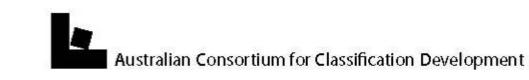
Reference to Changes for ICD-10-AM/ACHI/ACS

Tenth Edition 2017





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Reference to Changes for ICD-10-AM/ACHI/ACS Tenth Edition

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Dagger/asterisk convention BACKGROUND:

Guidelines regarding assignment and sequencing of dagger/asterisk codes were amended in the conventions for ICD-10-AM and the ACS.

ICD-10-AM TABULAR LIST

INTRODUCTION

CONVENTIONS USED IN THE TABULAR LIST OF DISEASES

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

Codes for aetiology (underlying cause) are annotated by a dagger symbol (†) and manifestation codes by an asterisk (*) symbol.

When a condition classified using the dagger and asterisk system is reported as the principal diagnosis, follow the guidelines in ACS 0001 *Principal diagnosis* to determine the sequence. In cases where a morphology code is required, assign the morphology after the neoplasm (C00–D48) code (see also ACS 0233 *Morphology*).

EXAMPLE 1:

Fracture to femur due to bony metastases from adenocarcinoma of prostate.

 C79.5 Secondary malignant neoplasm of bone and bone marrow M8140/6 Adenocarcinoma, metastatic NOS C61 Malignant neoplasm of prostate M8140/3 Adenocarcinoma NOS 		
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The rubrics in which dagger-marked terms appear may take one of three different forms:

a. If the symbol (†) and the alternative asterisk code both appear in the rubric heading, all terms classifiable to that rubric are subject to dual classification and all have the same alternative asterisk code.



b. If the symbol (†) appears in the rubric heading but the alternative asterisk code does not, all terms classifiable to that rubric are subject to dual classification but they have different alternative codes (which are listed for each term).

EXAMPLE 3: A18.0† Tuberca Tuberca

- Tuberculosis of bones and joints Tuberculosis of:
 - hip (M01.15*)
 - knee (M01.16*)
 - vertebral column (M49.0-*)
 - Tuberculous:
 - arthritis (M01.1-*)
 - mastoiditis (H75.0*)
 - necrosis of bone (M90.0-*)
 - osteitis (M90.0-*)
 - osteomyelitis (M90.0-*)
 - synovitis (M68.0-*)
 - tenosynovitis (M68.0-*)
- **c.** If neither the symbol (†) nor the alternative asterisk code appear in the title, the rubric as a whole is not subject to dual classification but individual inclusion terms may be. If so, these terms will be marked with the symbol and their alternative codes given.

EXAMPLE 4: A54.8 Other gonococcal infections Gonococcal: ... • peritonitis† (K67.1*) • pneumonia† (J17.0*) • sepsis • skin lesions

(see also ICD-10-AM Alphabetic Index: Introduction/General arrangement of the Alphabetic Index of Diseases/Code numbers).

ICD-10-AM ALPHABETIC INDEX

INTRODUCTION

GENERAL ARRANGEMENT OF THE ALPHABETIC INDEX OF DISEASES

CODE NUMBERS

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Where an index term is one of the diagnostic statements for which there is a dual classification according to the aetiology and manifestation convention (dagger and asterisk)₅: see ACS 0001 Principal diagnosis/Actiology and manifestation convention (the 'dagger and asterisk' system).

- assign code combinations as specified in the Alphabetic Index, or as per the discrete code ranges listed in the Tabular List
- sequence codes as per the guidelines in ACS 0001 *Principal diagnosis/Aetiology and manifestation convention (the 'dagger and asterisk' system).*

EXAMPLE 6:

<u>Syndrome – see also Disease</u> <u>- brain stem stroke NEC I67.9† G46.3*</u>

Code: G46.3* Brain stem stroke syndrome (I60-I67†)

In the above index entry, I67.9⁺ is listed as the default dagger code, however <u>G46.3^{*}</u> may be assigned with any of the codes listed in the discreet code range I60-I67⁺ in the Tabular List.

EXAMPLE 7:

<u>Anaemia</u>

- Diphyllobothrium (Dibothriocephalus) B70.0† D63*

<u>- due to</u> - - myxoedema E03.9† D63*

- hookworm B76.9† D63*

- malarial (see also Malaria) B54† D63*

Syphilis, syphilitic

- anaemia (late) A52.7† D63*

Code: D63* Anaemia in chronic diseases classified elsewhere

A number of different dagger codes are listed with D63* in the Alphabetic Index. In the Tabular List D63* does not list a range of applicable dagger codes, therefore only assign dagger codes with D63* as specified in the Alphabetic Index. (Note: the above index examples are not exhaustive).

AUSTRALIAN CODING STANDARDS

0001 PRINCIPAL DIAGNOSIS

•••

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

Sequence the aetiology and manifestation (dagger and asterisk) codes according to the principal diagnosis definition. While dagger and asterisk pairs are always shown with the aetiology code sequenced first in the Alphabetic Index, either code can be assigned as the principal diagnosis. Assign code combinations as specified in the Alphabetic Index, or as per the discrete code ranges listed in the Tabular List (see also ICD-10-AM Tabular List: Conventions used in the Tabular List of Diseases/Aetiology and manifestation convention (the 'dagger and asterisk' system)).

Type 1 and Type 2 Exclusions and Conventions

BACKGROUND:

After a review of *Excludes* notes, additional information has been included in the Introduction (taken from ICD-10) and removal of unnecessary or redundant *Excludes* notes at chapter level for Tenth Edition.

ICD-10-AM TABULAR LIST

INTRODUCTION

DEVELOPMENT OF ICD-10

A classification of diseases may be defined as a system of categories to which morbid entities are assigned according to established criteria. <u>Conditions/entities are not always explicit in a code title;</u> those that are of particular public health importance or that occur frequently usually have their own category. Otherwise, categories are assigned to groups of separate but related conditions. Consequently there are residual categories for other and miscellaneous conditions that are not allocated to more specific categories. It is this element of grouping that distinguishes a statistical classification from a nomenclature, which must have a separate title for each known morbid condition. The concepts of classification and nomenclature are nevertheless closely related because a nomenclature is often arranged systematically.

There are many possible axes of classification and the one selected will depend upon the use to be made of the statistics to be compiled. A statistical classification of diseases must encompass the entire range of morbid conditions within a manageable number of categories.

General diagnostic descriptions common to a range of categories, or to all the subcategories in a threecharacter category, are found in notes headed *Includes*, immediately following a chapter, block or category title.

Within the three and four character rubrics a number of other diagnostic concepts are usually listed. These are known as *Inclusion* terms and are given, in addition to the title, as examples of the clinical concepts classified to that rubric. They may refer to different conditions or be synonyms. They are not a subclassification of the rubric.

Inclusion terms are listed primarily as a guide to the content of the rubrics. Many of the items listed relate to important or common terms belonging to the rubric. Others are borderline conditions or sites listed to distinguish the boundary between one subcategory and another. The lists of *Inclusion* terms are by no means exhaustive and alternative names of diagnostic entities are included in the Alphabetic Index, which should be referred to first when coding a given clinical concept.

It is sometimes necessary to read *Inclusion* terms in conjunction with titles. This usually occurs when the *Inclusion* terms are elaborating lists of sites or pharmaceutical products, where appropriate words from the title (eg "malignant neoplasm of ...", "injury to ...", "poisoning by ...") need to be understood.

The ICD employs some special conventions relating to the use of parentheses, square brackets, colons, braces, the abbreviation NOS, the phrase 'not elsewhere classified' (NEC), and the word 'and' in titles.

The specific conventions of the classification need to be clearly understood both by clinical coders and by anyone wishing to interpret statistics based on the ICD (see *Conventions*).

The Tenth Revision of the *International Statistical Classification of Diseases and Related Health Problems* is the latest in a series that was formalised in 1893 as the Bertillon Classification or International List of Causes of Death. A complete review of the historical background to the classification is given in Volume 2 of ICD-10. While the title has been amended to make clearer the content and purpose and to reflect the progressive extension of the scope of the classification beyond diseases and injuries, the familiar abbreviation 'ICD' has been retained. In the updated classification, conditions have been grouped in a way that was felt to be most suitable for general epidemiological purposes and the evaluation of health care.

•••

CONVENTIONS USED IN THE TABULAR LIST OF DISEASES

MULTIPLE CONDITION CODING

In Australia, multiple condition coding (meaning that multiple conditions may be assigned in an episode of care) is used to provide the necessary specificity to fully describe the episode of care. This does not mean multiple codes are assigned to describe a single condition (unless otherwise instructed).

It is unnecessary for conditions to be explicit in a code title or *Inclusion* term to be correctly classified. Do not assign an additional code to further classify a condition unless directed by an *Instructional* note in the Tabular List or an Australian Coding Standard.

If, by following the Alphabetic Index, a **residual code** is assigned (ie other or unspecified), **do not** assign an additional code to further classify the condition unless directed by an *Instructional* note in the Tabular List or an Australian Coding Standard.

EXAMPLE 1:

Diagnosis: Intussusception of appendix

 Index:
 Intussusception (bowel) (colon) (intestine) (rectum) K56.1

 - appendix K38.8
 - congenital Q43.89

 - ureter (with obstruction) N13.5

Assign: K38.8 Other specified diseases of appendix

In classifying a condition with an underlying cause, if the Alphabetic Index (see Example 2) or *Excludes* note (see Example 18) results in a code for one of the clinical concepts not being assigned, follow the guidelines in ACS 0001 *Principal diagnosis, Problems and underlying conditions* and assign codes for both the condition and the underlying cause.

Diagnosis:	Leg ulcer due to venous insufficiency		
Index:	Ulcer		
	<u>- lower limbL97.9</u>		
	<u> venous</u>		
	<u> due to venous insufficiency I87.2</u>		
Assign:	L97.9 Ulcer of lower limb, unspecified		
	187.2 Venous insufficiency (chronic)(peripheral)		

There are a number of special conventions employed in the ICD-10-AM Tabular List which need to be understood by clinical coders and those interpreting statistics based on ICD-10-AM codes.

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

Codes for aetiology (underlying cause) are annotated by a dagger symbol (†) and manifestation codes by an asterisk (*) symbol.

When a condition classified using the dagger and asterisk system is reported as the principal diagnosis, follow the guidelines in ACS 0001 *Principal diagnosis* to determine the sequence. In cases where a morphology code is required, assign the morphology after the neoplasm (C00–D48) code (see also ACS 0233 *Morphology*).

EXAMPLE <u>13</u> :				
Fracture to feat	Fracture to femur due to bony metastases from adenocarcinoma of prostate.			
Index entry:	Fracture/metastatic C79.5† M90.7-*			
Tabular:	M90.75*	Fracture of bone in neoplastic disease, pelvic region and thigh		
	C79.5	Secondary malignant neoplasm of bone and bone marrow		
	M8140/6	Adenocarcinoma, metastatic NOS		
	C61	Malignant neoplasm of prostate		
	M8140/3	Adenocarcinoma NOS		

The rubrics in which dagger-marked terms appear may take one of three different forms:

a. If the symbol (†) and the alternative asterisk code both appear in the rubric heading, all terms classifiable to that rubric are subject to dual classification and all have the same alternative asterisk code.

EXAMPLE **2**<u>4</u>:

B37.3[†] Candidiasis of vulva and vagina (N77.1^{*}) Candidal vulvovaginitis Monilial vulvovaginitis Vaginal thrush **b.** If the symbol (†) appears in the rubric heading but the alternative asterisk code does not, all terms classifiable to that rubric are subject to dual classification but they have different alternative codes (which are listed for each term).

EXAMPLE 35: A18.0† Tuberculosis

- *Tuberculosis of bones and joints* Tuberculosis of:
 - hip (M01.15*)
 - knee (M01.16*)
 - vertebral column (M49.0-*)
 - Tuberculous:
 - arthritis (M01.1-*)
 - mastoiditis (H75.0*)
 - necrosis of bone (M90.0-*)
 - osteitis (M90.0-*)
 - osteomyelitis (M90.0-*)
 - synovitis (M68.0-*)
 - tenosynovitis (M68.0-*)
- **c.** If neither the symbol (†) nor the alternative asterisk code appear in the title, the rubric as a whole is not subject to dual classification but individual inclusion terms may be. If so, these terms will be marked with the symbol and their alternative codes given.

