Queries discussed by
WA Clinical Coding Advisory Group
Meeting on 20th July 2016


Apologies: Emily Hookham, Sharon Linton, Bill Pyper, Vana Savietto, Deb Yagmich.

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| 1 | Hut lung | **Recommendation:** ‘Hut lung’ is synonymous with Coalworker’s/miner’s pneumoconiosis and is also known as Domestically Acquired Particulate Lung Disease (DAPLD).

Histological findings of anthracosis (pneumoconiosis due to inhaled carbon particles) or anthracosilicosis (carbon and silica/dust particles) confirm the diagnosis.

Index pathways for J60 Coalworker’s pneumoconiosis are:
- Anthracosilicosis
- Anthracosis
- Coal worker’s lung or pneumoconiosis
- Pneumoconiosis → coalworker’s
- Coalminer’s lung or pneumoconiosis
- Pneumoconiosis → miner’s
- Pneumoconiosis → silica, silicate NEC → with carbon

As ‘Hut lung’ is not specifically indexed, this query will be sent to the ACCD for clarification. In the meantime, assign J60 Coalworker’s pneumoconiosis for the diagnosis ‘Hut lung.’

**Decision:** This query will be sent to the ACCD for clarification. In the mean-time, assign J60 Coalworker’s pneumoconiosis for the diagnosis ‘Hut lung.’

[WA Clinical Coding Advisory Group Decision Date: 20.07.2016]
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<td>2</td>
<td>Infected bee/insect sting</td>
<td><strong>Recommendation:</strong> Although there are no ACS guidelines for classifying infected bee (or other insect) stings, we can still follow the Index pathway: 'Infection, infected → post traumatic NEC' to assign T79.3 <em>Post traumatic wound infection, NEC.</em> For an infected bee sting, assign:</td>
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|          | What is the correct way to code an infected bee sting? | 1. T63.4 *Venom of other arthropods*  
2. T79.3 *Post traumatic wound infection, NEC*  
3. Cellulitis or abscess code (if documented, to further specify the type of infection)  
4. Organism ‘B’ code (if known, to further specify the type of infection)  
5. X23.3- *Contact with bees*  
6. Place of occurrence code  
7. Activity code |
|          | There are ACS for classifying infected superficial injuries or burns (i.e. assign T79.3) but there are no guidelines for classifying infected bee (or other insect) stings. Example: Patient admitted with knee cellulitis following a bee sting one week earlier. Documented PD is knee cellulitis. | For non-specific documentation such as ‘infected bee sting’ or ‘infected insect sting’ only, seek clinician clarification to identify if specific infection diagnoses such as cellulitis or abscess apply. Cellulitis should be coded separately with sequencing dependent on the principles of ACS 0001 and 0002, as per Coding Rules: *Cellulitis with recent injury* (June 2015) and *Cellulitis of an infected blister* (March 2015). In the example, knee cellulitis is documented as the principal diagnosis, so L03.13 *Cellulitis of lower limb* should be sequenced first: |
|          | | 1. L03.13 *Cellulitis of lower limb*  
2. T63.4 *Venom of other arthropods*  
3. T79.3 *Post traumatic wound infection, NEC*  
4. Organism ‘B’ code  
5. X23.3- *Contact with bees*  
6. Place of occurrence code  
7. Activity code. |
|          | | **Decision:** For an infected bee sting assign: |
|          | | 1. T63.4 *Venom of other arthropods*  
2. T79.3 *Post traumatic wound infection, NEC*  
3. Cellulitis or abscess code (if present), to further specify the type of infection  
4. Any organism (‘B’ code), to further specify the type of infection  
5. X23.3- *Contact with bees* |
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<td>6.</td>
<td>Place of occurrence code</td>
<td>Sequencing of specific infections such as cellulitis or abscess should be in accordance with the principles of ACS 0001 and 0002.</td>
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<td>7.</td>
<td>Activity code</td>
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[WA Clinical Coding Advisory Group Decision Date: 20.07.2016]

