Irish Coding Standards (ICS)
Version 2.2

For use from 01.01.2010

&

6th Edition ICD-10-AM/ACHI/ACS

ESRI

Health Research & Information Division
Economic & Social Research Institute

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Irish Coding Standards No Longer Applicable in 6th Edition ICD-10-AM/ACHI/ACS

Irish Coding Standards

Preface to Version 2.2

Irish Coding Standards version 2.2 provides guidelines for the collection of HIPE data for all discharges from January 1st 2010 and is to be used in conjunction with 6th Edition ICD-10-AM/ACHI/ACS and the HIPE Instruction Manual.

ICS V2.2 introduces one new standard; *ICS 20X0 Classification of Attendances At Oncology Day Wards* (see page 12), while others have been updated.

All discharges coded in HIPE on or after the 1st January 2009 are coded using ICD-10-AM/ACHI/ACS 6th Edition[1].

Version 2 of the Irish Coding Standards is a development of ICS Version 1 which is for use when coding cases discharged on or prior to 31.12.08. Version 2 provides coding standards for use with 6th Edition. Please see Appendix A for a summary of the changes in each version of the ICS from Version 2.0 through to Version 2.2. Where there is a change related to 6th Edition these standards have been marked with a symbol:

ICD-10-AM/ACHI/ACS 6th Edition is the classification in use in Ireland for all discharges from 1st January 2009.

- **ICD-10-AM** is used for coding diagnoses and conditions and it is the International Classification of Disease, 10th Revision produced by the WHO with the Australian Modification. It consists of a tabular list of diseases and accompanying index available in paper or ebook format.

- **ACHI** is used for coding procedures and interventions and is the Australian Classification of Health Interventions developed by the National Centre for Classification in Health (NCCH). It consists of a tabular list of interventions and accompanying alphabetic index available in paper or ebook format.

- **ACS** are the Australian Coding Standards developed by the NCCH for use with ICD-10-AM and ACHI. These are available in paper or ebook format. The Irish Coding Standards compliment these standards.

[1] For a full listing of all classifications used in HIPE to date please see page 6 of this document

Irish Coding Standards (ICS)

INTRODUCTION

The *Irish Coding Standards* for the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), *Australian Classification of Health Interventions* (ACHI) and *Australian Coding Standards* (ACS) apply to all activity coded in HIPE in Ireland. It is anticipated that revisions will be made on an ongoing basis and that further editions will follow. Irish Coding Standards (ICS) are effective from the date first published unless otherwise stated.

This document provides guidance and instruction on all aspects of HIPE data collection. The intention is to provide clarity and standardization as necessary. This document will be used in conjunction with the source document (chart), the ICD-10-AM/ACHI/ACS 6th Edition, Coding Notes and all instruction materials distributed by the HIPE Unit at the ESRI. It is the responsibility of coding staff to keep up to date with ICS and coding advice published in Coding Notes. ICS include advice published in Coding Notes.

CLINICAL CODING

The clinical coding standards have been written with the basic objective of satisfying sound coding convention according to ICD-10-AM/ACHI/ACS 6th Edition and to augment, clarify or replace the Australian Coding Standards as appropriate. Many of the issues addressed are as a direct result of input and feedback from the Irish clinical coding community.

The patient's healthcare record/chart will be the primary source for the coding of inpatient and day case morbidity data. Accurate coding is possible only after access to consistent and complete clinical information. If a clinical record is inadequate for complete, accurate coding, the clinical coder should seek more information from the clinician. When a diagnosis is recorded for which there is no supporting documentation in the body of the clinical record, it may be necessary to consult with the clinician before assigning a code.

The responsibility for recording accurate diagnoses and procedures, in particular principal diagnosis, lies with the clinician, not the clinical coder.

***A joint effort between the clinician and clinical coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures*.**

Source: Australian Coding Standards. NCCH ICD-10-AM, July 2004 & July 2008, Vol 5, P.1.

For further information on any aspect of HIPE please contact;

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Tel: 01-8632000 or visit www.esri.ie.

HIPE Guidelines for Administrative Data

The HIPE Instruction Manual contains full instructions and details of demographic and administrative data elements collected in HIPE. Further information on any of the fields discussed below will be found in the Instruction Manual. HIPE Instruction Manuals are available from the HIPE Unit and also at www.esri.ie.

TEMPORARY LEAVE DAYS

For discharges occurring on or after 1st January 2007 HIPE collects the number of days a patient is allowed to go home temporarily during an inpatient stay. Typically the pattern for these discharges would be weekly (i.e. weekend leave).

Coders determine the number of days where the patient was absent from the hospital. There will be a single HIPE record to include the total length of stay in days from the patient's original admission to the final discharge, with the number of temporary leave days entered as appropriate. Where a PAS/HIS downloads a series of cases and it is clear the patient was only temporarily discharged, these cases will be merged into one episode with the number of temporary leave days counted and collected in W-HIPE.

WARD IDENTIFICATION

For all discharges occurring on or after 1st January 2007 the collection of ward identification codes is mandatory. The admitting and discharge ward codes is collected for all cases.

