certain conditions originating in the perinatal period (P00 – P96)

**PCS17** Congenital malformations, deformations and chromosomal abnormalities (Q00 – Q99)

**PCS18** Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00 – R99)

**PCS19** Injury, poisoning and certain other consequences of external causes (S00 – T98)

**PCS20** External causes of morbidity and mortality (V01 – Y98)

**PCS21** Factors influencing health status and contact with health services (Z00 – Z99)

**PCS22** Codes for special purposes (U00 – U99)

## **PCS01 Certain infectious and parasitic diseases (A00 – B99)**

### **PCS0101 ICD-10 codes to be assigned for Enterococcus Faecalis**

#### **Example 1:**

Patient admitted with a urinary tract infection, causative organism Enterococcus Faecalis

PDX: N39.0 Urinary tract infection, site not specified

SDX: B96.8 Other specified bacterial agents as the cause of diseases classified to other chapters

#### **Example 2:**

Patient admitted with a urinary tract infection, causative organism Enterococcus Faecalis, noted as resistant to multiple antimicrobial drugs

PDX: N39.0 Urinary tract infection, site not specified

SDX: B96.8 Other specified bacterial agents as the cause of diseases classified to other chapters

SDX: U84.7 Resistance to multiple antimicrobial drugs

### **PCS0102 ICD-10 codes to be assigned for invasive non-typhoidal salmonella caused by the Novel Pathogen**

Assign codes as follows:

PDX: A02.8 Other specified salmonella infections

SDX: B96.8 Other specified bacterial agents as the cause of diseases classified to other chapters

### **PCS0103 ICD-10 code to be assigned for Sindbis virus (SINV)**

Assign **A92.8 Other specified mosquito-borne viral fevers** for Sindbis virus (SINV)

### **PCS0104 ICD-10 code to be assigned for Extended Spectrum Betalactamase (ESBL)**

Assign an ICD-10 code for the infection followed by **U82.2 Extended spectrum betalactamase (ESBL) resistance**.

### **PCS0105 ICD-10 code to be assigned for MERS virus**

Middle East respiratory syndrome (MERS) is a viral respiratory disease caused by a novel coronavirus (MERS-CoV) that was first identified in Saudi Arabia in 2012<sup>2</sup>.

Assign as follows:

#### **Example 1:**

Patient admitted with severe acute respiratory syndrome (SARS) caused by Middle East Respiratory Syndrome (MERS)

PDX: U04.9 Severe acute respiratory syndrome, unspecified

SDX: B97.2 Coronavirus as the cause of diseases classified to other chapters

#### **Example 2:**

Patient admitted with respiratory distress syndrome caused by Middle East Respiratory Syndrome (MERS)

PDX: J80 Adult respiratory distress syndrome

SDX: B97.2 Coronavirus as the cause of diseases classified to other chapters

### **PCS0106 ICD-10 code to be assigned for Zika virus**

Based on the inputs received from members of the PHISC ICD-10 Technical work group, the following recommendations have been made for ICD-10 coding of the Zika virus:

1. For **pathology** coding of positive PCR test for the Zika virus: **U06.9 as the PDX only**
2. For all other healthcare providers and coders:  
**PDX: U06.9 (as per the WHO, for confirmed Zika virus)** – this code is active and valid for use on our MIT (Master Industry Table)  
**SDX: A92.8 (Other specified mosquito-borne viral fevers) / O98.5 (Other viral diseases complicating pregnancy, childbirth and the puerperium)** (these codes can be used as optional information for those that want to track the additional information when available)

In this way we adhere to the WHO coding directive for statistical tracking purposes, but still allow those that want to collect the additional information to do so in the secondary position. The work group will continue to work on firming up these guidelines for the pregnant person and the neonate who may be affected, for inclusion in the PHISC ICD-10 Coding Standards and Guidelines **Addendum** document agreed to at last week's meetings. We will also be on the lookout for any additional information released by our NDoH in this regard.

### **PCS0107 ICD-10 code to be assigned for Carbapenem-resistant Enterobacteriaceae (CRE) or carbapenemase-producing Enterobacteriaceae (CPE)**

Assign an ICD-10 code for the infection followed by **U82.8 Resistance to other betalactam antibiotics**.

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<sup>2</sup> <http://www.who.int/mediacentre/factsheets/mers-cov/en/>

## PCS02 Neoplasms (C00 – D48)

### PCS0201 Neoplasm Coding



#### DSN0201 Neoplasm Coding

##### Guideline

The abbreviation “Ca” will be deemed to mean “cancer” and the morphology code **M8000/3 Neoplasm, malignant, primary site** will be assigned unless preceded by a morphological description.

##### PHISC addition to “Ca” guideline:

Clinical Coders should make every effort to identify the detailed morphological description and the default code should only be assigned as the last resort.

##### PHISC change to guideline

Second sentence removed from the guideline

Z51.2 Other chemotherapy should be assigned when chemotherapy is administered for treatment of non-cancer diagnoses e.g. for the treatment of auto-immune conditions.

##### Histopathology report vs ICD-10 and morphology codes assigned by the treating doctor

Codes to be assigned as recorded by the Histopathologist.

##### Sequencing of Neoplasm, Morphology, Dagger and Asterisk Codes

Assign codes as follows

##### Example:

Patient for treatment of collapsed lumbar vertebra due to secondary malignant neoplasm of the bone.

PDX: C79.5 Secondary malignant neoplasm of bone and bone marrow

SDX: M8000/6 Neoplasm, malignant, metastatic site

SDX: C79.5+ Secondary malignant neoplasm of bone and bone marrow

SDX: M49.56\* Collapsed vertebra in diseases classified elsewhere, lumbar region



#### DSN0201 Neoplasm Coding

##### Morphology codes

- The use of morphology codes is currently not mandatory  
At the February 2014 ICD-10 National Task Team meeting, the mandatory use of morphology codes was postponed until further investigations are concluded on the most effective strategy for implementation.
- Coders are encouraged to make use of these codes
- The behaviour of the neoplasm can be changed to suit the diagnosis

If morphology codes are assigned, they must be valid on the ICD-10 Master Industry Table (MIT) as they are subject to secondary code validation and rejection.

## **PCS03 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50 – D89)**

### **Coding of diagnosis if indicated as “patient is immunocompromised”**

Obtain detailed information and assign an ICD-10 code based on the information available. Follow the alphabetical index.

Lead term:

Immune compromised NEC D89.9

Immunodeficiency D84.9

## PCS09 Diseases of the circulatory system (I00 – I99)

### PCS0901 Coding of the Circulatory System (I00 – I99)



#### DSN0901 Coding of the Circulatory System

#### Hypertension and renal disease or conditions

##### Rule:

For hypertension and renal disease or renal failure, only presume a link or causal relationship between the two conditions if it is clearly stated by the physician that the renal disease is due to the hypertension. Phrases such as hypertensive and due to hypertension indicate a causal relation.

Table 1<sup>3</sup>

Instruction	Tabular list entries
Revise inclusion:  (January 2010)	<p><b>I12 Hypertensive renal disease</b>  <b>Includes:</b> any condition in N18.-, N19, or N26 <del>with any condition in I10</del> <u>due to hypertension</u>  arteriosclerosis of kidney  arteriosclerotic nephritis (chronic)(interstitial)  hypertensive nephropathy  nephrosclerosis</p> <p><b>Excludes:</b> secondary hypertension (I15.-)</p> <p><b>I12.0 Hypertensive renal disease with renal failure</b>  Hypertensive renal failure</p> <p><b>I12.9 Hypertensive renal disease without renal failure</b>  Hypertensive renal disease NOS</p>

#### Guideline for coding of hypertensive crisis

I10 Essential (primary) hypertension must be assigned as there is no other code for hypertensive crisis.

