

## Instructions

The third edition of ICD-10-AM has been produced by the National Centre for Classification in Health from a database in an effort to improve accuracy and consistency. Consequently, errata for Volumes 1–4 is produced from the same database which has resulted in the change of format shown below. Each row in the errata represents an item/change to be made and contains the following information necessary to complete the errata item.

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

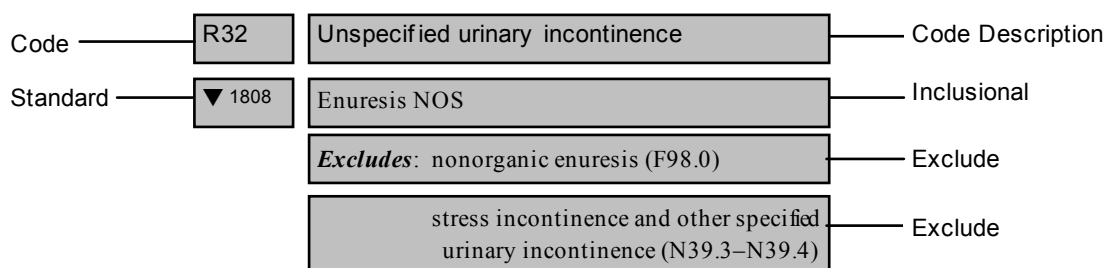
VOL1:R02	Volume 1, Code R02
VOL3:1885:92181-00	Volume 3, Block 1885, Code 92181-00
VOL4:Revision:device:port, implantable vascular access	Volume 4, Revision - device - - port, implantable vascular access

✕ Where this symbol follows a Tabular/Index Entry you should check the change example on page 10.

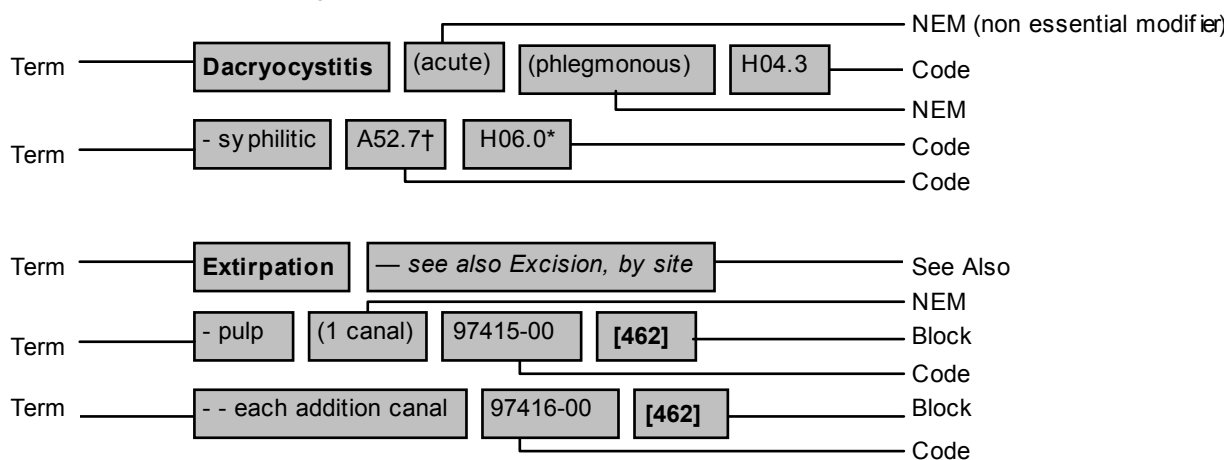
## Note Type

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

### Tabular Entry



### Index Entry



## Instruction

Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
VOL2:Gangrene, gangrenous:with diabetes:and peripheral angiopathy	Term	Add		- - - and foot ulcer

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

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
VOL4:Revision:device:port, implantable vascular access	Term	Delete*	- - port, implantable vascular access	

indicates a term to be deleted at:  
**Revision**  
- device  
- - port, implantable vascular access

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

- - - for infusion of agents via catheter  
- - - central venous (CVC) 34530-00 [766]  
- - - spinal 39426-00 [56]  
- - - venous 34530-00 [766]

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

## Existing Value

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

## New Value

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



Code or term to which the change applies

Part of the code/term to which the change applies

Type of change to be made

Text before making the change

Text after making the change

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
VOL 1:C92	Includes	Revise	morphology codes M985–M993 with behaviour code /3	morphology codes M984–M993 with behaviour code /3
VOL 1:I25.2	Inclusion	Revise	Past myocardial infarction diagnosed by ECG or other special investigation, but currently presenting no symptoms	Past myocardial infarction diagnosed by ECG or other special investigation
VOL 1:J38	Excludes	Revise	• congenital laryngeal NOS (P28.8)	• congenital laryngeal NOS (P28.89)
VOL 1:L41.2	Includes	Revise	morphology code <del>M9769</del> with behaviour code /3	morphology code M9718 with behaviour code /3
VOL 1:L41.2	Note	Revise	Lymphomatoid papulosis is now classified in ICD-O Third Edition as a malignant neoplasm of the skin with a morphology code of <del>M9769/3</del> . The code L41.2 will continue to be used (although it is located in the chapter Diseases of the skin and subcutaneous tissue).	Lymphomatoid papulosis is now classified in ICD-O Third Edition as a malignant neoplasm of the skin with a morphology code of <u>M9718/3</u> . The code L41.2 will continue to be used (although it is located in the chapter Diseases of the skin and subcutaneous tissue).
VOL 1:L59	Excludes	Revise	radiation burns see Burn by site with fourth character <del>4</del>	radiation burns = see Burn by site
VOL 1:M54	Excludes	Revise	psychogenic dorsalgia (F45.4 <del>6</del> )	psychogenic dorsalgia (F45.4)
VOL 1:M88.9	Code	Add		M88.9
VOL 1:M88.9	Code Title	Add		Pagets disease of bone, unspecified
VOL 1:O99.3	✗ Excludes	Add		postpartum:
VOL 1:O99.3	✗ Excludes	Add		• blues } NOS (F53.8)
VOL 1:O99.3	✗ Excludes	Add		• dysphoria } NOS (F53.8)
VOL 1:O99.3	✗ Excludes	Add		• mood disturbance } NOS (F53.8)
VOL 1:O99.3	✗ Excludes	Add		• sadness } NOS (F53.8)
VOL 1:R45.81	Australian Code Symbol	Add		⊕
VOL 1:R45.89	Australian Code Symbol	Add		⊕
VOL 1:S02.0	Inclusion	Revise	Temporal bone ( <del>squamous part</del> )	Temporal bone, squamous part
VOL 1:S02.1	Inclusion	Revise	Temporal bone ( <del>excluding squamous part (S02.0)</del> )	Temporal bone <u>NOS</u>
VOL 1:S02.1	Excludes	Add		temporal bone, squamous part (S02.0)
VOL 1:S35.5	Inclusion	Add		Hypogastric artery or vein
VOL 1:S35.5	Inclusion	Add		Uterine artery or vein
VOL 1:S35.8	Inclusion	Delete	Hypogastric artery or vein	
VOL 1:S35.8	Inclusion	Delete	Uterine artery or vein	
VOL 1:U56.4	Code Title	Revise	Walking	Walking, competitive
VOL 1:X10	Excludes	Revise	contact with steam or hot vapours from food (X13. <del>2</del> )	contact with steam or hot vapours from food (X13. <u>1</u> )
VOL 1: Morphology of Neoplasms	See attached page 9			
VOL 2:Absence:scrotum, congenital	Code	Revise	Q55.2	Q55.2 <sub>9</sub>
VOL 2:Adenocarcinoma:small cell, combined	See	Delete	— see Neoplasm, lung, malignant	
VOL 2:Adenoma:atypical:follicular	Code	Add		D44.0
VOL 2:Adenoma:follicular:oxyphilic cell	Code	Revise	D44.0	D34
VOL 2:Adhesions, adhesive:congenital:peritoneal	Code	Revise	Q43.3	Q43.3 <sub>2</sub>
VOL 2:Agensis:coccyx	Code	Revise	Q76.4	Q76.41
VOL 2:Agensis:vertebra:specified	Code	Revise	Q76.4 <sub>3</sub>	Q76.41
VOL 2:Angulation:coccyx:congenital	Code	Revise	Q76.4	Q76.4 <sub>2</sub>
VOL 2:Anomaly, anomalous:lumbosacral	Code	Revise	Q76.4 <sub>9</sub>	Q76.4 <sub>3</sub>
VOL 2:Anomaly, anomalous:vertebra	Code	Revise	Q76.4 <sub>3</sub>	Q76.4 <sub>9</sub>
VOL 2:Astrocytoma:pilocytic	Morphology Code	Revise	M9421/3	M9421/ <u>1</u>
VOL 2:Astrocytoma:pilocytic	See	Add		— see Neoplasm, brain, uncertain behaviour
VOL 2:Astrocytoma:pilocytic:specified site	Term	Delete	- - specified site	
VOL 2:Astrocytoma:pilocytic:unspecified site	Term	Delete	- - unspecified site	
VOL 2:Bifurcation:vertebra	Code	Revise	Q76.4 <sub>3</sub>	Q76.4 <sub>9</sub>
VOL 2:Carcinoma:large cell:small cell:specified site	Term	Delete	- - - specified site	
VOL 2:Carcinoma:large cell:small cell:unspecified site	Term	Delete	- - - unspecified site	
VOL 2:Carcinoma:serous:papillary	Code	Add		C56

