Chronicle for Australian Coding Standards (ACS)

First Edition to Eleventh Edition
2019

Historical listing of Australian Coding Standards

GENERAL STANDARDS FOR DISEASES AND INTERVENTIONS

Specialty standards

Chapter 3 DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM

0301 Stem cell procurement and transplantation
0302 Blood transfusions
0303 Abnormal coagulation profile due to anticoagulants
0304 Pancytopenia

Chapter 4 ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES

0401 Diabetes mellitus and intermediate hyperglycaemia
0402 Cystic fibrosis
0403 Hyperglycaemia

Chapter 5 MENTAL AND BEHAVIOURAL DISORDERS

0502 Clozapine monitoring
0503 Drug, alcohol and tobacco use disorders
0505 Mental illness in pregnancy, childbirth and the puerperium
0506 Adjustment/depressive reaction
0511 Panic attacks with phobia
0512 Personality trait/disorder
0516 Social codes
0517 Noncompliance with treatment
0520 Family history of mental illness
0521 Admitted patient without sign of mental illness
0525 Substance rehabilitation and detoxification
0526 Műnchhausen's by proxy
0528 Alzheimer’s disease
0529 Tobacco use disorder
0530 Drug overdose
0531 Intellectual impairment/intellectual disability
0532 Cognitive impairment
0533 Electroconvulsive therapy (ECT)
0534 Specific interventions related to mental health care services

Chapter 6 NERVOUS SYSTEM

0604 Cerebrovascular accident (CVA)
0605 Stroke extension
0606 Aphasia/dysphasia

0612 Skull base surgery
0624 Autonomic dysreflexia
0625 Quadriplegia and paraplegia, nontraumatic
0627 Mitochondrial disorders
0629 Stereotactic radiosurgery, radiotherapy and localisation
0630 Quadriplegic hand surgery
0631 Benign shuddering attacks
0632 Stereotactic brachytherapy
0633 Stereotactic neurosurgery
0634 Cerebrospinal fluid drain, shunt and ventriculostomy
0635 Sleep apnoea and related disorders

Chapter 7 EYE AND ADNEXA

0701 Cataract
0702 Cataract specificity
0703 Cataracts - diabetic
0705 Cataract - secondary lens insertion
0706 Cataract - after cataract
0709 Pterygium
0710 Squint
0711 Glaucoma
0713 Glaucoma and cataract sequencing
0716 Kearns-Sayre syndrome
0717 Lacrimal intubation procedures
0718 Lester-Jones tubes
0719 Contact lens intolerance
0721 Welders flash burn
0723 Corneal rust ring
0724 Corneal calcium chelation
0727 Ascher’s syndrome
0730 Cataract maturity
0731 Corneal graft rejection or failure
0732 Postoperative hyphaema
0733 Haemodilution
0740 Trabeculectomy
0741 Ectropion/entropion
0742 Orbital and periorbital cellulitis

Chapter 8 EAR, NOSE, MOUTH AND THROAT (ENMT)

0801 Deafness
0802 Glue ear
0803 Admission for removal of grommets
0804 Tonsillitis
0807 Functional endoscopic sinus surgery (FESS)
0809 Intraoral osseointegrated implants

Chapter 9 CIRCULATORY SYSTEM

0902 Angina and coronary artery disease
0904 Cardiac arrest
0907 Echocardiology reports
0909 Coronary artery bypass grafts
0913 Hypertensive kidney disease (I12)
0915 Left ventricular dysfunction (LVD)
0920 Acute pulmonary oedema
0925 Hypertension and related conditions
0926 Hypertensive heart disease (I11)
0927 Hypertensive heart and kidney disease (I13)
0928 Secondary hypertension (I15)
0931 Cardiomyopathy
0933 Cardiac catheterisation and coronary angiography
0934 Cardiac and vascular revision/reoperation procedures
0936 Cardiac pacemakers and implanted defibrillators
0938 Extracorporeal membrane oxygenation (ECMO)
0939 Surgical arteriovenous fistula/shunt
0940 Ischaemic heart disease
0941 Arterial disease
0942 Banding of haemorrhoids
0943 Thrombolytic therapy

Chapter 10 RESPIRATORY SYSTEM

1002 Asthma
1004 Pneumonia
1006 Ventilatory support
1007 Impending respiratory obstruction due to cervical facial abscess
1008 Chronic obstructive pulmonary disease (COPD)
1009 Pulmonary embolus

1010 Other types of respiratory support modalities
1011 Chronic bronchitis in children
1012 Influenza due to identified influenza virus

Chapter 11 DIGESTIVE SYSTEM

1101 Appendicitis
1103 Gastrointestinal (GI) haemorrhage
1105 Adhesions
1106 Gastric ulcer with gastritis
1109 Redundant colon
1110 Free intraperitoneal fluid
1111 Mesenteric adenitis with appendicectomy
1117 Per-rectal (PR) bleeding, NOS
1120 Dehydration with gastroenteritis
1121 Oesophagitis
1122 *Helicobacter pylori*
1124 Healed gastric ulcer

Chapter 12 SKIN AND SUBCUTANEOUS TISSUE

1203 Debridement
1204 Plastic surgery
1205 Blepharoplasty
1208 Erythema multiforme
1210 Cellulitis
1216 Craniofacial surgery
1217 Repair of wound of skin and subcutaneous tissue
1218 Destruction/excision of skin lesion
1220 Extraoral osseointegrated implants
1221 Pressure injury

Chapter 13 MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

1301 Back strain
1302 Chronic low back pain syndrome
1304 Compartment syndrome
1307 Disc disorders with myelopathy
1308 Disc lesion
1309 Dislocation or complication of hip prosthesis

1311	Exostosis
1316	Cement spacer/beads
1319	Meniscus/ligament tear of knee, NOS
1321	Osteoarthritis of the spine with disc degeneration
1328	Rupture flexor tendon
1329	Silastic button arthroplasty
1330	Slipped disc
1331	Soft tissue injuries
1334	Spondylosis/spondylolisthesis/retrolisthesis
1335	Biomechanical lesions, NEC
1336	Hypertonia
1342	Hyperreflexia
1343	Erosion of knee
1344	Postlaminectomy syndrome
1346	Patello-femoral compression syndrome
1348	Spinal fusion
1352	Juvenile arthritis
1353	Bankart lesion
1354	SLAP lesion

Chapter 14 GENITOURINARY SYSTEM

1404	Admission for kidney dialysis
1405	Per-vagina bleeding, NOS
1407	Diabetic nephropathy
1408	Human papillomavirus (HPV)
1409	Virag procedure
1415	Young's syndrome
1417	Percutaneous resection of kidney pelvis tumour via nephrostomy
1420	Bladder neck incision for benign prostatic hypertrophy
1426	Dialysis amyloid
1427	Hydrocele
1428	Diethylstilboestrol (DES) syndrome
1429	Loin pain/haematuria syndrome
1430	Chronic renal impairment
1431	Examination under anaesthesia (EUA), gynaecology
1433	Bladder retraining
1434	Ovarian cysts
1435	Female genital mutilation

1436 Admission for trial of void
1437 Infertility and in vitro fertilisation (IVF)
1438 Chronic kidney disease

Chapter 15 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

1500 Diagnosis sequencing in obstetric episodes of care
1501 Definition of puerperium
1503 ‘Complete’ and ‘incomplete’ abortion
1504 Hydatidiform mole
1505 Delivery and assisted delivery codes
1506 Fetal presentation, disproportion and abnormality of maternal pelvic organs
1507 Forceps at caesarean
1508 Delay of second stage with neuraxial block
1509 Falling oestriols
1510 Pregnancy with abortive outcome
1511 Termination of pregnancy (abortion)
1513 Induction and augmentation
1514 Blighted ovum
1515 Antepartum condition with delivery
1517 Outcome of delivery
1518 Duration of pregnancy
1519 Delivery prior to admission
1520 Multiple births
1521 Conditions and injuries in pregnancy
1524 Advanced maternal age
1525 Grand multiparity
1526 Hypertension in pregnancy
1527 Post-term delivery
1528 Postpartum haemorrhage
1529 Precipitate labour
1530 Premature labour and delivery
1531 Premature rupture of membranes
1532 Prolonged labour
1533 Complications of obstetric procedures
1534 Forceps delivery
1535 Reason for induction
1536 Fetal reduction
1537 Decreased fetal movements

1538	Postnatal breastfeeding attachment difficulties
1539	Suppressed lactation
1540	Obstructed labour
1541	Elective and emergency caesarean
1542	Breech delivery and extraction
1543	Manual removal of placenta
1544	Complications following pregnancy with abortive outcome
1545	Uterine scar
1546	Fetal heart rate decelerations
1547	Meconium in liquor
1548	Puerperal/postpartum condition or complication
1549	Streptococcal group B infection/carrier in pregnancy
1550	Discharge/transfer in labour
1551	Obstetric perineal lacerations/grazes
1552	Premature rupture of membranes, labour delayed by therapy

Chapter 16 CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

1602	Neonatal complications of maternal diabetes
1605	Conditions originating in the perinatal period
1607	Newborn/neonate
1608	Adoption
1609	Newborns affected by maternal causes and birth trauma
1610	Sudden infant death syndrome/apparent life threatening event
1611	Observation and evaluation of newborn and infants for suspected condition not found
1612	Chronic bronchitis
1613	Massive aspiration syndrome
1614	Respiratory distress syndrome/hyaline membrane disease/surfactant deficiency
1615	Specific diseases and interventions related to the sick neonate
1616	Hypoxic ischaemic encephalopathy (HIE) of newborn
1617	Neonatal sepsis/risk of sepsis
1618	Low birth weight and gestational age

Chapter 18 SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED

1802	Signs and symptoms

1804 Ataxia
1805 Acopia
1806 Falls
1807 Acute and chronic pain
1808 Incontinence
1809 Febrile convulsions
1810 Skin tear and frail skin

Chapter 19 INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES

1901 Poisoning
1902 Adverse effects
1903 Two or more drugs taken in combination
1904 Procedural complications
1905 Closed head injury/loss of consciousness/concussion
1906 Current and old injuries
1907 Multiple injuries
1908 Open wound with artery, nerve and/or tendon damage
1909 Adult and child abuse
1910 Skin loss
1911 Burns
1912 Sequelae of injuries, poisoning, toxic effects and other external causes
1913 Hospital acquired wound infection
1914 Degloving injury
1915 Spinal (cord) injury
1916 Superficial and soft tissue injuries
1917 Open wounds
1918 Fracture and dislocation
1919 Open intracranial injury
1920 Open intrathoracic/intra-abdominal injury
1921 Sprains and strains
1922 Crushing injury
1923 Contact with venomous/nonvenomous creatures
1924 Difficult intubation

Chapter 20 EXTERNAL CAUSES OF MORBIDITY

2001 External cause code use and sequencing
2003 Place of occurrence code
2004 Allergic reaction NOS

2005 Poisonings and injuries – indication of intent
2006 Activity related to the external cause of injury
2007 Complications and misadventures of surgical/medical care
2008 Perpetrator of assault, abuse and neglect
2009 Mode of pedestrian conveyance

Chapter 21 FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES

2103 Admission for post acute care
2104 Rehabilitation
2105 Long term/nursing home type inpatients
2107 Respite care
2108 Assessment
2109 Cardiac retraining
2110 Amputation status
2111 Screening for specific disorders
2112 Personal history
2113 Follow-up examinations for specific disorders
2114 Prophylactic surgery
2115 Admission for allergen challenge
2116 Palliative care
2117 Non-acute care
2118 Exposure to tobacco smoke

Chronicle of changes to the Australian Coding Standards (ACS)

0001 Principal diagnosis

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Fifth Edition
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Seventh Edition Errata 2
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Tenth Edition
Revised – Eleventh Edition

FIRST EDITION

Several changes to this standard were made in the First Errata (April 1998) to the First Edition. They became effective from July 1998.

In the sections *Two or more interrelated conditions, each potentially meeting the definition for principal diagnosis* and *Two or more diagnoses that equally meet the definition for principal diagnosis*, the instructions were changed to reflect the guidelines in Volume 2 of the WHO ICD-10 (Rule MB2). Example 6 was deleted. Example 7 was renumbered and modified in line with the above changes.

In the section *Codes from the Z03.0–Z03.9 series, medical observation and evaluation for suspected diseases and conditions*, the last sentence was deleted to align with the changes made above in the other sections. A cross reference was added to ACS 1611 *Observation and evaluation of newborn and infants for suspected condition not found*.

Examples 4 and 5 were deleted in the Third Errata (October 1998) to the First Edition. The conditions listed in the examples were subject to the *aetiology/manifestation convention* and therefore sequencing of principal diagnosis was dictated by this convention. This change became effective from October 1998.

SECOND EDITION

ACS 0009 *Acute on chronic conditions* was incorporated into this standard.

FIFTH EDITION

A minor amendment was made to example 4 under *Acute and chronic conditions* in response to changes to WHO ICD-10 in 2004. The principal diagnosis in the example was changed from K85 to K85.9 *Acute pancreatitis, unspecified,* a new Fifth Edition code.

SIXTH EDITION

The section *Assignment of the underlying condition as principal diagnosis* was changed to *Problems and underlying conditions*. This section was divided into two parts - 1 *Coding the underlying condition as the principal diagnosis* and 2 *Coding the problem as the principal diagnosis* and *Example 4* was added.

Definitional change *as represented by a code* was added and the NHDD reference (Version 13) was updated.

SEVENTH EDITION

A section was added to the standard; *Obstetrics* – following the reactivation of *Delivery* codes in ICD-10-AM Chapter 15. This new section of the standard describes how and when to apply the delivery codes (O80–O84).

A minor amendment was made to the cross reference under *Dagger and asterisk codes* in response to changes to ACS 0027 *Multiple coding*.

The code title of C92.1 *Chronic myeloid leukaemia [CML], BCR/ABL-positive* – in the section on *Acute and chronic conditions* – was amended for consistency with WHO URC updates to ICD-10.

SEVENTH EDITION ERRATA 2

Under the *Obstetrics* section, the following sentence was added to the second paragraph – "If the patient delivers during the episode of care, assign a code from O80-O84 *Delivery* as an additional diagnosis" for clarity.

Under the *Residual condition or nature of sequel* section, the page number was corrected from 274 to 267 at the reference to ACS 1912 *Sequelae of injuries, poisoning, toxic effects and other external causes.*

EIGHTH EDITION

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the corresponding information in the ACS. Information on the conventions in the standards were removed and updated into the relevant volumes of ICD-10-AM and ACHI. In addition, guidelines relating to the relaxing of the sequencing of dagger and asterisk codes, outlined in TN63 Dagger and asterisk convention, have been incorporated.

The following changes were made for ICD-10-AM/ACHI/ACS Eighth Edition:

Aetiology and manifestation convention ('dagger and asterisk')

- Left dagger and asterisk sequences as they are currently presented in the classification even though they can be sequenced in either order.
- Amended wording under 'Aetiology and manifestation' to advise coders to sequence these codes according to principal diagnosis definition.

Source of recommended change:
NCCC (TN63, TN270, TN447)

NINTH EDITION

A cross reference was added in ACS 0001 *Principal diagnosis/Obstetrics* to ACS 1511 *Termination of pregnancy.*

A minor amendment was made to replace the term 'main' to 'lead', in the section: *Acute and Chronic Conditions, point b*.

A cross reference was added to ACS 0050 *Unacceptable principal diagnosis codes.*

Source of recommended change:
ACCD (TN129, TN694, TN724)

TENTH EDITION

Tenth Edition amendments include:

- A minor amendment to remove reference to ACS 1802 *Signs and symptoms* following deletion of that standard
- Guidelines regarding assignment and sequencing of dagger/asterisk codes were amended in the conventions for ICD-10-AM and reflected in this ACS.
- A minor amendment was made for consistency with the changes in ACS 0012 *Suspected conditions*.
- The *Obstetrics* section was renamed (*Pregnancy, childbirth and the puerperium*) and the contents transferred to ACS 1500 *Diagnosis sequencing in delivery episodes of care*, ACS 1521 *Conditions and injuries in pregnancy,* and ACS 1548 *Puerperal/postpartum condition or complication.*

Source of recommended change:
ACCD (TN503, TN774, TN725)
Query (Q2854)

ELEVENTH EDITION

Eleventh Edition amendments included:

- A minor amendment for consistency with the title change of 0011 *Intervention not performed or cancelled*
- Renaming of a section from *Acute and chronic conditions* to *Acute on chronic conditions*
- Amendment of Example 5 (to remove codes but retain clinical descriptors)
- Minor amendment to the section *Pregnancy, childbirth and the puerperium* to update the reference to ACS 1500 *Diagnosis sequencing in obstetric episodes of care*
- Minor wording and formatting amendments throughout the ACS

Source of recommended change:
ACCD (TN71, TN592, TN1181, TN1225, TN1344)

0002 Additional diagnoses

Status: ***Revised – First Edition***
Revised – Third Edition
Revised – Fifth Edition Errata 1
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Seventh Edition Errata 2
Revised – Seventh Edition Errata 5
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Tenth Edition
Revised – Tenth Edition Addenda to Errata 2
Revised – Eleventh Edition

FIRST EDITION

The term *glaucoma* was deleted from the paragraph immediately before Example 2 in this standard. This advice was issued with the First Errata (April

1998) to the First Edition and became effective from July 1998. See ACS 0711 *Glaucoma* for the reasons why this change was made.

An extensive revision to the standard was issued with the Sixth Errata (June 1999) to the First Edition. This revision became effective from July 1999. Although the intent of this standard was not changed, an extensive revision was necessary to improve the consistency of additional diagnosis assignment and minimise over-coding, especially in respect to day surgery facilities. The underlying concept in this revised version was to reinforce the practice of reporting only those additional diagnoses that reflect morbidity during the *current* episode of care.

A definition of *additional diagnosis* was added to the standard to align with the National Health Data Dictionary definition (V8.0). The criterion of *clinical evaluation* was deleted. This deletion reinforced the point that conditions mentioned on an admitting history or documented by an anaesthetist during preoperative assessment should be coded only when they meet the definition and criteria for an additional diagnosis.

The relationship of this standard to other speciality standards was highlighted, as was the sequencing of additional diagnoses. Special mention was made of additional diagnoses coding in stand-alone day procedure centres.

THIRD EDITION

The second last paragraph in the introduction to the standard was moved to a new section *Assessments*. The last sentence in this section was deleted and replaced with a cross reference to the *Clinical Coders' Creed* and the *Code of Ethics for Clinical Coders* to guide clinical coders when they are unsure about whether a condition meets the additional diagnosis criteria.

Three new sections were added:

- *Medications* provided advice on coding conditions that require ongoing medication.
- *Multiple coding* provided advice about following ICD-10-AM coding conventions when the assignment of additional codes may not meet the above criteria of an additional diagnosis.
- *Assessments* provided advice about coding conditions documented by an anaesthetist during preoperative assessments or documented by other clinicians in an admission assessment.

The *Specialty standards* section was rewritten to specifically list the standards that override ACS 0002.

The first sentence in the *Stand alone day procedure centres* section was deleted, as the information was repetitive.

ACS 0625 *Quadriplegia and paraplegia, non-traumatic* was added to the list of specialty standards that override ACS 0002. The advice to add this standard was issued with the First Errata (June 2002) to the Third Edition and became effective from July 2002.

FIFTH EDITION ERRATA 1

In Errata 1 June 2006, ACS 0005 *Syndromes* was added to the list of specialty standards.

SIXTH EDITION

A number of amendments were made, including:

- *Introduction*:
    - The purpose of the *Admitted Patient Care National Minimum Data Se'* and information regarding the *National Morbidity Data Collection* was added.
    - Changes were made to the wording of the coding advice relating to the coding of additional diagnosis.
    - The tip relating to the *documented care plan* as a source of information and the sentence referring to the *length of stay* was deleted.
    - The cross reference to the *Clinical Coders' Creed* and the *Code of Ethics for Clinical Coders* to guide clinical coders when they are unsure about whether a condition meets the additional diagnosis criteria was also deleted.
- *Medications* – this section was deleted.
- *Problems and underlying conditions* – this section was added. A cross reference to ACS 0001 *Principal Diagnosis*, ACS 0002 *Additional Diagnosis – Problems and underlying conditions* and example 1 was also added.
- *Assessments* – this section was moved to before the section *Multiple Coding.* Advice relating to clinical documentation in admission assessment was deleted.
- *Specialty Standards* – This section was deleted
- *Additional diagnosis reporting referred to in other standards* – This section replaced the section *Specialty Standards*. A note was added to indicate that the list of standards was not exhaustive as standards change over time. The list of standards was also updated.
- *Abnormalities noted on examination of the newborn* – This section was added, including coding advice and example 2.
- *Risk Factors* – This section was added.
- The sections *Stand alone day procedure centres* and *Sequencing of additional diagnoses* were deleted.
- *Conditions noted in obstetric cases* – This section was added, including coding advice and *Example 3*.

Definitional change *as represented by a code* was added and the NHDD reference (Version 13) was updated.

SEVENTH EDITION

Additional diagnosis reporting referred to in other standards – Some standards referred to in this section were deleted/amended as part of the *Obstetric principal diagnosis* proposal:

- Amended: 1530 *Premature labour and delivery*
- Deleted: 1517 *Outcome of delivery*
  1518 *Duration of pregnancy*
  1531 *Premature rupture of membranes*

SEVENTH EDITION ERRATA 2

An amendment was made to the *Obstetrics* section.

SEVENTH EDITION ERRATA 5

Additional diagnosis reporting referred to in other standards section – amend title of ACS 0401 to *Diabetes mellitus and intermediate hyperglycaemia*.

Conditions noted in obstetric case section – deleted Example 3: Seventh Edition Errata 5 changes to ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia* means that diabetes mellitus will always be coded rendering this example redundant.

EIGHTH EDITION

Additional diagnosis reporting referred to in other standards – Deleted ACS 1530 *Premature labour and delivery* from the list of standards which may indicate that certain conditions that would not normally meet ACS 0002 should be assigned as additional diagnoses (TN181).

Additional diagnosis reporting referred to in other standards – Updated terminology in reference for ACS 0401, from *impaired glucose regulation* to *intermediate hyperglycaemia*.

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the corresponding information in the ACS. Information on the conventions in the standards were removed and updated into the relevant volumes of ICD-10-AM and ACHI (TN270 and TN447).

The following changes were made for ICD-10-AM/ACHI/ACS Eighth Edition:

- Deleted ACS 0027 *Multiple coding*
- Updated all references to conventions in the ACS, in particular the text previously in ACS 0027 was revised and included in ACS 0002 *Additional diagnoses, Multiple coding*
- Updated the information about the conventions in the appropriate volumes of ICD and ACHI

Source of recommended change:
NCCC (TN181, TN284, TN270, TN447)

NINTH EDITION

Minor amendments were made to this ACS following the creation ACS 0003 *Supplementary codes for chronic conditions* for Ninth Edition.

Changes were made as follows:

- Paragraph was added after the three dot point criteria for interpreting conditions as additional diagnoses regarding the assigning of codes from Chapter 18 *Symptoms signs and abnormal clinical and laboratory findings*.
- Reference was added to ACS 0003 at *Additional diagnosis reporting referred to in other standards.*
- Amended wording under *Abnormalities noted on examination of the newborn* and *Conditions notice in obstetric cases* regarding instructions to code additional diagnoses in other standards*.*

In addition, the METeOR definitions and identifiers were updated where required.

Source of recommended change:
NCCH (TN261, TN702)

TENTH EDITION

Tenth Edition amendments include:

- A minor amendment to remove reference to ACS 1802 *Signs and symptoms*, following deletion of that standard.
- Amendments to the list; *Additional diagnosis reporting referred to in other standards,* for consistency with the creation of an ACS for same-day endoscopy, and in relation to classification of chronic pain.
- Amended to deter assignment of codes for incidental findings or conditions which are not treated or managed during the episode.
- The *Conditions noted in obstetrics cases* section was renamed (*Pregnancy, childbirth and the puerperium*), and cross references added for ACS 1500 *Diagnosis sequencing in delivery episodes of care*, ACS

1521 *Conditions and injuries in pregnancy*, and ACS 1548 *Puerperal/postpartum condition or complication*.

Source of recommended change:
ACCD (TN503, TN556, TN720, TN725)
Public submission (P221)

TENTH EDITION ADDENDA TO ERRATA 2

ACS 2118 *Exposure to tobacco smoke* was added to the list of codes in the section *Additional diagnosis reporting referred to in other standards.*

ELEVENTH EDITION

Amendments were made to the ACS including:

- Removing the concept of *monitoring* from the criteria for assignment of an additional diagnosis
- Addition of a definition of 'clinical consultation' for coding purposes
- Creation of sections detailing classification advice:
  - *Commencement, alteration or adjustment of therapeutic treatment*
  - *Diagnostic procedures*
  - *Increased clinical care*
- Addition of examples to demonstrate the updated classification guidelines
- Addition of a heading for *Symptoms, signs and ill-defined conditions*
- Deletion sections on *Assessments* and *Multiple Coding*
- Amendment of the section for *Additional diagnosis reporting referred to in other standards*
- Addition of a section for *Supplementary codes for chronic conditions*
- Addition of a heading for *Acute on chronic conditions,* containing a cross reference to ACS 0001 *Principal diagnosis*
- Minor amendments to the sections for *Incidental findings and conditions, Abnormalities noted on examination of the newborn, Pregnancy, childbirth and the puerperium*
- Addition of a section for *Family and personal history and certain conditions influencing health status (Z80-Z99)*
- Minor amendment to the section *Pregnancy, childbirth and the puerperium* to update the reference to ACS 1500 *Diagnosis sequencing in obstetric episodes of care*

Source of recommended change:
ACCD (TN592, TN1225)

0003 Supplementary codes for chronic conditions

Status: ***Created – Ninth Edition***
Revised – Ninth Edition Errata 2 & 3
Revised – Eleventh Edition

NINTH EDITION

This ACS was created to provide guidelines for assigning codes within the range U78 – U88 *Supplementary codes for chronic conditions* in Chapter 22 *Codes for special purposes*. These codes were created for Ninth Edition for chronic conditions that are present on admission, however the condition does not meet the criteria for coding (as instructed in ACS 0002 *Additional diagnoses* and other coding guidelines), and are intended for temporary use for the purpose of generating data which will be utilised to review the coding of additional diagnoses.

Source of recommended change:

ACCD (TN261)

NINTH EDITION ERRATA 2

A *Note* was added to the Classification section for Errata 2, September 2015.

Source of recommended change:
ACCD

NINTH EDITION ERRATA 3

Minor amendments were made (to the Classification section) for Errata 3, December 2015.

Source of recommended change:
ACCD

ELEVENTH EDITION

Eleventh Edition amendments included:

- A minor amendment to remove reference to the term *temporary,* as a descriptor of *supplementary codes for chronic conditions*
- Deletion of the Classification guideline advising not to assign a code from categories U78-U88 where documentation is unclear
- Amendments to the wording and formatting of the examples, and the addition of codes and code titles
- Addition of a *Note* stating that ACHI codes are not included in the examples.

Source of recommended change:
ACCD (TN592, TN1338)

0005 Syndromes

Status: ***Revised – Sixth Edition***
Revised – Eighth Edition
Revised – Eleventh Edition

SIXTH EDITION

The second paragraph relating to the documentation of *syndromes* in the clinical record was deleted.

Guidelines for coding syndromes - The term *sequencing when* was deleted from the heading for this section. Changes were made to the wording of *Point 1.*

Coding advice relating to the assignment of *multiple* codes to represent syndromes was added to a *new point*.

EIGHTH EDITION

Following receipt of several queries, a review of this ACS was undertaken to investigate the usefulness of the instruction which advises syndromes without a specific code allocation in ICD-10-AM be notified to the state coding advisory body. *Guidelines for coding syndromes* - The sentence in *Point 5,* regarding notifying state coding advisory bodies when coding syndromes that do not have a specific code allocation, was deleted, as this instruction was deemed obsolete.

Source of recommended change:
NCCC (TN446)

ELEVENTH EDITION

Amendments were made to the ACS:

- Addition of guidelines for when there is no single ICD-10-AM code to classify all elements of a syndrome
- Addition of U91 *Syndrome, not elsewhere classified* to the Classification guidelines
- Addition of an example

Source of recommended change:
ACCD (TN693)

0008 Sequelae

Status: ***Revised – Second Edition***
Revised – Third Edition
Revised – Ninth Edition Errata 2
Revised – Tenth Edition

SECOND EDITION

The code in Example 1 was corrected from H54.7 to H54.0 *Blindness, both eyes* in the Third Errata (December 2000) to the Second Edition. This change became effective December 2000.

THIRD EDITION

A new Third Edition code, O94 *Sequelae of complication of pregnancy, childbirth and the puerperium* was added to the list of specific codes for the cause of late effects.

NINTH EDITION ERRATA 2

Minor amendments were made for Errata 2, September 2015.

Source of recommended change:
ACCD

TENTH EDITION

O97.- *Death from sequelae of obstetric causes* was deleted from ACS 0008 following amendments to the code titles for codes in this category.

Source of recommended change:
WHO URC (TN875)

0009 Acute on chronic conditions

Status: ***Deleted – Second Edition***

SECOND EDITION

This standard was deleted, and content incorporated into ACS 0001 *Principal diagnosis*.

0010 Clinical documentation and general abstraction guidelines

Status: ***Revised – Second Edition***
Revised – Third Edition
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Ninth Edition
Revised – Eleventh Edition

SECOND EDITION

The example in the *General* section of this standard was changed to clearly illustrate the principles regarding abstraction of information from clinical records. The section *Abnormal findings* was modified to align with ACS 0002 *Additional diagnoses*.

THIRD EDITION

The section *Abnormal findings* was further clarified to identify that abnormal findings should be coded only when they clearly add specificity to already documented conditions and they meet the definition of an additional diagnosis as defined in ACS 0002 *Additional diagnoses*. An example was added to illustrate this principle.

SIXTH EDITION

A number of amendments were made, including:

- The wording of the last sentence of *Example 1* was changed
- The section for *Abnormal findings* was renamed to *Test results*
- A heading, *Findings that provide more specificity about a diagnosis*, was added. The wording of this section was also revised
- The last dot point of *Example 2* was deleted
- A heading, *Finding with an unclear, or no, associated condition documented* was added after *Example 2*. Under this heading, coding advice regarding the significance of test results was revised
- The wording in dot points 1 and 3 of *Example 3* were changed.

SEVENTH EDITION

A minor amendment was made to include the term *discharge summary* as an alternate source for collecting diagnostic information.

NINTH EDITION

A minor amendment was made to replace the term ‘main’ to ‘lead’, in the section: *Impending or Threatened Condition*.

Source of recommended change:
ACCD (TN694)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Renaming the ACS from *General abstraction guidelines* to *Clinical documentation and general abstraction guidelines*
- Major amendments to the ACS content including the addition of:
  - An explanatory Note at the beginning of the ACS
  - Subheading and content for:
    - *Definition of a health care record*
    - *Roles and responsibilities in the documentation and abstraction process*
    - *Guidelines for generating appropriate queries to clinicians*
    - *Queries to clinicians regarding documentation issues*
    - *Appropriately formulated queries to clinicians*
  - Examples of clinician queries and documentation of test results
- Renaming of the section *Test results* to *Test results and medication charts*
- Amendments to existing examples
- Rewording of the section *Impending or threatened condition,* and amendments to the relevant example.

Source of recommended change:
ACCD (TN1313)

0011 Intervention not performed or cancelled

Status: ***Revised – Sixth Edition***
Revised – Eleventh Edition

SIXTH EDITION

Additional examples were included to clarify the selection of principal diagnosis.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Renaming ACS from *Admission for surgery not performed* to *Intervention not performed or cancelled*
- Amendments to the wording and format across the ACS
- Addition of a cross reference for ACS 0019 *Intervention abandoned, interrupted or not completed*
- Addition of examples and existing examples updated

Source of recommended change:
ACCD (TN72)
Query (Q3015)

0012 Suspected conditions

Status: ***Revised – Third Edition***
Revised – Tenth Edition
Revised – Tenth Edition Errata 3
Revised – Eleventh Edition

THIRD EDITION

An example was added to the *Discharged home* section to clarify the coding of probable diagnoses where no treatment is initiated.

The section *Transferred to another hospital* was clarified regarding the assignment of Z75.3 *Unavailability and inaccessibility of health-care facilities*.

A new section, *Mental health*, was included to improve consistency in the coding of suspected conditions in acute mental health services based on advice published in *Coding Matters* (Vol 7 No 3) December 2000.

TENTH EDITION

Following receipt of a public submission and a query highlighting the difficulty in interpreting ACS 0012 *Suspected conditions* in the use of various qualifiers (probable, suspected, possible, '?'), and the ambiguity as to when the symptom is coded versus when the suspected condition is coded, amendments were made to ACS 0012.

Source of recommended change:
Query (Q2854)
Public submission (P241)

TENTH EDITION ERRATA 3

A correction was made to the guidelines for *more than one suspected condition,* to clarify code assignment for documented symptoms, or suspected conditions if there are no symptoms documented.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendment to the title of category Z03 *Medical observation and evaluation for suspected diseases and conditions, ruled out* for consistency with the WHO updates
- Resequencing of the examples

Source of recommended change:
ACCD (TN1220)

0013 'Other' and 'unspecified' codes

Status: Revised – Fifth Edition
Deleted – Ninth Edition

FIFTH EDITION

Example 2 was amended to include appropriate codes (G47.3-) to demonstrate fifth character codes for:

- 0 *unspecified*,
- 1-8 *specific conditions* and
- 9 *other conditions*.

NINTH EDITION

A minor amendment was made to replace the term 'main' to 'lead', in example 3.

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

Source of recommended change:
ACCD (TN694, TN702)

0015 Combination codes

Status: Revised – Eighth Edition

EIGHTH EDITION

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the corresponding information in the ACS. Information on the conventions in the standards were removed and updated into the relevant volumes of ICD-10-AM and ACHI. As part of this task the following changes were made:

- Deleted ACS 0027 *Multiple coding*
- Deleted references to ACS 0027 *Multiple coding* in the following ACS: 0015, 0025, 0233, 0401, 1907

Source of recommended change:
NCCC (TN270 and TN447)

0016 General procedure guidelines

Status: ***Revised – Second Edition***
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Eleventh Edition

SECOND EDITION

ACS 0036 *Principal procedure* was incorporated into this standard and revised to align with the National Health Data Dictionary (V8.0) definition of *procedure*.

SIXTH EDITION

Definitional change *represented by a code* was added and the NHDD reference (Version 13) was updated.

SEVENTH EDITION

Amended description of *significant procedures undertaken* and what constitutes *procedure components*.

ELEVENTH EDITION

A cross reference was added to ACS 0010 *Clinical documentation and general abstraction guidelines.*

Source of recommended change:
ACCD (TN1313)

0019 Intervention abandoned, interrupted or not completed

Status: ***Revised – Eighth Edition***
Revised – Eleventh Edition

EIGHTH EDITION

This ACS was revised due to a public submission (16/09) received regarding *laparoscopic colectomy* and laparoscopic procedures converting to open procedures. A workshop was also conducted with a representative group of clinicians from the Obesity Surgery Society of Australia and New Zealand (OSSANZ) and the clinicians suggested a code be created for “Laparoscopic procedure for obesity proceeding to an open procedure for obesity”.

NCCC notes that whilst laparoscopy and arthroscopy are encompassed in the broader field of endoscopy, there is benefit in creating specific codes for “laparoscopic procedures proceeding to open surgery” as most colorectal, bariatric and gynaecological procedures are performed via laparoscopy.

As a result, the following changes were made in ACHI:

- Created the following codes:
  - 90343-00 Endoscopic procedure proceeding to open procedure in block 1011 Other procedures on digestive system
  - 90343-01 Laparoscopic procedure proceeding to open procedure in block 1011 Other procedures on digestive system
  - 90613-00 Arthroscopic procedure proceeding to open procedure in block 1579 Other procedures for other musculoskeletal sites
- Created code first notes at each of the new codes for “open surgical procedure(s) performed”
- Deleted the following codes:
  - 30446-00 [965] Laparoscopic cholecystectomy proceeding to open cholecystectomy

- 35756-00 [1269] Laparoscopically assisted vaginal hysterectomy proceeding to abdominal hysterectomy
- 35756-03 [1269] Laparoscopically assisted vaginal hysterectomy proceeding to abdominal hysterectomy with removal of adnexa

- Deleted excludes note at 35753-02 [1269] Laparoscopically assisted vaginal hysterectomy with removal of adnexa

The following changes were made as a result to this standard:

- Examples 2 and 3 were deleted
- New subheading created – *Minimally invasive (keyhole) procedures proceeding to open procedure* detailing coding guidelines and examples.

ACS reference symbols were added in the Tabular List in ACHI to support these changes.

Source of recommended change:
Public submission (16/09)
NCCC (TN192)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Renaming the ACS from *Procedure not completed or interrupted* to *Intervention abandoned, interrupted or not completed*
- Addition of guidelines regarding assignment of Z53.3 *Procedure abandoned after initiation*
- Addition of a section for *Failed interventions*
- Amendments to the wording and formatting across the ACS
- Addition of COF (condition onset flag) values to examples
- Addition of Example 5 and Example 6

Source of recommended change:
ACCD (TN72)
Query (Q3015)

0020 Bilateral/multiple procedures

Status: ***Revised – First Edition***
Revised – Third Edition
Revised – Fourth Edition Errata 2
Revised – Sixth Edition
Revised – Sixth Edition Errata 1
Revised – Sixth Edition Errata 2
Revised – Seventh Edition
Revised – Seventh Edition Errata 3
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Eleventh Edition

FIRST EDITION

The codes in Example 1 were corrected in the Fourth Errata (January 1999) to the First Edition. This change became effective from January 1999:

- *BCC nose recurrent* (from C76.0 to C44.3)
- *BCC forearm* (from C76.4 to C44.6)
- *Excision solar keratosis, leg* (from 31235-03 [1620] to 90664-09 [1625])
- *Excision solar keratosis, other sites* (from 31205-00 [1620] to 90664-11 [1625]).

THIRD EDITION

This standard was rewritten to more clearly explain the principles behind the coding of *multiple or bilateral procedures*. The intent of this standard was not changed. However, the changes to the *Exceptions* section may have impacted on coding practice, particularly in relation to the assignment of multiple codes for *excision of skin lesions*.

The sections *Multiple procedures* and *Bilateral procedures* were merged into one general section and a paragraph explaining the relationship of this standard to ACS 0042 *Procedures normally not coded* was included.

The *Exceptions* section was improved. The specialty standards that overrule ACS 0020 were specified in a list for easy reference.

FOURTH EDITION ERRATA 2

A minor amendment was made to the example box to specify that *bilateral aspiration of ovarian cysts* would be coded as many times as performed.

SIXTH EDITION

This standard was extensively rewritten to more clearly define *bilateral/multiple* procedures, *catheterisation* and *coronary angiography*.

Changes include:

- *Bilateral/Multiple procedures* – The title of this standard was amended, with the terms *multiple* and *bilateral* reversed.
- *Bilateral procedures* – This section was created specifically for *Bilateral procedures,* with a definition included.
- *Procedures with a bilateral code* – This section was added with examples and classification advice.
- *Inherently bilateral procedures* – This section was added with examples and classification advice.
- *Procedures with no code option for bilateral* – This section was added with examples and classification advice.
- *Multiple Procedures* – this section was created specifically for *Multiple procedures* with coding advice and examples.
    - *The SAME PROCEDURE repeated during the episode of care at different visits to theatre* – this section was added
    - *The SAME PROCEDURE repeated during a visit to theatre involving* – this section was added
    - *Skin or subcutaneous lesion removal* – this section was added with coding advice and examples.

Minor amendments were made to the following standards for consistency with ACS 0020 *Bilateral/Multiple procedures*:

- 0042 *Procedures not normally coded*
- 0044 *Chemotherapy*
- 0031 *Anaesthesia*
- 0032 *Allied health interventions*

SIXTH EDITION ERRATA 1

In the section *Classification*, point 1 – Reference to ACS 0533 was added for ECT to help direct coders to another standard for further information.
In *Example 2*, a grammatical error was amended and a closing square bracket added for 97322-04 [458] *Surgical removal of 4 teeth not requiring removal of bone or tooth division*.

SIXTH EDITION ERRATA 2

Dental extractions was removed from point 1 (ie *The SAME PROCEDURE repeated during the episode of care at different visits to theatre*) of the *Classification* section of *Multiple procedures.*
Example 2, regarding removal of teeth, was also deleted. This action was made following the NCCH decision to exempt dental extractions from ACS 0020.

SEVENTH EDITION

A minor amendment was made to point 2 in the *Classification* section for *Multiple procedures.* The note in parentheses '(note that ACHI provides specific codes for multiple stent insertion of cardiac and carotid, but not other, vessels)' was deleted, as ACHI does contain specific codes for multiple stent insertion for vessels other than that of cardiac and carotid.

SEVENTH EDITION ERRATA 3

A minor amendment was made to correct the code from 31235-00 to 31235-01 [1620] *Excision of lesion(s) of skin and subcutaneous tissue of neck* in Example 4.

EIGHTH EDITION

Following receipt of a coding query and general review of ACS, this standard was amended to clarify the coding of multiple skin biopsies and make the coding of excision of skin lesions and biopsies of skin lesions consistent

- Multiple excisions/biopsies/removals of separate lesions: assign relevant codes as many times as it is performed
- Multiple excisions/biopsies/removals of the same lesion: assign relevant code once

Examples under point 5 were also amended to reflect the above advice.

This standard was also revised to support advice in Q2717 *Coding multiple radiotherapy sessions*. The exclusions list under the *Multiple Procedures* subheading at point 1 *The same procedure repeated during the episode of care at different visits to theatre* was amended to include radiotherapy and to be an exhaustive list rather than examples, in addition to changing the procedure in example 2 and other minor changes to wording.

Amendments were also made to the following standards to provide specific instructions for procedure coding:

- 0229 *Radiotherapy*
- 1404 *Admission for kidney dialysis*

Source of recommended change:
Queries (Q2674, Q2717)
NCCC (TN326, TN382)

NINTH EDITION

The code titles cited in examples 3 and 4 were updated to remove the 's' from the term lesions.

Source of recommended change:
ACCD (Q2841/TN487)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Addition of a section; *6. Dental procedures*

- Updating the title of ACS 0044 *Pharmacotherapy* as per Eleventh Edition addenda to that ACS

Source of recommended change:
ACCD (TN911, TN1344)

0022 Examination under anaesthesia

Status: ***Revised – Third Edition***
Revised – Eleventh Edition

THIRD EDITION

The third paragraph *If clear provision is not made…., under anaesthesia* was deleted to reflect the changes made to Diagnoses in Procedure code titles. See also Procedures in Diagnoses.

In *Examples 1* and *2,* the code for *intravenous general anaesthesia* was changed from 92502-00 [1910] *Intravenous general anaesthesia* to 92514-99 [1910] *General anaesthesia*. This change reflects the changes made to the anaesthesia codes in the Third Edition.

ELEVENTH EDITION

Eleventh Edition amendments included:
- Amendments to Example 1
- Deletion of Example 2
- Removal of the reference to ACS 1431 *Examination under anaesthesia (EUA), gynaecology,* which was deleted for Eleventh Edition.

Source of recommended change:
ACCD (TN1266)

0023 Laparoscopic/arthroscopic/endoscopic surgery

Status: ***Revised – Fourth Edition***
Revised – Eleventh Edition

FOURTH EDITION

Example 2 was revised to reflect the classification changes within *gastric banding.*

ELEVENTH EDITION

An amendment was made to Example 2 to replace the code for *hepatectomy* with 30418-00 **[953]** *Lobectomy of liver.*

Source of recommended change:
ACCD (TN1387)

0024 Panendoscopy

Status: ***Revised – Ninth Edition***

NINTH EDITION

Example 3 was amended for consistency with the changes to bronchoscopy coding for Ninth Edition.

Source of recommended change:
ACCD (TN191)

0025 Double coding

Status: ***Revised – Eighth Edition***
Revised – Eleventh Edition

EIGHTH EDITION

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the corresponding information in the ACS. Information on the conventions in the standards were removed and updated into the relevant volumes of ICD-10-AM and ACHI. As part of this task the following changes were made:

- Deleted ACS 0027 *Multiple coding*
- Deleted references to ACS 0027 *Multiple coding* in the following ACS: 0015, 0025, 0233, 0401, 1907

Source of recommended change:
NCCC (TN270 and TN447)

ELEVENTH EDITION

The examples were amended to more accurately demonstrate the Classification guidelines in this ACS.

Source of recommended change:
ACCD (TN1266)

0026 Admission for clinical trial or therapeutic drug monitoring

Status: ***Revised – Second Edition***
Revised – Fourth Edition
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Eleventh Edition

SECOND EDITION

This standard was reworded to include *drug monitoring*, thereby incorporating the logic of ACS 0502 *Clozapine monitoring*.

FOURTH EDITION

This standard was renamed to include *clinical trial*, *drug challenge* and *therapeutic drug monitoring*. Definitions and guidelines for each of these concepts were included and *Example 1* revised. Examples 2 and 3 were created to assist with code assignment.

EIGHTH EDITION

Following a review of the Reference list in the *Australian Coding Standards*, the definition of a 'clinical trial' was amended.

Source of recommended change:
NCCC (TN449)

NINTH EDITION

Specific ICD-10-AM codes to be assigned as the principal diagnosis for drug, food and other allergen challenges (Z41.8- *Other procedures for purposes other than remedying health state*) were created to facilitate consistency in the

classification of these admissions. In conjunction, the following changes were made in the ACS:

- creation of a standard (ACS 2115 *Admission for allergen challenge*)
- renaming of ACS 0026 from *Admission for clinical trial, drug challenge or therapeutic drug monitoring* to *Admission for clinical trial or therapeutic drug monitoring*
- deletion of coding guidelines for *drug challenge* in ACS 0026
- deletion of Example 2 (Example 3 renumbered to 2).

Example 1 was also amended for consistency with the changes to bronchoscopy coding for Ninth Edition.

Source of recommended change:
ACCD (TN191, TN695)

ELEVENTH EDITION

The definition of a *clinical trial* was updated.

Source of recommended change:
ACCD (TN1432)

0027 Multiple coding

Status: ***Revised – First Edition***
Revised – Third Edition
Revised – Fourth Edition
Revised – Fourth Edition Errata 2
Revised – Sixth Edition
Revised – Sixth Edition Errata 1
Revised – Seventh Edition
Revised – Eighth Edition

FIRST EDITION

Two changes were advised in the First Errata (April 1998) to the First Edition. These changes became effective from July 1998.

The note following Example 4 was revised to read *the codes for manifestations (*) cannot be assigned as the principal diagnosis.* The additional information that certain standards override this convention was incorrect and therefore deleted.

Morphology codes were added to Example 5.

THIRD EDITION

This standard was expanded to clarify that the intention of *multiple coding* was to reflect all components of a condition. Section 3 *Other applications of multiple coding* was moved to the introduction section.

Reference to ACS 0002 *Additional diagnoses* was included to explain the relationship with that standard.

Diabetes and *Postprocedural complications* were added to the example list of common areas where multiple coding is used in ICD-10-AM.

FOURTH EDITION

In *Example 1*, the dagger was deleted from the code title of A54.2
In *Example 3*, the dagger was deleted from the code title of A18.1

FOURTH EDITION ERRATA 2

The code listed in *Example 3* was replaced with A18.0+ *Tuberculosis of bones and joints.*

SIXTH EDITION

Minor amendments were made to this standard in response to changes made to O85 *Puerperal sepsis.* The wording was changed under point 2 *Instructional terms.* Example 5 was added to demonstrate the use of O85 and additional codes to classify puerperal endometritis.

SIXTH EDITION ERRATA 1

Example 5 was amended to clarify the *Use additional* code to identify *endometritis.* The change allows all codes within N71 *Inflammatory disease of uterus, except cervix* to be used not just the default code N71.9 *Inflammatory disease of uterus, unspecified*.

SEVENTH EDITION

Example 2 was added to demonstrate the sequencing of the morphology code when the aetiology code is a neoplasm code.

EIGHTH EDITION

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the corresponding information in the ACS. Information on the conventions in the standards were removed and updated into the relevant volumes of ICD-10-AM and ACHI.

