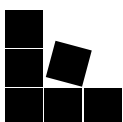
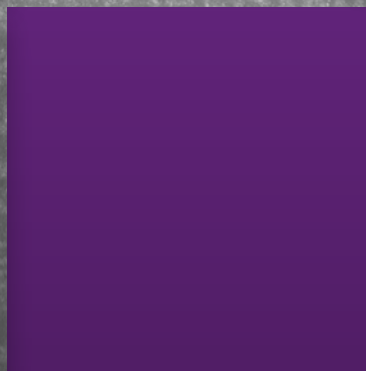
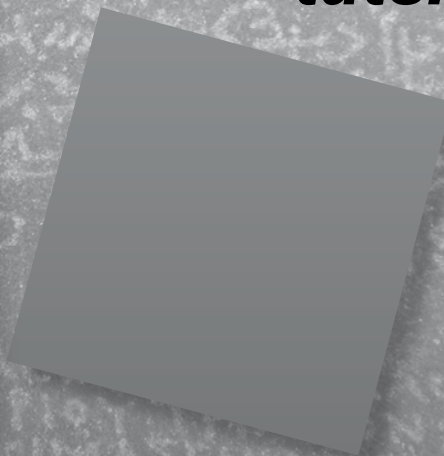
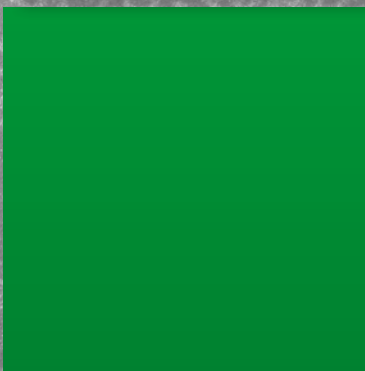


ICD-10-AM/ACHI/ACS

Ninth Edition

2015


*Presentation slides for
Ninth Edition education
tutorial videos*



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Supplementary codes for chronic conditions

ICD-10-AM/ACHI/ACS Ninth Edition

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Supplementary codes for chronic conditions

Background:

- Initiation of ACS 0002 *Additional diagnoses* review
 - continued scrutiny since First Edition
 - numerous modifications
 - increasingly restrictive
- Challenge: how to determine which conditions should be considered as 'affecting patient management'



Supplementary codes for chronic conditions

Background:

- ACS 0002 criteria leading to overly rigorous application
 - overcoding of minor complaints and symptoms
 - undercoding of chronic conditions (not appearing to meet criteria in ACS 0002 *Additional diagnoses*)



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Supplementary codes for chronic conditions

Background:

- many use cases for clinically coded data:
 - research
 - education
 - administration
 - quality assurance activities
 - epidemiological studies
 - health care planning and evaluation
 - payment of health services/activity based funding
- ongoing review and development essential to ensure the classification meets its many use cases.



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Supplementary codes for chronic conditions

Background:

- The interpretation and application of ACS 0002, in conjunction with ACS 0001 *Principal diagnosis*, is fundamental in achieving consistent, complete and meaningful coded clinical data.



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Supplementary codes for chronic conditions

Review of ACS 0002 *Additional diagnosis*:

- evidence-based, phased approach
- commencing with Ninth Edition
- long term goal:
Ensure 'clinically important' conditions included in coded data, so that data collection is appropriate for both current and future use cases, including management of chronic conditions.



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Supplementary codes for chronic conditions

Review process:

- creation 29 Australian codes U78-U88 *Supplementary codes for chronic conditions* (Chapter 22 *Codes for special purpose*)
 - these codes should always be assigned where it is documented that a condition is present during an episode of admitted patient care, but it has not met the criteria for coding (as instructed in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, conventions and rules).



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Supplementary codes for chronic conditions

Review process:

- rationalised list of 'clinically important' conditions – comprehensive without causing undue clinical coder burden
- these "U" codes are excluded from the AR-DRG grouping process and will not impact DRGs/Activity Based Funding
- ACS 0003 *Supplementary codes for chronic conditions* developed to provide classification advice
- ACS 0002 *Additional diagnoses* cross referenced to the new ACS 0003



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Supplementary codes for chronic conditions

Initial phase:

- "U" codes will be assigned for an initial period of two development cycles (i.e. four years) for sufficient data
- analysis of data collection to determine frequency of additional coding and measure impact on resource consumption

Secondary phase:

- results of data analysis will inform the review of ACS 0002 *Additional diagnoses*



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Supplementary codes for chronic conditions

Tabular List:

CHAPTER 22

SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS (U78-U88)

▼0003

Note: [Codes from this section are for use in Australia for chronic conditions as supplementary codes only.](#)

Errata 1 – Addition of ACS reference: ▼0050

Errata 2 – Note: The specific terms listed in the Alphabetic Index must be followed to inform code assignment.

Except where otherwise indicated, only assign codes from this section for unspecified/NEC/NOS conditions (e.g. hypertension NOS) –
see Alphabetic Index/Supplementary/codes for chronic conditions.

Note:

- As supplementary codes for chronic conditions are temporary, they are not included in any of the examples provided throughout ICD-10-AM/ACHI/ACS.



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Supplementary codes for chronic conditions

Tabular List:

CHAPTER 22

SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS (U78-U88)

▼0003

Note: Codes from this section are for use in Australia for chronic conditions as supplementary codes only.

U78 Endocrine, nutritional and metabolic diseases

U78.1 Obesity

U78.2 Cystic fibrosis



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Supplementary codes for chronic conditions

Tabular List:

U79 Mental and behavioural disorders

U79.1 Dementia (including in Alzheimer's disease)

U79.2 Schizophrenia

U79.3 Depression

U79.4 Disorder of intellectual development

Errata 1 - Addition of inclusion terms at U79.4:

Developmental delay
Intellectual development disorder
Intellectual disability
Mental retardation



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Supplementary codes for chronic conditions

Tabular List:

Diseases of the nervous system

[!\[\]\(666e09182d4cd268646ea700ea60dcdf_img.jpg\) U80.1 Parkinson's disease](#)

[!\[\]\(c3d993ca47bfe2a953c700506ce31fa0_img.jpg\) U80.2 Multiple sclerosis](#)

[!\[\]\(d66ff64371a51729ac8c1cdaa685ba6f_img.jpg\) U80.3 Epilepsy](#)

[!\[\]\(e3f8612927870f2e0f9f5989e6dd3064_img.jpg\) U80.4 Cerebral palsy](#)

[!\[\]\(003082e50e3009141f59bd5df831749f_img.jpg\) U80.5 Tetraplegia, paraplegia, diplegia, monoplegia and hemiplegia, due to any cause
Quadriplegia](#)



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Supplementary codes for chronic conditions

Tabular List:

Diseases of the circulatory system

[!\[\]\(95b425611cbd2b8716a140cf67c81822_img.jpg\) U82.1 Ischaemic heart disease
Coronary artery disease](#)

[!\[\]\(b4eeff342f60cc7bcd67d869b4fedca2_img.jpg\) U82.2 Chronic heart failure
Chronic congestive heart:
• disease
• failure](#)

[!\[\]\(4f6bf54ae7e4144a72d78316053e412d_img.jpg\) U82.3 Hypertension](#)



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Supplementary codes for chronic conditions

Tabular List:

Diseases of the respiratory system

[!\[\]\(99f58673407353e96a019fbca558fd72_img.jpg\) U83.1 Emphysema, without mention of chronic obstructive pulmonary disease](#)

[!\[\]\(0f848bbd71cef6b345273b16f905912a_img.jpg\) U83.2 Chronic obstructive pulmonary disease](#)

[!\[\]\(339a16584d5da0f0a3ca4e9ec17bf6a1_img.jpg\) U83.3 Asthma, without mention of chronic obstructive pulmonary disease](#)

[!\[\]\(a870788d6ed9b8fd294b7654a8c8526b_img.jpg\) U83.4 Bronchiectasis, without mention of cystic fibrosis](#)

[!\[\]\(de95854c7ee024cfadc48187bbb781b2_img.jpg\) U83.5 Chronic respiratory failure](#)



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Supplementary codes for chronic conditions

Tabular List:

Diseases of the digestive system

[!\[\]\(e3275251d0893157c3584e20c81dc3ba_img.jpg\) U84.1 Crohn's disease](#)

[!\[\]\(f60b7a900783ac3fd531bfd9c111be6d_img.jpg\) U84.2 Ulcerative colitis](#)

[!\[\]\(f1c5da15572e3e09d343161be98f508d_img.jpg\) U84.3 Chronic liver failure](#)



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Supplementary codes for chronic conditions

Tabular List:

Disorders of the musculoskeletal system and connective tissue

 Rheumatoid arthritis

 Arthritis and osteoarthritis

 Systemic lupus erythematosus

 Osteoporosis



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Supplementary codes for chronic conditions

Tabular List:

Diseases of the genitourinary system

 Chronic kidney disease, stage 3-5

Chronic kidney:

- failure } stage 3-5
- injury }



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Supplementary codes for chronic conditions

Tabular List:

[U88](#) Congenital malformations, deformities and chromosomal abnormalities

[U88.1](#) Spina bifida

[U88.2](#) Down's syndrome
Trisomy 21



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Supplementary codes for chronic conditions

Alphabetic Index:

Supplementary

- [codes for chronic conditions](#)

Errata 2 –

Note: The specific terms listed in the Alphabetic Index must be followed to inform code assignment.

Except where otherwise indicated, only assign codes from this section for unspecified/NEC/NOS conditions (eg hypertension NOS).

- - [arthritis \(osteoarthritis\) U86.2](#)
- - [rheumatoid U86.1](#)
- - [asthma, without mention of COPD U83.3](#)
- - [bronchiectasis, without mention of CF U83.4](#)
- - [cerebral palsy U80.4](#)
- - [colitis, ulcerative U84.2](#)
- - [Crohn's disease U84.1](#)
- - [cystic fibrosis U78.2](#)
-

Errata 2 – Updates to Alphabetic Index to include code range criteria



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Supplementary codes for chronic conditions

New ACS:

0003 SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS

Codes from U78.- to U88.- are to be assigned for chronic conditions that are present on admission, however the condition does not meet the criteria for coding (as instructed in ACS 0002 *Additional diagnoses and other general and specialty coding standards, coding conventions, and coding rules*).

These codes are for temporary use in Australia to generate data which will be utilised to review the coding of additional diagnoses.

The codes are mapped so as not to be included in the grouping for Diagnosis Related Group (DRG) allocation.



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Supplementary codes for chronic conditions

New ACS:

0003 SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS

The assignment of codes from U78.- to U88.- does not impact on the other codes that are assigned. Rather, these codes represent conditions that would normally not be included in the coded data (see Figure 1).

Codes from U78.- to U88.- should be sequenced after all other ICD-10-AM codes, giving priority to the reporting of the other codes where the number of fields is limited.



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Supplementary codes for chronic conditions

New ACS:

0003 SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS

CLASSIFICATION

The supplementary codes for chronic conditions are **only to be assigned** where it is evident that the condition is part of the **current health status** of the patient (see Example 1 and 2). This includes conditions that are currently medically controlled (see Example 3).

The supplementary codes **are not to be assigned**:

- in addition to another chapter code for the same condition (see Example 4)
- for a past history of a condition (see Example 5)
- for an acute condition.

Where it is unclear whether a code from U78.- to U88.- should be assigned, do not assign the code.

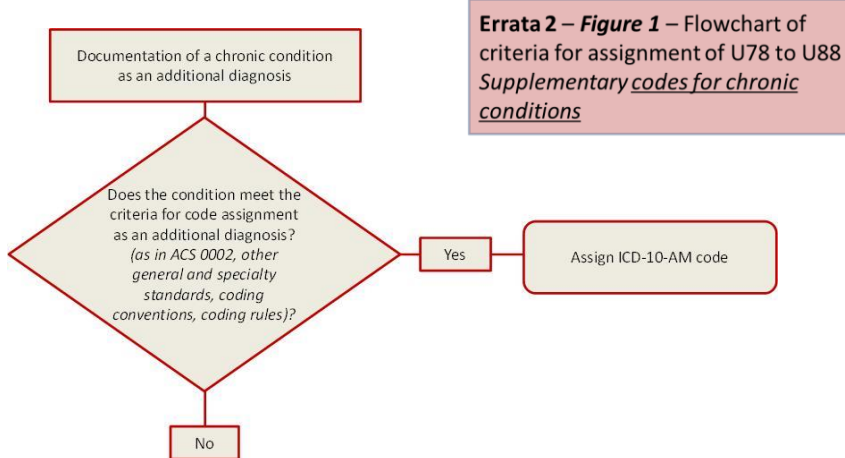
Errata 2 – Note: The specific terms listed in the Alphabetic Index must be followed to inform code assignment. Except where otherwise indicated, only assign codes from this section for unspecified/NEC/NOS conditions (eg hypertension NOS) – see *Alphabetic Index/Supplementary/codes for chronic conditions*



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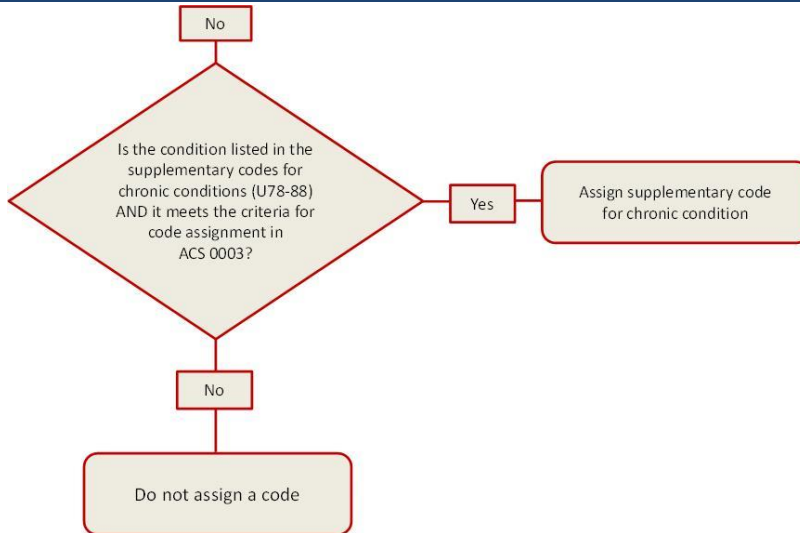
Supplementary codes for chronic conditions

Figure 1 – Flowchart of criteria for assignment of U78 to U88 Supplementary chronic condition codes



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Supplementary codes for chronic conditions



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Supplementary codes for chronic conditions

New ACS:

0003 SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS

Note: Supplementary codes for chronic condition are not included in any of the examples provided throughout ICD-10-AM/ACHI/ACS.



