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AIDS HELPLINE: 0800-0123-22 Prevention is the cure

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GOVERNMENT NOTICES

DEPARTMENT OF HEALTH**No. 1397****6 October 2003****MEDICAL SCHEMES ACT, 1998 (ACT NO. 131 OF 1998)****AMENDMENT TO THE GENERAL REGULATIONS MADE IN TERMS OF THE MEDICAL
SCHEMES ACT, 1998 (ACT NO. 131 OF 1998)**

The Minister of Health, has in terms of the Medical Schemes Act, 1998 (Act No 131 Of 1998), and after consultation with the Council for Medical Schemes, made the Regulations in the Schedule

SCHEDULE**Definitions**

1. In this Schedule, "the Regulations" means the regulations published under Government Notice No. R.1262 of 20 October 1999, as amended by the following Government Notices: No. R. 570 of 5 June 2000; No. R. 650 of 30 June 2000 and No. R.247 of 1 March 2002 and No. R.1360 of 4 November 2002, and made in terms of the Medical Schemes Act, 1998 (Act No. 131 of 1998)

Correction of regulation 17A

2. Regulation 17A (1)(c) is hereby corrected by replacing the words "regulation 28(5)(b)" with "regulation 28(6)(b)".

Amendment of Annexure A of the Regulations

3. Annexure A of the Regulations is hereby amended:

- (a) by the replacement of the words "Systematic Lupus Erythromatosis" with the words "Systematic Lupus Erythematosus";
- (b) by the insertion after the condition "Systematic Lupus Erythematosus" of the condition "ulcerative colitis"; and
- (c) by the deletion of the condition "dysrhythmias" appearing immediately after the condition "schizophrenia".

ME TSHABALALA – MSIMANG
MINISTER OF HEALTH

NB The amended list of chronic conditions in Annexure A is as follows:

CHRONIC CONDITIONS

Diagnosis:

Addison's Disease

Asthma

Bipolar Mood Disorder

Bronchiectasis

Cardiac Failure

Cardiomyopathy

Chronic Renal Disease

Chronic Obstructive Pulmonary Disease

Coronary Artery Disease

Crohn's Disease

Diabetes Insipidus

Diabetes Mellitus Types 1 & 2

Dysrhythmias

Epilepsy

Glaucoma

Haemophilia

Hyperlipidaemia

Hypertension

Hypothyroidism

Multiple Sclerosis

Parkinson's Disease

Rheumatoid Arthritis

Schizophrenia

Systemic Lupus Erythematosus

Ulcerative Colitis

CHRONIESE NIERSIEKTE**Diagnose**

Ligte chroniese nierversaking
Kr 100-200 $\mu\text{mol/l}$

Matige chroniese nierversaking
Kr 200-400 $\mu\text{mol/l}$

Erge chroniese nierversaking
Kr >400 $\mu\text{mol/l}$

Ligte Chroniese Nierversaking (Kr 100-200 $\mu\text{mol/l}$)

Aktiewe bloeddruk behandeling: d.i. BD < 130/85 mmHg

Vermyn *diuretika* behalwe as volume oorlaai is
Meestal 3 agente benodig veral as Kr $\geq 150 \mu\text{mol/l}$
Teiken BD < 130/85 mmHg

Gebruik *AOE remmers*: vertraag agteruitgang en is anti-proteinuries; meer effektief as Na^+ uitgeput is
of *kalsiumantagoniste*: het bewysde renale-beskernde effekte, maar nie anti-proteinuries nie

Voeg *tiasied diuretika* ter versterking by *AOE remmer*
of voeg β -blokker by as kombinasie terapie

Volgehoue monitering van nierfunksie en bloeddruk

Matige Chroniese Nierversaking (Kr 200-400 $\mu\text{mol/l}$)

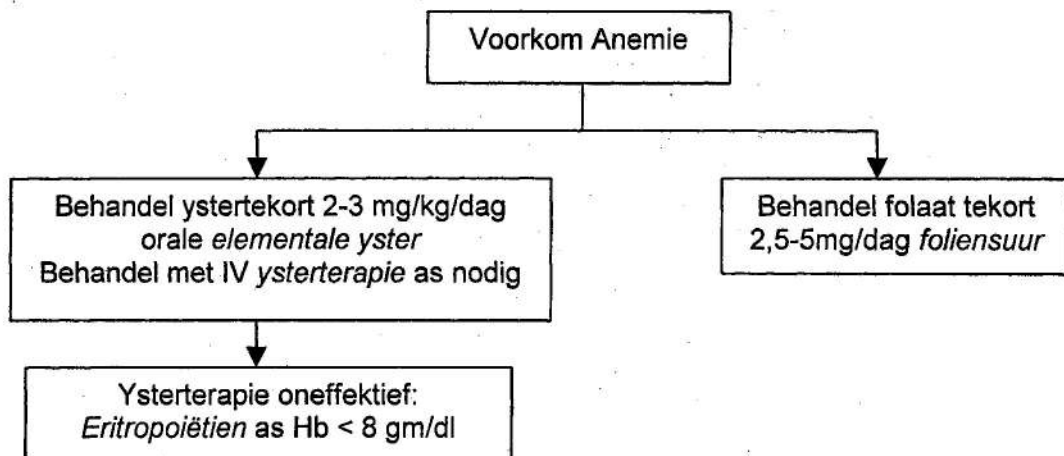
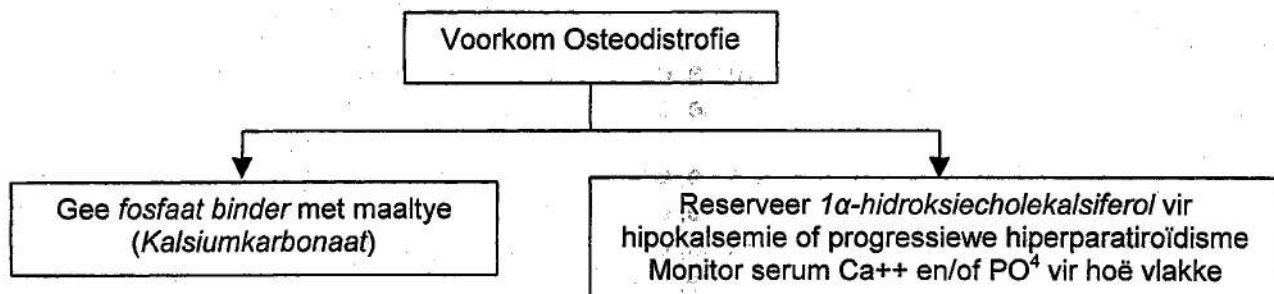
Aktiewe bloeddruk behandeling: d.i. BD < 130/85 mmHg

Vermyn *diuretika* behalwe as volume oorlaai is
Meestal 3 agente benodig, teiken BD < 130/85 mmHg

Gebruik *AOE remmers*: vertraag agteruitgang en is anti-proteinuries; meer effektief as Na^+ uitgeput is
of *kalsiumantagoniste*: het bewysde renale-beskernde effekte, maar nie anti-proteinuries nie

Voeg *tiasied diuretika* ter versterking by *AOE remmer*
of voeg β -blokker by as kombinasie terapie

Volgehoue monitering van nierfunksie en bloeddruk



Erge Chroniese Nierversaking (Kr > 400 μmol/l)

Pasiënte benodig vroeë nefrologiese verwysing vir hantering en oorweging/evaluering vir dialise en oorplanting

Woordelys:

- AOE remmer – Angiotensien-omskakelingsensiemremmer
- Serum Na⁺ – Serum natrium
- β-blokker – Beta-reseptor blokker
- BD – Bloeddruk
- Hb – Hemoglobien
- Kr/Serum Kr – Serum Kreatinien
- Serum Ca⁺⁺ – Serum kalsium
- Serum PO⁴ – Serum fosfaat

Toepaslike ICD 10 Kodering:

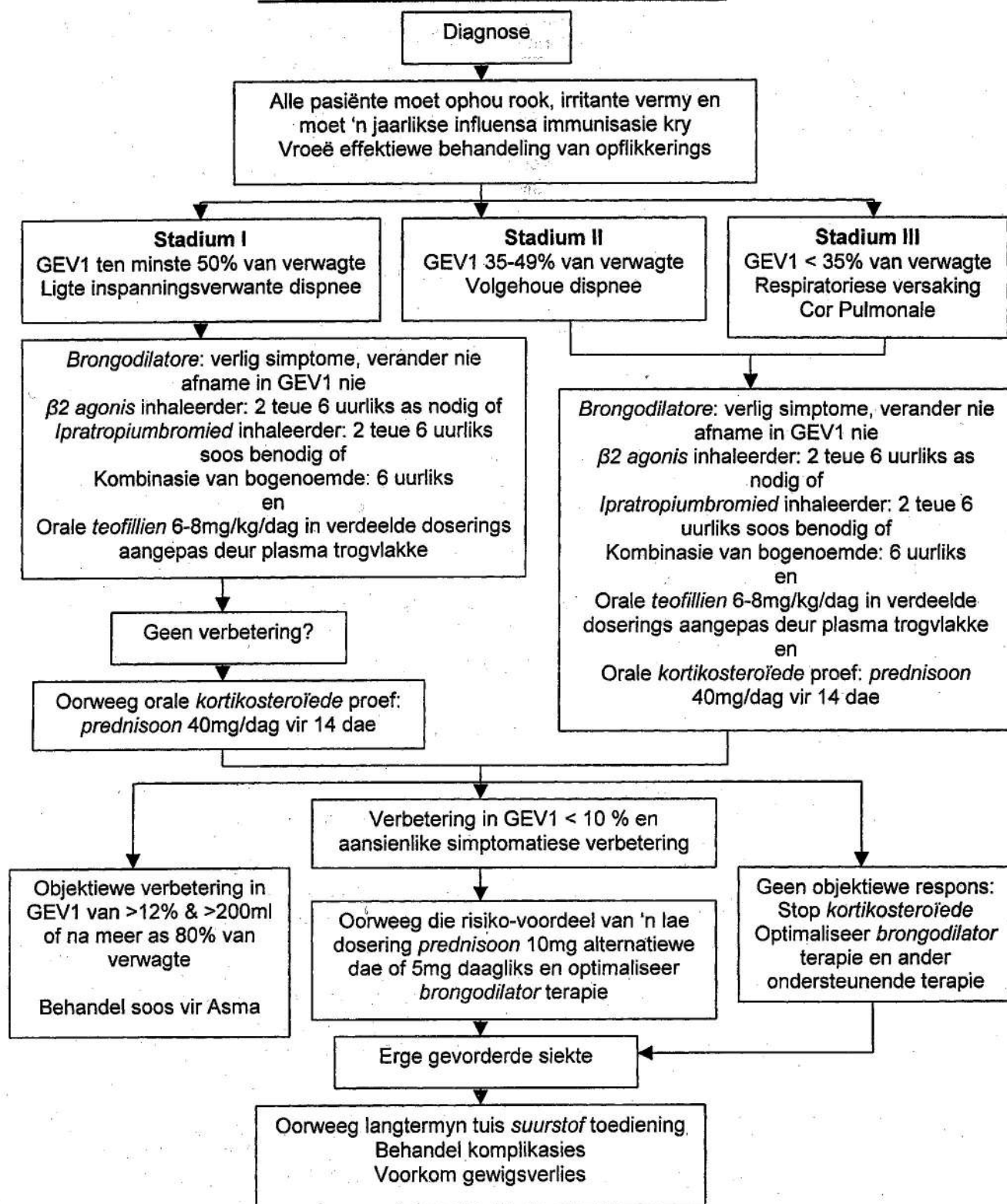
- N03 Chronic nephritic syndrome
 - N03.0 Chronic nephritic syndrome, minor glomerular abnormality
 - N03.1 Chronic nephritic syndrome, focal and segmental glomerular lesions
 - N03.2 Chronic nephritic syndrome, diffuse membranous glomerulonephritis

Toepaslike ICD 10 Kodering: (vervat)

- N03.3 Chronic nephritic syndrome, diffuse mesangial proliferative glomerulonephritis
- N03.4 Chronic nephritic syndrome, diffuse endocapillary proliferative glomerulonephritis
- N03.5 Chronic nephritic syndrome, diffuse mesangiocapillary glomerulonephritis
- N03.6 Chronic nephritic syndrome, dense deposit disease
- N03.7 Chronic nephritic syndrome, diffuse crescentic glomerulonephritis
- N03.8 Chronic nephritic syndrome, other
- N03.9 Chronic nephritic syndrome, unspecified
- N11 Chronic tubulo-interstitial nephritis
 - N11.0 Nonobstructive reflux-associated chronic pyelonephritis
 - N11.1 Chronic obstructive pyelonephritis
 - N11.8 Other chronic tubulo-interstitial nephritis
 - N11.9 Chronic tubulo-interstitial nephritis, unspecified
- N18 Chronic renal failure
 - N18.0 End-stage renal disease
 - N18.8 Other chronic renal failure
 - N18.9 Chronic renal failure, unspecified
- I12.0 Hypertensive renal disease with renal failure
- I13.2 Hypertensive heart and renal disease with both (congestive) heart failure and renal failure
- O10.2 Pre-existing hypertensive renal disease complicating pregnancy, childbirth and the puerperium
- O10.3 Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth and the puerperium

Nota:

1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste- doeltreffendheid en bekostigbaarheid.

CHRONIESE OBSTRUKTIEWE LUGWEGSIEKTE

Woordelys:

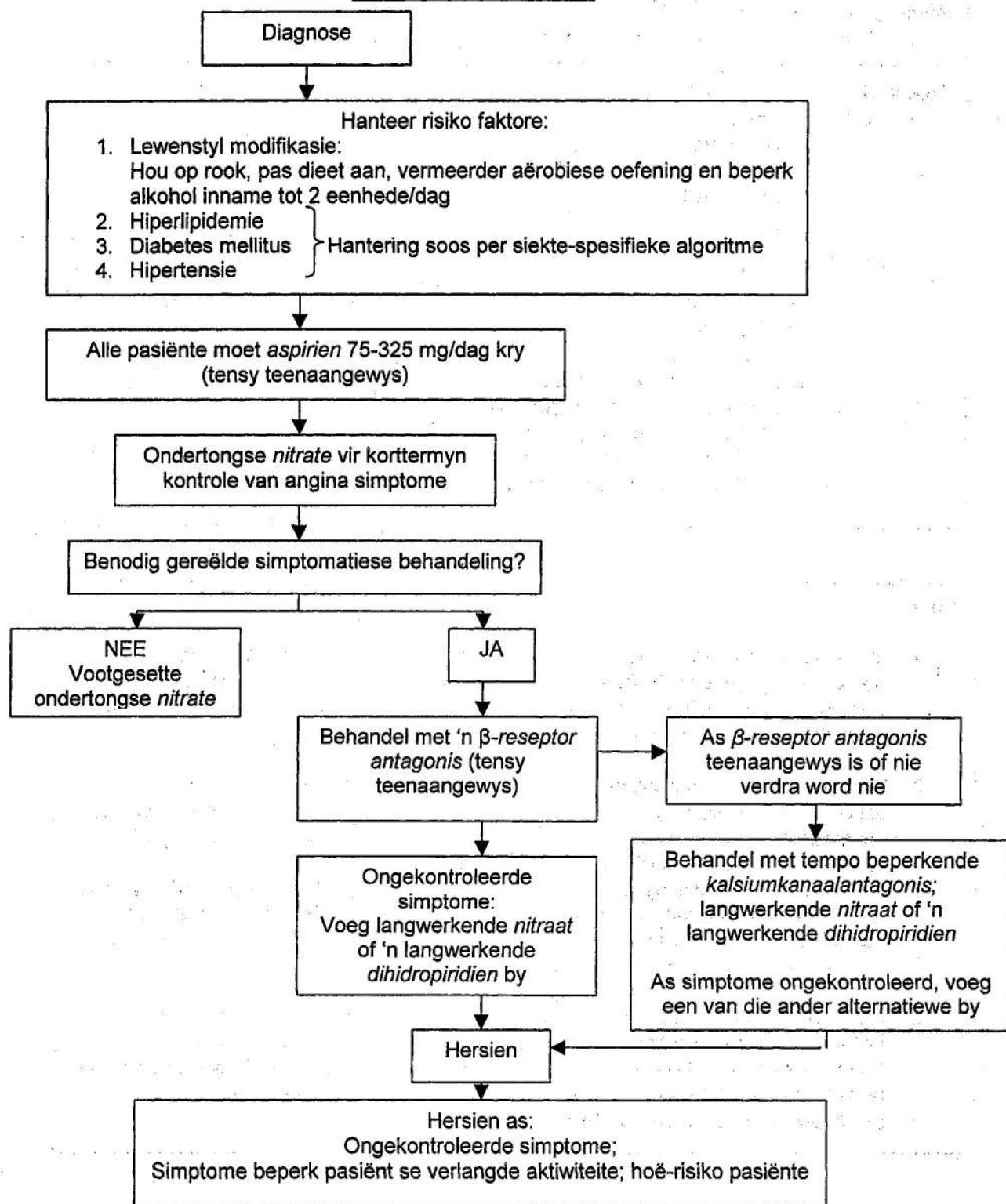
- GEV1 – Geforseerde ekspiratoriese volume in 1 sekonde
- β 2 – Beta-2 reseptor

Toepaslike ICD 10 Kodering:

- J43 Emphysema
 - J43.0 MacLeod's syndrôme
 - J43.1 Panlobular emphysema
 - J43.2 Centrilobular emphysema
 - J43.8 Other emphysema
 - J43.9 Emphysema, unspecified
- J44 Other chronic obstructive pulmonary disease
 - J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
 - J44.1 Chronic obstructive pulmonary disease with acute exacerbation, unspecified
 - J44.8 Other specified chronic obstructive pulmonary disease
 - J44.9 Chronic obstructive pulmonary disease, unspecified

Nota:

1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.

KORONêRE VATSIEKTE

Woordelys:

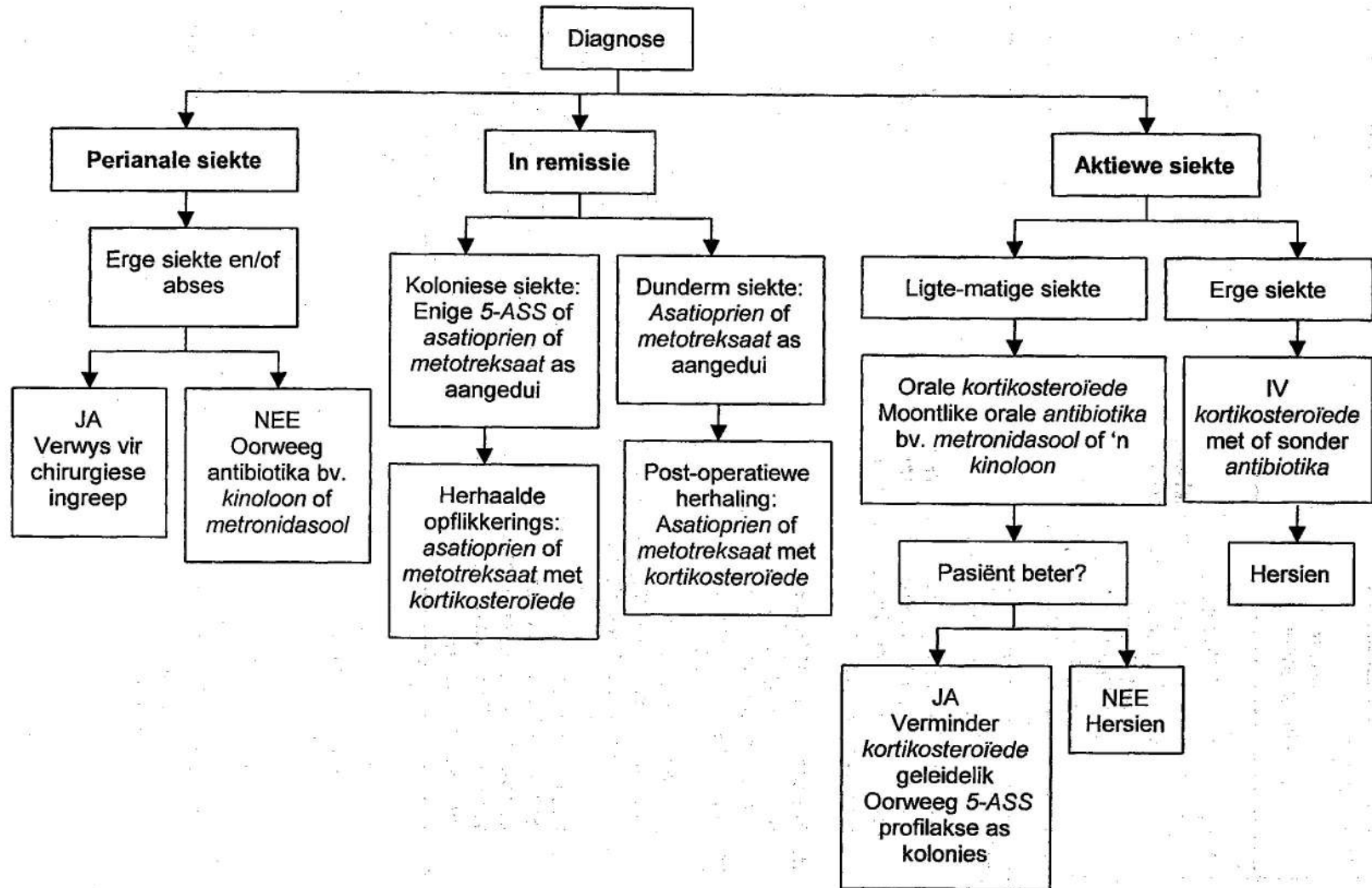
- *β-reseptor antagonistis* – Beta-reseptor antagonistis

Toepaslike ICD 10 Kodering:

- I20 Angina pectoris
 - I20.0 Unstable angina
 - I20.1 Angina pectoris with documented spasm
 - I20.8 Other forms of angina pectoris
 - I20.9 Angina pectoris, unspecified
- I25 Chronic ischaemic heart disease
 - I25.0 Atherosclerotic cardiovascular disease, so described
 - I25.1 Atherosclerotic heart disease
 - I25.2 Old myocardial infarction
 - I25.3 Aneurysm of heart
 - I25.4 Coronary artery aneurysm
 - I25.5 Ischaemic cardiomyopathy
 - I25.6 Silent myocardial ischaemia
 - I25.8 Other forms of chronic ischaemic heart disease
 - I25.9 Chronic ischaemic heart disease, unspecified

Nota:

1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.

CROHN SE SIEKTE

Woordelys:

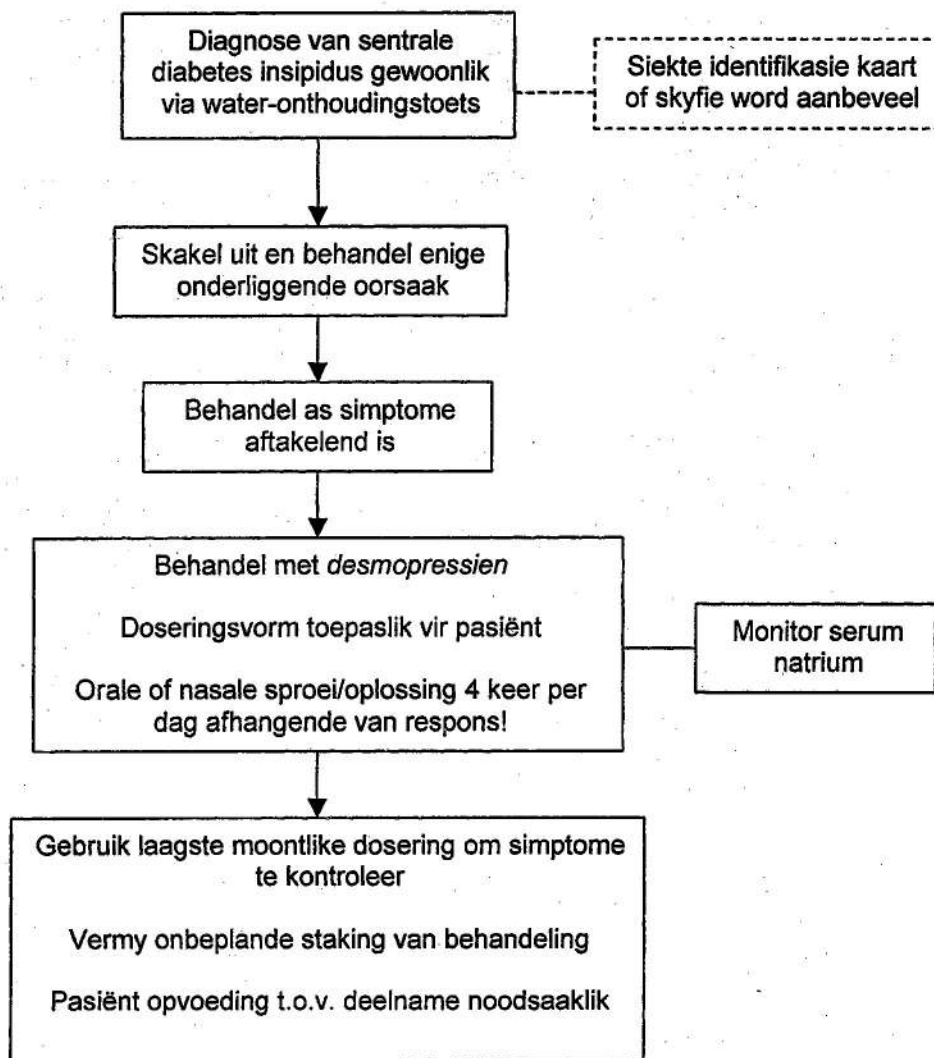
- 5-ASS – 5-Aminosalisielsuur
- IV – Intraveneus

Toepaslike ICD 10 Kodering:

- K50 Crohn's disease [regional enteritis]
 - K50.0 Crohn's disease of small intestine
 - K50.1 Crohn's disease of large intestine
 - K50.8 Other Crohn's disease
 - K50.9 Crohn's disease, unspecified

Nota:

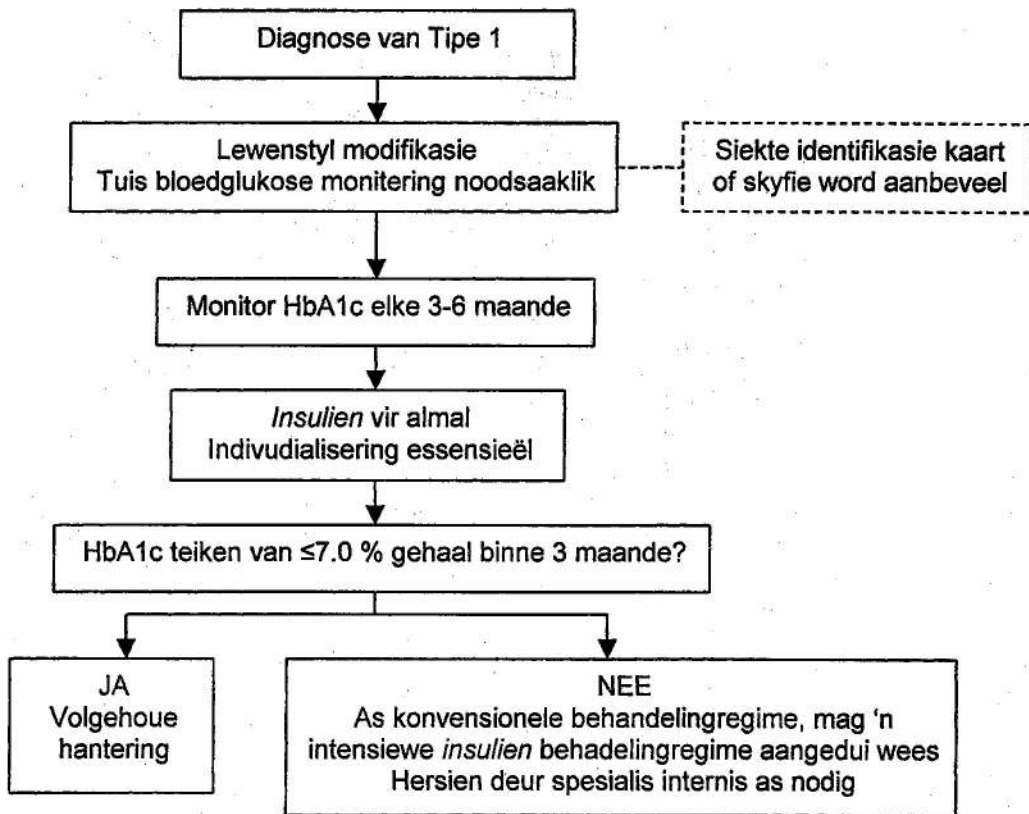
1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste- doeltreffendheid en bekostigbaarheid.