| 3        | Hyperplastic rectosigmoid polyp                        | Recommendation: In ICD-10-AM malignant neoplasm classification includes a site code for the rectosigmoid junction but this site is not available for classifying polyps. The Index forces us to choose between the sites rectum or colon. Most non-neoplastic conditions of the rectosigmoid junction are classified to the colon/intestine. Examples include:  
- Rectosigmoiditis → K63.8 Other specified diseases of intestine  
- Fistula, rectosigmoid → K63.2 Fistula of intestine  
- Diverticula, diverticulitis, diverticulosis, diverticulum; rectosigmoid → K57.3- Diverticular disease of large intestine without perforation or abscess  
- Stricture, rectosigmoid → K56.6 Other and unspecified intestinal obstruction  
- Ulcer, ulcerated, ulcerating, ulceration, ulcerative; rectosigmoid → K63.3 Ulcer of intestine  
- Obstruction, obstructed, obstructive; rectosigmoid → K56.6 Other and unspecified intestinal obstruction  
- Lesion, rectosigmoid → K63.9 Disease of intestine, unspecified  

This query will be sent to the ACCD for clarification. In the mean-time, assign K63.58 Other polyp of colon for a hyperplastic rectosigmoid polyp to ensure consistency with the classification of other non-neoplastic rectosigmoid conditions.  

Decision: This query will be sent to the ACCD for clarification. In the mean-time, assign K63.58 Other polyp of colon for hyperplastic rectosigmoid polyp.  

[WA Clinical Coding Advisory Group Decision Date: 20.07.2016]

