

Independent Hospital Pricing Authority

# Consultation paper on Australian Refined Diagnosis Related Groups

Version 10.0

May 2018



IHPA

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# Glossary

<b>ABF</b>	Activity Based Funding
<b>ACHI</b>	Australian Classification of Health Interventions
<b>ACS</b>	Australian Coding Standards
<b>ADRG</b>	Adjacent Diagnosis Related Group
<b>AR-DRG</b>	Australian Refined Diagnosis Related Groups
<b>DRG</b>	Diagnosis Related Group
<b>ICD-10-AM</b>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
<b>IHPA</b>	Independent Hospital Pricing Authority

# 1 Introduction

## 1.1 Australian Refined Diagnosis Related Groups

The Independent Hospital Pricing Authority (IHPA) has responsibility for the development of the Australian Refined Diagnosis Related Groups (AR-DRG) classification, which groups together treatments and services provided to admitted patients to enable hospitals to be funded for these services using Activity Based Funding (ABF) arrangements. All public and private hospitals in Australia use the AR-DRG classification system. The AR-DRG classification consists of approximately 800 patient classes, with each patient being classified based on their diagnoses, interventions and other routinely collected data, such as age, sex, mode of separation, length of stay, newborn admission weight and hours of mechanical ventilation. While the AR-DRG classification is instrumental to ABF, it is also used for many other purposes including performance management, benchmarking, epidemiology and research.

The AR-DRG classification system incorporates the International Statistical Classification of Diseases and Related Health Problems, Tenth Edition, Australian Modification (ICD-10-AM), the Australian Classification of Health Interventions (ACHI) and the Australian Coding Standards (ACS), collectively known as ICD-10-AM/ACHI/ACS. A more detailed overview of the AR-DRG classification is provided in [Appendix A](#).

The AR-DRG classification and ICD-10-AM/ACHI/ACS are updated every two years to ensure clinical currency. The most recent version of AR-DRGs, AR-DRG Version (V) 9.0, was released in July 2017 and will be used for pricing under national ABF arrangements from 1 July 2018.

IHPA is developing AR-DRG V10.0 and is continuing to contract ICD-10-AM/ACHI/ACS development to the Australian Consortium for Classification Development for Eleventh Edition. IHPA and the Australian Consortium for Classification Development are working together to ensure there is continued integration between ICD-10-AM/ACHI/ACS and AR-DRG development.

It is anticipated AR-DRG V10.0 will be approved by the Pricing Authority in November 2018 and released mid-2019.

## 1.2 AR-DRG V10.0 work program

IHPA drafted a work program for AR-DRG V10.0 in late 2017 to outline areas to be considered in the development of AR-DRG V10.0, identify other areas stakeholders considered need review, and gather stakeholder views on priorities. Tasks on the work program were sourced from a number of areas, including:

- Issues held over from AR-DRG V9.0 development
- Areas identified through IHPA's pricing work
- Submissions from stakeholders to consultations on the annual *Pricing Framework for Australian Public Hospital Services*
- AR-DRG public submissions

The work program was reviewed by IHPA's advisory committees and a list of priorities for AR-DRG V10.0 was finalised.

### 1.3 Consultation on AR-DRG V10.0 development

A number of clinical and technical advisory groups are in place to provide advice to IHPA on AR-DRG development and to ensure extensive consultation on proposed refinements.

### 1.4 Classifications Clinical Advisory Group

The Classifications Clinical Advisory Group provides clinical advice on areas of AR-DRG development. Membership includes representation from medical, nursing and allied health professions. The group has two representatives from IHPA's Clinical Advisory Committee.

#### 1.4.1 DRG Technical Group

The DRG Technical Group provides advice on refinements and developments to the AR-DRG classification and considers all proposals for changes to the AR-DRG classification. Membership includes:

- Australian Private Hospitals Association
- Catholic Health Australia
- Commonwealth Department of Health
- New Zealand Ministry of Health
- Private Healthcare Australia
- State and territory health authorities
- Clinical coding experts
- Clinicians
- Australian Consortium for Classification Development.

#### 1.4.2 Other advisory committees

Consultation on refinements to the AR-DRG classification also occurs through IHPA's Stakeholder Advisory Committee, Clinical Advisory Committee, Technical Advisory Committee and Jurisdictional Advisory Committee.

#### 1.4.3 Public consultation

In addition to consultation through the advisory groups, IHPA is undertaking a public consultation on major refinements to be introduced in AR-DRG V10.0 to ensure the broadest possible consultation across the public and private health sector.

Submissions should be emailed to IHPA Secretariat at [submissions.iHPA@ihpa.gov.au](mailto:submissions.iHPA@ihpa.gov.au).

Submissions close at 5pm on 8 June 2018.

All submissions will be published on [IHPA's website](#) unless respondents specifically identify sections that they believe should be kept confidential due to commercial or other reasons.

This document assumes some knowledge of DRG development. IHPA recognises the importance of a broader audience engaging in this consultation process. Should your organisation require further resources to assist in explaining the DRG development process, please contact IHPA at [enquiries.iHPA@health.gov.au](mailto:enquiries.iHPA@health.gov.au).

# 2 Refinements in AR-DRG V10.0

## 2.1 Refinement of clinical complexity model

The development of AR-DRG V8.0 introduced a new methodology for calculating patient clinical complexity within the AR-DRG classification, known as the Episode Clinical Complexity Model. The Episode Clinical Complexity Model quantifies the additional cost of specific diagnoses and assigns a complexity weight to diagnoses in order to calculate the overall clinical complexity of an episode of care. A more detailed overview of the Episode Clinical Complexity Model is provided in [Appendix A](#).

Before the introduction of the Episode Clinical Complexity Model, diagnosis complexity weights generally did not change between AR-DRG versions to reflect changes in costs or patterns of diagnosis codes being reported. However, the Episode Clinical Complexity Model is designed to be 'recalibrated' with each new AR-DRG version, that is, complexity weights assigned to diagnosis codes are refined based on the most recent cost data and the revisions to the AR-DRG classification. This 'recalibration' was undertaken for AR-DRG V9.0. Some jurisdictions have also reported changes in the admitted patient data which coincided with the introduction of the Episode Clinical Complexity Model, with an increase in the coding of certain diagnoses. Therefore, stakeholders considered a review of the Episode Clinical Complexity Model and its stability the highest priority for AR-DRG V10.0.

### 2.1.1 Diagnoses excluded from complexity calculation

In developing the Episode Clinical Complexity Model, some diagnosis codes were excluded from consideration in the episode complexity calculation on the basis of clinical advice, including that:

- The code provided additional or supplementary information to another code already assigned.
- The code described an ill-defined and/or transient condition or symptoms rather than a clinical diagnosis.
- The code provided context rather than information critical to the clinical description of an admitted acute episode of care.

During development of AR-DRG V8.0 it was noted that clinical determination of exclusions for all (approximately) 16,000 diagnosis codes was not possible within the timeframe but that further refinement of diagnoses considered as in-scope and out of scope for the Episode Clinical Complexity Model would be required.

In the development of AR-DRG V10.0, IHPA undertook a review of the entire code set (12,558 codes) currently in-scope for the Episode Clinical Complexity Model with a particular focus on codes that may be considered ill-defined or not clinically significant in contributing to episode complexity, and codes with a high rate of increase in assignment that appears to coincide with the introduction of pricing using AR-DRG V8.0 on 1 July 2016.

A sub-group of clinicians from the Classifications Clinical Advisory Group reviewed the diagnosis codes highlighted by IHPA and made a determination with regards to their clinical significance in

determining complexity in an admitted episode of care. This resulted in a list of proposed diagnosis exclusions for AR-DRG V10.0. The draft list was reviewed by the wider Classifications Clinical Advisory Group and the DRG Technical Group and will be further refined following this feedback. A list of the proposed diagnosis exclusions is in [Appendix B](#). Further review of the list will occur through IHPA's Clinical Advisory Committee, and public comments are sought on the proposed list.

### Consultation questions

1. Are there diagnoses proposed for exclusion (refer to [Appendix B](#)) that are considered significant in contributing to the complexity of treating a patient in an admitted episode of care that should remain in the complexity calculation for AR-DRG V10.0?
2. Are there other diagnoses not proposed for exclusion that should be added to the exclusion list?

### 2.1.2 Stability of complexity calculations between AR-DRG versions

The Episode Clinical Complexity Model provides a systematic method for refining complexity weights with each new version of AR-DRGs. Previously, a systematic review of diagnosis complexity weights had not occurred since AR-DRG V4.0 was introduced in 2000. A primary benefit of the Episode Clinical Complexity Model is the possibility to continually refine the model based on the most recent cost and diagnosis data. This allows to some extent 'self-correction' of the model to reflect changes in the coding (e.g. a significant increase in reporting of a specific diagnosis may result in a reduction in the complexity weight with all else being equal). However, stakeholders have an expectation that while new AR-DRG versions will reflect further refinement in resource use, the overall AR-DRG classification should remain reasonably stable.

In order to assess the overall AR-DRG classification stability, there a number of levers in the Episode Clinical Complexity Model that needs to be considered:

- **Diagnosis Complexity Levels:** these are complexity weights assigned to a diagnosis code and are derived from the most recent three years of cost and activity data. They are one of the levers the Episode Clinical Complexity model utilises to assign an overall episode complexity score. Changes to Diagnosis Complexity Levels may be influenced by a number of factors including changes in AR-DRG structure, underlying coding changes or changes in the cost data set.
- **Refinement in complexity splits:** introduction or removal of complexity splits within an Adjacent DRG (ADRG), for example, an ADRG changing from having an 'A' and a 'B' DRG to having an 'A', 'B' and 'C' DRG.
- **Refinement in complexity thresholds:** Changes to the thresholds within an ADRG that determine which episodes are assigned to an 'A', 'B' or 'C' DRG.

Changes to any of these levers can result in movement of episodes between complexity levels within an ADRG. As part of the AR-DRG V10.0 development, IHPA is developing diagnostics at the overall classification level, with the focus on episodes moving DRGs relative to AR-DRG V9.0.

IHPA intends to implement measures to ensure stability in the complexity calculations for each new version of the AR-DRG classification. These measures will be developed and tested in consultation with IHPA's advisory groups. Potential measures are described in Table 1.

**Table 1: Potential AR-DRG complexity stability measures**

Area	Rationale
<b>Overall stability performance measure</b>	The overall stability should be evaluated by reviewing the proportion of episodes shifting complexity within and outside ADRGs. This measure would enable the identification of large movements in episodes within the AR-DRG classification, following which a review can occur to ensure that large movements are justified.
<b>Stability of Diagnosis Complexity Level values</b>	The majority of Diagnosis Complexity Level values did not change between V8.0 and V9.0. Of those that did change, the majority only changed value by plus or minus one. Overall Diagnosis Complexity Levels and their stability need to be reviewed for AR-DRG V10.0, especially in light of the additions to the diagnosis exclusions outlined in the previous section. However, assessing the Diagnosis Complexity Level changes in isolation does not provide a comprehensive measure of stability due to a number of factors including: <ul style="list-style-type: none"> <li>• A small change in value may potentially result in a large number of episodes shifting complexity, if that specific diagnosis is highly populated.</li> <li>• There is a high interaction between Diagnosis Complexity Level values, and episodes are impacted by multiple Diagnosis Complexity Level values.</li> </ul>
<b>Stability of complexity splits within ADRGs</b>	Changing the number of splits within an ADRG needs to be considered carefully, especially taking into account the time since the last modification. IHPA is further refining the splitting criteria to ensure there is a strong evidence base in the data before a split is introduced or removed.

**Consultation questions**

3. Do you support the introduction of stabilisation methods to the AR-DRG complexity model?
4. Are there other areas of the complexity model IHPA should be investigating to ensure stability between AR-DRG versions?

**2.2 Caesarean sections**

The AR-DRG classification currently classifies all caesareans into the same ADRG, regardless of whether the caesarean was undertaken as an emergency or elective intervention. The current DRGs for caesarean sections are as follows:

- O01A *Caesarean Delivery, Major Complexity*
- O01B *Caesarean Delivery, Intermediate Complexity*
- O01C *Caesarean Delivery, Minor Complexity*

Some stakeholders have argued that the AR-DRG classification inappropriately incentivises caesarean deliveries by pricing them higher than vaginal deliveries. While the price reflects the increased costs associated with caesarean deliveries, separating emergency and elective caesareans may assist in addressing this perception. A number of DRG systems used internationally, including in the United Kingdom and Germany, distinguish between emergency and elective caesareans, and price them differently.

IHPA has investigated the benefits of separating emergency and elective caesareans in the AR-DRG classification, to better describe and price the more complex emergency caesareans.

The most recent cost and activity data (2015-16) reviewed by IHPA highlighted a number of key findings:

- Public hospitals generally have an equal proportion of emergency and elective caesarean episodes (emergency=50%, elective=50%), whereas private hospitals have a higher proportion of elective caesarean episodes (emergency=29%, elective=71%)
- In public hospitals, emergency caesarean episodes are on average 20% more expensive than elective caesarean episodes (emergency=\$11,997, elective=\$9,966)
- The higher cost of emergency caesareans is accounted for to some extent in the AR-DRG complexity processing. In the most complex caesarean DRG (O01A), 71% of episodes are emergency caesareans. Whereas in the least complex caesarean DRG (O01C), only 30% of episodes are emergency caesareans.

Consultations to date with clinical stakeholders with expertise in obstetrics indicate general support for the proposal to differentiate caesarean sections in order to address the perception that caesarean sections are incentivised under current AR-DRG arrangements. Clinicians also consistently commented that using the terms 'emergency' and 'elective' caesareans as the basis for differentiating caesareans in the AR-DRG classification was not ideal. Clinicians suggested differentiating caesareans based on whether the mother was in labour or not in labour when the caesarean section was performed was a better method for separating caesareans for the purposes of the AR-DRG classification.

Analysis using labour status as a method for differentiating caesarean sections indicates that caesarean sections performed following the onset of labour are 26% more costly than caesarean sections performed before labour has commenced.

### Consultation questions

5. Do you support the proposal to differentiate caesarean section types in the AR-DRG classification?
6. Do you support using in labour or not in labour as the measure for differentiating caesarean sections in the AR-DRG classification?

## 2.3 Nephrolithiasis interventions

Nephrolithiasis specifically refers to calculi (stones) in the kidneys, but renal calculi and ureteral calculi (ureterolithiasis) are often discussed concurrently. Treatment options for nephrolithiasis range from medical therapy (i.e. drug therapy to dissolve the stone) or surgical intervention where indicated.

During AR-DRG V9.0 development, a number of options were considered for combining or redefining the ADRGs for nephrolithiasis interventions with the aim of creating more clinically coherent groups for nephrolithiasis interventions and removing the reliance on the sameday criterion. ADRGs under particular review were:

- L40 *Ureteroscopy*
- L41 *Cystourethroscopy for Urinary Disorder, Sameday*
- L42 *Extracorporeal Shock Wave (ESW) Lithotripsy.*

The final outcome for V9.0 was that ADRGs L40, L41 and L42 were all retained without further change, with the recommendation this be reviewed for AR-DRG V10.0.

IHPA further reviewed the grouping of nephrolithiasis interventions in developing AR-DRG V10.0, to create a more clinically coherent grouping for nephrolithiasis interventions within L40, L41 and L42 and to also remove the sameday variable that resulted in some episodes with nephrolithiasis interventions being classified to a medical DRG if they were overnight admitted episodes.

IHPA has not proposed changes to ADRGs L07 *Other Transurethral Procedures* or L08 *Urethral*

*Procedures*, as they group interventions for nephrolithiasis with a more significant ‘surgical’ nature and a different cost profile to those in ADRGs L40, L41 and L42.

Following further analysis, proposed ADRGs have been developed to better describe nephrolithiasis interventions. Table 2 outlines the proposed changes.

**Table 2: Proposed nephrolithiasis changes**

ADRG	Current Criteria	Proposed Criteria
L40	<i>Ureteroscopy intervention</i>	Combine L40 and L41: Ureteroscopy intervention and exclude episodes with nephrolithiasis principal diagnosis.
L41	<i>Cystourethroscopy intervention and a sameday episode</i>	Combine L40 and L41: Cystourethroscopy intervention and exclude episodes with nephrolithiasis principal diagnosis. Remove the sameday criterion.
L42	<i>Nephrolithiasis principal diagnosis and Extracorporeal Shock Wave Lithotripsy of urinary tract intervention</i>	Remove ADRG as it becomes obsolete as these episodes would be captured in L43.
L43	<i>Proposed</i>	Based on specified nephrolithiasis principal diagnoses and interventions.

Creating a new ADRG (L43 *Nephrolithiasis Interventions*) and combining L41 and L40 (*Ureteroscopy and Cystourethroscopy*) provides a more clinically coherent grouping and results in the residual medical ADRG episodes being more resource homogenous. It does result in some high cost episodes moving into the new ADRGs, therefore complexity splits of the proposed ADRGs will need to be assessed and refined to ensure optimum resource homogeneity at a DRG level.

### Consultation question

7. Do you support the proposed grouping of nephrolithiasis interventions in the AR-DRG classification for V10.0?

## 2.4 Removal of DRG for rehabilitation

The AR-DRG classification currently includes an ADRG for rehabilitation episodes of care (Z60 *Rehabilitation*). This ADRG was originally used to group episodes of care with a principal diagnosis of ‘rehabilitation’. However, this grouping was limiting as it did not differentiate the underlying condition requiring rehabilitation. Since the introduction of national ABF, admitted rehabilitation episodes of care in public hospitals are priced using the Australian National Subacute and Non-Acute Patient classification, not using AR-DRGs.

An update to the ACS was implemented in the Ninth Edition (1 July 2015) instructing that Z50.9 *Care involving use of rehabilitation procedure* was only to be assigned as an additional diagnosis. Consequently these episodes now group to a variety of ADRGs based on a principal diagnosis that reflects the underlying condition requiring rehabilitation, rendering ADRG Z60 *Rehabilitation* obsolete. It was always intended that ADRG Z60 be removed from the AR-DRG classification.

**Consultation question**

8. Do you support the removal of Z60 *Rehabilitation* on the basis that this ADRG is obsolete as a result of changes to the ACS?

**2.5 Liver procurement from a living donor**

Living donor liver transplantation was first introduced in 1989 for children, followed by adults 10 years later and provides a life-saving option for patients who would otherwise die awaiting a cadaveric organ.