MEDICAL ASSESSMENT UNITS (MAU)

Prior to coding Medical Assessment Unit (MAU) activity, hospitals must register MAUs with the Casemix Unit, HSE.

Emergency MAU activity:
HIPE collects registered MAU activity using the "Mode of Emergency Admission" field. The options for collecting MAU activity are:

Mode of emergency admission "2": MAU Admitted as Inpatient
This code is assigned if the patient is admitted to the hospital through the MAU.

Mode of emergency admission "5": MAU Day Only
This code is assigned if the patient is admitted to the MAU and discharged from there on the same day.

While it is expected that the majority of cases in a Medical Assessment Unit (MAU) will be admitted as emergency, it has been noted that it is possible that both Elective and Emergency cases may attend a MAU.

Elective MAU activity:
Elective daycases who attend the MAU will not be identified in this manner as the mode of emergency admission is not collected. Elective admissions to registered MAUs will record an elective admission type. The admitting ward will record the MAU ward code and the discharge ward will be coded as appropriate.

Note: *Once a Medical Assessment Unit has been registered with the Casemix Unit in the HSE, contact the HIPE Unit, IT Department to activate MAU W-HIPE options.*

PATIENTS DISCHARGED AND RE-ADMITTED ON THE SAME DAY

Patients re-admitted to the same hospital having been discharged the same day must record an admission type of emergency or elective re-admission if the episode is related to the previous spell of treatment. If a daycase patient is admitted to the hospital from the dayward or 'kept in' then *the two cases are merged*, as the patient was not discharged from the hospital following the daycase.

DAY WARD REGISTRATION

All day ward areas must be registered with the Casemix Unit, HSE in order to record the day ward indicator.

Day Ward Indicator
If the patient is identified as a day case it is necessary to denote whether the patient was admitted to a dedicated named day ward. The options presented will be:

0 - No **1** – Yes **2** - Unknown

Hospitals must register their dedicated day wards with the Casemix Unit of the HSE prior to using this option.

INFANT ADMISSION WEIGHT

For patients aged less than 1 year of age, admission weight is collected in whole grams the following circumstances:

- All neonates (0-27 days old)
- All infants up to 1 year of age **with** admission weight *less than 2,500 grams.*

The value collected will be the weight in whole grams on admission. If the patient is admitted on the day of birth, the admission weight will be the birth weight.

HOSPITAL ACTIVITY NOT COLLECTED BY HIPE

Activity not currently collected by HIPE includes out-patient activity, virtual wards and A&E cases.

CODING SCHEMES USED IN HIPE IN IRELAND:

- From 1st January 2009, ICD-10-AM/ACHI/ACS, 6th edition (July 08) for both Diagnosis and Procedures
- 2005 – 2008 ICD-10-AM 4th Edition (July 04) for both Diagnosis and Procedures
- 1999 – 2004 ICD-9-CM (Oct 98 version) for both Diagnosis and Procedures
- 1995 – 1998 ICD-9-CM (Oct 94 version) for both Diagnosis and Procedures
- 1990 – 1994 ICD-9-CM (Oct 88 version) for both Diagnosis and Procedures
- 1981 – 1989 ICD-9 for Diagnosis and OPCS Procedures classification
- 1969 – 1980 ICD-8 for Diagnosis and OPCS[2] Procedures classification

[2] Office of Population Censuses and Surveys (OPCS) 1975, *Classification of Surgical Operations*, Second Edition, London

ICS 0010 GENERAL ABSTRACTION GUIDELINES

Abnormal findings/Test results

As per **ACS 0010** General Abstraction Guidelines 'Do not code laboratory, x-ray, pathological and other diagnostic results which require the interpretation of the treating clinician to decide their clinical significance and/or relationship to a specific condition.'

Example 1:
Patient admitted for banding of haemorrhoids, procedure performed under sedation. During the admission the patient's urine microbiology result showed e-coli organism, also noted in the medical record was the administration of IV antibiotic. There was no written documentation of a urinary tract infection by the treating clinician.

Codes: I84.2 Internal haemorrhoids without complication
32135-00 [941] Rubber band ligation of haemorrhoids
92515-99 [1910] Sedation, ASA 99

Do not assign a code based on a test result. A test result should only support a documented condition.

Example 2:

Patient was diagnosed with chronic kidney disease. The eGFR pathology result showed 72mL/min.

Codes: N18.2 Chronic kidney disease, stage 2

The eGFR test result adds support to a documented condition, chronic kidney disease, therefore it is appropriate to assign a code for the stage of kidney disease.

Example 3:

A patient has Hb 8.8 documented in the clinical notes and is given a blood transfusion. A code for anaemia would **not** be assigned in this case unless the condition is clearly documented by the treating clinician.

Ensure that any diagnosis is clearly described in the medical record before assignment of a code.