DIABETES INSIPIDUS**Toepaslike ICD 10 Kodering:**

- E 23.2 Diabetes insipidus

Nota:

- 1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.**
- 2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-**
 - a. Nie strydig wees met die algoritme nie;**
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en**
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998**
- 3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.**

DIABETES MELLITUS TIPE 1**Woordelys:**

- HbA1c – Glikosilaat-hemoglobien

Toepaslike ICD 10 Kodering:

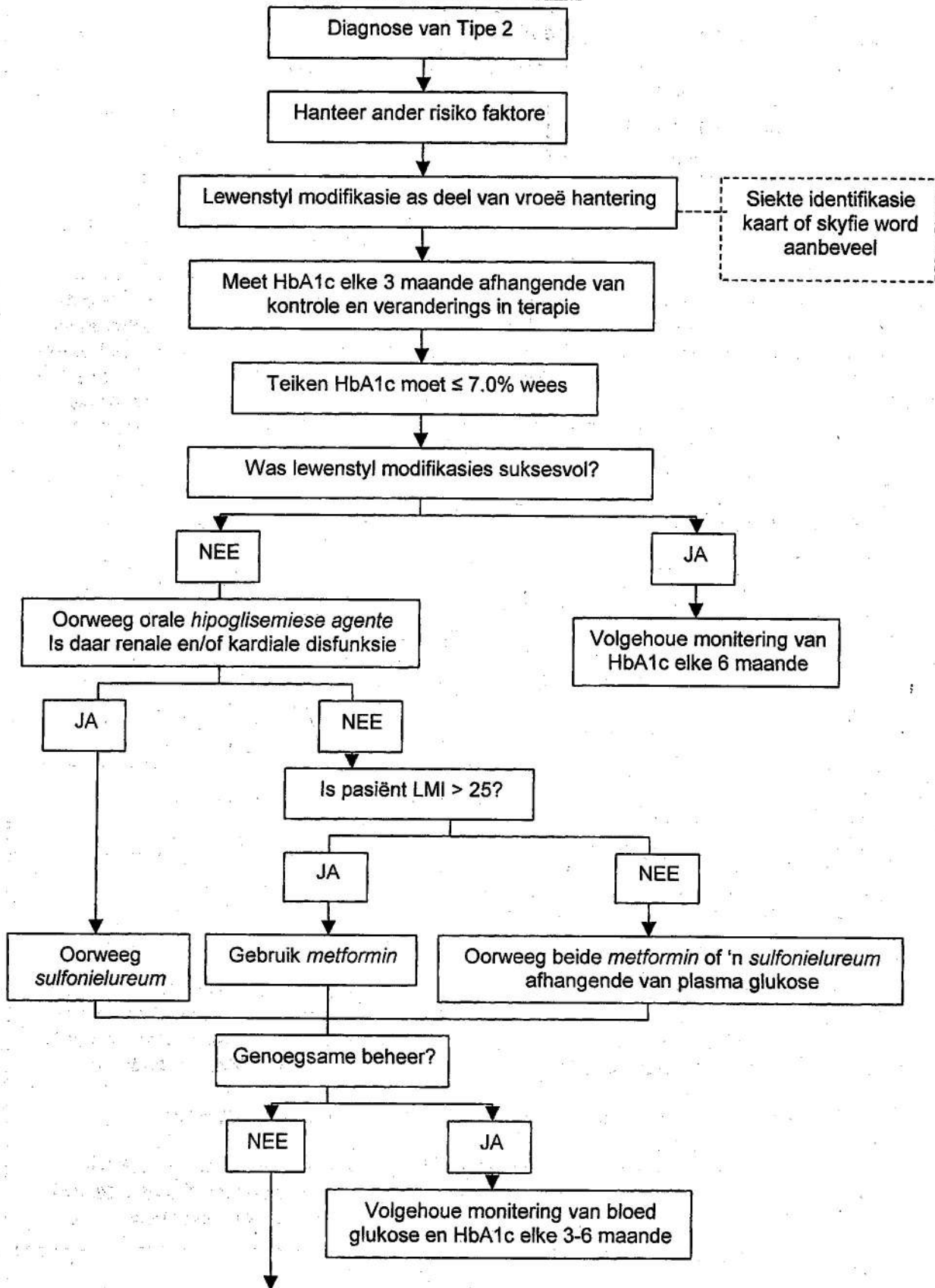
- E10 Insulin-dependent diabetes mellitus
 - E10.0 Insulin-dependent diabetes mellitus with coma
 - E10.1 Insulin-dependent diabetes mellitus with ketoacidosis
 - E10.2 Insulin-dependent diabetes mellitus with renal complications
 - E10.3 Insulin-dependent diabetes mellitus with ophthalmic complications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

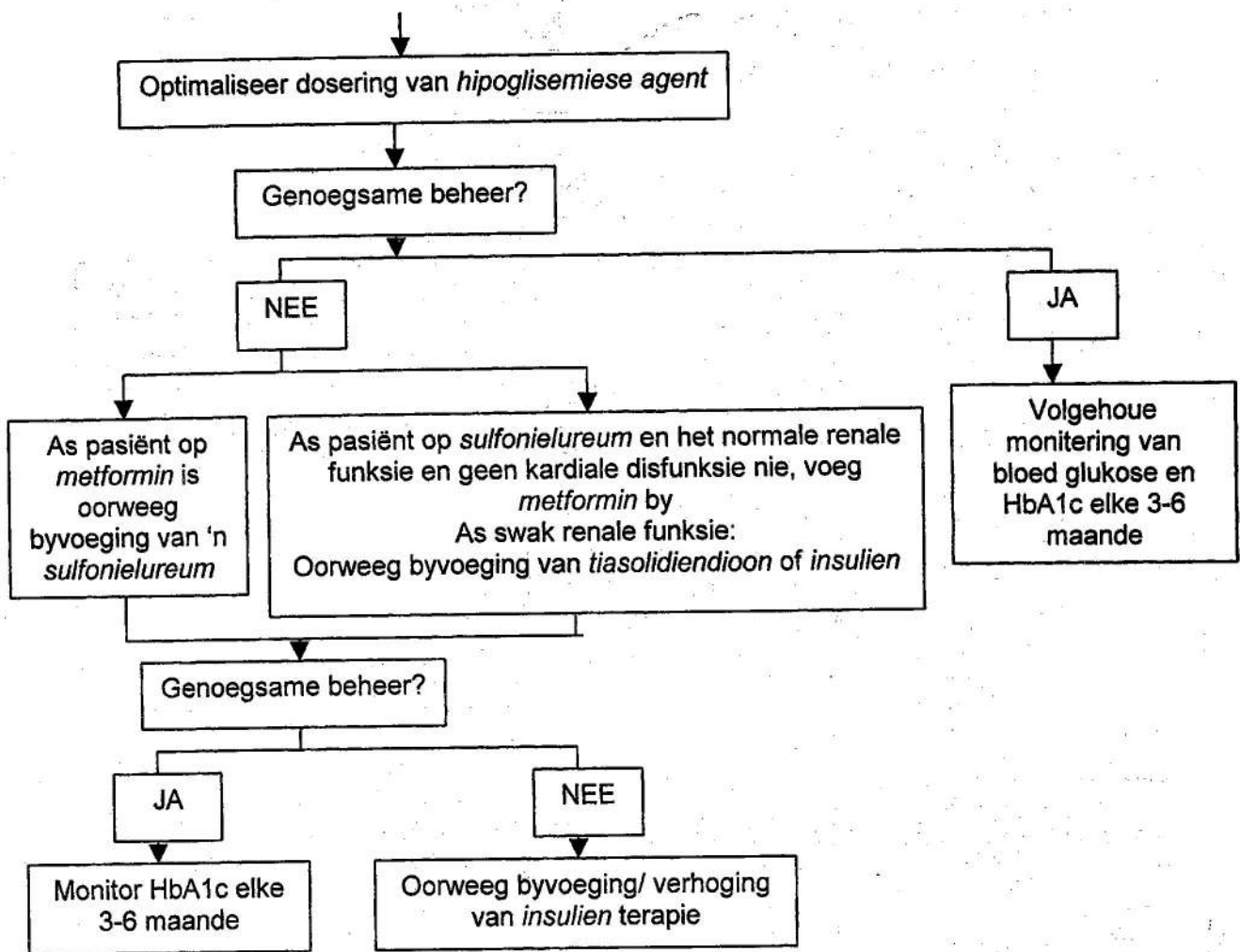
Toepaslike ICD 10 Kodering: (vervat)

- **E12 Malnutrition-related diabetes mellitus**
 - E12.0 Malnutrition-related diabetes mellitus with coma
 - E12.1 Malnutrition-related diabetes mellitus with ketoacidosis
 - E12.2 Malnutrition-related diabetes mellitus with renal complications
 - E12.3 Malnutrition-related diabetes mellitus with ophthalmic complications
 - E12.4 Malnutrition-related diabetes mellitus with neurological complications
 - E12.5 Malnutrition-related diabetes mellitus with peripheral circulatory complications
 - E12.6 Malnutrition-related diabetes mellitus with other specified complications
 - E12.7 Malnutrition-related diabetes mellitus with multiple complications
 - E12.8 Malnutrition-related diabetes mellitus with unspecified complications
 - E12.9 Malnutrition-related diabetes mellitus without complications
- **O24 Diabetes mellitus in pregnancy**
 - O24.0 Pre-existing diabetes mellitus, insulin-dependent
 - O24.2 Pre-existing malnutrition-related diabetes mellitus
 - O24.3 Pre-existing diabetes mellitus, unspecified

Nota:

1. **Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.**
2. **Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-**
 - a. **Nie strydig wees met die algoritme nie;**
 - b. **Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en**
 - c. **In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998**
3. **Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatrisie kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.**

DIABETES MELLITUS TIPE 2



Woordelys:

- HbA1c – Glikosilaat-hemoglobien
- LMI – Liggaamsmassa indeks

Toepaslike ICD 10 Kodering:

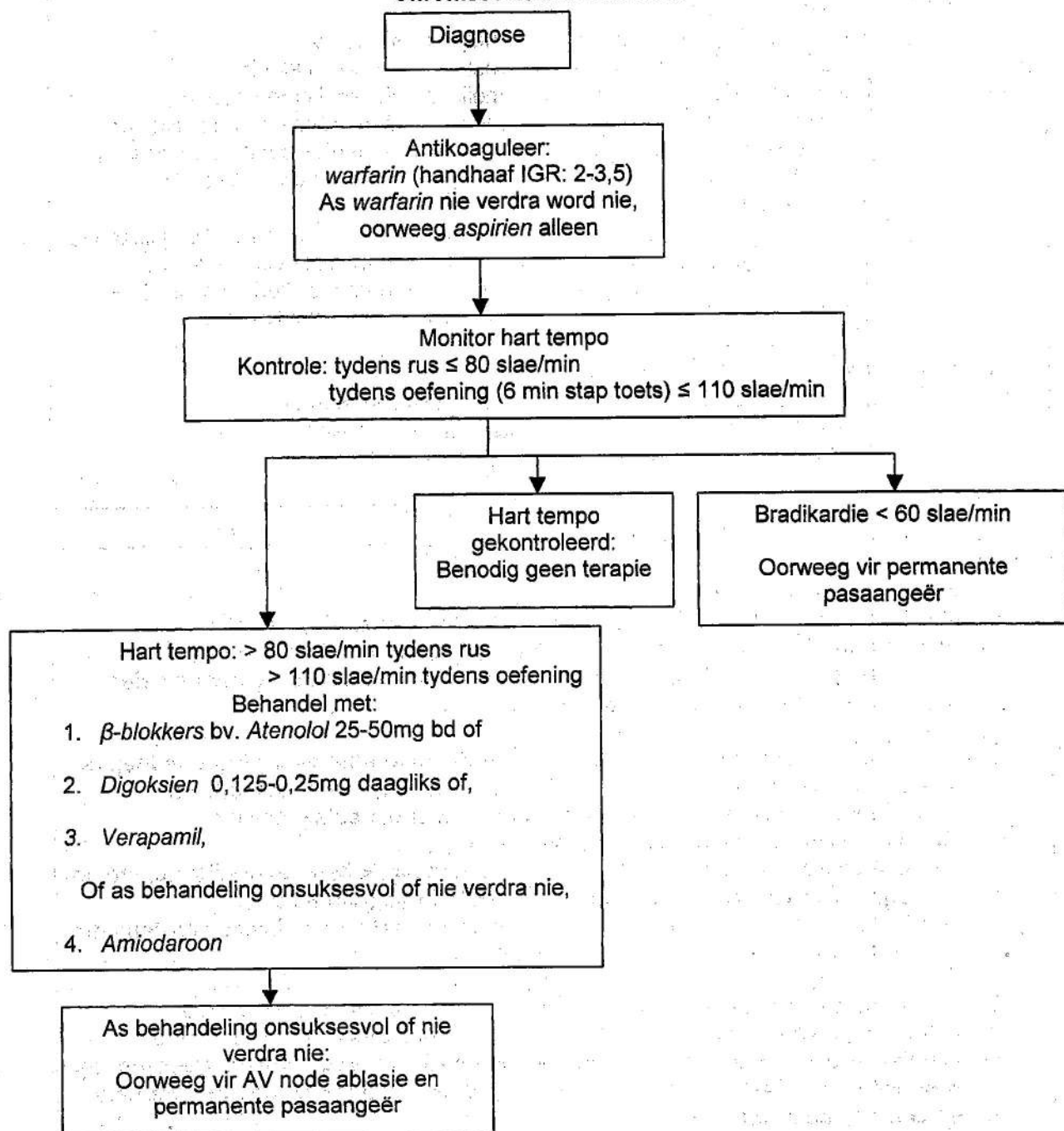
- E11 Non-insulin-dependent diabetes mellitus
 - E11.0 Non-insulin-dependent diabetes mellitus with coma
 - E11.1 Non-insulin-dependent diabetes mellitus with ketoacidosis
 - E11.2 Non-insulin-dependent diabetes mellitus with renal complications
 - E11.3 Non-insulin-dependent diabetes mellitus with ophthalmic complications
 - E11.4 Non-insulin-dependent diabetes mellitus with neurological complications
 - E11.5 Non-insulin-dependent diabetes mellitus with peripheral circulatory complications
 - E11.6 Non-insulin-dependent diabetes mellitus with other specified complications
 - E11.7 Non-insulin-dependent diabetes mellitus with multiple complications
 - E11.8 Non-insulin-dependent diabetes mellitus with unspecified complications
 - E11.9 Non-insulin-dependent diabetes mellitus without complications

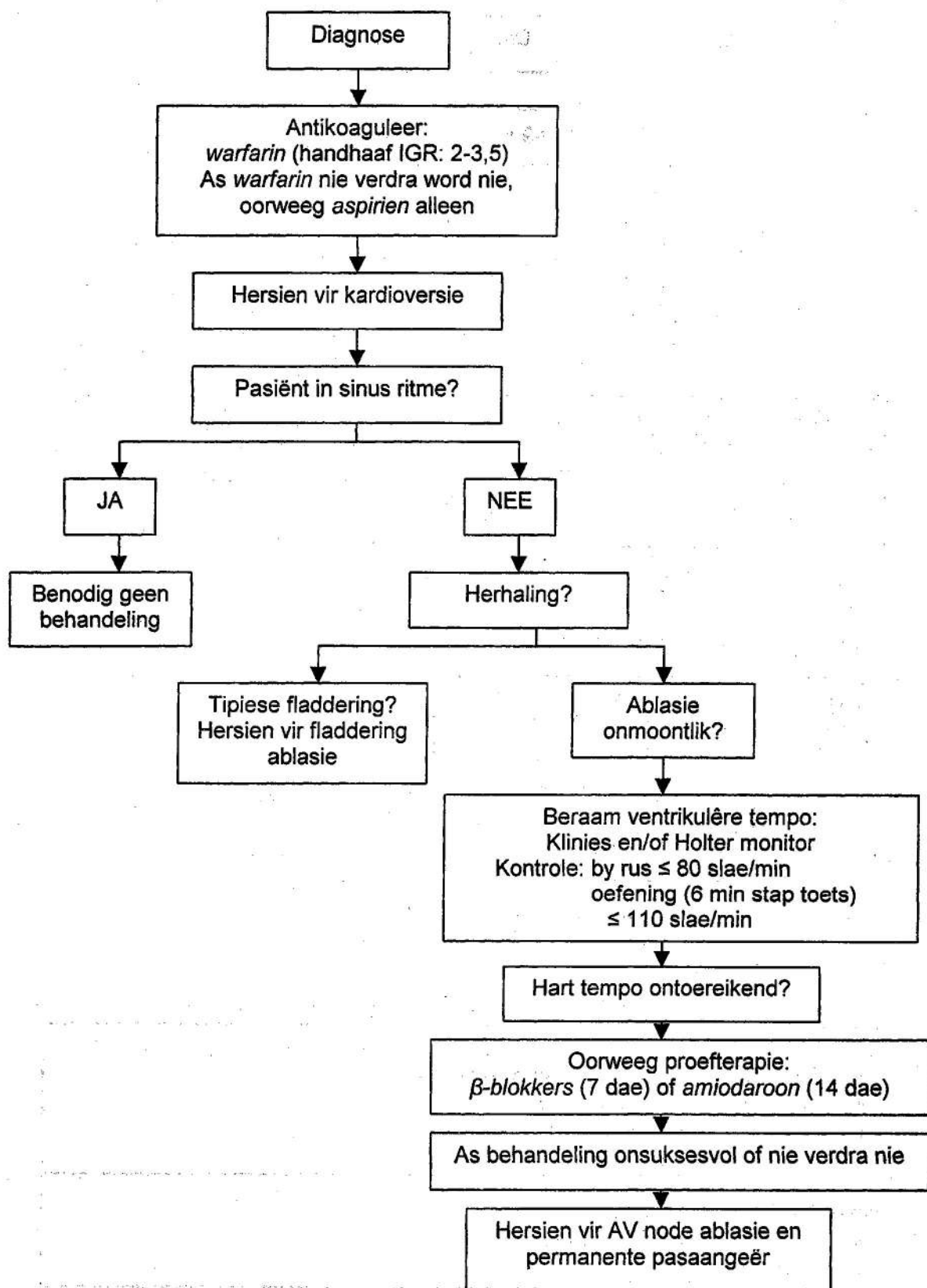
Toepaslike ICD 10 Kodering: (vervat)

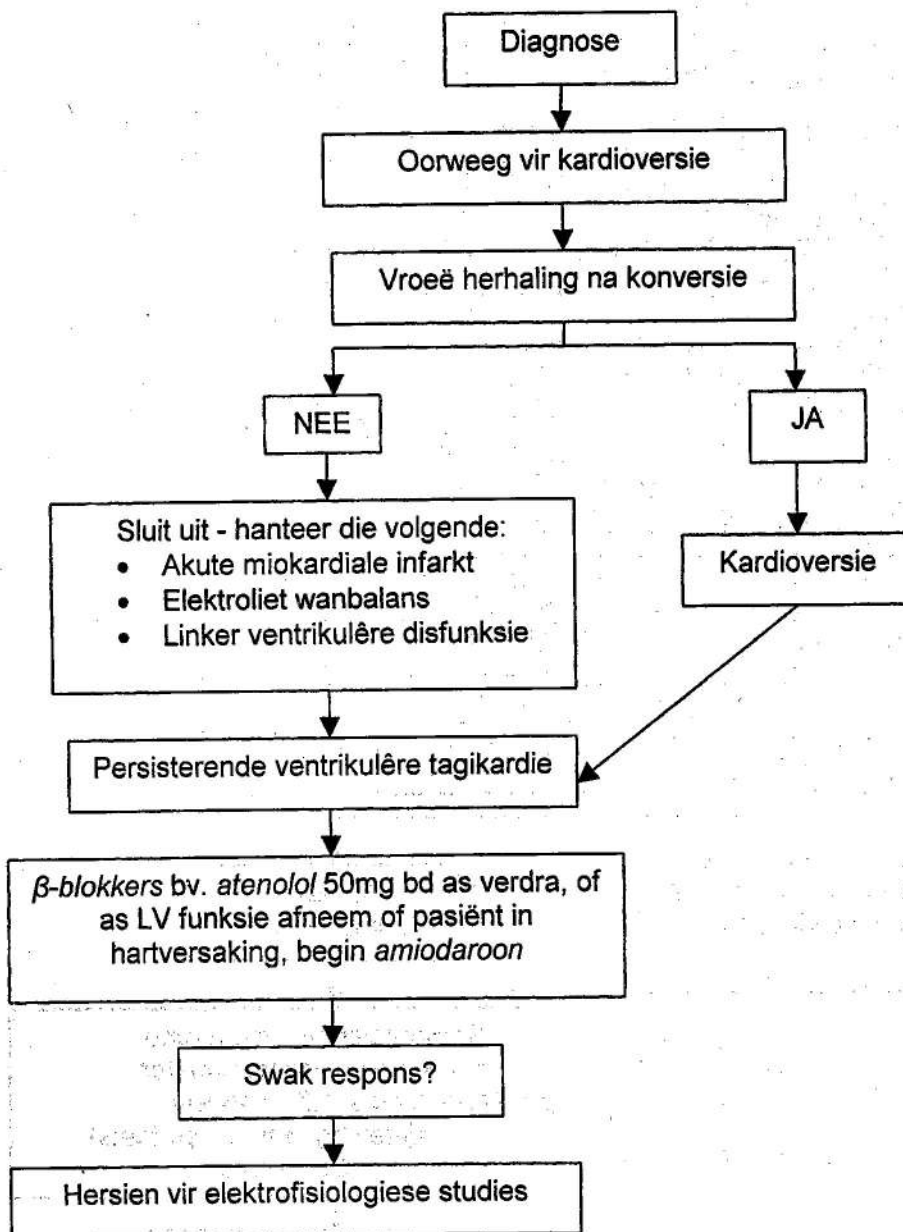
- **E12 Malnutrition-related diabetes mellitus**
 - E12.0 Malnutrition-related diabetes mellitus with coma
 - E12.1 Malnutrition-related diabetes mellitus with ketoacidosis
 - E12.2 Malnutrition-related diabetes mellitus with renal complications
 - E12.3 Malnutrition-related diabetes mellitus with ophthalmic complications
 - E12.4 Malnutrition-related diabetes mellitus with neurological complications
 - E12.5 Malnutrition-related diabetes mellitus with peripheral circulatory complications
 - E12.6 Malnutrition-related diabetes mellitus with other specified complications
 - E12.7 Malnutrition-related diabetes mellitus with multiple complications
 - E12.8 Malnutrition-related diabetes mellitus with unspecified complications
 - E12.9 Malnutrition-related diabetes mellitus without complications
- **O24 Diabetes mellitus in pregnancy**
 - O24.1 Pre-existing diabetes mellitus, non-insulin-dependent
 - O24.2 Pre-existing malnutrition-related diabetes mellitus
 - O24.3 Pre-existing diabetes mellitus, unspecified

Nota:

1. **Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.**
2. **Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-**
 - a. **Nie strydig wees met die algoritme nie;**
 - b. **Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en**
 - c. **In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998**
3. **Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste- doeltreffendheid en bekostigbaarheid.**

DISRITMIë**Chroniese atriale fibrillasie**

Chroniese Atriale Fladdering

Ventrikulêre Tagikardie**Woordelys:**

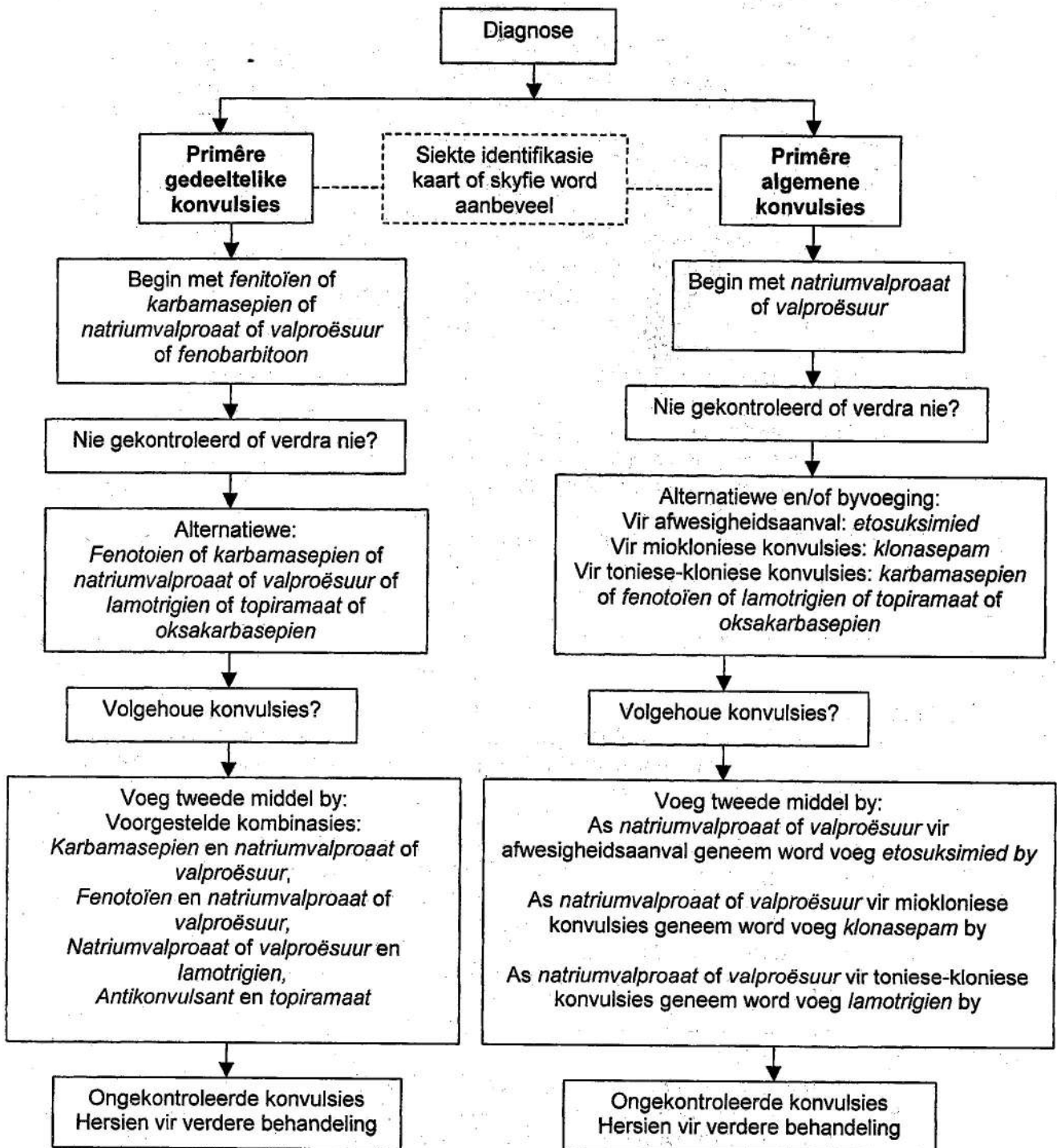
- IGR – Internasionale genormaliseerde ratio
- β-blokker – Beta-reseptor blokker
- AV-node – Atrioventrikulêre node
- LV – Left ventrikulêre

Toepaslike ICD 10 Kodering:

- I47.2 Ventricular tachycardia
- I48 Atrial fibrillation and flutter

Nota:

- 1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurse gesondheidsorg intervensies deur die betrokke mediese skema.**
- 2. Tot die mate wat 'n mediese skema bestuurse gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-**
 - a. Nie strydig wees met die algoritme nie;**
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en**
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998**
- 3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatrisiese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.**

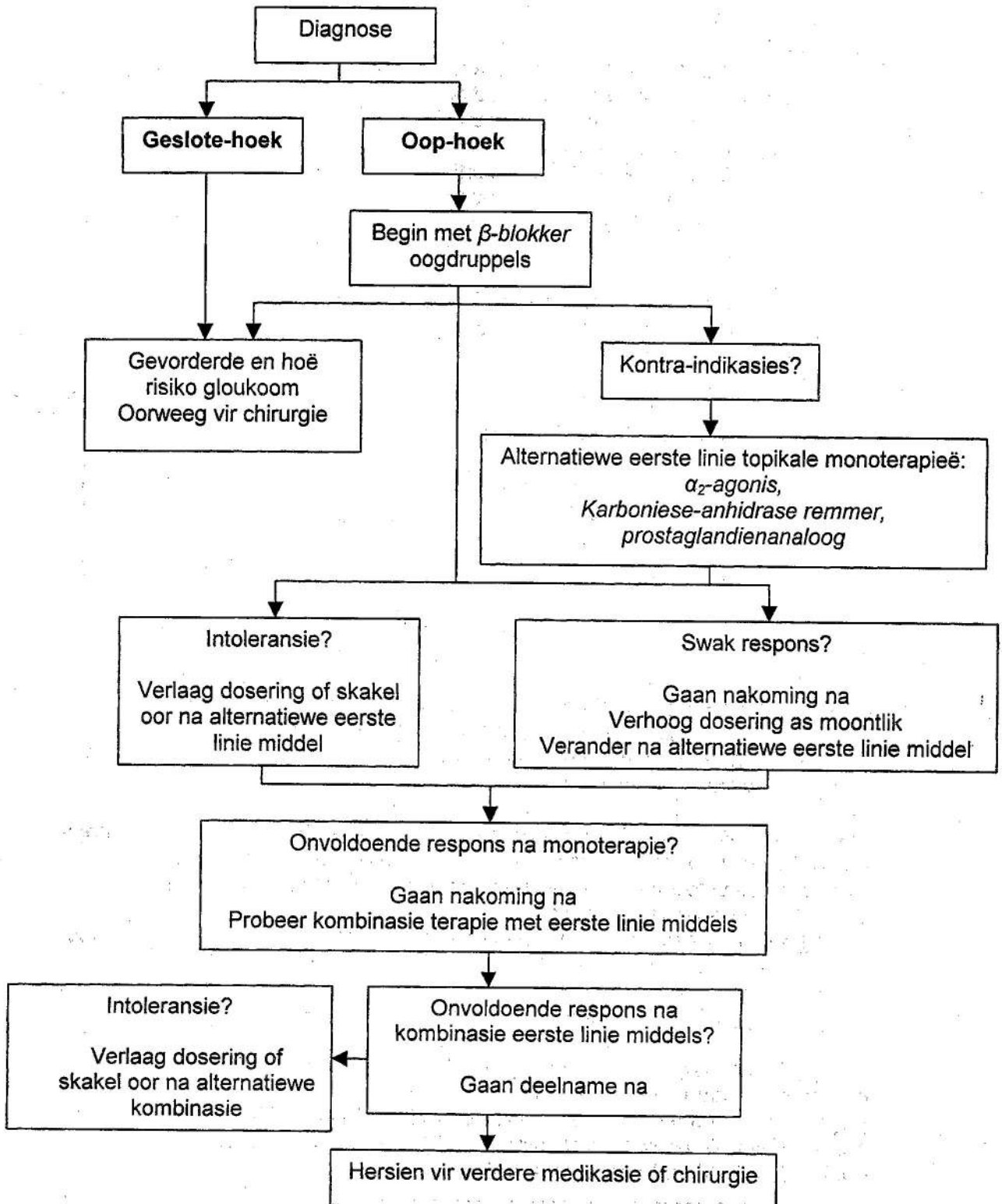
EPILEPSIE

Toepaslike ICD 10 Kodering:

- **G40 Epilepsy**
 - G40.0 Localization-related (focal)(partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset
 - G40.1 Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures
 - G40.2 Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures
 - G40.3 Generalized idiopathic epilepsy and epileptic syndromes
 - G40.4 Other generalized epilepsy and epileptic syndromes
 - G40.5 Special epileptic syndromes
 - G40.6 Grand mal seizures, unspecified (with or without petit mal)
 - G40.7 Petit mal, unspecified, without grand mal seizures
 - G40.8 Other epilepsy
 - G40.9 Epilepsy, unspecified
- **G41 Status epilepticus**
 - G41.0 Grand mal status epilepticus
 - G41.1 Petit mal status epilepticus
 - G41.2 Complex partial status epilepticus
 - G41.8 Other status epilepticus
 - G41.9 Status epilepticus, unspecified

Nota:

1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe:
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatrisiese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.

