

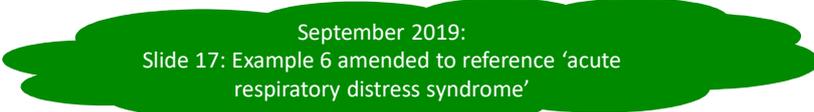


Other ICD-10-AM Changes

ICD-10-AM/ACHI/ACS Eleventh Edition

2019 Education Program

September 2019:
Slide 17: Example 6 amended to reference 'acute respiratory distress syndrome'



 Australian Consortium for Classification Development



Psychosis due to physical disease

Background:

- Following receipt of a public submission and a query which highlighted that the Alphabetic Index was inconsistent in regards to psychosis as a manifestation of other diseases. It was apparent that the index pathways for these clinical concept were precoordinated, primarily for mortality case purposes with the use of due to and associated with in lead terms and subterms.
- ICD-10-AM utilises the *Multiple condition coding convention*. Therefore, to classify psychosis as a manifestation of another disease, codes for both the causative condition (eg epilepsy) and the psychosis are required to be assigned.

 Australian Consortium for Classification Development

2



Psychosis due to physical disease

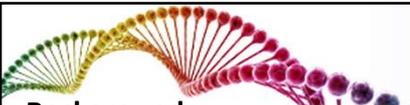
Example 1:

A 46 year old male was admitted with presenting symptoms of psychosis. Triage assessment was done and medical history revealed patient suffers from severe grand mal epilepsy. Further clinical assessment following admission confirmed patient's psychosis was attributable to his epilepsy.

Assign codes:

F06.8	<i>Other specified mental disorders due to brain damage and dysfunction and to physical disease</i>
G40.60	<i>Grand mal seizures, unspecified (with or without petit mal), without mention of intractable epilepsy</i>

 Australian Consortium for Classification Development 3



Personal History of Stroke

Background:

- ACCD reviewed the identified issue and the following amendments were made
- ACS 0604 *Cerebrovascular Accident* was revised (including an amendment to the name in line with current terminology)
- Classification of 'old CVAs' was clarified with acknowledgment that a patient may have a history of stroke with no neurological deficits now present, or a history of stroke with neurological deficits still present.
- There was expansion of Z86.6 *Personal history of diseases of the nervous system and sense organs* and Z86.7 *Personal history of diseases of the circulatory system* for 'personal history of stroke' and other circulatory disorders when they meet the criteria in ACS 0002 *Additional diagnoses*.

 Australian Consortium for Classification Development 4



Personal History of Stroke

New codes created

<p>Z86.6 Personal history of diseases of the nervous system and sense organs Conditions classifiable to G00–G99, H00–H95</p> <p>⊕Z86.61 Personal history of transient ischaemic attack [TIA]</p> <p>⊕Z86.69 Personal history of diseases of the nervous system and sense organs, not elsewhere classified</p>	<p>Z86.7 Personal history of diseases of the circulatory system Conditions classifiable to I00–I99 <i>Excludes:</i> old myocardial infarction (I25.2) postmyocardial infarction syndrome (I24.1)</p> <p>⊕Z86.71 Personal history of cerebrovascular disease ▼0604 Personal history of stroke NOS without residual deficits <i>Excludes:</i> sequelae (residual deficits) of cerebrovascular disease (I69.-)</p> <p>⊕Z86.72 Personal history of thrombosis and embolism Personal history of thrombosis or embolism: • pulmonary • venous <i>Excludes:</i> personal history of cerebrovascular thrombosis and embolism (Z86.71) that with current: • abnormal coagulation profile (R79.83) • haemorrhagic disorder due to circulating anticoagulants (D68.3) • long term use of anticoagulants without haemorrhagic disorder (Z92.1)</p> <p>⊕Z86.79 Personal history of diseases of the circulatory system, not elsewhere classified</p>
--	---

Australian Consortium for Classification Development



Personal history of stroke

Example 2:

78 year old female patient admitted with acute confusion. She has a history of stroke in 2014 (with no residuals). The patient underwent a CT brain to assess for another stroke, the CT was negative. Her confusion resolved and she was discharged home in the care of her family.