A public submission highlighted an inconsistency in the AR-DRG classification of episodes of organ procurement where the organ is obtained from a living donor. Episodes of care for living donor kidney procurement group to a body system Major Diagnostic Category (11 *Diseases and Disorders of the Kidney and Urinary Tract*). In contrast, episodes of care for living donor liver procurement group to Major Diagnostic Category 23 *Factors Influencing Health Status and Other Contacts with Health Services*, resulting in assignment to ADRG Z01 *Other Contacts with Health Services with General Interventions*.

In order to introduce consistency in the grouping of live donor procurement interventions, IHPA proposes to reassign living donor liver procurement episodes to ADRG H01 *Pancreas, Liver and Shunt Procedures* in Major Diagnostic Category 07 *Diseases and Disorders of the Hepatobiliary System*.

**Consultation question**

9. Do you support reassigning living donor liver procurement episodes to ADRG H01 *Pancreas, Liver and Shunt Procedures*?

**2.6 Osseointegration interventions**

Osseointegration refers to the direct structural and functional connection between living bone and the surface of a load-bearing artificial implant. Osseointegration has improved the science of medical bone and joint replacement techniques, dental implants and prosthetics for amputees. ACHI classifies a range of osseointegration procedures including bone anchored hearing aids, prosthetics for digits, ears, limbs, nose, and orbits, as well as dental procedures.

A public submission highlighted an apparent discrepancy in the grouping of osseointegration procedures of the digits and limbs, whereby some episodes were inappropriately grouping to ADRG I15 *Cranio Facial Surgery*.

It is proposed that intervention codes for osseointegration procedures of digits and limbs be removed from ADRG I15 *Cranio Facial Surgery*, and added to ADRG I28 *Other Musculoskeletal Procedures* to facilitate a more clinically appropriate grouping.

**Consultation question**

10. Do you support reassigning episodes with osseointegration interventions of the digits and limbs to ADRG I28 *Other Musculoskeletal Procedures*?

# 3 Proposals reviewed and not implemented in AR-DRG V10.0

A number of other areas within the AR-DRG classification were reviewed during development, however, following analysis and consultations they were not been proposed for inclusion in AR-DRG V10.0. These included adjustments to the AR-DRG complexity model and consideration of the classification of particular clinical conditions, interventions or new technologies. Detailed specifications of these proposals are included in [Appendix C](#), and a summary is provided below.

## 3.1 Further refinement of clinical complexity calculation

Refinement and stability of the AR-DRG complexity model was identified as a priority for AR-DRG V10.0. Changes to the complexity model being proposed for implementation in AR-DRG V10.0 are detailed in [Section 2.1](#). However, other areas were reviewed that have not resulted in changes being recommended for V10.0.

### 3.1.1 The role of principal diagnosis in driving complexity

The use of principal diagnosis in informing complexity was a fundamental difference in the revised complexity model implemented for AR-DRG V8.0. Following comments from stakeholders that there was a perception that a single principal diagnosis alone was driving episodes into the more complex DRGs, IHPA undertook a review.

Analysis demonstrated that only a very small proportion (4%) of principal diagnosis only episodes are being assigned to high complexity DRGs. Therefore, it was recommended that the inclusion of principal diagnosis in determining clinical complexity remain unchanged for AR-DRG V10.0.

### 3.1.2 Exclusion of sameday episodes from complexity calculations

Review of complexity in sameday episodes of care focused specifically on whether they should in principle be ineligible for complexity weights. Sameday episodes of care can have multiple additional diagnoses assigned and while relevant to the patient, are not necessarily relevant within the context of a sameday episode of care in terms of making an episode complex.

Analysis demonstrated that only a very small proportion (8%) of sameday episodes are being assigned to high complexity DRGs. Following clinical consultation on the results, which demonstrated sameday episodes were not driving an increase in complexity, it was recommended that the inclusion of sameday episodes in the complexity model remain unchanged for AR-DRG V10.0.

### 3.1.3 Consideration of chronic conditions and social factors in the complexity model

Submissions were received requesting IHPA consider incorporating chronic conditions and social factors into the AR-DRG complexity model. However, feedback indicated that stability of the complexity model was a higher priority and that there were some concerns that the introduction of the new AR-DRG complexity model had led to a significant increase in episode complexity. Furthermore, analysis of the supplementary codes for chronic condition introduced in ICD-10-AM Ninth Edition is in progress to determine longer term coding rules for reporting of chronic conditions in the admitted patient data. Therefore, it was determined it would be premature to incorporate new diagnosis codes into the complexity model for AR-DRG V10.0. However, it may be considered in future AR-DRG development.

## 3.2 Review of the classification of specific diagnoses and interventions

### 3.2.1 Consideration of refinements to diagnoses/interventions within the current AR-DRG classification

A number of submissions requesting that IHPA consider improving the classification of certain diagnoses or interventions were reviewed as part of AR-DRG V10.0 development. These included:

- Acute rheumatic fever
- Personality disorders
- Involuntary mental health patient episodes
- Alcohol and drug intoxication, withdrawal and dependence
- Dental extractions and restorations
- Endovascular clot retrieval
- Transcatheter aortic valve implantation.

It is recommended that the classification of endovascular clot retrieval interventions and transcatheter aortic valve implantations remain unchanged for AR-DRG V10.0, but that they be considered for further development in AR-DRG V11.0 as these interventions are likely to increase significantly in the next few years.

The recommendation for the remainder of the proposals was that no change be made for AR-DRG V10.0.

### 3.2.2 Consideration of interventions not currently accounted for in the AR-DRG classification

Repetitive transcranial magnetic stimulation and stereo electroencephalography do not have unique codes in the underpinning ACHI classification and were recommended for inclusion in this classification ahead of any (if necessary) consideration in AR-DRG development.

#### Consultation question

11. Do you agree with the recommendations that no change be made for AR-DRG V10.0 for acute rheumatic fever, personality disorders, involuntary mental health patient episodes, alcohol and drug disorders, dental extractions and restorations, endovascular clot retrieval, transcatheter aortic valve implantation, repetitive transcranial magnetic stimulation and stereo electroencephalography?

# 4 Further work on AR-DRG V10.0

Following the conclusion of the public consultation and final decisions on the proposed changes, there are a number of other tasks that need to be completed before AR-DRG V10.0 can be finalised. These tasks will be undertaken in consultation with IHPA's advisory committees.

## 4.1 Review of the AR-DRG hierarchy

The AR-DRG classification has within each Major Diagnostic Category a hierarchy of ADRGs within the interventions partition. Many episodes meet the criteria for multiple ADRGs as they have multiple interventions which group to different ADRGs. The hierarchy ensures that when this occurs, the episode is assigned to the ADRG which comes first in the hierarchy.

The hierarchy is generally based on cost, with high cost ADRGs higher in the hierarchy. However, cost is not the only factor. Other factors such as specific ADRGs being placed higher than non-specific ADRGs and treatment intervention ADRGs higher than diagnostic intervention ADRGs.

The hierarchy review should take place with each new version of AR-DRGs and can only occur when final decisions on AR-DRG classification structure changes have occurred. For AR-DRG V9.0, the partitions were reengineered and a hierarchy review was deferred for consideration in AR-DRG V10.0 to allow the classification to stabilise.

## 4.2 Finalisation of the Diagnosis Complexity Levels

When the AR-DRG classification structure has been finalised, revised Diagnosis Complexity Level values need to be derived for all diagnosis codes based on the most recently available three years of cost and activity data. This will also be impacted by the updated diagnosis exclusions discussed in [Section 2.1.1](#). This process will include consideration of stability measures for Diagnosis Complexity Level values discussed earlier in the paper in [Section 2.1.2](#).

## 4.3 Review of the complexity splits

Each ADRG will need to be reviewed to assess whether a complexity split is required and if so, the optimal complexity split. This process will include consideration of stability measures discussed earlier in the paper in [Section 2.1.2](#) to ensure any significant movement of episodes between complexity levels has face validity with stakeholders.

## 4.4 Incorporation of ICD-10-AM/ACHI Eleventh Edition

AR-DRG V10.0 has been developed using ICD-10-AM/ACHI Ninth and Tenth Edition data. However, ICD-10-AM/ACHI Eleventh Edition is the accompanying edition for AR-DRG V10.0. Once the Eleventh Edition code lists and maps are finalised these will be implemented in the AR-DRG V10.0 specifications.

## 4.5 Release of AR-DRG V10.0 system materials

When AR-DRG V10.0 has been approved by the Pricing Authority, IHPA will prepare AR-DRG Grouper Specifications, AR-DRG Definitions Manuals and education material. These materials will be available in the first half of 2019, prior to the release of AR-DRG V10.0 in July 2019.

Some stakeholders have commented that the increase from two to three characters in the AR-DRG version number may require changes to some information systems. Therefore, IHPA is flagging this change early to ensure sufficient preparation time for system changes.

**Consultation question**

12. Do you foresee any system issues with the increase in characters of the AR-DRG version number with the introduction of AR-DRG V10.0?

## 5 Next steps

Responses received to the *Consultation Paper on AR-DRG V10.0* will be reviewed and where required further analysis of proposals and consultation will occur through IHPA's advisory committees. IHPA will be working with the Classifications Clinical Advisory Group and the DRG Technical Group on the tasks outlined in [Section 4](#).

The final AR-DRG V10.0 will be reviewed by IHPA's committees and will be considered by the Pricing Authority in November 2018.

# Appendix A

## Overview of the AR-DRG classification

Clinical coding is the translation of information (diagnoses and interventions) from the clinical record of a patient into alphanumeric codes according to a health classification system. In Australia the health classification system used for diagnoses (diseases) is the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) and the Australian Classification of Health Interventions (ACHI) is used for interventions. The use of a classification system makes it easier to store, retrieve and analyse data.

At the conclusion of a patient's episode of care, a clinical coder reviews the patient's clinical record and abstracts information recorded by clinicians to assign codes for the principal diagnosis, additional diagnoses and interventions performed in accordance with guidelines provided in the Australian Coding Standards. Following the assignment of ICD-10-AM and ACHI codes, episodes of care are assigned to a Diagnosis Related Group (DRG) in the Australian Refined Diagnosis Related Groups (AR-DRG) classification. AR-DRGs group patients with similar diagnosis and intervention codes. This process of assigning patient episodes to a DRG is a complex process and is carried out using software that contains the AR-DRG algorithms (often referred to as 'the Grouper').

AR-DRGs have a measure in place to account for the complexity of patient episodes. A patient episode of care is initially assigned to an Adjacent DRG (ADRG). An ADRG is a group of DRGs which have the same first three characters (for example B70 *Stroke and Other Cerebrovascular Disorders*). They broadly group episodes with the same diagnosis and intervention codes together. ADRGs are then subdivided into individual DRGs based on the complexity measure and occasionally other factors such as length of stay. DRGs ending in 'A' will be the most costly whereas DRGs ending in 'D' will be the least costly. For example

- B70A *Stroke and Other Cerebrovascular Disorders, Major Complexity*
- B70B *Stroke and Other Cerebrovascular Disorders, Intermediate Complexity*
- B70C *Stroke and Other Cerebrovascular Disorders, Minor Complexity*
- B70D *Stroke and Other Cerebrovascular Disorders, Transferred < 5 days.*

AR-DRG V8.0 introduced a new methodology for determining clinical complexity, known as the Episode Clinical Complexity Model, which uses diagnoses captured in the medical record to determine the complexity of the episode. Some diagnosis codes are excluded from this process on the basis of clinical advice, including that:

- The code provides additional or supplementary information to another code already assigned
- The code describes ill-defined and/or transient conditions or symptoms rather than a clinical diagnosis
- The code provides context rather than information critical to the clinical description of an admitted acute episode of care.

The Episode Clinical Complexity Model uses the relevant costs of specific in-scope diagnoses within an ADRG to derive a Diagnosis Complexity Level value for each possible combination of

diagnoses and ADRGs. A Diagnosis Complexity Level value of zero indicates the diagnosis has no effect on complexity within that specific ADRG, while a Diagnosis Complexity Level value of five indicates a very significant impact on complexity within that specific ADRG.

An Episode Clinical Complexity Score then measures the episode level combined effect of the Diagnosis Complexity Levels. The Episode Clinical Complexity Score determines the final DRG an episode of care is assigned to within an ADRG. For example, to be assigned to DRG B70A *Stroke and Other Cerebrovascular Disorders, Major Complexity*, an episode must have an Episode Clinical Complexity Score greater than or equal to 4.0.

# Appendix B

## Proposed diagnoses excluded from complexity calculation for AR-DRG V10.0

ICD-10-AM code	ICD-10-AM code description
A50.1	Early congenital syphilis, latent
A50.6	Late congenital syphilis, latent
A51.5	Early syphilis, latent
A52.8	Late syphilis, latent
A53.0	Latent syphilis, unspecified as early or late
A66.8	Latent yaws
B01.9	Varicella without complication
B02.9	Zoster without complication
B05.9	Measles without complication
B06.9	Rubella without complication
B07	Viral warts
B08.1	Molluscum contagiosum
B08.2	Exanthema subitum [sixth disease]
B08.3	Erythema infectiosum [fifth disease]
B08.8	Other specified viral infections characterised by skin and mucous membrane lesions
B09	Unspecified viral infection characterised by skin and mucous membrane lesions
B19.9	Unspecified viral hepatitis without hepatic coma
B26.9	Mumps without complication
B30.8	Other viral conjunctivitis
B30.9	Viral conjunctivitis, unspecified
B35.0	Tinea barbae and tinea capitis
B35.1	Tinea unguium
B35.2	Tinea manuum
B35.3	Tinea pedis
B35.5	Tinea imbricata
B35.9	Dermatophytosis, unspecified
B36.1	Tinea nigra
B36.2	White piedra
B36.3	Black piedra
B36.8	Other specified superficial mycoses
B36.9	Superficial mycosis, unspecified
B37.9	Candidiasis, unspecified
B71.9	Cestode infection, unspecified
B83.9	Helminthiasis, unspecified
B88.9	Infestation, unspecified

ICD-10-AM code	ICD-10-AM code description
<b>B89</b>	Unspecified parasitic disease
<b>B99</b>	Other and unspecified infectious diseases
<b>C88.01</b>	Waldenstrom macroglobulinaemia, in remission
<b>C88.21</b>	Other heavy chain disease, in remission
<b>C88.31</b>	Immunoproliferative small intestinal disease, in remission
<b>C88.41</b>	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma], in remission
<b>C88.71</b>	Other malignant immunoproliferative diseases, in remission
<b>C88.91</b>	Malignant immunoproliferative disease, unspecified, in remission
<b>C90.01</b>	Multiple myeloma, in remission
<b>C90.11</b>	Plasma cell leukaemia, in remission
<b>C90.21</b>	Extramedullary plasmacytoma, in remission
<b>C90.31</b>	Solitary plasmacytoma, in remission
<b>C91.01</b>	Acute lymphoblastic leukaemia [ALL], in remission
<b>C91.11</b>	Chronic lymphocytic leukaemia of B-cell type, in remission
<b>C91.31</b>	Prolymphocytic leukaemia of B-cell type, in remission
<b>C91.41</b>	Hairy-cell leukaemia, in remission
<b>C91.51</b>	Adult T-cell leukaemia/lymphoma [HTLV-1-associated], in remission
<b>C91.61</b>	Prolymphocytic leukaemia of T-cell type, in remission
<b>C91.71</b>	Other lymphoid leukaemia, in remission
<b>C91.81</b>	Mature B-cell leukaemia Burkitt-type, in remission
<b>C91.91</b>	Lymphoid leukaemia, unspecified, in remission
<b>C92.01</b>	Acute myeloblastic leukaemia [AML], in remission
<b>C92.11</b>	Chronic myeloid leukaemia [CML], BCR/ABL-positive, in remission
<b>C92.21</b>	Atypical chronic myeloid leukaemia, BCR/ABL-negative, in remission
<b>C92.31</b>	Myeloid sarcoma, in remission, in remission
<b>C92.41</b>	Acute promyelocytic leukaemia [PML], in remission
<b>C92.51</b>	Acute myelomonocytic leukaemia, in remission
<b>C92.61</b>	Acute myeloid leukaemia with 11q23-abnormality, in remission
<b>C92.71</b>	Other myeloid leukaemia, in remission
<b>C92.81</b>	Acute myeloid leukaemia with multilineage dysplasia, in remission
<b>C92.91</b>	Myeloid leukaemia, unspecified, in remission
<b>C93.01</b>	Acute monoblastic/monocytic leukaemia, in remission
<b>C93.11</b>	Chronic myelomonocytic leukaemia [CMML], in remission
<b>C93.31</b>	Juvenile myelomonocytic leukaemia, in remission
<b>C93.71</b>	Other monocytic leukaemia, in remission
<b>C93.91</b>	Monocytic leukaemia, unspecified, in remission
<b>C94.01</b>	Acute erythroid leukaemia, in remission
<b>C94.21</b>	Acute megakaryoblastic leukaemia, in remission
<b>C94.31</b>	Mast cell leukaemia, in remission
<b>C94.41</b>	Acute panmyelosis with myelofibrosis, in remission
<b>C94.61</b>	Myelodysplastic and myeloproliferative disease, not elsewhere classified, in remission
<b>C94.71</b>	Other specified leukaemias, in remission
<b>C95.01</b>	Acute leukaemia of unspecified cell type, in remission