I10 includes

Hypertension

*(arterial)(benign)(essential)(malignant)(primary)(systemic)*

<sup>3</sup> WHO Corrigenda, Official WHO Updates combined 1996 2015 VOLUME 1

**Coding of ST-Elevation Myocardial Infarction (STEMI) and non-ST segment elevation myocardial infarction (NSTEMI)**

**Non-ST segment elevation myocardial infarction (NSTEMI)**

Refer to the ICD-10 Alphabetical Index (volume 3), Fifth edition, 2016.

**Infarct, infarction (of)**

- myocardium, myocardial (acute or with a stated duration of 4 weeks or less) I21.9
- – non-ST elevation (NSTEMI) **I21.4**

Refer to the ICD-10 Tabular List (volume 1), Fifth edition, 2016.

I21.4 Acute subendocardial myocardial infarction

**Myocardial infarction with non-ST elevation**

**ST segment elevation myocardial infarction (STEMI)**

Assign a code from I21.0 – I21.3.

Assign a code from I22.0 – I22.9 for subsequent ST segment elevation myocardial infarction (STEMI) and subsequent non-ST segment elevation myocardial infarction (NSTEMI).

## PCS10 Diseases of the respiratory system (J00 – J99)



### DSN10 Diseases of the respiratory system (J00 – J99)

#### PHISC Guideline for the coding of Respiratory Distress

##### Neonate within 28 days

Premature newborn admitted with respiratory distress following delivery in hospital.

PDX: P22.9 Respiratory distress of newborn, unspecified

SDX: P07.3 Other preterm infants

SDX: Z38.0 Singleton, born in hospital

Premature newborn admitted with respiratory distress syndrome following delivery in hospital.

PDX: P22.0 Respiratory distress syndrome of newborn

SDX: P07.3 Other preterm infants

SDX: Z38.0 Singleton, born in hospital

##### Neonate readmitted after 28 days linked to perinatal period

Six week old baby re-admitted with respiratory distress.

PDX: P22.9 Respiratory distress of newborn, unspecified

Six week old baby re-admitted with respiratory distress syndrome.

PDX: P22.0 Respiratory distress syndrome of newborn

##### First time after 28 days

Six week old baby admitted with respiratory distress.

PDX: R06.0 Dyspnoea

Six week old baby admitted with respiratory distress syndrome.

PDX: J80 Adult respiratory distress syndrome

Two year old child admitted with respiratory distress syndrome.

PDX: J80 Adult respiratory distress syndrome



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## Vaping Related Disorder

Please take note of the following as per information received from the World Health Organisation (WHO) through the South African Medical Research Council (MRC), the designated WHO-FIC collaborating centre for the African Region, on 24 September 2019.

*In reaction to the recent occurrence of vaping related disorder, and in consultation with the WHO Framework convention on Tobacco control, the WHO-FIC Network CSAC was convened to discuss a code for vaping related illness for immediate use.*

***Vaping related disorder is coded in ICD-10 with U07.0, (and in ICD-11 with RA00.0). The code is valid for use as of today.***

In response to this and based on the inputs received from members of the PHISC ICD-10 Technical work group, the following recommendations have been made for assigning the ICD-10 code U07.0 for **Vaping Related Disorder**:

U07.0 is an active and valid code for use on our South African ICD-10 Master Industry Table (MIT). As per the ICD-10 2019 version, use additional code, if desired, to identify pneumonia or other manifestations.

*\* Please reference GSN0001 from the South African ICD-10 Morbidity Coding Standards and Guidelines document when selecting the primary diagnosis.*

### Example 1:

Patient presented with coughing, chest pain and shortness of breath established to be due to vaping.

- \* PDX: U07.0 Emergency use of U07.0
- SDX: R05 Cough
- SDX: R07.4 Chest pain, unspecified
- SDX: R06.0 Dyspnoea

### Example 2:

Patient diagnosed with bronchitis established to be due to vaping.

- \* PDX: U07.0 Emergency use of U07.0
- SDX: J68.0 Bronchitis and pneumonitis due to chemicals, gases, fumes and vapours

### Example 3:

Patient admitted with acute respiratory distress syndrome due to vaping.

- \* PDX: J80 Adult respiratory distress syndrome
- SDX: U07.0 Emergency use of U07.0

**Example 4:**

Patient admitted with acute respiratory failure and chest infection. Known to have a vaping related disorder. Sputum results indicate the presence of a *Staphylococcus Aureus* as the cause of infection.

- \* PDX: J96.09 Acute respiratory failure, Type unspecified
- SDX: J22 Unspecified acute lower respiratory infection
- SDX: B95.6 *Staphylococcus aureus* as the cause of diseases classified to other chapters
- SDX: [U07.0 Emergency use of U07.0](#)

Reference: PHISC Communication (Vaping Related Disorder U07.0 18/05/2020)



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 Website: [www.phisc.net](http://www.phisc.net)

**07/04/2020**

Dear PHISC members,

URGENT COMMUNICATION REGARDING THE CLINICAL CODING OF  
NOVEL CORONAVIRUS: COVID-19  
COMMUNICATION 3

Based on information received from the Medical Research Council (MRC), designated as the WHO-FIC Collaborating Center for the Africa Region, and reported media releases from the World Health Organisation (WHO) on 25<sup>th</sup> March 2020. Please familiarise yourself with the content below. PHISC suggest that these guidelines are strictly followed.

Communication about the use of U07.1 Emergency code to be used for Corona virus was sent to all on 13/02/2020. Further to this the WHO also authorised the use of U07.2. For more detail about when to use U07.2, please see information below

ICD_Code	WHO_Full_Desc	Valid_ICD10_Clinical use	Valid_ICD10_Primary
U07.1	Emergency use of U07.1	Y	Y
U07.2	Emergency use of U07.2	Y	Y

**Please follow the coding guidelines as communicated by the WHO below:**

## COVID-19 coding in ICD-10

25 March 2020

This document provides information about the new codes for COVID-19 and includes clinical coding examples in the context of COVID-19. It includes a reference to the WHO case definitions for surveillance.

