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IHACPA

Independent Health and Aged Care Pricing Authority

**ICD-10-AM/ACHI/ACS
Thirteenth Edition**

Errata 5

**For implementation
1 July 2026**

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How to use this document

The ICD-10-AM/ACHI/ACS classification system is used for classifying admitted patient care and comprises the following:

- International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)
- Australian Classification of Health Interventions (ACHI)
- Australian Coding Standards (ACS).

For the published hardcopy books, ICD-10-AM/ACHI/ACS errata may be issued to correct errors that have been identified since the time of publishing. Users are required to incorporate these corrections when using the published hardcopy books.

This document lists corrections to be made to each of the hardcopy books listed in the following order:

- ICD-10-AM Tabular List
- ICD-10-AM Alphabetic Index
- ACHI Tabular List
- ACHI Alphabetic Index
- Australian Coding Standards

Each correction includes:

- The hardcopy book page reference
- The existing text with track changes detailed in a white box (eg ~~deleted text~~, added text)

Example of correction

Page #	
CODE	Code description
▼ACS	Incorrect <u>Corrected text</u>

ICD-10-AM Tabular List

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USING ICD-10-AM

CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST

...

3. AETIOLOGY AND MANIFESTATION CONVENTION (THE 'DAGGER AND ASTERISK' SYSTEM)

...

Example 6:

Patient was admitted with fracture to femur due to bony metastases from adenocarcinoma of prostate.

Assign: M90.75* *Fracture of bone in neoplastic disease, pelvic region and thigh*
 C79.5 *Secondary malignant neoplasm of bone and bone marrow*
 M8140/6 *Adenocarcinoma, metastatic NOS*
 C61 *Malignant neoplasm of prostate*
 M8140/3 *Adenocarcinoma NOS*

Rationale: M90.75* — for the manifestation (asterisk) in a dagger/asterisk pair (with fifth character 5 for the site) (*Convention 3.1*)
 C79.5† — for the underlying condition (dagger) in a dagger/asterisk pair (*Convention 3.1*); C79.5 is not always subject to dual classification (see *Convention 3.2.3*)
 M8140/6, C61 and M8140/3 — ACS 0233 *Morphology* and ACS 0236 [General guidance for neoplasm coding](#) *Neoplasm coding and Sequencing*

ICD-10-AM Alphabetic Index

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Delirium, delirious (acute or subacute) (not alcohol- or drug-induced) F05.9

...

- due to (secondary to)

...

- - unknown aetiology F05.9

~~- due to (secondary to) — continued~~

- - withdrawal state — *code to F10–F19 with fourth character .4*

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Occlusion, occluded

...

- artery

...

- - peripheral (unspecified cause) — *see [also](#) Arteriosclerosis/extremities*

- - - due to

- - - - specified cause NEC I77.8

- - - - thrombosis or embolism I74.4

ACHI Tabular List

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1612

Destruction of lesion of skin or cartilage

Excludes: that by excision (31205-00, 31230, 31235 [1620])

warts:

- anal (32177-00, 90315 [933])
- palmar (30186-~~00~~ 01 [1619])
- penile (36815-00 [1195], 30189-01 [1619])
- plantar (30186-00 [1619])
- specified site NEC (30189 [1619])
- urethral (36815-01 [1116], 30189-01 [1619])
- vaginal (35507-00 [1281])
- vulval (35507-01 [1289])

...

ACHI Alphabetic Index

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Extraction

- ...
- lens (crystalline) NEC 42698-05 **[200]**
- ...
- - phacofragment~~ation~~ (and aspiration) 42698-07 **[200]**

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Thermocauterisation

- cornea (fistula) (lesion) (ulcer) 42797-03 **[168]**
- sclera with iridectomy ~~90075-00~~ [42746-05](#) **[191]**

Australian Coding Standards

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0004 DIAGNOSIS CLUSTER IDENTIFIER (DCID)

...

Example 5:

Patient was admitted for treatment of contrast induced acute kidney failure. They were also treated for their aspirin-induced gastritis (aspirin taken as prescribed) and hypertension. Their antihypertensive medications were adjusted. The patient also had type 2 diabetes mellitus, a long term history of insulin use, chronic obstructive pulmonary disease and rheumatoid arthritis not impacting the episode of care.