GLOUKOOM

Woordelys:

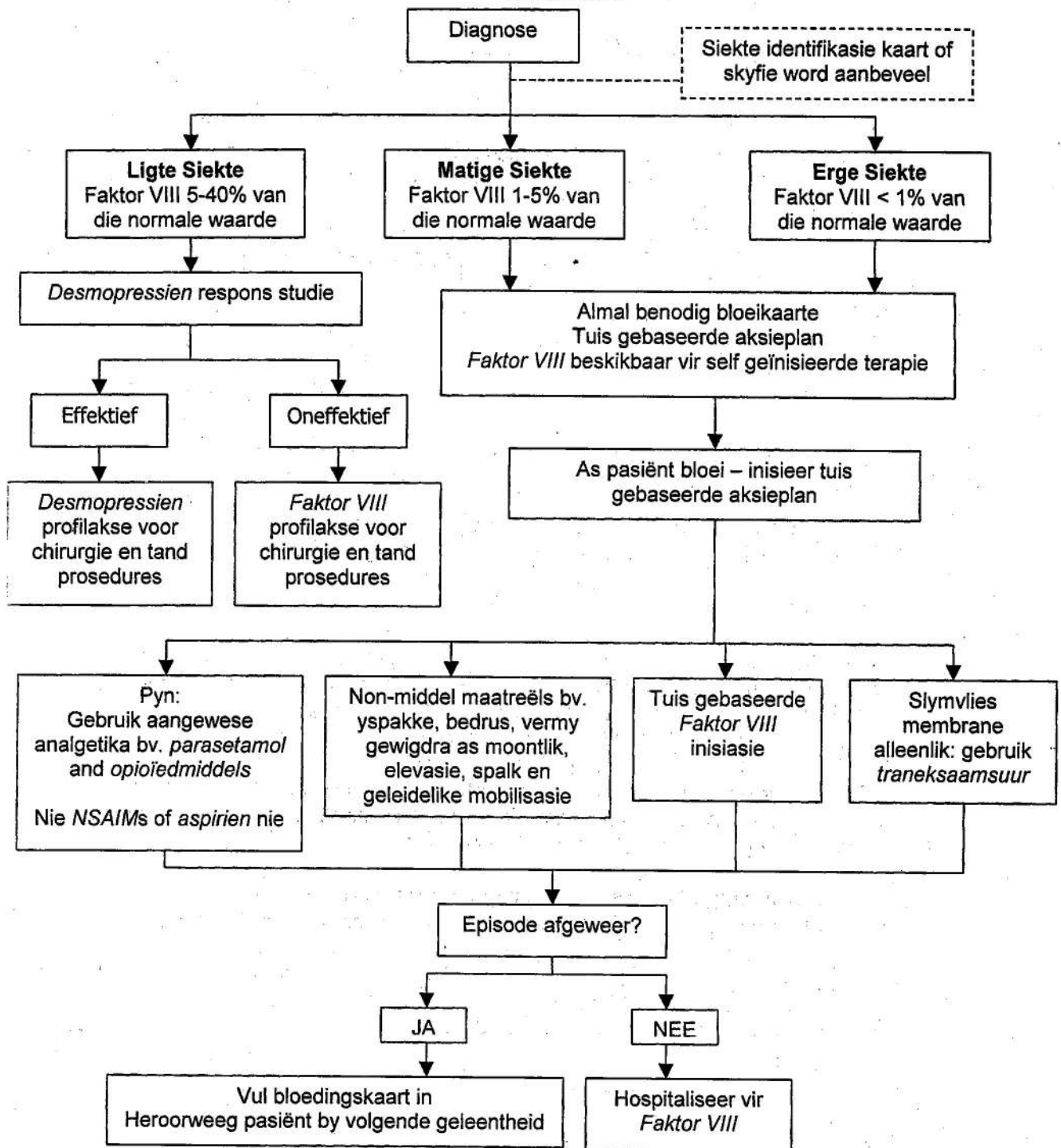
- β -blokker – Beta-reseptor blokker
- α_2 -agonis – Alpha-2 reseptor agonis

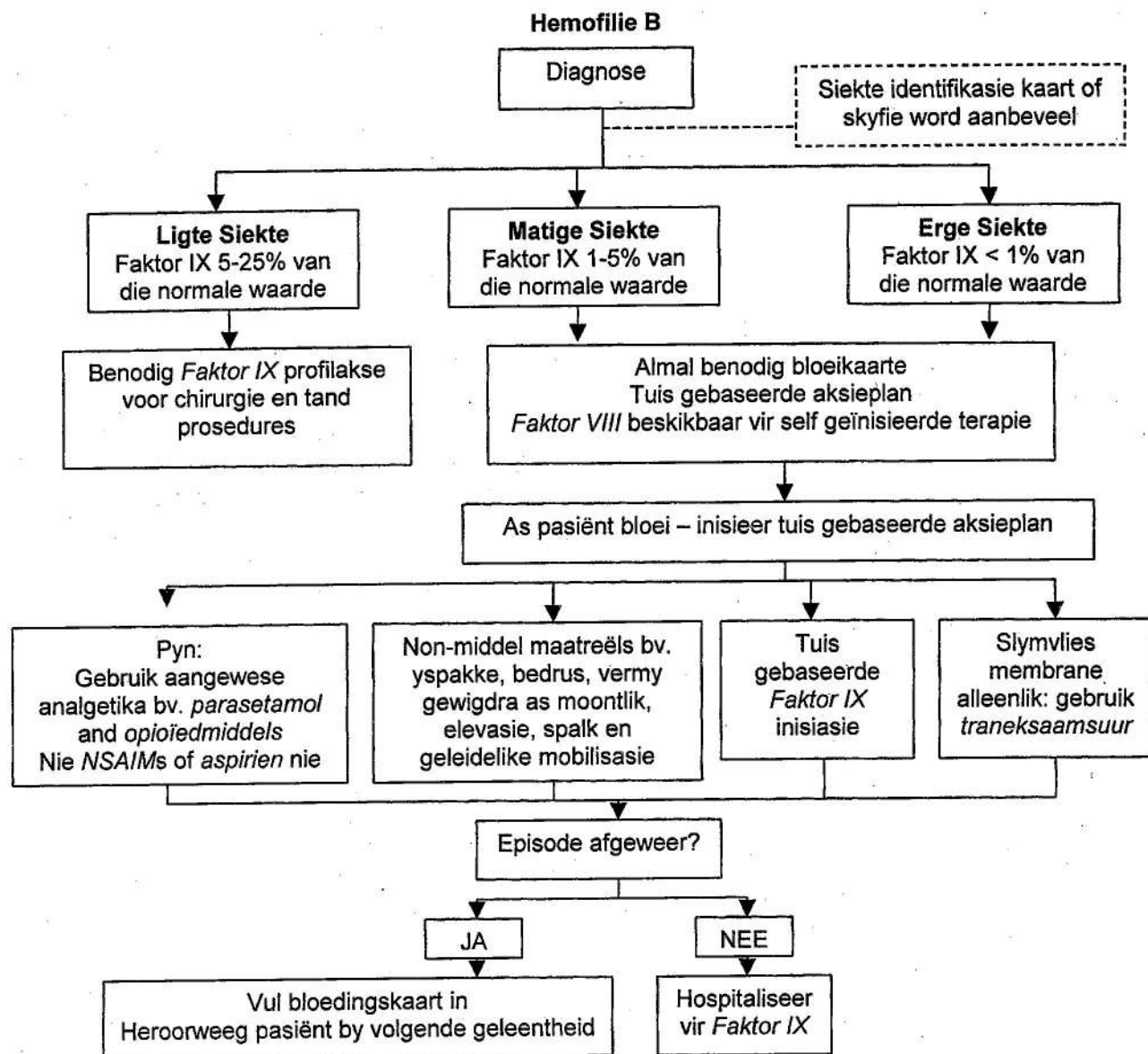
Toepaslike ICD 10 Kodering:

- H40 Glaucoma
 - H40.0 Glaucoma suspect
 - H40.1 Primary open-angle glaucoma
 - H40.2 Primary angle-closure glaucoma
 - H40.3 Glaucoma secondary to eye trauma
 - H40.4 Glaucoma secondary to eye inflammation
 - H40.5 Glaucoma secondary to other eye disorders
 - H40.6 Glaucoma secondary to drugs
 - H40.8 Other glaucoma
 - H40.9 Glaucoma, unspecified
- Q15.0 Congenital glaucoma

Nota:

1. Mediese hantering gereedlikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe:
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.

HEMOFILIE**Hemofilie A**

**Woordelys:**

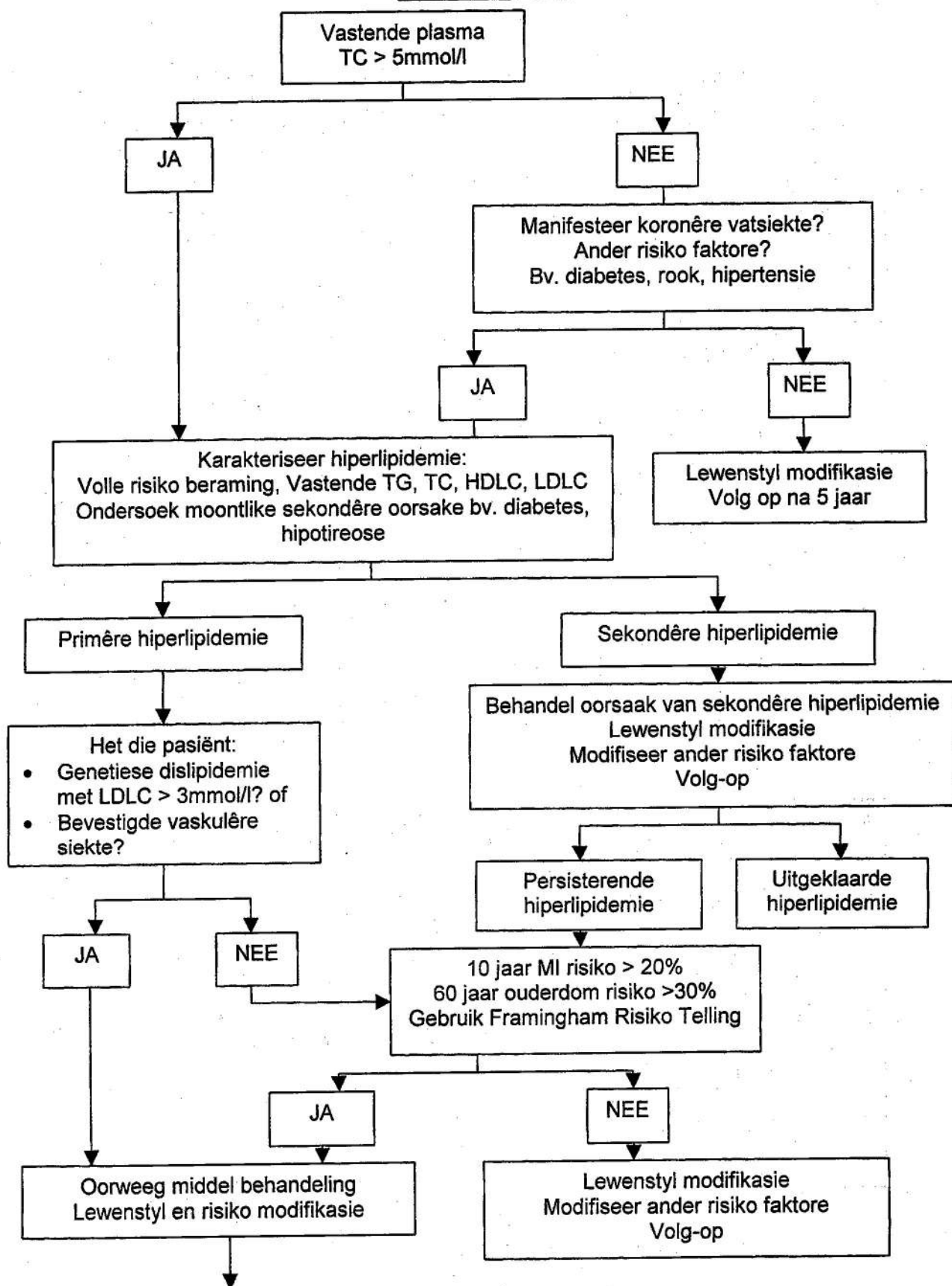
- Faktor VIII – Factor agt
- Faktor IX – Factor nege
- NSAIDs – Nie-steroïed anti-inflammatoriese middels

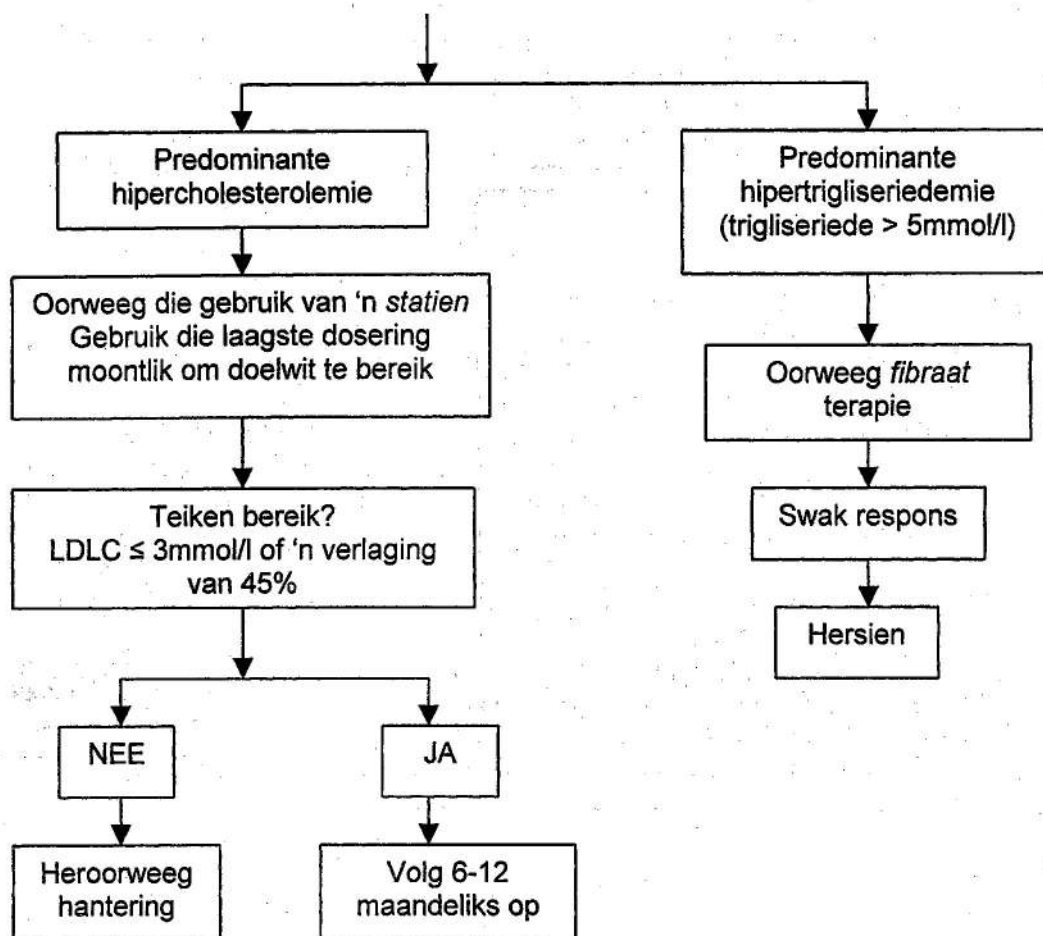
Toepaslike ICD 10 Kodering:

- D66 Hereditary factor VIII deficiency
- D67 Hereditary factor IX deficiency

Nota:

1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe:
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.

HIPERLIPIDEMIE

**Woordelys:**

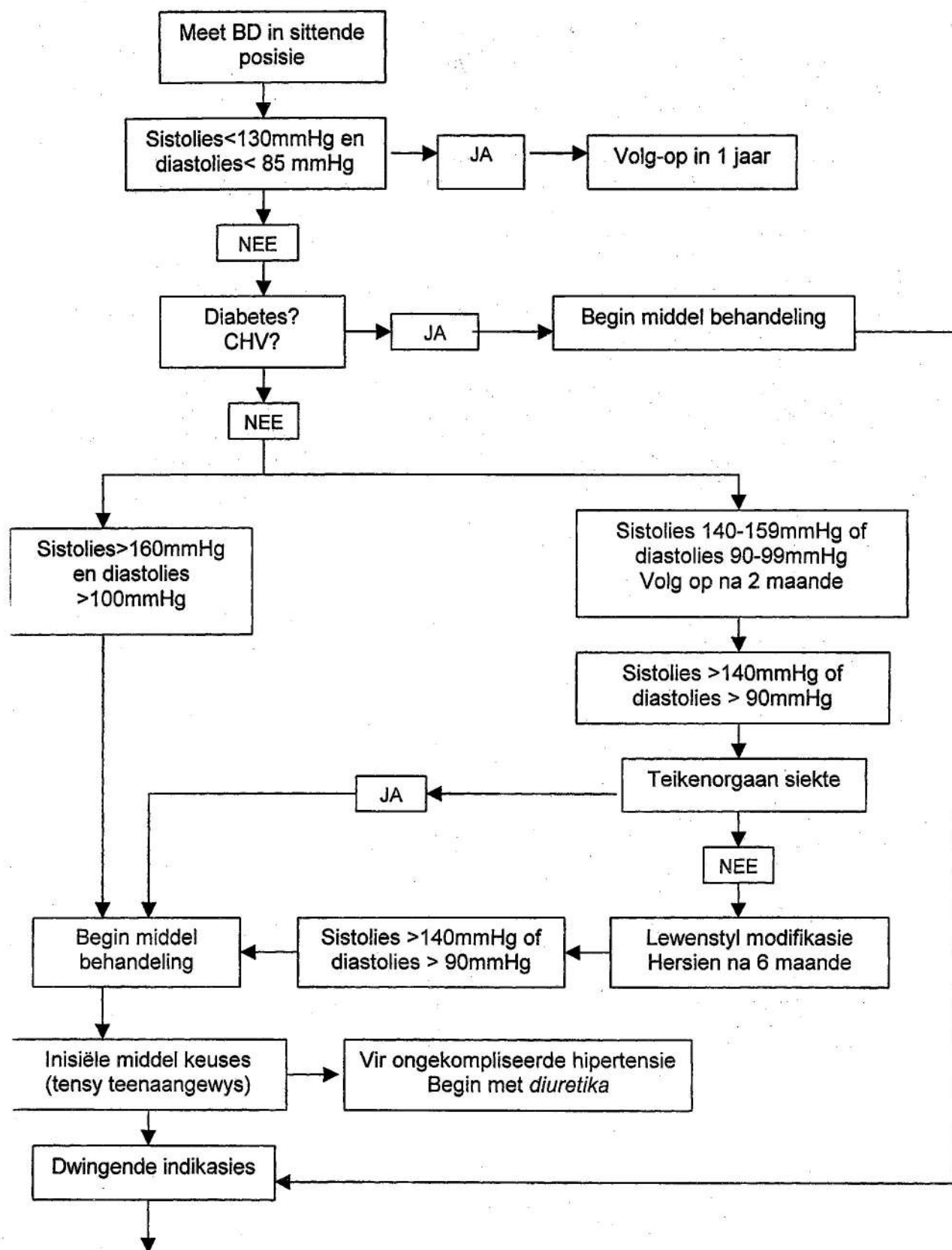
- TC – Totale cholesterol
- TG – Triglisieriede
- HDLC – Hoë-digtheidlipoprotëine cholesterol
- LDLC – Lae-digtheidlipoprotëine cholesterol
- MI – Miokardiale infarkt

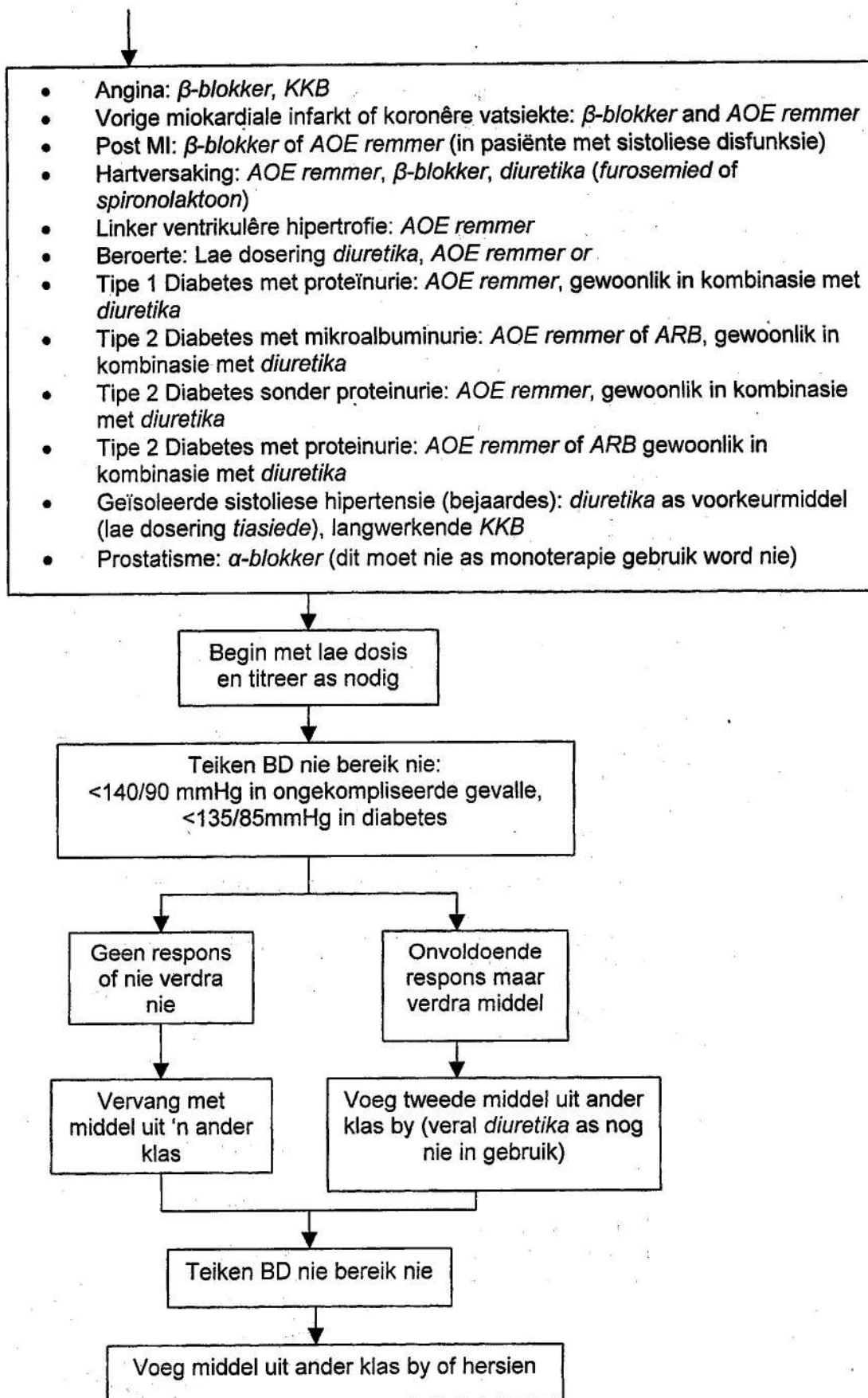
Toepaslike ICD 10 Kodering:

- E78.0 Pure hypercholesterolaemia
- E78.1 Pure hyperglyceridaemia
- E78.2 Mixed hyperlipidaemia
- E78.3 Hyperchylomicronaemia
- E78.4 Other hyperlipidaemia
- E78.5 Hyperlipidaemia, unspecified

Nota:

1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.

HIPERTENSIE



Woordelys:

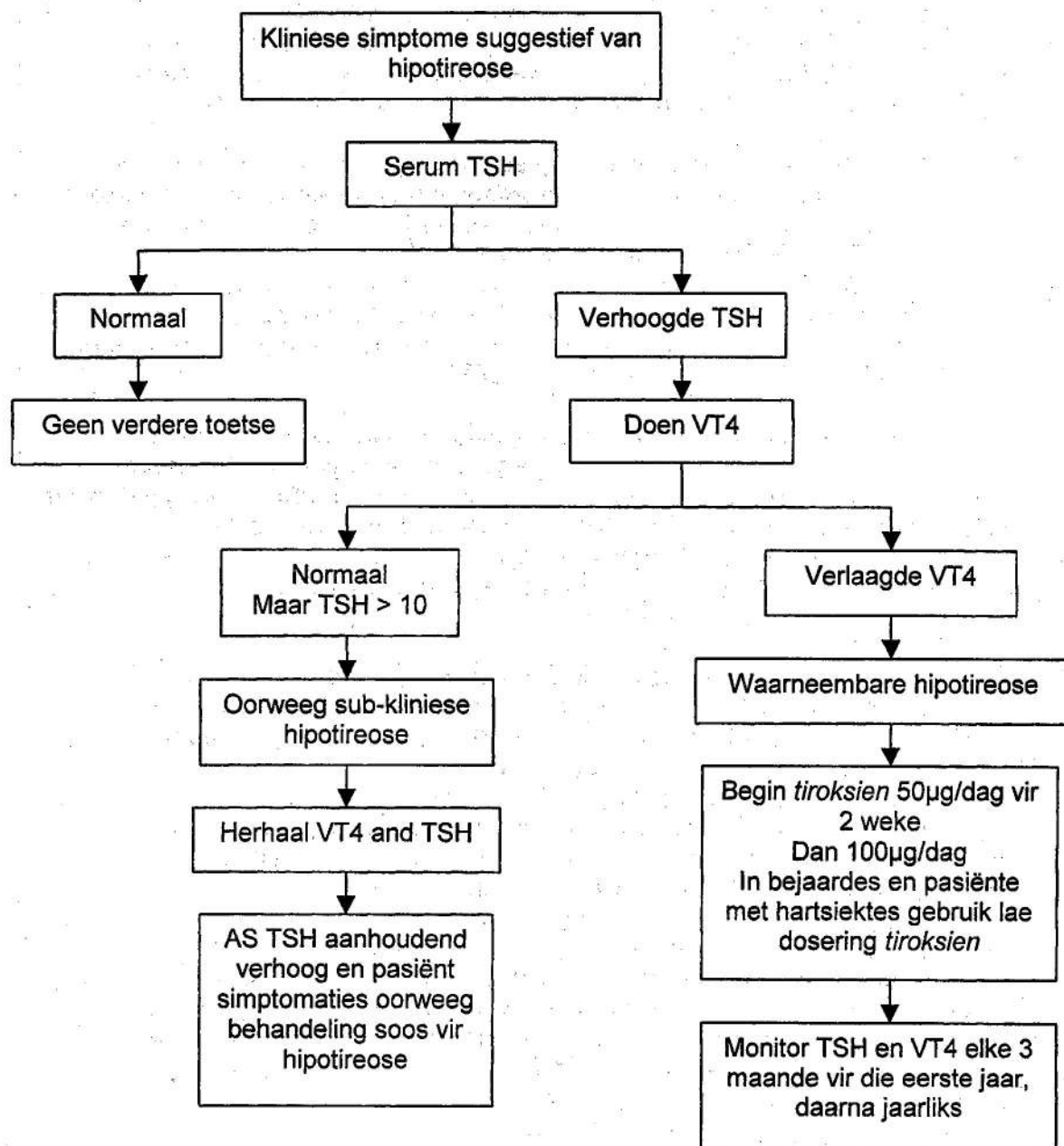
- α -blokker – Alfa-reseptor blokker
- AOE remmer – Angiotensien-omskakelingsensiemremmer
- ARB – Angiotensienreseptor blokker
- BD – Bloeddruk
- β -blokker – Beta-reseptor blokker
- KKB – Kalsiumkanaal blokker
- CHV – Chroniese/kongestiewe hartversaking
- LV – Linker ventrikulêre
- MI – Miokardiale infarkt

Toepaslike ICD 10 Kodering:

- I10 Essential (primary) hypertension
- I11 Hypertensive heart disease
 - I11.0 Hypertensive heart disease with (congestive) heart failure
 - I11.9 Hypertensive heart disease without (congestive) heart failure
- I12 Hypertensive renal disease
 - I12.0 Hypertensive renal disease with renal failure
 - I12.9 Hypertensive renal disease without renal failure
- I13 Hypertensive heart and renal disease
 - I13.0 Hypertensive heart and renal disease with (congestive) heart failure
 - I13.1 Hypertensive heart and renal disease with renal failure
 - I13.2 Hypertensive heart and renal disease with both (congestive) heart failure and renal failure
 - I13.9 Hypertensive heart and renal disease, unspecified
- I15 Secondary hypertension
 - I15.0 Renovascular hypertension
 - I15.1 Hypertension secondary to other renal disorders
 - I15.2 Hypertension secondary to endocrine disorders
 - I15.8 Other secondary hypertension
 - I15.9 Secondary hypertension, unspecified
- O10 Pre-existing hypertension complicating pregnancy, childbirth and the puerperium
 - O10.0 Pre-existing essential hypertension complicating pregnancy, childbirth and the puerperium
 - O10.1 Pre-existing hypertensive heart disease complicating pregnancy, childbirth and the puerperium
 - O10.2 Pre-existing hypertensive renal disease complicating pregnancy, childbirth and the puerperium
 - O10.3 Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth and the puerperium
 - O10.4 Pre-existing secondary hypertension complicating pregnancy, childbirth and the puerperium
 - O10.9 Unspecified pre-existing hypertension complicating pregnancy, childbirth and the puerperium
- O11 Pre-existing hypertensive disorder with superimposed proteinuria

Nota:

1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe:
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.

HIPOTIREOSE**Woordelys:**

- TSH – Tiroïedstimulerende hormoon
- VT4 – Vrye tiroksien

Toepaslike ICD 10 Kodering:

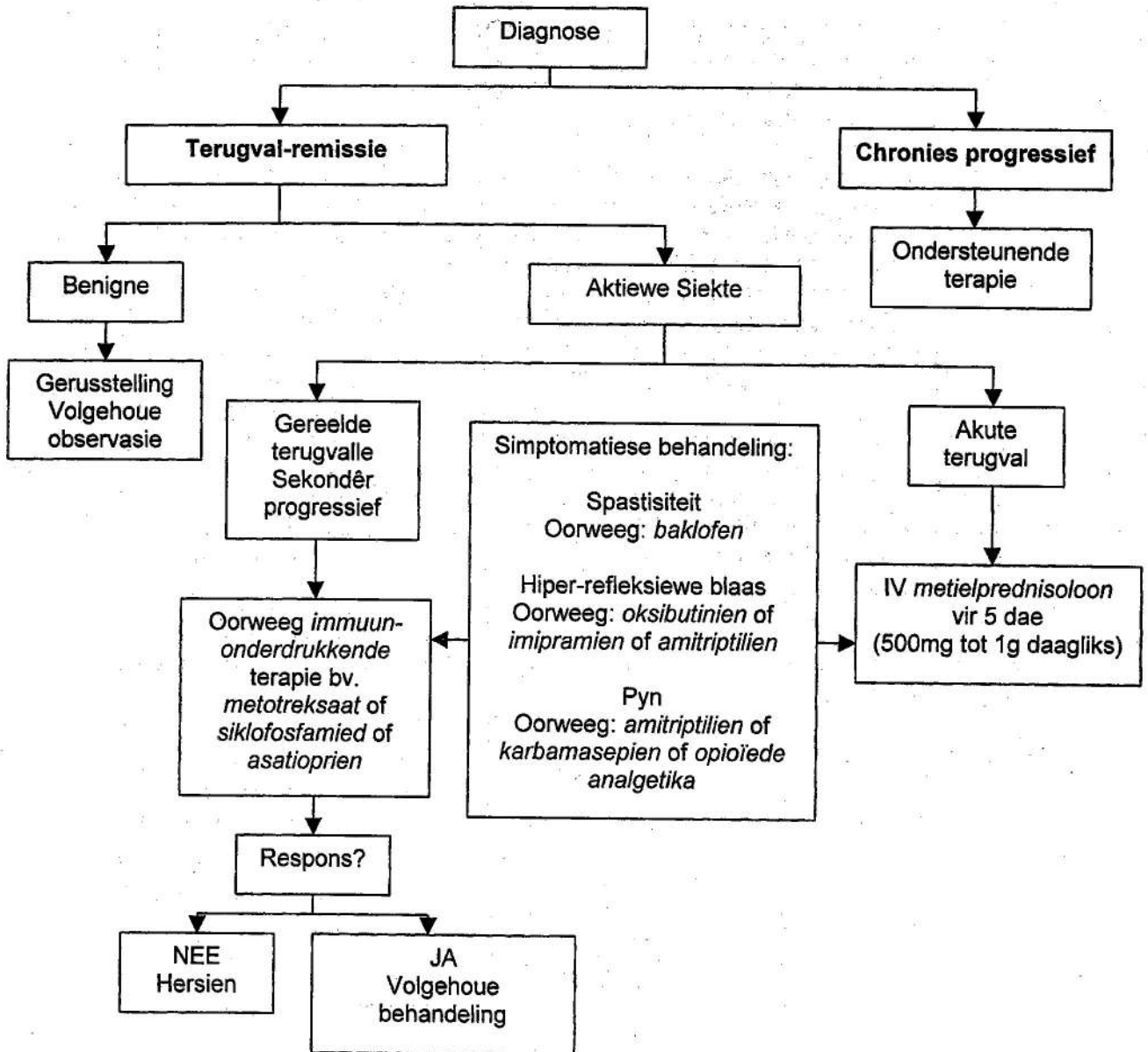
- E01.8 Other iodine-deficiency-related thyroid disorders and allied conditions
- E02 Subclinical iodine-deficiency hypothyroidism

Toepaslike ICD 10 Kodering: (vervat)

- **E03 Other hypothyroidism**
 - E03.0 Congenital hypothyroidism with diffuse goitre
 - E03.1 Congenital hypothyroidism without goitre
 - E03.2 Hypothyroidism due to medicaments and other exogenous substances
 - E03.3 Postinfectious hypothyroidism
 - E03.4 Atrophy of thyroid (acquired)
 - E03.5 Myxoedema coma
 - E03.8 Other specified hypothyroidism
 - E03.9 Hypothyroidism, unspecified
- **E89.0 Postprocedural hypothyroidism**

Nota:

1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatrisie kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.

