codingmatters
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Newsletter of the National Centre for Classification in Health
**Volume 14 Number 2 September 2007**

# The 10-AM Commandments

## AL Amyloidosis

**Should codes be assigned in addition to the primary amyloidosis codes to describe the spread of the disease and the organs affected?**

Amyloidosis is a group of diseases that result from the abnormal deposition of a particular protein, called amyloid, in various tissues of the body. Amyloidosis that affects tissues throughout the body is referred to as systemic amyloidosis. Systemic amyloidosis can cause serious changes in virtually any organ of the body. Primary amyloidosis, also known as AL amyloidosis, occurs when a specialised cell in the bone marrow (plasma cell) spontaneously overproduces a particular protein portion of an antibody called the light chain. The deposits in the tissues of persons with primary amyloidosis are AL proteins.

The correct codes to assign for primary or AL amyloidosis are D47.7 *Other specified neoplasms of uncertain or unknown behaviour of lymphoid, haematopoietic and related tissue* and M9769/1 *Immunoglobulin deposition disease*, by following the pathway:

Amyloidosis
- primary (M9769/1) D47.7

As the disease is by nature systemic, there is no need to assign secondary neoplasm codes. However, manifestations of the disease, which are conditions in their own right, should be coded if they meet the criteria in ACS 0002 *Additional diagnoses*.

## Coronary angioplasty and angiogram

**When coding a coronary angioplasty is it necessary to also code an angiogram?**

Historically there have been inconsistencies in the assignment of coronary angiography when performed in conjunction with an angioplasty. In order to standardise coding practice and following clinical advice, the NCCH advises that whenever an angiogram is performed in conjunction with an angioplasty, the appropriate angiography code from [668] *Coronary angiography* should also be assigned.

This advice will be reflected in ACHI/ACS Sixth Edition.

## CT Kidney Ureter Bladder (KUB)

**What is the correct code to assign for CT KUB?**

A CT KUB is a relatively new approach to imaging the acute abdomen. It is performed to evaluate the kidneys, ureter and bladder. Numerous, consecutive images of the abdomen and pelvis are obtained, providing images of the liver, pancreas, gallbladder, and other upper abdominal organs. The radiologist can evaluate the appendix for inflammation, detect diverticulitis and look for bowel obstruction. In the urinary tract, the kidneys and ureters can be studied in detail, looking for stones, tumours, or other signs of obstruction. Oral contrast is not required, although in some patients intravenous contrast may be required in order to opacify the ureter.

The correct code to assign for CT KUB is 56501-00 [1963] *Computerised tomography of abdomen and pelvis* or 56507-00 [1963] *Computerised tomography of abdomen and pelvis with intravenous contrast medium*.

## Dementia due to secondary parkinsonism

**If a patient has dementia due to secondary parkinsonism, is it correct to assign F02.3 as an additional code to capture the dementia in the context of Parkinson's disease?**

F02.3* *Dementia in Parkinson's disease* is an asterisk code and should only be assigned as it appears in the Alphabetic Index. For example:

Parkinsonism
- with
- - dementia G20† F02.3*

G20 *Parkinson's disease* classifies idiopathic or primary parkinsonism/Parkinson's disease or parkinsonism/Parkinson's disease not otherwise stated.

Secondary parkinsonism is similar to Parkinson's disease, but is caused by certain medications, other nervous system disorders or other illnesses. It is classified in ICD-10-AM to G21 *Secondary parkinsonism* where the dagger asterisk convention does not apply. Therefore, when a patient has ▶▶▶

dementia linked to secondary parkinsonism, assign a code from G21 with F03 *Unspecified dementia* and sequence following the criteria in ACS 0001 *Principal diagnosis*.

## Gliadel® wafer insertion

**What is the correct procedure code to assign for Gliadel® wafer insertion?**

Gliadel® wafer insertion is performed on newly diagnosed patients with high-grade malignant glioma, as an adjunct to surgery and radiation. It is also indicated in recurrent glioblastoma multiforme patients as an adjunct to surgery.

