Q & As for diagnosis and other fields

Q: If patient admitted on first birthday does coding of prematurity still apply?
A: Yes, ≤ 12 months of age.

Q: Clarification between genetic and chromosomal disorder.
A: There are many disorders known to have a genetic basis that have a normal result to chromosome testing – e.g. cystic fibrosis. A chromosomal disorder is one where an abnormality is detected on chromosome testing.

Q: Definition of septic shock versus sepsis.
A: See appendix 1 in PIM2/PIM3 handout for definition of septic shock.

Q: How do you use the underlying diagnosis field?
A: In many cases the reason for admission has its route cause in a primary underlying medical condition. For example an ex-preterm infant with BPD and RSV infection, the underlying diagnosis is prematurity. In other situations the underlying diagnosis and the reason for admission are the same (eg asthma). A procedure should not be coded in the underlying field.

Q: How to make decisions re. inclusion of historical diagnoses in notes for subsequent admissions.
A: If the condition is contributing to the need for current admission, then include it.

Q: Post-op bleeding (how much to get this diagnosis?)
A: If ICU treatment is required in response to bleeding e.g. airway protection, return to theatre or transfusion required.

Q: SMA – code as myopathy or neuropathy?
A: Neuropathy.

Q: Spinal instrumentation - does this include 1st stage scoliosis repair without rods? Does it include removal of rods?
A: Yes to both questions.

Q: Is mitral valve repair coded under mitral valvotomy/valvuloplasty?
A: Yes.

Q: What is the intention and practice for coding SMA as a neurodegenerative disorder?
A: To be coded as neurodegenerative disorder – i.e. to have a PIM2 high risk code of 9 and a PIM3 high risk code of 4.

Q: Does PA plasty or repair (1997) include right or left pulmonary artery repair?
A: Yes.

Q: In the Inotropes field, are most people including noradrenaline as an inotrope?
A: Yes.

Q: Can I ask how you would classify ventilation via a pharyngeal airway – non-invasive or invasive?
A: Non-invasive ventilation.

Q: What is the definition of "high flow" for respiratory support using High Flow Nasal Cannulae (HFNC)?

A: Threshold of >1L/Kg/min or >30L/min via nasal cannulae.