MULTIPELE SKLEROSE**Woordelys:**

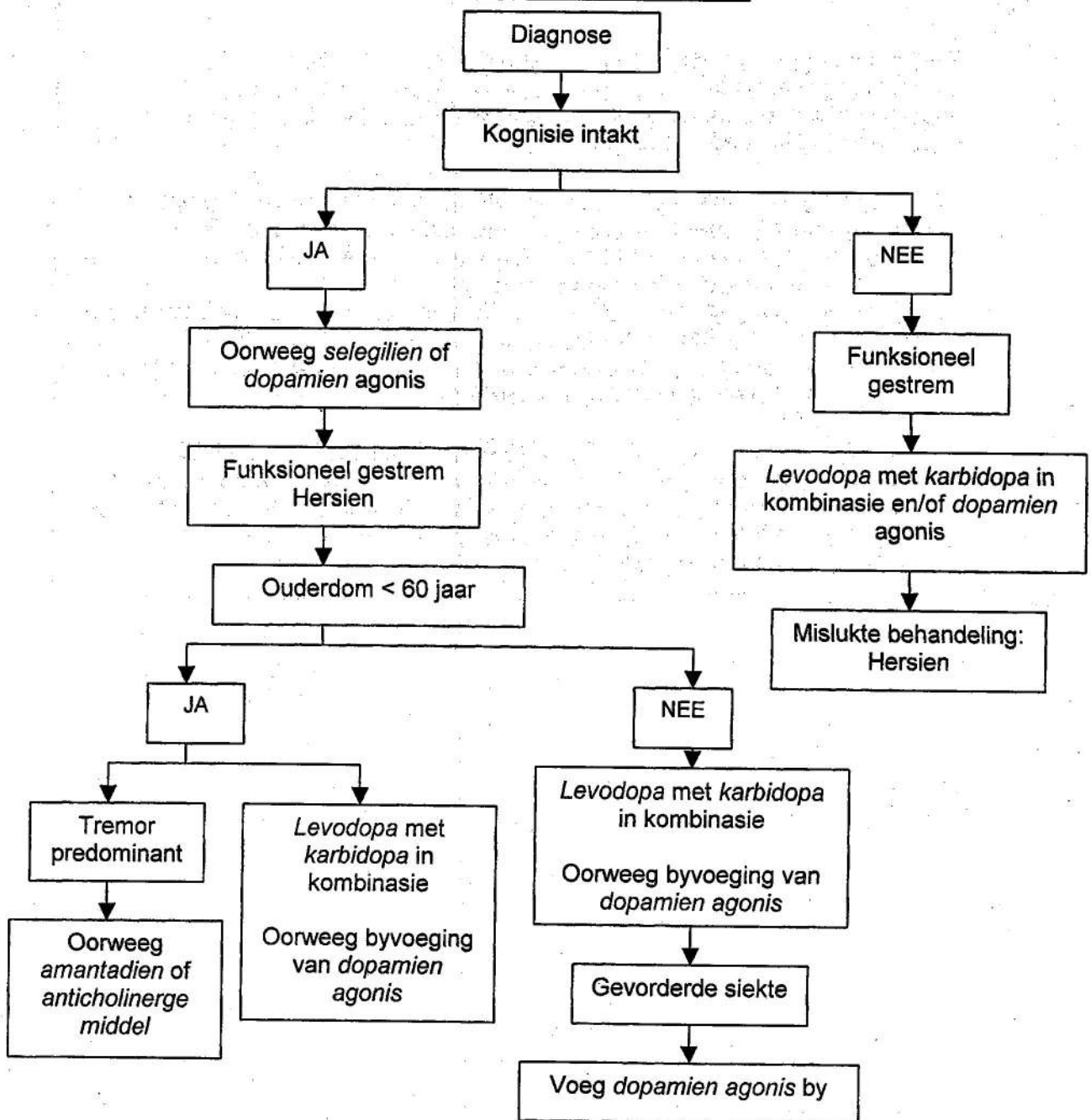
- IV – Intraveneus

Toepaslike ICD 10 Kodering:

- G35 Multiple sclerosis

Nota:

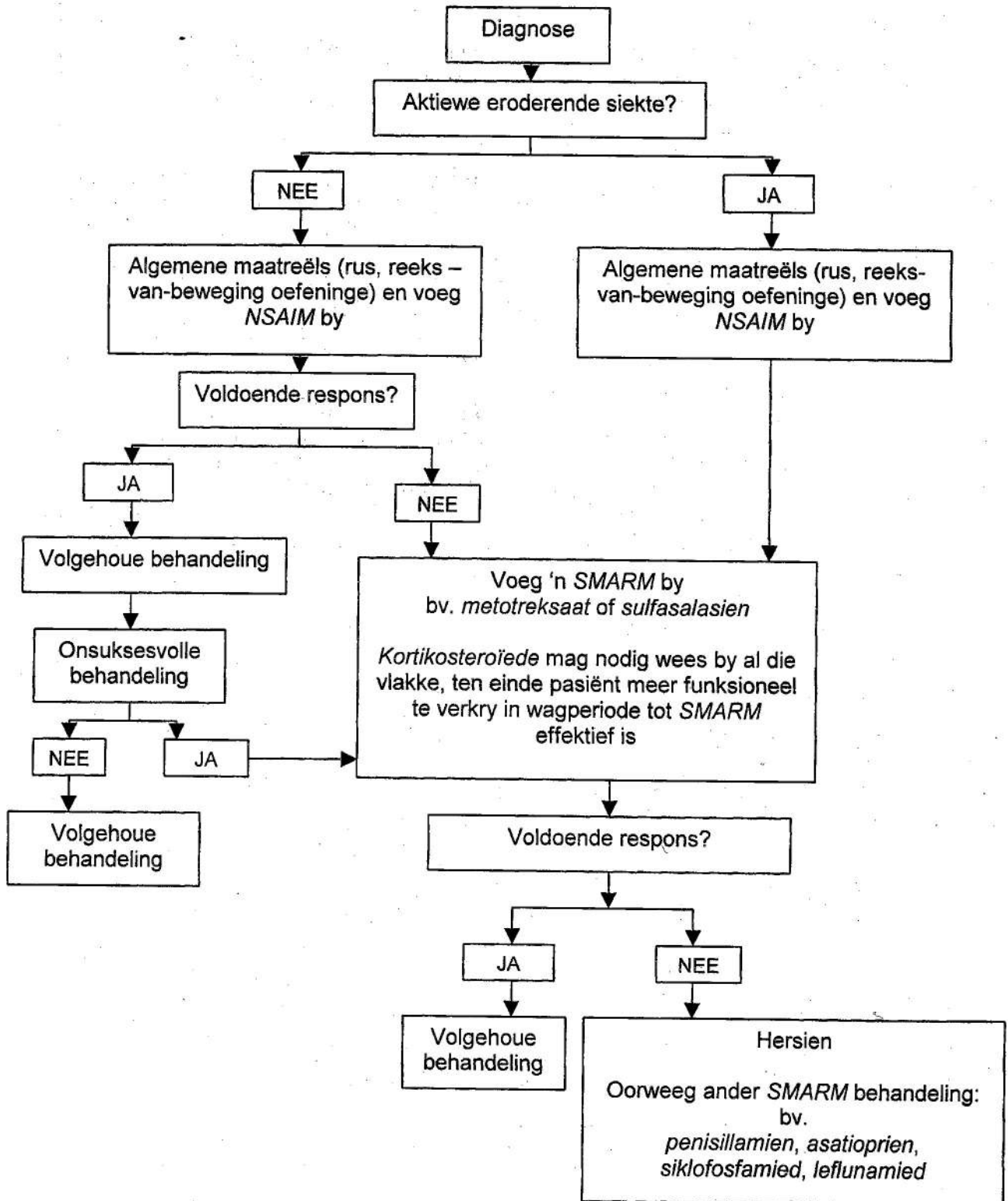
1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.

PARKINSON SE SIEKTE**Toepaslike ICD 10 Kodering:**

- G20 Parkinson's disease
- G21 Secondary parkinsonism
 - G21.0 Malignant neuroleptic syndrome
 - G21.1 Other drug-induced secondary parkinsonism
 - G21.2 Secondary parkinsonism due to other external agents
 - G21.3 Postencephalitic parkinsonism
 - G21.8 Other secondary parkinsonism
 - G21.9 Secondary parkinsonism, unspecified

Nota:

1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.

RUMATOÏEDE ARTRITIS

Woordelys:

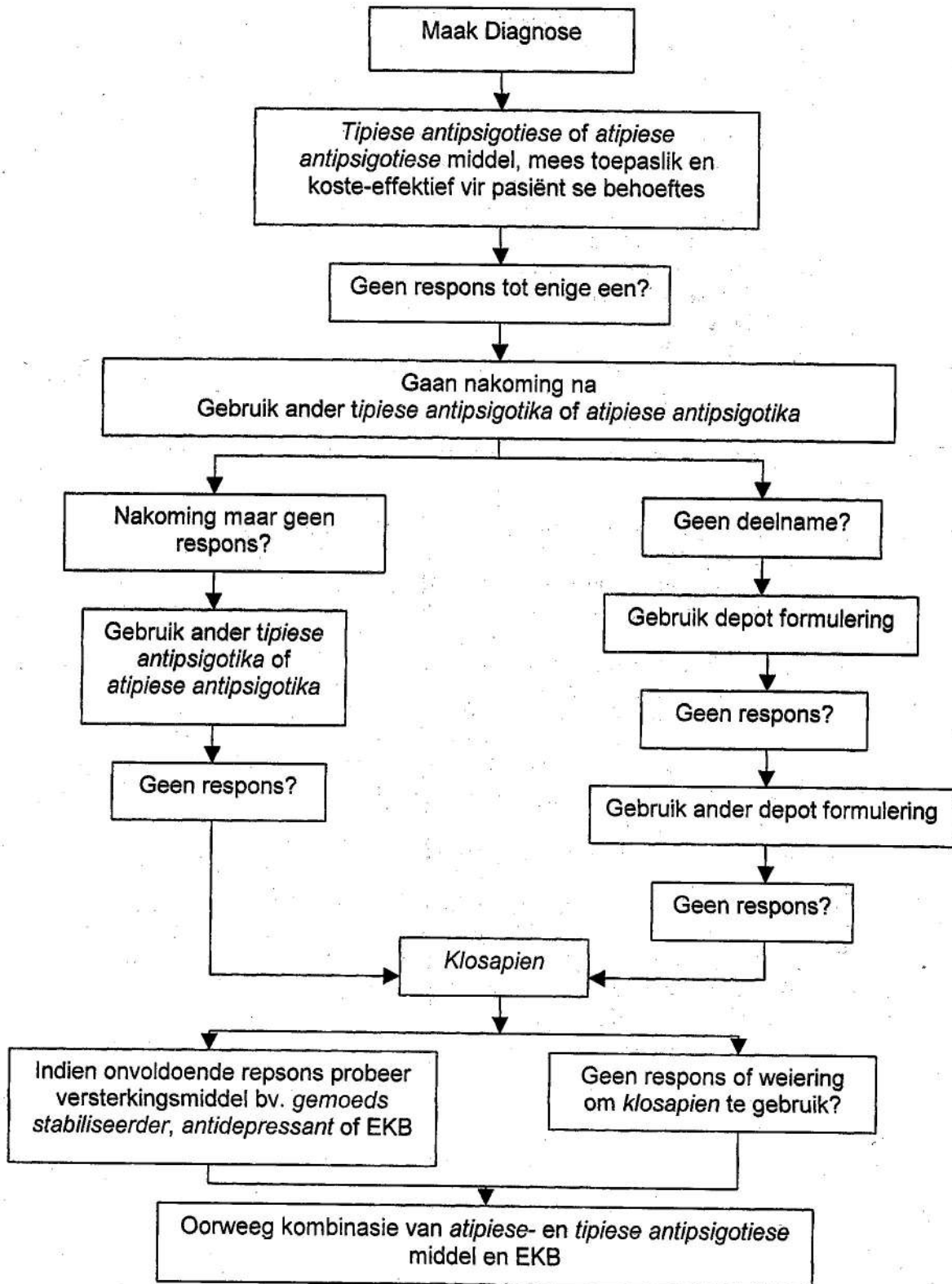
- **SMARM** – Siektemodifiserende antirumatiese middels
- **NSAIM** – Nie-steroïed anti-inflammatoriese middel

Toepaslike ICD 10 Kodering:

- **M05 Seropositive rheumatoid arthritis**
 - M05.0 Felty's syndrome
 - M05.1 Rheumatoid lung disease (J99.0*)
 - M05.2 Rheumatoid vasculitis
 - M05.3 Rheumatoid arthritis with involvement of other organs and systems
 - M05.8 Other seropositive rheumatoid arthritis
 - M05.9 Seropositive rheumatoid arthritis, unspecified
- **M06 Other rheumatoid arthritis**
 - M06.0 Seronegative rheumatoid arthritis
 - M06.1 Adult-onset Still's disease
 - M06.2 Rheumatoid bursitis
 - M06.3 Rheumatoid nodule
 - M06.4 Inflammatory polyarthropathy
 - M06.8 Other specified rheumatoid arthritis
 - M06.9 Rheumatoid arthritis, unspecified
- **M08.0 Juvenile rheumatoid arthritis**

Nota:

1. **Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.**
2. **Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-**
 - a. **Nie strydig wees met die algoritme nie;**
 - b. **Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en**
 - c. **In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998**
3. **Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.**

SKISOFRENIE

Woordelys:

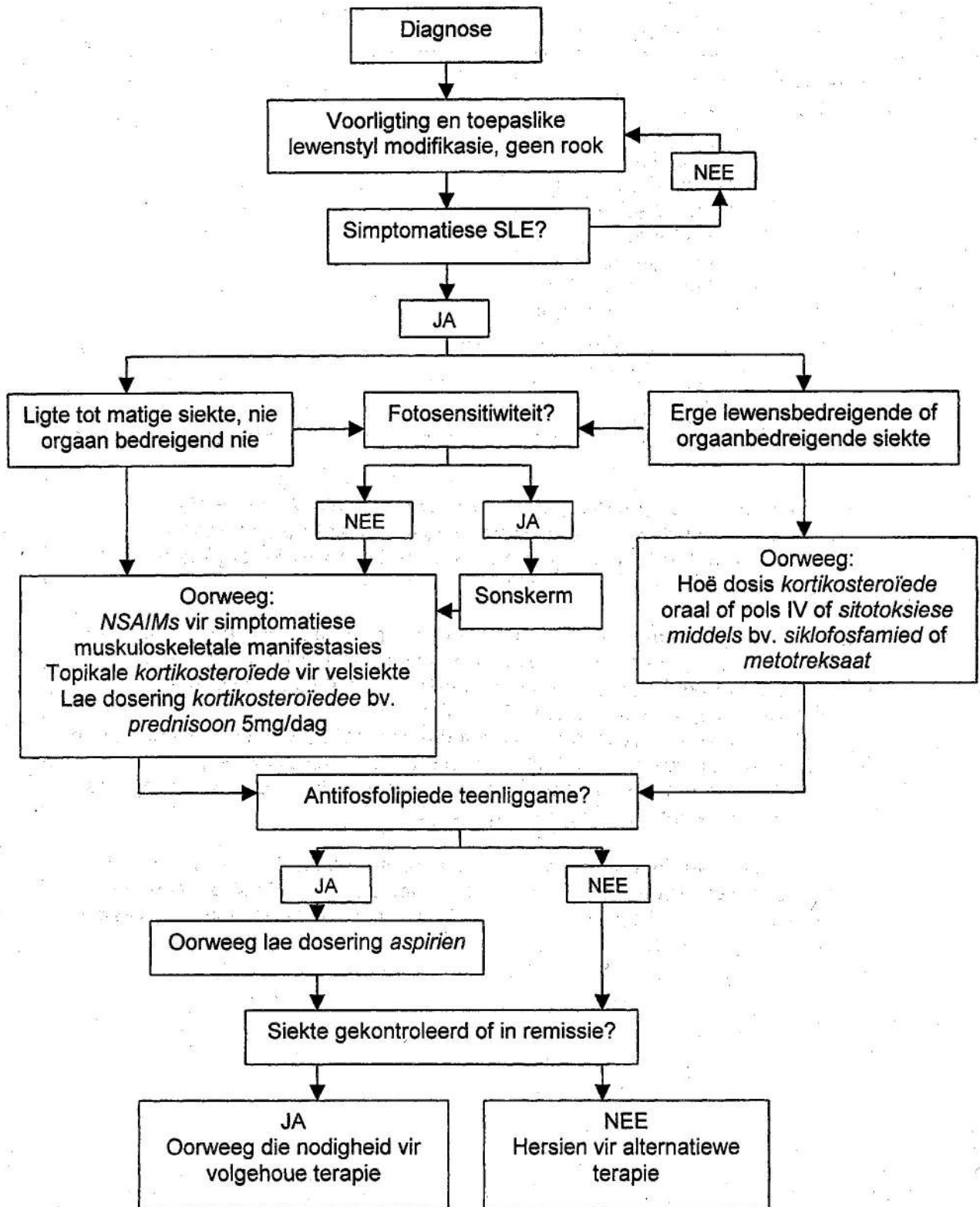
- EKB – Elektrokonvulsiewe behandeling

Toepaslike ICD 10 Kodering:

- F20 Schizophrenia
 - F20.0 Paranoid schizophrenia
 - F20.1 Hebephrenic schizophrenia
 - F20.2 Catatonic schizophrenia
 - F20.3 Undifferentiated schizophrenia
 - F20.4 Post-schizophrenic depression
 - F20.5 Residual schizophrenia
 - F20.6 Simple schizophrenia
 - F20.8 Other schizophrenia
 - F20.9 Schizophrenia, unspecified

Nota:

1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatrisie kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.

SISTEMIESE LUPUS ERITEMATOSE

Woordelys:

- IV – Intraveneus
- NSAIDs – Nie-steroïed anti-inflammatoriese middels
- SLE – Sistemiese lupus eritematose

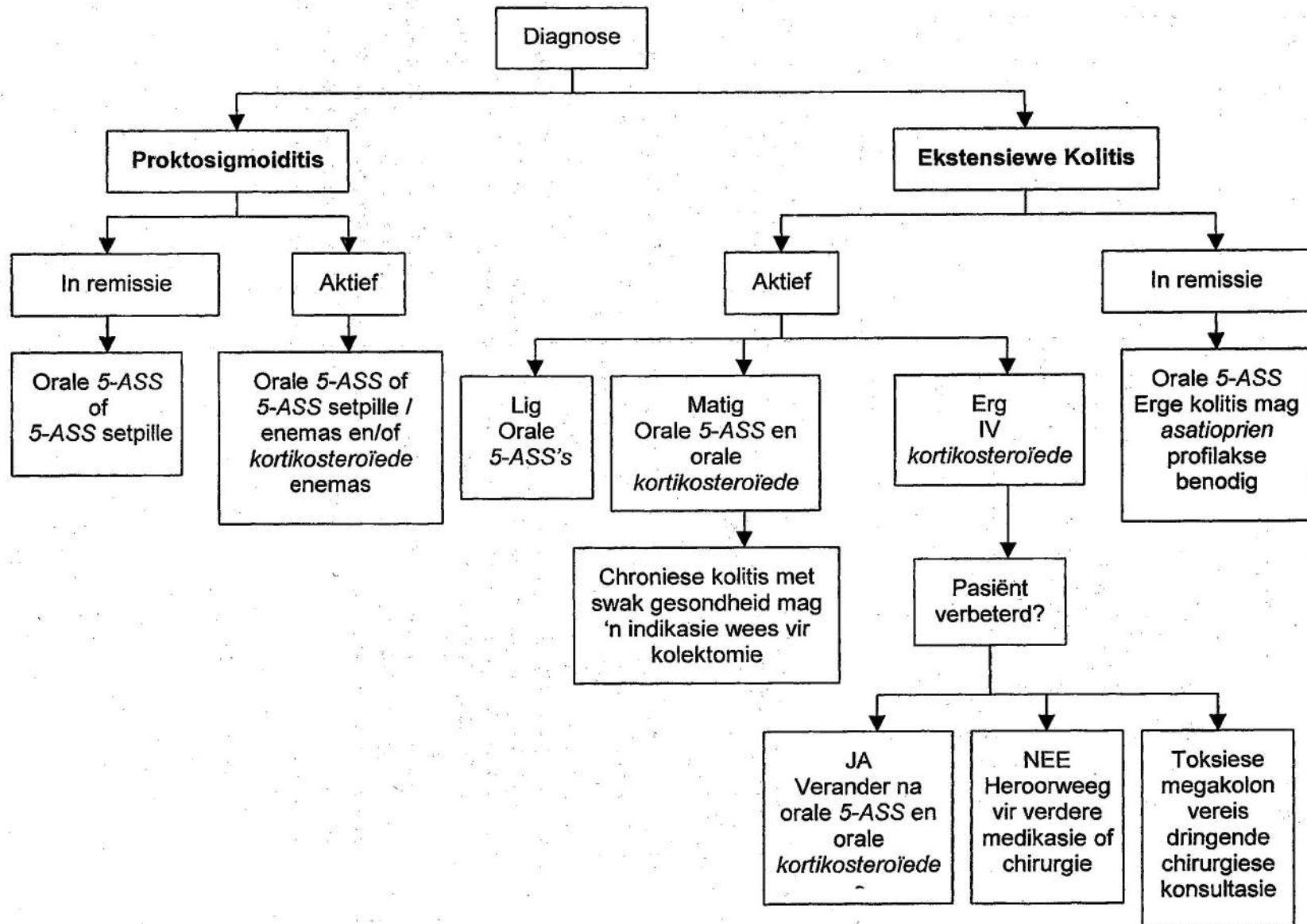
Toepaslike ICD 10 Kodering:

- M32 Systemic lupus erythematosus
 - M32.0 Drug-induced systemic lupus erythematosus
 - M32.1 Systemic lupus erythematosus with organ or system involvement
 - M32.8 Other forms of systemic lupus erythematosus
 - M32.9 Systemic lupus erythematosus, unspecified
- L93 Lupus erythematosus
 - L93.0 Discoid lupus erythematosus
 - L93.1 Subacute cutaneous lupus erythematosus
 - L93.2 Other local lupus erythematosus

Nota:

1. Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.
2. Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe:
 - a. Nie strydig wees met die algoritme nie;
 - b. Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en
 - c. In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998
3. Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe pediatriese kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid.

ULSERATIEWE KOLITIS



Woordelys:

- 5-ASS – 5-Aminosalisielsuur
- IV – Intraveneus

Toepaslike ICD 10 Kodering:

- K51 Ulcerative colitis
 - K51.0 Ulcerative (chronic) enterocolitis
 - K51.1 Ulcerative (chronic) ileocolitis
 - K51.2 Ulcerative (chronic) proctitis
 - K51.3 Ulcerative (chronic) rectosigmoiditis
 - K51.4 Pseudopolypoidosis of colon
 - K51.5 Mucosal proctocolitis
 - K51.8 Other ulcerative colitis
 - K51.9 Ulcerative colitis, unspecified

Nota:

1. **Mediese hantering geredelikerwys nodig vir die verskaffing van die behandeling beskryf in hierdie algoritme, is ingesluit in die voordeel, onderhawig aan die toepassing van bestuurde gesondheidsorg intervensies deur die betrokke mediese skema.**
2. **Tot die mate wat 'n mediese skema bestuurde gesondheidsorg ingrepe toepas met betrekking tot hierdie voordeel, byvoorbeeld kliniese protokolle vir diagnostiese prosedures of mediese hantering, moet sulke ingrepe-**
 - a. **Nie strydig wees met die algoritme nie;**
 - b. **Gebaseer wees op die beginsel van wetenskaplik bewese medisyne, met in agneming van koste-doeltreffendheid en bekostigbaarheid; en**
 - c. **In ooreenstemming wees met alle ander toepaslike regulasies kragtens die Wet op Mediese Skemas, 131 van 1998**
3. **Die algoritme mag nie noodwendig altyd klinies toepaslik wees vir die behandeling van kinders nie. In sulke gevalle, is toepaslike alternatiewe paediatrisie kliniese hantering ingesluit in hierdie voordeel indien, gebaseer op wetenskaplik bewese medisyne, met in agneming van koste- doeltreffendheid en bekostigbaarheid.**

No. 1402

6 October 2003

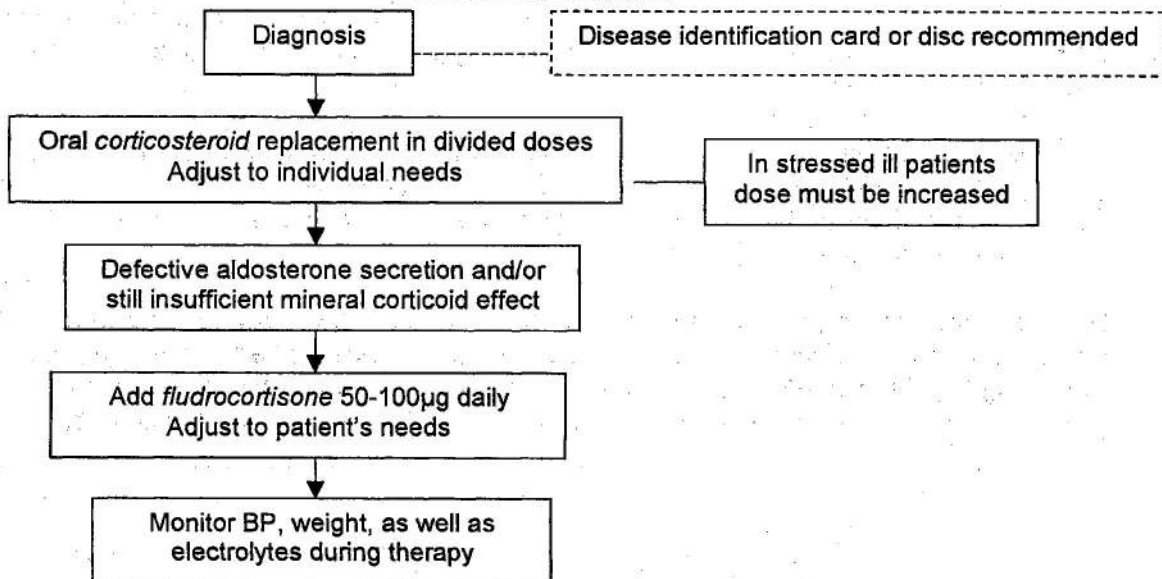
MEDICAL SCHEMES ACT, 1998 (ACT NO. 131 OF 1998)
REGULATIONS MADE IN TERMS OF THE MEDICAL SCHEMES ACT, 1998
THERAPEUTIC ALGORITHMS FOR CHRONIC CONDITIONS

The Regulations made under the Medical Schemes Act, 1998, published under Government Notice No. R1262 of 20 October 1999, as amended by the following Government Notices: No. R 570 of 5 June 2000; No. R. 650 of 30 June 2000; No. R 247 of 1 March 2002 and No. R 1360 of 4 November 2002, provides, in Annexure A, as follows: "Treatment: diagnosis, medical management and medication, to the extent that this is provided for by way of a therapeutic algorithm for the prescribed condition, published by the Minister in the *Gazette*".

I, ME Tshabalala-Msimang, Minister of Health, hereby issue therapeutic algorithms referred to in Annexure A to the regulations.

THERAPEUTIC ALGORITHMS

ADDISON'S DISEASE



Note:

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
 - a. not be inconsistent with this algorithm;
 - b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.