EXAMPLE 46:

A54.8 Other gonococcal infections

Gonococcal:

- peritonitis† (K67.1*)
- pneumonia† (J17.0*)
- sepsis
- skin lesions

INCLUSION TERMS

Within the three and four character rubrics, there are usually listed a number of other diagnostic terms. These are known as 'inclusion terms' and are given, in addition to the title, as examples of the diagnostic statements to be classified to that rubric. They may refer to different conditions or be synonyms. They are not a subclassification of the rubric.

Inclusion terms are listed primarily as a **guide to the content** of the rubrics. Many of the items listed relate to important or common terms belonging to the rubric. Others are borderline conditions or sites listed to distinguish the boundary between one subcategory and another. **The lists of inclusion terms are by no means exhaustive** and alternative names of diagnostic entities are included in the Alphabetic Index, which should be referred to first when coding a given diagnostic statement.

EXAMPLE **5**7:

H50.5 *Heterophoria* Alternating hyperphoria Esophoria Exophoria

It is sometimes necessary to read inclusion terms in conjunction with titles. This usually occurs when the inclusion terms are elaborating lists of sites or pharmaceutical products, where appropriate words from the preceding titles (eg "malignant neoplasm of …", "injury to …", "poisoning by …") need to be understood.

EXAMPLE 68:

D21 Other benign neoplasms of connective and other soft tissue

D21.3 *Connective and other soft tissue of thorax*

Axilla Diaphragm Great vessels

INSTRUCTIONAL NOTES/TERMS

There are situations, other than in the dagger and asterisk system that permit two ICD-10-AM codes to be used to describe fully a person's condition. Instructional terms such as 'Code also...', 'Use additional code ...' and 'Note...', identify many of these situations (see also ACS 0002 *Additional diagnoses/Multiple coding*).

Includes note

General diagnostic descriptions common to various levels throughout the Tabular List eg. chapter, category or code.

EXAMPLE **7**<u>9</u>:

C50 Malignant neoplasm of breast

Includes: connective tissue of breast

EXAMPLE **<u>810</u>**:

CHAPTER 16

CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD (P00-P96)

Includes: conditions that have their origin in the perinatal period even though death or morbidity occurs later

Note

The Note can be used as an explanation that clarifies the use of a code or codes.

EXAMPLE 911:

DERMATITIS AND ECZEMA (L20–L30)

Note: In this block the terms dermatitis and eczema are used synonymously and interchangeably.

See

K26

The *See* instructional term is a cross-reference to another section of the classification. *See* notes should be followed to ensure correct code selection.

EXAMPLE 1012:

Duodenal ulcer

See subdivisions

EXAMPLE 1113:

M71 Other bursopathies

See site code

Code first

The *Code first* instruction assists the correct sequencing of codes. This instruction appears under codes that must never be assigned alone.

EXAMPLE 1214:

◆S91.81 *Open wound (of any part of ankle and foot) communicating with a fracture Code first the fracture (S82.-, S92.-).*

Use additional code/Code also

The *Use additional code* and *Code also* instructions indicate that an additional code should be assigned to fully describe the condition or injury (see also ACS 0002 *Additional diagnoses/Multiple coding*).

EXAMPLE **1315**:

K08.81 Pathological fracture of tooth

Code also any predisposing dental disease (K00-K10).

EXAMPLE <u>1416</u>:

N34 Urethritis and urethral syndrome

Use additional code (B95–B97) to identify infectious agent.

Excludes notes

Excludes notes can be found at various levels of the Tabular List, eg. chapter, category or code.

There are two types of excludes notes in ICD-10-AM. The excludes note meanings were developed by the World Health Organization (WHO) and in the development of ICD-10-AM, the excludes notes remain unaltered from those appearing in ICD-10. This is an important point in understanding the two types of excludes notes which are described simply by the WHO as:

Excludes Note Type 1 For single condition coding, 'it' goes somewhere else.

Excludes Note Type 2 You might think 'it' goes here but it doesn't .

Apart from understanding the ICD 10 principles involved in excludes notes, it is also essential that we revisit our main aim in coding:

To translate medical statements into code

If the application of an excludes note results in the medical statement not being fully represented by eode(s), then you may need to re-examine the code assignments. A good way to test the appropriateness of your code assignments is **to translate the codes back to the medical statement**. A simple example of translating code back to a medical statement:

Medical statement: Cholecystitis with cholelithiasis

Code translation: K80.10

Medical translation: Calculus of gallbladder with other cholecystitis, without mention of obstruction

This is a good code assignment because both the medical statement and the medical translation include inflammation of the gallbladder (cholecystitis) and calculus of the gallbladder (cholelithiasis).

It is not critical that coders identify whether an excludes note is a Type 1 or Type 2 but rather coders should ensure that the codes selected fully translate the medical statement. Coders also need to follow advice in standards ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*, as well as specialty standards.

These notes need to be considered in relation to the principle of single or multiple condition coding in ICD 10. The principle of single condition coding is employed in some countries, where only the main condition treated or investigated during the relevant episode of health care is reported—ie one code only to describe the episode of care. Single condition coding will often result in valuable information being lost. In Australia, we use multiple condition coding to provide the necessary specificity to fully describe the episode of care (see also ACS 0002 *Additional diagnoses/Multiple coding*).

Type 1 excludes notes (For single condition coding, 'it' goes somewhere else)

For example, if there is a code for a condition in one of the specialty chapters (eg. musculoskeletal) but that condition can occur in pregnancy or the perinatal period, then it is likely that the code will have an excludes note sending the user to the appropriate 'in pregnancy' or 'in the perinatal period' code for that eondition.

Sometimes the code in the pregnancy or perinatal chapter may not have enough detail to translate the diagnostic statement into code. For example, the code may say 'other conditions complicating pregnancy'. In such cases, coders should assign the pregnancy code **and** the code where the excludes note applies. The two codes translate the medical statement.

Again, the rule of thumb is to translate your codes back to the medical statement to check for completeness of code assignment.

EXAMPLE 15:	
Diagnosis: Exhausti	on during pregnancy
There is an excludes no	te at R53 <i>Malaise and fatigue</i> which excludes pregnancy (O26.88).
	- Malaise and fatigue
100	Asthenia NOS
	— Astrenia Nos
	- General physical deterioration
	- Lethargy
	— Tiredness
	<i>Excludes:</i> debility:
	• congenital (P96.9)
	• senile (R54)
	exhaustion and fatigue (due to)(in):
	• combat (F43.0)
	excessive exertion (T73.3)
	• exposure (T73.2)
	• heat (T67.)
	• neurasthenia (F48.0)
	• pregnancy (O26.88)
	• senile asthenia (R54)
	fatigue syndrome:
	• NOS (F48.0)
	• postviral (G93.3)
As 'exhaustion during p	regnancy' contains multiple diagnostic concepts (ie 'exhaustion' and
pregnancy'), this requir	
	redical statement into code you need to assign both O26.88 Other specified
	litions and R53 Malaise and fatigue.
	Other specified pregnancy related conditions
	Malaise and fatigue

Type 2 excludes notes (You might think 'it' goes here but it doesn't)

The conditions listed in these excludes notes are those which are similar concepts to the rubric in which they are listed and therefore could be mistakenly classified to the rubric in question.

These notes are 'hints' to ensure correct code selection. We might think that a particular diagnosis should be coded within a particular category, but the excludes note instructs you to go elsewhere. A good example of this is when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

EXAMPLE 16:

Diagnosis: Intussusception of appendix

K56.1 Intussusception

Excludes: intussusception of appendix (K38.8)

This excludes note directs coders to assign K38.8 where the intussusception is of the appendix. As 'intussusception of appendix' is a **single diagnostic concept**, this only requires a **single code**.

Proper use of the Alphabetic Index avoids this situation as the index pathway Intussusception/appendix assigns K38.8 Other specified diseases of appendix.

EXAMPLE 17:

Diagnosis: Newborn developed hydrocephalus post intraventricular haemorrhage

Q03 Congenital hydrocephalus

Includes: hydrocephalus in newborn

Excludes: Arnold Chiari syndrome (Q07.0)

hydrocephalus:

• acquired (G91.-)

• due to congenital toxoplasmosis (P37.1)

• with spina bifida (Q05.0 Q05.4)

Hydrocephalus developed after the newborn suffered an intraventricular haemorrhage, therefore, it is an acquired condition and the excludes note should be followed. Note also that proper use of the Alphabetic Index avoids this situation as the index pathway *Hydrocephalus/newborn/post intraventricular haemorrhage* assigns G91.8 *Other hydrocephalus*.

EXAMPLE 18:

Diagnosis: Cholelithiasis with obstruction

K82.0 Obstruction of gallbladder

Stenosis } of cystic duct or gallbladder without calculus

<u>Stricture</u>

Excludes: with cholelithiasis (K80.)

This code has an excludes note which directs coders to assign the appropriate code from category K80 *Cholelithiasis*. ICD 10 AM classifies the obstruction with a fifth character subdivision for use with conditions listed under category K80, to specify with or without mention of obstruction. K80.21 *Calculus of gallbladder without cholecystitis, with obstruction* fully describes the medical statement and there is no need to assign K82.0.

Excludes notes are found at various levels in the Tabular List (eg chapter, category or code level). Some are a guide to redirect users in the Tabular List from an incorrect code to a correct code (see Example 17), and some support mortality coding (see Example 18).

Diagnosis: Intussus	ception of appendix
Tabular List: K56.1	<u>Intussusception</u>
	Intussusception or invagination of:
	• bowel
	• colon
	• intestine
	• rectum
	<i>Excludes:</i> intussusception of appendix (K38.8)

In Australia, multiple condition coding (meaning that multiple conditions may be assigned in an episode of care) is used to provide the necessary specificity to fully describe the episode of care. This does not mean multiple codes are assigned to describe a single condition (unless otherwise instructed).

It is unnecessary for conditions to be explicit in a code title or *Inclusion* term to be correctly classified. Do not assign an additional code to further classify a condition unless directed by an *Instructional* note in the Tabular List or an Australian Coding Standard.

If, by following the Alphabetic Index, a **residual code** is assigned (ie other or unspecified), **do not** assign an additional code to further classify the condition unless directed by an *Instructional* note in the Tabular List or an Australian Coding Standard (see Example 1).

In classifying a problem with an underlying cause, if the Alphabetic Index (see Example 2) or *Excludes* note (see Example 18) results in a code for one of the clinical concepts not being assigned, follow the guidelines in ACS 0001 *Principal diagnosis, Problems and underlying conditions* and assign codes for both the problem and the underlying cause.

Diagnosis:	Osteoporos	is due to vitamin D deficiency
Tabular List:	E55 Vitamin	<u>1 D deficiency</u>
	<u>Excludes:</u>	adult osteomalacia (M83) osteoporosis (M80–M81) sequelae of rickets (E64.3)
Assign:	M81.99	Osteoporosis, unspecified, site unspecified
	E55.9	Vitamin D deficiency

• • •

GUIDANCE IN THE USE OF ICD-10-AM

The main aim of coding is:

To translate medical statements classify clinical concepts into code

Originally designed to provide access to information contained in <u>medical_clinical</u> records for research, education, and administration, <u>medical_clinical</u> codes are now also utilised to facilitate payment of health services, to-determine utilisation patterns and to-evaluate the appropriateness of health care costs. <u>CodingCoded data</u> also provides the basis for epidemiological studies and research into the quality of health care.

The translation of disease, injury, condition and procedure descriptions classification of clinical concepts and/or entities (ie a disease, complication or injury) into code is a complex activity. Because coding iscoded data are used in so many areas, it is essential that codingclassification is performed correctly and consistently in order to produce meaningful statistics to aid in the planning of the health care needs of the country.

In order to <u>code classify</u> accurately, it is essential to have a working knowledge of medical <u>terminology</u> <u>science</u> and to understand the characteristics, terminology and conventions of ICD-10-AM. The Alphabetic Index contains many terms not included in the Tabular List, and <u>clinical</u> coding requires that the Alphabetic Index, the Tabular List and the *Australian Coding Standards* are consulted before a code is assigned.