| 4        | Failed back syndrome                                   | Recommendation: Failed back syndrome is a synonym for postlaminectomy syndrome.  
ACS 1344 Postlaminectomy syndrome instructs coders that postlaminectomy syndrome (M96.1 Postlaminectomy syndrome, not elsewhere classified) is a term used to describe pain which persists in spite of back surgery attempted to relieve it and that it should only be coded when ‘postlaminectomy syndrome’ is documented. |
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<td>We believe this instruction is intended to prevent coders from assigning M96.1 for back pain following surgery. It does not preclude the assignment of this code for synonyms of postlaminectomy syndrome. Before assigning M96.1 for failed back syndrome, the medical record should be reviewed for evidence of previous laminectomy, discectomy, spinal fusion or foramenotomy to ensure documentation of ‘failed back syndrome’ is being used as a synonym for ‘postlaminectomy syndrome.’ Where there is no evidence of these procedures, seek clinician clarification. <strong>Decision:</strong> This query will be sent to the ACCD for clarification. In the mean-time, assign M96.1 <em>Postlaminectomy syndrome, not elsewhere classified</em> for failed back syndrome with documentary evidence of previous laminectomy, discectomy, spinal fusion or foramenotomy.</td>
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<td>5.0000</td>
<td>Injection of adrenaline into bleeding gastric ulcer</td>
<td><strong>Recommendation:</strong> Adrenaline injection into bleeding gastric ulcer is used for vasoconstriction and provides temporary haemostasis. It improves visualisation of the affected area prior to a definitive treatment. Definitive treatment may be: resection, thermal coagulation, clipping, suturing or injection of a sclerosant. The primary mechanism of arterial haemostasis for adrenaline is temporary compression of the artery in the serosal space. Therefore <strong>significant bleeding cannot be arrested with adrenaline alone.</strong> A more effective sclerosant is needed. Adrenaline can help localise the sclerosant to the injected area, thereby maximising its effect. Adrenaline injection into bleeding gastric ulcer is a procedural component of 30505-00 Control of bleeding peptic ulcer and 90296-00 Endoscopic control of peptic ulcer or bleeding as per the Index pathways: <strong>Control</strong> - haemorrhage -- gastrointestinal --- from peptic ulcer → 30505-00 [874] Control of bleeding peptic ulcer ---- via endoscopy → 90296-00 [887] Endoscopic control of peptic ulcer or bleeding <strong>Decision:</strong> Adrenaline injection into bleeding gastric ulcer provides temporary haemostasis prior to definitive treatment and is thus a procedural component of 30505-00 Control of bleeding peptic ulcer and 90296-00 Endoscopic control of peptic ulcer or bleeding. An additional procedure code is not required to reflect adrenaline injection when assigning 30505-00 or 90296-00.</td>
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| 6        | Gluing of gastric varices | **Recommendation:** Definitive treatment of gastric varices requires either the endoscopic obliteration of varices or the correction of underlying portal hypertension.  
Glues such as cyanoacrylate are used to obliterate gastric varices. Cyanoacrylate is a liquid substance with the consistency of water that transforms into a solid state when added to a physiological medium such as blood. When injected into a varix, the glue undergoes an instantaneous polymerisation reaction and hardens to a rock hard substance, thereby plugging the lumen of the varix. This enables rapid haemostasis of active bleeding and prevents re-bleeding.  
The correct code to assign for gluing of gastric varices is 30478-07 [870] *Endoscopic administration of agent into lesion of stomach or duodenum* by following the Index pathway:  
**Injection**  
- varices  
- - gastric → 30478-07 [870] *Endoscopic administration of agent into lesion of stomach or duodenum.*  
**Decision:** Gluing of gastric varices should be coded to 30478-07 [870] *Endoscopic administration of agent into lesion of stomach or duodenum.*  
[WA Clinical Coding Advisory Group Decision Date: 20.07.2016] |
| 1        | Adverse effects of Champix | **Q:**  
What is the correct external cause code to assign for adverse effect of Champix (varenicline) in therapeutic use?  
**A:**  
Champix (varenicline) belongs to the class of medications called smoking cessation therapies. It is used to help people quit smoking when nicotine replacement therapy has not been effective. Varenicline works in the brain to reduce cravings and withdrawal symptoms. It also decreases the pleasure that people derive from smoking and is thought to produce these effects by acting on the same receptors in the brain as nicotine in cigarettes.  
ICD-10-AM does not have a specific code for adverse effect of varenicline (Champix) in therapeutic use. Assign Y57.8 *Other drugs and medicaments* by selecting *Nicotine/medicinal, Adverse effect in therapeutic use* in the *Table of Drugs and Chemicals.*  
Improvement to the ICD-10-AM Alphabetic Index, *Table of Drugs and Chemicals* will be considered for a future edition. |
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| 2        | Curettage and excisional debridement      | **Q:** When curettage is performed with an incision and drainage of an abscess, should this be coded to excisional debridement?  
  **A:** During incision and drainage of an abscess a curette may be used to remove slough and/or debris from the abscess cavity. This is a component of the procedure and does not require an additional code as per the guidelines in ACS 0016 General procedure guidelines/Procedure components.  
  The correct code to assign for incision and drainage of an abscess with or without curettage is 30223-01 [1606] Incision and drainage of abscess of skin and subcutaneous tissue, following the lead terms Drainage or Incision.  
  Amendments to ACHI will be considered for a future edition. |
| 3        | Turbinoplasty procedure code              | **Q:** What is the correct code to assign for a turbinoplasty?  
  **A:** During a turbinoplasty, the turbinates are reshaped either by outfracturing or submucosal resection or a combination of the two methods. Both involve removal of turbinate tissue (ie a partial turbinectomy) via different mechanisms.  
  ACHI does not have a specific code for turbinoplasty, therefore assign code(s) according to the documentation within the operation report:  
