NCCH responses for New Zealand FAQs

Question 1:

ACS 0229 Radiotherapy, Same day section.

Second bullet point doesn't directly allow for neoplasm associated conditions to be coded – such as spinal cord compression

SAME-DAY EPISODES OF CARE

- Assign Z51.0 *Radiotherapy session* as principal diagnosis
- Assign code(s) for the neoplasm(s) being treated as an additional diagnosis (see also ACS 0236 *Neoplasm coding and sequencing*).

NCCH Response:

Mutual exclusivity does not apply to coding standards; however, multiple standards may apply to a particular case.

• Apply first the general standards for diseases and interventions.
For example, ACS 0001 *Principal diagnosis*, ACS 0002 *Additional diagnoses*, ACS 0010 *Clinical documentation and general abstraction guidelines* (see also the list of General standards for diseases in the ACS) and ACS 0042 *Procedures normally not coded.*

• Apply the guidelines in the specialty standards on a case by case basis.
For example, ACS 0051 *Same-day endoscopy – diagnostic* and ACS 0052 *Same-day endoscopy – surveillance* may apply to the same episode of care, in addition to the general standards for diseases.

Note: There may be a *See* or *See also* instruction within an ACS to indicate that there may be applicable guidelines in another ACS. For example, ACS 0229 *Radiotherapy/ICD-10-AM classification/Same-day episodes of care* includes a cross reference to ACS 0236 *Neoplasm coding and sequencing.*

Question 2:

ACS 1544 Example 2.

There's no documentation here that the UTI complicated the miscarriage, so why O03.8?

EXAMPLE 2:

Patient admitted with threatened abortion, for bedrest and observation. They progressed to complete miscarriage (5/40). Patient also developed and received treatment for a urinary tract infection.

Codes:	O03.8	*Spontaneous abortion, complete or unspecified, with other and unspecified complications*
	N39.0	*Urinary tract infection, site not specified*
	O09.1	*Duration of pregnancy, 5–13 completed weeks*

NCCH Response:

Examples 1, 2 and 3 in ACS 1544 demonstrate that the associated conditions are presumed to be complicating the abortion in the episode of care.

Question 3:

ACS 1544 Example 3.

There's no documentation of the site of the haemorrhage

EXAMPLE 3:

Patient admitted for administration of agent to induce abortion (6/40). Discharge delayed due to haemorrhage.

Codes:	O04.6	*Medical abortion, complete or unspecified, complicated by delayed or excessive haemorrhage*
	O09.1	*Duration of pregnancy, 5–13 completed weeks*
	90462-01 **[1330]**	*Termination of pregnancy, not elsewhere classified*

NCCH Response:

The code title does not specify a site of haemorrhage, but inherently it can be presumed to be a vaginal haemorrhage.

Question 4:

ACS 1544 Examples.

Inconsistent sequencing of the O09.- code between Examples 1, 2, 3, 6. Example 6 is not consistent with the other examples.

EXAMPLE 6:

Patient admitted to facility 1 for a medical abortion (13/40) (suction D&C with GA); transferred to facility 2 for ICU admission following cardiac arrest.

Codes:		
Facility 1:	O04.8	*Medical abortion, complete or unspecified, with other and unspecified complications*
	O09.1	*Duration of pregnancy, 5–13 completed weeks*
	I46.0	*Cardiac arrest with successful resuscitation*
	35640-03 **[1265]**	*Suction curettage of uterus*
	92514-99 **[1910]**	*General anaesthesia, ASA 99*
Facility 2:	I46.0	*Cardiac arrest with successful resuscitation*
	O08.8	*Other complications following abortion and ectopic and molar pregnancy*

In this example, the first admission (facility 1) was to perform the medical abortion, and the complication occurred during the episode of care. The second admission (facility 2) is for treatment of the complication only.

NCCH Response:

In ICD-10-AM there is no instruction for the sequencing of additional diagnoses.

Question 5:

Workbook (11th) Exercise 6.1.

Why is the phaco code needed as well as 42705-00 [200]? If it is required, why is the phaco sequenced first?