There are several steps in <u>coding classifying</u> diseases or <u>procedures</u> and the following is a simple guide intended to assist the occasional user of ICD-10-AM.

Identify the type of statement clinical concept to be coded classified and refer to the appropriate section of the Alphabetic Index.

Note: Avoid indiscriminate multiple-coding of irrelevant information, such as symptoms or signs characteristic of the diagnosis.

- Locate the lead term. For disease and injuries, this is usually a noun for the pathological condition. For procedures, this is usually a noun identifying the type of procedure performed. However, some conditions expressed as adjectives or eponyms are included in the Alphabetic Index as lead terms.
- 3. Read and be guided by any Instructional note(s) that appears under the lead term.
- 4. Read any terms enclosed in parentheses after the lead term (these nonessential modifiers do not affect the code), as well as any terms indented under the lead term (these essential modifiers may affect the code), until all the words in the clinical expression<u>concept</u> have<u>has</u> been accounted for.
- 5. Follow carefully any cross references (see and see also) found in the Alphabetic Index.
- 6. Refer to the Tabular List to verify the suitability of the code selected. For disease classification note that a three character code in the Alphabetic Index with a dash in the fourth or fifth position means that there is a fourth or fifth character to be found in the Tabular List. Further subdivisions to be used in a supplementary character position are not may not be indexed and, if used, therefore must be located in the Tabular List.
- 7. Be guided by any <u>Inclusion</u> terms and, <u>Instructional</u> notes and <u>Excludes</u> notes under the selected code or under the chapter, block or category heading.
- 8. Refer to the General standards for diseases in the *Australian Coding Standards*, and specialty standards, as indicated by an ACS symbol in the Tabular List.
- 9.__Assign the code.

CHAPTER 1 CERTAIN INFECTIOUS AND PARASITIC DISEASES (A00–B99)

This chapter contains the following blocks:

- A00–A09 Intestinal infectious diseases
- A15–A19 Tuberculosis
- A20–A28 Certain zoonotic bacterial diseases
- A30–A49 Other bacterial diseases
- A50–A64 Infections with a predominantly sexual mode of transmission
- A65–A69 Other spirochaetal diseases
- A70–A74 Other diseases caused by chlamydiae
- A75–A79 Rickettsioses
- A80–A89 Viral infections of the central nervous system
- A92–A99 Arthropod-borne viral fevers and viral haemorrhagic fevers
- B00–B09 Viral infections characterised by skin and mucous membrane lesions
- B15–B19 Viral hepatitis
- B20–B24 Human immunodeficiency virus [HIV] disease
- B25–B34 Other viral diseases
- B35–B49 Mycoses
- B50–B64 Protozoal diseases
- B65–B83 Helminthiases
- B85–B89 Pediculosis, acariasis and other infestations
- B90–B94 Sequelae of infectious and parasitic diseases
- B95–B97 Bacterial, viral and other infectious agents
- B99 Other infectious diseases

Includes: diseases generally recognised as communicable or transmissible Use additional code (Z06) to identify resistance to antimicrobial drugs

Excludes: carrier or suspected carrier of infectious disease (Z22.-) certain localised infections — see body system-related chapters

infectious and parasitic diseases specific to the perinatal period [except tetanus neonatorum, congenital syphilis, perinatal gonococcal infection and perinatal human immunodeficiency virus [HIV] disease] (P35–P39) influenza and other acute respiratory infections (J00–J22)

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CHAPTER 3 DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM (D50–D89)

This chapter contains the following blocks:

D50–D53	Nutritional	anaemias	

- D55–D59 Haemolytic anaemias
- D60–D64 Aplastic and other anaemias
- D65–D69 Coagulation defects, purpura and other haemorrhagic conditions
- D70–D77 Other diseases of blood and blood-forming organs
- D80–D89 Certain disorders involving the immune mechanism

Asterisk categories for this chapter are provided as follows:

D63*	Anaemia in chronic diseases classified elsewhere				
D77*	Other disorders of blood and blood-forming organs in diseases classified elsewhere				
Excludes:	autoimmune disease (systemic) NOS (M35.9) eertain conditions originating in the perinatal period (P00–P96) 				

endocrine, nutritional and metabolic diseases (E00–E89) human immunodeficiency virus [HIV] disease (B20–B24) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48)

symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

CHAPTER 6

DISEASES OF THE NERVOUS SYSTEM (G00–G99)

This chapter contains the following blocks:

- G00–G09 Inflammatory diseases of the central nervous system
- G10–G14 Systemic atrophies primarily affecting the central nervous system
- G20–G26 Extrapyramidal and movement disorders
- G30–G32 Other degenerative diseases of the nervous system
- G35–G37 Demyelinating diseases of the central nervous system
- G40–G47 Episodic and paroxysmal disorders
- G50–G59 Nerve, nerve root and plexus disorders
- G60–G64 Polyneuropathies and other disorders of the peripheral nervous system
- G70–G73 Diseases of myoneural junction and muscle
- G80–G83 Cerebral palsy and other paralytic syndromes
- G90–G99 Other disorders of the nervous system

- G01* Meningitis in bacterial diseases classified elsewhere
- G02* Meningitis in other infectious and parasitic diseases classified elsewhere
- G05* Encephalitis, myelitis and encephalomyelitis in diseases classified elsewhere
- G07* Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere
- G13* Systemic atrophies primarily affecting central nervous system in diseases classified elsewhere
- G22* Parkinsonism in diseases classified elsewhere
- G26* Extrapyramidal and movement disorders in diseases classified elsewhere

- G32*Other degenerative disorders of nervous system in diseases classified elsewhereG46*Vascular syndromes of brain in cerebrovascular diseases (I60–I67+)
- G53* Cranial nerve disorders in diseases classified elsewhere
- G55* Nerve root and plexus compressions in diseases classified elsewhere
- G59* Mononeuropathy in diseases classified elsewhere
- G63* Polyneuropathy in diseases classified elsewhere
- G73* Disorders of myoneural junction and muscle in diseases classified elsewhere
- G94* Other disorders of brain in diseases classified elsewhere
- G99* Other disorders of nervous system in diseases classified elsewhere
- Excludes:

certain conditions originating in the perinatal period (P00–P96) certain infectious and parasitic diseases (A00–B99)

congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)

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CHAPTER 7 DISEASES OF THE EYE AND ADNEXA (H00–H59)

This chapter contains the following blocks:

- H00–H06 Disorders of eyelid, lacrimal system and orbit
- H10–H13 Disorders of conjunctiva
- H15–H22 Disorders of sclera, cornea, iris and ciliary body
- H25–H28 Disorders of lens
- H30–H36 Disorders of choroid and retina
- H40–H42 Glaucoma
- H43–H45 Disorders of vitreous body and globe
- H46–H48 Disorders of optic nerve and visual pathways
- H49–H52 Disorders of ocular muscles, binocular movement, accommodation and refraction
- H53–H54 Visual disturbances and blindness
- H55–H59 Other disorders of eye and adnexa

- H03* Disorders of eyelid in diseases classified elsewhere
- H06* Disorders of lacrimal system and orbit in diseases classified elsewhere
- H13* Disorders of conjunctiva in diseases classified elsewhere
- H19* Disorders of sclera and cornea in diseases classified elsewhere
- H22* Disorders of iris and ciliary body in diseases classified elsewhere
- H28* Cataract and other disorders of lens in diseases classified elsewhere
- H32* Chorioretinal disorders in diseases classified elsewhere
- H36* Retinal disorders in diseases classified elsewhere
- H42* Glaucoma in diseases classified elsewhere
- H45* Disorders of vitreous body and globe in diseases classified elsewhere
- H48* Disorders of optic [2nd] nerve and visual pathways in diseases classified elsewhere
- H58* Other disorders of eye and adnexa in diseases classified elsewhere

Excludes:

eertain conditions originating in the perinatal period (P00-P96) certain infectious and parasitic diseases (A00-B99)

... congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)

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CHAPTER 8 DISEASES OF THE EAR AND MASTOID PROCESS (H60–H95)

This chapter contains the following blocks:

- H60–H62 Diseases of external ear
- H65–H75 Diseases of middle ear and mastoid
- H80–H83 Diseases of inner ear
- H90–H95 Other disorders of ear

Asterisk categories for this chapter are provided as follows:

- H62* Disorders of external ear in diseases classified elsewhere
- H67* Otitis media in diseases classified elsewhere
- H75* Other disorders of middle ear and mastoid in diseases classified elsewhere
- H94* Other disorders of ear in diseases classified elsewhere
- *Excludes:* certain conditions originating in the perinatal period (P00–P96)

certain infectious and parasitic diseases (A00-B99)

congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)

- endocrine, nutritional and metabolic diseases (E00–E89)
- injury, poisoning and certain other consequences of external causes (S00 T98)
- neoplasms (C00–D48)

symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

CHAPTER 9

DISEASES OF THE CIRCULATORY SYSTEM (100–199)

This chapter contains the following blocks:

- I00–I02 Acute rheumatic fever
- I05–I09 Chronic rheumatic heart diseases
- I10–I15 Hypertensive diseases
- I20–I25 Ischaemic heart diseases
- I26–I28 Pulmonary heart disease and diseases of pulmonary circulation
- I30–I52 Other forms of heart disease
- I60–I69 Cerebrovascular diseases
- 170–179 Diseases of arteries, arterioles and capillaries
- 180–189 Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
- 195–199 Other and unspecified disorders of the circulatory system

- 132* Pericarditis in diseases classified elsewhere
- 139* Endocarditis and heart valve disorders in diseases classified elsewhere
- I41* Myocarditis in diseases classified elsewhere
- I43* Cardiomyopathy in diseases classified elsewhere

152* 168* 179* 198*	Other heart disorders in diseases classified elsewhere Cerebrovascular disorders in diseases classified elsewhere Disorders of arteries, arterioles and capillaries in diseases classified elsewhere Other disorders of circulatory system in diseases classified elsewhere
Excludes:	certain conditions originating in the perinatal period (P00–P96) certain infectious and parasitic diseases (A00–B99) congenital malformations, deformations and chromosomal abnormalitics (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48)
	symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99) systemic connective tissue disorders (M30–M36) transient cerebral ischaemic attacks and related syndromes (G45)

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CHAPTER 10 DISEASES OF THE RESPIRATORY SYSTEM (J00–J99)

This chapter contains the following blocks:

- J00–J06 Acute upper respiratory infections
- J09–J18 Influenza and pneumonia
- J20–J22 Other acute lower respiratory infections
- J30–J39 Other diseases of upper respiratory tract
- J40–J47 Chronic lower respiratory diseases
- J60–J70 Lung diseases due to external agents
- J80–J84 Other respiratory diseases principally affecting the interstitium
- J85–J86 Suppurative and necrotic conditions of lower respiratory tract
- J90–J94 Other diseases of pleura
- J95–J99 Other diseases of the respiratory system

Asterisk categories for this chapter are provided as follows:

- J17* Pneumonia in diseases classified elsewhere
- J91* Pleural effusion in conditions classified elsewhere
- J99* Respiratory disorders in diseases classified elsewhere

Note: When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site (eg tracheobronchitis to bronchitis in J40).