The following changes were made for ICD-10-AM/ACHI/ACS Eighth Edition:

- Deleted ACS 0027 *Multiple coding*
- Updated all references to conventions in the ACS
- Updated the information about the conventions in the appropriate volumes of ICD and ACHI

Source of recommended change:
NCCC (TN270 and TN447)

0028 Para-aortic lymph node biopsy

Status: Deleted – Eleventh Edition

ELEVENTH EDITION

This ACS was deleted as it was considered redundant, due to amendments to the classification of lymph node interventions.

Source of recommended change:
ACCD (TN166)
Public submission (P38, P277)
Query (Q3063)

0029 Coding of contracted procedures

Status: Revised – Eighth Edition

EIGHTH EDITION

Following a review of the Reference list in the *Australian Coding Standards*, the committee reference was amended from “Health Data Standards Committee” to the “National Health Information Standards and Statistics Committee”.

Source of recommended change:
NCCC (TN449)

0030 Organ, tissue and cell procurement and transplantation

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Fourth Edition
Revised – Sixth Edition
Revised – Sixth Edition Errata 2
Revised – Seventh Edition
Revised – Tenth Edition
Revised – Tenth Edition Addenda to Errata 2
Revised – Eleventh Edition

FIRST EDITION

The *procurement* code for *Blood, stem cells* in the *Organ/tissue procurement and transplantation table* was corrected from 13750-06 [1859] *Other therapeutic haemapheresis* to 13750-04 **[1859]** *Apheresis of stem cells*. This advice was issued with the First Errata (April 1998) to the First Edition and became effective July 1998.

SECOND EDITION

Changes were made to the codes in the *Organ/tissue procurement and transplantation table* to reflect changes to the codes in the Second Edition:
Blood, stem cells: transplantation – 13706-08 [802] *Autologous haematopoietic stem cell transplantation* was replaced with block [802] *Bone marrow/stem cell transplantation*.
Blood, other products: procurement – block [1892] *Apheresis* was added.

THIRD EDITION

Changes were made to the codes and blocks in the *Organ/tissue procurement and transplantation* table to reflect changes to the codes in the Third Edition:

- *Blood, whole: procurement* – 13079-00 [1892] *Collection of blood for transfusion* was added.
- *Blood, whole: transplantation* – block [1893] was changed to 13706-01 [1893] *Transfusion of whole blood*.
- *Blood, stem cells via apheresis*: diagnosis – Z52.01 was changed to Z51.81 *Apheresis*.

FOURTH EDITION

Changes were made to the codes and blocks in the *Organ/tissue procurement and transplantation* table to reflect changes in the Fourth Edition:
Chondrocyte (cartilage): procurement – diagnosis Z52.8. Block [1561] *Excision procedures on joint of other musculoskeletal sites* was added.
Chondrocyte (cartilage): transplantation – Block [1906] *Implantation of hormone or living tissue* was added.
The term *Non autologous donation* was changed to *Dx code*

SIXTH EDITION

The terminology, *transfusion* was changed to the generic term *administration* for consistency with other sections in ACHI.

An amendment was made to the entry for *Blood, via apheresis.* The term *stem cells* was deleted, for consistency with NCCH advice that *apheresis for procurement of any blood component* should be assigned A51.81 *Apheresis.* The procedure codes listed in the relevant columns was also amended.

SIXTH EDITION ERRATA 2

The term *via apheresis* was removed from the far right column (ACHI code titles) as it was a typographical error.

SEVENTH EDITION

ACS title revised from *Organ procurement and transplantation* to *Organ and tissue procurement and transplantation* to incorporate information regarding tissue procurement via apheresis previously in ACS 0301 *Stem cell procurement and transplantation* (and deleted in Seventh Edition).

Subheadings were created and the content rearranged to clarify information about *tissue procurement via apheresis* and *organ procurement and transplantation.*

Tissue procurement via apheresis includes classification information to help coders identify the two different types of patients admitted for donor apheresis: *autologous* and *allogeneic* donors. Definition and classification advice was added to this section for these two types of donors.

The *Organ/tissue procurement and transplantation table* was revised:

- *Dx code* title was changed to *Allogeneic Dx code,*
- *Blood (see also ACS 0301)* was changed to *Blood and stem cells via apheresis,*
- Extra rows were added to the table to clarify code selection.

TENTH EDITION

Following receipt of queries and an assessment of new technologies, several amendments were made to this standard, including:

- Changing the title from ‘Organ and tissue procurement and transplantation’
- Changing the layout and terminology to clarify code assignment
- Distinguishing between the harvest and procurement of blood (components) from stem cells
- Including the new ACHI code for the use of machine perfusion in organ procurement and transplantation
- Deleting section C, as it was redundant
- Amending the Table

Source of recommended change:
ACCD (TN924)
Query (Q2965, Q3052)

TENTH EDITION ADDENDA TO ERRATA 2

A sentence was added to *section 1. Live donor* regarding assignment of ACHI codes.

ELEVENTH EDITION

Amendments to the wording and formatting were made across the ACS.

Source of recommended change:
ACCD (TN1266)

0031 Anaesthesia

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Fourth Edition
Revised – Fifth Edition
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Ninth Edition
Revised – Tenth Edition

FIRST EDITION

An instruction to assign the appropriate code for general anaesthesia *in addition to the main procedure code* was added to this standard to clarify the sequencing of *general anaesthesia* codes. More examples of the procedures to which this standard may apply were added. This advice was issued with the First Errata (April 1998) to the First Edition and became effective from July 1998.

SECOND EDITION

This standard was extensively revised to incorporate guidelines on the coding of anaesthesia. The title change from *General Anaesthesia* to *Anaesthesia* reflected the revised content and a major change in coding practice.

Prior to July 2000, *general anaesthesia* was coded only when the administration facilitated the performance of a procedure, where the patient was unlikely to co-operate. This covered situations involving both *paediatric* patients and adult patients with *intellectual impairment* having procedures such as CT scans, dental extraction, dressings, endoscopies, pacemaker implant, pap smears or plaster applications.

From July 2000, all *anaesthesia* (with the exception of *nerve blocks* and *local/topical* anaesthesia) was coded. The decision to code anaesthesia was made following extensive research and consultation with the Australian and New Zealand College of Anaesthetists (ANZCA), the National Health Information Management Group and the Coding Standards Advisory Committee. ANZCA had been collecting data on anaesthetic quality assurance since 1972. However, international reviewers were critical of this research for not being able to provide accurate data for the numbers of anaesthetic procedures performed on a national basis. The coding of anaesthesia provides information that can be used for statistical evaluation of mortality, resource allocation, training, teaching, research and continuous quality improvement.

THIRD EDITION

This standard was extensively revised to reflect the new and revised code descriptions for *anaesthesia* and *postprocedural analgesia* included in the Third Edition. Overall, the codes relating to anaesthesia were simplified.

Definitions were added for the different *types* of anaesthesia (*cerebral* and *conduction*) and the coding of *postprocedural analgesia* was clarified. There were additional types of anaesthesia to be coded (*regional block* and *LA*) where applicable; and in some cases, more than one anaesthetic code is required.

An explanation of the American Society of Anaesthesiologists (ASA) Physical Status Classification was included. This classification is used in Australian hospitals and day procedure centres to describe the patient's current health status and therefore provide an indication of *perioperative risk*. The ASA codes form the basis of the extensions to the *cerebral* and *conduction anaesthesia codes* and provides important clinical data for anaesthetic morbidity and mortality.

These changes followed recommendations made at the Classification Update Forum on Anaesthetics, feedback received by the NCCH via the coding query process and extensive consultation with ANZCA.

Amendments to the *Classification* section for points 4 and 5 were issued with the First Errata (June 2002) to the Third Edition. In point 4, the description of an *anaesthetic form* was clarified and a note added to explain that *continuation notes* should not to be used as a basis for assigning the codes 92513-XX [1909] *Infiltration of local anaesthetic*. In point 5, *bolus injection* was added to the first sentence after …*continuous infusion*. These changes became effective from July 2002.

A clarification of Example 3 was issued with the Second Errata (September 2002) to the Third Edition. *Upper limb* was replaced by *lower limb* to align the text with the code cited.

FOURTH EDITION

This standard was revised to reflect the new codes and revised code descriptions for *pain management anaesthesia* and *postprocedural analgesia* included in the Fourth Edition.

The advice within *Postprocedural analgesia – Classification points 1, 3, 4* and *5* was revised to more clearly explain the principles.

Within *Classification point 5* – [1912] *Postprocedural analgesia,* a sub point *iii Subcutaneous postprocedural analgesic, infusion* (90030-00) was added.

FOURTH EDITION ERRATA 1

A minor amendment was made to the title of block [1333] for consistency with changes to the Tabular List.

FIFTH EDITION

This standard was revised to reflect minor changes and enhancements to the area of *pain management*. Changes include the terminology *top up* in point 5.

SIXTH EDITION

Classification:
Point 2 – Admission for ECT was deleted from this point and a cross reference to ACS 0533 *Electroconvulsive therapy* added
Point 3 – Changes were made to the wording of this point to include the term *or any other delivery procedure.*
Point 4 – The direction to only code local anaesthetic if data is required at a local level was deleted.
Point 5 – The direction to code *postprocedural analgesic procedures* from [1912] if the data is required the local hospital level was deleted.

SEVENTH EDITION

Classification:
Point 5 – Reference to *patient controlled analgesia* (subcutaneous and IV) and *IV postprocedural analgesic infusion* were removed, as NCCH does not endorse the routine coding of these procedures.
Point 7 – Minor amendment was made in line with changes to ACS 0042 *Procedures normally not coded*.

NINTH EDITION

This standard was amended as follows:

- Added "at the time the procedure took place" to the third paragraph in block [1333] and before block [1909] in the ACHI tabular list
- Added examples of laryngeal masks to Definition - 2. Sedation section
- Amended the section American Society of Anesthesiologists (ASA) Physical Status Classification with the following:
  - Added "at the time the procedure took place"
  - An ASA score where a single ASA value is not clearly documented (eg 2/3 or 2-3) is an incorrect use of the ASA status. Such a score should be clarified with the anaesthetist, however, if this is not possible, assign the code representing the higher score.
  - Added example 4
- Amended classification points 1 and 5 to allow assignment of more than one code from block [1909] *Conduction anaesthesia*
  - Added example 5

Source of recommended change:
ACCD (TN65)

TENTH EDITION

A minor amendment was made to this standard to remove reference to ACS 1807 *Acute and chronic pain* following deletion of procedure information from that standard.

Source of recommended change:
ACCD (TN503)

0032 Allied health interventions

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Sixth Edition Errata 1
Revised – Seventh Edition

FIRST EDITION

The advice in the *Classification* section was rewritten to more clearly explain the principles. Additional guidance on coding *multiple* allied health interventions was added. This advice was issued with the First Errata (April 1998) to the First Edition and became effective from July 1998.

SECOND EDITION

This standard was extensively revised to reflect the major restructure of the allied health intervention codes for the Second Edition. All references to specific allied health professions in codes were deleted and duplication of interventions across professions was rationalised. These changes were made to maintain a key principle of procedure classification development that interventions should be *provider neutral*.

An explanation of the restructure was added to the standard and a clearer distinction made between the specific and general codes. The examples were changed and the codes included reflect the new Second Edition codes. The restructure of the allied health intervention codes and the changes to this standard did not affect coding practice.

Music therapy was included in the list of allied health professions in the standard.

THIRD EDITION

Pastoral care was included in the list of allied health professions in the standard. Both *Music Therapy* and *Pastoral care* are included in the *General codes* section of this standard.

SIXTH EDITION

Amendments were made to the *Classification* section resulting in a change to coding practice for allied health interventions. The instruction to code *specific* allied health intervention codes if more specific data is required at the local hospital level was deleted. Advice encouraging coders to assign *specific codes* rather than general allied health codes was added.

SIXTH EDITION ERRATA 1

Classification point 2 – changes to the structure of the sentence were made to clarify the assignment of allied health interventions. The sentence: "*When more specificity is required, assign the specific code(s).*" was deleted and the *Note* amended to clarify the assignment of allied health intervention codes when documentation is available.

SEVENTH EDITION

The information and background sections regarding *specific codes* and *general codes* were deleted from the standard as they were considered superfluous.

0033 Conventions used in the tabular list of diseases

Status: ***Revised – Second Edition***
Revised – Fifth Edition
Revised – Seventh Edition
Deleted – Eighth Edition

SECOND EDITION

The *Exclusion notes* section was extensively revised to explain more clearly the rationale of the two different types of exclusion notes that are used in ICD-10-AM.

FIFTH EDITION

A minor change was made to *Example 10* to incorporate the Fifth Edition code J09.

SEVENTH EDITION

A cross reference to ACS 0027 *Multiple coding* was added in the *Type 1 exclusion notes* section.

EIGHTH EDITION

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the corresponding information in the ACS. Information on the conventions in this standard was removed and updated into the relevant volumes of ICD-10-AM and ACHI.
The following changes were made for ICD-10-AM/ACHI/ACS Eighth Edition:
Conventions

- Deleted ACS:
    - 0033 *Conventions used in the tabular list of diseases*
    - 0034 *Conventions used in the alphabetic index of diseases*
    - 0040 *Conventions used in the tabular list of interventions*
    - 0041 *Conventions used in the alphabetic index of interventions*
- Updated all references to conventions in the ACS
- Updated the information about the conventions in the appropriate volumes of ICD and ACHI

Source of recommended change:
NCCC (TN270)

0034 Conventions used in the alphabetic list of diseases

Status: Deleted – Eighth Edition

EIGHTH EDITION

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the corresponding information in the ACS. Information on the conventions in this standard was removed and updated into the relevant volumes of ICD-10-AM and ACHI.
The following changes were made for ICD-10-AM/ACHI/ACS Eighth Edition:
Conventions

- Deleted ACS:
    - 0033 *Conventions used in the tabular list of diseases*
    - 0034 *Conventions used in the alphabetic index of diseases*
    - 0040 *Conventions used in the tabular list of interventions*
    - 0041 *Conventions used in the alphabetic index of interventions*
- Updated all references to conventions in the ACS
- Updated the information about the conventions in the appropriate volumes of ICD and ACHI

Source of recommended change:
NCCC (TN270)

0036 Principal procedure

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted and content included in ACS 0016 *General procedure guidelines*.

0038 Procedures distinguished on the basis of size, time, number of lesions or sites

Status: Revised – First Edition
Revised – Third Edition
Revised – Seventh Edition

FIRST EDITION

A statement advising that *the code for a benign lesion should be assigned where there is no morphology documented for a particular lesion* was added to this standard. This advice was issued with the First Errata (April 1998) to the First Edition and became effective from July 1998.

THIRD EDITION

The statement under Example 2, that provided guidance in coding lesions where no morphology is documented, was deleted. *Morphology* was removed from the code titles relating to *excision of lesions* in the Third Edition.

SEVENTH EDITION

The title and content of this standard was amended to include information on *number of sites* with a new example added to provide clarity.

0039 Reopening of operative site

Status: ***Revised – Third Edition***
Revised – Eleventh Edition

THIRD EDITION

Three codes describing *control of postoperative haemorrhages* (33845-00 [746], 33848-00 [746] and 35759-00 [1299]) were added to this standard. 38656-00 [658] was deleted from the list.

These changes reflect the changes to *reopening of operative site* and *control of postoperative haemorrhage* in the Third Edition.

ELEVENTH EDITION

Minor amendments were made to the wording, and the title of 35759-00 **[1299]** *Control of postoperative haemorrhage following gynaecological surgery, not elsewhere classified.*

Source of recommended change:
ACCD (TN1225)

0040 Conventions used in the tabular list of procedures

Status: ***Revised – Second Edition***
Revised – Fifth Edition
Deleted – Eighth Edition

SECOND EDITION

The sections *Miscellaneous procedures* and *Allied health interventions* were deleted and a section *Non-invasive, cognitive and interventions, not elsewhere classified* added. These changes are for consistency with the extensive restructure of these two chapters into a new consolidated chapter in the Second Edition.

FIFTH EDITION

A minor amendment was made to the section on *Dental Services*. The reference to The Australian Schedule of Dental Services and Glossary was updated to *8th Edition.*

EIGHTH EDITION

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the corresponding information in the ACS. Information on the conventions in this standard was removed and updated into the relevant volumes of ICD-10-AM and ACHI.
The following changes were made for ICD-10-AM/ACHI/ACS Eighth Edition:
Conventions

- Deleted ACS:
    - 0033 *Conventions used in the tabular list of diseases*
    - 0034 *Conventions used in the alphabetic index of diseases*
    - 0040 *Conventions used in the tabular list of interventions*
    - 0041 *Conventions used in the alphabetic index of interventions*
- Updated all references to conventions in the ACS
- Updated the information about the conventions in the appropriate volumes of ICD and ACHI

Source of recommended change:
NCCC (TN270)

0041 Conventions used in the alphabetic index of procedures

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Seventh Edition
Deleted – Eighth Edition

FIRST EDITION

The paragraph relating to *prepositions* in the *Sequence* section was changed in the First Errata (April 1998) to the First Edition. The sentence beginning with *It is imperative…* was deleted, as has the example of an index entry. This sentence was replaced with an example that demonstrates more clearly the importance of the *prepositions* in the structure of the Alphabetic Index. This change became effective from July 1998.

SECOND EDITION

Modifiers

A main term or subterm may be followed by a series of terms in parentheses. The presence or absence of these parenthetical terms in the procedure description has *no effect* upon the selection of the code. These are called *nonessential modifiers*. For example:

Laryngoscopy (direct) (under general anaesthesia) (with biopsy) 41849-00 **[520]**
- by operating microscope (with biopsy) 41855-00 **[520]**
- - with
- - - arytenoidectomy 41867-00 **[523]**
- - - removal of tumour 41864-00 **[523]**
- - - - papillomata 41858-00 **[523]**
- - - - - by laser 41861-00 **[523]**
- with removal of tumour 41852-00 **[523]**
- without general anaesthesia (with biopsy) 41846-00 **[520]**
- fibreoptic (with biopsy) 41764-03 **[520]**

THIRD EDITION

Modifiers

A main term or subterm may be followed by a series of terms in parentheses. The presence or absence of these parenthetical terms in the procedure description has *no effect* upon the selection of the code. These are called *nonessential modifiers*. For example:

Bronchoscopy (fibreoptic) (with fluoroscopic guidance) (with lavage) 41898-00 **[543]**
- with
- - biopsy (bronchus) (lung) 41898-01 **[544]**
- - dilation (bronchial stricture) (tracheal stricture) 41904-00 **[546]**
- - excision of lesion 41892-01 **[545]**
- - - by laser 41901-00 **[545]**
- - removal of
- - - foreign body 41895-00 **[544]**
- - - lesion 41892-01 **[545]**
- - - - by laser 41901-00 **[545]**
- - washings (for specimen collection) 41898-01 **[544]**

SEVENTH EDITION

A minor amendment was made to the prepositional terms section to add *when there is no default code listed.*

The section regarding modifiers was also amended to reflect changes to ACHI Alphabetic Index under the lead term *Clipping.*

EIGHTH EDITION

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the corresponding information in the ACS. Information on the conventions in this standard was removed and updated into the relevant volumes of ICD-10-AM and ACHI.
The following changes were made for ICD-10-AM/ACHI/ACS Eighth Edition:
Conventions

- Deleted ACS:
  - 0033 *Conventions used in the tabular list of diseases*
  - 0034 *Conventions used in the alphabetic index of diseases*
  - 0040 *Conventions used in the tabular list of interventions*
  - 0041 *Conventions used in the alphabetic index of interventions*
- Updated all references to conventions in the ACS
- Updated the information about the conventions in the appropriate volumes of ICD and ACHI

Source of recommended change:
NCCC (TN270)

0042 Procedures normally not coded

Status: ***Created – Second Edition***
Revised – Third Edition
Revised – Fifth Edition
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Seventh Edition Errata 1
Revised – Seventh Edition Errata 2
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Ninth Edition Errata 1

Revised – Tenth Edition
Revised – Eleventh Edition

SECOND EDITION

This standard was created to provide advice about procedures that are normally not coded (such as *traction, stress tests, dressings, application of plaster, hypothermia, nasogastric intubation* etc).

THIRD EDITION

A note was added to Point 3 *Cardiotocography (CTG)* indicating that internal CTGs performed via a fetal scalp electrode are coded.

FIFTH EDITION

A cross reference was added to Point 15 *Primary suture of surgical and traumatic wounds* to assist with code correct assignment.

SIXTH EDITION

A number of amendments were made:

- Minor changes were made to this standard to provide guidance on procedures not normally coded, including:
- The first and second paragraphs were combined and the wording of the third dot point from the example was amended.
- *Note* - The instruction in point a, to allow the coding of any of the listed procedures for *research purposed* was deleted. Minor changes were made to the wording of points b and c. A point *d* was also added.
- *Cardioplegia* – Changes were made to the wording of this point
- *Cardiotocography (CTG)* – Changes were made to the wording of this point
- *Drug treatment* – Cross reference was made to ACS 0044 *Chemotherapy* at this point. Two dot points were added and minor changes were also made to the wording of this section
- *Echocardiogram (EEG*) – Changes were made to the wording of this point
- *Electrocardiography (EEG*) – Changes were made to the wording of this point
- *Electrodes (pacing wires) – temporary* – This point was created
- *Hypothermia* – Changes were made to the wording of this point
- *Insertion of pacing wires* – This point was deleted
- *Monitoring: cardiac, electroencephalography (EEG), vascular pressure* – An exception was added to this point
- *Nasogastric intubation* – Aspiration and feeding were added to this point and a cross reference to ACS 1615 *Specific interventions for the sick neonate* added
- *Perfusion* – Changes were made to the wording of this point
- *Postprocedural urinary catheterisation* – This point was deleted
- *Primary suture of surgical and traumatic wounds* – Changes were made to the wording of this point
- *Traction* – Changes were made to the wording of this point
- *Urinary catheterisation* – A new point was added, including a cross reference to ACS 1436 *Admission for trial of void*

SEVENTH EDITION

Changes were made in respect to:

- Replacing the points on *x-rays* with a more prescriptive list of *imaging services* (point 13, deleted point on *x-rays without contrast (plain) and ultrasound*)

- Adding *bladder washout via IDC* (point 2)
- Adding *arterial and venous catheterisation* (point 5)
- Deleting point on *urinary catheterisation* and placed details within point 5.
- Adding *Doppler recordings* (point 6)
- Amending *drug treatment* (point 8) to include *pharmacotherapy* in code title
- Deleting *echocardiograms*

SEVENTH EDITION ERRATA 1

Minor amendment made to point 13: Imaging services - “block” was replaced with “55118-00” at transoesophageal echocardiogram (TOE).

SEVENTH EDITION ERRATA 2

Minor amendment made to point 5: Catheterisation – arterial or venous – *Swan Ganz* was added to list of examples (as per Seventh edition education FAQs).

EIGHTH EDITION

Changes were made in respect to:

- Point 13 – added the exception “when instructed to do so” (see MRgFUS)

A reference to ACS 0044 *Chemotherapy* was created in this standard to ensure that users refer to this standard to ensure chemotherapy is coded appropriately.

Arterial and venous catheterisation – added cross reference to 1615 *Specific interventions for the sick neonate* due to a new section being added in that standard about catheterisation in neonates.

Source of recommended change:
NCCC (TN53, TN158, TN264, TN265, TN278, TN279, TN283, TN358)
Public submissions (P80, P56/09)

NINTH EDITION

A procedure code was added to point 4 to indicate that internal fetal monitoring (fetal CTG) is to be coded.

An amendment was made to this standard to add endoscopic ultrasound (EUS) (30688-00 [1949]) to point 13. *Imaging services*. EUS is an exception to the *procedures normally not coded*; it should be coded when performed.

Source of recommended change:
ACCD (TN129, TN191)

NINTH EDITION ERRATA 1

Minor amendments were made (to the title of ACS 1615 *Specific diseases and interventions related to the sick neonate* in points 5, 8 and 15) for Errata 1, June 2015.

Source of recommended change:
ACCD

TENTH EDITION

Following publication of advice in Coding Rules, amendments were made to this standard:

- Minor amendments to the wording to provide clarity
- Standardisation of format and terminology of the ‘Exceptions’

- Deletion of some concepts, with incorporation of classification instructions into ACHI Tabular List
- Inclusion of guidelines regarding thrombolytic therapy, prescription of drugs and cardiopulmonary resuscitation
- Addition of examples for some dot points (eg TPN, PRP dressing)

Source of recommended change:
ACCD (TN415, TN836)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Point 5:
  - Addition of text in parentheses for clarification (ie insertion, replacement and/or removal)
- Point 7:
  - Amendment of the title from *Dressings* to *Dressings/wound management*
  - Deletion of the example in parentheses
  - Updating of the codes for vacuum (VAC) dressings
- Point 8:
  - Addition of exceptions for ACS 1500 *Diagnosis sequencing in obstetric episodes of care* and ACS 1511 *Termination of pregnancy (abortion)*
  - Updating the title of ACS 0044 *Pharmacotherapy* as per the Eleventh Edition addenda to that ACS
- Point 12:
  - Addition of stereo electroencephalography [SEEG] to the Exceptions

Source of recommended change:
ACCD (TN1225, TN1344, TN1345, TN1386)

0043 Flaps and free flaps

Status: ***Created – Second Edition***
Revised – Third Edition
Revised – Fifth Edition
Deleted – Seventh Edition

SECOND EDITION

This standard was created to assist in coding this complex area. Definitions were provided, as well as a reference table describing the *types of tissue* used and the *techniques* involved in flap surgery.

The words *if applicable* were deleted from the last sentence in Example 2, as they were open to misinterpretation. This advice was issued with the First Errata (June 2000) to the Second Edition and became effective July 2000.

THIRD EDITION

The *Classification* section was reworded to clarify that an additional code, describing the *microsurgical anastomosis of the vessels and/or nerves* to the recipient site, is required for free flaps.

FIFTH EDITION

This standard was revised to include *nerve graft* codes in the *Classification* section. Minor amendments were made to Example 1 to correct the *code also when performed* list.

SEVENTH EDITION

Following a review of all flap codes, ACS 0043 *Flaps and free flaps* was deleted, and relevant information transferred to the ACHI Tabular List and Alphabetic Index.

0044 Pharmacotherapy

Status: ***Created – Second Edition***
Revised – Fourth Edition
Revised – Fourth Edition Errata 1
Revised – Fifth Edition
Revised – Sixth Edition
Revised – Ninth Edition
Revised – Eleventh Edition

SECOND EDITION

ACS 0206 *Chemotherapy for neoplasms* was incorporated into this standard. This change indicates that chemotherapy is used in the treatment of conditions *other than neoplasms*, such as *HIV* and *rheumatoid arthritis*. ACS 0215 *Instillation for chemotherapy for bladder malignancy* was also incorporated into this standard under the section *Bladder instillation*.

The guidelines in the standard are applied when the term *chemotherapy* is documented and should not be used for all cases where any drug treatment is given.

FOURTH EDITION

For coding purposes *chemotherapy* is defined as "*The administration of any therapeutic substance (usually a drug), excluding blood and blood products"*. Because chemotherapy is a procedure, not a diagnosis, coders had been influenced by the type of drug given when assigning the principal diagnosis. This caused confusion when defining *chemotherapy*, therefore the term *chemotherapy* was replaced by the term *pharmacotherapy* with the aim of cover a much broader range of drug treatments.

The definition and classification, and *Examples 1, 2, 3* and *4* were extensively revised to assist coders with correct code assignment.

FOURTH EDITION ERRATA 1

A minor amendment was made to *Examples 1, 2* and *4* to correct the title of code 96199-00 [1920].

FIFTH EDITION

Minor amendments were made to correct the morphology codes in examples 1, 2 and 4.

SIXTH EDITION

Amendments were made to the section *Chemotherapy procedure coding* that may result in a change to coding practice for *oral* chemotherapy. The coding of *oral chemotherapy* was previously only coded if the data was required at a hospital level. This instruction was deleted and been replaced with the instruction not to code oral chemotherapy in inpatient episodes of care.

NINTH EDITION

Amendments were made to reinforce the procedure coding for patients who receive chemotherapy in the course of their admission but not specifically admitted for chemotherapy

- Amended the sub heading from *Multi-day episodes of care for chemotherapy* to *Administration of chemotherapy during multi-day episodes of care*
- Added example 5

Source of recommended change:
ACCD (TN65)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Renaming the ACS from *Chemotherapy* to *Pharmacotherapy*
- Addition of a list of reasons that a patient may be admitted for administration of pharmacotherapy for a neoplasm (ie treatment, prevention)
- Addition of 'transmucosal' to the list of administration routes
- Removal of 'oral' as an exception (ie assign ACHI code for oral pharmacotherapy, if applicable, as per the guidelines in the ACS)
- Renaming of sections:
  - *Same-day episodes of care for chemotherapy for neoplasm* to *Same-day episodes of care for pharmacotherapy for neoplasm and neoplasm (treatment) related conditions*
  - *Same-day episodes of care for chemotherapy for conditions other than neoplasms* to *Same-day episodes of care for pharmacotherapy for conditions other than neoplasms*
  - *Administration of chemotherapy during multi-day episodes of care* to *Multi-day episodes of care for pharmacotherapy for neoplasm*
  - *Chemotherapy procedure coding* to *ACHI Classification*
- Amendments to the wording and formatting across the ACS, including the examples
- Addition of an example for same-day pharmacotherapy for Kaposi sarcoma due to human immunodeficiency virus (HIV)

Source of recommended change:
ACCD (TN1344)

0045 Drug delivery devices

Status: ***Created – Second Edition***
Revised – Fourth Edition
Revised – Fifth Edition Errata 1 June 2006
Deleted – Sixth Edition

SECOND EDITION

ACS 0216 *Vascular access devices and implantable infusion pumps* was incorporated into this standard. The distinction between *external* and *implantable vascular access devices* was clarified to assist in coding these procedures. The *Classification* section was changed to reflect the changes to Second Edition codes relating to *vascular access procedures*.

Two new sections *Loading* and *Maintenance of drug delivery devices* were introduced and reflect the distinct codes provided to describe these procedures. In the First Edition, *loading* and *maintenance* procedures were assigned a single (bundled) code.

FOURTH EDITION

This standard was amended to reflect the Fourth Edition codes for *drug delivery services.*

FIFTH EDITION ERRATA 1

A minor amendment was made to delete reference to block [1890]. The codes for *maintenance* (13939-01 and 13942-01) were relocated in the Tabular List from block [1890] to [766].

SIXTH EDITION

This standard was deleted and the information transferred to the ACHI Tabular List and Alphabetic Index. Amendments to the terminology of *drug delivery devices* were also included in the ACHI Tabular List and Alphabetic Index.

0046 Diagnosis selection for same-day endoscopy

Status: ***Created – Third Edition***
Revised – Sixth Edition
Deleted – Tenth Edition

THIRD EDITION

This standard was created to provide guidance in the coding of conditions found during an *endoscopic* investigation, such as a *colonoscopy*, *bronchoscopy*, *arthroscopy* etc. These guidelines were published in *Coding Matters* (Vol 8 No 1) June 2001 and became effective 1 July 2001. However, for the purpose of this Chronicle, the standard became an *official* part of the classification with the publication of the Third Edition.

SIXTH EDITION

A number of amendments were made:

- *This standard applies to:* - changes were made to the wording of this section.
- *This standard does not apply to:* - changes were made to the wording of this section.
- Point 2, *If a causal link is not established* was amended from *If a causal link is ruled out*
- *Point 3, If a causal link is neither established nor ruled out* was deleted.

TENTH EDITION

This standard was deleted as part of the review to same-day endoscopy.

Source of recommended change:
ACCD (TN556)

0047 Adhesions

Status: ***Created – Fourth Edition***
Revised – Ninth Edition

FOURTH EDITION

This standard was relocated from ACS 1105 *Adhesions* to the *General Standards for procedures* section of the ACS. Originally the standard provided guidance for the division of *abdominal adhesions* only. The standard was reworded so that it can be applied to the division of *all* adhesions (ie adhesions of any site).

NINTH EDITION

Amendments were made to incorporate previously published advice Coding Matters June 2010 (Vol 17, No 1)

- Added “Do not code the adhesions if they are noted but not divided, unless their presence causes the nature of the surgery to be changed eg abandoned.”

Added examples 1 and 2

Source of recommended change:
ACCD (TN65)

0048 Condition onset flag

Status: ***Created – Sixth Edition***
Revised – Seventh Edition Errata 1
Revised – Eighth Edition
Revised – Eighth Edition Errata 1
Revised – Ninth Edition
Revised – Tenth Edition
Revised – Tenth Edition Errata 4

SIXTH EDITION

The paper presented by Jackson and colleagues, *Measurement of adverse events using 'incidence flagged' diagnosis codes* (*Journal of Health Services Research and Policy*, 2006, vol 11, no 1, p. 21-26) highlighted that the inclusion of an indicator to ICD codes allowed the identification of adverse events by greater than 40% in the Victorian dataset and therefore, essential to identify these adverse events for hospitals with unambiguous responsibility.

This standard was created to highlight the concerns of the paper and allows clinical coders to assign a *condition onset flag* to distinguish between conditions present on admission or arising from the episode of care. This indicator is a mechanism to determine between conditions that are present at the commencement or arising from the episode of care, and assists in the evaluation of quality of care and improvements in healthcare practice.

SEVENTH EDITION ERRATA 1

Additional diagnosis *Anaemia in neoplastic disease* was replaced with *Anaemia, unspecified* in Example 9.

EIGHTH EDITION

A query was received from the Department of Health and Ageing (DoHA) outlining concerns raised by the National Health Information Standards and Statistics Committee (NHISSC) about the application of the Condition Onset Flag (COF) by clinical coders across Australia. NHISSC has a particular interest in the quality of the COF data given its role in developing specifications for National Healthcare Agreement (NHA) performance indicators (PIs) for the Council of Australian Governments (COAG). NHA indicators include adverse drug events in hospitals; falls resulting in harm in hospitals; intentional self-harm in hospitals; and pressure ulcers in hospitals. A sound mechanism for reporting these indicators with a high degree of comparability across jurisdictions is essential.

The concerns from NHISSC were based on analyses undertaken by the Australian Institute of Health and Welfare (AIHW) on the 2008–09 and 2009–10 National Hospital Morbidity Database (NHMD) (to inform development of NHA PI specifications). This analysis raised concern about the maturity of

implementation and coding quality of the COF data. NHISSC supports the prevailing COF definition but suggested the wording of the ACS 0048 *Condition onset flag* be refined and additional examples be added to better support assignment of the COF across jurisdictions. They also requested that examples that demonstrate use of the COF in relation to the NHA indicators should be included.

The NCCC sought feedback from the Australian Commission on Safety and Quality in Health Care (The Commission) as one of the principal users of the COF output data. The Commission was established in 2011 as an independent statutory authority to lead and coordinate national improvements in safety and quality in health care across Australia. Meetings were held on 27 January and 27 March 2012 to seek advice and clarification on the purpose of the flag and the type of data which should be reflected by COF 1 - *Condition with onset during the episode of admitted patient care*. The Commission advised that the principal function of the COF in relation to safety and quality is to flag instances of conditions or events which arise within the admitted patient episode. Flagging these conditions will assist with further review, and facilitate development of preventative measures for avoidable complications. They noted that basic data tallies associated with this flag should never be used as a performance measurement tool without further investigation and review.

Therefore, it was recommended that ACS 0048 *Condition onset flag* be updated to identify all instances of potentially preventable disease circumstances or events for further review. Additionally, periods of planned leave (ie where the health care provider has assessed the patient as fit to commence leave) should be included within the COF definitions of 'arising during the admitted patient episode' *where the condition(s) meet the criteria of ACS 0002 Additional diagnoses for coding*.

Changes

The following changes were made to this standard for ACS Eighth Edition:

- Updated, refined and clarified COF values including definition, examples of inclusions and guide for use
- Amended existing examples for clarity
- Created examples to demonstrate the use of COF values in relation to NHA indicators

Specifically:

- Retained existing values, but redefined the allocation of acute exacerbation of chronic conditions which arise during an episode from the current allocation of COF 2 *Condition not noted as arising during the episode of admitted patient care* to COF 1 *Condition with onset during the episode of admitted patient care*.
- Clarified areas raised by NHISSC, suggestions from AIHW, and instructions contained in published coding advice, such as:
    - adjustment to the definitions of COF 1 and COF 2, specifically:
        - for COF 1 added "or suspected" in the definition:
        - *A condition which arises during the episode of admitted patient care and would not have been present **or suspected** on admission* for COF 2 added "previously existing or suspected" in the definition:
          A condition previously existing or suspected on admission such as the presenting problem, a comorbidity or chronic disease
    - expansion of the examples of inclusions, with specific references to obstetrics and neonatal conditions
    - instructions for dagger and asterisk codes
    - instructions for conditions occurring during leave periods
    - instructions for episodes with multiple service categories

- Redefined current values in line with the purpose outlined by the Commission. Specifically, this would require a change to the assignment of the COF in the following scenarios:
  - alter the assignment of 'acute exacerbation of chronic conditions arising within an episode' from COF 2 to COF 1 to allow identification of the acute component arising after admission.
  - alter the instruction for combination codes, where any element identifies a condition arising within the episode (eg, DM with hypoglycaemia), assignment would be COF 1 to capture the acute component.

Source of recommended change:
Australian Commission on Safety and Quality in Health Care (The Commission)
Australian Institute of Health and Welfare (AIHW)
Department of Health and Ageing (DoHA)
National Health Information Standards and Statistics Committee (NHISSC)
NCCC (TN267)

EIGHTH EDITION ERRATA 1

Amendments were made to point 5 of the 'Guide for Use' to correct the guidelines regarding COF assignment for combination codes.

Amendments were also made to *Example 11* to correct the COF assignment for Type 2 diabetes mellitus with acute kidney failure, as per the above changes at point 5 of the 'Guide for Use'.

NINTH EDITION

Minor amendments were made to the Example 10 of this standard to reflect the change in terminology from 'Pressure ulcer' to 'Pressure injury'.

Additional diagnosis *Hypertension* was removed in Example 7 to demonstrate that the additional code *Hypertension* should only be assigned when it meets the criteria within ACS 0002 *Additional diagnoses*.

Source of recommended change:
ACCD (TN575, TN576)
Public submission (P159)

TENTH EDITION

Tenth Edition amendments include:

- Update in terminology from 'misadventure' to 'unintentional event'.
- Following receipt of a query, updates were made to address the issue of episodes where two pressure injuries are classified to the same diagnosis code but qualify for different condition onset flag values.

- Following receipt of a public submission, Examples 6 and 7 were updated to clarify that diagnosis should not be coded based on external referrals alone.

Source of recommended change:
ACCD (TN736, TN1015)
Public submission (P221)
Query (Q2976)

TENTH EDITION ERRATA 4

A minor amendment was made to correct the cross reference (ie see *Guide for use, point 10)* in the *Permissible values/COF 2. Condition not noted as arising during the episode of admitted patient care/Definition/Examples of inclusions*.

0049 Disease codes that must never be assigned

Status: ***Created – Ninth Edition***
Revised – Ninth Edition Errata 1
Revised – Tenth Edition
Revised – Eleventh Edition

NINTH EDITION

This standard was created to provide centralised guidelines regarding ICD-10-AM codes that must never be assigned for inpatient morbidity coding.

Source of recommended change:

ACCD (TN613)

NINTH EDITION ERRATA 1

Minor amendments were made for Errata 1, June 2015.

TENTH EDITION

Tenth Edition amendments include:

- Updates to support the assignment of Z58.7 *Exposure to tobacco smoke;* the code was removed from this standard.
- N22.-* *Calculus of urinary tract in other diseases classified elsewhere* was added to the standard*.* Specific codes for calculus of the urinary tract are assigned with codes for the underlying cause (eg. schistosomiasis [bilharziasis] or idiopathic gout), as appropriate, as per the guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses.*
- Z22.5 *Carrier of viral hepatitis* was deleted from the list, for consistency with 2014 URC of WHO-FIC approved changes.
- F90.1 *Hyperkinetic conduct disorder* was added to the list of codes that must never be assigned for inpatient morbidity coding.

Source of recommended change:
ACCD (TN681, TN1003)
Public submission (P84) (P216)
Query (Q2980)
WHO URC (TN866)

ELEVENTH EDITION

A minor amendment was made to remove reference to ACS 0520 *Family history of mental illness,* which was deleted for Eleventh Edition.

Source of recommended change:

ACCD (TN1264)

0050 Unacceptable principal diagnosis codes

Status: ***Created – Ninth Edition***

NINTH EDITION

A standard was created to highlight ICD-10-AM codes that should never be assigned as a principal diagnosis (PDx). In conjunction with the ACS the list of codes was added to the ICD-10-AM Tabular List as an Appendix.

Source of recommended change:
ACCD (TN724)

0051 Same-day endoscopy - diagnostic

Status: ***Created – Tenth Edition***

TENTH EDITION

This standard was created following a review of all standards and Coding Rules relating to same-day endoscopy. A number of standards were deleted, and the guidelines amalgamated into this standard. The classification principles for diagnostic same-day endoscopy remain the same, with only minor revision for clarification.

Source of recommended change:
ACCD (TN556)

0052 Same-day endoscopy - surveillance

Status: ***Created – Tenth Edition***
Revised – Tenth Edition Errata 1
Revised – Tenth Edition Addenda to Errata 2
Revised – Eleventh Edition

TENTH EDITION

This standard was created following a review of all standards and Coding Rules relating to same-day endoscopy. It incorporates the guidelines previously included in the follow-up and screening standards. Guidelines have also been included for classification chronic conditions.

Source of recommended change:
ACCD (TN556)

TENTH EDITION ERRATA 1

A correction was made due to a typographical error in Example 7.

TENTH EDITION ADDENDA TO ERRATA 2

The amendments included:

- changes to the Classification section dot points regarding assignment of additional diagnosis
- deletion of Z87.12 *Personal history of colonic polyps* from Example 11
- resequencing of the codes in Example 13

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments made for consistency with the deletion of ACS 2112 *Personal history.* A cross reference was added for ACS 0002 *Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99)*
- Classification guidelines were added for ‘multiple endoscopies for different purposes within the same episode of care’
- Example 14 was added

Source of recommended change:
ACCD (TN592, TN1266)

0053 Robotic-assisted intervention

Status: ***Created – Tenth Edition***
Revised – Eleventh Edition

TENTH EDITION

This standard was created to provide guidelines for the use of the new codes in block **[1923]** *Technology-assisted interventions*.

Source of recommended change:
ACCD (TN562)
Public submission (P184)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amending Example 1 to replace the code for *laparoscopic abdominal hysterectomy* with 35653-07 **[1268]** *Laparoscopic total abdominal hysterectomy*
- Amending Example 2 to replace the code for *hepatectomy* with 30418-00 **[953]** *Lobectomy* of liver.

Source of recommended change:
ACCD (TN1225, TN1387)

0102 HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome)

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Fourth Edition
Revised – Fifth Edition Errata 1
Revised – Fifth Edition Errata 3
Revised – Seventh Edition
Revised – Eighth Edition
Revised – Eighth Edition Errata 1
Revised – Tenth Edition
Revised – Tenth Edition Errata 1
Revised – Eleventh Edition

FIRST EDITION

A note was added to the section *Sequencing and selection of codes* to clarify that although manifestations of HIV are assigned as principal diagnosis, this general rule is overridden in certain cases by the manifestations that are subject to the aetiology/manifestation convention. Sequencing of these manifestations is dictated by this convention and they cannot be assigned as principal diagnosis.

The list of codes in the section *Manifestations and other related conditions* was corrected because of the above note. One correction was for a typesetting error.

- Dementia, NOS: from (F02.4* B22†) to (B22† F02.4*)
- Dementia, presenile: from (F02.4* B22†) to (B22† F02.4*)
- Encephalitis, herpetic: from (B00.4†) to (B00.4† G05.1*)
- Malnutrition: from (E40.46) to (E40 – E46)
- Meningitis, cryptococcal: from (G02.1* B45.1†) to (B45.1† G02.1*)

- Meningitis, herpes zoster: from (G02.0* B02.1†) to (B02.1† G02.0*)
- Meningitis, viral: from (G02.0* A87.0†) to (A87.0† G02.0*)
- Pneumonia, aspergillosis: from (J17.2* B44.0†, B44.1†) to (B44.-† J17.2*)

Example 3 was amended. The diagnosis cites *antiretroviral drug induced haemolytic with HIV positive status*. In the list of codes, D61.2 was changed to D59.2 *Drug induced nonautoimmune haemolytic anaemia.* The code for *HIV positive* (Z21) was sequenced last in the list of codes.

The corrections above were issued with the First Errata (April 1998) to the First Edition and became effective from July 1998.

The code for *reticulosarcoma* in the list of codes in the section *Manifestations and other related conditions* was corrected from C83.9 to C83.3 in the Fifth Errata (April 1999) to the First Edition. This advice became effective from April 1999.

SECOND EDITION

The list of conditions that often manifest in patients with HIV was deleted from the section *Manifestations and other related conditions*. This decision was made because the list required constant maintenance to keep it clinically relevant and up to date. The principle in coding all manifestations of HIV did not change.

THIRD EDITION

A note was added to the section *HIV codes are as follows*: to explicitly state that a documented HIV status should always be coded, even if the criteria for ACS 0002 *Additional diagnoses* is not met.

FOURTH EDITION

Same-day chemotherapy definition was revised for consistency with the change of *chemotherapy* terminology to *pharmacotherapy*.
Example 5, 6 and 7 were revised to reflect Fourth Edition codes and updated terminology.

A minor amendment was made to *Example 2* to resequence the codes listed.

FIFTH EDITION ERRATA 1

Amendments were made to *Example 2* and *7* to correct the code assignment for *CMV retinitis*.

FIFTH EDITION ERRATA 3

Minor amendment was made to correct the codes assignment for *dementia in HIV* (B22+ F02.4*).

SEVENTH EDITION

The definition and classification of *Kaposi sarcoma* was amended to clarify that a code from C46 *Kaposi sarcoma* should be assigned regardless of whether the primary site is known of unknown (not C80 *Malignant neoplasm without specification of site*).

EIGHTH EDITION

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the

corresponding information in the ACS. Information on the conventions in the standards were removed and updated into the relevant volumes of ICD-10-AM and ACHI. In addition, guidelines relating to the relaxing of the sequencing of dagger and asterisk codes, outlined in TN63 Dagger and asterisk convention, have been incorporated.

The following changes were made for ICD-10-AM/ACHI/ACS Eighth Edition:

Aetiology and manifestation convention ('dagger and asterisk')

- Left dagger and asterisk sequences as they are currently presented in the classification even though they can be sequenced in either order.
- Amended wording under 'Aetiology and manifestation' to advise coders to sequence these codes according to principal diagnosis definition.

While drafting *Rule 1* in ACS 0401 (refer to Seventh Edition Errata 5), ITG referred to other standards which instructed coders to always code certain conditions, namely ACS 0102 *HIV/AIDS* and ACS 0104 *Viral hepatitis*. ITG agreed that the wording in ACS 0102, ACS 0104 and ACS 0401 should be consistent and therefore the wording in ACS 0102 and ACS 0104 were revised to be consistent with that in ACS 0401 (*Rule 1*).

The following sentence has been revised in ACS 0102 *HIV/AIDS*:
'Viral hepatitis or hepatitis carrier status should always be coded even if the criteria for additional diagnosis are not met'.
to:
'Viral hepatitis should always be coded when documented'.

Following a review of the Reference list in the *Australian Coding Standards* (TN449), the classification definition of Kaposi sarcoma was updated from 'intermediate (rarely metastasising) vascular tumour' to 'locally aggressive endothelial tumour that typically presents with cutaneous lesions in the form of multiple patches, plaques or nodules but may also involve mucosal sites, lymph nodes and visceral organs'.

Source of recommended change:
NCCC (TN63, TN270, TN284, TN449)

EIGHTH EDITION ERRATA 1

Amendments were made to *Example 1* and *2* to correct the typographical errors.

TENTH EDITION

A section was added (*HIV disease in pregnancy, childbirth and the puerperium*) for consistency with amendments for Tenth Edition to *Obstetrics*.

Source of recommended change:
ACCD (TN725)

TENTH EDITION ERRATA 1

A correction was made to 96199-19 **[1920]** *Intravenous administration of pharmacological agent, other and unspecified pharmacological agent* in Example 5.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Replacement of the term 'chemotherapy' with 'pharmacotherapy' as per the Eleventh Edition addenda to ACS 0044 *Pharmacotherapy*

- Amendments to the wording and formatting across the ACS.