VOL 2:Carcinoma:serous:papillary:specified site	Term	Delete	- - - specified site	
VOL 2:Carcinoma:serous:papillary:unspecified site	Term	Delete	- - - unspecified site	
VOL 2:Consolidation lung	See	Revise	— see <del>Pneumonia, lobar</del>	— see <u>condition</u>
VOL 2:Convulsive:equivalent, abdominal	Code	Revise	G40.8	G40.8-
VOL 2:Costochondritis	Code	Revise	M94.0	M94.88
VOL 2:Costochondritis	Term	Add		- Tietze's
VOL 2:Costochondritis:Tietze's	Code	Add		M94.0
VOL 2:Deformity:bladder:congenital	Code	Revise	Q64.7	Q64.7-
VOL 2:Deformity:urachus, congenital	Code	Revise	Q64.4	Q64.4-
VOL 2:Delivery:caesarean:maternal:diabetes mellitus	Code	Revise	O24.9	O24.9-
VOL 2:Diabetes, diabetic:with:dyslipidaemia	See	Revise	code to E11.7–E14.7 with fifth character .2	— see ACS 0401 Diabetes Mellitus, Insulin Resistance
VOL 2:Disease, diseased:mu heavy chain	Code	Revise	C88.7	C88.7-
VOL 2:Disease, diseased:peripheral:arterial	Code	Revise	I73.9	I70.2-
VOL 2:Disease, diseased:peripheral:vascular	Code	Revise	I73.9	I70.2-
VOL 2:Disease, diseased:vascular:obliterative:peripheral	Code	Revise	I73.9	I70.2-
VOL 2:Disease, diseased:vascular:peripheral	Code	Revise	I73.9	I70.2-
VOL 2:Dislocation:lumbosacral:congenital	Code	Revise	Q76.4	Q76.43
VOL 2:Dislocation:spine:congenital	Code	Revise	Q76.43	Q76.49
VOL 2:Dislocation:vertebra:congenital	Code	Revise	Q76.43	Q76.49
VOL 2:Distortion:skull bone(s):with:hydrocephalus:with spina bifida	Code	Revise	Q05.4	Q05.4-
VOL 2:Distortion:spine	Code	Revise	Q76.43	Q76.49
VOL 2:Distortion:vertebra	Code	Revise	Q76.43	Q76.49
VOL 2:Dyslipidaemia	Term	Add		- depressed HDL-cholesterol
VOL 2:Dyslipidaemia:depressed HDL-cholesterol	Code	Add		E78.6
VOL 2:Dyslipidaemia	Term	Add		- elevated fasting triglycerides
VOL 2:Dyslipidaemia:elevated fasting triglycerides	Code	Add		E78.1
VOL 2:Ependyoma:papillary	Morphology Code	Revise	M9393/4	M9393/3
VOL 2:Failure, failed:segmentation:vertebra	Code	Revise	Q76.43	Q76.49
VOL 2:Hemiplegia:newborn	Code	Revise	P91.8	P91.89
VOL 2:Human:papillomavirus	Term	Delete	- papillomavirus	
VOL 2:Hypoplasia, hypoplastic:coccyx	Code	Revise	Q76.44	Q76.42
VOL 2:Hypoplasia, hypoplastic:sacrum	Code	Revise	Q76.44	Q76.42
VOL 2:Hypoplasia, hypoplastic:spine	Code	Revise	Q76.44	Q76.49
VOL 2:Hypoplasia, hypoplastic:vertebra	Code	Revise	Q76.44	Q76.49
VOL 2:Immune haemolytic disease	See Also	Add		— see also Disease, haemolytic
VOL 2:Infection, infected	Term	Add		- tracheostomy stoma
VOL 2:Infection, infected:tracheostomy stoma	Code	Add		J95.0
VOL 2:Leri-Weill syndrome	Code	Revise	Q77.8	Q77.89
VOL 2:Leukaemia:AML M6	Code	Revise	C94.0	C94.0-
VOL 2:Lumbarisation, vertebra, congenital	Code	Revise	Q76.43	Q76.42
VOL 2:Malformation:spine:lumbosacral	Code	Revise	Q76.49	Q76.43
VOL 2:Mesothelioma:biphasic:benign	Term	Delete	- - benign	
VOL 2:Myelosis:erythraemic:acute	Term	Delete	- - acute	
VOL 2:Paralysis, paralytic:Duchenne's	Code	Revise	G42.2	G71.0
VOL 2:Pick's:tubular adenoma	Morphology Code	Revise	M8640/0	M8640/1
VOL 2:PNET	Morphology Code	Revise	M9437/3	M9473/3
VOL 2:Postmenopausal:osteoporosis	Code	Revise	M81.0	M81.0-
VOL 2:Postmenopausal:osteoporosis:with pathological fracture	Code	Revise	M80.0	M80.0-
VOL 2:Problem:negative life events in childhood:sexual abuse:family member	Term	Revise	- - - <del>family member</del>	- - - <u>within primary support group</u>
VOL 2:Problem:negative life events in childhood:sexual abuse:person outside family	Term	Revise	- - - <del>person outside family</del>	- - - <u>outside primary support group</u>
VOL 2:Problem:taste	Term	Add		- - and smell
VOL 2:Problem:taste:and smell	NEM	Add		(mixed)
VOL 2:Problem:taste:and smell	Code	Add		R43.8
VOL 2:Ren:mobile, mobilis:congenital	Code	Revise	Q63.8	Q63.8-
VOL 2:Reninoma	Morphology Code	Revise	<del>M8364/4</del>	M9473/3
VOL 2:Resistance, resistant:drugs by microorganism	Term	Add		- - methicillin resistant Staphylococcus Aureus
VOL 2:Resistance, resistant:drugs by microorganism:methicillin resistant Staphylococcus Aureus	Code	Add		Z06.1
VOL 2:Rubeosis	Term	Add		- diabetic
VOL 2:Rubeosis:diabetic	Code	Add		E1-.62
VOL 2:Rubeosis:diabetic	Term	Add		- - iris
VOL 2:Rubeosis:diabetic:iris	Code	Add		E1-.35

VOL 2:Rubeosis:skin, with diabetes	Term	Delete	- skin, with diabetes	
VOL 2:Sepsis:tracheostomy stoma	Term	Delete	- tracheostomy stoma	
VOL 2:Sepsis:urinary	Term	Delete	- urinary	
VOL 2:Septum, septate:aqueduct of Sylvius:with spina bifida	Code	Revise	Q05.4	Q05.4_
VOL 2:Stabilisation:diabetes	Term	Add		-- neuropathy
VOL 2:Stabilisation:diabetes:neuropathy	Code	Add		E1-.42
VOL 2:Stabilisation:neuropathy	Term	Delete	- neuropathy	
VOL 2:Stenosis:artery	See Also	Add		(see also Occlusion, artery)
VOL 2:Stenosis:artery:cerebral	Term	Delete	-- cerebral	
VOL 2:Sympathicoblastoma	See	Add		— see Neoplasm, malignant
VOL 2:Sympathicoblastoma:specified site	Term	Delete	- specified site	
VOL 2:Sympathicoblastoma:unspecified site	Term	Delete	- unspecified site	
VOL 2:Syndrome:Down's	Code	Revise	<del>S27.9</del>	Q90.9
VOL 2:Syndrome:Leri-Weill	Code	Revise	Q77.8	Q77.89
VOL 2:Tumour:Bednar	See	Revise	— see Neoplasm, malignant	— see Neoplasm, <u>skin</u> , malignant
VOL 2:Tumour:gonadal stromal:sex cord:incompletely differentiated	Morphology Code	Revise	M9591/1	M8591/1
VOL 2:Tumour:islet cell:malignant	Code	Delete	C25	
VOL 2:Tumour:lymphomatous	Term	Delete	- lymphomatous	
VOL 2:Tumour:neuroectodermal:primitive:central	See	Add		— see Neoplasm, brain, malignant
VOL 2 EXT:Bite, bitten by:mammal:venomous	Code	Revise	<del>X29.9</del>	X27.8
VOL 2 EXT:Bite, bitten by:mammal:venomous:specified	Term	Delete	--- specified	
VOL 2 EXT:Contact:with:machine, machinery:recreational	Code	Revise	W31.8	W31.9
VOL 2 EXT:Contact:with:saw:circular	Code	Revise	<del>W29</del>	W31.2
VOL 2 EXT:Contact:with:spider	Term	Add		--- nonvenomous
VOL 2 EXT:Contact:with:spider:nonvenomous	Code	Add		W57
VOL 2 EXT:Crash:transport vehicle:motor:homicide:car occupant:fixed or stationary option	Term	Revise	----- fixed or stationary <del>option</del>	----- fixed or stationary <u>object</u>
VOL 2 EXT:Crash:transport vehicle:motor:suicide:car occupant:fixed or stationary option	Term	Revise	----- fixed or stationary <del>option</del>	----- fixed or stationary <u>object</u>
VOL 2 EXT:Crash:transport vehicle:motor:undetermined whether accidental or intentional:car occupant:fixed or stationary option	Term	Revise	----- fixed or stationary <del>option</del>	----- fixed or stationary <u>object</u>
VOL 2 EXT:Drowning:following fall:into:hot tub:outdoor	Code	Revise	W68.0	W68.1
VOL 2 EXT:Fallen on by:animal	Code	Revise	W55	W55.-
VOL 2 EXT:Place of occurrence of external cause:street	Code	Revise	Y92.49	Y92.40
VOL 2 EXT:Sport:riding:horse:trail	Code	Revise	U63.6	U63.5
VOL 2 EXT:Suicide, suicidal:crashing of:motor vehicle	Code	Add		X82.9
VOL 2 DRUG:Formalin	Code	Revise	X47.8	X44
VOL 2 DRUG:Formalin	Code	Revise	X67.8	X64
VOL 2 DRUG:Formalin	Code	Revise	Y17.8	Y14
VOL 2 DRUG:Gas:lacrimogenic	Code	Revise	X47.9	X47.8
VOL 2 DRUG:Gas:lacrimogenic	Code	Revise	X67.9	X67.8
VOL 2 DRUG:Gas:lacrimogenic	Code	Revise	Y17.9	Y17.8
VOL 2 DRUG:Methylpropionate	Code	Revise	Y75.0	Y57.0
VOL 3:46:40335-00	Code also when performed	Revise	• internal fixation (48678-00, 48681-00, 48687-00, <del>48690-00</del> [1390])	• internal fixation (48678-00, 48681-00, 48687-00, <u>48690-00</u> [1390])
VOL 3:82:39327-00	Inclusion	Delete	Neurotomy of cranial nerve	
VOL 3:474:97733-00	Code also when performed	Revise	• provision of partial cast metal denture:• maxillary (97724-00 [474])	• provision of partial cast metal denture:• maxillary (97727-00 [474])
VOL 3:482:97862-00	Excludes	Revise	• full arch banding (97831-00, <del>97832-00</del> [480])	• full arch banding (97831-00 [480])
VOL 3:482:97862-00	Excludes	Revise	• partial banding (97829-00, <del>97830-01</del> [480])	• partial banding (97829-00 [480])
VOL 3:536	Excludes	Revise	• laryngoplasty ( <del>41879-00</del> [526])	• laryngoplasty (41876-02 [526])
VOL 3:536	Excludes	Revise	• tracheoplasty (41879-05 [539])	• tracheoplasty (41879-04 [539])
VOL 3:661:38727-00	Excludes	Revise	• vena cava (90215-02 [732], 38742-01 [733], 90217-02 [734])	• vena cava (90215-02 [732], 38721-01 [733], 90217-02 [734])
VOL 3:661:38727-01	Excludes	Revise	• vena cava (90215-02 [732], 38742-01 [733], 90217-02 [734])	• vena cava (90215-02 [732], 38721-01 [733], 90217-02 [734])
VOL 3:897:32069-00	Excludes	Revise	that for urinary diversion (36606-00 [1129])	that for urinary diversion procedures ( <del>36600-02</del> , 36606-00, 36606-03 [1129])
VOL 3:897:30375-29	Excludes	Revise	• proctocolectomy, total (32015-00, 32051-01, <del>32051-03</del> [936])	• proctocolectomy, total (32015-00, 32051-01 [936])