Excludes:	certain conditions originating in the perinatal period (P00–P96) certain infectious and parasitic diseases (A00–B99)
	 congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)

CHAPTER 11 DISEASES OF THE DIGESTIVE SYSTEM (K00–K93)

This chapter contains the following blocks:

- K00–K14 Diseases of oral cavity, salivary glands and jaws
- K20–K31 Diseases of oesophagus, stomach and duodenum
- K35–K38 Diseases of appendix
- K40–K46 Hernia
- K50–K52 Noninfective enteritis and colitis
- K55–K64 Other diseases of intestines
- K65–K67 Diseases of peritoneum
- K70–K77 Diseases of liver
- K80–K87 Disorders of gallbladder, biliary tract and pancreas
- K90–K93 Other diseases of the digestive system

Asterisk categories for this chapter are provided as follows:

- K23* Disorders of oesophagus in diseases classified elsewhere
- K67* Disorders of peritoneum in infectious diseases classified elsewhere
- K77* Liver disorders in diseases classified elsewhere
- K87* Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
- K93* Disorders of other digestive organs in diseases classified elsewhere
- *Excludes:* certain conditions originating in the perinatal period (P00–P96) certain infectious and parasitic diseases (A00–B99)

... congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89)

injury, poisoning and certain other consequences of external causes (S00-T98) neoplasms (C00-D48)

symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

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CHAPTER 12 DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE (L00–L99)

This chapter contains the following blocks:

- L00–L08 Infections of the skin and subcutaneous tissue
- L10–L14 Bullous disorders
- L20–L30 Dermatitis and eczema
- L40–L45 Papulosquamous disorders
- L50–L54 Urticaria and erythema
- L55–L59 Radiation-related disorders of the skin and subcutaneous tissue
- L60–L75 Disorders of skin appendages
- L80–L99 Other disorders of the skin and subcutaneous tissue

- L14* Bullous disorders in diseases classified elsewhere
- L45* Papulosquamous disorders in diseases classified elsewhere
- L54* Erythema in diseases classified elsewhere
- L62* Nail disorders in diseases classified elsewhere
- L86* Keratoderma in diseases classified elsewhere
- L99* Other disorders of skin and subcutaneous tissue in diseases classified elsewhere

Excludes:

eertain conditions originating in the perinatal period (P00–P96) certain infectious and parasitic diseases (A00–B99)

congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89)

injury, poisoning and certain other consequences of external causes (S00–T98) lipomelanotic reticulosis (I89.8)

neoplasms (C00–D48)

symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99) systemic connective tissue disorders (M30-M36)

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CHAPTER 13 DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (M00–M99)

This chapter contains the following blocks:

- M00–M25 Arthropathies
- M00–M03 Infectious arthropathies
- M05–M14 Inflammatory polyarthropathies
- M15–M19 Arthrosis
- M20–M25 Other joint disorders
- M30–M36 Systemic connective tissue disorders
- M40–M54 Dorsopathies
- M40–M43 Deforming dorsopathies
- M45–M49 Spondylopathies
- M50–M54 Other dorsopathies
- M60–M79 Soft tissue disorders
- M60–M63 Disorders of muscles
- M65–M68 Disorders of synovium and tendon
- M70–M79 Other soft tissue disorders
- M80–M94 Osteopathies and chondropathies
- M80–M85 Disorders of bone density and structure
- M86–M90 Other osteopathies
- M91–M94 Chondropathies
- M95–M99 Other disorders of the musculoskeletal system and connective tissue

- M01* Direct infections of joint in infectious and parasitic diseases classified elsewhere
- M03* Postinfective and reactive arthropathies in diseases classified elsewhere
- M07* Psoriatic and enteropathic arthropathies
- M09* Juvenile arthritis in diseases classified elsewhere
- M14* Arthropathies in other diseases classified elsewhere
- M36* Systemic disorders of connective tissue in diseases classified elsewhere
- M49* Spondylopathies in diseases classified elsewhere
- M63* Disorders of muscle in diseases classified elsewhere
- M68* Disorders of synovium and tendon in diseases classified elsewhere
- M73* Soft tissue disorders in diseases classified elsewhere
- M82* Osteoporosis in diseases classified elsewhere
- M90* Osteopathies in diseases classified elsewhere

Excludes:	eertain conditions originating in the perinatal period (P00–P96) certain disorders of the temporomandibular joint (K07.6) certain infectious and parasitic diseases (A00–B99) compartment syndrome, traumatic (IT9.6)
	 congenital malformations, deformations and chromosomal abnormalities (Q00–Q99)
	endocrine, nutritional and metabolic diseases (E00–E89)
	injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R9
 CHAPTE	P 1/
-	ES OF THE GENITOURINARY SYSTEM
(N00–N9	
•	r contains the following blocks:
N00–N08	Glomerular diseases
N10–N16	Renal tubulo-interstitial diseases
N17–N19	Kidney failure
N20–N23	Urolithiasis
N25–N29	Other disorders of kidney and ureter
N30–N39	Other diseases of urinary system
N40–N51	Diseases of male genital organs
N60–N64	Disorders of breast
N70–N77	Inflammatory diseases of female pelvic organs
N80–N98	Noninflammatory disorders of female genital tract
N99	Other disorders of genitourinary tract
Asterisk cat	egories for this chapter are provided as follows:
N08*	Glomerular disorders in diseases classified elsewhere
N16*	Renal tubulo-interstitial disorders in diseases classified elsewhere
N22*	Calculus of urinary tract in diseases classified elsewhere
N29*	Other disorders of kidney and ureter in diseases classified elsewhere
N33*	Bladder disorders in diseases classified elsewhere
1.07+	

- N37* Urethral disorders in diseases classified elsewhere
- N51* Disorders of male genital organs in diseases classified elsewhere
- N74* Female pelvic inflammatory disorders in diseases classified elsewhere
- N77* Vulvovaginal ulceration and inflammation in diseases classified elsewhere
- Note: When a genitourinary condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the higher anatomic site (eg vesicoureteric junction to ureter or pelvoureteric junction to kidney).
- Excludes: certain conditions originating in the perinatal period (P00-P96) certain infectious and parasitic diseases (A00-B99) co ormations, deformat endocrine, nutritional and metabolic diseases (E00-E89) injury, poisoning and certain other consequences of external causes (S00-T98)
 - neoplasms (C00-D48)

symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

ons and chrom

mal abnormalities (O00–O99)

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CHAPTER 15 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (000–099)

This chapter contains the following blocks:

Pregnancy with abortive outcome
Duration of pregnancy
Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium
Other maternal disorders predominantly related to pregnancy
Maternal care related to the fetus and amniotic cavity and possible delivery problems
Complications of labour and delivery
Delivery
Complications predominantly related to the puerperium
Other obstetric conditions, not elsewhere classified
The codes in this chapter are to be used for conditions related to or aggravated by the pregnancy, childbirth or by the puerperium (maternal causes or obstetric causes)
 certain diseases or injuries complicating pregnancy, childbirth and the puerperium classifiedelsewhere: injury, poisoning and certain other consequences of external cause (S00–T88.1, T88.6–T98) mental and behavioural disorders associated with the puerperium (F53) obstetrical tetanus (A34) postpartum necrosis of pituitary gland (E23.0) puerperal osteomalacia (M83.0-) supervision of: high-risk pregnancy (Z35) normal pregnancy (Z34) incidental pregnant state (Z33) supervision of normal pregnancy (Z34)

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CHAPTER 16 CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

(P00–P96)

This chapter contains the following blocks:

P00–P04	Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery
P05–P08	Disorders related to length of gestation and fetal growth
P10–P15	Birth trauma
P20–P29	Respiratory and cardiovascular disorders specific to the perinatal period

- P35–P39 Infections specific to the perinatal period
- P50–P61 Haemorrhagic and haematological disorders of fetus and newborn
- P70–P74 Transitory endocrine and metabolic disorders specific to fetus and newborn
- P75–P78 Digestive system disorders of fetus and newborn
- P80–P83 Conditions involving the integument and temperature regulation of fetus and newborn
- P90–P96 Other disorders originating in the perinatal period

Asterisk categories for this chapter are provided as follows:

P75* Meconium ileus in cystic fibrosis (E84†)

Includes:

conditions that have their origin in the perinatal period even though death or morbidity occurs later

Excludes:

congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48) tetanus neonatorum (A33)

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CHAPTER 18

SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED (R00–R99)

This chapter contains the following blocks:

R00–R09	Symptoms and signs involving the circulatory and respiratory systems
R10–R19	Symptoms and signs involving the digestive system and abdomen
R20–R23	Symptoms and signs involving the skin and subcutaneous tissue
R25–R29	Symptoms and signs involving the nervous and musculoskeletal systems
R30–R39	Symptoms and signs involving the urinary system
R40–R46	Symptoms and signs involving cognition, perception, emotional state and behaviour
R47–R49	Symptoms and signs involving speech and voice
R50–R69	General symptoms and signs
R70–R79	Abnormal findings on examination of blood, without diagnosis
R80–R82	Abnormal findings on examination of urine, without diagnosis
R83–R89	Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
R90–R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis

- R95–R99 Ill-defined and unknown causes of mortality
- *Note:* This chapter includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded.

Signs and symptoms that point rather definitely to a given diagnosis have been assigned to a category in other chapters of the classification. In general, categories in this chapter include the less well-defined conditions and symptoms that, without the necessary study of the case to establish a final diagnosis, point perhaps equally to two or more diseases or to two or more systems of the body. Practically all categories in the chapter could be designated 'not otherwise specified', 'unknown aetiology' or 'transient'. The Alphabetic Index should be consulted to determine which symptoms and signs are to be allocated here and which to other chapters. The residual subcategories, numbered .8, are generally provided for other relevant symptoms that cannot be allocated elsewhere in the classification.

The conditions and signs or symptoms included in categories R00–R99 consist of:

- (a) cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated;
- (b) signs or symptoms existing at the time of initial

encounter that proved to be transient and whose causes could not be determined;

- (c) provisional diagnoses in a patient who failed to return for further investigation or care;
- (d) cases referred elsewhere for investigation or treatment before the diagnosis was made;
- (e) cases in which a more precise diagnosis was not available for any other reason;
- (f) certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.

Excludes: abnormal findings on antenatal screening of mother (O28.-) certain conditions originating in the perinatal period (P00–P96)

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ACHI TABULAR LIST

GUIDANCE IN THE USE OF ACHI

The main aim of coding is:

To translate medical statements classify clinical concepts into code

Originally designed to provide access to information contained in <u>medical_clinical</u> records for research, education and administration, clinical codes are now also utilised in <u>some jurisdictions</u> to facilitate payment of health services, to determine utilisation patterns and to form part of systems to evaluate the appropriateness of health care costs. <u>CodingCoded data</u> also provides the basis for epidemiological studies and research into the quality of health care.

The translation of disease, injury, condition and procedure descriptions classification of clinical concepts and/or entities (ie an intervention or procedure) into code is a complex activity. Because coding is coded data are used in so many areas, it is essential that codingclassification is performed correctly and consistently in order to produce meaningful statistics to aid in the planning of the health care needs. of the country.

In order to <u>code classify</u> accurately, it is essential to have a working knowledge of medical <u>terminology</u> <u>science</u> and to understand the characteristics, terminology and conventions of ACHI. The Alphabetic Index contains many terms not included in the Tabular List, and <u>clinical</u> coding requires that the Alphabetic Index, the Tabular List and the *Australian Coding Standards* are consulted before a code is assigned.

There are several steps in <u>coding-classifying_diseases or</u>-interventions and the following is a simple guide intended to assist the occasional user of ICD-10-AM and ACHI.

- Identify the type of statement_clinical concept to be coded_classified and refer to the appropriate section of the Alphabetic Index.
 Note: Avoid indiscriminate multiple coding of irrelevant information, such as symptoms or signs characteristic of the diagnosis as operative approach or procedural components.
- Locate the lead term. For disease and injuries, this is usually a noun for the pathological condition. For interventions, this is usually a noun identifying the type of procedure-intervention performed. However, some conditions interventions expressed as adjectives or eponyms are included in the Alphabetic Index as lead terms.
- 3. Read and be guided by any *Instructional* note(s) that appears under the lead term.
- 4. Read any terms enclosed in parentheses after the lead term (these nonessential modifiers do not affect the code number), as well as any terms indented under the lead term (these essential modifiers may affect the code number), until all the words in the clinical expression concept have has been accounted for.
- 5. Follow carefully any cross-_references (-*'see'* and -*'see also'*) found in the Alphabetic Index.
- 6. Refer to the Tabular List to verify the suitability of the code number selected. For disease elassification note that a three character code in the Alphabetic Index with a dash in the fourth or fifth position means that there is a fourth or fifth character to be found in the Tabular List. Further subdivisions to be used in a supplementary character position are not indexed and, if used, must be located in the Tabular List. In the ACHI Alphabetic Index, a code with five digits and a block number in parentheses (eg 92514 [1910]), requires the addition of a further two digits located in the Tabular List at the appropriate block.
- Be guided by any <u>Inclusion</u> terms and, instructional notes and <u>Excludes notes</u> under the selected code or under the chapter, block or category heading.
- 8. Refer to the General standards for interventions in the Australian Coding Standards, and specialty standards as indicated by an ACS symbol in the Tabular List.
- <u>8.9.</u> Assign the code.

