

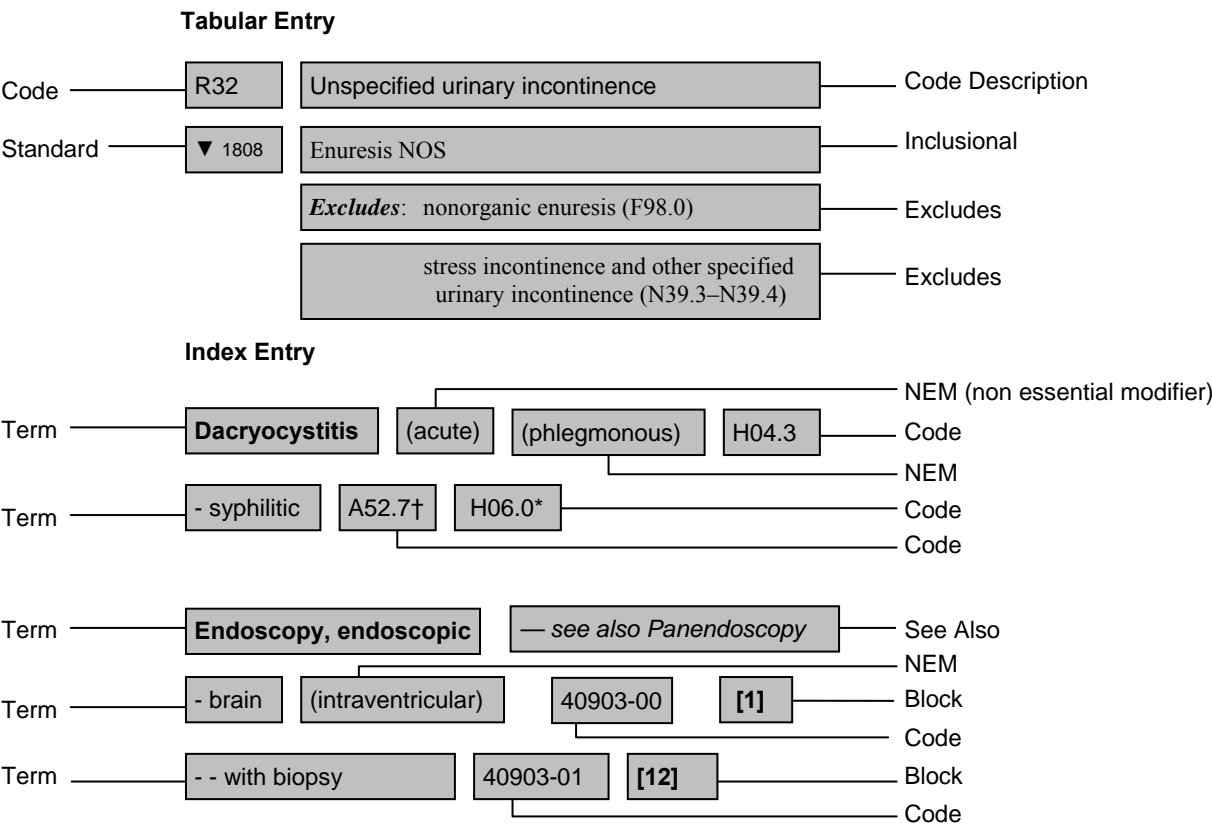
**Instructions**

Errata for ICD-10-AM Tabular List, ICD-10-AM Alphabetic Index, ACHI Tabular List and ACHI Alphabetic Index are produced from a database. This has resulted in the format shown below. Each row represents an item/change to be made and contains the following information necessary to complete the errata item.

Tabular/Index Entry	The Tabular Entry (Book:block:code) or Index Entry (Book:main term:subterm) to which the errata item applies. For example:		
	ICD-10-AM Tab List:R02	ICD-10-AM Tabular List, Code R02	
	ACHI Tab List:1886:34533-00	ACHI Tabular List, Block 1886, Code 34533-00	
	ACHI Index:Revision:device:infusion, implantable spinal	ACHI Alphabetic Index,	Revision - device - - infusion, implantable spinal

**Note Type**

The part of the Tabular or Index Entry to which the errata item applies. To use this errata, it is important to think of a Tabular Entry and an Index Entry as being composed of separate elements as shown in the examples below.



**Instruction**

Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Index:Complications:umbilical cord	Term	Add		- - velamentous insertion
Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ACHI Index:Revision:device:port, implantable vascular access	Term	Delete*	- - port, implantable vascular access	

indicates a term to be added at:

**Complications**

- umbilical cord

- - velamentous insertion

indicates a term to be deleted at:

**Revision**

- device

- - port, implantable vascular access

\*A ‘Delete’ instruction followed by an asterisk (\*) indicates that there are subterms to be deleted as a result of this deletion. In the example given above, subterms and notes to be consequently deleted are:

It should be assumed that if a Tabular ‘Code’ or an Index ‘Term’ is deleted, all its accompanying notes (‘Code Description’, ‘Include’, ‘Exclude’, ‘NEM’, ‘Code’, ‘Block’, ‘See Also’, etc) need to be deleted.

- - - for infusion of agents via catheter

- - - central venous (CVC) 34530-00 [766]

- - - spinal 30126-00 [56]

- - - venous 34530-00 [766]

**Existing Value**

The text of the entry before the errata change. For an ‘Add’ instruction, this field will be blank.

**New Value**

The text of the entry after the errata change. For a ‘Delete’ instruction, this field will be blank.



Code or term to which the change applies	Part of the code/term to which the change applies	Type of change to be made	Text before making the change	Text after making the change
Tabular/Index Entry	Type	Instruction	Existing Value	New Value
ICD-10-AM Tab List:C86	Standard No	Add		0222
ICD-10-AM Tab List:C86.6	Inclusional	Delete	Lymphomatoid papulosis	
ICD-10-AM Tab List:C88	Standard No	Add		0222
ICD-10-AM Tab List:K63.0	Excludes	Revise	abscess of:• appendix (K35.1)	abscess of:• appendix (K35.3)
ICD-10-AM Tab List:K63.1	Excludes	Revise	perforation (nontraumatic) of: • <del>appendix (K35.0)</del> • duodenum (K26.-) with diverticular disease (K57.-)	perforation (nontraumatic) of duodenum (K26.-) with diverticular disease (K57.-)
ICD-10-AM Tab List:Q38.0	Excludes	Revise	cleft lip (Q35.-)	cleft lip (Q36.-)
ICD-10-AM Tab List:Q62.17	Inclusional	Revise	Occlusion, unilateral	Occlusion of ureter, unilateral
ICD-10-AM Tab List:Q68.3	Excludes	Revise	anteversion of femur (neck) (Q65.8)	anteversion of femur (neck) (Q65.89)
ICD-10-AM Tab List:U50.0	Code	Revise	JU50.0	U50.0
ICD-10-AM Tab List:V19.0	Code description	Revise	Driver injured in collision with other and unspecified motor vehicles in nontraffic accident	<u>Pedal cyclist</u> injured in collision with other and unspecified motor vehicles in nontraffic accident
ICD-10-AM Tab List:V19.1	Code description	Revise	Passenger injured in collision with other and unspecified motor vehicles in nontraffic accident	<u>Pedal cyclist</u> passenger injured in collision with other and unspecified motor vehicles in nontraffic accident
ICD-10-AM Tab List:V19.4	Code description	Revise	Driver injured in collision with other and unspecified motor vehicles in traffic accident	<u>Pedal cyclist</u> injured in collision with other and unspecified motor vehicles in traffic accident
ICD-10-AM Tab List:V19.5	Code description	Revise	Passenger injured in collision with other and unspecified motor vehicles in traffic accident	<u>Pedal cyclist</u> passenger injured in collision with other and unspecified motor vehicles in traffic accident
ICD-10-AM Tab List:V29.0	Code description	Revise	Driver injured in collision with other and unspecified motor vehicles in nontraffic accident	<u>Motorcycle rider</u> injured in collision with other and unspecified motor vehicles in nontraffic accident
ICD-10-AM Tab List:V29.1	Code description	Revise	Passenger injured in collision with other and unspecified motor vehicles in nontraffic accident	<u>Motorcycle</u> passenger injured in collision with other and unspecified motor vehicles in nontraffic accident
ICD-10-AM Tab List:V29.4	Code description	Revise	Driver injured in collision with other and unspecified motor vehicles in traffic accident	<u>Motorcycle rider</u> injured in collision with other and unspecified motor vehicles in traffic accident
ICD-10-AM Tab List:V29.5	Code description	Revise	Passenger injured in collision with other and unspecified motor vehicles in traffic accident	<u>Motorcycle</u> passenger injured in collision with other and unspecified motor vehicles in traffic accident
ICD-10-AM Tab List:Y07	Code description	Revise	Other maltreatment syndromes	Other maltreatment

ICD-10-AM Tab List:Z45	Code description	Revise	Adjustment and management of implanted device	Adjustment and management of <u>drug delivery or</u> implanted device
ICD-10-AM Tab List:Z81	Standard No	Add		0520
ICD-10-AM Tab List:Z96.8	Code	Revise	Remove grey box, code is valid at four characters	
ICD-10-AM Index:Abscess:appendix	Code	Revise	K35.1	K35.3
ICD-10-AM Index:Abscess:ileocaecal	Code	Revise	K35.1	K35.3
ICD-10-AM Index:Abscess:periappendicular	Code	Revise	K35.1	K35.3
ICD-10-AM Index:Abscess:peritoneum, peritoneal:with appendicitis	Code	Revise	K35.1	K35.3
ICD-10-AM Index:Abscess:vermiform appendix	Code	Revise	K35.1	K35.3
ICD-10-AM Index:Aneurysm:brain:congenital	Code	Revise	Q28.3	Q28.39
ICD-10-AM Index:Aneurysm:brain:congenital:berry	Code	Revise	Q28.3	Q28.39
ICD-10-AM Index:Aneurysm:cavernous sinus:arteriovenous	Code	Revise	Q28.3	Q28.39
ICD-10-AM Index:Aneurysm:circle of Willis:congenital	Code	Revise	Q28.3	Q28.39
ICD-10-AM Index:Aneurysm:congenital:brain	Term	Revise	Aneurysm - congenital (peripheral) Q27.8 - - aorta Q25.42 - - brain Q28.39 - - - ruptured ( <i>see also Haemorrhage, subarachnoid</i> ) I60.9	Aneurysm - congenital (peripheral) Q27.8 - - aorta Q25.42 - - brain Q28.39 - - - <u>berry (nonruptured) Q28.39</u> - - - - ruptured I60.7 - - - ruptured ( <i>see also Haemorrhage, subarachnoid</i> ) I60.9
ICD-10-AM Index:Anomaly, anomalous:cerebral:vessels	Code	Revise	Q28.3	Q28.3-
ICD-10-AM Index:Anomaly, anomalous:	Term	Revise	Anomaly, anomalous - fascia NEC Q79.94 - femur NEC Q74.22	Anomaly, anomalous - fascia NEC Q79.94 - <u>fetal heart rate, complicating labour and delivery O68.0</u> - - <u>with meconium in liquor O68.2</u> - femur NEC Q74.22
ICD-10-AM Index:Apoplexia, apoplexy, apoplectic:	Term	Revise	Apoplexia, apoplexy, apoplectic - cerebral I64 - chorea I64 - congestive I64	Apoplexia, apoplexy, apoplectic - cerebral I64 - chorea I64 - <u>complicating labour and delivery O99.4</u> - congestive I64
ICD-10-AM Index:Bicuspid aortic valve	Code	Revise	Q23.81	Q23.83
ICD-10-AM Index:Canal:atrioventricular common	Term	Add		- - orifice
ICD-10-AM Index:Canal:atrioventricular common:orifice	Code	Add		Q21.24
ICD-10-AM Index:Complications:umbilical cord	Term	Add		- - velamentous insertion
ICD-10-AM Index:Complications:umbilical cord:velamentous insertion	Code	Add		O69.8
ICD-10-AM Index:Contraction(s), contracture, contracted:knee	Code	Revise	M24.5-	M24.56
ICD-10-AM Index:Cyst:congenital:kidney:multicystic	Code	Revise	Q61.4	Q61.4-
ICD-10-AM Index:Cyst:kidney:congenital:multicystic	Code	Revise	Q61.4	Q61.4-

ICD-10-AM Index:Defect, defective:atrioventricular canal	Term	Add		-- orifice
ICD-10-AM Index:Defect, defective:atrioventricular canal:orifice	Code	Add		Q21.24
ICD-10-AM Index:Defect, defective:atrioventricular canal:	Term	Add		-- partial
ICD-10-AM Index:Defect, defective:atrioventricular canal:partial	Code	Add		Q21.22
ICD-10-AM Index:Deformity:fetal:affecting	Term	Add	Deformity - fetal - - with fetopelvic disproportion O33.7 - - - affecting - - - - fetus or newborn P03.1 - - - - labour or delivery O66.3 - - - - pregnancy O33.7 - finger (acquired) M20.0	Deformity - fetal - - with fetopelvic disproportion O33.7 - - - affecting - - - - fetus or newborn P03.1 - - - - labour or delivery O66.3 - - - - pregnancy O33.7 <u>- - - affecting</u> <u>- - - labour or delivery</u> <u>NEC O66.3</u> <u>- - - pregnancy NEC</u> <u>O35.8</u> - finger (acquired) M20.0
ICD-10-AM Index:Deformity:spleen:congenital	Code	Revise	Q87.00	Q89.00
ICD-10-AM Index:Deformity:spleen:congenital:specified	Code	Revise	Q87.09	Q89.09
ICD-10-AM Index:Delivery:assisted:by forceps and vacuum extractor	Term	Revise	Delivery; assisted; by forceps <del>and</del> vacuum extractor	Delivery; assisted; by forceps <u>or</u> vacuum extractor...
ICD-10-AM Index:Diabetes, diabetic:with:neuropathy:autonomic:peripheral	Code	Revise	E1-.42	E1-.43
ICD-10-AM Index:Diabetes, diabetic:with:ulcer:and	Term	Revise	Diabetes, diabetic - with - - ulcer - - - and - - - - peripheral angiopathy E1-.73 - - - - polyneuropathy E1-.73 - - - foot E1-.69 - - - - with peripheral - - - - - angiopathy E1-.73 - - - - - neuropathy E1- .73 - - - lower extremity E1- .69 - - vitreous haemorrhage E1-.33	Diabetes, diabetic - with - - ulcer <del>- - - and</del> <del>- - - - peripheral</del> <del>angiopathy E1-.73</del> <del>- - - - polyneuropathy</del> <del>E1-.73</del> - - - foot E1-.69 - - - - with peripheral - - - - - angiopathy E1- .73 - - - - - neuropathy E1- .73 - - - lower extremity E1-.69 <u>- - - and</u> <u>- - - - peripheral</u> <u>angiopathy E1-.73</u> <u>- - - - polyneuropathy</u> <u>E1-.73</u> - - vitreous haemorrhage E1-.33
ICD-10-AM Index:Dilatation:bladder	Term	Add		-- complicating labour and delivery
ICD-10-AM Index:Dilatation:bladder:complicating labour and delivery	Code	Add		O66.8
ICD-10-AM Index:Displacement, displaced:spleen	Code	Revise	Q87.03	Q89.03
ICD-10-AM Index:Duplex, duplication(s)	Term	Add		- collecting system
ICD-10-AM Index:Duplex, duplication(s):collecting system	Code	Add		Q62.59
ICD-10-AM Index:Fever:	Term	Add		- during labour and delivery

ICD-10-AM Index:Fever:during labour and delivery	NEC	Add		NEC
ICD-10-AM Index:Fever:during labour and delivery	Code	Add		O75.2
ICD-10-AM Index:Fitting:catheter:dialysis	Term	Revise	- - - peritoneal	- - peritoneal
ICD-10-AM Index:Flexion:cervix	Term	Add		- - congenital
ICD-10-AM Index:Flexion:cervix:congenital	Code	Add		Q51.84
ICD-10-AM Index:Fusion, fused:vagina	Code	Revise	Q52.4	Q52.49
ICD-10-AM Index:Haematoma:subdural	Term	Add		- - complicating labour and delivery
ICD-10-AM Index:Haematoma:subdural:complicating labour and delivery	Code	Add		O99.4
ICD-10-AM Index:Hooded:clitoris	Code	Revise	Q52.6	Q52.69
ICD-10-AM Index:Impaired, impairment:glucose regulation:with	Term	Add		- - - gangrene with peripheral angiopathy
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:gangrene with peripheral angiopathy	Code	Add		E09.52
ICD-10-AM Index:Infancy, infantile, infantilism:uterus	Term	Revise	Infancy, infantile, infantilism - uterus ( <i>see also</i> <i>Infancy, genitalia</i> ) E30.0	Infancy, infantile, infantilism - uterus ( <i>see also</i> <i>Infancy, genitalia</i> ) E30.0 <u>- - affecting</u> <u>- - - fetus or newborn</u> <u>P03.8</u> <u>- - - labour or delivery</u> <u>O65.5</u> <u>- - - pregnancy</u> O34.5
ICD-10-AM Index:Laceration:uterus:obstetric trauma	Non Essential	Add		(extension of caesarean incision)
ICD-10-AM Index:Leukaemia:AML M6	Term	Revise	<b>Leukaemia</b> (M9800/3) C95.9- - AML <del>M6 (M6a) (M6b)</del> <del>(M9840/3) C94.0-</del> - basophilic (M9870/3) C92.7-	<b>Leukaemia</b> (M9800/3) C95.9- - AML <u>- - M6 (M6a) (M6b)</u> <u>(M9840/3) C94.0-</u> -basophilic (M9870/3) C92.7-
ICD-10-AM Index:Leukaemia:AML	See Also	Add		— see also Leukaemia, myeloblastic, acute and Leukaemia, myeloid, acute
ICD-10-AM Index:Leukaemia:monocytic, monocytoid:Naegeli-type	Code	Revise	C92.1-	C93.1-
ICD-10-AM Index:Leukaemia:polymphocytic	Code	Add		C91.7-
ICD-10-AM Index:Leukaemia:polymphocytic	Term	Delete	- - acute (PML) (M9866/3) C92.4-	
ICD-10-AM Index:Malformation:cardiac chambers and connections	Code	Revise	Q20.59	Q20.89
ICD-10-AM Index:Malformation:diaphragm	Code	Revise	Q79.1	Q79.10
ICD-10-AM Index:Malposition:congenital:aorta	Code	Revise	Q25.49	Q20.0
ICD-10-AM Index:Metaplasia:apocrine	Code	Revise	R87.-	N60.8
ICD-10-AM Index:Neoplasm, neoplastic:disease, generalised:malignant:primary	Code	Delete	C79.9	
ICD-10-AM Index:Neoplasm, neoplastic:disease, generalised:malignant:primary	Code	Add		-
ICD-10-AM Index:Neoplasm, neoplastic:disease, generalised:malignant:secondary	Code	Revise	-	C79.9
ICD-10-AM Index:Neoplasm, neoplastic:disseminated:malignant:primary	Code	Delete	C79.9	
ICD-10-AM Index:Neoplasm, neoplastic:disseminated:malignant:primary	Code	Add		-