ICD-10-AM code	ICD-10-AM code description
<b>C95.11</b>	Chronic leukaemia of unspecified cell type, in remission
<b>C95.71</b>	Other leukaemia of unspecified cell type, in remission
<b>C95.91</b>	Leukaemia, unspecified, in remission
<b>D09.9</b>	Carcinoma in situ, unspecified
<b>D25.0</b>	Submucous leiomyoma of uterus
<b>D25.1</b>	Intramural leiomyoma of uterus
<b>D25.2</b>	Subserosal leiomyoma of uterus
<b>D25.9</b>	Leiomyoma of uterus, unspecified
<b>D36.9</b>	Benign neoplasm of unspecified site
<b>D48.9</b>	Neoplasm of uncertain or unknown behaviour, unspecified
<b>D56.3</b>	Thalassaemia trait
<b>D57.3</b>	Sickle-cell trait
<b>D73.4</b>	Cyst of spleen
<b>D75.81</b>	Secondary thrombocytosis
<b>D89.9</b>	Disorder involving the immune mechanism, unspecified
<b>E02</b>	Subclinical iodine-deficiency hypothyroidism
<b>E04.0</b>	Nontoxic diffuse goitre
<b>E04.1</b>	Nontoxic single thyroid nodule
<b>E04.2</b>	Nontoxic multinodular goitre
<b>E04.8</b>	Other specified nontoxic goitre
<b>E04.9</b>	Nontoxic goitre, unspecified
<b>E07.9</b>	Disorder of thyroid, unspecified
<b>E09.8</b>	Intermediate hyperglycaemia with unspecified complication
<b>E09.9</b>	Intermediate hyperglycaemia without complication
<b>E16.2</b>	Hypoglycaemia, unspecified
<b>E55.9</b>	Vitamin D deficiency, unspecified
<b>E61.1</b>	Iron deficiency
<b>E61.9</b>	Deficiency of nutrient element, unspecified
<b>E63.8</b>	Other specified nutritional deficiencies
<b>E63.9</b>	Nutritional deficiency, unspecified
<b>E66.3</b>	Overweight
<b>E73.8</b>	Other lactose intolerance
<b>E73.9</b>	Lactose intolerance, unspecified
<b>E74.9</b>	Disorder of carbohydrate metabolism, unspecified
<b>E78.0</b>	Pure hypercholesterolaemia
<b>E78.1</b>	Pure hyperglyceridaemia
<b>E78.2</b>	Mixed hyperlipidaemia
<b>E78.3</b>	Hyperchylomicronaemia
<b>E78.4</b>	Other hyperlipidaemia
<b>E78.5</b>	Hyperlipidaemia, unspecified
<b>E80.7</b>	Disorder of bilirubin metabolism, unspecified
<b>E83.3</b>	Disorders of phosphorus metabolism and phosphatases
<b>E83.4</b>	Disorders of magnesium metabolism
<b>E83.8</b>	Other disorders of mineral metabolism
<b>E83.9</b>	Disorder of mineral metabolism, unspecified

ICD-10-AM code	ICD-10-AM code description
<b>F09</b>	Unspecified organic or symptomatic mental disorder
<b>F10.9</b>	Mental and behavioural disorders due to use of alcohol, unspecified mental and behavioural disorder
<b>F17.2</b>	Mental and behavioural disorders due to use of tobacco, dependence syndrome
<b>F54</b>	Psychological and behavioural factors associated with disorders or diseases classified elsewhere
<b>F59</b>	Unspecified behavioural syndromes associated with physiological disturbances and physical factors
<b>F90.1</b>	Hyperkinetic conduct disorder
<b>F99</b>	Mental disorder, not otherwise specified
<b>G47.0</b>	Disorders of initiating and maintaining sleep [insomnias]
<b>G47.30</b>	Sleep apnoea, unspecified
<b>G47.8</b>	Other sleep disorders
<b>G47.9</b>	Sleep disorder, unspecified
<b>G58.9</b>	Mononeuropathy, unspecified
<b>H01.9</b>	Inflammation of eyelid, unspecified
<b>H02.9</b>	Disorder of eyelid, unspecified
<b>H04.9</b>	Disorder of lacrimal system, unspecified
<b>H05.9</b>	Disorder of orbit, unspecified
<b>H10.9</b>	Conjunctivitis, unspecified
<b>H11.3</b>	Conjunctival haemorrhage
<b>H11.4</b>	Other conjunctival vascular disorders and cysts
<b>H11.9</b>	Disorder of conjunctiva, unspecified
<b>H15.9</b>	Disorder of sclera, unspecified
<b>H16.9</b>	Keratitis, unspecified
<b>H18.9</b>	Disorder of cornea, unspecified
<b>H21.9</b>	Disorder of iris and ciliary body, unspecified
<b>H25.0</b>	Senile incipient cataract
<b>H27.9</b>	Disorder of lens, unspecified
<b>H31.9</b>	Disorder of choroid, unspecified
<b>H35.9</b>	Retinal disorder, unspecified
<b>H40.0</b>	Glaucoma suspect
<b>H43.9</b>	Disorder of vitreous body, unspecified
<b>H44.9</b>	Disorder of globe, unspecified
<b>H49.9</b>	Paralytic strabismus, unspecified
<b>H51.9</b>	Disorder of binocular movement, unspecified
<b>H52.0</b>	Hypermetropia
<b>H52.1</b>	Myopia
<b>H52.2</b>	Astigmatism
<b>H52.3</b>	Anisometropia and aniseikonia
<b>H52.4</b>	Presbyopia
<b>H52.5</b>	Disorders of accommodation
<b>H52.6</b>	Other disorders of refraction
<b>H52.7</b>	Disorder of refraction, unspecified
<b>H53.0</b>	Amblyopia ex anopsia

ICD-10-AM code	ICD-10-AM code description
H53.1	Subjective visual disturbances
H53.2	Diplopia
H53.3	Other disorders of binocular vision
H53.4	Visual field defects
H53.5	Colour vision deficiencies
H53.6	Night blindness
H53.8	Other visual disturbances
H53.9	Visual disturbance, unspecified
H54.3	Mild or no visual impairment, binocular
H54.9	Unspecified visual impairment
H57.1	Ocular pain
H57.9	Disorder of eye and adnexa, unspecified
H60.9	Otitis externa, unspecified
H61.2	Impacted cerumen
H61.9	Disorder of external ear, unspecified
H69.8	Other specified disorders of Eustachian tube
H69.9	Eustachian tube disorder, unspecified
H70.8	Other mastoiditis and related conditions
H70.9	Mastoiditis, unspecified
H73.9	Disorder of tympanic membrane, unspecified
H74.9	Disorder of middle ear and mastoid, unspecified
H80.8	Other otosclerosis
H80.9	Otosclerosis, unspecified
H83.3	Noise effects on inner ear
H92.0	Otalgia
H92.1	Otorrhoea
H92.2	Otorrhagia
H93.1	Tinnitus
H93.2	Other abnormal auditory perceptions
H93.8	Other specified disorders of ear
H93.9	Disorder of ear, unspecified
I25.2	Old myocardial infarction
I28.9	Disease of pulmonary vessels, unspecified
I51.6	Cardiovascular disease, unspecified
I51.7	Cardiomegaly
I51.9	Heart disease, unspecified
I67.9	Cerebrovascular disease, unspecified
I70.9	Generalised and unspecified atherosclerosis
I72.9	Aneurysm and dissection of unspecified site
I74.9	Embolism and thrombosis of unspecified artery
I77.9	Disorder of arteries and arterioles, unspecified
I78.1	Naevus, non-neoplastic
I78.8	Other diseases of capillaries
I78.9	Disease of capillaries, unspecified
I80.9	Phlebitis and thrombophlebitis of unspecified site

ICD-10-AM code	ICD-10-AM code description
I82.9	Embolism and thrombosis of unspecified vein
I86.8	Varicose veins of other specified sites
I87.8	Other specified disorders of veins
I87.9	Disorder of vein, unspecified
I88.8	Other nonspecific lymphadenitis
I88.9	Nonspecific lymphadenitis, unspecified
I99	Other and unspecified disorders of circulatory system
J00	Acute nasopharyngitis [common cold]
J04.0	Acute laryngitis
J06.0	Acute laryngopharyngitis
J06.8	Other acute upper respiratory infections of multiple sites
J06.9	Acute upper respiratory infection, unspecified
J30.0	Vasomotor rhinitis
J30.1	Allergic rhinitis due to pollen
J30.2	Other seasonal allergic rhinitis
J30.3	Other allergic rhinitis
J30.4	Allergic rhinitis, unspecified
J39.3	Upper respiratory tract hypersensitivity reaction, site unspecified
J39.8	Other specified diseases of upper respiratory tract
J39.9	Disease of upper respiratory tract, unspecified
J94.9	Pleural condition, unspecified
J98.9	Respiratory disorder, unspecified
K00.0	Anodontia
K00.1	Supernumerary teeth
K00.2	Abnormalities of size and form of teeth
K00.3	Mottled teeth
K00.4	Disturbances in tooth formation
K00.5	Hereditary disturbances in tooth structure, not elsewhere classified
K00.6	Disturbances in tooth eruption
K00.7	Teething syndrome
K00.8	Other disorders of tooth development
K00.9	Disorder of tooth development, unspecified
K01.0	Embedded teeth
K01.1	Impacted teeth
K02.0	Caries limited to enamel
K02.1	Caries of dentine
K02.2	Caries of cementum
K02.3	Arrested dental caries
K02.4	Odontoclasia
K02.8	Other dental caries
K02.9	Dental caries, unspecified
K03.0	Excessive attrition of teeth
K03.1	Abrasion of teeth
K03.2	Erosion of teeth
K03.3	Pathological resorption of teeth

ICD-10-AM code	ICD-10-AM code description
<b>K03.4</b>	Hypercementosis
<b>K03.5</b>	Ankylosis of teeth
<b>K03.6</b>	Deposits [accretions] on teeth
<b>K03.7</b>	Posteruptive colour changes of dental hard tissues
<b>K03.8</b>	Other specified diseases of hard tissues of teeth
<b>K03.9</b>	Disease of hard tissues of teeth, unspecified
<b>K04.9</b>	Other and unspecified diseases of pulp and periapical tissues
<b>K05.6</b>	Periodontal disease, unspecified
<b>K06.0</b>	Gingival recession
<b>K06.1</b>	Gingival enlargement
<b>K06.2</b>	Gingival and edentulous alveolar ridge lesions associated with trauma
<b>K06.8</b>	Other specified disorders of gingiva and edentulous alveolar ridge
<b>K06.9</b>	Disorder of gingiva and edentulous alveolar ridge, unspecified
<b>K07.1</b>	Anomalies of jaw-cranial base relationship
<b>K07.2</b>	Anomalies of dental arch relationship
<b>K07.3</b>	Anomalies of tooth position
<b>K07.4</b>	Malocclusion, unspecified
<b>K07.5</b>	Dentofacial functional abnormalities
<b>K07.8</b>	Other dentofacial anomalies
<b>K07.9</b>	Dentofacial anomaly, unspecified
<b>K08.9</b>	Disorder of teeth and supporting structures, unspecified
<b>K09.0</b>	Developmental odontogenic cysts
<b>K09.1</b>	Developmental (nonodontogenic) cysts of oral region
<b>K09.2</b>	Other cysts of jaw
<b>K09.8</b>	Other cysts of oral region, not elsewhere classified
<b>K09.9</b>	Cyst of oral region, unspecified
<b>K10.9</b>	Disease of jaws, unspecified
<b>K11.9</b>	Disease of salivary gland, unspecified
<b>K13.0</b>	Diseases of lips
<b>K13.1</b>	Cheek and lip biting
<b>K13.5</b>	Oral submucous fibrosis
<b>K13.6</b>	Irritative hyperplasia of oral mucosa
<b>K13.7</b>	Other and unspecified lesions of oral mucosa
<b>K14.0</b>	Glossitis
<b>K14.1</b>	Geographic tongue
<b>K14.2</b>	Median rhomboid glossitis
<b>K14.3</b>	Hypertrophy of tongue papillae
<b>K14.4</b>	Atrophy of tongue papillae
<b>K14.5</b>	Plicated tongue
<b>K14.6</b>	Glossodynia
<b>K14.8</b>	Other diseases of tongue
<b>K14.9</b>	Disease of tongue, unspecified
<b>K21.9</b>	Gastro-oesophageal reflux disease without oesophagitis
<b>K22.9</b>	Disease of oesophagus, unspecified
<b>K25.9</b>	Gastric ulcer, unspecified as acute or chronic, without haemorrhage or perforation

ICD-10-AM code	ICD-10-AM code description
<b>K26.9</b>	Duodenal ulcer, unspecified as acute or chronic, without haemorrhage or perforation
<b>K27.9</b>	Peptic ulcer, unspecified as acute or chronic, without haemorrhage or perforation
<b>K28.9</b>	Gastrojejunal ulcer, unspecified as acute or chronic, without haemorrhage or perforation
<b>K29.70</b>	Gastritis, unspecified, without mention of haemorrhage
<b>K30</b>	Functional dyspepsia
<b>K31.7</b>	Polyp of stomach and duodenum
<b>K31.81</b>	Angiodysplasia of stomach and duodenum without mention of haemorrhage
<b>K31.9</b>	Disease of stomach and duodenum, unspecified
<b>K38.0</b>	Hyperplasia of appendix
<b>K38.1</b>	Appendicular concretions
<b>K38.9</b>	Disease of appendix, unspecified
<b>K40.21</b>	Bilateral inguinal hernia, without obstruction or gangrene, recurrent
<b>K40.90</b>	Unilateral or unspecified inguinal hernia, without obstruction or gangrene, not specified as recurrent
<b>K40.91</b>	Unilateral or unspecified inguinal hernia, without obstruction or gangrene, recurrent
<b>K41.2</b>	Bilateral femoral hernia, without obstruction or gangrene
<b>K41.9</b>	Unilateral or unspecified femoral hernia, without obstruction or gangrene
<b>K42.9</b>	Umbilical hernia without obstruction or gangrene
<b>K43.2</b>	Incisional hernia without obstruction or gangrene
<b>K43.5</b>	Parastomal hernia without obstruction or gangrene
<b>K43.9</b>	Other and unspecified ventral hernia without obstruction or gangrene
<b>K45.8</b>	Other specified abdominal hernia without obstruction or gangrene
<b>K46.9</b>	Unspecified abdominal hernia without obstruction or gangrene
<b>K51.4</b>	Inflammatory polyps
<b>K55.21</b>	Angiodysplasia of colon without mention of haemorrhage
<b>K55.9</b>	Vascular disorder of intestine, unspecified
<b>K57.10</b>	Diverticulosis of small intestine, without perforation, abscess or mention of haemorrhage
<b>K57.30</b>	Diverticulosis of large intestine without perforation, abscess or mention of haemorrhage
<b>K57.50</b>	Diverticulosis of both small and large intestine without perforation, abscess or mention of haemorrhage
<b>K57.90</b>	Diverticulosis of intestine, part unspecified, without perforation, abscess or mention of haemorrhage
<b>K59.0</b>	Constipation
<b>K59.1</b>	Functional diarrhoea
<b>K59.4</b>	Anal spasm
<b>K59.9</b>	Functional intestinal disorder, unspecified
<b>K60.0</b>	Acute anal fissure
<b>K60.1</b>	Chronic anal fissure
<b>K60.2</b>	Anal fissure, unspecified
<b>K62.0</b>	Anal polyp
<b>K62.1</b>	Rectal polyp
<b>K62.9</b>	Disease of anus and rectum, unspecified

ICD-10-AM code	ICD-10-AM code description
<b>K63.50</b>	Polyp of colon, unspecified
<b>K63.58</b>	Other polyp of colon
<b>K63.9</b>	Disease of intestine, unspecified
<b>K64.0</b>	First degree haemorrhoids
<b>K64.1</b>	Second degree haemorrhoids
<b>K64.2</b>	Third degree haemorrhoids
<b>K64.4</b>	Residual haemorrhoidal skin tags
<b>K64.8</b>	Other specified haemorrhoids
<b>K64.9</b>	Haemorrhoids, unspecified
<b>K66.9</b>	Disorder of peritoneum, unspecified
<b>K73.9</b>	Chronic hepatitis, unspecified
<b>K76.0</b>	Fatty (change of) liver, not elsewhere classified
<b>K76.9</b>	Liver disease, unspecified
<b>K80.80</b>	Other cholelithiasis, without mention of obstruction
<b>K82.4</b>	Cholesterolosis of gallbladder
<b>K82.9</b>	Disease of gallbladder, unspecified
<b>K83.9</b>	Disease of biliary tract, unspecified
<b>K86.9</b>	Disease of pancreas, unspecified
<b>K90.3</b>	Pancreatic steatorrhoea
<b>K92.9</b>	Disease of digestive system, unspecified
<b>L02.9</b>	Cutaneous abscess, furuncle and carbuncle, unspecified
<b>L03.19</b>	Cellulitis of limb, not elsewhere classified
<b>L03.9</b>	Cellulitis, unspecified
<b>L05.9</b>	Pilonidal cyst without abscess
<b>L08.1</b>	Erythrasma
<b>L08.8</b>	Other specified local infections of skin and subcutaneous tissue
<b>L08.9</b>	Local infection of skin and subcutaneous tissue, unspecified
<b>L20.8</b>	Other atopic dermatitis
<b>L20.9</b>	Atopic dermatitis, unspecified
<b>L21.0</b>	Seborrhoea capitis
<b>L21.1</b>	Seborrhoeic infantile dermatitis
<b>L21.8</b>	Other seborrhoeic dermatitis
<b>L21.9</b>	Seborrhoeic dermatitis, unspecified
<b>L22</b>	Diaper [napkin] dermatitis
<b>L25.0</b>	Unspecified contact dermatitis due to cosmetics
<b>L25.1</b>	Unspecified contact dermatitis due to drugs in contact with skin
<b>L25.2</b>	Unspecified contact dermatitis due to dyes
<b>L25.3</b>	Unspecified contact dermatitis due to other chemical products
<b>L25.4</b>	Unspecified contact dermatitis due to food in contact with skin
<b>L25.5</b>	Unspecified contact dermatitis due to plants, except food
<b>L25.8</b>	Unspecified contact dermatitis due to other agents
<b>L25.9</b>	Unspecified contact dermatitis, unspecified cause
<b>L29.0</b>	Pruritus ani
<b>L29.1</b>	Pruritus scroti
<b>L29.2</b>	Pruritus vulvae

ICD-10-AM code	ICD-10-AM code description
L29.3	Anogenital pruritus, unspecified
L29.8	Other pruritus
L29.9	Pruritus, unspecified
L30.4	Erythema intertrigo
L30.8	Other specified dermatitis
L30.9	Dermatitis, unspecified
L42	Pityriasis rosea
L43.8	Other lichen planus
L43.9	Lichen planus, unspecified
L44.8	Other specified papulosquamous disorders
L44.9	Papulosquamous disorder, unspecified
L51.9	Erythema multiforme, unspecified
L53.9	Erythematous condition, unspecified
L55.0	Sunburn, erythema
L55.8	Other sunburn
L55.9	Sunburn, unspecified
L56.9	Acute skin change due to ultraviolet radiation, unspecified
L57.0	Actinic keratosis
L57.1	Actinic reticuloid
L57.2	Cutis rhomboidalis nuchae
L57.3	Poikiloderma of Civatte
L57.4	Cutis laxa senilis
L57.5	Actinic granuloma
L57.8	Other skin changes due to chronic exposure to nonionising radiation
L57.9	Skin changes due to chronic exposure to nonionising radiation, unspecified
L59.0	Erythema ab igne [dermatitis ab igne]
L59.9	Disorder of skin and subcutaneous tissue related to radiation, unspecified
L60.0	Ingrowing nail
L60.1	Onycholysis
L60.3	Nail dystrophy
L60.4	Beau's lines
L60.8	Other nail disorders
L60.9	Nail disorder, unspecified
L63.0	Alopecia (capitis) totalis
L63.1	Alopecia universalis
L63.2	Ophiasis
L63.8	Other alopecia areata
L63.9	Alopecia areata, unspecified
L64.0	Drug-induced androgenic alopecia
L64.8	Other androgenic alopecia
L64.9	Androgenic alopecia, unspecified
L65.0	Telogen effluvium
L65.1	Anagen effluvium
L65.2	Alopecia mucinosa
L65.8	Other specified nonscarring hair loss