AUSTRALIAN CODING STANDARDS

INTRODUCTION

DESCRIPTION OF ICD-10-AM AND ACHI

ICD-10-AM and ACHI are statistical disease and intervention classifications. A statistical classification is a system of categories to which morbid entities are assigned according to established criteria. The purpose of the ICD-10-AM and ACHI is to permit the systematic recording, analysis, interpretation and comparison of morbidity and health intervention data collected in different hospitals, states and countries. The ICD-10-AM and ACHI system enables the translation-classification of diagnoses and other health problems, and interventions and procedures and other health problems from words-clinical concepts into an alphanumeric/numeric code, which permits easy storage, retrieval and analysis of the data.

The 'ICD' was first used to classify causes of mortality as recorded at the registration of death. Later, its scope was extended to include diagnoses in morbidity. It is important to note that although the ICD is primarily designed for the classification of diseases and injuries with a formal diagnosis, not every problem or reason for coming into contact with health services can be categorised in this way. Consequently, the ICD provides for a wide variety of signs, symptoms, abnormal findings, complaints and social circumstances that may stand in place of a diagnosis.

2001 EXTERNAL CAUSE CODE USE AND SEQUENCING

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More than one external cause code may be assigned if additional code(s) are required to fully translate classify the diagnostic clinical conceptstatement. External cause codes should be sequenced directly after the diagnosis code(s) to which they relate. Multiple external cause codes should be assigned with care to ensure that significant diagnosis codes are not removed in order to record extra external cause codes (see below for *Codes not requiring an external cause code*).

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2115 ADMISSION FOR ALLERGEN CHALLENGE

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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 classify the medical statementclinical concept.
- It is not necessary to assign a procedure code for the challenge.

Procedural complications

BACKGROUND:

ICD-10-AM Tabular list amendments:

- Expansion of complication codes to classify additional detail in the following areas:
 - complications related to body systems
 - complications related to mechanical complications
 - complications related to devices, implants and grafts
 - complications of organ transplants
 - complications of anaesthesia
 - complications related to accidental puncture and laceration
- Inactivation of the following codes:
 - 197.1 Other functional disturbances following cardiac surgery
 - J95.1 Acute pulmonary insufficiency following thoracic surgery
 - J95.2 Acute pulmonary insufficiency following nonthoracic surgery
 - J95.3 Chronic pulmonary insufficiency following surgery
 - K91.0 Vomiting following gastrointestinal surgery
 - K91.3 Postprocedural intestinal obstruction
 - N99.0 Postprocedural kidney failure
 - T86.9 Failure and rejection of unspecified transplanted organ and tissue
- Modification of relevant code titles by including 'intraoperative' as well as 'postprocedural'
- Modification of relevant code titles by replacing the terminology 'misadventure' with 'unintentional event'

ACS amendments:

A major review of ACS 1904 *Procedural complications* has been undertaken to reflect the extensive changes in the classification of procedural complications. Major changes to the standards include:

- Revision to the overall concept of procedural complications (including the identification of conditions that are considered as natural or expected in the postoperative period and which should not be considered as complications of clinical care) to be in line with clinical advice
- Provision of general classification principles for procedural complications in relation to the code selection from the range T80-T88 versus end of chapter postprocedural codes
- Revision of the classification guidelines for unintentional events
- Provision of classification examples to illustrate the principles stated in the standard.

TABULAR LIST

LIST OF THREE-CHARACTER CATEGORIES

- E89 PostproceduralIntraoperative and postprocedural disorders of endocrine and metabolic system disorders, not elsewhere classified
 G97 PostproceduralIntraoperative and postprocedural disorders of nervous system, not elsewhere classified
- H59 PostproceduralIntraoperative and postprocedural disorders of eye and adnexa, not elsewhere classified
- H95 PostproceduralIntraoperative and postprocedural disorders of ear and mastoid process, not elsewhere classified
- 197 PostproceduralIntraoperative and postprocedural disorders of circulatory system, not elsewhere classified
- J95 PostproceduralIntraoperative and postprocedural disorders of respiratory system-disorders, not elsewhere classified
- K91 PostproceduralIntraoperative and postprocedural disorders of digestive system, not elsewhere classified
- M96 PostproceduralIntraoperative and postprocedural disorders of musculoskeletal system disorders, not elsewhere classified
- N99 Postprocedural Intraoperative and postprocedural disorders of genitourinary system, not elsewhere classified

<u>Misadventures</u> <u>Unintentional events</u> to patients during surgical and medical care (Y60–Y69)</u>

- Y60 Unintentional cut, puncture, perforation or haemorrhage during surgical and medical care
- Y61 Foreign object accidentally left in body during surgical and medical care
- Y62 Failure of sterile precautions during surgical and medical care
- Y63 Failure in dosage during surgical and medical care
- Y64 Contaminated medical or biological substances
- Y65 Other misadventuresunintentional events during surgical and medical care
- Y66 Nonadministration of surgical and medical care
- Y69 Unspecified misadventureunintentional events during surgical and medical care

Medical devices associated with <u>misadventures</u><u>unintentional events</u> in diagnostic and therapeutic use (Y70–Y82)

- Y70 Anaesthesiology devices associated with misadventuresunintentional events
- Y71 Cardiovascular devices associated with misadventures unintentional events
- Y72 Otorhinolaryngological devices associated with misadventuresunintentional events
- Y73 Gastroenterology and urology devices associated with misadventures unintentional events
- Y74 General hospital and personal-use devices associated with misadventures unintentional events
- Y75 Neurological devices associated with misadventures unintentional events
- Y76 Obstetric and gynaecological devices associated with misadventures unintentional events
- Y77 Ophthalmic devices associated with misadventuresunintentional events
- Y78 Radiological devices associated with misadventuresunintentional events
- Y79 Orthopaedic devices associated with <u>misadventures</u><u>unintentional events</u>
- Y80 Physical medicine devices associated with misadventures unintentional events
- Y81 General and plastic-surgery devices associated with <u>misadventuresunintentional events</u>
- Y82 Other and unspecified medical devices associated with misadventures unintentional events

Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure<u>unintentional events</u> at the time of the procedure (Y83–Y84)

- Y83 Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventureunintentional events at the time of the procedure
- Y84 Other medical procedures as the cause of abnormal reaction-of the patient, or of later complication, without mention of misadventureunintentional events at the time of the procedure

E89	PostproceduralIntraoperative and postprocedural disorders of endocrine and metabolic system disorders, not elsewhere classified
▼ 1904	
E89.0	Postprocedural hypothyroidism Postirradiation hypothyroidism
E89.1	Postprocedural hypoinsulinaemia
∇ 0401	Postpancreatectomy hyperglycaemia
E89.2	Postprocedural hypoparathyroidism Parathyroprival tetany
E89.3	Postprocedural hypopituitarism Postirradiation hypopituitarism
E89.4	Postprocedural ovarian failure
E89.5	Postprocedural testicular hypofunction
E89.6	Postprocedural adrenocortical(-medullary) hypofunction
©E89.7	Accidental puncture and laceration of endocrine system organ or structure during a procedure
○ E89.71	Accidental puncture and laceration of thyroid gland during a procedure
©E89.72	Accidental puncture and laceration of parathyroid gland during a procedure
©E89.73	Accidental puncture and laceration of adrenal gland during a procedure
©E89.74	Accidental puncture and laceration of pituitary gland during a procedure
≎ E89.79	Accidental puncture and laceration of endocrine system organ or structure during a procedure, not elsewhere classified
E89.8	Other <u>intraoperative and postprocedural</u> <u>disorders of endocrine</u> and metabolic <u>system</u> disorders
E89.9	Intraoperative and Ppostprocedural disorders of endocrine and metabolic system disorder, unspecified
G97	Intraoperative and Ppostprocedural disorders of nervous system, not elsewhere classified
▼ 1904	
G97.0	Postprocedural Coerebrospinal fluid leak from spinal puncture Cerebrospinal fluid leak following spinal puncture
	Excludes: cerebrospinal fluid leak due to accidental puncture or laceration of dura (dural tear) (durotomy) (G97.31)
G97.1	Other reaction to spinal and lumbar puncture
<u>G97.1</u>	Reaction to spinal and lumbar puncture, not elsewhere classified
	Excludes: cerebrospinal fluid leak (G97.0) that due to anaesthesia (T88.5-)
©G97.11	Headache following spinal and lumbar puncture
© G97.19	Reaction to spinal and lumbar puncture, not elsewhere classified

G97.2 Intracranial hypotension following ventricular shunting

<mark>⇔G97.3</mark>	Accidental puncture and laceration of nervous system organ or structure during a procedure
⊘ G97.31	Accidental puncture and laceration of dura during a procedure Accidental durotomy
○ G97.32	Accidental puncture and laceration of spinal cord during a procedure
© G97.33	Accidental puncture and laceration of nerve root and plexus during a procedure
○ G97.34	Accidental puncture and laceration of peripheral nerve during a procedure
© G97.35	Accidental puncture and laceration of cranial nerve during a procedure
≎ G97.39	Accidental puncture and laceration of nervous system organ or structure during a procedure, not elsewhere classified
G97.8	Other <u>intraoperative and postprocedural disorders of nervous system</u> <u>Postprocedural:</u> <u>• neuroma</u> <u>• neuropraxia</u>
G97.9	Intraoperative and Ppostprocedural disorder of nervous system, unspecified
H33.3	Retinal breaks without detachment Horseshoe tear + of retina; without detachment Round hole
H59	Intraoperative and Ppostprocedural disorders of eye and adnexa, not elsewhere classified
√ 1904	 <i>Excludes:</i> mechanical complication of: intraocular lens (T85.2) other ocular prosthetic devices, implants and grafts (T85.3) pseudophakia (Z96.1)
H59.0	Postprocedural Kkeratopathy [bullous aphakic] following cataract surgery Keratopathy [bullous aphakic] following cataract surgery Syndrome: • vitreal corneal • vitreous (touch)
<mark>©H59.1</mark>	Accidental puncture and laceration of eye and adnexa during a procedure
<mark>⊘H</mark> 59.11	Accidental puncture and laceration of cornea during a procedure
<u> </u>	Accidental puncture and laceration of conjunctiva during a procedure
<u> </u>	Accidental puncture and laceration of capsule of lens during a procedure Capsular breach or tear NOS } during a procedure Dropped nucleus due to capsular breach or tear }
<mark>⊘H</mark> 59.14	Accidental puncture and laceration of retina during a procedure
☉ H59.15	Accidental puncture and laceration of vitreous during a procedure

⊘ H59.16	Accidental puncture and laceration of macula during a procedure
<mark>⊘H</mark> 59.19	Accidental puncture and laceration of structure of eye and adnexa during a procedure, not elsewhere classified
H59.8	Other intraoperative and postprocedural disorders of eye and adnexa
۞ H59.81	Postprocedural Ccystoid macula oedema following cataract surgery Irvine-Gass syndrome
OH59.82	Postprocedural blebitis
⊙ H59.83	Postprocedural endophthalmitis Bleb associated endophthalmitis following eye surgery
OH59.84	Postprocedural chorioretinal scars
OH59.85	Postprocedural hyphaema
○ H59.89	Other intraoperative and postprocedural disorders of eye and adnexa, not elsewhere classified Dropped nucleus during eye procedure NOS Bleb associated endophthalmitis Chorioretinal scars after surgery for detachment Inflammation (infection) of postprocedural bleb Postprocedural:
	<i>Excludes:</i> dropped nucleus due to capsular breach or tear during a procedure (H59.13)
H59.9 H95	Intraoperative and Ppostprocedural disorder of eye and adnexa, unspecified Intraoperative and Ppostprocedural disorders of ear and mastoid process, not elsewhere classified
▼ 1904	
H95.0	Recurrent cholesteatoma of postmastoidectomy cavity
1105 4	

- H95.1 Other disorders following mastoidectomy
- H95.1 Other disorders following mastoidectomy Chronic inflammation) of postmastoidectomy cavity Granulation) Mucosal cyst)
- ✿H95.11 Chronic inflammation of postmastoidectomy cavity
- OH95.12 Granulation of postmastoidectomy cavity
- OH95.13 Mucosal cyst of postmastoidectomy cavity
- Other disorders following mastoidectomy
- OH95.2 Accidental puncture and laceration of structure of ear and mastoid process during a procedure, not elsewhere classified
- H95.8 Other intraoperative and postprocedural disorders of ear and mastoid process
- H95.9 Intraoperative and Ppostprocedural disorder of ear and mastoid process, unspecified