The Gliadel® wafer is a thin, coin-sized "wafer" that contains the chemotherapy agent carmustine (BiCNU). It is implanted directly into the cavity of the brain from which a cancer is removed and delivers chemotherapy directly into the surrounding cells, killing additional cancer cells that may be undetectable near the site of the cancer.

The correct code to assign for Gliadel® wafer insertion is 96201-00 [1920] *Intracavitary administration of pharmacological agent, antineoplastic agent*, following the pathway:

Administration
- agent (to)
- - pharmacological
- - intracavitary 96201 [1920]

Improvements to the index will be considered for this procedure for a future edition of ACHI.

## Insulin pumps

**What is the correct code to assign for insulin delivered via an insulin pump?**

An insulin pump is not implanted in the body. It is a small, pager-sized device you wear or carry. It is made up of a pump reservoir (like a regular syringe) filled with insulin, one or more small batteries, and a simple programmable interface. It is connected to the body via a thin tube, called an infusion set, which delivers small, constant amounts of insulin via a subcutaneous cannula attached to a small needle. In most cases patients insert and change the cannula/needle themselves, every 2–3 days, at home.

The insulin pump is programmed (by the user) to administer a basal rate of insulin continuously throughout the day and night, depending on individual needs. Patients activate the pump to deliver a bolus dose of insulin during meals. Patients may also administer a bolus dose in response to high blood glucose levels. Insulin pumps contain ultra short acting insulin only.

Patients may be admitted to hospital for fitting/commencement of an insulin pump or conversion to a new pump.

Administration of insulin via an insulin pump is not normally coded as per ACS 0042 *Procedures normally not coded*, point 5:

> *Drug treatment should not be coded unless the substance is given as the principal treatment in same-day episodes of care (for example, chemotherapy for neoplasm or HIV) or is specifically addressed in a coding standard…*

However, where insulin is administered via an insulin pump as the principal treatment in same-day episodes of care, assign:

96200-06 [1920] *Subcutaneous administration of pharmacological agent, insulin*

96208-06 [1921] *Loading of ambulatory drug delivery device, insulin*.

If the patient's pump is loaded with insulin but they do not receive a dose during the episode of care, assign only:

96208-06 [1921] *Loading of ambulatory drug delivery device, insulin*

## Place of occurrence code for motels, bed and breakfasts or holiday apartments

**What is the correct place of occurrence code to assign for an injury occurring in either a motel, bed and breakfast or holiday apartment?**

The correct place of occurrence code to assign for an injury occurring in a motel, bed and breakfast or holiday apartment is Y92.53 *Café, hotel and restaurant*.

However, this code should not be assigned if this type of accommodation is the patient's usual place of residence. Assign Y92.09 *Other and unspecified place in home* in these circumstances.

The NCCH will consider adding index entries for these sites for a future edition of ICD-10-AM.

## Refeeding syndrome

**What is the correct code to assign for refeeding syndrome?**

Refeeding syndrome is a syndrome consisting of metabolic disturbances that occur as a result of reinstitution of nutrition to patients who are starved or severely malnourished. Patients may develop fluid and electrolyte disorders, especially hypophosphataemia, along with neurologic, pulmonary, cardiac, neuromuscular and haematologic complications.

Code the component features of refeeding syndrome separately as per the guidelines in ACS 0005 *Syndromes*.

## Sequencing of Z38 *Liveborn infants according to place of birth*

**What is the intent of the sentence in ACS 1611 *Observation and evaluation of newborn and infants for suspected condition not found*, which states "A code from Z03.7 is to be used as a principal diagnosis, except when the principal diagnosis is required to be a code from category Z38 *Liveborn infants according to place of birth*, in which case Z03.7 is to be the only additional diagnosis"?**

Previously state and territory health authorities had differing guidelines for the sequencing of codes from category Z38 *Liveborn infants according to place of birth*. This is no longer the case, as recent advice received from state and territory health authorities has confirmed that they follow the guidelines in ACS 1607 *Newborn/Neonate* in relation to the sequencing of Z38 codes.