Source of recommended change:
ACCD (TN1344)

0103 Streptococcal infection

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted as part of a review of the ACS for Seventh Edition. Amendments were made to ICD-10-AM Alphabetic Index to support the classification of this condition.

0104 Viral hepatitis

Status: Revised – First Edition
Revised – Second Edition
Revised – Third Edition
Revised – Seventh Edition Errata 3
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Tenth Edition
Revised – Eleventh Edition

FIRST EDITION

This standard was renamed from *Hepatitis* to *Viral hepatitis and viral hepatitis carrier status* and extensively revised. Definitions for *Hepatitis A, B, C* and *D* were provided, as well as classification examples, to assist in coding this complex area.

This revision was necessary given the problems in understanding and coding *hepatitis carrier status*. The revised standard was issued with the First Errata (April 1998) to the First Edition and became effective from July 1998.

SECOND EDITION

This standard title was revised to *Viral hepatitis*. The section *Hepatitis B* was rewritten to more clearly express the definition. The information on *tests performed* was deleted, as this was not considered necessary to the interpretation of the standard.

A paragraph was added to the *Hepatitis C* section to clarify the differences between *Hepatitis B and C*. A sentence was added to the *Hepatitis* section to provide information regarding how this infection is spread. A section on *Hepatitis E* was added.

The *Classification* section was restructured into a table for easy reference and to help classify these conditions according to documentation provided in the clinical record.

THIRD EDITION

A note was added to the *Classification* section to explicitly state that *viral hepatitis* or *hepatitis carrier status* should always be coded, even if the criteria for ACS 0002 *Additional diagnoses* is not met.

The classification instructions for the obstetric codes were changed to reinforce that an additional code should be assigned with O98.4 to specify the *type of viral hepatitis.*

SEVENTH EDITION ERRATA 3

A minor amendment made to the classification table – code B17.1 *Acute Hepatitis C* deleted from section Hepatitis B and added in Hepatitis C.

EIGHTH EDITION

A public submission (P118) was received regarding hepatitis C. Information provided in this standard was outdated due to advances in antiviral therapy. Once described as an incurable infection, current advances in antiviral therapy have improved outcomes for patients with hepatitis C significantly and the possibility of successfully treating (ie attaining SVR [sustained virological response]) HCV infection is achievable. SVR is defined as the absence of HCV RNA in serum 24 weeks after discontinuing therapy.

Following comments received from ITG members and internally, NCCC acknowledged that clinical advice regarding hepatitis carrier status needed to be updated and reflected in ACS 0104 Viral hepatitis. It was initially decided to incorporate changes regarding hepatitis C alone; however, after further consideration it was deemed unwise to amend this section of the standard in isolation. Consequently, the entire standard was reviewed for currency and clinical appropriateness.

- Definition
  - Updated definitions of hepatitis A, B, C, D and E
  - Removed all references to carrier status
- Classification
  - Amended sentence 'Viral hepatitis or hepatitis carrier status should always be coded even if the criteria for additional diagnosis are not met' to 'Viral hepatitis should always be coded when documented except when hepatitis C is documented with terms such as 'cured', 'cleared' or 'with SVR', see 4. Cured/cleared hepatitis C below.'
  - Revised Classification table
  - Included classification advice for the following categories:
    1. Past history of hepatitis
    2. Manifestations of hepatitis
    3. Hepatitis complicating pregnancy, childbirth and puerperium
    4. Cured/cleared hepatitis C
  - Created examples for manifestations of viral hepatitis and cured/cleared hepatitis C

ACS reference symbols were added at B94.2 and Z86.18 in ICD-10-AM Tabular List to support these changes.

Source of recommended change:
Public submission (P118)
NCCC (TN393)

NINTH EDITION

Amendments were made for consistency with the inactivation of Z22.51-Z22.59; Z22.5 *Carrier of viral hepatitis* was added as a replacement for these codes within the text and references to Z22.51-Z22.59 were removed from the *Classification* table.

Source of recommended change:
ACCD (TN613)

TENTH EDITION

Tenth Edition amendments include:

- Reference to 'carrier (state) of viral hepatitis' was deleted from Section 1. Past history of hepatitis, and from the Table, for consistency with the 2014 URC of WHO-FIC approved changes.

- The section *Hepatitis complicating pregnancy, childbirth or the puerperium* was renamed (*Viral hepatitis in pregnancy, childbirth and the puerperium),* and the guidelines amended. Minor amendments were also made to the Classification table.

Source of recommended change:
ACCD (TN613, TN725)
WHO URC (TN866)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the guidelines for *Past history of hepatitis*
- Amendments to the table:
  - amendments to wording and formatting
  - removal of the reference to the deleted ACS 2112 *Personal history*
  - addition of B17.0 *Acute delta-(super) infection in chronic hepatitis B* (as per WHO updates 2015, 2016)
- Amendments to the section for *Cured/cleared hepatitis C*

Source of recommended change:
ACCD (TN592, TN1220, TN1266)

0108 Sepsis secondary to urinary tract infection/urosepsis

Status: Deleted – Sixth Edition

SIXTH EDITION

This standard was deleted and content incorporated into ACS 0110 *Septicaemia*.

0109 Neutropenia

Status: Revised – Third Edition
Revised – Fifth Edition
Revised – Seventh Edition
Revised – Ninth Edition

THIRD EDITION

The statement in the third paragraph that *positive or negative blood cultures should not be used as an indicator to assign a code for septicaemia* was deleted in this standard and incorporated into ACS 0110 *Septicaemia*.

The term *septicaemia* in the fourth paragraph was changed to *sepsis/ septicaemia* to align with changes made to ACS 0110.

FIFTH EDITION

A cross reference was added to the standard to *see also ACS* 0304 *Pancytopenia.*

SEVENTH EDITION

The *Classification* section was amended to include the term *sepsis* as a synonym for *septicaemia*. A cross reference was also added to the standard to ACS 0110 *Sepsis, severe sepsis and septic shock*.

NINTH EDITION

The cross reference to ACS 0110 was amended to reflect the change of the ACS title from *Sepsis, severe sepsis and septic shock* to *SIRS, sepsis, severe sepsis and septic shock*

Source of recommended change:
ACCD (TN698)

0110 Sepsis, severe sepsis and septic shock

Status: ***Revised – Third Edition***
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Seventh Edition Errata 2 September 2010
Revised – Eighth Edition
Revised – Ninth Edition
Revised –Tenth Edition

THIRD EDITION

This standard underwent extensive revision to reflect changes made to the Third Edition. Definitions and classification examples were provided to assist in coding this complex area.

The changes relate to clarifying and standardising the meaning of the terms *sepsis* and *septicaemia* and their relationship to *infection*. Clinicians' use of the terms *sepsis* and *septicaemia* varies and often becomes interchanged with *infection*. Extensive research has shown that the term *sepsis* is now the most correct, up-to-date term for *serious infection*, *localised* or *bacteraemic*, which is accompanied by *systemic manifestations*. The term *septicaemia* is an imprecise and out-of-date term and its use in ICD-10-AM Third Edition was discouraged, as it adds to the confusion and difficulties in data interpretation.

Where possible, *septicaemia* was changed to *sepsis*. The index was modified to ensure that *infection* refers to *localised* conditions and *sepsis* refers to *generalised* (or *systemic*) conditions.

The emphasis in this standard is on the understanding of the interrelationships between *systemic inflammatory response syndrome (SIRS*), *sepsis* and *infection* and what clinicians mean when they use these terms.

The advice in this standard impacted on coding practice. Clinical coders should take care when interpreting documentation of *sepsis* as the terminology and meaning may have changed. If *sepsis* is being used to infer a *localised* infection, then the index main term *Infection* should be referred to, rather than *Sepsis*.

SIXTH EDITION

A minor amendment was made to this standard to add the code O85 *Puerperal sepsis* to the list of codes in the *Classification* section.

The classification section was revised. The first paragraph was divided into two points. Further information was added to point one relating to *sepsis secondary to a UTI* and the content of ACS 0108 *Sepsis* secondary to urinary tract infection/urosepsis was incorporated into this section.

SEVENTH EDITION

The title of this standard was changed from *Septicaemia* to *Sepsis, severe sepsis and septic shock.* The content of the standard was significantly revised to:

- Correspond with ICD-10 amendments to the classification of the listed conditions, and
- Improve definitions and classification advice.

SEVENTH EDITION ERRATA 2

Minor amendment made in the classification section – Sepsis – wording change in point 1 from generalised sepsis to generalised infection to be in line with the wording in the standard.

EIGHTH EDITION

Minor amendments were made to this standard as a result of the 2009 WHO Update Revision Committee (URC) changes approved at their annual meeting. The change to this standard is the code and code title changes in examples 2, 3, 4 and 5 from J96.0 *Acute respiratory failure* to J96.09 *Acute respiratory failure, type unspecified* to reflect changes made in the ICD-10-AM Tabular List.

Source of recommended change:
NCCC (TN170)

NINTH EDITION

This standard underwent extensive revision following the receipt of numerous queries and public submissions in relation to the classification of SIRS and sepsis. The major changes to ACS 0110 include:

- The standard was renamed from *Sepsis, severe sepsis and septic shock* to *SIRS, sepsis, severe sepsis and septic shock* to better reflect the content of the standard
- The *Definition* section was updated to reflect the clinical definition of SIRS, sepsis, severe sepsis and septic shock, established by expert consensus
- Revised ACS provided separate classification advice and coding examples for SIRS, sepsis, severe sepsis and septic shock to assist in coding this complex area
- The sentence '*Where there is documentation of sepsis, assign a code for the localised and/or generalised infection….If, after seeking clarification from the clinician, it is confirmed that sepsis is being used to mean localised infection, refer to the index entry Infection rather than Sepsis*' was removed as this advice had created a dilemma for coders and raised numerous coding queries. The revised ACS instructs coders to follow the clinical documentation i.e. if sepsis is documented and it meets ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* an appropriate code for sepsis (from Chapter 1 or P36-P37 for neonates) should be assigned. The new guideline addresses issues raised in the queries and reflects the clinical advice which indicates that the diagnosis of sepsis is typically a clinical diagnosis based on the early signs of a syndrome, it is a systemic response which cannot be adequately captured by coding a localised infection alone
- The revised ACS does not provide a specific sequencing guideline as to which condition should be sequenced first when both sepsis and an associated localised infection were present. Coders were advised to apply ACS 0001 *Principal diagnosis* to determine the sequencing when multiple interrelated conditions are present in the same episode of care.

Source of recommended change:
ACCD (TN698)

TENTH EDITION

This standard was revised and examples updated with revised code titles, for consistency with amendments to the classification of procedural complications.

Source of recommended change:
ACCD (TN736)

0111 Healthcare associated *Staphylococcus aureus* bacteraemia

Status: ***Revised – Second Edition***
Revised – Seventh Edition
Revised – Seventh Edition Errata 2
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Ninth Edition Errata 1
Revised – Tenth Edition
Revised – Eleventh Edition

SECOND EDITION

This standard was renamed from *Hospital acquired bacteraemia* to *Bacteraemia* to better reflect the content.

The external cause code for *hospital acquired bacteraemia* listed in the First Edition (Y60.- to Y84.9) was changed to Y95 *Nosocomial condition* for the Second Edition.

SEVENTH EDITION

At the National Health Information Standards and Statistics Committee's (NHISSC) August 2009 meeting, members agreed that the Department of Health and Ageing (DoHA) would work with the NCCH to develop codes that would allow the reporting of the following indicator:

> *The rate of Staphylococcus aureus (including MRSA) bacteraemia is no more than 2.0 per 10,000 occupied bed days for acute care public hospitals by 2011/12 in each state and territory.*

This indicator is the performance benchmark (under the Hospital and Related Care – quality and safety heading) under Clause 29 of the National Healthcare Agreement/National Partnership Agreement (PI 39 – *Staphylococcus aureus (including MRSA) bacteraemia in hospitals).* It is anticipated that the indicator will be reported by the COAG Reform Council in a report to COAG in March 2011 and each year after that.

ACS 0111 was amended to support the above indicator. The standard was renamed from *Bacteraemia* to *Healthcare associated Staphylococcus aureus bacteraemia.* Definitions and clinical criteria were also added to the standard, as well as classification advice regarding the assignment of U90.0 *Healthcare associated Staphylococcus aureus bacteraemia.*

SEVENTH EDITION ERRATA 2

Minor amendment made to wording in Classification – Sepsis section from ‘generalised sepsis’ to ‘generalised infection’ to be in line with wording in the standard.

EIGHTH EDITION

In response to a query, it was determined that this standard need to be amended to update the information regarding reporting to COAG – date of March 2011 removed and replaced with 'annually'.

Following a review of the Reference list in the *Australian Coding Standards* (TN449), the METeOR identifier is now referenced. Users can find pertinent up-to-date information on this indicator on the METeOR website and not rely on the ACS to provide this information. The accountability and relational attributes in METeOR allows users to track the reporting requirements, benchmarks and history of the METeOr item. The following was amended from:

"The documentation of healthcare associated *Staphylococcus aureus* bacteraemia in clinical records and subsequent unique code assignment will allow for the collection of an important performance indicator (formulated under the 'Hospital and Related Care' - quality and safety heading) under Clause 29 of the National Healthcare Agreement (*Staphylococcus aureus* (including MRSA) bacteraemia in hospitals). In December 2008, the Australian Health Ministers' Conference (AHMC) endorsed the following recommendations:

1. All hospitals establish Healthcare Associated Infections (HAI) surveillance
2. All hospitals monitor and report *Staphylococcus aureus* (including MRSA) blood stream infection through their relevant jurisdiction into a national data collection

It is anticipated that this indicator will be reported by the Council of Australian Governments (COAG) Reform Council in a report to COAG annually."

To:

"The documentation of healthcare associated *Staphylococcus aureus* bacteraemia in clinical records and subsequent unique code assignment will allow for the collection of an important performance indicator in the National Healthcare Agreement (METeOR: 443699) (Australian Institute of Health and Welfare 2012)."

Source of recommended change:
Query (Q2627)
NCCC (TN384, TN449)

NINTH EDITION

Minor amendment was made to Point 3 of the clinical criteria.

The cross reference to ACS 0110 was amended to reflect the change of the ACS title from *Sepsis, severe sepsis and septic shock* to *SIRS, sepsis, severe sepsis and septic shock.*

Source of recommended change:
ACCD (TN698, TN702)

NINTH EDITION ERRATA 1

Minor amendments were made (to the Classification section and Example 1) for Errata 1, June 2015.

Source of recommended change:
ACCD

TENTH EDITION

Minor amendments were made to this standard to replace Y92.22 in example 1, which was inactivated for Tenth Edition.

Source of recommended change:
ACCD (TN1036)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Relocation of definitional information from the Classification section
- Replacement of U90.0 with U92 *Healthcare associated Staphylococcus aureus bacteraemia*
- Amendments to the wording and formatting across the ACS

Source of recommended change:
ACCD (TN693, TN1313)

0112 Infection with drug resistant microorganisms

Status: Created – Third Edition
Revised – Sixth Edition
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Tenth Edition
Revised – Tenth Edition Errata 1

THIRD EDITION

This standard was created with definitions and classification examples to assist in understanding and coding infection with drug resistant microorganisms, such as *MRSA* (*Methicillin resistant staphylococcus aureus*) and *VRE* (*Vancomycin resistant enterococcus*).

A code from category Z06 *Infection with drug-resistant microorganism* should be assigned only on the basis of clinical documentation of *drug-resistant microorganism(s)* and not on the basis of pathology reports alone.

SIXTH EDITION

Minor amendments were made to the wording of this standard. The meaning of 'M' in *MRSA* was clarified. Notes were also added regarding the coding of *methicillin resistant* and *multi-resistant agents*.

EIGHTH EDITION

In 2009, the Update and Revision Committee of WHO-FIC accepted a proposal from Canada and updated ICD-10 to include resistance to a wide variety of antimicrobial drugs and antineoplastic agents.

With widespread resistance due to indiscriminate usage of antimicrobial drugs especially for the treatment of malaria, tuberculosis and HIV viruses it is timely that the classification is updated. The update will provide codes to specify resistance to the various antimicrobial and antineoplastic drugs.

Please note that WHO ICD-10 classifies bacterial agents resistant to antibiotics in U80 – U89 of Chapter XXII *Codes for special purposes* while ICD-10-AM classifies them to category Z06.- *Bacterial agents resistant to antibiotics*.

Amendments to this standard include:

- reflecting change in code titles and new codes created in Z06 *Resistance to antimicrobial drugs* and Z07 *Resistance to antineoplastic drugs*

- additional information under the subheading *MRSA: Methicillin resistant or multi-resistant Staphylococcus Aureus.*

Source of recommended change:
NCCC (TN173)

NINTH EDITION

This standard was updated as follows:

- information regarding the difference between infection and colonisation relocated from under VRE (Vancomycin Resistant Enterococcus) to the Definition
- the reference to multi-resistant Staphylococcus aureus under Classification/MRSA was deleted and a cross reference added *to see also Resistance to multiple antibiotics or antimicrobials*
- a heading was added to the final paragraph; Resistance to multiple antibiotics and antimicrobials and a minor amendment was made to the existing text.
- examples were added

Source of recommended change:
ACCD (TN700)

TENTH EDITION

Minor amendments were made to the ACS for consistency with the 2014 URC of WHO-FIC approved changes; to title of B95.2 was updated to include the term 'enterococcus'.

Source of recommended change:
ACCD (TN700)
WHO URC (TN866)

TENTH EDITION ERRATA 1

A correction was made to the *Definition* to delete the last sentence.

0203 Angioimmunoblastic lymphadenopathy

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted as it was considered redundant and the term transferred to the Alphabetic Index.

0206 Chemotherapy for neoplasms

Status: Revised – First Edition
Deleted – Second Edition

FIRST EDITION

The code Z51.1 *Chemotherapy session for neoplasm* was added to Example 2 in the Third Errata (October 1998) to the First Edition. This advice became effective from October 1998.

The classification of certain drugs as *chemotherapeutic* caused confusion in the application of *chemotherapeutic intervention codes* ([1780-1784] *Chemotherapeutic procedures* or 92193-00 [1892] *Injection or infusion of other therapeutic or prophylactic substance*. In an attempt to standardise coding

practice, a flow chart was published in *Coding Matters* (Vol 5 No 4) April 1999 for implementation from July 1999 until the Second Edition became effective in July 2000. This flow chart caused some confusion in interpretation and a clarification was published in *Coding Matters* (Vol 6 No 2) September 1999. It is important that the flow chart is not interpreted as applying to every same day patient receiving *any* drug treatment. Even though the word *chemotherapy*, in essence, means any drug treatment, in clinical use it is most often used for *antineoplastic* or *cytotoxic treatment*. The principle intention of the flow chart was to assist in coding procedures in cases where there is documentation of *chemotherapy*. If *chemotherapy* is not documented, the flow chart does not apply.

SECOND EDITION

ACS 0206 *Chemotherapy for neoplasms* was deleted and the content incorporated into ACS 0044 *Chemotherapy*. This move reflects that *chemotherapy* is used in the treatment of conditions other than neoplasms, such as *HIV* and *rheumatoid arthritis*.

0207 Complications associated with neoplasms

Status: ***Revised – First Edition***
Revised – Third Edition
Deleted – Fourth Edition

FIRST EDITION

Examples 3 and 4 were deleted in the Third Errata (October 1998) to the First Edition. The conditions listed in the examples were subject to the *aetiology/manifestation convention* and therefore sequencing of principal diagnosis is dictated by this convention. This change became effective from October 1998.

THIRD EDITION

The second paragraph was reworded (by adding …*and only the problem is being treated*…) to clarify the intention of this standard and align it with the section *Underlying condition* in ACS 0001 *Principal diagnosis*.

FOURTH EDITION

The content of the standard, including examples was duplicated in a clinical specialty context of information covered by ACS 0001 *Principal diagnosis.* Therefore, this standard was deleted.

0210 Dental clearance prior to radiotherapy

Status: ***Deleted – Third Edition***

THIRD EDITION

This standard was deleted and the content incorporated into ACS 0236 *Neoplasm coding and sequencing*.

0211 Admission to donate platelets

Status: ***Deleted – First Edition***

FIRST EDITION

This standard was deleted in the First Errata (April 1998) to the First Edition. It was considered redundant as the term is listed in the Alphabetic Index. This advice became effective from July 1998.

0213 History of malignancy

Status: ***Revised – First Edition***
Revised – Second Edition
Deleted – Third Edition

FIRST EDITION

This standard was revised in the Sixth Errata (June 1999) to the First Edition.

The name of this standard was changed (from *History of malignancy – sequencing* to *History of malignancy*) to better reflect the content. A clarification of the meaning of *treatment phase* was included, together with specific information relating to the assignment of codes from category Z85 *Personal history of malignant neoplasm*.

Example 2 – The appropriate morphology code (M8010/3 *Carcinoma NOS*) was added.

These changes align with the changes made to ACS 0236 *Neoplasm coding and sequencing* and became effective July 1999.

SECOND EDITION

An extensive revision with clearer examples in the *Follow-up examinations…* section was undertaken to clarify when it is appropriate to assign a code from category Z85 *Personal history of malignant neoplasm* as the principal diagnosis.

THIRD EDITION

This standard was deleted and the content incorporated into ACS 2112 *Personal History* and ACS 2113 *Follow-up examination for specific disorders.*

0214 Intragam

Status: ***Revised – Fourth Edition***
Deleted – Sixth Edition

FOURTH EDITION

This standard was amended to reflect that *Intragam* is an *injection* or *infusion* of *gamma globulin* and the appropriate procedure code is assigned from block [1920] *Pharmacotherapy* with an extension of -05 (advised in the Fourth Errata (June 2003) to the Third Edition).

SIXTH EDITION

This standard was deleted. It was considered redundant due to the simplification of the coding of *Administration of gamma globulin* in one code.

0215 Instillation for chemotherapy for bladder malignancy

Status: ***Deleted – Second Edition***

SECOND EDITION

This standard was deleted and content incorporated into ACS 0044 *Chemotherapy*.

0216 Vascular access devices and implantable infusion pumps

Status: ***Deleted – Second Edition***

SECOND EDITION

This standard was deleted and content incorporated into ACS 0045 *Drug delivery devices*.

0218 Lymphangitis carcinomatosis

Status: ***Revised – Seventh Edition***
Deleted – Eleventh Edition

SEVENTH EDITION

A minor amendment was made following URC 2007 updates – C80 was changed to C80.- due to the creation of fourth character codes.

ELEVENTH EDITION

The ACS was deleted, and the content relocated to the ICD-10-AM Tabular List and Alphabetic Index.

Source of recommended change:
ACCD (TN1344)

0219 Mastectomy for malignancy found on biopsy

Status: ***Deleted – Eighth Edition***

EIGHTH EDITION

Information within this standard does not provide additional information than what is already provided in ACS 0236 *Neoplasm coding and sequencing* and subsequently has been deleted. ACS reference symbols were deleted in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
NCCC (TN309)

0220 Myelodysplastic syndromes

Status: ***Deleted – Second Edition***

SECOND EDITION

This standard was deleted. It was considered redundant as the term is listed in the Alphabetic Index.

0222 Lymphoma

Status: ***Revised – Second Edition***
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Seventh Edition Errata 1
Revised – Eleventh Edition

SECOND EDITION

A paragraph was added to explain that *lymphomas* may change morphology over time, from *low* to *high grade*.

SIXTH EDITION

Information was added to the section, *Extranodal sites.* The *do not code* instructions for lymphomas was deleted and an example was added.

SEVENTH EDITION

A minor amendment was made to specify that lymphoma stated as extranodal or of a site other than the lymph glands is assigned a code from category *C86* or *C88. Example 1* was also amended; the term *non-follicular* was added to the scenario to replace *diffuse, non-Hodgkin,* and the title of C83.9 was amended for consistency with WHO URC updates to ICD-10.

SEVENTH EDITION ERRATA 1

Code range reference under Extranodal sites sub heading expanded from C81-C85 to C81-C88 to be in line with WHO URC updates.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Relocation of the heading *Extranodal sites* and relevant guidelines
- Amendment of wording and formatting throughout the ACS, including Example 1
- Addition of two examples
- Addition of a heading for *Morphology*

Source of recommended change:
ACCD (TN1344)

0224 Palliative care

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Sixth Edition
Deleted – Ninth Edition

FIRST EDITION

The instruction in this standard changed in the Third Errata (October 1998) to the First Edition. Z51.5 *Palliative care must* be assigned as an additional diagnosis only, to indicate that the episode of care involved care by a palliative care team.

This change became effective from October 1998.

SECOND EDITION

This standard was extensively revised to clearly indicate the appropriate use of Z51.5 *Palliative care*. Definitions were aligned with the National Health Data Dictionary (V8.0) and classification examples were provided.

THIRD EDITION

The definition was reworded to align with the National Health Data Dictionary (V10.0).

SIXTH EDITION

This standard was revised to clarify when to include a code for *palliative care* and the selection of the principal diagnosis when a patient is admitted for *palliation only*. The heading *Principal diagnosis* was deleted. The previous example was deleted and two examples were added.

The NHDD reference (Version 13) was updated.

NINTH EDITION

This standard was deleted from Chapter 2 *Neoplasms* and relocated to Chapter 21 *Factors influencing health status and contact with health services* as ACS 2116 *Palliative care*.

Source of recommended change:
ACCD (TN657)

0225 Prostatic intraepithelial neoplasia – PIN

Status: Deleted – Third Edition

THIRD EDITION

This standard was deleted as it was considered redundant as the term is listed in the Alphabetic Index.

0226 Prostatic cancer

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted. It was considered redundant, given that the principle stated in ACS 0226 was duplicated in ACS 0213 *History of malignancy*.

0227 Recurrence in mastectomy scar

Status: Revised – Second Edition

SECOND EDITION

This standard was reworded to describe more clearly the defined cases to which this standard applies.

0229 Radiotherapy

Status: Revised – Sixth Edition
Revised – Eighth Edition
Revised – Eleventh Edition

SIXTH EDITION

A cross reference was added to direct users from this standard to ACS 1902 *Adverse effects*, for classification advice on *adverse effects of radiotherapy*.

EIGHTH EDITION

This standard was revised to support advice in Q2717 *Coding multiple radiotherapy sessions*. The instruction for procedure coding was amended, in

addition to wording and formatting changes including adding subheadings for same-day and multi-day episodes of care.

Source of recommended change:
Query (Q2717)
NCCC (TN382)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to wording and formatting across the ACS
- Addition of a heading *ICD-10-AM Classification*
- Renaming sections:
  - *Same-day episodes of care for radiotherapy* to *Same-day episodes of care*
  - *Multi-day episodes of care for radiotherapy* to *Multi-day episodes of care*
  - *Radiotherapy procedure coding* to *ACHI Classification*

Source of recommended change:
ACCD (TN1344)

0231 Wide excision of neoplasm site

Status: Deleted – Third Edition

THIRD EDITION

This standard was deleted and the content incorporated into ACS 0236 *Neoplasm coding and sequencing*.

0232 Neoplasms, general

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted. It was considered redundant, given that the general coding principles stated in ACS 0232 were outlined in other standards, such as ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

0233 Morphology

Status: Revised – Third Edition
Revised – Fifth Edition
Revised – Seventh Edition
Revised – Seventh Edition Errata 1
Revised – Eighth Edition
Revised – Eleventh Edition

THIRD EDITION

Point 3 of this standard was revised. All relevant behaviour codes were incorporated into the Tabular List with the introduction of ICD-O Third Edition.

FIFTH EDITION

This standard was revised to reflect that a small number of diagnosis codes outside the *Neoplasms* chapter (C00–D48) will also require a morphology code.

The second paragraph 'The assignment of morphology codes…' was deleted.

Point 1 was revised – The code range C00–D48 was moved from the paragraph into the list of codes requiring assignment of a morphology code.

Example 1 was revised to clarify that when two morphology codes apply, the morphology code with the highest numerical value be assigned.

SEVENTH EDITION

Point 1 of this standard was amended. A cross reference to ACS 0027 *Multiple coding* was added to the code range C00–D48.

An additional amendment was made to point 1 for consistency with WHO URC updates to ICD-10; D76.0 and L41.2 were deleted from the list of morphology codes.

SEVENTH EDITION ERRATA 1

L41.2 *Lymphomatoid papulosis* was added back into point 1 - morphology code list, had been deleted unintentionally.

EIGHTH EDITION

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the corresponding information in the ACS. Information on the conventions in the standards were removed and updated into the relevant volumes of ICD-10-AM and ACHI. As part of this task the following changes were made:

- Deleted ACS 0027 *Multiple coding*
- Deleted references to ACS 0027 *Multiple coding* in the following ACS: 0015, 0025, 0233, 0401, 1907

Source of recommended change:
NCCC (TN270 and TN447)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting across the ACS, including Example 1
- Addition of guidelines regarding:
  - Assignment of primary behaviour as a default
  - Assignment of codes from histopathology reports documenting different morphologies and/or behaviours
- Addition of a second example

Source of recommended change:
ACCD (TN1344)

0234 Contiguous sites

Status: Revised – Eleventh Edition

ELEVENTH EDITION

Eleventh Edition amendments included:

- Renaming the sections:
  - *Primary site known* to *Spread of malignant neoplasm to adjacent organ or site*
  - *Primary site unknown* to *Malignant neoplasm of overlapping sites*
  - *Vague sites* to *Ambiguous sites*

- Amendments to the wording and formatting across the ACS
- Addition of examples

Source of recommended change:
ACCD (TN1344)

0236 Neoplasm coding and sequencing

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Seventh Edition
Revised – Tenth Edition
Revised – Eleventh Edition

FIRST EDITION

This standard underwent a revision with the Sixth Errata (June 1999) to the First Edition. The name of the standard was changed (from *Neoplasm sequencing* to *Neoplasm coding and sequencing*) to reflect the intent of the standard. A note was added to the end of the standard that emphasises when it is appropriate to assign a code from category *Z85 Personal history of malignant neoplasm*.

This revision became effective July 1999 and was considered necessary to improve coding practice and data quality. Advice was received from the NSW Central Cancer Registry about the increasing use of Z codes in their data set. Their advice related to cases where a principal diagnosis code is assigned for metastasis and accompanied by a Z code for history of malignancy. Cancer registries require notification only when cancer is the principal or additional diagnosis for the episode of care (and therefore do not accept Z codes as a cancer notification is not required for history of malignancy).

The assignment of a Z code in such cases is in contradiction with the guidelines in this standard and in ACS 0213 *History of malignancy*.

SECOND EDITION

A cross reference to ACS 0044 *Chemotherapy* and ACS 0229 *Radiotherapy* was included to provide guidance on code sequence in *same day chemotherapy* and *radiotherapy*.

THIRD EDITION

This standard underwent a major revision to more clearly specify the principles behind *neoplasm coding* and *sequencing*. The focus of the standard was not changed – it more clearly identified when to code the primary malignancy as a current condition.

ACS 0231 *Wide excision of neoplasm site* and ACS 0210 *Dental clearance prior to radiotherapy* were both incorporated into this standard.

SEVENTH EDITION

A minor amendment was made following URC 2007 updates – C80 was changed to C80.- due to the creation of fourth character codes.

TENTH EDITION

Reference to ACS 2113 *Follow-up examinations for specific disorders* was removed due to deletion of that ACS.

Source of recommended change:
ACCD (TN556)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Addition of a *Note* with cross references to ACS 0044 *Pharmacotherapy* and ACS 0229 *Radiotherapy*
- Addition of guidelines for history of/follow-up care
- Addition of a heading *Primary neoplasm as a current condition*
- Amendments to the wording and formatting across the ACS
- Addition of cross references to ACS 0052 *Same-day endoscopy – surveillance,* ACS 0237 *Recurrence of malignancy*, ACS 1204 *Plastic surgery* and ACS 2114 *Prophylactic surgery.*

Source of recommended change:
ACCD (TN592, TN1344)

0237 Recurrence of malignancy

Status: Revised – Third Edition
Revised – Eleventh Edition

THIRD EDITION

This standard was reworded, and an example added to clarify the principles of coding *recurrence of primary malignancy*.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting across the ACS, including Example 1
- Addition of three examples

Source of recommended change:
ACCD (TN1344)

0239 Metastases

Status: Revised – Eleventh Edition

ELEVENTH EDITION

Amendments to the wording and formatting were made across the ACS.

Source of recommended change:
ACCD (TN1344)

0241 Malignant neoplasm of lip

Status: Revised – Eleventh Edition

ELEVENTH EDITION

Eleventh Edition amendments included:

- Renaming of the ACS from *Malignancy of lip* to *Malignant neoplasm of lip*
- Amendments to the wording and formatting across the ACS.

Source of recommended change:
ACCD (TN1344)

0242 Disseminated carcinomatosis

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted due to redundancy following URC 2007 updates, including creation of C79.9 *Secondary malignant neoplasm, unspecified site* and expansion of C80 *Malignant neoplasm without specification of site*.

0244 Malignant neoplasms of independent multiple sites

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted as it is redundant with the deletion of C97 *Malignant neoplasms of independent (primary) multiple sites* in the Second Edition. This code was considered redundant and deleted because Australia applies the *multiple conditions coding rule* and each primary site should be coded as a matter of course.

0245 Remission in malignant immunoproliferative diseases and leukaemia

Status: Created – Second Edition
Revised – Seventh Edition
Revised – Eighth Edition
Revised – Eleventh Edition

SECOND EDITION

This standard was created to provide guidance in determining when to assign the fifth characters *in remission* and *without mention of remission* for categories C88 *Malignant immunoproliferative diseases*, C90 *Multiple myeloma and malignant plasma cell neoplasms*, C91-C95 *Leukaemia*.

It also provided guidance in the distinction between the concepts of *in remission* and *history of* in relation to these conditions and when it is appropriate to assign Z85.6 *Personal history of leukaemia* and Z85.7 *Personal history of other malignant neoplasms of lymphoid, haematopoietic and related tissues*.

SEVENTH EDITION

A minor amendment was made to the Classification section to change the code title of C88, for consistency with WHO URC updates to ICD-10.

EIGHTH EDITION

Minor amendments were made to this standard as a result of the 2009 and 2010 WHO Update Revision Committee (URC) changes approved at their annual meetings.

The change to this standard is the code title change from C88.- *Other B-cell lymphoma (malignant immunoproliferative diseases)* to *Malignant immunoproliferative diseases* to reflect changes made in the ICD-10-AM Tabular List.

Source of recommended change:
NCCC (TN170, TN171)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting across the ACS
- Addition of a cross reference to ACS 0002 *Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99)*

Source of recommended change:
ACCD (TN1344)

0246 Familial adenomatous polyposis

Status: ***Created – Second Edition***
Deleted – Tenth Edition

SECOND EDITION

This standard was created with definitions and classification examples to assist in understanding and coding this condition.

The code Z80.8 was corrected to Z80.0 *Family history of malignant neoplasm of digestive organs* in the First Errata (June 2000) to the Second Edition. This change became effective from July 2000.

TENTH EDITION

This standard was deleted as part of the review to same-day endoscopy.

Source of recommended change:
ACCD (TN556)

0247 Hereditary non-polyposis colon cancer

Status: ***Created – Second Edition***
Deleted – Tenth Edition

SECOND EDITION

This standard was created with definitions and classification examples to assist in understanding and coding this condition.

TENTH EDITION

This standard was deleted as part of the review to same-day endoscopy.

Source of recommended change:
ACCD (TN556)

0301 Stem cell procurement and transplantation

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Fifth Edition
Revised – Sixth Edition
Deleted – Seventh Edition

FIRST EDITION

This standard was revised in the First Errata (April 1998) to the First Edition to clarify the difference in coding *same-day* and *multiday patients* who are admitted

for *procurement of stem cells*. This change aligns this standard with the classification principles in the *Neoplasms standards* and became effective from July 1998.

SECOND EDITION

This standard was extensively revised in line with the changes to *stem cell transplantation*, which now classify the *type* of donor. Definitions are provided to clarify the concepts of *stem cell procurement* and *transplantation*. Classification examples were also provided to explain the relationship between the *types of donors* and the *transplantation code titles*.

THIRD EDITION

The *Classification* section relating to *Procurement procedures* was revised to include guidance on the classification of *procurement of stem cells via apheresis* and from *bone marrow*.

FIFTH EDITION

This standard was revised to include additional codes to indicate *radiotherapy* and/or *chemotherapy* procedures, if performed during the transplant phase.

SIXTH EDITION

The classification section of this standard was revised to provide further guidelines for the coding of *donors* versus *patients with a specific condition*.

A cross reference to ACS 0030 *Organ procurement and transplantation* was also added.

SEVENTH EDITION

In response to numerous coding queries and a *Coding Matters* article printed (vol 15, no 3), NCCH decided to delete ACS 0301 *Stem cell procurement and transplantation* and transfer specific classification information regarding *donor apheresis* to ACS 0030 *Organ and tissue procurement and transplantation*.

0302 Blood transfusions

Status: ***Created – Second Edition***
Revised – Sixth Edition
Revised – Eleventh Edition

SECOND EDITION

This standard was created to standardise the coding of *blood transfusions*.

SIXTH EDITION

The terminology in this standard was amended from *transfusion* to the generic term *administration* for consistency with other sections in ACHI.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting across the ACS, including Examples 1 and 2
- Addition of Example 3 regarding assignment of an ACHI code for administration of albumen (*Albumex*).

Source of recommended change:
ACCD (TN1344)

0303 Abnormal coagulation profile due to anticoagulants

Status: ***Created – Third Edition***
Revised – Sixth Edition
Revised – Tenth Edition
Revised – Tenth Edition Errata 1
Revised – Eleventh Edition

THIRD EDITION

This standard was created to clarify the assignment of codes relating to *abnormal coagulation profiles* - Z92.1 *Personal history of long-term (current) use of anticoagulants* and D68.3 *Haemorrhagic disorder due to circulating anticoagulants*.

SIXTH EDITION

This standard was revised to clarify that D68.3 *Haemorrhagic disorder due to circulating anticoagulants* may be assigned regardless of whether the patient has a *haemorrhage* or not. The code sequence in *Example 2* was amended to be consistent with the international consensus of the WHO URC (Update and revision committee).

This standard also advised that underwarfarisation is classified to Z92.1 *Personal history of long term (current) use of anticoagulants.*

TENTH EDITION

Tenth Edition amendments include:

- Major amendments for consistency with 2013 URC of WHO-FIC approved updates
- Standard renamed from *Anticoagulant therapy*
- Examples amended to replace Y92.22 (inactivated for Tenth Edition) with Y92.23 *Place of occurrence, health service area, not specified as this facility*

Source of recommended change:
ACCD (TN769, TN1036)
WHO URC (TN893)

TENTH EDITION ERRATA 1

A correction was made to Example 5 to delete the duplicated reference to ACS 1902 *Adverse effects.*

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting of the Classification guidelines
- Addition of the Classification guidelines regarding assignment of Z92.1 *Personal history of long term (current) use of anticoagulants* for bridging therapy preoperatively, and withholding therapy due to a contraindication
- Amendments to the wording and formatting of the examples, including:
  - Addition of ICD-10-AM codes to complete the clinical concepts in the scenarios
  - Addition of ACHI codes, where applicable
  - Removal of the code for atrial fibrillation from Example 4

Source of recommended change:
ACCD (TN592, TN1385)

0304 Pancytopenia

Status: ***Created – Fifth Edition***
Revised – Eleventh Edition

FIFTH EDITION

This standard was created to provide a definition and classification for *pancytopenia*. The *Classification* section provides guidelines for the coding of the *default* for pancytopenia versus coding *specific blood abnormalities*.

ELEVENTH EDITION

Amendments to the wording and formatting in the Classification guidelines were made.

Source of recommended change:
ACCD (TN1344)

0401 Diabetes mellitus and intermediate hyperglycaemia

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Fourth Edition
Revised – Fourth Edition Errata 4
Revised – Fifth Edition
Revised – Sixth Edition
Revised – Sixth Edition Errata 1
Revised – Sixth Edition Errata 2
Revised – Sixth Edition Errata 3
Revised – Sixth Edition Errata 4
Revised – Seventh Edition
Revised – Seventh Edition Errata 1
Revised – Seventh Edition Errata 5
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Tenth Edition
Revised – Eleventh Edition

FIRST EDITION

In the section *Peripheral vascular disease and diabetes*, the code for *diabetes with gangrene* was changed from E1-.5- to E1-.5- + R02. In the section *Foot ulcers in diabetes,* L97 *Ulcer of lower limb, not elsewhere classified* was added to the instruction on coding *diabetic ulcer of the lower extremity*. This advice was issued with the Third Errata (October 1998) to the First Edition and became effective October 1998.

The instructions for coding *hypoglycaemia* were published in *Coding Matters* (Vol 5 No 3) January 1999. The appropriate code for *hypoglycaemia* (E16.-) should be assigned as an additional diagnosis when this condition occurs in diabetes. This advice became effective from January 1999.

SECOND EDITION

This standard underwent a major revision to reflect the extensive changes *diabetes mellitus* coding. ACS 1407 *Diabetic nephropathy* was also deleted and incorporated into this standard.

The intention of the revision was to align the ICD-10-AM with the World Health Organization's (WHO) revised classification of diabetes:

Definition, diagnosis and classification of diabetes mellitus and its complications. Report of a WHO Consultation: Part 1. WHO/NCD/NCS 99.2 (1999): Geneva.

The standard incorporated extensive definitions of the *types* of diabetes mellitus and the associated *complications* of this disease. *Insulin resistance* was included and sections covering *screening for diabetes* and *diabetes education* were also included. Many classification examples were provided to illustrate the principles stated in the standard.

The general classification principles for diabetes mellitus in the standard included:

- In addition to the *diabetes code(s)* from E10–E14, assign codes from other chapters, when necessary, to fully describe the clinical diagnosis.
- Only conditions indexed under '*Diabetes, diabetic'* can be classified to *with … complication* categories in E10–E14.
- Where the *type of diabetes is unspecified*, particularly in patients under the age of 40 years, further clarification should be sought from the clinician before assigning a code from E14.- *Unspecified diabetes mellitus*

A number of changes to the standard occurred during the Second Edition.

Additional guidelines were published in *Coding Matters*. These are described below:

The *classification direction* under the *Insulin therapy* section was deleted in the First Errata (June 2000) to the Second Edition, as *insulin treatment* was not normally coded. This advice became effective from July 2000.

A clarification to the paragraph on *dyslipidaemia* in the *Insulin resistance* section of the standard was published in *Coding Matters* (Vol 8 No 1) June 2001 and this advice impacted on coding practice. The terms *high cholesterol* or *hypercholesterolaemia* are often used in records rather than *dyslipidaemia*. This created difficulties for coders in determining the existence of *insulin resistance* in patients with diabetes mellitus or impaired glucose regulation. The guidelines issued with this advice clearly stipulated the criteria that needed to be met before E1-.72 **Diabetes mellitus with features of insulin resistance* could be assigned. These guidelines impacted on the coding practice of those who routinely coded *hypercholesterolaemia* or *high cholesterol* to E1-.72. This advice became effective from July 2001.

A clarification to the *Diabetic foot* section was published in *Coding Matters* (Vol 8 No 2) September 2001. Code E1-.71 **Diabetes mellitus with multiple microvascular complications* represents one of the conditions that form part of *diabetic foot*. This code was included only under Point 3 – *Peripheral neuropathy* - meaning that only when *peripheral neuropathy* is a component of *microvascular complications* that the code E1-.71 meets the criteria for *diabetic foot*. Therefore, if the patient has a condition listed under Point 1 – *Infection and/or ulcer* and has *multiple microvascular complications* including a neurological component, then E1-.73 *Diabetes mellitus with foot ulcer due to multiple causes* would be assigned. This advice became effective from September 2001.

THIRD EDITION

The content of this standard was reorganised and simplified to enhance understanding of the key concepts. Throughout the standard, the distinction between *diabetes mellitus* and *impaired glucose regulation* was highlighted and hence the renaming of the standard to *Diabetes mellitus and impaired glucose regulation.* The changes to the standard reflected changes to the Third Edition codes.

Introductory/definitional section – Revised to clarify that conditions, which occur commonly with *diabetes mellitus* or *impaired glucose regulation (IGR*), are often termed *complications*.

General classification principles – An extra point was added to indicate that all current complications of diabetes should be coded to properly reflect the severity of each case of diabetes.

The definitions of *Type 1* and *Type 2* diabetes were re-written to distinguish these conditions. A section was also added to the Type 1 definition to explain the *honeymoon* phase.

The sentence describing *latent auto-immune diabetes* in adults (LADA) was removed from the *Insulin therapy* section. This information was not necessary to the interpretation of this standard.

The *other specific types of diabetes* listed in the standard were logically grouped and include *diabetes secondary to other disorders*. A section on *genetic defects* was added. The paragraph relating to *malnutrition-related* diabetes mellitus was deleted from the section *pancreatic exocrine diseases*. The information had no bearing on the interpretation of the standard.

The classification advice in several of the sections in *other specific types of diabetes* was changed. The impact of these changes on coding practice included:

Pancreatic exocrine diseases – Diabetes occurring in …
prior to July 2002 was coded to E10.- or E11.-
from July 2002 is coded to E13.-.

Infections – Type 1 diabetes caused by infection
prior to July 2002 was coded to E10.-
from July 2002 is coded to E13.-.

Endocrinopathies:
- Diabetes due to insulin resistance
prior to July 2002 was coded to E11.-
from July 2002 is coded to E13.-.

- Disorders of pancreatic internal secretion in patients with diabetes
prior to July 2002 was coded to the relevant E10–E14 code
from July 2002 is coded to E13.-.

Drug-induced or chemical-induced diabetes
prior to July 2002 was coded to the relevant E10–E14 code
from July 2002 is coded to E13.-.

Auto-immune mediated diseases – Diabetes associated with…
prior to July 2002 was coded to E10.-
from July 2002 is coded to E13.-.

Diabetes mellitus complicating pregnancy

The *classification directions* were clarified. The classification advice for *impaired glucose regulation (IGR)* confirmed prior to pregnancy was changed. Prior to July 2002, R73.0 *Abnormal carbohydrate tolerance* was assigned as an additional code. From July 2002, a code from category E09 *Impaired glucose regulation* was assigned.

A section *insulin therapy in pregnancy* was added.

*Metabolic syndrome/insulin resistance syndrome – S*ection revised and renamed. The disorders associated with *insulin resistance* and/or *hyperinsulinism* were separated into sections. A note was added explaining the relationship of *polycystic ovarian syndrome* and *hypersecretion of ovarian androgens* to *insulin resistance* and classification advice provided.

Information regarding *dyslipidaemia* and *metabolic syndrome*, published in *Coding Matters* (Vol 8 No 1) June 2001, was added. The addition of *other lipid disturbance (E78.-)* to the note in the *classification direction* clarifies the cluster of disorders present in *metabolic syndrome*, *syndrome X* or *insulin resistance syndrome.*

Complications in diabetes – This section was divided into two sections on the basis of *acute/chronic* complications.

A new section *Diabetes for stabilisation* was added to the *acute* section to resolve the confusion surrounding diabetes documented as *poorly controlled* or *unstable.*

The section *Hypoglycaemia* was revised. An additional diagnosis of T38.3 *Poisoning by insulin and oral hypoglycaemic [antidiabetic] drugs* was added to the *classification direction* for *hypoglycaemic* episodes resulting from either *incorrect prescription* or *improper administration of insulin* or *oral hypoglycaemic agents*. This change aligns the advice in this standard with advice in ACS 1901 *Poisoning*. Classification advice was also included for cases when *hypoglycaemia* occurs in disorders of *pancreatic internal secretion*.

Classification examples were added to the sections *Established diabetic nephropathy and end-stage renal disease* and *Diabetic retinopathy*.

The section *Diabetic neuropathy* was expanded to include advice on *insulin neuritis, diabetic diarrhoea* and *cardiac arrhythmias.* The classification advice was clarified.

A cross reference to ACS 0503 *Drug, alcohol and tobacco use* disorders was included in the classification advice in the *Peripheral vascular disease and diabetes/IGR* section*.*

The classification of *diabetic ischaemic cardiomyopathy* changed from E1-.59 **Diabetes mellitus with other specified circulatory complication* to E1-.53 **Diabetes mellitus with diabetic ischaemic cardiomyopathy*.