ICD-10-AM Index:Neoplasm, neoplastic:disseminated:malignant:secondary	Code	Revise	-	C79.9
ICD-10-AM Index:Neoplasm, neoplastic:generalised:malignant:primary	Code	Delete	C79.9	
ICD-10-AM Index:Neoplasm, neoplastic:generalised:malignant:primary	Code	Add		-
ICD-10-AM Index:Neoplasm, neoplastic:generalised:malignant:secondary	Code	Revise	-	C79.9
ICD-10-AM Index:Neoplasm, neoplastic:metastatic: malignant:primary	Code	Delete	C79.9	
ICD-10-AM Index:Neoplasm, neoplastic:metastatic: malignant:primary	Code	Add		-
ICD-10-AM Index:Neoplasm, neoplastic:metastatic: malignant:secondary	Code	Revise	-	C79.9
ICD-10-AM Index:Neoplasm, neoplastic:multiple, malignant:secondary:malignant:primary	Code	Delete	C79.9	
ICD-10-AM Index:Neoplasm, neoplastic:multiple, malignant:secondary:malignant:primary	Code	Add		-
ICD-10-AM Index:Neoplasm, neoplastic:multiple, malignant:secondary:malignant:secondary	Code	Revise	-	C79.9
ICD-10-AM Index:Neoplasm, neoplastic:urethrovaginal:uncertain or unknown behaviour	Code	Revise	D39.9	D39.7
ICD-10-AM Index:Neoplasm, neoplastic:vagino-vesical:uncertain or unknown behaviour	Code	Revise	D39.9	D39.7
ICD-10-AM Index:Neoplasm, neoplastic:vagino-vesical:septum:uncertain or unknown behaviour	Code	Revise	D39.9	D39.7
ICD-10-AM Index:Neoplasm, neoplastic:vesicocervical tissue:uncertain or unknown behaviour	Code	Revise	D39.9	D39.7
ICD-10-AM Index:Neoplasm, neoplastic:vesicovaginal:uncertain or unknown behaviour	Code	Revise	D39.9	D39.7
ICD-10-AM Index:Neoplasm, neoplastic:vesicovaginal:septum:uncertain or unknown behaviour	Code	Revise	D39.9	D39.7
ICD-10-AM Index:Obstetric trauma	Term	Add		- specified
ICD-10-AM Index:Obstetric trauma:specified	NEC	Add		NEC
ICD-10-AM Index:Obstetric trauma:specified	Code	Add		O71.88
ICD-10-AM Index:Ostium:atrioventriculare commune	Term	Add		- - orifice
ICD-10-AM Index:Ostium:atrioventriculare commune:orifice	Code	Add		Q21.24
ICD-10-AM Index:Ostium:atrioventriculare commune	Term	Add		- - partial
ICD-10-AM Index:Ostium:atrioventriculare commune:partial	Code	Add		Q21.22
ICD-10-AM Index:Papulosis, lymphomatoid	Code	Revise	C86.6	L41.2
ICD-10-AM Index:Peritonitis:gonococcal:pelvis	Code	Add		A54.2
ICD-10-AM Index:Persistence, persistent:atrioventricular canal	Term	Add		- - orifice
ICD-10-AM Index:Persistence, persistent:atrioventricular canal:orifice	Code	Add		Q21.24
ICD-10-AM Index:Persistence, persistent:atrioventricular canal	Term	Add		- - partial
ICD-10-AM Index:Persistence, persistent:atrioventricular canal:partial	Code	Add		Q21.22
ICD-10-AM Index:Persistence, persistent:ostium:atrioventriculare commune	Term	Add		- - - orifice
ICD-10-AM Index:Persistence, persistent:ostium:atrioventriculare commune:orifice	Code	Add		Q21.24
ICD-10-AM Index:Persistence, persistent:ostium:atrioventriculare commune	Term	Add		- - - partial

ICD-10-AM Index:Persistence, persistent:ostium:atrioventriculare commune:partial	Code	Add		Q21.22
ICD-10-AM Index:Stricture:artery:congenital:cerebral	Code	Revise	Q28.3	Q28.39
ICD-10-AM Index:Surgery:previous	Term	Add		- - caesarean section
ICD-10-AM Index:Surgery:previous:caesarean section	Code	Add		O75.7
ICD-10-AM Index:Surgery:previous	Term	Add		- - gynaecological
ICD-10-AM Index:Surgery:previous:gynaecological	NEC	Add		NEC
ICD-10-AM Index:Surgery:previous:gynaecological	Code	Add		O34.8
ICD-10-AM Index:Surgery:previous:gynaecological	Term	Add		- - - affecting
ICD-10-AM Index:Surgery:previous:gynaecological:affecting	Term	Add		- - - - labour or delivery
ICD-10-AM Index:Surgery:previous:gynaecological:affecting: labour or delivery	Code	Add		O65.5
ICD-10-AM Index:Surgery:previous:gynaecological:affecting:	Term	Add		- - - - pregnancy
ICD-10-AM Index:Surgery:previous:gynaecological:affecting: pregnancy	Code	Add		O34.8
ICD-10-AM Index:Surgery:previous	Term	Add		- - vulva
ICD-10-AM Index:Surgery:previous:vulva	Code	Add		O34.7
ICD-10-AM Index:Surgery:previous:vulva	Term	Add		- - - affecting
ICD-10-AM Index:Surgery:previous:vulva:affecting	Term	Add		- - - - labour or delivery
ICD-10-AM Index:Surgery:previous:vulva:affecting:labour or delivery	Code	Add		O65.5
ICD-10-AM Index:Surgery:previous:vulva:affecting	Term	Add		- - - - pregnancy
ICD-10-AM Index:Surgery:previous:vulva:affecting:pregnancy	Code	Add		O34.7
ICD-10-AM Index:Syndrome:amnesic, amnesic:due to (secondary to):gamma hydroxybutyrate	Code	Revise	F13.6	F13.61
ICD-10-AM Index:Syndrome:trisomy	See Also	Add		(see also Trisomy)
ICD-10-AM Index:Torsion:cervix	Term	Add		- - congenital
ICD-10-AM Index:Torsion:cervix:congenital	Code	Add		Q51.84
ICD-10-AM Index:Version:cervix	Term	Add		- - congenital
ICD-10-AM Index:Version:cervix:congenital	Code	Add		Q51.84
ICD-10-AM Index:EXT:Fall, falling:same level	Term	Add		- - specified
ICD-10-AM Index:EXT:Fall, falling:same level:specified	NEC	Add		NEC
ICD-10-AM Index:EXT:Fall, falling:same level:specified	Code	Add		W18.8
ACHI Tab List:1067:36821-01	Excludes	Add		that with replacement (36821-03 [1067])
ACHI Tab List:1067:36833-01	Excludes	Add		that with replacement (36821-03 [1067])
ACHI Tab List:1068	Excludes	Delete	that with fragmentation (36809-00 [1074])	
ACHI Tab List:1908:92195-00	Excludes	Revise	vascular (92058-00 [1890])	vascular (92058-01 [1922])
ACHI Tab List:1908:92195-00	Excludes	Add		peritoneal port (92058- 01 [1922])
ACHI Index:Anastomosis:artery:for:free flap	Code	Revise	45502-00	45562
ACHI Index:Anastomosis:artery:for:free flap	Block	Revise	1695	[1674]
ACHI Index:Anastomosis:vein:for:free flap	Code	Revise	45502-01	45562
ACHI Index:Anastomosis:vein:for:free flap	Block	Revise	1695	[1674]

ACHI Index:Division	Term	Revise	Division (freeing) - artery 34106-14 [697] - - for aneurysm — <i>see</i> <i>Ligation, aneurysm</i> - - axillary 34103-11 [697] - - brachial 34106-10 [697] Division (freeing) — <i>continued</i> <del>- adhesions — continued</del> - - cardiac collateral (open) 38700-03 [691] - - - percutaneous (closed) 38700-02 [691] - - carotid 34100-02 [697]	Division (freeing) - artery 34106-14 [697] - - for aneurysm — <i>see</i> <i>Ligation, aneurysm</i> - - axillary 34103-11 [697] - - brachial 34106-10 [697] Division (freeing) — <i>continued</i> <del>- artery</del> - - cardiac collateral (open) 38700-03 [691] - - - percutaneous (closed) 38700-02 [691] - - carotid 34100-02 [697]
ACHI Index:Division:flap:direct distant	NEC	Add		NEC
ACHI Index:Division:flap:direct distant	See	Add		— see block [1653]
ACHI Index:Division:flap:direct distant:abdominal	Term	Delete	- - - abdominal 45212-00 [1653]	
ACHI Index:Division:flap:direct distant:arm	Term	Delete	- - - arm 45212-00 [1653]	
ACHI Index:Division:flap:direct distant:finger	Term	Delete	- - - finger 45224-00 [1653]	
ACHI Index:Division:flap:direct distant:large	Term	Delete	- - - large 45212-00 [1653]	
ACHI Index:Division:flap:direct distant:leg	Term	Delete	- - - leg 45218-00 [1653]	
ACHI Index:Division:flap:direct distant:small	Term	Delete	- - - small 45224-00 [1653]	
ACHI Index:Flap:eyelid:muscle	Code	Revise	45009-00	45009-01
ACHI Index:Injection:toxin botulinum:for	Term	Add		- - - anal fissure
ACHI Index:Injection:toxin botulinum:for:anal fissure	Code	Add		90344-01
ACHI Index:Injection:toxin botulinum:for:anal fissure	Block	Add		[929]
ACHI Index:Removal:eye applicator	See also	Delete	(see also Removal, implant, orbital)	
ACHI Index:Removal:eye applicator	Term	Revise	eye applicator	eye applicator <u>for</u> <u>brachytherapy</u>
ACHI Index:Removal:eye applicator for brachytherapy	Code	Revise	15339-00	42802-00
ACHI Index:Removal:eye applicator for brachytherapy	Block	Revise	1793	[177]
ACHI Index:Removal:radioactive source	NEM	Delete	(with removal of applicator)	
ACHI Index:Removal:radioactive source	Term	Add		- - eye applicator for brachytherapy
ACHI Index:Removal:radioactive source:eye applicator for brachytherapy	Code	Add		42802-00
ACHI Index:Removal:radioactive source:eye applicator for brachytherapy	Block	Add		[177]
ACHI Index:Revision:spinal procedure:with:removal of spinal fixation	Code	Revise	50616-02	50616-01
ACHI Index:Tap	Term	Add		- peritoneal
ACHI Index:Tap:peritoneal	Code	Add		30406-00
ACHI Index:Tap:peritoneal	Block	Add		[983]



## INTRODUCTION

## GENERAL ARRANGEMENT OF THE DISEASE INDEX

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## Multiple diagnoses

The tabular list includes a number of categories for the classification of two or more conditions jointly reported, eg ‘Influenza with pneumonia’ (J11.0), ‘Acute appendicitis with generalised peritonitis’ (~~K35.0~~ K35.2). Such combinations of conditions, which are specifically classified in the tabular list, also appear in the index.

# AUSTRALIAN CODING STANDARDS

**Errata 1, June 2010 (Effective 1 July 2010)**

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## 0222 LYMPHOMA

### Extranodal sites

Lymphomas are systemic diseases that do not metastasise in the same way as solid tumours. The malignant cells circulate within the lymphatic or haematopoietic circulation and may occur in other sites within these tissues, but they are considered to be part of the primary disease rather than metastatic spread.

Revise

A lymphoma, regardless of the number of sites involved, is not considered metastatic, and should only be coded to the C81–~~C85~~ C88 categories. Lymphomas do not have to originate in the lymph glands. Lymphomas may originate in any lymphoid tissue throughout the body and may not necessarily be restricted to lymph nodes or glands. Lymphomas stated as ‘extranodal’ or of a site other than the lymph glands (eg stomach) should be assigned to the appropriate code in the categories C86 and C88.

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## 0233 MORPHOLOGY

The first four characters represent the histological type of the neoplasm and the fifth character indicates its behaviour. When assigning morphology codes, ensure that the explanatory notes at the beginning of the 'Morphology of neoplasms' appendix (ICD-10-AM Tabular List, Appendix A) are understood.

The assignment of morphology codes is a decision for each state/territory. Clinical coders should therefore be guided by their state/territory policy.

Note the following important points:

A morphology code should **always** be assigned directly after the neoplasm code to which it applies ie:

Add

C00–D48 *Neoplasms* (see also ACS 0027 *Multiple coding*)  
L41.2 *Lymphomatoid papulosis*  
O01.0 *Classical hydatidiform mole*  
O01.1 *Incomplete and partial hydatidiform mole*  
O01.9 *Hydatidiform mole, unspecified*  
Q85.0 *Neurofibromatosis (nonmalignant)*

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## 0401 DIABETES MELLITUS AND IMPAIRED GLUCOSE REGULATION

### EXAMPLE 4:

Patient with peripheral vascular disease and Type 1 diabetes mellitus was admitted with diabetic ketoacidosis. During the admission, the patient's insulin was adjusted. They were also seen by the ophthalmologist for their retinopathy, which required laser treatment. Laser treatment was performed under GA, ASA 2.

Principal diagnosis:	E10.11	Type 1 diabetes mellitus with ketoacidosis, without coma
Additional diagnoses:	E140.31	Type 1 diabetes mellitus with background retinopathy
	E10.51	Type 1 diabetes mellitus with peripheral angiopathy, without gangrene

Revise

In this example, the diabetic ketoacidosis is the principal diagnosis as it meets ACS 0001. Since the diabetes meets the criteria for coding and the retinopathy meets ACS 0002, the index pathway *Diabetes, with, retinopathy* is followed to assign E10.31. E10.51 is also assigned to properly reflect the severity of the diabetes, even though the PVD itself does not meet ACS 0002.

**1438 CHRONIC KIDNEY DISEASE****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 reducing the ability of the glomeruli to filter the blood and allows more protein, in the form of albumin, into the urine. This is termed microalbuminuria and is one of the earliest markers of CKD (see also ACS 0401 *Diabetes mellitus and impaired glucose regulation, Complications in diabetes and IGR, Kidney complications*).

(U.S. National Library of Medicine, Medline Plus (2006), Diabetic Nephropathy. Accessed 12 September 2006 <http://www.nlm.nih.gov/medlineplus/ency/article/000494.htm>)

**CLASSIFICATION**

Assign a code from N18.- *Chronic kidney disease* in conjunction with the diabetic nephropathy code, to indicate the severity of the kidney disease.

**EXAMPLE 9:**

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

<b>Codes:</b>	N18.3	<i>Chronic kidney disease, stage 3</i>
	E11.22	<i>Type 2 diabetes mellitus with established diabetic nephropathy</i>
	E11.72	<i>Type 2 diabetes mellitus with features of insulin resistance</i>
	I10	<i>Essential (primary) hypertension</i>

Add





## Instructions

Errata for ICD-10-AM Tabular List, ICD-10-AM Alphabetic Index, ACHI Tabular List and ACHI Alphabetic Index are produced from a database. This has resulted in the format shown below. Each row represents an item/change to be made and contains the following information necessary to complete the errata item.

### Tabular/Index Entry

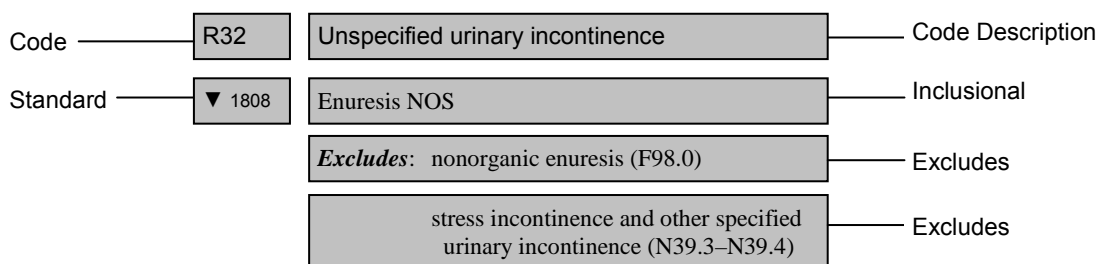
The Tabular Entry (Block:code) or Index Entry (Main term:subterm) to which the errata item applies. For example:

ICD-10-AM Tab List:R02	ICD-10-AM Tabular List, Code R02
ACHI Tab List:1886:34533-00	ACHI Tabular List, Block 1886, Code 34533-00
ACHI Index:Revision:device:infusion, implantable spinal	ACHI Alphabetic Index,      Revision - device - - infusion, implantable spinal

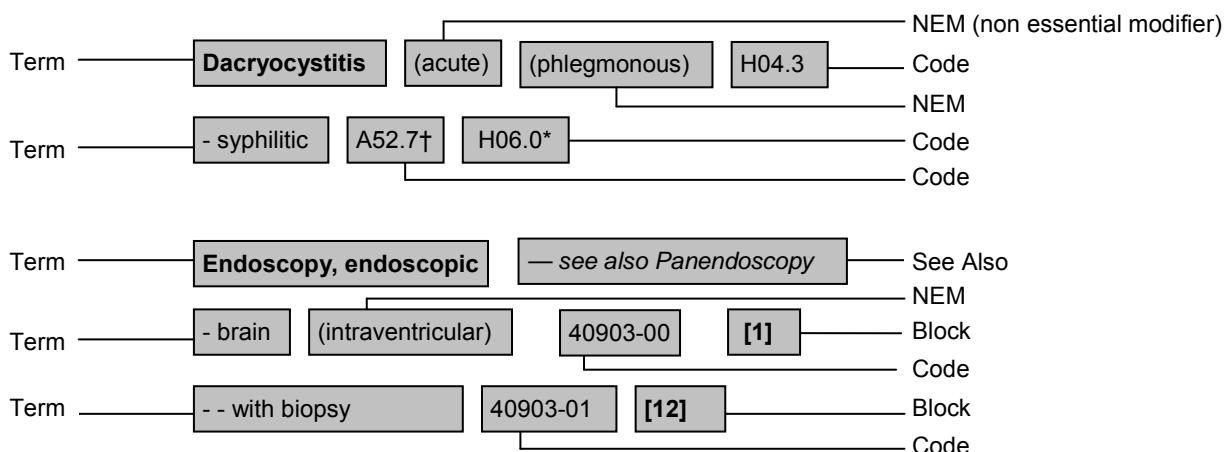
### Note Type

The part of the Tabular or Index Entry to which the errata item applies. To use this errata, it is important to think of a Tabular Entry and an Index Entry as being composed of separate elements as shown in the examples below.

#### Tabular Entry



#### Index Entry



### Instruction

Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Index:Complications:umbilical cord	Term	Add		- - velamentous insertion

indicates a term to be added at:

**Complications**  
- umbilical cord  
- - velamentous insertion

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ACHI Index:Revision:device:port, implantable vascular access	Term	Delete*	- - port, implantable vascular access	

indicates a term to be deleted at:

**Revision**  
- device  
- - ~~port, implantable vascular access~~

\*A 'Delete' instruction followed by an asterisk (\*) indicates that there are subterms to be deleted as a result of this deletion. In the example given above, subterms and notes to be consequently deleted are:

It should be assumed that if a Tabular 'Code' or an Index 'Term' is deleted, all its accompanying notes ('Code Description', 'Include', 'Exclude', 'NEM', 'Code', 'Block', 'See Also', etc) need to be deleted.

- - - for infusion of agents via catheter  
- - - central venous (CVC) 34530-00 [766]  
- - - spinal 39126-00 [56]  
- - - venous 34530-00 [766]

### Existing Value

The text of the entry before the errata change. For an 'Add' instruction, this field will be blank.

### New Value

The text of the entry after the errata change. For a 'Delete' instruction, this field will be blank.

# ERRATA 2 for books, Sept 2010 ICD-10-AM/ACHI/ACS Seventh Edition, 2010



Code or term to which the change applies	Part of the code/term to which the change applies	Type of change to be made	Text before making the change	Text after making the change
Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Index:Cyst:kidney:congenital:multicystic	Term	Revise Add extra dash	Cyst - kidney (acquired) N28.1  - - congenital Q61.0 - - multicystic Q61.4- - - polycystic Q61.3 - - multicystic (developmental) Q61.4- - - acquired N28.1	Cyst - kidney (acquired) N28.1  - - congenital Q61.0 - - _multicystic Q61.4- - - polycystic Q61.3 - - multicystic (developmental) Q61.4- - - acquired N28.1
ICD-10-AM Index:Diabetes, diabetic:with:ulcer:lower extremity	Term	Delete	Diabetes, diabetic - with - - ulcer - - - foot E1-.69 - - - - with peripheral - - - - - angiopathy E1-.73 - - - - - neuropathy E1-.73 - - - lower extremity E1-.69 - - - and - - - peripheral angiopathy E1-.73 - - - polynuropathy E1-.73 - - vitreous haemorrhage E1-.33	Diabetes, diabetic - with - - ulcer - - - foot E1-.69 - - - - with peripheral - - - - - angiopathy E1-.73 - - - - - neuropathy E1-.73 - - - lower extremity E1-.69 - - vitreous haemorrhage E1-.33
ICD-10-AM Index:Keratocyst	Term	Revise	Keratocyst (odontogenic) <del>D16.4</del>	Keratocyst (odontogenic) (M9270/0) D16.5 - upper jaw (bone) D16.42
ICD-10-AM Index:Surgery:previous:caesarean section	Term	Revise	Surgery - previous - - caesarean section <del>O75.7</del> - - cervix - - - affecting	Surgery - previous - - caesarean section - - - affecting pregnancy, labour or delivery O34.2 - - - proceeding to vaginal delivery O75.7 - - cervix - - - affecting
ICD-10-AM Index:Surgery:reconstructive:trunk	Term and Code	Delete	- - - breast Z42.1	
ICD-10-AM Index:Tumour:odontogenic:keratocystic:upper jaw	Code	Revise	D16.4	D16.42
ACHI Index:Thyroidectomy:completion	Code	Revise	30297-01 [114]	30297-02 [114]

## AUSTRALIAN CODING STANDARDS

	0001 PRINCIPAL DIAGNOSIS
<i>P11</i>	<b>Obstetrics</b> 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 <i>Delivery</i> as the principal diagnosis, 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 <i>Additional diagnoses</i> .
<i>Add</i>	Where the patient is admitted for management of an antepartum condition, assign the antepartum condition as the principal diagnosis. <u>If the patient delivers during the episode of care, assign a code from O80–O84 <i>Delivery</i> as an additional diagnosis.</u>  Where there is difficulty in determining the principal diagnosis in obstetric cases with an outcome of delivery, assign a code from category O80–O84 <i>Delivery</i> as the principal diagnosis.