ICD-10-AM code	ICD-10-AM code description
L65.9	Nonscarring hair loss, unspecified
L66.0	Pseudopelade
L66.1	Lichen planopilaris
L66.2	Folliculitis decalvans
L66.8	Other cicatricial alopecia
L66.9	Cicatricial alopecia, unspecified
L67.0	Trichorrhexis nodosa
L67.1	Variations in hair colour
L67.8	Other hair colour and hair shaft abnormalities
L67.9	Hair colour and hair shaft abnormality, unspecified
L68.0	Hirsutism
L68.1	Acquired hypertrichosis lanuginosa
L68.2	Localised hypertrichosis
L68.3	Polytrichia
L68.8	Other hypertrichosis
L68.9	Hypertrichosis, unspecified
L70.0	Acne vulgaris
L70.1	Acne conglobata
L70.2	Acne varioliformis
L70.3	Acne tropica
L70.4	Infantile acne
L70.5	Acne excoriee
L70.8	Other acne
L70.9	Acne, unspecified
L71.0	Perioral dermatitis
L71.1	Rhinophyma
L71.8	Other rosacea
L71.9	Rosacea, unspecified
L72.0	Epidermal cyst
L72.1	Trichilemmal cyst
L72.2	Steatocystoma multiplex
L72.8	Other follicular cysts of skin and subcutaneous tissue
L72.9	Follicular cyst of skin and subcutaneous tissue, unspecified
L73.0	Acne keloid
L73.1	Pseudofolliculitis barbae
L73.8	Other specified follicular disorders
L73.9	Follicular disorder, unspecified
L74.0	Miliaria rubra
L74.1	Miliaria crystallina
L74.2	Miliaria profunda
L74.3	Miliaria, unspecified
L74.4	Anhidrosis
L74.8	Other eccrine sweat disorders
L74.9	Eccrine sweat disorder, unspecified
L80	Vitiligo

ICD-10-AM code	ICD-10-AM code description
L81.0	Postinflammatory hyperpigmentation
L81.1	Chloasma
L81.2	Freckles
L81.3	Cafe au lait spots
L81.4	Other melanin hyperpigmentation
L81.5	Leukoderma, not elsewhere classified
L81.6	Other disorders of diminished melanin formation
L81.7	Pigmented purpuric dermatosis
L81.8	Other specified disorders of pigmentation
L81.9	Disorder of pigmentation, unspecified
L82	Seborrhoeic keratosis
L84.0	Corns and callosities of foot
L84.8	Corns and callosities of other sites
L84.9	Corns and callosities, unspecified
L85.0	Acquired ichthyosis
L85.1	Acquired keratosis [keratoderma] palmaris et plantaris
L85.2	Keratosis punctata (palmaris et plantaris)
L85.3	Xerosis cutis
L85.8	Other specified epidermal thickening
L85.9	Epidermal thickening, unspecified
L90.1	Anetoderma of Schweningen-Buzzi
L90.2	Anetoderma of Jadassohn-Pellizzari
L90.3	Atrophoderma of Pasini and Pierini
L90.4	Acrodermatitis chronica atrophicans
L90.50	Scar conditions and fibrosis of skin due to unspecified cause
L90.59	Scar conditions and fibrosis of skin due to other specified cause
L90.6	Striae atrophicae
L90.8	Other atrophic disorders of skin
L90.9	Atrophic disorder of skin, unspecified
L91.00	Hypertrophic scar, unspecified cause
L91.01	Hypertrophic scar due to burn
L91.09	Hypertrophic scar due to other specified cause
L91.8	Other hypertrophic disorders of skin
L91.9	Hypertrophic disorder of skin, unspecified
L92.0	Granuloma annulare
L92.2	Granuloma faciale [eosinophilic granuloma of skin]
L92.3	Foreign body granuloma of skin and subcutaneous tissue
L92.8	Other granulomatous disorders of skin and subcutaneous tissue
L92.9	Granulomatous disorder of skin and subcutaneous tissue, unspecified
L94.8	Other specified localised connective tissue disorders
L94.9	Localised connective tissue disorder, unspecified
L95.8	Other vasculitis limited to skin
L95.9	Vasculitis limited to skin, unspecified
L98.9	Disorder of skin and subcutaneous tissue, unspecified
M00.09	Staphylococcal arthritis and polyarthritis, site unspecified

ICD-10-AM code	ICD-10-AM code description
<b>M00.19</b>	Pneumococcal arthritis and polyarthritis, site unspecified
<b>M00.29</b>	Other streptococcal arthritis and polyarthritis, site unspecified
<b>M00.89</b>	Arthritis and polyarthritis due to other specified bacterial agents, site unspecified
<b>M00.99</b>	Pyogenic arthritis, unspecified, site unspecified
<b>M02.09</b>	Arthropathy following intestinal bypass, site unspecified
<b>M02.19</b>	Postdysenteric arthropathy, site unspecified
<b>M02.29</b>	Postimmunisation arthropathy, site unspecified
<b>M02.39</b>	Reiter's disease, site unspecified
<b>M02.89</b>	Other reactive arthropathies, site unspecified
<b>M02.99</b>	Reactive arthropathy, unspecified, site unspecified
<b>M05.09</b>	Felty's syndrome, site unspecified
<b>M05.19</b>	Rheumatoid lung disease, site unspecified
<b>M05.29</b>	Rheumatoid vasculitis, site unspecified
<b>M05.99</b>	Seropositive rheumatoid arthritis, unspecified, site unspecified
<b>M06.09</b>	Seronegative rheumatoid arthritis, site unspecified
<b>M06.19</b>	Adult-onset Still's disease, site unspecified
<b>M06.29</b>	Rheumatoid bursitis, site unspecified
<b>M06.39</b>	Rheumatoid nodule, site unspecified
<b>M06.49</b>	Inflammatory polyarthropathy, site unspecified
<b>M06.99</b>	Rheumatoid arthritis, unspecified, site unspecified
<b>M08.09</b>	Juvenile rheumatoid arthritis, site unspecified
<b>M08.19</b>	Juvenile ankylosing spondylitis, site unspecified
<b>M08.29</b>	Juvenile arthritis with systemic onset, site unspecified
<b>M08.49</b>	Pauciarticular juvenile arthritis, site unspecified
<b>M08.99</b>	Juvenile arthritis, unspecified, site unspecified
<b>M10.09</b>	Idiopathic gout, site unspecified
<b>M10.19</b>	Lead-induced gout, site unspecified
<b>M10.29</b>	Drug-induced gout, site unspecified
<b>M10.39</b>	Gout due to impairment of renal function, site unspecified
<b>M10.49</b>	Other secondary gout, site unspecified
<b>M10.99</b>	Gout, unspecified, site unspecified
<b>M11.09</b>	Hydroxyapatite deposition disease, site unspecified
<b>M11.19</b>	Familial chondrocalcinosis, site unspecified
<b>M11.29</b>	Other chondrocalcinosis, site unspecified
<b>M11.89</b>	Other specified crystal arthropathies, site unspecified
<b>M11.99</b>	Crystal arthropathy, unspecified, site unspecified
<b>M12.09</b>	Chronic postrheumatic arthropathy [Jaccoud], site unspecified
<b>M12.19</b>	Kaschin-Beck disease, site unspecified
<b>M12.29</b>	Villonodular synovitis (pigmented), site unspecified
<b>M12.39</b>	Palindromic rheumatism, site unspecified
<b>M12.49</b>	Intermittent hydrarthrosis, site unspecified
<b>M12.59</b>	Traumatic arthropathy, site unspecified
<b>M12.89</b>	Other specific arthropathies, not elsewhere classified, site unspecified
<b>M13.19</b>	Monoarthritis, not elsewhere classified, site unspecified
<b>M13.89</b>	Other specified arthritis, site unspecified

ICD-10-AM code	ICD-10-AM code description
<b>M13.99</b>	Arthritis, unspecified, site unspecified
<b>M15.9</b>	Polyarthrosis, unspecified
<b>M16.9</b>	Coxarthrosis, unspecified
<b>M17.9</b>	Gonarthrosis, unspecified
<b>M18.9</b>	Arthrosis of first carpometacarpal joint, unspecified
<b>M19.09</b>	Primary arthrosis of other joints, site unspecified
<b>M19.19</b>	Post traumatic arthrosis of other joints, site unspecified
<b>M19.29</b>	Other secondary arthrosis, site unspecified
<b>M19.89</b>	Other specified arthrosis, site unspecified
<b>M19.91</b>	Arthrosis, unspecified, shoulder region
<b>M19.92</b>	Arthrosis, unspecified, upper arm
<b>M19.93</b>	Arthrosis, unspecified, forearm
<b>M19.94</b>	Arthrosis, unspecified, hand
<b>M19.97</b>	Arthrosis, unspecified, ankle and foot
<b>M19.98</b>	Arthrosis, unspecified, other site
<b>M19.99</b>	Arthrosis, unspecified, site unspecified
<b>M21.09</b>	Valgus deformity, not elsewhere classified, site unspecified
<b>M21.19</b>	Varus deformity, not elsewhere classified, site unspecified
<b>M21.29</b>	Flexion deformity, site unspecified
<b>M21.99</b>	Acquired deformity of limb, unspecified, site unspecified
<b>M22.9</b>	Disorder of patella, unspecified
<b>M23.09</b>	Cystic meniscus, unspecified sites
<b>M23.19</b>	Discoïd meniscus (congenital), unspecified site
<b>M24.09</b>	Loose body in joint, site unspecified
<b>M24.19</b>	Other articular cartilage disorders, site unspecified
<b>M24.29</b>	Disorder of ligament, site unspecified
<b>M24.38</b>	Pathological dislocation and subluxation of joint, not elsewhere classified, other site
<b>M24.49</b>	Recurrent dislocation and subluxation of joint, site unspecified
<b>M24.59</b>	Contracture of joint, site unspecified
<b>M24.69</b>	Ankylosis of joint, site unspecified
<b>M24.99</b>	Unspecified joint derangement, site unspecified
<b>M25.09</b>	Haemarthrosis, site unspecified
<b>M25.19</b>	Fistula of joint, site unspecified
<b>M25.29</b>	Flail joint, site unspecified
<b>M25.39</b>	Other instability of joint, site unspecified
<b>M25.49</b>	Effusion of joint, site unspecified
<b>M25.50</b>	Pain in a joint, multiple sites
<b>M25.51</b>	Pain in a joint, shoulder region
<b>M25.52</b>	Pain in a joint, upper arm
<b>M25.53</b>	Pain in a joint, forearm
<b>M25.54</b>	Pain in a joint, hand
<b>M25.55</b>	Pain in a joint, pelvic region and thigh
<b>M25.56</b>	Pain in a joint, lower leg
<b>M25.57</b>	Pain in a joint, ankle and foot

ICD-10-AM code	ICD-10-AM code description
<b>M25.58</b>	Pain in a joint, other site
<b>M25.59</b>	Pain in a joint, site unspecified
<b>M25.60</b>	Stiffness of joint, not elsewhere classified, multiple sites
<b>M25.61</b>	Stiffness of joint, not elsewhere classified, shoulder region
<b>M25.62</b>	Stiffness of joint, not elsewhere classified, upper arm
<b>M25.63</b>	Stiffness of joint, not elsewhere classified, forearm
<b>M25.64</b>	Stiffness of joint, not elsewhere classified, hand
<b>M25.65</b>	Stiffness of joint, not elsewhere classified, pelvic region and thigh
<b>M25.66</b>	Stiffness of joint, not elsewhere classified, lower leg
<b>M25.67</b>	Stiffness of joint, not elsewhere classified, ankle and foot
<b>M25.68</b>	Stiffness of joint, not elsewhere classified, other site
<b>M25.69</b>	Stiffness of joint, not elsewhere classified, site unspecified
<b>M25.79</b>	Osteophyte, site unspecified
<b>M25.89</b>	Other specified joint disorders, site unspecified
<b>M25.90</b>	Unspecified joint disorder, multiple sites
<b>M25.91</b>	Unspecified joint disorder, shoulder region
<b>M25.92</b>	Unspecified joint disorder, upper arm
<b>M25.93</b>	Unspecified joint disorder, forearm
<b>M25.94</b>	Unspecified joint disorder, hand
<b>M25.95</b>	Unspecified joint disorder, pelvic region and thigh
<b>M25.96</b>	Unspecified joint disorder, lower leg
<b>M25.97</b>	Unspecified joint disorder, ankle and foot
<b>M25.98</b>	Unspecified joint disorder, other site
<b>M25.99</b>	Unspecified joint disorder, site unspecified
<b>M40.09</b>	Postural kyphosis, site unspecified
<b>M40.19</b>	Other secondary kyphosis, site unspecified
<b>M40.29</b>	Other and unspecified kyphosis, site unspecified
<b>M40.39</b>	Flatback syndrome, site unspecified
<b>M40.49</b>	Other lordosis, site unspecified
<b>M40.59</b>	Unspecified lordosis, site unspecified
<b>M41.09</b>	Infantile idiopathic scoliosis, site unspecified
<b>M41.19</b>	Juvenile idiopathic scoliosis, site unspecified
<b>M41.29</b>	Other idiopathic scoliosis, site unspecified
<b>M41.39</b>	Thoracogenic scoliosis, site unspecified
<b>M41.49</b>	Neuromuscular scoliosis, site unspecified
<b>M41.59</b>	Other secondary scoliosis, site unspecified
<b>M41.99</b>	Unspecified scoliosis, site unspecified
<b>M42.09</b>	Juvenile osteochondrosis of spine, site unspecified
<b>M42.19</b>	Adult osteochondrosis of spine, site unspecified
<b>M42.99</b>	Unspecified spinal osteochondrosis, site unspecified
<b>M43.09</b>	Spondylolysis, site unspecified
<b>M43.19</b>	Spondylolisthesis, site unspecified
<b>M43.29</b>	Other fusion of spine, site unspecified
<b>M43.59</b>	Other recurrent vertebral subluxation, site unspecified
<b>M43.89</b>	Other specified deforming dorsopathies, site unspecified

ICD-10-AM code	ICD-10-AM code description
<b>M43.90</b>	Unspecified deforming dorsopathy, multiple sites in spine
<b>M43.91</b>	Unspecified deforming dorsopathy, occipito-atlanto-axial region
<b>M43.92</b>	Unspecified deforming dorsopathy, cervical region
<b>M43.93</b>	Unspecified deforming dorsopathy, cervicothoracic region
<b>M43.94</b>	Unspecified deforming dorsopathy, thoracic region
<b>M43.95</b>	Unspecified deforming dorsopathy, thoracolumbar region
<b>M43.96</b>	Unspecified deforming dorsopathy, lumbar region
<b>M43.97</b>	Unspecified deforming dorsopathy, lumbosacral region
<b>M43.98</b>	Unspecified deforming dorsopathy, sacral and sacrococcygeal region
<b>M43.99</b>	Unspecified deforming dorsopathy, site unspecified
<b>M45.09</b>	Ankylosing spondylitis, site unspecified
<b>M46.09</b>	Spinal enthesopathy, site unspecified
<b>M46.49</b>	Unspecified discitis, site unspecified
<b>M46.59</b>	Other infective spondylopathies, site unspecified
<b>M46.89</b>	Other specified inflammatory spondylopathies, site unspecified
<b>M46.99</b>	Unspecified inflammatory spondylopathy, site unspecified
<b>M47.80</b>	Other spondylosis, multiple sites in spine
<b>M47.81</b>	Other spondylosis, occipito-atlanto-axial region
<b>M47.82</b>	Other spondylosis, cervical region
<b>M47.83</b>	Other spondylosis, cervicothoracic region
<b>M47.84</b>	Other spondylosis, thoracic region
<b>M47.85</b>	Other spondylosis, thoracolumbar region
<b>M47.86</b>	Other spondylosis, lumbar region
<b>M47.87</b>	Other spondylosis, lumbosacral region
<b>M47.88</b>	Other spondylosis, sacral and sacrococcygeal region
<b>M47.89</b>	Other spondylosis, site unspecified
<b>M47.90</b>	Unspecified spondylosis, multiple sites in spine
<b>M47.91</b>	Unspecified spondylosis, occipito-atlanto-axial region
<b>M47.92</b>	Unspecified spondylosis, cervical region
<b>M47.93</b>	Unspecified spondylosis, cervicothoracic region
<b>M47.94</b>	Unspecified spondylosis, thoracic region
<b>M47.95</b>	Unspecified spondylosis, thoracolumbar region
<b>M47.96</b>	Unspecified spondylosis, lumbar region
<b>M47.97</b>	Unspecified spondylosis, lumbosacral region
<b>M47.98</b>	Unspecified spondylosis, sacral and sacrococcygeal region
<b>M47.99</b>	Unspecified spondylosis, site unspecified
<b>M48.09</b>	Spinal stenosis, site unspecified
<b>M48.19</b>	Ankylosing hyperostosis [Forestier], site unspecified
<b>M48.29</b>	Kissing spine, site unspecified
<b>M48.39</b>	Traumatic spondylopathy, site unspecified
<b>M48.49</b>	Fatigue fracture of vertebra, site unspecified
<b>M48.59</b>	Collapsed vertebra, not elsewhere classified, site unspecified
<b>M48.89</b>	Other specified spondylopathies, site unspecified
<b>M48.99</b>	Unspecified spondylopathy, site unspecified
<b>M50.9</b>	Cervical disc disorder, unspecified

