



NATIONAL HEALTH INSURANCE SCHEME TARIFFS OPERATION MANUAL

National Health Insurance Authority

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DICTIONARY AND GLOSSARY

The following abbreviations and definitions are provided to aid users understand their use in this manual.

Synonym	Description/Definition
ALOS	Average length of stay
BP	Benefits Package
BUE&Cr	Blood urea, electrolytes and creatinine
CC	Childhood Cancers
CHAG	Christian Health Association of Ghana
CHPS	Community-based Health Planning and Services
CM	Case Mix
CMG	Case Mix Group
DCs	Direct costs
DMHIS	District Mutual Health Insurance Schemes
DRGs	Diagnostic Related Groupings
ECG	Electrocardiogram
EEG	Electro-encephalogram
FP	Family Planning
GA	General anaesthesia
G-DRGs	Ghana Diagnostic Related Groupings
GHS	Ghana Health Service
GoG	Government of Ghana
HCPs	Healthcare Providers
HI	Health Institution
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immunodeficiency Syndrome
HR	Human Resource
HRGs	Healthcare Resource Groups
ICD-10	International Classification of Diseases – 10 th Revision
ID	Identity
IGF	Internally Generated Funds
IOL	Intra Ocular Lens
IP	Inpatient
MDCs	Major Diagnostic Categories
MoH	Ministry of Health
NHIA	National Health Insurance Authority
NHIC	National Health Insurance Council
NHIS	National Health Insurance Scheme
OPD	Outpatients Department
PCS	Patient Classifications Systems
PD	Primary Diagnosis
THs	Tertiary care hospitals
VIP	Very Important Person

1 Introduction

The National Health Insurance Scheme (NHIS) is a social mutual health insurance scheme governed by the principles of equity, solidarity and affordability. In accordance with section 108(1p) of the National Health Insurance Act, 2012 (ACT 852), the Minister on advice of the National Health Insurance Authority, may, by legislative instrument, make regulations for the smooth implementation of the Act, including provision for matters relating to the payment of tariffs to credentialed healthcare facilities.

The NHIS produced a tariff for services covered under its benefits package at its inception. The tariffs for the services were primarily reimbursed using the itemized billing (fee-for-service) payment method. National Health Insurance Council (NHIC), now the National Health Insurance Authority (NHIA), on 3rd January 2007, commissioned a team to review the existing tariff and the payment method being used by NHIS. The team consequently reviewed the tariff and recommended the use of an additional new payment method, “Diagnostic Related Groupings” (DRG) to reimburse services, whilst the fee-for-services be maintained to reimburse medicines. The team then developed a Ghana specific Diagnostic Related Groupings (G-DRG) a system where a package or all-inclusive bundled rates were developed for 546 outpatient care, inpatient medical and surgical admissions

In 2011, the National Health Insurance Authority engaged a group of consultants to review the G-DRG list of conditions, as well as revision of the tariff rates. The Consultants employed a comprehensive methodology involving feedback from multiple stakeholders and recalculated the tariffs for all G-DRGs. This process involved setting up a representative group of clinical experts from various levels of healthcare in Ghana as experts in validating and confirming field data collected from nearly 200 providers across Ghana. The Consultants retained the conceptual framework and principles of the tariff development in 2008 and revised the list of conditions and rates in consultation with Ghanaian providers, experts and NHIA. The methodology and approach were shared during multiple stakeholder workshops in Ghana and refined based on stakeholder feedback. The results and recommendations were finalized after discussion with NHIA and the core group of experts from Ghana.

In 2014, the National Health Insurance Authority engaged Consultants to review the tariff rates to ensure that they are adequate and reflect medical price inflation, which had occurred since the implementation of the tariffs.

Subsequently in 2020, the NHIA Board commissioned a multi-stakeholder team to conduct a costing exercise of healthcare services that would inform the next service tariff review. The team was put together in June 2020 by the NHIA and were made up of stakeholders from the Ministry of Health, Ghana Health Service, Christian Health Association of Ghana, Ghana Association of Quasi Government Health Institutions and Private Sector Providers. The output of the costing exercise was used to determine reviewed tariff rates in 2022. In addition, the 2022 reviewed tariffs also saw the inclusion of tariffs for clinical family planning services and 4 childhood cancers which are new additions to the NHIS Benefit Package.

2 Purpose of Manual

This manual is designed to guide the claims adjudication process and to create standards of operation between the scheme and healthcare providers (HCPs).

The manual describes the structure of the NHIS G-DRGs and explains the operational mechanism for reporting a claim and determining the reimbursement process/criteria. The manual helps a provider understand the G-DRG system and use the claims form to claim/receive reimbursement for the services provided to NHIS members. The manual also provides guidance for reimbursement of claims, describing what indications or criteria should be met for approving a claim, etc. In addition, the document provides description of the classification and development process of the Ghana Diagnostic Related Groupings (G-DRGs) in the annexures.

This updated operational manual builds on the operational manual developed in 2008, updated in 2012 and 2015. This new update (2022) has introduced thirteen (13) new G-DRGs applicable from 2022.

The manual should be used as a technical and reference resource. It could be used as a tool for training of all health personnel in the country. It will be particularly useful for those involved in the reimbursement process, both at health facilities and at the Claims Processing Centres. This manual traces the changes and updates to the G-DRGs that have occurred over the years in Chapters 3 and 4 and details the most current updates in Chapter 5

3 Key Changes in 2012

Following the review of G-DRGs in 2012, various revisions and modifications were made to the NHIS tariffs, including additions of new G-DRGs and modifications to some operational methods. The following lists provide a summary of all the modifications. These are detailed in subsequent sections of this updated manual.

3.1 Merger of existing G-DRGs into one new G-DRG

Some G-DRGs that were listed separately in the existing G-DRGs have been merged into a new G-DRG. Providers will need to use the new G-DRGs for these conditions.

1. G-DRGs for *Assisted delivery* (OBGY37) and *Instrument delivery* (OBGY29) have been merged under *Instrumental delivery* (OBGY29).
2. G-DRGs for *Spontaneous delivery with episiotomy* (OBGY34) and *Spontaneous delivery without episiotomy* (OBGY33) have been merged under *Spontaneous delivery with or without episiotomy* (OBGY34).

3.2 New G-DRGs developed

Based on provider feedback, many new G-DRGs have been developed. Some of these new GDRGs are additional components to an existing G-DRG while some are new G-DRGs to include conditions not represented in existing G-DRG system.

1. Uveitis management has been included as a medical management under the Ophthalmology MDC. This new G-DRG is *Uveitis management* (OPHT17).
Cataract with Implant (IOL) GDRG has been developed as *Cataract surgery with lens implant* (OPHT18). This GDRG includes the cost of intraocular lens.
2. Conservative management of spinal injuries and head injuries has been developed as a new G-DRG and included in Orthopaedics MDC (adult). The new G-DRG will be *Conservative management of spinal injuries and head injuries* (ORTH24).
3. Eclampsia is a new G-DRG developed in Obstetrics/Gynaecology MDC. The new GDRG will be *Eclampsia* (OBGY40).
The G-DRG, *Expectant management of pregnancy* (OBGY09) has been modified to include only specific complications of pregnancy.
4. *Surgery for removal of a limb* in orthopaedics has been unbundled into three different G-DRGs according to level of amputation and complexity:
 - G-DRG ORTH25: Amputation of fingers/toes (minor amputation)
 - G-DRG ORTH26: Amputation of hand/foot, through wrist or through ankle (intermediate amputation)
 - G-DRG ORTH27: Amputation of forearm, arm, leg or thigh – above/below elbow, above/below knee, through elbow, through knee or for the complete removal of limb (major amputation)

Similarly, the amputation G-DRG has been unbundled under general surgery (ASUR) and paediatric surgery (PSUR) as detailed in the table below:

MDC	DRG No.	DRG Description
Adult Surgery	ASUR35	Surgery for removal of finger/toe
	ASUR36	Surgery for amputation of hand or foot (through or below ankle/wrist joint)
	ASUR37	Amputation below, above or through elbow or knee or the complete removal of limb
Orthopaedics	ORTH25	Surgery for removal of finger or toe
	ORTH26	Surgery for amputation of hand or foot (through or below ankle/wrist joint)
	ORTH27	Amputation below or through elbow or knee or for the complete removal of limb
Paediatric Surgery	PSUR37	Surgery for removal of finger or toe
	PSUR38	Surgery for amputation of hand or foot (through or below ankle/wrist joint)
	PSUR39	Amputation below or through elbow or knee or for the complete removal of limb

5. *Conservative management* in a surgical ward has been developed as a new G-DRG. The new G-DRG will be (ASUR34). This G-DRG allows reimbursement for cases in a surgical ward where a patient was admitted and following assessment, surgery was either ruled out or deferred.
6. *Conservative management* in a surgical ward has been developed under paediatric surgery as a new G-DRG. The new G-DRG will be (PSUR36). This G-DRG allows reimbursement for cases in a surgical ward where a patient was admitted and following assessment, surgery was either ruled out or deferred.
7. A Chemotherapy G-DRG has been created. It is developed as a tariff per cycle/session for chemotherapy for Breast and Cervical cancer management. The new G-DRG *Chemotherapy* (MEDI39) is included in MDC Medicine.
8. A radiotherapy G-DRG has been created. It is developed as a tariff per cycle/session for radiotherapy for Breast and Cervical cancer management. The new G-DRG *Radiotherapy* (MEDI40) is included in MDC Medicine.
9. The *Observation and detention* (ZOOM02) code has also been developed for secondary care hospitals.
10. A new *Outpatient physiotherapy* (OPDC13) G-DRG has been developed.
11. The Zoom code for *endoscopy* (ZOOM01) has been expanded to include other forms of endoscopic investigations, such as colonoscopy and bronchoscopy etc.

12. A new Zoom code for Wound dressing or change of dressing has been developed. The new Zoom DRG is *Change of dressing* (ZOOM05). This ZOOM05 code can be claimed for each episode of dressing conducted as an outpatient session.
13. A new Zoom DRG for Insertion and Change of catheter has been developed. The new DRG is *Insertion and Change of catheter* (ZOOM04) and can be used for each insertion and change of catheter as an outpatient.
14. Cerebral malaria is a new G-DRG developed in Medical MDC. The new G-DRG is *Cerebral Malaria* (MEDI41).
15. Cerebral malaria is a new G-DRG developed in Paediatric MDC. The new G-DRG is *cerebral malaria* (PAED46).

3.3 Modifications to existing GDRGs

1. The G-DRG for Malaria is MEDI28A for adults and PEAD36C for children.
2. The G-DRG for Black Water Fever is MEDI29A for adults and PAED37C for children. This G-DRG is permitted for use for the inpatient management of Black Water Fever only.
3. The G-DRG for cerebral malaria is MEDI41A for adults and PAED46C for children.

3.4 Modifications to Investigations MDC

The MDC Investigations G-DRG list has been reviewed and revised with the following objectives:

1. Provide easier classification and categorization of a specific investigation:
 - a. Some investigations have been bundled: For example, a new investigation GDRG for *Renal function testing* (INVE112) has been added. This bundled investigation is common in Ghana and allows for the combined testing of various renal function tests as a single profile test. Please note that group investigations should not be unbundled for example FBC, Renal Function and Liver Function test.
 - b. Some investigations have been unbundled: For example, a new investigation GDRG for *Platelet count* (INVE110) has been developed. This test is available if only a platelet count is required for follow-up and does not require complete Full Blood Count test.

Similarly, many new investigations that are commonly used in Ghana and were not available in the previous G-DRG list have been added to the Investigations G-DRG as recommended by the core group of experts. Refer to **Annex D** for all the new investigations added to the G-DRGs.

3.5 Operational changes in claims management

NHIA has included the following additional operational codes in response to providers feedback during the review:

1. For cases where multiple surgical procedures were conducted during the same admission, providers can claim for the full tariff for the first major procedure, as well as 20% of the tariff

for the second procedure. In case of bilateral procedures, providers can claim for 120% of the tariff for that procedure.

2. For a case with multiple dental procedures involving multiple teeth, in addition to the full payment for the first tooth, a 20% additional tariff is now payable for each additional tooth.
3. CT and MRI scan will now be reimbursed for an Emergency Department assessment or management and for preauthorized elective cases. The investigations G-DRG (INVE34D and INVE81D) should be used in these cases.

For elective cases, details for requirement of this investigation must be submitted to the NHIA for prior authorization.

The investigation may be carried out immediately in emergency cases where necessary. However, details of the investigation must be submitted to NHIA within five (5) days of the procedure.

3.6 Inclusion of new diagnosis or surgery in existing G-DRGs

During the review, many medical conditions and surgeries reported as prevalent in Ghana were identified that were not included in G-DRG list. For ease of use by providers, the following modifications have been made to the list.

1. Crohns disease, Ulcerative colitis and irritable bowel syndrome which were not listed as conditions within G-DRGs have now been included in G-DRG *Gastrointestinal Tract bleeding* ≥ 12 yrs (MEDI25).
2. Dyspepsia and Chronic Pancreatitis which were not listed as conditions within GDRGs, have now been included in G-DRG *Non-Specific Abdominal Conditions* ≥ 12 yrs (MEDI26).
3. STDs which were not listed as conditions within G-DRGs, have now been included in G-DRG *Localised Infections* ≥ 12 yrs (MEDI31).
4. Tetanus, which was not listed as a condition within G-DRGs, has now been included in G-DRG *Systemic infections* ≥ 12 yrs (MEDI30).
5. Surgical Iridectomy and Trabeculectomy which were not listed as procedures within G-DRGs, has now been included in G-DRG *Glaucoma surgery* (OPHT09).
6. Repair of prolapsed iris, which was not listed as a condition within G-DRGs, has now been included in G-DRG *Scleral and corneal surgery* (OPHT07).
7. Hydrocele, which was listed as a diagnosis under *Repair of Minor Abdominal wall defects* (PSUR07), has now been included under *Surgery of scrotal contents and testes* (PSUR21).

3.7 Removal of diagnosis from existing G-DRGs

Some of the conditions mentioned in the existing G-DRG list were identified as either not clinically indicated or not covered under the scheme. The following G-DRGs have been removed:

1. Removal of the existing G-DRG codes *Surgery for removal of limb* in orthopaedic MDC (ORTH21) and *Amputation of limb* in general surgery MDC (ASUR 26). This single code has

- been unbundled into three different G-DRGs to appropriately represent the differential complexity and costs of different types of amputations as described in the section 3.2.5 above.
2. Abrasion of teeth as an indication of G-DRG *Amalgam filling* (DENT04) has been removed from the list. This diagnosis is now listed under DENT05 *Composite/GI Filling*

3.8 Removal of G-DRG from specific provider level

Some of the conditions mentioned in the existing G-DRG list were identified as not manageable at lower levels of healthcare facilities. The following G-DRGs have been removed from those provider levels:

1. *Craniotomy* G-DRG (ASUR29) has been removed from primary level hospitals tariff list. This G-DRG is only applicable to secondary and tertiary care hospitals and not covered at primary hospitals.

4 Key Changes in 2015

Following the 2015 review, some revisions and modifications were made to the NHIS tariffs, including the addition of four new G-DRGs and minor modifications to some operational methods. The following lists provide a summary of all the modifications.

4.1 New G-DRGs developed

Based on feedback from stakeholders, four new G-DRGs were created:

1. Two new G-DRGs for providers to report capitation OPD services (OPDC14A and OPDC14C). Since capitation service payment is not directly based on actual claims payment, this G-DRG tariff rate is set at zero.
2. Two new G-DRGs for Dressing and Minor Suturing (ZOOM07A & ZOOM07C).

4.2 Renaming of existing G-DRG

MEDI30A previously described as “severe infection ≥ 12 years” has been renamed as “Systemic infection ≥ 12 years”.

4.3 Removal of diagnosis from existing G-DRGs

1. Pneumonia is no longer billed under *Systemic infection* (MEDI30A) but will be billed under Localised infection (MEDI31A).
2. Suture of eyelid (laceration) is no longer listed under OPHT13.

4.4 Removal of G-DRG from specific provider level

1. ORTH06A and ORTH06C have been replaced with ZOOM07A and ZOOM07C.
2. PSUR22C has been removed since ZOOM5A and ZOOM5C serve the same purpose.
3. PSUR13C has been removed since PSUR36C serves the same purpose
4. OPDC06A and OPDC06C is no longer available for use at the CHPS Compound provider level

5 Key Changes in 2022

There has been the addition of thirteen new G-DRGs in 2022. The following lists provide a summary of all the modifications.

5.1 New G-DRGs developed

Based on epidemiological studies and actuarially driven models, the NHIS's Benefits Package (NHIS BP) has been expanded to include clinical Family Planning (FP) services and four Childhood Cancers (CC) previously not covered under the NHIS BP. Subsequently Thirteen new G-DRGs have been created:

1. Six new G-DRGs for clinical family planning services:

- Tubal ligation (ZOOM08A)
- Vasectomy (ZOOM09A)
- Intra-Uterine Devices (ZOOM10A)
- Implant (ZOOM11A)
- Injectables - Three Months (ZOOM12A)
- Injectables – One Month (ZOOM13A)

These G-DRGs includes the cost of services and counseling sessions

2. Two new G-DRGs for OPD-based chemotherapy and radiotherapy services for Childhood Cancer:

- Chemotherapy (PAED47C)
- Radiotherapy (PAED48C)

These G-DRGs includes the cost of laboratory investigations (needed to monitor the patients whiles they are undergoing chemotherapy or radiotherapy) and consumables.

3. The four Childhood Cancers have been included as a medical management under the paediatric MDC. Five new G-DRGs have been developed for the inpatient services in managing childhood cancer. The new G-DRG's are:

- Acute lymphoblastic leukaemia (Initiation Therapy) (PAED49C)
- Acute lymphoblastic leukaemia (Maintenance Therapy) (PAED50C)
- Burkitt lymphoma (PAED51C)
- Retinoblastoma (PAED52C)
- Wilms Tumour (PAED53C)

These G-DRGs include the cost of laboratory investigations, consumables and overhead costs. Childhood Cancer cases are to be managed at certified and accredited oncology Centres and only these can submit claims for reimbursement.

6 The NHIS Benefits Package

In accordance with LI 1809 Schedule II Parts I and II, the present tariff stipulates the minimum health care benefits and the exclusions as:

6.1 Minimum Healthcare Benefits

The healthcare services specified in this Part are the minimum healthcare benefits under the National Health Insurance Scheme that shall be paid for by the schemes.

Outpatient Services

- Consultations including reviews, both general and specialist consultations
- Requested investigations including laboratory tests, x-rays and ultrasound scanning for general and specialist outpatient services
- Medication, namely, prescription drugs on National Health Insurance Scheme Medicines List, traditional medicines approved by the Food and Drugs Board and prescribed by accredited medical and traditional medicine practitioners¹
- Treatment for opportunistic infections in HIV/AIDS
- Outpatient/Day surgical operations including hernia repairs, incision and drainage etc.
- Clinical family planning services
- Chemotherapy and radiotherapy for childhood cancer and other approved cancers
- Outpatient physiotherapy²

Inpatient Services

- General and specialist inpatient care
- Requested investigations including laboratory investigations, x-rays and ultrasound scanning for inpatient care
- Medication, namely, prescription drugs on National Health Insurance Scheme (NHIS) Medicines List, traditional medicines approved by the Food and Drugs Board and prescribed by accredited medical and traditional medicine practitioners, processing of blood and blood products.
- Cervical and breast cancer treatment³
- Childhood cancers⁴
- Surgical operations
- Inpatient physiotherapy
- Accommodation in general ward
- Feeding (where available three time daily)⁵

¹ Medicines are listed in the NHIS Medicines List and claimed for by using the same Claims Form. The costs of medicines are payable separately and not included in the G-DRG tariffs.

² A new G-DRG for outpatient physiotherapy is now available

³ New G-DRGs have been developed for chemotherapy and radiotherapy treatment for breast and cervical cancer.

⁴ Acute Lymphoblastic Leukemia, Burkitt Lymphoma, Retinoblastoma, Wilms Tumour

⁵ Separate Tariffs have been developed for G-DRG tariffs with catering costs included for each level of care

- Oral Health Services including Pain relief including incision and drainage, tooth extraction, and temporary relief
- Dental restoration including simple amalgam fillings and temporary dressing

Eye Care Services including:

- Refraction
- Visual Fields
- A – Scan
- Keratometry
- Cataract Removal
- Eye Lid Surgery
- Intraocular lenses in case of Cataract surgery

Maternity Care including:

- Antenatal Care
- Deliveries, namely, normal and instrumental
- Caesarean section
- Postnatal care

Emergencies

All emergencies shall be covered. These refer to crisis health situations that demand urgent intervention and include:

- Medical emergencies
- Surgical emergencies including brain surgery due to accidents
- Paediatric emergencies
- Obstetric and Gynaecological emergencies including Caesarean Sections
- Road Traffic Accidents
- Industrial and workplace Accidents
- Dialysis for acute renal failure
- CT scan and MRI for emergency cases/Trauma⁶

6.2 Exclusion List

Healthcare services that fall under any of these groups are excluded:

- Rehabilitation other than physiotherapy
- Appliances and prostheses including optical aid (except for intraocular lenses which are covered) hearing aids, orthopaedic aids, dentures⁷
- Cosmetic Surgeries and aesthetic treatments
- HIV retroviral drugs
- Assisted reproduction e.g. artificial insemination and gynaecological hormone replacement therapy

⁶ CT/MRI is also reimbursable when used in the ER department

⁷ NHIA now allows for reimbursement of costs of intraocular lenses for cataract surgery.

- Echocardiography
- Photography
- Angiography
- Orthoptics
- Dialysis for chronic renal failure Heart and brain surgery other than those resulting from accidents
- Cancer treatment other than cervical, breast and the four childhood cancers
- Organ transplantation
- All drugs that are not listed on the NHIS Drug List
- Diagnosis and treatment abroad
- Medical examinations for purposes of visa applications, educational, institutional, driving license
- VIP ward (Accommodation)
- Mortuary Services

The healthcare services specified above are the exclusions that are not covered under the minimum benefits available under the National Health Insurance Scheme.

7 Ghana Diagnostic Related Groupings

This section describes the diagnostic related groupings and its key concepts.

A reimbursement mechanism called the Ghana Diagnostic Related Groupings (G-DRG) was introduced in April 2008.

The G-DRG payment system consists of making payments to providers for groups of treatments related to the diagnosis for both outpatient and inpatient services. For example, a diagnosis group is a bundle of services related to a given condition or set of conditions.

The G-DRGs are applied at all levels of care i.e., primary, secondary and tertiary care hospitals. A tariff was calculated for each G-DRG based on a multi-stakeholder team constituted by the National Health Insurance Authority (NHIA).

7.1 Introduction

Diagnosis Related Groupings

Diagnosis Related Groupings (DRGs) are standard groupings of diseases that are clinically similar, have comparable treatments or operations, and use similar healthcare resources. They are a measure of the case mix in a health facility.

Case Mix

Health facilities have patients with various diagnoses and severity of illness using different services. Thus, there is a case mix, which differs from one health facility to another. A case mix (CM) is defined as the relative frequency of admissions of various types of patients, reflecting different needs for hospital resources, or the distribution of inpatient cases treated by a hospital as classified by patient illness characteristics and treatment processes.

Ghana G-DRG system developed in 2008 was the first attempt of developing a national disease grouping to reflect the CM of Ghana

7.2 Ghana Diagnosis Related Groupings (G-DRG)

Ghana G-DRG system was first developed in 2008 and revised in 2012. The G-DRGs include various clinical conditions and surgical procedures grouped under eleven major diagnostic categories (MDCs) or clinical specialties. These clinical specialties are:

- Adult Medicine
- Paediatrics
- Adult Surgery
- Paediatric Surgery

- Ear, Nose and Throat
- Obstetrics and Gynaecology
- Dental
- Ophthalmology
- Orthopaedics
- Reconstructive Surgery
- OPD

For each MDC, diagnoses are further grouped into those that need an operation or a procedure for treatment and those that do not. Diagnoses needing an operation or procedure were further grouped by the major organ system and then the complexity and type of procedures that were performed. Similarly, those that did not need surgical/operative intervention were further grouped based on the primary diagnosis. Further groupings were made by considering the similarities of health resource use and finally the cost of providing health care to patients with those diagnoses.

In 2012, these groupings were reviewed with feedback from multiple stakeholders including service providers and NHIA (Management, Regional and District Offices and Claims Processing Centres). Based on the feedback, the G-DRG list has been modified. The manual includes all modifications as listed above in section 3.

There are now 633 G-DRGs under the NHIS. Tariffs have been developed for each GDRG for each level of healthcare as well as for different provider ownerships.

These G-DRGs are available for:

- Inpatient admissions under the MDCs described above
- Outpatient visits for acute, chronic care and antenatal visits
- Zoom codes that are interventions applicable across various specialties

7.3 Code Structure for G-DRG

The G-DRG uses seven alphanumeric code structures in the format: AAAANNA. The first four characters are alphabets (A) and represent the MDC or specialty (e.g., OBGY = Obstetrics and Gynaecology). The next two characters are numbers (N) and represent the number of the G-DRG within the MDC. The last character, which is an alphabet (A), is for Age split for the G-DRG. The code structure is illustrated below:

Prefix Modifier	MDC	G-DRG No.	Split
AN	AAAA	NN	A

MDC

The G-DRG consists of the following MDCs:

MDC	Description
ASUR	Adult Surgery
DENT	Dental and Maxillofacial Surgery
ENTH	Ear, Nose and Throat Surgery
INVE	Investigations
MEDI	Medicine
OBGY	Obstetrics and Gynaecology
OPDC	OPD Consultation
OPHT	Ophthalmology
ORTH	Orthopaedics
PAED	Paediatrics
PSUR	Paediatric Surgery
RSUR	Reconstructive surgery
ZOOM	Cross-MDC

G-DRG Number

Two numeric codes that identify the G-DRG in the MDC.

Split

Each G-DRG is split by a code for age. Patients aged ≥ 12 years have an ending code of A, and those aged < 12 years have an ending code of C.

However, in the case of CC, the ending code C is for those aged < 19 .

Modifiers

In some unique scenarios, for example, dental procedures with the same procedure performed on multiple teeth, modifiers have also been introduced. These modifiers are applied as prefix to the G-DRG codes.

7.4 Coding Definitions***Primary Procedure***

The primary procedure is the procedure using the greatest resources.

Primary Diagnosis

The Primary Diagnosis (PD) is the main diagnosis that has been identified as a reason for a patient's visit or admission. The primary diagnosis determines the consultation and treatment or management.

When multiple diagnoses are considered as the reason for the care, the primary diagnosis is the one, which is responsible for the greatest use of resources.

Other Diagnoses (comorbidities)

Other diagnoses or problems are conditions, circumstances, or problems, which co-exist at the time of visit or consultation or develop during admission. These conditions influence the patient's need for treatment or care.

Chronic illness and/or conditions previously treated, and which no longer exist are not to be regarded as other diagnoses. For example, for a patient who had chronic osteomyelitis as a child treated and fully recovered and currently presenting for an inguinal hernia operation, the chronic osteomyelitis, which no longer exists, should not be recorded as other diagnosis, unless medicines for chronic osteomyelitis will be disbursed.

ICD-10 Code

Each clinical diagnosis has a specific ICD-10 code (International Classification of Diseases 10th version). This international coding system developed by WHO should be included on the claims form. For ease of reference, Annex C includes the ICD-10 codes for the common diagnoses under each G-DRG.

NHIA G-DRG Tariffs

The NHIS tariff is payable to all healthcare providers (HCPs) registered with the NHIS across the country. These include Community-based Health Planning and Services (CHPS), Maternity Homes, Clinics, Health Centres, Polyclinics, Primary care hospitals, Secondary care hospitals and Tertiary care hospitals.

7.5 Service coverage**Services covered by the Tariff**

The tariff covers outpatient services, inpatient services, ancillary services such as physiotherapy and catering, and diagnostic services as specified in LI 1809 Schedule II Part I. It covers healthcare specialised areas such as Child Health (Paediatrics), General Adult Surgery, Paediatric Surgery, Ear, Nose and Throat, Orthopaedics, Accidents and Emergencies, General (Adult) Medicine, Maternal services, Gynaecology, Maxillo-facial dental care and Eye Care. It also includes surgical operations, medical diagnostic and therapeutic procedures.

Services not covered by the Tariff

The tariff does not include all those conditions and services listed in LI 1809 Schedule II Part II. (See Section 4.2)

The tariff does not include costs of drugs, direct, indirect and overhead costs of pharmacy and any other costs related to drugs/medicines. It, however, includes costs of equipment and consumables used to administer drugs such as syringes, syringe pump, infusion burettes, needles, cannula, etc. as these are consumables used directly in patient care.