VOL 3:1102:37014-00	Code also when performed	Revise	• transplantation of ureter (see blocks [1080], [1081], [1082] and <del>[1083]</del> )	• transplantation of ureter (see blocks [1080], [1081] and [1082])
VOL 3:1390:48678-00	Includes	Delete	• plate	
VOL 3:1479	Excludes	Delete	that with reduction of fracture (47486-00, 47489-00, 47489-01, 47501-00, 47528-01, 47531-00 [1486])	
VOL 3:1479:47483-00	Excludes	Add		that with reduction of fracture (47486-00, 47489-00, 47489-01, 47501-00, 47528-01, 47531-00 [1486])
VOL 3:1479:47498-00	Excludes	Add		that with reduction of fracture (47486-00, 47489-00, 47489-01, 47501-00, 47528-01, 47531-00 [1486])
VOL 3:1479:47513-00	Excludes	Add		that with reduction of fracture (47486-00, 47489-00, 47489-01, 47501-00, 47528-01, 47531-00 [1486])
VOL 3:1550	Excludes	Revise	application of neck support ( <del>92133-00 [1877]</del> )	application of neck support (96092-00 [1870])
VOL 3:1563:90572-00	Excludes	Revise	that for deep <del>malignant</del> lesion of skin ( <del>30161-00 [1566]</del> )	that for deep lesion of skin (31340-00 [1566])
VOL 3:1743:30360-00	Excludes	Revise	excisional biopsy of breast ( <del>30342-00, 30346-00 [1744]</del> )	excisional biopsy of breast (30347-00 [1744])
VOL 3:1880:92199-00	Excludes	Revise	• urinary tract (36546-00 [1125])	• urinary tract (36546-00 [1126])
VOL 3:1885:92188-00	Excludes	Revise	• scar (30207-00, <del>30210-00 [1602]</del> )	• scar (30207-00 [1602])
VOL 3:1885:92188-00	Excludes	Revise	• skin lesion (30207-00, <del>30210-00 [1602]</del> )	• skin lesion (30207-00 [1602])
VOL 4:Anastomosis:for:atresia:small intestine	Term	Delete	- - - small intestine	
VOL 4:Bypass:arterial:coronary:with:mammary artery:left:1 graft	Code	Revise	38500-03	38500-00
VOL 4:Bypass:arterial:coronary:with:mammary artery:left:1 graft	Block	Revise	[674]	[674]
VOL 4:Catheterisation:coronary sinus:for:cerebral perfusion during deep hypothermic arrest	Code	Revise	38588-00	38577-00
VOL 4:Debridement:bone:during any orthopaedic procedure	Term	Revise	- - during any orthopaedic procedure	- - during any <u>other</u> orthopaedic procedure
VOL 4:Debridement:cartilage:during any orthopaedic procedure	Term	Revise	- - during any orthopaedic procedure	- - during any <u>other</u> orthopaedic procedure
VOL 4:Dilation:cervix:with:curettage of uterus	Code	Add		35640-00
VOL 4:Dilation:cervix:with:curettage of uterus	Block	Add		[1265]
VOL 4:Insertion:device:silastic implant	NEM	Delete	thyroid cartilage	
VOL 4:Insertion:device:silastic implant	Term	Revise	- - silastic implant	- - silastic implant, thyroid cartilage
VOL 4:Repair:eyelid:canthus	Code	Add		42590-00
VOL 4:Repair:eyelid:canthus	Block	Add		[235]

## VOLUME 5 AUSTRALIAN CODING STANDARDS

p9

Revise

### 0002 Additional Diagnoses

When there is uncertainty about whether a condition meets the additional diagnosis criteria, the Clinical Coders' Creed (see page 2943) and Code of Ethics for Clinical Coders (see page 2899) should be used to make a decision.

#### Specialty standards.

Note that a condition which is the subject of a standard in this volume must meet the criteria for an additional diagnosis before it can be coded, unless indicated otherwise.

The following standards are examples of where the coder is instructed to code conditions which do not meet the additional diagnoses criteria. Such instructions must be followed.

- 0046 *Diagnosis selection for same-day endoscopy*
- 0102 *HIV/AIDS*
- 0104 *Viral hepatitis*
- 0401 *Diabetes mellitus and impaired glucose regulation*
- 0503 *Drug, alcohol and tobacco use disorders*
- 0625 *Quadriplegia and paraplegia, non-traumatic*
- 0936 *Pacemakers*

p43  
Revise

## 0031 Anaesthesia

### Classification

- The code 92513-XX [1909] *Infiltration of local anaesthetic* should be assigned only when the anaesthetic is documented on an anaesthetic specialised form (such as anaesthetic/operation chart, labour ward record) and there are no other anaesthetic procedures from blocks [1333] *Analgesia and anaesthesia during labour and delivery*, [1909] *Conduction anaesthesia* or [1910] *Cerebral anaesthesia* documented on the same form. It should not be assigned when documented only in the continuation notes.
- When a neuraxial or regional block is maintained via continuous infusion/bolus injection over the day(s) following the procedure, assign the appropriate code from block [1912] *Postprocedural analgesia*.

## 0401 DIABETES MELLITUS AND IMPAIRED GLUCOSE REGULATION

p100  
Revise

### Diabetic foot

#### CLASSIFICATION

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

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

Additional codes for the specific complications (eg poly neuropathy (G62.9), peripheral angiopathy (~~173.9~~ I70.2-), cellulitis of toe (L03.02)) should also be assigned.

p101  
Revise

### Diabetes with multiple microvascular complications

#### CLASSIFICATION

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

- Renal complications (E1-.2-~~4~~ E1-.23)
- Ophthalmic complications (E1-.3-~~4~~ E1-.35)
- Neurological complications (E1-.4-~~4~~ E1-.43)
- Diabetic ischaemic cardiomyopathy (E1-.53)

## 0625 QUADRIPLÉGIA AND PARAPLEGIA, NON-TRAUMATIC

p120  
Revise

### Subsequent [chronic] phase of paraplegia/quadruplegia

The subsequent phase of paraplegia/tetraplegia/quadruplegia includes:

A patient with paraplegia/quadruplegia admitted to a hospital/facility (including rehabilitation) after a period in an acute hospital for initial phase treatment.

A patient with paraplegia/quadruplegia admitted with a principal diagnosis of conditions such as urinary tract infection, fractured femur, etc, where the paraplegia/quadruplegia meets the definition of an additional diagnosis.

In the above cases, assign code G82.- Paraplegia and tetraplegia and other conditions as appropriate. Sequencing of these diagnoses should be guided by the principal diagnosis definition. Immediately following the code from G82.- Paraplegia and tetraplegia, assign an additional code(s) to indicate the underlying cause of the paraplegia/quadruplegia (non-traumatic). This may be:

- A previous condition which is no longer present (eg viral infection, complication of medical/surgical care, benign spinal neoplasm)
- A chronic condition (eg multiple sclerosis, degenerative spinal disease)

In (1) assign a sequela code, where available (see also ACS 0008 *Sequela*). Where no sequela code is provided by ICD-10-AM, assign the appropriate code from categories Z85-Z87 for personal history of malignancy or other conditions.

In (2) assign a code for the chronic condition.

If the aetiology of the spinal cord injury is not identified in the record, then clarification with the clinician should be sought.

## 0941 Arterial Disease

p156  
Revise

**Note: This standard does NOT apply to cerebral and precerebral arteries.**

### Arteriosclerosis

Arteriosclerosis is a general term for several diseases where the arterial walls become thick and lose elasticity.

### Classification

If arteriosclerosis (NOS) affecting a large artery (eg ~~carotid~~, coronary, renal, abdominal aorta, iliac, femoral or other artery of the extremities) is documented, the appropriate atherosclerosis code should be assigned.

### Atherosclerosis

Atherosclerosis is the most common form of arteriosclerosis and is characterised by the development of yellowing plaques (atheromas) within arteries such as the coronary, ~~cerebrovascular~~ and renal arteries.

## Embolism

### Classification

Embolism of other sites are coded as indicated by the Alphabetic Index of Diseases, eg femoral, iliac – category I74 *Arterial embolism and thrombosis*; renal – N28.0 *Ischaemia and infarction of kidney*; ~~vertebral, carotid – category I65 *Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction*.~~

## 1006 Respiratory Support

p166  
Revise

### Subsequent periods of continuous ventilatory support

After continuous ventilatory support has ended, the patient's condition may deteriorate and require a subsequent period of ventilation during the same hospitalisation. ~~To capture this subsequent period of continuous ventilatory support assign an additional code 13857-00 [569] *Continuous ventilatory support, initiation outside of intensive care unit* OR 13879-00 [569] *Continuous ventilatory support, initiation in intensive care unit*.~~

### Other types of respiratory support

#### 1. Continuous Positive Airway Pressure (CPAP)

CPAP is used in spontaneously breathing patients and for artificial maintenance of positive airway pressure after passive exhalation is complete. CPAP may be applied to a tight fitting face mask, nasal mask, endotracheal tube or tracheal tube. It works somewhat like breathing out through a tube that is submerged in water to create a positive airway pressure to keep the alveoli open throughout expiration.

~~CPAP (92038-00 [568] *Continuous positive airway pressure [CPAP]*)~~

~~should be assigned for any duration when required for:~~

- ~~• neonates (age < 28 days) or~~
- ~~• adults having treatment for disorders such as sleep apnoea~~

~~should not be assigned when:~~

- ~~• it is used as a method of weaning from continuous ventilatory support, or~~
- ~~• performed by intubation or tracheostomy. In these cases assign the appropriate codes from block [569] *Continuous ventilatory support*.~~

CPAP via nasopharyngeal intubation

Some patients may receive CPAP via nasopharyngeal intubation attached to a continuous-flow mechanical ventilator designed for neonates or a suitable equipped multipurpose ventilator set in the CPAP mode. In such cases assign the appropriate code(s) for CVS from block 569 and 90179-02 [568] *Nasopharyngeal intubation*.

#### 2. Bi-level Positive Airway Pressure (BiPAP) – 92039-00 [568]

BiPAP is a form of continuous ventilatory support that provides respiratory assistance throughout the breathing cycle. Both inspiratory and expiratory pressure support the patient's breathing efforts. This is designed to work with mask ventilators. BiPAP operates in two pressure modes. The first is continuous positive airway pressure (CPAP), or provision of a constant pressure. The second is a spontaneous mode, cycling between inspiratory and expiratory pressures (bilevel) in response to the patient's breathing efforts.

When BiPAP is administered continuously by intubation or tracheostomy tube a code from block [569] *Continuous ventilatory support* should be assigned rather than 92039-00 [568] *Bi-level positive airway pressure [BiPAP]*.

