



IHACPA

Coding Rules

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Source: The Independent Health and Aged Care Pricing Authority



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Cannabis hyperemesis syndrome

Q:

What codes are assigned for cannabis hyperemesis syndrome?

A:

Cannabis hyperemesis syndrome is cyclical nausea and vomiting associated with chronic regular cannabis use. The symptoms are temporarily relieved by having hot baths with resolution of symptoms after cannabis cessation. Cannabis hyperemesis generally does not occur in patients taking medicinal cannabis (Arnold 2021; Sorensen et al. 2017).

Assign the following codes for cannabis hyperemesis syndrome:

R11 *Nausea and vomiting*

F12.1 *Mental and behavioural disorders due to use of cannabinoids, harmful use*

Follow the ICD-10-AM Alphabetic Index:

Hyperemesis (*see also Vomiting*) R11

Disorder (of)

- use

- - drug(s)

- - - cannabis, cannabinoids F12.-

(with fourth character .1 *harmful use* — see subdivisions in ICD-10-AM Tabular List block F10–F19).

In the absence of a single ICD-10-AM code to classify all the elements of cannabis hyperemesis syndrome also assign U91 *Syndrome, not elsewhere classified*, in accordance with the guidelines in ACS 0005 *Syndromes*.

Amendments will be considered for a future edition.

References:

Arnold, J.C. 2021, A primer on medicinal cannabis safety and potential adverse effects, *Australian Journal of General Practice*, vol. 50,no. 6, pp.345-350.

Sorensen, C.J., DeSanto, K., Borgelt, L., Phillips, K.T., & Monte, A.A. 2017, Cannabinoid Hyperemesis Syndrome: Diagnosis, Pathophysiology, and Treatment-a Systematic Review. *Journal of medical toxicology: official journal of the American College of Medical Toxicology*, vol.13, no.1, pp.71–87.

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Clonidine and saline suppression tests

New Zealand: This Coding Rule is not applicable for the duration of Eleventh Edition, as it may result in a change in coding practice.

Q:

What codes are assigned for clonidine suppression test and saline suppression test?

A:

Clonidine suppression test is performed to diagnose pheochromocytoma, paragangliomas and catecholamine producing tumours that cause paroxysmal or persistent hypertension. A baseline blood sample for plasma catecholamines is taken before clonidine is given orally. Increased levels of plasma catecholamines and their metabolites in follow up blood samples strongly suggest the presence of a pheochromocytoma (RCPA 2019).

Saline suppression test is performed to diagnose primary aldosteronism where excessive amounts of aldosterone is secreted causing hypertension. A baseline blood sample for aldosterone and renin is taken before saline is administered intravenously. Post infusion plasma aldosterone levels are used to determine a diagnosis of primary hyperaldosteronism (Chrousos 2020).

Assign 92204-00 [1866] *Diagnostic tests, measures or investigations, not elsewhere classified* when either clonidine suppression test or saline suppression test is performed, in accordance with the guidelines in ACS 0042 *Procedures normally not coded* (ie when the test is the principal reason for admission in a same-day episode of care).

Follow the ACHI Alphabetic Index:

Test, testing (for) 92204-00 [1866]

Do not assign additional codes for components of the tests (such as collection of blood and drug administration) in accordance with the guidelines in ACS 0016 *General procedure guidelines*.

References:

Chrousos, G. P. 2020, *Hyperaldosteronism workup*, Medscape, viewed 10 November 2021, <<https://emedicine.medscape.com/article/920713-workup#c6>>.

The Royal College of Pathologists of Australasia (RCPA) 2019, *Clonidine suppression test*, viewed 31 January 2023, <<https://www.rcpa.edu.au/Manuals/RCPA-Manual/Pathology-Tests/C/Clonidine-suppression-test>>.

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External cause code assignment for knocked over by a wave

New Zealand: This Coding Rule is not applicable for the duration of Eleventh Edition, as it is a change in coding practice.

Q:

What external cause code is assigned to classify knocked over (dumped) by a wave?