Published:	Coding Notes July 2006
Effective From:	Guideline has been in place with all classifications used in Ireland
Reason For Standard:	ICS 0010 is a continuation of existing practice
ICS Updated:	January 2009 ICS V2
Reason for Update:	Addition of further examples to the existing standard

ICS 0027 MULTIPLE CODING

Consultant Numbers

If a patient is admitted to hospital and seen by more than one consultant for the same condition while in hospital, the diagnosis code may be recorded again with a different consultant number assigned to each code.

Reason for Standard:	ICS 0027 is a continuation of existing practice.
ICS Updated:	September 2008 ICS V1.5
Reason for Update:	Recording of consultant encounters by HIPE

ICS 0048 CONDITION ONSET FLAG

The condition onset flag, detailed in ACS 0048, is not currently assigned in Ireland.

Effective From:	January 2009
Reason For Standard:	New variable in Australia, not introduced in Ireland

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ICS 0029 CODING OF CONTRACTED PROCEDURES

Contract procedures are not coded. Only code a procedure in the hospital where it is performed.

Reason for Standard: ICS 0029 is a continuation of existing practice.

ICS 0030 ORGAN PROCUREMENT AND TRANSPLANTATION

Donation of organs following brain death in hospital is not coded.

Reason for Standard: ICS 0030 is a continuation of existing practice.

~~ICS 0042 PROCEDURES NORMALLY NOT CODED~~

ICS Effective From:	July 2006
Advice First Published:	Coding Notes April 2005
ICS Updated:	January 2007 to include guidelines for coding haemochromatosis and venesection. January 2009 in accordance with revised ACS 0042 in 6th Edition ACS
Reason for Standard:	Collection of blood is a standard treatment that is unnecessary to code.
Standard Deleted:	Standard deleted January 2009 V2 ICS. See ICS 040X Haemochromatosis and venesection. Also see ICS 030X Blood tests

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ICS 0044 CHEMOTHERAPY

Oral chemotherapy is coded when administered.

Effective From:	January 2005 (as code available in ICD-10-AM). Advice first published on coding this procedure provided in ICD-10-AM 4th Edition pre-implementation workshops
Reason for Standard:	Collection of hospital activity

ICS 0104 VIRAL HEPATITIS

As a result of a query to the World Health Organisation on the coding of "Hepatitis C NOS" the following advice has been issued. Where hepatitis C is documented without any further specification please assign code B18.2 *Chronic viral hepatitis C*.

Please amend the "General Issues" column in the classification box for hepatitis C provided in ACS 0104 accordingly to read as:

- When 'history of hepatitis C' is documented, coders should check with the clinician to determine if the patient still has signs of the disease. If further information is not available assign the code for chronic viral hepatitis C (B18.2).

- When the patient is asymptomatic and ambiguous terms such as 'hepatitis C' or 'hepatitis C positive' are recorded, assign the code for chronic viral hepatitis C (B18.2).

- Code O98.4 *viral hepatitis complicating pregnancy childbirth or the puerperium* is assigned where acute or chronic hepatitis C complicates the pregnancy, childbirth or puerperium (along with either B17.1 or B18.2 to specify the type of hepatitis). If the obstetric patient is a carrier assign chronic viral hepatitis C (B18.2).

First Published:	Coding Notes, March 2008
Effective From:	March 2008
Reason for Standard:	Query to WHO-URC from Ireland on the use of code Z22.52 *carrier of Hepatitis C*. patients are either in an acute or chronic phase of hepatitis C. Advised by the WHO-URC committee that code Z22.52 is under review.

ICS 0112 INFECTION WITH DRUG RESISTANT MICROORGANISMS

The abbreviation M.R.S.A. has two different meanings and therefore two different code assignments. Please check locally to see which definition is in use at your hospital.

Methicillin Resistant *Staphylococcus aureus* (Z06.32)
OR
Multi-Resistant *Staphylococcus aureus* (Z06.8)
(Note: code Z06.8 excludes methicillin resistance)

- When **ONLY** Methicillin resistant is documented: assign **Z06.32**
- When Methicillin resistant **AND** Multi-resistant are documented together: assign **Z06.32**
- When **ONLY** Multi-resistant is documented: assign **Z06.8**

Coding of colonisation with a drug resistant bacterial agent

If a patient has a positive swab for a drug resistant bacterial agent but no infection is present as per ACS 0112 *Infection with drug resistant microorganisms*, then the following additional diagnoses codes may be assigned:

Z22.3	*Carrier of other specified bacterial disease*
Z06.-	*Bacterial agents resistant to antibiotics*

These codes will only be assigned if they meet the criteria in ACS 0002 *Additional diagnoses*.

Example 1

A patient is admitted with inferior myocardial infarction. Routine swab is positive for methicillin resistant staphylococcus aureus, which leads to increased barrier nursing care.

Codes: I21.1 *Acute transmural infarction of inferior wall*
Z22.3 *Carrier of other specified bacterial diseases*
Z06.32 *Methicillin resistant agent*

First Published:	Coding Notes July 2005
Published Also:	Coding Notes December 2005 ICS V2.0 January 2009
ICS Updated:	Updated for ICS V2.0 as methicillin resistance is excluded from Z06.8
Reason For Standard:	This Standard provides coding advice on colonisation with a drug resistant bacterial agent when no infection is present. Coding advice follows guidelines used in previous classifications.

