

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

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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

Bulletin

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

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Documentation

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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 <i>Adverse Reactions in Therapeutic Use Versus Poisoning</i> (ICD-10-CM 9A02.01-9A02.99).