  • 41692-00 [376] Submucous resection of turbinate, unilateral  
  • 41692-01 [376] Submucous resection of turbinate, bilateral  
  • 41686-00 [381] Surgical fracture of nasal turbinates, unilateral  
  • 41686-01 [381] Surgical fracture of nasal turbinates, bilateral  
  • 41689-00 [376] Partial turbinectomy, unilateral  
  • 41689-01 [376] Partial turbinectomy, bilateral  
  If outfracturing (surgical fracture) or submucous resection is not specified assign 41689-00 [376] Partial turbinectomy, unilateral or 41689-01 [376] Partial turbinectomy, bilateral following the index pathway: |
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| 7        | Turbinectomy      | - partial (unilateral) 41689-00 [376]  
|          |                   | - bilateral 41689-01 [376]  
|          |                   | However, if a turbinoplasty (by any method) is performed in conjunction with a septroplasty assign 41671-02 [379]  
|          |                   | Septoplasty or 41671-03 [379] Septoplasty with submucous resection of nasal septum; as turbinectomy is included within these codes as per the *Includes* notes.  
|          |                   | Amendments to ACHI will be considered for a future edition. |  
| 4        | Vascularised lymph node | Q:  
|          |                   | What procedure code should be assigned for vascularised lymph node transfer?  
|          |                   | A:  
|          |                   | Vascularised lymph node transfer (VLNT) is a procedure where lymph nodes are transferred as a stand-alone block of tissue, harvested commonly from the groin, but can be from other lymph node areas. The blood supply to the transplanted lymph nodes is connected to local blood vessels in the recipient site (usually the axilla, wrist or antecubital area) as part of the transfer.  
|          |                   | There is no specific code in ACHI for VLNT, therefore assign 90283-00 [812] *Other procedures on lymphatic structures* following the Alphabetic Index:  
|          |                   | Transplant, transplantation  
|          |                   | - lymphatic structure(s) (peripheral) 90283-00 [812]  
|          |                   | As microvascular anastomosis is inherent in a vascularised lymph node transfer, it is unnecessary to assign a separate code for the microsurgical anastomosis as per the guidelines in ACS 0016 *General procedure guidelines, Procedure components*.  
|          |                   | Improvements to the classification of VLNT will be considered for a future edition of ACHI.  
<p>|          |                   | [ACCD Coding Rules, June 2016] |</p>
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| 5        | Diagnosis code assignment for admission for insulin pump | Q: What is the correct principal diagnosis to assign when a patient with diabetes mellitus is admitted for connection of an insulin pump?  
A: Where adjustment, management, fitting or removal of the insulin pump is the principal reason for the admission (ie it meets the criteria for assignment as per ACS 0001 Principal diagnosis), the correct code to assign is Z45.1 Adjustment and management of drug delivery device followed by the appropriate code(s) for diabetes mellitus. For classification advice related to ACHI codes for insulin pumps, refer to Coding Rule Insulin pumps. Amendments to the classification will be considered for a future edition. [ACCD Coding Rules, June 2016] |
| 6        | Intramuscular sedation for anaesthesia            | Q: Should sedation administered intramuscularly (IM) be coded (eg a paediatric patient with a fractured radius reduced under IM sedation)?  
A: Intramuscular (IM) sedation is given where rapid onset/short term anaesthesia is required, without a full general anaesthetic effect (ie without loss of respiratory drive or protective airway tone). This is often administered in paediatric patients, or other patients who require sedation to evaluate and treat their injuries whilst limiting distress. IM sedation is used to facilitate patient cooperation during imaging studies or during painful procedures such as fracture reductions, abscess incision and drainage, lumbar puncture, or complex laceration repairs (Madati 2011). ACS 0031 Anaesthesia instructs that sedation may be assigned where anaesthetic is administered as per general anaesthesia (intravenous or inhalational or both) and there is no documentation of the use of an artificial airway. It also instructs that oral sedation is not to be coded, however there is no instruction regarding intramuscular sedation. Given the increasing use of sedation administered intramuscularly 92515-XX [1910] Sedation is to be assigned for intramuscular sedation, when administered for anaesthetic effect. Consideration will be given to updating ACS 0031 Anaesthesia to include instruction for the use of intramuscular sedation for a future edition of the ACS. [ACCD Coding Rules, June 2016] |
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<td>Situational crisis</td>
<td><strong>Q:</strong> How do you code ‘situational crisis’ as this term is not currently indexed in ICD-10-AM?</td>
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<td><strong>A:</strong> Situational crisis is a culturally acceptable, normal reaction to a stressful life event, such as the death of a family member or threatened job loss.</td>
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<td>If, however, the symptoms are ongoing, beyond normal, acute stress or are more intense, it becomes a problem of adjustment and the ongoing symptoms are now considered to have developed into a disorder. This may be described as a situational crisis, but the main problem is one of adjustment.</td>
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<td>Where ‘situational crisis’ is documented, coders should look for documentation within the clinical record or seek clarification from the treating clinician to determine if the patient has an acute stress reaction or an adjustment disorder classifiable to category F43 Reaction to severe stress, and adjustment disorders.</td>
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<td>When clinical advice is unavailable or there is uncertainty regarding whether the patient has an acute stress reaction or adjustment disorder, assign R45.89 Other symptoms and signs involving emotional state.</td>
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<td>Improvements to the Alphabetic Index will be considered for a future edition of ICD-10-AM.</td>
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[ACCD Coding Rules, June 2016]