ACS 1607 *Newborn/Neonate* currently states "Any morbid condition arising during the birth episode should be sequenced before Z38.- *Liveborn infants according to place of birth*." Coders should therefore, disregard the above advice in ACS 1611.

The correct code sequence for a newborn baby suspected to be at risk of an abnormal condition, which requires study but, after examination and observation, it is determined there is no need for further treatment or medical care, is:

Z03.7- *Observation and evaluation of newborn for suspected condition not found*

Z38.- *Liveborn infants according to place of birth*

Current references to "state policy differences for newborns" in ACS 1607 *Newborn/Neonate* and ACS 1611 *Observation and evaluation of newborn and infants for suspected conditions not found* will be amended to reflect this advice in a future edition of the ACS.

## Tako-Tsubo cardiomyopathy

**What is the correct code to assign for Tako-Tsubo cardiomyopathy?**

Tako-Tsubo cardiomyopathy, also known as transient apical ballooning, stress-induced cardiomyopathy or broken heart syndrome, is a type of non-ischaemic cardiomyopathy. Patients with Tako-Tsubo cardiomyopathy have similar symptoms to patients with a heart attack including chest pain, shortness of breath, congestive heart failure and low blood pressure. Typically, these symptoms begin just minutes to hours after the person has been exposed to a severe and usually unexpected stress.

During the course of evaluation of the patient, a bulging out of the left ventricular apex with a hypercontractile base of the left ventricle is often noted. This hallmark bulging out of the apex of the heart with preserved function of the base is how the syndrome earned its name "tako-tsubo", or "octopus trap", in Japan where it was first described.

The patient's condition improves quickly, usually with complete functional recovery within two weeks.

Clinical advice received by the NCCH indicates that the correct code to assign for Tako-Tsubo cardiomyopathy is I42.8 *Other cardiomyopathies*. The NCCH will consider indexing this condition for a future edition of ICD-10-AM.


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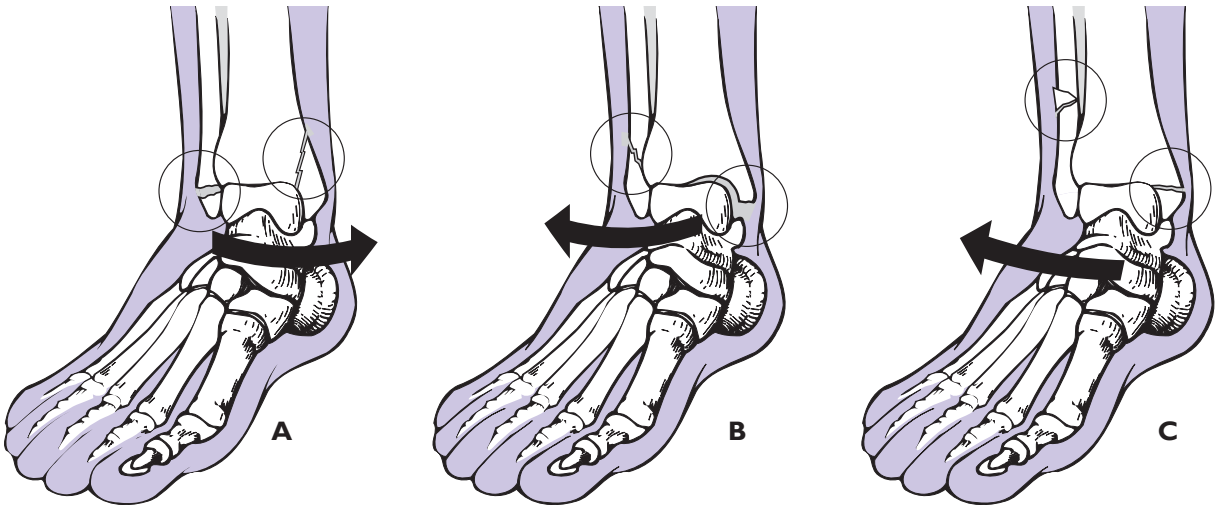


**Weber Fractures**

## Weber fractures

**How should Weber A, B or C fractures be coded?**

Distal fibular fractures are the most common fracture type to the ankle. The Weber classification of ankle fractures was developed in 1972 in association with the advent of the use of internal fixation.

