Instructions

Errata for ICD-10-AM Tabular List, ICD-10-AM Alphabetic Index, ACHI Tabular List and ACHI Alphabetic Index Sixth Edition 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.

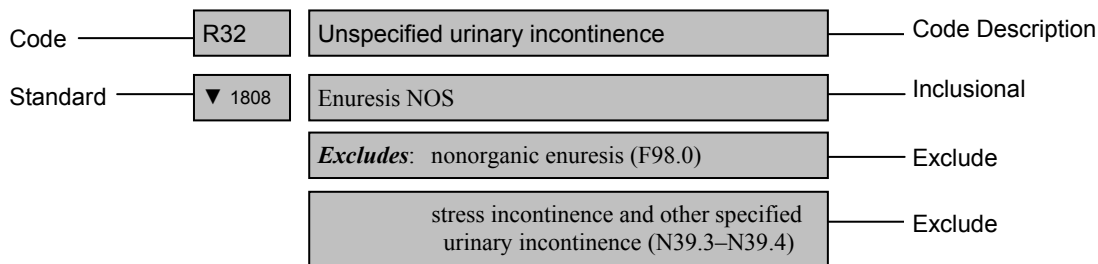**Tabular/Index Entry**   The Tabular Entry (Book:block:code) or Index Entry (Book:main term:subterm) to which the errata item applies. For example:

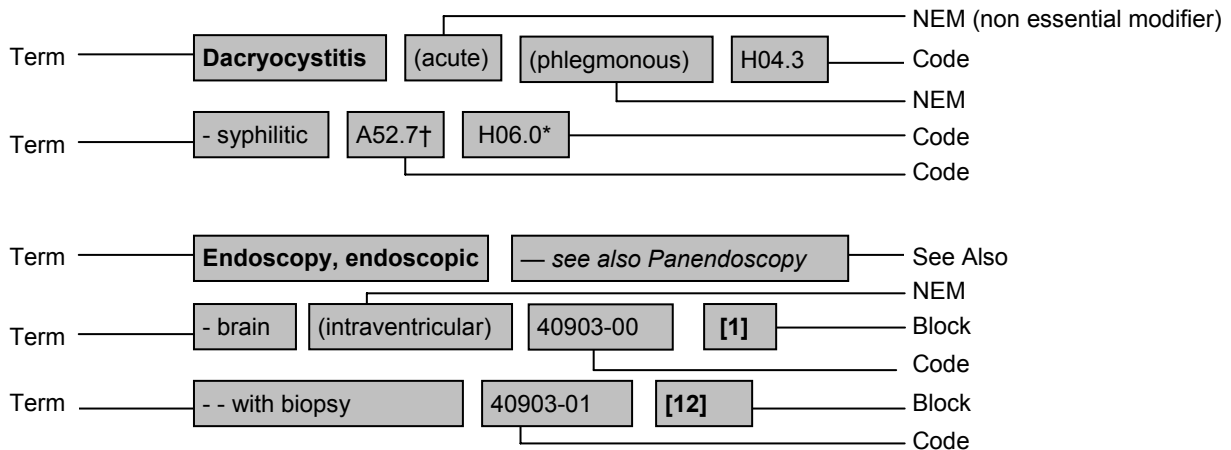|	
ICD-10-AM Tab List:RO2	ICD-10-AM Tabular List, Code R02
ACHI Tab List:1886:34533-00	ACHI Tabular List, Block 1886, Code 34533-00
ACHI Index:Revision:device:urinary sphincter (artificial)	ACHI Alphabetic Index, Revision - device - - urinary sphincter (artificial)

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

Code	R32	Unspecified urinary incontinence	Code Description
Standard	▼ 1808	Enuresis NOS	Inclusional
		Excludes: nonorganic enuresis (F98.0)	Exclude
		stress incontinence and other specified urinary incontinence (N39.3–N39.4)	Exclude

Index Entry

Term	**Dacryocystitis**	(acute)	(phlegmonous)	H04.3	NEM (non essential modifier) / Code / NEM
Term	- syphilitic	A52.7†	H06.0*		Code / Code

Term	**Endoscopy, endoscopic**	— see also Panendoscopy		See Also / NEM
Term	- brain	(intraventricular)	40903-00 **[1]**	Block / Code
Term	- - with biopsy	40903-01 **[12]**		Block / Code

Instruction   Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Index:Gangrene, gangrenous:with diabetes:and peripheral angiopathy	Term	Add		- - - and foot ulcer

indicates a term to be added at:
Gangrene
- with diabetes
- - and peripheral angiopathy
- - - and foot ulcer

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:

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

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:B33.4+	Use Additional	Revise	Use additional code (N17.-) to identify any ~~renal~~ failure associated with HPS caused by the Andes, Bayou and Black Creek Canal hantavirus aetiologies	Use additional code (N17.-) to identify any <u>kidney</u> failure associated with HPS caused by the Andes, Bayou and Black Creek Canal hantavirus aetiologies
ICD-10-AM Tab List:B33.4+	Excludes	Revise	haemorrhagic fever with ~~renal~~ manifestations (A98.5+ N08.0*)	haemorrhagic fever with <u>kidney</u> manifestations (A98.5+ N08.0*)
ICD-10-AM Tab List:D63.8*	Inclusional	Revise	Anaemia in chronic kidney disease ≥ stage 3 (N18.3 – N18.5+)	Anaemia in chronic kidney disease: • ≥ stage 3 (N18.3 - N18.5+) • NEC (N18.9+)
ICD-10-AM Tab List:E09.2	Use Additional	Add		Use additional code to identify the presence of chronic kidney disease (N18.-)
ICD-10-AM Tab List:E10.2	Use Additional	Add		Use additional code to identify the presence of chronic kidney disease (N18.-)
ICD-10-AM Tab List:E10.71	Code	Revise	Type 1 diabetes mellitus with multiple microvascular ~~or~~ other specified nonvascular complications	Type 1 diabetes mellitus with multiple microvascular <u>and</u> other specified nonvascular complications
ICD-10-AM Tab List:E10.71	Inclusional	Revise	Two or more of conditions classifiable to E10.2-, E10.31–E10.35, E10.4-, E10.53 or E10.62	Two or more of conditions classifiable to E10.2-, E10.31–E10.35, <u>E10.39,</u> E10.4-, E10.53 or E10.62
ICD-10-AM Tab List:E11.2	Use Additional	Add		Use additional code to identify the presence of chronic kidney disease (N18.-)
ICD-10-AM Tab List:E11.71	Code	Revise	Type 2 diabetes mellitus with multiple microvascular ~~or~~ other specified nonvascular complications	Type 2 diabetes mellitus with multiple microvascular <u>and</u> other specified nonvascular complications
ICD-10-AM Tab List:E11.71	Inclusional	Revise	Two or more of conditions classifiable to E11.2-, E11.31–E11.35, E11.4-, E11.53 or E11.62	Two or more of conditions classifiable to E11.2-, E11.31–E11.35, <u>E11.39,</u> E11.4-, E11.53 or E11.62
ICD-10-AM Tab List:E13.2	Use Additional	Add		Use additional code to identify the presence of chronic kidney disease (N18.-)
ICD-10-AM Tab List:E13.71	Code	Revise	Other specified diabetes mellitus with multiple microvascular ~~or~~ other specified nonvascular complications	Other specified diabetes mellitus with multiple microvascular <u>and</u> other specified nonvascular complications
ICD-10-AM Tab List:E13.71	Inclusional	Revise	Two or more of conditions classifiable to E13.2-, E13.31–E13.35, E13.4-, E13.53 or E13.62	Two or more of conditions classifiable to E13.2-, E13.31–E13.35, <u>E13.39,</u> E13.4-, E13.53 or E13.62
ICD-10-AM Tab List:E14.2	Use Additional	Add		Use additional code to identify the presence of chronic kidney disease (N18.-)
ICD-10-AM Tab List:E14.71	Code	Revise	Unspecified diabetes mellitus with multiple microvascular ~~or~~ other specified nonvascular complications	Unspecified diabetes mellitus with multiple microvascular <u>and</u> other specified nonvascular complications

ICD-10-AM Tab List:E14.71	Inclusional	Revise	Two or more of conditions classifiable to E14.2-, E14.31–E14.35, E14.4-, E14.53 or E14.62	Two or more of conditions classifiable to E14.2-, E14.31–E14.35, <u>E14.39,</u> E14.4-, E14.53 or E14.62
ICD-10-AM Tab List:G81	Excludes	Revise	transient ~~hemiparesis~~ (R29.88)	transient <u>hemiplegia</u> (R29.88)
ICD-10-AM Tab List:I12.0	Inclusional	Add		Hypertensive kidney disease with CKD stage 5
ICD-10-AM Tab List:I12.9	Inclusional	Add		Hypertensive kidney disease with CKD stage 1–4 or unspecified
ICD-10-AM Tab List:I12.9	Code also	Add		Code also the stage of chronic kidney disease (CKD) (N18.-)
ICD-10-AM Tab List:I13.0	Inclusional	Add		Hypertensive heart disease with CKD stage 1–4 or unspecified and heart failure
ICD-10-AM Tab List:I13.0	Code also	Add		Code also the stage of chronic kidney disease (CKD) (N18.-)
ICD-10-AM Tab List:I13.1	Inclusional	Add		Hypertensive heart and kidney disease with CKD stage 5
ICD-10-AM Tab List:I13.9	Code also	Add		Code also the stage of chronic kidney disease (CKD) (N18.-)
ICD-10-AM Tab List:I15.0	Use Additional	Add		Use additional code to identify presence of chronic kidney disease (CKD) (N18.-)
ICD-10-AM Tab List:I15.1	Use Additional	Add		Use additional code to identify presence of chronic kidney disease (CKD) (N18.-)
ICD-10-AM Tab List:I32.8	Inclusional	Revise	uraemic (N18.8+)	uraemic (N18.<u>5</u>+)
ICD-10-AM Tab List:L89.0	Code	Delete Australian code symbol	⊗ L89.0	L89.0
ICD-10-AM Tab List:L89.1	Code	Delete Australian code symbol	⊗ L89.1	L89.1
ICD-10-AM Tab List:L89.2	Code	Delete Australian code symbol	⊗ L89.2	L89.2
ICD-10-AM Tab List:L89.3	Code	Delete Australian code symbol	⊗ L89.3	L89.3
ICD-10-AM Tab List:L89.9	Code	Delete Australian code symbol	⊗ L89.9	L89.9
ICD-10-AM Tab List:N28	Excludes	Revise	: hydroureter (N13.4) ~~renal disease:~~ • ~~acute NOS (N00.9)~~ ureteric kinking and stricture: • with hydronephrosis (N13.1) • without hydronephrosis (N13.5)	: <u>acute renal disease NOS (N00.9)</u> hydroureter (N13.4) ureteric kinking and stricture: • with hydronephrosis (N13.1) • without hydronephrosis (N13.5)
ICD-10-AM Tab List:O01	Standard No	Delete	1504	
ICD-10-AM Tab List:O08.4	Inclusional	Revise	~~Oliguria }~~ Kidney: } • failure (acute) } • shutdown } • tubular necrosis } Uraemia }	Kidney: } • failure (acute) } • shutdown } • tubular necrosis } <u>Oliguria }</u> Uraemia }
ICD-10-AM Tab List:O85	Use Additional	Revise	Use additional code to identify localised infection:• endometritis (N71.9)	Use additional code to identify localised infection:• endometritis (N71.<u>-</u>)
ICD-10-AM Tab List:P78.3	Excludes	Revise	infectious ~~and unspecified~~ neonatal diarrhoea (A09.-)	infectious neonatal diarrhoea (A09.<u>0</u>)
ICD-10-AM Tab List:Y90	Standard No	Add		▼0503
ICD-10-AM Tab List:Y91	Standard No	Add		▼0503

ICD-10-AM Tab List:Z45	Code	Revise	Adjustment and management of implanted device	Adjustment and management of drug delivery or implanted device
ICD-10-AM Tab List:Z45.1	Inclusion	Revise	Adjustment and management of infusion device or pump (external)	Adjustment and management of: • external } infusion device or pump • implantable spinal } infusion device or pump
ICD-10-AM Tab List:Z45.1	Note	Revise	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.	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:Z45.1	Excludes	Add		that for pharmacotherapy for neoplasm (Z51.1)
ICD-10-AM Tab List:Z45.2	Inclusion	Revise	Adjustment and management of: • infusion port • Port-A-Cath • reservoir (subcutaneous) • vascular catheter	Adjustment and management of: • infusion port • Port-A-Cath • reservoir (subcutaneous)
ICD-10-AM Tab List:Z45.2	Excludes	Add		adjustment and management of vascular catheter without reservoir attached (Z45.8) that for pharmacotherapy for neoplasm (Z51.1)
ICD-10-AM Tab List:Z49.1	Inclusion	Revise	Dialysis (renal) NOS	Dialysis (kidney) NOS
ICD-10-AM Index: Admission:adjustment:catheter:dialysis : extracorporeal	Code	Revise	Z45.2	Z45.8
ICD-10-AM Index: Admission:adjustment:catheter	Term and Code	Delete	nonvascular Z45.8	
ICD-10-AM Index: Admission:adjustment:catheter:vascular	Code	Revise	Z45.2	Z45.8
ICD-10-AM Index: Admission:adjustment:device:drug delivery or pump	Non Essential	Add	- - - drug delivery or pump (CADD) (external) Z45.1	- - - drug delivery or pump (CADD) (external) (implantable spinal) Z45.1
ICD-10-AM Index: Admission:adjustment:device:infusion or pump	Non Essential	Add	- - - infusion or pump (external) Z45.1	- - - infusion or pump (external) (implantable spinal) Z45.1
ICD-10-AM Index: Admission:adjustment:drug delivery device or pump	Non Essential	Add	- - drug delivery device or pump (CADD) (external) Z45.1	- - drug delivery device or pump (CADD) (external) (implantable spinal) Z45.1
ICD-10-AM Index: Admission:adjustment:infusion device or pump	Non Essential	Add	- - infusion device or pump (external) Z45.1	- - infusion device or pump (external) (implantable spinal) Z45.1
ICD-10-AM Index: Admission:dialysis:catheter:extracorporeal:fitting and adjustment	Code	Revise	Z45.2	Z45.8
ICD-10-AM Index: Admission:dialysis:catheter:extracorporeal:removal or replacement	Code	Revise	Z45.2	Z45.8