Patient transport services are not included in the present tariff. Thus, ambulance transport from one HCP to another on referral is not presently covered.

7.6 Tariff Structure

The tariff structure is as shown below:

Inpatient	Outpatient
Admission	Illness Episode – Outpatient visits
Tariff for: All admissions All-inclusive bundled for all services provided to inpatients Day case and inpatient procedures combined Different tariff for children and adults	Tariff for: All OPD attendance by specialty One tariff for new and follow-ups All-inclusive bundled tariff Unbundled tariff for health facilities that do not provide all services Different tariff for children and adults Detention and observation (ZOOM)

The tariff consists of the estimated direct and indirect costs of providing various services to each patient depending on the patients G-DRG and level of care.

Level of Health Care and the Tariff

The tariff structure recognises the different levels of care in Ghana: Primary, Secondary and Tertiary. The tariffs have been developed separately for each level of healthcare. The structure recognizes the different level of case mix or disease severity experienced at different levels as well as the differences in indirect and overhead costs of health care at each level. For example, tertiary care centres would get a higher proportion of complex and severe patients for the same diagnosis or procedure than lower-level facilities. Thus, the tariff calculation incorporates the severity and utilisation mix appropriately.

Separate tariffs are available for different levels of care and types of ownership.

In all, nine sets of tariffs have been developed. The table below summarises the various tariffs that are applicable for a provider level of care and ownership.

Ownership	Primary care services	Primary level Hospitals	Secondary level hospitals	Tertiary level hospitals
Public	Health centres Maternity homes Clinics CHPS compound	Primary care hospitals	Secondary care hospitals	Tertiary care hospitals
CHAG	Health centres Maternity homes Clinics	Primary care hospitals		
Quasi Government	Health centres Maternity homes Clinics	Primary care hospitals		
Private	Clinics Maternity Homes	Primary care hospitals Dental Hospitals Eye Hospitals Diagnostic centres	Secondary care hospitals	

The level of care therefore determines the type of services provided for each specialty and the tariffs applicable. The tariff takes into consideration the availability of diagnostic and other services at each level of healthcare. Ghana's provider accreditation system has been used to define this. The tariffs for a primary care hospital includes all the investigations that the hospital is accredited to perform.

Healthcare providers will be reimbursed only for the services they provide which they are credentialed to perform for their level of care.

Annex C shows the list of all G-DRGs, their corresponding ICD-10 codes together with their levels of care that are reimbursable by the NHIA.

Each provider type, irrespective of provider ownership (public, private CHAG or Quasi government), has been listed next to each G-DRG for which the G-DRG is applicable. A numbering system is used for each provider type. For example, if G-DRG Craniotomy is only applicable at Tertiary care and secondary care hospital, then 1 (Tertiary care hospital) and 2 (Secondary care hospital) is listed next to G-DRG for Craniotomy. If ZOOM code change of dressing is applicable to all healthcare providers, then provider type numbers 1, 2, 3,4,5,6,7,8,9 and 10 would be listed for that G-DRG to represent the facilities that can claim for that GDRG.

Provider Category and Description	
Provider Category	Provider Type Description
1	Tertiary care hospital
2	Secondary care hospital
3	Primary care hospital
4	Health centers (Public, Private, CHAG)
5	Maternity homes
6	Private clinics
7	Dental clinics
8	Eye centers
9	Diagnostic centers
10	CHPS Compounds

NHIA recognises that there could be situations in which certain diseases could be managed at lower level because of availability of local expertise and facilities. For example, certain primary care health facilities may be able to manage complex orthopaedic or eye care cases, classified only under tertiary care hospitals. To facilitate this, tariffs have been developed for such G-DRGs at lower-level facilities as well. This excludes Craniotomy G-DRG ASUR29 and Heart disease G-DRG PAED15, which cannot be provided at primary level.

Healthcare providers are advised to seek preauthorization from NHIA if they are conducting admissions or procedures for higher level G-DRGs

In a special case where a primary care hospital engages the services of a specialist and can provide the support services in the form of laboratory, radiology, ICU or other services required for managing a complex G-DRG, then the provider can seek a temporary re-credentialing from NHIA to provide higher level services. Tariffs have been developed for these scenarios.

A provider can seek a temporary re-credentialing from NHIA to provide higher level services, if they have developed the required infrastructure and resources.

Catering

Catering is not provided by all HCPs. Thus, catering costs are only reimbursed to those HCPs that provide catering. Tertiary and Secondary Care tariffs are inclusive of catering, Primary Care tariffs are inclusive or exclusive of catering.

Tariffs have been developed as G-DRGs inclusive and exclusive (where applicable) of catering for each level of healthcare.

How to Determine the G-DRG and Tariff

This section will enable you to determine the G-DRG from a given set of diagnosis/procedure information in the patient notes/folder. The determination of the G-DRG starts right from the first encounter with the patient/client at the records department and continues after the end of the spell or illness episode.

It is important that all healthcare personnel realise, understand and fulfil their roles properly. Indeed, all healthcare personnel are involved directly or indirectly in the recording and determination of the G-DRG. The bio data: name, age, sex and address should be properly entered in the notes. The date of admission and discharge or end of illness episode should also be clearly recorded.

Determine the G-DRG

For each patient spell or illness episode, a G-DRG must be determined to arrive at the tariff.

Providers need to know and understand this procedure and logic, for a better use of the system.

Determine the ICD-10 Code

The first step is to determine the ICD-10 code. This can be done by the records department from the ICD-10 codebook or computer programme available in the health facility. You can also use the Code to Group tables provided. The Code to Group Table (see ANNEX C) shows the relationship between the underlying patient diagnosis, ICD-10 code, procedures and the appropriate “core” G-DRG. It enables you to quickly locate individual ICD-10 codes and identify the “core” G-DRG to which they are assigned.

Look at the column with the list of diagnoses and find the diagnosis that closely matches the one written in the notes.

Find the appropriate ICD-10 code for that diagnosis from the same row in the ICD-10 Code column.

Determine the Core G-DRG

The core G-DRG is primarily determined by the dominant procedure or the primary diagnosis.

It is important to know which specialty was involved in the patient care. Use the specialty code that provided the care to help you refer to the appropriate table. For example, if the patient was seen at the ENT clinic, then use the ENT Code to Group Table.

Use the MDC specialty table for your provider level and ownership to locate the G-DRG. MDC specialty is the specialty under which the admission took place.

Each patient can have only one medical G-DRG or a surgical G-DRG. If a procedure was performed, then this will determine the G-DRG. In this step ask the question: Was a procedure performed?

If answer is: Yes, a procedure was performed.

Use the dominant procedure to determine the G-DRG. Look at the column containing the list of procedures in the tables for the surgical specialties for the procedure(s) performed. Look at the G-DRG column for the core G-DRG that corresponds to the row you found the name of procedure.

Find the name of the G-DRG from the appropriate column.

If more than one procedure was performed, then repeat the step until you have found all the core G-DRGs.

In surgical cases, the major G-DRG is reimbursable at full Tariff and 20% of the second procedure is reimbursable

In this case, use the primary or main diagnosis to determine the G-DRG. Look at the column containing the list of diagnoses and find the row that contains the primary diagnosis. Find the corresponding G-DRG in the column of G-DRGs for the primary diagnosis. It is important that all other diagnoses are listed after the primary diagnoses to validate medicines prescribed.

If more than one G-DRG is applicable, then determine the most appropriate G-DRG applicable (usually the major diagnosis) to your case in terms of clinical care and utilisation. For surgical G-DRGs where more than one surgical G-DRG was conducted, then mention all surgical GDRGs used and refer to section 3.4 for details on how to claim for additional payment for the second procedure.

All G-DRGs are split by age into two categories – child and adult. Once you have determined the core G-DRG, use the Tables of Ghana DRGs (see ANNEX B) to find the final G-DRG.

For example, if the age of the patient is less than 12 years then look at the G-DRG column for the core G-DRG that you have previously determined and find the one that ends with “C”. This is the final G-DRG. If the patient is 12 years or more then look for the G-DRG with the same core G-DRG but ending with “A”. This is the final G-DRG for the patient.

However, in the case of CC, C is defined as less than 19, and has no corresponding A.

Record Diagnosis (es) and Procedure(s)

Providers should clearly record the diagnosis (es) and procedure(s), if any was/were performed, during the spell or illness episode. At the time of patients discharge or illness episode (that is, at the end of two weeks for acute illness episode or at the end of each chronic follow-up OPD attendance), the health personnel should review the patients notes and extract the diagnosis (es) and procedure(s) performed.

Determine the Tariff

Once the G-DRG is determined, it is easy to arrive at the tariff. Look at the G-DRG to Tariff table for your health facility’s level of health care, find the G-DRG, and on the same row find the tariff that corresponds to it for your level of health institution.

Double check if the G-DRG is applicable to your healthcare facility. Numbers are listed in the last column in Annex C listing the provider types for each G-DRG.

Additional information

Multiple surgery procedure

Refer to operational changes in G-DRG system in section 7.2. If the admission involves a bilateral procedure or multiple procedures, ensure that both the procedures are listed on the claim form and 100% of the major (more expensive) procedure and 20% of the second procedure is mentioned on the claim form.

In case three procedures are conducted during the same admission, full tariff for the first major procedure, 20% of the tariff for the second procedure and 20% of the tariff for the third procedure can be claimed. Mention all the procedures and G-DRG for each procedure and include the applicable tariffs for your provider type.

For multiple teeth procedures, mention the number of teeth as a prefix and include cost of G-DRG for the first tooth and 20% of the G-DRG cost for each additional tooth.

Note for providers: List all the G-DRG’s that go with the bilateral/ multiple procedures at the summary and procedure columns of the claim form

Additional information for OP Physiotherapy service

For some services for example outpatient physiotherapy, additional information in the form of a doctor’s referral for physiotherapy is needed with the claim form. Ensure that you have included the referral by the doctor with the claim form and that the condition for which outpatient physiotherapy is provided is covered (refer to the list of conditions for which outpatient physiotherapy services are covered on page 24 in this manual).

Additional information for Endoscopic investigations when using ZOOM01 code

A request form must accompany the claim for these investigations. The request form should include the reason for conducting the investigation and the provisional diagnosis.

Coverage for CT/MRI during emergency management

In case of claims for CT/MRI used during an emergency admission and management, ensure you fill the approved pre-authorization form informing NHIA of the CT/MRI procedure done along with description of diagnosis or clinical summary of emergency management within 5 days of conducting the investigations.

Preauthorization is required for non-emergency cases. For emergency cases, please inform NHIA within 5 days after the investigation is done at the nearest NHIA office.

NHIA Claim Form

Complete the claim form and send it to the CPC for claims processing and subsequent reimbursement at the Head Office.

Refer to section 10 below for guidance on the use of NHIA claim form.

8 Outpatients Tariff

New Outpatients G-DRGs to the NHIS list

Due to the expansion of the NHIS benefits package to include family planning services, the following new OPD G-DRGs have been included:

List of Family Planning G-DRGs.

G-DRG No	G-DRG Description
ZOOM08A	Tubal Ligation
ZOOM09A	Vasectomy
ZOOM10A	IUD
ZOOM11A	Implant
ZOOM12A	Injectable (Three Months)
ZOOM13A	Injectable (One Month)

General

The Outpatients (OPD) tariff is an **all-inclusive bundled payment per visit** for OPD services provided to the patient. The outpatient tariff includes laboratory, imaging, and other diagnostics, supplies, equipment, human resource and any other input in the OPD. The tariff does not differentiate new from follow-up cases, or specialist from general OPD at primary care hospitals. This is to ensure simplicity and ease of processing claims.

The OPD tariff was determined in the same way as the inpatient tariff using the G-DRGs grouping for common outpatient attendances in Ghana. Direct and indirect costs for the management of all common diagnosis expected at that level of care were determined and a weighted average for each specialty (MDC) was calculated to set the OPD tariff.

There are different tariffs for OPD attendances for each specialty at Secondary and Tertiary care hospitals.

Thus, for primary care hospitals and health centres, all the cases, except Dental, Eye and ENT cases, were put together and a weighted average based on the cost of major outpatient conditions was determined to produce one general OPD tariff for each level. This concept was used for OP tariffs for the primary care hospitals and lower levels because the same OPD facilities and the same mix of health personnel are used for both the specialist and general OPDs.

On the other hand, all OPD services at the Secondary and Tertiary care hospitals are specialised and held in separate departments. Similarly, Eye, Dental and ENT services are mainly provided separately at all levels. The specialist OPD costs therefore were developed based on the weighted average of cost of outpatients' care for the common diagnoses for each specialty.

There is only one General OPD tariff for all general or specialist outpatient conditions at primary care hospitals and health centres.

The current OPD tariff represents the average cost of direct and indirect care components for each visit to the outpatient consultation.

The outpatient G-DRGs have been calculated based on the cost of components for the most diagnosed outpatient conditions. The providers will need to define whether the diagnosed condition is an acute or a chronic condition. The section below describes the claims process for acute and chronic illness episodes.

Ill Health Episodes

Any ill health or sickness may last for a brief period and usually requires more than one visit to a healthcare facility. This duration of an acute illness from first presentation of symptoms, diagnosis and its treatment (until the person has recovered, cured or healed) is termed as an ill health episode.

During the ill health episode, the patient may make an initial consultation during which he/she is assessed, certain investigations may be requested, and the treatment is initiated. The patient is asked to report for review consultation(s) for assessment of the treatment and/or investigations/tests (if requested). An ill health episode therefore consists of an initial consultation and follow-up consultation(s).

To ensure good quality of care, NHIA and the previous G-DRG system adopted a concept that an ill health episode should consist of an initial visit and subsequent follow-up visits. These ill health episode costs are reimbursed based on a lump sum tariff that includes all the cost components (investigations or consumables required during the illness and the overhead costs of healthcare facility visit) used during the entire ill health episode from first presentation to recovery. The number of visits may vary for an acute illness such as upper respiratory tract infection, to a chronic illness like diabetes. A chronic health episode may be longer and may warrant repeat investigations, consultations and medication reviews, while an acute illness may have a more predictable course of a shorter duration. To ensure that the total amount of lump sum is paid out for the actual patient visits, the total ill health episode tariff is divided into equal parts according to the expected average number of OPD attendances. Per visit outpatient tariff has been developed using this method. For example, if a patient only attends one OPD for a specific illness, only one visit tariff is paid. If all three OPD sessions are availed, then the full lump sum tariff is reimbursable.

Outpatient tariffs are payable for each visit to a health facility.

Acute Illness OPD Attendance

According to the present tariff structure, only a maximum of two reviews within two weeks of the first consultation are reimbursed.

If after the two-week period the same patient presents with another illness, he/she has restarted a new ill health episode. If the HCP schedules an OPD attendance beyond two weeks of the first attendance for the same illness, then this is outside the ill health episode and that OPD attendance/visit will therefore not be reimbursed.

The claim for acute illness OPD attendance should be made after the illness episode, that is, after two weeks of the first attendance. HCPs should make internal arrangements to ensure that they have all records to fill in the claim form at the end of that period.

Chronic Illness OPD Attendance

For patients with chronic illnesses/conditions such as diabetes, hypertension, epilepsy, chronic asthma, etc., the follow-up period does not end. For such patients who usually attend specialist clinics and are given follow-up appointments, a maximum of six OPD visits (inclusive of the first visit) within 12 months of the first visit will be reimbursed.

For patients with chronic illnesses the tariff allows for a maximum of Six (6) visits within twelve months.

The claim for reimbursement for chronic OPD attendance can be made after each OPD attendance.

If a patient with a chronic illness presents with another ill health problem, he/she has a different illness episode and reimbursement should be claimed as such. Thus, for example, a patient who has a chronic condition such as diabetes and visits for the first time, this is considered as an initial consultation. Subsequent consultations arranged by the health facility for follow-up of his/her diabetic condition are follow-up or review consultations. A maximum of six visits in twelve months can be arranged and reimbursed.

If, however, the diabetic patient has a complication of his/her original disease or has other disease such as malaria, and makes a self-initiated consultation, this “new” consultation begins a new illness episode of the acute illness type – a maximum of three visits in two weeks *in addition* to the chronic illness follow-up visits can be claimed. If the chronic illness follow-up visits fall within the two-week acute illness episode, then that visit is counted as part of the three visits for the acute illness episode and is therefore not reimbursed separately.

Antenatal / Postnatal OPD Attendance

Antenatal attendance provides a special situation; it occurs over a longer period, but the duration is less than a year. Reimbursement permissible under Antenatal attendance is up to a maximum

of six visits per pregnancy. The claim for reimbursement can be made after each antenatal visit. *The Antenatal clinic visit (ANC) tariff is inclusive of two ultrasound scans during pregnancy for primary hospital and higher-level healthcare facilities.*

For patients attending antenatal OPD the tariff allows for a maximum of six (6) visits.

As in the case of chronic illness OPD attendance, if a pregnant woman attends antenatal visit because of an acute problem, related or not related to her pregnancy, outside of her scheduled antenatal appointment, she has made an acute illness episode visit and has initiated an acute illness episode. Reimbursement for that episode should be managed as an acute illness episode using OPDC06. In a patient who has chronic illness during pregnancy then the chronic illness episode claim principles shall apply.

For postnatal OPD attendances, a maximum of three (3) visits in six (6) weeks is to be reimbursed with the same tariff as that of the antenatal visit.

Please note that the delivery tariff is the only applicable tariff for use until mother and child are discharged from the hospital.

Inpatients Discharged to OPD

The concept of ill health episode also applies to patients who were originally on admission and were discharged and reviewed at the OPD. Please note that when making a claim for a particular day patients can only be billed for outpatient or inpatient services but not both.

If the condition for admission was an acute one, such as caesarean section, acute appendicitis, pneumonia, etc., then a maximum of two review consultations over a maximum of six weeks will be reimbursed.

If the condition for admission was a chronic one, such as chronic osteomyelitis, thyroidectomy, renal failure etc., post discharge consultations related to the disease can be claimed for a maximum of six visits for each twelve months will be reimbursed. Accident and Emergency and Casualty Consultations

Accident and Emergency and Casualty Consultations

Accident and emergency (A&E) and casualties have three groups of patients. Claims for these are to be made according to the table below:

Emergency Patient Groups	Tariff
Managed like OPD	Use OPD tariff (G-DRG appropriate for level)
Detained for less than 24 hours	Use Detention for Observation tariff (G-DRG appropriate for level)
Admitted	Use Inpatient G-DRG (G-DRG appropriate for level)

NOTE: Cost of CT scan and MRI are covered for emergency room management of clinical conditions and trauma at a hospital. However, to claim CT or MRI usage, the hospital or doctor needs to submit appropriate documents detailing the provisional diagnosis and reasons for such investigation. These documents need to be submitted to NHIA or to authorized personnel within 5 days from the time when either of these procedures are performed.

Outpatient Physiotherapy

Outpatient physiotherapy is developed as a separate G-DRG (OPDC13A and OPDC13C) under outpatient tariffs. This G-DRG can only be used for a select list of acute and chronic conditions. These conditions are listed in the table below. Reimbursement for this G-DRG is limited to a maximum number of sessions, available over a given period. The table below lists the maximum sessions that can be claimed for the specified conditions.

List of chronic conditions permissible for Outpatient physiotherapy

Condition	Maximum sessions
CVA (Stroke)	12
Fractures	6
Cerebral palsy	12
Amputation	12
Burns	6
Head & spinal cord injury	12

List of acute conditions permissible for Outpatient physiotherapy

Condition	Maximum sessions
Back pain	6
Extremity joint pain	10
Neck pain	10
Facial palsy	10
Post-surgery follow-up	6

The number of sessions stated above is the maximum number of sessions NHIA will reimburse for the stated ailment.

The Outpatient Physiotherapy tariff is calculated for each single physiotherapy session. The claim form must include the diagnosis. A physiotherapy attendance form (sample on page 43) must also accompany the claim form for reimbursement.

Note: This tariff is not applicable to any physiotherapy services provided during an inpatient admission, as the cost of physiotherapy is already included within the G-DRG tariff for the inpatient G-DRG.

To ensure good quality of care, the outpatient physiotherapy services must be available as part of a coordinated management by a doctor. Therefore, outpatient physiotherapy claims must be recommended by a Doctor managing the overall care of the patient.

The claim form for outpatient physiotherapy session must be accompanied by a Doctor's referral for physiotherapy services including diagnosis and reason for referral.

A physiotherapy attendance form (sample attached in manual) must also accompany the claim form

Multiple Specialty OPD Attendances

Some patients may be seen on a single day during the same illness episode by more than one specialty. This may occur because the initial referral may be wrong, the initial specialty may refer the patient for another opinion, or the patient may have more than one illness.

If a person warrants review by multiple specialists during the same illness episode for the same diagnosis, for example, if a diabetes outpatient warrants an eye examination by an ophthalmologist during their review, the outpatient's tariff for the same day for the same visit to the same provider facility would be considered as one outpatient visit.

Note: Providers cannot charge different visits to different departments of the same facility during the same illness episode but must bill the NHIS for the primary diagnosis or procedure.

Multiple specialty OPD attendances should be recorded as one outpatient visit and tariff for the highest cost specialty will be reimbursed.

Outpatients Procedures

Outpatient procedures are included in the G-DRG tariff for their respective MDCs.

If an OPD procedure is performed as an inpatient procedure, only OPD tariff will be reimbursed.

On the other hand, if an inpatient procedure is performed as an outpatient one, the inpatient tariff will still be reimbursed, resulting in cost saving for the HCP. Providers should note the readmission rule in the inpatient tariff section below.

Please see the description of ZOOM codes for change of dressing and change of catheter as new outpatient follow up interventions available to healthcare providers.

9 Inpatients Tariff

Basis of Inpatient Tariff

The tariff for admitted patients is based on the period from admission to discharge, transfer out or death of the patient. Claim for reimbursement can only be made after discharge, transfer out or death.

For inpatients, the tariff comprises an all-inclusive bundle of direct and indirect costs of providing the full range of services to patients during their spell for each G-DRG on the wards.

Tariffs have been developed for each G-DRG for each level of healthcare, as well as for different provider ownerships.

Providers will need to use the appropriate G-DRG for the hospital admission and/or procedure for a patient. In the previous version (2015) of G-DRG, there were 620 G-DRGs. Following the revision and modification of G-DRGs in 2022, there are now 633 G-DRGs under the NHIS.

Annexure C lists all the MDCs and related G-DRGs that are applicable for inpatient at each level of care. The existing system of G-DRG has been in place since 2008 and many providers are familiar with it. Therefore, the next section focuses on the updates and revision to the Inpatient G-DRGs.

9.1 New Inpatient G-DRGs to the NHIS list

Following a constitution of a multi-stakeholder team (Ministry of Health, Ghana Health Service, Christian Health Association of Ghana, Ghana Association of Quasi Government Health Institutions and Private Sector Providers) to conduct the costing of healthcare services and the expansion of the NHIS benefits package to include childhood cancer services, new inpatient G-DRGs have been included.

List of Childhood Cancers G-DRGs.

G-DRG No	G-DRG Description
PAED47C	Chemotherapy for Childhood Cancer
PAED48C	Radiotherapy for Childhood Cancer
PAED49C	Acute Lymphoblastic Leukaemia (Initiation Therapy)
PAED50C	Acute Lymphoblastic Leukaemia (Maintenance Therapy)
PAED51C	Burkitt Lymphoma
PAED52C	Retinoblastoma
PAED53C	Wilms Tumour

Multiple Dental Procedures Involving Multiple Teeth

In Dental procedures where more than one tooth in the same quadrant or a different quadrant is involved, the provider can claim for additional tariff for each additional tooth, apart from the tariff of the G-DRG for the first tooth.

The G-DRGs for which multiple teeth procedure's additional tariff can be claimed are listed below:

List of principal dental G-DRGs eligible for use of modifiers

G-DRG No	G-DRG Description
DENT01A	Forceps Extraction of Tooth ≥ 12 yrs
DENT01C	Forceps Extraction of Tooth < 12 yrs
DENT02A	Surgical Removal of Tooth ≥ 12 yrs
DENT03A	Temporary Filling ≥ 12 yrs
DENT03C	Temporary Filling < 12 yrs
DENT04A	Amalgam Filling ≥ 12 yrs
DENT04C	Amalgam Filling < 12 yrs
DENT05A	Composite/GI Filling ≥ 12 yrs
DENT05C	Composite/GI Filling < 12 yrs
DENT08A	Root Canal Therapy - Single Root (RCT) ≥ 12 yrs
DENT08C	Root Canal Therapy - Single Root (RCT) < 12 yrs
DENT09A	Apicectomy ≥ 12 yrs
DENT09C	Apicectomy < 12 yrs
DENT10A	Incision and Drainage (I & D) of Oro-Facial Abscess ≥ 12 yrs
DENT10C	Incision and Drainage (I & D) of Oro-Facial Abscess < 12 yrs

To record these G-DRGs for multiple teeth (if needed), providers will need to add appropriate modifiers to these G-DRGs on the claim form. Providers should submit appropriate detail on the claim form for the procedure performed. Provider can claim full tariff for the first tooth and 20% of the tariff for each additional tooth. The table and examples below illustrate the use of modifier to claim for multiple teeth procedures.

Modifiers

Prefix	Description
2	Two teeth involved
3	Three teeth involved
4	Four teeth involved
5	Five teeth involved

Example of computing the amount to be reimbursed for multiple teeth procedures

G-DRG No	G-DRG Description	Cost
01DENT01A	Forceps Extraction of Single Tooth >=12 yrs	GH¢ 26.35
02DENT01A	Forceps Extraction of Two Teeth >=12 yrs.	GH¢ 5.27 (20% of 26.35)
Total		GH¢ 31.62

Note: The G-DRG description on the claims form will change to reflect the procedure on multiple teeth. Do not add 00 (00DENT01A) while adding modifiers in the claim form. Add a prefix with the number of teeth at the beginning of the G-DRG. For example, 02DENT01A for two teeth forceps extraction and 03DENT01A for three teeth forceps extraction.

Use the appropriate modifier for dental procedures involving more than one tooth. NHIS allows an additional 20% of that G-DRG tariff for each additional tooth.

Chemotherapy G-DRG for Breast and Cervical Cancer

A new G-DRG was developed in 2016 for chemotherapy sessions. Since the cost of chemotherapy drugs is already included under the NHIS medicine list, this G-DRG covers the cost of any monitoring investigations and the cost of consumables required to administer chemotherapy drugs.

This G-DRG tariff is only applicable for specific day based/outpatient-based chemotherapy sessions for breast or cervical cancer management. The tariff is payable for each chemotherapy session visit. Number of sessions usually recommended for specific breast or cervical cancer management objectives are listed in the table below for reference. Any chemotherapy sessions provided as part of an inpatient admission are not included in this tariff as they are already included in the requisite inpatient G-DRG code.

Number of Chemotherapy sessions for Breast and Cervical Cancer

G-DRG	Objective	Number of sessions in each block of treatment	Typical duration between cycles and treatment block
	Neoadjuvant Treatment Breast Cancer	4	21 days
	Adjuvant Treatment Breast Cancer	6	21 days
	Metastatic Cancer Treatment Breast Cancer	8	21 days

Chemotherapy (MEDI39A)	Concurrent Chemotherapy + Radiation Cervical Cancer	5	Weekly
	Metastatic Cancer Treatment Cervical Cancer	6	21 days

- a) MEDI40A: New G-DRG developed as tariff per session for *radiotherapy for Breast and Cervix cancer* MEDI40A

It is developed as a tariff per cycle/session for radiotherapy for breast and cervical cancer management.

Chemotherapy G-DRG for Childhood Cancer

A new G-DRG has been developed (2022) for chemotherapy sessions for the four childhood cancers. Since the cost of chemotherapy medicines is already included under the NHIS medicine list, this G-DRG covers the cost of any monitoring investigations and the cost of consumables required to administer chemotherapy drugs.