- 1 New ICD-10 codes for COVID-19
  - U07.1 COVID-19, virus identified
  - U07.2 COVID-19, virus not identified
    - Clinically-epidemiologically diagnosed COVID-19
    - Probable COVID-19
    - Suspected COVID-19

Details of the updates to ICD-10 are available online at <https://www.who.int/classifications/icd/icd10updates/en/>

## 2 Clinical Coding of COVID-19 with ICD-10

	No symptoms	With symptoms	ICD-10 codes
<b>Confirmed cases</b>	Positive test result only, patient showing no symptoms		U07.1
	Positive test result	COVID-19 documented as cause of death	U07.1*
	Positive test result	Use additional code(s) for respiratory disease (e.g. viral pneumonia J12.8) or signs or symptoms of respiratory disease (e.g. shortness of breath R06.0, cough R05) as documented	U07.1 + codes for symptoms *

\*Use intervention/procedure codes to capture any mechanical ventilation or extracorporeal membrane oxygenation and identify any admission to intensive care unit

\*Use additional codes for isolation (Z29.0) or laboratory examination (Z01.7) as required for the specific case

	Patient presents with acute respiratory illness	Contact or suspected exposure	ICD-10 codes
<b>Suspected/probable cases</b>	No other etiology; history of travel	√	U07.2; Z20.8 + codes for symptoms*
	Contact with confirmed or probable case	√	U07.2; Z20.8 + codes for symptoms*
	No other etiology; hospitalization required		U07.2 + codes for symptoms*
	COVID-19 documented without any further information re: testing		U07.2 + codes for any symptoms*

\*Use intervention/procedure codes to capture any mechanical ventilation or extracorporeal membrane oxygenation and identify any admission to intensive care unit

\*Use additional codes for isolation (Z29.0) or laboratory examination (Z01.7) as required for the specific case

	Presenting clinical scenario	ICD-10 codes
<b>COVID-19 ruled out</b>	Patient presents with acute respiratory illness; testing is negative, and COVID-19 is ruled out	Code the relevant stated infection/diagnosis + Z03.8 <i>Observation for other suspected diseases and conditions</i>
	Self-referral: after assessment no reason to suspect disease and further investigations deemed unnecessary	Code Z71.1 <i>Person with feared complaint in whom no diagnosis is made</i>
<b>Testing for COVID-19</b>	Based on clinical judgement, clinicians may order a test for the SARS-CoV-2 virus in a patient who does not strictly meet the case definition.	Code Z11.5 <i>Special screening examination for other viral diseases</i>

## 3 Mortality Coding of COVID-19 with ICD-10

Both categories, U07.1 (COVID19, virus identified) and U07.2 (COVID19, virus not identified) are suitable for cause of death coding. Similarly, new codes were created for ICD-11.

COVID-19 is reported on a death certificate as any other cause of death, and rules for selection of the single underlying cause are the same as for influenza (COVID-19 not due to anything else).

For recording on a death certificate, no special guidance needs to be given. The respiratory infection may evolve to pneumonia that may evolve to respiratory failure and other consequences. Potentially contributing comorbidity (immune system problem, chronic diseases...) is reported in part 2, and other aspects (perinatal, maternal...) in frame B, in line with the rules for recording.

A manual plausibility check is recommended for certificates where COVID-19 is reported, in particular for certificates where COVID-19 was reported but not selected as the single underlying cause of death.

4 WHO COVID-19 Case definitions for Global Surveillance<sup>1</sup>

24 March 2020

Confirmed cases

A confirmed case is a person with laboratory confirmation of infection with the COVID-19 virus, irrespective of clinical signs and symptoms.

<sup>1</sup> [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))

Suspected cases

A) a patient with acute respiratory illness (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country, area or territory that has reported local transmission of COVID-19 disease during the 14 days prior to symptom onset

OR

B) a patient with any acute respiratory illness AND who has been a contact of a confirmed or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms

OR

C) a patient with severe acute respiratory infection (that is, fever and at least one sign or symptom of respiratory disease, for example, cough or shortness of breath) AND who requires hospitalization AND who has no other etiology that fully explains the clinical presentation.

Probable case

A probable case is a suspected case for whom the report from laboratory testing for the COVID-19 virus is inconclusive.

***The existing ICD-10 sequencing guidelines contained in the SA ICD-10 Morbidity Coding Standards and Guidelines documents should still be adhered to, hence the U07.1 and U07.2 codes can be used in either the primary or secondary coding position(s), as relevant to the main condition treated.***

**System software updates:**

While the ICD-10 Master Industry Table (MIT) descriptions will continue to be as per the column above on the NDoH website, we suggest that all internal software is updated to be in line with the updated descriptions for U07.1 and U07.2 as provided by MRC and WHO.

The description of ICD-10 coding is not sent out electronically, and it should therefore not impact on any accounts sent and / or received, but will allow the user to be able to easily identify, code and draw statistical data as needed.

**Discharge disposition:** In the case of a **death**, reminder to use the **PHISC discharge disposition 20 (Mortuary)** for a hospital event.

Reference: PHISC Updated Communication 3 for COVID-19 coding (07 April 2020)

## COVID-19 Coding Scenarios

Refer to PHISC COVID-19 communication 3 and 4 when assigning codes.

**\* Please reference GSN0001 from the South African ICD-10 Morbidity Coding Standards and Guidelines document when selecting the primary diagnosis.**

**\*\* Not all the ICD-10 codes assigned for the different scenarios will apply to the different practice types. The coding may differ depending on the treating healthcare provider's specialty or the facility. Please assign codes accordingly and consider the value that additional codes have on your data set.**

**\*\*\* Use intervention/procedure codes to capture any mechanical ventilation or extracorporeal membrane oxygenation and identify any admission to intensive care unit.**

### Scenario 1

Patient presented to the doctor's rooms with symptoms of COVID-19. Symptoms noted as a sore throat, headache, fever (temperature 39°C), dyspnoea and body pains. No history of travel or contact with confirmed or probable cases. Screened and referred for testing. Flagged as a suspected COVID-19 case.

- \* PDX: U07.2 COVID-19, virus not identified
  - SDX: J02.9 Acute pharyngitis, unspecified
  - SDX: R51 Headache
  - SDX: R50.9 Fever, unspecified
  - SDX: R06.0 Dyspnoea
  - SDX: R52.9 Pain, unspecified
  - SDX: Z11.5 Special screening examination for other viral diseases
- \* U07.2 / J02.9 / R51 / R50.9 / R06.0 / R52.9 / Z11.5 (for line level coding)

Lab receives a request for a SARS-CoV-2 virus test.

Referral code U07.2 COVID-19, virus not identified

**Note: The referral code, if available, should be placed in the designated space for a referral diagnosis within a claim.**

Line level Z11.5 Special screening examination for other viral diseases

**Note: Assign Z11.5 (Special screening examination for other viral diseases) for the SARS-CoV-2 virus test and Z01.7 (Laboratory examination) for any additional pathology screening/testing.**

### Scenario 2

Patient admitted into hospital with symptoms of COVID-19. Symptoms noted as a sore throat, headache, fever (temperature 39°C), dyspnoea and body pains. Flagged as a possible COVID-19 case. No history of travel or contact with confirmed or probable cases. Screened and referred for testing **prior to admission into hospital**. Patient placed in isolation.

- \* PDX: U07.2 COVID-19, virus not identified
- SDX: J02.9 Acute pharyngitis, unspecified
- SDX: R51 Headache
- SDX: R50.9 Fever, unspecified
- SDX: R06.0 Dyspnoea
- SDX: R52.9 Pain, unspecified
- SDX: Z29.0 Isolation

### Scenario 3

Update to scenario 2. Patient developed viral pneumonia and results are positive for COVID-19.

- \* PDX: U07.1 COVID-19, virus identified
- SDX: J12.8 Other viral pneumonia
- SDX: Z29.0 Isolation

***Note: Refer to DSN18 and PCS18 (Guidelines when using sign and symptom codes) Signs and/or symptoms inherent to a diagnosis.***

### Scenario 4

Patient admitted with pneumonia. Presents with a headache, fever (temperature 38,5°C) and dyspnoea. History of travel to Europe. Screened and tested for COVID-19 on admission to hospital. Placed in isolation.

