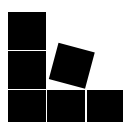
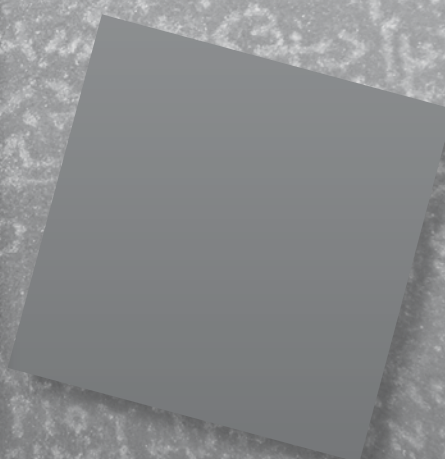
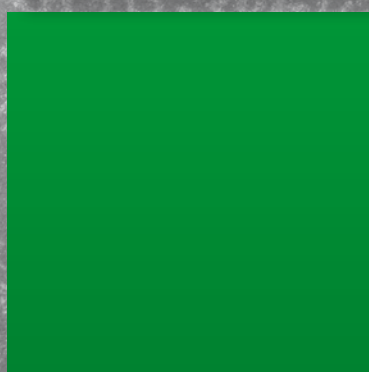
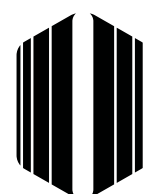


Reference to Changes for **ICD-10-AM/ACHI/ACS**

Ninth Edition
2015



Australian Consortium for Classification Development

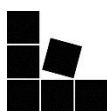


IHPA



Reference to Changes for **ICD-10-AM/ACHI/ACS** Ninth Edition

2015



Australian Consortium for Classification Development

ACCD consortium partners




THE UNIVERSITY OF
SYDNEY
NATIONAL CENTRE
FOR CLASSIFICATION
IN HEALTH



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Reference to Changes for ICD-10-AM/ACHI/ACS Ninth Edition

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OVERVIEW

The material contained in the *Reference to Changes for ICD-10-AM/ACHI/ACS Ninth Edition* documents the changes in ICD-10-AM/ACHI/ACS Ninth Edition which have been made since ICD-10-AM/ACHI/ACS Eighth Edition.

The document is structured to match the ICD-10-AM chapters, with additional chapters to support intervention specific details. Cross-references have been included to alert the user to significant material in other chapters and to proceed to the alternate section. Items which affect multiple systems have been included in a special chapter called 'General updates'.

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GLOSSARY OF ABBREVIATIONS

ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
CCAG	Clinical Classifications Advisory Group
ICD-10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
IHPA	Independent Hospital Pricing Authority
ITG	ICD Technical Group
MBS	Medicare Benefits Schedule
URC	Update and Revision Committee
WHO	World Health Organization
WHO-FIC	WHO Family of International Classifications
WHO-URC	WHO ICD-10 Update and Revision Committee

0. General updates

0.1. ACS 0003 Supplementary codes for chronic conditions (*New*) (*Major*)

This update was implemented as part of a review of ACS 0002 *Additional diagnoses* which, since its implementation in the First Edition of the Australian Coding Standards (ACS) in July 1998, has been under continued scrutiny. Over the years it has undergone numerous modifications, with later iterations largely restricting the assignment of additional diagnoses codes to only when a condition affects patient management in the particular episode of care.

The challenge has been, and remains to be, how to determine which conditions should be considered as 'affecting patient management'.

It has also been noted that the criteria in ACS 0002 appears to have led to overly rigorous application. This has resulted in the coding of what may be considered minor complaints and symptoms and at the same time, under coding of chronic conditions that don't obviously meet the criteria for assignment outlined in ACS 0002. Chronic conditions by their nature are important both for patient management and to satisfy the other use cases of the classification. Despite this they are not always coded.

The use cases of the clinical classification are many and ongoing review and development of the clinical classification, including the conventions and standards, is essential to ensure that the classification is able to meet these use cases.

The interpretation and application of ACS 0002, in conjunction with ACS 0001 *Principal diagnosis*, is fundamental in achieving consistent, complete and meaningful coded clinical data.

To address these issues an evidence-based, phased review of ACS 0002 *Additional diagnoses* is being commenced in Ninth Edition with the long term goal of ensuring that 'clinically important' conditions are included in the coded data, so that the data collection is appropriate for both current and future use cases, including the management of chronic conditions.

The review involves:

The creation of 29 codes in the range U78-U88 *Supplementary codes for chronic conditions* representing a selection of clinically important conditions which reside in Chapter 22 *Codes for special purposes*.

The list of 'clinically important' conditions has been rationalised so as to be comprehensive enough to capture meaningful data for analysis without causing undue clinical coder burden.

The initial phase of the review will require that sufficient data be collected, meaning these 'U' codes will be assigned for an initial period of two development cycles (i.e. four years).

The resulting data collection will be analysed, both to determine the frequency of additional coding and to measure the impact on resource consumption (if any).

In the secondary phase of the review, the results of the data analysis will be used to inform the review to determine what changes may be required to ACS 0002 *Additional diagnoses*.

The codes to be assigned were determined following a literature review and with input from ACCDs advisory committees; Clinical Classifications Advisory Group (CCAG) and the ICD Technical Group (ITG).

The following amendments were made for Ninth Edition:

- Creation of codes within the range U78–U88 in Chapter 22 *Codes for special purposes*
- Amendment of the code ranges for Chapter 22 and Chapter 20 *External causes of morbidity and mortality*
- Addition of a note at Chapter 20 advising that the code range U78–U88 is contained in Chapter 22
- Creation of a standard (ACS 0003 *Supplementary codes for chronic conditions*) with instructions for assigning the chronic condition ‘U’ codes
- Addition of an Australian code symbol and reference to the new standard at new ‘U’ codes
- Revision of ACS 0002 *Additional diagnoses* to support the above, with other minor amendments
- Amendment of the Alphabetic Index to support the above changes.

TABULAR LIST OF DISEASES

CHAPTER 20

EXTERNAL CAUSES OF MORBIDITY AND MORTALITY (U50–U73, U90, V00–Y98)

▼ 2001

...

Note: Code U90.0 is to be used as a supplementary code to identify healthcare associated *Staphylococcus aureus* bacteraemia. For codes V00–Y34, assign also place of occurrence (Y92.-) and activity (U50.- –U73.-).

For codes Y35–Y89, assign also place of occurrence (Y92.-).

This chapter, which in previous revisions of ICD constituted a supplementary classification, permits the classification of environmental events and circumstances as the cause of injury, poisoning and other adverse effects. Where a code from this section is applicable, it is intended that it shall be used in addition to a code from another chapter of the Classification indicating the nature of the condition. Most often, the condition will be classifiable to Chapter 19, *Injury, poisoning and certain other consequences of external causes* (S00–T98). Other conditions that may be stated to be due to external causes are classified in Chapters 1 to 18.

Categories for sequelae of external causes of morbidity and mortality are included at Y85–Y89.

The code range U78–U88 is contained in Chapter 22, Codes for special purposes.

...

CHAPTER 22

CODES FOR SPECIAL PURPOSES (U00–U49, U78–U88)

This chapter contains the following blocks:

U00–U49 Provisional assignment of new diseases of uncertain aetiology or emergency use

U78–U88 Supplementary codes for chronic conditions

...

SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS (U78 – U88)

▼ 0003

▼ 0050

Note: Codes from this section are for use in Australia for chronic conditions as supplementary codes only.

★U78 Endocrine, nutritional and metabolic diseases

★U78.1 Obesity

★U78.2 Cystic fibrosis

★U79 Mental and behavioural disorders

★U79.1 Dementia (including in Alzheimer's disease)

★U79.2 Schizophrenia

★U79.3 Depression

★U79.4 Disorder of intellectual development

▼ 0531

Developmental delay

Intellectual:

• development disorder

• disability

Mental retardation

★U80 Diseases of the nervous system

★U80.1 Parkinson's disease

★U80.2 Multiple sclerosis

★U80.3 Epilepsy

★U80.4 Cerebral palsy

★U80.5 Tetraplegia, paraplegia, diplegia, monoplegia and hemiplegia, due to any cause
Quadriplegia

★U82 Diseases of the circulatory system

★U82.1 Ischaemic heart disease

Coronary artery disease

★U82.2 Chronic heart failure

Chronic congestive heart:

• disease

• failure

★U82.3 Hypertension

✳U83 Diseases of the respiratory system

- ✳U83.1 Emphysema, without mention of chronic obstructive pulmonary disease
- ✳U83.2 Chronic obstructive pulmonary disease
- ✳U83.3 Asthma, without mention of chronic obstructive pulmonary disease
- ✳U83.4 Bronchiectasis, without mention of cystic fibrosis
- ✳U83.5 Chronic respiratory failure

✳U84 Diseases of the digestive system

- ✳U84.1 Crohn's disease
- ✳U84.2 Ulcerative colitis
- ✳U84.3 Chronic liver failure

✳U86 Disorders of the musculoskeletal system and connective tissue

- ✳U86.1 Rheumatoid arthritis
- ✳U86.2 Arthritis and osteoarthritis
- ✳U86.3 Systemic lupus erythematosus
- ✳U86.4 Osteoporosis

✳U87 Diseases of the genitourinary system

- ✳U87.1 Chronic kidney disease, stage 3-5
 - Chronic kidney:
 - failure } stage 3-5
 - injury }

✳U88 Congenital malformations, deformities and chromosomal abnormalities

- ✳U88.1 Spina bifida
- ✳U88.2 Down's syndrome
 - Trisomy 21

ALPHABETIC INDEX OF DISEASES

- long arm 18 or 21 syndrome Q93.5

Chronic — see also condition

- condition codes, supplementary — see

Supplementary/codes for chronic conditions

Churg-Strauss syndrome M30.1

Supplementary

- codes for chronic conditions

- - arthritis (osteoarthritis) U86.2

- - - rheumatoid U86.1

- - asthma, without mention of chronic obstructive pulmonary disease U83.3

- - bronchiectasis, without mention of cystic fibrosis U83.4

- - cerebral palsy U80.4

- - colitis, ulcerative U84.2

- - Crohn's disease U84.1

- - cystic fibrosis U78.2

- - dementia (including in Alzheimer's disease) U79.1

- - depression U79.3

- - development, developmental

- - - delay U79.4

- - - disorder, intellectual U79.4

- - diplegia, due to any cause U80.5

- - disability, intellectual U79.4

- - disease

- - - artery, coronary (CAD) U82.1

- - - chronic

- - - - heart, congestive U82.2

- - - - kidney (CKD), stage 3-5 U87.1

- - - - pulmonary, obstructive (COPD) U83.2

- - - Crohn's U84.1

- - - ischaemic heart (IHD) U82.1

- - - Parkinson's U80.1

- - disorder

- - - intellectual development U79.4

- - Down's syndrome U88.2

- - emphysema, without mention of chronic obstructive pulmonary disease U83.1

- - epilepsy U80.3
- - failure
- - - chronic
- - - - heart (congestive) U82.2
- - - - kidney (CKD), stage 3-5 U87.1
- - - - liver U84.3
- - - - respiratory U83.5
- - fibrosis, cystic U78.2
- - hemiplegia, due to any cause U80.5
- - hypertension U82.3
- - injury
- - - kidney, chronic, stage 3-5 U87.1
- - ischaemic heart disease (IHD) U82.1
- - monoplegia, due to any cause U80.5
- - multiple sclerosis U80.2
- - obesity U78.1
- - osteoarthritis U86.2

- - osteoporosis U86.4
- - palsy, cerebral U80.4
- - paraplegia, due to any cause U80.5
- - Parkinson's disease U80.1
- - quadriplegia, due to any cause U80.5
- - schizophrenia U79.2
- - sclerosis, multiple U80.2
- - spina bifida U88.1
- - syndrome
- - - Down's U88.2
- - systemic lupus erythematosus (SLE) U86.3
- - tetraplegia, due to any cause U80.5
- - trisomy 21 U88.2
- - ulcerative colitis U84.2
- teeth K00.1
- - causing crowding K07.3

Suppression

AUSTRALIAN CODING STANDARDS

0002 ADDITIONAL DIAGNOSES

An additional diagnosis is defined as:

“A condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code” (METeOR: ~~391322514271~~) (Australian Institute of Health and Welfare, 2012~~4~~).

Codes assigned for additional diagnoses are a substantial component of the Admitted Patient Care National Minimum Data Set (APC NMDS). “The purpose of the ~~Admitted Patient Care National Minimum Data Set~~ APC NMDS is to collect information about care provided to admitted patients in Australian hospitals” (METeOR: 535047) (Australian Institute of Health and Welfare, 2014).

The national morbidity data collection is not intended to describe the current disease status of the inpatient population, but rather, the conditions that are significant in terms of treatment required, investigations needed and resources used in each episode of care.

For coding purposes, additional diagnoses should be interpreted as conditions that affect patient management in terms of requiring any of the following:

- commencement, alteration or adjustment of therapeutic treatment
- diagnostic procedures
- increased clinical care and/or monitoring

Care should be taken when assigning codes for symptoms, signs and ill-defined conditions from Chapter 18 *Symptoms signs and abnormal clinical and laboratory findings as additional diagnoses*. Coders should ensure they meet coding guidelines, including that they are ‘important problems in medical care in their own right’ (see ACS 1802 *Signs and symptoms*).

PROBLEMS AND UNDERLYING CONDITIONS

If a problem with a known underlying cause is being treated, then both conditions should be coded (see also ACS 0001 *Principal diagnosis/Problems and underlying conditions*).

EXAMPLE 1:

Patient is admitted for a fractured hip and during the episode of care develops ascites due to known underlying liver disease. The ascites is drained.

Principal diagnosis:	Fractured hip
Additional diagnoses:	Ascites
	Liver disease
Procedure:	Drainage of ascites

ASSESSMENTS

Conditions documented during a clinical assessment (eg preoperative assessment by an anaesthetist) should only be coded when they meet the above criteria or where the condition changes the standard treatment protocol for a particular procedure/condition.

MULTIPLE CODING

There are situations which require the assignment of additional codes to reflect the various components of a disease, which may themselves not meet the above criteria of an additional diagnosis (see also ICD-10-AM Tabular List: *Conventions used in the Tabular List of Diseases/Instructional notes/terms*).

Examples of common areas where multiple coding is used in ICD-10-AM include:

- aetiology and manifestations (see also ACS 0001 *Principal diagnosis*)
- local infections to identify the organism
- functional activity of neoplasms
- neoplasm morphology (see also ACS 0233 *Morphology*)
- underlying disease
- toxic agents
- nature of injury or cause of poisoning or adverse effect
- diabetes mellitus with complications
- postprocedural complications

ADDITIONAL DIAGNOSIS REPORTING REFERRED TO IN OTHER STANDARDS

The standards listed below include guidance that, in some cases, may indicate that certain conditions that would not normally meet ACS 0002 should be assigned as additional diagnoses. Examples of these sorts of cases are 'status' codes such as HIV, smoking, carrier, conditions found at endoscopy and 'flag' codes such as duration of pregnancy, or outcome of delivery.

Note that this list may not always be exhaustive as standards are changed over time.

- ACS 0005 *Syndromes*
- ACS 0011 *Admission for surgery not performed*
- ACS 0012 *Suspected conditions*
- ACS 0046 *Diagnosis selection for same-day endoscopy*
- ACS 0102 *HIV/AIDS*
- ACS 0104 *Viral hepatitis*
- ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*
- ACS 0503 *Drug, alcohol and tobacco use disorders*
- ACS 0936 *Cardiac pacemakers and implanted defibrillators*
- ACS 1404 *Admission for kidney dialysis*
- ACS 1435 *Female genital mutilation*

- ACS 1511 *Termination of pregnancy*
- ACS 1519 *Delivery prior to admission*
- ACS 1521 *Conditions complicating pregnancy*
- ACS 1544 *Complications following abortion and ectopic and molar pregnancy*
- ACS 1548 *Postpartum condition or complication*
- ACS 1549 *Streptococcal group B infection/carrier in pregnancy*
- ACS 1607 *Newborn/neonate*

See also ACS 0003 *Supplementary codes for chronic conditions*.

ABNORMALITIES NOTED ON EXAMINATION OF THE NEWBORN

A code should be assigned for these conditions only when they meet the criteria outlined in this standard or another standard indicates they should be coded.

EXAMPLE 2:

Neonatologist notes strawberry naevus, jaundice and sacral dimple on examination of a newborn. Baby receives 24 hours of phototherapy but no intervention is required for the naevus or sacral dimple so these are not coded.

CONDITIONS NOTED IN OBSTETRIC CASES

Some conditions are noted by the clinician or midwife in antenatal, delivery or postnatal episodes of care which should not be coded unless they meet the additional diagnosis criteria above in ACS 0002, or another standard indicates they should be coded.

RISK FACTORS

Risk factors should only be coded if they meet the additional diagnosis criteria above or another standard indicates they should be coded.

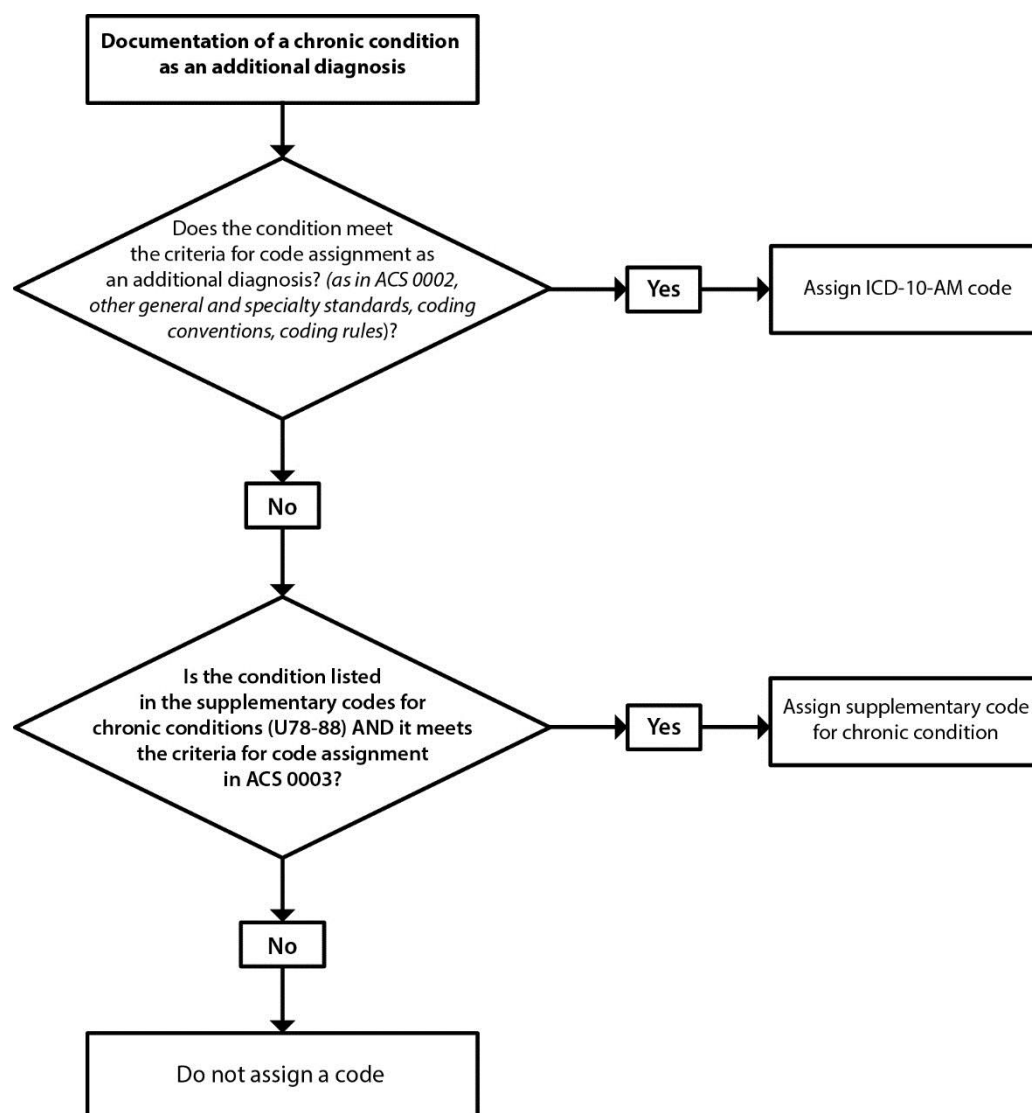
0003 SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS

Codes from the range U78.- to U88.-, located in Chapter 22 *Codes for special purposes*, are to be assigned for chronic conditions that are present on admission, however the condition does not meet the criteria for coding (as instructed in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules). These codes are for temporary use in Australia to generate data which will be utilised to review the coding of additional diagnoses. **The codes are mapped so as not be included in the grouping for Diagnosis Related Group (DRG) allocation.**

There is a discrete list of chronic conditions represented in the code range U78.- to U88.-. Therefore, not all chronic conditions will be assigned a supplementary code. The supplementary codes for chronic conditions are listed in the ICD-10-AM Alphabetic Index under the pathway *Supplementary/codes for chronic conditions*.

The assignment of codes from U78.- to U88.- does not impact on the other codes that are assigned. Rather, these codes represent conditions that would normally not be included in the coded data (see Figure 1). Codes from U78.- to U88.- should be sequenced after all other ICD-10-AM codes, giving priority to the reporting of the other codes where the number of fields is limited.

Figure 1 – Flowchart of criteria for assignment of U78 to U88 *Supplementary chronic condition codes*



CLASSIFICATION

The supplementary codes for chronic conditions are **only to be assigned** where it is evident that the condition is part of the **current health status** of the patient (see Example 1 and 2). This includes conditions that are currently medically controlled (see Example 3).

The supplementary codes **are not to be assigned**:

- in addition to another chapter code for the same condition (see Example 4)
- for a past history of a condition (see Example 5)
- for an acute condition.

Where it is unclear whether a code from U78.- to U88.- should be assigned, do not assign the code.

EXAMPLE 1:

A 14 year old patient with cerebral palsy (CP) is admitted for correction of bat ear. The CP does not meet the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules). **Assign** the supplementary chronic condition code U80.4 *Cerebral palsy*.

EXAMPLE 2:

An 80 year old patient with ischaemic heart disease (IHD), a past history of coronary artery bypass (CABG) performed five years previously, hypertension (HT), and rheumatoid arthritis (RA) of the fingers, is admitted for removal of multiple skin lesions under local anaesthetic. The IHD, HT and RA do not meet the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules). **Assign** the supplementary chronic condition codes U82.1 *Ischaemic heart disease*, U82.3 *Hypertension* and U86.1 *Rheumatoid arthritis*.

EXAMPLE 3:

A 68 year old patient with Parkinson's disease that is currently controlled by medication is admitted with chest pain for a coronary angiogram. The Parkinson's disease does not meet the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules). **Assign** the supplementary chronic condition code U80.1 *Parkinson's disease*.

EXAMPLE 4:

A 49 year old patient with multiple sclerosis (MS) is admitted for an open reduction of a fractured tibia and fibula following a fall. The patient required additional clinical care and allied health intervention due to the MS. Therefore the MS meets the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules) and G35 *Multiple sclerosis* is assigned. **Do not assign** a supplementary chronic condition code for the MS.

EXAMPLE 5:

A 45 year old patient with a past history of asthma as a child is admitted for a laparoscopic cholecystectomy for chronic cholecystitis. The asthma does not meet the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules). The asthma also does not meet the criteria for supplementary coding for chronic conditions. **Do not assign** a supplementary chronic condition code for the asthma.

Note: Supplementary codes for chronic condition are not included in any of the examples provided throughout ICD-10-AM/ACHI/ACS.

0.2. ACS 0049 Disease codes that must never be assigned (New) (Major)

ACS 0049 was created to identify and consolidate disease codes that should never be assigned for easy reference and includes the following:

- Unpaired asterisk codes (ICD-10 codes) in the Alphabetic Index; which should not be assigned without an appropriate dagger code
- Codes for arthritis unspecified as per published advice in Coding Rules
- Z58.7 *Exposure to tobacco smoke* was included in the ACS to consolidate advice given in the Fifth Edition education.
- Consolidation of advice in a number of ACS that contain advice regarding specific codes that should not be assigned.

The previously expanded codes for carrier of viral hepatitis were aggregated to four characters as part of this update as these codes have been flagged as codes that should never be assigned.

TABULAR LIST OF DISEASES

G26* **Extrapyramidal and movement disorders in diseases classified elsewhere**

▽ 0049

L14* **Bullous disorders in diseases classified elsewhere**

▽ 0049

L45* **Papulosquamous disorders in diseases classified elsewhere**

▽ 0049

M09.8* **Juvenile arthritis in other diseases classified elsewhere**

▽ 0049

[0-9]

M15 **Polyarthrosis**

Includes: arthrosis with mention of more than one site

Excludes: bilateral involvement of single joint (M16–M19)

M15.9 Polyarthrosis, unspecified

▽ 0049

Generalised osteoarthritis NOS

M16 **Coxarthrosis [arthrosis of hip]**

M16.9 Coxarthrosis, unspecified

▽ 0049

M17 **Gonarthrosis [arthrosis of knee]**

▽ 1343

M17.9 Gonarthrosis, unspecified

▽ 0049

M18 **Arthrosis of first carpometacarpal joint**

M18.9 Arthrosis of first carpometacarpal joint, unspecified

▽ 0049

M19 **Other arthrosis**

Excludes: arthrosis of spine (M47.-)
 hallux rigidus (M20.2)
 polyarthrosis (M15.-)

M19.9 **Arthrosis, unspecified**

[1-4,7-9]

▽ 0049

M99 **Biomechanical lesions, not elsewhere classified**

▽ 0049

▽ 0050

▽ 1335

~~*Note:* This category should not be used if the condition can be classified elsewhere.~~

R65 **Systemic inflammatory response syndrome [SIRS]**

▼ 0110

Note: This category is for use in multiple coding to identify SIRS resulting from any cause. A code from another chapter should be assigned first to indicate the cause or underlying disease.

R65.0 Systemic inflammatory response syndrome [SIRS] of infectious origin without acute organ failure

▽ 0049

Y90 **Evidence of alcohol involvement determined by blood alcohol level**

▼ 0503

Y90.9 Presence of alcohol in blood, level not specified

▽ 0049

Y91 **Evidence of alcohol involvement determined by level of intoxication**

▽ 0049

▼ 0503

Excludes: evidence of alcohol involvement determined by blood alcohol content (Y90.-)

Z22.5 **Carrier of viral hepatitis**

Z22.5 Carrier of viral hepatitis

▽ 0049

▼ 0104

~~★Z22.51 Carrier of viral hepatitis B~~

~~Hepatitis B surface antigen [HBsAg] carrier~~

~~★Z22.52 Carrier of viral hepatitis C~~

~~★Z22.59 Carrier of other specified viral hepatitis~~

Z50**Care involving use of rehabilitation procedures**

▼ 2104

Excludes: counselling (Z70–Z71)

Z50.2

Alcohol rehabilitation

| ▼ 0049

▼ 0525

Z50.3

Drug rehabilitation

| ▼ 0049

▼ 0525

Z58**Problems related to physical environment***Excludes:* occupational exposure (Z57.-)

Z58.7

Exposure to tobacco smoke

| ▼ 0049

Passive smoking

Excludes: mental and behavioural disorders due to the use of tobacco (F17.-)
personal history of tobacco use disorder (Z86.43)
tobacco use (Z72.0)**Z81****Family history of mental and behavioural disorders**

| ▼ 0049

▼ 0520

ALPHABETIC INDEX OF DISEASES**Arthritis, arthritic** (acute) (chronic) (subacute) M13.9-

...

- juvenile M08.9-

- - with systemic onset M08.2-

- - in (due to)

- - - Crohn's disease K50.-† M09.1-*

- - - psoriasis L40.5† M09.0-*

- - - regional enteritis K50.-† M09.1-*

~~— specified disease NEC M09.8-*~~

- - - ulcerative colitis K51.-† M09.2-*

Carrier (suspected) of

...

- gonorrhoea Z22.4

~~— HB(e)sAg Z22.51~~

- hepatitis

~~— Australia antigen (HAA) Z22.59~~- - B surface antigen (HBsAg) with acute delta-
(super)infection B17.0Z22.51~~— with acute delta (super)infection B17.0~~~~— C Z22.52~~- - viral ~~NEC Z22.59~~**Hepatitis K75.9**

...

- carrier or suspected carrier — see *Carrier*
~~(suspected) of Hepatitis/viral/by type/chronic~~**AUSTRALIAN CODING STANDARDS****TABLE OF CONTENTS**

...

GENERAL STANDARDS FOR DISEASES

0001 Principal diagnosis

0002 Additional diagnoses

0005 Syndromes

0008 Sequelae

0010 General abstraction guidelines

0011 Admission for surgery not performed
 0012 Suspected conditions
 0013 'Other' and 'unspecified' codes
 0015 Combination codes
 0025 Double coding
 0026 Admission for clinical trial, drug challenge or therapeutic drug monitoring
 0046 Diagnosis selection for same-day endoscopy
 0048 Condition onset flag
0049 Disease codes that must never be assigned

...

SPECIALTY STANDARDS

...

13. Musculoskeletal system and connective tissue

1301 Back strain
 1302 Chronic low back pain syndrome
 1307 Disc disorders with myelopathy
 1308 Disc lesion
 1309 Dislocation or complication of hip prosthesis
 1311 Exostosis
 1316 Cement spacer/beads
 1319 Meniscus/ligament tear of knee, NOS
 1329 Silastic button arthroplasty
 1330 Slipped disc
 1331 Soft tissue injuries
 1334 Spondylosis/spondylolisthesis/retrolisthesis
~~1335 Biomechanical lesions, NEC~~
 1336 Hypertonia

0049 DISEASE CODES THAT MUST NEVER BE ASSIGNED

The following ICD-10-AM codes must never be assigned for inpatient morbidity coding:

- G26* Extrapyramidal and movement disorders in diseases classified elsewhere
- L14* Bullous disorders in diseases classified elsewhere
- L45* Papulosquamous disorders in diseases classified elsewhere
- M09.8-* Juvenile arthritis in other diseases classified elsewhere
- M15.9 Polyarthrosis, unspecified
- M16.9 Coxarthrosis, unspecified
- M17.9 Gonarthrosis, unspecified
- M18.9 Arthrosis of first carpometacarpal joint, unspecified
- M19.9- Arthrosis, unspecified – classify osteoarthritis/arthrosis/osteoarthrosis NOS as primary osteoarthritis
- M99.- Biomechanical lesions, not elsewhere classified
- R65.0 Systemic inflammatory response syndrome [SIRS] of infectious origin without acute organ failure
- Y90.9 Presence of alcohol in blood, level not specified – see also ACS 0503 Drug, alcohol and tobacco use disorders

- Y91.- Evidence of alcohol involvement determined by level of intoxication – see also ACS 0503 Drug, alcohol and tobacco use disorders
- Z22.5 Carrier of viral hepatitis – see also ACS 0104 Viral hepatitis
- Z50.2 Alcohol rehabilitation
- Z50.3 Drug rehabilitation
- Z58.7 Exposure to tobacco smoke
- Z81.- Family history of mental and behavioural disorders – see also ACS 0520 Family history of mental illness

0104 VIRAL HEPATITIS

...

CLASSIFICATION

1. Past history of hepatitis

- A past history code may be assigned for hepatitis A or hepatitis E when the history meets ACS 2112 *Personal history*.
- When a past history of hepatitis B, hepatitis C or hepatitis D is documented, assign:
 - hepatitis B: B18.1 Chronic viral hepatitis B without delta-agent
 - hepatitis C: B18.2 *Chronic viral hepatitis C* (except when documented with terms such as 'cured', 'cleared' or 'with SVR' – see 4. *Cured/cleared hepatitis C* below)
 - hepatitis D: B18.0 Chronic viral hepatitis B with delta-agent

The concept of 'carrier (state) of viral hepatitis' is no longer clinically correct; therefore, Z22.5 Carrier of viral hepatitis ~~Z22.51 Carrier of viral hepatitis B, Z22.52 Carrier of viral hepatitis C and Z22.59 Carrier of other specified viral hepatitis~~ should never be assigned.

...

The following table summarises general classification guidelines for hepatitis A, B, C, D and E (see also 3. *Manifestations of hepatitis* and 4. *Cured/cleared hepatitis C* below):

CLASSIFICATION		
VIRAL HEPATITIS/TYPE	CODE/DESCRIPTION	GENERAL GUIDELINES
Hepatitis A	B15.0 <i>Hepatitis A with hepatic coma</i>	<ul style="list-style-type: none"> • A past history of hepatitis A may be assigned when the history meets ACS 2112 <i>Personal history</i>. • Where hepatitis A complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code of B15.0 or B15.9.
	B15.9 <i>Hepatitis A without hepatic coma</i>	
	O98.4 <i>Viral hepatitis complicating pregnancy, childbirth and the puerperium</i>	
	Z86.18 <i>Personal history of other infectious and parasitic disease</i>	
Hepatitis B	B16.- <i>Acute hepatitis B</i>	<ul style="list-style-type: none"> • When documentation is unclear or ambiguous terms such as 'hepatitis B', 'hepatitis B positive' or 'past history of hepatitis B' are documented, verify with the clinician if the disease is at the acute or chronic stage. Where
	B18.0 <i>Chronic viral hepatitis B with delta-agent</i>	

CLASSIFICATION		
VIRAL HEPATITIS/TYPE	CODE/DESCRIPTION	GENERAL GUIDELINES
	B18.1 <i>Chronic viral hepatitis B without delta-agent</i> O98.4 <i>Viral hepatitis complicating pregnancy, childbirth and the puerperium</i> Z22.54 <i>Carrier of viral hepatitis B</i>	<ul style="list-style-type: none"> consultation is not possible, assign the code for chronic viral hepatitis B (B18.1). Concept of 'carrier (state) of viral hepatitis' is no longer clinically correct; therefore, Z22.54 <i>Carrier of viral hepatitis B</i> should never be assigned. Where hepatitis B complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code from B16 or B18.
Hepatitis C	B17.1 <i>Acute hepatitis C</i> B18.2 <i>Chronic viral hepatitis C</i> O98.4 <i>Viral hepatitis complicating pregnancy, childbirth and the puerperium</i> Z22.52 <i>Carrier of viral hepatitis C</i>	<ul style="list-style-type: none"> When documentation is unclear or ambiguous terms such as 'hepatitis C' or 'hepatitis C positive' are documented, verify with the clinician if the disease is at the acute or chronic stage. Where consultation is not possible, assign the code for chronic viral hepatitis C (B18.2). When 'past history of hepatitis C' is documented, assign the code for chronic viral hepatitis C (B18.2) except when documented with terms such as 'cured', 'cleared' or 'with SVR' – see 4. <i>Cured/cleared hepatitis C</i> below. Concept of 'carrier (state) of viral hepatitis' is no longer clinically correct; therefore, Z22.52 <i>Carrier of viral hepatitis C</i> should never be assigned. Where hepatitis C complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code of B17.1 or B18.2.
Hepatitis D (with acute HBV) Hepatitis D (with chronic HBV) Hepatitis D	B16.0 <i>Acute hepatitis B with delta-agent (coinfection) with hepatic coma</i> B16.1 <i>Acute hepatitis B with delta-agent (coinfection) without hepatic coma</i> B18.0 <i>Chronic viral hepatitis B with delta-agent</i> B17.0 <i>Acute delta-(super)infection of hepatitis B carrier</i> O98.4 <i>Viral hepatitis complicating pregnancy, childbirth and the puerperium</i> Z22.59 <i>Carrier of other specified viral hepatitis</i>	<ul style="list-style-type: none"> When documentation is unclear or ambiguous terms such as 'hepatitis D', 'hepatitis D positive' or 'past history of hepatitis D' are documented, verify with the clinician if the disease is at the acute or chronic stage. Where consultation is not possible, assign the code for chronic viral hepatitis B with delta-agent (B18.0). Where hepatitis D complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code from B16, B17 or B18. Concept of 'carrier (state) of viral hepatitis' is no longer clinically correct; therefore, Z22.59 <i>Carrier of other specified viral hepatitis</i> should never be assigned.
Hepatitis E	B17.2 <i>Acute hepatitis E</i> B18.8 <i>Other chronic viral hepatitis</i> O98.4 <i>Viral hepatitis complicating pregnancy, childbirth and the puerperium</i>	<ul style="list-style-type: none"> A past history of hepatitis E may be assigned when the history meets ACS 2112 <i>Personal history</i>. Where hepatitis E complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code of B17.2 or B18.8.

CLASSIFICATION		
VIRAL HEPATITIS/TYPE	CODE/DESCRIPTION	GENERAL GUIDELINES
	Z86.18 <i>Personal history of other infectious and parasitic disease</i>	

~~1335 BIOMECHANICAL LESIONS, NEC~~

~~The M99 *Biomechanical lesions, not elsewhere classified* block should be avoided for hospital-based coding as it does not reflect the conventional Western approach to medical science which is based on body systems and organs (not body segments).~~

~~This block does not provide an acceptable level of detail for classifying the patient's specific conditions.~~

STANDARDS INDEX

Bilateral/multiple procedures 0020

~~Biomechanical lesions, NEC 1335~~

Biopsy

Codes

- aetiology and manifestation 0001
- combination 0015
- dagger and asterisk 0001
- disease, that must never be assigned 0049
- external cause 2001

Disease

...

- atherosclerotic heart 0940; 0941
- codes that must never be assigned 0049

Lesion

- Bankart 1353
- ~~biomechanical 1335~~
- disc, intervertebral 1308
- germ cell, of testis 0028
- intracranial, brain 0629
- ~~nonallopathic 1335~~
- number 0038

0.3. ACS 0050 Unacceptable principal diagnosis codes (New) (Major)

This standard was created to highlight ICD-10-AM codes that should never be assigned as a principal diagnosis. In conjunction with the ACS, the list of codes was added to the ICD-10-AM Tabular List as Appendix C.

Amendments were made to the ICD-10-AM Tabular List and ACS for Ninth Edition as follows:

- Creation of ACS 0050 *Unacceptable principal diagnosis codes*
- Addition of a cross reference to the new standard in ACS 0001 *Principal diagnosis*

- Addition of a list of codes in the ICD-10-AM Tabular List as Appendix C *Unacceptable principal diagnosis codes* (with the Classification of hospital acquired diagnoses (CHADx) amended to Appendix D)
- Addition of the ACS symbol to the relevant codes in the Tabular List.

TABULAR LIST OF DISEASES

INTRODUCTION

...

DEVELOPMENT OF ICD-10-AM, ACHI AND ACS

...

Content summary

ICD-10-AM Tabular List of Diseases. The Tabular List of Diseases contains the disease classification itself at the three, four and five character levels. A listing of the three character categories is included, as are ~~two~~four appendices:

Appendix A Morphology of neoplasms

Appendix B Special tabulation lists for mortality and morbidity

Appendix C Unacceptable principal diagnosis codes

Appendix D Classification of hospital acquired diagnoses (CHADx)

ICD-10-AM Alphabetic Index of Diseases. The Alphabetic Index of Diseases is used to locate diagnostic terms to be coded. The Alphabetic Index contains many diagnostic terms which do not appear in the Tabular List.

▽ 0050 The ACS symbol has been added to the listed codes/code ranges.

AUSTRALIAN CODING STANDARDS

0001 PRINCIPAL DIAGNOSIS

The principal diagnosis is defined as:

“The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment, as represented by a code” (METeOR: 391326) (Australian Institute of Health and Welfare 2012).

...

Following are some general rules about principal diagnosis selection, some of which may be addressed in other chapters of this document (see also ACS 0050 *Unacceptable principal diagnosis codes*).

0050 UNACCEPTABLE PRINCIPAL DIAGNOSIS CODES

There are some ICD-10-AM codes that must never be assigned as a principal diagnosis (see ICD-10-AM Tabular List, Appendix C for list of codes). This includes, but is not limited to, all external cause, place of occurrence, activity and morphology codes.

A number of codes from Chapter 21 *Factors influencing health status and contact with health services* (Z00-Z99) have been flagged as unacceptable principal diagnoses, however it should be noted that there are many other codes from this chapter that will rarely be appropriate to assign as a principal diagnosis in an admitted episode of care.

Note: Guidelines for assignment of some codes in the *Unacceptable principal diagnosis codes* list are also detailed in other standards.

See also ACS 0049 *Disease codes that must never be assigned*.

0.4. Removal of instructional notes for assigning chronic kidney disease and hypertension

Instructional notes:

- *Use additional code to identify presence of CKD*
- *Code also associated CKD*

were deleted as they contradicted the guidelines in ACS 1438 *Chronic kidney disease* which advises that CKD should be assigned when it meets the criteria for assignment as an additional diagnosis.

- *Use additional code to identify presence of hypertension*

were deleted as they forced the routine assignment of I10 *Hypertension*, without meeting the criteria for assignment as an additional diagnosis.

Additionally an anomaly in ACS 1438/ Classification/point 1 was amended:

- the code range for CKD with kidney replacement therapy was amended to N18.3 – N18.5
- the exception was amended to include conditions where CKD is inherent (e.g. I12.0 *Hypertensive kidney disease with kidney failure*)

TABULAR LIST OF DISEASES

✱E09.2 Intermediate hyperglycaemia with kidney complication

▼ 1438 *Use additional code to identify the presence of chronic kidney disease (N18.-)*

✱E09.21 Intermediate hyperglycaemia with incipient nephropathy

Intermediate hyperglycaemia with:

- chronic kidney disease:
 - stage 1
 - stage 2
- glomerular:
 - basement-membrane thickening
 - mesangial expansion
- incipient nephropathy (early) (mild) (reversible)
- microalbuminuria:
 - constant
 - persistent
- proteinuria:
 - fixed
 - persistent
- tubulo-interstitial changes

E10.2**Type 1 diabetes mellitus with kidney complication**

▼ 1438

⊛E10.21 Type 1 diabetes mellitus with incipient diabetic nephropathy

Type 1 diabetes mellitus with:

- chronic kidney disease:
 - stage 1
 - stage 2
- glomerular:
 - basement-membrane thickening
 - mesangial expansion
- incipient nephropathy (early)(mild)(reversible)
- microalbuminuria:
 - constant
 - persistent
- tubulo-interstitial changes

Use additional code to identify the presence of chronic kidney disease (N18.-)

⊛E10.22 Type 1 diabetes mellitus with established diabetic nephropathy

Type 1 diabetes mellitus with:

- advanced kidney disease
- chronic kidney:
 - disease ≥ stage 3
 - failure
 - impairment
- end-stage kidney disease
- glomerulosclerosis:
 - diffuse
 - intracapillary
 - nodular
- Kimmelstiel-Wilson (disease)(lesion)
- macroalbuminuria
- nephropathy (advanced)(NOS)(progressive)
- nephrosis
- nephrotic syndrome
- proteinuria:
 - fixed
 - persistent

*Use additional code to identify the presence of chronic kidney disease (N18.-)***E11.2****Type 2 diabetes mellitus with kidney complication**

▼ 1438

⊛E11.21 Type 2 diabetes mellitus with incipient diabetic nephropathy

Type 2 diabetes mellitus with:

- chronic kidney disease:
 - stage 1
 - stage 2
- glomerular:
 - basement-membrane thickening
 - mesangial expansion
- incipient nephropathy (early)(mild)(reversible)
- microalbuminuria:
 - persistent
 - constant
- tubulo-interstitial changes

Use additional code to identify the presence of chronic kidney disease (N18.-)

⊛E11.22 Type 2 diabetes mellitus with established diabetic nephropathy

Type 2 diabetes mellitus with:

- advanced kidney disease
- chronic kidney:
 - disease ≥ stage 3

- failure
- impairment
- end-stage kidney disease
- glomerulosclerosis:
 - diffuse
 - intracapillary
 - nodular
- Kimmelstiel-Wilson (disease)(lesion)
- macroalbuminuria
- nephropathy (advanced)(NOS)(progressive)
- nephrosis
- nephrotic syndrome
- proteinuria:
 - fixed
 - persistent

Use additional code to identify the presence of chronic kidney disease (N18.)

E13.2

Other specified diabetes mellitus with kidney complication

▼ 1438

☛E13.21 Other specified diabetes mellitus with incipient diabetic nephropathy

Diabetes mellitus NEC with:

- chronic kidney disease:
 - stage 1
 - stage 2
- glomerular:
 - basement-membrane thickening
 - mesangial expansion
- incipient nephropathy (early)(mild)(reversible)
- microalbuminuria:
 - constant
 - persistent
- tubulo-interstitial changes

Use additional code to identify the presence of chronic kidney disease (N18.)

☛E13.22 Other specified diabetes mellitus with established diabetic nephropathy

Diabetes mellitus NEC with:

- advanced kidney disease
- chronic kidney:
 - disease ≥ stage 3
 - failure
 - impairment
- end-stage kidney disease
- glomerulosclerosis:
 - diffuse
 - intracapillary
 - nodular
- Kimmelstiel-Wilson (disease)(lesion)
- macroalbuminuria
- nephropathy (advanced)(NOS)(progressive)
- nephrosis
- nephrotic syndrome
- proteinuria:
 - fixed
 - persistent

Use additional code to identify the presence of chronic kidney disease (N18.)

E14.2

Unspecified diabetes mellitus with kidney complication

▼ 1438

☛E14.21 Unspecified diabetes mellitus with incipient diabetic nephropathy

Diabetes mellitus NOS with:

- chronic kidney disease:
 - stage 1

- stage 2
- glomerular:
 - basement-membrane thickening
 - mesangial expansion
- incipient nephropathy (early)(mild)(reversible)
- microalbuminuria:
 - constant
 - persistent
- tubulo-interstitial changes

Use additional code to identify the presence of chronic kidney disease (N18.)

★E14.22 Unspecified diabetes mellitus with established diabetic nephropathy

Diabetes mellitus NOS with:

- advanced kidney disease
- chronic kidney:
 - disease ≥ stage 3
 - failure
 - impairment
- end-stage kidney disease
- glomerulosclerosis:
 - diffuse
 - intracapillary
 - nodular
- Kimmelstiel-Wilson (disease)(lesion)
- macroalbuminuria
- nephropathy (advanced)(NOS)(progressive)
- nephrosis
- nephrotic syndrome
- proteinuria:
 - fixed
 - persistent

Use additional code to identify the presence of chronic kidney disease (N18.)

I15

Secondary hypertension

▼ 0925, 1438

Excludes: involving vessels of:

- brain (I60–I69)
- eye (H35.0)

I15.0 Renovascular hypertension

Use additional code to identify presence of chronic kidney disease (CKD) (N18.)

I15.1 Hypertension secondary to other kidney disorders

Use additional code to identify presence of chronic kidney disease (CKD) (N18.)

I15.2 Hypertension secondary to endocrine disorders

ISCHAEMIC HEART DISEASES (I20–I25)

Includes: with mention of hypertension (I10–I15)

Note: For morbidity, duration as used in categories I21, I22, I24 and I25 refers to the interval elapsing between onset of the ischaemic episode and admission to care. For mortality, duration refers to the interval elapsing between onset and death.

Use additional code to identify presence of hypertension.

CEREBROVASCULAR DISEASES (I60–I69)

Includes: with mention of hypertension (conditions in I10 and I15.-)

~~Use additional code to identify presence of hypertension.~~

Excludes: transient cerebral ischaemic attacks and related syndromes (G45.-)
traumatic intracranial haemorrhage (S06.-)
vascular dementia (F01.-)

GLOMERULAR DISEASES (N00–N08)

▼ 1438

Use additional code to identify external cause (Chapter 20).

~~Use additional code to identify presence of kidney failure, acute (N17) or unspecified (N19).~~

~~Code also associated chronic kidney disease N18.~~

Excludes: hypertensive kidney disease (I12.-)

RENAL TUBULO-INTERSTITIAL DISEASES (N10–N16)

▼ 1438

Includes: pyelonephritis

~~Code also associated chronic kidney disease N18.~~

Excludes: pyeloureteritis cystica (N28.8)

N18

Chronic kidney disease

▼ 0925, 1438

~~Use additional code to identify presence of hypertension.~~

Use additional code to identify underlying disease.

AUSTRALIAN CODING STANDARDS

0048 CONDITION ONSET FLAG

EXAMPLE 7:

A patient is admitted with chest pain. He has a history of hypertension. A diagnosis of unstable angina is made. During admission, test results revealed previously undiagnosed thalassaemia minor. Patient referred to haematology clinic for further review.

2 – Unstable angina

~~2 – Hypertension~~

2 – Thalassaemia minor

0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA

7. ERADICATED CONDITIONS AND DM

CLASSIFICATION

1. Eradicated cataract and DM

When a cataract has been eradicated as a result of surgery, assign either:

- code/s for the current complications of diabetes

OR

- E1-.9 *Diabetes mellitus without complication

as appropriate

WITH

a code to indicate the status of the previous surgery.

2. Eradicated ulcer and DM

While vascular reconstruction procedures or lower limb amputations may eradicate an ulcer on the lower extremity, they do not eradicate the peripheral arterial disease. The DM with peripheral arterial disease should be coded with an additional code to indicate the status of the previous surgery.

3. Chronic kidney disease and DM

Kidney transplantation to treat nephropathy will not eradicate the chronic kidney disease. ~~The DM with chronic kidney disease should be coded~~ For patients with DM who have received a kidney transplant, assign E1-.22 *Diabetes mellitus with established diabetic nephropathy* to reflect the severity of DM. Additional codes for CKD and/or transplant status should only be coded when the transplant status meets the criteria in ACS 0002 *Additional diagnoses* (see also ACS 1438 *Chronic kidney disease*). ~~with an additional code to indicate the status of the previous surgery.~~

EXAMPLE 11:

Patient admitted for treatment of unstable Type 2 diabetes mellitus. Patient has a history of nephropathy treated by kidney transplantation.

Principal diagnosis:	E11.65	<i>Type 2 diabetes mellitus with poor control</i>
Additional diagnoses:	E11.22	<i>Type 2 diabetes mellitus with established diabetic nephropathy</i>
	N18.3	<i>Chronic kidney disease, stage 3</i>
	Z94.0	<i>Kidney transplant status</i>

In this example the unstable DM is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. A **specific DM complication code** is also assigned for the DM with chronic kidney disease (E11.22) (rather than E11.29 *Type 2 diabetes mellitus with other specified kidney complication*) because chronic kidney disease is never eradicated. N18.3 is also assigned in accordance with ACS 1438 *Chronic kidney disease/Kidney replacement therapy*. A code for the previous surgery is also assigned (Z94.0). Codes for CKD and transplant status are not assigned as neither met the criteria in ACS 0002 *Additional diagnoses*.

0925 HYPERTENSION AND RELATED CONDITIONS

HYPERTENSION WITH HEART AND KIDNEY DISEASE

When coding combinations of hypertension, heart and kidney disorders, it is important to distinguish if, and how, they are related.

- Hypertension may cause heart and/or kidney disease.
- Hypertension may be caused by other conditions, including some kidney disorders.
- Hypertension and heart and kidney disease may be unrelated although they are present at the same time.

HYPERTENSION AS THE CAUSE OF HEART AND/OR KIDNEY DISEASE

Where a causal relationship between hypertension and heart and/or kidney disease is stated, for example, heart and/or kidney disease 'due to hypertension' or 'hypertensive' heart and/or kidney disease, assign a code from:

- I11 *Hypertensive heart disease* for certain heart conditions (listed in I50.- or I51.4–I51.9) due to hypertension
- I12 *Hypertensive kidney disease* for certain kidney conditions (listed in N00–N07, N18.-, N19 or N26) due to hypertension
- I13 *Hypertensive heart and kidney disease*, when both hypertensive heart disease (I11) and hypertensive kidney disease (I12) are present.

HYPERTENSION CAUSED BY OTHER CONDITIONS (SECONDARY HYPERTENSION)

Secondary hypertension is caused by another condition such as renal artery stenosis or pheochromocytoma. When hypertension is stated to be 'due to' or 'secondary to' other conditions, assign an appropriate code from category I15 *Secondary hypertension*.

HYPERTENSION AND HEART AND/OR KIDNEY DISEASE PRESENT BUT NO DOCUMENTED RELATIONSHIP BETWEEN THE CONDITIONS

Where no causal relationship is stated, assign I10 *Essential (primary) hypertension* when it meets the criteria in ACS 0002 *Additional diagnoses*.

Classification

~~Where hypertension is documented in the presence of heart and/or kidney disease and:~~

- ~~1. a causal relationship is stated such as 'due to hypertension' or 'hypertensive', assign a code from category:~~
 - ~~• I11 *Hypertensive heart disease* for certain heart conditions (listed in I50.- or I51.4–I51.9) due to hypertension~~
 - ~~• I12 *Hypertensive kidney disease* for certain kidney conditions (listed in N00–N07, N18.-, N19 or N26) due to hypertension~~
 - ~~• I13 *Hypertensive heart and kidney disease*, when both hypertensive heart disease (I11) and hypertensive kidney disease (I12) are present.~~
- ~~2. no causal relationship is stated, assign I10 *Essential (primary) hypertension* separately from the heart or kidney condition(s).~~

SECONDARY HYPERTENSION

Secondary hypertension is generally caused by another condition such as renal artery stenosis or pheochromocytoma. When hypertension is stated to be 'due to' or 'secondary to' other conditions, assign an appropriate code from category I15 *Secondary hypertension*.

Note: ACHI codes are not included in these examples.

EXAMPLE 1:

An 82 year old man was admitted for excision of a persistent papillary TCC of left ureter. His comorbidities included Parkinson's disease, chronic renal impairment and hypertension. Routine eGFR = 59 mL/min.

He underwent open resection of the left kidney and remaining left ureter. Postoperatively his blood pressure proved difficult to control and his eGFR fell to 51 mL/min. Histopathology on the removed kidney confirmed hypertensive nephropathy and his nephrologist was consulted, advising a change to his hypertensive medications.

Histopathology reports: **Left ureter** – Chronic inflammation. Reactive urothelial hyperplasia, focal low grade papillary urothelial carcinoma. **Left kidney** – Frequent sclerosed glomeruli with tubular atrophy and interstitial fibrosis in keeping with hypertensive nephropathy.

Codes:	C66	Malignant neoplasm of ureter
	M8130/3	Papillary transitional cell carcinoma
	I12.9	Hypertensive kidney disease without kidney failure
	N18.3	Chronic kidney disease, stage 3

(See also ACS 1438 *Chronic kidney disease*.)

EXAMPLE 2:

A 39 year old man, who had episodes of feeling dizzy, 'funny turns' and very high blood pressure, was referred by GP for further investigation. During the hospital admission, a pheochromocytoma was found in the medulla of right adrenal gland and it was confirmed that the tumour caused attacks of episodic hypertension. Laparoscopic adrenalectomy was carried out during the admission and multiple antihypertensive medications were administered preoperatively in preparation for surgical resection.

Codes:	D35.0	Benign neoplasm of adrenal gland
	M8700/0	Pheochromocytoma NOS
	I15.2	Hypertension secondary to endocrine disorders

EXAMPLE 3:

Patient admitted with a bladder tumour obstructing his sole kidney. Patient has pre-existing chronic kidney disease with a eGFR = 25 mL/min and hypertension. A preoperative assessment by his nephrologist requested postoperative monitoring of his kidney function.

He underwent open partial cystectomy and re-implantation of ureter. Histopathology reports papillary urothelial carcinoma – high grade.

Codes:	C67.9	Malignant neoplasm of bladder, unspecified
	M8130/3	Papillary transitional cell carcinoma
	N18.4	Chronic kidney disease, stage 4
	I10	Essential (primary) hypertension

EXAMPLE 4:

A patient with a known history of chronic congestive heart failure and hypertension was admitted to hospital due to deterioration of cardiac function. During admission all medications including those for hypertension were reviewed and adjusted.

Codes:	I50.0	Congestive heart failure
	I10	Essential (primary) hypertension

1438 CHRONIC KIDNEY DISEASE

DEFINITION

CLASSIFICATION

Chronic kidney disease (N18.-) must be assigned in all episodes of care when a diagnosis of chronic kidney disease (or chronic renal failure) is documented and meets the criteria for an additional diagnosis (see ACS 0002 *Additional diagnoses*).

Where CKD is documented, assign the stage based on:

1. documentation of a stage by clinician,

OR

2. documentation of GFR (or eGFR) by clinician,

OR

3. GFR (eGFR) from pathology result.

In cases where there is a range of values reported across the admission, assign the stage for the lowest GFR (eGFR) that is, the highest stage of disease, except where superimposed acute deterioration in kidney function has necessitated the admission, or occurs during the admission. In these instances assign a code for the chronic component of the disease according to the GFR (eGFR) result closest to the discharge date, reflecting the underlying level of kidney function.

In cases where a patient is admitted with acute on chronic kidney disease and is then transferred to another hospital still in the acute phase, assign N18.9 *Chronic kidney disease, unspecified* for the chronic component of the disease as the eGFR will not be a true indicator of the underlying level of kidney function. However, if 'end-stage' is documented or the patient is on ongoing haemodialysis or peritoneal dialysis, assign N18.5 *Chronic kidney disease, stage 5* except where CKD is inherent (eg I12.0 *Hypertensive kidney disease with kidney failure*).

Assign N18.9 *Chronic kidney disease, unspecified*, when documentation is not available to establish a stage.

Assign a code for the underlying cause of the chronic kidney disease (eg IgA nephropathy) when documented.

EXAMPLE 1:

A 63 year old woman with known polycystic kidney disease was referred for investigation of persistent haematuria, tiredness and loss of appetite. Blood chemistry with an eGFR result of 42 mL/min and electrolyte imbalance confirmed suspected deteriorating kidney function. Her medications were reviewed and adjusted, and she was discharged with a final diagnosis of chronic kidney disease due to polycystic kidney disease.

Codes: N18.3 Chronic kidney disease, stage 3
 Q61.3 Polycystic kidney, NOS

EXAMPLE 2:

A 65 year old female was admitted for an elective repair of rotator cuff tear. Admission comorbidities included Type 2 diabetes, on oral hypoglycaemics, with chronic kidney disease. Arthroscopic repair of rotator cuff performed under GA, ASA 2. Postoperatively her blood sugar levels fluctuated initially but stabilised after commencing insulin therapy for temporary management.

Codes: M75.1 Rotator cuff syndrome
 E11.22 Type 2 diabetes mellitus with established diabetic nephropathy
 N18.9 Chronic kidney disease, unspecified

 48960 00 [1405] Arthroscopic reconstruction of shoulder
 92514 29 [1910] General anaesthesia, ASA 2, nonemergency

(See also ACS 0401 Diabetes mellitus and intermediate hyperglycaemia)

KIDNEY REPLACEMENT THERAPY

Patients who have had their end-stage kidney disease treated with kidney replacement therapy, either in the form of dialysis or transplant, are still considered to have CKD. Patients receiving kidney replacement therapy in the form of ongoing maintenance dialysis are considered to be at stage 5, while transplanted patients are considered to be stage 3, unless otherwise documented.

CLASSIFICATION

1. Cases of chronic kidney disease with ongoing kidney replacement therapy, whether by dialysis or by transplant, which comply with ACS 0002 *Additional diagnoses*, require a code from ~~N18. Chronic kidney disease~~ N18.3 – N18.5 (CKD stage 3-5) to describe the current stage of disease, except in routine dialysis only admissions or where CKD is inherent (eg I12.0 *Hypertensive kidney disease with kidney failure*).
2. For routine dialysis only admissions it can be assumed from the assignment of Z49.1 *Extracorporeal dialysis* or Z49.2 *Other dialysis* that the patient has CKD – stage 5 (see also ACS 1404 *Admission for kidney dialysis*).
3. For patients who have received a kidney transplant and documentation pertaining to this status satisfies criteria for coding under ACS 0002 *Additional diagnoses*, assign Z94.0 *Kidney transplant status* together with N18.3 *Chronic kidney disease, stage 3* or higher, as indicated by an eGFR level.

4. For patients dependent on haemodialysis or peritoneal dialysis for end-stage kidney disease, but not receiving dialysis treatment during the current admission, and where documentation pertaining to this status satisfies criteria for coding under ACS 0002 *Additional diagnoses*, assign Z99.2 *Dependence on kidney dialysis*.

EXAMPLE 23:

A 76 year old man was admitted through emergency with a fractured neck of femur, following a fall down steps in his garden. Comorbidities included ~~kidney failure due to IgA nephropathy with kidney failure~~, on home dialysis. X-ray confirmed subcapital fracture of the L femur. The fracture was treated by hemiarthroplasty to the left hip, under GA, ASA 2.

He underwent haemodialysis three times during his stay, and was transferred to a private facility for rehabilitation 5 days after operation.

Codes:	S72.03	Fracture of subcapital section of femur
	W10.9	Fall on and from other and unspecified stairs and steps
	Y92.01	Outdoor areas
	U73.9	Unspecified activity
	N18.5	Chronic kidney disease, stage 5
	N02.8	Recurrent and persistent haematuria, other
	47522-00 [1489]	Hemiarthroplasty of femur
	92514-29 [1910]	General anaesthesia, ASA 2, nonemergency
	13100-00 [1060]	Haemodialysis

EXAMPLE 34:

A 68 year old woman was admitted with left sided chest pain developing while at the dentist. Her background history included end-stage kidney disease due to chronic membranous glomerulonephritis, (on haemodialysis) and hypertension. ECG did not indicate any ST wave elevation. Diagnosis of unstable angina was made. Because of her end-stage chronic kidney disease kidney function was monitored daily, and she was transferred within 3 days for dialysis to correct increasing fluid overload.

Codes:	I20.0	Unstable angina
	I10	Essential (primary) hypertension
	N18.5	Chronic kidney disease, stage 5
	N03.2	Chronic nephritic syndrome, diffuse membranous glomerulonephritis
	Z99.2	Dependence on kidney dialysis

EXAMPLE 45:

A 76 year old man admitted with a small bowel obstruction due to adhesions. Relevant medical history included kidney transplantation for CKD 12 years previously. Preoperatively his eGFR was 32 mL/min. Because of the age of his kidney graft clinical pre-op assessment ordered fluid balance charting postoperatively with BP checks bd to monitor kidney function. Excision of the obstructed portion of the small intestine with anastomosis was performed under general anaesthesia, ASA 2.

Codes:	K56.5	Intestinal adhesions [bands] with obstruction
	N18.3	Chronic kidney disease, stage 3
	Z94.0	Kidney transplant status
	30566-00 [895]	Resection of small intestine with anastomosis
	92514-29 [1910]	General anaesthesia, ASA 2, nonemergency

DIABETIC NEPHROPATHY

Diabetic nephropathy is also known as diabetic glomerulosclerosis. It is a common underlying condition for CKD. In this condition, the glomeruli of the kidney thicken and slowly become scarred over time. The kidneys begin to leak and protein (albumin) passes into the urine (U.S. National Library of Medicine 2012). This is termed microalbuminuria and is one of the earliest markers of CKD (see also ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*).

CLASSIFICATION

Assign a code from N18.- *Chronic kidney disease* in conjunction with the diabetic nephropathy code, to indicate the severity of the kidney disease, if CKD meets the criteria in ACS 0002 *Additional diagnoses*.

EXAMPLE 56:

A 74 year old man with chronic kidney disease and diabetic nephropathy (Type 2 diabetes) was admitted for review of his kidney function. Biochemistry results included a decreased eGFR = 41 mL/min, down from 47 mL/min one month previously.

Codes:	N18.3	Chronic kidney disease, stage 3
	E11.22	Type 2 diabetes mellitus with established diabetic nephropathy

0.5. ACS 0031 Anaesthesia (Major)

Following publication of advice in Coding Matters, Volume 15, Number 3, December 2008 and a review of the hierarchy guidelines for block [1909] *Conduction anaesthesia*, the following amendments were made to ACS 0031 *Anaesthesia*:

- Addition of examples of laryngeal masks to Definition - 2. Sedation
- Amendment to the American Society of Anesthesiologists (ASA) Physical Status Classification
- Amendment of classification points 1 and 5 to allow assignment of more than one code from block [1909] *Conduction anaesthesia*.

The ACHI Tabular List was amended as follows to support the changes for ACS 0031 *Anaesthesia*.

TABULAR LIST OF INTERVENTIONS

PROCEDURES ASSOCIATED WITH LABOUR

ANALGESIA AND ANAESTHESIA

1333 Analgesia and anaesthesia during labour and delivery procedure

▼ 0031

Note: The codes in this block require a two character extension to indicate ASA score. See below for codes and definitions. This two character extension is to be assigned only from documentation on the anaesthetic form.

American Society of Anesthesiologists (ASA) Physical Status Classification

The following table to indicate the ASA score is provided for use with the appropriate codes in blocks [1333] *Analgesia and anaesthesia during labour and delivery procedure*, [1909] *Conduction anaesthesia* and [1910] *Cerebral anaesthesia*. The first character of the two character extension of the procedure code is the ASA score as represented in the first column.

The second character of the extension represents whether a modifier of 'E' is recorded on the anaesthetic form in addition to the ASA score. 'E' signifies a procedure that is being performed as an emergency and may be associated with a suboptimal opportunity for risk modification. The modifier 'E' is to be represented by the digit '0'.

This information must be documented on the anaesthetic form at the time the procedure took place before assigning these codes. Where there is no documentation of ASA score or the emergency modifier is not indicated, filler digits of '9' should be assigned.

...

ANAESTHESIA AND ANALGESIA

ANAESTHESIA

Note: The codes in blocks [1909] and [1910] require a two character extension to indicate ASA score. See below for codes and definitions. This two character extension is to be assigned only from documentation on the anaesthetic form.

American Society of Anesthesiologists (ASA) Physical Status Classification

The following table to indicate the ASA score is provided for use with the appropriate codes in blocks [1333] *Analgesia and anaesthesia during labour and caesarean section*, [1909] *Conduction anaesthesia* and [1910] *Cerebral anaesthesia*. The first character of the two character extension of the procedure code is the ASA score as represented in the first column.

The second character of the extension represents whether a modifier of 'E' is recorded on the anaesthetic form in addition to the ASA score. 'E' signifies a procedure that is being performed as an emergency and may be associated with a suboptimal opportunity for risk modification. The modifier 'E' is to be represented by the digit '0'.

This information must be documented on the anaesthetic form at the time the procedure took place before assigning these codes. Where there is no documentation of ASA score or the emergency modifier is not indicated, filler digits of '9' should be assigned.

...

AUSTRALIAN CODING STANDARDS

0031 ANAESTHESIA

This standard refers only to anaesthesia (partial or complete loss of sensation), anaesthetics (drugs used to induce anaesthesia), and certain types of postprocedural analgesia. For guidelines relating to pain management not associated with surgical procedures, see ACS 1807 *Pain diagnoses and pain management procedures*.

DEFINITION

Cerebral anaesthesia

The term 'cerebral anaesthesia' in ACHI encompasses the anaesthetic procedures of general anaesthesia and sedation.

1. General anaesthesia

92514-XX [1910] *General anaesthesia* is to be assigned for all types of general anaesthesia. This includes intravenous anaesthesia, inhalational anaesthesia or a combination of both.

2. Sedation

The distinction between sedation and general anaesthesia is often unclear from clinical documentation. For the purposes of classification in ACHI, 92515-XX [1910] *Sedation* may be assigned where the anaesthetic is administered as per general anaesthesia (ie intravenous or inhalational or both) and there is no documentation of the use of an artificial airway, such as an endotracheal tube, laryngeal mask (eg LM3, LMA4), pharyngeal mask (eg PM3) or Guedel airway.

Oral sedation is not coded.

..

American Society of Anesthesiologists (ASA) Physical Status Classification

The codes in blocks [1333] *Analgesia and anaesthesia during labour and delivery procedure*, [1909] *Conduction anaesthesia* and [1910] *Cerebral anaesthesia* require a two character extension which represents the patient's ASA score. A table of these scores is listed at the beginning of each of these blocks in the Tabular List of Interventions. The first character of the two character extension of the procedure code is the ASA score as represented in the first column of the table.

The second character of the extension represents whether a modifier of 'E' is recorded on the anaesthetic form in addition to the ASA score. 'E' signifies a procedure that is being performed as an emergency and may be associated with a suboptimal opportunity for risk modification. The modifier 'E' is to be represented by the digit '0'.

This information must be documented on the anaesthetic form at the time the procedure took place before assigning these codes. Where there is no documentation of ASA score or the emergency modifier is not indicated, filler digits of '9' should be assigned.

An ASA score where a single ASA value is not clearly documented (eg 2/3 or 2-3) is an incorrect use of the ASA status. Such a score should be clarified with the anaesthetist, however, if this is not possible, assign the code representing the higher score.

EXAMPLES

1. Patient has general anaesthetic for cardiac surgery and ASA is documented as 2.
Code: 92514-29 [1910] General anaesthesia, ASA 2, nonemergency
2. Patient has sedation for cataract surgery in theatre and ASA is not documented.
Code: 92515-99 [1910] Sedation, ASA 9, nonemergency
3. Patient has general anaesthesia and regional block lower limb for multiple leg trauma, ASA is documented as 3E.
Codes: 92514-30 [1910] General anaesthesia, ASA 3, emergency
92512-30 [1909] Regional block, nerve of lower limb, ASA 3, emergency
4. Patient has sedation for gastroscopy and ASA is documented as 1/2. Clarification of ASA score is not able to be sought.
Code: 92515-29 [1910] Sedation, ASA 2, nonemergency

Postprocedural analgesia

The term 'postprocedural analgesia' in ACHI encompasses only those procedures which provide ongoing postprocedural analgesia via continuous infusion **AND** were initiated in the operating suite (theatre or recovery).

CLASSIFICATION

- 1a. Assign only one code from block [1910] *Cerebral anaesthesia* ~~and/or one code from block [1909] *Conduction anaesthesia* (excluding 92513-XX [1909] *Infiltration of local anaesthetic*)~~ for each '**visit to theatre**' regardless of where in the hospital the procedure is performed, for example operating theatre, endoscopy suite, emergency department, catheter laboratory, using the hierarchy (listed from highest to lowest priority) below:

~~If more than one anaesthetic from block [1910] *Cerebral anaesthesia* and/or block [1909] *Conduction anaesthesia* is administered in a '**visit to theatre**' (including different anaesthetics for different procedures), assign only **one** code from each block using the following hierarchies (listed from highest priority to lowest):~~

- [1910] *Cerebral anaesthesia*
- i. General anaesthesia (92514-XX)
 - ii. Sedation (92515-XX)

- 1b. Assign a code(s) from block [1909] *Conduction anaesthesia* (excluding 92513-XX [1909] *Infiltration of local anaesthetic*) for each '**visit to theatre**' regardless of where in the hospital the procedure is performed, for example operating theatre, endoscopy suite, emergency department, catheter laboratory. Each type of conduction anaesthesia should only be assigned once (see example 5):

- [1909] *Conduction anaesthesia*
- i. Neuraxial block (92508-XX)
 - ii. Regional blocks (codes 92509-XX, 92510-XX, 92511-XX, 92512-XX)
 - iii. Intravenous regional anaesthesia (92519-XX)

EXAMPLE 5

Patient has spinal anaesthetic and femoral nerve block for TKR and ASA is documented as 2.

Codes: 92508-29 [1910] Neuraxial block, ASA 2, nonemergency
 92512-29 [1910] Regional block, nerve of lower limb, ASA 2, nonemergency

2. If the same anaesthetic is administered more than once **during different 'visits to theatre'**, within the total episode of care (eg two general anaesthetics), it should be coded as many times as performed.
- ...
5. The neuraxial and regional block codes in block [1912] *Postprocedural analgesia* should be assigned only for management (continuing infusion/bolus injection/top up) of blocks that were previously administered for pain relief/anaesthesia in the labour ward and/or operating suite (theatre or recovery). The initial insertion of the neuraxial/regional block is not inherent in these codes, and should be represented by the appropriate code from block [1909] *Conduction anaesthesia* or [1333] *Analgesia and anaesthesia during labour and delivery procedure*.

Do not assign codes from this block when the infusion is initiated after leaving the operating suite (theatre or recovery). In these cases, refer to ACS 1807 *Pain diagnoses and pain management procedures*. Where more than one type of infusion is administered in the

postoperative period, assign ~~appropriate only one~~ codes from block [1912] *Postprocedural analgesia* ~~from the list below using the following hierarchy (listed from highest priority to lowest):~~

[1912] *Postprocedural analgesia*

- i. Management of neuraxial block (92516-00)
- ii. Management of regional block (codes 92517-00, 92517-01, 92517-02, 92517-03)

0.6. ACS 0044 Chemotherapy

ACS 0044 *Chemotherapy* was revised and an additional example added to clarify ACHI code assignment for patients who receive chemotherapy in the course of their admission but are not specifically admitted for chemotherapy.

AUSTRALIAN CODING STANDARDS

0044 CHEMOTHERAPY

...

CLASSIFICATION

Same-day episodes of care for chemotherapy for conditions other than neoplasms

For episodes of care for chemotherapy for conditions other than neoplasms, where the patient is discharged on the same-day as the admission, assign:

- a code for the condition
- the appropriate procedure code.

~~Multi-day episodes of care for chemotherapy~~ Administration of chemotherapy during multi-day episodes of care

~~Multi-day episodes of care for chemotherapy should have a principal diagnosis code for the condition requiring treatment by chemotherapy and the appropriate procedure code. Where chemotherapy is administered during multi-day episodes of care, assign a code for the condition requiring treatment and the appropriate procedure code(s) (see example 5).~~

Chemotherapy procedure coding

When a patient receives pharmacotherapy a number of times during an episode of care and the same procedure code applies, assign the procedure code only once.

Oral chemotherapy should not be coded in inpatient episodes of care.

...

EXAMPLE 4:

Patient admitted for course of chemotherapy for breast cancer over twelve days. Intravenous chemotherapy (5FU) was administered.

Codes:	C50.-	Malignant neoplasm of breast
	M8000/3	Neoplasm, malignant
	96199-00 [1920]	Intravenous administration of pharmacological agent, antineoplastic agent

EXAMPLE 5:

Patient admitted with a five day history of increasing abdominal distension and pain especially on deep inspiration. Last opened bowels today. Diagnosed 12 months ago with serous papillary adenocarcinoma of right ovary with metastases to the peritoneum. Chemotherapy administered over the past six months. A peritoneal tap was performed under LA to treat the malignant ascites. Three days later IV chemotherapy administered without any problems. Final diagnosis: malignant ascites. At discharge, patient well and mobilising freely.

Codes: C78.6 Secondary malignant neoplasm of retroperitoneum and peritoneum
 M8460/6 Papillary serous cystadenocarcinoma, metastatic
 C56 Malignant neoplasm of ovary
 M8460/3 Papillary serous cystadenocarcinoma

 30406-00 [983] Abdominal paracentesis
 96199-00 [1920] Intravenous administration of pharmacological agent, antineoplastic agent

0.7. ACS 0047 Adhesions

Examples were added to 0047 *Adhesions* following advice published in Coding Matters, Volume 17, Number 1, June 2010 regarding adhesions noted but not divided.

AUSTRALIAN CODING STANDARDS

0047 ADHESIONS

Division of adhesions can be significant or incidental. Even if the adhesions are divided in the course of another procedure (eg abdominal, cardiothoracic), the process may be significant. When division of adhesions is reported on the operation record, both the diagnosis code for adhesions and the procedure code for the division should be assigned. Do not code the adhesions if they are noted but not divided, unless their presence causes the nature of the surgery to be changed eg abandoned.

EXAMPLE 1:

Dense adhesions of bowel to bladder are noted at commencement of total abdominal hysterectomy (TAH). Adhesions not divided due to risk of bladder perforation. TAH performed.

In this example the adhesions should not be coded.

EXAMPLE 2:

Dense adhesions of bowel are noted at commencement of bowel resection. Bowel resection is unable to be performed due to risk of perforation. Procedure abandoned.

In this example the adhesions should be coded since the criteria in ACS 0002 ie 'adjustment of therapeutic treatment' has been met.

0.8. Administration of iron and dextrose

Following receipt of advice regarding dextrose and iron infusions the following changes were made in Ninth Edition:

- Addition of inclusion terms 'dextrose' and 'iron' for extension -09 in block [1920] *Administration of pharmacotherapy*

Refer also 16.1 ACS 1615 Specific diseases and interventions related to the sick neonate.

TABULAR LIST OF INTERVENTIONS

1920 Administration of pharmacotherapy

▼ 0042, 0044, 0102,
1316, 1615, 1923

Administration of pharmacological agent for systemic effect

Note: The following list of extensions is provided for use with the codes in block [1920] *Administration of pharmacotherapy*

- 09 Other and unspecified pharmacological agent
Dextrose
Iron

ALPHABETIC INDEX OF INTERVENTIONS

Administration (around) (of) — *see also Injection*

...
- albumin 92062-00 [1893]
- antihaemophilic factor 92061-00 [1893]
...
- crystalloids for cardioplegia (retrograde) 38588-00 [642]
- dextrose — *code to block [1920] with extension -09*
- donor leukocytes 13706-04 [1893]
- drug (medicament)
- for dental procedure 97927-00 [485]
- erythrocytes 13706-02 [1893]
...
- immunoglobulin 13706-05 [1893]
- iron — *code to block [1920] with extension -09*
- leukocytes (donor) 13706-04 [1893]

Infusion — *see also Administration*

- agent (to)
...
- caudal (region) — *see Infusion/spinal canal/caudal*
- chemotherapeutic agent — *see Chemotherapy*
- dextrose — *code to block [1920] with extension -09*
- electrolytes — *code to block [1920] with extension -08*
...
- intrathecal (space) — *see Infusion/spinal canal/intrathecal*
- iron — *code to block [1920] with extension -09*
- leukocyte (donor) 13706-04 [1893]

0.9. Injection of immune sera (*Indexing*)

An anomalous index entry was highlighted which on review appeared to have been overlooked when changes were made in Sixth Edition to remove the '-05' extension under block [1920] *Pharmacotherapy*. The index entry was deleted as it was considered unnecessary.

ALPHABETIC INDEX OF INTERVENTIONS

Injection (around) (into) (of) — *see also Administration*

...
~~- immune sera — *code to block [1920] with extension -05*~~

0.10. ICD-10-AM – Appendix A: Morphology of neoplasms

A number of code titles were amended in Appendix A: Morphology of Neoplasms for Ninth Edition where titles inappropriately included the term ‘malignant’ or where code titles overlapped. Some code titles were revised and three morphology codes were deleted following clinical confirmation.

TABULAR LIST OF DISEASES

APPENDIX A MORPHOLOGY OF NEOPLASMS

...

CODED NOMENCLATURE FOR MORPHOLOGY OF NEOPLASMS

M800 Neoplasms, NOS

✱ M8000/2 ~~Neoplasm, malignant~~, in situ

...

✱ M8002/1 ~~Malignant~~ ~~t~~Tumour, small cell type, uncertain whether benign or malignant

✱ M8002/2 ~~Malignant~~ ~~t~~Tumour, small cell type, in situ

✱ M8003/1 ~~Malignant~~ ~~t~~Tumour, giant cell type, uncertain whether benign or malignant

✱ M8003/2 ~~Malignant~~ ~~t~~Tumour, giant cell type, in situ

✱ M8004/0 ~~Spindle cell tumour~~ Tumour, spindle cell type, benign

✱ M8004/1 ~~Malignant~~ ~~t~~Tumour, spindle cell type, uncertain whether benign or malignant

✱ ~~M8004/2~~ ~~Malignant tumour, spindle cell type, in situ~~

M8005/0 ~~Clear cell tumour NOS~~ Tumour, clear cell type, benign

✱ M8005/1 ~~Clear cell tumour~~ Tumour, clear cell type, uncertain whether benign or malignant

✱ M8005/2 ~~Clear cell tumour, malignant~~ Tumour, clear cell type, in situ

M801–M804 Epithelial neoplasms, NOS

...

✱ ~~M8032/0~~ ~~Spindle cell tumour, benign~~

✱ ~~M8032/1~~ ~~Spindle cell tumour NOS, uncertain whether benign or malignant~~

0.11. ACHI – Convention updates

The following updates were made to the conventions used in the Alphabetic Index of Interventions for clarity.

ALPHABETIC INDEX OF INTERVENTIONS

INTRODUCTION

...

CONVENTIONS USED IN THE ALPHABETIC INDEX OF INTERVENTIONS

...

CROSS REFERENCES/INSTRUCTIONAL REFERENCES

...

See/see also

See and see also cross references provide the user with possible modifiers for a term or its synonyms. They are used to avoid unnecessary duplication of terms in the index. There are three types of cross references:

1. 'see' is an explicit direction to look elsewhere. It is used to force the user to an alternate index pathway with terms which do not define the type of procedure performed.

EXAMPLE 9:

CAT (computerised axial tomography) – *see Tomography/computerised*

2. 'see also' directs the user to another lead term index pathway where there are options that may provide more specificity when the entries under consideration do not provide a code.

EXAMPLE 10:

Abdominoplasty
- abdominal apron — *see also* Lipectomy/abdominal
- Pitanguy 30177-00 [1666]
- radical 30177-00 [1666]
Adhesiolysis — see also Division/adhesions
- epidural (peridural) 39140-00 [32]

EXAMPLE 11:

Radiography (diagnostic) 90909-00 [1988]
- bone — *see also* Radiography/by specific site

3. 'see block [xxxx]' directs the user to the Tabular List for further information or specific site references.

EXAMPLE 12:

Assistance
- endotracheal respiratory – *see block [569]*

Omit code

The *omit code* instruction can apply to terms which identify incisions that are listed as lead terms in the Alphabetic Index of Interventions. If the incision was made only for the purpose of performing further surgery, the instruction *omit code* is given.

EXAMPLE 132:

Arthrotomy (with lavage) 50103-00 [1555]

- as operative approach – *omit code*
- ankle 49706-00 [1529]
- elbow 49100-00 [1410]
- hip 49303-00 [1481]

Omit code instructions can also apply to certain procedures which, when performed with other procedures, should not be coded.

EXAMPLE 143:

Cardioversion 13400-00 [1890]

- in conjunction with cardiac surgery – *omit code*

Code specific procedure(s) performed

This instruction is rarely used in the Alphabetic Index. It appears in those instances where it is necessary to code each individual component of a procedure and these are not specifically listed at this lead term.

EXAMPLE 154:

Amputation

- ear – code specific procedure(s) performed
- nose – code specific procedure(s) performed

EPONYMS

Procedures named after people (eponyms) are listed both as lead terms in their appropriate alphabetic sequence and under the lead term 'procedure'. A description of the procedure or anatomic site affected usually follows the eponym.

EXAMPLE 165:

Darrach procedure (osteotomy of ulna) 48406-04 [1424]

- with internal fixation 48409-04 [1424]

Procedure

- Darrach (osteotomy of ulna) 48406-04 [1424]
- - with internal fixation 48409-04 [1424]

0.12. ACHI – Appendix A: Mapping table for MBS items not included in ACHI

MBS deleted two items 35400 and 35402 for vertebroplasty following a recommendation from the Medical Services Advisory Committee that continued public funding for this procedure should not be supported.

However, since vertebroplasty is still performed in health care facilities with other billing arrangements and because the existence of codes in the classification is not contingent on the existence of public funding, both codes 35400-00 [1393] *Vertebroplasty, 1 vertebral body* and 35400-01 [1393] *Vertebroplasty, >=2 vertebral bodies* have been retained in ACHI and Appendix B, ACHI Code List.

However, MBS item numbers 35400 and 35402 will be listed in ACHI Tabular List Appendix A as 'inactive 2011.'

To ensure a concise listing of MBS items in Appendix A, items with concepts not utilised in the ACHI structure, such as consultations, home visits, when appearing in sequence as 'no ACHI map' now appear in ranges, for example 1 – 11209 —'no ACHI map'. Items which are listed in sequence as 'inactive '01' also now appear as ranges, for example 17701 – 18212 —'inactive '01.'

Amendments have been made to the ACHI Tabular List Appendix A as follows, noting the entire appendix has not been reproduced in this document:

TABULAR LIST OF INTERVENTIONS

APPENDIX A

MAPPING TABLE FOR MBS ITEMS NOT INCLUDED IN ACHI

This appendix is designed to indicate MBS items that have been mapped to ACHI codes.

Column 1 represents MBS items as at July 2014 (excluding ophthalmology item updates).

Column 2 represents the ACHI code which is the 'best match' for the MBS item in Column 1.

Note that there are MBS concepts which are not utilised in the ACHI structure, eg consultations, home visits (items 1–1099964).

This is indicated by 'no ACHI map' in column 2.

Appendix B lists all ACHI codes some of which contain inactive MBS items.

MBS item not included in ACHI	ACHI Code Map
<u>1–10999</u>	no ACHI map
<u>11244</u>	<u>11240</u>
<u>13015</u>	<u>13020</u>
<u>14215</u>	<u>31587</u>
<u>16399 - 16636</u>	no ACHI map
<u>17603 - 17690</u>	no ACHI map
<u>17701 - 18212</u>	inactive '01
<u>18375</u>	<u>36851</u>
<u>18377</u>	<u>18360</u>

MBS item not included in ACHI	ACHI Code Map
<u>20100 - 21997</u>	no ACHI map
<u>22900 - 30001</u>	no ACHI map
<u>30090</u>	<u>38418</u>
<u>30687</u>	<u>30478</u>
<u>31569</u>	<u>30511, inactive '13</u>
<u>31572</u>	<u>30512, inactive '13</u>
<u>31575</u>	<u>30511, inactive '13</u>
<u>31578</u>	<u>30511, inactive '13</u>
<u>31581</u>	<u>30512, inactive '13</u>

MBS item not included in ACHI	ACHI Code Map
<u>31584</u>	<u>30514, inactive '13</u>
<u>32103</u>	<u>32099</u>
<u>32104</u>	<u>32105</u>
<u>32106</u>	<u>32105</u>
<u>32108</u>	<u>32105</u>
<u>32212</u>	<u>90344</u>
<u>32511</u>	<u>32508</u>
<u>32522</u>	<u>32520</u>
<u>32523</u>	<u>32520</u>
<u>32526</u>	<u>32520</u>
<u>35400</u>	<u>inactive '11</u>
<u>35402</u>	<u>35400 inactive '11</u>
<u>37219</u>	<u>37218</u>

MBS item not included in ACHI	ACHI Code Map
<u>37245</u>	<u>37207</u>
<u>38812</u>	<u>38418</u>
<u>41892</u>	<u>41898</u>
<u>41901</u>	<u>90163</u>
<u>45551</u>	<u>45548</u>
<u>45554</u>	<u>45552</u>
<u>45555</u>	<u>45552</u>
<u>48694</u>	<u>48691</u>
<u>49559</u>	<u>49558</u>
<u>55737</u>	<u>55731</u>
<u>65060- 8202582332</u>	no ACHI map
<u>82100-82225</u>	no ACHI map

Note: the above listing represents the codes deleted from Appendix A Mapping table for MBS items not included in ACHI. Please note that where a code range is listed (eg, 1–10999), this represents the deletion of all codes within this range.

0.13. ACHI – Appendix C: Mapping table for MBS dental items (Deleted)

Appendix C: *Mapping Table for MBS Dental Items* was created in the Seventh Edition when MBS introduced new dental items (85011-87777) for basic dental services. Historically all MBS items not utilised in ACHI were mapped to ACHI codes and displayed in the Appendix A: *Mapping Table for MBS Items Not Included in ACHI* and Appendix C *Mapping Table for MBS Dental Items*.

Following the closure of the Medicare Chronic Disease Dental Scheme all MBS dental items were removed from the MBS as of 1 December 2012. This raised the question as to the usefulness of maintaining the mapping table in Appendix C. Consideration was given to mapping the ACHI codes to the ADA (Australian Dental Association) dental items given MBS dental items were based on the ADA Schedule. However this was problematic as the ADA Schedule contains more items than those provided in the MBS and certain item numbers have multiple concepts in one item description and therefore no obvious one to one map e.g. 353 *Fracture of maxilla or mandible – with wiring of teeth or intraoral fixation*, would map to multiple ACHI codes.

As there was no clear purpose for providing or maintaining such a mapping table in ACHI especially given that the ADA Schedule published by the Australian Dental Association is publically available on the ADA website it was deleted. The deletion of the appendix has not been reproduced in this document due to its size.

TABULAR LIST OF DISEASES

INTRODUCTION

...

DEVELOPMENT OF ICD-10-AM, ACHI AND ACS

...

Content summary

ACHI Tabular List of Interventions. The Tabular List of Interventions contains the procedure classification itself. Appendices included are:

Appendix A Mapping table for MBS items not included in ACHI

Appendix B ACHI codes Listed in numerical order

~~Appendix C Mapping table for MBS dental items~~

ACHI Alphabetic Index of Interventions. The Alphabetic Index of Interventions is used to locate procedural terms to be coded. The Alphabetic Index of Interventions contains many procedural terms which do not appear in the Tabular List.

TABULAR LIST OF INTERVENTIONS

INTRODUCTION

CONVENTIONS USED IN THE TABULAR LIST OF INTERVENTIONS

FORMAT

...

Third level – block axis

Medicare Benefits Schedule (MBS) is a fee schedule and has been structured according to specialty. As ACHI is based on item numbers in the MBS and structured on an anatomical basis, the code numbers do not always appear in numerical order within the Tabular List. A third level axis, called a **block**, has been introduced. Blocks are numbered sequentially in the Tabular List to assist users in locating a specific code and have titles that relate specifically to the codes contained within the block.

There are certain chapters that are an exception to the general format:

- **Dental services**

This chapter is based on *'The Australian Schedule of Dental Services and Glossary, 910th Edition'* published by the Australian Dental Association (ADA) Incorporated. Copies of this publication can be obtained from the ADA, PO Box 520, St Leonards NSW 1590 Australia or from the ADA's website (<http://www.ada.org.au/Publications/schedule.aspx>). The Dental Services chapter is structured on a service basis, for example, diagnostic services, preventative services, periodontics, oral surgery, etc. Secondary axes, in most instances, relate to procedure type. ~~The MBS also contains dental items based on the ADA's item numbers. The MBS dental items are not utilised in ACHI but are listed in ACHI Tabular List Appendix C Mapping table for MBS dental items.~~

Following closure of the Medicare Chronic Disease Dental Scheme all MBS dental items were removed from the MBS as of 1 December 2012. Consequently Appendix C: Mapping Table for MBS Dental Items was removed in the Ninth Edition of ACHI.

Appendix C: Mapping Table for MBS Dental Items

APPENDIX C: MAPPING TABLE FOR MBS DENTAL ITEMS

As of 1 November 2007, MBS has introduced new items (85011 to 87777) for dental services.

These item numbers are not being utilised in the ACHI and a mapping table is provided below.

MBS item	ACHI Code Map
85011	97011-00
85012	97012-00
85013	97013-00

0.14. ACS – Convention updates

The METeOR reference in ACS 0001 *Principal diagnosis*, the list of references and Appendix A: Code of Ethics for Clinical Coders were updated in the Australian Coding Standards for Ninth Edition.

AUSTRALIAN CODING STANDARDS

0001 PRINCIPAL DIAGNOSIS

The principal diagnosis is defined as:

“The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment, as represented by a code” (METeOR: 514273391326) (Australian Institute of Health and Welfare 2014²).

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APPENDIX A

CODE OF ETHICS FOR CLINICAL CODERS

This Code of Ethics was developed by the National Centre for Classification in Health (NCCH) to provide guidance for clinical coders in reflecting accurately the clinical characteristics of patient and health service interventions. Clinical data are used for research, monitoring public health, and for the planning, evaluation and funding of health services. This Code enables clinicians and healthcare administrators to understand the ethical obligations of coders.

1. Participate in quality improvement activities to ensure that the quality of coding supports the use of data for research, planning, evaluation and reimbursement, in the spirit of mutual respect for colleagues.
2. Ensure all information necessary for abstraction and coding processes is available.
3. Apply the *Australian Coding Standards* (ACS) and other official reporting requirements for the purpose of:
 - abstracting diagnoses and procedures using the entire clinical record
 - selecting and sequencing diagnosis and procedure codes
 - optimising reimbursement only when legitimate¹.
4. Ensure that clinical record content justifies selection of diagnoses and procedures, consulting clinicians as appropriate.
5. Participate in ongoing education to ensure that skills and knowledge meet the appropriate level of competence².
6. Contribute to ongoing development of classification systems in conjunction with appropriate coding and clinical experts³.
7. Observe policies and legal requirements regarding confidentiality of patient related clinical information.
8. Refuse to participate in or conceal illegal or unethical processes or procedures.

Note:

- 1 Reporting requirements may be set by:
 - states and territories (eg state data definition)
 - national bodies through publications such as *METeOR: Metadata Online Registry, Australian Coding Standards* and other ~~National Casemix and Classification Centre~~ Australian Centre for Classification Development (NCCCACCD) publications.
- 2 Level of competence may be determined by reference to the Clinical coding skill set. Further information can be found on the National Register of Vocational Education and Training (VET) website <http://training.gov.au/Home/Tga>. ~~Health Information Management Association of Australia's Clinical Coder National Competency Standards and Assessment Guide~~ or by the national coder accreditation process.
- 3 Involvement may be achieved through dialogue with NCCCACCD and other organisations associated with health classification.

0.15. ACS 0013 'Other' and 'Unspecified' codes

ACS 0013 'Other' and 'unspecified' codes was deleted from the ACS, and the contents were relocated to the ICD-10-AM Tabular List, *Conventions used in the tabular list of diseases* for Ninth Edition.

AUSTRALIAN CODING STANDARDS

0013 'OTHER' AND 'UNSPECIFIED' CODES

~~'Other' and 'unspecified' or 'residual' codes are normally used for conditions which are specifically indexed to those codes.~~

~~At the fourth character level, the hierarchy is as follows:~~

- ~~0–7 specific conditions (in the injury chapter, 7 is often used for 'multiple' injuries)~~
- ~~8—specific conditions that are not classified elsewhere (or the 'other' category)~~
- ~~9—unspecified conditions~~

EXAMPLE 31: FOURTH CHARACTER STRUCTURE

L50	<i>Urticaria</i>	Category
L50.0	Allergic urticaria	Specific
L50.1	Idiopathic urticaria	Specific
L50.2	Urticaria due to cold and heat	Specific
L50.3	Dermatographic urticaria	Specific
L50.4	Vibratory urticaria	Specific
L50.5	Cholinergic urticaria	Specific
L50.6	Contact urticaria	Specific
L50.8	<i>Other urticaria</i>	Other urticaria not classified elsewhere
		Urticaria:
		• chronic
		• recurrent periodic
L50.9	Urticaria, unspecified	Unspecified

~~Occasionally, the two residual codes '8' and '9' are combined into one code to include both 'other' and 'unspecified' conditions.~~

At the fifth character level, the hierarchy is as follows:

- 0—unspecified conditions
- 1–8—specific conditions
- 9—other conditions

EXAMPLE 32: FIFTH CHARACTER STRUCTURE

G47	Sleep disorders	Category
G47.3	Sleep apnoea	'Specific' fourth character category
G47.30	Sleep apnoea, unspecified	Unspecified sleep apnoea
G47.31	Central sleep apnoea syndrome	Specific
G47.32	Obstructive sleep apnoea syndrome	Specific
G47.33	Sleep hypoventilation syndrome	Specific
G47.39	Other sleep apnoea	Other sleep apnoea not classifiable elsewhere

The residual codes should not be used to 'dump' diagnoses which do not appear to be categorised anywhere.

Use the Index to find the correct code assignment. Do not browse through the Tabular List.

When a clinician uses terminology which cannot be found in ICD-10-AM, seek clarification for alternative terms which are available in ICD-10-AM. If no other description is provided then one of the following strategies should be employed:

EXAMPLE 33:

Polyp of oesophagus.

Code: K22.8 Other specified diseases of oesophagus

In this example the main term Polyp in the index does not include a subterm of 'oesophagus'. To find the correct code assignment, next search the index for Disease/oesophagus/specified, which indicates code K22.8 Other specified diseases of oesophagus.

EXAMPLE 34:

67-year-old male with subluxed cataract.

Code: H26.9 Cataract, unspecified

In this example, there is no subterm 'subluxed' under *Cataract* in the index, nor any synonymous term and no 'specified NEC' entry, therefore the correct code assignment is H26.9.

TABULAR LIST OF DISEASES

INTRODUCTION

CONVENTIONS USED IN THE TABULAR LIST OF DISEASES

'OTHER' AND 'UNSPECIFIED' CODES

'Other' and 'unspecified' or 'residual' codes are normally used for conditions which are specifically indexed to those codes.

