PRINCIPLE DECISIONS REGARDING CHANGES TO BE MADE TO THE MEDICAL DOCTORS' CODING MANUAL (MDCM)

1. **Application forms**: All submissions must be made on the appropriate application forms (changes, discontinued or additions) forms - the forms are also available on the SAMA website (https://www.samedical.org/Home >> Private Practice >> Coding >> MDCM Medical Code Submissions)

2. **Supporting CPT® codes**: All new codes to be considered must be supported by a valid CPT® code

3. **No CPT® codes available**: If CPT® codes are not available, full motivation must be supplied including:
   (1) An adequate definition or description of the nature, extent and need for the procedure/service or "medical necessity";
   (2) In which respect is this service unusual or different in technique, compared to available procedures/services listed in the coding structure? Information regarding the nature and extent of the procedure/service, time and effort, special/dedicated equipment needed to provide this service, must be included in the report;
   (3) Is this procedure/service medically appropriate under the circumstances? Explain why another procedure/service listed in the coding structure will not be appropriate in this case;
   (4) A description of the complexity of the symptoms and concurrent problems must be supplied;
   (5) Final diagnosis supported by the appropriate ICD-10 code(s);
   (6) Pertinent physical findings (size, location and number of lesions, if applicable);
   (7) Make mention of any other diagnostic or therapeutic procedure(s)/service(s) provided at the same session;
   (8) Any further diagnostic or therapeutic procedure(s)/service(s) to be provided in the follow-up period;
   (9) Description of the follow-up care needed.

4. **Baseline for unit allocation**: The RVUs from the latest edition of the Complete CPT® for South Africa publication will be used for all new submissions based on CPT®

5. **Conversion factor**: The RVUs allocated to the CPT® code will be multiplied by 10 to get to the SAMA units. The Facility Total RVUs will used as the baseline (eventhough some procedures may be performed in a non-facility setting. Thus the conversion factor of CPT RVUs to SAMA units will be 1 RVU:10 units.

6. **Special equipment**: All special equipment codes will each have to be costed and utilisation, purchase cost and all other expenses directly related to the equipment should be calculated to motivate for SAMA units. Special equipment does not form part of the usual equipment used in rooms which forms part of the practice cost. The RVUs reflected in the Resource Based Relative Value Scale (RBRVS) will not be used as is since the cost of equipment differs from that used in South Africa since most of the equipment in imported from other countries.

7. **Guidelines, interpretations and/or comments**: All disciplines must supply SAMA with guidelines, interpretations and/or comments for the different codes used by their discipline - these guidelines should reach the SAMA Coding Department by a date to be determined on an annual basis - usually before middle of May of the year the submission is considered.

8. **Presentations to be made**: All submissions must be motivated for in person at the Private Practice Committee meeting at a date to be determined by the Committee, otherwise the submissions will not be considered.

9. **Removal of duplicate codes**: Duplicate codes from the current structure will have to be scrapped.
10. **Z codes**: Utilisation data for codes already included and marked as Z codes must be supplied before the end of April of the year after the new codes were introduced in the Medical Doctor’s Coding Manual. The Committee reserves the right to delete the RVUs (units) allocated to the items published in the MDCM for those identified codes without any utilisation information. Only the code and descriptor will remain until utilisation information is received. The utilisation data supplied will determine the updated RVUs for these Z codes or the viability of performing these procedures.

11. **T codes**: Temporary code - utilisation not set therefore values will have to be negotiated

12. **Descriptions to be used in MDCM**: The latest edition of the Complete CPT® for South Africa (at this stage CCSA2016) code descriptors will be used as base descriptors for all new codes or codes where revised descriptors are required. However, the descriptions of the codes to be added or amended for 2016 MDCM may not have exact CPT® descriptors and will have to be amended to reflect the same information but not the exact same wording (copyright of AMA information must be taken into consideration).

13. **Introduction to MDCM**: All accepted submissions, unless otherwise decided by the Committee, will be introduced in the second year after the submissions were made.

14. **Scope of practice reflected**: The scope of the different disciplines should be reflected in the Medical Doctors’ Coding Manual and not just those codes medical schemes may consider granting benefits.

**Submission forms:**
- **PROCEDURE/SERVICE: CODE DISCONTINUATION (DELETE) REQUEST ONLY**
- **NEW PROCEDURE/SERVICE WHEN BASED ON VALID 2016 CCSA CODE: CODE AND DESCRIPTOR ALLOCATION REQUEST ONLY**
- **REVISED PROCEDURE/SERVICE BASED ON CPT®: CODE, DESCRIPTOR AND UNIT ALLOCATION REQUEST ONLY**

**NOTE:** Closing date for 2017 MDCM submissions is on 28 February 2016

Submission forms (above) have to be completed correctly and completely. No late submissions will be accepted. Contact the SAMA Medical Coding Unit (coding@samedical.org) for assistance if required.

Late submissions will only be considered and incorporated into the 2018 Medical Doctors’ Coding Manual.
PROCEDURE/SERVICE: CODE DISCONTINUATION (DELETE) REQUEST ONLY

(Kindly note that separate forms are available for equipment and pathology requests)

2017 MEDICAL DOCTORS’ CODING MANUAL

IMPORTANT INFORMATION:
Please use the correct form, complete all fields and supply supporting evidence. Collaborate with associated disciplines and special interest groups and our coding team to facilitate the application.