Chapter 2 Neoplasms (02--)

ICS 02X0 CLASSIFICATION OF ATTENDANCES AT ONCOLOGY DAY WARDS

Beginning January 2010, the following amendments to data entry for attendances at oncology day wards will be introduced.

Oncology/Chemotherapy Day Ward Flags:

- Day case admissions for chemotherapy will be assigned a *chemotherapy flag*
- The first patient encounter as a day case in an oncology/chemotherapy ward where no chemotherapy is administered will be assigned a *first encounter flag*.
- Cases where a procedure* is performed, e.g. blood transfusions or biopsies, will be assigned *non-chemotherapy procedure flag*
- Where a patient has a repeat attendance(s) at an oncology/chemotherapy day ward and no procedure* is performed a *repeat encounter flag* will be assigned.

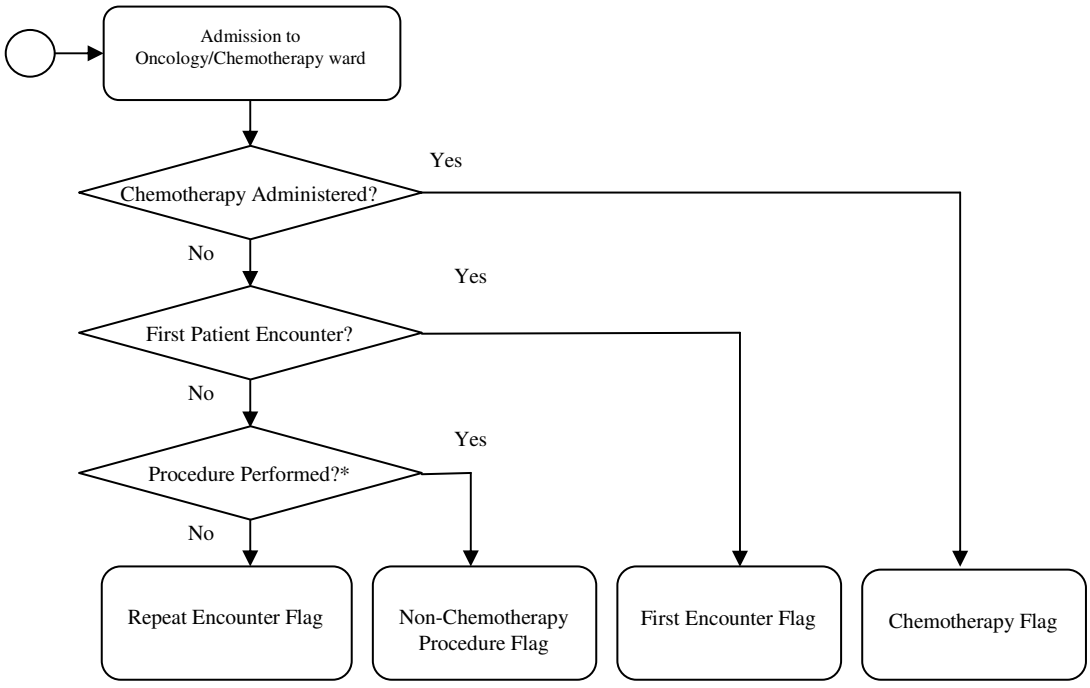
Admission Type 2- elective readmission

Please ensure that, where appropriate, admission type 2- *elective readmission* (patient admitted electively to continue ongoing treatment or care –HIPE Instruction Manual 2009) is recorded.

It is proposed to introduce this HIPE field on a pilot basis for review after 1 year.

All valid day case and inpatient activity is to be collected by HIPE and all HIPE data are subject to audit, including chart based reviews.

Decision Tree for Coding Guideline



***** In accordance with HIPE procedure coding guidelines

Example 1: Repeat Encounter Flag

Patient has been attending the oncology day ward for 2 months with a diagnosis of malignant neoplasms of the colon. On this episode, the patient is admitted as a day case to the oncology day ward for review before the next chemotherapy dose is administered in two days time. Patient reviewed by clinician and oncology nurse and blood tests were performed, no other conditions are documented.

Assign: PDx: Colon cancer C18.9
No procedure code is assigned in this case

Flag: Repeat encounter flag

Example 2: Non- Chemotherapy Procedure Flag

Patient has been attending the oncology day ward regularly for chemotherapy treatments for a malignant breast cancer. On this episode, the patient is admitted as a day case to the oncology day ward for a blood transfusion for documented anaemia in neoplastic disease.

Assign:	PDx:	C50.9 Malignant Neoplasm, breast unspecified site
	Addnl Dx:	D63.0 Anaemia in neoplastic disease
	Procedure:	[1893]13706-01 Administration of whole blood
	Flag:	Non-chemotherapy procedure flag

ICS effective from: January 2010
Advice first published: October 2009
Reason for Standard: To identify repeat non-chemotherapy admissions to oncology day wards for previously diagnosed neoplasms.