At the fourth character level, the hierarchy is as follows:

- 0–7—specific conditions (in the injury chapter, 7 is often used for 'multiple' injuries)
- 8—specific conditions that are not classified elsewhere (or the 'other' category)
- 9—unspecified conditions

EXAMPLE 30: FOURTH CHARACTER STRUCTURE

<u>L50</u>	<u>Urticaria</u>	<u>Category</u>
<u>L50.0</u>	<u>Allergic urticaria</u>	<u>Specific</u>
<u>L50.1</u>	<u>Idiopathic urticaria</u>	<u>Specific</u>
<u>L50.2</u>	<u>Urticaria due to cold and heat</u>	<u>Specific</u>
<u>L50.3</u>	<u>Dermatographic urticaria</u>	<u>Specific</u>
<u>L50.4</u>	<u>Vibratory urticaria</u>	<u>Specific</u>
<u>L50.5</u>	<u>Cholinergic urticaria</u>	<u>Specific</u>
<u>L50.6</u>	<u>Contact urticaria</u>	<u>Specific</u>
<u>L50.8</u>	<u>Other urticaria</u>	<u>Other urticaria not classified elsewhere</u>
		<u>Urticaria:</u>
		<u>• chronic</u>
		<u>• recurrent periodic</u>
<u>L50.9</u>	<u>Urticaria, unspecified</u>	<u>Unspecified</u>

Occasionally, the two residual codes '8' and '9' are combined into one code to include both 'other' and 'unspecified' conditions.

At the fifth character level, the hierarchy is as follows:

0 unspecified conditions

1–8 specific conditions

9 other conditions

EXAMPLE 31: FIFTH CHARACTER STRUCTURE

<u>G47</u>	<u>Sleep disorders</u>	<u>Category</u>
<u>G47.3</u>	<u>Sleep apnoea</u>	<u>'Specific' fourth character category</u>
<u>G47.30</u>	<u>Sleep apnoea, unspecified</u>	<u>Unspecified sleep apnoea</u>
<u>G47.31</u>	<u>Central sleep apnoea syndrome</u>	<u>Specific</u>
<u>G47.32</u>	<u>Obstructive sleep apnoea syndrome</u>	<u>Specific</u>
<u>G47.33</u>	<u>Sleep hypoventilation syndrome</u>	<u>Specific</u>
<u>G47.39</u>	<u>Other sleep apnoea</u>	<u>Other sleep apnoea not classifiable elsewhere</u>

The residual codes should not be used to 'dump' diagnoses which do not appear to be categorised anywhere.

Use the Index to find the correct code assignment. Do not browse through the Tabular List.

When a clinician uses terminology which cannot be found in ICD-10-AM, seek clarification for alternative terms which are available in ICD-10-AM. If no other description is provided then one of the following strategies should be employed:

EXAMPLE 32:

Polyp of oesophagus.

Code: K22.8 *Other specified diseases of oesophagus*

In this example the main term Polyp in the index does not include a subterm of ‘oesophagus’. To find the correct code assignment, next search the index for *Disease/oesophagus/specified*, which indicates code K22.8 *Other specified diseases of oesophagus*.

EXAMPLE 33:

67 year old male with subluxed cataract.

Code: H26.9 *Cataract, unspecified*

In this example, there is no subterm ‘subluxed’ under *Cataract* in the index, nor any synonymous term and no ‘specified NEC’ entry, therefore the correct code assignment is H26.9.

0.16. ACS 0016 General procedure guidelines

The METeOR reference in ACS 0016 *General procedure guidelines* was updated for Ninth Edition.

AUSTRALIAN CODING STANDARDS

0016 GENERAL PROCEDURE GUIDELINES

DEFINITION

A procedure is defined as “a clinical intervention represented by a code that:

- is surgical in nature, and/or
- carries a procedural risk, and/or
- carries an anaesthetic risk, and/or
- requires specialised training, and/or
- requires special facilities or equipment only available in an acute care setting” (METeOR: 514040391349) (Australian Institute of Health and Welfare 20140, p. 1244).

0.17. ACS 0111 Healthcare associated *Staphylococcus aureus* bacteraemia

The METeOR reference and clinical criteria in ACS 0111 *Healthcare associated Staphylococcus aureus bacteraemia* were updated for Ninth Edition.

AUSTRALIAN CODING STANDARDS

0111 HEALTHCARE ASSOCIATED *STAPHYLOCOCCUS AUREUS* BACTERAEMIA

Staphylococcus aureus is the most common cause of healthcare associated blood stream infections, causing significant illness and death.

The documentation of healthcare associated *Staphylococcus aureus* bacteraemia in clinical records and subsequent unique code assignment will allow for the collection of an important performance indicator in the National Healthcare Agreement (METeOR: 517636443699) (Australian Institute of Health and Welfare 2014²).

...

Clinical criteria:

- SAB is a complication of the presence of an indwelling medical device (eg intravascular line, haemodialysis vascular access, CSF shunt, urinary catheter)
- SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site
- An invasive instrumentation or incision related to the SAB was performed ~~SAB was diagnosed within 48 hours of a related invasive instrumentation or incision~~
- SAB is associated with neutropenia (neutrophils <1 x 10⁹/L) contributed by cytotoxic therapy” (METeOR: 517636443699) (Australian Institute of Health and Welfare 2014²).

0.18. ACS 1605 Conditions originating in the perinatal period

The METeOR reference in ACS 1605 *Conditions originating in the perinatal period* was updated for Ninth Edition.

AUSTRALIAN CODING STANDARDS

1605 CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

DEFINITION

The perinatal period is defined in Australia as:

“The perinatal period commences at 20 completed weeks (140 days) of gestation and ends 28 completed days after birth” (METeOR: 327314) (Australian Institute of Health and Welfare 2014²).

...

0.19. ACS – Terminology Lead versus Main term

An inconsistency in the use of the terms 'lead' term and 'main' term was identified in the ACS. All references to 'main' term were consequently amended to 'lead' term.

AUSTRALIAN CODING STANDARDS

0001 PRINCIPAL DIAGNOSIS

ACUTE AND CHRONIC CONDITIONS

If a condition is described as both acute (subacute) and chronic **and separate subterms exist in the Alphabetic Index at the same indentation level**, code both and sequence the acute (subacute) code first.

- b. ICD-10-AM indicates that only one code is required. For example:
When coding acute on chronic bronchiolitis, the index indicates that the **acute** condition need not be separately coded as it is in parentheses after the ~~main-lead~~ term, (ie a nonessential modifier):

...

0010 GENERAL ABSTRACTION GUIDELINES

IMPENDING OR THREATENED CONDITION

If a threatened/impending condition is documented but did not occur during the episode of care, then the clinical coder should refer to the index to determine if the condition is indexed as impending or threatened under the ~~main-lead~~ term or subterm. If such an index entry exists, then assign the appropriate code. If such an entry does not exist, then the condition described as impending or threatened should not be coded.

...

1904 PROCEDURAL COMPLICATIONS

Firstly, check the Alphabetic Index under the ~~main-lead~~ term which best describes the complication, for the subterm of 'procedural' or 'postprocedural'.

If there is no specific subterm for 'procedural' or 'postprocedural' in the Alphabetic Index under the ~~main-lead~~ term, follow the look up for *Complication(s)*, followed by the relevant body system to which the complication pertains and then 'postprocedural'.

EXAMPLE 11:

Endophthalmitis from intraocular cataract surgery.

ICD-10-AM Alphabetic Index

Endophthalmitis – no subterm for postprocedural/postoperative

Complications (from) (of)

- eye

-- postprocedural H59.9

--- specified NEC H59.89

Codes:	H59.89	Other postprocedural disorders of eye and adnexa, not elsewhere classified
	H44.0	Purulent endophthalmitis

The ~~main-lead~~ term *Complication(s)* may also be followed by a subterm directly describing the type or nature of the complication.

EXAMPLE 12:

Cystoscopy for diathermy of trigonitis. At cystoscopy, the distal urethra was accidentally lacerated. The laceration was sutured during the cystoscopy. The patient suffered no adverse effect from the misadventure during the remainder of the episode of care.

ICD-10-AM Alphabetic Index

Complications (from) (of)

- accidental puncture or laceration during procedure T81.2

Codes:	N30.3	Trigonitis
	T81.2	Accidental puncture and laceration during a procedure, not elsewhere classified
	S37.38	Injury of other part of urethra

Where the complication relates to a prosthetic device, implant or graft, such as a cardiac valve, look up the ~~main-lead~~ term *Complication(s)* and then by the device (if known and listed) or by the subterm of 'prosthetic device, implant or graft'.

Misadventure

A code from block Y60–Y69 *Misadventures to patients during surgical and medical care* should be assigned when the complication occurs during a procedure.

Refer to the ~~main-lead~~ term of *Misadventure* in the ICD-10-AM Index to External Causes of Injury, and then by the type of misadventure.

Refer to the ~~main-lead~~ term of *Misadventure* in the ICD-10-AM Index to External Causes of Injury, and then 'due to device' and then by the type of device. The ICD-10-AM Tabular List must be referred to for the fourth character subdivision for these codes.

...

Postprocedural complications

A code from block Y83–Y84 *Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure* should be assigned when the postprocedural complication occurs or persists after the procedure and is not evident at the time of the procedure.

Refer to the ~~main-lead~~ term of *Complication* in the ICD-10-AM Index to External Causes of Injury, then by the type of procedure performed.

Sequelae

A code from category Y88 *Sequelae with surgical and medical care as external cause* should be assigned when the complication is a current condition that is the result of a previously occurring procedural complication.

Refer to the ~~main-lead~~ term of *Sequelae* in the ICD-10-AM Index to External Causes of Injury, then by the type of previously occurring procedural complication.

1. Infection & parasitic diseases

1.1. Sepsis (*Major*)

Several queries and public submissions were received in relation to the classification of SIRS and sepsis, which highlighted that the advice in ACS 0110 *Sepsis, severe sepsis and septic shock* was ambiguous and inconsistent. Consequently, the standard and ICD-10-AM codes for SIRS, sepsis, severe sepsis and septic shock were reviewed for Ninth Edition. The review was conducted in consultation with clinicians to confirm clinical currency and with the ICD Technical Group (ITG) to ensure the accuracy and usefulness of the coding guidelines.

The following amendments were made to ICD-10-AM/ACS Ninth Edition:

- Addition of R65.0 *Systemic inflammatory response syndrome [SIRS] of infectious origin without acute organ failure* to the list of '**Disease codes that must never be assigned**' as the concept of SIRS due to infectious origin is the same as sepsis, a condition already classifiable in ICD-10-AM across different chapters.
- Amendment of code title R65.1 to **Severe sepsis** for clarity
- Combination of T81.41 *Wound infection following a procedure* and T81.42 *Sepsis following a procedure* to the fourth character level and amendment of the code title of T81.4 to *Wound infection following a procedure, not elsewhere classified*
- Addition of *use additional code* notes to a number of codes, to be consistent with classification advice in ACS 0110 *SIRS, sepsis, severe sepsis and septic shock*, which advises that sepsis classifiable to the following codes should have an additional code from A40-A41 assigned to identify the type of sepsis
- Addition of *use additional code* notes to relevant codes to identify severe sepsis or septic shock, when present
- Addition of a note at B95–B97 *Bacterial, viral and other infectious agents* to indicate that it is not necessary to assign a code from B95-B97 *Bacterial, viral and other infectious agents* if the same agent has been identified in the infection code (e.g. streptococcal sepsis in A40.-)
- Addition of an ACS symbol for 0110 at Chapter 1 *Certain infectious and parasitic diseases* (A00-B99) and at P36.- *Bacterial sepsis of newborn due to Staphylococcus aureus*
- Addition of *sepsis* as a synonym for septicaemia in the Alphabetic Index
- Amendment of the Alphabetic Index for the classification of the terms urosepsis and SIRS
- Amendment of the title of ACS 0110 to specify **SIRS, sepsis, severe sepsis and septic shock** and updated clinical and classification advice for these concepts
- Amendment of the advice in ACS 1904 *Procedural complications* regarding to the classification of vascular catheter related infection OR infusion/transfusion related infection

CONVENTIONS USED IN THE TABULAR LIST OF DISEASES

EXAMPLE 4:

A54.8	Other gonococcal infections
	Gonococcal:
...	
	<ul style="list-style-type: none">• peritonitis† (K67.1*)• pneumonia† (J17.0*)• <u>septicaemia/sepsis</u>• skin lesions

CERTAIN INFECTIOUS AND PARASITIC DISEASES (A00–B99)

Excludes: carrier or suspected carrier of infectious disease (Z22.-)
certain localised infections — see body system-related chapters
infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium [except obstetrical tetanus] (O98.-)
infectious and parasitic diseases specific to the perinatal period [except tetanus neonatorum, congenital syphilis, perinatal gonococcal infection and perinatal human immunodeficiency virus [HIV] disease] (P35–P39)
influenza and other acute respiratory infections (J00–J22)

A40**Streptococcal sepsis**

▼ 0110

Includes: streptococcal septicaemia*Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable*

Excludes: during labour (O75.3)
 following:
 • abortion or ectopic or molar pregnancy (O03–O07, O08.0)
 • immunisation (T88.0)
 • infusion, transfusion or therapeutic injection (T80.2)
 neonatal (P36.0–P36.1)
~~postprocedural (T81.42)~~
 puerperal (O85)

A41**Other sepsis**

▼ 0110

Includes: septicaemia*Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable*

Excludes: bacteraemia NOS (A49.9)
 during labour (O75.3)
 following:
 • abortion or ectopic or molar pregnancy (O03–O07, O08.0)
 • immunisation (T88.0)
 • infusion, transfusion or therapeutic injection (T80.2)
 sepsis (due to)(in):
 • actinomycotic (A42.7)
 • anthrax (A22.7)
 • candidal (B37.7)
 • Erysipelothrix (A26.7)
 • extraintestinal yersiniosis (A28.2)
 • gonococcal (A54.8)
 • herpesviral (B00.7)
 • listerial (A32.7)
 • meningococcal (A39.2–A39.4)
 • neonatal (P36.-)
~~• postprocedural (T81.42)~~
 • puerperal (O85)
 • streptococcal (A40.-)
 • tularaemia (A21.7)
 septic:
 • melioidosis (A24.1)
 • plague (A20.7)
 toxic shock syndrome (A48.3)

- B00.7 Disseminated herpesviral disease
 Herpesviral sepsis
 Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable
- B37.7 Candidal sepsis
 Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable

BACTERIAL, VIRAL AND OTHER INFECTIOUS AGENTS (B95–B97)

Note: A code from these categories must be assigned if it provides more specificity about the infectious agent. Do not assign a code from these categories if the same agent has been identified in the infection code (e.g. streptococcal sepsis in A40.-).

B95 Streptococcus and staphylococcus as the cause of diseases classified to other chapters

▼ 0112

J95 Postprocedural respiratory disorders, not elsewhere classified

▼ 1904

Excludes: emphysema (subcutaneous) resulting from a procedure (T81.8)
 pulmonary manifestations due to radiation (J70.0–J70.1)

- J95.0 Tracheostomy malfunction
 Haemorrhage from tracheostomy stoma
 Obstruction of tracheostomy airway
 ~~Sepsis of tracheostomy stoma~~
 Tracheo-oesophageal fistula following tracheostomy
 Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

The following fourth character subdivisions are for use with categories O03–O06:

- .0 Incomplete, complicated by genital tract and pelvic infection
 With conditions in O08.0
 Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
 Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable
 Use additional code (R57.2), to identify septic shock
- .1 Incomplete, complicated by delayed or excessive haemorrhage
 With conditions in O08.1
- .2 Incomplete, complicated by embolism
 With conditions in O08.2
- .3 Incomplete, with other and unspecified complications
 With conditions in O08.3–O08.9
- .4 Incomplete, without complication
- .5 Complete or unspecified, complicated by genital tract and pelvic infection
 With conditions in O08.0
 Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
 Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable
 Use additional code (R57.2), to identify septic shock

- .6 Complete or unspecified, complicated by delayed or excessive haemorrhage
With conditions in O08.1
- .7 Complete or unspecified, complicated by embolism
With conditions in O08.2
- .8 Complete or unspecified, with other and unspecified complications
With conditions in O08.3–O08.9
- .9 Complete or unspecified, without complication

O03

Spontaneous abortion

See above for subdivisions

Includes: miscarriage

Note: Incomplete abortion includes retained products of conception following abortion.

Use additional code from category O09.- to identify duration of pregnancy.

O07

Failed attempted abortion

Includes: failure of attempted induction of abortion

Use additional code from category O09.- to identify duration of pregnancy.

Excludes: incomplete abortion (O03–O06)

- O07.0 Failed medical abortion, complicated by genital tract and pelvic infection
With conditions in O08.0
Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
Use additional code (R65.1) to identify severe sepsis OR (R57.2); to identify septic shock, if applicable
- O07.1 Failed medical abortion, complicated by delayed or excessive haemorrhage
With conditions in O08.1
- O07.2 Failed medical abortion, complicated by embolism
With conditions in O08.2
- O07.3 Failed medical abortion, with other and unspecified complications
With conditions in O08.3–O08.9
- O07.4 Failed medical abortion, without complication
Failed medical abortion NOS
- O07.5 Other and unspecified failed attempted abortion, complicated by genital tract and pelvic infection
With conditions in O08.0
Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
Use additional code (R65.1) to identify severe sepsis OR (R57.2); to identify septic shock, if applicable

O08

Complications following abortion and ectopic and molar pregnancy

▼ 1544

Excludes: retained products of conception (O03–O06)

- O08.0 Genital tract and pelvic infection following abortion and ectopic and molar pregnancy
Endometritis following conditions classifiable to O00–O07
Oophoritis following conditions classifiable to O00–O07
Parametritis following conditions classifiable to O00–O07
Pelvic peritonitis following conditions classifiable to O00–O07
Salpingitis following conditions classifiable to O00–O07

Salpingo-oophoritis following conditions classifiable to O00–O07

~~Sepsis following conditions classifiable to O00–O07~~

Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable

Excludes: septic or septicopyaemic embolism (O08.2)
urinary tract infection (O08.8)

O08.1 Delayed or excessive haemorrhage following abortion and ectopic and molar pregnancy

Afibrinogenaemia following conditions classifiable to O00–O07

Defibrination syndrome following conditions classifiable to O00–O07

Intravascular coagulation following conditions classifiable to O00–O07

O08.2 Embolism following abortion and ectopic and molar pregnancy

Embolism:

- air following conditions classifiable to O00–O07
- amniotic fluid following conditions classifiable to O00–O07
- blood clot (pulmonary) following conditions classifiable to O00–O07
- NOS following conditions classifiable to O00–O07
- pyaemic following conditions classifiable to O00–O07
- ~~• septic or septicopyaemic following conditions classifiable to O00–O07~~
- soap following conditions classifiable to O00–O07

Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

O08.3 Shock following abortion and ectopic and molar pregnancy

Circulatory collapse following conditions classifiable to O00–O07

Shock (postprocedural) following conditions classifiable to O00–O07

~~**Excludes:** septic shock (R57.2)~~

Use additional code (R57.2) to identify septic shock, if applicable

O75

Other complications of labour and delivery, not elsewhere classified

Excludes: puerperal:
• infection (O86.-)
• sepsis (O85)

O75.3 Other infection during labour

~~Sepsis during labour~~

Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

O85

Puerperal sepsis

▼ 0110

Puerperal:

- endometritis
- fever
- peritonitis
- ~~• septicaemia~~

Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

~~*Use additional code (A40–A41) to identify type of sepsis.*~~

Use additional code (B95–B97) to identify infectious agent in localised infection

Use additional code to identify localised infection:

- endometritis (N71.-).
- peritonitis (N73.3, N73.5).

Excludes: obstetric pyaemic and septic embolism (O88.3)
sepsis during labour (O75.3)

P36**Bacterial sepsis of newborn**

▼ 0110

Includes: congenital ~~septicaemia~~ sepsis*Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable*

P36.0 Sepsis of newborn due to streptococcus, group B

P37.5**Neonatal candidiasis**

✱P37.52 Invasive neonatal candidiasis

▼ 0110

Generalised neonatal candidal sepsis

Neonatal pulmonary candidiasis

Systemic neonatal candidiasis

Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable

✱P37.59 Other neonatal candidiasis

R57**Shock, not elsewhere classified**

R57.2 Septic shock

▼ 0110

*Code first the type of sepsis (Chapter 1, P36–P37) — see Alphabetic Index/Sepsis ~~underlying local or generalised infection~~**Use additional code(s) to identify specific acute organ failure***R65****Systemic inflammatory response syndrome [SIRS]**

▼ 0110

Note: ~~This category is for use in multiple coding to identify SIRS resulting from any cause. A code from another chapter should be assigned first to indicate the cause or underlying disease.~~

R65.0 Systemic inflammatory response syndrome [SIRS] of infectious origin without acute organ failure

▼ 0049

R65.1 ~~Severe sepsis~~ systemic inflammatory response syndrome [SIRS] of infectious origin with acute organ failure~~Severe sepsis~~*Code first the type of sepsis (Chapter 1, P36–P37) — see Alphabetic Index/Sepsis**Use additional code(s) to identify type of acute organ failure*

R65.2 Systemic inflammatory response syndrome [SIRS] of noninfectious origin without acute organ failure

Code first the underlying cause

R65.3 Systemic inflammatory response syndrome [SIRS] of noninfectious origin with acute organ failure

*Code first the underlying cause**Use additional code(s) to identify type of acute organ failure*

T80**Complications following infusion, transfusion and therapeutic injection****T80.2****Infections following infusion, transfusion and therapeutic injection**

▼ 1904

Infection following infusion, transfusion and therapeutic injection

~~Sepsis following infusion, transfusion and therapeutic injection~~*Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis*

- Excludes:** the listed conditions when specified as:
- due to prosthetic devices, implants and grafts (T82.6–T82.7, T83.5–T83.6, T84.5–T84.7, T85.7)
 - postprocedural (T81.4-)

T81.1**Shock during or resulting from a procedure, not elsewhere classified**

Collapse NOS during or following a procedure

Postprocedural shock NOS

Shock (endotoxic)(hypovolaemic) during or following a procedure

- Excludes:** shock:
- anaesthetic (T88.2)
 - anaphylactic:
 - due to:
 - correct medicinal substance properly administered (T88.6)
 - serum (T80.5)
 - NOS (T78.2)
 - electric (T75.4)
 - following abortion or ectopic or molar pregnancy (O00–O07, O08.3)
 - obstetric (O75.1)
 - traumatic (T79.4)

*Use additional code (R57.2) to identify septic shock, if applicable***T81.4****Wound infection following a procedure, not elsewhere classified**

▼ 1904

Abscess:• intra-abdominal postprocedural• stitch postprocedural• subphrenic postprocedural• wound postproceduralInfection:• postprocedural NOS• sternal wires

- Excludes:** infection due to:
- infusion, transfusion and therapeutic injection (T80.2)
 - prosthetic devices, implants and grafts (T82.6–T82.7, T83.5–T83.6, T84.5–T84.7, T85.7)
 - obstetric surgical wound infection (O86.0)

*Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis***T81.4****Infection following a procedure, not elsewhere classified**

▽ 1904

- Excludes:** infection due to:
- ~~infusion, transfusion and therapeutic injection (T80.2)~~
 - ~~prosthetic devices, implants and grafts (T82.6–T82.7, T83.5–T83.6, T84.5–T84.7, T85.7)~~
 - ~~obstetric surgical wound infection (O86.0)~~

⚠T81.41 Wound infection following a procedureAbscess:• ~~intra-abdominal postprocedural~~• ~~stitch postprocedural~~• ~~subphrenic postprocedural~~• ~~wound postprocedural~~Infection:

- ~~postprocedural NOS~~
- ~~sternal wires~~

Use additional code (B95–B97) to identify infectious agent.

~~T81.42 Sepsis following a procedure~~

~~Fever due to infection postprocedural~~
~~Sepsis postprocedural~~

T82.6 Infection and inflammatory reaction due to cardiac valve prosthesis

Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

T82.7 Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts

▼ 1904

Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

T83.5 Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system

Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

T83.6 Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract

Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

T84.5 Infection and inflammatory reaction due to internal joint prosthesis

Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

T84.6 Infection and inflammatory reaction due to internal fixation device [any site]

Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

T84.7 Infection and inflammatory reaction due to other internal orthopaedic prosthetic devices, implants and grafts

Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

T85.7 Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts

Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

✱T85.71 Infection and inflammatory reaction due to peritoneal dialysis catheter

T88 Other complications of surgical and medical care, not elsewhere classified

Excludes: accidental puncture or laceration during a procedure (T81.2)
complications following:

- infusion, transfusion and therapeutic injection (T80.-)
- procedure NEC (T81.-)

specified complications classified elsewhere, such as:

- complications of:
 - anaesthesia in:
 - labour and delivery (O74.-)
 - pregnancy (O29.-)
 - puerperium (O89.-)
 - devices, implants and grafts (T82–T85)
 - obstetric surgery and procedures (O75.4)
- dermatitis due to drugs and medicaments (L23.3, L24.4, L25.1, L27.0–L27.1)
- poisoning and toxic effects of drugs and chemicals (T36–T65)

T88.0 Infection following immunisation

~~Sepsis following immunisation~~

Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

ALPHABETIC INDEX OF DISEASES

Abscess (embolic) (infective) (metastatic) (multiple)

- (pyogenic) (septic) L02.9
- operative wound T81.44
- orbit, orbital H05.0
- ...
- peritoneum, peritoneal (perforated) (ruptured) K65.0
- - pelvic
- - - female (see also *Peritonitis/pelvic/female*) N73.5
- - - male K65.0
- - postprocedural T81.44
- - puerperal, postpartum, childbirth O85
- - tuberculous A18.3† K67.3*
- peritonsillar J36
- ...
- postpharyngeal J39.0
- postprocedural (any site) T81.44
- post-typhoid A01.0
- ...
- stitch T81.44
- subarachnoid G06.2
- ...
- subphrenic K65.0
- - postprocedural T81.44
- suburethral N34.0
- ...
- web space L02.4
- wound T81.44
- wrist L02.4

Actinomycosis, actinomycotic A42.9

- pulmonary A42.0
- sepsis, septicaemia A42.7
- specified site NEC A42.8

Bruce sepsis, septicaemia A23.0

Cellulitis (diffuse) (with lymphangitis) L03.9

- drainage site (following operation) T81.44
- ear (external) H60.1

Complications (from) (of)

- postoperative — see *Complications/postprocedural*
- postprocedural T81.9
- ...
- - sepsis — see *Sepsis*
- - shock (endotoxic) (hypovolaemic) T81.1
- - specified NEC T81.8
- - stitch abscess T81.44
- - subglottic stenosis (postsurgical) J95.5
- - - newborn P28.82
- - testicular hypofunction E89.5
- - transplant — see *Complications/organ or tissue transplant*
- - urinary N99.9
- - - specified NEC N99.8
- - vaginal vault prolapse (posthysterectomy) N99.3

- - vitreous (touch) syndrome H59.0
- - wound infection T81.44
- pregnancy NEC (see also *Pregnancy/complicated by*) O26.9

- ...
- sternal wires (sutures) T85.9
- - infection or inflammation NEC T81.44
- - mechanical T85.6
- - specified NEC T85.88
- surgical procedure — see *Complications/postprocedural*
- suture, permanent (wire) T85.9
- - in repair of bone
- - - sternum T85.9
- - - - infection or inflammation NEC T81.44
- - - - mechanical T85.6
- - - - specified NEC T85.88
- - infection or inflammation NEC T85.78
- - mechanical T85.6
- - specified NEC T85.88
- - sternal wires T85.9
- - - infection or inflammation NEC T81.44
- - - mechanical T85.6

Disorder (of) — see also *Disease*

- glomerular (in) N05.9
- ...
- - sepsis, septicaemia NEC A41.-† N08.0*
- - - streptococcal A40.-† N08.0*
- ...
- - sarcoidosis D86.8† N16.2*
- - sepsis, septicaemia A41.-† N16.0*
- - - streptococcal A40.-† N16.0*
- - systemic lupus erythematosus M32.1† N16.4*

Erysipeloid A26.9

- cutaneous (Rosenbach's) A26.0
- disseminated A26.8
- sepsis, septicaemia A26.7
- specified NEC A26.8

Fever R50.9

- postprocedural (due to infection) R50.9
- - due to wound infection or sepsis T81.42
- pretibial A27.8

Infection, infected (opportunistic) (see also *Infestation*) B99

- due to or resulting from
- - artificial insemination N98.0
- - device, implant or graft (see also *Complications/by site and type*) T85.78
- ...
- - - intravascular catheter related T82.7
- - - joint prosthesis T84.5

- - - ocular (corneal graft) (orbital implant) NEC T85.78
- - - orthopaedic NEC T84.7
- - - specified NEC T85.78
- - - sternal wires T81.44
- - - urinary NEC T83.5
- ...
- hypopharynx (*see also Pharyngitis*) J02.9
- infusion (transfusion) related T80.2
- inguinal (lymph) glands L04.1
- - due to soft chancre A57
- injury, superficial T79.3
- intervertebral disc, pyogenic M46.3-
- intestine, intestinal (*see also Enteritis/infectious*) A09.0
- intra-amniotic, fetus P39.2
- intrauterine (complicating pregnancy) O23.5
- - puerperal (postpartum) (with sepsis) O85
- - specified infection, fetus P39.2
- intravascular catheter related T82.7
- *Isospora belli* or *hominis* A07.3
- jaw (bone) (lower) (upper) K10.2
- joint NEC M00.9-
- ...
- oncovirus, as cause of disease classified elsewhere B97.3
- operation wound T81.44
- *Opisthorchis (felinus) (viverrini)* B66.0
- ...
- postprocedural wound T81.44
- postvaccinal T88.0
- ...
- wound (local) (post traumatic) NEC T79.3
- - open — *see Wound, open*
- - postprocedural NEC T81.44
- - surgical T81.44
- *Wuchereria (bancrofti)* B74.0

Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved) J18. 9

- ...
- - schistosomiasis B65.-† J17.3*

- ~~— sepsis A41.-† J17.0*~~
- - *Serratia marcescens* J15.6

Sepsis (generalised) (*see also Infection*) A41.9

- herpesviral B00.7
- ~~- in operation wound T81.44~~
- intraocular H44.0
- *Listeria monocytogenes* A32.7
- ...
- pelvic, puerperal, postpartum, childbirth O85
- pneumococcal A40.3
- ~~- postprocedural T81.42~~
- *Pseudomonas* A41.52
- puerperal, postpartum, childbirth (pelvic) O85
- ...
- *Salmonella (arizonae) (cholerae-suis) (enteritidis) (typhimurium)* A02.1
- ~~- severe, as a result of disease classified elsewhere R65.1~~
- - with septic shock R57.2
- *Shigella* (*see also Dysentery/bacillary*) A03.9

Stitch

- abscess T81.44
- burst (in operation wound) T81.3

Syndrome — *see also Disease*

- systemic inflammatory response (SIRS), as a result of disease classified elsewhere
- - infectious origin (without acute organ failure) ~~R65.0~~
- *see Sepsis*
- ~~— with acute organ failure (severe sepsis) R65.1~~
- - noninfectious origin (without acute organ failure) R65.2
- - - with associated acute organ failure R65.3
- tachycardia-bradycardia I49.5

Urosepsis ~~N39.0~~ — *see Sepsis AND Infection, infected (opportunistic)/urinary (tract) NEC*

Urticaria L50.9

AUSTRALIAN CODING STANDARDS

SPECIALTY STANDARDS

1. Certain infectious and parasitic diseases

- 0102 HIV/AIDS
- 0104 Viral hepatitis
- 0109 Neutropenia
- 0110 SIRS, sepsis, severe sepsis and septic shock

0110 **SIRS, SEPSIS, SEVERE SEPSIS AND SEPTIC SHOCK**

DEFINITIONS

The terms sepsis, severe sepsis and septic shock are used to describe the systemic inflammatory response to infection, as a continuum of progressive and life threatening severity. The following definitions provide guidance on the inter-relationship between these concepts.

Systemic inflammatory response syndrome (SIRS)

SIRS is defined as a systemic inflammatory response which can occur in response to a variety of severe clinical insults, both infectious and noninfectious, such as pancreatitis, ischaemia, multitrauma, haemorrhagic shock, immune-mediated organ injury and infection.

Infection

Infection is a pathological process caused by invasion of normally sterile tissue or fluid or body cavity by pathogenic or potentially pathogenic microorganisms.

Sepsis

Sepsis is the clinical syndrome defined by the presence of both infection and a systemic inflammatory response. Sepsis may be used to mean localised infection and care should therefore be taken in code assignment.

A positive blood culture should not be used as an indicator of sepsis. For example, a patient with a central line infection and a positive blood culture may not be diagnosed with sepsis. Similarly, a negative blood culture would not preclude a clinical diagnosis of sepsis.

Severe sepsis

Severe sepsis is defined as sepsis with organ dysfunction or organ failure.

Septic shock

Septic shock is defined as severe sepsis with circulatory shock with signs of organ dysfunction or hypoperfusion.

CLASSIFICATION

Systemic inflammatory response syndrome [SIRS]

Where there is documentation of SIRS, assign first a code for the aetiology (infection, trauma etc) followed by the appropriate code from category R65 *Systemic inflammatory response syndrome [SIRS]*.

Where both an infectious and noninfectious aetiology is recorded in conjunction with SIRS, such as trauma and then infection, assign either R65.0 *Systemic inflammatory response syndrome [SIRS] of infectious origin without acute organ failure* or R65.1 *Systemic inflammatory response syndrome [SIRS] of infectious origin with acute organ failure*, as appropriate.

If it is unclear from the documentation whether organ failure is present or not, default to the appropriate code in category R65 *Systemic inflammatory response syndrome [SIRS]*, without acute organ failure.

EXAMPLE 1:

A patient with cerebral palsy and mental retardation, presented to the Emergency Department with a 3-day history of diffuse abdominal pain and faecal incontinence. Evaluation revealed severe faecal impaction. The patient developed systemic inflammatory response syndrome, however no underlying infective aetiology was determined. He responded well to digital disimpaction and antibiotics.

Codes: K56.4 Other impaction of intestine
R65.2 Systemic inflammatory response syndrome [SIRS] of noninfectious origin without acute organ failure

EXAMPLE 2:

A 55-year-old male admitted to hospital with a diagnosis of severe acute pancreatitis (alcohol-induced) with systemic inflammatory response syndrome and acute multi-organ failure (renal and respiratory).

Codes: K85.2 Alcohol induced acute pancreatitis
R65.3 Systemic inflammatory response syndrome [SIRS] of noninfectious origin with acute organ failure
F10.1 Mental and behavioural disorders due to use of alcohol, harmful use
N17.9 Acute kidney failure, unspecified
J96.09 Acute respiratory failure, type unspecified

EXAMPLE 3:

A 55-year-old male admitted to hospital with a diagnosis of severe acute pancreatitis (alcohol-induced) with systemic inflammatory response syndrome and acute multi-organ failure (renal and respiratory). The patient's condition worsened and a fine needle aspiration of the pancreas revealed pancreatic necrosis. Blood cultures were consistent with a diagnosis of sepsis due to *Clostridium perfringens*.

Codes: K85.2 Alcohol induced acute pancreatitis
A41.4 Sepsis due to anaerobes
R65.1 Systemic inflammatory response syndrome [SIRS] of infectious origin with acute organ failure
F10.1 Mental and behavioural disorders due to use of alcohol, harmful use
N17.9 Acute kidney failure, unspecified
J96.09 Acute respiratory failure, type unspecified
30094 05 [977] Percutaneous needle biopsy of pancreas

Sepsis

Where there is documentation of sepsis, assign a code for the localised and/or generalised infection. Care should be taken when interpreting documentation of *sepsis*. *Sepsis* may be used to mean:

- a generalised infection eg pneumococcal sepsis
- a localised infection (eg wound sepsis)

If, after seeking clarification from the clinician, it is confirmed that sepsis is being used to mean localised infection, refer to the index entry *Infection* rather than *Sepsis*.

The use of the term urosepsis may need further clarification with the clinician in order to determine if it refers to:

1. — generalised infection

OR

2. — urine contaminated by bacteria, bacterial by products or other toxic material but without other findings.

Where clarification is not available, code urosepsis to N39.0 *Urinary tract infection, site not specified*.

When a patient has sepsis coded to:

O03–O07 Pregnancy with abortive outcome

O08.0 — Genital tract and pelvic infection following abortion and ectopic and molar pregnancy

O75.3 — Other infection during labour

O85 — Puerperal sepsis

T80.2 — Infections following infusion, transfusion and therapeutic injection

T81.42 — Sepsis following a procedure

Assign an additional code from A40. — *Streptococcal sepsis* to A41. — *Other sepsis* to indicate sepsis or B95–B97 *Bacterial, viral and other infectious agents* to indicate an identified causative organism in a localised infection. An external cause code (especially complication codes in the range Y60. — Y84.9) should also be assigned when relevant.

Severe sepsis

Where there is documentation of severe sepsis, assign a code for the localised and/or generalised infection, followed by R65.1 *Systemic inflammatory response syndrome [SIRS] of infectious origin with acute organ failure*. Where there is no stated origin of the infection, assign a code for the generalised or systemic infection. Assign code(s) for the specific organ failure as appropriate.

EXAMPLE 4:

A 38 year old man in respiratory distress was admitted to ICU. He reported a persistent cough and dyspnoea at rest, together with intermittent chills, drenching sweats, and fever. Chest x ray and blood cultures confirmed a diagnosis of pneumococcal pneumonia. The patient developed acute respiratory failure and severe sepsis was confirmed.

Codes:	J13	Pneumonia due to <i>Streptococcus pneumoniae</i>
	R65.1	Systemic inflammatory response syndrome [SIRS] of infectious origin with acute organ failure
	J96.09	Acute respiratory failure, type unspecified

Septic shock

Where there is documentation of septic shock, assign a code for the localised and/or generalised infection followed by R57.2 *Septic shock*. Where there is no stated origin of the infection, assign a code for the generalised or systemic infection. Severe sepsis is inherent in septic shock and does not require a separate code. Assign code(s) for the specific organ failure as appropriate.

EXAMPLE 5:

A 63 year old male presented to hospital with an open foot wound of prolonged duration. He felt feverish and sluggish. Temperature, respiratory rate and heart rate were all elevated. Wound culture grew staphylococcus. He was transferred to ICU with a diagnosis of severe sepsis. He proceeded to septic shock, with acute multiple organ dysfunction (respiratory and cardiovascular) and despite resuscitation efforts, died on day 3.

Codes: S91.3 Open wound of other parts of foot
T89.02 Open wound with infection
B95.8 Unspecified staphylococcus as the cause of diseases classified to other chapters
R57.2 Septic shock
J96.09 Acute respiratory failure, type unspecified
I50.9 Heart failure, unspecified

Assign appropriate external cause, place of occurrence and activity codes.

Documentation of septic shock with abortion, failed abortion, or complications following abortion, should have a code assigned for the type of abortion or complication, followed by R57.2 *Septic shock*.

DEFINITIONS

The following definitions provide guidance on the inter-relationship between SIRS, sepsis, severe sepsis and septic shock. They should not be used to determine code assignment.

<u>SIRS</u>	<u>SIRS is defined as a systemic inflammatory response which can occur in response to a variety of severe clinical insults, both infectious and noninfectious, such as pancreatitis, ischaemia, multitrauma, haemorrhagic shock, immune-mediated organ injury and infection.</u>
<u>sepsis</u>	<u>Sepsis is the body's systemic inflammatory response to an infection (or SIRS to an infection). It is a clinical syndrome characterised by signs and symptoms of inflammation.</u>
<u>severe sepsis</u>	<u>Sepsis with organ dysfunction or organ failure, unexplained by other causes.</u>
<u>septic shock</u>	<u>Severe sepsis with circulatory shock with signs of organ dysfunction or hypoperfusion that is refractory to fluid challenge.</u>

(International Sepsis Definitions Conference, 2001)

CLASSIFICATION

Systemic inflammatory response syndrome [SIRS]

The causes of SIRS are broadly classified as infectious and noninfectious in origin.

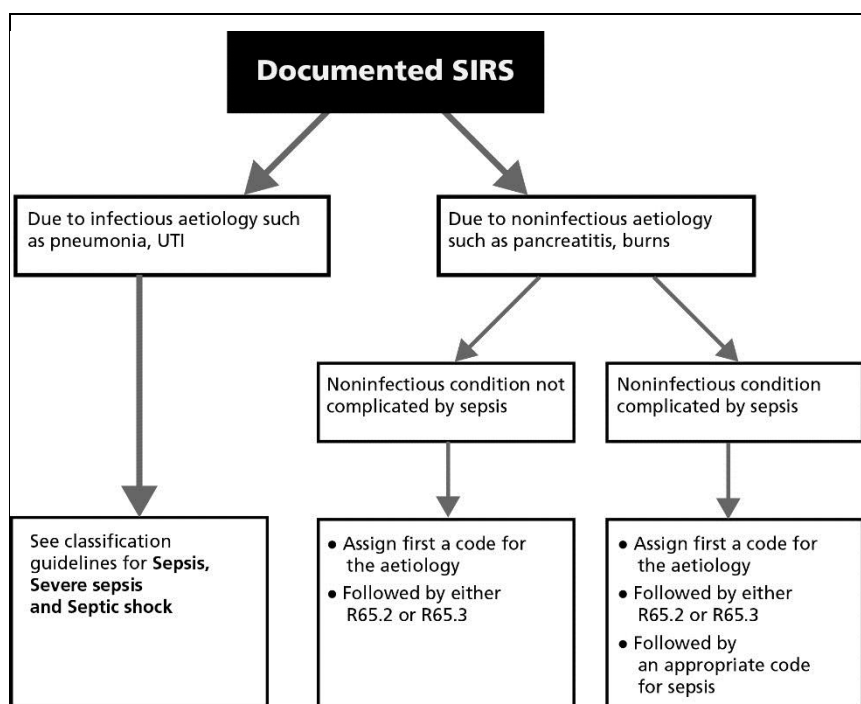
Where there is documentation of SIRS due to noninfectious aetiology, assign:

- first a code for the aetiology (pancreatitis, trauma etc)
- followed by either R65.2 Systemic inflammatory response syndrome [SIRS] of noninfectious origin without acute organ failure OR R65.3 Systemic inflammatory response syndrome [SIRS] of noninfectious origin with acute organ failure, as appropriate.

Where there is documentation of SIRS due to infectious aetiology, follow the classification guidelines for Sepsis, Severe sepsis and Septic shock (see below).

For instances where SIRS was initially triggered by a noninfectious condition, and during the admission a noninfectious condition developed an infection resulting in sepsis (e.g. burns, infected burns and then sepsis), follow the above guidelines for SIRS due to noninfectious aetiology and refer to the classification guidelines for *Sepsis*, *Severe sepsis* and *Septic shock* (see below) to code the infection/sepsis.

Figure 1 – flowchart for assigning ICD-10-AM codes for documented SIRS



EXAMPLE 1:

A 55 year old male admitted to hospital with a diagnosis of severe acute pancreatitis (alcohol-induced) with documentation of systemic inflammatory response syndrome and acute multi-organ failure (renal and respiratory).

Codes:	K85.2	Alcohol-induced acute pancreatitis
	R65.3	Systemic inflammatory response syndrome [SIRS] of noninfectious origin with acute organ failure
	F10.1	Mental and behavioural disorders due to use of alcohol, harmful use
	N17.9	Acute kidney failure, unspecified
	J96.09	Acute respiratory failure, type unspecified

EXAMPLE 2:

A 55 year old male admitted to hospital with a diagnosis of severe acute pancreatitis (alcohol-induced) with documentation of systemic inflammatory response syndrome and acute multi-organ failure (renal and respiratory). The patient's condition worsened and a fine needle aspiration biopsy of the pancreas revealed pancreatic necrosis. The patient was diagnosed with sepsis and blood cultures were positive for clostridium perfringens.

Codes:	K85.2	Alcohol-induced acute pancreatitis
	R65.3	Systemic inflammatory response syndrome [SIRS] of noninfectious origin with acute organ failure
	F10.1	Mental and behavioural disorders due to use of alcohol, harmful use
	N17.9	Acute kidney failure, unspecified
	J96.09	Acute respiratory failure, type unspecified
	A41.4	Sepsis due to anaerobes
	30094-05 [977]	Percutaneous needle biopsy of pancreas

Sepsis

Where there is documentation of sepsis, assign:

- An appropriate code for sepsis from Chapter 1 *Certain infectious and parasitic diseases* (A00-B99) OR
- An appropriate code from P36.- *Bacterial sepsis of newborn* OR P37.52 *Invasive neonatal candidiasis for neonates*

When a patient has sepsis classified to:

O03–O07 Pregnancy with abortive outcome

O08.0 Genital tract and pelvic infection following abortion and ectopic and molar pregnancy

O75.3 Other infection during labour

O85 Puerperal sepsis

T80.2 Infections following infusion, transfusion and therapeutic injection

T81.4 Wound infection following a procedure, not elsewhere classified

T82.6 Infection and inflammatory reaction due to cardiac valve prosthesis

T82.7 Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts

T83.5 Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system

T83.6 Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract

T84.5 Infection and inflammatory reaction due to internal joint prosthesis

T84.6 Infection and inflammatory reaction due to internal fixation device [any site]

T84.7 Infection and inflammatory reaction due to other internal orthopaedic prosthetic devices, implants and grafts

T85.7 Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts

assign an additional code from Chapter 1 *Certain infectious and parasitic diseases (A00-B99)* to indicate the type of sepsis.

When there is documentation of vague diagnostic terms such as ‘chest sepsis’ or ‘biliary sepsis’, coders should clarify with the treating clinician to determine whether it is a case of sepsis.

Sepsis must be documented before the above guidelines are applied. Evidence of presence of pathogenic microorganisms alone does not determine the diagnosis of sepsis, therefore a positive blood culture should not be used as a reason to code sepsis. Similarly, a negative blood culture would not preclude a clinical diagnosis of sepsis.

EXAMPLE 3:

A six year old child, who had bulbar palsy and history of aspiration, presented to ED with shortness of breath, tachycardia and fever. He was transferred to the ward with provisional diagnosis of pneumonia and ?sepsis. He was given high flow oxygen, IV fluid resuscitation, antibiotics and other treatments. Septic workup including sputum/blood cultures, chest x-ray, and serum lactate were ordered. Discharge summary states: sepsis due to pneumonia.

Codes:	A41.9	Sepsis, unspecified
	J18.9	Pneumonia, unspecified

Note: Sequencing of codes may vary according to the individual episode. Selection of the principal diagnosis should be made in accordance with ACS 0001 Principal diagnosis.

EXAMPLE 4:

An elderly female was admitted for treatment of a stroke (cerebral infarction). During admission the patient complained of burning pain at/around the IV insertion site. On examination, there were clear signs of redness and swelling around the IV site and the IV catheter was removed. On day 8 the patient developed fever, rigors and her left forearm was markedly swollen with pus discharging from the old IV entry site. A wound swab confirmed a coagulase-negative staphylococcus infection. Blood cultures showed no growth. A diagnosis of sepsis secondary to IV site infection was made and she was commenced on antibiotic treatment.

Codes:	I63.9	Cerebral infarction, unspecified
	T82.7	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts
	B95.7	Other staphylococcus as the cause of diseases classified to other chapters
	A41.9	Sepsis, unspecified

Assign appropriate external cause and place of occurrence codes

Severe sepsis

Coding of severe sepsis requires a minimum of two codes:

- Assign first a code to identify the type of sepsis
- Assign an additional code R65.1 *Severe sepsis* to indicate the severity of sepsis

Severe sepsis must be documented before R65.1 *Severe sepsis* is assigned. Do not assume severe sepsis when there is documentation of sepsis and acute organ failure.

Additional code(s) for acute organ failure should be assigned if it/they meet the criteria(on) for code assignment specified in ACS 0002 *Additional diagnoses*.

EXAMPLE 5:

A 38 year old man in respiratory distress was admitted to ICU. He reported a persistent cough and dyspnoea at rest, together with intermittent chills, drenching sweats, and fever. Upon arrival at the ICU, he was profoundly hypoxic, hypotensive and required immediate intubation, ventilation and vasopressor support. He was diagnosed with severe sepsis secondary to bronchopneumonia. Blood cultures were positive for *Streptococcus pneumoniae*. Chest X-ray and ABG (arterial blood gas) confirmed the diagnosis of bronchopneumonia and acute type I (hypoxic) respiratory failure.

Codes:	A40.3	Sepsis due to <i>Streptococcus pneumoniae</i>
	R65.1	Severe sepsis
	J96.00	Acute respiratory failure, type I
	J13	Pneumonia due to <i>streptococcus pneumoniae</i>

Note: Sequencing of codes may vary according to the individual episode. Selection of the principal diagnosis should be made in accordance with ACS 0001 *Principal diagnosis*.

Septic shock

Coding of septic shock requires a minimum of two codes:

- Assign first a code to identify the type of sepsis
- Assign an additional code R57.2 *Septic shock* to indicate the severity of sepsis

Documentation of septic shock indicates the presence of sepsis (i.e. sepsis does not need to be documented). Severe sepsis is inherent in septic shock and therefore severe sepsis does not need to be coded if R57.2 *Septic shock* is assigned.

EXAMPLE 6:

A 63 year old male with mild asthma was admitted to the hospital with community acquired pneumonia. Despite 5 days of intravenous antibiotics, he became feverish and sluggish. Temperature, respiratory rate and heart rate were all elevated. He was transferred to ICU with a diagnosis of severe sepsis. He proceeded to septic shock, with acute multiple organ dysfunction (respiratory and cardiovascular) and despite resuscitation efforts, died on day 3.

Codes:	J18.9	Pneumonia, unspecified
	A41.9	Sepsis, unspecified
	R57.2	Septic shock
	J96.09	Acute respiratory failure, type unspecified
	I50.9	Heart failure, unspecified

Note: Sequencing of codes may vary according to the individual episode. Selection of the principal diagnosis should be made in accordance with ACS 0001 *Principal diagnosis*.

0109 NEUTROPENIA

CLASSIFICATION

When sepsis/septicaemia is recorded,

- the sepsis/septicaemia code should be sequenced before the neutropenia code.

If sepsis/septicaemia is not recorded,

- assign code D70 *Agranulocytosis* (neutropenia) and, if applicable, R50.- *Fever of other and unknown origin* (pyrexia) as an additional diagnosis.

An external cause code must be assigned in cases of drug-induced neutropenia.

See also ACS 0304 Pancytopenia and ACS 0110 SIRS, sepsis, severe sepsis and septic shock.

0111 HEALTHCARE ASSOCIATED *STAPHYLOCOCCUS AUREUS* BACTERAEMIA

CLASSIFICATION

...

U90.0 *Healthcare associated Staphylococcus aureus bacteraemia* is a supplementary code. The manifestation of the bacteraemia, such as localised and/or generalised infection, or the bacteraemia if no site is specified, together with any appropriate external cause codes should be coded according to normal coding practice and sequenced before U90.0. See also ACS 0110 SIRS, sepsis, severe sepsis and septic shock and ACS 1904 *Procedural complications*.

1904 PROCEDURAL COMPLICATIONS

...

INFECTED INTRAVENOUS (IV) SITE/INTRAVASCULAR catheter related infection/infusion or transfusion related infection

Definition

Infections related to ~~intravenous~~ intravascular access may be described as a localised infection at the site of insertion or systemic intravascular catheter related sepsis. Localised infections will be indicated by erythema, oedema, purulent discharge, pain and possibly pyrexia. Documentation of terms such as 'redness' and/or 'tissue' in isolation of other signs of infection, do not constitute a localised infection. Intravascular catheter related sepsis can occur if localised infection progresses.

Infusion/transfusion associated infection refers to the sudden onset of symptoms of blood stream infection after the initiation of infusion. This may be attributed to improper aseptic technique during the venepuncture where microorganisms are inadvertently introduced into the blood stream, or caused by the administration of contaminated blood products or IV fluid. Infusion/transfusion associated infection is characterised by the appearance of fever, shivering, dyspnoea, hypotension etc. Severe infection can lead to septic shock or multiple organ failure.

~~Systemic infections associated with intravenous access devices may be difficult to recognise. The only symptoms may be low grade pyrexia and an elevated white cell count. Generally, localised infections are associated with the presence of the access device (ie insertion of the catheter) rather than the procedure of infusion, transfusion or injection.~~

The index pathways under Infection/due to or resulting from in ICD-10-AM Alphabetic Index provides guidance in this area. Infection/due to or resulting from/infusion, injection or transfusion leads to T80.2 Infections following infusion, transfusion and therapeutic injection, whereas Infection/due to/device, implant or graft/catheter/infusion leads to T82.7 Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts.

Classification

~~When there is documentation of 'infected IV site' or other clinical evidence which indicates that the infection is localised, assign~~ Intravascular catheter related infection or sepsis is classified to:

- T82.7 Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, together with a code for the specific condition, if known (eg-cellulitis, sepsis)

- Y84.8 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (if the insertion was not performed as an open surgical procedure)
- Y92.22 Place of occurrence, health service area

~~When there is documentation of the infection being systemic and related to the procedure of infusion, transfusion or injection (rather than the access device), assign:~~ Infusion/transfusion related infection or sepsis is classified to:

- T80.2 Infections following infusion, transfusion and therapeutic injection, together with a code for the specific condition, if known (eg sepsis)
- Y84.8 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (if the insertion was not performed as an open surgical procedure)
- Y92.22 Place of occurrence, health service area

See also ACS 0110 SIRS, sepsis, severe sepsis and septic shock.

TABULAR LIST OF DISEASES

CONVENTIONS USED IN THE TABULAR LIST OF DISEASES

- c. If neither the symbol (†) nor the alternative asterisk code appear in the title**, the rubric as a whole is not subject to dual classification but individual inclusion terms may be. If so, these terms will be marked with the symbol and their alternative codes given.

EXAMPLE 4:

A54.8 Other gonococcal infections
 Gonococcal:
 ...
 •peritonitis† (K67.1*)
 •pneumonia† (J17.0*)
 •septicaemiasepsis
 •skin lesions

1.2. Dengue fever (*Major*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASE

LIST OF THREE CHARACTER CATEGORIES

CHAPTER 1

CERTAIN INFECTIOUS AND PARASITIC DISEASES (A00–B99)

Arthropod-borne viral fevers and viral haemorrhagic fevers (A9092–A99)

- A90 — ~~Dengue fever [classical dengue]~~
- A91 — ~~Dengue haemorrhagic fever~~
- A92 Other mosquito-borne viral fevers
- A93 Other arthropod-borne viral fevers, not elsewhere classified
- A94 Unspecified arthropod-borne viral fever
- A95 Yellow fever
- A96 Arenaviral haemorrhagic fever
- A97 Dengue fever
- A98 Other viral haemorrhagic fevers, not elsewhere classified
- A99 Unspecified viral haemorrhagic fever

CHAPTER 1

CERTAIN INFECTIOUS AND PARASITIC DISEASES (A00–B99)

This chapter contains the following blocks:

- A00–A09 Intestinal infectious diseases
- A15–A19 Tuberculosis
- A20–A28 Certain zoonotic bacterial diseases
- A30–A49 Other bacterial diseases
- A50–A64 Infections with a predominantly sexual mode of transmission
- A65–A69 Other spirochaetal diseases
- A70–A74 Other diseases caused by Chlamydiae
- A75–A79 Rickettsioses
- A80–A89 Viral infections of the central nervous system
- A9092–A99 Arthropod-borne viral fevers and viral haemorrhagic fevers

A9092–A99 ARTHROPOD-BORNE VIRAL FEVERS AND VIRAL HAEMORRHAGIC FEVERS

A90 — **Dengue fever [classical dengue]**

~~Excludes:~~ dengue haemorrhagic fever (A91)

A91 — **Dengue haemorrhagic fever**

A97 — **Dengue**

Dengue

Dengue is a viral disease transmitted by bite of mosquito infected by dengue viruses. It is one disease entity with different clinical presentations and often with unpredictable clinical evolution and outcome. Most patients recover following a self-limiting non severe clinical course like nausea, vomiting, rash, aches and pains, but a small proportion progress to severe disease, mostly characterised by plasma leakage with or without haemorrhage, although severe haemorrhages or severe organ impairment can occur, with or without dengue shock.

Dengue with warning signs

Clinical warning signs are: abdominal pain or tenderness, mucosal bleeding, lethargy and/or restlessness, rapid decrease in platelet count, increase in haematocrit. Other signs can include: persistent vomiting, visible fluid accumulation, liver enlargement more than 2 cm.

Severe Dengue

Clinical signs include:

1. Severe plasma leakage leading to shock (Dengue shock syndrome – DSS) and/or fluid accumulation with respiratory distress;
2. Severe bleeding as evaluated by clinician;
3. Severe organ involvement: Liver AST or ALT \geq 1000, CNS: impaired consciousness (encephalitis), involvement of other organs, such as myocarditis or nephritis

Note: These criteria are for use by clinicians, not clinical coders. Coders should assign a code from A97.- based only on clinical documentation of the condition.

A97.0	Dengue without warning signs
	Dengue haemorrhagic fever:
	• <u>grade 1</u>
	• <u>grade 2</u>
	• <u>without warning signs</u>
A97.1	Dengue with warning signs
	<u>Dengue haemorrhagic fever with warning signs</u>
A97.2	Severe Dengue
	<u>Dengue shock syndrome (DSS)</u>
	<u>Severe dengue:</u>
	• <u>fever</u>
	• <u>haemorrhagic fever</u>
A97.9	Dengue, unspecified
	<u>Dengue fever (DF) NOS</u>

A98 Other viral haemorrhagic fevers, not elsewhere classified

Excludes: chikungunya haemorrhagic fever (A92.0)
dengue haemorrhagic fever (A9197.-)

A98.0	Crimean-Congo haemorrhagic fever
	Central Asian haemorrhagic fever

APPENDIX B

MORTALITY TABULATION LIST 1

GENERAL MORTALITY

CONDENSED LIST

1-001	Certain infectious and parasitic diseases	A00–B99
1-002	Cholera	A00
...		
1-016	Yellow fever	A95
1-017	Other arthropod-borne viral fevers and viral haemorrhagic fevers	A902–A94, A96–A99
1-018	Measles	B05

MORTALITY TABULATION LIST 2

GENERAL MORTALITY

SELECTED LIST

2-001	Cholera	A00
...		
2-015	Yellow fever	A95
2-016	Other arthropod-borne viral fevers and viral haemorrhagic fevers	A902–A94, A96–A99
2-017	Measles	B05

TABULATION LIST FOR MORBIDITY

001	Cholera	A00
...		
031	Yellow fever	A95
032	Other arthropod-borne viral fevers and viral haemorrhagic fevers	A902–A94, A96–A99
033	Herpesviral infections	B00

ALPHABETIC INDEX OF DISEASES

Dengue (~~classical~~) (fever) NEC A90A97.9

- with warning signs A97.1
- without warning signs A97.0
- haemorrhagic A94
- - grade 1 A97.0
- - grade 2 A97.0
- - severe A97.2
- severe A97.2
- shock syndrome A97.2
- Fever** R50.9
- with
- - chills R50.8
- - - in malarial regions B54
- - rigors R50.8
- *abortus* A23.1
- Aden (dengue) A907.-
- African tick-borne A68.1
- American
- - mountain (tick) A93.2
- - spotted A77.0
- aphthous B08.8
- arbovirus, arboviral A94
- - haemorrhagic A94
- - specified NEC A93.8
- Argentinian haemorrhagic A96.0
- arthropod-borne A94
- - specified NEC A93.8
- Assam B55.0
- Australian Q A78
- Bangkok haemorrhagic A947.-
- Barmah forest A92.8
- Bartonella A44.0
- bilious, haemoglobinuric B50.8
- blackwater B50.8
- blister B00.1
- Bolivian haemorrhagic A96.1
- Bonvale dam T73.3
- boutonneuse A77.1
- brain (*see also Encephalitis*) G04.9
- Brazilian purpuric A48.4
- breakbone A907.-
- Bullis A77.0
- ...
- Cyprus A23.0
- dandy A907.-
- deer fly (*see also Tularaemia*) A21.9
- dengue (virus) NEC A90A97.9
- ~~haemorrhagic A94~~
- - with warning signs A97.1
- - without warning signs A97.0
- - haemorrhagic
- - - grade 1 A97.0
- - - grade 2 A97.0
- - - severe A97.2
- ~~sandfly A93.1~~
- - severe A97.2

- - shock syndrome A97.2
- desert B38.0
- drug-induced R50.2
- due to heat T67.0
- dum-dum B55.0
- during labour and delivery NEC O75.2
- enteroviral exanthematous (Boston exanthem) A88.0
- ephemeral (of unknown origin) R50.9
- epidemic haemorrhagic A98.5† N08.0*
- erysipelatos (*see also Erysipelas*) A46
- estivo-autumnal (malarial) B50.9
- famine A75.0
- following delivery O86.4
- Fort Bragg A27.8
- gastromalarial (*see also Malaria*) B54
- Gibraltar A23.0
- glandular B27.9
- Guama (viral) A92.8
- haematuric, bilious B50.8
- haemoglobinuric (bilious) (malarial) B50.8
- haemorrhagic (arthropod-borne) NEC A94
- - with renal syndrome A98.5† N08.0*
- - arenaviral A96.9
- - - specified NEC A96.8
- - Argentinian A96.0
- - Bangkok A947.-
- - Bolivian A96.1
- - Central Asian A98.0
- - Chikungunya A92.0
- - Crimean-Congo A98.0
- - dengue (virus) A94A97.-
- - epidemic A98.5† N08.0*
- - Junin (virus) A96.0
- - Korean A98.5† N08.0*
- - Machupo (virus) A96.1
- - mite-borne A93.8
- - mosquito-borne A92.8
- - Omsk A98.1
- - Philippine A947.-
- - Russian A98.5† N08.0*
- - Singapore A947.-
- - Southeast Asia A947.-
- - Thailand A947.-
- - tick-borne NEC A93.8
- - viral A99
- - - specified NEC A98.8
- Haverhill A25.1
- hay (allergic) J30.1
- ...
- pharyngoconjunctival B30.2
- Philippine haemorrhagic A947.-
- phlebotomus A93.1
- Piry (virus) A93.8
- Pixuna (viral) A92.8
- *Plasmodium ovale* B53.0
- ...

- seven-day (autumnal) (Japanese) (leptospirosis) A27.8
- dengue A907.-
- shin bone A79.0
- Singapore haemorrhagic A947.-
- snail B65.-
- solar A907.-
- Songo A98.5† N08.0*
- sore B00.1
- South African tick-bite A68.1
- Southeast Asia haemorrhagic A947.-
- specified NEC R50.8
- spinal — *see Meningitis*
- spirillary A25.0
- spotted A77.9
- - American A77.0
- - cerebrospinal meningitis A39.0
- - Colombian A77.0
- - due to Rickettsia
- - - australis A77.3
- - - conorii A77.1
- - - rickettsii A77.0
- - - sibirica A77.2
- - - specified type NEC A77.8
- - Rocky Mountain A77.0

- steroid
- - correct substance properly administered R50.2
- - overdose or wrong substance given or taken T38.0
- streptobacillary A25.1
- subtertian B50.9
- Sumatran mite A75.3
- sun A907.-
- swamp A27.9
- Tahyna B33.8
- tertian — *see Malaria/tertian*
- Thailand haemorrhagic A947.-
- thermic T67.0

Syndrome — *see also Disease*

- ...
- deficiency, deficient
- - abdominal muscle Q79.4
- - attention F98.8
- - - with hyperactivity F90.0
- Déjerine-Roussy G93.8
- delayed sleep phase G47.2
- demyelinating G37.9
- dengue shock A97.2
- Dennie-Marfan syphilitic A50.4

1.3. Acute infectious hepatitis NOS

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TABULAR LIST OF DISEASE

B17 Other acute viral hepatitis

B17.9 Acute viral hepatitis, unspecified

~~Acute hepatitis NOS~~

Acute:

. hepatitis } NOS

. infectious hepatitis }

ALPHABETIC INDEX OF DISEASE

Hepatitis K75.9

- acute NEC B17.9
- - alcoholic K70.1
- - infectious ~~B15.9~~B17.9
- — with hepatic coma ~~B15.0~~
- - non-viral K72.0
- - viral NEC B17.9

...

- infectious, infective
- - acute (subacute) ~~B15.9~~B17.9
- — with hepatic coma ~~B15.0~~
- - chronic B18.9
- inoculation (*see also Hepatitis/viral/type/B*) B16.9
- interstitial (chronic) K74.6

1.4. Bacterial pneumonia, gram-negative

Refer 10.6 Bacterial pneumonia, gram-negative for details.

1.5. Syphilitic arthropathy (*Indexing*)

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ALPHABETIC INDEX OF DISEASE

Arthritis, arthritic (acute) (chronic) (subacute) M13.9-
- syphilitic (late) A52.1† ~~M01.3~~* M03.1*
- - Charcot's A52.1† M14.6*

Arthropathy (*see also Arthritis*) M13.9-
- in (due to)
...
- - sarcoidosis D86.8† M14.8*

- - syphilis (late) A52.7† ~~M01.3~~* M03.1*
- - - congenital A50.5† M03.1*
- - thyrotoxicosis E05.-† M14.5*
- - ulcerative colitis K51.-† M07.5*

Syphilis, syphilitic (acquired) A53.9
- joint (late) A52.7† ~~M14.8~~* M03.1*

1.6. Post infusion, post transfusion hepatitis

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ALPHABETIC INDEX OF DISEASE

Hepatitis K75.9
- from injection, inoculation or transfusion (blood)
 (other substance) (plasma) (serum) ~~(see also see Hepatitis/viral/by type/B)~~ B16.9
- fulminant (viral) NEC — *see Hepatitis/viral*
- granulomatous NEC K75.3
- herpesviral B00.8† K77.0*
- homologous serum — ~~*see (see also Hepatitis/viral/by type/B)*~~ B16.9
- in (due to)
 - - mumps B26.8† K77.0*
 - - toxoplasmosis (acquired) B58.1
 - - - congenital (active) P37.1† K77.0*
- infectious, infective
 - - acute (subacute) B15.9
 - - - with hepatic coma B15.0
 - - chronic B18.9
- inoculation — ~~*see (see also Hepatitis/viral/by type/B)*~~ B16.9
- interstitial (chronic) K74.6
- lupoid NEC K75.4
- malignant (with hepatic failure) NEC K72.9
- neonatal (giant cell) (idiopathic) (toxic) P59.2
- non-viral NEC K75.9
- - acute K72.0

- postimmunisation — ~~*see (see also Hepatitis/viral/by type/B)*~~ B16.9
- post-transfusion — ~~*see (see also Hepatitis/viral/by type/B)*~~ B19.9
- - with hepatic coma B19.0
- reactive, nonspecific K75.2
- serum — ~~*see (see also Hepatitis/viral/by type/B)*~~ B16.9
- syphilitic (late) A52.7† K77.0*

Jaundice (yellow) R17
- obstructive (*see also Obstruction/bile duct*) K83.1
- postimmunisation — *see Hepatitis/viral/by type/B*
- post-transfusion — ~~*see Hepatitis/viral/by type/B*~~ T80.8
 - - due to
 - - - haemolytic transfusion reaction T80.8
 - - - hepatitis — *see Hepatitis/viral/by type*
 - regurgitation (*see also Obstruction/bile duct*) K83.1
 - serum (homologous) (prophylactic) (therapeutic) — ~~*see Hepatitis/viral/by type/B*~~ T80.8
 - - due to
 - - - haemolytic transfusion reaction T80.8
 - - - hepatitis — *see Hepatitis/viral/by type*
 - spirochaetal (haemorrhagic) A27.0

1.7. Food poisoning (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Poisoning (acute) (*see also Table of drugs and chemicals*) T65.9

- food (bacterial) (~~diseased~~) (~~infected~~)-NEC (*see also Intoxication/food-borne/by agent*) A05.9
- - noxious or naturally toxic T62.9
- - - berries T62.1

2. Neoplasms

2.1. Insertion of fiducial markers (*Major*)

Fiducial markers are increasingly being used as reference points for image guided surgery or precise delivery of radiotherapy. Markers may be implanted into the prostate, breast, liver or spine via a percutaneous or surgical approach. In recent years the use of fiducial markers has expanded and has been applied to deep structures such as the gastrointestinal tract, mediastinum and abdomen, using endoscopic ultrasound (EUS) guidance.

To address the wider application of this procedure, a generic code for insertion of fiducial markers was recommended.

The following amendments were made to ACHI Ninth Edition:

- Creation of block [1800] for *Implantation of device for radiotherapy guidance*
- Creation of a generic code at block [1800] for *Implantation of fiducial markers*
- Addition of the ACS symbol for ACS 0023 *Laparoscopic/arthroscopic/endoscopic surgery* at the new code to indicate that an additional code should be assigned when EUS or laparoscopy is performed in conjunction with fiducial marker placement
- Deletion of the existing code 37217-00 [1160] *Implantation of fiducial marker, prostate*
- Amendment of index entries to support the above changes.

TABULAR LIST OF INTERVENTIONS

1160	Application, insertion or removal procedures on prostate or seminal vesicle
37227-00	Implantation of brachytherapy applicator, prostate Insertion of catheters (needles) into prostate for brachytherapy Includes: cystoscopy ultrasound Note: Radioactive (gold) seeds for brachytherapy Code also: <ul style="list-style-type: none">• brachytherapy, prostate (15338-00 [1792]) Excludes: that implantation of markers for radiotherapy guidance planning (37217-0001 [11601800])
37217-00	Implantation of fiducial marker, prostate Note: Marker for radiotherapy planning Excludes: that for brachytherapy (37227-00 [1160])
90409-00	Implantation of other device(s), prostate

CHAPTER 18

RADIATION ONCOLOGY PROCEDURES (BLOCKS 1786–1799~~800~~)

RADIATION ONCOLOGY PROCEDURES

▼ 0229

COMPUTERISED RADIOTHERAPY PLANNING

1799

Radiation dosimetry

15518-00 Dosimetry by CT interfacing computer, simple

Includes: single area with one field or parallel opposed fields

15521-00 Dosimetry by CT interfacing computer, intermediate

Includes: single area with two or more intersecting coplanar fields

1800

Implantation of device for radiotherapy guidance

37217-01 Implantation of fiducial markers

▽ 0023

ALPHABETIC INDEX OF INTERVENTIONS

Implant, implantation — *see also Insertion*

- fiducial marker(s), ~~prostate~~ (fiducial seed) (fiduciary marker) (gold fiducial marker) 37217-0001 **[1800~~160~~]**

Insertion

- device — *see also Insertion/by type of device*

- - for female sterilisation (bilateral) (hysteroscopic) (microcoil) (unilateral) 35688-01 **[1257]**

...

- - fiducial marker(s), ~~prostate~~ (fiducial seed) (fiduciary marker) (gold fiducial marker) 37217-0001 **[1800~~160~~]**

...

- fiducial marker(s), ~~prostate~~ (fiducial seed) (fiduciary marker) (gold fiducial marker) 37217-0001 **[1800~~160~~]**

2.2. Hodgkin lymphoma

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

C81

Hodgkin lymphoma

▼ 0222

C81.0 Nodular lymphocyte predominant Hodgkin lymphoma

C81.1 Nodular sclerosis (classical) Hodgkin lymphoma

C81.2 Mixed cellularity (classical) Hodgkin lymphoma

C81.3 Lymphocyte depleted (classical) Hodgkin lymphoma

C81.4 Lymphocyte-rich (classical) Hodgkin lymphoma

Excludes: nodular lymphocytic predominant Hodgkin lymphoma (C81.0)

- C81.7 Other (classical) Hodgkin lymphoma
~~Classic Hodgkin lymphoma, type not specified~~
- C81.9 Hodgkin lymphoma, unspecified
Hodgkin lymphoma:
 • classical
 • NOS

ALPHABETIC INDEX OF DISEASES

- Lymphoma** (malignant) (M9590/3) C85.9
 - Hodgkin (classical) NEC (M9650/3) C81.9
 - - and non-Hodgkin, composite (M9596/3) C85.7
~~— classical NEC (M9650/3) C81.7~~
 - - granuloma (M9661/3) C81.9
~~— lymphocyte~~
~~— - - depletion (M9653/3) C81.3~~
~~— - - - diffuse fibrosis (M9654/3) C81.3~~
~~— - - - reticular (M9655/3) C81.3~~
~~— - - predominance, nodular (M9659/3) C81.0~~
~~— - - rich (M9651/3) C81.4~~
~~— - mixed cellularity (M9652/3) C81.2~~
~~— - nodular~~
~~— - - lymphocyte predominance (M9659/3) C81.0~~
~~— - - sclerosis (M9663/3) C81.1~~
~~— - - - cellular phase (M9664/3) C81.1~~
~~— - - - grade 1 (M9665/3) C81.1~~
~~— - - - grade 2 (M9667/3) C81.1~~
~~— - - - syncytial variant (M9667/3) C81.1~~
~~— lymphocyte~~
~~— - depletion (classical) (M9653/3) C81.3~~
- ~~— - - - diffuse fibrosis (M9654/3) C81.3~~
~~— - - reticular (M9655/3) C81.3~~
~~— - predominance (diffuse) (M9651/3) C81.0~~
~~— - nodular (M9659/3) C81.0~~
~~— - rich (classical) (M9651/3) C81.4~~
~~— lymphocytic-histiocytic predominance (M9651/3) C81.0~~
~~— mixed cellularity (classical) (M9652/3) C81.2~~
~~— nodular sclerosis (M9665/3) C81.1~~
~~— nodular sclerosis (classical) (M9663/3) C81.1~~
~~— cellular phase (M9664/3) C81.1~~
~~— grade 1 (M9665/3) C81.1~~
~~— grade 2 (M9667/3) C81.1~~
~~— mixed cellularity (M9665/3) C81.1~~
~~— syncytial variant (M9667/3) C81.1~~
 - - paragranuloma (nodular) (M9659/3) C81.0
 - - sarcoma (M9662/3) C81.3
 - - specified NEC (M9650) C81.7
 - hydroa vacciniforme-like (M9725/3) C84.5

2.3. Myelodysplastic syndromes

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TABULAR LIST OF DISEASES

D46 Myelodysplastic syndromes

Note: Myelodysplastic syndromes have been reclassified in ICD-O Third Edition with a malignant behaviour code /3. The codes within D46 will continue to be used (although they are located in the chapter for Neoplasms of uncertain and unknown behaviour) with the appropriate morphology code as indexed.

Excludes: drug-induced aplastic anaemia (D61.1)

D46.0 Refractory anaemia without ring sideroblasts, so stated

Includes: without sideroblasts, without excess of blasts

D46.1 Refractory anaemia with ring sideroblasts

D46.2 Refractory anaemia with excess of blasts [RAEB]

RAEB:

- 1
- 2

2.4. Melanocytoma of eyeball

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TABULAR LIST OF DISEASES

C69 Malignant neoplasm of eye and adnexa

...

C69.4 Ciliary body

Uveal tract

C69.5 Lacrimal gland and duct

Lacrimal sac

Nasolacrimal duct

C69.6 Orbit

Connective tissue of orbit

Extraocular muscle

Peripheral nerves of orbit

Retrobulbar tissue

Retro-ocular tissue

Excl.: orbital bone (C41.0)

★C69.7 Other specified parts of eye

Iris

Lens, crystalline

Sclera

C69.8 Overlapping lesion of eye and adnexa

See note 5 at the beginning of this chapter

C69.9 Eye, unspecified

Eyeball

D31 Benign neoplasm of eye and adnexa

...

D31.4 Ciliary body

Uveal tract

D31.5 Lacrimal gland and duct

Lacrimal sac

Nasolacrimal duct

D31.6 Orbit, unspecified

Connective tissue of orbit

Extraocular muscle

Peripheral nerves of orbit

Retrobulbar tissue

Retro-ocular tissue

Excludes: orbital bone (D16.4)

★D31.7 Other specified parts of eye

Iris

Lens, crystalline

Sclera

D31.9 Eye, unspecified

Eyeball

ALPHABETIC INDEX OF DISEASES

Medulloepithelioma (M9501/3) — *see also*

Neoplasm/malignant

- benign (M9501/0) D31.4⁹
- in situ (M9501/2) D09.2
- teratoid (M9502/3) — *see Neoplasm/malignant*
- - benign (M9502/0) D31.4⁹
- - in situ (M9502/2) D09.2

Melanocytoma (M8726/0) — *see also*

Neoplasm/benign

- eyeball (M8726/0) ~~D31.4~~D31.9
- - malignant (M8726/3) ~~C69.4~~C69.9
- meningeal (M8728/1) — *see*
Neoplasm/meninges/uncertain behaviour

Melanocytosis, diffuse (M8728/0) — *see*

Neoplasm/meninges/benign

Melanoma (malignant) (M8720/3) C43.9

- site classification

...

- - interscapular region C43.5
- - iris C69.4⁷

- - jaw (external) C43.3

...

- spindle cell (M8772/3)
- - with epithelioid, mixed (M8770/3)
- - type A (M8773/3) C69.4⁹
- - type B (M8774/3) C69.4⁹

Naevus (M8720/0) D22.9

- magnocellular (M8726/0)
- - malignant (M8726/3)
- - - specified site — *see Neoplasm/malignant*
- - - unspecified site ~~C69.4~~C69.9
- - specified site — *see Neoplasm/benign*
- - unspecified site ~~D31.4~~D31.9
- malignant (M8720/3) — *see Melanoma*

...

- site classification

...

- - hip D22.7
- - interscapular region D22.5
- - iris D31.4⁷

Neoplasm, neoplastic	Malignant		In situ	Benign	Uncertain or unknown behaviour
	Primary	Secondary			
	C80.9	C79.9	D09.9	D36.9	D48.9
- intrathoracic (cavity) (organs NEC)	C76.1	C79.88	-	D36.7	D48.7
- iris	C69.4 C69.7	C79.4	D09.2	D31.4 D31.7	D48.7
- ischiorectal (fossa)	C76.3	C79.88	-	D36.7	D48.7
...					
- leg NEC #	C76.5	C79.88	D04.7	D36.7	D48.7
- lens, crystalline	C69.4 C69.7	C79.4	D09.2	D31.4 D31.7	D48.7
- lid (lower) (upper)	C44.1	C79.2	D04.1	D23.1	D48.5
...					
- scapular region #	C76.1	C79.88	D04.5	D36.7	D48.7
- sclera	C69.4 C69.7	C79.4	D09.2	D31.4 D31.7	D48.7
- scrotum	C63.2	C79.82	D07.6	D29.4	D40.7
...					
- utricle, prostatic	C68.0	C79.1	D09.1	D30.4	D41.3
- uveal tract	C69.4	C79.4	D09.2	D31.4	D48.7
- uvula	C05.2	C79.88	D00.0	D10.3	D37.0
...					

2.5. Neoplasm of cervix

A number of amendments were made following receipt of a public submission regarding adenocarcinoma in situ of the cervix (aka high grade cervical glandular intraepithelial neoplasia (HGCGIN), classified to D06.0 *Carcinoma in situ, endocervix* and M8148/2 *Glandular intraepithelial neoplasia, high grade*):

- Amendments to the indexing of Adenocarcinoma, Adenocarcinoma in situ, Carcinoma and Carcinoma in situ
- Amendments to the *Neoplasms* table index
- Deletion of the includes note at D06, as CIN grade III and HGSIL only apply to D06.1-D06.9 (not D06.0)
- Addition of the term *ectocervix* as a synonym for *exocervix*.

TABULAR LIST OF DISEASES

C53 Malignant neoplasm of cervix uteri

C53.0 Endocervix

C53.1 Exocervix

Ectocervix

C53.8 Overlapping lesion of cervix uteri
See Chapter note 5

C53.9 Cervix uteri, unspecified

D06 Carcinoma in situ of cervix uteri

~~**Includes:** cervical intraepithelial neoplasia [CIN], grade III, with or without mention of severe dysplasia
high grade squamous intraepithelial lesion (HGSIL)~~

Excludes: melanoma in situ of cervix (D03.5)
severe dysplasia of cervix NOS (N87.2)

D06.0 Endocervix

D06.1 Exocervix

Ectocervix

D06.7 Other parts of cervix

D06.9 Cervix, unspecified

N87 Dysplasia of cervix uteri

Excludes: carcinoma in situ of cervix (D06.-)

N87.0 Mild cervical dysplasia

Cervical intraepithelial neoplasia [CIN], grade I
Low grade squamous intraepithelial lesion (LGSIL)

N87.1 Moderate cervical dysplasia

Cervical intraepithelial neoplasia [CIN], grade II

N87.2 Severe cervical dysplasia, not elsewhere classified

Severe cervical dysplasia NOS

~~**Excludes:** cervical intraepithelial neoplasia [CIN], grade III, with or without mention of severe dysplasia (D06.-
D06.1-D06.9)~~

N87.9 Dysplasia of cervix uteri, unspecified

ALPHABETIC INDEX OF DISEASES

Adenocarcinoma (M8140/3) — see also

Neoplasm/malignant

...

- apocrine (M8401/3) C44.9
- - breast — see *Neoplasm/breast/malignant*
- - in situ (~~M8401/2~~) — see *Adenocarcinoma in situ/apocrine*
- breast D05.7
- specified site NEC — see *Neoplasm/skin/in situ*
- unspecified site D04.9
- - specified site NEC — see *Neoplasm/skin/malignant*
- - unspecified site C44.9

...

- in situ — see *Adenocarcinoma in situ*
- infiltrating duct (M8500/3)

...

- intraductal (noninfiltrating) (M8500/2) — see also *Adenocarcinoma in situ/intraductal*
- breast D05.4
- noninfiltrating (M8500/2)
- breast D05.4
- papillary (M8503/2)
- with invasion (M8503/3)
- specified site — see *Neoplasm/malignant*
- unspecified site C50.9
- breast D05.4
- specified site NEC — see *Neoplasm/in situ*
- unspecified site D05.4
- specified site NEC — see *Neoplasm/in situ*
- unspecified site D05.4
- - papillary (~~M8503/2~~)
- - - with invasion (*infiltrating*) (M8503/3)
- - - - specified site — see *Neoplasm/malignant*
- - - - unspecified site C50.9
- breast D05.4
- specified site — see *Neoplasm/in situ*
- unspecified site D05.4
- specified site NEC — see *Neoplasm/in situ*
- unspecified site D05.4

...

- lobular (M8520/3)
- - in situ (~~M8520/2~~) — see *Adenocarcinoma in situ/lobular*
- breast D05.0
- specified site NEC — see *Neoplasm/in situ*
- unspecified site D05.0
- - specified site — see *Neoplasm/malignant*
- - unspecified site C50.9

...

- nonencapsulated sclerosing (M8350/3) C73
- noninvasive — see *Adenocarcinoma in situ*
- oncocytic (M8290/3)
- ...
- papillary (M8260/3)

...

- - intraductal (noninfiltrating) (~~M8503/2~~) — see also *Adenocarcinoma in situ/papillary/intraductal*
- - - with invasion (*infiltrating*) (M8503/3)
- - - - specified site — see *Neoplasm/malignant*
- - - - unspecified site C50.9
- breast D05.4
- specified site NEC — see *Neoplasm/in situ*
- unspecified site D05.4
- - serous (M8460/3)
- - - specified site — see *Neoplasm/malignant*
- - - unspecified site C56

Adenocarcinoma in situ (M8140/2) — see also

Neoplasm/in situ

- with

- - apocrine metaplasia (M8573/2)
- - cartilaginous (and osseous) metaplasia (M8571/2)
- - invasion — see *Adenocarcinoma*
- - mixed subtypes (M8255/2)

....

- apocrine (M8401/2)
- - breast D05.7
- - specified site NEC — see *Neoplasm/skin/in situ*
- - unspecified site D04.9
- basal cell (M8147/2)
- - specified site — see *Neoplasm/in situ*
- - unspecified site D00.0
- basophil (M8300/2)
- - specified site — see *Neoplasm/in situ*
- - unspecified site D09.3
- breast D05.9
- bronchiolar (M8250/2)

...

- bronchiolo-alveolar (M8250/2)
- cervix D06.0
- - endocervical type (M8384/2)
- - glandular intraepithelial (M8148/2)
- - intestinal type (M8144/2)
- chief cell (M8321/2)

...

- endocervical type (M8384/2)
- - specified site — see *Neoplasm/in situ*
- - unspecified site (female) D06.0
- endometrioid (M8380/2)

...

- inflammatory (M8530/2)
- - specified site — see *Neoplasm/in situ*
- - unspecified site (female) D05.9
- intestinal type (M8144/2)
- intraductal (M8500/2)
- - with invasion (*infiltrating*) — see *Adenocarcinoma/intraductal*
- - breast D05.1

- - papillary (M8503/2)
- - - breast D05.1
- - - specified site NEC — *see Neoplasm/in situ*
- - - unspecified site D05.1
- - specified site NEC — *see Neoplasm/in situ*
- - unspecified site D05.1
- intraepithelial, glandular (M8148/2) — *see also Neoplasm/in situ*
- - cervix (endocervix) D06.0
- islet cell with exocrine, mixed (M8154/2)
- ...
- lobular (M8520/2) — *see also Carcinoma in situ/lobular*
- - breast D05.0
- - specified site NEC — *see Neoplasm/in situ*
- - unspecified site D05.0
- ...
- mucin-producing (M8481/2)
- mucin-secreting (M8481/2)
- ...
- papillary (M8260/2)
- - with follicular (M8340/2) D09.3 invasion (infiltrating) — *see Adenocarcinoma/papillary*
- - eccrine (M8408/2)
- - follicular variant (M8340/2) D09.3
- - intraductal (noninfiltrating) (M8503/2)
- - - breast D05.1
- - - specified site NEC — *see Neoplasm/in situ*
- - - unspecified site D05.1
- - serous (M8460/2)
- - - specified site — *see Neoplasm/in situ*
- - - unspecified site D07.3
- Carcinoma** (M8010/3) — *see also Neoplasm/malignant*
- ...
- cribriform (M8201/3)
- - and infiltrating duct (M8523/3) — *see Neoplasm/breast/malignant*
- - comedo-type (M8201/3)
- - in situ (M8201/2) D05.1 — *see Carcinoma in situ/cribriform*
- ...
- duct (cell) (M8500/3) — *see also Carcinoma/infiltrating/duct*
- - with Paget's disease (M8541/3) — *see Neoplasm/breast/malignant*
- - Bellini (M8319/3)
- - collecting (M8319/3) C64
- - desmoplastic type (M8514/3)
- - infiltrating (M8500/3)
- - - with lobular carcinoma (in situ) (M8522/3)
- - - specified site — *see Neoplasm/malignant*
- - - unspecified site C50.9
- - - specified site — *see Neoplasm/malignant*
- - - unspecified site (female) C50.9
- - in situ — *see Carcinoma in situ/duct*
- ...

- epidermoid (M8070/3) — *see also Carcinoma/squamous*
- - with adenocarcinoma, mixed (M8560/3)
- - in situ, Bowen's type (M8081/2) — *see Neoplasm/skin/Carcinoma in situ/epidermoid*
- - keratinising (M8071/3)
- - large cell, nonkeratinising (M8072/3)
- - small cell, nonkeratinising (M8073/3)
- - spindle cell (M8074/3)
- - verrucous (M8051/3)
- ...
- in situ — *see Carcinoma in situ*
- infiltrating
- ...
- intracystic (M8504/3)
- - noninfiltrating (M8504/2) — *see Neoplasm/in situ*
- - papillary (M8504/3)
- - intraductal (noninfiltrating) (M8500/2) — *see also Carcinoma in situ/intraductal*
- - - with Paget's disease (M8543/3) — *see Neoplasm/breast/malignant*
- - - breast D05.1
- - - clinging (M8507/2) D05.1
- - - micropapillary (M8507/2) D05.1
- - - papillary (noninfiltrating) (M8503/2) D05.1
- - - - with invasion (infiltrating) (M8503/3)
- - - - specified site — *see Neoplasm/malignant*
- - - - unspecified site C50.9
- - - breast D05.1
- - - specified site NEC — *see Neoplasm/in situ*
- - - unspecified site D05.1
- - papillary-mucinous
- - - with invasion (M8453/3) — *see Neoplasm/pancreas/malignant*
- - - noninvasive (M8453/2) — *see Neoplasm/pancreas/in situ*
- - - solid type (M8230/2) — *see Neoplasm/in situ*
- - - specified site NEC — *see Neoplasm/in situ*
- - - unspecified site D05.1
- ...
- intraepidermal (M8070/2) — *see also Neoplasm/Carcinoma in situ*
- - squamous cell, Bowen type (M8081/2) — *see Neoplasm/skin/in situ*
- intraepithelial (M8010/2) — *see also Neoplasm/Carcinoma in situ/intraepithelial*
- - squamous cell (M8070/2)
- ...
- lobular (infiltrating) (M8520/3) — *see also Neoplasm/breast/malignant*
- - with
- - - ductal (in situ) (M8522/3)
- - - infiltrating duct (M8522/3)
- - - intraductal (M8522/3)
- - - in situ (M8522/2) D05.7
- - in situ (LCIS) (M8520/2) D05.0 — *see Carcinoma in situ/lobular*

~~and~~
~~infiltrating duct (M8522/3) — see~~
~~Neoplasm/breast/malignant~~
~~intraductal (M8522/2) D05.7~~
- - noninfiltrating (M8520/2) — see also Carcinoma in situ/lobular
~~breast D05.0~~
~~specified site NEC — see Neoplasm/in situ~~
~~unspecified site D05.0~~
...
- noninfiltrating (M8010/2) — see Carcinoma in situ
~~intracystic (M8504/2) — see Neoplasm/in situ~~
~~intraductal (M8500/2)~~
~~breast D05.4~~
~~papillary (M8503/2)~~
~~breast D05.4~~
~~specified site NEC — see Neoplasm/in situ~~
~~unspecified site D05.4~~
~~specified site — see Neoplasm/in situ~~
~~unspecified site D05.4~~
~~lobular (M8520/2)~~
~~breast D05.0~~
~~specified site NEC — see Neoplasm/in situ~~
~~unspecified site D05.0~~
- non-small cell NEC (M8046/3) — see
Neoplasm/lung/malignant
...
- papillary (M8050/3)
...
- - intraductal (noninfiltrating) (M8503/2) D05.1 — see
also Carcinoma in situ/papillary/intraductal
- - - with invasion (M8503/3) — see
Neoplasm/breast/malignant
- - noninvasive — see Carcinoma in situ/papillary
- - oxyphilic cell (M8342/3) C73
- - renal cell (M8260/3) C64
- - serous (M8460/3)
- - - specified site — see Neoplasm/malignant
- - - surface (M8461/3)
- - - - specified site — see Neoplasm/malignant
- - - - unspecified site C56
- - - unspecified site C56
- - squamous cell (M8052/3)
- - tall cell (M8344/3) C73
- - thyroid (M8260/3) C73
- - transitional cell (M8130/3) — see also
Neoplasm/bladder/malignant
~~noninvasive (M8130/2) D09.0~~
- - - of low malignant potential (M8130/1) D41.4
- - urothelial (M8130/3) — see also
Neoplasm/bladder/malignant
~~noninvasive (M8130/2) D09.0~~
- - - of low malignant potential (M8130/1) D41.4
- squamous (cell) (M8070/3)
- - with
- - - adenocarcinoma, mixed (M8560/3)
- - - horn formation (M8078/3)

- - acantholytic (M8075/3)
- - adenoid (M8075/3)
- - basaloid (M8083/3)
- - clear cell (type) (M8084/3)
- - in situ — see Carcinoma in situ/squamous (cell)
~~intraepidermal, Bowen type (M8081/2) — see~~
~~Neoplasm/skin/in situ~~
~~intraepithelial (M8070/2) — see Neoplasm/in situ~~
- - keratinising, large cell (M8071/3)
- - large cell, nonkeratinising (M8072/3)
- - metastatic (M8070/6) — see Neoplasm/secondary
- - microinvasive (M8076/3)
- - noninvasive — see Carcinoma in situ/squamous (cell)
- - nonkeratinising (large cell) (M8072/3)
- - papillary (M8052/3)
~~in situ (M8052/2) — see Neoplasm/in situ~~
~~noninvasive (M8052/2) — see Neoplasm/in situ~~
- - pseudoglandular (M8075/3)
- - sarcomatoid (M8074/3)
- - small cell
- - - combined small cell-squamous cell (M8045/3)
- - - nonkeratinising (M8073/3)
- - spindle cell (M8074/3)
- - verrucous (M8051/3)
...
- transitional (cell) (M8120/3)
- - in situ — see Carcinoma in situ/transitional cell
- - micropapillary (M8131/3) — see
Neoplasm/bladder/malignant
- - noninvasive (M8130/2) — see Carcinoma in situ/transitional cell
- - papillary (M8130/3) — see also
Neoplasm/bladder/malignant
- - - low malignant potential (M8130/1) D41.4
- - - noninvasive — see Carcinoma in situ/transitional cell/papillary
- - sarcomatoid (M8122/3)
- - spindle cell (M8122/3)
...
- urothelial (M8120/3)
- - papillary, noninvasive (M8130/2) D09.0 (M8130/3)
- - - see also Neoplasm/bladder/malignant
- - - low malignant potential (M8130/1) D41.4
- - - noninvasive — see Carcinoma in situ/urothelial/papillary
- verrucous (epidermoid) (squamous cell) (M8051/3)

Carcinoma in situ (M8010/2) — see also Neoplasm/in situ
- with
- - apocrine metaplasia (M8573/2)
- - cartilaginous (and osseous) metaplasia (M8571/2)
- - invasion (infiltration) — see Carcinoma
- - neuro-endocrine differentiation (M8574/2)
...
- intracystic (M8504/2)

- intraductal (M8500/2)
- - with invasion (infiltrating) — see
Carcinoma/intraductal
- - breast D05.1
- - clinging (M8507/2)
- - micropapillary (M8507/2)
- - papillary (M8503/2)
- - - breast D05.1
- - - specified site NEC — see *Neoplasm/in situ*
- - - unspecified site D05.1
- - papillary-mucinous (M8453/2) — see
Neoplasm/pancreas/in situ
- - solid type (M8230/2)
- - specified site NEC — see *Neoplasm/in situ*
- - unspecified site D05.1
- intraepidermal (M8070/2)
- - squamous cell, Bowen type (M8081/2) — see
Neoplasm/skin/in situ
- - intraepithelial (M8010/2) — see also *Neoplasm/in situ*
- - squamous cell (M8070/2)
- intraosseous, primary (M9270/2) D09.7
- ...
- lobular (LCIS) (M8520/2)
- - with
- - - infiltrating duct (M8522/3) — see
Neoplasm/breast/malignant
- breast C50.9
- specified site NEC — see *Neoplasm/malignant*
- unspecified site C50.9
- - - intraductal (M8522/2)
- - - - breast D05.7
- - - - specified site NEC — see *Neoplasm/in situ*
- - - - unspecified site D05.7
- - breast D05.0
- - specified site NEC — see *Neoplasm/in situ*
- - unspecified site D05.0
- ...
- papillary (M8050/2) — see also *Neoplasm/in situ*
- - with invasion (infiltrating) — see
Carcinoma/papillary
- - follicular variant (M8340/2) D09.3
- - intraductal (noninfiltrating) (M8503/2)
- - - breast D05.1
- - - specified site NEC — see *Neoplasm/in situ*
- - - unspecified site D05.1
- - transitional cell (M8130/2) D09.0
- - urothelial (M8130/2) D09.0
- pilomatrix (M8110/2) — see *Neoplasm/skin/in situ*
- ...
- squamous (cell) (M8070/2) — see also *Neoplasm/in situ*
- - with questionable stromal invasion (M8076/2)
- - - cervix D06.9
- endocervix D06.0
- ectocervix D06.1
- exocervix D06.1
- specified NEC D06.7

- - - specified site NEC — see *Neoplasm/in situ*
- - - unspecified site D06.9
- ...
- transitional cell (M8120/2)
- - papillary (M8130/2) D09.0
- - - low malignant potential (M8130/1) D41.4
- - sarcomatoid (M8122/2)
- - spindle cell (M8122/2)
- ...
- urothelial (M8120/2)
- - papillary (M8130/2) D09.0
- - - low malignant potential (M8130/1) D41.4

Dysplasia — see also *Anomaly*

- ...
- cervix (uteri) N87.9
- - mild N87.0
- - moderate N87.1
- - severe NEC N87.2
- - - with cervical intraepithelial neoplasia — see
Neoplasia/intraepithelial/cervix
- chondroectodermal Q77.6

Lesion (nontraumatic)

- ...
- cervix (uteri)
- - intraepithelial, squamous (cell) — see
Neoplasia/intraepithelial/cervix
- high grade (HGSIL) (HSIL) (M8077/2) D06.9
- endocervix D06.0
- exocervix D06.4
- specified NEC D06.7
- low grade (LGSIL) (LSIL) N87.0
- chiasmal H47.4

Neoplasia

- ...
- intraepithelial
- - with invasion — see *Neoplasm/malignant*
- - anal
- - - grade III (AIN III) (M8077/2) D01.3
- - - high grade (M8077/2) D01.3
- - - low grade (M8077/0) D12.9
- - biliary
- - - grade III (BillIN-3) (M8148/2) D01.5
- - - high grade (flat) (M8148/2) D01.5
- - - low grade (M8148/0) D13.5
- - breast
- - - ductal, grade 3 (DIN 3) (M8500/2) D05.1
- with invasion — see *Neoplasm/breast/malignant*
- - cervix (CIN) (uteri) N87.9
- adenocarcinoma in situ (M8148/2) D06.9
- with invasion — see *Neoplasm/cervix/malignant*
- - - endocervix (M8148/2) (see also *Adenocarcinoma in situ/cervix*) D06.0
- - - glandular (CGIN)
- - - - high grade (HGCGIN) (M8148/2) D06.0

---- low grade (grade I) (grade II) (LGCGIN) (M8148/0) D26.0	----- specified NEC D06.7
--- grade I <u>NEC</u> N87.0	---- low grade (LGSIL) (LSIL) N87.0
--- grade II <u>NEC</u> N87.1	...
--- grade III (severe dysplasia) (M8077/2) (<i>see also</i> <u>Neoplasia/intraepithelial/cervix/squamous</u>) D06.9	-- vagina (VAIN) N89.3
----- endocervix D06.0	--- with invasion <i>see Neoplasm/vagina/malignant</i>
----- exocervix D06.1	--- grade I N89.0
----- specified NEC D06.7	--- grade II N89.1
--- squamous (cell)	--- grade III (severe dysplasia) (M8077/2) D07.2
---- high grade (HGSIL) (HSIL) (M8077/2) D06.9	-- vulva (VIN) N90.3
----- endocervix D06.0	--- with invasion <i>see Neoplasm/vulva/malignant</i>
----- ectocervix D06.1	--- grade I N90.0
----- exocervix D06.1	--- grade II N90.1
	--- grade III (severe dysplasia) (M8077/2) D07.1

Neoplasm, neoplastic	Malignant		In situ	Benign	Uncertain or unknown behaviour
	Primary	Secondary			
- earlobe	C44.2	C79.2	D04.2	D23.2	D48.5
- ectocervix	<u>C53.1</u>	<u>C79.82</u>	<u>D06.1</u>	<u>D26.0</u>	<u>D39.0</u>
- ejaculatory duct	C63.7	C79.82	D07.6	D29.7	D40.7
...					
- endocervix (canal) (gland)	C53.0	C79.82	D06.0	D26.0	D39.0
...					
- exocervix	C53.1	C79.82	D06.1	D26.0	D39.0
...					
- uterus, uteri, uterine	C55	C79.82	D07.3	D26.9	D39.0
- - adnexa	C57.4	C79.82	D07.3	D28.7	D39.7
- - body	C54.9	C79.82	D07.3	D26.1	D39.0
- - cervix	C53.9	C79.82	D06.9	D26.0	D39.0
- - cornu	C54.9	C79.82	D07.3	D26.1	D39.0
- - corpus	C54.9	C79.82	D07.3	D26.1	D39.0
- - ectocervix	<u>C53.1</u>	<u>C79.82</u>	<u>D06.1</u>	<u>D26.0</u>	<u>D39.0</u>
- - endocervix (canal) (gland)	C53.0	C79.82	D06.0	D26.0	D39.0
- - exocervix	C53.1	C79.82	D06.1	D26.0	D39.0
- - external os	C53.1	C79.82	D06.1	D26.0	D39.0

2.6. Selective internal radiation therapy (SIRT)

The following amendments were made to ACHI Ninth Edition for *SIRT-Selective Internal Radiation Therapy into the liver*:

- Addition of a *code also when performed* note at block [768] *Transcatheter embolisation of blood vessels* and a *code first* note at 15360-00 [1792] *Brachytherapy, intravascular* indicating that both codes need to be assigned for SIRT using yttrium-90 microspheres
- Addition of index entries to support classification of SIRT to 15360-00 [1792]
- Amended the essential modifier *seed* to a nonessential modifier at the lead terms *Brachytherapy* and *Implant, implantation* for brachytherapy to support classification of brachytherapy delivered by placing other forms of radioactive sources (eg yttrium-90 microspheres), besides seeds.