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Supplementary codes for chronic conditions

Example 1:

A 14 year old patient with cerebral palsy (CP) is admitted for correction of bat ear.

The CP does not meet the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules).

Assign the supplementary chronic condition code U80.4 *Cerebral palsy*.



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Supplementary codes for chronic conditions

Example 2:

An 80 year old patient with ischaemic heart disease (IHD), a past history of coronary artery bypass (CABG) performed five years previously, hypertension (HT), and rheumatoid arthritis (RA) of the fingers, is admitted for removal of multiple skin lesions under local anaesthetic.

The IHD, HT and RA do not meet the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules).

Assign the supplementary chronic condition codes U82.1 *Ischaemic heart disease*, U82.3 *Hypertension* and U86.1 *Rheumatoid arthritis*.



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Supplementary codes for chronic conditions

Example 3:

A 68 year old patient with Parkinson's disease that is currently controlled by medication is admitted with chest pain for a coronary angiogram.

The Parkinson's disease does not meet the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules).

Assign the supplementary chronic condition code U80.1 *Parkinson's disease*.



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Supplementary codes for chronic conditions

Example 4:

A 49 year old patient with multiple sclerosis (MS) is admitted for an open reduction of a fractured tibia and fibula following a fall.

The patient required additional clinical care and allied health intervention due to the MS. Therefore the MS meets the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules) and G35 *Multiple sclerosis* is assigned.

Do not assign a supplementary chronic condition code for the MS.



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Supplementary codes for chronic conditions

Example 5:

A 45 year old patient with a past history of asthma as a child is admitted for a laparoscopic cholecystectomy for chronic cholecystitis.

The asthma does not meet the criteria for coding in the episode of care (as in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, coding conventions, and coding rules). The asthma also does not meet the criteria for supplementary coding for chronic conditions.

Do not assign a supplementary chronic condition code for the asthma.



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Sepsis

ICD-10-AM/ACHI/ACS Ninth Edition

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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Background:

- Seventh Edition - updated terminology for systemic inflammatory response syndrome (SIRS) and sepsis
- SIRS rarely documented by clinicians
- Ongoing documentation of sepsis
- Ambiguous and inconsistent guidelines in ACS 0110



ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Updates:

- amendments to ICD-10-AM codes
- additional instructional notes in Tabular List
- changes to T81.4 Infection following a procedure
- additional instructional note at category B95-B97 Bacterial, viral and other infectious agents
- amendments to alphabetic index
- revision of ACS 0110 SIRS, sepsis, severe sepsis and septic shock



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Tabular List:

R65 Systemic inflammatory response syndrome [SIRS]

▼0110

Note: — This category is for use in multiple coding to identify SIRS resulting from any cause. A code from another chapter should be assigned first to indicate the cause or underlying disease.

R65.1 ~~Severe sepsis~~ Systemic inflammatory response syndrome [SIRS] of ~~infectious origin with acute organ failure~~
Severe sepsis

[Code first the type of sepsis \(Chapter 1, P36-P37\) - see Alphabetic Index/Sepsis](#)

Use additional code(s) to identify type of acute organ failure



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Tabular List:

R65 Systemic inflammatory response syndrome [SIRS]

R65.0 Systemic inflammatory response syndrome [SIRS] of infectious
▼[0049](#) origin without acute organ failure



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Tabular List:

R65 Systemic inflammatory response syndrome [SIRS]

R65.2 Systemic inflammatory response syndrome [SIRS] of noninfectious
origin without acute organ failure

[*Code first the underlying cause*](#)

R65.3 Systemic inflammatory response syndrome [SIRS] of noninfectious
origin with acute organ failure

[*Code first the underlying cause*](#)

Use additional code(s) to identify type of acute organ failure



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Tabular List:

R57 Shock, not elsewhere classified

R57.2 Septic shock

▼⁰¹¹⁰

Code first the [type of sepsis \(Chapter 1, P36-P37\)](#) – see [Alphabetic Index/Sepsis](#) ~~underlying local or generalised infection~~

Use additional code(s) to identify specific acute organ failure



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Tabular List:

A40 Streptococcal sepsis

Includes: streptococcal septicaemia

Use additional code [\(R65.1\)](#) to identify severe sepsis OR [\(R57.2\)](#) to identify septic shock, [if applicable](#)

A41 Other sepsis

Includes: septicaemia

Use additional code [\(R65.1\)](#) to identify severe sepsis OR [\(R57.2\)](#) to identify septic shock, [if applicable](#)



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Tabular List:

T81.4 Infection following a procedure, not elsewhere classified

T81.41—Wound infection following a procedure

T81.42—Sepsis following a procedure

T81.4 Wound infection following a procedure, not elsewhere classified

▼ 1904

Abscess:

- intra-abdominal }
- stitch } postprocedural
- subphrenic }
- wound }

Infection:

- postprocedural NOS
- sternal wires

Use additional code (Chapter 1, P36-P37) to identify sepsis, if applicable – see Alphabetic Index/Sepsis



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Tabular List:

B95-B97 BACTERIAL, VIRAL AND OTHER INFECTIOUS AGENTS

Note: A code from these categories must be assigned if it provides more specificity about the infectious agent. Do not assign a code from these categories if the same agent has been identified in the infection code (e.g. streptococcal sepsis in A40.-).



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Scenario:

Patient with *E. coli* urinary tract infection and *E. Coli* sepsis

Codes: A41.51 Sepsis due to *Escherichia coli* [*E. coli*]
N39.0 Urinary tract infection, site not specified

Note: B96.2 *Escherichia coli* [*E. coli*] as the cause of diseases classified to other chapters is not required as it is identified within A41.51.



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Alphabetic Index:

Urosepsis ~~N39.0~~ — see Sepsis AND Infection, infected (opportunistic)/urinary (tract) NEC



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

ACS:

0110 SIRS, SEPSIS, SEVERE SEPSIS AND SEPTIC SHOCK

CLASSIFICATION

Systemic inflammatory response syndrome [SIRS]

Where there is documentation of SIRS due to noninfectious aetiology, assign:

- first a code for the aetiology (pancreatitis, trauma etc)
- followed by either R65.2 *Systemic inflammatory response syndrome [SIRS] of noninfectious origin without acute organ failure* OR R65.3 *Systemic inflammatory response syndrome [SIRS] of noninfectious origin with acute organ failure*, as appropriate.

Where there is documentation of SIRS due to infectious aetiology, follow the classification guidelines for Sepsis, Severe sepsis and Septic shock (see below).



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Example 1:

A 55 year old male admitted to hospital with a diagnosis of severe acute pancreatitis (alcohol-induced) with documentation of systemic inflammatory response syndrome and acute multi-organ failure (renal and respiratory).

- Codes:
- K85.2 Alcohol-induced acute pancreatitis
 - R65.3 Systemic inflammatory response syndrome [SIRS] of noninfectious origin with acute organ failure
 - F10.1 Mental and behavioural disorders due to use of alcohol, harmful use
 - N17.9 Acute kidney failure, unspecified
 - J96.09 Acute respiratory failure, type unspecified



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

ACS:

0110 SIRS, SEPSIS, SEVERE SEPSIS AND SEPTIC SHOCK

CLASSIFICATION

Systemic inflammatory response syndrome [SIRS]

For instances where SIRS was initially triggered by a noninfectious condition, and during the admission a noninfectious condition developed an infection resulting in sepsis (e.g. burns, infected burns and then sepsis), follow the above guidelines for SIRS due to noninfectious aetiology and refer to the classification guidelines for *Sepsis, Severe sepsis and Septic shock* (see below) to code the infection/sepsis.

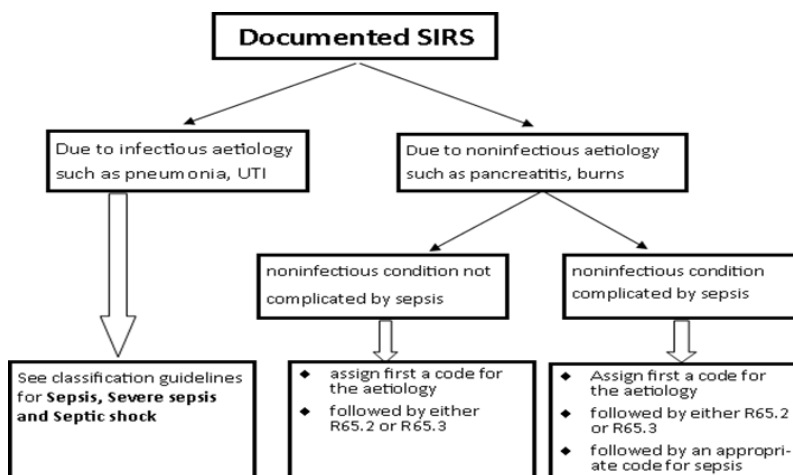
Figure 1 – flowchart for assigning ICD-10-AM codes for documented SIRS



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

ACS:



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

ACS:

0110 SIRS, SEPSIS, SEVERE SEPSIS AND SEPTIC SHOCK

CLASSIFICATION

Sepsis

Where there is documentation of sepsis, assign:

- An appropriate code for sepsis from Chapter 1 *Certain infectious and parasitic diseases (A00-B99)* OR
- An appropriate code from P36.- *Bacterial sepsis of newborn* OR P37.52 *Invasive neonatal candidiasis* for neonates.



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

ACS:

0110 SIRS, SEPSIS, SEVERE SEPSIS AND SEPTIC SHOCK

CLASSIFICATION

Sepsis

When a patient has sepsis classified to:

O03–O07 Pregnancy with abortive outcome

O08.0 Genital tract and pelvic infection following abortion and ectopic and molar pregnancy

O75.3 Other infection during labour

...

assign an additional code from Chapter 1 *Certain infectious and parasitic diseases (A00-B99)* to indicate the type of sepsis.



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Example 3:

A six year old child, who had bulbar palsy and history of aspiration, presented to ED with shortness of breath, tachycardia and fever. He was transferred to the ward with provisional diagnosis of pneumonia and ?sepsis. He was given high flow oxygen, IV fluid resuscitation, antibiotics and other treatments. Septic workup including sputum/blood cultures, chest x-ray, and serum lactate were ordered. Discharge summary states: sepsis due to pneumonia.

Codes: A41.9 Sepsis, unspecified
J18.9 Pneumonia, unspecified

Note: Sequencing of codes may vary according to the individual episode. Selection of the principal diagnosis should be made in accordance with ACS 0001 *Principal diagnosis*.



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Example 4:

An elderly female was admitted for treatment of a stroke (cerebral infarction). During admission the patient complained of burning pain at/around the IV insertion site. On examination, there were clear signs of redness and swelling around the IV site and the IV catheter was removed. On day 8 the patient developed fever, rigors and her left forearm was markedly swollen with pus discharging from the old IV entry site. A wound swab confirmed a coagulase-negative staphylococcus infection. Blood cultures showed no growth. A diagnosis of sepsis secondary to IV site infection was made and she was commenced on antibiotic treatment.

Codes: I63.9 Cerebral infarction, unspecified
T82.7 Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts
B95.7 Other staphylococcus as the cause of diseases classified to other chapters
A41.9 Sepsis, unspecified

Assign appropriate external cause and place of occurrence codes.



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

ACS:

0110 SIRS, SEPSIS, SEVERE SEPSIS AND SEPTIC SHOCK

CLASSIFICATION

Sepsis

When there is documentation of vague diagnostic terms such as 'chest sepsis' 'biliary sepsis', coders should clarify with the treating clinician to determine whether it is a case of sepsis.

Sepsis must be documented before the above guidelines are applied. Evidence of presence of pathogenic microorganisms alone does not determine the diagnosis of sepsis therefore a positive blood culture should not be used as a reason to code sepsis. Similarly, a negative blood culture would not preclude a clinical diagnosis of sepsis.



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

ACS:

0110 SIRS, SEPSIS, SEVERE SEPSIS AND SEPTIC SHOCK

CLASSIFICATION

Severe sepsis

Coding of severe sepsis requires a minimum of two codes:

- Assign first a code to identify the type of sepsis
- Assign an additional code R65.1 Severe sepsis to indicate the severity of sepsis

Severe sepsis must be documented before R65.1 Severe sepsis is assigned. Do not assume severe sepsis when there is documentation of sepsis and acute organ failure.

Additional code(s) for acute organ failure should be assigned if it/they meet the criteria(on) for code assignment specified in ACS 0002 Additional diagnoses.



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Example 5:

A 38 year old man in respiratory distress was admitted to ICU. He reported a persistent cough and dyspnoea at rest, together with intermittent chills, drenching sweats, and fever. Upon arrival at the ICU, he was profoundly hypoxic, hypotensive and required immediate intubation, ventilation and vasopressor support. He was diagnosed with severe sepsis secondary to bronchopneumonia. Blood cultures were positive for *Streptococcus pneumoniae*. Chest X-ray and ABG (arterial blood gas) confirmed the diagnosis of bronchopneumonia and acute type I (hypoxic) respiratory failure.

Codes: A40.3 Sepsis due to *Streptococcus pneumoniae*
R65.1 Severe sepsis
J96.00 Acute respiratory failure, type I
J13 Pneumonia due to *Streptococcus pneumoniae*

Note: Sequencing of codes may vary according to the individual episode. Selection of the principal diagnosis should be made in accordance with ACS 0001 *Principal diagnosis*.



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

ACS:

0110 SIRS, SEPSIS, SEVERE SEPSIS AND SEPTIC SHOCK

CLASSIFICATION

Septic shock

Coding of septic shock requires a minimum of two codes:

- Assign first a code to identify the type of sepsis
- Assign an additional code R57.2 *Septic shock* to indicate the severity of sepsis

Documentation of septic shock indicates the presence of sepsis (i.e. sepsis does not need to be documented). Severe sepsis is inherent in septic shock and therefore severe sepsis does not need to be coded if R57.2 *Septic shock* is assigned.