The Weber classification for ankle fractures is a simple anatomic classification and is useful for primary care management. It is based on the level of the fracture in relationship to the joint mortise, a cavity which forms part of the joint, of the distal fibula.

Type A fractures are horizontal avulsion fractures found below the mortise. They are stable and amenable to treatment with closed reduction and casting unless accompanied by a displaced medial malleolus fracture.

Type B fractures are spiral fibular fractures that start at the level of the mortise. This type of fracture occurs secondary to external rotational forces. These fractures may be stable or unstable depending on ligamentous injury or associated fractures on the medial side.

Type C fractures are above the level of the mortise and disrupt the ligamentous attachment between the fibula and the tibia distal to the fracture. These fractures are unstable and require open reduction and internal fixation.

It is difficult to classify fractures based solely on the documentation of "Weber, Type A, Type B or Type C" as they are often associated with other malleolar fractures and Type B and Type C Weber fractures are associated with ligamentous injury.

Coders should be guided by documentation and seek clarification from the clinician in order to assign the correct fracture code. S82.6 *Fracture of lateral malleolus* should be assigned if more specific information is unavailable.

The classification of Weber fractures will be reviewed for a future edition of ICD-10-AM.


# ICD-10-AM/ACHI/ACS

The Fifth Edition volumes are now identified by their respective titles. The ICD-10-AM Tabular List and Alphabetic Index volumes are the disease classification. ACHI Tabular List and Alphabetic Index volumes are the interventions classification. ACS is the Australian Coding Standards.

## Fifth Edition is now available

Fifth Edition was implemented across Australia on 1 July 2006.
For further information and to order:
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## Bibliography


Accu-Check, What is an insulin pump? Roche Diagnostics. Accessed 14 August 2007. http://www.accu-chek.com.au/index.asp

Asernips, Australian Safety and Efficacy Register of new Interventional Procedures – Surgical, Self-Expanding Metallic Stents (SEMS) for Relieving Malignant Colorectal Obstruction: A Systematic Review, The Royal Australasian College of Surgeons. Accessed 26 June 2007. http://www.surgeons.org/AM/Template.cfm?Section=Search_Asernips&section=Systematic_reviews&template=/CM/ContentDisplay.cfm&ContentFileID=20239

Central Melbourne Medical Imaging News, CT KUB, April 2006. Accessed 10 July 2007. http://www.cmmi.svhm.org.au/downloads/newsletters/cmmi_0406.pdf

Diabetes 123 and Children with Diabetes, Pump Basics. Accessed 14 August 2007. http://www.diabetes123.com/pumps/basics.htm

eMedicine, eMedicine Specialties, Sports Medicine, Foot and Ankle. Accessed 10 July 2007. http://www.emedicine.com/sports/topic4.htm

Johns Hopkins Medicine, Frequently Asked Questions About Broken Heart Syndrome. Accessed 9 July 2007. http://www.hopkinsmedicine.org/asc/faqs.html

McCormack et al 2004, Royal Children's Hospital, Westmead 2004

MedicineNet.com, Amyloidosis. Accessed 1 May 2007. http://www.medicinenet.com/amyloidosis/article.htm

MedicineWorld .Org, Parkinsonism (Parkinson's disease). Accessed 9 July 2007. http://medicineworld.org/medicine/neurology/parkinsonism-parkinson's-disease.html

Medline Plus, A Service of the U.S National Library of Medicine and the National Institutes of Health, Medical Encyclopedia, Secondary parkinsonism. Accessed 9 July 2007. http://www.nlm.nih.gov/medlineplus/ency/article/000759.htm

MGIPHARMA, Products Focused on Advancing Patient Care, Gliadel® Wafer. Accessed 26 June 2007. http://www.mgipharma.com/wt/page/gliadel

NewsCast, The Orthopaedic Website for Health Professionals, The Weber Classifications of Ankle Fractures Accessed 10 July 2007. http://www.auscast.org/articles/lower/anklefract.html

Radiology Channel, Kidney Stones, Diagnosis. Accessed 10 July 2007. http://www.radiologychannel.net/kidneystones/diagnosis.shtml

University of Florida, Shands Cancer Centre, Gliadel® Wafer Improves Survival in Aggressive Gliomas. Accessed 26 June 2007. http://ufscc.ufl.edu/Patient/cancernews.aspx?section=cancernews&id=36644.

