

The **10-AM** Commandments

LUNA – Laparoscopic uterine nerve ablation

Laparoscopic uterine nerve ablation (LUNA) is a pain management procedure performed for endometriosis and predominantly midline dysmenorrhoea. Nerves that relay sensory signals from the posterior uterus to the brain run through the uterosacral ligaments. LUNA relieves menstrual pain by disrupting a segment of the uterosacral ligament to block sensory signals travelling back to the brain. Disruption of the uterosacral ligament may be achieved by transection, ablation or cauterisation.

Classification

In cases where laparoscopic uterine nerve ablation (LUNA) is documented assign:

90014-00 [81] *Other surgical sympathectomy* and;

30390-00 [984] *Laparoscopy*

Epidurolysis /Racz procedure/ epiduroplasty

Epidurolysis, also known as Racz procedure or epiduroplasty, is a technique performed to dissolve adhesions, scar tissue or fibrosis entrapping nerves around the epidural space. Formation of adhesions and scar tissue, a common occurrence following spinal injury or surgery, can cause chronic back pain.

Epidurolysis involves insertion of a catheter, under fluoroscopic guidance, followed by a therapeutic injection containing a mixture of drugs into the epidural space. The injection typically consists of combination of local anaesthetic, steroid, x-ray contrast, enzyme hyaluronidase and salt solution.

Classification

Epidurolysis should be classified as:

39140-00 [32] *Epidural injection for lysis of adhesions*

Venous eczema

Venous eczema (also known as gravitational or stasis eczema) is a type of skin disease

associated with poor venous circulation/chronic venous hypertension. It predominately affects older people, mostly women and typically presents as a red, itchy, scaly rash with or without the presence of a venous ulcer or varicose veins. Venous eczema usually appears on the lower legs around the ankles (Kumar & Clark 2002). Clinical advice is that venous eczema is a rare occurrence in sites other than the lower limb

Classification

Documentation of venous eczema should be classified as:

I83.1 *Varicose veins of lower extremities with inflammation*

The lookup pathway in the Alphabetic Index of Diseases is:

Eczema

- stasis I83.1

or

Eczema

- varicose I83.1

Injection of botox into muscles and tendons NEC

Query 1428 advises coders to assign 92193-00 [1885] *Injection or infusion of other therapeutic or prophylactic substance for 'injection of botox into tendons'* (ICD-10-AM Second Edition). This code was inactivated for ICD-10-AM Fourth Edition and the concept mapped to block [1920] *Pharmacotherapy*. Index entries for 'Injection, botulinum toxin', direct coders to assign a code from block [1920] *Pharmacotherapy* with an extension of -09. The index entries are incorrect and will be rectified.

The intention of block [1920] *Pharmacotherapy* is to classify 'systemic' drug administration. This is highlighted by the exclusional term at the beginning of the block:

Excludes: local effect (see Index: Injection, by site or Injection, by type, by site)



Classification

In cases that describe injection of Botox into muscles and/or tendons NEC assign:

90560-00 [1552] *Administration of agent into soft tissue, not elsewhere classified*

The lookup pathway in the Alphabetic Index of Procedures is:

Injection (around) (into) (of) – see also *Administration*

- muscle NEC 90560-00 [1552]
- tendon NEC 90560-00 [1552]

Note that this is an NEC code. If the muscle/tendon injection is specified by site and/or condition, follow those index entries (for example 'Injection, toxin botulinum, for, strabismus' and 'Injection, toxin botulinum, vocal cord').

The NCCH is currently reviewing this area of the classification and will make improvements in ICD-10-AM Fifth Edition.

Surgical microfracture of knee

Microfracture involves penetration of bone at the base of a cartilage defect. This causes formation of a 'superclot' in the base of the lesion. The theory behind this treatment is that the superclot contains factors and cells which allow cartilage regeneration. The area of cartilage damage is debrided and an 'awl' (or arthroscopic pick) is used to produce hole(s) in the bone at the base of the defect. It is a one stage arthroscopic surgery that is appropriate for smaller and localised chondral defects in the knee (www.linbatec.com/products-knee-accessories.htm).

