



## **Education Module for Health Record Practice**

### **Module 5d - Coding Diseases of the Respiratory System, Digestive System and Genitourinary System**

#### **Study Notes and Coding Exercise 7 (ICD 9)**

a) Chapter VIII - Diseases of the Respiratory System

At the beginning of this chapter there is a note which states that an additional code may be used to identify the infectious organism which causes the respiratory disease. The code for the infectious organism will come from chapter 1 and can be found in the Alphabetical Index under the lead term "infection".

The exclusion note for code 496 must be followed. This means that a patient with chronic obstructive airways disease due to asthma will be coded to the asthma not the chronic obstructive airways disease. The terminology used to describe chronic airways obstruction differs from country to country. In the Alphabetic Index code 496 appears under the term chronic obstructive lung disease.

Under code 506, Respiratory conditions due to chemical fumes and vapours, there is a note indicating that an E code can be used to identify the chemical fumes specifically. These E codes are located by using the Table of Drugs and Chemicals, Section III, of the Alphabetical Index.

b) Chapter IX - Diseases of the Digestive System

The chapter for the diseases of the digestive system is organised on an anatomical basis working through the digestive system from the mouth down.

The codes 531-534 have a standard set of fourth digit subdivisions.

c) Chapter X - Diseases of the Genitourinary System

The first block of codes in this chapter, 580-584 have a standard set of fourth digits. However, because these fourth digits do not apply to every code, there are gaps in the sequence of numbers. You will notice, there is a code 580.0 and 580.4 but no 580.1, 580.2 or 580.3.

Code the following exercise. Do not forget to check your answers AFTER completing the whole exercise.

## EXERCISE 7

1. Chronic obstructive lung disease \_\_\_\_\_
2. Compensatory emphysema \_\_\_\_\_
3. Shock lung \_\_\_\_\_
4. Croup \_\_\_\_\_
5. Influenza \_\_\_\_\_
6. Asthmatic bronchitis \_\_\_\_\_
7. Chronic respiratory disease \_\_\_\_\_
8. Pleural effusion \_\_\_\_\_
9. Fibrosis of lung following radiation \_\_\_\_\_
10. Aspiration pneumonia \_\_\_\_\_
11. Farmer's lung \_\_\_\_\_
12. Mesenteric thrombosis \_\_\_\_\_
13. Incarcerated inguinal hernia \_\_\_\_\_
14. Gastric ulcer with hemorrhage \_\_\_\_\_
15. Gastric hemorrhage \_\_\_\_\_
16. Calculus of bile duct, acute cholecystitis \_\_\_\_\_
17. Liver damage from alcohol \_\_\_\_\_
18. Malfunction of colostomy \_\_\_\_\_
19. Celiac disease \_\_\_\_\_
20. Cholangitis \_\_\_\_\_
21. Ulcer of esophagus due to ingestion of aspirin \_\_\_\_\_
22. Tubular necrosis \_\_\_\_\_
23. Nephrogenic diabetes insipidus \_\_\_\_\_
24. Hemorrhagic nephroso-nephritis \_\_\_\_\_
25. Cyst of Bartholin's gland \_\_\_\_\_
26. Acute proliferative glomerulonephritis \_\_\_\_\_

- 27. Uremia \_\_\_\_\_
- 28. Cervicitis \_\_\_\_\_
- 29. Nephropathy \_\_\_\_\_
- 30. Lipoid nephrosis \_\_\_\_\_
- 31. Acute renal failure \_\_\_\_\_
- 32. Cystic breast \_\_\_\_\_

## 8. CODING OBSTETRIC AND NEONATAL CONDITIONS

### a) Chapter XI - Complications of Pregnancy, Childbirth and the Puerperium

This chapter on complications of pregnancy, childbirth and the puerperium is divided into the following blocks:-

. Codes 630-639 Pregnancy with abortive outcome.

This is a self-contained block of conditions where no delivery will follow. Note the list of four digit sub-categories common to Codes 634-638. These complications are re-listed at Code 639 so that:

- where a patient is readmitted with a complication, Code 639. is used.
- where these complications occur with codes 630-633, 639.- is used.
- Codes 640-648 Complications mainly related to pregnancy.
- Codes 650-659 Normal delivery and other indications for care in pregnancy, labour and delivery.
- . Codes 660-669 Complications occurring mainly in the course of labour and delivery.
- . Codes 670-676 Complications of the puerperium.