- \* PDX: J18.9 Pneumonia, unspecified
- SDX: U07.2 COVID-19, virus not identified
- SDX: Z29.0 Isolation
- SDX: Z11.5 Special screening examination for other viral diseases
- SDX: Z20.8 Contact with and exposure to other communicable diseases

### Scenario 5

Update to scenario 4. Results are negative and COVID-19 ruled out. Patient treated for pneumonia.

- \* SDX: J18.9 Pneumonia, unspecified
- SDX: Z29.0 Isolation
- SDX: Z11.5 Special screening examination for other viral diseases
- SDX: Z03.8 Observation for other suspected diseases and conditions
- SDX: Z20.8 Contact with and exposure to other communicable diseases

### Scenario 6

Patient had an elective caesarean section for cephalo-pelvic disproportion. Outcome of delivery noted as a live born infant. Patient was screened and tested positive for COVID-19. No symptoms mentioned. No history of travel or contact with confirmed or probable cases. Newborn screened and tested. Awaiting results. Mother and newborn isolated and observed.

#### Mother:

- \* PDX: O33.9 Maternal care for disproportion, unspecified
- SDX: O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium
- SDX: U07.1 COVID-19, virus identified
- SDX: O82.0 Delivery by elective caesarean section
- SDX: Z37.0 Single live birth
- SDX: Z11.5 Special screening examination for other viral diseases
- SDX: Z29.0 Isolation

#### Newborn:

- \* PDX: Z03.8 Observation for other suspected diseases and conditions
- SDX: Z38.0 Singleton, born in hospital
- SDX: Z11.5 Special screening examination for other viral diseases
- SDX: Z29.0 Isolation
- SDX: Z20.8 Contact with and exposure to other communicable diseases

**Note: Information will only be coded if there is an account for the newborn.**

### Scenario 7

Update to scenario 6. Newborn results are negative. Mother re-tested and results are negative.

#### Mother:

- \* PDX: O33.9 Maternal care for disproportion, unspecified
- SDX: O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium
- SDX: U07.1 COVID-19, virus identified
- SDX: O82.0 Delivery by elective caesarean section
- SDX: Z37.0 Single live birth
- SDX: Z11.5 Special screening examination for other viral diseases
- SDX: Z29.0 Isolation

**Note: the coding remains the same for the mother as in scenario 6. Even though the retesting result in scenario 7 is negative, the patient was still positive at some point during the admission therefore the U07.1 must remain as part of the clinical record.**

**If the baby tested positive, code as follows:**

#### Newborn:

- \* PDX: U07.1 COVID-19, virus identified
- SDX: P00.2 Fetus and newborn affected by maternal infectious and parasitic diseases
- SDX: Z38.0 Singleton, born in hospital
- SDX: Z11.5 Special screening examination for other viral diseases
- SDX: Z29.0 Isolation
- SDX: Z20.8 Contact with and exposure to other communicable diseases

**Note: Information will only be coded if there is an account for the newborn.**

### Scenario 8

Patient 32 weeks pregnant, admitted with COVID-19. Symptoms on admission include diarrhoea, temperature 39°C, patient complaining of a headache, weak and dehydrated. Symptoms noted to be related to COVID-19. Patient works at a store where one of the employees tested positive for COVID-19. She was screened and tested as she worked closely with the employee. Her results were positive for COVID-19 and she was self-isolating prior to the admission. Patient placed in isolation.

- \* PDX: U07.1 COVID-19, virus identified
- SDX: O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium
- SDX: A09.0 Other and unspecified gastroenteritis and colitis of infectious origin
- SDX: R50.9 Fever, unspecified
- SDX: R51 Headache
- SDX: R53 Malaise and fatigue
- SDX: E86 Volume depletion
- SDX: X58.52 Exposure to other specified factors, trade and service area, while working for income
- SDX: Z29.0 Isolation
- SDX: Z35.8 Supervision of other high-risk pregnancies
- SDX: Z20.8 Contact with and exposure to other communicable diseases

***Note: Even though the scenario states that the symptoms are “noted to be related to COVID-19”, they can be included in the coding if it is felt that they are clinically significant in their own right to require additional attention.***

***Note: Refer to DSN18 and PCS18 (Guidelines when using sign and symptom codes).***

### Scenario 9

Nursing sister tested positive for COVID-19 as a result of exposure in the workplace. All staff were screened and tested due an outbreak at the hospital. No signs or symptoms listed. She will be self-isolating and retested.

- \* PDX: U07.1 COVID-19, virus identified
- SDX: X58.22 Exposure to other specified factors, school, other institution and public administrative area, while working for income
- SDX: Z11.5 Special screening examination for other viral diseases
- SDX: Z20.8 Contact with and exposure to other communicable diseases

### Scenario 10

Patient was admitted to hospital on 11 June for a planned complicated removal of a total right hip prosthesis. He developed an infection due to an internal hip prosthesis which was inserted 4 months ago. He also has subacute osteomyelitis of the right hip and is a known Type 1 diabetic. He had a COVID-19 test done on 9 June which was negative. On 20 June he started complaining of loss of taste and smell and he was retested for COVID-19 on 21 June. His results were positive for COVID-19. The patient only had contact with hospital staff and doctors. According to the record, one of the nursing staff who attended to his wound in the ward, tested positive for COVID-19. This was established to be a hospital acquired COVID-19 infection.

- \* PDX: U07.1 COVID-19, virus identified
- SDX: Y95 Nosocomial condition
- SDX: T84.5 Infection and inflammatory reaction due to internal joint prosthesis
- SDX: Y79.2 Orthopaedic devices associated with adverse incidents, prosthetic and other implants, materials and accessory devices
- SDX: M86.25 Subacute osteomyelitis, pelvic region and thigh
- SDX: R43.1 Parosmia
- SDX: R43.2 Parageusia
- SDX: E10.9 Type 1 diabetes mellitus without complications
- SDX: Z20.8 Contact with and exposure to other communicable diseases
- SDX: Z29.0 Isolation
- SDX: Z11.5 Special screening examination for other viral diseases

### Scenario 11

Patient admitted via ambulance with a history of pyrexia, central cyanosis and 3 days of progressive dyspnea. He is a known asthmatic and he is allergic to anesthetic agents. He lives with his son, who tested positive a week ago. A COVID-19 test was done after admission and detected the SARS-COV-2 virus. Patient was diagnosed with acute respiratory failure, Type 1 and lobar pneumonia due to COVID-19. Patient was nursed in isolation. Patient developed acute renal failure on day 3. He was moved to ICU and started on a ventilator. He deteriorated quickly and sadly passed away 2 days later.

- \* PDX: U07.1 COVID-19, virus identified
- SDX: J96.00 Acute respiratory failure, Type I [hypoxic]
- SDX: J18.1 Lobar pneumonia, unspecified
- SDX: N17.9 Acute renal failure, unspecified
- SDX: J45.9 Asthma, unspecified
- SDX: Z99.1 Dependence on respirator
- SDX: R99 Other ill-defined and unspecified causes of mortality
- SDX: Z29.0 Isolation
- SDX: Z20.8 Contact with and exposure to other communicable diseases
- SDX: Z11.5 Special screening examination for other viral diseases
- SDX: Z88.4 Personal history of allergy to anaesthetic agent

**Note: Refer to DSN1801 Coding a Death.**

***The use of R99 other ill-defined and unspecified causes of mortality is not mandatory.***

### Scenario 12

The patient, the driver was in a motor vehicle accident with another vehicle and sustained an open fracture of the femoral shaft, a closed fracture of the lower end of the radius and a fracture of the pelvis. The patient had emergency surgery for the fractured femur and suture of kidney injury. Screened and tested for COVID-19 on admission.