Classification

Surgical microfracture of the knee (with awl) should be classified as:

49559-00 [1520] *Arthroscopic chondroplasty of knee with multiple drilling or implant*

Bibliography

Kumar & Clark [eds] (2002) *Clinical medicine* Fifth edition. Sydney: WB Saunders.

Proposed Coding Auditors Network – information update

The establishment of the proposed Coding Auditors Network was discussed at the December 2004 meeting of the Coding Standards Advisory Committee. The Committee's decision is that establishment of the group will not proceed.

The NCCH and CSAC members wish to thank everyone who expressed interest in participating in the Network for their positive support.

PICQ₂₀₀₄

incorporating PICQ for ICD-10-AM Fourth Edition

Performance Indicators for Coding Quality (PICQ)

is a set of predetermined performance indicators which identify records in data sets that may be incorrectly coded, based on Australian Coding Standards and coding conventions.

PICQ 2004 contains a number of enhancements:

- 113 new indicators
- Upgraded internal data specifications for some indicators in PICQ for ICD-10-AM First and Second editions
- New and improved PICQ user guide

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The NCCH is pleased to announce the release of PICQ 2004 v4.0.0 incorporating indicators 118 for ICD-10-AM First, 117 for Second, 126 for Third and 223 for Fourth Editions.

What is PICQ?

PICQ is a series of indicators that analyse admitted patient morbidity data coded with ICD-10-AM and is based on Australian Coding Standards (ACS) and coding conventions. Users link their coded data to the PICQ database and the records are then compared to the predetermined indicators that test coding quality. The indicators identify records that contain a coding error (or possible coding error) in diagnosis and procedure codes or a National Health Data Dictionary (NHDD) field, such as age.

Examples of PICQ indicators:

PICQ indicators are categorised according to the type of problem the indicator seeks to identify. Following are some examples of indicators according to indicator type:

Edit problem

Indicator 100367 *External cause code as principal diagnosis* identifies records with an external cause code as principal diagnosis. ACS 2001 *External cause code use and sequencing* states that external cause codes must never be the principal diagnosis: the principal diagnosis is the injury, poisoning, and so forth.

Completeness problem

Indicator 100331 *Type of spinal cord lesion code without functional level of spinal cord lesion code* identifies records containing a type of spinal cord lesion code but no functional level of lesion code. ACS 1915 *Spinal (cord) injury* states that a spinal cord injury, in the initial stage post-trauma, should be coded in this sequence: type of cord lesion (complete/incomplete), functional level of spinal cord lesion, and, if appropriate, vertebral injury (fracture, dislocation).

Indicator 100854 *Abortion, threatened abortion, threatened premature labour or pre-term delivery code without duration of pregnancy code* identifies records containing an abortion, threatened abortion, threatened premature labour or pre-term delivery code, but no duration of pregnancy code. ACS 1518 *Duration of*

pregnancy states that a duration of pregnancy code should be assigned as an additional diagnosis in all cases of abortion, threatened abortion, threatened premature labour or pre-term delivery.

Redundancy problem

Indicator 100347 *Impaired glucose regulation code with diabetes code* identifies records containing both the impaired glucose regulation tolerance code and a diabetes code. ACS 0401 *Diabetes mellitus and impaired glucose regulation* states that patients with impaired glucose regulation are not classified as having frank diabetes mellitus.

Indicator 101401 *Harmful use of tobacco code with specific related disorder code* identifies records containing both a harmful use of tobacco code and a specific tobacco related disorder code.

ACS 0503 *Drug, alcohol and tobacco use disorders* states that, 'harmful use' of a substance cannot be coded if a specific related disorder is present for that substance. The harmful use is implicit in these other conditions.