P13  Revise	<p><b>Residual condition or nature of sequela</b></p> <p>The residual condition or nature of the sequela is sequenced first, followed by the sequela code for the cause of the residual condition, except in a few instances where the Alphabetic Index directs otherwise (see also ACS 0008 <i>Sequelae</i> and ACS 1912 <i>Sequelae of injuries, poisoning, toxic effects and other external causes</i>, page 274267).</p> <p><b>Note:</b> For more information regarding choice of principal diagnosis in specific cases refer to the following general rules and chapter specific rules. In particular, obstetric admissions, admissions for chemotherapy, radiotherapy and dialysis have special guidelines for principal diagnosis selection.</p>
	<b>0042 PROCEDURES NORMALLY NOT CODED</b>
P54  Revise	<p>4. <b>Cardiotocography (CTG)</b> except fetal scalp electrodes</p> <p>5. <b>Catheterisation:</b></p> <ul style="list-style-type: none"> <li>• <b>arterial or venous</b> (such as Hickman's, PICC, CVC, <u>Swan Ganz</u>) <b>except</b> cardiac catheterisation (blocks [667] and [668]), or surgical catheterisation (block [741])</li> <li>• <b>urinary</b> except if suprapubic</li> </ul> <p>6. <b>Doppler recordings</b></p>
	<b>0110 SEPSIS, SEVERE SEPSIS AND SEPTIC SHOCK</b>
P70         Revise	<p><b>Sepsis</b></p> <p>Where there is documentation of sepsis, assign a code for the localised and/or generalised infection. Care should be taken when interpreting documentation of <i>sepsis</i>. <i>Sepsis</i> may be used to mean:</p> <ul style="list-style-type: none"> <li>• a generalised infection eg pneumococcal sepsis</li> <li>• a localised infection (eg wound sepsis)</li> </ul> <p>If, after seeking clarification from the clinician, it is confirmed that sepsis is being used to mean localised infection, refer to the index entry <i>Infection</i> rather than <i>Sepsis</i>.</p> <p>The use of the term urosepsis may need further clarification with the clinician in order to determine if it refers to:</p> <p>1. generalised <del>sepsis</del><u>infection</u></p> <p><b>OR</b></p> <p>2. urine contaminated by bacteria, bacterial by-products or other toxic material but without other findings.</p>
	<b>0111 HEALTHCARE ASSOCIATED STAPHYLOCOCCUS AUREUS BACTERAEMIA</b>
P72         Revise	<p><b>Classification</b></p> <p>The presence of healthcare associated <i>Staphylococcus aureus</i> bacteraemia (HA SAB) must be documented by clinical staff, and meet the criteria in ACS 0001 <i>Principal diagnosis</i> or ACS 0002 <i>Additional diagnoses</i> in order to assign U90.0 <i>Healthcare associated Staphylococcus aureus bacteraemia</i>.</p> <p>Synonyms for 'healthcare associated' include 'hospital acquired', 'healthcare associated infection (HAI)' and 'nosocomial'. Where the specific type of healthcare associated bacteraemia is not documented in the clinical notes, coders may refer to pathology results to confirm <i>Staphylococcus aureus</i> bacteraemia (see ACS 0010 <i>General abstraction guidelines</i> – Test results).</p> <p>U90.0 <i>Healthcare associated Staphylococcus aureus bacteraemia</i> is a supplementary code. The manifestation of the bacteraemia, such as localised and/or generalised <del>sepsis</del><u>infection</u>, 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.</p>

	<b>0505 MENTAL ILLNESS COMPLICATING PREGNANCY</b>
<p><i>P118</i> <i>Delete</i></p> <p><i>Add</i></p> <p><i>Delete</i></p> <p><i>Add</i></p>	<p><b>EXAMPLE 2:</b> Patient delivered of liveborn twins by elective lower segment caesarean section, under intravenous general anaesthetic, for malpresentation. During the next week she felt down and very tearful. A psychiatric consult diagnosed postpartum blues.</p> <p>Codes:     O84.2           <i>Multiple delivery, all by caesarean section</i>               O30.0           <i>Twin pregnancy</i>               O32.5           <i>Maternal care for multiple gestation with malpresentation of one fetus or more</i>               F53.8           <i>Other mental and behavioural disorders associated with the puerperium, not elsewhere classified</i>               Z37.2           <i>Twins, both liveborn</i>                16520-02 [1340]   <i>Elective lower segment caesarean section</i>               92514-99 [1910]   <i>General anaesthetic, ASA 9, nonemergency</i></p> <hr/> <p><b>EXAMPLE 3:</b> Patient admitted at 36 weeks for bed rest and antidepressants for exacerbation of her major depression. During the same episode the patient delivered of a liveborn infant by spontaneous vaginal delivery at 39 weeks.</p> <p>Codes:     O99.3           <i>Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium</i>               F32.20          <i>Severe depressive episode without psychotic symptoms, not specified as arising in the postnatal period</i>               O80            <i>Single spontaneous delivery</i>               Z37.0           <i>Single live birth</i>                90467-00 [1336]   <i>Spontaneous vertex delivery (optional code)</i></p>
	<b>1438 CHRONIC KIDNEY DISEASE</b>
<p><i>P207</i></p> <p><i>Revise</i></p>	<p><b>EXAMPLE 6:</b> 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 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.</p> <p>He underwent haemodialysis three times during his stay, and was transferred to a private facility for rehabilitation 5 days after operation.</p> <p>Codes:     S72.03          <i>Fracture of subcapital section of femur</i>               W10            <i>Fall on and from steps or stairs</i>               Y92.01          <i>Outdoor areas</i>               U73.9          <i>Unspecified activity</i>               N18.5          <i>Chronic kidney disease, stage 5</i>               N02.8          <del>IgA nephropathy</del> <i>Recurrent and persistent haematuria, other</i>                47522-00 [1489]   <i>Hemiarthroplasty of femur</i>               92514-29 [1910]   <i>General anaesthesia, ASA 2, nonemergency</i>               13100-00 [1060]   <i>Haemodialysis</i></p>
	<b>1513 INDUCTION AND AUGMENTATION</b>
<p><i>P216</i></p> <p><i>Revise</i></p>	<p><b>EXAMPLE 3:</b> Patient admitted at 21 weeks gestation with a diagnosis of fetal death in utero (FDIU). Medical and surgical induction of labour.</p> <p>Codes:     O80            <i>Single spontaneous delivery</i>               O36.4          <i>Maternal care for intrauterine death</i>               O09.3          <i>Duration of pregnancy 20-25 completed weeks</i>               O80            <i>Single spontaneous delivery</i>               O60.3          <i>Preterm delivery without spontaneous labour</i>               Z37.1          <i>Single stillbirth</i>                90465-05 [1334]   <i>Medical and surgical induction of labour</i></p>



## STANDARDS INDEX

### H

**Heavy drinker** 0503, *115*

***Helicobacter pylori* infection** 1122, ~~177~~178

**Hemimaxillectomy** 1216, *184*

**Hemiplegia** 0604, *125*

- as late effect 0008, *16*



## Instructions

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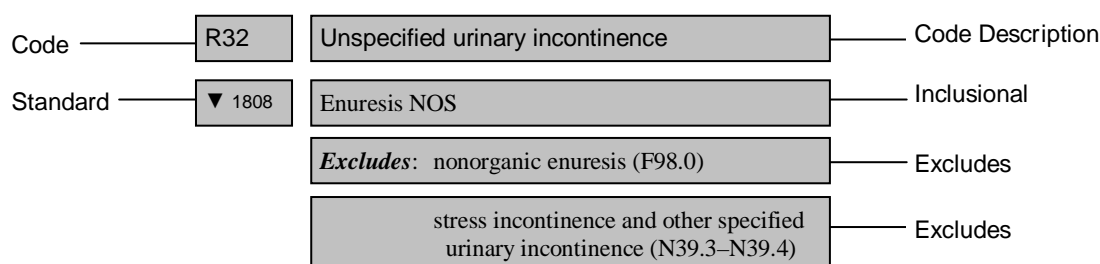
The Tabular Entry (Block:code) or Index Entry (Main term:subterm) to which the errata item applies. For example:

ICD-10-AM Tab List:R02	ICD-10-AM Tabular List, Code R02
ACHI Tab List:1886:34533-00	ACHI Tabular List, Block 1886, Code 34533-00
ACHI Index:Revision:device:infusion, implantable spinal	ACHI Alphabetic Index, Revision - device - - infusion, implantable spinal

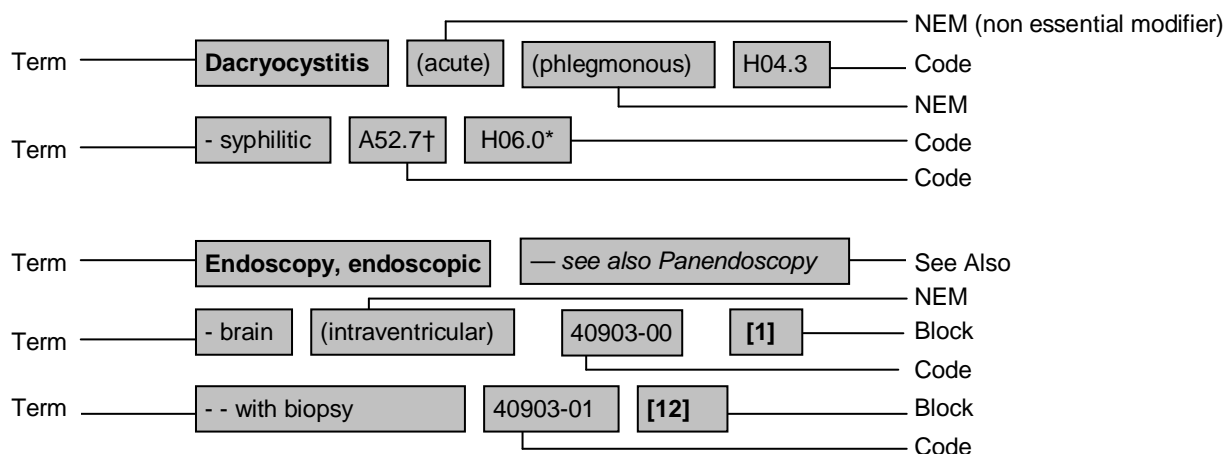
### Note Type

The part of the Tabular or Index Entry to which the errata item applies. To use this errata, it is important to think of a Tabular Entry and an Index Entry as being composed of separate elements as shown in the examples below.

#### Tabular Entry



#### Index Entry



### Instruction

Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Index:Complications:umbilical cord	Term	Add		- - velamentous insertion

indicates a term to be added at:

**Complications**  
- umbilical cord  
- - velamentous insertion

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ACHI Index:Revision:device:port, implantable vascular access	Term	Delete*	- - port, implantable vascular access	

indicates a term to be deleted at:

**Revision**  
- device  
~~- - port, implantable vascular access~~

\*A 'Delete' instruction followed by an asterisk (\*) indicates that there are subterms to be deleted as a result of this deletion. In the example given above, subterms and notes to be consequently deleted are:

It should be assumed that if a Tabular 'Code' or an Index 'Term' is deleted, all its accompanying notes ('Code Description', 'Include', 'Exclude', 'NEM', 'Code', 'Block', 'See Also', etc) need to be deleted.

~~- - - for infusion of agents via catheter~~  
~~- - - central venous (CVC) 34530-00 [766]~~  
~~- - - spinal 30126-00 [56]~~  
~~- - - venous 34530-00 [766]~~

### Existing Value

The text of the entry before the errata change. For an 'Add' instruction, this field will be blank.

### New Value

The text of the entry after the errata change. For a 'Delete' instruction, this field will be blank.



## ERRATA 3 for books, June 2011 ICD-10-AM/ACHI/ACS Seventh Edition, 2010

Code or term to which the change applies	Part of the code/term to which the change applies	Type of change to be made	Text before making the change	Text after making the change
Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Tab List:H00.0	Standard No	Add		1210
ICD-10-AM Tab List:H05.0	Standard No	Add		1210
ICD-10-AM Tab List:I43.1	Inclusional	Revise	Cardiac amyloidosis (E85.-+)	Cardiac amyloidosis (E85. <u>4</u> .)
ICD-10-AM Tab List:O09	Note	Revise	<ul style="list-style-type: none"> <li>• premature rupture of membranes (O42) (before 37 completed weeks of gestation)</li> <li>• threatened: <ul style="list-style-type: none"> <li>• abortion (O20.0)</li> <li>• premature labour (O47.0)</li> </ul> </li> </ul> <p><i>False labour before 37 completed weeks of gestation)</i></p>	<ul style="list-style-type: none"> <li>• premature rupture of membranes (O42) (before 37 completed weeks of <u>gestation</u>)</li> <li>• threatened: <ul style="list-style-type: none"> <li>• abortion (O20.0)</li> <li>• premature labour (O47.0)</li> </ul> </li> </ul> <p><i>False labour before 37 completed weeks of gestation)</i></p>
ICD-10-AM Tab List:U73.08	Inclusional	Revise	Accommodation, cafes and restaurants	<u>Accommodation</u> , cafes and restaurants
ICD-10-AM Tab List:Z45.1	Note	Revise	<del>A drug delivery device is an ambulatory, external infusion pump that is attached to a (vascular) access device to infuse substances over long periods of time.</del>	A drug delivery device is an (external) infusion pump that is attached to a vascular access device or venous, spinal or other catheter to infuse substances over long periods of time.
ICD-10-AM Tab List:Z45.2	Inclusional	Revise	Adjustment and management of: <ul style="list-style-type: none"> <li>• infusion port</li> <li>• Port-A-Cath</li> <li>• reservoir (subcutaneous)</li> <li><del>• vascular catheter</del></li> </ul>	Adjustment and management of: <ul style="list-style-type: none"> <li>• infusion port</li> <li>• Port-A-Cath</li> <li>• reservoir (subcutaneous)</li> </ul>
ICD-10-AM Tab List:Z49.1	Inclusional	Revise	Dialysis ( <del>renal</del> ) NOS	Dialysis ( <u>kidney</u> ) NOS
ICD-10-AM Tab List:Z81	Standard No	Add		0520
ICD-10-AM Tab List:Z97.5	Excludes	Add		<p><b>Excludes:</b> checking, reinsertion or removal of contraceptive device (Z30.5)</p> <p>insertion of contraceptive device (Z30.1)</p>

ICD-10-AM Index:Abortion:complicated by	Term	Delete	<b>Abortion</b> (complete) (incomplete) O06.- - accidental O03.- - attempted (failed) (induced) (nonmedical) O07.9 -- complicated by --- afibrinogenaemia O07.6 --- cardiac arrest O07.8 --- chemical damage of pelvic organ(s) O07.8 --- circulatory collapse O07.8 --- defibrination syndrome O07.6 --- electrolyte imbalance O07.8 <del>--- complicated by</del> <i>continued</i> --- embolism (amniotic fluid) (blood clot) (pulmonary) (septic) (soap) O07.7 --- endometritis O07.5	<b>Abortion</b> (complete) (incomplete) O06.- - accidental O03.- - attempted (failed) (induced) (nonmedical) O07.9 -- complicated by --- afibrinogenaemia O07.6 --- cardiac arrest O07.8 --- chemical damage of pelvic organ(s) O07.8 --- circulatory collapse O07.8 --- defibrination syndrome O07.6 --- electrolyte imbalance O07.8 --- embolism (amniotic fluid) (blood clot) (pulmonary) (septic) (soap) O07.7 --- endometritis O07.5
ICD-10-AM Index:Anaemia:haemolytic:Stransky- Regala type	Code	Revise	D58.8	D58.2
ICD-10-AM Index:Anomaly:pulmonary:venous:re turn:partial	Code	Revise	Q26.2	Q26.3
ICD-10-AM Index:Anomaly:pulmonary:venous:re turn:total	Code	Revise	Q26.3	Q26.2
ICD-10-AM Index:Anomaly:venous return:pulmonary:partial	Code	Revise	Q26.2	Q26.3
ICD-10-AM Index:Anomaly:venous return:pulmonary:total	Code	Revise	Q26.3	Q26.2
ICD-10-AM Index:Appendicitis:acute:with:perito neal abscess	Code	Revise	K35.2	K35.3
ICD-10-AM Index:Askin's tumour	Code	Revise	M8803/3	M9365/3
ICD-10-AM Index:Carcinoma	Term	Revise, insert dash at subterm lymphoepithelial	<b>Carcinoma</b> - lobular (infiltrating) (M8520/3) — <i>see also</i> <i>Neoplasm, breast, malignant</i> ..... - - noninfiltrating (M8520/2) - - - breast D05.0 - - - specified site NEC — <i>see</i> <i>Neoplasm, in situ</i> - - - unspecified site D05.0- lymphoepithelial (M8082/3) - lymphoepithelioma-like (M8082/3)	<b>Carcinoma</b> - lobular (infiltrating) (M8520/3) — <i>see also</i> <i>Neoplasm, breast, malignant</i> ..... - - noninfiltrating (M8520/2) - - - breast D05.0 - - - specified site NEC — <i>see</i> <i>Neoplasm, in situ</i> - - - unspecified site D05.0- _lymphoepithelial (M8082/3) - lymphoepithelioma-like (M8082/3)

ICD-10-AM Index:Diabetes, diabetic:complicating pregnancy, childbirth or puerperium	Term	Revise	<b>Diabetes, diabetic</b> - complicating pregnancy, childbirth or puerperium (maternal) O24.- - - affecting fetus or newborn P70.1 - <del>eoma</del> — <i>continued</i> - - arising in pregnancy O24.4- - - - affecting fetus or newborn P70.0 - - gestational O24.4- - - - affecting fetus or newborn P70.0	<b>Diabetes, diabetic</b> - complicating pregnancy, childbirth or puerperium (maternal) O24.- - - affecting fetus or newborn P70.1 - <u>complicating pregnancy, childbirth or puerperium</u> — <i>continued</i> - - arising in pregnancy O24.4- - - - affecting fetus or newborn P70.0 - - gestational O24.4- - - - affecting fetus or newborn P70.0
ICD-10-AM Index:Injury:superficial:upper limb:with other body regions	Code	Revise	T00.8-	T00.8
ICD-10-AM Index:Paterson(-Brown)-Kelly syndrome	Term	Add main term	<b>Paterson(-Brown)-Kelly syndrome</b> D50.1 - fire-setting F63.1 - gambling F63.0 - ovum O02.0 - stealing F63.2	<b>Paterson(-Brown)-Kelly syndrome</b> D50.1 <b>Pathological</b> - fire-setting F63.1 - gambling F63.0 - ovum O02.0 - stealing F63.2
ICD-10-AM Index:Table of drugs and chemical	Term	Revise	Quaternary ammonium	Quaternary ammonium
ACHI Tab List:463:97434-00	Inclusional	Revise	Debridement and filling, <del>per</del> apical end of root canal	Debridement and filling apical end of root canal
ACHI Index:Angiography:heart	See	Revise	— <del>see <i>Angiocardiography</i></del>	— <del>see <i>Angiography, coronary</i></del>
ACHI Index:Application:calipers	Terms	Revise, insert extra dash	<b>Application</b> - calipers ( <del>skull</del> ) ( <del>tongs</del> ) 47705-00 [6] - - with - - - closed reduction of spinal fracture/dislocation (without spinal cord pathology) 47690-00 [1387] - - - - involving spinal cord pathology 47693-00 [1387] - - - immobilisation of spinal fracture/dislocation (without spinal cord pathology) 47684-00 [1381] - - - - involving spinal cord pathology 47687-00 [1381] - cast (fibreglass) (plaster) (plastic) 96092-00 [1870]	<b>Application</b> - calipers - - <u>skull (tongs) 47705-00 [6]</u> - - - with - - - - closed reduction of spinal fracture/dislocation (without spinal cord pathology) 47690-00 [1387] - - - - involving spinal cord pathology 47693-00 [1387] - - - immobilisation of spinal fracture/dislocation (without spinal cord pathology) 47684-00 [1381] - - - - involving spinal cord pathology 47687-00 [1381] - cast (fibreglass) (plaster) (plastic) 96092-00 [1870]
ACHI Index:Arthrodesis	NEC	Add	<b>Arthrodesis</b> (with fixation device) 50109-00 [1571]	<b>Arthrodesis</b> (with fixation device) <u>NEC</u> 50109-00 [1571]