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ACS 0110 SIRS, sepsis, severe sepsis and septic shock

Example 6:

A 63 year old male with mild asthma was admitted to the hospital with community acquired pneumonia. Despite 5 days of intravenous antibiotics, he became feverish and sluggish. Temperature, respiratory rate and heart rate were all elevated. He was transferred to ICU with a diagnosis of severe sepsis. He proceeded to septic shock, with acute multiple organ dysfunction (respiratory and cardiovascular) and despite resuscitation efforts, died on day 3.

Codes:	J18.9	Pneumonia, unspecified
	A41.9	Sepsis, unspecified
	R57.2	Septic shock
	J96.09	Acute respiratory failure, type unspecified
	I50.9	Heart failure, unspecified

Note: Sequencing of codes may vary according to the individual episode. Selection of the principal diagnosis should be made in accordance with ACS 0001 *Principal diagnosis*.



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Cystic fibrosis

ICD-10-AM/ACHI/ACS Ninth Edition

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ACS 0402 *Cystic fibrosis*

Background:

- Simplification of classification and sequencing guidelines of cystic fibrosis (CF) and its manifestations.
- Structure of the CF codes in ICD-10 (and thus previous editions of ICD-10-AM) limiting.
- Sequencing of CF ahead of its manifestations is inconsistent with standard classification practice.
- The practice of coding all known manifestations is inconsistent with ACS 0002 *Additional diagnoses*.



ACS 0402 *Cystic fibrosis*

Decision:

- Fourth character codes at E84 inactivated
- Facilitate assignment of cystic fibrosis and its manifestations separately
- Sequencing of cystic fibrosis and any of its manifestations should be determined by ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*



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ACS 0402 *Cystic fibrosis*

ACS update:

0402 CYSTIC FIBROSIS

DEFINITION

Cystic fibrosis (CF) is a disease of glandular function that involves multiple organ systems but chiefly results in chronic respiratory infections, pancreatic enzyme insufficiency, and other associated complications.

Commonly occurring manifestations of CF include:

- Chronic suppurative lung disease
- Pancreatic exocrine insufficiency, leading to malabsorption
- Sweat gland salt loss
- Male infertility (absent or altered vas deferens)
- Meconium ileus
- Distal intestinal obstruction syndrome
- CF-related diabetes
- CF liver disease
- Nasal polyps



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ACS 0402 Cystic fibrosis

ACS update:

0402 CYSTIC FIBROSIS

CLASSIFICATION

Cystic fibrosis (CF) is classified to E84 Cystic fibrosis. Assign E84 Cystic fibrosis and codes for its manifestations according to the guidelines in ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses.



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ACS 0402 Cystic fibrosis

Tabular List:

E84 **Cystic fibrosis**

E84 **Cystic fibrosis**

▼ 0402 Meconium ileus in cystic fibrosis† (P75*)

Includes: mucoviscidosis

~~E84.0 Cystic fibrosis with pulmonary manifestations~~

~~E84.1 Cystic fibrosis with intestinal manifestations~~

~~Distal intestinal obstruction syndrome
Meconium ileus in cystic fibrosis† (P75*)~~

~~**Excludes:** meconium obstruction (ileus) in cases where cystic fibrosis is known not to be present (P76.0)~~

~~E84.8 Cystic fibrosis with other manifestations~~

~~E84.9 Cystic fibrosis, unspecified~~



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ACS 0402 *Cystic fibrosis*

Tabular List:

E13 Other specified diabetes mellitus

Includes: diabetes mellitus (due to)(in)(secondary to)(with):

- [cystic fibrosis](#)
- drug-induced or chemical-induced
- endocrinopathy
- genetic defect of:
 - beta-cell function
 - insulin action
- genetic syndrome
- immune-mediated disease
- infection
- maturity onset of the young (MODY)
- pancreatic exocrine disease



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ACS 0402 *Cystic fibrosis*

Example 1:

Patient admitted for reduction of fractured shaft of tibia following fall from ladder. Patient also treated for bronchiectasis associated with cystic fibrosis.

Ninth Edition codes:

Codes: S82.28 Other fracture of shaft of tibia
W11 Fall on and from ladder

An appropriate place of occurrence code (Y92.-) and activity code (U50–U73)

E84 Cystic fibrosis
J47 Bronchiectasis



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ACS 0402 *Cystic fibrosis*

Example 2:

Patient admitted for removal of nasal polyps due to cystic fibrosis. The patient also has pancreatic insufficiency and malnutrition which are not treated during the episode.

Ninth Edition codes:

Codes:	J33.9	Nasal polyp, unspecified
	E84	Cystic fibrosis



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ACS 0402 *Cystic fibrosis*

Example 3:

Patient admitted for cystic fibrosis ‘tune up’ and receives IV antibiotics and respiratory therapy for bronchiectasis. They also see the dietitian for ongoing vitamin D deficiency.

Ninth Edition codes:

Codes:	E84	Cystic fibrosis
	J47	Bronchiectasis
	E55.9	Vitamin D deficiency, unspecified



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Pressure injury

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ACS 1221 *Pressure injury*

Background:

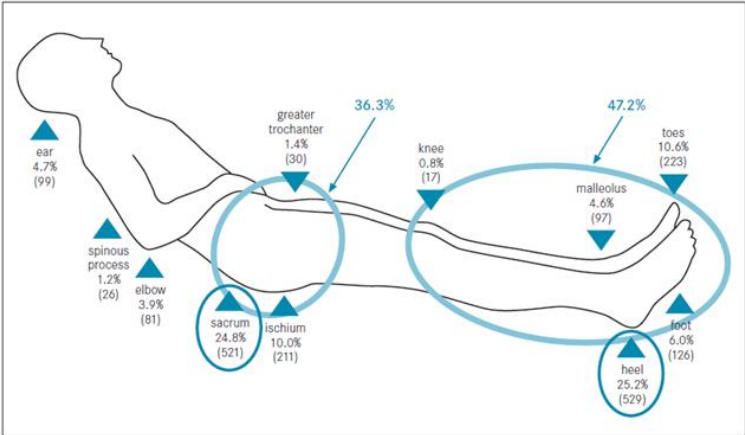
- Updated in line with Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury, 2012
- Now includes fifth character site classification



ACS 1221 Pressure injury

Most common sites for pressure injuries:

Graphic 1. Anatomical distribution of pressure ulcers



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ACS 1221 Pressure injury

Tabular List:

L89

Pressure injury ~~Decubitus ulcer and pressure area~~

▼ 1221

- Pressure injury, stage I
- Pressure injury, stage II
- Pressure injury, stage III
- Pressure injury, stage IV
- Pressure injury, unstageable
- Suspected deep tissue injury, depth unknown

Note: The definitions provided are for use by clinicians, not clinical coders. Coders should assign a code from L89.- based only on clinical documentation of pressure injury stage.

- Bedsore
- [Decubitus ulcer](#)
- [Plaster ulcer](#)
- [Pressure ulcer](#)

Note: ~~For multiple sites of differing stages assign only one code indicating the highest stage.~~

Excludes: decubitus (trophic) ulcer of cervix (uteri) (N86)



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ACS 1221 Pressure injury

Tabular List:

L89

Pressure injury Decubitus ulcer and pressure area

▼ 1221

The following fifth character subdivisions are for use with subcategory [L89.0-L89.9](#)

- ✪0 [site unspecified](#)
[multiple sites, unspecified](#)
- ✪1 [head](#)
[chin](#)
[ear](#)
[nose](#)
[occiput](#)
- ✪2 [upper extremity](#)
[elbow](#)
- ✪3 [upper back](#)
[scapula](#)
[spinous process, upper](#)
- ✪4 [lower back](#)
[coccyx](#)
[sacrum](#)
[spinous process, lower](#)

Errata 2 –

- ✪0 [site unspecified](#)
multiple sites, unspecified
other site NEC
- ✪4 [lower back](#)
[back NOS](#)
coccyx
sacrum
spinous process, lower



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ACS 1221 Pressure injury

Tabular List:

L89

Pressure injury Decubitus ulcer and pressure area

▼ 1221

The following fifth character subdivisions are for use with subcategory [L89.0-L89.9 \(cont.\)](#)

- ✪5 [ischium](#)
[buttock](#)
- ✪6 [trochanter](#)
[hip](#)
[iliac crest](#)
[pelvis](#)
- ✪7 [heel](#)
- ✪8 [toe](#)
- ✪9 [other site of lower extremity \(except heel and toe\)](#)
[ankle](#)
[foot](#)
[knee](#)
[malleolus \(lateral\) \(medial\)](#)



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ACS 1221 Pressure injury

Tabular List:

- L89.0** **Pressure injury, stage I**
Pressure ulcer, stage I
- ~~L89.0~~ ~~Stage I decubitus ulcer and pressure area~~
- L89.1** **Pressure injury, stage II**
Pressure ulcer, stage II
- ~~L89.1~~ ~~Stage II decubitus ulcer and pressure area~~
- L89.2** **Pressure injury, stage III**
Pressure ulcer, stage III
- ~~L89.2~~ ~~Stage III decubitus ulcer and pressure area~~



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ACS 1221 Pressure injury

Tabular List:

- L89.3** **Pressure injury, stage IV**
Pressure ulcer, stage IV
- ~~L89.3~~ ~~Stage IV decubitus ulcer and pressure area~~
- L89.4** **Pressure injury, unstageable, so stated**
Pressure ulcer, unstageable, so stated
- L89.5** **Suspected deep tissue injury, depth unknown, so stated**
- L89.9** **Pressure injury, unspecified stage**
Pressure ulcer without mention of stage
- ~~L89.9~~ ~~Decubitus ulcer and pressure area, unspecified~~



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ACS 1221 Pressure injury

ACS update:

1221 PRESSURE INJURY ~~DECUBITUS ULCER AND PRESSURE AREA~~

A pressure injury is a localised injury to the skin and/or underlying tissue usually over a bony prominence. It results from ischaemic hypoxia of the tissue due to pressure. Synonymous terms for pressure injury are pressure ulcer, decubitus ulcer, pressure area, plaster ulcer and bedsore.

The revised ICD-10-AM codes for pressure injury and guidelines within this ACS are based on the Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury, 2012.



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ACS 1221 Pressure injury

ACS update:

1221 PRESSURE INJURY CLASSIFICATION

The following points provide general classification guidelines:

1. Codes from category L89.- Pressure injury capture both the severity and the site of the pressure injury. Assign multiple pressure injury codes as appropriate to identify all pressure injuries, however, do not double code (i.e. repeat code in the code string for the same site and severity. See also ACS 0025 Double coding).



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ACS 1221 *Pressure injury*

ACS update:

1221 PRESSURE INJURY CLASSIFICATION

2. Pressure injuries that develop after admission to the facility and not present on admission are identified by assigning a condition onset flag of 1. If pressure injuries are present on admission, assign a condition onset flag of 2 (see also ACS 0048 *Condition onset flag*).



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ACS 1221 *Pressure injury*

ACS update:

1221 PRESSURE INJURY CLASSIFICATION

3. Assignment of codes for the stage of pressure injury should be guided by clinical documentation of the stage. Do not assign a pressure injury severity code from clinical descriptors alone. If the actual stage of a pressure injury is not stated and no further information can be obtained from the clinician, assign L89.9- *Pressure injury, unspecified stage*.



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ACS 1221 *Pressure injury*

ACS update:

1221 PRESSURE INJURY

CLASSIFICATION

4. Only assign L89.4- *Pressure injury, unstageable, so stated* and L89.5- *Suspected deep tissue injury, depth unknown, so stated* when a pressure injury is described using these specific terms. If the wound becomes stageable after debridement, assign a code for the specific stage (stage III or IV for unstageable, or stage I to IV for suspected deep tissue injury) as appropriate.



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ACS 1221 *Pressure injury*

ACS update:

1221 PRESSURE INJURY

CLASSIFICATION

5. Pressure injuries may improve or deteriorate during hospitalisation. If different stages are documented for a pressure injury of the same site, assign a code that reflects the highest stage for that site.



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ACS 1221 *Pressure injury*

Example 1:

An elderly patient admitted with a stage II pressure injury on the left heel and a stage III pressure injury on the right heel.

Code: (2) L89.17 *Pressure injury, stage II, heel*
(2) L89.27 *Pressure injury, stage III, heel*



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ACS 1221 *Pressure injury*

Example 2:

A patient with a stage I pressure injury on the left heel and a stage I pressure injury on the right heel.

Code: (2) L89.07 *Pressure injury, stage I, heel*

In this example, only one code is assigned as per ACS 0025 *Double coding*.



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ACS 1221 *Pressure injury*

Example 3:

A patient was admitted for elective total hip replacement. During recovery, a stage II pressure injury developed on the coccyx.

Code: (1) L89.14 *Pressure injury, stage II, lower back*



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ACS 1221 *Pressure injury*

Example 4:

Day 7 progress notes the development of a pressure injury with blister, location: right medial ankle.

Code: (1) L89.99 *Pressure injury, unspecified stage, other site of lower extremity (except heel and toe)*



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ACS 1221 *Pressure injury*

Example 5:

A 65 year old man with metastatic prostate cancer was admitted for terminal care. Day 10 nursing notes stated 'pressure injury, unstageable, buttock'. Despite daily dressing, the wound remained unchanged throughout the admission.

Code: (2) L89.45 *Pressure injury, unstageable, so stated, ischium*



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ACS 1221 *Pressure injury*

Example 6:

Admission notes state 'pressure injury, unstageable, location: right lateral heel'. On day 5, the pressure injury was debrided and reclassified to stage III.

Code: (2) L89.27 *Pressure injury, stage III, heel*



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ACS 1221 *Pressure injury*

Example 7:

A patient was admitted with a stage II pressure injury on the coccyx which evolved into stage III during hospitalisation.

Code: (2) L89.24 *Pressure injury, stage III, lower back*

In this example, COF (2) is assigned as the pressure injury on the coccyx was present on admission. L89.24 is assigned as this is the highest stage documented for the site.



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ACS 1221 *Pressure injury*

Example 8:

A patient with hepatitis B liver cirrhosis was admitted with a stage I/II pressure injury on his sacral and coccygeal area. Following the liver transplant, his general condition improved, including the pressure injury on the sacrum which had healed on discharge.

