Coding Rules
ICD-10-AM/ACHI/ACS Eleventh Edition
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COVID-19 Coding Rules
Effective 1 January 2022

Contents

National Coding Advice – Coding Rules and FAQs for ICD-10-AM/ACHI/ACSEleventh Edition current at 1 April 2022

Ref No: Q3692 | Published On: 15-Mar-2022 | Status: Current

Administration of nebulised antineoplastic agent

Q:

What code is assigned for administration of nebulised antineoplastic agent?

A:

Nebulised pharmacotherapy with antineoplastic drugs is used in the treatment of lung cancers(Islam & Richard 2019).

Assign 96205-00 **[1920]** *Other administration of pharmacological agent, antineoplastic agent* where antineoplastic agents are administered through inhalation by nebulised droplets or powder aerosols.

Follow the ACHI Alphabetic Index:

Pharmacotherapy (systemic effect)

- for
- - neoplasm and/or neoplasm related conditions — *code to block* **[1920]** *with extension -00*
- specified NEC 96205 **[1920]**

Amendments will be considered for a future edition.

References:

Islam, N. & Richard, D. 2019, 'Inhaled micro/nanoparticulate anticancer drug formulations: an emerging targeted drug deliver strategy for lung caners', *Current cancer drug targets*, vol. 19, no. 3, pp. 162-178(17).

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Diabetes mellitus with dyslipidaemia characterised by elevated non-fasting triglycerides

Q:

Is it acceptable to use elevated non-fasting triglycerides to inform the assignment of *diabetes mellitus or intermediate hyperglycaemia with features of insulin resistance*?

A:

Non-fasting triglyceride levels for the assessment of lipid status have been in use internationally since the European Atherosclerosis Society and the European Federation of Clinical Chemistry and Laboratory Medicine released a joint consensus statement in 2016 that recommended the routine use of non-fasting specimens (Douglass Hanly Moir Pathology 2016).

In a clinical setting it has been acceptable to use non-fasting triglyceride levels of ≥1.7mmol/L (≥ 150 mg/dL) in a patient on drug treatment for elevated triglycerides as a criteria for diagnosis of insulin resistance syndrome (Driver et al. 2016; Harris 2013 & Lab Tests Online 2016).

Therefore, it is acceptable to use either elevated fasting or non-fasting triglycerides to inform the assignment of E11.72, E13.72, E14.72 **diabetes mellitus with features of insulin resistance* or E09.72 *Intermediate hyperglycaemia with features of insulin* resistance, in accordance with the guidelines for diabetes mellitus and intermediate hyperglycaemia with features of insulin resistance within ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*.

Amendments will be considered for a future edition of the Australian Coding Standards.

References:

Douglass Hanly Moir Pathology 2016, *New guidance for assessment of lipid status*, viewed 29 September 2021, <https://www.dhm.com.au/media/Multisite8425/dhm_information-for-clinicians_non-fasting-lipids_201611.pdf>.

Driver, S. L., Martin, S. S., Gluckman, T. J., Clary, J. M., Blumenthal, R. S. & Stone, N. J. 2016, 'Fasting or Nonfasting Lipid Measurements: It Depends on the Question', *Journal of the American College of Cardiology*, vol. 67, no. 10, pp. 127-1234.

Harris, M. F. 2013, 'The metabolic syndrome', *Australian Family Practice*, vol. 42, no. 8, pp. 524-527.

Lab Tests Online 2016, *Metabolic syndrome*, viewed 29 September 2021, <https://www.labtestsonline.org.au/learning/index-of-conditions/metabolic>.

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Faecal loading

Q:

What code is assigned for faecal loading?

A:

Faecal loading is a poorly defined term that generally refers to the volume of faecal material in the colon. It is most commonly a complication of chronic or severe constipation where inspissated hard faeces accumulate in the distal gastrointestinal tract, most commonly the rectum (Baba & Knipe 2021).

Assign K59.0 *Constipation* for faecal loading not otherwise specified (NOS) (ie where there is no evidence of obstruction), in accordance with ACS 0002 *Additional diagnoses*.

Follow the ICD-10-AM Alphabetic Index:

Retention, retained
- faecal *(see also Constipation)* K59.0

Amendments will be considered for a future edition.

References:

Baba, Y. & Knipe, H. 2020, 'Faecal Impaction', *Radiopaedia.org*, viewed 8 October 2021, <https://radiopaedia.org/articles/faecal-impaction>.

