Bulletin | Revised April 2018

Opioid Overdose Coding Direction

This bulletin provides coding and abstracting direction to ensure the collection of accurate and quality data strictly related to opioid overdose:

1. Confirmed opioid overdose
2. Query (unconfirmed) opioid overdose
3. Use of all available documentation

The directives in this bulletin do not apply to the capture of any other conditions.

Note: This information is for coders to use and share with clinicians so that the documentation can support accurate coding. Additional communication for clinicians will be provided in a separate bulletin.

1. Confirmed opioid overdose

DAD and NACRS directive statement

When a diagnosis of "opioid overdose" or drug overdose with specification of the specific opioid (e.g., fentanyl) is documented, assign the applicable codes for an opioid overdose per the direction in the coding standard *Adverse Reactions in Therapeutic Use Versus Poisonings*.

DAD and NACRS directive statement — New!

When an opioid antidote (e.g., naloxone [Narcan]) is administered for a suspected overdose prior to arrival at the facility (e.g., self-administered, administered by someone else) or during the episode of care and there is documentation of a positive effect (e.g., starts breathing normally and/or regains consciousness, opens eyes), classify the encounter as an opioid overdose.

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Note: An opioid antidote (e.g., naloxone [Narcan]) can have a positive effect when used right away; that is, it can help the patient regain normal breathing and/or regain consciousness, and open their eyes. The opioid antidote can be either injected or given as a nasal spray. Several doses of the opioid antidote may be required. At the time of publication, naloxone (Narcan) is the only antidote on the market for treatment of an opioid overdose.

Refer to Table 1 below for examples that demonstrate the above directive statement.

Table 1 Examples where an opioid antidote is given; code assignment by data holding and submission level

Documentation	Code assignment by data holding and submission level		
	DAD/NACRS Level 3*	NACRS Level 1 (modified)†	NACRS Level 2 — ED discharge diagnosis
Drug overdose. Narcan is administered and patient opens eyes.	T40.28 (M)/(MP) *Poisoning by other opioids, not elsewhere classified*	T40.28 (MP) *Poisoning by other opioids, not elsewhere classified*	T40.6 *Poisoning narcotics*
Drug overdose, identified as fentanyl. Narcan is administered and patient opens eyes.	T40.40 (M)/(MP) *Poisoning by fentanyl and derivatives*	T40.40 (MP) *Poisoning by fentanyl and derivatives*	T40.6 *Poisoning narcotics*
Drug overdose, possibly due to opioid. Narcan is administered multiple times with no resolution of symptoms.	T50.9 (M)/(MP) *Poisoning by other and unspecified drugs, medicaments and biological substances*	T50.9 (MP) *Poisoning by other and unspecified drugs, medicaments and biological substances*	T50.9 *Poisoning other substances*

Notes

* DAD and NACRS Level 3: The applicable external cause code is mandatory to assign as an additional code in order to identify the intent of the overdose (accidental, intentional self-harm or undetermined intent); external cause codes for poisonings are in the Table of Drugs and Chemicals.

† NACRS Level 1 (modified): For Ontario submitters, additional mandatory data elements are required in weekly submissions of Level 1 ED abstracts for opioid overdose cases.

2. Query (unconfirmed) diagnosis

DAD and NACRS directive statement

When a query/unconfirmed opioid overdose diagnosis is documented (e.g., “suspected opioid overdose,” “questionable opioid overdose,” “rule out opioid overdose,” “possible opioid overdose”) and an opioid antidote (e.g., naloxone [Narcan]) is **not** given, classify the encounter as a query opioid overdose and assign prefix Q, unless other available documentation confirms that the drug overdose was due to an opioid (see Section 3 below, Use of all available documentation).

Refer to Table 2 below for examples that demonstrate the above directive statement.