- \* PDX: S72.31 Fracture of shaft of femur, open
- SDX: S37.00 Injury of kidney, without open wound into cavity
- SDX: S32.80 Fracture of other and unspecified parts of lumbar spine and pelvis, closed
- SDX: S52.50 Fracture of lower end of radius, closed
- SDX: V43.59 Car occupant injured in collision with car, pick-up truck or van, driver, traffic accident, during unspecified activity
- SDX: Z11.5 Special screening examination for other viral diseases

### Scenario 13

A patient who was 10 weeks pregnant at the time, was tested for COVID-19 because her husband tested positive 8 days ago and she developed severe headaches and a dry cough. The SARS-CoV-2 test was positive. She was admitted to hospital on 23 June now 11 weeks pregnant, with severe abdominal cramps and PV bleeding. She had a spontaneous abortion later that day.

- \* PDX: O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium
- SDX: U07.1 COVID-19, virus identified
- SDX: O03.9 Spontaneous abortion, complete or unspecified, without complication
- SDX: Z20.8 Contact with and exposure to other communicable diseases

### Scenario 14

Patient had an elective caesarean section for cephalo-pelvic disproportion. Outcome of delivery noted as a live born infant. Patient was screened and tested for COVID-19. Results were negative. No symptoms mentioned. No history of travel or contact with confirmed or probable cases.

- \* PDX: O33.9 Maternal care for disproportion, unspecified
- SDX: O82.0 Delivery by elective caesarean section
- SDX: Z37.0 Single live birth
- SDX: Z11.5 Special screening examination for other viral diseases
- SDX: Z03.8 Observation for other suspected diseases and conditions

### Scenario 15

38 year old patient admitted with “Post COVID-19 syndrome”. She was diagnosed with COVID-19 two months ago. Her symptoms are noted as dyspnea, fatigue, abdominal pain and pain in hands and feet. Experiences episodes of pyrexia. Her temperature, on admission was normal. Patient claims that she was healthy and able to run 5km without any effort. Becomes breathless and is easily fatigued on minimal exertion. No pre-existing medical conditions.

- \* PDX: R06.0 Dyspnoea
- SDX: R53 Malaise and fatigue
- SDX: R10.4 Other and unspecified abdominal pain
- SDX: M79.64 Pain in limb, hand
- SDX: M79.6 Pain in limb, ankle and foot
- SDX: Z86.1 Personal history of infectious and parasitic diseases

**Note: Refer to DSN2134 The use of History Codes.**

Or

- \* PDX: R06.0 Dyspnoea
- SDX: R53 Malaise and fatigue
- SDX: R10.4 Other and unspecified abdominal pain
- SDX: M79.64 Pain in limb, hand
- SDX: M79.6 Pain in limb, ankle and foot
- SDX: B94.8 Sequelae of other specified infectious and parasitic disease

**Note: Refer to DSN0015 Sequelae (Late Effects).**

### Scenario 16

Nursing sister referred for counselling. Experiencing burn-out. Complains of physical and mental strain due to current working conditions (long hours and challenging working conditions). Feeling socially isolated as a result of the COVID-19 pandemic.

- \* PDX: Z73.0 Burn-out
  - SDX: Z56.6 Other physical and mental strain related to work
  - SDX: Z60.8 Other problems related to social environment
  - SDX: Z71.8 Other specified counselling
  - SDX: Z65.5 Exposure to disaster, war and other hostilities
- \* Z73.0 / Z56.6 / Z60.8 / Z71.8 / Z65.5 (for line level coding)

**Note: A more specific code such as F43.1 (Post-traumatic stress disorder) can be assigned as determined by the Mental Health Professional.**

### Scenario 17

70 year old patient tested positive for COVID-19. Referred for counselling. Extremely anxious and concerned about his health, family and wellbeing. He has to self-isolated which means that he needs to move out of his home. He is self-employed and concerned about losing his contract and financial income.

- \* PDX: R45.8 Other symptoms and signs involving emotional state
- SDX: Z56.2 Threat of job loss
- SDX: Z59.8 Other problems related to housing and economic circumstances
- SDX: U07.1 COVID-19, virus identified
- SDX: Z71.8 Other specified counselling

- \* R45.8 / Z56.2 / Z59.8 / U07.1 / Z71.8 (for line level coding)

**Note: A more specific code such as F43.1 (Post-traumatic stress disorder) can be assigned as determined by the Mental Health Professional.**

### Scenario 18

Patient diagnosed with post-traumatic stress disorder as a result of the COVID-19 pandemic.

- \* PDX: F43.1 Post-traumatic stress disorder
- SDX: Z65.5 Exposure to disaster, war and other hostilities

- \* F43.1 / Z65.5 (for line level coding)

### Scenario 19

80 year old patient for counselling, extremely anxious and fears being infected with COVID-19.

- \* PDX: Z71.1 Person with feared complaint in whom no diagnosis is made
- SDX: Z65.5 Exposure to disaster, war and other hostilities
- SDX: Z71.8 Other specified counselling

- \* Z71.1 / Z65.5 / Z71.8 (for line level coding)

## **PCS11 Diseases of the digestive system (K00 – K93)**



### **DSN11 Diseases of the digestive system (K00 – K93)**

#### **PHISC Guideline for the coding of liver failure caused by chronic viral Hepatitis C infection**

Assign a code for the liver failure followed by the cause of the liver failure

**Example:**

Patient has liver failure caused by chronic viral Hepatitis C infection

PDX: K72.9 Hepatic failure, unspecified

SDX: B18.2 Chronic viral hepatitis C

## **PCS14 Diseases of the genitourinary system (N00 – N99)**



### **DSN14 Diseases of the genitourinary system (N00 – N99)**

#### **PCS1401 Coding of acute on chronic renal failure**

Assign ICD-10 codes for both acute kidney failure and chronic kidney disease or end stage renal disease if clearly documented by the medical practitioner as there is no ICD-10 code that describes an acute exacerbation of chronic kidney disease or end stage renal disease.

#### **Example 1:**

Patient admitted with acute kidney failure and a urinary tract infection. Known to have chronic kidney disease.

PDX: N17.9 Acute renal failure, unspecified

SDX: N39.0 Urinary tract infection, site not specified

SDX: N18.9 Chronic kidney disease, unspecified

## PCS15 Diseases of Pregnancy, Childbirth and the Puerperium (O00 – O99)



### DSN1503 Labour and Delivery

#### PHISC Guideline: ICD-10 codes to be assigned on claims for the transporting of a patient in labour

For normal labour without complications such as haemorrhage, obstruction, preterm labour or premature rupture of membranes (PROM) etc. and where the baby is not delivered in the ambulance, assign a code from the following range of ICD-10 codes:

Z34.0 Supervision of normal first pregnancy  
Z34.8 Supervision of other normal pregnancy  
Z34.9 Supervision of normal pregnancy, unspecified

If the patient has a high risk pregnancy then assign a code from the following range of ICD-10 codes:

Z35.0 Supervision of pregnancy with history of infertility  
Z35.1 Supervision of pregnancy with history of abortive outcome  
Z35.2 Supervision of pregnancy with other poor reproductive or obstetric history  
Z35.3 Supervision of pregnancy with history of insufficient antenatal care  
Z35.4 Supervision of pregnancy with grand multiparity  
Z35.5 Supervision of elderly primigravida  
Z35.6 Supervision of very young primigravida  
Z35.7 Supervision of high-risk pregnancy due to social problems  
Z35.8 Supervision of other high-risk pregnancies  
Z35.9 Supervision of high-risk pregnancy, unspecified

- ❖ If it is a preterm labour, or there are other complications (PROM, haemorrhage etc.) or the baby is delivered in the ambulance, then assign the appropriate ICD-10 code.

