



National Health Insurance



SOCIAL SECURITY BOARD

## Partnering with Stakeholders to Promote Improved Health Outcomes



## Recommended Guidelines for Number of Sick Days prescribed at first Doctor's visit

A collaborative effort between:

Social Security Board, National Health Insurance, National Health Insurance Committee, Belize Medical and Dental Association, Belize Medical Council and Ministry of Health

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## Introduction:

Medical certificates are usually required by third parties for a variety of reasons including certification of a patient's illness, certification of a patient's fitness or certification of a patient's recovery from a medical condition. For example, an employer may require that an employee obtain a medical certificate certifying illness to show the person was unable to attend work due to a medical condition.<sup>1</sup>

The doctor has an ethical, professional and legal obligation to be honest and impartial in their assessment of the patient's eligibility to receive a medical certificate. The doctor should be clear that their assessment of the patient is based on the patient's history and the examination findings. The certificate may include information provided by the patient but the doctor's assessment should be based on a medical condition observed by the doctor or reported by the patient and accepted by the doctor.<sup>1</sup>

The doctor should issue a certificate certifying illness for a period of time that is clinically justifiable. These are general statements to guide physicians in the number of sick days to be given for medical illness. ***All recommendations are intended to assist with, and not dictate, decision making in conjunction with patients.***

At times, a patient may request an additional medical certificate when the period of time listed in the original medical certificate is due to expire and the patient's medical condition continues to affect their ability to participate in relevant activities. In such a case, the doctor should review the patient's condition to determine if an additional medical certificate certifying the patient's ongoing incapacity due to their medical condition is clinically justifiable. In some cases, the doctor should consider whether the patient can return to their activities with altered duties while recovering from their condition.<sup>1</sup>

A certificate should not be provided where the doctor believes that there is insufficient evidence of lack of fitness to participate in relevant activities.

Recommendations for average days of work incapacity on first patient encounter; days may be extended based on follow up evaluation, confirmation of diagnosis, patient progress and need for follow up treatment and incapacity from work.

See guideline below, which lists the most common diagnosis and recommended initial days of incapacity for use and reference by all medical practitioners:

## Table Guideline:

Fig:1.0

<b>Recommended Number of Sick Days prescribed at first Doctor's visit</b>		
<b>I. Diagnosis that are acute<sup>2</sup> and more than likely not to become an emergency<sup>3</sup></b>		
<b>ICD 10 Code</b>	<b>Diagnosis</b>	<b>Recommended Initial # of days of Incapacity:</b>
I16.9	Hypertensive Crisis, Unspecified	3-5 sick days.
I16.0	Hypertensive Urgency	3-5 sick days.
L03:	Cellulitis	3-5 sick days.
L03.9:	Cellulitis, unspecified	3-5 sick days.
S93.0:	Dislocation of ankle joint	7 sick days.
S93.2:	Rupture of ligaments at ankle and foot level	7 sick days.
S93.4:	Sprain and strain of ankle	3 sick days.
<b>II. A. Diagnosis that are acute but require closer evaluation as they are more than likely to become an emergency without proper care and oversight</b>		
<b>ICD 10 Code</b>	<b>Diagnosis</b>	<b>Recommended Initial # of days of Incapacity:</b>
A09.9:	Gastroenteritis and colitis of unspecified origin	2-3 sick days.
A02.9:	Salmonella infection, unspecified	2-3 sick days.
A04.9:	Bacterial intestinal infection, unspecified	2-3 sick days.
A08.4:	Viral intestinal infection, unspecified	2-3 sick days.
L02:	Cutaneous abscess	2-3 sick days.
	Carbuncle	7 sick days.
	Furuncle	7 sick days.

<b>II. B. Diagnosis that have associated acute pain, in which the diagnosis is <u>certain</u> (e.g. due to previous diagnostic work-up), but which the physician suggests may not require hospitalizations</b>		
<b>ICD 10 Code</b>	<b>Diagnosis</b>	<b>Recommended Initial # of days of Incapacity:</b>
G44.2:	Tension-type headache: <ul style="list-style-type: none"> <li>• Chronic tension-type headache</li> <li>• Episodic tension headache</li> <li>• Tension headache NOS (Not Otherwise Specified)</li> </ul>	1-2 sick days
G43.0:	Migraine without aura [common migraine]	1-2 sick days
G43.1:	Migraine with aura [classical migraine]	1-2 sick days
M51.1:	Lumbar and other intervertebral disc disorders with radiculopathy	2-3 sick days
M51.2:	Other specified intervertebral disc displacement <ul style="list-style-type: none"> <li>• Lumbago due to displacement of intervertebral disc</li> </ul>	2-3 sick days
M54.3:	Sciatica	2-3 sick days
M54.4:	Lumbago with sciatica <ul style="list-style-type: none"> <li>• Excl.: that due to intervertebral disc disorder (M51.1)</li> </ul>	2-3 sick days
N39.0:	Urinary tract infection, site not specified	1-2 sick days
<b>III. Diagnosis due to acute pain, in which the diagnosis is uncertain, but which the physician suggests may not require hospitalization</b>		
<b>ICD 10 Code</b>	<b>Diagnosis</b>	<b>Recommended Initial # of days of Incapacity:</b>
K21.0:	Gastro-oesophageal reflux disease with oesophagitis	1-3 sick day
K21.9:	Gastro-oesophageal reflux disease without oesophagitis	1-3 sick day
K29.1:	Other acute gastritis	1-3 sick day
K29.2:	Alcoholic gastritis	1 sick day
K29.3:	Chronic superficial gastritis	1-3 sick day
K29.4:	Chronic atrophic gastritis	1-3 sick day
K29.7:	Gastritis, unspecified	1-3 sick day
K29.5:	Chronic gastritis, unspecified	1-3 sick day
K80.2:	Calculus of gallbladder without cholecystitis	1 sick day
R10.1:	Pain localized to upper abdomen	1 sick day
R10.2:	Pelvic and perineal pain	1 sick day
R10.3:	Pain localized to other parts of lower abdomen	1 sick day
R10.4:	Other and unspecified abdominal pain	1 sick day

**IV. Diagnosis with mild shortness of breath, in which the diagnosis is fairly certain, but which the physician suggests may not require immediate hospitalization**

<b>ICD 10 Code</b>	<b>Diagnosis</b>	<b>Recommended Initial # of days of Incapacity:</b>
J00:	Acute nasopharyngitis [common cold]	1-3 sick day
J01:	Acute sinusitis	1-3 sick day
J06.9:	Acute upper respiratory infection, unspecified	1-3 sick day
J11:	Influenza, virus not identified	1-3 sick day
J15.9:	Bacterial pneumonia, unspecified	1-2 sick days:
J18.0:	Bronchopneumonia, unspecified	1-2 sick days:
J18.1:	Lobar pneumonia, unspecified	1-2 sick days:
J18.9:	Pneumonia, unspecified	1-2 sick days:
J20.9:	Acute bronchitis, unspecified	1-2 sick days:
J22:	Unspecified acute lower respiratory infection	1-2 sick days:
J45.9:	Asthma, unspecified	1-3 sick day
I11.0:	Hypertensive heart disease with (congestive) heart failure	1-3 sick day

**Note: All recommendations are intended to assist with, and not dictate, decision making in conjunction with patients.**

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