This G-DRG tariff is applicable for specific paediatrics chemotherapy sessions for childhood cancer management. The tariff is payable for each chemotherapy session visit. Number of sessions usually recommended for specific childhood cancer management objectives are listed in the table below for reference. Any chemotherapy sessions provided as part of an inpatient admission are not included in this tariff as they are already included in the requisite inpatient G-DRG code

Number of Chemotherapy sessions

G-DRG	Type of Cancer	Number of Sessions Before Surgery	Schedule	Number of Sessions After Surgery	Schedule
PAED51C	Burkitt Lymphoma	10	Every 2/3 weeks- first 6 then Every 4 weeks-last 4		
PAED52C	Retinoblastoma	6	weekly	6	Every 21days
PAED53C	Wilms Tumor	6	weekly	20	Every 3 weeks for 27-34 weeks, then weekly for 10 weeks

Acute Lymphoblastic Leukaemia

Treatment Phase	Duration	Type of visit (total visits)		Tests (total number per phase)	Additional treatments
Induction	To complete 42 days	OPD	12	FBC (6) CSF cytology (3) Bone marrow (1)	Blood/ blood product transfusion (5)
Consolidation	56 days	OPD	20	FBC (7) CSF cytology (4) BUE & Cr (2) LFT (2) Grouping and crossmatching (2)	Blood/ blood product transfusion (2)
Interim maintenance 1	63 days	In-patient	2	FBC (2) CSF cytology (2) BUE & Cr (2) LFT (2)	
		OPD	2	FBC (2)	
Intensification 1	56 days	OPD	20	FBC (6) CSF cytology (2) BUE & Cr (2) LFT (2) Grouping and crossmatching (1) Echocardiogram (1)	Blood/ blood product transfusion (2)
Interim maintenance 2	63 days	In-patient	2	FBC (2) CSF cytology (2) BUE & Cr (2) LFT (2)	
		OPD	2	FBC (2)	
				FBC (6) CSF cytology (2)	

Intensification 2	56 days	OPD	20	BUE & Cr (2) LFT (2) Grouping and crossmatching (1) Echocardiogram (1)	Blood/ blood product transfusion (2)
Maintenance	30 months	OPD	30	FBC (30) CSF cytology (10) BUE & Cr (10) LFT (10)	

Radiotherapy G-DRG for Breast and Cervical Cancer

A new G-DRG was developed in 2016 for radiotherapy sessions. The cost of radiotherapy equipment and isotopes is already included in the facility's overhead per visit costs. This G-DRG covers the cost of any monitoring investigations and the cost of consumables required to administer such radiotherapy session.

This G-DRG tariff is only applicable for specific day based/outpatient-based radiotherapy sessions for breast or cervical cancer management. The tariff is payable for each radiotherapy session visit. The table below highlights the guidelines recommended by the Core Group experts for the radiation doses and number of fractions for different clinical scenarios. Any radiotherapy sessions provided as part of an inpatient admission are not included in this tariff as they are already included in the requisite inpatient G-DRG code.

Type of cancer	Maximum radiation	No of fractions	Dose in each fraction
Breast cancer post lumpectomy	50 Gy	25	2.00 Gy
Breast cancer post lumpectomy	50 Gy	25	2.00 Gy
Breast cancer Post mastectomy	42 Gy	16	2.66 Gy
Booster dose for breast cancer	16 Gy	8	16.00
Other reasons for radiotherapy in Breast cancer (listed in the rows below)			
Brain Mets	20 to 30 Gy	5 or 10	4 Gy or 3 Gy
Spinal Mets	20 to 30 Gy	5 or 10	4 Gy or 3 Gy
Bone Mets	20 to 30 Gy	5 or 10	4 Gy or 3 Gy

Cervical cancer internal radiotherapy	25 to 35 Gy low dose rate		
low dose treatment External radiotherapy for cervical cancer	50 Gy	25	2 Gy

Radiotherapy G-DRG for Childhood Cancer

A new G-DRG has been developed in 2022 for radiotherapy sessions for the added Childhood cancers. The cost of radiotherapy equipment and isotopes is already included in the health facility's overhead per visit costs. This G-DRG covers the cost of any monitoring investigations and the cost of consumables required to administer such radiotherapy session and the radioactive nuclei.

This G-DRG tariff is only applicable for specific day based/inpatient-based radiotherapy sessions for four childhood cancer management. The tariff is payable for each radiotherapy session visit. The table below highlights the number sessions. Any radiotherapy sessions provided as part of an inpatient admission are not included in this tariff as they are already included in the requisite inpatient G-DRG code.

Number of Radiotherapy Sessions

G-DRG	Type of Cancer	Number of sessions Before surgery	Schedule	Number of Sessions After Surgery	Schedule
	Burkitt Lymphoma	10	Every 2/3 weeks- first 6		
	Retinoblastoma			25	Every week day for 5 weeks
	Wilms Tumor			14	Every week day(3weeks)

9.2 Operational consideration in Inpatient G-DRGs

Emergency Readmission

In principle, emergency readmission of patients with the same or related diagnosis should not attract reimbursement if it was due to the HCP not providing sufficient quality of service or preparing the patient adequately for discharge.

No reimbursement for emergency readmission should be provided if:

- *The readmission is to the same HCP,*
- *The readmission is within 14 days of discharge; and*
- *The duration of the previous admission was less than one and half (1.5) times the average LOS for the G-DRG.*

Reimbursement at the G-DRG rate is however permissible for conditions like Hyperglycemia, Acute Asthmatic Attack, High Blood Pressure and Sickle Cell Crisis.

Admission through Accident and Emergency and Outpatient wards

Attendance at A&E or OPD and subsequent admission on a different day should be reimbursed at the usual OPD rate. However, if the admission occurs on the same day of A&E or OPD attendance, then the inpatient G-DRG tariff should be applied.

Attendance at A&E or OPD and subsequent admission on another day should be reimbursed at the usual OPD rate.

Multiple Procedures in One Admission Spell

When more than one procedure is conducted for a patient, the procedure with the highest tariff is used to assign the G-DRG. In addition to this, 20% of the second or lower G-DRG will be paid. However, for bilateral procedures (such as bilateral inguinal hernia) that fall under the same G-DRG, the total amount that can be claimed is 120% of the G-DRG tariff (100% for unilateral and an additional 20% for the contralateral surgery).

Example: The possible G-DRGs for a 19-year-old man admitted and operated for bilateral inguinal hernia are:

Diagnosis	G-DRG	TARIFF*
Right inguinal hernia	Internal hernia repair	GH¢ 264
Left inguinal hernia	Internal hernia repair	GH¢ 264

* These figures are illustrative only and may not be the true values.

In this case, the *internal hernia repair* is the principal G-DRG and remains same for second procedure, as it is a bilateral procedure performed during the same hospital admission. As stated above, the G-DRG for this should be claimed as 100% of internal hernia repair plus 20% of the

same G-DRG. Consequently, the final claim amount will be GH¢264 + 20% of GH¢ 264 = GH¢316.80.

In case of multiple procedures conducted on a patient during the same hospital admission, providers can claim 100% tariff for the major G-DRG procedure and 20% of the G-DRG Tariff for the second procedure. This is applicable to surgical G-DRGs only.

In case of a bilateral surgery, providers can now claim 120% of the G-DRG tariff for that Surgery.

The same principle applies in case of more than two surgeries during the same admission. Providers can claim 100% tariff for the first major procedure (most expensive) and 20% of the tariff for the second G-DRG tariff and 20% of the G-DRG tariff for the third procedure.

Multiple Diagnoses, Complications and Co-morbidity

The tariff emphasises simplicity. Rather than multiple combinations of a particular diagnosis with severity, complications and comorbidities, a singular tariff, which includes the expected proportions of different complexities (case mix), has been calculated. The tariff calculation included using a weighted average of incidence and cost differentials of various severities for each diagnosis (simple stroke, stroke with comorbidities, stroke with comorbidities and complications).

9.3 Zoom Codes

These codes could be used across specialties. The ZOOM codes were developed as the interventions described below do not fall under a specific specialty.

Zoom Codes for Detention and Observation

A tariff for short stay (*detention for observation and treatment*) is set for primary health care facilities (primary hospital, health centres, clinics, maternity homes and CHPS compound) and secondary healthcare facilities, where admission facilities may or may not be available. This code covers stay for observation and treatment for not more than 24 hours or overnight.

Zoom Codes for Investigation or Therapeutic Intervention

Zoom codes ZOOM01A: *Endoscopy* (Rigid & Flexible) ≥ 12 yrs. & ZOOM02C: *Endoscopy* (Rigid & Flexible) ≤ 12 yrs., can be claimed for the following procedures in adult or child for investigation, intervention or therapeutic use:

- Upper Gastrointestinal endoscopy
- Lower Gastrointestinal endoscopy or colonoscopy
- Bronchoscopy

A request form must accompany the claim for these investigations. The request form should include the reason for conducting the investigation and the provisional diagnosis.

Zoom Code for Inpatient Transfer Out/Referral

To encourage good medical practice of early referral and to prevent dumping of cases to other HCPs while claiming full G-DRG tariff, a tariff for referred cases has been determined as ZOOM code. This tariff is based on minimal investigations and procedures needed to make a diagnosis and adequate time for treatment and assessment to arrive at the decision to refer.

Zoom codes *Inpatient Transfer out* ZOOM03A and ZOOM03C can be used in case of referral or transfer of patient to higher facility. For example, if a patient being treated or admitted in primary hospital is diagnosed with a condition that warrants a procedure that cannot be performed at that level; or if a patient's condition worsens requiring higher level of care, then the provider would refer the case to a higher-level facility and claim for Zoom codes *Inpatient Transfer Out* ZOOM03A or ZOOM03C.

ZOOM Outpatient follow up interventions

Some procedures warrant post - discharge visits, for example, for change of dressing or change of catheter. Such follow-up interventions may not warrant consultation or investigations. A tariff is available for such visits:

Change of dressing under ZOOM05 – this G-DRG may be used for both the dressing of wound, and a *change of dressing* that is managed at the outpatient level.

Change of catheter under ZOOM04 – this G-DRG code was developed for any outpatient-based *change of catheter*.

These tariffs are per visit amounts for a healthcare facility treating a patient on an outpatient basis. If a person requires dressing every third day for two weeks, then the healthcare facility can be reimbursed for six change of dressing tariffs over two weeks. Similarly, if a person needs a change of catheter every week for a month, the healthcare facility can be reimbursed for four changes of catheter tariffs.

Note: If the dressing is done as an inpatient before discharge or on the day of discharge then the cost of dressing is already included in the G-DRG for inpatient admission. Similarly, if the dressing is applied as part of an outpatient doctor consult, the cost of dressing is already included in the General OPD tariff. The tariff for change of dressing is not applicable in these situations.

These tariffs are available at all levels of care where such services are provided.

10 Instructions for completion of Claim Forms & Sample Forms

There is one claim form to be used by all HCPs, whether they provide all or part of health services to a client or patient. Whether the HCP only provided drugs, diagnostic services or all-inclusive service at OPD or onwards, the HCP should fill all the relevant aspects of one claim form.

The Claim Form is shown in Figure 2. The number of the points below corresponds to the numbers on the form.

Claim for reimbursement should include:

- 1 **HI Code¹** – Unique code provided by NHIA at accreditation for all health care providers.
- 2 **Scheme Code²** – Scheme code is the code of the scheme from where the client was issued the card; NOT the scheme where the form is going. It is the third, fourth and fifth characters of the card serial number and can be found at the back of the Scheme's ID card.
- 3 **Month of Claim³** – Most facilities submit claims monthly. This refers to the month and year in which the claim is being submitted to the scheme e.g., 06/2022 if the claim is being submitted in June 2022.
- 4 **Surname⁴** – Client's surname as it appears on the ID card
- 5 **Other Names⁵** - Client's other name/names as mentioned on the ID card. Middle names may not be indicated on the I.D card due to space restriction. If a middle name is on the folder, it must be indicated on the claims form
- 6 **Date of Birth⁶** - As it appears on the ID card
- 7 **Age⁷** – Present age of the client.
- 8 **Membership Number⁸** – Exactly copied from the front of the card. This is a unique ID number that is assigned to the cardholder for life.
- 9 **Gender⁹** –Tick Male or Female.
- 10 **Hospital Record Number¹⁰** –Card holder's unique number assigned by the provider of care. This can be found on a card supplied by the provider and is also on the folder. For pharmacies, chemical sellers and diagnostic centres, the hospital number must be written on the prescription form or investigation form used to refer the patient. This becomes important to track patients' records when clinical audits are being done.
- 11 Card Serial Number¹¹ - The serial number on the back of the card. This must be copied exactly as is on the card.
- 12 **Type of Service (a)¹²** – Tick the type of service provided, out-patient, in-patient, diagnostic services and pharmacy. Out-patient, in-patient and diagnostic services are

- mutually exclusive and only one can be ticked. The pharmacy services can be a part of the other three or stand on its own.
- 13 Type of service (b)¹³** – Tick all-inclusive if all the services – consultation, labs, etc are Unbundle tariff (OPD consultation only) should be used by facilities not capable of carrying out investigations at all.
 - 14 Outcome¹⁴** – Tick whether the patient was sent home, died, transferred to another facility, absconded or was discharged against medical advice.
 - 15 Type of Attendance¹⁵** – Tick Chronic Follow Up for long term cases e.g., hypertension, diabetes mellitus, Emergency e.g., collapse, unconsciousness, convulsion. Acute episode, e.g., malaria, typhoid, etc.
 - 16 Specialty code¹⁶** – This refers to the specialty that attended the patient. This refers to the major diagnostic categories e.g., ENTH, OBGY, ASUR, MEDI etc. For facilities that render only outpatient services, the specialty code is OPDC
 - 17 Date(s) of Service Provision¹⁷** – Admission date and discharge date or date(s) of outpatient visit(s). If in-patient, then the Length of stay/Duration of spell (period between date of admission and date of discharge) must be indicated. If out-patient, then the duration between the first and last visit should be indicated.
 - 18 Physician/Clinician Name¹⁸** – The name and designation of the person responsible for the care of the patient or prescribing the medicines e.g., Dr. A.N. Body or Sister N.O. Body.
 - 19 Physician/Clinician ID¹⁹** – This is a unique ID number issued to the prescriber by the NHIS
 - 20 Procedure²⁰** – If a procedure was performed, enter the description (as written in the code to group list), the date and the G-DRG code. If more than one procedure was performed, enter all the codes with their appropriate dates. The dates must fall within the dates of number 17.
 - 21 Diagnosis²¹** -- List the diagnoses for which the patient sought health care. List the Primary Diagnosis first. For each diagnosis, enter description, the ICD-10 code and the G-DRG code
 - 22 Investigation²²** – All investigations must be indicated on the claim's forms. This applies to facilities providing both bundled and unbundled services.
 - 23 Medicine²³** - List all medications dispensed. The name, dosage form, strength, dosage, frequency, duration, unit price, quantity, total cost, and code must be stated. The code is crucial as it will identify the strength and formulation of the medicine.
 - 24 Client Claim Summary²⁴** - Only one of Out-Patient or In-Patient can be claimed for. If more than one diagnostic or pharmaceutical services are being claimed for,

then the GDRG code should be left blank and only the total amount filled in without inserting any code.

- 25 Name²⁵** - Name of the person filling the form or responsible for filling the form. This should exclude non-permanent staff of the facility e.g., National Service Personnel.
- 26 Signature²⁶** - This should be the signature of the person filling the form (see number 25).
- 27 Supplementary form²⁷** – If investigations or medicines are more than five, the extras should be filled in on a supplementary form in the same manner as the previous one. When the client claim summary amounts are being filled, the medicines or investigations on the supplementary form must be added.



NATIONAL HEALTH INSURANCE AUTHORITY

Claim Form

Form No.

(Regulation 62)

Claims Code

Health Facility Code*

Scheme Code*

Referral No

Month
of Claim *

CLIENT INFORMATION

Surname*

Gender

☐ Male☐ Female

Other Names

Date of Birth

Age

Member Num*

Hospital

Claims Check Code*

Record No

SERVICES PROVIDED (to be filled-in by all health care providers)

Type of Service*

(a) Select only one

☐ Out-patient☐ In-patient☐ Diagnostic☐ Pharmacy

(b)

☐ All Inclusive☐ Unbundled

Outcome

☐ Discharged☐ Died☐ Transferred out☐ Absconded☐ Discharged Against Medical Advice

Date(s) of Service Provision*

1st Visit/Admission
2nd Visit/Discharge
3rd Visit
4th Visit

Length of Duration (days)

Type of Attendance

☐ Chronic Follow-up☐ Emergency☐ Acute Episode

ANC:

Physician/Clinician

Name*

Physician/Clinician ID

Specialty Code

PROCEDURE(S) (to be filled-in by healthcare providers who have out or in-patient services)

Description	Date	G-DRG
	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> D D MM Y Y Y Y </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
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NHIS Claim Form

Form No.

DIAGNOSIS (ES) (to be filled-in by healthcare providers who have out or in-patient services)

Description	ICD-10	G-DRG
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INVESTIGATIONS (to be filled-in by healthcare providers who have diagnostics services only)

Description	Unit Price	Date	G-DRG
	<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> D D M M Y Y Y Y </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
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MEDICINES (to be filled-in by healthcare providers who have dispensed medicines)

Description	Price	Qty	Total Cost	Code	Date
	<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div>	<div> <div></div><div></div><div></div><div></div> </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> D D M M Y Y Y Y </div>
	<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div>	<div> <div></div><div></div><div></div><div></div> </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
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[illegible]

Form No

Name _____

--	--

Date Received*	/ /	Action 1		Date	/ /	Signed	
Signed		Action 2		Date	/ /	Signed	

Claims Code

Form No

Supplementary Claim Form [A](#)

Referral No

INVESTIGATIONS (to be filled-in by healthcare providers providing diagnostics services only)

	Description	Unit Price	Date	G-DRG
1		<input type="text"/>	<input type="text"/> D D M M Y Y Y Y	<input type="text"/>
2		<input type="text"/>	<input type="text"/>	<input type="text"/>
3		<input type="text"/>	<input type="text"/>	<input type="text"/>
4		<input type="text"/>	<input type="text"/>	<input type="text"/>
5		<input type="text"/>	<input type="text"/>	<input type="text"/>

MEDICINES (to be filled-in by healthcare providers who have dispensed medicines)

Description	Price	Qty	Total Cost	Code	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> D D M M Y Y Y Y
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



NHIS PHYSIOTHERAPY ATTENDANCE FORM

Scheme Name:

Name of Provider:

Referring Facility:

Name of Patient:

Membership No:

Records No./OPD No.:

Diagnosis:

No. of Request Sessions:

NO OF PREVIOUS SESSIONS	DATE/DURATION OF PREVIOUS SESSIONS

DATE OF ATTENDANCE	SIGNATURE OF RECORD STAFF	SIGNATURE/THUMBPRINT OF PATIENT	TELEPHONE NO OF PATIENT

CLAIMS VALIDATION FORM FOR CHILDHOOD CANCER

Name of Member* _____

Date of Attendance/ Admission* __/__/____
DD MM YYYY

Hospital* _____

Folder Number* _____

NHIS Number* _____

Diagnosis* _____

(Attach evidence)

Indications

Diagnosis	Phase	Tick And Indicate Session Number
Acute lymphoblastic Leukaemia (ALL)	Initial Work-Up	
	Induction	
	Consolidation	
	Interim Maintenance I	
	Intensification I	
	Interim Maintenance II	
	Intensification II	
	Maintenance	
Burkitt Lymphoma	Initial Work-Up	
	Chemotherapy	
Retinoblastoma	Initial Work-Up	
	Before surgery	
	After surgery Chemotherapy	
	After Surgery Radiotherapy	
Wilms Tumor	Initial Work-Up	
	Before surgery	
	After surgery Chemotherapy	
	After Surgery Radiotherapy	

Prescribing Specialist _____

MDC No. _____

Signature and stamp _____

Date _____

CLAIMS VALIDATION FORM FOR SC TRASTUZUMAB-HYALURONIDASE

Name* _____ Date of Request* _____

National ID _____ NHIS Number* _____

Hospital* _____ Folder Number* _____

Diagnosis* _____ (Attach evidence)

Pathology Lab _____ Accession No. _____

Date of Pathology Report _____

Indication: Early Breast Cancer ☐ Locally Advanced Breast Cancer ☐ Metastatic Breast Cancer ☐Disease Status: Recurrent ☐ Progressive Disease ☐ Initial ☐Her-2 Status (IHC) (Attach evidence) Positive (3+) ☐ Negative (+) ☐ Equivocal (2+) ☐ISH Test (Attach evidence) Positive ☐ Negative ☐Site of Metastases ☐ _____Validation status** Cycle 1 ☐ Cycle 7 ☐ Cycle 13 ☐
(Attach previous request for cycle 7 and 13)

Cycle being claimed* _____

Multidisciplinary approval ☐ Date _____

Prescribing Physician* _____ MDC No.* _____

Signature and stamp* _____ Date* _____



NHIA MAGNETIC RESONANCE IMAGING (MRI) AUTHORIZATION FORM



Member Details

Member Name:

Member Number:

Requesting Facility/Physician information

Name of Facility:

Name of Physician:

 Date of Request : __ / __ /20 __
 DD MM YYYY

Signature/ Stamp:

Department:

Email:

Justification for Request

Diagnosis :

Clinical indication for MRI :

Region

☐ Head and Neck ☐ Spine ☐ Body/ Trunk ☐ Joint

☐ Extremity ☐ Other aspects specify

Contrast

☐ Yes ☐ No

For NHIA Only (Authorization)

Authorizing Official (Name) :

Designation:

Authorizing Official (Signature):

Date of Approval:

ANNEX A

CONCEPTUAL FRAMEWORK OF G- DRG DEVELOPMENT

ANNEX A: Conceptual Framework of G-DRG Development

This annexure describes the conceptual framework and the development process of G-DRG mechanism in Ghana.

Conceptual Framework

The principal function of the NHIS is to provide a financial mechanism of funding health care in Ghana. It uses a payment for activity/service provided mechanism.

The original G-DRG development in 2008 was done by a committee set up by the NHIA. A conceptual framework was established to develop the tariffs. The framework enabled unity in the development of the tariffs while assisting the users of the tariffs.

NHIA setup a review of the G-DRG list and tariffs in 2011. The review was completed in 2012. The review essentially built on the existing conceptual framework and conducted a comprehensive methodology to ensure the current practices, components of care and costs are reflected in the updated tariffs.

The conceptual framework consists of the following:

The Tariff – guiding principles

The tariff should encourage efficiency and not pay for inefficiency. That is, it should be such as to provide incentives for improvement of efficiency/cost saving in health facilities.

The tariff should be simple and easy to administer. Simplicity, ease of use and user friendliness should be a cardinal feature of the tariff. It should be such as to allow for rapid data compilation by health providers and for quick processing and payment by schemes. As most staff involved in claims management are not health personnel, the tariff should be such that those with minimal knowledge of health terminology would be able to process and pay claims.

The tariff should encourage providers to provide good quality care. They should be such as to enable health care practitioners to practice good health care knowing that finance, even though finite, is not a limiting factor. However, process to limit or prohibit abuse of the system should be enforced. Checks and balances should be put in place such that misuse of resources does not occur.

The tariff should ensure uniformity in claims. It should not allow patients with the same condition/primary diagnosis to have different charges because they underwent slightly different procedures or treatments.

The tariff should ensure equity and fairness. No health facility at one level of care should be reimbursed at a lower rate than another at the same level. This is also to ensure improved

efficiency, as it will encourage health facilities to reduce their costs of providing services as they learn from their comparable facilities that are doing better.

The tariff should be based on the primary diagnosis for each patient. To this end, average consumption of hospital resources for each primary diagnosis were calculated and used to determine the tariff. The average length of stay (ALOS), the costs of investigations, the average indirect costs, etc., were computed for each primary diagnosis while following national guidelines and protocols for management of diseases. An expert group of clinicians from Ghana further validated the information available from guidelines and protocols. Where guidelines/protocols were not available, they reached a consensus to arrive at a tariff.

The tariff should reflect the total costs, both direct and indirect, except capital and equipment costs, incurred in patient care to form the basis for reimbursement. The capital and equipment costs were estimated and added to the costs of service by private for-profit HCPs.

The total costs of services should reflect the different overhead costs of care by different provider ownership. For example, staff salaries, equipment costs and utilities are paid by private healthcare facilities and therefore have been included in overhead calculations. However, for public healthcare facilities, since government of Ghana covers these costs, the overhead costs do not include those components. The clinical components (such as investigations, length of stay and consumables) have been included based on safe and best practices and are the same for providers of different ownership.

Minimum health care benefits covered by the scheme

The tariff structure should be in accordance with LI 1809 Schedule II Parts I and II, which stipulate the minimum healthcare benefits and the exclusions stated below.

The coverage of the benefits should meet at least the basic and commonest health needs of most Ghanaians. The benefit package should include health conditions that cover majority of diseases occurring in Ghana. Thus, in arriving at a benefit package, the different levels of care in Ghana: Primary, Secondary and Tertiary, were recognised. All services, procedures and health conditions provided and seen at the primary care levels were to be covered by the scheme.

The tariff should encourage the implementation of the gatekeeper principle. The scheme should be accessed only through the primary care level while access to the higher levels is by subsequent referral from the primary level.

Grouping of the diseases, procedures and operations should be clinically coherent and by the extent to which they use health resources. That is, Diagnostic Related Groupings or other case mix measures should be used.

The diseases, procedures or operations were divided into the major diagnostic categories (MDCs) of:

- Adult Medicine
- Paediatrics
- Adult Surgery
- Paediatric Surgery
- Ear Nose and Throat
- Obstetrics and Gynaecology
- Dental
- Ophthalmology

These are further subdivided into their subspecialties and following the divisions in the International Classification of Diseases – 10th Revision (ICD-10), i.e., corresponding to a major organ system.

Further subdivisions were made using characteristics of patients that determine the consumption of hospital resources.

How was the Benefit Package Determined?

A reimbursement regime called the Ghana Diagnostic Related Groupings (G-DRG) was introduced in April 2008. The G-DRG payment system consists of making payments to providers for groups of treatments related to the diagnosis (for example, a diagnosis group is a bundle of services related to a given condition or set of conditions) for both outpatient and inpatient services. The G-DRGs were produced based on ICD-10s. Each Diagnosis Related Group (DRG) of the G-DRG list was created by grouping several diagnosis codes reflecting similar clinical significance while utilising similar resources and costs. The G-DRGs are applied at all levels of care i.e., primary care, secondary as well as tertiary care hospitals. A tariff was calculated for each G-DRG based on a study commissioned by the National Health Insurance Authority (NHIA).

In 2011, NHIA engaged a group of consultants to review the list of G-DRGs and revise the tariff rates. A very comprehensive review was conducted involving all stakeholders and taking feedback from nearly 200 providers across Ghana, a representative group of clinical experts and NHIA during 2011 and 2012 to revise the G-DRG list as well as recalculating tariffs for each G-DRG based on current costs and practice patterns.

This operational manual update's and introduces all the changes and new G-DRGs developed in this review process.

Details of services at each level of health care provision

Annex C shows the list of all diseases covered and the levels of care that they are usually managed. NHIA recognizes that there could be situations in which certain diseases could be managed at lower level because of availability of local expertise and facilities. For example, certain primary care health facilities may be able to manage complex orthopaedic or eye care cases, which are classified only under tertiary care hospitals. Therefore, to facilitate this, tariffs have been developed for such G-DRGs at lower-level facilities as well.

How were the Ghana Diagnostic Related Groupings made?

The Ghana DRGs (G-DRGs) was produced by first sorting the list of primary diagnoses (from ICD-10) commonly found in Ghana, which were determined to be covered by the NHIS by the Tariff Review Committee, into **Major Diagnostic Categories** (MDCs) by the specialties of:

- Adult Medicine
- Paediatrics
- Adult Surgery
- Paediatric Surgery
- Ear, Nose and Throat
- Obstetrics and Gynaecology
- Dental
- Ophthalmology

For each MDC, diagnoses were further grouped into those that needed an operation or a procedure for treatment and those that did not. Those that needed an operation or procedure for treatment were further grouped by the major organ system and then the complexity and type of procedures that were performed. Similarly, those that did not need surgical/operative intervention were further grouped based on the primary diagnosis. Further groupings were made by considering the similarities of health resource use and finally the cost of providing health care to patients with those diagnoses.

Figure 1 is a diagrammatic representation of the grouping process.