In the three blocks for complications of the three phases (pregnancy, labour/delivery, and puerperium) the complication is listed once only, placed in the phase where it is most likely to cause problems. This means that the condition is classifiable to that code even if the patient whose record is being coded has developed the complication in a different phase. There is no restriction placed on the coder to match the record being coded to the time phases indicated in these blocks.

It may be statistically desirable for a hospital to be able to identify that the delivery has taken place. Study the explanation of Code 650. This code cannot be allocated if any other code from the chapter applies. Consider two women with pre-eclamptic toxemia, one in hospital for medical care not having given birth, and one who has had a completely normal labour and spontaneous delivery. Both are coded 642.2 and the outcome code distinguishes the record of the woman who has given birth.

The optional fifth digits for method of delivery could also perform this function of indicating the delivery episode of care.

### b) Alphabetical Index to Obstetric Coding

There are a variety of methods with which obstetric codes are indexed. The lists which are most comprehensive and useful are:

- Delivery - in particular there are very useful lists under delivery complicated by

- Pregnancy - especially pregnancy, complicated by and pregnancy, management affected by

In addition, conditions may be indexed in their own right; for example, fetopelvic disproportion. There is also an entry for fetopelvic disproportion in the "delivery, complicated by" list; however, the code given here is different because the obstructed labour is presumed. Careful consultation with both volumes is recommended.

c) Special Notes

- (i) Codes 652, 653 and 654 are provided to code the presence of these abnormal conditions when they are present but do not complicate the labour. See exclusion note to codes 660.0, 660.1 and 660.2 at the three digit level of 652, 653 and 654. However, these codes may be used in addition to codes from 660.- because they are more specific regarding the nature of the cause of the obstructed labour. Notes at 660.0, 660.1 and 660.2 direct the coder to "use additional code ... if desired, to identify condition".

For example - Obstructed labour due to inlet contraction of pelvis code 660.1 and 653.2

- (ii) Codes 647.- and 648.-

These categories are for conditions normally coded elsewhere in ICD9. If the disease complicates the pregnancy or the pregnancy aggravates the disease or the disease is stated as a main reason for care being provided, then 647.- or 648.- are used. These codes do not apply when the disease is being recorded as incidental during a pregnancy.

To locate these codes in the alphabetical index see the "Pregnancy complicated by" list. It may be necessary to locate the usual ICD9 code to use the "Pregnancy complicated by conditions in" list which is organised by code numbers.

d) V Codes Used in Obstetrics

Two V codes may be used in connection with obstetric and newborn records.

V27.- may be used on the mothers record to code the outcome of delivery. (See Volume 1 and Volume 2 under "Outcomes").

V30.- may be used on the healthy baby's record. (See Volume 1 and Volume 2 under "Infants, healthy liveborn").

The decision to use these codes rests with each hospital.

e) Coding Neonatal Conditions - Chapter XIV - Congenital Anomalies

This chapter is used to code gross structural congenital malformations. The codes from this chapter may be used on the records of adults who have congenital disorders as well as on newborn babies' records.

f) Chapter XV - Certain Conditions Originating in the Perinatal Period

This chapter is used to code conditions which arise as a consequence of the fetal environment, birth process or the infant's taking time to adjust to the extrauterine environment. Often these are transitory conditions, for example, 775.0 Syndrome of infant of diabetic mother or, 777.4 Transitory ileus of newborn. To be coded in chapter XV the condition must be qualified as neonatal, of newborn, transient or sometimes congenital.

There is an inclusion note for the whole chapter reminding coders that these codes may be used even if the illness or death occurs later than the perinatal period. The index should be followed carefully.

Take your time to code the following exercise.