ICD-10-AM code	ICD-10-AM code description
<b>M51.9</b>	Intervertebral disc disorder, unspecified
<b>M53.29</b>	Spinal instabilities, site unspecified
<b>M53.89</b>	Other specified dorsopathies, site unspecified
<b>M53.99</b>	Unspecified dorsopathy, site unspecified
<b>M54.08</b>	Panniculitis affecting regions of neck and back, sacral and sacrococcygeal region
<b>M54.09</b>	Panniculitis affecting regions of neck and back, site unspecified
<b>M54.19</b>	Radiculopathy, site unspecified
<b>M54.2</b>	Cervicalgia
<b>M54.5</b>	Low back pain
<b>M54.6</b>	Pain in thoracic spine
<b>M54.80</b>	Other dorsalgia, multiple sites in spine
<b>M54.81</b>	Other dorsalgia, occipito-atlanto-axial region
<b>M54.82</b>	Other dorsalgia, cervical region
<b>M54.83</b>	Other dorsalgia, cervicothoracic region
<b>M54.84</b>	Other dorsalgia, thoracic region
<b>M54.85</b>	Other dorsalgia, thoracolumbar region
<b>M54.86</b>	Other dorsalgia, lumbar region
<b>M54.87</b>	Other dorsalgia, lumbosacral region
<b>M54.88</b>	Other dorsalgia, sacral and sacrococcygeal region
<b>M54.89</b>	Other dorsalgia, site unspecified
<b>M54.90</b>	Unspecified dorsalgia, multiple sites in spine
<b>M54.91</b>	Unspecified dorsalgia, occipito-atlanto-axial region
<b>M54.92</b>	Unspecified dorsalgia, cervical region
<b>M54.93</b>	Unspecified dorsalgia, cervicothoracic region
<b>M54.94</b>	Unspecified dorsalgia, thoracic region
<b>M54.95</b>	Unspecified dorsalgia, thoracolumbar region
<b>M54.96</b>	Unspecified dorsalgia, lumbar region
<b>M54.97</b>	Unspecified dorsalgia, lumbosacral region
<b>M54.98</b>	Unspecified dorsalgia, sacral and sacrococcygeal region
<b>M54.99</b>	Unspecified dorsalgia, site unspecified
<b>M60.89</b>	Other myositis, site unspecified
<b>M60.99</b>	Unspecified myositis, site unspecified
<b>M61.09</b>	Myositis ossificans traumatica, site unspecified
<b>M61.49</b>	Other calcification of muscle, site unspecified
<b>M61.59</b>	Other ossification of muscle, unspecified site
<b>M61.99</b>	Unspecified calcification and ossification of muscle, site unspecified
<b>M62.09</b>	Diastasis of muscle, site unspecified
<b>M62.19</b>	Other rupture of muscle (nontraumatic), site unspecified
<b>M62.29</b>	Ischaemic infarction of muscle, site unspecified
<b>M62.49</b>	Contracture of muscle, site unspecified
<b>M62.50</b>	Muscle wasting and atrophy, not elsewhere classified, multiple sites
<b>M62.60</b>	Muscle strain, multiple sites
<b>M62.61</b>	Muscle strain, shoulder region
<b>M62.62</b>	Muscle strain, upper arm
<b>M62.63</b>	Muscle strain, forearm

ICD-10-AM code	ICD-10-AM code description
<b>M62.64</b>	Muscle strain, hand
<b>M62.65</b>	Muscle strain, pelvic region and thigh
<b>M62.66</b>	Muscle strain, lower leg
<b>M62.67</b>	Muscle strain, ankle and foot
<b>M62.68</b>	Muscle strain, other site
<b>M62.69</b>	Muscle strain, site unspecified
<b>M62.89</b>	Other specified disorders of muscle, site unspecified
<b>M62.90</b>	Unspecified disorder of muscle, multiple sites
<b>M62.91</b>	Unspecified disorder of muscle, shoulder region
<b>M62.92</b>	Unspecified disorder of muscle, upper arm
<b>M62.93</b>	Unspecified disorder of muscle, forearm
<b>M62.94</b>	Unspecified disorder of muscle, hand
<b>M62.95</b>	Unspecified disorder of muscle, pelvic region and thigh
<b>M62.96</b>	Unspecified disorder of muscle, lower leg
<b>M62.97</b>	Unspecified disorder of muscle, ankle and foot
<b>M62.98</b>	Unspecified disorder of muscle, other site
<b>M62.99</b>	Unspecified disorder of muscle, site unspecified
<b>M65.09</b>	Abscess of tendon sheath, site unspecified
<b>M65.19</b>	Other infective (teno)synovitis, site unspecified
<b>M65.29</b>	Calcific tendinitis, site unspecified
<b>M65.3</b>	Trigger finger
<b>M65.89</b>	Other synovitis and tenosynovitis, site unspecified
<b>M65.99</b>	Unspecified synovitis and tenosynovitis, site unspecified
<b>M66.19</b>	Rupture of synovium, site unspecified
<b>M66.49</b>	Spontaneous rupture of other tendons, site unspecified
<b>M66.59</b>	Spontaneous rupture of unspecified tendon, site unspecified
<b>M67.19</b>	Other contracture of tendon (sheath), site unspecified
<b>M67.29</b>	Synovial hypertrophy, not elsewhere classified, site unspecified
<b>M67.39</b>	Transient synovitis, site unspecified
<b>M67.40</b>	Ganglion, multiple sites
<b>M67.41</b>	Ganglion, shoulder region
<b>M67.42</b>	Ganglion, upper arm
<b>M67.43</b>	Ganglion, forearm
<b>M67.44</b>	Ganglion, hand
<b>M67.45</b>	Ganglion, pelvic region and thigh
<b>M67.46</b>	Ganglion, lower leg
<b>M67.47</b>	Ganglion, ankle and foot
<b>M67.48</b>	Ganglion, other site
<b>M67.49</b>	Ganglion, site unspecified
<b>M67.89</b>	Other specified diseases of synovium and tendon, site unspecified
<b>M67.99</b>	Unspecified disorder of synovium and tendon, site unspecified
<b>M70.9</b>	Unspecified soft tissue disorder related to use, overuse and pressure
<b>M71.09</b>	Abscess of bursa, site unspecified
<b>M71.19</b>	Other infective bursitis, site unspecified
<b>M71.39</b>	Other bursal cyst, site unspecified

ICD-10-AM code	ICD-10-AM code description
<b>M71.49</b>	Calcium deposit in bursa, site unspecified
<b>M71.59</b>	Other bursitis, not elsewhere classified, site unspecified
<b>M71.89</b>	Other specified bursopathies, site unspecified
<b>M71.99</b>	Unspecified bursopathy, site unspecified
<b>M72.1</b>	Knuckle pads
<b>M72.2</b>	Plantar fascial fibromatosis
<b>M72.49</b>	Pseudosarcomatous fibromatosis, site unspecified
<b>M72.99</b>	Unspecified fibroblastic disorder, site unspecified
<b>M75.8</b>	Other shoulder lesions
<b>M75.9</b>	Shoulder lesion, unspecified
<b>M76.8</b>	Other enthesopathies of lower limb, excluding foot
<b>M76.9</b>	Enthesopathy of lower limb, unspecified
<b>M77.2</b>	Periarthritis of wrist
<b>M77.3</b>	Calcaneal spur
<b>M77.4</b>	Metatarsalgia
<b>M77.5</b>	Other enthesopathy of foot
<b>M77.8</b>	Other enthesopathies, not elsewhere classified
<b>M77.9</b>	Enthesopathy, unspecified
<b>M79.00</b>	Rheumatism, unspecified, multiple sites
<b>M79.01</b>	Rheumatism, unspecified, shoulder region
<b>M79.02</b>	Rheumatism, unspecified, upper arm
<b>M79.03</b>	Rheumatism, unspecified, forearm
<b>M79.04</b>	Rheumatism, unspecified, hand
<b>M79.05</b>	Rheumatism, unspecified, pelvic region and thigh
<b>M79.06</b>	Rheumatism, unspecified, lower leg
<b>M79.07</b>	Rheumatism, unspecified, ankle and foot
<b>M79.08</b>	Rheumatism, unspecified, other site
<b>M79.09</b>	Rheumatism, unspecified, site unspecified
<b>M79.10</b>	Myalgia, multiple sites
<b>M79.11</b>	Myalgia, shoulder region
<b>M79.12</b>	Myalgia, upper arm
<b>M79.13</b>	Myalgia, forearm
<b>M79.14</b>	Myalgia, hand
<b>M79.15</b>	Myalgia, pelvic region and thigh
<b>M79.16</b>	Myalgia, lower leg
<b>M79.17</b>	Myalgia, ankle and foot
<b>M79.18</b>	Myalgia, other site
<b>M79.19</b>	Myalgia, site unspecified
<b>M79.29</b>	Neuralgia and neuritis, unspecified, site unspecified
<b>M79.30</b>	Panniculitis, unspecified, multiple sites
<b>M79.31</b>	Panniculitis, unspecified, shoulder region
<b>M79.32</b>	Panniculitis, unspecified, upper arm
<b>M79.33</b>	Panniculitis, unspecified, forearm
<b>M79.34</b>	Panniculitis, unspecified, hand
<b>M79.35</b>	Panniculitis, unspecified, pelvic region and thigh

ICD-10-AM code	ICD-10-AM code description
<b>M79.36</b>	Panniculitis, unspecified, lower leg
<b>M79.37</b>	Panniculitis, unspecified, ankle and foot
<b>M79.38</b>	Panniculitis, unspecified, other site
<b>M79.39</b>	Panniculitis, unspecified, site unspecified
<b>M79.49</b>	Hypertrophy of (infrapatellar) fat pad, site unspecified
<b>M79.59</b>	Residual foreign body in soft tissue, site unspecified
<b>M79.60</b>	Pain in limb, multiple sites
<b>M79.61</b>	Pain in limb, shoulder region
<b>M79.62</b>	Pain in limb, upper arm
<b>M79.63</b>	Pain in limb, forearm
<b>M79.64</b>	Pain in limb, hand
<b>M79.65</b>	Pain in limb, pelvic region and thigh
<b>M79.66</b>	Pain in limb, lower leg
<b>M79.67</b>	Pain in limb, ankle and foot
<b>M79.69</b>	Pain in limb, site unspecified
<b>M79.79</b>	Fibromyalgia, site unspecified
<b>M79.86</b>	Other specified soft tissue disorders, lower leg
<b>M79.89</b>	Other specified soft tissue disorders, site unspecified
<b>M79.90</b>	Unspecified soft tissue disorder, multiple sites
<b>M79.91</b>	Unspecified soft tissue disorder, shoulder region
<b>M79.92</b>	Unspecified soft tissue disorder, upper arm
<b>M79.93</b>	Unspecified soft tissue disorder, forearm
<b>M79.94</b>	Unspecified soft tissue disorder, hand
<b>M79.95</b>	Unspecified soft tissue disorder, pelvic region and thigh
<b>M79.96</b>	Unspecified soft tissue disorder, lower leg
<b>M79.97</b>	Unspecified soft tissue disorder, ankle and foot
<b>M79.98</b>	Unspecified soft tissue disorder, other site
<b>M79.99</b>	Unspecified soft tissue disorder, site unspecified
<b>M80.09</b>	Postmenopausal osteoporosis with pathological fracture, site unspecified
<b>M80.19</b>	Postoophorectomy osteoporosis with pathological fracture, site unspecified
<b>M80.29</b>	Osteoporosis of disuse with pathological fracture, site unspecified
<b>M80.39</b>	Postprocedural malabsorption osteoporosis with pathological fracture, site unspecified
<b>M80.49</b>	Drug-induced osteoporosis with pathological fracture, site unspecified
<b>M80.59</b>	Idiopathic osteoporosis with pathological fracture, site unspecified
<b>M80.99</b>	Unspecified osteoporosis with pathological fracture, site unspecified
<b>M81.19</b>	Postoophorectomy osteoporosis, site unspecified
<b>M81.49</b>	Drug-induced osteoporosis, site unspecified
<b>M81.59</b>	Idiopathic osteoporosis, site unspecified
<b>M81.69</b>	Localised osteoporosis [Lequesne], site unspecified
<b>M81.89</b>	Other osteoporosis, site unspecified
<b>M81.99</b>	Unspecified osteoporosis, site unspecified
<b>M83.09</b>	Puerperal osteomalacia, site unspecified
<b>M83.19</b>	Senile osteomalacia, site unspecified
<b>M83.29</b>	Adult osteomalacia due to malabsorption, site unspecified

ICD-10-AM code	ICD-10-AM code description
<b>M83.39</b>	Adult osteomalacia due to malnutrition, site unspecified
<b>M83.49</b>	Aluminium bone disease, site unspecified
<b>M83.59</b>	Other drug-induced osteomalacia in adults, site unspecified
<b>M83.89</b>	Other adult osteomalacia, site unspecified
<b>M83.99</b>	Unspecified adult osteomalacia, site unspecified
<b>M84.09</b>	Malunion of fracture, site unspecified
<b>M84.19</b>	Nonunion of fracture [pseudarthrosis], site unspecified
<b>M84.29</b>	Delayed union of fracture, site unspecified
<b>M84.39</b>	Stress fracture, not elsewhere classified, site unspecified
<b>M84.49</b>	Pathological fracture, not elsewhere classified, site unspecified
<b>M84.80</b>	Other disorders of continuity of bone, multiple sites
<b>M84.81</b>	Other disorders of continuity of bone, shoulder region
<b>M84.82</b>	Other disorders of continuity of bone, upper arm
<b>M84.83</b>	Other disorders of continuity of bone, forearm
<b>M84.84</b>	Other disorders of continuity of bone, hand
<b>M84.85</b>	Other disorders of continuity of bone, pelvic region and thigh
<b>M84.86</b>	Other disorders of continuity of bone, lower leg
<b>M84.87</b>	Other disorders of continuity of bone, ankle and foot
<b>M84.88</b>	Other disorders of continuity of bone, other site
<b>M84.89</b>	Other disorders of continuity of bone, site unspecified
<b>M84.90</b>	Unspecified disorder of continuity of bone, multiple sites
<b>M84.91</b>	Unspecified disorder of continuity of bone, shoulder region
<b>M84.92</b>	Unspecified disorder of continuity of bone, upper arm
<b>M84.93</b>	Unspecified disorder of continuity of bone, forearm
<b>M84.94</b>	Unspecified disorder of continuity of bone, hand
<b>M84.95</b>	Unspecified disorder of continuity of bone, pelvic region and thigh
<b>M84.96</b>	Unspecified disorder of continuity of bone, lower leg
<b>M84.97</b>	Unspecified disorder of continuity of bone, ankle and foot
<b>M84.98</b>	Unspecified disorder of continuity of bone, other site
<b>M84.99</b>	Unspecified disorder of continuity of bone, unspecified
<b>M85.2</b>	Hyperostosis of skull
<b>M85.30</b>	Osteitis condensans, multiple sites
<b>M85.31</b>	Osteitis condensans, shoulder region
<b>M85.32</b>	Osteitis condensans, upper arm
<b>M85.33</b>	Osteitis condensans, forearm
<b>M85.34</b>	Osteitis condensans, hand
<b>M85.35</b>	Osteitis condensans, pelvic region and thigh
<b>M85.36</b>	Osteitis condensans, lower leg
<b>M85.37</b>	Osteitis condensans, ankle and foot
<b>M85.38</b>	Osteitis condensans, other site
<b>M85.39</b>	Osteitis condensans, site unspecified
<b>M85.49</b>	Solitary bone cyst, site unspecified
<b>M85.59</b>	Aneurysmal bone cyst, site unspecified
<b>M85.69</b>	Other cyst of bone, site unspecified
<b>M85.89</b>	Other specified disorders of bone density and structure, site unspecified

ICD-10-AM code	ICD-10-AM code description
<b>M85.90</b>	Unspecified disorder of bone density and structure, multiple sites
<b>M85.91</b>	Unspecified disorder of bone density and structure, shoulder region
<b>M85.92</b>	Unspecified disorder of bone density and structure, upper arm
<b>M85.93</b>	Unspecified disorder of bone density and structure, forearm
<b>M85.94</b>	Unspecified disorder of bone density and structure, hand
<b>M85.95</b>	Unspecified disorder of bone density and structure, pelvic region and thigh
<b>M85.96</b>	Unspecified disorder of bone density and structure, lower leg
<b>M85.97</b>	Unspecified disorder of bone density and structure, ankle and foot
<b>M85.98</b>	Unspecified disorder of bone density and structure, other site
<b>M85.99</b>	Unspecified disorder of bone density and structure, site unspecified
<b>M86.09</b>	Acute haematogenous osteomyelitis, site unspecified
<b>M86.19</b>	Other acute osteomyelitis, site unspecified
<b>M86.29</b>	Subacute osteomyelitis, site unspecified
<b>M86.39</b>	Chronic multifocal osteomyelitis, site unspecified
<b>M86.49</b>	Chronic osteomyelitis with draining sinus, site unspecified
<b>M86.59</b>	Other chronic haematogenous osteomyelitis, site unspecified
<b>M86.69</b>	Other chronic osteomyelitis, site unspecified
<b>M86.89</b>	Other osteomyelitis, site unspecified
<b>M86.99</b>	Unspecified osteomyelitis, site unspecified
<b>M87.09</b>	Idiopathic aseptic necrosis of bone, site unspecified
<b>M87.19</b>	Osteonecrosis due to drugs, site unspecified
<b>M87.29</b>	Osteonecrosis due to previous trauma, site unspecified
<b>M87.39</b>	Other secondary osteonecrosis, site unspecified
<b>M87.89</b>	Other osteonecrosis, site unspecified
<b>M87.99</b>	Unspecified osteonecrosis, site unspecified
<b>M88.0</b>	Paget's disease of skull
<b>M88.80</b>	Paget's disease of other bones, multiple sites
<b>M88.81</b>	Paget's disease of other bones, shoulder region
<b>M88.82</b>	Paget's disease of other bones, upper arm
<b>M88.83</b>	Paget's disease of other bones, forearm
<b>M88.84</b>	Paget's disease of other bones, hand
<b>M88.85</b>	Paget's disease of other bones, pelvic region and thigh
<b>M88.86</b>	Paget's disease of other bones, lower leg
<b>M88.87</b>	Paget's disease of other bones, ankle and foot
<b>M88.88</b>	Paget's disease of other bones, other site
<b>M88.9</b>	Paget's disease of bone, unspecified
<b>M89.09</b>	Algoneurodystrophy, site unspecified
<b>M89.19</b>	Epiphyseal arrest, site unspecified
<b>M89.29</b>	Other disorders of bone development and growth, site unspecified
<b>M89.39</b>	Hypertrophy of bone, site unspecified
<b>M89.49</b>	Other hypertrophic osteoarthopathy, site unspecified
<b>M89.59</b>	Osteolysis, site unspecified
<b>M89.69</b>	Osteopathy after poliomyelitis, site unspecified
<b>M89.89</b>	Other specified disorders of bone, site unspecified
<b>M89.90</b>	Unspecified disorder of bone, multiple sites