Code: (2) L89.14 *Pressure injury, stage II, lower back*

In this example, COF (2) is assigned as the pressure injury on the sacrum was present on admission. L89.14 is assigned as this is the highest stage documented for the site.



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ACS 1221 Pressure injury

Alphabetic Index:

Bedsore ~~L89.-~~— *see Injury/pressure*

Decubitus (ulcer) (*see also Injury/pressure*) ~~L89.-~~

Injury (see also specified injury type) T14.9

- pressure

- - stage

- - - I L89.0-

- - - II L89.1-

- - - III L89.2-

- - - IV L89.3-

- - suspected deep tissue, so staged (depth unknown) L89.5-

- - unstageable, so staged (depth unknown) L89.4-

Errata 2 –

Injury (see also specified injury type) T14.9

- pressure NEC L89.9-

- - stage



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Rehabilitation

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ACS 2104 Rehabilitation

Background:

- inconsistency of practice
 - Z50.- rehabilitation – always principal diagnosis
 - Z51.5 Palliative care – always additional diagnosis
- duplication of information
 - rehabilitation identified through:
 - principal diagnosis
 - DRG grouping
 - care type



ACS 2104 Rehabilitation

Decision:

- amended sequencing of rehabilitation to additional diagnosis position
- confirmation assignment of rehabilitation is independent of care type
- provided definition that rehabilitation requires a multidisciplinary approach and should be assigned to *Z50.9 Care involving use of rehabilitation procedure, unspecified*



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ACS 2104 Rehabilitation

ACS update:

2104 REHABILITATION

CLASSIFICATION

Where rehabilitation care is performed, assign Z50.9 *Care involving use of rehabilitation procedure, unspecified*. Details of the specific rehabilitation will be indicated by the appropriate intervention codes.

Z50.9 *Care involving use of rehabilitation procedure, unspecified*:

- should **never** be assigned as a principal diagnosis. For admitted episodes of rehabilitation care, the principal diagnosis should reflect the underlying condition requiring rehabilitation (see ACS 0001 *Principal diagnosis*)

...



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ACS 2104 Rehabilitation

ACS update:

2104 REHABILITATION

CLASSIFICATION

Z50.9 Care involving use of rehabilitation procedure, unspecified (cont):

- should only be assigned as an additional diagnosis where there is documented evidence that the patient has been provided with rehabilitation care. Do not assign Z50.9 when a rehabilitation care assessment has been performed but no actual rehabilitation care has been given. Documented evidence may be in the form of clinician entries or a care plan within the clinical record.
- may be assigned independent of the admitted patient care type



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ACS 2104 Rehabilitation

Example 1:

Patient admitted to an acute hospital for treatment of a cerebral infarction. Current deficits include hemiplegia, aphasia and urinary incontinence. On day two, the patient was commenced on a stroke rehabilitation program.

Codes: I63.9 *Cerebral infarction, unspecified*
 G81.9 *Hemiplegia, unspecified*
 R47.0 *Dysphasia and aphasia*
 R32 *Unspecified urinary incontinence*
 Z50.9 *Care involving use of rehabilitation procedure, unspecified*



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ACS 2104 Rehabilitation

Example 1 (cont):

Patient transferred one week later to a rehabilitation hospital for rehabilitation post cerebral infarction. Current deficits requiring rehabilitation include hemiplegia, aphasia and urinary incontinence.

Codes: I63.9 *Cerebral infarction, unspecified*
G81.9 *Hemiplegia, unspecified*
R47.0 *Dysphasia and aphasia*
R32 *Unspecified urinary incontinence*
Z50.9 *Care involving use of rehabilitation procedure, unspecified*



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ACS 2104 Rehabilitation

Example 1 (cont):

Patient admitted for rehabilitation for hemiplegia post cerebral infarction which occurred three years ago.

Codes: G81.9 *Hemiplegia, unspecified*
I69.3 *Sequelae of cerebral infarction*
Z50.9 *Care involving use of rehabilitation procedure, unspecified*



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ACS 2104 Rehabilitation

Example 2:

Patient admitted to acute hospital with long standing osteoarthritis of left hip for a total hip replacement, under GA. Postoperatively, patient was given physiotherapy care.

Codes: M16.1 *Other primary coxarthrosis*



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ACS 2104 Rehabilitation

Example 2 (cont):

Patient transferred one week later for four weeks rehabilitation following hip replacement for long standing osteoarthritis of left hip.

Codes: M16.1 *Other primary coxarthrosis*
Z96.64 *Presence of hip implant*
Z50.9 *Care involving use of rehabilitation procedure, unspecified*



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ACS 2104 Rehabilitation

Example 2 (cont):

Patient admitted for rehabilitation for stiff hip six months after hip replacement surgery for long standing osteoarthritis.

Codes: M25.65 *Stiffness of joint, NEC, pelvic region and thigh*
Z96.64 *Presence of hip implant*
Z50.9 *Care involving use of rehabilitation procedure, unspecified*



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ACS 2104 Rehabilitation

Summary:

- Principal diagnosis - the medical condition requiring rehabilitation (ie, previously the condition listed as the first additional diagnosis)
- 'Assessments only' should not be coded as rehabilitation
- Z50.9 *Care involving use of rehabilitation procedure, unspecified* may be assigned to acute episodes where appropriate



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ACS 2104 Rehabilitation

Benefits:

- Consistency of practice between rehabilitation and palliative care episodes
- Improved DRG information for patients in rehabilitation episodes of care.
- Ability to assign Z50.9 to acute episodes to reflect formal 'early intervention' rehabilitation programs



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Cardiac ACS updates

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Cardiac ACS updates

Background:

- Chapter 19 *Circulatory system* - overlapping content and inconsistent advice
 - occlusion of coronary artery disease
 - stenosis of coronary artery of less than 50%
 - coronary artery dissection
 - cardiovascular revision/reoperations



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Cardiac ACS updates

Decision:

- Inclusion of published advice
- Streamlining of content within
 - ACS 0909 Coronary artery bypass grafts
 - ACS 0934 Cardiac revision/reoperation procedures
 - ACS 0940 Ischaemic heart disease
 - ACS 0941 Arterial disease



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Cardiac ACS updates

ACS 0909 *Coronary artery bypass grafts*:

- Inclusion of published advice for CABG occlusion
- Removal of instructions for Reoperation (Redo) CABGs
 - relocated to ACS 0934 *Cardiac and vascular revision/ reoperation procedures*



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Cardiac ACS updates

ACS 0934 Cardiac and vascular revision/ reoperation procedures:

- Inclusion of advice:
 - cardiovascular reoperations e.g reoperation (Redo) CABGs
 - resternotomy for valve replacement
 - interposition graft of femoropopliteal graft



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Cardiac ACS updates

ACS 0934 Cardiac and vascular revision/ reoperation procedures:

- Removal of timeframe criteria: ‘within one month of original surgery’. Coders should code complications based on clinical documentation.
- Inclusion of specific instructions for reoperation of peripheral vessels (arteries & veins)



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Cardiac ACS updates

Tabular List:

763 Reoperation procedures on other vascular sites

- Excludes:** reoperation of:
- coronary artery (38637-00 [680])
 - varicose veins (32514-00 [737])

35202-00 ~~Access for reoperation of arteries or veins of neck, abdomen or limb~~
Reoperation of arteries or veins, not elsewhere classified

Code first:

- Surgical procedure(s) performed

Errata 1 – Addition of ACS reference:

▼0934



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Cardiac ACS updates

ACS 0940 *Ischaemic heart disease:*

- Inclusion of published advice - coronary artery dissection
- Removal of instruction for complications (embolism/occlusion) of bypass graft (T82.8)
 - embolism – relocated to ACS 0941 *Arterial disease*
 - occlusion – relocated to ACS 0909 *Coronary artery bypass grafts*



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Cardiac ACS updates

Tabular List:

T82.8 Other specified complications of cardiac and vascular prosthetic devices, implants and grafts

Embolism due to cardiac and vascular prosthetic devices, implants and grafts

Fibrosis due to cardiac and vascular prosthetic devices, implants and grafts

Haemorrhage due to cardiac and vascular prosthetic devices, implants and grafts

Pain due to cardiac and vascular prosthetic devices, implants and grafts

Stenosis due to cardiac and vascular prosthetic devices, implants and grafts

Thrombosis due to cardiac and vascular prosthetic devices, implants and grafts

[Vascular dissection due to cardiac and vascular prosthetic devices, implants and grafts](#)



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Cardiac ACS updates

ACS 0941 Arterial disease:

- Removed multiple and inconsistent classification advice for interchangeable terms (ie occlusion, obstruction, stenosis, atherosclerosis and coronary artery disease).
- Inclusion of instruction for embolism of bypass graft (T82.8)
- Removal of 'over 50% obstruction' criterion for assignment of atherosclerosis



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ACHI Chapter 7 *Procedures on respiratory system*

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ACHI Chapter 7 *Procedures on respiratory system*

Background:

- updated in line with advances in technology
- structural amendments to allow for future expansion

Update:

- relocation of several codes within ACHI Chapter 7
- new codes for destruction procedures on bronchus or lung
- inclusion of Argon plasma coagulation for respiratory sites
- rationalisation of unnecessarily specific codes in favour of more inclusive generic codes



ACHI Chapter 7 Procedures on respiratory system

Tabular List:

543 Examination procedures on bronchus

~~41889-00—Rigid bronchoscopy~~

~~41898-00—Fibreoptic bronchoscopy~~

41889-05 Bronchoscopy

41889-01 Bronchoscopy through artificial stoma



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ACHI Chapter 7 Procedures on respiratory system

Tabular List:

543 Examination procedures on bronchus

Includes: bronchial lavage
electromagnetic navigation
fluoroscopic guidance
that using:
• fibreoptic } bronchoscope
• rigid }
washings for specimen collection



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ACHI Chapter 7 Procedures on respiratory system

Tabular List:

543 Examination procedures on bronchus

Excludes: that with:

- argon plasma coagulation (lesion)(tissue):
 - bronchus (96217-01 [547])
 - lung (90181-01 [558])
- biopsy:
 - bronchus (41898-04 [544])
 - lung (38418-06 [550])
- destruction (lesion)(tissue):
 - bronchus (96217-01 [547])
 - lung (90181-01 [558])
- dilation (41904-00 [546])
- excision of lesion:
 - bronchus (90163-01 [545])
 - lung (96218-00 [554])
- insertion of bronchial device (stent) (valve) (41905-06 [546])
- removal of:
 - bronchial device (stent) (valve) (41905-08 [546])
 - foreign body (41895-02 [544])
- replacement of bronchial device (stent) (valve) (41905-07 [546])



ACHI Chapter 7 Procedures on respiratory system

Tabular List:

544 ~~Bronchoscopy with~~ Endoscopic biopsy, broncho-alveolar lavage or removal of foreign body from bronchus

~~41892-00 Rigid bronchoscopy with biopsy~~

~~41898-01 Fiberoptic bronchoscopy with biopsy~~

~~41895-00 Rigid bronchoscopy with removal of foreign body~~

~~41898-03 Fiberoptic bronchoscopy with removal of foreign body~~

41898-04 Endoscopic [needle] biopsy of bronchus

41895-02 Endoscopic removal of foreign body from bronchus

41898-02 ~~Fiberoptic bronchoscopy with~~ Endoscopic broncho-alveolar lavage [BAL]



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ACHI Chapter 7 Procedures on respiratory system

Tabular List:

545 Other excision procedures on bronchus

~~41901-00 — Endoscopic resection of lesion of bronchus by laser~~

~~41892-01 — Bronchoscopy with excision of lesion~~

~~90163-00 — Other endoscopic excision of bronchus~~

~~43912-00 — Excision of bronchogenic cyst via thoracotomy~~

90163-01 Other endoscopic excision of bronchus
Bronchoscopy with excision of (lesion) (tissue) bronchus NEC
Includes: that with laser

43912-02 Other open excision of bronchus
Bronchoscopy with excision of (lesion) (tissue) bronchus NEC



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ACHI Chapter 7 Procedures on respiratory system

Tabular List:

546 Repair procedures on bronchus

41904-00 Bronchoscopy with dilation

~~41905-04 — Insertion of endobronchial stent~~

~~41905-05 — Replacement of endobronchial stent~~

~~41895-01 — Removal of endobronchial stent~~

41905-06 Endoscopic insertion of bronchial device
Bronchoscopy with insertion of:
• bronchial:
 • stent
 • valve

41905-07 Endoscopic replacement of bronchial device

41905-08 Endoscopic removal of bronchial device



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ACHI Chapter 7 Procedures on respiratory system

Tabular List:

547 Other procedures on bronchus

- [96217-01](#) [Endoscopic destruction procedures on bronchus](#)
[Bronchial thermoplasty](#)
[Bronchoscopy with argon plasma coagulation \(APC\) to bronchus](#)
[Endoscopic destruction of \(lesion\)\(tissue\) bronchus](#)
- [96217-00](#) [Destruction procedures on bronchus](#)
[Destruction of \(lesion\)\(tissue\) bronchus](#)
- [90165-01](#) [Other endoscopic procedures on bronchus](#)
- [90165-02](#) [Other closed procedures on bronchus](#)
[Percutaneous procedure on bronchus NEC](#)
- [90165-00](#) Other [open](#) procedures on bronchus
~~Excision of lesion of bronchus-NOS~~
Ligation of bronchus
- ~~[38456-04](#) Other procedures on bronchus, intrathoracic approach~~



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ACHI Chapter 7 Procedures on respiratory system

Tabular List:

550 Biopsy of lung or pleura

- [38418-05](#) [Endoscopic \[needle\] biopsy of pleura](#)
- [38418-06](#) [Endoscopic \[needle\] biopsy of lung](#)
- [38418-07](#) [Other closed \[needle\] biopsy of pleura](#)
- [38418-08](#) [Other closed \[needle\] biopsy of lung](#)
- ~~[30090-00](#) Percutaneous needle biopsy of pleura~~
- ~~[38812-00](#) Percutaneous needle biopsy of lung~~
- [38418-01](#) Biopsy of pleura
- [38418-02](#) Biopsy of lung



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ACHI Chapter 7 Procedures on respiratory system

Tabular List:

554 Other excision procedures on lung or pleura

- 38424-00 Pleurectomy
- 38424-01 Enucleation of pulmonary hydatid cyst
- 38421-00 Endoscopic pulmonary decortication
- 96218-00 Other endoscopic excision procedures on lung
Endoscopic (thoracoscopic) excision of (lesion) (tissue) lung NEC
- 38421-00 Pulmonary decortication