ICD-10-AM Index: Admission:fitting:catheter:dialysis: extracorporeal	Code	Revise	Z45.~~2~~	Z45.<u>8</u>
ICD-10-AM Index: Admission:fitting:catheter	Term and Code	Delete	— ~~nonvascular Z45.8~~	
ICD-10-AM Index: Admission:fitting:catheter:vascular	Code	Revise	Z45.~~2~~	Z45.<u>8</u>
ICD-10-AM Index: Admission:fitting:device:drug delivery or pump	Non Essential	Add	- - - drug delivery or pump (CADD) (external) Z45.1	- - - drug delivery or pump (CADD) (external) <u>(implantable spinal)</u> Z45.1
ICD-10-AM Index: Admission:fitting:device:infusion or pump	Non Essential	Add	- - - infusion or pump (external) Z45.1	- - - infusion or pump (external) <u>(implantable spinal)</u> Z45.1
ICD-10-AM Index: Admission:fitting: drug delivery device or pump	Non Essential	Add	- - drug delivery device or pump (CADD) (external) Z45.1	- - drug delivery device or pump (CADD) (external) <u>(implantable spinal)</u> Z45.1
ICD-10-AM Index: Admission:fitting: infusion device or pump	Non Essential	Add	- - infusion device or pump (external) Z45.1	- - infusion device or pump (external) <u>(implantable spinal)</u> Z45.1
ICD-10-AM Index: Admission:removal:catheter, vascular	Non Essential And Code	Delete and Revise	- - catheter, vascular ~~(infusion port) (Port-A-Cath) (reservoir)~~ Z45.~~2~~	- - catheter, vascular Z45.<u>8</u>
ICD-10-AM Index: Admission:removal:device:drug delivery device or pump	Non Essential	Add	- - - drug delivery or pump (CADD) (external) Z45.1	- - - drug delivery or pump (CADD) (external) <u>(implantable spinal)</u> Z45.1
ICD-10-AM Index: Admission:removal:device:infusion or pump	Non Essential	Add	- - - infusion or pump (external) Z45.1	- - - infusion or pump (external) <u>(implantable spinal)</u> Z45.1
ICD-10-AM Index: Admission:removal:dialysis catheter:extracorporeal	Code	Revise	Z45.~~2~~	Z45.<u>8</u>
ICD-10-AM Index: Admission:removal: drug delivery device or pump	Non Essential	Add	- - drug delivery device or pump (CADD) (external) Z45.1	- - drug delivery device or pump (CADD) (external) <u>(implantable spinal)</u> Z45.1
ICD-10-AM Index: Admission:removal: infusion device or pump	Non Essential	Add	- - infusion device or pump (external) Z45.1	- - infusion device or pump (external) <u>(implantable spinal)</u> Z45.1
ICD-10-AM Index: Admission:removal:nonvascular catheter	Term and Code	Delete	— ~~nonvascular Z45.8~~	
ICD-10-AM Index: Admission:toilet or cleaning:catheter, vascular	Non Essential And Code	Delete and Revise	- - catheter, vascular ~~(infusion port) (Port-A-Cath) (reservoir)~~ Z45.~~2~~	- - catheter, vascular Z45.<u>8</u>
ICD-10-AM Index: Admission:toilet or cleaning:device:drug delivery or pump	Non Essential	Add	- - - drug delivery or pump (CADD) (external) Z45.1	- - - drug delivery or pump (CADD) (external) <u>(implantable spinal)</u> Z45.1
ICD-10-AM Index: Admission:toilet or cleaning:device:infusion or pump	Non Essential	Add	- - - infusion or pump (external) Z45.1	- - - infusion or pump (external) <u>(implantable spinal)</u> Z45.1
ICD-10-AM Index: Admission:toilet or cleaning:dialysis catheter:extracorporeal	Code	Revise	Z45.~~2~~	Z45.<u>8</u>

ICD-10-AM Index: Admission:toilet or cleaning:drug delivery device or pump	Non Essential	Add	- - drug delivery device or pump (CADD) (external) Z45.1	- - drug delivery device or pump (CADD) (external) (implantable spinal) Z45.1
ICD-10-AM Index: Admission:toilet or cleaning: infusion device or pump	Non Essential	Add	- - infusion device or pump (external) Z45.1	- - infusion device or pump (external) (implantable spinal) Z45.1
ICD-10-AM Index: Admission:toilet or cleaning:nonvascular catheter	Term and Code	Delete	- - nonvascular Z45.8	
ICD-10-AM Index:Askin's tumour	Morphology	Revise	M8803/3	M9365/3
ICD-10-AM Index:Delirium, delirious:due to:methylenedioxy methamphetamine:intoxication	Code	Revise	F19.0	F15.09
ICD-10-AM Index:Delirium, delirious:due to:methylenedioxy methamphetamine:withdrawal	Code	Revise	F19.4	F15.49
ICD-10-AM Index:Delivery, complicated, rupture, uterus	Code	Revise	O71.1	O71.1-
ICD-10-AM Index:Delivery, complicated, rupture, uterus, before labour	Code	Revise	O71.0	O71.0-
ICD-10-AM Index:Dermoid	Term	Revise	Dermoid (cyst) (M9084/0) — *see also Neoplasm, benign* - with malignant transformation (M9084/3) C56 - due to radiation (nonionising) L57.8	Dermoid (cyst) (M9084/0) — *see also Neoplasm, benign* - with - - malignant transformation (M9084/3) C56 - - secondary tumour (M9084/3) — *see Neoplasm, malignant* - due to radiation (nonionising) L57.8
ICD-10-AM Index:Diabetes, diabetic:with:nephropathy	NEC	Add	- - nephropathy (advanced) (established) (progressive) E1-.22	- - nephropathy (advanced) (established) (progressive) NEC E1-.22
ICD-10-AM Index:Diabetes, diabetic:with	Term	Add		- - nephrotic syndrome
ICD-10-AM Index:Diabetes, diabetic:with:nephrotic syndrome	Code	Add		E1-.22
ICD-10-AM Index:Diabetes, diabetic:with	Term	Add		- - tubulo-intestitial changes
ICD-10-AM Index:Diabetes, diabetic:with:tubulo-intestitial changes	Code	Add		E1-.21
ICD-10-AM Index:Diarrhoea, diarrhoeal:neonatal	Term	Add		- - infectious
ICD-10-AM Index:Diarrhoea, diarrhoeal:neonatal:infectious	Code	Add		A09.0
ICD-10-AM Index:Disease, diseased:kidney	Term	Add		- - advanced
ICD-10-AM Index:Disease, diseased:kidney:advanced	See	Add		— see Disease, kidney, chronic
ICD-10-AM Index:Disease, diseased:kidney:end-stage	Non Essential	Add		(CKD stage 5)
ICD-10-AM Index:Disease, diseased:kidney:hypertensive:end-stage	Non Essential	Add		(CKD stage 5)
ICD-10-AM Index:Disease, diseased:lymphoproliferative:T-cell, primary cutaneous CD30+	See	Delete	— *see Neoplasm, skin, benign*	
ICD-10-AM Index:Disease, diseased:lymphoproliferative:T-cell, primary cutaneous CD30+	Code	Add		C84.5
ICD-10-AM Index:Disorder:mental:due to:MDMA use	Code	Revise	F19.9	F15.99

ICD-10-AM Index:Disorder:mental:due to:methylenedioxy methamphetamine use	Code	Revise	~~F19.9~~	F15.99
ICD-10-AM Index:Failure, failed:heart:congestive:hypertensive:with kidney disease:with kidney failure	Term	Revise	Failure, failed - heart (acute) (sudden) I50.9 - - congestive I50.0 - - - hypertensive *(see also Hypertension, heart)* I11.0 - - - - with kidney disease (CKD stage 1–4 and unspecified) I13.0 - - - - - with ~~kidney failure (~~CKD stage 5~~)~~ I13.2	Failure, failed - heart (acute) (sudden) I50.9 - - congestive I50.0 - - - hypertensive *(see also Hypertension, heart)* I11.0 - - - - with kidney disease (CKD stage 1–4 and unspecified) I13.0 - - - - - with CKD stage 5 (kidney failure) I13.2
ICD-10-AM Index:Failure, failed:heart:hypertensive:with kidney disease:with kidney failure	Term	Revise	Failure, failed - heart (acute) (sudden) I50.9 - - hypertensive *(see also Hypertension, heart)* I11.0 - - - with kidney disease (CKD stage 1–4 and unspecified) I13.0 - - - - with ~~kidney failure (~~CKD stage 5~~)~~ I13.2	Failure, failed - heart (acute) (sudden) I50.9 - - hypertensive *(see also Hypertension, heart)* I11.0 - - - with kidney disease (CKD stage 1–4 and unspecified) I13.0 - - - - with CKD stage 5 (kidney failure) I13.2
ICD-10-AM Index:Failure, failed:kidney:end-stage	Non Essential	Add	Failure,failed - kidney N19 - - end-stage (chronic) N18.5	Failure,failed - kidney N19 - - end-stage (chronic) (CKD stage 5) N18.5
ICD-10-AM Index: Fitting:catheter:dialysis:extracorporeal	Code	Revise	Z45.~~2~~	Z45.8
ICD-10-AM Index: Fitting:catheter:nonvascular	Term and Code	Delete	~~- - nonvascular Z45.8~~	
ICD-10-AM Index: Fitting:catheter:vascular	Code	Revise	Z45.~~2~~	Z45.8
ICD-10-AM Index: Fitting:catheter:vascular:with implantable infusion device or pump	Term	Revise	- - - with ~~implantable~~ infusion device or pump Z45.1	- - - with infusion device or pump Z45.1
ICD-10-AM Index: Fitting:device:vascular access	Non Essential	Add	- - vascular access Z45.2	- - vascular access (infusion port) (Port-A-Cath) (reservoir) Z45.2
ICD-10-AM Index: Fitting:vascular access device	Non Essential	Add	- - vascular access device Z45.2	- - vascular access device (infusion port) (Port-A-Cath) (reservoir) Z45.2
ICD-10-AM Index:Gastroenteritis:with septicaemia	Term	Delete	Gastroenteritis (acute) *(see also Enteritis)* A09.9 ~~- with septicaemia NEC A09.0~~ - allergic K52.2	Gastroenteritis (acute) *(see also Enteritis)* A09.9 - allergic K52.2
ICD-10-AM Index:Glucagonoma	Code	Delete	D37.7	
ICD-10-AM Index:Hypertension, hypertensive:cardiorenal:with:kidney failure	Term	Revise	**Hypertension, hypertensive** (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic) I10 - cardiorenal (disease) I13.9 - - with - - - ~~kidney failure (~~CKD stage 5~~)~~ I13.1 - - - - and heart failure (congestive) I13.2	**Hypertension, hypertensive** (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic) I10 - cardiorenal (disease) I13.9 - - with - - - CKD stage 5 (kidney failure) I13.1 - - - - and heart failure (congestive) I13.2