ACHI Index:Attachment:veneer, dental:direct	See also	Delete	<b>Attachment</b> - veneer, dental - - with recementing 97651-00 [472] - - direct ( <del>see also Bonding, veneer, to surface of tooth, direct</del> ) 97582-01 [469] - - indirect 97583-01 [469]	<b>Attachment</b> - veneer, dental - - with recementing 97651-00 [472] - - direct 97582-01 [469] - - indirect 97583-01 [469]
ACHI Index:Autograft:bone:with intercalary reconstruction:and en bloc resection of lesion (tumour) affecting long bone	Code	Revise	<b>Autograft</b> - bone — <i>see also Graft, bone</i> - - with intercalary reconstruction - - - and en bloc resection of lesion (tumour) affecting long bone - - - - arm (humerus) (radius) (ulna) 50215-04 [1575] - - - - leg (femur) (fibula) (tibia) 50215-04 [1575] - - anatomic specific	<b>Autograft</b> - bone — <i>see also Graft, bone</i> - - with intercalary reconstruction - - - and en bloc resection of lesion (tumour) affecting long bone - - - - arm (humerus) (radius) (ulna) 50215-02 [1575] - - - - leg (femur) (fibula) (tibia) 50215-05 [1575] - - anatomic specific
ACHI Index:Banding:artery	See also	Revise	— <i>see also Ligation, vein</i>	— <i>see also Ligation, artery</i>
ACHI Index:Construction:immobilisation device	Term	Add	<b>Construction</b> — <i>see also Formation</i> - immobilisation device	<b>Construction</b> — <i>see also Formation</i> - immobilisation device <u>for radiotherapy</u>
ACHI Index:Cystoscopy:with:excision:lesion:retrograde pyelography	Terms	Delete	<b>Cystoscopy</b> - with - - excision - - - lesion - - - - prostate 37224-01[1162] - - - - <del>retrograde pyelography (bilateral) 36818-01 [1066]</del> - - - - <del>unilateral 36818-00 [1066]</del> - - extraction of calculus (stone) 36863-00 [1096]	<b>Cystoscopy</b> - with - - excision - - - lesion - - - - prostate 37224-01[1162] - - extraction of calculus (stone) 36863-00 [1096]
ACHI Index:Division:artery	Term	Revise	<b>Division</b> (freeing) - artery 34106-14 [697] - - for aneurysm — <i>see Ligation, aneurysm</i> - - axillary 34103-11 [697] - - brachial 34106-10 [697] - - <del>adhesions</del> — <i>continued</i> - - cardiac collateral (open) 38700-03 [691] - - - percutaneous (closed) 38700-02 [691] - - carotid 34100-02 [697] - - cervical 34106-14 [697] - - ethmoidal 41725-00 [697] - - facial 52141-01 [697] - - femoral 34103-12 [697]	<b>Division</b> (freeing) - artery 34106-14 [697] - - for aneurysm — <i>see Ligation, aneurysm</i> - - axillary 34103-11 [697] - - brachial 34106-10 [697] - - <u>artery</u> — <i>continued</i> - - cardiac collateral (open) 38700-03 [691] - - - percutaneous (closed) 38700-02 [691] - - carotid 34100-02 [697] - - cervical 34106-14 [697] - - ethmoidal 41725-00 [697] - - facial 52141-01 [697] - - femoral 34103-12 [697]
ACHI Index:Division:artery:femoral	Code	Revise	<b>Division</b> (freeing) - artery 34106-14 [697] - - carotid 34100-02 [697] - - cervical 34106-14 [697] - - ethmoidal 41725-00 [697] - - facial 52141-01 [697] - - femoral 34103-42 [697]	<b>Division</b> (freeing) - artery 34106-14 [697] - - carotid 34100-02 [697] - - cervical 34106-14 [697] - - ethmoidal 41725-00 [697] - - facial 52141-01 [697] - - femoral 34103-13 [697]

ACHI Index:Drainage:cyst:vulva:Bartholin's gland	Code	Revise	<b>Drainage</b> - cyst - - vulva 90446-00 [ <b>1290</b> ] - - - Bartholin's gland <del>35520-00</del> [ <b>1290</b> ]	<b>Drainage</b> - cyst - - vulva 90446-00 [ <b>1290</b> ] - - - Bartholin's gland <u>35513-00</u> [ <b>1293</b> ]
ACHI Index:Endoscopy, endoscopic:thorax	NEC Code and Block See	Delete Delete  Add	<b>Endoscopy, endoscopic</b> (double balloon) — <i>see also Panendoscopy</i> - thorax <del>NEC 38421-01</del> [ <b>554</b> ]	<b>Endoscopy, endoscopic</b> (double balloon) — <i>see also Panendoscopy</i> - thorax — <i>see Thoracoscopy</i>
ACHI Index:Exploration:mediastinum:via:mediastinotomy:with thymectomy	Code	Revise	<b>Exploration</b> — <i>see also Examination and Incision, by site</i> - mediastinum - - performed with any other procedure on respiratory system — <i>omit code</i> - - via - - - cervical route (with biopsy) 38448-00 [ <b>561</b> ] - - - mediastinotomy 30320-00 [ <b>561</b> ] - - - - with thymectomy <del>30320-04</del> [ <b>128</b> ] - middle ear 41629-00 [ <b>307</b> ]	<b>Exploration</b> — <i>see also Examination and Incision, by site</i> - mediastinum - - performed with any other procedure on respiratory system — <i>omit code</i> - - via - - - cervical route (with biopsy) 38448-00 [ <b>561</b> ] - - - mediastinotomy 30320-00 [ <b>561</b> ] - - - - with thymectomy <u>38446-04</u> [ <b>128</b> ] - middle ear 41629-00 [ <b>307</b> ]
ACHI Index:Sampling:lymph node:for staging of malignancy:gynaecological	Term	Revise, insert extra dash	<b>Sampling</b> - lymph node - - for staging of malignancy - - - gynaecological - - - intra-abdominal (laparoscopic) 35723-00 [ <b>810</b> ] - - - - via laparotomy 35723-01 [ <b>810</b> ] - - - para-aortic (laparoscopic) 35723-02 [ <b>810</b> ] - - - - via laparotomy 35723-03 [ <b>810</b> ] - - - pelvic cavity (laparoscopic) 35723-00 [ <b>810</b> ] - - - - via laparotomy 35723-01 [ <b>810</b> ] - - - retroperitoneal (laparoscopic) 35723-00 [ <b>810</b> ] - - - - via laparotomy 35723-01 [ <b>810</b> ] - - - lymphoma 30384-00 [ <b>985</b> ] - - axillary 30332-00 [ <b>808</b> ]	<b>Sampling</b> - lymph node - - for staging of malignancy - - - gynaecological - - - - intra-abdominal (laparoscopic) 35723-00 [ <b>810</b> ] - - - - via laparotomy 35723-01 [ <b>810</b> ] - - - para-aortic (laparoscopic) 35723-02 [ <b>810</b> ] - - - - via laparotomy 35723-03 [ <b>810</b> ] - - - pelvic cavity (laparoscopic) 35723-00 [ <b>810</b> ] - - - - via laparotomy 35723-01 [ <b>810</b> ] - - - retroperitoneal (laparoscopic) 35723-00 [ <b>810</b> ] - - - - via laparotomy 35723-01 [ <b>810</b> ] - - - lymphoma 30384-00 [ <b>985</b> ] - - axillary 30332-00 [ <b>808</b> ]

	<b>0020 BILATERAL/MULTIPLE PROCEDURES</b>																									
<div>P44</div> <div>Revise</div>	<div><b>EXAMPLE 4:</b> Excision of lesions from eyelid (1) and nose (1) and neck (2).</div> <div><div>Code:</div><div>31230-00 [1620]</div><div>Excision of lesion(s) of skin and subcutaneous tissue of eyelid</div></div> <div><div>31230-01 [1620]</div><div>Excision of lesion(s) of skin and subcutaneous tissue of nose</div></div> <div><div>31235-00<u>1</u> [1620]</div><div>Excision of lesion(s) of skin and subcutaneous tissue of neck</div></div>																									
	<b>0104 VIRAL HEPATITIS</b>																									
<div>P67</div> <div>Delete</div> <div>Add</div>	<table><tr><th colspan="3">Classification</th></tr><tr><th>Viral hepatitis/type</th><th>Code/description</th><th>General Issues</th></tr><tr><td rowspan="3">Hepatitis A</td><td>B15.0    <i>Hepatitis A with hepatic coma</i></td><td><ul style="list-style-type: none"><li>Neither a past history of hepatitis A nor a carrier status is coded.</li></ul></td></tr><tr><td>B15.9    <i>Hepatitis A without hepatic coma</i></td><td rowspan="2"><ul style="list-style-type: none"><li>O98.4 is assigned where hepatitis A complicates the pregnancy, childbirth or puerperium (along with an additional code of either B15.0 or B15.9 to specify the type of hepatitis).</li></ul></td></tr><tr><td>O98.4    <i>Viral hepatitis complicating pregnancy, childbirth and the puerperium</i></td></tr><tr><td rowspan="5">Hepatitis B</td><td>B16.-    <i>Acute hepatitis B</i></td><td rowspan="5"><ul style="list-style-type: none"><li>When 'history of hepatitis B' is documented, it should not be assumed that the patient is a carrier of hepatitis B and therefore Z22.51 is <b>not</b> coded.</li><li>Documentation of 'hepatitis B positive' or 'hepatitis B carrier' without any indication of an infectious process should be coded to Z22.51.</li><li>O98.4 is assigned where acute or chronic hepatitis B complicates the pregnancy, childbirth or puerperium (along with an additional code from B16 or B18 to specify the type of hepatitis). If the obstetric patient is a carrier assign Z22.51.</li></ul></td></tr><tr><td>B18.0    <i>Chronic viral hepatitis B with delta-agent</i></td></tr><tr><td>B18.1    <i>Chronic viral hepatitis B without delta-agent</i></td></tr><tr><td>O98.4    <i>Viral hepatitis complicating pregnancy, childbirth and the puerperium</i></td></tr><tr><td>Z22.51    <i>Carrier of viral hepatitis B</i></td></tr><tr><td><del>B17.1    <i>Acute hepatitis C</i></del></td><td rowspan="4">Hepatitis C</td><td rowspan="4"><ul style="list-style-type: none"><li>When 'history of hepatitis C' is documented, coders should check with the clinician to determine if the patient still has signs of the disease. Where consultation is not possible, assign the code for carrier of viral hepatitis C (Z22.52).</li><li>When ambiguous terms such as 'hepatitis C' or 'hepatitis C positive' are recorded and the patient has <b>symptoms</b> of hepatitis C, coders should check with the clinician to determine if the disease is at the acute or chronic stage. Where consultation is not possible, assign the</li></ul></td></tr><tr><td>B18.2    <i>Chronic viral hepatitis C</i></td></tr><tr><td>O98.4    <i>Viral hepatitis complicating pregnancy, childbirth and the puerperium</i></td></tr><tr><td>Z22.52    <i>Carrier of viral hepatitis C</i></td></tr></table>	Classification			Viral hepatitis/type	Code/description	General Issues	Hepatitis A	B15.0 <i>Hepatitis A with hepatic coma</i>	<ul style="list-style-type: none"><li>Neither a past history of hepatitis A nor a carrier status is coded.</li></ul>	B15.9 <i>Hepatitis A without hepatic coma</i>	<ul style="list-style-type: none"><li>O98.4 is assigned where hepatitis A complicates the pregnancy, childbirth or puerperium (along with an additional code of either B15.0 or B15.9 to specify the type of hepatitis).</li></ul>	O98.4 <i>Viral hepatitis complicating pregnancy, childbirth and the puerperium</i>	Hepatitis B	B16.- <i>Acute hepatitis B</i>	<ul style="list-style-type: none"><li>When 'history of hepatitis B' is documented, it should not be assumed that the patient is a carrier of hepatitis B and therefore Z22.51 is <b>not</b> coded.</li><li>Documentation of 'hepatitis B positive' or 'hepatitis B carrier' without any indication of an infectious process should be coded to Z22.51.</li><li>O98.4 is assigned where acute or chronic hepatitis B complicates the pregnancy, childbirth or puerperium (along with an additional code from B16 or B18 to specify the type of hepatitis). If the obstetric patient is a carrier assign Z22.51.</li></ul>	B18.0 <i>Chronic viral hepatitis B with delta-agent</i>	B18.1 <i>Chronic viral hepatitis B without delta-agent</i>	O98.4 <i>Viral hepatitis complicating pregnancy, childbirth and the puerperium</i>	Z22.51 <i>Carrier of viral hepatitis B</i>	<del>B17.1    <i>Acute hepatitis C</i></del>	Hepatitis C	<ul style="list-style-type: none"><li>When 'history of hepatitis C' is documented, coders should check with the clinician to determine if the patient still has signs of the disease. Where consultation is not possible, assign the code for carrier of viral hepatitis C (Z22.52).</li><li>When ambiguous terms such as 'hepatitis C' or 'hepatitis C positive' are recorded and the patient has <b>symptoms</b> of hepatitis C, coders should check with the clinician to determine if the disease is at the acute or chronic stage. 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				<p>code for chronic viral hepatitis C (B18.2).</p> <ul style="list-style-type: none"><li>When the patient is <b>asymptomatic</b> and ambiguous terms such as 'hepatitis C' or 'hepatitis C positive' are recorded, assign the code for carrier of viral hepatitis C (Z22.52).</li><li>O98.4 is assigned where acute or chronic hepatitis C complicates the pregnancy, childbirth or puerperium (along with either B17.1 or B18.2 to specify the type of hepatitis). If the obstetric patient is a carrier assign Z22.52.</li></ul>
		<b>0731</b>	<b>CORNEAL GRAFT REJECTION OR FAILURE</b>	
<i>P138</i>	<p>Corneal grafts are surgical procedures where a scarred or diseased cornea is replaced with clear corneal tissue from a donor or from the patient. Alternative terms are corneal transplant and keratoplasty. Typically, corneal graft failure involves the presence of corneal oedema (H18.2) and this can occur in an eye that is phakic (crystalline lens still present), aphakic or pseudophakic. The cornea may reject because of inflammation, for example, intraocular uveitis (H20.-), endophthalmitis (H44.0, H44.1) or ocular surface or corneal inflammation (keratitis) (H16.-). Corneal grafts may also fail just because of the presence of an intraocular lens (Z96.1).</p> <p>Corneal grafts that fail (the cells just do not function adequately) or reject (an immune mediated loss of cells), for any reason other than inflammation or infection, should be coded to T85.3 <i>Mechanical complication of other ocular prosthetic devices, implants and grafts</i>.</p> <p>Corneal graft <u>rejection or failure</u> due to inflammation or infection should be assigned code T85.78 <i>Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts</i>.</p> <p>Additional diagnoses associated with corneal graft rejection or failure should be coded in addition to T85.3 and T85.78. For example:</p> <p>H44.(0, 1) <i>Endophthalmitis</i> H20.- <i>Iridocyclitis</i> H16.- <i>Keratitis</i> H18.2 <i>Other corneal oedema</i> Z96.1 <i>Presence of intraocular lens</i></p>			
<i>Add</i>				

## STANDARDS INDEX

### E

#### Endoscopy 0023, **45**

- for gastrointestinal bleeding 1103, ~~185~~**177**
- of ileum 0024, **45**
- panendoscopy 0024, **45**

#### Entropion 0741, **138**

### H

#### Haematuria syndrome 1429, **198**

#### Haemodilution 0733, **138**

#### Haemorrhage

- gastrointestinal 1103, **177**
- intracerebral/subarachnoid 0604, **125**

#### Haemorrhoid

- banding ~~0604~~**0942**, **166**

#### Haig-Ferguson forceps 1534, **219**



## Instructions

Errata for ICD-10-AM Tabular List, ICD-10-AM Alphabetic Index, ACHI Tabular List and ACHI Alphabetic Index are produced from a database. This has resulted in the format shown below. Each row represents an item/change to be made and contains the following information necessary to complete the errata item.

### Tabular/Index Entry

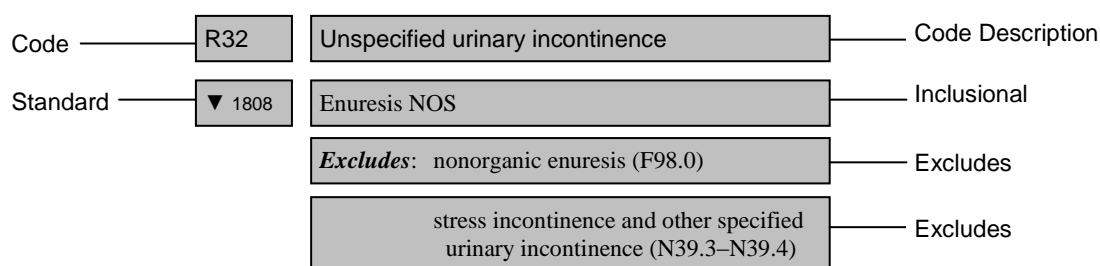
The Tabular Entry (Block:code) or Index Entry (Main term:subterm) to which the errata item applies. For example:

ICD-10-AM Tab List:R02	ICD-10-AM Tabular List, Code R02
ACHI Tab List:1886:34533-00	ACHI Tabular List, Block 1886, Code 34533-00
ACHI Index:Revision:device:infusion, implantable spinal	ACHI Alphabetic Index,      Revision - device - - infusion, implantable spinal

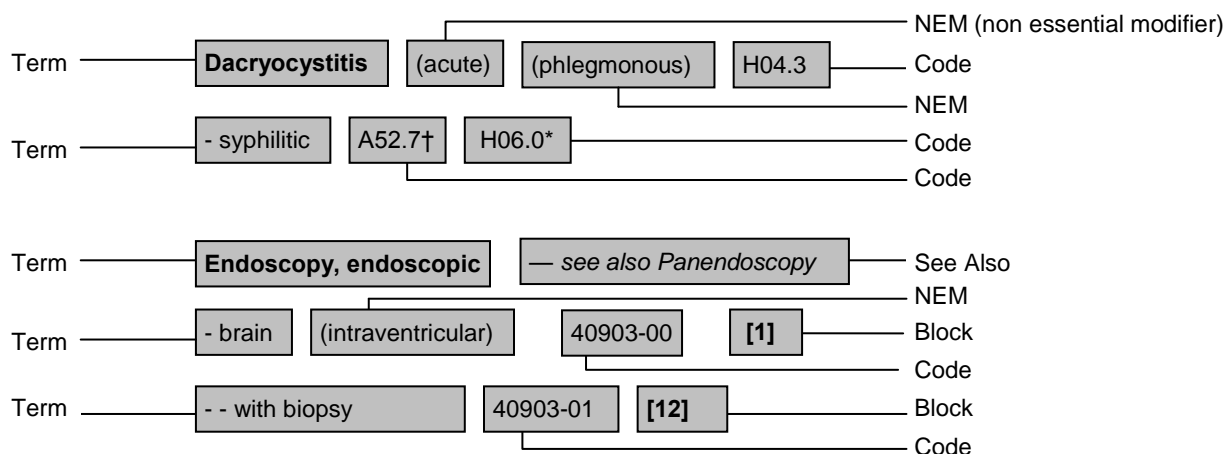
### Note Type

The part of the Tabular or Index Entry to which the errata item applies. To use this errata, it is important to think of a Tabular Entry and an Index Entry as being composed of separate elements as shown in the examples below.

#### Tabular Entry



#### Index Entry



### Instruction

Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Index:Complications:umbilical cord	Term	Add		- - velamentous insertion

indicates a term to be added at:

**Complications**  
- umbilical cord  
- - velamentous insertion

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ACHI Index:Revision:device:port, implantable vascular access	Term	Delete*	- - port, implantable vascular access	

indicates a term to be deleted at:

**Revision**  
- device  
- - port, implantable-vascular-access

\*A 'Delete' instruction followed by an asterisk (\*) indicates that there are subterms to be deleted as a result of this deletion. In the example given above, subterms and notes to be consequently deleted are:

It should be assumed that if a Tabular 'Code' or an Index 'Term' is deleted, all its accompanying notes ('Code Description', 'Include', 'Exclude', 'NEM', 'Code', 'Block', 'See Also', etc) need to be deleted.

- - - for infusion of agents via catheter  
- - - central venous (CVC) 34530-00 [766]  
- - - spinal 39126-00 [56]  
- - - venous 34530-00 [766]

### Existing Value

The text of the entry before the errata change. For an 'Add' instruction, this field will be blank.

### New Value

The text of the entry after the errata change. For a 'Delete' instruction, this field will be blank.