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ACHI Chapter 7 Procedures on respiratory system

Tabular List:

558 Other procedures on lung or pleura

- 90181-01 Endoscopic destruction procedures on lung
- 90181-02 Other closed destruction procedures on lung
Percutaneous destruction procedures on lung
- 90181-00 Destruction procedures on lung
~~Irreversible electroporation (IRE) of lung lesion/tissue~~
~~Laser destruction of lung lesion/tissue~~
~~Radiofrequency ablation of lung lesion/tissue~~
Excludes: destruction of (lesion)(tissue) lung:
 - endoscopic (90181-01 [558])
 - percutaneous (90181-02 [558])
- 38456-36 Other endoscopic procedures on lung or pleura
- 38456-35 Other closed procedures on lung or pleura
- 38456-02 Other open procedures on lung or pleura, ~~intrathoracic approach~~



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ACHI Chapter 7 Procedures on respiratory system

Tabular List:

559 Examination procedures on chest wall, mediastinum or diaphragm

38436-00 Thoracoscopy
~~includes: biopsy~~

38448-01 Mediastinoscopy
~~includes: biopsy~~



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ACHI Chapter 7 Procedures on respiratory system

Tabular List:

567 Other procedures on chest wall, mediastinum or diaphragm

~~90175-00 Other procedures on chest wall~~

~~90175-01 Other procedures on mediastinum~~

~~90175-02 Other procedures on diaphragm~~

90175-03 Other endoscopic procedures on chest wall, mediastinum or diaphragm

90175-04 Other closed procedures on chest wall, mediastinum or diaphragm
Percutaneous procedures on chest wall, mediastinum or diaphragm

38456-03 Other open procedures on chest wall, mediastinum or diaphragm,
~~intrathoracic approach~~



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Dengue

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Dengue

Background:

- WHO update – 2013
- Reclassified from A90, A91 to category A97
- More specificity in severity of disease



Dengue

Tabular List:

A9092-A99 ARTHROPOD-BORNE VIRAL FEVERS AND VIRAL HAEMORRHAGIC FEVERS

A90 **Dengue fever [classical dengue]**

Excludes: — dengue haemorrhagic fever (A91)

A91 **Dengue haemorrhagic fever**



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Dengue

Tabular List:

A97 **Dengue**

Dengue

Dengue is a viral disease transmitted by bite of mosquito infected by dengue viruses ...

Dengue with warning signs

Clinical warning signs are: abdominal pain or tenderness, mucosal bleeding, lethargy ...

Severe Dengue

Clinical signs include: 1. Severe plasma leakage leading to shock (Dengue shock ...

Note: These criteria are for use by clinicians, not clinical coders. Coders should assign a code from A97.- based only on clinical documentation of the condition.



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Dengue

Tabular List:

A97

Dengue

A97.0 Dengue without warning signs

Dengue haemorrhagic fever:

- grade 1
- grade 2
- without warning signs

A97.1 Dengue with warning signs

Dengue haemorrhagic fever with warning signs

A97.2 Severe Dengue

Dengue shock syndrome (DSS)

Severe dengue:

- fever
- haemorrhagic fever

A97.9 Dengue, unspecified

Dengue fever (DF) NOS



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Allergen challenges

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Allergen challenges

Background:

- Uncertain principal diagnosis assignment for food or drug challenge
- New ICD-10-AM codes for allergen challenges
- New ACS to provide classification guidelines



Allergen challenges

Tabular List:

~~Z41.8—Other procedures for purposes other than remedying health state~~

Z41.8 Other procedures for purposes other than remedying health state

▼2115

⊕Z41.81 Drug challenge

⊕Z41.82 Food challenge

⊕Z41.89 Other procedures for purposes other than remedying health state

Allergen challenge NOS



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Allergen challenges

Updated ACS:

0026 **ADMISSION FOR CLINICAL TRIAL, ~~DRUG CHALLENGE~~ OR THERAPEUTIC DRUG MONITORING**

~~DRUG CHALLENGE~~

~~A drug challenge on an individual patient (drug trial, challenge tests, provocation testing, ingestion/oral testing) is performed to monitor the response of a specific patient to a particular drug to test for allergic reactions. The medication suspected of causing an allergic reaction is reintroduced to the patient to determine if a true drug allergy occurs. These drug trials/challenges are necessary when:~~

- ~~_____ a patient discloses a history of allergy to a particular drug **and**~~
- ~~_____ treatment with that specific drug is essential **and**~~
- ~~_____ there is no effective alternative drug.~~



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Allergen challenges

New ACS:

2115 ADMISSION FOR ALLERGEN CHALLENGE

Allergen challenges are performed to monitor the response of a patient to a particular drug, food or other allergen to test for any clinical allergic response. During the challenge the patient is given doses of an allergen and closely observed for a response after each dose.

Drug challenges are necessary when:

- a patient discloses a history of allergy to a particular drug **and**
- treatment with that specific drug is essential **and**
- there is no effective alternative drug.

Allergen challenges are conducted in facilities where resuscitation equipment is available due to the risk of triggering a severe allergic reaction.

...



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Allergen challenges

New ACS:

2115 ADMISSION FOR ALLERGEN CHALLENGE

CLASSIFICATION

- Assign the appropriate code from Z41.8- *Other procedures for purposes other than remedying health state* as the principal diagnosis where the reason for admission is allergen challenge.
- In addition, assign codes for any allergic manifestation(s) arising from the challenge, following the lead term *Allergy, allergic* in the Alphabetic Index.
- Additional chapter codes can also be assigned where they are required to fully translate the medical statement.
- It is not necessary to assign a procedure code for the challenge.



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Allergen challenges

New ACS:

2115 ADMISSION FOR ALLERGEN CHALLENGE

EXAMPLE 1: DRUG CHALLENGE

A patient with a history of severe allergy to penicillin is admitted for a drug challenge with cephalosporin. The challenge results in an urticarial reaction.

Codes: Z41.81 Drug challenge
L50.0 Allergic urticaria
Y40.1 Cephalosporins and other beta-lactam antibiotics
Y92.22 Health service area



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Allergen challenges

New ACS:

2115 ADMISSION FOR ALLERGEN CHALLENGE

EXAMPLE 2: FOOD CHALLENGE

A patient with a sibling with a severe peanut allergy is admitted for a food challenge following a positive peanut allergy skin prick test. An anaphylactic reaction occurs during the challenge.

Codes: Z41.82 Food challenge
T78.0 Anaphylactic shock due to adverse food reaction
Y57.9 Drug or medicament, unspecified
Y92.22 Health service area
Z84.8 Family history of other specified conditions



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Allergen challenges

New ACS:

2115 ADMISSION FOR ALLERGEN CHALLENGE

EXAMPLE 3: FOOD CHALLENGE

A patient with a previously diagnosed severe allergy to fish is admitted for a food challenge following five years avoidance of the allergen in their diet. The challenge results in abdominal pain.

Codes: Z41.82 Food challenge

T78.1 Other adverse food reactions, not elsewhere classified

R10.4 Other and unspecified abdominal pain

Y57.9 Drug or medicament, unspecified

Y92.22 Health service area



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Allergen challenges

New ACS:

2115 ADMISSION FOR ALLERGEN CHALLENGE

Note: Allergen desensitisation (immunotherapy) is different to allergen challenge as it involves the ongoing administration of gradually increasing doses of allergen extracts in order to reduce sensitivity. Allergen desensitisation is assigned a code from Z51.6- *Desensitisation to allergens.*



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Allergen challenges

Tabular List:

T78 Adverse effects, not elsewhere classified

~~Note: This category is to be used to identify the effects, not elsewhere classifiable, of unknown, undetermined or ill-defined causes. For multiple coding purposes this category may be used as an additional code to identify the effects of conditions classified elsewhere~~

T78.0 Anaphylactic shock due to adverse food reaction
[▼2115](#)

T78.1 Other adverse food reactions, not elsewhere classified
[▼2115](#)

...

T88.6 Anaphylactic shock due to adverse effect of correct drug or
[▼2115](#) medicament properly administered



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Allergen challenges

Tabular List:

Z01 Other special examinations and investigations of persons without compliant or reported diagnosis

Z01.5 Diagnostic skin and sensitisation tests

Allergy tests

Skin tests for:

- bacterial disease
- hypersensitivity

Excludes: challenge:

- [allergen NOS \(Z41.89\)](#)
- [drug \(Z41.81\)](#)
- [food \(Z41.82\)](#)

[desensitisation to allergens \(Z51.6-\)](#)



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Allergen challenges

Tabular List:

Z03 Medical observation and evaluation for suspected diseases and conditions

Z03.6 Observation for suspected toxic effect from ingested substance

Observation for suspected:

- adverse effect from drug
- poisoning

Excludes: [challenge:](#)

- [allergen NOS \(Z41.89\)](#)
 - [drug \(Z41.81\)](#)
 - [food \(Z41.82\)](#)
- newborn (Z03.79)



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Allergen challenges

Tabular List:

Z51.6 Desensitisation to allergens

Excludes: [allergen challenge \(Z41.8-\)](#)



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Obesity procedures

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Obesity procedures

Background:

- revised classification for insertion of gastric band
- new codes for revision of gastric band and revision of gastric band reservoir.
- new item numbers from Medicare Benefits Schedule (MBS) for adjustment of gastric band
- clarification of revision procedure for obesity
- inclusion of published advice
- simplification of classification for bariatric devices



Obesity procedures

Tabular List:

889 Procedures for obesity

~~30511-02 Laparoscopic adjustable gastric banding [LAGB]~~
~~30511-03 Laparoscopic nonadjustable gastric banding [LNGB]~~

~~30511-04 Adjustable gastric banding~~
~~30511-05 Nonadjustable gastric banding~~

30511-13 Laparoscopic gastric banding
Laparoscopic:
• adjustable (LAGB) } gastric banding
• nonadjustable (fixed) (LNGB) }
...

30511-14 Gastric banding
Gastric banding:
• adjustable (AGB)
• nonadjustable (fixed) (NGB)
• NOS
...



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Obesity procedures

Tabular List:

889 Procedures for obesity

30511-11 Laparoscopic revision of gastric band
Laparoscopic:
• adjustment }
• replacement (removal and reinsertion) } gastric band
• repositioning }

30511-12 Revision of gastric band
Adjustment }
Replacement (removal and reinsertion) } gastric band via laparotomy
Repositioning }

90942-01 Laparoscopic removal of gastric band
90942-02 Endoscopic removal of gastric band
90942-00 Removal of gastric band



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Obesity procedures

Tabular List:

889 Procedures for obesity

~~31441-00~~ ~~Revision of gastric band reservoir~~
~~Repair of implanted reservoir/port~~
~~Replacement of implanted reservoir/port~~
~~Repositioning of implanted reservoir/port~~

31590-00 Revision of gastric band reservoir
Adjustment }
Repair }
Replacement } of implanted reservoir/port
Repositioning }
Excludes: adjustment of gastric band by addition or removal of fluid
via reservoir (port) (31587-00 [1895])



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Obesity procedures

Tabular List:

889 Procedures for obesity

~~14215-01~~ ~~Adjustment of gastric band reservoir~~
~~Accessing in order to add or remove fluid (saline) from implanted reservoir/port of~~
~~gastric band to adjust tightness.~~

1895 Nonincisional irrigation, cleaning and local instillation, digestive system

31587-00 Adjustment of gastric band
Addition or removal of fluid via reservoir/port to adjust tightness of band



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Obesity procedures

Tabular List:

889 Procedures for obesity

- 30514-01 Revision procedure for obesity
~~Surgical reversal of procedure for obesity~~
Revision (reoperation) of:
- biliopancreatic diversion
 - duodenal-jejunal bypass
 - gastric bypass
 - gastroplasty
 - ileal interposition
 - sleeve gastrectomy

Excludes: revision of gastric

- band:
 - NOS (30511-11, 30511-12 [889])
 - reservoir (31590-00 [889])

Note:— ~~complete reversal of initial surgery immediately followed by another reduction, gastroplasty or bypass procedure~~

...



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Obesity procedures

Tabular List:

889 Procedures for obesity

~~90950-00—Insertion of gastric balloon~~

~~90950-01—Removal of gastric balloon~~

90950-02 Endoscopic insertion of device into stomach

90950-03 Endoscopic removal of device from stomach



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Updates to ACS relating to Chapter 21 *Factors influencing health status and contact with health services*

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Updates to ACS relating to Chapter 21 *Factors influencing health status and contact with health services*

Background:

- Clarify classification:
 - sub and non-acute care
 - post acute care (aftercare)
- Review of:
 - ACS 2103 *Admission for convalescence/aftercare*
 - ACS 2105 *Long term/nursing home type inpatients*
 - ACS 2107 *Respite care*



ACS 2103 Admission for post acute care

Background:

- ACS 2103 Admission for post acute care was updated to provide definitions and additional instructions for episodes of post acute medical care



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ACS 2103 Admission for post acute care

ACS update:

2103 ADMISSION FOR POST ACUTE CARE **CONVALESCENCE/AFTERCARE**

For classification purposes post acute care, also described as aftercare or postoperative convalescence, is care provided to patients toward the end of an acute phase of treatment. While most patients receive this care in the original treating facility, sometimes these patients are managed through a transfer to another facility for continuing care. These patients are still receiving some ongoing review for their condition but they no longer require significant management.

...



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ACS 2103 Admission for post acute care

ACS update:

2103 ADMISSION FOR POST ACUTE CARE ~~CONVALESCENCE/AFTERCARE~~

...

This standard is not applicable to all transfers between hospitals. It is applicable to the receiving facility where patients have been transferred for continuing care after surgical or medical treatment, where the initial treatment phase has occurred in another facility.



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ACS 2103 Admission for post acute care

ACS update:

2103 ADMISSION FOR POST ACUTE CARE ~~CONVALESCENCE/AFTERCARE~~ CLASSIFICATION

When a patient is transferred from one hospital to another ~~with a diagnosis of 'postoperative convalescence' and it is clear the patient is still receiving active treatment~~ for post acute care, the principal diagnosis should be assigned as follows:

- If the patient is transferred for post-surgical aftercare, assign as principal diagnosis Z48.8 *Other specified surgical follow-up care*. Assign an additional code for the condition that required surgery ~~should be as additional diagnosis code~~.



