Coding Rules

Published 15 June 2022

Effective 1 July 2022

Contents

Ref No: TN1598 | Published On: 15-Jun-2022 | Status: Supersedes TN1505

Abstraction from outside an episode of care for coding of diabetes mellitus

New Zealand: This superseded version is not applicable to Eleventh Edition. Please refer to TN1505
Subject: Eleventh Edition FAQs Part 1: ACS 0010 *Clinical documentation and general abstraction guidelines – Abstraction from outside the episode of care.*

Q:

When can information located outside the episode of care used to add further specificity to adiabetes mellitus code?

A:

Sources of information outside an episode of care can be used to add specificity at the three character code level (E10–E14) for the type of diabetes mellitus. However, do not use these sources to assign codes for conditions, including diabetic complications, not already documented in the current episode of care.

The Australian Coding Standards (ACS) *Introduction* states:

> *Documentation within the current episode of admitted care is the primary source of information for the classification of admitted care morbidity data. Accurate classification is possible only after access to consistent and complete clinical information.*

ACS 0010 *Clinical documentation and general abstraction guidelines/Abstraction from othersources of information* provides guidance on:

- reasons to access other sources of information for classification purposes, such as where conditions documented in the current episode of care require further clarification or specificity
- health care record sources that may be used.

There are three specific guidelines that are exceptions to the general guidance for abstracting from other sources of information:

- discharge summaries encompassing more than one episode of care
- multiple same-day episodes for repeated treatments
- multiple episodes within an admitted patient stay.

Those undertaking the clinical coding function must only utilise information outside of the current episode of care in accordance with ACS 0010 *Clinical documentation and general abstraction guidelines*, or for one of the three exceptions to the general guidance.

Instructions in specialty standards such as ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*, provide classification guidance on specialty areas but still operate within the confines of the guidance above, with regards to documentation within the current episode of care.

This information was previously published as an Eleventh Edition FAQ and has been amended for clarity.

Published 15 June 2022,
for implementation 01 July 2022.

Ref No: TN1598 | Published On: 1-Jul-2022 | Status: Supersedes Q3062

Recurrent post procedural wound infection due to mesh

Q:

What code is assigned for a recurrent wound infection due to mesh from a hernia repair?

A:

Deep wound infections due to the mesh used in hernia repair procedures are uncommon but may occur years after the hernia repair and mesh implantation procedure. If the infection is recurrent, the infected mesh may be removed to eradicate the source of infection (Delikoukos et al. 2007; Maheshwari & Garg 2016).

ACS 1904 *Procedural Complications/Sequelae* states:

A sequela of a complication is a current condition that is the result of a previously occurring procedural complication.

While the infection is still receiving active treatment, it is not classified as a sequela of a procedural complication.

Assign T85.73 *Infection and inflammatory reaction due to gastrointestinal prosthetic devices, implants and grafts,* for recurrent wound infection due to mesh from a hernia repair, irrespective of whether the mesh is removed or retained.

Follow the ICD-10-AM Alphabetic Index:

Infection, infected (opportunistic)

- due to or resulting from

- - device, implant or graft NEC *(see also Complication(s)/by site and type)*

- - - gastrointestinal (bile duct) (oesophagus) T85.73

Also assign external cause of injury and place of occurrence codes.

This classification advice has been amended.

Reference:

Delikoukos, S., Tzovaras, G., Liakou, P., Mantzos, F. & Hatzitheofilou, C. 2007, 'Late-onset deep mesh infection afteringuinal hernia repair', *The World Journal of Hernia and Abdominal Wall Surgery,* vol. 11, no. 1, pp. 15-17.

Maheshwari, J. & Garg, K.M. 2016, 'Mesh Infection after Inguinal Hernia Mesh Repair – Experience of Five MeshRemoval', *Journal of Dental and Medical Sciences*, vol.15, no. 4, pp. 78-80.

Published 15 June 2022,
for implementation 01 July 2022.

Ref No: TN1598 | Published On: 15-Jun-2022 | Status: Supersedes TN1505

Sequencing of complications following abortion, ectopic or molar pregnancy

Q:

Are there sequencing instructions for assigning Chapter 15 codes in obstetric episodes of care?

A:

There are no general sequencing instructions for Chapter 15 *Pregnancy, childbirth and the puerperium* codes, unless directed by an *Instructional* note in the ICD-10-AM Tabular List or an Australian Coding Standard.

ACS 1544 *Complications following abortion and ectopic and molar pregnancy/Complications following abortion* states:

> *Codes from category O08 Complications following abortion and ectopic and molar pregnancy are assigned when a patient is admitted with a complication of an abortion, but the abortion was treated, performed or complete (eg complete spontaneous abortion)* ***prior to the episode of care*** *(ie the 'complication' is the focus of care; also referred to as the 'subsequent episode'):*
>
> - *Assign a code from category O08 Complications following abortion and ectopic and molar pregnancy*
> - *Assign a code from another chapter, where it adds specificity*
> - *Sequence codes as per the guidelines in ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses.*

Example 5 in ACS 1544 demonstrates when the Chapter 15 code is assigned as an additional diagnosis, not the principal diagnosis.

This information was previously published as an Eleventh Edition FAQ.

Published 15 June 2022,
for implementation 01 July 2022.

Ref No: TN1598 | Published On: 15-Jun-2022 | Status: Supersedes TN1505

Vacuum assisted closure (VAC) dressings

Q:

How many times is a code for VAC dressing assigned in an episode of care?

A:

Assign a code for vacuum assisted closure (VAC) dressing **once** per episode, unless a subsequent VAC dressing is undertaken in theatre, under cerebral anaesthesia. In such cases, assign the additional VAC dressing as many times as performed under cerebral anaesthesia.

See also ACS 0042 *Procedures normally not coded* and ACS 0031 *Anaesthesia.*

This information was previously published as an Eleventh Edition FAQ.

Published 15 June 2022,
for implementation 01 July 2022.