Specificity problem

Indicator 100290 *Chronic bronchitis in children <12 years* identifies records containing a chronic bronchitis code but the patient's age is less than 12 years. ACS 1011 *Chronic bronchitis in children* states that chronic bronchitis is not an acceptable diagnosis for patients aged less than 12 years and should be queried with the clinician. Note that these records would be correct if the clinician confirmed the diagnosis of chronic bronchitis.

Indicator 101986 *Oesophageal varices code with underlying cause code* identifies records containing an oesophageal varices code and a specific underlying cause code, but not a manifestation/aetiology code combination. Oesophageal varices in or due to alcoholic liver disease, toxic liver disease, cirrhosis of the liver or schistosomiasis should be assigned an aetiology (†)/manifestation (*) code combination as instructed in the Alphabetic Index of Diseases, rather than unrelated codes for the two conditions.

Sequencing problem

Indicator 100191 *Gastritis code as principal diagnosis followed by gastric ulcer code* identifies records with gastritis as principal diagnosis followed by a gastric ulcer code. ACS 1106 *Gastric ulcer with gastritis* states that, where both gastric ulcer and gastritis are present, the gastric ulcer code should be sequenced before the gastritis code.

10 good reasons to use PICQ

- identify actual coding errors and possible coding problems
- identify specific records for correction, if necessary
- suggest possible problem causes
- suggest possible corrections
- measure data accuracy against particular indicators
- measure data quality over time
- provide continuous review and amendment of coded data
- provide feedback to individual coders and assist coder education
- benchmark results with similar hospital or health organisation
- complement existing coding audit activities

Indicator 101465 Asterisk code as principal diagnosis identifies records with an asterisk code as principal diagnosis. ACS 0001 *Principal diagnosis* and ACS 0027 *Multiple coding* cover the ICD-10-AM coding convention requiring that, where the diagnosis is represented by an aetiology/manifestation (+/*) pair of codes, the aetiology code must be sequenced before the manifestation code

New in PICQ 2004

Two indicators were deleted:

100135 *Rejection/failure of corneal graft code without additional diagnosis*

100285 *Septicaemia (adult/acquired) code used for neonate where specific neonate/congenital septicaemia code exists*

As part of the ongoing product improvement there have been some changes relating to indicator degree for some indicators incorporated in PICQ 2004 for ICD-10-AM Third Edition and Fourth Edition. Indicator degree is categorised according to the degree of the problem. The following table lists changes made between 'fatal' degree (definite error) and 'warning' degree (possible error).

Indicators where degree has changed from 'fatal' to 'warning'

100109 *Aphasia/dysphasia (speech disturbance) as principal diagnosis in acute care episode*

100192 *Dehydration code as principal diagnosis followed by gastroenteritis code*

100284 *Newborn affected by complication of labour and/or delivery code without code indicating effect*

100290 *Chronic bronchitis code with age <12 years*

101388 *Obstetric laceration of 'high vaginal wall alone' without repair*

101389 *Obstetric laceration of cervix without repair*

101418 *Appendicitis, acute, without appendectomy*

101506 *Myelodysplastic syndrome with anaemia code*

101532 *Cause code required but not present with glaucoma secondary to eye trauma*

Indicators where degree has changed from 'warning' to 'fatal'

100348 *Poisoning code with therapeutic use external cause code*

101593 *Surgical follow-up care without condition that required surgery*

101891 *Neuraxial block code with consecutive regional block or local anaesthetic codes*

101892 *General anaesthetic code with consecutive sedation code*

Some indicators are identified as having a particular topic and PICQ 2004 for ICD-10-AM Fourth Edition now includes ten topics:

PICQ 2004 includes 97 new indicators for ICD-10-AM Fourth Edition in relation to:

- ACS 0001 Principal diagnosis
- ACS 0027 Multiple coding
- ACS 0031 General anaesthesia
- ACS 0044 Chemotherapy
- ACS 0045 Drug delivery devices
- ACS 0234 Contiguous sites
- ACS 0401 Diabetes mellitus & impaired glucose regulation
- ACS 0503 Drug, alcohol and tobacco use disorders
- ACS 0732 Postprocedural hyphaema
- ACS 0740 Trabeculectomy
- ACS 1006 Respiratory support
- ACS 1008 Chronic obstructive pulmonary disease
- ACS 1122 Helicobacter/Campylobacter
- ACS 1221 Decubitis (pressure) ulcer
- ACS 1904 Procedural complications
- ACS 1917 Open wounds
- identification of 'unspecified' codes or 'other' codes as principal diagnosis for disease chapters
- identification of generalised allied health interventions assigned more than once
- identification of unusual pharmacotherapy code combinations
- identification of transfusion of blood product codes assigned more than once
- application of other miscellaneous coding conventions

1. unacceptable principal diagnosis
2. procedure code assigned more than once
3. use of psychoactive substance with specific related disorder
4. diagnosis code assigned more than once
5. use of 'unspecified' diagnosis codes compared to use of all other codes in the chapter
6. use of 'other' diagnosis codes compared to use of all other codes in the chapter
7. use of 'unspecified' diagnosis codes as principal diagnosis compared to all diagnosis codes in the chapter as principal diagnosis
8. use of 'other' diagnosis codes as principal diagnosis compared to all diagnosis codes in the chapter as principal diagnosis
9. external cause code required but not present
10. unusual route of administration of pharmacological agent

How to order PICQ 2004

To order PICQ 2004 please visit the NCCH website <http://www3.fhs.usyd.edu.au/ncch/> or e-mail ncchsales@fhs.usyd.edu.au for more information. There's an order form enclosed with this edition.

Performance Indicators for Coding Quality (PICQ)

Neoplasm sites

PICQ indicator 100038 *Secondary neoplasm site code without a primary site code* has a 'Fatal' indicator degree, indicating that there is definitely an error. ICD-10-AM Fourth Edition rationale for this indicator is that:

This indicator identifies records containing a secondary neoplasm code but no code for the primary site. ACS 0236 *Neoplasm coding and sequencing* states that when a secondary neoplasm is treated, a code for the primary site is added (either a site-specific primary neoplasm code or the unknown site code). A personal history of neoplasm code should not be used in place of a primary site code when the secondary neoplasm is being treated.

Analysis of Australian Institute of Health and Welfare (AIHW) data indicates that between July and December 2000, there was a national error rate of approximately 2.3% for this indicator, which is high for a fatal indicator.

ACS 0236 *Neoplasm coding and sequencing* states that where the episode of care is for the diagnosis or treatment of a secondary malignancy, the primary malignancy should be coded as a current condition. This means that a code from C00 – C75 *Malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haematopoietic and related tissue, C76 Malignant neoplasm of other and ill-defined sites* or C80 *Malignant neoplasm without specification of site* (where the primary site is unknown) should be assigned regardless of when/if the primary site was previously resected. Z85 *Personal history of malignant neoplasm* code should not be used. This is also consistent with ACS 2112 *Personal history*.

HIV and neoplasm

A query relating to PICQ indicator 101172 *HIV disease resulting in malignant neoplasm code without malignant neoplasm code* has been received. This PICQ indicator has a 'Fatal' indicator degree, indicating that there is definitely an error. The rationale for this indicator is that:

This indicator identifies records containing the HIV resulting in malignant neoplasm code but no code for a malignant neoplasm. ACS 0102 *HIV/AIDS* states that, where HIV results in a manifestation, both the HIV and the manifestation should be coded.

Analysis of AIHW data indicates that between July and December 2000 there was a national error rate of approximately 2.77% for this indicator, which is high for a fatal indicator.

