

# The **10-AM** Commandments

## Apophysiodesis of femur

What is the correct intervention code to assign for apophysiodesis of the femur?

The correct code to assign for apophysiodesis of the femur is 48500-00 [1491] *Epiphysiodesis of femur*. Clinical advice confirms that an *apophysiodesis* is the same as an *epiphysiodesis* of the femur, except that it is performed at the proximal end of the femur rather than the distal end, which is more common. Clinical advice also indicated that:

“Technically a growth point that leads to a muscle attachment is an apophysis whereas a growth plate to a joint is an epiphysis.”  
Courtenay, Brett (personal communication, Orthopaedic Clinician)

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

## Creation of arteriovenous fistulas for dialysis treatment

When should Z49.0 *Preparatory care for dialysis* be assigned for an admission for creation of an arteriovenous fistula and when should a complication code from category T82 *Complications of cardiac and vascular prosthetic devices, implants and grafts* be assigned?

Z49.0 *Preparatory care for dialysis* should be assigned for those admissions where the intention is for creation of a new fistula in preparation to commence dialysis treatment. Where the reason for creation of a new fistula is due to a complication relating to an existing fistula (even when the new fistula is being created at a different site), then assign the appropriate complication code from category T82 *Complications of cardiac and vascular prosthetic devices, implants and grafts* with external cause codes Y84.1 *Kidney dialysis* and Y92.22 *Health service area*.

The NCCH will consider improvements to the Alphabetic Index for creation of arteriovenous fistula for a future edition of ICD-10-AM.

## External cause codes for renal dialysis

What is the correct external cause code assignment for complications related to renal dialysis?

The correct external cause code to assign for a complication related to any mode of dialysis is Y84.1 *Kidney dialysis* irrespective of whether it is a complication of the fistula, catheter or the infusion. The ‘T code’ assigned describes the type of complication and the ‘external cause’ code identifies that it is due to kidney dialysis.

## Endoscopic lithotripsy of encrusted ureteric stent

What is the correct code to assign for endoscopic lithotripsy of an encrusted ureteric stent?

Ureteral stents are an integral part of urological practice. Stents can migrate, fragment or be forgotten and a portion of these will become calcified. Treatment to render a patient stent-free in these circumstances includes ureteroscopy, percutaneous nephroscopy, cystoscopic electrohydraulic lithotripsy, extracorporeal shock wave lithotripsy, open cysto-litholapaxy and simple nephrectomy – or a combination of the above.

The correct code to assign for endoscopic lithotripsy of an encrusted ureteric stent is 36809-00 [1074] *Endoscopic fragmentation of ureteric calculus*. Calcified encrustation is considered calculous material, therefore, the correct pathway is *Destruction, calculus, ureter*. Assign also a code for removal of ureteric stent as appropriate.

## Excoriation skin of breast

What is the correct code to assign for non traumatic excoriation of skin of breast?

Non traumatic excoriation of skin of breast is also known as intertrigo.

Intertrigo is inflammation of skinfolds caused by skin-on-skin friction or chafing of warm, moist skin in areas such as the inner thighs and genitalia, the armpits, under the breasts, under abdominal folds, behind the ears and the web spaces between the fingers and toes.



The condition is particularly common in obese patients who are exposed to high heat and humidity, but it can occur in anyone.

The correct code to assign for non traumatic excoriation of skin of breast is L30.4 *Erythema intertrigo*.

The NCCH will consider improvements to the index for this condition for a future edition of ICD-10-AM.

## Failure to progress in labour

What is the correct code to assign for failure to progress in labour?

Failure to progress in labour is a description rather than a diagnostic term, therefore a code for the underlying condition resulting in failure to progress should be assigned. Underlying causes may include cephalopelvic disproportion, malpresentation, inefficient uterine action, (primary uterine inertia or secondary uterine inertia), cervical dystocia, maternal exhaustion etc.

In the absence of documentation of an underlying cause for failure to progress, clinical advice indicates that the correct code to assign is O62.9 *Abnormalities of forces of labour, unspecified*.

