



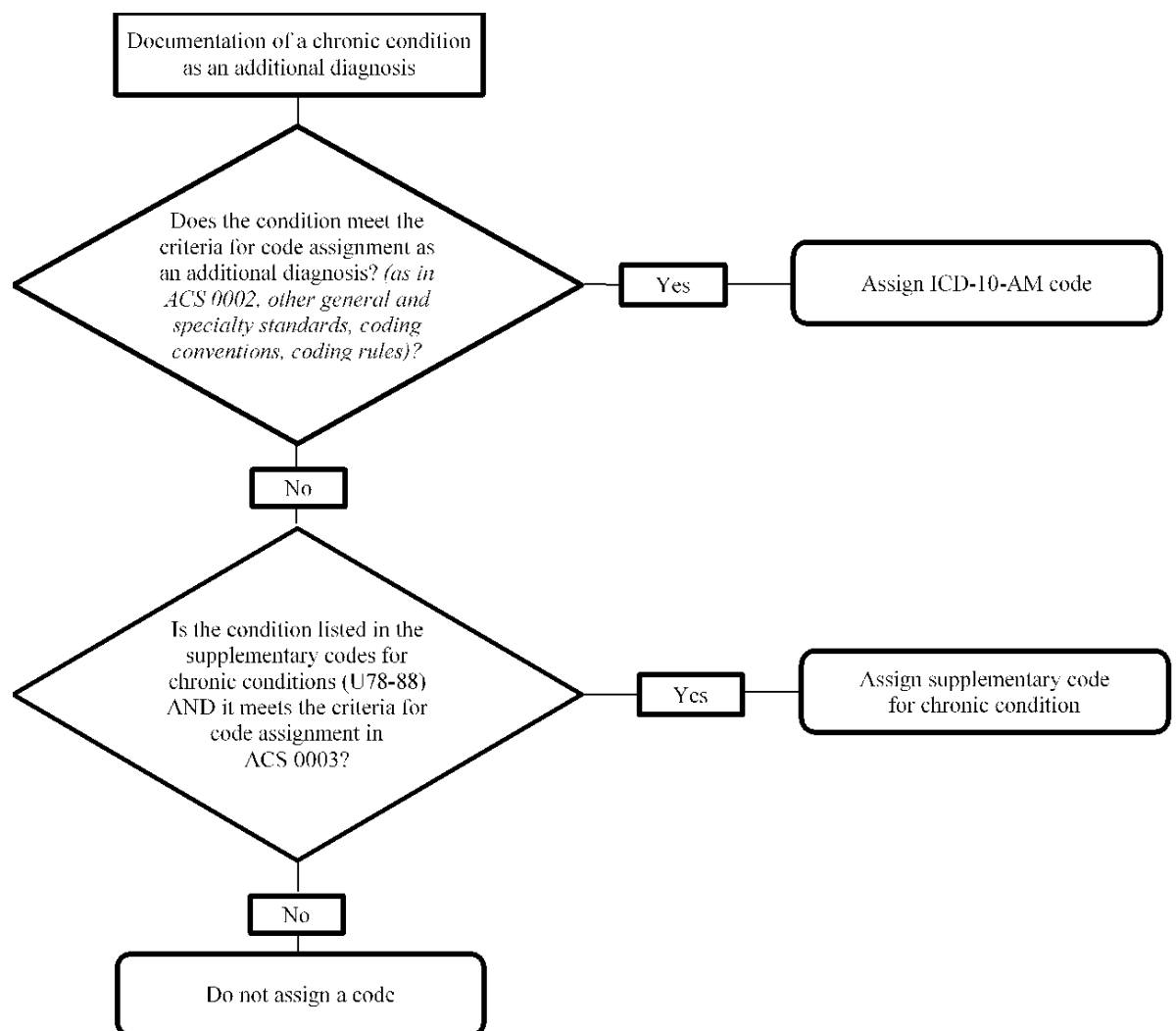
### 0003 SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS

Codes from the range U78.- to U88.-, located in Chapter 22 *Codes for special purposes*, are to be assigned for chronic conditions that are present on admission, however the condition does not meet the criteria for coding (as instructed in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules). These codes are for temporary use in Australia to generate data which will be utilised to review the coding of additional diagnoses. **The codes are mapped so as not to be included in the grouping for Diagnosis Related Group (DRG) allocation.**

There is a discrete list of chronic conditions represented in the code range U78.- to U88.-. Therefore, not all chronic conditions will be assigned a supplementary code. The supplementary codes for chronic conditions are listed in the ICD-10-AM Alphabetic Index under the pathway *Supplementary/codes for chronic conditions*.

The assignment of codes from U78.- to U88.- does not impact on the other codes that are assigned. Rather, these codes represent conditions that would normally not be included in the coded data (see Figure 1). Codes from U78.- to U88.- should be sequenced after all other ICD-10-AM codes, giving priority to the reporting of the other codes where the number of fields is limited.

Figure 1 – Flowchart of criteria for assignment of U78 to U88 *Supplementary codes for chronic conditions*



Consortium Partners



NCCH  
PO Box 170  
Lidcombe NSW 1825  
Australia

t: +61 2 9351 9772  
f: +61 2 9351 9603  
e: enquiries@accd.net.au  
w: accd.net.au



## **CLASSIFICATION**

The supplementary codes for chronic conditions are **only to be assigned** where the condition is part of the **current health status** of the patient (see Example 1 and 2). The U codes represent chronic conditions that may be assumed to be current unless there is documentation that indicates otherwise.

The supplementary codes **are not to be assigned**:

- in addition to another chapter code for the same condition (see Example 4)
- for a past history of a condition (see Example 5)
- for an acute condition.

Where it is unclear whether a code from U78.- to U88.- should be assigned, do not assign the code.

**Note:** Except where otherwise indicated, only assign codes from this section for unspecified/NEC/NOS conditions (eg hypertension NOS) – see *Alphabetic Index/Supplementary/codes for chronic conditions*.

### **EXAMPLE 1:**

A 14 year old patient with cerebral palsy (CP) is admitted for correction of bat ear. The CP does not meet the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules). **Assign** the supplementary chronic condition code U80.4 *Cerebral palsy*.

### **EXAMPLE 2:**

An 80 year old patient with ischaemic heart disease (IHD), a past history of coronary artery bypass (CABG) performed five years previously, hypertension (HT), and rheumatoid arthritis (RA) of the fingers, is admitted for removal of multiple skin lesions under local anaesthetic. The IHD, HT and RA do not meet the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules). **Assign** the supplementary chronic condition codes U82.1 *Ischaemic heart disease*, U82.3 *Hypertension* and U86.1 *Rheumatoid arthritis*.

### **EXAMPLE 3:**

A 68 year old patient with Parkinson's disease that is currently controlled by medication is admitted with chest pain for a coronary angiogram. The Parkinson's disease does not meet the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules). **Assign** the supplementary chronic condition code U80.1 *Parkinson's disease*.

### **EXAMPLE 4:**

A 49 year old patient with multiple sclerosis (MS) is admitted for an open reduction of a fractured tibia and fibula following a fall. The patient required additional clinical care and allied health intervention due to the MS. Therefore the MS meets the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules) and G35 *Multiple sclerosis* is assigned. **Do not assign** a supplementary chronic condition code for the MS.

### **EXAMPLE 5:**

A 45 year old patient with a past history of asthma as a child is admitted for a laparoscopic cholecystectomy for chronic cholecystitis. The asthma does not meet the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules). The asthma also does not meet the criteria for supplementary coding for chronic conditions. **Do not assign** a supplementary chronic condition code for the asthma.

**Note:** Supplementary codes for chronic condition are not included in any of the examples provided throughout ICD-10-AM/ACHI/ACS.