#### 3. Intermittent Positive Pressure Breathing (IPPB) – 92040-00 [568]

IPPB is a simpler form of ventilatory support that is not well suited for continuous ventilation of the patient. It is primarily intended for intermittent respiratory sessions usually consisting of 10 to 20 minutes, four to six times per day. It is primarily used to deliver aerosolised medications or to combat early respiratory failure or atelectasis. These ventilators are most commonly used with a mouth piece or tight fitting mask.

### Calculating the duration of non-invasive ventilation (NIV)

Hours of non-invasive ventilation should be interpreted as cumulative hours. For the purpose of calculating the duration of NIV, a period of ≤ 1 hour between cessation and then restarting NIV should be interpreted as continuous NIV.

### Codes for non-invasive ventilation

should be assigned for:

- neonates (age < 28 days), any duration
- all other patients when given for ≥ 24 cumulative hours

should not be assigned when:

- it is used as a method of weaning from continuous ventilatory support
- performed by intubation or tracheostomy (In these cases assign the appropriate codes from block [569] *Continuous ventilatory support*)
- performed for < 24 cumulative hours (except neonates)

## 1518 Duration of Pregnancy

p206  
Revise

Category O09 *Duration of pregnancy* is intended for the coding of the duration of pregnancy at admission on the mother's record.

O09.0	< 5	completed weeks
O09.1	5–13	completed weeks
O09.2	14–19	completed weeks
O09.3	20–25	completed weeks
O09.4	26–33	completed weeks
O09.5	34– <del>37</del> 36	completed weeks
O09.9		Unspecified duration of pregnancy

## 1618 Prematurity and Low Birth Weight

p225  
Revise

Birth weight and gestational age

When using codes from category P07 *Disorders related to short gestation and low birth weight, not elsewhere classified* for episodes subsequent to the birth episode, the ~~fourth~~ fifth character must correspond to the birth weight and gestational age of the birth episode.

## 1915 SPINAL (CORD) INJURY (includes traumatic paraplegia and quadriplegia)

p252  
Revise

### Spinal cord injury – subsequent phase

If a patient with paraplegia/quadriplegia is admitted to a hospital/facility for treatment (eg neurogenic bladder), and the paraplegia/quadriplegia meets the definition of an additional diagnosis, assign code G82.- (*Paraplegia and tetraplegia*) and other conditions as appropriate. Sequencing of these diagnoses should be guided by the principal diagnosis definition. (See ACS 0625 *Quadriplegia and paraplegia, non-traumatic*.)

Immediately following the code from G82.- *Paraplegia and tetraplegia*, assign T91.3 *Sequelae of injury of spinal cord* to indicate that the paraplegia/quadriplegia is a sequela of the spinal cord injury, and follow that code with the appropriate **late effect** external cause and place of occurrence codes.

**It is not necessary to code the traumatic injury codes as these should only be used for the initial phase.**

### EXAMPLE 3:

Diagnosis: Urinary tract infection. Incomplete paraplegia at C5 level.

Code: N39.0 *Urinary tract infection, site not specified*  
G82.26 *Paraplegia, unspecified, incomplete, chronic*  
T91.3 *Sequelae of injury of spinal cord*  
Y85.0 *Sequelae of motor vehicle accident*  
Y92.40 *Roadway*

## 2104 Rehabilitation

p273  
Revise

*Note:* Follow state morbidity collection guidelines regarding whether an external cause code is required in injury cases. An exception to this rule is the use of sequelae external cause codes and place of occurrence codes. These codes are mandatory for subsequent episodes of care in spinal cord injury cases (see Example 7).

### EXAMPLE 7: TRAUMATIC SPINAL CORD INJURY

Diagnosis: Patient transferred for rehabilitation from acute hospital following motor bike accident in which he suffered a fracture of the 4th cervical vertebra with dislocation of the 4/5 cervical vertebral body and contusion to the spinal cord at the same level.

Codes: Z50.- *Care involving use of rehabilitation procedures*  
S14.10 *Injury of cervical spine cord, unspecified*  
S14.70 *Functional spinal cord injury, cervical level unspecified*  
S12.22 *Fracture of fourth cervical vertebra*  
S13.14 *Dislocation of C4/5 cervical vertebrae*  
Additional diagnoses as per ACS 0002 *Additional diagnoses*  
Rehabilitation procedure codes

Diagnosis: Patient admitted for ongoing rehabilitation for the above spinal injury, 9 months following the accident. Patient has incomplete paraplegia at C4 level.

Codes: Z50.- *Care involving use of rehabilitation procedures*  
G82.26 *Paraplegia, unspecified, incomplete, chronic*  
T91.3 *Sequelae of injury of spinal cord*  
Y85.0 *Sequelae of motor vehicle accident*  
Y92.40 *Roadway*  
Additional diagnoses as per ACS 0002 *Additional diagnoses*  
Rehabilitation procedure codes

## 2113 Follow-Up Examinations for Specific Disorders

p278  
Revise

### EXAMPLE 1:

Patient admitted for follow-up of bladder cancer (previously treated by radiation therapy). Trabeculation of the bladder was noted but no recurrence of the malignancy.

Z08.1 *Follow-up examination after radiotherapy for malignant neoplasm*  
~~N32.8 *Other specified disorders of bladder*~~  
Z85.5 *Personal history of malignant neoplasm of urinary tract*



# MORPHOLOGY OF NEOPLASMS

## MORPHOLOGY OF NEOPLASMS

The third edition of the International Classification of Diseases for Oncology (ICD-O) was published in 2000. It contains a coded nomenclature for the morphology of neoplasms, which is reproduced here for those who wish to use it in conjunction with Chapter II.

The morphology code numbers consist of five digits; the first four identify the histological type of the neoplasm and the fifth, following a slash or solidus, indicates its behaviour. The one-digit behaviour code is as follows:

- /0 Benign**
- /1 Uncertain whether benign or malignant**  
Borderline malignancy<sup>1</sup>  
Low malignant potential<sup>1</sup>  
Uncertain malignant potential
- /2 Carcinoma in situ**  
Intraepithelial  
Noninfiltrating  
Noninvasive
- /3 Malignant, primary site**
- /6 Malignant, metastatic site**  
Malignant, secondary site
- /9 Malignant, uncertain whether primary or metastatic site**

<sup>1</sup>Except cystadenomas of ovary in M844–M849, which are considered to be malignant.

In the nomenclature given here, the morphology code numbers include the behaviour code appropriate to the histological type of neoplasm; this behaviour code should be changed if the other reported information makes this appropriate. For example, chordoma is assumed to be malignant and is therefore assigned the code number M9370/3; the term 'benign chordoma' should, however, be coded M9370/0. Similarly, superficial spreading adenocarcinoma (M8143/3) should be coded M8143/2 when described as 'noninvasive', and melanoma (M8720/3), when described as 'secondary', should be coded M8720/6.

The following table shows the correspondence between the behaviour code and the different sections of Chapter II:

Behaviour code	Chapter II categories
/0 Benign neoplasms	D10–D36
/1 Neoplasms of uncertain and unknown behaviour	D37–D48
/2 In situ neoplasms	D00–D09
/3 Malignant neoplasms, stated or presumed to be primary	C00–C76 C80–C96
/6 Malignant neoplasms, stated or presumed to be secondary	C77–C79

~~The ICD-O behaviour digit /9 is not applicable in the ICD context, since all malignant neoplasms are presumed to be primary (/3) or secondary (/6), according to other information on the medical record.~~

~~Only the first listed term of the full ICD-O morphology nomenclature appears against each code number in the list given here. The Alphabetical Index however, includes all the ICD-O synonyms as well as a number of other morphological descriptions still likely to be encountered on medical records but omitted from ICD-O as outdated or otherwise undesirable.~~

~~Some types of neoplasm are specific to certain sites or types of tissue. For example, nephroblastoma (M8960/3), by definition, always arises in the kidney; hepatocellular carcinoma (M8170/3) is always primary in the liver; and basal cell carcinoma (M8090/3) usually arises in the skin. For such terms the appropriate code from Chapter II has been added in parentheses in the nomenclature. Thus nephroblastoma is followed by the code for malignant neoplasm of kidney (C64). For basal cell carcinoma the code for malignant neoplasm of skin (C44. ) is given with the fourth character left open. The appropriate fourth character for the reported site should be used. The Chapter II codes assigned to the morphologic terms should be used when the site of the neoplasm is not given in the diagnosis. Chapter II codes have not been assigned to many of the morphology terms because the histologic types can arise in more than one organ or type of tissue. For example, 'Adenocarcinoma NOS' (M8140/3) has no assigned Chapter II code because it can be primary in many different organs.~~

~~Occasionally a problem arises when a site given in a diagnosis is different from the site indicated by the site-specific code. In such instances, the given Chapter II code should be ignored and the appropriate code for the site included in the diagnosis should be used. For example, C50. (breast) is added to the morphologic term 'Infiltrating duct carcinoma (M8500/3)', because this type of carcinoma usually arises in the breast. However, if the term 'Infiltrating duct carcinoma' is used for a primary carcinoma arising in the pancreas, the correct code would be C25.9 (Pancreas, unspecified).~~

~~For neoplasms of lymphoid, haematopoietic and related tissue (M959–M998) the relevant codes from C81–C96 and D45–D47 are given. These Chapter II codes should be used irrespective of the stated site of the neoplasm.~~

~~A coding difficulty sometimes arises where a morphological diagnosis contains two qualifying adjectives that have different code numbers. An example is 'transitional cell epidermoid carcinoma'. 'Transitional cell carcinoma NOS' is M8120/3 and 'epidermoid carcinoma NOS' is M8070/3. In such circumstances, the higher number (M8120/3 in this example) should be used, as it is usually more specific. For other information about the coding of morphology see the Australian Coding Standards.~~

## ✕ Errata examples

**O99.3**      **Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium**  
▼0505      Conditions in F00–F99 and G00–G99

*Excludes:* postnatal depression (F53.0)

postpartum:

- blues }
- dysphoria }
- mood disturbance } NOS (F53.8)
- sadness }

pregnancy-related peripheral neuritis (O26.83)

puerperal psychosis (F53.1)

## Instructions

The third edition of ICD-10-AM has been produced by the National Centre for Classification in Health from a database in an effort to improve accuracy and consistency. Consequently, errata for Volumes 1–4 is produced from the same database which has resulted in the change of format shown below. Each row in the errata represents an item/change to be made and contains the following information necessary to complete the errata item.