A:

There are many instances of injuries to beachgoers resulting from impacts due to plunging and dumping waves, either at the shore-break or on shallow sandbars, as well as impacts with boardcraft and other swimmers. Collectively, these incidents are known as surf zone injuries and can require extensive medical care, particularly in the case of severe spinal injuries (UNSW Beach Safety Research Group, 2020).

Unlike rip currents or deep water, which pose a risk of drowning, surf zone hazards can cause blunt trauma when beachgoers are hit by a wave and slammed into the sand. Injuries range from simple sprains to extremity fractures, blunt organ trauma and fractures of the cervical spine (University of Delaware, 2013).

Assign W16.0 *Diving or jumping into water striking or hitting bottom* where it is specified that the external cause of an injury was being knocked over (dumped) by a wave and striking the bottom.

Follow the ICD-10-AM Alphabetic Index Section II *External Causes of Injury*:

Striking against

- bottom (when jumping or diving into water) W16.0

Assign W16.2 *Diving or jumping into water striking or hitting water surface* for injuries specified as due to being 'dumped' or knocked over by a wave without mention of striking the bottom.

Follow the ICD-10-AM Alphabetic Index Section II *External Causes of Injury*:

Striking against

- water surface (with injury other than drowning or submersion) W16.2

Amendments will be considered for a future edition.

References:

University of Delaware 2013, *UDaily: Injured at the beach*, Newark, DE 19716, USA, viewed 31 January 2023, <<https://www1.udel.edu/udaily/2013/jun/surf-zone-injuries-060313.html>>.

UNSW Beach Safety Research Group 2020, *Surf Zone Injuries*, Sydney, Australia, viewed 31 January 2023, <<https://www.beachsafetyresearch.com/surf-zone-injuries>>.

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Iron deficiency anaemia with chronic normocytic anaemia

Q:

What codes are assigned for iron deficiency anaemia with chronic normocytic anaemia?

A:

Anaemia is the reduction in the quality of the oxygen carrying haemoglobin in the blood. There are many causes such as anaemias due to loss of blood (haemorrhagic anaemia), the lack of iron (iron deficiency anaemia), and the increased destruction of red blood cells (haemolytic anaemias).

Anaemia can be classified based on the size of the red blood cells which may be large (macrocytic anaemia), small (microcytic anaemia) or normal sized (normocytic anaemia) (University of Oxford 2015).

Assign D64.9 *Anaemia, unspecified* to classify (chronic) normocytic anaemia NOS.

Follow the ICD-10-AM Alphabetic Index:

Anaemia

- normocytic (infection) D64.9

Assign D50.8 *Other iron deficiency anaemias* to classify iron deficiency anaemia **with** chronic normocytic anaemia. Do not assign D64.9 *Anaemia, unspecified* as an additional diagnosis code as it does not provide further specificity.

Follow the ICD-10-AM Alphabetic Index:

Anaemia

- iron deficiency
- - specified type NEC D50.8

References:

University of Oxford 2015, *Oxford Concise Medical Dictionary*, 9th edn, Oxford University Press, Oxford.

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Lumbar puncture headache following epidural or spinal anaesthesia

New Zealand: This Coding Rule is not applicable for the duration of Eleventh Edition.

Q:

What code is assigned for lumbar puncture headache following epidural or spinal anaesthesia?

A:

A spinal (lumbar puncture) headache occurs when there is leakage of cerebrospinal fluid (CSF) (following lumbar or spinal puncture) from the needle insertion site, causing a change in CSF pressure (WebMD 2022). Spinal headaches are a fairly common complication in those who undergo a spinal tap or spinal anaesthesia, and most resolve on their own with no treatment (MayoClinic 2022).

Assign G97.11 *Headache following spinal and lumbar puncture* for lumbar puncture headache following an epidural or spinal anaesthesia.