ICS 0233 MORPHOLOGY

Morphology codes are not assigned in Ireland.

Reason For Standard: ICS 0233 is a continuation of existing practice.

Chapter 3 Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving the Immune Mechanism (03--)

ICS 030X BLOOD TESTS/COLLECTION OF BLOOD FOR DIAGNOSTIC PURPOSES

Procedure codes for collection of blood for diagnostic purposes or for routine blood tests are not to be coded.

ICS Effective From:	This standard was created in January 2009 and incorporates advice from ICS 0042, July 2007
Advice First Published:	Coding Notes April 2005 and ICS 0042 published July 2007
ICS Updated:	This standard was created in January 2009 in accordance with existing guidelines and contains information previously contained in ICS 0042
Reason for Standard:	Collection of blood is a standard treatment that is unnecessary to code.

Chapter 4 Endocrine, Nutritional and Metabolic Diseases (04--)

ICS 040X HAEMOCHROMATOSIS AND VENESECTION

HIPE Collection of Haemochromatosis and Venesection

- Daycase admissions of patients with a diagnosis of haemochromatosis admitted for venesection may be coded if the activity occurs in an area where activity is normally collected by HIPE e.g. designated dayward.
- V*enesection for haemochromatosis performed in out-patient or clinic type settings are not coded on HIPE.*
- Where venesection is performed in a MAU (Medical assessment unit) the MAU must be registered with the Casemix Unit, HSE in order to collect this activity.
- Inpatients with a principal or secondary diagnosis of haemochromatosis are coded according to existing coding guidelines for inpatients.

ICD-10-AM codes for Haemochromatosis and venesection:

Diagnosis: E83.1 *Disorders of iron metabolism*
Haemochromatosis

Procedure: 13757-00 [725] *Therapeutic venesection*

ICS Effective From:	July 2007 (advice previously published in ICS 0042 July 2007)
Advice First Published:	As part of ICS 0042 published July 2007
ICS Updated:	This standard was created in January 2009 in accordance with existing guidelines and contains information previously published in ICS 0042
Reason for Standard:	Provide information on the coding of haemochromatosis and venesection.

~~**ICS 10X1 AVIAN INFLUENZA**~~

Effective From: Discharges on or after 1st January 2007
Standard Deleted: Standard deleted from 1st January 2009 as code J09 *influenza due to identified avian influenza virus* is contained in 6TH Edition ICD-10-AM

ICS 10x0 A(H1N1) influenza (Swine Flu)

From the 1st July 2009 the following guidelines apply to the coding of A(H1N1) influenza.

World Health Organisations recommendations for coding A(H1N1) [Swine Flu]:

1. **Influenza A(H1N1) [swine flu] is categorized to J09**

2. In future editions of the classification the new title of J09 will be "Influenza due to certain identified influenza virus"
3. Future inclusions will mention the particular influenza virus strains that are included in this category.
4. Countries have to identify the cases with identified Influenza A(H1N1) coding the relevant cases to J09.

Suspected Swine Flu

- Only **confirmed** cases of swine flu are coded to J09 *Influenza due to identified avian influenza virus,* with an additional code of Z29.0 *Isolation*, if appropriate

- For cases described as 'suspected' or 'probable' and patient is treated for swine flu, but **not confirmed** by laboratory testing, assign: **J11. -** *Influenza, virus not identified* & Z29.0 *Isolation,* if appropriate.

- This advice is specific to suspected cases of swine flu: please refer to ACS 0012 *Suspected Conditions* for other conditions

Example 1
Patient admitted with flu-like symptoms including sore throat, coughing, fever, headache, and muscle pain. Documentation in chart states 'probable swine flu', the patient was treated for swine flu and was isolated. Laboratory tests did not confirm swine flu.
Assign Codes:
J11. 1 *Influenza with other respiratory manifestations, virus not identified*
Z29.0 *Isolation*

Example 2
Patient admitted with flu-like symptoms including sore throat, coughing, fever, headache, and muscle pain. Documentation in chart states 'probable swine flu', the patient was treated for swine flu and was isolated. Laboratory tests were positive for swine flu.
Assign Codes:
J09 *Influenza due to identified avian influenza virus*
Z29.0 *Isolation*

ICS effective from: July 2009
Advice first published: Coding Notes July 2009
Reason for Standard: Advisory from WHO on the coding of A(H1N1) influenza
Updated: January 2010 for suspected cases & to include examples

ICS 1006 VENTILATORY SUPPORT

Continuous ventilatory support (CVS)

Any CVS conducted prior to admission to a ward is not to be included in the calculation of duration of ventilatory support.

See also *Guidelines on Hospital Activity Not Collected by HIPE*, Irish Coding Standards page 4.

Effective from:	Continuation of existing practise
First Published:	ICS V1.3 January 2008
ICS Updated:	ICS V2.0 January 2009 changes in coding of ventilatory support
Reason for standard:	Continuation of existing practice for HIPE to collect data on admitted in-patients and daycases only. This standard provides clarification of ACS 1006 for use in Ireland.

