

ICD-10-AM Third Edition Education



National Centre for Classification in Health

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Diseases Major Changes

Dagger and asterisk

Background

The aetiology/manifestation convention of ICD-10-AM, which requires two codes to be assigned for certain conditions, has been modified in ICD-10-AM Third Edition.

Removing the entire convention is a large undertaking and was considered outside the scope of the third edition development. The areas of the convention that were most problematic have however been modified in the Third Edition.

The NCHC intends to complete the removal of this convention in the Fourth edition.

Changes

The Type 1 and 2 duplication between dagger (aetiology) and asterisk (manifestation) codes has been removed.

Type 1 - Exact duplication between dagger and asterisk code

This occurs when both the dagger and asterisk code describe the same aetiology and manifestation. In these instances, the asterisk code provides no further information, therefore the dagger/asterisk convention has been removed.

For example, M05.1 *Rheumatoid lung disease* and J99.0* *Rheumatoid lung disease*. J99.0* has been deleted.

Type 2 - Redundant asterisk code

This occurs when the dagger code sufficiently describes both the aetiology and manifestation, therefore making the asterisk code redundant. In these cases only the dagger code is required.

For example, A17.0 *Tuberculosis meningitis* and G01 *Meningitis in bacterial diseases classified elsewhere*. G01 is not required for this condition (see A17.0 and G01, Volume 1, pages 4 and 140).

Diabetes

Background

A review of the diabetes section was undertaken in line with WHO recommendations and definitions.

Changes

There is a new category for impaired glucose regulation at E09 *Impaired glucose regulation* (see E09, Volume 1, page 73).

The diagnostic criteria included in the 'Note' at E09-E14 now includes diagnostic criteria for 'impaired glucose regulation' (see E09-E14, Volume 1, page 73).

The 4th character subdivisions at R73 *Elevated blood glucose level* have been deleted and incorporated in category E09 *Impaired glucose regulation* (see E09, Volume 1, page 73).

There is a new code for diabetes mellitus with diabetic ischaemic cardiomyopathy at E11.53 **Diabetes mellitus with diabetic ischaemic cardiomyopathy* (see E10.53, E11.53, E13.53 and E14.53, Volume 1, page 75, 78, 81 and 84).

There is a new code for diabetes mellitus with poor control at E1-.65 **Diabetes with poor control* (see E10.65, E11.65, E13.65 and E14.65, Volume 1, page 76, 78, 81 and 84). This code can be assigned as the principal diagnosis or as an additional diagnosis.

Diabetes due to genetic defects has been expanded (see ACS 0401 *Diabetes mellitus and impaired glucose regulation*, Volume 5, page 89 and E13, Volume 1, page 79.)

There are new 5th character subdivisions at O24.1-O24.9 *Diabetes in pregnancy* to reflect insulin treatment (see O24, Volume 1, page 296).

There are revised guidelines in ACS 0401 *Diabetes mellitus and impaired glucose regulation* for total or partial pancreatectomy (see ACS 0401, Volume 5, page 89).

There are new guidelines in ACS 0401 *Diabetes mellitus and impaired glucose regulation* for the coding of eradicated conditions in diabetes (see ACS 0401, Volume 5, page 102).

The term 'specified' has been included in many code titles, for example E10.62 *Type 1 diabetes with specified skin and subcutaneous tissue complication*, to indicate that only indexed conditions are classified here.

The following codes have been deleted:

- E10.20 *Type 1 diabetes mellitus with renal complication, unspecified*
- E11.20 *Type 2 diabetes mellitus with renal complication, unspecified*
- E13.20 *Other specified diabetes mellitus with renal complication, unspecified*
- E14.20 *Unspecified diabetes mellitus with renal complication, unspecified*
- E10.30 *Type 1 diabetes mellitus with ophthalmic complication, unspecified*
- E11.30 *Type 2 diabetes mellitus with ophthalmic complication, unspecified*
- E13.30 *Other diabetes mellitus with ophthalmic complication, unspecified*
- E14.30 *Unspecified diabetes mellitus with ophthalmic complication, unspecified*
- E10.50 *Type 1 diabetes mellitus with circulatory complication, unspecified*
- E11.50 *Type 2 diabetes mellitus with circulatory complication, unspecified*
- E13.50 *Other specified diabetes mellitus with circulatory complication, unspecified*
- E14.50 *Unspecified diabetes mellitus with circulatory complication, unspecified*
- E10.59 *Type 1 diabetes mellitus with other specified circulatory complication*
- E11.59 *Type 2 diabetes mellitus with other specified circulatory complication*
- E13.59 *Other specified diabetes mellitus with other specified circulatory complication*
- E14.59 *Unspecified diabetes mellitus with other specified circulatory complication*

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Volume 2, page 128, 196, 365 and 405

Dyslipidaemia E78.-

Impaired, impairment

- carbohydrate tolerance (glucose) R73.0— *see* *Impaired, impairment, glucose regulation*
- in pregnancy childbirth or puerperium O24.—

- glucose regulation (tolerance) R73.0 E09.—
- - with
- - - features of insulin resistance E09.1
- - - hypertension
- - - - with
- - - - acanthosis nigricans E09.1
- - - - dyslipidaemia E09.1
- - - - hyperinsulinism E09.1
- - - - obesity, any grade E09.1
- - - peripheral angiopathy (without gangrene) E09.01
- - - - with gangrene E09.02

Impaired, impairment

- rectal sphincter R19.8
- regulation, glucose — *see* *Impaired, impairment, glucose regulation*
- renal N18.91
- - disorder resulting from N25.9
- tolerance, carbohydrate (glucose) R73.0.— *see* *Impaired, impairment, glucose regulation*

Stabilisation

- diabetes E1-.65
- * - - neuropathy E1-.42

**This amended index entry will be included in the First Errata for the Third Edition.*

Unstable

- back NEC M53.2-
- diabetes mellitus
- (*see also Diabetes*)E1-.65

Exercises

1. What codes would be assigned for a patient admitted with an inguinal hernia? The patient is also known to have hypertension and impaired glucose regulation.
 - a) K40.90, E09.1
 - b) K40.90, E09.9
 - c) K40.90, E09.1, I10
 - d) K40.90, E09.9, I10

2. **Code the following scenario**

An obese patient with Type 2 DM complicated by ischaemic cardiomyopathy and diffuse glomerulosclerosis previously treated by kidney transplantation, was admitted with poorly controlled BSLs. Patient was treated with Actrapid and seen by the Diabetic Educator for maintenance of his blood sugar levels.

3. **Code the following scenario**

26 year old female admitted at 28 weeks gestation with newly diagnosed gestational diabetes. She was started on insulin therapy and is to be reviewed at the antenatal clinic in 2 weeks.

4. **Code the following scenario**

A 50 year old male with Type 2 diabetes mellitus was admitted with an ulcer on his right foot. He was known to have peripheral angiopathy and hypertension. Blood tests revealed that the patient had no infections, however, he had dyslipidaemia consisting of elevated fasting triglycerides and depressed HDL-cholesterol. His ulcer was dressed daily on the ward. He was to be followed up by the District Nurse.

Duration of pregnancy

Background

There was an identified inconsistency between Volumes 1 and 5 regarding the number of completed weeks duration of pregnancy.

Changes

The number of completed weeks duration of pregnancy is now consistent between Volumes 1* and 5. (*The title of code O09.5 34-36 completed weeks should read '34-<37 completed weeks'. This will be included in the First Errata for the Third Edition.)

The note 'Use additional code from category O09.- to identify duration of pregnancy' now appears at codes:

- O00 *Ectopic pregnancy*
- O01 *Hydatidiform mole*
- O02 *Other abnormal products of conception*
- O03 *Spontaneous abortion*
- O04 *Medical abortion*
- O05 *Other abortion*
- O06 *Unspecified abortion*
- O07 *Failed attempted abortion*
- O20.0 *Threatened abortion*
- O42 *Premature rupture of membranes*
- O47.0 *False labour before 37 completed weeks of gestation*
- O60 *Preterm delivery*

External causes

Background

The National Injury Surveillance Unit (NISU) identified some significant short-comings in external causes of injury codes when ICD-10-AM was first introduced into Australia in 1998.

The NISU state injury surveillance units, epidemiologists and injury preventionists have recognised a lack of specificity in ICD-10-AM external causes as restricting their ability to extract coded data for specific causes of injuries.

In the Third Edition the NCCH has been able to incorporate a number of improvements which will significantly improve our ability to accurately report how injuries occur. Many of the changes have been made with direct reference to the International Classification of External Causes of Injury (ICECI) which will be included in the WHO Family of Classifications when the index to the classification is completed.

Changes

Activity codes

Category Y93 *Activity* has been deleted and the vacant 'U' category from ICD-10 has been utilised to capture expanded data on activity at the time of injury:

- U50-U72 *While engaged in sports or leisure*
- U73 *While engaged in other activity*

(See U50-U73, Volume 1, page 444-451 - carefully read the 'Note' on page 444.)

Place of Occurrence

There are now fifth character subdivisions at:

- Y92.0 *Home*
- Y92.1 *Residential institution*
- Y92.3 *Sports and athletics area*
- Y92.4 *Street and highway*
- Y92.5 *Trade and service area*
- Y92.6 *Industrial and construction area*
- Y92.8 *Other specified place of occurrence*

'Boarding/residential' now appears as an inclusion term under Y92.21 *School*.
(See Y92, Volume 1, page 503.)

Transport accidents

The definition for transport accident has changed:

A car (automobile) is a four-wheeled motor vehicle designed primarily for carrying up to 10 persons, and not requiring a special driver's licence (see (n), Volume 1, page 452).

There are now fifth character subdivisions at:

- V20-V28 *Motorcycle rider injured in transport accident*
(see V20-V28, Volume 1, page 456)
- V40-V48 *Car occupant injured in transport accident*
(see V40-V48, Volume 1, page 458)
- V80.0 *Rider or occupant injured by fall from or being thrown from animal or animal-drawn vehicle in noncollision accident*
(see V80.0, Volume 1, page 462)
- V86 *Occupant of special all-terrain or other motor vehicle designed primarily for off-road use, injured in transport accident*
(see V86, Volume 1, page 465)

Falls

There are now fourth-character subdivisions at:

- W01 *Fall on same level from slipping, tripping and stumbling*
 - W02 *Fall involving ice-skates, skis, roller-skates or skateboards*
 - W09 *Fall involving playground equipment*
- (See Volume 1, page 468 and 469.)

Exposure to inanimate mechanical forces

There are now fourth-character subdivisions at:

- W21 *Striking against or struck by sports equipment*
- W23 *Caught, crushed, jammed or pinched in or between objects*
- W30 *Contact with agricultural machinery*
- W31 *Contact with other and unspecified machinery*

There are also fifth-character subdivisions at:

- W30.2 *Contact with equipment towed or powered by tractor*
- (See Volume 1, page 470-472.)

Exposure to animate mechanical forces

There are now fourth-character subdivisions at:

- W54 *Bitten or struck by dog*
 - W55 *Bitten or struck by other mammals*
 - W56 *Contact with marine animal*
 - W59 *Bitten or crushed by other reptiles*
- (See Volume 1, page 473 and 474.)

Accidental drowning and submersion

There are now fourth-character subdivisions at:

- W65 *Drowning and submersion while in bath-tub*
- W66 *Drowning and submersion following fall into bath-tub*
- W67 *Drowning and submersion while in swimming pool*
- W68 *Drowning and submersion following fall into swimming pool*

(See Volume 1, page 474.)

Contact with heat and hot substances

There are now fourth-character subdivisions at:

- X10 *Contact with hot drinks, food, fats and cooking oils*
- X11 *Contact with hot tap-water*
- X13 *Contact with steam and hot vapours*

(See Volume 1, page 477.)

Contact with venomous animals and plants

There are now fourth and fifth character subdivisions at:

- X20 *Contact with venomous snake*
- X21 *Contact with spiders*
- X25 *Contact with other specified venomous arthropods*
- X26 *Contact with venomous marine animals and plants*
- X27 *Contact with other specified venomous animals*

(See Volume 1, page 478-480.)

Exposure to other gases and vapours

There are now fourth character subdivisions at:

- X47 *Accidental poisoning by and exposure to other gases and vapours*
- X67 *Intentional self-poisoning by and exposure to other gases and vapours*
- Y17 *Poisoning by and exposure to other gases and vapours, undetermined intent*

(See Volume 1, page 482, 484 and 489.)

Other drowning and submersion

There are now fourth character subdivisions at:

- X71 *Intentional self-harm by drowning and submersion*
- X92 *Assault by drowning and submersion*
- Y21 *Drowning and submersion, undetermined intent*

(See Volume 1, page 484, 487 and 490.)

Sharp objects

There are now fourth character subdivisions at:

- X78 *Intentional self-harm by sharp object*
- X99 *Assault by sharp object*
- Y28 *Contact with sharp object, undetermined intent*

(See Volume 1, page 485, 487 and 491.)

Crashing of motor vehicle

There are now fourth character subdivisions at:

- X82 *Intentional self-harm by crashing of motor vehicle*
- Y03 *Assault by crashing of motor vehicle*
- Y32 *Crashing of motor vehicle, undetermined intent*

(See Volume 1, page 485, 488 and 491.)

Adult and child abuse

The index now distinguishes between 'physical' and 'sexual' history of abuse and perpetrator of assault, 'outside of primary support group' and 'within primary support group' (see 'History, abuse' and 'History, maltreatment', Volume 2, page 183 and 184).

There are now fifth character subdivisions for use with categories X85-Y09 *Assault* (see Volume 1, page 486).

The following codes require a fourth character filler digit of '0'

- X85-X91
- X93
- X96-X98
- Y00-Y02
- Y04-Y09

(see Volume 1, page 486).

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Volume 2, page 460

Sport (activity) — continued

- basketball U50.1
- biathlon (summer) NEC U67.8
- - cross country skiing U67.0
- - shooting U67.0
- - winter U67.0
- billiards U60.1
- boating (recreational) U53.9
- - specified NEC U53.8
- bobsledding U55.0
- bocce U60.8
- body building U62.3
- boogie boarding U54.4
- boules U60.8
- bowling U60.29
- - indoor U60.22
- - lawn U60.20
- - tenpin U60.21

Volume 2, page 183 and 184

History (of) (personal)

- abuse Z91.8
- - physical Z91.8
- - - occurring in childhood Z61.6
- - - sexual Z91.8
- - - occurring in childhood Z61.8
- - - - perpetrator
- - - - - outside of primary support group Z61.5
- - - - - within primary support group Z61.4

- maltreatment Z91.8
- - physical Z91.8
- - - occurring in childhood Z61.6
- - - sexual Z91.8
- - - - occurring in childhood Z61.8
- - - - - perpetrator
- - - - - outside of primary support group Z61.5
- - - - - within primary support group Z61.4

Exercises

1. Which of the following snakes is not classifiable to X20.04 *Contact with tiger snake*?
 - a) Chappell island
 - b) Clarence river
 - c) Butler's
 - d) Copperhead

2. Insert the correct word to the sentence to complete the following transport accident definition for a car.

requiring

not requiring

A car (automobile) is a four-wheeled motor vehicle designed primarily for carrying up to 10 persons, and _____ a special driver's licence.

3. Supply the correct code for the following activities or places of occurrence
 - a. Riding school
 - b. Snowboarding
 - c. Driveway at home
 - d. Tae kwon do
 - e. Working at a child care centre
 - f. Children's home
 - g. Hammer throwing
 - h. Dancing
 - i. Footpath
 - j. Petrol station

4. **Provide the external cause code only, for the following:**
 - a. A person injured while driving a Toyota Landcruiser that struck a pedestrian.
 - b. Lady injured after slipping on newly polished floor.
 - c. Child caught in revolving door at Adelaide airport.
 - d. Bitten by shark in Sydney Basin.
 - e. Accidentally shot by BB gun.
 - f. Child burnt after pulling a cup of coffee off the table.
 - g. Stung by bluebottle while surfing.
 - h. Patient admitted after deliberately cutting himself with a razor blade.

5. A fall by a rider from which of the following animal/s can be identified with its own specific code?
 - a) Donkey
 - b) Horse
 - c) Crocodile
 - d) Camel

6. Which of the following 'perpetrators of assault' would indicate the closest relationship between the perpetrator and the victim?
- a) Foster parent
 - b) Workmate
 - c) Mother's boyfriend who visits on weekends
 - d) Police officer in the performance of her duties
7. The default code for "spider bite" is W57 *Bitten or stung by nonvenomous insect and other nonvenomous arthropods*.
- True or False?
8. **Code the following scenario**
- A baby was found abandoned in the restrooms at the casino with bruising to its upper arms and cheeks from the mother slapping the baby. The 25 year old mother has been charged with neglect of the infant and will appear in court next week.

ICD-O-3

Background

ICD-10-AM Second Edition includes ICD-O-2 morphology codes. The Australasian Association of Cancer Registries regards the inclusion of ICD-O-3 morphology as ensuring currency of morphology reporting. This is particularly important in the lymphoproliferative disorders (leukaemia and lymphoma) where knowledge about their classification has progressed quickly and has made ICD-O-2 inappropriate.

The third edition of ICD-Oncology (ICD-O-3) was released by WHO in December 2000, and this has been used for the morphology chapter in the Third Edition of ICD-10-AM.

Changes

All new and changed morphology information in ICD-O Third Edition (ICD-O-3) has been incorporated into the Third Edition of ICD-10-AM. In addition to this, all inclusion terms provided in ICD-O-3 have been indexed in ICD-10-AM.

Where a new morphology was listed and a topographic site was given as the default in ICD-O-3, the default site has been indexed. It is important to note however, that if a different specified site is documented, the appropriate code should be assigned.

It should be noted that some morphology codes have been regrouped in ICD-O-3 and this has been reflected in Appendix A *Morphology of Neoplasms*. For example, in the Second Edition, Monocytic leukaemia (M989) was a separate morphology category. In the Third Edition, these morphology codes have been grouped with all the Myeloid leukaemias at M984-M993.

C81-C96 Malignant neoplasms of lymphoid, haematopoietic and related tissue

C81 Hodgkin Lymphoma

'Hodgkin's disease' has been changed to 'Hodgkin lymphoma'.

Note that the 's' has also been removed from the term 'Hodgkin's' in eponyms throughout the Third Edition.

(See C81 and M965-M966, Volume 1, page 45 and 572.)

C91 Other lymphoid leukaemia

The classification of lymphoid leukaemia has expanded from one category (M982 *Lymphoid leukaemia*) to two categories (M982-M983 *Lymphoid leukaemia*) (See C91 and M982-M983, Volume 1, page 47 and 573).

M985x *Lymphosarcoma cell leukaemia* has been reclassified to M982-983x *Lymphoid leukaemias* (See M982-983x, Volume 1, page 573).

Lymphosarcoma cell leukaemia is now indexed to C91.7 *Other lymphoid leukaemia* (previously C94.7 *Other specified leukaemias*) (see C91.7, Volume 1, page 47).

C92 Myeloid leukaemia

There has been a significant expansion and reclassification of M986 *Myeloid (granulocytic) leukaemias* to M984-M993 *Myeloid leukaemia*.

The category M984 *Erythroleukaemias* has been renamed and included in the category M984-M993 *Myeloid leukaemias*.

(See C92* and M984-M993, Volume 1, page 47 and 573.)

*The 'Includes' note should read 'M984-M993', not 'M985-M993'. This will be included in the First Errata for the Third Edition.

C93 Monocytic leukaemia

This category now includes M9860/3 *Myeloid leukaemia NOS*.

Note that there is an overlap with the morphology codes at C92 (M984-M993) and C93 (M986-M989).

(See C93 and M9860/3, Volume 1, page 47 and 573.)

C94.0 Acute erythraemia and erythroleukaemia

These conditions are now classified as myeloid leukaemia (M9840/3 *Acute myeloid leukaemia, M6 type*), however they are still indexed to C94.0.

(See C94.0 and M9840/3, Volume 1, page 47 and 573.)

C94.1 Chronic erythraemia

This condition is now classified as M9950/3 *Polycythaemia vera*, with a malignant behaviour code, however it is still indexed to C94.1.

(See C94.1 and M9950/3, Volume 1, page 47 and 574.)

C94.3 Mast cell leukaemia

This condition has been reclassified to M974 *Mast cell tumours*, however it is still indexed to C94.3.

(See C94.3 and M974, Volume 1, page 48 and 573.)

C94.7 Other specified leukaemias

Chronic myelomonocytic leukaemia has had an index change from C92.7 *Other myeloid leukaemia* (M9868/3) to C94.7 (M9945/3).

(See C94.7 and M9945/3, Volume 1, page 48 and 574.)

D37 – D48 Neoplasms of uncertain and unknown behaviour

Categories M995-M996 *Chronic myeloproliferative disorders* and M998 *Myelodysplastic Syndrome* now include some malignant morphology codes. A 'Note' to this effect has been included at:

- D45 *Polycythaemia vera*
- D46 *Myelodysplastic syndromes*
- D47 *Other neoplasms of uncertain or unknown behaviour of lymphoid haematopoietic and related tissue*

(See D45, D46, D47, M995-M996 and M998, Volume 1, page 58 and 574).

Conditions classified to other Chapters of ICD-10-AM

D47.7 Primary amyloidosis

The classification of this condition has been changed from E85.9 *Amyloidosis, unspecified* to D47.7 *Other specified neoplasms of uncertain or unknown behaviour of lymphoid, haematopoietic and related tissue* (see D47.7 and E85, Volume 1, page 58 and 95).

D76.0 Langerhans' cell histiocytosis, not elsewhere classified

This condition is now classified as a neoplasm of uncertain or unknown behaviour having a morphology code of M9751/1 *Langerhans cell histiocytosis NOS*. A note to this effect has been included at D76.0 (see D76.0 and M9751/1, Volume 1, page 67 and 573).

L41.2 Lymphomatoid papulosis

This condition is now classified as a malignant neoplasm (of the skin) with a morphology code of M9718/3 *Primary cutaneous CD30+ T-cell lymphoproliferative disorder*. A note to this effect has been included at L41.2* (see L41.2 and M9718/3, Volume 1, page 239 and 573).

The 'Note' should read 'M9718/3', not 'M9769/3'. This will be included in the First Errata for the Third Edition.

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Exercises

1. D45 *Polycythaemia vera* is classified as malignant.
True or False?
2. If a specified site is documented for a particular morphology that is different from the default topographic code site listed in the index, a different code reflecting the actual site should be assigned.
True or False?
3. The morphology code for Myelodysplastic syndrome has a behaviour code of /1.
True or False?
4. Category E85 *Amyloidosis* includes Primary Amyloidosis.
True or False?
5. Which of the following is the preferred terminology?
 - a) Hodgkin disease
 - b) Hodgkin's disease
 - c) Hodgkin's lymphoma
 - d) Hodgkin lymphoma
6. How many of the following morphological terms do not have a malignant behaviour code of /3?
 - Polycythaemia vera
 - Eosinophilic granuloma
 - Haemorrhagic thrombocythaemia
 - Myelomonocytic leukaemia.
 - a) One
 - b) Two
 - c) Three
 - d) Four

Infection with drug resistant microorganisms

Background

The NCCH received coding queries regarding the assignment of codes to distinguish MRSA and VRE.

Changes

New codes have been created within code Z06 *Infection with drug-resistant microorganisms* to identify multidrug resistant Staphylococcus Aureus (MRSA) and Vancomycin Resistant enterococci (VRE).

(See Z06, Volume 1, page 510.)

Exercises

1. When would you **not** assign Z06.-?
 - a) MRSA septicaemia (multi-resistant)
 - b) The microbiology report indicated E. coli urinary tract infection that was resistant to penicillin and gentamicin, but sensitive to ampicillin.
 - c) Clinical documentation throughout the admission of VRE infection.
 - d) None of the above.

Intractable epilepsy

Background

The concept of 'intractable' was included in ICD-9-CM as a fifth digit on the epilepsy codes. In ICD-10-AM, codes are available for status epilepticus, but not intractable epilepsy.

The reintroduction of the concept of intractable epilepsy was discussed at the Neonatology and Paediatrics Classification Update Forum on 26 May 2000 where it was agreed that the NCCH should introduce a fifth character subdivision for 'intractable epilepsy' using the definition previously used in ICD-9-CM ACS 0622 *Epilepsy*.

Changes

There are now fifth characters at G40 *Epilepsy* for mention of intractable epilepsy. A definition of 'intractable epilepsy' has been included at G40 *Epilepsy*.

(See G40, Volume 1, page 145.)

Morbidly adherent placenta

Background

In ICD-10-AM Second Edition, Placenta accreta, percreta and increta were all classified as retained placenta, however the pathophysiology of these conditions is significantly different. In addition, a significant number of these cases are now being diagnosed antenatally, therefore a code from the labour and delivery category is inappropriate for these cases.

Morbidly adherent placenta is rare, however it is life threatening. Placenta praevia and past caesarean section constitute the key risk factors. With the incidence of caesarean sections increasing, it is probable that the number of patients with morbidly adherent placenta will also increase.

Changes

There is a new code for morbidly adherent placenta at O43.2 *Morbidly adherent placenta*.

As morbidly adherent placenta is often associated with a retained placenta, 'code also' notes have been included at:

- O43.2 *Morbidly adherent placenta*

'Code also postpartum haemorrhage (O72.0) or retained placenta without haemorrhage (O73.0), if applicable.'

- O72.0 *Third-stage haemorrhage*

- O73.0 *Retained placenta without haemorrhage*

'Code also morbidly adherent placenta (O43.2), if applicable.'