Wikipedia, Takotsubo cardiomyopathy. Accessed 10 July 2007. http://en.wikipedia.org/wiki/Takotsubo_Cardiomyopathy



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# Update to PICQ 2006

NCCH is pleased to be able to release a revised version of PICQ 2006 which has had minor amendments following feedback from users. The updated version does not contain any new indicators.

## What is PICQ?

PICQ is a series of indicators that analyses admitted patient morbidity data coded with ICD-10-AM/ACHI and is based on the 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.

**Indicators where the logic (code unseen by the user) has changed from PICQ 2004:**

- 100190 Division of abdominal adhesions code without corresponding diagnosis code
- 100368 External cause code required but not present with chapter 19 code (Fifth Edition only)
- 100369 External cause code required but not present with examination following accident/injury code (Fifth Edition only)
- 101595 Termination of pregnancy procedure code without medical abortion code
- 101943 Diabetes mellitus with advanced renal disease code
- 101952 Curettage of non-gravid uterus code with a diagnosis code indicating an abortion or delivery
- 101982 Adjustment and management of implantable device or pump without appropriate procedure code (Fifth Edition only)

**Indicators where the degree of the Indicator Degree has changed from A 'Fatal' to B 'Warning':**

- 100242 Bladder neck obstruction code as principal diagnosis followed by benign prostatic hypertrophy code (threshold = less than 1%)
- 101572 Follow-up after treatment for malignancy code with recurrence of malignancy (threshold = less than 1%)
- 101593 Surgical follow-up care without condition that required surgery (threshold = less than 1%)
- 101971 Incarcerated, obstructed or strangulated abdominal hernia code with non incarcerated, obstructed or strangulated abdominal hernia repair code (threshold = less than 1%)
- 102006 Bone marrow donor code as principal diagnosis when not same-day stay (Fifth Edition only).

Current users have all been sent an update to PICQ 2006. For further information and to order PICQ 2006 visit our website at: http://www3.fhs.usyd.edu.au/ncch/7.3.1.htm

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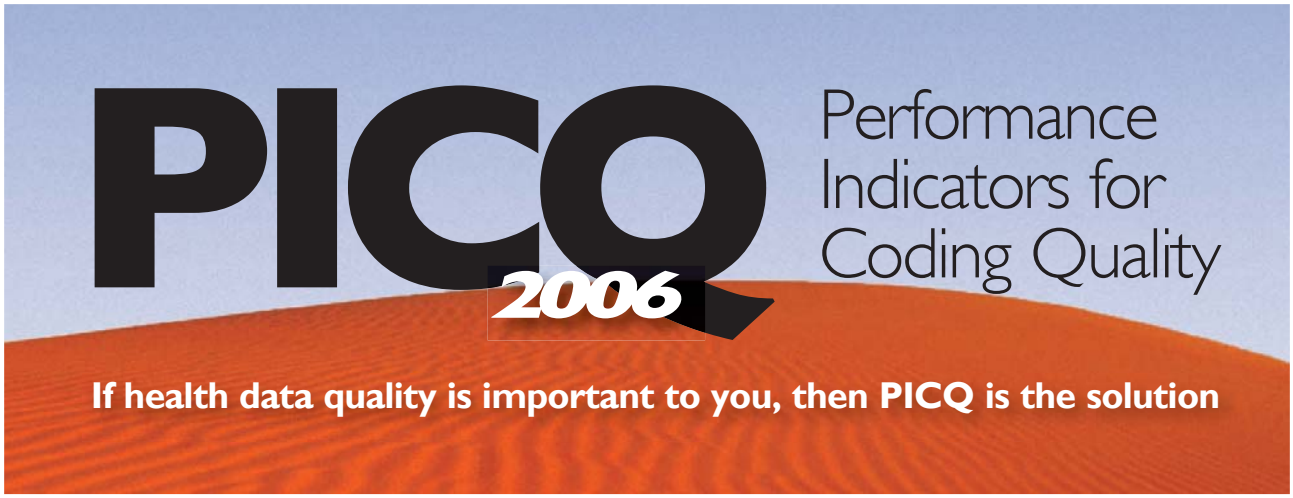