ASTHMA**Diagnosis**

Made on symptoms and signs
Objective measurement:
FEV1 improvement possible $\geq 15\%$
[& 200ml increase after short acting β_2 agonist (400 μ g MDI and spacer)]

Aims of Management:
Control symptoms and prevent exacerbations
Achieve best possible peak flow
Minimise adverse effects

Stepwise Approach:

Start treatment at step most appropriate to initial severity
Achieve early control
Maintain stepping up or stepping down therapy

CLASSIFICATION OF SEVERITY**Management of Chronic Asthma in Adults****Classify Severity at Presentation**

	Intermittent	Persistent		
		Mild	Moderate	Severe
Category	I	II	III	IV
Daytime symptoms	$\leq 2/\text{week}$	2-4/week	$> 4/\text{week}$	Continuous
Night-time symptoms	$\leq 1/\text{month}$	2-4/month	$> 4/\text{week}$	Frequent
PEF (predicted)	$\geq 80\%$	$\geq 80\%$	60-80%	$< 60\%$

START TREATMENT AT MOST APPROPRIATE STEP

Step 1: Mild Intermittent Asthma

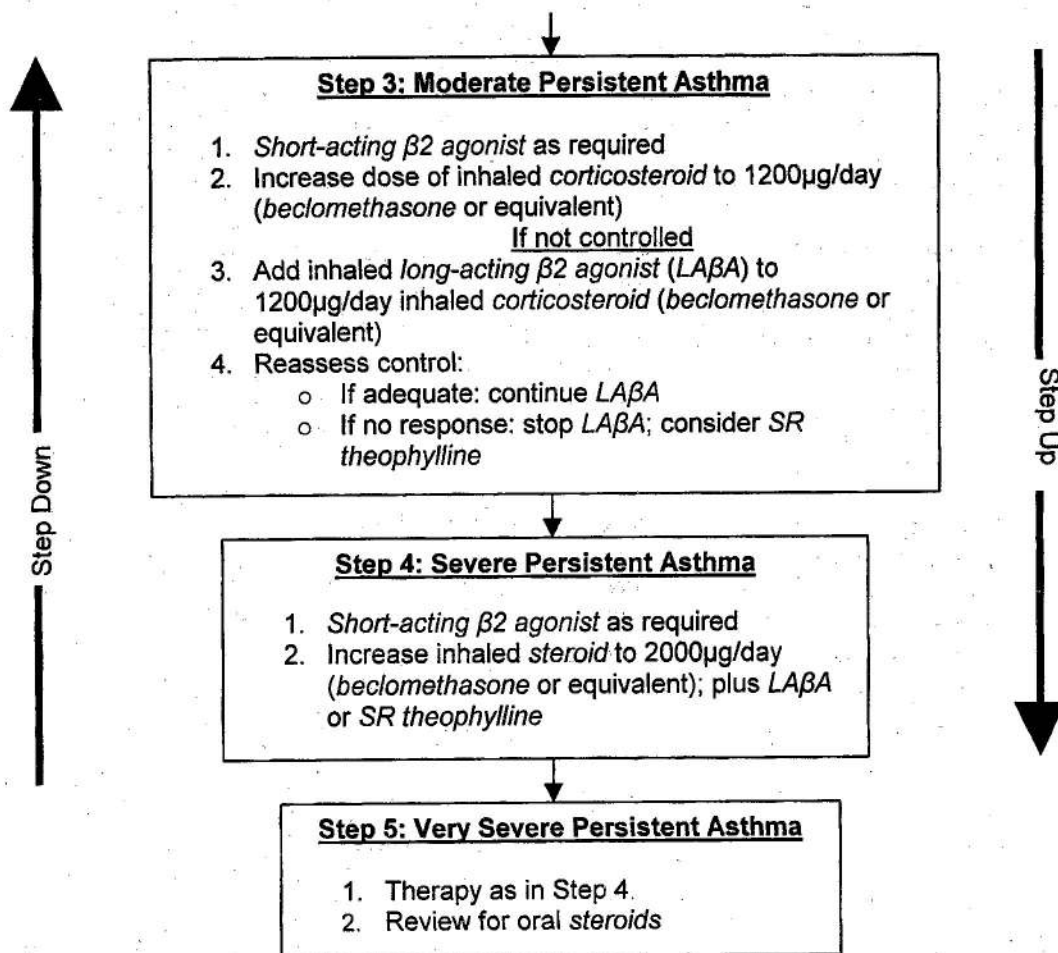
Inhaled short acting β_2 agonist as required

Step 2: Mild Persistent Asthma

Reliever: β_2 agonist as required;
Preventer: Add inhaled corticosteroid 400-800 μ g/day
(Equivalent to beclomethasone MDI & spacer)

Step Down

Step Up

**Glossary:**

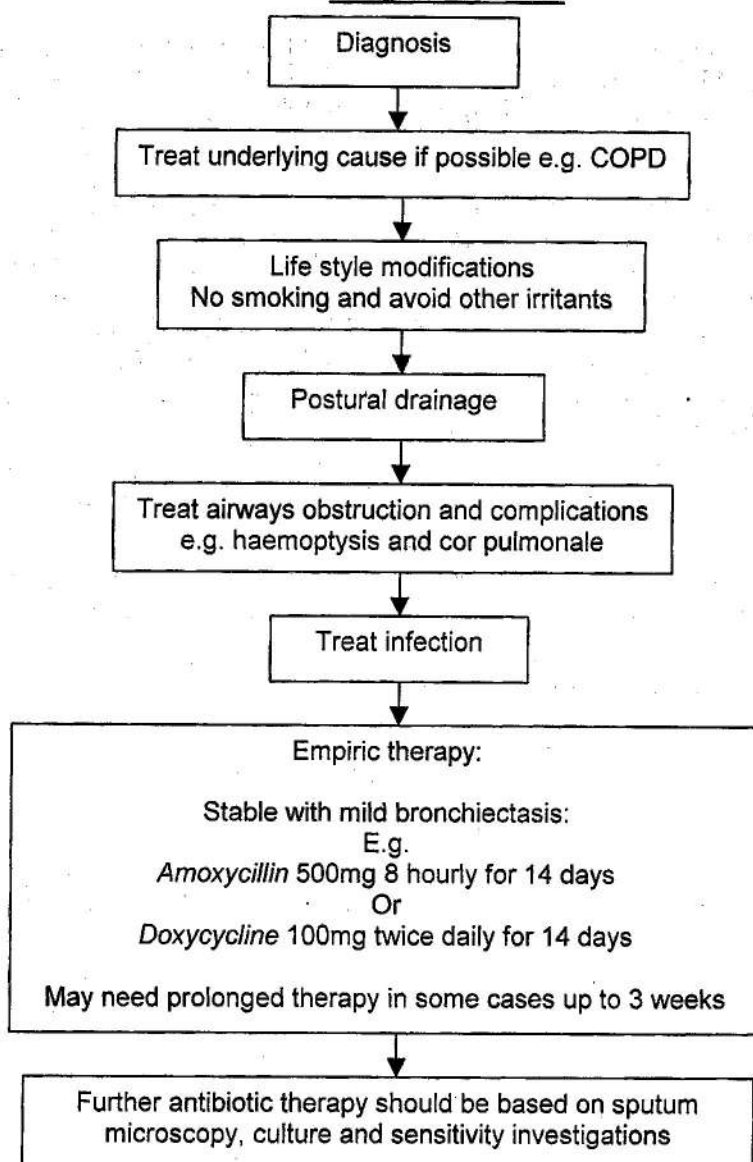
- FEV1 – Forced expiratory volume in 1 second
- β_2 – Beta-2 receptor
- MDI – Metered dosage inhaler
- PEF – Peak expiratory flow
- LABA – Long acting beta-2 receptor agonist
- SR – Slow release

Applicable ICD 10 Coding:

- J45 Asthma
 - o J45.0 Predominantly allergic asthma
 - o J45.1 Nonallergic asthma
 - o J45.8 Mixed asthma
 - o J45.9 Asthma, unspecified
- J46 Status asthmaticus

Note:

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- 2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –**
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 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998**
- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.**

BRONCHIECTASIS**Glossary:**

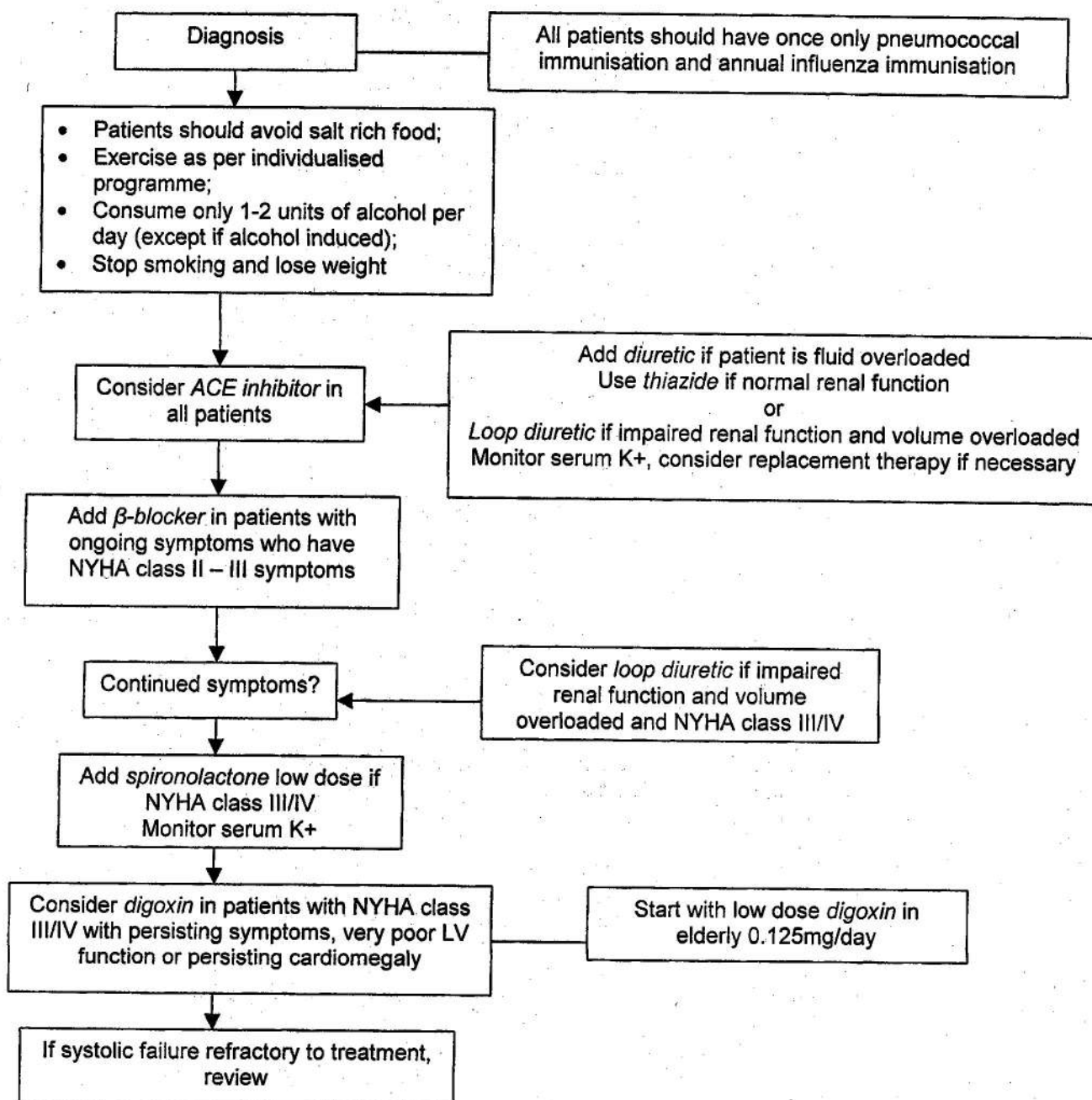
- COPD – Chronic obstructive pulmonary disease

Applicable ICD 10 Coding:

- J47 Bronchiectasis
- Q33.4 Congenital bronchiectasis

Note:

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CARDIAC FAILURE

NOTE: If patient truly intolerant to ACE inhibitor, consider *hydralazine* & *isosorbide dinitrate* combination therapy

Glossary:

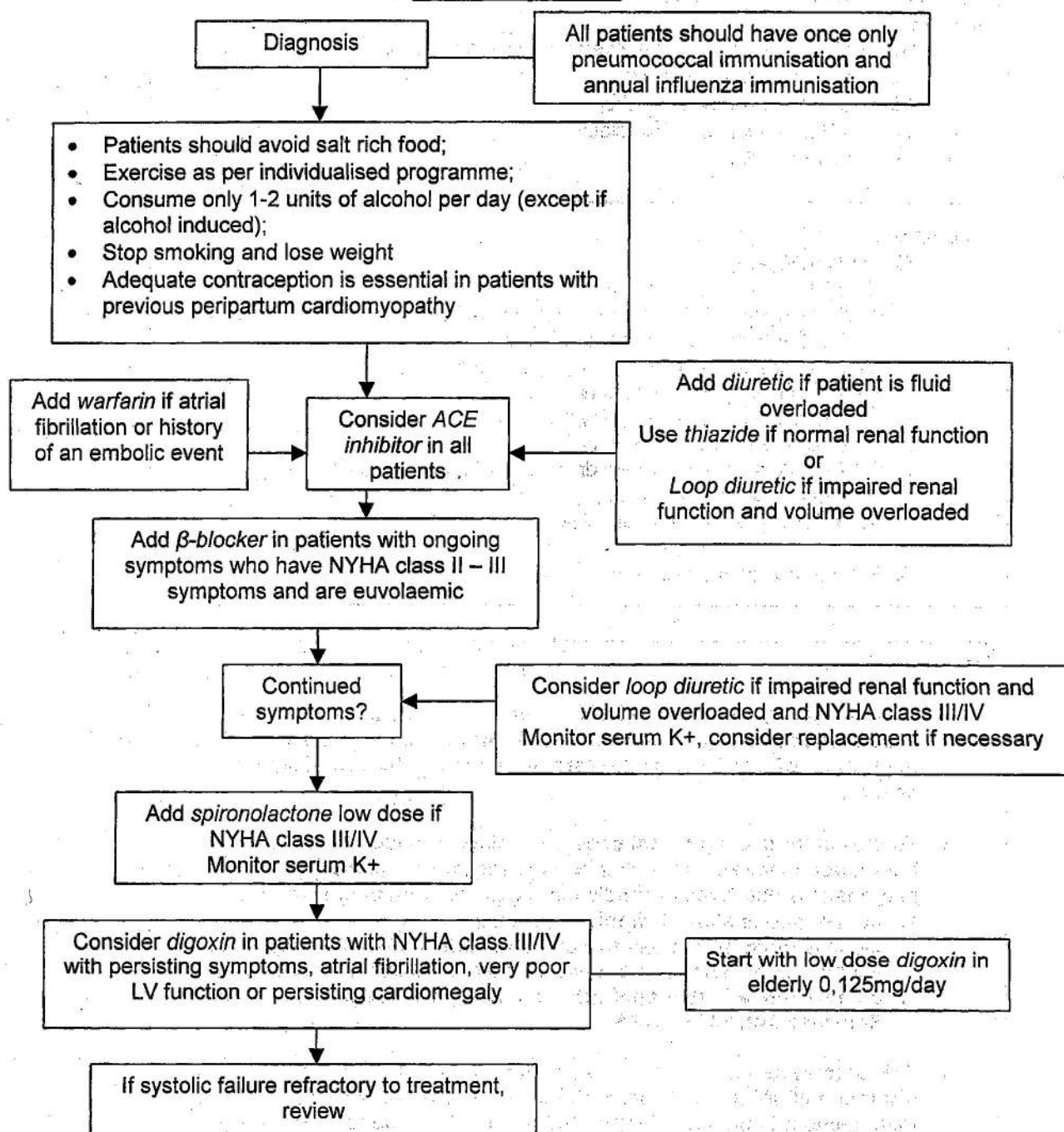
- *ACE inhibitor* – Angiotensin converting enzyme inhibitor
- Serum K⁺ – Serum potassium
- *β -blocker* – Beta-receptor blocker
- NYHA – New York Heart Association
- LV – Left ventricular

Applicable ICD 10 Coding:

- I50 Heart failure
 - I50.0 Congestive heart failure
 - I50.1 Left ventricular failure
 - I50.9 Heart failure, unspecified
- I11.0 Hypertensive heart disease with (congestive) heart failure
- I13.0 Hypertensive heart and renal disease with (congestive) heart failure
- I13.2 Hypertensive heart and renal disease with both (congestive) heart failure and renal failure

Note:

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
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 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.

CARDIOMYOPATHY

NOTE: If patient truly intolerant to ACE inhibitor, consider hydralazine & isosorbide dinitrate combination therapy

Glossary:

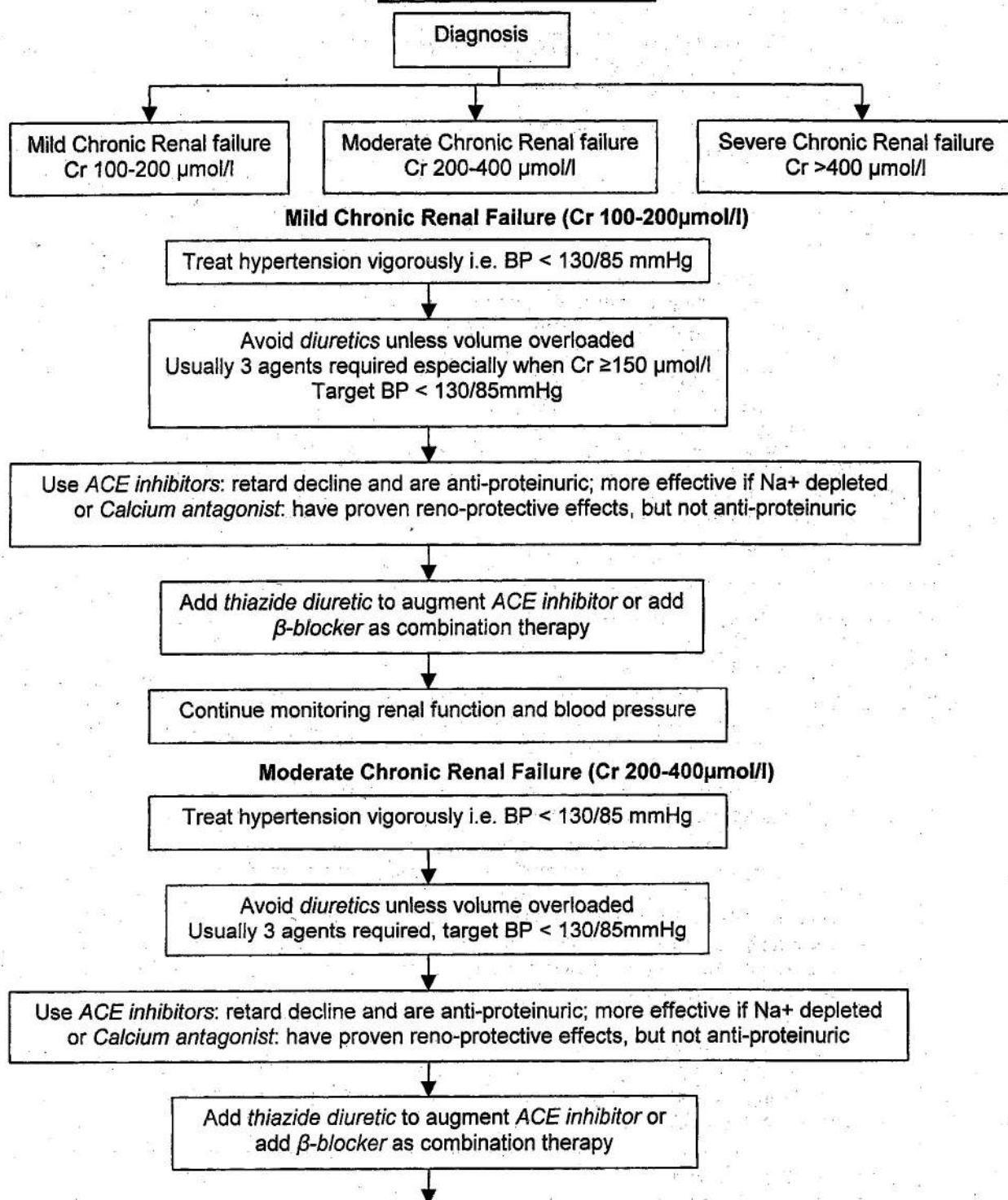
- *ACE inhibitor* – Angiotensin converting enzyme inhibitor
- Serum K⁺ – Serum potassium
- *β -blocker* – Beta-receptor blocker
- NYHA – New York Heart Association
- LV – Left ventricular

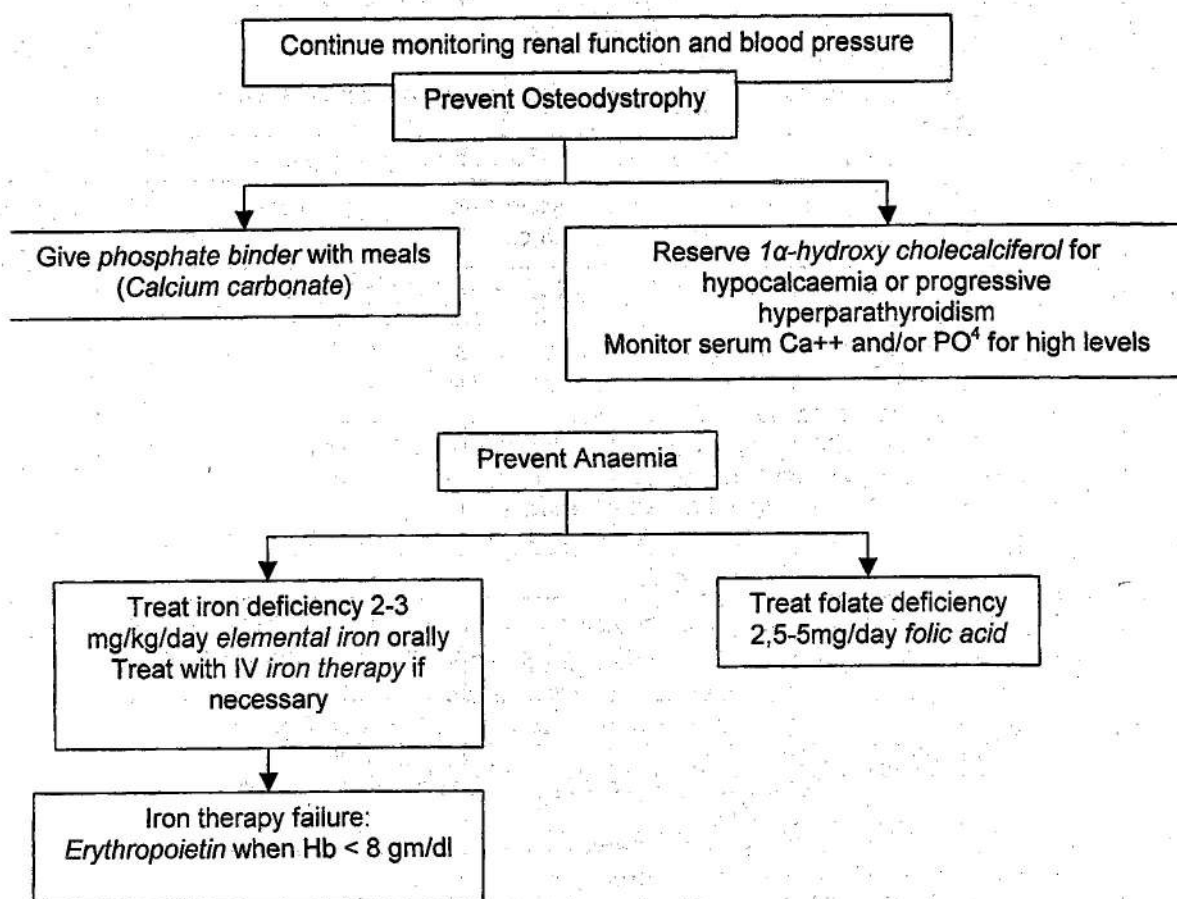
Applicable ICD 10 Coding:

- I42 Cardiomyopathy
 - I42.0 Dilated cardiomyopathy
 - I42.1 Obstructive hypertrophic cardiomyopathy
 - I42.2 Other hypertrophic cardiomyopathy
 - I42.3 Endomyocardial (eosinophilic) disease
 - I42.4 Endocardial fibroelastosis
 - I42.5 Other restrictive cardiomyopathy
 - I42.6 Alcoholic cardiomyopathy
 - I42.7 Cardiomyopathy due to drugs and other external agents
 - I42.8 Other cardiomyopathies
 - I42.9 Cardiomyopathy, unspecified
- I25.5 Ischaemic cardiomyopathy

Note:

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CHRONIC RENAL DISEASE



Severe Chronic Renal Failure (Cr > 400 μmol/l)

Patients require early nephrological referral for management and assessment for dialysis and transplant

Glossary:

- ACE inhibitor – Angiotensin converting enzyme inhibitor
- Serum Na⁺ – Serum sodium
- β-blocker – Beta-receptor blocker
- BP – Blood pressure
- Hb – Haemoglobin
- Cr/Serum Cr – Serum creatinine
- Serum Ca⁺⁺ – Serum calcium
- 1α-hydroxy – 1-alpha-hydroxy
- PO⁴ – Phosphate

Applicable ICD 10 Coding:

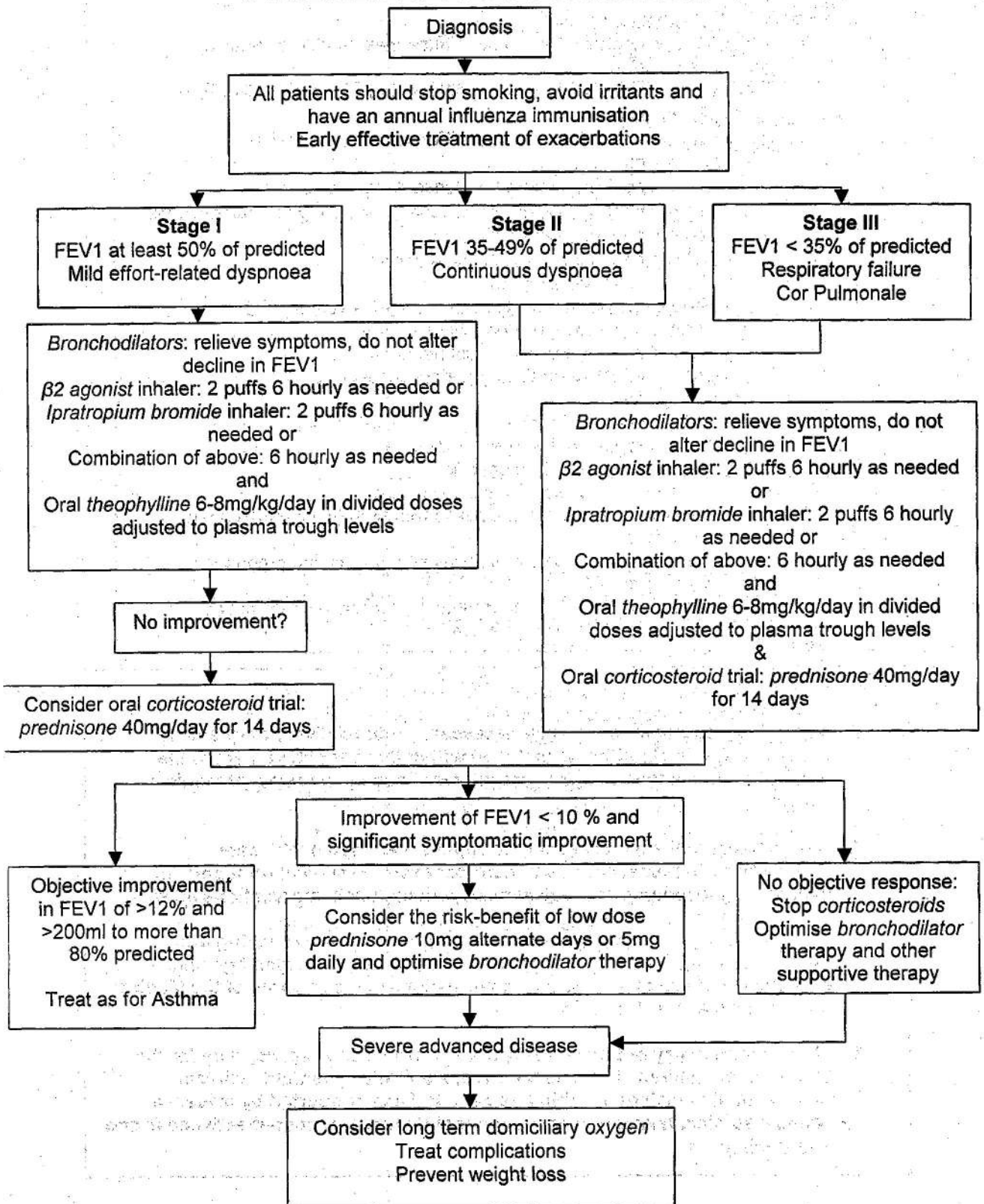
- N03 Chronic nephritic syndrome
 - N03.0 Chronic nephritic syndrome, minor glomerular abnormality
 - N03.1 Chronic nephritic syndrome, focal and segmental glomerular lesions
 - N03.2 Chronic nephritic syndrome, diffuse membranous glomerulonephritis

Applicable ICD 10 Coding: (continued)

- N03.3 Chronic nephritic syndrome, diffuse mesangial proliferative glomerulonephritis
- N03.4 Chronic nephritic syndrome, diffuse endocapillary proliferative glomerulonephritis
- N03.5 Chronic nephritic syndrome, diffuse mesangiocapillary glomerulonephritis
- N03.6 Chronic nephritic syndrome, dense deposit disease
- N03.7 Chronic nephritic syndrome, diffuse crescentic glomerulonephritis
- N03.8 Chronic nephritic syndrome, other
- N03.9 Chronic nephritic syndrome, unspecified
- N11 Chronic tubulo-interstitial nephritis
 - N11.0 Nonobstructive reflux-associated chronic pyelonephritis
 - N11.1 Chronic obstructive pyelonephritis
 - N11.8 Other chronic tubulo-interstitial nephritis
 - N11.9 Chronic tubulo-interstitial nephritis, unspecified
- N18 Chronic renal failure
 - N18.0 End-stage renal disease
 - N18.8 Other chronic renal failure
 - N18.9 Chronic renal failure, unspecified
- I12.0 Hypertensive renal disease with renal failure
- I13.2 Hypertensive heart and renal disease with both (congestive) heart failure and renal failure
- O10.2 Pre-existing hypertensive renal disease complicating pregnancy, childbirth and the puerperium
- O10.3 Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth and the puerperium

Note:

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
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 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
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CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Glossary:

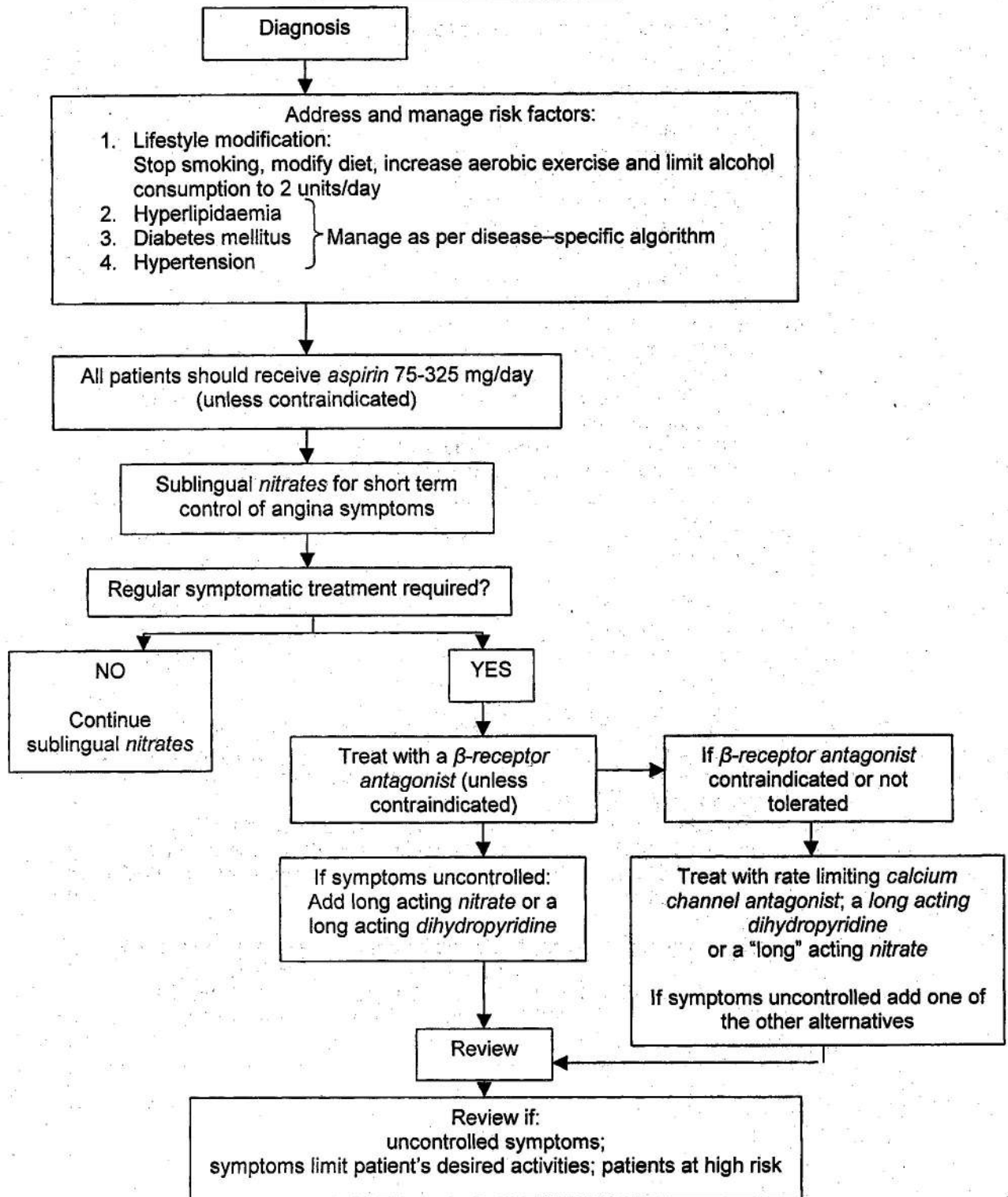
- FEV1 – Forced expiratory volume in 1 second
- $\beta 2$ – Beta-2 receptor

Applicable ICD 10 Coding:

- J43 Emphysema
 - J43.0 MacLeod's syndrome
 - J43.1 Panlobular emphysema
 - J43.2 Centrilobular emphysema
 - J43.8 Other emphysema
 - J43.9 Emphysema, unspecified
- J44 Other chronic obstructive pulmonary disease
 - J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
 - J44.1 Chronic obstructive pulmonary disease with acute exacerbation, unspecified
 - J44.8 Other specified chronic obstructive pulmonary disease
 - J44.9 Chronic obstructive pulmonary disease, unspecified

Note:

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 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
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CORONARY ARTERY DISEASE

Glossary:

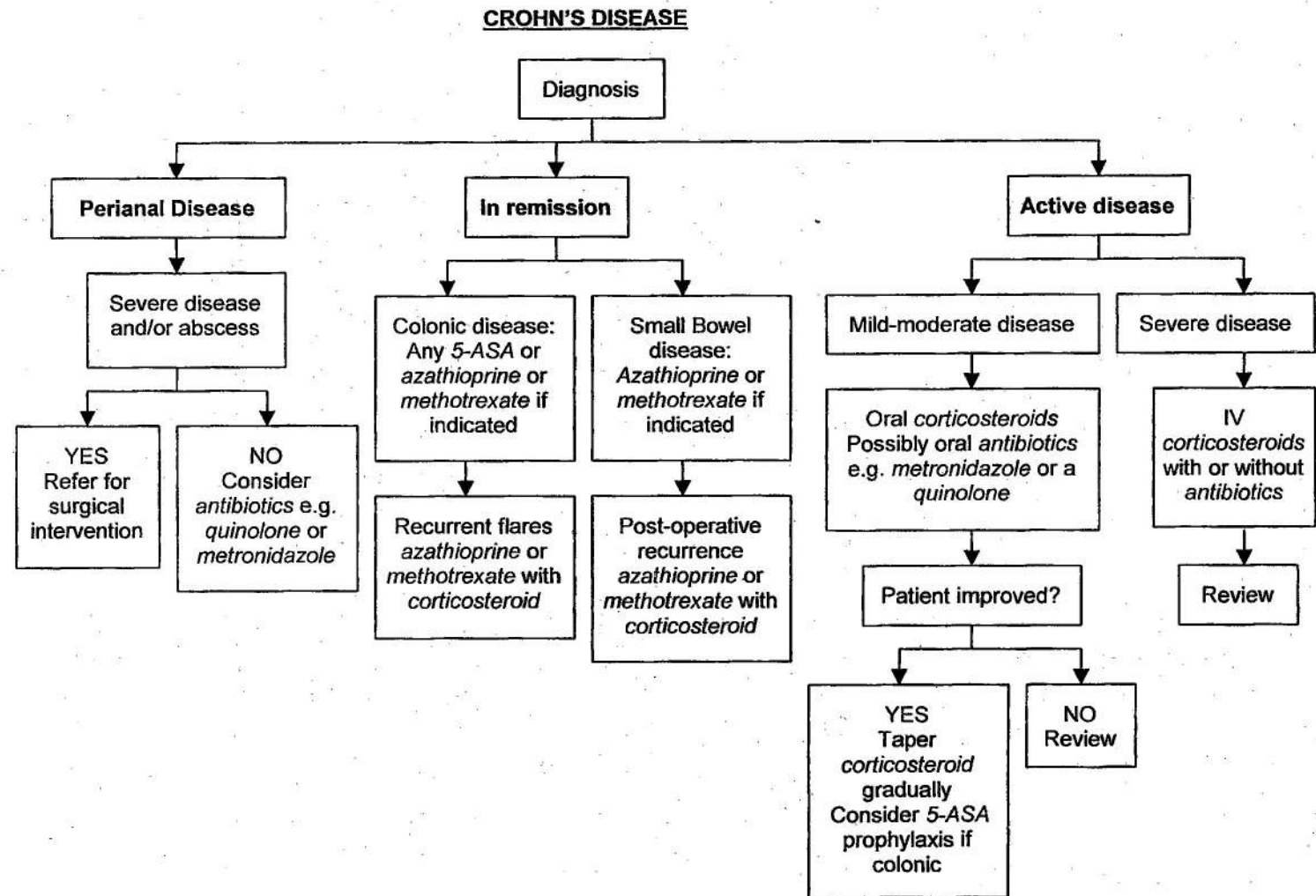
- *β-receptor antagonist* – Beta-receptor antagonist

Applicable ICD 10 Coding:

- I20 Angina pectoris
 - I20.0 Unstable angina
 - I20.1 Angina pectoris with documented spasm
 - I20.8 Other forms of angina pectoris
 - I20.9 Angina pectoris, unspecified
- I25 Chronic ischaemic heart disease
 - I25.0 Atherosclerotic cardiovascular disease, so described
 - I25.1 Atherosclerotic heart disease
 - I25.2 Old myocardial infarction
 - I25.3 Aneurysm of heart
 - I25.4 Coronary artery aneurysm
 - I25.5 Ischaemic cardiomyopathy
 - I25.6 Silent myocardial ischaemia
 - I25.8 Other forms of chronic ischaemic heart disease
 - I25.9 Chronic ischaemic heart disease, unspecified

Note:

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Glossary:

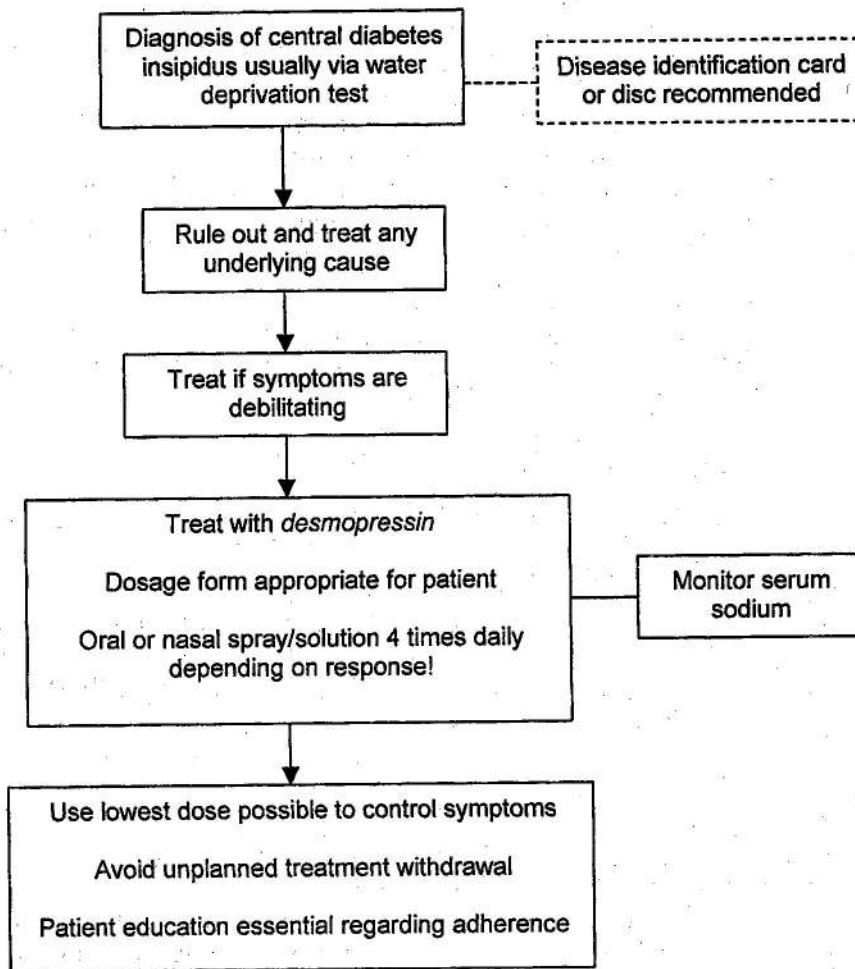
- 5-ASA – 5-Aminosalicylic acid
- IV – Intravenous

Applicable ICD 10 Coding:

- K50 Crohn's disease [regional enteritis]
 - K50.0 Crohn's disease of small intestine
 - K50.1 Crohn's disease of large intestine
 - K50.8 Other Crohn's disease
 - K50.9 Crohn's disease, unspecified

Note:

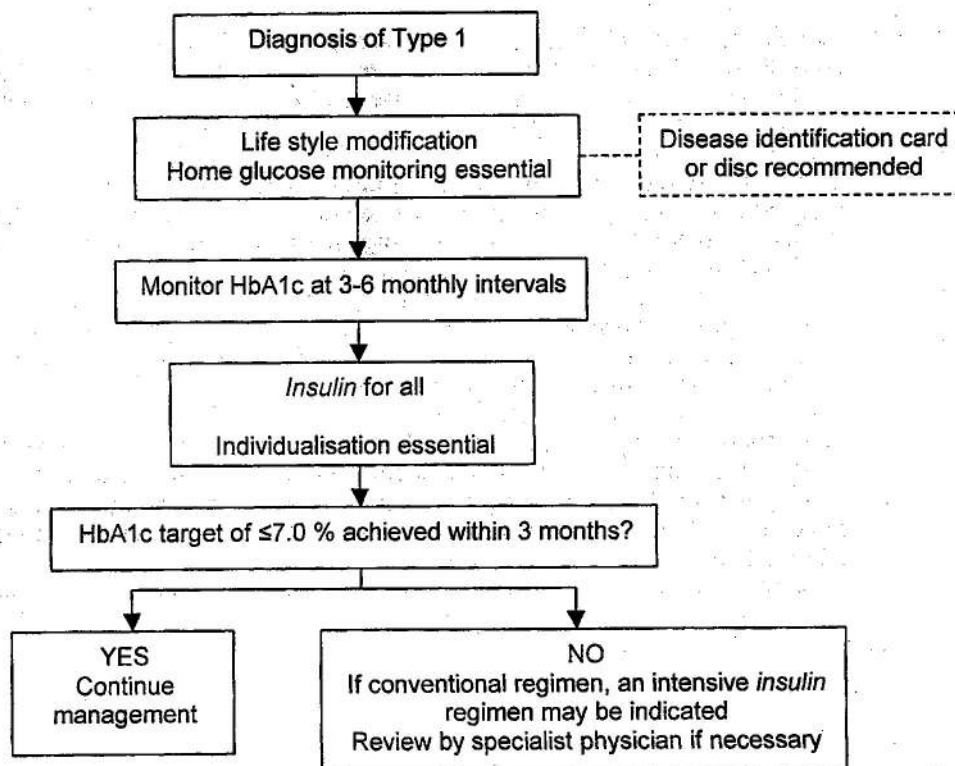
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 - c. **comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998**
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DIABETES INSIPIDUS**Applicable ICD 10 Coding:**

- E 23.2 Diabetes insipidus

Note:

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3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.

DIABETES MELLITUS TYPE 1**Glossary:**

- HbA1c – Glycosylated hemoglobin

Applicable ICD 10 Coding:

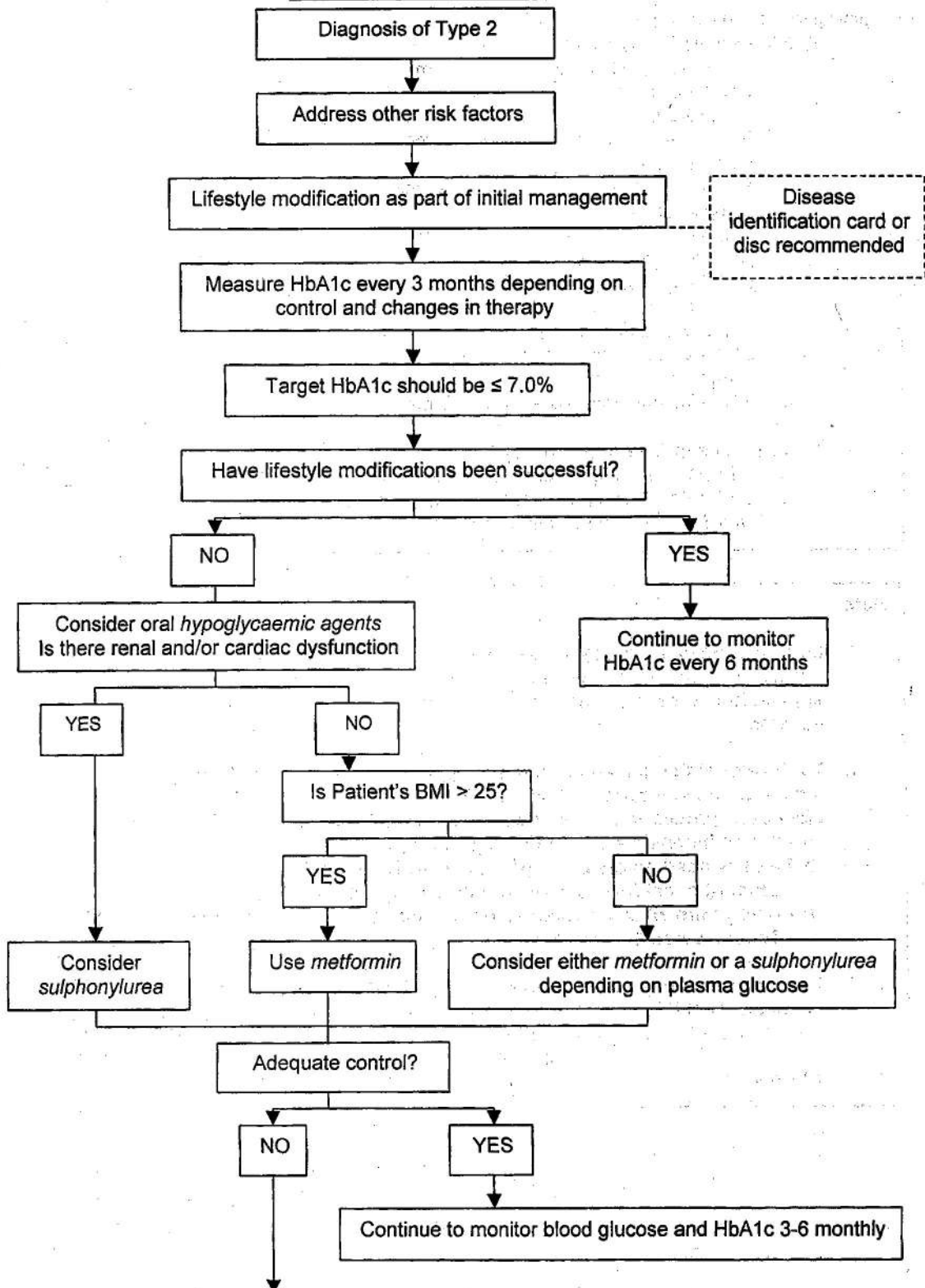
- E10 Insulin-dependent diabetes mellitus
 - E10.0 Insulin-dependent diabetes mellitus with coma
 - E10.1 Insulin-dependent diabetes mellitus with ketoacidosis
 - E10.2 Insulin-dependent diabetes mellitus with renal complications
 - E10.3 Insulin-dependent diabetes mellitus with ophthalmic complications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

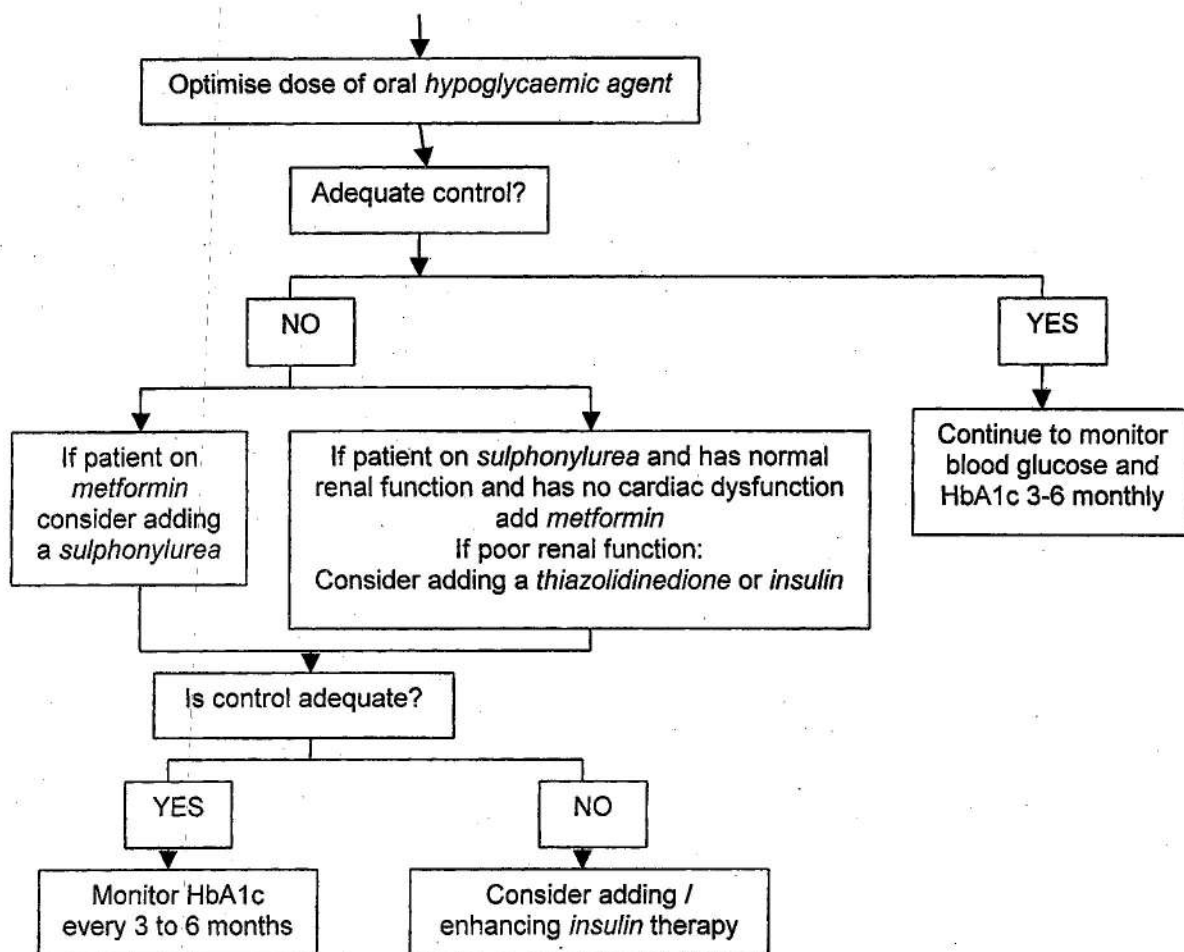
Applicable ICD 10 Coding: (continued)

- **E12 Malnutrition-related diabetes mellitus**
 - E12.0 Malnutrition-related diabetes mellitus with coma
 - E12.1 Malnutrition-related diabetes mellitus with ketoacidosis
 - E12.2 Malnutrition-related diabetes mellitus with renal complications
 - E12.3 Malnutrition-related diabetes mellitus with ophthalmic complications
 - E12.4 Malnutrition-related diabetes mellitus with neurological complications
 - E12.5 Malnutrition-related diabetes mellitus with peripheral circulatory complications
 - E12.6 Malnutrition-related diabetes mellitus with other specified complications
 - E12.7 Malnutrition-related diabetes mellitus with multiple complications
 - E12.8 Malnutrition-related diabetes mellitus with unspecified complications
 - E12.9 Malnutrition-related diabetes mellitus without complications
- **O24 Diabetes mellitus in pregnancy**
 - O24.0 Pre-existing diabetes mellitus, insulin-dependent
 - O24.2 Pre-existing malnutrition-related diabetes mellitus
 - O24.3 Pre-existing diabetes mellitus, unspecified

Note:

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DIABETES MELLITUS TYPE 2

**Glossary:**

- HbA1c – Glycosylated hemoglobin
- BMI – Body mass index

Applicable ICD 10 Coding:

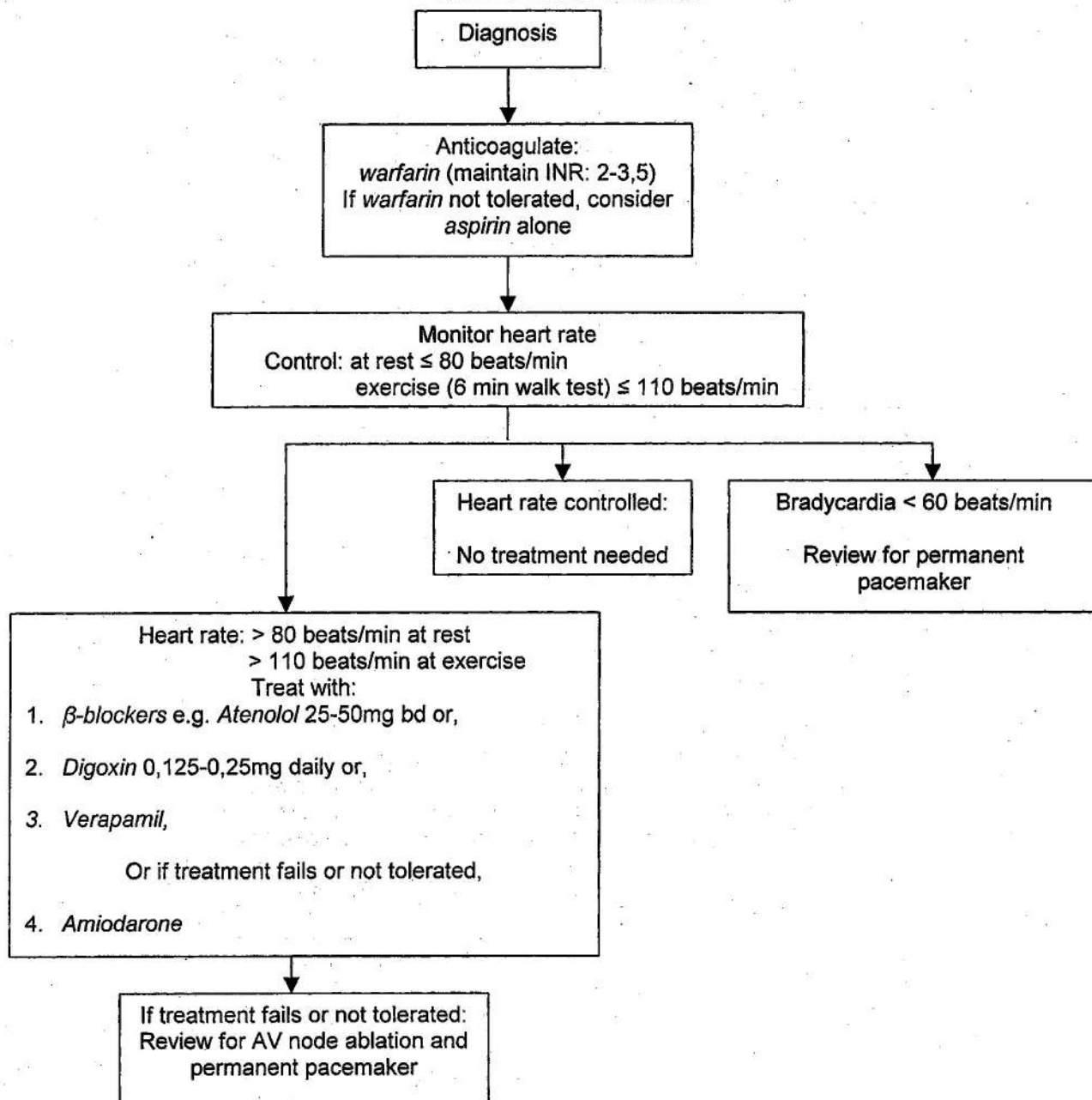
- E11 Non-insulin-dependent diabetes mellitus
 - E11.0 Non-insulin-dependent diabetes mellitus with coma
 - E11.1 Non-insulin-dependent diabetes mellitus with ketoacidosis
 - E11.2 Non-insulin-dependent diabetes mellitus with renal complications
 - E11.3 Non-insulin-dependent diabetes mellitus with ophthalmic complications
 - E11.4 Non-insulin-dependent diabetes mellitus with neurological complications
 - E11.5 Non-insulin-dependent diabetes mellitus with peripheral circulatory complications
 - E11.6 Non-insulin-dependent diabetes mellitus with other specified complications
 - E11.7 Non-insulin-dependent diabetes mellitus with multiple complications
 - E11.8 Non-insulin-dependent diabetes mellitus with unspecified complications
 - E11.9 Non-insulin-dependent diabetes mellitus without complications

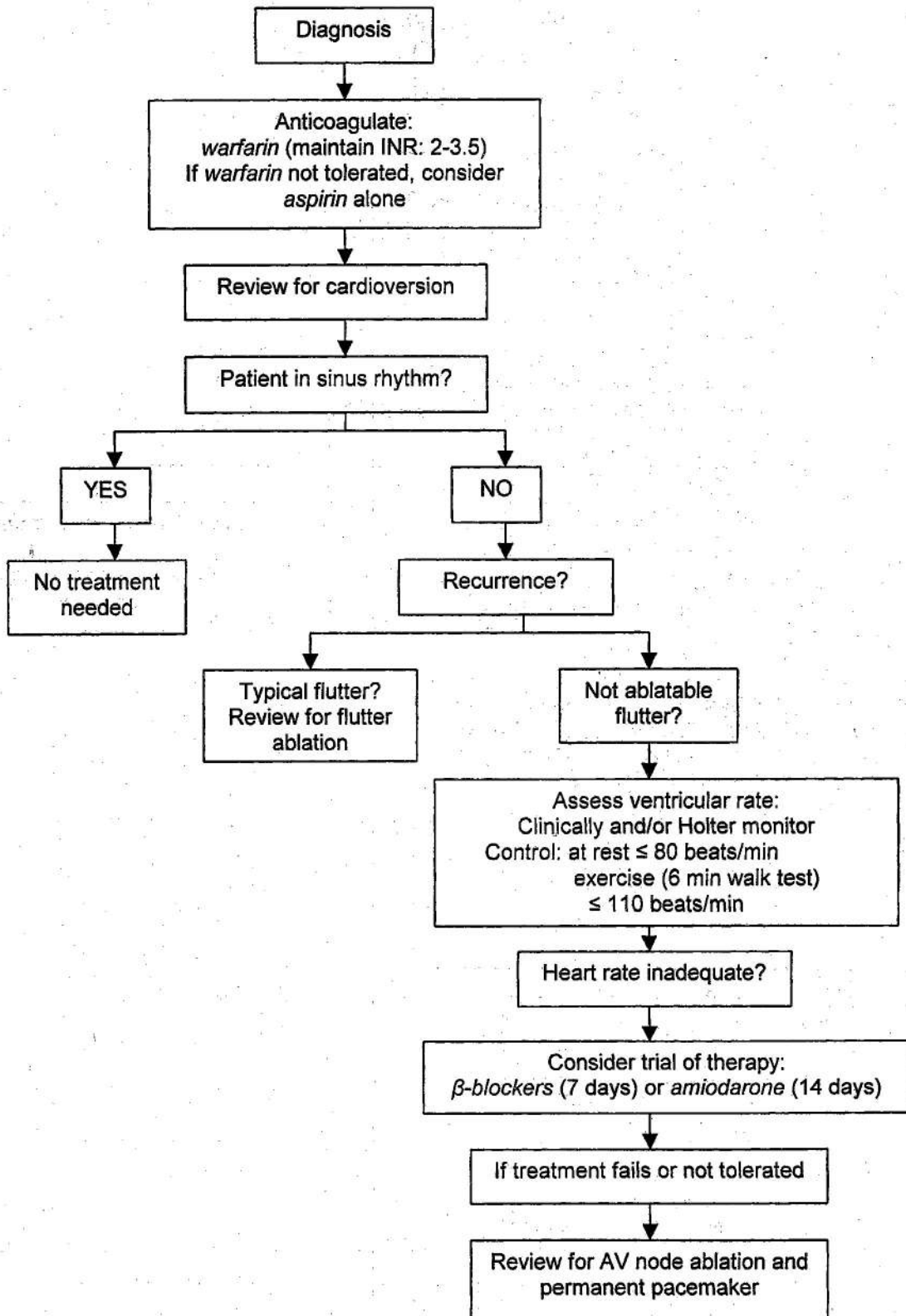
Applicable ICD 10 Coding: (continued)

- **E12 Malnutrition-related diabetes mellitus**
 - E12.0 Malnutrition-related diabetes mellitus with coma
 - E12.1 Malnutrition-related diabetes mellitus with ketoacidosis
 - E12.2 Malnutrition-related diabetes mellitus with renal complications
 - E12.3 Malnutrition-related diabetes mellitus with ophthalmic complications
 - E12.4 Malnutrition-related diabetes mellitus with neurological complications
 - E12.5 Malnutrition-related diabetes mellitus with peripheral circulatory complications
 - E12.6 Malnutrition-related diabetes mellitus with other specified complications
 - E12.7 Malnutrition-related diabetes mellitus with multiple complications
 - E12.8 Malnutrition-related diabetes mellitus with unspecified complications
 - E12.9 Malnutrition-related diabetes mellitus without complications
- **O24 Diabetes mellitus in pregnancy**
 - O24.1 Pre-existing diabetes mellitus, non-insulin-dependent
 - O24.2 Pre-existing malnutrition-related diabetes mellitus
 - O24.3 Pre-existing diabetes mellitus, unspecified

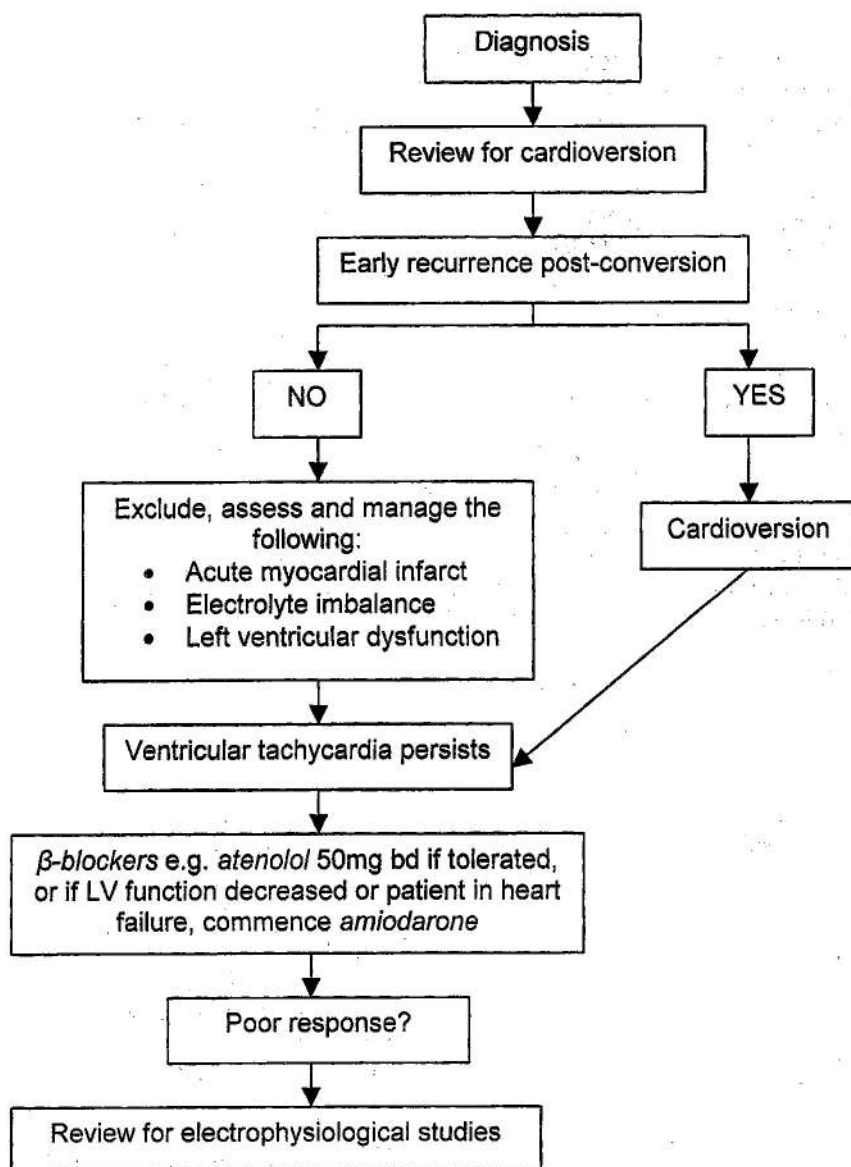
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DYSRHYTHMIAS**Chronic Atrial Fibrillation**