TABULAR LIST OF INTERVENTIONS

768

Transcatheter embolisation of blood vessels

Includes: administration of:

- balloon
- coils
- ethanol
- gelatin sponge
- glue
- plastic particles
- catheterisation

Code also when performed:

• brachytherapy, intravascular in Selective Internal Radiation Therapy (SIRT) (using yttrium-90 microspheres) (15360-00 [1792])

1792

Brachytherapy, other

15360-00 Brachytherapy, intravascular

Includes: catheterisation

Code first:

• transcatheter embolisation of blood vessels when specified as Selective Internal Radiation Therapy (SIRT) (using yttrium-90 microspheres) (see block [768])

ALPHABETIC INDEX OF INTERVENTIONS

Brachytherapy

- with implantation of
- - permanent implant
- - - < 10 sources 15327-04 [1792]
- - - ≥ 10 sources 15327-05 [1792]
- - radioactive source (seed)
- - - intravascular 15360-00 [1792]

Implant, implantation

- radioactive source (seed) (brachytherapy)
- - intravascular 15360-00 [1792]

Segmentectomy

- liver 30415-00 [953]
- - with radical resection of hepatic duct (common bile duct) 30464-00 [966]
- - subsegmental 30414-00 [953]

- - trisegmental 30421-00 [953]

- lung 38438-00 [551]

Selective internal radiation therapy (SIRT) — see Brachytherapy/with implantation of/radioactive source/intravascular AND Embolisation/blood vessel, transcatheter NEC/by site

SEMLS (single event multilevel surgery) — see Single event multilevel surgery (SEMLS)

Sinusotomy

SIRT (selective internal radiation therapy) — see Brachytherapy/with implantation of/radioactive source/intravascular AND Embolisation/blood vessel, transcatheter NEC/by site

Sistrunk's procedure (exision of thyroglossal cyst) 30313-00 [116]

2.7. Malignant neoplasms - overlapping lesions

A public submission highlighted that there was no index entry for C69.8 *Malignant neoplasm overlapping lesion of eye and adnexa*. ICD-10-AM provides instruction on how to assign a code for a lesion that overlaps two or more contiguous sites via **Chapter Note 5** and also in ACS 0234 *Contiguous sites*. However a generic index entry with the lead term 'overlapping' was created as an additional reference to assist with code assignment. A cross reference to ACS 0234 *Contiguous sites* was also added to the relevant codes which classify overlapping neoplasms.

TABULAR LIST OF DISEASES

MALIGNANT NEOPLASMS (C00–C96)

MALIGNANT NEOPLASMS, STATED OR PRESUMED TO BE PRIMARY, OF SPECIFIED SITES, EXCEPT OF LYMPHOID, HAEMATOPOIETIC AND RELATED TISSUE (C00–C75)

C00.8	Overlapping lesion of lip
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C04.8	Overlapping lesion of floor of mouth
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C05.8	Overlapping lesion of palate
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C06.8	Overlapping lesion of other and unspecified parts of mouth
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C09.8	Overlapping lesion of tonsil
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C10.8	Overlapping lesion of oropharynx
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C11.8	Overlapping lesion of nasopharynx
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C13.8	Overlapping lesion of hypopharynx
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C15.8	Overlapping lesion of oesophagus
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C16.8	Overlapping lesion of stomach
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C17.8	Overlapping lesion of small intestine
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C18.8	Overlapping lesion of colon
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C25.8	Overlapping lesion of pancreas
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C31.8	Overlapping lesion of accessory sinuses
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C32.8	Overlapping lesion of larynx
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C34.8	Overlapping lesion of bronchus and lung
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C38.8	Overlapping lesion of heart, mediastinum and pleura
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C40.8	Overlapping lesion of bone and articular cartilage of limbs
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C43.8	Overlapping malignant melanoma of skin
<u>▽ 0234</u>	<i>See Chapter note 5</i>

C44.8	Overlapping lesion of skin
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C47.8	Overlapping lesion of peripheral nerves and autonomic nervous system
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C48.8	Overlapping lesion of retroperitoneum and peritoneum
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C50.8	Overlapping lesion of breast
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C51.8	Overlapping lesion of vulva
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C53.8	Overlapping lesion of cervix uteri
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C54.8	Overlapping lesion of corpus uteri
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C60.8	Overlapping lesion of penis
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C63.8	Overlapping lesion of male genital organs
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C67.8	Overlapping lesion of bladder
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C69.8	Overlapping lesion of eye and adnexa
<u>▽ 0234</u>	<i>See Chapter note 5</i>
C71.8	Overlapping lesion of brain
<u>▽ 0234</u>	<i>See Chapter note 5</i>

ALPHABETIC INDEX OF DISEASES

Overjet K07.2

Overlapping

- malignant neoplasm — code to C00–C75 with fourth character .8

- toe (acquired) M20.5

- - congenital (fifth toe) Q66.89

Overlapping toe (acquired) M20.5

- congenital (fifth toe) Q66.89

2.8. Microcystic adenoma of pancreas (*Indexing*)

In 2012, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Brasilia. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Adenoma (M8140/0) — *see also Neoplasm/benign*

- microcystic (M8202/0)

- - pancreas D13.6Z

- - specified site NEC — *see Neoplasm/benign*

- - unspecified site D13.6Z

2.9. Telangiectatic focal nodular hyperplasia of liver (*indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Adenoma (M8140/0) — *see also Neoplasm/benign*

- hepatocellular (telangiectatic) (M8170/0) D13.4
- Hürthle cell (M8290/0) D34

2.10. Trichoadenoma (*Indexing*)

Following the publication of advice in December 2012 for Trichoadenoma, an index entry was created for ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Trichinellosis, trichiniasis, trichinelliasis, trichinosis B75

Trichoadenoma (M8100/0) — *see Neoplasm/skin/benign*

Trichobezoar T18.9

2.11. Paraspinal/paravertebral neuroblastoma (*Indexing*)

Amendments were made to the ICD-10-AM Alphabetical Index following the publication of advice in December 2012 regarding *Paravertebral or paraspinal neuroblastoma*.

ALPHABETIC INDEX OF DISEASES

Neuroblastoma (central) (M9500/3) — *see also Neoplasm/malignant*

- adrenal gland — *see Neoplasm/adrenal gland*
- benign (M9500/0) — *see Neoplasm/benign*
- in situ (M9500/2) D09.7
- nerve (ganglia) (tissue) — *see Neoplasm/nerve*
- olfactory (M9522/3) C30.0
- - in situ (M9522/2) D02.3
- paraspinal — *see Neoplasm/nerve/peripheral/paraspinal*
- paravertebral — *see Neoplasm/nerve/peripheral/paravertebral*

Neoplasm, neoplastic	Malignant		In situ	Benign	Uncertain or unknown behaviour
	Primary	Secondary			
...					
- nerve (ganglion)					
- peripheral NEC	C47.9.....	C79.88	-	D36.1	D48.2
...					
- pararectal	C47.5	C79.88	-	D36.1	D48.2
- - paraspinal (tissue) NEC	C47.9	C79.88	-	D36.1	D48.2
- paraurethral	C47.5.....	C79.88	-	D36.1	D48.2
- paravaginal	C47.5	C79.88	-	D36.1	D48.2
- - paravertebral (tissue) NEC	C47.9	C79.88	-	D36.1	D48.2
- pelvis (floor)	C47.5.....	C79.88	-	D36.1	D48.2

2.12. Intramucosal adenocarcinoma (*Indexing*)

Following publication of advice regarding intramucosal adenocarcinoma in December 2012, index entries were added to ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Adenocarcinoma in situ (M8140/2) — *see also*
Neoplasm/in situ

- inflammatory (M8530/2)
- - specified site — *see Neoplasm/in situ*
- - unspecified site (female) D05.9
- intramucosal (noninfiltrating) (M8140/2)
- islet cell with exocrine, mixed (M8154/2)

Adenocarcinoma (M8140/3) — *see also*
Neoplasm/malignant

- ...
- intraductal (M8500/2)
- ...
- - unspecified site D05.1
- intramucosal (noninfiltrating) — *see Adenocarcinoma in situ/intramucosal*
- - with invasion (M8140/3)
- islet cell (M8150/3)

Carcinoma in situ (M8010/2) — *see also* *Neoplasm/in situ*

- ...
- intraductal (M8500/2)
- - breast D05.1
- - specified site NEC — *see Neoplasm/in situ*
- - unspecified site D05.1
- intramucosal (noninfiltrating) (M8010/2)
- intraosseous, primary (M9270/2) D09.7

Carcinoma (M8010/3) — *see also*
Neoplasm/malignant

- ...
- intraepithelial (M8010/2) — *see also Neoplasm/in situ*
- - squamous cell (M8070/2)
- intramucosal (noninfiltrating) — *see Carcinoma in situ/intramucosal*
- - with invasion (M8010/3)
- intraosseous, primary (M9270/3) C41.1

2.13. Neoplasm of bone (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Neoplasm, neoplastic	Malignant		In situ	Benign	Uncertain or unknown behaviour
	Primary	Secondary			
- bone (periosteum) [<>]	C41.9	C79.5	-	D16.9	D48.0
- - digital	C40.9	C79.5	-	D16.9	D48.0
- - - finger	C40.40	C79.5	-	D16.40	D48.0
- - - toe	C40.32	C79.5	-	D16.32	D48.0
- - elbow	C40.0	C79.5	-	D16.0	D48.0
- - ethmoid (labyrinth)	C41.01	C79.5	-	D16.41	D48.0
- - face	C41.02	C79.5	-	D16.42	D48.0
- - femur (any part)	C40.2	C79.5	-	D16.2	D48.0
- - fibula (any part)	C40.2	C79.5	-	D16.2	D48.0
- - finger (any)	C40.40	C79.5	-	D16.40	D48.0
- - foot <u>NEC</u>	C40.39	C79.5	-	D16.39	D48.0
- - forearm	C40.0	C79.5	-	D16.0	D48.0
- - frontal	C41.01	C79.5	-	D16.41	D48.0
- - hand <u>NEC</u>	C40.49	C79.5	-	D16.49	D48.0
- - heel	C40.3	C79.5	-	D16.3	D48.0
- - hip	C41.4	C79.5	-	D16.8	D48.0

...				
- - mandible	C41.1	C79.5	-	D16.5 D48.0
- - marrow NEC	C96.9	C79.5	-	- D47.9
- - mastoid	C41.01	C79.5	-	D16.41 D48.0
- - maxilla, maxillary (superior)	C41.02	C79.5	-	D16.42 D48.0
- - - inferior	C41.1	C79.5	-	D16.5 D48.0
- - metacarpus (any)	C40.40	C79.5	-	D16.40 D48.0
- - metatarsus (any)	C40.32	C79.5	-	D16.32 D48.0
- - nose, nasal	C41.02	C79.5	-	D16.42 D48.0
- - occipital	C41.01	C79.5	-	D16.41 D48.0
- - orbit	C41.01	C79.5	-	D16.41 D48.0
- - parietal	C41.01	C79.5	-	D16.41 D48.0
- - patella	C40.3	C79.5	-	D16.3 D48.0
- - pelvic	C41.4	C79.5	-	D16.8 D48.0
- - phalanges NEC	C40.9	C79.5	-	D16.9 D48.0
- - foot	C40.3	C79.5	-	D16.3 D48.0
- - hand	C40.1	C79.5	-	D16.1 D48.0
- - pubic	C41.4	C79.5	-	D16.8 D48.0
- - radius (any part)	C40.0	C79.5	-	D16.0 D48.0
...				
- - shoulder	C40.0	C79.5	-	D16.0 D48.0
- - skeleton, skeletal NEC	C41.9	C79.5	-	D16.9 D48.0
- - skull	C41.01	C79.5	-	D16.41 D48.0
- - sphenoid	C41.01	C79.5	-	D16.41 D48.0
- - spine, spinal (column)	C41.2	C79.5	-	D16.6 D48.0
- - - coccyx	C41.4	C79.5	-	D16.8 D48.0
- - - sacrum	C41.4	C79.5	-	D16.8 D48.0
- - sternum	C41.3	C79.5	-	D16.7 D48.0
- - tarsus (any)	C40.3	C79.5	-	D16.3 D48.0
- - temporal	C41.01	C79.5	-	D16.41 D48.0
- - thumb	C40.40	C79.5	-	D16.40 D48.0
- - tibia (any part)	C40.2	C79.5	-	D16.2 D48.0
- - toe (any)	C40.32	C79.5	-	D16.32 D48.0
- - turbinate	C41.02	C79.5	-	D16.42 D48.0
- - ulna (any part)	C40.0	C79.5	-	D16.0 D48.0
- - vertebra (column)	C41.2	C79.5	-	D16.6 D48.0
- - - coccyx	C41.4	C79.5	-	D16.8 D48.0
- - - sacrum	C41.4	C79.5	-	D16.8 D48.0
- - vomer	C41.02	C79.5	-	D16.42 D48.0
- - wrist	C40.1	C79.5	-	D16.1 D48.0
- - xiphoid process	C41.3	C79.5	-	D16.7 D48.0
- - zygomatic	C41.02	C79.5	-	D16.42 D48.0
...				
- metacarpus (any bone) [<>]	C40.40	C79.5	-	D16.40 D48.0
- metastatic (multiple)	-	C79.9	-	- -
- metatarsus (any bone) [<>]	C40.32	C79.5	-	D16.32 D48.0
...				
- phalanges [<>] NEC.....	C40.9	C79.5	-	D16.9 D48.0
- foot [<>]	C40.3	C79.5	-	D16.3 D48.0
- hand [<>]	C40.1	C79.5	-	D16.1 D48.0
- pharynx, pharyngeal	C14.0	C79.88	D00.0	D10.9 D37.0

2.14. Eosinophilic leukaemia (*Spelling*)

Spelling errors in the code title for D47.5 *Chronic eosinophilic leukaemia [hypereosinophilic syndrome]* were corrected in Ninth Edition.

TABULAR LIST OF DISEASES

D47	Other neoplasms of uncertain or unknown behaviour of lymphoid, haematopoietic and related tissue
<i>Note:</i>	Chronic myeloproliferative disorders have been reclassified in ICD-O Third Edition with malignant behaviour code /3. Codes within category D47 will continue to be used (although they are located in the chapter for Neoplasms of uncertain or unknown behaviour) with the appropriate morphology code as indexed.
...	
D47.5	Chronic eee eosinophilic leukaemia [hyper eee eosinophilic syndrome]
D47.7	Other specified neoplasms of uncertain or unknown behaviour of lymphoid, haematopoietic and related tissue
<i>Includes:</i>	histiocytic tumours of uncertain and unknown behaviour

2.15. Castleman's disease (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

CASTLE (Carcinoma showing thymus-like element) (M8589/3) — *see Neoplasm/malignant*

- in situ (M8589/2) — *see Neoplasm/in situ*

Castleman's disease (M8000/1) ~~D47.7(hyaline vascular type) (M8000/0) D21.9~~

~~— plasma cell type (M8000/1) D47.9~~

Disease, diseased — *see also Syndrome*

- Castleman's (M8000/1) ~~D47.7(hyaline vascular type) (M8000/0) D21.9~~

~~— plasma cell type (M8000/1) D47.9~~

- cat-scratch A28.1

3. Diseases of blood and blood forming organs and certain disorders of immune mechanism

3.1. Thrombocytosis and thrombocythaemia (*Major*)

D75.8 *Other specified diseases of blood and blood-forming organs* was invalidated and five character codes created to classify the concept of *secondary thrombocytosis*.

TABULAR LIST OF DISEASES

D72

Other disorders of white blood cells

Excludes: abnormal white blood cells (count) (R72)
basophilia (D75.89)
immunity disorders (D80–D89)
neutropenia (D70)
preleukaemia (syndrome) (D46.9)

D75

Other diseases of blood and blood-forming organs

Excludes: enlarged lymph nodes (R59.-)
hypergammaglobulinaemia NOS (D89.2)
lymphadenitis:
• acute (L04.-)
• chronic (I88.1)
• mesenteric (acute)(chronic) (I88.0)
• NOS (I88.9)

....

~~D75.8 Other specified diseases of blood and blood-forming organs~~
~~Basophilia~~

D75.8

Other specified diseases of blood and blood-forming organs

✳D75.81 Secondary thrombocytosis

Reactive thrombocytosis

✳D75.89 Other specified diseases of blood and blood-forming organs

D75.9 Disease of blood and blood-forming organs, unspecified

M85.8

Other specified disorders of bone density and structure

[0-9]

Hyperostosis of bones, except skull
Osteosclerosis, acquired

Excludes: diffuse idiopathic skeletal hyperostosis [DISH] (M48.1-)
osteosclerosis:
• congenita (Q77.4)
• myelofibrosis (D75.89)

ALPHABETIC INDEX OF INTERVENTIONS

Basophilia D75.89

Erythrophagocytosis D75.89

Hyperplasia, hyperplastic

- ...
- bone M89.3-
- - marrow D75.89
- ...
- erythroid D75.89
- ...
- reticulo-endothelial (cell) D75.89

Macrocytosis D75.89

Pancytopenia D75.89

Thrombocythaemia (essential) (haemorrhagic) (idiopathic) (primary) (M9962/3) D47.3

- essential (haemorrhagic) (idiopathic) (M9962/3) D47.3
- primary (M9962/3) D47.3
- secondary (reactive) D75.81

Thrombocytosis, essential (M9962/3) D47.3

- essential (haemorrhagic) (idiopathic) (M9962/3) D47.3
- primary (M9962/3) D47.3
- secondary (reactive) D75.81

3.2. Histiocytic medullary reticulosis

In 2012, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Brasilia. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

D76

Other specified diseases with participation of lymphoreticular and reticulohistiocytic tissue

- Excludes:*
- (Abt-)Letterer-Siwe disease (C96.0)
 - eosinophilic granuloma (C96.6)
 - Hand-Schüller-Christian disease (C96.5)
 - histiocytic sarcoma (C96.8)
 - histiocytosis X:
 - multifocal (C96.5)
 - unifocal (C96.6)
 - Langerhans-cell histiocytosis:
 - multifocal (C96.5)
 - unifocal (C96.6)
 - malignant histiocytosis (C96.8)
 - reticuloendotheliosis; ~~or reticulosis:~~
 - ~~histiocytic medullary (C96.9)~~
 - leukaemic (C91.4-)
 - ~~lipomelanotic (I89.8)~~
 - ~~malignant (C96.9)~~
 - nonlipid (C96.0)
 - reticulosis:
 - histiocytic medullary (C96.8)
 - lipomelanotic (I89.8)
 - malignant (C86.0)

ALPHABETIC INDEX OF DISEASES

Reticuloendotheliosis

- acute infantile (M9754/3) C96.0
- leukaemic (M9940/3) C91.4-
- ~~malignant (M9960/3) C96.9~~
- nonlipid (M9751/3) C96.0

Reticulohistiocytoma (giant-cell) (M8831/0) D76.3

Reticulosis (skin)

- acute, of infancy (M9754/3) C96.0
- haemophagocytic, familial D76.1
- histiocytic medullary (M9750/3) C96.89
- lipomelanotic I89.8
- malignant (midline) (M9719/3) C86.0
- ~~nonlipid (M9754/3) C96.0~~
- pagetoid (M9700/3) C84.0
- polymorphic (M9719/3) C86.0

3.3. Sideropenic anaemia (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Anaemia D64.9

- refractory (related to alkylating agent) (related to Epipodophyllotoxin) (related to therapy) NEC (M9980/3) D46.4
- - with
- - - dysplasia, multilineage (M9985/3) D46.5
- - - excess blasts (RAEB 1) (RAEB 2) (M9983/3) D46.2
- - - - in transformation (RAEB-T) (M9984/3) C92.0
- - - haemochromatosis (M9982/3) D46.1
- - - sideroblasts, ring (associated with marked thrombocytosis) (RARS) (M9982/3) D46.1
- - without sideroblasts, ring (M9980/3) D46.0
- - sideroblastic (M9982/3) D46.1
- - - sideropenic ~~D50.8~~ D50.9

4. Endocrine, nutritional and metabolic

4.1. ACS 0402 Cystic fibrosis (*Major*)

A number of coding queries relating to the classification and sequencing of cystic fibrosis (CF) and its manifestations highlighted limitations with the structure of the CF codes in ICD-10 and hence ICD-10-AM.

Consequently, codes in category E84 were aggregated to a single three character code reducing ambiguity over assigning different codes in category E84 depending on the manifestation or differing combinations of manifestations. This brings the coding of cystic fibrosis into line with other chronic conditions, with sequencing being determined by ACS 0001 *Principal diagnosis/Problems and underlying conditions* and the assignment of manifestation codes in accordance with ACS 0002 *Additional diagnoses*.

The following amendments were made to ICD-10-AM/ACS Ninth Edition:

- Deletion of four character codes:
 - E84.0 Cystic fibrosis with pulmonary manifestations
 - E84.1 Cystic fibrosis with intestinal manifestations
 - E84.8 Cystic fibrosis with other manifestations and
 - E84.9 Cystic fibrosis, unspecified
- Validation of three character code E84 *Cystic fibrosis*
- Addition of *cystic fibrosis* to the includes note at E13 *Other specified diabetes mellitus*
- Addition of *meconium ileus in cystic fibrosis (E84† P75*)* as an excludes note at P76.0 *Meconium plug syndrome*
- Amendments to the Alphabetic Index to support the above changes
- Revision of ACS 0402 *Cystic fibrosis* regarding the assignment of E84 and the codes for its manifestations according to ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

TABULAR LIST OF DISEASES

E13

Other specified diabetes mellitus

- Includes:**
- diabetes mellitus (due to)(in)(secondary to)(with):
 - cystic fibrosis
 - drug-induced or chemical-induced
 - endocrinopathy
 - genetic defect of:
 - beta-cell function
 - insulin action
 - genetic syndrome
 - immune-mediated disease
 - infection
 - maturity onset of the young (MODY)
 - pancreatic exocrine disease

E84**Cystic fibrosis****E84****Cystic fibrosis**

V 0402

Meconium ileus in cystic fibrosis† (P75*)*Includes:* mucoviscidosis~~E84.0 Cystic fibrosis with pulmonary manifestations~~~~E84.1 Cystic fibrosis with intestinal manifestations~~~~Distal intestinal obstruction syndrome~~~~Meconium ileus in cystic fibrosis† (P75*)~~~~*Excludes:* meconium obstruction (ileus) in cases where cystic fibrosis is known not to be present (P76.0)~~~~E84.8 Cystic fibrosis with other manifestations~~~~E84.9 Cystic fibrosis, unspecified~~**CHRONIC LOWER RESPIRATORY DISEASES
(J40–J47)***Excludes:* cystic fibrosis (E84–)**K56****Paralytic ileus and intestinal obstruction without hernia**

Excludes: congenital stricture or stenosis of intestine (Q41–Q42)
 ischaemic stricture of intestine (K55.1)
 meconium ileus in cystic fibrosis (E84.1† P75*)
 obstruction of duodenum (K31.5)
 postprocedural intestinal obstruction (K91.3)
 stenosis of anus or rectum (K62.4)
 with hernia (K40–K46)

K86**Other diseases of pancreas**

Excludes: fibrocystic disease of pancreas (E84–)
 islet cell tumour (of pancreas) (D13.7)
 pancreatic steatorrhoea (K90.3)

P75*

Meconium ileus in cystic fibrosis (E84.1†)

P76**Other intestinal obstruction of newborn**

P76.0

Meconium plug syndrome

Meconium ileus

Excludes: meconium ileus in cystic fibrosis (E84.1† P75*)**Q41****Congenital absence, atresia and stenosis of small intestine***Includes:* congenital obstruction, occlusion and stricture of small intestine or intestine NOS*Excludes:* meconium ileus in cystic fibrosis (E84.1† P75*)

Q45.39 Other congenital malformations of pancreas and pancreatic duct

Excludes: diabetes mellitus:
• congenital (E10.-)
• neonatal (P70.2)
fibrocystic disease of pancreas (E84-)

ALPHABETIC INDEX OF DISEASES

Cystic — see also condition

...
- fibrosis (~~see also Fibrosis/cystic~~) E84.9
- - with meconium ileus E84† P75*

Diabetes, diabetic (controlled) (mellitus) E1-.9

- due to
- - cystic fibrosis E13.-
- - genetic defect E13.-

Disease, diseased — see also Syndrome

...
- pancreas K86.9
- - with meconium ileus E84† P75*
- - cystic K86.2
- - fibrocystic E84.9

Distal intestinal obstruction (syndrome) (~~see also Cystic/fibrosis~~) K56.6E84.-

Fibrocystic

- disease (~~see also Fibrosis/cystic~~) E84.9
- - with meconium ileus E84† P75*
—lung (congenital) E84.0
—pancreas E84.9

Fibrosis, fibrotic

...
- cystic (~~of pancreas~~) E84.9
- - with meconium ileus E84† P75*
—distal intestinal obstruction (syndrome) E84.1
—intestinal manifestations E84.1
—pulmonary manifestations E84.0
—specified NEC E84.8

Ileus (bowel) (colon) (inhibitory) (intestine) K56.7

...
- meconium, newborn P76.0
- - in cystic fibrosis E84.4† P75*
...

- newborn
- - due to meconium P76.0
- - - in cystic fibrosis E84.4† P75*

Jaundice (yellow) R17

...
- fetus or newborn (physiological) P59.9
- - due to or associated with
—mucoviscidosis cystic fibrosis E84.-8

Meconium

- ileus, fetus or newborn P76.0
- - in cystic fibrosis E84.4† P75*
...
- obstruction, fetus or newborn P76.0
- - in ~~mucoviscidosis~~ cystic fibrosis E84.4† P75*

Mucoviscidosis E84.9

- with meconium obstruction E84.4† P75*

Obstruction, obstructed, obstructive

...
- intestine (mechanical) (paroxysmal) (postinfective) K56.6
...
- - distal (syndrome) (~~see also Cystic/fibrosis~~) K56.6E84.1
..
- - newborn P76.9
- - - due to
- - - - meconium (plug) P76.0
- - - - in cystic fibrosis E84.4† P75*
...
- meconium plug, newborn P76.0
- - in cystic fibrosis E84.4† P75*

Syndrome — see also Disease

- distal intestinal obstruction (~~see also Cystic/fibrosis~~) K56.6E84.1

AUSTRALIAN CODING STANDARDS

0402 CYSTIC FIBROSIS

DEFINITION

Cystic fibrosis (CF) is a disease of glandular function that involves multiple organ systems but chiefly results in chronic respiratory infections, pancreatic enzyme insufficiency, and other associated complications.

Commonly occurring manifestations of CF include:

- Chronic suppurative lung disease
- Pancreatic exocrine insufficiency, leading to malabsorption
- Sweat gland salt loss
- Male infertility (absent or altered vas deferens)
- Meconium ileus
- Distal intestinal obstruction syndrome
- CF-related diabetes
- CF liver disease
- Nasal polyps

CLASSIFICATION

Cystic fibrosis (CF) is classified to E84 *Cystic fibrosis*. Assign E84 *Cystic fibrosis* and codes for its manifestations according to the guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

~~Cystic fibrosis (CF) should be coded with the appropriate code from E84. *Cystic fibrosis* followed by a code(s) for any specified manifestation(s), irrespective of whether the manifestation(s) meets ACS 0002 *Additional diagnoses*. More than one code from E84. *Cystic fibrosis* should be used if the patient presents with multiple manifestations of CF.~~

Note: ACHI codes are not included in the following examples.

EXAMPLE 1:

Patient admitted for reduction of fractured shaft of tibia following fall from ladder. Patient also treated for bronchiectasis associated with cystic fibrosis.

Codes: S82.28 Other fracture of shaft of tibia
 W11 Fall on and from ladder
 An appropriate place of occurrence code (Y92.-) and activity code (U50–U73)
 J47 Bronchiectasis
 E84.0 Cystic fibrosis ~~with pulmonary manifestations~~
 J47 Bronchiectasis

EXAMPLE 2:

Patient admitted for removal of nasal polyps due to cystic fibrosis. The patient also has pancreatic insufficiency and malnutrition which are not treated during the episode.

Codes: J33.9 Nasal polyp, unspecified
 E84 Cystic fibrosis

EXAMPLE 3:

Patient admitted for cystic fibrosis ‘tune up’ and receives IV antibiotics and respiratory therapy for bronchiectasis. They also see the dietitian for ongoing vitamin D deficiency.

Codes: E84 Cystic fibrosis
 J47 Bronchiectasis
 E55.9 Vitamin D deficiency, unspecified

4.2. Diabetes mellitus or intermediate hyperglycaemia with fatty liver

Amendments were made to create consistency with the indexing of *nonalcoholic fatty liver*. Minor amendments were also made to ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*.

ALPHABETIC INDEX OF DISEASES

Degeneration, degenerative

- ...
- fatty
- - liver (NAFLD) (nonalcoholic) NEC K76.0
- - - alcoholic K70.0
- ...
- liver (diffuse) NEC K76.8
- ...
- - fatty (NAFLD) (nonalcoholic) NEC K76.0
- - - alcoholic K70.0

Diabetes, diabetic (controlled) (mellitus) (without complication) E1-.9

- ...
- with
- ...
- - fatty liver (~~change of~~) liver disease, ~~nonalcoholic~~ (NAFLD) (nonalcoholic) E1-.72
- ...
- - neuropathy E1-.40
- ...
- - - sensorimotor E1-.42
- ~~nonalcoholic~~
- ~~fatty (change of) liver disease (NAFLD) E1-.72~~
- ~~steatohepatitis (NASH) E1-.72~~
- - obesity (morbid) E1-.72
- ...
- - scleroedema E1-.62
- - steatohepatitis (NASH) (nonalcoholic) E1-.72
- - stomach paresis E1-.43

Disease, diseased — see also Syndrome

- ...
- liver (chronic) (organic) K76.9
- - alcoholic (~~chronic~~) K70.9
- - cystic, congenital Q44.6
- - drug-induced (idiosyncratic) (predictable) (toxic) (unpredictable) — see *Disease/liver/toxic*
- - fatty, (NAFLD) (nonalcoholic) K76.0
- - - alcoholic K70.0
- - fibrocystic (congenital) Q44.6
- - fluke

- - - Chinese B66.1
- - - oriental B66.1
- - - sheep B66.3
- - glycogen storage E74.0† K77.8*
- - in (due to) schistosomiasis (bilharziasis) B65.-† K77.0*
- - inflammatory K75.9
- - - alcoholic K70.1
- - - specified NEC K75.8
- ~~nonalcoholic, fatty K76.0~~
- - polycystic (congenital) Q44.6

Fatty — see also condition

- ...
- liver (nonalcoholic) NEC K76.0
- - alcoholic K70.0

Hyperglycaemia, hyperglycaemic R73

- ...
- intermediate (without complication) E09.9
- - with
- ...
- - - dyslipidaemia — see ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia/3 DM and IH with features of insulin resistance*
- - - fatty liver (NAFLD) (nonalcoholic) E09.72
- - - features of insulin resistance E09.72
- ...
- - - neuropathy E09.40
- - - - peripheral E09.42
- - - - - distal symmetrical E09.42
- - - - - selective small fibre E09.42
- - - - - sensorimotor E09.42
- - - - polyneuropathy E09.42
- ~~nonalcoholic~~
- ~~fatty (change of) liver disease (NAFLD) E09.72~~
- ~~steatohepatitis (NASH) E09.72~~
- - - obesity (morbid) E09.72
- ...
- - - retinopathy (background) E09.31
- - - steatohepatitis (NASH) (nonalcoholic) E09.72
- - - tubulo-interstitial changes E09.21

AUSTRALIAN CODING STANDARDS

0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA

...

3. DM AND IH WITH FEATURES OF INSULIN RESISTANCE

Insulin resistance syndrome (metabolic syndrome or syndrome X) refers to a cluster of disorders which are often present together and may include DM or IH. The features of insulin resistance are most commonly associated with T2DM and are not characteristic of T1DM.

CLASSIFICATION

Assign E11.72, E13.72, E14.72 **Diabetes mellitus with features of insulin resistance* or E09.72 *Intermediate hyperglycaemia with features of insulin resistance*, as appropriate, when DM or IH is documented with one or more of the following also documented:

- acanthosis nigricans
- dyslipidaemia¹ characterised by:
 - elevated fasting triglycerides (≥ 1.7 mmol/L), or
 - depressed HDL-cholesterol (male ≤ 1.03 , female ≤ 1.29)
- hyperinsulinism
- increased intra-abdominal visceral fat deposition
- 'insulin resistance'
- ~~nonalcoholic fatty liver~~ (nonalcoholic fatty (change of) liver disease (NAFLD)); ~~nonalcoholic steatohepatitis (NASH)~~
- obesity, morbid obesity, overweight
- nonalcoholic steatohepatitis (NASH)

Note: Hypertension is a common disorder with a variety of causes and its attribution to insulin resistance is only accepted if accompanied with at least one of the features listed above. Therefore, documentation of DM with hypertension alone does not meet the criteria for assignment of E11.72, E13.72, E14.72 **Diabetes mellitus with features of insulin resistance* or E09.72 *Intermediate hyperglycaemia with features of insulin resistance*.

Additional codes for complications of DM or IH should be assigned in accordance with Rule 4a and Rule 4b.

4.3. Site specific codes for conditions which contribute to diabetic foot

Site specific codes were created for conditions which contribute to diabetic foot.

Refer to 12.2 Site codes for diseases of skin for details.

4.4. Very long chain acyl-CoA dehydrogenase (VLCAD) deficiency

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

E71 Disorders of branched-chain amino-acid metabolism and fatty-acid metabolism

E71.3 Disorders of fatty-acid metabolism
Adrenoleukodystrophy [Addison-Schilder]
Muscle carnitine palmitoyltransferase deficiency
Very long chain acyl-CoA dehydrogenase (VLCAD) deficiency
Excludes: Schilder's disease (G37.0)

ALPHABETIC INDEX OF DISEASES

Deficiency, deficient

- vascular I99
- vasopressin E23.2
- very long chain acyl-CoA dehydrogenase (VLCAD) E71.3
- viosterol (*see also* *Deficiency/calciferol*) E55.9

Vertigo R42

.....

- Very long chain acyl-CoA dehydrogenase (VLCAD) deficiency E71.3
- **Very-low-density-lipoprotein-type (VLDL) hyperlipoproteinaemia E78.1**

4.5. Alveolar hypoventilation syndrome (*Indexing*)

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ALPHABETIC INDEX OF DISEASES

Syndrome — *see also* Disease

- alveolar hypoventilation (obesity) E66.2

...

5. Mental and behavioural disorders

5.1. ACS 0503 Drug, alcohol and tobacco use disorders

A number of alcohol-induced conditions were identified, where it may be appropriate to assign codes from F10 *Mental and behavioural disorders due to use of alcohol* as per the guidelines in ACS 0503 *Drug, alcohol and tobacco use disorders*. The ACS 0503 symbol was added to these codes (as well as a number of specific tobacco related codes). The symbol was not added to drug-related codes, where they may be treatment related and not due to a psychoactive drug use disorder. The guidelines in ACS 0503 *Drug, alcohol and tobacco use disorders* were modified to advise that codes from F10–F19 *Mental and behavioural disorders due to psychoactive substance use* must be assigned in addition to condition codes where documentation clearly indicates a relationship between any condition and a psychoactive substance use disorder.

TABULAR LIST OF DISEASES

E24	Cushing's syndrome
E24.4	Alcohol-induced pseudo-Cushing's syndrome
<u>▽ 0503</u>	...
E52	Niacin deficiency [pellagra]
<u>▽ 0503</u>	Deficiency: <ul style="list-style-type: none">• niacin(-tryptophan)• nicotinamide Pellagra (alcoholic) Excludes: sequelae of niacin deficiency (E64.8)
G31	Other degenerative diseases of nervous system, not elsewhere classified
	Excludes: Reye's syndrome (G93.7)
G31.2	Degeneration of nervous system due to alcohol
<u>▽ 0503</u>	Alcoholic: <ul style="list-style-type: none">• cerebellar:<ul style="list-style-type: none">• ataxia• degeneration• cerebral degeneration• encephalopathy Dysfunction of autonomic nervous system due to alcohol
G40	Epilepsy
G40.5	Special epileptic syndromes
<u>▽ 0503</u>	Epilepsia partialis continua [Kozhevnikof] Epileptic seizures related to: <ul style="list-style-type: none">• alcohol• drugs• hormonal changes• sleep deprivation• stress <i>Use additional external cause code (Chapter 20) to identify drug, if drug-induced.</i>

G62**Other polyneuropathies**

G62.1

Alcoholic polyneuropathy

[▽ 0503](#)**G72****Other myopathies**

G72.1

Alcoholic myopathy

[▽ 0503](#)**I42****Cardiomyopathy**

I42.6

Alcoholic cardiomyopathy

[▽ 0503](#)**K03****Other diseases of hard tissues of teeth**

K03.6

Deposits [accretions] on teeth

[▽ 0503](#)

Dental calculus:

- subgingival
- supragingival

Deposits [accretions] on teeth:

- betel
- black
- green
- materia alba
- orange
- tobacco

Staining of teeth:

- extrinsic NOS
- NOS

K29**Gastritis and duodenitis****K29.2****Alcoholic gastritis**[▽ 0503](#)**K70****Alcoholic liver disease**[▽ 0503](#)

K70.0

Alcoholic fatty liver

K70.1

Alcoholic hepatitis

K70.2

Alcoholic fibrosis and sclerosis of liver

K70.3

Alcoholic cirrhosis of liver

Alcoholic cirrhosis NOS

K70.4

Alcoholic hepatic failure

K70.9

Alcoholic liver disease, unspecified

K85**Acute pancreatitis**

K85.2 Alcohol-induced acute pancreatitis

▽ 0503**K86****Other diseases of pancreas**

K86.0 Alcohol-induced chronic pancreatitis

▽ 0503**O35****Maternal care for known or suspected fetal abnormality and damage**

O35.4 Maternal care for (suspected) damage to fetus from alcohol

▽ 0503

O35.5 Maternal care for (suspected) damage to fetus by drugs

▽ 0503

Maternal care for (suspected) damage to fetus from drug addiction

O99**Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium**

O99.3 Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium

▽ 0503_0505

Excludes: postnatal depression (F53.0)
 postpartum:
 • blues NOS (F53.8)
 • dysphoria NOS (F53.8)
 • mood disturbance NOS (F53.8)
 • sadness NOS (F53.8)
 pregnancy-related peripheral neuritis (O26.83)
 puerperal psychosis (F53.1)

Z50**Care involving use of rehabilitation procedures**▽ 2104

Z50.2 Alcohol rehabilitation

▽ 0525

Z50.3 Drug rehabilitation

▽ 0525

...

Z50.8 Care involving use of other rehabilitation procedures

▽ 0503

Tobacco rehabilitation
 Training in activities of daily living [ADL] NEC

Z71**Persons encountering health services for other counselling and medical advice, not elsewhere classified**

Excludes: contraceptive or procreation counselling (Z30–Z31)
 sex counselling (Z70.-)

...

Z71.4 Counselling and surveillance for alcohol use disorder

▽ 0503

Excludes: alcohol rehabilitation procedures (Z50.2)

Z71.5 Counselling and surveillance for drug use disorder

▽ 0503

Excludes: drug rehabilitation procedures (Z50.3)

Z71.6 Counselling for tobacco use disorder

▽ 0503

Excludes: tobacco rehabilitation procedures (Z50.8)

Z72

Problems related to lifestyle

Z72.0 Tobacco use, current

▽ 0503 Hazardous use

Z72.1 Alcohol use

▽ 0503 Hazardous use of alcohol

Z72.2 Drug use

▽ 0503 Hazardous use of drug(s)

Z86

Personal history of certain other diseases

▽ 2112

Z86.4 Personal history of psychoactive substance use disorder

Conditions classifiable to F10–F19

Excludes: problems related to the use of:

- alcohol (Z72.1)
- drug(s) (Z72.2)
- tobacco (Z72.0)

★Z86.41 Personal history of alcohol use disorder

▽ 0503

Excludes: current alcohol dependence (F10.2)

★Z86.42 Personal history of drug use disorder

▽ 0503

History of:

- psychoactive substance abuse NOS
- unsanctioned drug use, ever, but excluding the last three months

Excludes: current drug dependence (F11–F16 with common fourth character .2 and F18–F19 with common fourth character .2)

★Z86.43 Personal history of tobacco use disorder

▽ 0503

Excludes: harmful use of tobacco (F17.1)
tobacco dependence (F17.2)

AUSTRALIAN CODING STANDARDS

0503 DRUG, ALCOHOL AND TOBACCO USE DISORDERS

DEFINITION

The term 'use disorder' may be used to describe any of the following use disorders:

- acute intoxication
- harmful use **or**
- dependence

The block F10–F19 *Mental and behavioural disorders due to psychoactive substance use* has a fourth character which specifies the clinical state of the patient.

Note that not all fourth character codes are applicable to all substances. The clinical coder should be guided by the clinical documentation when assigning the fourth characters.

The following definitions from ICD-10-AM and WHO, *The ICD-10 Classification of Mental and Behavioural Disorders – Clinical Descriptions and Diagnostic Guidelines* (1992) are provided to aid in a fuller understanding of these conditions:

Acute intoxication

“A condition that follows the administration of a psychoactive substance resulting in disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psychophysiological functions and responses. The disturbances are directly related to the acute pharmacological effects of the substance and resolve with time, with complete recovery, except where tissue damage or other complications have arisen.”

Harmful use

“A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (as in cases of hepatitis from the self-administration of psychoactive substances) or mental (eg episodes of depressive disorder secondary to heavy consumption of alcohol). ...Harmful use should not be diagnosed if dependence syndrome, a psychotic disorder, or another specific form of drug- or alcohol-related disorder is present for the same substance in the same time period.”

Dependence syndrome

“A cluster of behavioural, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance and sometimes a physical withdrawal state.”

CLASSIFICATION

General classification rules

- Where the clinician has clearly documented a relationship between a particular condition(s) and alcohol/drug use, assign a code for the specific condition (see *Alphabetic Index*), with the appropriate code from F10-F19. Such documentation includes qualifying statements such as 'alcohol-induced' or 'drug-related', or 'CAL/smoker' indicating evidence that the substance use was responsible for (or substantially contributed to) physical or psychological harm. Sequencing should be determined by following the classification guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

- Categories F10–F19 exclude patients using unsanctioned levels of prescribed or unprescribed drugs when documented as an 'overdose'. 'Overdose' cases should be coded to the appropriate poisoning code from the Table of Drugs and Chemicals (see also ACS 0530 *Drug overdose*).
- ~~Where clear documentation and clinical advice is unavailable and therefore, capture of vital alcohol/drug information classifiable to specific fourth characters in F10–F19 may be lost, assign the fourth character of '1' (harmful use) as a last resort for nonspecific terminology such as 'abuse' or 'use disorder'.~~

Acute intoxication

'Acute intoxication' (0) may be assigned in addition to another four character code from F10–F19. For example, persons who have more persistent alcohol- or drug-related problems such as harmful use (F1-.1), dependence syndrome (F1-.2) or psychotic disorder (F1-.5), may also have episodes of acute intoxication.

EXAMPLE 1:

A patient is treated for acute intoxication superimposed on alcohol dependence syndrome. Assign first the code for acute intoxication (F10.0 *Mental and behavioural disorders due to use of alcohol, acute intoxication*) with an additional diagnosis code of F10.2 *Mental and behavioural disorders due to use of alcohol, dependence syndrome*.

Harmful use

Assign the fourth character of '1' as a last resort for nonspecific terminology such as 'abuse' or 'use disorder', if the clinician has clearly documented a relationship between a particular condition(s) and alcohol/drug use.

~~Such documentation includes qualifying statements such as 'alcohol-induced' or 'drug-related', or 'CAL/smoker' indicating evidence that the substance use was responsible for (or substantially contributed to) physical or psychological harm.~~

'Harmful Use' is implicit in conditions classified to F1-.2–F1-.9. Therefore a fourth character of '1' cannot be assigned if a more specific drug or alcohol related disorder, of the same substance, is also present within the one episode of care.

EXAMPLE 2:

A patient is diagnosed with alcohol-related acute pancreatitis.

Codes:	K85.2	Alcohol-induced acute pancreatitis
	F10.1	Mental and behavioural disorders due to use of alcohol, harmful use

EXAMPLE 3:

A 45 year old patient is admitted having suffered a seizure. Increased nursing care is required for treatment of alcoholic dementia; severe alcohol abuse.

Codes:	R56.8	Other and unspecified convulsions
	F10.7	Mental and behavioural disorders due to use of alcohol, residual and late-onset psychotic disorder

A fourth character of '1' harmful use, cannot be assigned as a more specific alcohol related disorder, alcoholic dementia, is documented.

5.2. Manic depression

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

F31 **Bipolar affective disorder**

A disorder characterised by two or more episodes in which the patient's mood and activity levels are significantly disturbed, this disturbance consisting on some occasions of an elevation of mood and increased energy and activity (hypomania or mania) and on others of a lowering of mood and decreased energy and activity (depression). Repeated episodes of hypomania or mania only are classified as bipolar.

Includes: manic depression
 manic-depressive:
 • illness
 • psychosis
 • reaction

...

F31.9 Bipolar affective disorder, unspecified
 Manic depression NOS

ALPHABETIC INDEX OF DISEASES

Depression F32.9-

- major (without psychotic symptoms) F32.2-
- - with psychotic symptoms F32.3-
- - recurrent — *see Disorder/depressive/severe/recurrent*
- manic (manic-depressive) (see also Disorder/bipolar) F31.9 — *see Disorder/depressive/recurrent*
- masked (single episode) F32.8-

5.3. Sexual anhedonia

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth for Edition.

TABULAR LIST OF DISEASES

F52 **Sexual dysfunction, not caused by organic disorder or disease**

F52.1 Sexual aversion and lack of sexual enjoyment

Either the prospect of sexual interaction produces sufficient fear or anxiety that sexual activity is avoided (sexual aversion) or sexual responses occur normally and orgasm is experienced but there is a lack of appropriate pleasure (lack of sexual enjoyment).

~~Sexual a~~ Anhedonia, sexual

5.4. Suicidal ideation

Refer to 18.4 Suicidal ideation for details.

6. Nervous system

6.1. CVA deficit of facial droop without hemiplegia (*Major*)

Following publication of advice regarding *CVA deficit of facial droop* in June 2012, amendments were made to ICD-10-AM for Ninth Edition:

- Invalidation of G83.8 *Other specified paralytic syndromes*
- Creation of G83.81 *Facial paralysis due to cerebrovascular accident* and G83.89 *Other specified paralytic syndromes* with appropriate excludes note and inclusion terms
- Amendment of inclusion term and additional excludes notes at G51.0 *Bell's palsy* and
- Amendment to the Tabular List and Alphabetic Index to support the above changes.

TABULAR LIST OF DISEASES

EPISODIC AND PAROXYSMAL DISORDERS (G40–G47)

G40

Epilepsy

Intractable epilepsy is defined as the occurrence of one or more seizures per month with impairment of consciousness, or twelve or more seizures per year, despite treatment with adequate doses of at least two antiepileptic drugs, singly or in combination.

Note: These criteria are for use by clinicians, not clinical coders. Coders should assign intractable epilepsy based only on clinical documentation of the condition.

Excludes: Landau-Kleffner syndrome (F80.3)
seizure (convulsive) NOS (R56.8)
status epilepticus (G41.-)
Todd's paralysis (G83.89)

The following fifth character subdivisions are for use with subcategories G40.0–G40.9:

- ✱ 0 without mention of intractable epilepsy
- ✱ 1 with intractable epilepsy

G51

Facial nerve disorders

Includes: disorders of seventh cranial nerve

G51.0

Bell's palsy

Facial palsy due to facial nerve disorder

Excludes: facial paralysis due to:
• birth trauma (P11.3)
• cerebrovascular accident (G83.81)

G51.1

Geniculate ganglionitis

Excludes: postherpetic geniculate ganglionitis (B02.2)

G51.2

Melkersson's syndrome

Melkersson-Rosenthal syndrome

G51.3

Clonic hemifacial spasm

- G51.4 Facial myokymia
- G51.8 Other disorders of facial nerve
- G51.9 Disorder of facial nerve, unspecified

G83 Other paralytic syndromes

Includes: paralysis (complete)(incomplete), except as in G80–G82

Excludes: transient paresis (R29.88)

- G83.0 Diplegia of upper limbs
Diplegia (upper)
Paralysis of both upper limbs
- G83.1 Monoplegia of lower limb
Paralysis of lower limb
- G83.2 Monoplegia of upper limb
Paralysis of upper limb
- G83.3 Monoplegia, unspecified
- G83.4 Cauda equina syndrome
Neurogenic bladder due to cauda equina syndrome
Excludes: cord bladder NOS (G95.8)
- ~~G83.8 Other specified paralytic syndromes~~
~~Todd's paralysis (postepileptic)~~

G83.8 Other specified paralytic syndromes

- ✱G83.81 Facial paralysis due to cerebrovascular accident
▽ 0604

Facial:

- droop }
- hemiplegia } due to cerebrovascular accident
- weakness }

Excludes: Bell's palsy (G51.0)
facial paralysis due to:
• birth trauma (P11.3)
• facial nerve disorder (G51.0)

- ✱G83.89 Other specified paralytic syndromes
Todd's paralysis (postepileptic)
- G83.9 Paralytic syndrome, unspecified

ALPHABETIC INDEX OF DISEASES

Brown's sheath syndrome H50.6

Brown-Séquard disease, paralysis or syndrome
G83.89

Bruce septicaemia A23.0

...

Drinking (alcohol)

- excessive, to excess NEC F10.0
- - habitual (continual) F10.2

Droop, facial — *see Paralysis/facial*

Drop

...

Hemiparkinsonism G20

Hemiplegia G81.9

- alternans facialis G83.89
- ascending NEC G81.9
- - spinal G95.8

...

Jackson's

- membrane or veil Q43.39
- paralysis (syndrome) G83.89

Jacquet's dermatitis L22

...

Palsy (see also *Paralysis*) G83.9

- atrophic diffuse (progressive) G12.2
- Bell's (see also *Palsy/Paralysis/facial*) G51.0
- brachial plexus NEC G54.0
- ...
- Erb's P14.0
- facial ~~G51.0~~ — see *Paralysis/facial*
- ~~newborn (birth trauma) P11.3~~
- glossopharyngeal G52.1
- ...
- seventh nerve (see also *Palsy/facial*) ~~G51.0~~ — see *Paralysis/facial*
- ...

Paralysis, paralytic (complete) (incomplete) (see also *Paresis*) G83.9

- with syphilis A52.1
- abducent (nerve) H49.2
- accommodation H52.5
- - hysterical F44.88
- agitans (see also *Parkinsonism*) G20
- - arteriosclerotic G21.4
- alternating G83.89
- - oculomotor G83.89
- amyotrophic G12.2
- ...
- bronchial J98.0
- Brown-Séquard G83.89
- bulbar (chronic) (progressive) G12.2
- ...
- eye muscle (extrinsic) H49.9
- - intrinsic H52.5
- facial (nerve) ~~G51.0~~
- - due to
- - - birth trauma P11.3
- - - cerebrovascular accident G83.81
- - - facial nerve disorder (Bell's palsy) G51.0
- ~~birth trauma P11.3~~
- - newborn P11.3
- - postprocedural G97.8
- familial (periodic) (recurrent) G72.3
- ...
- lower limb G83.1
- - both (see also *Paraplegia*) G82.2-
- medullary (tegmental) G83.89
- mesencephalic NEC G83.89
- - tegmental G83.89

- middle alternating G83.89
- Millard-Gubler-Foville I67.9† G46.3*
- ...
- sphincter, bladder (see also *Paralysis/bladder*) N31.2
- spinal (cord) G83.89
- - acute (see also *Poliomyelitis/paralytic*) A80.3
- - ascending acute G61.0
- ...
- sympathetic G90.8
- - cervical G90.2
- - nervous system — see *Neuropathy/peripheral/autonomic*
- syndrome G83.9
- - specified NEC G83.89
- syphilitic spastic spinal (Erb's) A52.1
- throat J39.2
- - diphtheritic A36.0† G99.8*
- - muscle J39.2
- tick T63.4
- Todd's G83.89
- tongue K14.8
- ...

Syndrome — see also *Disease*

...

- Brown's sheath H50.6
- Brown-Séquard G83.89
- Brugada I49.8
- ...
- paralysis agitans (see also *Parkinsonism*) G20
- paralytic G83.9
- - specified NEC G83.89
- Parinaud's
- - oculoglandular H10.8
- ...

Tocopherol deficiency E56.0

Todd's

- cirrhosis K74.3
- paralysis (postepileptic) G83.89

Toe — see *condition*

...

Triple — see also *Accessory*

- kidneys Q63.02
- ureter Q62.52
- uteri Q51.89
- X, female Q97.0

Triplegia G83.89

- congenital or infantile G80.8

6.2. ACS 0604 Stroke

Publication of advice in December 2012 and a subsequent public submission highlighted that a more explicit example was required to demonstrate when I69.- *Sequelae of cerebrovascular disease* should be assigned, consequently the wording of Example 2 in ACS 0604 *Stroke* was revised for Ninth Edition.

AUSTRALIAN CODING STANDARDS

0604 STROKE

I69.- Sequelae of cerebrovascular disease codes should only be used when the treatment period is complete but residual deficits are still manifest and meet the criteria for an additional diagnosis.

EXAMPLE 2:

~~A P~~patient admitted for a hemicolecotomy. ~~Mobility affected by~~ had a residual hemiparesis from a ~~previous stroke ten years previously~~. The patient was slow to mobilise post-surgery due to the residual impairment and intervention was provided by the physiotherapist.

~~No treatment of the residual hemiparesis occurs during the episode of care.~~

Codes: G81.9 Hemiplegia, unspecified
 I69.- Sequelae of cerebrovascular disease

~~Assign an additional diagnosis code for hemiparesis and I69.- Sequelae of cerebrovascular disease, indicating that neither the stroke nor the hemiparesis is receiving treatment.~~

6.3. Locked-in syndrome

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

G83 Other paralytic syndromes

Includes: paralysis (complete)(incomplete), except as in G80–G82

Excludes: transient paresis (R29.88)

G83.3 Monoplegia, unspecified

G83.4 Cauda equina syndrome
 Neurogenic bladder due to cauda equina syndrome

Excludes: cord bladder NOS (G95.8)

G83.5 Locked-in syndrome

ALPHABETIC INDEX OF DISEASES

Syndrome — *see also Disease*

...

- lobotomy F07.0

- Lobstein(-Ekman) Q78.0

- locked-in G83.5

- Löffler's J82

6.4. Transversus abdominis plane (TAP) blocks (*Indexing*)

Following publication of advice in June 2013 regarding *TAP block*, additional index entries for *transversus abdominis plane (TAP) blocks* were included in Ninth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Administration (around) (of) — *see also Injection*

- nerve
- - for
- - - operative anaesthesia
- - - - head or neck 92509 [1909]
- - - - lower limb 92512 [1909]
- - - - trunk (transversus abdominis plane (TAP)) 92510 [1909]
- - - - upper limb 92511 [1909]
- ...
- - peripheral (anaesthetic agent) (transversus abdominis plane (TAP)) NEC 90022-00 [63]
- - - neurolytic agent 18292-00 [64]

Anaesthesia

- conduction
- ...
- - regional block
- - - nerve of
- - - - head or neck 92509 [1909]
- - - - lower limb 92512 [1909]
- - - - trunk (transversus abdominis plane (TAP)) 92510 [1909]
- - - - upper limb 92511 [1909]

Analgesia

- postprocedural
- ...
- - management of
- - - neuraxial block 92516-00 [1912]
- - - regional block
- - - - nerve of
- - - - - head or neck 92517-00 [1912]
- - - - - lower limb 92517-03 [1912]
- - - - - trunk (transversus abdominis plane (TAP)) 92517-01 [1912]
- - - - - upper limb 92517-02 [1912]

Block

- ...
- nerve
- - for
- - - operative anaesthesia
- - - - head or neck 92509 [1909]
- - - - lower limb 92512 [1909]

- - - - trunk (transversus abdominis plane (TAP)) 92510 [1909]
- - - - upper limb 92511 [1909]
- - - pain management — *see Administration/nerve/by site*
- neuraxial
- - for operative anaesthesia 92508 [1909]
- - during labour 92506 [1333]
- - - and delivery procedure 92507 [1333]
- pleura (with infusion or injection of therapeutic agent) 18228-00 [548]
- spinal
- - canal — *see Injection/spinal*
- - nerve — *see Administration/nerve/spinal*
- subarachnoid (space)
- - spinal — *see Injection/spinal/intrathecal*
- transversus abdominis plane (TAP)
- - for
- - - analgesia, postprocedural 92517-01 [1912]
- - - operative anaesthesia 92510 [1909]
- - - pain management — *see Administration/nerve/peripheral*

Injection (around) (into) (of) — *see also Administration*

- ...
- nerve
- - for
- - - operative anaesthesia
- - - - head or neck 92509 [1909]
- - - - lower limb 92512 [1909]
- - - - trunk (transversus abdominis plane (TAP)) 92510 [1909]
- - - - upper limb 92511 [1909]

Management (of)

- ...
- block
- - postprocedural
- - - neuraxial 92516-00 [1912]
- - - regional
- - - - nerve of
- - - - - head or neck 92517-00 [1912]
- - - - - lower limb 92517-03 [1912]
- - - - - trunk (transversus abdominis plane (TAP)) 92517-01 [1912]

7. Eye and adnexa

7.1. Choroidal neovascularisation

Following publication of advice regarding *choroidal neovascularisation* in December 2012, amendments were made to the ICD-10-AM Tabular List and Alphabetic Index:

- Addition of an inclusion term for *choroidal neovascularisation* at H31.8 *Other specified disorders of choroid*
- Amendments to the Alphabetic Index to support the above change.

TABULAR LIST OF DISEASES

H31	Other disorders of choroid
H31.0	Chorioretinal scars Macula scars of posterior pole (postinflammatory)(post traumatic) Solar retinopathy
H31.1	Choroidal degeneration Atrophy of choroid Sclerosis of choroid Excludes: angiod streaks (H35.3)
H31.2	Hereditary choroidal dystrophy Choroideraemia Dystrophy, choroidal (central areolar)(generalised)(peripapillary) Gyrate atrophy, choroid Excludes: ornithinaemia (E72.4)
H31.3	Choroidal haemorrhage and rupture Choroidal haemorrhage: <ul style="list-style-type: none">• expulsive• NOS
H31.4	Choroidal detachment
H31.8	Other specified disorders of choroid <u>Choroidal neovascularisation</u>
H31.9	Disorder of choroid, unspecified

ALPHABETIC INDEX OF DISEASES

Neovascularisation

- choroid H31.8

- ciliary body H21.1

- cornea H16.4

- iris H21.1

- retina H35.0

Nephralgia N23

7.2. Removal of silicone oil from eye post retinal detachment repair (*Indexing*)

Following publication of advice for *removal of silicone oil* published in December 2013, amendments were made to ICD-10-AM in Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Removal (from) (of)

...

- screw Z47.0
- silicone oil Z48.8
- splint, external Z47.8
- subdermal hormone implant Z30.5

7.3. Retinitis albuminuric (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index for ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Albuminuria, albuminuric (acute) (chronic) (subacute) (*see also Proteinuria*) R80

- complicating pregnancy, childbirth or puerperium O12.1
- gestational O12.1
- orthostatic N39.2
- postural N39.2
- retinitis N18.5+ H32.8*

Retinitis (*see also Chorioretinitis*) H30.9

- albuminuric, albuminurica N18.5† H32.8*
- arteriosclerotic I70.8† H36*
- disciformis H35.3

7.4. Necrosis of cornea (*Indexing*)

In 2012, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Brasilia. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Necrosis, necrotic (ischaemic) (*see also Gangrene*) R02

- cerebral I67.8
- cornea H18.4~~8~~
- cortical (acute) (kidney) N17.1

8. Ear, nose, mouth and throat

8.1. Laser treatment of intranasal telangiectasia (*Indexing*)

Amendments were made to the ACHI Alphabetic Index for *Laser therapy/lesion* of intranasal sites (intranasal, nares, nose) to add the code option 90130-00 [374] *Local destruction of intranasal lesion*.

ALPHABETIC INDEX OF DISEASES

Destruction

- ...
- lesion (tumour)
- ...
- - nares, ~~by endoscopic laser 52035-00 [419]~~ 90130-00 [374]
- - - by endoscopic laser 52035-00 [419]
- ...
- - nose, ~~by endoscopic laser 52035-00 [419]~~ (skin) — *see also Destruction/lesion/skin*
- - - intranasal — *see Destruction/lesion/intranasal*

Laser therapy

- ...
- lesion
- ...
- - intranasal, ~~by endoscopic laser 52035-00 [419]~~ 90130-00 [374]
- - - by endoscopic laser 52035-00 [419]
- - intraoral, by endoscopic laser 52035-00 [419]
- ...
- - mouth, by endoscopic laser 52035-00 [419]
- - nares, ~~by endoscopic laser 52035-00 [419]~~ 90130-00 [374]
- - - by endoscopic laser 52035-00 [419]
- ...
- - nose, ~~by endoscopic laser 52035-00 [419]~~ (skin) — *see also Destruction/lesion/skin/laser therapy*
- - - intranasal — *see Laser therapy/lesion/intranasal*
- - oral cavity, by endoscopic laser 52035-00 [419]

9. Circulatory system

9.1. Revision and consolidation of overlapping content in cardiac standards (*Major*): ACS 0909 Coronary artery bypass grafts; ACS 0934 Cardiac and vascular revision/reoperation procedures; ACS 0940 Ischaemic heart disease; ACS 0941 Arterial disease

A number of queries regarding occlusion of coronary artery disease, stenosis of coronary artery of less than 50%, coronary artery dissection and cardiovascular revision/reoperations, highlighted that Australian Coding Standards (ACS) for these conditions are outdated and inconsistent. Amendments were made to the following ACS in Ninth Edition:

- 0909 *Coronary artery bypass grafts*
- 0934 *Cardiac and vascular revision/reoperation procedures*
- 0940 *Ischaemic heart disease*
- 0941 *Arterial disease*

Additional amendments to the Tabular List and Alphabetic Index were also made as follows:

- Revision of the code title of 35202-00 [763] *Access for reoperation of arteries or veins of neck, abdomen or limb* to *Reoperation of arteries or veins not elsewhere classified*, allowing this code to be assigned for reoperation/revision of blood vessels
- Addition of an includes note *Vascular dissection due to cardiac and vascular prosthetic devices, implants and grafts* to T82.8 *Other specified complications of cardiac and vascular prosthetic devices, implants and grafts*
- Amendment of the Alphabetic Index in both ICD-10-AM andACHI to support the above amendments.

TABULAR LIST OF DISEASES

T82.8 Other specified complications of cardiac and vascular prosthetic devices, implants and grafts

Embolism due to cardiac and vascular prosthetic devices, implants and grafts
 Fibrosis due to cardiac and vascular prosthetic devices, implants and grafts
 Haemorrhage due to cardiac and vascular prosthetic devices, implants and grafts
 Pain due to cardiac and vascular prosthetic devices, implants and grafts
 Stenosis due to cardiac and vascular prosthetic devices, implants and grafts
 Thrombosis due to cardiac and vascular prosthetic devices, implants and grafts
Vascular dissection due to cardiac and vascular prosthetic devices, implants and grafts

TABULAR LIST OF INTERVENTIONS

763

Reoperation procedures on other vascular sites

▼ 0934

Excludes: reoperation of:
 • coronary artery (38637-00 [680])
 • varicose veins (32514-00 [737])

35202-00 ~~Access for reoperation of arteries or veins of neck, abdomen or limb~~ Reoperation of arteries or veins, not elsewhere classified

Code first:
 • surgical procedure(s) performed

ALPHABETIC INDEX OF DISEASES

Dissection

- artery NEC I72.9
- - basilar I72.5
- - carotid I72.0
- - cerebral (nonruptured) I67.0
- - ruptured (*see also* *Haemorrhage/subarachnoid*) I60.7
- - coronary (nonruptured) I25.4
- - - due to cardiac device, implant or graft T82.8
- - iliac (ruptured) I72.3
- - limb (ruptured)
- - - lower I72.4
- - - upper I72.1
- ...
- traumatic (complication) (early), specified site — *see* *Injury/blood vessel/by site*
- vascular NEC I72.9
- - due to vascular device, implant or graft T82.8
- wound — *see* *Wound, open*

Occlusion, occluded

- artery — *see also* *Embolism/artery*

- - auditory, internal I65.8
- - basilar (with) I65.1
- - - infarction (due to) I63.2
- - - - embolism I63.1
- - - - thrombosis I63.0
- ...
- - communicating posterior I66.8
- - coronary (artery) I25.10
- - - autologous bypass graft I25.12
- - - due to
- - - - embolism or thrombosis (*see also* *Infarct/myocardium*) I21.9
- - - - - not resulting in infarction I24.0
- - - native I25.11
- - - nonautologous bypass graft I25.13
- - mesenteric (chronic) K55.1
- - acute K55.0
- ...
- cervix (uteri) (*see also* *Stricture/cervix*) N88.2
- colon (*see also* *Obstruction/intestine*) K56.6
- coronary (artery) (*see also* *Infarct/myocardium*) I21.9
- - *see* *Occlusion/artery/coronary*
- - not resulting in infarction I24.0

ALPHABETIC INDEX OF INTERVENTIONS

Access, accessing

- for reoperation of artery or vein
- - abdomen 35202-00 [763]
- - limb 35202-00 [763]
- - neck 35202-00 [763]
- device, vascular (infusion port) (Port-A-Cath) (subcutaneous reservoir)
- - insertion 34528-02 [766]

Reoperation

- abdomen
- - artery 35202-00 [763]
- - vein 35202-00 [763]
- artery or vein NEC 35202-00 [763]
- - abdomen 35202-00 [763]
- - coronary, graft (occluded) 38637-00 [680]
- - limb (*extremity*) 35202-00 [763]
- - neck 35202-00 [763]
- arytenoidectomy (by laser) 41867-01 [530]
- CABG (coronary artery bypass graft) (occluded) 38637-00 [680]
- cardiac procedure NEC 38640-00 [664]
- - coronary artery graft (occluded) 38637-00 [680]
- dacryocystorhinostomy (2nd or subsequent procedure) 42626-00 [248]

- extremity
- - artery 35202-00 [763]
- - vein 35202-00 [763]
- flap — *see* *Flap*
- graft, coronary artery (occluded) 38637-00 [680]
- keratoplasty
- - 2nd procedure 42656-01 [175]
- - 3rd or subsequent procedure 42656-00 [175]
- neck
- - artery 35202-00 [763]
- - vein 35202-00 [763]
- ...
- sympathectomy 90015-00 [85]
- - cervical 35006-00 [85]
- - lumbar 35009-00 [85]
- - periarterial 90015-00 [85]
- - sacral 35009-01 [85]
- - specified site NEC 90015-00 [85]
- - sphenopalatine ganglion 90015-00 [85]
- - thoracic 35006-01 [85]
- vein
- - abdomen 35202-00 [763]
- - limb 35202-00 [763]
- - neck 35202-00 [763]

AUSTRALIAN CODING STANDARDS

0909 CORONARY ARTERY BYPASS GRAFTS

...

CLASSIFICATION

...

COMPLICATIONS

CABG occlusion

Occlusion of CABG may occur as a result of natural disease progression leading to atheroma formation in the implanted arteries or veins which then become stenotic or blocked. This is termed 'diseased graft' or 'occluded graft'. It may also be a complication of the graft (i.e. acute graft failure) attributable to graft kinking/overstretching, acute graft thrombosis, embolisation of atherosclerotic debris or anastomotic stenosis.

Code assignment for occlusion of CABG should be guided by the documentation in the clinical record:

- If it is clear from the documentation that occlusion of a CABG is due to atherosclerosis, assign I25.12 *Atherosclerotic heart disease of autologous bypass graft* or I25.13 *Atherosclerotic heart disease of nonautologous bypass graft*
- If the documentation specifies that the occluded CABG is caused by a complication of the graft e.g. acute graft thrombosis, assign T82.8 *Other specified complication of cardiac and vascular prosthetic devices, implants and grafts*. Additional codes such as I24.0 *Coronary thrombosis not resulting in myocardial infarction* should also be assigned to provide further specification of the condition
- If occlusion of a CABG is documented without further specification, clarification should be sought from the clinician. Where this is not possible, assign I25.12 *Atherosclerotic heart disease of autologous bypass graft* or I25.13 *Atherosclerotic heart disease of nonautologous bypass graft*.

EXAMPLE 4:

Patient admitted with unstable angina. He has a history of CABG a few years ago. Cardiac angiogram demonstrated occlusion of coronary artery in his grafted (SVG) vessels. Clinical documentation did not state that the occluded graft is related to the initial surgery.

Principal diagnosis: I20.0 Unstable angina

Additional diagnosis: I25.12 Atherosclerotic heart disease of autologous bypass graft

Other complications

Other complications of CABGs may include postoperative hypertension, cardiac arrhythmias, haemorrhage and wound infections (of either the sternal wound or the procurement area, e.g. leg or arm). Cerebrovascular accidents may also occur.

(See also ACS 1904 Procedural complications and ACS 0934 Cardiac revision/reoperation procedures).

ADDITIONAL PROCEDURES PERFORMED IN CONJUNCTION WITH CABGS

Cardiopulmonary bypass (CPB)

...

Cardioplegia

...

Hypothermia

...

Pacing wires (temporary pacemaker) (temporary electrodes)

...

Complications

Complications of CABGs generally occur within one month of surgery and may include postoperative hypertension, cardiac arrhythmias, haemorrhage and wound infections (of either the sternal wound or the procurement area, eg leg or arm). Cerebrovascular accidents may also occur.

(See also ACS 1904 Procedural complications and ACS 0934 Cardiac revision/reoperation procedures.)

CABGs performed without cardiopulmonary bypass

Some patients are now having CABGs performed without cardiopulmonary bypass (CPB). Usually the patient requires only one bypass graft. The surgery is performed via sternotomy, but instead of placing the patient on a cardiopulmonary bypass machine (pump) to enable the surgery to be performed on a non-beating heart, a heart stabiliser is used. Like an octopus, the heart stabiliser grips the heart holding it still enough to enable surgery to be performed on the beating heart. These procedures may be documented as 'non-CPB CABGs', 'CABGs without bypass', 'CABGs with help of heart stabiliser (or octopus)', 'Octopus CABGs' or 'OP (off pump) CABGs'.

Do not assign a cardiopulmonary bypass code for CABGs performed without CPB.

REOPERATION (REDO) CABGS

Disease classification

Reoperation of CABGs performed after one month of the original surgery would usually indicate a natural process of the disease. That is, the grafted artery has become stenosed or blocked by atheroma, rather than a complication of the graft. The cardiac disease or condition requiring redo, is reported as the principal diagnosis.

EXAMPLE 4:

Patient admitted with unstable angina which has developed three years following a previous CABG procedure. Cardiac catheterisation demonstrated coronary artery disease in his grafted (SVG) vessels.

Principal diagnosis: I20.0 Unstable angina

Additional diagnosis: I25.12 Atherosclerotic heart disease of autologous bypass graft

Codes I25.12 *Atherosclerotic heart disease of autologous bypass graft* or I25.13 *Atherosclerotic heart disease of nonautologous bypass graft* should be used only when the previous bypass grafts have become diseased. In this instance, it is not necessary to assign Z95.1 *Presence of aortocoronary bypass graft* as an additional diagnosis.

If the previous bypass grafts are patent and viable, and the surgery is being performed to bypass diseased native vessels, assign I25.11 *Atherosclerotic heart disease of native coronary artery* together with Z95.1 *Presence of aortocoronary bypass graft*.

Embolism or occlusion of a bypass graft is classified to T82.8 Other complications of cardiac and vascular prosthetic devices, implants and grafts.

Procedure classification

Reoperation procedures are more complex and present greater technical difficulty than the initial cardiac procedure and therefore result in a significant increase in resource consumption. Tissue planes are often absent; fibrosis, scarring and numerous adhesions are present. Where previous bypass grafts are still patent, care must be taken not to dislodge any loose or friable material that is generally contained within these vessels or cause emboli to be released into the heart, potentially resulting in ischaemia or infarction.

The operation report should provide the detail of a reoperation procedure. The procedure may include reconstruction of a previous bypass graft. Reconstruction involves disconnection or division, and/or oversewing of the end of a previous bypass graft. Reconstruction of a previous bypass graft is usually performed in conjunction with new bypass grafts. Division of adhesions may also be performed.

*Where a reoperation CABG is performed and a previous bypass graft is reconstructed, assign:

CABG code(s), as appropriate, from blocks [672] to [679] and

38637 00 [680] — Reoperation for reconstruction of coronary artery graft

If **division of adhesions** is performed, assign:

38647 00 [644] — Division of thoracic adhesions

If **cardiopulmonary bypass** is performed, assign as appropriate:

38600 00 [642] — Cardiopulmonary bypass, central cannulation

38603 00 [642] — Cardiopulmonary bypass, peripheral cannulation

*Where a reoperation CABG is performed and a previous bypass graft is not reconstructed, assign:

CABG code(s), as appropriate, from blocks [672] to [679] and

38640 00 [664] — Reoperation for other cardiac procedure, not elsewhere classified

If **division of adhesions** is performed, assign:

38647 00 [644] — Division of thoracic adhesions

If **cardiopulmonary bypass** is performed, assign as appropriate:

38600 00 [642] — Cardiopulmonary bypass, central cannulation

38603 00 [642] — Cardiopulmonary bypass, peripheral cannulation

0934 CARDIAC AND VASCULAR REVISION/REOPERATION PROCEDURES

Revision or reoperation procedures are more complex than initial cardiac and vascular procedures and result in a significant increase in resource consumption. They are most commonly performed for valve replacements, CABGs (~~see ACS 0909 Coronary artery bypass grafts~~) and in paediatric procedures such as conduit replacement in congenital heart disease.

A revision or reoperation procedure may follow as a matter of course, for example, a patient's angina is recurring or the patient is in cardiac failure; this is usually because the grafted artery has become blocked (a natural process of the disease, rather than a complication of the graft). A revision or reoperation procedure may also be performed due to a complication of the graft. Therefore code assignment for each case is based on clinical documentation. If the reason for revision or reoperation cannot be established based on the available documentation, assign a code for the condition requiring surgery as the principal diagnosis. The condition should only be assigned as a procedural complication when documentation clearly states that the condition arose as a complication of the initial surgery.

(see also ACS 1904 Procedural complications and ACS 0909 Coronary artery bypass graft/CABG occlusion).

~~As a general guide, revision or reoperation procedures performed within one month of the original surgery would usually indicate a complication of the initial procedure. Revision or reoperation procedures performed after one month of the original surgery would usually indicate a natural process of the disease.~~

- ~~1. Patients admitted within one month of the original surgery for a revision or reoperation due to a complication of the initial procedure should have a principal diagnosis relating to the complication.~~
- ~~2. Patients admitted more than one month after the original surgery for a revision or reoperation procedure which is not related to an operative complication should have the cardiac condition requiring surgery reported as the principal diagnosis.~~

REOPERATION (REDO) CABGS

Disease classification

The primary reason for CABG reoperation is the development of atherosclerosis in the previous bypass grafts or native coronary arteries, causing significant stenosis or occlusion. Other causes for reoperation may include graft failure from technical problems, acute graft thrombosis etc.

- Assign I25.12 *Atherosclerotic heart disease of autologous bypass graft* or I25.13 *Atherosclerotic heart disease of nonautologous bypass graft* when it is a repeat CABG on the previous bypass grafts. In this instance, it is not necessary to assign Z95.1 *Presence of aortocoronary bypass graft* as an additional diagnosis.
- If the previous bypass grafts are patent and viable, and the surgery is being performed to bypass diseased native vessels, assign I25.11 *Atherosclerotic heart disease of native coronary artery* together with Z95.1 *Presence of aortocoronary bypass graft*.
- If the reason for revision is due to a complication of the graft, assign T82.8 *Other specified complication of cardiac and vascular prosthetic devices, implants and grafts*. Additional codes such as I24.0 *Coronary thrombosis not resulting in myocardial infarction* should also be assigned to provide further specification of the condition.

Procedure classification

CABG reoperation may be performed with or without reconstruction of a previous bypass graft. Reconstruction involves disconnection or division, and/or oversewing of the end of a previous bypass graft. Division of adhesions may also be performed.

- Where CABG reoperation is performed **with** reconstruction of a previous bypass graft, assign:
CABG code(s), as appropriate, from blocks [672] to [679] and
38637-00 [680] Reoperation for reconstruction of coronary artery graft
- Where CABG reoperation is performed **without** reconstruction of a previous bypass graft, assign:
CABG code(s), as appropriate, from blocks [672] to [679] and
38640-00 [664] Reoperation for other cardiac procedure, not elsewhere classified

REOPERATION (REDO) OTHER CARDIAC AND VASCULAR PROCEDURES

Where there is a specific reoperation code for a particular cardiovascular reoperation, assign the specific reoperation code, for example:

38760-00 [613] Replacement of extracardiac conduit between right ventricle and pulmonary artery

38760-01 [613] Replacement of extracardiac conduit between left ventricle and aorta

Where no specific revision or reoperation code exists in the ACHI Tabular List for a particular cardiac/cardiovascular procedure, assign the code for the procedure type followed by:

- 38640-00 [664] *Reoperation for other cardiac procedure, not elsewhere classified* to indicate that the procedure is a reoperation following previous cardiac procedure

OR

- 35202-00 [763] *Reoperation of arteries or veins, not elsewhere classified* to indicate the procedure is a reoperation on the vessels.

Note that reoperation codes should only be assigned when it is necessary to ‘redo’ or revise the **same** cardiovascular procedure. These codes are not intended to be used for a subsequent opening of the operative site for treatment of an unrelated condition.

EXAMPLE 1:

~~Examples of cardiac revision procedure codes are:~~

Reoperation of a femoro-popliteal bypass graft involving the removal of a stenosed section of the bypass vessel and replacement with a new interposition graft (below knee anastomosis), using saphenous vein harvested from the same leg.

Codes:	32738-00 [711]	Femoro-popliteal bypass using vein, below knee anastomosis and
	35202-00 [763]	Reoperation of arteries or veins, not elsewhere classified.
	38637 00 [680]	Reoperation for reconstruction of coronary artery graft
	38760 00 [613]	Replacement of extracardiac conduit between right ventricle and pulmonary artery
	38760 01 [613]	Replacement of extracardiac conduit between left ventricle and aorta

EXAMPLE 2:

Resternotomy for a heart valve replacement following a previous coronary artery bypass graft (CABG) operation.

In this scenario, code 38656-01 [562] *Reopening of thoracotomy or sternotomy site* is not assigned as a resternotomy performed for a heart valve replacement following a previous CABG is not considered as a reoperation (redo) of a procedure. It is a reopening of a previous operative approach to perform a different procedure.

(See also ACS 009 Reoperation of operative site)

0940 ISCHAEMIC HEART DISEASE

(see also ACS 0941 *Arterial disease*)

Definition

Ischaemic heart disease is the general term for a number of disorders that affect the myocardium due to coronary insufficiency, which is a decrease in the blood supply to the heart. It is **usually** caused by deposits of atheromatous material that progressively obstruct the coronary arteries and their branches.

Classification

Ischaemic heart disease is classified to categories I20–I25 as follows:

- I20 Angina pectoris
- I21 Acute myocardial infarction
- I22 Subsequent myocardial infarction
- I23 Certain current complications following acute myocardial infarction
- I24 Other acute ischaemic heart diseases
- I25 Chronic ischaemic heart disease

...

6. CHRONIC ISCHAEMIC HEART DISEASE (I25)

This category includes such conditions as coronary atherosclerosis, chronic coronary insufficiency, myocardial ischaemia and aneurysm of the heart.

Atherosclerotic heart disease (I25.1-)

Definition

These codes include conditions described as arteriosclerotic heart disease, coronary arteriosclerosis, coronary artery disease, coronary stricture and coronary sclerosis or atheroma.

Mechanism = plaques of fatty deposits form in the inner layer (intima) of the arteries.

The build up of these plaques, or atheromas, cause the inner wall to become roughened and also cause the muscle walls to become rigid and inelastic. Narrowing of the lumen and hardening of the muscle wall decrease the rate at which blood can flow through the vessel and may lead to ischaemia of the tissues served by the vessel and the development of clots within the vessel itself.

Classification

The fifth character subdivision indicates the nature of the coronary artery involved. If it is clear from the documentation that there has been no previous coronary artery bypass surgery, assign code I25.11 *Atherosclerotic heart disease of native coronary artery*.

Atherosclerosis of a bypass graft is classified to I25.12 *Atherosclerotic heart disease of autologous bypass graft* or I25.13 *Atherosclerotic heart disease of nonautologous bypass graft*.

~~Embolism or occlusion of a bypass graft is classified to T82.8 *Other complications of cardiac and vascular prosthetic devices, implants and grafts*.~~

Old myocardial infarction (I25.2)

I25.2 *Old myocardial infarction* is essentially a ‘history of’ code, even though it is not included in the Z code chapter. It should be assigned as an additional code only if all of the following criteria apply:

- the ‘old’ myocardial infarction occurred more than four weeks (28 days) ago;
- the patient is currently **not** receiving care (observation, evaluation or treatment) for their ‘old’ myocardial infarction; and
- the ‘old’ myocardial infarction meets the criteria in ACS 2112 *Personal history*.

Aneurysm of heart (I25.3) or coronary artery (I25.4)

An aneurysm is a sac formed by the dilatation of a wall of the heart or coronary artery. An aneurysm may be caused by atherosclerosis as it deforms and damages the muscle wall to the extent that it becomes weakened and develops an aneurysm.

Coronary artery dissection (I25.4)

Coronary artery dissection may occur spontaneously or as a complication during angioplasty. For example, during coronary atherectomy the guide wire may be wedged into the wall of blood vessel, resulting in mechanical trauma to the inner layer of the coronary artery. Or during balloon angioplasty the force created by the balloon exceeds the elastic threshold of the blood vessel, causing an internal split. The occurrence of coronary artery dissection during angioplasty is considered to be related to the use of cardiac and vascular devices.

Classification

Spontaneous or unspecified coronary artery dissection is classified to I25.4 *Coronary artery aneurysm and dissection*.

If coronary artery dissection occurs during angioplasty, assign T82.8 *Other specified complication of cardiac and vascular prosthetic devices, implants and grafts*. Assign I25.4 *Coronary artery aneurysm and dissection* as an additional code to provide further specificity.

As the dissection occurred intra-operatively, assign Y65.8 *Other specified misadventures during surgical and medical care* and Y92.22 *Health service area* (see also ACS 1904 *Procedural complications/Classification of external causes of procedural complications/misadventure*).

Ischaemic cardiomyopathy (I25.5)

Ischaemic cardiomyopathy is a term sometimes used to designate the condition in which ischaemic heart disease causes diffuse fibrosis or multiple infarctions and leads to heart failure with left ventricular dilatation.

Note: All other types of cardiomyopathy are coded to I42 *Cardiomyopathy* and I43* *Cardiomyopathy in diseases classified elsewhere*.

Other forms of chronic ischaemic heart disease (I25.8)

Myocardial infarction described as ‘chronic’ or with a duration of more than four weeks (28 days) from onset and for which the patient is currently receiving acute care (observation, evaluation or treatment) is classified to I25.8 *Other forms of chronic ischaemic heart disease*. The following cardiac conditions are also included in this code:

- Aneurysm of a coronary vein
- Coronary artery arteritis
- Deformity of coronary artery (acquired)
- Disease, heart, specified form NEC
- Coronary insufficiency, chronic or with a stated duration of over four weeks.

Chronic ischaemic heart disease, unspecified (I25.9)

This code should be used as a last resort. If ischaemic heart disease (IHD) is documented as a problem in the current episode of care, and there have been no interventions such as CABGs or PTCA with or without insertion of stent, then it is acceptable to code to the specificity of the disease (ie coronary atherosclerosis, I25.1-) as documented in an earlier angiogram report, when available.

However, where IHD is documented as a problem but there has been intervention, it is possible to assign both I25.1- *Atherosclerotic heart disease* and Z95.1 *Presence of aortocoronary bypass graft* or Z95.5 *Presence of coronary angioplasty implant and graft* if there is sufficient detail about the condition of both the previously treated grafts and the native vessels. If the detail is not available but the IHD is still stated to be a problem, I25.9 *Chronic ischaemic heart disease, unspecified* and Z95.1 *Presence of aortocoronary bypass graft* may both be assigned.

If there is a history of previous coronary artery bypass surgery or coronary angioplasty, assign codes Z95.1 *Presence of aortocoronary bypass graft* or Z95.5 *Presence of coronary angioplasty implant and graft* only when such a status is significant in the current episode of care.

0941 ARTERIAL DISEASE

Note: This standard does NOT apply to cerebral and precerebral arteries

1. ARTERIOSCLEROSIS

Arteriosclerosis is a general term for several diseases where the arterial walls become thick and lose elasticity.

There are three main forms of arteriosclerosis:

- atherosclerosis (the most common)
- Mönckeberg’s arteriosclerosis (calcification of small arteries, usually in the elderly, also called medial calcific sclerosis)
- arteriolar sclerosis (arteriolosclerosis, mostly caused by hypertension in arterioles particularly in the kidney, spleen and pancreas).

Classification

If arteriosclerosis (NOS) affecting a large artery (eg coronary, renal, abdominal aorta, iliac, femoral or other artery of the extremities) is documented, the appropriate atherosclerosis code should be assigned.

Example 1:

I25.1-	Atherosclerotic heart disease
I70.2-	Atherosclerosis of arteries of extremities

For both Mönckeberg's arteriosclerosis and arteriolar sclerosis, follow the index and assign the appropriate code.

2. ATHEROSCLEROSIS

Atherosclerosis is the most common form of arteriosclerosis and is characterised by the development of yellowing plaques (atheromas) within arteries such as the coronary and renal arteries.

Atherosclerosis is a pathological entity, the diagnosis of which is dependent upon evidence of obvious disease (eg symptoms of chest pain, intermittent claudication in the leg) rather than the percentage of blockage.

On angiogram, atherosclerosis may be described as 'stenosis', 'occlusion' or 'arterial plaque'. documentation of 'obstruction' or 'arterial plaque' means atherosclerosis. Generally arterial disease with significant narrowing requires surgical intervention such as angioplasty or bypass graft to restore proper blood flow, while mild or moderate blockage of arteries is usually treated with medications and risk factor modification.

Procedures performed for atherosclerosis

Angioplasty (PTA/PTCA – percutaneous [balloon] transluminal angiography/percutaneous [balloon] transluminal coronary angioplasty, PTCRA – percutaneous [balloon] transluminal coronary rotational atherectomy), intra-arterial stenting, aspiration thrombectomy, endovascular embolic protection devices and bypass grafts (CABG, femoro-popliteal etc) are usually performed to relieve the symptoms of atherosclerosis (eg angina, intermittent claudication). Therefore, in the absence of comprehensive documentation or clinical advice, if one of these procedures is performed, atherosclerosis may be assumed to be the diagnosis.

Classification

If atherosclerosis (or synonymous terms such as coronary artery disease [CAD], triple vessel disease [TVD], stenosis, occlusion or obstruction) affecting an artery is documented, the appropriate atherosclerosis code should be assigned. Code selection for this condition should not be altered based on the choice or priority of treatment option.

~~In the case of coronary atherosclerosis (coronary artery disease [CAD] or triple vessel disease [TVD]), clinical coders should be guided by the documentation in the medical record and assign a code for the condition(s) in accordance with ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses* (see also ACS 0940 *Ischaemic heart disease*).~~

3. CORONARY ARTERY DISEASE (CAD)

CAD refers to atherosclerosis in 99% of cases. The remaining 1% of cases are due to spasm, embolism and other specified causes.

Classification

If CAD is documented without mention of spasm, embolism and other specified causes (excluding atherosclerosis), a code from category I25.1- *Atherosclerotic heart disease* should be assigned (see also 2. Atherosclerosis above).

4. EMBOLISM

Embolism is a clot of foreign material, most often a blood clot (eg from the atrium) which has broken off and lodged in a smaller vessel. Embolism can occur without atherosclerosis. Therefore, if the diagnosis documented is ‘embolism’, it cannot be assumed that atherosclerosis is present. However, atheroembolism is a piece (clot) of atheromatous plaque or thrombotic material usually adherent to the plaque, which has broken off and lodged in a vessel, causing obstruction. Therefore, atheroembolism implies the presence of atherosclerosis, with an acute obstruction caused by the loose piece of plaque.

Embolism may also occur during or after a cardiovascular procedure where blood clots or ruptured plaques occlude the arterial lumen, causing acute embolic occlusion.

Classification

If embolism of a coronary artery is documented (and the patient has not progressed to myocardial infarction), assign I24.0 *Coronary thrombosis not resulting in myocardial infarction*. In the latter case where the patient progresses to myocardial infarction, assign an appropriate code from category I21 *Acute myocardial infarction*.

~~The presence of atherosclerosis (for example in atheroembolism) where documented should also be indicated by~~ requires a code for embolism as above and an additional diagnosis code from category I25.1- *Atherosclerotic heart disease*.

Embolisms of other sites are coded as indicated by the Alphabetic Index of Diseases, eg femoral, iliac – category I74 *Arterial embolism and thrombosis*; renal – N28.0 *Ischaemia and infarction of kidney*.

Where embolism is documented as a complication of the initial surgery, assign T82.8 Other specified complications of cardiac and vascular prosthetic devices, implants and grafts. Additional codes such as I74.3 Embolism and thrombosis of arteries of lower extremities should also be assigned to provide further specification of the condition.

5. ISCHAEMIA

The term ‘ischaemia’ refers to the physiological process of reduced blood flow. The cause of ischaemia should be ascertained (trauma, embolus, thrombus).

Documentation of ‘ischaemic leg’ refers to PVD (see 8. *Peripheral Vascular Disease* below). Ischaemic heart disease (IHD) may refer to coronary atherosclerosis, chronic coronary insufficiency, myocardial ischaemia or aneurysm of the heart. Therefore, atherosclerosis should not be assumed to be the cause.

Classification

A specific code should be assigned for the cause of ischaemia (eg trauma, embolus, thrombus) if possible.

If only ‘ischaemic leg’ is documented, assign a code from category I70.2- *Atherosclerosis of arteries of extremities*.

If only ‘ischaemic heart disease’ is documented, and no further information is available, assign I25.9 *Chronic ischaemic heart disease, unspecified*. (See also ACS 0940 *Ischaemic heart disease*.)

6. OBSTRUCTION

Documentation of ‘obstruction’ refers to atherosclerosis in the majority of cases (see 2. *Atherosclerosis* above). ~~The terms obstruction and stenosis are used synonymously (see 9. *Stenosis* below).~~

Classification

If over 50% obstruction of an artery is documented, this should be coded as atherosclerosis (unless another cause for the obstruction is stated). Note that the index instruction to ‘*see also Embolism*’ should only be followed when an ‘embolism’ or ‘atheroembolism’ is documented as the cause of the obstruction (see also 4. *Embolism* above).

7. OCCLUSION

The term ‘occlusion’ is used to describe complete blockage or obstruction of a vessel, usually due to atherosclerosis. Occlusion of arteries that is not documented as due to another cause should be assigned the appropriate atherosclerosis code (see 2. *Atherosclerosis* above).