(See O43.2, O72.0 and O73.0, Volume 1, page 300 and 304).

Exercises

1. Code the following scenario

A 34 year old woman was admitted at 38 weeks with SROM. Ultrasound prior to admission had shown placenta accreta. Patient progressed to a Simpson's forceps delivery due to late fetal decelerations. Following delivery the patient underwent a manual removal of a retained placenta with a blood loss of 900mls (PPH). Three days after delivery nursing staff found the patient extremely upset and unable to stop crying. She was diagnosed with postpartum blues.

Necrotising fasciitis

Background

In line with the approved changes to the WHO ICD-10 classification (from the 2001 meeting of the Heads of Collaborating Centres for Diseases (HoC) in Washington DC), there is now a new code for Necrotising fasciitis.

Changes

There is a new WHO code for necrotising fasciitis at M72.6 *Necrotising fasciitis*, with fifth-character subdivisions to indicate the site of involvement.

(See M72.6-, Volume 1, page 264.)

Neonatal and congenital conditions

Background

NCCH received a public submission requesting that ICD-10-AM Chapter XVII *Congenital malformations, deformations and chromosomal abnormalities* be updated to allow for further specificity in the level of clinical classification required to code complex congenital abnormalities.

A Neonatal Classification Update Forum was also conducted by the NCCH in May 2000 and many of the suggestions arising from this forum have been incorporated into Chapter XVI *Certain conditions originating in the perinatal period*, in the Third Edition.

The basis for the update was the December 1996 Royal College of Paediatrics and Child Health (RCPCH), formerly the British Paediatric Association (BPA), Classification of Diseases and Other Problems (an accompanying manual to the paediatric adaptation of ICD-10).

Changes

A new code with fifth character subdivisions has been introduced at Z03.7 *Observation and evaluation of newborn for suspected condition not found* (see Z03.7, Volume 1, page 509.)

There has been a terminology change from 'Birth injury' to 'Birth trauma' throughout Chapter 16.

The following codes found in chapter 16 *Certain conditions originating in the perinatal period* now have fifth character subdivisions:

- P07.0 *Extremely low birth weight*
- P07.1 *Other low birth weight*
- P07.2 *Extreme immaturity*
- P07.3 *Other preterm infants*
- P28.4 *Other apnoea of newborn*
- P28.8 *Other specified respiratory conditions of newborn*
- P29.8 *Other cardiovascular disorders originating in the perinatal period*
- P37.5 *Neonatal candidiasis*
- P74.2 *Disturbances of sodium balance of newborn*
- P74.3 *Disturbances of potassium balance of newborn*
- P91.8 *Other specified disturbances of cerebral status of newborn*
- P96.5 *Complications of intrauterine procedures, not elsewhere classified*
- P96.8 *Other specified conditions originating in the perinatal period*

(See Volume 1, page 314, 317-319 and 322-324.)

The following codes found in chapter 17 *Congenital malformations, deformations and chromosomal abnormalities*, now have fifth character subdivisions:

- Q00.0 *Anencephaly*
- Q00.2 *Iniencephaly*
- Q01.8 *Encephalocele of other sites*
- Q04.0 *Congenital malformations of corpus callosum*
- Q04.3 *Other reduction deformities of brain*
- Q04.6 *Congenital cerebral cysts*
- Q05 *Spina bifida*
- Q07.8 *Other specified congenital malformations of nervous system*

- Q39.1 *Atresia of oesophagus with tracheo-oesophageal fistula*
- Q39.2 *Congenital tracheo-oesophageal fistula without atresia*
- Q39.8 *Other congenital malformations of oesophagus*
- Q42.0 *Congenital absence, atresia and stenosis of rectum with fistula*
- Q42.2 *Congenital absence, atresia and stenosis of anus with fistula*
- Q43.1 *Hirschsprung's disease*
- Q43.3 *Congenital malformations of intestinal fixation*
- Q45.3 *Other congenital malformations of pancreas and pancreatic duct*
- Q45.8 *Other specified congenital malformations of digestive system*
- Q50.0 *Congenital absence of ovary*
- Q50.1 *Developmental ovarian cyst*
- Q50.3 *Other congenital malformations of ovary*
- Q50.6 *Other congenital malformations of fallopian tube and broad ligament*
- Q55.0 *Absence and aplasia of testis*
- Q55.2 *Other congenital malformations of testis and scrotum*
- Q61.4 *Renal dysplasia*
- Q61.5 *Medullary cystic kidney*
- Q62.1 *Atresia and stenosis of ureter*
- Q62.3 *Other obstructive defects of renal pelvis and ureter*
- Q62.5 *Duplication of ureter*
- Q62.6 *Malposition of ureter*
- Q62.7 *Congenital vesico-uretero-renal reflux*
- Q63.0 *Accessory kidney*
- Q63.1 *Lobulated, fused and horseshoe kidney*
- Q63.2 *Ectopic kidney*
- Q63.8 *Other specified congenital malformations of kidney*
- Q64.1 *Exstrophy of urinary bladder*
- Q64.2 *Congenital urethral valves*
- Q64.3 *Other atresia and stenosis of urethra and bladder neck*
- Q64.4 *Malformation of urachus*
- Q64.7 *Other congenital malformations of bladder and urethra*
- Q65.6 *Unstable hip*
- Q67.4 *Other congenital deformities of skull, face and jaw*
- Q67.5 *Congenital deformity of spine*
- Q71.3 *Congenital absence of hand and finger(s)*
- Q72.3 *Congenital absence of foot and toe(s)*
- Q73.8 *Other reduction defects of unspecified limb(s)*
- Q74.0 *Other congenital malformations of upper limb(s), including shoulder girdle*
- Q74.8 *Other specified congenital malformations of limb(s)*
- Q75.0 *Craniosynostosis*
- Q75.3 *Macrocephaly*
- Q75.8 *Other specified congenital malformations of skull and face bones*
- Q76.2 *Congenital spondylolisthesis and spondylolysis*
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- Q76.4 *Other congenital malformations of spine, not associated with scoliosis*
- Q76.6 *Other congenital malformations of ribs*
- Q76.7 *Congenital malformation of sternum*
- Q77.0 *Achondrogenesis*
- Q77.8 *Other osteochondrodysplasia with defects of growth of tubular bones and spine*
- Q84.8 *Other specified congenital malformations of integument*
- Q85.8 *Other phakomatoses*
- Q86.8 *Other congenital malformation syndromes due to known exogenous causes*
- Q87.0 *Congenital malformation syndromes predominantly affecting facial appearance*

- Q87.1 *Congenital malformation syndromes predominantly associated with short stature*
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- Q89.2 *Congenital malformations of other endocrine glands*
- Q89.3 *Situs inversus*
- Q89.4 *Conjoined twins*
- Q89.7 *Multiple congenital malformations, not elsewhere classified*
- Q89.8 *Other specified congenital malformations*

(See Volume 1, page 327-329, 337-351, 353 and 354 -356.)

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Observation (for) Z04.9

- without need for further medical care Z03.9
- - newborn Z03.7-
- suspected (undiagnosed) (unproven)
- - nervous system disorder Z03.3
- - newborn Z03.7-
- - - infectious condition Z03.71
- - - neurological condition Z03.72
- - - respiratory condition Z03.73
- - - specified condition NEC Z03.79

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Premature — *see also condition*

- birth NEC P07.30
- - 28 completed weeks or more but less than 32 completed weeks P07.31
- - 32 completed weeks or more but less than 37 completed weeks P07.32
- - extremely
- - - 24 completed weeks or more but less than 28 completed weeks P07.22
- - - less than 24 completed weeks P07.21
- infant NEC P07.30
- - 28 completed weeks or more but less than 32 completed weeks P07.31
- - 32 completed weeks or more but less than 37 completed weeks P07.32
- - extremely
- - - 24 completed weeks or more but less than 28 completed weeks P07.22
- - - less than 24 completed weeks P07.21

Prematurity (~~less than 37 completed weeks~~) NEC P07.30

- 28 completed weeks or more but less than 32 completed weeks P07.31
- 32 completed weeks or more but less than 37 completed weeks P07.32
- extremely (~~less than 28 completed weeks~~) P07.2
- - 24 completed weeks or more but less than 28 completed weeks P07.22
- - less than 24 completed weeks P07.21

Exercises

1. In ICD-10-AM Third Edition fifth character subdivisions have been added to all codes in Chapter 17 *Congenital malformations, deformations and chromosomal abnormalities*.

True or False?

2. There has been a terminology change in Chapter 16 *Certain conditions originating in the perinatal period*, from 'birth injury' to 'birth trauma'

True or False?

3. When assigning codes from category P07 *Disorders related to short gestation and low birth weight, not elsewhere classified*, including in a subsequent episode, the fifth character should relate to the infant's age/weight at birth.

True or False?

4. **Code the following scenario**

Baby Smith was born at 29 weeks and admitted to Neonatal ICU. The baby had a very low birth weight of 1438g. Other problems included anal atresia with an anocutaneous fistula, lumbar spina bifida, transient tachypnoea and suspected sepsis. The baby required supplemental oxygen for 48 hours. Sepsis was suspected due to premature rupture of membranes prior to labour, blood cultures were taken and showed no growth. Baby was treated with IV Penicillin and Gentamicin which were stopped after 48 hours. Baby was started on tube feeds on day 2 and weaned to demand breast feeding on day 5. Parents are aware of the surgical diagnosis for the atresia and will be followed up by the paediatrician at the Children's Hospital.

Obstetric sequelae

Background

In ICD-9-CM, code 677 *Late effect of complication of pregnancy, childbirth and the puerperium* existed, however was not included in ICD-10-AM First or Second Edition.

The NCCH has received many requests for the reinstatement of an obstetric sequelae code to enable linking of a condition to its obstetric cause.

Changes

There is a new code for sequelae of complication of pregnancy, childbirth and the puerperium at O94 *Sequelae of complication of pregnancy, childbirth and the puerperium*.

(See O94, Volume 1, page 308.)

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Sequelae (of) — *see also condition*

- cerebrovascular disease NEC I69.8
- childbirth complication O94

- complication(s) of

-- childbirth O94

-- pregnancy O94

-- puerperium O94

-- surgical and medical care T98.3

-- trauma (conditions in T79.-) T98.2

- delivery complications O94

- obstetric cause ~~O97~~ O94

-- resulting in death O97

--- more than 42 days but less than one year after delivery O96

- poliomyelitis (acute) B91

- pregnancy complication O94

- protein-energy malnutrition E64.0

- puerperium complication O94

Old AMI

Background

In ICD-10-AM Second Edition, the distinction between I25.2 *Old myocardial infarction* and I25.8 *Other forms of chronic ischaemic heart disease* was based on the presence of symptoms. This proved to be confusing.

Changes

ACS 0940 *Ischaemic heart disease* has been revised to clarify the use of I25.2* *Old myocardial infarction* and I25.8 *Other forms of chronic ischaemic heart disease*.

(See ACS 0940, Volume 5, page 155.)

*The reference to 'but currently presenting no symptoms' at I25.2 *Old myocardial infarction* should be deleted. This will be included in the First Errata for the Third Edition.

Exercises

1. Fill in the blanks to make these statements correct
 - a. I25.2 Old myocardial infarction should only be assigned as an additional code if all of the following criteria apply:
 - b. The 'old' myocardial infarction has occurred more than _____ weeks (_____ days) ago.
 - c. The patient is currently _____ receiving care for their 'old' myocardial infarction.
 - d. The 'old' myocardial infarction meets the criteria for an _____ diagnosis as per ACS _____.

Person awaiting admission to adequate facility elsewhere

Background

A public submission received by the NCCH suggested that if code Z75.1 *Person awaiting admission to adequate facility elsewhere* was to be expanded, it would provide very useful performance information on 'integration of care processes' as part of the annual Australian Health Care Agreement performance report.

In addition, it would be easier for hospital and aged care planners to identify problem areas. Mode of separation data is not a useful proxy as those waiting placement elsewhere may be discharged home or transferred to another hospital to wait before they go to their final placement (facility).

Changes

There are new 5th character subdivisions at Z75.1 *Person awaiting admission to adequate facility elsewhere* for:

- acute hospital
- residential aged care service
- psychiatric facility/unit
- rehabilitation facility/unit
- palliative care facility/unit
- other healthcare facility
- adequate facility elsewhere, unspecified

(See Z75.1, Volume 1, page 525.)

Exercises

1. Assign the correct fifth-character for patients awaiting admission to the following facilities
 - a. Hostel
 - b. Rehabilitation unit
 - c. Nursing home
 - d. Mothercraft facility
 - e. Acute hospital
 - f. Psychiatric unit
 - g. Palliative care unit

Postnatal depression

Background

The NCHC received a public submission requesting modification of the classification of postnatal major depression. The code assignment for postnatal major depression (F32.- *Severe depressive episode*), does not indicate whether or not the major depression arose in the postnatal period.

The same concern was also highlighted in a number of coding queries.

Changes

There are new 5th character subdivisions at F32 *Depressive episode* to indicate whether the depression occurred during the postnatal period.

(See F32, Volume 1, page 110.)

There is now appropriate indexing and an 'includes' note at F53.8 *Other mental and behavioural disorders associated with the puerperium, not elsewhere classified* for the following postpartum conditions:

- blues
- dysphoria
- mood disturbance
- sadness

(See F53.8, Volume 1, page 121.)

Index

Volume 2, page 116 and 118

- Disorder (of) — see also Disease**
- depressive (*see also Depression*) F32.9_
- - major
- - - recurrent F33.9
- - - single episode
- - - - mild F32.0_
- - - - moderate F32.1_
- - - - severe (without psychotic symptoms) F32.2_
- - - - with psychotic symptoms F32.3_

- mental (nonpsychotic) (or behavioural) F99
- - puerperal F53.9
- - - blues F53.8
- - - dysphoria F53.8
- - - mild F53.0
- - - mood disturbance F53.8
- - - psychotic F53.1
- - - sadness F53.8
- - - severe F53.1
- - - specified NEC F53.8

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- Postpartum — see also condition**
- blues F53.8
- care
- - immediately after delivery Z39.00
- - - home birth (planned) Z39.02
- - - - unplanned Z39.03
- - - hospital Z39.01
- - - planned, out of hospital Z39.02
- - - unplanned, out of hospital Z39.03
- dysphoria F53.8
- mood disturbance F53.8
- sadness F53.8

Exercises

1. Code the following scenario

A 28 year old female was admitted 7 months following delivery for revision of her second degree tear scar which was bulky and very painful. She was taken to theatre for revision of the scar under a general anaesthetic (ASA of 1 was documented). The surgery was successful however it became evident she was suffering from postnatal depression and she was seen by a psychiatrist who diagnosed major depression. A course of 4 ECTs under GA (ASA of 1 was documented) was commenced and she was discharged 4 weeks later.

Sepsis and septicaemia

Background

The NCCH received a public submission from clinicians advising that 'sepsis' (rather than septicaemia) is now being used more widely in clinical practice. Both terms are however still being used and 'sepsis' can be used to mean both a localised infection or a systemic infection. 'Septicaemia' has in the past been used to mean a systemic infection and this remains unchanged. Therefore this creates some confusion in how these terms are classified in ICD-10-AM. The changes in the Third Edition are an attempt to discourage the use of the term 'septicaemia'.

Although SIRS has been included in the ACS 0110 *Septicaemia*, this is still a difficult concept to code and will be reviewed by the NCCH in the future.

Changes

ICD-10-AM has been altered to reflect that:

- 'Sepsis' is the lead term for systemic infective conditions, and
- 'Infection' is the lead term for localised infections.

The index has been modified to ensure that 'infection' refers to localised conditions and 'sepsis' is generalised (or systemic) (see *'Infection, infected'*, Volume 2, page 199).

Where possible, 'septicaemia' has been changed to 'sepsis', (see *A40 Streptococcal sepsis*, Volume 1, page 8 for an example.)

All subterms indicating a generalised infection have been moved from *Septicaemia* to *Sepsis* (see *'Sepsis' and 'Septicaemia'*, Volume 2, page 356 and 357).

The important clinical concept of systemic inflammatory response syndrome (SIRS) has been included in ACS 0110 *Septicaemia* (see *ACS 0110*, Volume 5, page 68).

There are now 5th character subdivisions at T81.4 *Infection following a procedure, not elsewhere classified* to distinguish sepsis from localised infections (see *T81.4*, Volume 1, page 433).

Index

Volume 2, page 200

- Infection, infected** (opportunistic) B99
- bloodstream — *see* *Septicaemia Sepsis*

- Clostridium, clostridium
- bifermentans A48.0
- botulinum A05.1
- congenital P39.8
- difficile
- as cause of disease classified elsewhere B96.88
- foodborne (disease) A05.8
- gas gangrene A48.0
- necrotising enterocolitis A05.8
- sepsis A41.4
- septicaemia A41.4
- gas-forming NEC A48.0
- histolyticum A48.0
- novyi, causing gas gangrene A48.0
- perfringens
- as cause of disease classified elsewhere B96.7
- foodborne (disease) A05.2
- gas gangrene A48.0
- sepsis A41.4
- septicaemia A41.4

Volume 2, page 356

- Sepsis** (generalised) (*see also* *Septicaemia Infection*) A41.9
- actinomycotic A42.7
- adrenal haemorrhage syndrome (meningococcal) A39.1 + E35.1*
- anaerobic A41.4
- *Bacillus anthracis* A22.7
- bacterial, newborn P36.9
- due to
- anaerobes NEC P36.5
- Escherichia coli P36.4
- Staphylococcus NEC P36.3
- aureus P36.2
- streptococcus NEC P36.1
- group B P36.0
- specified type NEC P36.8
- *Brucella* (*see also* *Brucella*) A23.9
- candidal B37.7
- cryptogenic A41.9
- due to device, implant or graft (*see also* *Complications, by site and type, infection or inflammation*) T85.78
- device, implant or graft (*see also* *Complications, by site and type, infection or inflammation*) T85.78

Volume 2, page 201, 203 and 204

- Infection, infected** (opportunistic)
- generalised NEC (*see also* *Septicaemia Sepsis*) A41.9

- pyaemic — *see* *Septicaemia Sepsis*

- Salmonella (arizonae) (cholerae-suis) (enteritidis) (typhimurium) A02.9
- with
- (gastro)enteritis A02.0
- sepsis A02.1
- septicaemia A02.1

- septic
- generalised — *see* *Septicaemia also Sepsis*
- localised, skin (*see also* *Abscess*) L02.9
- septicaemic — *see* *Septicaemia also Sepsis*
- systemic — *see* *Septicaemia also Sepsis*

- _arterial graft NEC T82.7
- _breast (implant) T85.78
- _catheter NEC T85.78
- _dialysis (renal) T82.7
- - _intra-peritoneal T85.71
- - _infusion NEC T82.7
- - _spinal (epidural) (subdural) T85.81
- - _urinary (indwelling) T83.5
- _electronic (electrode) (pulse generator) (stimulator)
- - _bone T84.7
- - _cardiac T82.7
- - _nervous system (brain) (peripheral nerve) (spinal) T85.81
- - _urinary T83.5
- _fixation, internal NEC T84.6
- - _orthopaedic NEC T84.7
- _gastrointestinal (bile duct) (oesophagus) T85.78
- _genital NEC T83.6
- _heart NEC T82.7
- - _valve (prosthesis) T82.6
- - - _graft T82.7

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- - joint prosthesis T84.5
- - ocular (corneal graft) (orbital implant) NEC T85.78
- - orthopaedic NEC T84.7
- - specified NEC T85.78
- - urinary NEC T83.5
- - vascular NEC T82.7
- - ventricular intracranial shunt T85.78
- infusion, therapeutic injection or transfusion T80.2
- during labour O75.3
- Erysipelothrix (erysipeloid) (rhusiopathiae) A26.7
- Escherichia coli A41.51
- extraintestinal yersiniosis A28.2

- gangrenous A41.9
- gonococcal A54.8
- Gram-negative (organism) A41.50
- - anaerobic A41.4
- - specified NEC A41.58
- Haemophilus influenzae A41.3
- herpesviral B00.7
- in operation wound T81.41

- Listeria monocytogenes A32.7
- localised, in-operation wound T81.4 (*see Infection*)
- meliodosis A24.1
- meningeal – see Meningitis
- meningococcal A39.4
- - acute A39.2
- - chronic A39.3

- Pasteurella multocida A28.0
- pelvic, puerperal, postpartum, childbirth O85
- pneumococcal A40.3
- postprocedural T81.42
- Pseudomonas A41.52
- puerperal, postpartum, childbirth (pelvic) O85
- Salmonella (arizonae) (cholerae-suis) (enteritidis) (typhimurium) A02.1
- Shigella (see also Dysentery, bacillary) A03.9
- specified organism NEC A41.8

- Staphylococcus, staphylococcal A41.2
- - aureus A41.0
- - coagulase-negative A41.1
- - specified NEC A41.1
- Streptococcus, streptococcal A40.9
- - agalactiae A40.1
- - group
- - - A A40.0
- - - B A40.1
- - - D A40.2
- - neonatal P36.1
- - pneumoniae A40.3
- - pyogenes A40.0
- - specified NEC A40.8
- tracheostomy stoma J95.0
- tularaemic A21.7
- umbilical (newborn) (organism unspecified) P38
- - tetanus A33
- urinary N39.0
- Yersinia pestis A20.7

See also index entry 'Septicaemia', Volume 2, pages 356 and 357.

Exercises

1. Insert the correct term to each of the following sentences.

Sepsis

SIRS

Septicaemia

_____ is a systemic inflammatory response to an infection.

_____ is generally used to describe a systemic illness caused by bacteria in the blood stream.

_____ is defined as a systemic inflammatory response which can occur in response to a variety of severe clinical insults.

2. Code the following scenario

72 year old was admitted to hospital with benign prostatic hypertrophy and underwent a TURP under GA (ASA = 2). He developed a postoperative UTI (MSU confirmed E.coli) and was started on oral antibiotics. He continued to spike temperatures and blood cultures confirmed staph. aureus septicaemia related to the procedure recently performed. He was then treated with IV antibiotics.

Sternal wires (complications of)

Background

The NCCH received coding queries regarding the coding of complications of sternal wires following cardio-thoracic surgery. There has been debate over whether sternal wires should be classified as sutures (used at the end of the procedure to repair the wound of the sternum that resulted from the incision) or as internal orthopaedic devices (used in the procedure to join the separated bone/sternum).

Research supports the concept of sternal wires being sutures and not an internal fixation device.

Changes

There are now index entries to facilitate the selection of the correct code for complications of sternal wires.

There is now an exclusion note at T85.78 *Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts* to exclude 'infection of sternal wires' which is coded to T81.41 *Wound infection following a procedure* (see T85.78 and T81.41, Volume 1, page 436 and 433).

Exercises

1. **Assign the correct T code for the following:**
 - a. A patient admitted with infected sternal wires post CABG
 - b. A patient admitted with displaced sternal wires post CABG

Diseases Minor Changes

Abdominal apron

There are now index entries for:

Abdomen, abdominal

- apron
 - overhang
- (See *Volume 2, page 3.*)

Apron, abdominal

(See *Volume 2, page 34.*)

Overhang, abdominal

(See *Volume 2, page 305.*)

Acute myocardial infarction

Index changes have been made so the default is now transmural myocardial infarction codes when the site on the wall of the ventricle is specified, but the depth (i.e. transmural or nontransmural) is not documented.

There are now index entries for:

Infarct, infarction (of)

- myocardium, myocardial (acute or with a stated duration of 4 weeks or less)
 - - anterior (anteroapical) (anterolateral) (anteroseptal) (transmural) (wall)
 - - inferior (diaphragmatic) (inferolateral) (inferoposterior) (transmural) (wall)
 - - lateral (transmural) (wall)
 - - posterior (transmural) (wall)
 - - septal (transmural)
 - - specified site (transmural)
 - - subendocardial (acute) (nontransmural)
- (See *Volume 2, page 199.*)

The index entry for transmural (anterior, inferior, lateral, posterior, septal, specified) has been deleted because of the above changes.

Anxiety

To promote awareness of all index entries relating to anxiety disorders, the following cross-reference has been included:

Anxiety

- disorder –see *Disorder, anxiety*
- (See *Volume 2, page 33.*)

Apheresis

There are now index entries for:

Admission (for)

- donation (procurement) NEC
 - - blood (whole)
 - - - stem cells (via apheresis)
 - - stem cells (via apheresis)
 - - - from bone marrow
- (See *Volume 2, page 19.*)

Donor (organ or tissue)

- blood (whole)
- - stem cell (via apheresis)
- stem cells (via apheresis)
- - from bone marrow

(See Volume 2, page 125 and 126.)

Bronchiolitis

There are now index entries for bronchiolitis due to a range of viruses and external agents:

Bronchiolitis (acute) (infective) (subacute)

- due to
- - chemicals (gases, fumes or vapours)
- - coxsackie virus
- - echovirus
- - Haemophilus influenzae
- - Mycoplasma pneumoniae
- - parainfluenza virus
- - radiation
- - respiratory syncytial virus
- - rhinovirus
- - specified organism
- - streptococcus

(See Volume 2, page 50.)

Claw toe

The default code for 'claw toe' has been changed from congenital to acquired (see Volume 2, page 67).

Drug and alcohol codes

There are now index entries for:

Disorder (of)

- psychoactive substance use

(See Volume 2, page 120.)