The NCCH will consider improvements to the Alphabetic Index for *failure to progress* in labour for a future edition of ICD-10-AM.

## Glaucoma with diabetes mellitus

For a diabetic patient with glaucoma NOS is it appropriate to assign E1-.39 \* *Diabetes mellitus with other specified ophthalmic complication* and H40.9 *Glaucoma, unspecified*?

There is no index entry for 'Diabetes, with glaucoma' in ICD-10-AM, therefore E1-.39 \* *Diabetes mellitus with other specified ophthalmic complication* should not be assigned in this scenario.

## Macular degeneration with diabetes mellitus

Should E1-.34 \* *Diabetes mellitus with other retinopathy* be assigned in addition to H35.3 *Degeneration of macula and posterior pole* in a patient with macular degeneration and diabetes mellitus?

There is no index entry for 'Diabetes, with macular degeneration' in ICD-10-AM. Clinical advice indicates that there is no cause and effect relationship between macular degeneration and diabetes mellitus and it is therefore, inappropriate to assign E1-.34 \* *Diabetes mellitus with other retinopathy* in the above scenario. These conditions should be coded separately unless the clinician clearly documents a link such as *diabetic maculopathy*.

The **Good Clinical Documentation Guide** helps clinicians to recognise critical elements they need to document to reflect the patient care process, to communicate, report and provide clear data for research and quality of care monitoring.

The **Good Clinical Documentation Guide** provides general information about the requirements for good documentation, and the relationship between documentation, coding and Diagnosis Related Groups (DRGs). Specific information relevant to 22 clinical specialties helps guide and inform clinicians about important issues in documentation.

The specialty chapters feature:

- a range of clinical topics
- clinical profiles
- the top 5 principal diagnoses, procedures and complications and comorbidities (ICD-10-AM/ACHI/ACS Fifth Edition) for each relevant specialty
- documentation pointers for each topic
- AR-DRG version 5.1 information where relevant
- examples of the impact documentation has on DRG assignment where DRG variances can be illustrated.

# The Good Clinical Documentation guide

Revised Second Edition  
Now Available

The guide is provided as an Adobe® Acrobat® file on CD-ROM and features electronic navigation between topics and concepts. The guide is printer-friendly.

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Your guide to the best medical records

## Sympathetic storm following traumatic brain injury

### What is the correct code to assign for sympathetic storm following traumatic brain injury?

Sympathetic storming occurs in 15% to 33% of patients with severe traumatic brain injury who are comatose. It is an exaggerated stress response marked by agitation or restlessness and can be associated with fever, posturing, tachycardia, hypertension and diaphoresis. It is thought to be caused by an increase in activity of the sympathetic nervous system created by a disassociation or loss of balance between the sympathetic and parasympathetic nervous systems.

In addition to coding out the traumatic brain injury the NCCH advises that sympathetic storm should be classified to G90.8 *Other disorders of autonomic nervous system* by following the pathway(s):

#### Disorder

- autonomic nervous system
- - specified NEC G90.8

or

#### Imbalance

- autonomic G90.8

or

#### Imbalance

- sympathetic G90.8

Assign also codes for manifestations of the sympathetic storm, as appropriate, if they meet the criteria in ACS 0002 *Additional diagnoses*.

## Unspecified gastroenteritis complicating pregnancy

### What is the correct code to assign for unspecified gastroenteritis complicating pregnancy?

The correct code assignment for unspecified gastroenteritis complicating pregnancy is 098.8 *Other maternal infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium* and A09.9 *Gastroenteritis and colitis of unspecified origin*.

Updates to the 'Pregnancy, complicated by' section of the **WHO ICD-10 Alphabetical Index** were made, however, some of these indexing changes have yet to be incorporated into ICD-10-AM. A review of this area of the ICD-10-AM Alphabetic Index is being undertaken for a future edition.

## Bibliography

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<http://www.sciencedirect.com/science>

DermIS, Dermatology Information System, Intertrigo. Accessed 1 February 2009.

