6.9. Mapping Context - Exclusions, Alpha Modifiers and Co-morbidities

Exclusion guidelines from WHO coding publications will be evaluated as a last step in mapping context evaluation.

Review of alpha modifiers:

There are two types of modifiers which appear in the ICD-10 Alphabetical Index, Volume 3. These are non-essential and essential modifiers.

Non-essential modifiers appear in parentheses following the terms they modify and **do not** affect the target code selection for a given condition, sign or symptom but are considered as alternatives to the expression of the term.

Polyuria (nocturnal)
R35

Essential modifiers appear next to a lead term or as subterms indented below lead terms in the alphabetical index and **do** affect the selection of target code. They describe essential differences in site, etiology or type of disorder and must appear in the clinical statement for the code to be assigned. When an essential modifier denotes an alternative map target to the source term statement, the modifier will be considered as a possible exclusion to the initial map target selected.

Encephalopathiahyperbilirubinemica, newborn P57.9

- due to isoimmunization (conditions in P55.-) P57.0

Polyuria (nocturnal) R35

- psychogenic F45.3

The Map Terminologist will review the WHO *ICD-10 Alphabetical Index to Diseases and Nature of Injury* Volume 3 to identify any essential modifiers which represent SNOMED CT concepts that are descendants of: a) the source concept to be mapped, or b) the source concept etiology SNOMED CT code when dagger and asterisk guidance requires a separate target for cause of the disorder. The Map Terminologist will add new Map members with the associated target specific to the alpha reference as context dependent maps with a mapRule.

Examples (Etiology and Manifestation):

Exemplar: Dagger & Asterisk: #3

420485005 | Herpetic iridocyclitis (disorder)| maps to:

- B00.5, *Herpes viral ocular disease,* and H22.0, *Iridocyclitis in infectious and parasitic diseases classified elsewhere*, with mapAdvice THIS CODE MAY BE USED IN THE PRIMARY POSITION WHEN THE MANIFESTATION IS THE PRIMARY FOCUS OF CARE appended to H22.0.

Upon reviewing the WHO alphabetic index, the Map Terminologist notes the following codes:

Iridocyclitis
-herpes, herpetic (simplex) B00.5† H22.0*

OR

Herpes, Herpetic
-iridocyclitis (simplex) B00.5† H22.0*

Example

414924006 | Obstructed incisional ventral hernia (disorder)| maps to

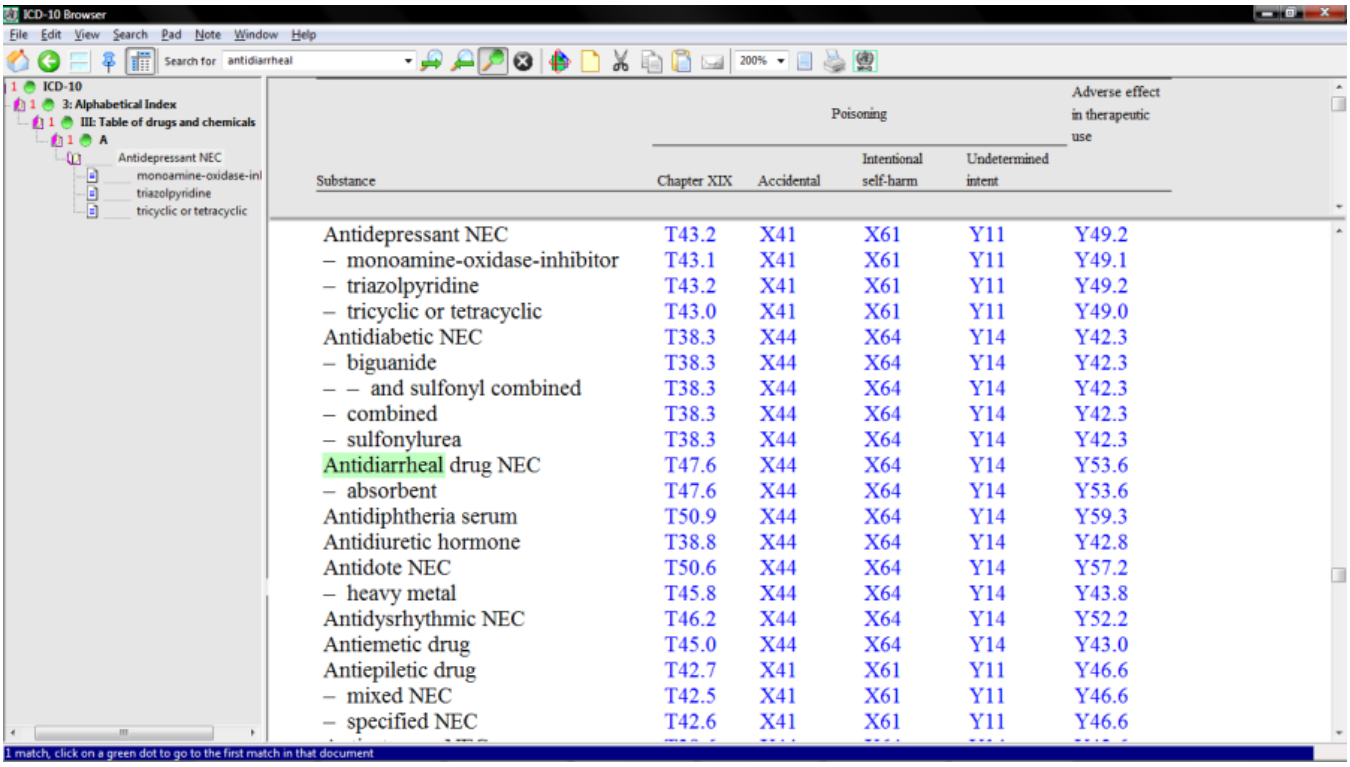
- K43.0, *Ventral hernia with obstruction, without gangrene*.