History (of) (personal)

- petrol 'sniffing'
- psychoactive substance use disorder

(See Volume 2, page 184.)

Z86.42 *Personal history of drug use disorder* is now a 'dump code' with an inclusion term reflecting that all other types of psychoactive substances are coded here.

Functional level of spinal cord injury

Code titles are now consistent (in both the index and tabular list) for the following block titles:

- S14.7- *Functional level of cervical spinal cord injury*
 - S24.7- *Functional level of thoracic spinal cord injury*
 - S34.7- *Functional level of lumbar spinal cord injury*
- (See Volume 1, page 383, 387 and 391.)

Examples

S14.71 *Injury of spinal cord at C1 level* is now '*Functional spinal cord injury, C1*' in the tabular list.

Injury (see also specified injury type)

- spinal cord
- - functional level
- - - cervical NOS
- - - - C1
- - - - C2

(See Volume 2, page 213.)

Juvenile polyp

There are new fifth character subdivisions for non-neoplastic polyps:

- K63.50 *Polyp of colon, unspecified*
- K63.51 *Juvenile polyp of colon*
- K63.58 *Other polyp of colon*

(See Volume 1, page 225.)

There are now index entries for:

Polyp, polypus

- colon NOS
- - hyperplastic
- - inflammatory
- - juvenile
- - Peutz-Jegher
- - specified NEC
- Peutz-Jegher (colon)

(See Volume 2, page 324.)

Mental health

There are now index entries for:

Behaviour

- causing concern, child
- (See Volume 2, page 46.)

Breakdown

- family
- (See Volume 2, page 50.)

Discord

- parent-child (see also *Problem, negative life events in childhood*),
 - - relating to upbringing (see also *Problem, upbringing*)
- (See Volume 2, page 107.)

Problem (related to) (with)

- adjustment (to)
- - altered pattern of family relationships
- adopted child
- - relating to
- - - negative life event in childhood (*see also Problem, negative life events in childhood*)
- - - upbringing (*see also Problem, upbringing*)
- child
- - abuse (affecting the child) (physical)
- - - sexual, perpetrator
- - - - outside primary support group
- - - - within primary support group
- communication (development)
- - intrafamilial

(*See volume 2, page 330.*)

Problem (related to) (with)

- parent-child (*see also Problem, negative life events in childhood*),
- - relating to upbringing (*see also Problem, upbringing*)
- relationship
- - child-parent (*see also Problem, negative life events in childhood*),
- - - relating to upbringing (*see also Problem, upbringing*)
- upbringing
- - inadequate parental supervision or control of child
- - inappropriate parental pressure
- - institutionalisation, affecting child
- - lack of learning or play experience in childhood
- - parental
- - - hostility towards child
- - - neglect of child
- - - - emotional
- - - overprotection
- - - scapegoating affecting child

(*See Volume 2, page 331.*)

Rivalry, sibling, affecting child

- disorder

(*See Volume 2, page 346.*)

Sibling rivalry, affecting child

- disorder

(*See Volume 2, page 360.*)

Neurointestinal dysplasia

There are now index entries for:

Dysplasia — *see also Anomaly*

- intestinal, neuronal
- neurointestinal

(*See Volume 2, page 128 and 129.*)

Other new index entries

There are now index entries for:

Deafness (acquired) (complete) (hereditary) (partial)
- postprocedural
(See *Volume 2, page 87.*)

Disease, diseased — *see also Syndrome*
- aortic (heart) (nonrheumatic) (valve)
- - rheumatic
- heart
- - aortic (nonrheumatic) (valve)
- - - rheumatic
- pulmonary — *see also Disease, lung*
- - valve (nonrheumatic)
- - - rheumatic
(See *Volume 2, page 107, 109 and 112.*)

Disorder (of)
- eyelid
- - degenerative
- - specified
- optic
- - nerve
- periocular area, degenerative
(See *Volume 2, page 117 and 119.*)

Disturbance — *see also Disease*
- vision, visual
- - subjective
(See *Volume 2, page 125.*)

Injury (*see also specified injury type*)
- blood vessel NEC
- - tibial
- - - artery
- - - vein
(See *Volume 2, page 209.*)

The following index entries have been deleted:

Loss (of)
- hearing — *see Deafness*
- - noise-induced
- - postprocedural
(See *Volume 2, page 235.*)

Patello-femoral compression syndrome

There are now index entries for:

Compression

- patellofemoral syndrome
(See *Volume 2, page 74.*)

Syndrome — see also *Disease*

- compression
- - patellofemoral
- Patellofemoral (compression)
(See *Volume 2, page 375 and 378.*)

Patellofemoral compression syndrome now also appears as an inclusion term under M22.1 *Recurrent subluxation of patella.*
(See *Volume 1, page 253.*)

As a direct result of these index improvements, ACS 1346 *Patello-femoral compression syndrome* has been deleted.

Peritonitis or peritoneal abscess with acute appendicitis

Only those cases where acute appendicitis is associated with rupture/perforation or generalised/localised peritonitis following rupture or perforation are now included in K35.0 *Acute appendicitis with generalised peritonitis.* In the Second Edition, the inclusion note at K35.0 referred to peritonitis (generalised) only. In the Third Edition, this has been expanded to include 'peritonitis (generalised) (localised) following rupture or perforation'.

Appendicitis associated with localised peritonitis without rupture or perforation are now included in K35.9 *Acute appendicitis, unspecified.* Therefore 'Acute appendicitis with peritonitis NOS' now appears as an inclusion note in the tabular list.

There are now index entries for:

Appendicitis

- with
- - peritonitis (localised)
- - - with mention of perforation or rupture
- - - generalised
- acute (catarrhal) (fulminating) (gangrenous) (obstructive) (retrocaecal) (suppurative)
- - with
- - - peritonitis (localised)
- - - - with mention of perforation or rupture
- - - - generalised
(See *Volume 2, page 34.*)

Gangrene, gangrenous

- appendix
- - with
- - - perforation or rupture
- - - peritoneal abscess
- - - peritonitis (localised)
- - - - with mention of perforation or rupture
- - - - generalised
(See *Volume 2, page 165.*)

Peritonitis (adhesive) (fibrinous) (with effusion)

- with or following
 - - appendicitis
 - - - with mention of perforation or rupture
- (See *Volume 2, page 315.*)

Polycystic kidney

'Polycystic kidney, infantile type' now appears as an inclusion term under Q61.1 *Polycystic kidney, autosomal recessive* and 'Polycystic kidney, adult type' now appears as an inclusion term under Q61.2 *Polycystic kidney, autosomal dominant*.

(See *Volume 1, page 342.*)

The are now index entries for:

Cyst (colloid) (mucous) (retention) (simple)

- kidney
 - - multiple
 - - - autosomal
 - - - - dominant (adult type)
 - - - - recessive (infantile type)
- (See *Volume 2, page 83.*)

Polycystic (disease)

- degeneration, kidney
 - - autosomal
 - - - dominant (adult type)
 - - - recessive (infantile type)
 - kidney
 - - autosomal
 - - - dominant (adult type)
 - - - recessive (infantile type)
- (See *Volume 2, page 323.*)

Postinfarction angina

There is now an index entry for postinfarction angina:

Angina (attack) (cardiac) (chest) (heart)
(pectoris) (syndrome) (vasomotor)

- postinfarction

(See *Volume 2, page 28.*)

Retrosternal chest pain

There are now index entries for:

Pain(s)

- chest
 - - pleuritic
 - - retrosternal
 - retrosternal
- (See *Volume 2, page 307.*)

Rheumatoid lung disease

There are now index entries for:

Rheumatoid — *see also condition*

- arthritis
- - with
- - - involvement of organ NEC
- - - - lung

(See Volume 2, page 345.)

Spinal stenosis with nerve root compression

There are now index entries for:

Compression

- nerve (*see also Disorder, nerve*)
 - - root or plexus (in)
 - - - with spinal (caudal) (vertebra) stenosis
- (See Volume 2, page 74.)

Stenosis (cicatricial) — *see also Stricture*

- caudal
 - - with nerve root compression
 - spinal
 - - with nerve root compression
 - vertebra
 - - with nerve root compression
- (See Volume 2, page 367 and 368.)

Torsion of the appendix testis

'Torsion of hydatid of Morgagni (epididymis) (testis)' now appears as an inclusion term under N44 *Torsion of testis*.

(See Volume 1, page 281.)

Urethral warts

There are now index entries for:

Human papillomavirus

- with
- - warts
- - - anogenital
- - - specified NEC
- - - urethral

(See Volume 2, page 185.)

Papillomavirus, as cause of disease classified elsewhere

- with
- - warts
- - - anogenital
- - - specified NEC
- - - urethral

(See Volume 2, page 309.)

Wart (common) (digitate) (filiform) (infectious) (juvenile) (plantar) (viral)
- anogenital region (venereal)
- urethral
(See Volume 2, page 415.)

The code for urethral warts (N36.8) has been added to the list of anogenital sites in ACS 1408 *Human Papilloma Virus (HPV)* (see ACS 1408, Volume 5, page 191).

3M suggestions

There are now index entries for:

Blockers

- beta-adrenergic, heart
(See Volume 2, Table of drugs and chemicals, page 488.)

Dermatochalasis

- congenital
(See Volume 2, page 101.)

Pain(s)

- back (postural)
- - low
- - - with sciatica
- low back
- - with sciatica
- lumbar region
- - with sciatica
(See Volume 2, page 307.)

Procedures Major Changes

Allied health

Background

The National Allied Health Casemix Committee (NAHCC) was asked to review allied health interventions in ICD-10-AM and make recommendations for the Third Edition.

Allied health interventions have been revised based on comments from the NAHCC members.

Changes

There are new and revised codes for allied health interventions, in particular in the area of mental health (see block 1873, Volume 3, page 281).

Detailed explanatory 'Notes' have also been included in Volume 3 (see blocks 1823 and 1868, Volume 3, page 267 and 277 for an example).

The following blocks have also undergone significant change:

- 1820 *Physiological assessment*
- 1822 *Assessment of personal care and other activities of daily/independent living*
- 1824 *Other assessment, consultation, interview, examination or evaluation*
- 1830 *Other diagnostic neurological tests, measures or investigations*
- 1835 *Other diagnostic ophthalmic tests, measures or investigations*
- 1867 *Counselling or education relating to personal care and other activities of daily/independent living*
- 1869 *Other counselling or education*
- 1874 *Skills training for voice, speech, fluency and communication*
- 1875 *Skills training in relation to learning, knowledge and cognition*
- 1877 *Skills training in body system functions*
- 1878 *Skills training for personal care and other activities of daily/independent living*
- 1879 *Other skills training*
- 1914 *Assistance interventions*
- 1915 *Other client support interventions*
- 1916 *Generalised allied health interventions*

(See Volume 3, page 265, 266, 268, 269, 276, 278, 283-285, 296 and 297.)

Blocks 1829 *Neuropsychological assessment* and 1834 *Orthoptics measurement or investigation* have been deleted.

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Bibliotherapy 96182-00 [1873]

Psychotherapy (interpersonal) (supportive) NEC 96099-00-96180-00 [1873]

- art therapy 96181-00 [1873]

- behaviour 96176-00 [1873]

-- cognitive — see Psychotherapy, cognitive behaviour

-- in

--- couples therapy 96178-00 [1873]

--- sex therapy 96179-00 [1873]

--- systems therapy 96102-00 [1873]

- bibliotherapy 96182-00 [1873]

- clinical hypnosis 96103-00 [1873]

- cognitive behaviour 96101-00 [1873]

-- in

--- couples therapy 96178-00 [1873]

--- sex therapy 96179-00 [1873]

--- systems therapy 96102-00 [1873]

- couples 96178-00 [1873]

- drama 96180-00 [1873]

- eclectic 96180-00 [1873]

- family 96102-00 [1873]

- gestalt 96180-00 [1873]

- hypnotherapy 96103-00 [1873]

- interpersonal 96177-00 [1873]

-- in

--- couples therapy 96178-00 [1873]

--- sex therapy 96179-00 [1873]

--- systems therapy 96102-00 [1873]

- marriage 96178-00 [1873]

- music therapy 96104-00 [1873]

- narrative 96183-00 [1873]

- psychodrama 96180-00 [1873]

- psychodynamic 96100-00 [1873]

-- in

--- couples therapy 96178-00 [1873]

--- sex therapy 96179-00 [1873]

--- systems therapy 96102-00 [1873]

- self 96180-00 [1873]

- sex 96179-00 [1873]

- skills training 96001-00 [1873]

- solution-focussed 96180-00 [1873]

- specified NEC 96180-00 [1873]

- supportive NEC 96185-00 [1873]

- systems (family) 96102-00 [1873]

Exercises

1. Provide the correct allied health code for the following:
 - a. Music therapy
 - b. Couples therapy
 - c. Bibliotherapy
 - d. Pastoral assessment
 - e. Art therapy

Anaesthetics

Background

Early in 1999, the National Health Information Management Group (NHIMG) forwarded the NCCH two requests from the Australian and New Zealand College of Anaesthetists and the Consultative Council on Anaesthetic Mortality and Morbidity concerning the coding of anaesthetics. After consultation with the Coding Standards Advisory Committee (CSAC), the NCCH agreed to implement the anaesthesia codes and revised the current Australian Coding Standard (ACS 0031 *Anaesthesia*) for implementation with the Second Edition of ICD-10-AM in July 2000.

A major revision of the anaesthetic codes was not undertaken at that time due to time constraints in preparing the Second Edition of ICD-10-AM for publication. Consequently, a Classification Update Forum on Anaesthetics was held in March 2001, where experts in the field of anaesthesia were brought together to discuss modifications to the anaesthetic codes for incorporation in the Third Edition of ICD-10-AM.

Changes

The codes for anaesthesia have been revised to provide a more concise and user-friendly structure. In particular, new codes have been created for anaesthesia and the codes are now grouped in the following blocks:

- [1333] *Analgesia and anaesthesia during labour and caesarean section*

- [1909] *Conduction anaesthesia*

- [1910] *Cerebral anaesthesia*

- [1912] *Postprocedural analgesia*

(see blocks 1333, 1909, 1910 and 1912, Volume 3, page 181 and 295).

There is now only one code for general anaesthesia. No distinction is made on the basis of the method of induction and/or maintenance of the anaesthesia.

There is now only one code for sedation. No distinction is made between the method of sedation nor the person administering the sedation.

The codes for regional blocks (for anaesthesia) are divided on the general anatomical area of the administration of the block, e.g. nerve of head or neck, nerve of trunk, nerve of upper limb, nerve of lower limb.

A 2-character extension has been introduced to capture the ASA scores for blocks 1333, 1909 & 1910 (see ASA score tables, Volume 3, page 181, 182 and 294).

All reference to anaesthesia in code titles has been deleted, for example 42503-00 [160] *Ophthalmological examination* (rather than *Ophthalmological examination under general anaesthesia*).

All 'omit code' ('that for operative anaesthesia') references have been deleted (see 'Catheterisation, spinal', Volume 4, page 32).

Codes for epidural/caudal/spinal anaesthesia have been combined under the term 'neuraxial block' (see block 1333 *Analgesia and anaesthesia during labour and caesarean section*, 1909 *Conduction anaesthesia* and 1912 *Postprocedural analgesia*, Volume 3, page 181 and 295).

The distinction between the two codes in block 1333 *Analgesia and anaesthesia during labour and caesarean section* is on whether the neuraxial block administered for pain relief in labour is continued for anaesthesia during caesarean section.

There is no distinction on the basis of the route of administration for the neuraxial block (infusion or injection) nor the type or combination of blocks (spinal, epidural or caudal). The type of drug (opioid, local anaesthetic or other therapeutic substance) administered is not required for assignment of the code (see 92508-XX [1909] *Neuraxial block*, Volume 3, page 295).

There are no longer separate codes for 'Anaesthesia and sedation for dental procedure'.

For details on how to use the new anaesthetic codes, it is important to read ACS 0031 *Anaesthesia* (See ACS 0031, Volume 5, page 41).

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Anaesthesia

- for dental procedure
 - general 97949-00 [~~407~~]
 - local 97941-00 [~~407~~]
 - with any other dental procedure — omit code
- cerebral (gaseous) (inhalational) (intravenous)
 - general 92514 [**1910**]
 - sedation 92515 [**1910**]
- conduction
 - infiltration of local anaesthetic 92513 [**1909**]
 - injection of local anaesthetic 92513 [**1909**]
 - - - of limb
 - - - - by retrograde perfusion (Bier's block) 92513 [**1909**]
 - - - - topical 92513 [**1909**]
 - - - neuraxial block (caudal) (epidural) (spinal) 92508 [**1909**]
 - - - during labour 92506 [**1333**]
 - - - and caesarean section 92507 [**1333**]
- regional block
 - - - nerve of
 - - - - head or neck 92509 [**1909**]
 - - - - lower limb 92512 [**1909**]
 - - - - trunk 92510 [**1909**]
 - - - - upper limb 92511 [**1909**]
 - - - general (gaseous) (inhalational) (intravenous) 92514 [**1910**]
 - with major regional anaesthesia 92502-03 [**1910**]
 - inhalation 92502-01 [**1910**]
 - with intravenous 92502-02 [**1910**]
 - intravenous 92502-00 [**1910**]
 - with inhalation 92502-02 [**1910**]
 - local, infiltration (regional) 92504-01 92513 [**1909**]
- nerve — see *injection, nerve, by site, anaesthetic agent*
- regional
 - local (infiltration) 92504-01 [**1909**]
 - spinal (for control postoperative pain) 18209-00 [**34**]
 - of limb
 - by retrograde perfusion
 - lower limb 18213-01 [**1909**]
 - upper limb 18213-00 [**1909**]
 - topical 92504-00 [**1909**]
- neuraxial block 92508 [**1909**]
- - - during labour 92506 [**1333**]
- - - and caesarean section 92507 [**1333**]
- sedation (gaseous) (inhalational) (intravenous) 92515 [**1910**]
- topical (regional) 92504-00 92513 [**1909**]

Exercises

1. Select the correct anaesthetic procedures code(s) (from the codes below) for the following:

92506-99 [1333] 92507-99 [1333] 92516-00 [1912] 92508-99 [1909]

- a. Caesarean section performed under an epidural
 - b. Epidural given during labour and topped up for an emergency caesarean section
 - c. Epidural given for caesarean section and continued for postoperative analgesia
 - d. Epidural given for pain relief during labour
2. **Code the following scenario**

A 44 year old female was admitted for excision of BCCs from her temple, cheek and neck. The procedure was performed under a local anaesthetic in theatre (ASA of 1).
(Code morphology also.)

3. **Code the following scenario**

A 56 year old NIDDM male with constipation and a family history of colonic polyps was admitted for a same-day colonoscopy under sedation (ASA of 2). BSLs were stable. Following adequate preparation, the bowel was viewed to the caecum. Moderate diverticular disease of the sigmoid colon was found and a 5mm polyp was removed. Histopathology of the caecal polyp confirmed a tubulovillous adenoma.

Colorectal surgery

Background

An update on colorectal surgery was presented by Michelle Bramley (Nosologist, NCCH) and Mr Tony Evers (Colorectal surgeon, Sydney) at the NCCH 6th conference. The work on this paper highlighted necessary changes.

A clinical update on colorectal surgery appeared in *Coding Matters* Volume 6, Numbers 3 and 4 which gave rise to a number of suggestions for improvements to ICD-10-AM.

Changes

Codes relating to colorectal surgery have been revised to reflect current clinical procedures and code blocks have been restructured to be more logical by both site and procedure. In particular the following changes have been made:

Code 32060-00 [899] *Closure of ileostomy with restoration of bowel continuity, with resection* has been renamed *Restorative proctectomy* (to more accurately reflect the concept) and moved to block 934 *Rectosigmoidectomy or proctectomy* (see 32060-00 [934], Volume 3, page 133).

Extended right hemicolectomy has been distinguished from sub-total colectomy given the very different nature of the two procedures (see 32005-01 [913] and 32005-00 [913], Volume 3, page 130).

Code 32029-00 [914] *Construction of colonic reservoir* has been moved from block 933 *Anterior resection of rectum* (in Second Edition) to block 914 *Other excision procedures on large intestine* which is considered a more appropriate anatomical location (see 32029-00 [914], Volume 3, page 130).

Code 32039-00 [934] *Abdominoperineal proctectomy* (block 932 in Second Edition) now includes formation of stoma (see 32039-00 [934], Volume 3, page 133).

The term 'end' in relation to stomas was applied to permanent stomas in the ICD-10-AM Second Edition index. As this term can relate to both temporary and permanent stomas, it has been deleted (see 'Colostomy, permanent', Volume 4, page 40 for an example).

The terms 'covering' and 'defunctioning' in relation to stomas, has been added to temporary stomas in the index (see 'Colostomy, temporary', Volume 4, page 40 for an example).

The term 'restorative proctocolectomy' has been included in the index and tabular list (see block 936 *Total proctocolectomy*, Volume 3, page 134 and 'Proctocolectomy, restorative', Volume 4, page 184).

Codes 32051-02 *Total proctocolectomy with ileorectal anastomosis* and 32051-03 *Total proctocolectomy with ileorectal anastomosis and formation of temporary ileostomy* have been deleted from block 936 *Total proctocolectomy* (was block 934 in Second Edition). It is not logical to have an anastomosis to the rectum (as indicated in the description of these codes), as a proctocolectomy involves removal of the rectum.

The majority of codes in block 1010 *Procedures for Hirschsprung's disease* were deleted and mapped as appropriate due to the number of instances where the diagnosis could be removed from the code title. Code 43993-01 [1010] *Resection of large intestine or rectum for Hirschsprung's disease, with definitive anastomosis* has been renamed to *Definitive intestinal resection and pull-through anastomosis* and moved to block 934 *Rectosigmoidectomy or proctectomy* (see 43993-01 [934], Volume 3, page 134).

There was inconsistency in the placement of codes within the rectum and anus sections of the digestive chapter. A decision was made to combine these sections and restructure the blocks. During this review, some codes with diagnoses in the titles were removed and mapped as appropriate (see block 940, Volume 3, page 135).

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Creation – see also *Formation*

- pouch (prosthetic) (silastic) (silo) – see also *Formation, reservoir*
- for
- exomphalos (prosthetic) (silastic) (silo) 43873-01 [924]
- gastroschisis (prosthetic) (silastic) (silo) 43867-00 [1003]
- J-pouch (colonic) 32029-00 [933] [914]
- with
- proctectomy, restorative (mucosal) 32060-00 [934]
- proctocolectomy (restorative) (total) 32051-00 [936]
- and temporary ileostomy 32051-01 [936]

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Formation (of)

- reservoir
- colon 32029-00 [933] **[914]**
- for urinary diversion (with isolation of intestine) 36606-00 [1085]
- continent (with formation of cutaneous abdominal stoma) 36606-00 [1129]
- with attachment of reservoir to urethra 36600-03 [1129]
- incontinent 36600-02 [1129]
- with
- proctectomy, restorative (mucosal) 32060-00 [934]
- proctocolectomy (restorative) (total) 32051-00 [936]
- and temporary ileostomy 32051-01 [936]
- ileal (continent ileostomy) 32069-00 **[897]**
- for urinary diversion (with isolation of intestine) 36606-00 [1085]
- continent (with formation of cutaneous abdominal stoma) 36606-00 [1129]
- with attachment of reservoir to urethra 36600-03 [1129]
- incontinent 36600-02 [1129]
- with
- closure of ileostomy and restoration of bowel continuity, with resection 32060-00 **[898]**
- total proctocolectomy and anastomosis ileoanal 32051-00 **[934]**
- with temporary ileostomy 32051-01 **[934]**
- ileorectal 32051-02 **[934]**
- with temporary ileostomy 32051-03 **[934]**
- proctectomy, restorative (mucosal) 32060-00 **[934]**
- proctocolectomy (restorative) (total) 32051-00 **[936]**
- and temporary ileostomy 32051-01 **[936]**
- intestinal urinary (with isolation of intestine) 36606-00 [1085]
- urinary (with isolation of intestine) 36606-00 [1085]

Exercises

1. When a colectomy or proctocolectomy is performed, a separate code for the formation of the stoma is required.

True or False?
2. An extended right hemicolectomy is considered to be the same as a sub-total colectomy.

True or False?
3. The term 'end' can relate to both temporary and permanent stomas.

True or false?

Decompression of subacromial space

Background

The NCH received a number of queries suggesting that decompression of subacromial space is not always documented, however certain index entries and code titles made this term essential.

Decompression of subacromial space is achieved by acromioplasty or excision of acromioclavicular joint (acromionectomy) or excision of distal clavicle or any combination of these. Essentially it is not a procedure in itself, rather it is an outcome of another procedure.

Another problem highlighted was that open acromioplasty defaulted to those performed with rotator cuff repair, which is clinically, not always the case.

Changes

Changes have been made to simplify the index (see 'Acromioplasty', and 'Decompression, subacromial space', Volume 4, page 1 and 51).

Code 48951-00 [1404] *Arthroscopic acromioplasty of shoulder* has been moved to block 1400 *Other excision on shoulder* and renamed *Arthroscopic decompression of subacromial space* (see 48951-00 [1400], Volume 3, page 193).

Diagnosis in procedure codes

Background

ICD-10-AM First and Second Edition contained many diagnostic terms in the procedure code titles. These diagnostic terms can be captured in the disease code or, where *paediatric* is specified, from the age of the patient.

Each block in the tabular list of procedures was reviewed to identify codes with disease terms in the description. These codes were then further assessed to determine:

- if there was overlap/duplication with another procedure code
- whether the disease was well identified within the tabular list of diseases.