ICD-10-AM Index:Hypertension, hypertensive:cardiovascular:disease:with heart failure:with kidney failure	Term	Revise	**Hypertension, hypertensive** (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic) I10 - cardiovascular - - disease (arteriosclerotic) (sclerotic) (see also *Hypertension*, heart) I11.9 - - - with heart failure (congestive) (see also *Hypertension*, heart) I11.0 - - - - with ~~kidney failure~~ (CKD stage 5) I13.2	**Hypertension, hypertensive** (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic) I10 - cardiovascular - - disease (arteriosclerotic) (sclerotic) (see also *Hypertension*, heart) I11.9 - - - with heart failure (congestive) (see also *Hypertension*, heart) I11.0 - - - - with CKD stage 5 <u>(kidney failure)</u> I13.2
ICD-10-AM Index:Hypertension, hypertensive:cardiovascular:kidney:with kidney failure	Term	Revise	**Hypertension, hypertensive** (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic) I10 - cardiovascular - - kidney (disease) (sclerosis) (see also *Hypertension*, cardiorenal) I13.9 - - - with ~~kidney failure~~ (CKD stage 5) I13.1	**Hypertension, hypertensive** (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic) I10 - cardiovascular - - kidney (disease) (sclerosis) (see also *Hypertension*, cardiorenal) I13.9 - - - with CKD stage 5 <u>(kidney failure)</u> I13.1
ICD-10-AM Index:Hypertension, hypertensive:kidney	Terms and Codes	Revise	**Hypertension, hypertensive** (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic) I10 - kidney I12.9 - - with - - - heart involvement (conditions in I51.4–I51.9 due to Hypertension) *(see also Hypertension, cardiorenal)* I13.9 - - - - with heart failure (congestive) I13.0 ~~- - - - - with kidney failure (CKD stage 5) I13.2~~ - - - hypertensive heart disease (conditions in I11.-) *(see also Hypertension, cardiorenal)* I13.9 - - - - with heart failure (congestive) I13.0 ~~- - - - - with kidney failure (CKD stage 5) I13.2~~ ~~kidney failure (CKD stage 5) I12.0~~ - lesser circulation I27.0	**Hypertension, hypertensive** (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic) I10 - kidney <u>(disease)</u> I12.9 - - with <u>- - - CKD stage 1–4 I12.9</u> <u>- - - CKD stage 5 (kidney failure) I12.0</u> - - - heart involvement (conditions in I51.4–I51.9 due to Hypertension) *(see also Hypertension, cardiorenal)* I13.9 - - - - with heart failure (congestive) I13.0 <u>- - - - - with CKD stage 5 (kidney failure) I13.2</u> - - - hypertensive heart disease (conditions in I11.-) *(see also Hypertension, cardiorenal)* I13.9 - - - - with heart failure (congestive) I13.0 <u>- - - - - with CKD stage 5 (kidney failure) I13.2</u> - lesser circulation I27.0

ICD-10-AM Index:Impaired, impairment:glucose regulation	Terms and Codes	Revise	Impaired, impairment (function) - glucose regulation (tolerance) E09.- - - with - - - acanthosis nigricans E09.72 - - - dyslipidaemia E09.72 - - - features of insulin resistance E09.72 - - - hyperinsulinism E09.72 - - - hypertension E09.72 - - - incipient ~~diabetic~~ nephropathy (early) (mild) (reversible) E09.21 - - - increased intra-abdominal visceral fat deposition E09.72 - - - insulin resistance E09.72 - - - intraretinal microvascular abnormalities (IRMA) E09.32 - - - IRMA E09.32 - - - microalbuminuria (constant) (persistent) E09.21 - - - neuropathy E09.40 - - - - polyneuropathy E09.42 - - - nonalcoholic fatty (change of) liver E09.72 - - - obesity – *see ACS 0401 Diabetes mellitus and impaired glucose regulation, obesity*	Impaired, impairment (function) - glucose regulation (tolerance) E09.<u>9</u> - - with - - - acanthosis nigricans E09.72 - - - <u>CKD (stage 3-5) E09.29</u> - - - - <u>stage 1-2 E09.21</u> - - - dyslipidaemia E09.72 - - - features of insulin resistance E09.72 - - - <u>glomerular</u> - - - - <u>basement-membrane thickening E09.21</u> - - - - <u>mesangial expansion E09.21</u> - - - hyperinsulinism E09.72 - - - hypertension E09.72 - - - incipient nephropathy (early) (mild) (reversible) E09.21 - - - increased intra-abdominal visceral fat deposition E09.72 - - - insulin resistance E09.72 - - - intraretinal microvascular abnormalities (IRMA) E09.32 - - - IRMA E09.32 - - - microalbuminuria (constant) (persistent) E09.21 - - - <u>microvascular complications, multiple E09.71</u> - - - neuropathy E09.40 - - - - <u>peripheral</u> - - - - - <u>distal symmetrical E09.42</u> - - - - - <u>selective small fibre E09.42</u> - - - - - <u>sensorimotor E09.42</u> - - - - polyneuropathy E09.42 - - - nonalcoholic fatty (change of) liver E09.72 - - - obesity – *see ACS 0401 Diabetes mellitus and impaired glucose regulation, obesity*

			- - - peripheral angiopathy (without gangrene) E09.51 - - - - with gangrene E09.52 - - - retinopathy (background) E09.31 - - in pregnancy, childbirth or puerperium O24.5- - hearing — *see Deafness*	- - - peripheral angiopathy (without gangrene) E09.51 - - - - with gangrene E09.52 - - - proteinuria (fixed) (persistent) E09.21 - - - retinal - - - - cotton-wool spots E09.32 - - - - haemorrhages - - - - - blotchy E09.32 - - - - - dot-and-blot E09.31 - - - - - flame-shaped E09.31 - - - - - round E09.32 - - - - - small E09.32 - - - - hard exudates E09.31 - - - - ischaemia E09.32 - - - - microaneurysms E09.31 - - - - venous - - - - - beading E09.32 - - - - - dilatation E09.31 - - - - - looping E09.32 - - - - - reduplication E09.32 - - - retinopathy (background) E09.31 - - - tubulo-interstitial changes E09.21 - - in pregnancy, childbirth or puerperium O24.5- - hearing — *see Deafness*
ICD-10-AM Index:Insulinoma, pancreas	Code	Delete	D13.7	
ICD-10-AM Index: Management:catheter, vascular	Non Essential And Code	Delete and Revise	- catheter, vascular (infusion port) (Port-A-Cath) (reservoir) Z45.2	- catheter, vascular Z45.8
ICD-10-AM Index: Management:device: drug delivery or pump	Non Essential	Add	- - drug delivery or pump (external) Z45.1	- - drug delivery or pump (external) (implantable spinal) Z45.1
ICD-10-AM Index: Management:device:infusion or pump	Non Essential	Add	- - - infusion or pump (external) Z45.1	- - - infusion or pump (external) (implantable spinal) Z45.1
ICD-10-AM Index: Management:drug delivery device or pump	Non Essential	Add	- drug delivery device or pump (CADD)(external) Z45.1	- drug delivery device or pump (CADD) (external) (implantable spinal) Z45.1
ICD-10-AM Index: Management:infusion device or pump	Non Essential	Add	- infusion device or pump (external) Z45.1	- infusion device or pump (external) (implantable spinal) Z45.1
ICD-10-AM Index:Necrosis, necrotic:cystic medial	Code	Revise	I71.02	I71.0-
ICD-10-AM Index:Neisserian infection	See	Revise	— see Gonococcus	— see Infection, infected, Neisseria
ICD-10-AM Index:Polyneuropathy:in:uraemia	Dagger Code	Revise	N18.8+	N18.5+
ICD-10-AM Index:Pregnancy:complicated by:specified condition	Code	Revise	O26.9	O26.88
ICD-10-AM Index:Removal:catheter:dialysis: extracorporeal	Code	Revise	Z45.2	Z45.8
ICD-10-AM Index:Removal:catheter:nonvascular	Term and Code	Delete	Nonvascular Z45.8	

ICD-10-AM Index:Removal:catheter:vascular	Non Essential and Code	Delete and Revise	- - vascular (infusion port) (Port-A-Cath) (reservoir) Z45.2	- - vascular Z45.8
ICD-10-AM Index: Removal:device: drug delivery or pump	Non Essential	Add	- - drug delivery or pump (CADD)(external) Z45.1	- - drug delivery or pump (CADD)(external) (implantable spinal) Z45.1
ICD-10-AM Index: Removal:device:infusion or pump	Non Essential	Add	- - - infusion or pump (external) Z45.1	- - - infusion or pump (external) (implantable spinal) Z45.1
ICD-10-AM Index: Removal:drug delivery device or pump	Non Essential	Add	- drug delivery device or pump (CADD)(external) Z45.1	- drug delivery device or pump (CADD) (external) (implantable spinal) Z45.1
ICD-10-AM Index: Removal:infusion device or pump	Non Essential	Add	- infusion device or pump (external) Z45.1	- infusion device or pump (external) (implantable spinal) Z45.1
ICD-10-AM Index:Rupture, ruptured:uterus:during or after labour	Code	Revise	O71.1	O71.1-
ICD-10-AM Index:Rupture, ruptured:uterus:pregnant	Code	Revise	O71.1	O71.1-
ICD-10-AM Index:Rupture, ruptured:uterus:pregnant, before labour	Code	Revise	O71.0	O71.0-
ICD-10-AM Index:Sertoli-Leydig cell tumour	Term	Add	- specified site — *see Neoplasm, benign*	- intermediate differentiation (M8631/1) - - with heterologous elements (M8634/1) - poorly differentiated (M8631/3) — *see also Neoplasm, malignant* - - with heterologous elements (M8634/3) — *see Neoplasm, malignant* - retiform (M8633/1) - - with heterologous elements (M8634/1) - - sarcomatoid (M8631/3) with heterologous elements (M8634/3) - - well differentiated (M8631/0) — *see Neoplasm, benign* - specified site — *see Neoplasm, benign*

ICD-10-AM Index:Tumour:dermoid	Term	Revise	**Tumour** (M8000/1) — *see also Neoplasm, uncertain behaviour* - dermoid (M9084/0) — *see Neoplasm, benign* - - with ~~malignant transformation (M9084/3) C56~~ - desmoid (extra-abdominal) (M8821/1) — *see also Neoplasm, connective tissue, uncertain behaviour* - - abdominal (M8822/1) D48.1 - desmoplastic, small round cell (M8806/3) — *see Neoplasm, connective tissue, ~~benign~~* - embolus (M8000/6) — *see Neoplasm, secondary*	**Tumour** (M8000/1) — *see also Neoplasm, uncertain behaviour* - dermoid (M9084/0) — *see Neoplasm, benign* - - with - - - malignant transformation (M9084/3) C56 - - - secondary tumour (M9084/3) — *see Neoplasm, malignant* - desmoid (extra-abdominal) (M8821/1) — *see also Neoplasm, connective tissue, uncertain behaviour* - - abdominal (M8822/1) D48.1 - desmoplastic, small round cell (M8806/3) — *see Neoplasm, connective tissue, malignant* - embolus (M8000/6) — *see Neoplasm, secondary*
ACHI Tab List:6:40712-00	Inclusion	Delete	Replacement of intracranial electrode via craniotomy	
ACHI Tab List:39	Standard No	Delete	▼0045	
ACHI Tab List:40	Standard No	Delete	▼0045	
ACHI Tab List:69:42548-00	Inclusion	Delete	Decompression of optic nerve	
ACHI Tab List:529:30294-01	Includes	Revise	tracheostomy (~~41881-01 [536]~~)	tracheostomy
ACHI Tab List:556:90171-00	Code also when performed	Revise	• insertion of intercostal catheter for drainage (~~38409-00~~ [560])	• insertion of intercostal catheter for drainage (38806-00 [560])
ACHI Tab List:556:38424-02	Code also when performed	Revise	• insertion of intercostal catheter for drainage (~~38409-00~~ [560])	• insertion of intercostal catheter for drainage (38806-00 [560])
ACHI Tab List:650:38353-00	Excludes	Revise	cardiac:• event monitor (loop recorder) (~~96193-00~~ [1604])	cardiac:• event monitor (loop recorder) (38285-00 [1604])
ACHI Tab List:669	Code also when performed	Revise	• coronary angiography (38215-00 [668])	• coronary angiography (38215-00, 38218 [668])
ACHI Tab List:670	Code also when performed	Revise	• coronary angiography (38215-00 [668])	• coronary angiography (38215-00, 38218 [668])
ACHI Tab List:671	Code also when performed	Revise	• coronary angiography (38215-00 [668])	• coronary angiography (38215-00, 38218 [668])
ACHI Tab List:738:34530-04	Excludes	Revise	that connected to vascular access device (~~34530-03~~ [766])	that connected to vascular access device (34530-05 [766])
ACHI Tab List:754:35309-07	Excludes	Revise	that for carotid artery (~~35307-00~~ [754])	that for carotid artery (35307-01 [754])
ACHI Tab List:954:30422-00	Note	Revise	Performed for minor or moderate traumatic laceration(s) of liver [< 10cm long ~~and~~ < 3 cm deep]	Performed for minor or moderate traumatic laceration(s) of liver [< 10cm long or < 3 cm deep]
ACHI Tab List:954:30425-00	Note	Revise	Performed for major traumatic laceration(s) of liver [≥ 10 cm long ~~and~~ ≥ 3 cm deep] with significant disruption of hepatic parenchyma	Performed for major traumatic laceration(s) of liver [≥ 10 cm long or ≥ 3 cm deep] with significant disruption of hepatic parenchyma
ACHI Tab List:963:30454-00	Excludes	Revise	that with:• repair of:• pancreatic duct (~~30458-05 [971]~~)	that with:• repair of:• pancreatic duct (30458-06 [981])
ACHI Tab List:1299:35637-10	Excludes	Revise	excision of lesion:• fallopian tube (~~35713-08, 35717-02~~ [1251])	excision of lesion:• fallopian tube (35638-07, 35638-08 [1251])
ACHI Tab List:1299:35637-10	Excludes	Revise	excision of lesion:• ovary (~~35713-06~~ [1243])	excision of lesion:• ovary (35638-01 [1243])