150	Heart failure
	Use additional code (Z99.4) if mention of artificial heart dependence.
	 <i>Excludes:</i> complicating: <u>abortion or ectopic or molar pregnancy (O00–O07, O08.8)</u> <u>abortion or ectopic or molar pregnancy (O00–O07, O08.8)</u> <u>obstetric surgery and procedures (O75.4)</u> due to hypertension: NOS (I11.0)
	• with renal disease (I13) following cardiac surgery or due to presence of cardiac prosthesis (I97.1)
	neonatal cardiac failure (P29.0)
150.0	Congestive heart failure Congestive heart disease Right ventricular failure (secondary to left heart failure)
197	Intraoperative and Ppostprocedural disorders of circulatory system, not elsewhere classified
▼ 1904	<i>Excludes:</i> postprocedural shock (T81.1)
197.0	Postcardiotomy syndrome
I97.1 ⊽-0936	Other functional disturbances following cardiac surgery
- 0930	Cardiac insufficiency } following cardiac surgery or due to presence of cardiac prosthesis Heart failure }
197.2	Postmastectomy lymphoedema syndrome Elephantiasis } due to mastectomy Obliteration of lymphatic vessels }
©197.3	Accidental puncture and laceration of circulatory system organ or structure
	during a procedure
© 197.31	Accidental puncture and laceration of aorta during a procedure
⊘ 197.32	Accidental puncture and laceration of coronary artery during a procedure
0 197.33	Accidental puncture and laceration of vena cava during a procedure
	Includes: superior vena cava
0 197.34	Accidental puncture and laceration of other blood vessels during a procedure
€197.35	Accidental puncture and laceration of heart during a procedure
	Includes: atrium ventricle
<u>© 97.39</u>	Accidental puncture and laceration of circulatory system organ or structure during a procedure, not elsewhere classified
197.8	Other postprocedural disorders of circulatory system, not elsewhere classified
<u>197.8</u>	Other intraoperative and postprocedural disorders of circulatory system, not elsewhere classified
<mark>€197.81</mark>	Postprocedural steal syndrome Haemodialysis associated steal syndrome
0 197.82	Pacemaker syndrome

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© 197.83	Postprocedural lymphocele, lymphoedema and chylothorax
	Excludes: postmastectomy (I97.2)
⊘ 197.89	Other intraoperative and postprocedural disorders of circulatory system, not elsewhere classified
197.9	Intraoperative and Ppostprocedural disorder of circulatory system, unspecified
J43	Emphysema
J95	 Excludes: emphysema: compensatory (J98.3) due to inhalation of chemicals, gases, fumes or vapours (J68.4) following a procedure (subcutaneous) (T81.84) interstitial: neonatal (P25.0) NOS (J98.2) mediastinal (J98.2) postprocedural (subcutaneous) (T81.84) surgical (subcutaneous) (T81.84) traumatic subcutaneous (T79.7) with chronic (obstructive) bronchitis (J44) emphysematous (obstructive) bronchitis (J44) Intraoperative and Ppostprocedural disorders of respiratory system-disorders,
782	not elsewhere classified
▼ 1904	<i>Excludes:</i> emphysema (subcutaneous) resulting from a procedure (T81.8) postprocedural emphysema (subcutaneous) (T81.84) pulmonary manifestations due to radiation (J70.0–J70.1)
<u>J95.0</u>	Malfunction of tracheostomy
J95.0	 Tracheostomy malfunction Haemorrhage from tracheostomy stoma Obstruction of tracheostomy airway Tracheo-oesophageal fistula following tracheostomy Use additional code (Chapter 1, P36-P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
≎ J95.01	Haemorrhage from tracheostomy
≎ J95.02	Infection of tracheostomy
≎ J95.03	Leak from tracheostomy
≎ J95.04	Tracheo-oesophageal fistula following tracheostomy
© J95.09	Malfunction of tracheostomy, not elsewhere classified Tracheostomy: • complication NOS • obstruction • stenosis or stricture
J95.1	Acute pulmonary insufficiency following thoracic surgery
J95.2	Acute pulmonary insufficiency following nonthoracic surgery
J95.3	Chronic pulmonary insufficiency following surgery

J95.4 Mendelson's syndrome

Chemical pneumonitis due to inhalation or aspiration of gastric contents during anaesthesia

Use additional code (W78) to identify aspiration of gastric contents.

Use additional code (Y48.-) to identify anaesthesia causing adverse effect in therapeutic use.

Excludes: complicating:

labour and delivery (O74.0)
 pregnancy (O29.0)
 puerperium (O89.0)

J95.5 Postprocedural subglottic stenosis

Excludes: acquired (postintubation) subglottic stenosis in newborn (P28.82)

- **OJ95.6** Accidental puncture and laceration of respiratory system organ or structure during a procedure
- OJ95.61 Accidental puncture and laceration of larynx during a procedure
- **O**J95.62 Accidental puncture and laceration of pharynx during a procedure
- © J95.63 Accidental puncture and laceration of trachea during a procedure
- OJ95.64 Accidental puncture and laceration of lung during a procedure
- OJ95.65 Accidental puncture and laceration of pleura and diaphragm during a procedure
- OJ95.69 Accidental puncture and laceration of respiratory system organ or structure during a procedure, not elsewhere classified
- J95.8 Other postprocedural respiratory disorders Ventilation associated pneumonia
- J95.8 Other intraoperative and postprocedural disorders of respiratory system
- ©J95.81 Postprocedural tracheal stenosis
- ©J95.82 Ventilation associated pneumonia
- OJ95.83 Transfusion related acute lung injury [TRALI]
- **○**J95.84 Postprocedural pneumothorax
- © J95.85 Postprocedural haemothorax Postprocedural haemopneumothorax
- ©J95.89 Other intraoperative and postprocedural disorders of respiratory system, not elsewhere classified
- J95.9 Intraoperative and Ppostprocedural disorders of respiratory system, unspecified

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J98.2 Interstitial emphysema Mediastinal emphysema

Excludes: emphysema:

• in fetus and newborn (P25.0)

- NOS (J43.9)
- postprocedural (subcutaneous) (T81.84)
- surgical (subcutaneous) (T81.84)
- traumatic subcutaneous (T79.7)

K56	Paralytic ileus and intestinal obstruction without hernia
	<i>Excludes:</i> congenital stricture or stenosis of intestine (Q41–Q42) ischaemic stricture of intestine (K55.1) meconium ileus in cystic fibrosis (E84† P75*)
	obstruction of duodenum (K31.5)
	postprocedural intestinal obstruction (K91.3)
	stenosis of anus or rectum (K62.4) with hernia (K40–K46)
K56.0	Paralytic ileus Paralysis of:
	• bowel
	• colon
	• intestine
	<i>Excludes:</i> gallstone ileus (K56.3) ileus NOS (K56.7)
	obstructive ileus NOS (K56.6)
K62	Other diseases of anus and rectum
	Includes: anal canal
	<i>Excludes:</i> colostomy and enterostomy malfunction (K91.4_)
	faecal incontinence (R15)
	haemorrhoids (K64) ulcerative proctitis (K51.2)
1/04	-
K91	Intraoperative and Ppostprocedural disorders of digestive system, not elsewhere classified
▽ 1904	
	Excludes: gastrojejunal ulcer (K28)
	radiation:
	 colitis (K52.0) gastroenteritis (K52.0)
	• proctitis (K62.7)
K91.0	
K91.1	Postgastric surgery syndromes
	Syndrome:
	dumping postgastrectomy
	• postvagotomy
K91.2	Postprocedural malabsorption, not elsewhere classified
	Postprocedural blind loop syndrome
	Excludes: malabsorption:
	 osteomalacia in adults (M83.2-) osteoporosis, postprocedural (M81.3-)
K91.3	Postprocedural intestinal obstruction

K91.4 Colostomy and enterostomy malfunction

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<u>K91.4</u>	Malfunction of stoma of the digestive system
	Includes: colostomy enterostomy
	gastrostomy
	ileostomy jejunostomy
	<i>Excludes:</i> parastomal hernia (K43)
≎ K91.41	Haemorrhage from stoma of the digestive system
OK91.42	Infection of stoma of the digestive system
	Leak from stoma of the digestive system
OK91.49	Malfunction of stoma of the digestive system, not elsewhere classified
<u>wn91.49</u>	High output ileostomy
	<u>Mechanical complication of digestive system stoma</u> <u>Stenosis or stricture of stoma</u>
K91.5	Postcholecystectomy syndrome
<mark>≎K91.6</mark>	Accidental puncture and laceration of digestive system organ or structure during a procedure
©K91.61	Accidental puncture and laceration of oesophagus during a procedure
<mark>⊙</mark> K91.62	Accidental puncture and laceration of stomach during a procedure Intraoperative serosal tear (injury) of the stomach
<mark>⊘</mark> K91.63	Accidental puncture and laceration of intestine during a procedure Intraoperative serosal tear (injury) of the intestine
	Includes: large intestine
	<u>rectum</u> small intestine
©K91.64	Accidental puncture and laceration of gallbladder or bile duct during a procedure
	Includes: bile leak
©K91.65	Accidental puncture and laceration of liver during a procedure
©K91.66	Accidental puncture and laceration of pancreas during a procedure
©K91.67	Accidental puncture and laceration of spleen during a procedure
©K91.68	Accidental puncture and laceration of peritoneum during a procedure
©K91.69	Accidental puncture and laceration of digestive system organ or structure during a
	procedure, not elsewhere classified
K91.8	Other postprocedural disorders of digestive system, not elsewhere classified
<u>K91.8</u>	Other intraoperative and postprocedural disorders of digestive system, not elsewhere classified
○ K91.81	Haemorrhage from surgical anastomosis of digestive tract
○ K91.82	Stenosis of surgical anastomosis of digestive tract Stricture of surgical anastomosis of digestive tract

⊘ K91.83	Leak from surgical anastomosis of digestive tract
	Excludes: bile leak: • due to accidental puncture or laceration (K91.64) • NOS (K91.84)
⊙ K91.84	Postprocedural bile leak, not elsewhere classified
	Excludes: that due to accidental puncture and laceration (K91.64)
<mark>�</mark> K91.89	Other intraoperative and postprocedural disorders of digestive system, not elsewhere classified Calculi (stones) spilling from the biliary tract during a procedure NOS
K91.9	Intraoperative and Ppostprocedural disorder of digestive system, unspecified
M96	Intraoperative and Ppostprocedural disorders of musculoskeletal system disorders, not elsewhere classified
▼ 1904	<i>Excludes:</i> arthropathy following intestinal bypass (M02.0-) disorders associated with osteoporosis (M80–M81) presence of functional implants and other devices (Z95–Z97)
M96.0	Pseudarthrosis after fusion or arthrodesis
M96.1 ∇ 1344	Postlaminectomy syndrome, not elsewhere classified
M96.2	Postradiation kyphosis
M96.3	Postlaminectomy kyphosis
M96.4	Postprocedural lordosis
M96.5	Postradiation scoliosis
M96.6	Fracture of bone following insertion of orthopaedic implant, joint prosthesis, or bone plate
	Excludes: complication of internal orthopaedic devices, implants or grafts (T84)
⇔ M96.7	Accidental puncture and laceration of musculoskeletal organ or structure during a procedure
⊘ M96.71	Accidental puncture and laceration of muscle during a procedure
⊘ M96.72	Accidental puncture and laceration of tendon during a procedure
⊘ M96.73	Accidental puncture and laceration of ligament during a procedure
⊘ M96.74	Accidental puncture and laceration of cartilage during a procedure
<u> </u>	Accidental puncture and laceration of musculoskeletal organ or structure during a procedure, not elsewhere classified
M96.8	Other <u>intraoperative and postprocedural disorders of musculoskeletal system</u> disorders Instability of joint secondary to removal of joint prosthesis
M96.9	Intraoperative and Ppostprocedural disorders of musculoskeletal system disorder, unspecified

