



Watt to consider when coding T75.4 Effects of electric current

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To better understand the quality of coded data in episodes of care involving exposure to electric currents, the Statistical Services Branch Coding Consistency Special Interest Group (SSB Coding Consistency SIG) has undertaken a review of episodes of care within the Queensland Hospital Admitted Patient Data Collection (QHAPDC).

As a result, here are some things to consider when coding episodes of care involving effects of and exposure to electric current.

What is the principal diagnosis?

Be guided by Australian Coding Standard (ACS) 0001 *Principal diagnosis* when abstracting information from the clinical documentation. It is common for index pathways such as “Electrocution” and “Shock – electric” to lead to T75.4 *Effects of electric current*. However, the principal diagnosis may not always be an effect of the electric current.

The principal diagnosis for these types of episodes can also be burn injury codes in the range T20-T31 *Burns*, other injury codes in the range S00-S99, and other diagnoses such as atrial fibrillation and chest pain.

The assignment of codes in the range Z04.- *Examination and observation for other reasons* should also be considered where patients are admitted following an event where no injuries occurred, but the patient is admitted for observation.

Are there additional diagnoses also associated with the exposure to electric current?

It is also essential to consider whether there are relevant additional diagnoses that meet the requirements of ACS 0002 *Additional diagnoses*. As mentioned earlier, the principal diagnosis can be a range of conditions, but there may also be additional diagnoses associated with the same event.

The review of T75.4 data identified one patient who was admitted for the treatment of multiple conditions relating to the electric current. These included shock from electric current, atrial fibrillation, and a burn injury associated with the electric current. As a result, T75.4 *Effects of electric current*, atrial fibrillation, as well as a code in the range T20-T31 *Burns* were assigned to capture the multiple conditions associated with the electric current treated in this episode.



Which associated external cause codes could be assigned?

When following one clear index pathway “Exposure (to) – electric”, it was not surprising that in the review most episodes were associated with external cause codes in the range W85-W87 *Exposure to electric current*.

It is important to note that external cause codes are not always associated with the usually expected S and T injury codes. They can also be assigned with other conditions, or when a person is admitted for a specific purpose that is neither an injury or disease.

As per ACS 2001 *External cause code use and sequencing* external cause codes “may also be used as additional codes with conditions classified in any other chapter but having an external cause”. For example, diagnoses such as atrial fibrillation, chest pain, and examination and observation codes can also be associated with these external cause codes.

What about the sequencing of external cause codes?

Be mindful where there are multiple conditions which are associated with the electric current, and the sequencing of these conditions and their associated external cause codes. If both the principal and additional diagnoses relate to the same event, the principal diagnosis code is to be assigned with the external cause codes, followed by the related additional diagnoses, and repeated external cause codes again.

For example: A patient is admitted for shock and loss of consciousness (less than 30 minutes) after being electrocuted whilst performing household maintenance in the kitchen at home. The patient is also treated for chest pain associated with the electric current.

PD: T75.4 *Effects of electric current*
 EX: W86 *Exposure to other specified electric current*
 EX: Y92.04 *Place of occurrence, kitchen*
 EX: U73.1 *Activity, while engaged in other types of work*
 OD: S06.02 *Loss of consciousness of brief duration [less than 30 minutes]*
 OD: R07.4 *Chest pain, unspecified*
 EX: W86 *Exposure to other specified electric current*
 EX: Y92.04 *Place of occurrence, kitchen*
 EX: U73.1 *Activity, while engaged in other types of work*



One helpful resource to refer to when reviewing the sequence of external cause codes is Section 9.4 *External cause sequencing* of the Queensland Hospital Admitted Patient Data Collection (QHAPDC) Manual: <https://www.health.qld.gov.au/hsu/collections/qhapdc>.

Does the condition onset flag (COF) matter?

The assignment of condition onset flag (COF) can be significant when considering data related to the impact of exposure to electrical current.

The data review identified the majority of episodes involving exposure to electric currents with COF 1 Condition present on admission to the episode of care. However, there was one episode where the COF values were 2 Condition arose during the episode of care.

This indicates the electrical exposure occurred whilst the patient was an inpatient. Being aware of this COF assignment allows for the investigation and monitoring of these types of events, which in turn can help facilities identify patient safety risks, work towards minimising patient and staff harm, and to provide high quality patient care.

Is a clinical query required?

If the clinical documentation within the episode of care is unclear or inadequate for complete and accurate coding, seek clarifying information from the clinician before assigning a code. For guidelines and examples to assist in developing appropriate queries to clinicians, refer to ACS 0010 *Clinical documentation and general abstraction guidelines*.