ACHI Tab List:1299:35637-10	Excludes	Revise	excision of lesion:• uterus (~~35649-03, 90452-00~~ [1266])	excision of lesion:• uterus (35649-01 [1266])
ACHI Tab List:1920:96209-XX	Note	Revise	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.	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.
ACHI Tab List:1922:13939-02	Excludes	Add		that: • for vascular catheter without reservoir attached (92058-00 [1890]) • with administration of pharmacotherapy (96199 [1920])
ACHI Tab List:1922:13942-02	Note	Revise	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.	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.
ACHI Index:Biopsy:breast	Term	Revise	Biopsy - breast (aspiration) (closed) (fine needle) ~~(percutaneous)~~ 31533-00 **[1743]** - - core (tru-cut) 31548-00 **[1743]** - - open (incisional) (surgical) 31500-01 **[1743]** ~~- - - excisional 31500-00 [1743]~~	Biopsy - breast (aspiration) (closed) (fine needle) 31533-00 **[1743]** - - core <u>(percutaneous)</u> (tru-cut) 31548-00 **[1743]** - - <u>excisional 31500-00</u> **[1744]** - - open (incisional) (surgical) 31500-01 **[1743]**
ACHI Index:Cholangiopancreatography:by magnetic resonance imaging	See	Revise	**Cholangiopancreatography** - by magnetic resonance imaging (MRCP) ~~— see Imaging, magnetic resonance, abdomen~~	**Cholangiopancreatography** - by magnetic resonance imaging (MRCP) <u>90901-05 [2015]</u>
ACHI Index:Cholecystopancreatography:by magnetic resonance imaging	See	Revise	**Cholecystopancreatography** - by magnetic resonance imaging (MRCP) ~~— see Imaging, magnetic resonance, abdomen~~	**Cholecystopancreatography** - by magnetic resonance imaging (MRCP) <u>90901-05 [2015]</u>
ACHI Index:Cystoscopy:with:excision:lesion:neck	Term	Add one dash	- - - - neck	- - - - - neck
ACHI Index:Destruction:lesion:larynx:by endoscopic laser:with microlaryngoscopy	Term	Delete one dash	- - - - with microlaryngoscopy 41864-00 [523]	- - - with microlaryngoscopy 41864-00 [523]
ACHI Index:Destruction:lesion:larynx:by endoscopic laser:with microlaryngoscopy:by laser	Term	Delete one dash	- - - - - by laser 41861-00 [523]	- - - - by laser 41861-00 [523]
ACHI Index:Division:nerve:spinal:roots:with laminectomy	Code	Revise	~~40330-00~~	<u>40330-01</u>
ACHI Index:Division:nerve:spinal:roots:with laminectomy	Block	Revise	~~[49]~~	<u>[54]</u>
ACHI Index:Explant, explantation	Main Term	Add		Explant, explantation
ACHI Index:Explant, explantation	See	Add		— see Removal

ACHI Index:Extraction:calculus:lacrimal:canaliculus, by:incision	Code	Revise	~~42602-01~~	42602-00
ACHI Index:Insertion:device:cardiac:resynchronisation	See	Add	— see Insertion, pacemaker	— see Insertion, pacemaker, cardiac
ACHI Index:Insertion:prosthesis, prosthetic device:dental	Term	Revise	Insertion; prosthesis, prosthetic device; dental	Insertion; prosthesis, prosthetic device; dental, osseointegrated
ACHI Index:Insertion:prosthesis, prosthetic device:intraoral	Term	Revise	Insertion; prosthesis, prosthetic device; intraoral	Insertion; prosthesis, prosthetic device; intraoral, osseointegrated
ACHI Index:Insertion:prosthesis, prosthetic device:oral	Term	Revise	Insertion; prosthesis, prosthetic device; oral	Insertion; prosthesis, prosthetic device; oral, osseointegrated
ACHI Index:Lavage:device:drug delivery	Block	Revise	[1920]	[1922]
ACHI Index:Maintenance:device:vascular access	Block	Revise	[1920]	[1922]
ACHI Index:Maintenance:vascular access device	Block	Revise	[1920]	[1922]
ACHI Index:Prostatectomy:radical, open	Term	Revise	Prostatectomy - radical, open (total) 37209-00 **[1167]** - - with bladder neck reconstruction 37210-00 **[1167]** - - - and pelvic lymphadenectomy 37211-00 **[1167]** - - laparoscopic 37209-01 **[1166]** - - - with bladder neck reconstruction 37210-01 **[1166]** - - - - and pelvic lymphadenectomy 37211-01 **[1166]**	Prostatectomy - radical - - laparoscopic 37209-01 **[1166]** - - - with bladder neck reconstruction 37210-01 **[1166]** - - - - and pelvic lymphadenectomy 37211-01 **[1166]** - - open 37209-00 **[1167]** - - - with bladder neck reconstruction 37210-00 **[1167]** - - - - and pelvic lymphadenectomy 37211-00 **[1167]**
ACHI Index:Removal:toenail:ingrown:partial:wedge (ungual fold)	Term	Delete	Removal - toenail 47906-01 **[1632]** - - ingrown - - - partial (by phenolisation) 47916-00 **[1632]** - - - - ~~wedge (ungual fold) 47915-00~~ **[1632]** - - - radical 47918-00 **[1632]**	Removal - toenail 47906-01 **[1632]** - - ingrown - - - partial (by phenolisation) 47916-00 **[1632]** - - - radical 47918-00 **[1632]**
ACHI Index:Repair:obstetric laceration, current	Term	Add		- - cervix
ACHI Index:Repair:obstetric laceration, current:cervix	Code	Add		16571-00
ACHI Index:Repair:obstetric laceration, current:cervix	Block	Add		[1344]
ACHI Index:Repair:obstetric laceration, current	Term	Add		- - uterus
ACHI Index:Repair:obstetric laceration, current:uterus	Code	Add		90485-00
ACHI Index:Repair:obstetric laceration, current:uterus	Block	Add		[1344]
ACHI Index:Repair:obstetric laceration, current	Term	Add		- - vulva
ACHI Index:Repair:obstetric laceration, current:vulva	Code	Add		90485-00
ACHI Index:Repair:obstetric laceration, current:vulva	Block	Add		[1344]

| ACHI Index:Resection:toenail:ingrown:partial:wedge (ungual fold) | Term | Revise | Resection
- toenail 47906-01 **[1632]**
- - ingrown
- - - partial (by phenolisation) 47916-00 **[1632]**
~~- - - wedge (ungual fold) 47915-00 [1632]~~
- - - radical 47918-00 **[1632]**
- - - Zadek's (Zadik's) 47918-00 **[1632]** | Resection
- toenail 47906-01 **[1632]**
- - ingrown
- - - partial (by phenolisation) 47916-00 **[1632]**
- - - radical 47918-00 **[1632]**
- - - <u>wedge (ungual fold) 47915-00</u> **[1632]**
- - - Zadek's (Zadik's) 47918-00 **[1632]** |
| ACHI Index:Revision:spinal procedure:with:removal of spinal fixation | Code | Revise | ~~90025-02~~ | <u>90025-01</u> |

AUSTRALIAN CODING STANDARDS

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0027   MULTIPLE CODING

EXAMPLE 5:
Patient admitted with puerperal endometritis seven days after giving birth. Group A β – haemolytic *Streptococcus pyogenes* isolated as the causative organism.

Index entry: **Endometritis**, puerperal, postpartum O85

Tabular: **O85**   *Puerperal sepsis*
            Puerperal:
            • endometritis
            …
            Use additional code (B95-B97) to identify infectious agent in localised infection
            Use additional code to identify localised infection:
            • endometritis (~~N71.9~~ <u>N71.-</u>)

Codes: O85   *Puerperal sepsis*
          N71.9   *Inflammatory disease of uterus, unspecified*
          B95.0   *Streptococcus, group A, as the cause of diseases classified to other chapters*
          Z39.01   *Postpartum care after hospital delivery*

(See also ACS 1548 *Postpartum condition or complication*.)

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0020   BILATERAL/MULTIPLE PROCEDURES
Multiple procedures

Classification

1.   The SAME PROCEDURE repeated during the episode of care at different visits to theatre
A procedure which is repeated during the episode of care should be coded as many times as it is performed.

Examples of exceptions to this rule are:
• Procedures included in ACS 0042 *Procedures normally not coded*
• Procedures where multiples are included in the code descriptor, such as:
    • ECT <u>(see ACS 0533 *Electroconvulsive therapy, page 124*)</u>
    • Dental extractions
    • Removal of renal calculi
• Dialysis (haemodialysis, peritoneal)
• Excision/removal of skin lesions (see point 5 below)
• Procedures with specific rules in other coding standards, such as:
    • Burn dressings (see ACS 1911 *Burns*)
    • Chemotherapy (see ACS 0044 *Chemotherapy*)
    • Blood transfusions (see ACS 0302 *Blood transfusions*)
    • Allied health interventions (see ACS 0032 *Allied health interventions*)

EXAMPLE 2:
Patient has four teeth surgically removed during an episode of care.

Code: 97322-04 [458]   *Surgical removal of 4 teeth not requiring removal of bone or tooth division*

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0032   ALLIED HEALTH INTERVENTIONS

Classification

1. For inpatient coding it is only necessary to assign the general code(s) (block [1916]) for allied health intervention(s). However, clinical coders are encouraged to use the more specific codes for allied health interventions to better represent the interventions performed.

2. If assigning ~~T~~the general code representing a professional group, it should be assigned once only for an episode of care, regardless of the number of specific interventions performed by the relevant professional.

3. If assigning specific codes, and the same intervention is performed more than once during an episode of care, assign the appropriate code once only.

> **EXAMPLE 1:**
> An inpatient is seen by a physiotherapist (five interventions performed), a social worker (two interventions performed) and a dietitian (one intervention performed) during an episode of care.
>
> Code: 95550-03 [1916]   *Allied health intervention, physiotherapy*
>   95550-01 [1916]   *Allied health intervention, social work*
>   95550-00 [1916]   *Allied health intervention, dietetics*

~~When more specificity is required, assign the specific code(s).~~

> **EXAMPLE 2:**
> An occupational therapist provided perceptual training, sensory integration and education on sensory motor function during the episode of care. The physiotherapist manipulated and mobilised the knee joint.
>
> Specific codes
>   96113-00 [1875]   *Skills training in activities related to memory orientation, perception or attention*
>   96112-00 [1875]   *Skills training in activities related to sensory/sensorimotor/sensorineural function*
>   96076-00 [1867]   *Counselling or education on health maintenance or recovery activities*
>   50115-00 [1905]   *Manipulation/mobilisation of joint, not elsewhere classified*

Note: A combination of codes from examples (1) and (2) may be assigned. However, for consistency of morbidity data it is advisable to ~~routinely~~ assign ~~general~~ the specific codes when documentation is available~~only~~.

0401   DIABETES MELLITUS AND IMPAIRED GLUCOSE REGULATION

> ***The general classification principles in diabetes mellitus are:***
>
> *** This classification includes conditions (often termed 'complications') which occur commonly WITH diabetes mellitus or IGR. These conditions may or may not have been a direct consequence of the metabolic disturbance and are indexed under 'Diabetes, with' or 'Impaired, impairment, glucose regulation, with'. When coding a patient with diabetes or IGR, always refer to the index entry: 'Diabetes, with' or 'Impaired, impairment, glucose regulation, with' to determine if the classification has linked the condition and the diabetes.**
>
> *** The presence or absence of a cause and effect relationship does not affect the code assignment. Only conditions indexed under 'Diabetes, diabetic' or 'Impaired, impairment, glucose regulation' can be classified to 'with complication' categories in E~~10~~09–E14.**
>
> *** In addition to the impaired glucose regulation and diabetes code(s) from E09 – E14, assign codes from other chapters when necessary, to fully describe the clinical diagnosis. These additional codes should be sequenced AFTER the E09 – E14 code(s).**
>
> *** ALL current complications of diabetes should be coded to properly reflect the severity of each case of diabetes. This may require a number of codes to be assigned.**
>
> *** Where the form of diabetes is not specified, particularly in patients under the age of 40 years, further clarification should be sought from the clinician before assigning a code from E14.- *Unspecified diabetes mellitus.***

COMPLICATIONS IN IGR

In patients with IGR microvascular changes in kidneys, eyes and nerves (~~identical~~ similar to those described in diabetes below) may already be evident and may be present in various combinations. When kidneys are involved micro- or macroalbuminuria may be present.

Established diabetic nephropathy

The threshold for persistent or clinical proteinuria (macroalbuminuria) characteristic of established (overt) kidney disease is defined as urinary protein excretion exceeding 0.5 g/24 hours (of which approximately 50% is in the form of albumin).

Australian clinicians do not usually use the terms diabetic 'nephritis' or 'nephrosis' although, when used, these terms should be coded as E1-.22 *Diabetes mellitus with established diabetic nephropathy*.

EXAMPLE 2:
Diabetic nephropathy in 54 year old male with Type 1 diabetes mellitus.
Code: E10.22   *Type 1 diabetes mellitus with established diabetic nephropathy*
                An additional code is required to identify the stage of chronic kidney disease (N18.-)
(See also ACS 1438 *Chronic kidney disease)*

Multiple complications in diabetes and IGR

Diabetes with multiple microvascular ~~or~~and other specified nonvascular complications

CLASSIFICATION
E1-.71 *Diabetes mellitus with multiple microvascular ~~or~~ and other specified nonvascular complications* should be assigned when the patient has **conditions classifiable to two or more of the following five categories:**
1.   Kidney complications (E1-.2-)
2.   Ophthalmic complications (E1-.31–E1-.35, E1-.39)
3.   Neurological complications (E1-.4-)
4.   Diabetic cardiomyopathy (E1-.53)
5.   One of the following skin or subcutaneous tissue complications (E1-.62):
        • diabetic:
                • bullae (bullosis diabeticorum)
                • dermopathy (shin spots)
                • erythema
                • rubeosis
        • necrobiosis lipoidica diabeticorum [NLD]
        • periungual telangiectasia(e)

Categories 1 – 3 above are defined as microvascular complications. However categories 4 and 5 have yet to be clarified as to their precise aetiology.