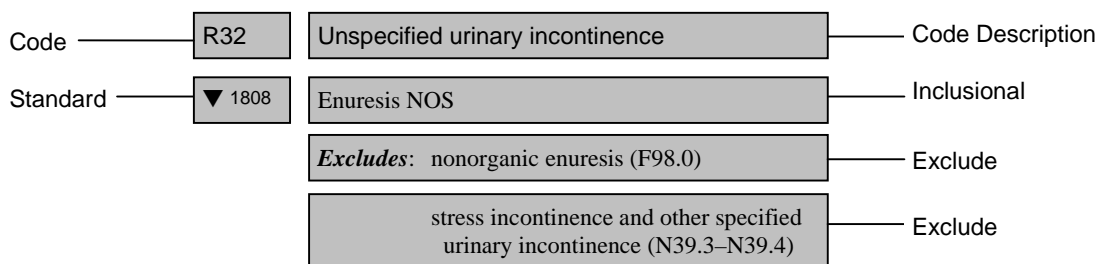
### Tabular/Index Entry

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

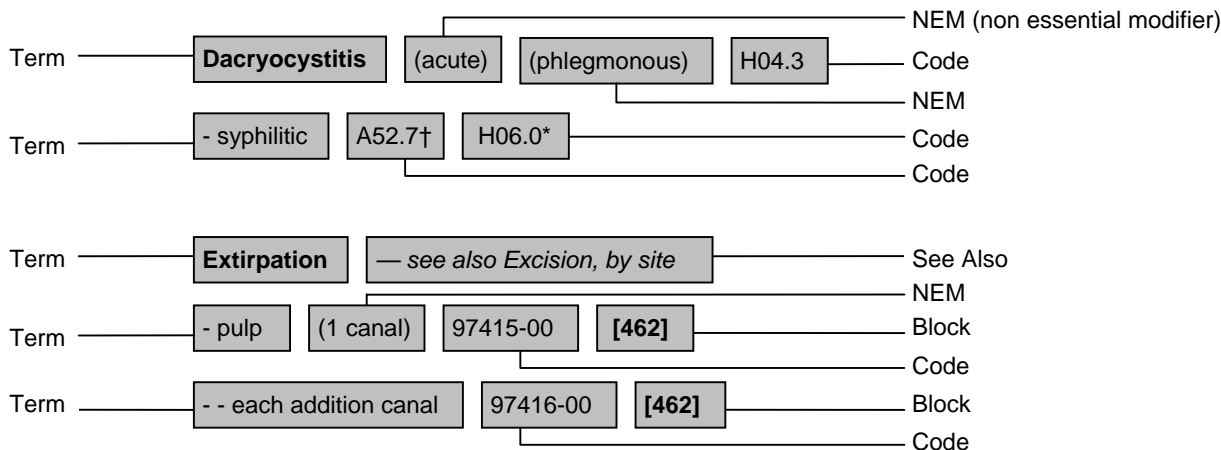
VOL1:R02	Volume 1, Code R02
VOL3:1885:92181-00	Volume 3, Block 1885, Code 92181-00
VOL4:Revision:device:port, implantable vascular access	Volume 4, Revision - device - - port, implantable vascular access

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

### Tabular Entry



### Index Entry



### Instruction

Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
VOL2:Gangrene, gangrenous:with diabetes:and peripheral angiopathy	Term	Add		- - - and foot ulcer
VOL4:Revision:device:port, implantable vascular access	Term	Delete*	- - port, implantable vascular access	

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

indicates a term to be deleted at:  
**Revision**  
 - device  
 - - port, implantable vascular access

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

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

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

### Existing Value

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

### New Value

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



Code or term to which the change applies

Part of the code/term to which the change applies

Type of change to be made

Text before making the change

Text after making the change

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
VOL 1:C91	Includes	Revise	Morphology codes M982–M983 and M9940 with behaviour code /3	Morphology codes M982–M983, M9940 with behaviour code /3 and M9831 with behaviour code /1
VOL 1:M54	@ Excludes	Revise	Psychogenic dorsalgia (F45.46)	Psychogenic dorsalgia (F45.4)
VOL 1:R55	Excludes	Revise	neurocirculatory asthenia (F45.39)	neurocirculatory asthenia (F45.31)
VOL 1:Y92.22	Inclusion	Delete	Nursing home	
VOL 2:Aerophagy, aerophagia	Code	Add		F45.32
VOL 2:Aerophagy, aerophagia:affecting	Term	Delete*	- affecting	
VOL 2:Bronchiolitis	Term	Add		- chemical
VOL 2:Bronchiolitis:chemical	NEM	Add		(chronic)
VOL 2:Bronchiolitis:chemical	Code	Add		J68.4
VOL 2:Bronchiolitis:due to:chemicals	Term	Delete	-- chemicals	
VOL 2:Bronchiolitis:due to:coxsackie virus	Term	Delete	-- coxsackie virus	
VOL 2:Bronchiolitis:due to:echovirus	Term	Delete	-- echovirus	
VOL 2:Bronchiolitis:due to:external agent	NEC	Delete	NEC	
VOL 2:Bronchiolitis:due to:external agent	Code	Delete	J70.8	
VOL 2:Bronchiolitis:due to:external agent	See	Add		– see Bronchitis, acute or subacute, due to
VOL 2:Bronchiolitis:due to:Haemophilus influenzae	Term	Delete	-- Haemophilus influenzae	
VOL 2:Bronchiolitis:due to:Mycoplasma pneumoniae	Term	Delete	-- Mycoplasma pneumoniae	
VOL 2:Bronchiolitis:due to:parainfluenza virus	Term	Delete	-- parainfluenza virus	
VOL 2:Bronchiolitis:due to:radiation	Term	Delete	-- radiation	
VOL 2:Bronchiolitis:due to:rhinovirus	Term	Delete	-- rhinovirus	
VOL 2:Bronchiolitis:due to:streptococcus	Term	Delete	-- streptococcus	
VOL 2:Collapse:neurocirculatory	Code	Revise	F45.39	F45.31
VOL 2:Deformity:bone	Code	Revise	M95.9-	M95.9
VOL 2:Disorder:psychogenic:neurocirculatory	Code	Revise	F45.38	F45.31
VOL 2:Distension:stomach:psychogenic	Code	Revise	F45.38	F45.32
VOL 2:Disturbance:oculogyric	Code	Revise	H51.9	H51.8
VOL 2:Hyperperistalsis:psychogenic	Code	Revise	F45.32	F45.3-
VOL 2:Hypertony, hypertonia, hypertonicity:stomach:psychogenic	Code	Revise	F45.38	F45.32
VOL 2:Leukaemia:lymphosarcoma cell	Code	Revise	C91.9-	C91.7-
VOL 2:Lymphosarcoma:cell leukaemia	Code	Revise	C91.9-	C91.7-
VOL 2:Meningitis:poliovirus	Code	Revise	G04*	G02.0*
VOL 2:Neurasthenia:cardiac	Code	Revise	F45.32	F45.31
VOL 2:Neurasthenia:heart	Code	Revise	F45.32	F45.31
VOL 2:Spasm(s), spastic, spasticity:diaphragm:psychogenic	Code	Revise	F45.38	F45.34
VOL 2:Syndrome:Da Costa's	Code	Revise	F45.3-	F45.31
VOL 2 EXT:Contact:with:tractor	Code	Add		W30.8
VOL 3:914:32029-00	Excludes	Revise	that for urinary diversion (36606-00 [1129])	that for urinary diversion procedures (36600-02, 36606-00, 36606-03 [1129])
VOL 3:1662:45665-01	Excludes	Revise	that for extropion or entropion (45626-01 [239])	that for ectropion or entropion (45626-01 [239])
VOL 3:1702:45761-01	Excludes	Revise	chin augmentation involving soft tissue only (45051-04 [1682])	chin augmentation involving soft tissue only (45051-00 [1682])
VOL 3:1909:92513-XX	Excludes	Revise	that performed in conjunction with codes in blocks [1910] and [1333] - omit code	that performed in conjunction with codes in block [1910] and 92507-XX [1333] – omit code
VOL 3:1912	Note	Revise	Codes within this block are to be used only when the procedure described is initiated in the operating suite (theatre or recovery) and there is documentation of continuing infusion occurring postprocedurally.	Codes within this block are to be used only when the procedure described is initiated in the <u>labour ward and/or</u> operating suite (theatre or recovery) and there is documentation of continuing infusion occurring postprocedurally.
VOL 4:Insertion	Continued page 133 column 1	Revise	<b>Insertion</b> — <i>continued</i> - <del>post</del> — <i>continued</i>	<b>Insertion</b> — <i>continued</i> - <u>prosthesis, prosthetic device</u> — <i>continued</i>
VOL 4:Removal:foreign body:rectum:by incision	Block	Revise	[929]	[930]
VOL 4:Tomography	Continued page 262 column 2	Revise	<b>Tomography</b> NEC— <i>continued</i> - computerised (axial) (CT) (quantitative) — <i>continued</i> — <del>head</del>	<b>Tomography</b> NEC— <i>continued</i> - computerised (axial) (CT) (quantitative) — <i>continued</i>

**Please note:** Entry marked with @ was included in errata 1, June 2002 but may require update following insertion of correction stickers

**0031 ANAESTHESIA**

P42  
Revise

**EXAMPLES**

1. Patient has general anaesthetic for cardiac surgery and ASA is documented as 2  
Code: 92514-29 [1910] *General anaesthesia, ASA 2, non-emergency*
2. Patient has sedation for cataract surgery in theatre and ASA is not documented  
Code: 92515-99 [1910] *Sedation, ASA 9, non-emergency*
3. Patient has general anaesthesia and regional block ~~upper~~ lower limb for multiple leg trauma, ASA is documented as 3E  
Codes: 92514-30 [1910] *General anaesthesia, ASA 3, emergency*  
92512-30 [1909] *Regional block, nerve of lower limb, ASA 3, emergency*

**0401 Diabetes Mellitus and Impaired Glucose Regulation**

P92  
Revise

**CLASSIFICATION**

For codes O24.1–O24.9 fifth character subdivisions are to be assigned to indicate whether the patient was insulin treated (.42) or non-insulin treated (.21)

**0940 ISCHAEMIC HEART DISEASE (see also ACS 0941 Arterial disease)**

P155  
Revise

**\*Old (healed) myocardial infarction (I25.2)**

I25.2 *Old myocardial infarction* is essentially a 'history of' code, even though it is not included in the Z code chapter. It should be assigned as an additional code only if all of the following criteria apply:

- the 'old' myocardial infarction occurred more than four weeks (28 days) ago;
- the patient is currently not receiving care (observation, evaluation or treatment) for their 'old' myocardial infarction; and
- the 'old' myocardial infarction meets the criteria in ACS 2112 *Personal history*, page 277, for an additional diagnosis (see ACS 0002 *Additional Diagnoses*)

**1436 TRIAL OF VOID**

P196  
Add

**Admission for trial of void – postop – unsuccessful**

- |                       |               |  |
|-----------------------|---------------|--|
| Principal diagnosis:  | Z46.6         | <i>Fitting and adjustment of urinary device</i>  |
| Additional diagnosis: | N99.8         | <i>Other postprocedural disorders of genitourinary system</i>  |
|                       | R33           | <i>Retention of urine</i>  |
|                       | Y83.-         | <i>Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</i> |
|                       | <u>Y92.22</u> | <i>Place of occurrence, health service area</i>  |

**1518 DURATION OF PREGNANCY**

P206  
Revise

A code from O09 should be assigned as an additional diagnosis in all cases of:

- Abortion (O00–~~O08~~ O07 *Pregnancy with abortive outcome*)
- Threatened abortion (O20.0)

**1617 NEONATAL SEPSIS/RISK OF SEPSIS**

P224  
Revise

If neonate is given prophylactic treatment, assign the appropriate code from category Z03 *Medical observation and evaluation for suspected diseases and conditions*, together with an appropriate code from category Z29 *Need for other prophylactic measures* together with the appropriate intervention code (as per ACS 1615 *Specific interventions for the sick neonate*).