ICS 1404 ADMISSION FOR KIDNEY DIALYSIS

Dialysis day discharges

Patients admitted for dialysis in dedicated dialysis units have been collected by the HIPE system since 1st January 2006. These episodes were previously excluded from HIPE. In order to provide national data regarding the volume of patients receiving dialysis the Department of Health & Children have requested that this activity be collected by HIPE.

Coding of dialysis day discharges

ACS 1404 *Admission for kidney dialysis* must be applied when coding kidney dialysis episodes. This will ensure that all patients admitted for dialysis, where the intent is a same day admission, can be identified by the principal diagnosis code of Z49.1 *Extracorporeal dialysis* for extracorporeal dialysis or Z49.2 *Other dialysis* for peritoneal dialysis. The term "extracorporeal dialysis" used in ACS 1404 refers to haemodialysis as this type of dialysis takes place "outside" the body while peritoneal dialysis takes place within the body.

Mandatory codes for dialysis day discharges are as follows:

Haemodialysis

Principal Diagnosis: Z49.1 *Extracorporeal dialysis*
Principal Procedure: From block [1060] *Haemodialysis*

Peritoneal Dialysis

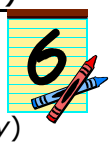
Principal Diagnosis: Z49.2 *Other dialysis (peritoneal)*
Principal Procedure: From block [1061] *Peritoneal dialysis*

Additional codes may be assigned to collect the underlying kidney disease. Any additional conditions or complications are collected at the hospital's discretion as HIPE is identifying the number of dialysis episodes and the type of dialysis given. Due to the volume of dialysis episodes per patient a batch coding program has been developed to facilitate the collection of these cases, please contact the HIPE Unit for further information on this software.

Effective From:	January 2006
First Published:	Coding Notes December 2005
Reason For Standard:	HIPE coding of day episodes for dialysis commenced in January 2006, this ICS provides coding advice for this type of admission.
ICS Updated:	Updated in ICS V2.0 January 2009 to reflect change in terminology from *renal* to *kidney* in 6th Edition ICD-10-AM

Chapter 15 Pregnancy, Childbirth and the Puerperium (15--)

ICS 15X0 PRINCIPAL DIAGNOSIS SELECTION FOR OBSTETRIC CASES



Chapter 15 of the ACS provides one specialty standard (ACS 1530 *Premature delivery*) relating to the assignment of principal diagnosis in obstetrics cases. If *ACS 1530 Premature delivery* does not apply then ACS 0001 *Principal diagnosis* will be followed in selecting the principal diagnosis.

Effective From:	January 2005
First Published:	Coding Matters Volume 13 Number 2, September 2006, page 6
ICS Updated:	ICS V2.0 January 2009 Changes in ICD-10-AM guidelines for PDx in Obstetrics cases
Reason For Standard:	Clarification of existing guidelines

ICS 1510 PREGNANCY WITH ABORTIVE OUTCOME

Fetal viability

A livebirth in Ireland is defined as at least 22 weeks completed gestation.

Reason For Standard:	ICS 1510 is a continuation of existing practice.
Revised:	ICS 1510 revised to include the term completed, March 2008 (ICS V1.4)

ICS 1511 TERMINATION OF PREGNANCY

Codes from category O04 *Medical abortion* are only assigned for patients admitted to hospital with a complication following an incomplete legal abortion in another state (please see ACS 1544 *Complications following abortion and ectopic and molar pregnancy*).

Reason For Standard:	ICS 1511 is a continuation of existing practice.
Revised:	ICS 1511 revised to include the term incomplete, March 2008 (ICS V1.4)

ICS 15X1 STERILISATION WITH DELIVERY

When a sterilisation is carried out with a delivery, assign the following as an additional diagnosis:

Z30.2 *Sterilisation*

First Published:	Coding Notes July 2005
Reason For Standard:	ICS 15X1 is a continuation of existing practice.

ICS 15X2 ANTI-D IMMUNOGLOBULIN PROPHYLAXIS AND RHESUS INCOMPATIBILITY / ISOIMMUNISATION

Blood Types

The two most important classifications to describe blood types in humans are 'ABO' and the 'Rhesus factor'. For example, if a patient has ABO group A and a negative Rhesus factor, then their blood type will be described as A- (A negative).

Anti-D immunoglobulin prophylaxis

To prevent rhesus isoimmunisation, mothers with a rhesus negative (Rh-) blood type are routinely given an injection of anti-D immunoglobulin at 28 and 34 weeks of their pregnancy. If the mother gives birth to a rhesus positive (Rh+) baby, then a postnatal injection of anti-D immunoglobulin prophylaxis will also be administered.

Classification

If a rhesus negative obstetric patient receives injection of Anti-D during her admission and no condition is documented, the following codes are assigned:

Z29.1	*Prophylactic immunotherapy*
92173-00 [1884]	*Passive immunisation with Rh(D) immunoglobulin*

Rhesus incompatibility/isoimmunisation

Rhesus (Rh) incompatibility is the condition of a mother with a rhesus negative blood type and a baby with a rhesus positive blood type.