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ACS 2103 Admission for post acute care

ACS update:

2103 ADMISSION FOR POST ACUTE CARE **CONVALESCENCE/AFTERCARE**

...

- If the aftercare follows medical treatment of a condition, assign as principal diagnosis Z51.88 *Other specified medical care*. Assign an additional code for the condition that required medical care.
- If the patient is transferred for continued active treatment of a condition, do not assign an aftercare code, instead follow ACS 0001 *Principal diagnosis*.



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ACS 2103 Admission for post acute care

ACS update:

2103 ADMISSION FOR POST ACUTE CARE **CONVALESCENCE/AFTERCARE**

*When the only treatment is 'general nursing care', assign as principal diagnosis a code from category Z54 *Convalescence*.*

If the convalescence/aftercare follows medical (versus surgical) treatment of a condition, assign the code for the condition as an additional diagnosis.

*If the documentation indicates social reasons preventing the patient's discharge home from Hospital A and thereby occasioning transfer to Hospital B, see ACS 2107 *Respite care* for instructions*



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ACS 2105 Long term/nursing home type inpatients

Background:

- More appropriately identify long term nursing home residents (mostly regional areas) from those awaiting transfer to a residential aged care service
- Creation of additional ICD-10-AM codes



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ACS 2105 Long term/nursing home type inpatients

Tabular List:

~~Z75.4—Unavailability and inaccessibility of other helping agencies~~

Z75.4 Unavailability and inaccessibility of other helping agencies

★Z75.40 Unavailability and inaccessibility of helping agency, unspecified

★Z75.41 Unavailability and inaccessibility of residential aged care service
▼2105 Long term nursing home resident

Excludes: person awaiting admission to residential aged care service (Z75.11)

★Z75.49 Unavailability and inaccessibility of other specified helping agency



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ACS 2105 Long term/nursing home type inpatients

ACS update:

2105 LONG TERM/NURSING HOME TYPE INPATIENTS

Due to the lack of nursing home and other types of support services in some areas, patients may be admitted to hospitals as long term residents or nursing home type patients. These admissions may arise as a direct admission from home (or elsewhere) without the need for acute care, or as an episode type change where the patient is no longer receiving acute care. (Refer to *METeOR: Metadata Online Registry (Australian Institute of Health and Welfare 2012)* for definitions of 'Care type' and 'Acute care'.)

These patients are not awaiting placement to another facility, the intention is that they remain in hospital as a long term resident or nursing home type patient (see ACS 2117 Non-acute care).



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ACS 2105 Long term/nursing home type inpatients

ACS update:

2105 LONG TERM/NURSING HOME TYPE INPATIENTS

CLASSIFICATION

When patients are admitted as long term residents or for nursing home type care, assign Z75.41 Unavailability and inaccessibility of residential aged care service as the principal diagnosis. Assign additional diagnosis codes for any conditions that meet the criteria for code assignment in ACS 0002 Additional diagnoses (see also ACS 2117 Non-acute care/Patient awaiting placement elsewhere).

Where the documentation indicates social factors are affecting the admission or the discharge process, appropriate codes should be assigned as additional diagnoses.

In such cases, a code from the category Z75-Problems related to medical facilities and other health care should be assigned as the principal diagnosis. Any conditions which subsequently arise during this episode of care, should be coded as additional diagnoses (according to ACS 0002 Additional diagnoses).



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ACS 2105 Long term/nursing home type inpatients

ACS update:

2105 LONG TERM/NURSING HOME TYPE INPATIENTS

EXAMPLE 1:

A patient admitted as a nursing home patient due to lack of facilities in the district. The patient was no longer able to reside at home due to extensive fire damage. The patient receives general nursing care only.

Code: Z75.41 Unavailability and inaccessibility of residential aged care service
Z59.0 Homelessness



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ACS 2107 Respite care

Background:

- Overlapping instructions with ACS 2103
- Opportunity to consolidate these guidelines with other types of non-acute care:
 - Convalescent care
 - Patients awaiting placement elsewhere



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ACS 2107 Respite care

ACS deleted:

~~2107 — RESPITE CARE~~

~~The term 'respite care' refers to the admission of patients into hospital who, for a defined period of time, have no carer available to look after them at home. It is most common that the respite care period is to enable the carer(s) to have 'respite' from the caring role.~~

~~The most commonly used principal diagnosis code for respite care is Z75.5 *Holiday relief care*, but Z74.2 *Need for assistance at home and no other household member able to render care* may also be suitable.~~

....



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ACS 2117 Non-acute care

New ACS:

2117 NON-ACUTE CARE

Non-acute (or maintenance) care is care in which the clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation.



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ACS 2117 *Non-acute care*

New ACS:

2117 NON-ACUTE CARE

Convalescent care

Convalescent care occurs when the patient does not require further complex assessment or stabilisation but continues to require care over an indefinite period. These patients should be distinguished from those receiving aftercare (see ACS 2103 *Admission for post acute care*).

CLASSIFICATION

When patients are admitted for convalescent care, and the only treatment provided is 'general nursing care', assign a code from category Z54 *Convalescence* as principal diagnosis.



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ACS 2117 *Non-acute care*

New ACS:

2117 NON-ACUTE CARE

Respite care

Respite care is an episode where the primary reason for admission is the short-term unavailability of the patient's usual carer. The most common reason for respite care is to enable a carer(s) to have 'respite' from the caring role.

CLASSIFICATION

Where patients are admitted for respite care, assign Z75.5 *Holiday relief care* as the principal diagnosis or Z74.2 *Need for assistance at home and no other household member able to render care as appropriate*.



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ACS 2117 *Non-acute care*

New ACS:

2117 **NON-ACUTE CARE**

Patients awaiting placement elsewhere

The patient is no longer receiving active treatment and is awaiting placement in another facility, such as a residential aged care facility (see also ACS 2105 *Long term/nursing home type inpatients*).

CLASSIFICATION

In cases where patients are admitted while awaiting placement in another facility, a code from category Z75.1- *Person awaiting admission to adequate facility elsewhere* should be assigned as the principal diagnosis.



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ACS 2117 *Non-acute care*

New ACS:

2117 **NON-ACUTE CARE**

CLASSIFICATION

Even though the patient will probably be receiving care for their condition(s) while in hospital, it is important that these conditions are not sequenced as the principal diagnosis as these conditions did not occasion the patient's admission to hospital. Often these patients have chronic illnesses, such as chronic airway limitation, which can usually be managed by a home carer. Any conditions which meet the criteria for code assignment in ACS 0002 *Additional diagnoses*, including social factors, should also be assigned.



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ACS 0031 Anaesthesia

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ACS 0031 *Anaesthesia*

Background:

- Addresses the administration of multiple conduction anaesthesia during the same theatre episode.
- ACS 0031 *Anaesthesia* updated to permit allocation of more than one code from block [1909] *Conduction anaesthesia* in the same visit to theatre.



ACS 0031 Anaesthesia

ACS update:

0031 ANAESTHESIA

CLASSIFICATION

1a. Assign only one code from block [1910] *Cerebral anaesthesia* ~~and/or one code from block [1909] *Conduction anaesthesia (excluding 92513-XX [1909] Infiltration of local anaesthetic)*~~ for each 'visit to theatre' regardless of where in the hospital the procedure is performed, for example operating theatre, endoscopy suite, emergency department, catheter laboratory using the hierarchy (listed from the highest to lowest priority) below:

[1910] *Cerebral anaesthesia*

- i. General anaesthesia (92514-XX)
- ii. Sedation (92515-XX)



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ACS 0031 Anaesthesia

ACS update:

0031 ANAESTHESIA

CLASSIFICATION

1b. Assign a code(s) from block [1909] *Conduction anaesthesia (excluding 92513-XX [1909] Infiltration of local anaesthetic)* for each 'visit to theatre' regardless of where in the hospital the procedure is performed, for example operating theatre, endoscopy suite, emergency department, catheter laboratory. Each type of conduction anaesthesia should only be assigned once (see example 5):

[1909] *Conduction anaesthesia*

- i. Neuraxial block (92508-XX)
- ii. Regional blocks (codes 92509-XX, 92510-XX, 92511-XX, 92512-XX)
- iii. Intravenous regional anaesthesia (92519-XX)



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ACS 0031 Anaesthesia

Example 5:

Patient has spinal anaesthetic and femoral nerve block for TKR and ASA is documented as 2.

Codes: 92508-29 [1909] *Neuraxial block, ASA 2, nonemergency*
92512-29 [1909] *Regional block, nerve of lower limb, ASA 2, nonemergency*



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ACS 0031 Anaesthesia

ACS update:

0031 ANAESTHESIA

CLASSIFICATION

5

Where more than one type of infusion is administered in the postoperative period, assign appropriate ~~only one~~ codes from block [1912] *Postprocedural analgesia* from the list below ~~using the following hierarchy (listed from highest priority to lowest):~~

[1912] *Postprocedural analgesia*

- i. Management of neuraxial block (92516-00)
- ii. Management of regional blocks (codes 92517-00, 92517-01, 92517-02, 92517-03)



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ACS 1006 *Ventilatory support*

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ACS 1006 *Ventilatory support*

Updates include clarification in:

- definitions for noninvasive ventilation
- coding of ventilation < 1 hour
- calculating ventilation for patients with multiple visits to theatre
- calculating the duration of CVS in weaning tracheostomy patients
- transferred intubated patients from external services e.g. newborn emergency transfer services (NETS).



ACS 1006 Ventilatory support

ACS update:

1006 VENTILATORY SUPPORT

DEFINITION

Noninvasive ventilation (NIV)

Noninvasive ventilation refers to all modalities that assist ventilation without the use of an ETT or tracheostomy. For the purpose of this standard, noninvasive devices may include: face mask, mouthpiece, nasal mask, nasal pillows, nasal prongs, nasal tubes, nasal high flow cannula (high flow therapy) and nasopharyngeal tubes, however clinical coders should ensure that NIV is being provided via the device, and not assign a code for NIV based on the device alone.



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ACS 1006 Ventilatory support

ACS update:

1006 VENTILATORY SUPPORT

CLASSIFICATION

1. Code first the ventilatory support

- c. For the purpose of calculating the duration of ventilatory support:
 - hours of ventilatory support should be interpreted as **completed cumulative hours**. If a patient is intubated and ventilated for < 1 hour the intubation and ventilation are not coded. This includes patients who die or are discharged or transferred.



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ACS 1006 Ventilatory support

ACS update:

1006 VENTILATORY SUPPORT

CLASSIFICATION

1. Code first the ventilatory support

- d. **Do not code methods of weaning** (eg CPAP, IMV) from ventilatory support separately. Weaning is [the process of reducing the ventilatory support, leading to complete discontinuation of the CVS, and is](#) included in calculating the length of time that a patient is on ventilatory support. [For example, weaning](#) may include changing the type of ventilation from CVS to CPAP or BiPAP; include the duration of CPAP or BiPAP weaning in the cumulative hours for the CVS. [There may be several attempts to wean the patient off the ventilator.](#)



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ACS 1006 Ventilatory support

ACS update:

1006 VENTILATORY SUPPORT

CLASSIFICATION

1. Code first the ventilatory support

- f.

The duration of ventilatory support should be counted from the time of intubation (see *Calculating the duration of CVS*). In cases where ventilatory support has been initiated **during** surgery and has met the above criteria for coding then the duration begins from the time of (initial) intraoperative intubation.

[Where a patient has multiple visits to theatre requiring ventilation, each period of ventilation should be considered individually. If the period of ventilation post surgery is \$\leq 24\$ hours, a code for ventilation is not assigned and not used cumulatively with other periods of ventilation in the episode of care.](#)



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ACS 1006 Ventilatory support

ACS update:

1006 VENTILATORY SUPPORT

CALCULATING THE DURATION OF CVS

For the purposes of calculating the duration of [CVS](#):

END with :

- **Extubation** (eg removal of ETT)
OR
• ~~Cessation of CVS after any period of weaning~~
OR
• ...



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ACS 1006 Ventilatory support

ACS update:

1006 VENTILATORY SUPPORT

CALCULATING THE DURATION OF CVS

For the purposes of calculating the duration of [CVS](#):

END with :

- **Cessation of CVS for patients with a tracheostomy** (after any period of weaning)
The tracheal tube used with tracheostomy patients may not be withdrawn for days after discontinuation of [CVS](#) to assure respiratory competence or to provide pulmonary toiletry. In some circumstances (eg neuromuscular diseases), the tracheal tube may be left in place indefinitely after [CVS](#) is discontinued. Therefore, [it can be difficult to determine the period of weaning from the CVS for inclusion in the cumulative hours.](#) ~~the duration would end with the cessation of continuous ventilatory support~~
[Where there is documentation of weaning from CVS, such as the use of positive pressure ventilation or oxygen delivery via a tracheostomy collar, include the weaning in the duration of CVS up to a maximum of 24 hours following the cessation of CVS, or the removal of the tracheostomy.](#)

[Where CVS via the tracheostomy recommences > 24 hours following cessation of CVS a new period of ventilation commences.](#)



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ACS 1006 *Ventilatory support*

ACS update:

1006 VENTILATORY SUPPORT

TRANSFERRED INTUBATED PATIENTS

Intubation and ventilation performed by clinicians from external services, such as newborn emergency transfer services, to stabilise a patient prior to transfer should not be coded.