Upon reviewing the WHO alphabetic index, the Map Terminologist notes **Hernia, incisional** has a reference to "see Hernia, ventral". To determine the target, the Map Terminologist follows the 'see' reference and checks under "Hernia, ventral". ICD-10 code K43.0 is listed under **Hernia**, ventral, with, obstruction. In addition, there are essential and nonessential modifiers to consider:

Hernia, hernial (acquired) (recurrent) K46.9
-incisional — see Hernia, ventral

Hernia, hernial (acquired) (recurrent) K46.9
-ventral K43.9
--with
---gangrene (and obstruction) K43.1
---obstruction K43.0

Mapping for concepts of poisoning and overdose will require analysis of the Alphabetic Index's Table of Drugs and Chemicals. This table organizes drugs or chemicals along with the corresponding codes for adverse situations including accidental events, intentional self-harm, poisoning of undetermined intent, and adverse effects in therapeutic use. This table also may include essential modifiers which require attention for possible exclusion rules. For example, when mapping the SNOMED CT source concept 295830007 | Overdose of antidepressant drug (disorder)| a review of the drugs table will expose these entries for antidepressant poisoning:



Substance	Poisoning				Adverse effect in therapeutic use
	Chapter XIX	Accidental	Intentional self-harm	Undetermined intent	
Antidepressant NEC	T43.2	X41	X61	Y11	Y49.2
– monoamine-oxidase-inhibitor	T43.1	X41	X61	Y11	Y49.1
– triazolpyridine	T43.2	X41	X61	Y11	Y49.2
– tricyclic or tetracyclic	T43.0	X41	X61	Y11	Y49.0
Antidiabetic NEC	T38.3	X44	X64	Y14	Y42.3
– biguanide	T38.3	X44	X64	Y14	Y42.3
– – and sulfonyl combined	T38.3	X44	X64	Y14	Y42.3
– combined	T38.3	X44	X64	Y14	Y42.3
– sulfonylurea	T38.3	X44	X64	Y14	Y42.3
Antidiarrheal drug NEC	T47.6	X44	X64	Y14	Y53.6
– absorbent	T47.6	X44	X64	Y14	Y53.6
Antidiphtheria serum	T50.9	X44	X64	Y14	Y59.3
Antidiuretic hormone	T38.8	X44	X64	Y14	Y42.8
Antidote NEC	T50.6	X44	X64	Y14	Y57.2
– heavy metal	T45.8	X44	X64	Y14	Y43.8
Antidysrhythmic NEC	T46.2	X44	X64	Y14	Y52.2
Antiemetic drug	T45.0	X44	X64	Y14	Y43.0
Antiepiletic drug	T42.7	X41	X61	Y11	Y46.6
– mixed NEC	T42.5	X41	X61	Y11	Y46.6
– specified NEC	T42.6	X41	X61	Y11	Y46.6

Figure 6.9-1: WHO ICD-10 Browser - Alphabetic Index; Table of Drugs and Chemicals

In this case, the default target code for mapping of Antidepressant poisoning is T43.2 for mapGroup one and X41 for mapGroup two based upon WHO advice to assume accidental when intent of poisoning is unspecified. Note that required modifiers are identified for this map for agents MAO inhibitors, triazolpyridine, tricyclic and tetracyclic antidepressants.