# Australian Refined Diagnosis Related Groups (AR-DRG)

## Version 5.2

AR-DRG is a patient classification scheme based on ICD-10-AM/ACHI/ACS codes. It provides a way of grouping the patients treated in a hospital according to clinical characteristics and resource use.

AR-DRG Version 5.2 incorporates ICD-10-AM/ACHI/ACS Fifth Edition codes.

AR-DRG definition manuals are published by the Australian Government Department of Health and Ageing and distributed by the NCCH.

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# CONFERENCES 2007/8

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|---|---|---|---|
| Sept 23-26 | 38th Public Health Association of Australia Annual Conference | Alice Springs, NT | www.phaa.net.au/ |
| Sept 30-Oct 3 | 24th Conference of The International Society for Quality in Health Care | Boston, USA | www.isqua.org |
| Oct 4-7 | RACGP 50th Annual Scientific Convention | Sydney, NSW | www.racgp.org.au/asc2007 |
| Oct 6-11 | AHIMA Annual Convention and Exhibit | Philadelphia, USA | www.ahima.org/meetings/ |
| Oct 8-10 | HIMAA National Conference | Auckland, NZ | www.himaa.org.au |
| Oct 8-10 | Australian Health Insurance Association Conference 2007 - Private Healthcare 2017 | Melbourne, VIC | www.ahia2007.com/ |
| Oct 17-18 | Medical Technology and Innovation 2007 - Building Better Healthcare in Australia | Sydney, NSW | www.miaa.org.au |
| Oct 22-25 | The World of Health IT 2007 | Vienna, Austria | http://cfp.worldofhealthit.org/ |
| Oct 25-26 | Improving Clinical Handover: Sharing The Lessons Learnt | Sydney, NSW | www.changechampions.com.au |
| Oct 25-26 | WHO Conference on Children Health, Disability and ICF-CY | Venice, Italy | www.who.int/classifications/network/conferenceICFCY/en/index.html |
| Oct 28-Nov 3 | 2007 Annual Meeting of the WHO Network of Collaborating Centres for the Family of International Classifications | Trieste, Italy | www.who.int/classifications/network/meeting2007/en/ |
| Nov 7-10 | 23rd Patient Classification Systems International Working Conference | Venice, Italy | www.pcsi2007.org/ |
| Nov 10-14 | AMIA 2007 Annual Symposium | Chicago, USA | www.amia.org/meetings |
| Nov 15-16 | e-Health and Telemedicine (eHT) Workshop | Perth, WA | www.emedicine.com.au |
| Nov 21-23 | Australian Association of Gerontology 40th National Conference Beyond 2007, Ageing: Evolution and Revolution | Adelaide, SA | www.aagconference.com |
| Dec 2-5 | 5th Health Services & Policy Research Conference 2007 | Auckland, NZ | www.healthservicesconference.com.au |
| Dec 3-6 | Patient Safety & Quality Assurance: Embedding a Culture of Safety in our Hospitals & Health Organisations. | Sydney, NSW | http://www.iqpc.com.au/cgi-bin/templates/singlecell.html?topic=221&event=14180 |
| Dec 6 | Disadvantage and Diversity: Australia's Welfare 2007 Conference | Canberra, ACT | http://www.aihw.gov.au/eventsdiary |
| May 20-23 2008 | HIMSS AsiaPac08 | Hong Kong | www.himssasiapac.org |
| July 7-9 2008 | Population Health Congress 2008 | Brisbane, QLD | phaa.net.au/pophealthCongress2008.php |

Conference information is also published at the NCCH website http://www3.fhs.usyd.edu.au/ncch/2.4.htm


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