6. Ophthalmology

6.1 Assign codes from the following operation report:

Operation Report
Date: 06/12/2017
Surgeon: Dr Smith

Indication for Operation: Cataract / Glaucoma

Operation performed: (R) CE + IOL + iStent
Anaesthesia: Subtenon Block

Procedural notes:
Betadine/drape
1 x paracentesis
Viscoat
Temporal CCI/CCC/hydro
Phaco / IOL in bag
iStents x 2
IA
Wounds hydrated
I C Ceph
Jelonet / pad/ shield

Discharge notes:
Leave pad and shield insitu
See Dr Smith in rooms tomorrow

6. Ophthalmology

6.1 H40.9 *Glaucoma, unspecified*
H26.9 *Cataract, unspecified*

42698-07 **[200]** *Phacoemulsification of crystalline lens*
42701-00 **[193]** *Insertion of intraocular lens*
42705-00 **[200]** *Extraction of crystalline lens with implantation of trans-trabecular drainage device*
92509-99 **[1909]** *Regional block, nerve of head or neck, ASA 99*

Hint: ACS 0701 *Cataract* states
If treatment for glaucoma and cataract is received during the same operation, sequence the glaucoma before the cataract for the diagnosis and the procedure codes.

NCCH Response:

Note: this issue has been addressed in the ACCD (Australian) FAQs and Errata 1. Please see the Education portal or the IHPA website for these documents.

Question 6:

ACS1904 Procedural Complications

There's no indication here as to what Place code to assign for procedural complication by first responders. The standard assumes that all procedural complications take place in a health care facility.

NCCH Response:

The place of occurrence codes Y92.23 *Health service area, not specified as this facility* and Y92.24 *Health service area, this facility* are for the classification of health service related complications, assign as appropriate to the episode of care. See ACS 1904 *Procedural complications/Place of occurrence*.

Question 7:

ACS 0222 Lymphoma, Example 3.

The code for collapsed vertebra in neoplastic disease should be M49.54
It appears the classification is inconsistent?

EXAMPLE 3:
A patient with progressive paraesthesia across the back was admitted to hospital for investigations. MRI of the spine revealed a collapsed vertebra at T4 which was causing the neurological symptoms. After further investigations, the patient was diagnosed with multiple myeloma (MM). The patient was managed by the haematology team and commenced on IV chemotherapy. A final diagnosis of MM with collapsed vertebra was confirmed. The patient was discharged for follow up at the cancer clinic.
Codes: C90.00 *Multiple myeloma, without mention of remission*
M9732/3 *Multiple myeloma*
M48.54 *Collapsed vertebra, not elsewhere classified, thoracic region*
96199-00 **[1920]** *Intravenous administration of pharmacological agent, antineoplastic agent*

Alphabetic Index
Collapse
- vertebra NEC M48.5-
- - in (due to)
- - - metastasis (M8000/6) C79.5†, M49.5-*

Fracture
- pathological (cause unknown)
- - due to neoplastic disease NEC (M8000/1) (see also Neoplasm) D48.9† M90.7*

Tabular List
M90.7* Fracture of bone in neoplastic disease (C00-D48†)
Excludes: collapse of vertebra in neoplastic disease (M49.5-*)

The essential modifier in the collapse index is 'in (due to) metastasis' and the fracture index it is 'due to neoplastic disease' and then at M90.7- the excludes states 'collapse of vertebra in neoplastic disease (M49.5-*)'.

NCCH Response:

NCCH agree that the code is incorrect. This error will be noted for IHPA to correct via Errata 2.

Question 8:

ACS 1437 IVF section. Does this mean that N97.9 should never be assigned with Z31.2?
The second bullet point states to assign N97 for type of infertility, if known as an additional diagnosis. Therefore, can only a known type of infertility only be assigned?

IN VITRO FERTILISATION (IVF)

Female patient:

- When an admission is specifically for IVF procedures and the documented diagnosis is 'IVF' or 'infertility', assign Z31.2 *In vitro fertilisation* as the principal diagnosis
- Assign an additional diagnosis from category N97 *Female infertility*, for the type of infertility, if known.

NCCH Response:

NCCH agree that the wording is incorrect. This error will be noted for IHPA to correct via Errata 2. N97.9 *Female infertility, unspecified* can be assigned with Z31.2.

