The dog bit the man…
or was it the other way around?
Maintaining the syntax
– patient record narrative in coded reporting

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Working Group

Nine experts from Norway and Sweden working within the domain of health care reporting

- Medical profession
- Clinical coding
- Casemix (DRG)
- Economics
- Statistics

with special interest in ICD-classification

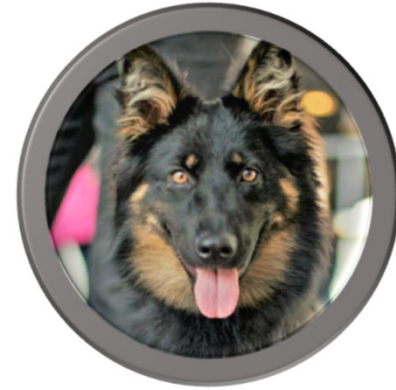# Who is responsible for the documentation and the diagnosis?

WHO, ICD-10 volume 2, Fifth edition 2016, page 147:

"The health-care practitioner responsible for the patient's treatment should select the main condition to be recorded, as well as any other conditions, for each episode of health care.

This information should be organized systematically by using standard recording methods. A properly completed record is essential for good patient management and is a valuable source of epidemiological and other statistical data on morbidity and other health-care problems"

The health-care practitioner documentation

The reason for encounter, established at the end of stay:

> The health-care practitioner responsible for the patient's treatment should select the main condition to be recorded

This means:

> The health-care practitioner shall in the patient record state in text what the main reason for the encounter was, for the episode of care

Challanges – Issues...

- Practitioner's documentation is the basis for coding and reporting.

- What is not documented, can not be coded or reported

- If the documentation is not of good quality, the coding will not be optimal

- The documentation
    - may be selected from a menu of prestructured terms
    - or in "free text"

The patient's medical record:
The language matters

In some natural languages certain information is captured by the order of words, and if the order is changed so is the meaning.

Examples of this are:

- radiation due to cancer *versus* cancer due to radiation

- septic arthritis *versus* arthritis with sepsis

- "the dog bit the man" *versus* "the man bit the dog"
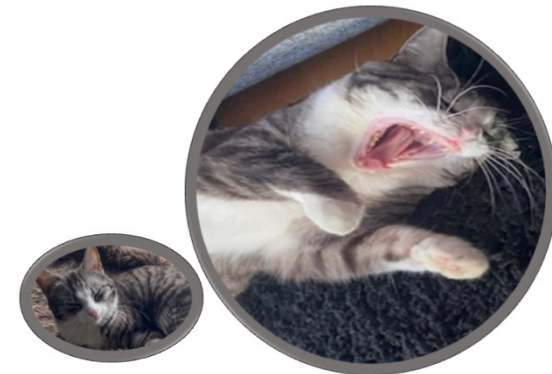
What's the focus
of the clinical case?

The underlying cause of disease,
the epidemiology

or

The reason for the activity at
the present encounter,
which may be the *manifestation* of the
underlying etiology

For example…

Cancer with reduced immunity *versus*
Impaired immunity due to cancer

Cardiac failure *and* chronic ischemic heart disease *versus*
Chronic ischemic heart disease *with* cardiac failure

Type 1 diabetes mellitus with nephropathy *versus*

Nephropathy in type 1 diabetes mellitus *versus*

Diabetic nephropathy

Dagger (†) and asterisk (*) in ICD-10

ICD-10 convention is stating that

- if an asterisk code (*) is selected the recommendation is that it is sequenced after a dagger code (†).

- an asterisk code can never stand alone.

However:

- the asterisk component (the manifestation of disease) is usually the focus of the clinical problem

- since 2010 the dagger and asterisk sequence may be reversed (asterisk-dagger) for morbidity coding

- for morbidity coding, the asterisk code (*) tells us what the ***focus of the clinical problem*** is

Dagger (†) and asterisk (*) in ICD-10

Diagnosis:

Postinfectious arthritis after Yersinia enteritis

ICD-10 Version:2019

Search `postinfectious arthropathy` ⓘ [Advanced Search]   **ICD-10**   **Versions - Languages**   In

▾ M03 Postinfective and reactive arthropathies in diseases classified elsewhere
  M03.0 Postmeningococcal arthritis
  M03.1 Postinfective arthropathy in syphilis

  M03.2 Other postinfectious arthropathies in diseases classified elsewhere

M03.2* **Other postinfectious arthropathies in diseases classified elsewhere**

Postinfectious arthropathy in:
- enteritis due to Yersinia enterocolitica (A04.6†)
- viral hepatitis (B15-B19†)

Excl.: viral arthropathies (M01.4-M01.5*)

Code: *A04.6† M03.2*

Asterisk (*) in focus

- For morbidity reporting, the medical focus is with the asterisk code (*). **The dagger code (†) represents an explanation of the etiology,** but is not necesserarily the focus of the contact.

- In the ICD-10-classification the first three characters of a code represent the main information carrier.

  It means that E11 is a code for Type 2 Diabetes Mellitus and H36 is a code for an opthalmic (retinal) disorder.

Diabetes Mellitus
and diabetic complications

Example:

1) Patient with Type 2 Diabetes Mellitus with diabetic ophthalmic complication, treated in internal medicin with focus on diabetes

E11.3 Type 2 diabetes mellitus with ophthalmic complications

2) Ophtalmic complications due to Type 2 Diabetes Mellitus, treated by an ophthalmologist for diabetic retinopathy

E11.3† Type 2 diabetes mellitus with ophthalmic complications
H36.0* Diabetic retinopathy.

In the fantastic future (ICD-11) the problem may be solved!

Detailed information can be reported with:

- extension codes
- the order of codes in a cluster

In the fantastic future (ICD-11) the problem may be solved!

Diagnosis:

Postinfectious arthritis after Yersinia enteritis

In the fantastic future (ICD-11) the problem may be solved!

Diagnosis:

Postinfectious arthritis after Yersinia enteritis

FA12.0 Bacterial postinfectious arthropathy
has causing condition
1A05 Intestinal infections due to Yersinia enterocolitica

Code: *FA12.0/1A05*

Take home message

The dog bit the man versus *The man bit the dog*

and

I am happy today versus *Today I am happy*

and

Diabetes mellitus with renal complication versus *Renal complications due to diabetes mellitus*

Does the alternative order of the words deliver the same information?

If it is not the same information

Beware of the syntax, because it is important
in the narrative documentation

The quality of primary documentation
is of crucial importance for
correct reporting to health registers

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