## EXERCISE 8

1. Patient was admitted with an antepartum hemorrhage which settled with bed rest, discharged undelivered. \_\_\_\_\_
2. Patient was admitted in severe pain following a ruptured tubal pregnancy. Removal of ruptured tubal pregnancy was performed. \_\_\_\_\_
3. This patient was admitted because of deterioration during pregnancy of her longstanding mitral insufficiency. She was discharged following medical assessment of her condition. \_\_\_\_\_
4. This patient was admitted for a termination of pregnancy because of a CNS malformation of the fetus diagnosed by amniocentesis at the \_\_\_\_\_  
outpatient department. The termination was achieved by injection of Prostaglandin. \_\_\_\_\_
5. This patient was admitted with symptoms of a threatened abortion. Symptoms settled with bed rest and the patient was discharged undelivered. \_\_\_\_\_
6. Patient had a term delivery complicated by a retained placenta without haemorrhage. A manual removal of placenta was performed. \_\_\_\_\_
7. Patient admitted in early pregnancy with hyperemesis gravidarum leading to dehydration. \_\_\_\_\_
8. This patient with cervical incompetence was admitted for removal of Shirodkar suture. Discharged to await onset of labour. \_\_\_\_\_
9. This patient was re-admitted following a previous admission for legal termination of pregnancy because of a haemorrhage. \_\_\_\_\_
10. Patient had an obstructed labour due to an inlet contraction of the pelvis. A lower segment cesarean section was performed. \_\_\_\_\_
11. During this labour the baby showed signs of fetal bradycardia so a mid forceps delivery with episiotomy was performed. \_\_\_\_\_

- 12. Full term normal delivery \_\_\_\_\_  
\_\_\_\_\_
  
- 13. Spontaneous abortion with dilatation and curettage was performed \_\_\_\_\_  
\_\_\_\_\_
  
- 14. This patient was admitted for a termination of pregnancy which was performed by aspiration curettage. \_\_\_\_\_  
\_\_\_\_\_
  
- 15. The patient was admitted post-dates for induction of labour by artificial rupture of membranes. When this procedure failed to induce the labour an IV syntocin drip was used. The baby was delivered with the assistance of low forceps. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 16. This patient was admitted for a booked cesarean section because of a scar from a previous cesarean section. Lower segment cesarean section was performed. \_\_\_\_\_  
\_\_\_\_\_
  
- 17. Hypertensive disease of pregnancy with severe edema. \_\_\_\_\_
  
- 18. Incomplete abortion complicated by renal shut down. Dilatation and curettage performed. \_\_\_\_\_  
\_\_\_\_\_

## 9. CODING DISEASES OF THE SKIN, MUSCULOSKELETAL SYSTEM AND SYMPTOMS SIGNS AND ILL DEFINED CONDITIONS

### a) Chapter XII - Diseases of Skin and Subcutaneous Tissue

There is an exclusion note that indicates certain local skin infections are not coded in this chapter, but are included in chapter 1, Infectious and parasitic disease.

Code 682, Other cellulitis and abscess begins with the inclusion and exclusion notes. Coders sometimes make errors because they do not notice these exclusion notes when checking the codes.

The difference between code 692.3 and 693.0 is in the type of exposure to the drug. Topical applications are coded 692.3, if ingested 693.0. Code 995.2 should be used only when the adverse effect or the route of administration is not specified, [e.g. rash due to penicillin].

### b) Chapter XIII - Diseases of the Musculoskeletal System and Connective Tissue

The fifth digits for this chapter are listed at the beginning of the section. The fifth digits provide the anatomical location of the disease. As noted above in chapter 5 however, the use of these fifth digits provides useful information for only a limited range of code numbers. The hospital should decide which codes are appropriate for the use of the fifth digit and ensure that these are used consistently by the coders.

The terminology used for code 715 may need some further explanation:

- 715.1 - one site, no cause
- 715.2 - one site, secondary to some cause;  
e.g. old fracture
- 715.8 - examples; hip and knee or both hips
- 715.9 - this code is used when the number of sites  
are not specified nor the nature of the disease  
(generalized or localized)

### c) Chapter XVI - Symptoms, Signs and Ill Defined Conditions

Chapter 16 supplies codes for symptoms, signs and ill-defined conditions which cannot be located in the chapter relating to a particular body system. There are notes that identify six occasions when codes from this chapter may be appropriate. Read these notes carefully noting these occasions. Codes from this chapter are not chosen if the symptom is a well recognised part of the disease process.