KIDNEY FAILURE

V 1438 Use additional external cause code (Chapter 20) to identify external agent. Excludes: congenital kidney failure (P96.0) drug- and heavy-metal-induced tubulo-interstitial and tubular conditions (N14) extrarenal uraemia (R39.2) heamolytic-uraemic syndrome (D59.3) hepatorenal syndrome: - NOS (K76.7) - postpartum (O90.4) kidney failure: - complicating aborian or ectopic or molar pregnancy (O00-O07, O08.4) - postpartum (O90.4) * index present (N59.6) prerenal uraemia (R39.2) N93 Intraoperative and Ppostprocedural disorders of genitourinary system, not elsewhere classified V 1904 Excludes: irradiation cystitis (N30.4) postophoreclomy osteoporosis: - NOS (M81.1) - with pathological facture (M80.1-) states associated with artificial menopause (N95.3) N99.0 Poetprocedural kidney failure N99.1 Postprocedural attricture Postcatheterisation urethral stricture N99.2 Postprocedural attricture N99.3 Prolapse of vaginal vault after hysterectomy N99.4 Postprocedural stoma of urinary tract Includes: cystostomy mephrostomy mephrostomy N99.5 Malfunction of stoma of urinary tract ON9.5.1 Haemorrhage from stoma of urinary tract ON9.5.2 Infection of stoma of urinary tract ON9.5		
Excludes: congenital kidney failure (P6.6.0) drug- and heavy-metal-induced tubulo-interstitial and tubular conditions (N14) extrarenal uraemia (R39.2) heemolytic-uraemic syndrome (D59.3) hepatorenal syndrome: • NOS (K76.7) • postpartum (O90.4) kidney failure: • complicating abortion or ectopic or molar pregnancy (O00-O07, O08.4) • iolowing labour and delivery (O90.4) • postporeedural (N99.0) prerenal uraemia (R39.2) N99 Intraoperative and Pgostprocedural disorders of genitourinary system, not elsewhere classified ▼ 1904 Excludes: irradiation cystitis (N30.4) postporedural (N99.0) prerenal uraemia (R39.2) N99.0 Postprocedural facture (M80.1-) states associated with artificial menopause (N95.3) N99.0 Postprocedural urethral stricture Postprocedural urethral stricture Postprocedural urethral stricture Postprocedural adhesions of vagina N99.1 Postprocedural adhesions of vagina N99.2 Postprocedural adhesions of vagina N99.3 Prolapse of vaginal vault after hysterectomy N99.4 Postprocedural stoma of urinary tract Jneludes: cystostomy mephrostomy. Includes: cystostomy N99.5 N99.5 Malfunction of external stoma of urinary tract ON99.51 Haemorinage from stoma of urinary tract ON99.52 Infection of stoma of urinary tract ON99.53 Leak from stoma of urinary tract ON99.54 Malfunction of stoma of urinary tract </th <th>(N17–N19) ∇ 1438</th> <th></th>	(N17–N19) ∇ 1438	
drug: and heavy-metal-induced tubulo-interstitial and tubular conditions (N14) extraremal uraemia (R39.2) heemolytic-uraemic syndrome (D59.3) hepatorenal syndrome: • NOS (K76.7) • postpartum (O90.4) kidney failure: • complicating abortion or ectopic or molar pregnancy (O00–007, O08.4) • following labour and delivery (O90.4) • postprocedural (N90.0) prerenal uraemia (R39.2) N93 Intraoperative and Pgostprocedural disorders of genitourinary system, not elsewhere classified V 1904 Excludes: irradiation cystitis (N30.4) postprocedural kidney failure N99.0 Postprocedural vidney failure N99.1 Postprocedural stricture N99.2 Postprocedural adhesions of vagina N99.3 Prolapse of vaginal vault after hysterectomy N99.4 Postprocedural elovic peritoneal adhesions N99.5 Malfunction of external stora of urinary tract gN99.5 Malfunction of external stora of urinary tract 9N9.5 Malfunction of stoma of urinary tract 9N99.51 Haemorthage from stoma of urinary tract 9N99.52 Leak from stoma		Use additional external cause code (Chapter 20) to identify external agent.
elsewhere classified		drug- and heavy-metal-induced tubulo-interstitial and tubular conditions (N14) extrarenal uraemia (R39.2) haemolytic-uraemic syndrome (D59.3) hepatorenal syndrome: • NOS (K76.7) • postpartum (O90.4) kidney failure: • complicating abortion or ectopic or molar pregnancy (O00–O07, O08.4) • following labour and delivery (O90.4) • postprocedural (N99.0)
Excludes: irradiation cystitis (N30.4) postoophorectomy osteoporosis: • NOS (M81.1-) • with pathological fracture (M80.1-) states associated with artificial menopause (N95.3) N99.0 Postprocedural kidney failure N99.1 Postprocedural attricture Postcatheterisation urethral stricture N99.2 Postprocedural adhesions of vagina N99.3 Prolapse of vaginal vault after hysterectomy N99.4 Postprocedural pelvic peritoneal adhesions N99.5 Malfunction of stoma of urinary tract Includes: cystostomy nephrostomy Includes: cystostomy nephrostomy N99.51 Haemorrhage from stoma of urinary tract ON99.52 Infection of stoma of urinary tract ON99.53 Leak from stoma of urinary tract ON99.59 Malfunction of stoma of urinary tract ON99.59 Malfunction of stoma of urinary tract ON99.50 Infection of stoma of urinary tract ON99.51 Haemorrhage from stoma of urinary tract ON99.53 Leak from stoma of urinary tract, not elsewhere classified Urinary tract stoma: • complication NOS • mechanical complication • stenosis or stricture SN99.61 Accidental puncture and laceration of genitourinary system organ or structure during a procedure	N99	
N99.1 Postprocedural urethral stricture Postcatheterisation urethral stricture N99.2 Postprocedural adhesions of vagina N99.3 Prolapse of vaginal vault after hysterectomy N99.4 Postprocedural pelvic peritoneal adhesions N99.5 Malfunction of stoma of urinary tract Includes: cystostomy nephrostomy N99.5 Malfunction of external stoma of urinary tract ON99.51 Haemorrhage from stoma of urinary tract ON99.52 Infection of stoma of urinary tract ON99.53 Leak from stoma of urinary tract ON99.59 Malfunction of stoma of urinary tract, not elsewhere classified Urinary tract stoma: • complication NOS • mechanical complication • stenosis or stricture ON99.56 Accidental puncture and laceration of genitourinary system organ or structure during a procedure	∇ 1904	 postoophorectomy osteoporosis: NOS (M81.1-) with pathological fracture (M80.1-)
Postcatheterisation urethral stricture N99.2 Postprocedural adhesions of vagina N99.3 Prolapse of vaginal vault after hysterectomy N99.4 Postprocedural pelvic peritoneal adhesions N99.5 Malfunction of stoma of urinary tract Includes: cystostomy mephrostomy N99.5 Malfunction of external stoma of urinary tract ON99.51 Haemorrhage from stoma of urinary tract ON99.52 Infection of stoma of urinary tract ON99.53 Leak from stoma of urinary tract ON99.59 Malfunction of stoma of urinary tract, not elsewhere classified Urinary tract stoma: • complication NOS • mechanical complication • stenosis or stricture ON99.66 Accidental puncture and laceration of genitourinary system organ or structure	N99.0	-Postprocedural kidney failure
N99.3 Prolapse of vaginal vault after hysterectomy N99.4 Postprocedural pelvic peritoneal adhesions N99.5 Malfunction of stoma of urinary tract Includes: cystostomy nephrostomy Includes: cystostomy N99.5 Malfunction of external stoma of urinary tract ON99.51 Haemorrhage from stoma of urinary tract ON99.52 Infection of stoma of urinary tract ON99.53 Leak from stoma of urinary tract, not elsewhere classified Urinary tract stoma: • complication NOS • mechanical complication • stenosis or stricture ON99.53 Accidental puncture and laceration of genitourinary system organ or structure during a procedure	N99.1	
N99.4 Postprocedural pelvic peritoneal adhesions N99.5 Malfunction of stoma of urinary tract Includes: cystostomy nephrostomy nephrostomy N99.5 Malfunction of external stoma of urinary tract ON99.51 Haemorrhage from stoma of urinary tract ON99.52 Infection of stoma of urinary tract ON99.53 Leak from stoma of urinary tract ON99.59 Malfunction of stoma of urinary tract, not elsewhere classified Urinary tract stoma: • complication NOS • mechanical complication • stenosis or stricture CN99.61 Accidental puncture and laceration of genitourinary system organ or structure	N99.2	Postprocedural adhesions of vagina
N99.5 Malfunction of stoma of urinary tract Includes: cystostomy nephrostomy N99.5 Malfunction of external stoma of urinary tract ON99.51 Haemorrhage from stoma of urinary tract ON99.52 Infection of stoma of urinary tract ON99.53 Leak from stoma of urinary tract ON99.59 Malfunction of stoma of urinary tract, not elsewhere classified Urinary tract stoma: • complication NOS • mechanical complication • stenosis or stricture CIN99.61 Accidental puncture and laceration of genitourinary system organ or structure during a procedure	N99.3	Prolapse of vaginal vault after hysterectomy
Includes: cystostomy nephrostomy N99.5 Malfunction of external stoma of urinary tract Image: Instant Stome Instant Instended Instant Instant Instant Instant Instant Instant	N99.4	Postprocedural pelvic peritoneal adhesions
nephrostomy N99.5 Malfunction of external stoma of urinary tract Image: Instant of the stoma of urinary tract N99.51 Haemorrhage from stoma of urinary tract N99.52 Infection of stoma of urinary tract N99.53 Leak from stoma of urinary tract N99.59 Malfunction of stoma of urinary tract, not elsewhere classified Urinary tract stoma: • complication NOS • mechanical complication • stenosis or stricture Image: Stenosis or stricture Accidental puncture and laceration of genitourinary system organ or structure	<u>N99.5</u>	Malfunction of stoma of urinary tract
 N99.51 Haemorrhage from stoma of urinary tract N99.52 Infection of stoma of urinary tract N99.53 Leak from stoma of urinary tract N99.59 Malfunction of stoma of urinary tract, not elsewhere classified Urinary tract stoma: complication NOS mechanical complication stenosis or stricture CN99.6 Accidental puncture and laceration of genitourinary system organ or structure 		
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 N99.53 Leak from stoma of urinary tract N99.59 Malfunction of stoma of urinary tract, not elsewhere classified Urinary tract stoma: complication NOS mechanical complication stenosis or stricture Accidental puncture and laceration of genitourinary system organ or structure during a procedure 	<mark>⊘N</mark> 99.51	Haemorrhage from stoma of urinary tract
 ON99.59 Malfunction of stoma of urinary tract, not elsewhere classified <u>Urinary tract stoma:</u> <u>• complication NOS</u> <u>• mechanical complication</u> <u>• stenosis or stricture</u> <u>Accidental puncture and laceration of genitourinary system organ or structure</u> <u>during a procedure</u> 	⊘ N99.52	Infection of stoma of urinary tract
Urinary tract stoma: • complication NOS • mechanical complication • stenosis or stricture Accidental puncture and laceration of genitourinary system organ or structure during a procedure	♦ N99.53	Leak from stoma of urinary tract
during a procedure	ON99.59	Urinary tract stoma: • complication NOS • mechanical complication
ON99.61 Accidental puncture and laceration of kidney during a procedure	<mark>≎N99.6</mark>	Accidental puncture and laceration of genitourinary system organ or structu during a procedure
	⊘ N99.61	Accidental puncture and laceration of kidney during a procedure

