

# The Irish Coding Standards (ICS)



Since the introduction of ICD-10-AM for discharges from 1.1.2005 the Australian Coding Standards (ACS) have proved to be an important addition to the coding desk.

The ICS have been developed to complement the ACS.



Version 1.1  
June 2006



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The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM). Volumes 1–5.

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Published by the **National Centre for Classification in Health (Sydney)**, Faculty of Health Sciences, The University of Sydney, NSW 1825 Australia.

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# The Irish Coding Standards

## General Standards For Diseases (00--)

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### ICS 0027      MULTIPLE CODING

#### Consultant Numbers

If a patient is admitted to hospital and seen by two Consultants for the same condition while in hospital, the diagnosis code can be recorded twice with a different consultant number assigned to each code. This is not a mandatory requirement of HIPE.

## General Standards For Procedures (00--)

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### ICS 0029      CODING OF CONTRACTED PROCEDURES

Contract procedures are not coded. Only code the procedure in the hospital where it is performed.

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### ICS 0030      ORGAN PROCUREMENT AND TRANSPLANTATION

Donation of organs following brain death in hospital is not coded.

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### ICS 0042      PROCEDURES NOT NORMALLY CODED

21. Collection of blood for diagnostic purposes

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### ICS 0044      CHEMOTHERAPY

Oral chemotherapy is coded.

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## Chapter 1 Certain Infectious and Parasitic Diseases (01--)

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### ICS 0112 INFECTION WITH DRUG RESISTANT MICROORGANISMS

The abbreviation M.R.S.A. has two different meanings and therefore two different code assignments. Please check locally to see which definition is in use at your hospital.

**Methicillin** Resistant *Staphylococcus aureus* (Z06.32)

**OR**

**Multi-Resistant** *Staphylococcus aureus* (Z06.8)

#### Coding of colonisation with a drug resistant bacterial agent

If a patient has a positive swab for a drug resistant bacterial agent but no infection is present as per ACS 0112 *Infection with drug resistant microorganisms*, then the following additional diagnosis codes can be assigned:

Z22.3            *Carrier of other specified bacterial disease*

Z06.-            *Bacterial agents resistant to antibiotics*

These codes will only be assigned if they meet the criteria in ACS 0002 *Additional diagnosis*.

#### Example 1

A patient is admitted with inferior myocardial infarction. Routine swab is positive for methicillin resistant *Staphylococcus aureus*, which leads to increased barrier nursing care.

Codes:            I21.1    *Acute transmural infarction of inferior wall*  
                      Z22.3    *Carrier of other specified bacterial diseases*  
                      Z06.32 *Methicillin resistant agent*

## **Chapter 2    Neoplasms (02--)**

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### **ICS 0233      MORPHOLOGY**

Morphology codes are not assigned in Ireland.

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## Chapter 14

### Diseases of the Genitourinary System (14--)

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#### ACS 1404 Admission for Renal Dialysis

##### **Dialysis day discharges**

From 1<sup>st</sup> January 2006 the HIPE system will collect patients admitted for dialysis in dedicated dialysis units. These episodes were previously excluded from HIPE. In order to provide national data regarding the volume of patients receiving dialysis the Department of Health & Children have requested that this activity now be collected by HIPE.

##### **Coding of dialysis day discharges**

ACS 1404 *Admission for renal dialysis* must be applied when coding renal dialysis episodes. This will ensure that all patients admitted for dialysis, where the intent is a same day admission, can be identified by the principal diagnosis code of Z49.1 *Extracorporeal dialysis* for extracorporeal dialysis or Z49.2 *Other dialysis* for peritoneal dialysis. The term "extracorporeal dialysis" used in ACS 1404 refers to haemodialysis as this type of dialysis takes place "outside" the body while peritoneal dialysis takes place within the body.

##### **Mandatory codes for dialysis day discharges are as follows:**

###### **Haemodialysis**

Principal Diagnosis: Z49.1 *Extracorporeal dialysis*  
Principal Procedure: From block [1060] *Haemodialysis*

###### **Peritoneal Dialysis**

Principal Diagnosis: Z49.2 *Other dialysis (peritoneal)*  
Principal Procedure: From block [1061] *Peritoneal dialysis*

Additional codes may be assigned to collect the underlying renal disease. Any additional conditions or complications are collected at the hospitals discretion as HIPE intends to identify the number of dialysis episodes and the type of dialysis given. Due to the volume of dialysis episodes per patient a batch coding program has been developed to facilitate the collection of these cases.