Question 9:

ACS 1437 – If a patient is admitted with a neoplasm and sperm banking is done during the stay prior the commencement of pharmacotherapy, can Z31.3 be assigned as an additional diagnosis?
In another example we would assign Z31.3 for a sperm aspiration to investigate possible causes of infertility and the male was proven to be fertile. I suppose I'm asking if Z31.3 can only be assigned as PDx?

NCCH Response:

There is no convention or instructional note within ICD-10-AM, nor an ACS instruction which precludes Z31.3 *Other assisted fertilisation methods* from being assigned as either a principal or additional diagnosis. Sequencing of codes for any episode of care is as per the guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses.*

Question 10:

I am trying to understand the nuances between apheresis of peripheral stem cells and apheresis of bone marrow stem cells – considering that both are taken from peripheral blood. This then leads to problems with T86.0 and the new T86.5. An example is a stem cell transplant, not a bone marrow transplant. The cells were taken from the donor's peripheral blood after stimulating an increased production and infused into the patient via a central line. After a while, the cells settled in and started differentiating as if they were the patient's own cells. However, the patient now does have some Graft vs Host Disease, which is an inclusion term at T86.0 and not at T86.5. All stem cell transplants can cause this.

NCCH Response:

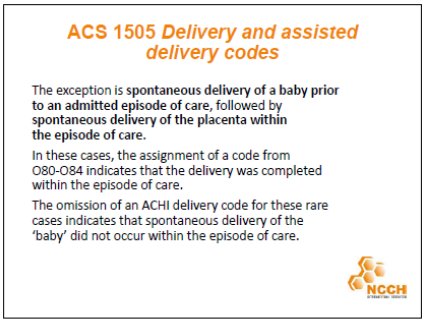
In a bone marrow stem cell transplant, the stem cells are withdrawn from the bone marrow by inserting a needle into a bone in the pelvic region (hip).

In a peripheral blood stem cell transplant, stem cells are taken from the bloodstream.

The assignment of T86.0 vs T86.5 is dependent upon the original source of the stem cells (ie where the cells were withdrawn from), that is, either bone marrow (T86.0) or peripheral blood (T86.5).

Question 11:

Obstetrics Part 1 – Ninth and Tenth Edition Comment – the example in slide 16 missing the new procedure code 90467-01 [1336] Spontaneous delivery of placenta, NEC. However, realise that Part 1 only covered Ninth and Tenth changes.



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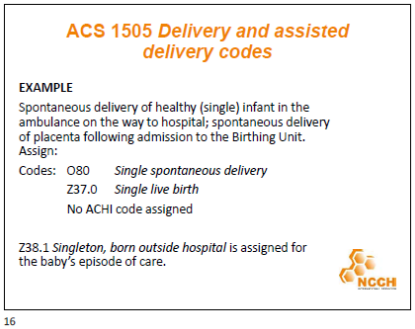

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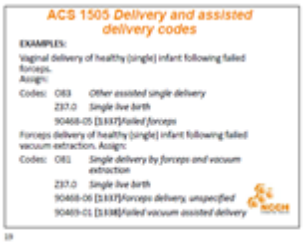
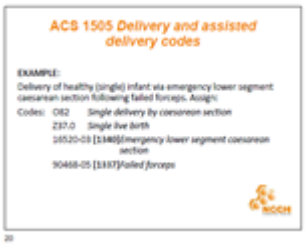
NCCH Response:

90467-01 [1336] *Spontaneous delivery of placenta, NEC* did not exist in Ninth or Tenth Editions, thus it was not included in the slides for those editions.