Code or term to which the change applies	Part of the code/term to which the change applies	Type of change to be made	Text before making the change	Text after making the change
Tabular/Index Entry	Type	Instruction	Existing Value	New Value
ICD-10-AM Tab List:I97.1	Standard No	Add		0936
ICD-10-AM Index:Arthropathy:in:leukaemia	Dagger Code	Revise	C95.9+	C95.9-+
ICD-10-AM Index:Leukaemia:myeloid:acute:with:prior myelodysplastic syndrome	Code	Revise	C92.0-	C92.8-
ICD-10-AM Index:Leukaemia:myeloid:acute:11q23 abnormalities	Code	Revise	C92.0-	C92.6-
ICD-10-AM Index:Lymphoma:T-cell:lymphoblastic	Morphology	Revise	M9837/3	M9729/3
ICD-10-AM Index:Nutmeg liver	Term	Revise	<b>Nutmeg liver</b> K76.1 <b>Nutrient element deficiency</b> E61.9 - specified NEC E61.8	<b>Nutmeg liver</b> K76.1 <b>Nutrient element deficiency</b> E61.9 - specified NEC E61.8
ICD-10-AM Index:Index to external causes: Fall, falling:involving:scooter(s): nonpowered	Code	Revise	W02.9	W02.6
ACHI Tab List:43:39130-00	Inclusional	Revise	Percutaneous: tunneling of epidural electrodes	Percutaneous: tunnelling of epidural electrodes
ACHI Tab List:663:90219-00	Standard No	Add		0936
ACHI Index:Drainage:ear:inner:endolymphatic sac	NEMs & Code	Add & Revise	<b>Drainage</b> - ear - - inner - - - endolymphatic sac - - - - with <del>decompression</del> 41590-01 [330]	<b>Drainage</b> - ear - - inner - - - endolymphatic sac (without shunt) 41590-00 [330] - - - - with <u>shunt</u> 41590-01 [330]
ACHI Index:Drainage:endolymphatic sac	NEMs & Code	Add & Revise	<b>Drainage</b> - endolymphatic sac - - with <del>decompression</del> 41590-01 [330]	<b>Drainage</b> - endolymphatic sac ( <u>without shunt</u> ) 41590-00 [330] - - with <u>shunt</u> 41590-01 [330]
ACHI Index:Meniscectomy:knee:arthroscopic:with:osteoplasty:and	Codes	Revise	<b>Meniscectomy</b> - knee (open) (total) 49503-00 [1505] - - arthroscopic (closed) (partial) (total) 49560-03 [1503] - - - with - - - - osteoplasty 49561-01 [1517] - - - - - and - - - - - implant (carbon fibre) 49561-02 [ <del>1511</del> ] - - - - - multiple drilling 49561-02 [ <del>1511</del> ] - - - marginal 49557-02 [1503]	<b>Meniscectomy</b> - knee (open) (total) 49503-00 [1505] - - arthroscopic (closed) (partial) (total) 49560-03 [1503] - - - with - - - - osteoplasty 49561-01 [1517] - - - - - and - - - - - implant (carbon fibre) 49562-01 [1517] - - - - - multiple drilling 49562-01 [1517] - - - marginal 49557-02 [1503]

ACHI Index:Procedure:for:hyperparathyroidism: exploration of mediastinum:with thymectomy	Code	Revise	<b>Procedure</b> - for - - hyperparathyroidism - - - exploration of mediastinum 30320-00 <b>[561]</b> - - - - with thymectomy <del>30320-04 [128]</del>	<b>Procedure</b> - for - - hyperparathyroidism - - - exploration of mediastinum 30320-00 <b>[561]</b> - - - - with thymectomy <u>38446-04 [128]</u>
ACHI Index:Radiography:elbow:with:upper forearm	Term	Revise	<b>Radiography</b> (diagnostic) 90909-00 <b>[1988]</b> - elbow 57506-01 <b>[1971]</b> - - with - - - contrast 59751-00 <b>[1985]</b> - - - humerus 57512-00 <b>[1971]</b> - - - upper arm 57512-00 <b>[1971]</b> <del>upper forearm 57512-04</del> <del><b>[1971]</b></del>	<b>Radiography</b> (diagnostic) 90909-00 <b>[1988]</b> - elbow 57506-01 <b>[1971]</b> - - with - - - contrast 59751-00 <b>[1985]</b> <u>- - - forearm 57512-01 [1971]</u> - - - humerus 57512-00 <b>[1971]</b> - - - upper arm 57512-00 <b>[1971]</b>
ACHI Index:Reduction:dislocation:calcaneum:int ra-articular	Term	Revise & add extra dashes	<b>Reduction</b> - dislocation (bone) (with cast) (with splint) - - calcaneum (calcaneus) (closed) 47609-06 <b>[1540]</b> - - - <del>with</del> internal fixation 47609-07 <b>[1540]</b> - - - intra-articular 47612-02 <b>[1540]</b> - - - - with internal fixation 47612-03 <b>[1540]</b>	<b>Reduction</b> - dislocation (bone) (with cast) (with splint) - - calcaneum (calcaneus) (closed) 47609-06 <b>[1540]</b> <u>- - - with</u> <u>- - - internal fixation 47609-07 [1540]</u> <u>- - - intra-articular <u>fracture</u></u> 47612-02 <b>[1540]</b> <u>- - - - with internal fixation</u> 47612-03 <b>[1540]</b>
ACHI Index:Reduction:dislocation:calcaneum:op en:intra-articular	Term Codes	Revise & add extra dashes	<b>Reduction</b> - dislocation (bone) (with cast) (with splint) - - calcaneum (calcaneus) (closed) 47609-06 <b>[1540]</b> - - - open 47615-04 <b>[1541]</b> - - - - <del>with</del> internal fixation 47615-05 <b>[1541]</b> - - - - intra-articular <del>47618-06</del> <b>[1541]</b> - - - - - with internal fixation <del>47618-07 [1541]</del> - - carpometacarpal joint (closed) 47030-02 <b>[1458]</b>	<b>Reduction</b> - dislocation (bone) (with cast) (with splint) - - calcaneum (calcaneus) (closed) 47609-06 <b>[1540]</b> - - - open 47615-04 <b>[1541]</b> <u>- - - - with</u> <u>- - - - internal fixation 47615-05 [1541]</u> <u>- - - - intra-articular <u>fracture</u></u> 47618-04 <b>[1541]</b> <u>- - - - - with internal fixation</u> 47618-05 <b>[1541]</b> - - carpometacarpal joint (closed) 47030-02 <b>[1458]</b>
ACHI Index:Removal:implant:eye	Term Code Block	Add Add Add	<b>Removal</b> — <i>see also Excision</i> - implant - - eye — <i>see also Removal,</i> <i>implant, orbital</i> - - - cornea, artificial 42644-04 <b>[167]</b> - - - lens, artificial (intraocular) 42704-00 <b>[194]</b> - - - - with replacement 42707-00 <b>[194]</b> - - - - - by posterior chamber insertion 42710-00 <b>[194]</b>	<b>Removal</b> — <i>see also Excision</i> - implant - - eye — <i>see also Removal,</i> <i>implant, orbital</i> - - - cornea, artificial 42644-04 <b>[167]</b> - - - lens, artificial (intraocular) 42704-00 <b>[194]</b> - - - - with replacement 42707-00 <b>[194]</b> - - - - - by posterior chamber insertion 42710-00 <b>[194]</b> <u>- - - posterior ocular segment</u> 42812-00 <b>[209]</b>

ACHI Index:Removal:prosthesis, prosthetic device:eye	Term	Revise	<b>Removal</b> — <i>see also Excision</i> - prosthesis, prosthetic device - - eye — <i>see Removal, implant</i> - - face 90606-00 [1661]	<b>Removal</b> — <i>see also Excision</i> - prosthesis, prosthetic device - - eye — <i>see Removal, implant, eye</i> - - face 90606-00 [1661]
ACHI Index:Reoperation:vein:coronary	Term Code Block	Delete Delete Delete	<b>Reoperation</b> - vein - - abdomen 35202-00 [763] <del>- - coronary (occluded) 38637-00 [680]</del> - - limb 35202-00 [763] - - neck 35202-00 [763]	<b>Reoperation</b> - vein - - abdomen 35202-00 [763] - - limb 35202-00 [763] - - neck 35202-00 [763]
ACHI Index:Repositioning:lamella, eyelid:lead(s)	Term	Delete	<b>Repositioning</b> - lamella, eyelid - - anterior 45626-00 [239] <del>- - lead(s) — <i>see Repositioning, electrode(s)</i></del> - - posterior, by - - - shortening of inferior retractors 42866-00 [239] - - - specified repair of inferior retractors NEC 42866-01 [239] - - - tightening of inferior retractors 42866-00 [239] - lead(s) — <i>see Repositioning, electrode(s)</i> - lens, artificial (intraocular) 42704-01 [203]	<b>Repositioning</b> - lamella, eyelid - - anterior 45626-00 [239] - - posterior, by - - - shortening of inferior retractors 42866-00 [239] - - - specified repair of inferior retractors NEC 42866-01 [239] - - - tightening of inferior retractors 42866-00 [239] - lead(s) — <i>see Repositioning, electrode(s)</i> - lens, artificial (intraocular) 42704-01 [203]

## AUSTRALIAN CODING STANDARDS

Pg137	<b>0701 CATARACT</b>
Revise	<p><b>Diabetic</b></p> <p>Cataracts in a diabetic patient should not be assumed to be diabetic unless specified as such.</p> <p>A ‘true’ diabetic cataract is assigned code E1-.36 <i>*Diabetes mellitus with diabetic cataract</i>, <del>whereas</del> <u>Whereas, appropriate codes for an early onset age-related cataract in diabetes mellitus are assigned E1-.39 <i>*Diabetes mellitus with other ophthalmic complication</i> and/or an appropriate code for the type of cataract assigned in accordance with ACS 0401 <i>Diabetes mellitus and impaired glucose regulation</i>. (See also ACS 0401 <i>Diabetes mellitus and impaired glucose regulation</i>.)</u></p>
Pg 146	<b>0909 CORONARY ARTERY BYPASS GRAFTS</b>
Revise	<p><b>EXAMPLE 1:</b> CABGX3 USING 1 Saphenous vein graft (SVG) 1 LIMA + SVG composite graft 1 LIMA + Radial artery composite graft</p> <p>Codes: <del>38947-00</del>38497-00 [672] <i>Coronary artery bypass, using 1 saphenous vein graft</i> 38503-05 [679] <i>Coronary artery bypass, using ≥ 2 composite grafts</i></p>
Pg161	<b>0940 ISCHAEMIC HEART DISEASE</b>
Revise	<p><b>Aneurysm of heart (I25.3) or coronary vessels<del>artery</del> (I25.4)</b></p> <p>An aneurysm is a sac formed by the dilatation of a wall of the heart or coronary vessels<del>artery</del>. 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.</p>

## 1438 CHRONIC KIDNEY DISEASE

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### EXAMPLE 6:

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 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.

Revise

<b>Codes:</b>	S72.03	Fracture of subcapital section of femur
	W10.9	Fall on and from <u>other and unspecified stairs and steps</u> <del>steps or stair</del>
	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 7:

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.

Revise

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

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### EXAMPLE 9:

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

Revise

<b>Principal diagnosis</b>	<b>Codes:</b>	N18.3	Chronic kidney disease, stage 3
<b>Additional diagnoses:</b>		E11.22	Type 2 diabetes mellitus with established diabetic nephropathy
		E11.72	Type 2 diabetes mellitus with features of insulin resistance
		I10	Essential (primary) hypertension



## Instructions

Errata for ICD-10-AM Tabular List, ICD-10-AM Alphabetic Index, ACHI Tabular List and ACHI Alphabetic Index are produced from a database. This has resulted in the format shown below. Each row represents an item/change to be made and contains the following information necessary to complete the errata item.

### Tabular/Index Entry

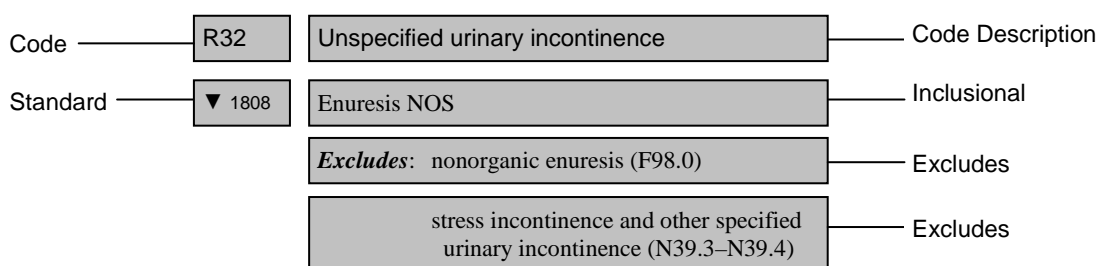
The Tabular Entry (Block:code) or Index Entry (Main term:subterm) to which the errata item applies. For example:

ICD-10-AM Tab List:R02	ICD-10-AM Tabular List, Code R02
ACHI Tab List:1886:34533-00	ACHI Tabular List, Block 1886, Code 34533-00
ACHI Index:Revision:device:infusion, implantable spinal	ACHI Alphabetic Index,      Revision - device - - infusion, implantable spinal

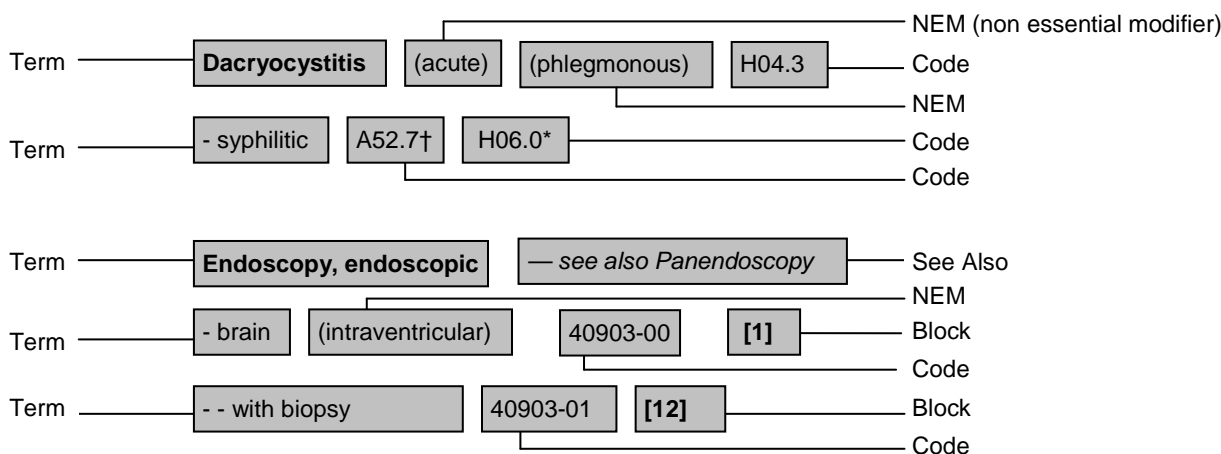
### Note Type

The part of the Tabular or Index Entry to which the errata item applies. To use this errata, it is important to think of a Tabular Entry and an Index Entry as being composed of separate elements as shown in the examples below.

#### Tabular Entry



#### Index Entry



### Instruction

Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Index:Complications:umbilical cord	Term	Add		- - velamentous insertion

indicates a term to be added at:

**Complications**  
- umbilical cord  
- - velamentous insertion

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ACHI Index:Revision:device:port, implantable vascular access	Term	Delete*	- - port, implantable vascular access	

indicates a term to be deleted at:

**Revision**  
- device  
~~- - port, implantable vascular access~~  
~~- - - for infusion of agents via catheter~~  
~~- - - central venous (CVC) 34530-00 [766]~~  
~~- - - spinal 39126-00 [56]~~  
~~- - - venous 34530-00 [766]~~

\*A 'Delete' instruction followed by an asterisk (\*) indicates that there are subterms to be deleted as a result of this deletion. In the example given above, subterms and notes to be consequently deleted are:

It should be assumed that if a Tabular 'Code' or an Index 'Term' is deleted, all its accompanying notes ('Code Description', 'Include', 'Exclude', 'NEM', 'Code', 'Block', 'See Also', etc) need to be deleted.

### Existing Value

The text of the entry before the errata change. For an 'Add' instruction, this field will be blank.

### New Value

The text of the entry after the errata change. For a 'Delete' instruction, this field will be blank.



Code or term to which the change applies	Part of the code/term to which the change applies	Type of change to be made	Text before making the change	Text after making the change
Tabular/Index Entry	Type	Instruction	Existing Value	New Value
ICD-10-AM Tab List:A60.0	Inclusion term	Revise	Herpesviral infection of genital tract: • male+ (N51.-*)	Herpesviral infection of genital tract: • male+ (N51.8*)
ICD-10-AM Tab List:C96.4	Inclusion term	Revise	<del>Interdigitating</del> dendritic cell } sarcoma	<u>Interdigitating</u> dendritic cell } sarcoma
ICD-10-AM Tab List:E09.72	Inclusion term	Revise	Impaired glucose regulation with one or more of the following: • acanthosis nigricans • dyslipidaemia (elevated fasting triglycerides and depressed HDL-cholesterol) • hyperinsulinism • <del>hypertension</del> • increased intra-abdominal visceral fat deposition • insulin resistance NOS • nonalcoholic fatty (change of) liver • obesity ( <del>meeting WHO or other recognised criteria</del> )	Impaired glucose regulation with one or more of the following <u>features</u> : • acanthosis nigricans • dyslipidaemia <u>characterised by</u> elevated fasting triglycerides <u>or</u> depressed HDL-cholesterol • hyperinsulinism • increased intra-abdominal visceral fat deposition • insulin resistance NOS • nonalcoholic fatty (change of) liver <u>disease (NAFLD)</u> • <u>nonalcoholic steatohepatitis (NASH)</u> • obesity ( <u>morbid</u> ) • <u>overweight</u>
ICD-10-AM Tab List:E09.72	Note	Add		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.
ICD-10-AM Tab List:E10.51	Excludes	Delete	Type I diabetes mellitus with peripheral angiopathy with foot ulcer (E10.73)	
ICD-10-AM Tab List:E10.52	Excludes	Delete	Type I diabetes mellitus with peripheral angiopathy with gangrene, with foot ulcer (E10.73)	
ICD-10-AM Tab List:E10.71	Inclusion term	Revise	Two or more of conditions classifiable to E10.2-, <del>E10.31</del> , <del>E10.35</del> , <del>E10.39</del> , E10.4-, E10.53 or E10.62	Two or more of conditions classifiable to E10.2-, <u>E10.3</u> -, E10.4-, E10.53 or E10.62
ICD-10-AM Tab List:E11.51	Excludes	Delete	Type 2 diabetes mellitus with peripheral angiopathy with foot ulcer (E11.73)	
ICD-10-AM Tab List:E11.52	Excludes	Delete	Type 2 diabetes mellitus with peripheral angiopathy with gangrene, with foot ulcer (E11.73)	
ICD-10-AM Tab List:E11.71	Inclusion term	Revise	Two or more of conditions classifiable to E11.2-, <del>E11.31</del> , <del>E11.35</del> , <del>E11.39</del> , E11.4-, E11.53 or E11.62	Two or more of conditions classifiable to E11.2-, <u>E11.3</u> -, E11.4-, E11.53 or E11.62



ICD-10-AM Tab List:E11.72	Inclusion term	Revise	Type 2 diabetes mellitus with one or more of the following: <ul style="list-style-type: none"> <li>• acanthosis nigricans</li> <li>• dyslipidaemia (elevated fasting triglycerides <del>and</del> depressed HDL-cholesterol)</li> <li>• hyperinsulinism</li> <li>• <del>hypertension</del></li> <li>• increased intra-abdominal visceral fat deposition</li> <li>• insulin resistance NOS</li> <li>• nonalcoholic fatty (change of) liver</li> <li>• obesity (<del>meeting WHO or other recognised criteria</del>)</li> </ul>	Type 2 diabetes mellitus with one or more of the following <u>features</u> : <ul style="list-style-type: none"> <li>• acanthosis nigricans</li> <li>• dyslipidaemia <u>characterised by</u> elevated fasting triglycerides <u>or</u> depressed HDL-cholesterol</li> <li>• hyperinsulinism</li> <li>• increased intra-abdominal visceral fat deposition</li> <li>• insulin resistance NOS</li> <li>• nonalcoholic fatty (change of) liver <u>disease (NAFLD)</u></li> <li>• <u>nonalcoholic steatohepatitis (NASH)</u></li> <li>• obesity (<u>morbid</u>)</li> <li>• <u>overweight</u></li> </ul>
ICD-10-AM Tab List:E11.72	Note	Add		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.
ICD-10-AM Tab List:E13.51	Excludes	Delete	diabetes mellitus NEC with peripheral angiopathy with foot ulcer (E13.73)	
ICD-10-AM Tab List:E13.52	Excludes	Delete	diabetes mellitus NEC with peripheral angiopathy with gangrene, with foot ulcer (E13.73)	
ICD-10-AM Tab List:E13.71	Inclusion term	Revise	Two or more of conditions classifiable to E13.2-, <del>E13.31-</del> <del>E13.35</del> , <del>E13.39</del> , E13.4-, E13.53 or E13.62	Two or more of conditions classifiable to E13.2-, <u>E13.3-</u> , E13.4-, E13.53 or E13.62
ICD-10-AM Tab List:E13.72	Inclusion term	Revise	Other specified diabetes mellitus with one or more of the following: <ul style="list-style-type: none"> <li>• acanthosis nigricans</li> <li>• dyslipidaemia (elevated fasting triglycerides <del>and</del> depressed HDL-cholesterol)</li> <li>• hyperinsulinism</li> <li>• <del>hypertension</del></li> <li>• increased intra-abdominal visceral fat deposition</li> <li>• insulin resistance NOS</li> <li>• nonalcoholic fatty (change of) liver</li> <li>• obesity (<del>meeting WHO or other recognised criteria</del>)</li> </ul>	Other specified diabetes mellitus with one or more of the following <u>features</u> : <ul style="list-style-type: none"> <li>• acanthosis nigricans</li> <li>• dyslipidaemia <u>characterised by</u> elevated fasting triglycerides <u>or</u> depressed HDL-cholesterol</li> <li>• hyperinsulinism</li> <li>• increased intra-abdominal visceral fat deposition</li> <li>• insulin resistance NOS</li> <li>• nonalcoholic fatty (change of) liver <u>disease (NAFLD)</u></li> <li>• <u>nonalcoholic steatohepatitis (NASH)</u></li> <li>• obesity (<u>morbid</u>)</li> <li>• <u>overweight</u></li> </ul>
ICD-10-AM Tab List:E13.72	Note	Add		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.
ICD-10-AM Tab List:E14.51	Excludes	Delete	diabetes mellitus NOS with peripheral angiopathy with foot ulcer (E14.73)	
ICD-10-AM Tab List:E14.52	Excludes	Delete	diabetes mellitus NOS with peripheral angiopathy with gangrene, with foot ulcer (E14.73)	
ICD-10-AM Tab List:E14.71	Inclusion term	Revise	Two or more of conditions classifiable to E14.2-, <del>E14.31-</del> <del>E14.35</del> , <del>E14.39</del> , E14.4-, E14.53 or E14.62	Two or more of conditions classifiable to E14.2-, <u>E14.3-</u> , E14.4-, E14.53 or E14.62

