



Revision of Conventions

Excludes notes

ICD-10-AM/ACHI/ACS Tenth Edition

2017 Education program

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Revision of Conventions

Background:

- The concept of the *Excludes* note convention has always been difficult to apply consistently in ICD-10-AM. This resulted in a review of the Type 1 and Type 2 *Excludes* note convention that passed from ICD-9-CM to ICD-10-AM.
- The ICD-10-AM conventions were revised to provide additional instruction, and the concept of Type 1 and Type 2 *Excludes* notes were removed.



Revision of Conventions

Background cont:

- *Excludes* notes that were identified as redundant have also been removed.
- The concept of 'translate medical statement into code' in the classification and coding standards has been revised to 'classify the clinical concept' in line with the purpose of ICD-10 as a classification.



Revision of Conventions

Multiple Condition Coding and *Excludes* notes

It is unnecessary for conditions to be explicit in a code title or *Inclusion* term to be correctly classified. **Do not assign an additional code to further classify a condition unless directed by an *Instructional* note in the Tabular List or an Australian Coding Standard.**

If, by following the Alphabetic Index, a **residual code** is assigned (ie other or unspecified), **do not assign an additional code to further classify the condition unless directed by an *Instructional* note in the Tabular List or an Australian Coding Standard.**



Revision of Conventions

Multiple Condition Coding and *Excludes* notes

- Some *Excludes* notes are a guide to redirect users in the Tabular List from an incorrect code to a correct code (see Example 17)

EXAMPLE 17:

Diagnosis: Intussusception of appendix

Tabular List: K56.1 *Intussusception*

Intussusception or invagination of:

- bowel
- colon
- intestine
- rectum

Excludes: intussusception of appendix (K38.8)



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Multiple Condition Coding and *Excludes* notes cont:

- and others support mortality coding (see Example 18).

EXAMPLE 18:

Diagnosis: Osteoporosis due to vitamin D deficiency

Tabular List: E55 Vitamin D deficiency

Excludes: adult osteomalacia (M83.-)
osteoporosis (M80–M81)
sequelae of rickets (E64.3)

Assign: M81.99 *Osteoporosis, unspecified, site unspecified*

E55.9 *Vitamin D deficiency*



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Multiple Condition Coding

In classifying a condition with an underlying cause, if the Alphabetic Index or *Excludes* note results in a code for one of the clinical concepts not being assigned, follow the guidelines in ACS 0001 *Principal diagnosis/Problems and underlying conditions* and assign codes for both the condition and the underlying cause.



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Same-day endoscopy ACS

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Same-day endoscopy ACS

Background:

- Numerous queries in regards to coding same-day endoscopy cases prompted a review of this topic
- Amalgamation of all standards and Coding Rules relating to same-day endoscopy
- Creation of two standards:
 - **ACS 0051 *Same-day endoscopy – diagnostic***
Principles remain unchanged with only minor revision for clarification.
 - **ACS 0052 *Same-day endoscopy – surveillance***
Consolidation of follow-up and screening standards, and published advice regarding chronic conditions.



Same-day endoscopy ACS

It is important to note that:

- ACS 0001 *Principal diagnosis* will be applied where a principal diagnosis is documented (for any same-day endoscopy episode of care)
- A condition/symptom will be assigned as the principal diagnosis where there is documentation that the condition/symptom is the reason for investigation (this is a diagnostic endoscopy).



Same-day endoscopy ACS

Incidental findings at:

- Surveillance endoscopy – must meet the criteria in ACS 0002 *Additional diagnoses*
- Diagnostic endoscopy – do not need to meet the criteria in ACS 0002 *Additional diagnoses* to be assigned (as per current practice).



Same-day endoscopy ACS

In summary:

‘Z’ codes (follow-up or screening) :

- will only be assigned as the principal diagnosis if there is no documentation of a current condition/symptom
- will **not** be assigned as additional diagnoses to indicate that the condition was found at a follow-up or screening examination as these terms are documented and used interchangeably and admission practice for endoscopy is variable.



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Same-day endoscopy ACS

- New ACS:
 - ACS 0051 *Same-day endoscopy - diagnostic*
 - ACS 0052 *Same-day endoscopy – surveillance*
- Minor amendments to supporting standards
- Deletion of redundant ACS:
 - ACS 0046 *Diagnosis selection for same-day endoscopy*
 - ACS 0246 *Familial adenomatous polyposis*
 - ACS 0247 *Hereditary non-polyposis colon cancer*
 - ACS 2111 *Screening for specific disorders*
 - ACS 2113 *Follow-up examinations for specific disorders*



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Same-day endoscopy ACS

ACS 0051 SAME-DAY ENDOSCOPY - DIAGNOSTIC

In summary:

- General principles remain unchanged (admitted for same-day or intended same-day endoscopic investigation for diagnostic purposes)
- Standard **does not apply** where principal/additional diagnoses are clearly documented
- Conditions present at the time of endoscopy, unlike findings at diagnostic endoscopy, remain subject to ACS 0002 *Additional diagnoses*.



Same-day endoscopy ACS

ACS 0051 SAME-DAY ENDOSCOPY – DIAGNOSTIC (cont):

Symptom/condition documented as the indication for endoscopy:

- Assign as principal diagnosis the finding identified as the cause of the indication for the endoscopy where a causal link **is documented** or instructed by the classification and do **not** assign a code for the indication/symptom.

EXAMPLE 1:

Patient admitted with abdominal pain for investigation via oesophagogastroduodenoscopy. Gastric ulcer documented as reason for abdominal pain. Duodenitis also noted.

Codes:	K25.9	Gastric ulcer, unspecified as acute or chronic, without haemorrhage or perforation
	K29.80	Duodenitis without mention of haemorrhage



Same-day endoscopy ACS

ACS 0051 SAME-DAY ENDOSCOPY – DIAGNOSTIC (cont):

Symptom/condition documented as the indication for endoscopy (cont):

- Assign as principal diagnosis the indication/symptom for the endoscopy where a causal link is **not documented** or instructed by the classification for findings or where there are no findings).



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Same-day endoscopy ACS

ACS 0051 SAME-DAY ENDOSCOPY – DIAGNOSTIC (cont):

No symptom/condition documented as the indication for endoscopy:

- When no indication for endoscopy is documented, query first with the clinician.
Where not possible (or there is no response from a clinician query) assign as principal diagnosis:
 - Z01.8 *Other specified special examination* **where no findings** documented
 - OR
 - If finding(s) documented apply criteria in ACS 0001 *Principal diagnosis*.



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Same-day endoscopy ACS

ACS 0051 SAME-DAY ENDOSCOPY – DIAGNOSTIC (cont):

ACS 0051 Example 5:

EXAMPLE 5:

Patient admitted for same-day arthroscopy of the left knee, with no documentation of an indication. The arthroscopy report noted the following findings – grade III changes on the medial femoral condyle and mild prepatellar bursitis.

Codes: M17.1 *Other primary gonarthrosis*
M70.4 *Prepatellar bursitis*

M17.1 has been assigned as principal diagnosis by applying ACS 0001 *Principal diagnosis/Two or more diagnoses that equally meet the definition of principal diagnosis.*



Same-day endoscopy ACS

ACS 0051 SAME-DAY ENDOSCOPY – DIAGNOSTIC (cont):

- Assign as additional diagnoses:
 - codes for all other findings (note these do not need to meet the criteria in ACS 0002 *Additional diagnoses*)



Same-day endoscopy ACS

ACS 0052 SAME-DAY ENDOSCOPY - SURVEILLANCE

In summary:

For classification purposes endoscopic surveillance refers to:

- follow-up of conditions previously treated and thought to be cured
- review of chronic incurable diseases that require ongoing treatment and management
- screening of diseases with the potential for malignant transformation
- screening of other diseases and pre-cursors (risk factors)
- screening due to other factors



Same-day endoscopy ACS

ACS 0052 SAME-DAY ENDOSCOPY – SURVEILLANCE (cont):

- Classification guidelines apply to all the scenarios listed on the previous slide regardless of documentation of terms such as follow-up, screening or surveillance.
- Assign as principal diagnosis:
 - the pre-existing condition under surveillance

EXAMPLE 7:

Follow-up coeliac disease. oOesophagogastrroduodenoscopy (OGD) with biopsy performed. No evidence of coeliac disease found in biopsied tissue.

Codes: K90.0 Coeliac disease

Note the additional letter 'o' appearing in the Example text will be amended in errata.



Same-day endoscopy ACS

ACS 0052 SAME-DAY ENDOSCOPY – SURVEILLANCE (cont):

- Assign as principal diagnosis:
 - the condition under surveillance if detected at screening

EXAMPLE 10:

Patient with history of transitional cell cancer of the bladder treated with radiotherapy five years ago, admitted for follow-up cystoscopy. Recurrence of the malignancy was treated with diathermy.

Codes: C67.9 *Malignant neoplasm of bladder, unspecified*
M8120/3 *Transitional cell carcinoma NOS*



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Same-day endoscopy ACS

ACS 0052 SAME-DAY ENDOSCOPY – SURVEILLANCE (cont):

- Assign as principal diagnosis:
 - codes from Z08 or Z09 *Follow-up examination after treatment for ..* if the condition under surveillance has been previously treated and no recurrence or residual condition is detected

EXAMPLE 2:

Patient admitted following treatment of a gastric ulcer with a proton pump inhibitor (PPI). Endoscopy revealed a healed ulcer with no evidence of active ulceration.

Codes: Z09.2 *Follow-up examination after pharmacotherapy for other conditions*
Z87.11 *Personal history of peptic ulcer disease*



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Same-day endoscopy ACS

ACS 0052 SAME-DAY ENDOSCOPY – SURVEILLANCE (cont):

- Assign as principal diagnosis:
 - codes from Z11, Z12 or Z13 *Special screening examination for ..* if screening for a disease pre-cursor (risk factor) or other factor and no disease is detected or has ever been detected.

EXAMPLE 4:

Patient admitted for a small bowel biopsy due to a positive coeliac gene test. No evidence of coeliac disease identified on the histopathology.

Codes: Z13.83 *Special screening examination for digestive tract disorder*



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Same-day endoscopy ACS

ACS 0052 SAME-DAY ENDOSCOPY – SURVEILLANCE (cont):

- Assign as additional diagnosis:
 - any condition found at endoscopy that meets the criteria in ACS 0002 *Additional diagnoses*.

EXAMPLE 13:

Patient admitted with liver cirrhosis and ?varices for oesophagogastrosocopy and a small oesophageal varix was found. The patient was commenced on propranolol to treat the varix.

Codes: K74.6 *Other and unspecified cirrhosis of liver*
198.2* *Oesophageal varices without mention of bleeding in diseases classified elsewhere*



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Same-day endoscopy ACS

ACS 0052 SAME-DAY ENDOSCOPY – SURVEILLANCE (cont):

- Assign as additional diagnosis:
 - codes from Z80-Z99 *Persons with potential health hazards related to family and personal history and certain conditions influencing health status* for any personal or family history as appropriate.
- **Do not** assign codes from Z08 or Z09 *Follow-up examination after treatment for..* Or Z11, Z12 or Z13 *Special screening examination for...* as additional diagnoses.



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Same-day endoscopy ACS

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Chronic pain

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Chronic pain

Background:

- Specialist clinicians consider chronic pain to be a serious disease entity with its own distinct signs and symptoms
- Identification of chronic pain in addition to the underlying cause (when known) is desirable for health service providers to enable accurate collection of data for this resource intensive condition.



Chronic pain

Background (cont):

- National reports:
 - National Pain Strategy (2010)
 - The high price of pain: the economic impact of persistent pain in Australia (2007)
- highlighted the insufficiency in classification of chronic pain disease codes in ICD-10-AM and coded data available for quantitative analysis of chronic pain services.



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Chronic pain

Tabular List:

R52

Pain, not elsewhere classified

Includes: — pain not referable to any one organ or body region

Excludes: chronic pain personality syndrome (F62.8)

headache (R51)

pain (in):

• abdomen (R10.-)

• back (M54.9)

• breast (N64.4)

• chest (R07.1–R07.4)

• ear (H92.0)

• eye (H57.1)

• joint (M25.5)

• limb (M79.6)

• lumbar region (M54.5)

• pelvic and perineal (R10.2)

• psychogenic (F45.4)

• shoulder (M25.51)

• spine (M54.-)

• throat (R07.0)

• tongue (K14.6)

• tooth (K08.8)



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Chronic pain

R52 Pain, not elsewhere classified

Excludes: [complex regional pain syndrome:](#)

- [NOS \(G58.1-\)](#)
- [type I \(G58.1-\)](#)
- [type II:](#)
 - [limb:](#)
 - [lower \(G57.7\)](#)
 - [upper \(G56.4\)](#)
 - [NOS \(G58.9\)](#)

[migraine and other headache syndromes \(G43-G44\)](#)
[renal colic \(N23\)](#)



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Chronic pain

R52 Pain, not elsewhere classified

R52.0 Acute pain, [not elsewhere classified](#)
Excludes: [acute pain classifiable to an organ or body region — see Alphabetic Index/Pain](#)

~~R52.1~~ ~~Chronic intractable pain~~

R52.2 ~~Other~~ Chronic pain
[Code first the underlying cause/site of chronic pain, if applicable](#)

R52.9 Pain, unspecified
Generalised pain NOS



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Chronic pain

~~ACS 1301 Back strain~~

~~If a diagnosis of 'back strain' is used to refer to a long standing injury, assign M54.5 Low back pain with late effect codes if applicable. Do not code as a current injury as indexed under 'strain' unless it is clear in the clinical record.~~

~~ACS 1302 Chronic low back pain syndrome~~

~~If the underlying cause of the pain is stated, code only the underlying cause. If the underlying cause is not known, code to M54.5 Low back pain or M54.4 Lumbago with sciatica.~~



Chronic pain

~~ACS 1344 Postlaminectomy syndrome~~

~~This term is used to describe the pain which persists in spite of back surgery attempted to relieve it. It includes postoperative status with continuing pain following laminectomy, discectomy, spinal fusion and foramenotomy. It excludes cases with mention of discitis or arachnoiditis and instability. There is no distinct constellation of symptoms. The cause for failure is multifactorial and variable. Postlaminectomy syndrome (M96.1 Postlaminectomy syndrome, not elsewhere classified) should only be assigned when 'postlaminectomy syndrome' is documented. Back pain following surgery should be assigned the appropriate code for back pain.~~



Chronic pain

ACS 1802 Signs and symptoms

Although symptoms are generally not coded when a more definitive diagnosis exists, there are cases where symptoms should be coded. The notes at the beginning of Chapter 18 in ICD-10-AM are of assistance in determining when to assign codes from R00–R99 categories and an excerpt is reproduced here.

“The conditions and signs or symptoms included in categories R00–R99 consist of:

- a. cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated;
- b. signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined;
- c. provisional diagnoses in a patient who failed to return for further investigation or care;
- d. cases referred elsewhere for investigation or treatment before the diagnosis was made;
- e. cases in which a more precise diagnosis was not available for any other reason;
- f. certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.”



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Chronic pain

1807 Acute and chronic pain

- The instructions for Acute pain have been simplified

ACUTE PAIN

Assign R52.0 *Acute pain, not elsewhere classified* only when there is no documentation as to the site or cause of the acute pain.



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Chronic pain

1807 Acute and chronic pain (cont):

- The inclusion of examples of procedures for acute pain has been removed as the ACS is about the classification of pain as a disease entity and not the interventions.

~~Note the exclusion list at R52 *Pain, not elsewhere classified* which precludes the use of codes in this category when the site/type of the pain is known.~~

~~Examples of procedures for acute pain are:~~

~~[32] — Epidural injection
[33] — Epidural infusion
[34] — Caudal injection
[35] — Caudal infusion
[36] — Spinal injection
[37] — Spinal infusion
[39] — Insertion of spinal catheter, infusion device or pump
[1909] to [1910] — Anaesthesia
[1912] — Postprocedural analgesia~~



Chronic pain

1807 Acute and chronic pain (cont):

CHRONIC PAIN

Chronic pain is a serious disease entity with its own distinct signs and symptoms.

Chronic pain results from changes in the central nervous system and has a variety of causation, including disease conditions, previous trauma, or it may have no discernible origin.



Chronic pain

1807 Acute and chronic pain (cont):

Terminology used in the documentation of chronic pain includes:

- neoplastic (cancer) pain – pain due to a primary or metastatic neoplasm
- neuropathic pain – pain initiated or caused by a primary lesion or dysfunction within the nervous system
- nociceptive pain – pain due to a medical condition (eg osteoarthritis of the hip, multiple sclerosis), or following acute injury or post surgery

These terms are synonymous with chronic pain and are used to assign R52.2 Chronic pain.

Terminology such as ‘recurrent’ or ‘long standing’ are not synonymous with ‘chronic’ and are not to be used to assign R52.2 Chronic pain.



Chronic pain

1807 Acute and chronic pain (cont):

CLASSIFICATION:

To classify chronic pain with a documented site or underlying cause:

- code first the site or underlying cause and,
- assign R52.2 Chronic pain as an additional diagnosis

R52.2 Chronic pain may be assigned as a principal diagnosis if there is no documentation of site or underlying cause.



Chronic pain

ACS 1807 EXAMPLE 1

EXAMPLE 1:

Patient admitted to hospital for a medication review for her multiple sclerosis. The pain team was also consulted with regard to her neuropathic pain and oxycodone was commenced.

Codes:	G35	<i>Multiple sclerosis</i>
	R52.2	<i>Chronic pain</i>



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Chronic pain

ACS 1807 EXAMPLE 2

EXAMPLE 2:

Patient admitted to day surgery for management of chronic low back pain. The patient was treated with an anaesthetic injection.

Codes:	M54.5	<i>Low back pain</i>
	R52.2	<i>Chronic pain</i>



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Chronic pain

ACS 1807 EXAMPLE 3

EXAMPLE 3:

Patient admitted to day surgery for administration of an anaesthetic injection for low back pain.

Code: M54.5 *Low back pain*

In this example, there is no documentation of chronicity, therefore a code for chronic pain is not assigned



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ACS 1807 EXAMPLE 4

EXAMPLE 4:

Patient admitted under the palliative care service for end of life care. The patient was documented as having secondary bone metastases from lung cancer (adenocarcinoma). The patient was reviewed by the oncologist who identified severe neoplastic pain and prescribed morphine to control the pain.

Codes: C79.5	<i>Secondary malignant neoplasm of bone and bone marrow</i>
M8140/6	<i>Adenocarcinoma, metastatic NOS</i>
C34.9	<i>Malignant neoplasm of bronchus or lung, unspecified</i>
M8140/3	<i>Adenocarcinoma NOS</i>
R52.2	<i>Chronic pain</i>
Z51.5	<i>Palliative care</i>



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Chronic pain

ACS 1807 EXAMPLE 5

EXAMPLE 5:

Patient admitted with neuropathic pain for adjustment of their pain medication.

Code: R52.2 *Chronic pain*

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Chronic pain

ACS 1807 EXAMPLE 6

EXAMPLE 6:

Patient admitted to day surgery for a laparoscopy under GA (general anaesthetic) for chronic pelvic pain. No pelvic abnormalities were detected.

Codes: R10.2 *Pelvic and perineal pain*
 R52.2 *Chronic pain*

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Chronic Pain

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ACS 1904

Procedural complications

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ACS 1904 Procedural complications

- Comprehensive review of ACS 1904 *Procedural complications* due to anecdotal evidence of inconsistency in the application of ACS 1904 as highlighted in queries and public submissions
- Amendments to other ACS have been made for consistency with changes in ACS 1904.



ACS 1904 Procedural complications

In summary:

- Revision of the overall concept of procedural complications to be in line with clinical advice, including the identification of conditions that are considered as natural or expected in the postoperative period and that should not be considered as complications of clinical care
- Provision of general classification principles for procedural complications in relation to the code selection from the range T80-T88 versus end of chapter procedural complication codes



ACS 1904 Procedural complications

In summary (*cont*):

- Revision of the classification guidelines for unintentional events (previously termed misadventures)
- Provision of classification examples to illustrate the principles stated in the standard



ACS 1904 Procedural complications

ACS 1904 PROCEDURAL COMPLICATIONS

OVERVIEW

Conditions may arise during or in the period following a procedure. Some of these are considered to be 'procedural complications' while others are not. Qualifying terms such as 'intraoperative', 'postoperative' or 'postprocedural' may be documented in the clinical record, however these terms may only refer to the timing of an event that occurred during, or after, the procedure.



ACS 1904 Procedural complications

OVERVIEW (cont):

Conditions should be assigned procedural complication codes only if they meet the following criteria:

- Documentation clearly states that the condition arose as a complication of the procedure (the terms 'secondary to' or 'due to' infer a causal relationship in contrast to terms such as 'postop', 'following' or 'associated with')



ACS 1904 Procedural complications

OVERVIEW (cont):

- Certain conditions where the relationship is inherent in the diagnosis (eg infection or bleeding of a surgical wound, stoma or anastomosis, wound dehiscence, transfusion related acute lung injury)



ACS 1904 Procedural complications

OVERVIEW (cont):

- Conditions classified to T82-T85 for complications related to prosthetic devices, grafts or implants (eg mechanical complications, haematoma, pain, stenosis following insertion of prosthetic devices)

For a medical condition occurring during or following insertion of prosthetic devices but not classified to T82-T85, see *Intraoperative/postoperative medical conditions*



ACS 1904 Procedural complications

OVERVIEW (*cont*):

- Conditions that are a direct consequence of a procedure, resulting in an unintended injury or illness (eg accidental puncture or laceration of an organ/structure during a procedure, retained instruments or swabs, mismatched blood used in transfusion)



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ACS 1904 Procedural complications

OVERVIEW (*cont*):

Intraoperative/postoperative medical conditions

Some conditions, especially medical conditions commonly seen intraoperatively and in the postoperative period, are not solely related to the procedure performed, but are related to the complex interaction between the disease process and the procedure (that is, the cause of the condition is multifactorial).



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ACS 1904 Procedural complications

Intraoperative/postoperative medical conditions (cont):

Examples of such medical conditions are:

- cardiovascular: acute myocardial infarction, deep venous thrombosis, hypotension
- digestive: bowel obstruction/ileus, constipation, nausea, vomiting
- endocrine and metabolic: electrolyte imbalances
- genitourinary: acute kidney impairment, urinary retention
- respiratory: acute respiratory failure, atelectasis
- neurological: epilepsy, seizure, stroke



ACS 1904 Procedural complications

Intraoperative/postoperative medical conditions (cont):

These conditions are **not** classified as procedural complications unless the causal relationship is clearly documented.