Table 2 Examples of query (unconfirmed) opioid overdose; code assignment by data holding and submission level

	Code assignment by data holding and submission level		
Documentation	DAD/NACRS Level 3*	NACRS Level 1 (modified)†	NACRS Level 2 — ED discharge diagnosis
Possible opioid overdose. Narcan is not administered.	(Q) T40.28 (M)/(MP) *Poisoning by other opioids, not elsewhere classified*	(Q) T40.28 (MP) *Poisoning by other opioids, not elsewhere classified*	T40.6 *Poisoning narcotics*
Questionable fentanyl overdose. Narcan is not administered.	(Q) T40.40 (M)/(MP) *Poisoning by fentanyl and derivatives*	(Q) T40.40 (MP) *Poisoning by fentanyl and derivatives*	T40.6 *Poisoning narcotics*

Notes

* DAD and NACRS Level 3: The applicable external cause code is mandatory to assign as an additional code in order to identify the intent of the overdose (accidental, intentional self-harm or undetermined intent); external cause codes for poisonings are in the Table of Drugs and Chemicals.

† NACRS Level 1 (modified): For Ontario submitters, additional mandatory data elements are required in weekly submissions of Level 1 ED abstracts for opioid overdose cases.

Note: Prefix Q is not used for **NACRS Level 2 code assignment**. For more information, please refer to Section 137 of the NACRS manual, ED Discharge Diagnosis (a–c).

3. Use of all available documentation

DAD and NACRS directive statement — New!

Use all health care provider documentation (including non-physician documentation, such as nurses' notes and ambulance records) when there is documentation of

- A query (unconfirmed) opioid overdose; or
- A drug overdose and the specific drug is not documented by the physician.

Note: Refer to the inpatient documentation of the same facility when coding an emergency department (ED) encounter where the patient was admitted for an unknown drug overdose to determine whether there is documentation supporting that the drug overdose was due to an opioid. If the final ED diagnosis is recorded as "acute opioid intoxication," for example, review other available documentation to see whether there is documentation of "overdose," "poisoning," "accidental ingestion," "intentional self-harm" or "incorrect use." Any of this documentation would support that the diagnosis "acute opioid intoxication" means a poisoning (overdose) by an opioid and therefore should be classified as an opioid overdose and not to F11.0 *Mental and behavioural disorders due to use of opioids, acute intoxication*. This direction aligns with the instruction at F11.0, whereby F11.0 excludes intoxication meaning poisoning (T36–T50).

The intent is not for coders to conduct an exhaustive search of all inpatient ancillary documentation for confirmation of an opioid overdose. Coders must not use the results of toxicology tests to confirm a drug overdose. There must be clinical correlation based upon assessment of the patient.

Refer to Table 3 below for an example that demonstrates the above directive statement.

Table 3 Example of using all available documentation; code assignment by data holding and submission level

Documentation	Code assignment by data holding and submission level		
	DAD/NACRS Level 3*	NACRS Level 1 (modified)†	NACRS Level 2 — ED discharge diagnosis
Drug overdose. Patient is admitted to ICU. The inpatient discharge summary from the same facility identifies the overdose as due to fentanyl.	T40.40 (M)/(MP) *Poisoning by fentanyl and derivatives*	T40.40 (MP) *Poisoning by fentanyl and derivatives*	T40.6 *Poisoning narcotics*

Notes

* DAD and NACRS Level 3: The applicable external cause code is mandatory to assign as an additional code in order to identify the intent of the overdose (accidental, intentional self-harm or undetermined intent); external cause codes for poisonings are in the Table of Drugs and Chemicals.

† NACRS Level 1 (modified): For Ontario submitters, additional mandatory data elements are required in weekly submissions of Level 1 ED abstracts for opioid overdose cases.

Other

Many opioid-related questions can also be found in the eQuery database (login required).

- For coding or classification questions related to opioid cases, select “Classifications coding (CED-DxS, ICD-10-CA, CCI, Canadian Coding Standards)” and search on the keyword “opioid.”
- For abstracting or data submission questions related to opioid cases, select “Inpatient/ambulatory abstracting and education (DAD and NACRS)” and search on the keywords “opioid reporting.”

Resources

- The Canadian Coding Standards for Version 2018 ICD-10-CA and CCI
- The Table of Drugs and Chemicals in ICD-10-CA provides the correct codes to use for poisonings and adverse effects.
- **Appendix A**: Classification of . . .
- **Appendix B**: Job aid — Opioid overdose coding direction

Learn more about CIHI’s commitment to the opioid crisis.

Appendix A: Classification of . . .

