ICD-10-AM/ACHI/ACS Seventh Edition Education Frequently Asked Questions

1. When can code *D63* Anaemia in chronic diseases classified elsewhere* be assigned?

This code can only be assigned for the following indexed conditions:

Anaemia
- brickmaker's B76.9† D63*
- Diphyllobothrium (Dibothriocephalus) B70.0† D63*
- due to
- - myxoedema E03.9† D63*
- Egyptian B76.9† D63*
- hookworm B76.9† D63*
- malarial *(see also Malaria)* B54† D63*
- marsh *(see also Malaria)* B54† D63*
- miner's B76.9† D63*
- paludal *(see also Malaria)* B54† D63*
- syphilitic (acquired) (late) A52.7† D63*
- tropical B76.9† D63*
- tuberculous A18.8† D63*

Chlorosis
- Egyptian B76.9† D63*
- miner's B76.9† D63*

Syphilis, syphilitic (acquired)
- anaemia (late) A52.7† D63*

Tuberculosis, tubercular, tuberculous (caseous) (degeneration) (gangrene) (necrosis)
- anaemia A18.8† D63*

The aetiology and manifestation (dagger and asterisk) convention (see ACS 0027 *Multiple coding*), means that D63**Anaemia in chronic diseases classified elsewhere* can only be assigned in the sequence in which it appears in the ICD-10-AM Alphabetic Index, that is, the aetiology followed by the manifestation code.

2. **What is the difference between?**

O72.0 ***Third-stage haemorrhage***

O72.2 ***Delayed and secondary postpartum haemorrhage***

and

O73.0 ***Retained placenta without haemorrhage***

O73.1 ***Retained portions of placenta and membranes, without haemorrhage***

The two groups of codes, O72.- and O73.- include the concept of retained placenta (see index below) and are distinguished by the presence (O72.-) or absence (073.-) of haemorrhage. The term 'without haemorrhage' is an essential modifier in the Alphabetic Index, so it has to be documented, before assigning O73.0 or O73.1.

Retention, retained
- placenta (total) (with haemorrhage) O72.0
- - without haemorrhage O73.0
- - portions or fragments (with haemorrhage) O72.2
- -- without haemorrhage O73.1

In ICD-10-AM the default code for retained placenta, not further specified is O72.0 *Third-stage haemorrhage*, which is consistent with ICD-10.

3. **If there is documentation that a McRoberts manoeuvre has been performed during delivery, which code should be assigned O80 *Single spontaneous delivery* or O83 *Other assisted single delivery*?**
McRoberts manoeuvre is performed for shoulder dystocia (sometimes documented as 'impacted' or 'difficult' shoulders). Delivery of the shoulders is facilitated by flexing the mother's hips to increase the pelvic diameter. Clinical advice confirms that when this manoeuvre is performed during delivery assign O83 *Other assisted single delivery*.

   Shoulder dystocia must be documented before assigning O66.0 *Labour and delivery affected by shoulder dystocia*, as this technique is sometimes employed prophylactically in anticipation of a potential shoulder dystocia.

4. **When would O42.2 *Premature rupture of membranes, labour delayed by therapy* be assigned? Can this code also be assigned with a code from O42.0 or O42.1-?**
O42.2 *Premature rupture of membranes, labour delayed by therapy* should be assigned when drugs aimed at stopping contractions are administered. These drugs include:

   - Calcium channel blockers (nifedipine)
   - Prostaglandin synthetase inhibitors (indomethacin, ketorolac, sulindac)
   - Magnesium sulphate
   - Beta-mimetics (terbutaline, ritodrine)

   It should not be assigned when steroids are administered to a woman in preterm labour as this drug is given for the purpose of maturing the baby's lungs, to reduce breathing problems after birth.

   O42.2 can be assigned with O42.0 *Premature rupture of membranes, onset of labour within 24 hours*. However the excludes notes at O42.1 *Premature rupture of membranes, onset of labour after 24 hours* precludes O42.2 from being assigned with O42.11 or O42.12.

5. **What 'condition onset flag' would be assigned if a code from category O80-O84 *Delivery* is assigned as an additional diagnosis?**
When a code from category O80-O84 is assigned as an additional diagnosis, assign a condition onset flag value of 2 *Condition not noted as arising during the episode of admitted patient care*.

6. **Should patient controlled analgesia (PCA) be coded?**
In ICD-10-AM Fifth Edition ACS 0031 *Anaesthesia* allowed for the decision to code intravenous PCA to be made at a local level if this data was required. However this entry was removed in Sixth Edition to reinforce the consistency of coded data at a national level. In Seventh Edition, subcutaneous and intravenous post procedural infusions were removed from the hierarchy of codes in ACS 0031 to reflect that intravenous PCA should not be coded. The neuraxial and regional block codes in block [1912] *Postprocedural analgesia* should continue to be assigned as per point 5 of ACS 0031.

7. **Should the insertion of Swan Ganz catheters be coded?**
A Swan Ganz or pulmonary artery catheter is used to monitor central cardiovascular pressures and should not be coded as per points 5 and 14 in ACS 0042 *Procedures normally not coded*:

"**5. Catheterisation:**

• **arterial or venous** (such as Hickman's, PICC, CVC) **except** cardiac catheterisation (blocks [667] and [668]), or surgical catheterisation (block [741])

14. Monitoring: cardiac, electroencephalography (EEG), vascular pressure except radiographic/video EEG monitoring ≥24 hours."

Point 5 of ACS 0042 *Procedures normally not coded* will be revised in the ICD-10-AM errata to include *Swan Ganz* catheter.

8. If a patient has severe sepsis in pregnancy, childbirth or the puerperium, do you need to assign the O codes with the acute organ failure codes, eg O99.5 *Diseases of the respiratory system complicating pregnancy, childbirth and the puerperium* with the code for acute respiratory failure?

ACS 1521 *Conditions complicating pregnancy* states:

"Chapter 15 *Pregnancy, childbirth and the puerperium* contains two blocks of codes for complications related to pregnancy, O20–O29 *Other maternal disorders predominantly related to pregnancy* and O94–O99 *Other obstetric conditions, not elsewhere classified*. Conditions that are known to occur commonly in pregnancy have specific codes in O20–O29. To code other conditions complicating pregnancy (or being aggravated by the pregnancy or that are the main reason for obstetric care), a code from O98 *Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium* or O99 *Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium* is assigned, together with an additional code from the other chapters of ICD-10-AM to identify the specific condition."

Therefore, in the scenario detailed above, O99.5 *Diseases of the respiratory system complicating pregnancy, childbirth and the puerperium* should be assigned in addition to J96.0 *Acute respiratory failure*.