Changes

A number of diagnostic terms have been removed from the procedure code descriptions (see block 9 *Intracranial decompression* and 708 *Direct closure of artery*, Volume 3 page 3 and 100, and 'Lobectomy, brain', Volume 4, page 150 for an example).

The following generic 'diagnostic' terms have been retained in code descriptions:

- lesion
- tumour
- abscess
- post-op haemorrhage
- cyst
- adhesions
- vascular anomaly

The following blocks have been deleted, removing the distinction between malignant and benign skin lesions:

- 1613 *Destruction of premalignant skin lesion*
- 1614 *Destruction of malignant lesion of skin or cartilage*
- 1621 *Excision of giant hairy or giant compound naevus*
- 1622 *Excision of basal cell or squamous cell carcinoma of skin*
- 1623 *Excision of other malignant lesion of skin and subcutaneous tissue*
- 1624 *Excision of residual or recurrent malignant lesion of skin and subcutaneous tissue*
- 1625 *Excision of lesion of skin and subcutaneous tissue, not elsewhere classified*

There are now only two blocks for excision/destruction of skin lesions, regardless of their morphology:

- 1612 *Destruction of lesion of skin or cartilage*
 - 1620 *Excision of lesion of skin and subcutaneous tissue*
- (see block 1612 and 1620, Volume 3, page 230 and 232).

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Lobectomy

- brain (partial) 40703-02 [16]
- for
- epilepsy 40703-02 [26]
- trauma 80004-01 [16]
- tumour 39709-00 [15]

Exercises

1. Indicate which of the following terms have been deleted (D or d) and which have been retained (R or r) in procedure code titles
 - a. Lesion
 - b. Abscess
 - c. Congenital heart disease
 - d. BCC
 - e. Epilepsy
 - f. Tumour
 - g. Hirschsprung's
 - h. Adhesion
 - i. SCC

Dilation and evacuation of uterus

Background

The NCCH received a public submission from The Royal Women's Hospital (Victoria), requesting consideration of a new procedure code for the termination of pregnancies over 14 weeks gestation.

This procedure is called a dilation and evacuation (D&E) and may be performed up to the twenty-fourth week of the pregnancy.

Changes

There is a new code for dilation and evacuation of the uterus for late termination of pregnancy at 35643-02 [1267] *Dilation and evacuation of uterus (D&E)* (see 35643-02 [1267], Volume 3, page 173).

Block 1267 *Evacuation of uterus* has been renamed *Evacuation of gravid uterus*.

Code 35643-00 [1267] *Evacuation of contents of gravid uterus* has been renamed *Dilation and curettage [D&C] following abortion or for termination of pregnancy* to distinguish between the types of procedures for evacuation of gravid uterus (see block 1267, Volume 3, page 173).

Note the removal of the diagnostic terms in code title of 35643-01 [1267] *Suction curettage of uterus* (see 'Procedures, Major changes Diagnosis in procedure codes' for more information).

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D&E (dilation and evacuation of uterus)

(for late termination of pregnancy) 35643-02 [1267]

Dilation

- with

-- curettage, uterus 35640-00 [1265]

--- for

---- retained products of conception (following abortion)
35643-00 [1267]

----- by suction 35643-01 [1267]

----- postpartum (following delivery) 16564-00 [1345]

----- by suction 16564-01 [1345]

----- termination of pregnancy 35643-00 [1267]

----- by suction 35643-01 [1267]

-- evacuation, uterus (for late termination of pregnancy)
35643-02 [1267]

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Induction

- abortion

-- by

--- dilation and curettage (D&C) 35643-00 [1267]

---- and

----- curettage (D&C) 35643-00 [1267]

----- evacuation (D&E) (for late termination of pregnancy)
35643-02 [1267]

--- intra-amniotic injection (prostaglandin) (saline) 90461-00 [1330]

--- prostaglandin

---- injection 90461-00 [1330]

---- suppository (without labour) 90462-00 [1330]

----- with labour 90465-01 [1334]

Exercises

1. The code 35643-02 [1267] *Dilation and evacuation of uterus [D&E]* would be assigned for:
 - a. 12 week termination by D&C
 - b. Second trimester termination of pregnancy
 - c. Suction curettage for retained products
 - d. None of the above

Enterocutaneous fistula repair

Background

NCCH received a query regarding the coding of a non-radical repair of enterocutaneous fistula using a fibrin sealant. The ICD-10-AM Second Edition procedure classification included a code for a radical repair of enterocutaneous fistula (30382-00 [901] *Radical repair of enterocutaneous fistula*) of the small intestine only. A radical repair of this type of fistula is a much more extensive procedure than that of injection of fibrin sealant.

Changes

There are now codes to distinguish between radical and percutaneous repair for small and large enterocutaneous fistulae:

- 30382-00 [901] *Radical repair of enterocutaneous fistula of small intestine*
- 30382-01 [901] *Percutaneous repair of enterocutaneous fistula of small intestine*
(see block 901, Volume 3, page 128)

- 30382-02 [917] *Radical repair of enterocutaneous fistula of large intestine*
- 30382-03 [917] *Percutaneous repair of enterocutaneous fistula of large intestine*
(see block 917, Volume 3, page 131)

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Closure (of)

- fistula
- - cutaneous
- - - enteral (~~radical~~ 30382-00 [901] (percutaneous) (with injection of fibrin sealant)
- - - - large intestine 30382-03 [917]
- - - - radical
- - - - - large intestine 30082-02 [917]
- - - - - small intestine 30382-00 [901]
- - - - small intestine 30382-01 [901]

- - enterocutaneous (percutaneous) (with injection of fibrin sealant) (~~radical~~ 30382-00 [901])
- - - large intestine 30382-03 [917]
- - - radical
- - - - large intestine 30082-02 [917]
- - - - small intestine 30382-00 [901]
- - - small intestine 30382-01 [901]

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Injection (around) (into) (of)

- agent (to)
- - close enterocutaneous fistula
- - - large intestine 30382-03 [917]
- - - small intestine 30382-01 [901]

- enterocutaneous fistula
- - large intestine 30382-03 [917]
- - small intestine 30382-01 [901]

- fistula, enterocutaneous
- - large intestine 30382-03 [917]
- - small intestine 30382-01 [901]

Excisional debridement involving deep tissue

Background

The NCHC received coding queries regarding the coding of nerve and tendon repairs when performed in conjunction with deep soft tissue wound repair.

Changes

The terminology 'deep' has been clarified and standardised.

There is a new code for excisional debridement of soft tissue involving bone or cartilage at 30023-01 [1566] *Excisional debridement of soft tissue involving bone or cartilage* (see 30023-01 [1566], Volume 3, page 224).

There are now index entries for debridement of bone and cartilage for open fracture site or during any orthopaedic procedure (see 'Debridement, bone', 'Debridement, cartilage' and 'Debridement, soft tissue', Volume 4, page 49 and 50).

Block 749 *Debridement for vascular disease* has been deleted. These concepts are now indexed to blocks 1566 *Excision procedures on other musculoskeletal sites* and 1628 *Other debridement of skin and subcutaneous tissue* (see block 1566 and 1628, Volume 3, page 223 and 233).

ACS 1217 *Repair of wound of skin and subcutaneous tissue* now includes an example on how to code nerve and tendon repairs when performed in conjunction with deep tissue wound repair (see ACS 1217, Volume 5, page 180).

ACS 1203 *Debridement* has been revised to include the codes related to excisional debridement of soft tissue and a cross reference to ACS 1217 *Repair of wound of skin and subcutaneous tissue* has been added (see ACS 1203, Volume 5, page 177).

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Debridement

- bone

- - with debridement of soft tissue 30023-01 [1566]

- - during any orthopaedic procedure – *omit code*

- - joint NEC 90574-01 [1561]

- - open fracture site 90580-00 [1566]

- cartilage

- - with debridement of soft tissue 30023-01 [1566]

- - during any orthopaedic procedure – *omit code*

- - joint NEC 90574-01 [1561]

- soft tissue (deep), excisional 30023-00 [1566]

- - involving bone or cartilage 30023-01 [1566]

— ischaemic limb

— lower 35100-01 [**748**]

— upper 35100-00 [**748**]

— wound, excisional (with suture) 30023-00 [**1566**]

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Excision

- bone NEC (*see also Osteotomy*) 90572-00 [**1563**]

- - for

- - - congenital abnormality, phalanx 50396-00 [**1449**]

- - - deep tumour of skin 31340-00 [**1566**]

- - - graft — *see Procurement*

- - with

- - - excisional debridement (of)

- - - fracture site, open 90580-00 [1566]

- - - soft tissue (deep) 30023-01 [1566]

Exercises

1. Code the following scenario

A 28 year old male sustained a soft tissue laceration of the web space between his middle and ring fingers of his left hand. He had caught his hand under an excavator while working on a building site. He was taken to theatre where under a regional block (ASA of 1) a debridement of the soft tissue of his hand was performed. He was noted to have lacerated his flexor tendon and this was repaired. He was seen by the physiotherapist and given hand exercises. He will be reviewed by his LMO in 2 weeks.

Gastric gavage vs enteral infusion

Background

ICD-10-AM Second Edition procedure classification has a code for gastric gavage (92072-00 [1895]) and a separate code for enteral infusion of nutritional substances (92191-00 [1885]). Concern was raised that these two codes were the same.

Research confirmed that the terms 'gastric gavage', 'enteral infusion' and 'tube feeding' were indeed the same procedure and that the preferred terminology was 'enteral infusion'.

Changes

Gastric gavage and tube feeding are now both coded to 92191-00 [1885] *Enteral infusion of nutritional substances* (see 92191-00 [1885], Volume 3, page 288).

Injection of nerve

Background

NCCH received a public submission requesting a new code for 'Injection of nerve NEC', as not all nerves were covered in the Second Edition of ICD-10-AM, for example digital nerve.

Changes

There are new codes for injection of nerve NEC at:

- 90023-00 [60] *Injection of anaesthetic agent around other cranial nerve*
- 90022-00 [63] *Injection of anaesthetic agent around other peripheral nerve*

(see 90023-00 [60] and 90022-00 [63], Volume 3, page 13 and 14).

Limb lengthening/reconstruction

Background

The NCCH received a public submission from The Royal Children's Hospital (Victoria) regarding the multiple procedures being performed for the correction of limb deformities which result in a wide variety of DRG outcomes (depending on the site and the additional procedures performed).

Changes

Block 1578 *Procedures for lengthening of other musculoskeletal sites* has been renamed *Limb reconstruction* and codes within this block have been revised and created (see block 1578, Volume 3, page 226).

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Application

- device, assistive or adaptive 96092-00 **[1870]**
- - assistive or adaptive 96092-00 [1870]
- - external fixator NEC 50130-00 [1550]
- - - with
- - - - correction of deformity
- - - - - bone 90604-00 **[1578]**
- - - - - joint 50300-00 **[1578]**
- - - - limb lengthening 50303-00 [1578]
- - - - - bipolar 50306-00 [1578]
- - - - reduction of fracture — *see Reduction, fracture, by site*

Distraction, osseous 90605-01 [1578]

- with compression osteosynthesis 90605-00 [1578]
- articulated 50300-00 [1578]
- mandible 45608-04 [1713]
- transarticular (with fixation device) 50300-00 [1578]

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Fixation

- bone — *see also Fixation, bone, external and Fixation, bone, internal*
- - external (invasive) 50130-00 [1550]
- - - with fracture reduction — *see Reduction, fracture, by site*
- - - - correction of deformity
- - - - - bone 90604-00 [1578]
- - - - - joint 90604-00 [1578]
- - - - fracture reduction — *see Reduction, fracture, by site*
- - - - limb lengthening 50303-00 [1578]
- - - - - bipolar 50306-00 [1578]

Lengthen, lengthening

- limb (< 6 cm in length) (with application of ring fixator) 50303-00 [1578]
- - > 6 cm in length (with application of ring fixator) 50306-00 [1578]
- - bipolar (bone transport) (fixator extension) 50306-00 [1578]

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Osteosynthesis NEC 90605-01 **[1578]**

- compression 90605-01 **[1578]**
- - with distraction 90605-00 **[1578]**
- distraction 90605-01 **[1578]**
- - with compression 90605-00 **[1578]**
- - mandibular 45608-04 **[1713]**
- - mandible 45608-04 **[1713]**

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Reconstruction

- limb
- - by
- - - correction of deformity
- - - - bone 90604-00 **[1578]**
- - - - joint 50300-00 **[1578]**
- - - - lengthening 50303-00 **[1578]**
- - - - bipolar 50306-00 **[1578]**
- - - - osteosynthesis 90605-01 **[1578]**
- - - - - compression 90605-01 **[1578]**
- - - - - - with distraction 90605-00 **[1578]**
- - - - - distraction 90605-01 **[1578]**
- - - - - - with compression 90605-00 **[1578]**
- - - - transarticular fixation 50300-00 **[1578]**

Exercises

1. Code the following scenario

A 22 year old male was admitted for correction of the bony deformity of his tibia following severe osteomyelitis six months previously. The procedure was performed under GA (ASA of 1). An osteotomy for correction of the defect of the tibia was done. A ring fixator was applied with attachment above and below the defect site. The patient was returned to the ward and instructions were given to start turning the fixator lengtheners regularly to encourage limb lengthening.

MBS changes

Background

The Medicare Benefits Schedule for Fees (MBS) is updated biannually resulting in the addition, deletion or modification of item numbers. These changes are reviewed by the NCCH who considers the impact on the ICD-10-AM procedure classification and takes appropriate action.

Changes

There are a number of changes to the ICD-10-AM code numbers due to a change in item number, however the actual meaning/content of the code has not changed. For example, Second Edition code 38253-01 [650] *Insertion of permanent single chamber pacemaker, VOO* is now 38281-01 [650].

The following blocks relating to mastectomy codes have been deleted:

- 1746 *Partial mastectomy*
- 1749 *Extended simple mastectomy*
- 1750 *Modified radical mastectomy*
- 1751 *Radical mastectomy*

There are now only two blocks for mastectomy:

- 1747 *Subcutaneous mastectomy*
(see block 1747, Volume 3, page 256)
- 1748 *Simple mastectomy*
(see block 1748, Volume 3, page 256)

Block 808 *Excision procedures on lymph node of axilla* now includes current terminology to reflect the level of lymph node excision, i.e. Levels I, II and III (see block 808, Volume 3, page 116).

The term 'trauma' has been removed from the following code titles:

- 30596-00 [815] *Partial splenectomy* (previously '*Partial splenectomy for external trauma*')
 - 30596-01 [816] *Splenorrhaphy* (previously '*Splenorrhaphy for external trauma*').
- (See Volume 3, page 117 and 118.)

There has been a change in terminology for repair of aneurysm from 'endoluminal' to 'endovascular' (see 33116-00 [762] *Endovascular repair of aneurysm*, Volume 3, page 112).

There are new codes in the nephrology section for 'radical nephrectomy' and 'nephroureterectomy' with en bloc excision of lymph nodes complicated by previous surgery on same kidney:

- 36529-00 [1053] *Radical nephrectomy complicated by previous surgery on same kidney*
- 36533-00 [1054] *Nephroureterectomy complicated by previous surgery on same kidney*

(See blocks 1053 and 1054, Volume 3, page 149.)

There are the following new codes for retrograde pyeloscopy and associated procedures:

- 36652-00 [1040] *Retrograde pyeloscopy*
- 36652-01 [1041] *Retrograde pyeloscopy with manipulation of renal calculus*
- 36654-02 [1041] *Retrograde pyeloscopy with extraction of renal calculus*
- 36654-01 [1046] *Retrograde pyeloscopy with diathermy to kidney*
- 36656-00 [1046] *Retrograde pyeloscopy with fragmentation of renal calculus*
- 36656-01 [1046] *Retrograde pyeloscopy with fragmentation and extraction of renal calculus*
- 36654-00 [1047] *Retrograde pyeloscopy with biopsy of kidney*

(See blocks 1040, 1041, 1046 and 1047, Volume 3, page 147 and 148.)

Note: The blocks within Chapter XI *Procedures on urinary system* had to be renumbered to allow for the new block 1040 *Examination procedures on kidney*. (Chapter XI now includes blocks 1040-1129, rather than 1040-1128.)

There are now more codes for split skin graft to burn of other sites providing greater specificity as to the body surface area grafted (see block 1644 *Split skin graft to burn of other sites*, Volume 3, page 235).

Sites for foot and toe have been included in block 1648 *Full thickness skin graft to burn* (see block 1648, Volume 3, page 237).

The following blocks relating to grafts have been deleted:

- 1637 *Allograft to burn*
- 1638 *Xenograft to burn*
- 1639 *Synthetic skin graft to burn*

There are new codes for total reconstruction of ear in block 1684 *Reconstruction of eyelid and ear (previously Reconstruction of eyelid)*:

- 45660-00 [1684] *Reconstruction of external ear, 1st stage*
- 45661-00 [1684] *Reconstruction of external ear, 2nd stage*

(see block 1684, Volume 3, page 245).

There are now site specific codes for ultrasounds at block 1950 *Ultrasound of other sites* for the following sites:

- hand or wrist
- forearm or elbow
- shoulder or upper arm
- chest or abdominal wall
- hip
- groin
- buttock
- thigh
- knee

- lower leg
- ankle or foot
- skin and subcutaneous tissue
- spine and spinal cord

(See block 1950, Volume 3, page 301.)

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Pyeloscopy

- antegrade — see *Nephroscopy*
- retrograde — see *Ureteroscopy* 36652-00 [1040]
- with
 - biopsy kidney 36654-00 [1047]
 - diathermy kidney 36654-01 [1046]
 - extraction of renal calculus 36654-02 [1041]
 - and fragmentation 36656-01 [1046]
 - fragmentation of renal calculus 36656-00 [1046]
 - and extraction 36656-01 [1046]
 - manipulation of renal calculus 36652-01 [1041]

Exercises

1. Name the two classifications of mastectomies which are in ICD-10-AM.

2. Provide a procedure code for the following:
 - a. Ultrasound of elbow
 - b. Split skin graft to burn of whole face
 - c. Diathermy of kidney via retrograde pyeloscopy
 - d. Split skin graft to burn of other sites involving $\geq 40\%$ and $<50\%$ body surface area
 - e. Full thickness skin graft to burn of toe
 - f. Second stage reconstruction of external ear
 - g. Radical nephrectomy with en bloc dissection of retroperitoneal lymph nodes complicated by previous surgery on the same kidney

Nasolacrimal tubes

Background

The NCCH received coding queries indicating that coders were having difficulties in making a decision on which particular codes in blocks [247] *Repair procedures on lacrimal system* and [249] *Procedures for establishment of patency* are applicable in nasolacrimal procedures.

Changes

A new code has been created at 42608-01 [242] *Insertion of glass (Pyrex) nasolacrimal tube/stent into lacrimal/conjunctival sac for drainage* (see 42608-01 [242], Volume 3, page 37).

The inclusion terms at code 42608-00 [242] *Insertion of other nasolacrimal tube/stent into lacrimal/conjunctival sac for drainage* have been revised to indicate other types of drainage tubes that are classified here (see 42608-00 [242], Volume 3, page 37).

Other codes within block 242 *Insertion, replacement or removal of nasolacrimal tube* have been revised or deleted in line with the removal of the anaesthetic component in code titles (see block 242, Volume 3, page).

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Drainage

- conjunctival sac (eye)
- - by insertion of nasolacrimal tube (stent) ~~42608-00 [242]~~
- - - glass (pyrex) 42608-01 [242]
- - - other 42608-00 [242]
- kidney (open) (with exploration) 36537-01 [1044]
- lacrimal sac
- - by insertion of nasolacrimal tube (stent) ~~42608-00 [242]~~
- - - glass (pyrex) 42608-01 [242]
- - - other 42608-00 [242]

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Intubation — see also *Catheterisation and Insertion, tube*

- conjunctival sac (eye)
- - glass (pyrex) 42608-01 [242]
- - other 42608-00 [242]
- Crawford (insertion of silicone tube) ~~42608-00-01 [242]~~

- Jones 42608-01 [242]
- lacrimal canaliculus NEC ~~42608-00 [242]~~
- - glass (pyrex) 42608-01 [242]
- - other 42608-00 [242]
- - with
- conjunctivodacryocystorhinostomy (CD-CR) (Jones) 42629-00 [247]
- dacryocystorhinostomy (D-CR) (silastic) 42623-00 [247]
- - - repair establishment of patency of lacrimal canalicular system
- - - - closed procedure
- - - - - both eyes 42599-01 [249]
- - - - - one eye 42599-00 [249]
- - - - open procedure
- - - - - both eyes 42602-01 [249]
- - - - - one eye 42602-00 [249]

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- Lester Jones 42608-01 **[242]**
- Monoka 42608-00 **[242]**

- nasolacrimal duct (conjunctival sac) (lacrimal sac) 42608-00 **[242]**
- with
- conjunctivodacryocystorhinostomy (CD CR) (Jones) 42629-00 **[247]**
- dacryocystorhinostomy (DCR) (silastic) 42623-00 **[247]**
- repair-establishment of patency of lacrimal canaliculus system
- closed procedure (one eye) 42599-00 **[249]**
- both eyes 42599-01 **[249]**
- open procedure (one eye) 42602-00 **[249]**
- both eyes 42602-01 **[249]**
- glass (pyrex) 42608-01 **[242]**
- other 42608-00 **[242]**

Osteomyelitis (procedures for)

Background

Changes to the procedure codes for osteomyelitis were made in line with the removal of diagnostic terms from procedure code descriptions.

In ICD-10-AM Second Edition, the codes for osteomyelitis had an 'includes' note for antibiotic packing, drainage of bone abscess, drilling of bone and sequestrectomy. Treatment of osteomyelitis however can include any of these procedures and in any combination.

Changes

All 'procedures for osteomyelitis' codes have been deleted in line with the removal of diagnoses from procedure code descriptions (see 'Procedures, Major changes, Diagnosis in procedure codes' for more information). This involved the deletion of the following blocks:

- 1372 *Procedures for osteomyelitis of maxilla or mandible*
- 1380 *Procedures for osteomyelitis of sternum or rib*
- 1391 *Procedures for osteomyelitis of vertebra*
- 1407 *Procedures for osteomyelitis of clavicle or scapula*
- 1420 *Procedures for osteomyelitis of humerus*
- 1437 *Procedures for osteomyelitis of radius or ulna*
- 1475 *Procedures for osteomyelitis of hand*
- 1494 *Procedures for osteomyelitis of pelvis or femur*
- 1525 *Procedures for osteomyelitis of fibula or tibia*
- 1549 *Procedures for osteomyelitis of foot*
- 1577 *Procedure for osteomyelitis of other musculoskeletal sites*

The concept of sequestrectomy that had been included in the 'procedures for osteomyelitis' codes was not covered elsewhere in ICD-10-AM, therefore codes were created for this procedure.

There are new codes for sequestrectomy by site in the following blocks:

- 1364 *Excision procedures on maxilla, mandible or temporomandibular joint (see block 1364, Volume 3, page 188)*

- 1376 *Other excision procedures on neck or thorax (see block 1376, Volume 3, page 190)*

- 1385 *Other excision procedures on spine (vertebral column) (see block 1385, Volume 3, page 191)*

- 1400 *Other excision on shoulder (see block 1400, Volume 3, page 193)*

- 1412 *Other excision procedures on humerus or elbow (see block 1412, Volume 3, page 196)*

- 1426 *Excision procedures on forearm (see block 1426, Volume 3, page 198)*

There are new codes for sequestrectomy by site in the following blocks (*continued*):

- 1450 *Other excision procedures on hand (see block 1450, Volume 3, page 202)*

- 1451 *Other excision procedures on wrist (see block 1451, Volume 3, page 202)*

- 1485 *Other excision procedures on pelvis or hip (see block 1485, Volume 3, page 208)*

- 1504 *Excision of bone of knee or leg (see block 1504, Volume 3, page 211)*

- 1534 *Other excision procedures on ankle or foot (see block 1534, Volume 3, page 216)*

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Sequestrectomy

- bone NEC 90573-00 **[1563]**
- for osteomyelitis
- acute 90591-00 **[1477]**
- - carpus 43503-05 **[1475]** 90603-11 **[1451]**
- - clavicle 43503-02 **[1407]** 90603-06 **[1400]**
- - femur 43506-04 **[1494]** 90603-15 **[1485]**
- - fibula 43503-07 **[1426]** 90603-17 **[1504]**
- - finger 43509-09 **[1475]** 90603-13 **[1450]**
- - humerus 43506-09 **[1420]** 90603-08 **[1412]**
- - mandible 43503-10 **[1372]** 90603-01 **[1364]**
- - maxilla 43503-09 **[1372]** 90603-00 **[1364]**
- - metacarpus 43503-14 **[1475]** 90603-12 **[1450]**
- - metatarsus 43500-04 **[1449]** 90603-19 **[1534]**
- - pelvis 43509-09 **[1494]** 90603-14 **[1485]**
- - phalanx
- - - foot (toe) 43500-02 **[1449]** 90603-20 **[1534]**
- - - hand (finger) (thumb) 43509-09 **[1475]** 90603-13 **[1450]**
- - radius 43503-03 **[1437]** 90603-09 **[1426]**

- - rib 43503-04 [~~1380~~] 90603-03 [1376]
- - scapula 43503-12 [~~1407~~] 90603-07 [1400]
- - skull 39906-00 [13]
- - specified site NEC 90591-00 [~~1577~~] 90573-00 [1563]
- - spine (without spinal cord pathology) 90603-04 [1385]
- - - involving spinal cord pathology 90603-05 [1385]
- - - sternum 43503-00 [~~1380~~] 90603-02 [1376]
- - - tarsus 43503-08 [~~1548~~] 90603-18 [1534]
- - - thumb 43500-00 [~~1475~~] 90603-13 [1450]
- - - tibia 43503-06 [~~1525~~] 90603-16 [1504]
- - - toe 43500-02 [~~1548~~] 90603-20 [1534]
- - - ulna 43503-04 [~~1437~~] 90603-10 [1426]
- chronic 90591-04 [~~1577~~]
- carpus 43512-06 [1475]
- clavicle 43512-02 [1407]
- femur 43515-01 [1484]
- fibula 43512-10 [1525]
- finger 43512-09 [1475]
- humerus 43515-00 [1420]
- mandible 43512-14 [1372]
- maxilla 43512-13 [1372]
- metacarpus 43512-07 [1475]
- metatarsus 43512-12 [1548]
- pelvis 43518-00 [1484]
- phalanx
- foot (toe) 43512-15 [1548]
- hand (finger) (thumb) 43512-08 [1475]
- radius 43512-04 [1437]
- rib 43512-04 [1380]
- scapula 43512-03 [1407]
- skull 39906-00 [13]
- specified site NEC 90591-04 [~~1577~~]
- spine (without spinal cord pathology) 43518-01 [1384]
- - involving spinal cord pathology 43518-02 [1384]
- sternum 43512-00 [1380]
- tarsus 43512-11 [1548]
- tibia 43512-09 [1525]
- ulna 43512-05 [1437]
- - vertebra (without spinal cord pathology) 43518-04 [1384] 90603-04 [1385]
- - - involving spinal cord pathology 43518-02 [1384] 90603-05 [1385]

Exercises

1. Code the following scenario

This 60 year old male was admitted for treatment of his chronic osteomyelitis of his left radius. Under general anaesthesia (ASA of 2) a sequestrectomy of the radius was performed and the bone drilled and packed with antibiotics. The radius was then grafted using bone from the iliac crest and an internal fixation device applied for stability. The patient will be followed up in the Orthopaedic OPD in 2 weeks.