Rhesus (Rh) isoimmunisation occurs when blood cells from a rhesus positive baby enter the bloodstream of a rhesus negative mother causing the mother's immune system to produce antibodies. This is also known as Rh sensitisation. If the mother has a future pregnancy with another rhesus positive baby, then these antibodies can cross the placenta and attack the blood cells of the unborn baby, thus resulting in a condition called haemolytic disease of the newborn. The administration of Anti-D immunoglobulin prophylaxis prevents the development of antibodies in the mother, therefore, **rhesus isoimmunisation is a rare condition.**

Classification

If a rhesus negative obstetric patient has a documented diagnosis of *rhesus isoimmunisation* or *rhesus incompatibility* the following code is assigned:

O36.0 Maternal care for rhesus isoimmunisation

EXAMPLE

Diagnosis: A mother with an A- blood type (rhesus negative) delivers a jaundiced live male infant. Cord blood tests reveal the baby's blood type to be A+ (rhesus positive). Rhesus incompatibility is diagnosed and Anti-D injection is administered to the mother.

Codes:	O36.0	*Maternal care for rhesus isoimmunisation*
	Z37.0	*Outcome of delivery, single live birth*
	92173-00 [1884]	Passive immunisation with Rh(D) immunoglobulin

Effective From:	January 2005
First Published:	Obstetrics Workshops from 16/5/05
Reason for standard:	Clarification of ICS and clinical terminology
ICS Updated:	ICS V2 Jan 2009
Reason for Update:	Example updated

ICS15X3 DEFINITION OF TERMS "EARLY" AND "LATE" USED IN CHAPTER 15 OF THE CLASSIFICATION

Fetal viability in Ireland is defined as 22 completed weeks gestation. In Ireland the definition of the terms early and late used in the ICD-10-AM/ACHI/ACS classification are;

Early or before 20 weeks = up to 21 weeks completed gestation in Ireland
Late or after 20 weeks = 22 completed weeks gestation or more in Ireland

This definition applies:

- where the term **early** or **late** is used in an ICD-10-AM code
- where the term **20 weeks** is mentioned in an ICD-10-AM code, **this term is to be interpreted as 22 weeks in Ireland.**

Example:
Code O21.2 *Excessive vomiting after 20 weeks* is to be applied for vomiting after 22 weeks in Ireland.

Effective From:	January 2008
Reason for Standard:	Differences between Ireland and Australia in the definition of fetal viability. This standard maintains appropriate use of codes for Irish system.
First Published:	ICS V1.3

Chapter 16 Certain Conditions Originating in the Perinatal Period (16--)

ICS 1605 CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

Definition

The perinatal period is defined in Ireland as:

*The perinatal period commences at **22 completed weeks** (154 days) of gestation and ends at 28 completed days after birth.*

Effective From:	ICS 1605 is a continuation of existing practice.
First Published:	ICS V1.5
Reason for Standard:	Definition of perinatal period in Ireland.

ICS 1607 NEWBORN/NEONATE

Coding of unwell newborns/neonates during the birth episode

Codes from Z38 *Liveborn infants according to place of birth* will be applied only as additional diagnoses to newborns/neonates that are unwell during the birth episode.

On the baby's chart any morbid condition arising during the birth episode will have a code from Z38 *Liveborn infants according to place of birth*, added as an additional diagnosis.

Example 1

Newborn, born in hospital, with hypoglycaemia, vaginal delivery.

Codes:	P70.4	*Other neonatal hypoglycaemia*
	Z38.0	*Singleton, born in hospital*

Z38 *Liveborn infants according to place of birth* will not be assigned as principal diagnosis as well babies are not coded in Ireland.

Z38 cannot be used when treatment is being provided in second or subsequent admissions.

Example 2

Newborn, readmitted at 7 days of age for ritual circumcision.

Codes:	Z41.2	*Routine and ritual circumcision*
	30653-00 [1196]	*Male circumcision*

Effective From:	ICS 1607 is a continuation of existing practice.
First Published:	Coding Notes, July 2006.
Reason for Standard:	Well babies are not collected by HIPE.

~~ICS 1611 NEWBORNS ADMITTED FOR OBERVATION WITH NO CONDITION FOUND~~

Effective From:	Continuation of existing practice
Reason For standard:	In keeping with existing national guidelines regarding coding of neonates and with ICS 1607 newborn/neonate.
First Published:	ICS V1.3
Standard deleted:	Deleted from 1st January 2009 as ACS 1611 was revised and references to code Z38 liveborn infants according to place of birth were removed from ACS 1611.

Chapter 19 Injuries, Poisoning & Certain Other Consequences of External Causes (19--)

ICS 1901 POISONING

Coding of assault by poisoning

There is no column in the Table of Drugs and Chemicals for external cause of poisoning by assault.

In order to code assault by poisoning assign the following codes;

1. An appropriate code from the poisoning column from the Table of Drugs and Chemicals

   And

2. An appropriate assault code located in the Alphabetic Index of External Causes.

Additional codes for place of occurrence and activity are also assigned according to existing guidelines.

