Things to consider when coding sub and non-acute episodes of care after an episode change

June 2021

When coding a sub or non-acute episode of care that is following on from an episode change there are some key things to keep in mind and consider before assigning or copying diagnosis codes from the previous episode of care.

Sub and non-acute care is a term used to group Care type 09 Geriatric Evaluation and Management (GEM), 10 Psychogeriatric care, 11 Maintenance care, 20 Rehabilitation care and 30 Palliative care. More information about the differences between Care types can be found via QHIK at:
http://oascrasprod.co.health.qld.gov.au:7900/pls/crd_prd/f?p=103:7:::NO::P7_SEQ_ID:45728

Things to consider include:

- **Is the principal diagnosis code the same between the two episodes of care?**

  Don't assume that the principal diagnosis code will be the same – use the documentation in the medical record to confirm the condition that is chiefly responsible for the sub or non-acute episode of care.

  Example: A patient was admitted for acute medical care following a non-ST elevation myocardial infarction. On day 8, the patient is statistically discharged and admitted to the Rehabilitation Unit (Care type 20 Rehabilitation care). The clinical notes state that the patient requires rehabilitation due to unsteadiness on their feet as identified during their acute episode of care.

  

  What is the principal diagnosis code for the rehabilitation episode of care?

  R26.8 *Other and unspecified abnormalities of gait and mobility*

- **Should a Z code be assigned? If so, is it the principal or additional diagnosis?**

  For some sub and non-acute Care types, there is a requirement to assign a Z code within the episode of care. Dependent on the Care type, the Z code may either need to be a principal diagnosis (typically the case with Care type 11 Maintenance care) or an additional diagnosis (20 Rehabilitation care and 30 Palliative care).

Example: A patient who had been admitted with chronic obstructive pulmonary disease has completed their acute phase of care and has been statistically discharged and admitted to Care type 11 Maintenance care awaiting nursing home placement

What is the principal diagnosis code for the Maintenance episode of care?

Z75.11 *Person awaiting admission to residential aged care service*

- **Does the condition meet the requirement of Australian Coding Standards (ACS) 0002 *Additional diagnoses* for this sub/non-acute episode of care?**

Just because the code was assigned in the previous episode doesn't mean that it meets the requirements for assignment in this episode of care.

Example: A patient is diagnosed with a urinary tract infection (UTI) on day 5 during an acute episode of care and commenced on antibiotics. On day 10 the patient is statistically discharged and re-admitted to Maintenance (Care type 11 Maintenance care) while awaiting nursing home placement. While the patient is still on antibiotics for the UTI during their maintenance episode of care, nil other care or interventions were required.

Should the UTI be coded for the maintenance episode of care?

No – it does not meet the requirements of ACS 0002 *Additional diagnoses*.

- **Is the Condition Onset Flag correct?**

The Condition Onset Flag (COF) for a diagnosis code can change between episodes of care. Always check the documentation in the medical record to ensure the correct COF is assigned.

Example: During an acute episode of care, a patient developed a stage 2 pressure injury on their heel (L89.17 Pressure injury, stage II, heel, COF = 2 Arising during the episode of care). Wound management care is commenced. On day 10 of the patient's hospital stay, they are statistically discharged and admitted to the Geriatric Evaluation and Management (GEM) Unit (Care type 09 GEM). In the GEM Unit, the patient continues to receive wound care and ongoing assessment.

What COF should be assigned for the pressure injury in the GEM episode of care?

L89.17 *Pressure injury, stage II, heel*, COF = 1 Present on admission.

- **Is the Care type correct?**

Data quality activities have identified that sometimes an incorrect Care type is recorded – such as Care type 11 Maintenance care is entered when it should have been 01 Acute care. Check that the documentation in the clinical record (including interventions performed) correspond to the assigned Care type.

Example: While coding an episode of care with Care type 11 Maintenance care, it is identified that the patient had been receiving acute care from their admission for abdominal pain and the patient had undergone investigations of this during the episode of care.