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ACS 1506 Fetal presentation, disproportion and abnormality of maternal pelvic organs

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ACS 1506 Fetal presentation, disproportion and abnormality of maternal pelvic organs

Update relates to assignment of codes in ranges:

- **O32-O34**
 - O32 *Maternal care for known or suspected malpresentation of fetus*
 - O33 *Maternal care for known or suspected disproportion*
 - O34 *Maternal care for known or suspected abnormality of pelvic organs*

- **O64-O66**
 - O64 *Labour and delivery affected by malposition and malpresentation of fetus*
 - O65 *Labour and delivery affected by maternal pelvic abnormality*
 - O66 *Other factors affecting labour and delivery*



ACS 1506 Fetal presentation, disproportion and abnormality of maternal pelvic organs

ACS update:

1506 ~~MAL~~FETAL PRESENTATION, DISPROPORTION AND ABNORMALITY OF MATERNAL PELVIC ORGANS

FETAL PRESENTATIONS AND POSITIONS ~~REGARDED AS ABNORMAL~~

~~The listed malpresentations and malpositions should be coded if they meet ACS 0001 Principal diagnosis or ACS 0002 Additional diagnoses:~~

Following is a list of fetal presentations and positions that are either abnormal or are normal but may require intervention. They should only be coded if they meet the criteria for code assignment in ACS 0001 Principal diagnosis or ACS 0002 Additional diagnoses (see also Classification below):



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ACS 1506 Fetal presentation, disproportion and abnormality of maternal pelvic organs

ACS update:

1506 ~~MAL~~FETAL PRESENTATION, DISPROPORTION AND ABNORMALITY OF MATERNAL PELVIC ORGANS

- breech
- brow
- compound presentation
- cord presentation
- deep transverse arrest
- face
- occiput positions (eg occipitoanterior (OA), occipitolateral (OL), occipitoposterior (OP), or occipitotransverse (OT))
- persistent occipitoposterior position ('face-to-pubes')
- prolapsed arm
- transverse/oblique lie
- unstable lie

Note: — Occiput positions such as occipitoanterior (OA), occipitolateral (OL), occipitoposterior (OP), or occipitotransverse (OT) are normal and should not be coded **unless intervention occurs**



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ACS 1506 Fetal presentation, disproportion and abnormality of maternal pelvic organs

ACS update:

1506 ~~MAL~~FETAL PRESENTATION, DISPROPORTION AND ABNORMALITY OF MATERNAL PELVIC ORGANS

CLASSIFICATION

Where care and/or intervention is required due to malpresentation, disproportion or abnormality of the maternal pelvic organs **before** the onset of labour (ie as a reason for observation, hospitalisation or other obstetric care of the mother, or for caesarean section before onset of labour), assign a code from blocks O32-O34:

- O32 *Maternal care for known or suspected malpresentation of fetus,*
- O33 *Maternal care for known or suspected disproportion, **or***
- O34 *Maternal care for known or suspected abnormality of pelvic organs as appropriate.*



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ACS 1506 Fetal presentation, disproportion and abnormality of maternal pelvic organs

ACS update:

1506 ~~MAL~~FETAL PRESENTATION, DISPROPORTION AND ABNORMALITY OF MATERNAL PELVIC ORGANS

~~Where the malpresentation, disproportion or abnormality of maternal pelvic organs is first diagnosed **during** labour or requires care and/or intervention **during** labour, assign a code from blocks:~~

Where care and/or intervention is required due to malpresentation, disproportion or abnormality of maternal pelvic organs **during** labour, regardless of when the condition is first diagnosed, assign a code from blocks O64-O66 (see exception below regarding uterine scar):

- O64 *Labour and delivery affected by malposition and malpresentation of fetus,*
- O65 *Labour and delivery affected by maternal pelvic abnormality, **or***
- O66 *Other factors affecting labour and delivery.*



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ACS 1506 Fetal presentation, disproportion and abnormality of maternal pelvic organs

ACS update:

1506 ~~MAL~~FETAL PRESENTATION, DISPROPORTION AND ABNORMALITY OF MATERNAL PELVIC ORGANS

UTERINE SCAR

~~Assign O34.2 Maternal care due to uterine scar from previous surgery as the principal diagnosis where a patient with a previous uterine scar is admitted for care but delivery does not occur during the episode of care. For example, antepartum care for uterine pain due to previous scar.~~

~~O34.2 Maternal care due to uterine scar from previous surgery should be assigned as an additional diagnosis when the patient is admitted for:~~

- ~~• an elective caesarean section due to (any) previous caesarean section~~
- ~~• trial of scar (eg caesarean or other operative uterine scar) proceeding to a caesarean delivery.~~



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ACS 1506 Fetal presentation, disproportion and abnormality of maternal pelvic organs

ACS update:

1506 ~~MAL~~FETAL PRESENTATION, DISPROPORTION AND ABNORMALITY OF MATERNAL PELVIC ORGANS

Where care and/or intervention is required due to a previous uterine/caesarean section scar, assign O34.2 Maternal care due to uterine scar from previous surgery regardless of whether the care/intervention was given before the onset of labour or during labour.

Assign O75.7 Vaginal delivery following previous caesarean section ~~should be assigned as an additional diagnosis~~ for all cases where a trial of caesarean scar proceeds to a vaginal delivery.



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ACS 1506 Fetal presentation, disproportion and abnormality of maternal pelvic organs

Tabular List:

O34 Maternal care for known or suspected abnormality of pelvic organs

O34.2 Maternal care due to uterine scar from previous surgery
Maternal care for scar from (any) previous caesarean section

Excludes: vaginal delivery following (any) previous caesarean section NOS (O75.7)

.....

O75.7 Vaginal delivery following previous caesarean section
▼1506 Vaginal delivery following (any) previous caesarean section NOS



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ACS 1552 Premature rupture of membranes, labour delayed by therapy

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ACS 1552 Premature rupture of membranes, labour delayed by therapy

Background:

- Addresses terms 'pre-labour' and 'premature' rupture of membranes
- Alphabetic index updates
- New ACS to provide classification instruction



ACS 1552 *Premature rupture of membranes, labour delayed by therapy*

New ACS:

1552 PREMATURE RUPTURE OF MEMBRANES, LABOUR DELAYED BY THERAPY

Tocolytic agents may be administered following preterm premature/prelabour rupture of membranes (PPROM) with the aim of stopping contractions.

Examples of these agents include:

- beta-agonists (e.g. salbutamol)
- calcium channel blockers (e.g. nifedipine)
- magnesium sulphate
- nitric oxide donors (e.g. glyceryl trinitrate (GTN) patches)
- prostaglandin synthetase inhibitors (e.g. indomethacin)

...



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ACS 1552 *Premature rupture of membranes, labour delayed by therapy*

New ACS:

1552 PREMATURE RUPTURE OF MEMBRANES, LABOUR DELAYED BY THERAPY

....

Steroids are administered when PPRM or labour occurs and there is a chance the baby will be delivered prematurely; their purpose is to mature the baby's lungs and reduce breathing problems at birth, they are not used to delay pre-term labour.



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ACS 1552 *Premature rupture of membranes, labour delayed by therapy*

New ACS:

1552 PREMATURE RUPTURE OF MEMBRANES, LABOUR DELAYED BY THERAPY

CLASSIFICATION

Assign O42.2 *Premature rupture of membranes, labour delayed by therapy when drug therapy (tocolytic agent) has been administered following pre-term PROM, with the aim of stopping contractions/delaying labour.*



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ACS 1552 *Premature rupture of membranes, labour delayed by therapy*

New ACS:

1552 PREMATURE RUPTURE OF MEMBRANES, LABOUR DELAYED BY THERAPY

O42.2 may be assigned with O42.0 *Premature rupture of membranes, onset of labour within 24 hours.*

However the excludes notes at O42.1 *Premature rupture of membranes, onset of labour after 24 hours* precludes O42.2 from being assigned with:

- O42.11 *Premature rupture of membranes, onset of labour between 1-7 days later or*
- O42.12 *Premature rupture of membranes, onset of labour more than 7 days later.*



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ACS 1552 *Premature rupture of membranes, labour delayed by therapy*

Tabular List:

O42 Premature rupture of membranes

[Spontaneous rupture of amniotic sac before the onset of labour](#)

Note: When a patient with premature rupture of membranes proceeds to a caesarean section without labour, the starting time of the operation should be used to calculate the time interval.

'Premature/pre-labour rupture of membranes' must be documented; a code from this category should not be assigned based on documentation of the times for the establishment of labour alone.

Use additional code from category O09.- to identify duration of pregnancy, when less than 37 completed weeks of gestation.

Code also preterm labour and delivery (O60.-) if applicable.

Excludes: [rupture of membranes by artificial means – omit code](#)



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ACS 1552 *Premature rupture of membranes, labour delayed by therapy*

Tabular List:

O42 Premature rupture of membranes

O42.2 Premature rupture of membranes, labour delayed by therapy

[▼1552](#)

[Labour delayed by administration of tocolytic agent, following premature rupture of membranes](#)



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ACS 1552 *Premature rupture of membranes,
labour delayed by therapy*

Alphabetic Index:

Rupture, ruptured (*see also Injury/by site*)

...

- membranes (spontaneous)

...

- - false O47.-

- - [pre-labour](#) — [see Rupture/membranes/premature](#)

- - premature ([at term](#)) ([preterm](#)) ([PPROM](#)) ([prolonged](#)) ([PROM](#)) O42.9

- - - affecting fetus or newborn P01.1

- - - delivery (by caesarean) (within)



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Other updates to ACHI

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Generic code for fiducial markers

Tabular List:

CHAPTER 18

RADIATION ONCOLOGY PROCEDURES

~~COMPUTERISED~~ RADIOTHERAPY PLANNING

1800 Implantation of device for radiotherapy guidance

37217-01 Implantation of fiducial markers ▼0023

1160 Application, insertion or removal procedures on prostate or seminal vesicle

~~37217-00—Implantation of fiducial marker, prostate~~



Haemorrhage of cervix & B-Lynch procedure

Tabular List:

1274 Application, insertion or removal procedures on cervix

96226-00 Control of haemorrhage of cervix

Arrest of cervical haemorrhage following cervical ectopic pregnancy

Includes: insertion, replacement and removal of:

- balloon catheter
- packing

Excludes: that by:

- diathermy (35608-00, 35646-00 [1275])
- postpartum suture (16571-00 [1344])
- repair (35618-02 [1277])

1347 Other postpartum procedures

96228-00 Compression suture of uterus for postpartum haemorrhage

B-lynch suture

Brace suture of uterus



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Testicular prosthesis

Tabular List:

1184 Orchidectomy

30641-00 Orchidectomy, unilateral

30641-01 Orchidectomy, bilateral

~~30641-02 Orchidectomy with insertion of testicular prosthesis, unilateral~~

~~30641-03 Orchidectomy with insertion of testicular prosthesis, bilateral~~

1171 Application, insertion or removal procedures on scrotum or tunica vaginalis

30628-00 Percutaneous aspiration of hydrocele

96227-00 Insertion of testicular prosthesis, unilateral

96227-01 Insertion of testicular prosthesis, bilateral

96227-02 Removal of foreign body or device from scrotum, with incision

Removal of testicular prosthesis



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Procedures for varicose veins

Tabular List:

727 Interruption of ~~sapheno-femoral or sapheno-popliteal junction~~ varicose veins of lower limb

32508-00 Interruption of ~~sapheno-femoral junction~~ varicose veins of great (long) and/or small (short) saphenous veins

Interruption of:

- sapheno-femoral _____ }
- sapheno-femoral and sapheno-popliteal _____ } junction varicose veins
- sapheno-popliteal _____ }
- varicose veins of lower limb NOS

~~Ligation and stripping of varicose veins NOS~~

~~32508-01 Interruption of sapheno-popliteal junction varicose veins~~

~~32511-00 Interruption of sapheno-femoral and sapheno-popliteal junction varicose veins~~



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Procedures for varicose veins

Tabular List:

727 Interruption of ~~sapheno-femoral or sapheno-popliteal junction~~ varicose veins of lower limb

32504-00 Interruption of varicose veins of multiple tributaries

Stab:

- avulsions _____ }
- phlebectomy _____ } of varicose veins

32507-01 Subfascial interruption of perforator veins
Subfascial endoscopic perforator surgery (SEPS)

728 Other destruction procedures on veins

~~32504-01 Interruption of multiple tributaries of varicose veins~~

~~32507-00 Subfascial interruption of 1 or more perforating varicose veins~~

32520-00 Endovenous interruption of veins

Endovenous:

- laser therapy [ELT] _____ }
- radiofrequency ablation [ERFA] _____ } of varicose veins



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Procedures for varicose veins

Tabular List:

737 Reoperation procedures on veins

- 32514-00 Reoperation for varicose veins [of lower limb](#)
Interruption for recurrent varicose veins:
• ~~sapheno-femoral~~
• ~~sapheno-popliteal~~
- Code first:
- [varicose vein procedures \(see blocks \[722\], \[727\] and \[728\]\)](#)



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Biopsy of prostate or seminal vesicle

Tabular List:

1163 Closed biopsy of prostate or seminal vesicle

- 37218-00 ~~Percutaneous [needle]~~ [Needle](#) biopsy of prostate [or seminal vesicle](#)
[Percutaneous aspiration](#) }
[Transperineal \(grid\) biopsy](#) } of prostate or seminal vesicle
[Transrectal biopsy](#) }
- ~~30094-08 Percutaneous [needle] biopsy of seminal vesicle~~
- ~~37219-00 Transrectal needle biopsy of prostate~~

1164 Open biopsy of prostate or seminal vesicle

- 37212-00 [Open](#) biopsy of prostate [or seminal vesicle](#)
- ~~30075-21 Biopsy of seminal vesicle~~



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Percutaneous mitral valve repair using MitraClip

Tabular List:

626 Repair of mitral valve

96222-00 [Percutaneous mitral valvuloplasty using closure device](#)

Includes: [cardiac catheterisation](#)

using:

- [Evalve](#)
- [MitraClip](#)



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Instructional notes in Chapter 6 Procedures on cardiovascular system

Tabular List:

622 Repair of aortic valve

38270-01 [Percutaneous balloon aortic valvuloplasty](#)

[Percutaneous balloon aortic valvotomy](#)

Includes: cardiac catheterisation

Code also when performed:

▲ [valve annuloplasty \(38475, 38477 \[622\], \[627\] and \[633\]\)](#)

626 Repair of mitral valve

38270-02 [Percutaneous balloon mitral valvuloplasty](#)

[Percutaneous balloon mitral valvotomy](#)

Includes: cardiac catheterisation

Code also when performed:

▲ [valve annuloplasty \(38475, 38477 \[627\] and \[633\]\)](#)

... also pulmonary valve



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Instructional notes in Chapter 6 Procedures on cardiovascular system

Tabular List:

623 Replacement of aortic valve

38488-08 Percutaneous replacement of aortic valve with bioprosthesis
Transcatheter aortic valve implantation

Includes: [cardiac catheterisation](#)
valvuloplasty

Code also when performed:

▲ ~~coronary angiography (38218 [668])~~

628 Replacement of mitral valve

38488-09 Percutaneous replacement of mitral valve with bioprosthesis

Includes: [cardiac catheterisation](#)
valvuloplasty

Code also when performed:

▲ ~~coronary angiography (38218 [668])~~

... also tricuspid valve and
pulmonary valve



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Instructional notes in Chapter 6 Procedures on cardiovascular system

Tabular List:

669 Excision procedures on coronary arteries

Code also when performed:

▲ ~~coronary angiography (38215-00, 38218 [668])~~

670 Transluminal coronary angioplasty

Code also when performed:

▲ ~~coronary angiography (38215-00, 38218 [668])~~

671 Transluminal coronary angioplasty with stenting

Code also when performed:

▲ ~~coronary angiography (38215-00, 38218 [668])~~



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Catheterisation in neonates

Tabular List:

738 Venous catheterisation

▼0042

- 13300-01 Scalp vein catheterisation/cannulation in neonate
~~Includes: infusion~~
- 13300-02 Umbilical vein catheterisation/cannulation in neonate
~~Includes: infusion~~
- 13319-00 Central vein catheterisation in neonate
- 13300-00 Catheterisation/cannulation of other vein in neonate
~~Includes: infusion~~



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Dextrose and Iron infusions

Tabular List:

1920 Administration of pharmacotherapy

Administration of pharmacological agent for systemic effect

Note: The following list of extensions is provided for use with the codes in block [1920] *Administration of pharmacotherapy*.