Pastoral care interventions

Background

The NCCH received a request from the Australian College of Chaplains to include intervention codes on pastoral care for the Third Edition of ICD-10-AM.

A definition for pastoral care, adapted from the 12th and 13th editions of the Australian Council of Health Care Standards may be expressed as follows:

'Pastoral Care encompasses a range of expressions of professional care, for the emotional, spiritual and religious well-being of persons in need, offered by accredited ordained and non-ordained representatives of communities of faith, including Visiting Chaplains, Pastoral Care Interns and Specialist Unit Chaplains.'

Pastoral care therefore encompasses the spiritual and religious ministry of all religions within a multicultural society.

Changes

There are new codes for pastoral care interventions:

- 96186-00 [1824] *Pastoral assessment*
(see 96186-00 [1824], Volume 3, page 268)
- 96109-01 [1873] *Pastoral ritual/worship*
(see 96109-01 [1873], Volume 3, page 281)
- 96187-00 [1915] *Pastoral ministry*
(see 96187-00 [1915], Volume 3, page 296)
- 95550-12 [1916] *Allied health intervention, pastoral care*
(see 95550-12 [1916], Volume 3, page 297)

Code 96149-00 [1879] *Religious/spiritual therapy* has been deleted.

Code 96087-00 [1869] *Religious/spiritual counselling or education* has been renamed *Pastoral counselling or education* and a 'Note' has been added (see 96087-00 [1869], Volume 3, page 278).

Spinal procedures

Background

A number of coding queries were received at the NCCH regarding the coding of spinal procedures, in particular, spinal rhizolysis, decompression laminectomies not for spinal stenosis and inconsistencies in indexing and exclusion notes were also highlighted.

A review of the codes in blocks 46-54 together with relevant clinical research was undertaken. Major changes to the classification of these procedures were required, however only some of the problems were able to be addressed by the Third Edition. (A complete review of this section will be undertaken for the Fourth Edition of ICD-10-AM.)

Changes

Some components have been removed from codes to improve consistency, for example rhizolysis and fusion. Additional codes for these procedures will need to be assigned when performed (see block 46 Decompression of cervical spinal cord and 47 Decompression of thoracic and thoracolumbar spinal cord, Volume 3, pages 10 and 11 for an example).

Diagnostic terms in code titles have been deleted, for example 'spinal stenosis' (see block 48 Decompression of lumbar spinal canal, Volume 3, page 11 for an example).

Note: Block 1392 Spinal fusion for scoliosis or kyphosis has been deleted.

The operative approach has been removed from code titles (see 40333-00 [52] Cervical discectomy, 1 level, Volume 3, page 12 for an example).

Discectomies performed with decompression are now inherent in the decompression codes (see the 'Includes' notes at block 46 Decompression of cervical spinal cord and 48 Decompression of lumbar spinal canal, Volume 3, page 10 and 11 for an example).

Decompression procedure codes (previously found at [1383] Decompression of spinal cord/spinal fusion with resection of vertebra) have been removed from Chapter 15 Procedures on musculoskeletal system. Block 1383 now includes codes for vertebrectomy (see block 1383 Excision of vertebra, Volume 3, page 190)

There are new codes for revision of spinal procedures at block 1393 Other spinal procedures ('Other procedures for scoliosis or kyphosis' in Second Edition) (see block 1393, Volume 3, page 192).

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Decompression

- spinal canal - see also Decompression, spinal cord

-- lumbar (with discectomy)

--- 1 level 90024-00 [48]

--- ≥ 2 levels 90024-01 [48]

- spinal cord (canal) 40303-02 [48]

-- for

kyphosis (anterior)

with resection of vertebrae (with bone graft) (without spinal cord pathology) 48630-00 [1382]

involving spinal cord pathology 48630-01 [1382]

with resection of vertebrae (with bone graft) (without spinal cord pathology) 48630-00 [1382]

involving spinal cord pathology 48630-01 [1382]

--- syringomyelia

--- with laminectomy and insertion of cerebrospinal fluid shunt 40342-00 [5742]

with vertebrectomy (with bone graft) (without spinal cord pathology) 48630-00 [1383]

involving spinal cord pathology 48630-01 [1383]

thoracic 40348-00 [47]

-- cervical (with cervical discectomy)

--- ≥ 2 levels 40334-00 [46]

--- with

--- anterior fusion 40335-00 [46]

with involvement of nerve roots 40335-01 [46]

involvement of nerve roots 40334-01 [46]

with anterior fusion 40335-01 [46]

rhizolysis 40334-01 [46]

with anterior fusion 40335-01 [46]

--- 1 level 40331-00 [46]

--- with

--- anterior fusion 40332-00 [46]

with involvement of nerve roots 40332-01 [46]

involvement of nerve roots 40331-01 [46]

with anterior fusion 40332-01 [46]

rhizolysis 40331-01 [46]

with anterior fusion 40332-01 [46]

-- lumbar (high) (with discectomy)

--- anterior 40351-00 [47]

with vertebrectomy (without spinal cord pathology)

48630-00 [1383]

with spinal cord pathology 48630-01 [1383]

-- nerve roots (rhizolysis) 40330-00 [49]

--- with

--- decompression of spinal cord

--- cervical

1 level 40331-01 [46]

with anterior fusion 40332-01 [46]

≥ 2 levels 40334-01 [46]

with anterior fusion 40335-01 [46]

thoracic, via costotransversectomy (with thoracic discectomy) 40345-01 [47]

--- laminectomy 40330-01 [54]

and decompression of spinal cord

--- cervical

1 level 40331-01 [46]

with anterior fusion 40332-01 [46]

≥ 2 levels 40334-01 [46]

with anterior fusion 40335-01 [46]

thoracic 40345-01 [47]

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Discectomy (intervertebral)

- for recurrent disc lesion (via laminectomy) (via laminotomy)
- 1 level 40303-00 **[51]**
- ≥ 2 levels 40303-01 **[51]**
- with decompression of spinal cord — *see Decompression, spinal cord*
- decompression of
 - spinal canal — *see Decompression, spinal canal*
 - spinal cord — *see Decompression, spinal cord*
- 1 level (via laminectomy) (via laminotomy) 40300-00 **[52]**
- ≥ 2 levels (via laminectomy) (via laminotomy) 40300-01 **[52]**
- cervical, anterior
 - 1 level 40333-00 **[52]**
 - ≥ 2 levels 40333-01 **[52]**

Exercises

1. When coding spinal decompression procedures you need to include a separate code for any discectomy performed.

True or False?

2. A code for vertebrectomy NOS is found in Chapter I – Procedures on nervous system.

True or False?

3. What are the correct codes for the following procedure:
Operation: L3-L5 spinal canal laminectomy with decompression and discectomy of L3/L4?

- a) 90024-01 [48]
- b) 90024-01 [48] and 40300-00 [52]
- c) 40351-00 [47]
- d) 40351-00 [47] and 40300-00 [52]

4. **Code the following operation report**

Diagnosis: Cervical spondylogenic myelopathy.

Operation: Anterior decompression and fusion with plating C4-C7

Anaesthesia: GA, ASA 2E

Procedure: Left anterior approach to cervical spine. C5/6 and C6/7 discectomies and decompression of cord. Vertebrectomies C5 and C6. Anterior fusion with iliac crest bone graft to C4-C7 and plating C4-C7 (62.5mm plate, 4x 4.5mm screws). Wound closed with vicryl and 2 redivac drains.

Spiral angiography

Background

The NCCH received coding queries relating to the unavailability of site-specific codes for spiral angiography. Previously the only available code was 57350-00 [1966] *Spiral Angiography by computerised tomography with intravenous contrast medium.*

The site of CT angiography is obtainable from radiology reports within the medical record.

Changes

There are new site-specific codes for:

- head and/or neck
- upper extremity
- chest
- abdomen
- abdominal aorta and bilateral iliofemoral lower extremity
- spine
- pelvis
- lower extremity
- other site

(See block 1966, Volume 3, page 304.)

Example

The 'Circle of Willis' within the brain is a common spiral angiography site and would be coded to 57350-00 [1966] *Spiral angiography by computerised tomography of head and/or neck, with intravenous contrast medium.*

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Angiography

- by
- - spiral (by computerised tomography)(with intravenous contrast)(without, then with, intravenous contrast)
- - - abdomen 57350-03 [1966]
- - - abdominal aorta and iliofemoral lower extremity (bilateral) 57350-04[1966]
- - - chest 57350-02[1966]
- - - head (and neck) 57350-00[1966]
- - - lower extremities (bilateral) 57350-07[1966]
- - - neck (and head) 57350-00[1966]
- - - other site 57350-08[1966]
- - - pelvis 57350-06[1966]
- - - spine 57350-05[1966]
- - - upper extremity (bilateral) 57350-01 [1966]
- with fluoroscopy using mobile image intensifier 59970-00 [1990]
- abdomen
- - spiral (by computerised tomography)(with intravenous contrast) (without, then with, intravenous contrast) 57350-03 [1966]

Tomography NEC 60100-00 [1951]

- computerised (axial) (CT) (quantitative)
- spiral angiography (with intravenous contrast)
(without, then with intravenous contrast) 57350-00 [1966]
- abdomen 57350-03 [1966]
- abdominal aorta and iliofemoral lower extremity (bilateral)
57350-04 [1966]
- chest 57350-02 [1966]
- head (and neck) 57350-00 [1966]
- lower extremity (bilateral) 57350-07 [1966]
- neck (and head) 57350-00 [1966]
- other site 57350-08 [1966]
- pelvis 57350-06 [1966]
- spine 57350-05 [1966]
- upper extremity (bilateral) 57350-01 [1966]

Urinary diversion procedures

Background

A clinical update on urinary diversion procedures appeared in *Coding Matters* Vol.7 No.1 which gave rise to a number of suggestions for improvements to ICD-10-AM.

In Second Edition three codes were assigned to identify an ileal/colon conduit procedure (i.e. each component of the procedure was assigned a code).

Changes

To simplify coding, the three codes previously assigned for an ileal/colon conduit procedure have been 'rolled' into one code. This code will capture the individual procedural components of an intestinal conduit procedure (see block 1129 *Other procedures on urinary system*, Volume 3, page 159).

Codes have been moved to a more logical block, placed together and now distinguish between incontinent and continent urinary diversions. In addition, continent urinary diversions are distinguished by those with stoma and those without (i.e. reservoir attached to urethra).

Code 90361-00 [1107] *Formation of neobladder* overlapped with codes 36606-00 [1085] *Formation of intestinal urinary reservoir* and 36606-02 [1072] *Cutaneous drainage of intestinal urinary reservoir*, therefore it has been deleted.

The following codes have also been deleted:

- 90336-00 [896] *Isolation of segment of small intestine for interposition*
- 90336-01 [914] *Isolation of segment of large intestine for interposition*
- 36606-01 [1072] *Transurethral drainage of intestinal urinary reservoir*
- 36606-02 [1072] *Cutaneous drainage of intestinal urinary reservoir*
- 36600-00 [1082] *Laparoscopic transplantation of ureter into isolated bowel segment, unilateral*
- 36600-01 [1082] *Transplantation of ureter into isolated bowel segment, unilateral*
- 36603-00 [1082] *Laparoscopic transplantation of ureter into isolated bowel segment, bilateral*
- 36603-01 [1082] *Transplantation of ureter into isolated bowel segment, bilateral*

Procedures Minor Changes

Amplatzer duct occluder

Changes have been made to the tabular list and alphabetic index of procedures to correct inconsistencies between codes:

- 38742-00 [617] *Percutaneous closure of atrial septal defect and*
 - 38700-00 [690] *Percutaneous closure of patent ductus arteriosus.*
- (See Volume 3, page 85 and 96.)

The Includes note at 38742-00 [617] has been expanded to include 'or device' This has also been included as a non-essential modifier in the index entry at 'Closure (of), atrial septal defect, percutaneous' and 'Closure (of), patent ductus arteriosus, percutaneous'.

There is now also an Includes note for 'that with prosthesis or device' at 38700-00 [690].

Angioplasty

There have been significant changes to the index entries under Angioplasty.

There are now the following index entries:

Angioplasty

- patch, graft –See *Graft, artery, patch*
 - transluminal balloon (by rotator)
 - - for correction of arteriovenous fistula stenosis (percutaneous)
 - - - open
 - - coronary artery
 - - - with stenting
 - - - - multiple stents
 - - - - - multiple arteries (percutaneous)
 - - - - - - open
 - - - - - single artery (percutaneous)
 - - - - - - open
 - - - - single stent (percutaneous)
 - - - - - open
 - - - 1 vessel (percutaneous)
 - - - - open
 - - - 2 vessels
 - - - - open
 - - peripheral vessel (percutaneous)
 - - - by laser
 - - - with single stent
 - - - - multiple stents
 - - - open
 - - - - by laser
 - - - - with single stent
 - - - - - multiple stents
 - - specified vessel (percutaneous) NEC
 - - - with single stent
 - - - - multiple stents
 - - - open
 - - - - with single stent
 - - - - - multiple stents
- (see Volume 4, page 8).

Argon plasma coagulation

There are the following new codes:

- 30478-19 [856] *Oesophagoscopy with other coagulation*
- 30478-20 [1007] *Panendoscopy to duodenum with other coagulation*
- 30478-21 [1007] *Panendoscopy to ileum with other coagulation*

(See Volume 3, page 121 and 145.)

An inclusion for Argon Plasma Coagulation has also been added to code 90308-00 [908] *Endoscopic destruction of lesion of large intestine.*

(See Volume 3, page 129.)

There are new index entries for:

Coagulation, electrocoagulation

- duodenum
 - - by
 - - - Argon plasma
- ileum
 - - by
 - - - Argon plasma
- intestine, large
 - - by Argon plasma
- oesophagus
 - - by
 - - - Argon plasma

Destruction

- by
 - - coagulation –see also *Coagulation*
 - lesion
 - - intestine large
 - - - endoscopic (closed)
 - - - - by Argon plasma coagulation
- (See Volume 4, page 39, 52 and 53.)

Panendoscopy (to duodenum)

- with
 - - coagulation
 - - - Argon plasma
 - - - heater probe
 - - - laser
 - to ileum
 - - with
 - - - coagulation
 - - - - Argon plasma
 - - - - heater probe
 - - - - laser
- (See Volume 4, page 173.)

Balloon dilation of oesophagus

The title of code 41819-00 [862] has been changed from 'Endoscopic dilation of oesophagus' to 'Other endoscopic dilation of oesophagus' as there are codes for specific types of endoscopic oesophageal dilation.

The term 'using interventional imaging techniques' has been deleted from the title of code 41832-00 [862] and 'Endoscopic' has been added.
(See Volume 3, page 122.)

There is now an index entry for:

Dilation

- oesophagus
 - - endoscopic (by) (for stricture)
 - - - balloon (using interventional imaging techniques)
- (See Volume 4, page 57.)

Biopsy of intervertebral disc

There is a new code 90602-00 [1382] *Biopsy of intervertebral disc*.

To create this code, the title of block 1382 has changed from 'Biopsy of vertebra' to 'Biopsy of intervertebral disc and vertebra.'
(See Volume 3, page 190.)

There are now index entries for:

Biopsy

- disc, intervertebral
 - intervertebral disc
 - vertebra (needle) (trephine)
 - - disc, intervertebral
- (See Volume 4, page 22 and 24.)

Bladder enlargement

Block 1106 has been moved to 1107 and retitled 'Enlargement of bladder' (*previously titled 'Enlargement of bladder using intestine'*).

The code descriptors in the tabular and index ('Augmentation, bladder', 'Enlargement, bladder' and 'Procedure, for, enlargement of bladder') have been modified to exclude 'using intestine'.

(See Volume 3, page 156 and Volume 4, page 18, 69 and 177.)

Botoxin injection

There is a new code at 92207-00 [1885] *Injection of botulinum toxin, not elsewhere classified* which has an inclusional term of 'botoxin injection'. (Note that there are specific codes for *Botoxin injections (for) (into) eyelid, larynx, strabismus and vocal cord*). (See Volume 3, page 288.)

There is now an index entry for:

Injection (around) (into) (of)
- botulinum toxin (Botox) (Botoxin)
- - for
- - - eyelid
- muscle NEC
- - botulinum toxin
- tendon
- - botulinum toxin
- toxin botulinum
- for
- - eyelid
(See Volume 4, page 124, 125 and 128.)

Bronchoscopy

The default for Bronchoscopy has been changed from 'rigid', to 'fiberoptic' as this is the more common approach.

Canthoplasties

There is now a default code for canthoplasty at 42590-00 [235] *Lateral canthoplasty*.

Note the inclusion term 'Canthoplasty NOS' under this code.

(See Volume 3, page 36.)

There is now a default code for canthoplasty at the following index entries:

Canthoplasty

Repair

-canthus (eyelid)

(See Volume 4, page 31 and 215.)

Continent appendicostomy (Malone's)

There is a new code at 30375-30 [927] *Appendicostomy* with inclusion terms for caecoappendicostomy and Malone antegrade continence enema procedure [MACE].
(See *Volume 3, page 131.*)

There are now index entries for:

Appendicostomy (continent) (Malones')

Caecoappendicostomy (continent)

Procedure

- Malone's (appendicostomy)
(See *Volume 4, page 9, 31 and 182.*)

Destruction of liver tumour

There is a new code for destruction of liver tumour that incorporates both interstitial laser coagulation and radiofrequency ablation of liver tumours at 90299-00 [956] *Other destruction of liver* (see *Volume 3, page 136*).

There are now index entries for:

Ablation

- lesion
- - liver, by radiofrequency
(See *Volume 4, page 1.*)

Coagulation, electrocoagulation

- liver, by laser
(See *Volume 4, page 39.*)

Destruction

- lesion
- - liver
- - - by
- - - - cryotherapy
- - - - laser
- - - - radiofrequency ablation
- liver
- - by
- - - cryotherapy
- - - laser
- - - radiofrequency ablation
- tumour
- - liver
- - - by
- - - - cryotherapy
- - - - laser
- - - - radiofrequency ablation
(See *Volume 4, page 53-55.*)

Drainage of a joint

The inclusion term 'drainage' has been deleted from code 49303-00 [1481] *Arthrotomy of hip*.

(See Volume 3, page 207.)

The index entry 'Drainage, joint structure, hip' has been deleted.

There is now an index entry for:

Drainage

- joint structure (percutaneous) NEC

- - via arthrotomy – see *Arthrotomy*

(See Volume 4, page 64.)

Endobronchial stent

There are three new codes:

- 41905-04 [546] *Insertion of endobronchial stent*

- 41905-05 [546] *Replacement of endobronchial stent*

- 41895-01 [546] *Removal of endobronchial stent*

(See Volume 3, page 74.)

There are now index entries for:

Insertion

- stent

- - bronchus (endoscopic)

- - - with removal

- endobronchial (endoscopic)

- - - with removal

(See Volume 4, page 133.)

Removal

- stent

- - bronchus

- - - with replacement

- - endobronchial

- - - with replacement

Replacement

- stent

- - bronchus

- - endobronchial

(See Volume 4, page 210 and 229.)

Endoscopic injections of upper GI lesions

The term 'sclerosing' has been deleted from the block title [851] *Endoscopic injection of oesophageal lesion* and titles of codes (30476-00, 30476-01, 30478-06 and 30478-09) within this block. An inclusion term 'injection of sclerosing agent' has also been added.

The terms 'sclerosing' and 'bleeding' have been removed from the title of code 30478-07 [870] *Endoscopic injection of gastric or duodenal lesion* and an inclusion term 'injection of sclerosing agent' has been added.

'Bleeding' has also been made a non-essential modifier rather than an essential modifier at the appropriate index entries.

Excision of aerodigestive tumours and buccinator flaps

The 'Note' at 31400-00 [421] *Excision of malignant tumour of upper aerodigestive tract* has been expanded to include 'involving overlapping sites'...'where the tumour is confined to one of these specific sites, the excision code for the specific site should be assigned instead'.

A 'Code also when performed: tracheostomy' note has been added to the following codes:

- 31400-00 [421] *Excision of malignant tumour of upper aerodigestive tract*
- 41876-02 [526] *Laryngoplasty*
- 30294-01 [529] *Laryngopharyngectomy and plastic reconstruction*
- 41879-04 [539] *Repair of trachea, cervical approach*

(See Volume 3, page 56 and 71-73.)

The following codes have been deleted:

- 41879-00 [526] *Laryngoplasty with tracheostomy*
- 41879-05 [539] *Repair of trachea, cervical approach, with tracheostomy*

The includes (tracheostomy) note at 30294-01 [529] *Laryngopharyngectomy and plastic reconstruction* has been deleted (and a 'Code also when performed: tracheostomy' note added).

(See Volume 3, page 72.)

There are now index entries for:

Excision

- tumour
 - - intra-oral
 - - - malignant, overlapping aerodigestive sites
 - - - intranasal, via lateral rhinotomy
 - - - malignant, overlapping aerodigestive sites
 - - - laryngopharynx, malignant, overlapping aerodigestive sites
 - - - larynx (direct) (endoscopic)
 - - - malignant, overlapping aerodigestive sites
 - mouth
 - - - malignant, overlapping aerodigestive sites
 - - nares, malignant, overlapping aerodigestive sites
 - - nasopharynx
 - - - malignant, overlapping aerodigestive sites
 - - nose, via lateral rhinotomy (intranasal)
 - - - malignant, overlapping aerodigestive sites

(See Volume 4, page 85 and 86.)

Excision - continued

- tumour - *continued*
 - - oral cavity
 - - - malignant, overlapping aerodigestive sites
 - - oropharynx, malignant, overlapping aerodigestive sites
- (See Volume 4, page 86.)

Flap

- buccinator –see *Flap, myocutaneous*
- (See Volume 4, page 96.)

Pharyngectomy (partial) (via pharyngotomy)

- with
 - - laryngectomy
 - - - and plastic reconstruction
- (See Volume 4, page 174.)

Exostectomy of the maxilla

There is a new code 52600-01 *Excision of mandibular or maxilla exostosis* in block 1364. As a result of this change, the code title for 52600-00 [404] now refers to palatal exostosis only, not mandibular.

There are now index entries for:

Excision

- exostosis
 - - maxilla
- (See Volume 4, page 75.)

Exostectomy

- maxilla
- (See Volume 4, page 89.)

Fetal procedures in utero

There is a new code for other diagnostic procedures performed in utero (for example, intrauterine fetal skin biopsy NOS), at 90487-00 [1330] *Other intrauterine diagnostic procedure on fetus*.

The biopsy component of code 16606-00 [1330] *Fetal blood sampling* has been removed.
(See Volume 3, page 181.)

There are now index entries for:

Biopsy

- fetus, in utero NEC
 - - skin
 - skin (subcutaneous tissue)
 - - fetus, in utero
- (See Volume 4, page 22 and 24.)

Procedure

- fetal, in utero
 - - diagnostic
 - - therapeutic
- (See Volume 4, page 181.)

Fetal scalp electrodes

There are now index entries for:

Application

- electrode, fetal scalp (monitoring)
 - scalp electrode, fetal (monitoring)
- (See *Volume 4, page 10.*)

A note has been added to 'Point 3 *Cardiotocography (CTG)*' in ACS 0042 *Procedures normally not coded*, to indicate that internal CTGs performed via a fetal scalp electrode can be coded.