Assign codes:

R41.0 *Disorientation, unspecified*

Z86.71 *Personal history of cerebrovascular disease*

Australian Consortium for Classification Development 6



Decreased Consciousness

- The term ‘decreased consciousness’ is now classifiable within ICD-10-AM
- Glasgow Coma Scale (GCS) scores have also been incorporated into the classification.

GCS scores are considered as a test results and code assignment should not be based on documentation of a GCS score alone.

See also ACS 0010 *Clinical documentation and general abstraction guidelines/Test results and medication charts*

- The term ‘induced coma’ should be interpreted as ‘sedation’ and therefore should not be used to assign codes from category R40 *Somnolence, stupor and coma*


Australian Consortium for Classification Development
7



Decreased Consciousness

R40 Somnolence, stupor and coma
▼1905

R40.0 Somnolence
Decreased (level of) consciousness (nontraumatic)
Drowsiness
GCS score 13–15

R40.1 Stupor
GCS score 9–12
Semicoma
Excludes: due to trauma (S06.0-) stupor:
• catatonic (F20.2)
• depressive (F31–F33)
• dissociative (F44.2)
• manic (F30.2)
that with any head injury classifiable to Chapter 19 (S06.01–S06.05)

R40.2 Coma
GCS score ≤ 8
Loss of consciousness (nontraumatic) NOS
Unconsciousness NOS
Excludes: coma:
• diabetic (E10–E14)
• hepatic (K72.-)
• hypoglycaemic (nondiabetic) (E15)
• neonatal (P91.5)
• uraemic (N19)
syncope (R55)


Australian Consortium for Classification Development
8



Decreased Consciousness

Decrease(d)

- blood
 - platelets (see also *Thrombocytopenia*)
D69.6
 - pressure, due to shock following injury
T79.4
- consciousness (cause unknown) (level)
(nontraumatic) NEC R40.0
 - GCS score
 - ≤ 8 R40.2
 - 9–12 R40.1
 - 13–15 R40.0

 Australian Consortium for Classification Development 9



Decreased Consciousness

Example 3:

A 56 year old female was admitted from home accompanied by paramedics, following a suicide attempt via ingestion of medications with alcohol.

She was found unconscious with an empty bottle of wine and 2 empty sheets of oxycodone. She had a GCS score of 3. BSL and BP/HR were normal.

She was admitted for observations, and slowly regained consciousness. She was discharged home after reaching a GCS score of 14.

 Australian Consortium for Classification Development 10



Decreased Consciousness

Assign Codes:

- T40.2 *Poisoning by other opioids*
- X62 *Intentional self harm by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified*
- T51.0 *Toxic effect of alcohol, ethanol*
- X65 *Intentional self-poisoning by and exposure to alcohol*
- R40.2 *Coma*
- Y92.09 *Other and unspecified place in home*
- U73.8 *Other specified activity*

 Australian Consortium for Classification Development
 11



Arthritis of Spine (Facet Joint)

Alphabetic Index

Arthritis, arthritic (acute) (chronic) (subacute) M13.9-

...

- epidemic erythema A25.1
- [facet joint \(vertebra\)](#) — *see Spondylosis*
- febrile — *see Fever/rheumatic*

Retrograde menstruation N92.5

[Retrolisthesis \(vertebra\)](#) M43.2-

~~**Retroperineal**~~ — *see condition*

ACS 1334 *Spondylosis/Spondylolisthesis/Retrolisthesis* has been retired.

 Australian Consortium for Classification Development
 12



Arthritis of spine

Example 4:
 A 24 year old female patient presented to emergency with left sided lower back pain with severe abdominal pain. Clinical review of the patient and radiological examination revealed lumbar facet joint arthritis.

Assign codes:
 M47.96 *Unspecified spondylosis, lumbar region*

13

Australian Consortium for Classification Development



Syndromes

U91 Syndrome, not elsewhere classified

▼ 0005, 0050

Note: Code first manifestation(s) of syndrome
Includes: congenital syndrome
 non-congenital syndrome

- ✓ This code is assigned for both congenital and non-congenital syndromes
- ✓ This code is assigned where an ICD-10-AM code cannot be assigned to the specific syndrome
- ✓ Documentation in the clinical record of the term 'syndrome' is required in order to assign this code
- ✓ This code can only be assigned once regardless of the number of syndromes documented (see also ACS 0025 *Double coding*)

14

Australian Consortium for Classification Development



Syndromes

Example 5:
 A five year old female was admitted for genetic testing as referred from paediatrician. Referral letter stated investigation for:

- Brachycephaly
- Sleep disturbances
- Hearing impairment

Results confirmed a diagnosis of Smith-Magenis syndrome.