Example 1
Patient collapsed in bar from suspected drink spiking. Toxicology results confirmed rohypnol.

Poisoning by rohypnol:	T42.4 Poisoning by Benzodiazepines
Collapse:	R55 Syncope and collapse
Assault:	X85.09 Assault by drugs, medicaments and biological substances, unspecified person
Place of occurrence:	Y92.53 Café, hotel and restaurant
Activity:	U73.9 Unspecified activity

Reason for standard: This standard provides clarification.
First Published: ICS V1.3, January 2008.

ICS 1902 ADVERSE EFFECTS OF DRUGS

A code for place of occurrence (Y92.-) is not required with code range Y40-Y59 *Drugs, medicaments, and biological substances causing adverse effects in therapeutic use*.

First Published: Coding Notes March 2006
Information also provided at ICD-10-AM 4th Edition Pre-Implementation workshops

Chapter 22 Codes for special purposes (22--)

~~ICS 22X0 SEVERE ACUTE RESPIRATORY SYNDROME~~

Effective From: Discharges on or after 1st January 2007

Standard Deleted: Deleted from 1st January 2009 in ICS V2 as code U04.9 *Severe acute respiratory syndrome [SARS], unspecified* is included in 6th edition ICD-10-AM/ACHI/ACS

Appendix A: Summary of Changes for ICS V2.0, V2.1 & V2.2

The following is a summary of the changes to Irish Coding Standards (ICS) for versions 2.0, 2.1 and 2.3. For the complete guidelines and detailed information on the changes to each standard please refer to the appropriate version of the standards.

ICS V2.2 January 2010

ICS 20x0 Classification of attendances at oncology day wards New standard
Reason for Standard: To identify repeat non-chemotherapy admissions to oncology day wards for previously diagnosed neoplasms.
ICS effective from: January 2010
Advice first published: October 2009

ICS 10x0 A(H1N1) influenza (Swine Flu) standard updated January 2010 for advice on suspected cases of A(H1N1) & to include examples

ICS V2.1 July 2009

ICS 10x0 A(H1N1) influenza (Swine Flu) New standard
New standard introduced for coding of A(H1N1) influenza based on WHO advice. As this information is not contained in the classification at code J09 an ICS is required.
- Influenza A(H1N1) [swine flu] is categorized to J09

ICS effective from: July 2009
Advice first published: Coding Notes July 2009
Reason for Standard: Advisory from WHO on the coding of A(H1N1) influenza

ICS V2.0 January 2009

General information:
- Preface introducing ICS V2.2 updated
- List of Coding schemes used in HIPE in Ireland

ICS:

ICS 0010 General Abstraction guidelines
- Revised to include additional examples

ICS 0048 Condition onset flag
- New standard created as this variable not collected in Ireland at this time

ICS 0042 Procedures not Normally Coded
- ICS 0042 deleted
- New standards created for blood tests & haemochromatosis

NOTE: 6th Edition ACS includes a change in guidelines to allow for the for the collection of procedures listed in ACS 0042 where the procedure is the principal reason for admission in same day cases (see Note C, ACS 0042 Procedures Not Normally Coded).

ICS 0112 Infection with Drug Resistant Microorganisms
- Revised to incorporate 6th Edition changes for the coding of methicillin resistance.

ICS 030X Blood tests/ collection of bloods for diagnostic purposes

- New standard required following deletion of ICS 0042
- No change to guidelines on the coding of blood tests
- Collection of blood is a standard treatment that is unnecessary to code

ICS 040X Haemochromatosis & Venesection

- New standard for coding advice previously contained in ICS 0042 on the coding of haemochromatosis and venesection
- No change to coding guidelines for haemochromatosis and venesection

ICS 10X1 Avian Influenza

- ICS 10X1 deleted
- Code J09 influenza due to identified avian influenza is contained within the 6th edition of ICD-10-AM/ACHI/ACS

ICS 1006 Ventilatory Support

- Standard revised
- Revision of standard to incorporate changes in ACS 1006

ICS1404 Admission for Kidney Dialysis

- Standard revised
- Standard updated to reflect change in terminology in 6th edition ICD-10-AM/ACHI/ACS from renal to kidney

ICS 15X0 Principal Diagnosis Selection for Obstetric Cases

- Standard revised
- Coding advice to apply ACS 0001 Principal diagnoses unless ACS 1530 Premature delivery applies
- Coding advice for 6th edition is in line with previous ICS

ICS 15X2 Anti-D immunoglobulin prophylaxis and rhesus incompatability/isoimmunisation

- Revision of example provided in this standard

ICS1611 Newborns admitted for Observation with no condition found

- Standard deleted
- ICS not required due to the removal of references to code *Z38 liveborn infants according to place of birth* from ACS 1611 in 6th Edition ACS

ICS 22X0 Severe Acute Respiratory Syndrome

- Standard deleted
- Code U04.9 Severe acute respiratory syndrome (SARS) is contained within 6th edition of ICD-10-AM/ACHI/ACS

For further information on HIPE variables please see HIPE Instruction Manual and also the Health Information section of our website at www.esri.ie