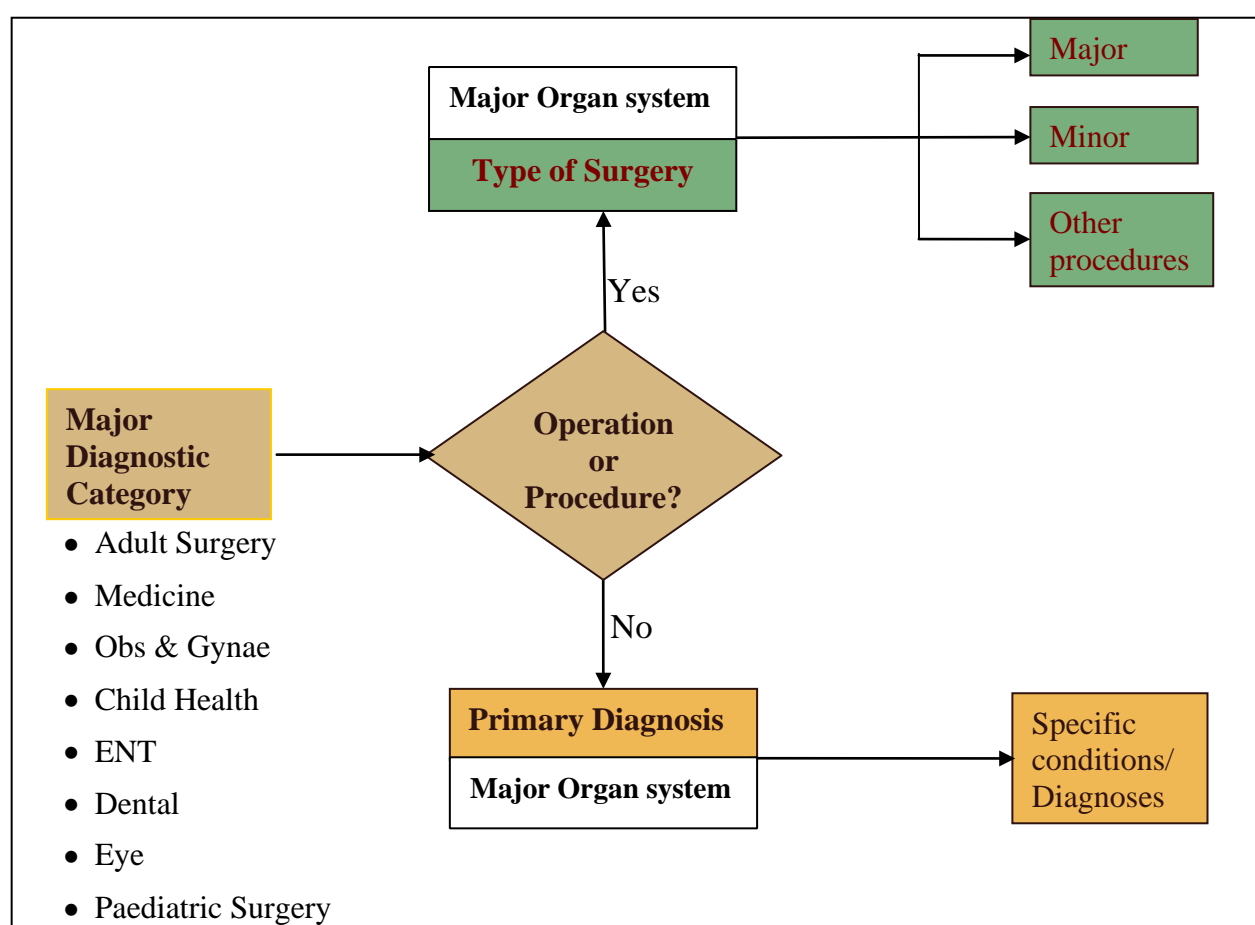
In this way, the G-DRGs have the following characteristics:

- A manageable number of DRGs, which capture most common diseases seen in Ghanaian health facilities.
- A total of 629 G-DRGs compared to the 10,000+ ICD-10 entities.
- Each G-DRG has diagnoses with similar clinical features and is therefore clinically coherent.

- Each G-DRG contains diagnoses needing similar health resources and therefore has comparable cost implications.

The revision in 2012 builds on the existing grouper. This has involved a review from clinical experts after considering NHIA, scheme administrators and provider feedback, and the tariffs are modified in line with that. Where the feedback identified conditions that needed to be reassigned or new conditions becoming more prevalent that needed to be included or where some existing subgroups required to be merged, then those modifications have been incorporated.

Figure 1 Algorithm for determining Ghana Diagnostic Related Groupings (G-DRGs)



The Tariff Development Process

Service coverage Services covered by the Tariff

The NHIS tariff is payable to all healthcare providers (HCPs) registered with the NHIS across the country. These include Community-based Health Planning and Services (CHPS), Health Centres, Primary care hospitals, Polyclinics or Sub-metro Hospitals, Quasi-Government

Hospitals, Private Hospitals, Clinics and Maternity Homes, Secondary care hospitals and Tertiary care hospitals.

The tariff covers outpatient services, inpatient services, ancillary services such as physiotherapy and catering, and diagnostic services as specified in LI 1809 Schedule II Part I. It covers healthcare specialised areas such as Child Health (Paediatrics), General Adult Surgery, Paediatric Surgery, Ear, Nose and Throat, Orthopaedics, Accidents and Emergencies, General (Adult) Medicine, Maternal services, Gynaecology, Maxillo -facial dental care and Eye care. It also includes surgical operations, medical diagnostic and therapeutic procedures. In the current revision, cost of selected implants in orthopaedic surgery and intra ocular lenses in cataract surgery are also included.

Services not covered by the Tariff

The tariff does not include all those conditions and services listed in LI 1809 Schedule II Part II as exclusions.

The tariff does not include costs of drugs, direct, indirect and overhead costs of pharmacy and any other costs related to drugs/medicines. It, however, includes costs of equipment and consumables used to administer drugs such as syringes, syringe pump, infusion burettes, needles, cannula, etc. as these are consumables used directly in patient care.

Patient transport services are not included in the present tariff. Thus, ambulance transport from one HCP to another on referral is not presently covered.

Gate Keeper Principle

LI 1809 Schedule I, Part I, accessing services, states:

(1) The first point of attendance, except in cases of emergency, shall be a primary healthcare facility, which includes Community-based Health Planning and Services (CHPS), Health Centres, Primary care hospitals, Polyclinics or Sub-metro Hospitals, Quasi-Government Hospitals, Private Hospitals, Clinics and Maternity Homes.

In localities where the only health facility is a primary care hospital, the general outpatient department shall be considered as a primary healthcare facility.

All healthcare services provided in primary care facilities shall be paid for by the District Mutual Health Insurance Schemes (DMHIS) in their service area.

In cases where the services are not available, all referred cases other than those in the Exclusion List shall be paid for by DMHIS.

Emergencies shall be attended to at any health facility.

A **gatekeeper principle** is therefore followed which means that the scheme is accessed only through the primary care level (i.e., health services at the primary care level) and access to the higher levels is only by referral from the primary and other appropriate levels. The accreditation level of care therefore determines the type of services provided for each specialty and the tariff paid. Healthcare providers will be reimbursed only for the services they provide which are listed for their levels. Strict adherence to this principle is important and beneficial for all - patients, HCPs and the NHIS. Regional and Tertiary care hospitals should concentrate on the more complex diseases and reduce the overcrowding that occurs at their premises and therefore improve quality of care.

The Goal and Structure of the G-DRG Tariff

The goal of the present payment methodology/tariff is to:

- Provide reimbursement for full costs of services rendered.
- Give healthcare providers incentives to provide services efficiently. Full payment means HCPs retain all the benefits of increased efficiency, although they bear the burden if costs are above payment rates.
- Make payment more predictable, understandable and simpler for HCPs and District Mutual Scheme Managers to the greatest extent possible.
- Increase fairness among HCPs by paying them similar amounts for similar services.

Tariff Structure

The tariff structure is as shown below:

Inpatient	Outpatient
Admission spell	Illness Episode – Attendance
Tariff for: All admissions All-inclusive bundled for all services provided to inpatients. Day case and in patient procedures combined Different tariff for children and adults	Tariff for: All OPD attendance by specialty One tariff for new and follow-ups All-inclusive bundled tariff Unbundled tariff for health facilities that do not provide all services. Different tariff for children and adults

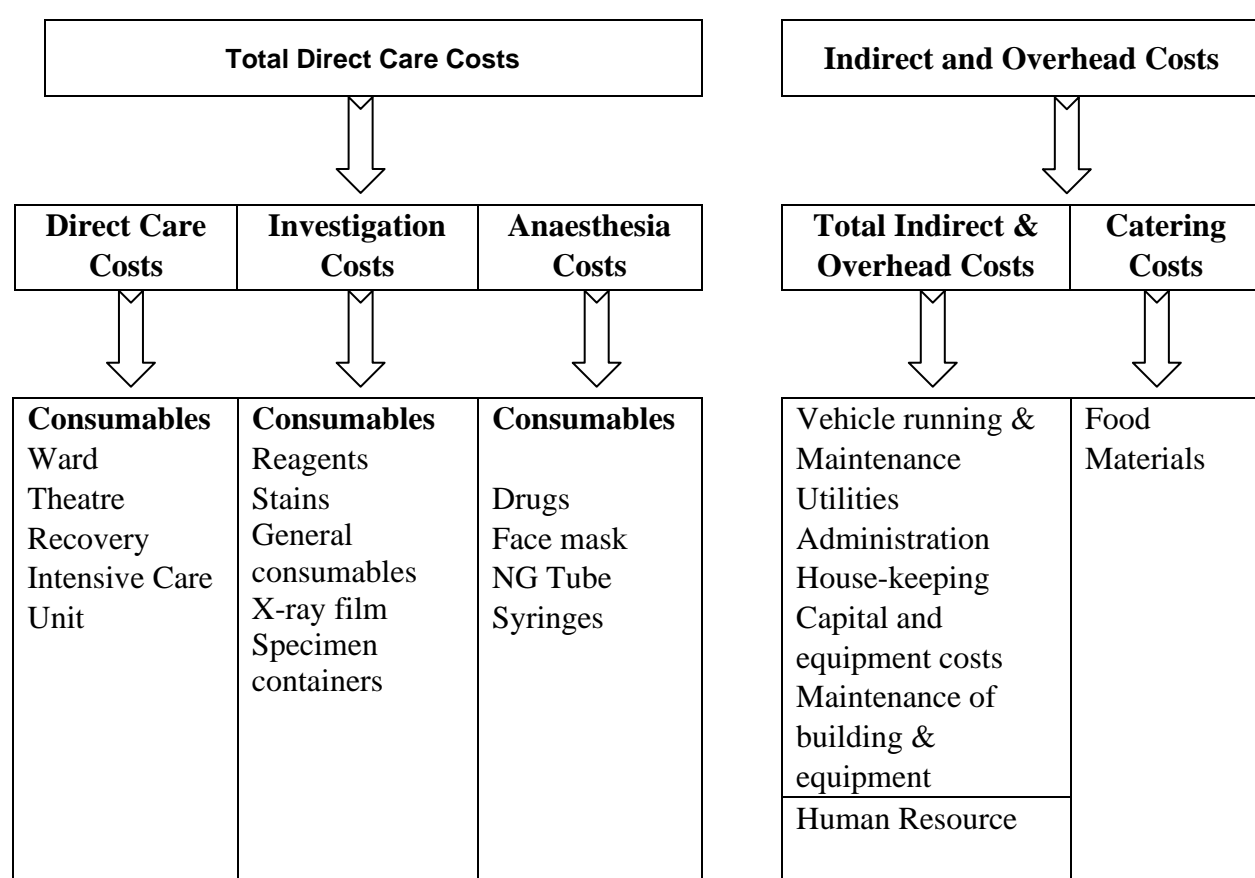
The tariff consists of the estimated direct and indirect costs of providing various services to each patient depending on the patients G-DRG and level of care.

Level of Health Care and the Tariff

The tariff structure recognises the different levels of care in Ghana: Primary, Secondary and Tertiary levels. The tariffs have been developed separately for each level of healthcare. It recognizes the different level of case mix or disease severity experienced at different levels as well as the differences in indirect and overhead costs of health care at each level. For example, tertiary care centres would get a higher proportion of more complex and severe patients for the same diagnosis or procedure than lower-level facilities. Thus, the tariff calculation incorporates the severity and utilization mix appropriately.

Components of the Tariff

The components of costs reimbursed by the tariff are as summarised below:



Direct costs (DCs) are those costs incurred in providing direct service to the patient depending on the diagnosis and/or procedure performed (i.e. the G-DRG). The DCs consist of:

Investigations: These are the cost of all investigations to diagnose, monitor and manage the condition.

Consumable and other disposable costs: These are the costs of items used in the direct care of the patient. They include gloves, syringes, etc., laboratory reagents and stains, and diagnostic imaging consumables such as x-rays, barium meal, etc. For anaesthesia, this also includes all anaesthetic drugs and infusions, including blood transfusion, used during and after operations.

DCs are incurred in the following areas:

- Outpatients' department (OPD)
- Wards – various
- Diagnostic services – pathology, haematology, bacteriology, blood bank/transfusion, imaging diagnostics etc.
- Theatre and recovery wards, intensive care units, neonatal intensive care units and high dependency units
- Other procedures or investigation units such as endoscopy suites, treatment and dressing rooms, procedure rooms, ECG, EEG, hearing tests etc.

Note that mortuary and post-mortem services are not included

The type and number of diagnostic tests for each patient on admission are considered for each G-DRG. These are determined based on the National Treatment Guidelines and expert opinion of good medical practice. For example, a patient with Acute Renal Failure without dialysis on a medical ward (at secondary and tertiary level care) is determined to have a basic medical investigation package of full blood count, blood urea, electrolytes and creatinine (BUE&Cr), liver function test, chest x-ray, routine urine examination, abdominal and pelvic ultrasound, plus 3 repeat BUE&Cr to monitor progress.

Indirect costs are those, which cannot be attributable to a particular patient but can be shared by several patients. Examples are costs of cleaning a ward, laundry, and materials such as thermometers etc. used for all patients.

Overhead costs are the costs of running and maintaining the health facility or unit/department thereof. They include human resource costs, vehicle running and maintenance costs, utilities, planning, administration, finance and the general maintenance of building, grounds and the cost of capital (rent, new building or building replacement costs) and equipment.

The total overhead and indirect cost are made up of the sum of the overhead and indirect costs of the entire service area utilised in providing service for the G-DRG. For example, the total indirect and overhead cost for G-DRG MEDI18, Ischaemic Heart disease, admitted on the medical ward is made up of the indirect and overhead costs of:

Service Areas

Medical Wards

Intensive care Unit

Laboratory

Radiology

Those for G-DRG ASUR01, Operations of thyroid and parathyroid glands, are:

Service Areas

Surgical Wards

Laboratory

Radiology

Surgical Theatre

The indirect and overhead costs for each service area have been aggregated on a patient per day cost basis and allocated based on the expected length of stay for that medical admission or surgery.

Catering is not provided by all HCPs. Thus, catering costs are only reimbursed to those HCPs that provide catering. Tariffs have been set inclusive and exclusive of catering for each level of healthcare.

Availability and Use of Diagnostic Service

The tariff took into consideration the availability of diagnostic services at each level of healthcare; higher levels of healthcare have in general more facilities for investigations than lower levels. For example, a patient with cerebro-vascular accident (G-DRG MEDI14) will not have a CT scan from Primary care hospitals while this might be available at the Tertiary care hospital. Ghana provider accreditation system has been used to define this. The tariffs for a primary care hospital include all the investigations that they are accredited to perform except the Cardio and Craniotomy DRGs.

The tariff also took into consideration that not all patients with the same G-DRG will require or be provided with certain investigations. For example, not all cerebro-vascular accidents at the Tertiary care hospital will undergo a CT scan. However, in line with good medical practice, certain basic investigative procedures, depending on the specialty or MDC, were considered for each illness episode. For example, all surgical patients who undergo surgery under general anaesthesia (GA) are charged for a basic investigation package required for GA. On top of this basic package are costs for investigations needed to diagnose the disease and to monitor progress pre- and post-operation.

Government Support to Healthcare Providers and the Tariff

The tariff recognises the differential Government support to various HCPs. The tariff reimburses the full cost of service provision for those HCPs that do not have any Government of Ghana (GoG) support and for those that have GoG support, the full cost less of that support.

HCPs that have GoG support are:

- All public health facilities under the MOH (Ghana Health Service and Tertiary care hospitals).
- CHAG hospitals, health centres and clinics
- Quasi-Government health institutions

For the HCPs supported by GoG, the tariff does not include the following:

HCP	Cost not included in tariff
GHS and Tertiary care hospitals	All Human Resource (HR) on GoG pay roll. HR on IGF is included in tariff. Capital and Equipment costs
CHAG health facilities	All Human Resource (HR) on GoG pay roll. HR on IGF is included in tariff.
Quasi-Government health facilities ⁸	All Human Resource (HR) on GoG pay roll. HR on IGF is included in tariff. Capital and Equipment costs

⁸ There are two sub-groups of institutions in this group: one that is owned by, and part financed by the GoG and another one that is publicly owned or partly owned by the state but do not receive direct support for the GoG. The current tariff treats all quasi-government facilities in the same manner as public health care facilities at the same level.

ANNEX B

GHANA DIAGNOSTIC RELATED GROUPING TABLES

ANNEX B: G-DRG Tables by MDC

Introduction

This file/booklet contains a set of tables of lists of full Ghana Diagnostic Related Groupings (G-DRGs) compiled according to the Major Diagnostic Categories (MDCs) that is medical specialties.

Purpose

The purpose of this file/ booklet is to enable users to be able to determine the full G-DRG for each patient rendered service. This information is needed to fill in the claim form and to find the appropriate tariff. To find the tariff, the user must refer to the tariff file/ booklet.

Tables

The tables are divided into the major Diagnostic Categories (MDCs), that is, according to their specialties. This is to enable quick search for the information contained in the file- look for the disease information in the table of the specialty that looked after the patient.

The tables consist of the names of the G-DRGs and their respective codes. To find the G-DRG, look for the name of the G-DRG from the Group to Code table. Find the G-DRG that ends in “A” for an adult or ends in “C” for a child.

ADULT SURGERY

GDRG Code	Core Ghana Diagnostic Related Grouping
00ASUR01A	Operations of thyroid & parathyroid glands >=12 Yrs
00ASUR02A	Surgery for lung and bronchus lesions >=12 Yrs
00ASUR03A	Thoracostomy and chest tube insertion >=12 Yrs
00ASUR04A	Operations on the oesophagus and diaphragm >=12 Yrs
00ASUR05A	Excision of Neck Swellings >=12 Yrs
00ASUR06A	Laparotomy for solid organ Surgery >=12 Yrs
00ASUR07A	Laparotomy for Gastric Surgery >=12 Yrs
00ASUR08A	Laparotomy for peritonitis >=12 Yrs
00ASUR09A	Endoscopic surgery for bleeding esophageal varices >=12 Yrs
00ASUR10A	Laparotomy and Small Bowel Resection >=12 Yrs
00ASUR11A	Laparotomy and colon resection >=12 Yrs
00ASUR12A	Laparotomy for Colostomy or Ileostomy >=12 Yrs
00ASUR13A	Laparotomy and AP Resection >=12 Yrs
00ASUR14A	Percutaneous Ultrasound Guided Drainage of lesions >=12 Yrs
00ASUR15A	Operations on Anus >=12 Yrs
00ASUR16A	Laparotomy and drainage of liver >=12 Yrs
00ASUR17A	Laparotomy for biliary surgery >=12 Yrs
00ASUR18A	Laparotomy and Pancreatic Surgery >=12 Yrs
00ASUR19A	Internal Hernia Repair >=12 Yrs
00ASUR20A	External Hernia Repair >=12 Yrs
00ASUR21A	Operations on the urethra >=12 Yrs
00ASUR22A	Surgery on scrotum & tunica vaginalis >=12 Yrs
00ASUR23A	Mastectomy >=12 Yrs
00ASUR24A	Vascular surgery operations >=12 Yrs
00ASUR25A	Stripping and Ligation of veins >=12 Yrs
00ASUR27A	Emergency circumcision >=12 Yrs
00ASUR28A	Genitourinary surgery >=12 Yrs
00ASUR29A	Craniotomy >=12 Yrs
00ASUR30A	General Surgery Excision Biopsy >=12 Yrs
00ASUR31A	Incision, Drainage and Debridement - General Surgery >=12 Yrs
00ASUR32A	Closure of colostomy and ileostomy >=12 Yrs
00ASUR33A	Laparotomy and Porto-caval Shunt >=12 Yrs
00ASUR34A	Conservative management of surgery
00ASUR35A	Surgery for removal of finger or toe
00ASUR36A	Surgery for amputation of hand or foot (through or below ankle/wrist joint)
00ASUR37A	Amputation below, above or through elbow or knee or the complete removal of limb

DENTAL

GDRG Code	Core Ghana Diagnostic Related Grouping
00DENT01A	Forceps Extraction of Tooth >=12 Yrs
00DENT01C	Forceps Extraction of Tooth <12 Yrs
00DENT02A	Surgical Removal of Tooth >=12 Yrs
00DENT03A	Temporary Filling >=12 Yrs
00DENT03C	Temporary Filling <12 Yrs
00DENT04A	Amalgam Filling >=12 Yrs
00DENT04C	Amalgam Filling <12 Yrs
00DENT05A	Composite/GI Filling >=12 Yrs
00DENT05C	Composite/GI Filling <12 Yrs
00DENT06A	Scaling & Polishing >=12 Yrs
00DENT06C	Scaling & Polishing <12 Yrs
00DENT07A	Gingivectomy >=12 Yrs
00DENT07C	Gingivectomy <12 Yrs
00DENT08A	Root Canal Therapy - Single Root (RCT) >=12 Yrs
00DENT08C	Root Canal Therapy - Single Root (RCT) <12 Yrs
00DENT09A	Apicectomy >=12 Yrs
00DENT09C	Apicectomy <12 Yrs
00DENT10A	Incision and Drainage (I & D) of Oro-Facial Abscess >=12 Yrs
00DENT10C	Incision and Drainage (I & D) of Oro-Facial Abscess <12 Yrs
00DENT11A	Surgical Excision of Intraoral Lesions >=12 Yrs
00DENT11C	Surgical Excision of Intraoral Lesions <12 Yrs
00DENT12A	Curettage/Sequestrectomy of Facial Bone >=12 Yrs
00DENT12C	Curettage/Sequestrectomy of Facial Bone <12 Yrs
00DENT13A	Removal of Stone from Salivary Duct >=12 Yrs
00DENT13C	Removal of Stone from Salivary Duct <12 Yrs
00DENT14A	Sialoadenectomy >=12 Yrs
00DENT14C	Sialoadenectomy <12 Yrs
00DENT15A	Suturing of Lacerations of Facial Region >=12 Yrs
00DENT15C	Suturing of Lacerations of Facial Region <12 Yrs
00DENT16A	Dressing of Open Facial Wounds >=12 Yrs
00DENT16C	Dressing of Open Facial Wounds <12 Yrs
00DENT17A	Frenectomy/Frenotomy >=12 Yrs
00DENT17C	Frenectomy/Frenotomy <12 Yrs
00DENT18A	Partial Resection of Facial Bones or Soft Tissues >=12 Yrs
00DENT18C	Partial Resection of Facial Bones or Soft Tissues <12 Yrs
00DENT19A	Total Resection of Facial Bones and Soft Tissues >=12 Yrs
00DENT19C	Total Resection of Facial Bones and Soft Tissues <12 Yrs
00DENT20A	Closed Reduction of Fractures of Facial Bones (IMF) >=12 Yrs
00DENT20C	Closed Reduction of Fractures of Facial Bones (IMF) <12 Yrs
00DENT21A	Open Reduction of Facial Fractures >=12 Yrs
00DENT21C	Open Reduction of Facial Fractures <12 Yrs

00DENT22A	Removal of Dental Wiring >=12 Yrs
00DENT22C	Removal of Dental Wiring <12 Yrs
00DENT23A	Manual Reduction of TMJ Dislocation >=12 Yrs
00DENT23C	Manual Reduction of TMJ Dislocation <12 Yrs
00DENT24A	Dental Examination (Medical Management) >=12 Yrs
00DENT24C	Dental Examination (Medical Management) <12 Yrs

ENT

GDRG Code	Core Ghana Diagnostic Related Grouping
00ENTH01A	Excision and biopsy of swellings of ear, nose and throat >=12 Yrs
00ENTH01C	Excision and biopsy of swellings of ear, nose and throat <12 Yrs
00ENTH02A	Surgery for external ear lesions >=12 Yrs
00ENTH02C	Surgery for external ear lesions <12 Yrs
00ENTH05A	Surgery for internal ear lesions >=12 Yrs
00ENTH05C	Surgery for internal ear lesions <12 Yrs
00ENTH06A	Reconstructive Surgery of ear >=12 Yrs
00ENTH06C	Reconstructive Surgery of ear <12 Yrs
00ENTH07A	Sinus Surgery >=12 Yrs
00ENTH07C	Sinus Surgery <12 Yrs
00ENTH08A	Surgery of tonsils and adenoids >=12 Yrs
00ENTH08C	Surgery of tonsils and adenoids <12 Yrs
00ENTH09A	Surgery of Salivary Glands >=12 Yrs
00ENTH09C	Surgery of Salivary Glands <12 Yrs
00ENTH10A	Laryngectomy >=12 Yrs
00ENTH10C	Laryngectomy <12 Yrs
00ENTH12A	Excision and Reconstruction of Oro- and Naso-pharynx >=12 Yrs
00ENTH12C	Excision and Reconstruction of Oro- and Naso-pharynx <12 Yrs
00ENTH13A	Examination under anaesthesia and removal of foreign body in Ear, Nose and Throat >=12 Yrs
00ENTH13C	Examination under anaesthesia and removal of foreign body in Ear, Nose and Throat <12 Yrs
00ENTH14A	Incision and Drainage of Abscess of ear, nose and throat >=12 Yrs
00ENTH14C	Incision and Drainage of Abscess of ear, nose and throat <12 Yrs
00ENTH15A	Manipulation and reduction of fractured nasal bone >=12 Yrs
00ENTH15C	Manipulation and reduction of fractured nasal bone <12 Yrs
00ENTH16A	Specific nasal surgery >=12 Yrs
00ENTH16C	Specific nasal surgery <12 Yrs
00ENTH17A	Arterial Ligation for Epistaxis >=12 Yrs
00ENTH17C	Arterial Ligation for Epistaxis <12 Yrs
00ENTH18A	Surgery for trauma to ear, nose, throat >=12 Yrs
00ENTH18C	Surgery for trauma to ear, nose, throat <12 Yrs
00ENTH19A	Excision biopsy of swellings of neck >=12 Yrs

00ENTH19C	Excision biopsy of swellings of neck <12 Yrs
00ENTH20A	ENT OPD Procedures >=12 Yrs
00ENTH20C	ENT OPD Procedures <12 Yrs
00ENTH21A	Vestibulometry >=12 Yrs
00ENTH21C	Vestibulometry <12 Yrs
00ENTH22A	Evoked response audiometry >=12 Yrs
00ENTH22C	Evoked response audiometry <12 Yrs
00ENTH23A	Antral Lavage under Local Anaesthesia >=12 Yrs
00ENTH23C	Antral Lavage under Local Anaesthesia <12 Yrs
00ENTH24A	Endoscopic ENT Surgery >=12 Yrs
00ENTH24C	Endoscopic ENT Surgery <12 Yrs

MEDICAL

GDRG Code	Core Ghana Diagnostic Related Grouping
00MEDI01A	Thyroid Diseases >=12 Yrs
00MEDI02A	Diabetes – Simple >=12 Yrs
00MEDI03A	Diabetes – Complicated >=12 Yrs
00MEDI04A	Other Endocrine Diseases >=12 Yrs
00MEDI05A	Malnutrition >=12 Yrs
00MEDI06A	Anaemia >=12 Yrs
00MEDI07A	Heart Disease >=12 Yrs
00MEDI08A	Poisoning >=12 Yrs
00MEDI10A	Non-Traumatic Coma >=12 Yrs
00MEDI11A	Paralytic Conditions >=12 Yrs
00MEDI12A	Seizure Disorders >=12 Yrs
00MEDI13A	Transient Loss of Consciousness >=12 Yrs
00MEDI14A	Cerebro Vascular Accident/Stroke >=12 Yrs
00MEDI15A	Bone Marrow Hypoplasia >=12 Yrs
00MEDI16A	Sickle Cell Disease with Complication/Crisis >=12 Yrs
00MEDI17A	Clotting/Bleeding Disorders >=12 Yrs
00MEDI18A	Diseases of Skin/Subcutaneous Tissues >=12 Yrs
00MEDI19A	Kidney Disease without Renal Failure >=12 Yrs
00MEDI20A	Renal Failure without Dialysis >=12 Yrs
00MEDI21A	Acute Renal Failure with Dialysis >=12 Yrs
00MEDI22A	Obstructive Airway Disease >=12 Yrs
00MEDI23A	Diarrhoea and Vomiting >=12 Yrs
00MEDI24A	Liver Diseases >=12 Yrs

00MEDI25A	Gastrointestinal Tract Bleeding >=12 Yrs
00MEDI26A	Non-Specific Abdominal Conditions >=12 Yrs
00MEDI27A	Shock >=12 Yrs
00MEDI28A	Malaria >=12 Yrs
00MEDI29A	Black Water Fever >=12 Yrs
00MEDI30A	Systemic Infections >=12 Yrs
00MEDI31A	Localised Infections >=12 Yrs
00MEDI32A	Hypertension >=12 Yrs
00MEDI33A	Ischaemic Heart Disease >=12 Yrs
00MEDI34A	Pulmonary Embolism >=12 Yrs
00MEDI35A	Ulcer of Skin >=12 Yrs
00MEDI36A	Alcoholism >=12 Yrs
00MEDI37A	Animal Bites >=12 Yrs
00MEDI38A	Retroviral Infection/Immuno Suppression >=12 Yrs
00MEDI39A	Chemotherapy
00MEDI40A	Radiotherapy
<u>00MEDI41A</u>	Cerebral malaria >=12 yrs