Assign codes:

- Q75.01 *Coronal craniosynostosis*
- G47.9 *Sleep disorder, unspecified*
- H91.9 *Hearing loss, unspecified*
- U91 *Syndrome, not elsewhere classified*

15

Australian Consortium for Classification Development



Respiratory distress syndrome

Background

ICD-10-AM classified RDS as either J80 *Adult respiratory distress syndrome* or P22.0 *Respiratory distress syndrome of newborn*. There was no classification for RDS in non-neonatal paediatric patients.

J80

Acute respiratory distress syndrome
 Adult respiratory distress syndrome
 Hyaline membrane disease (adult) (child)
Excludes: newborn (P22.0)

ACS **1614** *Respiratory Distress Syndrome / Hyaline Membrane Disease / Surfactant Deficiency* has been retired

16

Australian Consortium for Classification Development



Respiratory distress syndrome

Example 6:
 A 15 year old female with known cystic fibrosis was admitted with acute respiratory distress syndrome. She was treated with bronchodilators, IV hydrocortisone, supplemental oxygen and BiPAP. Her respiratory distress resolved, and she was discharged home in the care of her parents.

Assign codes:

J80 *Acute respiratory distress syndrome*
 E84 *Cystic fibrosis*

September 2019:
 Slide 17: Example 6 amended
 to reference 'acute respiratory
 distress syndrome'


Australian Consortium for Classification Development
17



Nontraumatic Haematoma

These amendments were due to the acknowledgement that haematoma or contusion as a result of nontraumatic causes such as drug and medicament use was poorly classified in the existing ICD-10-AM structure.

Haematoma (skin surface intact) (traumatic) (see also Contusion) T14.08

- mediastinum S27.88
- mesosalpinx (nontraumatic) ~~N83.7~~ S37.88
- ~~-- nontraumatic N83.7~~
- ~~-- traumatic S37.88~~
- muscle — ~~code as~~ see also Contusion/by site
- ~~-- nontraumatic M79.8-~~
- nontraumatic, ~~due to circulating anticoagulants (heparin) (warfarin) D68.3~~
- ~~— see also Haematoma/by site/nontraumatic~~
- ~~-- due to circulating anticoagulants (heparin) (warfarin) D68.3~~
- ~~-- skin and subcutaneous tissue L98.8~~
- ~~-- soft tissue M79.8-~~


Australian Consortium for Classification Development
18



Nontraumatic Haematoma

L98.8 Other specified disorders of skin and subcutaneous tissue

[V 1916](#) [Nontraumatic haematoma of skin and subcutaneous tissue](#)

Use additional external cause code (Chapter 20) to identify drug, if drug-induced.

M79.8 Other specified soft tissue disorders

[V 1916](#)
[0-9] [Nontraumatic haematoma of soft tissue](#)

Use additional external cause code (Chapter 20) to identify drug, if drug-induced.

 Australian Consortium for Classification Development 19



Nontraumatic Haematoma

Example 7:

A 76 year old female is admitted with a haematoma of the rectus sheath secondary to prednisolone use.

Assign codes:

M79.88 *Other specified soft tissue disorders, other site*

Y42.0 *Glucocorticoids and synthetic analogues, causing adverse effects in therapeutic use*

Y92.23 *Place of occurrence, health service area, not specified as this facility*

 Australian Consortium for Classification Development 20



Abnormal coagulation profile due to anticoagulants

ACS 0303 *Abnormal coagulation profile due to anticoagulants*:

- Z92.1 *Personal history of long term (current) use of anticoagulants* is assigned when:
 - Bridging therapy is given for a planned procedure
 - Therapy is withheld due to contraindication with a current medical condition
 - INR monitoring is undertaken during an episode of care
- R79.83 *Abnormal coagulation profile* is assigned if the INR is outside the normal reference ranges (with no bleeding disorder).
- D68.3 *Haemorrhagic disorder due to circulating anticoagulants* is assigned when the patient has a bleeding disorder due to anticoagulant use