Several changes were made to the *Diabetic foot* section. A qualifying statement was added to code E1-.71 **Diabetes mellitus with multiple microvascular complications* to indicate that only when *peripheral neuropathy* is a component of *multiple microvascular complications* that the code E1-.71 meets the criteria for diabetic foot. This change was consistent with the advice published in *Coding Matters* (Vol 8 No 2) September 2001.

The note advising that *the list of codes is for clinical coders' information only* was deleted. This information was unnecessary to the interpretation of the standard.

The classification advice was rewritten to more clearly express the logic.

The section *Atherosclerosis* was deleted. The information was unnecessary to the interpretation of the standard.

A section *Diabetes and periodontal complications* was added.

A section *Eradicated conditions in diabetes* was added.

Clarifications of ACS 0401 were issued with the First Errata (June 2002) to the Third Edition. In the *Classification* guidelines of the *Diabetic foot* section, the code for *peripheral angiopathy* was corrected from I73.9 to I70.2-. This change related to the changes made for ACS 0941 *Arterial disease*. In the *Classification* guidelines of the *Diabetes with multiple microvascular complications* section, the last code in the code ranges for points 1, 2 and 3 were deleted (1) E1-.23, 2) E1-.35, 3) E1-.43). These restricted code ranges were not appropriate because all codes within these categories are relevant.

A clarification to the classification guidelines in the section *Insulin therapy in pregnancy* was issued with the Second Errata (September 2002) to the Third Edition. The fifth character subdivisions for *insulin treated /non-insulin treated* changed from .1 to .2 and from .2 to .1 respectively. This change became effective from September 2002.

FOURTH EDITION

This standard underwent major revision to enhance the coding and classification of diabetes mellitus.

- *Impaired Glucose Regulation (IGR)* was revised.
- *Diabetes Mellitus* was revised and reworded.
- *Type 1 Diabetes* was revised and two classification boxes created.
- *Type 2 Diabetes* was revised; *Insulin Therapy* was re-sequenced and a classification box created.
- *Metabolic syndrome/insulin resistance syndrome* was re-sequenced and a classification box created.
- *Diabetes mellitus complicating pregnancy* was revised; *Insulin therapy in pregnancy* was re-sequenced and a classification box created.
- *Complications in diabetes – acute* was revised.
- *Complications in diabetes – chronic* was revised.
- *Diabetic eye disease* was revised.
- *Circulatory complications* was resequenced and revised.

FOURTH EDITION ERRATA 4

A minor amendment was made to the classification box under *Diabetes with multiple microvascular complications*. The code range listed at point *3. Neurological complications* should only include the code E1-.4-.

FIFTH EDITION

A minor amendment was made to this standard. The *Insulin therapy in pregnancy* section (including the classification box) was relocated within the standard.

SIXTH EDITION

A review of *impaired glucose regulation (IGR)* and *diabetes mellitus* was undertaken for ICD-10-AM Sixth Edition. As a result of these changes, amendments were made to this standard, including:

- *Impaired glucose regulation (IGR)* – Changes were made to the wording of this section
- *Diabetes Mellitus* – Changes were made to the wording of this section. A paragraph was added to *The general classification principals* box. *Example 4* was added.
- *Type 1 diabetes* – Changes were made to the wording of this section. The first *Classification* box was relocated to the end of the section.
- *Type 2 diabetes* – Changes were made to the wording of this section
- *Other specified forms of diabetes* – Changes were made to the wording of this section, including the *Classification* box
- *Genetic defects* – Changes were made to the wording of this section
- *Pancreatic exocrine diseases* – Changes were made to the wording of this section, including the *Classification* box
- *Infections* – Changes were made to the wording of this section
- *Endocrinopathies* – Changes were made to the wording of this section
- *Drug-induced or chemical-induced* – Changes were made to the wording of this section, including the *Classification* box
- *Immune-mediated diseases* – Changes were made to the wording of this section
- *Genetic syndromes* – Changes were made to the wording of this section, including the *Classification* box
- *Insulin therapy* – Changes were made to the wording of this section
- *Insulin therapy in pregnancy* – Changes were made to the wording of this section, including the *Classification* box
- *Metabolic syndrome/insulin resistance syndrome/syndrome X* – Changes were made to the wording of this section, including the *Classification* box. The term *syndrome X* was added to the section heading.
- *Visceral fat deposition/obesity/overweight* – Substantial changes were made to the wording of this section, including the addition of a *Classification* box. The term *causasian* was replaced by *europoid.* Information was added regarding overweight/obesity in children and adolescents.
- *Hypertension* – Changes were made to the wording of this section, including the addition of a *Diagnostic criteria* box.
- *Dyslipidaemia* – Substantial changes were made to the wording of this section, including the addition of a *Diagnostic criteria* and *Classification* box.
- *Nonalcoholic fatty infiltration of, or deposition in liver* – Changes were made to the wording of this section, including the section heading.
- The major classification box for **Diabetes mellitus with features of insulin resistance* (E09.72, E11.72, E13.72 and E14.72) was reworded. The *Diagnostic criteria* for obesity was removed. The second note (last paragraph) was deleted.
- *Gestational diabetes mellitus (GDM)* – Changes were made to the wording of this section, including the *Classification* box
- *Neonatal conditions associated with maternal diabetes* – Changes were made to the wording of this section, including the *Classification* box.
- *Complications in diabetes and IGR* – The term *IGR* was added and the term *acute* deleted from the heading for this section.
- *Diabetes with ketoacidosis (DKA)* – Changes were made to the wording of this section, including the *Classification* box
- *Lactic acidosis* – Changes were made to the wording of this section
- *Diabetic coma and cerebral oedema* – This is a new section in ACS 0401.
- *Diabetes for stabilisation* – Changes were made to the wording of this section, including the *Classification* box
- *Hypoglycaemia* – Changes were made to the *Classification* box in this section
- *Complications in IGR* – This section was added
- *Kidney complications* – Changes were made to the wording of this section, including the section heading. The term *renal* was replaced with *kidney* for

consistency with changes to CKD in ICD-10-AM. The criteria for calculating GFR was removed.

- *Incipient (early) (mild) diabetic nephropathy* – Changes were made to the wording of this section, including the section heading.
- *Established diabetic nephropathy* – Changes were made to the wording of this section, including the section heading and classification box. The term *advanced renal disease* was deleted from the section heading. *Example 2* and *3* were amended.
- *Acute kidney failure* – Changes were made to the wording of this section, including the section heading and *Classification* box. The term *renal* was replaced by *kidney* in the section heading for consistency with changes to CKD in ICD-10-AM. *Example 4* was added.
- *Diabetic retinopathy* – Changes were made to the wording of this section.
- *Cataracts* – Changes were made to the wording of this section.
- *Diabetic neuropathy* – Changes were made to the wording of this section.
- *Cardiac arrhythmias* – This section was relocated.
- *Insulin neuritis* – Changes were made to the wording of this section.
- *Circulatory and related complications* – The term *and related* was added to the section heading.
- *Peripheral vascular disease (angiopathy) and diabetes/IGR* – Changes were made to the wording of this section, including the *Classification* box.
- *Diabetic cardiomyopathy* – Changes were made to the wording of this section, including the section heading. The term *ischaemic* was deleted for consistency with changes to code titles in ICD-10-AM Tabular List.
- *Skin and subcutaneous complications* – Changes were made to the wording of this section.
- *Diabetic fibrous breast disease (diabetic mastopathy)* – Changes were made to the wording of this section, including the section heading. The term *diabetic mastopathy* was added to the section heading.
- *Multiple complications in diabetes and IGR* – This section was added.
- *Diabetes with microvascular or other specified nonvascular complications* – Changes were made to the *Classification box* and *Example 6* and *7*.
- *IGR with multiple microvascular complications* – This section and *Classification* box were added.
- *Diabetic foot* – Changes were made to the wording of this section
- *Eradicated conditions in diabetes* – Changes were made to the wording of this section. A *Classification* box was added. *Examples 8* and *9* were amended.
- *Cured diabetes* – This section was added. It contains information and an example (10).
- *Screening for IGR and diabetes* – Changes were made to the wording of this section, including the section heading and *Classification* box. The term *IGR* was added to the section heading.
- *Diabetes education* – Changes were made to the wording of this section, including the *Classification* box. The *Classification* box contained advice regarding 95550-14 [1916] *Allied health intervention, diabetes education.*

A minor amendment was also made to the section on *Diabetic foot* to correspond with changes to WHO ICD-10 2005. Under the first dot point, *Decubitus [pressure] ulcer* was changed to *Decubitus ulcer and pressure area of foot (stage III & IV)* for consistency with the amended code title of L89.

SIXTH EDITION ERRATA 1

- Changes to the *General classification principles* box were made
- *Complications in IGR – Identical* was replaced with the word *similar*.
- *Established diabetic nephropathy – Example 2* – A *see also* note was added for reference to ACS 1438 *Chronic kidney disease*.

- *Multiple complications in diabetes and IGR*:
    - Subheading title amendment was made to *Diabetes with multiple microvascular and other specified nonvascular complications*, which is in line with changes to the code title of E1-.71 *Diabetes mellitus with multiple microvascular and other specified nonvascular complications*. These changes were also made in the Classification box, Example 6, Example 7, Diabetic foot-point 3.
    - Classification box: additional code added for ophthalmic complications, E1-.39.

SIXTH EDITION ERRATA 2

Note: These criteria are for use by clinicians, not clinical coders was deleted from under the *Diagnostic criteria for dyslipidaemia* box, in the section *Dyslipidaemia.* Amendments were also made to the *Classification* box in this section.

An amendment was also made to the code in the *Classification* box under *Acanthosis nigricans.* E09.1 was replaced with E09.72.

SIXTH EDITION ERRATA 3

The *Classification* box in the section *Visceral fat deposition/obesity/overweight* (regarding documentation of *morbid obesity*) was deleted.

The dot point for *obesity* in the *Classification* box in the section *Acanthosis nigricans* was amended.

Example 8 was amended.

SIXTH EDITION ERRATA 4

Amendments were made to the *Note* in the *Classification* box in the section *Acanthosis nigricans:*

SEVENTH EDITION

Following a major review, amendments were made to this standard:

- A note was added to the *General classification principles* box advising that diabetes mellitus and impaired glucose regulation (IGR) must meet the criteria in ACS 0001 and ACS 0002
- Dot points in the *General classification principles* box were numbered and reworded to clarify when and how diabetes mellitus/IGR should be coded
- The rule requiring the assignment of E09–E14 codes *before* other diagnoses codes was removed
- A number of existing examples were removed, and new examples added
- A number of existing *Classification* boxes were removed, as they were either contradictory to the amended advice in the *General classification principles* box or they were superfluous as they repeated this advice
- Wording amendments were made throughout the standard to promote clarity
- The section on *Eradicated conditions in diabetes* was deleted

Other minor amendments to this standard for Seventh Edition include:

- Deletion of the reference to ACS 0403 from the note in the *Infections* section.

SEVENTH EDITION ERRATA 1

Minor amendment made to incorrect code in Example 4 – E11.31 was replaced with E10.31 *Type 1 diabetes mellitus with background retinopathy.*

SEVENTH EDITION ERRATA 5

Significant changes were made to the diabetes mellitus (DM) coding standard (ACS 0401) for the Seventh Edition of ICD-10-AM. During the development of the Seventh Edition (by the National Centre for Classification in Health (NCCH), University of Sydney), it was recommended that a workshop of interested parties be convened to facilitate comprehensive commentary and advice for the NCCH in regard to diabetes mellitus classification. This suggestion emanated from concerns expressed by the Australian Institute of Health and Welfare (AIHW) around the quality of the DM morbidity data. Unfortunately, the changes to the Seventh Edition DM coding standards were implemented before such a workshop was convened.

The NCCC consulted widely with expert DM clinicians and conducted a workshop of interested parties on 4 March 2011, which focused on the clinical appropriateness of Seventh Edition ACS 0401 and the impact on statistical data given the significant changes made to the standard.

The main recommendation made during the workshop was that 'when documented, diabetes mellitus should always be coded.'

However, while trying to action this recommendation the NCCC and ITG agreed that a thorough review of ACS 0401 *Diabetes mellitus and impaired glucose regulation* and the remaining sixteen recommendations from the diabetes workshop was necessary given:

1. the classification (ACS) changes to affect this recommendation would impact on all the other rules and narrative in ACS 0401
2. the negative impact that multiple rounds of classification changes would have on the longitudinal data – there could potentially be changes implemented in July 2012 (to affect the rule 'when documented, diabetes mellitus should always be coded') and then further changes in July 2013 to affect the remaining recommendations
3. there was anecdotal evidence that there is some inconsistency in the application of Seventh Edition diabetes coding rules due to coder interpretation/application of the revised Seventh Edition ACS 0401 and some concern about "under coding" DM when documented.

The NCCC and ITG undertook a thorough review of ACS 0401 and the following general recommendations were made:

1. A revised version of ACS 0401 would be released for implementation for use with Seventh Edition ICD-10-AM on 1 July 2012. The ITG recommended that this be made available in two versions:
    a. one which focuses on the classification rules – this replaced the current ACS 0401.
    b. one which contains all the relevant updated clinical detail and the classification rules – this is essentially an update, review and reformat of the content of Seventh Edition ACS 0401. This is referred to as 'ACS 0401 – *Extended clinical version*'
2. the revisions are limited, as far as possible, to the standard with changes to the Tabular List and Alphabetic Index only made where necessary to support the ACS 0401 revisions. Refer to ICD-10-AM Eighth Edition Chronicle for changes made to DM coding in ICD-10-AM Tabular List and Alphabetic Index and released and published as Seventh Edition Errata (June 2012, Seventh Edition) for implementation 1 July 2012.
3. the changes recommended by ITG are for both Seventh Edition (from 1 July 2012) and Eighth edition so as to limit the burden on coders and maintain consistency in DM coding for the remaining life of ICD-10-AM.

The major changes made to ACS 0401 are described below:

- The entire ACS 0401 was revised. The revised standard was released and published as Seventh Edition Errata (June 2012, Seventh Edition) for implementation 1 July 2012. The revised ACS 0401 was released in two versions:
  - ACS 0401; focus on the classification rules with examples and minimal clinical information. This replaced the ACS 0401, Seventh Edition, 1 July 2010.
  - ACS 0401 – *Extended clinical version*: ACS 0401 with all the relevant updated, revised and reformatted clinical detail.

- Content reviewed by clinician, for clinical currency, and ICD Technical Group, for coding guidelines.

- Revised content reformatted: numbering introduced for ease of referencing different parts of this long standard.

- Terminology 'impaired glucose regulation' updated to 'intermediate hyperglycaemia' and abbreviation 'IGR' updated to 'IH'.

- Terminology 'peripheral vascular disease' updated to 'peripheral arterial disease'

- Revisions in the *General classification rules for DM and IH* include:
  - Rule 1. Introduction of new guiding principle:
    'DM and IH should always be coded when documented'
  - Rule 2. Clarification and formalisation of previously unwritten but longstanding classification principle regarding coding of conditions described as 'diabetic', 'due to diabetes' or 'secondary to diabetes'
  - Rule 3. Revision of existing rule regarding using index look up Diabetes, with and Impaired/glucose regulation/with (previously point 1 in ACS 0401, Seventh Edition, July 2010)
  - Rule 4a and Rule 4b
    - Rule 4a. Revision of existing rule regarding coding complications classified to category E09-E14 (previously point 4 in ACS 0401, Seventh Edition, July 2010).
    - Rule 4b. Revision of existing rule regarding coding complications classified outside category E09-E14 (previously point 6 in ACS 0401, Seventh Edition, July 2010)
    - It should be noted that these rules now apply to all complications of DM and IH and there are no longer specific rules for coding complications particular to diabetic foot, features of insulin resistance and multiple microvascular conditions.
  - Rule 5. New rule:
    'Where the classification (Alphabetic Index) has linked a condition with DM, yet a specific **cause other than DM is documented** as the cause of the condition, then a code for the causal condition should be sequenced before the DM code(s)'.
  - Rule 6. Existing rule regarding multiple coding and combination codes (previously point 5 in ACS 0401, Seventh Edition, July 2010).

- All examples have been revised to demonstrate application of 1. *General classification rules for DM and IH*.

- Reinstated the following advice from Sixth Edition ACS:
  - 'When DM or IH persists after successful eradication of an endocrinopathy, assign E13.- or E09.- as appropriate with Z86.3

Personal history of endocrine, nutritional and metabolic diseases as an additional code.'
    - 'When various types of neuropathy complications classifiable to more than one code (E1-.41–E1-.43) are documented, each type should be coded.'

- The section on *Eradicated conditions* from Sixth Edition has been revised and included as section 7. *Eradicated conditions and DM*:
    - New coding instruction for *Eradicated cataract and DM* which supersedes all previous published advice for coding eradicated cataract
    - Clarification of advice for coding:
        - *Eradicated ulcer and DM*
        - *Chronic kidney disease and DM*

- Some instructions in *classification* text boxes have been deleted as it was agreed that they were either covered by other general or specific coding guidelines or sufficiently classified in ICD-10-AM therefore not requiring additional guidelines in the ACS:
    - 'Where DKA arises as a result of noncompliance with prescribed insulin or other aspects of diabetes treatment, assign Z91.1 *Personal history of noncompliance with medical treatment and regimen* (see ACS 0517 *Noncompliance with treatment*).'
    - 'In Prader-Willi syndrome (Q87.14), overweight or obesity due to voracious hyperphagia is an invariable feature which does not need to be separately coded.'
    - 'Where DKA arises as a result of noncompliance with prescribed insulin or other aspects of diabetes treatment, assign Z91.1 *Personal history of noncompliance with medical treatment and regimen* (see ACS 0517 Noncompliance with treatment).'
    - 'Antibody reaction to insulin
      For hypoglycaemic episodes in a patient with diabetes mellitus, secondary to insulin antibodies, assign:
      Principal diagnosis: E1-.64 **Diabetes mellitus with hypoglycaemia*
      External cause: Y42.3 *Insulin and oral hypoglycaemic [antidiabetic] drugs,* Y92.22 *Place of occurrence, health service area'*
    - 'The recording of 'constant' or 'persistent' microalbuminuria is sufficient documentation to support assignment of E1-.21 **Diabetes mellitus with incipient diabetic nephropathy*.'
    - 'When diabetic eye disease has resulted in blindness or low vision, assign H54.- *Blindness and low vision* when it has met the criteria in ACS 0002 *Additional diagnoses*.'
    - 'E1-.36 **Diabetes mellitus with diabetic cataract* should only be assigned when the clinician has indicated a causal relationship between the cataract and diabetes. This relationship may be documented as 'diabetic cataract', 'cataract due to diabetes' or 'cataract secondary to diabetes'.'
    - Sections entitled:
        - *Neonatal conditions associated with maternal diabetes mellitus*
        - *Screening for IGR and diabetes*

- Revised advice for *Gestational diabetes mellitus (GDM):*
    - Retired coding advice
      'Gestational diabetes may recur in a subsequent pregnancy and when this occurs, assign a code for gestational diabetes, with Z87.5 *Personal history of complications of pregnancy, childbirth and the puerperium*.'
      ITG agreed that the instruction 'Gestational diabetes may recur in a subsequent pregnancy and when this occurs, assign a code for gestational diabetes' was common coding practice whereas 'with Z87.5 *Personal history of complications of pregnancy, childbirth and the puerperium*' was not good coding practice.

- Revised guideline for assignment of O24.4- *Diabetes mellitus arising during pregnancy* criteria now based on where DM 'is first confirmed at any time during pregnancy', ie no longer dependent on confirmation by oral glucose testing.

- Added new advice for Type 2 DM managed by treatment of obesity

- Revised guidelines for assignment of E11.72, E13.72 and E14.72 **Diabetes mellitus with features of insulin resistance* and E09.72 *Impaired glucose regulation with features of insulin resistance*
  - dyslipidaemia:
    - clinical criteria for elevated fasting triglycerides and depressed HDL-cholesterol have been revised
    - clinical criteria moved to within text box
  - hypertension:
    - deleted from criteria list
    - new note added:
      'Note: Hypertension is a common disorder with a variety of causes and its attribution to insulin resistance is only accepted if accompanied with at least one of the features listed above. Therefore, documentation of DM with hypertension alone does not meet the criteria for assignment of E11.72, E13.72, E14.72 *Diabetes mellitus with features of insulin resistance or E09.72 *Impaired glucose regulation with features of insulin resistance*.'
  - added 'nonalcoholic steatohepatitis (NASH)'
  - added abbreviation 'NAFLD'
  - simplified criteria of 'obesity': deleted existing criteria and added terms 'morbid obesity' and 'overweight'
  - new instruction:
    'Additional codes for complications of DM or IH should be assigned in accordance with *Rule 4a* and *Rule 4b'.*
  - created a flow chart which corresponds to the criteria in the classification box

- Revised guidelines for assignment of E1-.71 **Diabetes mellitus with multiple microvascular and other nonvascular complications*
  - revised code criteria for 'ophthalmic complications' to include all codes from E1-.3-
  - removed sub-points at 'skin or subcutaneous tissue complications' as these are reflected in the Tabular List
  - deleted instructions:
    - 'Categories 1 – 3 above are defined as microvascular complications. Categories 4 and 5 have yet to be clarified as to their precise aetiology'; not useful to coders
    - 'Assign E1-.71 as the principal diagnosis only when no one complication meets the definition of principal diagnosis'; coders should apply ACS 0001 and ACS 0002
    - 'Additional codes for the specific complications should only be assigned when they meet the criteria in ACS 0001 or ACS 0002'; don't need to specify this general coding principle.
  - new instruction:
    'Additional codes for complications of DM or IH should be assigned in accordance with *Rule 4a* and *Rule 4b'.*

    Please note: This means that code E1-.71 **Diabetes mellitus with multiple microvascular and other nonvascular complications* is now assigned in addition to the other DM codes from the criteria list in the classification box (rather than replacing the other DM codes as was the case in previous editions).

- Revised guidelines for assignment of E1-.71 **Diabetes mellitus with foot ulcer due to multiple causes*
  - criteria revised and renumbered/reformatted
    - Category 1
      - term and code revised from '*Diabetes with foot ulcer* E1-.69*'* to '*Foot ulcer* L97'.
      - term revised from '*Cutaneous abscess, furuncle and carbuncle of limb*' *to 'Cutaneous abscess, furuncle and carbuncle of toe/foot'*.
      - term revised from '*Cellulitis of lower limb'* to '*Cellulitis of foot'*.
      - term revised from '*(stage III **&** IV)*' to '*(stage III **or** IV)*' in '*Decubitus ulcer and pressure area of foot (stage III or IV)'*.
    - 'Category 2' renamed 'Category 2a'
      - terminology updated from 'peripheral vascular disease' to 'peripheral arterial disease'.
    - 'Category 3' renamed 'Category 2b'
      - category title revised form '*peripheral neuropathy*' to '*neuropathy*'.
      - criteria broadened to include all conditions classified to E1-.4-, therefore deleted specific criteria:
        - '*Diabetes with diabetic polyneuropathy* E1-.42'
        - '*Diabetes with diabetic autonomic neuropathy* E1-.43'
        - '*Diabetes with neuropathic oedema* E1-.43'
        - '*Diabetes with multiple microvascular and other specified nonvascular complications* E1-.71 (only when one of the conditions is classifiable to E1-.4-).'
      - deleted criteria '*Diabetes with Charcot's arthropathy* E1-.61' and '*Diabetes with diabetic osteopathy* E1-.61' as these are covered in Category 2c.
    - 'Category 4' renamed 'Category 2c':
      - deleted criteria '*diabetes with neuropathic oedema* E1-.43' as this is covered in Category 2b.
      - term revised from '*Callus*' to '*Callus of foot'*.
      - term revised from '*Wrist and foot drop (acquired), ankle and foot*' to '*Foot drop (acquired), ankle and foot'*.
      - term revised from '*Acquired clawhand, clubhand, clawfoot and clubfoot, ankle and foot*' to '*Acquired clawfoot and clubfoot, ankle and foot*'
    - 'Category 5' renamed 'Category 2d'.

  - replaced guideline in the Classification box:

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

    with new guideline:

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

    Please note: This means that conditions from the criteria list that account for the assignment of E1-.73:
    - if classified to E09-E14 will always be assigned
    - if classified outside E00-E14 will be assigned if they meet ACS 0001 or ACS 0002.

    This is in contrast to previous editions where codes for the specific complications (classified outside E09-E14) were always assigned.

- Sequencing of codes.
  While it has never been specified in the ACS that E1-.73 should be sequenced first when the criteria for diabetic foot is met, this has been the default position used by coders which has been assumed from the previously published examples. One of the main objectives in the revision of ACS was that, as far as possible, the general classification principles, particularly ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses,* should be adhered to in coding diabetes mellitus. This rule now applies to cases of 'diabetic foot' assigned to E1-.73.

  Please note: Researchers wishing to identify cases of 'diabetic foot' need to account for episodes of care where E1-.73 is sequenced as an additional code with another associated condition assigned as the principal diagnosis (eg cellulitis/abscess/ulcer of limb) in addition to the cases where E1-.73 is assigned as the principal diagnosis.

EIGHTH EDITION

Updated terminology of *impaired glucose regulation* to *intermediate hyperglycaemia* throughout standard for remaining references to E09 (Note: most of this terminology was updated in Seventh Edition Errata 5).

Source of recommended change:
NCCC (TN284)

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the corresponding information in the ACS. Information on the conventions in the standards were removed and updated into the relevant volumes of ICD-10-AM and ACHI. As part of this task the following changes were made:

- Deleted ACS 0027 *Multiple coding*
- Deleted references to ACS 0027 *Multiple coding* in the following ACS: 0015, 0025, 0233, 0401, 1907

Source of recommended change:
NCCC (TN270 and TN447)

NINTH EDITION

Amendments were made to the codes listed in section 6. Diabetic Foot – following the creation of four and five character site specific codes for *foot*:

- L02.43 *Cutaneous abscess, furuncle and carbuncle of foot*
- L03.14 *Cellulitis of foot*
- L84.0 *Corns and callosities of foot*
- L97.0 *Ulcer of foot*

Minor amendments were made to the section for *diabetic foot*, for consistency with changes made to L89 *Pressure injury*.

Minor amendments were made to the Classification box under point 3. *DM and IH with feature of insulin resistance* for:

- fatty liver (nonalcoholic fatty (change of) liver disease (NAFLD))
- nonalcoholic steatohepatitis (NASH)

Minor amendments were made to the *Eradicated conditions and DM* section to advise that additional codes for CKD and/or kidney transplant status should only be assigned when they meet the criteria within ACS 0002 *Additional*

diagnoses. Example 11 was also amended to be consistent with the advice as stated above.

7. ERADICATED CONDITIONS AND DM

CLASSIFICATION

1. Eradicated cataract and DM

When a cataract has been eradicated as a result of surgery, assign either:
· code/s for the current complications of diabetes
OR
· E1-.9 **Diabetes mellitus without complication*
as appropriate
WITH
a code to indicate the status of the previous surgery.

2. Eradicated ulcer and DM

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

3. Chronic kidney disease and DM

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

Source of recommended change:
ACCD (TN432, TN575, TN576, TN639)
Public submission (P159)

TENTH EDITION

Tenth Edition amendments include:

- Following publication of advice in Coding Rules, *ACS 0401 section 6. Diabetic foot,* the classification of 'diabetes mellitus with venous complications' was updated with a Note clarifying that peripheral angiopathy includes arterial, but not venous, conditions.
- Example 8 was updated to reflect the expansion to fifth characters at E66.9 *Obesity, not elsewhere classified*.
- Minor amendments were made to replace Y92.22, which was inactivated for Tenth Edition.
- The section *Pregnancy and pre-existing DM and IH* was renamed (*DM and IH in pregnancy, childbirth and the puerperium),* and the guidelines amended. The section *Gestational diabetes mellitus (GDM)* was deleted and incorporated into the preceding section.

Source of recommended change:
ACCD (TN769, TN1013, TN1036, TN725)
Public submission (P239)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Addition of a cross reference to ACS 0002 *Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99),* to replace the deleted ACS 2112 *Personal history*

- Minor amendments to the section *DM and IH in pregnancy, childbirth and the puerperium;* code titles updated for consistency with Eleventh Edition amendments to ICD-10-AM
- Minor amendments to update the reference to ACS 0010 *Clinical documentation and general abstraction guidelines/Test results and medication charts.*

Source of recommended change:
ACCD (TN592, TN1225, TN1313)

0402 Cystic fibrosis

Status: ***Revised – Third Edition***
Revised – Eighth Edition
Revised – Eighth Edition (Errata 1 June 2013)
Revised – Ninth Edition

THIRD EDITION

This standard was rewritten to place a clearer emphasis on the sequencing of codes for cystic fibrosis and the codes for any specified manifestations. The reference to assigning cystic fibrosis as the principal diagnosis was removed as patients with cystic fibrosis may be admitted for other reasons; therefore, the selection of principal diagnosis should meet the criteria in ACS 0001. An example was added to emphasise this point.

EIGHTH EDITION

The WHO URC Annual Meeting in Cape Town 2011 (WHO-FIC) approved tabular and index changes for cystic fibrosis with combined manifestations. The members agreed to delete the inclusion term at E84.8 *Cystic fibrosis with combined manifestations* allowing the use of more than one code from E84.- to capture all the CF manifestations that are relevant to the episode of care, thereby facilitating comprehensive data for classification and research purposes. This standard was amended to reflect the above changes.

Source of recommended change:
NCCC (TN435)

EIGHTH EDITION ERRATA 1

An instruction was added to code any specified manifestation(s) of cystic fibrosis regardless of whether the manifestation(s) meet ACS 0002 *Additional diagnoses*.

NINTH EDITION

This task emanated from a number of coding queries related to the classification and sequencing of cystic fibrosis (CF) and its manifestations which highlighted limitations of the current structure of the CF codes in ICD-10 and hence ICD-10-AM.

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

Source of recommended change:
ACCD/TN484

0403 Hyperglycaemia

Status: ***Revised – Third Edition***
Revised – Sixth Edition
Deleted – Seventh Edition

THIRD EDITION

This standard was rewritten to explain more clearly the rationale for assigning a code for *hyperglycaemia* and included advice on *transitory hyperglycaemia*.

SIXTH EDITION

This standard was relocated, to immediately follow ACS 0401 *Diabetes mellitus and impaired glucose regulation.*

SEVENTH EDITION

This standard was deleted following a review of the ACS for Seventh Edition. An index entry for *Transitory hyperglycaemia* for newborn was included in ICD-10-AM Alphabetic Index.

0502 Clozapine monitoring

Status: ***Deleted – Second Edition***

SECOND EDITION

This standard was deleted, and content incorporated into ACS 0026 *Admission for clinical/drug trial or monitoring*.

0503 Drug, alcohol and tobacco use disorders

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Fifth Edition
Revised – Sixth Edition
Revised – Ninth Edition
Revised – Tenth Edition
Revised – Eleventh Edition

FIRST EDITION

An instruction was issued with the First Errata (April 1998) to the First Edition to clarify that when more than one diagnosis of *acute intoxication, dependence* or *harmful use* is documented, the appropriate codes for each of those descriptions should be assigned. A classification example was provided to illustrate this principle. This advice became effective from July 1998.

SECOND EDITION

This standard was renamed and revised to incorporate the content of ACS 0529 *Tobacco use disorders*.

FIFTH EDITION

Minor amendments were made to the wording in the standard. References to codes were deleted in the *Harmful use* section. The example under the *General classification rules* section was relocated to the *Classification Acute intoxication* section. Advice was added to the *Classification Harmful use* section regarding

the assignment of a fourth character '1'. Existing examples were renumbered and reworded as appropriate.

In Errata 1 June 2006 an amendment was made to *Example 2* to correct the code assigned for *alcohol-induced (-related) acute pancreatitis.*

SIXTH EDITION

This standard was reviewed following the receipt of a number of queries. The following changes were made:

- *General classification rules* – This section was moved to the section *Classification*
- *Acute intoxication* – Changes were made to the wording of this section. CAL/smoker was added as an example of documentation of a qualifying statement.
- *Dependence syndrome* – This section was added
- *Alcohol use disorders* – This section was added including two subsections, *Documentation* and *Evidence of alcohol involvement determined by alcohol level and intoxication*.
- *Tobacco use disorders* – A section on *Documentation* was added.
- Z72.0 *Tobacco use, current* – The terms *on patches* and *trying to quit* were added as examples of documentation for the use of *Z72.0 Tobacco use current.*
- *Example 6* – Changes were made to the wording of this example

NINTH EDITION

Minor amendments were made to the standard. A dot point was added to the Classification/General classification rules section and worded to specify:

> Where the clinician has clearly documented a relationship between a particular condition(s) and alcohol/drug use, assign a code for the specific condition (see Alphabetic Index), with the appropriate code from F10-F19. Such documentation includes qualifying statements such as 'alcohol-induced' or 'drug-related', or 'CAL/smoker' indicating evidence that the substance use was responsible for (or substantially contributed to) physical or psychological harm. Sequencing should be determined by following the classification guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

The information regarding assignment of harmful use as a last resort was relocated under the section Harmful use.

Source of recommended change:
ACCD (TN701)

TENTH EDITION

Following receipt of a public submission and a query, updates were made to support the assignment of Z58.7 *Exposure to tobacco smoke*.

Updates were made to this standard including:

- Modification of the wording syndrome in *Dependence* (syndrome).
- Updating *Alcohol use disorders* to include alcohol poisoning
- Updating *Tobacco use disorders* to clarify tobacco consumption
- Removal of the statement: "Not all fourth character codes are applicable to all substances".

Source of recommended change:

ACCD (TN681, TN789)

Public submission (P84) (P223)

Query (2980)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting across the ACS
- Addition of the concept of 'chewing' tobacco to the section *Tobacco use disorders*

Source of recommended change:

ACCD (TN1266)

0505 Mental illness in pregnancy, childbirth and the puerperium

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Seventh Edition Errata 2
Revised – Eighth Edition
Revised – Tenth Edition
Revised – Eleventh Edition

FIRST EDITION

The section *Postnatal depression* was rewritten to more clearly explain the appropriate use of category F53 *Mental and behavioural disorders associated with the puerperium, NEC*. This advice was issued with First Errata (April 1998) to the First Edition and became effective from July 1998.

SECOND EDITION

An instruction was added that if a diagnosis of *postnatal depression* is documented without further qualification, in any episode *up to one year post delivery,* the code F53.0 may still be assigned. This advice was in contradiction to the note under category F53 in the Tabular List. Classification examples were added to illustrate the principles of this guideline.

THIRD EDITION

This standard was revised to more clearly explain the classification of *postnatal depression.* The changes align with the fifth character categories in F32 *Depressive episode* to reflect depression that arises in the postnatal period. Definitions and classification examples were provided to clearly illustrate the principles.

SEVENTH EDITION ERRATA 2

The following amendments were made to Example 2 to be in line with the standard:

- deleted 'of' in the first sentence of the scenario
- added the following codes to the beginning of the codes list:
  - O84.2 *Multiple delivery, all by caesarean delivery*
  - O30.0 *Twin pregnancy*

The following amendments were made to Example 3 to be in line with the standard:

- deleted 'of' in the second sentence of the scenario

- added O80 *Single spontaneous delivery* to the code list

EIGHTH EDITION

As part of another task, it was identified that examples 1 and 3 made no mention of 'vertex' delivery to match the ACHI codes assigned. The scenarios in examples 1 and 3 were amended to reflect changes to the code O80 *Single spontaneous delivery* for ICD-10-AM Seventh Edition. ACHI codes were removed and 'spontaneous vaginal delivery' amended to 'spontaneous vertex delivery'.

Source of recommended change:
Query (Q2653)
NCCC (TN364)

TENTH EDITION

This standard was renamed from '*Mental illness complicating pregnancy',* and the guidelines amended. The section '*Postnatal depression'* was renamed (*Depression).* Minor amendments were made to the examples.

Source of recommended change:
ACCD (TN725)

ELEVENTH EDITION

Minor amendments were made to include the new five character code O99.31 *Mental disorders in pregnancy, childbirth and the puerperium*.

Source of recommended change:
ACCD (TN1225)

0511 Panic attacks with phobia

Status: Deleted – Eighth Edition

EIGHTH EDITION

Following a general ACS review, it was decided that the advice in this standard could be incorporated into ICD-10-AM Tabular List using instructional notes and the standard deleted. ACS reference symbols were deleted at F40 and F41.0 in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
NCCC (TN369)

0512 Personality trait/disorder

Status: Revised – Third Edition

THIRD EDITION

An example that explains *cluster B personality disorder* was added to this standard to illustrate the principle behind code assignment for personality disorders.

0516 Social codes

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted as part of a review of the ACS for Seventh Edition. The standard was considered redundant as the listed conditions were only assigned when they met the criteria in ACS 0002 *Additional diagnoses*.

0517 Noncompliance with treatment

Status: ***Deleted – Eighth Edition***

EIGHTH EDITION

This standard was deleted, and the information added as a note at code Z91.1 *Personal history of noncompliance with medical treatment and regimen*. ACS reference symbols were deleted in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
NCCC (TN99)

0520 Family history of mental illness

Status: ***Created – First Edition***
Deleted – Eleventh Edition

FIRST EDITION

This standard was created to ensure that codes from category Z81 *Family history of mental and behavioural disorders* were not assigned for acute inpatient episodes of care. This new standard was issued with the First Errata (April 1998) to the First Edition and became effective from July 1998.

ELEVENTH EDITION

This ACS was deleted; it was identified as redundant, due to presence of the ACS symbol for ACS 0049 *Disease codes that must never be assigned* at Z81 *Family history of mental and behavioural disorders*.

Source of recommended change:
ACCD (TN1264)

0525 Substance rehabilitation and detoxification

Status: ***Revised – Sixth Edition Errata 1***
Deleted – Eleventh Edition

SIXTH EDITION ERRATA 1

A minor amendment was made from "…assigned for acute episodes of care" to "…assigned for inpatient episodes of care".

ELEVENTH EDITION

This ACS was deleted; it was identified as redundant, due to presence of the ACS symbol for ACS 0049 *Disease codes that must never be assigned* at both Z50.2 *Alcohol rehabilitation* and Z50.3 *Drug rehabilitation.*

Source of recommended change:
ACCD (TN1264)

0526 Műnchhausen's by proxy

Status: ***Revised – Fifth Edition Errata 3***
Revised – Eighth Edition
Deleted – Eleventh Edition

FIFTH EDITION ERRATA 3

In errata 3 March 2007, a minor amendment was made to the standard to correct the spelling of *Műnchhausen's*.

EIGHTH EDITION

Following a review of the Reference list in the *Australian Coding Standards*, the *Merck Manual for Health Professionals* (2011) definition of Munchhausen's syndrome and Munchhausen's by proxy were amended from:

"Münchhausen's syndrome refers to repeated fabrication of illness, usually acute, dramatic and convincing. Münchhausen's by proxy is a bizarre variant of the syndrome where a child may be used as a surrogate patient. The parent falsifies history and may injure the child with drugs, add blood or bacterial contaminants to urine specimens, etc (Berkow, R (Ed.) (1999), The Merck Manual of Diagnosis and Therapy (seventeenth ed.), Merck Research Laboratories, West Point)."

To:

"Munchausen's syndrome is a severe and chronic form of factitious disorder and comprises of intentional fabrication or feigning of physical symptoms or signs without an external incentive. Munchausen's by proxy is a "variant in which caregivers (usually a parent) intentionally produce or feign physical or mental symptoms or signs in a person in their care (usually a child). The caregiver falsifies history and may injure the child with drugs or other agents or add blood or bacterial contaminants to urine specimens to simulate disease" (Phillips 2008)."

Source of recommended change:
NCCC (TN449)

ELEVENTH EDITION

This ACS was deleted, and the content relocated to ICD-10-AM Tabular List and Alphabetic Index.

Source of recommended change:
ACCD (TN1264)

0528 Alzheimer's disease

Status: ***Deleted – Eleventh Edition***

ELEVENTH EDITION

This ACS was deleted, and the content relocated to ICD-10-AM Alphabetic Index.

Source of recommended change:
ACCD (TN1264)

0529 Tobacco use disorder

Status: ***Deleted – Second Edition***

SECOND EDITION

This standard was deleted, and the content incorporated into ACS 0503 *Drug, alcohol and tobacco use disorders*.

0530 Drug overdose

Status: ***Created – Third Edition***
Revised – Eighth Edition

THIRD EDITION

This standard was created to standardise the selection of principal diagnosis in cases where the patient is admitted for treatment of *drug overdose* and subsequently receives treatment for an associated psychiatric condition in the same episode of care.

EIGHTH EDITION

Following review of the in-text reference, the note below was considered redundant. The note does not add additional information to the standard as it is about admission practice and not coding guidelines, therefore, this was deleted from the standard.

"1. Note that in most states the episode of care will continue to be regarded as an 'acute' care type (refer to the Health Data Standards Committee (2004), National Health Data Dictionary, Version 12 Supplement, AIHW) and therefore will be coded as one episode of care."

Source of recommended change:
NCCC (TN449)

0531 Intellectual impairment/intellectual disability

Status: ***Created – Third Edition***

THIRD EDITION

This standard was created to clarify the coding of *intellectual disability* and *intellectual impairment.*

0532 Cognitive impairment

Status: ***Created – Third Edition***
Deleted – Eleventh Edition

THIRD EDITION

This standard was created to clarify the coding of *cognitive impairment*.

ELEVENTH EDITION

This ACS was deleted, and the content relocated to ICD-10-AM Alphabetic Index.

Source of recommended change:
ACCD (TN1264)

0533 Electroconvulsive therapy (ECT)

Status: ***Created – Sixth Edition***
Revised – Tenth Edition

SIXTH EDITION

This standard was created to support the Sixth Edition codes for *Electroconvulsive Therapy* (ECT). The Sixth Edition ACHI code for ECT is split on the number of times the procedure is performed, with extensions for up to 98 ECT sessions. This standard includes classification advice and examples to assist in understanding and coding *ECT with general anaesthesia*.

TENTH EDITION

The standard was revised to include guidelines on the assignment of the Tenth Edition ECT codes.

Source of recommended change:
ACCD (TN485)

0534 Specific interventions related to mental health care services

Status: ***Created – Tenth Edition***
Revised – Tenth Edition Errata 1

TENTH EDITION

Following the incorporation of AIHW's Mental Health Interventions Classification (MHIC) 1.0 into ACHI, this standard was created to provide guidelines regarding the assignment of specific interventions related to mental health care services.

Source of recommended change:
ACCD (TN485)

TENTH EDITION ERRATA 1

A correction was made to replace 96241-00 with 96241-XX **[1922]** *Prescription of psychotherapeutic agent.*

0604 Cerebrovascular accident (CVA)

Status: ***Revised – First Edition***
Revised – Third Edition
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Ninth Edition
Revised – Ninth Edition Errata 1
Revised – Tenth Edition
Revised – Eleventh Edition

FIRST EDITION

The *Stroke* table in the *Severity* section was changed in the First Errata (April 1998) to the First Edition. The word *complication* was deleted from the title. The instructions for *Urinary incontinence* and *Faecal incontinence* were changed. This advice became effective from July 1998.

The coding instructions for *Dysphagia* in the *Stroke* table were changed. This advice was published in *Coding Matters* (Vol 5 No 4) April 1999 and became effective from that date.

THIRD EDITION

The instruction under *Old CVA* to assign Z86.7 *Personal history of diseases of the circulatory system* for patients with a history of stroke with no neurological deficits present was deleted.

The instruction regarding coding of neurological deficits was revised to align with ACS 0002 *Additional diagnoses*.

SIXTH EDITION

The guidelines for the coding of *dysphagia* was changed for consistency with the guidelines for the coding of *urinary* and *faecal incontinence*. Changes were made accordingly to the table *Stroke- Additional Diagnosis*.

SEVENTH EDITION

Minor amendments were made to the Stroke – Additional diagnoses table:

- The term *dysphasia* was added next to *aphasia*
- Fifth character codes (A49.00 and A49.01) were added to replace A49.0

NINTH EDITION

The update to this standard included an update to Example 1 with a new principal diagnosis reflecting the changes made to ACS 2104 *Rehabilitation*. References to ACS 0008 *Sequelae* and ACS 1912 *Sequelae of injuries, poisoning, toxic effects and other external causes* were also included.

Minor amendments were made to the *Stroke – Additional diagnoses table*. L97 was amended (**.-** added) to clarify that there are four character codes at L97 *Ulcer of lower limb, not elsewhere classified*.

Minor amendments were made to this standard to reflect the change in terminology from '*Decubitus ulcer and pressure area*' to '*Pressure injury*'.

The wording in Example 2 was revised to provide a more explicit example for assigning I69.- *Sequelae of cerebrovascular disease*.

Source of recommended change:
ACCD (Q2695, TN432, TN555, TN576, TN630, P159)

NINTH EDITION ERRATA 1

Minor amendments were made (to Example 1) for Errata 1, June 2015.

Source of recommended change:
ACCD

TENTH EDITION

A minor amendment was made to the table for consistency with changes to the classification of phlebitis and thrombophlebitis at I80.2 *Phlebitis and thrombophlebitis of other deep vessels of lower extremities*

Source of recommended change:
ACCD (TN675)
Public submission (P110)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Renaming of the ACS from *Stroke* to *Cerebrovascular accident (CVA)*

- Addition of a section for *CVA with residual deficits*
- Amendment of the Classification guidelines, including Examples 1 and 2
- Amendment of the section *Severity*
- Deletion of the table; assign codes for conditions associated with CVA that meet the criteria in ACS 0002 *Additional diagnoses*
- Amendment of the section *Old CVA*, with the addition of coding guidelines

Source of recommended change:
ACCD (TN71)
Public submission (P15)
Query (Q1956)

0606 Aphasia/dysphasia

Status: Deleted – Seventh Edition

SEVENTH EDITION

A review of this standard was undertaken following receipt of letter sent from Speech Pathology Australia stating: "*aphasia cannot exist as part of an acute care episode"* and that the term *"dysphasia is not an acceptable term to use when describing acquired language impairment*". The NCCH decision was to delete the standard and apply ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses* to documented cases of *dysphasia* or *aphasia*.

0612 Skull base surgery

Status: Deleted – Eighth Edition

EIGHTH EDITION

This standard was deleted as the information in this standard does not provide any instruction in classification. The term 'skull base surgery' was added as a non essential modifier to ACHI index entries leading to codes in block [17] *Skull base surgery.* ACS reference symbols were deleted in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
NCCC (TN315)

0624 Autonomic dysreflexia

Status: Deleted – Fifth Edition

FIFTH EDITION

This standard was deleted as a result of changes ratified by WHO in 2003. A code was created for *autonomic dysreflexia*, thereby making the standard obsolete.

0625 Quadriplegia and paraplegia, nontraumatic

Status: Revised – Second Edition
Revised – Third Edition
Revised – Eighth Edition

SECOND EDITION

This standard was revised to reflect the changes to the fifth character level of category G82 *Paraplegia and tetraplegia*. These changes simplified the coding of *acute non-traumatic paraplegia/quadriplegia*.

Prior to July 2000, category G82 was assigned only in cases where the paraplegia/quadriplegia was of a longstanding nature. Acute (initial) phases of non-traumatic paraplegia/quadriplegia were not classified to this category. They were assigned a code for the condition together with codes from the injury chapter reflecting the type of cord lesion and the functional level of the lesion.

After July 2000, category G82 was assigned for both *acute (initial)* and *chronic (subsequent) phases* of non-traumatic paraplegia/quadriplegia.

THIRD EDITION

The issue of distinguishing *non-traumatic* and *traumatic spinal cord injury* on subsequent admissions was raised in a public submission. Following both ACS 0625 and ACS 1915 *Spinal (cord) injury*, the same codes from category G82 were assigned to indicate the spinal cord condition. The fifth character of this category indicated whether the *paraplegia/tetraplegia* is *acute* or *chronic*, but there is no indication of *aetiology*, ie *traumatic* or *non-traumatic*.