#### Guideline when coding obesity in pregnant patients

O99.2 Endocrine, nutritional and metabolic diseases complicating pregnancy, childbirth and the puerperium together with a code from E66.– should only be assigned if mentioned as such in the medical record. This should not be confused with O26.0 Excessive weight gain in pregnancy.



### DSN0402 Obesity

## Coding of HIV / AIDS and Deliveries



### DSN1503 Labour and Delivery

Refer to **GSN0001 Primary Diagnosis** when selecting the primary diagnosis.

#### Example 5:

A patient had an elective caesarean section for cephalo-pelvic disproportion. Outcome of delivery is a live born infant. She is HIV positive.

PDX: O33.9 Maternal care for disproportion, unspecified

SDX: O98.7 Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium

SDX: O82.0 Delivery by elective caesarean section

SDX: Z37.0 Single live birth

SDX: Z21 Asymptomatic human immunodeficiency virus [HIV] infection status

## **PCS16 Certain conditions originating in the perinatal period (P00 – P96)**

### **DSN1603 Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery (P00 – P04)**

PHISC guideline to above standard:

Z03.8 Observation for other suspected diseases and conditions must be assigned for babies born to mothers that have an infectious disease and are kept in hospital for observation.

#### **Example 1:**

Newborn kept in hospital for observation for possible infection following delivery

PDX: Z03.8 Observation for other suspected diseases and conditions

SDX: Z38.0 Singleton, born in hospital



### **DSN1605 Fetal death of unspecified cause (P95)**

#### **DSN1605 Fetal death of unspecified cause (P95)**

Whenever possible, fetal deaths should be classified according to the cause of death. P95 should only be used if the cause of death is unknown.

PHISC addition to above standard:

P95 should not be assigned as the outcome of delivery on the mother's record. Refer to DSN1503 Labour and Delivery.



### **DSN2139 Prophylactic drug administration in newborns**

Assigning of codes for the administration of prophylactic drugs in newborns where no diagnosis is made.

#### **Example 1:**

Prophylactic antibiotics administered to newborn, born in hospital. No specific diagnosis made.

PDX: Z38.0 Singleton, born in hospital

SDX: Z29.2 Other prophylactic chemotherapy

PHISC guideline:

Assign codes as per example 1 if the administration of prophylactic antibiotics is:

- because the mother had a previous streptococcus infection or
- the mother is a known carrier of Streptococcus, group B.

Z83.1 Family history of other infectious and parasitic diseases must be assigned as an additional code if the mother is a known carrier of Streptococcus, group B.

The coding must be updated with the appropriate ICD-10 code/s once a definitive diagnosis has been confirmed.

## **PCS18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00 – R99)**



### **DSN18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)**

#### **Guidelines when using sign and symptom codes e.g. R-codes**

#### **PHISC additions to guideline:**

'Sign and symptom' codes that usually begin with the letter 'R' are used if no definite diagnosis has been established at the end of an episode of health care or if a patient is treated symptomatically at a primary health care level. 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. Sign and symptoms are also allocated to relevant chapters in the classification and therefore may not be always identified as an "R" code e.g. backache is coded as "M54.99" and is allocated to chapter XIII (Diseases of the Musculoskeletal System and Connective Tissue).

#### **Sign and symptom codes can be used as the main condition in the following situations:**

- a) **cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated;**

**Example:**

Patient admitted with haematuria. Cystoscopy performed but no abnormality detected.  
PDX: R31 Unspecified haematuria

- b) **signs or symptoms existing at the time of initial encounter that proved to be transient (passing or temporary) and whose causes could not be determined;**

**Example:**

Patient is brought into hospital with 'confusion'. No cause is identified on examination.  
PDX: R41.0 Disorientation, unspecified

- c) **provisional diagnosis in a patient who failed to return for further investigation or care;**

**Example:**

Patient admitted for excision biopsy of lump in neck but refused surgery on arrival in theatre.  
PDX: R22.1 Localised swelling, mass and lump, neck  
SDX: Z53.2 Procedure not carried out because of patient's decision for other and unspecified reasons

- d) **cases referred elsewhere for investigation or treatment before the diagnosis was made;**

**Example:**

Patient admitted with chest pain. A myocardial infarction is suspected, so patient is transferred to a hospital with a coronary care unit.  
PDX: R07.4 Chest pain, unspecified

**e) cases in which a more precise diagnosis was not available for any other reason;**

**Example 1:**

Patient admitted with signs and symptoms resembling a schizotypal disorder. The treating doctor is unwilling to make a diagnosis at the time, and only records symptoms of visual hallucinations, agitation and stupor in the medical record

PDX: R44.1 Visual hallucinations

SDX: R45.1 Restlessness and agitation

SDX: R40.1 Stupor

**Example 2:**

The medical record states possible epilepsy, but the treating doctor is uncertain as the symptoms are suggestive of more than one diagnosis. Symptoms of fit and blackout are recorded by the treating doctor.

PDX: R56.8 Other and unspecified convulsions

SDX: R55 Syncope and collapse

**f) symptom codes can be used as the main code when used together with a sequelae code (late effect)**

**Example:**

Patient currently has dysphagia. This is a late effect (sequelae) of a CVA the patient had a year ago.

PDX: R13 Dysphagia

SDX: I69.4 Sequelae of stroke, not specified as haemorrhage or infarction

**Diagnosis recorded as “possible” or “suggestive of” or “probable” or prefixed with a “?” or “query”**

This will not be coded as if the given diagnosis is confirmed.

This will remain the case regardless of the treatment that has been provided to the patient.

In such circumstances the coder will record the relevant symptoms.

The terms “possible” and “suggestive of” and the use of the “?” will be taken to mean that there remained a significant element of doubt as to the actual diagnosis and that the differential diagnoses were still being considered (or that the patient appeared to be recovering so further investigations were not being undertaken but that there was a significant level of uncertainty over the actual diagnosis).

Where a diagnosis has been made and recorded but this diagnosis is subsequently proven to be incorrect, the final (actual diagnosis) will be coded. This will be the case regardless of the treatment that has been provided to the patient.

**Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.**

**Codes from chapter 18 are assigned as secondary codes only when:**

- the presence of the sign or symptoms makes a difference in the severity of the patient’s condition and/or the care given
- the symptom persisted despite successful treatment of the suspected underlying condition
- they represent important problems in medical care in their own right e.g.
  - the symptom required its own evaluation or treatment
  - added to the resource usage
  - increased the severity of care and/or level of acuity
  - increased the length of stay

- a) The cause of the signs and/or symptoms are known, but they are important problems in medical care requiring treatment. The signs and/or symptoms must be recorded in a secondary position, in addition to the known cause.

**Example:**

Patient admitted for treatment of hypertension. Patient was treated with nasal packs to control nasal haemorrhage. The nose bleed was considered to be related to her hypertension.