Classification

If ‘occlusion’ of a coronary artery is documented without further information, a code from category I25.1 *Atherosclerotic heart disease* should be assigned. If it is evident from cardiac catheterisation or angiogram results that the occlusion is due to a thrombus or embolus (and the patient has not progressed to an AMI), assign I24.0 *Coronary thrombosis not resulting in myocardial infarction*. In the latter case, where the patient progresses to a myocardial infarction, assign a code from category I21 *Acute myocardial infarction*. (Note that the index default code of I21.9 under *Occlusion/coronary* and the instruction to ‘*see also Infarct/myocardium*’ should only be followed when there is documentation of an infarct.)

Similarly, ‘occlusion’ of other arteries that is not documented as due to another cause should be assigned the appropriate atherosclerosis code. (Note that the index instruction to ‘*see also Embolism*’ should only be followed when an ‘embolism’ is documented as the cause of the occlusion (see also 4. *Embolism* above).)

8. PERIPHERAL VASCULAR DISEASE (PVD)

In most cases PVD is due to atherosclerosis.

PVD may also be caused by an embolus or microembolus (eg from the heart due to atrial fibrillation), thrombosis, arterial trauma, arterial wall spasm or congenital structural defect. If ‘PVD’ or ‘(chronic) ischaemic leg’ is documented but further information about the cause of PVD is not available, it may be assumed to be due to atherosclerosis.

Classification

If PVD is further qualified in the documentation (eg Raynaud’s Syndrome – I73.0_ *Raynaud’s syndrome*; embolism of femoral artery – I74.3 *Embolism or thrombosis of arteries of lower extremities*), code the specific disease.

If ‘PVD’ or ‘chronic ischaemic leg’ is documented without further specification, assign I70.2- *Atherosclerosis of arteries of extremities*. (I73.9 *Peripheral vascular disease, unspecified* does not need to be assigned.)

9. STENOSIS

Stenosis is a quantitative anatomical term and often refers to atherosclerosis (see 2. *Atherosclerosis* above).

The terms ‘stenosis’ and ‘obstruction’ are equivalent (eg 60% stenosis = 60% obstruction). Complete stenosis results in occlusion. (See also 6. *Obstruction* above.)

Classification

If ~~over 50% of~~ stenosis of a coronary artery is documented without further information, a code from category I25.1- *Atherosclerotic heart disease* should be assigned. If it is evident from cardiac catheterisation or angiogram results that the stenosis is due to a thrombus (and the patient has not progressed to an AMI), assign I24.0 *Coronary thrombosis not resulting in myocardial infarction*. In the latter case, where the patient progresses to a myocardial infarction, assign a code from category I21 *Acute myocardial infarction*.

Similarly, ~~over 50% stenosis~~ of other arteries that is not documented as due to another cause is to be assigned the appropriate atherosclerosis code. (Note that the index instruction after 'Stenosis' to 'see also Stricture' and the default codes for *Stenosis/artery* to I77.1 *Stricture of artery* should only be followed when 'stricture' is documented without further specification. See also 10. *Stricture* below.)

10. STRICTURE

Stricture is defined as an abnormal narrowing within an opening or body passage such as a vessel.

Classification

Without further information in the clinical documentation, do not assume that stricture is due to atherosclerosis. Therefore, if 'stricture of artery' is documented without further specification, assign I77.1 *Stricture of artery*. However, if it is evident (eg from cardiac catheterisation or angiogram results) that stricture of an artery is due to a thrombus or atheroma, assign a more specific code such as, for a coronary artery, I24.0 *Coronary thrombosis not resulting in myocardial infarction* or a code from category I25.1- *Atherosclerotic heart disease*. In the latter case where the patient progresses to a myocardial infarction, assign a code from category I21 *Acute myocardial infarction*.

11. THROMBOSIS

Thrombosis is often the end point in atherosclerosis progression when a blood clot (thrombus) forms on the plaque's surface causing obstruction. Thrombosis of a bypass graft is generally due to natural disease progression, resulting in stenosis of the graft. However, it may be a complication of the initial procedure, e.g. acute graft thrombosis associated with a coronary artery bypass graft.

Classification

If thrombosis of a coronary artery is documented (and the patient has not progressed to myocardial infarction), assign I24.0 *Coronary thrombosis not resulting in myocardial infarction*. In the same case as above, but where the patient progresses to myocardial infarction, assign a code from category I21 *Acute myocardial infarction*.

Thrombosis of other arteries should be assigned codes in accordance with the Alphabetic Index of Diseases.

Where thrombosis is documented as a complication of the initial surgery, assign T82.8 Other specified complications of cardiac and vascular prosthetic devices, implants and grafts. Additional codes such as I24.0 Coronary thrombosis not resulting in myocardial infarction should also be assigned to provide further specification of the condition.

9.2. Procedures on left atrial appendage (LAA) (Major)

Following publication of advice in December 2011 regarding *Procedures on the Left Atrial Appendage (LAA)*, the following amendments were made to ACHI Ninth Edition:

- Creation of codes 96219-00 *Percutaneous closure of left atrial appendage* and 96220-00 *Closure of left atrial appendage* in block **[603]** *Repair procedures on atrium*
- Creation of codes 96221-01 *Other intrathoracic procedures on atrium* and 96220-00 *Other closed intrathoracic procedures on atrium* in block **[606]** *Other procedures on atrium*
- Deletion of codes 38653-01 *Other intrathoracic procedures on atrium with cardiopulmonary bypass* and 38456-13 *Other intrathoracic procedures on atrium without cardiopulmonary bypass* in block **[606]** *Other procedures on atrium*.
- Removal of the diagnostic statement *Note: Performed for congenital heart disease* from a number of blocks
- Amendments to the Alphabetic Index to support the above changes.

Note that the Coding Rule published in December 2011 advised to code also left heart catheterisation. Further clinical advice has highlighted that the correct route for this procedure is right heart catheterisation (this component has been included in the percutaneous code).

TABULAR LIST OF INTERVENTIONS

CHAPTER 8

PROCEDURES ON CARDIOVASCULAR SYSTEM (BLOCKS 600–777)

HEART – ATRIUM

REPAIR

603

Repair procedures on atrium

~~*Note:* Performed for congenital heart disease~~

Code also when performed:

- cardiopulmonary bypass (38600-00, 38603-00 **[642]**)

96219-00 Percutaneous closure of left atrial appendage

Includes: cardiac catheterisation
 left atrial:
 • filter
 • occlusion device

96220-00 Closure of left atrial appendage

Includes: clipping
 excision
 ligation
 oversewing
 plication
 stapling

38757-02 Creation of extracardiac conduit between atrium and pulmonary artery

OTHER PROCEDURES

606 Other procedures on atrium

~~38456-13 Other intrathoracic procedures on atrium without cardiopulmonary bypass~~

~~96221-00 Other closed intrathoracic procedures on atrium~~

~~Percutaneous intrathoracic procedures on atrium, not elsewhere classified~~

~~38653-01 Other intrathoracic procedures on atrium with cardiopulmonary bypass~~

~~96221-01 Other intrathoracic procedures on atrium~~

~~Code also when performed:~~

~~• cardiopulmonary bypass (38600-00, 38603-00 [642])~~

HEART – VENTRICLE

REPAIR

613 Baffle or conduit procedures

~~Note: Performed for congenital heart disease~~

~~Code also when performed:~~

~~• cardiopulmonary bypass (38600-00, 38603-00 [642])~~

38754-00 Intraventricular baffle procedure

614 Other repair procedures on ventricle

~~Note: Performed for congenital heart disease~~

~~Code also when performed:~~

~~• cardiopulmonary bypass (38600-00, 38603-00 [642])~~

38766-00 Left ventricular augmentation

38766-01 Right ventricular augmentation

HEART – SEPTUM

REPAIR

617 Closure of atrial septal defect

~~Note: Performed for congenital heart disease~~

38742-00 Percutaneous closure of atrial septal defect

Includes: that with prosthesis or device

38742-02 Closure of atrial septal defect

Includes: patch graft

~~Code also when performed:~~

~~• cardiopulmonary bypass (38600-00, 38603-00 [642])~~

618 Closure of ventricular septal defect

~~Note: Performed for congenital heart disease~~

38751-00 Percutaneous closure of ventricular septal defect

Includes: that with prosthesis

38751-02 Closure of ventricular septal defect

Includes: patch graft

Code also when performed:

- cardiopulmonary bypass (38600-00, 38603-00 [642])

661

Other repair procedures on other sites of heart

Code also when performed:

- cardiopulmonary bypass (38600-00, 38603-00 [642])

38727-00 Repair of intrathoracic vessels

Note: — Performed for congenital heart disease

Excludes: that with repair of:

- aorta (38706, 38712-00 [693])
- main pulmonary artery (38715-02 [717])
- vena cava (90215-02 [732], 38721-01 [733], 90217-02 [734])

38727-01 Repair of intrathoracic vessels with anastomosis

Note: — Performed for congenital heart disease

Excludes: that with repair of:

- aorta (38706, 38712-00 [693])
- main pulmonary artery (38715-02 [717])
- vena cava (90215-02 [732], 38721-01 [733], 90217-02 [734])

762

Other repair procedures on vascular sites

38733-01 Creation of cavopulmonary shunt

Creation of shunt superior vena cava to pulmonary artery for flow to:

- both lungs (bidirectional Glenn procedure)
- one lung (classical Glenn procedure)

Note: — Performed for congenital heart disease

ALPHABETIC INDEX OF INTERVENTIONS

Clipping (of)

...

- appendage, ~~dermal 90663-00 [1617]~~

- - atrial, left 96220-00 [603]

- - dermal 90663-00 [1617]

- arteriovenous

...

- artery 34106-14 [697]

...

- - - - ruptured 33169-00 [698]

- atrial appendage, left 96220-00 [603]

- cardiac collateral vessels (open) 38700-03 [691]

Closure (of)

...

- artery — see Closure/wound/artery

- atrial septal defect (for congenital heart disease) (open) (with patch graft) 38742-02 [617]

- - appendage, left 96220-00 [603]

- - - percutaneous (via right heart catheterisation transseptal puncture) 96219-00 [603]

- - septal defect (open) (with patch graft) 38742-02 [617]

- - - percutaneous (closed) (with prosthesis or device) 38742-00 [617]

Excision — see also Removal

...

- arytenoid cartilage with microlaryngoscopy 41867-00 [523]

- atrium-atrial (heart)

- - appendage, left 96220-00 [603]

- - septum (wall) — see Septectomy

Ligation

- aneurysm — see also Ligation/artery/by site

- - cerebral 39800-00 [11]

- - extremity (limb) 33070-00 [714]

- - - ruptured 33175-00 [714]

- - intra-abdominal area NEC 33080-00 [714]

- - - ruptured 33181-00 [714]

- - intracranial NEC

- - - cervical vessel (artery) (vein) 39812-00 [11]

- - - proximal artery 39806-00 [11]

- - neck NEC 33075-00 [714]

- - - ruptured 33178-00 [714]
- - visceral artery 33133-00 [698]
- - - ruptured 33169-00 [698]
- appendage, ~~dermal 90663-00 [1617]~~
- - atrial, left 96220-00 [603]
- - dermal 90663-00 [1617]
- arteriovenous
- ...
- artery 34106-14 [697]
- ...
- - - - ruptured 33169-00 [698]
- atrial appendage, left 96220-00 [603]
- band

Occlusion

- ...
- artery
- - by
- - - ligation — see *Ligation/artery*
- - - surgical administration of agent — see
Embolisation/blood vessel, transcatheter/by site
- atrial appendage, left 96220-00 [603]
- - percutaneous (via right heart catheterisation
transseptal puncture) 96219-00 [603]
- blood vessel by embolisation — see
Embolisation/blood vessel, transcatheter/by site

Oversewing

- artery, coronary, with reconstruction of graft
(occluded) 38637-00 [680]
- atrial appendage, left 96220-00 [603]

- Mallory-Weiss laceration 90342-02 [887]

Plication

- for facial nerve paralysis (subcutaneous) 45581-01
[1692]
- aneurysm
- - left ventricle 38507-00 [611]
- - - with patch graft 38508-00 [611]
- atrial appendage, left 96220-00 [603]
- bleb, lung (emphysematous) (open) 38440-00 [551]

Procedure

- ...
- atrium, heart (intrathoracic) (~~without cardiopulmonary
bypass~~)-NEC 38456-13-96221-01 [606]
- - closed (percutaneous) NEC 96221-00 ~~with
cardiopulmonary bypass~~ 38653-04 [606]
- ...
- heart (intrathoracic) (without cardiopulmonary
bypass) NEC 38456-00 [666]
- ...
- atrium (~~without cardiopulmonary bypass~~)-NEC
38456-13-96221-01 [606]
- - - closed (percutaneous) NEC 96221-00 ~~with
cardiopulmonary bypass~~ NEC 38653-04 [606]
- mitral valve (without cardiopulmonary bypass) NEC
38456-16 [630]

Stapling

- atrial appendage, left 96220-00 [603]
- epiphyseal — see *Epiphysiodesis*

9.3. Dependence on artificial heart (Major)

In 2011, the URC of WHO-FIC approved a proposal from Japan recommending a new status code for *artificial heart dependence*. These changes have been included in ICD-10-AM Ninth Edition:

- Creation of code Z99.4 *Dependence on artificial heart*
- Addition of *dependence* on artificial heart (Z99.4) as an exclusion term at Z95.0 *Presence of cardiac device* and Z95.8 *Presence of other cardiac and vascular implants and grafts*
- Addition of an instructional note to specify *Use additional code (Z99.4) if mention of artificial heart dependence* at category I50 *Heart failure*
- Amendments to the Alphabetic Index to support the above changes.

TABULAR LIST OF DISEASES

I50

Heart failure

Use additional code (Z99.4) if mention of artificial heart dependence.

- Excludes:**
- complicating:
 - abortion or ectopic or molar pregnancy (O00–O07, O08.8)
 - obstetric surgery and procedures (O75.4)
 - due to hypertension:
 - NOS (I11.0)

- with renal disease (I13.-)
following cardiac surgery or due to presence of cardiac prosthesis (I97.1)
neonatal cardiac failure (P29.0)

- I50.0 Congestive heart failure
Congestive heart disease
Right ventricular failure (secondary to left heart failure)
- I50.1 Left ventricular failure
▽ 0920 Cardiac asthma
Left heart failure
Oedema of lung with mention of heart disease or heart failure
Pulmonary oedema with mention of heart disease or heart failure
- I50.9 Heart failure, unspecified
Cardiac, heart or myocardial failure NOS

Z95 Presence of cardiac and vascular implants and grafts

▽0909, 0936, 0940

Excludes: complications of cardiac and vascular devices, implants and grafts (T82.-)

- Z95.0 Presence of cardiac device
▽0936 Presence of:
- automatic implantable cardiac defibrillator [AICD]
 - cardiac:
 - pacemaker
 - resynchronisation therapy (CRT) pacemaker
 - resynchronisation therapy defibrillator (CRT-D)
- Excludes:** adjustment or management of cardiac device (Z45.0)
dependence on artificial heart (Z99.4)
- Z95.8 Presence of other cardiac and vascular implants and grafts
Presence of intravascular prosthesis NEC
Status following peripheral angioplasty NOS

Excludes: dependence on artificial heart (Z99.4)

Z99 Dependence on enabling machines and devices, not elsewhere classified

- Z99.0 Dependence on aspirator
- Z99.1 Dependence on respirator
Dependence on ventilator
- Z99.2 Dependence on kidney dialysis
Presence of arteriovenous shunt for dialysis
Renal dialysis status
- Excludes:** dialysis preparation, treatment or session (Z49.-)
- Z99.3 Dependence on wheelchair
- Z99.4 Dependence on artificial heart
Dependence on:
- extracorporeal ventricular assist device (BiVAD)(LVAD)(RVAD)
 - intracorporeal ventricular assist device (IVAD)
 - total artificial heart (TAH)
- Presence of artificial heart
- Z99.8 Dependence on other enabling machines and devices

ALPHABETIC INDEX OF DISEASES

Dependence

- on
- - artificial heart Z99.4
- - aspirator Z99.0

Presence

- artificial
- - eye (globe) Z97.0
- - heart (mechanical) ~~Z95.8~~Z99.4
- - - valve Z95.2

Removal (from) (of)

- ...
- arteriovenous shunt Z48.8
- cardiac device (artificial heart) (automatic implantable defibrillator) (battery) (electrode) (end-of-life) (pacemaker) (pulse generator) Z45.0
- catheter
- - dialysis Z49.0

Replacement by artificial or mechanical device or prosthesis of

- ...
- eye globe Z97.0
- heart ~~Z95.8~~Z99.4
- - valve NEC Z95.4

9.4. Percutaneous mitral valve repair using closure device (*Major*)

A code has been created at block [626] to classify percutaneous mitral valvuloplasty using closure devices, such as the MitraClip or Evalve, in Ninth Edition.

Additionally at repair of coronary valves amendments have been made to the codes for percutaneous balloon valvuloplasty:

- new inclusion terms for *percutaneous balloon valvotomy*
- removal of *Code also when performed* instructional notes following clinical advice that valve annuloplasties are not performed with valvuloplasties.

A number of other Instructional and includes notes have also been revised in Chapter 6 - *Procedures on cardiovascular system*.

Cardiac catheterisation has been added as an *includes note* to a number of percutaneous cardiac procedures highlighting that catheter access in percutaneous procedures of the heart is inherent.

The *code also when performed* instruction for coronary angiography has also been deleted from a number of percutaneous cardiac procedures to avoid confusion with catheter access for percutaneous procedures, which should not be assigned a separate code.

If a coronary angiography (classified to block [668]) is performed in conjunction with these procedures, as a diagnostic procedure, then an additional code from block [668] is assigned and an instructional note is unnecessary.

The following amendments were made to ACHI Ninth Edition:

- Creation of code 96222-00 *Percutaneous mitral valvuloplasty* using closure device at block [626] *Repair of mitral valve*
- Addition of inclusion term for *percutaneous balloon valvotomy* at 38270-01 [622], 38270-02 [626] and *percutaneous balloon valvuloplasty* at 38270-03 [637]

- Addition of a note to specify *includes: cardiac catheterisation* at 38488-08 [623], 38488-09 [628], 38488-10 [634] and 38488-11 [637] *Percutaneous replacement of heart valves with bioprosthesis*
- Deletion of instructional note for *code also when performed coronary angiography (38218 [668])* at 38488-08 [623], 38488-09 [628], 38488-10 [634] and 38488-11 [637] *Percutaneous replacement of heart valves with bioprosthesis*
- Deletion of *code also when performed coronary angiography (38215-00, 38218 [668])* at blocks [669], [670] and [671]
- Deletion of instructional note *code also when performed valve annuloplasty (38275, 38477 [622], [627] and [633])* at 38270-01 [622] *Percutaneous balloon aortic valvuloplasty* and 38270-02 [626] *Percutaneous balloon mitral valvuloplasty*
- Amendments to the Alphabetic Index to support the above changes.

TABULAR LIST OF INTERVENTIONS

621

Incision procedures on aortic valve

38456-10 Open valvotomy of aortic valve

Code also when performed:

- cardiopulmonary bypass (38600-00, 38603-00 [642])

622

Repair of aortic valve

Excludes: that with repair or replacement of ascending thoracic aorta (see blocks [685], [687] and [688])

38483-00 Decalcification of aortic valve leaflet

Code also when performed:

- cardiopulmonary bypass (38600-00, 38603-00 [642])
- reconstruction of subvalvular structures (38490-00 [662])
- valve annuloplasty (38475, 38477 [622], [627] and [633])

38270-01 Percutaneous balloon aortic valvuloplasty

Percutaneous balloon aortic valvotomy

Includes: cardiac catheterisation

~~*Code also when performed:*~~

- ~~valve annuloplasty (38475, 38477 [622], [627] and [633])~~

623

Replacement of aortic valve

Code also when performed:

- cardiopulmonary bypass (38600-00, 38603-00 [642])
- operative management of acute infective endocarditis during heart valve procedure (38493-00 [666])

38488-08 Percutaneous replacement of aortic valve with bioprosthesis

Transcatheter aortic valve implantation

Includes: cardiac catheterisation
valvuloplasty

~~*Code also when performed:*~~

- ~~coronary angiography (38218 [668])~~

626**Repair of mitral valve**

38485-01 Decalcification of mitral valve

Code also when performed:

- cardiopulmonary bypass (38600-00, 38603-00 [642])
- reconstruction of subvalvular structures (38490-00 [662])
- valve annuloplasty (38475, 38477 [622], [627] and [633])

38270-02 Percutaneous balloon mitral valvuloplasty

Percutaneous balloon mitral valvotomy***Includes:*** cardiac catheterisation~~*Code also when performed:*~~

- ~~• valve annuloplasty (38475, 38477 [627] and [633])~~

96222-00 Percutaneous mitral valvuloplasty using closure device

Includes: cardiac catheterisationusing:

- Evalve
- MitraClip

38480-01 Repair of mitral valve, 1 leaflet

Code also when performed:

- cardiopulmonary bypass (38600-00, 38603-00 [642])
- reconstruction of subvalvular structures (38490-00 [662])
- valve annuloplasty (38475, 38477 [622], [627] and [633])

Excludes: decalcification of mitral valve (38485-01 [626])

38481-01 Repair of mitral valve, ≥ 2 leaflets

Code also when performed:

- cardiopulmonary bypass (38600-00, 38603-00 [642])
- reconstruction of subvalvular structures (38490-00 [662])
- valve annuloplasty (38475, 38477 [622], [627] and [633])

Excludes: decalcification of mitral valve (38485-01 [626])**628****Replacement of mitral valve***Code also when performed:*

- cardiopulmonary bypass (38600-00, 38603-00 [642])
- operative management of acute infective endocarditis during heart valve procedure (38493-00 [666])

38488-09 Percutaneous replacement of mitral valve with bioprosthesis

Includes: cardiac catheterisation
valvuloplasty~~*Code also when performed:*~~

- ~~• coronary angiography (38218 [668])~~

38488-02 Replacement of mitral valve with mechanical prosthesis

634**Replacement of tricuspid valve***Code also when performed:*

- cardiopulmonary bypass (38600-00, 38603-00 [642])
- operative management of acute infective endocarditis during heart valve procedure (38493-00 [666])

38488-10 Percutaneous replacement of tricuspid valve with bioprosthesis

Includes: cardiac catheterisation
valvuloplasty

~~Code also when performed:~~

~~• coronary angiography (38218 [668])~~

38488-04 Replacement of tricuspid valve with mechanical prosthesis

637

Repair or replacement of pulmonary valve

38270-03 Percutaneous balloon pulmonary valvuloplasty

Percutaneous balloon pulmonary valvotomy

Includes: cardiac catheterisation

38488-11 Percutaneous replacement of pulmonary valve with bioprosthesis

Transcatheter pulmonary valve implantation

Includes: cardiac catheterisation
valvuloplasty

~~Code also when performed:~~

~~• coronary angiography (38218 [668])~~

669

Excision procedures on coronary arteries

~~Code also when performed:~~

~~• coronary angiography (38215-00, 38218 [668])~~

38309-00 Percutaneous transluminal coronary rotational atherectomy [PTCRA], 1 artery

Includes: balloon angioplasty

670

Transluminal coronary angioplasty

~~Code also when performed:~~

~~• coronary angiography (38215-00, 38218 [668])~~

Excludes: with:

- aspiration (mechanical) thrombectomy of coronary artery (see block [669])
- atherectomy of coronary artery (see block [669])
- endovascular embolic protection device (see block [669])
- stenting of coronary artery (see block [671])

38300-00 Percutaneous transluminal balloon angioplasty of 1 coronary artery

Percutaneous transluminal coronary angioplasty [PTCA] of 1 coronary artery

671

Transluminal coronary angioplasty with stenting

Transluminal balloon angioplasty

Includes: balloon dilation of artery
that with drug eluting stent(s)

~~Code also when performed:~~

~~• coronary angiography (38215-00, 38218 [668])~~

• coronary angioplasty with:

- aspiration thrombectomy (90218-00, 90218-01 [669])
- embolic protection device (90218-02, 90218-03 [669])

Excludes: with atherectomy of coronary artery (see block [669])

ALPHABETIC INDEX OF INTERVENTIONS

Repair

-
- aorta, aortic 38706-00 [693]
-
- - valve
-
- - - leaflet (1) 38480-00 [622]
- - - - 2 leaflets 38481-00 [622]
- - - percutaneous {balloon} (closed) 38270-01 [622]
- appliance

Valvuloplasty

- heart (without valve replacement)
- - with prosthesis or tissue graft — see
Replacement/valve/heart
- - aortic valve (open)
- - -by decalcification 38483-00 [622]
- - -with
- - - -repair of ascending thoracic aorta — see
Repair/aorta, aortic/thoracic/ascending
- - - -replacement of ascending thoracic aorta — see
Replacement/aorta, aortic/thoracic/ascending
- - -annulus 38475-02 [622]
- - - -with insertion of ring (Cosgrove-Edwards) 38477-02 [622]
- - -leaflet (1) 38480-00 [622]
- - - -≥ 2 leaflets 38481-00 [622]
- - -percutaneous {balloon} (closed) 38270-01 [622]
- - mitral valve (open)

- - -by decalcification 38485-01 [626]
- - -annulus 38475-00 [627]
- - - -with insertion of ring 38477-00 [627]
- - -leaflet (1) 38480-01 [626]
- - - -≥ 2 leaflets 38481-01 [626]
- - -percutaneous (closed) {balloon} 38270-02 [626]
- - - - using
- - - - balloon 38270-02 [626]
- - - - closure device 96222-00 [626]
- - pulmonary valve (open) 38456-01 [636]
- - -percutaneous {balloon} (closed) 38270-03 [637]
- - tricuspid valve (open)
- - -for atresia
- - - -by creation of conduit between right atrium and
pulmonary artery 38757-02 [603]
- - -annulus 38475-01 [633]
- - - -with insertion of ring 38477-01 [633]
- - -leaflet (1) 38480-02 [632]
- - - -≥ 2 leaflets 38481-02 [632]
- vein 34818-00 [736]

Valvulotomy

- aortic (open) 38456-10 [621]
- - percutaneous balloon (closed) 38270-01 [622]
- mitral (open) 38487-00 [625]
- - percutaneous balloon (closed) 38270-02 [626]
- pulmonary (open) 38456-01 [636]
- - percutaneous balloon (closed) 38270-03 [637]
- tricuspid (open) 38456-11 [631]

Vaporisation

9.5. Varicose veins (Major)

In the 2012 MBS updates, 4 items were introduced for endovenous laser therapy (ELT) and endovenous radiofrequency ablation (ERA) of varicose veins. A review of varicose vein procedures was performed and the following amendments made toACHI Ninth Edition:

- Creation of a code 32520-00 *Endovenous interruption of veins* in block [728] *Other destruction procedures on veins*
- Addition of inclusional terms *endovenous laser therapy [ELT] of varicose veins* and *endovenous radiofrequency ablation of varicose veins* at 32520-00 [728]
- Deletion of 32508-01 [727] *Interruption of sapheno-popliteal junction varicose veins* and 32511-00 [727] *Interruption of sapheno-femoral and sapheno-popliteal junction varicose veins*
- Deletion of 32504-01 [728] *Interruption of multiple tributaries of varicose veins* and 32507-00 [728] *Subfascial interruption of 1 or more perforating varicose veins*
- Creation of 32504-00 *Interruption of varicose veins of multiple tributaries* and 32507-01 *Subfascial interruption of perforator veins* in block [727]
- Amendment of block title of [727] to *Interruption of varicose veins of lower limbs*
- Amendment of includes and excludes notes at block [727]
- Deletion of includes and excludes notes at block [728]

- Addition of excludes notes *endovenous interruption of veins (32520-00 [728])* at block [727]
- Addition of commonly used terms *stab avulsion* and *stab phlebectomy* as inclusion terms at 32504-00 [727] *Interruption of varicose veins of multiple tributaries*
- Addition of commonly used term *injection of sclerosing agent (sclerotherapy) into varicose veins* as an inclusion term at 32500-01 [722] *Multiple injection of varicose veins*
- Amendment to the Alphabetic Index to support the above changes.

It was noted that 32514-00 [737] *Reoperation for varicose veins* does not provide information on the type of procedure performed. Consequently amendments were made for consistency with reoperation procedures in Chapter 8 *Procedures on cardiovascular system*:

- Addition of code first: *varicose vein procedures (see blocks [722], [727] and [728])* at 32514-00 [737] *Reoperation for varicose veins*
- Amendment of code title of 32514-00 [737] to *Reoperation for varicose veins of lower limbs*

TABULAR LIST OF INTERVENTIONS

722	Injection of varicose veins
	<i>Excludes:</i> —reoperation for varicose veins (32514-00 [737])
32500-00	Micro injections of venular flares
32500-01	Multiple injections of varicose veins
	<u>Injection of sclerosing agent (sclerotherapy) into varicose veins</u>
	<i>Code also when performed:</i>
	• injection of venular flares (32500-00 [722])
	<i>Excludes:</i> that with interruption of sapheno-femoral and sapheno-popliteal varicose veins (see blocks [727] and [728]) 32508, 32511-00 [727]
727	<u>Interruption of sapheno-femoral or sapheno-popliteal junction varicose veins of lower limb</u>
	<i>Includes:</i> division perforating veins (incompetent), tributaries, veins excision perforating veins (incompetent), tributaries, veins injection perforating veins (incompetent), tributaries, veins ligation perforating veins (incompetent), tributaries, veins stripping perforating veins (incompetent), tributaries, veins
	<i>Excludes:</i> banding or cuffing of saphenous vein (34824-00 [721]) reoperation for varicose veins (32514-00 [737]) endovenous interruption of veins (32520-00 [728])
32508-00	Interruption of sapheno-femoral junction varicose veins of great (long) and/or small (short) saphenous veins
	<u>Interruption of sapheno-femoral junction varicose veins</u> <u>Interruption of sapheno-femoral and sapheno-popliteal junction varicose veins</u> <u>Interruption of sapheno-popliteal junction varicose veins</u> Interruption of varicose veins of lower limb NOS Ligation and stripping of varicose veins NOS
32508-01	Interruption of sapheno-popliteal junction varicose veins
32511-00	Interruption of sapheno femoral and sapheno popliteal junction varicose veins

32504-00 Interruption of varicose veins of multiple tributaries

Stab:

- avulsions } of varicose veins
- phlebectomy } of varicose veins

Includes: interruption of perforator veins

Excludes: that with:

- endovenous interruption of varicose veins (32520-00 [728])
- interruption of varicose veins of great or small saphenous veins (32508-00 [727])
- subfascial interruption of perforator veins (32507-01 [727])

32507-01 Subfascial interruption of perforator veins

Subfascial endoscopic perforator surgery (SEPS)

Includes: clipping

728

Other destruction procedures on veins

Includes: ~~division~~
ligation

Excludes: ~~that of sapheno-femoral or sapheno-popliteal junction (see block [727])~~

32520-00 Endovenous interruption of veins

Endovenous

- laser therapy [ELT] } of varicose veins
- radiofrequency ablation [ERFA] } of varicose veins

~~32504-01 Interruption of multiple tributaries of varicose veins~~

Includes: ~~interruption of incompetent perforating varicose veins~~

~~32507-00 Subfascial interruption of 1 or more perforating varicose veins~~

~~Subfascial interruption of incompetent perforating veins~~

Includes: ~~clipping~~

737

Reoperation procedures on veins

▼0934

32514-00 Reoperation for varicose veins of lower limb

Interruption for recurrent varicose veins:

- ~~sapheno-femoral~~
- ~~sapheno-popliteal~~

Code first:

- varicose vein procedures (see blocks [722], [727] and [728])

ALPHABETIC INDEX OF INTERVENTIONS

Ablation

- arrhythmia circuit or focus — *see Ablation/cardiac*

- endometrial (by diathermy) (by laser) (by microwave)
(by radiofrequency electrosurgery) (by rollerball) (by
thermal uterine balloon ablation) (endoscopic) 35622-
00 [1263]

- - open 90443-00 [1270]

- - heart — *see Ablation/cardiac*

- uterosacral nerve, laparoscopic (LUNA) 35638-14
[1299]

- vein, endovenous (by laser) (by radiofrequency) (for
varicose veins) 32520-00 [728]

- vermilion — *see Vermilionectomy/by laser*

- vessels, placental, endoscopic (fetoscopic) 90488-00
[1330]

Avulsion

- nerve — *see Neurectomy*

- varicose veins, lower limb (stab phlebectomy) 32504-
00 [727]

Clipping (of)

.....

- vein 34106-19 [726]
-
- - varicose — see also *Clipping/vein/by site*
- - - gastric, endoscopic 30476-03 [874]
- - - lower limb NEC 32508-00 [727]
- - - - ~~perforating 32504-01 [728]~~ perforator, subfascial (endoscopic) 32507-01 [727]
- - - - - ~~subfascial clipping 32507-00 [728]~~
- - - - sapheno-femoral 32508-00 [727]
- - - - - ~~for recurrent varicose veins 32514-00 [737]~~
- - - - - ~~and sapheno-popliteal 32511-00 [727]~~
- - - - - ~~for recurrent varicose veins 32514-00 [737]~~
- - - - sapheno-femoral and sapheno-popliteal 32508-00 [727]
- - - - sapheno-popliteal 32508-04 32508-00 [727]
- - - - - ~~for recurrent varicose veins 32514-00 [737]~~
- - - - - ~~and sapheno-femoral 32511-00 [727]~~
- - - - - ~~for recurrent varicose veins 32514-00 [737]~~
- - - - tributaries, multiple (stab avulsions) (stab phlebectomy) 32504-00 [727] 32504-01 [728]
- - - oesophagogastric junction, endoscopic 30476-02 [856]

Division (freeing)

-
- soft tissue NEC 90568-02 [1559]
- ~~subfascial, perforating vein 32507-00 [728]~~
- sutures
- vein 34106-19 [726]
-
- - penis 37420-00 [1195]
- ~~perforating 32504-01 [728]~~
- ~~subfascial clipping 32507-00 [728]~~
- - popliteal 34103-19 [726]
-
- - varicose — see also *Division/vein/by site*
- - - gastric, endoscopic 30476-03 [874]
- - - lower limb NEC 32508-00 [727]
- - - - ~~perforating 32504-01 [728]~~ perforator, subfascial (endoscopic) 32507-01 [727]
- - - - - ~~subfascial clipping 32507-00 [728]~~
- - - - sapheno-femoral 32508-00 [727]
- - - - - ~~for recurrent varicose veins 32514-00 [737]~~
- - - - - ~~and sapheno-popliteal 32511-00 [727]~~
- - - - - ~~for recurrent varicose veins 32514-00 [737]~~
- - - - sapheno-femoral and sapheno-popliteal 32508-00 [727]
- - - - sapheno-popliteal 32508-04 32508-00 [727]
- - - - - ~~for recurrent varicose veins 32514-00 [737]~~
- - - - - ~~and sapheno-femoral 32511-00 [727]~~
- - - - - ~~for recurrent varicose veins 32514-00 [737]~~
- - - - tributaries, multiple (stab avulsions) (stab phlebectomy) 32504-00 [727] 32504-01 [728]
- - - oesophagogastric junction, endoscopic 30476-02 [856]
- - - oesophagus, endoscopic 30476-02 [856]

Endoscopy, endoscopic (double balloon) — see also *Panendoscopy*

- bladder — see *Cystoscopy*

.....

- ureter — see *Ureterscopy*

- urethra — see *Urethrosopy*

Endovenous interruption of veins (by laser therapy)

(by radiofrequency ablation) (for varicose veins)

32520-00 [728]

Endovenous laser therapy (ELT) (for varicose veins)

32520-00 [728]

Endovenous radiofrequency ablation (ERFA) (for

varicose veins) 32520-00 [728]

Enema

- for rectal irrigation 92077-00 [1895]

Interruption

.....

- vein 34106-19 [726]

.....

- - ulnar 34106-17 [726]

- - varicose — see also *Interruption/vein/by site*

- - - gastric, endoscopic 30476-03 [874]

- - - lower limb NEC 32508-00 [727]

- - - - ~~perforating 32504-01 [728]~~ perforator, subfascial (endoscopic) 32507-01 [727]

- - - - - ~~subfascial clipping 32507-00 [728]~~

- - - - sapheno-femoral 32508-00 [727]

- - - - - ~~for recurrent varicose veins 32514-00 [737]~~

- - - - - ~~and sapheno-popliteal 32511-00 [727]~~

- - - - - ~~for recurrent varicose veins 32514-00 [737]~~

- - - - sapheno-femoral and sapheno-popliteal 32508-00 [727]

- - - - sapheno-popliteal 32508-04 32508-00 [727]

- - - - - ~~for recurrent varicose veins 32514-00 [737]~~

- - - - - ~~and sapheno-femoral 32511-00 [727]~~

- - - - - ~~for recurrent varicose veins 32514-00 [737]~~

- - - - tributaries, multiple (stab avulsions) (stab phlebectomy) 32504-00 [727] 32504-01 [728]

- - - oesophagogastric junction, endoscopic 30476-02 [856]

Ligation

.....

- vein 34106-19 [726]

.....

- - varicose — see also *Ligation/vein/by site*

- - - gastric, endoscopic 30476-03 [874]

- - - lower limb NEC 32508-00 [727]

- - - - ~~perforating 32504-01 [728]~~ perforator, subfascial (endoscopic) 32507-01 [727]

- - - - - ~~subfascial clipping 32507-00 [728]~~

- - - - tributaries, multiple (stab avulsions) (stab phlebectomy) 32504-00 [727]

- - - - sapheno-femoral 32508-00 [727]

- - - - - ~~for recurrent varicose veins 32514-00 [737]~~

- - - - - ~~and sapheno-popliteal 32511-00 [727]~~

- - - - - ~~for recurrent varicose veins 32514-00 [737]~~

- - - sapheno-femoral and sapheno-popliteal 32508-00
[727]
 - - - sapheno-popliteal 32508-01 32508-00 **[727]**
 ----- for recurrent varicose veins 32514-00 **[737]**
 ----- and sapheno-femoral 32511-00 **[727]**
 ----- for recurrent varicose veins 32514-00 **[737]**
 ----- tributaries, multiple 32504-01 **[728]**
 - - - oesophagogastric junction, endoscopic 30476-02
[856]
Reoperation
 - for
 - - varicose veins, lower limb 32514-00 **[737]**

Stripping
 - enamel 97982-00 **[490]**
 - vein
 - - varicose 32508-00 **[727]**
 - - - lower limb NEC 32508-00 **[727]**
 - - - sapheno-femoral 32508-00 **[727]**
 ----- and sapheno-popliteal 32511-00 **[727]**
 - - - sapheno-femoral and sapheno-popliteal 32508-00
[727]
 - - - sapheno-popliteal 32508-01 32508-00 **[727]**
 ----- and sapheno-femoral 32511-00 **[727]**
 - - - specified site NEC 34106-19 **[726]**
 - vocal cords 90161-00 **[525]**

9.6. Raynauds gangrene (*Major*)

Specific codes were created to distinguish *Raynaud's syndrome* with and without gangrene.

TABULAR LIST OF DISEASES

CONVENTIONS USED IN THE TABULAR LIST OF DISEASES

...

Type 1 excludes notes (For single condition coding, 'it' goes somewhere else)

For example, if there is a code for a condition in one of the specialty chapters (eg. musculoskeletal) but that condition can occur in pregnancy or the perinatal period, then it is likely that the code will have an excludes note sending the user to the appropriate 'in pregnancy' or 'in the perinatal period' code for that condition.

Sometimes the code in the pregnancy or perinatal chapter may not have enough detail to translate the diagnostic statement into code. For example, the code may say 'other conditions complicating pregnancy'. In such cases, coders should assign the pregnancy code **and** the code where the excludes note applies. The two codes translate the medical statement.

Again, the rule of thumb is to translate your codes back to the medical statement to check for completeness of code assignment.

EXAMPLE 15:

Diagnosis: — Gangrene in Raynaud's syndrome.

For 'single condition' coding, this diagnostic statement would be coded to I73.0 *Raynaud's syndrome* because there is an excludes note at R02 *Gangrene, not elsewhere classified*, which excludes gangrene in other peripheral vascular diseases (I73.-):

R02 Gangrene, not elsewhere classified
Excludes: gangrene in:
 • atherosclerosis (I70.24)
 • diabetes mellitus (E1 .52, E1 .69, E1 .73)
 • other peripheral vascular diseases (I73.-)
 gangrene of certain specified sites (see Alphabetic Index)
 gas gangrene (A48.0)
 pyoderma gangrenosum (L88)

For **multiple condition coding**, R02 would be used as an additional code to fully describe the diagnostic statement because the code I73.0 does not provide detail about the gangrene (see ACS 0002 *Additional diagnoses/Multiple coding* and ACS 1802 *Signs and symptoms*).

EXAMPLE 156:

Diagnosis: Exhaustion during pregnancy

There is an excludes note at R53 *Malaise and fatigue* which excludes pregnancy (O26.88).

R53 Malaise and fatigue
 Asthenia NOS
 Debility:
 • chronic
 • nervous
 • NOS
 General physical deterioration
 Lethargy
 Tiredness

Excludes: debility:
 • congenital (P96.9)
 • senile (R54)
 exhaustion and fatigue (due to)(in):
 • combat (F43.0)
 • excessive exertion (T73.3)
 • exposure (T73.2)
 • heat (T67.-)
 • neurasthenia (F48.0)
 • pregnancy (O26.88)
 • senile asthenia (R54)
 fatigue syndrome:
 • NOS (F48.0)
 • postviral (G93.3)

As 'exhaustion during pregnancy' contains **multiple diagnostic concepts** (ie 'exhaustion' and 'pregnancy'), this requires **multiple codes**.

To fully translate this medical statement into code you need to assign both O26.88 *Other specified pregnancy-related conditions* and R53 *Malaise and fatigue*.

Codes: O26.88 Other specified pregnancy-related conditions
 R53 Malaise and fatigue

EXAMPLE 167:

Diagnosis: Intussusception of appendix

K56.1 Intussusception
 Intussusception or invagination of:
 • bowel
 • colon
 • intestine
 • rectum
Excludes: intussusception of appendix (K38.8)

This excludes note directs coders to assign K38.8 where the intussusception is of the appendix. As 'intussusception of appendix' is a **single diagnostic concept**, this only requires a **single code**.

Proper use of the Alphabetic Index avoids this situation as the index pathway *Intussusception/appendix* assigns K38.8 *Other specified diseases of appendix*.

EXAMPLE 178:

Diagnosis: Newborn developed hydrocephalus post intraventricular haemorrhage
Q03 Congenital hydrocephalus
Includes: hydrocephalus in newborn
Excludes: Arnold-Chiari syndrome (Q07.0)
hydrocephalus:
• acquired (G91.-)
• due to congenital toxoplasmosis (P37.1)
• with spina bifida (Q05.0- –Q05.4-)

Hydrocephalus developed after the newborn suffered an intraventricular haemorrhage, therefore, it is an acquired condition and the excludes note should be followed. Note also that proper use of the Alphabetic Index avoids this situation as the index pathway *Hydrocephalus/newborn/post intraventricular haemorrhage* assigns G91.8 *Other hydrocephalus*.

EXAMPLE 189:

Diagnosis: Cholelithiasis with obstruction
K82.0 Obstruction of gallbladder
Occlusion }
Stenosis } of cystic duct or gallbladder without calculus
Stricture }
Excludes: with cholelithiasis (K80.-)

This code has an excludes note which directs coders to assign the appropriate code from category K80 *Cholelithiasis*. ICD-10-AM classifies the obstruction with a fifth character subdivision for use with conditions listed under category K80, to specify with or without mention of obstruction. K80.21 *Calculus of gallbladder without cholecystitis, with obstruction* fully describes the medical statement and there is no need to assign K82.0.

EXAMPLE 1920:

In the includes note at I12 *Hypertensive kidney disease* the line 'arteriosclerotic nephritis (chronic) (interstitial)' means that I12 is the code number for the term 'arteriosclerotic nephritis' alone or when qualified by one of the words 'chronic' or 'interstitial' (or both).

I12 Hypertensive kidney disease
Includes: any condition in N00–N07, N18.-, N19 or N26 due to hypertension
arteriosclerosis of kidney
arteriosclerotic nephritis (chronic)(interstitial)
hypertensive nephropathy
nephrosclerosis
Excludes: secondary hypertension (I15.-)

2. Parentheses are also used to enclose the code(s) to which an excludes note refers.

EXAMPLE 204:

I88 *Nonspecific lymphadenitis* excludes 'acute lymphadenitis, except mesenteric' (L04.- *Acute lymphadenitis*) and 'enlarged lymph nodes NOS' (R59.- *Enlarged lymph nodes*)

I88 Nonspecific lymphadenitis
Excludes: acute lymphadenitis, except mesenteric (L04.-)
enlarged lymph nodes NOS (R59.-)

3. Parentheses are used in the block titles in the Tabular List to enclose the three character codes of categories included in that block.

EXAMPLE 212:

HYPERTENSIVE DISEASES (I10–I15)

4. Parentheses are used to enclose the dagger code in an asterisk category or the asterisk code following a dagger term.

EXAMPLE 223:

A32.1†	Listerial meningitis and meningoen­cephalitis
	Listerial:
	• meningitis (G01*)
	• meningoen­cephalitis (G05.0*)
G01*	Meningitis in bacterial diseases classified elsewhere
	Meningitis (in):
	• anthrax (A22.8†)
	• gonococcal (A54.8†)
	• leptospirosis (A27.-†)
	• listerial (A32.1†)

1. For enclosing synonyms.

EXAMPLE 234:

A30	Leprosy [Hansen's disease]
-----	----------------------------

2. For explanatory phrases.

EXAMPLE 245:

⚡S06.02	Loss of consciousness of brief duration [less than 30 minutes]
---------	--

3. For valid characters.

EXAMPLE 256:

M19.0	Primary arthrosis of other joints
[1–4, 7–9]	

EXAMPLE 267:

In K36 *Other appendicitis*, the diagnosis 'appendicitis' is to be classified there only if qualified by the words 'chronic' or 'recurrent'.

K36	Other appendicitis
	Appendicitis:
	• chronic
	• recurrent

EXAMPLE 278:

O71.6	Obstetric damage to pelvic joints and ligaments	
	Avulsion of inner symphyseal cartilage	}
	Damage to coccyx	}
	Traumatic separation of symphysis (pubis)	}
		obstetric

EXAMPLE 289:

Mitral stenosis is commonly used to mean 'rheumatic mitral stenosis'.

EXAMPLE 2930:

J16 Pneumonia due to other infectious organisms, not elsewhere classified

This category includes J16.0 *Chlamydial pneumonia* and J16.8 *Pneumonia due to other specified infectious organisms*. Many other categories are provided in Chapter 10 *Diseases of the Respiratory System* and other chapters for pneumonias due to specified infectious organisms (eg J09–J15 and P23.-). J18 *Pneumonia, organism unspecified*, accommodates pneumonias for which the infectious agent is not stated.

I73

Other peripheral vascular diseases

Excludes: chilblains (T69.1)
frostbite (T33–T35)
immersion hand or foot (T69.0)
spasm of cerebral artery (G45.9)

I73.0

Raynaud's syndrome

Raynaud's:
• ~~disease~~
• ~~gangrene~~
• ~~phenomenon (secondary)~~

I73.0

Raynaud's syndrome

Raynaud's:
• disease
• phenomenon (secondary)

❖ I73.00 Raynaud's syndrome without gangrene

❖ I73.01 Raynaud's syndrome with gangrene

I73.1 Thromboangiitis obliterans [Buerger]

ALPHABETIC INDEX OF DISEASES

Asphyxia, asphyxiation (by) R09.0

...

- local (without gangrene) I73.00

- - with gangrene I73.01

- mechanical T71

Cyanosis R23.0

- conjunctiva H11.4

- enterogenous D74.8

- paroxysmal digital (without gangrene) I73.00

- - with gangrene I73.01

- retina, retinal H35.8

Gangrene, gangrenous (dry) (moist) (skin) (ulcer)

(see also *Necrosis*) R02

...

- Raynaud's I73.01

- retropharyngeal J39.2

- scrotum N49.2

- - noninfective N50.8

- senile (atherosclerotic) — see

Arteriosclerosis/extremities

- spermatic cord N49.1

- - noninfective N50.8

- spine R02

- spreading cutaneous R02

- stomatitis A69.0

- symmetrical I73.01

Phenomenon

- Arthus' — see *Arthus' phenomenon or reaction*

- jaw-winking Q07.81

- lupus erythematosus (LE) cell M32.9

- Raynaud's (secondary) (without gangrene) I73.00

- - with gangrene I73.01

Raynaud's disease, ~~gangrene~~, phenomenon or syndrome (without gangrene) I73.00

- - with gangrene I73.01

RDS (respiratory distress syndrome) (newborn)
(see also *Syndrome/respiratory/distress*) P22.0

Syndrome — see also *Disease*

...

- Raynaud's (without gangrene I73.00

- - with gangrene I73.01

- reactive airways dysfunction J68.3

AUSTRALIAN CODING STANDARDS

0941 ARTERIAL DISEASE

...

8. PERIPHERAL VASCULAR DISEASE (PVD)

In most cases PVD is due to atherosclerosis.

PVD may also be caused by an embolus or microembolus (eg from the heart due to atrial fibrillation), thrombosis, arterial trauma, arterial wall spasm or congenital structural defect. If 'PVD' or '(chronic) ischaemic leg' is documented but further information about the cause of PVD is not available, it may be assumed to be due to atherosclerosis.

Classification

If PVD is further qualified in the documentation (eg Raynaud's Syndrome – I73.0_ *Raynaud's syndrome*; embolism of femoral artery – I74.3 *Embolism or thrombosis of arteries of lower extremities*), code the specific disease.

If 'PVD' or 'chronic ischaemic leg' is documented without further specification, assign I70.2- *Atherosclerosis of arteries of extremities*. (I73.9 *Peripheral vascular disease, unspecified* does not need to be assigned.)

9.7. Chemical angioplasty of carotid artery

Following the publication of advice regarding chemical angioplasty, an inclusion term and *includes note* were added to 35317-00 [741] *Percutaneous peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents by continuous infusion*.

TABULAR LIST OF INTERVENTIONS

741

Surgical peripheral arterial or venous catheterisation

Excludes: nonsurgical administration of thrombolytic or chemotherapeutic agent (see block [1920])

35317-00 Percutaneous peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents by continuous infusion

Chemical angioplasty

Includes: administration of chemical vasodilator

35319-00 Percutaneous peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents by pulse spray technique

35320-00 Open peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents

ALPHABETIC INDEX OF INTERVENTIONS

Angioplasty

- chemical 35317-00 [741]
- patch, graft — see *Graft/artery/patch*

9.8. Distal revascularisation - internal ligation (DRIL) procedure

Following publication of advice regarding DRIL procedure, inclusion terms were added to:

- 32763-00 [711] *Other arterial bypass using vein*
- 32763-01 [712] *Other arterial bypass using synthetic material*

Minor amendments were also made to a number of *code also when performed* notes to correct inconsistencies in the ACHI Tabular List.

TABULAR LIST OF INTERVENTIONS

711

Arterial bypass graft using vein

Code also when performed:

- endarterectomy to prepare site for anastomosis (33554-00 [701])
- patch graft (33548 [707])
- procurement of vein from arm or leg (32760-00 [730]) ~~except when vein is procured from same arm or leg on which bypass or graft is performed — omit code~~

Excludes: coronary artery bypass (see blocks [672] to [679])

32763-00 Other arterial bypass using vein

Distal revascularisation-internal ligation (DRIL) procedure using vein

712

Arterial bypass graft using synthetic material

Note: Synthetic material can include polyester (woven or knitted) or polytetrafluoroethylene [PTFE] grafts

Code also when performed:

- endarterectomy to prepare the site for anastomosis (33554-00 [701])

Excludes: coronary artery bypass (see blocks [672] to [679])

32763-01 Other arterial bypass using synthetic material

Distal revascularisation-internal ligation (DRIL) procedure using synthetic material

713

Arterial bypass graft using composite, sequential or crossover graft

Note: Composite graft – that using combination of synthetic material and vein

Crossover bypass – graft from an artery on one side of the body to an artery on the other side, eg femoral to femoral

Sequential bypass – [skip graft] used where an additional anastomosis is made to separately revascularise more than one artery

Code also when performed:

- endarterectomy to prepare the site for anastomosis (33554-00 [701])
- procurement of vein from arm or leg (32760-00 [730]) ~~except when vein is procured from same arm or leg on which bypass or graft is performed — omit code~~

735**Venous bypass graft using vein or synthetic material***Code also when performed:*

- patch graft (33548 [731])
- procurement of vein from arm or leg (32760-00 [730]) ~~except when vein is procured from same arm or leg on which bypass or graft is performed — omit code~~

ALPHABETIC INDEX OF INTERVENTIONS**Distal revascularisation-internal ligation (DRIL)****procedure**

- - with (using)
- - - synthetic material 32763-01 [712]
- - - vein 32763-00 [711]

Distension**DREZ (dorsal root entry zone) procedure** (with laminectomy) 39124-02 [45]**DRIL (Distal revascularisation-internal ligation)****procedure**

- - with (using)
- - - synthetic material 32763-01 [712]
- - - vein 32763-00 [711]

Drilling**Procedure**

...

- digestive system NEC 90335-01 [1011]

...

- - rectum 90314-00 [942]

- distal revascularisation-internal ligation (DRIL)

- - with (using)

- - - synthetic material 32763-01 [712]

- - - vein 32763-00 [711]

- Dohman's (endoscopic resection of pharyngeal pouch) 41773-00 [421]

...

- dorsal root entry zone (DREZ) (with laminectomy) 39124-02 [45]

- DRIL (distal revascularisation-internal ligation)

- - with (using)

- - - synthetic material 32763-01 [712]

- - - vein 32763-00 [711]

- Duhamel 43993-01 [934]

9.9. Hypertension due to acute kidney disease

Following publication of coding advice regarding the classification of hypertension due to acute kidney disease, amendments were made to the ICD-10-AM Alphabetic Index and Australian Coding Standards (ACS) in Ninth Edition:

- Addition of an inclusion term *acute kidney injury* at N17
- Amendments to the Alphabetic Index to support code selection
- Amendments to ACS 0925 *Hypertension and related conditions*.

TABULAR LIST OF DISEASES**N17****Acute kidney failure**

Includes: Acute kidney injury
Acute renal impairment

N17.0 Acute kidney failure with tubular necrosis

Tubular necrosis:

- acute
- NOS
- renal

ALPHABETIC INDEX OF DISEASES

Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic) I10

~~with~~

~~heart involvement (conditions in I51.4–I51.9 due to hypertension) (see also Hypertension/heart) I11.9~~

~~kidney involvement (see also Hypertension/kidney) I12.9~~

- benign, intracranial G93.2

- cardiorenal (disease) I13.9

- - with

- - - CKD stage 5 (kidney failure) I13.1

- - - - and heart failure (congestive) I13.2

...

- due to

- - endocrine disorders I15.2

- - kidney disorder (acute) (chronic) (failure) (injury)

NEC I15.1

- - - arterial I15.0

~~- - - glomerulonephritis, acute I15.1~~

~~- - - nephritis, acute (interstitial) I 15.1~~

~~- - - nephrotic syndrome I15.1~~

~~- - - renal artery stenosis I15.0~~

~~- - - renovascular disorders I15.0~~

- - phaeochromocytoma I15.2

~~- - renovascular disorders I15.0~~

- - specified disease NEC I15.8

- encephalopathy I67.4

- gestational (pregnancy-induced) O13

- Goldblatt's I70.1

- heart (conditions in I51.4–I51.9 due to hypertension) (disease) I11.9

- - with

- - - heart failure (congestive) (*see also Hypertension/heart*) I11.0

- - - hypertensive kidney disease (conditions in I12) (*see also Hypertension/cardiorenal*) I13.9

- - - renal sclerosis (*see also Hypertension/cardiorenal*) I13.9

- intracranial (benign) G93.2

- kidney (condition in N00-N07, N18-N19 or N26 due to hypertension) (disease) I12.9

- - with

- - - CKD stage 1–4 I12.9

- - - CKD stage 5 (kidney failure) I12.0

- - - heart involvement (conditions in I51.4–I51.9 due to Hypertension) (*see also Hypertension/cardiorenal*) I13.9

- - - - with heart failure (congestive) I13.0

- - - - with CKD stage 5 (kidney failure) I13.2

- - - hypertensive heart disease (conditions in I11.-) (*see also Hypertension/cardiorenal*) I13.9

- - - - with heart failure (congestive) I13.0

- - - - with CKD stage 5 (kidney failure) I13.2

...

- renal (*see also Hypertension/kidney*) I12.9

- renovascular I15.0

- secondary NEC (*see also Hypertension/due to*) I15.9

~~due to~~

~~endocrine disorders I15.2~~

~~kidney disorders NEC I15.1~~

~~arterial I15.0~~

~~phaeochromocytoma I15.2~~

~~renovascular disorders I15.0~~

~~specified NEC I15.8~~

Injury (see also specified injury type) T14.9

- kidney NEC S37.00

- - nontraumatic — *see Failure/kidney*

- knee S89.9

AUSTRALIAN CODING STANDARDS

0925 HYPERTENSION AND RELATED CONDITIONS

HYPERTENSION WITH HEART AND KIDNEY DISEASE

When coding combinations of hypertension, heart and kidney disorders, it is important to distinguish if, and how, they are related.

- Hypertension may cause heart and/or kidney disease.
- Hypertension may be caused by other conditions, including some kidney disorders.
- Hypertension and heart and kidney disease may be unrelated although they are present at the same time.

HYPERTENSION AS THE CAUSE OF HEART AND/OR KIDNEY DISEASE

Where a causal relationship between hypertension and heart and/or kidney disease is stated, for example, heart and/or kidney disease ‘due to hypertension’ or ‘hypertensive’ heart and/or kidney disease, assign a code from:

- I11 Hypertensive heart disease for certain heart conditions (listed in I50.- or I51.4–I51.9) due to hypertension
- I12 Hypertensive kidney disease for certain kidney conditions (listed in N00–N07, N18.-, N19 or N26) due to hypertension
- I13 Hypertensive heart and kidney disease, when both hypertensive heart disease (I11) and hypertensive kidney disease (I12) are present.

HYPERTENSION CAUSED BY OTHER CONDITIONS (SECONDARY HYPERTENSION)

Secondary hypertension is caused by another condition such as renal artery stenosis or pheochromocytoma. When hypertension is stated to be 'due to' or 'secondary to' other conditions, assign an appropriate code from category I15 Secondary hypertension.

HYPERTENSION AND HEART AND/OR KIDNEY DISEASE PRESENT BUT NO DOCUMENTED RELATIONSHIP BETWEEN THE CONDITIONS

Where no causal relationship is stated, assign I10 Essential (primary) hypertension when it meets criteria in ACS 0002 Additional diagnoses.

no causal relationship is stated, assign I10 Essential (primary) hypertension separately from the heart or kidney condition(s).

Classification

Where hypertension is documented in the presence of heart and/or kidney disease and:

1. a causal relationship is stated such as 'due to hypertension' or 'hypertensive', assign a code from category:
 - I11 Hypertensive heart disease for certain heart conditions (listed in I50.- or I51.4–I51.9) due to hypertension
 - I12 Hypertensive kidney disease for certain kidney conditions (listed in N00–N07, N18.-, N19 or N26) due to hypertension
 - I13 Hypertensive heart and kidney disease, when both hypertensive heart disease (I11) and hypertensive kidney disease (I12) are present.
2. no causal relationship is stated, assign I10 Essential (primary) hypertension separately from the heart or kidney condition(s).

SECONDARY HYPERTENSION

Secondary hypertension is generally caused by another condition such as renal artery stenosis or pheochromocytoma. When hypertension is stated to be 'due to' or 'secondary to' other conditions, assign an appropriate code from category I15 Secondary hypertension.

Note: — ACHI codes are not included in these examples.

EXAMPLE 1:

An 82 year old man was admitted for excision of a persistent papillary TCC of left ureter. His comorbidities included Parkinson's disease, chronic renal impairment and hypertension. Routine eGFR = 59 mL/min.

He underwent open resection of the left kidney and remaining left ureter. Postoperatively his blood pressure proved difficult to control and his eGFR fell to 51 mL/min. Histopathology on the removed kidney confirmed hypertensive nephropathy and his nephrologist was consulted, advising a change to his hypertensive medications.

Histopathology reports: **Left ureter** – Chronic inflammation. Reactive urothelial hyperplasia, focal low grade papillary urothelial carcinoma. **Left kidney** – Frequent sclerosed glomeruli with tubular atrophy and interstitial fibrosis in keeping with hypertensive nephropathy.

Codes: C66 Malignant neoplasm of ureter
M8130/3 Papillary transitional cell carcinoma
I12.9 Hypertensive kidney disease without kidney failure
N18.3 Chronic kidney disease, stage 3

(See also ACS 1438 Chronic kidney disease.)

EXAMPLE 2:

A 39 year old man, who had episodes of feeling dizzy, 'funny turns' and very high blood pressure, was referred by GP for further investigation. During the hospital admission, a phaeochromocytoma was found in the medulla of right adrenal gland and it was confirmed that the tumour caused attacks of episodic hypertension. Laparoscopic adrenalectomy was carried out during the admission and multiple antihypertensive medications were administered preoperatively in preparation for surgical resection.

Codes: D35.0 Benign neoplasm of adrenal gland
M8700/0 Phaeochromocytoma NOS
I15.2 Hypertension secondary to endocrine disorders

EXAMPLE 3:

Patient admitted with a bladder tumour obstructing his sole kidney. Patient has pre-existing chronic kidney disease with a eGFR = 25 mL/min and hypertension. A preoperative assessment by his nephrologist requested postoperative monitoring of his kidney function.

He underwent open partial cystectomy and re-implantation of ureter. Histopathology reports papillary urothelial carcinoma – high grade.

Codes: C67.9 Malignant neoplasm of bladder, unspecified
M8130/3 Papillary transitional cell carcinoma
N18.4 Chronic kidney disease, stage 4
I10 ~~Essential (primary) hypertension~~

EXAMPLE 4:

A 30 year old man presents with headaches, nausea, vomiting and lethargy approximately two weeks after a severe sore throat. He is otherwise healthy with no known previous illness and is taking no medication. Physical examination reveals facial oedema. Blood pressure is 180/110 mmHg. Investigations including kidney biopsy confirmed the diagnosis of postinfectious glomerulonephritis and hypertension secondary to acute kidney disease.

Codes: N00.9 Acute nephritis syndrome, unspecified
I15.1 Hypertension secondary to other disorders

EXAMPLE 45:

A patient with a known history of chronic congestive heart failure and hypertension was admitted to hospital due to deterioration of cardiac function. During admission all medications including those for hypertension were reviewed and adjusted.

Codes: I50.0 Congestive heart failure
I10 Essential (primary) hypertension

9.10. Nephrosclerosis

Following publication of advice in December 2013 for nephrosclerosis the ICD-10-AM Tabular List and Alphabetic Index were amended in Ninth Edition.

TABULAR LIST OF DISEASES

N26	Unspecified contracted kidney Atrophy of kidney (terminal) Renal sclerosis NOS Excludes: contracted kidney due to hypertension (I12.-) diffuse sclerosing glomerulonephritis (N18.-) hypertensive nephrosclerosis (arteriolar) (arteriosclerotic) (<u>hypertensive</u>) (I12.-) small kidney of unknown cause (N27.-)
------------	---

ALPHABETIC INDEX OF DISEASES

Nephrosclerosis (arteriolar) (arteriosclerotic) (chronic) (hyaline) (hypertensive) (*see also Hypertension/kidney*) I12.9
- with kidney failure I12.0
- senile (*see also Sclerosis/kidney*) N26
Nephrosis, nephrotic (congenital) (Epstein's) (syndrome) N04.-

9.11. Coronary artery dissection

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

I25.1	Atherosclerotic heart disease ▽ 0909 Coronary (artery): <ul style="list-style-type: none">• atheroma• atherosclerosis• disease• sclerosis
I25.4	Coronary artery aneurysm <u>and dissection</u> Coronary arteriovenous fistula, acquired Excludes: congenital coronary (artery) aneurysm (Q24.5)
I72	Other aneurysm and dissection Includes: aneurysm (cirroid)(false)(ruptured) Excludes: aneurysm (of): <ul style="list-style-type: none">• aorta (I71.-)• arteriovenous:<ul style="list-style-type: none">• acquired (I77.0)• NOS (Q27.3)• cerebral:<ul style="list-style-type: none">• nonruptured (I67.1)• NOS (I67.1)• ruptured (I60.-)• coronary (I25.4)• heart (I25.3)

- pulmonary artery (I28.1)
- retinal (H35.0)
- varicose (I77.0)
- dissection (of):
- coronary artery (I25.4)
- precerebral artery, congenital (nonruptured) (Q28.1)

ALPHABETIC INDEX OF DISEASES

Dissection

- artery NEC I72.9
- - basilar I72.5
- - carotid I72.0
- - cerebral (nonruptured) I67.0
- - - ruptured (*see also Haemorrhage/subarachnoid*) I60.7
- - coronary (nonruptured) I25.4
- - - ruptured (*see also Infarct/myocardium*) I21.9
- - iliac (ruptured) I72.3

9.12. Long QT syndrome

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

I45 Other conduction disorders

I45.8 Other specified conduction disorders

Atrioventricular [AV] dissociation
Interference dissociation
Long QT syndrome

Excludes: —prolongation of QT interval (R94.3)

I49 Other cardiac arrhythmias

Excludes: bradycardia:
• NOS (R00.1)
• sinoatrial (R00.1)
• sinus (R00.1)
• vagal (R00.1)
complicating:
• abortion or ectopic or molar pregnancy (O00–O07, O08.8)
• obstetric surgery and procedures (O75.4)
neonatal cardiac dysrhythmia (P29.1)

I49.8 Other specified cardiac arrhythmias

Brugada syndrome
Long QT syndrome
Rhythm disorder:
• coronary sinus
• ectopic
• nodal

Excludes: —prolongation of QT interval (R94.3)

ALPHABETIC INDEX OF DISEASES

Syndrome — see also *Disease*

- ...
- lobotomy F07.0
- Lobstein(-Ekman) Q78.0
- Löffler's J82
- loin pain/haematuria N39.81
- long QT ~~145.8~~149.8
- Looser-Milkman(-Debray) M83.8-
- ...

- obesity hypoventilation (OHS) E66.2
- obsession, obsessional F42.0
- oculo-auriculo-vertebral Q87.08
- oculocraniosomatic H49.8
- ...
- premature senility E34.8
- premenstrual tension N94.3
- prolonged QT ~~145.8~~149.8
- prune belly Q79.4

9.13. Subarachnoid haemorrhage

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

I60	Subarachnoid haemorrhage
▽ 0604	<i>Includes:</i> — ruptured cerebral aneurysm
	<i>Excludes:</i> sequelae of subarachnoid haemorrhage (I69.0)
I60.9	Subarachnoid haemorrhage, unspecified
	Ruptured (congenital) cerebral aneurysm NOS

ALPHABETIC INDEX OF DISEASES

Aneurysm (anastomotic) (artery) (cirroid) (diffuse) (false) (fusiform) (micro) (multiple) (saccular) I72.9

- arteriosclerotic I72.9
- - cerebral I67.1
- - - ruptured NEC (see also *Haemorrhage/subarachnoid*) ~~160.9~~160.7
- arteriovenous (congenital) (peripheral) Q27.3
- - acquired I77.0
- - - brain I67.1
- - - pulmonary I28.0
- - brain Q28.2
- - - ruptured I60.8
- - precerebral vessels (nonruptured) Q28.0
- - - ruptured NEC I72.5
- - specified site NEC Q27.3
- - - acquired I77.0
- - traumatic (complication) (early) T14.5
- basal — see *Aneurysm/brain*
- basilar (trunk) I72.5
- brain I67.1
- - arteriosclerotic I67.1
- - - ruptured NEC (see also *Haemorrhage/subarachnoid*) ~~160.9~~160.7

9.14. Vasospasm of coronary arteries

Terms were added to the ICD-10-AM Alphabetic Index to classify *vasospasm of coronary arteries*. The *excludes note* was also removed at I73 *Other peripheral vascular diseases* as it was unnecessary given the Alphabetic Index directs assignment to G45.9 *Transient cerebral ischaemic attack, unspecified* for *spasm of cerebral artery*.

TABULAR LIST OF DISEASES

I73 Other peripheral vascular diseases

Excludes: chilblains (T69.1)
frostbite (T33–T35)
immersion hand or foot (T69.0)
~~spasm of cerebral artery (G45.9)~~

ALPHABETIC INDEX OF DISEASES

Spasm(s), spastic, spasticity (see also condition) R25.2

...
- artery NEC I73.9
- - cerebral G45.9
- - coronary I20.1

Vasospasm (artery) I73.9

- cerebral (~~artery~~) G45.9
- coronary I20.1
- peripheral NEC I73.9
- retina (~~artery~~) H34.2

9.15. Mitral valve disorders, congenital

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

I34 Nonrheumatic mitral valve disorders

Excludes: mitral (valve):
• disease (I05.9)
• failure (I05.8)
• stenosis (I05.0)
when of unspecified cause but with mention of:
• diseases of aortic valve (I08.0)
• mitral stenosis or obstruction (I05.0)
when specified as:
• congenital (~~Q23.2, Q23.3, Q23.4, Q23.82, Q23.89, Q23.2–Q23.9~~)
• rheumatic (I05.-)

I34.0 Mitral (valve) insufficiency

Mitral (valve):
• incompetence NOS or of specified cause, except rheumatic
• regurgitation NOS or of specified cause, except rheumatic

I35**Nonrheumatic aortic valve disorders**

Excludes: hypertrophic subaortic stenosis (I42.1)
 when of unspecified cause but with mention of diseases of mitral valve (I08.0)
 when specified as:
 • congenital (~~Q23.0–Q23.0–Q23.1, Q23.4, Q23.81, Q23.83, Q23.89, Q23.4–Q23.9~~)
 • rheumatic (I06.-)

- I35.0 Aortic (valve) stenosis
- I35.1 Aortic (valve) insufficiency
 Aortic (valve):
 • incompetence NOS or of specified cause, except rheumatic
 • regurgitation NOS or of specified cause, except rheumatic
- I35.2 Aortic (valve) stenosis with insufficiency
- I35.8 Other aortic valve disorders
- I35.9 Aortic valve disorder, unspecified

9.16. Sudden arrhythmic death (Indexing)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

Refer also 18.5 Sudden adult death syndrome (SADS).

ALPHABETIC INDEX OF DISEASES

Syndrome — *see also Disease*

- ...
- sudden
- - arrhythmic death I49.9
- Sudeck's atrophy M89.0-
- ...

9.17. Hypertension with heart failure (Indexing)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

- Hypertension, hypertensive** (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic) I10
 - heart (conditions in I51.4–I51.9 due to hypertension) (disease) I11.9
 - - with
 - - - heart failure (congestive) (~~see also Hypertension/heart~~) I11.0

9.18. Arterial aneurysms of carotid artery (*Indexing*)

Amendments were made to distinguish *intracranial internal carotid artery* (classified to I67.1 *Cerebral aneurysm, nonruptured*) and *extracranial internal carotid artery* (classified to I72.0 *Aneurysm and dissection of carotid artery*). The default classification for aneurysm of internal carotid artery NOS to I72.0 was maintained for consistency with ICD-10 and ICD-11. The following amendments were made to the ICD-10-AM Alphabetic Index:

- Addition of terms relating to the intracranial portion/segments of the internal carotid artery classifiable to I67.1 (cervical, petrous, cavernous and supraclinoid)

ALPHABETIC INDEX OF DISEASES

Aneurysm (anastomotic) (artery) (cirroid) (diffuse)
(false) (fusiform) (micro) (multiple) (saccular) I72.9

...

- carotid (common) (external) (extracranial portion)
(~~see also Aneurysm/internal carotid~~) I72.0

- - internal carotid (cervical) (extracranial portion) NEC
I72.0

- - - intracerebral (~~paraclinoid~~) (~~supraclinoid~~) — see
Aneurysm/brain

- - - intracranial portion — see Aneurysm/brain

- - - petrous (segment) — see Aneurysm/brain

- - - supraclinoid (~~paraclinoid~~) (segment) — see
Aneurysm/brain

- - ruptured into brain I60.0

- - syphilitic A52.0† I79.8*

- - - intracranial A52.0† I68.8*

...

- cavernous sinus (see also Aneurysm/brain) I67.1

- - arteriovenous (congenital) (nonruptured) Q28.39

- - - ruptured I60.8

...

- interauricular septum (see also Aneurysm/heart)
I25.3

~~internal carotid NEC I72.0~~

~~intracerebral (~~paraclinoid~~) (~~supraclinoid~~) — see
Aneurysm/brain~~

~~ruptured into brain I60.0~~

~~syphilitic A52.0† I79.8*~~

~~intracranial A52.0† I68.8*~~

- interventricular septum (see also Aneurysm/heart)
I25.3

9.19. Purple toe syndrome (*Indexing*)

Following publication of advice in March 2014, amendments were made to the ICD-10-AM Alphabetic Index to classify *purple toe syndrome*:

ALPHABETIC INDEX OF DISEASES

Atheroembolism, atheroembolism — see
Arteriosclerosis

Blue

...

- toe syndrome — see Arteriosclerosis/extremities

Cholesterol deposit

- deposit

- - retina H35.8

- - vitreous (body) H43.2

- embolism syndrome — see
Arteriosclerosis/extremities

Cholesterolæmia (essential) (familial) (hereditary)
(pure) E78.0

Embolism (septic) I74.9

...

- cerebral (see also Occlusion/artery/cerebral) I66.9

- cholesterol, syndrome — see
Arteriosclerosis/extremities

- coronary (artery or vein) (systemic) (see also
Infarct/myocardium) I21.9

Pupillotonia H57.0

Purple toe syndrome — see
Arteriosclerosis/extremities

Purpura D69.2

Syndrome — see also Disease

...

- blue diaper E70.8

- - diaper E70.8

- - rubber bleb naevus (BRBNS) Q27.8

- - toe — see Arteriosclerosis/extremities

- ~~blue rubber blob naevus (BRBNS) Q27.8~~
- body stalk Q79.51
- ...
- child maltreatment NEC T74.9
- cholesterol embolism — see Arteriosclerosis/extremities
- chondrocostal junction M94.0

- ...
- pure
- - motor lacunar I67.9† G46.5*
- - sensory lacunar I67.9† G46.6*
- purple toe — see Arteriosclerosis/extremities
- Pyle's Q78.5

9.20. Venous lakes (*Indexing*)

Following publication of advice in June 2005, the term *Lakes, venous* was added to the ICD-10-AM Alphabetic Index:

ALPHABETIC INDEX OF DISEASES

- Lagophthalmos** (eyelid) (nervous) H02.2
- keratoconjunctivitis H16.2
- Lakes, venous** I78.1
- Lalling** F80.0

9.21. Weber's paralysis or syndrome (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

- Weber's paralysis or syndrome** ~~I67.9†~~ I67.8† G46.3*

10. Respiratory system

10.1. ACHI Chapter 7 Respiratory system (Major)

ACHI Chapter 7 *Procedures on Respiratory system* has undergone a major revision for Ninth Edition in line with advances in technology, particularly in the area of new procedures being performed bronchoscopically. Additionally a number of structural amendments were made within this chapter to correct anomalies and allow for future expansion.

The following amendments were made to ACHI Ninth Edition:

- Addition of an includes note at blocks [543] and [544] for *electromagnetic navigation*
- Creation of includes notes for *via linear bronchoscope* as appropriate
- Inactivation of specific codes for insertion/replacement/removal of *endobronchial stent* and the creation of codes in block [546] *Repair procedures on bronchus* for endoscopic insertion/replacement/removal of *bronchial device* (to classify *endobronchial stent* and *endobronchial valve*)
- Creation of codes in block [547] *Other procedures on bronchus* for endoscopic and open destruction procedures on bronchus to classify bronchial thermoplasty and bronchoscopy with Argon plasma coagulation
- Creation of codes in block [558] *Other procedures on lung and pleura*; 90181-01 *Endoscopic destruction procedures on lung* and 90181-02 *Other closed destruction procedures on lung*
- Deletion of a number of specific codes with:
 - creation of generic bronchoscopy codes in blocks [543] and [544]
 - creation of generic codes for *endoscopic*, *open* and *other closed* (percutaneous) procedures on bronchus, lung and pleura, chest wall, mediastinum or diaphragm
 - amendment of existing codes to classify generic concepts of *endoscopic*, *open* and *other closed* (percutaneous) procedures on bronchus, lung and pleura, chest wall, mediastinum or diaphragm
- Indexing amendments to support the above changes.

A code for *bronchoscopy with electromagnetic navigation* was not created, as the application of this new technology does not significantly deviate from an existing bronchoscopy procedure.

An inclusion term was created at 30688-00 [1949] *Endoscopic ultrasound for endobronchial ultrasound*; this code was also added as an exception in ACS 0042 *Procedures normally not coded*, as it is an invasive procedure and is usually performed under sedation. Previously, it was unclear as to whether this code should be assigned when other *endoscopic* procedures are concurrently performed, as it is located in Chapter 20 *Imaging services*.

TABULAR LIST OF INTERVENTIONS

LIST OF ACHI BLOCK NUMBERS

Block No. Block Name

...

544 ~~Bronchoscopy~~ Endoscopic with biopsy, broncho-alveolar lavage or removal of foreign body from bronchus

Examination procedures on bronchus

Includes: bronchial lavage
electromagnetic navigation
 fluoroscopic guidance
that using:
 • fibreoptic } bronchoscope
 • rigid }
 washings for specimen collection

Excludes: that with:
 • argon plasma coagulation (lesion)(tissue):
 • bronchus (96217-01 [547])
 • lung (90181-01 [558])
 • biopsy:
 • bronchus (41898-04 [544])
 • lung (38418-06 [550])
 • destruction (lesion)(tissue):
 • bronchus (96217-01 [547])
 • lung (90181-01 [558])
 • dilation (41904-00 [546])
 • excision of lesion:
 • bronchus (90163-01 [545])
 • lung (96218-00 [554])
 • insertion of bronchial device (stent) (valve) (41905-06 [546])
 • removal of:
 • bronchial device (stent) (valve) (41905-08 [546])
 • foreign body (41895-02 [544])
 • replacement of bronchial device (stent) (valve) (41905-07 [546])

41889-00 Rigid bronchoscopy

Excludes: ~~that through artificial stoma (41889-01 [543])~~
~~that with:~~
 • ~~biopsy (41892-00 [544])~~
 • ~~dilation (41904-00 [546])~~
 • ~~excision of lesion (41892-01, 41901-00 [545])~~
 • ~~removal of foreign body (41895-00 [544])~~

41889-05 Bronchoscopy**41889-01 Bronchoscopy through artificial stoma**

Includes: ~~that using:~~
 • ~~fibreoptic bronchoscope~~
 • ~~rigid bronchoscope~~

Excludes: ~~that with:~~
 • ~~biopsy (41892-00, 41898-01 [544])~~
 • ~~dilation (41904-00 [546])~~
 • ~~excision of lesion (41892-01, 41901-00 [545])~~
 • ~~removal of foreign body (41895-00, 41898-03 [544])~~

41898-00 Fibreoptic bronchoscopy

Excludes: ~~that through artificial stoma (41889-01 [543])~~
~~that with:~~
 • ~~biopsy (41898-01 [544])~~
 • ~~broncho-alveolar lavage (41898-02 [544])~~
 • ~~dilation (41904-00 [546])~~
 • ~~excision of lesion (41892-01, 41901-00 [545])~~
 • ~~removal of foreign body (41898-03 [544])~~

544**Bronchoscopy with Endoscopic biopsy, broncho-alveolar lavage or removal of foreign body from bronchus**

Includes: bronchial lavage
 bronchoscopy
 electromagnetic navigation
 fluoroscopic guidance
 ~~transbronchial lung biopsy~~
 washings for specimen collection

~~41892-00 Rigid bronchoscopy with biopsy~~~~41898-01 Fiberoptic bronchoscopy with biopsy~~41898-04 Endoscopic [needle] biopsy of bronchusBronchoscopy with (needle) biopsy of bronchus

Includes: that with:
 • fiberoptic }
 • linear } bronchoscope
 • rigid }

~~41898-02 Fiberoptic bronchoscopy with Endoscopic broncho-alveolar lavage [BAL]~~Bronchoscopy (fiberoptic) with broncho-alveolar lavage [BAL]~~41895-00 Rigid bronchoscopy with removal of foreign body~~~~41898-03 Fiberoptic bronchoscopy with removal of foreign body~~41895-02 Endoscopic removal of foreign body from bronchusBronchoscopy with removal of foreign body from bronchus

Includes: that with:
 • fiberoptic }
 • linear } bronchoscope
 • rigid }

545**Other excision procedures on bronchus**~~41901-00 Endoscopic resection of lesion of bronchus by laser~~~~41892-01 Bronchoscopy with excision of lesion~~~~**Excludes:** endoscopic resection of lesion of bronchus by laser (41901-00 [545])~~~~90163-00 Other endoscopic excision of bronchus~~90163-01 Other endoscopic excision of bronchusBronchoscopy with excision of (lesion) (tissue) bronchus NEC**Includes:** that with laser~~43912-00 Excision of bronchogenic cyst via thoracotomy~~43912-02 Other open excision of bronchusExcision of (lesion) (tissue) bronchus NEC**REPAIR****546****Repair procedures on bronchus**

41904-00 Bronchoscopy with dilation

Endoscopic dilation of stricture:

- bronchial
- laryngeal
- tracheal

Code also when performed:

- insertion of stent:
 - ~~endobronchial~~ (41905-064 [546])
 - laryngeal (41905-02 [521])
 - tracheal (41905-00 [533])

~~41905-04 Insertion of endobronchial stent~~

~~**Excludes:** that for replacement (41905-05 [546])~~

41905-06 Endoscopic insertion of bronchial device

Bronchoscopy with insertion of:

- bronchial:
 - stent
 - valve

Excludes: that for replacement (41905-07 [546])

~~41905-05 Replacement of endobronchial stent~~

41905-07 Endoscopic replacement of bronchial device

Bronchoscopy with replacement of:

- bronchial:
 - stent
 - valve

~~41895-01 Removal of endobronchial stent~~

~~**Excludes:** that for replacement (41905-05 [546])~~

41905-08 Endoscopic removal of bronchial device

Bronchoscopy with removal of:

- endobronchial:
 - stent
 - valve

Excludes: that for replacement (41905-07 [546])

OTHER PROCEDURES

547

Other procedures on bronchus

96217-01 Endoscopic destruction procedures on bronchus

Bronchial thermoplasty

Bronchoscopy with Argon plasma coagulation (APC) to bronchus

Endoscopic destruction of (lesion)(tissue) bronchus

Excludes: endoscopic (laser) excision of (lesion)(tissue) bronchus (90163-01 [545])

96217-00 Destruction procedures on bronchus

Destruction of (lesion)(tissue) bronchus

Excludes endoscopic destruction of (lesion)(tissue) bronchus (96217-01 [547])

90165-01 Other endoscopic procedures on bronchus

90165-02 Other closed procedures on bronchus

Percutaneous procedure on bronchus NEC

90165-00 Other open procedures on bronchus

Excision of lesion of bronchus NOS

Ligation of bronchus

Excludes: that via intrathoracic approach (38456-04 [547])

~~38456-04 Other procedures on bronchus, intrathoracic approach~~

EXCISION

550 Biopsy of lung or pleura

38418-05 Endoscopic [needle] biopsy of pleura

38418-06 Endoscopic [needle] biopsy of lung

38418-07 Other closed [needle] biopsy of pleura

Percutaneous [needle] biopsy of pleura

38418-08 Other closed [needle] biopsy of lung

Percutaneous [needle] biopsy of lung

Pneumocentesis

Puncture of lung

~~30090-00 Percutaneous needle biopsy of pleura~~

~~38812-00 Percutaneous needle biopsy of lung~~

~~Pneumocentesis~~

~~Puncture of lung~~

~~**Excludes:** endoscopic biopsy of lung (41892-00, 41898-01 [544])~~

38418-01 Biopsy of pleura

Excludes: endoscopic biopsy of pleura (~~38436-00~~38418-05 [559550])

percutaneous (needle) biopsy of pleura (~~30090-00~~38418-07 [550])

38418-02 Biopsy of lung

Excludes: endoscopic biopsy of lung (~~41892-00, 41898-01~~38418-06 [544550])

percutaneous (needle) biopsy of lung (~~38812-00~~38418-08 [550])

554 Other excision procedures on lung or pleura

38424-00 Pleurectomy

Excision of (lesion) (tissue) of pleura

Excludes: decortication of lung (38421 [554])

38424-01 Enucleation of pulmonary hydatid cyst

38421-00 Endoscopic pulmonary decortication

Thoracoscopic pulmonary decortication

96218-00 Other endoscopic excision procedures on lung

Endoscopic (thoracoscopic) excision of (lesion) (tissue) lung NEC

38421-01 Pulmonary decortication

558 Other procedures on lung or pleura

90181-01 Endoscopic destruction procedures on lung

Bronchoscopy with Argon plasma coagulation (APC) to lung

Endoscopic destruction of (lesion)(tissue) lung

90181-02 Other closed destruction procedures on lung

Percutaneous destruction procedures on lung

90181-00 Destruction procedures on lung

~~Irreversible electroporation [IRE] of lung lesion/tumour~~

~~Laser destruction of lung lesion/tumour~~

~~Radiofrequency ablation of lung lesion/tumour~~

Excludes: destruction of (lesion)(tissue) lung:

• endoscopic (90181-01 [558])

• percutaneous (90181-02 [558])

- ~~38456-36 Other endoscopic procedures on lung or pleura~~
~~38456-35 Other closed procedures on lung or pleura~~
~~Percutaneous procedures on lung or pleura NEC~~
~~38456-02 Other open procedures on lung or pleura, intrathoracic approach~~

559 Examination procedures on chest wall, mediastinum or diaphragm

- 38436-00 Thoracoscopy
Includes: biopsy
 38448-01 Mediastinoscopy
Includes: biopsy

OTHER PROCEDURES

567 Other procedures on chest wall, mediastinum or diaphragm

- ~~90175-00 Other procedures on chest wall~~
~~90175-01 Other procedures on mediastinum~~
~~90175-02 Other procedures on diaphragm~~
~~90175-03 Other endoscopic procedures on chest wall, mediastinum or diaphragm~~
~~90175-04 Other closed procedures on chest wall, mediastinum or diaphragm~~
~~Percutaneous procedures on chest wall, mediastinum or diaphragm, NEC~~
 38456-03 Other open procedures on chest wall, mediastinum or diaphragm, intrathoracic approach
 Implantation of diaphragmatic pacemaker

989 Other excision procedures on abdomen, peritoneum or omentum

Excludes: hysterectomy with retroperitoneal dissection (35667-00 [1268])

...

- 90327-00 Excision of congenital intra-abdominal lesion
Includes: retroperitoneal tumour
 teratoma
Excludes: open excision of bronchogenic cyst, via thoracotomy (43912-00, 43912-02 [545])
 retroperitoneal neuro-endocrine lesion (30321-00, 30323-00 [989])

1949 Other ultrasound

- 30688-00 Endoscopic ultrasound
Endobronchial ultrasound (EBUS)
 Ultrasound in conjunction with endoscopy
Code also:
 • endoscopic procedure(s) (see Alphabetic Index)
 90908-01 High intensity focused ultrasound [HIFUS]

CONVENTIONS USED IN THE ALPHABETIC INDEX OF INTERVENTIONS

...

MODIFIERS

A lead term or subterm may be followed by a series of terms in parentheses. The presence or absence of these parenthetical terms in the procedure description has no effect upon the selection of the code. These are called *nonessential modifiers*.

EXAMPLE 6:

Bronchoscopy (electromagnetic navigation) (~~fiberoptic~~) (with bronchial lavage) (with fluoroscopic guidance) (~~with bronchial lavage~~) (~~with washings~~) ~~41898-00~~ 41889-05 **[543]**
 - with
 - - Argon plasma coagulation — see Coagulation, electrocoagulation/by site
 - - biopsy (bronchus) (~~lung~~) (~~needle~~) (*see also Biopsy/by site*) ~~41898-04~~ **[544]** ~~41898-01~~ **[544]**
 - - broncho-alveolar lavage ~~41898-02~~ **[544]**
 - - destruction — see Destruction/by site
 - - dilation (~~bronchial stricture~~) (~~tracheal stricture~~) ~~41904-00~~ **[546]**
 - - excision of lesion — *see Excision/lesion/by site* ~~41892-01~~ **[545]**
 — by laser ~~41901-00~~ **[545]**
 - - insertion of bronchial device (stent) (valve) ~~41905-06~~ **[546]**
 - - removal of
 - - - bronchial device (stent) (valve) ~~41905-08~~ **[546]**
 - - - foreign body ~~41898-03~~ ~~41895-02~~ **[544]**
 - - - lesion — *see Excision/lesion/by site* ~~41892-01~~ **[545]**
 — by laser ~~41901-00~~ **[545]**
 - - replacement of bronchial device (stent) (valve) ~~41905-07~~ **[546]**

ALPHABETIC INDEX OF INTERVENTIONS

Ablation

- arrhythmia circuit or focus — *see Ablation/cardiac*
 - bone, by radiofrequency (~~lesion~~) (~~tumour~~) ~~90609-00~~ **[1579]**
 - - bronchus (endoscopic) (tissue) ~~96217-01~~ **[547]**
 - - open ~~96217-00~~ **[547]**
 - cardiac
 ...
 - lesion
 - - bone, by radiofrequency (~~tumour~~) ~~90609-00~~ **[1579]**
 - - bronchus (endoscopic) (tissue) ~~96217-01~~ **[547]**
 - - - open ~~96217-00~~ **[547]**
 - - liver, by
 - - - laser ~~90299-00~~ **[956]**
 - - - radiofrequency ~~50950-00~~ **[956]**
 - - lung, (by radiofrequency) (~~tumour~~) (~~endoscopic~~) ~~90181-01~~ **[558]**
 - - - open ~~90181-00~~ **[558]**
 - - - percutaneous ~~90181-02~~ **[558]**
 - - pituitary
 - - - by implantation (strontium-yttrium) (Y)
 - - - - transcranial approach (transfrontal) ~~39715-02~~ **[125]**

- - - - transsphenoidal approach (transethmoidal) (transnasal) ~~39715-03~~ **[125]**
 - - lung (endoscopic) (tissue) ~~90181-01~~ **[558]**
 - - open ~~90181-00~~ **[558]**
 - - percutaneous ~~90181-02~~ **[558]**
 - myocardial septal (percutaneous transluminal) ~~38748-01~~ **[616]**

Aspiration

...
 - lung ~~38842-00~~ ~~38418-08~~ **[550]**

Biopsy

...
 - bronchus (closed) (endoscopic) (~~fiberoptic~~) (~~needle~~) ~~41898-04~~ ~~41898-04~~ **[544]**
 - - open ~~38456-04~~ ~~90165-00~~ **[547]**
 — rigid ~~41892-00~~ **[544]**
 ...
 - lung (brush) (~~closed~~) (endoscopic) (~~fiberoptic~~) (~~needle~~) ~~41898-01~~ **[544]** ~~38418-06~~ **[550]**
 - - open ~~38418-02~~ **[550]**
 - - percutaneous (~~needle~~) ~~38842-00~~ ~~38418-08~~ **[550]**

- rigid 41892-00 [544]
- transbronchial (closed) (endoscopic) (fiberoptic) 41898-01 [544]
- rigid 41892-00 [544]
- via thoracoscopy 38436-00 [559]
- lymphatic structure (node) 30075-00 [805]
- ...
- pleura (endoscopic) 38418-05 [550]
- endoscopic (closed) (thoroscopic) 38436-00 [559]
- with division of adhesions 38436-01 [549]
- - with division of adhesions 38436-01 [549]
- - open 38418-01 [550]
- - percutaneous (closed) 30090-00 38418-07 [550]
- postnasal space 41761-00 [375]

Bronchoscopy (electromagnetic navigation)

(fiberoptic) (with bronchial lavage) (with fluoroscopic guidance) (with washings) 41898-00 41889-05 [543]

- with
 - - Argon plasma coagulation — *see Coagulation, electrocoagulation/by site*
 - - biopsy (bronchus) (lung) (needle) — *see Biopsy/by site* 41898-01 [544]
 - - broncho-alveolar lavage 41898-02 [544]
 - - destruction — *see Destruction/by site*
 - - dilation (bronchial stricture) (tracheal stricture) 41904-00 [546]
 - - excision of lesion — *see Excision/lesion/by site* 41892-01 [545]
 - by laser 41901-00 [545]
 - - insertion of bronchial device (stent) (valve) 41905-06 [546]
 - - removal of
 - - - bronchial device (stent) (valve) 41905-08 [546]
 - - - foreign body 41898-03 41895-02 [544]
 - - - lesion — *see Excision/lesion/by site* 41892-01 [545]
 - by laser 41901-00 [545]
 - - replacement of bronchial device (stent) (valve) 41905-07 [546]
 - rigid 41889-00 [543]
 - with
 - biopsy (bronchus) (lung) 41892-00 [544]
 - dilation (bronchial stricture) (tracheal stricture) 41904-00 [546]
 - excision of lesion 41892-01 [545]
 - by laser 41901-00 [545]
 - removal of
 - foreign body 41895-00 [544]
 - lesion 41892-01 [545]
 - by laser 41901-00 [545]
 - through artificial stoma 41889-01 [543]
 - through artificial stoma 41889-01 [543]

Coagulation, electrocoagulation

- blood vessels
- - cornea (laser) 42797-01 [168]

- - sclera (laser) 42797-00 [179]
- bronchus (Argon plasma) (endoscopic) (lesion) (tissue) 96217-01 [547]
- duodenum
- - by
 - - - Argon plasma 30478-20 [1007]
 - - - diathermy 30478-01 [1007]
 - - - heater probe 30478-02 [1007]
 - - - laser 30478-03 [1007]
- ...
- intestine, large
- - by Argon plasma 90308-00 [908]
- liver, by laser 90299-00 [956]
- lung (Argon plasma) (endoscopic) (lesion) (tissue) 90181-01 [558]
- oesophagus
- ...

Destruction

- ...
- breast (lesion) (tumour) 90726-00 [1759]
- bronchus (endoscopic) (tissue) 96217-01 [547]
- - open 96217-00 [547]
- calculus, calculi (encrustation) (stone)
- ...
- lesion (tumour)
- ...
- - breast 90726-00 [1759]
- - bronchus (endoscopic) 96217-01 [547]
- - - open 96217-00 [547]
- - cervix 35608-01 [1275]
- ...
- - liver 90299-00 [956]
- - - by
 - - - - cryotherapy 30419-00 [956]
 - - - - irreversible electroporation 90299-00 [956]
 - - - - laser 90299-00 [956]
 - - - - radiofrequency ablation 50950-00 [956]
- lung (endoscopic) (irreversible electroporation) (laser) (radiofrequency) 90181-01 [558]
- - open 90181-00 [558]
- - - percutaneous 90181-02 [558]
- - mouth, by endoscopic laser 52035-00 [419]
- ...
- liver (lesion) (tumour) 90299-00 [956]
- - by
 - - - cryotherapy 30419-00 [956]
 - - - irreversible electroporation 90299-00 [956]
 - - - laser 90299-00 [956]
 - - - radiofrequency ablation 50950-00 [956]
- lung (endoscopic) (irreversible electroporation) (laser) (radiofrequency) (tissue) (tumour) 90181-01 [558]
- - open 90181-00 [558]
- - - percutaneous 90181-02 [558]
- lymphangioma — *see Destruction/vascular anomaly*

...