Chronic Atrial Flutter

Ventricular Tachycardia



Glossary:

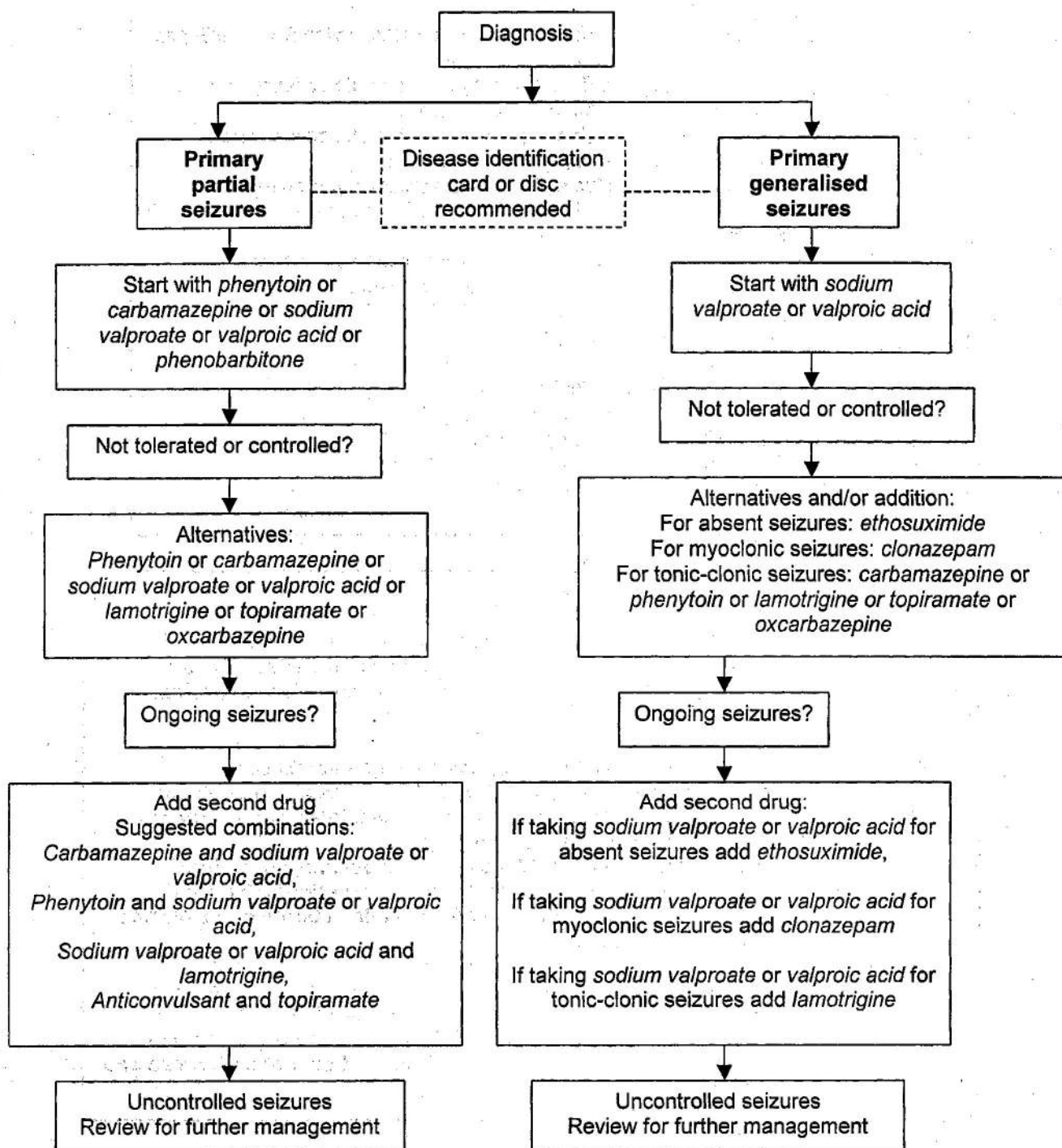
- INR – International normalized ratio
- *β-blocker* – Beta-receptor blocker
- AV node – Atrioventricular node
- LV – Left ventricular

Applicable ICD 10 Coding:

- I47.2 Ventricular tachycardia
- I48 Atrial fibrillation and flutter

Note:

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EPILEPSY

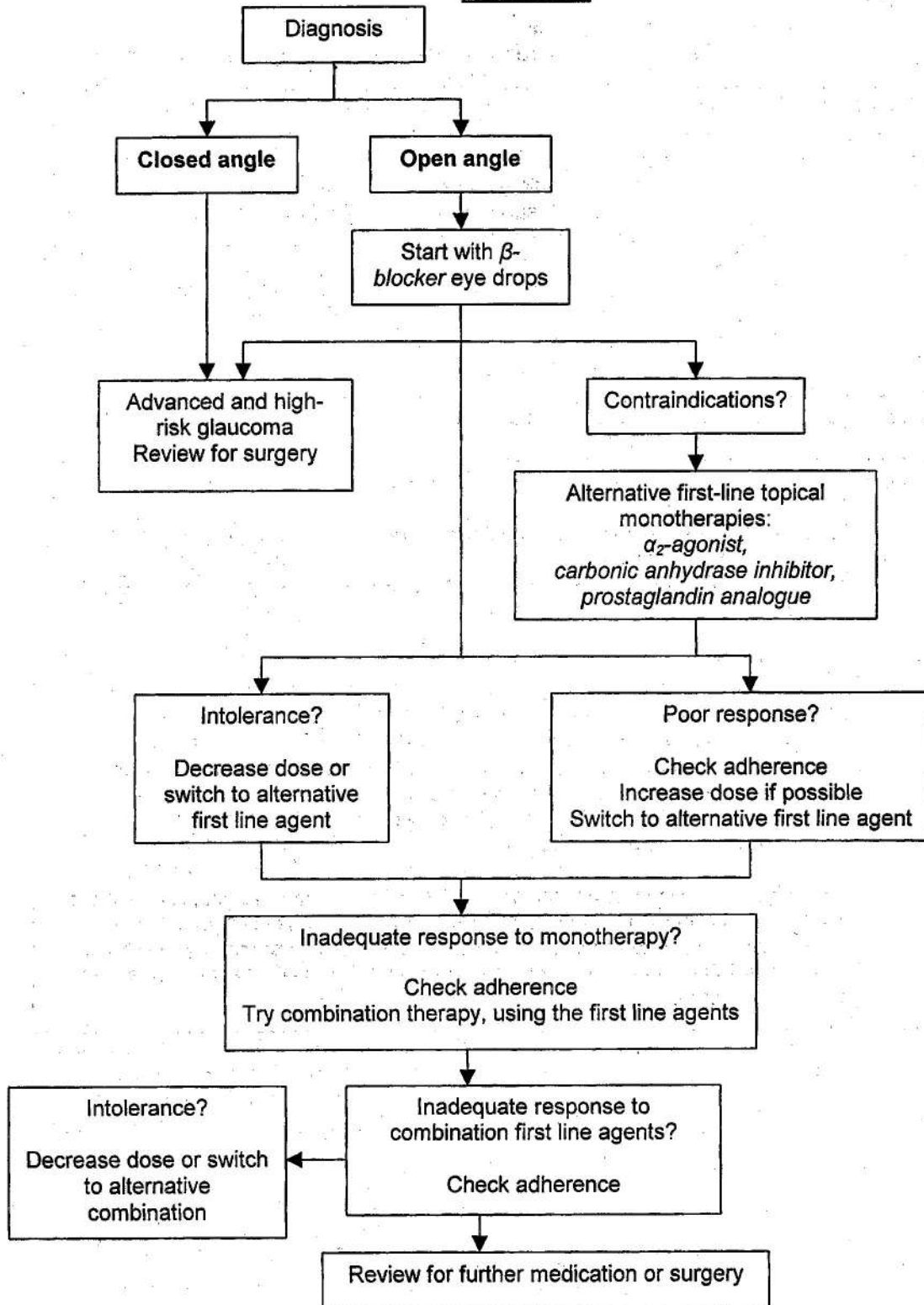
Applicable ICD 10 Coding:

- **G40 Epilepsy**
 - G40.0 Localization-related (focal)(partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset
 - G40.1 Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures
 - G40.2 Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures
 - G40.3 Generalized idiopathic epilepsy and epileptic syndromes
 - G40.4 Other generalized epilepsy and epileptic syndromes
 - G40.5 Special epileptic syndromes
 - G40.6 Grand mal seizures, unspecified (with or without petit mal)
 - G40.7 Petit mal, unspecified, without grand mal seizures
 - G40.8 Other epilepsy
 - G40.9 Epilepsy, unspecified
- **G41 Status epilepticus**
 - G41.0 Grand mal status epilepticus
 - G41.1 Petit mal status epilepticus
 - G41.2 Complex partial status epilepticus
 - G41.8 Other status epilepticus
 - G41.9 Status epilepticus, unspecified

Note:

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GLAUCOMA



Glossary:

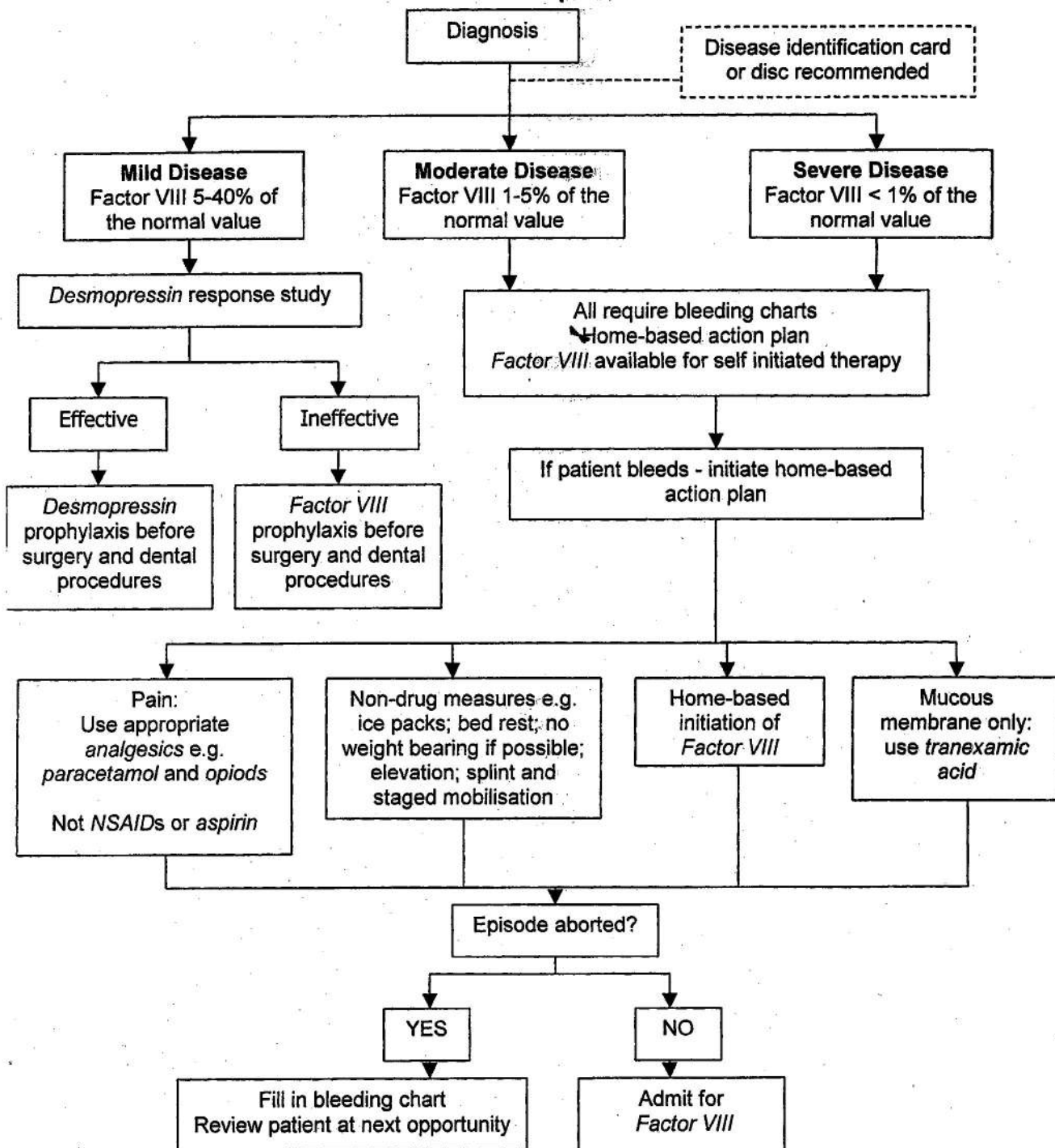
- *β -blocker* – Beta-receptor blocker
- *α_2 -agonist* – Alpha-2 receptor agonist

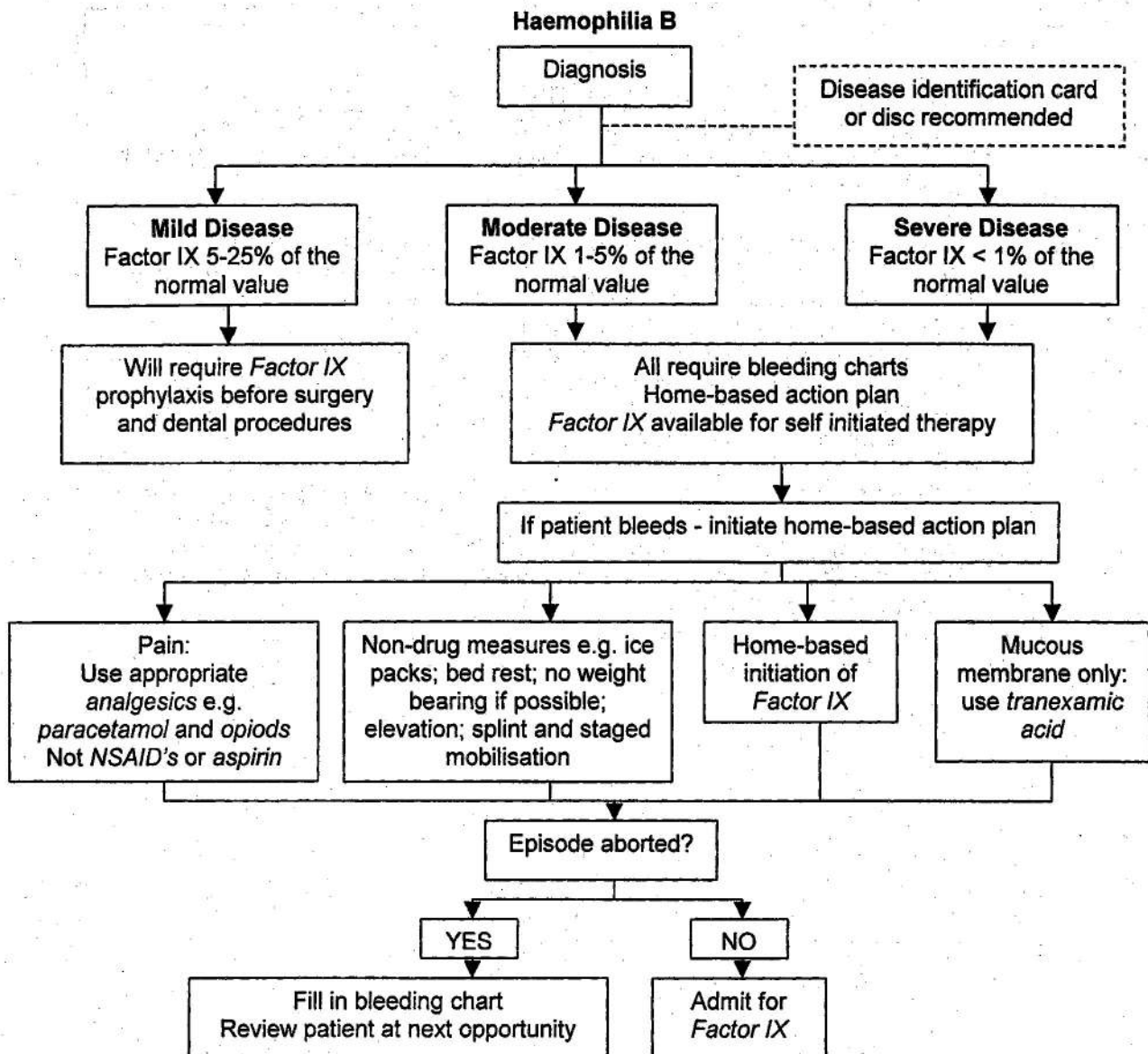
Applicable ICD 10 Coding:

- H40 Glaucoma
 - H40.0 Glaucoma suspect
 - H40.1 Primary open-angle glaucoma
 - H40.2 Primary angle-closure glaucoma
 - H40.3 Glaucoma secondary to eye trauma
 - H40.4 Glaucoma secondary to eye inflammation
 - H40.5 Glaucoma secondary to other eye disorders
 - H40.6 Glaucoma secondary to drugs
 - H40.8 Other glaucoma
 - H40.9 Glaucoma, unspecified
- Q15.0 Congenital glaucoma

Note:

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HAEMOPHILIA**Haemophilia A**

**Glossary:**

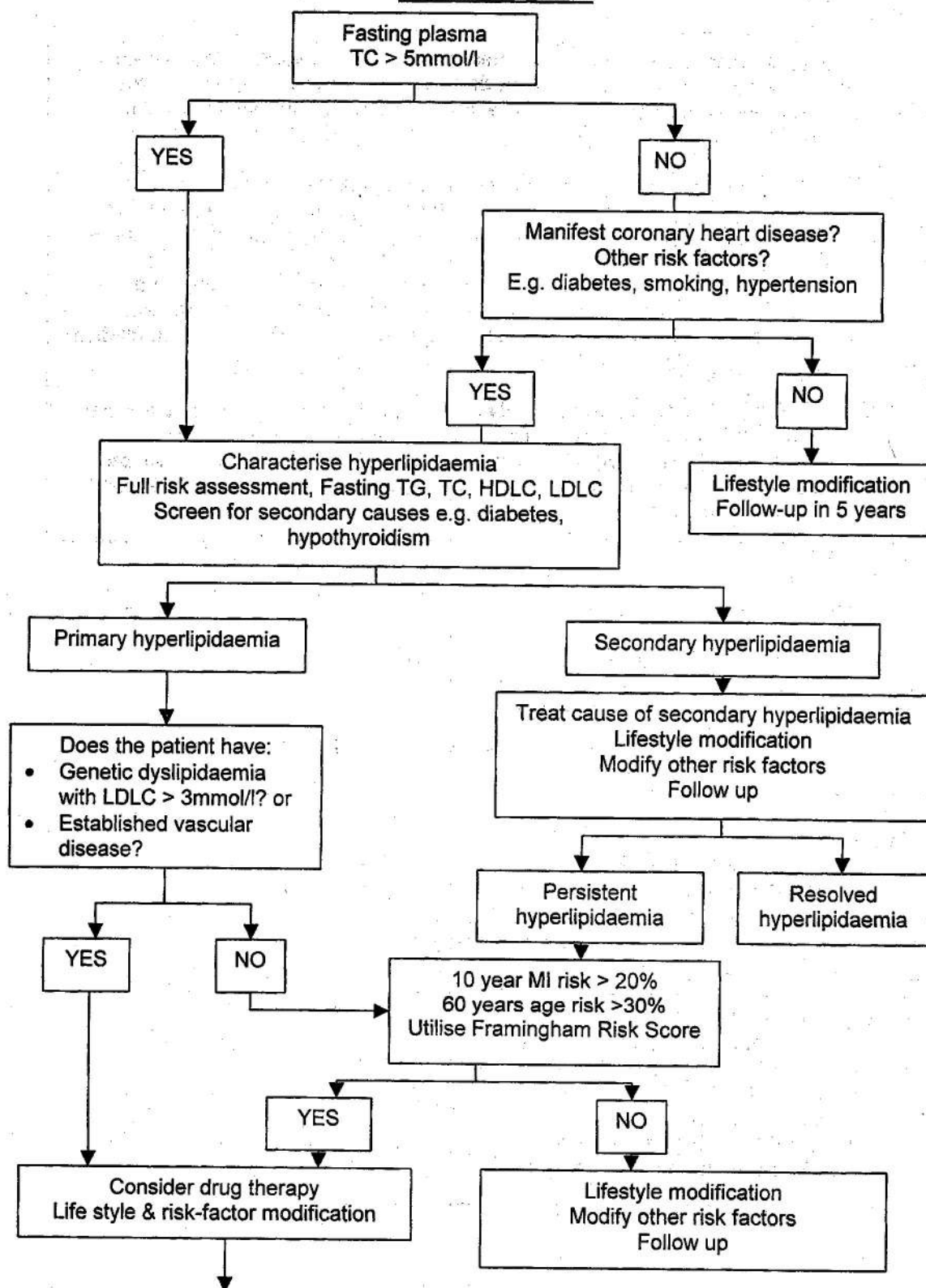
- Factor VIII – Factor eight
- Factor IX – Factor nine
- NSAIDs – Non-steroidal anti-inflammatory agents

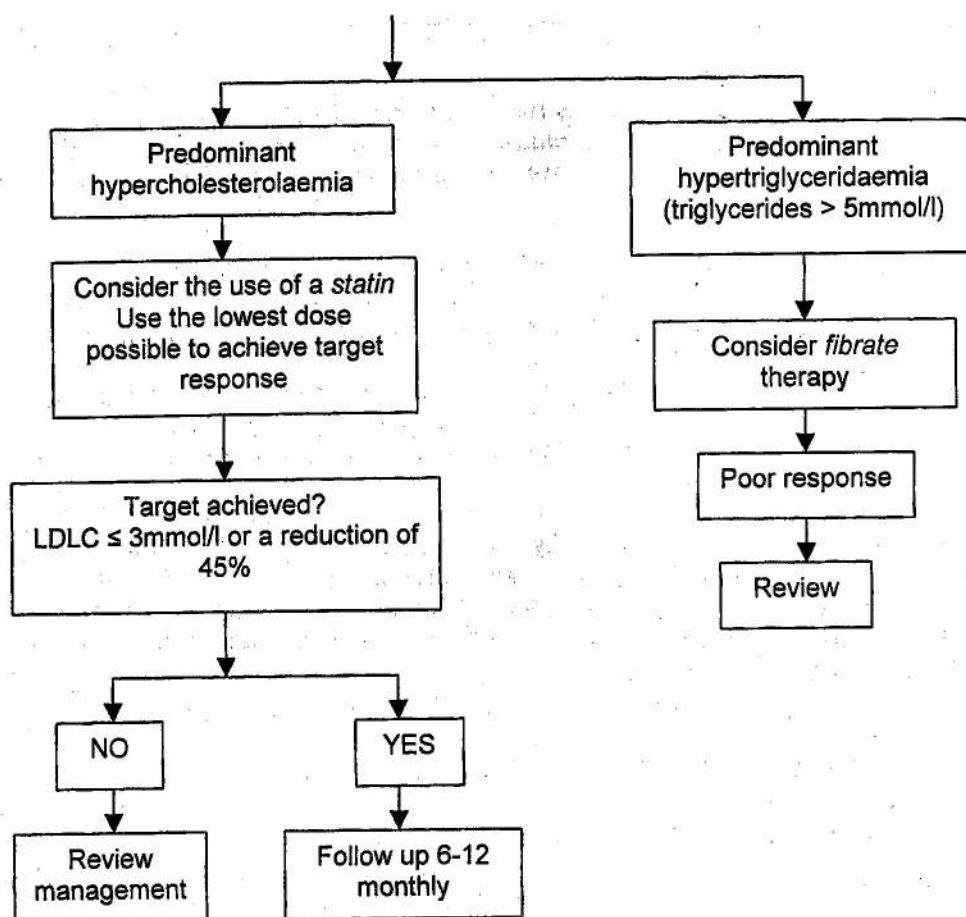
Applicable ICD 10 Coding:

- D66 Hereditary factor VIII deficiency
- D67 Hereditary factor IX deficiency

Note:

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HYPERLIPIDAEMIA

**Glossary:**

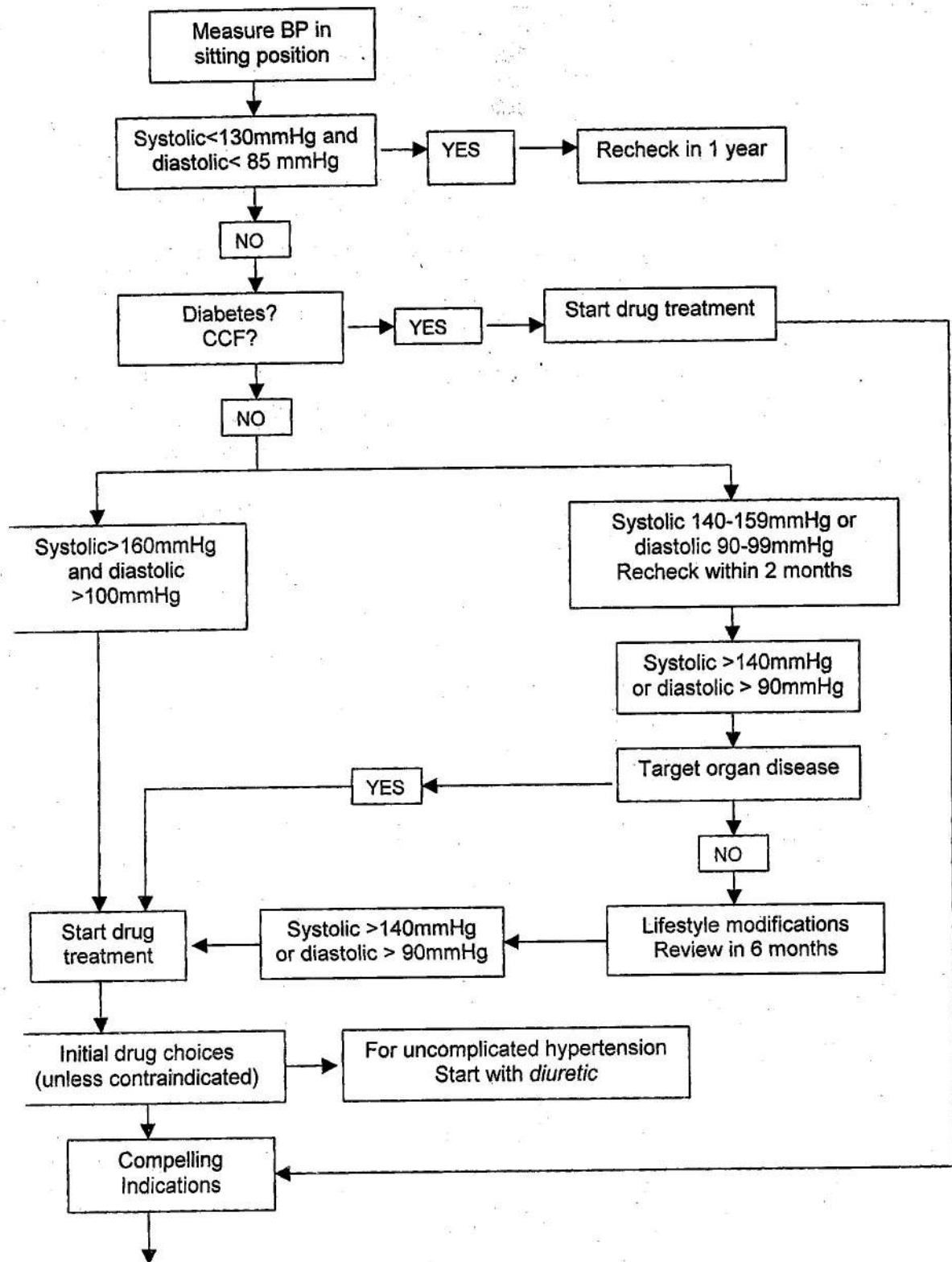
- TC – Total cholesterol
- TG – Triglycerides
- HDLC – High density lipoproteins cholesterol
- LDLC – Low density lipoproteins cholesterol
- MI – Myocardial infarct

Applicable ICD 10 Coding:

- E78.0 Pure hypercholesterolaemia
- E78.1 Pure hyperglyceridaemia
- E78.2 Mixed hyperlipidaemia
- E78.3 Hyperchylomicronaemia
- E78.4 Other hyperlipidaemia
- E78.5 Hyperlipidaemia, unspecified

Note:

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HYPERTENSION

-
- ```
graph TD; A[] --> B[Start with low dose and titrate if necessary]; B --> C[Goal BP not achieved: <140/90 mmHg in uncomplicated cases, <135/85mmHg in diabetes]; C --> D[No response or adverse event]; C --> E[Inadequate response but drug tolerated]; D --> F[Substitute another drug from different class]; E --> G[Add second agent from different class (especially diuretic if not already used)]; F --> H[Goal BP not achieved]; G --> H; H --> I[Add agent from different class or review];
```
- Angina:  $\beta$ -blocker, CCB
  - Prior myocardial infarct or CAD:  $\beta$ -blocker and ACE inhibitor
  - Post MI:  $\beta$ -blocker or ACE inhibitor (in patients with systolic dysfunction)
  - Heart Failure: ACE inhibitor,  $\beta$ -blocker, diuretics (furosemide or spironolactone)
  - Left ventricular hypertrophy: ACE inhibitor
  - Stroke: Low dose diuretic, ACE inhibitor
  - Type 1 Diabetes with proteinuria: ACE inhibitor, usually in combination with diuretic
  - Type 2 Diabetes with microalbuminuria: ACE inhibitor or ARB, usually in combination with diuretic
  - Type 2 Diabetes without proteinuria: ACE inhibitor, usually in combination with a diuretic
  - Type 2 Diabetes with proteinuria: ACE inhibitor or ARB usually in combination with diuretic
  - Isolated systolic hypertension (elderly): diuretic preferred (low dose thiazides), long-acting CCB
  - Prostatism:  $\alpha$ -blocker (this should not be used as monotherapy)

Start with low dose  
and titrate if necessary

Goal BP not achieved:  
<140/90 mmHg in uncomplicated cases,  
<135/85mmHg in diabetes

No response  
or adverse  
event

Inadequate  
response but  
drug tolerated

Substitute another  
drug from different  
class

Add second agent from  
different class (especially  
diuretic if not already used)