Ref No: Q3775 | Published On: 15-Mar-2022 | Status: Current

History of positive result on COVID-19 rapid antigen test

Q:

Is a previous positive rapid antigen test (RAT) result for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) conducted by a patient at home (ie outside the health facility) sufficient to assign U07.3 *Personal history of COVID-19*?

A:

Coding Rule, titled *Classification of post COVID-19 conditions*, advises to assign U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* as an additional diagnosis where clinical documentation indicates that the patient has previously confirmed coronavirus disease 2019 (COVID-19) that is no longer current.

Documentation of a positive result of a rapid antigen test for SARS-CoV-2, that has been conducted by the patient at home (ie outside of the health facility) is not by itself confirmation of a past COVID-19 diagnosis.

Assign U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* where clinical documentation indicates a previously confirmed COVID-19 diagnosis that is no longer current.

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Nonmalignant neoplastic polyps detected during screening for family history of malignant neoplasm

Q:

What codes are assigned when nonmalignant neoplastic polyps are detected during same-day endoscopic screening for family history of malignant neoplasm (eg colon cancer)?

A:

Where there is a family history of malignant neoplasm of the colon, rectum or colorectum, colonoscopy is performed to screen for malignant neoplasms, in situ neoplasms or nonmalignant neoplastic polyps such as tubular, tubulovillous or villous adenomas, or benign or adenomatous polyps, which may be pre-cancerous (ie neoplasm pre-cursors) (American Cancer Society 2017).

The guidelines in ACS 0052 *Same-day endoscopy – surveillance* state:

Assign as principal diagnosis:

- *the condition under surveillance (follow-up/screening) if detected at screening…*

…

- *an appropriate code from categories Z11, Z12 and Z13* Special screening examination for*… if screening for a disease pre-cursor (risk factor) or other factor and no disease is detected or has ever been detected…*

…

Assign as additional diagnosis:

- *any condition found at endoscopy that meets the criteria in ACS 0002* Additional diagnoses…
- *an appropriate code from block Z80–Z99* Persons with potential health hazards related to family and personal history and certain conditions influencing health status *for any personal or family history as appropriate*

Therefore, for same-day colonoscopic screening for family history of malignant neoplasm, apply the guidelines from ACS 0052 and assign as principal diagnosis:

- a code from categories C18–C20 if a malignant colon, rectal or colorectal neoplasm is detected, **or**
- a code from Chapter 2 *Neoplasms* if an in situ neoplasm or nonmalignant neoplastic polyp (ie malignant neoplasm pre-cursor) is detected, **or**
- Z12.1 *Special screening examination for neoplasm of intestinal tract* for malignant colon, rectal or colorectal neoplasm or nonmalignant neoplastic polyp, where no disease is detected or has ever been detected.

Assign an additional diagnosis code for:

- any condition (eg hyperplastic or other polyp classified to subcategory K63.5 *Polyp of colon*) that meets the criteria in ACS 0002 *Additional diagnoses*
- family history of malignant neoplasm of the colon, rectum or colorectum, Z80.0 *Family history of malignant neoplasm of digestive organs.*

Reference:

American Cancer Society 2017, *Understanding your pathology report: colon polyps (sessile or traditional serrated adenomas),* viewed 7 December 2021, <https://www.cancer.org/treatment/understanding-your-diagnosis/tests/understanding-your-pathology-report/colon-pathology/colon-polyps-sessile-or-traditional-serrated-adenomas.html>.

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Use of rapid antigen test results for COVID-19 emergency use code assignment

Q:

Are rapid antigen test results considered laboratory tests for the purposes of assigning emergency use codes for COVID-19?

A:

Rapid antigen tests (RATs) detect the presence of specific proteins of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus. RATs are more accurate when used by individuals with symptoms or those who have been in contact with a coronavirus disease 2019 (COVID-19) patient. RATs are not as accurate if people are asymptomatic. False positive or false negative results may be provided (TGA 2021).

The World Health Organization (WHO) has advised:

- U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* is to be assigned whenCOVID-19 has been documented as confirmed by laboratory testing.
- U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]* is to be assigned when COVID-19 has been documented as clinically diagnosed COVID-19, including evidence supported by radiological imaging (ie where a clinical determination of COVID-19 is made but laboratory testing is inconclusive, not available or unspecified).

Clinical advice has confirmed that RATs are not a laboratory test, but are being used asconfirmation of a COVID-19 diagnosis.

Assign U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* when there is documentation of COVID-19 confirmed by a positive **laboratory** test for SARS-CoV-2 (such as polymerase chain reaction (PCR) test).