OBSTETRICS & GYNAECOLOGY

GDRG Code	Core Ghana Diagnostic Related Grouping
00OBY01A	Gynaecological Laparotomy
00OBY02A	Diagnostic Laparoscopy
00OBY03A	Operative Laparoscopy
00OBY04A	Culdcentesis/Culdotomy
00OBY05A	Cauterization
00OBY06A	MVA/EQU
00OBY07A	Suction Curettage
00OBY08A	Manual Removal of Placenta
00OBY09A	Expectant management/Medical Treatment in Obstetrics and Gynaecology
00OBY10A	Marsupialization of Bartholins gland
00OBY11A	Excision of genital lesions
00OBY12A	Incision and drainage in Gynaecology Cases
00OBY13A	Pelvic Floor Repair - Simple
00OBY14A	Vaginal Hysterectomy
00OBY15A	Repair of Enterocoele
00OBY16A	Vaginal Pessary Insertion
00OBY17A	Colpocleisis
00OBY18A	Fistula Repair - Simple
00OBY19A	Fistula Repair - Complex

00OBY20A	Abdominal Hysterectomy
00OBY21A	Perineal repair - Complex
00OBY22A	Pelvic Floor Repair - Complex
00OBY23A	Colposcopy and Biopsy
00OBY24A	Partial Vaginectomy
00OBY25A	Polypectomy (Avulsion)
00OBY26A	Hysteroscopy
00OBY27A	Correction of Malposition of Uterus
00OBY28A	Vulvectomy
00OBY29A	Instrumental delivery
00OBY30A	Internal Podalic Version with Breech Extraction
00OBY31A	Destructive Delivery
00OBY32A	Caesarean Section
00OBY34A	Spontaneous Vaginal Delivery with or without Episiotomy
00OBY35A	Cervical Cerclage suture
00OBY36A	Myomectomy
00OBY38A	Post-Partum Haemorrhage
00OBY39A	Wertheims Operation
00OBY40A	Eclampsia

OPHTHALMOLOGY

GDRG Code	Core Ghana Diagnostic Related Grouping
00OPHT01A	Enucleation >=12 Yrs
00OPHT01C	Enucleation <12 Yrs
00OPHT02A	Evisceration >=12 Yrs
00OPHT02C	Evisceration <12 Yrs
00OPHT03A	Removal of superficial foreign body >=12 Yrs
00OPHT03C	Removal of superficial foreign body <12 Yrs
00OPHT04A	Removal of intraocular foreign body >=12 Yrs
00OPHT04C	Removal of intraocular foreign body <12 Yrs
00OPHT05A	Removal of intraorbital foreign body >=12 Yrs
00OPHT05C	Removal of intraorbital foreign body <12 Yrs
00OPHT06A	Eyelid surgery >=12 Yrs
00OPHT06C	Eyelid surgery <12 Yrs
00OPHT07A	Scleral and Corneal surgery >=12 Yrs
00OPHT07C	Scleral and Corneal surgery <12 Yrs
00OPHT08A	Anterior chamber washout >=12 Yrs
00OPHT08C	Anterior chamber washout <12 Yrs

00OPHT09A	Glaucoma surgery >=12 Yrs
00OPHT09C	Glaucoma surgery <12 Yrs
00OPHT10A	Cataract surgery >=12 Yrs
00OPHT10C	Cataract surgery <12 Yrs
00OPHT11A	Strabismus surgery >=12 Yrs
00OPHT11C	Strabismus surgery <12 Yrs
00OPHT12A	Incision and curettage of eyelid >=12 Yrs
00OPHT12C	Incision and curettage of eyelid <12 Yrs
00OPHT13A	Reconstructive surgery of eyelid >=12 Yrs
00OPHT13C	Reconstructive surgery of eyelid <12 Yrs
00OPHT14A	Nasolacrimal drainage system surgery >=12 Yrs
00OPHT14C	Nasolacrimal drainage system surgery <12 Yrs
00OPHT15A	Incision and drainage of abscesses >=12 Yrs
00OPHT15C	Incision and drainage of abscesses <12 Yrs
00OPHT16A	Examination under anaesthesia >=12 Yrs
00OPHT16C	Examination under anaesthesia <12 Yrs
00OPHT17A	Uveitis Management
00OPHT18A	Cataract Surgery with Implants >=12 Yrs

ORTHOPAEDICS

GDRG Code	Core Ghana Diagnostic Related Grouping
00ORTH01A	Bandaging / Cast Application >=12 Yrs
00ORTH01C	Bandaging / Cast Application <12 Yrs
00ORTH02A	Bone Biopsy >=12 Yrs
00ORTH02C	Bone Biopsy <12 Yrs
00ORTH03A	Bone Graft >=12 Yrs
00ORTH03C	Bone Graft <12 Yrs
00ORTH04A	Closed Reduction and Splintage of Fractures and Joints >=12 Yrs
00ORTH04C	Closed Reduction and Splintage of Fractures and Joints <12 Yrs
00ORTH05A	Debridement and Suturing >=12 Yrs
00ORTH05C	Debridement and Suturing <12 Yrs
00ORTH06A	Dressing and Minor Suturing >=12 Yrs (Tariff not available from 2015)
00ORTH06C	Dressing and Minor Suturing <12 Yrs (Tariff not available from 2015)
00ORTH07A	Excision of Soft Tissue Lumps >=12 Yrs
00ORTH07C	Excision of Soft Tissue Lumps <12 Yrs
00ORTH08A	External Fixation >=12 Yrs

00ORTH08C	External Fixation <12 Yrs
00ORTH09A	Fasciotomy >=12 Yrs
00ORTH09C	Fasciotomy <12 Yrs
00ORTH10A	Hemi-Arthroplasty >=12 Yrs
00ORTH10C	Hemi-Arthroplasty <12 Yrs
00ORTH11A	Incision and Drainage of Abscesses >=12 Yrs
00ORTH11C	Incision and Drainage of Abscesses < 12 Yrs
00ORTH12A	Internal Fixation of Fractures >=12 Yrs
00ORTH12C	Internal Fixation of Fractures <12 Yrs
00ORTH14A	Major Surgery of Joints >=12 Yrs
00ORTH14C	Major Surgery of Joints <12 Yrs
00ORTH15A	Minor Surgery of Joints >=12 Yrs
00ORTH15C	Minor Surgery of Joints <12 Yrs
00ORTH16A	Nail Avulsion >=12 Yrs
00ORTH16C	Nail Avulsion <12 Yrs
00ORTH17A	Open Reduction and Internal Fixation >=12 Yrs
00ORTH17C	Open Reduction and Internal Fixation <12 Yrs
00ORTH18A	Osteotomy >=12 Yrs
00ORTH18C	Osteotomy <12 Yrs
00ORTH20A	Surgery for Infected Bone >=12 Yrs
00ORTH20C	Surgery for Infected Bone <12 Yrs
00ORTH22A	Synovectomy >=12 Yrs
00ORTH22C	Synovectomy <12 Yrs
00ORTH23A	Tendon Surgery >=12 Yrs
00ORTH23C	Tendon Surgery <12 Yrs
00ORTH24A	Conservative Management of Head and Spinal Injuries >= 12 Yrs
00ORTH24C	Conservative Management of Head and Spinal Injuries < 12 Yrs
00ORTH25A	Surgery for removal of finger or toe >=12 Yrs
00ORTH25C	Surgery for removal of finger or toe < 12 Yrs
00ORTH26A	Surgery for amputation of hand or foot (through or below ankle/wrist joint) >= 12 Yrs
00ORTH26C	Surgery for amputation of hand or foot (through or below ankle/wrist joint) < 12 Yrs
00ORTH27A	Amputation below or through elbow or knee or for the complete removal of limb >=12 Yrs
00ORTH27C	Amputation below or through elbow or knee or for the complete removal of limb <12 Yrs

PAEDIATRICS

GDRG Code	Core Ghana Diagnostic Related Grouping
00PAED01C	Thyroid Diseases <12 Yrs
00PAED02C	Diabetes - Simple <12 Yrs
00PAED03C	Diabetes with Complications <12 Yrs
00PAED04C	Other Endocrine Diseases <12 Yrs
00PAED05C	Malnutrition <12 Yrs
00PAED06C	Anaemia <12 Yrs
00PAED07C	Other Neonatal Diseases
00PAED08C	Neonatal Jaundice – Severe
00PAED09C	Neonatal Jaundice – Simple
00PAED10C	Birth Weight Abnormalities
00PAED11C	Birth Trauma
00PAED12C	Neonatal Respiratory Disorders without Ventilation
00PAED13C	Neonatal Respiratory Disorders with Ventilation
00PAED14C	Neonatal Septicaemia
00PAED15C	Heart Disease <12 Yrs
00PAED16C	Poisoning <12 Yrs
00PAED18C	Non-Traumatic Coma <12 Yrs
00PAED19C	Paralytic Conditions <12 Yrs
00PAED20C	Seizure Disorders <12 Yrs
00PAED21C	Transient Loss of Consciousness <12 Yrs
00PAED22C	Cerebro Vascular Accident/Stroke <12 Yrs
00PAED23C	Bone Marrow Hypoplasia <12 Yrs
00PAED24C	Sickle Cell Disease with Complication/Crisis <12 Yrs
00PAED25C	Clotting/Bleeding Disorders <12 Yrs
00PAED26C	Diseases of Skin/Subcutaneous Tissues <12 Yrs
00PAED27C	Kidney Disease without Renal Failure <12 Yrs
00PAED28C	Renal Failure without Dialysis <12 Yrs
00PAED29C	Acute Renal Failure with Dialysis <12 Yrs
00PAED30C	Obstructive Airway Disease <12 Yrs
00PAED31C	Diarrhea and Vomiting <12 Yrs
00PAED32C	Liver Diseases <12 Yrs
00PAED33C	Gastrointestinal Tract Bleeding <12 Yrs
00PAED34C	Non-Specific Abdominal Conditions <12 Yrs
00PAED35C	Shock <12 Yrs
00PAED36C	Malaria <12 Yrs
00PAED37C	Black Water Fever <12 Yrs
00PAED38C	Severe Infections <12 Yrs
00PAED39C	Localized Infections <12 Yrs
00PAED40C	Hypertension <12 Yrs

00PAED41C	Ischemic Heart Disease <12 Yrs
00PAED42C	Pulmonary Embolism <12 Yrs
00PAED43C	Ulcer of Skin <12 Yrs
00PAED44C	Animal Bites <12 Yrs
00PAED45C	Retroviral Infection/Immuno Suppression <12 Yrs
00PAED46C	Cerebral malaria <12yrs
00PAED47C	Chemotherapy for Childhood Cancer
00PAED48C	Radiotherapy for Childhood Cancer
00PAED49C	Acute Lymphoblastic Leukaemia (Initiation Therapy)
00PAED50C	Acute Lymphoblastic Leukaemia (Maintenance Therapy)
00PAED51C	Burkitt Lymphoma
00PAED52C	Retinoblastoma
00PAED53C	Wilms Tumour

PAEDIATRIC SURGERY

GDRG Code	Core Ghana Diagnostic Related Grouping
00PSUR01C	Laparotomy and Resection <12 Yrs
00PSUR02C	Laparotomy and Excision Biopsy <12 Yrs
00PSUR03C	Laparotomy and surgery for upper renal anomalies <12 Yrs
00PSUR04C	Excision Biopsy deep masses <12 Yrs
00PSUR05C	Excision Biopsy Superficial masses <12 Yrs
00PSUR06C	Incision and Drainage GA <12 Yrs
00PSUR07C	Repair of Minor Abdominal Wall Defects <12 Yrs
00PSUR08C	Repair of Major Abdominal Wall Defects <12 Yrs
00PSUR09C	Exploratory Laparotomy <12 Yrs
00PSUR10C	Gastrostomy <12 Yrs
00PSUR11C	Laparotomy with Repair <12 Yrs
00PSUR12C	Laparotomy with Appendectomy <12 Yrs
00PSUR13C	Surgical Expectant Management <12 Yrs (Tariff not available from 2015)
00PSUR14C	Thoracotomy and oesophaesophagealy <12 Yrs
00PSUR15C	Repair of Lower Urinary Tract Malformation <12 Yrs
00PSUR16C	Repair of Congenital Genito-Urinary Malformations <12 Yrs
00PSUR17C	Surgery for anal conditions <12 Yrs
00PSUR18C	Primary Closure and Repair <12 Yrs
00PSUR19C	Laparotomy for biliary surgery <12 Yrs
00PSUR20C	Laparotomy with Separation <12 Yrs
00PSUR21C	Surgery of Scrotal contents and testes <12 Yrs

00PSUR22C	Change of Dressing <12 Yrs (Tariff not available from 2015)
00PSUR23C	Laparotomy for Haemoperitoneum <12 Yrs
00PSUR24C	Laparotomy with Enterostomy Formation and closure <12 Yrs
00PSUR25C	Posterior Sagittal Anorectoplasty (PSARP) <12 Yrs
00PSUR26C	Burns - OPD Wound Dressing <12 Yrs
00PSUR27C	Burns - Non operative Management - Inpatient <12 Yrs
00PSUR28C	Surgery for Burns <12 Yrs
00PSUR29C	Minor Surgery for Sexual Assault <12 Yrs
00PSUR30C	Major Surgery for Sexual Assault <12 Yrs
00PSUR31C	Laparotomy with anastomosis <12 Yrs
00PSUR32C	Craniotomy <12yrs
00PSUR33C	Endoscopic surgery for bleeding oesophageal varices <12 Yrs
00PSUR34C	Thoracostomy and chest tube insertion <12 Yrs
00PSUR35C	Vascular surgery operations <12 Yrs
00PSUR36C	Conservative management of surgery <12 Yrs
00PSUR37C	Surgery for removal of finger or toe
00PSUR38C	Surgery for amputation of hand or foot (through or below ankle/wrist joint)
00PSUR39C	Amputation below or through elbow or knee or for the complete removal of limb

RECONSTRUCTIVE SURGERY

GDRG Code	Core Ghana Diagnostic Related Grouping
00RSUR01A	Reconstructive repair >=12 Yrs
00RSUR01C	Reconstructive repair <12 Yrs
00RSUR02A	Shaving and Skin Grafting >=12 Yrs
00RSUR02C	Shaving and Skin Grafting <12 Yrs
00RSUR03A	Excisional Debridement and Dressing >=12 Yrs
00RSUR03C	Excisional Debridement and Dressing <12 Yrs
00RSUR04A	Excisional Debridement with Suturing >=12 Yrs
00RSUR04C	Excisional Debridement with Suturing <12 Yrs
00RSUR05A	Excisional Debridement with Skin Grafting >=12 Yrs
00RSUR05C	Excisional Debridement with Skin Grafting <12 Yrs
00RSUR06A	Excisional Debridement with Flap Reconstruction >=12 Yrs
00RSUR06C	Excisional Debridement with Flap Reconstruction <12 Yrs
00RSUR07A	Excision Biopsy >=12 Yrs
00RSUR07C	Excision Biopsy <12 Yrs
00RSUR08A	Escharotomy >=12 Yrs

00RSUR08C	Escharotomy <12 Yrs
00RSUR09A	Z-plasty >=12 Yrs
00RSUR09C	Z-plasty <12 Yrs
00RSUR10A	Corrective Osteotomy >=12 Yrs
00RSUR10C	Corrective Osteotomy <12 Yrs
00RSUR11A	Reconstruction >=12 Yrs
00RSUR11C	Reconstruction <12 Yrs
00RSUR12A	Release/Excision and Split Skin Grafting >=12 Yrs
00RSUR12C	Release/Excision and Split Skin Grafting <12 Yrs
00RSUR13A	Release/Excision and Full thickness skin graft >=12 Yrs
00RSUR13C	Release/Excision and Full thickness skin graft <12 Yrs
00RSUR14A	Debulking >=12 Yrs
00RSUR14C	Debulking <12 Yrs
00RSUR15A	Primary Suturing >=12 Yrs
00RSUR15C	Primary Suturing <12 Yrs

ZOOM (CROSS MDCs)

GDRG Code	Core Ghana Diagnostic Related Grouping
00ZOOM01A	Endoscopy (Rigid & Flexible) >=12 Yrs
00ZOOM01C	Endoscopy (Rigid & Flexible) <12 Yrs
00ZOOM02A	Detention for Observation and Treatment – Adult
00ZOOM02C	Detention for Observation and Treatment – Child
00ZOOM03A	Inpatient transfer out/Referral- Adult
00ZOOM03C	Inpatient transfer out/Referral- Adult
00ZOOM04A	Change of Catheter >=12 Yrs
00ZOOM04C	Change of Catheter < 12 Yrs
00ZOOM05A	Change of Dressing >=12 Yrs
00ZOOM05C	Change of Dressing < 12 Yrs
00ZOOM06A	Male Circumcision >=12 Yrs
00ZOOM06C	Male Circumcision <=12 Yrs
00ZOOM07A	Dressing And Minor Suturing >=12 Yrs
00ZOOM07C	Dressing And Minor Suturing <=12 Yrs
ZOOM08A	Tubal Ligation

ZOOM09A	Vasectomy
ZOOM10A	IUD
ZOOM11A	Implant
ZOOM12A	Injectable (Three Months)
ZOOM13A	Injectable (One Month)

OUTPATIENT

GDRG Code	Core Ghana Diagnostic Related Grouping
00OPDC01A	Surgery (General, Orthopaedic & Reconstructive) - Adult
00OPDC01C	Surgery (Orthopaedic & Reconstructive) - Child
00OPDC02A	Antenatal/Postnatal
00OPDC03A	Dental Adult (without procedure)
00OPDC03C	Dental Child (without procedure)
00OPDC04A	ENT Adult (without procedure)
00OPDC04C	ENT Child (without procedure)
00OPDC05A	Eye Adult (without procedure)
00OPDC05C	Eye Child (without procedure)
00OPDC06A	General OPD – Adult
00OPDC06C	General OPD – Child
00OPDC07A	Medical (Adult)
00OPDC08A	Gynaecology
00OPDC09C	Paediatric Surgery
00OPDC10C	Paediatrics
00OPDC11A	Unbundled Consultation – Adult
00OPDC11C	Unbundled Consultation – Child
00OPDC12A	General Surgery-Adult
00OPDC13A	Physiotherapy- Adult
00OPDC13C	Physiotherapy-Child
00OPDC14A	Capitation OPD –Adult
00OPDC14C	Capitation OPD –Child

INVESTIGATIONS

GDRG Code	Name of Ghana- Diagnosis Related groupings
00INVE01D	2 Hour Post Prandial Blood Glucose
00INVE02D	24 Hr Urine for Protein
00INVE03D	Alanine Aminotransferase (ALT)
00INVE04D	Alpha Amylase (Serum/Urine)
00INVE05D	Alpha-Fetoprotein (AFP)
00INVE06D	Ap-Prothrombin Time
00INVE07D	Arterial Blood Gas (ABG)
00INVE08D	Aspartate Aminotransferase (AST)
00INVE09D	B/F for Malaria Parasites
00INVE10D	Barium Enema
00INVE11D	Barium Meal
00INVE12D	Barium Meal & Follow Through
00INVE13D	Barium Swallow
00INVE14D	Bilirubin
00INVE15D	Bleeding and Clotting Time
00INVE16D	Blood for C/S
00INVE17D	Blood Grouping
00INVE18D	Blood Grouping & Antibody Screen
00INVE19D	Blood Parasites
00INVE20D	Blood Urea
00INVE21D	Blood Urea & Electrolytes
00INVE22D	Bone Marrow - Trephine Biopsy
00INVE23D	Bone Marrow Aspirate
00INVE24D	BUE & Creatinine
00INVE25D	Carcino Embryonic Antigen (CEA)
00INVE26D	Cerebrospinal Fluid For C/S
00INVE27D	Clusters of Differentiation Cells (CD4)
00INVE28D	Coombs Test (Direct)
00INVE29D	Creatine Kinase - Mb (CK - Mb)
00INVE30D	Creatine Kinase (CK)
00INVE31D	CSF Latex Agglutination
00INVE32D	CT Scan - 1 Region + 2 Contrast

00INVE33D	CT Scan - 1 Region + 1 IV Contrast
00INVE34D	CT Scan - 1 Region + No Contrast
00INVE35D	Cystogram
00INVE36D	Cytology
00INVE37D	Digoxin Level
00INVE38D	Dihydroxy Epiandosterone Sulphate (Dhea-S)
00INVE39D	Doppler Scan
00INVE40D	Ductulogram/Galactographyy
00INVE41D	ECG
00INVE42D	Erythrocyte Sedimentation Rate (ESR)
00INVE43D	Estrogen

GDRG Code	Name of Ghana- Diagnosis Related groupings
00INVE44D	Factor IX
00INVE45D	Factor VIII
00INVE46D	Fasting Blood Sugar/Random Blood Sugar
00INVE47D	Fistulogram
00INVE48D	Follicle Stimulating Hormone (FSH)
00INVE49D	FT3
00INVE50D	FT4
00INVE51D	Full Blood Count FBC (Auto) & Film Comment
00INVE52D	Full Blood Count FBC (Automation)
00INVE53D	Full Blood Count with Film Comment (Manual)
00INVE54D	Fungal Cultures
00INVE55D	Gamma Glutamyl Transferase (GGT)
00INVE56D	Glucose-6-Phosphate Dehydrogenase (G6PD)
00INVE57D	Glycosylated Haemoglobin (HBA 1C)
00INVE58D	Haemoglobin A2 & F Estimation
00INVE59D	Haemoglobin Electrophoresis
00INVE60D	Haemoglobin Estimation (HB)
00INVE61D	HDL – Cholesterol
00INVE62D	Helicobacter Pylori Test
00INVE63D	Hepatitis B Surface Antigen (HBSAG) HBV
00INVE64D	Hepatitis B Virus Profile (HBV Profile)
00INVE65D	High Vaginal Swab for C/S
00INVE66D	High Vaginal Swab Routine Examination
00INVE67D	Histopathology

00INVE68D	Human Immunodeficiency Virus (HIV) Confirmation
00INVE69D	Human Immunodeficiency Virus (HIV) Screening
00INVE70D	Hysterosalpingogram
00INVE71D	Immunostaining
00INVE72D	Intravenous Urography
00INVE73D	LDL – Cholesterol
00INVE74D	LFT
00INVE75D	Lipid Profile
00INVE76D	Lupus Erythematosus Cell (Le Cell)
00INVE77D	Luteinizing Hormone (LH)
00INVE78D	Mammogram
00INVE79D	Miscellaneous Cultures (Fluids, Aspirates & Exudates)
00INVE80D	MRI - 1 Region + Contrast
00INVE81D	MRI - 1 Region + No Contrast
00INVE82D	Myelogram - 1 Region
00INVE83D	Oral Glucose Tolerance Test (OGTT)
00INVE84D	Orthopantomograph (OPT)
00INVE85D	Pancreatic Amylase
00INVE86D	Pap Smear/Fine Needle Aspiration
00INVE87D	Percutaneous Biopsy - CT Scan Guide
00INVE88D	Percutaneous Biopsy - Fluoroscopic Guide

GDRG Code	Name of Ghana- Diagnosis Related groupings
00INVE89D	Plain X-ray Musculoskeletal - any one region
00INVE90D	Plain X-ray Musculoskeletal - Two region
00INVE91D	Plasma Cortisol
00INVE92D	Pregnancy Test
00INVE93D	Progesterone (PROG)
00INVE94D	Prostate Specific Antigen (PSA)
00INVE95D	Prothrombin Time
00INVE96D	Reticulocyte Count (Retics)
00INVE97D	Rheumatoid Factor
00INVE98D	Routine Stool Examination
00INVE99D	Routine Urine Examination
00INVE01E	Serum Adrenocorticotrophic Hormone (ACTH)
00INVE02E	Serum Albumin

00INVE03E	Serum Alkaline Phosphatase (ALP)
00INVE04E	Serum Beta-Human Chorionic Gonadotropin (HCG)
00INVE05E	Serum Calcium
00INVE06E	Serum Creatinine
00INVE07E	Serum Electrolyte (Na ⁺ , K ⁺)
00INVE08E	Serum Ferritin
00INVE09E	Serum Iron (Fe)
00INVE10E	Serum Lactate Dehydrogenase (LDH)
00INVE11E	Serum Prolactin (PRL)
00INVE12E	Serum Total Protein
00INVE13E	Serum Triglyceride
00INVE14E	Serum Uric Acid
00INVE15E	Sialogram
00INVE16E	Sickling Test
00INVE17E	Skin Scrapping for Fungal Elements
00INVE18E	Skin Snip
00INVE19E	Stool C/S
00INVE20E	Stool For Occult Blood
00INVE21E	T3
00INVE22E	T4
00INVE23E	Testosterone
00INVE24E	Thyroid Function Test (TSH)
00INVE25E	Thyroid Profile
00INVE26E	Total Iron Binding Capacity (TIBC)
00INVE27E	Total Serum Cholesterol
00INVE28E	Trophozoite Count
00INVE29E	Troponin
00INVE30E	Ultrasound
00INVE31E	Ultrasound - 2 Regions
00INVE32E	Ultrasound Guided Incision & Drainage
00INVE33E	Urethrogram
00INVE34E	Urine C/S

GDRG Code**Name of Ghana- Diagnosis Related groupings**

00INVE35E	Urine for Bence Jones Protein
00INVE36E	Veneral Disease Research Laboratory (VDRL)
00INVE37E	Venogram - 1 Region
00INVE38E	Widal Test
00INVE100	Acid Phosphate
00INVE101	Chloride
00INVE102	Direct Bilirubin/Total Bilirubin
00INVE103	Donor Screening for HB & AG
00INVE104	Grouping/X' Matching/Unit
00INVE105	Hepatitis C screening
00INVE106	IOPA X-ray
00INVE107	Magnesium
00INVE108	NA+
00INVE109	Phosphorus
00INVE110	Platelet Count
00INVE111	Potassium
00INVE112	Renal Function Test
00INVE113	Semen Analysis
00INVE114	Total leucocyte count
00INVE115	Total Proteins Blood
00INVE116	Urine Sugar
00INVE117	VCT
00INVE118	Vitality Test
00INVE119	VLDL
00INVE120	WBC+Differential
00INVE122	Malaria Card Test (Dipstick assay/rapid card)
00INVE123	RH Typing
00INVE124	Keratometry
00INVE125	A-scan
00INVE126	Serum vitamin B12, and folate levels
00INVE129	Ultrasound biomicroscopy
00INVE130	Demonstration of Heinz bodies
00INVE132	Anti-streptolysin test
00INVE133	Viral serology
00INVE134	Calcium Infusion test
00INVE135	Pulmonary Function test
00INVE136	Pleural fluid analysis
00INVE137	Cancer antigen 19-9
00INVE138	Transhepatic cholangiography (PTC)
00INVE139	Bone Scan
00INVE140	Breast tissue Biopsy
00INVE141	C Reactive Protein

00INVE142	EEG (Electroencephalogram)
00INVE143	Holter
00INVE144	Angiography
00INVE145	Myocardial perfusion imaging
00INVE146	Guthrie test
00INVE149	Typhi Dot
00INVE150	AEC
00INVE151	Blood Sugar PP
00INVE152	Biopsy L/A
00INVE154	ASO titre
00INVE155	Gonioscopy
00INVE156	Hematocrit
00INVE157	CT Scan - 2 Region with No Contrast
00INVE158	CT Scan - 2 Region + 1 Contrast
00INVE159	CT Scan - 2 region + 2 contrast
00INVE160	MRI 2 region with no contrast
00INVE161	MRI 2 region with + contrast

ANNEX C

CODE TO GROUP TABLES

ANNEX C: Code to Group Tables

Introduction

This file contains a set of tables of lists of diagnoses, conditions and procedures, their International Classification of Diseases Revision 10(ICD10) codes, and the level of healthcare at which they can be rendered. The tables also show the relationship between the diseases, their codes and the procedures and the appropriate Ghana Disease Related Groupings (G-DRGs).

Purpose

The purpose of this file is to enable users to be able to determine the diseases that are generally covered at their level of healthcare, to determine the ICD codes quickly and to determine the core GDRG for each individual disease or procedure.

Tables

The tables are divided into the Major Diagnostic Categories (MDCs), that is, according to their specialties. This is to enable quick search for the information contained in the file- look for the disease information in the table of the specialty that looked after the patient.