[For example, if abdominal pain and acute appendicitis were both recorded on the front sheet of the health record, the acute appendicitis only would be coded. Of course this type of decision is dependent on the coding policy of each hospital].

Now try the following - Exercise 9.

## EXERCISE 9

1. Alopecia \_\_\_\_\_
2. Diaper rash \_\_\_\_\_
3. Abscess on chin \_\_\_\_\_
4. Pemphigus vulgaris \_\_\_\_\_
5. Poison ivy dermatitis \_\_\_\_\_
6. Impetigo \_\_\_\_\_
7. Rheumatoid arthritis \_\_\_\_\_
8. Systemic lupus erythematosus \_\_\_\_\_
9. Old bucket handle tear of meniscus of left knee \_\_\_\_\_
10. Ankylosing spondylitis \_\_\_\_\_
11. Sciatica - displacement of lumbar disc \_\_\_\_\_
12. Osteoarthritis right hip and knee \_\_\_\_\_
13. Gonococcal bursitis \_\_\_\_\_
14. Arthritis associated with ulcerative colitis \_\_\_\_\_
15. Juvenile osteochondrosis of calcaneum \_\_\_\_\_
16. Lumbago \_\_\_\_\_
17. Gangrene \_\_\_\_\_
18. Hepatomegaly \_\_\_\_\_
19. Ascites \_\_\_\_\_
20. Excessive blood level of alcohol \_\_\_\_\_
21. Excessive thirst \_\_\_\_\_
22. Senility \_\_\_\_\_
23. Benign heart murmur \_\_\_\_\_
24. Extravasation of urine \_\_\_\_\_
25. Cachexia \_\_\_\_\_
26. Sudden infant death syndrome \_\_\_\_\_

27. Viremia

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## 10. TRAUMA CODING

Many people are admitted to hospital following violent incidents which damage the body. The incident may be an accident or deliberately caused by another person (as in the case of assault) or even self inflicted.

The codes for traumatic injuries are separated from the codes for diseases.

There are two aspects of each trauma which require a code:

- . a code to cover the nature of the injury (from chapter XVII)
- . a code to cover the external cause of the injury (an E code)

Codes from chapter XVII and E codes are companion codes and must always be used together.

For example, fracture of shaft of the humerus following a fall from a horse is coded - 812.2 and E828.2.

### a) Look-up Procedure

To locate chapter XVII codes use Section I of Volume 2. First look up the specific name of the injury, [e.g. fracture, dislocation]. "Injury" is also a useful starting point. For lacerations, see "Wound, open".

To locate E codes use Section II of Volume 2. This section uses English not medical terminology. If you cannot find the entry you want rephrase it, [e.g. "struck by" see also "hit by", "motor vehicle accident" see "collision"].

### b) Chapter XVII - Injury and Poisoning

Some patients are admitted with multiple injuries and it is usual to code each injury separately. However, some multiple injury codes are provided where insufficient detail of the component injuries is provided. Chapter XVII is divided into these sections:

#### \* 800-829 Fractures

Notice that there is an exclusion note for the entire section regarding malunion and nonunion of fractures (code 733.8) and pathological or spontaneous fractures, that is nontraumatic fractures caused by disease (code 733.1).

The fractures are arranged anatomically beginning with the head. Throughout the fracture section fourth digit decimals identify if the fracture is open or closed. In open fractures, there is an open skin wound. In closed fractures, there is no skin wound. Common fracture terms are grouped as being open or closed. However, if the patient had a compound and comminuted fracture, the open decimal would apply since open or closed is the issue being coded, not the type of fracture. Fracture NOS is assumed to be closed.

In Volume II there is a fractures list. A detailed list of sites is provided including multiple sites if required.

#### \* 830-839 Dislocation

This is an anatomically organised list with a fourth digit subdivision that usually signifies simple or compound dislocation.

See exclusion notes for this section and arrangements of terms into simple and compound groups. An alphabetical index is found in this section.

\* 840-848 Sprains and Strains of Adjacent Muscles

Note the inclusion and exclusion notes for this section. The most comprehensive alphabetical index entry is found under sprains.

\* 850-854 Intracranial Injury, excluding those with skull fracture.

There are important exclusions in this section which should be noted.