A solution was implemented via a minor rewording to this standard. *Sequelae codes* were assigned for subsequent episodes of care of *traumatic spinal cord injury. Sequelae codes* (where available), *personal history codes* and *general disease codes* were assigned to indicate the *underlying cause* of the *paraplegia/quadriplegia* in subsequent episodes of care of *non-traumatic spinal cord injury.* The changes were issued with the First Errata (June 2002) to the Third Edition and became effective from July 2002.

EIGHTH EDITION

Following a review of the Reference list in the *Australian Coding Standards*, the *Miller-Keane Encyclopedia & Dictionary of Medicine, Nursing & Allied Health* (2005) definitions of paraplegia and quadriplegia were amended.

Source of recommended change:
NCCC (TN449)

0627 Mitochondrial disorders

Status: ***Revised – Second Edition***
Revised – Fourth Edition

SECOND EDITION

The standard was renamed to better reflect the content and included a definition of *mitochondrial disorders*. This revision was in line with the inactivation of G31.81 *Mitochondrial cytopathy*.

The content of ACS 0716 *Kearns-Sayre syndrome* was also incorporated into this standard.

FOURTH EDITION

This standard was revised to assist with code assignment when defining *Tolosa-Hunt Syndrome (Ophthalmoplegia Syndrome; Painful Ophthalmoplegia).*

0629 Stereotactic radiosurgery, radiotherapy and localisation

Status: ***Revised – First Edition***
Revised – Eleventh Edition

FIRST EDITION

This standard was revised in the First Errata (April 1998) to the First Edition.

The code for *stereotactic radiation treatment, single dose* was corrected from 90763-00 [1789] to 15600-00 [1789]. The code for *stereotactic radiation treatment*, *fractionated* was corrected from 90763-01 [1789] to 15600-01 [1789]. This advice became effective from July 1998.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Addition of a heading for *Stereotactic radiosurgery and stereotactic radiotherapy,* which includes relocated information regarding stereotactic radiosurgery and radiotherapy
- Addition of a heading for *Spinal stereotactic localisation*
- Amendments to the wording and formatting across the ACS, including:
  - Addition of a heading *Classification*
  - Addition of subheadings to the Classification guidelines for *Intracranial stereotactic localisation, Stereotactic radiosurgery* and *Stereotactic radiotherapy*
  - Replacement of the scenarios and codes in the two examples.

Source of recommended change:
ACCD (TN1386)

0630 Quadriplegic hand surgery

Status: ***Revised – Sixth Edition***
Revised – Eighth Edition

SIXTH EDITION

This standard was revised due to MBS (Medicare Benefits Schedule) updates November 2004 and May 2005. The code for *implantation of motorised nerve stimulators* was corrected from 90012-00 [1604] to 39134-04 [1604] *Insertion of subcutaneously implanted neurostimulator* and 39138-00 [67] *Insertion of peripheral nerve electrodes*.

EIGHTH EDITION

This standard was revised due to MBS (Medicare Benefits Schedule) updates May 2010 and a discussion paper generated investigating creating new generic codes for sacral nerve stimulation procedures. This standard was updated to reflect the code title change (addition of “other”) for 39138-00 [67] *Insertion of other peripheral nerve electrodes.*

Source of recommended change:
NCCC (TN169)

0632 Stereotactic brachytherapy

Status: ***Deleted – Seventh Edition***

SEVENTH EDITION

While examining intracranial localisation codes, it became evident that this standard could be deleted and the coding advice incorporated into ACHI Tabular List.

0635 Sleep apnoea and related disorders

Status: Revised – Second Edition

SECOND EDITION

This standard was created to align with the changes made to category G47.3 *Sleep apnoea*. Definitions and classification examples were provided to assist in understanding and coding this area.

0701 Cataract

Status: Revised – Third Edition
Revised – Seventh Edition Errata 4
Revised – Seventh Edition Errata 5

THIRD EDITION

This standard underwent extensive revision to incorporate the content of a number of other standards:
ACS 0702 *Cataract specificity*
ACS 0703 *Cataracts – diabetic*
ACS 0705 *Cataract – secondary lens insertion*
ACS 0706 *Cataract – after cataract*
ACS 0713 *Glaucoma and cataract sequencing*
ACS 0730 *Cataract maturity*

SEVENTH EDITION ERRATA 4

Wording amendments were made to the section under *Diabetic*.

SEVENTH EDITION ERRATA 5

Further wording amendments were made to the section under *Diabetic*.

0702 Cataract specificity

Status: Deleted – Third Edition

THIRD EDITION

This standard was deleted and content incorporated into ACS 0701 *Cataract*.

0703 Cataracts - diabetic

Status: Revised – Second Edition
Deleted – Third Edition

SECOND EDITION

This standard was revised to reflect the changes made to the *diabetes mellitus* codes. A distinction between a *true diabetic cataract* and an *early onset age-related cataract in diabetes* was made to assist in coding these conditions.

THIRD EDITION

This standard was deleted and the content incorporated into ACS 0701 *Cataract*.

0705 Cataract - secondary lens insertion

Status: Deleted – Third Edition

THIRD EDITION

This standard was deleted and the content incorporated into ACS 0701 *Cataract*.

0706 Cataract - after cataract

Status: Deleted – Third Edition

THIRD EDITION

This standard was deleted and the content incorporated into ACS 0701 *Cataract*.

0709 Pterygium

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted and amendments made to ACHI Tabular List and Alphabetic Index.

0710 Squint

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted and amendments made to ACHI Alphabetic Index.

0711 Glaucoma

Status: Deleted – First Edition

FIRST EDITION

This standard was deleted in the First Errata (April 1998) to the First Edition.

The advice in this standard was to code *glaucoma* routinely. However, clinical advice received from the Casemix Clinical Committee of Australia when developing the complication and comorbidity list for the Australian Refined-Diagnosis Related Groups classification (v4.0) stated that "*only cases of acute glaucoma should be assigned routinely as an additional diagnosis. Cases of chronic glaucoma should not be assigned routinely".*

ICD-10-AM does not distinguish between *acute* and *chronic glaucoma* and so a decision was made to discourage the routine assignment of glaucoma as an additional diagnosis. From July 1998, clinical coders were advised to apply ACS 0002 *Additional diagnoses* before assigning a code for *glaucoma*.

0713 Glaucoma and cataract sequencing

Status: Deleted – Third Edition

THIRD EDITION

This standard was deleted and the content incorporated into ACS 0701 *Cataract*.

0716 Kearns-Sayre syndrome

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted and the content incorporated into ACS 0627 *Mitochondrial disorders*.

0717 Lacrimal intubation procedures

Status: Deleted – Third Edition

THIRD EDITION

This standard was deleted. It was considered redundant and the term was added to the Alphabetic Index.

0718 Lester-Jones tubes

Status: Deleted – Third Edition

THIRD EDITION

This standard was deleted. It was considered redundant as the term was added to the Alphabetic Index.

0719 Contact lens intolerance

Status: Revised – Fourth Edition Errata 1
Deleted – Seventh Edition

FOURTH EDITION ERRATA 1

A minor amendment was made to correct the title of code H18.2.

SEVENTH EDITION

The standard was deleted due to its redundancy following the addition of terms to ICD-10-AM Alphabetic Index that clarified the classification of these conditions.

0721 Welders flash burn

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted. It was considered redundant as the term was added to the Alphabetic Index.

0723 Corneal rust ring

Status: Deleted – Eighth Edition

EIGHTH EDITION

A review of this standard was undertaken and the advice incorporated into the ICD-10-AM Tabular List at code H18.0 *Corneal pigmentations and deposits* in the form of a 'Use additional code…' instructional note. The standard was then deleted. ACS reference symbols were deleted in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
NCCC (TN361)

0727 Ascher's syndrome

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted as it conflicted with ACS 0005 *Syndromes*.

0730 Cataract maturity

Status: Deleted – Third Edition

THIRD EDITION

This standard was deleted and content incorporated into ACS 0701 *Cataract*.

0731 Corneal graft rejection or failure

Status: Revised – Seventh Edition
Revised – Seventh Edition Errata 3
Deleted – Tenth Edition

SEVENTH EDITION

A minor amendment was made in paragraph four, to read *Corneal graft rejection or failure*..., for consistency with the standard title and content.

SEVENTH EDITION ERRATA 3

A minor amendment made to wording in fourth paragraph, changed wording to read *Corneal graft rejection of failure due...* to be consistent with the title of the standard.

TENTH EDITION

This standard was deleted as it was redundant; classification advice is included within ACS 1904 *Procedural complications,* and the new and updated ICD-10-AM procedural complication codes.

Source of recommended change:
ACCD (TN736)

0732 Postprocedural hyphaema

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted and minor amendments were made to ICD-10-AM Tabular List and Alphabetic Index.

0733 Haemodilution

Status: Revised – Sixth Edition

SIXTH EDITION

The terminology of this standard was amended from *transfusion* to the generic term *administration* for consistency with other sections in ACHI.

0740 Trabeculectomy

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted as part of a review of the ACS for Seventh Edition and minor amendments were made to ACHI Tabular List to support the classification of this procedure.

0741 Ectropion/entropion

Status: Created – Second Edition
Revised – Third Edition
Deleted – Eleventh Edition

SECOND EDITION

This standard was created with *definitions* and *examples* to provide guidance in the coding of *ectropion/entropion*.

THIRD EDITION

A minor change was made to the Note under Example 1. *Tarsal strip procedure* was added to the examples of procedures performed for repair of ectropion/entropion.

ELEVENTH EDITION

This ACS was deleted, and the content relocated to the ACHI Tabular List and Alphabetic Index.

Source of recommended change:
ACCD (TN1100)

0742 Orbital and periorbital cellulitis

Status: Created – Eighth Edition

EIGHTH EDITION

This standard was created following the deletion of ACS 1210 *Cellulitis,* as the information regarding orbital and periorbital cellulitis from this standard was to be retained (with a minor amendment). ACS reference symbols were added in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
Query (Q2602)
NCCC (TN275)

0801 Deafness

Status: ***Deleted – Seventh Edition***

SEVENTH EDITION

This standard was deleted as part of a review of the ACS for Seventh Edition. The standard was considered redundant, as ACS 0001 and ACS 0002 should be applied to diagnoses classified to H90 and H91 to determine whether or not they are coded and the code sequence.

0802 Glue ear

Status: ***Deleted – Seventh Edition***

SEVENTH EDITION

This standard was deleted as part of a review of the ACS for Seventh Edition. NCCH considered that the addition of an *Excludes* note: *that with serous otitis media (H65.9)* to H65.3 *Chronic mucoid otitis media* was more beneficial to coders than retaining the standard. A minor amendment was also made to ICD-10-AM Alphabetic Index.

0803 Admission for removal of grommets

Status: ***Revised – First Edition***
Deleted – Eleventh Edition

FIRST EDITION

This standard was revised in the Fourth Errata (January 1999) to the First Edition and this impacted on coding practice.

Prior to January 1999, *removal of a tympanostomy tube* was coded to 41650-00 [307] (unilateral) or 41650-01 [307] (bilateral).

From January 1999, *removal of a tympanostomy tube* was coded to 41644-00 [312] *Excision of rim of perforated tympanic membrane*.

ELEVENTH EDITION

This ACS was deleted due to:

- Creation of Z45.83 *Adjustment and management of myringotomy tube*
- Creation of codes for insertion or removal of myringotomy tube in block **[308]** *Application, insertion or removal procedures on eardrum or middle ear.*

Source of recommended change:
ACCD (TN1246)

0804 Tonsillitis

Status: ***Revised – Tenth Edition***

TENTH EDITION

The reference to *Chronic = recurrent acute* was deleted as it is redundant, and to avoid confusion; this guideline is not applicable to all conditions classified in ICD-10-AM.

Source of recommended change:
ACCD (TN1003)

0807 Functional endoscopic sinus surgery (FESS)

Status: ***Revised – Third Edition***
Revised – Eleventh Edition

THIRD EDITION

Sinoscopy was deleted from the list of procedures performed for *FESS* and an instruction added to routinely assign a code for *sinoscopy* whenever FESS is documented.

ELEVENTH EDITION

Amendments were made to the ACS to provide guidelines for:

- Assignment of 96257-01 **[389]** *Functional Endoscopic Sinus Surgery [FESS]*
- Endoscopic sinus surgery without documentation of FESS.

Source of recommended change:
ACCD (TN1246)

0809 Intraoral osseointegrated implants

Status: ***Revised – Fifth Edition***
Revised – Sixth Edition Errata 1

FIFTH EDITION

The standard was amended to include information regarding *one stage* procedures and the *first* and *second* stages of *two stage* procedures.

SIXTH EDITION ERRATA 1

Minor amendment made to correct ACHI code from 52630-00 to 45847-00 **[400]** *Intraoral osseointergrated dental implant, second stage*.

0902 Angina and coronary artery disease

Status: ***Deleted – First Edition***

FIRST EDITION

This standard was deleted and content incorporated into ACS 0940 *Ischaemic heart disease*. This advice was issued with the First Errata (April 1998) to the First Edition and became effective from July 1998.

0904 Cardiac arrest

Status: ***Revised – First Edition***
Deleted – Seventh Edition

FIRST EDITION

This standard was revised in the First Errata (April 1998) to the First Edition. The reference to I46.0 *Cardiac arrest with successful resuscitation* was expanded to include all relevant codes from category I46 (I46.1 *Sudden cardiac death, so described* and I46.9 *Cardiac arrest, unspecified*). This change became effective from July 1998.

SEVENTH EDITION

This standard was deleted following a review of the ACS for Seventh Edition. A note was added to I46 *Cardiac arrest*.

0907 Echocardiography reports

Status: Deleted – Fifth Edition

FIFTH EDITION

This standard was redundant. It was relevant for First Edition when *clinical evaluation* was part of the definition for an additional diagnosis. This term was deleted with changes to ACS 0002 *Additional diagnoses* for Second Edition. Coders should follow the advice in ACS 0002 and ACS 0010 *General abstraction guidelines* for the assignment of codes for diagnoses found on test results. Therefore, this standard was deleted.

0909 Coronary artery bypass grafts

Status: Created – Second Edition
Revised – Sixth Edition Errata 2
Revised – Seventh Edition
Revised – Seventh Edition Errata 4
Revised – Ninth Edition
Revised – Tenth Edition

SECOND EDITION

This standard was created with definitions and classification examples to assist in understanding and coding *coronary artery bypass grafts,* and any associated procedures or complications.

SIXTH EDITION ERRATA 2

Pacing wires (temporary pacemaker) (temporary electrodes) section – Reference to ACS 0936 title was amended. From *Cardiac pacemakers and implanted* to *Cardiac pacemakers and implanted defibrillators*.

SEVENTH EDITION

Definition section – The sequencing rule for angina and coronary artery disease was deleted. A new statement was added to direct the coder to either ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* for code assignment.

Following a review of *composite grafts with CABG* for Seventh edition, the content of this standard has amended to include clinical and classification advice on the coding of *composite graft with CABG* and an example was also provided.

SEVENTH EDITION ERRATA 4

Amended incorrect code in Example 1 from 38947-00 to 38497-00 [672] *Coronary artery bypass, using 1 saphenous vein graft.*

NINTH EDITION

This standard was revised to incorporate the published advice (Coding Rules: 15 March 2014) for occlusion of coronary artery bypass graft.

Guidelines for reoperation of coronary artery bypass graft have also been relocated to ACS 0934 which contains instructions specifically for cardiovascular reoperation procedures.

Source of recommended change:
Query (Q2834)
ACCD (TN625)

TENTH EDITION

This standard was updated for consistency with changes in ACS 1904 *Procedural complications*, and new and updated ICD-10-AM procedural complication codes.

Source of recommended change:
ACCD (TN736)

0913 Hypertensive kidney disease

Status: ***Revised – Sixth Edition***
Revised – Sixth Edition Errata 1
Deleted – Seventh Edition

SIXTH EDITION

The title of the ACS was amended t***o Hypertensive kidney disease*** from *Hypertensive renal disease.* Amendments were made to this standard for consistency with changes to N18 *Chronic kidney disease* and to reflect the change of terminology from *renal* to *kidney.*

SIXTH EDITION ERRATA 1

In the sentence: “In such cases, assign a code from category I12 with a code from N18.- Chronic kidney disease (see also ACS 1438 Chronic kidney disease).”, *with a code from N18.- Chronic kidney disease* was deleted as this is not applicable to all codes within I12, only I12.9 *Hypertensive kidney disease without kidney failure*.

SEVENTH EDITION

This standard was deleted due to redundancy following URC 2007 updates. The *Includes* note at I12 *Hypertensive kidney disease* was amended from:
'any condition in N00-N07, N18.-, N19 or N26 with any condition in I10' to:
'any condition in N00-N07, N18.-, N19 or N26 due to hypertension'.

0915 Left ventricular dysfunction (LVD)

Status: ***Revised – First Edition***
Deleted – Seventh Edition

FIRST EDITION

This standard was revised in the Third Errata (October 1998) to the First Edition.

The reference to I51.9 *Heart disease, unspecified* was corrected to I51.8 *Other ill-defined heart diseases*. This change became effective from October 1998.

SEVENTH EDITION

This standard was deleted following a review of the ACS for Seventh Edition. Amendments were made to ICD-10-AM Alphabetic Index to include an index entry for *left ventricular dysfunction*.

0925 Hypertension and related conditions

Status: ***Revised – Eighth Edition***
Revised – Ninth Edition

EIGHTH EDITION

The title of this standard was amended to ***Hypertension and related conditions*** from *Hypertension* and incorporates information from ACS 0926 *Hypertensive heart disease (I11),* ACS 0927 *Hypertensive heart and kidney disease (I13),* ACS 0928 *Secondary hypertension (I15)* and the section in ACS 1438 *Chronic kidney disease* on "hypertension in kidney disease" which have all been deleted. ACS reference symbols were amended in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
NCCC (TN310)

NINTH EDITION

An additional statement '*Hypertension* should only be assigned when it meets the criteria in ACS 0002 *Additional diagnoses'* was added and examples were amended to clarify when it is appropriate to assign hypertension and hypertension related conditions. The format of this standard was also amended for clarity.

An example was added to this standard following the publication of coding advice regarding the classification of hypertension secondary to acute kidney disease. The wording was amended to explicitly specify that hypertension should only be assigned when it meets the criteria in ACS 0002 *Additional diagnoses*. Examples in this standard were also amended to support these changes.

Source of recommended change:
ACCD (TN549, TN575)

0926 Hypertensive heart disease (I11)

Status: ***Deleted – Eighth Edition***

EIGHTH EDITION

This standard was deleted and the information incorporated into ACS 0925 *Hypertension and related conditions*. ACS reference symbols were deleted in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
NCCC (TN310)

0927 Hypertensive heart and kidney disease (I13)

Status: ***Revised – Sixth Edition***
Revised – Sixth Edition Errata 1
Deleted – Eighth Edition

SIXTH EDITION

Title of the ACS was amended to *Hypertensive heart and kidney disease (I13)* from *Hypertensive heart and renal disease (I13)*. Amendments were made to this standard for consistency with changes to N18 *Chronic kidney disease* and to reflect the change of terminology from *renal* to *kidney.* The wording was also amended for consistency with ACS 0926.

SIXTH EDITION ERRATA 1

The line “Assign also a code from N18.- *Chronic kidney disease.*” was deleted as not all codes from I12 *Hypertensive kidney disease* require a code from N18.-.

EIGHTH EDITION

This standard was deleted and the information incorporated into ACS 0925 *Hypertension and related conditions*. ACS reference symbols were deleted in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
NCCC (TN310)

0928 Secondary hypertension (I15)

Status: ***Revised – Sixth Edition Errata 1***
Deleted – Eighth Edition

SIXTH EDITION ERRATA 1

A sentence was added to reiterate the changes made in the Tabular List at I15.0 *Renovascular hypertension* and I15.1 *Hypertension secondary to other kidney disorders*:

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

EIGHTH EDITION

This standard was deleted and the information incorporated into ACS 0925 *Hypertension and related conditions*. ACS reference symbols were deleted in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
NCCC (TN310)

0931 Cardiomyopathy

Status: ***Deleted – Second Edition***

SECOND EDITION

This standard was deleted. It was considered redundant as the term was added to the Alphabetic Index.

0933 Cardiac catheterisation and coronary angiography

Status: ***Revised – First Edition***
Revised – Fifth Edition
Revised – Sixth Edition
Revised – Tenth Edition

FIRST EDITION

This standard was revised in the Second Errata (July 1998) to the First Edition. The codes for *ventriculography* was corrected (previously codes did not exist). This advice became effective from July 1998.

FIFTH EDITION

This standard was extensively revised to more clearly define *cardiac catheterisation* and *coronary angiography.*

The *Classification* section was amended to provide accurate guidelines relating to coding of *coronary angiography with or without cardiac catheterisation* and *cardiac catheterisation without coronary angiography*. Minor amendments were also made to the wording of the standard.

SIXTH EDITION ERRATA 1

Minor amendments were made to the standard to amend the codes cited in the classification section (*ventriculography* and *aortography*), for consistency with MBS updates.

TENTH EDITION

An amendment was made to the standard to include guidelines regarding classification of code coronary artery blood flow measurement (fractional flow reserve).

Source of recommended change:
ACCD (TN1002)
Query (Q2940)

0934 Cardiac and vascular revision/reoperation procedures

Status: ***Revised – Ninth Edition***
Revised – Ninth Edition Errata 1
Revised – Tenth Edition

NINTH EDITION

This standard (including the standard title) was revised to provide instructions specifically for cardiovascular reoperation procedures including reoperation of coronary artery bypass grafts, other cardiac reoperations and peripheral vascular reoperation:

- The title was changed from *Cardiac revision procedure* to *Cardiac and vascular revision/reoperation procedure*
- The timeframe criterion of 'within one month of original surgery' has also been removed and the determination of whether a condition is a procedural complication is now based on the clinical documentation provided rather than a timeframe.

Source of recommended change:
Queries (Q2612, 2741)
ACCD (TN625)

NINTH EDITION ERRATA 1

Minor amendments were made (to Example 1) for Errata 1, June 2015.

Source of recommended change:
ACCD

TENTH EDITION

Minor amendments were made for consistency with amendments to the classification of procedural complications.

Source of recommended change:
ACCD (TN736)

0936 Cardiac pacemakers and implanted defibrillators

Status: ***Revised – Second Edition***
Revised – Fourth Edition
Revised – Fourth Edition Errata 1
Revised – Sixth Edition
Revised – Tenth Edition
Revised – Tenth Edition Errata 1
Revised – Eleventh Edition

SECOND EDITION

This standard was rewritten to more clearly define the *cardiac conduction system* and *pacemaker functions* and *procedures*.

A more comprehensive distinction was made between permanent and temporary pacemakers and an explanation provided about the *international permanent pacemaker classification system.*

The *Classification* section was improved to include advice on associated procedures such as *testing* or *reprogramming* of pacemakers. Complications were addressed and guidance provided about the situations in which it was appropriate to assign a *pacemaker status code* (Z95.0).

FOURTH EDITION

The *Definition* was improved to include advice on insertion of a *triple chamber device.* Updated terminology was also included in the revision to assist with code selection.

FOURTH EDITION ERRATA 1

A note was added to the standard to alert coders to *code also insertion of AICD*, for consistency with changes to the Tabular List for coding of AICDs and pacemakers.

SIXTH EDITION

The ACS title was amended to *Cardiac pacemakers and implanted defibrillators* from *Pacemakers*. The standard was renamed to include *implanted cardiac defibrillators*. The content of the standard was revised to include clinical and classification advice on *defibrillators* and examples were added.

TENTH EDITION

This standard was updated for consistency with changes in ACS 1904 *Procedural complications*, and new and updated ICD-10-AM procedural complication codes.

Source of recommended change:
ACCD (TN736)

TENTH EDITION ERRATA 1

A correction was made to the code title of T82.71 *Infection and inflammatory reaction due to electronic cardiac device.*

ELEVENTH EDITION

The section *Pacemaker or defibrillator status* was updated to include a cross reference to ACS 0002 *Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99).*

Source of recommended change:
ACCD (TN592)

0938 Extracorporeal membrane oxygenation (ECMO)

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted, as the information contained in the standard was not necessary for code assignment. The standard also stated that ECMO should be coded when documented in the clinical record. This statement was superfluous, as the absence of the code for ECMO from ACS 0042 already supported this. The advice regarding the *Excludes* note at 90225-00 [642] was redundant, as the *Excludes* note in ACHI Tabular List is self-explanatory.

0939 Surgical arteriovenous fistula/shunt

Status: Revised – Second Edition
Deleted – Seventh Edition

SECOND EDITION

This standard was extensively revised to more clearly explain the procedures performed on arteriovenous (AV) fistulas or shunts.

The codes for creation of an AV fistula and insertion of an AV shunt were added to the definitions.

The procedures for declotting of AV fistula or shunt were distinguished. The code assignment logic for the *operative approach* was changed (the additional code for the *angioplasty*, as recommended in the First Edition, was not correct).

Codes for the *angiographic approach* were changed in line with changes made to the Second Edition codes. A distinction was made between *declotting by administration of a thrombolytic agent* and *declotting by balloon angioplasty*. A note was included to advise that *balloon angioplasty* is *not* performed on AV shunts.

The codes for *correction of stenosis of AV fistula* were included. The section *Admission for closure of AV fistula or removal of AV shunt* was reworded to more clearly distinguish between the two different procedures.

SEVENTH EDITION

This standard was deleted for Seventh Edition as all terms are well indexed, making the standard redundant.

0940 Ischaemic heart disease

Status: Created – First Edition
Revised – Second Edition
Revised – Fourth Edition
Revised – Seventh Edition
Revised – Seventh Edition Errata 4
Revised – Eighth Edition

Revised – Ninth Edition
Revised – Tenth Edition
Revised – Eleventh Edition

FIRST EDITION

This standard was created with definitions and classification examples to assist in understanding and coding this complex area. It was issued with the First Errata (April 1998) to the First Edition and became effective from July 1998.

The section *Other forms of angina pectoris (I20.8)* was deleted in the Third Errata (October 1998) to the First Edition. The clinical grades of angina vary in meaning between clinicians and so the index should guide code assignment, rather than a default assignment based on these gradings. This change became effective from October 1998.

ACS 0902 *Angina and coronary artery disease* was deleted and the content incorporated into this standard.

SECOND EDITION

The sections *Old (healed) myocardial infarction* and *Other forms of chronic ischaemic heart disease* were revised to clarify the classification logic of these two codes. This advice was published in *Coding Matters* (Vol 7 No 2) September 2000 and became effective from that date.

Specific criteria were included to clarify when I25.2 *Old myocardial infarction* and I25.8 *Other forms of chronic ischaemic heart disease* should be assigned. The classification logic distinguishing codes I25.2 and I25.8 was based on the presence of *symptoms*. As there is some clinical disagreement about what constitutes a symptom, the logic of the classification was overridden by the advice in this standard. The distinction was based on *treatment given* during the current episode of care, rather than the presence of *symptoms*.

FOURTH EDITION

In the section *Old (healed) myocardial infarction*, the word *healed* was deleted from the section title as this terminology is rarely applied to *old myocardial infarctions.* The third criterion in this section was also amended. It was not logical to apply ACS 0002 *Additional diagnoses* if the patient was not receiving care for their *old* myocardial infarction (criterion 2). Therefore, the phrase relating to ACS 0002 was deleted and replaced with a cross-reference to ACS 2112 *Personal history*.

Acute coronary syndrome encompasses a number of clinical signs and symptoms suggestive of an *acute myocardial infarction* (AMI) (*ST elevation and depression, Q wave and non-Q wave*) or *unstable angina* (UA). To reflect the updated terminology, this standard was revised to include a clinical definition and classification information to assist with accurate code assignment.

SEVENTH EDITION

Angina Pectoris (I20) – Definitions section – A new sentence regarding *angina* being a significant condition in its own right was added. The subheading 'Definition' and the 'Classification' section under '* *Unstable angina (I20.0)* was deleted. The subheading 'Definition' and the 'Classification' section under '* *Angina pectoris with documented spasm (I20.1)* was deleted. A new 'Classification' section was added under the *Angina Pectoris (I20)* section with a statement to direct the coder to either ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* for code assignment.

In the *Acute Myocardial Infarction (I21)* section, the third paragraph in the 'Classification' section was amended because the advice relating to transfers was outdated. *Example 1* was deleted in line with the above change.

SEVENTH EDITION ERRATA 4

Change to wording under section *Aneurysm of heart (I25.3) or coronary vessels (I25.4)* – term 'vessels' replaced with 'artery' in the heading and the first sentence to be in line with code title.

EIGHTH EDITION

Following a review of the Reference list in the *Australian Coding Standards*, the *Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines* (Wright et al. 2011) definition of Acute coronary syndrome was amended from:

"Acute coronary syndrome encompasses a number of clinical signs and symptoms suggestive of an acute myocardial infarction (AMI) (ST segment elevation and depression, Q wave and non-Q wave) or unstable angina (UA). This syndrome has evolved as a useful operational term to refer to any constellation of clinical symptoms that are compatible with acute myocardial ischaemia."

To:

"Acute coronary syndrome has evolved as a useful operational term to refer to any constellation of clinical symptoms that are compatible with acute myocardial ischaemia. It encompasses myocardial infarction (MI) (ST segment elevation and depression, Q wave and non-Q wave) and unstable angina (UA)" (Wright et al. 2011, p.e220)."

Source of recommended change:
NCCC (TN449)

NINTH EDITION

This standard was revised to incorporate the published Coding Rules (15 June 2014) related to coronary artery dissection.

The classification advice regarding embolism and occlusion of bypass grafts has also been removed from this standard as it was inconsistent with advice in ACS 0909 *Coronary artery bypass graft* and ACS 0941 *Arterial disease*.

Source of recommended change:
Query (Q2755)
ACCD (TN625)

TENTH EDITION

Tenth Edition amendments include:

- Updates for consistency with changes in ACS 1904 *Procedural complications*, and new and updated ICD-10-AM procedural complication codes.
- Minor amendments were made to replace Y92.22, which was inactivated for Tenth Edition.

Source of recommended change:
ACCD (TN736, TN1036)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting across the ACS
- Addition of cross references to ACS 0002 *Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99)* in sections *Old myocardial infarction (I25.2)* and *Chronic ischaemic heart disease, unspecified (I25.9).*

Source of recommended change:
ACCD (TN592)

0941 Arterial disease

Status: ***Created – Third Edition***
Revised – Seventh Edition
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Tenth Edition
Revised – Eleventh Edition

THIRD EDITION

This standard was created to provide guidance in the coding of *arterial disease*. It is important to note that these guidelines were published in *Coding Matters* (Vol 8 No 1) June 2001 and became effective 1 July 2001. However, for the purpose of this Chronicle, the standard became an *official* part of the classification with the publication of the Third Edition.

The NCCH received several coding queries on the application of these guidelines, primarily relating to the application of this standard to *cerebrovascular disease.* The advice given in the guidelines contradicted the ICD-10-AM index.

The clinical information in the standard relating to *stenosis*, *occlusion*, and *obstruction* in cerebrovascular disease conflicted with the classification logic applied in ICD-10. Accordingly, clarifications were made to the index entries for *cerebrovascular conditions* and *peripheral vascular disease*. A note was added to the standard to clarify that this standard did not apply to *cerebral* and *precerebral arteries*. All references *to cerebrovascular disease* or *carotid arteries* was deleted. These clarifications were issued with the First Errata (June 2002) to the Third Edition and became effective from July 2002.

SEVENTH EDITION

Procedures performed for atherosclerosis – Classification section – The sequencing rule for angina and coronary artery disease was deleted. A new statement was added to direct the coder to either ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* for code assignment.

EIGHTH EDITION

Procedures performed for atherosclerosis – An additional sentence (“, aspiration thrombectomy, endovascular embolic protection devices”) has been added to update the information on *Procedures performed for atherosclerosis*. See also changes made in ACHI Tabular List for *Aspiration thrombectomy of coronary artery*.

Source of recommended change:
Query (Q2544)
NCCC (TN121)

NINTH EDITION

This standard was updated to remove multiple and inconsistent classification advice for interchangeable terms describing coronary artery disease such as: occlusion, obstruction, stenosis, atherosclerosis and coronary artery disease.

The degree of severity criteria 'over 50% obstruction for atherosclerosis' has also been removed from this standard. This reflects clinical advice that stenosis of coronary artery of less than 50% is regarded as clinically significant and often requires medical management.

A minor amendment was made to the Classification section of section 8. Peripheral Vascular Disease (PVD); a dash was added to I73.0- due to the creation of five character codes to differentiated Raynaud's syndrome with and without gangrene.

Source of recommended change:
ACCD (TN625, TN653)
Query (Q2628)

TENTH EDITION

Minor amendments were made for consistency with changes to the classification of procedural complications.

Source of recommended change:
ACCD (TN736)

ELEVENTH EDITION

Minor amendments to the wording and formatting were made across the ACS.

Source of recommended change:
ACCD (TN1266)

0942 Banding of haemorrhoids

Status: Created – Fifth Edition
Status: Deleted – Eighth Edition

FIFTH EDITION

This standard was created to provide definitions of *haemorrhoids* (*internal* and *external*) and *treatment options*. The *Classification* advice indicated how to select the correct diagnosis code for *haemorrhoids* (when documentation was deficient) when *banding/ligation* was performed.

EIGHTH EDITION

In 2010, the Update and Revision Committee of WHO-FIC accepted a proposal from Sweden to update the clinical terminology of haemorrhoids. These changes were implemented in ICD-10-AM and the revised terminology made ACS 0942 obsolete, it was therefore deleted.

Source of recommended change:
WHO URC Toronto Meeting 2010
NCCC (TN176)

0943 Thrombolytic therapy

Status: Created – Tenth Edition
Revised – Tenth Edition Errata 1

TENTH EDITION

Following receipt of a public submission, an ACHI code was created for transcatheter administration of thrombolytic therapy (irrespective of the administration technique) accompanied by the new ACS 0943 *Thrombolytic therapy*. ACHI was also modified to incorporate updated clinical terminology to distinguish systemic administration and local administration of thrombolytic therapy.

Source of recommended change:
ACCD (TN415)

TENTH EDITION ERRATA 1

An addition was made to specify that thrombolytic agents may also be administered systemically by *intra-arterial* infusion.

1002 Asthma

Status: Revised – Second Edition
Revised – Sixth Edition
Revised – Eleventh Edition

SECOND EDITION

There was some confusion with the application of this standard in the First Edition, much of which was related to the term *status asthmaticus* – a term rarely used by clinicians in Australia.

The standard implied that all admissions with a diagnosis of *asthma* were coded as J46 *Status asthmaticus*. Different admission practices across the country meant that not all patients admitted with a diagnosis of *asthma* were assumed to have *acute severe asthma (status asthmaticus*). The standard was therefore extensively rewritten with definitions and classification examples to improve understanding and coding of this complex condition.

The distinction between categories J45 *Asthma* and J46 *Status asthmaticus* was explained. The classification of *chronic obstructive asthma* or *asthma with chronic obstructive pulmonary disease* was also explained.

SIXTH EDITION

For consistency with amendments made to ICD-10-AM Alphabetic Index, a minor amendment was made to the standard to update the cited index entry for *Disease, lung, obstructive, with, asthma.*

ELEVENTH EDITION

Amendments to the wording and formatting were made across the ACS, including replacing the cited ICD-10-AM Tabular List and Alphabetic Index content as per the Eleventh Edition addenda to those sections.

Source of recommended change:
ACCD (TN1266)

1004 Pneumonia

Status: Revised – Second Edition

SECOND EDITION

This standard was rewritten to clarify the clinical logic behind code assignment for *pneumonia*, especially *lobar pneumonia*.

The term *lobar* is used loosely by clinicians and means *all of or part of a lobe*.

The advice in the First Edition standard was to assign J18.*9 Pneumonia, unspecified* if *lobar pneumonia* was documented and an organism was not identified. This instruction was changed in the Second Edition. Clinical coders should clarify the meaning of the term *lobar pneumonia* with the clinician before assigning J18.1 *Lobar pneumonia*, *unspecified.*

The First Edition standard described the best possible circumstances under which *pneumonia* should be diagnosed, ie with the benefit of a positive x-ray result. NCCH recognised that this was a contentious issue among clinicians and so the advice was amended to indicate that an appropriate code for *pneumonia* can be assigned on the basis of a clinical diagnosis, without supporting x-ray evidence.

1006 Ventilatory support

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Fourth Edition
Revised – Sixth Edition
Revised – Sixth Edition Errata 2
Revised – Sixth Edition Errata 3
Revised – Eighth Edition
Revised – Ninth Edition

FIRST EDITION

The guideline for coding *intubation* when performed for *CVS* was changed in the Fourth Errata (January 1999) to the First Edition. Prior to January 1999, intubation was *not* coded. From January 1999, intubation *was* coded, in addition to the CVS, for patients less than 16 years of age.

SECOND EDITION

ACS 1010 *Other types of respiratory support modalities* was incorporated into this standard. The title was changed from *Continuous ventilatory support* to *Respiratory support* to reflect the expanded content.

The coding guidelines for *continuous ventilatory support (CVS*) were rewritten to clarify the principles behind code assignment. Changes were made and this represented a change in coding practice.

Prior to July 2000, *CVS for less than 24 hours* was not coded. From July 2000, CVS for less than 24 hours was coded, except when the ventilation was performed *during* a procedure. The ventilation provided to a patient during surgery is associated with the *anaesthesia* and is considered an integral part of the procedure. However, CVS initiated during surgery and *continuing for greater than 24 hours* should be coded.

The definition of *intensive care unit* includes *neonatal intensive care units*. The codes for *tracheostomy* included the Second Edition code for *percutaneous tracheostomy.*

The section *Calculating the duration* of CVS was restructured and simplified. The lengthy section on weaning (Point 3) was considered unnecessary and was reduced and incorporated into Point 6 of the *Classification* section.

A new section *Transferred patients* was included to provide guidance on coding ventilated and intubated patients who are *transferred* to or from other facilities. This section also reflected the Second Edition codes for *management of intubation.*

THIRD EDITION

In the section *Calculating the duration of CVS*, the hours of CVS should be interpreted as *completed cumulative hours* (previously completed consecutive hours). This change represented a change in coding practice. Prior to July 2002, each distinct period of ventilation in the same episode of care was coded. From July 2002, each distinct period of ventilation was counted cumulatively and only one code assigned for *total hours* of management of CVS.

Amendments were made to this standard in the First Errata (June 2002) to the Third Edition. The Clinical Casemix Committee of Australia (CCCA) recommended changes to the coding of *non-invasive ventilation* to align with their recommendation for a separate DRG for non-invasive ventilation. The CCCA recommended that *non-invasive ventilation* (NIV) be coded when NIV is applied for 24 or more cumulative hours during an episode of care. The CCCA requested that the NCCH develop a coding standard for NIV for implementation from July 2002 (refer to *Coding Matters* Vol 9 No 1 page 8 for more information).

In Third Edition, ACS 1006 *Respiratory support* included a section on *Other types of respiratory support* which included information on *NIV*. There was no mention of duration being a factor in determining when to code NIV. Consequently, changes were made to this section of ACS 1006 to direct coders to assign *non-invasive ventilation codes* when performed for *24 or more hours*.

Changes were also made to the section *Subsequent periods of continuous ventilatory support.* Because of the changes to the calculation of duration (cumulative hours rather than consecutive hours) in the Third Edition, the guideline in this section that states '*use the same guidelines provided above'* was no longer appropriate. It was only necessary to assign a code for the *initiation* of subsequent CVS and the revised instructions clarify this point.

These amendments became effective from July 2002.

FOURTH EDITION

The CCCA requested a revision for the coding of *non-invasive ventilation* (NIV) to provide direction for coders, as there was no mention of minimum *time frame* or *duration* being a factor in determining when to code non-invasive ventilation; therefore, changes were made to the section 'Continuous Positive Airway Pressure (CPAP).

Guidelines were added for assignment of codes for NIV.

SIXTH EDITION

This standard was reviewed following the receipt of a public submission. The review resulted in a change in the classification of ventilatory support to make the coded data more consistent across the *invasive* and *non-invasive methods* of ventilatory support and eliminated rules based on *age* of the patient and *duration* of ventilatory support. All invasive and non-invasive ventilation should be coded

in *all patients* and the *duration* of each type of should be counted. The changes include:

- The term *respiratory* was replaced with *ventilatory* in the standard title.
- The subheading *Continuous ventilator support* was deleted.
- The term *continuous* was deleted from the term *continuous ventilatory support* throughout this standard.
- *Definition* –The first paragraph was reworded and a sentence was added to the standard advising that ventilatory support is provided via non-invasive or invasive devices.
- *Continuous ventilatory support (CVS), invasive ventilation* – This section was added and included information regarding *invasive artificial airways*.
- *Noninvasive ventilation (NIV)* – This section was added
- *Types/modes of ventilatory support* – This section was moved from the end of the standard, including the following subsections, *Continuous Positive Airway Pressure (CPAP), Bi-level Positive Airway Pressure (BiPAP),* Intermittent Positive Pressure Breathing (IPPV). The title of this section was also amended from *Other types of respiratory support*.
- *Continuous Positive Airway Pressure (CPAP)* – Changes were made to the wording of this section and a cross reference to blocks [569] and [570] added. The last sentence of the first paragraph was deleted.
- *CPAP via nasopharyngeal intubation* - this subheading was deleted. The section had been reworded and a paragraph added regarding nasopharyngeal CPAP in the neonatal patient.
- Bi-level Positive Airway Pressure (BiPAP) – 92039-00 [568] – The code and block number was removed from the subheading. Changes were made to the wording. A sentence was added to the first paragraph.
- *Intermittent Positive Pressure Breathing (IPPB) – 92040-00 [568]* - The code and block number were removed from the subheading. Changes were made to the wording. An instruction not to code IPPB when it is only used to deliver medications was added.
- *Controlled Mechanical Ventilation* – This section was added
- *Continuous Mechanical Ventilation* – This section was added
- *Classification* –
  - *Point 1. Code first the ventilatory support* – The wording of this point was changed from *Code first the duration of continuous ventilatory support.* Codes for the management of *noninvasive ventilation* were added. Subpoints a to f were also added.
  - *Point 2 Assign an additional code* - this point was deleted.
  - *Point 3 Method of delivery* – the wording of this point has changed from *Assign an additional code if tracheostomy.* The code numbers cited for *open tracheostomy* (41881-00 and 41881-01) were amended for consistency with MBS updates.
  - *Sub-points a, b* and *c* were added.
  - *Point 4, 5 and Point 6* were deleted.
- *Calculating the duration of CVS* – The sentence advising that the hours of continuous ventilatory support should be interpreted as completed cumulative was deleted. Dot point heading, *Initiation of ventilatory support*, was added. Changes were made to the wording of this section.
- *Transferred intubated patients* – The term *intubated* was added to this heading.
- *Transferred intubated and ventilated patients* – This sub-heading was revised from *Ventilated and intubated patients*. Changes were made to the wording and Points 1 and 2 were deleted.
- *Transferred intubated patients* – The terms *transferred* and *without ventilation* was added to the heading and minor word changes were made
- *Subsequent periods of continuous ventilatory support* – This section was deleted.
- *Calculating the duration of noninvasive ventilation* – This section was deleted.

SIXTH EDITION ERRATA 2

Classification *Point 1f* was amended to help clarify the coding of ventilatory support:

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

Ventilatory support should be coded when:

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

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

~~However, ventilatory support:~~

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

SIXTH EDITION ERRATA 3

Classification *Point 1e* was amended:

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

The section regarding *Transferred intubated and ventilated patients* was amended:

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

EIGHTH EDITION

A request from the Neonatal Clinical Technical Group (supported by the Thoracic Society of Australia and New Zealand and the Australian and New Zealand Intensive Care Society) in regard to High flow therapy led to ACHI Tabular and index amendments to include this procedure under block 570 *Noninvasive ventilatory support.*

The standard was amended to include high flow therapy (nasal high flow cannula) under the list of devices in section *Definition – Noninvasive ventilation (NIV)*.

Source of recommended change:

NCCC (TN262)

NINTH EDITION

Advice originally published in *Coding Matters*, September 2008 for *Ventilation*, regarding patients having multiple visits to theatre requiring ventilation, and December 2008 for *Ventilation (2 of 2)* regarding intubation and ventilation performed by external services, was incorporated into this standard.

Clarifications were also added regarding noninvasive ventilation devices, ventilation performed for <1hour, methods of weaning, and calculating the duration of CVS for patients with a tracheostomy, in addition to other minor amendments to wording.

Source of recommended change:
ACCD (TN525)

1007 Impending respiratory obstruction due to cervical facial abscess

Status: Deleted – Sixth Edition

SIXTH EDITION

Background:

This standard was deleted due to redundancy.

Source of recommended change:
NCCH

Relevant Australian Coding Standard:
Not applicable

1008 Chronic obstructive pulmonary disease (COPD)

Status: Revised – Second Edition
Revised – Fifth Edition Errata 1
Revised – Sixth Edition
Revised – Eighth Edition
Revised – Eleventh Edition

SECOND EDITION

This standard was extensively rewritten to clearly illustrate the principles of coding this complex condition.

A schema of COPD was included, as well as definitions and synonyms. A section *Chronic obstructive asthma* (or *asthma with COPD*) was included (as a measure of reinforcement of ACS 1002 *Asthma*). The note explaining the classification of *emphysema with COPD* was changed, highlighting the two important distinguishing factors of *chronic* and *obstructive*.

This change represented a change in coding practice. Prior to July 2000, *emphysema with COPD* was assigned a code from category J43 *Emphysema*. From July 2000, *emphysema with COPD* was assigned a code from category J44 *Other chronic obstructive pulmonary disease*.

An explanatory key to the schema was added to the standard in the First Errata (June 2000) to the Second Edition. This advice became effective from July 2000.

FIFTH EDITION ERRATA 1

Following publication of advice in *Coding Matters* (Vol 13 No 1), amendments were made to the standard in Errata 1 June 2006. The additional information relates to *COPD with pneumonia* and includes clinical and classification advice and two examples.

SIXTH EDITION

For consistency with amendments made to ICD-10-AM Alphabetic Index, a minor amendment was made to the standard to update the cited index entry for *Disease, lung, obstructive, with, asthma.*

EIGHTH EDITION

Under the sub heading COPD with pneumonia, the sentence "*This is similar to diabetes mellitus coding where the 'with' rule applies and it is not necessary for clinical coders to ascertain a cause and effect relationship between the conditions"* was deleted as it is not relevant to the coding of COPD.

Source of recommended change:
Public submission (P142)
NCCC (TN407)

ELEVENTH EDITION

Amendments to the wording and formatting were made across the ACS, including replacing the cited ICD-10-AM Tabular List and Alphabetic Index content as per the Eleventh Edition addenda to those sections.

Source of recommended change:
ACCD (TN1266)

1009 Pulmonary embolus

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted. It was considered redundant as the classification of this condition was included in ACS 1904 *Complications of medical and surgical care*.

1010 Other types of respiratory support modalities

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted and content incorporated into ACS 1006 *Respiratory support*.

1011 Chronic bronchitis in children

Status: Created – Second Edition
Deleted – Fifth Edition

SECOND EDITION

ACS 1612 *Chronic bronchitis* was incorporated into this standard.

FIFTH EDITION

This standard was deleted. Clinical advice indicated that chronic bronchitis was a valid diagnosis in children and this was supported by ICD-10-AM Alphabetic Index.

1012 Influenza due to identified influenza virus

Status: Created – Tenth Edition

TENTH EDITION

This standard was created to provide guidelines regarding J09 *Influenza due to identified zoonotic or pandemic influenza virus*. J09 was updated as part of the 2014 URC of WHO-FIC approved changes.

Source of recommended change:
WHO URC (TN871)

1101 Appendicitis

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted as part of a review of the ACS for Seventh Edition. The advice in *Point a* was transferred to ICD-10-AM Tabular List. Amendments were made to ICD-10-AM Alphabetic Index to support *Points b* and *c*.

1103 Gastrointestinal (GI) haemorrhage

Status: Revised – Second Edition

SECOND EDITION

A note was added to the first paragraph to explain that some codes in ICD-10-AM are not distinguished on the basis of *with/without haemorrhage*, therefore an additional code from category K92.- *Other diseases of digestive system* should be assigned for those cases with haemorrhage.

1105 Adhesions

Status: Deleted – Fourth Edition

FOURTH EDITION

This standard was renumbered and relocated to the section for General Standards for procedures as ACS 0047 *Adhesions*. Originally, the standard provided guidance for the division of *abdominal adhesions* only. The standard was reworded so that it is applicable to the division of *all adhesions*.