PDX: I10 Hypertension

SDX: R04.0 Epistaxis

- b) Signs and/or symptoms inherent to a diagnosis (usually, routinely or typically associated with a condition) should not be assigned in addition to the code assigned for the specified diagnosis unless these represent important problems in medical care in their own right and provide additional valuable clinical information for management of the patient.

**Example 1:**

Patient presenting with photophobia, fever and neck stiffness. Final Diagnosis was Meningitis.

Code only the definitive diagnosis – Meningitis.

PDX: G03.9 Meningitis, unspecified

**Example 2:**

Patient admitted with sickle-cell crisis and acute chest syndrome.

PDX: D57.0 Sickle-cell anaemia with crisis

Acute chest syndrome is a symptom usually, routinely and/or typically associated with sickle cell crisis and therefore not coded separately.

**Example 3:**

A patient was admitted with pneumonia. Presented with coughing and had a fever.

Cough and fever are universally accepted as symptoms being typically associated with Pneumonia and do not need to be coded as additional information.

PDX: J18.9, Pneumonia, unspecified organism

**Example 4:**

A known diabetic is admitted with hyperglycaemia for stabilization of poorly controlled diabetes. Assign an additional code for the hyperglycaemia as this provides supplementary information regarding the reason for admission and the care rendered.

PDX: E10.– to E14.– Diabetes mellitus

SDX: R73.9 Hyperglycaemia, unspecified

**Coding guideline for “cannot tolerate oral medicine”**

There is no specific ICD-10 code for “cannot tolerate oral medicine”. Assign a sign and/or symptom code for each specific case where relevant.

## PCS19 Injury, poisoning and certain other consequences of external causes (S00 – T98)



### DSN1901 Poisoning, Overdose and Adverse Effects

#### Poisoning

A poisoning is identified as the:

- Wrong dosage given or taken
- Wrong medication given or taken
- Medication given or taken by the wrong person
- Intoxication (other than cumulative effect)
- Overdose
- Correct medicine taken with alcohol causing an unexpected adverse effect.
- Correct medicine taken with non prescription drug, causing an unexpected adverse effect.
- Wrong route of administration
- Therapeutic misadventure
- Toxic effect / Toxicity

#### PHISC addition

Therapeutic misadventure – refer to definition of misadventure (**DSN1906 Complications of Surgery and Medical care**)

#### Guideline

- Assign a code for each drug if multiple drugs documented.
- Assign a code for each active ingredient of a combination drug sequencing the one with the highest strength in the absence of detailed information.
- Code the manifestation in addition to the poisoning code and then the external cause code.
- A poisoning will be coded as undetermined if it is not stated as accidental or intentional although the note below “event of undetermined intent” indicates “but not poisoning” in the ICD-10 Tabular List.

#### PHISC amendment to point 4 of the “Poisoning Guideline”:

##### Event of undetermined intent (Y10 – Y34)

**Note:** This section covers events where available information is insufficient to enable a medical or legal authority to make a distinction between accident, self-harm and assault. It includes self-inflicted injuries, but not poisoning, when not specified whether accidental or with intent to harm (X40-X49). Follow legal rulings when available<sup>4</sup>.

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<sup>4</sup> ICD-10 Tabular List, 2010 Edition

## Herbal enemas



### DSN1903 Herbal Enemas

#### PHISC addition

A reaction to a herbal enema can be assigned as a poisoning or an adverse reaction depending on the circumstances.

Refer to definitions at **DSN1901 Poisoning, Overdose and Adverse Effects** when coding reactions to herbal enemas.

If related to a poisoning, code as follows:

PDX: T50.9 Poisoning, other and unspecified drugs, medicaments and biological substances

SDX: Y14.– Poisoning by and exposure to other and unspecified drugs, medicaments and biological substances, undetermined intent

If related to an adverse reaction, code as follows:

PDX: Assign a code for the adverse effect

SDX: Y57.9 Adverse effects in therapeutic use, drug or medicament, unspecified

## Coding complications from Antiretrovirals (ARVs)



### DSN1901 Poisoning, Overdose and Adverse Effects

#### Example:

Patient developed lipodystrophy as a side effect of antiretrovirals (ARVs)

PDX: E88.1 Lipodystrophy, not elsewhere classified

SDX: Y41.5 Adverse effects in therapeutic use, antiviral drugs



### DSN1906 Complications of Surgery and Medical Care

#### PHISC amendment to the definition of “Misadventure” in the SA ICD-10 Coding Standards and Guidelines document.

#### Misadventure

A misadventure is an instance of misfortune, a mishap, an un-intentional error in surgery or other fields of medicine.

#### Mishaps in hospital, even if the patient does not sustain an injury

##### Example 1:

A 75 year old male patient was admitted for a biopsy of a lung mass. He fell while trying to sit on a chair a day after the procedure. No injury was sustained as per the clinical notes.

PDX: R91 Abnormal findings on diagnostic imaging of lung

SDX: Z04.3 Examination and observation following other accident

SDX: W07.28 Fall involving chair, school, other institution and public administrative area, while engaged in other specified activities

**Example 2:**

A 2 year child admitted for observation following a fall at home. ? Head injury mentioned. Child stable. No bruises noted.

PDX: Z04.3 Examination and observation following other accident

SDX: W19.09 Unspecified fall, home, during unspecified activity



**DSN2001 External Cause Codes** – an external cause code should be assigned with Z04.–



**DSN1906 Complications of Surgery and Medical Care**

**PHISC addition**

**Hospital acquired conditions and infections**

**Hospital acquired conditions**

“A nosocomial condition is acquired or occurs while a patient is in hospital – also referred to as a ‘hospital-acquired condition’; this could be an infection or any other disease or condition for which the patient was not initially admitted but which was contracted or occurred while under medical care.”

**Hospital acquired infections**

An infection acquired in hospital by a patient who was admitted for a reason other than that infection. An infection occurring in a patient in a hospital or other health care facility in whom the infection was not present or incubating at the time of admission. This includes infections acquired in the hospital but appearing after discharge, and also occupational infections among staff of the facility.

Assign Y95 Nosocomial condition as per the WHO document for both nosocomial infections and conditions<sup>5</sup>.

**Example 1:**

A patient is admitted to the hospital and diagnosed with severe sepsis due to healthcare associated pneumonia. The medical doctor documented that her healthcare associated pneumonia was due to her recent hospitalization.

PDX: A41.9 Sepsis, unspecified

SDX: J18.–

SDX: R65.–

SDX: Y95 Nosocomial condition

**Example 2:**

A nursing student was admitted into the medical ward with a severe respiratory infection. After investigation it was confirmed as a streptococcal pneumonia. She subsequently also contracted a MRSA pneumonia. It was confirmed that she nursed a patient with MRSA, but there was no confirmation that her MRSA infection was acquired while working in the medical ward.

PDX: J15.4 Pneumonia due to other streptococci

SDX: J15.2 Pneumonia due to Staphylococcus

SDX: B95.6 *Staphylococcus aureus* as the cause of diseases classified to other chapters

SDX: U82.1 Resistance to methicillin

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<sup>5</sup> Prevention of hospital-acquired infections, A practical guide, 2<sup>nd</sup> edition

**Example 3:**

Patient admitted with UTI caused by bacterium *Klebsiella pneumoniae*. The patient developed septicaemia during the stay at hospital. Patient died and it was confirmed that the septicaemia was hospital acquired.