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## Chapter 15 Pregnancy, Childbirth And The Puerperium (15--)

### ICS 1511 TERMINATION OF PREGNANCY

Codes from category 004 *Medical abortion* are only assigned for patients admitted to hospital with a complication following a legal abortion in another state (please see ACS 1544 *Complications following abortion and ectopic and molar pregnancy*).

#### Fetal viability

A livebirth in Ireland is defined as at least 22 weeks gestation.

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### ICS 15X1 STERILISATION WITH DELIVERY

When a sterilisation is carried out with a delivery, assign the following as an additional diagnosis:

Z30.2 *Sterilisation*

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### ICS 15X2 ANTI-D IMMUNOGLOBULIN PROPHYLAXIS AND RHESUS INCOMPATIBILITY / ISOIMMUNISATION

#### Blood Types

The two most important classifications to describe blood types in humans are 'ABO' and the 'Rhesus factor'. For example, if a patient has ABO group A and a negative rhesus factor, then their blood type will be described as A- (A negative).

#### Anti-D immunoglobulin prophylaxis

To prevent rhesus isoimmunisation, mothers with a rhesus negative (Rh-) blood type are routinely given an injection of anti-D immunoglobulin at 28 and 34 weeks of their pregnancy. If the mother gives birth to a rhesus positive (Rh+) baby, then a postnatal injection of anti-D immunoglobulin prophylaxis will also be administered.

#### Classification

If a rhesus negative obstetric patient receives injection of Anti-D during her admission and no condition is documented, the following codes are assigned:

Z29.1 *Prophylactic immunotherapy*

92173-00 [1884] *Passive immunisation with Rh(D) immunoglobulin*

#### Rhesus incompatibility/isoimmunisation

*Rhesus (Rh) incompatibility* is the condition of a mother with a rhesus negative blood type and a baby with a rhesus positive blood type.



*Rhesus (Rh) isoimmunisation* occurs when blood cells from a rhesus positive baby enter the bloodstream of a rhesus negative mother causing the mother's immune system to produce antibodies. This is also known as Rh sensitisation. If the mother has a future pregnancy with another rhesus positive baby, then these antibodies can cross the placenta and attack the blood cells of the unborn baby, thus resulting in a condition called haemolytic disease of the newborn. The administration of Anti-D immunoglobulin prophylaxis prevents the development of antibodies in the mother, therefore, rhesus isoimmunisation is a rare condition.

#### **Classification**

If a rhesus negative obstetric patient has a documented diagnosis of *rhesus isoimmunisation* or *rhesus incompatibility* the following code is assigned:

O36.0    Maternal care for rhesus isoimmunisation

#### **EXAMPLE**

**Diagnosis:**     A mother with an A- blood type (rhesus negative) delivers a healthy live male infant. Cord blood tests reveal the baby's blood type to be A+ (rhesus positive). Rhesus incompatibility is diagnosed and Anti-D injection is administered to the mother.

**Codes:**     O36.0    *Maternal care for rhesus isoimmunisation*  
                  Z37.0    *Outcome of delivery, single live birth*  
                  92173-00 [1884]    *Passive immunisation with Rh(D) immunoglobulin*

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## Chapter 16 Certain Conditions Originating In The Perinatal Period (16--)

### ICS 1607 NEWBORN/NEONATE

#### Coding of unwell newborns/neonates during the birth episode

Codes from Z38 *Liveborn infants according to place of birth* will be applied only as additional diagnoses to newborns/neonates who are unwell during the birth episode.

On the baby's chart any morbid condition arising during the birth episode will have a code from Z38 *Liveborn infants according to place of birth*, added as an additional diagnosis.

#### Example 1

Newborn, born in hospital, with hypoglycaemia, vaginal delivery.

Codes:           P07.4   *Other neonatal hypoglycaemia*  
                  Z38.0   *Singleton, born in hospital*

Z38 *Liveborn infants according to place of birth* will not be assigned as principal diagnosis as well babies are not coded in Ireland.

Z38 cannot be used when treatment is being provided in second or subsequent admissions.

#### Example 2

Newborn, readmitted at 7 days of age for ritual circumcision.

Codes:           Z41.2   *Routine and ritual circumcision*  
                  30653-00 [1196] *Male circumcision*

## **Chapter 19 External causes of morbidity and mortality (19--)**

### **ICS 1902      ADVERSE EFFECTS OF DRUGS**

A code for place of occurrence (Y92.-) is not required with code range Y40-Y59  
*Drugs, medicaments, and biological substances causing adverse effects in therapeutic use.*

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