ICD-10-AM code	ICD-10-AM code description
<b>M89.91</b>	Unspecified disorder of bone, shoulder region
<b>M89.92</b>	Unspecified disorder of bone, upper arm
<b>M89.93</b>	Unspecified disorder of bone, forearm
<b>M89.94</b>	Unspecified disorder of bone, hand
<b>M89.95</b>	Unspecified disorder of bone, pelvic region and thigh
<b>M89.96</b>	Unspecified disorder of bone, lower leg
<b>M89.97</b>	Unspecified disorder of bone, ankle and foot
<b>M89.98</b>	Unspecified disorder of bone, other site
<b>M89.99</b>	Unspecified disorder of bone, site unspecified
<b>M93.9</b>	Osteochondropathy, unspecified
<b>M94.29</b>	Chondromalacia, site unspecified
<b>M94.89</b>	Other specified disorders of cartilage, site unspecified
<b>M94.90</b>	Unspecified disorder of cartilage, multiple sites
<b>M94.91</b>	Unspecified disorder of cartilage, shoulder region
<b>M94.92</b>	Unspecified disorder of cartilage, upper arm
<b>M94.93</b>	Unspecified disorder of cartilage, forearm
<b>M94.94</b>	Unspecified disorder of cartilage, hand
<b>M94.95</b>	Unspecified disorder of cartilage, pelvic region and thigh
<b>M94.96</b>	Unspecified disorder of cartilage, lower leg
<b>M94.97</b>	Unspecified disorder of cartilage, ankle and foot
<b>M94.98</b>	Unspecified disorder of cartilage, other site
<b>M94.99</b>	Unspecified disorder of cartilage, site unspecified
<b>M95.0</b>	Acquired deformity of nose
<b>M95.1</b>	Cauliflower ear
<b>M95.9</b>	Acquired deformity of musculoskeletal system, unspecified
<b>N18.1</b>	Chronic kidney disease, stage 1
<b>N18.2</b>	Chronic kidney disease, stage 2
<b>N18.3</b>	Chronic kidney disease, stage 3
<b>N19</b>	Unspecified kidney failure
<b>N25.9</b>	Disorder resulting from impaired renal tubular function, unspecified
<b>N28.1</b>	Cyst of kidney
<b>N28.9</b>	Disorder of kidney and ureter, unspecified
<b>N32.9</b>	Bladder disorder, unspecified
<b>N36.9</b>	Urethral disorder, unspecified
<b>N39.9</b>	Disorder of urinary system, unspecified
<b>N41.9</b>	Inflammatory disease of prostate, unspecified
<b>N42.9</b>	Disorder of prostate, unspecified
<b>N48.9</b>	Disorder of penis, unspecified
<b>N50.9</b>	Disorder of male genital organs, unspecified
<b>N60.0</b>	Solitary cyst of breast
<b>N60.1</b>	Diffuse cystic mastopathy
<b>N60.2</b>	Fibroadenosis of breast
<b>N60.3</b>	Fibrosclerosis of breast
<b>N60.4</b>	Mammary duct ectasia
<b>N60.8</b>	Other benign mammary dysplasias

ICD-10-AM code	ICD-10-AM code description
<b>N60.9</b>	Benign mammary dysplasia, unspecified
<b>N63</b>	Unspecified lump in breast
<b>N64.9</b>	Disorder of breast, unspecified
<b>N73.8</b>	Other specified female pelvic inflammatory diseases
<b>N75.9</b>	Disease of Bartholin's gland, unspecified
<b>N83.3</b>	Acquired atrophy of ovary and fallopian tube
<b>N83.9</b>	Noninflammatory disorder of ovary, fallopian tube and broad ligament, unspecified
<b>N84.0</b>	Polyp of corpus uteri
<b>N84.1</b>	Polyp of cervix uteri
<b>N84.2</b>	Polyp of vagina
<b>N84.3</b>	Polyp of vulva
<b>N84.8</b>	Polyp of other parts of female genital tract
<b>N84.9</b>	Polyp of female genital tract, unspecified
<b>N85.2</b>	Hypertrophy of uterus
<b>N85.3</b>	Subinvolution of uterus
<b>N85.4</b>	Malposition of uterus
<b>N85.5</b>	Inversion of uterus
<b>N85.9</b>	Noninflammatory disorder of uterus, unspecified
<b>N86</b>	Erosion and ectropion of cervix uteri
<b>N88.1</b>	Old laceration of cervix uteri
<b>N88.3</b>	Incompetence of cervix uteri
<b>N88.4</b>	Hypertrophic elongation of cervix uteri
<b>N88.9</b>	Noninflammatory disorder of cervix uteri, unspecified
<b>N89.9</b>	Noninflammatory disorder of vagina, unspecified
<b>N90.7</b>	Vulvar cyst
<b>N90.9</b>	Noninflammatory disorder of vulva and perineum, unspecified
<b>N91.3</b>	Primary oligomenorrhoea
<b>N91.4</b>	Secondary oligomenorrhoea
<b>N91.5</b>	Oligomenorrhoea, unspecified
<b>N92.3</b>	Ovulation bleeding
<b>N94.0</b>	Mittelschmerz
<b>N94.1</b>	Dyspareunia
<b>N94.2</b>	Vaginismus
<b>N94.3</b>	Premenstrual tension syndrome
<b>N94.9</b>	Unspecified condition associated with female genital organs and menstrual cycle
<b>N95.1</b>	Menopausal and female climacteric states
<b>N95.2</b>	Postmenopausal atrophic vaginitis
<b>N95.3</b>	States associated with artificial menopause
<b>N95.8</b>	Other specified menopausal and perimenopausal disorders
<b>N95.9</b>	Menopausal and perimenopausal disorder, unspecified
<b>O21.9</b>	Vomiting in pregnancy, not elsewhere classified
<b>O22.4</b>	Haemorrhoids in pregnancy
<b>O22.9</b>	Venous condition in pregnancy
<b>O23.0</b>	Infections of kidney in pregnancy
<b>O23.1</b>	Infections of bladder in pregnancy

ICD-10-AM code	ICD-10-AM code description
O23.2	Infections of urethra in pregnancy
O23.3	Infections of other parts of urinary tract in pregnancy
O23.4	Unspecified infection of urinary tract in pregnancy
O23.5	Infections of the genital tract in pregnancy
O23.9	Other and unspecified genitourinary tract infection in pregnancy
O24.0	Pre-existing diabetes mellitus, Type 1, in pregnancy
O24.12	Pre-existing diabetes mellitus, Type 2, in pregnancy, insulin treated
O24.13	Pre-existing diabetes mellitus, Type 2, in pregnancy, oral hypoglycaemic therapy
O24.14	Pre-existing diabetes mellitus, Type 2, in pregnancy, other
O24.19	Pre-existing diabetes mellitus, Type 2, in pregnancy, unspecified
O24.22	Pre-existing diabetes mellitus, other specified type, in pregnancy, insulin treated
O24.23	Pre-existing diabetes mellitus, other specified type, in pregnancy, oral hypoglycaemic therapy
O24.24	Pre-existing diabetes mellitus, other specified type, in pregnancy, other
O24.29	Pre-existing diabetes mellitus, other specified type, in pregnancy, unspecified
O24.32	Pre-existing diabetes mellitus, unspecified, in pregnancy, insulin treated
O24.33	Pre-existing diabetes mellitus, unspecified type, in pregnancy, oral hypoglycaemic therapy
O24.34	Pre-existing diabetes mellitus, unspecified type, in pregnancy, other
O24.39	Pre-existing diabetes mellitus, unspecified, in pregnancy, unspecified
O24.52	Pre-existing intermediate hyperglycaemia, in pregnancy, insulin treated
O24.53	Pre-existing intermediate hyperglycaemia, in pregnancy, oral hypoglycaemic therapy
O24.54	Pre-existing intermediate hyperglycaemia, in pregnancy, other
O24.59	Pre-existing intermediate hyperglycaemia, in pregnancy, unspecified
O25	Malnutrition in pregnancy
O26.6	Liver disorders in pregnancy, childbirth and the puerperium
O26.81	Kidney disorders in pregnancy, childbirth and the puerperium
O26.88	Other specified pregnancy-related conditions
O26.9	Pregnancy-related condition, unspecified
O28.0	Abnormal haematological finding on antenatal screening of mother
O28.1	Abnormal biochemical finding on antenatal screening of mother
O28.2	Abnormal cytological finding on antenatal screening of mother
O28.3	Abnormal ultrasonic finding on antenatal screening of mother
O28.4	Abnormal radiological finding on antenatal screening of mother
O28.5	Abnormal chromosomal and genetic finding on antenatal screening of mother
O28.8	Other abnormal findings on antenatal screening of mother
O28.9	Abnormal finding on antenatal screening of mother, unspecified
O30.9	Multiple gestation, unspecified
O31.8	Other complications specific to multiple gestation
O32.9	Maternal care for malpresentation of fetus, unspecified
O43.9	Placental disorder, unspecified
O71.9	Obstetric trauma, unspecified
O75.9	Complication of labour and delivery, unspecified
O86.2	Urinary tract infection following delivery

ICD-10-AM code	ICD-10-AM code description
<b>O86.3</b>	Other genitourinary tract infections following delivery
<b>O86.8</b>	Other and unspecified puerperal infections
<b>O87.2</b>	Haemorrhoids in the puerperium
<b>O87.9</b>	Venous condition in the puerperium
<b>O90.3</b>	Cardiomyopathy in the puerperium
<b>O90.9</b>	Complication of the puerperium, unspecified
<b>O92.00</b>	Retracted nipple associated with childbirth, without mention of attachment difficulty
<b>O98.0</b>	Tuberculosis in pregnancy, childbirth and the puerperium
<b>O98.1</b>	Syphilis in pregnancy, childbirth and the puerperium
<b>O98.2</b>	Gonorrhoea in pregnancy, childbirth and the puerperium
<b>O98.3</b>	Other infections with a predominantly sexual mode of transmission in pregnancy, childbirth and the puerperium
<b>O98.4</b>	Viral hepatitis in pregnancy, childbirth and the puerperium
<b>O98.5</b>	Other viral diseases in pregnancy, childbirth and the puerperium
<b>O98.6</b>	Protozoal diseases in pregnancy, childbirth and the puerperium
<b>O98.7</b>	Human immunodeficiency virus [HIV] disease in pregnancy, childbirth and the puerperium
<b>O98.8</b>	Other maternal infectious and parasitic diseases in pregnancy, childbirth and the puerperium
<b>O98.9</b>	Unspecified maternal infectious or parasitic disease in pregnancy, childbirth and the puerperium
<b>O99.00</b>	Anaemia in pregnancy, childbirth and the puerperium, unspecified
<b>O99.01</b>	Anaemia in pregnancy
<b>O99.02</b>	Anaemia in pregnancy, with mention of pre-existing anaemia
<b>O99.03</b>	Anaemia in childbirth and the puerperium
<b>O99.04</b>	Anaemia in childbirth and the puerperium, with mention of pre-existing anaemia
<b>O99.1</b>	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism in pregnancy, childbirth and the puerperium
<b>O99.2</b>	Endocrine, nutritional and metabolic diseases in pregnancy, childbirth and the puerperium
<b>O99.3</b>	Mental disorders and diseases of the nervous system in pregnancy, childbirth and the puerperium
<b>O99.4</b>	Diseases of the circulatory system in pregnancy, childbirth and the puerperium
<b>O99.5</b>	Diseases of the respiratory system in pregnancy, childbirth and the puerperium
<b>O99.6</b>	Diseases of the digestive system in pregnancy, childbirth and the puerperium
<b>O99.7</b>	Diseases of the skin and subcutaneous tissue in pregnancy, childbirth and the puerperium
<b>O99.8</b>	Other specified diseases and conditions in pregnancy, childbirth and the puerperium
<b>P07.01</b>	Extremely low birth weight 499g or less
<b>P07.02</b>	Extremely low birth weight 500-749g
<b>P07.03</b>	Extremely low birth weight 750-999g
<b>P07.11</b>	Other low birth weight 1000-1249g
<b>P07.12</b>	Other low birth weight 1250 - 1499g
<b>P07.13</b>	Other low birth weight 1500 - 2499g
<b>P08.0</b>	Exceptionally large baby
<b>P08.1</b>	Other heavy for gestational age infants

ICD-10-AM code	ICD-10-AM code description
<b>P08.2</b>	Post-term infant, not heavy for gestational age
<b>P13.9</b>	Birth trauma to skeleton, unspecified
<b>P15.9</b>	Birth trauma, unspecified
<b>P27.9</b>	Unspecified chronic respiratory disease originating in the perinatal period
<b>P28.81</b>	Snuffles in newborn
<b>P28.83</b>	Grunting in newborn
<b>P29.82</b>	Benign and innocent cardiac murmurs in newborn
<b>P29.9</b>	Cardiovascular disorder originating in the perinatal period, unspecified
<b>P37.9</b>	Congenital infectious and parasitic disease, unspecified
<b>P39.9</b>	Infection specific to the perinatal period, unspecified
<b>P54.5</b>	Neonatal cutaneous haemorrhage
<b>P54.9</b>	Neonatal haemorrhage, unspecified
<b>P70.9</b>	Transitory disorder of carbohydrate metabolism of fetus and newborn, unspecified
<b>P74.9</b>	Transitory metabolic disturbance of newborn, unspecified
<b>P78.9</b>	Perinatal digestive system disorder, unspecified
<b>P83.9</b>	Condition of integument specific to fetus and newborn, unspecified
<b>P92.0</b>	Vomiting in newborn
<b>P94.8</b>	Other disorders of muscle tone of newborn
<b>P94.9</b>	Disorder of muscle tone of newborn, unspecified
<b>P96.3</b>	Wide cranial sutures of newborn
<b>P96.50</b>	Fetus and newborn affected by unspecified intrauterine procedure
<b>P96.81</b>	Jittery baby
<b>P96.9</b>	Condition originating in the perinatal period, unspecified
<b>Q40.9</b>	Congenital malformation of upper alimentary tract, unspecified
<b>Q41.9</b>	Congenital absence, atresia and stenosis of small intestine, part unspecified
<b>Q42.9</b>	Congenital absence, atresia and stenosis of large intestine, part unspecified
<b>Q45.9</b>	Congenital malformation of digestive system, unspecified
<b>Q53.90</b>	Undescended testicle, unspecified laterality, unspecified site
<b>Q64.9</b>	Congenital malformation of urinary system, unspecified
<b>Q73.80</b>	Reduction defects of unspecified limb(s), unspecified
<b>Q73.89</b>	Other reduction defects of unspecified limb(s)
<b>Q79.90</b>	Congenital malformation of musculoskeletal system, unspecified
<b>Q84.9</b>	Congenital malformation of integument, unspecified
<b>Q89.9</b>	Congenital malformation, unspecified
<b>R64</b>	Cachexia
<b>R65.0</b>	Systemic inflammatory response syndrome [SIRS] of infectious origin without acute organ failure
<b>R79.83</b>	Abnormal coagulation profile
<b>R93.51</b>	Abnormal findings on diagnostic imaging of uterus
<b>S00.00</b>	Superficial injury of scalp, unspecified
<b>S00.01</b>	Superficial injury of scalp, abrasion
<b>S00.02</b>	Superficial injury of scalp, blister
<b>S00.03</b>	Superficial injury of scalp, insect bite
<b>S00.04</b>	Superficial injury of scalp, superficial foreign body (splinter)
<b>S00.05</b>	Superficial injury of scalp, contusion

ICD-10-AM code	ICD-10-AM code description
<b>S00.08</b>	Superficial injury of scalp, other
<b>S00.1</b>	Contusion of eyelid and periocular area
<b>S00.20</b>	Other superficial injuries of eyelid and periocular area, unspecified
<b>S00.21</b>	Other superficial injuries of eyelid and periocular area, abrasion
<b>S00.22</b>	Other superficial injuries of eyelid and periocular area, blister
<b>S00.23</b>	Other superficial injuries of eyelid and periocular area, insect bite
<b>S00.24</b>	Other superficial injuries of eyelid and periocular area, superficial foreign body (splinter)
<b>S00.28</b>	Other superficial injuries of eyelid and periocular area, other
<b>S00.30</b>	Superficial injury of nose, unspecified
<b>S00.31</b>	Superficial injury of nose, abrasion
<b>S00.32</b>	Superficial injury of nose, blister
<b>S00.33</b>	Superficial injury of nose, insect bite
<b>S00.34</b>	Superficial injury of nose, superficial foreign body (splinter)
<b>S00.35</b>	Superficial injury of nose, contusion
<b>S00.38</b>	Superficial injury of nose, other
<b>S00.40</b>	Superficial injury of ear, unspecified
<b>S00.41</b>	Superficial injury of ear, abrasion
<b>S00.42</b>	Superficial injury of ear, blister
<b>S00.43</b>	Superficial injury of ear, insect bite
<b>S00.44</b>	Superficial injury of ear, superficial foreign body (splinter)
<b>S00.45</b>	Superficial injury of ear, contusion
<b>S00.48</b>	Superficial injury of ear, other
<b>S00.50</b>	Superficial injury of lip and oral cavity, unspecified
<b>S00.51</b>	Superficial injury of lip and oral cavity, abrasion
<b>S00.52</b>	Superficial injury of lip and oral cavity, blister
<b>S00.53</b>	Superficial injury of lip and oral cavity, insect bite
<b>S00.54</b>	Superficial injury of lip and oral cavity, superficial foreign body (splinter)
<b>S00.55</b>	Superficial injury of lip and oral cavity, contusion
<b>S00.58</b>	Superficial injury of lip and oral cavity, other
<b>S00.7</b>	Multiple superficial injuries of head
<b>S00.80</b>	Superficial injury of other parts of head, unspecified
<b>S00.81</b>	Superficial injury of other parts of head, abrasion
<b>S00.82</b>	Superficial injury of other parts of head, blister
<b>S00.83</b>	Superficial injury of other parts of head, insect bite
<b>S00.84</b>	Superficial injury of other parts of head, superficial foreign body (splinter)
<b>S00.85</b>	Superficial injury of other parts of head, contusion
<b>S00.88</b>	Superficial injury of other parts of head, other
<b>S00.90</b>	Superficial injury of head, part unspecified, unspecified
<b>S00.91</b>	Superficial injury of head, part unspecified, abrasion
<b>S00.92</b>	Superficial injury of head, part unspecified, blister
<b>S00.93</b>	Superficial injury of head, part unspecified, insect bite
<b>S00.94</b>	Superficial injury of head, part unspecified, superficial foreign body (splinter)
<b>S00.95</b>	Superficial injury of head, part unspecified, contusion
<b>S00.98</b>	Superficial injury of head, part unspecified, other

