

Produced by the Military Health System (MHS) ICD-10 Integrated Project Team (IPT) & Defense Health Agency (DHA) Information Management (IM)

Accidental Needlestick – Reporting is Needed

We all know needlestick injuries are a hazard for people who work with hypodermic syringes and other needle equipment. These injuries can transmit infectious diseases, especially bloodborne viruses. A few of the commonly known diseases are hepatitis B and C, and human immunodeficiency virus (HIV) which leads to AIDS (acquired immune deficiency syndrome). These injuries have transmitted many other diseases involving viruses, bacteria, fungi, and other microorganisms to health care workers.

Occupational needlestick injuries can be potentially serious, but preventable, mishaps that can lead to blood-borne pathogen exposures (BBPE). The ICD-10 code set provides a robust framework for capturing, reporting and tracking these mishaps. A BBPE typically occurs when the injury involves blood or other potentially infectious materials (BOPIM) having contact with the eyes, mouth or non-intact skin. The Occupational Safety and Health Administration (OSHA) and the Center for Disease Control (CDC) indicated needlestick injury mishaps that lead to blood-borne pathogen exposures is a large public health concern.^{1,2} Blood-borne pathogens of concern include the hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).¹ Those who work in any health care setting are potentially at risk for needlestick mishaps and thus, BBPEs. The CDC released a report for the National Surveillance System for Healthcare Workers (NaSH) in 2007, indicating that 12% of all source patients for BBPEs tested positive for HIV, HBV or HCV.² In the instance of a needlestick mishap, there is always potential for blood borne pathogen exposure to occur, and thus, caution should be taken.

Part of creating a strong command culture involves consistency in the implementation of policy in the health care setting. The NaSH report noted in 2007 that only 46% of all percutaneous injuries at 30 hospitals were reported from 1996-2007. The NaSH report also revealed that reporting tendencies varied based on occupation in the healthcare setting.² A lack of consistent reporting and coding of occupational needlestick injuries can lead to incomplete or inaccurate data, which may affect the ability to identify legitimate and accurate injury trends. This in turn could negatively affect the ability to understand which methods might best prevent these injuries from occurring in the future. The importance of complying with current policy for required and consistent reporting of these injuries will hopefully have an impact on the ultimate goal; to better understand how, where, and to who needlestick injuries occur, leading to the prevention of needlestick injuries in the future, thus decreasing the possible transmission of blood-borne pathogens within the health care setting.

To properly code injuries associated with BBPEs in ICD-10, a series of codes need to be assigned to the encounter. Below will discuss the codes needed to accurately reflect a needlestick injury in the health care setting. The reporting of a needlestick should be completed by a provider/clinician when the patient is another provider/clinician. The first listed diagnosis code should always be the injury code (An “S” code for needlestick injuries). The 2nd and following codes assigned will be a “W”, “Y” and “Z” code representing the external cause and location of the injury.³ Thus, a minimum of 4 codes (S, W, Y, and Z codes) should be recorded for each occupational needlestick injury that occurs. A puncture wound is the typical type of injury associated with a needlestick. ICD-10 injury codes may require up to 7 characters.

ICD-10
Implementation
Occurred on
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Upcoming Events

Advanced ICD-10-CM & CPT Workshop

April 2-3

Washington, D.C.

<http://www.ahima.org/events/2016apr-advancedicd10cmcpt-dc>

Coding Complex Cases in ICD-10-CM/PCS Workshop

April 2-3

Washington, D.C.

<http://www.ahima.org/events/2016apr-complexicd10-dc>

Clinical Documentation Improvement (CDI) Academy: Inpatient and Outpatient Best Practices

April 20-22

Chicago, IL

<http://www.ahima.org/events/2016april-cdiacademy-chicago>

Note that the links above are provided as informational resources only and do not constitute an endorsement of any non-Government site or entity.

Search by Injury code - Puncture by anatomical site in ICD-10 – S codes (open wound). Common anatomical sites include the shoulder, arm, elbow, wrist, hand, and finger. These codes must be coded to the highest level of specificity. Codes are assigned based upon site, laterality, and digit.³

“ * ” is the 7th character representing the episode of care 7th digit – “A” for initial encounter is used while the patient is receiving active treatment; i.e. ED department, evaluation and continuing treatment by the same or a different physician. “D” subsequent encounter is used for encounters after the patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase. “S” *sequela* is for the use for a complication or condition that arises as a direct result of a condition. The 7th category “S” would not be appropriate in the occupational health setting for a needlestick.³

Examples of Proper ICD-10 Coding for a Needlestick Injury:

S-Codes: Puncture Wound to Anatomical Area

S61.24 – Puncture wound with foreign body of finger without damage to the nail

S61.240A – Puncture wound with foreign body of right finger without damage to the nail (index finger)

S61.241A – Puncture wound with foreign body of left finger without damage to the nail (index finger)

A – Initial Encounter, D – Subsequent Encounter, S – Sequela (Not appropriate for needlesticks)

Additional Required ICD-10-CM Codes for Needlestick Injuries (Following S-codes)

W-Codes: External Cause Codes

W46 – Contact with hypodermic needle

W46.1XXA – Contact with contaminated hypodermic needle

‘’ - Indication for 7th character for **Episode of Care***

A – Initial Encounter, D – Subsequent Encounter, S – Sequela (Not appropriate for needlesticks)

Y-Codes: Place of Occurrence Code

Y92.23X - Hospital as the place of occurrence of the external cause

Y92.230 – Patient Room

Y92.234 – Operating Room

Y92.238 – Other place in hospital

Z Code Encounters for Examination and Observation

Z04 – Encounter for Examination and Observation for Other Reasons

Z04.2 – Encounter for examination and observation following work accident

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Or visit <http://health.mil/hipaatcsi>

For coding information, please contact the DHA Medical Coding Program Office: dha.ncr.business-spt.mbx.mcpointo@mail.mil

Or visit <http://health.mil/About-MHS/Defense-Health-Agency/Business-Support/Medical-Coding-Program-Office>

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1. OSHA Blood-borne Pathogen and Needlestick Prevention. Occupational Safety and Health Administration website. <https://www.osha.gov/SLTC/bloodbornepathogens/>. Accessed November 17, 2015.
2. The National Surveillance System for Healthcare Workers. Center for Disease Surveillance website. <http://www.cdc.gov/nhsn/PDFs/NaSH/NaSH-Report-6-2011.pdf>. Published December 2007. Accessed November 2015.
3. 2016 ICD-10-CM – International Classification of Diseases – tenth revision clinical modification