21

Australian Consortium for Classification Development



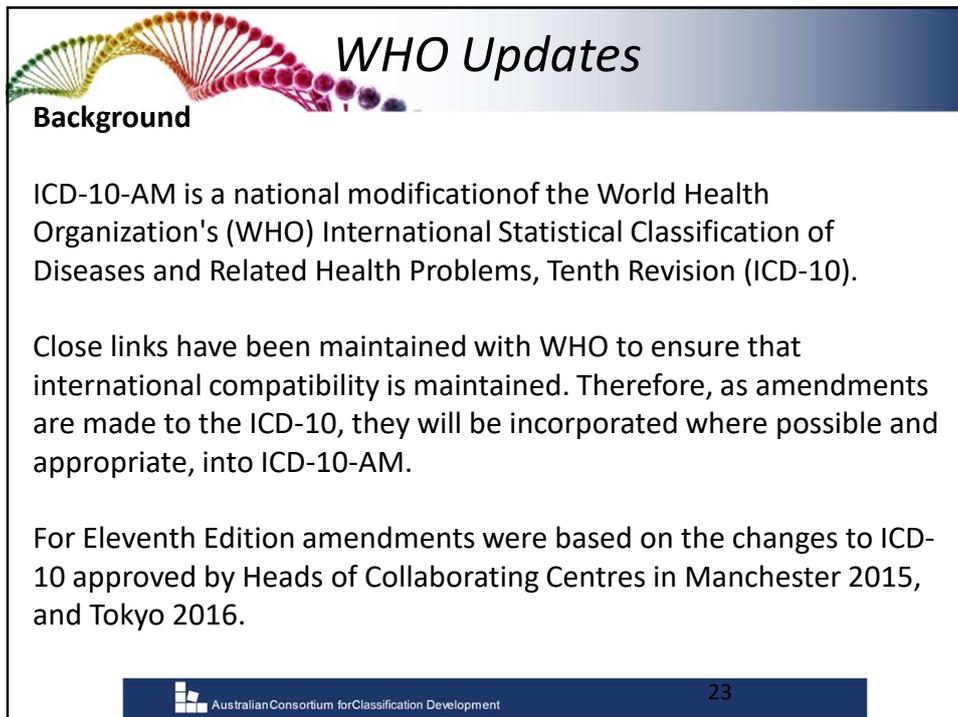
Abnormal Coagulation Profile

Example 8:
 Patient admitted with recurrent haematuria which was found to be due to long term warfarin use.

Assign codes:
 N02.9 *Recurrent and persistent haematuria, unspecified*
 D68.3 *Haemorrhagic disorder due to circulating anticoagulants*
 Y44.2 *Anticoagulants causing adverse effects in therapeutic use*
 Y92.23 *Place of occurrence, health service area, not specified as this facility*