Assign code(s) for these conditions in accordance with ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*.



ACS 1904 Procedural complications

The following examples are from ACS 1904

Note: Condition onset flag (COF) is assigned in parentheses in these examples but external cause and ACHI codes are not included.



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ACS 1904 Procedural complications

EXAMPLE 1:

Patient admitted with persistent abdominal pain following laparoscopic Nissen fundoplication performed one month ago. Progress notes documented ‘adhesional small bowel obstruction **secondary to** laparoscopic Nissen fundoplication, for conservative treatment’.

Codes: (2) K91.89 *Other intraoperative and postprocedural disorders of digestive system, not elsewhere classified*
 (2) K56.5 *Intestinal adhesions [bands] with obstruction*



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ACS 1904 Procedural complications

EXAMPLE 2:

Patient admitted for laparoscopic Nissen fundoplication for hiatal hernia. The patient complains of persistent abdominal pain postoperatively. Progress notes documented 'SBO (small bowel obstruction), laparoscopic Nissen fundoplication three days ago, for conservative treatment'.

Codes: (2) K44.9 *Diaphragmatic hernia without obstruction or gangrene*
(1) K56.6 *Other and unspecified intestinal obstruction*



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ACS 1904 Procedural complications

EXAMPLE 3:

Six months post mastectomy and breast reconstruction, the silicone breast implant is noted to be displaced. The implant is replaced.

Codes: (2) T85.4 *Mechanical complication of breast prostheses and implants*



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EXAMPLE 4:

Patient readmitted with deep venous thrombosis (DVT) following a hip replacement one week ago.

Codes: (2) I80.20 *Phlebitis and thrombophlebitis of deep vessels of lower extremities, not elsewhere classified*



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EXAMPLE 5:

Patient suffered a stroke on the second day post insertion of a femoral prosthesis for osteoarthritis of hip.

Codes: (2) M16.1 *Other primary coxarthrosis*
(1) I64 *Stroke, not specified as haemorrhage or infarction*



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ACS 1904 Procedural complications

EXAMPLE 6:

Patient with sick sinus syndrome admitted for insertion of a dual chamber permanent pacemaker. Patient suffered a stroke during insertion of transvenous electrodes and stroke is documented as being due to the pacemaker lead insertion.

Codes: (2) I49.5 *Sick sinus syndrome*
 (1) T82.89 *Other specified complications of cardiac and vascular prosthetic devices, implants and grafts*
 (1) I64 *Stroke, not specified as haemorrhage or infarction*



ACS 1904 Procedural complications

EXAMPLE 7:

A patient admitted following a motorcycle accident for an urgent exploratory laparotomy and splenectomy for splenic rupture. During the surgical count a sponge was missing, the wound was re-explored and the sponge removed.

Codes: (2) S36.04 *Massive parenchymal disruption of spleen*
 (1) T81.5 *Foreign body accidentally left in body cavity or operation wound following a procedure*



ACS 1904 Procedural complications

OVERVIEW (*cont*):

Routine postoperative care

Some conditions that develop postoperatively are considered as natural or expected events and are not necessarily complications of clinical care (ie they are not considered significant as per the criteria in ACS 0002 *Additional diagnoses*).



ACS 1904 Procedural complications

Routine postoperative care (*cont*):

Routine postoperative care includes:

- Prescribing analgesic medication
- Wound cleansing, elevation, application of ice or other care for minor wound problems
- Re-siting or removing intravenous cannulas or other care for minor catheter related conditions
- Monitoring or dressing or other care of drainage tubes, stomas or other devices.



ACS 1904 Procedural complications

Care beyond routine intraoperative/postoperative care

These conditions are **only** assigned as procedural complications when there is documentation of care or management that is significantly beyond routine care.



ACS 1904 Procedural complications

Care beyond routine intraoperative/postoperative care (cont):

Care beyond routine may include:

- consultation/treatment by a clinician resulting in a change of management
- application of vacuum dressing or other specialised dressing/device, which was not previously required, to replace a conventional dressing



ACS 1904 Procedural complications

Care beyond routine intraoperative/postoperative care (*cont*):

Care beyond routine may also include:

- unexpected or unplanned return to theatre
- commencement of antibiotics
- treatment that delays discharge.



ACS 1904 Procedural complications

EXAMPLE 8:

Wound ooze from an abdominal incision site. The dressing from the abdominal wound was removed and a new dressing was applied with no further oozing reported.



ACS 1904 Procedural complications

This standard now includes a flowchart for assigning ICD-10-AM codes for conditions that arise during or following a procedure.



ACS 1904 Procedural complications

CLASSIFICATION OF PROCEDURAL COMPLICATIONS (DIAGNOSIS CODES)

ICD-10-AM classifies procedural complications in two sections:

- Complications classified to specific body system chapters
- Complications classified to T80-T88



ACS 1904 Procedural complications

CLASSIFICATION OF PROCEDURAL COMPLICATIONS (DIAGNOSIS CODES) (cont):

As procedural complications may be classified to either the body system chapters or Chapter 19 (as T codes), the following rules apply:

- Where a complication is related to a prosthetic device, implant or graft, assign T82-T85 *Complications of prosthetic devices, implants and grafts*, except where directed by an *Includes* note or the Alphabetic Index



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EXAMPLE 9:

A postoperative haematoma developed five days after a total knee replacement.

Codes: T84.81 *Haemorrhage and haematoma following insertion of internal orthopaedic prosthetic devices, implants and grafts*



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EXAMPLE 10:

A postoperative wound dehiscence developed on the fourth day post pacemaker implantation.

Codes: T81.3 *Disruption of operation wound, not elsewhere classified*



ACS 1904 Procedural complications

EXAMPLE 11:

Acute peritonitis in a patient who is on continuous ambulatory peritoneal dialysis without further specification as to cause.

Codes: T85.71 *Infection and inflammatory reaction due to peritoneal dialysis catheter*
K65.0 *Acute peritonitis*



ACS 1904 Procedural complications

EXAMPLE 12:

Dysphagia secondary to laparoscopic adjustable gastric banding (LAGB).

Codes:	T85.82	<i>Other complications following insertion of gastrointestinal prosthetic devices, implants and grafts</i>
	R13	<i>Dysphagia</i>



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CLASSIFICATION OF PROCEDURAL COMPLICATIONS (DIAGNOSIS CODES) (cont):

- Where a condition is not related to a prosthetic device, implant or graft and:
 - **it is related** to a body system, assign a code from the appropriate body system chapter
 - the complication **is not related** to a body system, assign an appropriate code from T80-T81 or T86-T88.



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EXAMPLE 13:

Leaking gastrostomy tube.

Codes: K91.43 *Leak from stoma of the digestive system*



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EXAMPLE 14:

Wound infection in cholecystectomy scar, five days postoperatively, requiring antibiotic treatment.

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



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EXAMPLE 15:

Rectovaginal fistula secondary to previous low anterior resection of the rectum.

Codes:	N99.89	<i>Other intraoperative and postprocedural disorder of genitourinary system</i>
	N82.3	<i>Fistula of vagina to large intestine</i>



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EXAMPLE 16:

A patient experiences shoulder pain following intrauterine device (IUD) insertion and laparoscopy. The clinician confirms that shoulder pain is due to laparoscopy and the patient's stay is extended until the pain resolves.

Codes:	T81.83	<i>Pain following a procedure, not elsewhere classified</i>
	M25.51	<i>Pain in joint, shoulder region</i>



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CLASSIFICATION OF EXTERNAL CAUSES:

The following categories list external cause codes for specific types of procedural complications

- Y60–Y69 *Unintentional events during surgical and medical care*
- Y70–Y82 *Medical devices associated with unintentional events in diagnostic and therapeutic use*
- Y83–Y84 *Surgical and other medical procedures as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure*
- Y88 *Sequelae with surgical and medical care as external cause*



ACS 1904 Procedural complications

External cause codes (cont):

- An external cause code from Y60–Y69 or Y70–Y82 (instead of Y83–Y84) is assigned only when there is documentation of harm resulting from an unintentional event during the provision of care.
- An external cause code from Y83–Y84 is assigned to describe the type of procedure causing a complication irrespective of whether the complication is noted during or after the procedure, and no unintentional event has occurred.



ACS 1904 Procedural complications

External cause codes (cont):

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



ACS 1904 Procedural complications

EXAMPLE 17:

Stone spill from the gallbladder during cholecystectomy.

Codes:	K91.89	<i>Other intraoperative and postprocedural disorders of digestive system, not elsewhere classified</i>
	Y83.6	<i>Removal of other organ (partial) (total)</i>
	Y92.24	<i>Place of occurrence, health service area, this facility</i>



ACS 1904 Procedural complications

Place of occurrence

A place of occurrence code is mandatory for procedural complications and must relate to where the external cause occurred not where the adverse effect occurred.

For example, although a postoperative wound infection may not manifest until after the patient is discharged, an appropriate place of occurrence code (Y92.23 or Y92.24) for *health service area* is assigned as the procedure (external cause) originated in the hospital setting.



ACS 1904 Procedural complications

EXAMPLE 18:

A patient is readmitted with a post cholecystectomy wound infection. The procedure was performed five days ago at another hospital.

Codes:	T81.4	<i>Wound infection following a procedure, not elsewhere classified</i>
	Y83.6	<i>Removal of other organ (partial)(total)</i>
	Y92.23	<i>Place of occurrence, health service area, not specified as this facility</i>



ACS 1904 Procedural complications

OBSTETRIC PROCEDURAL COMPLICATIONS

Chapter 15 *Pregnancy, childbirth and the puerperium* lists a number of codes that include the procedural complication.

EXAMPLE 19:

Haematoma of caesarean section wound.

Code: O90.2 *Haematoma of obstetric wound*



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ACS 1904 Procedural complications

OBSTETRIC PROCEDURAL COMPLICATIONS (cont):

Conditions that arise following obstetric surgery/procedures (including delivery), that are not classified to a code in Chapter 15 are classified as per the guidelines in ACS 1904.

EXAMPLE 20:

Cardiac arrest following caesarean section; successfully resuscitated.

Codes: Applicable codes from Chapter 15 for the delivery episode
 I46.0 *Cardiac arrest with successful resuscitation*



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ACS 1904 Procedural complications

EXAMPLE 21:

Patient diagnosed with Mendelson's syndrome due to aspiration of gastric contents during caesarean section under general anaesthesia.

Codes: Applicable codes from Chapter 15 for the delivery episode

J95.4	<i>Mendelson's syndrome</i>
W78	<i>Inhalation of gastric contents</i>
Y48.2	<i>Other and unspecified general anaesthetics</i>
Y92.24	<i>Place of occurrence, health service area, this facility</i>



ACS 1904 Procedural complications

OBSTETRIC PROCEDURAL COMPLICATIONS (cont):

The majority of codes in Chapter 15 relating to procedural complications do not require an additional external cause code as the concept is included within the ICD-10-AM code.

EXAMPLE 22:

Wound infection following lower segment caesarean section.

Code: O86.0 *Infection of obstetric surgical wound*



ACS 1904 Procedural complications

OBSTETRIC PROCEDURAL COMPLICATIONS (cont.):

However, an external cause code may be assigned in addition to a code from Chapter 15 to provide further specificity.

EXAMPLE 23:

During caesarean section, the initial incision extended into the upper cervix resulting in cervical laceration requiring repair.

Codes:	O71.3	<i>Obstetric laceration of cervix</i>
	Y60.0	<i>Unintentional cut, puncture, perforation or haemorrhage, during surgical and medical care, during surgical operation</i>
	Y92.24	<i>Place of occurrence, health service area, this facility</i>



ACS 1904 Procedural complications

UNINTENTIONAL EVENT(S)

An unintentional event (previously termed misadventure) is defined as injury or harm caused during medical or surgical care.

An unintentional event may be identified at the time of the procedure or after completion of the procedure.



ACS 1904 Procedural complications

UNINTENTIONAL EVENT(S) (cont):

Examples of unintentional events include:

- foreign body accidentally left during a procedure
- infusion of contaminated medical or biological substances
- mismatched blood used in transfusion
- failure of sterile precautions during surgical and medical care
- inadvertent exposure of patient to radiation
- unintentional cut, puncture, perforation during surgical and medical care.



ACS 1904 Procedural complications

UNINTENTIONAL EVENT(S) (cont):

The conditions listed above must meet the criteria in either *ACS 0001 Principal diagnosis* or *ACS 0002 Additional diagnoses* in order to assign a code for an unintentional event.

An external cause code from Y60–Y69 or Y70–Y82 is assigned only when there is documentation of:

- an injury during the provision of care OR
- harm that resulted from an unintentional event during the provision of care



ACS 1904 Procedural complications

EXAMPLE 24:

Cystoscopy with diathermy for trigonitis. The distal urethra was accidentally lacerated during the procedure and repaired with sutures.

Codes:	N30.3	<i>Trigonitis</i>
	N99.64	<i>Accidental puncture and laceration of urethra during a procedure</i>
	Y60.4	<i>Unintentional cut, puncture, perforation or haemorrhage during surgical and medical care, during endoscopic examination</i>
	Y92.24	<i>Place of occurrence, health service area, this facility</i>



ACS 1904 Procedural complications

EXAMPLE 25:

Laparoscopic cholecystectomy for gallbladder calculus and acute cholecystitis. A deep tear in segment 5 of the liver occurred during the dissection of the gallbladder from the fossa. Bleeding ceased following firm packing with Surgicel.

Codes:	K80.00	<i>Calculus of gallbladder with acute cholecystitis, without mention of obstruction</i>
	K91.65	<i>Accidental puncture and laceration of liver during a procedure</i>
	Y60.4	<i>Unintentional cut, puncture, perforation or haemorrhage during surgical and medical care, during endoscopic examination</i>
	Y92.24	<i>Place of occurrence, health service area, this facility</i>



ACS 1904 Procedural complications

EXAMPLE 26:

A small intraoperative serosal tear in the ileum during dissection of the ileum from the uterus due to extensive peritoneal adhesions. The tear was not sutured and the patient suffered no adverse effect during the remainder of the episode of care.

Codes: N73.6 *Female pelvic peritoneal adhesions*



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SEQUELAE

A sequela of a complication is a current condition that is the result of a previously occurring procedural complication.

Two disease codes are required to classify sequelae of procedural complications:

- a code for the residual condition or nature of the sequela (the current condition)
- T98.3 *Sequelae of complications of surgical and medical care, not elsewhere classified*

See also ACS 0008 *Sequelae* and ACS 1912 *Sequelae of injuries, poisoning, toxic effects and other external causes*.



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EXAMPLE 27:

Ankylosis of hip from previous infection of orthopaedic internal fixation device.

Codes:	M24.65	<i>Ankylosis of joint, pelvic region and thigh</i>
	T98.3	<i>Sequelae of complications of surgical and medical care, not elsewhere classified</i>
	Y88.3	<i>Sequelae of surgical and medical procedures as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure</i>
	Y92.23	<i>Place of occurrence, health service area, not specified as this facility</i>



ACS 1904 Procedural complications

INTRAVASCULAR CATHETER RELATED INFECTION/INFUSION OR TRANSFUSION RELATED INFECTION

Definition

Infections related to intravascular access may be described as a localised infection at the site of insertion or intravascular catheter related sepsis. Localised infections will be indicated by erythema, oedema, purulent discharge, pain and possibly pyrexia. Intravascular catheter related sepsis may occur if localised infection progresses.



ACS 1904 Procedural complications

Classification

- Intravenous catheter related infection or sepsis is classified to:
T82.74 *Infection and inflammatory reaction due to central vascular catheter* OR
T82.75 *Infection and inflammatory reaction due to peripheral vascular catheter,*

with a code for the specific condition, if known (eg cellulitis, sepsis)



ACS 1904 Procedural complications

Classification (cont):

- Infusion/transfusion related infection or sepsis is classified to:
T80.2 *Infections following infusion, transfusion and therapeutic injection*

with a code for the specific condition, if known (eg sepsis).



ACS 1904 Procedural complications

POSTPROCEDURAL WOUND INFECTION

Definition

A wound infection in a surgical wound is one from which purulent material drains or is obtained.

Classification

Wound infection (superficial) is classified to T81.4 *Wound infection following a procedure, not elsewhere classified*.



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EXAMPLE 28:

Postprocedural wound infection (superficial) following total hip replacement. No evidence of infected prosthesis.

Codes:	T81.4	<i>Wound infection following a procedure, not elsewhere classified</i>
	Y83.1	<i>Surgical operation with implant of artificial internal device</i>
	Y92.23	<i>Place of occurrence, health service area, not specified as this facility</i>



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Classification (cont):

Where there is documentation that a postoperative infection is related to a prosthetic device, implant or graft, assign the relevant infection code from T82–T85.



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EXAMPLE 29:

Patient had total hip replacement performed two months previously. Admitted for pyogenic arthritis of hip due to infected hip prosthesis.

Codes:	T84.5	<i>Infection and inflammatory reaction due to internal joint prosthesis</i>
	M00.95	<i>Pyogenic arthritis, unspecified, pelvic region and thigh</i>
	Y83.1	<i>Surgical operation with implant of artificial internal device</i>
	Y92.23	<i>Place of occurrence, health service area, not specified as this facility</i>



Procedural complications

Further Information

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



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Place of Occurrence and Procedural complications Tabular List changes

ICD-10-AM/ACHI/ACS Tenth Edition

2017 Education program

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Place of occurrence

Background:

- Expansion of place of occurrence, health service area, to distinguish complications occurring in the same facility as opposed to those occurring in another facility.



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Place of occurrence

Tabular List:

Y92.2 School, other institution and public administrative area

Y92.21 School

Y92.22 Health service area
Day procedure centre
Health centre
Home for the sick
Hospice
Hospital
Outpatient clinic



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Place of occurrence

Y92.23 Health service area, not specified as this facility

[Day procedure centre](#)

[Health centre](#)

[Hospice](#)

[Hospital:](#)

- [in the home \(HITH\)](#)

- [NOS](#)

[Outpatient clinic](#)

Note: 'This facility' includes satellite units managed and staffed by the same health care provider. These units may be located on the hospital campus or off the hospital campus and treat movements of patients between sites as ward transfers.

Y92.24 Health service area, this facility

...

Note: 'This facility' includes satellite units managed and staffed by the same health care provider. These units may be located on the hospital campus or off the hospital campus and treat movements of patients between sites as ward transfers.



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Procedural complications

Background:

- Development of a discussion paper to incorporate multiple tasks, including review of the following:
 - ‘end of chapter’ intraoperative and postprocedural disorders
 - indexing of procedural complications
 - previously published advice
 - ACS 1904 *Procedural complications*



Procedural complications

- Expansion of procedural complication codes to facilitate identification of complications in the following areas:
 - body systems
 - devices, implants and grafts including mechanical complications
 - organ transplants
 - anaesthesia
 - accidental puncture and laceration



Procedural complications

- Deletion of codes for conditions that were classified in both the postprocedural disorders section and disease classification section
- Modification of relevant code titles:
 - Inclusion of ‘intraoperative’ as well as ‘postprocedural’ to remove the distinction between ‘a complication occurring during a procedure’ and ‘a complication occurring after a procedure’.
 - Replacement of ‘misadventure’ with ‘unintentional event’



Procedural complications

E89

Intraoperative and postprocedural disorders of endocrine and metabolic system, not elsewhere classified

...

E89.7

Accidental puncture and laceration of endocrine system organ or structure during a procedure

E89.71 Accidental puncture and laceration of thyroid gland during a procedure

E89.72 Accidental puncture and laceration of parathyroid gland during a procedure

E89.73 Accidental puncture and laceration of adrenal gland during a procedure

E89.74 Accidental puncture and laceration of pituitary gland during a procedure

E89.79 Accidental puncture and laceration of endocrine system organ or structure during a procedure, not elsewhere classified

E89.8 Other intraoperative and postprocedural disorders of endocrine and metabolic system

E89.9 Intraoperative and postprocedural disorders of endocrine and metabolic system, unspecified



Procedural complications

G97 [Intraoperative and postprocedural disorders of nervous system, not elsewhere classified](#)

...

G97.1 ~~Other reaction to spinal and lumbar puncture~~ [Reaction to spinal and lumbar puncture, not elsewhere classified](#)

[G97.11 Headache following spinal and lumbar puncture](#)

[G97.19 Reaction to spinal and lumbar puncture, not elsewhere classified](#)

...



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Procedural complications

...

G97.3 [Accidental puncture and laceration of nervous system organ or structure during a procedure](#)

[G97.31 Accidental puncture and laceration of dura during a procedure](#)

[G97.32 Accidental puncture and laceration of spinal cord during a procedure](#)

[G97.33 Accidental puncture and laceration of nerve root and plexus during a procedure](#)

[G97.34 Accidental puncture and laceration of peripheral nerve during a procedure](#)

[G97.35 Accidental puncture and laceration of cranial nerve during a procedure](#)

[G97.39 Accidental puncture and laceration of nervous system organ or structure during a procedure, not elsewhere classified](#)



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Procedural complications

H59 Intraoperative and postprocedural disorders of eye and adnexa, not elsewhere classified

...

H59.1 Accidental puncture and laceration of eye and adnexa during a procedure

H59.11 Accidental puncture and laceration of cornea during a procedure

H59.12 Accidental puncture and laceration of conjunctiva during a procedure

H59.13 Accidental puncture and laceration of capsule of lens during a procedure

H59.14 Accidental puncture and laceration of retina during a procedure

H59.15 Accidental puncture and laceration of vitreous during a procedure

H59.16 Accidental puncture and laceration of macula during a procedure

H59.19 Accidental puncture and laceration of structure of eye and adnexa during a procedure, not elsewhere classified



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Procedural complications

H59.8 Other intraoperative and postprocedural disorders of eye and adnexa

H59.81 Postprocedural cystoid macula oedema ~~following cataract surgery~~

H59.82 Postprocedural blebitis

H59.83 Postprocedural endophthalmitis

H59.84 Postprocedural chorioretinal scars

H59.85 Postprocedural hyphaema

H59.89 Other intraoperative and postprocedural disorders of eye and adnexa, not elsewhere classified



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Procedural complications

...