<http://dermis.multimedica.de/dermisroot/en/12933/diagnose.htm>

## Australian Refined Diagnosis Related Groups (AR-DRG)

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

**AR-DRG Version 6.0** incorporates ICD-10-AM/ACHI/ACS Sixth Edition codes.

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

For further information and to order:

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# Version 6.0



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## Coding diabetes mellitus

### and impaired glucose regulation (IGR)

**Note:** The following advice on diabetes mellitus also applies to impaired glucose regulation (IGR)

During the 2008 Sixth Edition Coding Workshops, the NCCH emphasised that diabetes mellitus must meet ACS 0002 *Additional diagnoses* to be coded. The education highlighted that **routine** BSLs do not fall under the ACS 0002 criteria for '*increased clinical care and/or monitoring*' and therefore can not be used by coders to determine when to code diabetes mellitus and any associated conditions.

It is acknowledged that there may be some variation in the way that diabetes mellitus is coded in Sixth Edition, mainly due to how the index deals with diabetes and its associated conditions. This issue has been discussed at the Coding Standards Advisory Committee (CSAC) and

a decision has been made to review the index and ACS 0401 *Diabetes mellitus and impaired glucose regulation* for Seventh Edition. Further work on a complete review of this area will be undertaken for Eighth Edition.

Coders should continue to code diabetes as they have been and follow the advice published as a I0-AM Commandment in *Coding Matters*, Volume 15, No.1, June 2008 *Diabetes mellitus and blood sugar levels*. The NCCH in conjunction with CSAC recognises that there will be instances throughout the life of Sixth Edition where coding advice on diabetes will be sought. It is therefore recommended that coding queries related to diabetes mellitus be dealt with at the state level during Sixth Edition.



## ICD-10-AM/ACHI/ACS Sixth Edition

ICD-10-AM/ACHI/ACS Sixth Edition is now available in printed volumes and as eCompress® desktop software. For further information and to order: **NCCH Sydney**  
Phone: +61 2 9351 9461  
E-mail: [fhsNCCHsales@usyd.edu.au](mailto:fhsNCCHsales@usyd.edu.au)

# ICD-10-AM/ACHI/ACS Sixth Edition

## coding workshops for 2009

### National 2009 coding workshops

The 2009 workshops will feature case scenarios and clinical records which will be distributed to participants for completion prior to attending the event. At each workshop there will be opportunity to discuss the answers with basic coding tips and pointers also being provided.

The main focus of this year's continuing education workshops will be on coding cases related to chronic kidney disease which was based on feedback received from state and territory coding authorities. Other topics will include:

- bilateral/multiple procedures
- cardiovascular
- diabetes mellitus
- obstetrics
- procedural complications
- spinal
- ventilation

The dates and locations for these workshops are listed in the adjacent textbox and are subject to change but the NCCH will endeavour to keep to this timeline if possible.

Registration to national workshops is \$198 (incl. GST). Participants will receive a 100+ page workbook with 12 case scenarios and six clinical records, to be completed prior to attending. The workbook will be sent to participants, at least two weeks prior to the nominated workshop date, for completion. An answer book will be provided on the day of the workshop. Lunch will be provided along with tea and coffee being available throughout the day.

Participants will need their own ICD-10-AM/ACHI/ACS Sixth Edition in hard copy or the eBook on laptop at the workshops plus your completed workbook.

Register now at <http://www.ncch.com.au>

The proposed workshop dates and locations\* are:

#### NEW SOUTH WALES

5 May	Bankstown
6 May	North Ryde
7 May	Dubbo
12 May	Newcastle 1
13 May	Newcastle 2
14 May	Albury
18 May	Penrith
10 June	Tamworth
17 June	Coffs Harbour

#### NORTHERN TERRITORY

2 June	Darwin
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#### QUEENSLAND

12 May	Brisbane 1
13 May	Brisbane 2
14 May	Brisbane 3
4 June	Cairns
4 June	Rockhampton
18 June	Maroochydore

#### TASMANIA

2 June	Launceston
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#### SOUTH AUSTRALIA

26 May	Adelaide 1
27 May	Adelaide 2
28 May	Adelaide 3

#### WESTERN AUSTRALIA

26 May	Perth 1
27 May	Perth 2

#### AUSTRALIAN CAPITAL TERRITORY

20 May	Canberra
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#### VICTORIA

19 May	Bendigo
20 May	Melbourne 1
21 May	Melbourne 2
10 June	Melbourne 3
11 June	Melbourne 4
12 June	Geelong

\*subject to change

NB: the minimum number of participants required to conduct a workshop is 15 (excluding Northern Territory) otherwise the workshop will be cancelled.