Only conditions covered by the malignant neoplasms codes (C00 – C96) are considered malignant. This is illustrated in both the Tabular List and the Neoplasms table in the Alphabetic Index, which is split into four distinct groups:

- malignant neoplasms
- in situ neoplasms
- benign neoplasms
- neoplasms of uncertain or unknown behaviour

Recurrence of malignancy

A query relating to PICQ indicator 101572 *Follow-up after treatment for malignancy code with recurrence of malignancy* has been received. This PICQ indicator has a 'Fatal' indicator degree, indicating that there is definitely an error. The rationale for this indicator is that:

This indicator identifies records with a principal diagnosis from 'follow-up examination after treatment for malignant neoplasm' and a diagnosis code indicating a malignancy. ACS 2113 *Follow-up examinations for specific disorders* states that codes from follow-up examination should be the principal diagnosis only when no residuals are found. Where a follow-up examination does find a recurrence, the malignancy is the principal diagnosis with a code from follow-up examination as an additional code.

Analysis of AIHW data indicates that between July and December 2000 there was a national error rate of approximately 0.2% for this indicator, which is reasonable, but not ideal, for a fatal indicator.

It seems that some coders may still be following redundant advice regarding the coding of cancer of the prostate as a current malignancy (C61 *Malignant neoplasm of prostate*) based on the previous treatment of the condition.

ICD-10-AM First Edition contained ACS 0226 *Prostatic cancer* which stated that "If a patient has had a radical prostatectomy or radical TURP for prostate cancer on a previous admission, subsequent admissions may include the code Z85.4 *Personal history of malignant neoplasm of genital organs* if the patient is not being treated or investigated for this condition. Prostate

cancer patients who have had a non-radical prostatectomy/TURP should be assigned code C61 *Malignant neoplasm of prostate*, not a Z85 code, as these patients still have prostate cancer in the remaining prostate tissue".

ACS 0226 *Prostatic cancer* was deleted from ICD-10-AM Second Edition since it was considered redundant and the principle was covered in ACS 0213 *History of malignancy*. ACS 0213 was deleted in ICD-10-AM Third Edition since it was covered by ACS 2112 *Personal history* and ACS 2113 *Follow-up examinations for specific disorders*.

All cancer should be dealt with in the same way under the existing standards. Therefore, if the patient has a history of prostate cancer which has been treated by radical TURP or otherwise, it is coded in this admission according to what happens **at this admission and on the documentation provided**. If a recurrence is found at follow up, the neoplasm is coded as principal diagnosis and the Z08.- *Follow-up examination after treatment for malignant neoplasms* code is assigned as an additional diagnosis. If no recurrence or residual is found, Z08.- *Follow-up examination after treatment for malignant neoplasms* code is assigned as principal diagnosis and a history code (Z85.-) assigned as an additional diagnosis.

**coding
matters**



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CONFERENCES 2005

9 March	Health-e-Nation	Sydney	http://www.health-e-nation.com.au/
10-13 March	8th National Rural Health Conference	Alice Springs NT	http://www.nrha.net.au/nrhpublic/publicdocs/conferences/8thNRHC/Themes.htm
13-16 March	15th National Health Promotion Conference	Canberra	http://www.healthpromotion.act.gov.au/news/conferences/AHPA2005.htm
16-18 March	NCCH Conference 2005	Perth WA	http://www3.fhs.usyd.edu.au/ncch/7.9.htm
18-20 March	2nd International Conference on Healthy Ageing and Longevity	Brisbane	http://www.longevity-international.com/
19-20 March	European Federation of Medical Informatics	Athens, Greece	http://ghia.nurs.uoa.gr/efmi%2DStc2005/index.asp?page=general_info
21-23 March	Healthcare Computing Conference	Harrogate, North Yorkshire, UK	http://healthcare-computing.co.uk/index.html
7-8 April	2005 ACHSE Annual NSW State Conference	Sydney	http://www.achse.org.au/frameset.html
20-22 April	Fifth Australian Women's Health Conference	Melbourne	http://www.womenshealth2005.com.au
26-28 April	International Conference and Exhibition on Health Communication	Kuala Lumpur, Malaysia	http://www.aidcom.com/HealthCom05.htm
12-13 May	Ethics in Human Research Conference 2005	Canberra	http://www.communicationlink.com.au/ethics/main.aspx
26-28 May	2005 General Practice & Primary Health Care Research Conference	Adelaide	http://www.adgp.com.au/site/index.cfm?PageMode=indiv&module=EVENT&page_id=3629
27-29 May	2005 HIMAA National Conference	Geelong VIC	http://www.himaa.org.au/2005/index.htm
31-2 August	HIC 2005	Melbourne VIC	http://websites.golden-orb.com/hic/default.php
10-12 August	2005 ACHSE National Congress	Adelaide	http://www.achse.org.au/frameset.html
30 Aug-2 Sept.	8th Australian Palliative Care Conference 2005	Sydney	http://dconferences.com.au/pinp2005/
25-28 Sept.	36th Public Health Association of Australia Annual Conference	Perth	http://www.phaa.net.au/
5-8 October	PCS/E	Ljubljana, Slovenia	http://www.pcse.org/
10-11 October	25th Annual APHA National Congress	Melbourne	http://www.apha.org.au/media_files/2378040505
22-26 October	AMIA 2005 Annual Symposium	Washington DC	http://www.amia.org/meetings/annual/current/