- tumour — *see also Destruction/lesion*
- - angiofibroma, face or neck
- - - by laser 30190-00 **[1612]**
- - angioma — *see Destruction/angioma*
- - - by
 - - - cauterisation 45027-00 **[743]**
 - - - excision — *see Excision/vascular/anomaly*
 - - - injection 45027-01 **[742]**
 - - - laser, face or neck (capillary) (cherry) 30190-00 **[1612]**
 - - - face or neck, by laser (capillary) (cherry) 30190-00 **[1612]**
 - - - bone (laser) (radiofrequency) 90609-00 **[1579]**
 - - - breast 90726-00 **[1759]**
 - - - colon
 - - - endoscopic (closed) 90308-00 **[908]**
 - - - by laser 30479-02 **[908]**
 - - - haemangioma — *see Destruction/vascular anomaly*
 - - - intestine, large
 - - - endoscopic (closed) 90308-00 **[908]**
 - - - by laser 30479-02 **[908]**
 - - - kidney (irreversible electroporation) 90370-00 **[1046]**
 - - - liver 90299-00 **[956]**
 - - - by
 - - - cryotherapy 30419-00 **[956]**
 - - - irreversible electroporation 90299-00 **[956]**
 - - - laser 90299-00 **[956]**
 - - - radiofrequency ablation 50950-00 **[956]**
 - - - lung (irreversible electroporation) (laser) (radiofrequency) 90181-00 **[558]**
 - - - lymphangioma — *see Destruction/vascular anomaly*
 - - - prostate 90408-00 **[1162]**
 - - - by
 - - - diathermy (closed) (endoscopic) 37224-00 **[1162]**
 - - - high intensity focused ultrasound 90408-00 **[1162]**
 - - - irreversible electroporation 90408-00 **[1162]**
 - - - laser (closed) (endoscopic) 37224-00 **[1162]**
 - - - skin (subcutaneous tissue) — *see also Destruction/lesion/skin*
 - - - by laser
 - - - face NEC 30190-00 **[1612]**
 - - - neck NEC 30190-00 **[1612]**
 - - - trichoepithelioma, face or neck 30190-00 **[1612]**
 - - - trichoepithelioma, face or neck
 - - - by laser 30190-00 **[1612]**
 - - - uterus 90451-00 **[1263]**
 - uterus (lesion) (tumour) 90451-00 **[1263]**

Dilation

...

- lacrimal passages (by probing) (canaliculi) (duct) (punctum)
- - bilateral 42615-01 **[241]**
- - unilateral 42614-01 **[241]**
- larynx (endoscopic) 41904-00 **[546]**

- lymphatic structure(s) (peripheral) 90283-00 **[812]**

EBUS (endobronchial ultrasound) 30688-00 [1949]

ECG — *see Electrocardiography (ECG)*

Electroporation, irreversible (IRE) — *see*

Destruction/by site

- kidney 90370-00 **[1046]**

- liver 90299-00 **[956]**

- lung 90181-00 **[558]**

- prostate 90408-00 **[1162]**

Electrolysis

- eyelid
- - for correction of trichiasis
- - - 1 eye 42587-04 **[238]**
- - - both eyes 42587-05 **[238]**

Electromagnetic navigation bronchoscopy (ENB)

— *see Bronchoscopy*

Electromyography (EMG) 11012-00 [1826]

EMG — *see Electromyography (EMG)*

ENB (Electromagnetic navigation bronchoscopy)

— *see Bronchoscopy*

Encephalography 90900-00 [1967]

Excision — *see also Removal*

...

- bronchus (endoscopic) (tissue) 90163-01 **[545]**

- - open endoscopic 90163-00 43912-02 **[545]**

...

- cyst — *see also Excision/lesion(s)*

...

— bronchogenic, via thoracotomy 43912-00 **[545]**

- - choledochal

...

- lesion(s) — *see also Excision/tumour AND Excision/cyst AND Excision/polyp*

...

- - bronchus 90165-00 **[547]** (endoscopic) 90163-01 **[545]**

- - - open endoscopic 90163-00 43912-02 **[545]**

— by laser 41901-00 **[545]**

— with bronchoscopy 41892-01 **[545]**

- - cartilage NEC 90574-00 **[1561]**

...

- - lung (open endoscopic) 38440-00 **[551]** 96218-00 **[554]**

- - - open endoscopic 41892-01 **[545]** 38440-00 **[551]**

— via bronchoscopy 41892-01 **[545]**

...

- tumour — *see also Excision/lesion(s)*

...

— bronchus

— by laser, endoscopic 41901-00 **[545]**

- - cardiac — *see Excision/tumour/heart*

Insertion

...

- device — *see also Insertion/by type of device*

...

- - bone

- - - conduction hearing 41557-02 [321]

- - - growth stimulator 47920-00 [1554]

- - bronchus (endoscopic) 41905-06 [546]

- - - with replacement 41905-07 [546]

- - cardiac

...

- - electromagnetic hearing 41557-02 [321]

- - endobronchial (endoscopic) 41905-06 [546]

- - - with replacement 41905-07 [546]

- - erection, artificial (inflatable) 37426-01 [1191]

- stent

...

- - bronchus (endoscopic) ~~41905-04~~ 41905-06 [546]

- - - with ~~removal~~ replacement 41905-05 41905-07 [546]

...

- - endobronchial (endoscopic) ~~41905-04~~ 41905-06 [546]

- - - with ~~removal~~ replacement 41905-05 41905-07 [546]

- valve

- - bronchus (endoscopic) 41905-06 [546]

- - - with replacement 41905-07 [546]

- - endobronchial (endoscopic) 41905-06 [546]

- - - with replacement 41905-07 [546]

- - heart — *see Replacement/valve/heart*

- - percutaneous with bioprosthesis

Irreversible electroporation (IRE) — *see*

Electroporation, irreversible (IRE) Destruction/by site

Irrigation — *see also Maintenance*

...

- broncho-alveolar — *see Lavage/broncho-alveolar*

Laser therapy

...

- lesion

- - bladder — *see Destruction/lesion/bladder*

- - bronchus, endoscopic — *see*

Destruction/lesion/bronchus AND

Excision/lesion/bronchus 41901-00 [545]

- - chorioretinal 42809-00 [211]

...

- - lung (endoscopic) (radiofrequency) (tumour) 90181-01 [558]

- - - open 90181-00 [558]

- - mouth, by endoscopic laser 52035-00 [419]

...

- tumour — *see also Laser therapy/lesion*

- - bronchus, endoscopic 41901-00 [545]

- - ureter (closed) (endoscopic) 36809-01 [1074]

- - vagina 35539-01 [1281]

Lavage — *see also Maintenance*

- alveolar — *see Lavage/broncho-alveolar*

...

- bronchial — *see Bronchoscopy*

- - via bronchoscopy (fiberoptic) 41898-00 [543]

- - - with biopsy 41898-01 [544]

- - - rigid 41889-00 [543]

- - - with biopsy 41892-00 [544]

- - - through artificial stoma 41889-01 [543]

- - - through artificial stoma 41889-01 [543]

- broncho-alveolar (endoscopic) 41898-02 [544]

- - via bronchoscopy (fiberoptic) 41898-02 [544]

- - - with biopsy 41898-01 [544]

- - - through artificial stoma 41889-01 [543]

- colon, intraoperative (total) 32186-00 [906]

Pneumocentesis ~~38812-00~~ 38418-08 [550]

Procedure

...

- bronchus (open) NEC 90165-00 [547]

- - intrathoracic NEC 38456-04 [547]

- - - closed (percutaneous) 90165-02 [547]

- - - endoscopic 90165-01 [547]

- bursa NEC 90593-01 [1579]

...

- chest wall (open) NEC 90175-00 38456-03 [567]

- - intrathoracic approach 38456-03 [567]

- - - closed (percutaneous) 90175-04 [567]

- - - endoscopic 90175-03 [567]

- Chevron (osteotomy of toe) 48400-03 [1528]

...

- diaphragm (open) NEC 90175-02 38456-03 [567]

- - intrathoracic 38456-03 [567]

- - - closed (percutaneous) 90175-04 [567]

- - - endoscopic 90175-03 [567]

- digestive system NEC 90335-01 [1011]

...

- lung (open) NEC 38456-02 [558]

- - intrathoracic NEC 38456-02 [558]

- - - closed (percutaneous) 38456-35 [558]

- - - endoscopic 38456-36 [558]

- lymphatic structure (channel) (node) (vessel) NEC 90283-00 [812]

...

- mediastinum (open) NEC 90175-04 38456-03 [567]

- - intrathoracic NEC 38456-03 [567]

- - - closed (percutaneous) 90175-04 [567]

- - - endoscopic 90175-03 [567]

- meninges (spinal) NEC 90011-01 [59]

...

- pleura (open) NEC 38456-02 [558]

- - intrathoracic NEC 38456-02 [558]

- - - closed (percutaneous) 38456-35 [558]

- - - endoscopic 38456-36 [558]

- posterior chamber (eye) NEC 90080-01 [214]

Puncture — *see also Aspiration AND Incision AND Tap*

...
- lung ~~38842-00~~38418-08 [550]

Repair

...
- bronchus (open) NEC 90165-00 [547]
~~— intrathoracic approach 38456-04 [547]~~
- - closed (percutaneous) 90165-02 [547]
~~— - endoscopic 90165-01 [547]~~
- caesarean wound dehiscence

Removal — *see also Excision*

...
- device — *see also Removal/by type of device*
...
- - bladder stimulator, electronic 90359-01 [1091]
~~— - bronchus 41905-08 [546]~~
~~— - - with replacement 41905-07 [546]~~
- - cardiac event monitor, subcutaneously implanted (ECG) (looping memory) (patient activated) 38286-00 [1604]
- - contraceptive
- - - intrauterine (IUCD) 35506-02 [1260]
- - - - with replacement 35506-00 [1260]
- - - subdermal hormone implant 30062-00 [1908]
~~— - endobronchial 41905-08 [546]~~
~~— - - with replacement 41905-07 [546]~~
- - erection, artificial (component) 37432-02 [1191]

- foreign body
...
- - bronchus, endoscopic 41895-02 [544]
~~— - - via bronchoscopy~~
~~— - - fiberoptic 41898-03 [544]~~
~~— - - rigid 41895-00 [544]~~
- - cervix (penetrating) 35618-03 [1278]

...- stent
...
- - bronchus ~~41895-04~~41905-08 [546]
~~— - - with replacement 41905-05~~41905-07 [546]
...
- - endobronchial ~~41895-04~~41905-08 [546]
~~— - - with replacement 41905-05~~41905-07 [546]
...
- valve
~~— - bronchus 41905-08 [546]~~
~~— - - with replacement 41905-07 [546]~~
~~— - endobronchial 41905-08 [546]~~
~~— - - with replacement 41905-07 [546]~~
- - from vas deferens 30644-10 [1187]

Replacement

...
- device — *see also Replacement/by type of device*
- - bladder stimulator, electronic 90359-00 [1091]
~~— - bronchus 41905-07 [546]~~
~~— - endobronchial 41905-07 [546]~~
- - enterostomy

- stent
- - biliary
- - - endoscopic 30451-02 [960]
- - - open 30451-00 [960]
- - - percutaneous 30492-01 [960]
~~— - bronchus 41905-05~~41905-07 [546]
- - colonic (endoscopic) (metal) (plastic) (Wallstent) 90295-01 [906]
- - duodenal, endoscopic (metal) (plastic) (Wallstent) 92068-01 [892]
~~— - endobronchial 41905-05~~41905-07 [546]
...
- valve
~~— - bronchus 41905-07 [546]~~
~~— - endobronchial 41905-07 [546]~~
- - heart

Resection — *see also Excision*

...
- lesion — *see also Resection/tumour*
...
- - brain stem 39709-01 [15]
~~— - bronchus, endoscopic 41901-00 [545]~~
- - carotid artery (carotid body) (with repair of carotid artery)
...
- tumour
- - bladder — *see Resection/bladder/lesion*
- - bone — *see Resection/lesion/bone*
- - brain stem 39709-01 [15]
~~— - bronchus~~
~~— - - by laser (endoscopic) 41901-00 [545]~~
- - carotid artery (carotid body) (with repair of carotid artery)

Thermokeratoplasty 90064-01 [173]

- by laser 90064-02 [173]

Thermoplasty, bronchial 96217-01 [547]

Thermosclerectomy

- with iridectomy 42746-03 [191]

Ultrasound (diagnostic) (scan) 90908-00 [1950]

...
- elbow 55804-00 [1950]
~~— endobronchial 30688-00 [1949]~~
- endoscopic 30688-00 [1949]

0026 ADMISSION FOR CLINICAL TRIAL, DRUG CHALLENGE OR THERAPEUTIC DRUG MONITORING

A clinical trial is defined as:

“... a form of human research designed to find out the effects of an intervention, including a treatment or diagnostic procedure. A clinical trial can involve testing a drug, a surgical procedure, other therapeutic procedures and devices, a preventive procedure, or a diagnostic device or procedure” (National Health and Medical Research Council 2007).

Where the reason for admission is stated as being for a clinical trial for the purposes of research, Z00.6 Examination for normal comparison and control in clinical research programme should be assigned as the principal diagnosis.

Patient admitted for bronchoscopy as part of a research project (clinical trial).
Codes: Z00.6 Examination for normal comparison and control in clinical research
programme
41898-0041889-05 [543] Bronchoscopy

...

13. Imaging services – all codes in ACHI Chapter 20 *Imaging services* and block [451] *Dental radiological examination and interpretation* **except:**

- endoscopic ultrasound (EUS) (30688-00 [1949])
- transoesophageal echocardiogram (TOE) (55118-00 [1942])
- when instructed to do so

...

1. Panendoscopy involving oesophagus, stomach, duodenum and ileum.
Code: 30473-05 **[1005]** Panendoscopy to ileum
2. Panendoscopy of the lower gastrointestinal tract with viewing of the ileum.
Code: 32090-00 **[905]** Fibreoptic colonoscopy to caecum
3. Panendoscopy involving pharynx, larynx and bronchus.
Code: ~~41898-00~~ 41889-05 **[543]** Fibreoptic bBronchoscopy
4. Panendoscopy of the urinary bladder.
Code: 36812-00 **[1089]** Cystoscopy

10.2. ACS 1006 Ventilation (*Major*)

ACS 1006 was revised to reflect updates in weaning, particularly with respect to weaning from tracheotomies and calculating the duration of ventilation. Additionally published advice in September and December 2008, were incorporated into ACS 1006 *Ventilatory support*. The following amendments were made to the ACS in Ninth Edition:

- Clarification of the guidelines regarding ventilation for <1 hour (Classification 1.c.)
- Clarification of the guidelines for weaning (Classification 1.d.)
- Incorporation of coding advice (Coding Matters, Dec 2008) regarding periods of ventilation for multiple visits to theatre (Classification 1.f.)
- Clarification of the inclusion of weaning in calculating the duration of ventilation via a tracheostomy (Calculating the duration of CVS)
- Addition of a reference to ACS 1615 *Specific diseases and interventions related to the sick neonate*
- Incorporation of coding advice (Coding Matters, Sep 2008) regarding intubation and ventilation by external services such as the Newborn Emergency Transfer Service (NETS) in NSW.

AUSTRALIAN CODING STANDARDS

1006 VENTILATORY SUPPORT

DEFINITION

Ventilatory support is a process by which gases are moved into the lungs by a device that assists respiration by augmenting or replacing the patient's own respiratory effort. Ventilatory support can be administered via noninvasive or invasive devices.

Continuous ventilatory support (CVS), invasive ventilation

CVS or invasive ventilation refers to the application of ventilation via an *invasive* artificial airway. For the purpose of this standard, invasive artificial airway is that provided via an endotracheal tube (ETT) or a tracheostomy tube. With CVS, the patient receives continuous variable degrees of assistance to meet respiratory requirements in an uninterrupted continuous fashion.

Invasive artificial airways

An **endotracheal tube** can be placed orally or nasally. Nasal placement is preferred when one is avoiding cervical spine hyperextension, such as with neck injuries or when oral surgery is planned. However, nasal tubes make suctioning of the trachea more difficult because they are usually narrower and longer than oral tubes. The ETT requires nonsurgical placement. It is usually employed prior to a surgically-placed tracheostomy tube.

With prolonged ventilation, or when prolonged ventilation is expected, a **tracheostomy** tube is placed surgically in the anterior cervical trachea to prevent damage to the larynx and to provide improved pulmonary toiletry. A tracheostomy may also be used initially to provide a patent airway and for possible ventilatory assistance when there is compromise of the upper airways such as in facial trauma, burns, pharyngeal tumours or epiglottitis. Patients with a **tracheostomy** often have a tracheal tube inserted which keeps the tracheostomy open and allows for the attachment of the mechanical ventilatory device.

Noninvasive ventilation (NIV)

Noninvasive ventilation refers to all modalities that assist ventilation without the use of an ETT or tracheostomy. For the purpose of this standard, noninvasive devices may include: face mask, mouthpiece, nasal mask, nasal pillows, nasal prongs, nasal tubes, nasal high flow cannula (high flow therapy) and nasopharyngeal tubes, however clinical coders should ensure that NIV is being provided via the device, and not assign a code for NIV based on the device alone.

TYPES/MODES OF VENTILATORY SUPPORT

1. Continuous Positive Airway Pressure (CPAP) – see blocks [569] and [570]

CPAP is used in spontaneously breathing patients and for artificial maintenance of positive airway pressure after passive exhalation is complete. CPAP can be administered **noninvasively** (face mask, nasal mask or nasopharyngeal tubes for neonates) or **invasively** (endotracheal tube or tracheostomy tube).

When CPAP is administered by ETT or tracheostomy, a code from block [569] *Continuous ventilatory support* should be assigned rather than a code from block [570] *Noninvasive ventilatory support*.

Neonatal patients may receive CPAP via **nasopharyngeal intubation** attached to a mechanical ventilator designed for neonates or a suitably equipped multipurpose ventilator set in the CPAP mode. In such cases, assign the appropriate code for NIV from block [570] *Noninvasive ventilatory support*.

2. Bi-level Positive Airway Pressure (BiPAP) – see blocks [569] and [570]

BiPAP is a form of ventilatory support that provides respiratory assistance throughout the breathing cycle. Both inspiratory and expiratory pressure support the patient's breathing efforts. BiPAP operates in two pressure modes. The first is continuous positive airway pressure (CPAP), or provision of a constant pressure. The second is a spontaneous mode, cycling between inspiratory and expiratory pressures (bi-level) in response to the patient's breathing efforts. BiPAP is designed to work with mask ventilators (**noninvasive**); however, it can also be administered **invasively**.

When BiPAP is administered by ETT or tracheostomy, a code from block [569] *Continuous ventilatory support* should be assigned rather than a code from block [570] *Noninvasive ventilatory support*.

3. Intermittent Positive Pressure Breathing (IPPB) Intermittent Positive Pressure Ventilation [IPPV] Noninvasive Mask Ventilation [NIMV] Noninvasive Pressure Ventilation [NIPV] – see block [570]

These forms of ventilatory support are primarily used to deliver aerosolised medications or to combat early respiratory failure or atelectasis. Treatment sessions are intermittent, usually consisting of 10 to 20 minutes, four to six times per day. These ventilators are most commonly used with a mouthpiece or tight fitting mask.

Note: Do not code IPPB when it is used only to deliver medication.

4. Controlled Mechanical Ventilation Intermittent Mandatory Ventilation (IMV) Synchronised Intermittent Mandatory Ventilation (SIMV) – see block [569]

Using these forms of ventilation, **patient breath rate and volume is set on the ventilator ie controlled mechanically**. This information is recorded on the ICU chart as 'machine respiratory rate' or 'intermittent machine ventilation rate'. Controlled mechanical ventilation is always administered by ETT or tracheostomy, that is, it is **always invasive**.

5. Continuous Negative Pressure Ventilation (CNPV) – 92041-00 [568]

Not widely used today, CNPV is a form of ventilation where negative pressure is applied on the outside of the patient's chest; this pressure expands the lungs to facilitate airflow.

CLASSIFICATION

1. Code first the ventilatory support (see also *Calculating the duration of CVS*)

13882-00 [569] Management of continuous ventilatory support, ≤ 24 hours (see note f below)

13882-01 [569] Management of continuous ventilatory support, > 24 and < 96 hours

13882-02 [569] Management of continuous ventilatory support, ≥ 96 hours

92209-00 [570] Management of noninvasive ventilatory support, ≤ 24 hours

92209-01 [570] Management of noninvasive ventilatory support, > 24 and < 96 hours

92209-02 [570] Management of noninvasive ventilatory support, ≥ 96 hours

- a. When both CVS and NIV are used for treatment (not weaning – see note d below), code each type separately. Use the appropriate duration extension on each code to indicate how many hours the patient received each type of ventilatory support.
- b. Subsequent periods of the same type (invasive or noninvasive) of ventilation, when used for treatment (not weaning – see note d below) should be added together. For example, if a patient is on CVS for the first day of their admission, then on CVS again on the fourth day of their admission, the CVS hours should be added together to arrive at the correct CVS code.
- c. For the purpose of calculating the duration of ventilatory support:
 - hours of ventilatory support should be interpreted as **completed cumulative hours**. If a patient is intubated and ventilated for < 1 hour the intubation and ventilation are not coded. This includes patients who die or are discharged or transferred.
 - a period of ≤ 1 hour between cessation and then restarting ventilatory support should be accounted for in the duration, ie continue counting the duration.
 - removal and immediate replacement of airway devices (tubes, masks) should be accounted for in the duration, ie continue counting the duration.

(See also *Calculating the duration of CVS*.)
- d. **Do not code methods of weaning** (eg CPAP, IMV) from ventilatory support separately. Weaning is the process of reducing the ventilatory support, leading to complete discontinuation of the CVS, and is included in calculating the length of time that a patient is on ventilatory support. There may be several attempts to wean the patient off the ventilator. For example, Wweaning may include changing the type of ventilation from CVS to CPAP or BiPAP; include the duration of CPAP or BiPAP weaning in the cumulative hours for the CVS. There may be several attempts to wean the patient off the ventilator.
- e. **Do not code ventilation** when the patient brings their own ventilatory support devices (eg CPAP machine) into hospital and the patient operates the device.

- f. The ventilatory support that is provided to a patient **during surgery** is associated with anaesthesia and is considered an integral part of the surgical procedure. The patient may remain on ventilatory support for some hours while recovering following surgery. Ventilation of **≤ 24 hours post surgery** should not be coded in these cases.

Ventilatory support should be coded when:

- it is initially performed for **respiratory support** prior to surgery and is then **continued during surgery and post surgery** (even if ≤ 24 hours post surgery).
- it is **initiated during surgery** and **continues** after surgery (in recovery, ICU, ward or for further surgery) for **> 24 hours post (initial) surgery**.

Note:—The duration of ventilatory support should be counted from the time of intubation (see *Calculating the duration of CVS*). In cases where ventilatory support has been initiated **during** surgery and has met the above criteria for coding then the duration begins from the time of (initial) intraoperative intubation.

Where a patient has multiple visits to theatre requiring ventilation, each period of ventilation should be considered individually. If the period of ventilation post surgery is ≤ 24 hours, a code for ventilation is not assigned and not used cumulatively with other periods of ventilation in the episode of care.

2. Method of delivery

- a. **Assign an additional code if tracheostomy** is performed with ~~continuous ventilatory support~~ **CVS**:

41880-00 [536] Percutaneous tracheostomy

41881-00 [536] Open tracheostomy, temporary

41881-01 [536] Open tracheostomy, permanent

- b. Do not code any method of intubation for ventilatory support.
- c. Do not code any noninvasive airway (eg mask, nasal prong).

CALCULATING THE DURATION OF CVS

For the purposes of calculating the duration of ~~continuous ventilatory support~~ **CVS**:

BEGIN calculation of the duration of CVS with one of the following:

- **Initiation of ventilatory support**

Endotracheal intubation (and subsequent initiation of ~~continuous ventilatory support~~ **CVS**)

For those patients who have an ETT for ~~continuous ventilatory support~~ **CVS**, begin counting the duration at the time of intubation.

For patients who begin receiving ~~continuous ventilatory support~~ **CVS** by ETT and subsequently have a tracheostomy performed, begin counting the duration at intubation. The duration continues through the time in which the tracheostomy is used.

OR

- **Tracheostomy** (and subsequent initiation of ~~continuous ventilatory support~~ **CVS** through a tracheostomy)

Patients with a tracheostomy often have a tracheal tube inserted which keeps the tracheostomy open and allows for the attachment of the mechanical ventilatory device. Begin counting the duration of ~~continuous ventilatory support~~ CVS at the point when the ~~continuous ventilatory support~~ CVS is ~~begin~~ commenced.

OR

- ***Admission of a ventilated patient***

For those patients who are admitted with ~~continuous ventilatory support~~ CVS in place, begin counting the duration at the time of admission. (See also *Transferred intubated patients*.)

END with:

- ***Extubation*** (eg removal of ETT)

OR

- ~~***Cessation of CVS after any period of weaning***~~

OR

- ***Cessation of CVS for patients with a tracheostomy*** (after any period of weaning)

The tracheal tube used with tracheostomy patients may not be withdrawn for days after discontinuation of ~~continuous ventilatory support~~ CVS to assure respiratory competence or to provide pulmonary toiletry. In some circumstances (eg neuromuscular diseases), the tracheal tube may be left in place indefinitely after ~~continuous ventilatory support~~ CVS is discontinued. Therefore, it can be difficult to determine the period of weaning from the CVS for inclusion in the cumulative hours. ~~the duration would end with the cessation of continuous ventilatory support~~

Where there is documentation of weaning from CVS, such as the use of positive pressure ventilation or oxygen delivery via a tracheostomy collar, include the weaning in the duration of CVS up to a maximum of 24 hours following the cessation of CVS, or the removal of the tracheostomy. Where CVS via the tracheostomy recommences > 24 hours following cessation of CVS a new period of ventilation commences.

OR

- ***Discharge, death or transfer*** of a patient on ~~continuous ventilatory support~~ CVS (see also *Transferred intubated patients*)

OR

- ***Change of episode type***

In cases where the episode 'care type' changes (eg acute to rehabilitation), counting the duration should cease when the episode ends and counting recommences for the subsequent ventilatory period during the new episode type.

(See also ACS 1615 *Specific diseases and interventions related to the sick neonate*).

INTUBATION WITHOUT VENTILATION

Intubation can be performed without an associated ventilatory support system when it is necessary to keep the airway open. For example, children may be intubated but not ventilated for diagnoses such as asthma, croup or epilepsy and adults may be intubated in cases of burns or other severe trauma.

In cases of intubation without ventilation, no matter what the age of the patient, a code or codes from the list below should be assigned:

22007-00 [568]	Endotracheal intubation, single lumen
22008-00 [568]	Endotracheal intubation, double lumen
90179-02 [568]	Nasopharyngeal intubation
92035-00 [568]	Other intubation of respiratory tract
22007-01 [568]	Management of endotracheal intubation, single lumen
22008-01 [568]	Management of endotracheal intubation, double lumen
90179-05 [568]	Management of nasopharyngeal intubation
90179-06 [568]	Management of tracheostomy
92035-01 [568]	Management of other intubation of respiratory tract

TRANSFERRED INTUBATED PATIENTS

Intubation and ventilation performed by clinicians from external services, such as newborn emergency transfer services, to stabilise a patient prior to transfer should not be coded.

Transferred intubated and ventilated patients

When a ventilated (by ETT or tracheostomy) patient is transferred, both the transferring and receiving hospitals assign the code for the appropriate hours of CVS. If the patient has a tracheostomy then this should be coded at the hospital where it was performed. Do not code the ventilation/intubation if it is for < 1 hour prior to transfer.

Transferred intubated (without ventilation) patients

When an intubated (by ETT or tracheostomy) patient is transferred, the following guidelines apply:

1. The transferring hospital assigns the appropriate code for intubation (block [568]) or tracheostomy (block [536]), if these procedures were performed at the transferring facility.
2. The receiving hospital assigns the appropriate code for management of intubation (block [568]).

10.3. Mendelson's syndrome

Following the publication of advice in October 2010 regarding Mendelson's syndrome, amendments were made to ICD-10-AM:

- Addition of inclusion terms for chemical pneumonitis due to aspiration during anaesthesia
- Addition of instructional notes (*use additional code*) at J95.4, O29.0, O74.0 and O89.0
- Amendments to the Alphabetic Index to support the above changes.

TABULAR LIST OF DISEASES

J95

Postprocedural respiratory disorders, not elsewhere classified

▼ 1904

Excludes: emphysema (subcutaneous) resulting from a procedure (T81.8)
pulmonary manifestations due to radiation (J70.0–J70.1)

J95.4 Mendelson's syndrome
Chemical pneumonitis due to inhalation or aspiration of gastric contents during anaesthesia
Use additional code (W78) to identify aspiration of gastric contents.
Use additional code (Y48.-) to identify anaesthesia causing adverse effect in therapeutic use

Excludes: complicating:
 • labour and delivery (O74.0)
 • pregnancy (O29.0)
 • puerperium (O89.0)

O29

Complications of anaesthesia during pregnancy

Includes: maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during pregnancy

Excludes: complications of anaesthesia during:
 • abortion or ectopic or molar pregnancy (O00–O08)
 • labour and delivery (O74.-)
 • puerperium (O89.-)

O29.0 Pulmonary complications of anaesthesia during pregnancy

Aspiration pneumonitis due to anaesthesia during pregnancy
Chemical pneumonitis due to inhalation or aspiration of gastric contents during anaesthesia, during pregnancy
 Inhalation of stomach contents or secretions NOS due to anaesthesia during pregnancy
 Mendelson's syndrome due to anaesthesia during pregnancy
 Pressure collapse of lung due to anaesthesia during pregnancy
Use additional code (W78) to identify aspiration of gastric contents.
Use additional code (Y48.-) to identify anaesthesia causing adverse effect in therapeutic use

O74

Complications of anaesthesia during labour and delivery

Includes: maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during labour and delivery

O74.0 Aspiration pneumonitis due to anaesthesia during labour and delivery

Chemical pneumonitis due to inhalation or aspiration of gastric contents during anaesthesia, during labour and delivery
 Inhalation of stomach contents or secretions NOS due to anaesthesia during labour and delivery
 Mendelson's syndrome due to anaesthesia during labour and delivery
Use additional code (W78) to identify aspiration of gastric contents.
Use additional code (Y48.-) to identify anaesthesia causing adverse effect in therapeutic use

O89

Complications of anaesthesia during the puerperium

Includes: maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

O89.0 Pulmonary complications of anaesthesia during the puerperium

Aspiration pneumonitis due to anaesthesia during the puerperium
Chemical pneumonitis due to inhalation or aspiration of gastric contents during anaesthesia, during the puerperium
 Inhalation of stomach contents or secretions NOS due to anaesthesia during the puerperium
 Mendelson's syndrome due to anaesthesia during the puerperium
 Pressure collapse of lung due to anaesthesia during the puerperium
Use additional code (W78) to identify aspiration of gastric contents.
Use additional code (Y48.-) to identify anaesthesia causing adverse effect in therapeutic use

ALPHABETIC INDEX OF DISEASES

Pneumonitis (acute) (primary) (*see also Pneumonia*) J18.9

- aspiration J69.0

- - due to anaesthesia J95.4

- - - during

- - - - labour and delivery O74.0

- - - - pregnancy O29.0

- - - - puerperium O89.0

- chemical, (due to gases, fumes or vapours) (inhalation) J68.0

- - due to anaesthesia — *see Pneumonitis/aspiration/due to anaesthesia*

- cholesterol J84.8

10.4. Drug induced pulmonary fibrosis

The Seventh Edition education material (case 3) listed the following codes for drug-induced lung fibrosis:

J70.4 *Drug-induced interstitial lung disorders, unspecified*

J84.1 *Other interstitial pulmonary diseases with fibrosis.*

In retrospect multiple coding for this condition is not supported. J70.4 (with external cause codes) should be assigned for the scenario cited (cyclophosphamide induced lung fibrosis), without the addition of J84.1.

The intent of ICD-10 (and ICD-10-AM) is to classify *interstitial lung disorders due to drug use* to:

J70.2 *Acute drug-induced interstitial lung disorders*

J70.3 *Chronic drug-induced interstitial lung disorders*

J70.4 *Drug-induced interstitial lung disorders, unspecified*

That is:

- conditions classifiable to J82 *Pulmonary eosinophilia, not elsewhere classified* and J84 *Other interstitial pulmonary diseases* – documented as due to drug use, as specified by the excludes notes at these codes
- *interstitial pneumonia* documented as due to drug use, as specified by the excludes notes at J18 *Pneumonia, organism unspecified*
- conditions specifically indexed to J70.2-J70.4.

The ICD-10-AM Tabular List and Alphabetic Index were amended to clarify code selection for *drug-induced interstitial lung disorders*. These changes remove ambiguity regarding the assignment of J84.1 as an additional diagnosis when J70.2-J70.4 is assigned.

Note: a spelling inconsistency was identified (*drug induced* without hyphen) at the lead term *Mucositis* and amended for consistency with spelling elsewhere in ICD-10-AM and the ACS.

TABULAR LIST OF DISEASES

J18

Pneumonia, organism unspecified

▼ 1004

Excludes: abscess of lung with pneumonia (J85.1)
drug-induced interstitial lung disorders ~~pneumonia~~ (J70.2-J70.4)
pneumonia:
• aspiration (due to):

- anaesthesia during:
 - labour and delivery (O74.0)
 - pregnancy (O29.0)
 - puerperium (O89.0)
 - neonatal (P24.9)
 - NOS (J69.0)
 - solids and liquids (J69.-)
 - congenital (P23.9)
 - interstitial: ~~NOS (J84.9)~~
 - drug-induced (J70.2–J70.4)
 - NOS (J84.9)
 - lipid (J69.1)
 - usual interstitial (J84.1)
- pneumonitis, due to external agents (J67–J70)

J70

Respiratory conditions due to other external agents

Use additional external cause code (Chapter 20) to identify cause.

- J70.0 Acute pulmonary manifestations due to radiation
Radiation pneumonitis
- J70.1 Chronic and other pulmonary manifestations due to radiation
Fibrosis of lung following radiation
- J70.2 Acute drug-induced interstitial lung disorders
Any condition classified to J70.4 specified as acute
- J70.3 Chronic drug-induced interstitial lung disorders
Any condition classified to J70.4 specified as chronic
Excludes: that due to inhalation of chemicals, gases, fumes or vapours (J68.4)
- J70.4 Drug-induced interstitial lung disorders, unspecified
Conditions classified to J82 and J84.- specified as drug-induced
Drug-induced:
• bronchiolitis obliterans organising pneumonia (BOOP)
• interstitial:
 • fibrosis
 • pneumonia
 • pulmonary disorder
• usual interstitial pneumonia
- J70.8 Respiratory conditions due to other specified external agents
- J70.9 Respiratory conditions due to unspecified external agent

ALPHABETIC INDEX OF DISEASES

Alveolitis

- allergic (extrinsic) J67.9
- - due to
- - - inhaled organic dusts NEC J67.8
- - - organisms (fungal, thermophilic actinomycetes, other) growing in ventilation (air conditioning) systems J67.7
- due to
- - *Aspergillus clavatus* J67.4
- - *Cryptostroma corticale* J67.6
- fibrosing (cryptogenic) (idiopathic) J84.1
- - drug-induced — see Disease/lung/interstitial/drug-induced
- jaw K10.3

Asthma, asthmatic (bronchial) (catarrh) (spasmodic) J45.9

- ...
- eosinophilic J82
- - drug-induced — see Disease/lung/interstitial/drug-induced
- extrinsic, allergic J45.0
- ...
- pulmonary eosinophilic J82
- - drug-induced — see Disease/lung/interstitial/drug-induced
- Rostan's I50.1

Block

- alveolocapillary J84.1

- - drug-induced — see Disease/lung/interstitial/drug-induced

Bronchiolitis (acute) (infective) (subacute) J21.9

...

- obliterans organising pneumonia (BOOP) J84.8

- - drug-induced — see Disease/lung/interstitial/drug-induced

Disease

- lung J98.4

...

- - interstitial J84.9

- - - drug-induced J70.4

- - - - acute J70.2

- - - - chronic J70.3

- - - specified NEC J84.8

...

- pulmonary (*see also Disease/lung*) J98.4

Disorder (of) — *see also Disease*

...

- lumbosacral

- - plexus G54.1

- - root (nerve) NEC G54.4

- lung, interstitial, drug-induced J70.4

- - acute J70.2

- - chronic J70.3

- lymphoproliferative (M9970/1) D47.9

Eosinophilia (allergic) (hereditary) D72.1

- peritoneal — *see Peritonitis*

- pulmonary (*tropical*) NEC J82

- - drug-induced — see Disease/lung/interstitial/drug-induced

- - ~~tropical (pulmonary) J82~~

Eosinophilia-myalgia syndrome M35.8

Fibrosis, fibrotic

...

- lung (atrophic) (capillary) (chronic) (confluent) (massive) (perialveolar) (peribronchial) J84.1

- - with

...

- - diffuse (idiopathic) (interstitial) J84.1

- - - drug-induced — see Disease/lung/interstitial/drug-induced

- - due to

- - - bauxite J63.1

- - - chemicals, gases, fumes or vapours (inhalation) J68.4

- - - drugs — see Disease/lung/interstitial/drug-induced

- - - graphite J63.3

- - - talc J62.0

- - drug-induced — see Disease/lung/interstitial/drug-induced

- - following radiation J70.1

Hamman-Rich syndrome J84.1

- drug-induced — see Disease/lung/interstitial/drug-induced

Hammer toe (acquired) NEC M20.4

Infiltrate, infiltration

...

- lung (eosinophilic) J82

- - drug-induced — see Disease/lung/interstitial/drug-induced

- lymphatic (M9820/3) D47.9

Löffler's

- endocarditis I42.3

- pneumonia or syndrome J82

- - drug-induced — see Disease/lung/interstitial/drug-induced

Loiasis B74.3

Microlithiasis, alveolar, pulmonary J84.0

- drug-induced — see Disease/lung/interstitial/drug-induced

Micromelia Q73.89

Mucositis (drug-induced) (radiation induced)

(ulcerative) (*see also Inflammation/by site*) K12.3

Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved) J18.9

...

- allergic (~~eosinophilic~~) J82

- - drug-induced — see Disease/lung/interstitial/drug-induced

- anthrax A22.1† J17.0*

...

- bronchiolitis obliterans organising pneumonia (BOOP) J84.8

- - drug-induced — see Disease/lung/interstitial/drug-induced

- broncho, bronchial (confluent) (croupous) (diffuse) (disseminated) (involving lobes) (lobar) J18.0

- - with influenza (*see also Pneumonia/with/influenza*) J11.0

- - allergic (eosinophilic) J82

- - - drug-induced — see Disease/lung/interstitial/drug-induced

- - lipid, lipoid J69.1

- - - endogenous J84.8

- - - drug-induced — see Disease/lung/interstitial/drug-induced

...

- eosinophilic J82

- - drug-induced — see Disease/lung/interstitial/drug-induced

- *Escherichia coli* (*E. coli*) J15.5

...

- interstitial J84.9

- - drug-induced — see Disease/lung/interstitial/drug-induced

- - plasma cell B59† J17.3*

- - usual J84.1
- *Klebsiella (pneumoniae)* J15.0
- ...
- Löffler's J82
- - drug-induced — see Disease/lung/interstitial/drug-induced
- massive — see Pneumonia/lobar
- usual interstitial J84.1
- - drug-induced — see Disease/lung/interstitial/drug-induced
- ventilation associated J95.8

Pneumopathy (see also Disease/lung) NEC J98.4

- alveolar J84.0
- due to organic dust NEC J66.8
- parietoalveolar J84.0

Proteinosis

- alveolar (pulmonary) J84.0
- - drug-induced — see Disease/lung/interstitial/drug-induced
- lipid or lipoid (of Urbach) E78.8

Syndrome — see also Disease

- alveolocapillary block J84.1
- - drug-induced — see Disease/lung/interstitial/drug-induced
- amnesic, amnestic (confabulatory) F1-.6
- ...
- Hamman-Rich J84.1
- - drug-induced — see Disease/lung/interstitial/drug-induced
- hand, diabetic E1-.61
- ...
- Löffler's J82
- - drug-induced — see Disease/lung/interstitial/drug-induced
- loin pain/haematuria N39.81
- ...
- Weingarten's J82
- - drug-induced — see Disease/lung/interstitial/drug-induced
- Werdnig-Hoffmann G12.0

Weingarten's syndrome J82

- drug-induced — see Disease/lung/interstitial/drug-induced

10.5. Reactive airways disease (*Indexing*)

Following publication of advice in December 2007, subterms were added to the ICD-10-AM Alphabetic Index for reactive airway disease, classifiable to J98.8 *Other specified respiratory disorders*.

ALPHABETIC INDEX OF DISEASES

Disease, diseased — see also Syndrome

- ...
- airway(s), obstructive, chronic (see also Disease/lung/obstructive) J44.9
- - obstructive, chronic (see also Disease/lung/obstructive) J44.9
- - - due to
- - - - cotton dust J66.0
- - - - specific organic dusts NEC J66.8
- - reactive NEC J98.8
- - - with
- - - - acute respiratory condition — see condition
- - - - asthma — see Asthma
- ...
- ragpicker's or ragsorter's A22.1
- reactive airway(s) NEC J98.8
- - with
- - - acute respiratory condition — see condition
- - - asthma — see Asthma
- Recklinghausen's (except of bone) (M9540/1) (see also Neurofibromatosis) Q85.0

10.6. Bacterial pneumonia, gram-negative

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

J15	Bacterial pneumonia, not elsewhere classified
J15.6	Pneumonia due to other (aerobic) Gram-negative bacteria Pneumonia due to: <ul style="list-style-type: none">• Gram-negative <u>(aerobic)</u> bacteria NOS• <i>Serratia marcescens</i>

ALPHABETIC INDEX OF DISEASES

Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved) J18. 9	-- Enterobacter J15.6
- bacterial J15.9	-- <i>Escherichia coli</i> (<i>E. coli</i>) J15.5
- - Gram-negative <u>(aerobic)</u> NEC J15.6	-- Friedländer's bacillus J15.0
- - specified NEC J15.8	-- fumes and vapours (chemical) (inhalation) J68.0
...	-- gonorrhoea A54.8† J17.0*
- in (due to)	-- Gram-negative bacteria <u>(aerobic)</u> NEC J15.6
...	-- <i>Haemophilus influenzae</i> (<i>H. influenzae</i>) J14

10.7. Viral pneumonia, congenital

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

J12	Viral pneumonia, not elsewhere classified
Includes:	bronchopneumonia due to viruses other than influenza viruses
Excludes:	congenital rubella pneumonitis (P35.0) pneumonia: <ul style="list-style-type: none">• aspiration (due to):<ul style="list-style-type: none">• anaesthesia during:<ul style="list-style-type: none">• labour and delivery (O74.0)• pregnancy (O29.0)• puerperium (O89.0)• neonatal (P24.9)• NOS (J69.0)• solids and liquids (J69.-)• congenital (P23.0)• in influenza (J09, J10.0, J11.0)• interstitial NOS (J84.9)• lipid (J69.1)• <u>viral, congenital (P23.0)</u>

11. Digestive system

11.1. Obesity procedures (*Major*)

Obesity procedures were updated in Ninth Edition to incorporate the following:

- Revised classification for insertion of gastric band
- New codes for revision of gastric band and gastric band reservoir
- Incorporation of new MBS item numbers adjustment of gastric band
- Clarification of *Revision procedure for obesity*
- Inclusion of published advice
- Revised (simplified) classification for bariatric devices.

Specifically:

- Creation of codes in block [889]:
 - 30511-11 *Laparoscopic revision of gastric band*
 - 30511-12 *Revision of gastric band*
 - 30511-13 *Laparoscopic gastric banding*
 - 30511-14 *Gastric banding*
 - 31590-00 *Revision of gastric band reservoir*
 - 90950-02 *Endoscopic insertion of device into stomach*
 - 90950-03 *Endoscopic removal of device from stomach*
- Creation of a code in block [1895]:
 - 31587-00 *Adjustment of gastric band*
- Deletion of the following codes in block [889]:
 - 14215-01 *Adjustment of gastric band reservoir*
 - 30511-02 *Laparoscopic adjustable gastric banding [LAGB]*
 - 30511-03 *Laparoscopic nonadjustable gastric banding [LNGB]*
 - 30511-04 *Adjustable gastric banding [AGB]*
 - 30511-05 *Nonadjustable gastric banding [NGB]*
 - 31441-00 *Revision of gastric band reservoir*
 - 90950-00 *Insertion of gastric balloon*
 - 90950-01 *Removal of gastric balloon*
- Amendment of code title: 90943-00 *Other procedures for obesity* to specify the term *open*
- Minor amendments to codes in block [889] *Procedures for obesity*
- Amended Alphabetic Index entries support the above.

TABULAR LIST OF INTERVENTIONS

889

Procedures for obesity

Excludes: implantable gastric stimulation (vagal block) (39134-01 [1604])

30511-09 Laparoscopic sleeve gastrectomy [LSG]

Laparoscopic:

- banded sleeve gastrectomy
- gastrectomy:
- longitudinal
- tube
- vertical

Includes: diaphragmatic (crural) (hiatus hernia) repair

Note: may be performed as the first stage of a two-stage surgery

Code also when performed:

- revision procedure for obesity (30514-01 [889])

Excludes: ~~when performed concurrently that with BPD-DS biliopancreatic diversion~~ (30512-01 [889])

30511-10 Sleeve gastrectomy [SG]

Banded sleeve gastrectomy [BSG]

Gastrectomy:

- longitudinal
- tube
- vertical

Includes: diaphragmatic (crural) (hiatus hernia) repair

Note: may be performed as the first stage of a two-stage surgery

Code also when performed:

- revision procedure for obesity (30514-01 [889])

Excludes: ~~when performed concurrently that with BPD-DS biliopancreatic diversion~~ (30512-02 [889])

30511-13 Laparoscopic gastric banding

Laparoscopic:

- adjustable (LAGB) } gastric banding
- nonadjustable (fixed) (LNGB) }

Includes: diaphragmatic (crural) (hiatus hernia) repair
gastric ring reinforcement
insertion of gastric band reservoir
mesh (marlex)

Excludes: that with replacement (30511-11 [889])

30511-02 Laparoscopic adjustable gastric banding [LAGB]

Laparoscopic gastric banding NOS

Includes: diaphragmatic (crural) repair
that with replacement

Code also when performed:

- replacement of gastric band reservoir (31441-00 [889])
- revision procedure for obesity (30514-01 [889])

30511-03 Laparoscopic nonadjustable gastric banding [LNGB]

Laparoscopic fixed gastric band

Includes: diaphragmatic (crural) repair
that with replacement

Note: involves marlex mesh or gastric ring reinforcement

Code also when performed:

- replacement of gastric band reservoir (31441-00 [889])
- revision procedure for obesity (30514-01 [889])

30511-14 Gastric banding

Gastric banding:

- adjustable (AGB)
- nonadjustable (fixed) (NGB)
- NOS

Insertion of gastric band via laparotomy

Includes: diaphragmatic (crural) (hiatus hernia) repair
 insertion of gastric band reservoir/port

Excludes: that with replacement (30511-12 [889])

30511-04 ~~Adjustable gastric banding [AGB]~~

~~Gastric banding NOS~~

~~**Includes:** diaphragmatic (crural) repair
 that with replacement~~

~~**Note:** involves marlex mesh or gastric ring reinforcement~~

~~Code also when performed:~~

- replacement of gastric band reservoir (31441-00 [889])
- revision procedure for obesity (30514-01 [889])

30511-05 ~~Nonadjustable gastric banding [NGB]~~

~~Fixed gastric band~~

~~**Includes:** diaphragmatic (crural) repair
 that with replacement~~

~~**Note:** involves marlex mesh or gastric ring reinforcement~~

~~Code also when performed:~~

- replacement of gastric band reservoir (31441-00 [889])
- revision procedure for obesity (30514-01 [889])

30512-03 Laparoscopic gastric bypass

Laparoscopic bypass:

- banded (ring) _____ }
- loop _____ } gastric bypass
- mini-gastrie _____ }
- Roux-en-Y (LRYGB) _____ }

Includes: anastomosis
 diaphragmatic (crural) (hiatus hernia) repair
 dilation of gastro-enteral stricture

Note: may be performed as the second stage of a two-stage surgery

Code also when performed:

- gastro-enterostomy (30515-00 [881])
- revision procedure for obesity (30514-01 [889])

Excludes: that with biliopancreatic diversion (30512-01 [889])
 Roux-en-Y not for obesity (see Alphabetic Index: Roux-en-Y procedure)

30512-00 Gastric bypass

~~Bypass:~~

- ~~b~~Banded (ring) _____ }
- ~~l~~Loop _____ } gastric bypass
- ~~m~~Mini gastrie _____ }
- ~~R~~Roux-en-Y (RYGB) _____ }

Includes: anastomosis
 diaphragmatic (crural) (hiatus hernia) repair
 dilation of gastro-enteral stricture

Note: may be performed as the second stage of a two-stage surgery

Code also when performed:

- gastro-enterostomy (30515-00 [881])
- revision procedure for obesity (30514-01 [889])

Excludes: that with biliopancreatic diversion (30512-02 [889])
Roux-en-Y not for obesity (see Alphabetic Index: Roux-en-Y procedure)

30512-01 Laparoscopic biliopancreatic diversion [LBDP]

Laparoscopic:

- biliopancreatic diversion with duodenal switch [LBDP-DS]
- duodenal switch [LDS]
- Scopinaro procedure

Includes: anastomosis
cholecystectomy
diaphragmatic (crural) (hiatus hernia) repair
distal gastrectomy
gastric bypass
sleeve gastrectomy

Note: may be performed as the second stage of a two-stage surgery

Code also when performed:

- gastro-enterostomy (30515-00 [881])
- revision procedure for obesity (30514-01 [889])

30512-02 Biliopancreatic diversion [BPD]

Biliopancreatic diversion with duodenal switch [BPD-DS]

Duodenal switch [DS]

Scopinaro procedure

Includes: anastomosis
cholecystectomy
diaphragmatic (crural) (hiatus hernia) repair
distal gastrectomy
gastric bypass
sleeve gastrectomy

Note: may be performed as the second stage of a two-stage surgery

Code also when performed:

- gastro-enterostomy (30515-00 [881])
- revision procedure for obesity (30514-01 [889])

30511-06 Laparoscopic gastroplasty

Laparoscopic:

- gastric:
- plication
- stapling
- suturing
- vertical banded gastroplasty [VBG]

Includes: diaphragmatic (crural) (hiatus hernia) repair

Code also when performed:

- revision procedure for obesity (30514-01 [889])

30511-07 Endoscopic gastroplasty

Endoluminal:

- gastric:
- plication
- stapling
- suturing
- vertical banded gastroplasty [VBG]

Includes: diaphragmatic (crural) (hiatus hernia) repair

Code also when performed:

- revision procedure for obesity (30514-01 [889])

- 30511-08 **Gastroplasty**
 Gastric:
 • plication
 • stapling
 • suturing
Gastroplasty via laparotomy
 Vertical banded gastroplasty [VBG]
Includes: diaphragmatic (crural) (hiatus hernia) repair
Code also when performed:
 • revision procedure for obesity (30514-01 [889])
- 90940-00 **Duodenal-jejunal bypass [DJ bypass]**
Includes: sleeve gastrectomy
Code also when performed:
 • revision procedure for obesity (30514-01 [889])
- 90941-00 **Ileal interposition**
Includes: sleeve gastrectomy
Code also when performed:
 • revision procedure for obesity (30514-01 [889])
- ~~90950-00 **Insertion of gastric balloon**~~
- ~~90950-01 **Removal of gastric balloon**~~
- 90950-02 **Endoscopic insertion of device into stomach**
Insertion of:
 • gastric } balloon or bubble
 • intragastric }
- 90950-03 **Endoscopic removal of device from stomach**
Removal of:
 • gastric } balloon or bubble
 • intragastric }
- Excludes:** removal of gastric band (90942-02 [889])
- 30511-11 **Laparoscopic revision of gastric band**
Laparoscopic:
 • adjustment }
 • replacement (removal and reinsertion) } gastric band
 • repositioning }
- Excludes:** adjustment of gastric band by addition or removal of
 fluid via reservoir (port) (31587-00 [1895])
- 30511-12 **Revision of gastric band**
Adjustment }
Replacement (removal and reinsertion) } gastric band via laparotomy
Repositioning }
Excludes: adjustment of gastric band by addition or removal of
 fluid via reservoir (port) (31587-00 [1895])
- 90942-01 **Laparoscopic removal of gastric band**
 Laparoscopic removal of gastric band:
 • adjustable
 • nonadjustable (fixed)
Includes: removal of (implanted) gastric band reservoir/port
Excludes: that with replacement (30511-1102, 30511-03 [889])

90942-02	Endoscopic removal of gastric band
	Endoscopic removal of gastric band:
	• adjustable
	• nonadjustable (fixed)
	<i>Includes:</i> removal of (implanted) gastric band reservoir/port
	<i>Excludes:</i> that with replacement (30511-02, 30511-03 [889])
	<i>Code also when performed:</i>
	• <u>insertion of gastric band (30511-13, 30511-14 [889])</u>
90942-00	Removal of gastric band
	Removal of gastric band:
	• adjustable <u>1</u>
	• nonadjustable (fixed) <u>1</u> via laparotomy
	<i>Includes:</i> removal of (implanted) gastric band reservoir/port
	<i>Excludes:</i> that with replacement (30511-04, 30511-05 <u>30511-12 [889]</u>)
14215-01	Adjustment of gastric band reservoir
	Accessing in order to add or remove fluid (saline) from implanted reservoir/port of gastric band to adjust tightness
31441-00	Revision of gastric band reservoir
	Repair of implanted reservoir/port
	Replacement of implanted reservoir/port
	Repositioning of implanted reservoir/port
	<i>Code also when performed:</i>
	• replacement of gastric band (30511-02, 30511-03, 30511-04, 30511-05 [889])
31590-00	Revision of gastric band reservoir
	<u>Adjustment</u> <u>1</u>
	<u>Repair</u> <u>1</u>
	<u>Replacement</u> <u>1</u> of implanted reservoir/port
	<u>Repositioning</u> <u>1</u>
	<i>Excludes:</i> <u>adjustment of gastric band by addition or removal of fluid via reservoir (port) (31587-00 [1895])</u>
31441-01	Removal of gastric band reservoir
	Removal of implanted reservoir/port
	<i>Excludes:</i> replacement (31441-00 <u>31590-00 [889]</u>) with removal of gastric band (90942 [889])
90943-01	Other laparoscopic procedures for obesity
	<i>Code also when performed:</i>
	• revision procedure for obesity (30514-01 [889])
90943-02	Other endoscopic procedures for obesity
	Endoluminal sleeve
	<i>Code also when performed:</i>
	• revision procedure for obesity (30514-01 [889])
90943-00	Other <u>open</u> procedures for obesity
	<u>Other procedure for obesity via laparotomy</u>
	<i>Code also when performed:</i>
	• revision procedure for obesity (30514-01 [889])
30514-01	Revision procedure for obesity
	Surgical reversal of procedure for obesity
	<i>Revision (reoperation) of:</i>
	• <u>biliopancreatic diversion</u>
	• <u>duodenal-jejunal bypass</u>
	• <u>gastric bypass</u>
	• <u>gastroplasty</u>

- ileal interposition
- sleeve gastrectomy

Excludes: revision of gastric:

- band:
- NOS (30511-11, 30511-12 [889])
- reservoir (31590-00 [889])

Note: ~~complete reversal of initial surgery immediately followed by another reduction, gastroplasty or bypass procedure~~

Code also when performed:

- gastro-enterostomy (30515-00 [881])
- gastro-gastrostomy (30375-31 [881])

Code first:

- obesity procedure(s) performed (see block [889])

997

Repair of incarcerated, obstructed or strangulated hernia

Repair of incarcerated, obstructed or strangulated hernia:

- diaphragmatic
- epigastric
- femoral
- inguinal
- linea alba
- obturator
- umbilical

30615-00 Repair of incarcerated, obstructed or strangulated hernia

Excludes: that for:

- diaphragmatic (hiatus) hernia with obesity procedure(s) (30511, 30512 [889])
- incisional hernia (see block [993])
- ventral hernia (see block [996])

998

Repair of diaphragmatic hernia

Repair of:

- hiatus hernia
- oesophageal hiatus

Excludes: repair of diaphragmatic (hiatus) hernia with:

- fundoplasty (30527-01, 30527-03, 30527-05, 30527-06 [886])
- obesity procedure(s) (30511, 30512 [889])

1895

Nonincisional irrigation, cleaning and local instillation, digestive system

92036-00 Insertion of nasogastric tube

Intubation for decompression

Excludes: Sengstaken tube (13506-00 [1899])

92037-00 Irrigation of nasogastric tube

Excludes: gastric lavage (14200-00 [1895])

14200-00 Gastric lavage

Note: Performed for treatment of ingested poison

92073-00 Irrigation of gastrostomy or enterostomy

92074-00 Irrigation of pancreatic tube

92096-00 Irrigation of cholecystostomy or other biliary tube

92075-00 Gastrointestinal tract instillation, except gastric gavage

31587-00 Adjustment of gastric band
Addition or removal of fluid via reservoir/port to adjust tightness of band

Excludes: revision of gastric band:
 • laparoscopic (30511-11 [889])
 • open (via laparotomy) (30511-12 [889])
 • reservoir (31590-00 [889])
 • gastric band reservoir (31590-00 [889])

92076-00 Removal of impacted faeces

Removal of impaction:

- by flushing
- manually

Excludes: that with:
 • debridement and lavage of peritoneal cavity (30396-00 [989])
 • dilation of anus (32153-00 [940])

92077-00 Other rectal irrigation

ALPHABETIC INDEX OF INTERVENTIONS

Access, accessing

...

- gastric band reservoir (port) to adjust gastric band
 44245-04-31587-00 [889]1895]

Addition (of)

...

- fluid to adjust gastric band -gastric band reservoir
 (port) (saline) 44245-04-31587-00 [889]1895]

Adjustment

...

- gastric band reservoir (deflation) (inflation) (port)
 44245-04 [889] (see also Revision/gastric band)
 31587-00 [1895]

...

- reservoir, gastric band (port) 44245-04-31590-00
 [889]

AGB (adjustable gastric banding), for obesity
 30511-04 [889] — see *Banding/gastric, for obesity*

Banding

...

- gastric, for obesity (adjustable) (fixed) (open)
 (nonadjustable) (with replacement) NEC 30511-0414
 [889]

— adjustable (AGB) NEC 30511-04 [889]
 — laparoscopic (LAGB) 30511-02 [889]
 — laparoscopic NEC 30511-02 [889]
 — nonadjustable (fixed) (NGB) 30511-05 [889]
 — laparoscopic (LNGB) 30511-03 [889]
 — laparoscopic 30511-13 [889]
 — revision (open) (removal and reinsertion)
 (replacement) 30511-12 [889]
 — laparoscopic 30511-11 [889]

Biliopancreatic diversion (BPD), for obesity (open)
 30512-02 [889]

— with

— cholecystectomy 30512-02 [889]
 — laparoscopic 30512-01 [889]
 — duodenal switch (BPD-DS) 30512-02 [889]
 — laparoscopic (LBD-DS) 30512-01 [889]
 — gastrectomy (distal) (sleeve) 30512-02 [889]
 — laparoscopic 30512-01 [889]
 - laparoscopic 30512-01 [889]

Deflation

- gastric band reservoir (port) (saline) 44245-04-31587-
 00 [889]1895]

DJ bypass, for obesity (duodenal-jejunal bypass)
 90940-00 [889]

Duodenal switch, for obesity (DS) 30512-02 [889]

— with biliopancreatic diversion (BPD-DS) — see
*Biliopancreatic diversion (BPD), for
 obesity, with/duodenal switch*

- laparoscopic (LDS) 30512-01 [889]

Duodenal-jejunal bypass, for obesity (DJ bypass)
 90940-00 [889]

Gastrectomy

- for control of bleeding peptic ulcer 30509-00 [880]

...

- partial

...

- - distal

— as part of biliopancreatic diversion 30512-02 [889]

— laparoscopic 30512-01 [889]

- - - with anastomosis

- - - - anastomosis

- - - - - gastroduodenal 30518-00 [875]

- - - - - gastrojejunal 30518-01 [875]

- - - - - biliopancreatic diversion 30512-02 [889]

- - - - - laparoscopic 30512-01 [889]

...

- radical 30524-00 [879]
- subtotal, distal 30523-00 [879]
- sleeve (SG) NEC 30523-00 [879]
- for obesity (banded) 30511-10 [889]
- as part of with
- biliopancreatic diversion (with duodenal switch) 30512-02 [889]
- laparoscopic 30512-01 [889]
- duodenal-jejunal bypass 90940-00 [889]
- ileal interposition 90941-00 [889]
- laparoscopic 30511-09 [889]
- for procedure(s) other than for obesity 30523-00 [879]
- subtotal (distal) (radical) 30523-00 [879]
- total (with anastomosis) 30521-00 [879]
- tube, for obesity — see *Gastrectomy/sleeve/for obesity*
- vertical, for obesity — see *Gastrectomy/sleeve/for obesity*

Gastric sleeve, for obesity — see
Gastrectomy/sleeve/for obesity

Inflation

- gastric band reservoir (port) (saline) 14215-01 31587-00 [889] 1895]

Insertion

...

- balloon

...

- gastric, for obesity (endoscopic) 90950-02 [889]
- intragastric, for obesity (endoscopic) 90950-02 [889]
- pump, intra-aortic (IABP) 38362-00 [682]

...

- device — see also *Insertion/by type of device*

...

- spinal infusion, implantable (epidural) (intrathecal) 39127-00 [39]
- stomach, for obesity (endoscopic) (see also *Banding/gastric, for obesity*) 90950-02 [889]
- ureteral stimulator, electronic 90355-00 [1069]

...

- gastric balloon, for obesity 90950-00 [889]
- balloon, for obesity (endoscopic) 90950-02 [889]
- band, for obesity — see *Banding/gastric, for obesity*

...

- intracranial pressure monitoring device (ICP) 39015-02 [3]
- intragastric balloon, for obesity (endoscopic) 90950-02 [889]
- intrauterine device (IUD) 35503-00 [1260]

LAGB, for obesity (laparoscopic adjustable gastric banding) 30511-13 [889]

LBPD, for obesity (laparoscopic biliopancreatic diversion) 30512-01 [889]

LBPD-DS, for obesity (laparoscopic biliopancreatic diversion with duodenal switch) 30512-01 [889]

LNGB, for obesity (laparoscopic nonadjustable gastric banding) 30511-013 [889]

LSG, for obesity (laparoscopic sleeve gastrectomy) 30511-09 [889]

NGB, for obesity (nonadjustable gastric banding) 30511-0514 [889]

Procedure

- for

...

- obesity NEC (open) (see also *specific procedure(s) performed*) 90943-00 [889]
- for revision of procedure for obesity 30514-01 [889]
- endoscopic 90943-02 [889]
- laparoscopic 90943-01 [889]
- revision (reoperation) 30514-01 [889]

...

- Scopinaro, for obesity (open) 30512-02 [889]
- laparoscopic 30512-01 [889]

Removal — see also *Excision*

...

- balloon
- gastric, for obesity (endoscopic) 90950-034 [889]
- intragastric, for obesity (endoscopic) 90950-03 [889]
- pump, intra-aortic 38612-00 [682]

...

- device — see also *Removal/by type of device*

...

- specified, therapeutic, NEC 92202-00 [1908]
- stomach, for obesity (endoscopic) (see also *Removal/gastric/band*) 90950-03 [889]
- therapeutic NEC 92202-00 [1908]

...

- fluid from gastric band reservoir (port) (saline) 14215-01 [889] 31587-00 [1895]

...

- gastric
- balloon, for obesity (endoscopic) 90950-034 [889]
- band (adjustable) (fixed) (nonadjustable) (open) 90942-00 [889]
- with replacement — see *Banding/gastric, for obesity* 30511-12 [889]
- laparoscopic 30511-11 [889]
- endoscopic 90942-02 [889]
- laparoscopic 90942-01 [889]
- with replacement 30511-11 [889] — see *Banding/gastric, for obesity*
- reservoir 31441-01 [889]
- with removal of band — see *Removal/gastric/band*

- - - removal of gastric band — see

Removal/gastric/band

- - - replacement 31590-00 [889]

...

- intracranial pressure monitoring device (ICP)
90001-02 [4]

- - with replacement 39015-02 [3]

- intragastric balloon, for obesity (endoscopic)
90950-03 [889]

- intrauterine device (IUD) 35506-02 [1260]

Reoperation

...

- nystagmus repair — see *Reoperation/strabismus repair*

- procedure for obesity (surgical) 30514-01 [889]

- - gastric band — see also *Revision/gastric band*

- sternum (dehiscence) (infection) (rewiring) 90596-00
[1378]

Repair

...

- crural, with obesity procedure — see block [889]

...

- gastric band reservoir (port) ~~31441-00~~ 31590-00
[889]

...

- hernia

...

- - diaphragmatic (hiatus)

- - - with

- - - body wall flap or prosthetic patch (congenital)
43837-02 [998]

- - - fundoplasty — see *Fundoplasty*

- - - obesity procedure — see block [889]

...

- reservoir, gastric band (port) ~~31441-00~~ 31590-00
[889]

Replacement

...

- gastric band ~~reservoir (port) 31441-00~~ [889] (open)
(via laparotomy) 30511-12 [889]

- - laparoscopic 30511-11 [889]

- - reservoir (port) 31590-00 [889]

...

- reservoir

- - gastric band (port) ~~31441-00~~ 31590-00 [889]

- - Rickham's (ventricular) 39015-01 [3]

- - ventricular 39015-01 [3]

Repositioning

...

- gastric band ~~reservoir (port) 31441-00~~ (open) 30511-
12 [889]

- - laparoscopic 30511-11 [889]

- - reservoir (port) 31590-00 [889]

...

- reservoir, gastric band (port) ~~31441-00~~ 31590-00
[889]

Revision (partial) (total)

...

- gastric band ~~reservoir (port) 31441-00~~ [889] (open)
30511-12 [889]

- - laparoscopic 30511-11 [889]

- - reservoir (port) 31590-00 [889]

...

- procedure for obesity (surgical) 30514-01 [889]

- - gastric band — see also *Revision/gastric band*

...

- reservoir

- - colonic 32029-01 [918]

- - gastric band (port) ~~31441-00~~ 31590-00 [889]

Withdrawing

- fluid to adjust gastric band 31587-00 [1895]

~~— from~~

~~— gastric band reservoir (port) 14215-01 [889]~~

11.2. Destruction procedures on oesophagus (Major)

The classification of endoscopic destruction procedures on oesophagus was revised following MBS 2010 updates and publication of advice regarding HALO ablation therapy.

The following amendments were made in ACHI Ninth Edition:

- Deletion of specific endoscopic destruction codes in block [856] and the creation of a generic code to combine the concepts
- Creation of index entries for radiofrequency ablation and Halo ablation of oesophagus classifiable to 30478-22 [856] *Endoscopic destruction of lesion or tissue of oesophagus*
- Revised inclusion terms for *Argon plasma coagulation*

TABULAR LIST OF INTERVENTIONS

856 Destruction procedures on oesophagus

30478-22 Endoscopic destruction of lesion or tissue of oesophagus

Endoscopic (oesophagoscopy with) destruction of lesion or tissue of oesophagus (by):

- ablation (Halo) (radiofrequency)
- coagulation (Argon plasma) (heater probe)
- diathermy
- laser

30479-00 Endoscopic laser therapy to oesophagus

Endoscopic laser therapy for oesophageal:

- benign vascular lesions
- neoplasia
- stricture

30478-11 Oesophagoscopy with diathermy

30478-12 Oesophagoscopy with heater probe coagulation

30478-19 Oesophagoscopy with other coagulation

Argon plasma coagulation

30476-02 Endoscopic banding of oesophageal varices

Endoscopic banding of oesophagogastric junction varices

862 Dilation of oesophagus

Note: Performed for stricture

41819-00 Other endoscopic dilation of oesophagus

Excludes: that by laser (30479-00/30478-22 [856])
that with insertion of prosthesis (30490-00 [853])

908 Destruction procedures on large intestine

90308-00 Endoscopic destruction of lesion or tissue of large intestine

Endoscopic (colonoscopy with):

- coagulation (Argon plasma)
- control of colonic bleeding
- destruction of lesion (tissue) of large intestine (colon) by:
 - ablation of tumour of colon
 - Argon plasma coagulation (Argon plasma)
 - injection of sclerosing agent (sclerotherapy)
- control of colonic bleeding
- destruction of tissue of colon

Excludes: that by laser (30479-02 [908])

1007 Panendoscopy with destruction

∇ 0024 Duodenoscopy with destruction

Gastrosocopy with destruction

Oesophagogastrroduodenoscopy [EGD] with destruction

Includes: double balloon enteroscopy

30478-20 Panendoscopy to duodenum with other coagulation

Panendoscopy to duodenum with Argon plasma coagulation

30478-21 Panendoscopy to ileum with other coagulation

Panendoscopy to ileum with Argon plasma coagulation

ALPHABETIC INDEX OF INTERVENTIONS

Ablation — *see also Destruction/by site*

...

- lesion — *see also Destruction/lesion/by site*
- - bone, by radiofrequency (tumour) 90609-00 [1579]

Coagulation, electrocoagulation (lesion)(tissue)

...

- oesophagus, endoscopic (Argon plasma) (heater probe) 30478-22 [856]

— by

— Argon plasma 30478-19 [856]

— diathermy 30478-11 [856]

— heater probe 30478-12 [856]

— laser 30479-00 [856]

- prostatic bed 90392-00 [1162]

Destruction

...

- lesion (tissue) (tumour)

...

- - oesophagus, by endoscopic 30478-22 [856]

— Argon plasma coagulation 30478-19 [856]

— diathermy 30478-11 [856]

— heater probe coagulation 30478-12 [856]

— laser 30479-00 [856]

- - oral cavity, by endoscopic laser 52035-00 [419]

Diathermy

...

- lesion (tissue) — *see also Diathermy/by site*

...

- oesophagus, endoscopic 30478-11 [856] 30478-22 [856]

Dilation

...

- oesophagus

- - endoscopic (by) (for stricture) 41819-00 [862]

- - - with insertion of prosthesis 30490-00 [853]

- - - balloon (using interventional imaging techniques) 41832-00 [862]

- - - laser 30479-00 [856] 30478-22 [856]

- - - pneumatic 41831-00 [862]

...

- stoma

- - intestine 92067-00 [1894]

- - - colorectal 32094-00 [917]

- - - oesophagus 41819-00 [862]

- - - by laser 30479-00 [856] 30478-22 [856]

- - - with insertion of prosthesis 30490-00 [853]

- - - nonendoscopic 41828-00 [862]

- - - pneumatic 41831-00 [862]

- stricture

- - anastomotic (endoscopic)

- - - colorectal 32094-00 [917]

- - - oesophagus 41819-00 [862]

- - - - by laser 30479-00 [856] 30478-22 [856]

- - - - with insertion of prosthesis 30490-00 [853]

- - - - balloon (using interventional imaging techniques) 41832-00 [862]

- - - - nonendoscopic 41828-00 [862]

- - - - pneumatic 41831-00 [862]

...

- - gastric (endoscopic) 30475-00 [882]

- - gastroduodenal (endoscopic) 30475-01 [882]

- - oesophagus

- - - endoscopic 41819-00 [862]

- - - - by laser 30479-00 [856] 30478-22 [856]

- - - - with insertion of prosthesis 30490-00 [853]

Laser therapy

...

- lesion (tissue) — *see also Laser therapy/by site*

...

- oesophagus, endoscopic 30479-00 [856] 30478-22 [856]

Oesophagoscopy (flexible) 30473-03 [850]

- with

- - ablation of lesion (tissue) 30478-22 [856]

- - administration of tattooing agent 30473-07 [1005]

- - biopsy 30473-04 [861]

- - - rigid 41822-00 [861]

- - - through artificial stoma 41822-00 [861]

- - coagulation (Argon plasma) (heater probe) 30478-22 [856]

— Argon plasma 30478-19 [856]

— heater probe 30478-12 [856]

— laser 30479-00 [856]

- - diathermy 30478-11 30478-22 [856]

- - destruction of lesion (tissue) 30478-22 [856]

- - dilation (stricture) 41819-00 [862]

- - - by laser 30479-00 [856] 30478-22 [856]

- - - with insertion of prosthesis 30490-00 [853]

...

- - insertion of prosthesis 30490-00 [853]

- - laser of lesion (tissue) 30478-22 [856]

- - polypectomy 30478-13 [861]

- - radiofrequency (Halo) ablation 30478-22 [856]

- - removal of foreign body 30478-10 [852]

Radiation — *see Radiotherapy*

Radiofrequency electrosurgery ablation of endometrium 35622-00 [1263] — *see also Destruction*

— *Destruction*

— ablation — *see Ablation*

— electrosurgery, of endometrium 35622-00 [1263]

Radiography (diagnostic) 90909-00 [1988]

11.3. Excision of lesion or tissue of rectum and anus (*Major*)

Codes in block [933] *Excision of lesion or tissue of rectum or anus* were revised following MBS updates and to include previously published advice

The following amendments were made to block [933] inACHI Ninth Edition:

- Combination of concepts in 32103-00 [933] *Per anal excision of lesion or tissue of rectum via stereoscopic rectoscopy* and 32099-00 [933] *Per anal submucosal excision of lesion or tissue of rectum and inactivation* of 32103-00 [933]
- Combination of concepts in 32108-00 [933] *Trans-sphincteric excision of lesion or tissue of rectum* and 90341-00 [933] *Other excision of lesion of rectum and inactivation* of 32108-00 [933]
- Addition of an inclusion term *stapled transanal rectal resection (STARR)* at 32111-00 [933] *Excision of rectal mucosa for rectal prolapse*
- Amendment to the Alphabetic Index to support the above changes.

TABULAR LIST OF INTERVENTIONS

933	Excision of lesion or tissue of rectum or anus
32099-00	Per anal submucosal excision of lesion or tissue of rectum <u>Transanal endoscopic microsurgery (TEMS) of rectal mucosa</u> <u>Includes:</u> rectoscopy <u>Excludes:</u> polypectomy via: • colonoscopy (32087-00, 32093-00 [911]) • sigmoidoscopy: • flexible (32087-00 [911]) • rigid (32078-00, 32081-00 [910])
32103-00	Per anal excision of lesion or tissue of rectum via stereoscopic rectoscopy
32108-00	Trans-sphincteric excision of lesion or tissue of rectum
32111-00	Excision of rectal mucosa for rectal prolapse Delorme procedure <u>Stapled transanal rectal resection (STARR)</u> <u>Includes:</u> plication of rectal muscle
90341-00	Other excision of lesion of rectum Excision of perirectal 1 lesion or tissue <u>Trans-sphincteric excision</u> 1 <u>Excludes:</u> endoscopic rectal polypectomy (32078-00, 32081-00 [910] , 32087-00, 32093-00 [911]) excision: • per anal submucosal (32099-00 [933]) • trans-sphincteric (32108-00 [933]) <u>per anal excision of lesion of rectum (32099-00 [933])</u> <u>polypectomy via:</u> • colonoscopy (32087-00, 32093-00 [911]) • rectoscopy (32099-00 [933]) • sigmoidoscopy: • flexible (32087-00 [911]) • rigid (32078-00, 32081-00 [910])

32142-00 Excision of anal skin tag

- Excludes:** that with:
- colonoscopy (32087-00, 32093-00 [911])
 - haemorrhoidectomy (32138-00 [941])
 - sigmoidoscopy:
 - flexible (32087-00 [911])
 - rigid (32078-00, 32081-00 [910])

32142-01 Excision of anal polyp

- Excludes:** that with:
- colonoscopy (32087-00, 32093-00 [911])
 - sigmoidoscopy:
 - flexible (32087-00 [911])
 - rigid (32078-00, 32081-00 [910])

32177-00 Removal of anal wart

- Excludes:** that via endoscopy (90315-00 [933])

32105-00 Per anal full thickness excision of anorectal lesion or tissue

Includes: rectoscopy

- Excludes:** endoscopic excision (90959-00 [911])
polypectomy via:
 • colonoscopy (32087-00, 32093-00 [911])
 • sigmoidoscopy:
 • flexible (32087-00 [911])
 • rigid (32078-00, 32081-00 [910])

90315-00 Endoscopic excision of lesion or tissue of anus

Endoscopic destruction of lesion or tissue of anus

- Excludes:** endoscopic excision of anal:
- polyp (32078-00, 32081-00 [910], 32087-00, 32093-00 [911])
 - skin tag (32078-00, 32081-00 [910], 32087-00, 32093-00 [911])

90315-01 Excision of other lesion or tissue of anus

Anorectal myectomy
 Destruction of lesion or tissue of anus
 Excision of anal:

- fissure
- fistula NOS

- Excludes:** excision of anal fistula involving sphincter mechanism (32159-00, 32159-02, 32162-00, 32162-02 [937])

ALPHABETIC INDEX OF INTERVENTIONS

Excision — see also *Removal*

.....

- lesion(s) — see also *Excision/tumour AND Excision/cyst AND Excision/polyp*

.....

- - angioma (capillary) (cherry)

- - - face or neck by laser 30190-00 [1612]

- - - anorectal, per anal 32105-00 [933]

- - - anterior chamber (eye) NEC 90074-00 [189]

- - - ciliary body (involving iris) 42767-00 [189]

- - - - by laser 42806-00 [188]

- - - - iris 42764-04 [189]

- - - - by laser 42806-00 [188]

- - - - involving ciliary body 42767-00 [189]

- - - - - by laser 42806-00 [188]

- - - sclera 90070-00 [181]

- - - - by laser 90068-00 [179]

- - - anus (open) 90315-01 [933]

- - - endoscopic (closed) 90315-00 [933]

- - - artery — see also *Anastomosis/artery*

.....

- - - rectum (perirectal) (trans-sphincteric) NEC 90341-00 [933]

- - - - per anal (rectoscopy) 32099-00 [933]

— perirectal 90341-00 [933]

— submucosal (per anal) 32099-00 [933]

— and anus (full thickness) 32105-00 [933]

- - - transanal endoscopic microsurgery (TEMS) 32099-00 [933]

— trans-sphincteric 32108-00 [933]

- ~~--- via~~
- ~~--- colonoscopy — see Colonoscopy~~
- ~~--- endoscopic microsurgery (TEMS) 32103-00 [933]~~
- ~~--- sigmoidoscopy — see Sigmoidoscopy~~
- ~~--- stereoscopic rectoscopy 32103-00 [933]~~
- ~~- renal 36558-02 [1055]~~
-
- tumour — see also *Excision/lesion(s)*
-
- ~~--- anus~~
- ~~--- and rectum (full thickness) (per anal) 32105-00 [933]~~
- ~~--- atrium (heart) (wall) 38670-00 [602]~~
-
- ~~--- rectum (per anal) (submucosal) 32099-00 [933]~~
- ~~--- and anus (full thickness) (per anal) 32105-00 [933]~~
- ~~--- trans-sphincteric 32108-00 [933]~~
- ~~--- via~~
- ~~--- endoscopic microsurgery (TEMS) 32103-00 [933]~~
- ~~--- stereoscopic rectoscopy 32103-00 [933]~~
- ~~- retroperitoneal~~

Microsurgery

- microvascular (microarterial) (microvenous) — see *Repair/artery/microvascular AND Repair/vein/microvascular*
- transanal, via endoscopy (TEMS) ~~32403-00~~ 32099-00 [933]

Minnesota balloon

Rectoscopy 32171-00 [928]

- ~~stereoscopic, with per anal excision of lesion, per anal~~ 32103-00 [933]
- - anorectal 32105-00 [933]
- - rectum 32099-00 [933]

Rectosigmoidectomy (Hartmann's procedure) (with formation of stoma) 32030-00 [934]

- perineal 32112-00 [934]

Resection — see also *Excision*

.....

- rectum
- - with
- - colectomy, total — see *Proctocolectomy*
- - definitive pull-through anastomosis (for Hirschsprung's disease) 43993-01 [934]
- - abdomino-perineal 32039-00 [934]
- - anterior (restorative) (with covering stoma) 92208-00 [935]
- - - high 32024-00 [935]
- - - low 32025-00 [935]
- - - ultra low (stapled) 32026-00 [935]
- - - hand sutured anastomosis (coloanal) 32028-00 [935]
- - perineal 32047-00 [934]
- - transanal, stapled 32111-00 [933]
- rib (total) 48406-12 [1375]

Stapedotomy (laser) (microdrill) (with insertion of prosthesis) 41608-01 [318]

Stapled transanal rectal resection (STARR) 32111-00 [933]

Stapling

- epiphyseal — see *Epiphysiodesis*
- gastric, for obesity — see *Gastroplasty, for obesity*

STARR (stapled transanal rectal resection) 32111-00 [933]

Steindler release (plantar fasciotomy) 49854-00 [1530]

TEMS (transanal endoscopic microsurgery) ~~32403-00~~ 32099-00 [933]

Tenodesis NEC 47963-01 [1572]

TRAM (free trans rectus abdominus myocutaneous) flap, for breast reconstruction 45530-02 [1756]

Transanal endoscopic microsurgery (TEMS) ~~32403-00~~ 32099-00 [933]

Transcatheter

- embolisation of blood vessels — see *Embolisation/blood vessel, transcatheter/by site*

11.4. Insertion of colonic stents (*Major*)

An MBS item was created for insertion of colonic stent (32023). AsACHI already classified codes for insertion, replacement and removal of colonic stents these codes were amended for consistency with MBS item 32023 inACHI Ninth Edition.

TABULAR LIST OF INTERVENTIONS

906 Application, insertion or removal procedures on large intestine

32186-00 Intraoperative colonic lavage
Total intraoperative colonic lavage

~~90295-00~~ 32023-00 Endoscopic insertion of colonic prosthesis
Endoscopic insertion of colonic stent

~~90295-04~~32023-01 Endoscopic replacement of colonic prosthesis

Endoscopic:

- replacement } colonic stent
- revision } colonic stent

~~90295-02~~32023-02 Endoscopic removal of colonic prosthesis

Endoscopic removal of colonic stent

Excludes: that with replacement (~~90295-04~~32023-01 [906])

929

Application, insertion or removal procedures on rectum or anus

32120-00 Insertion of anal suture for anorectal prolapse

Insertion of Thiersch wire for anorectal prolapse

~~90295-03~~32023-03 Endoscopic insertion of rectal prosthesis

Endoscopic insertion of rectal stent

~~90295-04~~32023-04 Endoscopic replacement of rectal prosthesis

Endoscopic:

- replacement } rectal stent
- revision } rectal stent

~~90295-05~~32023-05 Endoscopic removal of rectal prosthesis

Endoscopic removal of rectal stent

Excludes: that with replacement (~~90295-04~~32023-04 [929])

32166-00 Insertion of anal seton

Insertion of seton for anal fistula NOS

ALPHABETIC INDEX OF INTERVENTIONS

Colonoscopy (beyond hepatic flexure) (fiberoptic)

(long) (to caecum) 32090-00 [905]

- by computerised tomography, colon (following incomplete colonoscopy) 56549-01 [1962]

- with

- - insertion of prosthesis (stent)

- - - colon ~~90295-00~~32023-00 [906]

- - - rectum ~~90295-03~~32023-03 [929]

- - polypectomy (by bipolar cautery) (mucosal resection) (multiple) (using hot biopsy forceps) (using snare technique) 32093-00 [911]

- - removal of prosthesis (stent)

- - - colon 32023-02 [906]

- - - - with replacement 32023-01 [906]

- - - rectum 32023-05 [929]

- - - - with replacement 32023-04 [929]

- - replacement of prosthesis (stent)

- - - colon 32023-01 [906]

- - - rectum 32023-04 [929]

- - resection of mucosa of large intestine 90297-02 [914]

- through artificial stoma 32090-00 [905]

- - colonic (endoscopic) (metal) (plastic) (Wallstent)

~~90295-00~~32023-00 [906]

- - conformer, wired-in (anophthalmic socket) 42521-00 [164]

.....

- - pancreatic duct (endoscopic) (with dilation) 30491-02 [975]

- - rectal (endoscopic) (metal) (plastic) (Wallstent)

~~90295-03~~32023-03 [929]

- - speech 41885-00 [540]

.....

- stent

.....

- - colonic (endoscopic) (metal) (plastic) (Wallstent)

~~90295-00~~32023-00 [906]

- - common bile duct (endoscopic) (with dilation) 30452-01 [958]

.....

- - prostate 37223-00 [1160]

- - rectal (endoscopic) (metal) (plastic) (Wallstent)

~~90295-03~~32023-03 [929]

- - trachea (endoscopic) 41905-00 [533]

Insertion

....

- prosthesis, prosthetic device

.....

Removal — see also Excision

.....

- prosthesis, prosthetic device

.....

- - chin (mandible) 90606-00 [1661]

- - colonic (endoscopic) (metal) (plastic) (Wallstent)
~~90295-02-32023-02~~ [906]
- - - with replacement ~~90295-04-32023-01~~ [906]
- - cornea 90120-01 [174]
-
- - pouch, for gastroschisis 43867-01 [1003]
- - rectal (endoscopic) (metal) (plastic) (Wallstent)
~~90295-05-32023-05~~ [929]
- - - with replacement ~~90295-04-32023-04~~ [929]
- - shoulder 48927-00 [1394]
-
- stent
-
- - bronchus 41895-01 [546]
- - - with replacement 41905-05 [546]
- - colonic (endoscopic) (metal) (plastic) (Wallstent)
~~90295-02-32023-02~~ [906]
- - - with replacement ~~90295-04-32023-01~~ [906]
- - duodenal, endoscopic (metal) (plastic) (Wallstent)
92068-02 [892]
- - - with replacement 92068-01 [892]
-
- - prostatic (coil) 92115-00 [1900]
- - rectal (endoscopic) (metal) (plastic) (Wallstent)
~~90295-05-32023-05~~ [929]
- - - with replacement ~~90295-04-32023-04~~ [929]
- - tracheal 41886-02 [533]

Replacement

....

- prosthesis, prosthetic device
-
- - colonic (endoscopic) (metal) (plastic) (Wallstent)
~~90295-04-32023-01~~ [906]
- - duodenal, endoscopic (metal) (plastic) (Wallstent)
92068-01 [892]
-

- - pancreatic (endoscopic) 30491-03 [975]
- - rectal (endoscopic) (metal) (plastic) (Wallstent)
~~90295-04-32023-04~~ [929]
- pseudophakos — see Replacement/lens, artificial
- stent
-
- - bronchus 41905-05 [546]
- - colonic (endoscopic) (metal) (plastic) (Wallstent)
~~90295-04-32023-01~~ [906]
- - duodenal, endoscopic (metal) (plastic) (Wallstent)
92068-01 [892]
-
- - pancreatic (endoscopic) 30491-03 [975]
- - rectal (endoscopic) (metal) (plastic) (Wallstent)
~~90295-04-32023-04~~ [929]
- - tracheal (endoscopic) 41905-01 [533]

Sigmoidoscopy (fibreoptic) (flexible) 32084-00 [905]

- with
- ...
- - insertion of prosthesis (stent)
- - - colon 32023-00 [906]
- - - rectum 32023-03 [929]
- - polypectomy (by bipolar cautery) (mucosal resection) (using hot biopsy forceps) (using snare technique) 32087-00 [911]
- - removal of prosthesis (stent)
- - - colon 32023-02 [906]
- - - - with replacement 32023-01 [906]
- - - rectum 32023-05 [929]
- - - - with replacement 32023-04 [929]
- - replacement of prosthesis (stent)
- - - colon 32023-01 [906]
- - - rectum 32023-04 [929]
- rigid 32075-00 [904]

11.5. Faecal microbiota transplantation (*Major*)

Following publication of advice in March 2014, amendments were made to ACHI Ninth Edition:

- Creation of 96223-00 *Faecal microbiota transplantation* in block [1895] *Nonincisional irrigation, cleaning and local instillation, digestive system*
- Amendments to the Alphabetic Index to support code assignment.

TABULAR LIST OF INTERVENTIONS

1895 Nonincisional irrigation, cleaning and local instillation, digestive system

92096-00 Irrigation of cholecystostomy or other biliary tube

96223-00 Faecal microbiota transplantation

▽ 0023

Includes: preparation of faecal microbiota for instillation

Code also:

- endoscopic procedure(s) performed

92075-00 Gastrointestinal tract instillation, except gastric gavage

Excludes: intestinal instillation for faecal microbiota transplantation (96223-00 [1895])

ALPHABETIC INDEX OF INTERVENTIONS

Instillation

- gastrointestinal NEC 92075-00 [1895]
- - for faecal microbiota transplantation (FMT) 96223-00 [1895]
- - gavage 96202-07 [1920]
- radioisotope (unsealed) 90960-00 [1795]
- - Iodine 131 16009-00 [1795]

Transplant, transplantation

- faecal microbiota (FMT) 96223-00 [1895]
- haematopoietic — see *Transplant/bone marrow OR Transplant/stem cell*
- hair 45560-00 [1655]
- heart 90205-00 [660]
- - and lung 90205-01 [660]
- intestinal microbiota (FMT) 96223-00 [1895]
- kidney (with anastomosis) 36503-00 [1058]

11.6. Injection of sclerosing agent (Major)

Following public submissions and publication of advice in June 2014 codes for sclerotherapy were revised with the following amendments made to ACHI Ninth Edition:

- Amended *sclerotherapy* codes in the Tabular List for consistency
- Deletion of 30213-01, 45027-01 [742] with the concepts combined in 45027-02 [742] *Administration of agent into vascular lesion*
- Deletion of 32132-01, 32212-00, 90344-00, 90344-01 [929] with the concepts combined in 90344-02 [929] *Administration of agent to lesion or tissue of anorectal region*
- Deletion of 30476-00, 30476-01, 30478-06, 30478-09 [851] with the concepts combined in 30476-04 [851] *Endoscopic administration of agent into lesion of oesophagus*
- Amendments to the Alphabetic Index to support the above changes.

TABULAR LIST OF INTERVENTIONS

APPLICATION, INSERTION, REMOVAL

742 Other application, insertion or removal procedures on other vascular sites

~~30213-01 Administration of agent to telangiectases of head or neck~~

~~Injection of sclerosing agent~~

~~**Includes:** starburst vessels of head or neck~~

~~45027-01 Administration of agent into vascular anomaly~~

~~Destruction of vascular anomaly by injection~~

~~**Includes:** angioma
haemangioma
lymphangioma
vascular malformation~~

45027-02 Administration of agent into vascular lesion

Destruction of vascular anomaly by injection

Injection of agent (sclerosing) (sclerotherapy) to:

• vessels } of head or neck
• vascular malformation }

Includes: that for:
• angioma

- false aneurysm
- haemangioma
- lymphangioma
- starburst vessels
- telangiectases

OTHER PROCEDURES

812 Other procedures on lymphatic structures

- 90284-00 Percutaneous removal of lymphocele
Aspiration (~~with sclerotherapy~~) of lymphocele
Includes: with injection of sclerosing agent (sclerotherapy)

APPLICATION, INSERTION, REMOVAL

851 Endoscopic administration of agent into lesion of oesophagus

Injection of sclerosing agent

Includes: ~~varices:~~
~~• oesophageal~~
~~• oesophagogastric junction~~

- ~~30476-00 Endoscopic administration of agent into nonbleeding lesion of oesophagus~~
~~30476-01 Endoscopic administration of agent into nonbleeding lesion of oesophagogastric junction~~
~~30478-06 Endoscopic administration of agent into bleeding lesion of oesophagus~~
~~30478-09 Endoscopic administration of agent into bleeding lesion of oesophagogastric junction~~
30476-04 Endoscopic administration of agent into lesion or tissue of oesophagus
Endoscopic injection of agent (sclerosing) (sclerotherapy) into lesion of oesophagus
Includes: that for:
• oesophageal } varices
• oesophagogastric junction }

APPLICATION, INSERTION, REMOVAL

870 Application, insertion or removal procedures on stomach

- 30478-07 Endoscopic administration of agent into lesion of stomach or duodenum
Endoscopic injection of sclerosing agent (sclerotherapy) into lesion of stomach or duodenum
Includes: that for: ~~duodenal varices~~
~~gastric varices~~
• duodenal } varices
• gastric }
Excludes: lesion(s) of oesophagogastric junction (~~30478-09~~ 30476-04 [851])

DESTRUCTION

908 Destruction procedures on large intestine

- 90308-00 Endoscopic destruction of lesion or tissue of large intestine
Endoscopic (colonoscopy with):
• coagulation (Argon plasma)
• control of colonic bleeding
• destruction of lesion (tissue) of large intestine (colon) by:
• ablation of tumour of colon
• Argon plasma coagulation (Argon plasma)
• injection of sclerosing agent (sclerotherapy)
~~• control of colonic bleeding~~
~~• destruction of tissue of colon~~

Excludes: that by laser (30479-02 [908])

917

Other repair of large intestine

90340-01 Closure of fistula of large intestine

Includes: rectum

Excludes: enterocutaneous fistula of large intestine (30382 [917])
repair of anorectal fistula with fibrin sealant (90344-02 [929])

APPLICATION, INSERTION, REMOVAL

929

Application, insertion or removal procedures on rectum or anus

90344-02 Administration of agent to lesion or tissue of anorectal region

Administration of:

- agent (botulinum toxin) into anal fissure
- biological (fibrin) sealant for anorectal fistula

Application of formalin for treatment of radiation proctitis

Injection of:

- agent into anal sphincter for faecal incontinence
- agent (sclerosing) (sclerotherapy) for rectal mucosal prolapse

Excludes: repair of fistula of:

- anovagina (90447-00 [1284])
 - rectovagina (90447-00 [1284])
- that for haemorrhoids (32132-00 [941])

~~32132-01 Sclerotherapy for rectal mucosal prolapse~~

~~Injection for rectal mucosal prolapse~~

32120-00 Insertion of anal suture for anorectal prolapse

Insertion of Thiersch wire for anorectal prolapse

90295-03 Endoscopic insertion of rectal prosthesis

Endoscopic insertion of rectal stent

90295-04 Endoscopic replacement of rectal prosthesis

Endoscopic:

- replacement rectal stent
- revision rectal stent

90295-05 Endoscopic removal of rectal prosthesis

Endoscopic removal of rectal stent

Excludes: that with replacement (90295-04 [929])

32166-00 Insertion of anal seton

Insertion of seton for anal fistula NOS

32166-01 Adjustment of anal seton

32166-02 Removal of anal seton

~~32212-00 Application of formalin to anorectal region~~

~~**Note:** Performed for treatment of radiation proctitis~~

~~90344-00 Administration of biological sealant to anorectal region~~

~~Administration of fibrin sealant for anorectal fistula~~

~~**Includes:** repair of fistula of:~~

- ~~• anorectum~~
- ~~• fistula in ano~~

~~**Excludes:** repair of fistula of:~~

- ~~• anovagina (90447-00 [1284])~~
- ~~• rectovagina (90447-00 [1284])~~

~~90344-01 — Administration of other therapeutic agent to anorectal region~~

~~Administration of botulinum toxin into anal fissure~~

~~Injection of agent into anal sphincter for faecal incontinence~~

OTHER PROCEDURES

941

Procedures for haemorrhoids

32132-00 ~~Sclerotherapy~~ Administration of sclerosing agent for haemorrhoids

Injection of sclerosing agent (sclerotherapy) for haemorrhoids

OTHER PROCEDURES

1659

Procedures for pilonidal sinus or cyst

Procedures for sacral sinus or cyst

30679-00 Administration of agent into pilonidal sinus or cyst

Injection of sclerosing agent (sclerotherapy) into pilonidal sinus or cyst

ALPHABETIC INDEX OF INTERVENTIONS

Administration (around) (of) — *see also Injection*

- agent (to)

...

- - anal

- - - fissure 90344-024 **[929]**

- - - sphincter, for faecal incontinence (bulking) 90344-024 **[929]**

- - anorectal region 90344-02 **[929]**

- - arrest haemorrhage via surgical peripheral catheterisation — *see*

Administration/agent/occlude/blood vessel, transcatheter/by site

- - biological sealant (fibrin sealant) (glue) for fistula — *see Closure/fistula*

...

- - pharmacological

- - - local effect — *see Injection/by site OR Injection/by type/by site*

- - - systemic effect — *see Pharmacotherapy*

- - sclerosing — *see Sclerotherapy*

- - sympatholytic — *see also*

Administration/nerve/sympathetic

- red cells 13706-02 **[1893]**

- sclerosing agent — *see Sclerotherapy*

- serum NEC 92062-00 **[1893]**

Application

...

- formalin, to anorectal region ~~32242-00~~ 90344-02 **[929]**

Closure (of)

...