ICD-10-AM Tab List:E14.72	Inclusion term	Revise	Unspecified diabetes mellitus with one or more of the following: • acanthosis nigricans • dyslipidaemia ( <del>elevated</del> fasting triglycerides <del>and</del> depressed HDL-cholesterol) • hyperinsulinism • <del>hypertension</del> • increased intra-abdominal visceral fat deposition • insulin resistance NOS • nonalcoholic fatty (change of) liver • obesity ( <del>meeting WHO or other recognised criteria</del> )	Unspecified diabetes mellitus with one or more of the following <u>features</u> : • acanthosis nigricans • dyslipidaemia <u>characterised by</u> elevated fasting triglycerides <u>or</u> depressed HDL-cholesterol • hyperinsulinism • increased intra-abdominal visceral fat deposition • insulin resistance NOS • nonalcoholic fatty (change of) liver <u>disease (NAFLD)</u> • <u>nonalcoholic steatohepatitis (NASH)</u> • obesity ( <u>morbid</u> ) • <u>overweight</u>
ICD-10-AM Tab List:E14.72	Note	Add		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.
ICD-10-AM Tab List:I32.0*	Inclusion term	Revise	Pericarditis: • tuberculous (A18.5+)	Pericarditis: • tuberculous (A18.8+)
ICD-10-AM Tab List:M80.9	Range	Add		[0–9]
ICD-10-AM Tab List:M89.6	Excludes	Add		postpolio syndrome (G14)
ICD-10-AM Tab List:P70.0	Standard No	Delete	0401	
ICD-10-AM Tab List:P70.1	Standard No	Delete	0401	
ICD-10-AM Tab List:P78.3	Excludes	Revise	infectious <del>and unspecified</del> neonatal diarrhoea (A09.-)	infectious neonatal diarrhoea (A09.0)
ICD-10-AM Tab List:CHAPTER 17: CONGENITAL MALFORMATIONS OF EYE, EAR, FACE AND NECK(Q10–Q18)	Excludes	Revise	congenital malformation of: • cervical spine (Q05.0-, Q05.5-, Q67.5, Q76.0–Q76.4-)	congenital malformation of: • cervical spine (Q05.0-, Q05.5-, <u>Q67.5-</u> , Q76.0–Q76.4-)
ICD-10-AM Tab List:Q20	Excludes	Revise	dextrocardia with situs inversus (Q89.3)	dextrocardia with situs inversus (Q89.31)
ICD-10-AM Tab List:Q20	Excludes	Revise	mirror-image atrial arrangement with situs inversus (Q89.3)	mirror-image atrial arrangement with situs inversus (Q89.32)
ICD-10-AM Tab List:Q62.34	Inclusion term	Delete	Congenital ureterocele NOS	
ICD-10-AM Tab List:Q73.89	Inclusion term	Revise	Ectromelia <del>NOS</del> } of limb(s) NOS	Ectromelia } of limb(s) NOS
ICD-10-AM Tab List:Q73.89	Inclusion term	Revise	Hemimelia <del>NOS</del> } of limb(s) NOS	Hemimelia } of limb(s) NOS
ICD-10-AM Tab List:Q73.89	Inclusion term	Add		Micromelia } of limb(s) NOS
ICD-10-AM Tab List:R14	Excludes	Revise	psychogenic aerophagy (F45.3-)	psychogenic aerophagy (F45.32–F45.33)
ICD-10-AM Tab List:T11.1	Use additional	Add		<i>Use additional code T89.0- to indicate open wounds with complications of foreign body, infection and delayed healing/treatment.</i>
ICD-10-AM Tab List:T81.0	Excludes	Revise	Haemorrhage due to or associated with prosthetic devices, implants and grafts (T82.8, T83.8, T84.8, T85.8)	Haemorrhage due to or associated with prosthetic devices, implants and grafts (T82.8, T83.8, T84.8, T85.8-)
ICD-10-AM Tab List:Y92.2	Excludes	Revise	building under construction (Y92.6) residential institution (Y92.1) sports and athletics area (Y92.3)	building under construction (Y92.6-) residential institution (Y92.1-) sports and athletics area (Y92.3- )

ICD-10-AM Tab List:Z45.1	Excludes	Add		that for pharmacotherapy for neoplasm (Z51.1)
ICD-10-AM Tab List:Z87.5	Standard No	Delete	0401	
ICD-10-AM Tab List:Z92.22	Standard No	Delete	0401	
ICD-10-AM Index:Absence:toe(s):congenital:1st toe	Term	Add one dash	- - 1st toe	- - <u>1</u> st toe
ICD-10-AM Index:Anaemia:myelodysplastic	Term, NEMs, Morph code and Code	Add		- - therapy related (related to alkylating agent) (related to Epipodophyllotoxin) (M9987/3) D46.7
ICD-10-AM Index:Anaemia:refractory	NEMs	Add	- refractory NEC (M9980/3) D46.4	- refractory <u>(related to alkylating agent) (related to Epipodophyllotoxin) (related to therapy)</u> NEC (M9980/3) D46.4
ICD-10-AM Index:Anaemia:refractory:with:sideroblasts, ringed	Term	Revise	- - - sideroblasts, ringed	- - - sideroblasts, ring
ICD-10-AM Index:Anaemia:refractory:without sideroblasts, ringed	Term	Revise	- - without sideroblasts, ringed	- - without sideroblasts, ring
ICD-10-AM Index:Bradycardia:fetal	See Term and Code	Revise Add	- fetal — <i>see Distress, fetal</i>	- fetal — <i>see also Distress, fetal</i> - - complicating labour and delivery O68.0
ICD-10-AM Index:Cirrhosis, cirrhotic:obstructive	NEMs	Add	- obstructive — <i>see Cirrhosis, biliary</i>	- obstructive <u>(intrahepatic) (secondary)</u> — <i>see Cirrhosis, biliary</i>
ICD-10-AM Index:Deformity:thumb:congenital	NEC	Add	- - congenital Q68.10	- - congenital <u>NEC</u> Q68.10
ICD-10-AM Index:Diabetes, diabetic:with:angiopathy, peripheral:with:foot ulcer	NEM and Code See	Delete Add	Diabetes, diabetic - with - - angiopathy, peripheral (without gangrene) E1-.51 - - - with - - - - foot ulcer ( <del>with gangrene</del> ) E1-.73	Diabetes, diabetic - with - - angiopathy, peripheral (without gangrene) E1-.51 - - - with - - - - foot ulcer — <i>see ACS 0401 Diabetes mellitus and intermediate hyperglycaemia, 6 Diabetic foot</i>
ICD-10-AM Index:Diabetes, diabetic:with:angiopathy, peripheral:with:gangrene:and foot ulcer	Code See	Delete Add	Diabetes, diabetic - with - - angiopathy, peripheral (without gangrene) E1-.51 - - - with - - - - gangrene E1-.52 - - - - - and foot ulcer <del>E1-.73</del>	Diabetes, diabetic - with - - angiopathy, peripheral (without gangrene) E1-.51 - - - with - - - - gangrene E1-.52 - - - - - and foot ulcer — <i>see ACS 0401 Diabetes mellitus and intermediate hyperglycaemia, 6 Diabetic foot</i>
ICD-10-AM Index:Diabetes, diabetic:with:	Term and See	Add		- - arterial disease, peripheral — <i>see Diabetes, diabetic, with, angiopathy, peripheral</i>
ICD-10-AM Index:Diabetes, diabetic:with:arthropathy:	NEM Term and Code Term and See	Add Delete Add	Diabetes, diabetic - with - - arthropathy E1-.61 — <del>neuropathic E1-.61</del>	Diabetes, diabetic - with - - arthropathy <u>(neuropathic)</u> E1-.61 - - - with foot ulcer — <i>see ACS 0401 Diabetes mellitus and intermediate hyperglycaemia, 6 Diabetic foot</i>
ICD-10-AM Index:Diabetes, diabetic:with:Charcot's arthropathy	Term and See	Add		- - - with foot ulcer — <i>see ACS 0401 Diabetes mellitus and intermediate hyperglycaemia, 6 Diabetic foot</i>

ICD-10-AM Index:Diabetes, diabetic:with:dyslipidaemia	See	Revise	— <i>see ACS 0401 Diabetes mellitus and <del>impaired glucose regulation, dyslipidaemia</del></i>	— <i>see ACS 0401 Diabetes mellitus and <u>intermediate hyperglycaemia, 3 DM and IH with features of insulin resistance</u></i>
ICD-10-AM Index:Diabetes, diabetic:with:gangrene:and peripheral angiopathy	Term Code See	Revise Delete Add	Diabetes, diabetic - with - - gangrene - - - <del>and</del> peripheral angiopathy E1-.52 - - - - and foot ulcer <del>E1-.73</del>	Diabetes, diabetic - with - - gangrene - - - <u>with</u> peripheral angiopathy E1-.52 - - - - and foot ulcer — <i>see ACS 0401 Diabetes mellitus and <u>intermediate hyperglycaemia, 6 Diabetic foot</u></i>
ICD-10-AM Index:Diabetes, diabetic:with:hypertension	Code See	Delete Add	<del>E1-.72</del>	— <i>see ACS 0401 Diabetes mellitus and <u>intermediate hyperglycaemia, 3 DM and IH with features of insulin resistance</u></i>
ICD-10-AM Index: Diabetes, diabetic:with:neuropathy:with foot ulcer	Code See	Delete Add	<del>E1-.73</del>	— <i>see ACS 0401 Diabetes mellitus and <u>intermediate hyperglycaemia, 6 Diabetic foot</u></i>
ICD-10-AM Index: Diabetes, diabetic:with:neuropathy:peripheral	NEC and Code	Add	- - - peripheral	- - - peripheral <u>NEC E1-.42</u>
ICD-10-AM Index: Diabetes, diabetic:with: neuropathy:polyneuropathy	Term, NEC and Code	Add		- - - - peripheral NEC E1-.42
ICD-10-AM Index:Diabetes, diabetic:with:obesity	See NEM and Code	Delete Add	- - obesity — <i>see ACS 0401 Diabetes mellitus and <u>impaired glucose regulation, obesity</u></i>	- - obesity ( <u>morbid</u> ) E1-.72
ICD-10-AM Index:Diabetes, diabetic:with:overweight	See Code	Delete Add	- - overweight — <i>see ACS 0401 Diabetes mellitus and <u>impaired glucose regulation, overweight</u></i>	- - overweight E1-.72
ICD-10-AM Index:Diabetes, diabetic:with:peripheral vascular disease:	NEM and Code See	Delete Add	- - peripheral vascular disease (PVD) ( <del>without gangrene</del> ) <del>E1-.54</del>	- - peripheral vascular disease (PVD) — <i>see Diabetes, diabetic, with, angiopathy, peripheral</i>
ICD-10-AM Index:Diabetes, diabetic:with:peripheral vascular disease:with gangrene	Term and Code	Delete	with gangrene E1-.52	
ICD-10-AM Index:Diabetes, diabetic:with:ulcer	Term See Terms	Revise Add Delete	Diabetes, diabetic - with - - ulcer E1-.69 - - - foot E1-.69 — <del>with peripheral angiopathy E1-.73</del> — <del>neuropathy E1-.73</del> - - - lower extremity E1-.69	Diabetes, diabetic - with - - ulcer, <u>skin</u> E1-.69 - - - foot ( <i>see also ACS 0401 Diabetes mellitus and <u>intermediate hyperglycaemia, 6 Diabetic foot</u></i> ) E1-.69 - - - lower extremity E1-.69
ICD-10-AM Index:Disease, diseased:heart	Terms	Revise	Disease, diseased - heart (organic) I51.9 - - amyloid E85.4+ I43.1* - - acyanotic heart Q24.9	Disease, diseased - heart (organic) I51.9 - - acyanotic heart Q24.9 - - amyloid E85.4+ I43.1*
ICD-10-AM Index: Disease, diseased:Recklinghausen's	Code	Revise	E21.0	Q85.0
ICD-10-AM Index: Disease, diseased:Recklinghausen's:bone	Code	Revise	Q85.0	E21.0
ICD-10-AM Index: Dislocation:elbow:prosthesis	Term	Delete*	- - prosthesis S73.0-	
ICD-10-AM Index:Failure, failed:kidney:with:hypertensive:heart disease:with heart failure:(congestive)	Term	Revise	Failure, failed - kidney N19 - - with - - - hypertensive - - - - heart disease (conditions in I11) I13.1 - - - - - with heart failure ( <del>congestive</del> ) I13.2	Failure, failed - kidney N19 - - with - - - hypertensive - - - - heart disease (conditions in I11) I13.1 - - - - - with heart failure ( <u>congestive</u> ) I13.2

ICD-10-AM Index:Fibroid:uterus	See also	Add	- uterus D25.-	- uterus ( <i>see also Leiomyoma</i> ) D25.-
ICD-10-AM Index:Fitting:device:vascular access	NEMs	Add	- - vascular access Z45.2	- - vascular access ( <u>infusion port</u> ) (Port-A-Cath) (reservoir) Z45.2
ICD-10-AM Index:Fitting:vascular access device	NEMs	Add	- vascular access device Z45.2	- vascular access device ( <u>infusion port</u> ) (Port-A-Cath) ( <u>reservoir</u> ) Z45.2
ICD-10-AM Index:Gastroenteritis:with septicaemia	Term	Delete	- with septicaemia NEC A09.0	
ICD-10-AM Index:Glucagonoma	Code	Delete	D37.7	
ICD-10-AM Index:Hepatitis:post-transfusion	See also and Code	Revise	( <i>see also Hepatitis, viral, <del>type B</del></i> ) <del>B16.9</del>	( <i>see also Hepatitis, viral, <u>by type</u></i> ) B19.9
ICD-10-AM Index:Hyperglycaemia, hyperglycaemic	Term and See	Add		intermediate — <i>see Impaired, impairment, glucose regulation</i>
ICD-10-AM Index:Hypertension, hypertensive:cardiorenal:with:kidney failure	Term	Revise	- - - <del>kidney failure (CKD stage 5)</del> I13.1	- - - <u>CKD stage 5 (kidney failure)</u> I13.1
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:dyslipidaemia	See	Revise	— <i>see ACS 0401 Diabetes mellitus and <del>impaired glucose regulation, dyslipidaemia</del></i>	— <i>see ACS 0401 Diabetes mellitus and <u>intermediate hyperglycaemia, 3 DM and IH with features of insulin resistance</u></i>
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:hypertension	Code See	Delete Add	- - - hypertension <del>E09.72</del>	- - - hypertension — <i>see ACS 0401 Diabetes mellitus and <u>intermediate hyperglycaemia, 3 DM and IH with features of insulin resistance</u></i>
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:neuropathy:peripheral	Code	Add	- - - - peripheral	- - - - peripheral <u>E09.42</u>
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:obesity	See NEM Code	Delete Add Add	- - - obesity — <i>see ACS 0401 Diabetes mellitus and <del>impaired glucose regulation, obesity</del></i>	- - - obesity ( <u>morbid</u> ) <u>E09.72</u>
ICD-10-AM Index:Infection, infected:bacterial:specified	Code	Revise	A49.8	A48.8
ICD-10-AM Index:Infection, infected:bleb	Term and Code	Revise	- bleb — <del>postprocedural H59.89</del> - blood stream — <i>see Sepsis</i>	- bleb, <u>postprocedural H59.89</u> - blood stream — <i>see Sepsis</i>
ICD-10-AM Index:Infection, infected:metatarsophalangeal	Code	Revise	M00.94	M00.97
ICD-10-AM Index:Insulinoma:pancreas	Code	Delete	D13.7	
ICD-10-AM Index:Molar pregnancy	Morph code	Delete	M9100/0	
ICD-10-AM Index:Myelodysplasia	Term, NEMs, Morph code and Code	Add		- therapy related (related to alkylating agent) (related to Epipodophyllotoxin) (M9987/3) D46.7
ICD-10-AM Index:Neuropathy, neuropathic	Term and Code	Add		- cachexia, diabetic E1-.42
ICD-10-AM Index:Neuropathy, neuropathic	Terms and Codes	Add		- diabetic - - cachexia E1-.42 - - early onset E1-.42 - - ischaemic optic E1-.39
ICD-10-AM Index:Obesity:with diabetes	See Code	Delete Add	- with diabetes — <i>see ACS 0401 Diabetes mellitus and <del>impaired glucose regulation, obesity</del></i>	- with diabetes <u>E1-.72</u>
ICD-10-AM Index:Paralysis:quadriplegic	See also	Revise	( <i>See also <u>Tetraplegia</u></i> )	( <i>See also <u>Quadriplegia</u></i> )
ICD-10-AM Index:RARS (refractory anaemia with ringed sideroblasts)	Term	Revise	RARS (refractory anaemia with ringed sideroblasts)	RARS (refractory anaemia with ring sideroblasts)
ICD-10-AM Index:Removal:catheter:peritoneal:for dialysis:due to complication	See	Revise	— <i>see Complications, dialysis, catheter</i>	— <i>see Complications, dialysis, catheter, <u>peritoneal, intraperitoneal</u></i>

ICD-10-AM Index:Resistance, resistant:bacterial agent to antibiotic	Code	Revise	Z06.40	Z06.90
ICD-10-AM Index:Round:worms:Ascariasis	Term	Revise	- - <del>Ascariasis</del>	- - <u>ascariasis</u>
ICD-10-AM Index:Sarcomatosis:unspecified site:not known if primary or secondary	Term	Delete	- - not known if primary or secondary C80.9	
CD-10-AM Index:Sarcomatosis:unspecified site:primary site unknown, so stated	Term	Delete	- - primary site unknown, so stated C80.0	
ICD-10-AM Index:Tachycardia:fetal	See Term and Code	Revise Add	- fetal — <i>see Distress, fetal</i>	- fetal — <i>see also Distress, fetal</i> - - <u>complicating labour and delivery O68.0</u>
ICD-10-AM Index:Tumour:dermoid:with malignant transformation	Term	Revise Add	- - with <del>malignant transformation (M9084/3) C56</del>	- - with - - - <u>malignant transformation (M9084/3) C56</u> - - - <u>secondary tumour (M9084/3) — see Neoplasm, malignant</u>
ICD-10-AM Index:Tumour:desmoplastic, small round cell	See	Revise	— <i>see Neoplasm, connective tissue, <del>benign</del></i>	— <i>see Neoplasm, connective tissue, <u>malignant</u></i>
ICD-10-AM Index:EXT>Contact:with:sharp object:needle	NEM	Delete	(hypodermic)	
ICD-10-AM Index:EXT:Drowning:in:reservoir	Code	Add		W73
ICD-10-AM Index:EXT:Fall, falling:involving:chair	See Code	Revise Add	— <i>see Fall, falling, from, off, chair, by type</i>	( <i>see also Fall, falling, from, off, chair, by type</i> ) <u>W07.9</u>
ICD-10-AM Index:EXT:Struck (accidentally) by:object:falling:from, in, on:earthquake	Code	Revise	X34.0	X34.-
ICD-10-AM Index:DRUG:Inorganic:Undetermined intent	Code	Revise	Y18	Y19
ACHI Index:Injection:telangiectasis	Term, NEMs, Code and Block	Add		- - eye (posterior chamber) (retina) 42740-03 <b>[209]</b>
ACHI Index:Valvuloplasty:heart	Terms	Revise	Valvuloplasty - heart (without valve replacement) - - aortic valve  - - - leaflet (1) 38480-00 <b>[622]</b> - - - 2 leaflets 38481-00 <b>[622]</b>  - - mitral valve  - - - leaflet (1) 38480-01 <b>[626]</b> - - - 2 leaflets 38481-01 <b>[626]</b>  - - tricuspid valve  - - - leaflet (1) 38480-02 <b>[632]</b> - - - 2 leaflets 38481-02 <b>[632]</b> - vein 34818-00 <b>[736]</b>	Valvuloplasty - heart (without valve replacement) - - aortic valve  - - - leaflet (1) 38480-00 <b>[622]</b> - - - <u>&gt;=</u> 2 leaflets 38481-00 <b>[622]</b>  - - mitral valve  - - - leaflet (1) 38480-01 <b>[626]</b> - - - <u>&gt;=</u> 2 leaflets 38481-01 <b>[626]</b>  - - tricuspid valve  - - - leaflet (1) 38480-02 <b>[632]</b> - - - <u>&gt;=</u> 2 leaflets 38481-02 <b>[632]</b> - vein 34818-00 <b>[736]</b>

# AUSTRALIAN CODING STANDARDS

## 0002 ADDITIONAL DIAGNOSES

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### 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.