Assign E1-.71 as the principal diagnosis only when no one complication meets the definition of principal diagnosis.

Additional codes for the specific complications should also be assigned.

EXAMPLE 6:
Patient admitted for treatment of Type 2 diabetic nephropathy. The patient also has retinal ischaemia attributable to diabetes.

Codes: E11.22   *Type 2 diabetes mellitus with established diabetic nephropathy*
                E11.71   *Type 2 diabetes mellitus with multiple microvascular ~~or~~ and other specified*
                                nonvascular complications
                H34.2   *Other retinal artery occlusions*

Following ACS 0001 *Principal diagnosis*, E11.22 is assigned as the principal diagnosis.

EXAMPLE 7:
Patient admitted with Type 1 diabetes with complications of nephrotic syndrome, retinal ischaemia and femoral neuropathy.

Codes: E10.71   *Type 1 diabetes mellitus with multiple microvascular ~~or~~ and other specified*
                nonvascular complications
                N04 .9   *Nephrotic syndrome, unspecified*
                H34.2   *Other retinal artery occlusions*
                G57.2   *Lesion of femoral nerve*

In this case, as no one diabetic complication is the reason for admission, E10.71 is assigned as principal diagnosis.

Diabetic foot

This term is used to define diabetic patients with an ulcer or infection of the foot with peripheral and/or neurological complications and/or other distinct clinical factors. Such patients have an ulcer and/or infection in category 1 below and a **condition from at least one other of the following numbered categories 2–5**:

3. **Peripheral neuropathy**

Diabetes with diabetic polyneuropathy	E1-.42
Diabetes with diabetic autonomic neuropathy	E1-.43
Diabetes with neuropathic oedema	E1-.43
Diabetes with Charcot's arthropathy	E1-.61
Diabetes with diabetic osteopathy	E1-.61
Diabetes with multiple microvascular	
~~*or*~~ <u>*and*</u> *other specified nonvascular complications*	E1-.71

(only when one of the conditions is classifiable to E1-.4-)

0525   SUBSTANCE REHABILITATION AND DETOXIFICATION

Use the codes listed in block [1872] *Alcohol and drug rehabilitation and detoxification* for appropriate treatments with a diagnosis code relating to the condition. The codes Z50.2 *Alcohol rehabilitation* and Z50.3 *Drug rehabilitation* should not be assigned for ~~acute~~ <u>inpatient</u> episodes of care.

0809   INTRAORAL OSSEOINTEGRATED IMPLANTS

The **second stage** of a **two-stage** endosseous implant is performed three to six months later and involves the application of a superstructure (abutment) to the previously buried implant. This second stage process is simpler and quicker than the first stage and provides a structure protruding through the gum upon which is later attached a tooth crown or denture. Assign ~~52630-00~~ <u>45847-00</u> [400] *Intraoral osseointegrated dental implant, second stage.*

0913   HYPERTENSIVE KIDNEY DISEASE (I12)

Certain kidney conditions:

N18.-	*Chronic kidney disease*
N19	*Unspecified kidney failure* **or**
N26	*Unspecified contracted kidney*

are assigned codes from category I12 *Hypertensive kidney disease*, when a causal relationship is stated (eg 'due to hypertension' or 'hypertensive'). In such cases, assign a code from category I12 ~~with a code from N18.- Chronic kidney disease~~ (see also ACS 1438 *Chronic kidney disease*).

The same kidney conditions with hypertension, but without a stated causal relationship, are coded separately. Sequence according to the circumstances of the episode of care.

0927   HYPERTENSIVE HEART AND KIDNEY DISEASE (I13)

Assign codes from combination category I13 *Hypertensive heart and kidney disease*, when both hypertensive heart disease (I11) and hypertensive kidney disease (I12) are present. The term 'hypertensive' by default indicates that there is a causal relationship.

~~Assign also a code from N18.- Chronic kidney disease.~~

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

0928   SECONDARY HYPERTENSION (I15)

Assign these codes when hypertension is stated to be 'due to' or 'secondary to' another condition, such as renal artery stenosis (I15.0 *Renovascular hypertension*) or phaeochromocytoma (I15.2 *Hypertension secondary to endocrine disorders*).

<u>Assign also a code from N18.- *Chronic kidney disease* where I15.0 *Renovascular hypertension* or I15.1 *Hypertension secondary to other kidney disorders* are assigned (see also ACS 1438 *Chronic kidney disease*).</u>

1438   CHRONIC KIDNEY DISEASE

P211
Add

Hypertension in kidney disease

The relationship between CKD and hypertension, though not clearly understood, is vital in treatment. Where hypertension is documented in the presence of CKD assign I10 *Essential (primary) hypertension,* as an additional diagnosis, except where a causal relationship has been clearly documented, for example, hypertensive kidney disease, renovascular disease or secondary hypertension (see also ACS 0913 *Hypertensive kidney disease (I12),* page 153, ~~and~~ ACS 0927 *Hypertensive heart and kidney disease (I13),* page 154 <u>and ACS 0928 *Secondary hypertension (I15), page 154*</u>.

Kidney replacement therapy

P212,
213
Add

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

CLASSIFICATION

1. Cases of chronic kidney disease with ongoing kidney replacement therapy, <u>whether by dialysis or by transplant,</u> which comply with ACS 0002, require a code from N18.- *Chronic kidney disease* to describe the current stage of disease, except in routine dialysis only admissions.

2. For <u>routine</u> dialysis only admissions it can be assumed from the assignment of Z49.1 *Extracorporeal dialysis* or Z49.2 *Other dialysis* that the patient has CKD – stage 5 (see also ACS 1404 *Admission for kidney dialysis*).

3. ~~For all other admissions where chronic kidney disease requires dialysis, assign N18.5 *Chronic kidney disease, stage 5.*~~

Delete

4.3. For patients who have received a kidney transplant and documentation pertaining to this status satisfies criteria for coding under ACS 0002, assign Z94.0 *Kidney transplant status* together with N18.3 *Chronic kidney disease, stage 3* or higher, as indicated by an eGFR level.

5.4. For patients dependent on haemodialysis or peritoneal dialysis for end-stage kidney disease, but not receiving dialysis treatment during the current admission, and where documentation pertaining to this status satisfies criteria for coding under ACS 0002, assign Z99.2 *Dependence on kidney dialysis* together with N18.5 *Chronic kidney disease, stage 5.*

Anaemia in kidney disease

P214
Add

CLASSIFICATION

When anaemia is documented:

1) as linked to chronic kidney disease, **OR**
2) in the presence of chronic kidney disease – stage 3 or higher, or chronic renal impairment/failure (CRI/F) with an eGFR <60mL/min, **AND**
3)   it meets ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses,*
assign N18.3 – N18.5 *Chronic kidney disease stage 3 – stage 5* <u>or N18.9 *Chronic kidney disease, unspecified*</u> with D63.8* *Anaemia in other chronic diseases classified elsewhere.*

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 10:

A 74 year old man with chronic kidney disease and 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:	E11.22	*Type 2 diabetes mellitus with established diabetic nephropathy*
	N18.3	*Chronic kidney disease, stage 3*
	E11.72	*Type 2 diabetes mellitus with features of insulin resistance*
	I10	*Essential (primary) hypertension*

1511 TERMINATION OF PREGNANCY

EXAMPLE 3:

Patient admitted for termination of pregnancy at 25 weeks due to fetal chromosomal abnormality. Outcome single stillborn.

Codes:	O35.1	*Maternal care for (suspected) chromosomal abnormality in fetus*
	O04.9	*Medical abortion, complete or unspecified, without complication*
	O60.1	*Preterm labour with preterm delivery*
	O09.3	*Duration of pregnancy 20–25 completed weeks*
	Z37.1	*Single stillbirth*

Other diagnosis and procedure codes as appropriate.

1506 MALPRESENTATION, DISPROPORTION AND ABNORMALITY OF MATERNAL PELVIC ORGANS

Uterine scar

O34.2 *Maternal care due to uterine scar from previous surgery* should be assigned (regardless of whether the intervention took place during or before labour) for all cases where a:

- patient is admitted for an elective caesarean section due to previous caesarean section,

- trial of scar (eg caesarean or other operative uterine scar) proceeds to a caesarean delivery, **or**

- previous uterine scar requires care but delivery does not occur during the episode of care, for example, antepartum care for uterine pain due to previous scar.

O75.7 *Vaginal delivery following previous caesarean section* should be assigned for <u>all</u> cases where a trial of caesarean scar proceeds to a vaginal delivery.

ERRATA 2, September 2008   ICD-10-AM/ACHI/ACS Sixth Edition, 2008

Instructions

Errata for ICD-10-AM Tabular List, ICD-10-AM Alphabetic Index, ACHI Tabular List and ACHI Alphabetic Index Sixth Edition are produced from a database. This has resulted in the change of format shown below. Each row represents an item/change to be made and contains the following information necessary to complete the errata item.
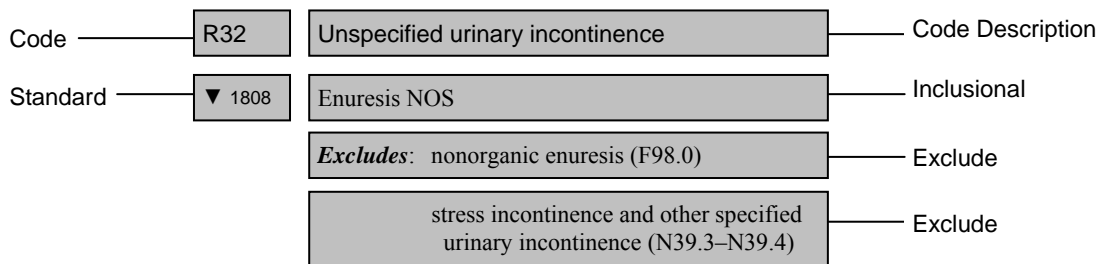
Tabular/Index Entry   The Tabular Entry (Book:block:code) or Index Entry (Book:main term:subterm) to which the errata item applies. For example:

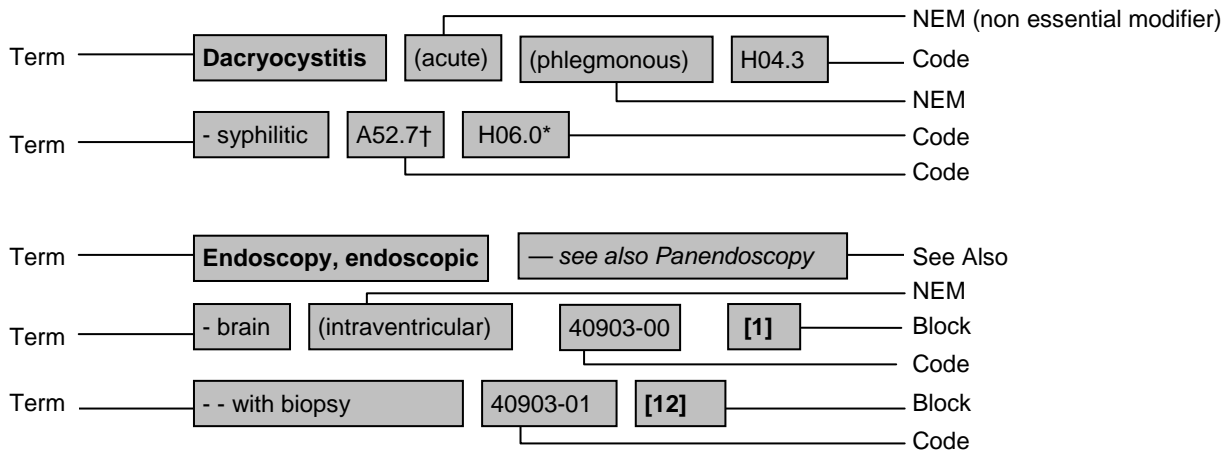|	
ICD-10-AM Tab List:RO2	ICD-10-AM Tabular List, Code R02
ACHI Tab List:1886:34533-00	ACHI Tabular List, Block 1886, Code 34533-00
ACHI Index:Revision:device:urinary sphincter (artificial)	ACHI Alphabetic Index, Revision - device - - urinary sphincter (artificial)

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

Code	──	R32	Unspecified urinary incontinence	── Code Description
Standard	──	▼ 1808	Enuresis NOS	── Inclusional
			Excludes: nonorganic enuresis (F98.0)	── Exclude
			stress incontinence and other specified urinary incontinence (N39.3–N39.4)	── Exclude

Index Entry

Term ──	**Dacryocystitis**	(acute)	(phlegmonous)	H04.3	── NEM (non essential modifier) / Code / NEM
Term ──	- syphilitic	A52.7†	H06.0*		── Code / Code

Term ──	**Endoscopy, endoscopic**	— *see also Panendoscopy*		── See Also / NEM
Term ──	- brain	(intraventricular)	40903-00	**[1]** ── Block / Code
Term ──	- - with biopsy	40903-01	**[12]**	── Block / Code