Goal BP not achieved

Add agent from different class or review

**Glossary:**

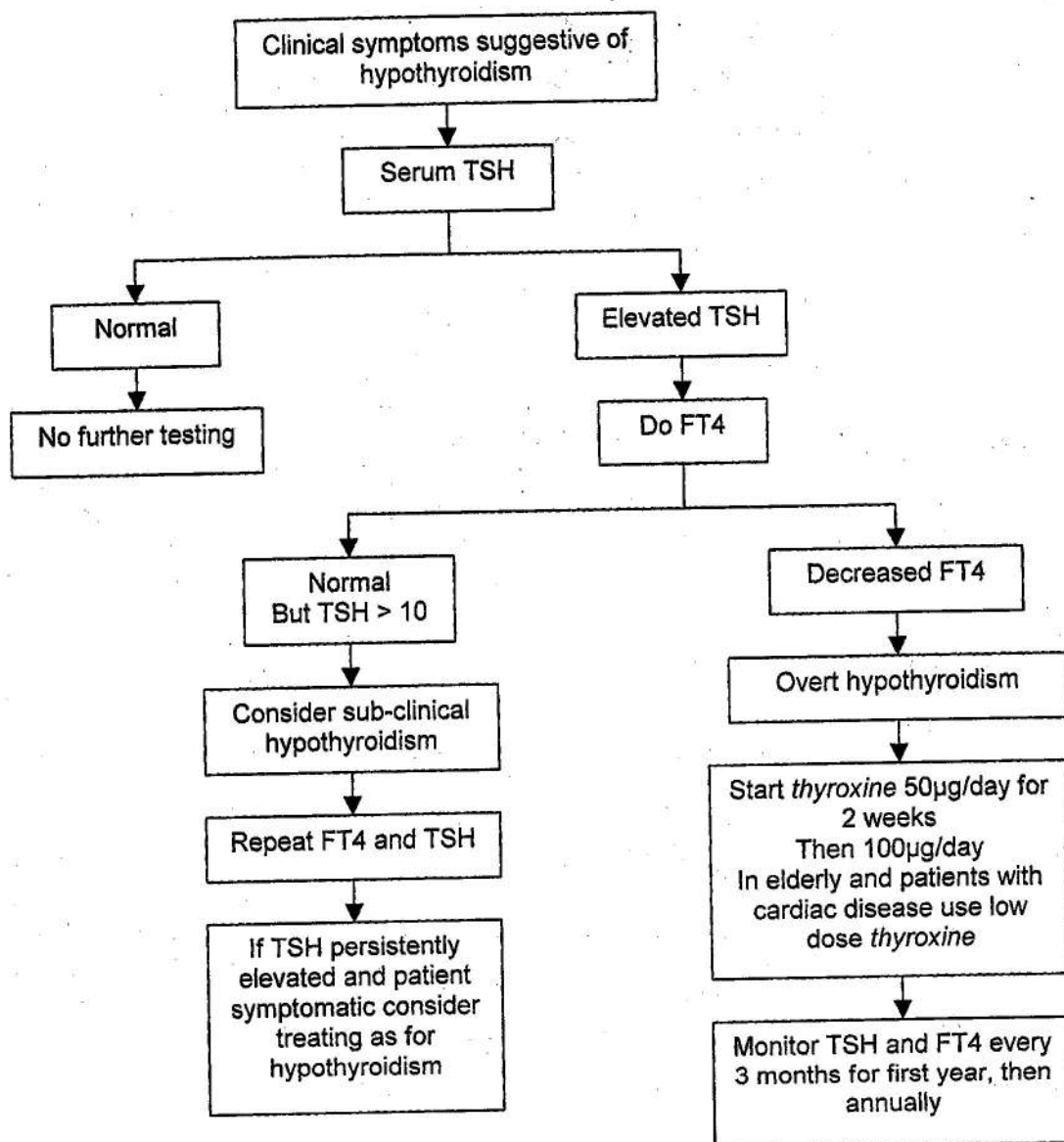
- *α-blocker* – Alpha-receptor blocker
- *ACE inhibitor* – Angiotensin converting enzyme inhibitor
- *ARB* – Angiotensin receptor blocker
- *BP* – Blood pressure
- *β-blocker* – Beta-receptor blocker
- *CCB* – Calcium channel blocker
- *CCF* – Chronic / Congestive cardiac failure
- *CAD* – Coronary artery disease
- *LV* – Left ventricular
- *MI* – Myocardial infarct

**Applicable ICD 10 Coding:**

- I10 Essential (primary) hypertension
- I11 Hypertensive heart disease
  - I11.0 Hypertensive heart disease with (congestive) heart failure
  - I11.9 Hypertensive heart disease without (congestive) heart failure
- I12 Hypertensive renal disease
  - I12.0 Hypertensive renal disease with renal failure
  - I12.9 Hypertensive renal disease without renal failure
- I13 Hypertensive heart and renal disease
  - I13.0 Hypertensive heart and renal disease with (congestive) heart failure
  - I13.1 Hypertensive heart and renal disease with renal failure
  - I13.2 Hypertensive heart and renal disease with both (congestive) heart failure and renal failure
  - I13.9 Hypertensive heart and renal disease, unspecified
- I15 Secondary hypertension
  - I15.0 Renovascular hypertension
  - I15.1 Hypertension secondary to other renal disorders
  - I15.2 Hypertension secondary to endocrine disorders
  - I15.8 Other secondary hypertension
  - I15.9 Secondary hypertension, unspecified
- O10 Pre-existing hypertension complicating pregnancy, childbirth and the puerperium
  - O10.0 Pre-existing essential hypertension complicating pregnancy, childbirth and the puerperium
  - O10.1 Pre-existing hypertensive heart disease complicating pregnancy, childbirth and the puerperium
  - O10.2 Pre-existing hypertensive renal disease complicating pregnancy, childbirth and the puerperium
  - O10.3 Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth and the puerperium
  - O10.4 Pre-existing secondary hypertension complicating pregnancy, childbirth and the puerperium
  - O10.9 Unspecified pre-existing hypertension complicating pregnancy, childbirth and the puerperium
- O11 Pre-existing hypertensive disorder with superimposed proteinuria

**Note:**

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**HYPOTHYROIDISM****Glossary:**

- TSH – Thyroid stimulating hormone
- FT4 – Free thyroxine

**Applicable ICD 10 Coding:**

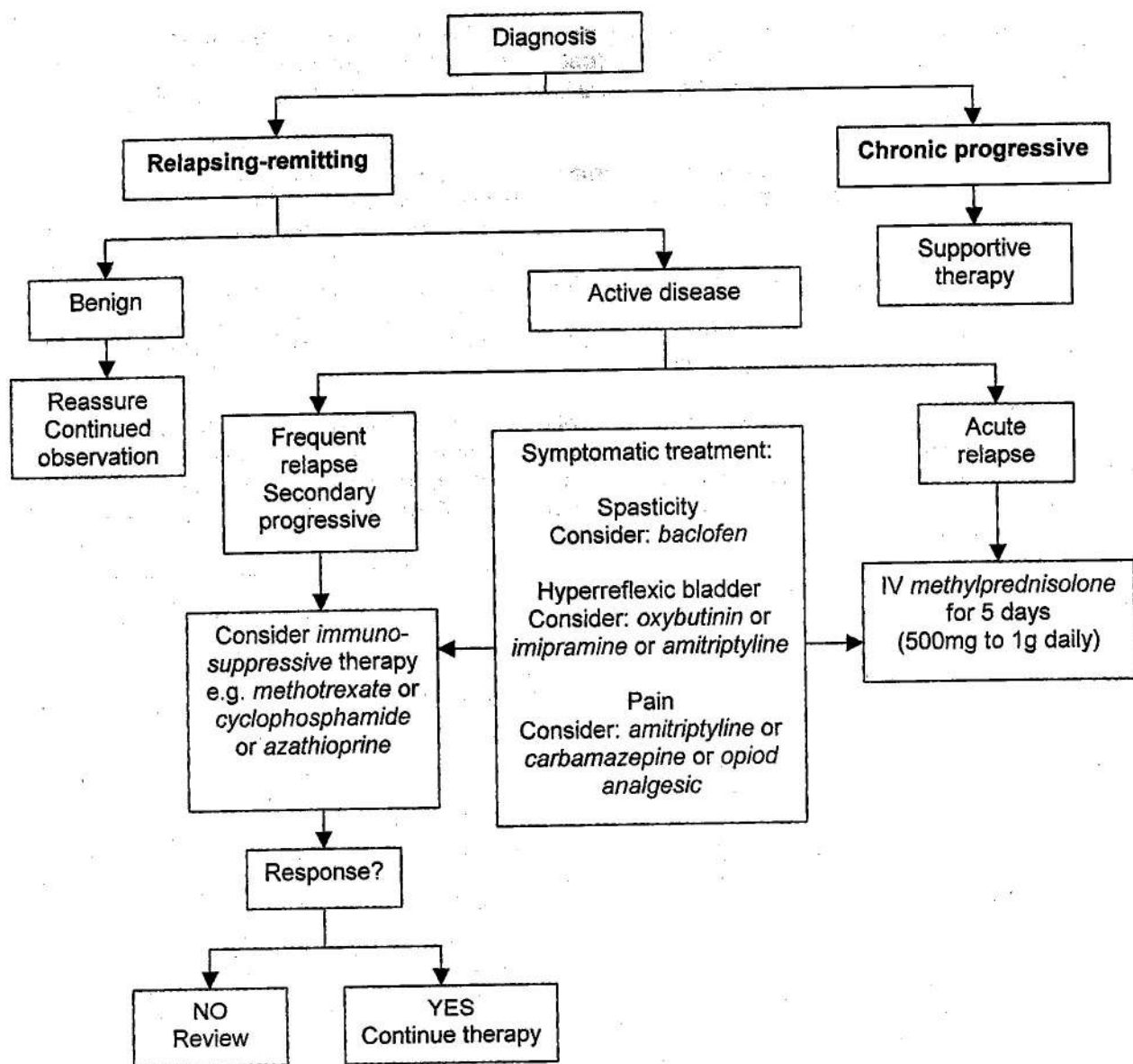
- E01.8 Other iodine-deficiency-related thyroid disorders and allied conditions
- E02 Subclinical iodine-deficiency hypothyroidism

**Applicable ICD 10 Coding: (continued)**

- E03 Other hypothyroidism
  - E03.0 Congenital hypothyroidism with diffuse goitre
  - E03.1 Congenital hypothyroidism without goitre
  - E03.2 Hypothyroidism due to medicaments and other exogenous substances
  - E03.3 Postinfectious hypothyroidism
  - E03.4 Atrophy of thyroid (acquired)
  - E03.5 Myxoedema coma
  - E03.8 Other specified hypothyroidism
  - E03.9 Hypothyroidism, unspecified
- E89.0 Postprocedural hypothyroidism

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**MULTIPLE SCLEROSIS****Glossary:**

- IV – Intravenous

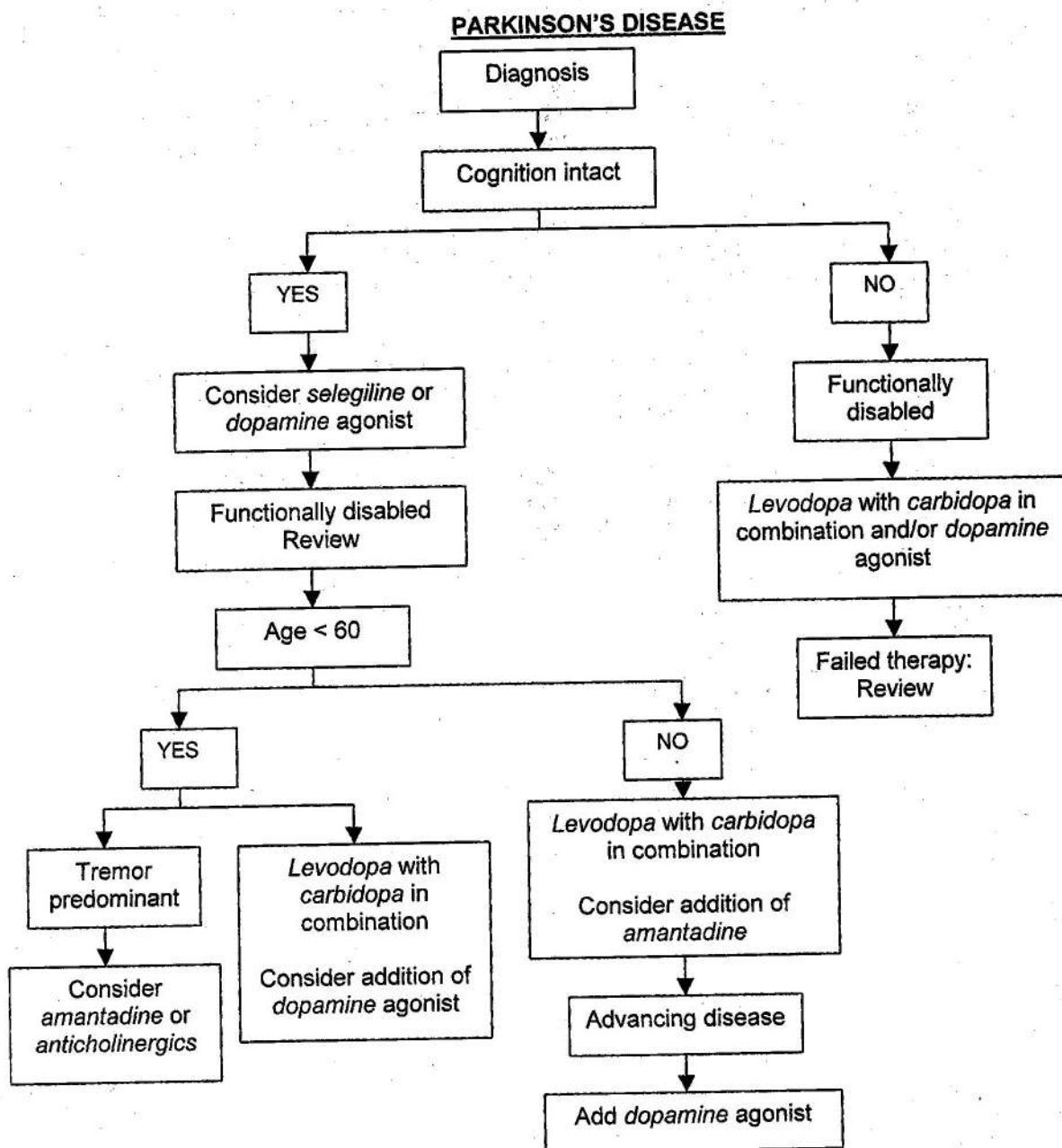
**Applicable ICD 10 Coding:**

- G35 Multiple sclerosis



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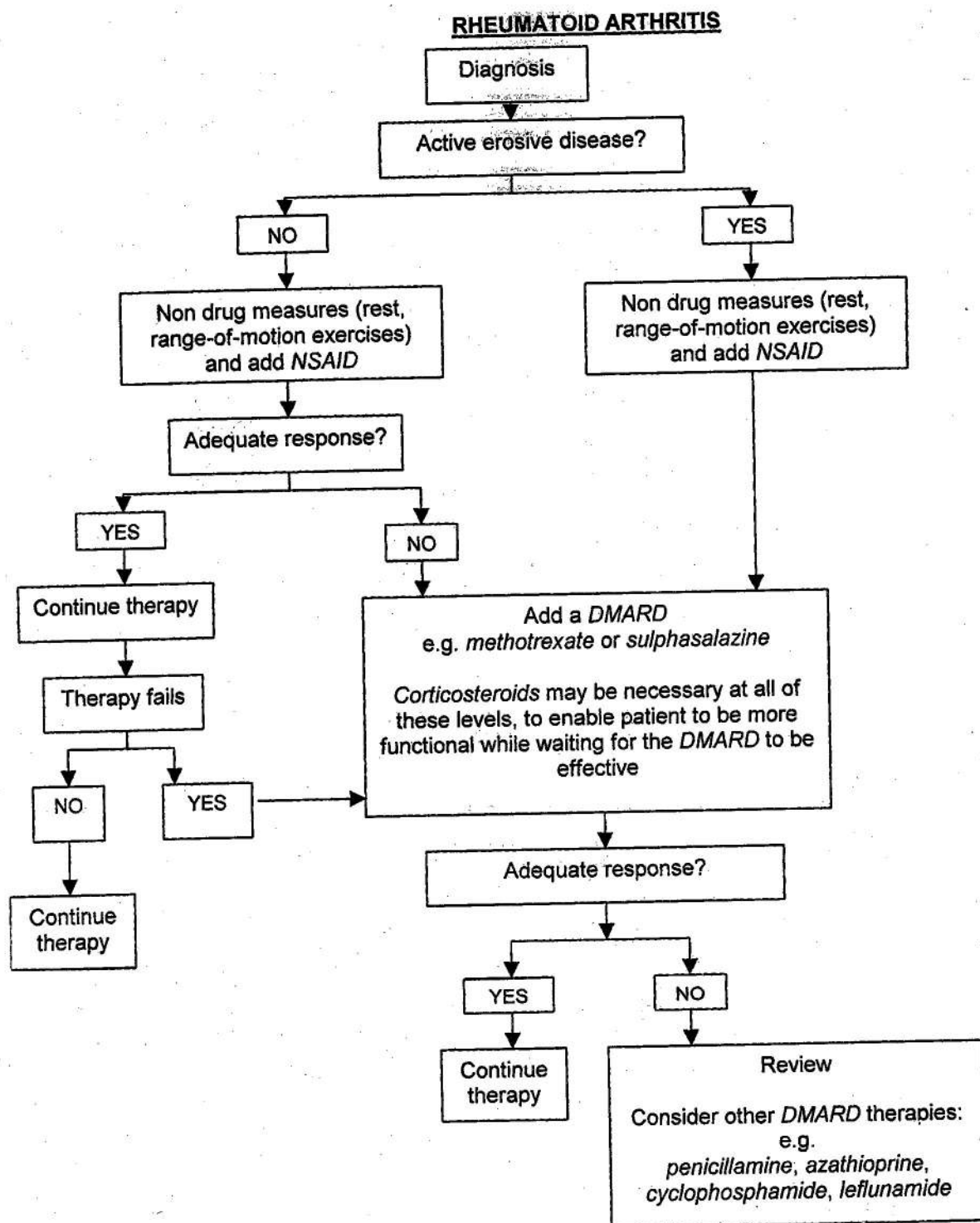


**Applicable ICD 10 Coding:**

- G20 Parkinson's disease
- G21 Secondary parkinsonism
  - G21.0 Malignant neuroleptic syndrome
  - G21.1 Other drug-induced secondary parkinsonism
  - G21.2 Secondary parkinsonism due to other external agents
  - G21.3 Postencephalitic parkinsonism
  - G21.8 Other secondary parkinsonism
  - G21.9 Secondary parkinsonism, unspecified

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**Glossary:**

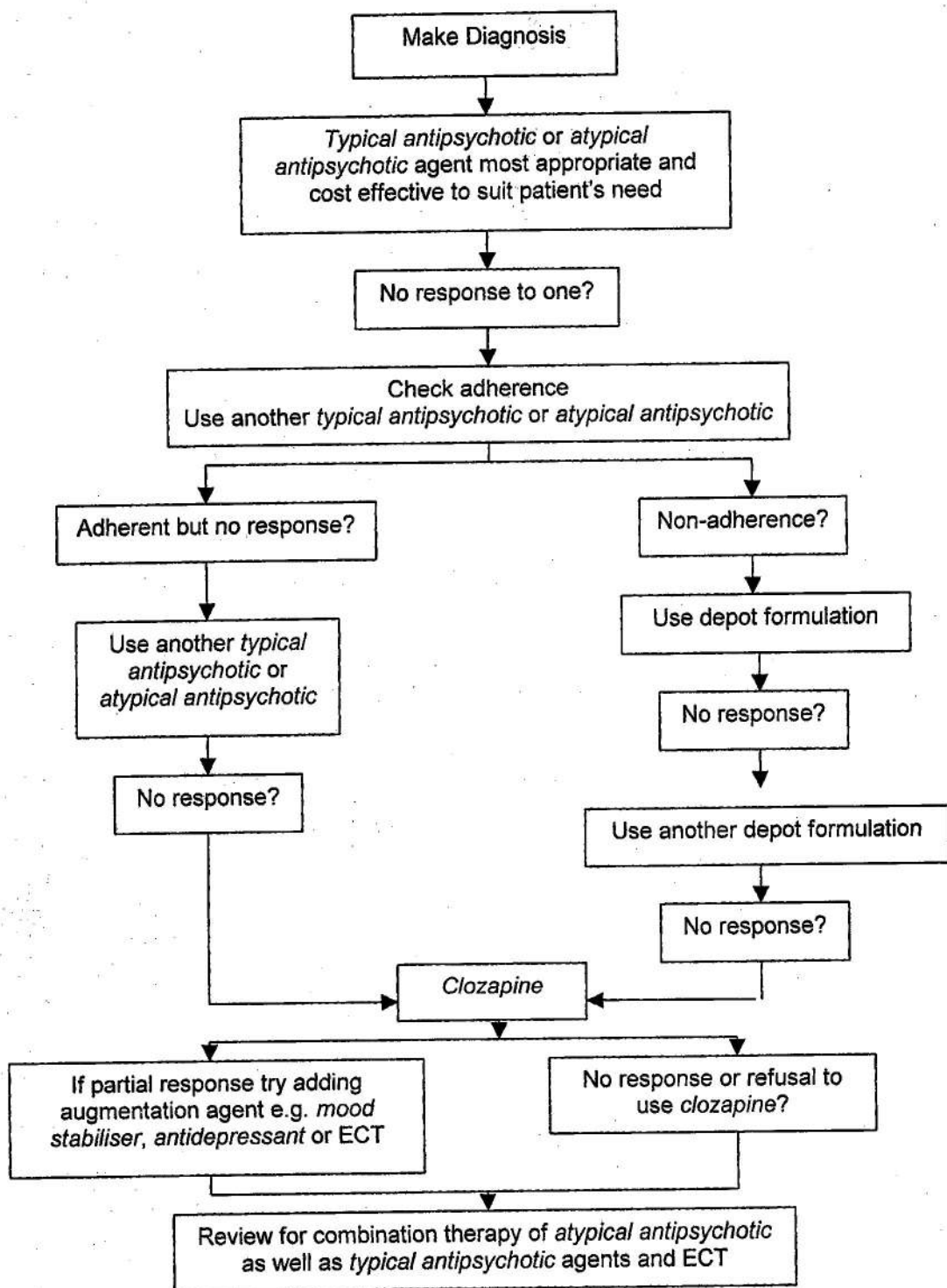
- *DMARD* – Disease modifying antirheumatic drugs
- *NSAID* – Non-steroidal anti-inflammatory agents

**Applicable ICD 10 Coding:**

- M05 Seropositive rheumatoid arthritis
  - M05.0 Felty's syndrome
  - M05.1 Rheumatoid lung disease (J99.0\*)
  - M05.2 Rheumatoid vasculitis
  - M05.3 Rheumatoid arthritis with involvement of other organs and systems
  - M05.8 Other seropositive rheumatoid arthritis
  - M05.9 Seropositive rheumatoid arthritis, unspecified
- M06 Other rheumatoid arthritis
  - M06.0 Seronegative rheumatoid arthritis
  - M06.1 Adult-onset Still's disease
  - M06.2 Rheumatoid bursitis
  - M06.3 Rheumatoid nodule
  - M06.4 Inflammatory polyarthropathy
  - M06.8 Other specified rheumatoid arthritis
  - M06.9 Rheumatoid arthritis, unspecified
- M08.0 Juvenile rheumatoid arthritis

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**SCHIZOPHRENIA**

**Glossary:**

- ECT – Electroconvulsive therapy

**Applicable ICD 10 Coding:**

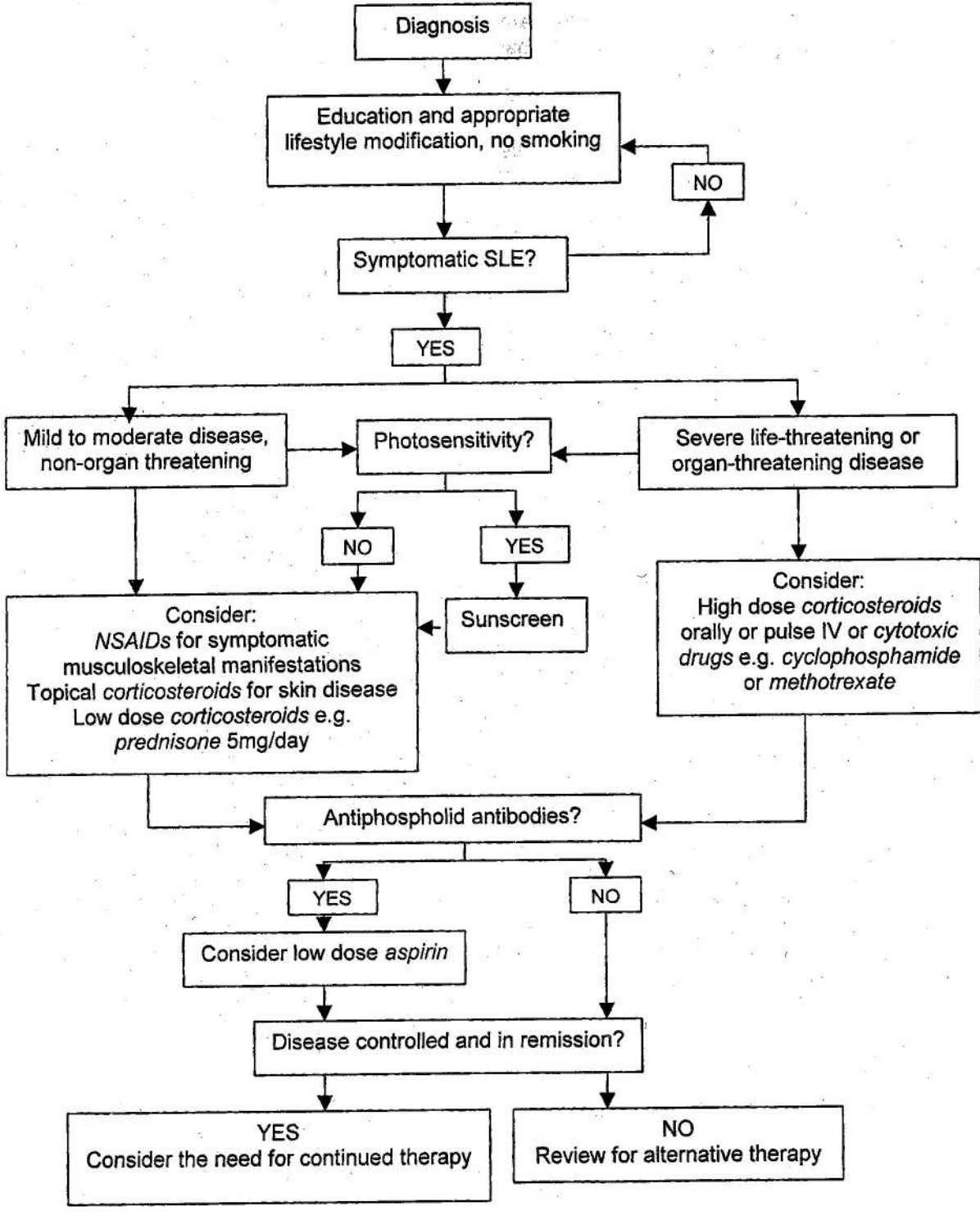
- F20 Schizophrenia
  - F20.0 Paranoid schizophrenia
  - F20.1 Hebephrenic schizophrenia
  - F20.2 Catatonic schizophrenia
  - F20.3 Undifferentiated schizophrenia
  - F20.4 Post-schizophrenic depression
  - F20.5 Residual schizophrenia
  - F20.6 Simple schizophrenia
  - F20.8 Other schizophrenia
  - F20.9 Schizophrenia, unspecified

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**SYSTEMIC LUPUS ERYTHEMATOSUS**



**Glossary:**

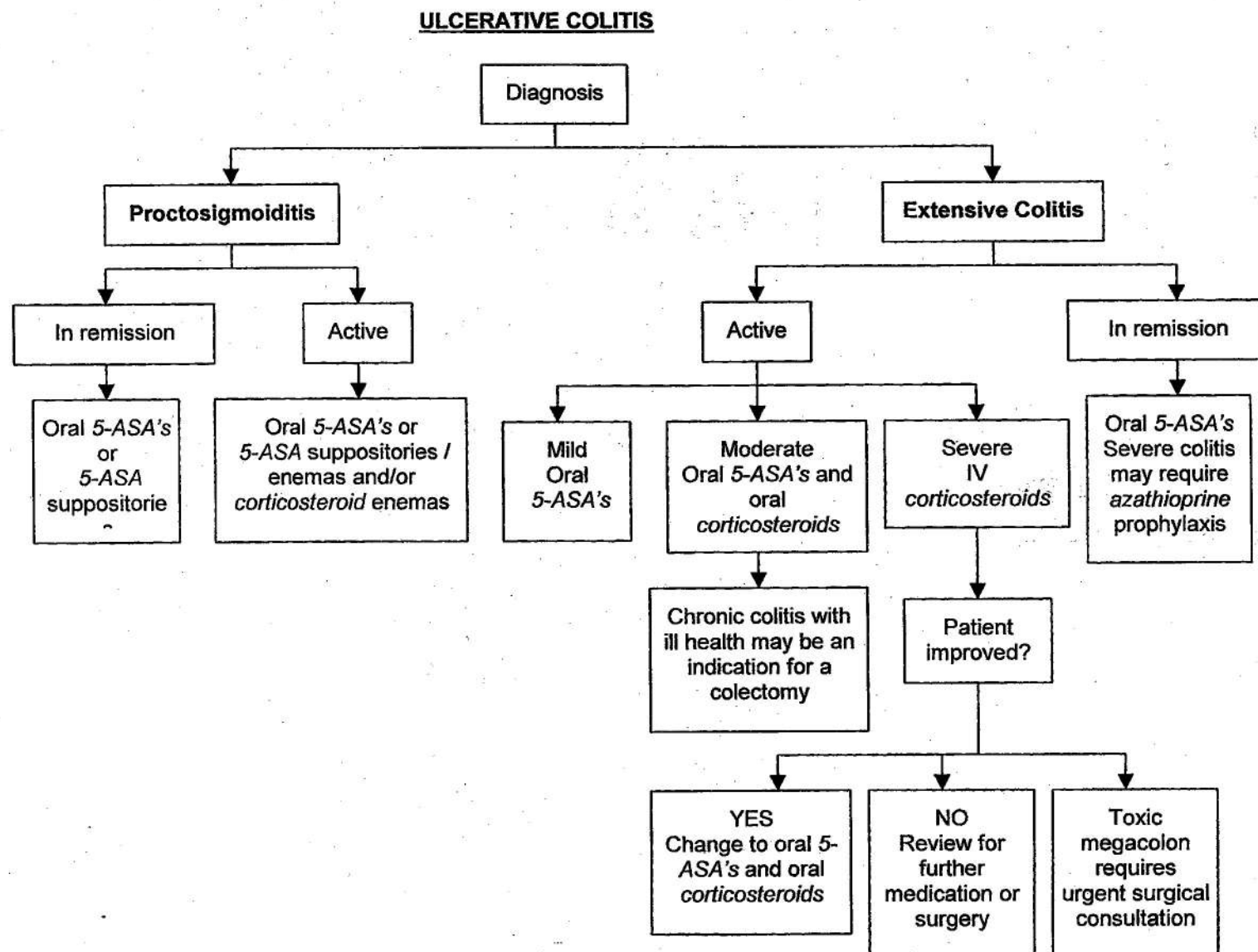
- IV – Intravenous
- NSAIDs – Non-steroidal anti-inflammatory agents
- SLE – Systemic lupus erythematosus

**Applicable ICD 10 Coding:**

- M32 Systemic lupus erythematosus
  - M32.0 Drug-induced systemic lupus erythematosus
  - M32.1 Systemic lupus erythematosus with organ or system involvement
  - M32.8 Other forms of systemic lupus erythematosus
  - M32.9 Systemic lupus erythematosus, unspecified
- L93 Lupus erythematosus
  - L93.0 Discoid lupus erythematosus
  - L93.1 Subacute cutaneous lupus erythematosus
  - L93.2 Other local lupus erythematosus

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**Glossary:**

- 5-ASA – 5-Aminosalicylic acid
- IV – Intravenous

**Applicable ICD 10 Coding:**

- K51 Ulcerative colitis
  - K51.0 Ulcerative (chronic) enterocolitis
  - K51.1 Ulcerative (chronic) ileocolitis
  - K51.2 Ulcerative (chronic) proctitis
  - K51.3 Ulcerative (chronic) rectosigmoiditis
  - K51.4 Pseudopolypsis of colon
  - K51.5 Mucosal proctocolitis
  - K51.8 Other ulcerative colitis
  - K51.9 Ulcerative colitis, unspecified

**Note:**

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