(See *ACS 0042, Volume 5, page 47.*)

Fracture of neck of femur

There are now index entries for:

Fixation

- bone — see also *Fixation, bone, external and Fixation, bone, internal*
 - - internal
 - - - femur, femoral
 - - - - neck NOS
- (See *Volume 4, page 95.*)

Reduction

- fracture (bone) (with cast) (with splint)
 - - femur (closed)
 - - - with internal fixation (cross) (intramedullary)
 - - - - neck NOS
 - - - - proximal
 - - - - subcapital
 - - - - trochanteric
- (See *Volume 4, page 199.*)

These index entries have been created to ensure that fixation of a fractured neck of femur with or without reduction of fracture, are classified to 47519-00 [1479] *Internal fixation of fracture of trochanteric or subcapital femur*, rather than codes within block 1486 *Reduction of fracture of pelvis or femur*.

Insertion of CVC

The default code for CVC insertions has been changed from 13815-00 [738] *Central vein catheterisation* to 13815-01 [738] *Percutaneous central vein catheterisation*, in the appropriate places in the index, as percutaneous insertion is the most common approach.

Intraoperative blood salvage

The term 'previously collected' has been deleted from the title of code 92060-00 [1893] *Transfusion of autologous blood*.

'Intraoperative blood salvage' and 'Transfusion of previously collected autologous blood or blood component' have been added as inclusion terms to the above mentioned code.
(See Volume 3, page 290.)

There are now index entries for:

Salvage

- blood

- - intraoperative

(See Volume 4, page 241.)

The index entry 'Transfusion, blood, previously collected (autologous)' has been deleted.

Intrauterine devices and hormone implantation

Changes have been made to block 1260 *Insertion or removal of intrauterine device* to enable the codes to be used for procedures other than just intrauterine contraceptive devices.

There is now an includes note for 'contraceptive device' and 'progesterone IUD' at 1260 and the term 'contraceptive' has been deleted from the title of block 1260 and the codes within it (35503-00, 35506-00 and 35506-02).

Changes have been made to block 1906 *Implantation of hormone or living tissue* to ensure that these codes are only used for subdermal implantation.

The term 'subdermal' has been inserted in code title 14203-00 [1906] *Direct subdermal hormone implantation* and deleted from the inclusion note.

(See Volume 3, page 172 and 293.)

Index entries have been amended to reflect the above changes.

Keratotomy and keratoplasty

An excludes note 'Excludes: destruction of corneal lesion by laser' has been included at 42810-00 [170] *Phototherapeutic keratectomy [PTK]*.

An excludes note 'Excludes: laser assisted in-situ keratomileusis and photorefractive keratoplasty [PRK]' has been included at 42671-00 [173] *Refractive keratoplasty*.

An inclusion note for 'Laser assisted in-situ keratomileusis [LASIK]' and 'Keratomileusis' has been included at 42671-01 [173] *Refractive keratoplasty by laser*, along with an excludes note for 'photorefractive keratoplasty [PRK]'.

The inclusion terms 'Epikeratophakia' and 'Keratophakia' have been deleted from 42671-00 [173] *Refractive keratoplasty* and 42671-01 [173] *Refractive keratoplasty by laser*, as these procedures are no longer performed.

(See Volume 3, page 27.)

There are now index entries for:

Keratotomy (partial)

- photorefractive –see *Keratoplasty, photorefractive*

Keratoplasty

- refractive

- - by laser

- - - laser assisted in-situ keratomileusis (LASIK)

- - - photorefractive (PRK)

Laser therapy

- cornea

- - pterygium

- keratoplasty, refractive

- - laser assisted in-situ keratomileusis (LASIK)

- - photorefractive (PRK)

LASIK (laser assisted in-situ keratomileusis)

(See Volume 4, page 143, 146 and 147.)

Laryngoscopy with excision

The codes 41852-00 [523] *Laryngoscopy with removal of lesion* and 41864-00 [523] *Micro-laryngoscopy with removal of lesion* have had the term 'tumour' replaced with 'lesion' in the title.

Code 41861-00 [523] *Micro-laryngoscopy with removal of lesion by laser* has had 'papillomata' replaced by 'lesion' in the title.

Code 41858-00 [523] *Micro-laryngoscopy with removal of papillomata* has been deleted as this concept is now covered by the generic code 41864-00 [523] *Micro-laryngoscopy with removal of lesion*. The deleted code has been mapped to 41855-00 [520] *Micro-laryngoscopy*, which has undergone amendments to the Excludes note).
(See Volume 3, page 71.)

The appropriate index changes have been made.

Lavage of joint

There are now two new codes for lavage of joint NEC:

- 90601-00 [1554] *Arthroscopic lavage of joint, not elsewhere classified*
 - 90601-01 [1554] *Lavage of joint, not elsewhere classified*
- (See Volume 3, page 221.)

There are now index entries for:

Irrigation

- joint structure
- - specified site (open) NEC
- - - arthroscopic (closed)

Lavage

- joint
 - - specified site (open) NEC
 - - - arthroscopic (closed)
- (See Volume 4, page 138 and 147.)

Lenses used in cataract surgery

All index entries have been updated to make foldable the default (rather than rigid), because these are more commonly used after cataract extraction.

Median sternotomy

There are now index entries for:

Sternotomy

- median
 - - as operative approach – *omit code*
- (See Volume 4, page 246.)

There is also an inclusion note 'Median Sternotomy' at code 38418-00 [561] *Exploratory thoracotomy* (see Volume 3, page 76).

Multiple/bilateral procedures

Inclusion terms regarding multiple biopsies or polypectomies have been added to codes:

- 32084-01 [911] *Fibreoptic colonoscopy to hepatic flexure*
- 32087-00 [911] *Fibreoptic colonoscopy to hepatic flexure, with polypectomy*
- 32090-01 [911] *Fibreoptic colonoscopy to caecum, with biopsy*
- 32093-00 [911] *Fibreoptic colonoscopy to caecum, with polypectomy*

The term 'one' has been added to the code title at 97321-00 [458] *Surgical removal of one erupted tooth*.

There is a new code at 97321-01 [458] *Surgical removal of two or more erupted teeth*.
(See Volume 3, page 129 and 61.)

There are now index entries for:

Clearance

- dental, full NOS

Extraction

- tooth (part tooth)

- - surgical

- - - erupted (one) (with removal of bone)

- - - - two or more

(See *Volume 4, page 35 and 91.*)

ACS 0020 *Multiple/bilateral procedures* has been rewritten to more clearly explain the principles behind the coding of multiple or bilateral procedures. The intent of this standard has not changed. However, the changes to the 'Exceptions' section may impact on coding practice, particularly in relation to the assignment of multiple codes for excision of skin lesions.

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

The 'Exceptions' section has been improved. The standards that overrule ACS 0020 have been specified in a list for easy reference.

(See *ACS 0020, Volume 5, page 35.*)

Neurostimulators

Various changes have been made to capture the three components of this procedure, in particular:

The following codes have been moved from block 26 and 'for epilepsy' has been deleted from the code title:

- 40709-00 [6] *Placement of intracranial electrode via burr holes*
- 40172-00 [6] *Placement of intracranial electrode via craniotomy*
- 40709-01 [6] *Removal of intracranial electrode via burr holes*
- 40712-01 [6] *Removal of intracranial electrode via craniotomy*

There are the following new codes:

- 90003-02 [6] *Subcutaneous implantation of neurostimulator device/receiver*
- 90003-03 [6] *Removal of subcutaneously implanted neurostimulator device/receiver*

(See *Volume 3, page 2.*)

Code 90003-00 [6] *Implantation of intracranial neurostimulator* has been deleted and this concept has been included at 4079-00 [6] *Placement of intracranial electrode via burr holes* (see 4079-00 [6], *Volume 3, page 2*).

Code titles for percutaneous insertion of epidural electrodes have been changed to improve the terminology and provide greater consistency (see block 43 *Insertion of spinal electrodes and neurostimulator for pain relief, Volume 3, page 10*).

There are now index entries for:

Adjustment

- device
 - - neurostimulator –See *Adjustment, neurostimulator, device*
 - - radiofrequency (emitting) (subcutaneous)
 - - - intracranial
 - - - spinal
 - electrode (for)
 - - epidural (spinal)
 - - - by laminectomy
 - - - - with subcutaneous implantation of spinal neurostimulator device
 - - - percutaneous
 - - - - with subcutaneous implantation of spinal neurostimulator device
 - - spinal –See *Adjustment, electrode, epidural*
 - generator
 - - automatic defibrillator
 - - pulse (subcutaneous),
 - - - intracranial
 - - - spinal
 - neurostimulator
 - - device (subcutaneous)
 - - - intracranial
 - - - spinal
 - - intracranial (thalamic)
 - - peripheral
 - - receiver (subcutaneous)
 - - - intracranial
 - - - spinal
 - - spinal (subcutaneous)
 - - subcutaneous
 - - - intracranial
 - - - spinal
 - pulse generator (subcutaneous)
 - - intracranial
 - - spinal
 - - - with insertion of epidural electrodes –see *Insertion, electrode(s), lead(s), epidural*
 - receiver (radiofrequency) –see *Adjustment, neurostimulator, receiver*
 - stimulator –see *Adjustment, neurostimulator*
- (See *Volume 4, page 2.*)

Implant, implantation –see also *Insertion*

- device
- - neurostimulator –see *Implant, Implantation, neurostimulator, device*
- - radiofrequency (emitting) (subcutaneous)
- - - intracranial
- - - spinal
- - - - with insertion of epidural electrodes –see *Insertion, electrode(s) leads, epidural*
- generator
- - automatic defibrillator
- - pulse (subcutaneous)
- - - intracranial
- - - spinal
- lead(s) –see *Insertion, electrode(s) lead(s)*
- neurostimulator
- - device (subcutaneous)
- - - intracranial
- - - spinal
- - intracranial (thalamic)
- - peripheral

Implant, implantation –see also *Insertion*

- neurostimulator –**continued**
- - receiver (subcutaneous)
- - - intracranial
- - - spinal
- - spinal (subcutaneous)
- - subcutaneous, intracranial
- - - intracranial
- - - spinal
- pulse generator (subcutaneous)
- - intracranial
- - spinal

(See *Volume 4, page 119.*)

Insertion

- device
 - - radiofrequency
 - - - intracranial
 - - - spinal
 - - - - with insertion of epidural electrodes –see *Insertion, electrode(s), lead(s), epidural*
 - generator
 - - automatic defibrillator
 - - pulse (subcutaneous)
 - - intracranial
 - - spinal
 - neurostimulator
 - - device (subcutaneous)
 - - - intracranial
 - - - spinal
 - - intracranial (thalamic)
 - - peripheral
 - - receiver (subcutaneous)
 - - - intracranial
 - - - spinal
 - - spinal (subcutaneous)
 - - subcutaneous
 - - - intracranial
 - - - spinal
 - pulse generator
 - - subcutaneous
 - - - intracranial
 - - - spinal
 - - - - with insertion of epidural electrodes –see *Insertion, electrode(s) lead(s), epidural*
- (See *Volume 4, page 131-133.*)

Removal

- device
 - - radiofrequency (emitting) (subcutaneous)
 - - - intracranial
 - - - spinal
 - - - - with removal of epidural electrodes –see *Removal, electrode, epidural*
 - - electrode (lead)
 - - spinal –see *Removal, electrodes, epidural*
 - generator
 - - automatic defibrillator (heart)
 - - pulse (subcutaneous)
 - - - intracranial
 - - - spinal
 - - - - with removal of epidural electrodes –see *Removal, electrodes, epidural*
- (See *Volume 4, page 205, 206 and 208.*)

Repair

- electrode(s) (for)
 - - intracranial
- (See *Volume 4, page 217.*)

Repositioning

- electrode(s) (for)
 - - intracranial
- (See Volume 4, page 230.)

Revision

- device
 - - neurostimulator –See *Revision, neurostimulator, device*
 - - radiofrequency (emitting) (subcutaneous)
 - - - intracranial
 - electrode(s) (for)
 - - epidural (spinal)
 - - - by laminectomy
 - - - - with subcutaneous implantation of spinal neurostimulator device
 - - - percutaneous
 - - - - with subcutaneous implantation of spinal neurostimulator device
 - - spinal –See *Revision, electrode(s), epidural*
 - generator
 - - automatic defibrillator
 - - pulse (subcutaneous)
 - - - intracranial
 - - - spinal
 - lead(s) –see *Revision, electrode(s)*
 - neurostimulator
 - - device (subcutaneous)
 - - - intracranial
 - - - spinal
 - - intracranial (thalamic)
 - - peripheral
 - - receiver (subcutaneous)
 - - - intracranial
 - - - spinal
 - - spinal (subcutaneous)
 - - subcutaneous
 - - - intracranial
 - - - spinal
 - pulse generator (subcutaneous)
 - - intracranial
 - - spinal
 - - - with epidural electrodes –see *Insertion, electrode(s) lead(s), epidural*
 - stimulator –see *Revision, neurostimulator*
- (See Volume 4, page 236-238.)

Ophthalmology

Code 42621-00 [245] *Temporary occlusion of lacrimal punctum by cautery* has been deleted.

The index entries under 'Cauterisation', 'Closure', 'Destruction', 'Diathermy', 'Obliteration' and 'Occlusion' no longer differentiate between permanent and temporary occlusion of lacrimal punctum.

(See Volume 4, page 33, 38, 53, 55, and 167.)

There is now an index entry for:

Retinopexy, pneumatic

(See Volume 4, page 235.)

Percutaneous transluminal myocardial septal ablation

There is a new code at 38748-01 [616] *Percutaneous transluminal myocardial septal ablation*.

(See Volume 3, page 85.)

There are now index entries for:

Ablation

- cardiac
- - myocardial septal (percutaneous transluminal)
- myocardial septal (percutaneous transluminal)

(See Volume 4, page 1.)

Pleuroperitoneal shunt (Denver pleural effusion shunt)

There is new code at 90180-00 [548] *Insertion of pleuroperitoneal shunt*.

(See Volume 3, page 75.)

There is now an index entry for:

Shunt

- pleuroperitoneal
- (See Volume 4, page 243.)

Primary and secondary repair of episiotomy

There is now an includes note for primary repair at 90472-00 [1343] *Episiotomy*.

There is now an inclusion note 'Secondary repair of episiotomy' at 90481-00 [1344] *Suture of 1st or 2nd degree tear of perineum*.

(See Volume 3, page 184.)

The term 'other than for episiotomy' has been deleted from the excludes note at 90479-00 [1344] *Suture of current obstetric laceration of vagina*.

There are now index entries for:

Episiotomy (with primary repair)

- secondary repair

Repair

- episiotomy (primary)
- - secondary

(See Volume 4, page 70 and 217.)

Reduction of orbital fracture

There is now an excludes note for 'reduction of orbital fracture' at 1370 *Reduction of fracture or dislocation of other facial bone*. These procedures are coded to block 1716 *Reconstruction of orbital cavity*.
(See Volume 3, page 189.)

There is now an index entry for:

Reduction

- fracture
- - orbital (cavity) (floor) (wall) (see also *Reconstruction, orbital cavity*)
(See Volume 4, page 200.)

Removal of cerebellopontine angle tumour

One generic code for removal of cerebellopontine angle tumours has been created by omitting the approach from the code title, therefore reference to retromastoid, translabyrinthine and transmastoid no longer appears in the tabular or index.

An includes note for 'that via craniotomy' has been included at 41575-00 [15] *Removal of cerebellopontine angle tumour* (see Volume 3, page 4).

Repair of nail or nail bed

The following codes (and block title) now exclude reference to 'finger', therefore can be used for any nail or nail bed:

- 46486-00 [1636] *Primary repair of nail or nail bed*
- 46489-00 [1636] *Secondary repair of nail or nail bed*
(See Volume 3, page 234.)

There is now an index entry for:

Repair

- toe nail (bed) (direct) (immediate) (primary)
- - secondary (delayed)
(See Volume 4, page 225.)

Repair of vaginal fistula

The approach has been deleted from codes 35596-00 [1284] *Repair of rectovaginal fistula (previously 'Repair of rectovaginal fistula, vaginal approach')* and 35596-02 [1284] *Repair of ureterovaginal fistula (previously 'Repair of ureterovaginal fistula, vaginal approach')* (see Volume 3, page 176).

There are now index entries for:

Closure (of)

- fistula
 - - ureterovaginal
 - - - by
 - - - - ureteric stenting –see *Insertion, stent, ureter*
 - - - - ureteroneocystostomy –see *Ureteroneocystostomy*
 - - - - ureteroureterostomy –see *Ureteroureterostomy*
 - - - - vaginoureteral
 - - - by
 - - - - ureteric stenting –see *Insertion, stent, ureter*
 - - - - ureteroneocystostomy –see *Ureteroneocystostomy*
 - - - - ureteroureterostomy –see *Ureteroureterostomy*
- (See Volume 4, page 38.)

Suture of ruptured uterus

There is now an inclusion note 'Suture of non obstetrical uterine rupture via laparoscopy' at code 90435-00 [1271] *Other laparoscopic repair of uterus* and 'Suture of non obstetrical uterine rupture via laparotomy' at code 90435-01 [1271] *Other repair of uterus*, because suture of ruptured uterus occurs in situations other than post partum.

There are now index entries for:

Repair

- uterus (laparoscopic) (uterine wall)
 - - obstetric laceration, current
 - - ruptured (non obstetrical)
 - - - obstetrical
 - - via laparotomy
 - - - ruptured (non obstetrical)
 - - - - obstetrical
- (See Volume 4, page 225.)

Suture

- uterus (laparoscopic) (uterine wall)
 - - ruptured (non obstetrical)
 - - - obstetrical
 - - via laparotomy
 - - - ruptured (non obstetrical)
 - - - - obstetrical
- (See Volume 4, page 251.)

Tarsal strip

There is a new code at 45614-01 [1684] *Tarsal strip procedure*.
(See Volume 3, page 245.)

There are now index entries for:

Procedure

- tarsal strip – see *Tarsal strip*

Reconstruction

- by
- - tarsal strip procedure – see *Tarsal strip*
- eyelid
- - by tarsal strip (lateral)

Tarsal strip (lateral)

(See Volume 4, page 183, 194, 195 and 255.)

Thyroplasty

There is a new code at 90150-00 [531] *Thyroplasty*.
(See Volume 3, page 72.)

There are now index entries for:

Insertion

- device
- - silastic implant (thyroid cartilage)
- thyroid cartilage (silastic)

Repair

- thyroid cartilage (silastic implant)

Thyroplasty

(See Volume 4, page 130, 134, 225 and 260.)

Ureteric, bladder and urethral procedures

Block 1065 *Endoscopic ureteric catheterisation* is now block 1066.

Block 1066 *Endoscopic insertion or removal of ureteric stent* is now block 1067.

There is a new code at 36821-03 [1067] *Endoscopic replacement of ureteric stent*.

Block 1072 *Other incision procedures on ureter* is now block 1073.

Code 36825-00 [1094] *Endoscopic incision of pelviureteric junction or ureteric stricture* has been moved to block 1073.

(See Volume 3, page 151.)

Block 1094 *Other incision procedures on bladder* is now block 1095.

Code 36854-01 [1094] *Endoscopic incision of external urethral sphincter* has been moved to block 1115.

Block 1114 *Incision procedures on urethra* is now block 1115.

(See Volume 3, page 154 and 157.)

There are now index entries for:

Cystoscopy

- with
 - - replacement
 - - - ureteric stent (endoscopic) (JJ)
- (See Volume 2, page 47.)

Sphincterotomy

- urethra (endoscopic) (external)
- (See Volume 2, page 245.)

Wedge osteotomy of tibia

Code 90554-00 [1499] *Wedge osteotomy of tibia* has been deleted.

A general includes note ('Includes: wedge osteotomy' has been added to the following blocks:

- 1424 *Incision of radius or ulna*
- 1478 *Osteotomy of pelvis, hip or femur*
- 1499 *Osteotomy of distal femur, patella, tibia or fibula*
- 1528 *Osteotomy of ankle or foot*

(See Volume 3, page 198, 207, 210 and 215.)

3M suggestions

There is now an index entry for:

Extraction

- vacuum, fetus
- - with forceps rotation of fetal head
- - failed

Shelf procedure

- pelvis
- (See Volume 4, page 91, 182 and 243.)

ACS Changes

ACS 0002 Additional diagnoses

Amended

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

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

The 'Specialty standards' section has been rewritten to specifically list the standards that override ACS 0002.

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

(See ACS 0002, Volume 5, page 9.)

ACS 0008 Sequelae

Amended

Code O94 *Sequelae of complication of pregnancy, childbirth and the puerperium* has been added to the list of 'specific codes for the cause of late effect'.

(See ACS 0008, Volume 5, page 12.)

ACS 0010 General abstraction guidelines

Amended

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

(See ACS 0010, Volume 5, page 5.)

ACS 0012 Suspected conditions

Amended

An example has been added to the 'Discharged home' section to clarify the coding of probable diagnoses where no treatment is initiated.

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

A new section, 'Mental health' (previously published in *Coding Matters*), has been included to improve consistency in the coding of suspected conditions in acute mental health services.

(See ACS 0012, Volume 5, page 15.)

ACS 0020 Multiple/bilateral procedures

Amended

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

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

The 'Exceptions' section has been improved. The standards that overrule ACS 0020 have been specified in a list for easy reference.

(See ACS 0020, Volume 5, page 35 and *Procedures, Minor changes, Multiple/bilateral procedures*.)

ACS 0027 Multiple coding

Amended

This standard has been expanded to clarify that the intention of multiple coding is to reflect all components of a condition. Section 3 'Other applications of multiple coding' has been moved into the introduction section. References to ACS 0002 *Additional diagnoses* are included to explain the relationship with that standard. 'Diabetes' and 'Postprocedural complications' have been added to the example list of common areas where multiple coding is used in ICD-10-AM.

(See ACS 0027, Volume 5, page 19.)

ACS 0030 Organ procurement and transplantation

Amended

Changes have been made to the codes and blocks in the 'Organ/tissue procurement and transplantation' table to reflect the changes to the codes in the Third Edition.

Blood, whole: procurement –13079-00 [1892] *Collection of blood for transfusion* has been added.

Blood, whole: transplantation –block [1893] has been changed to 13706-01 [1893] *Transfusion of whole blood*.

Blood, stem cells via apheresis: diagnosis –Z52.01 has been changed to Z51.81 Apheresis.

(See ACS 0030, Volume 5, page 39.)

ACS 0031 Anaesthesia

Amended

This standard has been extensively revised to reflect the new codes and revised code descriptions for anaesthesia and postprocedural analgesia that are included in the Third Edition. Overall, the codes relating to anaesthesia have been simplified.

Definitions have been added on the different types of anaesthesia (cerebral and conduction) and the coding of postprocedural analgesia has been clarified. There are additional types of anaesthesia to be coded (regional block and LA) when applicable; and in some cases more than one anaesthetic code will be required.

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

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

(See ACS 0031, Volume 5, page 41.)

ACS 0032 Allied health

Amended

'Pastoral care' has been included in the list of allied health professions represented in this standard. Both 'Music therapy' and 'Pastoral care' have been included in the 'General codes' section of this standard.

(See ACS 0032, Volume 5, page 43.)

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

Amended

The sentence 'where there is no morphology documented for a particular lesion, use the code for a 'benign' lesion' has been deleted.

(See ACS 0038, Volume 5, page 45.)

ACS 0039 Reopening of operative site

Amended

Three codes describing 'control of postoperative haemorrhages' (33845-00 [746], 33848-00 [746] and 35759-00 [1299]) have been added to this standard.

Code 38656-01 [562] *Control of postoperative intrathoracic bleeding for surgery other than heart surgery* has been renamed '*Reopening of thoracotomy or sternotomy site*'.

Code 38656-00 [658] *Control of postoperative bleeding following heart surgery* has been deleted.

(See ACS 0039, Volume 5, page 46.)

ACS 0042 Procedures normally not coded

Amended

A note has been added to 'Point 3 *Cardiotocography (CTG)*' to indicate that internal CTGs performed via a fetal scalp electrode can be coded.

(See ACS 0042, Volume 5, page 47 and '*Procedures, Minor changes, Fetal scalp electrodes*').

ACS 0043 Flaps and free flaps

Amended

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

(See ACS 0043, Volume 5, page 48.)

ACS 0046 Diagnosis selection for same-day endoscopy

Created

This new standard (previously published in *Coding Matters*), has been introduced to provide guidance in the coding of conditions found during an endoscopic investigation, such as a colonoscopy, bronchoscopy, arthroscopy etc.

(See ACS 0046, Volume 5, page 11.)

ACS 0102 HIV/AIDS

Amended

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

(See ACS 0102, Volume 5, page 59.)

ACS 0104 Viral hepatitis

Amended

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

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

(See ACS 0104, Volume 5, page 64.)

ACS 0109 Neutropenia

Amended

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

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

(See ACS 0109, Volume 5, page 67.)

ACS 0110 Septicaemia

Amended

This standard has undergone an extensive revision and reflects the changes made to the tabular list and index in the Third Edition (the term 'septicaemia' has been replaced by the term 'sepsis'). Definitions and classification examples have been provided to assist in coding this complex area.