PDX: A41.9 Sepsis, unspecified

SDX: Y95 Nosocomial condition

SDX: N39.0 Urinary tract infection, site not specified

SDX: B96.1 *Klebsiella pneumoniae* [*K. pneumoniae*] as the cause of diseases classified to other chapters

SDX: R99 Other ill-defined and unspecified causes of mortality

- The use of R99 is not mandatory

 **DSN1801 Coding a Death**

**Example 4:**

An elderly patient with documented diagnosis of intracerebral haemorrhage and a hospital acquired deep vein thrombosis (DVT) of the left leg.

PDX: I61.9 Intracerebral haemorrhage, unspecified

SDX: I80.2 Phlebitis and thrombophlebitis of other deep vessels of lower extremities

SDX: Y95 Nosocomial condition

**Y95 Nosocomial condition must always be sequenced following the condition/s acquired in hospital.**

**Coding of subcutaneous haematomas**

There is no specific code for subcutaneous haematomas.

**Example 1:**

Patient developed an adverse reaction to the warfarin. Bleeding with subcutaneous haematomas all over her body.

PDX: R58 Haemorrhage, not elsewhere classified

SDX: R23.3 Spontaneous ecchymoses

SDX: Y44.2 Adverse effects in therapeutic use, anticoagulants

**Example 2:**

Patient developed an adverse reaction to the warfarin she has been using for the last 5 years. Bleeding with subcutaneous haematomas all over her body.

PDX: R58 Haemorrhage, not elsewhere classified

SDX: R23.3 Spontaneous ecchymoses

SDX: Y44.2 Adverse effects in therapeutic use, anticoagulants

SDX: Z92.1 Personal history of long-term (current) use of anticoagulants

### **PCS1901 ICD-10 codes for Human Trafficking**

There are no specific ICD-10 codes for human trafficking. Not all trafficking involves, or is related to sexual violence. "The main condition treated" must be assigned as per the primary diagnosis with reference to GSN0001.

Assign a code for the medical condition being treated and a code from **T74 Maltreatment syndromes**. An external cause code must be assigned from **Y07 Other maltreatment** or **Y08 Assault by other specified means** and where applicable codes from chapter XXI Factors influencing health status and contact with health services (Z00 – Z99).

#### **Example 1:**

A 21 year old female presented with a fractured ankle which she sustained two weeks ago at a factory where she works. According to her records, the fracture was not treated as her employer refused any form of medical care. She mentioned that her employer pushed her down the stairs. As per additional information received, an investigation of forced labour is underway at the mentioned factory.

There is evidence that general care has been lacking prior to the current issue. The patient appears neglected. She is very anxious and somewhat depressed. No contact details for next of kin available. It is difficult to get more information as the patient appears to withhold information when questioned.

PDX: S82.80 Fractures of other parts of lower leg, closed

SDX: T74.0 Neglect or abandonment or T74.8 Other maltreatment syndromes

SDX: Y01.62 Assault by pushing from high place, industrial and construction area, while working for income

#### **Or**

Assign a code from **T74 Maltreatment syndromes** as the primary code and an additional code to identify any associated current injury. An external cause code must be assigned from **Y07 Other maltreatment** or **Y08 Assault by other specified means**.

*"The main condition treated" must be assigned as per the primary diagnosis with reference to GSN0001.*

#### **Example 2:**

An 8 year old child, malnourished and dehydrated. According to the medical records, the child was found at a factory following a police raid related to a human trafficking investigation.

PDX: T74.8 Other maltreatment syndromes

SDX: E46 Unspecified protein-energy malnutrition

SDX: E86 Volume depletion

SDX: Y07.89 Other maltreatment by other specified persons, during unspecified activity

#### **Or**

PDX: E46 Unspecified protein-energy malnutrition

SDX: E86 Volume depletion

SDX: T74.8 Other maltreatment syndromes

SDX: Y07.89 Other maltreatment by other specified persons, during unspecified activity

## PCS20 External causes of morbidity and mortality (V01 – Y98)



### DSN2001 External Cause Codes

#### External Cause Codes not linked to Injury, poisoning and certain other consequences of external causes

As per the notes in Volume 1 (Tabular List), Chapter XX External causes of morbidity and mortality, it states:

“This chapter, which in previous revisions of ICD constituted a supplementary classification, permits the classification of environmental events and circumstances as the cause of injury, poisoning and other adverse effects.

Most often, the condition will be classifiable to chapter XIX Injury, poisoning and certain other consequences of external causes (S00-T98).

Other conditions that may be stated to be due to external causes are classified in chapters I to XVIII. For these conditions, codes from Chapter XX should be used to provide additional information for multiple-condition analysis only<sup>6</sup>.”

There are instructions to provide an ECC for non-injury codes in the volume 1 (tabular list)

Examples below:

#### **H26.1 Traumatic cataract**

Use additional external cause code (Chapter XX), if desired, to identify cause.

#### **H26.2 Complicated cataract**

Cataract in chronic iridocyclitis

Cataract secondary to ocular disorders

Glaucomatous flecks (subcapsular)

#### **H26.3 Drug-induced cataract**

Use additional external cause code (Chapter XX), if desired, to identify drug.

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<sup>6</sup> ICD-10 Tabular List, 2010 Edition

## **PCS21 Factors influencing health status and contact with health services (Z00 – Z99)**



### **DSN2136 Surgery not performed**

#### **Surgery not performed**

Ensure that the ICD-10 diagnosis code(s) assigned as per DSN 2136 Surgery not performed align with the CCSA code(s) and modifier(s) assigned.



### **DSN2130 Post Exposure Prophylaxis (PEP)**

#### **Coding of PEP for mucosal splashing**

##### **Example 5:**

A health care worker prescribed PEP following exposure to bodily fluids of an HIV positive patient while working for an income at the hospital. She sustained a splash to mucosal membranes.

PDX: Z20.6 Contact with and exposure to human immunodeficiency virus [HIV]

SDX: Z57.8 Occupational exposure to other risk-factors

SDX: X58.22 Exposure to other specified factors, school, other institution and public administrative area, while working for income

SDX: Z29.8 Other specified prophylactic measures

##### **Example 6:**

A health care worker received post exposure management following exposure to bodily fluids of a patient with infectious hepatitis B while working for an income at the hospital. She sustained a splash to mucosal membranes.

PDX: Z20.5 Contact with and exposure to viral hepatitis

SDX: Z57.8 Occupational exposure to other risk-factors

SDX: X58.22 Exposure to other specified factors, school, other institution and public administrative area, while working for income

SDX: Z29.8 Other specified prophylactic measures

#### **Coding guideline for Prophylaxis**

Assign codes for prophylaxis as per existing ICD-10 Morbidity Coding Standards and Guidelines document and Z-codes for immunization and vaccination from chapter XXI where appropriate.

#### **Total Parenteral Nutrition (TPN)**

There is no specific ICD-10 code for total parenteral nutrition (TPN). Assign a code for the actual condition requiring TPN.

## **Coding Convalescence**



### **DSN2131 Coding of Rehabilitation**

When a patient is admitted for convalescence, the diagnosis necessitating the recuperation should be coded as the primary code, followed by a code from **Z54 Convalescence** where applicable.

## Definitions, Acronyms and Abbreviations

Abbreviation	Term / Definition
PHISC	Private Healthcare Information Standards Committee
NDoH	National Department of Health
ICD-10	International Statistical Classification of Diseases and Related Health problems, 10 <sup>th</sup> Revision
MIT	Master Industry Table