ICD-10-AM code	ICD-10-AM code description
<b>S04.9</b>	Injury of unspecified cranial nerve
<b>S05.0</b>	Injury of conjunctiva and corneal abrasion without mention of foreign body
<b>S06.00</b>	Concussion
<b>S10.0</b>	Contusion of throat
<b>S10.10</b>	Other and unspecified superficial injuries of throat, unspecified superficial injury
<b>S10.11</b>	Other and unspecified superficial injuries of throat, abrasion
<b>S10.12</b>	Other and unspecified superficial injuries of throat, blister
<b>S10.13</b>	Other and unspecified superficial injuries of throat, insect bite
<b>S10.18</b>	Other and unspecified superficial injuries of throat, other
<b>S10.7</b>	Multiple superficial injuries of neck
<b>S10.80</b>	Superficial injury of other parts of neck, unspecified
<b>S10.81</b>	Superficial injury of other parts of neck, abrasion
<b>S10.82</b>	Superficial injury of other parts of neck, blister
<b>S10.83</b>	Superficial injury of other parts of neck, insect bite
<b>S10.84</b>	Superficial injury of other parts of neck, superficial foreign body (splinter)
<b>S10.85</b>	Superficial injury of other parts of neck, contusion
<b>S10.88</b>	Superficial injury of other parts of neck, other
<b>S10.90</b>	Superficial injury of neck, part unspecified, unspecified
<b>S10.91</b>	Superficial injury of neck, part unspecified, abrasion
<b>S10.92</b>	Superficial injury of neck, part unspecified, blister
<b>S10.93</b>	Superficial injury of neck, part unspecified, insect bite
<b>S10.94</b>	Superficial injury of neck, part unspecified, superficial foreign body (splinter)
<b>S10.95</b>	Superficial injury of neck, part unspecified, contusion
<b>S10.98</b>	Superficial injury of neck, part unspecified, other
<b>S13.4</b>	Sprain and strain of cervical spine
<b>S13.5</b>	Sprain and strain of thyroid region
<b>S13.6</b>	Sprain and strain of joints and ligaments of other and unspecified parts of neck
<b>S14.70</b>	Functional spinal cord injury, cervical level unspecified
<b>S14.71</b>	Functional spinal cord injury, C1
<b>S14.72</b>	Functional spinal cord injury, C2
<b>S14.73</b>	Functional spinal cord injury, C3
<b>S14.74</b>	Functional spinal cord injury, C4
<b>S14.75</b>	Functional spinal cord injury, C5
<b>S14.76</b>	Functional spinal cord injury, C6
<b>S14.77</b>	Functional spinal cord injury, C7
<b>S14.78</b>	Functional spinal cord injury, C8
<b>S20.0</b>	Contusion of breast
<b>S20.10</b>	Other and unspecified superficial injuries of breast, unspecified
<b>S20.11</b>	Other and unspecified superficial injuries of breast, abrasion
<b>S20.12</b>	Other and unspecified superficial injuries of breast, blister
<b>S20.13</b>	Other and unspecified superficial injuries of breast, insect bite
<b>S20.14</b>	Other and unspecified superficial injuries of breast, superficial foreign body (splinter)
<b>S20.18</b>	Other and unspecified superficial injuries of breast, other
<b>S20.2</b>	Contusion of thorax

ICD-10-AM code	ICD-10-AM code description
<b>S20.30</b>	Other superficial injuries of front wall of thorax, unspecified
<b>S20.31</b>	Other superficial injuries of front wall of thorax, abrasion
<b>S20.32</b>	Other superficial injuries of front wall of thorax, blister
<b>S20.33</b>	Other superficial injuries of front wall of thorax, insect bite
<b>S20.34</b>	Other superficial injuries of front wall of thorax, superficial foreign body (splinter)
<b>S20.38</b>	Other superficial injuries of front wall of thorax, other
<b>S20.40</b>	Other superficial injuries of back wall of thorax, unspecified
<b>S20.41</b>	Other superficial injuries of back wall of thorax, abrasion
<b>S20.42</b>	Other superficial injuries of back wall of thorax, blister
<b>S20.43</b>	Other superficial injuries of back wall of thorax, insect bite
<b>S20.44</b>	Other superficial injuries of back wall of thorax, superficial foreign body (splinter)
<b>S20.48</b>	Other superficial injuries of back wall of thorax, other
<b>S20.7</b>	Multiple superficial injuries of thorax
<b>S20.80</b>	Superficial injury of other and unspecified parts of thorax, unspecified
<b>S20.81</b>	Superficial injury of other and unspecified parts of thorax, abrasion
<b>S20.82</b>	Superficial injury of other and unspecified parts of thorax, blister
<b>S20.83</b>	Superficial injury of other and unspecified parts of thorax, insect bite
<b>S20.84</b>	Superficial injury of other and unspecified parts of thorax, superficial foreign body (splinter)
<b>S20.88</b>	Superficial injury of other and unspecified parts of thorax, other
<b>S23.3</b>	Sprain and strain of thoracic spine
<b>S23.4</b>	Sprain and strain of ribs and sternum
<b>S23.5</b>	Sprain and strain of other and unspecified parts of thorax
<b>S24.70</b>	Functional spinal cord injury, thoracic level unspecified
<b>S24.71</b>	Functional spinal cord injury, T1
<b>S24.72</b>	Functional spinal cord injury, T2/T3
<b>S24.73</b>	Functional spinal cord injury, T4/T5
<b>S24.74</b>	Functional spinal cord injury, T6/T7
<b>S24.75</b>	Functional spinal cord injury, T8/T9
<b>S24.76</b>	Functional spinal cord injury, T10/T11
<b>S24.77</b>	Functional spinal cord injury, T12
<b>S30.0</b>	Contusion of lower back and pelvis
<b>S30.1</b>	Contusion of abdominal wall
<b>S30.2</b>	Contusion of external genital organs
<b>S30.7</b>	Multiple superficial injuries of abdomen, lower back and pelvis
<b>S30.80</b>	Other superficial injuries of abdomen, lower back and pelvis, unspecified
<b>S30.81</b>	Other superficial injuries of abdomen, lower back and pelvis, abrasion
<b>S30.82</b>	Other superficial injuries of abdomen, lower back and pelvis, blister
<b>S30.83</b>	Other superficial injuries of abdomen, lower back and pelvis, insect bite
<b>S30.84</b>	Other superficial injuries of abdomen, lower back and pelvis, superficial foreign body
<b>S30.88</b>	Other superficial injuries of abdomen, lower back and pelvis, other
<b>S30.90</b>	Superficial injury of abdomen, lower back and pelvis, part unspecified, unspecified
<b>S30.91</b>	Superficial injury of abdomen, lower back and pelvis, part unspecified, abrasion
<b>S30.92</b>	Superficial injury of abdomen, lower back and pelvis, part unspecified, blister

ICD-10-AM code	ICD-10-AM code description
<b>S30.93</b>	Superficial injury of abdomen, lower back and pelvis, part unspecified, insect bite
<b>S30.94</b>	Superficial injury of abdomen, lower back and pelvis, part unspecified, superficial foreign body
<b>S30.98</b>	Superficial injury of abdomen, lower back and pelvis, part unspecified, other
<b>S33.51</b>	Sprain and strain of lumbosacral [joint] [ligament]
<b>S33.6</b>	Sprain and strain of sacroiliac joint
<b>S33.7</b>	Sprain and strain of other and unspecified parts of lumbar spine and pelvis
<b>S34.70</b>	Functional spinal cord injury, lumbar level unspecified
<b>S34.71</b>	Functional spinal cord injury, L1
<b>S34.72</b>	Functional spinal cord injury, L2
<b>S34.73</b>	Functional spinal cord injury, L3
<b>S34.74</b>	Functional spinal cord injury, L4
<b>S34.75</b>	Functional spinal cord injury, L5
<b>S34.76</b>	Functional spinal cord injury, sacrum
<b>S36.9</b>	Injury of unspecified intra-abdominal organ
<b>S37.9</b>	Injury of unspecified pelvic organ
<b>S40.0</b>	Contusion of shoulder and upper arm
<b>S40.7</b>	Multiple superficial injuries of shoulder and upper arm
<b>S40.81</b>	Abrasion of shoulder and upper arm
<b>S40.82</b>	Blister of shoulder and upper arm
<b>S40.83</b>	Insect bite of shoulder and upper arm
<b>S40.84</b>	Superficial foreign body (splinter) of shoulder and upper arm
<b>S40.88</b>	Other superficial injuries of shoulder and upper arm
<b>S40.9</b>	Superficial injury of shoulder and upper arm, unspecified
<b>S43.4</b>	Sprain and strain of shoulder joint
<b>S43.5</b>	Sprain and strain of acromioclavicular joint
<b>S43.6</b>	Sprain and strain of sternoclavicular joint
<b>S43.7</b>	Sprain and strain of other and unspecified parts of shoulder girdle
<b>S50.1</b>	Contusion of other and unspecified parts of forearm
<b>S50.7</b>	Multiple superficial injuries of forearm
<b>S50.81</b>	Abrasion of forearm
<b>S50.82</b>	Blister of forearm
<b>S50.83</b>	Insect bite of forearm
<b>S50.84</b>	Superficial foreign body (splinter) of forearm
<b>S50.88</b>	Other superficial injuries of forearm
<b>S50.9</b>	Superficial injury of forearm, unspecified
<b>S53.41</b>	Sprain and strain of radial collateral ligament
<b>S53.42</b>	Sprain and strain of ulna collateral ligament
<b>S53.43</b>	Sprain and strain radiohumeral (joint)
<b>S53.44</b>	Sprain and strain ulnohumeral (joint)
<b>S53.48</b>	Sprain and strain of other part of elbow
<b>S60.0</b>	Contusion of finger(s) without damage to nail
<b>S60.1</b>	Contusion of finger(s) with damage to nail
<b>S60.2</b>	Contusion of other parts of wrist and hand
<b>S60.7</b>	Multiple superficial injuries of wrist and hand

ICD-10-AM code	ICD-10-AM code description
<b>S60.81</b>	Abrasion of wrist and hand
<b>S60.82</b>	Blister of wrist and hand
<b>S60.83</b>	Insect bite of wrist and hand
<b>S60.84</b>	Superficial foreign body (splinter) of wrist and hand
<b>S60.88</b>	Other superficial injuries of wrist and hand
<b>S60.9</b>	Superficial injury of wrist and hand, unspecified
<b>S63.50</b>	Sprain and strain of wrist, part unspecified
<b>S63.51</b>	Sprain and strain of carpal (joint)
<b>S63.52</b>	Sprain and strain of radiocarpal (joint) (ligament)
<b>S63.53</b>	Sprain and strain of carpometacarpal (joint)
<b>S63.58</b>	Sprain and strain of other parts of wrist
<b>S63.60</b>	Sprain and strain of finger(s), part unspecified
<b>S63.61</b>	Sprain and strain of metacarpophalangeal (joint)
<b>S63.62</b>	Sprain and strain of interphalangeal (joint), hand
<b>S63.68</b>	Sprain and strain of other parts of finger
<b>S63.7</b>	Sprain and strain of other and unspecified parts of hand
<b>S70.0</b>	Contusion of hip
<b>S70.1</b>	Contusion of thigh
<b>S70.7</b>	Multiple superficial injuries of hip and thigh
<b>S70.81</b>	Abrasion of hip and thigh
<b>S70.82</b>	Blister of hip and thigh
<b>S70.83</b>	Insect bite of hip and thigh
<b>S70.84</b>	Superficial foreign body (splinter) of hip and thigh
<b>S70.88</b>	Other superficial injuries of hip and thigh
<b>S70.9</b>	Superficial injury of hip and thigh, unspecified
<b>S73.10</b>	Sprain and strain of hip, part unspecified
<b>S73.11</b>	Sprain and strain of iliofemoral (ligament)
<b>S73.12</b>	Sprain and strain of ischiocapsular (ligament)
<b>S73.18</b>	Sprain and strain of other specified sites of hip
<b>S80.0</b>	Contusion of knee
<b>S80.1</b>	Contusion of other and unspecified parts of lower leg
<b>S80.7</b>	Multiple superficial injuries of lower leg
<b>S80.81</b>	Abrasion of lower leg
<b>S80.82</b>	Blister of lower leg
<b>S80.83</b>	Insect bite of lower leg
<b>S80.84</b>	Superficial foreign body (splinter) of lower leg
<b>S80.88</b>	Other superficial injuries of lower leg
<b>S80.9</b>	Superficial injury of lower leg, unspecified
<b>S83.40</b>	Sprain and strain of unspecified collateral ligament
<b>S83.41</b>	Sprain and strain of lateral collateral ligament
<b>S83.42</b>	Sprain and strain of medial collateral ligament
<b>S83.50</b>	Sprain and strain of unspecified cruciate ligament
<b>S83.51</b>	Sprain and strain of anterior cruciate ligament
<b>S83.52</b>	Sprain and strain of posterior cruciate ligament
<b>S83.6</b>	Sprain and strain of other and unspecified parts of knee

ICD-10-AM code	ICD-10-AM code description
<b>S89.9</b>	Unspecified injury of lower leg
<b>S90.0</b>	Contusion of ankle
<b>S90.1</b>	Contusion of toe(s) without damage to nail
<b>S90.2</b>	Contusion of toe(s) with damage to nail
<b>S90.3</b>	Contusion of other and unspecified parts of foot
<b>S90.7</b>	Multiple superficial injuries of ankle and foot
<b>S90.81</b>	Abrasion of ankle and foot
<b>S90.82</b>	Blister of ankle and foot
<b>S90.83</b>	Insect bite of ankle and foot
<b>S90.84</b>	Superficial foreign body (splinter) of ankle and foot
<b>S90.88</b>	Other superficial injuries of ankle and foot
<b>S90.9</b>	Superficial injury of ankle and foot, unspecified
<b>S93.40</b>	Sprain and strain of ankle, part unspecified
<b>S93.41</b>	Sprain and strain of deltoid (ligament), ankle
<b>S93.42</b>	Sprain and strain of calcaneofibular (ligament)
<b>S93.43</b>	Sprain and strain of tibiofibular (ligament)
<b>S93.48</b>	Sprain and strain of other parts of ankle
<b>S93.5</b>	Sprain and strain of toe(s)
<b>S93.6</b>	Sprain and strain of other and unspecified parts of foot
<b>S99.9</b>	Unspecified injury of ankle and foot
<b>T00.0</b>	Superficial injuries involving head with neck
<b>T00.1</b>	Superficial injuries involving thorax with abdomen, lower back and pelvis
<b>T00.2</b>	Superficial injuries involving multiple regions of upper limb(s)
<b>T00.3</b>	Superficial injuries involving multiple regions of lower limb(s)
<b>T00.6</b>	Superficial injuries involving multiple regions of upper limb(s) with lower limb(s)
<b>T00.8</b>	Superficial injuries involving other combinations of body regions
<b>T00.9</b>	Multiple superficial injuries, unspecified
<b>T01.9</b>	Multiple open wounds, unspecified
<b>T09.00</b>	Unspecified superficial injury of trunk, level unspecified
<b>T09.01</b>	Abrasion of trunk, level unspecified
<b>T09.02</b>	Blister of trunk, level unspecified
<b>T09.03</b>	Insect bite of trunk, level unspecified
<b>T09.04</b>	Superficial foreign body (splinter) of trunk, level unspecified
<b>T09.05</b>	Contusion of trunk, level unspecified
<b>T09.08</b>	Other superficial injury of trunk, level unspecified
<b>T11.00</b>	Unspecified superficial injury of upper limb, level unspecified
<b>T11.01</b>	Abrasion of upper limb, level unspecified
<b>T11.02</b>	Blister of upper limb, level unspecified
<b>T11.03</b>	Insect bite of upper limb, level unspecified
<b>T11.04</b>	Superficial foreign body (splinter) of upper limb, level unspecified
<b>T11.05</b>	Contusion of upper limb, level unspecified
<b>T11.08</b>	Other superficial injury of upper limb, level unspecified
<b>T13.00</b>	Unspecified superficial injury of lower limb, level unspecified
<b>T13.01</b>	Abrasion of lower limb, level unspecified
<b>T13.02</b>	Blister of lower limb, level unspecified

ICD-10-AM code	ICD-10-AM code description
T13.03	Insect bite of lower limb, level unspecified
T13.04	Superficial foreign body (splinter) of lower limb, level unspecified
T13.05	Contusion of lower limb, level unspecified
T13.08	Other superficial injury of lower limb, level unspecified
T14.00	Unspecified superficial injury of unspecified body region
T14.01	Abrasion of unspecified body region
T14.02	Blister of unspecified body region
T14.03	Insect bite of unspecified body region
T14.04	Superficial foreign body (splinter) of unspecified body region
T14.05	Contusion of unspecified body region
T14.08	Other superficial injury of unspecified body region
T14.1	Open wound of unspecified body region
T14.20	Fracture of unspecified body region, closed
T14.21	Fracture of unspecified body region, open
T14.3	Dislocation, sprain and strain of unspecified body region
T14.4	Injury of nerve(s) of unspecified body region
T14.5	Injury of blood vessel(s) of unspecified body region
T14.6	Injury of muscles and tendons of unspecified body region
T14.7	Crushing injury and traumatic amputation of unspecified body region
T14.8	Other injuries of unspecified body region
T14.9	Injury, unspecified
T21.00	Burn of unspecified thickness of trunk, unspecified site
T21.01	Burn of unspecified thickness of breast
T21.02	Burn of unspecified thickness of chest wall
T21.03	Burn of unspecified thickness of abdominal wall
T21.04	Burn of unspecified thickness of back [any part]
T21.05	Burn of unspecified thickness of genitalia [external]
T21.09	Burn of unspecified thickness of other sites of trunk
T21.10	Erythema of trunk, unspecified site
T21.11	Erythema of breast
T21.12	Erythema of chest wall
T21.13	Erythema of abdominal wall
T21.14	Erythema of back [any part]
T21.15	Erythema of genitalia [external]
T21.19	Erythema of other sites of trunk
T22.01	Burn of unspecified thickness forearm and elbow
T22.02	Burn of unspecified thickness arm (upper) and shoulder region
T22.10	Erythema of shoulder and upper limb, except wrist and hand, unspecified site
T22.11	Erythema of forearm and elbow
T22.12	Erythema of arm (upper) and shoulder region
T23.0	Burn of unspecified thickness of wrist and hand
T23.1	Erythema of wrist and hand
T23.2	Partial thickness [blisters, epidermal loss] burn of wrist and hand
T24.0	Burn of unspecified thickness of hip and lower limb, except ankle and foot
T24.1	Erythema of hip and lower limb, except ankle and foot