H95.1 Other disorders following mastoidectomy

- [⊗H95.11 Chronic inflammation of postmastoidectomy cavity](#)
- [⊗H95.12 Granulation of postmastoidectomy cavity](#)
- [⊗H95.13 Mucosal cyst of postmastoidectomy cavity](#)
- [⊗H95.19 Other disorders following mastoidectomy](#)
- [⊗H95.2 Accidental puncture and laceration of structure of ear and mastoid process during a procedure, not elsewhere classified](#)



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Procedural complications

⊗I97.3 Accidental puncture and laceration of circulatory system organ or structure during a procedure

- [⊗I97.31 Accidental puncture and laceration of aorta during a procedure](#)
- [⊗I97.32 Accidental puncture and laceration of coronary artery during a procedure](#)
- [⊗I97.33 Accidental puncture and laceration of vena cava during a procedure](#)
- [⊗I97.34 Accidental puncture and laceration of other blood vessels during a procedure](#)
- [⊗I97.35 Accidental puncture and laceration of heart during a procedure](#)
- [⊗I97.39 Accidental puncture and laceration of circulatory system organ or structure during a procedure, not elsewhere classified](#)



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Procedural complications

I97.8 Other intraoperative and postprocedural disorders of circulatory system, not elsewhere classified

[!\[\]\(2e897e890e69d81eae4503a8342c36b0_img.jpg\) I97.81 Postprocedural steal syndrome](#)

[!\[\]\(bd1a142de767a21e5362c595f844a4ff_img.jpg\) I97.82 Pacemaker syndrome](#)

[!\[\]\(e2376d476d06eb31946dc01a69a4403a_img.jpg\) I97.83 Postprocedural lymphocele, lymphoedema and chylothorax](#)

[!\[\]\(74d4806277d7e73349d8e8c0897931e9_img.jpg\) I97.89 Other intraoperative and postprocedural disorders of circulatory system, not elsewhere classified](#)



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Procedural complications

J95 Intraoperative and postprocedural disorders of respiratory system, not elsewhere classified

J95.0 ~~Tracheostomy~~ Malfunction of tracheostomy

[!\[\]\(0fb13ad0bfa3d86868cdd3883e5665b3_img.jpg\) J95.01 Haemorrhage from tracheostomy](#)

[!\[\]\(799877f5c2f906134441300079881630_img.jpg\) J95.02 Infection of tracheostomy](#)

[!\[\]\(41aea2746216b27a6939d696d8e035da_img.jpg\) J95.03 Leak from tracheostomy](#)

[!\[\]\(7bc43b319a082987e20f7bf78f4bab80_img.jpg\) J95.04 Tracheo-oesophageal fistula following tracheostomy](#)

[!\[\]\(e50091943b385fe16d3277389202856f_img.jpg\) J95.09 Malfunction of tracheostomy, not elsewhere classified](#)

~~J95.1 Acute pulmonary insufficiency following thoracic surgery~~

~~J95.2 Acute pulmonary insufficiency following nonthoracic surgery~~

~~J95.3 Chronic pulmonary insufficiency following surgery~~



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Procedural complications

J95.6 Accidental puncture and laceration of respiratory system organ or structure during a procedure

- [J95.61 Accidental puncture and laceration of larynx during a procedure](#)
- [J95.62 Accidental puncture and laceration of pharynx during a procedure](#)
- [J95.63 Accidental puncture and laceration of trachea during a procedure](#)
- [J95.64 Accidental puncture and laceration of lung during a procedure](#)
- [J95.65 Accidental puncture and laceration of pleura and diaphragm during a procedure](#)
- [J95.69 Accidental puncture and laceration of respiratory system organ or structure during a procedure, not elsewhere classified](#)



Procedural complications

J95.8 Other intraoperative and postprocedural disorders of respiratory system

- [J95.81 Postprocedural tracheal stenosis](#)
- [J95.82 Ventilation associated pneumonia](#)
- [J95.83 Transfusion related acute lung injury \[TRALI\]](#)
- [J95.84 Postprocedural pneumothorax](#)
- [J95.85 Postprocedural haemothorax](#)
- [J95.89 Other intraoperative and postprocedural disorders of respiratory system, not elsewhere classified](#)



Procedural complications

K91 Intraoperative and postprocedural disorders of digestive system, not elsewhere classified

~~K91.0 Vomiting following gastrointestinal surgery~~

...

~~K91.3 Postprocedural intestinal obstruction~~

ACS 1904 *Procedural complications* states that vomiting and intestinal obstruction are not classified as procedural complications unless the causal relationship is clearly documented.



Procedural complications

K91.4 Malfunction of stoma of the digestive system ~~Colostomy and enterostomy malfunction~~

Includes: colostomy
enterostomy
gastrostomy
ileostomy
jejunostomy

Excludes: parastomal hernia (K43.-)

⊗ K91.41 Haemorrhage from stoma of the digestive system

⊗ K91.42 Infection of stoma of the digestive system

⊗ K91.43 Leak from stoma of the digestive system

⊗ K91.49 Malfunction of stoma of the digestive system, not elsewhere classified



Procedural complications

K91.6 Accidental puncture and laceration of digestive system organ or structure during a procedure

- [K91.61 Accidental puncture and laceration of oesophagus during a procedure](#)
- [K91.62 Accidental puncture and laceration of stomach during a procedure](#)
- [K91.63 Accidental puncture and laceration of intestine during a procedure](#)
- [K91.64 Accidental puncture and laceration of gallbladder or bile duct during a procedure](#)
- [K91.65 Accidental puncture and laceration of liver during a procedure](#)
- [K91.66 Accidental puncture and laceration of pancreas during a procedure](#)
- [K91.67 Accidental puncture and laceration of spleen during a procedure](#)
- [K91.68 Accidental puncture and laceration of peritoneum during a procedure](#)
- [K91.69 Accidental puncture and laceration of digestive system organ or structure during a procedure, not elsewhere classified](#)



Procedural complications

K91.8 Other intraoperative and postprocedural disorders of digestive system, not elsewhere classified

- [K91.81 Haemorrhage from surgical anastomosis of digestive tract](#)
- [K91.82 Stenosis of surgical anastomosis of digestive tract](#)
- [K91.83 Leak from surgical anastomosis of digestive tract](#)
- [K91.84 Postprocedural bile leak, not elsewhere classified](#)
- [K91.89 Other intraoperative and postprocedural disorders of digestive system, not elsewhere classified](#)



Procedural complications

M96.7 Accidental puncture and laceration of musculoskeletal organ or structure during a procedure

- [M96.71 Accidental puncture and laceration of muscle during a procedure](#)
- [M96.72 Accidental puncture and laceration of tendon during a procedure](#)
- [M96.73 Accidental puncture and laceration of ligament during a procedure](#)
- [M96.74 Accidental puncture and laceration of cartilage during a procedure](#)
- [M96.79 Accidental puncture and laceration of musculoskeletal organ or structure during a procedure, not elsewhere classified](#)



Procedural complications

N99 Intraoperative and postprocedural disorders of genitourinary system, not elsewhere classified

~~N99.0 — Postprocedural kidney failure~~

...

N99.5 Malfunction of ~~external~~ stoma of urinary tract

- [N99.51 Haemorrhage from stoma of urinary tract](#)
- [N99.52 Infection of stoma of urinary tract](#)
- [N99.53 Leak from stoma of urinary tract](#)
- [N99.59 Malfunction of stoma of urinary tract, not elsewhere classified](#)



Procedural complications

N99.6 Accidental puncture and laceration of genitourinary system organ or structure during a procedure

- [N99.61 Accidental puncture and laceration of kidney during a procedure](#)
- [N99.62 Accidental puncture and laceration of ureter during a procedure](#)
- [N99.63 Accidental puncture and laceration of bladder during a procedure](#)
- [N99.64 Accidental puncture and laceration of urethra during a procedure](#)
- [N99.65 Accidental puncture and laceration of prostate during a procedure](#)
- [N99.66 Accidental puncture and laceration of uterus during a procedure](#)
- [N99.67 Accidental puncture and laceration of ovary and fallopian tube during a procedure](#)
- [N99.68 Accidental puncture and laceration of testis during a procedure](#)
- [N99.69 Accidental puncture and laceration of genitourinary organ or structure during a procedure, not elsewhere classified](#)



Procedural complications

N99.8 Other intraoperative and postprocedural disorders of genitourinary system

- [N99.81 Haemorrhage from surgical anastomosis of genitourinary tract](#)
- [N99.82 Stenosis of surgical anastomosis of genitourinary tract](#)
- [N99.83 Leak from surgical anastomosis of genitourinary tract](#)
- [N99.84 Residual ovary syndrome](#)
- [N99.89 Other intraoperative and postprocedural disorder of genitourinary system](#)



Procedural complications

T81.8 Other complications of procedures, not elsewhere classified

- [!\[\]\(746d018fdf6ab02bf5fb7681133e8b29_img.jpg\) T81.81 Complication of inhalation therapy](#)
- [!\[\]\(5daa6eee1904cb6b9d765700250de764_img.jpg\) T81.82 Persistent postprocedural fistula, not elsewhere classified](#)
- [!\[\]\(d72e437c7cc5947bc0b147aba6602563_img.jpg\) T81.83 Pain following a procedure, not elsewhere classified](#)
- [!\[\]\(0d2a89e6d0cbcd8e0459b972b9332401_img.jpg\) T81.84 Postprocedural emphysema](#)
- [!\[\]\(cdcd8a42e5993b465235781ccc1c8555_img.jpg\) T81.89 Other complications following a procedure, not elsewhere classified](#)



Procedural complications

T82.5 Mechanical complication of other cardiac and vascular devices and implants

- [!\[\]\(e492b5d52ab457a7a3c2826c4091dfee_img.jpg\) T82.51 Mechanical complication of central vascular catheter](#)
- [!\[\]\(1d9440fab1f214291ce1c26a75f9c2cd_img.jpg\) T82.52 Mechanical complication of peripheral vascular catheter](#)
- [!\[\]\(6be2e1cb461308cfbb51376f893366b1_img.jpg\) T82.53 Mechanical complication of surgically created arteriovenous fistula and shunt](#)
- [!\[\]\(9d1c9e561b4c39f4d970a841cbc526df_img.jpg\) T82.54 Mechanical complication of vascular balloon \[counterpulsation\] device](#)
- [!\[\]\(638c4e65afbf8f3994df6311f702c5cb_img.jpg\) T82.55 Mechanical complication of artificial heart](#)
- [!\[\]\(ac8167fe1d77dc734374ed4531294f8f_img.jpg\) T82.56 Mechanical complication of vena cava device](#)
- [!\[\]\(fff2f1ab464b6499fbd670c53975d01d_img.jpg\) T82.59 Mechanical complication of other specified cardiac and vascular devices and implants](#)



Procedural complications

T82.7 Infection and inflammatory reaction due to cardiac and vascular devices, implants and grafts, not elsewhere classified

- [!\[\]\(13b6bdd0ca077c333d50231f1443cb1d_img.jpg\) T82.71 Infection and inflammatory reaction due to electronic cardiac device](#)
- [!\[\]\(5dbedd4e1e8871e3a0e67053ad2f9701_img.jpg\) T82.72 Infection and inflammatory reaction due to coronary artery bypass and valve grafts](#)
- [!\[\]\(d4749465acb9b53e115af1f9ce82539c_img.jpg\) T82.73 Infection and inflammatory reaction due to other vascular grafts](#)
- [!\[\]\(3e3001313d495ec87b5a6a5de6205728_img.jpg\) T82.74 Infection and inflammatory reaction due to central vascular catheter](#)
- [!\[\]\(e26df985e6d3e053d2593dc7b93b41cf_img.jpg\) T82.75 Infection and inflammatory reaction due to peripheral vascular catheter](#)
- [!\[\]\(2d8989e35a5d1c61f2b9b0307dee0da4_img.jpg\) T82.76 Infection and inflammatory reaction due to surgically created arteriovenous fistula and shunt](#)
- [!\[\]\(10225a66c9f99322b84a7fc32767a3b8_img.jpg\) T82.77 Infection and inflammatory reaction due to vascular dialysis catheter](#)
- [!\[\]\(e628152647eaf2a5b8bfa082bbb75081_img.jpg\) T82.79 Infection and inflammatory reaction due to cardiac and vascular devices, implants and grafts, not elsewhere classified](#)



Procedural complications

T82.8 Other specified complications of cardiac and vascular devices, implants and grafts

- [!\[\]\(e6ddc77b791299d975007937cebef274_img.jpg\) T82.81 Haemorrhage and haematoma following insertion of cardiac and vascular prosthetic devices, implants and grafts](#)
- [!\[\]\(ab52e27d061d76db54e182891376cff5_img.jpg\) T82.82 Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts](#)
- [!\[\]\(62325268b83c539c826661482098edc3_img.jpg\) T82.83 Pain following insertion of cardiac and vascular prosthetic devices, implants and grafts](#)
- [!\[\]\(576eae82d6cd110cfd50d3e0356faa5a_img.jpg\) T82.84 Stenosis following insertion of cardiac and vascular prosthetic devices, implants and grafts](#)
- [!\[\]\(433d19d9bdeac46075af10d8acb0c69a_img.jpg\) T82.85 Vascular dissection following insertion of cardiac and vascular prosthetic devices, implants and grafts](#)
- [!\[\]\(6d7be85c6a97460dda8fae4160076286_img.jpg\) T82.86 Aneurysm following insertion of cardiac and vascular prosthetic devices, implants and grafts](#)
- [!\[\]\(6821accee9ffc315d041eee2faac4aff_img.jpg\) T82.89 Other specified complications of cardiac and vascular devices, implants and grafts](#)



Procedural complications

T83.8 Other complications of genitourinary prosthetic devices, implants and grafts

- ✿[T83.81 Haemorrhage and haematoma following insertion of genitourinary prosthetic devices, implants and grafts](#)
- ✿[T83.82 Embolism and thrombosis following insertion of genitourinary prosthetic devices, implants and grafts](#)
- ✿[T83.83 Pain following insertion of genitourinary prosthetic devices, implants and grafts](#)
- ✿[T83.84 Stenosis following insertion of genitourinary prosthetic devices, implants and grafts](#)
- ✿[T83.85 Erosion of genitourinary mesh and other prosthetic materials](#)
- ✿[T83.89 Other specified complications of genitourinary devices, implants and grafts](#)



Procedural complications

T84.8 Other complications of internal orthopaedic prosthetic devices, implants and grafts

- ✿[T84.81 Haemorrhage and haematoma following insertion of internal orthopaedic prosthetic devices, implants and grafts](#)
- ✿[T84.82 Embolism and thrombosis following insertion of internal orthopaedic prosthetic devices, implants and grafts](#)
- ✿[T84.83 Pain following insertion of internal orthopaedic prosthetic devices, implants and grafts](#)
- ✿[T84.84 Stenosis following insertion of internal orthopaedic prosthetic devices, implants and grafts](#)
- ✿[T84.85 Metallosis following insertion of internal orthopaedic prosthetic devices, implants and grafts](#)
- ✿[T84.89 Other specified complications following insertion of internal orthopaedic prosthetic devices, implants and grafts](#)



Procedural complications

T85.6 Mechanical complication of internal prosthetic devices, implants and grafts , not elsewhere classified

- ✿[T85.61 Mechanical complication of respiratory prosthetic devices, implants and grafts](#)
- ✿[T85.62 Mechanical complication of auditory prosthetic devices, implants and grafts](#)
- ✿[T85.63 Mechanical complication of intraperitoneal dialysis catheter](#)
- ✿[T85.64 Mechanical complication of epidural and subdural infusion catheter](#)
- ✿[T85.65 Mechanical complication of surgical materials and sutures](#)
- ✿[T85.69 Mechanical complication of internal prosthetic devices, implants and grafts, not elsewhere classified](#)



Procedural complications

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

- ✿[T85.71 Infection and inflammatory reaction due to peritoneal dialysis catheter](#)
- ✿[T85.72 Infection and inflammatory reaction due to nervous system prosthetic devices, implants and grafts](#)
- ✿[T85.73 Infection and inflammatory reaction due to gastrointestinal prosthetic devices, implants and grafts](#)
- ✿[T85.74 Infection and inflammatory reaction due to respiratory prosthetic devices, implants and grafts](#)
- ✿[T85.75 Infection and inflammatory reaction due to breast prostheses and implants](#)
- ✿[T85.76 Infection and inflammatory reaction due to ocular prosthetic devices, implants and grafts](#)
- ✿[T85.77 Infection and inflammatory reaction due to internal hearing devices, implants and grafts](#)



Procedural complications

T85.8 Other complications of internal prosthetic devices, implants and grafts, not elsewhere classified

- ⚙️T85.81 Other complications ~~due to~~ [following insertion](#) of nervous system [prosthetic devices, implants and grafts](#)
- ⚙️T85.82 [Other complications following insertion of gastrointestinal prosthetic devices, implants and grafts](#)
- ⚙️T85.83 [Haemorrhage and haematoma following insertion of other prosthetic devices, implants and grafts](#)
- ⚙️T85.84 [Embolism and thrombosis following insertion of other prosthetic devices, implants and grafts](#)
- ⚙️T85.85 [Pain following insertion of other prosthetic devices, implants and grafts](#)
- ⚙️T85.86 [Stenosis following insertion of other prosthetic devices, implants and grafts](#)



Procedural complications

T86 Failure and rejection [and other complications](#) of transplanted organs and tissues

- T86.0 Bone marrow transplant rejection
- T86.1 Kidney transplant failure and rejection
- T86.2 Heart transplant failure and rejection
- T86.3 Heart-lung transplant failure and rejection
- T86.4 Liver transplant failure and rejection
- ⚙️T86.5 [Stem cell transplant failure and rejection](#)



Procedural complications

T86.8 Failure and rejection and other complications of transplanted organs and tissues, not elsewhere classified

- ✿T86.81 Lung transplant failure and rejection
- ✿T86.82 Pancreas or pancreatic islet cell transplant failure and rejection
- ✿T86.83 Intestinal graft failure and rejection
- ✿T86.84 Bone graft failure and rejection
- ✿T86.85 Corneal graft failure and rejection
- ✿T86.86 Skin graft and flap failure and rejection
- ✿T86.88 Failure and rejection of ~~other~~ transplanted organs and tissues, not elsewhere classified
- ✿T86.89 Other complications of transplanted organs and tissues, not elsewhere classified



Procedural complications

T88.5 Complications of anaesthesia, not elsewhere classified

- ✿T88.51 Hypothermia following anaesthesia
- ✿T88.52 Headache due to anaesthesia
- ✿T88.53 Failed anaesthesia
- ✿T88.59 Complications of anaesthesia, not elsewhere classified



Procedural complications

~~MISADVENTURE~~ UNINTENTIONAL EVENTS ~~TO PATIENTS~~ DURING SURGICAL AND MEDICAL CARE (Y60–Y69)

Y65 Other unintentional events ~~misadventures~~ during surgical and medical care

MEDICAL DEVICES ASSOCIATED WITH ~~MISADVENTURE~~ UNINTENTIONAL EVENTS IN DIAGNOSTIC AND THERAPEUTIC USE (Y70–Y82)

Y70 Anaesthesiology devices associated with ~~misadventures~~ unintentional events



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Procedural complications

Y83.0 Surgical operation with transplant of partial or whole organ

⌚Y83.01 Bone marrow transplant

⌚Y83.02 Kidney transplant

⌚Y83.03 Heart transplant

⌚Y83.04 Lung transplant

⌚Y83.05 Heart-lung transplant

⌚Y83.06 Liver transplant

⌚Y83.07 Pancreas and pancreatic islet cell transplant

⌚Y83.08 Stem cell transplant

⌚Y83.09 Other organ or tissue transplant



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Procedural complications

Y83.3 Surgical operation with formation of external stoma

[!\[\]\(3dfb8d66e81160ad61421a3452093d1b_img.jpg\) Y83.31 Tracheostomy](#)

[!\[\]\(99f58673407353e96a019fbca558fd72_img.jpg\) Y83.32 Gastrostomy](#)

[!\[\]\(0f848bbd71cef6b345273b16f905912a_img.jpg\) Y83.33 Enterostomy](#)

[!\[\]\(339a16584d5da0f0a3ca4e9ec17bf6a1_img.jpg\) Y83.34 Colostomy](#)

[!\[\]\(a870788d6ed9b8fd294b7654a8c8526b_img.jpg\) Y83.35 Nephrostomy](#)

[!\[\]\(de95854c7ee024cfadc48187bbb781b2_img.jpg\) Y83.36 Cystostomy](#)

[!\[\]\(3211b5d1d968fc1665909b34f9f16010_img.jpg\) Y83.37 Ureterostomy](#)

[!\[\]\(6059a5aa8b4ca7bb793408023d6c6e42_img.jpg\) Y83.39 Surgical operation with formation of external stoma, not elsewhere classified](#)



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Procedural complications

Further Information

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



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Mental health interventions

ICD-10-AM/ACHI/ACS Tenth Edition

2017 Education program

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Mental health interventions

Background:

- A need was identified for a nationally consistent classification for mental health interventions for use in Australian health care settings
- It was agreed that the Mental Health Intervention Classification (MHIC) be incorporated into ACHI.



Mental health interventions

Background (*cont*):

- ACHI is predominantly provider neutral and it is therefore important that codes are applicable across all health care settings
- While it is expected that mental health intervention codes will be applied across all mental health care settings as far as practical, some of the new codes will only be applicable to ambulatory and residential mental health care settings.



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Mental health interventions

- Definitions for the mental health interventions as glossary descriptions have now been included in ACHI
- ACS 0534 Specific interventions related to mental health services has been created
- Codes for prescription and administration of psychotherapeutic drugs, for use in residential & ambulatory care settings only have been developed



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Mental health interventions

- The existing ACHI codes for electroconvulsive therapy (ECT) have been deleted and replaced by seven new codes.
- Six codes have been created to denote the laterality of the electrodes' position and the pulse width of the electric stimulus. These codes are assigned as many times as performed, for up to 20 ECT treatments in the episode of care.
 - 14224-06 *Electroconvulsive therapy [ECT] ≥ 21 treatments* is assigned when 21 or more ECT treatments are performed.