The first column contains the Core G-DRG. The second column shows the name of the G-DRG and the procedures that are in that G-DRG. The third column contains the ICD-10 codes for the diseases which are listed in the fourth column. The fifth column contains the level of healthcare that the group and/ or the individual disease can be managed. The levels of healthcare described in the fifth column highlights the following service providers.

Provider Category and Description	
Provider Category	Provider Type Description
1	Tertiary care hospital
2	Secondary care hospital
3	Primary care hospital
4	Health centers (Public, Private, CHAG)
5	Maternity homes
6	Private clinics
7	Dental clinics
8	Eye centers
9	Diagnostic centers
10	CHPS Compounds

MDC: ADULT SURGERY

Core G-DRG	Name of Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
ASUR01	Operations of thyroid and parathyroid glands	E04.0	Simple goitre	1,2,3
		E05.0	Toxic goitre	
		E05.2	Thyrotoxicosis with toxic multinodular goitre	
		D44.0	Thyroid tumours	
		D35.1	Parathyroid adenoma	
		D34	Benign neoplasm of thyroid gland	
ASUR02	Surgery of lung and bronchus lesions Lobectomy or pneumonectomy Thoracotomy	J98.4	Broncho-pulmonary lesions	1,2,3
		J98.4	Other disorders of lung	
		D14.3	Benign neoplasm of Bronchus and lung	
		S21	Open wound of thorax	
		S22	Fracture of rib(s), sternum and thoracic spine	
		S25	Injury of blood vessels of thorax	
		S27	Injury of other and unspecified intrathoracic organs	
		S28	Crushing injury of thorax and traumatic amputation of part of thorax	
ASUR03	Thoracostomy and chest tube insertion Chemical pleurodesis	J90	Pleural effusion	1,2,3
		J86	Pyothorax	
		J93.9	Pneumothorax	
		J94.2	Haemopneumothorax	
ASUR04	Operations on the oesophagus and diaphragm	K44	Diaphragmatic hernia	1,2,3
		K22.5	Esophageal diverticulum	
		K22.2	Esophageal stenosis	
		C16.0	Esophageal tumour	
		K22.7	Barrett's oesophagus	
		K22.0	Achalasia of the cardia	
		K22.3	Esophageal rupture	
		K44.9	Diaphragmatic hernia	

Core G-DRG	Name of Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
ASUR05	Excision of neck swellings	D18.1	Cystic hygroma	1,2,3
		Q18.0	Sinus, fistula and cyst of branchial cleft	
		R22.1	Neck lumps	
		Q89.2	Thyroglossal Cyst	
		D11.9	Tumor of salivary glands	
ASUR06	Laparotomy for solid organ surgery	D73.5	Splenic infarct	1,2,3
		D73.3	Splenic abscess	
		D73.4	Splenic cyst	
	Operations on Spleen and liver	Q89.0	Congenital malformations of spleen	
		D58	Other hereditary haemolytic anaemias	
		D69.3	Idiopathic thrombocytopenic purpura	
		S36.0	Ruptured spleen	
		K75.0	Abscess of liver	
		Q44.6	Cystic disease of liver	
		D13.4	Benign neoplasm: Liver	
		A06.4	Amoebic liver abscess	
		C17	Splenic tumour	
		S36.1	Laceration of liver (Bile duct)	
		D44.1	Adrenal tumour	
		D41.0	Neoplasm of uncertain or unknown behaviour of urinary organs	
		N13.6	Pyonephrosis	
		C64	Malignant neoplasm of kidney, except renal pelvis	
		Q60	Renal agenesis and other reduction defects of kidney	
		D30.0	Kidney masses	
ASUR07	Laparotomy for Gastric surgery	K25.9	Gastric ulcer	1,2,3
	Gastric Drainage operations	D37.1	Gastric tumour	
	Vagotomy and drainage	K31.7	Gastric polyp	
	Gastroenterostomy	K92.2	Large Bowel haemorrhage	
		K26.9	Duodenal ulcer	
		K31.1	Pyloric stenosis	

Core G-DRG	Name of Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
ASUR08	Laparotomy for peritonitis	K25.5	Perforation of gastric ulcer	1,2,3
	Closure of bowel perforation	K26.5	Perforation of duodenal ulcer	
	Appendicectomy	T14.0	Injury of unspecified body region	
		A01.0	Typhoid perforation	
		K35.2	Ruptured appendix	
		K65.9	Peritonitis	
		K63.9	Disease of intestine	
		K35	Acute appendicitis	
		K36	Chronic appendicitis	
		K37	Unspecified appendicitis	
		K37.7	Simple appendicitis	
ASUR09	Endoscopic surgery for bleeding oesophageal varices	I85.0	Bleeding Esophageal varices	1,2,3
	Endoscopic sclerotherapy or Endoscopic Band	I85	Oesophageal varices	
	Ligation	I86.4	Gastric varices	
ASUR10	Laparotomy and Small Bowel Resection	K56.1	Intussusception	1,2,3
		K56.6	Intestinal obstruction	
		D37	Intestinal tumour	
		K56	Paralytic ileus and intestinal obstruction without hernia	
		K66.0	Peritoneal adhesions	
		K91.3	Postoperative intestinal obstruction	
		I82.9	Venous thrombosis	
		K63	Other diseases of intestine	
		K55	Vascular disorders of intestine	
		K92.2	Large Bowel haemorrhage	
ASUR11	Laparotomy and Colon Resection	K63.9	Disease of intestine	1,2,3

Core G-DRG	Name of Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		K56.1 K57 K50 K51 K63 D12 K56.2 K62.3 K92.2 S36.5	Intussusception Diverticular disease of intestine Crohn's disease Ulcerative colitis Other diseases of intestine Benign neoplasm of colon, rectum, anus and anal canal Volvulus Prolapsed rectum Large Bowel haemorrhage Injury of colon	
ASUR12	Laparotomy for Colostomy or Ileostomy	K63.9	Disease of intestine	1,2,3
ASUR13	Laparotomy and AP Resection	D37.5	Neoplasms of uncertain or unknown behaviour (rectum)	1,2,3
ASUR14	Percutaneous Ultrasound Guided Drainage of lesions	A06.4 A06.5 N13.3	Amoebic liver abscess Pyogenic liver abscess Hydronephrosis or obstructed kidney	1,2,3
ASUR15	Operations on Anus Fistulotomy, sphincterotomy Haemorrhoidectomy Delorme's operation or Thiersch plasty	K60.3 K61 K60.2 L05.91 I84 K62.3	Anal fistula Abscess of anal and rectal regions Anal fissure Pilonidal cyst without abscess Haemorrhoids Prolapsed rectum	1,2,3
ASUR16	Laparotomy and drainage of liver	A06.4 A06.5	Amoebic liver abscess Pyogenic liver abscess	1,2,3
ASUR17	Laparotomy for biliary surgery	K80	Cholelithiasis	1,2,3
	Cholecystectomy	K81.0 K81	Empyema of gallbladder Cholecystitis	

Core G-DRG	Name of Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
	Bypass surgery	K83.1	Obstruction of bile duct (Obstructive Jaundice)	
	Bile duct reconstruction	S36.1	Laceration of liver (Bile duct)	
ASUR18	Laparotomy and Pancreatic surgery	K86.3 D37.7 K86.2	Pancreatic pseudocyst Pancreatic tumour Pancreatic cyst	1,2,3
ASUR19	Internal Hernia Repair	K46.9 K43.9	Mesenteric hernia Omental hernia	1,2,3
ASUR20	External Hernia Repair	K40 K43 K43.6 K41.9 K42.9 K43.2 K43.9	Inguinal hernia Ventral hernia Spigelian hernia Femoral hernia Umbilical hernia Incisional hernia Ventral hernia	1,2,3
ASUR21	Operations on the urethra Excision Incision Transurethral prostatectomy Urethroplasty	N34.0 N36.0 N36.1 N40 N99.1 N35	Urethral abscess Urethral fistula Urethral diverticulum Hyperplasia of prostate Post procedural urethral stricture Urethral stricture	1,2,3
ASUR22	Surgery on scrotum & tunica vaginalis Orchidopexy High ligation Excision	N43 N44 I86.1	Hydrocele and spermatocele Torsion of testis Scrotal varices	1,2,3
ASUR23	Mastectomy	C50	Malignant neoplasm of breast	1,2,3
		D05	Carcinoma in situ of breast	
ASUR24	Vascular surgery operations Bypass surgery	I73.9 I74.9	Claudication Embolism	1,2,3

Core G-DRG	Name of Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
	Embolectomy	I71.9	Aorta aneurysm	
	Resection of aneurysm	I72.4	Femoral aneurysm	
ASUR25	Stripping and ligation of veins	I83.9	Varicose veins	1,2,3
		I83.0	Venous ulcer	
ASUR27	Emergency Circumcision	N47.1	Phimosis	1,2,3
		N47.2	Paraphimosis	
ASUR28	Genitourinary surgery	N21	Calculus of lower urinary tract	1,2,3
	Prostatectomy	K80.5	Calculus	
	Shunt for priapism	B65.9	Schistosoma Granuloma	
	Operations on bladder	D29.1	Benign neoplasm of male genital organs: Prostate	
		N32.9	Bladder disorder, unspecified (bladder neck obstruction, vesicointestinal fistula, diverticulum, rupture and calcification of bladder)	
		T14	Injury	
		D41	Neoplasm of uncertain or unknown behaviour of urinary organs	
		D30.3	Benign neoplasm: Bladder	
ASUR29	Craniotomy	S02.9	Fracture of skull and facial bones	1,2
		I61	Intracerebral hemorrhage	
		I60	Subarachnoid hemorrhage	
		I62	Other non-traumatic intracranial haemorrhage	
		G06	Intracranial and intraspinal abscess and granuloma	
		I61.9	Intracranial haematoma	
		D43.2	Excision biopsy of brain tumour	
ASUR30	General Surgery	D17.9	Lipoma	1,2,3
	Excision Biopsy	M67.4	Ganglion	
		L72.1	Sebaceous cyst	

Core G-DRG	Name of Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		L72.0 M79 T01.9 N63 N62 Q89.2	Dermoid cyst Other soft tissue lumps Lacerations Benign breast lumps Gynaecomastia Thyroglossal Cyst	
ASUR31	Incision, Drainage and Debridement	L03 M60.0 L02.9 T81.3 N61	Cellulitis Pyomyositis Abscess Wound infection Breast abscess	1,2,3
ASUR32	Closure of colostomy and ileostomy	L43.3	Colostomy and ileostomy	1,2,3
ASUR33	Laparotomy and Porto-caval Shunt	I85.9 K76.6	Oesophageal varices Portal hypertension	1,2,3
ASUR34	Conservative management of surgery	K36 K81.1 N49.3 B74 D48.7 T14	Other appendicitis Chronic cholecystitis *This G-DRG may be used for other medical diagnoses as well. Please include the diagnosis on the claim form. Gangrene Elephantiasis Limb tumours Injury	1,2,3
ASUR35	Surgery for removal of finger/toe	E14.5 N49.3 B74 D48.7	Unspecified diabetes mellitus with peripheral circulatory complications Gangrene Elephantiasis Limb tumours	1,2,3
		T14	Injury	
ASUR36	Surgery for removal of hand or foot	E14.5	Unspecified diabetes mellitus with peripheral circulatory complications	1,2,3

Core G-DRG	Name of Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
ASUR37	Amputation below or through elbow or knee, through proximal joints or for the complete removal of limb	E14.5 N49.3 B74 D48.7 T14	Unspecified diabetes mellitus with peripheral circulatory complications Gangrene Elephantiasis Limb tumours Injury	1,2,3

MDC: DENTAL

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
DENT01	Forceps Extraction of Tooth	K00.1 K00.6 K01.0 K04.7 K01.1 K05 K07.3	Supernumerary teeth Disturbances in tooth eruption Embedded teeth Periapical abscess without sinus Impacted teeth Gingivitis/periodontal diseases Anomalies of tooth position	1,2,3
DENT02	Surgical Removal of Tooth	K01 K08.3	Embedded/Impacted Tooth Retained dental root	1,2,3
DENT03	Temporary Filling	K02.9	Dental caries	1,2,3
DENT04	Amalgam Filling	K02.9	Dental caries	1,2,3
DENT05	Composite/GI Filling	K03.9 K02.9	Abrasion Of Teeth Dental caries	1,2,3
DENT06	Scaling & polishing	K05.6 K05.1 K03.6	Periodontal disease Chronic Gingivitis Deposits on teeth	1,2,3
DENT07	Gingivectomy	K05.1 K05.2 K06.1	Chronic gingivitis Acute periodontitis Gingival enlargement	1,2,3
DENT08	Root Canal Therapy - Single Root (RCT)	K04.0 K04.7 K04.8	Pulpitis Periapical abscess without sinus Radicular cyst	1,2,3
DENT09	Apicectomy	K04.8	Radicular cyst	1,2,3
DENT10	Incision & Drainage (I & D) of Oro-Facial Abscess	K04.7 K05.6 K04.6 K05.2 L03.9	Periapical abscess without sinus Periodontal disease, unspecified Periapical abscess with sinus Acute periodontitis Cellulitis	1,2,3
DENT11	Surgical Excision of Intraoral lesions	K10.8 K10.3	Exostosis Alveolitis of jaws	1,2,3
DENT12	Curettage/Sequestrectomy of facial bone	K10.3 K10.2	Alveolitis of jaws Osteitis/osteomyelitis	1,2,3
DENT13	Removal of stone from salivary duct	K11.5	Sialolithiasis of submandibular gland	1,2,3
DENT14	Sialoadenectomy	K11.2	Sialoadenitis	1,2,3

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		K11.6 D11.9	Mucocoele Tumor of salivary glands	
DENT15	Suturing of Laceration of foreign body	S03.2 S01.5 S01.8 S01.0	Dislocation of tooth Open wound of lip and oral cavity Open wound of other parts of head Laceration of scalp	1,2,3
DENT16	Dressing of Open Facial Wound	T14.1 S01.8	Open wound of unspecified body region Open wound of other parts of head	1,2,3
DENT17	Frenectomy/Frenotomy	Q38.1	Tongue tie	1,2,3
DENT18	Partial Resection of facial bones or soft tissues	D48.0	Tumour of facial bones and soft tissues	1,2,3
DENT19	Total Resection of facial bones or soft tissues	D48.9	Advanced Tumour of facial bones and soft tissues	1,2,3
DENT20	Closed Reduction of fractures of facial bones (IMF) Wiring/IMF	S02.9	Fracture of skull and facial bones	1,2,3
DENT21	Open Reduction of Facial Fractures Osteosynthesis	S02.7	Fracture of facial bones (displacement)	1,2,3
DENT22	Removal of Dental Wiring	S02.9	Fracture of skull and facial bones	1,2,3
DENT23	Manual Reduction of TMJ dislocation	S03.0 S03.2	Dislocation of Jaw Dislocation of tooth	1,2,3
DENT24	Dental Examination (Medical Management)	D69.9 E14	Haemorrhagic disease Unspecified diabetes mellitus	1,2,3

MDC: EAR, NOSE AND THROAT

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
ENTH12	Excision and Reconstruction of Oro- and Naso-pharynx Surgical excision of oropharyngeal tumour Examination of nasopharynx Biopsy of nasopharyngeal neoplasm Direct laryngoscope and biopsy Pharyngoscopy and biopsy External approach excision of pharyngeal pouch	D10.5 D10.6 R22.1 D38.0 J38 T78.3 R49.0 D37.0 Q38.7	Oropharyngeal mass Nasopharyngeal mass Neck lumps Laryngeal tumour Lesion in the larynx Reinkes' oedema Hoarseness of voice Parotid tumour Hypopharynx Pharyngeal pouch	1,2,3
ENTH13	Examination under anaesthesia and removal of foreign body in ear, nose and throat	T16	Foreign body in the ear, nose, throat	1,2,3
ENTH14	Incision and drainage abscess of ear, nose and throat	J39.0 J36 H66 J34	Retropharyngeal and parapharyngeal abscess Peritonsillar abscess Suppurative and unspecified otitis media Other disorders of nose and nasal sinuses	1,2,3
ENTH15	Manipulation and reduction of fractured Nasal bone	S02.2	Fractured Nasal bone	1,2,3
ENTH16	Specific nasal surgery Septoplasty, Submucous resection Septorhinoplasty Cauterisation of turbinates. Repair of choanal atresia	J34.2 J34.8 M95.0 J31 J34.3 Q30.0	Deviated nasal septum Other specified disorders of nose and nasal sinuses Acquired deformity of nose Chronic rhinitis, nasopharyngitis and pharyngitis Hypertrophy of nasal turbinates Choanal atresia	1,2,3
ENTH17	Arterial Ligation for Epistaxis	R04.0	Epistaxis	1,2,3
ENTH18	Surgery for trauma to ear, nose, throat Exploration and repair of pharynx	S11.20 S01.3	Traumatic injury to pharynx Lacerated ear	1,2,3
ENTH19	Excision biopsy of swellings of neck	Q89.2 R22.1 D17.9	Thyroglossal cyst Neck lumps Lipoma,	1,2,3

MDC: EAR, NOSE AND THROAT

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		L72.1	Sebaceous cysts	
ENTH20	ENT OPD procedures Syringing of ears Insertion of nasal packs Cautery to bleeding vessels	H61.2 R04.0	Impacted wax/ foreign bodies Epistaxis	1,2,3
ENTH21	Vestibulometry	R42	Recurrent vertigo	1,2,3
ENTH22	Evoked response audiometry	H91.9	Paediatric hearing loss	1,2,3
ENTH23	Antral Lavage under Local Anaesthesia	J32.9	Chronic sinusitis	1,2,3
ENTH24	Endoscopic ENT surgery Functional endoscopic sinus surgery	J34.9 Q38.7 J33 J38.7 J39.2 J32.9	Diseases of nose and paranasal sinuses Pharyngeal pouch Nasal polyp Diseases of larynx Diseases of pharynx Chronic sinusitis	1,2,3

MDC: ADULT MEDICINE**ADULT MEDICINE**

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
MEDI01	Thyroid Disease ≥ 12 Yrs	E00.9 E03.9 E05.9 E05 E06 E07 E01.8 E04.9	Congenital Hypothyroidism Hypothyroidism Thyrotoxicosis Thyrotoxicosis [hyperthyroidism] Thyroiditis Other disorders of thyroid Other iodine-deficiency-related thyroid disorders and allied conditions Nontoxic goitre	1,2,3
MEDI02	Diabetes - Simple ≥ 12 Yrs	E14 E11 E12 E10	Unspecified diabetes mellitus Non-insulin-dependent diabetes mellitus Malnutrition-related diabetes mellitus Insulin-dependent diabetes mellitus	1,2,3
MEDI03	Diabetes - Complex ≥ 12 Yrs	E14.8 E10.5 E11.5 E12.5 E13.5 E14.5 E14.1 E13.0	Diabetes with complications Insulin-dependent diabetes mellitus with peripheral circulatory complications Non-insulin-dependent diabetes mellitus with peripheral circulatory complications Malnutrition-related diabetes mellitus with peripheral circulatory complications Other specified diabetes mellitus with peripheral circulatory complications Unspecified diabetes mellitus with peripheral circulatory complications Diabetes ketoacidosis Hyper Osmolar nonketotic hyperglycaemia	1,2,3
MEDI04	Other Endocrine Diseases ≥ 12 Yrs	E23.2 E21.3 E22 E20 E24	Diabetic insipidus Hyperparathyroidism Hyperfunction of pituitary gland Hypoparathyroidism Cushing's syndrome	1,2,3

MDC: ADULT MEDICINE

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		E27.4 E25.0	Adrenocortical insufficiency Congenital adrenal hyperplasia	
MEDI05	Malnutrition ≥12 Yrs	E43 E55.9	Unspecified severe protein-energy malnutrition Vitamin D deficiency	1,2,3
MEDI06	Anaemia ≥12 Yrs	D50.9 D50 D51 D52 D53 D55 D56 D57 D58 D59 D51.9 D58.9	Iron deficiency Iron deficiency anaemia Vitamin B 12 deficiency anaemia Folate deficiency anaemia Other nutritional anaemias Anaemia due to enzyme disorders Thalassaemia Sickle-cell disorders Other hereditary haemolytic anaemias Acquired haemolytic anaemia Other deficiencies: Vit B12, folate Haemolytic Anaemia	1,2,3
MEDI07	Heart Disease ≥12 Yrs	Q24.9 I30 I32 I21 I22 I25.2 I49 I20 I25 I01 I05 I06 I07 I08 I09 I50.0 I50.1	Congenital malformation of heart Acute pericarditis Pericarditis in diseases classified elsewhere Acute myocardial infarction Subsequent myocardial infarction Old myocardial infarction Other cardiac arrhythmias Angina pectoris Chronic ischaemic heart disease Rheumatic fever with heart involvement Rheumatic mitral valve diseases Rheumatic aortic valve diseases Rheumatic tricuspid valve diseases Multiple valve diseases Other rheumatic heart diseases Congestive heart failure Left ventricular failure	1,2,3

MDC: ADULT MEDICINE

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		I50.9 I48 I33 I00 I38 I42 I31.3 I50 I51.4 I31.9	Heart failure Atrial fibrillation and flutter Acute and subacute endocarditis Acute Rheumatic fever Valvular heart disease Cardiomyopathy Pericardial effusion Cardiac failure Myocarditis Disease of pericardium	
MEDI08	Poisoning ≥12 Yrs	J68.0 T41 T45 T46 T47 T48 T49 T50 T54.3 T52.0 T50.9	Chemical Pneumonitis Poisoning by anaesthetics and therapeutic gases Poisoning by primarily systemic and haematological agents, not elsewhere classified Poisoning by agents primarily affecting the cardiovascular system Poisoning by agents primarily affecting the gastrointestinal system Poisoning by agents primarily acting on smooth and skeletal muscles and the respiratory system Poisoning by topical agents primarily affecting skin and mucous membrane and by ophthalmological, otorhinolaryngological Poisoning by diuretics and other and unspecified drugs, medicaments and biological substances Caustic soda ingestion Kerosene ingestion Drug poisoning	1,2,3
MEDI10	Non-Traumatic Coma ≥12 Yrs	E14.0 G03.9 E15 K70.4	Unspecified diabetes mellitus with coma Meningitis Drug Coma Alcoholic Coma	1,2,3

MDC: ADULT MEDICINE

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		I64 A17.0 G93.4 K72 N19	Stroke, not specified as hemorrhage or infarction TB Meningitis Encephalopathy Hepatic failure, not elsewhere classified Uraemic coma	
MEDI11	Paralytic Conditions ≥12 Yrs	G61.0 G80 G81 G82 G83 G35 G71.0 G90 S14.3 S24 S44 G37.3 A80.9 G82.2 G82.5	Gullain Barre Syndrome Cerebral palsy Hemiplegia Paraplegia and tetraplegia Other paralytic syndromes Multiple sclerosis Muscular dystrophy Disorders of autonomic nervous system Injury of brachial plexus Injury of nerves and spinal cord at thorax level Injury of nerves at shoulder and upper arm level Transverse myelitis Polio Paraplegia Tetraplegia	1,2,3
MEDI12	Seizure Disorders ≥12 Yrs	G41.9 F44.5 G40 G41 R56 R56.8	Uncontrolled/Status epilepticus Dissociative convulsions Epilepsy Status epilepticus Convulsions, not elsewhere classified Other causes of convulsions	1,2,3
MEDI13	Transient Loss of Consciousness ≥12 Yrs	G45.9 R55 R40.2	Transient Ischemic Attack (TIA) Syncope and collapse Other causes of loss of Consciousness	1,2,3
MEDI14	Cerebrovascular Accident /Stroke ≥12 Yrs	I67.9 I64 G80	Cerebrovascular accident (CVA) Stroke, not specified as hemorrhage or infarction Cerebral palsy	1,2,3
MEDI15	Bone Marrow Hypoplasia ≥12 Yrs	D61.9	Bone marrow hypoplasia	1,2,3

MDC: ADULT MEDICINE

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
MEDI16	Sickle Cell Disease with complication/crisis ≥ 12 Yrs	D57.0	Haemoglobinopathy with crisis	1,2,3
MEDI17	Clotting - Bleeding disorders ≥ 12 Yrs	D65 D66 D68	Disseminated Intravascular coagulopathy (DIC) Haemophilia Other Clotting disorders	1,2,3
MEDI18	Diseases of skin/ subcutaneous tissues ≥ 12 Yrs	L30.9 L51.1 T30.0	Severe Eczema Steven-Johnson syndrome Burns	1,2,3
MEDI19	Kidney disease without renal failure ≥ 12 Yrs	N10 N11 N12 A18.1 N01 N03 N05 N39.1 N02 Q61 N00 N04	Acute tubulo-interstitial nephritis Chronic tubulo-interstitial nephritis Tubulo-interstitial nephritis, not specified as acute or chronic Tuberculosis of genitourinary system Rapidly progressive nephritic syndrome Chronic nephritic syndrome Unspecified nephritic syndrome Persistent proteinuria Recurrent and persistent haematuria Cystic kidney disease Acute Nephritic syndrome Nephrotic syndrome	1,2,3
MEDI20	Renal failure without dialysis ≥ 12 Yrs	N17 N18.9	Acute renal failure Acute-on-chronic renal failure	1,2,3
MEDI21	Acute Renal Failure with dialysis ≥ 12 Yrs	N17	Acute renal failure	1,2,3
MEDI22	Obstructive airway disease ≥ 12 Yrs	J45 J40 J41 J42 J43 J44	Asthma Bronchitis, not specified as acute or chronic Simple and mucopurulent chronic bronchitis Unspecified chronic bronchitis Emphysema Other chronic obstructive pulmonary disease	1,2,3

MDC: ADULT MEDICINE

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		J46 J21 J21.9 J44.9	Status asthmaticus Acute bronchiolitis Bronchiolitis Chronic obstructive airway disease	
MEDI23	Diarrhoea and Vomiting ≥12 Yrs	A09 A06.0 T62.9 A09.0 A00 A03 A04.7	Other gastroenteritis and colitis of infectious and unspecified origin Acute amoebic dysentery Food poisoning Dysentery Cholera Shigellosis Necrotising enterocolitis	1,2,3
MEDI24	Liver Disease ≥12 Yrs	B17.9 B15 B16 B17 B18 B19 K72 K70 K71 K74 K73 K75	Acute viral hepatitis Acute hepatitis A Acute hepatitis B Other acute viral hepatitis Chronic viral hepatitis Unspecified viral hepatitis Hepatic failure, not elsewhere classified Alcoholic liver disease Toxic liver disease Fibrosis and cirrhosis of liver Chronic Hepatitis Other inflammatory liver diseases	1,2,3
MEDI25	Gastrointestinal Tract Bleeding ≥12 Yrs	K92.2 I85 I86.4 K92.0 K92.1 K55 K62 K63 K50 K51 K58	Gastrointestinal haemorrhage Oesophageal varices Gastric varices Haematemesis Melaena Vascular disorders of intestine Other diseases of anus and rectum Other diseases of intestine Crohn's disease Ulcerative colitis Irritable bowel syndrome	1,2,3
MEDI26	Non-Specific Abdominal Condition ≥12 Yrs	K27 A06	Peptic Ulcer Amoebiasis	1,2,3

MDC: ADULT MEDICINE

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		K52 B83.9 B89 R10.4 K30 K86.1	Other noninfective gastroenteritis and colitis Helminthiasis Parasitic diseases Other and unspecified abdominal pain Dyspepsia Chronic Pancreatitis	
MEDI27	Shock ≥12 Yrs	R57.0 R57.1 R57 T78.0 T79.4 T78.2 T88.2 T88.6 A41.9 R58	Cardiogenic Shock Hypovolaemic shock Shock Anaphylactic shock due to adverse food reaction Traumatic shock Anaphylactic shock, Shock due to anaesthesia Anaphylactic shock due to adverse effect of correct drug or medicament properly administered Septicaemia, unspecified Haemorrhagic shock	1,2,3
MEDI28	Malaria ≥12 Yrs	B54	Malaria	1,2,3
MEDI29	Black Water Fever ≥12 Yrs	B50	Black water fever	1,2,3
MEDI30	Systemic Infections ≥12 Yrs Systemic/generalised infections Septicaemias	I33.0 A41.9 N12 A01.0 G04.9 J47 G03.9 M86.1 M00.9 A40 A41 A01 A83 A84	Acute Infective endocarditis Septicaemia, Tubulo-interstitial nephritis, not specified as acute or chronic Typhoid perforation Encephalitis Bronchiectasis Meningitis Acute Osteomyelitis Pyogenic arthritis Streptococcal septicaemia Other septicaemia Typhoid and paratyphoid fevers Mosquito-borne viral encephalitis Tick-borne viral encephalitis	1,2,3