**2104 REHABILITATION**

P275  
Delete

**EXAMPLE 5: AMPUTATION**

**Diagnosis:** Patient admitted for rehabilitation following below knee amputation as a result of diabetic peripheral angiopathy.

- Codes:
- |                   |  |
|-------------------|--|
| Z50.-             | <i>Care involving use of rehabilitation procedures</i>                       |
| E10.51            | <i>Type 1 diabetes mellitus with peripheral angiopathy, without gangrene</i> |
| <del>I79.2*</del> | <del><i>Peripheral angiopathy in diseases classified elsewhere</i></del>     |
| Z89.5             | <i>Acquired absence of leg at or below knee</i>                              |
- Additional diagnoses as per ACS 0002 *Additional diagnoses*  
Rehabilitation procedure codes





## Instructions

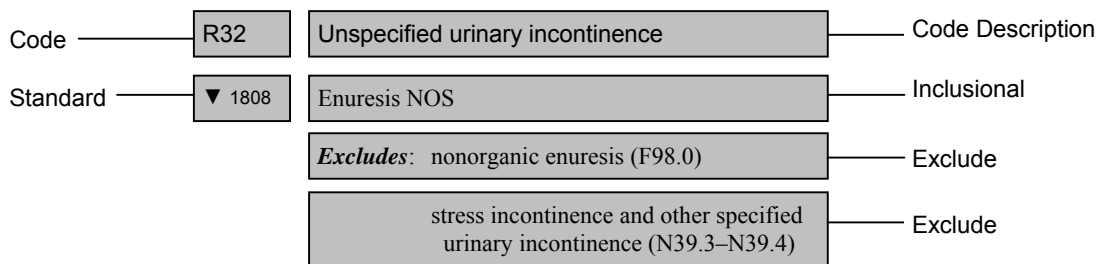
The third edition of ICD-10-AM has been produced by the National Centre for Classification in Health from a database in an effort to improve accuracy and consistency. Consequently, errata for Volumes 1–4 is produced from the same database which has resulted in the change of format shown below. Each row in the errata represents an item/change to be made and contains the following information necessary to complete the errata item.

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

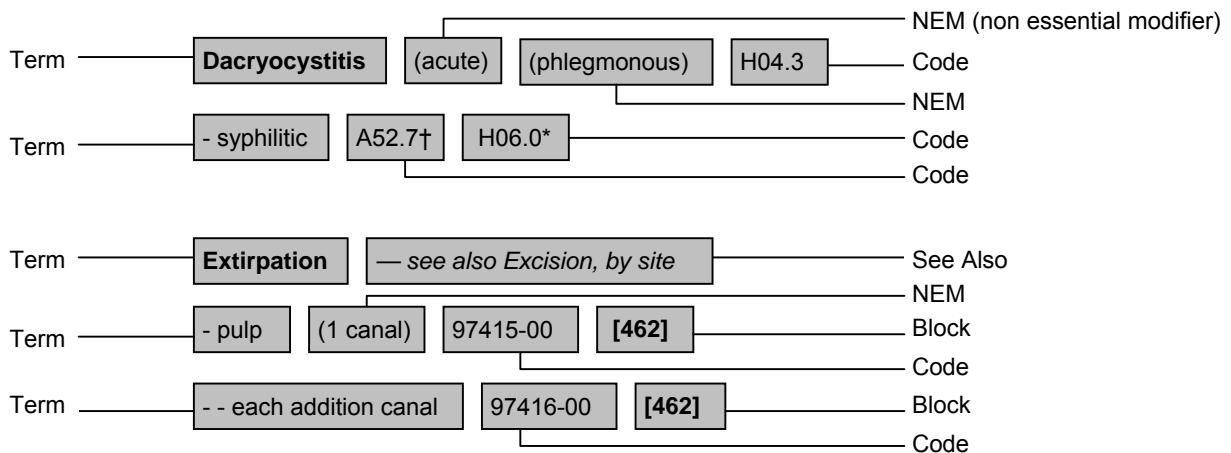
VOL1:R02	Volume 1, Code R02
VOL3:1885:92181-00	Volume 3, Block 1885, Code 92181-00
VOL4:Revision:device:port, implantable vascular access	Volume 4, Revision - device - - port, implantable vascular access

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

### Tabular Entry



### Index Entry



**Instruction** Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
VOL2:Gangrene, gangrenous:with diabetes:and peripheral angiopathy	Term	Add		- - - and foot ulcer

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

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
VOL4:Revision:device:port, implantable vascular access	Term	Delete*	- - port, implantable vascular access	

indicates a term to be deleted at:  
**Revision**  
- device  
~~- - port, implantable vascular access~~

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

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

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

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

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



Code or term to which the change applies

Part of the code/term to which the change applies

Type of change to be made

Text before making the change

Text after making the change

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
VOL 1:C71.0	Inclusion	Delete	Corpus callosum	
VOL 1:K62.8	Inclusion	Delete	Perforation (nontraumatic) of rectum	
VOL 1:Q74.09	Inclusion	Delete	Congenital cubitus valgus and varus	
VOL 1:T44.5	Excludes	Revise	<del>salbutamol</del> (T48.6)	<u>β-adrenoreceptor agonists used in asthma therapy</u> (T48.6)
VOL 1:T48.6	Excludes	Revise	β-adrenoreceptor agonists (T44.5)	<u>β-adrenoreceptor agonists not used in asthma therapy</u> (T44.5)
VOL 1:T48.6	Inclusion	Add		<u>β-adrenoreceptor agonists used in asthma therapy</u>
VOL 1:Z91.1	Standard Number	Add		▼0517
VOL 2:Angiodysplasia	Code	Add		K55.21
VOL 2:Angiodysplasia	Term	Add		- with haemorrhage
VOL 2:Angiodysplasia:with haemorrhage	Code	Add		K55.22
VOL 2:Angiodysplasia:colon	Term	Delete*	- colon	
VOL 2:Anomaly, anomalous:hydatid of Morgagni:female	Code	Revise	Q52.8	Q50.5
VOL 2:Anomaly, anomalous:hydatid of Morgagni:male	NEM	Add		(epididymal)
VOL 2:Anomaly, anomalous:hydatid of Morgagni:male	Term	Add		- - - testicular
VOL 2:Anomaly, anomalous:hydatid of Morgagni:male:testicular	Code	Add		Q55.29
VOL 2:Aphasia:auditory	NEM	Add		(developmental)
VOL 2:Aphasia:auditory	Code	Revise	F80.4	F80.2
VOL 2:Apnoea, apnoeic:newborn:specified	NEC	Add		NEC
VOL 2:Appendage	Term	Add		- epididymal
VOL 2:Appendage:epididymal	NEM	Add		(organ of Morgagni)
VOL 2:Appendage:epididymal	Code	Add		Q55.4
VOL 2:Appendage:testicular	Code	Revise	Q55.4	Q55.29
VOL 2:Appendix, appendicular:Morgagni:female	Code	Revise	Q52.8	Q50.5
VOL 2:Appendix, appendicular:Morgagni:male	NEM	Add		(epididymal)
VOL 2:Appendix, appendicular:Morgagni:male	Term	Add		- - - testicular
VOL 2:Appendix, appendicular:Morgagni:male:testicular	Code	Add		Q55.29
VOL 2:Appendix, appendicular:testis	Code	Revise	Q55.4	Q55.29
VOL 2:Atresia, atretic:hymen	Code	Revise	Q52.4	Q52.3
VOL 2:Calcification:kidney:tuberculous	Code	Revise	B90.8†	B90.1†
VOL 2:Complications:shunt:vascular:infection or inflammation	Code	Revise	T85.78	T82.7
VOL 2:Complications:shunt:vascular:specified	Code	Revise	T85.84	T82.8
VOL 2:Complications:spinal:catheter:infection or inflammation	Code	Revise	T85.78	T85.81
VOL 2:Complications:ventricular (communicating) shunt device:infection or inflammation	Code	Revise	T85.78	T85.81
VOL 2:Compression:nerve:root or plexus:with spinal (caudal) (vertebra) stenosis	Term	Revise	- - with spinal ( <del>caudal</del> )-(vertebra) stenosis	- - with spinal (vertebra) stenosis
VOL 2:Compression:nerve:root or plexus:with spinal (vertebra) stenosis	Code	Revise	M48.08†	M48.0_†
VOL 2:Cruveilhier-Baumgarten cirrhosis, disease or syndrome	Code	Revise	K76.6	K74.6
VOL 2:Cubitus:congenital	Term	Delete*	- congenital	
VOL 2:Cubitus:valgus:congenital	Code	Revise	Q74.09	Q68.8
VOL 2:Cubitus:varus:congenital	Code	Revise	Q74.09	Q68.8
VOL 2:Cyst:hydatid:Morgagni:female	Code	Revise	Q52.8	Q50.5
VOL 2:Cyst:hydatid:Morgagni:male	NEM	Add		(epididymal)
VOL 2:Cyst:hydatid:Morgagni:male	Term	Add		- - - testicular
VOL 2:Cyst:hydatid:Morgagni:male:testicular	Code	Add		Q55.29
VOL 2:Cyst:mesonephric duct:female	Code	Revise	Q52.8	Q50.5
VOL 2:Cyst:Morgagni:female	Code	Revise	Q52.8	Q50.5
VOL 2:Cyst:Morgagni:male	NEM	Add		(epididymal)
VOL 2:Cyst:Morgagni:male	Term	Add		- - - testicular
VOL 2:Cyst:Morgagni:male:testicular	Code	Add		Q55.29
VOL 2:Cyst:paramesonephric duct	Code	Delete	Q50.4	
VOL 2:Cyst:paramesonephric duct	Term	Add		- - female
VOL 2:Cyst:paramesonephric duct:female	Code	Add		Q50.4
VOL 2:Cyst:paramesonephric duct	Term	Add		- - male
VOL 2:Cyst:paramesonephric duct:male	Code	Add		Q55.29
VOL 2:Cyst:wolffian:female	Code	Revise	Q52.8	Q50.5
VOL 2:Deformity:finger:congenital	NEC	Add		NEC
VOL 2:Deformity:finger:congenital	Code	Revise	Q68.8	Q68.1
VOL 2:Deformity:mitral:Ebstein's	Term	Delete	- - Ebstein's	
VOL 2:Deformity:tricuspid	Term	Add		- - Ebstein's
VOL 2:Deformity:tricuspid:Ebstein's	Code	Add		Q22.5
VOL 2:Dependence:on:care provider	Code	Revise	Z74.0	Z74.9
VOL 2:Hallux:malleus	Code	Revise	M20.4	M20.3