Question 12:

Obstetrics Part 1 – Ninth and Tenth Edition Slides 19 and 20
All three examples are missing the diagnosis code for failed forceps/vacuum
In addition the first example is also missing the assisted vertex delivery code as per 11th Edition



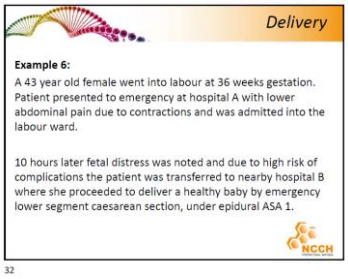


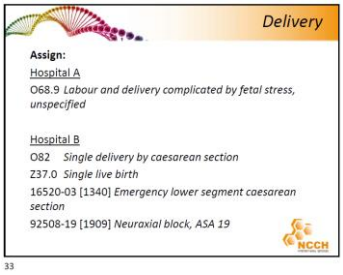
NCCH Response:

NCCH agrees that the failed forceps ICD-10-AM code is missing and the slides will be amended.
As above, Eleventh Edition changes are not referenced in Ninth and Tenth Edition modules.

Question 13:

Obstetrics Part 2 – Eleventh Edition Slides 32 and 33
Why wasn't a code for fetal distress assigned in Hospital B as this was the reason for the caesarean section?





NCCH Response:

These slides were updated and re-released June 15 2019.

Question 14:

With regards to the procedure code for wound management, NEC 96255-00 [1601], how many times is this code to be assigned where there are multiple wounds of same site or multiple wounds of different sites during one operative episode?

NCCH Response:

Assignment of 96255-00 **[1601]** *Wound management, NEC* in an episode of care where multiple interventions are undertaken would be in accordance with the instructions within ACS 0020 *Bilateral/Multiple procedures*

Question 15:

Ninth & Tenth Edition Question Workbook question 17.22 case scenario; Why was I48.9 AF, unspecified assigned?; I cannot see how it meets ACS 0002 Additional diagnosis criteria or problems and underlying conditions.

NCCH Response:

As per the hint in the answers section of the workbook

Hint:

ACS 0002 *Additional diagnoses*

For coding purposes, additional diagnoses should be interpreted as conditions that affect patient management in terms of requiring any of the following:

- commencement, alteration or adjustment of therapeutic treatment
- diagnostic procedures
- increased clinical care and/or monitoring

Therefore, in this case the AF meets the above criteria for an additional diagnosis, as an ECG was performed (diagnostic procedure), and the patient's discharge was delayed due to INR monitoring.

Note: this hint was appropriate for Ninth and Tenth Editions.

With the review of ACS 0002 for Eleventh Edition the AF for this scenario would no longer meet the criteria for coding as per ACS 0002. See also Eleventh Edition FAQs Other ACS / ACS 0303 *Abnormal coagulation profile due to anticoagulants* (Examples 3 and 4).

Question 16:

Eleventh Edition Question Workbook question: 8.2 What codes are assigned for epileptic psychosis in a patient with delirium? (circle one ass appropriate) Answer: b); Slide 2-3: Example 1: Psychosis due to physical disease.
Why was F06.8 not assigned in 1st place? Why was F06.8 not assigned at all?

NCCH Response:

The ICD-10-AM Alphabetic Index entry:

Psychosis, psychotic
- epileptic F06.8
- - with delirium (acute) F05.8
- - schizophrenia-like (chronic) F06.2
- - - acute F23.2-

instructs that epileptic psychosis with delirium is classified to F05.8.

The multiple condition convention of ICD-10-AM states:

In classifying a condition with an underlying cause, if the ICD-10-AM Alphabetic Index (see Example 2) or an *Excludes* note (see Example 18) results in a code for one of the clinical concepts not being assigned, follow the guidelines in ACS 0001 *Principal diagnosis/Problems and underlying conditions* or ACS 0002 *Additional diagnoses/Problems and underlying conditions*, and assign codes for both the condition and the underlying cause.

Therefore, a code is also assigned for the epilepsy.

Question 17:

In the classification of berries as allergens are we to classify only fruits that have berry in the name of the fruit to Y37.06 and any other named fruit to Y37.09? This would have to exclude Chinese gooseberries as they are also known as kiwifruit and that has an index to Y37.09. What about black currents etc which are actually berries and generally considered berries?

NCCH Response:

A clinical coder should follow the ICD-10-AM Alphabetic Index/Section II External causes of injury for the specific fruit name they are classifying. Synonymous names such as Chinese gooseberries may not be individually indexed; and not all fruit, grains, nuts, seeds and vegetables will be indexed within the classification.