Revise

- 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 ~~impaired glucose regulation~~ intermediate hyperglycaemia*
- ACS 0503 *Drug, alcohol and tobacco use disorders*
- ACS 0936 *Cardiac pacemakers and implanted defibrillators*
- ACS 1404 *Admission for kidney dialysis*

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### 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 criteria in ACS 0002.

Delete

#### EXAMPLE 3:

Mother admitted in spontaneous labour and delivers normally. The clinician has noted that the patient had gestational diabetes during her pregnancy. During the episode of care the diabetes was not monitored and the patient had a normal diet. In this case, gestational diabetes is not coded.

## 0701 CATARACT

### Diabetic

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Cataracts in a diabetic patient should not be assumed to be diabetic unless specified as such.

Revise

A ‘true’ diabetic cataract is assigned code E1-.36 *\*Diabetes mellitus with diabetic cataract*. Whereas, appropriate codes for early onset age-related cataract in diabetes mellitus is assigned code are E1-.39 *\*Diabetes mellitus with other ophthalmic complication* and/or an appropriate code for the type of cataract may also be assigned in accordance with ACS 0401 *Diabetes mellitus and ~~impaired glucose regulation~~ intermediate hyperglycaemia, Rule 4b*.

## 1438 CHRONIC KIDNEY DISEASE

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#### 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.

Revise

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

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

(See also ACS 0401 *Diabetes mellitus and ~~impaired glucose regulation~~intermediate hyperglycaemia*)

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Revise

## 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 reducing the ability of the glomeruli to filter the blood and allows more protein, in the form of albumin, into the urine. This is termed microalbuminuria and is one of the earliest markers of CKD (see also ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia* ~~impaired glucose regulation, Complications in diabetes and IGR, Kidney complications~~).

(U.S. National Library of Medicine, Medline Plus (2006), Diabetic Nephropathy. Accessed 12 September 2006 <http://www.nlm.nih.gov/medlineplus/ency/article/000494.htm>)

### CLASSIFICATION

Assign a code from N18.- *Chronic kidney disease* in conjunction with the diabetic nephropathy code, to indicate the severity of the kidney disease.

Revise

### EXAMPLE 9:

A 74 year old man with chronic kidney disease and diabetic nephropathy (Type 2 diabetes) was admitted for review of his kidney function. ~~Clinical notes referred to worsening hypertension and increased fatigue.~~ 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*  
                   E11.72     ~~*Type 2 diabetes mellitus with features of insulin resistance*~~  
                   I10     ~~*Essential (primary) hypertension*~~

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## 1918 FRACTURE AND DISLOCATION

### Classification

Where a fracture/dislocation of the same site is described as open, use the 'open wound communicating with a fracture' code only. In these cases, it is not necessary to code both open wound codes for the same injury site.

Revise

### EXAMPLE 3:

Open fracture/dislocation of the ~~distal~~proximal humerus.

**Codes:**     ~~S42.40     *Fracture of lower end of humerus, part unspecified*~~  
                   S42.20     *Fracture of upper end of humerus, part unspecified*  
                   S41.81     *Open wound (of any part of shoulder and upper arm) communicating with a fracture*  
                   S43.01     ~~*Anterior dislocation of humerus*~~  
                   S43.00     *Dislocation of shoulder, unspecified*

Where several injuries occur, but only one is open, always sequence the open wound code directly after the associated fracture or dislocation code.





## Instructions

Errata for ICD-10-AM Tabular List, ICD-10-AM Alphabetic Index, ACHI Tabular List and ACHI Alphabetic Index are produced from a database. This has resulted in the format shown below. Each row represents an item/change to be made and contains the following information necessary to complete the errata item.

### Tabular/Index Entry

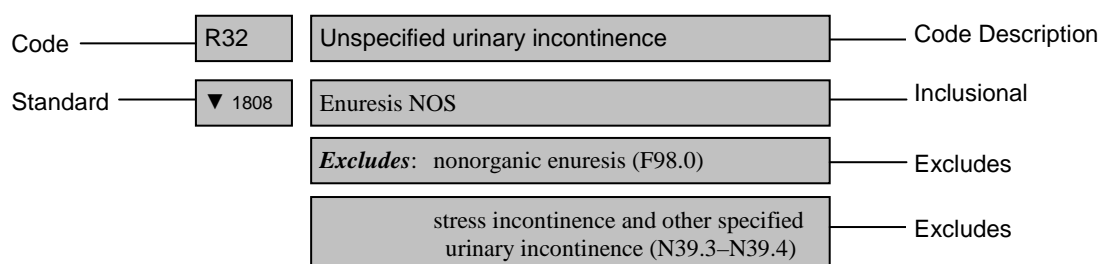
The Tabular Entry (Block:code) or Index Entry (Main term:subterm) to which the errata item applies. For example:

ICD-10-AM Tab List:R02	ICD-10-AM Tabular List, Code R02
ACHI Tab List:1886:34533-00	ACHI Tabular List, Block 1886, Code 34533-00
ACHI Index:Revision:device:infusion, implantable spinal	ACHI Alphabetic Index,      Revision - device - - infusion, implantable spinal

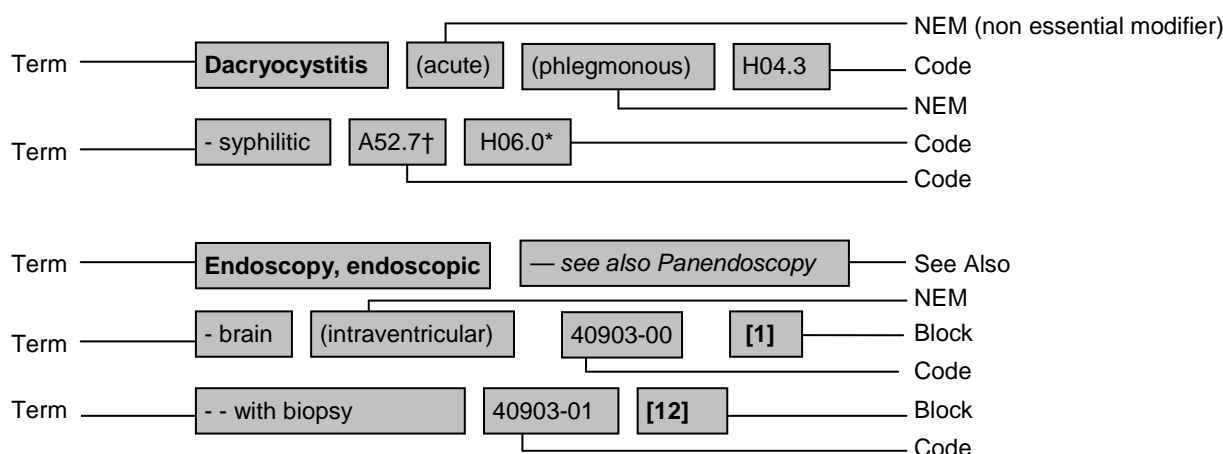
### Note Type

The part of the Tabular or Index Entry to which the errata item applies. To use this errata, it is important to think of a Tabular Entry and an Index Entry as being composed of separate elements as shown in the examples below.

#### Tabular Entry



#### Index Entry



### Instruction

Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Index:Complications:umbilical cord	Term	Add		- - velamentous insertion

indicates a term to be added at:

#### Complications

- umbilical cord  
- - velamentous insertion

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ACHI Index:Revision:device:port, implantable vascular access	Term	Delete*	- - port, implantable vascular access	

indicates a term to be deleted at:

#### Revision

- device  
- - port, implantable vascular access

\*A 'Delete' instruction followed by an asterisk (\*) indicates that there are subterms to be deleted as a result of this deletion. In the example given above, subterms and notes to be consequently deleted are:

It should be assumed that if a Tabular 'Code' or an Index 'Term' is deleted, all its accompanying notes ('Code Description', 'Include', 'Exclude', 'NEM', 'Code', 'Block', 'See Also', etc) need to be deleted.

- - - for infusion of agents via catheter  
- - - central venous (CVC) 34530-00 [766]  
- - - spinal 39126-00 [56]  
- - - venous 34530-00 [766]

### Existing Value

The text of the entry before the errata change. For an 'Add' instruction, this field will be blank.

### New Value

The text of the entry after the errata change. For a 'Delete' instruction, this field will be blank.



Code or term to which the change applies	Part of the code/term to which the change applies	Type of change to be made	Text before making the change	Text after making the change
Tabular/Index Entry	Type	Instruction	Existing Value	New Value
ICD-10-AM Tab List:H32.8	Inclusional	Revise	Albuminurica retinitis (N18.5+)	Albuminuric retinitis (N18.5+)
ICD-10-AM Tab List:I34	Excludes	Revise	when specified as: • congenital (Q23.2-, Q23.3, Q23.82, Q23.89, Q23.9)	when specified as: • congenital (Q23.2-, Q23.3, <u>Q23.4</u> , Q23.82, Q23.89, Q23.9)
ICD-10-AM Tab List:I35	Excludes	Revise	when specified as: • congenital (Q23.0-, Q23.1, Q23.81, Q23.83, Q23.89, Q23.9)	when specified as: • congenital (Q23.0-, Q23.1, <u>Q23.4</u> , Q23.81, Q23.83, Q23.89, Q23.9)
ICD-10-AM Tab List:N16.1*	Inclusional	Revise	Renal tubulo-interstitial disorders in: • leukaemia (C91–C95+) • lymphoma (C81–C86+, C96.-+) • multiple myeloma (C90.0+)	Renal tubulo-interstitial disorders in: • leukaemia (C91–C95+) • lymphoma (C81–C86+, C96.-+) • multiple myeloma (C90.0-+)
ICD-10-AM Tab List:N18.5	Inclusional	Revise	<del>Chronic uraemia</del> End-stage kidney disease: • in allograft failure • NOS • on dialysis • without dialysis or transplant Renal retinitis+ (H32.8*) Uraemic: • apoplexia+ (I68.8*) • dementia+ (F02.8*) • neuropathy+ (G63.8*) • paralysis+ (G99.8*) • pericarditis+ (I32.8*)	End-stage kidney disease: • in allograft failure • NOS • on dialysis • without dialysis or transplant Renal retinitis+ (H32.8*) Uraemic: • apoplexia+ (I68.8*) • dementia+ (F02.8*) • neuropathy+ (G63.8*) • paralysis+ (G99.8*) • pericarditis+ (I32.8*)
ICD-10-AM Tab List:N18.9	Inclusional	Add		Chronic uraemia NOS Diffuse sclerosing glomerulonephritis NOS
ICD-10-AM Tab List:Chapter 15:PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (O00–O99)	Excludes	Revise	certain diseases or injuries complicating pregnancy, childbirth and the puerperium classified elsewhere: • <del>human immunodeficiency virus (HIV) disease (B20–B24)</del> • injury, poisoning and certain other consequences of external cause (S00–T88.1, T88.6–T98)	certain diseases or injuries complicating pregnancy, childbirth and the puerperium classified elsewhere: • injury, poisoning and certain other consequences of external cause (S00–T88.1, T88.6–T98)
ICD-10-AM Index:Arthropathy:in:hepatitis viral	Code	Revise	B19.9+ M03.2*	B19.9+ M03.2-*
ICD-10-AM Index:Arthropathy:in:multiple myeloma	Code	Revise	(M9732/3) C90.0+, M36.1*	(M9732/3) C90.0-+, M36.1*
ICD-10-AM Index:Arthropathy:in:mycosis	Code	Revise	B49+ M01.6*	B49+ M01.6-*
ICD-10-AM Index:Herpes, herpetic:genital, genitalis:male	Code	Revise	A60.0+ N51.-*	A60.0+ N51.8*
ACHI Tab List:1651:45206-10	Includes	Revise	that with <del>graft</del> of toe	that with <u>flap</u> of toe
ACHI Tab List:1651:45206-11	Excludes	Revise	that with <del>graft</del> of foot (45206-10 [1651])	that of foot (45206-10 [1651])
ACHI Tab List:1655:90673-00	Code also when performed	Revise	• flap ( <del>45200-00</del> , 45206-06, 45206-07 [1651])	• flap (45206-06, 45206-07, <u>45206-11</u> [1651])

## 0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA

### DIABETES MELLITUS

Categories of diabetes mellitus (DM) in this classification are:

- **Type 1 diabetes mellitus (T1DM)**  
previously referred to as insulin dependent diabetes mellitus (IDDM)
- **Type 2 diabetes mellitus (T2DM)**  
previously referred to as noninsulin dependent diabetes mellitus (NIDDM)
- **Other specific forms of diabetes mellitus**  
(includes diabetes mellitus secondary to other disorders)
- **Unspecified diabetes mellitus**
- **Gestational diabetes mellitus (GDM)**  
any degree of glucose intolerance during pregnancy

### INTERMEDIATE HYPERGLYCAEMIA

Intermediate hyperglycaemia (IH), also described as impaired glucose regulation (IGR), prediabetes, impaired glucose tolerance (IGT) and impaired fasting glycaemia (IFG), refers to abnormal metabolic states, intermediate and transitional, between normal glucose homeostasis and DM that may remain static but may (infrequently) revert to normal.

## 1. GENERAL CLASSIFICATION RULES FOR DM AND IH

<b>Rule 1.</b>	<b>DM and IH should always be coded when documented</b> (demonstrated in all examples).
<b>Rule 2.</b>	<p>The terms 'diabetic', 'due to' or 'secondary to' infer a <b>causal</b> relationship between the DM and other conditions. Where such terms are used check the Alphabetic Index for appropriate codes indexed directly under <i>Diabetes, diabetic</i> or appropriate codes indexed under the lead term for the condition with a subterm <i>diabetic</i> (see example 1).</p> <p>If there is not an appropriate direct 'diabetic' entry in the Alphabetic Index for the 'diabetic' term, then follow <i>Rule 3</i> and <i>Rule 4a</i> to assign a DM code.</p> <p>An additional code for the 'other condition' may be assigned following <i>Rule 4b</i> and <i>Rule 6</i>.</p>
<b>Rule 3.</b>	The classification includes conditions (often termed ' <b>complications</b> ') which occur commonly <b>with</b> DM or IH. These conditions may or may not have been a direct consequence of the metabolic disturbance and are indexed under <i>Diabetes, with</i> or <i>Impaired, glucose regulation, with</i> . Always refer to these index entries to classify DM or IH (see examples 2-7).
<b>Rule 4a.</b>	All complications of DM or IH <b>classified to category E09–E14</b> should <b>always</b> be coded to reflect the severity of DM or IH (see examples 3-6).
<b>Rule 4b.</b>	Complications or conditions associated with DM or IH <b>classified outside of category E09–E14</b> should only be coded when the condition meets the criteria in ACS 0001 <i>Principal diagnosis</i> or ACS 0002 <i>Additional diagnoses</i> (see examples 3 and 4).
<b>Rule 5.</b>	Where the classification (Alphabetic Index) has linked a condition with DM, yet a specific <b>cause other than DM is documented</b> as the cause of the condition, then a code for the causal condition should be sequenced before the DM code(s) (see examples 5 and 6).
<b>Rule 6.</b>	Multiple coding (see ACS 0027) should not be used when the classification provides a combination code (see ACS 0015) for the DM or IH that clearly identifies all of the elements documented in the diagnosis (see examples 7 and 11).



**Note: ACHI codes are not included in the following examples.**

**EXAMPLE 1:**

Patient admitted for treatment of pneumonia. The patient also has Type 2 diabetes with early onset diabetic neuropathy.

Principal diagnosis: J18.9 *Pneumonia, unspecified*  
 Additional diagnosis: E11.42 *Type 2 diabetes mellitus with diabetic polyneuropathy*

In this example, the pneumonia is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. The DM is also coded (*Rule 1*); the neuropathy is documented as early onset “diabetic”, therefore E11.42 is assigned following the index pathway *Diabetes, diabetic, neuropathy, early onset* or *Neuropathy, diabetic, early onset* (*Rule 2*).

**EXAMPLE 2:**

Patient with Type 2 diabetes mellitus was admitted for treatment of a cataract.

Principal diagnosis: H26.9 *Cataract, unspecified*  
 Additional diagnosis: E11.39 *Type 2 diabetes mellitus with other specified ophthalmic complication*

In this example, the cataract is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. The DM is also coded (*Rule 1*); E11.39 is assigned following the index pathway *Diabetes, with, cataract* (*Rule 3*).

**EXAMPLE 3:**

Patient with unstable Type 2 diabetes mellitus was admitted for investigation of blood sugar levels. Patient also has retinal detachment.

Principal diagnosis: E11.65 *Type 2 diabetes mellitus with poor control*  
 Additional diagnosis: E11.35 *Type 2 diabetes mellitus with advanced ophthalmic disease*

In this example, the unstable DM (E11.65) is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. Retinal detachment (E11.35) as a complication of DM is coded (*Rule 4a*) following the index pathway *Diabetes, with, detachment, retina* (*Rule 3*). Retinal detachment (H33.2) is not coded as it does not meet ACS 0002 *Additional diagnoses* (*Rule 4b*).

**EXAMPLE 4:**

Patient with cataract and Type 1 diabetes mellitus was admitted for treatment of diabetic ketoacidosis.

Principal diagnosis: E10.11 *Type 1 diabetes mellitus with ketoacidosis, without coma*  
 Additional diagnosis: E10.39 *Type 1 diabetes mellitus with other specified ophthalmic complication*

In this example, the diabetic ketoacidosis (E10.11) is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. The index pathway *Diabetes, with, cataract* is followed (*Rule 3*) to also assign E10.39 to reflect the severity of the DM (*Rule 4a*). Cataract (H26.9) is not coded as it does not meet ACS 0002 *Additional diagnoses* (*Rule 4b*).

**EXAMPLE 5:**

Patient with Type 1 diabetes mellitus was admitted for review of chronic kidney disease (GFR = 38 mL/min) stage 3. The CKD is due to systemic lupus erythematosus (SLE).

Principal diagnosis: N18.3 *Chronic kidney disease, stage 3*  
 Additional diagnoses: M32.9 *Systemic lupus erythematosus, unspecified*  
 E10.22 *Type 1 diabetes mellitus with established diabetic nephropathy*



In this example, the chronic kidney disease is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. The CKD is documented as being **caused by** SLE, therefore sequence the SLE code after the code for CKD (*Rule 5*). The DM code is then assigned (*Rule 4a* and *Rule 5*) following the index entry *Diabetes, with, chronic kidney disease* (*Rule 3*).

**EXAMPLE 6:**

Patient with Type 2 diabetes mellitus was admitted for management of acute kidney failure due to administration of IV contrast in hospital.

Principal diagnosis:	N17.9	<i>Acute kidney failure, unspecified</i>
Additional diagnoses:	Y57.5	<i>X-ray contrast medium causing adverse effects in therapeutic use</i>
	Y92.22	<i>Place of occurrence, health service area</i>
	E11.29	<i>Type 2 diabetes mellitus with other specified kidney complication</i>

In this example, the acute kidney failure (N17.9) is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. The acute kidney failure is due to IV contrast, therefore external cause and place of occurrence codes (Y57.5, Y92.22) are assigned after the code for acute renal failure. The DM code is then assigned (*Rule 4a* and *Rule 5*) following the index pathway *Diabetes, with, failure, kidney, acute* (*Rule 3*).

**EXAMPLE 7:**

Patient with Type 2 diabetes mellitus was admitted for treatment of proliferative retinopathy.

Principal diagnosis:	E11.33	<i>Type 2 diabetes mellitus with proliferative retinopathy</i>
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In this example, the retinopathy is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis* and DM is an additional diagnosis (*Rule 1*). However the DM code (E11.33), assigned by following the index pathway *Diabetes, with, retinopathy, proliferative* (*Rule 3*) contains the concepts of both proliferative retinopathy and DM, therefore only one code is required (*Rule 6*).

