Government of Western Australia
Department of Health

ICD-10-AM/ACHI/ACS Thirteenth Edition

ACS 1924 Difficult intubation

WA Clinical Coding Authority
Purchasing and System Performance Division
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This document

- This document:
    - Supplements Independent Health and Aged Pricing Care Authority (IHACPA) ICD-10-AM/ACHI/ACS Thirteenth Edition materials.
    - Summarises major Thirteenth Edition changes to ACS 1924 *Difficult intubation* but is not an exhaustive guide to all changes.
    - Lists Thirteenth Edition Frequently Asked Questions (FAQs) submitted to IHACPA by the WA Clinical Coding Authority (WACCA).
    - Includes information from the International Classification of Diseases Technical Group (ITG) process.
        - The ITG is a national advisory group that provides technical input and expert advice for the development and refinement of ICD-10-AM/ACHI/ACS.
        - The Western Australian ITG representative (Team Lead Clinical Classification, WA Department of Health) shares ITG proposals with WACCA and WA Clinical Coding Technical Advisory Group (TAG) members to seek feedback from the WA clinical coding community.
        - ITG proposals may be distributed by TAG members within their service.
        - ITG representatives often receive a written response from IHACPA to their feedback, and such information isn't always apparent in the classification. Such information has been included in this document, where relevant.

- The content in this document may be superseded by future IHACPA education releases and/or publication of FAQ responses.
- If submitting a FAQ to IHACPA, please e-mail a copy of your FAQ to WACCA at coding.query@health.wa.gov.au to help inform development of education resources in WA.
- See also accompanying WACCA ICD-10-AM/ACHI/ACS Thirteenth Edition documents:
    - ACS 1904 *Complications of surgical or medical care*
    - Miscellaneous changes
    - ICD-10-AM code changes
    - ACHI code changes

1. ACS 1924 *Difficult intubation*

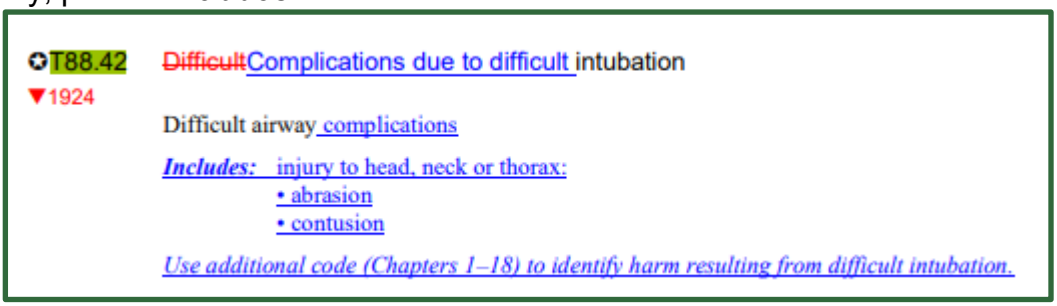
1.1 'Difficult intubation' without harm or injury (Z98.3)

- New code Z98.3 *Difficult airway for intubation status:*
  - Is assigned for **documented** 'difficult intubation' (or synonymous terms such as 'difficult airway'), without resulting harm or injury.
  - Is assigned for current 'difficult intubation'; or 'past difficult intubation'.
  - Does **not** need to meet ACS 0002 *Additional diagnoses* criteria for coding.

- External cause codes are not assigned with Z98.3.

1.2 'Difficut intubation' resulting in harm or injury (a condition classifiable to Chapters 1-18) (T88.42)

- Assign T88.42 *Complications due to difficult intubation.*
- Cormack-Lehane or Mallampati score is no longer relevant for assignment of T88.42.
- Abrasion or contusion of head, neck or thorax is inherent in T88.42 and is not coded separately, per the *Includes* note:


T88.42 ~~Difficult~~Complications due to difficult intubation
▼1924
Difficult airway complications
Includes: injury to head, neck or thorax:
• abrasion
• contusion
Use additional code (Chapters 1–18) to identify harm resulting from difficult intubation.

- Past history of difficult intubation is inherent in T88.42 and does not require additional code Z98.3 (per IHACPA advice during ITG process).

- External cause codes for T88.42 are either:

  - Y84.85 *Medical procedure for respiratory system as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure, NEC* or
  - A code from Y60-Y69 or Y70-Y82, where harm resulted from an unintentional event during 'difficult intubation'.

- Coding practice for assignment of T88.41 *Failed intubation* has not changed in Thirteenth Edition.

- There is uncertainty regarding the following aspects of ACS 1924:
  (see FAQs submitted to IHACPA)

  - How to code accidental laceration/puncture during 'difficult intubation.'
  - How to code non-laceration/puncture injuries (other than abrasion or contusion) during 'difficult intubation' e.g., broken tooth.
  - COF assignment for difficult intubation.

Example 1.2a: Difficult intubation (or synonymous term), so stated

TWELFTH EDITION	THIRTEENTH EDITION
Documentation of difficult intubation, plus a Cormack-Lehane or Mallampati score of grade 2 or higher, is required to assign T88.42. If score of grade 2 or higher found in the documentation, assign: T88.42 *Difficult intubation* Y84.8 *Other medical procedures as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure* Y92.24 *Health service area, this facility* U73.8 *Other specified activity*	Coders are not required to check for Cormack-Lehane or Mallampati score. Assign: Z98.3 *Difficult airway for intubation status*

Example 1.2b: Voice changes due to intubation (documented by surgeon in the postoperative period)

Patient referred to Speech Pathologist who monitored the patient. Voice changes resolved without direct intervention. There was no documentation of difficult intubation by the Anaesthetist.