Coders should also note that the fourth digit decimals .0, without mention of intracranial wound, and .1 with open intracranial wound, do not apply to code 850 concussion. The Alphabetical Index to this section appears under the lead term "Injury, intracranial".

\* 860-869 Internal Injury of Chest, Abdomen and Pelvis

See inclusion and exclusion notes. The fourth digit subdivisions which apply to some of these codes are also listed. The alphabetical list is found under "Injury, internal".

\* 870-897 Open Wound

This section is used to code cuts and lacerations. The fourth digits usually specify particular sites and if the wound is complicated by delayed healing, delayed treatment, foreign body or major infection.

An anatomical arrangement is used for this section and traumatic amputations are listed at the end of the upper and lower limbs sections. "Wound, open" is the index entry point in Volume 2.

\* 900-904 Injury for Blood Vessels

See inclusion and exclusion notes and Volume 2 for alphabetical index.

\* 905-909 Late Effects of Injuries, Poisonings, Toxic Effects and Other External Causes

These codes are used when a condition is specified as the late effect or sequela of an injury which has occurred more than one year ago. Effects of trauma less than one year old are coded to the injury as a current injury.

\* 910-919 Superficial Injury

The decimal digits listed indicate the terms included as superficial injury and the exclusions are listed above these. A detailed alphabetical index appears under "Injury, superficial".

\* 920-924 Contusion with Intact Skin Surface

This section is used for coding bruises, however, incidental bruising is not coded when more serious injury is present.

\* 925-929 Crushing Injury

See Volume 2 for the alphabetical index to these codes.

\* 930-939 Effects of foreign body entering through orifice

See Volume 2 for the index entry.

\* 940-949 Burns

Codes 940-947 classify burns according to site, while code 948 classifies burns according to extent of body surface involved. Therefore, two codes may be used to classify the burns. For example, third degree burns to legs and feet involving 17% of body surface, code 945.3 and 948.1

Frequently, burns of the same general area are described as being of different severity. For example, second and third degree burns of back, code 942.3 that is, to the most severe degree.

\* 950-957 Injury to Nerves and Spinal Cord

See Volume 2 for index entry.

\* 958-959 Certain Traumatic Complications and Unspecified Injuries

This section contains a variety of miscellaneous trauma and there is no common index entry point.

\* 960-979 Poisoning by Drugs, Medicaments and Biological Substances

The inclusion and exclusion notes for this section are very important and must be read carefully.

This section only applies if an overdose of the substance was taken or if the person accidentally takes the wrong substance. So the arthritic patient who takes aspirin to control his pain and develops gastritis as a result, would not be coded here. Adverse effects of correct therapeutic substances are coded according to the specific adverse effect or to code 995.2 if this is not known.

The alphabetical index to this section is found in section III of Volume 2. Read the introduction to this section carefully.

The table of drugs and chemicals also includes three choices of E numbers so that the coder can locate both the chapter 17 code for the substance and the E code (the reason for the poisoning) in one step.

The E codes for adverse effects of drugs in correct usage are also included in

the table, although the adverse effects themselves are not. Codes from the first left hand column "Poisoning (Chapter XVII)" and the last, right hand column "adverse effect in correct usage" are not compatible and must never be used together.

Proprietary or brand names for drugs are not used in the table, so coders must convert these names to generic (official) names, using a drug reference such as MIMS (Monthly Index of Medical Specialties). For example, Valium is not listed, but its generic name diazepam is listed.

\* 980-989 Toxic Effects of Substances Chiefly Non Medicinal as to Source

These codes are also found through the table of drugs and chemicals, Section III, Volume 2.

\* 990-995 Other and Unspecified Effects of External Causes

This is a miscellaneous group of codes which includes effects of environment.

Code 995 is used to classify adverse effects which could not be grouped elsewhere. For example, 995.5 battered baby syndrome.

\* 996-999 Complications of Surgical and Medical Care

Note the exclusion note.

The Alphabetical Index entry is found under the lead term "Complications" with a short list under "Misadventure".

c) Supplementary Classification of External Causes of Injury and Poisoning, E Codes

Codes from this chapter are used in two ways:

\* they must accompany codes from chapter 17 to specify the cause of the trauma

\* they may be used with codes from other chapters if appropriate

For example - 242.8 for drug induced thyrotoxicosis

506.- to identify chemical fumes and vapours causing respiratory conditions

692.3 contact dermatitis due to drug

Note these features of E codes:

\* Fourth digit decimals are not repeated for every code, but are given at the beginning of the section. [For example, for the fourth digits to identify the injured person in railway accidents E800 - E807].