SECTION I-PD

Date: ........................................

Requested by:

Name ..................................................................................................................

Group .............................................................................................................

Address .........................................................................................................

..................................................................................................................... Code ........................................

Telephone ..................................................................................................... Fax ........................................

E-mail .............................................................................................................

<table>
<thead>
<tr>
<th>CURRENT CODE</th>
<th>CURRENT DESCRIPTION OF CODE TO BE DISCONTINUED FROM THE MEDICAL DOCTORS’ CODING MANUAL (MDCM)</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item:</td>
<td>Description:</td>
<td></td>
</tr>
</tbody>
</table>

CLINICAL AND CODING INFORMATION

Motivate the procedure/service code discontinuation. Detail all possible related changes and effects in your and other disciplines.

Code(s) to be used instead of this items:

Signature of person submitting the request:

_________________________________________________________________________
SUBMISSION OF APPLICATION

Submit your application and electronic supporting documents via e-mail to coding@samedical.org

Forward supporting documents that are not available in electronic format to:

Submissions for changes to 2016 MDCM Medical Coding Unit
Private Practice Department
South African Medical Association
Block F Castlewalk Corporate Park
Nossob Street (entrance in Kuiseb Street)
ERASMUSKLOOF x3
0183

If you have any questions regarding the above requirements, please contact the SAMA Medical Coding Unit at (012) 481 2073 or via e-mail at coding@samedical.org, prior to submitting your application.
NEW PROCEDURE/SERVICE WHEN BASED ON VALID 2016 CCSA CODE: CODE AND DESCRIPTOR ALLOCATION REQUEST ONLY

(Kindly note that separate forms are available for procedures not based on CCSA, equipment and pathology requests)

2017 MEDICAL DOCTORS’ CODING MANUAL

IMPORTANT INFORMATION:
Please use the correct form, complete all fields and supply supporting evidence. Collaborate with associated disciplines and special interest groups and our coding team to facilitate the application.

SECTION I-PA

Date: ..................................  

Requested by: 

Name .....................................................................................................................  

Group ......................................................................................................................  

Address ..................................................................................................................  
.....................................................................................................................Code  

Telephone .............................................  Fax ..................................................  

E-mail ......................................................................................................................  

<table>
<thead>
<tr>
<th>PROPOSED NEW CODE &amp; SECTION</th>
<th>EXACT DESCRIPTION OF THE WORDING OF THE PROCEDURE/ SERVICE TO BE INCLUDED IN THE MEDICAL DOCTORS’ CODING MANUAL</th>
<th>FACILITY RVUS BASED ON 2016 CCSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>English:</td>
<td></td>
<td>Units:</td>
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MOST APPROPRIATE EQUIVALENT CPT® CODE(S):

*Please do not use the code numbers of previously discontinued CPT® codes for the introduction of new codes

Signature of person submitting the request:

________________________________________
CODING CONSIDERATIONS

Procedures(s)/services included: To prevent unbundling of codes for a stand-alone procedure/service, indicate which other procedure(s)/service(s) are included.

| Procedure(s) included: | | |
| Service(s) included: | | |
| Modifier(s) included: | | |

Additions: Indicate which other procedure(s)/service(s) may be added to this item.

| Procedure(s) to be charged with: | | |
| Service(s) to be charged with: | | |
| Modifier(s) to be charged with: | | |

Incidental codes: Indicate which codes are incidental to this item and should therefore not be added to this item.

| Procedure(s) not to be added to: | | |
| Service(s) not to be added to: | | |
| Modifier(s) not to be added to: | | |

Comments on services included / excluded or incidental and indicate modifiers applicable:

RELATIONSHIPS WITH OTHER GROUPS/DISCIPLINES

- Other disciplines: Indicate which other disciplines may be affected by the addition of the proposed new code.
- Please note that if use of the procedure/service overlaps with other groups it is essential that these groups be contacted to negotiate common intent and purpose.

Specify discipline and utilisation patterns:

Discipline(s)

Utilisation patterns

MOTIVATION, UTILISATION AND REFERENCES

- Please append as much clinical and technical information as possible to support your request.
- National and international procedural guidelines must be included where available.
- Detailed description of the procedure or service and included steps must be provided; note exceptions and special scenarios. Indicate average intra-procedure time where possible.
- CPT coding rules on what is included and excluded must be respected.
- Detailed technical motivation is required for any aspect that differs from the CPT description, unit values and practice variations.
- Provide South African recommendations on place of service, assistants, associated equipment utilisation, average length of stay and follow up services (consulting, pathology, radiology, referrals).

**SUBMISSION OF APPLICATION**

Submit your application and electronic supporting documents via e-mail to coding@samedical.org

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**REVISED PROCEDURE/SERVICE BASED ON CCSA:**
**CODE, DESCRIPTOR AND UNIT ALLOCATION REQUEST ONLY**

(Kindly note that separate forms are available for procedures not based on CCSA, equipment and pathology requests)

**2017 MEDICAL DOCTORS’ CODING MANUAL**

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**Discipline(s)**

**Utilisation patterns**

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