- fistula

- - with biological sealant (fibrin sealant) (glue)

- - - anorectal 90344-020 **[929]**

- - - enterocutaneous

- - - large intestine 30382-03 **[917]**

- - - small intestine 30382-01 **[901]**

- - - fistula-in-ano 90344-020 **[929]**

...

- - rectum NEC 90340-01 **[917]**

- - with biological sealant (fibrin sealant) (glue) 90344-020 **[929]**

Destruction

- by

- - ablation — *see also Ablation*

...

- angiofibroma, face or neck

- - by laser 30190-00 **[1612]**

- angioma

- - by

- - - cauterisation 45027-00 **[743]**

- - - excision — *see Excision/vascular/anomaly*

- - - injection 45027-024 **[742]**

- - - laser, face or neck (capillary) (cherry) 30190-00 **[1612]**

...

- eyelash follicle — *see Correction/trichiasis*

- false aneurysm, by administration of agent 45027-02 **[742]**

- fetus, to facilitate delivery 90476-00 **[1343]**

...

- lesion (tumour)

- - anus (open) 90315-01 **[933]**

- - - endoscopic (closed) 90315-00 **[933]**

- - biliary duct (closed) (endoscopic)

- - - by

- ERC (endoscopic retrograde cholangiography) 30484-01 [957]
- ERCP (endoscopic retrograde cholangiopancreatography) 30484-00 [957]
- ERP (endoscopic retrograde pancreatography) 30484-02 [974]
- bladder, endoscopic (≤ 2 cm diameter) (single) (solitary) 36840-03 [1096]
- > 2 cm diameter 36845-06 [1096]
- multiple 36845-07 [1096]
- bone (laser) (radiofrequency) 90609-00 [1579]
- brain, stereotactic 40801-00 [27]
- breast 90726-00 [1759]
- cervix (cryotherapy) 35608-01 [1275]
- by
 - cautery 35608-00 [1275]
 - ~~cryotherapy 35608-01 [1275]~~
 - diathermy 35608-00 [1275]
 - radical 35646-00 [1275]
 - laser 35539-02 [1275]
 - LEEP (loop electrosurgery excision procedure) 35647-00 [1275]
 - LLETZ (large loop excision of transformation zone) 35647-00 [1275]
- chorioretinal (laser) (photocoagulation) 42809-00 [211]
- by
 - cryotherapy 42818-00 [211]
 - diathermy 90094-00 [211]
 - ~~photocoagulation (laser) 42809-00 [211]~~
 - photodynamic therapy (1 eye) 43021-00 [211]
 - both eyes 43022-00 [211]
- ciliary body
 - by
 - cryotherapy 42818-01 [188]
 - laser 42806-00 [188]
- colon
 - endoscopic (closed) 90308-00 [908]
 - by laser 30479-02 [908]
- conjunctiva
 - by
 - cauterisation 42677-00 [253]
 - cryotherapy 42680-00 [253]
- fallopian tube (laparoscopic) 35637-02 [1299]
- via laparotomy 35713-01 [1299]
- intestine, large
 - endoscopic (Argon plasma coagulation) (closed) 90308-00 [908]
 - ~~by Argon plasma coagulation 90308-00 [908]~~
 - by laser 30479-02 [908]
- intranasal 90130-00 [374]
- by endoscopic laser 52035-00 [419]
- intraoral, by endoscopic laser 52035-00 [419]
- ~~by endoscopic laser 52035-00 [419]~~
- iris, by laser 42806-00 [188]
- kidney (irreversible electroporation) 90370-00 [1046]
- laryngopharynx, by endoscopic laser 52035-00 [419]
- larynx
 - by endoscopic laser 52035-00 [419]
 - with microlaryngoscopy 41864-00 [523]
 - by laser 41861-00 [523]
- liver (irreversible electroporation) (laser) 90299-00 [956]
- by
 - cryotherapy 30419-00 [956]
 - ~~irreversible electroporation 90299-00 [956]~~
 - ~~laser 90299-00 [956]~~
 - radiofrequency ablation 50950-00 [956]
- lung (irreversible electroporation) (laser) (radiofrequency) 90181-00 [558]
- mouth, by endoscopic laser 52035-00 [419]
- nares, by endoscopic laser 52035-00 [419]
- nasopharynx, by endoscopic laser 52035-00 [419]
- nose, by endoscopic laser 52035-00 [419]
- oesophagus, by endoscopic 30478-22 [856]
- ~~Argon plasma coagulation 30478-19 [856]~~
- ~~diathermy 30478-11 [856]~~
- ~~heater probe coagulation 30478-12 [856]~~
- ~~laser 30479-00 [856]~~
- oral cavity, by endoscopic laser 52035-00 [419]
- oral mucosa, by cryotherapy (*see also Destruction/lesion/oral cavity*) 52034-00 [1612]
- oropharynx, by endoscopic laser 52035-00 [419]
- ovary
 - by drilling
 - laparoscopic 35637-08 [1241]
 - via laparotomy 35713-03 [1241]
- palate, bony 90141-00 [403]
- pelvic cavity (laparoscopic) 35637-02 [1299]
- via laparotomy 35713-01 [1299]
- penis
 - wart 30189-01 [1619]
- endoscopic 36815-00 [1195]
- periprosthetic tissue — *see Destruction/lesion/prostate*
- pharynx (by cauterisation) (by diathermy) 41674-02 [419]
- prostate 90408-00 [1162]
- by
 - diathermy (closed) (endoscopic) 37224-00 [1162]
 - high intensity focused ultrasound 90408-00 [1162]
 - irreversible electroporation 90408-00 [1162]
 - laser (closed) (endoscopic) 37224-00 [1162]
- rectum
 - by
 - cryotherapy 90312-01 [931]
 - electrocoagulation (radical) 90312-00 [931]
 - laser 30479-01 [931]
- retina (laser) (photocoagulation) 42809-00 [211]
- by
 - cryotherapy 42818-00 [211]
 - diathermy 90094-00 [211]
 - ~~photocoagulation (laser) 42809-00 [211]~~
 - photodynamic therapy (1 eye) 43021-00 [211]

- - - - both eyes 43022-00 [211]
- - salivary gland or duct, by diathermy 30262-01 [396]
- ~~by diathermy~~ 30262-01 [396]
- - sclera (by laser) 90068-00 [179]
- - scrotum 37438-00 [1174]
- - skin (subcutaneous tissue) NEC 30192-00 [1612]
- - - angiofibroma, face or neck
- - - by laser 30190-00 [1612]
- - - cryotherapy
- - - with
- - - - cartilage involvement
- - - - - multiple lesions 30205-01 [1612]
- - - - - single lesion 30205-00 [1612]
- - - - curettage — see
- Destruction/lesion/skin/curettage*
- - - - laser therapy — see
- Destruction/lesion/skin/laser therapy*
- - - - multiple lesions 30195-05 [1612]
- - - - oral mucosa 52034-00 [1612]
- - - - single lesion 30195-04 [1612]
- - - curettage (with cryotherapy) (with diathermy)
- - - multiple lesions 30195-01 [1612]
- - - single lesion 30195-00 [1612]
- - - diathermy
- - - multiple lesions 30195-07 [1612]
- - - single lesion 30195-06 [1612]
- - - electrochemotherapy — see
- Electrochemotherapy/skin lesion(s)*
- - - electrodesiccation
- - - multiple lesions 30195-07 [1612]
- - - single lesion 30195-06 [1612]
- - - electrotherapy
- - - multiple lesions 30195-07 [1612]
- - - single lesion 30195-06 [1612]
- - - excision — see *Excision/lesion(s)/skin and subcutaneous tissue*
- - - fulguration
- - - multiple lesions 30195-07 [1612]
- - - single lesion 30195-06 [1612]
- - - galvanocautery
- - - multiple lesions 30195-07 [1612]
- - - single lesion 30195-06 [1612]
- - - laser therapy (photocoagulation) (with cryotherapy) (with diathermy) — see *Laser therapy*
- ~~multiple lesions~~ 30195-03 [1612]
- ~~face or neck~~ 30190-00 [1612]
- ~~angiofibroma~~ 30190-00 [1612]
- ~~capillary angioma (cherry)~~ 30190-00 [1612]
- ~~trichoepithelioma~~ 30190-00 [1612]
- ~~vascular, cutaneous (birthmark) (café-au-lait macules) (haemangiomas of infancy) (naevus flammeus) (naevus of Ota) (port wine stain)~~
- ~~continuous~~
- ~~individual blood vessels~~ 14100-00 [744]
- ~~pulsed (extensive area)~~ 14106-00 [744]
- ~~single lesion~~ 30195-02 [1612]
- ~~face or neck~~ 30190-00 [1612]
- ~~angiofibroma~~ 30190-00 [1612]
- ~~trichoepithelioma~~ 30190-00 [1612]
- ~~vascular, cutaneous (birthmark) (café-au-lait macules) (haemangiomas of infancy) (naevus flammeus) (naevus of Ota) (port wine stain)~~
- ~~continuous~~
- ~~individual blood vessels~~ 14100-00 [744]
- ~~pulsed (extensive area)~~ 14106-00 [744]
- ~~molluscum contagiosum~~ 30189-00 [1619]
- ~~trichoepithelioma, face or neck~~ by laser 30190-00 [1612]
- ~~by laser~~ 30190-00 [1612]
- - - wart — see *Destruction/wart*
- - sphincter of Oddi (closed) (endoscopic)
- - by
- - - ERC (endoscopic retrograde cholangiography) 30484-01 [957]
- - - ERCP (endoscopic retrograde cholangiopancreatography) 30484-00 [957]
- - - ERP (endoscopic retrograde pancreatography) 30484-02 [974]
- - testicle 30644-07 [1181]
- - tongue 90134-00 [391]
- - ureter 36809-01 [1074]
- - urethra (closed) (endoscopic) 37318-01 [1116]
- - wart 36815-01 [1116]
- - uterus 90451-00 [1263]
- - vagina NEC 90437-00 [1281]
- - by laser 35539-01 [1281]
- - - wart 35507-00 [1281]
- - vascular, by administration of agent 45027-02 [742]
- - vulva NEC 90439-00 [1289]
- - by laser 35539-00 [1289]
- - - wart 35507-01 [1289]
- ...
- tumour — see also *Destruction/lesion*
- ~~angiofibroma, face or neck~~
- ~~by laser~~ 30190-00 [1612]
- - angioma — see *Destruction/angioma*
- ~~by~~
- ~~cauterisation~~ 45027-00 [743]
- ~~excision~~ — see *Excision/vascular/anomaly*
- ~~injection~~ 45027-01 [742]
- ~~laser, face or neck (capillary) (cherry)~~ 30190-00 [1612]
- ~~face or neck, by laser (capillary) (cherry)~~ 30190-00 [1612]
- ~~bone (laser) (radiofrequency)~~ 90609-00 [1579]
- ~~breast~~ 90726-00 [1759]
- ~~colon~~
- ~~endoscopic (closed)~~ 90308-00 [908]
- ~~by laser~~ 30479-02 [908]
- - haemangioma — see *Destruction/vascular anomaly*
- ~~intestine, large~~
- ~~endoscopic (closed)~~ 90308-00 [908]
- ~~by laser~~ 30479-02 [908]
- ~~kidney (irreversible electroporation)~~ 90370-00 [1046]
- ~~liver~~ 90299-00 [956]
- ~~by~~

- cryotherapy 30419-00 **[956]**
- irreversible electroporation 90299-00 **[956]**
- laser 90299-00 **[956]**
- radiofrequency ablation 50950-00 **[956]**
- lung (irreversible electroporation) (laser) (radiofrequency) 90181-00 **[558]**
- - lymphangioma — see *Destruction/vascular anomaly*
- prostate 90408-00 **[1162]**
- by
 - diathermy (closed) (endoscopic) 37224-00 **[1162]**
 - high intensity focused ultrasound 90408-00 **[1162]**
 - irreversible electroporation 90408-00 **[1162]**
 - laser (closed) (endoscopic) 37224-00 **[1162]**
 - skin (subcutaneous tissue) — see also *Destruction/lesion/skin*
 - by laser
 - face NEC 30190-00 **[1612]**
 - neck NEC 30190-00 **[1612]**
 - trichoepithelioma, face or neck 30190-00 **[1612]**
 - trichoepithelioma, face or neck
 - by laser 30190-00 **[1612]**
 - uterus 90451-00 **[1263]**
 - uterus (lesion) (tumour) 90451-00 **[1263]**
 - valve, urethral (closed) (endoscopic) 37854-00 **[1116]**
 - vascular anomaly (malformation)
 - - by
 - - - cauterisation 45027-00 **[743]**
 - - - excision — see *Excision/vascular/anomaly*
 - - - injection 45027-02 **[742]**
 - vessel, by administration of agent 45027-02 **[742]**

Duodenoscopy (double balloon) 30473-00 **[1005]**

- with
 - - administration (of)
 - - - agent (sclerosing) (to)
 - - - - lesion (varices) 30478-07 **[870]**
 - - - - tattooing 30473-07 **[1005]**
 - - injection of agent to lesion (sclerosing) (sclerotherapy) (varices) 30478-07 **[870]**
 - - insertion of jejunal tube 30478-05 **[892]**
 - - removal of foreign body 30478-00 **[1006]**
 - - repair of Mallory-Weiss laceration 90296-00 **[887]**
 - - resection of mucosa of stomach 90297-01 **[880]**

Dressing (to) NEC 96092-00 **[1870]**

- and irrigation, root canal system 97455-00 **[464]**
- - with any other endodontic procedure — omit code
- anorectal region, of formalin 32212-00 90344-02 **[929]**
- ...
- formalin, to anorectal region 32212-00 90344-02 **[929]**

Gastroscopy 30473-00 **[1005]**

- with

- - administration (of)
 - - - agent (sclerosing) (to)
 - - - - lesion (varices) 30478-07 **[870]**
 - - - - tattooing 30473-07 **[1005]**
- ...
- - heater probe coagulation 30478-02 **[1007]**
- - injection of agent to lesion (sclerosing) (sclerotherapy) (varices) 30478-07 **[870]**

Haemorrhoidectomy (see also

Procedure/for/haemorrhoids) NEC 32138-00 **[941]**

- by
 - banding 32135-00 **[941]**
 - cautery, cauterisation 32135-01 **[941]**
 - crushing 32132-00 **[941]**
 - cryotherapy, cryosurgery 32135-01 **[941]**
 - excision 32138-00 **[941]**
 - infrared therapy 32135-01 **[941]**
 - injection (sclerosing agent) 32132-00 **[941]**
 - laser 32138-01 **[941]**
 - ligation (rubber band) 32135-00 **[941]**
 - sclerotherapy 32132-00 **[941]**
 - staple(s) 32138-02 **[941]**

Injection (around) (into) (of) — see also *Administration*

- for
 - - dental procedure 97927-00 **[485]**
 - - rectal prolapse (perirectal) (sclerosing agent) (submucosal) 32132-01 90344-02 **[929]**
 - 5-FU (fluorouracil) 42824-01 **[251]**
 - acetylcysteine — code to block **[1920]** with extension -04
 - agent (to)
 - - anal
 - - - fissure 90344-02 **[929]**
 - - - sphincter, for faecal incontinence (bulking) 90344-02 **[929]**
 - - anorectal region 90344-02 **[929]**
 - - arrest haemorrhage via surgical peripheral catheterisation — see *Embolisation/blood vessel, transcatheter/by site*
 - - chemotherapeutic — see *Chemotherapy*
 - - close enterocutaneous fistula
 - - - large intestine 30382-03 **[917]**
 - - - small intestine 30382-01 **[901]**
 - - occlude (embolise) — see *Embolisation/blood vessel, transcatheter/by site*
 - - pharmacological — see block **[1920]**
 - - sclerosing — see *Sclerotherapy*
 - - sympatholytic — see also *Administration/nerve/sympathetic*
 - - - intra-arterial 90029-00 **[65]**
 - - - intravenous 90029-00 **[65]**
 - - tattoo
 - - - by
 - - - - colonoscopy (to caecum) 32090-02 **[905]**
 - - - - to hepatic flexure 32084-02 **[905]**
 - - - - panendoscopy (to duodenum) 30473-07 **[1005]**
 - - - - to ileum 30473-08 **[1005]**

- - thrombolytic
- - - via surgical peripheral arterial or venous catheterisation (open) 35320-00 [741]
- - - - percutaneous (continuous infusion) 35317-00 [741]
- - - - - pulse spray technique 35319-00 [741]
- alcohol
- nerve — *see Administration/nerve/by site/neurolytic agent*
- retrobulbar (orbit) 42824-00 [221]
- anal
- fissure 90344-024 [929]
- sphincter, for faecal incontinence (bulking) 90344-024 [929]
- anorectal region 90344-02 [929]
- angioma 45027-024 [742]
- ...
- botulinum toxin (Botox) (Botoxin) NEC (*see also Injection/by site*) 18360-00 [1552]
- - for
- - - anal fissure 90344-024 [929]
- ...
- expander, tissue (skin) (soft tissue) (subcutaneous tissue) — *see Injection/tissue expander*
- false aneurysm (thrombin) 45027-02 [742]
- fetotoxic
- ...
- fibrin sealant (biological) (glue)
- - anorectal 90344-020 [929]
- - enterocutaneous
- - - large intestine 30382-03 [917]
- - - small intestine 30382-01 [901]
- - fistula-in-ano 90344-020 [929]
- ...
- haemangioma 45027-024 [742]
- haemorrhoids, (sclerosing agent) 32132-00 [941]
- heavy metal antagonist — *code to block [1920] with extension -04*
- ...
- lesion — *see also Injection/cyst*
- - duodenal (bleeding) (endoscopic) 30478-07 [870]
- - gastric (bleeding) (endoscopic) 30478-07 [870]
- ~~oesophagogastric junction (endoscopic)~~
- ~~bleeding 30478-09 [851]~~
- ~~nonbleeding 30476-01 [851]~~
- - oesophagus (endoscopic) (oesophagogastric junction) 30476-04 [851]
- ~~bleeding 30478-06 [851]~~
- ~~nonbleeding 30476-00 [851]~~
- - skin 30207-00 [1602]
- ligament NEC 90560-00 [1552]
- liver (therapeutic agent) 90347-00 [951]
- lymphangioma 45027-024 [742]
- ...
- phenol
- nerve — *see Administration/nerve/by site/neurolytic agent*
- pilonidal sinus (cyst) (~~sclerosing agent~~) 30679-00 [1659]
- pleura
- ...
- radioisotope (unsealed) 90960-00 [1795]
- - Iodine 131 16009-00 [1795]
- - Phosphorous 32 (intravenous) 16012-00 [1795]
- - SM-Lexidronan (153) 16018-00 [1795]
- - specified NEC 90960-00 [1795]
- - Strontium 89 16015-00 [1795]
- - Yttrium 90 (intracavitary) 16003-00 [1795]
- rectal mucosa (perirectal) (~~sclerosing agent~~) (submucosal) 90344-02 [929]
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- ...
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- ~~haemorrhoids 32132-00 [941]~~
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- ~~gastric (bleeding) (endoscopic) 30478-07 [870]~~
- ~~oesophagogastric junction (endoscopic)~~
- ~~bleeding 30478-09 [851]~~
- ~~nonbleeding 30476-01 [851]~~
- ~~oesophagus (endoscopic)~~
- ~~bleeding 30478-06 [851]~~
- ~~nonbleeding 30476-00 [851]~~
- ~~pilonidal sinus (cyst) 30679-00 [1659]~~
- ~~rectal mucosa, for prolapse 32132-01 [929]~~
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- ~~bleeding~~
- ~~oesophageal (endoscopic) 30478-06 [851]~~
- ~~oesophagogastric junction (endoscopic) 30478-09 [851]~~
- ~~gastric (bleeding) (endoscopic) 30478-07 [870]~~
- ~~nonbleeding~~
- ~~oesophageal (endoscopic) 30476-00 [851]~~
- ~~oesophagogastric junction (endoscopic) 30476-01 [851]~~
- silicone
- - skin (for filling of defect) 90660-00 [1602]
- ...
- telangiectasis
- - eye (posterior chamber) (retina) 42740-03 [209]
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- tendon NEC 90560-00 [1552]
- ...
- toxin botulinum NEC (*see also Injection/by site*) 18360-00 [1552]
- - for
- - - anal fissure 90344-024 [929]
- ...
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- - gastric (~~endoscopic~~) 30478-07 [870]
- - oesophageal (~~endoscopic~~) (oesophagogastric junction) 30476-040 [851]

- ~~--- oesophagogastric junction (endoscopic) 30476-01 [851]~~
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- - with stripping (division) (ligation) — see *Stripping/vein/varicose*
- - multiple 32500-01 [722]
- vascular lesion (anomaly) (malformation) 45027-02 [742]
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- ...
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- - anorectal 90344-020 [929]
- - enterocutaneous
- - - large intestine 30382-03 [917]
- - - small intestine 30382-01 [901]
- - fistula-in-ano 90344-020 [929]

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- ...
- - injection to lesion
- - - oesophageal (oesophagogastric junction) (~~(nonbleeding)~~) 30476-040 [851]
- ~~--- bleeding 30478-06 [851]~~
- ~~--- oesophagogastric junction (nonbleeding) 30476-01 [851]~~
- ~~--- bleeding 30478-09 [851]~~
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Panendoscopy (double balloon) (to duodenum) 30473-00 [1005]

- by camera capsule 11820-00 [1005]
- with
- - administration (of)
- - - agent (sclerosing) (to)
- - - - lesion (varices) 30478-07 [870]
- - - - tattooing 30473-07 [1005]
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- - - Argon plasma 30478-20 [1007]
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- - diathermy 30478-01 [1007]
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- - injection of agent to lesion (sclerosing) (sclerotherapy) (varices) 30478-07 [870]
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- for
- ...
- - haemorrhoids
- - - destruction (cauterisation) (cryotherapy) (infrared therapy) 32135-01 [941]

- - - dilation of anus 32153-00 [940]
- - - haemorrhoidectomy NEC 32138-00 [941]
- - - - laser 32138-01 [941]
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- - - ligation, rubber band 32135-00 [941]
- - - sclerotherapy (~~injection~~) 32132-00 [941]
- ...
- - prolapse
- - - anorectal
- - - - insertion of anal suture (Thiersch wire) 32120-00 [929]
- - - - pelvic floor 35577-00 [1283]
- - - rectal (mucosa) (perirectal) (submucosal)
- - - - Delorme procedure (mucosal excision and plication of rectal muscle) 32111-00 [933]
- - - - destruction (cauterisation) (cryotherapy) (infrared therapy) 32135-03 [931]
- - - - injection of agent (~~(perirectal)~~) (~~(sclerosing agent)~~) ((sclerosing)) ((sclerotherapy)) (~~(submucosal)~~) 32132-01-90344-02 [929]
- - - - insertion of anal suture (Thiersch wire) 32120-00 [929]

Repair

- ...
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- - by administration of agent ~~botulinum toxin~~ (Botox) (botulinum toxin) 90344-021 [929]
- ...
- prolapse, prolapsed
- ...
- - rectum (mucosa) (perirectal) (submucosal)
- - - by
- - - - Delorme procedure (mucosal excision and plication of rectal muscle) 32111-00 [933]
- - - - destruction (cauterisation) (cryotherapy) (infrared therapy) 32135-03 [931]
- - - - injection of agent (~~(perirectal)~~) (~~(sclerosing agent)~~) (~~(submucosal)~~) ((sclerosing)) ((sclerotherapy)) 32132-01-90344-02 [929]
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- - - - ligation, rubber band 32135-02 [931]
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- - - - rectopexy, abdominal 32117-00 [940]
- - - - reduction of rectal mucosa (by excision) 32111-00 [933]
- - - - - manual 90313-01 [940]
- ...
- rectum NEC 90313-00 [940]
- - and anus, via
- - - laparotomy (posterior sagittal approach) 43966-00 [938]
- - - perineal approach (posterior sagittal approach) 43963-00 [938]
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- - - by

- - - Delorme procedure (mucosal excision and plication of rectal muscle) 32111-00 [933]
 - - - destruction (cauterisation) (cryotherapy) (infrared therapy) 32135-03 [931]
 - - - injection of agent (perirectal) (sclerosing agent) (submucosal) (sclerosing) (sclerotherapy) 32132-04 90344-02 [929]
 - - - insertion of anal suture (Thiersch wire) 32120-00 [929]
- Sclerotherapy** (injection of sclerosing agent)
- for
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 - - intestine, large (endoscopic) 90308-00 [908]
 - - oesophagogastric junction (endoscopic)
 - - bleeding 30478-09 [851]
 - - nonbleeding 30476-01 [851]
 - - oesophagus (endoscopic) (oesophagogastric junction) 30476-04 [851]
 - - bleeding 30478-06 [851]
 - - nonbleeding 30476-00 [851]
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 - - pilonidal sinus or cyst 30679-00 [1659]
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 - - telangiectasis 45027-02 [742]
 - - varices (endoscopic)
 - - duodenal 30478-07 [870]
 - - gastric (bleeding) (endoscopic) 30478-07 [870]
 - - oesophageal (oesophagogastric junction) (endoscopic) (injection) 30476-04 [851]
 - - oesophagogastric junction (endoscopic) (injection) 30476-01 [851]
 - - vascular malformation 45027-02 [742]

11.7. Dental updates (ADA schedule 10th revision) (Major)

Following publication of *The Australian Schedule of Dental Services and Glossary 10th edition* by the Australian Dental Association (ADA) in 2013, amendments were made to Chapter 7 *Dental Services* in ACHI Tabular List in Ninth Edition.

Refer also 0.13 Appendix C: Mapping table for MBS dental items.

TABULAR LIST OF INTERVENTIONS

CHAPTER 6

DENTAL SERVICES (BLOCKS 450–490)

Note: The Australian Classification of Health Interventions (ACHI) Dental Services chapter is based on the Australian Dental Association's (ADA) publication 'The Australian Schedule of Dental Services and Glossary, 9th 10th Edition'.

The third, fourth and fifth characters of the Australian Classification of Health Interventions dental codes (97011-00 to 97986-00) directly relate to the item number in the ADA's schedule. For example:

97171-00 Odontoplasty, per tooth

171 Odontoplasty – per tooth

A stand-alone procedure to modify the contour of the crown of a tooth or the anatomy of the fissure of a tooth to provide an improved contour.

Some code descriptions vary slightly from the ADA's item number descriptions. Reference should be made to the ADA's schedule where further definition of code descriptions is required. The publication also contains diagrams which may be useful, especially in regard to defining the terminology used by dentists. An example of a variation in code description follows.

97774-00 Provision of obturator

774 Obturator

Some services within the ADA's schedule were not incorporated into Australian Classification of Health Interventions for the following reasons:

1. Duplication of a service classified within the Medicare Benefits Schedule.

Certain procedures performed by Oral and Maxillofacial surgeons and Plastic and Reconstructive surgeons can also be performed by Dentists. An example is the procedures relating to osseointegration (see Chapter 5 Nose, Mouth and Pharynx, block [400]). Wherever a duplication occurred, the ADA's item number was mapped to the relevant Australian Classification of Health Interventions code.

2. Other ADA item numbers not incorporated into Australian Classification of Health Interventions.

Certain ADA item numbers contain concepts which are not applicable to bundle several dental services within the one item, and therefore are not incorporated into the Australian Classification of Health Interventions. For example: 281 Course of nonsurgical periodontal treatment, 412 Incomplete endodontic therapy (inoperable or fractured tooth).

452 Other dental diagnostic services

97053-00 Dental cytological investigation

97054-00 Mucosal screening

97055-00 Blood sample, for dental diagnosis

453 Dental prophylaxis and bleaching

97111-00 Removal of plaque or stain of teeth

Excludes: that with:
 • removal of calculus:
 • subgingival (97114-00 [453])
 • supragingival (97114-00 [453])
 • root planing (97222-00 [456])

97113-00 Recontouring of pre-existing restoration(s)

Includes: polishing

97114-00 Removal of calculus from surfaces of teeth

Excludes: that with root planing (97222-00 [456])

455 Other preventative dental service

97151-00 Provision of mouthguard, indirect

97153-00 Bimaxillary mouthguard, indirect

97161-00 Fissure and/or tooth surface sealing, per tooth

Includes: preparation of pits or fissures

456 Periodontic interventions

97222-01 Root planing with subgingival curettage > 8 teeth

Includes: removal of:
 • calculus
 • plaque

~~97225-00 Nonsurgical periodontal treatment, not elsewhere classified~~

~~*Includes:* application of medicaments
 debridement
 lavage~~

~~*Excludes:* removal of gingival calculus and plaque (97114-00 [453])
 that with any other periodontal procedure — omit code~~

- 97231-00 Gingivectomy ≤ 8 teeth
Includes: planing of root
removal of calculus
- 97245-00 Surgical periodontal procedure, not elsewhere classified, per tooth or implant
Cautery for endodontic access
Gingivoplasty
Pericision
- 97281-00 Nonsurgical periodontal treatment, not elsewhere classified
Includes: application of medicaments
debridement
lavage
Excludes: removal of gingival calculus and plaque (97114-00 [453])
that with any other periodontal procedure – omit code

457 Nonsurgical removal of tooth

- 97311-08 Removal of unspecified number of teeth or part(s) thereof
- 97314-01 Sectional removal of 1 tooth or part(s) thereof
Includes: removal of bone
- 97314-02 Sectional removal of 2 teeth or part(s) thereof
Includes: removal of bone
- 97314-03 Sectional removal of 3 teeth or part(s) thereof
Includes: removal of bone
- 97314-04 Sectional removal of 4 teeth or part(s) thereof
Includes: removal of bone
- 97314-05 Sectional removal of 5 - 9 teeth or part(s) thereof
Includes: removal of bone
- 97314-06 Sectional removal of 10 - 14 teeth or part(s) thereof
Includes: removal of bone
- 97314-07 Sectional removal of ≥ 15 teeth or part(s) thereof
Includes: removal of bone
- 97314-08 Sectional removal of unspecified number of teeth or part(s) thereof
Includes: removal of bone

469 Other restorative dental service

- 97572-01 Provisional restoration of tooth, per tooth
Temporary (intermediate) restoration of a tooth
Excludes: that with any other dental procedure – omit code
- 97574-01 Cementation of metal band to tooth
Cementation of metal band for diagnostic, protective purposes or placement of provisional restoration
- 97575-00 Insertion of dental pin, per pin
Insertion of dental pin to aid retention and support of direct or indirect restorations of tooth
- 97576-00 Metallic crown
Coronal restoration using stainless steel crown
- 97577-00 Cusp capping, per cusp
Restoration of anatomical or functional height of cusp

Code also when performed:

- restoration of posterior tooth:
 - direct (see blocks [465] and [466])
 - indirect (see blocks [465] and [466])

...

- 97595-00 Removal of inlay/onlay indirect restoration
Removal of ~~indirect~~ currently cemented inlay/onlay or metallic/~~or~~ tooth-coloured restoration
- 97596-00 Recementing of inlay/onlay indirect restoration
Recementing of ~~previously cemented~~ inlay/onlay ~~indirect~~ or metallic/~~or~~ tooth-coloured restoration
- 97597-00 Post cast, preformed or wrought
Fabrication and cementation of cast, preformed or wrought post

470

Crown

- 97631-00 Provisional crown
Temporary crown, designed to last until a permanent crown is constructed or the tooth is removed
- Excludes: that with any other dental procedure – omit code

471

Bridge

- 97632-00 Provisional bridge, per pontic
Temporary bridge, designed to last until a permanent bridge can be constructed and inserted
- Excludes: that with any other dental procedure – omit code
- 97633-00 Provisional implant abutment, per abutment
Temporary abutment to an implant, designed to last until permanent abutment(s) can be fitted
- Excludes: fitting of final implant abutment (97661-00 [473])
- 97634-01 Provisional implant restoration, per abutment
Temporary restoration of an implant, designed to last until permanent restoration can be placed
- Excludes: fitting of final implant abutment (97661-00 [473])
that with any other dental procedure – omit code
- 97642-00 Bridge pontic, direct, per pontic

473

Implant prosthesis

- 97661-00 Fitting of implant abutment, per abutment
Fitting of final implant abutment or replacement of an existing abutment
- Excludes: fitting of provisional implant; crown abutment (97662-00 [473])
 - abutment (97633-00 [471])
 - restoration (97634-01 [471])
- ~~97662-00 Fitting of provisional implant crown abutment, per abutment~~
~~Fitting of provisional implant crown abutment~~
- ~~Excludes: fitting of final implant abutment (97661-00 [473])~~
- 97663-00 Surgical removal of dental implant and/or retention device
- 97664-00 Fitting of bar for denture
- 97665-00 Prosthesis with removable resin base attached to implants, per arch
- 97666-00 Prosthesis with fixed metal frame attached to implants, per tooth/arch
- 97667-00 Prosthesis with removable metal frame attached to implants, per arch
- 97668-00 Removal and replacement of fixture or abutment screw

- 97669-00 Removal and reattachment of prosthesis fixed to implant, per implant
Maintenance of prosthesis fixed to an osseointegrated implant
- 97671-00 Full crown attached to osseointegrated implant, nonmetallic, indirect
Artificial crown of tooth-coloured material attached to osseointegrated implant
- 97672-00 Full crown attached to osseointegrated implant, veneered, indirect
Artificial crown with metallic base veneered with tooth-coloured material attached to osseointegrated implant
- 97673-00 Full crown attached to osseointegrated implant, metallic, indirect
Artificial crown of cast metal attached to osseointegrated implant
- 97678-00 Provision of diagnostic template
Template incorporating radio-opaque markers as reference marks for preferred implant and restoration placement
Excludes: template used as a surgical implant guide (97679-00 [473])
- 97679-00 Provision of surgical implant guide
Provision of an appliance which indicates the ideal location and angulation for insertion of implants
- 97689-00 Insertion of provisional implant
Special purpose implant designed with the intention of it being removed at a later stage
- 97690-00 Insertion of provisional retention device
Special purpose provisional retention device intended for later removal attached to the jaws by screws or to implants

476

Denture repair

Code also when performed:

- impression for denture repair (97776-00 [477])

- 97761-00 Reattachment of pre-existing ~~tooth or~~ clasp to denture
Repair, insertion and adjustment of denture involving reattachment of pre-existing ~~tooth or~~ clasp
- 97762-00 Replacement or addition of a new clasp to denture
Repair, insertion and adjustment of denture involving replacement of a new clasp(s) or addition of clasp(s)
- 97763-00 Repair of broken base of complete denture
- 97764-00 Repair of broken base of partial denture
- 97765-00 Replacement or addition of a new ~~of~~ tooth on denture, per tooth
Repair, insertion and adjustment of denture ~~where new tooth is needed~~ involving replacement with a new tooth to a pre-existing denture
- 97766-01 Reattaching existing tooth on denture, per tooth
Repair, insertion and adjustment of a denture involving reattachment of a pre-existing denture tooth
- 97768-00 Adding tooth to partial denture to replace extracted or decoronated tooth, per tooth
Modification, insertion and adjustment of partial denture involving addition to accommodate loss of natural tooth or its coronal section
Includes: abutment tooth clasp
Code also when performed:
• immediate tooth replacement (97736-00 [474])

ALPHABETIC INDEX OF INTERVENTIONS

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- medicament
- - dental 97927-00 [485]
- - - for nonsurgical periodontal treatment ~~97225~~97281-00 [456]
- - - using individually made tray for self application 97926-00 [485]

Cleaning

- dental restoration, pre-existing, with recontouring (with polishing) 97113-00 [453]
- denture (complete) (old) (partial) 97753-00 [475]
- - new — *omit code*

- prosthesis, dental with reattachment 97669-00 **[473]**

Fitting

- assistive or adaptive device, aid or equipment NEC 96092-00 **[1870]**

- bar, for overlay denture 97664-00 **[473]**

- contact lenses 96092-00 **[1870]**

- customised blocks for radiotherapy procedure

- - with construction 90765-03 **[1797]**

- dental implant abutment (crown) (final) 97661-00 **[473]**

- - provisional (temporary) 9766297633-00 **[4731]**

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- - mandibular 97712-00 **[474]**

- - - and maxillary 97719-00 **[474]**

- - maxillary 97711-00 **[474]**

- - - and mandibular 97719-00 **[474]**

...

- prosthesis

~~— acrylic, dental, with metal frame attached to implants 97666-00 **[473]**~~

- - dental

- - - with

- - - - metal frame attached to implants (fixed) 97666-00 **[473]**

- - - - - removable 97667-00 **[473]**

- - - - - resin base attached to implants, removable 97665-00 **[473]**

- - - implant abutment (crown) (final) 97661-00 **[473]**

- - - - provisional (temporary) 9766297633-00 **[4731]**

- - - - provisional

- - - - - bridge pontic 97632-00 **[471]**

- - - - - with any other dental procedure — *omit code*

- - - - - crown 97631-00 **[470]**

- - - - - with any other dental procedure — *omit code*

- - - - - implant abutment 97633-00 **[471]**

- - - - - final 97661-00 **[473]**

- - - - - retention device 97690-00 **[473]**

- - limb 96092-00 **[1870]**

Implant, implantation — *see also Insertion*

- prosthesis, prosthetic device

- - with repair of pectus excavatum (deformity) 38458-00 **[564]**

~~— acrylic, dental~~

~~— with metal frame attached to implants 97666-00 **[473]**~~

- - arm NEC 90539-00 **[1409]**

- - cochlear (multiple channel) (single channel) (with mastoidectomy) 41617-00 **[329]**

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- - - arm 90539-00 **[1409]**

- - - leg 90551-00 **[1496]**

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- clasp on denture

- - new 97762-00 **[476]**

- - pre-existing 97761-00 **[476]**

- coil

...

- dental

- - pin (for retention) 97575-00 **[469]**

~~— provisional implant 97689-00 **[473]**~~

- - prosthesis

- - - with

- - - - metal frame attached to implants (fixed) 97666-00 **[473]**

- - - - - removable 97667-00 **[473]**

- - - - - resin base attached to implants, removable 97665-00 **[473]**

- - - implant abutment (crown) (final) 97661-00 **[473]**

- - - - provisional (temporary) 97633-00 **[471]**

- - - - provisional

- - - - - bridge pontic 97632-00 **[471]**

- - - - - with any other dental procedure — *omit code*

- - - - - crown 97631-00 **[470]**

- - - - - with any other dental procedure — *omit code*

- - - - - implant abutment 97633-00 **[471]**

- - - - - final 97661-00 **[473]**

- - - - - retention device 97690-00 **[473]**

...

- tooth (on)

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- - - new 97765-00 **[476]**

- - - pre-existing 9776497766-00 **[476]**

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Maintenance (of)

- catheter, implanted (for administration of pharmacotherapy) NEC 92058-01 **[1922]**

- - vascular (central venous catheter) (Hickman's line) (permacath) (without reservoir) 92058-01 **[1922]**

- - - with reservoir (infusion port) (Port-A-Cath) 13939-02 **[1922]**

- continuous ambulatory drug delivery device (CADD) 13942-02 **[1922]**

- denture, by

- - addition of clasp(s) 97762-00 **[476]**

- - - new 97762-00 **[476]**

- - - pre-existing 97761-00 **[476]**

- - adjustment (pre-existing denture) 97741-00 **[475]**

- - cleaning and polishing 97753-00 **[475]**

- - identification 97777-00 **[477]**

- - impression for repair 97776-00 **[477]**

- - rebasing 97754-00 **[475]**

- - relining

- - - processed (complete denture) 97743-00 **[475]**

- - - - partial denture 97744-00 **[475]**

- - - self-cured (complete denture) 97751-00 **[475]**

- - - - partial denture 97752-00 **[475]**

- - remodelling (complete denture) 97745-00 **[475]**

- - - partial denture 97746-00 **[475]**

- - repair

- - - adding tooth to partial denture to replace extracted or decoronated tooth 97768-00 **[476]**
- - - broken base (complete denture) 97763-00 **[476]**
- - - partial denture 97764-00 **[476]**
- - - metal casting (addition) 97769-00 **[476]**
- - - reattachment of pre-existing tooth or clasp ~~97761-00~~ **[476]**
- - - clasp (to denture) 97761-00 **[476]**
- - - tooth (denture) 97766-01 **[476]**
- - - replacing
- - - clasp(s) 97762-00 **[476]**
- - - tooth (complete denture) (partial denture) 97765-00 **[476]**

Reattachment

- choroid and retina — *see Repair/retina, retinal/detachment*
- clasp to denture 97761-00 **[476]**
- ~~to denture 97761-00~~ **[476]**
- ear — code specific procedure(s) performed
- extremity — code specific procedure(s) performed
- ...
- scalp 90674-00 **[1655]**
- tendon NEC 90584-01 **[1572]**
- - knee
- - - with patellectomy 47582-00 **[1520]**
- tooth to denture 97766-01 **[476]**
- ~~to denture 97761-00~~ **[476]**

Removal — *see also Excision*

- dental
- - arch bars (mandible) (maxilla) 45823-00 **[1360]**
- - fractured endodontic instrument 97453-00 **[464]**
- - implant (surgical) 97663-00 **[473]**
- - retention device (surgical) 97663-00 **[473]**
- - soft tissue NEC 97377-00 **[460]**
- - splint (bridge) 97656-00 **[472]**

Repair

- denture
- - by adding tooth to partial denture to replace extracted or decoronated tooth 97768-00 **[476]**
- - with
- ~~addition of clasp(s) 97762-00~~ **[476]**
- - reattachment of pre-existing tooth or clasp ~~97761-00~~ **[476]**
- - - clasp (to denture) 97761-00 **[476]**
- - - tooth (to denture) 97766-01 **[476]**
- - - repair
- - - broken base (complete denture) 97763-00 **[476]**
- - - partial denture 97764-00 **[476]**
- - - metal casting (addition to) 97769-00 **[476]**
- - - replacement
- - - clasp(s) 97762-00 **[476]**
- - - tooth (complete denture) (partial denture) 97765-00 **[476]**
- - broken base (complete denture) 97763-00 **[476]**
- - partial denture 97764-00 **[476]**
- - metal casting 97769-00 **[476]**

- - reattachment of pre-existing tooth or clasp to denture ~~97761-00~~ **[476]**
- - - clasp (to denture) 97761-00 **[476]**
- - - tooth (to denture) 97766-01 **[476]**
- device

Restoration

- tooth (using)
- ...
- onlay — *see Restoration/tooth/metallic/indirect OR Restoration/tooth/tooth-coloured material/indirect*
- - provisional 97572-01 **[469]**
- - - with any other dental procedure — *omit code*
- - crown 97631-00 **[470]**
- - - with any other dental procedure — *omit code*
- - implant 97634-01 **[471]**
- - - with any other dental procedure — *omit code*
- - temporary (cavity) 97572-01 **[469]**
- - - with any other dental procedure — *omit code*
- - crown 97631-00 **[470]**
- - - with any other dental procedure — *omit code*
- - implant 97634-01 **[471]**
- - - with any other dental procedure — *omit code*

Sampling

- for dental pathology testing
- - activity kit screening test (for)
- - - caries 97047-01 **[452]**
- - - periodontal disease 97048-01 **[452]**
- - bacteriological 97048-01 **[452]**
- - blood 97055-00 **[452]**
- - caries susceptibility test 97048-01 **[452]**
- - mucosal 97054-00 **[452]**
- - noninvasive collection of sample 97044-00 **[452]**
- - saliva 97047-01 **[452]**

Screening

- bacteriological, dental 97048-01 **[452]**
- mucosal 97054-00 **[452]**
- risk NEC 96037-00 **[1824]**
- saliva, dental 97047-01 **[452]**

Seal, sealing

- apical end of root canal 97434-00 **[463]**
- fissure, dental 97161-00 **[455]**
- perforation
- - corneal, with tissue adhesive (glue) 42635-00 **[174]**
- - tooth root (surgical) 97436-00 **[463]**
- root canal, apical end 97434-00 **[463]**
- tooth surface 97161-00 **[455]**

Section — *see also Division*

Treatment

- dental
- - acute periodontal infection 97213-00 **[456]**
- - external root resorption 97437-00 **[463]**
- - palliative, emergency 97911-00 **[484]**
- - periodontal, nonsurgical ~~97226~~97281-00 **[456]**
- - - with any other periodontal procedure — *omit code*

- fracture
- - by reduction — see *Reduction/fracture/by site*
- - nonsurgical (by cast) — see *Immobilisation*
- molecular adsorbent recirculating system (MARS) 13750-06 [1892]

- palliative
- - dental, emergency 97911-00 [484]
- periodontal, nonsurgical 9722597281-00 [456]
- radiation — see *Radiotherapy*

11.8. Cholangiopancreatography (Major)

Following the publication of advice regarding *duodenoscope assisted cholangiopancreatography (DACP)* in June 2009, the following amendments were made to ACHI Ninth Edition:

- Creation of a code for cholangiopancreatography
- Addition of terms to the Alphabetic Index.

TABULAR LIST OF INTERVENTIONS

957	Examination of gallbladder or biliary tract
30442-00	Choledochoscopy
	<i>Excludes:</i> that with: <ul style="list-style-type: none"> • <u>cholangiopancreatography (96224-00 [957])</u> • dilation (30452-00 [971]) • removal of calculus (30452-02 [959]) • stenting (30452-01 [958])
30484-00	Endoscopic retrograde cholangiopancreatography [ERCP]
	<i>Includes:</i> bile duct brushings biopsy
	<i>Excludes:</i> endoscopic retrograde pancreatography [ERP] (30484-02 [974])
96224-00	<u>Cholangiopancreatography</u>
	<u>Duodenoscope-assisted cholangiopancreatography (DACP)</u>
	<i>Includes:</i> <u>biopsy</u> <u>brushings (washings) (bile duct) (pancreatic)</u>

ALPHABETIC INDEX OF INTERVENTIONS

Cholangiopancreatography

- by magnetic resonance imaging (MRCP) 90901-05 [2015]

- endoscopic retrograde (ERCP) (with biopsy) (with brushings) 30484-00 [957]

Cholangiopancreatography (DACP) (duodenoscope-assisted) (with biopsy) (with brushings) (with washings) 96224-00 [957]

Cholecystectomy 30443-00 [965]

- as part of biliopancreatic diversion — see *Biliopancreatic diversion (BPD), for obesity/with/cholecystectomy*
- with choledochotomy 30454-01 [965]

Choledochoscopy 30442-00 [957]

- with

- - balloon dilation of stricture 30452-00 [971]
- - cholangiopancreatography (with biopsy) (with brushings) (with washings) 96224-00 [957]
- - passage of stent 30452-01 [958]
- - removal of calculus 30452-02 [959]

D&E (dilation and evacuation of uterus) 35643-03 [1265]

DACP (duodenoscope-assisted cholangiopancreatography) (with biopsy) (with brushings) (with washings) 96224-00 [957]

Dacryoadenectomy 42593-00 [246]

11.9. Biopsy of diaphragm

Following receipt of a public submission, a code was created in block [563] *Excision procedures on chest wall, mediastinum or diaphragm* for percutaneous [needle] biopsy of chest wall, mediastinum or diaphragm.

TABULAR LIST OF INTERVENTIONS

563	Excision procedures on chest wall, mediastinum or diaphragm
96216-00	Percutaneous [needle] biopsy of chest wall, mediastinum or diaphragm
	<u>Percutaneous fine needle:</u>
	• aspiration } • biopsy } <u>chest wall, mediastinum or diaphragm</u>
43987-00	Excision of intrathoracic neuroblastoma
38446-02	Removal of lesion of mediastinum via thoracotomy
38446-03	Removal of lesion of mediastinum via sternotomy

ALPHABETIC INDEX OF INTERVENTIONS

Biopsy	-- percutaneous (needle) 96216-00 [563]
...	-- via
- chest wall 38448-00 [561]	--- thoracoscopy 38436-00 [559]
-- percutaneous (needle) 96216-00 [563]	--- thoracotomy (open) 38418-00 [561]
-- via	_disc, intervertebral 90602-00 [1382]
--- thoracoscopy 38436-00 [559]	...
--- thoracotomy (open) 38418-00 [561]	- mediastinum (with exploration)
_clitoris 35615-00 [1291]	-- percutaneous (needle) 96216-00 [563]
...	-- via
- diaphragm 38448-00 [561]	--- cervical route 38448-00 [561]

11.10. Osteonecrosis of jaw (drug-induced) (radiation-induced) (Indexing)

In 2012, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Brasilia. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

K10.2	Inflammatory conditions of jaws
	Osteitis of jaw } (acute) (chronic) (suppurative)
	Osteomyelitis (neonatal) of jaw }
	<u>Osteonecrosis (drug-induced) (radiation-induced) of jaw</u> }
	Osteoradionecrosis of jaw }
	Periostitis of jaw }
	Sequestrum of jaw bone }
	<i>Use additional external cause code (Chapter 20) to identify drug, if drug-induced or to identify radiation, if radiation-induced.</i>

M87**Osteonecrosis**

Includes: avascular necrosis of bone

Excludes: osteochondropathies (M91–M93)
osteonecrosis of jaw (drug-induced) (radiation-induced) (K10.2)

ALPHABETIC INDEX OF DISEASES**Osteonecrosis M87.9-**

- in (due to)
- - caisson disease T70.3† M90.3-*
- - decompression sickness T70.3† M90.3-*
- - drugs NEC M87.1-
- - - jaw K10.2
- - haemoglobinopathy NEC D58.2† M90.4-*
- - trauma (previous) M87.2-

11.11. Acquired dysmotility of oesophagus

Following publication of advice in December 2013 for *acquired dysmotility of the oesophagus*, amendments were made to the ICD-10-AM Tabular List and Alphabetic Index.

TABULAR LIST OF DISEASES

K22.4 Dyskinesia of oesophagus

Corkscrew oesophagus
Diffuse oesophageal spasm
Spasm of oesophagus

Excludes: cardiospasm (K22.0)
congenital dysmotility (Q39.82)

ALPHABETIC INDEX OF DISEASES**Dyskinesia G24.9**

- biliary (cystic duct or gallbladder) K82.8
- drug-induced G24.0
- hysterical F44.4
- intestinal K59.8
- neuroleptic-induced (tardive) G24.0
- nonorganic origin F44.4

- oesophagus (see also Dysmotility/oesophagus AND Spasm/oesophagus) K22.4
- orofacial (idiopathic) G24.4

Dysmotility, oesophagus, congenital Q39.82 (acquired) (see also Spasm/oesophagus) K22.4

- congenital Q39.82

Dysnomia R47.0

11.12. Closure of ileostomy

Following publication of advice in September 2014, amendments were made toACHI to clarify code assignment for *closure of ileostomy*:

- Amendment of the code title of 30562-01 [899]
- Addition of an includes note at 30562-01 [899], 30562-04 [899], 30562-03 [917] and 32033-00 [917]
- Minor amendments toACHI Tabular List and Alphabetic Index for consistency and clarity.

TABULAR LIST OF INTERVENTIONS

899	Closure of stoma of small intestine
	<u>Includes:</u> <u>resection of small sections (freshening) (trimming) from end of stoma (exteriorised bowel) and distal intestine prior to anastomosis</u>
30562-00	Closure of loop ileostomy Closure of temporary ileostomy
	<u>Includes:</u> <u>restoration of bowel continuity (anastomosis)</u>
30562-01	Closure of ileostomy with restoration of bowel continuity, without resection Closure of ileostomy NOS
	<u>Code also when performed:</u> • <u>division of adhesions (30378-00 [986])</u>
	<u>Excludes:</u> <u>closure of loop (temporary) ileostomy (30562-00 [899]) that; following Hartmann's procedure (32033-00 [917])</u> • <u>following Hartmann's procedure (32033-00 [917])</u> • <u>with restorative proctectomy (rectal resection) (32060-00 [934])</u> <u>that with resection and formation of ileal reservoir (32060-00 [934])</u>
30562-04	Closure of other stoma of small intestine
	<u>Includes:</u> <u>restoration of bowel continuity (anastomosis)</u>
	<u>Code also when performed:</u> • <u>division of adhesions (30378-00 [986])</u>
917	Other repair of large intestine
30375-25	Suture of laceration of large intestine
32094-00	Endoscopic dilation of colorectal stricture Endoscopic dilation of colorectal anastomotic stricture
30562-02	Closure of loop colostomy Closure of temporary colostomy
	<u>Includes:</u> <u>resection of small sections (freshening) (trimming) from end of stoma (exteriorised bowel) and distal intestine prior to anastomosis</u> <u>restoration of bowel continuity (anastomosis)</u>
30562-03	Closure of colostomy with restoration of bowel continuity Closure of colostomy NOS
	<u>Includes:</u> <u>resection of small sections (freshening) (trimming) from end of stoma (exteriorised bowel) and distal intestine prior to anastomosis</u>
	<u>Code also when performed:</u> • <u>division of adhesions (30378-00 [986])</u>

Excludes: closure of loop colostomy (30562-02 [917])
that following Hartmann's procedure (32033-00 [917])

32033-00 Restoration of bowel continuity ~~after following~~ Hartmann's procedure
Closure of Hartmann's procedure

Includes: anastomosis:
• extraperitoneal
• intraperitoneal
mobilisation of bowel and rectum
resection of small sections (freshening) (trimming) from end of stoma (exteriorised bowel) and distal intestine prior to anastomosis

Code also when performed:

- division of adhesions (30378-00 [986])

ALPHABETIC INDEX OF INTERVENTIONS

Anastomosis

- ...
- ileoanal
- - with
- - - closure of ileostomy ~~(without resection)~~ — see Closure/ileostomy 30562-01 [899]
- ~~— with resection (anal mucosa) (rectum) 32060-00 [934]~~
- - - proctocolectomy, total 32051-00 [936]
- - - and formation of temporary ileostomy 32051-01 [936]

Closure (of)

- ...
- colostomy (with restoration of bowel continuity) 30562-03 [917]
- - ~~after following~~ Hartmann's procedure 32033-00 [917]
- - loop 30562-02 [917]
- - temporary (covering) (defunctioning) 30562-02 [917]
- ...
- ileostomy (with restoration of bowel continuity) ~~(without resection)~~ 30562-01 [899]
- - with restorative proctectomy (rectal resection) 32060-00 [934]
- - following Hartmann's procedure 32033-00 [917]
- - loop 30562-00 [899]
- - temporary (covering) (defunctioning) ~~(loop)~~ 30562-00 [899]
- ...
- stoma — see also Closure/by site of stoma
- ~~— colon (with restoration of bowel continuity) 30562-03 [917]~~

- ~~— after Hartmann's procedure 32033-00 [917]~~
- ~~— loop 30562-02 [917]~~
- ~~— temporary (covering) (defunctioning) 30562-02 [917]~~
- ~~— ileum (without resection) 30562-01 [899]~~
- ~~— with restorative proctectomy 32060-00 [934]~~
- ~~— temporary (covering) (defunctioning) (loop) 30562-00 [899]~~
- - intestine NEC
- - - large 30562-05 [917]
- - - small 30562-04 [899]
- ~~— oesophagus 30293-01 [867]~~
- ~~— stomach 90339-00 [887]~~
- ~~— thoracic 90176-00 [566]~~
- ~~— trachea 41879-02 [539]~~
- ~~— ureter~~
- ~~— cutaneous 36624-00 [1086]~~
- stricture

Restoration

- ...
- bowel continuity
- - with closure of
- - - colostomy (see also Closure/colostomy) 30562-03 [917]
- ~~— after Hartmann's procedure 32033-00 [917]~~
- - - ileostomy ~~(without resection)~~ (see also Closure/ileostomy) 30562-01 [899]
- ~~— with resection (anal mucosa) (rectum) 32060-00 [934]~~
- - ~~after following~~ Hartmann's procedure 32033-00 [917]

11.13. Appendicitis with peritonitis (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Appendicitis K37

- with

- - perforation or rupture NEC K35.3

- - - with generalised peritonitis K35.2

- - peritoneal abscess K35.3

- - peritonitis (~~perforation~~) (~~rupture~~) NEC K35.3

- - - generalised K35.2

- - - localised K35.3

- acute (catarrhal) (fulminating) (gangrenous) (obstructive) (retrocaecal) (suppurative) K35.8

- - with

- - - perforation or rupture NEC K35.3

- - - - with generalised peritonitis K35.2

- - - peritoneal abscess K35.3

- - - peritonitis (~~perforation~~) (~~rupture~~) NEC K35.3

- - - - generalised K35.2

- - - - localised K35.3

11.14. Laennec's cirrhosis (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Laennec's cirrhosis ~~K74.6~~K70.3

- nonalcoholic K70.3K74.6

11.15. Ogilvie syndrome (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Oestriasis (*see also Myiasis*) B87.9

Ogilvie syndrome ~~K56.6~~K56.0

Oguchi's disease H53.6

Syndrome — *see also Disease*

...

- obesity hypoventilation (OHS) E66.2

- obsession, obsessional F42.0

- oculo-auriculo-vertebral Q87.08

- oculocraniosomatic H49.8

- oculomotor H51.9

- Ogilvie ~~K56.6~~K56.0

11.16. Levator ani syndrome (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Leukosarcoma (M9820/3) C85.9

Levator ani syndrome K59.4

Levurid L30.2

Syndrome — *see also* Disease

...

- lenticular, progressive E83.0

- Leriche's I74.0

- Leri-Weill Q77.89

- Lermoyez H81.3

- Lesch-Nyhan E79.1

- Levator ani K59.4

- Lightwood-Albright N25.8

- Lignac(-de Toni-Fanconi-Debré) E72.0

- limbic epilepsy personality F07.0

11.17. Redundant colon (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Redundant, redundancy

- anus (congenital) Q43.89

- clitoris N90.8

- colon (congenital) Q43.89

- - acquired K59.8

- foreskin (congenital) N47

- intestine (congenital) Q43.89

- - acquired K59.8

- labia N90.6

- organ or site, congenital NEC — *see* Accessory

- panniculus (abdominal) E65

- prepuce (congenital) N47

- pylorus K31.88

- rectum (congenital) Q43.89

- scrotum N50.8

- sigmoid (congenital) Q43.89

- - acquired K59.8

11.18. Pseudo-obstruction of intestine (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Pseudo-obstruction

- intestine (chronic) (functional) (idiopathic) (intermittent secondary) (primary) K59.8

- - acute ~~K56.6~~ K56.0

- oesophagus, congenital Q39.82

11.19. Epiploic appendagitis (*Indexing*)

Following receipt of a public submission and publication of advice in September 2014, additional index entries for epiploic appendagitis were added to the Alphabetic Index to ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Appendage

- epididymal (organ of Morgagni) Q55.42
- intestine (epiploic) Q43.89
- preauricular Q17.02
- testicular (organ of Morgagni) Q55.29

Appendagitis (epiploic) (*see also Peritonitis*) K65.9

- with abscess K65.0

- due to

- - thrombosis K55.0

- - torsion K55.0

Appendicitis K37

Epiploitis (*appendicitis epiploicae*) (*see also Peritonitis*) K65.9

- with abscess K65.0

- due to

- - thrombosis K55.0

- - torsion K55.0

Epiplosarcomphalocoele Q79.2

Torsion

- appendix epiplocae K55.0

11.20. Insertion PEG tube (*Indexing*)

Amendments were made to the ACHI Alphabetic Index for 30481-00 [870] *Initial insertion of percutaneous endoscopic gastrostomy [PEG] tube* for consistency.

ALPHABETIC INDEX OF INTERVENTIONS

Insertion

...

- peg, motility integrating

- - into existing orbital implant 42518-02 [164]

- percutaneous endoscopic gastrostomy (initial) (PEG) 30481-00 [870]

- - repeat insertion 30482-00 [870]

- peritoneal access device (port-catheter) 90376-00 [983]

- - with replacement 90376-01 [983]

...

- tube

...

- - feeding

...

- - - gastrostomy, percutaneous {endoscopic} (initial) (PEG) 30481-00 [870]

- - - repeat insertion 30482-00 [870]

...

- - gastrostomy, percutaneous endoscopic (initial) (PEG) 30481-00 [870]

- - - repeat insertion 30482-00 [870]

...

- - pancreatic duct, endoscopic (with dilation) 30491-02 [975]

- - percutaneous endoscopic gastrostomy (initial) (PEG) 30481-00 [870]

- - - repeat insertion 30482-00 [870]

- - pharyngeal 90179-02 [568]

Intubation — *see also Catheterisation AND Insertion/tube*

...

- feeding

- - gastric 96202-07 [1920]

- - gastrostomy, percutaneous {endoscopic} (initial) (PEG) 30481-00 [870]

- - - repeat insertion 30482-00 [870]

11.21. Incisional inguinal hernia (*Indexing*)

Following publication of advice in March 2014 for *incisional inguinal hernia*, a minor amendment was made to the ICD-10-AM Alphabetic Index.

ALPHABETIC INDEX OF DISEASES

Hernia, hernial (acquired) (recurrent) K46.9

Note: The following fifth character subdivision is for use with K40:
0 not specified as recurrent
1 recurrent

...

- incisional K43.2

- - with

- - - gangrene (and obstruction) K43.1

- - - obstruction K43.0

- - at site of previous inguinal hernia repair – *code to*
K40.- with fifth character 1

- indirect (inguinal) — *see Hernia/inguinal*

- inguinal (direct) (external) (funicular) (indirect)
(internal) (oblique) (scrotal) (sliding) K40.9-

- - with

- - - gangrene (and obstruction) K40.4-

- - - obstruction K40.3-

- - bilateral K40.2-

- - - with

- - - - gangrene (and obstruction) K40.1-

- - - - obstruction K40.0-

- - unilateral K40.9-

- - - with

- - - - gangrene (and obstruction) K40.4-

- - - - obstruction K40.3-

12. Skin and subcutaneous tissue

12.1. Pressure injury (Major)

Following extensive consultation with expert clinicians and societies, the classification of pressure injury was reviewed for currency and clinical appropriateness. The following amendments were made to ICD-10-AM Ninth Edition:

- Addition of the preferred term *pressure injury* with retention of legacy terms decubitus ulcer, pressure area and pressure ulcer as synonymous inclusion terms
- Revised definitions of pressure injuries for consistency with the joint NPUAP-EPUAP-PPPIA (the National Pressure Ulcer Advisory Panel, the European Pressure Ulcer Advisory Panel and the Pan Pacific Pressure Injury Alliance) pressure ulcer definitions
- Addition of an instructional note at L89.- *Pressure injury* to indicate that pressure injury definitions are provided for use by clinicians and clinical coders should not assign codes based on the clinical description alone
- Creation of codes for *suspected deep tissue injury*, *depth unknown*, *so stated* and *pressure injury*, *unstageable*, *so stated*
- Creation of five character codes to specify the site of pressure injury
- Amendment of the Alphabetic Index to support the changes above
- Amendment of the title of ACS 1221 to specify *Pressure injury*
- Amendment of ACS 0604 *Stroke* and ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia* with respect to the classification of pressure injuries.

TABULAR LIST OF DISEASES

DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE (L00–L99)

Other disorders of the skin and subcutaneous tissue (L80–L99)

L87	Transepidermal elimination disorders
L88	Pyoderma gangrenosum
L89	Decubitus-Pressure injury ulcer and pressure area

L89 Pressure injury~~Decubitus ulcer and pressure area~~

▼ 1221

Pressure injury, stage I

Intact skin with non-blanchable redness of a localised area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its colour may differ from the surrounding area. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.

Pressure injury, stage II

Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. It may also be present as an intact or open/ruptured serum-filled blister.

Pressure injury, stage III

Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss.

Pressure injury, stage IV

Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunnelling. The depth of a stage IV pressure injury varies by anatomical location.

Pressure injury, unstageable

Full thickness tissue loss in which the base of the injury is covered by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar is removed to expose the base of the wound, the stage cannot be determined.

Suspected deep tissue injury, depth unknown

Purple or maroon localised area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment.

Bedsore

Decubitus ulcer

Plaster ulcer

Pressure ulcer

Note: ~~For multiple sites of differing stages assign only one code indicating the highest stage.~~ The definitions provided are based on the Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury, 2012 and are for use by clinicians, not clinical coders. Coders should assign a code from L89.- based only on clinical documentation of pressure injury stage.

Excludes: decubitus (trophic) ulcer of cervix (uteri) (N86)

The following fifth character subdivisions are for use with subcategory L89.0-L89.9

⚙0 site unspecified

multiple sites, unspecified

⚙1 head

chin

ear

nose

occiput

⚙2 upper extremity

elbow

⚙3 upper back

scapula

spinous process, upper

⚙4 lower back

coccyx

sacrum

spinous process, lower

⚙5 ischium

buttock

⚙6 trochanter

hip

iliac crest

pelvis

⚙7 heel

⚙8 toe

⚙9 other site of lower extremity (excluding heel and toe)

ankle

foot

knee

malleolus (lateral) (medial)

L89.0 **Pressure injury, stage I**

Pressure ulcer, stage I

L89.0 **Stage I decubitus ulcer and pressure area**

Decubitus [pressure] ulcer limited to erythema only

Note: The ulcer appears as a defined area of persistent redness (erythema) in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue or purple hues, without skin loss.

L89.1 **Pressure injury, stage II**

Pressure ulcer, stage II

L89.1 **Stage II decubitus ulcer and pressure area**

Decubitus [pressure] ulcer with:

- ▲ abrasion
- ▲ blister
- ▲ partial thickness skin loss involving epidermis and/or dermis
- ▲ skin loss NOS

L89.2 **Pressure injury, stage III**

Pressure ulcer, stage III

L89.2 **Stage III decubitus ulcer and pressure area**

Decubitus [pressure] ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue extending to underlying fascia

L89.3 **Pressure injury, stage IV**

Pressure ulcer, stage IV

L89.3 **Stage IV decubitus ulcer and pressure area**

Decubitus [pressure] ulcer with necrosis of muscle, bone or supporting structures (ie tendon or joint capsule)

★ L89.4 **Pressure injury, unstageable, so stated**

Pressure ulcer, unstageable, so stated

Excludes: pressure injury reclassified to stage III or IV after exposure/debridement (L89.2- –L89.3-)

★ L89.5 **Suspected deep tissue injury, depth unknown, so stated**

Excludes: pressure injury reclassified to stage I - IV after exposure/debridement (L89.0- –L89.3-)

L89.9 **Pressure injury, unspecified stage**

Pressure ulcer without mention of stage

L89.9 **Decubitus ulcer and pressure area, unspecified**

Decubitus [pressure] ulcer without mention of stage

L97**Ulcer of lower limb, not elsewhere classified**

Excludes: ~~decubitus ulcer and pressure area (L89.-)~~
 gangrene (R02)
pressure injury (ulcer) (L89.-)
 skin infections (L00–L08)
 specific infections classified to A00–B99
 varicose ulcer (I83.0, I83.2)

L98.4 Chronic ulcer of skin, not elsewhere classified

Chronic ulcer of skin NOS
 Tropical ulcer NOS
 Ulcer of skin NOS

Excludes: ~~decubitus ulcer and pressure area (L89.-)~~
 gangrene (R02)
pressure injury (ulcer) (L89.-)
 skin infections (L00–L08)
 specific infections classified to A00–B99
 ulcer of lower limb NEC (L97.-)
 varicose ulcer (I83.0, I83.2)

M70**Soft tissue disorders related to use, overuse and pressure**

Includes: soft tissue disorders of occupational origin

Excludes: bursitis (of):
 • NOS (M71.9-)
 • shoulder (M75.5)
~~decubitus ulcer and pressure area (L89.-)~~
 enthesopathies (M76–M77)
pressure injury (ulcer) (L89.-)

ALPHABETIC INDEX OF DISEASES**Bedsore** ~~L89.-~~ — see Injury/pressure

~~—stage~~

~~— I L89.0~~

~~— II L89.1~~

~~— III L89.2~~

~~— IV L89.3~~

Decubitus (ulcer) (see also Injury/pressure) ~~L89.-~~

- cervix N86

~~—stage~~

~~— I L89.0~~

~~— II L89.1~~

~~— III L89.2~~

~~— IV L89.3~~

Injury (see also specified injury type) **T14.9**

- prepuce S39.9

- pressure

- - stage

- - - I L89.0-

- - - II L89.1-

- - - III L89.2-

- - - IV L89.3-

- - suspected deep tissue, so stated (depth unknown)

L89.5-

- - unstageable, so stated (depth unknown) L89.4-

- prostate S37.82

- pubic region S39.9

Necrosis, necrotic (ischaemic) (see also Gangrene)
R02

- pressure ~~L89.2~~ — see Injury/pressure

~~—stage~~

~~— III L89.2~~

~~— IV L89.3~~

Plaster ulcer ~~L89.-~~ — see Injury/pressure

~~—stage~~

~~— I L89.0~~

~~— II L89.1~~

~~— III L89.2~~

~~— IV L89.3~~

Pressure

- area, skin ulcer ~~L89.-~~ — see Injury/pressure

~~—stage~~

~~— I L89.0~~

~~— II L89.1~~

~~III L89.2~~
~~IV L89.3~~
 - birth, fetus or newborn, NEC P15.9
 - brachial plexus G54.0
 - brain G93.5
 - - trauma at birth NEC P11.1
 - cone, tentorial G93.5
 - hyposystolic (*see also Hypotension*) I95.9
 - - incidental reading, without diagnosis of hypotension R03.1
 - increased
 - - intracranial (benign) G93.2
 - - - trauma at birth P11.0
 - - intraocular H40.0
 - lumbosacral plexus G54.1
 - mediastinum J98.5
 - necrosis (chronic) (skin) ~~L89.2~~ — *see Injury/pressure*
~~stage~~
~~III L89.2~~
~~IV L89.3~~
 - sore (chronic) ~~L89.~~ — *see Injury/pressure*
~~stage~~
~~I L89.0~~
~~II L89.1~~
~~III L89.2~~
~~IV L89.3~~
 - spinal cord G95.2
 - ulcer (chronic) ~~L89.~~ — *see Injury/pressure*
~~stage~~
~~I L89.0~~
~~II L89.1~~
~~III L89.2~~
~~IV L89.3~~
 - venous, increased I87.8

Sore

- chiclero B55.1
 - Delhi B55.1
 - desert (*see also Ulcer/skin*) L98.4
 - eye H57.1
 - Lahore B55.1
 - mouth K13.7
 - muscle M79.1-
 - Naga (*see also Ulcer/skin*) L98.4
 - oriental B55.1
 - pressure ~~L89.~~ — *see Injury/pressure*
~~stage~~
~~I L89.0~~
~~II L89.1~~
~~III L89.2~~
~~IV L89.3~~
 - skin NEC L98.-
 - soft A57

Ulcer, ulcerated, ulcerating, ulceration, ulcerative

L98.4
 - decubitus (skin, any site) (*see also Injury/pressure*) ~~L89.~~
 - - cervix N86
~~stage~~
~~I L89.0~~
~~II L89.1~~
~~III L89.2~~
~~IV L89.3~~
 ...
 - plaster ~~L89.~~ — *see Injury/pressure*
~~stage~~
~~I L89.0~~
~~II L89.1~~
~~III L89.2~~
~~IV L89.3~~
 - popliteal space — *see Ulcer/lower limb*
 - postpyloric — *see Ulcer/duodenum*
 - prepuce N48.1
 - prepyloric — *see Ulcer/stomach*
 - pressure ~~L89.~~ — *see Injury/pressure*
~~stage~~
~~I L89.0~~
~~II L89.1~~
~~III L89.2~~
~~IV L89.3~~
 - pyloric — *see Ulcer/stomach*
 - rectosigmoid K63.3
 - rectum (solitary) (sphincter) K62.6
 - - stercoraceous, stercoral K62.6
 - retina H30.0
 - rodent (M8090/3) — *see also Neoplasm/skin/malignant*
 - sclera H15.0
 - scrofulous (tuberculous) A18.2
 - scrotum N50.8
 - - tuberculous A18.1† N51.8*
 - - varicose I86.1
 - seminal vesicle N50.8
 - sigmoid (*see also Ulcer/intestine*) K63.3
 - skin (atrophic) (chronic) (neurogenic) (perforating) (pyogenic) (trophic) L98.4
 - - with gangrene (*see also Gangrene*) R02
 - - amoebic A06.7
 - - decubitus ~~L89.~~ — *see Injury/pressure*
~~stage~~
~~I L89.0~~
~~II L89.1~~
~~III L89.2~~
~~IV L89.3~~
 - - lower limb L97

AUSTRALIAN CODING STANDARDS

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SPECIALTY STANDARDS

12. Skin and subcutaneous tissue

...

1217 Repair of wound of skin and subcutaneous tissue

1220 Extraoral osseointegrated implants

1221 ~~Pressure injury~~Decubitus ulcer and pressure area

~~1221~~ DECUBITUS ULCER AND PRESSURE AREA

DEFINITION

A decubitus ulcer is an inflammation, sore or ulcer of the skin over a bony prominence. It results from ischaemic hypoxia of the tissues due to pressure. These ulcers can be found most frequently on the sacrum, elbows, heels, outer ankles, inner knees, hips, shoulder blades and ear rims of immobilised patients.

CLASSIFICATION

Decubitus ulcers and pressure areas are graded according to their severity. Assign one of the codes outlined in the table below based on:

- ~~documentation of Stage I, II, III or IV or~~
- ~~documentation of the severity of the ulcer, eg ulcer with full thickness skin loss.~~

ICD-10-AM CODE	CODE TITLE	DESCRIPTION
L89.0	<i>Stage I decubitus ulcer and pressure area</i>	Stage I Decubitus ulcer and pressure area limited to erythema only. The pressure area appears as a defined area of persistent redness (erythema) in lightly pigmented skin, whereas in darker skin tones, the pressure area may appear with persistent red, blue or purple hues, without skin loss.
L89.1	<i>Stage II decubitus ulcer and pressure area</i>	Decubitus ulcer and pressure area with: <input type="checkbox"/> abrasion <input type="checkbox"/> blister <input type="checkbox"/> partial thickness skin loss involving epidermis and/or dermis <input type="checkbox"/> skin loss NOS.
L89.2	<i>Stage III decubitus ulcer and pressure area</i>	Decubitus ulcer and pressure area with full thickness skin loss involving damage or necrosis of subcutaneous tissue extending to underlying fascia.
L89.3	<i>Stage IV decubitus ulcer and pressure area</i>	Decubitus ulcer and pressure area with necrosis of muscle, bone or supporting structures (ie tendon or joint capsule).
L89.9	<i>Decubitus ulcer and pressure area, unspecified</i>	Decubitus ulcer and pressure area without mention of stage.

If a patient has multiple ulcer sites of differing stages, assign only one code to indicate the highest stage.

EXAMPLE 1:

Decubitus ulcer stage two of the sacrum and ulcer with full thickness skin loss of the heels.

Code: _____ L89.2 _____ Stage III decubitus ulcer and pressure area

1221 PRESSURE INJURY

DEFINITION

A pressure injury is a localised injury to the skin and/or underlying tissue usually over a bony prominence. It results from ischaemic hypoxia of the tissue due to pressure (NPUAP & EPUAP, 2009). Synonymous terms for pressure injury are pressure ulcer, decubitus ulcer, pressure area, plaster ulcer and bedsore.

The revised ICD-10-AM codes for pressure injury and guidelines within this ACS are based on the Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure injury, 2012.

CLASSIFICATION

The following points provide general classification guidelines:

1. Codes from category L89.- *Pressure injury* capture both the severity and the site of the pressure injury. Assign multiple pressure injury codes as appropriate to identify all pressure injuries, however, do not double code (i.e. repeat code in the code string for the same site and severity. See also ACS 0025 *Double coding*) (see Examples 1 & 2).
2. Pressure injuries that develop after admission to the facility and not present on admission are identified by assigning a condition onset flag of 1. If pressure injuries are present on admission, assign a condition onset flag of 2 (see also ACS 0048 *Condition onset flag*) (see Example 3).
3. Assignment of codes for the stage of pressure injury should be guided by clinical documentation of the stage. Do not assign a pressure injury severity code from clinical descriptors alone. If the actual stage of a pressure injury is not stated and no further information can be obtained from the clinician, assign L89.9- *Pressure injury, unspecified stage* (see Example 4).
4. Only assign L89.4- *Pressure injury, unstageable, so stated* and L89.5- *Suspected deep tissue injury, depth unknown, so stated* when a pressure injury is described using these specific terms. If the wound becomes stageable after debridement, assign a code for the specific stage (stage III or IV for unstageable, or stage I to IV for suspected deep tissue injury) as appropriate (see Examples 5 & 6).
5. Pressure injuries may improve or deteriorate during hospitalisation. If different stages are documented for a pressure injury of the same site, assign a code that reflects the highest stage for that site (see Examples 7 & 8).

Note: the appropriate COF is listed before the codes in each example.

EXAMPLE 1:

An elderly patient admitted with a stage II pressure injury on the left heel and a stage III pressure injury on the right heel.

Code: (2) L89.17 Pressure injury, stage II, heel
(2) L89.27 Pressure injury, stage III, heel

EXAMPLE 2:

A patient admitted with a stage I pressure injury on the left heel and a stage I pressure injury on the right heel.

Code: (2) L89.07 Pressure injury, stage I, heel

In this example, only one code is assigned as per ACS 0025 Double coding

EXAMPLE 3:

A patient was admitted for elective total hip replacement. During recovery, a stage II pressure injury developed on the coccyx.

Code: (1) L89.14 Pressure injury, stage II, lower back

EXAMPLE 4:

Day 7 progress notes the development of a pressure injury with blister, location: right medial ankle.

Code: (1) L89.99 Pressure injury, unspecified stage, other site of lower extremity (except heel and toe)

EXAMPLE 5:

A 65 year old man with metastatic prostate cancer was admitted for terminal care. Day 10 nursing notes stated 'pressure injury, unstageable, buttock'. Despite daily dressing, the wound remained unchanged throughout the admission.

Code: (2) L89.45 Pressure injury, unstageable, so stated, ischium

EXAMPLE 6:

Admission notes state 'pressure injury, unstageable, location: right lateral heel'. On day 5, the pressure injury was debrided and reclassified to stage III.

Code: (2) L89.27 Pressure injury, stage III, heel

EXAMPLE 7:

A patient was admitted with a stage II pressure injury on the coccyx which evolved into stage III during hospitalisation.

Code: (2) L89.24 Pressure injury, stage III, lower back

In this example, COF (2) is assigned as the pressure injury on the coccyx was present on admission. L89.24 is assigned as this is the highest stage documented for the site.

EXAMPLE 8:

A patient with hepatitis B liver cirrhosis was admitted with a stage I/II pressure injury on his sacral and coccygeal area. Following the liver transplant, his general condition improved, including the pressure injury on the sacrum which had healed on discharge.

Code: (2) L89.14 Pressure injury, stage II, lower back

In this example, COF (2) is assigned as the pressure injury on the sacrum was present on admission. L89.14 is assigned as this is the highest stage documented for the site.

0048 CONDITION ONSET FLAG**EXAMPLE 10:**

Patient admitted with bone secondaries (spine and ribs). Left mastectomy 10 yrs ago – infiltrating duct ca. Patient in pain on admission, has not mobilised for several days. Small red pressure area to sacrum on admission. Day 4 ~~pressure injury~~ ulcer stage 2 continue pressure care. Day 8 some shortness of breath. Investigations reveal Hb80 which was a significant drop from Hb115 on admission (patient's normal). Anaemic – transfused packed cells.

- 2 – Bone metastases
- 2 – Morphology (of bone metastases code)
- 2 – Breast primary
- 2 – Morphology (of breast cancer code)
- 2 – Pressure ~~injury~~ ulcer (stage 1 progressed to stage 2)
- 1 – Anaemia, unspecified

0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA**6. DIABETIC FOOT**

This term is used to define DM with an ulcer or infection of the foot with peripheral and/or neurological complications and/or other distinct clinical factors.

Patients with diabetic foot have:

diabetes mellitus

AND

an ulcer and/or infection from category 1 below:

1. Infection and/or ulcer

Foot ulcer	L97
Cutaneous abscess, furuncle and carbuncle of toe/foot	L02.4
Cellulitis of toe	L03.02
Cellulitis of foot	L03.11
Decubitus ulcer and pressure area of foot (stage III or IV)	L89.2–L89.3
<u>Pressure injury of foot, stage III</u>	<u>L89.27–L89.29</u>
<u>Pressure injury of foot, stage IV</u>	<u>L89.37–L89.39</u>
<u>Pressure injury of foot, unstageable, so stated</u>	<u>L89.47–L89.49</u>

0604 STROKE

2. SEVERITY

STROKE – ADDITIONAL DIAGNOSES	
ADDITIONAL DIAGNOSIS	ICD-10-AM CODE(S)
Urinary tract infection, site not specified	N39.0
Aspiration pneumonitis	J69.0
Pneumonia	J12.0, J12.1, J12.2, J12.8, J12.9, J13, J14, J15.0, J15.1, J15.2, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17.0, J17.1, J17.2, J17.3, J17.8, J18.0, J18.1, J18.2, J18.8, J18.9
Decubitus <u>Pressure injury (ulcer) and pressure area</u> and lower limb ulcer	L89.2– L97
Pulmonary embolism and venous thrombosis	I26.0, I26.9, I80.2
...	

12.2. Site codes for diseases of skin (*Major*): Cutaneous abscess, furuncle and carbuncle of limb; Cellulitis; Corns and callosities and Ulcer of lower limb

A number of site specific codes were created to clarify conditions that contribute to *diabetic foot* as per the guidelines in ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*:

- Creation of five character codes at L02.4:
0 = unspecified
1 = upper limb
2 = lower limb (excludes: foot and toe)
3 = foot (includes: toe)
- Inactivation of L03.10 and L03.11 (incorrect assignment of fifth character 0)

- Creation of five character codes at L03.1:
2 = upper limb
3 = lower limb (excludes: foot and toe)
4 = foot (excludes: toe)
9 = other
- Creation of four character codes at L84:
0 = foot (includes: toe)
8 = other
9 = unspecified
- Creation of four character codes at L97:
0 = foot (includes: toe)
8 = other
9 = unspecified

TABULAR LIST OF DISEASES

L02	Cutaneous abscess, furuncle and carbuncle
	<p>Includes: boil furunculosis</p> <p>Excludes: anal and rectal regions (K61.-) genital organs (external): • female (N76.4) • male (N48.2, N49.-)</p>
L02.2	Cutaneous abscess, furuncle and carbuncle of trunk Abdominal wall Back [any part, except buttock] Chest wall Groin Perineum Umbilicus Excludes: breast (N61) hip (L02.42) omphalitis of newborn (P38)
L02.3	Cutaneous abscess, furuncle and carbuncle of buttock Gluteal region Excludes: pilonidal cyst with abscess (L05.0)
L02.4	Cutaneous abscess, furuncle and carbuncle of limb Axilla Hip Shoulder
L02.4	Cutaneous abscess, furuncle and carbuncle of limb
☼L02.40	<u>Cutaneous abscess, furuncle and carbuncle of limb, unspecified</u>
☼L02.41	<u>Cutaneous abscess, furuncle and carbuncle of upper limb</u>
☼L02.42	<u>Cutaneous abscess, furuncle and carbuncle of lower limb</u> Excludes: foot (L02.43) toe (L02.43)
☼L02.43	<u>Cutaneous abscess, furuncle and carbuncle of foot</u> Includes: toe

L03**Cellulitis**

Includes: acute lymphangitis

Excludes: cellulitis of:

...

L03.0**Cellulitis of finger and toe**

Infection of nail

Onychia

Paronychia

Perionychia

L03.01 Cellulitis of finger

L03.02 Cellulitis of toe

L03.1**Cellulitis of other parts of limb**

⚡L03.10 Cellulitis of upper limb

~~Axilla~~

~~Forearm~~

~~Hand NOS~~

~~Shoulder~~

~~Upper arm~~

~~Wrist~~

Excludes: finger (L03.01)

⚡L03.11 Cellulitis of lower limb

~~Ankle~~

~~Foot NOS~~

~~Hip~~

~~Leg~~

~~Thigh~~

Excludes: toe (L03.02)

⚡L03.12 Cellulitis of upper limb

Excludes: finger (L03.01)

⚡L03.13 Cellulitis of lower limb

Excludes: foot (L03.14)

toe (L03.02)

⚡L03.14 Cellulitis of foot

Excludes: toe (L03.02)

⚡L03.19 Cellulitis of limb, not elsewhere classified

Cellulitis of limb NOS

L03.2 Cellulitis of face

∇0742 Periorbital cellulitis

Use additional code to identify eyelid involvement (H00.0).

L03.3 Cellulitis of trunk

Abdominal wall

Back [any part]

Chest wall

Groin

Perineum

Umbilicus

Excludes: omphalitis of newborn (P38)

L03.8 Cellulitis of other sites
 Head [any part, except face]
 Scalp

L03.9 Cellulitis, unspecified

L84 Corns and callosities

L84 Corns and callosities

Callus
Clavus

★L84.0 Corns and callosities of foot

Includes: toe

★L84.8 Corns and callosities of other sites

★L84.9 Corns and callosities, unspecified

L97 Ulcer of lower limb, not elsewhere classified

L97 Ulcer of lower limb, not elsewhere classified

Excludes: decubitus ulcer and pressure area (L89.-)
 gangrene (R02)
 skin infections (L00 – L08)
 specific infections classified to A00 – B99
 varicose ulcer (I83.0, I83.2)

★L97.0 Ulcer of foot

Includes: toe

★L97.8 Ulcer of lower limb, other sites

★L97.9 Ulcer of lower limb, unspecified

Ulcer of lower limb NOS

L98 Other disorders of skin and subcutaneous tissue, not elsewhere classified

...

L98.4 Chronic ulcer of skin, not elsewhere classified

Chronic ulcer of skin NOS
Tropical ulcer NOS
Ulcer of skin NOS

Excludes: decubitus ulcer and pressure area (L89.-)
 gangrene (R02)
 skin infections (L00–L08)
 specific infections classified to A00–B99
 ulcer of lower limb NEC (L97.-)
 varicose ulcer (I83.0, I83.2)

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...

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- anorectal K61.2

- antecubital space L02.41

...

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- auricle, ear H60.0

- axilla (region) L02.41

- - lymph gland or node L04.2

...

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- - nail L03.01

- fistulous NEC L02.9

- foot (any part) L02.43

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...

- gum K05.2

- hand L02.41

- head NEC L02.8

- heart (see also *Carditis*) I51.8

- heel L02.43

- hepatic (cholangitic) (haematogenic) (lymphogenic) (pylephlebitic) K75.0

- hip (region) L02.42

- ileocaecal K35.3

- ileostomy (bud) K91.4

- iliac (region) L02.2

- infraclavicular (fossa) L02.41

- inguinal (region) L02.2

...

- kidney N15.1

- - with calculus N20.0

- - - with hydronephrosis N13.6

- - complicating pregnancy O23.0

...

- - - affecting fetus or newborn P00.1

- - puerperal, postpartum O86.2

- knee L02.42

- - joint M00.9-

...

- larynx J38.7

- leg (any part) L02.42

- lens H27.8

...

- limb (~~lower~~) (~~upper~~) L02.40

- - lower L02.42

- - - foot L02.43

- - upper L02.41

...

- palate (soft) K12.2

- - hard K10.2

- palmar (space) L02.41

- pancreas (duct) K85.-

...

- pleura J86.9

- - with fistula J86.0

- popliteal L02.42

- postlaryngeal J38.7

- postnasal J34.0

- postpharyngeal J39.0

- postprocedural (any site) T81.41

- post-typhoid A01.0

- pouch of Douglas (see also *Peritonitis/pelvic/female*) N73.5

- premammary — see *Abscess/breast*

- prepatellar L02.42

...

- seminal vesicle N49.0

- shoulder (region) L02.41

- sigmoid K63.0

...

- suppurative NEC L02.9

- supraclavicular (fossa) L02.41

- sweat gland L74.8

...

- testis N45.0

- thigh L02.42

- thorax J86.9

- - with fistula J86.0

- throat J39.1

- thumb L02.41

- - nail L03.01

- thymus (gland) E32.1

- thyroid (gland) E06.0

- toe (any) L02.43

- - nail L03.02

...

- vulvovaginal gland N75.1

- web space L02.41

- wound T81.41

- wrist L02.41

Absence (complete or partial) (organ or part)

California disease B38.9

Callositas, callosity (infected) L84.9

- foot L84.0

- specified site NEC L84.8

- toe L84.0

Callus (infected) L84.9

- excessive, following fracture — see

Sequelae/fracture

- foot L84.0

- specified site NEC L84.8

- toe L84.0

Carbuncle (see also *Abscess/by site*) L02.9

Cellulitis (diffuse) (with lymphangitis) L03.9

- abdominal wall L03.3

- anaerobic A48.0
- ankle L03.134
- anus K61.0
- arm (any part, except finger or thumb) L03.120
- auricle (ear) H60.1
- axilla L03.120
- back (any part) L03.3
- ...
- finger (intrathecal) (periosteal) (subcutaneous) (subcuticular) L03.01
- foot, except toe(s) L03.144
- forearm L03.120
- gangrenous (*see also Gangrene*) R02
- ...
- groin L03.3
- hand, except finger or thumb L03.120
- head NEC L03.8
- heel L03.144
- hip L03.134
- jaw (region) L03.2
- knee L03.134
- labium (majus) (minus) (*see also Vulvitis*) N76.4
- lacrimal apparatus H04.3
- larynx J38.7
- leg, except toe(s) L03.134
- limb L03.19
- - lower L03.13
- - - foot L03.14
- - upper L03.12
- mouth (floor) K12.2
- ...
- septic NEC L03.9
- shoulder L03.120
- specified site NEC L03.8
- suppurative NEC L03.9
- thigh L03.134
- thumb (intrathecal) (periosteal) (subcutaneous) (subcuticular) L03.01
- toe (intrathecal) (periosteal) (subcutaneous) (subcuticular) L03.02
- tonsil J36
- trunk L03.3
- tuberculous (primary) A18.4
- umbilicus L03.3
- - newborn P38
- vaccinal T88.0
- vocal cord J38.3
- vulva (*see also Vulvitis*) N76.2
- wrist L03.120

Claustrophobia F40.2

Clavus (infected) L84.9

- foot L84.0

- specified site NEC L84.8

- toe L84.0

Clawfoot (congenital) Q66.81

Corlett's pyosis L00

Corn (infected) L84.9

- foot L84.0

- specified site NEC L84.8

- toe L84.0

Cornea, corneal — *see also condition*

Furuncle (*see also Abscess/by site*) L02.9

Helminthiasis (*see also Infestation*) B83.9

...

- specified type NEC B83.8

Heloma L84.9

- foot L84.0

- specified site NEC L84.8

- toe L84.0

Hematoma — *see Haematoma*

Septic — *see also condition*

- arm (with lymphangitis) L03.120

- embolus — *see Embolism*

- finger (with lymphangitis) L03.01

- foot (with lymphangitis), except toe(s) L03.144

- gallbladder (acute) K81.0

- hand (with lymphangitis) L03.120

- joint M00.9-

- leg (with lymphangitis), except toe(s) L03.134

- limb (with lymphangitis) NEC L03.19

- - lower L03.13

- - - foot L03.14

- - upper L03.12

- nail

- - finger L03.01

- - toe L03.02

Twitching R25.3

Tylosis (acquired) L84.9

- foot L84.0

- linguae K13.2

- palmaris et plantaris (congenital) (inherited) Q82.89

- - acquired L85.1

- specified site NEC L84.8

- toe L84.0

Ulcer, ulcerated, ulcerating, ulceration, ulcerative
L98.4

...

- fistulous NEC — *see Ulcer/skin*

- foot (indolent) (*see also Ulcer/lower limb*) L97.0

- - perforating L97.0

- - - leprous A30.1

- - - syphilitic A52.1

- - varicose (*see also Ulcer/foot/venous*) I83.0

- - venous NEC I83.0

- - - due to venous insufficiency I87.2

- - - inflamed or infected I83.2

- - - postphlebotic (post-thrombotic) I87.0

...

- haemorrhoid (*see also Haemorrhoids/by degree*)
K64.8

- heel (*see also Ulcer/lower limb*) L97.0

- Hunner's N30.1

- ...
- lip K13.0
- lower limb (atrophic) (chronic) (neurogenic) (perforating) (pyogenic) (trophic) (tropical) L97.9
- - foot L97.0
- - specified site NEC L97.8
- - varicose (*see also Ulcer/lower limb/venous*) I83.0
- - venous NEC I83.0
- - - due to venous insufficiency I87.2
- - - inflamed or infected I83.2
- - - postphlebitic (post-thrombotic) I87.0
- ...
- skin (atrophic) (chronic) (neurogenic) (perforating) (pyogenic) (trophic) L98.4
- - with gangrene (*see also Gangrene*) R02
- - amoebic A06.7
- - decubitus L89.-
- - - stage
- - - - I L89.0
- - - - II L89.1
- - - - III L89.2
- - - - IV L89.3
- - lower limb L97.9
- - - foot L97.0
- - - specified site NEC L97.8
- - tuberculous (primary) A18.4
- - varicose — *see Ulcer/varicose*

AUSTRALIAN CODING STANDARDS

0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA

...

5. FOOT ULCERS IN DM

The presence of an ulcer of the lower extremity foot by itself does not necessarily signify 'diabetic foot' (see 6. *Diabetic foot*).

CLASSIFICATION

Where an individual is admitted for treatment of an ulcer of the lower extremity foot and also has DM, assign:

L97.0 Ulcer of foot ~~lower limb, not elsewhere classified~~

E1-.69 *Diabetes mellitus with other specified complication

Note: E1-.73 *Diabetes mellitus with foot ulcer due to multiple causes should not be assigned for foot ulcer as this code is used for the condition 'diabetic foot' (see 6. *Diabetic foot*).

6. DIABETIC FOOT

This term is used to define DM with an ulcer or infection of the foot with peripheral and/or neurological complications and/or other distinct clinical factors.

Patients with diabetic foot have:

diabetes mellitus

AND

an ulcer and/or infection from category 1 below:

1. Infection and/or ulcer

Foot ulcer	L97.0
Cutaneous abscess, furuncle and carbuncle of toe/foot	L02.43
Cellulitis of toe	L03.02
Cellulitis of foot	L03.14+
Decubitus ulcer and pressure area of foot (stage III or IV)	L89.2-89.3

AND

a condition from at least one of the following categories 2a–2d:

2a. Peripheral arterial disease

DM with peripheral angiopathy, without gangrene E1-.51

DM with peripheral angiopathy, with gangrene E1-.52

2b. Neuropathy

Any condition classifiable to E1-.4- *Diabetes mellitus with neurological complication E1-.4-

2c. Conditions causing deformity and excessive ‘loading’ of affected foot

DM with Charcot’s arthropathy E1-.61

DM with diabetic osteopathy E1-.61

Callus of foot L84.0

Hallux valgus (acquired) M20.1

Hallux rigidus M20.2

0604 STROKE

2. SEVERITY

STROKE – ADDITIONAL DIAGNOSES	
ADDITIONAL DIAGNOSIS	ICD-10-AM CODE(S)
Urinary tract infection, site not specified	N39.0
Aspiration pneumonitis	J69.0
Pneumonia	J12.0, J12.1, J12.2, J12.8, J12.9, J13, J14, J15.0, J15.1, J15.2, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17.0, J17.1, J17.2, J17.3, J17.8, J18.0, J18.1, J18.2, J18.8, J18.9
Decubitus ulcer and pressure area and lower limb ulcer	L89.-, L97.-
Pulmonary embolism and venous thrombosis	I26.0, I26.9, I80.2

12.3. Removal and replacement of breast prosthesis

Following receipt of a public submission, a review of codes in block [1758] *Procedures involving removal or adjustment of breast prosthesis or tissue expander* was performed. It was noted that there was duplication of concepts in the codes in this block and potential confusion with codes in blocks [1753] *Augmentation mammoplasty* and [1756] *Reconstruction procedures on breast*. Consequently the following amendments were made in Ninth Edition:

- Deletion of the following codes and concepts relocated:
 - 45551-00 [1758] *Removal of breast prosthesis with excision of fibrous capsule*
 - 45554-00 [1758] *Removal of breast prosthesis with excision of fibrous capsule and replacement of prosthesis and formation of new pocket*
 - 45555-00 [1758] *Removal of silicone breast prosthesis and replacement with other than silicone prosthesis*
- Amendment of the code title of 45552-00 [1758] from *Removal of breast prosthesis with excision of fibrous capsule* to *Replacement of breast prosthesis*
- Addition of an instructional note at block [1758] to distinguish codes for augmentation mammoplasty and reconstructive breast procedures
- Addition of includes and excludes notes at 45548-00 [1758] *Removal of breast prosthesis* and 45552-00 [1758] *Replacement of breast prosthesis*
- Amendments to the Alphabetic Index to support the above changes.