<b>ICD-10-AM code</b>	<b>ICD-10-AM code description</b>
<b>T25.0</b>	Burn of unspecified thickness of ankle and foot
<b>T25.1</b>	Erythema of ankle and foot
<b>T29.0</b>	Burns of multiple regions, unspecified thickness
<b>T29.1</b>	Burns of multiple regions, no more than erythema burns mentioned
<b>T30.0</b>	Burn of unspecified body region, unspecified thickness
<b>T30.1</b>	Erythema, body region unspecified
<b>T33.0</b>	Superficial frostbite of head
<b>T33.1</b>	Superficial frostbite of neck
<b>T33.2</b>	Superficial frostbite of thorax
<b>T33.3</b>	Superficial frostbite of abdominal wall, lower back and pelvis
<b>T33.4</b>	Superficial frostbite of arm
<b>T33.5</b>	Superficial frostbite of wrist and hand
<b>T33.6</b>	Superficial frostbite of hip and thigh
<b>T33.7</b>	Superficial frostbite of knee and lower leg
<b>T33.8</b>	Superficial frostbite of ankle and foot
<b>T33.9</b>	Superficial frostbite of other and unspecified sites
<b>T35.0</b>	Superficial frostbite involving multiple body regions
<b>T35.7</b>	Unspecified frostbite of unspecified site
<b>T69.1</b>	Chilblains
<b>T73.8</b>	Other effects of deprivation
<b>T73.9</b>	Effect of deprivation, unspecified
<b>T75.3</b>	Motion sickness
<b>T78.8</b>	Other adverse effects, not elsewhere classified
<b>T78.9</b>	Adverse effect, unspecified
<b>T81.9</b>	Unspecified complication of procedure
<b>Z06.50</b>	Resistance to beta-lactam antibiotics, unspecified
<b>Z06.51</b>	Resistance to penicillin
<b>Z06.58</b>	Resistance to other beta-lactam antibiotics
<b>Z06.60</b>	Resistance to unspecified antibiotic
<b>Z06.63</b>	Resistance to quinolones
<b>Z06.67</b>	Resistance to multiple antibiotics
<b>Z06.69</b>	Resistance to other specified antibiotics
<b>Z06.70</b>	Resistance to unspecified antimicrobial drug(s)
<b>Z06.77</b>	Resistance to multiple antimicrobial drugs
<b>Z07</b>	Resistance to antineoplastic drugs
<b>Z21</b>	Asymptomatic human immunodeficiency virus [HIV] infection status
<b>Z92.1</b>	Personal history of long term (current) use of anticoagulants

# Appendix C

## Specifications of proposals reviewed and not implemented in AR-DRG V10.0

### Role of principal diagnosis in driving complexity

The Australian Refined Diagnosis Related Groups (AR-DRG) V8.0 complexity model, unlike previous models, uses principal diagnosis to inform complexity. A Diagnosis Complexity Level is assigned to each diagnosis, regardless of whether it is a principal or additional (secondary) diagnosis. Prior to V8.0, principal diagnosis was used to allocate an episode to a clinically appropriate Adjacent Diagnosis Related Group (ADRG), but largely ignored once the principal diagnosis was selected. In effect all principal diagnoses within an ADRG were treated as being equally complex. Many DRGs in both the medical and intervention partitions of the AR-DRG classification have multiple principal diagnoses, often with different associated costs but with insufficient volumes to warrant splitting the DRG or creating a separate DRG. Therefore, including the principal diagnosis in complexity calculations was a move towards overcoming this issue.

Analysis of the data during development of the V8.0 complexity model demonstrated that there was notable variation in the cost of an episode of care when the principal diagnosis was considered, i.e. it was found to play a significant role in explaining cost variation within ADRGs. In essence principal diagnosis was recognised to contain information that contributed to complexity over and above its use in allocating an episode to an ADRG. This was especially true for intervention ADRGs. Consequently principal diagnosis was included in the construction of the Diagnosis Complexity Levels and was integral to the V8.0 Episode Clinical Complexity Model.

The role of principal diagnosis in the complexity model was highlighted as an area for specific review by some DRG Technical Group members. For example, the Department of Health and Human Services, Tasmania highlighted an instance where assignment of a code for mesenteric adenitis alone (i.e. without any additional diagnoses) groups to an 'A' (higher complexity) DRG suggesting this warranted further review.

Analysis demonstrated that in three years of national admitted acute data there were 5,414,507 principal diagnosis only episodes (34%) and 83% of these were sameday episodes. It demonstrated that a low proportion (approximately 3%) of principal diagnosis only episodes were in the higher complexity DRGs, approximately 25% in the low complexity DRGs and approximately 71% were in ADRGs without a complexity split.

Therefore, it was recommended that other measures to refine and stabilise the AR-DRG complexity model be undertaken before considering measures in relation to the use of principal diagnosis driving complexity in the AR-DRG classification for V10.0.

### Exclusion of sameday episodes from complexity calculations

IHPA explored whether sameday episodes should be excluded from attracting a complexity weighting on the presumption that if a patient is deemed suitable or 'fit' for treatment as a sameday patient then the episode of care is not complex.

It was noted that some sameday episodes of care have multiple additional diagnoses assigned and while relevant to the patient, are not necessarily relevant within the context of a sameday

episode of care, particularly for a planned sameday intervention where a patient is assessed as to their fitness before undergoing an intervention on a sameday basis. Sameday endoscopy episodes of care also have specific coding guidelines within the ACS that promote assignment of additional diagnosis codes for multiple findings and presenting problems, that are noted at endoscopy, but are not necessarily clinically significant.

These factors suggested that the AR-DRG complexity model may in some instances provide perverse incentives for code assignment in sameday episodes of care and may devalue the model through assignment of codes for conditions that are not significant in the context of a sameday episode of care.

Analysis demonstrated that a low proportion (approximately 8%) of sameday episodes were in the higher complexity DRGs, approximately 37% in the low complexity DRGs and approximately 55% were in ADRGs without a complexity split. Furthermore, of the 8% of sameday episodes in the higher complexity DRG, the majority of these episodes relate to only two ADRGs, Q61 *Red Blood Cell Disorders* and O66 *Antenatal and Other Obstetric Admissions*.

Based on these findings, it was recommended that the inclusion of sameday episodes in the complexity model remain unchanged for AR-DRG V10.0. However, the two ADRGs with the high proportion of sameday episodes in high complexity DRGs would be specifically reviewed when determining the AR-DRG V10.0 complexity splits.

### **Acute rheumatic fever**

In their submission to the consultation paper on the *Pricing Framework for Australian Public Hospital Services 2018-19*, Queensland recommended IHPA consider a DRG for acute rheumatic fever. Acute rheumatic fever is caused by an autoimmune reaction to an infection with the bacterium group A streptococcus. The main focus of treatment is to eradicate infection with an antibiotic such as penicillin, after which most patients remain on long-term antibiotic treatment to avoid further infections. After an initial short illness, the person remains susceptible to repeated episodes, and can develop permanent heart damage (rheumatic heart disease) at any point in the disease process. Acute rheumatic fever and rheumatic heart disease are a distinct public health issue among Indigenous Australians, which have some of the highest recorded rates in the world.

Analysis demonstrated there was an average of 407 admitted acute separations annually in Australia with a principal diagnosis of acute rheumatic fever or rheumatic heart disease, with 80% of episodes in the past three years recorded in the Northern Territory, Queensland and Western Australia. Northern Territory and Queensland are the only two jurisdictions who average more than 100 admitted episodes per year for acute rheumatic fever or rheumatic heart disease.

It was also noted that the public health concern surrounding acute rheumatic fever in Australia highlights social issues and access to appropriate health care services not necessarily resolved through modifying the AR-DRG classification, which is principally used in the admitted acute care setting.

Therefore, a separate DRG for acute rheumatic fever was not recommended.

### **Personality disorders**

A submission was received from Western Australia in their response to the consultation paper on the *Pricing Framework for Australian Public Hospital Services 2018-19*, requesting IHPA review ADRG U67 *Personality Disorders and Acute Reactions*. Western Australia commented these disorders were high volume in admitted mental health wards and a further breakdown of the different clinical conditions may be warranted.

IHPA explored options to separate high volume principal diagnoses into several groups in order to further differentiate the different diagnoses within U67 *Personality Disorders and Acute Reactions*. However, the cost and length of stay profile for these options was very similar to the current cost and length of stay profile for the ADRG. Furthermore, mental health care is more appropriately classified using the Australian Mental Health Care Classification, which uses age, phase of care and symptom severity (as measured by the Health of the Nation Outcomes Scale) rather than diagnosis to appropriately classify patients to groups.

Therefore, it was recommended no change be made to the AR-DRG classification.

### **Involuntary mental health patient episodes**

A submission was received from South Australia in their response to the consultation paper on the *Pricing Framework for Australian Public Hospital Services 2018-19*, requesting IHPA review the impact of removing mental health legal status as a splitting variable in mental health ADRGs. Prior to the introduction of the AR-DRG V8.0 complexity model, mental health legal status was used to split U61 *Schizophrenia Disorders* and U62 *Paranoia and Acute Psychotic Disorders* into different complexity DRGs, with involuntary patient episodes being assigned to the more complex 'A' DRGs.

IHPA reviewed the cost and length of stay profile of voluntary and involuntary episodes within U61 *Schizophrenia Disorders* and U62 *Paranoia and Acute Psychotic Disorders*. This showed that while involuntary episodes were more costly than voluntary episodes in both the 'A' and 'B' DRGs, the overall clinical complexity score was accounting for the more costly voluntary episodes and assigning them appropriately to the 'A' DRGs.

Furthermore, mental health care is more appropriately classified using the Australian Mental Healthcare Classification. The classification uses mental health legal status for patients in the acute phase of care to appropriately classify episodes to groups.

As it appears that the overall clinical complexity score provides a more accurate basis for differentiating episode complexity, as measured by cost, than the mental health legal status flag, no change was recommended for AR-DRG V10.0.

### **Alcohol and drug intoxication, withdrawal and dependence**

Two public submissions were received relating to the classification of drug and alcohol dependence, withdrawal and intoxication episodes. The submissions questioned the clinical validity of the grouping of withdrawal with intoxication and separate from dependence, when withdrawal only occurs in the context of dependence. It was also requested that consideration be given to further differentiating the different categories of drugs on the basis that current groups categorise drugs with very different patterns and duration of withdrawal together.

Analysis demonstrated there was insufficient volume of episodes to warrant further differentiation of DRGs according to the type of drug, with over 80% of episodes classified under only two drug types (alcohol or other stimulants [Ecstasy, methamphetamine, amphetamine etc.]).

Further analysis of the cost profiles of the different types of use disorders showed there were differences in costs. Intoxication episodes had the lowest average cost (\$1,460) and were being grouped in the same ADRG with episodes of psychotic disorders (\$9,115) and withdrawal (\$4,423) which had much higher average costs. However, these cost differences were accounted for once the complexity model was applied.

Following review of the data and clinical advice from the Classifications Clinical Advisory Group that the current DRGs had clinical validity, no change was recommended for AR-DRG V10.0.

## Dental extractions and restorations

D40 *Dental Extractions and Restorations* was reviewed in the development of AR-DRG V9.0. Analysis presented at the time demonstrated there were approximately 18,000 episodes a year in the public sector, with the vast majority (approximately 12,000) only having one diagnosis recorded. Introducing a complexity split to create an 'A' and 'B' DRG was investigated; however there was not sufficient volume of episodes with additional diagnoses recorded to support the introduction of a complexity split. While the diagnosis data did not support the view that patients undergoing dental surgery had complex comorbidities or disabilities, the DRG Technical Group queried whether certain codes were being underreported based on wording (or lack thereof) in the clinical documentation, and recommended the ADRG be reviewed again for AR-DRG V10.0 in light of the collection of the supplementary U codes for chronic conditions, which were introduced in the Ninth Edition (1 July 2015) of ICD-10-AM.

In their response to the consultation paper on the *Pricing Framework for Australian Public Hospital Services 2018-19*, Western Australia requested review of the oral DRGs, in particular ADRG D40 *Dental Extractions and Restorations*, in light of recommendations in the *National Oral Health Plan 2015-2024*. The plan commented that:

*'The existing DRG categorisation disadvantages dental patients compared with other surgical and medical conditions. The DRGs relevant to hospital-based dental procedures are limited in scope and specificity, and do not adequately reflect the resources or time required to provide treatment under general anaesthetic. The result is that these services are relatively uneconomic and unattractive for a hospital to provide.'*

IHPA reviewed the most recent activity and cost data, which identified that out of the 18,016 episodes in the ADRG 2,947 (16.36%) had a chronic condition recorded using either the ICD-10-AM chapter code or the supplementary U code. Of the 2,947 episodes that had a chronic condition recorded, the majority of these (1,028) had the chronic condition of asthma. Therefore, of the total 18,016 episodes in the ADRG, only 1,919 (10.65%) had a chronic condition other than asthma recorded. Those episodes with chronic conditions recorded did not demonstrate a cost profile significantly different from those episodes in the ADRG without a chronic condition.

IHPA also assessed introducing a complexity split into D40 *Dental Extractions and Restorations*. There was not sufficient cost difference between the 'A' and the 'B' DRG to support introducing a complexity split. Furthermore, differentiating the ADRG by introducing a complexity split would not address the underlying issue identified by Western Australia and the *National Oral Health Plan 2015-2024* with regards to the DRG being 'unattractive and uneconomic' for hospitals. The majority of episodes would reduce in price if a complexity split was introduced.

Therefore, it was recommended no change be made to the AR-DRG classification.

## Endovascular clot retrieval

Acute ischaemic stroke refers to the sudden blockage of a major brain artery, usually as a result of migration of clot from the heart or neck into the brain along the direction of flow in the vessels. Endovascular clot retrieval involves the delivery of a clot retrieval device via a catheter into the cerebral arteries to remove the obstructing clot and restore blood flow to the brain. It is currently an additional therapy in patients who present within 4.5 hours of stroke onset and are eligible for intravenous thrombolysis, and an alternative therapy in patients who are ineligible for intravenous thrombolysis (usually because they have presented more than 4.5 hours after stroke onset).

A submission to the consultation paper on the *Pricing Framework for Australian Public Hospital Services 2018-19* was received from New South Wales requesting IHPA further investigate the delivery of endovascular clot retrieval, as there has been a steady increase in the number of endovascular clot retrieval procedures delivered since 2014 and projections indicate this trend is likely to continue through 2021.

Analysis of the data for public hospitals identified 417 endovascular clot retrieval episodes nationally, and that endovascular clot retrieval episodes are on average 9% lower in cost relative to episodes in the same ADRG. The intervention's current placement appears to classify endovascular clot retrieval episodes within a more complex cohort. However, the low numbers of endovascular clot retrieval episodes did not warrant adjustment for AR-DRG V10.0. The expected future increase in activity, driven by the Medicare Benefit Schedule approval, should be monitored and this issue re-assessed for V11.0 development.

### **Transcatheter aortic valve implantation**

Aortic stenosis is the obstruction of blood flow across the aortic valve. Surgical aortic valve replacement remains the standard of care, but entails a higher operative risk. For patients who are symptomatic with severe aortic stenosis, and who are deemed to be at high risk for surgical aortic valve replacement or who would otherwise be inoperable, transcatheter aortic valve implantation is the favoured treatment option.

A public submission was received requesting consideration be given to creating a separate DRG for transcatheter aortic valve implantations in the AR-DRG classification as its use is expanding and the cost of the transcatheter aortic valve implantation device (valve plus delivery system) is purportedly more costly than a surgical valve.

Transcatheter aortic valve implantations currently group to the same ADRG as cardiac valve replacement interventions performed using an open approach. While it has always been recognised that the percutaneous nature of the transcatheter aortic valve implantations is not consistent with the other valve interventions, it was considered the best fit for resource homogeneity.

Analysis demonstrated the volume of transcatheter aortic valve implantations is increasing each year, with 563 episodes in 2015-16 and 706 in 2016-17.

Based on the available data, while current placement of transcatheter aortic valve implantations in the AR-DRG classification is less than ideal from a clinical coherence perspective, it is appropriate from a cost perspective for AR-DRG V10.0. It is proposed no change is made for AR-DRG V10.0, but the issue be re-assessed for V11.0 development in light of the increasing volume of activity and Medicare Benefits Schedule listing in November 2017.

### **Repetitive transcranial magnetic stimulation**

Transcranial magnetic stimulation is a mild form of brain stimulation. In repetitive transcranial magnetic stimulation, pulses are given repeatedly for a therapeutic effect. There are studies in adults with depression that demonstrate the effectiveness of repetitive transcranial magnetic stimulation as a modality used to treat depression. However, there is ranging opinion among psychiatrists as to its usefulness and it has been rejected a number of times for inclusion on the Medicare Benefits Schedule.

A submission was received from the private sector requesting that consideration be given to identifying repetitive transcranial magnetic stimulation in the acute classifications. Analysis suggested there was some evidence to suggest that repetitive transcranial magnetic stimulation is being performed in the admitted acute setting. However, in the absence of a unique ACHI code, it is not possible to accurately identify this intervention in the admitted patient data in order to consider it in AR-DRG development. Therefore, it was recommended to refer this intervention for consideration in ACHI development.

### **Stereo electroencephalography**

Stereo electroencephalography is a method for invasive study of patients with refractory epilepsy. It uses depth electrodes to allow the identification of epileptogenic zones for tailored

resection surgery in patients. A public submission was received requesting consideration be given to creating a DRG for stereo electroencephalography, on the basis that the complexity of stereo electroencephalography is not adequately covered in the AR-DRG classification.

Initial analysis identified 69 epilepsy episodes which potentially had stereo electroencephalography. However, given the absence of a unique ACHI code, it is not possible to accurately identify this intervention in the admitted patient data in order to consider it in AR-DRG development. Therefore, it was recommended to refer this intervention for consideration in ACHI development.

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