Overdose (poisoning)

In the Canadian Coding Standards, a poisoning is defined as a substance taken incorrectly that results in harm (e.g., overdose due to taking an opioid incorrectly). Incorrect use includes wrong dosage of a drug; self-prescribed drug taken in combination with a prescribed drug; self-prescribed drug not taken as recommended; any drug taken in combination with alcohol.

Note: Per the exclusion note at the block (T36–T50) *Poisoning by drugs, medicaments and biological substances*, the following are **mutually exclusive**:

- F11.0 Mental and behavioural disorders due to use of opioids, acute intoxication; and
- Codes from T40.– Poisoning by narcotics and psychodysleptics [hallucinogens].

This is because the classification differentiates between an actual poisoning, as described above, and acute intoxication, meaning inebriation.

Adverse effect in therapeutic use

In the Canadian Coding Standards, an adverse effect in therapeutic use is defined as a substance taken correctly as prescribed that results in a reaction. For example, taking an opioid drug as prescribed (i.e., as directed by a physician) that results in harm is an adverse effect in therapeutic use.

Abuse and intoxication

In ICD-10-CA, documentation of drug or substance abuse, acute intoxication, drug intoxication or inebriation is classified to codes in the range F10–F19 *Mental and behavioural disorders due to psychoactive substance use* **unless there is documentation** of an “overdose,” “poisoning,” “accidental ingestion,” “intentional self-harm” or incorrect use.

For more information, refer to *Canadian Coding Standards for Version 2018 ICD-10-CA and CCI — Adverse Reactions in Therapeutic Use Versus Poisonings*.

Appendix B: Job aid — Opioid overdose coding direction

Below is a brief summary of direction for coding opioid overdose cases as described in the bulletin *Opioid Overdose Coding Direction for v2018*.

Coding opioid overdose cases: Summary of direction

Documentation	Opioid antidote given	Positive effect from opioid antidote	Direction
Opioid overdose	May or may not be known	May or may not be known	**Classify the encounter as a confirmed opioid overdose since the documentation describes a confirmed opioid overdose.** When a diagnosis of "opioid overdose" or drug overdose with specification of the specific opioid (e.g., fentanyl) is documented, assign the applicable codes for an opioid overdose per the direction in the coding standard *Adverse Reactions in Therapeutic Use Versus Poisonings*.
Drug overdose	Yes	Yes	**Classify the encounter as a confirmed opioid overdose since an opioid antidote was administered and had a positive effect.** When an opioid antidote (e.g., naloxone [Narcan]) is administered for a suspected overdose prior to arrival at the facility (e.g., self-administered, administered by someone else) or during the episode of care and there is documentation of a positive effect (e.g., starts breathing normally and/or regains consciousness, opens eyes), classify the encounter as an opioid overdose.
Drug overdose	Yes	No	**Classify the encounter as unknown drug overdose.** Do not classify as an opioid overdose.
Query opioid overdose	Yes	Yes	**Classify the encounter as a confirmed opioid overdose since an opioid antidote was administered and had a positive effect.** When an opioid antidote (e.g., naloxone [Narcan]) is administered for a suspected overdose prior to arrival at the facility (e.g., self-administered, administered by someone else) or during the episode of care and there is documentation of a positive effect (e.g., starts breathing normally and/or regains consciousness, opens eyes), classify the encounter as an opioid overdose.
Suspected opioid overdose. All available documentation reviewed.	No	Not applicable	**Classify the encounter as a query (unconfirmed) opioid overdose since an opioid antidote was not administered and there is no other documentation available confirming that the drug taken was an opioid.** When a query/unconfirmed opioid overdose is documented (e.g., "suspected opioid overdose," "questionable opioid overdose," "rule out opioid overdose," "possible opioid overdose") and an opioid antidote (e.g., naloxone [Narcan]) is **not** given, classify the encounter as a query opioid overdose and assign prefix Q, unless other available documentation confirms that the drug overdose was due to an opioid.

Documentation	Opioid antidote given	Positive effect from opioid antidote	Direction
Query opioid overdose. The drug taken is documented as an opioid in other available documentation.	No	Not applicable	**Classify the encounter as a confirmed opioid overdose since other available documentation confirmed that the drug taken was an opioid.** Use all health care provider documentation including non-physician documentation (e.g., nurses notes, ambulance records) when there is documentation of • A query (unconfirmed) opioid overdose; or • A drug overdose and the specific drug is not documented by the physician.