1106 Gastric ulcer with gastritis

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted due to redundancy following the expansion of codes in category K29 *Gastritis and duodenitis.*

1109 Redundant colon

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted following a review of the ACS for Seventh Edition. *Redundant colon* should only be assigned if it meets the criteria in ACS 0001 or ACS 0002.

1110 Free intraperitoneal fluid

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted as part of a review of the ACS for Seventh Edition. Amendments were made to ICD-10-AM Alphabetic Index to advise coders to code the (underlying) condition (eg appendicitis, mesenteric adenitis, PVD etc) for documentation of *free intraperitoneal fluid.*

1111 Mesenteric adenitis with appendicectomy

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted as part of a review of the ACS for Seventh Edition. Amendments were made to ICD-10-AM Alphabetic Index to advise coders to code I88.0 *Nonspecific mesenteric lymphadenitis* for documentation of *abdominal pain with histological confirmation of mesenteric adenitis.*

1117 Per-rectal (PR) bleeding, NOS

Status: Deleted – Seventh Edition

SEVENTH EDITION

This standard was deleted as part of a review of the ACS for Seventh Edition. The standard was considered redundant due to the *Excludes* note at K62.5 referring coders to K92.2 for *per-rectal bleeding NOS.*

1120 Dehydration with gastroenteritis

Status: Revised – Sixth Edition

SIXTH EDITION

The term *dehydration* was added to the standard title. The first paragraph was deleted, as was the subtitle *Dehydration with gastroenteritis*. The purpose of the changes was to remove references to *presumed infectious gastroenteritis* and is consistent with amendments to A09 made by WHO ICD-10 in 2005.

1121 Oesophagitis

Status: Revised – Second Edition
Deleted – Seventh Edition

SECOND EDITION

The standard was reworded to clarify the classification logic of K22 *Ulcer of oesophagus*.

SEVENTH EDITION

This standard was deleted as part of a review of the ACS for Seventh Edition and an index entry was created for *Oesophagitis, ulcerative* classified to K21.0 *Gastro-oesophageal reflux disease with oesophagitis.*

1122 *Helicobacter pylori*

Status: ***Revised – First Edition***
Revised – Seventh Edition
Revised – Eighth Edition

FIRST EDITION

The phrase *as an additional diagnosis code* was deleted in paragraph four because A04.5 *Campylobacter enteritis* may be the reason for admission (and consequently principal diagnosis). This change was issued with the First Errata (April 1998) to the First Edition and became effective from July 1998.

The section *Helicobacter pylori* was expanded in an amendment to this standard published in *Coding Matters* (Vol 5 No 3) January 1999. The infection and its associated conditions are described and classification examples provided to clarify the use of B96.81 *Helicobacter pylori [H pylori] as the cause of diseases classified to other chapters.* This change became effective January 1999 and was considered necessary to improve data quality. B96.81 should never be assigned as principal diagnosis.

SEVENTH EDITION

Amendments were made to this standard as part of a review of the ACS for Seventh Edition. Superfluous information was removed and amendments made to ICD-10-AM to support the classification of this condition. The standard title was also changed from *Helicobacter/campylobacter* to *Helicobacter pylori.*

EIGHTH EDITION

Amendments were made to example 1 of this standard to include the statement ‘Pathology result: positive for H.pylori’, to make it clear when this code should be assigned.

Minor amendments were made to this standard as a result of the 2009 WHO Update Revision Committee (URC) changes approved at their annual meeting. The change to this standard is the code title change in example 2 from K30 *Dyspepsia* to *Functional dyspepsia* to reflect changes made in the ICD-10-AM Tabular List. The scenario wording has also changed from dyspepsia to indigestion.

Source of recommended change:
NCCC (TN170, TN314)

1124 Healed gastric ulcer

Status: ***Deleted – Third Edition***

THIRD EDITION

This standard was deleted, and the content incorporated into ACS 2113 *Follow-up examinations for specific disorders*.

1203 Debridement

Status: ***Revised – First Edition***
Revised – Third Edition
Deleted – Eleventh Edition

FIRST EDITION

The code for *excisional debridement of burn*, *<10% of body surface area excised or debrided* was corrected from 30017-00 [1627] to 30017-01 [1627] in the Third Errata (October 1998) to the First Edition. This change became effective from October 1998.

THIRD EDITION

The Third Edition codes relating to *excisional debridement of soft tissue* were included in the standard. A cross-reference to ACS 1217 *Repair of wound of skin and subcutaneous tiss*ue was also added.

ELEVENTH EDITION

The ACS was deleted, and the content relocated to the ACHI Tabular List and Alphabetic Index as per the Eleventh Edition amendments to the ACHI debridement codes.

Source of recommended change:
ACCD (TN1345)

1204 Plastic surgery

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Fourth Edition
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Tenth Edition
Revised – Eleventh Edition

FIRST EDITION

The section *Elective removal of breast implants* was revised in the First Errata (April 1998) to the First Edition. This revision clearly identified that the Z code should be assigned as principal diagnosis when a patient is admitted for elective removal of breast implants. This change became effective from July 1998.

SECOND EDITION

The general instruction in the first paragraph about assigning, as principal diagnosis, a code for the condition for which the plastic surgery was performed was removed. This principle cannot be applied to all admissions involving plastic surgery and the instruction was contradictory to other sections of the standard.

THIRD EDITION

This standard underwent a major revision to improve consistency in assignment of principal diagnosis for admissions involving plastic surgery (whether to assign

a Z code or a code for the condition/reason for surgery). The title was also changed from *Elective plastic surgery* to reflect that not all plastic surgery is elective.

Cosmetic surgery was emphasised in a section and classification examples added. These instructions clarify the principal diagnosis. They also make the information in the section *revision of scar* in the Second Edition standard redundant and so this section was deleted. The advice in this section impacted on coding practice for *revision of scar performed for cosmetic reasons*. Prior to July 2002, a principal diagnosis from category Z42.- *Follow-up care involving plastic surgery* was assigned only if the scar revision was for cosmetic reasons. After July 2002, the principal diagnosis reflected the *condition or reason* for surgery, even if the procedure was undertaken for cosmetic reasons (in which case, Z41.1 *Other plastic surgery for unacceptable cosmetic appearance* was assigned as an additional diagnosis). When the condition or reason for surgery is not specified, Z41.1 was assigned as the principal diagnosis.

The section *Removal of breast implants* was expanded and classification examples added. A paragraph was added with advice on coding breast implants removed or replaced because of a *complication* – this addition clarifies the principal diagnosis. The advice in this section impacted on coding practice. Prior to July 2002, Z42.1 *Follow-up care involving plastic surgery of breast* was assigned as the principal diagnosis where the reason for admission was *removal/replacement of breast implant*. From July 2002, the principal diagnosis reflected the *complication* that led to the removal or replacement. Z42.1 was assigned only in cases where *no complication* of the implant is documented.

The section *Prophylactic mastectomy* was rewritten with an explanation of the meaning of *prophylactic* in this context.

FOURTH EDITION

The subheading *Cosmetic surgery* was revised to *Cosmetic and reconstructive plastic surgery* to provide guidance for assigning Z42.- *Follow-up care involving plastic surgery.* Example 2 was revised with the deletion of Z41.1 *Other plastic surgery for unacceptable cosmetic appearance*. Examples were created to guide coders in the assignment of principal diagnosis when there is no documented reason for surgery.

EIGHTH EDITION

Following the receipt of a query and public submission, the section “Prophylactic mastectomy” was removed from this standard and a new standard was created for prophylactic surgery – ACS 2114. This standard incorporates advice from ACS 1204 *Plastic surgery, prophylactic mastectomy* yet the sequencing advice differs to the advice originally in ACS 1204. A code from Z40.0- *Prophylactic surgery for risk-factors related to malignant neoplasms* will be sequenced as the principal diagnosis when a patient is admitted for prophylactic surgery and the risk factor (eg family history, personal history, gene mutation) sequenced as an additional diagnosis. The advice in this standard is applicable for all prophylactic procedures performed. ACS reference symbols were deleted in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
Query (Q2676)
NCCC (TN117)

The term ‘micromastia’ was removed from the examples of conditions to code as the principal diagnosis when it is ‘the reason for cosmetic or reconstructive

surgery' (first paragraph), as there is no index entry for the condition 'micromastia'. The term 'pendulous breasts' was substituted.

Source of recommended change:
NCCC (TN443)

NINTH EDITION

The procedure codes in Example 6 of the ACS were amended with the relevant codes and the code titles.

Source of recommended change:
Public submission (P23/09)
ACCD (TN90)

TENTH EDITION

Tenth Edition amendments include:

- Example 5 updated for consistency with changes to ICD-10-AM procedural complication codes, including replacing Y92.22 which was inactivated for Tenth Edition.
- A minor amendment was made for consistency with amendments to the titles of the five character codes at L90.5 *Scar conditions and fibrosis of skin.*

Source of recommended change:
ACCD (TN736, TN852, TN1036)

ELEVENTH EDITION

Amendments to the wording and formatting were made across the ACS.

Source of recommended change:
ACCD (TN1266)

1205 Blepharoplasty

Status: Deleted – Eighth Edition

EIGHTH EDITION

Following a general ACS review, it was decided that the advice in this standard could be incorporated into ACHI Tabular List and the standard deleted. ACS reference symbols were deleted in the Tabular List in ACHI to support these changes.
An additional index entry was created for "cosmetic — *see Rhytidectomy, eyelid*" under index entry *Reconstruction, eyelid*.

Source of recommended change:
NCCC (TN370)

1208 Erythema multiforme

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted. The distinction between *major erythema multiforme* and *minor erythema multiforme* is not relevant in ICD-10-AM as these qualifiers are not used to describe the condition.

1210 Cellulitis

Status: ***Revised – Second Edition***
Revised – Sixth Edition
Deleted – Eighth Edition

SECOND EDITION

The guidelines for *periorbital cellulitis* were rewritten to more clearly illustrate the classification principles.

SIXTH EDITION

A cross reference to ACS 1221 *Decubitus ulcer and pressure area* was added.

EIGHTH EDITION

This standard was deleted as the instructions provided in the first paragraph were redundant following the Sixth Edition revision of ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses.* The section titled 'Orbital and periorbital cellulitis' was retained (with a minor amendment) in a newly created standard ACS 0742. ACS reference symbols were deleted in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
Query (Q2602)
NCCC (TN275)

1217 Repair of wound of skin and subcutaneous tissue

Status: ***Revised – Third Edition***
Revised – Fourth Edition
Revised – Fifth Edition
Revised – Seventh Edition
Revised – Tenth Edition
Revised – Eleventh Edition

THIRD EDITION

The guidelines for coding wounds involving *deeper tissue* was revised with a note to code also any *repairs to soft tissue* such as *muscle, tendon, fascia*, *ligaments* or *nerves*. A classification example was also added to clearly illustrate this principle.

FOURTH EDITION

The guidelines for *Deeper tissue (soft tissue*) were revised to describe a greater specificity of *deep* or *soft tissue structures*. See also ACS 1331 Soft tissue injuries

FIFTH EDITION

The definitions were revised and the term *wound repair* added to the headings. The classification guidelines were revised to include procedure codes that distinguish between *superficial* and *deeper, soft tissue repair*. The existing example was revised and two classification examples were added.

SEVENTH EDITION

Classification – Minor amendment made to the reference to ACS 0042, "see also ACS 0042 *Procedures normally not coded*, point 17…"

TENTH EDITION

Tenth Edition amendments include updates to the cross reference between Example 2 and Example 3:

- to replace ACS 1331 with ACS 1916 *Superficial and soft tissue injuries.*
- to delete 'point 17' from ACS 0042 *Procedures normally not coded*

Source of recommended change:
ACCD (TN836, TN928)

ELEVENTH EDITION

Amendments to the wording and formatting were made across the ACS.

Source of recommended change:
ACCD (TN1266)

1218 Destruction/excision of skin lesion

Status: Deleted – Third Edition

THIRD EDITION

This standard was deleted. It was considered redundant because of the changes to the procedure codes in the Third Edition (the morphology descriptions were removed from code titles relating to destruction and excision of skin lesions).

1220 Extraoral osseointegrated implants

Status: Deleted – Eleventh Edition

ELEVENTH EDITION

The ACS was deleted following creation of block **[334]** *Implanted hearing prostheses,* which includes codes for osseointegrated procedures on the ear. Content was transferred to ACHI Tabular List and Alphabetic Index.

Source of recommended change:
ACCD (TN1077)

1221 Pressure injury

Status: Created – Fourth Edition
Revised – Sixth Edition
Revised – Ninth Edition
Revised – Tenth Edition
Revised – Tenth Edition Errata 2
Revised – Eleventh Edition

FOURTH EDITION

This standard was created to provide definitions and clinical advice relating to the different *stages* of decubitus [pressure] ulcers.

Source of recommended change:
NCCH

SIXTH EDITION

Terminology in the standard (including the title) was changed for consistency with amendments to L89 made by WHO ICD-10 in 2005.

A cross reference to ACS 1210 *Cellulitis* was added.

Source of recommended change:
NCCH

NINTH EDITION

This standard (including the title) was extensively revised in response to changes made to L89 *Pressure injury*

- The title was changed from *Decubitus ulcer and pressure area* to *Pressure Injury*.
- Examples (1-8) were added to assist with code assignment.

Source of recommended change:
ACCD (TN576)
Public submission (P159)

TENTH EDITION

Following receipt of a public submission, the term 'mucosal membrane pressure injury/injuries' was added to ICD-10-AM and ACS1221 *Pressure injury.*

Source of recommended change:
ACCD (TN1086)
Public submission (P267)

TENTH EDITION ERRATA 2

A correction was made to the Classification section, point 6.

ELEVENTH EDITION

A cross reference was added to ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia/Diabetic foot* for guidelines regarding pressure ulcer due to diabetic foot.

Source of recommended change:
ACCD (TN1266)

1301 Back strain

Status: Deleted – Tenth Edition

TENTH EDITION

This standard was deleted as it was redundant, and the content was transferred to the Tabular List and Alphabetic Index.

Source of recommended change:
ACCD (TN503)

1302 Chronic low back pain syndrome

Status: Deleted – Tenth Edition

TENTH EDITION

This standard was deleted as it was redundant, as the guidelines in ACS 0001 *Principal diagnosis/Problems and underlying conditions* apply to the classification of chronic low back pain syndrome.

Source of recommended change:
ACCD (TN503)

1304 Compartment syndrome

Status: Deleted – Fourth Edition

FOURTH EDITION

This standard was deleted. It was considered redundant the term was added to the Alphabetic Index.

1309 Dislocation or complication of hip prosthesis

Status: Revised – Seventh Edition
Revised – Eleventh Edition

SEVENTH EDITION

This standard was renamed from *Dislocation of hip prosthesis* to *Dislocation or complication of hip prosthesis* to better reflect the content of the standard. The first paragraph was reworded with examples listed as bullet points. A cross reference to ACS 1904 *Procedural complications* was added to the first bullet point in the second paragraph. The last sentence in the standard was deleted because the procedure is listed in the ACHI Alphabetic Index. The ACS flag at this procedure code was deleted since it was superfluous. A *Note* was added so that the advice within this standard may be applied to other joint prostheses.

ELEVENTH EDITION

Amendments to the wording and formatting were made across the ACS.

Source of recommended change:
ACCD (TN1266)

1316 Cement spacer/beads

Status: Revised – Fourth Edition

FOURTH EDITION

This standard was amended to reflect the Fourth Edition procedure codes for *pharmacotherapy for the injection of antibiotic* when inserting a cement spacer.

1321 Osteoarthritis of the spine with disc degeneration

Status: Deleted – Second Edition

SECOND EDITION

There was insufficient clinical support for continuing this convention and so the standard was deleted. This deletion represented a change in coding practice as from July 2000; both conditions (*disc degeneration* and *osteoarthritis of the spine*) were indexed. Previously, only the *osteoarthritis of the spine* was coded (category M47 *Spondylosis*).

1328 Rupture flexor tendon

Status: Revised – First Edition
Deleted – Second Edition

FIRST EDITION

A change to the coding advice in this standard was made in the First Errata (April 1998) to the First Edition. Resuturing of ruptured flexor tendon of finger was coded to S56.1 *Injury of long flexor muscles and tendon of other finger(s) at forearm level* (and not S63.6 *Sprain and strain of finger(s)* as previously advised). This change became effective from July 1998.

SECOND EDITION

This standard was deleted. It was considered redundant as the term was added to the Alphabetic Index.

1330 Slipped disc

Status: Revised – Eleventh Edition

ELEVENTH EDITION

A minor amendment was made to clarify that *place of occurrence* and *activity codes* are required in addition to external cause codes.

Source of recommended change:
ACCD (TN1330)

1331 Soft tissue injuries

Status: Revised – Fourth Edition
Revised – Seventh Edition
Deleted – Tenth Edition

FOURTH EDITION

The definition of *Soft tissue (deep tissue*) was written to identify the soft tissue structures which are also referred to as *deep* because of the anatomical position in the body.

SEVENTH EDITION

A cross reference to ACS 1916 *Superficial injuries* was added.

TENTH EDITION

This standard was deleted as the guidelines with respect to superficial/soft tissue injuries, with the additional inclusion of advice for cellulitis, contusions and sprains and strains, were consolidated into one standard (ACS 1916 *Superficial and soft tissue injuries*) to remove overlap and inconsistencies.

Source of recommended change:
ACCD (TN928)

1334 Spondylosis/spondylolisthesis/retrolisthesis

Status: Deleted – Eleventh Edition

ELEVENTH EDITION

This ACS was deleted, and the content relocated to the ACHI Alphabetic Index.

Source of recommended change:
ACCD (TN667)

1335 Biomechanical lesions, NEC

Status: Deleted – Ninth Edition

NINTH EDITION

The standard was deleted following the creation of ACS 0049 *Disease codes that must never be assigned.*

Source of recommended change:
ACCD (TN613)

1336 Hypertonia

Status: Deleted – Eleventh Edition

ELEVENTH EDITION

The ACS was deleted due to redundancy; apply the criteria in ACS 0002 *Additional diagnoses* for documentation of *hypertonia*.

Source of recommended change:
ACCD (TN592)

1342 Hyperreflexia

Status: Deleted – Eleventh Edition

ELEVENTH EDITION

The ACS was deleted due to redundancy; apply the criteria in ACS 0002 *Additional diagnoses* for documentation of *hyperreflexia*.

Source of recommended change:
ACCD (TN592)

1343 Erosion of knee

Status: Revised – First Edition

FIRST EDITION

A statement explaining the *grading* system for *erosion of knee* was added to the standard in the First Errata (April 1998) to the First Edition. The code for *other primary gonarthrosis* was also changed from M17 to M17.1. These changes became effective from July 1998.

1344 Postlaminectomy syndrome

Status: Deleted – Tenth Edition

TENTH EDITION

This standard was deleted as it was redundant, and the content transferred to the Tabular List and Alphabetic Index.

Source of recommended change:
ACCD (TN503)
Public submission (P147)

1346 Patello-femoral compression syndrome

Status: ***Revised – First Edition***
Deleted – Third Edition

FIRST EDITION

A change to the coding advice was made in the First Errata (April 1998) to the First Edition. *Patello-femoral compression syndrome* was coded to M22.1 *Recurrent subluxation* (rather than M23.8- *Other internal derangement of knee*, as previously advised).

THIRD EDITION

This standard was deleted. It was considered redundant as the term was added to the Alphabetic Index.

1348 Spinal fusion

Status: ***Revised – Third Edition***

THIRD EDITION

The codes describing *spinal fixation for scoliosis and kyphosis* were deleted in the Third Edition. Consequently, references to these codes were removed from the standard. See Diagnoses in Procedure code titles.

1352 Juvenile arthritis

Status: ***Revised – Eleventh Edition***

ELEVENTH EDITION

A minor wording amendment was made.

Source of recommended change:
ACCD (TN1266)

1353 Bankart lesion

Status: ***Created – Fourth Edition***

FOURTH EDITION

This standard was created to provide advice and guidance when classifying *Bankart lesion*. The term *Bankart* is widely used by clinicians to describe lesions that are a direct result from *traumatic anterior shoulder dislocations*.

1354 SLAP lesion

Status: ***Created – Fourth Edition***

FOURTH EDITION

This standard was created to provide advice and guidance when classifying *Superior labrum anterior-posterior* (SLAP) lesion. The acronym SLAP was widely used by clinicians to describe lesions that are often a *result of injury*. To improve coding consistency, a table describing the type of lesion and classification with examples was included.

1404 Admission for renal dialysis

Status: ***Revised – First Edition***
Revised – Third Edition
Revised – Sixth Edition
Revised – Eighth Edition

FIRST EDITION

Changes were made to this standard in the First Errata (April 1998) to the First Edition to clarify the distinction between the coding of same-day (and overnight) and multiday admissions for renal dialysis. These changes became effective from July 1998.

THIRD EDITION

The code for admission for peritoneal dialysis (Z49.2) was added to this standard.

SIXTH EDITION

ACS title was amended to *Admission for kidney dialysis* from *Admission for renal dialysis* to reflect the change in terminology from *renal* to *kidney* in ICD-10-AM.

EIGHTH EDITION

This standard was revised to support advice in Q2717 *Coding multiple radiotherapy sessions*. Instruction for procedure coding was added, in addition to amendments to the wording.

Source of recommended change:
Query (Q2717)
NCCC (TN382)

1405 Per-vagina bleeding, NOS

Status: ***Deleted – Fourth Edition***

FOURTH EDITION

This standard was deleted. It was considered redundant because of improved index entries that assist with correct code assignment.

1407 Diabetic nephropathy

Status: ***Deleted – Second Edition***

SECOND EDITION

This standard was deleted and content included in ACS 0401 *Diabetes mellitus.*

1408 Human papillomavirus (HPV)

Status: ***Revised – Third Edition***
Deleted – Seventh Edition

THIRD EDITION

The information in this standard was reorganised to better convey the classification principles. The clinical descriptions of types of warts were removed,

as this information is not necessary to the interpretation of the standard. The code for urethral warts (N36.8) was added to the list of anogenital sites.

SEVENTH EDITION

This standard was deleted due to the creation of fifth character codes at A63.0 *Anogenital (venereal) warts* for specific *sites*. Minor amendments were made at B07 *Viral warts*, B97.7 *Papillomavirus as the cause of diseases classified to other chapters* and improvements were made to ICD-10-AM Alphabetic Index making the standard redundant.

1409 Virag procedure

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted. It was considered redundant, given the improvements made to the index.

1415 Young's syndrome

Status: Deleted – Tenth Edition

TENTH EDITION

This standard was deleted as it was redundant. The guidelines in ACS 0005 *Syndromes* are applicable to classify the manifestations of Young's syndrome.

Source of recommended change:
ACCD

1417 Percutaneous resection of kidney pelvis tumour via nephrostomy

Status: Deleted – Tenth Edition

TENTH EDITION

Following receipt of a public submission codes were created for:

- percutaneous drainage of kidney (to classify drainage of kidney abscess, haematoma, cyst etc)
- percutaneous drainage of perinephric area (to classify drainage of perinephric abscess, haematoma, cyst etc)
- other closed (eg percutaneous) partial nephrectomy
- other/minor amendments were made to support these addenda.

ACS 1417 *Percutaneous resection of kidney pelvis tumour via nephrostomy* was deleted as it was redundant following the above addenda.

Source of recommended change:
ACCD (TN642)
Public submission (P192)

1420 Bladder neck incision for benign prostatic hypertrophy

Status: Deleted – Eighth Edition

EIGHTH EDITION

Advice published in *Coding Matters* June 2010 (Vol 17, No 1) by NCCH for *bladder neck obstruction* was incorporated into ICD-10-AM and ACHI Eighth Edition via instructional notes to reflect advice in this standard and subsequently deleted this standard. The instructional notes will remove subjective interpretation of the current ACS and were created at the following codes:

- N40 *Hyperplasia of prostate:* 'Code also associated bladder neck obstruction (N32.0)'
- 37203-00 [1165] *Transurethral resection of prostate [TURP]*: 'Code also when performed: bladder neck incision (36854-00 [1095])'

ACS reference symbols were deleted at N32.0, N40, 36854-00 [1095] and 37203-00 [1165] in the Tabular List in ICD-10-AM and ACHI to support these changes.

Source of recommended change:
Query (Q2605)
Coding Matters June 2010 (Vol 17, No 1)
NCCC (TN272)

1426 Dialysis amyloid

Status: Deleted – Eighth Edition

EIGHTH EDITION

Following a general ACS review, it was decided that the advice in this standard could be incorporated into ICD-10-AM Alphabetic Index and the standard deleted. The clinical advice was deemed unnecessary for inclusion within the Tabular List and coders will assign an additional code for carpal tunnel syndrome if it meets ACS 0002 *Additional diagnoses*.

The following index entries were created for inclusion into the ICD-10-AM Alphabetic Index:

- *Amyloidosis, peritoneal dialysis-associated*
- *Dialysis, amyloid, amyloidosis*
- *Dialysis, peritoneal, amyloid, amyloidosis*
- *Haemodialysis, amyloid, amyloidosis*

The ACS reference to ACS 1426 at code E85.3 *Secondary systemic amyloidosis* was also deleted.

Source of recommended change:
NCCC (TN372)

1427 Hydrocele

Status: Deleted – Ninth Edition

NINTH EDITION

The standard was deleted, and the content transferred to ACHI Tabular List and Alphabetic Index (see [990] *Repair of inguinal hernia*).

Source of recommended change:
ACCD (TN541)

1430 Chronic renal impairment

Status: Deleted – Sixth Edition

SIXTH EDITION

The standard was deleted and replaced by ACS 1438 *Chronic kidney disease*

1431 Examination under anaesthesia (EUA), gynaecology

Status: ***Revised – Third Edition***
Deleted – Eleventh Edition

THIRD EDITION

The term 'under anaesthesia' was deleted from the following text within the standard to reflect the standardisation of removing Diagnoses in Procedure code titles. "Examination under anaesthesia (EUA) is inherent in almost every gynaecological procedure and most certainly in a D&C. EUA (35500-00 **[1296]** Gynaecological examination…)"

See also Diagnoses in Procedure code titles

ELEVENTH EDITION

This ACS was deleted due to redundancy. The concepts were duplicated in the ACHI Tabular List and ACS 0022 *Examination under anaesthesia.*

Source of recommended change:
ACCD (TN1266)

1434 Ovarian cysts

Status: ***Created – Second Edition***

SECOND EDITION

This standard was created with definitions and classification advice to improve the consistency in coding the different types of ovarian cysts.

1435 Female genital mutilation

Status: ***Created – Second Edition***
Revised – Eighth Edition
Revised – Ninth Edition
Deleted – Tenth Edition

SECOND EDITION

This standard was created with definitions and classification examples to assist in understanding female genital mutilation and provide guidance about when it is appropriate to code.

EIGHTH EDITION

Following a review of the Reference list in the *Australian Coding Standards*, the *Definition* section was amended to reflect advice published by the World Health Organization, *Eliminating Female genital mutilation: An interagency statement* (2008). The Definition section was amended from:

"The World Health Organization defines female genital mutilation (FGM) as:

"All procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs whether for cultural or other nontherapeutic reason."

This definition includes a range of practices of different degrees of mutilation, from nicking of the clitoral hood to infibulation. Infibulation involves the removal of the clitoris, labia minora and parts of the labia majora, which are then sutured together leaving only a small hole a few millimetres to centimetres in diameter for the passage of urine and menses. Only 15% of women affected by FGM will have undergone infibulation.

The practice of FGM exists and persists within a complex web of beliefs and understandings, which may be associated with tradition, economics, religion, aesthetics and/or hygiene.

Female genital mutilation has been reported in Oman, United Arab Emirates, Yemen, Indonesia, Malaysia, India and 29 African countries.

It is important to note that not all women having undergone FGM experience any problems which they attribute to FGM.

Complications which may arise are:

- Immediate complications including pain, bleeding, infections, injuries, urinary obstruction and death.

- Longer term complications including vulval scarring, pelvic and urinary tract infection, obstructed menstrual and urinary flow, urinary and faecal fistulae, incontinence, obstructed miscarriage and childbirth, vaginal and perineal damage at childbirth and sexual difficulties including nonconsummation and painful intercourse."

To:

"The World Health Organization (2008, p. 4) defines female genital mutilation (FGM) as:

"All procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons".

The practice of FGM is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among migrants from these areas. The causes of FGM include cultural, religious and social factors.

Types of FGM

FGM is classified into four major types by the World Health Organization (2008, p. 4):

1. **Type 1 (clitoridectomy)**: partial or total removal of the clitoris and/or the prepuce.
2. **Type 2 (excision)**: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
3. **Type 3 (infibulation)**: narrowing of the vaginal orifice with creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris.
4. **Type 4 (other)**: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterisation.

Complications of FGM

Complications which may arise include:

- Immediate complications such as severe pain, bleeding, infections, injuries, difficulty passing urine, shock and death

- Long term complications such as recurrent bladder and urinary tract infections, sexual difficulties including nonconsummation and painful intercourse, urinary and

menstrual problems, infertility, birth complications and newborn deaths, and the need for later surgeries (World Health Organization 2008, pp. 33–35)."

Source of recommended change:
NCCC (TN449)

NINTH EDITION

Amendments were made to this standard to incorporate the new Ninth Edition code Z91.7 *Personal history of female genital mutilation.* The new code was introduced to ICD-10-AM for consistency with changes to WHO ICD-10 updates 2013.

Source of recommended change:
WHO Update Reference Committee (URC) 2013
ACCD (TN609)

TENTH EDITION

This standard was deleted as it was redundant; apply the guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

Source of recommended change:
ACCD (TN725)

1436 Admission for trial of void

Status: ***Created – Second Edition***
Revised – Third Edition
Revised – Sixth Edition
Deleted – Tenth Edition

SECOND EDITION

This standard was created with definitions and classification examples to provide guidance on coding admissions for trial of void.

THIRD EDITION

The codes for replacement of catheter were removed and replaced with codes for removal and insertion of catheter. This change was necessary, as catheters are not removed and inserted simultaneously during an episode of care for trial of void.

A clarification to this standard was issued with the Second Errata (September 2002) to Third Edition. In the section *Admission for trial of void – postop – unsuccessful* – a place of occurrence code (Y92.22 *Health service area*) was added to the list of additional diagnoses. This advice became effective from September 2002.

SIXTH EDITION

The title was amended to *Admission for trial of void* from *Trial of void*. Amendments were made to the standard title to specifically reflect the content of this standard.

TENTH EDITION

This standard was deleted as it was redundant; classification advice is included within ACS 1904 *Procedural complications*, and the new and updated ICD-10-AM procedural complication codes.

Source of recommended change:
ACCD (TN736, TN1036)

1437 Infertility and in vitro fertilisation (IVF)

Status: ***Created – Third Edition***
Revised – Sixth Edition
Revised – Eleventh Edition

THIRD EDITION

This standard was created to provide advice on principal diagnosis assignment for admissions involving in-vitro fertilisation procedures. A standard was deemed necessary to resolve the confusion that occurred with principal diagnosis selection with the introduction of First Edition.
In July 1998, clinical coders were advised to assign Z31.2 *In vitro fertilisatio*n as the principal diagnosis for admissions involving in-vitro fertilisation procedures. This advice was consistent with previous coding practice using ICD-9-CM. This code also grouped correctly in the Australian Refined–Diagnosis Related Groups (v4) classification.

However, advice was received about a grouping error that occurred if this code was used as principal diagnosis when grouping in Australian National–Diagnosis Related Groups (v3.1) classification. In October 1998, the NCCH issued advice to all clinical coders using v3.1 to assign an appropriate code from category N97 *Female infertility* as the principal diagnosis until further notice or until their morbidity data is grouped with AR-DRG v4.

In July 2001, this advice was rescinded as all state and territory health authorities had adopted AR-DRG v4.1.

SIXTH EDITION

A subheading; *Investigation or treatment for infertility* was added to the first paragraph/section. The terms *In vitro fertilisation* were added to the section *IVF* (this term was retained in parentheses). The first paragraph in this second section was amended to specify that the advice is for females. A paragraph was added to provide advice specifically for males.

ELEVENTH EDITION

Eleventh Edition amendments included:

- ACS title renamed from *Infertility* to *Infertility and in vitro fertilisation (IVF)*
- Amendments to the wording and formatting across the ACS
- Addition of examples

Source of recommended change:
ACCD (TN1225)

1438 Chronic kidney disease

Status: ***Created – Sixth Edition***
Revised – Sixth Edition Errata 1
Revised – Sixth Edition Errata 2
Revised – Sixth Edition Errata 3
Revised – Seventh Edition
Revised – Seventh Edition Errata 1
Revised – Seventh Edition Errata 2
Revised – Seventh Edition Errata 4

Revised – Seventh Edition Errata 5
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Eleventh Edition

SIXTH EDITION

This standard was created to assist coders in assigning codes from the revised N18 category. This category was revised from *Chronic renal failure* to *Chronic kidney disease* following the redefinition of the disease and the creation of a five stage structure to reflect the chronicity of the disease.

SIXTH EDITION ERRATA 1

- *Hypertension in kidney disease* – Clarified and additional reference to a standard was added.

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

- *Kidney replacement therapy* – Amendments were made to clarify patient's receiving kidney replacement therapy in the form of ongoing maintenance dialysis have stage 5 CKD. Also, the *Classification* box has been amended to clarify the coding of kidney replacement therapy.

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

CLASSIFICATION

1. Cases of chronic kidney disease with ongoing kidney replacement therapy, whether by dialysis or by transplant, which comply with ACS 0002, require a code from N18.- *Chronic kidney disease* to describe the current stage of disease, except in routine dialysis only admissions.
2. For routine dialysis only admissions it can be assumed from the assignment of Z49.1 *Extracorporeal dialysis* or Z49.2 *Other dialysis* that the patient has CKD – stage 5 (see also ACS 1404 *Admission for kidney dialysis*).
3. ~~For all other admissions where chronic kidney disease requires dialysis, assign N18.5 *Chronic kidney disease, stage 5.*~~
4. ~~4.~~3. For patients who have received a kidney transplant and documentation pertaining to this status satisfies criteria for coding under ACS 0002, assign Z94.0 *Kidney transplant status* together with N18.3 *Chronic kidney disease, stage 3* or higher, as indicated by an eGFR level.
5. ~~5.~~4. For patients dependent on haemodialysis or peritoneal dialysis for end-stage kidney disease, but not receiving dialysis treatment during the current admission, and where documentation pertaining to this status satisfies criteria for coding under ACS 0002, assign Z99.2 *Dependence on kidney dialysis* together with N18.5 *Chronic kidney disease, stage 5*.

- *Anaemia in kidney disease – Classification* box amended to add an unspecified CKD code

CLASSIFICATION

When anaemia is documented:

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

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

- *Diabetic nephropathy* – A *Classification* box has been added to assist coders to assign a code from N18.- together with the diabetic nephropathy code to indicate the severity of the kidney disease.

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

SIXTH EDITION ERRATA 2

- *Example 5* – The scenario was amended and codes I12.9 *Hypertensive kidney disease without kidney failure* and N18.3 *Chronic kidney disease, stage 3* was resequenced.

EXAMPLE 5:

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

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

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

(See also ACS 0913 *Hypertensive kidney disease*)

- *Kidney replacement therapy – Point 4* in the *Classification* box was amended to clarify classification information.

CLASSIFICATION

…

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

- *Anaemia in kidney disease – Classification* box under section was amended to clarify classification information.

CLASSIFICATION

When anaemia is documented:

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

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

SIXTH EDITION ERRATA 3

The place of occurrence code in *Example 6* was amended from Y92.09 to Y92.01 *Outdoor areas.*

SEVENTH EDITION

The definition of CKD was amended to:
In a clinical setting, a patient is diagnosed with CKD if they meet either of the following criteria:
…
• Glomerular filtration rate (GFR) <60mL/min/1.73m^2 for 3 months of more, with or without kidney damage.

All references to ACS 0913 *Hypertensive kidney disease (I12)* were removed following its deletion from the ACS.

Glomerular Filtration Rate estimate – eGFR – Classification box – Paragraph was added regarding code assignment for *acute on chronic kidney disease* in a patient transferred in the acute phase.

A*naemia in kidney disease* section – Deleted following inactivation of D63.8* *Anaemia in other chronic diseases classified elsewhere.* The criteria in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses* should be applied to determine if a code for *anaemia* is assigned for patients with chronic kidney disease, following an appropriate code selected from the lead term *Anaemia* in the Alphabetic Index.

Diabetic nephropathy section – Sequence of codes in *Example 9* (previously *Example 10*) was amended for consistency with amendments to ACS 0401 *Diabetes mellitus and impaired glucose regulation.*

SEVENTH EDITION ERRATA 1

Example 9 was amended to add “diabetic nephropathy” into the scenario to clarify code assignment.

SEVENTH EDITION ERRATA 2

The incorrect code title at N02.8 in Example 6 was amended from *IgA Nephropathy* to *Recurrent and persistent haematuria, other.*

SEVENTH EDITION ERRATA 4

The following amendments were made in:

- Example 6 - W10.9 *Fall on and from other and unspecified stairs and steps ~~steps or stairs~~*
- Example 7 – N03.2 *Chronic nephritic syndrome, diffuse membranous glomerulonephritis*
- Example 9 – deleted *Principal diagnosis* and *Additional diagnoses* and replaced with *Codes* for consistency in examples.

SEVENTH EDITION ERRATA 5

The following amendments support Seventh Edition Errata 5 changes to the ACS 0401:

- Example 2 – updated ACS 0401 title to *Diabetes mellitus and intermediate hyperglycaemia* in see also reference.
- *Diabetic nephropathy* section – updated ACS 0401 title to *Diabetes mellitus and intermediate hyperglycaemia* in see also reference
- Example 9 – deleted the following:
    - from the scenario "*Clinical notes referred to worsening hypertension and increased fatigue"*
    - codes E11.72 *Type 2 Diabetes mellitus with features of insulin resistance* and I10 *Essential (primary) hypertension*

Source of recommended change:
NCCC (TN108)

EIGHTH EDITION

The section of 'hypertension in kidney disease' has been deleted and the information incorporated into ACS 0925 *Hypertension and related conditions*. ACS reference symbols were deleted in the Tabular List in ICD-10-AM to support these changes.

Example 2 – Update terminology in *see also* reference for ACS 0401, from *impaired glucose regulation* to *intermediate hyperglycaemia*.

Following a review of the Reference list in the *Australian Coding Standards* (TN449), the *Medline Plus: Diabetes and kidney disease* (U.S. National Library of Medicine, 2012) definition of diabetic nephropathy was amended from:

"Diabetic nephropathy is also known as diabetic glomerulosclerosis. It is a common underlying condition for CKD. In this condition, the glomeruli of the kidney thicken reducing the ability of the glomeruli to filter the blood and allows more protein, in the form of albumin, into the urine."

To:

"Diabetic nephropathy is also known as diabetic glomerulosclerosis. It is a common underlying condition for CKD. In this condition, the glomeruli of the kidney thicken and slowly become scarred over time. The kidneys begin to leak and protein (albumin) passes into the urine (U.S. National Library of Medicine, 2012)."

Source of recommended change:
NCCC (TN310, TN284, TN449)

NINTH EDITION

The standard was amended to include the classification advice regarding *kidney transplant failure/kidney transplant status*. The information was previously published in ***Coding Matters*** Volume 16, Number 4 (March 2010).

KIDNEY TRANSPLANT FAILURE

Transplanted kidneys may fail in the short or long term due to rejection. Hyperacute rejections of transplanted kidney are immediate and acute rejection is highest in the first three months after transplantation. However, acute rejection can also occur months to years after transplantation. Chronic transplant rejection is irreversible and cannot be treated effectively.

An acute rejection will likely be the focus of the admission with the objective being the treatment of the rejection. For chronic irreversible kidney transplant rejection, the patient is likely to be on maintenance dialysis to treat CKD stage 5.

CLASSIFICATION

1. For acute kidney transplant rejection, assign T86.1 *Kidney transplant failure and rejection* with appropriate external cause codes.
2. For chronic (irreversible) kidney failure following a previous kidney transplant which is now requiring maintenance dialysis in the current admission, assign Z94.0 *Kidney transplant status* and N18.5 *Chronic kidney disease, stage 5.*

Sequencing of codes should be guided by ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

EXAMPLE 5:

A 70 year old woman was admitted for treatment of community acquired pneumonia. She had received a kidney transplant 10 years previously, which lost its function three years later, and she has been dependent on kidney dialysis since. She received haemodialysis every second day during the admission.

Codes:	J18.9	*Pneumonia, unspecified*
	N18.5	*Chronic kidney disease, stage 5*
	Z94.0	*Kidney transplant status*
	13100-00 [1060]	*Haemodialysis*

Following receipt of a public submission, minor corrections were made to this standard with respect to the classification advice for kidney replacement therapy. The code range for CKD with kidney replacement therapy at the *Classification* section was amended to N18.3-N18.5, and routine dialysis only admissions and cases where CKD is inherent were included in the list of exception.

Examples in this standard were also amended to demonstrate that additional codes for *Hypertension, CKD, Kidney transplant status* should only be assigned when they meet the criteria in ACS 0002 *Additional diagnoses.*

CLASSIFICATION

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

Where CKD is documented, assign the stage based on:

1. documentation of a stage by clinician,

OR

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

OR

3. GFR (eGFR) from pathology result.

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

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

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

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

CLASSIFICATION

1. Cases of chronic kidney disease with ongoing kidney replacement therapy, whether by dialysis or by transplant, which comply with ACS 0002 *Additional diagnoses*, require a code from ~~N18. *Chronic kidney disease*~~ N18.3 – N18.5 (CKD stage 3-5) to describe the current stage of disease, except in routine dialysis only admissions or where CKD is inherent (eg I12.0 *Hypertensive kidney disease with kidney failure*).
2. For routine dialysis only admissions it can be assumed from the assignment of Z49.1 *Extracorporeal dialysis* or Z49.2 *Other dialysis* that the patient has CKD – stage 5 (see also ACS 1404 *Admission for kidney dialysis*).
3. For patients who have received a kidney transplant and documentation pertaining to this status satisfies criteria for coding under ACS 0002 *Additional diagnoses*, assign Z94.0 *Kidney transplant status* together with N18.3 *Chronic kidney disease, stage 3* or higher, as indicated by an eGFR level.
4. For patients dependent on haemodialysis or peritoneal dialysis for end-stage kidney disease, but not receiving dialysis treatment during the current admission, and where documentation pertaining to this status satisfies criteria for coding under ACS 0002 *Additional diagnoses*, assign Z99.2 *Dependence on kidney dialysis.*

Source of recommended change:

Public submission (P18)
ACCD (TN542, TN575)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting throughout the ACS, including the examples
- Renaming the table from *Stages of kidney function reduction* to *Stages of chronic kidney disease (CKD),* and updating the content
- Renaming the section *Glomerular filtration rate estimate – EGFR* to *Estimated glomerular filtration rate (eGFR)*

Source of recommended change:
ACCD (TN1338)

Chapter 15 *Pregnancy, childbirth and the puerperium*

TENTH EDITION

Following receipt of public submissions and publication of Coding Rules, major amendments were made to:

- ICD-10-AM Chapter 15 *Pregnancy, childbirth and the puerperium*
- ACHI Chapter 14 *Obstetric procedures*
- ACS Chapter 15 *Pregnancy, childbirth and the puerperium*

New standards:

- ACS 1500 *Diagnosis sequencing in delivery episodes of care*
  This standard provides guidelines regarding the assignment of O80-O84 *Delivery* (as principal or additional diagnosis), and other codes relevant to delivery (and antenatal) episodes of care.

- ACS 1505 *Delivery and assisted delivery codes*
  ACS 1505 was created (reinstated) to include guidelines regarding the assignment of spontaneous vertex delivery and other assisted delivery to create national consistency, and consistency with international practice.

  Prior to ACHI Seventh Edition, the assignment of 90467-00 **[1336]** *Spontaneous vertex delivery* was considered unnecessary as it duplicated the diagnosis code O80 *Single spontaneous delivery,* and assignment was optional as directed by jurisdictional guidelines.

  In Seventh Edition, the concept within O80 was broadened to include single spontaneous breech delivery. Consequently, assigning 90467-00 **[1336]** was no longer considered duplication of O80.

  The table within ACS 1505 lists ICD-10-AM *Delivery* codes (O80-O84) to assign with ACHI *Delivery* codes (blocks **[1336]** to **[1340]**); code assignment is no longer optional.

Amended standards:

- ACS 0001 *Principal diagnosis*
  The '*Obstetrics'* section was renamed (*Pregnancy, childbirth and the puerperium*) and the contents transferred to ACS 1500, ACS 1521 and ACS 1548.
- ACS 0002 *Additional diagnoses*
  The '*Conditions noted in obstetrics cases'* section was renamed (*Pregnancy, childbirth and the puerperium*), and cross references added for ACS 1500, ACS 1521 and ACS 1548.
- ACS 0102 *HIV/AIDS*
  A section was added (*HIV disease in pregnancy, childbirth and the puerperium*).

- ACS 0104 *Viral hepatitis*
  The section *'Hepatitis complicating pregnancy, childbirth or the puerperium'* was renamed (*Viral hepatitis in pregnancy, childbirth and the puerperium),* and the guidelines amended. Minor amendments were also made to the Classification table.
- ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*
  The section '*Pregnancy and pre-existing DM and IH'* was renamed (*DM and IH in pregnancy, childbirth and the puerperium),* and the guidelines amended. The section '*Gestational diabetes mellitus (GDM)'* was deleted and incorporated into the preceding section.
- ACS 0505 *Mental illness in pregnancy, childbirth and the puerperium*
  The standard was renamed from '*Mental illness complicating pregnancy',* and the guidelines amended. The section '*Postnatal depression'* was renamed (*Depression).* Minor amendments were made to the examples.
- ACS 1511 *Termination of pregnancy*
  Amendments to this standard were made to incorporate some of the content of deleted standards (eg ACS 1510 *Pregnancy with abortive outcome*, ACS 1513 *Induction and augmentation*). Definitions and a subsection for *Procedures for termination of pregnancy* were added.
- ACS 1521 *Conditions and injuries in pregnancy*
  Amendments to this standard were made to provide guidelines for when a nonobstetric condition is classified as a pregnancy complication; a nonobstetric condition is not a pregnancy complication (incidental pregnant state); and classification of nonobstetric injuries/poisoning in pregnancy (supervision of normal pregnancy).
- ACS 1548 *Puerperal/postpartum condition or complication*
  Amendments to this standard were made to provide guidelines regarding the assignment of nonobstetric conditions in the puerperal period; Z39.0- *Postpartum care and examination immediately after delivery;* and conditions relating to lactation.
- ACS 1904 *Procedural complications*
  Amendments were made to the section '*Obstetric procedural complications'* for consistency with amendments to the rest of the standard.
- ACS 2001 *External cause code use and sequencing*
  O89.4 *Spinal and epidural anaesthesia induced headache during the puerperium* was deleted from the list within the standard, as the code was inactivated in the Tabular List.
- ACS 2103 *Admission for post acute care*
  A cross reference to ACS 1548 was added to the Classification section.

Deleted standards:
A number of standards were deleted, and the content transferred to ICD-10-AM, ACHI or other ACS, as appropriate:

- ACS 1435 *Female genital mutilation*
- ACS 1501 *Definition of puerperium*
- ACS 1503 *'Complete' and 'incomplete' abortion*
- ACS 1509 *Falling oestriols*
- ACS 1510 *Pregnancy with abortive outcome*
- ACS 1513 *Induction and augmentation*
- ACS 1519 *Delivery prior to admission*
- ACS 1520 *Multiple births*
- ACS 1534 *Forceps delivery*
- ACS 1537 *Decreased fetal movements*
- ACS 1538 *Postnatal breastfeeding attachment difficulties*
- ACS 1539 *Suppressed lactation*
- ACS 1541 *Elective and emergency caesarean*
- ACS 1542 *Breech delivery and extraction*
- ACS 1546 *Fetal heart rate decelerations*

- ACS 1547 *Meconium in liquor*

ELEVENTH EDITION

As Part 2 of a review of the ACS Chapter 15, the following ACS were amended for Eleventh Edition:

- ACS 1505 *Delivery and assisted delivery codes*
- ACS 1511 *Termination of pregnancy (abortion)*
- ACS 1521 *Conditions and injuries in pregnancy*
- ACS 1544 *Complications following pregnancy with abortive outcome*
- ACS 1548 *Puerperal/postpartum condition or complication*
- ACS 1549 *Streptococcal group B infection/carrier in pregnancy*
- ACS 1550 *Discharge/transfer in labour*
- ACS 1551 *Obstetric perineal lacerations/grazes*

1500 Diagnosis sequencing in obstetric episodes of care

Status: ***Created – Tenth Edition***
Revised – Eleventh Edition

TENTH EDITION

The standard was created to provide guidelines regarding the assignment of O80-O84 *Delivery*, and other codes relevant to delivery (and antenatal) episodes of care.