- 09 Other and unspecified pharmacological agent
[Dextrose](#)
[Iron](#)



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Endoscopic ultrasound

Tabular List:

1949 Other ultrasound

30688-00 Endoscopic ultrasound
[Endobronchial ultrasound \(EBUS\)](#)
Ultrasound in conjunction with endoscopy

Code also:

- [endoscopic procedure\(s\) \(see Alphabetic Index\)](#)



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Other updates to Australian Coding Standards

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ACS 0042 Procedures normally not coded

ACS update:

0042 PROCEDURES NORMALLY NOT CODED

13. Imaging services – all codes in ACHI Chapter 20 *Imaging services* and block [451] *Dental radiological examination and interpretation* except:

- [endoscopic ultrasound \(EUS\) \(30688-00 \[1949\]\)](#)
- transoesophageal echocardiogram (TOE) (55118-00 [1942])
- when instructed to do so

ACS 1615 Specific diseases and interventions related to the sick neonate

ACS update:

1615 SPECIFIC DISEASES AND INTERVENTIONS ~~FOR~~RELATED TO THE SICK NEONATE

2. CODE THE FOLLOWING INTERVENTION WHEN PERFORMED:

Catheterisation/cannulation in a neonate

- 13300-01 [738] *Scalp vein catheterisation/cannulation in neonate*
- 13300-02 [738] *Umbilical vein catheterisation/cannulation in neonate*
- 13319-00 [738] *Central vein catheterisation in neonate*
- 13303-00 [694] *Umbilical artery catheterisation/cannulation in neonate*
- 34524-00 [694] *Catheterisation/cannulation of other artery*

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ACS 1615 Specific diseases and interventions related to the sick neonate

ACS update:

1615 SPECIFIC DISEASES AND INTERVENTIONS ~~FOR~~RELATED TO THE SICK NEONATE

2. CODE THE FOLLOWING INTERVENTION WHEN PERFORMED:

Parenteral fluid therapy

Total Parenteral Nutrition (TPN):

- 96199-07 [1920] *Intravenous administration of pharmacological agent, nutritional substance*

Electrolytes:

- 96199-08 [1920] *Intravenous administration of pharmacological agent, electrolytes*

Dextrose:

- 96199-09 [1920] *Intravenous administration of pharmacological agent, other and unspecified pharmacological agent*

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ACS 0049 Disease codes that must never be assigned

New ACS:

0049 DISEASE CODES THAT MUST NEVER BE ASSIGNED

The following ICD-10-AM codes must never be assigned for inpatient morbidity coding:

- G26* *Extrapyramidal and movement disorders in diseases classified elsewhere*
- L14* *Bullous disorders in diseases classified elsewhere*
- L45* *Papulosquamous disorders in diseases classified elsewhere*
- M09.8-* *Juvenile arthritis in other diseases classified elsewhere*
- M15.9 *Polyarthrosis, unspecified*
- M16.9 *Coxarthrosis, unspecified*
- M17.9 *Gonarthrosis, unspecified*
- M18.9 *Arthrosis of first carpometacarpal joint, unspecified*
- M19.9- *Arthrosis, unspecified* – classify *osteoarthritis/arthrosis/osteoarthritis NOS* as primary osteoarthritis
- M99 *Biomechanical lesions, not elsewhere classified*



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ACS 0049 Disease codes that must never be assigned

New ACS:

0049 DISEASE CODES THAT MUST NEVER BE ASSIGNED

- R65.0 *Systemic inflammatory response syndrome [SIRS] of infectious origin without acute organ failure*
- Y90.9 *Presence of alcohol in blood, level not specified* – see also ACS 0503 *Drug, alcohol and tobacco use disorders*
- Y91.- *Evidence of alcohol involvement determined by level of intoxication* – see also ACS 0503 *Drug, alcohol and tobacco use disorders*
- Z22.5 *Carrier of viral hepatitis* – see also ACS 0104 *Viral hepatitis*
- Z50.2 *Alcohol rehabilitation*
- Z50.3 *Drug rehabilitation*
- Z58.7 *Exposure to tobacco smoke*
- Z81.- *Family history of mental and behavioural disorders* – see also ACS 0520 *Family history of mental illness*



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ACS 0050 Unacceptable principal diagnosis codes

New ACS:

0050 UNACCEPTABLE PRINCIPAL DIAGNOSIS CODES

There are some ICD-10-AM codes that must never be assigned as a principal diagnosis (see ICD-10-AM Tabular List, Appendix C for list of codes). This includes, but is not limited to, all external cause, place of occurrence, activity and morphology codes.

A number of codes from Chapter 21 *Factors influencing health status and contact with health services* (Z00-Z99) have been flagged as unacceptable principal diagnoses, however it should be noted that there are many other codes from this chapter that will rarely be appropriate to assign as a principal diagnosis in an admitted episode of care.

Note: Guidelines for assignment of some codes in the *Unacceptable principal diagnosis codes* list are also detailed in other standards.



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ACS 0050 Unacceptable principal diagnosis codes

ICD-10-AM Appendix C:

APPENDIX C

UNACCEPTABLE PRINCIPAL DIAGNOSIS CODES

- B90.0 Sequelae of central nervous system tuberculosis
- B95.0 Streptococcus, group A, as the cause of diseases classified to other chapters
- M09.80 Juvenile arthritis in other diseases classified elsewhere, multiple sites
- M15.9 Polyarthrosis, unspecified
- O09.4 Duration of pregnancy 26-33 completed weeks
- P00.4 Fetus and newborn affected by maternal nutritional disorders
- R57.2 Septic shock
- S01.81 Open wound (any part of head) communicating with a fracture
- S34.72 Functional spinal cord injury, L2
- T31.31 Burns involving 30-39% of body surface, with 10-19% full thickness burn
- Z06.52 Resistance to methicillin
- Z83.6 Family history of diseases of the respiratory system



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Other updates to ICD-10-AM

ICD-10-AM/ACHI/ACS Ninth Edition

2015 Education program

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Failed or difficult intubation

Tabular List:

T88.4 Failed or difficult intubation

[T88.41](#) Failed intubation

[Failed endotracheal intubation requiring emergency airway management procedures \(cricothyroidotomy/cricothyrotomy\) \(tracheostomy\)](#)

Excludes: during:

- [labour and delivery \(O74.72\)](#)
- [pregnancy \(O29.62\)](#)
- [the puerperium \(postpartum\) \(O89.62\)](#)

[T88.42](#) Difficult intubation



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Failed or difficult intubation

Tabular List:

O29.6 Failed or difficult intubation during pregnancy

[O29.61](#) [Failed intubation during pregnancy](#)

[O29.62](#) [Difficult intubation during pregnancy](#)

O74.7 Failed or difficult intubation during labour and delivery

[O74.71](#) [Failed intubation during labour and delivery](#)

[O74.72](#) [Difficult intubation during labour and delivery](#)

O89.6 Failed or difficult intubation during the puerperium

[O89.61](#) [Failed intubation during the puerperium](#)

[O89.62](#) [Difficult intubation during the puerperium](#)



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CVA deficit of facial droop without hemiplegia

Tabular List:

G83.8 Other specified paralytic syndromes

[G83.81](#) [Facial paralysis due to cerebrovascular accident](#)

Facial:

- [droop](#) }
- [hemiplegia](#) } due to cerebrovascular accident
- [weakness](#) }

Excludes: [Bell's palsy \(G51.0\)](#)

[facial paralysis due to:](#)

- [birth trauma \(P11.3\)](#)
- [facial nerve disorder \(G51.0\)](#)

[G83.89](#) [Other specified paralytic syndromes](#)



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Site specific codes for diabetic foot

Tabular List:

L02.4 Cutaneous abscess, furuncle and carbuncle of limb

[L02.40](#) Cutaneous abscess, furuncle and carbuncle of limb, unspecified

[L02.41](#) Cutaneous abscess, furuncle and carbuncle of upper limb

[L02.42](#) Cutaneous abscess, furuncle and carbuncle of lower limb

Excludes: [foot \(L02.43\)](#)

[toe \(L02.43\)](#)

[L02.43](#) Cutaneous abscess, furuncle and carbuncle of foot

Includes: [toe](#)



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Site specific codes for diabetic foot

Tabular List:

L03.1 Cellulitis of other parts of limb

~~[L03.10](#) Cellulitis of upper limb~~

~~[L03.11](#) Cellulitis of lower limb~~

[L03.12](#) Cellulitis of upper limb

[L03.13](#) Cellulitis of lower limb

[L03.14](#) Cellulitis of foot

[L03.19](#) Cellulitis of limb, not elsewhere classified

Cellulitis of limb NOS



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Site specific codes for diabetic foot

Tabular List:

L84 **Corns and callosities**

- ★ [L84.0](#) [Corns and callosities of foot](#)
Includes: [toe](#)
- ★ [L84.8](#) [Corns and callosities of other sites](#)
- ★ [L84.9](#) [Corns and callosities, unspecified](#)



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Site specific codes for diabetic foot

Tabular List:

L97 **Ulcer of lower limb, not elsewhere classified**

- ★ [L97.0](#) [Ulcer of foot](#)
Includes: [toe](#)
- ★ [L97.8](#) [Ulcer of lower limb, other sites](#)
- ★ [L97.9](#) [Ulcer of lower limb, unspecified](#)
[Ulcer of lower limb NOS](#)



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Code also notes for chronic kidney disease

Tabular List:

- E09.2** Intermediate hyperglycaemia with kidney complication
Use additional code to identify the presence of chronic kidney disease (N18.-)
- E1-.21** * diabetes mellitus with incipient diabetic nephropathy
Use additional code to identify the presence of chronic kidney disease (N18.-)
- E1-.22** * diabetes mellitus with established diabetic nephropathy
Use additional code to identify the presence of chronic kidney disease (N18.-)
- I15.0** Renovascular hypertension
Use additional code to identify the presence of chronic kidney disease (CKD) (N18.-)
- I15.1** Hypertension secondary to other kidney disorders
Use additional code to identify the presence of chronic kidney disease (CKD) (N18.-)
- N00-N08** **GLOMERULAR DISEASES**
*Use additional code to identify presence of kidney failure, acute (N17) or unspecified (N19)
Code also associated chronic kidney disease N18.-*
- N10-N16** **RENAL TUBULO-INTERSTITIAL DISEASES**
Code also associated chronic kidney disease N18.-



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Code also notes for hypertension

Tabular List:

- I20-I25** **ISCHAEMIC HEART DISEASES**
Use additional code to identify presence of hypertension
- I60-I69** **CEREBROVASCULAR DISEASES**
Use additional code to identify presence of hypertension
- N18** **Chronic kidney disease**
Use additional code to identify presence of hypertension



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External cause code - contact with sharp objects

Tabular List:

W26

Contact with ~~knife, sword or dagger~~ other sharp object(s)

W26.0

Contact with knife, sword or dagger

W26.8

Contact with other sharp object(s), not elsewhere classified

Edge of stiff paper

Tin can lid

W26.9

Contact with unspecified sharp object(s)

W45

Foreign body or object entering through skin

W45.9

Foreign body or object entering through skin

~~Edge of stiff paper entering through skin~~

Foreign body or object embedded in skin

Nail entering through skin

Splinter entering through skin

~~Tin can lid entering through skin~~



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Resistance to other antibiotics

Tabular List:

Z06.6

Resistance to other antibiotics

...

W45.9

Resistance to multiple antibiotics

Multi-resistant antibiotics _____ }

Resistance to multiple antibiotics } NOS

~~W45.9~~

~~Resistance to other single-specified antibiotic~~

W45.9

Resistance to other specified antibiotics

Resistance to:

• aminoglycosides (gentamycin) (tobramycin)

• cephalosporins

• macrolides (erythromycin)

• metronidazole

• sulphonamides

• tetracyclines



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Redundant skin

Tabular List:

L98 Other disorders of skin and subcutaneous tissue, not elsewhere classified

L98.7 Excessive and redundant skin and subcutaneous tissue

Loose or sagging skin:

- due to excessive weight loss
- NOS

Excludes: excess or redundant skin of eyelid:

- acquired (H02.3)
- congenital (Q10.3)

skin changes due to chronic exposure to nonionising radiation (L57.-)



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Manual removal of placenta

Tabular List:

O80 Single spontaneous delivery

Includes: that with:

- controlled cord traction (CCT)
- epidural injection/infusion
- episiotomy with repair
-

O83 Other assisted single delivery

Includes: assisted single:

- breech delivery NOS
- delivery NOS

breech extraction

single delivery assisted (facilitated by):

- manual removal of placenta
- McRoberts manoeuvre
-



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Spinal dural tear

Alphabetic Index:

Tear, torn (traumatic) (*see also Wound, open*)

- dura – *see Tear/meninges*

- meninges

- - cerebral S06.9

- - - multiple S06.28

- - spinal T09.3

Injury (*see also specified injury type*)

Laceration NEC (*see also Wound, open*)




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