2005 ICD-10-AM Fourth Edition coding workshops

Expression of interest in attending a workshop

Please provide business hours contact details

Name

Position/title

Department

Organisation

Address

State

Postcode

Phone

Fax

Mobile

E-mail

I'd like to attend

First choice

Location:

Date:

Second choice

Location:

Date:

Third choice

Location:

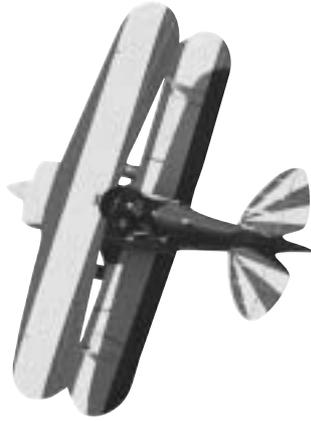
Date:

One person per form please

Send to:

National Centre for Classification in Health
PO Box 170, LIDCOMBE NSW 1825
fax 02 9351 9603 before 30 June 2005

The form can also be completed and sent on line from <http://www.fhs.usyd.edu.au/ncch/4.4htm>



ICD-10-AM Fourth Edition

post implementation coding workshops

In response to demand created by the ICD-10-AM Fourth Edition coding workshop to be presented at the NCCH conference in March 2005 opportunities to attend additional workshops are now being offered in all states and territories.

Workshops will be presented by two NCCH staff and will feature case studies, discussions, coding tips and pointers. Workbooks will be distributed to participants before attending the event.

2005 coding workshops

The proposed workshop dates and locations* are:

TASMANIA

25 August Launceston

VICTORIA

6 September Melbourne

7 September Melbourne

8 September Bendigo

WESTERN AUSTRALIA

3 August Perth

4 August Perth

SOUTH AUSTRALIA

23 August Adelaide

24 August Adelaide

NORTHERN TERRITORY

9 August Darwin

QUEENSLAND

11 August Townsville

20 September Rockhampton

21 September Brisbane

22 September Brisbane

AUSTRALIAN CAPITAL TERRITORY

13 October Canberra

NEW SOUTH WALES

5 October Sydney

6 October Sydney

11 October Dubbo

19 October Newcastle

26 October Tamworth

27 October Coffs Harbour

* subject to change

The workshop will focus on topics from ICD-10-AM Fourth Edition classification queries received by the NCCH including:

- anaesthetics
- cardiology
- diabetes
- injuries
- obstetrics
- AICDS / pacemakers
- pain management

Participants will need their own copies of ICD-10-AM Fourth Edition in hard copy or the eBook on laptop at the workshops.

Registration costs are yet to be determined

Like more information? Please complete the ICD-10-AM Fourth Edition coding workshop expression of interest form and send to:

**National Centre for
Classification in Health
PO Box 170
LIDCOMBE NSW 1825**

**or fax 02 9351 9603
before 30 June 2005**

The form can also be completed and sent on line from

<http://www.fhs.usyd.edu.au/ncch>

Please note that returning the form does not provide registration to attend events