VOL 2:Hydatid:Morgagni's:female	Code	Revise	Q52.8	Q50.5
VOL 2:Hydatid:Morgagni's:male	NEM	Add		(epididymal)
VOL 2:Hydatid:Morgagni's:male	Term	Add		- - - testicular
VOL 2:Hydatid:Morgagni's:male:testicular	Code	Add		Q55.29
VOL 2:Hypoplasia, hypoplastic:lung	Term	Add		- - with immaturity, prematurity or low birth weight
VOL 2:Hypoplasia, hypoplastic:lung:with immaturity, prematurity or low birth weight	Code	Add		P28.0
VOL 2:Infection, infected:due to or resulting from:device, implant or graft:catheter:infusion:spinal	Code	Revise	T85.78	T85.81
VOL 2:Infection, infected:due to or resulting from:device, implant or graft:electronic:nervous system	Code	Revise	T85.71	T85.81
VOL 2:Infection, infected:protozoal	NEC	Add		NEC
VOL 2:Infection, infected:protozoal	Term	Add		- - specified
VOL 2:Infection, infected:protozoal:specified	NEC	Add		NEC
VOL 2:Infection, infected:protozoal:specified	Code	Add		B60.8
VOL 2:Infestation:protozoal	Code	Revise	B88.8	B64
VOL 2:Infestation:protozoal	Term	Add		- - intestinal
VOL 2:Infestation:protozoal:intestinal	Code	Add		A07.9
VOL 2:Infestation:protozoal:intestinal	Term	Add		- - - specified
VOL 2:Infestation:protozoal:intestinal:specified	NEC	Add		NEC
VOL 2:Infestation:protozoal:intestinal:specified	Code	Add		A07.8
VOL 2:Infestation:protozoal	Term	Add		- - specified
VOL 2:Infestation:protozoal:specified	NEC	Add		NEC
VOL 2:Infestation:protozoal:specified	Code	Add		B60.8
VOL 2:Injury:blood vessel:uterine	Code	Revise	S35.8	S35.5
VOL 2:Injury:globe	Term	Add		- - specified
VOL 2:Injury:globe:specified	NEC	Add		NEC
VOL 2:Injury:globe:specified	Code	Add		S05.8
VOL 2:Injury:superficial	Code	Add		T14.00
VOL 2:Injury:vitreous	Term	Add		- - specified
VOL 2:Injury:vitreous:specified	NEC	Add		NEC
VOL 2:Injury:vitreous:specified	Code	Add		S05.8
VOL 2:Irideraemia	Code	Revise	Q13.2	Q13.1
VOL 2:Jaundice:fetus or newborn:due to or associated with:ABO:isoimmunisation:absence or deficiency of enzyme system for bilirubin conjugation	Term	Delete one dash	- - - - - absence or deficiency of enzyme system for bilirubin conjugation	- - - - - absence or deficiency of enzyme system for bilirubin conjugation
VOL 2:Laryngoplegia: bilateral	Term	Delete one dash	- - bilateral	- bilateral
VOL 2:Laryngoplegia: unilateral	Term	Delete one dash	- - unilateral	- unilateral
VOL 2:Laryngoplegia: unilateral: complex	Term	Delete one dash	- - - complex	- - complex
VOL 2:Laryngoplegia: unilateral: partial	Term	Delete one dash	- - - partial	- - partial
VOL 2:Meconium:in liquor	See Also	Revise	— see Distress, fetal	— see also Distress, fetal
VOL 2:Meningoencephalitis: parasitic	Code	Revise	B74.9†	B89†
VOL 2:Morgagni's:cyst, organ, hydatid or appendage:female	Code	Revise	Q52.8	Q50.5
VOL 2:Morgagni's:cyst, organ, hydatid or appendage:male	NEM	Add		(epididymal)
VOL 2:Morgagni's:cyst, organ, hydatid or appendage:male	Term	Add		- - - testicular
VOL 2:Morgagni's:cyst, organ, hydatid or appendage:male:testicular	Code	Add		Q55.29
VOL 2:Myolipoma	See	Revise	— see also Lipoma	— see Lipoma
VOL 2:Myolipoma:unspecified site	Term	Delete	- unspecified site	
VOL 2:Neoplasm, neoplastic:corpus:callosum	Code	Revise	C71.0	C71.8
VOL 2:Neuritis:syphilitic	Code	Revise	A52.7†	A52.1†
VOL 2:Organ of Morgagni:female	Code	Revise	Q52.8	Q50.5
VOL 2:Organ of Morgagni:male	NEM	Add		(epididymal)
VOL 2:Organ of Morgagni:male	Term	Add		- - testicular
VOL 2:Organ of Morgagni:male:testicular	Code	Add		Q55.29
VOL 2:Pinta:cardiovascular lesions	Code	Revise	A67.2	A67.2†
VOL 2:Pinta:cardiovascular lesions	Code	Add		I98.1*
VOL 2:Pinta:lesions:cardiovascular	Code	Revise	A67.2	A67.2†
VOL 2:Pinta:lesions:cardiovascular	Code	Add		I98.1*
VOL 2:Pregnancy:complicated by:malformation	Term	Add		- - - placenta, placental
VOL 2:Pregnancy:complicated by:malformation:placenta, placental	NEM	Add		(vessel)
VOL 2:Pregnancy:complicated by:malformation:placenta, placental	Code	Add		O43.1
VOL 2:Pregnancy:complicated by:malformation:specified	Term	Delete*	- - - specified	
VOL 2:Reticulosarcoma:nodular	Term	Delete	- nodular	
VOL 2:Reticulosarcoma:pleomorphic cell type	Term	Delete	- pleomorphic cell type	
VOL 2:Rupture, ruptured:tendon	See Also	Revise	— see Injury, muscle	— see also Injury, muscle
VOL 2:Rust's disease	Code	Add		M49.0-*
VOL 2:Short, shortening, shortness	Continued page 360 column 2	Revise	<b>Shock</b> — <i>continued</i>	<b>Short, shortening, shortness</b> — <i>continued</i>
VOL 2:Spondylitis:enterobacterial	Term	Delete	- enterobacterial	

VOL 2:Stenosis:spinal:with nerve root compression	Code	Revise	M48.08†	M48.0_†
VOL 2:Stenosis:vertebra:with nerve root compression	Code	Revise	M48.08†	M48.0_†
VOL 2:Syndrome:Cruveilhier-Baumgarten cirrhosis	Code	Revise	K76.6	K74.6
VOL 2:Tabacism, tabacosis, tabagism	Code	Revise	T65.8	T65.2
VOL 2:Thrombosis, thrombotic:puerperal, postpartum	Term	Add		-- deep
VOL 2:Thrombosis, thrombotic:puerperal, postpartum:deep	Code	Add		O87.1
VOL 2:Use:harmful:patent medicines:maternal, affecting fetus or newborn	Code	Revise	P04.2	P04.1
VOL 2:Wound, open:multiple:sites	Term	Delete	-- sites	
VOL 2:Wound, open:multiple:specified	Term	Revise	-- specified	-- specified sites
VOL 2 EXT:Bite, bitten by:arthropod:venomous	Code	Revise	X29	X25_-
VOL 2 EXT:Cataclysm, cataclysmic:earthquake	Code	Revise	X36	X34
VOL 2 EXT>Contact:with:sharp object:needle: intentional:undetermined intent	Term	Delete one dash	----- undetermined intent	----- undetermined intent
VOL 2 DRUG:Brass	Code	Revise	T56.4	T56.8
VOL 2 DRUG:Chromate:lead	Code	Revise	Y69-	X69
VOL 4:Biopsy:rectum	Block	Revise	[934]	[932]
VOL 4:Bypass:arterial:with:vein:renal:bilateral	Code	Revise	32724-00	32724-00
VOL 4:Bypass:arterial:with:vein:renal:unilateral	Code	Revise	32724-00	32721-00
VOL 4:Closure:stoma:ileum:temporary	Code	Revise	30566-00	30562-00
VOL 4:Injection:nerve:thoracic:sympathetic	Code	Revise	18286-04	18286-00
VOL 4:Insertion:electrode(s) lead(s):heart: pacemaker:permanent:transvenous:ventricle	Term	Add		----- and atrium
VOL 4:Insertion:electrode(s) lead(s):heart: pacemaker:permanent:transvenous:ventricle: and atrium	Code	Add		38284-00
VOL 4:Insertion:electrode(s) lead(s):heart: pacemaker:permanent:transvenous:ventricle: and atrium	Block	Add		[648]
VOL 4:Insertion:electrode(s) lead(s):heart: pacemaker:temporary:transvenous:ventricle: and atrium	Term	Delete	----- and atrium	
VOL 4:Suction:airway	Block	Revise	[1899]	[1889]

## VOLUME 5 AUSTRALIAN CODING STANDARDS

<p>p131 Revise</p>	<p><b>0701 CATARACT</b></p> <ul style="list-style-type: none"> <li><b>With glaucoma</b></li> </ul> <p>If treatment for glaucoma and cataract is received during the same episode of care operation, sequence the glaucoma before the cataract for the diagnosis and the procedure codes.</p>
<p>p132 Revise</p>	<p><b>0731 CORNEAL GRAFT REJECTION OR FAILURE</b></p> <p>The cornea may reject because of inflammation, for example, intraocular uveitis (H20.-), endophthalmitis (H44-H44.0, H44.1) or ocular surface or corneal inflammation (keratitis) (H16.-). Corneal grafts may also fail just because of the presence of an intraocular lens (Z96.1).</p> <p>H18-2 <del>Other disorders of cornea</del> <i>Other corneal oedema</i></p>

<p>p238 Revise</p>	<p><b>1904 POSTPROCEDURAL COMPLICATIONS</b></p> <p><b>EXAMPLE 2:</b> Elective excision of acoustic neuroma via suboccipital approach. Patient complained of headache in the postoperative period which was treated with analgesia. Control of headache continued to be a problem during the stay, still requiring 4 hourly pain relief on discharge.</p> <p>Codes: D33.3 <i>Benign neoplasm of cranial nerves</i> M9560/0 <i>Neurilemmoma NOS</i> <del>T81.8</del> <i>Other complications of procedures, not elsewhere classified</i> G97.8 <i>Other postprocedural disorders of nervous system</i> R51 <i>Headache</i> Y83.8 <i>Other surgical procedures</i> Y92.22 <i>Health service area</i></p>
<p>p275 Revise</p>	<p><b>2104 REHABILITATION</b></p> <p><b>EXAMPLE 5: AMPUTATION</b> <b>Diagnosis:</b> Patient admitted for rehabilitation following below knee amputation as a result of <u>type I</u> diabetic peripheral angiopathy.</p>

## Instructions

The third edition of ICD-10-AM has been produced by the National Centre for Classification in Health from a database in an effort to improve accuracy and consistency. Consequently, errata for Volumes 1–4 is produced from the same database which has resulted in the format shown below. Each row in the errata represents an item/change to be made and contains the following information necessary to complete the errata item.