MDC: ADULT MEDICINE

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		A85	Other viral encephalitis, not elsewhere classified	
		A86	Unspecified viral encephalitis	
			Other viral infections of central nervous system, not elsewhere classified	
		A88		
		B94.1	Sequelae of viral encephalitis	
		G04	Encephalitis, myelitis and encephalomyelitis	
			Encephalitis, myelitis and encephalomyelitis in diseases classified elsewhere	
		G05*		
		J47	Bronchiectasis	
			Respiratory disorders in diseases classified elsewhere	
		J99		
		A20.3	Plague meningitis	
		A87	Viral meningitis	
			Bacterial meningitis, not elsewhere classified	
		G00	Meningitis due to other and unspecified causes	
		G03		
			Other joint disorders, not elsewhere classified	
		M25		
			Other inflammatory spondylopathies	
		M46		
		M86	Osteomyelitis	
		A90	Dengue fever [classical dengue]	
		A91	Dengue hemorrhagic fever	
		A92.0	Chikungunya virus disease	
			Other specified mosquito-borne viral fevers	
		A92.8		
		A92.9	Mosquito-borne viral fever	
			Other viral hemorrhagic fevers, not elsewhere classified	
		A98	Unspecified viral hemorrhagic fever	
		A99		
		A35	Other tetanus	
			Rash and other nonspecific skin eruption	
		R21		
MEDI31	Localised Infections ≥12 Yrs	L03	Cellulitis	1,2,3
		N39.0	Urinary Tract Infection	
		B01	Varicella [chickenpox]	
			Herpes viral [herpes simplex] infections	
		B00		
		B02	Zoster [herpes zoster]	

MDC: ADULT MEDICINE

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		J40 J20 J41 J01 J18.9 J32 J98 J32.9 H66.9 J02.9 J98.8 L01 P38 L23.9 A64	Bronchitis, not specified as acute or chronic Acute bronchitis Simple and mucopurulent chronic bronchitis Acute sinusitis Pneumonia Chronic sinusitis Other respiratory disorders Chronic sinusitis Otitis media Pharyngitis Other specified respiratory disorders Impetigo Omphalitis of newborn with or without mild haemorrhage Other allergic skin conditions Unspecified sexually transmitted disease	
MEDI32	Hypertension ≥ 12 Yrs	I10 I11 I12 I13	Essential (primary) hypertension Hypertensive heart disease Hypertensive renal disease Hypertensive heart and renal disease	1,2,3
MEDI33	Ischemic Heart Disease ≥ 12 Yrs	I20 I21 I22 I24 I25 I20.0	Angina pectoris Acute myocardial infarction Subsequent myocardial infarction Other acute ischaemic heart diseases Chronic ischaemic heart disease Unstable Angina	1,2,3
MEDI34	Pulmonary Embolism ≥ 12 Yrs	I26.9 I26 I82.9	Pulmonary embolism without mention of acute or pulmonale Pulmonary embolism Venous thrombosis	1,2,3
MEDI35	Ulcer of Skin ≥ 12 Yrs	L98.4	Chronic Skin Ulcer	1,2,3
MEDI36	Alcoholism ≥ 12 yrs	F10 T51	Mental and behavioural disorders due to use of alcohol Toxic effect of alcohol	1,2,3
MEDI37	Animal Bites ≥ 12 Yrs	T63.0	Snake bite	1,2,3

MDC: ADULT MEDICINE

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		W54 W53 W55.01 W50.3	Dog bite Rat bite Cat bite Human bite	
MEDI38	Retroviral Infection/ Immuno Suppression ≥ 12 Yrs	B20 B20.0 B20.1 B20.2 B20.3 B20.4 B20.5 B20.6 B20.7 B20.8 B20.9	Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases HIV disease resulting in mycobacterial infection HIV disease resulting in other bacterial infections HIV disease resulting in cytomegaloviral disease HIV disease resulting in other viral infections HIV disease resulting in candidiasis HIV disease resulting in other mycoses HIV disease resulting in Pneumocystis jirovecii pneumonia HIV disease resulting in multiple infections HIV disease resulting in other infectious and parasitic diseases HIV disease resulting in unspecified infectious or parasitic disease	1,2,3
MEDI39	Chemotherapy	D05 D06.9	Carcinoma in situ of breast Cervical cancer	1,2,3
MEDI40	Radiotherapy	D05 D06.9	Carcinoma in situ of breast Cervical cancer	1,2,3
MEDI41	Cerebral Malaria	B50.0	Cerebral malaria	1,2,3

MDC: OBSTETRICS AND GYNAECOLOGY**Obstetrics and Gynaecology**

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
OBGY01	Gynaecological Laparotomy	N80	Endometriosis	1,2,3
		H57	Other disorders of the adnexae	
		O00.9	Ectopic pregnancy	
		N73.9	Pelvic Inflammatory diseases	
		O08.9	Post abortion complications	
		O71.9	Other obstetric trauma	
		O72.1	Postpartum haemorrhage	
		O85	Puerperal sepsis	
		O90.9	Other Complications of the puerperium	
		D26.9	Other benign neoplasms of uterus	
OBGY02	Diagnostic laparoscopy	D27	Benign neoplasm of ovary	1,2,3
		N73.9	Pelvic Inflammatory diseases	
		N80	Endometriosis	
OBGY03	Operative Laparoscopy	N85	Other disorders of the adnexae	1,2,3
		O00.9	Ectopic pregnancy	
		D25	Leiomyoma of uterus (Uterine fibroids)	
		D26	Other benign neoplasms of uterus	
		N80	Endometriosis	
		N84	Polyp of female genital tract	
		N92	Excessive, frequent and irregular menstruation	
		O08.9	Post abortion complications	
		D25.9	Leiomyoma of uterus	
		D26.9	Other benign neoplasms of uterus	
OBGY04	Culdcentesis/Culdotomy	D27	Benign neoplasm of ovary	1,2,3
		N73.9	Pelvic Inflammatory diseases	
OBGY05	Cauterization	N72	Inflammatory disease of cervix uteri/vulva	1,2,3
		N80	Endometriosis	
		C53.9	Premalignant lesions of the cervix	
		C52	Premalignant lesions of the vagina	
		C57.9	Premalignant lesions of the vulva	
		D26.0	Benign lesions of the cervix	

MDC: OBSTETRICS AND GYNAECOLOGY

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
OBGY06	MVA/EOU	O02.8 O03 O04 O73	Other abnormal products of conception Spontaneous abortion Medical abortion Retained placenta and membranes, without haemorrhage	1,2,3
OBGY07	Suction Curettage	O02.0	Molar pregnancies	1,2,3
OBGY08	Manual Removal of placenta	O72.1	Postpartum haemorrhage	1,2,3
OBGY09	Expectant management/Medical Treatment	N73.9 N72 N70 O21 O12 O13 R10.2 N95.1 O26.9 O20.0 O21 O22.8 O86.1 O24.9 O25 O30.9 O74.9 O85 O88.8 O89 O92.7	Pelvic Inflammatory diseases Inflammatory disease of cervix uteri/vulva Salpingitis and oophoritis Excessive vomiting in pregnancy Gestational [pregnancy-induced] oedema and proteinuria without hypertension Gestational [pregnancy-induced] hypertension without significant proteinuria Other causes of pelvic pain Menopausal disorders Medical disorders in pregnancy Threatened Abortion Excessive vomiting in pregnancy Venous complications in pregnancy Genitourinary tract infection in pregnancy Diabetes in pregnancy Malnutrition in pregnancy Multiple gestation Complications of anaesthesia during labour and delivery Puerperal sepsis Obstetric embolism Complications of anaesthesia during the puerperium Disorders of the breast and lactation associated with delivery	1,2,3

MDC: OBSTETRICS AND GYNAECOLOGY

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		D26.9	Other benign neoplasms of uterus	
OBGY10	Marsupialization of Bartholin's gland	N75.9	Diseases of Bartholin's gland	1,2,3
OBGY11	Excision of genital lesions	N80 N75.9	Endometriosis Diseases of Bartholin's gland	1,2,3
OBGY12	Incision and Drainage	N75.9 N89.9 N90.9 O71.9 O87.8 O92.7	Diseases of Bartholin's gland Other disorders of the vagina Other disorders of the vulva Other obstetric trauma Other Complications of the puerperium Disorders of the breast and lactation associated with delivery	1,2,3
OBGY13	Pelvic Floor Repair - Simple	N81 N81.1 N81.6	Female genital prolapsed Cystocele repair Rectocele repair	1,2,3
OBGY14	Vaginal Hysterectomy	N80 D06 D25 N81 N84 N92 D25.9 D26.9	Endometriosis Carcinoma in situ of cervix uteri Leiomyoma of uterus (Uterine fibroids) Female genital prolapsed Polyp of female genital tract Excessive, frequent and irregular menstruation Leiomyoma of uterus Other benign neoplasms of uterus	1,2,3
OBGY15	Repair of Enterocoele	N81.5	Enterocoele	1,2,3
OBGY16	Vaginal Pessary	N81.9	Female genital prolapse	1,2,3
OBGY17	Colpocleisis	N81.9	Female genital prolapse	1,2,3
OBGY18	Fistula Repair - Simple	N82.0	Vesico-vaginal Fistulae	1,2,3
OBGY19	Fistula Repair - Complex	N82.3	Recto-vaginal Fistulae	1,2,3
OBGY20	Abdominal Hysterectomy	N80 N81.9 D06	Endometriosis Female genital prolapse Carcinoma in situ of cervix uteri	1,2,3

MDC: OBSTETRICS AND GYNAECOLOGY

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		D25 D26 D27 N80 N92 D25.9 D26.9	Leiomyoma of uterus (Uterine fibroids) Other benign neoplasms of uterus Benign neoplasm of ovary Endometriosis Excessive, frequent and irregular menstruation Leiomyoma of uterus Other benign neoplasms of uterus	
OBGY21	Perineal Repair - Complex	O70.2 O71.9 O72.1 O90.9	3rd & 4th degree Perineal laceration Other obstetric trauma Postpartum haemorrhage Other Complications of the puerperium	1,2,3
OBGY22	Pelvic floor repair -	N81.6 N81.1	Rectocele repair Cystocele repair	1,2,3
OBGY23	Colposcopy and Biopsy Complex	N93.9 N84 C53.6	Abnormal uterine and vaginal bleeding Polyp of female genital tract Premalignant lesions of the cervix	1,2,3
OBGY24	Partial Vaginectomy	N84	Polyp of female genital tract	1,2,3
OBGY25	Polypectomy (Avulsion)	N84	Polyp of female genital tract	1,2,3
OBGY26	Hysteroscopy	N92.0 N92.1 N93.9 D36.9	Excessive and frequent menstruation with regular cycle Excessive and frequent menstruation with irregular cycle Abnormal uterine and vaginal bleeding Polyps	1,2,3
OBGY27	Correction of Malposition of Uterus	N85.4 N85.5	Malposition of uterus Inversion of uterus	1,2,3
OBGY28	Vulvectomy ± skin graft	O24.9	Diabetes in pregnancy	1,2,3
OBGY29	Instrumental Delivery (Vacuum forceps)	O26.9 O68 P95	Medical disorders in pregnancy Labour and delivery complicated by fetal stress (distress) Intra Uterine Fetal Death	1,2,3

MDC: OBSTETRICS AND GYNAECOLOGY

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
OBGY30	Internal Podalic version with breech extraction	O26.9	Medical disorders in pregnancy	1,2,3
OBGY31	Destructive delivery	O24.9	Diabetes in pregnancy	1,2,3
OBGY32	Caesarean Section	O10 O15 O24.9 O44 O45 O61 O62 O63 O64 O65 O66 O68 O30.9 O32.9 O33.9 O62.9 O66.9 O67.9 O48 Z34	Pre-existing hypertension complicating pregnancy, childbirth and the puerperium Eclampsia Diabetes in pregnancy Placenta previa Premature separation of placenta [abruptio placentae] Failed induction of labor Abnormalities of forces of labor Long labor Obstructed labor due to malposition and malpresentation of fetus Obstructed labor due to maternal pelvic abnormality Other obstructed labor Labor and delivery complicated by fetal stress [distress] Multiple gestation Malpresentation of fetus Disproportion Dysfunctional Labour Obstructed labour Intrapartum haemorrhage Prolonged pregnancy Normal pregnancy	1,2,3
OBGY34	Spontaneous Vaginal Delivery with or without Episiotomy	O63.1	Normal pregnancy with delayed 2nd stage	1,2,3,4,5,6,10
OBGY35	Cervical Cerclage Suture	N88.3	Cervical incompetence	1,2,3
OBGY36	Myomectomy	D25.9 D26.9	Leiomyoma of uterus Other benign neoplasms of uterus	1,2,3
OBGY38	Post-Partum Haemorrhage	O60	Preterm labor and Delivery	1,2,3
OBGY39	Wertheim's Operation	D06 N87	Carcinoma in situ of cervix uteri Severe cervical dysplasia, not elsewhere classified	1,2,3

MDC: OBSTETRICS AND GYNAECOLOGY

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
OBGY40	Eclampsia	O15	Eclampsia	1,2,3
		O14.9	Pre-Eclampsia	

MDC: OPHTHALMOLOGY**Ophthalmology**

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
OPHT01	Enucleation (removal of eyeball)	H05.2 S05.7 H57.1	Disorganised eye Avulsion of eye Painful blind eye	1,2,3
OPHT02	Evisceration	H44.0 H44.89 H15.8	Endophthalmitis Ruptured globe Staphyloma	1,2,3
OPHT03	Removal of superficial foreign body	T15	Foreign body on external eye	1,2,3
OPHT04	Removal of intraocular foreign body eyeball and adnexae	S05.5 T15.0 H44.7	Penetrating wound of eyeball with foreign body Foreign body in cornea Intra ocular foreign body	1,2,3
OPHT05	Removal of intraorbital foreign body	S05.4	Intraorbital foreign body	1,2,3
OPHT06	Eyelid Surgery Tarsorrhaphy	S01.1 H16.2 H02.1 H02.0 Q10.0	Eye lid laceration Keratoconjunctivitis Ectropion of Eyelids Entropion Congenital blepharoptosis	1,2,3
OPHT07	Scleral and corneal surgery	H11.0 D31 S05.2 S05.3	Pterygium Benign neoplasm of eye and adnexa Ocular laceration and rupture with prolapse or loss of intraocular tissue Ocular laceration without prolapse or loss of intraocular tissue	1,2,3
OPHT08	Anterior chamber washout Paracentesis	H21.0	Hyphaema	1,2,3
OPHT09	Glaucoma surgery	H40.9 H21.82	All types of glaucoma Plateau iris syndrome (post iridectomy) (post procedural)	1,2,3
OPHT10	Cataract Surgery	H26.9	All types of cataracts	1,2,3
OPHT11	Strabismus surgery	H50.9	All strabismus	1,2,3
OPHT12	Incision and curettage of eyelid	H00.19	Chalazion	1,2,3

MDC: OPHTHALMOLOGY

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD 10 CODE	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
OPHT13	Reconstructive surgery of eyelids	H16.2 H02.1 H02.0 Q10.0 S05.3	Keratoconjunctivitis Ectropion of Eyelids Entropion Congenital blepharoptosis Ocular laceration without prolapses or loss of intraocular tissue	1,2,3
OPHT14	Nasolacrimal drainage system surgery	H04.5	Stenosis and insufficiency of lacrimal passages	1,2,3
OPHT15	Incision and drainage of abscesses	H05.0 H00.0	Acute inflammation of orbit (Orbital abscess) Hordeolum and other deep inflammation of eyelid	1,2,3
OPHT16	Examination of eye under anaesthesia	H52.7	Atropine refraction	1,2,3
OPHT17	Uveitis management	H20.0	Acute and subacute iridocyclitis	1,2,3
OPHT18	Cataract with implant	H26.9	All types of cataracts	1,2,3

MDC: ORTHOPAEDICS**Orthopaedics**

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
ORTH01	Bandaging / Cast Application	T14.3 T14.0 T14.6 T14.2	Dislocation, sprain and strain of unspecified body region Superficial injury of unspecified body region Injury of muscles and tendons of unspecified body region Fracture of unspecified body region	1,2,3
ORTH02	Bone Biopsy Excision Incision	C41.9 M61.0 M61.1 M61.5 P13	Bone and articular cartilage Myositis ossificans traumatica Myositis ossificans progressiva Other ossification of muscle Birth injury to skeleton	1,2,3
ORTH03	Bone Graft	M85.8 M84.1	Bone loss Non-union of fractures	1,2,3
ORTH04	Closed reduction of Fractures and Joints	T14.2 S52.5 S52.6 S62 S72 S72.4 S82.0 S82.1 S82 S92 S12 S22.0 S22.1 S32.0 S32.1 S32.2 S72 M24.4 S43 S42 S42.2	Fracture of unspecified body region Fracture of lower end of radius Fracture of lower end of both ulna and radius Fracture at wrist and hand level Fracture of femur Fracture of lower end of femur Fracture of patella Fracture of upper end of tibia Fracture of lower leg (tibia / fibula), including ankle Fracture of foot, except ankle Fracture of neck Fracture of thoracic vertebra Multiple fractures of thoracic spine Fracture of lumbar vertebra Fracture of sacrum Fracture of coccyx Fracture of femur Recurrent dislocation and subluxation of joint Dislocation, sprain and strain of joints and ligaments of shoulder girdle Fracture of shoulder and upper arm (includes scapula, humerus and clavicle) Fracture of upper end of humerus	1,2,3

MDC: ORTHOPAEDICS

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		S42.7 S72.0 S73.0 S02.6 T14.3	Multiple fractures of clavicle, scapula and humerus Fracture of neck of femur Dislocation of hip Fracture of mandible Dislocation, sprain and strain of unspecified body region	
ORTH05	Debridement and Suturing	T14.1 L08.9 T14.3	Open wound of unspecified body region Hand infections Dislocation, sprain and strain of unspecified body region	1,2,3
ORTH06	Dressing and minor suturing	T14.0 T30 T14.1	Superficial injury of unspecified body region Burn and corrosion, body region unspecified Open wound of unspecified body region	1,2,3,4,5,6,10
ORTH07	Excision of Soft Tissue Lumps	D17.9 M67.4 D36.1 R22.9	Lipoma Ganglion Neuroma Nodules	1,2,3
ORTH08	External Fixation Percutaneous Fixation	T14.2 T02.9 S32.7 M21.7 M80.8 S72.3 S42.4 S73.0 S62.6 S82 S92 S97 C41.9 S42.3 M93.0	Fracture of unspecified body region Multiple fractures Pelvic fractures Leg length inequality Pathological fractures due to infection Shaft femur Supracondylar humeral fractures Dislocation of hip Digital fractures Fracture of lower leg (tibia / fibula), including ankle Fracture of foot, except ankle Crushing injury of ankle and foot Segmental bone loss (trauma, infection, tumour of bone) Fracture of shaft of humerus Slipped epiphysis	1,2,3
ORTH09	Fasciotomy	T79.6 T14.1 T14.2	Compartment syndrome Open wound of unspecified body region Fracture of unspecified body region	1,2,3

MDC: ORTHOPAEDICS

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		T30.0 L08.9 T14.7	Burns Hand infections Crush injury	
ORTH10	Hemi Arthroplasty Austin Moore	S72.0	Fracture of neck of femur	1,2,3
ORTH11	Incision and drainage (Orthopaedics)	L02.9 M60.0 T14.0	Soft tissue abscess Pyomyositis Superficial injury of unspecified body region	1,2,3
ORTH12	Internal fixation of fractures Screw Insertion Intramedullary Nail Insertion Tension Band Wire	T14.2 S52.2 M84.1 M84.4 S82.0 S52.0	Fracture of unspecified body region Fracture of shaft of ulna Non-union of fractures Pathological diaphyseal fracture Fracture of patella Fracture olecranon	1,2,3
ORTH14	Major Surgery of joints Arthrotomy Arthroscopy Arthrodesis	M00.9 M12.5 M13.9 M23 S83 S83.2 S83.3 M19.9 D16.6 M40 M41 M42 M43 M23.9 M01.1 M06.9 M20.4	Pyo-arthritis Traumatic arthropathy Inflammatory arthropathy Internal derangement of Knee Dislocation and sprain of joints and ligaments of knee Tear of meniscus current injury Tear of articular cartilage of knee current Osteo-arthritis Benign neoplasm of Vertebral column Kyphosis and lordosis Scoliosis Spinal osteochondrosis Other deforming dorsopathies Internal derangement of knee, unspecified TB arthritis Rheumatoid arthritis Hammertoes	1,2,3
ORTH15	Minor Surgery of joints Arthrocentesis (Joint Aspiration) Intralesional Injections	M25.0 M65 M00.9 M11.9 M19.9 M13.9	Haemarthrosis Synovitis and tenosynovitis Pyo-arthritis Crystal arthropathy Osteo-arthritis Inflamed Arthropathy	1,2,3

MDC: ORTHOPAEDICS

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		M12.5	Traumatic Arthropathy	
ORTH16	Nail Avulsion	S60.9 L60.0 L03.0	Traumatic, nail injuries In growing toenails Infected nails (paronychia)	1,2,3
ORTH17	Open Reduction and Internal Fixation	S43.0 S73.0 S52.5 S52.6 S62 S65 S66 S67 S69 S52 S52.5 S52.6 S71 S72 S77 S72.4 S82.0 S82.1 S87.0 S82 S92 S97 P11.5 S12 S22.0 S22.1 S32.0 S32.1 S32.2 S72 M24.4	Dislocation of shoulder joint Dislocation of hip Fracture of lower end of radius Fracture of lower end of both ulna and radius Fracture at wrist and hand level Injury of blood vessels at wrist and hand level Injury of muscle and tendon at wrist and hand level Crushing injury of wrist and hand Other and unspecified injuries of wrist and hand Fracture of forearm Fracture of lower end of radius Fracture of lower end of both ulna and radius Open wound of hip and thigh Fracture of femur Crushing injury of hip and thigh Fracture of lower end of femur Fracture of patella Fracture of upper end of tibia Crushing injury of knee Fracture of lower leg (tibia / fibula), including ankle Fracture of foot, except ankle Crushing injury of ankle and foot Birth injury to spine and spinal cord Fracture of neck Fracture of thoracic vertebra Multiple fractures of thoracic spine Fracture of lumbar vertebra Fracture of sacrum Fracture of coccyx Fracture of femur Recurrent dislocation and subluxation of joint	1,2,3

MDC: ORTHOPAEDICS

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		S43	Dislocation, sprain and strain of joints and ligaments of shoulder girdle	
		S42	Fracture of shoulder and upper arm (includes scapula, humerus and clavicle)	
		S42.2	Fracture of upper end of humerus	
		S42.7	Multiple fractures of clavicle, scapula and humerus	
		Q65	Congenital deformities of hip	
		S72.0	Fracture of neck of femur	
		S73.0	Dislocation of hip	
		S02.6	Fracture of mandible	
		S42.3	Fracture of shaft of humerus	
		S52.8	Radius (DCP)	
		S52.2	Fracture of shaft of ulna	
		S82.2	Tibia - DCP	
		S82.8	Ankle - screws	
		M84.0	Malunion	
ORTH18	Osteotomy	M95.9	Acquired deformity of musculoskeletal system	1,2,3
		Q68.8	Other specified congenital musculoskeletal deformities	
		M90.8	Sickle cell osteopathy	
		M19.9	Osteoarthritis	
ORTH19	Skin traction	S73.0	Dislocation of hip	1,2,3
		S72	Fracture of femur	
		Q68.8	Other specified congenital musculoskeletal deformities	
ORTH20	Surgery for infected bone	M86.6	Chronic osteomyelitis	1,2,3
	Sequestrectomy	M86.8	Brodies abscess	
	Incision drilling of bone	A18.0	Tuberculous osteitis	
		B99	Infected implant	
		M86.1	Acute osteomyelitis	
ORTH22	Synovectomy	M06.9	Rheumatoid arthritis	1,2,3
		M01.1	TB arthritis	
		M65	Synovitis and tenosynovitis,	
ORTH23	Tendon Surgery	M24.5	Contracture of joints e.g.	1,2,3
	Tenotomy	M62.4	Hammertoes	
	Tenolysis Tenodesis	M65.3	Contracture of muscle	
	Ligamen Taxis	M06.9	Trigger digits	
	Tendon transfer	G57.5	Rheumatoid arthritis	
			Tunnel syndromes	

MDC: ORTHOPAEDICS

Core G-DRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnoses/Indications for procedure(s)	Level of Healthcare
		T14.6	Injury of muscles and tendons of unspecified body region	
ORTH24	Conservative Management of Head and Spinal Injuries	S00 S09 S02 T08 T09	Superficial injury of head Other and unspecified injuries of head Fracture of skull and facial bones Fracture of spine Other injuries of spine and trunk	1,2,3
ORTH25	Surgery for removal of finger or toe	E14.5 N49.3 B74 D48.7 T14	Unspecified diabetes mellitus with peripheral circulatory complications Gangrene Elephantiasis Limb tumours Injury	1,2,3
ORTH26	Surgery for amputation of hand or foot (Through or below ankle/wrist joint)	E14.5 N49.3 B74 D48.7 T14	Unspecified diabetes mellitus with peripheral circulatory complications Gangrene Elephantiasis Limb tumours Injury	1,2,3
ORTH27	Amputation below or through elbow or knee, through proximal joints or for the complete removal of limb	R02 C40.9 A48.0 C49.2 Q74.9 T14	Gangrene, not elsewhere classified Malignancy of limb - osteosarcoma Gas gangrene Liposarcoma of limb Congenital anomaly of limb Injury	1,2,3

MDC: PAEDIATRICS SURGERY**Paediatrics Surgery**

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 CODE	Details of Diagnosis/Indications for procedure	Level of Healthcare
PSUR01	Laparotomy and Resection Ramstedt's pyloromyotomy Splenectomy	K56.6 K43.3 Q43.0 A01.0 Q41.9 Q43.1 K31.1	Intestinal obstruction Strangulated hernia Meckel's diverticulum Typhoid perforation Intestinal atresia Hirschsprung's disease Pyloric stenosis	1,2,3
PSUR02	Laparotomy and excision biopsy of abdominal masses	N28.9 D73.1 E27.9	Renal mass Hypersplenism Adrenal mass	1,2,3
PSUR03	Laparotomy and surgery for upper renal anomalies Reimplantation of ureters	N13.2 Q61 Q61.4 Q63.9	Hydronephrosis with pelviureteric junction obstruction Cystic kidney disease Dysplastic kidney Congenital abnormalities of the kidney	1,2,3
PSUR04	Excision biopsy deep masses	D48.9 C80	Sacroccygeal teratoma Rhabdomyosarcoma	1,2,3
PSUR05	Excision biopsy Superficial masses	D18.1 K62.1 Q18.0 R22.9 D23.9 Q89.2	Cystic hygroma Rectal polyp Sinus, fistula and cyst of branchial cleft Nodules External angular dermoid Thyroglossal cyst	1,2,3
PSUR06	Incision and drainage	L02.2 N61 L02.9	Perineal abscess Breast abscess Soft tissue abscess	1,2,3
PSUR07	Repair of Minor Abdominal Wall Defects	K44.9 K46.9 K46.9	Diaphragmatic hernia Mesenteric hernia Omental hernia	1,2,3
PSUR08	Repair of Major Abdominal Wall Defects	K42.9 K40.9 K43.6 K41.9 Q79.2 Q79.3	Umbilical hernia Inguinal hernia Spigelian hernia Femoral hernia Exomphalos (Omphalocele) Gastroschisis	1,2,3

MDC: PAEDIATRICS SURGERY

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 CODE	Details of Diagnosis/Indications for procedure	Level of Healthcare
		K43.2 K43.9 Q79.4	Incisional hernia Ventral hernia Prune belly syndrome	
PSUR09	Exploratory Laparotomy	K65.9 K66.1 S31	Primary peritonitis Haemoperitoneum Stab wound to abdomen	1,2,3
PSUR10	Gastrostomy	Q39.0 T54.9	Oesophageal atresia Ingestion of corrosive oesophageal stricture	1,2,3
PSUR11	Laparotomy with repair	K44.9 K43.9	Diaphragmatic hernia Ventral hernia	1,2,3
PSUR12	Laparotomy with appendectomy	K35.0 K37 K35.9 K36 K35.3	Ruptured appendix Simple appendicitis Gangrenous appendix Chronic appendicitis Appendix abscess	1,2,3
PSUR14	Thoracotomy and oesophageal surgery Heller's operation Oesophageal replacement Oesophageal stricture for replacement	Q39.0 K21.9 K22.0 K22.2	Oesophageal atresia Gastrooesophageal reflux Achalasia of the cardia Oesophageal obstruction	1,2,3
PSUR15	Repair of Lower Urinary Tract Malformations	Q54.9 Q64.0 N36.0	Hypospadias, PUV Simple epispadias Urethral fistula	1,2,3
PSUR16	Repair of congenital genitourinary malformations	Q64 Q64.1 Q64.0	Other congenital malformations of urinary system Bladder extrophy with epispadias Simple epispadias	1,2,3
PSUR17	Surgery for anal conditions	K60.2 K62.1 K60.3	Anal fissure Rectal polyp Anal fistula	1,2,3
PSUR18	Primary closure and repair	Q05.9 Q01.0 Q36.9 Q35.9	Spina bifida Nasal encephalocele Cleft lip Cleft palate	1,2,3
PSUR19	Laparotomy for biliary surgery	K80	Cholelithiasis	1,2,3