TABULAR LIST OF INTERVENTIONS

1758	Procedures involving removal or adjustment of breast prosthesis or tissue expander
	<u>Note:</u> Performed following breast reconstruction after mastectomy or previous augmentation mammoplasty
45548-00	Removal of breast prosthesis
45548-02	Adjustment of breast tissue expander Relocation of breast tissue expander
45548-01	Removal of breast tissue expander
45542-00	Removal of breast tissue expander and insertion of permanent prosthesis
<u>45548-00</u>	<u>Removal of breast prosthesis</u> <u>Includes:</u> capsulotomy excision of fibrous capsule (capsulectomy) <u>Excludes:</u> that with replacement (45552-00 [1758])
45551-00	Removal of breast prosthesis with excision of fibrous capsule
45552-00	Removal of breast prosthesis with excision of fibrous capsule and replacement of breast prosthesis <u>Removal and reinsertion of breast prosthesis</u> <u>Includes:</u> capsulotomy excision of fibrous capsule (capsulectomy) formation of new pocket <u>Excludes:</u> removal of silicone breast prosthesis with replacement of prosthesis, other than silicone (45555-00 [1758])

~~45554-00 Removal of breast prosthesis with excision of fibrous capsule and replacement of prosthesis and formation of new pocket~~

~~**Excludes:** removal of silicone breast prosthesis with replacement of prosthesis, other than silicone (45555-00 [1758])~~

~~45555-00 Removal of silicone breast prosthesis and replacement with other than silicone prosthesis~~

~~**Includes:** excision of fibrous capsule~~

ALPHABETIC INDEX OF INTERVENTIONS

Capsulectomy

- breast
- - with
- - - removal of breast prosthesis — ~~see block [1758]~~
45548-00 [1758]
- - - replacement of prosthesis 45552-00 [1758]
- joint — *see also Arthroectomy*

Capsulotomy

- breast
- - with
- - - removal of prosthesis 45548-00 [1758]
- - - replacement of prosthesis 45552-00 [1758]

- joint NEC 90570-00 [1555]
- - for claw toe repair 49848-01 [1548]
- - - with internal fixation 49851-01 [1548]

Excision

- breast — *see also Mastectomy*
- - accessory tissue 31560-00 [1752]
- - - nipple 31566-00 [1752]
- - duct (central) 31557-00 [1752]
- - ectopic tissue 31560-00 [1752]
- - fibrous capsule (complete)
- - - with removal of breast prosthesis 45551-00 [1758]
and replacement of prosthesis 45552-00 [1758]
with formation of new pocket 45554-00 [1758]
silicone
and replacement with prosthesis other than
silicone 45555-00 [1758]
- - - - removal of prosthesis 45548-00 [1758]

- - - - replacement of prosthesis 45552-00 [1758]
- - local (complete) (wide) 31500-00 [1744]

Removal

- prosthesis, prosthetic device
- - for gastroschisis 43867-01 [1003]
- - abdominal wall (mesh) 90952-00 [987]
- - arm 90606-01 [1661]
- - bicep 90606-01 [1661]
- - breast 45548-00 [1758]
- - - with replacement 45552-00 [1758]
excision of fibrous capsule 45551-00 [1758]
and replacement of prosthesis 45552-00 [1758]
with formation of new pocket 45554-00 [1758]
silicone
with replacement of prosthesis other than
silicone 45555-00 [1758]
- - buttock 90606-01 [1661]

Replacement

- prosthesis, prosthetic device
- - breast (silicone) 45552-00 [1758]
with
a prosthesis other than silicone 45555-00 [1758]
complete excision of fibrous capsule 45552-00
[1758]
and formation of new pocket 45554-00 [1758]
- - colonic (endoscopic) (metal) (plastic) (Wallstent)
90295-01 [906]
- - duodenal, endoscopic (metal) (plastic) (Wallstent)
92068-01 [892]

AUSTRALIAN CODING STANDARDS

1204 PLASTIC SURGERY

REMOVAL OF BREAST IMPLANTS

Breast implants are removed for physical or psychological reasons.

If the implant is being removed or replaced because of a complication of the implant (eg granulomas, chronic infection, leakage) then assign the appropriate code from category T85.- *Complications of other internal prosthetic devices, implants and grafts* as the principal diagnosis code.

EXAMPLE 5:

Removal of breast implants performed under GA following chronic infections.

Codes:	T85.78	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts
	Y83.1	Surgical operation with implant of artificial internal device
	Y92.22	Health service area
	45548-00 [1758]	Removal of breast prosthesis
	45548-00 [1758]	Removal of breast prosthesis
	92514-99 [1910]	General anaesthesia, ASA 9, nonemergency

In cases where the reason for removal of the implant is psychological (eg anxiety) and no complication of the implant is evident, assign Z42.1 *Follow-up care involving plastic surgery of breast* as the principal diagnosis. Assign an additional diagnosis code for the psychological condition or use Z71.1 *Person with feared complaint in whom no diagnosis is made*, as appropriate.

EXAMPLE 6:

Patient anxious about silicone breast implants; bilateral replacement with saline implants performed under GA.

Codes:	Z42.1	Follow-up care involving plastic surgery of breast
	Z71.1	Person with feared complaint in whom no diagnosis is made
	<u>45552-00 [1758]</u>	<u>Replacement of breast prosthesis</u>
	<u>45552-00 [1758]</u>	<u>Replacement of breast prosthesis</u>
	45555-00 [1758]	Removal of silicone breast prosthesis and replacement with other than silicone prosthesis
	45555-00 [1758]	Removal of silicone breast prosthesis and replacement with other than silicone prosthesis
	92514-99 [1910]	General anaesthesia, ASA 9, nonemergency

12.4. Prophylactic removal of breast prosthesis

An inconsistency was highlighted where *external* was specified as a nonessential modifier in the ICD-10-AM Alphabetic Index; however it was included in the following code titles:

- Z44 Fitting and adjustment of external prosthetic device
- Z44.3 Fitting and adjustment of external breast prosthesis
- Z44.8 Fitting and adjustment of other external prosthetic devices
- Z44.9 Fitting and adjustment of unspecified external prosthetic device.

The above code titles were amended to specify *external* as a nonessential modifier in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

COMPLICATIONS OF SURGICAL AND MEDICAL CARE, NOT ELSEWHERE CLASSIFIED (T80–T88)

▼ 1904

Use additional code (B95–B97) to identify infectious agent.

Use additional external cause code (Chapter 20) to identify devices involved and details of circumstances.

Excludes: adverse effects of drugs and medicaments (A00–R99, T78.-)
any encounters with medical care for postprocedural conditions in which no complications are present, such as:

- artificial opening status (Z93.-)
- closure of external stoma (Z43.-)
- fitting and adjustment of (external) prosthetic device (Z44.-)
- burns from local applications and irradiation (T20–T31)

Z44 Fitting and adjustment of (external) prosthetic device

Excludes:

- malfunction or other complication of device – see Alphabetic Index
- presence of prosthetic device (Z97.-)

Z44.0 Fitting and adjustment of artificial arm (complete)(partial)

Z44.1 Fitting and adjustment of artificial leg (complete)(partial)

Z44.2 Fitting and adjustment of artificial eye

Excludes: mechanical complication of ocular prosthesis (T85.3)

Z44.3 Fitting and adjustment of (external) breast prosthesis

Z44.8 Fitting and adjustment of other (external) prosthetic devices

Z44.9 Fitting and adjustment of unspecified (external) prosthetic device

12.5. Excessive and redundant skin and subcutaneous tissue

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetic Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

L98 Other disorders of skin and subcutaneous tissue, not elsewhere classified

L98.6 Other infiltrative disorders of skin and subcutaneous tissue

Excludes: hyalinosis cutis et mucosae (E78.8)

L98.7 Excessive and redundant skin and subcutaneous tissue

Loose or sagging skin:

- due to excessive weight loss
- NOS

Excludes: excess or redundant skin of eyelid:

- acquired (H02.3)
- congenital (Q10.3)
- skin changes due to chronic exposure to nonionising radiation (L57.-)

L98.8 Other specified disorders of skin and subcutaneous tissue

ALPHABETIC INDEX OF DISEASES

Excess, excessive, excessively

- skin, ~~eyelid (acquired) H02.3~~ (following weight loss) L98.7
- ~~eyelid (acquired) H02.3~~
- - congenital Q10.3
- sodium (Na) E87.0
- sputum R09.3

Lax, laxity — see also Relaxation

- ligament(ous) M24.2-
- - familial M35.7
- - knee M23.8-
- skin (acquired) L57.4(following weight loss) L98.7
- - congenital Q82.82

Loose — see also condition

- body
- - ankle M24.07
- - arm (upper) M24.02
- - foot M24.07
- - forearm M24.03
- - hand M24.04
- - joint M24.09
- - knee M23.4-
- - leg (lower) M23.0-
- - pelvis M24.05
- - sheath, tendon M67.8-

- - shoulder M24.01
- - specified NEC M24.08
- - thigh M24.05
- ~~skin (following weight loss) L98.7~~
- tooth, teeth K08.88

Redundant, redundancy

- anus (congenital) Q43.89
- clitoris N90.8
- colon (congenital) Q43.89
- ~~- acquired K59.8~~
- foreskin (congenital) N47
- intestine (congenital) Q43.89
- ~~- acquired K59.8~~
- labia N90.6
- organ or site, congenital NEC — see Accessory
- panniculus (abdominal) E65
- prepuce (congenital) N47
- pylorus K31.88
- rectum (congenital) Q43.89
- scrotum N50.8
- sigmoid (congenital) Q43.89
- ~~- acquired K59.8~~
- skin ~~(of face) L57.4~~ (following weight loss) L98.7
- - eyelids H02.3
- - ~~face L57.4~~
- stomach K31.88

12.6. Ulcer with peripheral vascular disease

Following receipt of a query regarding necrotic leg ulcer with diabetes mellitus and peripheral vascular disease, the following amendments were made to ICD-10-AM Ninth Edition:

- Addition of an excludes note for peripheral vascular disease at L97 *Ulcer of lower limb, not elsewhere classified*
- Deletion of *see also Ulcer/lower limb* cross reference in the Alphabetic Index for *Ulcer/foot*.

TABULAR LIST OF DISEASES

L97

Ulcer of lower limb, not elsewhere classified

Excludes: decubitus ulcer and pressure area (L89.-)
gangrene (R02)
peripheral vascular disease with ulcer (I70.23)
skin infections (L00–L08)
specific infections classified to A00–B99
varicose ulcer (I83.0, I83.2)

ALPHABETIC INDEX OF DISEASES

Ulcer, ulcerated, ulcerating, ulceration, ulcerative L98.4

...

- fistulous NEC — *see Ulcer/skin*

- foot (indolent) (~~*see also Ulcer/lower limb*~~) L97.0

- - perforating L97.0

...

12.7. Acné excoriée

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

L70 **Acne**

L70.5 Acné excoriée ~~des jeunes filles~~

Acné excoriée des jeunes filles

ALPHABETIC INDEX OF DISEASES

Acne L70.9

- cystic L70.0

- decalvans L66.2

- excoriée (*des jeunes filles*) L70.5

- frontalis L70.2

12.8. Basal cell papilloma

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

L82 **Seborrhoeic keratosis**

Basal cell papilloma

Dermatosis papulosa nigra

Leser-Trélat disease

ALPHABETIC INDEX OF DISEASES

Papilloma (M8050/0) — *see also Neoplasm/benign*

Note: Except where otherwise indicated, the morphological varieties of papilloma in the list below should be coded by site as for 'Neoplasm/benign'.

- acuminatum (*see also Wart(s)/anogenital region*) A63.00

- basal cell L82

- bladder (transitional cell) (urinary) (M8120/1) D41.4

12.9. Excision of lesions of skin and subcutaneous tissue - removal of 's' from code titles

Amendments to the code titles in ACHI blocks [1620] and [1626] were made to support the guidelines in ACS 0020 *Bilateral/multiple procedures* for removal/excision/biopsy of skin lesions, following changes to the standard for Eighth Edition.

An ACS symbol was also added at block [1626] to provide a cross reference to ACS 0020.

The following amendments were made to ACHI Ninth Edition:

- Removal of the plural (s) from the titles of codes in blocks [1620] and [1626]
- Amendment of the excludes note at block [1620]
- The addition of an inclusion term for *micrographically controlled excision of lesion of skin* in block [1626]
- Amendment of the term Moh's to Mohs for consistency
- Amendments to the Alphabetic Index and ACS 0020 *Bilateral/multiple procedures* to support the above changes.

TABULAR LIST OF INTERVENTIONS

1620	Excision of lesion(s) of skin and subcutaneous tissue
▽ 0020	
	Includes: benign/malignant: <ul style="list-style-type: none"> • cyst • tumour
	Excludes: excision (of): <ul style="list-style-type: none"> • by laser (14100-00, 14106-00 [744], 30190-00, 30195-02, 30195-03 [1612], 90662-00 [1617]) • scar (45519-00 [1656], 45506, 45512, 45515-00, 45518-00 [1657]) • sinus (30099-00 [1630]) • ulcer (31205-01 [1630])
	<u>microscopically [micrographically] controlled excision (31000-00 [1626])</u> Moh's chemosurgery (31000-00 [1626])
31230-00	Excision of lesion(s) of skin and subcutaneous tissue of eyelid
	Excludes: full thickness wedge excision (45665-01 [1662])
31230-01	Excision of lesion(s) of skin and subcutaneous tissue of nose
31230-02	Excision of lesion(s) of skin and subcutaneous tissue of ear
	Excludes: full thickness wedge excision (45665-02 [1663])
31230-03	Excision of lesion(s) of skin and subcutaneous tissue of lip
	Excludes: excision of lesion(s) of vermillion (border) (45668-00 [1664]) full thickness wedge excision (45665-00 [1664])
31235-00	Excision of lesion(s) of skin and subcutaneous tissue of other site of head
	Excision of lesion(s) of skin and subcutaneous tissue of: <ul style="list-style-type: none"> • cheek • face NOS • forehead • pre and postauricular region • scalp

31235-01	Excision of lesion(s) of skin and subcutaneous tissue of neck
31235-02	Excision of lesion(s) of skin and subcutaneous tissue of hand Excision of lesion(s) of skin and subcutaneous tissue of wrist
31230-04	Excision of lesion(s) of skin and subcutaneous tissue of finger Excision of lesion(s) of skin and subcutaneous tissue of thumb
31230-05	Excision of lesion(s) of skin and subcutaneous tissue of genitals Excision of lesion(s) of skin and subcutaneous tissue of: • penis • scrotum • vulva
31235-03	Excision of lesion(s) of skin and subcutaneous tissue of leg Excision of lesion(s) of skin and subcutaneous tissue of: • calf • hip • knee • thigh
31235-04	Excision of lesion(s) of skin and subcutaneous tissue of foot Excision of lesion(s) of skin and subcutaneous tissue of: • ankle • toe
31205-00	Excision of lesion(s) of skin and subcutaneous tissue of other site

1626

Microscopically controlled excision of lesion(s) of skin

▽ 0020

31000-00 Microscopically controlled serial excision of lesion(s) of skin

Micrographically controlled serial excision of lesion of skin

Moh's chemosurgery

Includes: frozen section
histopathology
mapping
multiple stages within one operative episode (including recovery/operating room)

ALPHABETIC INDEX OF INTERVENTIONS

Chemosurgery

- chemical face peel 45019-00 [1604]
- Moh's (microscopically (micrographically) controlled serial excision of lesion (tumour) of skin) 31000-00 [1626]

Excision — *see also Removal*

...
- lesion(s) — *see also Excision/tumour AND Excision/cyst AND Excision/polyp*
...
- - skin and subcutaneous tissue
- - - by
- - - - Moh's chemosurgery 31000-00 [1626]

- - - - serial excision, microscopically (micrographically) controlled 31000-00 [1626]

Moh's chemosurgery (microscopically (micrographically) controlled serial excision of lesion (tumour) of skin) 31000-00 [1626]

Procedure

...
- Mitrofanoff (appendicovesicostomy) 37045-00 [1108]
- Moh's chemosurgery (microscopically (micrographically) controlled serial excision of lesion (tumour) of skin) 31000-00 [1626]
- mouth NEC 90143-00 [408]

AUSTRALIAN CODING STANDARDS

0020 BILATERAL/MULTIPLE PROCEDURES

MULTIPLE PROCEDURES

Classification

...

5. Skin or subcutaneous lesion removal, excision or biopsy

For multiple excisions or biopsies or removals performed on:

- separate skin lesions: assign relevant code(s) as many times as it is performed
- same lesion: assign relevant code once.

For excision or biopsy or removal of skin lesions repeated during the episode of care at different visits to theatre – see point 1.

EXAMPLE 3:

Excision of two lesions from forearm.

Codes: 31205-00 [1620] Excision of lesion(s) of skin and subcutaneous tissue of other sites
31205-00 [1620] Excision of lesion(s) of skin and subcutaneous tissue of other sites

EXAMPLE 4:

Excision of four lesions from eyelid (1) and nose (1) and neck (2).

Codes: 31230-00 [1620] Excision of lesion(s) of skin and subcutaneous tissue of eyelid
31230-01 [1620] Excision of lesion(s) of skin and subcutaneous tissue of nose
31235-01 [1620] Excision of lesion(s) of skin and subcutaneous tissue of neck
31235-01 [1620] Excision of lesion(s) of skin and subcutaneous tissue of neck

12.10. Venous eczema (Indexing)

Following publication of advice regarding the classification of *venous eczema* (also known as *gravitational eczema*), subterms for *venous* and *gravitational* were added to the lead term *Eczema*.

ALPHABETIC INDEX OF DISEASES

Eczema (acute) (chronic) (erythematous) (fissum)
(rubrum) (squamous) (see also *Dermatitis*) L30.9
- dyshidrotic L30.1
- external ear H60.5
- flexural NEC L20.8
- gravitational I83.1
- herpeticum B00.0
- hypertrophicum L28.0

- hypostatic I83.1
- impetiginous L01.1
....
- vaccination, vaccinatum T88.1
- varicose I83.1
- venous I83.1
Eczematid L30.2

12.11. Error at Excludes note at 47916-00

The excludes note at 47916-00 [1632] *Partial resection of ingrown toenail* was amended in ACHI Ninth Edition, as the listed code was incorrect.

TABULAR LIST OF INTERVENTIONS

1632	Excision of toenail
47906-00	Debridement of toenail Debridement of: <ul style="list-style-type: none">• nail bed• ungual fold
47906-01	Removal of toenail
47916-00	Partial resection of ingrown toenail Includes: destruction of nail matrix by: <ul style="list-style-type: none">• electrocautery• laser• phenolisation• sodium hydroxide or acid Excludes: wedge resection of ingrown toenail (46528 47915-00 [1632])
47915-00	Wedge resection of ingrown toenail Includes: removal of: <ul style="list-style-type: none">• segment of nail• ungual fold and portion of nail bed

13. Musculoskeletal and connective tissue

13.1. Microfracture (*Major*)

Following publication of advice for microfracture, the following amendments were made to ACHI Ninth Edition:

- Addition of inclusion terms for *arthroscopic microfracture* for a number of sites
- Creation of a code for arthroscopic repair of hip at **[1491]** *Other repair procedures on pelvis or hip*
- Amendments to the Alphabetic index to support code assignment.

TABULAR LIST OF INTERVENTIONS

1404 Other repair procedures on shoulder

48948-02 Arthroscopic chondroplasty of shoulder
Arthroscopic microfracture of shoulder

1491 Other repair procedures on pelvis or hip

96225-00 Arthroscopic repair of hip
Arthroscopic microfracture of hip
Arthroscopic repair labral tear

90552-00 Other repair of hip

1520 Other repair procedures on knee or leg

49558-01 Arthroscopic chondroplasty of knee
Arthroscopic microfracture of knee
Arthroscopic mosaicplasty

Includes: debridement
implant (carbon fibre)
multiple drilling
osteoplasty

Excludes: that with removal of loose body (49561-02, 49562-02 **[1511]**)

~~49559-00 Arthroscopic chondroplasty of knee with multiple drilling or implant~~
~~Arthroscopic mosaicplasty~~

~~**Includes:** carbon fibre implant
debridement
osteoplasty~~

1544 Other repair procedures on ankle or foot

49703-05 Arthroscopic chondroplasty of ankle
Arthroscopic microfracture of ankle

ALPHABETIC INDEX OF INTERVENTIONS

Arthroplasty (see also Repair/joint)

...

- - - - with prosthesis 49842-00 [1547]

- hip NEC 90552-00 [1491]

- - arthroscopic 96225-00 [1491]

- - for joint replacement

Arthroscopy (with lavage) 50100-00 [1555]

- with biopsy NEC 50100-01 [1560]

- ankle 49700-00 [1529]

- - with

- - - biopsy 49700-01 [1531]

- - - chondroplasty 49703-05 [1544]

- - - microfracture 49703-05 [1544]

- - - removal

- - - - foreign body 49703-02 [1529]

- - - - loose body 49703-02 [1529]

- - - repair of osteochondral fracture 49703-03 [1544]

- - - synovectomy 49703-04 [1531]

- - - trimming of osteophyte 49703-01 [1531]

- elbow 49118-00 [1410]

...

- hip 49360-00 [1481]

- - with

- - - biopsy 49363-00 [1482]

- - - microfracture 96225-00 [1491]

- - - removal of loose body 49366-00 [1481]

- joint NEC 50100-00 [1555]

- - with biopsy NEC 50100-01 [1560]

- knee 49557-00 [1501]

- - with

- - - biopsy 49557-01 [1502]

- - - chondroplasty 49558-01 [1520]

- - - - and

- - - - - implant (carbon fibre) ~~49559-00~~ 49558-01 [1520]

- - - - - with

- - - - - - lateral release 49562-00 [1514]

- - - - - - meniscectomy 49562-01 [1517]

- - - - - - removal of loose body (foreign body) 49562-02 [1511]

- - - - - lateral release 49561-00 [1514]

- - - - - with

- - - - - - implant (carbon fibre) 49562-00 [1514]

- - - - - - multiple drilling 49562-00 [1514]

- - - - - - meniscectomy 49561-01 [1517]

- - - - - with

- - - - - - implant (carbon fibre) 49562-01 [1517]

- - - - - - multiple drilling 49562-01 [1517]

- - - - - multiple drilling ~~49559-00~~ 49558-01 [1520]

- - - - - with

- - - - - - lateral release 49562-00 [1514]

- - - - - - meniscectomy 49562-01 [1517]

- - - - - - removal of loose body (foreign body) 49562-02 [1511]

- - - - - removal of loose body (foreign body) 49561-02 [1511]

- - - - - with

- - - - - - implant (carbon fibre) 49562-02 [1511]

- - - - - - multiple drilling 49562-02 [1511]

- - - - - debridement 49558-00 [1503]

- - - - - and

- - - - - - chondroplasty ~~49559-00~~ 49558-01 [1520]

- - - - - with

- - - - - - lateral release 49561-00 [1514]

- - - - - and

- - - - - - - implant (carbon fibre) 49562-00 [1514]

- - - - - - - multiple drilling 49562-00 [1514]

- - - - - - - meniscectomy 49561-01 [1517]

- - - - - and

- - - - - - - implant (carbon fibre) 49562-01 [1517]

- - - - - - - multiple drilling 49562-01 [1517]

- - - - - - - removal of loose body (foreign body) 49561-02 [1511]

- - - - - and

- - - - - - - implant (carbon fibre) 49562-02 [1511]

- - - - - - - multiple drilling 49562-02 [1511]

- - - - - implant (carbon fibre) ~~49559-00~~ 49558-01 [1520]

- - - - - with

- - - - - - lateral release 49562-00 [1514]

- - - - - - meniscectomy 49562-01 [1517]

- - - - - - removal of loose body (foreign body) 49562-02 [1511]

- - - - - lateral release 49561-00 [1514]

- - - - - with

- - - - - - chondroplasty 49562-00 [1514]

- - - - - - implant (carbon fibre) 49562-00 [1514]

- - - - - - multiple drilling 49562-00 [1514]

- - - - - - meniscectomy 49561-01 [1517]

- - - - - with

- - - - - - chondroplasty 49561-01 [1517]

- - - - - - implant (carbon fibre) 49562-01 [1517]

- - - - - - multiple drilling 49562-01 [1517]

- - - - - multiple drilling ~~49559-00~~ 49558-01 [1520]

- - - - - with

- - - - - - lateral release 49562-00 [1514]

- - - - - - meniscectomy 49562-01 [1517]

- - - - - - removal of loose body (foreign body) 49562-02 [1511]

- - - - - removal of loose body (foreign body) 49561-02 [1511]

...

- - - - - - implant (carbon fibre) 49562-01 [1517]

- - - - - - multiple drilling 49562-01 [1517]

- - - - - microfracture 49558-01 [1520]

- - - - - osteoplasty 49558-02 [1520]

- - - - - with

- - - - - - chondroplasty ~~49559-00~~ 49558-01 [1520]

- - - - - and

- - - - - - lateral release 49561-00 [1514]

- - - - - with

- implant (carbon fibre) 49562-00 [1514]
- multiple drilling 49562-00 [1514]
- meniscectomy 49561-01 [1517]
- with
- implant (carbon fibre) 49562-01 [1517]
- multiple drilling 49562-01 [1517]
- removal of loose body (foreign body) 49561-02 [1511]
- with
- implant (carbon fibre) 49562-02 [1511]
- multiple drilling 49562-02 [1511]
- implant (carbon fibre) ~~49559-00~~49558-01 [1520]
- and
- lateral release 49562-00 [1514]
- meniscectomy 49562-01 [1517]
- removal of loose body (foreign body) 49562-02 [1511]
- lateral release 49561-00 [1514]
- and
- chondroplasty 49562-00 [1514]
- implant (carbon fibre) 49562-00 [1514]
- multiple drilling 49562-00 [1514]
- meniscectomy 49561-01 [1517]
- and
- chondroplasty 49561-01 [1517]
- implant (carbon fibre) 49562-01 [1517]
- multiple drilling 49562-01 [1517]
- multiple drilling ~~49559-00~~49558-01 [1520]
- and
- lateral release 49562-00 [1514]
- shoulder 48945-00 [1395]
- - with
- - acromioplasty 48951-00 [1400]
- - and rotator cuff repair (mini-open) 48960-00 [1405]
- - biopsy 48945-01 [1396]
- - chondroplasty 48948-02 [1404]
- - debridement 48948-00 [1397]
- - decompression of subacromial space 48951-00 [1400]
- - and rotator cuff repair (mini-open) 48960-00 [1405]
- - microfracture 48948-02 [1404]
- - reconstruction 48960-00 [1405]

Chondroplasty

- ankle 90599-00 [1544]
- ...
- knee (open) 49503-02 [1520]
- - by mosaicplasty 49503-02 [1520]
- - arthroscopic 49559-00 [1520]
- - arthroscopic (closed) 49558-01 [1520]
- - with
- - - implant (carbon fibre) ~~49559-00~~49558-01 [1520]
- - - and
- - - lateral release 49562-00 [1514]
- - - meniscectomy 49562-01 [1517]

- removal of loose body (foreign body) 49562-02 [1511]
- lateral release 49561-00 [1514]
- and
- implant (carbon fibre) 49562-00 [1514]
- multiple drilling 49562-00 [1514]
- meniscectomy 49561-01 [1517]
- and
- implant (carbon fibre) 49562-01 [1517]
- multiple drilling 49562-01 [1517]
- multiple drilling ~~49559-00~~49558-01 [1520]
- and
- lateral release 49562-00 [1514]

Debridement

- ...
- joint
- - interphalangeal
- - hand 46336-04 [1450]
- - knee (open)
- - with reconstruction of ligament (collateral) (cruciate)
- - and repair of meniscus 49542-01 [1522]
- - arthroscopic (closed) 49558-00 [1503]
- - with
- - - chondroplasty or osteoplasty
- - - and
- - - implant (carbon fibre) ~~49559-00~~49558-01 [1520]
- - - lateral release 49561-00 [1514]
- - - with multiple drilling or implant (carbon fibre) 49562-00 [1514]
- - - meniscectomy 49561-01 [1517]
- - - with multiple drilling or implant (carbon fibre) 49562-01 [1517]
- - - multiple drilling ~~49559-00~~49558-01 [1520]
- - - removal of loose body (foreign body) 49561-02 [1511]

Drilling

- bone
- - knee
- - with
- - - chondroplasty ~~49559-00~~49558-01 [1520]
- - - and
- - - lateral release 49562-00 [1514]

Micro-abrasion, enamel (tooth) 97116-00 [453]

Microdochotomy (breast) 31554-00 [1742]

Microfracture

- ankle 49703-05 [1544]
- knee 49558-01 [1520]
- hip 96225-00 [1491]
- shoulder 48948-02 [1404]

Microinspection — *see Inspection*

Microlaryngoscopy (with biopsy) 41855-00 [520]

Osteoplasty

- cranial — *see Cranioplasty*

- elbow
- - arthroscopic 49121-03 **[1418]**
- knee (open) 49503-05 **[1520]**
- - arthroscopic (closed) 49558-02 **[1520]**
- - - with
- - - - chondroplasty or debridement, and
- - - - - implant (carbon fibre) ~~49559-00~~ 49558-01 **[1520]**
- - - - - lateral release 49561-00 **[1514]**
- - - - - with multiple drilling or implant (carbon fibre) 49562-00 **[1514]**
- - - - - meniscectomy 49561-01 **[1517]**
- - - - - with multiple drilling or implant (carbon fibre) 49562-01 **[1517]**
- - - - - multiple drilling ~~49559-00~~ 49558-01 **[1520]**
- - - - - removal of loose body (foreign body) 49561-02 **[1511]**

Repair

- ...
- - - - - incarcerated (obstructed) (strangulated) — see *block* **[996]**

- hip NEC 90552-00 **[1491]**
- - arthroscopic 96225-00 **[1491]**
- hydrocele — see also *Excision/hydrocele AND Tap/hydrocele*
- ...
- joint — see also *Arthroplasty*
- ...
- - elbow NEC 90536-00 **[1418]**
- - hip NEC 90552-00 **[1491]**
- - - arthroscopic 96225-00 **[1491]**
- - knee NEC 90598-00 **[1520]**
- ...
- - - with reconstruction of knee involving transfer of fibula or tibia 50417-00 **[1522]**
- labrum
- - hip, arthroscopic 96225-00 **[1491]**
- - shoulder, with arthroscopic stabilisation 48957-00 **[1404]**
- laceration — see also *Suture/by site AND Repair/wound*

13.2. Cervical disc prolapse causing myelopathy (*Indexing*)

A public submission highlighted that the following dagger and asterisk pairing assigned following the index pathway *Displacement/intervertebral disc/cervical, cervicothoracic/with myelopathy* contained duplicated concepts:

M50.0† *Cervical disc disorder with myelopathy*

G99.2* *Myelopathy in diseases classified elsewhere.*

M50.0 describes both the aetiology and manifestation rendering G99.2 redundant. It appears that it was missed during the Third Edition addenda to revise duplications within dagger and asterisk pairings.

The redundancy was deleted in Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Displacement, displaced

- intervertebral disc NEC M51.2
- - with myelopathy M51.0
- - cervical, cervicothoracic (with) M50.2
- - - with myelopathy M50.0† ~~G99.2*~~

14. Genitourinary system

14.1. Biopsy of prostate and seminal vesicle (*Major*)

Biopsy of prostatic and seminal vesicle was revised for Ninth Edition following updates to the description of MBS item 37219.

As part of this updated it was also noted that block [1163] *Closed biopsy of prostate or seminal vesicle* did not contain a code for transperineal needle biopsy of the prostate.

National frequencies on the usage of codes in blocks [1163] and [1164] demonstrated low usage of the codes for closed and open biopsy of the seminal vesicle. Therefore the codes for closed and open biopsy of seminal vesicle were combined with the codes for biopsy of prostate.

The following amendments were made to ACHI Ninth Edition:

- Deletion of codes 30094-08, 37219-00 [1163] and 30075-21 [1164]
- Revised code title for 37218-00 [1163] to *Needle biopsy of prostate or seminal vesicle*
- Addition of inclusion terms *transperineal (grid) biopsy of prostate or seminal vesicle* and *transrectal biopsy of prostate or seminal vesicle* to 37218-00 [1163]
- Revised inclusion terms at 37218-00 [1163]
- Deletion of the excludes note at 37218-00 [1163]
- Addition of inclusion term *transurethral biopsy of prostate* at 37215-00 [1164]
- Revised code title for 37212-00 [1164] to *Open biopsy of prostate or seminal vesicle*
- Revised inclusion term to *perineal biopsy of prostate or seminal vesicle* at 37212-00 [1164]
- Amendment of the Alphabetic Index to support the above changes.

TABULAR LIST OF INTERVENTIONS

1163	Closed biopsy of prostate or seminal vesicle
37218-00	Percutaneous [needle] <u>Needle biopsy of prostate or seminal vesicle</u> <u>Percutaneous Aspiration } of prostate or seminal vesicle</u> <u>Transperineal (grid) biopsy } of prostate or seminal vesicle</u> <u>Transrectal biopsy } of prostate or seminal vesicle</u> Excludes: transrectal needle biopsy of prostate (37219-00 [1163])
30094-08	Percutaneous [needle] biopsy of seminal vesicle Aspiration } of seminal vesicle Transrectal needle biopsy } of seminal vesicle
37219-00	Transrectal needle biopsy of prostate
37215-00	Endoscopic biopsy of prostate <u>Transurethral biopsy of prostate</u> Includes: cystoscopy

1164 **Open biopsy of prostate or seminal vesicle**37212-00 Open Biopsy of prostate or seminal vesicle

Biopsy of periprostatic tissue

Perineal biopsy of prostate or seminal vesicle

~~30075-21 Biopsy of seminal vesicle~~**1172** **Exploration of scrotum**

Aspiration of spermatocele

Incision and drainage of:

- scrotum
- tunica vaginalis

Excludes: that with:

- biopsy of:
 - scrotum (37604 [1173])
 - seminal vesicle (~~30094-08~~37218-00 [1163], ~~30075-21~~37212-00 [1164])
 - spermatic cord, epididymis, vas deferens (30644-06 [1180])
 - testis (30644-04, 30644-05 [1180])
 - tunica vaginalis (37604 [1173])
- fixation of testis (37604 [1175])
- orchidopexy for undescended testis (37803 [1186], 37809 [1188])

37604-00 Exploration of scrotal contents, unilateral

37604-01 Exploration of scrotal contents, bilateral

EXCISION**1173** **Exploration of scrotal contents with biopsy**

Aspiration of spermatocele with biopsy

Biopsy of tunica vaginalis

Incision and drainage of:

- scrotum with biopsy
- tunica vaginalis with biopsy

Excludes: that with:

- biopsy of:
 - seminal vesicle (~~30094-08~~37218-00 [1163], ~~30075-21~~37212-00 [1164])
 - spermatic cord, epididymis, vas deferens (30644-06 [1180])
 - testis (30644-04, 30644-05 [1180])
- fixation of testis (37604 [1175])
- orchidopexy for undescended testis (37803 [1186], 37809 [1188])

37604-02 Exploration of scrotal contents with biopsy, unilateral

37604-03 Exploration of scrotal contents with biopsy, bilateral

1943 **Ultrasound of abdomen or pelvis**

55038-00 Ultrasound of urinary tract

Excludes: that with scan of abdomen (55036-00 [1943])

~~transrectal~~ultrasound of prostate, bladder base and urethra (55600-00 [1943])

ultrasound of urinary bladder (55084-00 [1943])

55084-00 Ultrasound of urinary bladder

Excludes: ~~transrectal~~ultrasound of prostate, bladder base and urethra (55600-00 [1943])

55044-00 Ultrasound of male pelvis

55600-00 ~~Transrectal~~Ultrasound of prostate, bladder base and urethra**Excludes:** urinary bladder alone (55084-00 [1943])

55048-00 Ultrasound of scrotum

ALPHABETIC INDEX OF INTERVENTIONS

Aspiration

-
- prostate (percutaneous) 37218-00 **[1163]**
-
- seminal
 - - fluid (for collection of sperm)
 - - - closed (percutaneous)
 - - - - epididymal 37605-00 **[1177]**
 - - - - testicular 37605-01 **[1177]**
 - - - microepididymal 37606-00 **[1178]**
 - - - open
 - - - - epididymal 37606-00 **[1178]**
 - - - - testicular 37606-01 **[1178]**
- - vesicles (percutaneous) ~~30094-08~~ 37218-00 **[1163]**
- seroma
- skin (subcutaneous tissue) 30216-02 **[1604]**

Biopsy

- abdomen wall (open) 30075-17 **[988]**
-
- periprostatic tissue, open 37212-00 **[1164]**
- perirectal 32096-00 **[932]**
-
- prostate (closed) (endoscopic) NEC 37215-00 **[1163]**
- - needle (~~closed~~) 37218-00 **[1163]**
- - - percutaneous (aspiration) 37218-00 **[1163]**
- - - transperineal (grid) (template) 37218-00 **[1163]**
- - - transrectal ~~37219-00~~ 37218-00 **[1163]**
- - - transurethral 37215-00 **[1163]**
- - open (perineal) (periprostatic tissue) 37212-00 **[1164]**
- ~~percutaneous (aspiration) (needle) 37218-00 **[1163]**~~
- ~~perineal 37212-00 **[1164]**~~
- ~~periprostatic tissue 37212-00 **[1164]**~~
- - transperineal (grid) (template) 37218-00 **[1163]**
- - transrectal 37218-00 **[1163]**
- - transurethral 37215-00 **[1163]**
- rectum (deep partial) (full thickness) (open) 32096-00 **[932]**

-
- seminal vesicles (closed) (needle) (transperineal) (transrectal) ~~30094-08~~ 37218-00 **[1163]**
- - open ~~30075-24~~ 37212-00 **[1164]**
- - percutaneous (aspiration) (~~closed~~) (~~needle~~) ~~30094-08~~ 37218-00 **[1163]**
- skin (subcutaneous tissue) 30071-00 **[1618]**
- - excisional — see *Excision*

Ultrasound (diagnostic) (scan) 90908-00 **[1950]**

- for
-
- bladder (base) 55084-00 **[1943]**
- - with prostate and urethra (~~transrectal~~) 55600-00 **[1943]**
- breast (unilateral) 55070-00 **[1941]**
-
- pregnancy-related condition — see *Ultrasound/pelvis/female*
- prostate with bladder base and urethra (~~transrectal~~) 55600-00 **[1943]**
- scrotum 55048-00 **[1943]**
-
- ~~transrectal~~
- ~~prostate with bladder base and urethra 55600-00 **[1943]**~~
- umbilical artery (B-mode) (Doppler) (duplex) (with assessment of amniotic fluid volume) 55729-01 **[1945]**
- upper arm 55808-00 **[1950]**
- urethra
- - with bladder base and prostate (~~transrectal~~) 55600-00 **[1943]**
- urinary tract 55038-00 **[1943]**
- - with abdomen 55036-00 **[1943]**
- - bladder base and prostate and urethra, ~~transrectal~~ 55600-00 **[1943]**
- uterus

14.2. Insertion and removal of testicular prosthesis (*Major*)

Following receipt of a public submission and publication of advice for *insertion of testicular prosthesis*, amendments were made to ACHI Ninth Edition:

- Creation of codes in block [1171] *Application, insertion or removal procedures* on scrotum or tunica vaginalis to provide specificity for the classification of insertion of testicular prosthesis and removal of testicular prosthesis
- Inactivation of the codes for *orchidectomy with insertion of testicular prosthesis* in block [1184] *Orchidectomy*, and addition of an instructional note to clarify that *insertion of testicular prosthesis* is coded in addition to the orchidectomy, when performed

- Amendment to the excludes note at [1172] *Exploration of scrotum*
- Amendment to the Alphabetic Index to support the above changes.

TABULAR LIST OF INTERVENTIONS

SCROTUM AND TUNICA VAGINALIS

APPLICATION, INSERTION, REMOVAL

1171 Application, insertion or removal procedures on scrotum or tunica vaginalis

30628-00 Percutaneous aspiration of hydrocele
Percutaneous aspiration of tunica vaginalis
Tapping of hydrocele

96227-00 Insertion of testicular prosthesis, unilateral

Includes: exploration of scrotal contents
that via:

- inguinal } approach
- scrotal }

96227-01 Insertion of testicular prosthesis, bilateral

Includes: exploration of scrotal contents
that via:

- inguinal } approach
- scrotal }

96227-02 Removal of foreign body or device from scrotum, with incision
Removal of testicular prosthesis

1172 Exploration of scrotum

Aspiration of spermatocele
Incision and drainage of:
• scrotum
• tunica vaginalis

Excludes: that with:
• biopsy of:
• scrotum (37604 [1173])
• seminal vesicle (30094-08 [1163], 30075-21 [1164])
• spermatic cord, epididymis, vas deferens (30644-06 [1180])
• testis (30644-04, 30644-05 [1180])
• tunica vaginalis (37604 [1173])
• fixation of testis (37604 [1175])
• insertion of testicular prosthesis (96227-00, 96227-01 [1171])
• orchidopexy for undescended testis (37803 [1186], 37809 [1188])
• orchidopexy for undescended testis (37803 [1186], 37809 [1188])
• removal of testicular prosthesis (96227-02 [1171])

37604-00 Exploration of scrotal contents, unilateral

37604-01 Exploration of scrotal contents, bilateral

1184 Orchidectomy

Includes: excision of hydrocele
repair of varicocele

Code also when performed:

• insertion of testicular prosthesis (96227-00, 96227-01 [1171])

30641-00	Orchidectomy, unilateral
	Excision of testis
	Removal of remaining (solitary) testis
30641-01	Orchidectomy, bilateral
	Excision of testes
30641-02	Orchidectomy with insertion of testicular prosthesis, unilateral
30641-03	Orchidectomy with insertion of testicular prosthesis, bilateral

ALPHABETIC INDEX OF INTERVENTIONS

Excision — *see also Removal*

- hydrocele (spermatic cord) (tunica vaginalis) 30631-00 **[1182]**
- - with
- - - exploration of spermatic cord 30644-01 **[1178]**
- - - orchidectomy (unilateral) 30641-00 **[1184]**
- ~~----- and insertion of testicular prosthesis 30641-02 **[1184]**~~
- - - bilateral 30641-01 **[1184]**
- ~~----- and insertion of testicular prosthesis 30641-02 **[1184]**~~

...

Insertion

- ...
- prosthesis, prosthetic device
- ...
- - tendon, artificial 46414-00 **[1439]**
- - testicular
- - - bilateral ~~37604-04~~96227-01 **[11721]**
- ~~----- with orchidectomy 30641-03 **[1184]**~~
- ~~----- inguinal approach 30644-01 **[1178]**~~
- - - unilateral ~~37604-00~~96227-00 **[11721]**
- ~~----- with orchidectomy 30641-02 **[1184]**~~
- ~~----- inguinal approach 30644-01 **[1178]**~~
- - urethral, endoscopic 36811-00 **[1114]**
- - - stent 36811-01 **[1114]**

Orchidectomy (unilateral) 30641-00 **[1184]**

- ~~----- with insertion of testicular prosthesis 30641-02 **[1184]**~~
- bilateral 30641-01 **[1184]**
- ~~----- with insertion of testicular prosthesis 30641-03 **[1184]**~~

Orchidopexy (abdominal cavity) (inguinal canal)

Removal — *see also Excision*

-
- foreign body
-
- - scrotum, ~~without incision~~ 92126-00 **[1903]**
- ~~----- with incision 96227-02 **[1171]**~~
-
- implant
- ...
- - subdermal hormone 30062-00 **[1908]**
- ~~----- testicular 96227-02 **[1171]**~~
- - tricep 90606-01 **[1661]**
- ...
- prostatic stent (coil) 92115-00 **[1900]**
- prosthesis, prosthetic device
- ...
- - soft tissue — *see also Removal/prosthesis, prosthetic device/by site*
- - - specified NEC 90606-01 **[1661]**
- ~~----- testicular 96227-02 **[1171]**~~
- - tricep 90606-01 **[1661]**
- pseudomeningocele — *see Removal/meningocele*

Repair

- ...
- varicocele 30635-00 **[1187]**
- - with
- - - exploration of spermatic cord 30644-01 **[1178]**
- - - orchidectomy (unilateral) 30641-00 **[1184]**
- ~~----- and insertion of testicular prosthesis 30641-02 **[1184]**~~
- - - bilateral 30641-01 **[1184]**
- ~~----- and insertion of testicular prosthesis 30641-03 **[1184]**~~
- vas deferens NEC 30644-10 **[1187]**

14.3. Holmium laser enucleation of the prostate (HoLEP)

MBS updates for holmium laser (YAG) enucleation of the prostate were included for Ninth Edition. An inclusion term for *Holmium laser enucleation of the prostate* was added to 37207-01 [1166] *Endoscopic laser excision of prostate*.

As part of this update an incidental update was made to add *Greenlight laser vaporisation of the prostate* as an inclusion term to 37207-00 [1166] *Endoscopic laser ablation of the prostate*; with index entries to support the change.

TABULAR LIST OF INTERVENTIONS

1166	Other closed prostatectomy
	<i>Includes:</i> cystoscopy suprapubic stab cystotomy urethroscopy
37207-00	Endoscopic laser ablation of prostate Transurethral: ultrasound guided laser induced prostatectomy [TULIP] • <u>greenlight laser vaporisation</u> • <u>ultrasound guided laser induced prostatectomy [TULIP]</u> Visual laser assisted prostatectomy [VLAP]
37207-01	Endoscopic laser excision of prostate <u>Holmium laser enucleation of the prostate [HoLEP]</u>
37203-03	Cryoablation of prostate Cryoprostatectomy Cryosurgery of prostate
37203-04	Microwave thermotherapy of prostate

ALPHABETIC INDEX OF INTERVENTIONS

Enucleation

- cyst
- - hydatid
- - - pulmonary 38424-01 [554]
- eyeball 42506-00 [161]
- - with implant
- - - hydroxy apatite (coralline) (into Tenon's capsule)
(with attachment of muscles) 42510-00 [161]
- - - integrated (into Tenon's capsule) (with attachment
of muscles) 42509-00 [161]
- - - sphere 42506-01 [161]
- prostate by holmium laser 37207-01 [1166]

EOG (electro-oculography) (bilateral) (unilateral)
11205-00 [1835]

Excision — see also Removal

...

- prostate — see *Prostatectomy*

Hitch

- psoas
- - with reimplantation of ureter into bladder (unilateral)
36591-04 [1085]

- - - bilateral 36591-05 [1085]

Holmium laser enucleation of the prostate (HoLEP)

37207-01 [1166]

Homograft — see *Allograft*

Hummelsheim procedure (muscle transplant for
strabismus) 42848-00 [216]

Prostatectomy

- by (using)
- - cryoablation (cryosurgery) (freezing) 37203-03
[1166]
- - electrical vaporisation, transurethral 37203-02
[1165]
- - holmium laser enucleation (HoLEP) 37207-01
[1166]
- - greenlight laser 37207-00 [1166]
- - laser (endoscopic)
- - - ablation, endoscopic 37207-00 [1166]
- - - enucleation, holmium (HoLEP) 37207-01 [1166]
- - - excision, endoscopic 37207-01 [1166]
- - - greenlight 37207-00 [1166]
- - - visual, assisted (VLAP) 37207-00 [1166]
- - microwave thermotherapy 37203-04 [1166]

- - needle ablation, transurethral (radiofrequency) (TUNA) 37201-00 [1165]
 - - thermotherapy, microwave 37203-04 [1166]
 - - ultrasound guided, laser induced, transurethral (TULIP) 37207-00 [1166]
 - closed NEC 37203-06 [1166]
-
- transurethral
 - ~~— electrical vaporisation 37203-02 [1165]~~
 - - holmium laser enucleation (HoLEP) 37207-01 [1166]
 - - needle ablation (radiofrequency) (TUNA) 37201-00 [1165]
 - - resection (endoscopic) (TURP) 37203-00 [1165]
 - - ultrasound guided laser induced (TULIP) 37207-00 [1166]
 - - vaporisation
 - - - electrical 37203-02 [1165]
 - - - greenlight laser 37207-00 [1166]
 - transvesical — see *Prostatectomy/suprapubic*

- visual laser assisted (VLAP) 37207-00 [1166]
- Prostatolithotomy** 37212-02 [1161]

Vaporisation

- bladder — see *Destruction/lesion/bladder*
- prostate ~~(electrical)~~-(transurethral) 37203-02 [1165]
- - electrical 37203-02 [1165]
- - greenlight laser 37207-00 [1166]
- Vasectomy** (bilateral) 37623-03 [1183]
- with radical prostatectomy — see *Prostatectomy/radical*

VLAP (visual laser assisted prostatectomy) 37207-00 [1166]

- ~~— with removal of prostate tissue by~~
- ~~— ablation 37207-00 [1166]~~
- ~~— excision 37207-01 [1166]~~

VMK crown (porcelain fused to gold) (Vita-Matall-Keramik) 97615-00 [470]

14.4. Kidney transplant failure

Following publication of classification advice *regarding kidney transplant failure/kidney transplant status*, the following amendments were made to ICD-10-AM Ninth Edition:

- Revision of ACS 1438 *Chronic kidney disease* to include the published classification advice regarding *kidney transplant failure/kidney transplant status*
- Addition of index entries to support code assignment.

ALPHABETIC INDEX OF INTERVENTIONS

Complications (from) (of)

- kidney
- - dialysis — see *Complications/dialysis*
- - transplant, failure or rejection (allograft) (immune or nonimmune cause) ~~T86.4~~
- - - acute T86.1
- - - chronic (irreversible) — see *Disease/kidney/chronic*
- ...
- organ or tissue transplant, failure or rejection (immune or nonimmune cause) (partial) (total) T86.9
- - bone T86.8-
- - bone marrow T86.0
- - heart T86.2
- - - and lung(s) T86.3
- - intestine T86.8-
- - islet cells, pancreatic T86.82
- - kidney ~~T86.4~~
- - - acute T86.1
- - - chronic (irreversible) — see *Disease/kidney/chronic*

Failure, failed

- kidney N19
- - with

- - - hypertensive
- - - - heart disease (conditions in I11) I13.1
- - - - with heart failure (congestive) I13.2
- - - tubular necrosis (acute) N17.0
- ...
- - following
- - - abortion (subsequent episode) O08.4
- - - current episode — see *Abortion*
- - - crushing T79.5
- - - ectopic or molar pregnancy O08.4
- - - kidney transplant
- - - - acute T86.1
- - - - chronic (irreversible) — see *Disease/kidney/chronic*
- - - labour and delivery (acute) O90.4
- - - hypertensive (see also *Hypertension/kidney*) I12.0
- - postprocedural N99.0
- lactation (complete) O92.3-
- ...
- transplant T86.9
- - bone T86.88
- - - marrow T86.0
- - corneal T85.3
- - - due to infection and inflammation T85.78

- - heart T86.2
- - - with lung(s) T86.3
- - intestine T86.88
- - islet cells, pancreatic T86.82
- - kidney ~~T86.4~~
- - - acute T86.1
- - - chronic (irreversible) — *see Disease/kidney/chronic*
- - liver T86.4

Rejection

- transplant T86.9
- - bone T86.88

- - - marrow T86.0
- - corneal T85.3
- - - due to infection and inflammation T85.78
- - heart T86.2
- - - with lung(s) T86.3
- - intestine T86.88
- - islet cells, pancreatic T86.82
- - kidney ~~T86.4~~
- - - acute T86.1
- - - chronic (irreversible) — *see Disease/kidney/chronic*
- - liver T86.4

AUSTRALIAN CODING STANDARDS

1438 CHRONIC KIDNEY DISEASE

DEFINITION

...

KIDNEY REPLACEMENT THERAPY

Patients who have had their end-stage kidney disease treated with kidney replacement therapy, either in the form of dialysis or transplant, are still considered to have CKD. Patients receiving kidney replacement therapy in the form of ongoing maintenance dialysis are considered to be at stage 5, while transplanted patients are considered to be stage 3, unless otherwise documented.

CLASSIFICATION

1. Cases of chronic kidney disease with ongoing kidney replacement therapy, whether by dialysis or by transplant, which comply with ACS 0002 *Additional diagnoses*, require a code from N18.3 – N18.5 (CKD stage 3-5) to describe the current stage of disease, except in routine dialysis only admissions or where CKD is inherent (eg I12.0 *Hypertensive kidney disease with kidney failure*).
2. For routine dialysis only admissions it can be assumed from the assignment of Z49.1 *Extracorporeal dialysis* or Z49.2 *Other dialysis* that the patient has CKD – stage 5 (see also ACS 1404 *Admission for kidney dialysis*).
3. For patients who have received a kidney transplant and documentation pertaining to this status satisfies criteria for coding under ACS 0002 *Additional diagnoses*, assign Z94.0 *Kidney transplant status* together with N18.3 *Chronic kidney disease, stage 3* or higher, as indicated by an eGFR level.
4. For patients dependent on haemodialysis or peritoneal dialysis for end-stage kidney disease, but not receiving dialysis treatment during the current admission, and where documentation pertaining to this status satisfies criteria for coding under ACS 0002 *Additional diagnoses*, assign Z99.2 *Dependence on kidney dialysis*.

.....

KIDNEY TRANSPLANT FAILURE

Transplanted kidneys may fail in the short or long term due to rejection. Hyperacute rejections of transplanted kidney are immediate and acute rejection is highest in the first three months after transplantation. However, acute rejection can also occur months to years after transplantation. Chronic transplant rejection is irreversible and cannot be treated effectively.

An acute rejection will likely be the focus of the admission with the objective being the treatment of the rejection. For chronic irreversible kidney transplant rejection, the patient is likely to be on maintenance dialysis to treat CKD stage 5.

CLASSIFICATION

1. For acute kidney transplant rejection, assign T86.1 *Kidney transplant failure and rejection* with appropriate external cause codes.
2. For chronic (irreversible) kidney failure following a previous kidney transplant which is now requiring maintenance dialysis in the current admission, assign Z94.0 *Kidney transplant status* and N18.5 *Chronic kidney disease, stage 5*.

Sequencing of codes should be guided by ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

EXAMPLE 5:

A 70 year old woman was admitted for treatment of community acquired pneumonia. She had received a kidney transplant 10 years previously, which lost its function three years later, and she has been dependent on kidney dialysis since. She received haemodialysis every second day during the admission.

Codes: J18.9 Pneumonia, unspecified
 N18.5 Chronic kidney disease, stage 5
 Z94.0 Kidney transplant status
 13100-00 [1060] Haemodialysis

14.5. Hydrocele

ACS 1427 *Hydrocele*, was revised for currency as it had remained unchanged since the Australian modification of ICD-9-CM, in use prior to ICD-10-AM. The following amendments were made to Ninth Edition:

- Addition of the term *female* as an essential modifier at *Excision/hydrocele* in the ACHI Alphabetic Index, to classify *excision of hydrocele of the canal of Nuck*
- Deletion of ACS 1427 *Hydrocele*; with the addition of relevant classification information to the ACHI Tabular List and Alphabetic Index.

TABULAR LIST OF DISEASES

N43

Hydrocele and spermatocele

▽ 1427

Includes: hydrocele of spermatic cord, testis or tunica vaginalis

Excludes: congenital hydrocele (P83.5)

P83

Other conditions of integument specific to fetus and newborn

Excludes: congenital malformations of skin and integument (Q80–Q84)
 cradle cap (L21.0)
 diaper [napkin] dermatitis (L22)
 hydrops fetalis due to haemolytic disease (P56.-)
 neonatal skin infection (P39.4)
 staphylococcal scalded skin syndrome (L00)

P83.5

Congenital hydrocele

▽ 1427

TABULAR LIST OF INTERVENTIONS

990

Repair of inguinal hernia

~~Repair of infantile hydrocele~~

Correction } hydrocele in child under 12 years of age (infantile)

Repair } 1

Includes: graft
prosthesis

Excludes: ~~that for incarcerated (obstructed) (strangulated) hernia (30615-00 [997])~~
excision of hydrocele (see Alphabetic Index: Excision/hydrocele)
repair (correction) of hydrocele with:
• eversion of sac }
• involvement of tunica vaginalis } (see Alphabetic Index: Excision/hydrocele)
• Jaboulay procedure }
~~that for incarcerated (obstructed) (strangulated) hernia (30615-00 [997])~~

ALPHABETIC INDEX OF INTERVENTIONS

Correction — *see also Repair*

...

- hammer toe 49848-00 [1548]

- - with internal fixation 49851-00 [1548]

- hydrocele — *see also Excision/hydrocele AND*

Tap/hydrocele

- - in child under 12 years of age (infantile) — *see*

Repair/hernia/inguinal

- hypertelorism

- - by facial bipartition 45767-01 [1711]

Eversion (surgical)

- sac — *see Excision/hydrocele*

- nipple (inverted) 31563-00 [1755]

Excision — *see also Removal*

...

- hydrocele (male) (spermatic cord) (tunica vaginalis)
30631-00 [1182]

- - with

- - - exploration of spermatic cord 30644-01 [1178]

- - - orchidectomy (unilateral) 30641-00 [1184]

- - - and insertion of testicular prosthesis 30641-02
[1184]

- - - bilateral 30641-01 [1184]

- - - and insertion of testicular prosthesis 30641-02
[1184]

- - female (canal of Nuck) (laparoscopic) 35637-
10 [1299]

- - - via laparotomy 35713-14 [1299]

Repair

...

- hydrocele — *see also Excision/hydrocele AND*
Tap/hydrocele

- - infantile in child under 12 years of age (infantile) —
see Repair/hernia/inguinal

AUSTRALIAN CODING STANDARDS

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SPECIALTY STANDARDS

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14. Genitourinary system

1404 Admission for kidney dialysis

1415 Young's syndrome

1417 Percutaneous resection of kidney pelvis tumour via nephrostomy

1427 ~~Hydrocele~~

1428 Diethylstilboestrol (DES) syndrome

1427 HYDROCELE

Hydrocele is an accumulation of fluid in any sac-like cavity or duct, more commonly occurring in the tunica vaginalis testis or along the spermatic cord. The condition can arise when the epididymis or testis becomes inflamed. Lymphatic or venous obstruction in the cord can also cause a hydrocele. Congenital hydrocele is caused by failure of the canal between the peritoneal cavity and the scrotum to close completely during prenatal development.

Hydroceles that are actually present at birth should be coded as congenital, P83.5 *Congenital hydrocele*. Hydroceles which appear at an older age should be assigned to the appropriate code in the hydrocele category N43 *Hydrocele and spermatocele*.

REPAIR OF HYDROCELE

In children (up to 12 years of age)

The vast majority of hydroceles are communicating, so closure of the patent processus (as for indirect inguinal hernia) is the operation performed and should be coded as a unilateral inguinal hernia repair (see *Alphabetic Index of Interventions*).

Correction of hydrocele is also coded as a unilateral inguinal hernia repair.

Assign the appropriate hydrocele excision code, if the procedure:

- involves the tunica vaginalis
- is documented as Jaboulay procedure
- is documented as eversion of sac.

In adults (age > 12 years)

Hydroceles are generally noncommunicating and repair of hydrocele may be either round ligament, spermatic cord or tunica vaginalis. Ask the clinician for more detail, if the site is not specified in the clinical record.

STANDARDS INDEX

Corpus luteum cyst 1434

Correction

- hydrocele 1427

Counselling

- for those affected by abuse, other than victim 1909

Event, acute life threatening 1610

Eversion

- sac, hydrocele 1427

Examination

- follow-up 2113

Hyaline membrane disease 1614

Hydrocele 1427

Hydrocephalus

- treated by ventriculostomy 0634

Jaboulay procedure 1427

Jaundice

- newborn 1615

Juvenile arthritis 1352

Procedure(s) 0016

...

- interrupted 0019
- ~~Jaboulay 1427~~
- management
- - pain 1807

Repair

- female genital mutilation 1435
- ~~hydrocele 1427~~
- tendon, multiple 0020

14.6. Acquired cyst of kidney

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

N28 Other disorders of kidney and ureter, not elsewhere classified

- N28.1 Cyst of kidney, ~~acquired~~
Cyst (acquired) (multiple)_(solitary) of kidney, ~~acquired~~
Excludes: cystic kidney disease, congenital (Q61.-)

Q61 Cystic kidney disease

- Excludes:** ~~acquired~~-cyst of kidney (acquired) (N28.1)
Potter's syndrome (Q60.6)
- Q61.0 Congenital single renal cyst
~~Cyst of kidney (congenital)(single)~~
- Q61.1 Polycystic kidney, autosomal recessive
Polycystic kidney, infantile type

14.7. Hypertension due to acute kidney disease

Refer 9.9 Hypertension due to acute kidney disease for details.

14.8. Nephrosclerosis

Refer 9.10 Nephrosclerosis for details.

14.9. Endometrial thickening

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

N85 Other noninflammatory disorders of uterus, except cervix

N85.9 Noninflammatory disorder of uterus, unspecified
Disorder of uterus NOS
~~Thickening of endometrium~~

ALPHABETIC INDEX OF DISEASES

Thickening

- bone M89.3-
- breast N64.5
- endometrium ~~N85.9~~ R93.5

14.10. Thoracic endometriosis syndrome

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

N80.8 Other endometriosis
Endometriosis of thorax
N80.9 Endometriosis, unspecified

ALPHABETIC INDEX OF DISEASES

Endometriosis N80.9

- specified site NEC N80.8
- stromal (M8931/3) C54.1
- thorax N80.8
- uterus N80.0

Syndrome — *see also* Disease

- thalamic G93.8

- Thibierge-Weissenbach M34.8

- thoracic endometriosis N80.8

- thoracic outlet (compression) G54.0

Thomsen's disease G71.1

Thoracic endometriosis syndrome N80.8

Thoracoabdominal syndrome Q89.82

Thoracogastroschisis (congenital) Q79.89

14.11. Calculus with cystitis (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Calculus, calculi, calculous

- urethra (impacted) N21.1
- urinary (duct) (impacted) (passage) (tract) N20.9
- ~~- - with hydronephrosis N13.2~~
- ~~- - with infection N13.6~~
- - with
- - - cystitis (acute) N21.0
- - - hydronephrosis N13.2
- - - with infection N13.6
- - lower NEC N21.9
- - - specified N21.8
- vagina N89.8

14.12. Periductal mastitis (*Indexing*)

Following publication of advice for periductal mastitis, the term *periductal* was added to the Alphabetical Index as a nonessential modifier at the lead term *Mastitis*.

ALPHABETIC INDEX OF DISEASES

- Mastitis** (acute) (infective) (nonpuerperal) (periductal) (subacute) N61
- associated with pregnancy O91.20

15. Pregnancy, childbirth and puerperium

15.1. ACS 1552 Premature rupture of membranes, labour delayed by therapy (New) (Major)

Following receipt of a public submission, the following amendments were made to ICD-10-AM Ninth Edition:

- Addition of an inclusion term and note in O42 *Premature rupture of membranes* to incorporate previously published advice.
- Addition of an ACS symbol and inclusion term at O42.2 *Premature rupture of membranes, labour delayed by therapy*
- Addition of nonessential modifiers to the Alphabetic Index for *pre-labour* and *preterm* for rupture of membranes
- Creation of ACS 1552 *Premature rupture of membranes, labour delayed by therapy* to provide guidance regarding the assignment of O42.2 *Premature rupture of membranes, labour delayed by therapy*.

TABULAR LIST OF DISEASES

O42	Premature rupture of membranes
	<u>Spontaneous rupture of amniotic sac before the onset of labour</u>
	Note: When a patient with premature rupture of membranes proceeds to a caesarean section without labour, the starting time of the operation should be used to calculate the time interval.
	<u>'Premature/pre-labour rupture of membranes' must be documented; a code from this category should not be assigned based on documentation of the times for the establishment of labour alone.</u>
	<i>Use additional code from category O09.- to identify duration of pregnancy, when less than 37 completed weeks of gestation.</i>
	<i>Code also preterm labour and delivery (O60.-) if applicable.</i>
	<u>Excludes:</u> rupture of membranes by artificial means – omit code
O42.0	Premature rupture of membranes, onset of labour within 24 hours Premature rupture of membranes with delivery by caesarean section (without labour) within 24 hours
O42.1	Premature rupture of membranes, onset of labour after 24 hours Premature rupture of membranes with delivery by caesarean section (without labour) after 24 hours
	<u>Excludes:</u> with labour delayed by therapy (O42.2)
☛O42.11	Premature rupture of membranes, onset of labour between 1-7 days later
☛O42.12	Premature rupture of membranes, onset of labour more than 7 days later
O42.2	Premature rupture of membranes, labour delayed by therapy
▼ 1552	<u>Labour delayed by administration of tocolytic agent, following premature rupture of membranes</u>
O42.9	Premature rupture of membranes, unspecified
▼ 1550	<u>Includes:</u> when a patient is discharged/transferred after membranes rupture but before labour commences

ALPHABETIC INDEX OF DISEASES

Pregnancy (single) (uterine)

...

- complicated by — *see also* *Pregnancy/management affected by*

...

- - hydorrhoea (*see also* *Rupture/membranes/premature*) O42.9

Rupture, ruptured (*see also* *Injury/by site*)

...

- membranes (spontaneous)

...

- - false O47.-

- - pre-labour — *see* *Rupture/membranes/premature*

- - premature (at term) (preterm) (PPROM) (prolonged) (PROM) O42.9

- - - affecting fetus or newborn P01.1

AUSTRALIAN CODING STANDARDS

1552 PREMATURE RUPTURE OF MEMBRANES, LABOUR DELAYED BY THERAPY

Tocolytic agents may be administered following preterm premature/prelabour rupture of membranes (PPROM) with the aim of stopping contractions. Examples of these agents include:

- beta-agonists (e.g. salbutamol)
- calcium channel blockers (e.g. nifedipine)
- magnesium sulphate
- nitric oxide donors (e.g. glyceryl trinitrate (GTN) patches)
- prostaglandin synthetase inhibitors (e.g. indomethacin)

Steroids are administered when PPRM or labour occurs and there is a chance the baby will be delivered prematurely; their purpose is to mature the baby's lungs and reduce breathing problems at birth, they are not used to delay pre-term labour.

CLASSIFICATION

Assign O42.2 *Premature rupture of membranes, labour delayed by therapy* when drug therapy (tocolytic agent) has been administered following pre-term PROM, with the aim of stopping contractions/delaying labour.

O42.2 may be assigned with O42.0 *Premature rupture of membranes, onset of labour within 24 hours*. However the excludes notes at O42.1 *Premature rupture of membranes, onset of labour after 24 hours* precludes O42.2 from being assigned with O42.11 *Premature rupture of membranes, onset of labour between 1-7 days later* or O42.12 *Premature rupture of membranes, onset of labour more than 7 days later*.

STANDARDS INDEX

Premature

- infant 1605

- rupture of membranes, labour delayed by therapy 1552

15.2. ACS 1506 Fetal presentation, disproportion and abnormality of maternal pelvic organs (*Major*)

Following receipt of a query regarding interpretation of ACS 1506 *Malpresentation, disproportion and abnormality of maternal pelvic organs*, this ACS was amended for clarity with respect to appropriate assignment of codes in the ranges O32-O34 and O62-O64.

AUSTRALIAN CODING STANDARDS

1506 ~~MALFETAL~~ PRESENTATION, DISPROPORTION AND ABNORMALITY OF MATERNAL PELVIC ORGANS

~~FETAL PRESENTATIONS AND POSITIONS REGARDED AS ABNORMAL~~

~~The listed malpresentations and malpositions should be coded if they meet ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*:~~

Following is a list of fetal presentations and positions that are either abnormal or are normal but may require intervention. They should only be coded if they meet the criteria for code assignment in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* (see also Classification below):

- breech
- brow
- compound presentation
- cord presentation
- deep transverse arrest
- face
- occiput positions (eg occipitoanterior (OA), occipitolateral (OL), occipitoposterior (OP), or occipitotransverse (OT))
- persistent occipitoposterior position ('face-to-pubes')
- prolapsed arm
- transverse/oblique lie
- unstable lie

~~**Note:**—Occiput positions such as occipitoanterior (OA), occipitolateral (OL), occipitoposterior (OP), or occipitotransverse (OT) are normal and should not be coded **unless intervention occurs**.~~

Classification

Where care and/or intervention is required due to malpresentation, disproportion or abnormality of the maternal pelvic organs **before** the onset of labour (ie as a reason for observation, hospitalisation or other obstetric care of the mother, or for caesarean section **before** onset of labour), assign a code from blocks: O32-O34:

- O32 Maternal care for known or suspected malpresentation of fetus,
- O33 Maternal care for known or suspected disproportion, **or**
- O34 Maternal care for known or suspected abnormality of pelvic organs as appropriate.

~~Where the malpresentation, disproportion or abnormality of maternal pelvic organs is first diagnosed **during** labour or requires care and/or intervention **during** labour, assign a code from blocks:~~

Where care and/or intervention is required due to malpresentation, disproportion or abnormality of maternal pelvic organs **during** labour, regardless of when the condition is first diagnosed, assign a code from blocks O64-O66(see exception below regarding uterine scar) :

O64 Labour and delivery affected by malposition and malpresentation of fetus,

O65 Labour and delivery affected by maternal pelvic abnormality, **or**

O66 Other factors affecting labour and delivery.

~~Assign O34.2 *Maternal care due to uterine scar from previous surgery* as the principal diagnosis where a patient with a previous uterine scar is admitted for care but delivery does not occur during the episode of care. For example, antepartum care for uterine pain due to previous scar.~~

~~O34.2 *Maternal care due to uterine scar from previous surgery* should be assigned as an additional diagnosis when the patient is admitted for:~~

- ~~• an elective caesarean section due to (any) previous caesarean section~~
- ~~• trial of scar (eg caesarean or other operative uterine scar) proceeding to a caesarean delivery~~

Where care and/or intervention is required due to a previous uterine/caesarean section scar, assign O34.2 *Maternal care due to uterine scar from previous surgery* regardless of whether the care/intervention was given **before** the onset of labour or **during** labour.

Assign O75.7 *Vaginal delivery following previous caesarean section* ~~should be~~ for all cases where a trial of caesarean scar proceeds to a vaginal delivery.

15.3. Control of cervical haemorrhage (*Major*)

Following publication of advice in June 2013 regarding *Rusch balloon catheter for cervical ectopic pregnancy*, amendments were made to ACHI Ninth Edition:

- Creation of a code in block [1274] *Application, insertion or removal procedures on cervix*
- Amendments to the ICD-10-AM Alphabetic Index to support code assignment.

TABULAR LIST OF INTERVENTIONS

1274 Application, insertion or removal procedures on cervix

16511-00 Insertion of cervical suture

Cervical suture for cervical incompetence

Purse string ligation of cervix

Shirodkar suture

16512-00 Removal of cervical suture

Removal of cervical ligature

96226-00 Control of haemorrhage of cervix

Arrest of cervical haemorrhage following cervical ectopic pregnancy

Includes: insertion, replacement and removal of:

• balloon catheter

• packing

Excludes: that by:

• diathermy (35608-00, 35646-00 [1275])

• postpartum suture (16571-00 [1344])

• repair (35618-02 [1277])

ALPHABETIC INDEX OF INTERVENTIONS

Arrest (of)

- ...
- haemorrhage
- ...
- - bladder (postoperative) 36842-00 [1092]
- - cervix (balloon catheter) (packing) 96226-00 [1274]
- - colon

Control

- atmospheric pressure and composition 92045-00 [1889]
- haemorrhage
- ...
- - bladder (postoperative) 36842-00 [1092]
- - cervix (balloon catheter) (packing) 96226-00 [1274]
- - colon
- - - endoscopic (closed) 90308-00 [908]
- - - - by laser 30479-02 [908]

Insertion

- ...
- baffle (switch)
- - heart
- - - intra-atrial (for congenital heart disease) 38745-00 [603]
- - - intraventricular (for congenital heart disease) 38754-00 [613]
- balloon (catheter)
- - for arrest or control of nasal haemorrhage 41677-00 [373]
- - - cervix 96226-00 [1274]
- - - gastro-oesophageal varices (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899]
- - - nasal 41677-00 [373]
- - - - anterior (Little's area) (with cauterisation) (with diathermy) 41677-00 [373]

- - - posterior (with cauterisation) (with diathermy) 41656-00 [373]
- - gastric 90950-00 [889]
- - pump, intra-aortic (IABP) 38362-00 [682]
- - - by arteriotomy (open) 38609-00 [682]
- - - percutaneous (closed) (for counterpulsation) 38362-00 [682]
- ~~Sengstaken-Blakemore (Minnesota)~~
- ~~for control of haemorrhage from gastro-oesophageal varices 13506-00 [1899]~~
- bladder stimulator, electronic 90359-00 [1091]

Management (of)

- ...
- dissection of thoracic aorta 38572-00 [693]
- ectopic pregnancy 35677-03 [1256]
- - by
- - - chemotherapy (Methotrexate) 35677-03 [1256]
- - - control of haemorrhage, cervical 96226-00 [1274]
- - - injection

Packing

- for arrest or control of haemorrhage
- - cervix 96226-00 [1274]
- - nose — see *Packing/nose*
- external auditory canal 92027-00 [1887]
- intra-abdominal 90375-00 [983]
- - removal 90375-02 [983]

Tamponade — see also *Control/haemorrhage*

- air
- - with scleral buckling 42776-00 [212]
- device
- - for management of postoperative hypotony/fistula 42746-00 [191]
- oesophageal 13506-00 [1899]

15.4. Compression suture of uterus for postpartum haemorrhage (Major)

Following receipt of a public submission, a code and supporting index entries were created for *B-Lynch suture* in ACHI Ninth Edition.

TABULAR LIST OF INTERVENTIONS

1347	Other postpartum procedures
90483-00	Postpartum manual exploration of uterine cavity
90484-00	Evacuation of perineal incisional haematoma
	Evacuation of haematoma of:
	• episiotomy
	• perineorrhaphy
90484-01	Evacuation of nonincisional haematoma of perineum or vagina

90484-02	Evacuation of abdominal caesarean wound haematoma
96228-00	Compression suture of uterus for postpartum haemorrhage
	<u>B-Lynch suture</u>
	<u>Brace suture of uterus</u>
16567-00	Other management of postpartum haemorrhage

ALPHABETIC INDEX OF INTERVENTIONS

Arrest (of)

- ...
- haemorrhage
- ...
- - postpartum NEC 16567-00 **[1347]**
- - - by suture of uterus (B-Lynch) (compression)
- 96228-00 [1347]
- - prostate, postoperative 90392-00 **[1162]**

Control

- ...
- haemorrhage
- ...
- - postpartum NEC 16567-00 **[1347]**
- - - by suture of uterus (B-Lynch) (compression)
- 96228-00 [1347]
- - prostate, postoperative 90392-00 **[1162]**

Management (of)

- ...
- haemorrhage

- - postpartum 16567-00 **[1347]**
- - - by suture of uterus (B-Lynch) (compression)
- 96228-00 [1347]

Suture (laceration)

- ...
- bladder (open) 37004-02 **[1108]**
- - obstetric laceration, current 90480-00 **[1344]**
- - via laparoscopy 37004-01 **[1108]**
- B-Lynch 96228-00 **[1347]**
- ...
- common bile duct 30472-01 **[971]**
- compression, of uterus, for postpartum haemorrhage (B-Lynch) 96228-00 [1347]
- cornea NEC 90066-00 **[174]**
- ...
- uterus (laparoscopic) (uterine wall) 90435-00 **[1271]**
- - compression, for postpartum haemorrhage (B-Lynch) 96228-00 [1347]
- - obstetric laceration, current 90485-00 **[1344]**

15.5. Failed forceps or vacuum extraction

Following receipt of a public submission amendments were made to the Tabular List and Alphabetic Index to clarify assignment of O66.5 *Failed application of vacuum extractor and forceps, unspecified* in ICD-10-AM Ninth Edition:

- Removal of the inclusion term at O66.5 for *failed application of ventouse or forceps, with subsequent delivery by forceps or caesarean section respectively*
- Amendments to the Alphabetic Index to support code assignment.

TABULAR LIST OF DISEASES

O66 ▼ 1506

Other factors affecting labour and delivery

O66.5	Failed application of vacuum extractor and forceps, unspecified
	Failed application of ventouse or forceps, with subsequent delivery by forceps or caesarean section respectively

ALPHABETIC INDEX OF DISEASES

Failure, failed

...

- forceps (~~with subsequent delivery by caesarean section~~) NEC O66.5
- - affecting fetus or newborn P03.1

...

- urinary — see *Failure/kidney*
- vacuum extraction (~~with subsequent caesarean section~~) NEC O66.5
- - affecting fetus or newborn P03.1
- ventouse (~~with subsequent caesarean section~~) NEC O66.5
- - affecting fetus or newborn P03.1

Forceps delivery (single) NEC O81

- affecting fetus or newborn P03.2
- ~~failed NEC O66.5~~
- multiple — see *Delivery/multiple*

Vacuum

- extraction (delivery) (single) NEC O81
- - affecting fetus or newborn P03.3
- ~~failed NEC O66.5~~
- - multiple — see *Delivery/multiple*
- in sinus (accessory) (nasal) J34.8

Ventouse delivery (single) NEC O81

- affecting fetus or newborn P03.3
- ~~failed NEC O66.5~~
- multiple — see *Delivery/multiple*

15.6. Manual removal of placenta

Following publication of advice in Coding Rules, 15 June 2014 amendments were made to ICD-10-AM Ninth Edition as follows:

- Addition of an includes note for *manual removal of placenta* at O83 *Other assisted single delivery*
- Addition of an includes note for *controlled cord traction* at O80 *Single spontaneous delivery*
- Addition of an excludes note for *manual removal of placenta* at O80 *Single spontaneous delivery*
- Addition of terms to the Alphabetic Index to support the above changes.

TABULAR LIST OF DISEASES

O80

Single spontaneous delivery

Cases with minimal or no assistance

Single spontaneous delivery:

- breech
- NOS
- vaginal
- vertex

Includes:

- that with:
 - controlled cord traction (CCT)
 - epidural injection/infusion
 - episiotomy with repair
 - fetal monitoring
 - medical or surgical:
 - augmentation of labour
 - induction of labour
 - suture of obstetric perineal laceration

Excludes:

- pregnancy with abortive outcome (O00–O08)
- single delivery (by) (with):
 - assisted NOS (O83)
 - breech extraction (O83)
 - caesarean section (O82)

- forceps and vacuum extractor (O81)
- manual removal of placenta (O83)
- McRoberts manoeuvre (O83)
- version with extraction (O83)

O83

Other assisted single delivery

- Includes:**
- assisted single:
 - breech delivery NOS
 - delivery NOS
 - breech extraction
 - single delivery assisted (facilitated) by:
 - manual removal of placenta
 - McRoberts manoeuvre
 - other procedures, not elsewhere classified
 - procedures on fetus
 - version with extraction

- Excludes:**
- single delivery:
 - by caesarean (O82)
 - using forceps and vacuum extractor (O81)

ALPHABETIC INDEX OF DISEASES

Delivery (single) (spontaneous) (vertex) NEC O80

- assisted NEC O83

-- by

--- forceps or vacuum extractor O81

--- manual removal of placenta O83

--- McRoberts manoeuvre O83

...

- vaginal NEC O80

-- assisted NEC O83

--- by

--- forceps and vacuum extractor O81

--- manual removal of placenta O83

--- McRoberts manoeuvre O83

-- multiple — see *Delivery/multiple*

15.7. Principal diagnosis for termination of pregnancy

Amendments were made to ACS 1513 *Induction and augmentation* and ACS 1511 *Termination of pregnancy* to clarify assignment of principal diagnosis for termination of pregnancy:

- Addition of a cross reference in ACS 1513 *Induction and augmentation* to ACS 0001 *Principal diagnosis/obstetrics*.
- Addition of a cross reference in ACS 0001 *Principal diagnosis/obstetrics* to ACS 1511 *Termination of pregnancy*

AUSTRALIAN CODING STANDARDS

0001 PRINCIPAL DIAGNOSIS

The principal diagnosis is defined as:

...

OBSTETRICS

Where the patient is admitted for delivery such as 'in labour', 'for induction', 'for caesarean', and the outcome is delivery, assign a code from category O80–O84 *Delivery* as the principal diagnosis (excluding that for termination of pregnancy – see ACS 1511 *Termination of pregnancy*), followed by the reason for any intervention and then any other conditions and/or complications that meet the criteria for assignment as per ACS 0002 *Additional diagnoses*.

1513 INDUCTION AND AUGMENTATION

REASON FOR INDUCTION

...

Assign a code from category O80–O84 *Delivery* as the principal diagnosis, with the reason (if documented) as an additional diagnosis when the patient is **admitted for induction of labour** and the patient delivers (excluding that for termination of pregnancy – see ACS 1511 *Termination of pregnancy*).

If the patient is **admitted for management of an antepartum condition** (or other condition classified elsewhere in ICD-10-AM) and a decision is then made to induce labour during the episode of care and the patient delivers, assign the antepartum (or other) condition as the principal diagnosis with a code from category O80–O84 *Delivery* as an additional diagnosis. See also ACS 0001 *Principal diagnosis/Obstetrics*.

INDUCTION PROCEDURES TO TERMINATE PREGNANCY

If labour is induced by medical means to terminate a pregnancy, **regardless of duration of pregnancy and regardless of the outcome**, the procedure code will be:

EXAMPLE 1:

Patient admitted for suction D&C (GA) for termination of pregnancy at 13 weeks due to fetal anencephaly.

Codes:	O04.9	Medical abortion, complete or unspecified, without complication
	O09.1	Duration of pregnancy 5–13 completed weeks
	O35.0	Maternal care for (suspected) central nervous system malformation in fetus
	35640-03 [1265]	Suction curettage of uterus
	92514-99 [1910]	General anaesthesia, ASA 9, nonemergency

~~Termination of pregnancy occurring beyond 14 completed weeks will involve labour and therefore will be coded to Assign a code from block [1334] *Medical or surgical induction of labour- for termination of pregnancy occurring beyond 14 completed weeks*.~~

EXAMPLE 2:

Patient admitted for termination of pregnancy at 21 weeks due to diagnosis of liver and bony metastases. Mastectomy one year previously for infiltrating duct carcinoma of the breast. Outcome single stillborn. Medical and surgical induction of labour.

Codes:	O99.8	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium
	C78.7	Secondary malignant neoplasm of liver
	C79.5	Secondary malignant neoplasm of bone and bone marrow
	M8500/6	Infiltrating duct carcinoma NOS, metastatic
	C50.9	Breast, unspecified
	M8500/3	Infiltrating duct carcinoma NOS
	O04.9	Medical abortion, complete or unspecified, without complication
	O80	Single spontaneous delivery
	O60.3	Preterm delivery without spontaneous labour
	O09.3	Duration of pregnancy 20–25 completed weeks
	Z37.1	Single stillbirth
	90465-05 [1334]	Medical and surgical induction of labour

15.8. Fetal scalp electrodes

A minor amendment to clarify classification of fetal scalp electrodes following previously published coding advice was included in the ACS for Ninth Edition:

- Addition of code 16514-00 [1341] *Internal fetal monitoring* to point 4 of ACS 0042 *Procedures normally not coded*.

AUSTRALIAN CODING STANDARDS

0042 PROCEDURES NORMALLY NOT CODED

These procedures are normally not coded because they are usually routine in nature, performed for most patients and/or can occur multiple times during an episode. Most importantly, the resources used to perform these procedures are often reflected in the diagnosis or in an associated procedure. That is, for a particular diagnosis or procedure there is a standard treatment which is unnecessary to code. For example:

- x-ray and application of plaster is expected with a diagnosis of Colles' fracture
- intravenous antibiotics are expected with a diagnosis of septicaemia/sepsis
- cardioplegia in cardiac surgery is performed routinely
- ...
- 3. **Cardioplegia** when associated with cardiac surgery
- 4. **Cardiotocography (CTG)** except fetal scalp electrodes (16514-00 [1341])

15.9. Transient hypertension of pregnancy

In 2012, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Brasilia. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

O13 Gestational [pregnancy-induced] hypertension

Gestational hypertension NOS
Pregnancy-induced hypertension NOS
Transient hypertension of pregnancy

15.10. Death from obstetric cause

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

O96 Death from any obstetric cause occurring more than 42 days but less than one year after delivery

Use additional code to identify obstetric cause (direct or indirect) of death.

O96.0	Death from direct obstetric cause <u>occurring more than 42 days but less than one year after delivery</u>
O96.1	Death from indirect obstetric cause <u>occurring more than 42 days but less than one year after delivery</u>
O96.9	Death from <u>unspecified</u> obstetric cause, unspecified <u>occurring more than 42 days but less than one year after delivery</u>

15.11. Inverted T-incision caesarean section (*Indexing*)

Following publication of advice for *inverted T-incision (and J-incision) caesarean section*, terms were added to the ACHI Alphabetic Index for Ninth Edition as follows:

ALPHABETIC INDEX OF INTERVENTIONS

Caesarean section

- classical
- - elective 16520-00 [1340]
- - emergency 16520-01 [1340]
- J-incision – see Caesarean section/classical
- lower segment
- - elective 16520-02 [1340]
- - emergency 16520-03 [1340]
- T-incision (inverted) – see Caesarean section/classical

15.12. Polyp of cervix/adhesions complicating pregnancy (*Indexing*)

Amendments were made to the Alphabetic Index to clarify ambiguous index entries for polyp of cervix complicating pregnancy and to include published advice for adhesions complicating pregnancy:

ALPHABETIC INDEX OF DISEASES

Adhesions, adhesive (postinfective) K66.0

- with intestinal obstruction K56.5
- ...
- female pelvis (see also Adhesions/peritoneum/female pelvis) N73.6
- gallbladder K82.8
- ...
- ovary, ovarian (paraovarian) (periovarian) (see also Adhesions/peritoneum/female pelvis) N73.6
- - congenital (to caecum, kidney or omentum) Q50.39
- paraovarian N73.6
- pelvic, pelvis (peritoneal) (see also Adhesions/peritoneum)
- - female N73.6
- - postprocedural N99.4
- - male (see also Adhesions/peritoneum) K66.0
- - postpartal (old) N73.6
- - tuberculous A18.1† N74.1*
- ...
- perigastric (see also Adhesions/peritoneum) K66.0
- periovarian N73.6
- periprostatic N42.8
- perirenal N28.8
- peritoneum, peritoneal (male) K66.0
- - with intestinal obstruction (~~intestinal~~) K56.5
- - congenital Q43.32
- - pelvic, female pelvic (postpartal) (to uterus) N73.6
- - - affecting
- - - labour and delivery O65.5
- - - pregnancy O34.8
- - - postprocedural N99.4
- - postpartal, pelvic N73.6
- - to uterus N73.6
- peritubal (see also Adhesions/peritoneum/female pelvis) N73.6
- periureteral N28.8
- periuterine N73.6
- perivesical N32.8
- ...
- tubo-ovarian (see also Adhesions/peritoneum/female pelvis) N73.6
- tunica vaginalis N50.8
- uterus, uterine (periuterine) (to abdominal wall) (see also Adhesions/peritoneum/female pelvis) N73.6

- - internal N85.6
- ~~to abdominal wall N73.6~~
- vagina (chronic) N89.5

Band(s)

- adhesive (*see also* *Adhesions/peritoneum*) K66.0
- ...
- intestinal (adhesive) (*see also* *Adhesions/peritoneum*) K66.0
- ~~obstructive~~
- ~~intestine K56.5~~
- ~~peritoneum K56.5~~
- periappendiceal, congenital Q43.32
- peritoneal, peritoneum (adhesive) (*see also* *Adhesions/peritoneum*) K66.0
- uterus (*see also* *Adhesions/peritoneum/female pelvis*) N73.6
- - internal N85.6

Polyp, polypus

- ...
- cervix (uteri) N84.1
- - affecting
- - - fetus or newborn P03.8
- - - labour or delivery O65.5
- - - pregnancy O34.44
- - mucous N84.1
- ...
- uterus (body) (corpus) (mucous) (*see also* *Polyp, polypus/cervix*) N84.0
- ~~cervix N84.1~~
- ~~affecting~~
- ~~fetus or newborn P03.8~~
- ~~labour or delivery O65.5~~
- ~~pregnancy O34.4~~
- - affecting
- - - fetus or newborn P03.8
- - - labour or delivery O65.5
- - - pregnancy O34.1

- vagina N84.2

Pregnancy (single) (uterine)

- ...
- complicated by — *see also* *Pregnancy/management affected by*
- ...
- - adhesions (pelvic) (peritoneum) O34.8
- - - affecting labour or delivery O65.5
- - adverse effect of anaesthesia O29.9
- ...
- - polyhydramnios O40
- - polyp — *see* *Pregnancy/complicated by/ tumour*
- - postmaturity O48
- ...
- - tumour
- - - cervix (uteri) O34.4
- - - - affecting
- - - - labour or delivery O65.5
- - - - pregnancy O34.4
- - - ovary O34.8
- - - - affecting
- - - - labour or delivery O65.5
- - - - pregnancy O34.8
- - - pelvic organs or tissues NEC O34.8
- - - - affecting
- - - - labour or delivery O65.5
- - - - pregnancy O34.8
- - - uterus (body) (*see also* *Pregnancy/complicated by/tumour/cervix*) O34.1
- - - - affecting
- - - - labour or delivery O65.5
- - - - pregnancy O34.1
- - - - cervix O34.4
- - - - - affecting
- - - - - labour or delivery O65.5
- - - - - pregnancy O34.4
- - unstable lie O32.0

15.13. Australian code symbol at O94 Sequelae of complication of pregnancy, childbirth and the puerperium

O94 *Sequelae of complication of pregnancy, child birth and the puerperium* is a WHO ICD-10 code that was incorrectly denoted with an Australian code symbol and, consequently amended in Ninth Edition.

TABULAR LIST OF DISEASES

O94

Sequelae of complication of pregnancy, childbirth and the puerperium

▼ 0008

Note: Category O94 is used for morbidity coding only to indicate previous episodes of conditions in categories O00–O75 and O85–O92 as the cause of sequelae, which are themselves classified elsewhere. The sequelae include conditions specified as such, which may occur at any time after the puerperium.

Code first any sequelae.

Excludes: that resulting in death (O96, O97)

16. Perinatal

16.1. ACS 1615 Specific diseases and interventions related to the sick neonate (*Major*)

Following receipt of a public submission, publication of advice for catheterisations in neonates and receipt of advice regarding dextrose and iron infusions the following changes were made in Ninth Edition:

- Amendments to ACS 1615 *Specific interventions for the sick neonate*:
 - amended title to *Specific diseases and interventions related to the sick neonate*
 - added 34524-00 **[694]** *Catheterisation/cannulation of other artery under Catheterisation in a neonate*
 - amended advice for *Parenteral fluid therapy* to specify code assignment for TPN, electrolytes and dextrose
- Amendment to ACS 1605 *Conditions originating in the perinatal period*, Example 1 to replace 96199-07 **[1920]** *Intravenous administration of pharmacological agent, nutritional substance* to 96199-09 **[1920]** *Intravenous administration of pharmacological agent, other and unspecified pharmacological agent* to reflect IV dextrose
- Amendment of the Alphabetic Index to support the above changes.

Refer also 0.8 Administration of iron and dextrose for details.

TABULAR LIST OF INTERVENTIONS

694

Arterial catheterisation

▼ 0042

13303-00 Umbilical artery catheterisation/cannulation in neonate

▼ 1615

Includes: ~~infusion~~

34521-01 Intra-abdominal artery catheterisation/cannulation

34524-00 Catheterisation/cannulation of other artery

▽ 1615

Excludes: that:

- connected to drug delivery device (external infusion pump) (34530-05 **[766]**)
- for collection of blood for blood gas analysis (13842-00 **[1858]**)
- with insertion of vascular access device (34528-02 **[766]**)

738

Venous catheterisation

▼ 0042

13300-01 Scalp vein catheterisation/cannulation in neonate

▼ 1615

Includes: ~~infusion~~

13300-02 Umbilical vein catheterisation/cannulation in neonate

▽ 1615

Includes: ~~infusion~~

13319-00 Central vein catheterisation in neonate

▽ 1615

13300-00 Catheterisation/cannulation of other vein in neonate

Includes: ~~infusion~~

ALPHABETIC INDEX OF INTERVENTIONS

Catheterisation

- ...
- artery (open) 34524-00 **[694]**
- ...
- - umbilical, in neonate ~~(with infusion)~~ 13303-00 **[694]**
- ...
- umbilical
- - artery, in neonate ~~(with infusion)~~ 13303-00 **[694]**
- ...
- - vein, in neonate ~~(with infusion)~~ 13300-02 **[738]**
- ...
- vein NEC 90220-00 **[738]**
- ...
- - in neonate 13300-00 **[738]**
- - - central, via peripheral vein 13319-00 **[738]**
- - - scalp ~~(with infusion)~~ 13300-01 **[738]**
- - - umbilical ~~(with infusion)~~ 13300-02 **[738]**
- ...
- - scalp, in neonate ~~(with infusion)~~ 13300-01 **[738]**
- - umbilical, in neonate ~~(with infusion)~~ 13300-02 **[738]**

Infusion — see also Administration

- agent (to)
- ...
- - - percutaneous (continuous infusion) 35317-00 **[741]**
- - - - pulse spray technique 35319-00 **[741]**
- antibiotic — code to block **[1920]** with extension -02
- anti-infective — code to block **[1920]** with extension -02
- caudal (region) — see *Infusion/spinal canal/caudal*
- chemotherapeutic agent — see *Chemotherapy*

Injection (around) (into) (of) — see also Administration

- ...
- antibiotic — code to block **[1920]** with extension -02
- antibody fragments — code to block **[1920]** with extension -04
- anticoagulant — code to block **[1920]** with extension -09

- antidote — code to block **[1920]** with extension -04
- anti-infective — code to block **[1920]** with extension -02
- antivenom — code to block **[1920]** with extension -04
- ...
- electrolytes — code to block **[1920]** with extension -08

Insertion

- ...
- catheter
- ...
- - - - - pulse spray technique 35319-00 **[741]**
- - - umbilical, in neonate ~~(with infusion)~~ 13303-00 **[694]**
- - bladder, indwelling 36800-00 **[1090]**
- ...
- - Racz (epidural adhesiolysis) 39140-00 **[32]**
- - scalp vein, in neonate ~~(with infusion)~~ 13300-01 **[738]**
- - sinus, frontal (nasal) 41740-00 **[382]**
- ...
- - umbilical
- - - artery, in neonate ~~(with infusion)~~ 13303-00 **[694]**
- - - vein, in neonate ~~(with infusion)~~ 13300-02 **[738]**
- ...
- - - in neonate 13300-00 **[738]**
- - - - central, via peripheral vein 13319-00 **[738]**
- - - - scalp ~~(with infusion)~~ 13300-01 **[738]**
- - - - umbilical ~~(with infusion)~~ 13300-02 **[738]**
- ...
- - - scalp, in neonate ~~(with infusion)~~ 13300-01 **[738]**
- - - umbilical, in neonate ~~(with infusion)~~ 13300-02 **[738]**
- cement spacer

Nutrition, concentrated substances

- enteral infusion (of) 96202-07 **[1920]**
- parenteral, total 96199-07 **[1920]**
- - - peripheral 96199-07 **[1920]**

AUSTRALIAN CODING STANDARDS

1605 CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

CLASSIFICATION

Codes from ICD-10-AM Chapter 16 *Certain conditions originating in the perinatal period* apply to conditions which have their origin in the perinatal period even though death or morbidity may occur later.

In a premature infant's birth episode, the principal diagnosis will generally be either P07.2- *Extreme immaturity* or P07.3- *Other preterm infants*.

EXAMPLE 1:

A premature baby girl (born at 33 weeks; birth weight 1300g), was sent to the special care nursery with IUGR, jaundice and hypoglycaemia. The infant was treated with 24 hours of phototherapy, IV dextrose and frequent oral feeds.