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

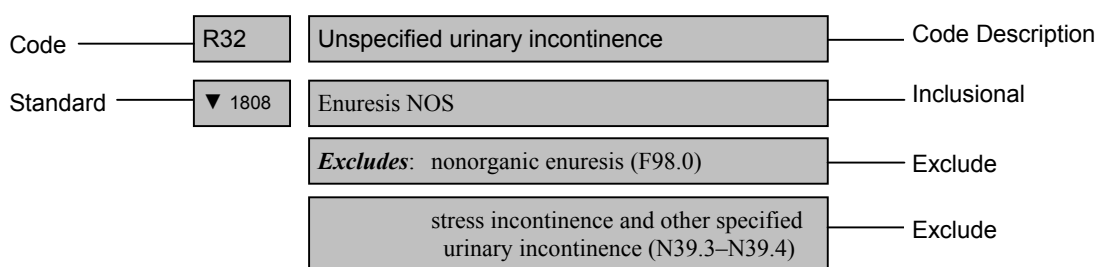
For example:

VOL1:R02	Volume 1, Code R02
VOL3:1885:92181-00	Volume 3, Block 1885, Code 92181-00
VOL4:Revision:device:port, implantable vascular access	Volume 4, Revision - device - - port, implantable vascular access

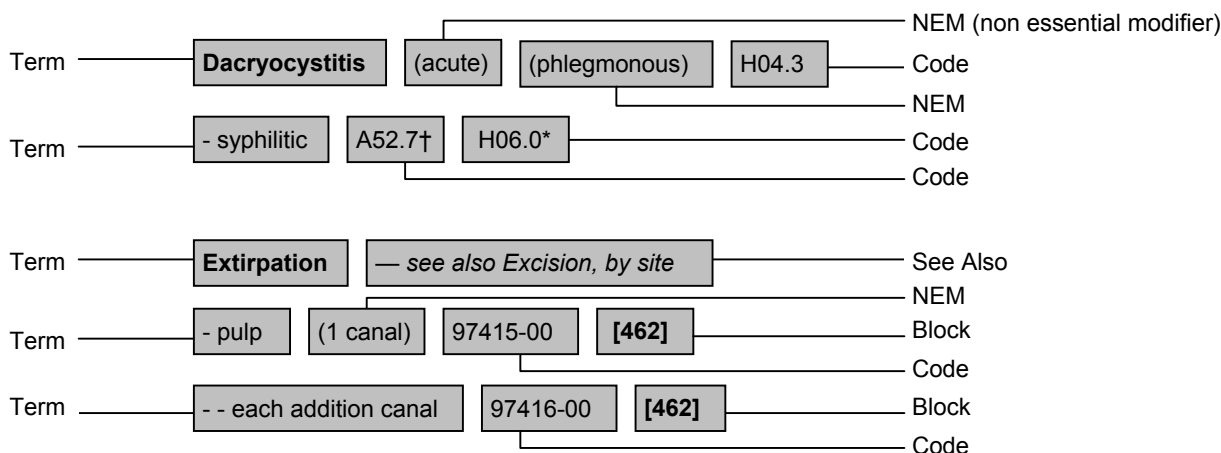
## Note Type

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

### Tabular Entry



### Index Entry



## Instruction

Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
VOL2:Gangrene, gangrenous:with diabetes:and peripheral angiopathy	Term	Add		- - - and foot ulcer

indicates a term to be added at:

**Gangrene**  
- with diabetes  
- - and peripheral angiopathy  
- - - and foot ulcer

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
VOL4:Revision:device:port, implantable vascular access	Term	Delete*	- - port, implantable vascular access	

indicates a term to be deleted at:

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

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

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

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

## Existing Value

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

## New Value

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



Code or term to which the change applies

Part of the code/term to which the change applies

Type of change to be made

Text before making the change

Text after making the change

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
VOL 1:X25.1	Inclusion	Add	Tick:	Tick:• NOS
VOL 1:X25.1	Excludes	Revise	tick NOS (W57)	tick, <u>nonvenomous</u> (W57)
VOL 1:Morphology of neoplasms		Delete superscripts x 2 - see attached page 3		
VOL 2:Bursitis:radiohumeral	Code	Revise	M77.8-	M77.8
VOL 2:Cyst:renal	See also	Add		(see also Cyst, kidney)
VOL 2:Infection, infected:staphylococcal	Term	Add		- - specified, as cause of disease classified elsewhere
VOL 2:Infection, infected:staphylococcal:specified, as cause of disease classified elsewhere	Code	Add		B95.7
VOL 2:Jaundice:due to or associated with:delivery due to delayed conjugation:preterm delivery	Term	Delete one dash	= - - preterm delivery	- - preterm delivery
VOL 2:Stroke:postprocedural	Code	Revise	Ⓔ97.8	I97.8
VOL 2:Varix:oesophagus:in:schistosomiasis:with bleeding	Code	Revise	Ⓚ65.-+	B65.-+
VOL 3:1612	Excludes	Revise	warts:• anal (32177-00, 90315 [943])	warts:• anal (32177-00, 90315 [933])
VOL 3:1885:92181-00	Excludes	Add		infusion/transfusion of gamma globulin (13706-05 [1893])
VOL 4:Anastomosis:artery:specified site	Block	Revise	[748]	[709]
VOL 4:Repair:tympanic membrane	Code	Revise	90114-00	90112-00
VOL 4:Repair:tympanic membrane	Block	Revise	[316]	[314]

VOLUME 5 AUSTRALIAN CODING STANDARDS

P 42	<b>0031 ANAESTHESIA</b>
Revise	<p><b>Classification</b></p> <p>1. Assign only one code from block [1910] <i>Cerebral anaesthesia</i> and/or one code from block [1909] <i>Conduction anaesthesia</i> for each 'visit to theatre' regardless of where in the hospital the procedure is performed, eg operating theatre, endoscopy suite, emergency department, catheter laboratory.</p> <p>1.1 If more than one anaesthetic from block [1910] <i>Cerebral anaesthesia</i> and/or block [1909] <i>Conduction anaesthesia</i> is administered in a 'visit to theatre', (including different anaesthetics for different procedures) assign only <b>one</b> code from each block using the following hierarchies (listed from highest priority to lowest):</p> <p>[1910] <i>Cerebral anaesthesia</i></p> <ul style="list-style-type: none"> <li>i. General anaesthesia (92514-XX)</li> <li>ii. Sedation (92515-XX)</li> </ul> <p>[1909] <i>Conduction anaesthesia</i></p> <ul style="list-style-type: none"> <li>i. Neuraxial block (92508-XX)</li> <li>ii. Regional blocks (codes 92509-XX, 92510-XX, 92511-XX, 92512-XX)</li> <li>iii. Infiltration of local anaesthetic (92513-XX) (Only for coding of retrograde perfusion of limb (Bier's block), see point 4 below)</li> </ul> <p>4. <del>The code 92513-XX [1909] Infiltration of local anaesthetic should be assigned only when the anaesthetic is documented on a specialised form (such as anaesthetic/operation chart, labour ward record) and there are no other anaesthetic procedures from blocks [1333] Analgesia and anaesthesia during labour and delivery, [1909] Conduction anaesthesia or [1910] Cerebral anaesthesia documented on the same form. It should not be assigned when documented only in the continuation notes.</del> 92513-xx [1909] <i>Infiltration of local anaesthetic</i> should be assigned for retrograde perfusion of limb (Bier's block) where there are no other anaesthetic procedures from block [1909] <i>Conduction anaesthesia</i> documented for the same operative procedure. All other forms of local anaesthesia should not be coded.</p>
p 74	<b>0214 INTRAGAM</b>
Revise	<p>Intragam is an injection or infusion of gamma globulin used for patients with deficient antibodies. The principal diagnosis may be hypogammaglobulinaemia (D80 - Immunodeficiency with predominantly antibody defects) but if not, the documented principal diagnosis should be assigned with the procedure code, together with one of the following procedure codes: for injection of intragam assign 92181-00 [1885] <i>Injection of gamma globulin</i>, for infusion of intragam assign 13706-05 [1893] <i>Transfusion of gamma globulin</i>.</p>
P220	<b>1611 OBSERVATION AND EVALUATION OF NEWBORN AND INFANTS FOR SUSPECTED CONDITION NOT FOUND</b>
Add	<p><b>Z03.7 Observation and evaluation of newborn for suspected condition not found</b> codes are for use in limited circumstances on records of otherwise healthy newborns who are suspected to be at risk for an abnormal condition, which requires study, but after examination and observation, it is determined that there is no need for further treatment or medical care. (See also ACS 1617 Neonatal sepsis/risk of sepsis)</p>

# MORPHOLOGY OF NEOPLASMS

The third edition of the International Classification of Diseases for Oncology (ICD-O) was published in 2000. It contains a coded nomenclature for the morphology of neoplasms, which is reproduced here for those who wish to use it in conjunction with Chapter II.

The morphology code numbers consist of five digits; the first four identify the histological type of the neoplasm and the fifth, following a slash or solidus, indicates its behaviour. The one-digit behaviour code is as follows:

- /0 Benign**
- /1 Uncertain whether benign or malignant**
  - Borderline malignancy<sup>‡</sup>
  - Low malignant potential<sup>‡</sup>
  - Uncertain malignant potential
- /2 Carcinoma in situ**
  - Intraepithelial
  - Noninfiltrating
  - Noninvasive
- /3 Malignant, primary site**
- /6 Malignant, metastatic site**
  - Malignant, secondary site
- /9 Malignant, uncertain whether primary or metastatic site**

In the nomenclature given here, the morphology code numbers include the behaviour code appropriate to the histological type of neoplasm; this behaviour code should be changed if the other reported information makes this appropriate. For example, chordoma is assumed to be malignant and is therefore assigned the code number M9370/3; the term 'benign chordoma' should, however, be coded M9370/0. Similarly, superficial spreading adenocarcinoma (M8143/3) should be coded M8143/2 when described as 'noninvasive', and melanoma (M8720/3), when described as 'secondary', should be coded M8720/6.

<sup>‡</sup>Except cystadenomas of ovary in M844–M849, which are considered to be malignant.