Clinicians' use of the terms 'sepsis' and 'septicaemia' varies and often becomes interchanged with infection. Extensive research has shown that the term 'sepsis' is now the correct, up-to-date term for serious infection, localised or bacteraemic, which is accompanied by systemic manifestations. Since the early 1990s the term 'septicaemia' has been deemed an imprecise and out-of-date term and its use has been discouraged as it adds to the confusion and difficulties in data interpretation. Therefore, the emphasis in this standard is on the understanding of the interrelationships among systemic inflammatory response syndrome (SIRS), sepsis and infection and what clinicians may mean when they use these terms.

The advice in this standard impacts on coding practice. Clinical coders should take care when interpreting documentation of 'sepsis', because the terminology and meaning has changed. If 'sepsis' is being used to infer a localised infection, then the index entry 'Infection' should be referred to, rather than 'Sepsis'.

(See 0110, Volume 5, page 68.)

ACS 0112 Infection with drug resistant microorganisms

Created

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

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

(See ACS 0112, Volume 5, page 70.)

ACS 0207 Complications associated with neoplasms

Amended

The second paragraph has been reworded (adding 'and only the problem is being treated'), to align this standard with the section 'Underlying condition' in ACS 0001 *Principal diagnosis*.

(See ACS 0207, Volume 5, page 74.)

ACS 0210 Dental clearance prior to radiotherapy

Deleted

This standard has been deleted and content incorporated into ACS 0236 *Neoplasm coding and sequencing*.

ACS 0213 History of malignancy

Deleted

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

ACS 0224 Palliative care

Amended

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

(See ACS 0224, Volume 5, page 75.)

ACS 0225 Prostatic intraepithelial neoplasia – PIN

Deleted

This standard has been deleted. It was considered redundant, given the existing index entries in ICD-10-AM.

ACS 0231 Wide excision of neoplasm site

Deleted

This standard has been deleted and content incorporated into ACS 0236 *Neoplasm coding and sequencing*.

ACS 0233 Morphology

Amended

Point '3' of this standard has been revised. All relevant behaviour codes are now incorporated in the tabular list with the introduction of ICD-O-3 in the Third Edition.

(See ACS 0233, Volume 5, page 76.)

ACS 0236 Neoplasm coding and sequencing (excluding same day chemotherapy/radiotherapy)

Amended

This standard has undergone a major revision to more clearly specify the principles behind neoplasm coding and sequencing. The focus of this standard has not changed – it more clearly identifies when to code the primary malignancy as a current condition.

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

(See ACS 0236, Volume 5, page 73.)

ACS 0237 Recurrence of primary malignancy

Amended

This standard has been reworded and an example added to clarify the principles of coding recurrence of primary malignancy.

(See ACS 0237, Volume 5, page 77.)

ACS 0301 Stem cell procurement and transplantation

Amended

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

(See ACS 0301, Volume 5, page 83.)

ACS 0303 Abnormal coagulation profile

Created

This standard (previously published in *Coding Matters*), has been created to clarify the assignment of codes relating to abnormal coagulation profiles - Z92.1 *Personal history of long-term (current) use of anticoagulants* and D68.3 *Haemorrhagic disorder due to circulating anticoagulants*.

(See ACS 0303, Volume 5, page 85.)

ACS 0401 Diabetes mellitus and impaired glucose regulation

Amended

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

Introductory/definitional section

The introductory section has been revised to clarify that conditions, which occur commonly with diabetes mellitus or impaired glucose regulation (IGR), are often termed 'complications'.

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

The definitions of Type 1 and Type 2 diabetes have been re-written. The additional information should prove helpful in distinguishing these conditions. A section has also been added to the Type 1 definition to explain the 'honeymoon' phase.

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

The 'other specific types of diabetes' mentioned in the standard have been logically grouped under a new section and include 'diabetes secondary to other disorders'. A new section on 'genetic defects' has been added. The paragraph relating to 'malnutrition-related' diabetes mellitus has been deleted from the section 'pancreatic exocrine diseases'. This information had no bearing on the interpretation of the standard.

The classification advice in several of the sections in 'other specific types of diabetes' has changed. The impact of these changes on coding practice is described below:

'Pancreatic exocrine diseases' - diabetes occurring in ...
prior to July 2002 was coded to E10.- or E11.-
from July 2002 is coded to E13.-.

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

Endocrinopathies:

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

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

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

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

Diabetes mellitus complicating pregnancy

The classification directions in this section have been made clearer. The classification advice for impaired glucose regulation (IGR) confirmed prior to pregnancy has changed. Prior to July 2002, R73.0 *Abnormal carbohydrate tolerance* was assigned as an additional code. From July 2002, a code from category E09 *Impaired glucose regulation* is assigned.

A new section 'insulin therapy in pregnancy' has been added.

Metabolic syndrome/insulin resistance syndrome

This section has been revised and renamed. The disorders associated with insulin resistance and/or hyperinsulinism have been distinguished in sections. A note has been added explaining the relationship of polycystic ovarian syndrome and hypersecretion of ovarian androgens to insulin resistance and classification advice provided.

Information about dyslipidaemia and metabolic syndrome, published in *Coding Matters* (Vol 8 No 1) June 2001, has been added to this section. The addition of 'other lipid disturbance (E78.-)' to the note in the 'classification direction' clarifies the cluster of disorders present – 'metabolic syndrome', 'syndrome X' or 'insulin resistance syndrome'. In practice, this means that only documentation of 'elevated fasting triglycerides and depressed HDL-cholesterol' is adequate to allow the assignment of the code for insulin resistance. However, where 'dyslipidaemia', 'hypercholesterolaemia' or other lipid disturbances are documented, and none of the other criteria in the classification box on page 93 are met, insulin resistance is *not* coded but a code from E78.- is assigned in addition to the appropriate diabetes code.

Complications in diabetes

This section has been split into two sections on the basis of acute/chronic complications.

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

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

Classification examples have been added to the sections 'Established diabetic nephropathy and end-stage renal disease' and 'Diabetic retinopathy'.

The section 'Diabetic neuropathy' has been expanded to include advice on insulin neuritis, diabetic diarrhoea and cardiac arrhythmias. The classification advice has been expressed more clearly.

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

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

Several changes have been made to the 'Diabetic foot' section. A qualifying statement has been added to code E1-.71 **Diabetes mellitus with multiple microvascular complications* to indicate that only when peripheral neuropathy is a component of microvascular complications that the code E1-.71 meets the criteria for diabetic foot. This change is consistent with the advice published in *Coding Matters* (Vol 8 No 2) September 2001. The note advising that the list of codes is for clinical coders' information only has been deleted. This information was not necessary to the interpretation of the standard. The classification advice has been rewritten to more clearly express the logic.

The section 'Atherosclerosis' has been deleted. The information was not necessary to the interpretation of the standard.

A new section 'Diabetes and periodontal complications' has been added.

A new section 'Eradicated conditions in diabetes' has been added.

(See ACS 0401, Volume 5, page 87.)

ACS 0402 Cystic fibrosis

Amended

This standard has been rewritten to place a clearer emphasis on the sequencing of codes for cystic fibrosis and the codes for any specified manifestations. The reference to assigning cystic fibrosis as the principal diagnosis has been removed because patients with cystic fibrosis may be admitted for reasons other than their disease (eg admitted for reduction of a fracture). An example has been added to emphasise this point.

(See ACS 0402, Volume 5, page 102.)

ACS 0403 Hyperglycaemia

Amended

This standard has been rewritten to explain more clearly the rationale for assigning a code for hyperglycaemia and includes advice on transitory hyperglycaemia.

(See ACS 0403, Volume 5, page 103.)

ACS 0505 Mental illness complicating pregnancy

Amended

This standard has been revised to more clearly explain the classification of postnatal depression and align with the new fifth character categories applied to the codes in category F32 *Depressive episode* to reflect depression that arises in the postnatal period. Definitions and classification examples are provided to clearly illustrate the principles.

(See ACS 0505, Volume 5, page 108.)

ACS 0512 Personality trait/disorder

Amended

An example that explains 'cluster B personality disorder' (previously published in *Coding Matters*), has been added to this standard to clearly illustrate the principle behind code assignment for personality disorders.

(See ACS 0512, Volume 5, page 111.)

ACS 0530 Drug overdose

Created

This standard (previously published in *Coding Matters*), has been created to standardise the selection of principal diagnosis in cases where the patient is admitted for treatment of drug overdose and subsequently receives treatment for an associated psychiatric condition in the same episode of care.

(See ACS 0530, Volume 5, page 112.)

ACS 0531 Intellectual impairment/intellectual disability

Created

This standard (previously published in *Coding Matters*), has been created to clarify the coding of intellectual disability and intellectual impairment.

(See ACS 0531, Volume 5, page 113.)

ACS 0532 Cognitive impairment

Created

This standard (previously published in *Coding Matters*), has been created to clarify the coding of cognitive impairment.

(See ACS 0532, Volume 5, page 113.)

ACS 0604 Stroke

Amended

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

The instruction about coding neurological deficits has been revised to align with ACS 0002 *Additional diagnoses*.

(See ACS 0604, Volume 5, page 117.)

ACS 0701 Cataract

Amended

This standard has undergone extensive revision to incorporate the content of a number of other standards:

ACS 0702 Cataract specificity

ACS 0703 Cataracts – diabetic

ACS 0705 Cataract – secondary lens insertion

ACS 0706 Cataract – after cataract

ACS 0713 Glaucoma and cataract sequencing

ACS 0730 Cataract maturity.

(See ACS 0701, Volume 5, page 131.)

ACS 0702 Cataract specificity

Deleted

This standard has been deleted and content incorporated into ACS 0701 *Cataract*.

ACS 0703 Cataracts – diabetic

Deleted

This standard has been deleted and content incorporated into ACS 0701 *Cataract*.

ACS 0705 Cataract - secondary lens insertion

Deleted

This standard has been deleted and content incorporated into ACS 0701 *Cataract*.

ACS 0706 Cataract - after cataract

Deleted

This standard has been deleted and content incorporated into ACS 0701 *Cataract*.

ACS 0713 Glaucoma and cataract sequencing

Deleted

This standard has been deleted and content incorporated into ACS 0701 *Cataract*.

ACS 0717 Lacrimal intubation procedures

Deleted

This standard has been deleted. It was considered redundant because of the improvements made to the index entries for these procedures.

ACS 0718 Lester-Jones tubes

Deleted

This standard has been deleted. It was considered redundant because of the improvements made to the index entries for these procedures.

ACS 0730 Cataract maturity

Deleted

This standard has been deleted and content incorporated into ACS 0701 *Cataract*.

ACS 0741 Ectropion/entropion

Amended

A minor change has been made to the Note under 'Example 1'. 'Tarsal strip procedure' has been added to the examples of procedures performed for repair of ectropion/entropion.

(See ACS 0741, Volume 5, page 133.)

ACS 0807 Functional endoscopic sinus surgery (FESS)

Amended

Sinoscopy has been deleted from the list of procedures that may be performed for FESS and an instruction added to routinely assign a code for sinoscopy whenever FESS is documented.

(See ACS 0807, Volume 5, page 138.)

ACS 0940 Ischaemic heart disease

Amended

The sections 'Old (healed) myocardial infarction' and 'Other forms of chronic ischaemic heart disease' have been revised to clarify the classification logic of these two codes. This advice was published in *Coding Matters* (Vol 7 No 2) September 2000 and became effective from that date.

Specific criteria have been included to clarify when I25.2 *Old myocardial infarction* and I25.8 *Other forms of chronic ischaemic heart disease* should be assigned. The classification logic distinguishing codes I25.2 and I25.8 is based on the presence of symptoms. Because there is some clinical dissension about what constitutes a symptom, the logic of the classification has been overridden by the advice in this standard. The distinction is now based on treatment given during the current episode of care, rather than the presence of symptoms. This revision to this standard should improve the consistency in assignment of I25.2.

(See ACS 0940, Volume 5, page 155.)

ACS 0941 Arterial disease

Created

This standard has been created with definitions and classification advice to assist in understanding and coding this complex area.

It is essential to note that the classification instructions in the sections 'Obstruction', 'Occlusion', 'Peripheral vascular disease' and 'Stenosis' are in direct contradiction to the index entries to the Third Edition.

(See ACS 0941, Volume 5, page 156.)

Exercises

1. Code the following scenario

This 72 year old male was admitted for treatment of his intermittent claudication of the left leg. His history includes bypass surgery 5 years ago for coronary artery disease and a CVA 2 years ago with no residual deficits. Percutaneous angioplasty of his L. femoral artery was performed under LA, with pre-op oral sedation. There were no complications and he was discharged home for further review by the vascular surgeon.

ACS 1006 Respiratory support

Amended

In the section 'Calculating the duration of CVS', the hours of CVS should now be interpreted as completed cumulative hours (previously completed consecutive hours). This change represents a change in coding practice. Prior to July 2002, each distinct period of ventilation in the same episode of care was coded. From July 2002, each distinct period of ventilation will be counted cumulatively and only one code assigned for total hours of management of CVS.

(See ACS 1006, Volume 5, page 164.)

Exercises

1. Code the following scenario

An 83 year old female presented to A & E with acute exacerbation of her COAD. On examination she was found to be in acute respiratory failure. She continues to smoke 10 cigarettes a day. She was intubated and transferred to ICU where she remained ventilated for 48 hours. Her condition improved over the next 2 days with physiotherapy and she was transferred to the ward. Three days later she developed chest congestion and sputum cultures confirmed pneumonia due to pseudomonas. Her breathing continued to deteriorate so she was transferred to ICU where she was started on IV antibiotics and intubated and ventilated for a further 5 days. She continued to improve but was unable to be discharged until a suitable nursing home was found. Finally discharged to the nursing home on day 20.

ACS 1008 Chronic obstructive pulmonary disease (COPD)

Amended

An explanatory key to the schema has been added to the standard (previously advised in the First Errata, June 2000). This advice became effective from July 2000.

(See ACS 1008, Volume 5, page 168.)

ACS 1124 Healed gastric ulcer

Deleted

This standard has been deleted and content incorporated into ACS 2113 *Follow-up examinations for specific disorders*.

ACS 1203 Debridement

Amended

The new Third Edition codes relating to excisional debridement of soft tissue have been included in the standard. A cross-reference to ACS 1217 *Repair of wound of skin and subcutaneous tissue* has also been added.

(See ACS 1203, Volume 5, page 177.)

ACS 1204 Plastic surgery

Amended

This standard has undergone a major revision to improve the consistency in assignment of principal diagnosis for admissions involving plastic surgery (whether to assign a Z code or a code for the condition/reason for surgery).

'Cosmetic surgery' has been emphasised in a new section and classification examples added. These instructions clarify the correct principal diagnosis. They also make the information in the section 'revision of scar' redundant and so this section has been deleted.

The section 'Removal of breast implants' has been expanded and classification examples added. A paragraph has been added with advice on coding breast implants removed or replaced because of a complication – this addition clarifies the correct principal diagnosis code.

The section 'Prophylactic mastectomy' has been rewritten with an explanation of the meaning of 'prophylactic' in this context.

This standard has also had a name change from 'Elective plastic surgery' to 'Plastic surgery' to reflect that not all plastic surgery is elective.

(See ACS 1204, Volume 5, page 177.)

ACS 1217 Repair of wound of skin and subcutaneous tissue

Amended

The guidelines for coding wounds involving deeper tissue have been revised with a note to code also any repairs to soft tissue such as muscle, tendon, fascia, ligaments or nerves. A classification example has also been added to clearly illustrate this principle.

(See ACS 1217, Volume 5, page 180.)

ACS 1218 Destruction/excision of skin lesion

Deleted

This standard has been deleted. It was considered redundant because of the changes to the procedure codes in the Third Edition (the morphology descriptions have been removed from code titles relating to destruction and excision of skin lesions).

ACS 1319 Meniscus/ligament tear of knee, NOS

Amended

The words 'of knee' have been added to the title of this standard.

(See ACS 1319, Volume 5, page 186.)

ACS 1346 Patello-femoral compression syndrome

Deleted

This standard has been deleted. It was considered redundant, given the improvements to the index entries in the Third Edition.

(See 'Diseases, Minor changes, Patello-femoral compression syndrome'.)

ACS 1348 Spinal fusion

Amended

The codes describing spinal fixation for scoliosis and kyphosis have been deleted in the Third Edition. Consequently, references to these codes have been removed from the standard.

(See ACS 1348, Volume 5, page 188.)

ACS 1404 Admission for renal dialysis

Amended

The code for admission for peritoneal dialysis (Z49.2) has been added to this standard.

(See ACS 1404, Volume 5, page 191.)

ACS 1408 Human papilloma virus

Amended

The information in this standard has been reorganised to better convey the classification principles. The clinical descriptions of types of warts have been removed, as this information is not necessary to the interpretation of the standard. The code for urethral warts (N36.8) has been added to the list of anogenital sites.

(See ACS 1408, Volume 5, page 191.)

ACS 1436 Trial of void

Amended

The codes for replacement of catheter have been removed and replaced with codes for removal and insertion of catheter. This change has been necessary, as catheters are not removed and inserted simultaneously during an episode of care for trial of void.

(See ACS 1436, Volume 5, page 196.)

ACS 1437 Infertility

Created

This standard has been created to provide advice on principal diagnosis assignment for admissions involving in-vitro fertilisation procedures. A standard was deemed necessary to resolve the confusion that occurred with principal diagnosis selection with the introduction of the First Edition.

In July 1998, clinical coders were advised to assign Z31.2 *In vitro fertilisation* as the principal diagnosis for admissions involving in-vitro fertilisation procedures. This advice was consistent with previous coding practice using ICD-9-CM. This code also grouped correctly in the Australian Refined-Diagnosis Related Groups (v4) classification.

However, advice was received about a grouping error that occurred if this code was used as principal diagnosis when grouping in Australian National – Diagnosis Related Groups (v3.1) classification. In October 1998, the NCCH issued advice to all clinical coders using v3.1 to assign an appropriate code from category N97 *Female infertility* as the principal diagnosis until further notice or until their morbidity data is grouped with AR-DRG v4.

In July 2001, this advice was rescinded as all state and territory health authorities had adopted AR-DRG v4.1.

(See ACS 1437, Volume 5, page 197.)

ACS 1504 Hydatidiform mole

Amended

The title of code 35643-00 [1627] has changed from *Evacuation of contents of gravid uterus* to *Dilation and curettage [D&C] following abortion or for termination of pregnancy*.

The title of code 35643-01 [1267] has changed from *Suction curettage following abortion or for termination of pregnancy* to *Suction curettage of uterus*.

(See ACS 1504, Volume 5, page 201.)

ACS 1505 Single spontaneous vaginal delivery

Amended

The list of procedure codes has been deleted. This decision was made because the list required constant maintenance to keep it clinically relevant and up to date. However, the basic premise remains the same, in that where any manipulation or instrumentation (e.g. forceps) is performed, code O80 *Single spontaneous delivery* is not to be assigned.

(See ACS 1505, Volume 5, page 203.)

ACS 1506 Malpresentation, disproportion and abnormality of maternal pelvic organs

Amended

This standard has been expanded to provide guidance on the classification logic of categories O32–O34 and O64–O66. ACS 1545 *Uterine scar* has also been incorporated. Consequently, the title has been changed from ‘Presentations regarded as abnormal’ to reflect the expanded content.

The coding advice given for categories O32–O34 and O64–O66 represents a change in coding practice. These categories describe malpresentations, disproportions and abnormalities of maternal pelvic organs that are diagnosed and require care before the onset of labour (O32–O34) or during labour/delivery (O64–O66).

Codes from categories O64–O66 are described as ‘obstruction’ and were previously assigned only when ‘obstruction’ was documented. Obstruction is a subjective diagnosis and the meaning varies considerably among obstetricians. In Australian clinical practice, measures are undertaken to prevent an obstruction. Thus the documentation of ‘obstruction’ is rare in this country and codes from categories O64–O66 are rarely assigned.

The conditions that should have been assigned to categories O64–O66 (under the classification logic) have been assigned to categories O32–O34 because clinical documentation did not support their assignment to O64–O66.

From July 2002, the advice in this standard will enable clinical coders to follow the classification logic as intended, regardless of the clinical documentation of ‘obstruction’ (previously published in *Coding Matters*).

(See ACS 1506, Volume 5, page 203.)

Exercises

1. Breech presentation at delivery requiring forceps intervention would require a code assigned from block O64.

True or False?
2. O34.2 *Maternal care due to uterine scar from previous surgery* cannot be assigned for an antenatal admission.

True or False?
3. A code from block O65 can be assigned for an antenatal admission.

True or False?

ACS 1508 Delay of second stage with neuraxial block

Amended

The terminology has been updated in line with the Third Edition changes made to the anaesthesia codes – ‘epidural’ has been changed to ‘neuraxial block’. The last sentence in the first paragraph has also been revised to more clearly explain the intent of this guideline.

(See ACS 1508, Volume 5, page 204.)

ACS 1511 Termination of pregnancy

Amended

The second paragraph of ‘Point 1’ regarding the outcome of a liveborn infant can be applied to both scenarios (either before or after fetal viability), therefore this information has been moved to the end of the standard.

(See ACS 1511, Volume 5, page 201.)

ACS 1513 Induction

Amended

In the section ‘Reason for induction’ eclampsia has been changed to pre-eclampsia.

The code title in example two has been changed from ‘*Suction curettage following abortion or for termination of pregnancy*’ to ‘*Suction curettage of uterus*’

(See ACS 1513, Volume 5, page 205.)

ACS 1518 Duration of pregnancy

Amended

The code description of O09.5 has been changed (from ‘34–36 completed weeks’ to ‘34–<37 completed weeks’ to align with the ICD convention of describing completed weeks of gestation.

(See ACS 1518, Volume 5, page 206.)

ACS 1530 Premature delivery

Amended

The word ‘completed’ has been added to the first sentence to clarify that O60 *Preterm delivery* is assigned if delivery occurs before 37 completed weeks gestation and to align with the ICD convention of describing completed weeks of gestation.

(See ACS 1530, Volume 5, page 209.)

ACS 1531 Premature rupture of membranes

Amended

The note for 'duration of pregnancy' has been amended to align this standard with ACS 1518 *Duration of pregnancy*.

(See ACS 1531, Volume 5, page 210.)

ACS 1544 Complications following abortion and ectopic and molar Pregnancy

Amended

Guidelines for coding admissions for 'retained products of conception following a missed abortion during a previous episode of care' have been added to the section 'Retained products of conception'.

(See ACS 1544, Volume 5, page 202.)

ACS 1545 Uterine scar

Deleted

This standard has been deleted and content incorporated into ACS 1506 *Malpresentation, disproportion and abnormality of maternal pelvic organ*.

ACS 1546 Fetal heart rate decelerations

Amended

This standard has been created to provide guidance in coding of fetal heart rate decelerations (previously advised in the Fourth Errata, June 2001).

The standard was revised to more clearly explain the intent and clarify that fetal heart rate decelerations should be coded if instrumental or surgical intervention is undertaken.

(See ACS 1546, Volume 5, page 212.)

Exercises

1. Baby delivered by forceps due to variable decelerations (no further documentation) cannot be assigned a code for fetal distress.

True or False?

ACS 1547 Meconium in liquor

Amended

This standard has been created to provide guidance in coding of meconium in liquor (previously advised in the Fourth Errata, June 2001).

The standard was revised to more clearly explain the intent and clarify that meconium in liquor should be coded if instrumental or surgical intervention is undertaken.

(See ACS 1547, Volume 5, page 212.)

Exercises

1. A baby delivered by forceps due to meconium in liquor (no further documentation) can be assigned a code for fetal distress.

True or False?

ACS 1549 Streptococcal group B infection/carrier in pregnancy

Created

This standard has been created with definitions and classification examples to assist in understanding and coding this area, particularly in relation to carrier status versus active infection.

(See ACS 1549, Volume 5, page 214.)

Exercises

1. Assign the correct codes for the following:
 - a. A pregnant woman with positive vaginal swab for GBS and is diagnosed with genitourinary tract infection due to the Strep B.
 - b. A pregnant woman with positive vaginal swab for GBS but no treatment given.
 - c. A pregnant woman with positive vaginal swab for GBS is treated with penicillin.

ACS 1609 Newborns affected by maternal causes and birth trauma

Amended

This standard (previously published in *Coding Matters*), has been considerably expanded to apply to all categories relevant to newborns affected by a maternal condition (P00–P04) and birth trauma (P10–P15). Coding guidelines and classification examples have been included to assist in understanding and coding these conditions.

(See ACS 1609, Volume 5, page 219.)

ACS 1615 Specific interventions for the sick neonate

Amended

The section 'Gastric gavage' has been rewritten to reflect the changes to the Third Edition codes. Gastric gavage and tube feeding are types of enteral infusion, therefore the generic term has been applied in this standard and the code corrected (prior to July 2002: 92072-00 [1895] – from July 2002: 92191-00 [1885]).

The instruction 'but not if performed as part of resuscitation at birth' in the 'Transfusions' section, has been deleted (previously advised in the Second Errata, September 2000).

(See ACS 1615, Volume 5, page 222.)

ACS 1617 Neonatal sepsis/risk of sepsis

Created

This standard (previously published in *Coding Matters*), has been created with definitions and classification examples to provide guidance for code assignment in neonatal sepsis or risk of sepsis.

(See ACS 1617, Volume 5, page 224.)

ACS 1618 Prematurity and low birth weight

Created

This standard (previously published in *Coding Matters*), has been created to clarify that codes in category P07 *Disorders related to short gestation and low birth weight, not elsewhere classified* relate to weight/gestational age at birth. It also provides guidance about when these codes are to be assigned.

(See ACS 1618, Volume 5, page 225.)