See also amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN725)
Public submission (P117)

ELEVENTH EDITION

Eleventh Edition amendments included:

- ACS title renamed from *Diagnosis sequencing in delivery episodes of care* to *Diagnosis sequencing in obstetric episodes of care*
- Renaming of the section *Other additional diagnoses in delivery episodes of care* to *Other additional diagnoses in obstetric episodes of care*
  - Updating of the title of ACS 1511 *Termination of pregnancy (abortion)*
  - Addition of guidelines regarding prophylactic vaccination/need for immunisation
- Amendments to the guideline regarding assignment of additional diagnoses from other chapters, in addition to a Chapter 15 code
- Addition of a cross reference to ACS 1550 *Discharge/transfer in labour*.

Source of recommended change:
ACCD (TN1225)

1501 Definition of puerperium

Status: ***Deleted – Tenth Edition***

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN725)
Public submission (P117)

1503 'Complete' and 'incomplete' abortion

Status: ***Deleted – Tenth Edition***

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN725)
Public submission (P117)

1504 Hydatidiform mole

Status: ***Deleted – Sixth Edition***

SIXTH EDITION

The diagnostic terms were removed from the procedure codes relating to abortion and termination of pregnancy. As a result, this standard was deleted as the procedure codes for hydatidiform mole were simplified.

1505 Delivery and assisted delivery codes

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Deleted – Seventh Edition
Reinstated – Tenth Edition
Revised – Tenth Edition Errata 4
Revised – Eleventh Edition

FIRST EDITION

The list of procedure codes was revised to include only obstetrical procedures (salpingectomy, procedures for female sterilisation and allied health interventions were deleted). This advice was issued with the Third Errata (October 1998) to the First Edition and became effective from October 1998.

SECOND EDITION

The list of procedure codes was revised to include examples of non-obstetrical procedures that can be assigned with O80 *Single spontaneous delivery*.

THIRD EDITION

The list of procedure codes was deleted. This decision was made because the list required constant maintenance to keep it clinically relevant and up to date.

SEVENTH EDITION

The standard was deleted due to redundancy following amendments to *O80–O84 Delivery* codes in ICD-10-AM.

TENTH EDITION

ACS 1505 was created (reinstated) to include guidelines regarding the assignment of spontaneous vertex delivery and other assisted delivery to create national consistency, and consistency with international practice.

Prior to ACHI Seventh Edition, the assignment of 90467-00 [1336] Spontaneous vertex delivery was considered unnecessary as it duplicated the diagnosis code O80 Single spontaneous delivery, and assignment was optional as directed by jurisdictional guidelines.

In Seventh Edition, the concept within O80 was broadened to include single spontaneous breech delivery. Consequently, assigning 90467-00 [1336] was no longer considered duplication of O80.

The table within ACS 1505 lists ICD-10-AM Delivery codes (O80-O84) to assign with ACHI Delivery codes (blocks [1336] to [1340]); code assignment is no longer optional.

See also amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition

Source of recommended change:
ACCD (TN671, TN904, TN725)
Public submission (P117, P202, P207)
Query (Q2809)

TENTH EDITION ERRATA 4

92508-10 **[1909]** *Neuraxial block, ASA 10* in Examples 1 and 2 was corrected.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Addition of a cross reference to ACS 1550 *Discharge/transfer in labour*
- Amendments to the table:
  - Renaming the left hand column *ACHI delivery codes*
  - Updating codes/code titles as per amendments to ACHI Eleventh Edition
  - Amendment of the ACHI codes to assign with O83 *Other assisted single delivery* and O84.81 *Multiple delivery, all assisted, not elsewhere classified*
  - Addition of the new code 90477-01 **[1343]** *Assisted vertex delivery*
- Amendments to the *Note*:
  - Addition of a definition for ‘spontaneous delivery’, for classification purposes
  - Addition of guidelines for ‘failed delivery procedures’
  - Addition of a definition for ‘complete’ delivery
- Minor amendments to the section for *Multiple delivery*
- Examples added and amended

Source of recommended change:
ACCD (TN1225)

1506 Fetal presentation, disproportion and abnormality of maternal pelvic organs

Status: ***Revised – Second Edition***
Revised – Third Edition
Revised – Sixth Edition Errata 1
Revised – Seventh Edition
Revised – Ninth Edition

SECOND EDITION

This standard was amended to indicate that the listed malpresentations and malpositions should be coded if present during labour or at delivery (previously coded only if present at delivery). This advice was issued with the Fourth Errata (June 2001) to the Second Edition and became effective from June 2001.

Advice published in *Coding Matters* (Vol 8 No 1) June 2001 clarified the distinction between categories O32–O34 and O64–O66. This advice impacts on coding practice and became effective July 2001. These categories describe malpresentations, disproportions and abnormalities of maternal pelvic organs that are diagnosed and require care before the onset of labour (O32–O34) or during labour/delivery (O64–O66).

Codes from categories O64–O66 are described as 'obstruction' and, according to classification logic, should be assigned only when 'obstruction' is documented. 'Obstruction' is a subjective diagnosis and the meaning varies considerably among obstetricians. In Australian clinical practice, measures are undertaken to prevent an obstruction. Thus, the documentation of 'obstruction' is rare in this country and codes from categories O64–O66 are rarely assigned.

The conditions that should were assigned to categories O64–O66 (under the classification logic) have been assigned to categories O32–O34 because clinical documentation did not support their assignment to O64–O66.

From July 2001, the advice in this standard will enable clinical coders to follow the classification logic as intended, regardless of the clinical documentation of 'obstruction'.

THIRD EDITION

This standard was expanded to incorporate the guidance on the classification logic of categories O32–O34 and O64–O66 that was previously published in *Coding Matters* (Vol 8 No 1) June 2001. ACS 1545 *Uterine scar* was also incorporated. Consequently, the title was changed from *Presentations regarded as abnormal* to reflect the expanded content.

SIXTH EDITION ERRATA 1

The word "all" has been added so that coders are assigning O75.7 *Vaginal delivery following previous caesarean section* for all cases where trial of caesarean scar proceeds to a vaginal delivery.

SEVENTH EDITION

The section regarding *Presentations regarded as normal* was relocated to the top of the standard. Additional information was added to the *Uterine scar* section regarding the assignment of O34.2 as principal diagnosis. Minor wording amendments were made to the remainder of the standard.

NINTH EDITION

The title of the ACS was changed from *Malpresentation, disproportion and abnormality of maternal pelvic organs* to *Fetal presentation, disproportion and abnormality of maternal pelvic organs* and all presentations listed (abnormal and normal) with an instruction that they should be coded if they meet ACS 0001 *Principal Diagnosis* or ACS 0002 *Additional diagnoses.*

The heading Classification was added, and the text revised to provide clarity in regard to assigning codes from O32-O34 and O64-O66 and in regard to the

instruction regarding when to assign O34.2 *Maternal care due to uterine scar from previous surgery*.

1507 Forceps at caesarean

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted and the content incorporated into ACS 1534 *Forceps deliveries*.

1508 Delay of second stage with neuraxial block

Status: Revised – Third Edition
Deleted – Seventh Edition

THIRD EDITION

The terminology was updated in line with the Third Edition changes to the anaesthesia codes - *epidural* was changed to *neuraxial* block. The last sentence in the first paragraph was also revised to more clearly explain the intent of this guideline.

SEVENTH EDITION

The standard was deleted due to redundancy, following a review of ACS Chapter 15 for Seventh Edition.

1509 Falling oestriols

Status: Deleted – Tenth Edition

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN725)
Public submission (P117)

1510 Pregnancy with abortive outcome

Status: Revised – Sixth Edition
Deleted – Tenth Edition

SIXTH EDITION

This standard was amended to reflect information on abortions only. The definition of *live births* was removed from the standard. A paragraph was added relating to abortion after fetal viability including, a cross reference to ACS *1511 Termination of pregnancy*.

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:

ACCD (TN671, TN725)
Public submission (P117)

1511 Termination of pregnancy (abortion)

Status: ***Revised – Third Edition***
Revised – Fifth Edition
Revised – Sixth Edition
Revised – Sixth Edition Errata 3
Revised – Seventh Edition
Revised – Tenth Edition
Revised – Tenth Edition Errata 1
Revised – Eleventh Edition

THIRD EDITION

The second paragraph under *Point 1* was moved to the end of the standard. The advice in this paragraph about the coding of terminations of pregnancy that result in a liveborn infant can be applied to both *Points 1 and 2* of this standard.

FIFTH EDITION

A minor amendment was made to the paragraph under *Point 2* to include the new Fifth Edition code O60.1 *Preterm labour with preterm delivery.* The new code was introduced to ICD-10-AM for consistency with changes to WHO ICD-10 in 2004.

SIXTH EDITION

This standard was reworded and amended to include guidelines for maternal conditions as the reason for termination. An example was added to *Point 2*. *Examples 1, 2* and *3* and a cross reference to ACS 1510 *Pregnancy with abortive outcome* were also added.

SIXTH EDITION ERRATA 3

The code list in *Point 2* was amended to replace O60.1 with O60.- *Preterm labour and delivery.*

Example 2 was amended to replace O60.1 with O60.3 *Preterm delivery without spontaneous labour.*

Example 3 was amended to replace O60.1 with O60.3 *Preterm delivery without spontaneous labour.*

SEVENTH EDITION

A sentence was added to section 1 to advise not to assign a delivery code (O80–O84) for termination of pregnancy *before* fetal viability.

A dot point was added to section 2 to advise that a delivery code (O80–O84) should be assigned for termination of pregnancy *after* fetal viability. *Example 2* and *3* were amended to reflect this advice.

A minor amendment was made following the URC 2007 updates; the code title of C78.7 in *Example 2* was changed to *Secondary malignant neoplasm of liver and intrahepatic bile duct*.

TENTH EDITION

This standard was revised for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN725)
Public submission (P117)

TENTH EDITION ERRATA 1

An addition was made to the section regarding *fetal death in utero.*

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendment of the definitions of 'induced' and 'medical' abortion
- Addition of headings for *Abortion* and *Fetal death in utero*
- Amendment to the sequencing guidelines regarding *ICD-10-AM codes for medical abortion*
- Addition of a section for *ICD-10-AM codes for staged medical abortion* (for use in those states that perform abortion across multiple episodes of care and/or across multiple facilities)
- Amendment of the title of section *ACHI codes for termination of pregnancy (abortion)*
- Addition or amendment of examples

Source of recommended change:
ACCD (TN1225)

1513 Induction and augmentation

Status: ***Revised – Second Edition***
Revised – Third Edition
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Seventh Edition Errata 2
Revised – Ninth Edition
Deleted – Tenth Edition

SECOND EDITION

ACS 1535 Reason for induction was incorporated into this standard.

THIRD EDITION

In the section 'Reason for induction', eclampsia was changed to pre-eclampsia.

SIXTH EDITION

The term 'fetal death in utero' was added to the section *Reason for induction.* Example 1 was amended to include relevant diagnosis and procedure codes. Example 2 was deleted.

SEVENTH EDITION

The standard was renamed from *Induction* to *Induction and augmentation*. The first paragraph was reformatted using dot points, for clarity. Advice was added regarding the assignment of delivery codes (O80–O84). The *Induction procedures* section was renamed *Induction procedures to terminate pregnancy.* Minor amendments were made to this section. The content of example 1 was deleted and replaced with a scenario regarding termination of pregnancy before

14 completed weeks. Two examples (2 and 3) were added for termination of pregnancy beyond 14 weeks.

SEVENTH EDITION ERRATA 2

Minor amendment made in Example 3 – code O80 *Single spontaneous delivery* was reordered to be Principal diagnosis to be in line with guidelines in the standard.

NINTH EDITION

A cross reference was added in ACS 1513 *Induction and augmentation* to ACS 0001 *Principal diagnosis/Obstetrics* as follows:

…

If the patient is **admitted for management of an antepartum condition** (or other condition classified elsewhere in ICD-10-AM) and a decision is then made to induce labour during the episode of care and the patient delivers, assign the antepartum (or other) condition as the principal diagnosis with a code from category O80–O84 *Delivery* as an additional diagnosis. See also ACS 0001 *Principal diagnosis/Obstetrics*.

Minor amendments were made to the wording in the sentence above example 2.

Source of recommended change:
ACCD (TN129)

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN904, TN725)
Public submission (P117, P202, P207)
Query (Q2809)

1514 Blighted ovum

Status: Deleted – Seventh Edition

SEVENTH EDITION

The standard was deleted following a review of Chapter 15 of the ACS for Seventh Edition. The standard was considered redundant.

1515 Antepartum condition with delivery

Status: Revised – Second Edition

SECOND EDITION

The name of this standard was changed from *Assignment of principal diagnosis in obstetrics* to *Antepartum condition with delivery* to better reflect the content.

The last sentence of this statement was removed to clarify that this standard is only about sequencing of codes when an antepartum condition requires more than 7 days treatment before delivery. This coding convention will distinguish episodes of care with long antepartum periods, and in turn, inform discussions about the need for an antepartum episode of care.

1517 Outcome of delivery

Status: ***Deleted – Seventh Edition***

SEVENTH EDITION

The standard was deleted following a review of ACS Chapter 15 for Seventh Edition. A *Code first* note was added to Z37 and *Code also the outcome of delivery (Z37.-)* was added to appropriate codes in ICD-10-AM Tabular List, making the standard redundant.

1518 Duration of pregnancy

Status: ***Revised – Second Edition***
Revised – Third Edition
Revised – Fifth Edition
Deleted – Seventh Edition

SECOND EDITION

A note was added to *premature rupture of membranes* to indicate that a code from category O09 *Duration of pregnancy* is assigned only if the premature rupture of membranes occurs before 37 weeks of gestation.

A paragraph was also added to explain why category O09 was developed. These codes were developed by the Obstetrics and Gynaecology CCCG to identify the duration of pregnancy for a *specific* group of high risk pregnancies (and these are identified in the standard). Only these conditions should be assigned a code from category O09. By defining the population, the data will be used to make policy decisions and possibly modifications to the Australian Refined-Diagnosis Related Groups (AR-DRG) classification.

THIRD EDITION

The code description of O09.5 was changed (from '34–36 completed weeks' to '34–<37 completed weeks') to align with the ICD convention of describing completed weeks of gestation.

A clarification to this standard was issued with the First Errata (June 2002) to the Third Edition. The completed weeks relating to category O09.5 were changed to 34-36 completed weeks to align with the completed weeks specified in the Tabular List. This advice became effective from July 2002.

A clarification to this standard was issued with the Second Errata (September 2002) to the Third Edition. The code range for *Abortion* was changed from O00–O08 to O00–O07 because O08 is not applicable. This advice became effective from September 2002.

FIFTH EDITION

A minor amendment was made to the standard to incorporate the change to the code title of O60 *Preterm labour.* The change to this code was made for consistency with changes ratified by WHO ICD-10 in 2004.

SEVENTH EDITION

The standard was deleted following a review of ACS Chapter 15 for Seventh Edition. *Notes* were added to O09 and O09.9 to clarify when and how these codes should be assigned, making the standard redundant.

1519 Delivery prior to admission

Status: ***Deleted – Tenth Edition***

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN725)
Public submission (P117)

1520 Multiple births

Status: ***Revised – First Edition***
Revised – Fifth Edition
Revised – Seventh Edition
Revised – Eighth Edition
Deleted – Tenth Edition

FIRST EDITION

The code for twin pregnancy (O30.0) was added to the example. This advice was issued with the First Errata (April 1998) to the First Edition and became effective from July 1998.

FIFTH EDITION

A minor amendment was made to the standard to include the new Fifth Edition code O60.1 *Preterm labour with preterm delivery.* The new code was created for consistency with changes ratified by WHO ICD-10 in 2004.

SEVENTH EDITION

A delivery code was added to *Example 1* for consistency with changes to *delivery* codes in ICD-10-AM.

EIGHTH EDITION

Code title for O09.5 was updated to "*Duration of pregnancy 34–<37 completed weeks"* in Example 1 in this standard for consistency with changes to the Tabular List in ICD-10-AM – clarification of use of O09 *Duration of pregnancy* codes to be only used where duration of pregnancy is <37 completed weeks (less than 36 weeks and 7 days).

Source of recommended change:
Public submissions (P28, P29)
NCCC (TN163)

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN904, TN725)
Public submission (P117, P202, P207)
Query (Q2809)

1521 Conditions and injuries in pregnancy

Status: ***Revised – Second Edition***
Revised – Tenth Edition
Revised – Tenth Edition Errata 4
Revised – Eleventh Edition

SECOND EDITION

This standard was rewritten to more clearly illustrate the classification logic and to reflect the indexing improvements undertaken for pregnancy related complications in the Second Edition. This change came about because of the difficulties clinical coders were having in applying the index to assign conditions complicating pregnancy. The coding guidelines have not changed.

TENTH EDITION

The standard was renamed from 'Conditions complicating pregnancy'. Amendments were made to provide guidelines for when a nonobstetric condition is classified as a pregnancy complication; a nonobstetric condition is not a pregnancy complication (incidental pregnant state); and classification of nonobstetric injuries/poisoning in pregnancy (supervision of normal pregnancy).

See also amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN904, TN725)
Public submission (P117, P202, P207)
Query (Q2809)

TENTH EDITION ERRATA 4

A minor amendment was made to the wording of section *Nonobstetric injuries/poisoning in pregnancy (supervision of normal pregnancy).*

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendment to the reference to ACS 1500 *Diagnosis sequencing in obstetric episodes of care*
- Addition to the bullet point regarding patient supervision/evaluation
- Amendments to the examples (where required)

Source of recommended change:
ACCD (TN1225)

1524 Advanced maternal age

Status: ***Revised – Fourth Edition***
Deleted – Seventh Edition

FOURTH EDITION

This standard was renamed and updated from *Elderly primigravida* to *Advanced maternal age* to assist with code assignment.

SEVENTH EDITION

The standard was deleted following a review of ACS Chapter 15 for Seventh Edition. Z35.51 and Z35.52 should be assigned when they meet the criteria in ACS 0001 and ACS 0002.

1525 Grand multiparity

Status: ***Deleted – Seventh Edition***

SEVENTH EDITION

This standard was deleted following a review of ACS Chapter 15 for Seventh Edition and an inclusion term (*supervision of pregnancy with five or more viable fetuses)* was added to Z35.4.

1526 Hypertension in pregnancy

Status: ***Deleted – Seventh Edition***

SEVENTH EDITION

This standard was deleted following a review of ACS Chapter 15 for Seventh Edition. *Hypertension in pregnancy* (*pregnancy induced hypertension, pre-eclampsia* or *pre-eclamptic toxaemia*) should be coded when the condition is documented by the clinician and it meets the criteria in ACS 0001 or ACS 0002.

1527 Post-term delivery

Status: ***Deleted – Seventh Edition***

SEVENTH EDITION

This standard was deleted following a review of ACS Chapter 15 for Seventh Edition. O48 should only be coded when *post-term delivery/prolonged pregnancy* is documented by the clinician, not when the duration of pregnancy alone is documented.

1528 Postpartum haemorrhage

Status: ***Deleted – Seventh Edition***

SEVENTH EDITION

This standard was deleted. Codes for *postpartum haemorrhage* should be assigned only when the condition is specifically documented, not when the criteria for the condition are met.

1529 Precipitate labour

Status: ***Deleted – Seventh Edition***

SEVENTH EDITION

This standard was deleted. Codes for *postpartum haemorrhage* should be assigned only when *precipitate labour* is specifically documented.

1530 Premature labour and delivery

Status: ***Revised – Third Edition***
Revised – Fifth Edition
Revised – Sixth Edition Errata 1

Revised – Seventh Edition
Deleted – Eighth Edition

THIRD EDITION

The word 'completed' was added to the first sentence to clarify that O60 *Preterm delivery* is assigned if delivery occurs before 37 completed weeks gestation.

FIFTH EDITION

A minor amendment was made to the standard to incorporate the new Fifth Edition code O60.1 *Preterm labour with preterm delivery.* The new code was created for consistency with changes ratified by WHO ICD-10 in 2004.

SIXTH EDITION ERRATA 1

The code title of O60.1 was amended to include the term *spontaneous.*

SEVENTH EDITION

The standard title was renamed from *Premature delivery* to *Premature labour and delivery.* Additional information was added to the standard regarding the assignment of *delivery* codes (O80–O84).

EIGHTH EDITION

A public submission (P6) was received about a misleading paragraph in ACS 1530 *Premature labour and delivery* which implies that a code from O80–O84 *Delivery* should always be assigned as the principal diagnosis. The public submission stated that this guideline is misleading because if an antepartum condition was the reason for admission this would be principal diagnosis and not O80-O84.

It was agreed at the ITG meeting (6 May 2011) that ACS 1530 *Premature labour and delivery* should be deleted as the standard does not provide advice that cannot be obtained elsewhere in the classification. Appropriate advice can be found in ACS 0001 *Principal diagnosis* and by following the Alphabetic Index and Tabular list. ACS reference symbols were deleted at O42 and O60 in ICD-10-AM Tabular List to support these changes.

Source of recommended change:
Public submission (P6)
NCCC (TN181)

1531 Premature rupture of membranes

Status: ***Revised – Third Edition***
Revised – Fourth Edition
Deleted – Seventh Edition

THIRD EDITION

The *Note* for *duration of pregnancy* was amended to align this standard with ACS 1518 *Duration of pregnancy*.

FOURTH EDITION

This standard was revised to include information on the coding of *hindwater leak* and discharge/transfer time. The section relating to the use of O75.5 *Delayed delivery after artificial rupture of membranes* was deleted.

SEVENTH EDITION

This standard was deleted following discussions with CSAC and with appropriate amendments to ICD-10-AM Tabular List and Alphabetic Index to clarify classification of this condition.

1532 Prolonged labour

Status: ***Deleted – Seventh Edition***

SEVENTH EDITION

The standard was deleted following a review of ACS Chapter 15 for Seventh Edition. The code for *prolonged labour* should only be assigned when it is documented by a clinician, not when the criteria for the condition are met.

1533 Complications of obstetric procedures

Status: ***Deleted – First Edition***

FIRST EDITION

This standard was deleted in the First Errata (April 1998) to the First Edition because it was considered redundant with the introduction of ACS 2001 *External cause code use and sequencing*. This deletion became effective from July 1998.

1534 Forceps deliveries

Status: ***Revised – Second Edition***
Deleted – Tenth Edition

SECOND EDITION

ACS 1507 *Forceps at caesarean* was incorporated into this standard.

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN904, TN725)
Public submission (P117, P202, P207)
Query (Q2809)

1535 Reason for induction

Status: ***Revised – First Edition***
Deleted – Second Edition

FIRST EDITION

This standard was revised in the First Errata (April 1998) to the First Edition with clearer coding guidelines for cases when no reason for induction is documented or the reason is stated as *social* or *elective*. This change became effective from July 1998.

SECOND EDITION

This standard was deleted and content incorporated into ACS 1513 *Induction*.

1536 Fetal reduction

Status: ***Deleted – Fifth Edition***

FIFTH EDITION

This standard was deleted following amendments to block [1330] *Antepartum application, insertion or removal procedures,* making it redundant.

1537 Decreased fetal movements

Status: ***Revised – Seventh Edition***
Deleted – Tenth Edition

SEVENTH EDITION

Information was added to the standard regarding *delivery* codes (O80–O84).

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN725)
Public submission (P117)

1538 Postnatal breastfeeding attachment difficulties

Status: ***Revised – Third Edition***
Revised – Fourth Edition
Revised – Fifth Edition Errata 1
Revised – Seventh Edition
Deleted – Tenth Edition

THIRD EDITION

Sequelae of a caesarean section was replaced with *recent caesarean section* in the list of 'other causes of attachment difficulties' in the third paragraph of this standard.

FOURTH EDITION

A major review of this standard resulted in the addition of *breastfeeding* to the title to more clearly identify the standard. Key terms associated with breast feeding problems are compiled into a table specifying the condition, the associated terms and the ICD-10-AM code.

FIFTH EDITION ERRATA 1

The term *cracks* was deleted from the table in this standard.

SEVENTH EDITION

The content of the standard was resequenced, for clarity. The table was deleted, as each of the terms listed were included in the Alphabetic Index.

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN725)
Public submission (P117)

1539 Suppressed lactation

Status: Deleted – Tenth Edition

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN725)
Public submission (P117)

1540 Obstructed labour

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted. It was considered redundant, given the improvements made to the index entries in the Second Edition.

1541 Elective and emergency caesarean

Status: Deleted – Tenth Edition

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN904, TN725)
Public submission (P117, P202, P207)
Query (Q2809)

1542 Breech delivery and extraction

Status: Deleted – Tenth Edition

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN904, TN725)
Public submission (P117, P202, P207)
Query (Q2809)

1543 Manual removal of placenta

Status: Deleted – Seventh Edition

SEVENTH EDITION

The standard was deleted following a review of ACS Chapter 15 for Seventh Edition. *Manual removal of placenta* was added as an *Includes* note at block **[1340]** *Caesarean section.*

1544 Complications following pregnancy with abortive outcome

Status: ***Revised – First Edition***
Revised – Third Edition
Revised – Ninth Edition Errata 1
Revised – Eleventh Edition

FIRST EDITION

This standard was rewritten to more clearly explain the rationale. A section *Retained products of conception* was added, along with a classification example, to assist in coding this condition. This advice was issued with the Sixth Errata (June 1999) to the First Edition and became effective from July 1999.

THIRD EDITION

Guidelines for coding admissions for *retained products of conception following a missed abortion during a previous episode of care* were added to the section *Retained products of conception*.

NINTH EDITION ERRATA 1

Minor amendments were made (to Example 2) for Errata 1, June 2015.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Renaming the ACS from *Complications following abortion and ectopic and molar pregnancy* to *Complications following pregnancy with abortive outcome*
- Addition of a section *Abortion with complication(s) (O03-O06)*
- Addition of a heading *Complications following abortion* (ie for guidelines regarding assignment of O08 *Complications following abortion and ectopic and molar pregnancy*)
- Addition of a section *Complications of ectopic or molar pregnancy or other abnormal products of conception*
- Renaming of section from *Retained products of conception* to *Admission for retained products of conception following abortion*
- Amendments to the wording and formatting across the ACS
- Addition or amendment of examples

Source of recommended change:
ACCD (TN1225)

1545 Uterine scar

Status: ***Revised – First Edition***
Deleted – Third Edition

FIRST EDITION

An additional point was added to clarify that O34.2 *Maternal care due to uterine scar* should be assigned for cases where a patient is admitted for an elective caesarean section due to a previous caesarean section. This advice was issued

with the Second Errata (July 1998) to the First Edition and became effective from July 1998.

THIRD EDITION

This standard was deleted and content incorporated into ACS 1506 *Malpresentation, disproportion and abnormality of maternal pelvic organ*.

1546 Fetal heart rate decelerations

Status: ***Created, Revised – Second Edition***
Revised – Second Edition Errata 4
Deleted – Tenth Edition

SECOND EDITION

This standard was created to provide guidance in coding of fetal heart rate decelerations.

SECOND EDITION ERRATA 4

The standard was revised in the Fourth Errata (June 2001) to the Second Edition to more clearly explain the intent and clarify that fetal heart rate decelerations should be coded if instrumental or surgical intervention was undertaken. This change became effective June 2001.

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN725)
Public submission (P117)

1547 Meconium in liquor

Status: ***Created, Revised – Second Edition***
Status: ***Deleted – Tenth Edition***

SECOND EDITION

This standard was created to provide guidance in coding of meconium in liquor.

The standard was revised in the Fourth Errata (June 2001) to the Second Edition to more clearly explain the intent and clarify that meconium in liquor should be coded if instrumental or surgical intervention is undertaken. This change became effective June 2001.

TENTH EDITION

This standard was deleted for consistency with amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN725)
Public submission (P117)

1548 Puerperal/postpartum condition or complication

Status: ***Created – Second Edition***
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Tenth Edition
Revised – Tenth Edition Errata 1
Revised – Tenth Edition Addenda to Errata 2
Revised – Eleventh Edition

SECOND EDITION

This standard was created with definitions and classification examples to provide guidance on the assignment of codes from category Z39 *Postpartum care and examination immediately after delivery*.

SIXTH EDITION

The last paragraph in this standard was deleted since it repeats the information contained in the first paragraph.

SEVENTH EDITION

A minor amendment was made to *Example 2*; the principal diagnosis was changed to O80, for consistency with changes to *delivery* codes (O80–O84).

TENTH EDITION

The standard was renamed from 'Postpartum condition or complication'. Amendments were made to provide guidelines regarding the assignment of nonobstetric conditions in the puerperal period; Z39.0- *Postpartum care and examination immediately after delivery*; and conditions relating to lactation. A flow chart was added to assist with code assignment.

See also amendments to Chapter 15 *Pregnancy, Childbirth and the Puerperium* for Tenth Edition.

Source of recommended change:
ACCD (TN671, TN725)
Public submission (P117)

TENTH EDITION ERRATA 1

A correction was made to a typographical error in Example 8.

TENTH EDITION ADDENDA TO ERRATA 2

The section *Conditions relating to lactation* and Examples 14 and 15 were amended due to a logic error highlighted in the Tenth Edition FAQs.

Example 16 was also added to the ACS.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting across the ACS, including the examples
- Addition of a cross reference to ACS 1550 *Discharge/transfer in labour*
- Addition of ACHI codes to the examples, where applicable.

Source of recommended change:
ACCD (TN1350)

1549 Streptococcal group B infection/carrier in pregnancy

Status: ***Created – Third Edition***
Revised – Eleventh Edition

THIRD EDITION

This standard was created with definitions and classification examples to assist in understanding and coding this complex area, particularly in relation to carrier status versus active infection.

ELEVENTH EDITION

Amendments to the wording and formatting were made across the ACS to simplify and clarify the definition and Classification guidelines.

Source of recommended change:
ACCD (TN1225)

1550 Discharge/transfer in labour

Status: ***Created – Fourth Edition***
Revised – Fifth Edition
Revised – Sixth Edition
Revised – Eleventh Edition

FOURTH EDITION

This standard was created with definitions and classification examples to assist in the classification of patients who are admitted to hospital in labour, who have no other complications and who do not deliver during that episode of care.

FIFTH EDITION

A minor amendment was made to the standard to incorporate the new Fifth Edition code O60.0 *Preterm labour without delivery.* The new code was created for consistency with changes ratified by WHO ICD-10 in 2004.

SIXTH EDITION

The standard was revised with the aim to alleviate confusion surrounding the application of this standard. The standard has now provided explicit directives for coding an undelivered admission in *true labour* and in *false labour*. The definition of *true labour* was added in the definition section to assist in understanding the distinction between these two conditions.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Renaming the section *Definition* to *Definition of labour,* and the addition of a section *Definition of false labour*
- Addition of sections:
  - *Transfer in (first stage)* labour:
  - *Transfer in third stage of labour*
  - *Discharge in labour (or false labour)*
- Addition of Classification guidelines for transfer to another facility in the third stage of labour
- Amendments to the wording and formatting across the ACS
- Addition of examples.

Source of recommended change:
ACCD (TN1350)

1551 Obstetric perineal lacerations/grazes

Status: ***Created – Fifth Edition***
Revised – Seventh Edition
Revised – Eighth Edition
Revised – Eleventh Edition

FIFTH EDITION

This standard was created to provide definitions and classification advice regarding *obstetric perineal lacerations/grazes*, *episiotomy extended by laceration* and *laceration extended by episiotomy*. This information was previously published in *Coding Matters* Volume 9 Number 4 (March 2003).

SEVENTH EDITION

A sentence was added to the classification section, advising that *obstetric perineal lacerations/grazes should only be assigned as an additional diagnosis in the delivery episode.*

EIGHTH EDITION

An FAQ was published in *Coding Matters* September 2006 (Volume 13, No 2) regarding coding of perineal lacerations that are not repaired due to patient's choice. Standard was amended to include:

- An addition to the *Classification, laceration/grazes*

Source of recommended change:
Query (Q2418)
NCCC (TN66)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting across the ACS
- Renaming of the section *Obstetric perineal lacerations/grazes* to *Obstetric perineal grazes and lacerations (ruptures or tears)*
- Addition of a definition for *Episiotomy*
- Renaming of the section *Episiotomy extended by laceration* to *Episiotomy extended by laceration (rupture or tear)*
- Renaming of the section *Laceration extended by episiotomy* to *Laceration (rupture or tear) extended by episiotomy*
- Renaming of the Classification guidelines section *Laceration/grazes* to *Perineal grazes and lacerations (ruptures or tears)*
- Renaming of the Classification guidelines section *Episiotomy extended by laceration* to *Episiotomy extended by laceration (rupture or tear)*
- Renaming of the Classification guidelines section *Laceration extended by episiotomy* to *Laceration (rupture or tear) extended by episiotomy*
- Addition of Classification guidelines for *Multiple perineal lacerations (ruptures or tears)*
- Addition of examples

Source of recommended change:
ACCD (TN1225)

1552 Premature rupture of membranes, labour delayed by therapy

Status: Created – Ninth Edition

NINTH EDITION

This standard was created to provide guidelines regarding the assignment of O42.2 *Premature rupture of membranes, labour delayed by therapy*.

Source of recommended change:
ACCD (P155)

1602 Neonatal complications of maternal diabetes

Status: Revised – Eighth Edition

EIGHTH EDITION

Updated the terminology in *see also* reference for ACS 0401, from *'impaired glucose regulation'* to '*intermediate hyperglycaemia*.'

Source of recommended change:
NCCC (TN284)

1605 Conditions originating in the perinatal period

Status: Revised – Sixth Edition
Revised – Ninth Edition
Revised – Tenth Edition
Revised – Eleventh Edition

SIXTH EDITION

The standards title was amended to *Conditions originating in the perinatal period* from *Definition of conditions originating in the perinatal period*.

Definitional change of perinatal period commences was made and the NHDD reference (Version 13) was amended.

Guidance and examples in coding ongoing care of premature infants >28 days during the birth episode and subsequent episodes added.

NINTH EDITION

The code in example 1 for intravenous dextrose was amended from 96199-07 *Intravenous administration of pharmacological agent, nutritional substance* to 96199-09 *Intravenous administration of pharmacological agent, other and unspecified pharmacological agent* in line with updates made for Ninth Edition classifying dextrose infusions to the extension -09 *Other and unspecified pharmacological agent*.

Source of recommended change:
ACCD (TN483)

TENTH EDITION ERRATA 1

A correction was made to 96199-019 **[1920]** *Intravenous administration of pharmacological agent, other and unspecified pharmacological agent* in Example 1.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting across the ACS
- Amendments to the titles of category P07.3 *Other and unspecified preterm infants* and P07.32 *Preterm infant, 32 or more completed weeks but less than 37* as per ICD-10-AM Eleventh Edition amendments.

Source of recommended change:
ACCD (TN592, TN1225)

1607 Newborn/neonate

Status: Revised – Sixth Edition
Revised – Eleventh Edition

SIXTH EDITION

The NHDD reference (Version 13) was amended.

The sentence relating to 'state policy differences for newborns…' was deleted from the Note: section. Wording changes were made in points 1 and 3 to further clarify the use of codes from category Z38.

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting across the ACS
- Addition, deletion or amendment of examples

Source of recommended change:
ACCD (TN1225)

1608 Adoption

Status: Deleted – Tenth Edition

TENTH EDITION

ACS 1608 *Adoption* was deleted and relevant information transferred to the Tabular List.

1609 Newborns affected by maternal causes and birth trauma

Status: Revised – Second Edition
Revised – Third Edition
Deleted – Tenth Edition

SECOND EDITION

Advice published in *Coding Matters* (Vol 7 No 3) December 2000 clarified the application of the standard. The advice became effective from December 2000. The content of the standard was expanded to demonstrate that it applies to all categories relevant to newborns affected by a maternal condition (P00–P04) and birth trauma (P10–P15). Coding guidelines and classification examples were included to assist in understanding and coding these conditions.

THIRD EDITION

This standard was expanded considerably to include the advice published in *Coding Matters* (Vol 7 No 3) December 2000. The title was also changed from

Maternal causes of perinatal morbidity and mortality to *Newborns affected by maternal causes and birth trauma* to better reflect the content

TENTH EDITION

ACS 1609 *Newborns affected by maternal causes and birth trauma* was deleted and relevant information transferred to the Tabular List.

1610 Sudden infant death syndrome/apparent life threatening event

Status: ***Revised – Eighth Edition***
Revised – Ninth Edition

EIGHTH EDITION

Minor amendments were made to this standard as a result of the 2009 WHO Update Revision Committee (URC) changes approved at their annual meeting. The changes to this standard are the code title changes under the heading *Classification:*

- point 2 - from R95 *Sudden infant death syndrome* to R95.0 *Sudden infant death syndrome with mention of autopsy*
- point 3 – from R95 *Sudden infant death syndrome* to R95.0 *Sudden infant death syndrome with mention of autopsy*
- point 5 – code change from R95 to R95.-

This reflects changes made in the ICD-10-AM Tabular List.

Source of recommended change:
NCCC (TN170)

NINTH EDITION

The ACS title was changed from *Sudden infant death syndrome/acute life threatening event* to *Sudden infant death syndrome/apparent life threatening event.*

Point 5 of this standard was amended following reclassification of apparent life threatening event (ALTE) from R95.- *Sudden infant death syndrome* to R68.1 *Nonspecific symptoms peculiar to infancy,* as part of WHO Update Revision Committee (URC) updates 2013.

The definition of apparent life threatening event (ALTE) was also amended to reflect the standard clinical definition established by expert consensus.

Source of recommended change:
WHO Update Reference Committee (URC) 2013
ACCD (TN609)

1611 Observation and evaluation of newborn and infants for suspected condition not found

Status: ***Revised – Sixth Edition***
Revised – Eleventh Edition

SIXTH EDITION

The last paragraph in this standard was deleted following changes made to ACS 1605, ACS 1607, ACS 1615 and ACS 1618. Coders are to follow ACS 0001 *Principal diagnosis*.

ELEVENTH EDITION

Amendments to the wording and formatting were made across the ACS.

Source of recommended change:
ACCD (TN1266)

1612 Chronic bronchitis

Status: Deleted – Second Edition

SECOND EDITION

This standard was deleted, and content incorporated into ACS 1011 *Chronic bronchitis in children*.

1614 Respiratory distress syndrome/hyaline membrane disease/surfactant deficiency

Status: Revised – Seventh Edition
Revised – Tenth Edition
Deleted – Eleventh Edition

SEVENTH EDITION

This standard has been amended for ICD-10-AM Seventh Edition because *respiratory distress syndrome* of the newborn or *hyaline membrane disease* is a common complication of the premature baby that occurs as a result of deficiency of surfactant. The condition is treated by the administration of the drug surfactant. This is the standard treatment of *respiratory distress syndrome* of the newborn and does not need to be coded. This has been noted in the standard; a reference to ACS 0042 *Procedures not normally coded, point 7* added and ACS 1006 *Ventilatory support* has been added.

TENTH EDITION

A minor amendment was made to delete reference to 'point 8' in regard to the cross reference to ACS 0042 *Procedures normally not coded.*

Source of recommended change:
ACCD (TN836)

ELEVENTH EDITION

This ACS was deleted, and the content relocated to the ICD-10-AM Tabular List and Alphabetic Index.

Source of recommended change:
ACCD (TN1266, TN1311)

1615 Specific diseases and interventions related to the sick neonate

Status: Revised – First Edition
Revised – Second Edition
Revised – Third Edition
Revised – Fourth Edition
Revised – Sixth Edition
Revised – Eighth Edition
Revised – Eighth Edition Errata 1
Revised – Eighth Edition Errata 2

Revised – Ninth Edition
Revised – Tenth Edition
Revised – Tenth Edition Errata 1

FIRST EDITION

The list of codes in the *Phototherapy* section was deleted in the First Errata (April 1998) to the First Edition and replaced with the appropriate code for phototherapy for neonates (90677-00 [1611] *Other phototherapy*). This advice became effective July 1998.

SECOND EDITION

The section *Transfusions* was revised in the Second Errata (September 2000) to the Second Edition. The requirement that the listed transfusion codes should not be assigned if performed as part of resuscitation at birth was deleted. This advice became effective September 2000.

THIRD EDITION

The section *Gastric gavage* was rewritten to reflect the changes to the Third Edition codes. Gastric gavage and tube feeding are types of enteral infusions. Therefore, the generic term was applied in this standard and the code corrected (prior to July 2002: 92072-00 [1895] and from July 2002: 92191-00 [1885]).

FOURTH EDITION

This standard was amended to reflect the new procedure codes for pharmacotherapy.

SIXTH EDITION

The terminology of this standard was amended from *transfusion* to the generic term *administration* for consistency with other sections in ACHI. A *Note* was added to clarify the coding of interventions for infants >28 days.

EIGHTH EDITION

Phototherapy
Section “Phototherapy” was amended to include “However, if a neonate is readmitted specifically for jaundice and no phototherapy is given, or if it is given for < 12 hours, jaundice should be coded as the principal diagnosis.” This incorporates advice from 10-AM Commandments July 1998 Vol 5, No 1: Readmitted for neonatal jaundice.

Source of recommended change:
Query (Q2527)
NCCC (TN158)

ACS 1615 review
Upon completion of multiple tasks related to this standard and meetings undertaken with the Neonatal Clinical Technical Reference Group, a review of the entire standard was undertaken and as a result the standard has been re-organised into 2 sections:

- Code the following only when the intervention meets specified criteria
- Code the following intervention when performed

and interventions have been grouped accordingly under these sub headings.

The following changes were also made to the standard:

- deletion of content under *"Administration of blood and blood products*" section, leave heading and reference to ACS 0302
- removal of ACS 1615 references from **[1893]** *Administration of blood and blood products*
- amendments to ACS Index and the addition of cross references to ACS 1615 in the ACHI Tabular List as required
- creation of a new subheading titled "Catheterisation in a neonate" with the addition of:
  - 13300-00 **[738]** *Catheterisation/cannulisation of other vein in neonate*
  - 13300-01 **[738]** *Scalp vein catheterisation/cannulation in neonate*
  - 13300-02 **[738]** *Umbilical vein catheterisation/cannulation in neonate*
  - 13319-00 **[738]** *Central vein catheterisation in neonate*
  - 13303-00 **[694]** *Umbilical artery catheterisation/cannulation in neonate*
- addition of cross reference to ACS 0042 *Procedures normally not coded* for catheterisation in neonates
- amendment to wording under "Parenteral antibiotics/anti-infectives" – delete "injection" and replace with "administration"
- merging of "Jaundice" diagnosis information under the sub heading of "Phototherapy"
- add statement regarding ventilation for resuscitation under "Combined ventilatory support" sub heading
- addition of ACS flags in the ACHI Tabular List and coding guidelines in the standard on:
  - Nitric oxide therapy
  - Therapeutic hypothermia
  - Combined ventilatory support (invasive and noninvasive)

Source of recommended change:
Neonatalogy Clinical Technical Group
NCCC (TN158, TN264, TN265, TN278, TN279 and TN283)

EIGHTH EDITION ERRATA 1

Amendments were to ACS1615 *Specific interventions for the sick neonate/2.Code the following intervention when performed/Parenteral fluid therapy.*

Parenteral fluid therapy

96199-07 [1920] *Intravenous administration of pharmacological agent, nutritional substance* and
96199-08 [1920] *Intravenous administration of pharmacological agent, electrolytes* ~~should be assigned when used for management of carbohydrate, hydration or electrolyte disorders.~~

Source of recommended change:
NCCC (P176)

EIGHTH EDITION ERRATA 2

Amendments were made to ACS1615 *Specific interventions for the sick neonate/2. Code the following intervention when performed/Catheterisation in a neonate* to be consistent with the following FAQ from the Eighth Edition Education workshops regarding the code assignment of multiple catherisations in a neonate:

Q: Should a code be assigned for each episode of catheterisation in a neonate?

A: A code for each type of catheterisation in a neonate should be assigned once only, regardless of the number of times it is performed.

Source of recommended change:
ACCD

NINTH EDITION

The following amendments were made to ACS 1615 *Specific interventions for the sick neonate*:

- amended title to *Specific diseases and interventions related to the sick neonate* to more appropriately reflect the advice contained in the standard
- added 34524-00 **[694]** *Catheterisation/cannulation of other artery* under *Catheterisation in a neonate* as it is the most common artery access used in neonates and it had not been added in Eighth Edition with other catheterisations
- amended section for 'Parenteral fluid therapy' to provide code assignments for TPN, Electrolytes and Dextrose – dextrose now indexed to 96199-09 *Intravenous administration of pharmacological agent, other and unspecified pharmacological agent*.

Source of recommended change:
Neonatology Clinical Technical Group
ACCD (TN483, P201)

TENTH EDITION

This ACS was revised for consistency with amendments to the classification of adoption.

Source of recommended change:
ACCD (TN373)

TENTH EDITION ERRATA 1

A correction was made to 96199-019 **[1920]** *Intravenous administration of pharmacological agent, other and unspecified pharmacological agent* in the section *Parenteral fluid therapy.*

1616 Hypoxic ischaemic encephalopathy (HIE) of newborn

Status: ***Revised – Fifth Edition***
Revised – Sixth Edition
Deleted – Eighth Edition

FIFTH EDITION

Minor amendments were made to the classification section to incorporate the new code P91.6 *Hypoxic ischaemic encephalopathy [HIE] of newborn.* The code was introduced to ICD-10-AM for consistency with changes ratified by WHO in 2003.

SIXTH EDITION

ACS title was amended to *Hypoxic ischaemic encephalopathy (HIE) of newborn* from *Hypoxic ischaemic encephalopathy (HIE).* Amendments were made to the standard title for consistency with new ICD-10-AM Fifth Edition code P91.6 *Hypoxic ischaemic encephalopathy [HIE] of newborn.*

EIGHTH EDITION

The Neonatal Clinical Technical Group (CTG) requested review of this ACS and due to new codes developed in conjunction with the Neonatal CTG for each stage/grade of Hypoxic ischaemic encephalopathy [HIE] of newborn, this standard has been deleted as it is no longer required. ACS reference symbols were deleted in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
NCCC (TN266)

1617 Neonatal sepsis/risk of sepsis

Status: ***Created – Third Edition***
Revised – Third Edition Errata 2
Revised – Ninth Edition Errata 1
Revised – Eleventh Edition

THIRD EDITION

This standard was created with definitions and classification examples to provide guidance for code assignment in neonatal sepsis or risk of sepsis.

THIRD EDITION ERRATA 2

A clarification to this standard was issued with the Second Errata (September 2002) to the Third Edition. In the fourth paragraph, the guideline was amended to read that a code from category Z03 *Medical observation and evaluation for suspected diseases and conditions* should be assigned together with an appropriate code from category Z29 *Need for other prophylactic measures*. The code from category Z03 provides specific information about the infection and therefore these cases can be better distinguished in the morbidity data set. This advice became effective from September 2002.

NINTH EDITION ERRATA 1

Minor amendments were made (to the Classification section) for Errata 1, June 2015.

ELEVENTH EDITION

Minor amendments were made to the Classification section to replace:

- Z03 with Z03.71 *Observation of newborn for suspected infectious condition*
- Z29 with Z29.2 *Other prophylactic pharmacotherapy.*

Source of recommended change:
ACCD (TN1432)

1618 Low birth weight and gestational age

Status: ***Created – Third Edition***
Revised – Third Edition Errata 1
Revised – Sixth Edition
Deleted – Eleventh Edition

THIRD EDITION

This standard was created to clarify codes in category P07 *Disorders related to short gestation and low birth weight, not elsewhere classified* relate to both weight and gestational age at birth. Guidance was also provided about when these codes are to be assigned.