# Acknowledgement

## – complication codes survey

The NCCH would like to thank the following Health Information Managers and Clinical Coders who took the time to take part in the complication codes survey during 2008.

Ms. Ann Morton	Geelong Private Hospital	VIC
Ms. Carrie Bancroft	Southern Health	VIC
Ms. Diana Murphy	Bega District Hospital	NSW
Ms. Gabrielle Lansche	Southern Health	VIC
Mrs. Janine Wapper	Alice Springs Hospital	NT
Mrs. Judy Kerr	Southern Health	VIC
Ms. Marijke Uebergang	Wimmera Health Care Group	VIC
Mrs. Michelle Tudisco	Repatriation General Hospital	SA
Ms. Vivienne Rodgers	West Moreton/Sth Burnett Health Service	QLD
Mrs. Caroline Osborne	Glenelg Community Hospital	SA
Mr. Chris Robey	ACHA The Memorial Hospital	SA
Ms. Helen Morgan	Nepean Hospital	NSW
Mrs. Therese Rainsford	Stirling District Hospital	SA
Ms. Mary-Ellen Wetherspoon	NZ Health Information Service, Ministry of Health	NZ

The data collected from all over Australia and New Zealand is currently being analysed and will help make improvements to the residual effect code T78.1 *Other adverse food reactions, not elsewhere classified* and complication codes in section T80-T88 *Complications of surgical and medical care, not elsewhere classified*. This work will inform a future edition of ICD-10-AM.

## NCCH prize

### for clinical coding

The NCCH prize for clinical coding is awarded annually to outstanding graduate students who have completed health information management and clinical coding courses.

Recipients of the 2008 NCCH prize for clinical coding are:

- Letalia Thornberry** – Curtin University
- Nadia Costa** – La Trobe University
- Judith O'Connor** – Queensland University of Technology
- Karli Rob** – Open Training and Education Network – TAFE NSW

The NCCH congratulates the award winners and wishes them success in their careers.

## 10-AM Commandments Sixth Edition

### online now

**10-AM Commandments Sixth Edition** published in *Coding Matters* can now be viewed on the NCCH website. The commandments are conveniently displayed by title and can be expanded and collapsed as you browse.

**10-AM Commandments Sixth Edition** may also be viewed using the *Coding Matters* index and newsletter PDF documents also available on the NCCH website. The ICD-10-AM/ACHI/ACS Sixth Edition software version includes the Commandments using active hyperlinks to the relevant sections of the classification.

Visit ICD-10-AM Sixth Edition Commandments online at: [www.fhs.usyd.edu.au/ncch](http://www.fhs.usyd.edu.au/ncch)