Instruction   Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Index:Gangrene, gangrenous:with diabetes:and peripheral angiopathy	Term	Add		- - - and foot ulcer

indicates a term to be added at:
Gangrene
- with diabetes
- - and peripheral angiopathy
- - - and foot ulcer

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:

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

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:I12.9	Code also	Revise	Code also the stage of chronic kidney disease (CKD) (N18.-)	Code also the stage of chronic kidney disease (CKD) (N18.1–N18.4, N18.9)
ICD-10-AM Tab List:I13	Includes	Revise	any condition in I11.- with any condition in I12.- disease: • cardiorenal • cardiovascular renal	any condition in I11.- with any condition in I12.- disease: • cardiorenal • cardiovascular renal
ICD-10-AM Tab List:I13.0	Code also	Revise	Code also the stage of chronic kidney disease (CKD) (N18.-)	Code also the stage of chronic kidney disease (CKD) (N18.1–N18.4, N18.9)
ICD-10-AM Tab List:I13.9	Code also	Revise	Code also the stage of chronic kidney disease (CKD) (N18.-)	Code also the stage of chronic kidney disease (CKD) (N18.1–N18.4, N18.9)
ICD-10-AM Tab List:Z45.2	Excludes	Revise	adjustment and management of vascular catheter without reservior attached (Z45.8)	adjustment and management of vascular catheter without reservoir attached (Z45.8)
ICD-10-AM Tab List:Z94.0	Code also	Add		Code also the stage of CKD (N18.3–N18.5)
ICD-10-AM Index:COAD (chronic obstructive airway disease)	See	Revise	— see Disease, lung obstructive	— see Disease, lung, obstructive
ICD-10-AM Index:Complications:brain neurostimulator:specified	Code	Revise	T85.8-	T85.81
ICD-10-AM Index:COPD (chronic obstructive pulmonary disease)	See	Revise	— see Disease, lung obstructive	— see Disease, lung, obstructive
ICD-10-AM Index:Diabetes, diabetic:with:tubulo-intestinal changes	Term	Revise	Diabetes, diabetic; with; tubulo-intestinal changes	Diabetes, diabetic; with; tubulo-interstitial changes
ICD-10-AM Index:Disease, diseased:coronary	See Also	Revise	— see also Disease, arteriosclerotic	— see also Disease, arteriosclerotic, coronary
ICD-10-AM Index:Disease, diseased:kidney:with	Term	Add		impaired glucose regulation
ICD-10-AM Index:Disease, diseased:kidney:with:impaired glucose regulation	See	Add		— see Impaired, impairment, glucose regulation, with, CKD
ICD-10-AM Index:Disorder:use:drug(s):gamma hydroxybutyrate	Code	Revise	- - - gamma hydroxybutyrate (GHB) — *F13.-*	- - - gamma hydroxybutyrate (GHB) F13.-
ICD-10-AM Index:Glucagonoma:pancreas	Code	Delete	D13.7	
ICD-10-AM Index:Impaired, impairment:glucose regulation	Code	Revise	E09.-	E09.9
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:dyslipidaemia	Code	Delete	E09.72	
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:dyslipidaemia	See	Add		— see ACS 0401 Diabetes mellitus and impaired glucose regulation, dyslipidaemia
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:incipient diabetic nephropathy	Term	Revise	incipient diabetic nephropathy	incipient nephropathy
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:	Term, NEC and Code	Add		- - - kidney complication NEC E09.29
ICD-10-AM Index:Nephropathy:membranous	Code	Revise	N02.2	N05.2

ICD-10-AM Index location	Type	Action	Old	New
ICD-10-AM Index:Neuropathy, neuropathic	Term and Code	Add		- femoral G57.2
ICD-10-AM Index:Problem:personality	Code	Revise	F61	F69
ICD-10-AM Index:Sertoli-Leydig cell tumour	Morphology	Revise	M8631/0	M8631/1
ICD-10-AM Index:Sertoli-Leydig cell tumour	See Also	Add		— see also Neoplasm, uncertain behaviour
ICD-10-AM Index:Sertoli-Leydig cell tumour: retiform:sarcomatoid (M8631/3) with heterologous elements (M8634/3)	Term	Delete one dash and Revise	- - sarcomatoid (M8631/3) with heterologous elements (M8634/3)	- sarcomatoid (M8631/3) — see Neoplasm, malignant
ICD-10-AM Index:Sertoli-Leydig cell tumour: retiform:well differentiated	Term	Delete one dash	- - well differentiated (M8631/0) — see Neoplasm, benign	- well differentiated (M8631/0) — see Neoplasm, benign
ICD-10-AM Index:Sertoli-Leydig cell tumour:specified site	Term and See	Delete	specified site — see Neoplasm, benign	
ICD-10-AM Index:Sertoli-Leydig cell tumour:unspecified site:male	Term and Code	Delete	- - male D29.2	
ICD-10-AM Index:Sertoli-Leydig cell tumour:unspecified site:female	Term and Code	Delete	- - female D27	
ICD-10-AM Index:Sertoli-Leydig cell tumour:unspecified site	Term	Delete	- unspecified site	
ICD-10-AM Index:Spondylosis:with:myelopathy	Code	Delete	G99.2*	
ICD-10-AM Index:Spondylosis:with:myelopathy	Dagger symbol	Delete	M47.1-+	M47.1-
ICD-10-AM Index:Syndrome:myeloproliferative	Code	Revise	D47.1	D47.9
ICD-10-AM Index:Syndrome:myeloproliferative	Morphology	Revise	M9960/3	M9975/1
ICD-10-AM Index:Syndrome:myeloproliferative	Non Essential	Delete	chronic	
ICD-10-AM Index:Syndrome:myeloproliferative	Term	Add		- - chronic
ICD-10-AM Index:Syndrome:myeloproliferative:chronic	Morphology	Add		M9960/3
ICD-10-AM Index:Syndrome:myeloproliferative:chronic	Code	Add		D47.1
ICD-10-AM Index:Syndrome:withdrawal	See Also	Revise	— see also Withdrawal, state	— see also Withdrawal, state, symptoms, syndrome
ICD-10-AM Index:Wound, open:complicated:infection	Term	Revise	- - - with foreign bidy	- - - with foreign body
ICD-10-AM Index:EXT:Assault:fight:with weapon:firearm	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, assault)
ICD-10-AM Index:EXT:Assault:firearm(s)	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, assault)
ICD-10-AM Index:EXT:Assault:gunshot	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, assault)
ICD-10-AM Index:EXT:Assault:shooting	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, assault)
ICD-10-AM Index:EXT:Assault:weapon:firearm	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, assault)
ICD-10-AM Index:EXT:Assault:wound:gunshot	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, assault)
ICD-10-AM Index:EXT:Cat bite or scratch	Code	Revise	W55.8	W55.1

ICD-10-AM Index:EXT:Foreign body, object or material:aspiration:	Terms and Codes	Delete	~~- causing injury W44~~ ~~- mucus, not of newborn W80.8~~ ~~- phlegm, not of newborn W80.8~~ ~~- - vomitus W78~~ - - causing injury W44 - - mucus, not of newborn W80.8 - - phlegm, not of newborn W80.8 - - vomitus W78	- - causing injury W44 - - mucus, not of newborn W80.8 - - phlegm, not of newborn W80.8 - - vomitus W78
ICD-10-AM Index:EXT:Killed, killing:in:brawl, fight:by weapon:firearm	See Also	Revise	(see also Discharge, by type of firearm, ~~homicide~~)	(see also Discharge, by type of firearm, <u>assault</u>)
ACHI Tab List:38368-00	Code also when performed	Add		• insertion of permanent transvenous electrode into other heart chamber(s) for cardiac pacemaker (38350-00 [648])
ACHI Tab List:38390-01	Code also when performed	Add		• insertion of permanent transvenous electrode into other heart chamber(s) for cardiac defibrillator (38390-02 [648])
ACHI Tab List:38350-00	Code also when performed	Add		• insertion of permanent transvenous electrode into left ventricle for cardiac pacemaker (38368-00 [648])
ACHI Tab List:38390-02	Code also when performed	Add		• insertion of permanent transvenous electrode into left ventricle for cardiac defibrillator (38390-01 [648])
ACHI Tab List:90545-00	Inclusional term	Delete	Fasciotomy of hand NOS	
ACHI Index:Biopsy	Non Essential	Delete	(by aspiration)	
ACHI Index:Biopsy	Code and Block	Delete	45799-00 [402]	
ACHI Index:Excision:lesion(s)	Term	Revise	**Excision** — *continued* - lesion(s) — *continued* - - rectum NEC — *continued* - - - open 90407-00 **[1168]** - - rectum NEC 90341-00 **[933]** - - - perirectal 90341-00 **[933]**	**Excision** — *continued* - lesion(s) — *continued* ~~- - rectum NEC — *continued*~~ <u>- - prostate — *continued*</u> - - - open 90407-00 **[1168]** - - rectum NEC 90341-00 **[933]** - - - perirectal 90341-00 **[933]**
ACHI Index:Exteriorisation:oesophageal pouch	Code	Revise	30293-01	30293-00
ACHI Index:Fistulisation:oesophagus, external	Code	Revise	30293-01	30293-00
ACHI Index:Implant, implantation:device:prosthetic	See	Revise	— see Implant, implantation, prostheris, prosthetic device	— see Implant, implantation, <u>prosthesis,</u> prosthetic device
ACHI Index:Irrigation:device	Term and Code	Add		- - vascular access 13939-02 [1922]
ACHI Index:Irrigation	Term and Code	Add		- vascular access device 13939-02 [1922]
ACHI Index:Procedure:dental:emergency:palliative	Block	Add		484
ACHI Index:Prostatectomy:transurethral:needle ablation	Code	Revise	37203-00	37201-00
ACHI Index:Replacement:skull:plate	Code	Revise	40600-02	40600-00

ACHI Appendix A

MBS Item not Included in ACHI	MBS Item Map	MBS Item not Included in ACHI	MBS Item Map
32505	inactive '98	45505	45502
~~32507~~	~~32505~~	~~45520~~	~~45521~~
32517	32514	45521	inactive '98
		~~45522~~	~~45521~~
41858	41861	45543	inactive '01
~~41881~~	~~41883~~	59900	inactive '01
41883	inactive '99	~~59903~~	~~59900~~
		59906	inactive '01

AUSTRALIAN CODING STANDARDS

P41& 42	**0020 BILATERAL/MULTIPLE PROCEDURES** **Multiple procedures** **Classification** **1. The SAME PROCEDURE repeated during the episode of care at different visits to theatre** A procedure which is repeated during the episode of care should be coded as many times as it is performed. Examples of exceptions to this rule are: • Procedures included in ACS 0042 *Procedures normally not coded* • Procedures where multiples are included in the code descriptor, such as:

Delete	• ECT (see ACS 0533 *Electroconvulsive therapy, page 124)*
	    • ~~Dental extractions~~
	    • Removal of renal calculi

<table>
<tr><td>Delete</td><td>

~~EXAMPLE 2:~~
~~Patient has four teeth surgically removed during an episode of care.~~

~~Code: 97322-04 [458]   *Surgical removal of 4 teeth not requiring removal of bone or tooth division*~~

</td></tr>
</table>

> **EXAMPLE ~~3~~2:**
> Patient has two laparotomies performed during an episode of care.
>
> Assign: the appropriate laparotomy code twice

P42& 43	***5. Skin or subcutaneous lesion removal*** Assign the relevant code for excision of multiple lesions.
Revise	

> **EXAMPLE 43:**
> Excision of two lesions from forearm.
>
> Code: 31205-00 [1620]   *Excision of lesion(s) of skin and subcutaneous tissue of other sites*

> **EXAMPLE ~~5~~4:**
> Excision of lesions from eyelid (1) and nose (1) and neck (2).
>
> Code: 31230-00 [1620]   *Excision of lesion(s) of skin and subcutaneous tissue of eyelid*
>
>   31230-01 [1620]   *Excision of lesion(s) of skin and subcutaneous tissue of nose*
>
>   31235-0~~0~~1 [1620]   *Excision of lesion(s) of skin and subcutaneous tissue of neck*

> **EXAMPLE ~~6~~5:**
> Assign one code only in the following examples:
> • Diathermy of anal warts
> • Diathermy of vulval warts
> • Removal of plantar warts
> • Excision of anal skin tags

0030   ORGAN PROCUREMENT AND TRANSPLANTATION

ORGAN/TISSUE PROCUREMENT AND TRANSPLANTATION TABLE					
ORGAN/ TISSUE	Dx CODE	PROCUREMENT PROCEDURE CODE		TRANSPLANTATION PROCEDURE CODE	
Blood, whole	Z52.00	13709-00 [1891]	*Collection of blood for transfusion*	13706-01 [1893]	*Administration of whole blood*
Blood (see also ACS 0301)	Z51.81	Block [1892]	*Apheresis*	Block [802] or Block [1893]	*Bone marrow/stem via apheresis cell transplantation*
Blood, other products	Z52.08	Block [1891]	*Therapeutic collection and processing of blood/bone marrow*	Block [1893]	*Administration of blood and blood products*
		Block [1892]	*Apheresis*		

0401   DIABETES MELLITUS AND IMPAIRED GLUCOSE REGULATION

Dyslipidaemia

The characteristic pretreatment dyslipidaemia attributed to insulin resistance features elevated fasting triglycerides and depressed HDL-cholesterol fraction.