Assign U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]* when there is documentation of COVID-19 confirmed via a **non-laboratory** test (such as an x-ray or a RAT) or where laboratory testing is inconclusive, not available or unspecified.

Do not assign Z03.8 *Observation for other suspected diseases and conditions* or U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* based on a negative SARS-CoV-2 RAT result. Assign these codes only when a laboratory test has been performed and the result rules out COVID-19.

This advice was provided to jurisdictions for dissemination on 13 January 2022 and confirmed existing advice regarding the assignment of COVID-19 emergency use codes and other associated codes.

Reference:

Therapeutic Goods Administration 2021, *How testing works for COVID-19*, viewed 11 January 2022, <https://www.tga.gov.au/how-testing-works-covid-19#presence-rat>.

World Health Organisation 2021, *Antigen-detection in the diagnosis of SARS-CoV-2 infection*, viewed 14 January 2022, <https://www.who.int/publications/i/item/antigen-detection-in-the-diagnosis-of-sars-cov-2infection-using-rapid-immunoassays>.

Ref No: Q3776 | Published On: 15-Mar-2022 | Status: Current

Vaccine-induced immune thrombotic thrombocytopenia syndrome

Q:

What code is assigned for vaccine-induced immune thrombotic thrombocytopenia syndrome (VITTS)?

A:

Thrombosis with thrombocytopenia syndrome (TTS) is a rare and specific syndrome. It occurs when a person has blood clots (thrombosis) as well as low platelet counts (thrombocytopenia). It is also referred to as 'vaccine-induced immune thrombotic thrombocytopenia' (VITT) syndrome (Healthdirect 2021).

Coding Rule titled *Code assignment and sequencing for COVID-19 vaccines causing adverse effects in therapeutic use,* advises to assign an appropriate chapter code and external cause codes for specified adverse effects (complications) of a COVID-19 vaccination.

Assign D69.5 *Secondary thrombocytopenia* for VITT syndrome (VITTS).

Follow the ICD-10-AM Alphabetic Index:

Thrombocytopenia, thrombocytopenic

- secondary D69.5

Assign U07.7 *Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]* in addition to external cause codes where clinical documentation indicates that a patient has experienced an adverse effect due to a COVID-19 vaccination.

Improvements to this area of the classification have been included in ICD-10-AM Twelfth Edition.

See also Coding Rule *COVID-19 vaccines causing adverse effects in therapeutic use*.

See also Coding Rule *Code assignment and sequencing for COVID-19 vaccines causing adverse effects in therapeutic use*.

References:

Healthdirect 2021, *Thrombosis with thrombocytopenia syndrome (TTS)*, viewed 25 January 2022, <https://www.healthdirect.gov.au/thrombosis-with-thrombocytopenia-syndrome-tts>.

Ref No: Q3678 | Published On: 15-Mar-2022 | Status: Current

Wet dressings (wrappings)

Q:

What code is assigned for wet dressings (wrappings) for treatment of conditions such as eczema, dermatitis and blisters?

A:

Wet dressings (wrappings) can be applied for acute conditions such as eczema, dermatitis and blisters. This is when the application of moisturisers and topical corticosteroids are not able to control the condition. Wet dressings can be applied to a specific part of the body or the entire body. This can be done at hospital or in the home, for short periods of time (Sydney Children's Hospitals Network and HNEkidshealth, Children, Young People & Families 2021).

A code for wet dressings is not normally assigned in accordance with ACS 0042 *Procedures normally not coded, point 7 – Dressings/wound management*, but is assigned when:

- cerebral anaesthesia is required in order for the procedure to be performed (see ACS 0031 *Anaesthesia*)
- it is the principal reason for admission in same-day episodes of care. This includes patients who are admitted the day before or discharged on the day after a procedure because a same-day admission is not possible or practicable for them (eg elderly patients, those who live in remote locations)

Assign 96092-00 **[1870]** *Application, fitting, adjustment or replacement of other assistive or adaptive device, aid or equipment* where wet dressings meets the guidelines in ACS 0042.

Follow the ACHI Alphabetic Index:

Dressing (to) NEC 96092-00 **[1870]**

Amendments will be considered for a future edition.

References:

Sydney Children's Hospitals Network and HNEkidshealth, Children, Young People & Families 2021, *Factsheet Eczema: Wet dressings*, viewed 9 November 2021, <https://www.schn.health.nsw.gov.au/files/factsheets/eczema_wet_dressing-en.pdf>.