Mental health interventions

Tabular List:

CHAPTER 19

~~NONINVASIVE, COGNITIVE AND OTHER~~ INTERVENTIONS, NOT ELSEWHERE CLASSIFIED (BLOCKS 1820–1922)

Note: —Cognitive interventions — interventions which require cognitive skills such as evaluation, education or counselling (eg dietary education, nutritional assessment, crisis intervention, bereavement counselling).

Noninvasive interventions — therapeutic or diagnostic interventions without disruption of an epithelial lining or entry into a body part or cavity (eg lithotripsy, hyperbaric oxygenation, manipulation of a fracture, exercise therapy). Note that noninvasive diagnostic imaging interventions (those not requiring an incision or entry into a body part) are classified to Chapter 20 Imaging Services.

Client — the term 'Client' when used throughout this chapter, can refer to a patient, family member or significant other. 'Client' has generally been used in the singular form but can refer to an individual client or client group.



Mental health interventions

CHAPTER 19

~~NONINVASIVE, COGNITIVE AND OTHER~~ INTERVENTIONS NOT ELSEWHERE CLASSIFIED (BLOCKS 1820–1922)

This chapter is for diagnostic, therapeutic or administrative/clinical/client support and other interventions not elsewhere classified including:

Cognitive interventions – interventions that require cognitive skills such as evaluation, education or counselling (eg dietary education, nutritional assessment, crisis intervention, bereavement counselling).

Noninvasive interventions – therapeutic or diagnostic interventions without disruption of an epithelial lining or entry into a body part or cavity (eg lithotripsy, hyperbaric oxygenation, manipulation of a fracture, exercise therapy).

Note: The term 'Client' when used throughout this chapter, may refer to a patient, family member or significant other. 'Client' has generally been used in the singular form but may refer to an individual client or client group.

Excludes: noninvasive diagnostic imaging interventions (see Chapter 20 Imaging Services)



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Mental health interventions

1822

Assessment of personal care and other activities of daily/independent living

96030-00 Situational/occupational/vocational/environmental assessment
Assessment of a client's environment to determine productivity, accessibility, suitability or the client's ability to function within that environment.

Includes:

carer	}
driving	}
employment	}
ergonomic	}
home environment	}
housing/accommodation	} assessment
legal situation	}
leisure	}
play	}
school environment	}
transport	}
work environment	}



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Mental health interventions

1822 Assessment of personal care and other activities of daily/independent living

96100-00 ~~Psychodynamic~~ Insight oriented therapy

~~96176-00 Behaviour therapy~~

96101-00 Cognitive and/or behavioural therapy [CBT]

96239-00 Psychoeducation

96102-00 Family/carer-focussed ~~Systems~~ therapy



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Mental health interventions

1824 Other assessment, consultation, interview, examination or evaluation

96186-00 ~~Pastoral assessment~~ Spiritual assessment

1869 Other counselling or education

96087-00 ~~Pastoral counselling or education~~ Spiritual counselling, guidance or education

1873 Psychological/psychosocial therapies

~~96109-01 Pastoral ritual/worship~~

1915 Other client support interventions

96187-00 ~~Pastoral ministry~~ Spiritual support

96240-00 Spiritual ritual

1916 Generalised allied health interventions

95550-12 Allied health intervention, ~~pastoral~~ spiritual care



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Mental health interventions

1920 Administration of pharmacotherapy
Administration of pharmacological agent for systemic effect

- ...
- ~~-09 Other and unspecified pharmacological agent~~
~~Dextrose~~
~~Iron~~
- 10 Psychotherapeutic agent
Agents used in the treatment of mental, behavioural and psychiatric conditions
Administration of:
- anticonvulsant
 - antidepressant
 - antiparkinsonian agent
 - antipsychotic agent
 - anxiolytic, sedative and hypnotic
 - mood stabiliser
 - other psychoactive medication
 - stimulant
- 19 Other and unspecified pharmacological agent
Dextrose
Iron



Mental health interventions

1922 Other procedures related to pharmacotherapy

<u>Extension</u>	<u>Description</u>
-01	New prescription
-02	Repeat prescription
-09	Unknown or not known whether new or repeat prescription

96241-xx Prescription of psychotherapeutic agent
V 0042, 0534
Prescription of agents used in the treatment of mental, behavioural and psychiatric conditions:

- anticonvulsant
- antidepressant
- antiparkinsonian agent
- antipsychotic agent
- anxiolytic, sedative and hypnotic
- mood stabiliser
- other psychoactive medication
- stimulant



Mental health interventions

1907 Electroconvulsive therapy

[14224-00](#) [Electroconvulsive therapy \[ECT\], unspecified laterality, not specified as ultrabrief](#)

[14224-01](#) [Electroconvulsive therapy \[ECT\], unspecified laterality, ultrabrief ECT, unspecified laterality, ultrabrief pulse width](#)

[14224-02](#) [Electroconvulsive therapy \[ECT\], unilateral, not specified as ultrabrief](#)

[14224-03](#) [Electroconvulsive therapy \[ECT\], unilateral, ultrabrief ECT, unilateral, ultrabrief pulse width](#)

[14224-04](#) [Electroconvulsive therapy \[ECT\], bilateral, not specified as ultrabrief](#)

[14224-05](#) [Electroconvulsive therapy \[ECT\], bilateral, ultrabrief ECT, bilateral, ultrabrief pulse width](#)



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Mental health interventions

1907 Electroconvulsive therapy

[14224-06](#) [Electroconvulsive therapy \[ECT\], ≥ 21 treatments](#)

Includes: [bilateral](#)
[unilateral](#)
[unspecified laterality](#)
[with or without brevity \(ultrabrief\)](#)

Note: [This code is assigned once only when ≥ 21 ECT treatments are performed in an episode of care.](#)



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Mental health interventions

ACS 0533 *Electroconvulsive therapy (ECT)*:

Electroconvulsive therapy (ECT) is a procedure performed by placing small electrodes on the head and applying a brief electrical impulse to produce a generalised seizure.

There is now information about the inclusion of laterality in ECT and the differences in pulse width.



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Mental health interventions

ACS 0533 *Electroconvulsive therapy (ECT) (cont)*:

Ultrabrief ECT allow the stimulation to be delivered by a very short burst of electricity.

Ultrabrief is 30-50% of the pulse width used in standard ECT and is thought to have fewer cognitive side effects but takes longer to act compared to standard ECT.



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Mental health interventions

ACS 0533 *Electroconvulsive therapy (ECT)* (cont):

The position of the electrodes for ECT may be bilateral (bifrontotemporal or bifrontal) or unilateral.

Unilateral ECT typically involves the placement of one electrode above the temple on the non-dominant side of the brain with a second electrode placed further back on the scalp on the same side. An electrical current passes between the two electrodes.



Mental health interventions

ACS 0533 *Electroconvulsive therapy (ECT)* (cont):

Bilateral ECT typically involves the placement of an electrode on either side of the forehead. An electrical current passes through both hemispheres (sides) of the brain.

ECT is usually performed under general anaesthesia.



Mental health interventions

ACS 0533 Electroconvulsive therapy (ECT) (cont):

14224-00 [1907] Electroconvulsive therapy [ECT]
unspecified laterality, not specified as
ultrabrief

14224-01 [1907] Electroconvulsive therapy [ECT]
unspecified laterality, ultrabrief

14224-02 [1907] Electroconvulsive therapy [ECT]
unilateral, not specified as ultrabrief



Mental health interventions

ACS 0533 Electroconvulsive therapy (ECT) (cont):

14224-03 [1907] Electroconvulsive therapy [ECT]
unilateral, ultrabrief

14224-04 [1907] Electroconvulsive therapy [ECT]
bilateral, not specified as ultrabrief

14224-05 [1907] Electroconvulsive therapy [ECT]
bilateral, ultrabrief



Mental health interventions

ACS 0533 *Electroconvulsive therapy (ECT)* (cont):

CLASSIFICATION :

Assign a code from 14224-00 – 14224-05 [1907] for each type of ECT as many times as it is performed.

When more than 20 ECT sessions are performed in one episode of care, assign the following code once only, irrespective of whether there is specification of laterality or brevity:

14224-06 [1907] *Electroconvulsive therapy [ECT] ≥ 21 treatments*



Mental health interventions

ACS 0533 *Electroconvulsive therapy (ECT)* (cont):

CLASSIFICATION :

ACS 0031 *Anaesthesia* directs coders to assign one anaesthetic code for each visit to theatre. That is, an anaesthetic code is assigned as many times as performed.



Mental health interventions

ACS 0533 EXAMPLE 1

EXAMPLE 1:

Patient had one course of 6 ECT treatments consisting of 2 sessions with ultrabrief unilateral ECT and 4 sessions with bilateral stimulation not specified as ultrabrief, each performed under general anaesthetic in an episode of care.

Codes: 14224-04 [1907] *Electroconvulsive therapy [ECT], bilateral, not specified as ultrabrief*
92514-99 [1910] *General anaesthesia, ASA 9, nonemergency*
14224-04 [1907] *Electroconvulsive therapy [ECT], bilateral, not specified as ultrabrief*
92514-99 [1910] *General anaesthesia, ASA 9, nonemergency*
14224-04 [1907] *Electroconvulsive therapy [ECT], bilateral, not specified as ultrabrief*
92514-99 [1910] *General anaesthesia, ASA 9, nonemergency*
14224-04 [1907] *Electroconvulsive therapy [ECT], bilateral, not specified as ultrabrief*
92514-99 [1910] *General anaesthesia, ASA 9, nonemergency*
14224-03 [1907] *Electroconvulsive therapy [ECT], unilateral, ultrabrief*
92514-99 [1910] *General anaesthesia, ASA 9, nonemergency*
14224-03 [1907] *Electroconvulsive therapy [ECT], unilateral, ultrabrief*
92514-99 [1910] *General anaesthesia, ASA 9, nonemergency*



Mental health interventions

ACS 0533 EXAMPLE 2

EXAMPLE 2:

22 treatments of ECT consisting of 12 unilateral ultrabrief sessions and 10 bilateral non ultrabrief sessions, performed under general anaesthesia during an episode of care.

Code: 14224-06 [1907] *Electroconvulsive therapy [ECT], ≥ 21 treatments*
Assign anaesthetic code 22 times.



Mental health interventions

ACS 0534 Specific interventions related to mental health care services

Specific intervention codes related to mental health care services are included in ACHI Chapter 19 *Interventions not elsewhere classified* in the following blocks:

Block [1822] *Assessment of personal care and other activities of daily/independent living*

Block [1823] *Mental, behavioural or psychosocial assessment*

Block [1868] *Psychosocial counselling*



Mental health interventions

ACS 0534 Specific interventions related to mental health care services (cont):

For admitted episodes of care it is not mandatory to assign code(s) for mental health care interventions with the exception of electroconvulsive therapy. However their use is encouraged in specialist mental health care facilities and units to better represent care provided to these patients.

It should also be noted that these interventions are not exclusive to mental health and may be assigned outside of this context.



Mental health interventions

ACS 0534 Specific interventions related to mental health care services (cont):

CLASSIFICATION

If the same mental health intervention is performed more than once during an episode of care, assign the code only once. For electroconvulsive therapy, apply the guidelines in ACS 0533 Electroconvulsive therapy.



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Mental health interventions

ACS 0534 EXAMPLE 1:

EXAMPLE 1:

Two sessions of family therapy were provided to the parents of an adolescent with an eating disorder to improve family interaction during an admitted episode of care.

Code: 96102-00 [1873] *Family/carer-focussed therapy*



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Mental health interventions

ACS 0534 EXAMPLE 2:

EXAMPLE 2:

A patient was assessed for his cognitive function by a psychologist who also provided psychosocial counselling.

Codes: 96238-00 [1823] *Cognitive and/or behavioural assessment*
 96086-00 [1868] *Other psychosocial counselling*



Mental health interventions

ACS 0534 Specific interventions related to mental health care services (cont):

CLASSIFICATION (cont):

For admitted episodes of care do not assign 96241-xx [1922] Prescription of psychotherapeutic agent and codes from block [1920] Administration of pharmacotherapy with an extension of -10 Administration of psychotherapeutic agent. However, these codes may be assigned for patients treated in residential or ambulatory mental health care facilities.



Mental health interventions

Further Information

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



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Obstetrics ACS

ICD-10-AM/ACHI/ACS Tenth Edition

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Obstetrics ACS

In summary:

- In previous editions coders have experienced difficulty determining whether a nonobstetric condition in a pregnant patient should be classified as a pregnancy complication.
- Classification guidelines have been created to simplify the decision process regarding pregnancy complications.
- Changes to classification instructions will result in some antenatal admissions being grouped to a more appropriate DRG rather than being forced into an antenatal DRG



Obstetrics ACS

- Additional changes have been made to distinguish nonobstetric injuries that complicate the pregnancy from those that do not complicate the pregnancy.
- This will create three mutually exclusive levels for pregnancy 'complications':
 - *Z33 Pregnant state, incidental*
 - *Z34 Supervision of normal pregnancy*
 - Assignment of a code from Chapter 15 (with or without a code from another ICD-10-AM chapter, for specificity)



Obstetrics ACS

- New ACS:
 - ACS 1500 *Diagnosis sequencing in delivery episodes of care*
 - ACS 1505 *Delivery and assisted delivery codes*
- Amendments to standards including:
 - ACS 1511 *Termination of pregnancy*
 - ACS 1521 *Conditions and injuries in pregnancy*
 - ACS 1548 *Puerperal/postpartum condition or complications*
- Additional minor amendments to supporting standards



Obstetrics ACS

- Deletion of redundant ACS:
 - ACS 1435 *Female genital mutilation*
 - ACS 1501 *Definition of puerperium*
 - ACS 1519 *Delivery prior to admission*
 - ACS 1520 *Multiple births*
 - ACS 1534 *Forceps delivery*
 - ACS 1541 *Elective and emergency caesarean*
 - ACS 1542 *Breech delivery and extraction*



Obstetrics ACS

ACS 1500 DIAGNOSIS SEQUENCING IN DELIVERY EPISODES OF CARE

In summary:

- Provides general guidelines regarding code assignment for episodes in which a patient delivers
- Brings together instructions for principal and additional diagnoses in delivery episodes of care
- Centralisation of obstetric instructions previously located in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*



Obstetrics ACS

O80–O84 DELIVERY AS PRINCIPAL DIAGNOSIS

- Assign O80-O84 *Delivery* as the principal diagnosis for a patient admitted for delivery and the outcome is delivery.



Obstetrics ACS

O80–O84 DELIVERY AS ADDITIONAL DIAGNOSIS

- Where a pregnant patient is admitted for management of a condition in the antepartum period, assign either a code from Chapter 15 *Pregnancy, childbirth and the puerperium* or another chapter that meets the definition of principal diagnosis (see also ACS 1521 *Conditions and injuries in pregnancy*)
- Assign O80–O84 *Delivery* as an additional diagnosis where the patient delivers during the episode.



Obstetrics ACS

ACS 1500 also provides a list of additional diagnoses that must be assigned for antenatal or delivery episodes of care, when applicable



Obstetrics ACS

- Assign the following codes when documented (as applicable to the episode of care):
 - O09 *Duration of pregnancy* (see criteria in ICD-10-AM Tabular List)
 - O30 *Multiple gestation*
 - O60 *Preterm labour and delivery*



Obstetrics ACS

- Assign the following codes when documented (as applicable to the episode of care) (cont.):
 - Z29.1 *Prophylactic immunotherapy*
Assign Z29.1 for an obstetric patient who requires administration of anti-D, with 92173-00 **[1884]** *Passive immunisation with Rh(D) immunoglobulin.*
 - Z37 *Outcome of delivery*
 - Codes for streptococcal group B infection/carrier – see ACS 1549 *Streptococcal group B infection/carrier in pregnancy*



Obstetrics ACS

- Assign codes for other conditions/complications (pregnancy, childbirth, puerperal or nonobstetric) that meet the criteria for an additional diagnosis in ACS 0002 *Additional diagnoses.*



Obstetrics ACS

ACS 1505 *DELIVERY AND ASSISTED DELIVERY CODES*

In summary:

- Provides guidelines regarding the assignment of ACHI delivery (or other) intervention codes with O80-O84 *Delivery*
- This standard required a corresponding ACHI code to be assigned for all episodes of delivery.



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Obstetrics ACS

Where a patient delivers during an episode of care, assign:

- a code from O80–O84 *Delivery* **and**
- an ACHI code from **[1336]–[1340]** *Delivery procedures* or other procedure(s) to assist delivery

This includes when O80 *Single spontaneous delivery* or

O84.0 *Multiple delivery, all spontaneous* or

O84.82 *Multiple delivery by combination of methods* (when one of the methods is spontaneous delivery) is assigned.



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Obstetrics ACS

ICD-10-AM Code	ACHI Code
O80 <i>Single spontaneous delivery</i>	90467-00 [1336] <i>Spontaneous vertex delivery</i> 90470-00 [1339] <i>Spontaneous breech delivery</i>
O84.0 <i>Multiple delivery, all spontaneous</i>	90467-00 [1336] <i>Spontaneous vertex delivery</i> 90470-00 [1339] <i>Spontaneous breech delivery</i>
O84.82 <i>Multiple delivery by combination of methods</i>	Appropriate multiple codes from blocks [1336]–[1340] <i>Delivery procedures</i> or other procedure(s) to assist delivery — see <i>ACHI Alphabetic Index</i>



Obstetrics ACS

FOR EXAMPLE:

Single spontaneous delivery of healthy term male. Assign:

O80 *Single spontaneous delivery*
Z37.0 *Single live birth*
90467-00 [1336] *Spontaneous vertex delivery*

Spontaneous vaginal delivery of healthy twins. Assign:

O84.0 *Multiple delivery, all spontaneous*
Z37.2 *Twins, both liveborn*
90467-00 [1336] *Spontaneous vertex delivery*



Obstetrics ACS

The exception is **spontaneous delivery of a baby prior to an admitted episode of care**, followed by **spontaneous delivery of the placenta within the episode of care**.

In these cases, the assignment of a code from O80-O84 indicates that the delivery was completed within the episode of care.

The omission of an ACHI delivery code for these rare cases indicates that spontaneous delivery of the 'baby' did not occur within the episode of care.



Obstetrics ACS

Note that the baby's admission will be classified as Z38.1 *Singleton, born outside hospital*, Z38.4 *Twin, born outside hospital* or Z38.7 *Other multiple, born outside hospital* to indicate that the 'baby' was born outside of the hospital.



Obstetrics ACS

FOR EXAMPLE

Spontaneous delivery of healthy (single) infant in the ambulance on the way to hospital; spontaneous delivery of placenta following admission to the Birthing Unit. Assign:

Codes: O80 *Single spontaneous delivery*
Z37.0 *Single live birth*
No ACHI code assigned

Z38.1 *Singleton, born outside hospital* is assigned for the baby's episode of care.



Obstetrics ACS

ACS 1505 EXAMPLE 2

Term delivery; twin 1 delivered in the ambulance on the way to hospital (spontaneous vertex). Twin 2 delivered in hospital by emergency lower segment caesarean section (LSCS) (with spinal anaesthesia, ASA 1 E).

Codes: O84.82 *Multiple delivery by combination of methods*
O30.0 *Twin pregnancy*
Z37.2 *Twins, both liveborn*
16520-03 [1340] *Emergency lower segment caesarean section*
92508-10 [1333] *Neuraxial block, ASA 10*

In this example an ACHI delivery code for spontaneous vertex delivery of twin 1 is not assigned as it was not performed within the admitted episode of care (note that removal of placenta is included in caesarean section).



Obstetrics ACS

Guidelines are provided for failed delivery procedures:

Note: When ACHI codes for failed delivery procedures are assigned (eg failed forceps/vacuum extraction/version), assign appropriate ICD-10-AM codes for assisted delivery, unless the delivery proceeds to forceps or vacuum extraction, or caesarean section.



Obstetrics ACS

FOR EXAMPLE

Vaginal delivery of healthy (single) infant following failed forceps. Assign:

Codes: O83 *Other assisted single delivery*
Z37.0 *Single live birth*
90468-05 [1337] *Failed forceps*

Forceps delivery of healthy (single) infant following failed vacuum extraction. Assign:

Codes: O81 *Single delivery by forceps and vacuum extraction*
Z37.0 *Single live birth*
90468-06 [1337] *Forceps delivery, unspecified*
90469-01 [1338] *Failed vacuum assisted delivery*



Obstetrics ACS

FOR EXAMPLE

Delivery of healthy (single) infant via emergency lower segment caesarean section following failed forceps. Assign:

Codes: O82 *Single delivery by caesarean section*

 Z37.0 *Single live birth*

 16520-03 [1340] *Emergency lower segment caesarean section*

 90468-05 [1337] *Failed forceps*



Obstetrics ACS

Guidelines are provided for multiple delivery:

In a multiple delivery, if the babies are delivered by **different** methods, assign ACHI codes for the different delivery methods (except for any deliveries that occurred prior to the admitted episode of care, noting that delivery is not complete until after expulsion of the placenta).



ACS 1511 TERMINATION OF PREGNANCY

In summary:

- Provides definitions and classification guidelines for medical induced abortion



- **Induced abortion** is defined as extraction, or expulsion following induction or other procedure, of the products of conception to intentionally terminate pregnancy, and may be performed before or after fetal viability. Fetal viability is defined as 20 completed weeks (140 days) gestation and/or fetal weight greater than or equal to 400g.
- **Medical abortion** is an induced abortion performed in a health facility usually for medical/legal/mental health indications.



Obstetrics ACS

Assignment of diagnosis codes:

Before fetal viability (less than 20 completed weeks (140 days) gestation and/or fetal weight less than 400g), assign:

- O04.- *Medical abortion* as the principal diagnosis
- O09.- *Duration of pregnancy*
- and a code to indicate the reason for the medical abortion, when applicable

If the medical abortion results in a liveborn infant, assign the appropriate Z37 *Outcome of delivery* code as an additional diagnosis.