Assign:

DCID COF

A	(2)	N17.9	Acute kidney failure, unspecified
A	(2)	Y57.5	X-ray contrast media causing adverse effects in therapeutic use
A	(2)	Y92.23	Place of occurrence, health service area, not specified as this facility
8	(2)	E11.29	Type 2 diabetes mellitus with other specified kidney complication
8	(2)	Z92.22	Personal history of long-term [current] use of insulin
B	(2)	K29.60	Other gastritis, without mention of haemorrhage
		K29.70	Gastritis, unspecified, without mention of haemorrhage
B	(2)	Y45.1	Salicylates causing adverse effects in therapeutic use
B	(2)	Y92.23	Place of occurrence, health service area, not specified as this facility
8	(2)	I10	Essential (primary) hypertension
0	(2)	U83.2	Supplementary code for chronic obstructive pulmonary disease
0	(2)	U86.1	Supplementary code for rheumatoid arthritis

Rationale:

DCID A — for codes allocated to the first diagnosis cluster, including the principal diagnosis (Directives 1.1, 1.3–1.5 and 1.7)

DCID 8 — for codes not allocated to a diagnosis cluster or chronic condition cluster (Directive 1.10)

DCID B — for codes allocated to the second diagnosis cluster (Directives 1.1, 1.3, 1.6 and 1.7)

DCID 0 — for codes allocated to the chronic condition cluster (Directive 1.9)

Y92.23 is assigned more than once as it is classified to Chapter 20 *External causes of morbidity and mortality* (U50–U73, V00–Y98) and is allocated in separate diagnosis clusters (Directive 2.1).

0234 NEOPLASMS OF CONTIGUOUS OR OVERLAPPING SITES, OR WITH LOCALISED SPREAD

...

Directive(s)

1. Assign a code for a primary neoplasm (site) only where a known primary neoplasm site invades an adjacent organ or site (contiguous site) (see Example 1 and *Note 1*).
2. Where the neoplasm site of origin cannot be determined and it overlaps the boundaries of two or more subcategories within a three character category, assign the three character category with fourth character subcategory 8 (see Example 2).
3. Where the neoplasm site of origin cannot be determined and it overlaps the boundaries of two or more three character categories, assign any of the following codes:
 - C02.8 *Malignant neoplasm of overlapping lesion of tongue*
 - C08.8 *Overlapping malignant lesion of major salivary glands*
 - C14.8 *Overlapping malignant lesion of lip, oral cavity and pharynx*
 - C21.8 *Overlapping malignant lesion of rectum, anus and anal canal*
 - C24.8 *Overlapping malignant lesion of biliary tract*
 - C26.8 *Overlapping malignant lesion of digestive system*
 - C39.8 *Overlapping malignant lesion of respiratory and intrathoracic organs*
 - C41.8 *Overlapping malignant lesion of bone and articular cartilage*
 - C49.8 *Overlapping malignant lesion of connective and soft tissue*
 - C57.8 *Overlapping malignant lesion of female genital organs*
 - [C63.8](#) *Overlapping malignant lesion of male genital organs*
 - C68.8 *Overlapping malignant lesion of urinary organs*
 - C72.8 *Overlapping malignant lesion of brain and other parts of central nervous system*
 (see Example 3).
4. Assign a code from category C76 *Malignant neoplasm of other and ill-defined sites* for malignant neoplasms of contiguous or ambiguous sites not elsewhere classified, where the point of origin cannot be determined (see Example 4 and *Note 2*).

1548 PUERPUERAL/POSTPARTUM CONDITION OR COMPLICATION

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Directive(s)

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Admission after the delivery episode of care

- 2.4 For admissions **after the delivery episode**, assign a puerperal/postpartum code **only** where documentation indicates that a nonobstetric condition is a puerperal/postpartum complication (see Examples 5, 6, [11](#) and 12).

1548 PUERPERAL/POSTPARTUM CONDITION OR COMPLICATION

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Example 11:

Patient was admitted with nausea, vomiting and fever three weeks after delivery of a healthy newborn. Patient was kept overnight and discharged the next day with a diagnosis of viral gastroenteritis.

Assign: A08.4 *Viral intestinal infection, unspecified*

Rationale: A08.4 — ACS 0001 *Principal diagnosis*

Even though the episode was within the puerperal period, a puerperal/postpartum code is not assigned as the condition was not:

- within the delivery episode of care (*Directive 2.1*) or
- classified to Chapter 19 (*Directive 2.2*) or
- a puerperal/postpartum complication or condition (*Directive 2.4 2.5*).

1918 FRACTURE AND DISLOCATION, AND FRACTURE BLISTERS

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Directive(s)

2.1 Assign the following codes for a fracture blister that occurs following a traumatic fracture:

- a code for blister, by site
- X58 *Exposure to other specified factors*, to distinguish the external cause of a fracture blister from the external cause of a traumatic fracture.

2.2 Assign the following codes for a fracture blister that occurs following bone/joint surgery and that is a complication of the intervention:

- T84.89 *Other complications of internal orthopaedic devices, implants and grafts*
- an external cause code from block Y83–Y84 *Surgical and other medical procedures as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure*
- a place of occurrence code for the health service ~~area are~~ where the bone/joint surgery was performed:
 - Y92.23 *Place of occurrence, health service area, not specified as this facility or*
 - Y92.24 *Place of occurrence, health service area, this facility.*