- ACS 1924 *Difficult intubation* isn't applicable because there was no documentation of 'difficult intubation'.
- ACS 1904 *Complications of surgical and medical care* is applicable because a complication is documented and meets ACS 0002.

Assign:

T81.89 *Other complications of a procedure, not elsewhere classified*
R49.8 *Other and unspecified voice disturbances*
Y84.85 *Medical procedure for respiratory system as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure, not elsewhere classified*
Y92.24 *Health service area, this facility*
U73.89 *Other specified activity*

Example 1.2c: Chipped tooth noticed after waking from anaesthesia

Progress notes

1300 Anaesthetist
I was called to review pt who noticed a chipped tooth (8) after waking from anaesthesia. The Anaesthetic was conducted by my colleague, who was also informed. I acknowledged the event, pts concern and apologies to the patient for the event. I discussed the case with the Anaesthetist involved who did not recall any difficulty during airway management. The patient arrived in Recovery with LMA in situ, which was removed without complications. I advised the pt that a referral to Consumer Liaison Officer will be made, and that patient will require a prompt Dental follow up. Nursing staff will submit risk management report. CXR performed to exclude aspiration.

- ACS 1924 *Difficult intubation* isn't applicable because documentation confirms there wasn't 'difficult intubation'.

- ACS 1904 *Complications of surgical and medical care* is applicable because an unintentional event occurred and meets ACS 0002.

Assign:

T81.87 Digestive system complications due to a procedure, NEC
Y65.89 Other specified unintentional events during surgical and medical care
Y92.24 Health service area, this facility
Y65.89 Other specified unintentional events during surgical and medical care
Y92.24 *Health service area, this facility*
U73.89 *Other specified activity*

Note: S02.5 *Fracture of tooth* isn't coded as an additional diagnosis because S02.5 is from Chapter 19 and the *Instructional note* at T81.87 states '*Use additional code (Chapter 1-18) to identify condition'.*

2. FAQs submitted to IHACPA

1. Accidental puncture/laceration during difficult intubation

T88 contains: '*Excludes: accidental puncture or laceration during a procedure*', therefore **unintentional laceration during difficult intubation** would presumably be coded separately to difficult intubation.

How should unintentional laceration of oesophagus during difficult intubation (without any other harm/injury) be coded?

Possible options include:

A)
K91.61 *Accidental puncture and laceration of oesophagus during a procedure*
Y60.8 *Unintentional event during other surgical and medical care*
Y92.24 *Health service area, this facility*
T88.42 *Complications due to difficult intubation*
Y84.85 *Medical procedure for respiratory system, not elsewhere classified*
Y92.24 *Health service area, this facility*

or

B)
K91.61 *Accidental puncture and laceration of oesophagus during a procedure*
Y60.8 *Unintentional event during other surgical and medical care*
Y92.24 *Health service area, this facility*
*Z*98.3 *Difficult intubation status*
(*Directive 1* would need to be amended to allow option B code assignment).

2. Injuries other than abrasion or contusion during difficult intubation

Accidental/unintentional abrasion or contusion during difficult intubation is inherent in T88.42 and not coded separately. How would other types of unintentional injury during difficult intubation, such as broken tooth, be coded?

Possible options include:

A)
T88.42 *Complications due to difficult intubation* (broken tooth is inherent in T88.42, because the *Includes* note at T88.42 is not exhaustive)
Y65.89 *Other specified unintentional events during surgical and medical care*
Y92.24 *Health service area, this facility*

or

B)
T88.42 *Complications due to difficult intubation*
Y84.85 *Medical procedure for respiratory system, not elsewhere classified*

Y92.24 *Health service area, this facility*
T81.87 Digestive system complications due to a procedure, NEC
Y65.89 *Other specified unintentional events during surgical and medical care*
Y92.24 *Health service area, this facility*

or

C)
T81.87 *Digestive system complications due to a procedure, NEC*
Y65.89 *Other specified unintentional events during surgical and medical care*
Y92.24 *Health service area, this facility*
Z98.3 *Difficult intubation status*
(*Directive 1* would need to be amended to allow option C code assignment).

3. COF for Z98.3 *Difficult intubation status*

Difficult intubation (without harm) is not a condition or disease status, it's a flag representing difficulty in undertaking a procedure. Please advise which Directive in ACS 0048 *Condition onset flag* is applicable and on which basis COF should be determined for Z98.3 *Difficult intubation status*?

4. COF for T88.42 when it is used to represent current harm/injury during difficult intubation, and past difficult intubation

IHACPA advice during the ITG process stated: '*Difficult intubation is inherent in both T88.42 and Z98.3 codes. Dual assignment to capture history of conditions is not necessary, as the COF value will identify previous versus current events'.*

For the scenario 'difficult intubation with harm' (T88.42) in the current episode, plus 'previous difficult intubation (without harm)' also documented in the same episode, should T88.42 *Complications due to difficult intubation* be double coded per ACS 0004 *Diagnosis Cluster Identifier*, and each cluster assigned a different COF?

Or would T88.42 be coded once and assigned COF 1 per ACS 0048 *Condition onset flag*/*Directive 7*? In this instance, the previous difficult intubation (COF 2) will be lost, and supports the ITG representative's feedback for dual assignment of T88.42 and Z98.3.

5. COF for Z98.3 when it is used to represent current and past difficult intubation status

If Z98.3 *Difficult intubation status* reflects both current and previous difficult intubation status, which COF is assigned?

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