Obstetrics ACS

Assignment of diagnosis codes:

After fetal viability (20 or more completed weeks (140 days) gestation and/or fetal weight $\geq 400\text{g}$), assign:

- a code to indicate the reason for the medical abortion as the principal diagnosis
- O04.- *Medical abortion*
- a code from O80–O84 *Delivery*
- O60.- *Preterm labour and delivery*
- O09.- *Duration of pregnancy*
- Z37.- *Outcome of delivery*



Obstetrics ACS

Assignment of ACHI codes:

Termination of pregnancy may be performed by:

- extraction (eg dilation and curettage/evacuation (D&C/D&E) or suction curettage). Assign an appropriate code from **[1265]** *Curettage and evacuation of uterus*.
- induction of labour. Assign a code from block **[1334]** *Medical or surgical induction of labour* regardless of the duration of pregnancy and outcome
- other methods (eg insertion of prostaglandin suppository). Code specific procedure(s) performed (see ACHI Alphabetic Index).



Obstetrics ACS

ACS 1521 CONDITIONS AND INJURIES IN PREGNANCY

In summary:

- Provides guidelines for conditions complicating pregnancy
- For conditions that are exclusive to pregnancy, assign codes as per the criteria for assignment in ACS 0001 *Principal diagnosis*, ACS 0002 *Additional diagnoses* and ACS 1500 *Diagnosis sequencing in delivery episodes of care*



Obstetrics ACS

Nonobstetric conditions complicating pregnancy

In the absence of specific documentation, a nonobstetric condition is classified as complicating pregnancy when indicated by **two or more of the following criteria**:

- Patient is admitted to an obstetric unit
- Patient is supervised/evaluated by an obstetrician, midwife and/or neonatologist (**Note**: evaluation may be performed remotely. That is, the clinician is located in another facility and consults via electronic methods (eg video/telephone conferencing))
- Fetal evaluation and/or monitoring is performed
- Patient is transferred to another facility for obstetric and/or neonatal care (see also ACS 1550 *Discharge/transfer in labour*).



Obstetrics ACS

Nonobstetric conditions complicating pregnancy (cont.)

Once it is determined that a nonobstetric condition is a pregnancy complication (as per the criteria in ACS 1521):

- Assign a code from Chapter 15 *Pregnancy, childbirth and the puerperium* for a **nonobstetric condition complicating pregnancy** as per the Alphabetic Index (eg *Pregnancy/complicated by or condition/in pregnancy or condition/in pregnancy, childbirth or puerperium*)
- Assign an **additional diagnosis** code from another chapter to add specificity to the Chapter 15 code



Obstetrics ACS

Nonobstetric conditions complicating pregnancy (cont.)

- Once the decision has been made to classify one nonobstetric condition as complicating pregnancy in an episode of care, assign all other nonobstetric conditions in the episode as pregnancy complications.

Obstetrics ACS

EXAMPLE FROM ACS 1521

EXAMPLE 1:
A pregnant patient was admitted with carpal tunnel syndrome for decompression of the median nerve. Following the procedure the patient was transferred to the obstetric unit, where she was reviewed by the midwifery staff.

Codes:	O99.3	<i>Mental disorders and diseases of the nervous system in pregnancy, childbirth and the puerperium</i>
	G56.0	<i>Carpal tunnel syndrome</i>

Obstetrics ACS

EXAMPLE FROM ACS 1521

EXAMPLE 6:

A pregnant patient with elevated blood pressure (no diagnosis of hypertension) was admitted by her obstetrician to the obstetric unit for hourly BP (blood pressure) monitoring by midwifery staff. She was treated with calamine lotion for heat rash during the admission. Her blood pressure returned to normal and her rash was no longer evident, therefore she was discharged home the following day.

Codes:	O99.8	<i>Other specified diseases and conditions in pregnancy, childbirth and the puerperium</i>
	R03.0	<i>Elevated blood-pressure reading, without diagnosis of hypertension</i>
	O99.7	<i>Diseases of the skin and subcutaneous tissue in pregnancy, childbirth and the puerperium</i>
	L74.0	<i>Miliaria rubra</i>



Obstetrics ACS

Nonobstetric conditions not complicating pregnancy (incidental pregnant state)

- Assign codes as per the criteria in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*
- Assign Z33 *Pregnant state, incidental* as an additional diagnosis



Obstetrics ACS

Nonobstetric conditions not complicating pregnancy (incidental pregnant state) (cont.)

However, Z33 should never be assigned when a code from Chapter 15 *Pregnancy, childbirth and the puerperium* is assigned in the same episode of care.

Therefore, if a pregnant patient is admitted with a nonobstetric injury/poisoning **and**:

- a pregnancy complication is present or arises during the episode **and/or**
- the patient proceeds to labour and/or delivery during the episode of care

assign additional diagnoses from Chapter 15 and other chapters, if appropriate, instead of Z33.



Obstetrics ACS

EXAMPLE FROM ACS 1521

EXAMPLE 7:

A pregnant patient was admitted with a fractured shaft of metacarpal (jammed hand in door).

Codes: S62.32 *Fracture of shaft of other metacarpal bone(s)*
 W23.0 *Caught, crushed, jammed or pinched in or between door*
Appropriate place of occurrence code (Y92.-) and activity code (U50–U73)
 Z33 *Pregnant state, incidental*



Obstetrics ACS

EXAMPLE FROM ACS 1521

EXAMPLE 8:
A pregnant patient was admitted to the day infusion centre with iron deficiency anaemia, for an iron infusion.

Codes:	D50.9	<i>Iron deficiency anaemia, unspecified</i>
	Z33	<i>Pregnant state, incidental</i>

Obstetrics ACS

EXAMPLE FROM ACS 1521

EXAMPLE 10:
A pregnant patient was admitted with a fractured shaft of metacarpal (jammed hand in door). Prior to discharge her membranes ruptured spontaneously. She was transferred to the labour ward and delivered a healthy term infant.

Codes:	S62.32	<i>Fracture of shaft of other metacarpal bone(s)</i>
	W23.0	<i>Caught, crushed, jammed or pinched in or between door</i>
	Appropriate place of occurrence code (Y92.-) and activity code (U50–U73)	
	O80	<i>Single spontaneous delivery</i>
	Z37.0	<i>Single live birth</i>

Obstetrics ACS

EXAMPLE FROM ACS 1521

EXAMPLE 11:

A pregnant patient was admitted with a fractured shaft of metacarpal (jammed hand in door). Routine observations indicated that her blood pressure was elevated (no diagnosis of hypertension). She was transferred to the obstetric unit for blood pressure monitoring by midwifery staff. Her blood pressure returned to normal and she was discharged home the next day.

Codes: S62.32 *Fracture of shaft of other metacarpal bone(s)*
 W23.0 *Caught, crushed, jammed or pinched in or between door*
 Appropriate place of occurrence code (Y92.-) and activity code (U50–U73)
 O99.8 *Other specified diseases and conditions in pregnancy, childbirth and the puerperium*
 R03.0 *Elevated blood-pressure reading, without diagnosis of hypertension*



Obstetrics ACS

Nonobstetric injuries/poisoning in pregnancy (supervision of normal pregnancy)

Nonobstetric injuries/poisonings (conditions classified to Chapter 19 *Injury, poisoning and certain other consequences of external causes*) are never assigned a code from Chapter 15 *Pregnancy, childbirth and the puerperium*.

However, if a pregnant patient with a nonobstetric injury/poisoning meets the criteria for a pregnancy complication, but there is no condition that qualifies for assignment of a code from Chapter 15, assign a code from Z34 *Supervision of normal pregnancy* as an additional diagnosis.



Obstetrics ACS

EXAMPLE FROM ACS 1521

EXAMPLE 12:

A pregnant patient was admitted with a fractured shaft of metacarpal (jammed hand in door). She was transferred to the obstetric unit for observation by midwifery team. No complications of her pregnancy were identified, therefore she was discharged home following treatment of her fracture.

Codes: S62.32 *Fracture of shaft of other metacarpal bone(s)*
W23.0 *Caught, crushed, jammed or pinched in or between door*
Appropriate place of occurrence code (Y92.-) and activity code (U50–U73)
Z34.9 *Supervision of normal pregnancy, unspecified*



Obstetrics ACS

Nonobstetric injuries/poisoning in pregnancy (supervision of normal pregnancy) (cont.)

However, Z34.- should never be assigned when a code from Chapter 15 *Pregnancy, childbirth and the puerperium* is assigned in the same episode of care.

Therefore if a pregnant patient is admitted with a nonobstetric injury/poisoning **and**:

- a pregnancy complication is present or arises during the episode **and/or**
- the patient proceeds to labour and/or delivery during the episode of care.

assign additional diagnoses from Chapter 15 and other chapters, if appropriate, instead of Z34.-.



Obstetrics ACS

EXAMPLE FROM ACS 1521

EXAMPLE 14:
A pregnant patient was admitted with a fractured shaft of metacarpal (jammed hand in door). She was transferred to the obstetric unit for observation by the midwifery team of her pre-existing essential hypertension. Following treatment of her fracture and stabilisation of her hypertension she was discharged home.

Codes:	S62.32	Fracture of shaft of other metacarpal bone(s)
	W23.0	Caught, crushed, jammed or pinched in or between door
	Appropriate place of occurrence code (Y92.-) and activity code (U50–U73)	
	O10	Pre-existing hypertension in pregnancy, childbirth and the puerperium
	I10	Essential (primary) hypertension



Obstetrics ACS

ACS 1548 PUERPERAL/POSTPARTUM CONDITION OR COMPLICATION

- In summary:
- Provides classification guidelines regarding code assignment in the puerperium
 - The puerperium is defined as the period of 42 days following delivery (including delivery of placenta)
 - A flow chart is provided to assist with classifying nonobstetric conditions in the puerperal period



Obstetrics ACS

Z39.0- Postpartum care and examination immediately after delivery may be assigned as principal diagnosis, or additional diagnosis, but is never assigned in a delivery episode of care.

Z39.0- *Postpartum care and examination immediately after delivery* is only assigned for episodes of care **within the puerperal period**



Obstetrics ACS

- Z39.0- is assigned as **principal diagnosis**:
 - when a patient has delivered (baby and placenta) prior to an episode of care, **and**:
 - no post delivery interventions are performed during the episode of care,
 - or**
 - the mother does not have a puerperal/postpartum condition or complication



Obstetrics ACS

- Z39.0- is assigned as **principal diagnosis**:
 - when a patient is transferred from another facility following delivery to accompany a sick child, and only receives routine postpartum care at the receiving hospital
 - when a patient is transferred from another facility for post delivery care, with no condition meeting the definition of principal diagnosis or additional diagnosis. Assign Z48.8 *Other specified surgical follow-up care* as an additional diagnosis when the patient is receiving postcaesarean care.



Obstetrics ACS

EXAMPLE FROM ACS 1548

EXAMPLE 1:

Patient who had planned for a hospital delivery, was admitted after she delivered (baby and placenta) at home. She had no puerperal condition or complication and was discharged with her baby two days later.

Codes: Z39.03 *Postpartum care after unplanned, out of hospital delivery*



Obstetrics ACS

EXAMPLE FROM ACS 1548

EXAMPLE 2:

Patient delivered (spontaneous vertex delivery (SVD)) at hospital A and was transferred to hospital B for routine post delivery care only.

Codes: **Hospital A** – code the delivery
 Hospital B
 Z39.01 *Postpartum care after hospital delivery*



Obstetrics ACS

- Z39.0- is assigned as an **additional diagnosis** when a patient has delivered (baby and placenta) prior to an episode of care **and**:
 - post delivery interventions are performed during the admitted episode of care,
 - or**
 - the mother has a puerperal/postpartum condition or complication



Obstetrics ACS

EXAMPLE FROM ACS 1548

EXAMPLE 3:

Patient delivered (baby and placenta) in the ambulance on the way to hospital. After admission to the Birthing Unit, she had a first degree tear of the perineum repaired. She was discharged home with her baby two days later.

Codes: O70.0 *First degree perineal laceration during delivery*
 Z39.03 *Postpartum care after unplanned, out of hospital delivery*

Obstetrics ACS

EXAMPLE FROM ACS 1548

EXAMPLE 4:

Patient delivered (baby and placenta) in the ambulance on the way to hospital. She was admitted to the obstetric ward and on day two developed a low grade fever. No infection or cause of the fever was identified after extensive investigation. No further complication was identified and she was discharged when she was afebrile for two days.

Codes: O86.4 *Pyrexia of unknown origin following delivery*
 Z39.03 *Postpartum care after unplanned, out of hospital delivery*

In this example a puerperal/postpartum code was assigned as the admission was immediately following delivery.

Obstetrics ACS

EXAMPLE FROM ACS 1548

EXAMPLE 7:

Patient delivered a baby in the ambulance on the way to hospital. An adherent placenta was removed manually in the hospital, following admission.

Codes: O83 *Other assisted single delivery*
 O43.2 *Morbidly adherent placenta*
 Z37.0 *Single live birth*

In this example O83 was assigned as the delivery was not complete prior to admission (ie the placenta was not delivered). Z39.0- was not assigned as it was a delivery episode of care.



Obstetrics ACS

ACS 1548 PUERPERAL/POSTPARTUM CONDITION OR COMPLICATION (cont.):

Guidelines are provided for classifying conditions relating to lactation.

Where a patient is admitted for a condition relating to lactation **in the puerperal period**:

- assign as principal diagnosis a code from Chapter 15
- assign Z39.0- as an additional diagnosis



Obstetrics ACS

EXAMPLE FROM ACS 1548

EXAMPLE 14:

Patient was admitted three weeks after a planned home delivery with mastitis and attachment difficulty.

Codes:	O91.21	<i>Nonpurulent mastitis associated with childbirth, with mention of attachment difficulty</i>
	Z39.02	<i>Postpartum care after planned, out of hospital delivery</i>



Obstetrics ACS

Where a patient is admitted for a condition relating to lactation **beyond the puerperium**:

- assign as principal diagnosis a code from outside of Chapter 15
- assign Z39.1 *Care and examination of lactating mother* as an additional diagnosis



Obstetrics ACS

EXAMPLE FROM ACS 1548

EXAMPLE 15:
Patient was admitted with mastitis. Documentation indicates that she is still breast feeding her 18 month old child.

Codes:	N61	<i>Inflammatory disorders of breast</i>
	Z39.1	<i>Care and examination of lactating mother</i>

Obstetrics ACS


Further Information

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Obstetrics

Background:

- The term *complicating* pregnancy has been replaced by *in* pregnancy, particularly for conditions not exclusive to the pregnant state (that is, non-obstetric conditions)
- Removal of *Excludes* notes that support single condition coding rather than multiple condition coding
- Inclusion of several *Code also* instructional notes
- Inactivation or unbundling of some pre-coordinated Chapter 15 codes
- Review and amendment of procedural complications in pregnancy, childbirth and the puerperium



Obstetrics

O10

Pre-existing hypertension ~~complicating~~ in pregnancy, childbirth and the puerperium

Code also specific type of hypertension (I10-I15), if known

- ~~O10.0 — Pre-existing essential hypertension complicating pregnancy, childbirth and the puerperium~~
- ~~O10.1 — Pre-existing hypertensive heart disease complicating pregnancy, childbirth and the puerperium~~
- ~~O10.2 — Pre-existing hypertensive kidney disease complicating pregnancy, childbirth and the puerperium~~
- ~~O10.3 — Pre-existing hypertensive heart and kidney disease complicating pregnancy, childbirth and the puerperium~~
- ~~O10.4 — Pre-existing secondary hypertension complicating pregnancy, childbirth and the puerperium~~
- ~~O10.9 — Unspecified pre-existing hypertension complicating pregnancy, childbirth and the puerperium~~



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Obstetrics

O21

Excessive vomiting in pregnancy

Excludes: vomiting in pregnancy due to a specified cause classified elsewhere — code condition (see Alphabetic Index)

- ~~O21.0 — ~~Mild~~ Hyperemesis gravidarum~~
- ~~O21.1 — Hyperemesis gravidarum with metabolic disturbance~~
- ~~O21.2 — Vomiting in late pregnancy~~ Late vomiting in pregnancy
- ~~O21.8 — Other vomiting complicating pregnancy~~
- O21.9 Vomiting ~~of~~ in pregnancy, ~~unspecified~~ not elsewhere classified



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Obstetrics

O22 Venous ~~complications~~ conditions and haemorrhoids in pregnancy

~~O22.0 Varicose veins of lower extremity in pregnancy~~

~~O22.1 Genital varices in pregnancy~~

~~O22.2 Superficial thrombophlebitis in pregnancy~~

~~O22.3 Deep phlebothrombosis in pregnancy~~

O22.4 Haemorrhoids in pregnancy

Code also specific type of haemorrhoids (K64.-), if known

~~O22.5 Cerebral venous thrombosis in pregnancy~~

~~O22.8 Other venous complications in pregnancy~~

O22.9 Venous ~~complication-condition~~ in pregnancy, ~~unspecified~~

Code also specific venous condition, if known



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Obstetrics

O24 Diabetes mellitus in pregnancy

▽ 0401, 1521

Includes: diabetes mellitus } in childbirth and the puerperium
intermediate hyperglycaemia}

O24.0 Pre-existing diabetes mellitus, Type 1, in pregnancy

Code also diabetes mellitus (E10.-)

⊛ O24.5 Pre-existing intermediate hyperglycaemia, in pregnancy

Code also intermediate hyperglycaemia (E09.-)



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O26.8 Other specified pregnancy-related conditions

⌘O26.81 Kidney ~~disease, pregnancy-related~~ disorders in pregnancy, childbirth and the puerperium

Code also specific type of kidney disorder, if known

~~⌘O26.82 Carpal tunnel syndrome in pregnancy~~

~~⌘O26.83 Neuralgia in pregnancy~~

⌘O26.88 Other specified pregnancy-related conditions

~~Exhaustion and fatigue~~

O26.9 Pregnancy-related condition, unspecified



Obstetrics

O32 Maternal care for known or suspected malpresentation of fetus

▽ 1506

...

O32.4 Maternal care for high head at term

Failure of head to enter pelvic brim

~~O32.5 Maternal care for multiple gestation with malpresentation of one fetus or more~~

O32.6 Maternal care for compound presentation

O32.8 Maternal care for other malpresentation of fetus

Face to pubes

Persistent occipitoposterior (POP)

O32.9 Maternal care for malpresentation of fetus, unspecified



Obstetrics

O85

Puerperal sepsis

▽ 0110

- Puerperal:
- endometritis
 - ~~fever~~
 - peritonitis

...

O86.4 Pyrexia of unknown origin following delivery

- Puerperal:
- [fever NOS](#)
 - ~~infection NOS~~
 - pyrexia NOS

Excludes: puerperal: ~~fever (O85)~~
• [infection NOS \(O86.8\)](#)
• [sepsis \(O85\)](#)
pyrexia during labour (O75.2)



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O86.8 Other [and unspecified](#) ~~specified~~ puerperal infections

[Puerperal infection NOS](#)

[Code also specific type of infection, if known.](#)



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Obstetrics

O87 Venous ~~complications~~ conditions and haemorrhoids in the puerperium

~~O87.0—Superficial thrombophlebitis in the puerperium~~

~~O87.1—Deep phlebothrombosis in the puerperium~~

O87.2 Haemorrhoids in the puerperium

Code also specific type of haemorrhoids (K64.-), if known

~~O87.3—Cerebral venous thrombosis in the puerperium~~

~~O87.8—Other venous complications in the puerperium~~

O87.9 Venous ~~complication~~ condition in the puerperium, ~~unspecified~~

Code also specific venous condition, if known



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Obstetrics

O29 ~~Complications of anaesthesia during pregnancy~~

~~O29.0—Pulmonary complications of anaesthesia during pregnancy~~

~~O29.1—Cardiac complications of anaesthesia during pregnancy~~

~~O29.2—Central nervous system complications of anaesthesia during pregnancy~~

~~O29.3—Toxic reaction to local anaesthesia during pregnancy~~

~~O29.4—Spinal and epidural anaesthesia-induced headache during pregnancy~~

~~O29.5—Other complications of spinal and epidural anaesthesia during pregnancy~~

O29.6 Failed or difficult intubation during pregnancy

~~⊗O29.61 Failed intubation during pregnancy~~

~~⊗O29.62 Difficult intubation during pregnancy~~

~~O29.8—Other complications of anaesthesia during pregnancy~~

~~O29.9—Complication of anaesthesia during pregnancy, unspecified~~



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Obstetrics

O74 Complications of anaesthesia during labour and delivery

~~O74.0 Aspiration pneumonia due to anaesthesia during labour and delivery~~

~~O74.1 Other pulmonary complications of anaesthesia during labour and delivery~~

~~O74.2 Cardiac complications of anaesthesia during labour and delivery~~

~~O74.3 Central nervous system complications of anaesthesia during labour and delivery~~

~~O74.4 Toxic reaction to local anaesthesia during labour and delivery~~

~~O74.5 Spinal and epidural anaesthesia-induced headache during labour and delivery~~

~~O74.6 Other complications of spinal and epidural anaesthesia during labour and delivery~~

O74.7 Failed or difficult intubation during labour and delivery

~~⊗O74.71 Failed intubation during labour and delivery~~

~~⊗O74.72 Difficult intubation during labour and delivery~~

~~O74.8 Other complications of anaesthesia during labour and delivery~~

~~O74.9 Complication of anaesthesia during labour and delivery, unspecified~~



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Obstetrics

O89 Complications of anaesthesia during the puerperium

~~O89.0 Pulmonary complications of anaesthesia during the puerperium~~

~~O89.1 Cardiac complications of anaesthesia during the puerperium~~

~~O89.2 Central nervous system complications of anaesthesia during the puerperium~~

~~O89.3 Toxic reaction to local anaesthesia during the puerperium~~

~~O89.4 Spinal and epidural anaesthesia-induced headache during the puerperium~~

~~O89.5 Other complications of spinal and epidural anaesthesia during the puerperium~~

O89.6 Failed or difficult intubation during labour and delivery

~~⊗O89.61 Failed intubation during the puerperium~~

~~⊗O89.62 Difficult intubation during the puerperium~~

~~O89.8 Other complications of anaesthesia during the puerperium~~

~~O89.9 Complication of anaesthesia during the puerperium, unspecified~~



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Obstetrics

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Obstetric Interventions ACHI Tabular List Changes

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Obstetric Interventions

Background:

- As part of the Obstetrics review and following receipt of public submissions and publication of Coding Rules, Obstetric interventions were reviewed.
- The review included both ACS and ACHI (the ACS changes are discussed in another module)



Obstetric Interventions

Tabular List:

1337 Forceps rotation and delivery

Code also when performed:

- episiotomy (90472-00 [1343])
Excludes: that for breech delivery (90470-02, 90470-04 [1339])

...

