MAID Coding and Abstracting Direction

This bulletin provides interim coding and abstracting direction for medical assistance in dying (MAID) cases.

This coding direction is effective for fiscal years 2016–2017 and 2017–2018.

Specific MAID-related coding standards, codes and abstracting manual updates are being developed by the Canadian Institute for Health Information (CIHI). They will be available in 2018–2019 when the next versions of the relevant documents are released.

Background

MAID was decriminalized in Canada in June 2016. Through consultation with stakeholders, CIHI identified the need to collect information about MAID through the Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS). MAID data can be used to inform health policy, evaluate health systems' response to this new health care service, enable health research on patient trajectories at the end of life and support a better understanding of patient and provider experiences with MAID.

2016–2017 submissions/corrections

If facilities have not coded MAID cases per the direction below, CIHI strongly encourages them to correct and resubmit this data to the DAD and/or NACRS prior to database closure on May 31, 2017 for Ontario and June 30, 2017 for all remaining jurisdictions.

Accurate capture of MAID data as of 2016–2017 will enable monitoring and reporting of MAID, as well as inclusion of patients who receive this health care service in or exclusion of them from indicators and analyses as appropriate.

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Coding direction

Medically assisted deaths are classified using a combination of ICD-10-CA and CCI codes.

Table 1   ICD-10-CA direction

Diagnosis code(s)	There is no v2015 ICD-10-CA code specific to MAID; therefore, code the chart using the diagnosis code(s) that would typically be assigned.
Diagnosis typing/sequencing	Assign a significant diagnosis type, the MRDx/main problem or a diagnosis type (1)/other problem to the condition(s) for which MAID is performed. Diagnosis typing and selection of main or other problem will depend upon the circumstances of the case.
New prefix	The new diagnosis prefix J has been developed for MAID cases. Assign prefix J to the codes that identify the underlying conditions for which MAID is performed. **Do not** use prefix J for any other purposes. In 2016–2017, prefix J was used for other purposes on fewer than 20 abstracts. Resubmission of these records is encouraged prior to database closure.

Do not use Z51.5 *Palliative care* as a flag for MAID. Z51.5 is used only if palliative care is a known component of care or is provided during that episode of care. If the patient receives palliative care during the episode of care in which MAID is provided, assign Z51.5 along with the condition for which MAID is performed and the MAID-related prefix J. Refer to the coding standard *Palliative Care* for direction on assigning Z51.5.

Table 2 CCI direction

Intervention codes	Assign codes from 1.ZZ.35.^^-^^ *Pharmacotherapy, total body* for each agent used. Assign only 1 code when multiple agents are classified to the same code. For example, lidocaine and propofol are both classified to 1.ZZ.35.HA-P1; if both of these agents are used, the code is assigned only once on the abstract. Based on consultations and chart reviews to date, we have typically been seeing the following combination of codes used: • 1.ZZ.35.HA-P7 Pharmacotherapy, total body, percutaneous approach, nervous system agents, using hypnotic and sedative agent • 1.ZZ.35.HA-P1 Pharmacotherapy, total body, percutaneous approach, nervous system agents, using anesthetic agent • 1.ZZ.35.HA-N3 Pharmacotherapy, total body, percutaneous approach, musculoskeletal system agents, using muscle relaxant
If insufficient documentation is available to assign an intervention code	When the record does not contain sufficient information to assign an intervention code, it is recommended that the coder consult with the responsible health care provider. When this is not possible, assign all 3 of the following codes: • 1.ZZ.35.HA-P7 Pharmacotherapy, total body, percutaneous approach, nervous system agents, using hypnotic and sedative agent • 1.ZZ.35.HA-P1 Pharmacotherapy, total body, percutaneous approach, nervous system agents, using anesthetic agent • 1.ZZ.35.HA-N3 Pharmacotherapy, total body, percutaneous approach, musculoskeletal system agents, using muscle relaxant

DAD and NACRS abstracting instructions

Following are clarifications of abstracting instructions for common data elements related to MAID:

Table 3 DAD instructions

Group/field	Data element	Abstracting instruction
05 01 **05 02**	Discharge Date Discharge Time	Record the Discharge Date/Time that the patient was pronounced dead by a physician or delegate who is authorized to pronounce death. **Note:** The Discharge Date may not be the same as the (MAID) Intervention Episode Start Date if death occurs after midnight. Record the date/time of the following day.
05 05	Discharge Disposition	Record Discharge Disposition 07 — Died when MAID is documented as completed.
11 01 **11 17**	Intervention Episode Start Date Intervention Episode Start Time	Multiple CCI codes are used to describe the pharmaceutical agents administered to facilitate the patient's medically assisted death. Record the Intervention Episode Start Date **only once**, corresponding with the first intervention code in the MAID intervention episode. Intervention Episode Start Time is recorded for MAID cases only when Intervention Location Code is 01 — Main Operating Room.
11 16	Died During Intervention	The Died During Intervention indicator is not applicable to MAID and **is blank for all cases** in which MAID is completed.

Table 4 NACRS instructions

Number	Data element	Abstracting instruction
35	Visit Disposition	Record Visit Disposition 10 — Death after arrival (DAA) when MAID is documented as completed.
109/111 or 110/112	Main/Other Intervention Start Date/Time	The 2016–2017 NACRS Abstracting Manual contains relevant province- or territory-specific abstracting instructions. No new direction related to MAID has been added.
114 **115**	Disposition Date Disposition Time	For Visit Disposition 10 — Death after arrival (DAA), abstract the date and time the service provider pronounces death. **Note:** The Discharge Date/Time may not be the same as the (MAID) Main/Other Intervention Start Date/Time if death occurs after midnight. Record the date/time of the following day.

Submit any MAID coding and abstracting questions, along with a copy of the pertinent, completely de-identified documentation, via e-Query.