MDC: PAEDIATRICS SURGERY

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 CODE	Details of Diagnosis/Indications for procedure	Level of Healthcare
	Kasai's operation	Q44.2 K81 Q44.4	Biliary atresia Cholecystitis Choledochal cyst	
PSUR20	Laparotomy with separation	Q89.4	Conjoint twins	1,2,3
PSUR21	Surgery of scrotal contents and testes Varicocelectomy	Q53.9 I86.1 Q53.00 N43.3	Undescended testis Scrotal varices (Varicocele) Ectopic testis Hydrocele	1,2,3
PSUR22	Change of dressing	T14.9	Injury of unspecified body region	1,2,3,4,5,6,10
PSUR23	Laparotomy for haemoperitoneum	R19.8 S36.0 S36.1	Ruptured solid Abdo. Viscus Ruptured spleen Ruptured liver	1,2,3
PSUR24	Laparotomy with enterostomy formation and closure	Q43.1 K60.5 K94.1	Hirschsprung's disease Anorectal anomaly Conditions with enterostomy	1,2,3
PSUR25	Posterior sagittal anorectoplasty (PSARP)	Q43.9	Anorectal malformations	1,2,3
PSUR26	Burns OPD wound dressing	T31.0	Minor burns <10%	1,2,3
PSUR27	Burns - Non operative Management - Inpatient	T31.1	Burns over 10% BSA	1,2,3
PSUR28	Surgery for burns Escharotomy Fasciotomy	T30.0 T31	Burns Major Burns >10 BSA with eschars or requiring skin graft	1,2,3
PSUR29	Minor surgery for sexual assault	T74.2	Rape/defilement	1,2,3
PSUR30	Major surgery for sexual assault	T74.2	Rape/defilement	1,2,3
PSUR31	Laparotomy with anastomosis	Q41.9 Q43.3 K66.8	Intestinal atresia Malrotation Mesenteric cysts	1,2,3
PSUR32	Craniotomy <12 Yrs	S02.9 I61 I60 I62 G06	Fracture of skull and facial bones Intracerebral hemorrhage Subarachnoid hemorrhage Other non-traumatic intracranial haemorrhage Intracranial and intraspinal abscess and granuloma	1,2

MDC: PAEDIATRICS SURGERY

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 CODE	Details of Diagnosis/Indications for procedure	Level of Healthcare
		I61.9 D43.2	Intracranial haematoma Excision biopsy of brain tumour	
PSUR33	Endoscopic surgery for bleeding oesophageal varices <12 Yrs	I85.0 I85 I86.4	Bleeding Esophageal varices Oesophageal varices Gastric varices	1,2,3
PSUR34	Thoracostomy and chest tube insertion <12 Yrs	J90 J86 J93.9 J94.2	Pleural effusion Pyothorax Pneumothorax Haemopneumothorax	1,2,3
PSUR35	Vascular surgery operations <12 Yrs	I73.9 I74.9 I71.9 I72.4	Claudication Embolism Aorta aneurysm Femoral aneurysm	1,2,3
PSUR36	Conservative management of surgery	K36 K81.1 K38.8 N45	Other appendicitis Chronic cholecystitis Appendix mass Epididymo-orchitis *This G-DRG may be used for other medical diagnoses as well. Please include the diagnosis on the claim form.	1,2,3
PSUR37	Surgery for removal of finger/toe	N49.3 B74 D48.7 T14	Gangrene Elephantiasis Limb tumours Injury	1,2,3
PSUR38	Surgery for amputation of hand and foot (through or below ankle or wrist joint)	N49.3 B74 D48.7 T14	Gangrene Elephantiasis Limb tumours Injury	1,2,3
PSUR39	Amputation below or through elbow or knee, through proximal joints or for the complete removal of limb	N49.3 B74 D48.7 T14	Gangrene Elephantiasis Limb tumours Injury	1,2,3

MDC: PAEDIATRICS**Paediatrics**

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnosis/Indications for procedure	Level of Healthcare
PAED01	Thyroid Disease <12 Yrs	E03.1 E00 E03.9 E03.0 E05.9 E61.8 E04.9	Congenital hypothyroidism without goitre Congenital iodine-deficiency syndrome Hypothyroidism Congenital hypothyroidism with diffuse goitre Thyrotoxicosis Iodine Deficiency Disorder Nontoxic goitre	1,2,3
PAED02	Diabetes-Simple <12 Yrs	E14 E10	Unspecified Diabetes mellitus Uncontrolled blood glucose	1,2,3
PAED03	Diabetes-Complex <12 Yrs	E14.8 E14.1 E87.0	Diabetes with complications Diabetes ketoacidosis Hyper Osmolar nonketotic hyperglycaemia	1,2,3
PAED04	Other Endocrine Diseases <12 Yrs	E23.2 E21.3 E27.4 E25.0	Diabetic insipidus Hyperparathyroidism Adrenocortical insufficiency Congenital Adrenal hyperplasia	1,2,3
PAED05	Malnutrition <12 Yrs	E43 E40 E41 E42 E44 E45 E46 E64 E54 E55.9	Unspecified severe protein-energy malnutrition Kwashiorkor Nutritional marasmus Marasmic kwashiorkor Protein-energy malnutrition of moderate and mild degree Retarded development following protein-energy malnutrition Unspecified protein-energy malnutrition Sequelae of malnutrition and other nutritional deficiencies Ascorbic acid deficiency (Scurvy) Vitamin D deficiency	1,2,3
PAED06	Anaemia <12 Yrs	D50.9 D50 D51 D52 D53 D55	Iron deficiency Iron deficiency anaemia Vitamin B 12 deficiency anaemia Folate deficiency anaemia Other nutritional anaemias Anaemia due to enzyme disorders	1,2,3

MDC: PAEDIATRICS

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnosis/Indications for procedure	Level of Healthcare
		D56 D57 D58 D59 D51.9 D58.9	Thalassaemia Sickle-cell disorders Other hereditary haemolytic anaemias Acquired haemolytic anaemia Other deficiencies: Vit B12, folate Haemolytic Anaemia	
PAED07	Other Neonatal Diseases	E88.9 E70.0 E74.2	Metabolic diseases Phenylketonuria (PKU) Galactosaemia	1,2,3
PAED08	Neonatal Jaundice - Severe	E80 P57 P58 P58.9	Disorders of porphyrin and bilirubin metabolism Kernicterus Neonatal jaundice due to other excessive hemolysis Severe haemolytic Neonatal Jaundice/Kernicterus	1,2,3
PAED09	Neonatal Jaundice - Simple	P59 P59.9	Neonatal jaundice from other and unspecified causes Mild-moderate haemolytic neonatal jaundice	1,2,3
PAED10	Birth Weight Abnormalities	P07.0 P07.2 P07.3 P08.0 P08.2	Extreme Low Weight Extreme immaturity Other Preterm infants Extremely large baby Post-term baby	1,2,3
PAED11	Birth Trauma	P15.9 P10 P11 P12 P13 P14 P13.9 P10.9	Abdominal injury due to birth trauma Intracranial laceration and haemorrhage due to birth injury Other birth injuries to central nervous system Birth injury to scalp Birth injury to skeleton Birth injury to peripheral nervous system Birth injury to skeleton, unspecified Unspecified intracranial laceration and haemorrhage due to birth injury	1,2,3
PAED12	Neonatal Respiratory Disorders without ventilation	P21	Birth Asphyxia	1,2,3

MDC: PAEDIATRICS

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnosis/Indications for procedure	Level of Healthcare
PAED13	Neonatal Respiratory Disorders with ventilation	P22.0 P28.1 P22	Respiratory distress syndrome of newborn Other and unspecified atelectasis of newborn Respiratory distress of newborn	1,2,3
PAED14	Neonatal Septicaemia Severe neonatal infections	A41.9 P36 G03.9 A33 J18.9	Septicaemia Bacterial sepsis of newborn Meningitis Neonatal tetanus Pneumonia	1,2,3
PAED15	Heart Disease < Yrs	Q24.9 I00 I38 I42 I31.3 I50.9 I51.4 I31.9	Congenital malformation of heart Acute Rheumatic fever Valvular heart disease Cardiomyopathy Pericardial effusion Cardiac failure Myocarditis Disease of pericardium	1,2,3
PAED16	Poisoning <12 Yrs	J68.0 T54.3 T52.0 T50.9	Chemical Pneumonitis Caustic soda ingestion Kerosene ingestion Drug poisoning	1,2,3
PAED18	Non-Traumatic Coma <12 Yrs	E14.0 G03.9 E15 K70.4 I64 A17.0 G93.4 K72 N19	Unspecified diabetes mellitus with coma Meningitis Drug Coma Alcoholic Coma Stroke, not specified as hemorrhage or infarction TB Meningitis Encephalopathy Hepatic failure, not elsewhere classified Uraemic coma	1,2,3
PAED19	Paralytic conditions <12 Yrs	G61.0 G37.3 A80.9 G82.2 G82.5	Gullain Barre Syndrome Transverse myelitis Polio Paraplegia Tetraplegia	1,2,3
PAED20	Seizure Disorders <12 Yrs	G41 R56.8	Status epilepticus Other causes of convulsions	1,2,3
PAED21	Transient Loss of	G45.9	Transient Ischemic Attack (TIA)	1,2,3

MDC: PAEDIATRICS

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnosis/Indications for procedure	Level of Healthcare
	Consciousness <12 Yrs	R55 R40.2	Syncope and collapse Other causes of loss of Consciousness	
PAED22	Cerebrovascular Accident/Stroke <12 Yrs	I67.9 G80.9	Cerebrovascular accident (CVA) Cerebral palsy	1,2,3
PAED23	Bone Marrow Hypoplasia <12 Yrs	D61.9	Bone marrow hypoplasia	1,2,3
PAED24	Sickle Cell Disease with complication/crisis <12 Yrs	D57.0	Haemoglobinopathy with crisis	1,2,3
PAED25	Clotting - Bleeding disorder <12 Yrs	D65 P55 P56 P53 D66 D68	Disseminated Intravascular coagulopathy (DIC) Hemolytic disease of fetus and newborn Hydrops fetalis due to haemolytic disease Haemorrhagic disease of the newborn Haemophilia Other Clotting disorders	1,2,3
PAED26	Diseases of skin/ subcutaneous tissues <12 Yrs	L30.9 L51.1 L23.9 T30.0	Severe Eczema Steven-Johnson syndrome Other allergic skin conditions Burns	1,2,3
PAED27	Kidney disease without renal failure <12 Yrs	N00 N04	Acute Nephritic syndrome Nephrotic syndrome	1,2,3
PAED28	Renal failure without dialysis <12 Yrs	N17 N18.9	Acute renal failure Acute-on-chronic renal failure	1,2,3
PAED29	Acute Renal failure with dialysis <12 Yrs	N17.9	Acute renal failure unspecified	1,2,3
PAED30	Obstructive Airway Disease <12 Yrs	J45.9 J40 J41 J42 J43 J44 J45 J46	other and unspecified Asthma Bronchitis, not specified as acute or chronic Simple and mucopurulent chronic bronchitis Unspecified chronic bronchitis Emphysema Other chronic obstructive pulmonary disease Asthma Status asthmaticus	1,2,3

MDC: PAEDIATRICS

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnosis/Indications for procedure	Level of Healthcare
		J21 J21.9 J44.9	Acute bronchiolitis Bronchiolitis Chronic obstructive airway disease	
PAED31	Diarrhoea and Vomiting <12 Yrs	A09 T62.9 A09.0 A00 A03.9 A04.7	Other gastroenteritis and colitis of infectious and unspecified origin Food poisoning Dysentery Cholera Shigellosis Necrotising enterocolitis	1,2,3
PAED32	Liver Disease <12 Yrs	B17.9 B18 B19 K72 K71 K74 K73 K75	Acute viral hepatitis Chronic viral hepatitis Unspecified viral hepatitis Hepatic failure, not elsewhere classified Toxic liver disease Fibrosis and cirrhosis of liver Chronic hepatitis, not elsewhere classified Other inflammatory liver diseases	1,2,3
PAED33	Gastrointestinal tract bleeding <12 Yrs	K92.2 I85 I86.4 K92.0 K92.1 K55	Gastrointestinal haemorrhage Oesophageal varices Gastric varices Haematemesis Melaena Vascular disorders of intestine	1,2,3
PAED34	Non- specific abdominal condition <12 Yrs	K27 B83.9 B89 R10.8	Peptic Ulcer Helminthiasis Parasitic diseases Abdominal pain	1,2,3
PAED35	Shock <12 Yrs	R57.0 R57.1 R57.9 T78.0 T79.4 T78.2 T88.2	Cardiogenic Shock Hypovolaemic shock Shock Anaphylactic shock due to adverse food reaction Traumatic shock Anaphylactic shock Shock due to anaesthesia	1,2,3

MDC: PAEDIATRICS

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnosis/Indications for procedure	Level of Healthcare
		T88.6 A41.9 R58	Anaphylactic shock due to adverse effect of correct drug or medicament properly administered Septicaemia Haemorrhagic shock	
PAED36	Malaria <12 Yrs	B54	Malaria	1,2,3
PAED37	Black Water Fever <12 Yrs	B50	Black water fever	1,2,3
PAED38	Severe Infections <12 Yrs Systemic/generalised infections Septicaemias	I33.0 A41.9 N12 A01.0 G04.9 J18.9 J47 G03.9 M86.1 M00.9 A40 A41 A01 A83 A84 A85 A86 A88 B94.1 G04 G05 J12 J47 J99 Q33.4	Acute Infective endocarditis Septicaemia Tubulo-interstitial nephritis, not specified as acute or chronic Typhoid perforation Encephalitis Pneumonia Bronchiectasis Meningitis Acute Osteomyelitis Pyogenic arthritis Streptococcal septicaemia Other septicaemia Typhoid and paratyphoid fevers Mosquito-borne viral encephalitis Tick-borne viral encephalitis Other viral encephalitis, not elsewhere classified Unspecified viral encephalitis Other viral infections of central nervous system, not elsewhere classified Sequelae of viral encephalitis Encephalitis, myelitis and encephalomyelitis Encephalitis, myelitis and encephalomyelitis in diseases classified elsewhere Viral pneumonia, not elsewhere classified Bronchiectasis Respiratory disorders in diseases classified elsewhere Congenital bronchiectasis	1,2,3

MDC: PAEDIATRICS

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnosis/Indications for procedure	Level of Healthcare
		A20.3 A87 G00 G03 M25 M46 M86 A92.8 A92.9 A98 A99 R21	Plague meningitis Viral meningitis Bacterial meningitis, not elsewhere classified Meningitis due to other and unspecified causes Other joint disorders, not elsewhere classified Other inflammatory spondylopathies Osteomyelitis Other specified mosquito-borne viral fevers Mosquito-borne viral fever Other viral hemorrhagic fevers, not elsewhere classified Unspecified viral hemorrhagic fever Rash and other nonspecific skin eruption	
PAED39	Localised Infections <12 Yrs	L03 N39.0 B01 B00 B02 J40 J20 J41 J01 J32 J98 J32.9 H66.9 J02.9 J18.9 J98.8 L01 P38	Cellulitis Urinary Tract Infection Varicella [chickenpox] Herpes viral [herpes simplex] infections Zoster [herpes zoster] Bronchitis, not specified as acute or chronic Acute bronchitis Simple and mucopurulent chronic bronchitis Acute sinusitis Chronic sinusitis Other respiratory disorders Chronic sinusitis Otitis media Pharyngitis Pneumonia Other specified respiratory disorders Impetigo Omphalitis of newborn with or without mild haemorrhage	1,2,3
PAED40	Hypertension <12 Yrs	I10 I11	Essential (primary) hypertension Hypertensive heart disease	1,2,3

MDC: PAEDIATRICS

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnosis/Indications for procedure	Level of Healthcare
		I12 I13	Hypertensive renal disease Hypertensive heart and renal disease	
PAED41	Ischemic Heart Disease <12 Yrs	I20 I21 I22 I24 I25 I25.2 I20.0	Angina pectoris Acute myocardial infarction Subsequent myocardial infarction other acute ischaemic heart disease Chronic ischaemic heart disease Old myocardial infarction Unstable Angina	1,2,3
PAED42	Pulmonary Embolism <12 Yrs	I26.9 I26 I82.9	Pulmonary embolism without mention of acute cor pulmonale Pulmonary embolism Venous thrombosis	1,2,3
PAED43	Ulcer of Skin <12 Yrs	L98.4 A66	Chronic Skin Ulcer Yaws	1,2,3
PAED44	Animal Bites <12 Yrs	T63.0 W54 W53 W55.01 W50.3	Snake bite Dog bite Rat bite Cat bite Human bite	1,2,3
PAED45	Retroviral Infection/ Immuno Suppression <12 Yrs	B20 B20.0 B20.1 B20.2 B20.3 B20.4 B20.5 B20.6 B20.7	Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases HIV disease resulting in mycobacterial infection HIV disease resulting in other bacterial infections HIV disease resulting in cytomegaloviral disease HIV disease resulting in other viral infections HIV disease resulting in candidiasis HIV disease resulting in other mycoses HIV disease resulting in Pneumocystis jirovecii pneumonia HIV disease resulting in multiple infections	1,2,3

MDC: PAEDIATRICS

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnosis/Indications for procedure	Level of Healthcare
		B20.8 B20.9	HIV disease resulting in other infectious and parasitic diseases HIV disease resulting in unspecified infectious or parasitic disease	
PAED46	Cerebral Malaria	B50.0	Cerebral Malaria	
PAED47	Chemotherapy	C64.1 C64.2 C64.9 C69.2 C69.21 C69.22 C69.9 C83.3 C83.7 C91.0 C91.00 C91.01 C91.02	Malignant neoplasm of right kidney, except renal pelvis Malignant neoplasm of left kidney, except renal pelvis Malignant neoplasm of unspecified kidney, except renal pelvis Malignant neoplasm of retina Malignant neoplasm of right retina Malignant neoplasm of left retina Malignant neoplasm of unspecified site of eye Malignant neoplasm of eyeball Diffuse large B-cell lymphoma Burkitt lymphoma Acute lymphoblastic leukemia [ALL] Acute lymphoblastic leukemia not having achieved remission Acute lymphoblastic leukemia, in remission Acute lymphoblastic leukemia, in relapse	1,2
PAED48	Radiotherapy	C64.1 C69.2 C83.7 C91.00	Malignant neoplasm of right kidney, except renal pelvis Malignant neoplasm of retina Burkitt lymphoma Acute lymphoblastic leukemia not having achieved remission	1,2
PAED49	Acute Lymphoblastic Leukaemia (Initiation Therapy)	C91.0 C91.00 C91.01 C91.02	Acute lymphoblastic leukemia [ALL] Acute lymphoblastic leukemia not having achieved remission Acute lymphoblastic leukemia, in remission Acute lymphoblastic leukemia, in relapse	1,2

MDC: PAEDIATRICS

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnosis/Indications for procedure	Level of Healthcare
		C91.0	Acute lymphoblastic leukemia [ALL]	
PAED50	Acute Lymphoblastic Leukaemia (Maintenance Therapy)	C91.00 C91.01 C91.02	Acute lymphoblastic leukemia not having achieved remission Acute lymphoblastic leukemia, in remission Acute lymphoblastic leukemia, in relapse	1,2
PAED51	Burkitt Lymphoma	C83.3 C83.7	Diffuse large B-cell lymphoma Burkitt lymphoma	1,2
PAED52	Retinoblastoma	C69.2 C69.21 C69.22 C69.9	Malignant neoplasm of retina Malignant neoplasm of right retina Malignant neoplasm of left retina Malignant neoplasm of unspecified site of eye Malignant neoplasm of eyeball	1,2
PAED53	Wilms Tumour	C64.1 C64.2 C64.9	Malignant neoplasm of right kidney, except renal pelvis Malignant neoplasm of left kidney, except renal pelvis Malignant neoplasm of unspecified kidney, except renal pelvis	1,2

MDC: RECONSTRUCTIVE SURGERY**Reconstructive surgery**

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnosis/Indications for procedure	Level of Healthcare
RSUR01	Reconstructive Repair	Q36.9 Q35.9 Q54.9 T14.6 T14.5 T14.4	Cleft lip Cleft Palate Hypospadias, PUV Injury of muscles and tendons of unspecified body region Vascular Injury Peripheral Nerve Injury	1,2,3
RSUR02	Shaving and Skin Grafting	T30.0 T14.8 L98.4	Burns Traumatic Wounds Chronic Skin Ulcer	1,2,3
RSUR03	Excisional Debridement and Dressing	T30.0 T14	Burns Injury	1,2,3
RSUR04	Excisional Debridement with Suturing	T14 T14.1	Injury Open wound of unspecified body region	1,2,3
RSUR05	Excisional Debridement with Skin Grafting	T14	Injury	1,2,3
RSUR06	Excisional Debridement with Flap Reconstruction	T14	Injury	1,2,3
RSUR07	Excision biopsy	D17.9 C49.9 M67.4 D18.0 Q69.9 I83.0	Lipoma Fibroma Ganglion Haemangioma Polydactyly Leg ulcer	1,2,3
RSUR08	Escharotomy	T30.0	Burns	1,2,3
RSUR09	Z-plasty	M62.4	Contracture of muscle	1,2,3
RSUR10	Corrective Osteotomy	Q75.0	Craniosynostosis	1,2,3
RSUR11	Reconstruction	T14 H93.9 K13.0 J34.8	Injury Defect of Ear Defect of Lip Other specified disorders of nose and nasal sinuses	1,2,3
RSUR12	Release/Excision and Split Skin Grafting	I89.0	Lymphoedema	1,2,3

MDC: RECONSTRUCTIVE SURGERY

Core GDRG	Core Ghana Diagnostic Related Grouping	ICD-10 Code	Details of Diagnosis/Indications for procedure	Level of Healthcare
		M62.4 T33 S69.9	Contracture of muscle Facial skin loss Hand injuries with skin loss	
RSUR13	Release/Excision and Full thickness skin graft	Q85.0 Q70.9 M62.4 H02.1	Neurofibromatosis Syndactyly Contracture of muscle Ectropion of Eyelids	1,2,3
RSUR14	Debulking	Q85.0	Neurofibromatosis	1,2,3
RSUR15	Primary suturing	T14	Injury	1,2,3

MDC: OUTPATIENT**Outpatient**

Core GDRG	Core Ghana Diagnostic Related Grouping	Level of Healthcare
00OPDC01A	Orthopaedic Surgery - Adult	1
00OPDC01C	Orthopaedic Surgery - Child	1
00OPDC02A	Antenatal/Postnatal	1,2,3,4,5,6,10
00OPDC03A	Dental Adult (without procedure)	1,2,3
00OPDC03C	Dental Child (without procedure)	1,2,3
00OPDC04A	ENT Adult (without procedure)	1,2,3
00OPDC04C	ENT Child (without procedure)	1,2,3
00OPDC05A	Eye Adult (without procedure)	1,2,3
00OPDC05C	Eye Child (without procedure)	1,2,3
00OPDC06A	General OPD - Adult	1,2,3,4,5,6,10
00OPDC06C	General OPD - Child	1,2,3,4,5,6,10
00OPDC07A	Medical (Adult)	1
00OPDC08A	Gynaecology	1
00OPDC09C	Paediatric Surgery	1
00OPDC10C	Paediatrics	1
00OPDC11A	Unbundled Consultation - Adult	1,2,3,4,5,6,10
00OPDC11C	Unbundled Consultation - Child	1,2,3,4,5,6,10
00OPDC12A	General Surgery - Adult	1
00OPDC13A	Physiotherapy - Adult	1,2,3
00OPDC13C	Physiotherapy - Child	1,2,3
00OPDC14A	Capitation OPD –Adult	1,2,3,4,5,6,10
00OPDC14C	Capitation OPD –Child	1,2,3,4,5,6,10

MDC: ZOOM**Zoom**

Core GDRG	Core Ghana Diagnostic Related Grouping	Level of Healthcare
00ZOOM01A	Endoscopy (Rigid & Flexible) >=12 Yrs	1,2,3
00ZOOM01C	Endoscopy (Rigid & Flexible) <12 Yrs	1,2,3
00ZOOM02A	Detention for Observation and Treatment – Adult	1,2,3,4,5,6,10
00ZOOM02C	Detention for Observation and Treatment – Child	1,2,3,4,5,6,10
00ZOOM03A	Inpatient transfer out/Referral – Adult	1,2,3
00ZOOM03C	Inpatient transfer out/Referral – Adult	1,2,3
00ZOOM04A	Change of Catheter >= 12 Yrs	1,2,3,4,5,6,10
00ZOOM04C	Change of Catheter <12 Yrs	1,2,3,4,5,6,10
00ZOOM05A	Change of Dressing >= 12 Yrs	1,2,3,4,5,6,10
00ZOOM05C	Change of Dressing < 12 Yrs	1,2,3,4,5,6,10
00ZOOM06A	Male Circumcision >=12 Yrs	2,3,4,5,6,10
00ZOOM06C	Male Circumcision <=12 Yrs	2,3,4,5,6,10
00ZOOM07A	Dressing And Minor Suturing >=12 Yrs	1,2,3,4,5,6,10
00ZOOM07C	Dressing And Minor Suturing <=12 Yrs	1,2,3,4,5,6,10
00ZOOM08A	Tubal Ligation	1,2,3
00ZOOM09A	Vasectomy	1,2,3
00ZOOM10A	IUD	1,2,3,4,5,6,10
00ZOOM11A	Implant	1,2,3,4,5,6,10
00ZOOM12A	Injectable (Three Months)	1,2,3,4,5,6,10
00ZOOM13A	Injectable (One Month)	1,2,3,4,5,6,10

ANNEX D: Additional Investigations included in 2012

G-DRG	Investigation
00INVE100	Acid Phosphate
00INVE101	Chloride
00INVE102	Direct Bilirubin/Total Bilirubin
00INVE103	Donor Screening for Hepatitis B Virus and Surface Antigen
00INVE104	Grouping/X ⁱ Matching/Unit
00INVE105	Hepatitis C screening
00INVE106	Intra oral Periapical X-ray (IOPA)
00INVE107	Magnesium
00INVE108	Sodium (NA ⁺)
00INVE109	Phosphorus
00INVE110	Platelet Count
00INVE111	Potassium
00INVE112	Renal Function Test
00INVE113	Semen Analysis
00INVE114	Total leucocyte count
00INVE115	Total Proteins Blood
00INVE116	Urine Sugar
00INVE117	Vinyl composite tile (VCT)
00INVE118	Vitality Test
00INVE119	Very low-density lipoproteins (VLDL)
00INVE120	White Blood Count + Differential Leucocyte count
00INVE122	Malaria Card Test (Dipstik assay/rapid card)
00INVE123	RH Typing
00INVE124	Keratometry
00INVE125	Amplitude modulation scan (A-scan)
00INVE126	Serum vitamin B12, and foliate levels
00INVE129	Ultrasound biomicroscopy
00INVE130	Demonstration of Heinz bodies
00INVE132	Anti-streptolysin test
00INVE133	Viral serology
00INVE134	Calcium Infusion test
00INVE135	Pulmonary Function test
00INVE136	Pleural fluid analysis
00INVE137	Cancer antigen 19-9

00INVE138	Transhepatic cholangiography (PTC)
00INVE139	Bone Scan
00INVE140	Breast tissue Biopsy
G-DRG	Investigation
00INVE141	C Reactive Protein
00INVE142	Electroencephalogram (EEG)
00INVE143	Holter
00INVE144	Angiography
00INVE145	Myocardial perfusion imaging
00INVE146	Guthrie test
00INVE149	Typhi Dot
00INVE150	Absolute Eosinophil Count
00INVE151	Blood Sugar Post prandial
00INVE152	Biopsy L/A
00INVE154	Anti-streptolysin O-titre
00INVE155	Gonioscopy
00INVE156	Haematocrit
00INVE157	CT Scan - 2 Region with No Contrast
00INVE158	CT Scan - 2 Region + 1Contrast
00INVE159	CT Scan - 2 region + 2 contrast
00INVE160	MRI 2 region with no contrast
00INVE161	MRI 2 region with + contrast

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