

Queensland Hospital Admitted Patient (QHAPDC) Validation H722

August 2019

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 2nd 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.



What does it mean and what do I need to do to resolve it?

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.

But what does this mean?

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.

For more information relating to the specified code range please see the resolution of H722 at: https://www.health.qld.gov.au/_data/assets/pdf_file/0028/934417/1920-append-I-v1.1.pdf

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.

For the above scenario, the response in EVA should be: Fetus 1 – Please assign P35.0 *Congenital rubella syndrome*.

This lets the QHAPDC team know there is only one fetus and they are to include P35.0 in the system.

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 Q0000

Fetus 2 – please assign Q0009 and Q2100

This lets the QHAPDC team know 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.

Why can't I add it to the coding?

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.

Do you know where you can find the reference list of valid codes for the validation?

The list of valid codes for the validation can be found in Table 2 of the QHAPDC Manual Appendix L Validation Messages Explained (<https://www.health.qld.gov.au/hsu/collections/qhapdc>).