ACS 1904 Procedural complications

Amended

The second paragraph describing certain complications that relate only to specific types of procedures in the section 'Examples of procedural complications' has been deleted. This paragraph was not important to the interpretation of the standard and the complications cited could relate to procedures other than those listed.

The section 'Examples of procedural complications not coded' has been deleted as the decision whether to code these conditions as a procedural complication cannot be applied as a general rule and needs to be taken on a case by case basis.

Procedure codes have been deleted from all the classification examples and a note to this effect has been placed in the 'Classification' section. They were not considered relevant to the interpretation of this standard.

The section 'Classification of transient conditions' has been revised. A sentence has been added to clarify that 'transient conditions' should be coded if there is documentation by a clinician that the condition is a complication of a procedure. Examples have been added to clearly illustrate the logic of this guideline.

'Example 3' (now 'Example 5') has been changed in the 'Classification of misadventures' section to provide a more common scenario.

'Example 6' has been deleted from the 'Classification of early and late complications' section as the example was not clinically relevant.

(See ACS 1904, Volume 5, page 237.)

ACS 1909 Adult and child abuse

Amended

The section 'Victim' has been revised to include neglect and physical conditions that can result from abuse and are not injuries (eg malnourishment). Classification examples have been added to illustrate the principles.

In cases of abuse with resulting injury(ies), the external cause code should reflect the mechanism of the injury. This represents a change in coding practice. Prior to July 2002, the external cause code was assigned from category Y07 *Other maltreatment syndromes*. Assault codes in the Third Edition provide a fifth character to indicate the perpetrator. This enables both the specific type of assault, abuse or neglect and the perpetrator to be identified.

The section 'History of abuse' has been expanded to include classification guidelines on the appropriate code to assign when 'history of abuse' is documented without further qualification.

(See ACS 1909, Volume 5, page 244.)

ACS 1911 Burns

Amended

The section 'Dressing of burns' has been rewritten and the coding advice changed. Dressings of burns are coded only when performed under anaesthesia. This represents a change in coding practice. Prior to July 2002, dressings of burns were coded, regardless of whether anaesthesia was performed. This change aligns this standard with the advice given in ACS 0042 *Procedures normally not coded*.

(See ACS 1911, Volume 5, page 246.)

ACS 1915 Spinal (cord) injury (includes traumatic paraplegia and quadriplegia)

Amended

A cross reference to ACS 0625 *Quadriplegia and paraplegia, non-traumatic* has been added to the classification section 'Spinal cord injury – subsequent phase' for guidance on coding of non- traumatic spinal cord injuries in a subsequent phase.

The new code titles for codes S14.7-, S24.7- and S34.7- have been included in the examples.

(See ACS 1915, Volume 5, page 250.)

ACS 1923 Contact with venomous creatures

Created

This standard has been created with definitions and classification examples to assist in understanding and coding snake and spider bites and any related treatment. Advice has also been provided on antivenom and its adverse effects.

(See ACS 1923, Volume 5, page 259.)

ACS 2001 External cause code use and sequencing

Amended

The cross references to ACS 2003 *Place of occurrence code* and ACS 2006 *Activity related to the external cause of injury* have been replaced with cross references to the tabular list of diseases. These standards have been deleted in the Third Edition and their content incorporated into the tabular list.

The terminology 'birth injury' has been changed to 'birth trauma' in code titles where appropriate.

(See ACS 2001, Volume 5, page 265.)

ACS 2003 Place of occurrence code

Deleted

This standard has been deleted and content incorporated into the tabular list of diseases under category Y92 *Place of occurrence*.

ACS 2006 Activity related to the external cause of injury

Deleted

This standard has been deleted and content incorporated into the tabular list of diseases under block U50–U73 *Activity*.

ACS 2008 Perpetrator of assault, abuse and neglect

Created

This standard has been created with classification examples to provide guidance in assigning the new 5th character codes identifying the perpetrator of assault, abuse or neglect that are valid with categories X85–Y09.

(See ACS 2008, Volume 5, page 268.)

ACS 2104 Rehabilitation

Amended

The cross reference in Example 5 to ACS 2110 *Amputation status* has been deleted in line with the deletion of this standard in the Third Edition.

The new code title for code S14.70 has been included in example 7.

(See ACS 2104, Volume 5, page 273.)

ACS 2105 Long term/nursing home type inpatients

Amended

This standard has been revised to clarify the coding of both long term residents/nursing home type patients admitted directly from home or as an episode type change; and those admitted with an acute problem who remain in as long term residents/nursing home type patients, without an episode type change. A cross reference to the National Health Data Dictionary V10 'episode type changes' has been added for further clarification.

A cross reference to ACS 0002 *Additional diagnoses* has also been added.

(See ACS 2105, Volume 5, page 276.)

ACS 2110 Amputation status

Deleted

This standard has been deleted. Amputation status should meet ACS 0002 *Additional diagnoses* before being coded.

The deletion of this standard will result in a change in coding practice. Prior to July 2002, amputation status was always assigned as an additional diagnosis, regardless of the principal diagnosis (except in episodes of care where the amputation is current). From July 2002, amputation status will be assigned as an additional diagnosis only when the criteria in ACS 0002 are met.

ACS 2111 Screening for specific disorders

Amended

This standard was introduced in the Second Edition ICD-10-AM to clarify the application of screening versus follow up codes. However, because of grouping issues, it has only been implemented in those states/territories using AR-DRG version 4.2.

Clinical coders in states/territories not using V4.2 should continue to assign a code for the reason for screening, such as family history, as the principal diagnosis. The screening codes (Z11, Z12 and Z13) should be assigned as an additional diagnosis.

The cross reference to ACS 0213 *History of malignancy* has been replaced with cross references to ACS 2112 *Personal history* and ACS 2113 *Follow-up examinations for specific disorders* (ACS 0213 has been deleted and content incorporated into ACS 2112 and 2113).

(See ACS 2111, Volume 5, page 276.)

ACS 2112 Personal history

Created

This standard has been created to provide generic advice about coding and sequencing of 'history of' conditions and the application of codes in categories Z85–Z87. The general principles regarding the assignment of codes from category Z85 *Personal history of malignant neoplasm* in ACS 0213 *History of malignancy* have also been incorporated into this standard.

(See ACS 2112, Volume 5, page 277.)

ACS 2113 Follow-up examinations for specific disorders

Created

This standard has been created to provide generic advice about coding and sequencing of 'follow-up' of conditions and the application of codes in categories Z08 and Z09. The generic principles regarding the assignment of 'follow-up' codes in ACS 0213 *History of malignancy* and ACS 1124 *Healed gastric ulcer* have been incorporated into this standard.

(See ACS 2113, Volume 5, page 277.)

Exercise Answers

Diabetes

Question 1

d) K40.90, E09.9, I10

HINT: ACS 0401 *Diabetes mellitus and impaired glucose regulation*, Volume 5, page 93.

Question 2

E11.65 *Type 2 diabetes mellitus with poor control*
E11.53 *Type 2 diabetes mellitus with diabetic ischaemic cardiomyopathy*
E11.29 *Type 2 diabetes mellitus with other specified renal complication*
Z94.0 *Kidney transplant status*
E66.9 *Obesity, unspecified*

HINT: See ACS 0401 *Diabetes mellitus and impaired glucose regulation* - diabetes for stabilisation, page 94; general classification principles, page 87; diabetic ischaemic cardiomyopathy, page 99; eradicated conditions in diabetes, page 102; metabolic syndrome/insulin resistance syndrome, page 92.

As this admission was not 'for diabetic education', Z71.8 is not assigned. Z71.8 is only used as a 'flag' to indicate an admission for education, rather than an admission for treatment which includes education (see ACS 0401, diabetes education, page 102).

Question 3

O24.42 *Diabetes mellitus arising in pregnancy, insulin treated*

HINT: ACS 0401 *Diabetes mellitus and impaired glucose regulation*, page 91.

Question 4

E11.73 *Type 2 diabetes mellitus with foot ulcer due to multiple causes*
I73.9 *Peripheral vascular disease, unspecified*
E11.72 *Type 2 diabetes mellitus with features of insulin resistance*
I10 *Essential (primary) hypertension*
E78.1 *Pure hyperglyceridaemia*
E78.6 *Lipoprotein deficiency*

External causes

Question 1

c) Butler's

This snake is classified to X20.03 *Contact with black snake*.

Question 2

'not requiring'

HINT: Definitions related to transport accidents are found in Volume 1, page 451-453.

Question 3

- Y92.34
- U55.4 (HINT: Sports activities are indexed under 'Sport (activity)').
- Y92.00
- U61.36 (HINT: Sports activities are indexed under 'Sport (activity)').
- U73.08 (HINT: This type of activity is indexed under 'Activity').

- f. Y92.13
- g. U56.37 (HINT: Sports activities are indexed under 'Sport (activity)').
- h. U58.0 (HINT: Sports activities are indexed under 'Sport (activity)').
- i. Y92.41 (HINT: Footpath is indexed under 'Place of occurrence, street').
- j. Y92.51 (HINT: Petrol station is indexed under 'Place of occurrence, service area').

Question 4

- a. V40.51. (HINT: Although not documented, this is classified as a traffic accident. Refer to 'Classification and coding instructions for transport accidents', Volume 1, page 453).
- b. W01.0
- c. W23.0
- d. W56.0
- e. W34.1 (HINT: See 'Table of discharges of firearms', Volume 2, page 438).
- f. X10.0
- g. X26.02 (HINT: See External causes index - 'Contact, with').
- h. X78.1

Question 5

b) Horse

HINT: Look up 'Accident, transport, animal-rider or animal-drawn vehicle occupant, non-collision, animal, horse' or use the Table of Land Transport Accidents, Volume 2, page 426.

Question 6

a) Foster parent

HINT: Assign the closest relationship which is indicated by the highest on the list (see ACS 2008 *Perpetrator of assault, abuse and neglect*). See also, Volume 1, page 486 which provides examples of 'types of people' classified to each fifth character.

Question 7

False

The default code is X21.9 *Contact with unspecified spider*.

Question 8

S40.0	<i>Contusion of shoulder and upper arm</i>
S00.85	<i>Superficial injury of other parts of head, contusion</i>
Y04.01	<i>Assault by bodily force, parent</i>
T74.0	<i>Neglect or abandonment</i>
Y06.01	<i>Neglect or abandonment by parent</i>
Y92.53	<i>POO, cafe, hotel & restaurant*</i>
U73.9	<i>Unspecified activity*</i>

**Duplicate place of occurrence/activity codes have not been included.*

HINT: ACS 1909 *Adult and child abuse* states to code any injuries as principal diagnosis. A change to the standard demonstrates that the external cause for the injuries should now describe the mechanism. The fifth character on the external cause code is to identify the perpetrator. Note a filler digit of '0' is required with certain codes from X85-Y09 *Assault* (see Volume 1, page 486). The hierarchy of these codes is explained in ACS 2008 *Perpetrator of assault, abuse and neglect*.

ICD-O-3

Question 1

True

Refer to the 'Note' under code D45, Volume 1, page 58.

Question 2

True

Question 3

False

The morphology code for Myelodysplastic syndrome has a behaviour code of /3.

Question 4

False

The exclusion note instructs you to use D47.7 *Other specified neoplasms of uncertain or unknow behaviour of lymphoid, haematopoietic and related tissue.*

Question 5

d) Hodgkin lymphoma

Question 6

a) One

Infection with drug resistant microorganisms

Question 1

b) The microbiology report indicated E. coli urinary tract infection that was resistant to penicillin and gentamicin, but sensitive to ampicillin.

Morbidly adherent placenta

Question 1

O68.0 *Labour and delivery complicated by fetal heart rate anomaly*

O43.2 *Morbidly adherent placenta*

O72.0 *Third-stage haemorrhage*

F53.8 *Other mental and behavioural disorders associated with the puerperium, NEC (HINT: Look up 'Postpartum, blues' and see ACS 0505 Mental illness complicating pregnancy)*

Z37.0 *Single livebirth*

90468-00 [1337] *Low forceps delivery (HINT: See ACS 1534 Forceps delivery for forceps definitions)*

90482-00 [1345] *Manual removal of placenta*

Neonatal and congenital conditions

Question 1

False

Not all codes have expanded at the fifth character level.

Question 2

True

Question 3

True

See ACS 1618 *Prematurity and low birth weight* (Volume 5, page 225), and note the Errata change of 'fourth' to 'fifth' in the third paragraph.

Question 4

- P07.31 *Other preterm infant, 28 or more completed weeks but less than 32 completed weeks* (HINT: ACS 1618 *Prematurity and low birth weight*)
- P07.12 *Other low birth weight 1250–1499g* (HINT: ACS 1618)
- Q42.21 *Congenital absence, atresia and stenosis of anus with anocutaneous fistula*
- Q05.70 *Lumbar spina bifida without hydrocephalus, unspecified whether lesion is open or closed*
- P22.1 *Transient tachypnoea of newborn*
- Z29.2 *Other prophylactic chemotherapy* (HINT: ACS 1617 *Neonatal sepsis/risk of sepsis*)
- Z38.0 *Singleton, born in hospital*
- 92044-00 [1889] *Other oxygen enrichment* (HINT: ACS 1615 *Specific interventions for the sick neonate*)
- 92186-00 [1885] *Injection of antibiotic* (HINT: ACS 1615)
- 92191-00 [1885] *Enteral infusion of nutritional substances* (HINT: ACS 1615)

HINT: ACS 1609 *Newborns affected by maternal causes and birth trauma* – no P00-P04 code should be assigned, as the infant did not develop sepsis from PROM (therefore there was no 'condition').

Old AMI

- a. four (4)
- b. twenty-eight (28)
- c. not
- d. additional, 0002

Person awaiting admission to adequate facility

Question 1

- a. 8
- b. 3
- c. 1
- d. 8
- e. 0
- f. 2
- g. 4

(HINT: Lookup 'Awaiting').

Postnatal depression

Question 1

L90.5 *Scar conditions and fibrosis of skin*
O94 *Sequelae of complication of pregnancy, childbirth and the puerperium*
F32.21 *Severe depressive episode without psychotic symptoms, arising in the postnatal period (HINT: See ACS 0505 Mental illness complicating pregnancy)*

45515-00 [1657] *Revision of scar of other site, <= 7cm in length*
92514-19 [1910] *General anaesthesia, ASA 1, non-emergency*
93340-00 [1907] *Electroconvulsive therapy [ECT] <= 8 treatments*
92514-19 [1910] *General anaesthesia, ASA 1, non-emergency*
92514-19 [1910] *General anaesthesia, ASA 1, non-emergency*
92514-19 [1910] *General anaesthesia, ASA 1, non-emergency*
92514-19 [1910] *General anaesthesia, ASA 1, non-emergency*

HINT: See ACS 0031 *Anaesthesia*.

Sepsis and septicaemia

Question 1

Sepsis is a systemic inflammatory response to an infection.

Septicaemia is generally used to describe a systemic illness caused by bacteria in the blood stream.

SIRS is defined as a systemic inflammatory response which can occur in response to a variety of severe clinical insults.

HINT: See ACS 0110 *Septicaemia*.

Question 2

N40 *Hyperplasia of prostate*
N39.0 *Urinary tract infection, site not specified*
B96.2 *Escherichia coli [E.coli] as the cause of diseases classified to other chapters*
T81.42 *Sepsis following a procedure*
A41.0 *Sepsis due to staphylococcus aureus*
Y83.6 *Removal of other organ*
Y92.22 *POO, Health service area*

37203-00 [1165] *TURP*
92514-29 [1910] *General anaesthesia, ASA 2, non-emergency (HINT: See ACS 0031 Anaesthesia.)*

HINT: ACS 1904 *Procedural complications* indicates that documentation of 'postoperative' does not necessarily mean the condition will be coded as a procedural complication. In this scenario, the UTI is not documented as due to the procedure, therefore it should be coded, but not as a procedural complication.

ACS 0110 *Septicaemia* indicates that when code T81.42 *Sepsis following a procedure* is assigned, an additional code from A40-A41 should be assigned to indicate the type of sepsis.

Sternal wires (complications of)

Question 1

- a. T81.41
HINT: Lookup - 'Complications (from) (of), sternal wires (sutures).
- b. T85.6
HINT: Lookup - 'Complications (from) (of), sternal wires (sutures). 'Displacement' meets the definition of a mechanical complication (see includes terms at T82.0).

Allied health

Question 1

- a. 96104-00 [1873]
b. 96178-00 [1873]
c. 96182-00 [1873]
d. 96186-00 [1824]
e. 96181-00 [1873]

Anaesthetics

Question 1

- a. 92508-99 [1909]
b. 92507-99 [1333]
c. 92508-99 [1909], 92516-00 [1912]' (HINT: Lookup for postprocedural analgesia is found under the lead term of 'Management, block' or 'Analgesia, postprocedural').
d. 92506-99 [1333]

Question 2

- C44.3 *Other malignant neoplasms of skin of other and unspecified parts of face*
C44.4 *Other malignant neoplasm of skin of scalp and neck*
M8090/3 *Basal cell carcinoma NOS*

- 31235-00 [1620] *Excision of lesion of skin and subcutaneous tissue of other site of head*
31235-00 [1620] *Excision of lesion of skin and subcutaneous tissue of other site of head*
31235-01 [1620] *Excision of lesion of skin and subcutaneous tissue of neck*
92513-19 [1909] *Infiltration of local anaesthetic, ASA 1, non-emergency*

HINT: See ACS 0020 *Multiple/Bilateral procedures.*

Question 3

K59.0	<i>Constipation</i>
K57.30	<i>Diverticular disease of large intestine without perforation or abscess, diverticulosis without mention of haemorrhage</i>
D12.0	<i>Caecum (Benign neoplasm of colon, rectum, anus, anal canal)</i>
M8263/0	<i>Tubulovillous adenoma NOS</i>
Z83.7	<i>Family history of disease of the digestive system</i>
E11.9	<i>Type 2 diabetes mellitus without complication</i>
32093-00 [911]	<i>Fibreoptic colonoscopy to caecum, with polypectomy</i>
92515-29 [1910]	<i>Sedation, ASA 2, non-emergency</i>

HINT: See ACS 0046 *Diagnosis selection for same-day endoscopy.*

Colorectal surgery

Question 1

False

This is now inherent in the resection codes.

Question 2

False

These procedures are very different.

Question 3

True

Diagnosis in procedure codes

Question 1

- a. R
- b. R
- c. D
- d. D
- e. D
- f. R
- g. D
- h. R
- i. D

Dilation and evacuation of uterus

Question 1

- b) Second trimester termination of pregnancy

Excisional debridement involving deep tissue

Question 1

S66.1 *Injury of flexor muscle and tendon of other finger at wrist and hand level*
S61.88 *Open wound of other parts of wrist and hand*
W31.4 *Contact with earthmoving, scraping and other excavating machinery*
Y92.60 *Construction area*
U73.03 *Construction*

46432-00 [1466] *Primary repair of flexor tendon of hand, distal to A1 pulley*
30023-00 [1566] *Excisional debridement of soft tissue*
92511-19 [1909] *Regional block, nerve of upper limb, ASA 1, non-emergency*
95550-03 [1916] *Allied health intervention, physiotherapy*

HINT: ACS 1217 *Repair of wound of skin and subcutaneous tissue* indicates that repairs of soft tissue such as tendons should also be coded.

ACS 1908 *Laceration with nerve and tendon damage* indicates that a laceration with tendon damage is more severe than an uncomplicated laceration, therefore the tendon injury code should be sequenced first.

See also, ACS 1203 *Debridement* and ACS 0031 *Anaesthesia*.

Limb lengthening/reconstruction

Question 1

M21.86 *Other specified acquired deformities of limbs, lower leg*

90604-00 [1578] *Correction of bony deformity*
50303-00 [1578] *Limb lengthening*
92514-19 [1910] *General anaesthesia, ASA 1, non-emergency*

HINT: Osteotomy and fixation device are included within 90604-00 [1578] and there is a 'Code also when performed' note for limb lengthening.

MBS changes

Question 1

subcutaneous and simple

Question 2

- a. 55804-00 [1950]
- b. 45494-00 [1643]
- c. 36654-01 [1046]
- d. 45471-00 [1644]
- e. 45451-23 [1648]
- f. 45661-00 [1684]
- g. 36529-00 [1053]

Osteomyelitis (procedures for)

Question 1

M86.63 *Other chronic osteomyelitis, forearm*

90603-09 [1426]	<i>Sequestrectomy of radius</i>
48227-00 [1435]	<i>Bone graft to radius or ulna with internal fixation</i>
47726-00 [1563]	<i>Procurement of bone for graft via separate incision</i>
92514-29 [1910]	<i>General anaesthesia, ASA 2, non-emergency</i>

Spinal procedures

Question 1

False

Discectomy is now included in decompression codes. See Lookup 'Decompression, spinal canal (or cord). Note 'with discectomy' is a non-essential modifier for each spinal level.

Question 2

False

It is found in Chapter XV *Procedures on musculoskeletal system*.

Question 3

a) 90024-01 [48]

HINT: Only one code is needed as discectomy is included with decompression. Look up is decompression of spinal **canal** not spinal **cord**.

Question 4

M47.12 *Other spondylosis with myelopathy, cervical region*

40335-00 [46]	<i>Decompression of cervical spinal cord with anterior fusion, >=2 levels</i>
48639-00 [1383]	<i>Excision of vertebra</i>
48681-00 [1390]	<i>Nonsegmental internal fixation of spine</i>
47726-00 [1563]	<i>Procurement of bone for graft via separate incision</i>
92514-20 [1910]	<i>General anaesthesia, ASA 2, emergency</i>

HINT: ACS 1348 *Spinal fusion* assists in assignment of internal fixation of spine code. 'Code also when performed' notes at spinal decompression code, indicates that internal fixation and procurement of graft material through separate incision need to be coded in addition.

Vertebrectomy also needs to be coded as this is not a component procedure of decompression laminectomy.

Urinary diversion procedures

Question 1

'continent'

HINT: These procedures are indexed under 'Formation, reservoir'.

ACS 0941 Arterial disease

Question 1

I70.21 *Atherosclerosis of arteries of extremities, with intermittent claudication*
Z95.1 *Presence of aortocoronary bypass graft - optional*
Z86.7 *Personal history of diseases of the circulatory system - optional*

35303-06 [754] *Percutaneous transluminal balloon angioplasty*
92513-99 [1909] *Infiltration of local anaesthesia*

HINT: See ACS 0941 *Arterial Disease* – when procedures are performed to relieve the symptoms of atherosclerosis (such as intermittent claudication), in the absence of comprehensive documentation or clinical advice, atherosclerosis may be assumed to be the diagnosis.

ACS 2112 *Personal History* – personal history ‘Z’ codes are only assigned as additional diagnoses where the condition is completely resolved yet the history is directly relevant to the current episode of care. In this scenario, the history codes have been assigned as it was felt they were relevant because they are all circulatory conditions and it shows that this patient has multiple circulatory problems. The assignment of these codes is considered optional.

ACS 0604 *Stroke* – has been amended to indicate that ‘old CVA’ without deficits does not require the routine assignment of Z86.7 *Personal history of diseases of the circulatory system*.

ACS 0031 *Anaesthesia* – where local anaesthetic is the only type of anaesthetic performed for a procedure, it is to be coded. As the ASA and Emergency modifier were not specified, the default code of ‘99’ is used (see also Volume 3, page 294). Oral sedation is not coded.

ACS 1006 Respiratory support

Question 1

J44.1 *Chronic obstructive pulmonary disease with acute exacerbation, unspecified*
J96.0 *Acute respiratory failure*
J15.1 *Pneumonia due to pseudomonas*
Z72.0 *Tobacco use, current*
Z75.11 *Person awaiting admission to residential aged care service*

13882-02 [569] *Management of continuous ventilatory support, >=96 hours*
13857-00 [569] *Continuous ventilatory support, initiation outside of intensive care*
13879-00 [569] *Continuous ventilatory support, initiation in intensive care*
95550-03 [1916] *Allied health intervention, physiotherapy*

HINT: ACS 1006 *Respiratory support* now states that the hours of ventilation code is assigned based on cumulative hours of ventilation, that is, separate periods of ventilation are not coded separately. However, a code for each occasion of initiation is assigned a separate code. This may mean multiple ‘initiation in ICU’ codes are assigned.

ACS 1506 Malpresentation, disproportion and abnormality of maternal pelvic organs

Question 1

True

HINT: See ACS 1506 *Malpresentation, disproportion and abnormality of maternal pelvic organs*.

Question 2

False

HINT: See ACS 1506 *Malpresentation, disproportion and abnormality of maternal pelvic organs*.

Question 3

False

These codes are only used during labour, O34 would be the correct category.

HINT: See ACS 1506 *Malpresentation, disproportion and abnormality of maternal pelvic organs*.

ACS 1546 Fetal heart rate decelerations

Question 1

False

HINT: See ACS 1546 *Fetal heart rate decelerations*.

ACS 1547 Meconium in liquor

Question 1

True.

HINT: See ACS 1547 *Meconium in liquor*.

ACS 1549 Streptococcal group B infection/carrier in pregnancy

Question 1

a. O23.9, B95.1

HINT: ACS 1549 *Streptococcal group B infection/carrier in pregnancy*.

b. Z22.3

HINT: ACS 1549 *Streptococcal group B infection/carrier in pregnancy*.

c. Z22.3, Z29.2

HINT: ACS 1549 *Streptococcal group B infection/carrier in pregnancy*.