Diagnostic Criteria for Dyslipidaemia

Triglycerides (mmol/L)	≥2.0
	AND
HDL-Cholesterol (mmol/L)	≤1.0

Note: These criteria are for use by clinicians, not clinical coders.

Some patients with diabetes or IGR may also have documented pretreatment lipid abnormalities not characteristic of insulin resistance, including unqualified 'hypercholesterolaemia'.

The terms 'hypercholesterolaemia', 'high cholesterol' or ' chol' are often used in medical records rather than the term 'dyslipidaemia'. This creates difficulties for coders to determine the existence of insulin resistance in patients with diabetes mellitus or IGR. When any of these terms are documented, the following guidelines may help to determine when to assign E1-.72 * *Diabetes mellitus with features of insulin resistance* or E09.72 *Impaired glucose regulation with features of insulin resistance*.

CLASSIFICATION

- If increased cholesterol is documented in the clinical record with either increased fasting triglycerides or decreased HDL documented or confirmed by test results – **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 mention of increased fasting triglycerides or decreased HDL – **do not code to** E1-.72 or E09.72

Acanthosis nigricans

Acanthosis nigricans is a skin disorder characteristically associated with insulin resistant states (especially congenital) and not Type 1 diabetes.

Revise

> **CLASSIFICATION**
>
> E11.72, E13.72, E14.72 **Diabetes mellitus with features of insulin resistance* or E09.~~1~~72 *Impaired glucose regulation with features of insulin resistance*, as appropriate, should be assigned when one or more of the following is documented:
>
> - acanthosis nigricans
> - characteristic dyslipidaemia (elevated fasting triglycerides and depressed HDL-cholesterol)
> - hyperinsulinism
> - hypertension
> - increased intra-abdominal visceral fat deposition
> - 'insulin resistance'
> - nonalcoholic fatty (change in) liver
> - obesity (meeting recognised criteria or documented as "morbid obesity")
>
> Additional diagnosis codes should be assigned for acanthosis nigricans, dyslipidaemia, hypertension, hyperinsulinism, nonalcoholic fatty (change in) liver or obesity, as appropriate.
>
> *Note:* When unqualified 'obesity' (E66.-), **or** other lipid disturbance (E78.-) not characteristic of insulin resistance (as defined above) is/are documented with diabetes mellitus or IGR and none of the above criteria are met, assign the appropriate diabetes or IGR code with these conditions as additional diagnoses

P151

0909   CORONARY ARTERY BYPASS GRAFTS

Pacing wires (temporary pacemaker) (temporary electrodes)

Revise

Temporary pacing wires may be placed on the epicardial surface of the atrium and/or ventricle and brought out through the chest wall prior to closure of the operative wound. The pacing wires may be used postoperatively to stimulate the heart in the event of heart block or arrhythmia. As the insertion of pacing wires is a routine part of CABG, procedure a code for this component is not required. (See also ACS 0936 *Cardiac pacemakers and implanted <u>defibrillators</u>.*)

P178

1006   VENTILATORY SUPPORT

Classification

e.   **Do not code ventilation** when the patient brings their own ventilatory support devices (eg CPAP machine) into hospital.

Add

f.   The ventilatory support that is provided to a patient **during surgery** is associated with anaesthesia and is considered an integral part of the surgical procedure. The patient may remain on ventilatory support for some hours while recovering following surgery. Ventilation of ≤ **24 hours** <u>post surgery</u> should not be coded in these cases.

Add

<u>Ventilatory support should be coded when:</u>

- it is initially performed for **respiratory support** prior to surgery and is then **continued during surgery and post surgery** (even if ≤ 24 hours post surgery).
- it is **initiated during surgery** and **continues** after surgery (in recovery, ICU, ward or for further surgery) for > **24 hours post** (initial) **surgery**.

<u>Note: The duration of ventilatory support should be counted from the time of intubation (see *Calculating the duration of CVS)*. In cases where ventilatory support has been initiated **during** surgery and has met the above criteria for coding then the duration begins from the time of (initial) intraoperative intubation.</u>

Delete

~~However, ventilatory support:~~

- ~~**initiated during surgery** and continuing after surgery (in ICU or ward) for > **24 hours post surgery** should be coded with duration beginning at the time of intraoperative intubation.~~
- ~~**initiated prior to surgery**, **continuing during surgery and post surgery** should be coded (even if ≤ 24 hours) with duration beginning from the time of intubation. In such cases the ventilation is initially performed for respiratory support not for anaesthesia.~~

1438 CHRONIC KIDNEY DISEASE

Revise

EXAMPLE 5:

A 79 year old woman, with known renal artery stenosis <u>and hypertensive kidney disease</u>, was admitted <u>for renal artery stenting to alleviate</u> ~~with~~ worsening hypertension and deteriorating renal function, latest eGFR = 31 mL/min. Comorbidities included angina. ~~Diagnosis of hypertensive kidney disease was made, and renal artery stent insertion recommended.~~

~~On the evening p~~Prior to operation she experienced several attacks of angina which responded to Anginine. Anaesthetic assessment considered her cardiac status to be too unstable for operation at this time and she was discharged for ongoing follow-up.

Delete

Add

Codes:		
	~~I12.9~~	~~*Hypertensive kidney disease without kidney failure*~~
	~~N18.3~~	~~*Chronic kidney disease, stage 3*~~
	I70.1	*Atherosclerosis of renal artery*
	Z53.0	*Procedure not carried out due to contraindication*
	I20.9	*Angina pectoris, unspecified*
	<u>I12.9</u>	<u>*Hypertensive kidney disease without kidney failure*</u>
	<u>N18.3</u>	<u>*Chronic kidney disease, stage 3*</u>

(See also ACS 0913 *Hypertensive kidney disease*)

Kidney replacement therapy

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

CLASSIFICATION

…

4. For patients dependent on haemodialysis or peritoneal dialysis for end-stage kidney disease, but not receiving dialysis treatment during the current admission, and where documentation pertaining to this status satisfies criteria for coding under ACS 0002, assign Z99.2 *Dependence on kidney dialysis* ~~together with N18.5 Chronic kidney disease, stage 5~~.

Delete

Anaemia in kidney disease

CLASSIFICATION

When anaemia is documented:

Revise

1) as linked to, <u>or in the presence of,</u> chronic kidney disease~~, **OR**~~
~~2) in the presence of chronic kidney disease~~ – stage 3 or higher, or chronic renal impairment/failure (CRI/F) with an eGFR <60mL/min, **AND**
~~3~~2) it meets ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses,*

assign N18.3 – N18.5 *Chronic kidney disease stage 3 – stage 5* or N18.9 *Chronic kidney disease, unspecified* with D63.8* *Anaemia in other chronic diseases classified elsewhere.*

ERRATA 3, March 2009

ICD-10-AM/ACHI/ACS Sixth Edition, 2008

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.
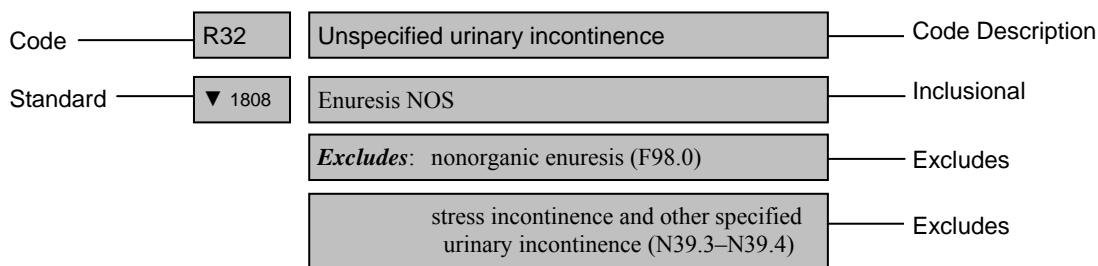
Tabular/Index Entry   The Tabular Entry (Book:block:code) or Index Entry (Book:main term:subterm) to which the errata item applies. For example:

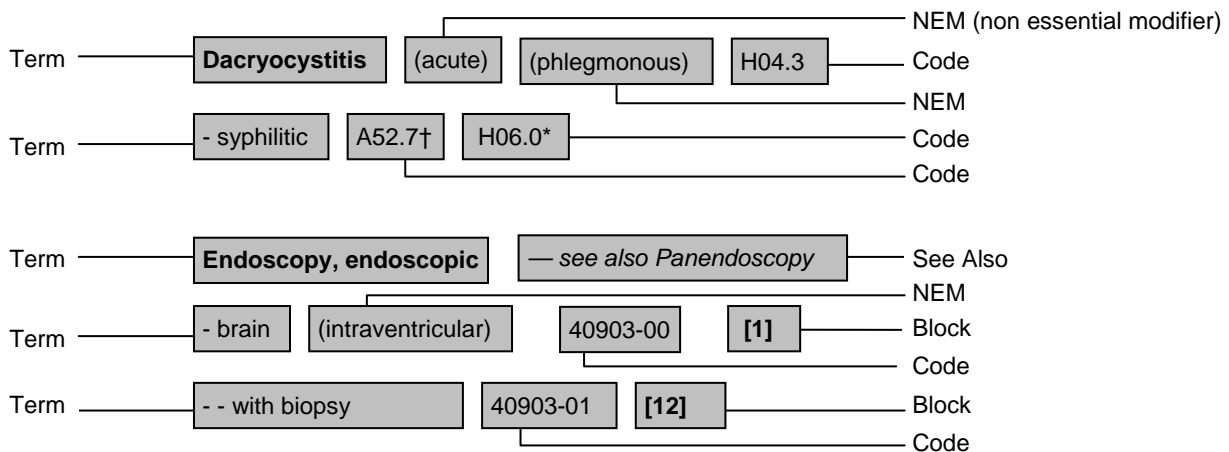|	
ICD-10-AM Tab List:RO2	ICD-10-AM Tabular List, Code R02
ACHI Tab List:1886:34533-00	ACHI Tabular List, Block 1886, Code 34533-00
ACHI Index:Revision:device:urinary sphincter (artificial)	ACHI Alphabetic Index, Revision - device - - urinary sphincter (artificial)

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

Code — R32 — Unspecified urinary incontinence — Code Description

Standard — ▼ 1808 — Enuresis NOS — Inclusional

Excludes: nonorganic enuresis (F98.0) — Excludes

stress incontinence and other specified urinary incontinence (N39.3–N39.4) — Excludes

Index Entry

Term — **Dacryocystitis** — (acute) — (phlegmonous) — H04.3 — NEM (non essential modifier) / Code / NEM

Term — - syphilitic — A52.7† — H06.0* — Code / Code

Term — **Endoscopy, endoscopic** — — see also Panendoscopy — See Also / NEM

Term — - brain — (intraventricular) — 40903-00 — **[1]** — Block / Code

Term — - - with biopsy — 40903-01 — **[12]** — Block / Code

Instruction   Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Index:Gangrene, gangrenous:with diabetes:and peripheral angiopathy	Term	Add		- - - and foot ulcer

indicates a term to be added at:
Gangrene
- with diabetes
- - and peripheral angiopathy
- - - and foot ulcer

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:

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

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:Q89.9	Code	Revise	Remove grey box. Code is valid at four characters	
ICD-10-AM Tab List:Y92.40	Inclusion	Delete	Street parking	
ICD-10-AM Index:EXT:Contact:with:circular saw	Code	Revise	W31.2	W29.1
ICD-10-AM Index:EXT:Place of occurrence of external cause:highway	Code	Revise	Y92.40	Y92.49
ICD-10-AM Index:EXT:Place of occurrence of external cause:street	Code	Revise	Y92.40	Y92.49
ICD-10-AM Index:EXT:Place of occurrence of external cause:street:parking	Term	Delete term and code	parking Y92.40	
ACHI Tab List:1552:18360-00	Excludes	Delete	Subcutaneous or intramuscular injection of agent for systemic effect (see block [1920])	
ACHI Index:Attachment:occlusal arrest, to partial denture	Term	Revise	Attachment; occlusal arrest, to partial denture	Attachment; occlusal rest, to partial denture
ACHI Index:Attachment:tooth:to partial denture	Code	Revise	97731-00	97733-00
ACHI Index:Clipping:thoracic duct	Code	Revise	34818-00	38418-00
ACHI Index:Clipping:thoracic duct	Block	Revise	736	561
ACHI Index:Prostatectomy:radical	Non Essential	Add		total
ACHI Index:Replacement:electrode(s) lead(s):heart	See	Revise	— see Insertion, electrode(s) lead(s), cardiac, permanent	— see Replacement, electrode(s) lead(s), cardiac

AUSTRALIAN CODING STANDARDS

0401   DIABETES MELLITUS AND IMPAIRED GLUCOSE REGULATION

P98

Visceral fat deposition/obesity/overweight

Alternatively abnormal and excessive fat distribution can also be assessed by the waist:hip ratio (WHR) with abnormal WHR being > 0.90 in men and > 0.85 in women.

Delete

> **CLASSIFICATION**
> When obesity is documented in the clinical record as "morbid", it does not require further confirmation by BMI estimation.

P99

Acanthosis nigricans

Acanthosis nigricans is a skin disorder characteristically associated with insulin resistant states (especially congenital) and not Type 1 diabetes.