90468-03 Forceps rotation of fetal head

Keilland's forceps rotation

Excludes: with forceps delivery (90468-04 [1337])



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Obstetric Interventions

Tabular List:

1337 Forceps rotation and delivery

align to side of slide 90468-06 Forceps delivery, unspecified

Forceps delivery NOS

align to side of slide 90468-04 Forceps rotation of fetal head with
forceps delivery



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Obstetric Interventions

Tabular List:

1338 Vacuum ~~extraction~~-assisted delivery

Includes: rotation of fetal head

align 90469-00 Vacuum ~~extraction with~~-assisted delivery

~~Rotational vacuum extraction~~

Vacuum extraction



Obstetric Interventions

Tabular List:

1338 Vacuum ~~extraction~~-assisted delivery

Align

90469-01 Failed vacuum ~~extraction~~-assisted delivery

Application of vacuum cup to fetal head without successful vacuum assisted delivery (due to separation of cup from fetal head (pop-off))

Failed vacuum extraction

Note: This code is assigned when vacuum extraction is attempted but delivery is not achieved using the vacuum device and therefore alternative methods are required to complete delivery.



Obstetric Interventions

Tabular List:

1339 Breech delivery and extraction

90470-01 Assisted breech delivery

Assisted breech delivery is defined as spontaneous delivery as far as the umbilicus followed by simple assistance to deliver the infant. Løvset or other manoeuvres may be applied to free the infant's arms and shoulders. Manual manipulation such as the Mauriceau-Smellie-Veit manoeuvre may be used to deliver infant's head

Excludes: that with use of forceps to deliver infant's head (90470-02 [1339])

90470-02 Assisted breech delivery with forceps to after-coming head

Assisted breech delivery as defined above, with the application of forceps to deliver infant's head



Obstetric Interventions

Tabular List:

1339 Breech delivery and extraction

90470-03 Breech extraction

Breech extraction is defined as extensive manual interference to assist the infant's delivery. The infant's legs are brought down, nuchal arms are extracted and infant's head is delivered by manoeuvres such as the Mauriceau-Smellie-Veit manoeuvre

Excludes: that with use of forceps to deliver infant's head (90470-04 [1339])

90470-04 Breech extraction with forceps to after-coming head

Breech extraction as defined above, with the application of forceps to deliver infant's head



Obstetric Interventions

Tabular List:

1340

Caesarean section

Includes: forceps [to after-coming head]
manual removal of placenta
suture of uterine lacerations/tears during caesarean section

Note: Assignment of codes for 'elective' or 'emergency' caesarean section is based on documentation of these terms in the clinical record.

Where neither of these terms are documented, assign an appropriate code for 'elective'.

Where there is conflicting documentation (that is, both of these terms are documented), assign an appropriate code for 'emergency'.



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Obstetric Interventions

Tabular List:

1340

Caesarean section

16520-04 Elective caesarean section, not elsewhere classified
Caesarean section NOS

16520-05 Emergency caesarean section, not elsewhere classified



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Obstetric Interventions

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Ophthalmology Interventions

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Ophthalmology Interventions

Background:

- This task proceeded from a review of Ophthalmology for the Medicare Benefits Schedule (MBS), where certain MBS items were either deleted or had their descriptors amended to reflect current clinical practice.
- In addition to incorporating the MBS updates, ACHI codes in Chapter 3 *Procedures on eye and adnexa* have been extensively reviewed.



Ophthalmology Interventions

Background (cont):

- Codes with similar procedural concepts have now been combined into a single code.
- Certain codes have been deleted as the procedural concepts are already present in other codes or due to the low volume of assignment of the codes, as per the national frequencies (Admitted Patient Care data), deemed them to be unnecessarily specific.



Ophthalmology Interventions

Background (cont):

- The review was split into two parts due to the volume of changes. Part I includes codes from block **[160]** *Examination procedures on eyeball* to block **[220]** *Other procedures on extraocular muscle or tendon*. Part II (a review of the remainder of Chapter 3 of ACHI) will be undertaken for Eleventh Edition.
- Some codes in block **[1835]** *Other diagnostic ophthalmic tests, measures or investigations* were deleted as a result of the MBS updates.



Ophthalmology Interventions

Summary of changes

- Deletion of many codes with the concepts reclassified elsewhere
- Addition or amendment of *Instructional* notes
- Deletion of old terminology, i.e. 'magnetic' vs 'nonmagnetic'
- Amendment of code titles for consistency within the classification



Ophthalmology Interventions

Summary of changes (*cont*):

- Review of cataract procedure codes in blocks [193] to [201] revealed that the codes were overly granular with many overlapping concepts. As new types of intraocular lenses are being developed and used in cataract surgery, classifying the procedures with 'foldable' or 'rigid' intraocular lens is now redundant.
- Coding of cataract procedures will now require assignment of a code from block [193] *Insertion of intraocular prosthesis* to specify the lens insertion **and** a code from block [200] *Extraction of crystalline lens* to specify the type of lens extraction.



Ophthalmology Interventions

Tabular List

193 Insertion of intraocular lens prosthesis

Includes: insertion of capsular tension ring

Excludes: — that with extraction of:

▪ after cataract (42731-00 [201])

▪ crystalline lens, with exception of juvenile cataract (see blocks [195] to [200])

42703-00 Insertion of ~~artificial~~ intraocular lens into posterior chamber and suture to iris ~~and/or~~ sclera

Excludes: that with replacement (42710-00 [194])

42701-00 Insertion of ~~foldable artificial~~ intraocular lens

~~Insertion of foldable intraocular lens prosthesis~~

Excludes: that with replacement (42707-00, 42710-00 [194])

~~42701-01 Insertion of other artificial lens~~

~~Insertion of rigid intraocular lens prosthesis~~

Excludes: — that with replacement (42707-00, 42710-00 [194])



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Ophthalmology Interventions

Tabular List (cont):

200 Extraction of crystalline lens

~~42702-10 Other extraction of crystalline lens with insertion of foldable artificial lens~~

~~Removal of cataract with insertion of foldable artificial lens NOS~~

Includes: insertion of capsular tension ring

~~42702-11 Other extraction of crystalline lens with insertion of other artificial lens~~

~~Removal of cataract with insertion of rigid artificial lens NOS~~

Includes: insertion of capsular tension ring



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Ophthalmology Interventions

Tabular List (cont):

200 Extraction of crystalline lens

Code also when performed:

- [insertion of intraocular lens \(see block \[193\]\)](#)

~~**Excludes:**—juvenile cataract extraction (42716-00 [202])~~

[42698-06 Intracapsular extraction of crystalline lens](#)

[42698-07 Phacoemulsification of crystalline lens](#)
[Phacofragmentation of cataract](#)

Includes: aspiration

[42698-08 Other extracapsular extraction of crystalline lens](#)



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Ophthalmology Interventions

Tabular List (cont):

200 Extraction of crystalline lens

42731-01 Extraction of crystalline lens ~~by posterior chamber sclerotomy~~ with removal of vitreous

Limbal:

- [capsulectomy](#)
- [lensectomy](#) with vitrectomy
- [Pars plana lensectomy](#)

Includes: division of vitreal bands

~~insertion of:~~

- ~~artificial lens (foldable) (rigid)~~
- ~~capsular tension ring~~

removal of ~~preretinal~~ [epiretinal](#) membranes

42698-05 Other extraction of crystalline lens
[Refractive Laser Assisted Cataract Surgery \(ReLACS\)](#)
Removal of cataract NOS



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Ophthalmology Interventions

Summary of changes (cont):

- Creation of two codes in block **[203]** *Other procedures on lens*; 42737-01 *Needling of posterior capsule of lens* and 42734-01 *Capsulotomy of lens*.
- The split of codes in block **[204]** *Aspiration of aqueous or vitreous* to distinguish between diagnostic and therapeutic aspiration was unnecessary, and was deleted. An *Includes* note for 'injection of therapeutic substances' has been added.



Ophthalmology Interventions

Tabular List

203

Other procedures on lens

[42737-01](#)

[Needling of posterior capsule of lens](#)

[42734-01](#)

[Capsulotomy of lens](#)

[Discission of lens](#)

[Includes: that by laser](#)

204

Aspiration of aqueous or vitreous

Includes: [injection of therapeutic substances](#) ~~that by paracentesis~~
[that by paracentesis](#)

42740-00

~~Diagnostic a~~Aspiration of aqueous humour

42740-01

~~Diagnostic a~~Aspiration of vitreous



Ophthalmology Interventions

Summary of changes (cont):

- Amendment of the title of block [216] to *Procedures for strabismus*
- Creation of 18366-01 [216] *Administration of agent into extraocular muscle for strabismus*.
- Revision of *reoperation procedures on extraocular muscle* in block [219]



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Ophthalmology Interventions

Tabular List

216

Procedures for ~~S~~trabismus repair

Repair of strabismus by:

- advancement
- lengthening
- recession
- resection
- shortening

Excludes: reoperation procedures for strabismus (see block [219])

~~18366-00 Administration of botulinum toxin for strabismus~~

~~*Includes:* electromyography~~

18366-01 Administration of agent into extraocular muscle for strabismus

Includes: botulinum toxin
electromyography



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Ophthalmology Interventions

Tabular List

219

Reoperation procedures on extraocular muscle

- 42848-01 Reoperation of muscle transplant procedure for strabismus; ~~second procedure~~
~~Second Hummelsheim procedure~~
- ~~42851-00 Reoperation of muscle transplant procedure for strabismus, third or subsequent procedure~~
~~Third or subsequent Hummelsheim procedure~~
- 42833-02 Reoperation of strabismus procedure involving ~~1 or 2~~ muscles; of 1 eye, second procedure
Excludes: that with muscle transplant (42848-01 [219])
- ~~42833-03 Reoperation of strabismus procedure involving 1 or 2 muscles, both eyes, second procedure~~



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Ophthalmology Interventions

Tabular List (cont):

219

Reoperation procedures on extraocular muscle

- ~~42839-02 Reoperation of strabismus procedure involving ≥ 3 muscles, 1 eye, second procedure~~
- ~~42839-03 Reoperation of strabismus procedure involving ≥ 3 muscles, both eyes, second procedure~~
- 42836-00 Reoperation of strabismus procedure involving ~~1 or 2~~ muscles; of 1 eye, third or subsequent procedure
Excludes: that with muscle transplant (42848-01 [219])
- ~~42836-01 Reoperation of strabismus procedure involving 1 or 2 muscles, both eyes, third or subsequent procedure~~
- ~~42842-00 Reoperation of strabismus procedure involving ≥ 3 muscles, 1 eye, third or subsequent procedure~~
- ~~42842-01 Reoperation strabismus procedure involving ≥ 3 muscles, both eyes, third or subsequent procedure~~



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Thrombolytic therapy

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Thrombolytic therapy

Background:

- Thrombolytic therapy ACHI codes were revised as a result of a public submission
- Modification of the codes and code descriptors have been incorporated in the classification to reflect current terminology.



Thrombolytic therapy

Tabular List:

- 670

Transluminal coronary angioplasty

Includes: [transcatheter infusion of thrombolytic or other agent](#)

Excludes: with:

 - aspiration (mechanical) thrombectomy of coronary artery (see block [669])
 - atherectomy of coronary artery (see block [669])
 - endovascular embolic protection device (see block [669])
 - stenting of coronary artery (see block [671])
- 671

Transluminal coronary angioplasty with stenting

Includes: balloon dilation of artery that with drug eluting stent(s) [transcatheter infusion of thrombolytic or other agent](#)



Thrombolytic therapy

Tabular List (cont):

- 702

Arterial embolectomy or thrombectomy

...

33806-00 Embolectomy or thrombectomy of axillary artery

~~*Includes:* infusion of thrombolytic or other agent~~

33806-01 Embolectomy or thrombectomy of brachial artery

~~*Includes:* infusion of thrombolytic or other agent~~

33806-02 Embolectomy or thrombectomy of radial artery

~~*Includes:* infusion of thrombolytic or other agent~~

...



Thrombolytic therapy

Tabular List (cont):

741 Peripheral arterial or venous catheterisation

- 35317-01 Peripheral arterial or venous catheterisation with administration of thrombolytic
Transcatheter (catheter direct) thrombolytic therapy
- 35317-02 Peripheral arterial or venous catheterisation with administration of other therapeutic agents
Transcatheter (catheter direct) administration of chemotherapeutic agent



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Thrombolytic therapy

ACS 0943 Thrombolytic therapy

Thrombolytic therapy is the use of thrombolytic agents to dissolve blood clots in blood vessels. Thrombolytic agents are also known as fibrinolytic drugs or plasminogen activators.

Thrombolytic agents may be divided into two categories:

- Fibrin specific agents, such as alteplase (t-PA), reteplase (rt-PA) and tenecteplase (TNK-tPA)
- Non-fibrin specific agents, such as streptokinase



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Thrombolytic therapy

ACS 0943 Thrombolytic therapy (cont):

Thrombolytic agents may be administered:

- systemically: delivered by an initial intravenous (IV) bolus injection, followed by IV infusion. Systemic delivery is usually indicated for treatment of acute ischaemic stroke, acute myocardial infarct or acute massive pulmonary embolism
- locally: delivered directly into the area of the thrombus through peripheral arterial or venous catheterisation. This is also known as transcatheter thrombolytic therapy or catheter direct thrombolytic therapy. Local thrombolytic therapy is usually indicated for peripheral arterial thrombosis or deep vein thrombosis.



Thrombolytic therapy

ACS 0943 Thrombolytic therapy (cont):

CLASSIFICATION:

- Systemic thrombolytic therapy is classified to 96199-01 [1920] Intravenous administration of pharmacological agent, thrombolytic agent
OR
96196-01 [1920] Intra-arterial administration of pharmacological agent, thrombolytic agent
- Local/transcatheter thrombolytic therapy is classified to 35317-01 [741] Peripheral arterial or venous catheterisation with administration of thrombolytic agent



Thrombolytic therapy

ACS 0943 Thrombolytic therapy (cont):

CLASSIFICATION (cont.):

- Assign 96199-01 [1920] or 96196-01 [1920] when systemic thrombolytic therapy is administered during the admitted episode of care. This includes continuation of thrombolytic therapy initiated prior to admission (eg by paramedics)
- Transcatheter thrombolysis may be employed as an adjuvant therapy during another endovascular intervention such as angioplasty, mechanical embolectomy or thrombectomy. In these cases, do not assign a code for transcatheter thrombolytic therapy, as it is inherent in the other interventions.



Thrombolytic therapy

ACS 0042 Procedures normally not coded

ACS 0042 *Procedures normally not coded* has been amended to include Thrombolytic therapy as an exception to point 5. *Catheterisation*

5. **Catheterisation** – arterial or venous (eg Hickman's, PICC (peripherally inserted central catheter), CVC (central venous catheter), Swan Ganz), or urinary
Exception(s): arterial or venous:
 - cardiac catheterisation performed as a diagnostic procedure (blocks [667] and [668])
 - catheterisation in neonates (see ACS 1615 *Specific diseases and interventions related to the sick neonate*)
 - peripheral arterial or venous catheterisation with administration of thrombolytic or other therapeutic agent for local effect (block [741])Exception(s): urinary:
 - suprapubic catheterisation (block [1093])



Thrombolytic therapy

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Destruction procedures

ICD-10-AM/ACHI/ACS Tenth Edition

2017 Education program

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Destruction procedures

Background:

- ACCD identified the following blocks requiring improvement in the classification of destruction procedures:
 - **[956]** *Other procedures on liver*
 - **[1046]** *Destruction procedures on kidney*
 - **[1162]** *Destruction of tissue of prostate*
- Specific techniques for destruction and diagnostic information in code titles have been removed and replaced by generic codes that support wider applicability, allowing the classification to expand and remain clinically relevant



Destruction procedures

956 Other procedures on liver

90299-01 Endoscopic destruction procedures on liver
Endoscopic destruction of (lesion) (tissue) liver

90299-02 Other closed destruction procedures on liver
Percutaneous destruction procedures on liver

90299-00 Destruction procedures on liver
Excludes: destruction of (lesion) (tissue) liver:
 • endoscopic (90299-01 [956])
 • percutaneous (90299-02 [956])



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Destruction procedures

...

90319-03 Other endoscopic procedures on liver

90319-04 Other closed procedures on liver
Percutaneous procedures on liver NEC

90319-00 Other open procedures on liver



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Destruction procedures

1041

Manipulation or extraction of calculus of kidney

36652-02 Percutaneous manipulation of calculus of kidney

Includes: antegrade pyeloscopy

percutaneous:

• nephroscopy

• nephrostomy

Excludes: that by endoscopy (36652-01 [1041])

that with:

• extraction of calculus (30450-01 [1041])

• fragmentation and extraction of calculus (36639-02 [1041])

• fragmentation of calculus(36639-01 [1041])



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Destruction procedures

...

36639-01 Percutaneous fragmentation of calculus of kidney

Includes: antegrade pyeloscopy fragmentation by:

• electrohydraulic shockwaves

• laser

• ultrasound

insertion of drainage (nephrostomy) tube

manipulation

percutaneous nephroscopy

Excludes: that:

• by endoscopy(36656-02 [1041])

• with extraction of calculus (36639-02 [1041])



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Destruction procedures

...

30450-01 Percutaneous extraction of calculus of kidney
Percutaneous extraction of calculus of renal tract

Includes: [antegrade pyeloscopy](#)
[manipulation](#)
[percutaneous nephroscopy](#)
[that from ureter](#)
[use of imaging techniques](#)

Excludes: that by ~~percutaneous nephroscopy-~~
~~endoscopy (36627-02, 36654-02 [1041],~~
~~36639-00, 36645-00 [1046])~~



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Destruction procedures

...

36639-02 Percutaneous fragmentation and extraction of
calculus of kidney

Includes: [antegrade pyeloscopy fragmentation by:](#)

- [electrohydraulic shockwaves](#)
- [laser](#)
- [ultrasound](#)

[insertion of drainage \(nephrostomy\) tube](#)
[manipulation](#)
[percutaneous nephroscopy](#)

Excludes: that by [endoscopy \(36653-03 \[1041\]\)](#)



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Destruction procedures

...

36652-01 Endoscopic manipulation of calculus of kidney

Includes: cystoscopy

[retrograde pyeloscopy](#)

[ureteroscopy](#)

[urethral dilation](#)

Excludes: [percutaneous manipulation \(36652-02 \[1041\]\)](#)

that with:

- extraction of calculus (36654-02 [1041])
- fragmentation:
 - and extraction of calculus (36656-03 [1041])
 - calculus (36656-02 [1041])



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Destruction procedures

...

[36656-02](#) [Endoscopic fragmentation of calculus of kidney](#)

Includes: [cystoscopy](#)

[fragmentation by:](#)

• [electrohydraulic shockwaves](#)

• [laser](#)

• [ultrasound](#)

[manipulation](#)

[retrograde pyeloscopy](#)

[ureteroscopy](#)

[urethral dilation](#)

Excludes: [percutaneous fragmentation \(36639-01 \[1041\]\)](#)

[that with extraction of calculus \(36656-03 \[1041\]\)](#)



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Destruction procedures

...

36654-02 Endoscopic extraction of calculus of kidney

Includes: cystoscopy

manipulation

retrograde pyeloscopy

ureteroscopy

urethral dilation

Excludes: percutaneous extraction (30450-01 [1041])

that with fragmentation (36656-03 ***[1041]***)



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Destruction procedures

...

36656-03 Endoscopic fragmentation and extraction of calculus of kidney

Includes: cystoscopy

fragmentation by:

• electrohydraulic shockwaves

• laser

• ultrasound

manipulation

retrograde pyeloscopy

ureteroscopy

urethral dilation

Excludes: percutaneous fragmentation and extraction (36639-02 ***[1041]***)



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Destruction procedures

1046

Destruction procedures on kidney

Excludes: that for destruction of calculus of kidney (see block [1041])

90370-01 Endoscopic destruction procedures on kidney

Endoscopic destruction of (lesion) (tissue) kidney

Includes: cystoscopy

retrograde pyeloscopy

ureteroscopy

urethral dilation

90370-02 Other closed destruction procedures on kidney

Percutaneous destruction procedures on kidney

Includes: antegrade pyeloscopy

percutaneous nephroscopy



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Destruction procedures

...