## 2. SPECIFIC CLASSIFICATION PRINCIPLES FOR DM AND IH

### DM and IH due to pancreatectomy

When total or partial pancreatectomy causes DM or IH, the resulting DM or IH should be coded to E89.1 *Postprocedural hypoinsulinaemia*, only for the episode of care during which the surgery was performed. Subsequent admissions for reasons other than postsurgical sequelae are assigned E13.- or E09.- codes as appropriate with Z90.4 *Acquired absence of other parts of digestive tract* as an additional code.

### DM and IH caused by an endocrinopathy which no longer exists

When DM or IH persists after successful eradication of an endocrinopathy, assign E13.- or E09.- as appropriate with Z86.3 *Personal history of endocrine, nutritional and metabolic diseases* as an additional code.

### Pregnancy and pre-existing DM and IH

DM or IH complicating pregnancy is classified to category O24 *Diabetes mellitus in pregnancy*:

O24.0	<i>Pre-existing diabetes mellitus, Type 1, in pregnancy</i>
O24.1-	<i>Pre-existing diabetes mellitus, Type 2, in pregnancy</i>
O24.2-	<i>Pre-existing diabetes mellitus, other specified type, in pregnancy</i>
O24.3-	<i>Pre-existing diabetes mellitus, unspecified, in pregnancy</i>
O24.5-	<i>Pre-existing impaired glucose regulation, in pregnancy</i>



These codes should be assigned where DM or IH **predates** the pregnancy.

Additional codes for complications of DM or IH should be assigned in accordance with *Rule 4a* and *Rule 4b*.

### Gestational diabetes mellitus (GDM)

O24.4- *Diabetes mellitus arising during pregnancy* is appropriate where DM is first confirmed at any time during pregnancy.

Where DM is not documented as pre-existing or gestational assign O24.9- *Diabetes mellitus in pregnancy, unspecified onset*.

### Hypoglycaemic and insulin reactions

1. For DM with hypoglycaemic episodes resulting from either **incorrect prescription or improper administration** of insulin or oral hypoglycaemic agents, assign:

Codes: T38.3 *Poisoning by insulin and oral hypoglycaemic [antidiabetic] drugs*  
 E1-.64 *\*Diabetes mellitus with hypoglycaemia*  
 X44 *Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances*

(See also ACS 1901 *Poisoning* and ACS 2001 *External cause code use and sequencing*)

2. For DM with hypoglycaemic episodes due to insulin or oral hypoglycaemic agents where the **dosage is correct or is being adjusted**, assign:

Codes: E1-.64 *\*Diabetes mellitus with hypoglycaemia*  
 Y42.3 *Insulin and oral hypoglycaemic [antidiabetic] drugs causing adverse effects in therapeutic use*

(See also ACS 1902 *Adverse effects* and ACS 2001 *External cause code use and sequencing*)

3. When hypoglycaemia occurs with DM and there is also a confirmed disorder of pancreatic internal secretion assigned to E16.1 *Other hypoglycaemia* or E16.9 *Disorder of pancreatic internal secretion, unspecified*, assign:

Codes: E13.64 *Other specified diabetes mellitus with hypoglycaemia*  
**AND**  
 a code for the underlying condition  
**AND**  
 E16.1 *Other hypoglycaemia*  
**OR**  
 E16.9 *Disorder of pancreatic internal secretion*

### Acute kidney failure, nephropathy and DM

When a nephropathy complication classifiable to E1-.2- is documented with acute kidney failure, assign both E1-.29 *\*Diabetes mellitus with other specified kidney complication* and the relevant E1-.2- code for the nephropathy.

### Established nephropathy and DM

When nephropathy complications classifiable to more than one code from E1-.21 and E1-.22 are documented, only the more advanced stage (E1-.22) should be assigned.





## Retinopathy and DM

When retinopathy complications classifiable to more than one code from E1-.31–E1-.33 and/or E1-.35 are documented, only the most advanced stage should be coded.

## Neuropathy and DM

When various types of neuropathy complications classifiable to more than one code from E1-.41–E1-.43 are documented, each type should be coded.

## 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 *Impaired glucose regulation with features of insulin resistance*, as appropriate, when DM or IH is documented with one or more of the following also documented:

- acanthosis nigricans
- dyslipidaemia<sup>1</sup> characterised by:
  - elevated fasting triglycerides ( $\geq 1.7$  mmol/L), or
  - depressed HDL-cholesterol (male  $\leq 1.03$ , female  $\leq 1.29$ )
- hyperinsulinism
- increased intra-abdominal visceral fat deposition
- 'insulin resistance'
- nonalcoholic fatty (change of) liver disease (NAFLD), nonalcoholic steatohepatitis (NASH)
- obesity, morbid obesity, overweight

**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 *Impaired glucose regulation with features of insulin resistance*.

Additional codes for complications of DM or IH should be assigned in accordance with *Rule 4a* and *Rule 4b*.

<sup>1</sup> The terms 'hypercholesterolaemia', 'high cholesterol', 'hyperlipidaemia' or '↑ chol' are often used in the clinical record rather than the term 'dyslipidaemia'. When any of these terms are documented, the following guidelines should be followed to determine whether to assign E1-.72 \* *Diabetes mellitus with features of insulin resistance* or E09.72 *Impaired glucose regulation with features of insulin resistance*:

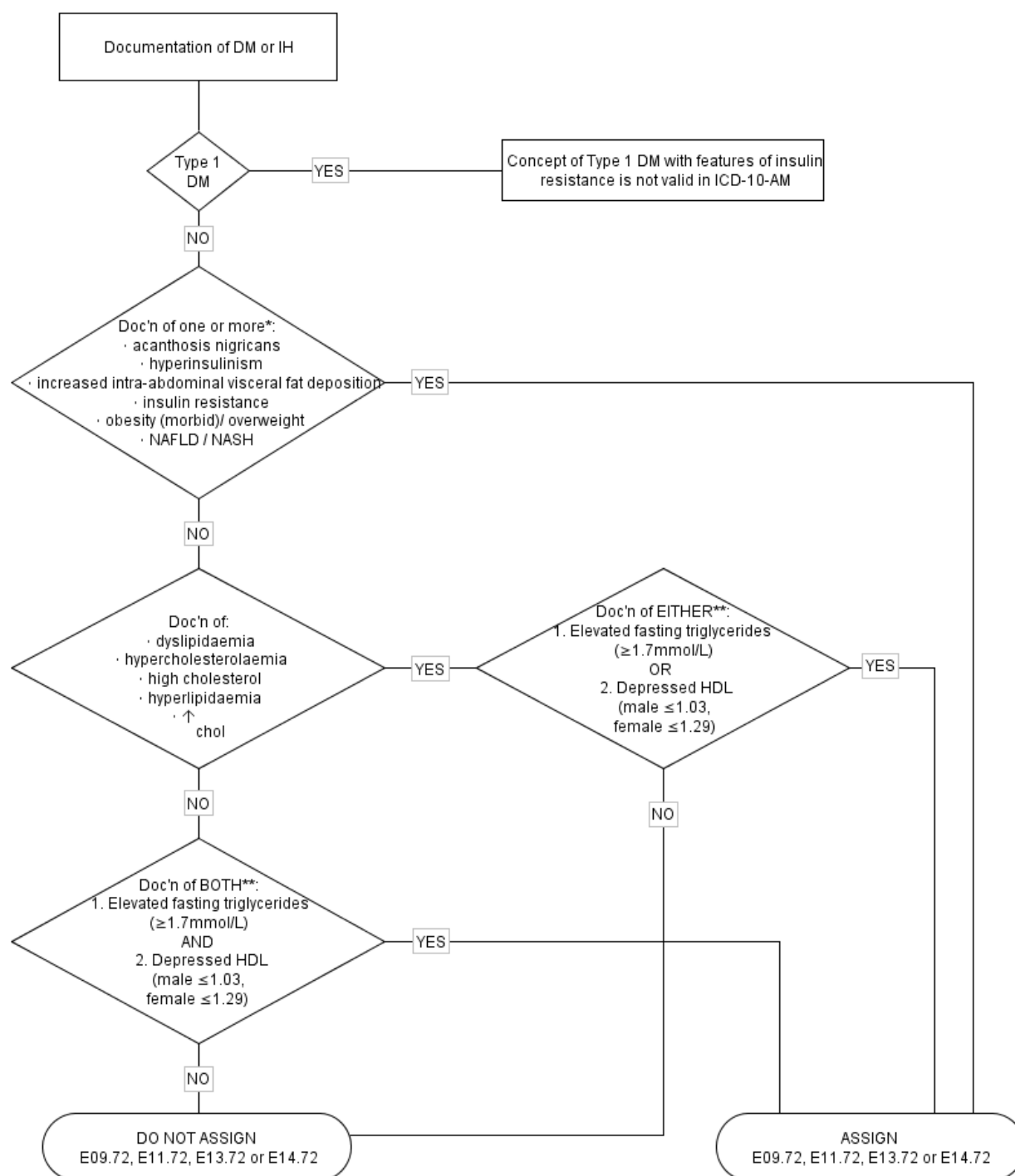
- If increased cholesterol is documented in the clinical record with documentation of either increased fasting triglycerides **or** decreased HDL this can be considered as 'dyslipidaemia' – **code to** E1-.72 or E09.72
- If there is no documentation of increased cholesterol but **both** increased fasting triglycerides and decreased HDL are documented in the clinical record – **code to** E1-.72 or E09.72
- If increased cholesterol only is documented with no documentation of increased fasting triglycerides or decreased HDL – **do not code to** E1-.72 or E09.72

Test results can be used to confirm an already documented condition as per ACS 0010 General abstraction guidelines, *Test results*.

See Figure 1



**Figure 1 – Flowchart of criteria for assignment of E11.72, E13.72, E14.72 \*Diabetes mellitus with features of insulin resistance or E09.72 Impaired glucose regulation with features of insulin resistance**



\* 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 listed features of insulin resistance.

\*\* Test results can be used to confirm an already documented condition as per ACS 0010 *General abstraction guidelines, Test results*.





**EXAMPLE 8:**

Patient with Type 2 diabetes mellitus and obesity was admitted for laser treatment for retinopathy.

Principal diagnosis: E11.31 *Type 2 diabetes mellitus with background retinopathy*  
 Additional diagnosis: E11.72 *Type 2 diabetes mellitus with features of insulin resistance*

In this example, follow the index pathway *Diabetes, with, retinopathy* and assign E11.31 (*Rule 3* and *Rule 6*). The patient is also obese therefore the criteria for insulin resistance has been met and E11.72 is also assigned. The obesity (E66.9) is not coded as it has not met ACS 0002 *Additional diagnoses* (*Rule 4b*).

## 4. SPECIFIC MULTIPLE COMPLICATIONS IN DM AND IH

### 4.1 DM with multiple microvascular and other specified nonvascular complications

Given the global nature of DM, individuals may present with multiple complications of both microvascular and nonvascular nature. The classification includes codes that reflect this added level of complexity.

**CLASSIFICATION**

E1-.71 *\*Diabetes mellitus with multiple microvascular and other specified nonvascular complications* should be assigned when the individual has **conditions classifiable to two or more of the following five categories:**

1. Kidney complications (E1-.2-)
2. Ophthalmic complications (E1-.3-)
3. Neurological complications (E1-.4-)
4. Diabetic cardiomyopathy (E1-.53)
5. Skin or subcutaneous tissue complications (E1-.62)

Additional codes for the specific complications of DM should be assigned in accordance with *Rule 4a* and *Rule 4b*.

**EXAMPLE 9:**

Patient with Type 2 diabetes mellitus and nephropathy was admitted for treatment of chronic kidney disease stage 3. The patient also has retinal ischaemia.

Principal diagnosis: N18.3 *Chronic kidney disease, stage 3*  
 Additional diagnoses: E11.22 *Type 2 diabetes mellitus with established diabetic nephropathy*  
 E11.32 *Type 2 diabetes mellitus with preproliferative retinopathy*  
 E11.71 *Type 2 diabetes mellitus with multiple microvascular and other specified nonvascular complications*

In this example, the chronic kidney disease is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. E11.22 is assigned for the nephropathy and E11.32 is assigned for the retinal ischaemia (*Rule 4a*) following the index pathway *Diabetes, with* (*Rule 3*). The presence of both chronic kidney disease and retinal ischaemia qualifies the coding of E11.71 which is sequenced as an additional diagnosis. The retinal ischaemia (H34.2) is not coded as it does not meet ACS 0002 *Additional diagnoses* (*Rule 4b*).



## 4.2 IH with multiple microvascular complications

### CLASSIFICATION

Assign E09.71 *Impaired glucose regulation with multiple microvascular complications* when the individual has **conditions classifiable to two or more of the following three categories:**

1. Kidney complications (E09.2-)
2. Ophthalmic complications (E09.3-)
3. Neurological complications (E09.4-)

Additional codes for the specific complications of IH should be assigned in accordance with *Rule 4a* and *Rule 4b*.

## 5. FOOT ULCERS IN DM

The presence of an ulcer of the lower extremity 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 and also has DM, assign:

- L97      *Ulcer of 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

<i>Foot ulcer</i>	L97
<i>Cutaneous abscess, furuncle and carbuncle of toe/foot</i>	L02.4
<i>Cellulitis of toe</i>	L03.02
<i>Cellulitis of foot</i>	L03.11
<i>Decubitus ulcer and pressure area of foot (stage III or IV)</i>	L89.2–L89.3

**AND**

*a condition from at least one of the following categories 2a-2d*

### 2a. Peripheral arterial disease

<i>DM with peripheral angiopathy, without gangrene</i>	E1-.51
<i>DM with peripheral angiopathy, with gangrene</i>	E1-.52

### 2b. Neuropathy

<i>Any condition classifiable to E1-.4- *Diabetes mellitus with neurological complication</i>	E1-.4-
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### 2c. Conditions causing deformity and excessive 'loading' of affected foot

<i>DM with Charcot's arthropathy</i>	E1-.61
<i>DM with diabetic osteopathy</i>	E1-.61
<i>Callus of foot</i>	L84
<i>Hallux valgus (acquired)</i>	M20.1
<i>Hallux rigidus</i>	M20.2
<i>Other deformity of hallux (acquired)</i>	M20.3
<i>Other hammer toe(s) (acquired)</i>	M20.4
<i>Other deformity of toe(s) (acquired)</i>	M20.5
<i>Flexion deformity, ankle and foot</i>	M21.27
<i>Foot drop (acquired), ankle and foot</i>	M21.37
<i>Flat foot [pes planus] (acquired)</i>	M21.4
<i>Acquired clawfoot and clubfoot, ankle and foot</i>	M21.57
<i>Other acquired deformities of ankle and foot</i>	M21.67
<i>Other specified acquired deformities of limbs, ankle and foot</i>	M21.87

### 2d. Previous amputation(s) of affected and/or contralateral lower limb

<i>Acquired absence of foot and ankle</i>	Z89.4
<i>Acquired absence of leg at or below knee</i>	Z89.5
<i>Acquired absence of leg above knee</i>	Z89.6
<i>Acquired absence of both lower limbs (any level, except toes alone)</i>	Z89.7



**CLASSIFICATION**

Assign E1-.73 \**Diabetes mellitus with foot ulcer due to multiple causes* when:

- 'diabetic foot' is documented in the clinical record, **or**
- the criteria above are met

Additional codes for the specific complications of DM or IH should be assigned in accordance with *Rule 4a* and *Rule 4b*.

**EXAMPLE 10:**

Patient with neuropathic oedema and Type 2 diabetes mellitus was admitted for treatment of foot cellulitis.

Principal diagnosis:	L03.11	<i>Cellulitis of lower limb</i>
Additional diagnoses:	E11.43	<i>Type 2 diabetes mellitus with diabetic autonomic neuropathy</i>
	E11.73	<i>Type 2 diabetes mellitus with foot ulcer due to multiple causes</i>

In this example, foot cellulitis is assigned as the principal diagnosis (L03.11) as it meets ACS 0001 *Principal diagnosis*. Neuropathic oedema (E11.43) is coded following *Rule 4a*. The combination of the foot cellulitis (L03.11 – Category 1), the neuropathic oedema (E11.43 – Category 2b) and the DM meets the criteria for coding 'diabetic foot', therefore, E11.73 is assigned as an additional code.

**EXAMPLE 11:**

Patient with peripheral vascular disease and Type 2 diabetes mellitus was admitted for treatment of a left foot ulcer. The foot ulcer was treated with daily dressings.

Principal diagnosis:	E11.73	<i>Type 2 diabetes mellitus with foot ulcer due to multiple causes</i>
Additional diagnosis:	E11.51	<i>Type 2 diabetes mellitus with peripheral angiopathy, without gangrene</i>

In this example, the foot ulcer (L97) is the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. The combination of the foot ulcer (L97 – Category 1), the peripheral vascular disease (E11.51 – Category 2a) and the DM meets the criteria for coding 'diabetic foot', therefore, E11.73 is assigned. As E11.73 contains the concepts of both DM and foot ulcer, L97 is not required (*Rule 6*) and E11.73 is assigned as the principal diagnosis. Peripheral vascular disease (E11.51) is coded following *Rule 4a*.

**EXAMPLE 12:**

Patient admitted for administration of intravenous antibiotics to treat cellulitis of toe. Patient also has peripheral vascular disease and Type 2 diabetes mellitus. The patient was on regular insulin medication.

Principal diagnosis:	L03.02	<i>Cellulitis of toe</i>
Additional diagnoses:	E11.51	<i>Type 2 diabetes mellitus with peripheral angiopathy, without gangrene</i>
	E11.73	<i>Type 2 diabetes mellitus with foot ulcer due to multiple causes</i>
	Z92.22	<i>Personal history of long term (current) use of other medicaments, insulin</i>

In this example, toe cellulitis (L03.02) is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. Peripheral vascular disease is also coded (E11.51) (*Rule 4a*). The combination of cellulitis of the toe (L03.02 – Category 1), peripheral vascular disease (E11.51 – Category 2a) and DM meets the criteria for coding 'diabetic foot', therefore, E11.73 is assigned as an additional code. Z92.22 is assigned to reflect the patient's regular use of insulin.



## 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 (see also ACS 1438 *Chronic kidney disease*) with an additional code to indicate the status of the previous surgery.

### EXAMPLE 13:

Patient admitted for treatment of unstable Type 2 diabetes mellitus. Patient has a history of diabetic cataract previously removed with insertion of intraocular lens.

Principal diagnosis: E11.65 *Type 2 diabetes mellitus with poor control*  
 Additional diagnosis: Z96.1 *Presence of intraocular lens*

In this example the unstable DM is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. It is documented that the patient has a history of cataract treated by previous surgery, therefore Z96.1 is assigned to indicate the previous surgery.

### EXAMPLE 14:

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

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

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).



## 8. CURED OR QUIESCENT DM / DM IN REMISSION

### CLASSIFICATION

1. T2DM successfully managed by treatment of obesity, may revert to a lower level of IH or even to normal glucose homeostasis. In such instances assign a code for IH (E09.-) or Z86.3 *Personal history of endocrine, nutritional and metabolic diseases*.
2. DM due to an underlying endocrinopathy, drug or chemical treatment may be resolved or revert to a lower level of IH following successful control or cure of the endocrinopathy or cessation of the medication. In such instances assign the appropriate code for IH (E09.-) or Z86.3 *Personal history of endocrine, nutritional and metabolic diseases*.
3. When T1DM is successfully treated with pancreatic or pancreatic islet cell transplantation, assign the appropriate T1DM complication code(s), if any apply, with Z94.8 *Other transplanted organ and tissue status*.

See also ACS 2112 *Personal history*.

### EXAMPLE 15:

Patient admitted for removal of a left cataract and IOL. It was noted that there was a history of diabetes mellitus due to Cushing's syndrome, which had been cured following the removal of an adrenal adenoma. GTT performed during this admission was found to be normal.

Principal diagnosis: H26.9 *Cataract, unspecified*

Additional diagnosis: Z86.3 *Personal history of endocrine, nutritional and metabolic diseases*

In this example the cataract is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. It is also documented that the DM has been cured following treatment of the underlying cause. Therefore, H26.9 is assigned followed by Z86.3 to represent the history of DM (rather than E1-.39).

## 9. DIABETES EDUCATION

### CLASSIFICATION

For episodes of care specifically for DM education, assign a principal diagnosis code from E10–E14 *Diabetes mellitus*, an additional code of Z71.8 *Other specified counselling* and the procedure code 95550-14 [1916] *Allied health intervention, diabetes education*.

For episodes of care where DM education is provided, but was not the specific reason for admission, assign only 95550-14 [1916] *Allied health intervention, diabetes education*. Do not assign Z71.8 *Other specified counselling*, as the education is considered part of the standard treatment for DM.

See also ACS 0032 *Allied health interventions*.