> **CLASSIFICATION**
> 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, should be assigned when one or more of the following is documented:
>
> - acanthosis nigricans
> - characteristic dyslipidaemia (elevated fasting triglycerides and depressed HDL-cholesterol)
> - hyperinsulinism
> - hypertension
> - increased intra-abdominal visceral fat deposition
> - 'insulin resistance'
> - nonalcoholic fatty (change in) liver
> - obesity (meeting recognised criteria i.e obesity grades 1, 2 or 3 or documented as "morbid obesity" documentation of overweight, obesity or morbid obesity)
>
> Additional diagnosis codes should be assigned for acanthosis nigricans, dyslipidaemia, hypertension, hyperinsulinism, nonalcoholic fatty (change in) liver or obesity, as appropriate.
>
> *Note:*   When unqualified 'obesity' (E66.-), **or** other…

Revise

Eradicated conditions in diabetes

CLASSIFICATION

When a complication of diabetes has been eradicated often as a result of surgery, do not assign the specific code for the manifestation as it has been eradicated. Assign instead an 'other specified complication' code from the appropriate diabetes section.

Vascular reconstruction procedures or lower limb amputations do not eradicate the condition of peripheral vascular disease. These procedures, however, may eradicate a diabetic ulcer on the lower extremity. In this latter eventuality, assign the code E1-.51 *Diabetes mellitus with peripheral angiopathy, without gangrene* and where appropriate the additional code Z89.- for the acquired absence of limb.

Revise

EXAMPLE 8:

A patient with a history of Type 2 diabetes mellitus with nephropathy treated by kidney transplantation.

Codes: E11.29~~2~~   *Type 2 diabetes mellitus with ~~other specified kidney complication~~ established diabetic nephropathy*
   N18.3   *Chronic kidney disease, stage 3*
   Z94.0   *Kidney transplant status*

Add

In this case E11.29 *Type 2 diabetes mellitus with other specified kidney complication* is not assigned as chronic kidney disease is never eradicated.

Add

(See also ACS 1438 *Chronic kidney disease, Kidney replacement therapy*)

0604   STROKE

2. Severity

The Neurosciences CCCG has produced a list of additional diagnosis codes which give some indication of the severity of a stroke episode. It is interesting to note that it is not necessarily the deficits, such as hemiplegia, which indicate that a stroke is 'severe'. This table is provided here primarily for interest, as the conditions listed here would be coded routinely during the abstraction process. However, **note that for a stroke case, dysphagia, urinary incontinence and faecal incontinence, should only be coded when certain criteria are met.**

STROKE-ADDITIONAL DIAGNOSES	
ADDITIONAL DIAGNOSIS	**ICD-10-AM CODE(S)**
Urinary tract infection, site not specified	N39.0
Aspiration pneumonitis	J69.0
Pneumonia	J12.0, J12.1, J12.2, J12.8, J12.9, J13, J14, J15.0, J15.1, J15.2, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17.0, J17.1, J17.2, J17.3, J17.8, J18.0, J18.1, J18.2, J18.8, J18.9
Decubitus ~~[~~ulcer and pressure area~~]~~ and lower limb ulcer	L89.-, L97
Pulmonary embolism and venous thrombosis	I26.0, I26.9, I80.2

Delete square brackets

1006   VENTILATORY SUPPORT

Classification

1.   **Code first the ventilatory support** (see also *Calculating the duration of CVS*)
     …

Add

e.   **Do not code ventilation** when the patient brings their own ventilatory support devices (eg CPAP machine) into hospital and the patient operates the device.

Transferred intubated patients

Transferred intubated and ventilated patients

When a ventilated (by ETT or tracheostomy) patient is transferred, both the transferring and receiving hospitals assign the code for the appropriate hours of CVS. If the patient has a tracheostomy then this should be coded at the hospital where it was performed. Do not code the ventilation/intubation if it is for < 1 hour prior to transfer.

Add

P 213	**1438**	**CHRONIC KIDNEY DISEASE**

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

Codes:

S72.03	*Fracture of subcapital section of femur*
W10	*Fall on and from steps or stairs*
Y92.0~~9~~1	~~*Other and unspecified place in home*~~ *Outdoor areas*
U73.9	*Unspecified activity*
N18.5	*Chronic kidney disease, stage 5*
N02.8	*IgA nephropathy*

…

1511   TERMINATION OF PREGNANCY

P 217 & 218

If pregnancy is terminated because of known or suspected fetal abnormality or other fetal and placental problems or a maternal condition, apply the following guidelines:
…

2. If the termination of pregnancy (excluding fetal death in utero) occurs **after** fetal viability, assign:
   • a code to indicate the reason for termination as the principal diagnosis
   • O04.- *Medical abortion*
   • O60.~~1~~- *Preterm labour* ~~with preterm~~ *and* delivery
   • O09.- *Duration of pregnancy*
   • Z37.- *Outcome of delivery*
   (see Examples 2 and 3).

Revise

EXAMPLE 2:
Patient admitted for termination of pregnancy at 23 weeks due to diagnosis of liver and bony metastases two weeks ago. Mastectomy one year previously for infiltrating duct carcinoma of the breast. Outcome single stillborn.

Codes:		
	O99.8	*Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium*
	C78.7	*Secondary malignant neoplasm of liver*
	C79.5	*Secondary malignant neoplasm of bone and bone marrow*
	M8500/6	*Infiltrating duct carcinoma NOS, metastatic*
	C50.9	*Breast, unspecified*
	M8500/3	*Infiltrating duct carcinoma NOS*
	O04.9	*Medical abortion, complete or unspecified, without complication*
	O60.~~1~~3	*Preterm delivery without spontaneous labour* ~~labour with preterm delivery~~
	O09.3	*Duration of pregnancy 20–25 completed weeks*
	Z37.1	*Single stillbirth*

Revise

Other diagnosis and procedure codes as appropriate.

EXAMPLE 3:
Patient admitted for termination of pregnancy at 25 weeks due to fetal chromosomal abnormality. Outcome single stillborn.

Codes:		
	O35.1	*Maternal care for (suspected) chromosomal abnormality in fetus*
	O04.9	*Medical abortion, complete or unspecified, without complication*
	O60.~~1~~3	*Preterm delivery without spontaneous labour* ~~labour with preterm delivery~~
	O09.3	*Duration of pregnancy 20–25 completed weeks*
	Z37.1	*Single stillbirth*

Revise

Other diagnosis and procedure codes as appropriate.

1904   PROCEDURAL COMPLICATIONS

P263

Misadventure

Delete

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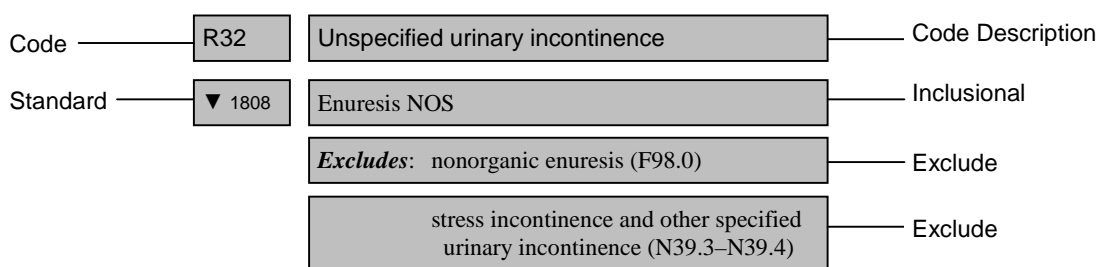
Instructions

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 change of 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:
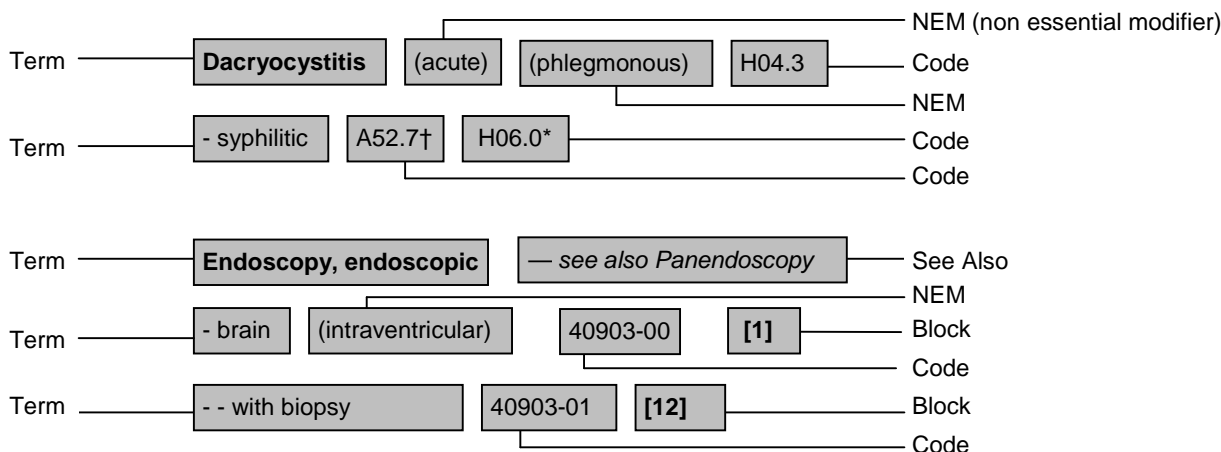
ICD-10-AM Tab List:RO2	ICD-10-AM Tabular List, Code R02
ACHI Tab List:1886:34533-00	ACHI Tabular List, Block 1886, Code 34533-00
ACHI Index:Revision:device:urinary sphincter (artificial)	ACHI Alphabetic Index, Revision - device - - urinary sphincter (artificial)

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

Code	R32	Unspecified urinary incontinence	Code Description
Standard	▼ 1808	Enuresis NOS	Inclusional
		Excludes: nonorganic enuresis (F98.0)	Exclude
		stress incontinence and other specified urinary incontinence (N39.3–N39.4)	Exclude

Index Entry

| Term | **Dacryocystitis** | (acute) | (phlegmonous) | H04.3 | NEM (non essential modifier) / Code / NEM |
| Term | - syphilitic | A52.7† | H06.0* | Code / Code |

Term	**Endoscopy, endoscopic**	— *see also Panendoscopy*		See Also / NEM
Term	- brain	(intraventricular)	40903-00	**[1]**	Block / Code
Term	- - with biopsy	40903-01	**[12]**	Block / Code

Instruction   Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Index:Gangrene, gangrenous:with diabetes:and peripheral angiopathy	Term	Add		- - - and foot ulcer

indicates a term to be added at:
Gangrene
- with diabetes
- - and peripheral angiopathy
- - - and foot ulcer (underlined)

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:

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

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:Y92.87	Excludes	Delete	street parking (Y92.40)	
ICD-10-AM Index:Deformity:reduction (extremity) (limb), congenital:lower	Code	Revise	Q72.9	Q72.-
ICD-10-AM Index:Deformity:reduction (extremity) (limb), congenital:upper	Code	Revise	Q71.9	Q71.-
ICD-10-AM Index:Delivery:complicated:previous:surgery:gynaecological: affecting:labour or delivery	Code	Revise	O65.8	O65.5
ICD-10-AM Index:Gestation:multiple:quadruplet	Code	Revise	O30.9	O30.2
ICD-10-AM Index:EXT:Cut, cutting	Code	Revise	W49.-	W49
ICD-10-AM Index:EXT:Foreign body, object or material:bladder	Term	Revise	- bladder (causing injury or obstruction) W44 - bronchus, bronchi *(see also Foreign body, air passage)* W44	- bladder (causing injury or obstruction) W44 - bronchus, bronchi *(see also Foreign body, air passage)* W44
ACHI Tab List:90399-00 [1187]	Excludes	Revise	that with:• fixation (37604 [1175])	that with:• fixation of descended testis (37604 [1175])
ACHI Tab List:90399-00 [1187]	Excludes	Revise	that with:• orchidopexy (37803 [1186], 37809 [1188])	that with:• orchidopexy for undescended testis (37803 [1186], 37809 [1188])
ACHI Index:Graft:skin:cheek:split thickness	Block	Revise	1644	1645
ACHI Index:Reduction:torsion:testis:with:orchidopexy	Term	Delete	- - - - orchidopexy — *see Reduction, torsion, testis*	

AUSTRALIAN CODING STANDARDS

P99

0401   DIABETES MELLITUS AND IMPAIRED GLUCOSE REGULATION

Acanthosis nigricans

> **CLASSIFICATION**
>
> 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, should be assigned when one or more of the
>
> ….
>
> *Note:* When ~~unqualified 'obesity' (E66.), or~~ other lipid disturbance (E78.-) not characteristic of insulin resistance (as defined above) is/~~are~~ documented with diabetes mellitus or IGR and none of the above criteria are met, assign the appropriate diabetes or IGR code with ~~these conditions~~ the condition as additional ~~diagnoses~~ diagnosis.

Revise

P 226
Add

1530   PREMATURE DELIVERY

When coding 'premature delivery' or delivery (spontaneous, induced or caesarean) with onset before 37 completed weeks gestation, assign code O60.1 *Preterm <u>spontaneous</u> labour with preterm delivery*.

If the reason for early delivery is documented in the clinical record, code this as the principal diagnosis, followed by O60.1. If no reason is documented, assign code O60.1 as the principal diagnosis. Assign an additional diagnosis code of O09.- *Duration of pregnancy*.