Does the above care profile meet the definition of Care type 11 Maintenance care?

No – Maintenance care (or non-acute care) is care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation. Patients with a care type of maintenance care often require care over an indefinite period. (http://oascrasprod.co.health.qld.gov.au:7900/pls/crd_prd/f?p=103:7:::NO::P7_SEQ_ID:45728)

Sub and Non-acute Care Coding Guide**

This Sub and Non-acute Care Coding Guide has been developed to assist clinical coders with identifying coding (principal and additional diagnosis codes) and validation requirements for sub and non-acute episodes of care.

Care type	Coding Guide
09 Geriatric Evaluation and Management (GEM)	The principal and additional diagnosis should be assigned as per ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses* in alignment with the requirements of the care type (i.e. the primary clinical purpose or treatment goal is improvement in the functioning of a patient with multi-dimensional needs associated with medical conditions relating to ageing, such as tendency to fall, incontinence, reduced mobility and cognitive impairment. The patient may also have complex psychosocial problems.).
10 Psychogeriatric care	The principal and additional diagnosis should be assigned as per ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses* in alignment with the requirements of the care type (i.e. the primary clinical purpose or treatment goal is improvement in the functional status, behaviour and/or quality of life for an older patient with significant psychiatric or behavioural disturbance, caused by mental illness, an age-related organic brain impairment or a physical condition).
11 Maintenance care	In alignment with ACS 2117 *Non-acute care* and ACS 2105 *Long term /Nursing home type inpatients*, the principal diagnosis code is typically a code from either: • Z54.- *Convalescence* • Z74.- *Problems related to care-provider dependency* • Z75.- *Problems related to medical facilities and other health care.*

Care type	Coding Guide
	Related validation: • H612: Codes in the range Z50.- *Care involving use of rehabilitation procedure, unspecified* cannot be assigned with this Care type. (Fatal). • H889: The principal diagnosis code is an unexpected code for Care type 11 Maintenance care episodes of care (i.e. it is not one of the above codes) (Warning).
20 Rehabilitation care	The principal diagnosis should reflect the underlying condition requiring rehabilitation (ACS 2104 *Rehabilitation* and ACS 0001 *Principal diagnosis*). Z50.9 *Care involving use of rehabilitation procedure, unspecified* is only ever assigned as an additional diagnosis code. Supporting information about sequencing of codes in the range Z50.- *Care involving use of rehabilitation procedures*: Clinical Coding Resource Material - Queensland Hospital Admitted Patient Data Collection (QHAPDC) 2020/2021: Sequencing of Z50.- Care involving use of rehabilitation procedures Related validations: • H611: Care type 20 Rehabilitation care must be accompanied by additional diagnosis code in the range Z50.- *Care involving use of rehabilitation procedures* (Fatal) • H558: Codes in the range Z50.0 –Z50.1 or Z54.4 – Z50.9 can only be assigned as an additional diagnosis code. • H839: An additional diagnosis code in the range Z50.0 –Z50.1 or Z54.4 – Z50.9 must be assigned with Care type 20 Rehabilitation care (Fatal).
30 Palliative care	The principal and additional diagnosis should be assigned as per ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses.* Z51.5 *Palliative care* is only ever assigned as an additional diagnosis code. Supporting information about sequencing of Z51.5 Palliative care: Clinical Coding Resource Material - Queensland Hospital Admitted Patient Data Collection (QHAPDC) 2020/2021: Sequencing of Z51.5 Palliative care. Related validations: • H611: Care type 30 Palliative care must be accompanied by additional diagnosis code Z51.5 *Palliative care* (Fatal) • H558: Z51.5 *Palliative care* can only be assigned as an additional diagnosis code (Fatal) • H839: Z51.5 *Palliative care* must be assigned with Care type 30 Palliative care (Fatal).
* Initial Coding Guide information provided by The Royal Brisbane and Women's Hospital. ** ICD-10-AM/ACHI/ACS Eleventh Edition	