Great care must be exercised by the coder to check the beginning of the section when checking codes in Volume 1.

- \* There are fifth digits which specify places of occurrence of the accidents. They apply to codes E850 - E869 and E880 - E928.

If no fourth digit is supplied, a filler such as .9 must be used so that the fifth digit is not mistaken for a fourth digit. For example, accidental fall NOS in shopping centre, code E888.9.6.

- \* There are definitions and examples of transport accidents listed. The coder must be familiar with these definitions. It is important for coders to have a clear idea of what, for example, constitutes a motor vehicle traffic accident on a public highway.

- \* Two sections are devoted to drugs, medicaments and biologicals.

- E850 - E858 accidental overdose of drug, wrong drug given or taken in error. Where the intent of the overdose is not known, [for example, overdose NOS]. These E codes are used with chapter 17 codes 960-979.

- E930 - E949 adverse effect of drug (not an overdose). These codes are used with codes from any chapter which specifies the adverse effect. Code 995.2 is used where the effect is not specified.

[For example - Acute gastritis caused by aspirin ingestion 535.0 E935.1 or Digitalis toxicity 995.2 E942.1]

In addition to these two sections, a further two codes can be used to code effects of drugs and other substances.

- E950 - for suicide and suicide attempts. This self-inflicted category does not include people who accidentally double dose. [For example, the elderly person who forgets that they have already taken a sleeping pill].

For E950 to be chosen, the self-inflicted injury must be intentional.

- E980 - Poisoning by solid or liquid substances undetermined, whether accidentally or purposely inflicted. There is a note explaining that these codes (E980-E989) may only be used if a medical or legal authority has investigated and decided that the cause of injuries cannot be determined. In Australia this authority is the coroner. Therefore, the code E980 is restricted to coroner's cases only.

In the case of self-inflicted poisoning unspecified does not equal undetermined. Consequently, E980 will rarely be used. Unfortunately, coders sometimes choose a code from the undetermined column in the table of drugs and chemicals and do not check the note in Volume 1.

The table of drugs and chemicals, Section III, Volume 2, facilitates quick and easy reference to all these drug and poisoning substances codes.

- Some coders make errors with E codes because they fail to appreciate these three important divisions of the chapter:

E800 - E949 Accidents

E950 - E959 Suicide and self inflicted injury

E960 - E969 Homicide and injury purposely inflicted by other persons

For example, a bomb explosion may be coded E923.8 or E965.8 depending on the circumstances

It is therefore necessary to check the code in Volume 1 at the 3 and 4 digit level and also check that the section is appropriate.

Now try the Trauma coding exercise.

## EXERCISE 10

1. Laceration of chest \_\_\_\_\_  
Attacked by man with a knife \_\_\_\_\_
2. Insect bite on eyelid \_\_\_\_\_  
\_\_\_\_\_
3. First and second degree burns of face  
and neck. Explosion of engine on board a boat. \_\_\_\_\_  
\_\_\_\_\_
4. Chilblains \_\_\_\_\_  
\_\_\_\_\_
5. Crushing injury to thigh \_\_\_\_\_  
Pinned under an overturned farm tractor \_\_\_\_\_
6. Compound fracture of tibia \_\_\_\_\_  
Pedestrian hit by car \_\_\_\_\_
7. Sprained ankle \_\_\_\_\_  
Tripped over a dog \_\_\_\_\_
8. Dislocated jaw \_\_\_\_\_  
Patient was involved in a brawl \_\_\_\_\_
9. Concussion \_\_\_\_\_  
Hit on head by tree during a landslide \_\_\_\_\_
10. Traumatic pneumothorax \_\_\_\_\_  
Passenger on train which collided with another train \_\_\_\_\_
11. Foreign body in nostril \_\_\_\_\_  
\_\_\_\_\_
12. Pathological fracture of the clavicle \_\_\_\_\_
13. Fracture of the parietal bone of the skull with a subarachnoid hemorrhage \_\_\_\_\_  
Driver who lost control of motor car \_\_\_\_\_

which ran off the road and hit a tree in a field

- 14. Sewing needle in sole of the foot \_\_\_\_\_  
Stepped on a needle at home \_\_\_\_\_
- 15. Recurrent dislocation of the shoulder \_\_\_\_\_
- 16. Ruptured spleen \_\_\_\_\_  
Crushed during crowd panic at football game \_\_\_\_\_