90370-00 Destruction procedures on kidney

~~Irreversible electroporation [IRE] of kidney lesion/tumour~~

~~Code also when performed:~~

~~• high intensity focused ultrasound (HIFUS) (90908-01 [1949])~~

Excludes: destruction of (lesion) (tissue) kidney:

• endoscopic (90370-01 [1046])

• percutaneous (90370-02 [1046])



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Destruction procedures

Tabular List:

1162

Destruction procedures on prostate

Excludes: that with excisional prostatectomy (see blocks [1166] and [1167])

37224-00 Endoscopic destruction ~~of lesion of~~ procedures on prostate
Endoscopic destruction of (lesion) (tissue) ~~of~~ periprostatic region ~~tissue~~

Transurethral:

- greenlight laser vaporisation
- needle ablation of prostate [TUNA]
- ultrasound guided laser induced prostatectomy [TULIP]

Includes: that by:

- ▲ diathermy
- ▲ laser

Includes: cystoscopy

suprapubic stab cystotomy
urethroscopy



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Destruction procedures

Tabular List:

1162

Destruction procedures on ~~of tissue of~~ prostate cont:

Excludes: that with excisional prostatectomy (see blocks [1166] and [1167])

90408-02 Other closed destruction procedures on prostate
Percutaneous destruction procedures of (lesion) (tissue) prostate
Transperineal ablation of prostate



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Destruction procedures

Tabular List:

1162 Destruction procedures on ~~of tissue of~~ prostate (cont.)

90408-00 ~~Other d~~ Destruction of lesion of procedures on prostate

~~Irreversible electroporation [IRE] of prostate lesion/tumour~~

~~Code also when performed:~~

~~• high intensity focused ultrasound (HIFUS) (90908-01 [1949])~~

Excludes: destruction of (lesion) (tissue) prostate:

• endoscopic (37224-00 [1162])

• percutaneous (90408-02 [1162])

90392-00 Control of postoperative haemorrhage of prostate

Coagulation of prostatic bed

~~Cystoscopy for control of prostate haemorrhage~~

Includes: cystoscopy



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Destruction procedures

Tabular List:

1166 ~~Other c~~ Closed prostatectomy

Includes: cystoscopy

suprapubic stab cystotomy

urethroscopy

37224-03 Endoscopic resection of prostate

Endoscopic resection of (lesion) (tissue) periprostatic region

Holmium laser enucleation of the prostate [HoLEP]

Transurethral:

• endoscopic prostatectomy

• resection of prostate [TURP]

Code also when performed:

• bladder neck incision (36854-00 [1095])



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Destruction procedures

Tabular List:

1263

Destruction procedures on uterus

35622-00 Endoscopic destruction procedures on uterus ~~endometrial ablation~~
Endoscopic ~~endometrial ablation by:~~ destruction of endometrium

Includes: that by

- diathermy
- laser
- microwave
- phototherapy
- radiofrequency electrosurgery
- rollerball
- thermal uterine balloon

90451-00 Other destruction ~~of lesion of~~ procedures on uterus
Other destruction procedure of (lesion) (tissue) of uterus

Code also when performed:

- ▲ high-intensity focused ultrasound (HIFUS) (90908-01 [1949])



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Destruction procedures

Tabular List:

1948

Other ultrasound

90908-01 High intensity focused ultrasound [HIFUS]

Code first:

HIFUS for:

- ▲ arthritis and other musculoskeletal conditions (90609-00 [1579])
- ▲ treatment of lesion(s)/tumour(s):
- ▲ bone (90609-00 [1579])
- ▲ breast (90726-00 [1759])
- ▲ kidney (90370-00 [1046])
- ▲ liver (90299-00 [956])
- ▲ prostate (90408-00 [1162])
- ▲ uterus (90451-00 [1263])

Excludes: that for arrhythmia or atrial fibrillation (38287-02, 38290-01, 38287-01 [601])



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Destruction procedures

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Health supervision and care infant/child (Adoption)

- ACS 1608 *Adoption* and ACS 1609 *Newborns affected by maternal causes and birth trauma* were reviewed, and then deleted, with relevant information transferred to the Tabular List, and code titles updated for currency.
- ACS 1615 *Specific diseases and interventions related to the sick neonate* was also revised



Health supervision and care infant/child (Adoption)

- Amendment to *Excludes* notes and *Inclusion* terms at Z00.1 *Routine child health examination*, Z02.8 *Other examinations for administrative purposes* and Z76.4 *Other boarder in health-care facility*
- Creation of five character codes for Z76.2 *Health supervision and care of other infant and child* to enable classification of infants or children awaiting adoption or foster care placement



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Health supervision and care infant/child (Adoption)

Z76.2 Health supervision and care of other infant and child

Excludes: abandoned infant (Z76.1)

⌘Z76.21 Health supervision and care of infant and child awaiting adoption or foster placement

⌘Z76.22 Health supervision and care of other infant and child, not elsewhere classified

Includes: medical or nursing care, or supervision of infant under circumstances such as:

- adverse socioeconomic conditions at home
- maternal illness
- number of children at home preventing or interfering with normal care
- postcaesarean observation



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Arthropathy NOS

Following publication of a Coding Rule, the classification was amended regarding arthropathy.

To allow arthropathy NOS to be distinguished from arthritis NOS the following amendments have been made:

- Deletion of the *Inclusion* term Arthropathy, NOS at M13.9 *Arthritis, unspecified*
- Addition of the *Inclusion* term Arthropathy NOS to M25.9 *Joint disorder, unspecified*



Gouty Nephrolithiasis

Following receipt of a public submission:

- N22.-* *Calculus of urinary tract in other diseases classified elsewhere* was added to ACS 0049 *Disease codes that must never be assigned*.
- This allows assignment of specific codes for the calculus of the urinary tract and the underlying cause (for example, gout) as per the guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*



Retroperitoneal fibrosis

Following publication of a Coding Rule and amendment to ICD-10 (World Health Organisation (WHO) Update) a code was created for *Retroperitoneal fibrosis*



Retroperitoneal fibrosis

K66

Other disorders of peritoneum

Excludes: ascites (R18)

K66.0
▼0047

Peritoneal adhesions

- Adhesions (of):
- abdominal (wall)
 - diaphragm
 - intestine
 - male pelvis
 - mesenteric
 - omentum
 - stomach
- Adhesive bands

Excludes: adhesions [bands] (of):

- female pelvis (N73.6)
- with intestinal obstruction (K56.5)

K66.1

Haemoperitoneum

Excludes: traumatic haemoperitoneum (S36.81)

K66.2

Retroperitoneal fibrosis

Ormond's disease

K66.8

Other specified disorders of peritoneum

K66.9

Disorder of peritoneum, unspecified



Thickening endometrium

Following receipt of a public submission:

- The title of R93.5 was revised to include the pelvic region; R93.5 *Abnormal findings on diagnostic imaging of abdominal and pelvic region, not elsewhere classified*
- Five character codes were created at R93.5 to classify abnormal findings on diagnostic imaging of the uterus

R93.5	Abnormal findings on diagnostic imaging of abdominal and pelvic region, not elsewhere classified
⌘R93.51	Abnormal findings on diagnostic imaging of uterus
⌘R93.59	Abnormal findings on diagnostic imaging of abdominal and pelvic region, not elsewhere classified
	<i>Includes:</i> retroperitoneum



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Perinatal conditions

Based upon amendments to ICD-10 (WHO) the following amendments were made:

- Creation of P91.7 *Acquired hydrocephalus of newborn*
- Relocation of inclusion terms *Posthaemorrhagic hydrocephalus of newborn* and *Post intraventricular haemorrhage hydrocephalus of newborn* from G91.8 *Other hydrocephalus* to P91.7 *Acquired hydrocephalus of newborn*
- Creation of P29.83 *Embolism and thrombosis of renal vein in newborn*



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Abdominal compartment syndrome

Based upon amendments to ICD-10 (WHO), the following amendments were made:

- Creation of R19.81 *Abdominal compartment syndrome*
- Addition of *Excludes* notes for 'abdominal compartment syndrome (R19.81)' at M62.2- *Ischaemic infarction of muscle* and T79.6 *Traumatic ischaemia of muscle*



Influenza

Based upon amendments to ICD-10 (WHO), the following amendments were made:

- Revision of the code title for J09 *Influenza due to identified zoonotic or pandemic virus*
- Addition of seasonal influenza as an *Inclusion* term at J10 *Influenza due to other identified influenza virus*
- Revision of Tabular List references to influenza virus identified and not identified (including removal of references to swine flu influenza virus from J09)
- Creation of ACS 1012 *Influenza due to identified influenza virus* to provide classification guidelines regarding assignment of J09 and J10



Obesity and BMI

Following receipt of a public submission, E66 Obesity was expanded to distinguish overweight and obesity, and classify degrees of obesity (for adults) based on clinical documentation of BMI values.

Amendments include:

- Renaming of category E66 to *Obesity and overweight*
- Revision of code titles in category E66, including creation of fifth characters at E66.1, E66.2 and E66.9 based on BMI values. The fifth character value 0 (not elsewhere classified) applies to children and adolescents (under 18 years).



Obesity and BMI

The following fifth character subdivisions are for use with subcategories E66.1, E66.2 and E66.9:

Fifth characters 1, 2 and 3 are assigned for patients 18 years of age and above.

For patients under 18 years of age, assign fifth character 0.

- 0 body mass index [BMI] not elsewhere classified
- 1 body mass index [BMI] $\geq 30 \text{ kg/m}^2$ to $\leq 34.99 \text{ kg/m}^2$
Obese class I
- 2 body mass index [BMI] $\geq 35 \text{ kg/m}^2$ to $\leq 39.99 \text{ kg/m}^2$
Obese class II
- 3 body mass index [BMI] $\geq 40 \text{ kg/m}^2$
Clinically severe obesity
Extreme obesity
Obese class III

- New terminology has been added for obese classes I-III, extreme obesity and clinically severe obesity, as *Inclusion* terms



Deep vein thrombosis

Following receipt of a public submission, the following amendments were made:

- Creation of fifth character codes at I80.2 *Phlebitis and thrombophlebitis of other deep vessels of lower extremities* to classify specific deep veins including iliac vein, popliteal vein, and tibial vein of the lower extremities



Deep vein thrombosis

- Creation of I80.4 *Phlebitis and thrombophlebitis of vessels of upper extremities, not elsewhere classified* to classify phlebitis and thrombophlebitis of upper extremities, with creation of fifth character codes to classify superficial and deep veins of the upper extremities

⊗I80.41	Phlebitis and thrombophlebitis of superficial vessels of upper extremities	
<i>Includes:</i>	antecubital	vein
	basilic	
	cephalic	
⊗I80.42	Phlebitis and thrombophlebitis of deep vessels of upper extremities	
<i>Includes:</i>	brachial	vein
	radial	
	ulnar	



Cachexia

Following receipt of a public submission, amendments were made to promote classification of cachexia as a condition in its own right, with a code for the underlying cause of the cachexia.

However, cachexia in certain conditions (such as due to malnutrition) remain classified to the underlying condition, as per the Alphabetic Index at lead term *Cachexia*.

Cachexia (cancer) (malignant) R64
- diabetic neuropathic E1-.42
- due to malnutrition (*see also*
Malnutrition) E41
- hypophyseal E23.0
- hypopituitary E23.0
- pituitary E23.0
- Simmonds' E23.0



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Cachexia

Other amendments include:

- Revision of *Inclusion* terms and *Excludes* notes at various places in the classification

B22

Human immunodeficiency virus [HIV] disease resulting in other specified diseases

HIV-disease-resulting-in:

- encephalopathy
- lymphoid-interstitial-pneumonitis
- Slim-disease
- wasting-syndrome

R62.8

Other lack of expected normal physiological development

Failure to:

- gain weight
 - thrive [NOS](#)
- Infantilism NOS
Lack of growth
Physical retardation

Excludes: [adult failure to thrive \(R64\)](#)

[physical retardation due to malnutrition \(E45\)](#)



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Respite care

The title of Z75.5 *Holiday relief care* was amended as it included out dated terminology; *Respite care* is the current terminology.

Z75.5
▼2117

Respite care

Provision of health care facilities to a person normally cared for at home, in order to enable relatives/carers to take a break or vacation

- ACS 2117 *Non-acute care* was updated to provide guidelines regarding assignment of Z75.5 for respite care.



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Abnormal coagulation profile due to anticoagulants

In summary:

- Expansion of R79.8 to the fifth character level to include specific codes for abnormal arterial blood gas level, elevated prostate specific antigen and abnormal coagulation profile; to facilitate identification of these common abnormal blood chemical findings
 - Amendment to the *Excludes* note at D68.3
 - Revision of ACS 0303 Abnormal coagulation profile due to anticoagulants to align with published classification advice and the WHO ICD-10 update.
-
- ACS 2117 *Non-acute care* was updated to provide guidelines regarding assignment of Z75.5 for respite care.



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Abnormal coagulation profile due to anticoagulants

R79.8 Other specified abnormal findings of blood chemistry

▽ 0010

⊗R79.81 Abnormal blood gas level
Abnormal ABG (arterial blood gas level)

⊗R79.82 Elevated prostate specific antigen

⊗R79.83 Abnormal coagulation profile
▽ 0303 Nontherapeutic coagulation assay due to anticoagulants

Abnormal or prolonged:

- bleeding time
- coagulation time
- international normalised ratio (INR)
- partial thromboplastin time (PTT)
- prothrombin time (PT)

Overwarfarinisation

Supratherapeutic/subtherapeutic INR (due to anticoagulants)

Underwarfarinisation

Unstable INR

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

Excludes: haemorrhagic disorder due to circulating anticoagulants (D68.3)
long term use of anticoagulants without haemorrhagic disorder (Z92.1)



⊗R79.89 Other specified abnormal findings of blood chemistry

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Abnormal coagulation profile due to anticoagulants

CLASSIFICATION

- If patients on long term anticoagulants require anticoagulant level monitoring during an episode of care and the INR level is within the target therapeutic range (ie no supratherapeutic or subtherapeutic INR is documented), assign Z92.1 *Personal history of long term (current) use of anticoagulants* as an additional diagnosis
- If the INR value is outside the patient's normal/usual therapeutic range (eg supratherapeutic or subtherapeutic INR is documented) but no bleeding occurs, assign R79.83 *Abnormal coagulation profile* together with appropriate external cause codes to indicate that the abnormal coagulation profile is related to the administration of an anticoagulant.
- If bleeding occurs as the result of anticoagulant use, assign D68.3 *Haemorrhagic disorder due to circulating anticoagulants*. The causal relationship between the bleeding and the use of anticoagulant must be documented in the clinical record before D68.3 is assigned.



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Botox

Following updates to the Commonwealth Medicare Benefits Schedule (CMBS), amendments include:

- Renaming of block **[216]** from *Strabismus repair* to *Procedures for strabismus*
- Creation of generic ACHI codes for 'administration of agent into specific site' across body sites, to classify 'injection of botulinum toxin (Botox)' and 'injection of other agent/substance(s)'



Botox

216

Procedures for strabismus

Repair of strabismus by:

- advancement
- lengthening
- recession
- resection
- shortening

Excludes: reoperation procedures for strabismus (see block [219])

18366-01 Administration of agent into extraocular muscles for strabismus

Includes: botulinum toxin
electromyography

- Revision of code title for 90344-02 **[929]** *Administration of agent into lesion of tissue of anorectal region;* and *Instructional* notes.



Botox

- Amendment of *Instructional* notes at 36851-00 **[1092]** *Endoscopic administration of agent into bladder wall* and 90660-00 **[1602]** *Administration of agent into skin and subcutaneous tissue*
- Indexing terms added for *anal fistula plug*, classified to 90344-02 **[929]** *Administration of agent into lesion or tissue of anorectal region*



Administration

The indexing of *Administration*, *Injection* and *Infusion* was found to be inconsistent. Amendments to the Alphabetic Index include:

- Deletion of all subterms listed under the lead terms *Injection* and *Infusion*, and transferred to the lead term *Administration*.
- Creation of an ACHI indexing convention under the lead term *Administration*, which utilises three main subterms ie. *Administration/indication*, *Administration/specified site* and *Administration/type of agent*, with the addition of a note to explain how the terms are organised.



Administration

Administration (around) (into) (local) (of) (therapeutic agent)
NEC — code to block [1920] with extension -19

Note: Terms listed under the lead term 'Administration' are split by three main subterms; Administration/indication, Administration/specified site and Administration/type of agent.

- indication — see also Administration/specified site OR Administration/type of agent

- - anal fissure 90344-02 [929]
- - aneurysm, false (thrombin) 45027-02 [742]
- - angioma 45027-02 [742]

- specified site

- - anal region (sphincter) 90344-02 [929]
- - anorectal region 90344-02 [929]
- - anterior chamber (by paracentesis) (eye) 42740-02 [185]
- - aqueous (by paracentesis) (eye) (humour) 42740-02 [185]
- - bladder wall, endoscopic 36851-00 [1092]

- type of agent

- - 5-FU (fluorouracil) 42824-01 [251]
- - acetylcysteine — code to block [1920] with extension -04
- - adipose-derived stem cells 14203-01 [1906]
- - albumin 92062-00 [1893]



Robotic assisted interventions

Following receipt of a public submission, block [1923] *Technology-assisted interventions* was created, and a code included for *Robotic-assisted intervention*.

- ACS 0053 *Robotic-assisted intervention* was created to provide guidelines for the use of the new code.
- Note: ACHI Chapter 19 has been renamed *Interventions not elsewhere classified*.



Robotic assisted interventions

0053 ROBOTIC-ASSISTED INTERVENTION

Minimally invasive surgery is being performed across a wide range of specialities with the assistance of robotic technology. Robotic-assisted interventions involve use of very small instruments attached to a robotic arm and controlled by a clinician through a computer console.

CLASSIFICATION

Where a procedure is performed with the assistance of robotic technology, code first the procedure(s) performed, followed by 96233-00 [1923] *Robotic-assisted intervention*.

EXAMPLE 1:

Robotic-assisted laparoscopic abdominal hysterectomy.

Codes:	90448-01 [1268]	Total laparoscopic abdominal hysterectomy
	96233-00 [1923]	Robotic-assisted intervention

EXAMPLE 2:

Robotic-assisted laparoscopic prostatectomy.

Codes:	37209-01 [1166]	Laparoscopic radical prostatectomy
	96233-00 [1923]	Robotic-assisted intervention

EXAMPLE 3:

Robotic-assisted laparoscopic hepatectomy.

Codes:	90346-00 [953]	Total hepatectomy
	30390-00 [984]	Laparoscopy
	96233-00 [1923]	Robotic-assisted intervention



Facetectomy and spinal nerve decompression

Following publication of a Coding Rule regarding lumbar facetectomy the following amendments were made:

40330-00 ~~Spinal rhizolysis~~ Decompression of spinal nerve roots

~~Decompression of spinal nerve roots~~

Spinal:

- facetectomy
- foramenotomy
- rhizolysis
- rhizotomy

Includes: exposure of spinal nerve roots at 1 or more levels

Excludes: decompression of spinal nerve (39330-00 [77])



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Drainage of haematoma in scrotum

Following receipt of a public submission the following amendments were made:

- Creation of 37604-17 **[1171]** *Percutaneous aspiration or drainage of scrotum or tunica vaginalis*, that may be assigned when performed for any indication (eg hydrocele)
- Deletion of 30628-00 **[1171]** *Percutaneous aspiration of hydrocele* and transfer of the concept to 37604-17 **[1171]**



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Drainage of haematoma in scrotum

- Revision of the title of block **[1173]** to *Biopsy of scrotum or tunica vaginalis*
- Amendments to *Instructional* notes at 37604-02 **[1173]** *Exploration of scrotal contents with biopsy, unilateral* and 37604-03 **[1173]** *Exploration of scrotal contents with biopsy, bilateral*

37604-02 Exploration of scrotal contents with biopsy, unilateral
[Biopsy of tunica vaginalis, unilateral](#)
Incision and drainage of:
 • [scrotum](#) | [with biopsy, unilateral](#)
 • [tunica vaginalis](#)
Excludes: [percutaneous biopsy \(37604-18 \[1173\]\)](#)
 that with:
 • *biopsy of:*
 • [seminal vesicle \(37218-00 \[1163\], 37212-00 \[1164\]\)](#)
 • [spermatic cord, epididymis, vas deferens \(30644-06 \[1180\]\)](#)
 • [testis \(30644-04, 30644-05 \[1180\]\)](#)
 • [fixation of testis \(37604 \[1173\]\)](#)
 • [orchidopexy for undescended testis \(37803 \[1186\], 37809 \[1188\]\)](#)



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Percutaneous drainage of renal abscess

Following receipt of a public submission

- Codes were created at block **[1042]** *Other application, insertion or removal procedures on kidney* for:

36624-01 Percutaneous drainage of kidney
 Percutaneous:
 • aspiration or drainage of kidney abscess, haematoma or cyst
 • nephrostomy
 Renipuncture
Includes: insertion of percutaneous nephrostomy tube

36537-02 Percutaneous drainage of perinephric area
 Percutaneous aspiration or drainage of abscess, haematoma or cyst from perinephric area



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Percutaneous nephrectomy

- A code was created at block **[1048]** *Partial nephrectomy* for:

36522-02 Other closed partial nephrectomy

Percutaneous resection of lesion of kidney via
nephrostomy

Excludes: that complicated by previous surgery on
same kidney (36525-02 **[1048]**)

- ACS 1417 *Percutaneous resection of kidney pelvis tumour via nephrostomy* was deleted as it was now redundant.



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Orchidopexy

It was identified that the diagnostic term ‘undescended testis’ inACHI code titles was redundant.

Therefore the following amendments were made:

- Deletion ofACHI block **[1186]** and the codes within that block for ‘orchidopexy for undescended testis’, as well as some codes in block **[1175]** for ‘exploration of scrotal contents with fixation of testis’
- Creation of codes that may be assigned when orchidopexy (fixation of testis) is performed, regardless of the indication, which includes exploration of scrotal contents.



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Orchidopexy

1175

Repair procedures on scrotum or tunica vaginalis

37604-09 Laparoscopic fixation of testis, unilateral

Laparoscopic:

- detorsion of testis with fixation
- orchidopexy

unilateral

Includes: exploration of scrotal contents that for undescended testis

Excludes: revision (37604-13 [1188])



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Trachelectomy

Following receipt of a public submission regarding trachelectomy (cervicectomy), amendments include:

- Consolidation and extension of the codes in block **[1276]** *Excision procedures on cervix* to classify 'total' and 'radical' 'excision of the cervix', with options for various approaches
- Creation of a code for 'partial excision of the cervix' to classify 'cervical polypectomy' and 'excision of cervical lesion' (performed using colposcopy for visualisation).



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Urogenital interventions

A number of amendments were made for urogenital interventions:

- Following a public submission, the essential modifier 'female' was deleted from the Alphabetic Index for 'pelvic exenteration' codes (and sex edits removed), to allow for assignment of the relevant codes for male patients
- The Tabular List and Alphabetic Index were revised to create consistency for the terms 'brush', 'brushings' and 'washings'



Urogenital interventions

- The Alphabetic Index was revised to clarify the classification of 'endoscopic lithotripsy of an encrusted ureteric stent'
- Following publication of Coding Rules regarding 'Urolift procedure' and 'SpaceOAR', the Tabular List and Alphabetic Index were revised.



Urogenital interventions

- 1160** Application, insertion or removal procedures on prostate or seminal vesicle
- 37218-01 Administration of agent into prostate
Administration of agent into periprostatic tissue
Includes: SpaceOAR
- 37223-00 Insertion of prostatic stent/coil
- 37227-00 Implantation of brachytherapy applicator, prostate
Insertion of catheters (needles) into prostate for brachytherapy
Includes: cystoscopy
ultrasound
Note: Radioactive (gold) seeds for brachytherapy
Code also:
• brachytherapy, prostate (15338-00 [1792])
Excludes: implantation of markers for radiotherapy guidance (37217-01 [1800])
- 90409-00 Implantation of other device(s), prostate
Prostatic urethral lift (PUL) procedure
Includes: Urolift



Cardiovascular interventions

Rapid endovascular balloon occlusion of the aorta (REBOA)

Following receipt of a public submission, a code was created at block [768] for classification of rapid endovascular balloon occlusion of the aorta (REBOA), with supporting index entries and *Excludes* notes in the Tabular List.