22

Australian Consortium for Classification Development



WHO Updates

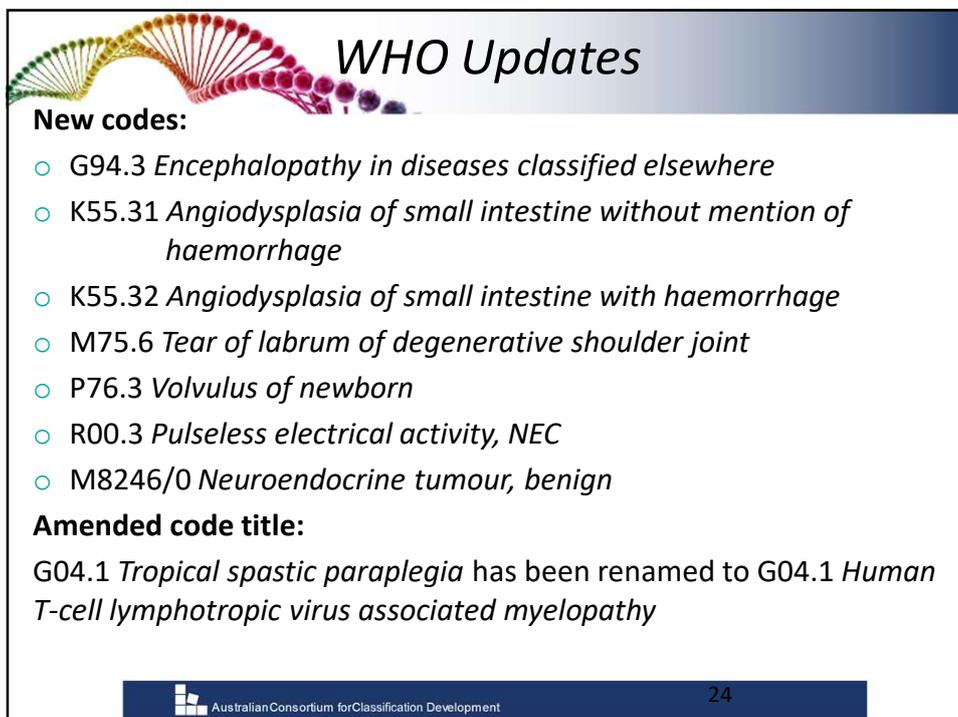
Background

ICD-10-AM is a national modification of the World Health Organization's (WHO) International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10).

Close links have been maintained with WHO to ensure that international compatibility is maintained. Therefore, as amendments are made to the ICD-10, they will be incorporated where possible and appropriate, into ICD-10-AM.

For Eleventh Edition amendments were based on the changes to ICD-10 approved by Heads of Collaborating Centres in Manchester 2015, and Tokyo 2016.

Australian Consortium for Classification Development 23



WHO Updates

New codes:

- G94.3 *Encephalopathy in diseases classified elsewhere*
- K55.31 *Angiodysplasia of small intestine without mention of haemorrhage*
- K55.32 *Angiodysplasia of small intestine with haemorrhage*
- M75.6 *Tear of labrum of degenerative shoulder joint*
- P76.3 *Volvulus of newborn*
- R00.3 *Pulseless electrical activity, NEC*
- M8246/0 *Neuroendocrine tumour, benign*

Amended code title:

G04.1 *Tropical spastic paraplegia* has been renamed to G04.1 *Human T-cell lymphotropic virus associated myelopathy*

Australian Consortium for Classification Development 24



WHO Updates

Pneumocystosis has been reclassified

From:

B59† *Pneumonia due to pneumocystitis (carinii) (jirovecii)*
 J17.3* *Pneumonia in parasitic diseases*

To:

B48.5† *Pneumonia due to pneumocystitis (carinii) (jirovecii)*
 J17.2* *Pneumonia in mycoses*


Australian Consortium for Classification Development
25



WHO Updates

Carbon monoxide has been added to the Alphabetic Index

Suicide, suicidal (attempted) (by) X84
 ...
 - lying before moving object NEC X81.9
 ...
 - poisoning — see [also Table of drugs and chemicals](#)
 -- carbon monoxide NEC X67.4
 --- specified source — see [Suicide/poisoning/gases and vapour](#)
 --- utility gas X67.1
 -- exhaust gas (from combustion engine) X67.0
 -- gases and vapour
 --- barbeque X67.2
 --- domestic stove X67.2
 --- fire place X67.2
 --- gas engine X67.0
 --- industrial use X67.3
 --- items used for lighting, heating, cooking NEC X67.1
 --- motor (pump) (vehicle) X67.0
 --- portable grill X67.2
 -- utility gas NEC X67.8


Australian Consortium for Classification Development
26



Minor Addenda

Examples:

- **Boss, bossing**
- **Duloxetine**
- **Ectopic tooth**

 Australian Consortium for Classification Development 27



Other ICD-10-AM Amendments

Further Information

For further detailed information regarding this revision please refer to the Reference to Changes Document provided in this Education Package.

 Australian Consortium for Classification Development 28



Copyright

© Copyright Independent Hospital Pricing Authority 2019, Eleventh Edition.

ICD-10-AM is based upon the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision* (ICD-10) 2016 Edition © World Health Organization. All rights reserved. Modified by permission for Australian Government purposes.

Whilst every reasonable care has been taken to ensure information accuracy within this publication, the ACCD and its staff make no warranty or guarantee that the information presented here is error free and will bear no responsibility for the results or consequences of the use of this material.

This work is copyright. It may be reproduced in whole or in part for study and training purposes subject to the inclusion of an acknowledgment of the source and no commercial usage or sale.

Reproduction for purposes other than those stated above requires the written permission of the IHPA (enquiries.ihpa@ihpa.gov.au).