## 11. V CODES

### a) Supplementary Classification of Factors Influencing Health Status and Contact with Health Services

V codes are contained in the supplementary chapter. A short introduction to the chapter details the purpose of V codes. As mentioned previously, their purpose is:

- \* to code a person who is not ill but who comes into contact with a health facility for another reason – [e.g. donate an organ for transplant].
- \* to code factors of a person's health status which are noted but do not constitute a current illness – [e.g. history of some disorder].

It is appropriate to choose V codes for some inpatient contacts, however the V code section has particular use for coding ambulatory patients in outpatient departments or community health centres.

The alphabetical index to V codes is not very comprehensive. V codes are indexed in Section I of Volume 2. It is a very difficult chapter to index because descriptive English, not medical terminology, is used to describe the contents of V codes. In the introduction of Volume 2, there is a list of key words used as lead terms for V codes is supplied.

These key words are:

- Counselling
- Examination
- History (of)
- Observation (for)
- Pregnancy
- Problem (with)
- Screening (for)
- Status (post)
- Vaccination

This list is of limited value to coders and therefore it is important that you familiarise yourself with the content of the V codes chapter.

V codes are arranged into eight blocks:

#### - VO1-V07 Communicable Diseases

This section includes codes for carriers of communicable disease as well as those who have been exposed to communicable diseases and require prophylactic vaccination or other care such as isolation.

#### - V10-V19 Personal and Family History

Codes are provided for persons with potential health hazards related to personal and family history. These people would conceivably contact the health facility especially the outpatients department if they were

concerned about their health status. These potential health hazards may also be noted during an admission or outpatient department contact for an unrelated illness.

Note the exclusion notes for this section.

- V20-V28 Reproduction and Development

This section draws together all contacts caused by reproduction and development of the newborn baby. There are codes for antenatal and postnatal care as well as contraceptive and procreative management.

- V30-V39 Healthy Liveborn Infants

These codes are used on records of healthy liveborn infants. Note the fourth digits which are common to the section. In the case of a pair of twins, one liveborn and the other stillborn the code for the liveborn infant is V32.0. The stillborn baby's record would not be coded at all. However, if a code for stillborn is needed use 779.9. The stillborn baby cannot be coded to a V30's number because these numbers are restricted to healthy liveborn infants.

- V40-V49 Conditions Influencing Health Status

This section includes items such as learning difficulties and people who have transplanted organs or an artificial opening. The exclusion and inclusion notes for each code should be carefully considered - for example, a patient admitted for refashioning of a colostomy is coded V55.3 (see exclusion note at V44).

- V50-V59 Specific Procedures and Aftercare

There is a note explaining that this section is used for patients who have previously been treated for a condition which requires follow-up or further care. Each hospital will decide if these codes are used alternatively or in addition to codes from the previous 17 chapters - for example, patient with previously resected carcinoma of breast admitted for chemotherapy, code V58.1.

There are also codes provided in this section for surgery which is performed without an illness present - for example, cosmetic surgery or ritual circumcision.

- V60-V68 Other Encounters with Services

This section is a miscellaneous collection of reason for contact with health services. It includes occasions when people seek shelter or advice, or when a specific procedure, the purpose of the person's admission, is not carried out.

- V70-V82 Examination and Investigation of Individuals and Groups

This section includes:

- . physical and psychiatric examinations;
- . observation of suspected conditions which, after the observation or examination, require no further need for treatment or care. In most hospitals it is accepted practice to code a condition which remains suspected at discharge as if the condition did exist; for example, myocardial infarction code 410. This practice allows the researcher to decide if the case should be included in the research project.
- . routine examination of specific body systems V72;
- . screening examination for specific disorders V73-V82.

Now try Exercise 11. □

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