Cardiovascular interventions

- 35321-04 Transcatheter embolisation of blood vessels, chest
Excludes: (rapid) (resuscitative) endovascular balloon occlusion of the aorta (35321-11 [768])
- 35321-05 Transcatheter embolisation of blood vessels, abdomen
 Transcatheter embolisation of:
- | | |
|--------------------|---------|
| • coeliac | vessels |
| • gastrointestinal | |
| • hepatic | |
| • mesenteric | |
| • renal | |
| • splenic | |
- Excludes:* (rapid) (resuscitative) endovascular balloon occlusion of the aorta (35321-11 [768])
- 35321-11 Transcatheter embolisation of aorta
 Rapid (resuscitative) endovascular balloon occlusion of the aorta (REBOA)



Cardiovascular interventions

Fractional flow reserve (FFR)

Following publication of a Coding Rule amendments include:

- Creation of 38241-00 *Coronary artery blood flow measurement* in block [668] *Coronary angiography* with addition of *Inclusion* terms
- Revision of ACS 0933 *Cardiac catheterisation and coronary angiography* to include guidelines regarding classification of coding coronary artery blood flow measurement.



Cardiovascular interventions

38241-00 Coronary artery blood flow measurement

Measurement of:

- coronary artery pressure (intravascular)
- coronary flow reserve (CFR)
- fractional flow reserve (FFR)

Code also when performed:

• coronary:

- angiography (38215-00, 38218-00, 38218-01, 38218-02 [668])
- angioplasty (see blocks [669], [670] and [671])



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Cardiovascular interventions

Total Artificial Heart Transplantation

Following publication of a Coding Rule codes were created in block **[608]**:

96229-00 Implantation of total artificial heart

Implantation of total replacement heart system
Total artificial heart transplantation (TAH)

Includes: cardiectomy

96229-02 Revision of total artificial heart

Revision of total replacement heart system or its component(s)

96229-01 Removal of total artificial heart

Removal of total replacement heart system



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Extracorporeal carbon dioxide removal

Following publication of a Coding Rule, amendments include:

- Creation of a code for *Extracorporeal carbon dioxide removal*
- Creation of block **[572]** *Extracorporeal ventilatory support* in the respiratory chapter to include both the new code and relocated ECMO codes.



Extracorporeal carbon dioxide removal

572

Extracorporeal ventilatory support

90225-01 Extracorporeal membrane oxygenation [ECMO]

Includes: insertion of cannula

Excludes: extracorporeal circulation for open heart surgery by cannulation:

- central (38600-00 [642])
- peripheral (38603-00 [642])

38627-03 Adjustment of cannula for extracorporeal membrane oxygenation
Repositioning of cannula for extracorporeal membrane oxygenation

38627-04 Removal of cannula for extracorporeal membrane oxygenation

90225-02 Extracorporeal carbon dioxide removal [ECCOR] [ECCO2R]
Arteriovenous carbon dioxide removal (AVCO2R)
Respiratory dialysis
Venovenous carbon dioxide removal (VVCO2R)
Excludes: with ECMO (90225-01 [572])



Machine perfusion for organ transplant

Following receipt of multiple queries and an assessment of new technologies, amendments include:

- Revision of ACS 0030 *Organ and tissue procurement and transplantation*
- Creation of 96231-00 **[1886]** *Machine perfusion for organ transplantation* for assignment with organ procurement procedures



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Other Major ACHI Changes

Further Information

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



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Other Major ACS Changes

ICD-10-AM/ACHI/ACS Tenth Edition

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ACS Changes Overview

New ACS	10
Deleted ACS	34
Revised ACS	49



ACS Changes Overview

ACS New

- 0051 Same-day endoscopy – diagnostic*
- 0052 Same-day endoscopy – surveillance*
- 0053 Robotic-assisted intervention*
- 0534 Specific interventions related to mental health care services*
- 0943 Thrombolytic therapy*
- 1012 Influenza due to identified influenza virus*
- 1500 Diagnosis sequencing in delivery episodes of care*
- 1505 Delivery and assisted delivery codes *
- 1924 Difficult intubation
- 2118 Exposure to tobacco smoke



* These ACS are discussed in other modules of this education package

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ACS Changes Overview

ACS deleted

- 0046 Diagnosis selection for same-day endoscopy
- 0246 Familial adenomatous polyposis
- 0247 Hereditary non-polyposis colon cancer
- 0731 Corneal graft rejection or failure
- 1301 Back strain
- 1302 Chronic low back pain syndrome
- 1331 Soft tissue injuries
- 1344 Postlaminectomy syndrome
- 1415 Young's syndrome



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ACS Changes Overview

ACS deleted (*cont*):

- 1417 Percutaneous resection of kidney pelvis tumour via nephrostomy
- 1435 Female genital mutilation
- 1436 Admission for trial of void
- 1501 Definition of puerperium
- 1503 'Complete' and 'incomplete' abortion
- 1509 Falling oestriols
- 1510 Pregnancy with abortive outcome
- 1513 Induction and augmentation
- 1519 Delivery prior to admission
- 1520 Multiple births
- 1534 Forceps delivery



ACS Changes Overview

ACS deleted (*cont*):

- 1537 Decreased fetal movements
- 1538 Postnatal breastfeeding attachment difficulties
- 1539 Suppressed lactation
- 1541 Elective and emergency caesarean section
- 1542 Breech delivery and extraction
- 1546 Fetal heart decelerations
- 1547 Meconium in liquor
- 1608 Adoption
- 1609 Newborns affected by maternal causes and birth trauma



ACS Changes Overview

ACS deleted (*cont*):

- 1802 Signs and symptoms
- 1804 Ataxia
- 1921 Sprains and strains
- 2111 Screening for specific disorders
- 2113 Follow-up examinations for specific disorders



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Australian Consortium for Classification Development

Major ACS Changes

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ACS 0002 Additional diagnoses

The following amendments have been made to ACS 0002 *Additional diagnoses*:

- Revised *Abnormalities noted on the examination of the newborn section* with an example to demonstrate that conditions that do not meet the criteria for additional diagnoses should not be coded
- Addition of a new section for *Incidental findings and conditions* advising that findings or conditions that are identified but receive no additional care during an episode do not meet the criteria for code assignment.



ACS 0002 Additional diagnoses

ABNORMALITIES NOTED ON EXAMINATION OF THE NEWBORN

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

INCIDENTAL FINDINGS AND CONDITIONS

An abnormal finding or condition (such as noted on clinical assessment, laboratory, x-ray, pathologic, and other diagnostic result) may be identified and/or documented during an episode of care. Each case should be assessed on its own merits to determine if the documentation sufficiently describes a condition that meets the criteria in ACS 0002 *Additional diagnoses* in order to be coded (see also ACS 0010 *General abstraction guidelines/test results*). However, where these findings or conditions are incidental to the episode of care and are only flagged for follow-up or referral post discharge they do not qualify for code assignment under ACS 0002 *Additional diagnoses*.



ACS 0012 Suspected conditions

Receipt of a public submission and a query highlighted the difficulty in interpreting ACS 0012 *Suspected conditions*.

- Amendments were made regarding the use of various documented qualifiers (probable, suspected, possible, ‘?’) and the ambiguity as to when the symptom is coded versus when the suspected condition is coded
- Code Z75.6 *Transfer for suspected condition* was created to uniquely identify patients transferred between facilities with a suspected condition.



ACS 0012 Suspected conditions

TRANSFER TO ANOTHER HOSPITAL FOR SUSPECTED CONDITION

In addition to the guidelines above, assign Z75.6 *Transfer for suspected condition* as a ‘flag’ to identify patients transferred to another facility with a suspected condition. This code is sequenced directly after the diagnosis code(s) to which it relates (*Note:* the discharge status identifies all transferred patients, therefore Z75.6 is only required as a flag for patients transferred with a suspected condition – see Examples 2 and Example 4).

★Z75.6 Transfer for suspected condition
▼0012, 0050



ACS 0042 Procedures normally not coded

Following publication of Coding Rules and incorporation of other amendments to the classification, a revision was undertaken of ACS 0042 *Procedures normally not coded*.

Amendments include:

- Inclusion of new content
- Highlighting of the Exceptions



ACS 0042 Procedures normally not coded

8. Drug treatment/pharmacotherapy/[prescription of drugs](#) (eg total [parental nutrition \(TPN\)](#))

~~Drug treatment should not be coded except if:~~

- ~~• the substance is given as the principal treatment in same-day episodes of care~~
- ~~• drug treatment is specifically addressed in a coding standard (see ACS 0044 *Chemotherapy*, ACS 1316 *Cement spacer/beads* and ACS 1615 *Specific diseases and interventions related to the sick neonate*)~~

Exception(s): code following the guidelines in:

- [ACS 0044 *Chemotherapy*](#)
- [ACS 0534 *Specific interventions related to mental health care services*](#)
- [ACS 0943 *Thrombolytic therapy*](#)
- [ACS 1316 *Cement spacer/beads*](#)
- [ACS 1615 *Specific diseases and interventions related to the sick neonate*](#)



ACS 0503 *Drug, alcohol and tobacco use disorders*

Following receipt of a query, amendments were made to ACS 0503 *Drug, alcohol and tobacco use disorders*:

- Revision of the terminology 'syndrome' in dependence
- Revision of *Alcohol use disorders* to include alcohol poisoning
- Revision of *Tobacco use disorders* to clarify tobacco consumption



ACS 0503 *Drug, alcohol and tobacco use disorders*

[Alcohol poisoning](#) (toxic effect) is a severe form of alcohol intoxication. Typically, alcohol poisoning is characterised by major disturbance in the level of consciousness and possible threat to life requiring supportive treatment.

[Where alcohol poisoning is documented, assign T51.0 Toxic effect of alcohol, ethanol.](#)



ACS 1924 *Difficult intubation*

This ACS was created as the result of a chapter wide review of ACS Chapter 19 *Injury, poisoning and certain other consequences of external causes* and publication of advice in Coding Rules.

The ACS includes clinical information regarding patient level and procedure markers that identify difficult intubation.



ACS 1924 *Difficult intubation*

The classification instruction states T88.42 *Difficult intubation* should be assigned when:

- difficult intubation (or the synonymous term difficult airway) is specifically documented
and
- there is documentation of a Cormack-Lehane or Mallampati score of grade 2 or higher.



ACS 2118 Passive smoking

Following receipt of a public submission and a query, updates were made to now support the assignment of Z58.7 *Exposure to tobacco smoke* including creation of a standard.

ACS 2118 *Exposure to tobacco smoke* includes clinical information regarding the three different types of smoke that a patient may be exposed to, and lists some of the products that produce secondhand smoke.



ACS 2118 Passive smoking

Note the exception:

Assign Z58.7 *Exposure to tobacco smoke* when exposure to secondhand tobacco smoke is documented by a clinician, except if the patient is a current or ex-smoker.



Other Major ACS Changes

Further Information

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



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Standards for ethical conduct in clinical coding

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Standards for ethical conduct in clinical coding

Background:

- The code of ethics has been in the Appendices of the Australian Coding Standards since its inception (July 1998)
- An update occurred for second edition (2000), however since that time the document has remained unchanged



Standards for ethical conduct in clinical coding

Background (cont):

- The ICD Technical Group (ITG) recommended that ACCD undertake a revision of the code of ethics in line with changes within the industry (e.g. Activity Based Funding)
- A review was requested not because it was thought clinical coders were doing the wrong thing, but because clinical coder feedback within jurisdictions indicated the current Code of ethics did not contain the detail required to provide them with protection in the case of processes that may seem unethical in their workplace.



Standards for ethical conduct in clinical coding

ACCD undertook a revision of the existing code of ethics, with consideration of other professional body's code of ethics/ professional codes of conduct within Australia and internationally including:

- ICD-10-AM (NCCH)
- Health Information Management Association of Australia (HIMAA)
- Clinical Coders Society of Australia (CCSA)
- Canadian Health Information Management Association (CHIMA)
- American Health Information Management Association (AHIMA)
- Institute of Health Records & Information Management (IHRIM) (United Kingdom)



Standards for ethical conduct in clinical coding

The revision took into account:

- What code of ethics are required in the current coding setting?
- Why do we have a code of ethics?
- What ethical issues are impacting upon the coding workforce?
- Are coders being pressured to write unethical clinician queries?
- Feedback received during ITG meetings

The *Standards for ethical conduct in clinical coding* was shared with ITG members for comment and then finalised.



Standards for ethical conduct in clinical coding

Standards for ethical conduct in clinical coding

To ensure national consistency in coding practice, the *Standards for ethical conduct in clinical coding* have been developed to provide guidance in defining and promoting ethical practices associated with clinical coding undertaken by Clinical Coders and/or Health Information Managers.

These standards should also assist other related health care administrators/stakeholders to understand the ethics surrounding the process of clinical coding.



Standards for ethical conduct in clinical coding

Ethical practices are core to the clinical coding role to ensure the integrity of coded clinical data at a national level.

Those performing the clinical coding function should endeavour to uphold the *Standards for ethical conduct in clinical coding* in all situations related to the collection and use of health information within the health care facility or organisation.

The *Standards for ethical conduct in clinical coding* apply regardless of the type of facility or organisation, level of authority within the facility or local coding protocols.



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Standards for ethical conduct in clinical coding

- Ethics in Clinical Coding Practice
- Ethics in Clinical Coding Quality and Education
- Ethics in Clinical Coding and Legal Requirements



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Standards for ethical conduct in clinical coding

Ethics in Clinical Coding Practice

A clinical coder should:

- ensure that they have access to all the relevant clinical information (electronic or paper-based) to undertake the abstraction and coding processes
- ensure that the documentation within the clinical record justifies selection of diagnoses and intervention codes, consulting clinicians as appropriate



Standards for ethical conduct in clinical coding

- apply the Australian Coding Standards (ACS) and other official reporting requirements for the purpose of:
 - abstracting diagnoses and procedures using the entire clinical record
 - selecting and sequencing diagnosis and procedure codes
- participate (as required) in interdisciplinary engagement for the purpose of clarification of diagnostic or interventional detail or ambiguity in clinical documentation, and improve clinician understanding of the role of a clinical coder in the health setting. This may be via one-to-one interactions, team meetings, education sessions, publications or presentations.



Standards for ethical conduct in clinical coding

Ethics in Clinical Coding Practice

A clinical coder should not:

- code diagnoses/interventions without supporting documentation for the purpose of 'maximising' hospital reimbursement. 'Maximising' for reimbursement is not an ethical practice.
 - 'Maximising' is defined as undertaking a practice not based on fact (ie addition or alteration of codes for conditions not documented within the clinical record), for the sole purpose of increasing reimbursement
 - This is not to be confused with 'optimisation' which is defined as using all documentation within the clinical record to achieve the best outcome.
- omit diagnoses/interventions for the purpose(s) of minimising financial loss, or legal liability.



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Standards for ethical conduct in clinical coding

A clinical coder should not:

- use the interdisciplinary engagement process inappropriately. This includes:
 - prompt or use leading questions for purposes of 'maximising' reimbursement
 - use details for potential financial gain as part of a clinician query process
 - seek additional documentation for conditions not already apparent in the existing clinical documentation. This includes use of pathology or radiology results as a basis for a clinician query.
- submit to pressure from others to manipulate coded data for any purpose



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Standards for ethical conduct in clinical coding

Ethics in Clinical Coding Quality and Education

A clinical coder should:

- participate in quality improvement activities to ensure that the quality of coding supports the use of data (such as for research, health care management and planning, evaluation and reimbursement)
- assist in the application of ethical coding protocols, including demonstration of courtesy towards and mutual respect for colleagues, and accountability for the individuals' work



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Standards for ethical conduct in clinical coding

- participate in ongoing education to ensure that clinical coding skills and clinical knowledge meet the appropriate level of competence for the health care/organisational setting
- contribute (where appropriate) to ongoing development of classification systems in conjunction with appropriate coding and clinical experts
- participate in developing and strengthening of the clinical coding profession through supporting peers and networking with others interested in health information management, including non-traditional clinical coding/HIM activities (eg private health funds or casemix units)



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Standards for ethical conduct in clinical coding

Ethics in Clinical Coding and Legal Requirements

A clinical coder should:

- Observe policies and legal requirements regarding privacy, confidentiality, disclosure and security of patient related information.
- Refuse to participate in, or conceal, illegal or unethical processes or procedures.



Standards for ethical conduct in clinical coding

Ethics in Clinician Queries

What is a 'leading' or 'prompting' query?

- Any query that instructs or indicates to a clinician what to write as a response.
- A question with a yes/no answer with only one option for the clinician to consider
- Any query that includes financial outcome information as a factor for the decision making



Standards for ethical conduct in clinical coding

Ethics in Clinician Queries

- A clinician query may be sent to clarify existing documentation within the progress notes of diagnoses or interventions in the medical record. For example, documentation of an abnormal test result (eg K+ 2.9) with no clinical interpretation; or a change, commencement or cessation of medication with no clinical indication.
- A clinician query needs to include the relevant documentation (ie progress notes) with supportive evidence (ie pathology results) and any ACS if relevant to the diagnoses/intervention to assist the clinician to make a fully informed decision.



Standards for ethical conduct in clinical coding

ACS 0010 *General abstraction guidelines*

‘In the event that an investigation result varies from the clinical documentation, such as a clinical diagnosis of gastric ulcer with ‘no evidence of ulcer’ reported on histopathology, the case should be referred to the clinician.’



Standards for ethical conduct in clinical coding

ACS 0010 General abstraction guidelines (cont):

Test results / Findings that provide more specificity about a diagnosis

- Laboratory, x-ray, pathological and other diagnostic results should be coded where they clearly add specificity to already documented conditions that meet the criteria for a principal diagnosis (see ACS 0001 *Principal diagnosis*) or an additional diagnosis (see ACS 0002 *Additional diagnoses*).

Findings with an unclear, or no associated condition documented

- Unless a clinician can indicate that a test result is significant and/or indicates the relationship between an unclear test result and a condition, such test results should not be coded.



Standards for ethical conduct in clinical coding

Ethics in Clinician Queries

Coding Rule *Use of abbreviations, symbols and test result values to inform code assignment for abnormal pathology results* (updated September 2015) states:

- Clinicians may document test result values as well as abbreviations and symbols in the clinical record as shorthand to indicate conditions such as anaemia, hypokalaemia, hypercalcaemia etc.



Standards for ethical conduct in clinical coding

Coding Rule (*cont*):

- Where such shorthand is used to document/describe a condition, each instance must be assessed on its merits and where possible confirmed with a clinician to ensure that the documentation sufficiently describes a condition that is both supported by an appropriate index entry and meets the criteria in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*.

This means that a shorthand entry in the progress notes of a test result can be used as the basis for a clinician query



Standards for ethical conduct in clinical coding

Coding Rule (*cont*):

Test result values, symbols and abbreviations are not to be used in isolation to inform code assignment and coders should therefore clarify the significance of the documented shorthand (test result, values, abbreviations and symbols) with the clinician to inform code assignment.



Standards for ethical conduct in clinical coding

Coding Rule (*cont*):

Where this is not possible, assign a code for the condition represented in shorthand (as described above) only if:

- test results (pathology report) verify that a result is abnormal
AND
- there is an appropriate ICD-10-AM index pathway
AND
- it meets the criteria in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*.

This means all three points must be met to assign a code for a condition documented in shorthand (without clinician clarification).



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Standards for ethical conduct in clinical coding

In Summary:

If the clinician has not documented in the progress notes:

- an indication
- the order of an intervention or investigation
- the actual test result

the test result and/or administration of medication/therapy cannot be the basis for a clinician query.



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Standards for ethical conduct in clinical coding

Ethics in Clinician Queries

Progress notes state:

↓Hb for 2 units packed cells

Ethical Query:

Please clarify the reason for transfusion (confirmed or suspected):

- Iron deficient anaemia
- Anaemia due to acute blood loss
- Other (please provide clinical details)
- Unable to determine

Pathology result: Hb98

Blood paperwork indicates a transfusion given.

No documentation in the progress notes in regards to haemoglobin result (ie ↓Hb or Hb98) or the transfusion.

No query should be made as the clinician has not documented in the progress notes:

- an indication
- the order of an intervention or investigation
- the actual test result



Standards for ethical conduct in clinical coding

Ethics in Clinician Queries

Progress notes state :

for commencement of K+ supplement

Ethical Query:

Please clarify the reason for potassium supplement:

- Hypokalaemia
- Prophylactic (to prevent hypokalaemia)
- Other (please provide clinical details)
- Unable to determine

Medication Chart:

commenced Resonium.

No documentation in the progress notes of indication or the commencement of therapy

No query should be made as the clinician has not documented in the progress notes:

- an indication
- the order of an intervention or investigation
- the actual test result



Standards for ethical conduct in clinical coding

Ethics in Clinician Queries – leading questions

Progress notes state:

**patient admitted with pneumonia
patient on thickened fluid due to
swallowing problems
sputum cultures clear**

Ethical Query:

**Please clarify the type of pneumonia
(confirmed or suspected):**

- **Aspiration**
- **Bacterial/Viral (please specify
organism if known)**
- **Other (please provide clinical details)**
- **Unable to determine**

Progress notes state:

**patient admitted with pneumonia
patient on thickened fluid due to
swallowing problems
sputum cultures clear**

Unethical query :

Is this aspiration pneumonia Y/N?



Standards for ethical conduct in clinical coding

The *Standards for ethical conduct in clinical coding* are not meant to replace incentives and processes developed within health services to improve clinical documentation and above all ensure quality clinical care. These processes are not the responsibility of the clinical coder. Implementation of the *Standards for ethical conduct in clinical coding* will be undertaken in the individual hospital/site setting to support the clinician query process and the revision has clarified how this process should be undertaken ethically.

ACCD considers the *Standards for ethical conduct in clinical coding* to be a framework that can be used by health services to facilitate ethical practice and awareness of the coding process. It is a document that should be readily available and separate to the ACS which are guidelines to support clear and consistent application of diagnostic and intervention concepts.



Standards for ethical conduct in clinical coding

Further Information

For further detailed information regarding this revision please refer to the ACCD Website.



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