

# Queensland Hospital Admitted Patient Data Collection (QHAPDC)

## Validation H722

November 2023

### Validation Description

#### Congenital Anomaly (CONG) Validation H722

Category: FATAL

Message Description: Abortion diagnosis codes with O090, O091 or O092 have been provided in conjunction with a specified code in the range O00-O99. Please provide the Fetus number and Fetal diagnosis code to SSB.

### Validation purpose

This validation is intended to capture the fetal congenital anomaly or other condition code(s) which relate to the reason for the abortion. As the fetus will not have an episode of admitted patient care, the only way the SSB can capture the congenital anomaly or other condition that necessitated the abortion termination of pregnancy is via this validation.

It is important to note that the fetal reason for the abortion cannot be included in the coding for the mother's episode of care because the condition relates to the fetus, not the mother.

The validation is triggered when a patient has a combination of specified diagnosis codes for an admitted episode of care. The diagnosis codes relate to:

- Abortion
- Maternal care related to the fetus and amniotic cavity and possible delivery
- Duration of pregnancy up to and including 19 weeks.

The H722 validation indicates further information is sought on the fetus when a mother presents with the above code combinations.

### Scenario

Patient admitted for suction curette with general anaesthesia for termination of pregnancy at 14 weeks due to fetal congenital rubella syndrome.

Principal diagnosis: O04.9 *Medical abortion, complete or unspecified, without complication*

Additional diagnosis: O09.2 *Duration of pregnancy 14 – 19 completed weeks*

Additional diagnosis: O35.3 *Maternal care for (suspected) damage to fetus from viral disease in mother*

Principal procedure: 35640-03 [1265] *Suction curettage of uterus*

Additional procedure: 92514-99 [1910] *General anaesthesia, ASA 9, non-emergency*

O35.3 *Maternal care for (suspected) damage to fetus from viral disease in mother* is sequenced as the second additional diagnosis code as the termination of pregnancy is before fetal viability.

Three weeks later the data is submitted to the Statistical Services Branch (SSB), Queensland Health and QHAPDC validation H722 is triggered.

The H722 validation message will display in EVA as:

H722 Abortion diagnosis codes, O090, O091 or O092 have been provided in conjunction with a specified code from Chapter 15 but the foetal diagnosis code is missing.

## EVA Response

The validation is requesting further information on the fetus. It is important to advise SSB of the fetal number as well as the appropriate fetal diagnosis for each.

For the above scenario, the response in EVA should be:

Fetus 1 – Please assign P35.0 *Congenital rubella syndrome*.

This confirms with the QHAPDC Team that there is only one fetus and they are to add P35.0 in the SSB software system to the mother's episode to indicate the fetal reason for abortion. The addition of this code will not be visible in the source system and is for SSB data collection purposes.

Multiple congenital anomaly codes are possible for an individual fetus.

If there is more than one fetus, the response to this validation needs to be clear as to which valid code(s) relates to which fetus.

For example in EVA:

Fetus 1 – Please assign Q00.00 *Anencephaly, unspecified*

Fetus 2 – Please assign Q00.09 *Other anencephaly* and Q21.00 *Ventricular septal defect, unspecified*

This confirms with the QHAPDC Team to add Q00.00 *Anencephaly, unspecified* for fetus 1 and Q00.09 *Other anencephaly* and Q21.00 *Ventricular septal defect, unspecified* for fetus 2 to the mother's record.

## Where can I get this information?

This information may come from many sources:

- Mother's progress notes or correspondence
- Autopsy report
- Amniocentesis results.

If there is no information available, check the Valid Congenital Anomaly Codes list ([Table 2 QHAPDC Manual Appendix L](#)) as there are codes included for this scenario. Do not use Q99.9 *Chromosomal abnormality, unspecified* as a default code. The fetal congenital anomaly data collected is used for state reporting and analysis. It is essential that the correct codes are reported.

## Document History

Version	Date	Status	Key changes made	Author/s
1.0	September 2018	Approved	Version 1.0 published	Data Quality Team
2.0	November 2023	Approved	Content amendment, reordering of content, formatting.	Data Quality Team