Codes:	P07.32	Other preterm infant, 32 or more completed weeks but less than 37 completed weeks
	P07.12	Other low birth weight 1250–1499g
	P05.9	Slow fetal growth, unspecified
	P59.0	Neonatal jaundice associated with preterm delivery
	P70.4	Other neonatal hypoglycaemia
	Z38.0	Singleton, born in hospital
	90677-00 [1611]	Other phototherapy, skin
	96199-07-09 [1920]	Intravenous administration of pharmacological agent, nutritional substance other and unspecified pharmacological agent

1615 SPECIFIC DISEASES AND INTERVENTIONS FOR THE SICK NEONATE

The coding standards set out below relate to specific diseases and interventions for the sick neonate. ~~These standards will provide a valuable body of data which will assist in improving AR-DRG classification of neonatal conditions.~~

2. CODE THE FOLLOWING INTERVENTION WHEN PERFORMED:

Catheterisation/cannulation in a neonate

13300-01 [738]	Scalp vein catheterisation/cannulation in neonate
13300-02 [738]	Umbilical vein catheterisation/cannulation in neonate
13319-00 [738]	Central vein catheterisation in neonate
13303-00 [694]	Umbilical artery catheterisation/cannulation in neonate
<u>34524-00 [694]</u>	<u>Catheterisation/cannulation of other artery</u>

Note: When multiple catheterisations are performed during an episode of care and the same procedure code applies, assign the procedure code once only.

Parenteral fluid therapy

Total Parenteral Nutrition (TPN):

96199-07 [1920] Intravenous administration of pharmacological agent, nutritional substance

Electrolytes:

96199-08 [1920] Intravenous administration of pharmacological agent, electrolytes

Dextrose:

96199-09 [1920] Intravenous administration of pharmacological agent, other and unspecified pharmacological agent

Examples of diagnoses that may require parenteral fluid therapy are 'neonatal hypoglycaemia' (P70.- *Transitory disorders of carbohydrate metabolism specific to fetus and newborn*) or 'other transient neonatal electrolyte disorders' (P74.- *Other transitory neonatal electrolyte and metabolic disturbances*).

Note: These codes should not be assigned when these procedures are part of resuscitation at birth.

16.2. Subdural haemorrhage (*Indexing*)

In 2012, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Brasilia. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

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

...

- subdural (traumatic) S06.5

- - birth injury P10.0

- - complicating labour and delivery O99.4

~~- - fetus or newborn (localised) P52.8~~

~~- - birth trauma P10.0~~

- - nontraumatic (*see also*

Haemorrhage/subdural/nontraumatic) I62.0

- - - fetus or newborn (localised) P52.8

- - - spinal G95.1

Haemorrhage, haemorrhagic R58

...

- subdural (acute) (~~nontraumatic~~) ~~S06.5~~ I62.0

- - birth ~~trauma~~ injury P10.0

~~- - fetus or newborn (anoxic) (hypoxic) P52.8~~

~~- - birth trauma P10.0~~

- - nontraumatic I62.0

- - - fetus or newborn (anoxic) (hypoxic) P52.8

- - - spinal G95.1

~~- - traumatic S06.5~~

- subependymal

...

- tentorium (cerebellum) (diffuse) (traumatic) NEC
S06.23

- - fetus or newborn (birth trauma) P10.4

- - focal S06.34

- - nontraumatic — *see*

Haemorrhage/subdural/nontraumatic

16.3. Apparent life threatening event

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Alport's syndrome Q87.81

ALTE (acute life threatening event) (apparent life threatening event) (new born) R68.1

Altered pattern of family relationships affecting child Z61.2

Evans' syndrome D69.3

Event

- apparent (acute) life threatening (newborn) R68.1

Eventration K43.9

Infant(s) — *see also* *Infancy*

- apparent (acute) life threatening event R68.1

- excessive crying R68.1

- irritable child R68.1

- lack of care T74.0

AUSTRALIAN CODING STANDARDS

1610 SUDDEN INFANT DEATH SYNDROME/~~APPARENT~~CUTE LIFE THREATENING EVENT

DEFINITION

Sudden Infant Death Syndrome (SIDS) refers to a syndrome of sudden and unexplained death in an infant or young child. It is generally considered to be a pathological diagnosis (ie other causes are excluded by detailed postmortem examination).

~~Acute~~ Apparent (Acute) Life Threatening Event (ALTE) in an infant has been defined by the National Institutes of Health Consensus Development Conference as:

“An episode that is frightening to the observer and that is characterised by some combination of apnoea (central or occasionally obstructive), colour change (usually cyanotic or pallid but occasionally erythematous or plethoric), marked change in muscle tone (usually marked limpness), choking, or gagging. In some cases, the observer fears that that infant has died.” ~~refers to a syndrome of acute cardiorespiratory compromise, usually requiring resuscitative efforts, for which no cause is clearly elucidated.~~

ALTE is the preferred terminology for what used to be called 'near miss SIDS'. The relationship between SIDS and ALTE is unclear.

CLASSIFICATION

1. Most SIDS cases present as deaths before arrival and hence would not usually require coding for admission purposes.
2. Occasionally, resuscitative efforts are initiated but the child subsequently dies. If the postmortem results confirm SIDS, then assign R95.0 *Sudden infant death syndrome with mention of autopsy*.
3. Rarely, SIDS may complicate an admission for other reasons. If the postmortem results confirm SIDS, then assign R95.0 *Sudden infant death syndrome with mention of autopsy*.
4. In cases of apparent ALTE where subsequent investigations establish an underlying cause (including diverse neurological, gastrointestinal and respiratory disorders), the underlying cause should be coded only.
5. In cases of apparent ALTE where subsequent investigations do not establish an underlying cause, assign R68.1 *Nonspecific symptoms peculiar to infancy*. ~~R95. Sudden infant death syndrome.~~

Reference:

National Institute of Health. Infantile apnea and home monitoring. *Natl Inst Health Consens Dev Conf Consens Statement*. Oct 1 1986;6(6):1-10.

<http://pediatrics.aappublications.org/content/79/2/292.full.pdf+html>

16.4. Subependymal haemorrhage (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Haemorrhage, haemorrhagic R58

- subependymal
- - fetus or newborn P52.0
- - - with intraventricular extension P52.1
- - - - and enlargement of ventricles P52.21
- subhyaloid H35.6

16.5. Maternal hepatitis affecting fetus or newborn (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Maternal condition, affecting fetus or newborn P00.9

- glomerular diseases (conditions in N00–N08) P00.1
- haemorrhage, gestational P02.1
- hepatitis, ~~acute, (malignant) or subacute~~ P00.8
- - acute or subacute P00.2

17. Congenital

17.1. Cervical lateral cyst (*Indexing*)

In 2012, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Brasilia. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Cyst (colloid) (mucous) (retention) (simple)

- cerebral — see *Cyst/brain*
- cervical lateral Q18.04
- cervix NEC N88.8

17.2. Meige's syndrome (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Disease, diseased — see also *Syndrome*

...

- Mediterranean D56.9
- Meige Q82.0
- meningeal — see *Meningitis*

Meige disease Q82.0

Meige-Milroy disease (chronic hereditary oedema) Q82.0

Meige's syndrome Q82.0G24.4

17.3. Viral pneumonia, congenital

Refer 10.7 Viral pneumonia, congenital for details.

17.4. Mitral valve disorders, congenital

Refer 9.15 Mitral valve disorders, congenital for details.

18. Signs and symptoms

18.1. Impaired mobility

Following publication of advice for impaired mobility the following amendments were made to ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

R26 Abnormalities of gait and mobility

Excludes: ataxia:
 • hereditary (G11.-)
 • locomotor (syphilitic) (A52.1)
 • NOS (R27.0)
 immobility syndrome (paraplegic) (M62.3-)

R26.8 Other and unspecified abnormalities of gait and mobility

Impaired }
Reduced } mobility NOS
 Unsteadiness on feet NOS

ALPHABETIC INDEX OF DISEASES

Impaired, impairment (function)

...
 - mobility NEC R26.8
 - - ear ossicles H74.3
 - - requiring care provider Z74.0

Mobile, mobilisation, mobility

- abnormal (function) NEC R26.8
 - cells (stem), for potential donor of organ and tissue Z00.5
 - excessive — see *Hypermobility*
 - impaired (function) NEC R26.8

- gallbladder, congenital Q44.1
 - kidney N28.8
 - organ or site, congenital NEC — see *Malposition/congenital*
 - reduced (function) NEC R26.8
MODY (maturity onset diabetes of the young) E13.-

Problem (related to) (with)

...
 - impaired mobility (function) NEC R26.8
~~— due to prolonged bed rest R26.3~~
 - - requiring care provider Z74.0

18.2. Pain in shoulder

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

R52 Pain, not elsewhere classified

▽ 1807

Includes: pain not referable to any one organ or body region

Excludes: chronic pain personality syndrome (F62.8)

headache (R51)

pain (in):

- abdomen (R10.-)

- back (M54.9-)

- breast (N64.4)

- chest (R07.1–R07.4)

- ear (H92.0)

- eye (H57.1)

- joint (M25.5-)

- limb (M79.6-)

- lumbar region (M54.5)

- pelvic and perineal (R10.2)

- psychogenic (F45.4)

- shoulder (M75.825.51)

- spine (M54.-)

- throat (R07.0)

- tongue (K14.6)

- tooth (K08.8)

renal colic (N23)

18.3. Systolic murmur NOS

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

R01

Cardiac murmurs and other cardiac sounds

Excludes: those originating in the perinatal period (P29.82)

R01.1 Cardiac murmur, unspecified

Cardiac bruit NOS

Systolic murmur NOS

ALPHABETIC INDEX OF DISEASES

Murmur (cardiac) (heart) (organic) R01.1

- pulmonic (valve) I37.8

- systolic ~~R01.1(valvular)~~ — *see Endocarditis*

- - valvular — *see Endocarditis*

- tricuspid (valve) I07.9

- valvular — *see Endocarditis*

18.4. Suicidal ideation

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

R45.8 Other symptoms and signs involving emotional state

R45.81 Suicidal ideation

Suicidal tendencies

Excludes: signs and symptoms of suicidal ideation constituting part of a mental disorder (F00–F99)

18.5. Sudden adult death syndrome (SADS) (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Sadomasochism F65.5

SADS NEC (*see also* Syndrome/sudden/adult death OR Syndrome/sudden/arrhythmic death) R99

Saemisch's ulcer (cornea) H16.0

Syndrome — *see also* Disease

...

- sudden infant death (without mention of autopsy) R95.9

— with mention of autopsy R95.0

- - adult death R96.0

- - arrhythmic death I49.9

- - infant death R95.9

- - - with mention of autopsy R95.0

- Sudeck's atrophy M89.0-

...

19. Injury

19.1. Failed or difficult intubation (*Major*)

Following receipt of a public submission, the concepts of difficult and failed intubation were split in ICD-10-AM Ninth Edition:

Five character codes were created as follows:

- O29.61 *Failed intubation during pregnancy*
- O29.62 *Difficult intubation during pregnancy*
- O74.71 *Failed intubation during labour and delivery*
- O74.72 *Difficult intubation during labour and delivery*
- O89.61 *Failed intubation during the puerperium*
- O89.62 *Difficult intubation during the puerperium*
- T88.41 *Failed intubation*
- T88.42 *Difficult intubation*

TABULAR LIST OF DISEASES

O29

Complications of anaesthesia during pregnancy

Includes: maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during pregnancy

Excludes: complications of anaesthesia during:
• abortion or ectopic or molar pregnancy (O00–O08)
• labour and delivery (O74.-)
• puerperium (O89.-)

~~O29.6~~ ~~Failed or difficult intubation during pregnancy~~

O29.6 **Failed or difficult intubation during pregnancy**

~~☆O29.61~~ ~~Failed intubation during pregnancy~~

Failed endotracheal intubation requiring emergency airway management procedures (cricothyroidotomy/cricothyrotomy) (tracheostomy), during pregnancy

~~☆O29.62~~ ~~Difficult intubation during pregnancy~~

O74

Complications of anaesthesia during labour and delivery

Includes: maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during labour and delivery

~~O74.7~~ ~~Failed or difficult intubation during labour and delivery~~

O74.7 **Failed or difficult intubation during labour and delivery**

~~☆O74.71~~ ~~Failed intubation during labour and delivery~~

Failed endotracheal intubation requiring emergency airway management procedures (cricothyroidotomy/cricothyrotomy) (tracheostomy), during labour and delivery

~~☆O74.72~~ ~~Difficult intubation during labour and delivery~~

O89**Complications of anaesthesia during the puerperium**

Includes: maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

~~O89.6 Failed or difficult intubation during the puerperium~~

O89.6**Failed or difficult intubation during the puerperium**

✳O89.61 Failed intubation during the puerperium

Failed endotracheal intubation requiring emergency airway management procedures (cricothyroidotomy/cricothyrotomy) (tracheostomy), during the puerperium

✳O89.62 Difficult intubation during the puerperium

T88**Other complications of surgical and medical care, not elsewhere classified**

Excludes: accidental puncture or laceration during a procedure (T81.2) complications following:

- infusion, transfusion and therapeutic injection (T80.-)
- procedure NEC (T81.-)

specified complications classified elsewhere, such as:

- complications of:
 - anaesthesia in:
 - labour and delivery (O74.-)
 - pregnancy (O29.-)
 - puerperium (O89.-)
 - devices, implants and grafts (T82–T85)
 - obstetric surgery and procedures (O75.4)
- dermatitis due to drugs and medicaments (L23.3, L24.4, L25.1, L27.0–L27.1)
- poisoning and toxic effects of drugs and chemicals (T36–T65)

~~T88.4 Failed or difficult intubation~~

T88.4**Failed or difficult intubation**

✳T88.41 Failed intubation

Failed endotracheal intubation requiring emergency airway management procedures (cricothyroidotomy/cricothyrotomy) (tracheostomy)

Excludes: during:

- labour and delivery (O74.72)
- pregnancy (O29.62)
- the puerperium (postpartum) (O89.62)

✳T88.42 Difficult intubation

ALPHABETIC INDEX OF DISEASES**Complications (from) (of)**

...

- anaesthesia, anaesthetic NEC (*see also* *Anaesthesia/complication or reaction NEC*) T88.5
- ...
- - difficult or failed intubation ~~T88.4~~ — *see* *Difficult, difficulty/intubation*
- - failed intubation — *see* *Failure, failed/intubation*
- - hyperthermia, malignant T88.3
- - hypothermia NEC T88.5
- ...
- - intubation
- - - difficult — *see* *Difficult, difficulty/intubation*
- - - failed — *see* *Failure, failed/intubation*
- - shock T88.2

...

- intubation
- - difficult — *see* *Difficult, difficulty/intubation*
- - failed — *see* *Failure, failed/intubation*
- jejunostomy (stoma) K91.4

Difficult, difficulty (in)

...

- intubation, ~~endotracheal in anaesthesia~~ T88.42
- - during pregnancy O29.62
- - in labour and delivery O74.72
- - postpartum, puerperal O89.62

Failure, failed

...

- intubation, endotracheal (requiring emergency airway management procedures) during anaesthesia T88.41
 - - during pregnancy O29.61
 - - in labour and delivery O74.71
 - - postpartum, puerperal O89.61
 - involution, thymus (gland) E32.0

- difficult T88.42
 - - during pregnancy O29.62
 - - in labour and delivery O74.72
 - - postpartum, puerperal O89.62
 - failed (requiring emergency airway management procedures) T88.41
 - - during pregnancy O29.61
 - - in labour and delivery O74.71
 - - postpartum, puerperal O89.61

Intubation, endotracheal difficult or failed T88.4

19.2. ACS 1907 Multiple injuries

Following publication of advice in Coding Matters Volume 17 Number 1 for classification of multiple trauma, amendments were made to the Australian Coding Standards in Ninth Edition.

ACS 1907 *Multiple injuries* was amended to provide the following guidance:

- When coding the initial admission of a multiple trauma, all injuries documented (including superficial injuries such as abrasions and contusions) must be coded
- For subsequent admissions, only the injuries that meet the criteria in ACS 0002 *Additional diagnoses* should be coded.

An exception to the above guidelines is contained in ACS 1916 *Superficial injuries*, which states: “*Superficial injuries, such as abrasions or contusions, are not coded when associated with more severe injuries of the same site*”. Therefore, cross referencing was added to ACS 1907 and ACS 1916.

AUSTRALIAN CODING STANDARDS

1907 MULTIPLE INJURIES

CLASSIFICATION

When coding the **initial** admission of a multiple trauma, all injuries documented must be coded to represent the totality of multiple trauma. However, superficial injuries such as abrasions or contusions, are not coded when associated with more severe injuries of the same site (see also ACS 1916 *Superficial injuries*). Injuries should be coded to the individual site/type whenever possible.

For **subsequent** admissions, only code the injuries that meet the criteria in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*.

Injuries should be coded to the individual site/type whenever possible.

Combination categories for multiple injuries T00–T07 *Injuries involving multiple body regions* and injury codes commonly assigned a fourth character of '7' are to be used only where the number of injuries to be coded exceeds the maximum number of diagnosis code fields available. In these cases, use the individual site/type codes for significant injuries and the multiple categories to code the less severe injuries (eg superficial injury to multiple sites, open wounds to multiple sites and sprain and strain injury). This will ensure all significant conditions are accounted for and that the exact nature of the injury is reflected in the codes.

(See also ACS 0002 *Additional diagnoses*/Multiple coding.)

Note: External cause and ACHI codes are not included in the following example.

EXAMPLE 1:

Focal cerebral contusion, traumatic amputation of ear, loss of consciousness, contusion to the face, neck and shoulder and laceration of the cheek and thigh.

Codes:	S06.31	Focal cerebral contusion
	S06.01	Loss of consciousness of unspecified duration
	S08.1	Traumatic amputation of ear
	S01.41	Open wound of cheek
	S71.1	Open wound of thigh
	S00.85	Superficial injury of other parts of head, contusion
	S10.95	Superficial injury of neck, part unspecified, contusion
	S40.0	Contusion of shoulder and upper arm

In this example, S09.7 *Multiple injuries of head* and T01.8 *Open wounds involving other combinations of body regions* would **not** be assigned as individual codes should be assigned whenever possible.

Sequencing multiple injuries

In the case of multiple specified injuries, select as the principal diagnosis the condition which presents the most serious threat to life. If the most serious condition is not identified in the record, then clarification with the clinician should be sought.

1916 SUPERFICIAL INJURIES

CLASSIFICATION

In sections S00 Superficial injury of head, S10 Superficial injury of neck, S20 Superficial injury of thorax and S30 Superficial injury of abdomen, lower back and pelvis, the hierarchy for classifying superficial injuries is first based on the site whereas, in all other superficial injury sections, the hierarchy is based on type of injury. This is particularly relevant when coding 'other' and 'unspecified' superficial injuries.

If a superficial injury is infected, assign an additional code of T79.3 *Post traumatic wound infection, not elsewhere classified* and a code to describe the associated infectious agent.

Superficial injuries, such as abrasions or contusions, are not coded when associated with more severe injuries of the same site.

Note: External cause and ACHI codes are not included in the following example.

EXAMPLE 1:

Fracture of lower end of humerus, abrasion and contusion to elbow, fracture of scapula.

Codes:	S42.40	Fracture of lower end of humerus, part unspecified
	S42.10	Fracture of scapula, part unspecified

(See also ACS 1331 *Soft tissue injuries* and ACS 1907 *Multiple injuries*).

19.3. Burn of trunk

An anomaly in the fifth character subdivision at T21 *Burn of trunk*, was corrected in ICD-10-AM Ninth Edition as follows:

- Deletion of the term *excluding breast and nipple thorax [external]* from code titles of:
 - T21.01 *Burn of unspecified thickness of chest wall, excluding breast and nipple thorax [external]*
 - T21.12 *Erythema of chest wall, excluding breast and nipple thorax [external]*
 - T21.22 *Partial thickness [blisters, epidermal loss] burn of chest wall, excluding breast and nipple thorax [external]*
 - T21.32 *Full thickness burn of chest wall, excluding breast and nipple thorax [external]*
- Addition of inclusion terms specifying thickness of burn of *nipple* at:
 - T21.01 *Burn of unspecified thickness of breast*
 - T21.11 *Erythema of breast*
 - T21.21 *Partial thickness [blisters, epidermal loss] burn of breast*
 - T21.31 *Full thickness burn of breast*
- Addition of *nipple* as an inclusion term at the fifth character subdivision for *breast* and at the includes note at T21
- Amendments to the fifth character subdivision
- Deletion of *excluding breast and nipple* at point 2 of the fifth character subdivisions
- Amendments to the index to support the above changes.

TABULAR LIST OF DISEASES

T21

Burn of trunk

- Includes:** abdominal wall
anus
back [any part]
breast
buttock
chest wall
flank
groin
interscapular region
labium (majus)(minus)
nipple
penis
perineum
scrotum
testis
vulva
- Excludes:** burn of:
• axilla (T22.-)
• scapular region (T22.-)

The following fifth character subdivisions are for use with subcategories T21.0–T21.3:

- ✧ 0 trunk, unspecified site
- ✧ 1 breast
Nipple
- ✧ 2 chest wall, ~~excluding breast and nipple thorax [external]~~
- ✧ 3 abdominal wall
Flank
Groin
- ✧ 4 back [any part]
Buttock
Interscapular region
- ✧ 5 genitalia [external]
Labium (majus)(minus)
Penis
Perineum
Scrotum
Testis
Vulva
- ✧ 9 other sites of trunk
Anus

T21.0 Burn of unspecified thickness of trunk

- ✧T21.00 Burn of unspecified thickness of trunk, unspecified site
- ✧T21.01 Burn of unspecified thickness of breast
Burn of unspecified thickness of nipple
- ✧T21.02 Burn of unspecified thickness of chest wall, ~~excluding breast and nipple thorax [external]~~
- ✧T21.03 Burn of unspecified thickness of abdominal wall
- ✧T21.04 Burn of unspecified thickness of back [any part]
Burn of unspecified thickness of buttock
Burn of unspecified thickness of interscapular region

T21.1 Erythema of trunk

- ✧T21.10 Erythema of trunk, unspecified site
- ✧T21.11 Erythema of breast
Erythema of nipple
- ✧T21.12 Erythema of chest wall, ~~excluding breast and nipple thorax [external]~~
- ✧T21.13 Erythema of abdominal wall
Erythema of flank
Erythema of groin

T21.2 Partial thickness [blisters, epidermal loss] burn of trunk

- ✧T21.20 Partial thickness [blisters, epidermal loss] burn of trunk, unspecified site
- ✧T21.21 Partial thickness [blisters, epidermal loss] burn of breast
Partial thickness [blisters, epidermal loss] burn of nipple
- ✧T21.22 Partial thickness [blisters, epidermal loss] burn of chest wall, ~~excluding breast and nipple thorax [external]~~

- ✱T21.23 Partial thickness [blisters, epidermal loss] burn of abdominal wall
Partial thickness [blisters, epidermal loss] burn of flank
Partial thickness [blisters, epidermal loss] burn of groin

T21.3 Full thickness burn of trunk

- ✱T21.30 Full thickness burn of trunk, unspecified site
- ✱T21.31 Full thickness burn of breast
Full thickness burn of nipple
- ✱T21.32 Full thickness burn of chest wall, ~~excluding breast and nipple~~ ~~thorax [external]~~
- ✱T21.33 Full thickness burn of abdominal wall
Full thickness burn of flank
Full thickness burn of groin

ALPHABETIC INDEX OF DISEASES

Burn (electricity) (flame) (hot gas, liquid or object) (radiation) (steam) (thermal) T30.0

Note: The following fourth character subdivisions are for use with categories T20–T25 and T30:

- 0 Unspecified thickness .
- 1 Erythema First degree .
- 2 Partial thickness [blisters, epidermal loss] Second degree .
- 3 Full thickness Deep necrosis of underlying tissue Third degree

The following fifth character subdivisions are for use with category T21:

- 0 unspecified
- 1 breast
- 2 chest wall, ~~excluding breast and nipple~~
- 3 abdominal wall
- 4 back [any part]
- 5 genitalia [external]
- 9 other and multiple sites of trunk

The following fifth character subdivisions are for use with category T22:

- 0 unspecified
- 1 forearm and elbow
- 2 upper arm and shoulder region

- lung (with larynx and trachea) T27.1

- mouth T28.0

- neck T20.-

- nipple T21.-

- nose (septum) T20.-

- temple T20.-

- testis T21.-

- thigh(s) T24.-

- ~~thorax (external) T21.-~~

- throat (meaning pharynx) T28.0

19.4. Injuries of hip and thigh

In 2012, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Brasilia. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

LIST OF THREE-CHARACTER CATEGORIES

Injuries to the hip and thigh (S70–S79)

- S77 Crushing injury of hip and thigh
- S78 Traumatic amputation of hip and thigh
- S79 Other and unspecified injuries of hip and thigh

S79 Other and unspecified injuries of hip and thigh

19.5. Infections following infusion, transfusion and therapeutic injection

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

- T80.2 Infections following infusion, transfusion and therapeutic injection
 - ▼ 1904 Infection following infusion, transfusion and therapeutic injection
 - Sepsis following infusion, transfusion and therapeutic injection
 - Excludes:** hepatitis, post-transfusion (B16-B19)
the listed conditions when specified as:
 - due to prosthetic devices, implants and grafts (T82.6–T82.7, T83.5–T83.6, T84.5–T84.7, T85.7)
 - postprocedural (T81.4-)
- T80.6 Other serum reactions
 - Intoxication by serum
 - Protein sickness
 - Serum:
 - rash
 - sickness
 - urticaria
 - Excludes:** serum hepatitis (~~B16.-~~)(B16-B19)

19.6. Superficial injury of lower back (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

Injury (see also *specified injury type*) T14.9

- superficial (see also *type of superficial injury*) T14.00
- - abdomen, abdominal (and lower back and pelvis) S30.9-
- - - specified part NEC S30.8-
- - - wall S30.8-
- - adnexa, eye NEC S05.8
- - alveolar process S00.5-
- - ankle (and foot) S90.9
- - - multiple S90.7
- - - specified NEC S90.88
- - anus S30.8-

- - arm
- - - meaning upper limb — see *Injury/superficial/limb/upper*
- - - upper (and shoulder) S40.9
- - - - multiple S40.7
- - - - specified type NEC S40.88
- - auditory canal (external) (meatus) S00.4-
- - auricle S00.4-
- - axilla S40.9
- - - specified type NEC S40.88
- - back, lower ~~S30.8~~ S30.9-
- - breast S20.1-

19.7. Spinal dural tear (*Indexing*)

Following receipt of a public submission and publication of advice in June 2012 amendments were made to Ninth Edition to clarify the classification of spinal dural tear.

Neither ICD-10-AM or ICD-10 have specific codes for injury to spinal dura, only a code for injury to the meninges which assumes cerebral meninges and directs code assignment to S06.9 *Other intracranial injury*. The injuries section of Chapter 19 *Injury, poisoning and certain other consequences of external causes* has a section relating to injuries of the spine, however it is limited to superficial and open wounds of the thorax and injuries to the spinal cord.

The following amendments were made to Ninth Edition to support the classification of traumatic non procedural tear/laceration of spinal dura:

- Revised index entries to support the assignment of T09.3 Injury of spinal cord, level unspecified.

ALPHABETIC INDEX OF DISEASES

Injury (see also *specified injury type*) T14.9

- ...
- cerebral — see also *Injury/brain*
- - meninges S06.9
- - - multiple S06.28

- ...
- duodenum S36.41

- dura — see *Injury/meninges*
- ear (auricle) (canal) (external) S09.9

- ...
- meninges (cerebral) ~~S06.9~~
- - cerebral S06.9
- - - multiple S06.28
- - spinal T09.3
- mesenteric

Laceration NEC (see also *Wound, open*) T14.1

- ...
- cerebral (diffuse) S06.28

- - during birth P10.8
- - - with haemorrhage P10.1
- - focal S06.38
- - meninges S06.9
- - - multiple S06.28
- ...
- cortex (cerebellum) (cerebrum) (diffuse) S06.28
- - focal S06.38
- dura — see *Laceration/meninges*
- eye(ball) (without prolapse or loss of intraocular tissue) S05.3
- ...
- lung S27.32
- meninges ~~S06.28~~
- - cerebral S06.9
- - - multiple S06.28
- - spinal T09.3
- meniscus (see also *Tear/meniscus*) S83.2
- ...

- spinal cord (~~meninges~~) (see also *Injury/spinal cord/by region*) T09.3
- - fetus or newborn (birth trauma) P11.5

Tear, torn (traumatic) (see also *Wound, open*)

- with abortion (subsequent episode) O08.6
- - current episode — see *Abortion*
- anus, anal (sphincter) S31.80
- cervix
- - obstetrical trauma (current) O71.3
- - old N88.1
- - traumatic S37.6
- dura — see *Tear/meninges*
- internal organ — see *Injury/by site*
- knee cartilage
- - articular (current) S83.3

- - old M23.2-
- ligament — see also *Sprain*
- - knee (current injury) NEC S83.6
- - - collateral S83.40
- - - - lateral (fibular) S83.43
- - - - medial (tibial) S83.44
- - - cruciate S83.50
- - - - anterior S83.53
- - - - posterior S83.54
- - - old (chronic) M23.5-
- meninges
- - cerebral S06.9
- - - multiple S06.28
- - spinal T09.3
- meniscus (current injury) (knee) S83.2

20. External causes

20.1. External cause code for 'aspiration NOS'

In 2012, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Brasilia. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

W80

Inhalation and ingestion of other objects causing obstruction of respiratory tract

- Includes:** asphyxia by any object, except food or vomitus, entering by nose or mouth
aspiration NOS
aspiration and inhalation of foreign body, except food or vomitus (into respiratory tract) NOS
choked on any object, except food or vomitus, entering by nose or mouth
compression of trachea by foreign body in oesophagus
foreign object in nose
interruption of respiration by foreign body in oesophagus
obstruction of pharynx by foreign body
obstruction of respiration by foreign body in oesophagus
suffocation by any object, except food or vomitus, entering by nose or mouth
- Excludes:** inhalation of vomitus or food (W78–W79)
injury, except asphyxia or obstruction of respiratory tract, caused by foreign body (W44)
obstruction of oesophagus by foreign body without mention of asphyxia or obstruction of respiratory tract (W44)

W84

Unspecified threat to breathing

- Includes:** asphyxiation NOS
aspiration NOS
suffocation NOS

ALPHABETIC INDEX OF DISEASES

SECTION II: EXTERNAL CAUSES OF INJURY

Aspiration ~~W84~~ NEC W80

- food (any type) (into respiratory tract) (with asphyxia, obstruction respiratory tract, suffocation) W79
- foreign body (see also *Foreign body, object or material/aspiration*) W44

20.2. Kidney dialysis external cause code (*Indexing*)

Following retirement of advice for external cause codes for renal dialysis, amendments were made to ICD-10-AM Ninth Edition:

- Creation of index entries under the lead term *Complications*:
 - arteriovenous fistula for kidney dialysis
 - catheterisation/kidney dialysis
 - infusion/kidney dialysis
- Amended *kidney* from a nonessential to an essential modifier
- Addition of *peritoneal* as a nonessential modifier at *Complications/dialysis* for consistency.

ALPHABETIC INDEX OF DISEASES

SECTION II: EXTERNAL CAUSES OF INJURY

Complication (delayed) (medical or surgical procedure) (of or following) Y84.9

...

- aspiration (of fluid) Y84.4

- - tissue Y84.8

- arteriovenous fistula for kidney dialysis Y84.1

- biopsy (open) Y83.8

...

- bypass Y83.2

- catheterisation Y84.8

- - cardiac Y84.0

- kidney dialysis Y84.1

- - urinary Y84.6

- colostomy Y83.3

- cystostomy Y83.3

- dialysis, {kidney} Y84.1

- drug NEC (*see also Table of drugs and chemicals*) Y57.9

...

- infusion

- - kidney dialysis Y84.1

- - procedure NEC Y84.8

- injection — *see Table of drugs and chemicals*

- - procedure Y84.8

- insertion of gastric or duodenal sound Y84.5

- insulin-shock therapy Y84.3

- kidney dialysis (peritoneal) Y84.1

- paracentesis (abdominal) (aspirative) (thoracic) Y84.4

20.3. W26 Contact with other sharp object(s)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

Other external causes of accidental injury (W00–X59)

W26 Contact with other sharp object(s), ~~knife, sword or dagger~~

W25

Contact with sharp glass

Contact with broken or shattered glass

Excludes: fall involving glass (W00–W19)
flying glass due to explosion or firearm discharge (W32–W40)
glass embedded in skin (W45.9)

W26 **Contact with ~~knife, sword or dagger~~ other sharp object(s)**

Excludes: sharp object embedded in skin (W45.-)

W26.0 Contact with knife, sword or dagger

W26.8 Contact with other sharp object(s), not elsewhere classified

Edge of stiff paper

Tin can lid

W26.9 Contact with unspecified sharp object(s)

W45 **Foreign body or object entering through skin**

★W45.0 Body piercing

Voluntary body piercing/decoration of:

- genitalia
- tongue

★W45.9 Foreign body or object entering through skin

Edge of stiff paper entering through skin

Foreign body or object embedded in skin

Nail entering through skin

Splinter entering through skin

~~Tin can lid entering through skin~~

Excludes: contact with:

- hand tools (nonpowered)(powered) (W27–W29)
 - hypodermic needle (not embedded in skin) (W46)
 - ~~knife, sword or dagger (W26)~~ other sharp object(s) (not embedded in skin) (W26.-)
 - sharp glass (not embedded in skin) (W25.-)
- struck by objects (W20–W22)

W46 Contact with hypodermic needle

Excludes: hypodermic needle embedded in skin (W45.-)

ALPHABETIC INDEX OF DISEASES

SECTION II: EXTERNAL CAUSES OF INJURY

Accident (to) X59

- caused by, due to

- - cutting or piercing instrument NEC (see also

Contact/with/by type of instrument) ~~W45.9~~W26.9

- - - body piercing (rings) (studs) (voluntary) W45.0

- - - embedded in skin W45.-

- - electric

- - - current (see also *Exposure/electric/current*) W87

- - - motor (see also *Contact/with/by type of machine*)
W31.9

Bayonet wound W26.0

- in

Contact (accidental)

- with

...

- - arrow W21.8

- - - not thrown, projected or falling ~~W45.9~~W26.8

- - arthropods NEC

...

- - bayonet (see also *Bayonet wound*) W26.0

- - bee(s) X23.30

...

- - can

- - - lid ~~W45.9~~W26.8

- - - opener W27

- - - - powered W29.8

- - cat fish X26.18

- ...
- dagger W26.0
- dairy equipment W31.8
- dart W21.8
- not thrown, projected or falling W45.9W26.8
- derrick W24
- hay W30.3
- dog NEC W54.8
- ...
- edge of stiff paper W45.9W26.8
- electric
- ...
- knife (see also *Contact/with/sharp object*) W26.0
- electric W29.6
- krait X20.08
- ...
- paper (as sharp object) NEC W45.9W26.8
- cutter W27
- wasp(s) X23.21
- pipe, hot X16
- ...
- sharp object (cutting or piercing instrument) NEC W45.9W26.9
- body piercing (rings) (studs) (voluntary) W45.0
- embedded in skin W45.-
- glass (see also *Contact/with/glass*) W25.9
- intentional
- homicide (attempt) X99.9-
- purposeful, suicide (attempt) X78.9
- knife, sword or dagger W26.0
- intentional
- homicide (attempt) X99.0-
- purposeful, suicide (attempt) X78.0
- undetermined intent Y28.0
- ...
- undetermined intent Y28.1
- specified NEC W45.9W26.8
- intentional
- homicide (attempt) X99.8-
- purposeful, suicide (attempt) X78.8
-
- stonefish X26.10

- stove (hot) (kitchen) X15.0
- stud driver W29.3
- substance, hot NEC X19
- molten (metal) X18
- sword (see also *Contact/with/sharp object/knife, sword or dagger*) W26.0
- syringe W46
- tarantula X21.8
- thresher W30.1
- tick (venomous) X25.1
- nonvenomous W57
- tillage equipment W30.23
- tin can lid W45.9W26.8
- toaster (hot) X15.2
- sandwich X15.8
- tool NEC W27
- ...

Cut, cutting (accidental) (any part of body) (by) NEC
(see also *Contact/with/by type of object or machine*)
W45.9W26.9

Piercing NEC (see also *Contact/with/by type of object or machine*) W45.9W26.9

- body (rings) (studs) (voluntary) W45.0

Puncture, puncturing NEC (see also *Contact/with/by type of object or machine*) W45.9W26.9

- by

-- body piercing (rings) (studs) (voluntary) W45.0

-- plant thorns, spines, sharp leaves or other mechanisms NEC W60

-- sea-urchin spine X26.8

-- during medical or surgical treatment as misadventure
(see also *Misadventure(s) to patient(s) during surgical or medical care/cut/by type of procedure*)
Y60.9

Stab, stabbing (see also *Contact/with/sharp object*)
X99.-

- accidental (see also *Contact/with/sharp object*)
W26.9

Starvation X53

20.4. Victim of earthquake

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

X34

Victim of earthquake

X34.0 Victim of cataclysmic earth movements caused by earthquake

Includes: trapped in or injured by collapsing building or other structure due to earthquake

21. Factors influencing health status

21.1. ACS 2115 Admission for allergen challenge (New) (Major)

The following amendments were made to ICD-10-AM and ACS Ninth Edition to improve the classification of allergen challenge:

- Creation of codes for allergen challenge at Z41 *Procedures for purposes other than remedying health state*, including drug, food and other challenges
- Deletion of the note at T78 *Adverse effects, not elsewhere classified*
- Addition of excludes notes at Z01.5 *Diagnostic skin and sensitisation tests* and Z03.6 *Observation for suspected toxic effect from ingested substance*
- Creation of a standard for *Admission for allergen challenge*
- Addition of an Australian Coding Standard symbol at appropriate codes
- Amendment of other standards and the Alphabetic Index to support the above changes.

TABULAR LIST OF DISEASES

T78	Adverse effects, not elsewhere classified
	Note: This category is to be used to identify the effects, not elsewhere classifiable, of unknown, undetermined or ill defined causes. For multiple coding purposes this category may be used as an additional code to identify the effects of conditions classified elsewhere.
	Excludes: complications of surgical and medical care NEC (T80–T88)
T78.0	Anaphylactic shock due to adverse food reaction
<u>∇ 2115</u>	
T78.1	Other adverse food reactions, not elsewhere classified
<u>∇ 2115</u>	
	Excludes: bacterial food-borne intoxications (A05.-) dermatitis due to food: • in contact with the skin (L23.6, L24.6, L25.4) • NOS (L27.2)
T78.2	Anaphylactic shock, unspecified Allergic shock NOS Anaphylactic reaction NOS Anaphylaxis NOS
	Excludes: anaphylactic shock due to: • adverse effect of correct medicinal substance properly administered (T88.6) • adverse food reaction (T78.0) • serum (T80.5)
T88	Other complications of surgical and medical care, not elsewhere classified
T88.6	Anaphylactic shock due to adverse effect of correct drug or medicament properly administered
<u>∇ 2115</u>	
	Excludes: anaphylactic shock due to serum (T80.5)

Z01 **Other special examinations and investigations of persons without complaint or reported diagnosis**

Z01.5 Diagnostic skin and sensitisation tests

Allergy tests

Skin tests for:

- bacterial disease
- hypersensitivity

Excludes: challenge:

• allergen NOS (Z41.89)

• drug (Z41.81)

• food (Z41.82)

desensitisation to allergens (Z51.6-)

Z03 **Medical observation and evaluation for suspected diseases and conditions**

▽ 0001

▽ 0012

Z03.6 Observation for suspected toxic effect from ingested substance

Observation for suspected:

- adverse effect from drug
- poisoning

Excludes: challenge:

• allergen NOS (Z41.89)

• drug (Z41.81)

• food (Z41.82)

newborn (Z03.79)

Z41 **Procedures for purposes other than remedying health state**

Z41.0 Hair transplant

Z41.1 Other plastic surgery for unacceptable cosmetic appearance

▽ 1204 Breast implant

Excludes: plastic and reconstructive surgery following healed injury or operation (Z42.-)

Z41.2 Routine and ritual circumcision

Z41.3 Ear piercing

~~Z41.8 Other procedures for purposes other than remedying health state~~

Z41.8 **Other procedures for purposes other than remedying health state**

▽ 2115

✦ Z41.81 Drug challenge

✦ Z41.82 Food challenge

✦ Z41.89 Other procedures for purposes other than remedying health state

Allergen challenge NOS

Z41.9 Procedure for purposes other than remedying health state, unspecified

Z51.6 **Desensitisation to allergens**

Excludes: allergen challenge (Z41.8-)

✦ Z51.60 Allergen, unspecified

ALPHABETIC INDEX OF DISEASES

Admission (for)

- adjustment (of) — *see Adjustment*
- aftercare — *see Aftercare*

....

- challenge

- - allergen NEC Z41.89

- - - drug Z41.81

- - - food Z41.82

- chemotherapy for neoplasm Z51.1

- - prophylactic Z29.2

Chalcosis J62.8

Challenge

- allergen NEC Z41.89

- - drug Z41.81

- - food Z41.82

Chancre (genital) (hard) (primary) (seronegative)

(seropositive) (syphilitic) A51.0

- conjunctiva A51.2

Examination (for) (general) (of) (routine) Z00.0

- adolescent (development state) Z00.3

- allergy (*see also Challenge/allergen*) Z01.5

- annual (periodic) (physical) Z00.0

Investigation (*see also Examination*) Z04.9

- allergens (*see also Challenge/allergen*) Z01.5

- clinical research subject (control) Z00.6

Observation (for) Z04.9

- adverse effect of drug (*see also Challenge/allergen*) Z03.6

...

- suspected (undiagnosed) (unproven)

- - adverse effect from drug (*see also Challenge/allergen*) Z03.6

- - behavioural disorder Z03.2

...

- - drug poisoning or adverse effect (*see also Challenge/allergen*) Z03.6

- - infectious disease not requiring isolation Z03.8

- - -

- - toxic effects from ingested substance (drug) (poison) (*see also Challenge/allergen*) Z03.6

- - tuberculosis Z03.0

- - victim of battering (child) (spouse) Z04.5

- toxic effects from ingested substance (drug) (poison) (*see also Challenge/allergen*) Z03.6

Procedure (surgical)

- for purpose other than remedying health state Z41.9

- - specified NEC Z41.89

- elective (*see also Surgery/elective*) Z41.9

- - ear piercing Z41.3

- - specified NEC Z41.89

- maternal (unrelated to current delivery), affecting fetus or newborn P00.6

Surgery

- elective Z41.9

- - breast augmentation or reduction (cosmetic) Z41.1

- - face lift (cosmetic) Z41.1

- - hair transplant Z41.0

- - specified type NEC Z41.89

- not done — *see Procedure/not done*

Test(s)

- allergens (*see also Challenge/allergen*) Z01.5

- blood pressure Z01.3

AUSTRALIAN CODING STANDARDS

0026 ADMISSION FOR CLINICAL TRIAL, DRUG CHALLENGE OR THERAPEUTIC DRUG MONITORING

CLINICAL TRIAL

A clinical trial is defined as:

“... a form of human research designed to find out the effects of an intervention, including a treatment or diagnostic procedure. A clinical trial can involve testing a drug, a surgical procedure, other therapeutic procedures and devices, a preventive procedure, or a diagnostic device or procedure” (National Health and Medical Research Council 2007).

Classification

Where the reason for admission is stated as being for a clinical trial for the purposes of research, Z00.6 *Examination for normal comparison and control in clinical research programme* should be assigned as the principal diagnosis.

EXAMPLE 1: CLINICAL TRIAL

Patient admitted for bronchoscopy as part of a research project (clinical trial).

Codes: Z00.6 Examination for normal comparison and control in clinical research programme
 41898-00 [543] Bronchoscopy

DRUG CHALLENGE

~~A drug challenge on an individual patient (drug trial, challenge tests, provocation testing, ingestion/oral testing) is performed to monitor the response of a specific patient to a particular drug to test for allergic reactions. The medication suspected of causing an allergic reaction is reintroduced to the patient to determine if a true drug allergy occurs. These drug trials/challenges are necessary when:~~

- ~~• a patient discloses a history of allergy to a particular drug and~~
- ~~• treatment with that specific drug is essential and~~
- ~~• there is no effective alternative drug.~~

THERAPEUTIC DRUG MONITORING

Therapeutic drug monitoring is measuring the blood concentration of a particular drug to determine the most effective dose to use for an individual patient.

Most drugs do not need to be monitored this way because the clinical effect can be easily measured (using blood pressure, heart rate, etc). The drugs that need to be monitored have some special features; most of them work best over a small range. Below this range, the drug is not effective and the patient begins having symptoms. Above this range, the drug has bad or toxic side effects. Drug monitoring also detects drug interactions.

For guidelines relating to admission for stabilisation of anticoagulant levels, see ACS 0303
Abnormal coagulation profile due to anticoagulants.

Classification

Where the reason for admission is stated as being for ~~drug challenge~~ or therapeutic drug monitoring, the condition of the patient should be assigned as the principal diagnosis. Z00.6 *Examination for normal comparison and control in clinical research programme* is not necessary in these cases.

EXAMPLE 2: DRUG CHALLENGE

~~Patient with a history of allergy to penicillin is admitted to undergo specific allergy tests with penicillin reagents.~~

~~Codes: Z03.6 Observation for suspected toxic effect from ingested substance
 Z88.0 Personal history of allergy to penicillin~~

~~Code also any interventions performed~~

EXAMPLE 3: THERAPEUTIC DRUG MONITORING

Patient with epilepsy admitted for drug monitoring of phenytoin levels.

Code: G40.90 Epilepsy, unspecified

1902 ADVERSE EFFECTS

Classification...

If the manifestation of the adverse drug reaction is unspecified, assign code T88.7 *Unspecified adverse effect of drug or medicament*.

...

EXAMPLE 4:

Burns to chest wall (BSA 4%) due to overdose of radiotherapy for breast cancer.

Codes:	T21.02	Burn of chest wall, unspecified thickness
	T31.00	Burns involving less than 10% of body surface
	Y63.2	Overdose of radiation given during therapy
	Y92.22	Place of occurrence, health service area

Other diagnosis codes as appropriate

(See also ACS 2115 *Admission for allergen challenge*)

2115 ADMISSION FOR ALLERGEN CHALLENGE

Allergen challenges are performed to monitor the response of a patient to a particular drug, food or other allergen to test for any clinical allergic response. During the challenge the patient is given doses of an allergen and closely observed for a response after each dose.

Drug challenges are necessary when:

- a patient discloses a history of allergy to a particular drug **and**
- treatment with that specific drug is essential **and**
- there is no effective alternative drug.

Allergen challenges are conducted in facilities where resuscitation equipment is available due to the risk of triggering a severe allergic reaction.

Classification

- Assign the appropriate code from Z41.8- *Other procedures for purposes other than remedying health state* as the principal diagnosis where the reason for admission is allergen challenge.
- In addition, assign codes for any allergic manifestation(s) arising from the challenge, following the lead term *Allergy, allergic* in the Alphabetic Index.
- Additional chapter codes can also be assigned where they are required to fully translate the medical statement.
- It is not necessary to assign a procedure code for the challenge.

EXAMPLE 1: DRUG CHALLENGE

A patient with a history of severe allergy to penicillin is admitted for a drug challenge with cephalosporin. The challenge results in an urticarial reaction.

Codes:	Z41.81	Drug challenge
	L50.0	Allergic urticaria
	Y40.1	Cephalosporins and other beta-lactam antibiotics
	Y92.22	Health service area

EXAMPLE 2: FOOD CHALLENGE

A patient with a sibling with a severe peanut allergy is admitted for a food challenge following a positive peanut allergy skin prick test. An anaphylactic reaction occurs during the challenge.

Codes:	Z41.82	Food challenge
	T78.0	Anaphylactic shock due to adverse food reaction
	Y57.9	Drug or medicament, unspecified
	Y92.22	Health service area
	Z84.8	Family history of other specified conditions

EXAMPLE 3: FOOD CHALLENGE

A patient with a previously diagnosed severe allergy to fish is admitted for a food challenge following five years avoidance of the allergen in their diet. The challenge results in abdominal pain.

Codes:	Z41.82	Food challenge
	T78.1	Other adverse food reactions, not elsewhere classified
	R10.4	Other and unspecified abdominal pain
	Y57.9	Drug or medicament, unspecified
	Y92.22	Health service area

Note: Allergen desensitisation (immunotherapy) is different to allergen challenge as it involves the ongoing administration of gradually increasing doses of allergen extracts in order to reduce sensitivity. Allergen desensitisation is assigned a code from Z51.6- *Desensitisation to allergens*.

21.2. Resistance to other specified antibiotics (*Major*)

Following publication of advice regarding resistance to more than one identifiable antibiotic, the following amendments were included in ICD-10-AM Ninth Edition:

- Deletion of Z06.68 and creation of Z06.69 *Resistance to other specified antibiotics*
- Amendment of the inclusion term at Z06.52 (*Resistance to multiple antibiotics including methicillin*) and the excludes note at Z06.67 (*Excludes: resistance to multiple antibiotics involving methicillin*).
- Minor amendments to Z06.67
- Addition of other specified types of antibiotics to the Alphabetic Index
- Amendments to ACS 0112 *Infection with drug resistant microorganisms*

TABULAR LIST OF DISEASES

★Z06

Resistance to antimicrobial drugs

▼ 0112

Note: This category is intended for use as an additional code to identify the resistant properties of infectious agent(s) in infections classified elsewhere.

★Z06.5 Resistance to beta-lactam antibiotics

Use additional code (B95–B96) to identify infectious agents resistant to beta-lactam antibiotics if applicable.

★Z06.50 Resistance to beta-lactam antibiotics, unspecified

★Z06.51 Resistance to penicillin

Resistance to:

- amoxicillin
- ampicillin

★Z06.52 Resistance to methicillin

Resistance to:

- cloxacillin
- dicloxacillin
- flucloxacillin
- multiple antibiotics including methicillin
- oxacillin

★Z06.53 Extended spectrum beta-lactamase [ESBL] resistance

★Z06.58 Resistance to other beta-lactam antibiotics

★Z06.6 Resistance to other antibiotics

Use additional code (B95–B96) to identify infectious agents resistant to antibiotics if applicable.

★Z06.60 Resistance to unspecified antibiotic

Resistance to antibiotic NOS

★Z06.61 Resistance to vancomycin

★Z06.62 Resistance to other vancomycin related antibiotics

★Z06.63 Resistance to quinolones

★Z06.67 Resistance to multiple antibiotics

Multi-resistant antibiotics } NOS

Resistance to multiple antibiotics }

Note: This code should only be assigned when an infectious agent is resistant to two or more antibiotics but the type of antibiotics are not specified. Where multiple resistant antibiotics are specified, code each resistant antibiotic separately.

~~Excludes:~~ ~~resistance to multiple antibiotics involving methicillin (Z06.52)~~

~~★Z06.68 Resistance to other single specified antibiotic~~

★Z06.69 Resistance to other specified antibiotics

Resistance to:

- aminoglycosides (gentamycin) (tobramycin)
- cephalosporins
- macrolides (erythromycin)
- metronidazole
- sulphonamides
- tetracyclines

ALPHABETIC INDEX OF DISEASES

Resistance, resistant (to)

- activated protein C (APC) (factor V Leiden mutation) (thrombophilia) D68.5
- aminoglycosides (gentamycin) (tobramycin) Z06.69
- antibiotic(s) Z06.60
- beta-lactam Z06.50
- - extended spectrum beta-lactamase (ESBL) Z06.53
- - methicillin (cloxacillin) (dicloxacillin) (flucloxacillin) (oxacillin) Z06.52
- - penicillin (amoxicillin) (ampicillin) Z06.51
- - specified (carbapenems) (cephalosporins) (monobactams) Z06.58
- multiple Z06.67
- quinolones Z06.63
- specified (single) NEC Z06.698
- vancomycin Z06.61
- macrolides (erythromycin) Z06.69
- methicillin (cloxacillin) (dicloxacillin) (flucloxacillin) (oxacillin) Z06.52
- metronidazole Z06.69
- multiple
- antibiotics Z06.67
- antimicrobial drugs Z06.77
- penicillin (amoxicillin) (ampicillin) Z06.51
- quinine Z06.71
- quinolones (ciprofloxacin) Z06.63
- sulfonamides Z06.69
- tetracyclines Z06.69
- tuberculostatic drug(s) Z06.74
- vancomycin Z06.61
- other related Z06.62

AUSTRALIAN CODING STANDARDS

0112 INFECTION WITH DRUG RESISTANT MICROORGANISMS

DEFINITION

Resistance to a drug can be identified in most organisms. This standard deals with the coding of antibiotic or antimicrobial drug resistant organisms that have caused an infection in the patient.

It is important to distinguish between 'infection' caused by an organism and 'colonisation' with an organism. A patient may be colonised with an organism but have no signs or symptoms of infection caused by that organism. Thus microbiology reports may indicate the presence of MRSA (Methicillin Resistant or Multi-Resistant *Staphylococcus aureus*), VRE (Vancomycin Resistant Enterococcus) or any other organism, but the patient may not have an infection caused by that organism. In this case, no infection or drug resistant microorganism codes should be assigned.

MRSA (Methicillin Resistant or Multi-Resistant *Staphylococcus aureus*)

Traditionally the M refers to methicillin and this is still the commonest use of the term MRSA. It is also used to mean multi-resistant.

Staphylococcus aureus is a common bacterium found on the skin, but it may be the cause of a number of diseases and conditions ranging from minor to life threatening. The degree of infection varies from stitch abscesses to septic phlebitis, chronic osteomyelitis, pneumonia, meningitis, endocarditis and sepsis.

Penicillins, cephalosporins, carbapenems and monobactams contain a beta-lactam ring in their chemical structure and are known as beta-lactam antibiotics. Methicillin is a semisynthetic penicillin used in the laboratory to identify resistance although no longer used in clinical practice. Similar drugs used for treatment are flucloxacillin and dicloxacillin. Generally there are two strains of MRSA:

- Nosocomial (or hospital acquired) strains of MRSA are usually resistant to multiple antibiotics, not just methicillin and penicillin. *Staphylococcus aureus* resistant to methicillin is typically resistant to multiple antibiotics.
- Community acquired strains of MRSA are typically resistant to only methicillin and penicillin (with a small percentage also resistant to erythromycin or ciprofloxacin).

VRE (Vancomycin Resistant Enterococcus)

Enterococcus is a gram positive organism that normally colonises the lower gastrointestinal tract and genital tract of healthy individuals. Enterococcus is also known as Streptococcus Group D. This organism may be pathogenic in certain circumstances, causing urinary tract infections, wound infections, septicaemia and endocarditis.

Vancomycin is a strong antibiotic that is used in hospitals as the main treatment for resistant staphylococcal infections (MRSA).

Vancomycin resistant enterococcus is a strain of enterococcus that has developed resistance to vancomycin and many other commonly used antibiotics.

~~It is important to distinguish between 'infection' caused by an organism and 'colonisation' with an organism. A patient may be colonised with an organism but have no signs or symptoms of infection caused by that organism. Thus microbiology reports may indicate the presence of MRSA, VRE or any other organism, but the patient may not have an infection caused by that organism.~~

CLASSIFICATION

The presence of an infection (wound infection, urinary tract infection, pneumonia, etc) must be documented and coded in accordance with ACS 0002 *Additional diagnoses* before additional codes can be assigned for the organism, or the condition coded as being due to the organism. If the clinician has documented in the record that the organism causing the infection is resistant to an antibiotic or other antimicrobial drugs, then the appropriate code from Z06.- *Resistance to antimicrobial drugs* must be assigned as an additional code to identify the antibiotic or other antimicrobial agent to which the organism is resistant.

MRSA – MRSA infections would have codes assigned as follows:

- A code for the infection
- B95.6 *Staphylococcus aureus* as the cause of diseases classified to other chapters (if the organism is not included in the infection code)
- Z06.52 Resistance to methicillin

Note that Z06.52 is assigned for MRSA when it means **Methicillin Resistant or Multi-Resistant *Staphylococcus aureus***, ~~where one of the agents is methicillin.~~ (see also Resistance to multiple antibiotics or antimicrobials).

VRE – An infection resistant to vancomycin would be coded as follows:

- a code for the infection
- B95.2 *Streptococcus, group D*, as the cause of diseases classified to other chapters (if the organism is not already included in the infection code)
- Z06.61 Resistance to vancomycin

RESISTANCE TO MULTIPLE ANTIBIOTICS OR ANTIMICROBIALS

Z06.67 *Resistance to multiple antibiotics* and Z06.77 *Resistance to multiple antimicrobial drugs* are assigned when an agent is resistant to two or more types of antibiotics or antimicrobial drugs, but the type of antibiotics or antimicrobial drugs are not specified. Where multiple resistant antibiotics or antimicrobial drugs are specified, code each resistant drug type separately.

Note: the following examples refer to Z06 Resistance to antimicrobial drugs only. A code for the infection and infective organism must be coded first.

EXAMPLE 1:

Clinical documentation of multi-resistance to antibiotics – no microbiology report available or mention of the specific type(s) of antibiotics:

Code: Z06.67 Resistance to multiple antibiotics

EXAMPLE 2:

Clinical documentation of resistance to antibiotics – microbiology report specifies resistance to ampicillin, amoxicillin and flucloxacillin:

Codes: Z06.51 Resistance to penicillin

Z06.52 Resistance to methicillin

In this example, Z06.51 is assigned once as resistance to both ampicillin and amoxicillin are classified to this code (see also ACS 0025 *Double coding*). Z06.67 is NOT assigned as the types of antibiotics are specified.

EXAMPLE 3:

Clinical documentation of resistance to antibiotics – microbiology report specifies resistance to gentamicin and tobramycin:

Code: Z06.69 Resistance to other specified antibiotics

In this example, Z06.69 is assigned once as resistance to both gentamicin and tobramycin are classified to this code (see also ACS 0025 *Double coding*). Z06.67 is NOT assigned as the types of antibiotics are specified.

21.3. ACS 2104 Rehabilitation (*Major*)

The classification of rehabilitation episodes of care has been revised for Ninth Edition.

Historically, rehabilitation episodes have a Z50.- *Rehabilitation* code assigned as principal diagnosis, while palliative care episodes have Z51.5 *Palliative care* assigned as an additional diagnosis.

It was identified that there was duplication of information being collected, as rehabilitation episodes of care are identified not only by principal diagnosis, but also by the DRG grouping and the care type. Changing the sequencing of codes for rehabilitation episodes of care facilitates assignment to a range of AR-DRGs providing more useful information about the patient diversity being treated.

Consequently the rehabilitation coding standard has been revised to instruct use of Z50.- codes as an additional diagnosis code only (mirroring the classification guidelines for assignment of Z51.5 *Palliative care* to episodes of care involving palliative care). This also permits allocation of rehabilitation Z codes in acute episodes to identify patients who commence structured rehabilitation treatment programs before their acute episode of care is complete. The following changes were made to ICD-10-AM/ACS Ninth Edition:

- Amendment of ACS 2104 *Rehabilitation* to preclude assignment of Z50.- as principal diagnosis and instruct that Z50.9 *Care involving use of rehabilitation procedure, unspecified* be assigned as an additional diagnosis where rehabilitation services are provided (irrespective of care type)
- Amendments to the Tabular List and Alphabetic Index to support the above changes.

TABULAR LIST OF DISEASES

Z47

Other orthopaedic follow-up care

Excludes: care involving rehabilitation procedures (Z50–~~Z9~~)
complication of internal orthopaedic devices, implants and grafts (T84.–)
follow-up examination after treatment of fracture (Z09.4)

Z50

Care involving use of rehabilitation procedures

▽ 2104

Excludes: counselling (Z70–Z71)

Z50.0 Cardiac rehabilitation

Z50.1 Other physical therapy
Therapeutic and remedial exercises

Z50.2 Alcohol rehabilitation

▼ 0525

Z50.3 Drug rehabilitation

▼ 0525

Z50.4 Psychotherapy, not elsewhere classified

Z50.5 Speech therapy

Z50.6 Orthoptic training

Z50.7 Occupational therapy and vocational rehabilitation, not elsewhere classified

Z50.8 Care involving use of other rehabilitation procedures
Tobacco rehabilitation
Training in activities of daily living [ADL] NEC

Z50.9 Care involving use of rehabilitation procedure, unspecified

▽ 2104

Rehabilitation care NOS

ALPHABETIC INDEX OF DISEASES

Admission (for)

- ...
- radiation therapy Z51.0
- rehabilitation care (see also *Rehabilitation*) Z50.9
- removal (of) — see *Removal*

Rehabilitation Z50.9

- alcohol Z50.2
- cardiac Z50.0
- care Z50.9
- drug Z50.3
- ~~multiple types Z50.9~~
- occupational (therapy) Z50.7
- orthoptic Z50.6
- personal history of Z92.5

AUSTRALIAN CODING STANDARDS

2104 REHABILITATION

~~Patients admitted specifically for rehabilitation should be assigned the appropriate Z code (Z50.–
Care involving use of rehabilitation procedures) as the principal diagnosis code with the exception
of Z50.2 Alcohol rehabilitation and Z50.3 Drug rehabilitation (see ACS 0525 Substance
rehabilitation and detoxification).~~

Rehabilitation care is multidisciplinary care in which the clinical purpose or treatment goal of the treating team is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating.

CLASSIFICATION

Where rehabilitation care is performed, assign Z50.9 *Care involving use of rehabilitation procedure, unspecified*. Details of the specific rehabilitation will be indicated by the appropriate intervention codes. Z50.9 *Care involving use of rehabilitation procedure, unspecified*:

- should **never** be assigned as a principal diagnosis. For admitted episodes of rehabilitation care, the principal diagnosis should reflect the underlying condition requiring rehabilitation (see ACS 0001 *Principal diagnosis*).
- should only be assigned as an additional diagnosis where there is documented evidence that the patient has been provided with rehabilitation care. Do not assign Z50.9 when a rehabilitation care assessment has been performed but no actual rehabilitation care has been given. Documented evidence may be in the form of clinician entries or a care plan within the clinical record.
- may be assigned independent of the admitted patient care type.

Where multiple rehabilitation procedures are performed, Z50.9 *Care involving use of rehabilitation procedure, unspecified* should be assigned as the details of the specific rehabilitation procedures will be indicated by the procedure codes.

The condition which led to the patient being in the rehabilitation facility should be assigned as an additional diagnosis.

If both rehabilitation and convalescent care are provided, the appropriate rehabilitation Z-code should be sequenced first, then the convalescent code. Multiple Z codes may be used, where they meet the criteria for additional diagnoses as per ACS 0002 *Additional diagnoses*.

In general, conditions are to be coded in the following order:

1. Principal diagnosis, Z50. Care involving use of rehabilitation procedures
2. Medical condition requiring rehabilitation
3. Additional diagnoses as per ACS 0002 *Additional diagnoses*
4. Rehabilitation procedure codes

Note: Follow state morbidity collection guidelines regarding whether an external cause code is required in injury cases. An exception to this rule is the use of sequelae external cause codes and place of occurrence codes. These codes are mandatory for subsequent episodes of care in spinal cord injury cases (see Example 7).

Note: ACHI codes are not included in the following examples (see ACS 0032 *Allied health interventions*).

EXAMPLE 1: STROKE

Patient admitted to an acute hospital for treatment of a cerebral infarction. Current deficits include hemiplegia, aphasia and urinary incontinence. On day two, the patient was commenced on a stroke rehabilitation program.

Codes:	I63.9	Cerebral infarction, unspecified
	G81.9	Hemiplegia, unspecified
	R47.0	Dysphasia and aphasia
	R32	Unspecified urinary incontinence
	Z50.9	Care involving use of rehabilitation procedure, unspecified

Patient transferred one week later to a rehabilitation hospital for rehabilitation of post a cerebral infarction which occurred one week previously. Current deficits requiring rehabilitation include hemiplegia, aphasia and urinary incontinence.

Codes: Z50. Care involving use of rehabilitation procedures
 I63.9 Cerebral infarction, unspecified
 G81-.9 Hemiplegia, unspecified
 R47.0 Dysphasia and aphasia
 R32 Unspecified urinary incontinence
 Z50.9 Care involving use of rehabilitation procedure, unspecified

Additional diagnoses as per ACS 0002 Additional diagnoses

Patient admitted for R rehabilitation for hemiplegia from post a stroke cerebral infarction which occurred three years ago.

Codes: Z50. Care involving use of rehabilitation procedures
 G81.9 Hemiplegia, unspecified
 I69.4 Sequelae of stroke, not specified as haemorrhage or infarction
 I69.3 Sequelae of cerebral infarction
 Z50.9 Care involving use of rehabilitation procedure, unspecified

Additional diagnoses as per ACS 0002 Additional diagnoses

Rehabilitation procedure codes

For further information on the assignment of codes in cases of stroke, particularly in relation to residual deficits, please refer to ACS 0604 *Stroke*.

EXAMPLE 2: JOINT REPLACEMENT

Patient admitted to acute hospital with long standing osteoarthritis of left hip for a total hip replacement, under GA. Postoperatively, patient was given physiotherapy care.

Codes: M16.1 Other primary coxarthrosis

Patient transferred one week later for admitted for four weeks rehabilitation following hip replacement for long standing osteoarthritis of left hip.

Codes: Z50. Care involving use of rehabilitation procedures
 M16.1 Other primary coxarthrosis
 Z96.64 Presence of hip implant
 Z50.9 Care involving use of rehabilitation procedure, unspecified

Additional diagnoses as per ACS 0002 Additional diagnoses

Rehabilitation procedure codes

Patient admitted for rehabilitation for stiff hip six months after hip replacement surgery for long standing osteoarthritis.

Codes: M25.65 Stiffness of joint, not elsewhere classified, pelvic region and thigh
 Z96.64 Presence of hip implant
 Z50.9 Care involving use of rehabilitation procedure, unspecified

EXAMPLE 3: HEAD INJURY

Patient admitted for rehabilitation following intracerebral haemorrhage from motor vehicle accident.

Codes: Z50. Care involving use of rehabilitation procedures
 S06.23 Multiple intracerebral and cerebellar haematomas

Additional diagnoses as per ACS 0002 Additional diagnoses

Rehabilitation procedure codes

EXAMPLE 4: FRACTURE

Patient admitted for rehabilitation following initial treatment of fractured femur (fall from balcony).

Codes: ~~Z50.~~ Care involving use of rehabilitation procedures
~~S72.3~~ Fracture of shaft of femur

Additional diagnoses as per ACS 0002 *Additional diagnoses*

~~Rehabilitation procedure codes~~

Note: ~~An additional code from Z96.6 *Presence of orthopaedic joint implants* may be assigned where it is known that an orthopaedic joint implant has been used in the treatment of the fracture.~~

EXAMPLE 53: AMPUTATION

Patient admitted for rehabilitation following below knee amputation as a result of type 1 diabetic peripheral angiopathy.

Codes: ~~Z50.~~ Care involving use of rehabilitation procedures
E10.51 Type 1 diabetes mellitus with peripheral angiopathy, without gangrene
Z89.5 Acquired absence of leg at or below knee
Z50.9 Care involving use of rehabilitation procedure, unspecified

Additional diagnoses as per ACS 0002 *Additional diagnoses*

~~Rehabilitation procedure codes~~

EXAMPLE 64: SPINAL SURGERY

Patient admitted for rehabilitation following laminectomy for L5/S1 disc prolapse.

Codes: ~~Z50.~~ Care involving use of rehabilitation procedures
M51.2 Other specified intervertebral disc displacement
Z50.9 Care involving use of rehabilitation procedure, unspecified

Additional diagnoses as per ACS 0002 *Additional diagnoses*

~~Rehabilitation procedure codes~~

EXAMPLE 75: TRAUMATIC SPINAL CORD INJURY

Patient transferred for rehabilitation from acute hospital following motor bike accident in which he suffered a fracture of the 4th cervical vertebra with dislocation of the 4/5 cervical vertebral body and contusion to the spinal cord at the same level.

Codes: ~~Z50.~~ Care involving use of rehabilitation procedures
S14.10 Injury of cervical spinal cord, unspecified
S14.70 Functional spinal cord injury, cervical level unspecified
S12.22 Fracture of fourth cervical vertebra
S13.14 Dislocation of C4/5 cervical vertebrae
Appropriate external cause codes
Z50.9 Care involving use of rehabilitation procedure, unspecified

Additional diagnoses as per ACS 0002 *Additional diagnoses*

~~Rehabilitation procedure codes~~

Patient admitted for ~~ongoing~~ rehabilitation for incomplete paraplegia at C4 level from the above spinal injury, nine months following the accident. ~~Patient has incomplete paraplegia at C4 level.~~

Codes: ~~Z50.~~ Care involving use of rehabilitation procedures
G82.26 Paraplegia, unspecified, incomplete, chronic
T91.3 Sequelae of injury of spinal cord
Y85.0 Sequelae of motor vehicle accident
Y92.49 Unspecified public highway, street or road
Z50.9 Care involving use of rehabilitation procedure, unspecified

Additional diagnoses as per ACS 0002 *Additional diagnoses*

~~Rehabilitation procedure codes~~

(see also ACS 1915 *Spinal (cord) injury*)

EXAMPLE 86: CARDIAC REHABILITATION

Patient admitted for cardiac rehabilitation following coronary artery bypass grafts five days previously for coronary artery disease.

Codes: ~~Z50.-----~~ ~~Care involving use of rehabilitation procedures~~
 I25.1- Atherosclerotic heart disease
 Z95.1 Presence of aortocoronary bypass graft
 Z50.9 Care involving use of rehabilitation procedure, unspecified

~~Additional diagnoses as per ACS 0002 Additional diagnoses~~

~~Rehabilitation procedure codes~~

EXAMPLE 97: OTHER MEDICAL CONDITIONS

Patient with Parkinson's disease admitted for general rehabilitation and strengthening.

Codes: ~~Z50.-----~~ ~~Care involving use of rehabilitation procedures~~
 G20 Parkinson's disease
 Z50.9 Care involving use of rehabilitation procedure, unspecified

~~Additional diagnoses as per ACS 0002 Additional diagnoses~~

~~Rehabilitation procedure codes~~

0604 STROKE

1. CURRENT

Stroke is a nonspecific term. Before assigning a code, attempt to obtain a more specific diagnosis (eg *subarachnoid haemorrhage* (I60), *intracerebral haemorrhage* (I61), *cerebral infarction* (I63)).

Sequelae (late effect)

The usual application of sequelae is where a deficit arises as a result of a condition and often occurs later than the initial condition (eg scoliosis following rickets). Stroke differs, in that the deficits are an immediate result of the stroke. ~~For this reason, the following standard should be applied.~~

While the patient is receiving continuing treatment, regardless of the period of time elapsed since the stroke, assign a code from categories I60–I64 (cerebrovascular diseases) with any applicable deficit codes (eg hemiplegia).

EXAMPLE 1:

A patient suffers a cerebral infarction on 1 January and is transferred to a rehabilitation facility on 7 January for ~~continuing~~ rehabilitation ~~for~~.

~~The first episode (1/1–7/1) is assigned code I63. (cerebral infarction), plus codes for any deficits.~~

~~Patient transferred for rehabilitation following a previous admission for cerebral infarction residual. The patient suffers from hemiparesis and aphasia.~~

~~Second episode:~~

Codes: ~~Z50.-----~~ ~~(rehabilitation)~~
 I63.- (cerebral infarction)
 G81-2 (hemiparesis) ~~and~~
 R47.0 (aphasia)
 Z50.9 (rehabilitation)

~~(See also ACS 2104 Rehabilitation)~~

~~While the patient is receiving continuing treatment, regardless of the period of time elapsed since the stroke, assign a code from categories I60–I64 (cerebrovascular diseases) with any applicable deficit codes (eg hemiplegia).~~

I69.- *Sequela of cerebrovascular disease* codes should only be used when the treatment period is complete but residual deficits are still manifest and meet the criteria for an additional diagnosis (see ACS 0008 *Sequela* and ACS 1912 *Sequela of injuries, poisoning, toxic effects and other external causes*).

21.4. Update to ACS related to Chapter 21 Factors influencing health status and contact with health services:

ACS 2103 Admission for post acute care, ACS 2105 Long term/nursing home type inpatients, ACS 2117 Non-acute care (New) (Major)

The Independent Hospital Pricing Authority (IHPA) requested consideration be given to reviewing the ICD-10-AM codes and standards for maintenance care admissions to ensure sufficient detail is captured to explain the reasons patients are receiving maintenance care. Consequently a review of the standards related to sub-acute care was undertaken.

The following changes were made to Ninth Edition:

- Revision and renaming of ACS 2103 *Admission for convalescence/aftercare* to ACS 2103 *Admission for post acute care* to distinguish post acute care for both surgical and medical episodes of care
- Revision of ACS 2105 *Long term/nursing home type inpatients* to provide explicit classification advice for long term nursing home inpatients who are not awaiting admission at another facility, to distinguish them from patients awaiting placement elsewhere (coded as Z75.1-)
- Creation of five character codes at Z75.4 *Unavailability and inaccessibility of other helping agencies* to uniquely classify long term nursing home residents.
- Revision and renaming of ACS 2107 *Respite care* to ACS 2117 *Non-acute care* and expanded the content of this standard to provide advice for additional types of non-acute care, such as convalescence and persons awaiting admission to an alternate facility. Also highlighted the use of additional codes to identify other factors which may impact the admission and discharge process.

TABULAR LIST OF DISEASES

Z75 Problems related to medical facilities and other health care

Z75.0 Medical services not available in home

Excludes: no other household member able to render care (Z74.2)

Z75.1 Person awaiting admission to adequate facility elsewhere

∇ 24052117

★Z75.10 Person awaiting admission to acute hospital

...

~~Z75.4 Unavailability and inaccessibility of other helping agencies~~

Z75.4 Unavailability and inaccessibility of other helping agencies

★Z75.40 Unavailability and inaccessibility of helping agency, unspecified

- ⊗ **Z75.41** Unavailability and inaccessibility of residential aged care service
- ▽ 2105 Long term nursing home resident
- Excludes:** person awaiting admission to residential aged care service (Z75.11)
- ⊗ **Z75.49** Unavailability and inaccessibility of other specified helping agency
- Z75.5** Holiday relief care
- ▽ 2407-2117 Provision of health care facilities to a person normally cared for at home, in order to enable relatives to take a vacation
- Respite care

ALPHABETIC INDEX OF DISEASES

Admission (for)

- long term nursing home resident Z75.41

Inaccessible, inaccessibility

- ...
- other helping agencies Z75.40
- - long term nursing home resident Z75.41
- - residential aged care services Z75.41
- - specified NEC Z75.49

Unavailability (of)

- bed at medical facility (—see also Awaiting admission)
- - long term nursing home resident Z75.41
- health service-related agencies NEC Z75.40
- - long term nursing home resident Z75.41
- - residential aged care services Z75.41
- - specified NEC Z75.49
- medical facilities (at) Z75.3
- schooling Z55.1
- social service agencies Z75.40
- - long term nursing home resident Z75.41
- - residential aged care services Z75.41
- - specified NEC Z75.49

AUSTRALIAN CODING STANDARDS

2103 ADMISSION FOR CONVALESCENCE/AFTERCARE POST ACUTE CARE

For classification purposes post acute care, also described as aftercare or postoperative convalescence, is care provided to patients toward the end of an acute phase of treatment. While most patients receive this care in the original treating facility, sometimes these patients are managed through a transfer to another facility for continuing care. These patients are still receiving some ongoing review for their condition but they no longer require significant management.

This standard is not applicable to all transfers between hospitals. It is applicable to the receiving facility where patients have been transferred for continuing care after surgical or medical treatment, where the initial treatment phase has occurred in another facility.

CLASSIFICATION

When a patient is transferred from one hospital to another with a diagnosis of ‘postoperative convalescence’ and it is clear the patient is still receiving active treatment for post acute care, the principal diagnosis should be assigned as follows:

- If the patient is transferred for post-surgical aftercare, assign as principal diagnosis code Z48.8 *Other specified surgical follow-up care*. Assign an additional code for the condition which that required surgery should be as additional diagnosis code.
- If the aftercare follows medical treatment of a condition, assign as principal diagnosis Z51.88 *Other specified medical care*. Assign an additional code for the condition that required medical care.
- If the patient is transferred for continued active treatment of a condition, do not assign an aftercare code, instead follow ACS 0001 *Principal diagnosis*.

Note: ACHI codes are not included in the following examples.

EXAMPLE 1:

A patient ~~who~~ had a cerebral aneurysm clipped in Hospital A. The patient is stabilised in Hospital A and is transferred to Hospital B for postoperative aftercare, where they continue to receive clinical consults and physiotherapy and remains in Hospital B for 21 days.

<u>Hospital A</u> Codes:	Z48.8 Other specified surgical follow-up care
	I67.1 Cerebral aneurysm, nonruptured
<u>Hospital B:</u>	<u>Z48.8</u> <u>Other specified surgical follow-up care</u>
	<u>I67.1</u> <u>Cerebral aneurysm, nonruptured</u>

EXAMPLE 2:

A patient with adenocarcinoma of main bronchus of lung is admitted to Hospital A for a course of fractionated radiotherapy. After completion of their treatment, the patient was transferred to Hospital B for aftercare.

<u>Hospital A:</u>	<u>C34.0</u>	<u>Malignant neoplasm of main bronchus</u>
	<u>M8140/3</u>	<u>Adenocarcinoma NOS</u>
<u>Hospital B:</u>	<u>Z51.88</u>	<u>Other specified medical care</u>
	<u>C34.0</u>	<u>Malignant neoplasm of main bronchus</u>
	<u>M8140/3</u>	<u>Adenocarcinoma NOS</u>

EXAMPLE 3:

A patient with pneumonia is admitted to Hospital A. The patient was treated with antibiotics and IV fluids. Once their condition stabilised, the patient was transferred to Hospital B for aftercare where antibiotic therapy continued.

<u>Hospital A:</u>	<u>J18.9</u>	<u>Pneumonia, unspecified</u>
<u>Hospital B:</u>	<u>Z51.88</u>	<u>Other specified medical care</u>
	<u>J18.9</u>	<u>Pneumonia, unspecified</u>

~~When the only treatment is 'general nursing care', assign as principal diagnosis a code from category *Z54 Convalescence*.~~

~~If the convalescence/aftercare follows medical (versus surgical) treatment of a condition, assign the code for the condition as an additional diagnosis.~~

~~If the documentation indicates social reasons preventing the patient's discharge home from Hospital A and thereby occasioning transfer to Hospital B, see ACS 2107 *Respite care* for instructions.~~

2105 LONG TERM/NURSING HOME TYPE INPATIENTS

Due to the lack of nursing home and other types of support services in some areas, patients may be admitted to hospitals as long term residents or nursing home type patients. These admissions may arise as a direct admission from home (or elsewhere) without the need for acute care, or as an episode type change where the patient is no longer receiving acute care. ~~(Refer to *METeOR: Metadata Online Registry* (Australian Institute of Health and Welfare 2012) for definitions of 'Care type' and 'Acute care'.)~~

These patients are not awaiting placement to another facility, the intention is that they remain in hospital as a long term resident or nursing home type patient (see ACS 2117 *Non-acute care*).

CLASSIFICATION

When patients are admitted as long term residents or for nursing home type care, assign Z75.41 *Unavailability and inaccessibility of residential aged care service* as the principal diagnosis. In such cases, a code from the category Z75 *Problems related to medical facilities and other health care* should be assigned as the principal diagnosis. Assign additional diagnosis codes for any conditions that meet which subsequently arise during this episode of care, should be coded as additional diagnoses (according to the criteria for code assignment in ACS 0002 *Additional diagnoses*). (see also ACS 2117 *Non-acute care/Patient awaiting placement elsewhere*).

When patients are admitted for treatment of an acute problem and then remain in hospital as a long term resident or nursing home type patient, and the episode care type is **not** changed, then the acute condition should be coded as the principal diagnosis and a Z75. code assigned as an additional diagnosis.

EXAMPLE 1:

A patient admitted as a nursing home patient due to lack of facilities in the district. The patient was no longer able to reside at home due to extensive fire damage. The patient receives general nursing care only.

Code:	Z75.41	Unavailability and inaccessibility of residential aged care service
	Z59.0	Homelessness

Where the documentation indicates social factors are affecting the admission or the discharge process, appropriate codes should be assigned as additional diagnoses.

2107 RESPITE CARE

The term 'respite care' refers to the admission of patients into hospital who, for a defined period of time, have no carer available to look after them at home. It is most common that the respite care period is to enable the carer(s) to have 'respite' from the caring role.

The most commonly used principal diagnosis code for respite care is Z75.5 *Holiday relief care*, but Z74.2 *Need for assistance at home and no other household member able to render care* may also be suitable.

Even though the patient will probably be receiving care for their condition(s) while in hospital, it is important that these conditions are not sequenced as the principal diagnosis as these conditions did not occasion the patient's admission to hospital. Often these patients have chronic illnesses, such as chronic airway limitation, which can be managed by a home carer.

If a patient has been transferred from hospital A to hospital B because social reasons prevent discharge home, the principal diagnosis (for hospital B) is the social reason occasioning the transfer with an additional diagnosis of Z54. *Convalescence*.

2117 NON-ACUTE CARE

Non-acute (or maintenance) care is care in which the clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation.

Convalescent care

Convalescent care occurs when the patient does not require further complex assessment or stabilisation but continues to require care over an indefinite period. These patients should be distinguished from those receiving aftercare (see ACS 2103 *Admission for post acute care*).

Respite care

Respite care is an episode where the primary reason for admission is the short-term unavailability of the patient's usual carer. The most common reason for respite care is to enable a carer(s) to have 'respite' from the caring role.

Patients awaiting placement elsewhere

The patient is no longer receiving active treatment and is awaiting placement in another facility, such as a residential aged care facility (see also ACS 2105 *Long term/nursing home type inpatients*).

CLASSIFICATION

Even though the patient will probably be receiving care for their condition(s) while in hospital, it is important that these conditions are not sequenced as the principal diagnosis as these conditions did not occasion the patient's admission to hospital. Often these patients have chronic illnesses, such as chronic airway limitation, which can usually be managed by a home carer. Any conditions which meet the criteria for code assignment in ACS 0002 *Additional diagnoses*, including social factors, should also be assigned.

Convalescent care

When patients are admitted for convalescent care, and the only treatment provided is 'general nursing care', assign a code from category Z54 *Convalescence* as principal diagnosis.

Respite

Where patients are admitted for respite care, assign Z75.5 *Holiday relief care* as the principal diagnosis or Z74.2 *Need for assistance at home and no other household member able to render care* as appropriate.

Patients awaiting placement elsewhere

In cases where patients are admitted while awaiting placement in another facility, a code from category Z75.1- *Person awaiting admission to adequate facility elsewhere* should be assigned as the principal diagnosis.

21.5. ACS 2116 Palliative care

Inconsistencies in the assignment of Z51.5 *Palliative care* to acute care episodes across jurisdictions were highlighted. Consequently amendments were made to ICD-10-AM/ACS Ninth Edition as follows:

- Renumbering of ACS 0224 *Palliative care* to ACS 2116 *Palliative care* and relocation from Chapter 2 *Neoplasms* to Chapter 21 *Factors influencing health status and contact with health services*
- Clarification of the classification guidelines regarding Z51.5 *Palliative care*

TABULAR LIST OF DISEASES

Z51	Other medical care
Z51.5	Palliative care
∇ 0224-2116	

AUSTRALIAN CODING STANDARDS

0224 PALLIATIVE CARE

DEFINITION

Palliative care is care in which the “clinical intent or treatment goal is primarily quality of life for a patient with an active, progressive disease with little or no prospect of cure. It is usually evidenced by an interdisciplinary assessment and/or management of the physical, psychological, emotional and spiritual needs of the patient; and a grief and bereavement support service for the patient and their carers/family. It includes care provided:

- in a palliative care unit; or
- in a designated palliative care program; or
- under the principal clinical management of a palliative care physician or, in the opinion of the treating doctor, when the principal clinical intent of care is palliation” (METeOR: 270174) (Australian Institute of Health and Welfare 2012).

The services provided by palliative care specialists include:

- clinical consultancy/care
- personal care
- spiritual/emotional support/counselling
- home care/support
- education
- case management/care coordination

CLASSIFICATION

Z51.5 Palliative care should never be assigned as the principal diagnosis. A principal diagnosis code should be assigned which reflects the diagnosis resulting in the relatively shortened prognosis.

Z51.5 Palliative care should be assigned (as an additional diagnosis code) when the intent of care at admission is 'for palliation', or if at any time during the admission the intent of care becomes 'for palliation', and the care provided to the patient meets the definition above.

Interventions should be coded as appropriate.

EXAMPLE 1:

Patient in the final stages of COAD is admitted for palliative care.

Codes: J44.9 Chronic obstructive pulmonary disease, unspecified
Z51.5 Palliative care

EXAMPLE 2:

Patient with a history of adenocarcinoma of the breast (mastectomy five years ago) was admitted for management of brain metastases. On day 5 her care was transferred to the palliative care team.

Codes: C79.3 Secondary malignant neoplasm of brain and cerebral meninges
M8140/6 Adenocarcinoma, metastatic NOS
C50.9 Breast, unspecified
M8140/3 Adenocarcinoma NOS
Z51.5 Palliative care

0236 NEOPLASM CODING AND SEQUENCING

(excluding same-day chemotherapy/radiotherapy)

The sequencing of either primary or secondary malignancy code is dependent on the treatment at each episode. Selection of the principal diagnosis should be made in accordance with ACS 0001 *Principal diagnosis*.

The primary malignancy should be coded as a current condition if the episode of care is for:

- diagnosis or treatment of the primary malignancy, in any of the following circumstances:
 - initial diagnosis of the primary malignancy
 - treatment of complications of the malignancy
 - operative intervention to remove the malignancy
 - medical care related to the malignancy, including palliative care (see also ACS 02242116 *Palliative care*)
- recurrence of a primary malignancy previously eradicated from the same organ or tissue

2116 PALLIATIVE CARE

Palliative or end of life care is where the clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex physical, psychosocial and/or spiritual needs.

CLASSIFICATION

Z51.5 Palliative care:

- should **never** be assigned as a principal diagnosis.
- should only be assigned as an additional diagnosis where there is documented evidence that the patient has been provided with palliative care. Do not assign Z51.5 when a palliative care assessment has been performed but no actual care has been given. Documented evidence may be in the form of clinician entries or a care plan within the clinical record.
- may be assigned independent of the admitted patient care type.

EXAMPLE 1:

Patient in the final stages of COAD is admitted for terminal care.

Codes:	J44.9	Chronic obstructive pulmonary disease, unspecified
	Z51.5	Palliative care

EXAMPLE 2:

Patient presenting with increasing confusion was admitted for management of metastatic brain cancer on a background of adenocarcinoma of the breast (mastectomy five years ago). On day 5 the palliative care team became involved in her care. After assessment, it was decided to discontinue active treatment. The patient proceeded to receive palliative measures only and died on day 7.

Codes:	C79.3	Secondary malignant neoplasm of brain and cerebral meninges
	M8140/6	Adenocarcinoma, metastatic NOS
	C50.9	Breast, unspecified
	M8140/3	Adenocarcinoma NOS
	Z51.5	Palliative care

EXAMPLE 3:

Patient was admitted for treatment of pneumonia on a background of adenocarcinoma of the right upper lung. During the episode, the patient's condition deteriorated and the palliative care team was consulted. A palliative care assessment was performed in consultation with the treating clinician and it was decided that the patient was not for palliative measures at this time and to continue active treatment.

Codes: J18.9 Pneumonia, unspecified
C34.1 Malignant neoplasm of upper lobe, bronchus or lung
M8140/3 Adenocarcinoma NOS

EXAMPLE 4:

Patient with end stage adenocarcinoma of the right upper lung was admitted for treatment of hypercalcaemia. During the episode, the hypercalcaemia was actively treated and the patient also received palliative care for their neoplasm.

Codes: E83.5 Disorders of calcium metabolism
C34.1 Malignant neoplasm of upper lobe, bronchus or lung
M8140/3 Adenocarcinoma NOS
Z51.5 Palliative care

21.6. Z04 Examination and observation for other reasons

An overlap was identified with the external cause of injury codes applicable to Z04.1-Z04.2, due to a mix of concepts within these codes.

The following amendments were made to clarify code assignment:

- Creation of inclusion terms at Z04.1, Z04.2 and Z04.3 to identify applicable (external cause of injury) code ranges
- Amendments to the Alphabetic Index to support code assignment.

TABULAR LIST OF DISEASES

Z04

Examination and observation for other reasons

Includes: examination for medicolegal reasons

Z04.0 Blood-alcohol and blood-drug test

Excludes: presence of:
• alcohol in blood (R78.0)
• drugs in blood (R78.-)

Z04.1 Examination and observation following transport accident

▽ 2001 Examination and observation following accident classifiable to V00-V99

Excludes: following work accident (Z04.2)

Z04.2 Examination and observation following work accident

▽ 2001 Examination and observation following accident classifiable to V00-X59, sustained while engaged in work

Z04.3 Examination and observation following other accident

▽ 2001 Examination and observation following accident classifiable to W00-X59

ALPHABETIC INDEX OF DISEASES

Examination (for) (general) (of) (routine) Z00.0

- ...
- following
- - accident ~~NEC Z04.3~~
- - - specified (classifiable to W00-X59) NEC Z04.3
- - - transport (classifiable to V00-V99) Z04.1
- - - work (classifiable to V00-X59) Z04.2
- - motor vehicle accident Z04.1

Observation (for) Z04.9

- ...
- accident ~~NEC Z04.3~~
- ~~at work Z04.2~~
- - specified (classifiable to W00-X59) NEC Z04.3
- - transport (classifiable to V00-V99) Z04.1
- - work (classifiable to V00-X59) Z04.2
- ...
- injuries ~~(accidental) NEC (— see also~~
 Observation/accident) Z04.3
- - inflicted NEC Z04.5
- - - during alleged rape or seduction Z04.4

21.7. Personal history of female genital mutilation

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

TABULAR LIST OF DISEASES

Z90 Acquired absence of organs, not elsewhere classified

Includes: postprocedural or post traumatic loss of body part NEC

Excludes: congenital absence — see Alphabetic Index
 postprocedural absence of:
 • endocrine glands (E89.-)
 • spleen (D73.0)

Z90.7 Acquired absence of genital organ(s)

▽ 1435

Z90.8 Acquired absence of other organs

Z91 Personal history of risk-factors, not elsewhere classified

Excludes: exposure to pollution and other problems related to physical environment (Z58.-)
 occupational exposure to risk-factors (Z57.-)
 personal history of psychoactive substance use disorder (Z86.4)

Z91.6 Personal history of other physical trauma

Z91.7 Personal history of female genital mutilation

▽ 1435 Personal history of female:
 • circumcision
 • genital cutting
 • genital mutilation (FGM) types 1-4

Z91.8 Personal history of other specified risk-factors, not elsewhere classified

Abuse NOS
 Maltreatment NOS

ALPHABETIC INDEX OF DISEASES

History (of) (personal)

- family, of
- ...
- female genital mutilation (circumcision) (cutting) Z91.7
- gestational diabetes Z87.5

- hyperglycaemia NEC Z86.3
- hyperthermia, malignant Z88.4

AUSTRALIAN CODING STANDARDS

1435 FEMALE GENITAL MUTILATION

DEFINITION

The World Health Organization (2008, p. 4) defines female genital mutilation (FGM) as:

“All procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons”.

The practice of FGM is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among migrants from these areas. The causes of FGM include cultural, religious and social factors.

Types of FGM

FGM is classified into four major types by the World Health Organization (2008, p. 4):

1. **Type 1 (clitoridectomy):** partial or total removal of the clitoris and/or the prepuce
2. **Type 2 (excision):** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora
3. **Type 3 (infibulation):** narrowing of the vaginal orifice with creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris
4. **Type 4 (other):** all other harmful procedures to the female genitalia for non-medical purposes, eg pricking, piercing, incising, scraping and cauterisation.

Complications of FGM

Complications which may arise include:

- Immediate complications such as severe pain, bleeding, infections, injuries, difficulty passing urine, shock and death
- Long term complications such as recurrent bladder and urinary tract infections, sexual difficulties including nonconsummation and painful intercourse, urinary and menstrual problems, infertility, birth complications and newborn deaths, and the need for later surgeries (World Health Organization 2008, pp. 33–35).

CLASSIFICATION

~~Z90.7 Acquired absence of genital organ(s) should be assigned as an additional diagnosis code when FGM is associated with:~~

1. Admission for repair of FGM

Assignment of the principal diagnosis code will be dependent on the documentation. However, N90.8 *Other specified noninflammatory disorders of vulva and perineum* would be the preferred code when there is nonspecific information about the reason for repair. An additional diagnosis code of Z91.7 Personal history of female genital mutilation ~~Z90.7 Acquired absence of genital organ(s)~~ should also be assigned.

Code the documented procedure, eg 35533-00 [1294] *Vulvoplasty*.

2. Admission for treatment of a condition/problem associated with FGM

Assign the appropriate code for the condition, eg urinary tract infection N39.0 *Urinary tract infection, site not specified*, with an additional code of Z91.7 Personal history of female genital mutilation. ~~Z90.7 Acquired absence of genital organ(s)~~.

3. Pregnancy affected by FGM

Assign O34.7 *Maternal care for abnormality of vulva and perineum* and other relevant codes from Chapter 15 *Pregnancy, childbirth and the puerperium* with an additional code of Z91.7 Personal history of female genital mutilation. ~~Z90.7 Acquired absence of genital organ(s)~~.

Note: Documentation of FGM should not be coded unless meeting the criteria above and/or meeting the criteria for additional diagnoses (see ACS 0002 *Additional diagnoses*).

21.8. Status of cardiac resynchronisation therapy defibrillator/pacemaker (*Indexing*)

In 2012, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Brasilia. These changes have been included in ICD-10-AM Ninth Edition

ALPHABETIC INDEX OF DISEASES

Presence (of) — *see also Status*

- cardiac
- - defibrillator (AICD) (CRT-D) (ICD) (functional) (resynchronisation therapy) Z95.0
- - implant or graft NEC Z95.9
- - - specified type NEC Z95.8
- - pacemaker (CRT) (resynchronisation therapy) Z95.0
- cerebrospinal fluid drainage device Z98.2

Status (post) — *see also Presence*

- cystectomy (urinary bladder) Z90.6

- cystostomy Z93.5
- defibrillator, cardiac (AICD)(CRT-D) (ICD) (functional) (resynchronisation therapy) ~~automatic implantable cardiac~~ Z95.0
- epilepticus G41.9
- ...
- pacemaker
- - brain Z96.8
- - cardiac (CRT) (resynchronisation) Z95.0
- - specified NEC Z96.8
- pancreatectomy Z90.4

22. Codes for special purposes

22.1. Supplementary codes for chronic conditions

The codes in Chapter 22 *Codes for special purposes* have been updated to include creation of codes within the range U78–U88 Supplementary codes for chronic conditions.

Refer to 0.1 ACS 0003 Supplementary codes for chronic conditions for details.

23. Section 3 - Drugs & Chemicals

23.1. Poisoning by helium (*Indexing*)

Anomalies were highlighted in the Table of Drugs and Chemicals and consequently amended in ICD-10-AM Ninth Edition as follows:

- Expansion to the valid four character code in two places erroneously listed as three character codes
- *Corrected spelling of Filgrastim.*

ALPHABETIC INDEX OF DISEASES

SECTION III: TABLE OF DRUGS AND CHEMICALS

Substance	Poisoning				Adverse effect in therapeutic use
	Chapter 19	Accidental	Intentional self-harm	Undetermined intent	
Filgrastim	T50.9	X44	X64	Y14	Y43.8
Helium (nonmedicinal) NEC	T59.8	X47.8	X67.8	Y17.8	–
- medicinal	T48.7	X44	X64	Y14	Y55.7

23.2. Selective serotonin reuptake (SSRI) (*Indexing*)

In 2013, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Beijing. These changes have been included in ICD-10-AM Ninth Edition.

ALPHABETIC INDEX OF DISEASES

SECTION III: TABLE OF DRUGS AND CHEMICALS

Substance	Poisoning				Adverse effect in therapeutic use
	Chapter 19	Accidental	Intentional self-harm	Undetermined intent	
Key: Generic Name (<i>Brand Name</i>)					
Inhibitor					
...					
- selective serotonin reuptake (SSRI).....	T43.2	X41	X61	Y11	Y49.2
Inorganic NEC	T57.9	X49	X69	Y19	–
...					
SSRI (selective serotonin reuptake inhibitor)	T43.2	X41	X61	Y11	Y49.2
Stannous fluoride	T49.7	X44	X64	Y14	Y56.7