THIRD EDITION ERRATA 1

A clarification to this standard was issued with the First Errata (June 2002) to the Third Edition. In the section *Birth weight and gestational age*, the last sentence mentioned fourth characters. This was changed to 'fifth' as fifth characters apply to this subcategory. This advice became effective July 2002.

SIXTH EDITION

The ACS title was amended to *Low birth weight and gestational age* from *Prematurity and low birth weight.* The prematurity section in the standard was also deleted.

ELEVENTH EDITION

This standard was deleted, and the content relocated to the ICD-10-AM Tabular List and Alphabetic Index.

Source of recommended change:
ACCD (TN1225)

1802 Signs and symptoms

Status: Deleted – Tenth Edition

TENTH EDITION

This standard was deleted as it was redundant; it was a duplication of information in the Note at the beginning of Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified*).

Source of recommended change:
ACCD (TN503)

1804 Ataxia

Status: Deleted – Tenth Edition

TENTH EDITION

This standard was deleted as it was redundant; the standard did not provide any advice or guidelines regarding assignment of R27.0 Ataxia that could not be obtained from elsewhere in the classification.

Source of recommended change:
Query (Q2888)

1806 Falls

Status: Revised – Fifth Edition
Deleted – Seventh Edition

FIFTH EDITION

A minor amendment was made to the standard to incorporate the new Fifth Edition code R29.6 *Tendency to fall, not elsewhere classified.* The new code was created for consistency with changes to WHO ICD-10 in 2004.

SEVENTH EDITION

This standard has been deleted and coders are to follow ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* to assign the code R29.6.

1807 Acute and chronic pain

Status: ***Revised – Fourth Edition***
Revised – Fifth Edition
Revised – Sixth Edition
Revised – Tenth Edition
Revised – Tenth Edition Errata 2
Revised – Eleventh Edition

FOURTH EDITION

This standard was revised to reflect the new codes and revised code descriptions for pain diagnoses and pain management. The standard is now more comprehensive, detailing the revised terminology from *injection* to *administration* within the examples.

FIFTH EDITION

Minor amendments were made to the standard. The morphology codes in *Example 3* were changed.

SIXTH EDITION

Minor amendments were made to the standard in conjunction with the update to ACS 1904 *Procedural complications*. The first paragraph was reworded and a reference to ACS 1904 for *classification of readmissions due to postprocedural pain* added.

TENTH EDITION

This standard previously contained guidelines stating that chronic pain codes could only be assigned as principal diagnosis if the site of the pain was unspecified and met the criteria in ACS 0001 *Principal diagnosis*. Hence, identification of chronic pain patients in acute care settings may have been under reported, as the pain was classified to the aetiological condition or site, when documented, rather than the chronicity of the pain.

To address this, a decision was made to assign R52.2 *Chronic pain* to classify all types of chronic pain (neuropathic, neoplastic, nociceptive etc) and ACS 1807 revised to support the classification of chronic pain in its own right.

The title of the ACS was changed from *Pain diagnoses and pain management procedures* to *Acute and chronic pain*, and the guidelines were amended to support the above concepts.

Source of recommended change:
ACCD (TN503)

TENTH EDITION ERRATA 2

Amendments were made to the wording and formatting in the *Chronic pain* and *Classification* sections.

ELEVENTH EDITION

Two examples were added to demonstrate code assignment for nociceptive pain with and without documentation of chronic pain.

Source of recommended change:
ACCD (TN1266)

1808 Incontinence

Status: Deleted – Eleventh Edition

ELEVENTH EDITION

The ACS was deleted due to redundancy; apply the criteria in ACS 0002 *Additional diagnoses* for documentation of *incontinence*.

Source of recommended change:
ACCD (TN592)

1809 Febrile convulsions

Status: Revised – First Edition Errata 1
Deleted – Eleventh Edition

FIRST EDITION ERRATA 1

This standard was revised in the First Errata (April 1998) to the First Edition. The standard is now more comprehensive, with definitions and classification examples provided. This advice became effective July 1998.

ELEVENTH EDITION

The ACS was deleted, and the content relocated to the ICD-10-AM Alphabetic Index.

Source of recommended change:
ACCD (TN1266)

1810 Skin tear and frail skin

Status: Created – Fourth Edition

FOURTH EDITION

This standard was created with definitions and classification to provide guidance for assigning codes when there is documentation of skin tears that are unrelated to traumatic open wounds.

1901 Poisoning

Status: Revised – Seventh Edition
Revised – Tenth Edition

SEVENTH EDITION

The exception to the classification of poisoning for *insulin overdose* was deleted for consistency with amendments to ACS 0401 *Diabetes mellitus and impaired glucose regulation.*

The definition was amended to expand *drugs taken* to *wrong drug given and taken* (in error etc), for consistency with ACS 2005 *Poisonings and injuries – indication of intent* and the *Includes* note at X40–X49.

TENTH EDITION

The wording to this standard was updated to include wrong drug 'or dose', and a cross reference added to ACS 1903 *Two or more drugs taken in combination* and ACS 2005 *Poisonings and injuries – indication of intent*.

Source of recommended change:
ACCD (TN928)

1902 Adverse effects

Status: ***Revised – Sixth Edition***
Revised – Seventh Edition
Revised – Ninth Edition
Revised – Tenth Edition

SIXTH EDITION

The standard title was changed from *Adverse effects of drugs* to *Adverse effects*. Subsections were created for *Drugs* (to incorporate the existing content of the standard) and *Radiotherapy treatment*.

The new section for *Radiotherapy treatment* was created following the update of ACS 1904 *Procedural complications*. It contains a definition, which includes examples of early side effects of radiotherapy, as well as classification advice. Four examples were included to clarify specific coding scenarios regarding *adverse effects of radiation*.

SEVENTH EDITION

A minor amendment was made to *Example 1*. K29.7 was amended to K29.70 *Gastritis unspecified, without mention of haemorrhage.*

NINTH EDITION

A *see also* note was added for reference to a new standard, ACS 2115 *Admission for allergen challenge.*

Source of recommended change:
ACCD (TN695)

TENTH EDITION

Tenth Edition amendments include:

- Updated for consistency with changes to ICD-10-AM procedural complication codes
- Inclusion of a cross reference to ACS 1903 *Two or more drugs taken in combination*)
- Minor amendments to replace Y92.22, which was inactivated for Tenth Edition.

Source of recommended change:
ACCD (TN736, TN928, TN1036)

1903 Two or more drugs taken in combination

Status: ***Revised – Tenth Edition***

TENTH EDITION

Following publication of advice, this standard was amended to include guidelines regarding classification of 'combination drugs'.

Source of recommended change:
ACCD (TN928)

1904 Procedural complications

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Fifth Edition Errata 1
Revised – Fifth Edition Errata 2
Revised – Sixth Edition
Revised – Sixth Edition Errata 3
Revised – Seventh Edition
Revised – Eighth Edition
Revised – Ninth Edition
Revised – Ninth Edition Errata 1
Revised – Tenth Edition
Revised – Tenth Edition Errata 1
Revised – Tenth Edition Errata 2
Revised – Tenth Edition Addenda to Errata 2

FIRST EDITION

A guideline on the coding of postoperative complications was issued with the First Errata (April 1998) to the First Edition as a supplement to the application of ACS 1904. This advice was provided to address the inconsistencies in the Alphabetic Index and Tabular List for postprocedural/postoperative/postsurgical complications. The guideline became effective from July 1998.

SECOND EDITION

This standard has undergone a major restructure and now incorporates ACS 1009 *Pulmonary embolus* and ACS 2007 *Complications and misadventures of surgical/medical care*. The title was changed from *Complications of surgical and medical care* to *Procedural complications* as it now encompasses misadventures that occur during medical/surgical care, early and late complications and sequelae.

Major work was done in the Second Edition to improve the classification of procedural complications. Changes were made to the code titles and index entries (from *postoperative* to *postprocedural*) to reflect current clinical terminology.

While WHO improved ICD-10 by including codes at the end of many chapters for *postprocedural disorders*; there remain concerns surrounding the selection and coding of procedural complications. This has always been a contentious area for clinical coders as it is often not clear from the documentation in clinical records whether a condition occurring in the postoperative period is a complication or a condition which can be expected following a particular type of surgery.

Clinicians from various CCCGs were involved in the development of this standard and in providing clearer definitions and guidelines on the types of conditions likely to occur in the postprocedural period. This standard now emphasises that only conditions that meet the definition of a procedural complication are assigned postprocedural codes as designated by the Alphabetic Index subterms. The importance of following the index to assign the correct code

is also emphasised. Advice is also given about the appropriate external cause codes to assign.

THIRD EDITION

The second paragraph describing certain complications that relate only to specific types of procedures in the section *Examples of procedural complications* was deleted. This paragraph was not important to the interpretation of the standard and the complications cited could relate to procedures other than those listed.

Examples of procedural complications not coded section – Deleted as the decision whether to code these conditions as a procedural complication cannot be applied to a general rule and needs to be taken on a case by case basis.

Procedure codes were deleted from all the classification examples and a note to this effect was placed in the 'Classification' section: They were not considered relevant to the interpretation of this standard.

Classification of transient conditions – Section was revised. A sentence was added to clarify that *transient conditions* should be coded if there is documentation by a clinician that the condition is a complication of a procedure. Examples were added to clearly illustrate the logic of this guideline.

Classification of misadventures section – *Example 3* (now *Example 5*) was changed to provide a more common scenario.

Classification of early and late complications section – *Example 6* was deleted as the example was not clinically relevant.

FIFTH EDITION

Minor amendments were made to the standard. Advice was added to the *Classification of misadventures* section regarding the assignment of an injury code, when applicable; to further describe the type and/or site of the misadventure. Injury codes were added to *Examples 3* and *4*.

Classification of early and late complications section – *Example 7* was added and the existing examples renumbered.

The code listed in *Example 9* for *endophthalmitis from intraocular cataract surgery* was changed to H44.0.

FIFTH EDITION ERRATA 1

In Errata 1 June 2006, an additional dot point was added to the Classification section *When there is an adverse effect…* and advises that an injury code (S00 to T79) should be assigned, when applicable.

A minor amendment was made to the standard to clarify that an injury code should also be added to the code string when coding misadventure when there is an adverse effect on the patient.

FIFTH EDITION ERRATA 2

In Errata 2 September 2006, *Example 3* was amended to correct the external cause code listed (from Y60.0 to Y60.4).

SIXTH EDITION

A major review was undertaken on the standard, following receipt of a public submission and coding queries. The format of the standard was considerably altered.

At the international level (ICD-10), the concepts of early and late complications and their classification to the T codes and end of chapter codes respectively, is not consistent and consequently, this note will be removed from the Alphabetic Index in ICD-10. This has already been done in ICD-10-AM. As this distinction does not affect the classification of the diagnosis codes, the standard was reworded to reflect this and more emphasis placed on the correct lookup in the Alphabetic Index in order to find the correct code. On the other hand, the external cause codes are distinguished by the timing of the complication and therefore the correct code ranges for each type of complication is highlighted.

As transient conditions may or may not meet the specific criteria for a procedural complication, they are not included as a type of procedural complication, but are defined and explained in a separate section within the standard.

Changes include:

- Replacing the definition with a section, *Overview and definition*.
- Deleting the sections: *Documentation and index terminology*, *Misadventure*, *Early complication* and *Late complication*
- A new section: *Types of procedural complications.* This section includes *Misadventure*, *Postprocedural complications* and *Sequelae*
- Deleting the sections: *Classification* and *Classification of transient conditions*
- A new section: *Classification of procedural complications (diagnosis codes).* There is a subsection: *Symptoms which meet the criteria of procedural complications*
- Deleting the sections: *Classification of misadventures*, *Classification of early and late complications* and *Classification of sequelae of complications of surgical care*
- A new section: *Classification of external causes of procedural complications (external cause codes).* This section includes subsections: *Place of occurrence, Misadventure, Procedural complications* and *Sequelae*
- A new section: *Readmission for treatment of procedural/postprocedural complications*
- A new section: *Obstetric procedural complications*
- A new section: *Infected intravenous (IV) site*
- A new section: *Hospital acquired wound infection* – This section contains information previously contained in ACS 1913, which was deleted for ACS Sixth Edition.

SIXTH EDITION ERRATA 3

The term *due to human intervention* was deleted from the section regarding *Misadventure.*

SEVENTH EDITION

The cross reference to ACS 0110 was amended to reflect the change of the ACS title from *Septicaemia* to *Sepsis, severe sepsis and septic shock*.

EIGHTH EDITION

The following test was revised at *Classification of procedural complications (diagnosis codes),*
from:
“An additional code from Chapters 1 to 19 may be assigned to provide further specification of the condition”

to:
"An additional code from Chapters 1 to 19 should be assigned where it provides further specificity"

NINTH EDITION

The section related to *Infected Intravenous (IV) Site* was revised to correlate the clinical advice indicating that:

- Sepsis due to IV line infection should be classified to T82.7 *Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts* AND an appropriate code from A40-A41 for sepsis
- T80.2 *Infections following infusion, transfusion and therapeutic injection* is used for instances where infection/sepsis developed after the initiation of infusion or transfusion, either attributed to the administration of contaminated IV fluid or improper aseptic technique during the procedure.

Additionally, the cross reference to ACS 0110 was amended to reflect the change of the ACS title from *Sepsis, severe sepsis and septic shock* to *SIRS, sepsis, severe sepsis and septic shock*

Minor amendments were made to replace the term 'main' to 'lead' throughout the standard.

Source of recommended change:
ACCD (TN694, TN698)

NINTH EDITION ERRATA 1

Minor amendments were made (to Examples 8, 21 and 26, and the section *Hospital acquired wound infection/Classification*) for Errata 1, June 2015.

Source of recommended change:
ACCD

TENTH EDITION

A major review of ACS 1904 *Procedural complications* was undertaken to reflect the extensive changes to the classification of procedural complications. Changes to the standards include:

- Revised concept of procedural complications in line with clinical advice
- Inclusion of general classification principles for procedural complications in relation to the code selection from the range T80-T88 versus end of chapter postprocedural codes
- Revised classification guidelines for unintentional events (previously termed 'misadventures')
- Inclusion of classification examples to illustrate the principles stated in the standard
- Amendments were made to the section '*Obstetric procedural complications'* for consistency with amendments to the rest of the standard.

Source of recommended change:
ACCD (TN725, TN736)

TENTH EDITION ERRATA 1

Tenth Edition Errata 1 included:

- A correction was made to the section *External cause codes* to replace the cross reference to the *Sequelae* section with guidelines regarding

assignment of a code from category Y88 *Sequelae with surgical and medical care as external cause*
- A correction was made to the *Sequelae* section to clarify the guidelines and add a cross reference to ACS 1912 *Sequelae of injuries, poisoning, toxic effects and other external causes.*

TENTH EDITION ERRATA 2

A correction was made due to a typographical (spelling) error in the section *Unintentional event(s).*

TENTH EDITION ADDENDA TO ERRATA 2

Amendments were made to the scenario in Example 17, and the codes listed in Examples 21 and 25.

1905 Closed head injury/loss of consciousness/concussion

Status: ***Revised – First Edition***
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Eleventh Edition

FIRST EDITION

The codes in the note in the section *Concussion and head injury* were revised from (S06.01–S06.05) to (S06.01–S06.04). The note is not relevant to S06.05. In cases of such severe loss of consciousness, there should be supporting documentation describing the head injury. At the very least, S09.9 *Unspecified injury of head* would be assigned in cases where there is no specific documentation indicating the injury.

This advice was issued with the First Errata (April 1998) to the First Edition and became effective from July 1998.

SIXTH EDITION

This standard was amended to clarify the confusion regarding the interpretation of the instruction in ACS 1905 to code *head injury* to *a more specific diagnosis*. The paragraph under *Concussion and head injury* was amended to explain that *head injury* is a state or condition in its own right and may require coding to S09.9. A new example was also been added.

SEVENTH EDITION

Examples 1, 3–5: Deletion of “see block [1952] *Computerised tomography of brain*” as part of the new changes to ACS 0042 *Procedures normally not coded*.

ELEVENTH EDITION

A minor amendment was made to amend the code title of R40.2 *Coma.*

Source of recommended change:
ACCD (TN94)

1906 Current and old injuries

Status: ***Revised – Sixth Edition***

SIXTH EDITION

This standard was amended to reflect the amended subheading title in ACS 1911 *Burns*.

1907 Multiple injuries

Status: ***Revised – Eighth Edition***
Revised – Ninth Edition
Revised – Tenth Edition

EIGHTH EDITION

There was inconsistency between the information about ICD and ACHI conventions in the introductions to the ICD and ACHI classifications and the corresponding information in the ACS. Information on the conventions in the standards were removed and updated into the relevant volumes of ICD-10-AM and ACHI. As part of this task the following changes were made:

- Deleted ACS 0027 *Multiple coding*
- Deleted references to ACS 0027 *Multiple coding* in the following ACS: 0015, 0025, 0233, 0401, 1907

Source of recommended change:
NCCC (TN270 and TN447)

NINTH EDITION

Amendments were made to incorporate advice published in Coding Matters Volume 17 Number 1. The following guidelines were added:

- When coding the **initial** admission of a multiple trauma, all injuries documented (including superficial injuries such as abrasion and contusions) must be coded to represent the totality of multiple trauma.
- For **subsequent** admissions, only code the injuries that meet the criteria in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*.

A cross reference was also added for ACS **1916** *Superficial injuries.*

Source of recommended change:
ACCD (TN544)

TENTH EDITION

The cross reference to ACS 1916 *Superficial and soft tissue injuries* was updated to reflect changes to the title of that standard.

Source of recommended change:
ACCD (TN928)

1908 Open wound with artery, nerve and/or tendon damage

Status: ***Revised – Tenth Edition***

TENTH EDITION

This standard was updated to broaden application to open wounds, including artery damage, and amendment of code sequencing for laceration with artery, nerve and tendon injuries in line with ACS 0001 *Principal diagnosis.*

The title was also changed from ‘Laceration with nerve and tendon damage’.

Source of recommended change:

1909 Adult and child abuse

Status: ***Revised – First Edition***
Revised – Second Edition
Revised – Third Edition
Revised – Seventh Edition

FIRST EDITION

The second paragraph in the section *Counselling for those affected by abuse, other than the victim* was changed in the First Errata (April 1998) to the First Edition. The words *spouse or partner* were added – '…for those affected by *spouse or partner* abuse other than the victim or offender.' This change became effective from July 1998.

SECOND EDITION

The second paragraph in the section *Victim* was changed. Any appropriate code from category T74 *Maltreatment syndromes* should be assigned as the principal diagnosis (rather than only T74.1 *Physical abuse*) in cases of *suspected child/adult abuse* or *child at risk* admissions, where there are no current injuries.

A section *History of abuse* was added to clarify when it is appropriate to assign *history of abuse* codes.

THIRD EDITION

The section *Victim* was revised to include neglect and physical conditions that can result from abuse and are not injuries (eg malnourishment). Classification examples were added to illustrate the principles.

In cases of abuse with resulting injury(ies), the external cause code should reflect the mechanism of the injury. This represents a change in coding practice. Prior to July 2002, the external cause code was assigned from category Y07 *Other maltreatment syndromes*.

The section *History of abuse* was expanded to include classification guidelines on the appropriate code to assign when *history of abuse* is documented without further qualification.

SEVENTH EDITION

A minor amendment was made following the URC 2007 updates; the code title of Y07.- *Other maltreatment* was amended to delete the term *syndromes*.

1911 Burns

Status: ***Revised – Second Edition***
Revised – Third Edition
Revised – Fifth Edition
Revised – Sixth Edition
Revised – Seventh Edition
Revised – Eighth Edition
Revised – Eleventh Edition

SECOND EDITION

The section *Site codes* was revised to include guidance on the coding of burns of the same site but of multiple thickness.

THIRD EDITION

The section *Dressing of burns* was rewritten and the coding advice amended. Dressings of burns are coded only when performed under anaesthesia. This represents a change in coding practice. Prior to July 2002, dressings of burns were coded regardless of whether anaesthesia was performed. This change aligns this standard with the advice given in ACS 0042 *Procedures normally not coded*.

FIFTH EDITION

The *Classification, Sunburn* section in this standard was revised to provide guidelines regarding the assignment of codes for percentage of body surface area for sunburn. A note was also added to alert users not to assign an external cause code when coding sunburn.

The *Classification, Dressing* section was revised. The heading was changed to *Dressing/debridement of burns*. Wording in this section was amended and additional information included regarding the assignment of codes for both dressing and debridement.

SIXTH EDITION

The section title *Readmission for burn treatment* was amended.

The paragraph under *Coding infection in burns patients* was amended to include new classification guidelines for the coding of infected burns. A new example has also been added to this section.

SEVENTH EDITION

The section *Body surface area (BSA)* was revised to include guidance on code assignment in subsequent admissions for burns dressing, grafting or debridement.
Classification – Dressing/debridement of burns – Minor amendment: “Dressing of burns is only code when cerebral anaesthesia is required in order for the procedure to be performed.”

EIGHTH EDITION

The NCCC received a public submission concerning the classification and AR-DRG assignment for sunburn. Given that sunburn is a significant health issue and has long term consequences with skin cancer, the ITG (ICD Technical Group) decided at its meeting on 6 May 2011 that, sunburn requires multiple ICD codes to identify the sunburn site and external causes of injury. Tabular changes such as ‘use additional code’ instructions and removal of sunburn from the exclusion list at T20-T31 *Burns* were implemented. A new section *Classification – Burns by site* was added and the section *Classification – Sunburn* was revised to include new classification guidelines including multiple code assignment for Sunburn. ACS reference symbols were added in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
Public submission (P32)
NCCC (TN187)

ELEVENTH EDITION

Eleventh Edition amendments included:

- Amendments to the wording and formatting across the ACS
- Renaming of section *Coding infections in burns patients* to *Infections in burns patients*
- Deletion of the section *Multiple burns and injuries*
- Addition of three examples

Source of recommended change:
ACCD (TN1345)

1912 Sequelae of injuries, poisoning, toxic effects and other external causes

Status: ***Revised – First Edition Errata 1***
Revised – Tenth Edition

FIRST EDITION ERRATA 1

The external cause code in *Example 3* was corrected from W11.03 to Y86 *Sequelae of other accidents*. This advice was issued with the First Errata (April 1998) to the First Edition and became effective July 1998.

TENTH EDITION

This standard was amended to specify that a code for place of occurrence is assigned with sequelae codes.

Source of recommended change:
ACCD (TN928)

1913 Hospital acquired wound infection

Status: ***Revised – First Edition Errata 1***
Deleted – Sixth Edition

FIRST EDITION ERRATA 1

Two additional external cause code blocks, relevant to hospital acquired wound infection, were added to the standard (Y70-Y82 *Medical devices associated with adverse incidents in diagnostic and therapeutic use* and Y83-Y84 *Surgical and other medical procedures as the cause of abnormal reaction of the patient or of later complication, without mention of misadventure at the time of procedure*). This advice was issued with the First Errata (April 1998) to the First Edition and became effective July 1998.

SIXTH EDITION

This standard was deleted, and the content incorporated in an updated version of ACS 1904 *Procedural complications*.

1915 Spinal (cord) injury

Status: ***Revised – Third Edition Errata 1***
Revised – Seventh Edition
Revised – Eighth Edition
Revised – Eleventh Edition

THIRD EDITION ERRATA 1

A cross reference to ACS 0625 *Quadriplegia and paraplegia, non-traumatic* was added to the classification section *Spinal cord injury – subsequent phase* for guidance on coding of non-traumatic spinal cord injuries in a subsequent phase.

The issue of distinguishing non-traumatic and traumatic spinal cord injury on subsequent admissions was raised in a public submission. Following both ACS 1915 and ACS 0625 *Quadriplegia and paraplegia, non-traumatic*, the same codes from category G82 *Paraplegia and tetraplegia* are assigned to indicate the spinal cord condition. The fifth character of this category indicates whether the paraplegia/tetraplegia is acute or chronic, but there is no indication of aetiology, ie traumatic or non-traumatic.

A solution was implemented via a minor rewording to this standard. Sequelae codes are now assigned for subsequent episodes of care of traumatic spinal cord injury. Sequelae codes (where available), personal history codes and general disease codes are now assigned to indicate the underlying cause of the paraplegia/quadriplegia in subsequent episodes of care of non-traumatic spinal cord injury. The changes were issued with the First Errata (June 2002) to the Third Edition and became effective from July 2002.

SEVENTH EDITION

The classification section *Spinal cord injury – subsequent phase* was amended to include code T90.5 *Sequelae of intracranial injury* as a sequela of an intracranial injury and to add the default code T91.3 *Sequelae of injury of spinal cord* when there is no information available regarding the original injury.

Classification section, *The initial phase – immediately post trauma*, *Point 4* was amended in line with the changes made the instructional terms at S13, S23 and S33 where code ranges were added to the instructional notes to specify that they only apply to *dislocation* codes within the category.

Example 2 – The reference to *see block* [1959] *Computerised tomography of spine* was deleted in accordance with changes to ACS 0042 *Procedures normally not coded*.

Example 3 – A minor amendment was made to the scenario to include *as a result of MVA 5 years ago.*

EIGHTH EDITION

Following a review of the Reference list in the *Australian Coding Standards*, the *Miller-Keane Encyclopedia & Dictionary of Medicine, Nursing & Allied Health* (2005) definitions of paraplegia and quadriplegia were amended.

Source of recommended change:
NCCC (TN449)

ELEVENTH EDITION

Amendments to the wording and formatting were made across the ACS.

Source of recommended change:
NCCC (TN1266)

1916 Superficial and soft tissue injuries

Status: ***Revised – Sixth Edition***
Revised – Seventh Edition
Revised – Ninth Edition
Revised – Tenth Edition

SIXTH EDITION

The second paragraph under *Classification* was reworded and coding advice for superficial injuries with infection was added.

Source of recommended change:
NCCH

SEVENTH EDITION

A cross reference was added to ACS 1331 *Soft tissue injuries.*

Source of recommended change:
NCCH

NINTH EDITION

A cross reference was added to ACS 1907 *Multiple injuries*.

Source of recommended change:
ACCD

TENTH EDITION

The guidelines regarding superficial/soft tissue injuries, and the addition of guidelines for cellulitis, contusions and sprains and strains, were incorporated into this standard, to remove overlap and inconsistencies.

Source of recommended change:
ACCD (TN928)

1917 Open wounds

Status: Revised – Sixth Edition

SIXTH EDITION

The paragraph under *Complications of open wounds* was amended to include post traumatic infection.

1918 Fracture and dislocation

Status: Revised – Seventh Edition
Revised – Seventh Edition Errata 5

SEVENTH EDITION

In the section *Fracture dislocation* under *Classification*, minor amendment has been made to the spelling of *Lisfranc's* for consistency.

SEVENTH EDITION ERRATA 5

The scenario in Example 3 was amended due to incorrect codes for the scenario cited. The scenario was changed from distal to proximal humerus and the following amendments were made to the codes as a result:
Deleted:

- S42.40 *Fracture of lower end of humerus, part unspecified*
- S43.01 *Anterior dislocation of humerus*

Replaced with:

- S42.20 *Fracture of upper end of humerus, part unspecified*

- S43.00 *Dislocation of shoulder, unspecified*

1921 Sprains and strains

Status: Deleted – Tenth Edition

TENTH EDITION

This standard was deleted and the content transferred to ACS 1916 *Superficial and soft tissue injuries* to consolidate the guidelines regarding superficial/soft tissue injuries, and remove overlap and inconsistencies.

Source of recommended change:
ACCD (TN928)

1923 Contact with venomous/nonvenomous creatures

Status: Created – Third Edition
Revised – Fourth Edition
Revised – Fifth Edition
Revised – Eleventh Edition

THIRD EDITION

This standard was created with definitions and classification examples to assist in understanding and coding snake and spider bites and any related treatment. Advice has also been provided on antivenom and its adverse effects.

FOURTH EDITION

A change to paragraph title *Prophylactic immunotherapy* to *Venom immunotherapy* brings the standard in line with current terminology. Increased definition identifying dosing schedules is aimed to assist code assignment.

A *Classification* section was included to assist with principal diagnosis selection and the inclusion of three new procedure codes.

FIFTH EDITION

The title of this standard was amended to include the term *nonvenomous*.

ELEVENTH EDITION

Amendments were made to include the concept of *anaphylactic shock.*

Source of recommended change:
ACCD (TN98)

1924 Difficult intubation

Status: Created – Tenth Edition
Revised – Tenth Edition Errata 3

TENTH EDITION

This standard was created to incorporate published classification advice.

Source of recommended change:
ACCD (TN928)

TENTH EDITION ERRATA 3

An addition was made to the ACS to include external cause and place of occurrence codes to the Classification section.

2001 External cause code use and sequencing

Status: ***Revised – First Edition Errata 1***
Revised – Second Edition
Revised – Third Edition
Revised – Sixth Edition
Revised – Eighth Edition
Revised – Tenth Edition

FIRST EDITION ERRATA 1

A section 'Codes not requiring an external cause code' was added to the standard as a simple reference list for clinical coders. This advice was issued with the First Errata (April 1998) to the First Edition and became effective July 1998.

SECOND EDITION

Cross references to ACS 2003 *Place of occurrence of external cause of injury* and ACS 2006 *Activity related to the external cause of injury* were added as these standards address the additional codes for *place of occurrence* and *activity* that are required with certain external cause codes.

THIRD EDITION

The cross references to ACS 2003 and ACS 2006 were replaced with cross references to the Tabular List of Diseases. These standards were deleted in the Third Edition and their content incorporated into the Tabular List.

SIXTH EDITION

A code (O89.4 *Spinal and epidural anaesthetic-induced headache during the puerperium*) was added to the list not requiring an external cause code.

EIGHTH EDITION

L55.- removed from the list of codes not requiring an external cause due to new coding guidelines for Sunburn implemented – see 1911 *Burns*.

Source of recommended change:
Public submission (P32)
NCCC (TN187)

TENTH EDITION

Tenth Edition amendments include:

- O89.4 *Spinal and epidural anaesthesia induced headache during the puerperium* was deleted from the list within the standard, as the code was inactivated in the Tabular List
- Removing the concept of ‘translate the diagnostic statement’ and update it to ‘classify the clinical concept’

Source of recommended change:
ACCD (TN725) (TN917)

2003 Place of occurrence code

Status: ***Revised – First Edition Errata 2***
Deleted – Third Edition

FIRST EDITION ERRATA 2

A note was added to clarify which place of occurrence code is the most appropriate to assign when multiple categories apply. This advice was issued with the Second Errata (July 1998) to the First Edition and became effective from July 1998.

THIRD EDITION

This standard was deleted, and content incorporated into the Tabular List of diseases under category Y92 *Place of occurrence*.

2004 Allergic reaction NOS

Status: ***Deleted – Eleventh Edition***

ELEVENTH EDITION

This standard was deleted as it was considered redundant, due to amendments made to the ICD-10-AM Tabular List and Alphabetic Index regarding *allergic reaction*.

Source of recommended change:
ACCD (TN98)

2005 Poisonings and injuries – indication of intent

Status: ***Revised – First Edition Errata 2***

FIRST EDITION ERRATA 2

The block numbers for ‘Assault’ were changed from X85–Y06 to X85–Y09.This advice was issued with the Second Errata (July 1998) to the First Edition and became effective from July 1998.

2006 Activity related to the external cause of injury

Status: ***Revised – First Edition Errata 2***
Deleted – Third Edition

FIRST EDITION ERRATA 2

The activity code mentioned in the note at the end of the standard was corrected from Y93.2 to Y93.0- *While engaged in sports activity*. The note has also been further refined with an addition to clarify which activity code is the most appropriate to assign when multiple categories apply. This advice was issued with the Second Errata (July 1998) to the First Edition and became effective from July 1998.

THIRD EDITION

This standard was deleted and content incorporated into the Tabular List of Diseases under block U50–U73 *Activity*.

2007 Complications and misadventures of surgical/ medical care

Status: ***Deleted – Second Edition***

SECOND EDITION

This standard was deleted and content incorporated into ACS 1904 *Procedural complications*.

2008 Perpetrator of assault, abuse and neglect

Status: ***Created – Third Edition***
Revised – Sixth Edition
Revised – Eleventh Edition

THIRD EDITION

This standard was created with classification examples to provide guidance in assigning the fifth character codes identifying the perpetrator of assault, abuse or neglect with categories X85–Y09.

SIXTH EDITION

A minor change was made to the standard. The code range cited in the note was amended, as the codes in Y02 no longer require a filler fourth character of '0'.

ELEVENTH EDITION

A minor amendment was made to the *Note* for consistency with amendments to the listed code ranges as per WHO updates 2015 and 2016.

Source of recommended change:
ACCD (TN1065)

2009 Mode of pedestrian conveyance

Status: ***Created – Fifth Edition***

FIFTH EDITION

This standard was created to provide a definition and classification advice regarding pedestrian conveyance. Its creation was prompted by the introduction of category V00 *Pedestrian injured in collision with pedestrian conveyance.*

2103 Admission for post acute care

Status: ***Revised – Second Edition***
Revised – Ninth Edition
Revised – Ninth Edition Errata 2
Revised – Tenth Edition

SECOND EDITION

The guidelines and example relating to cases where social reasons prevent a patient's discharge home were deleted from this standard and moved to ACS 2107 *Respite care* as the information was more appropriate under that standard. A cross-reference to ACS 2107 was included.

NINTH EDITION

The Independent Hospital Pricing Authority (IHPA) requested consideration be given to reviewing the ICD-10-AM codes and standards for maintenance care

admissions to ensure sufficient detail is captured to explain the reasons patients are receiving maintenance care.

The ACS title was changed from *Admission for convalescence/aftercare* to *Admission for post acute care*.

Source of recommended change:
ACCD (TN660)

NINTH EDITION ERRATA 2

Minor amendments were made (to Example 3) for Errata 2, September 2015. A cross reference to ACS 2117 *Non-acute care* was also added.

Source of recommended change:
ACCD

TENTH EDITION

A cross reference to ACS 1548 was added to the Classification section.

Source of recommended change:
ACCD (TN725)

2104 Rehabilitation

Status: ***Revised – Second Edition***
Revised – Third Edition Errata 1
Revised – Third Edition Errata 2
Revised – Seventh Edition
Revised – Ninth Edition
Revised – Ninth Edition Errata 1
Revised – Eleventh Edition

SECOND EDITION

This standard was rewritten, and more classification examples added to clarify the coding of admissions specifically for rehabilitation.

A paragraph was added to advise the correct Z code to assign when multiple rehabilitation procedures are performed during an episode of care.

A *Note* was added to advise that state/territory morbidity collection guidelines should be followed regarding whether an external cause code is required in injury cases.

A cross reference to ACS 0605 *Stroke* was added for further guidance on the assignment of codes in cases of stroke, particularly in relation to residual deficits.

THIRD EDITION ERRATA 1

The cross reference in *Example 5* to ACS 2110 *Amputation status* was deleted in line with the deletion of ACS 2110 in the Third Edition.

A clarification to this standard was issued with the First Errata (June 2002) to the Third Edition. The issue of distinguishing non-traumatic and traumatic spinal cord injury on subsequent admissions was raised in a public submission. Following both ACS 0625 and ACS 1915 *Spinal (cord) injury*, the same codes from category G82 are assigned to indicate the spinal cord condition. The fifth character of this category indicates whether the paraplegia/tetraplegia is acute or chronic, but there is no indication of aetiology, ie traumatic or non-traumatic.

A solution was implemented via a minor rewording to this standard. Sequelae codes are now assigned for subsequent episodes of care of traumatic spinal cord injury. Sequelae codes (where available), personal history codes and general disease codes are now assigned to indicate the underlying cause of the paraplegia/quadriplegia in subsequent episodes of care of non-traumatic spinal cord injury. The changes became effective from July 2002.

THIRD EDITION ERRATA 2

A clarification to this standard was issued with the Second Errata (September 2002) to the Third Edition. I79.2* *Peripheral angiopathy in diseases classified elsewhere* was deleted from *Example 5*: Amputation. I79.2 is a manifestation code and the aetiology/manifestation convention no longer applies to the diabetes codes. This change became effective from September 2002.

SEVENTH EDITION

A minor amendment was made to the note in *Example 4*, to include the term *joint* (that is, orthopaedic *joint* implant).

NINTH EDITION

The Subacute Tools Project, commissioned by the Independent Hospital Pricing Authority (IHPA), highlighted inconsistency in practice with assignment of principal diagnosis between patients in the palliative and rehabilitation care type episodes. The project recommended that the rehabilitation coding standard be revised to instruct use of Z50.- codes as an additional diagnosis code only (mirroring the classification guidelines for assignment of Z51.5 *Palliative care* to episodes of care involving palliative care). This would permit allocation of rehabilitation Z codes in acute episodes and facilitate identification of patients who commence structured rehabilitation treatment programs before their acute episode of care is complete. As rehabilitation care always requires a multidisciplinary approach by the treating team, coders should assign Z50.9 *Care involving use of rehabilitation procedure, unspecified* irrespective of the specific rehabilitation interventions performed as these can be identified from the intervention codes assigned (i.e. assignment of other codes in Z50 will no longer be acceptable to reflect rehabilitation care). Consequently ACS 2104 *Rehabilitation* was revised in accordance with these recommendations.

Source of recommended change:
ACCD (TN630)

NINTH EDITION ERRATA 1

Minor amendments were made (to Example 1) for Errata 1, June 2015.

Source of recommended change:
ACCD

ELEVENTH EDITION

Eleventh Edition amendments included:

- Minor amendments for consistency with the renaming of ACS 0604 *Cerebrovascular accident (CVA)*
- Amendments to the wording and formatting across the ACS.

Source of recommended change:
ACCD (TN71, TN1266)

2105 Long term/nursing home type inpatients

Status: ***Revised – Third Edition***
Revised – Sixth Edition
Revised – Ninth Edition

THIRD EDITION

This standard was revised to clarify the coding of episodes of care involving both long term residents and nursing home type patients. A cross reference to the National Health Data Dictionary V10 'episode type changes' was added for further clarification.

A cross reference to ACS 0002 *Additional diagnoses* has also been added.

SIXTH EDITION

The NHDD reference (Version 13) was amended.

NINTH EDITION

This standard was updated to provide explicit classification advice for long term nursing home in patients who are not awaiting admission at another facility, to distinguish them from patients awaiting placement elsewhere.

Source of recommended change:
ACCD (TN660)

2107 Respite care

Status: ***Revised – Second Edition***
Deleted – Ninth Edition

SECOND EDITION

This standard was revised to more clearly illustrate the principles. A new paragraph was added to guide the principal diagnosis selection when a patient is transferred because social reasons prevent them from being discharged home. This paragraph was originally from ACS 2103 *Admission for convalescence/aftercare*.

NINTH EDITION

This standard was deleted. The content was incorporated into the newly created ACS 2117 *Non-acute care*. The standard was expanded to provide advice for additional types of non-acute care, such as convalescence and persons awaiting admission to an alternate facility. It also includes advice to highlight the use of additional codes to identify other factors which may impact the admission and discharge process.

Source of recommended change:
ACCD (TN660)

2109 Cardiac retraining

Status: ***Deleted – Second Edition***

SECOND EDITION

This standard was deleted as it overlaps with ACS 2104 *Rehabilitation*. The content was included as an example, in *Example 8* in ACS 2104.

Alphabetic Index improvements have also been made to more clearly identify cardiac retraining procedures.

2110 Amputation status

Status: Deleted – Third Edition

THIRD EDITION

This standard was deleted. Amputation status should meet ACS 0002 *Additional diagnoses* before being coded.

The deletion of this standard will result in a change in coding practice. Prior to July 2002, amputation status was always assigned as an additional diagnosis, regardless of the principal diagnosis (except in episodes of care where the amputation is current). From July 2002, amputation status will be assigned as an additional diagnosis only when the criteria in ACS 0002 are met.

2111 Screening for specific disorders

Status: Created – Second Edition
Revised – Second Edition
Revised – Third Edition
Deleted – Tenth Edition

SECOND EDITION

This standard was created with definitions and classification examples to resolve the confusion in the application of these codes ('screening' versus 'follow up'). Its introduction represents a change in coding practice only in a defined group of patients – those who present for screening and the condition for which they are being screened is not detected or has never been detected. In these cases, a code from categories Z11, Z12 and Z13 is assigned as the principal diagnosis. Prior to July 2000, these codes for screening were rarely assigned.

The original version of this standard was due for implementation July 2000; however, it did not become effective until July 2001 and only then in those states/territories that had implemented the Australian Refined-Diagnosis Related Groups (v4.2) classification.

In June 2000 (shortly before the planned introduction of this standard), a grouping problem in AR-DRG v4.1 was detected – the screening codes were listed as unacceptable principal diagnoses. Although the then Department of Health and Aged Care intended to remove the screening codes from the unacceptable principal diagnosis list for AR-DRG v4.2, this version of the grouper would not be released until January 2001.

It was NCCH policy to avoid changing coding practice for grouping purposes. However, to ensure national consistency of coding and grouping, the NCCH (in collaboration with the Department of Health and Aged Care and the State/Territory Health Authorities) decided to amend this standard from 1 July 2000.

The change to the application of this standard was published in *Coding Matters* (Vol 7 No 1) June 2000. Clinical coders were instructed not to assign screening codes from categories Z11, Z12 and Z13 as the principal diagnosis. Rather, the principal diagnosis assigned should represent the reason for screening, such as *family history*. The screening codes should be assigned as an additional diagnosis.

In June 2001, clinical coders were advised in *Coding Matters* (Vol 8 No 1) June 2001 that as AR-DRG v4.2 was being implemented in some states and territories from July 2001, coders in those states should revert to the original version of this standard as published in the Second Edition. Any coder in doubt about which version of the grouper is being used in their state was advised to check with their State/Territory Health Authority.

THIRD EDITION

The cross reference to ACS 0213 *History of malignancy* was replaced with cross references to ACS 2112 *Personal history* and ACS 2113 *Follow-up examinations for specific disorders* (ACS 0213 was deleted and content incorporated into ACS 2112 and 2113).

TENTH EDITION

This standard was deleted as part of the review to same-day endoscopy.

Source of recommended change:
ACCD (TN556)

2112 Personal history

Status: ***Created – Third Edition***
Revised – Tenth Edition
Deleted – Eleventh Edition

THIRD EDITION

This standard was created to provide generic advice about coding and sequencing of *history of* conditions and the application of codes in categories Z85–Z87. The general principles regarding the assignment of codes from category Z85 *Personal history of malignant neoplasm* in ACS 0213 *History of malignancy* have also been incorporated into this standard.

TENTH EDITION

Reference to ACS 2111 *Screening for specific disorders* and ACS 2113 *Follow-up examinations for specific disorders* were removed due to deletion of those standards.

Source of recommended change:
ACCD (TN556)

ELEVENTH EDITION

The ACS was deleted due to the creation of a section in ACS 0002 *Additional diagnoses* for *Family and personal history and certain conditions influencing health status (Z80-Z99).*

Source of recommended change:
ACCD (TN592)

2113 Follow-up examinations for specific disorders

Status: ***Created – Third Edition***
Revised – Third Edition Errata 1
Revised – Seventh Edition
Revised – Ninth Edition Errata 1
Deleted – Tenth Edition

THIRD EDITION

This standard was created to provide generic advice about coding and sequencing of *follow up* of conditions and the application of codes in categories Z08 and Z09. The generic principles regarding the assignment of *follow up* codes in ACS 0213 *History of malignancy* and ACS 1124 *Healed gastric ulcer* were incorporated into this standard.

THIRD EDITION ERRATA 1

A clarification to this standard was issued with the First Errata (June 2002) to the Third Edition. N32.8 *Other specified disorders of bladder* was deleted in *Example 1*. The assignment of this code contradicted ACS 0002 *Additional diagnoses*. This advice became effective July 2002.

SEVENTH EDITION

A note was added advising that *ACHI codes are not included in these examples*. *Example 3* was added to provide a scenario where a patient with known metastases is admitted for check cystoscopy and no residuals are found.

NINTH EDITION ERRATA 1

Example 3 was deleted for Errata 1, June 2015.

TENTH EDITION

This standard was deleted as part of the review to same-day endoscopy.

Source of recommended change:
ACCD (TN556)

2114 Prophylactic surgery

Status: ***Created – Eighth Edition***
Revised – Eleventh Edition

EIGHTH EDITION

The section “Prophylactic mastectomy” was removed from ACS 1204 *Plastic surgery* and a new standard was created for prophylactic surgery. This standard incorporates advice from ACS 1204 *Plastic surgery, prophylactic mastectomy* yet the sequencing advice differs to the advice originally in ACS 1204. A code from Z40.0- *Prophylactic surgery for risk-factors related to malignant neoplasms* will be sequenced as the principal diagnosis when a patient is admitted for prophylactic surgery and the risk factor (eg family history, personal history, gene mutation) sequenced as an additional diagnosis. The advice in this standard is applicable for all prophylactic procedures performed. ACS reference symbols were amended in the Tabular List in ICD-10-AM to support these changes.

Source of recommended change:
Query (Q2676)
NCCC (TN117)

ELEVENTH EDITION

A cross reference was added for ACS 0002 *Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99).*

Source of recommended change:
ACCD (TN592)

2115 Admission for allergen challenge

Status: ***Created – Ninth Edition***
Revised – Tenth Edition
Revised – Eleventh Edition

NINTH EDITION

This standard was created to provide guidance in the classification of *allergen challenges*. New codes were created for ICD-10-AM Ninth Edition to be assigned as the principal diagnosis for drug, food and other allergen challenges (Z41.8- *Other procedures for purposes other than remedying health state*) (see also ACS 0026 and 1902).

Source of recommended change:
ACCD (TN695)

TENTH EDITION

Tenth Edition amendments include:

- Replacing references to Y92.22 which was inactivated for Tenth Edition
- Removing the concept of 'translate the diagnostic statement' and update it to 'classify the clinical concept'

Source of recommended change:
ACCD (TN917, TN1036)

ELEVENTH EDITION

Updates were made to Examples 2 and 3 for consistency with amendments to the code titles for *anaphylaxis and anaphylactic shock,* and creation of a category (Y37 *Exposure to or contact with allergens)*.

Source of recommended change:
ACCD (TN98)

2116 Palliative care

Status: ***Created – Ninth Edition***

NINTH EDITION

The classification instruction was clarified that Z51.5 *Palliative care* should only be assigned where there is documented evidence that the patient has been provided with palliative care and that it is assigned independent of the admitted patient care type. The METeOR definition was removed as this was developed for clinical use and not for classification decisions. This standard was deleted from Chapter 2 *Neoplasms* and relocated to Chapter 21 *Factors influencing health status and contact with health services* as ACS 2116 *Palliative care*.

Source of recommended change:
ACCD (TN657)

2117 Non-acute care

Status: ***Created – Ninth Edition***
Revised – Tenth Edition
Revised – Eleventh Edition

NINTH EDITION

This standard was created as an extension of the previous ACS 2107 *Respite care*. The content was expanded to provide advice for additional types of non-acute care, such as convalescence and persons awaiting admission to an alternate facility. It also includes advice to highlight the use of additional codes to identify other factors which may impact the admission and discharge process.

Source of recommended change:
ACCD (TN660)

TENTH EDITION

Standard amended for consistency with the change of code title for Z75.5 *Respite care,* and to direct that all respite care is classified to Z75.5.

Source of recommended change:
ACCD (TN740)

ELEVENTH EDITION

Minor wording and formatting amendments were made.

Source of recommended change:
ACCD (TN1266)

2118 Exposure to tobacco smoke

Status: ***Created – Tenth Edition***

TENTH EDITION

Following receipt of a public submission and a query, updates were made to support the assignment of Z58.7 *Exposure to tobacco smoke,* including creation of ACS 2118 *Exposure to tobacco smoke.*

Source of recommended change:
ACCD (TN681)

Public submission (P84)

Query (2980)

NHDD National health data dictionary changes

SIXTH EDITION

The following standards have had definitional and/or NHDD reference changes made:

ACS 0001 *Principal diagnosis*
ACS 0002 *Additional diagnoses*
ACS 0016 *General procedure guidelines*
ACS 0224 *Palliative care*
ACS 1605 *Conditions originating in the perinatal period*
ACS 1607 *Newborn/neonate*
ACS 2105 *Long term/nursing home type inpatients*