Follow the ICD-10-AM Alphabetic Index:

Headache

- lumbar puncture G97.11

G97.1 *Reaction to spinal and lumbar puncture, not elsewhere classified* has the following *Excludes* note:

Excludes: that due to anaesthesia (T88.5-)

This *Excludes* note does not apply to lumbar puncture headaches given they are caused by a change in CSF pressure and not the anaesthesia.

Assign Y84.8 *Other medical procedures as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure* to identify that the external cause was the lumbar puncture procedure (ie not the anaesthesia).

Follow the ICD-10-AM Alphabetic Index Section II: *External causes of injury*:

Complication(s) (delayed) (medical or surgical procedure) (of or following)

- procedures other than surgical operation
- - specified Y84.8

Also assign a place of occurrence code.

Amendments will be considered for a future edition.

References:

Mayo Clinic 2022, *Spinal headaches*, viewed 31 January 2023, <<https://www.mayoclinic.org/diseases-conditions/spinal-headaches/symptoms-causes/syc-20377913>>.

WebMD 2022, *Spinal headaches*, viewed 31 January 2023, <<https://www.webmd.com/migraines-headaches/pain-management-spinal-headaches>>.

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Replacement of polyethylene liner of knee prosthesis

Q:

What code is assigned for replacement of polyethylene liner (poly liner) of a knee prosthesis?

A:

A total knee implant system (knee prosthesis) is made up of three components:

- femoral component
- polyethylene spacer/liner
- tibial component (AESCULAP Implant Systems 2022).

A polyethylene liner (poly liner) may require replacement for reasons such as infection, wear or tear.

Revision of a knee replacement involves removal of some or all parts of the original prosthesis and replacement with new ones (OrthoInfo 2021).

Where a component (eg poly liner) of a knee replacement is replaced, assign 49527-00 **[1524]** *Revision of arthroplasty of knee.*

Follow the ACHI Alphabetic Index:

Removal

- prosthesis, prosthetic device
- - knee (without replacement)
- - - with
- - - - revision of joint replacement (hemi) (total) 49527-00 **[1524]**

Amendments will be considered for a future edition.

References:

AESCULAP Implant Systems 2022, *Types of Knee Implants*, viewed 31 January 2023, <<https://www.aesculapimplantsystems.com/en/patients/about-your-knee/types-of-knee-implants.html>>.

OrthoInfo 2021, *Revision of total knee replacement*, viewed 31 January 2023, <<https://orthoinfo.aaos.org/en/treatment/revision-total-knee-replacement>>.

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Use of the terminology 'related to'

New Zealand: This Coding Rule is not applicable for the duration of Eleventh Edition.

Q:

Does the terminology 'related to' imply a causal relationship between conditions?

A:

The ACS 0010 *Clinical documentation and general abstraction guidelines* states:

Accurate clinical documentation is the responsibility of the treating clinician.

...

Personnel undertaking the clinical coding process cannot presume diagnoses or conditions that are not supported by clinical documentation...

...

Seek clinical clarification if a causal relationship between two conditions is unclear in documentation for the episode of care.

While the terminology 'related to' indicates a condition is co-morbid, it does not specify how conditions are related. For the purposes of classification, 'related to' cannot be used to assume a causal relationship unless the relationship is specified within ICD-10-AM (eg. transfusion related acute lung injury (TRALI)).

The World Health Organization guidelines for ICD-10 state that aetiology should be specified with terminology that indicates a causal relationship such as 'due to' or similar (WHO 2016).

Where a causal relationship is not stated by the clinician, and ICD-10-AM has not linked the conditions, a causal relationship cannot be assumed. However, those undertaking clinical coding must engage with clinicians to best understand the clinical documentation and to familiarise themselves with the terminology used by clinicians in their health service.

References:

World Health Organization (WHO) 2016, *International statistical classification of diseases and related health problems. 10th revision: Volume 2 Instruction manual, 4.3.4 Effect of connecting terms*, viewed 2 February 2023, <https://icd.who.int/browse10/Content/statichtml/ICD10Volume2_en_2019.pdf>.

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