# CONFERENCES 2009

April 4-8	HIMSS'09 Annual Conference and Exhibition	Chicago, USA	<a href="http://www.himssconference.org">www.himssconference.org</a>
April 14-16	6th Annual World Health Care Congress	Washington, DC, USA	<a href="http://www.worldcongress.com/events/HR09000/index.cfm?confCode=HR09000">www.worldcongress.com/events/HR09000/index.cfm?confCode=HR09000</a>
May 5-7	HIMSS MiddleEast09	Manama, Bahrain	<a href="http://www.himssme.org/09/">www.himssme.org/09/</a>
May 7	HealthBeyond – eHealth Consumer Day	Melbourne, VIC	<a href="http://www.healthbeyond.org.au">www.healthbeyond.org.au</a>
May 12-14	CeBIT Australia 2009	Sydney, NSW	<a href="http://www.cebit.com.au/">www.cebit.com.au/</a>
May 17-20	10th National Rural Health Conference	Cairns, QLD	<a href="http://nrha.ruralhealth.org.au/?IntCatId=14">nrha.ruralhealth.org.au/?IntCatId=14</a>
Aug 4-7	ACHSE 2009 National Congress	Surfers Paradise, QLD	<a href="http://www.achse.org.au">www.achse.org.au</a>
Aug 19-21	CHIK's Health-e-Nation'09 Conference	Canberra, ACT	<a href="http://www.health-e-nation.com.au">www.health-e-nation.com.au</a>
Aug 20-21	HIC'09	Canberra, ACT	<a href="http://www.hisa.org.au/hic09">www.hisa.org.au/hic09</a>
Aug 29-Sept 2	22nd International Congress of the European Federation for Medical Informatics	Sarajevo, Bosnia and Herzegovina	<a href="http://www.mie2009.org/">www.mie2009.org/</a>
Sept 30-Oct 2	HINZ Conference and Exhibition	Rotorua, NZ	<a href="http://www.hinz.org.nz/page/conference">www.hinz.org.nz/page/conference</a>
Oct 1-4	GP'09 - The conference for general practice 2009	Perth, WA	<a href="http://www.gpconference.com.au/">www.gpconference.com.au/</a>
Oct 14-16	HIMAA National Conference	Perth, WA	<a href="http://www.himaa.org.au/">www.himaa.org.au/</a>

Conference information is also published at the NCCH website [www.fhs.usyd.edu.au/ncch](http://www.fhs.usyd.edu.au/ncch)

## Attention!

### Health Information Managers and Clinical Coders

The NCCH needs case scenarios or clinical record abstracts for possible use in future education workshops!

If you have a case that can be used, please either send a *de-identified* copy to the NCCH or summarise the case and email it...

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**coding matters**



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# PICQ 2008

## PERFORMANCE INDICATORS FOR CODING QUALITY

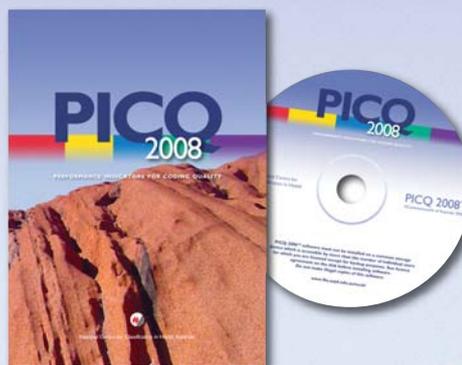
### Performance Indicators for Coding Quality (PICQ)

is a set of pre-determined indicators which identifies records in data sets that may be incorrectly coded based on Australian Coding standards (ACS) and coding conventions

PICQ 2008 makes it easy to measure ICD-10-AM/ACHI coded patient morbidity data using a series of indicators based on Australian Coding Standards (ACS) and coding conventions.

PICQ can identify data problem areas, suggest possible causes and provide corrections. PICQ will measure data accuracy against specific indicators and data quality over time. PICQ can assist coder education and provide feedback to individual coders.

PICQ 2008 is now available, incorporating 245 indicators for ICD-10-AM/ACHI/ACS Fifth Edition and 302 indicators for Sixth Edition.



### PICQ 2008 and coding quality

PICQ 2008 is able to perform a number of data quality checks that includes:

- identifying actual coding errors and possible coding problems;
- identifying specific records for correction, if necessary;
- suggest possible problem causes and possible corrections;
- identifying areas where documentation may lead to the use of unspecified codes;
- measuring data accuracy against particular indicators;
- measuring data quality over time;
- identify areas for coder and clinician education;
- provide feedback to individual coders;
- provide results that can be benchmarked with other health care facilities; and
- complement existing coding audit activities.

### New in PICQ 2008

- 70 new indicators in Sixth Edition;
- indicator logic and other elements for some indicators have been revised;
- the indicator degrees have been modified to better reflect the problem identified;
- two edit reports that identify and report on all import errors, allowing the user to correct the errors prior to re-importing; and
- the ability to process fields which are blank instead of null, e.g. unused diagnosis and intervention code fields.

**PICQ 2008 is now available –  
for further information and to  
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