ON99.63	Accidental puncture and laceration of bladder during a procedure
ON99.64	Accidental puncture and laceration of urethra during a procedure
©N99.65	Accidental puncture and laceration of prostate during a procedure
©N99.66	Accidental puncture and laceration of uterus during a procedure
©N99.67	Accidental puncture and laceration of ovary and fallopian tube during a procedure
©N99.68	Accidental puncture and laceration of testis during a procedure
<mark>⊘N99.69</mark>	Accidental puncture and laceration of genitourinary organ or structure during a procedure, not elsewhere classified
N99.8	Other postprocedural disorders of genitourinary system Residual ovary syndrome
<u>N99.8</u>	Other intraoperative and postprocedural disorder of genitourinary system
<mark>⊘N99.81</mark>	Haemorrhage from surgical anastomosis of genitourinary tract
<mark>⊘N99.82</mark>	Stenosis of surgical anastomosis of genitourinary tract Stricture of surgical anastomosis of genitourinary tract
<mark>⊘N99.83</mark>	Leak from surgical anastomosis of genitourinary tract
⊘ N99.84	Residual ovary syndrome
⊘ N99.89	Other intraoperative and postprocedural disorder of genitourinary system
N99.9	Intraoperative and Ppostprocedural disorder of genitourinary system, unspecified
R11	Nausea and vomiting
R11	Nausea and vomiting Excludes: haematemesis: • neonatal (P54.0) • NOS (K92.0) vomiting (of): • excessive, in pregnancy (O21) • following gastrointestinal surgery (K91.0) • newborn (P92.0) • psychogenic (F50.5)
R11 R68	Excludes: haematemesis: • neonatal (P54.0) • NOS (K92.0) vomiting (of): • excessive, in pregnancy (O21) • following gastrointestinal surgery (K91.0) • newborn (P92.0)
	 <i>Excludes:</i> haematemesis: neonatal (P54.0) NOS (K92.0) vomiting (of): excessive, in pregnancy (O21) following gastrointestinal surgery (K91.0) newborn (P92.0) psychogenic (F50.5)
R68	 <i>Excludes:</i> haematemesis: neonatal (P54.0) NOS (K92.0) vomiting (of): excessive, in pregnancy (O21) following gastrointestinal surgery (K91.0) newborn (P92.0) psychogenic (F50.5) Other general symptoms and signs
R68	 <i>Excludes:</i> haematemesis: neonatal (P54.0) NOS (K92.0) vomiting (of): excessive, in pregnancy (O21) following gastrointestinal surgery (K91.0) newborn (P92.0) psychogenic (F50.5) Other general symptoms and signs Hypothermia, not associated with low environmental temperature <i>Excludes:</i> hypothermia (due to)(of): anaesthesia (T88.5-) low environmental temperature (T68) newborn (P80)
R68 R68.0	 <i>Excludes:</i> haematemesis: neonatal (P54.0) NOS (K92.0) vomiting (of): excessive, in pregnancy (O21) following gastrointestinal surgery (K91.0) newborn (P92.0) psychogenic (F50.5) Other general symptoms and signs Hypothermia, not associated with low environmental temperature <i>Excludes:</i> hypothermia (due to)(of): anaesthesia (T88.5_) low environmental temperature (T68) newborn (P80) NOS (accidental) (T68)
R68 R68.0	Excludes: haematemesis: neonatal (P54.0) NOS (K92.0) vomiting (of): excessive, in pregnancy (O21) following gastrointestinal surgery (K91.0) newborn (P92.0) psychogenic (F50.5) Other general symptoms and signs Hypothermia, not associated with low environmental temperature <i>Excludes:</i> hypothermia (due to)(of): anaesthesia (T88.5_) low environmental temperature (T68) newborn (P80) NOS (accidental) (T68)

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T79.7 Traumatic subcutaneous emphysema

Excludes: postprocedural emphysema (subcutaneous) resulting from a procedure (T81.84)

COMPLICATIONS OF SURGICAL AND MEDICAL CARE, NOT ELSEWHERE CLASSIFIED (T80–T88)

∇ 1904

Use additional code (B95–B97) to identify infectious agent.

Use additional external cause code (Chapter 20) to identify devices involved and details of circumstances.

Excludes: adverse effects of drugs and medicaments (A00-R99, T78.-)

- any encounters with medical care for postprocedural conditions in which no complications are present, such as:
- artificial opening status (Z93.-)
- closure of external stoma (Z43.-)
- fitting and adjustment of (external) prosthetic device (Z44.-)
- burns from local applications and irradiation (T20–T31)
- complications of surgical procedures during pregnancy, childbirth and the puerperium (O00–O99)

poisoning and toxic effects of drugs and chemicals (T36-T65)

- specified complications classified elsewhere, such as:
- cerebrospinal fluid leak from spinal puncture (G97.0)
- colostomy malfunction (K91.4)
- disorders of fluid and electrolyte balance (E86 E87)
- functional disturbances following cardiac surgery (197.0-197.1)
- postgastric surgery syndromes (K91.1)
- postlaminectomy syndrome NEC (M96.1)
- postmastectomy lymphoedema syndrome (I97.2)
- postprocedural blind-loop syndrome (K91.2)

Т80

Complications following infusion, transfusion and therapeutic injection *Includes:* perfusion

Excludes: bone marrow transplant rejection (T86.0)

- T80.0 Air embolism following infusion, transfusion and therapeutic injection
- T80.1
 Vascular complications following infusion, transfusion and therapeutic injection

 Phlebitis
 } following infusion, transfusion and therapeutic injection

 Thromboenbolism
 }

 Thrombophlebitis
 }

Excludes: the listed conditions when specified as:

- due to or associated with prosthetic devices, implants and grafts (T82.82, T83.82,
- T84.8<u>2</u>, T85.8<u>4</u>)
- postprocedural (T81.7)
- T80.2 Infections following infusion, transfusion and therapeutic injection

∇ 1904

Infection following infusion, transfusion and therapeutic injection

Use additional code (Chapter 1, P36..., P37.52) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

Excludes: hepatitis, post-transfusion (B16–B19)

- the listed conditions when specified as
 - due to or associated with prosthetic devices, implants and grafts (T82.6-T82.7-,
 - T83.5–T83.6, T84.5–T84.7, T85.7<u>-</u>)
- postprocedural (T81.4-)

T81	Complications of procedures, not elsewhere classified
	Excludes: adverse effect of drug NOS (T88.7)
	complication following:
	• immunisation (T88.0–T88.1)
	• infusion, transfusion and therapeutic injection (T80)
	specified complications classified elsewhere, such as: <u>complications of prosthetic devices, implants and grafts (T82–T85)</u>
	 dermatitis due to drugs and medicaments (L23.3, L24.4, L25.1, L27.0–L27.1 failure and rejection of transplanted organs and tissues (T86-) poisoning and toxic effects of drugs and chemicals (T36–T65)
T81.0	Haemorrhage and haematoma complicating a procedure, not elsewhere clas Haemorrhage and haematoma at any site resulting from a procedure
	Excludes: haemorrhage and haematoma: of obstetrie wound (O90.2)
	• due to or associated with prosthetic devices, implants and grafts (T82.81, T8
	<u>T84.81, T85.83)</u>
	• from: • digestive system stoma (K91.41)
	• surgical anastomosis:
	• digestive tract (K91.81)
	• genitourinary tract (N99.81)
	• tracheostomy (J95.01)
	• urinary tract stoma (N99.51)
	• obstetric wound (O90.2)
	haemorrhage due to or associated with prosthetic devices, implants and
	grafts (T82.8, T83.8, T84.8, T85.8) that with accidental puncture and laceration:
	• NOS (T81.2)
	• of specified organ or structure:
	• circulatory system (197.3-)
	• digestive system (K91.6-)
	• ear and mastoid process (H95.2)
	• endocrine system (E89.7-) • eve and adnexa (H59.1-)
	• genitourinary system (N99.6-)
	• musculoskeletal system (M96.7-)
	• nervous system (G97.3-)
	• respiratory system (J95.6-)
T 04 4	
T81.1	Shock during or resulting from a procedure, not elsewhere classified Collapse NOS during or following a procedure
	Shock (endotoxic)(hypovolaemic) -}
	Postprocedural shock NOS
	Shock (endotoxic)(hypovolaemic) during or following a procedure
	Excludes: shock:
	• anaesthetic (T88.2)
	• anaphylactic:
	• due to:
	 correct medicinal substance properly administered (T88.6) serum (T80.5)
	• NOS (T78.2)
	• electric (T75.4)
	• following abortion or ectopic or molar pregnancy (O00–O07, O08.3)
	following abortion or ectopic or molar pregnancy (O00–O07, O08.3)obstetric (O75.1)
	• following abortion or ectopic or molar pregnancy (O00–O07, O08.3)
	 following abortion or ectopic or molar pregnancy (O00–O07, O08.3) obstetric (O75.1)

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T81.2	Accidental puncture and laceration during a procedure, not elsewhere classified
	 blood vessel -) by catheter, endoscope, instrument, probe during a procedure nerve
	• organ
	Excludes: damage from instruments during delivery (O70–O71) perforation, puncture or laceration caused by device or implant intentionally left in operation wound (T82–T85) specified complications classified elsewhere, such as broad ligament laceration syndrome [Allen-Masters] (N83.8) that of specified organ or structure: • circulatory system (I97.3-) • digestive system (K91.6-) • ear and mastoid process (H95.2) • endocrine system (E89.7-) • eye and adnexa (H59.1-) • genitourinary system (N99.6-) • musculoskeletal system (M96.7-) • nervous system (G97.3-) • respiratory system (J95.6-)
T81.3	Disruption of operation wound, not elsewhere classified Dehiscence } of operation wound Rupture }
	Includes: that with prosthetic devices, implants and grafts
	<i>Excludes:</i> disruption of:
	caesarean section wound (O90.0)perineal obstetric wound (O90.1)
T81.4 ∇ 1904	Wound infection following a procedure, not elsewhere classified
	Abscess: • intra-abdominal } postprocedural
	• stitch }
	• subphrenic } • wound }
	Infection:
	• postprocedural NOS • sternal wires
	Postprocedural infection NOS Wound sepsis
	 <i>Excludes:</i> infection due to: infusion, transfusion and therapeutic injection (T80.2) prosthetic devices, implants and grafts (T82.6–T82.7₋, T83.5–T83.6, T84.5–T84.7, T85.7-)
	obstetric surgical wound infection (O86.0)
T81.5	Foreign body accidentally left in body cavity or operation wound following a procedureAdhesions} due to foreign body accidentally left in operation wound or body cavityObstruction}Perforation}
	Includes: that with prosthetic devices, implants and grafts
	Evaluate obstruction or performing due to an associated with prosthetic devices and implants

Excludes: obstruction or perforation due to <u>or associated with</u> prosthetic devices and implants intentionally left in body (T82.0–T82.5_, T83.0–T83.4, T84.0–T84.4, T85.0–T85.6_)

T81.6	Acute reaction to foreign substance accidentally left during a procedure Peritonitis: • aseptic • chemical	
	Includes: that with prosthetic devices, implants and grafts	
T81.7	Vascular complications following a procedure, not elsewhere classified Air embolism following procedure NEC	
	Excludes: deep venous thrombosis (180)	
	 embolism: complicating: <u>abortion or ectopic or molar pregnancy (O00–O07, O08.2)</u> <u>abortion or ectopic or molar pregnancy (O00–O07, O08.2)</u> <u>pregnancy, childbirth and the puerperium (O88.</u>) 	
	 • due to <u>or associated with prosthetic devices</u>, implants and grafts (T82.8<u>2</u>, T83.8<u>2</u>, T84.8<u>2</u>, T85.8<u>4</u>) • following infusion, transfusion and therapeutic injection (T80.0) 	
	 in pregnancy, childbirth and the puerperium NEC (O88) pulmonary embolism (I26) 	
	• traumatic (T79.0)	
T81.8	Other complications of procedures, not elsewhere classified	
	Complication of inhalation therapy Emphysema (subcutaneous) resulting from a procedure	
	Persistent postprocedural fistula	
	<i>Exeludes:</i> hypothermia following anaesthesia (T88.5)malignant hyperthermia due to anaesthesia (T88.3)	
<u>T81.8</u>	Other complications of procedures, not elsewhere classified	
	Excludes: complications following anaesthesia (T88.5-) malignant hyperthermia due to anaesthesia (T88.3)	
©T81.81	Complication of inhalation therapy	
©T81.82	Persistent postprocedural fistula, not elsewhere classified	
©T81.83	Pain following a procedure, not elsewhere classified	
<u>©T81.84</u>	Postprocedural emphysema Emphysema (subcutaneous) following a procedure	
⊙ T81.89	Other complications following a procedure, not elsewhere classified	
T81.9	Unspecified complication of procedure	
T82	Complications of cardiac and vascular prosthetic devices, implants and grafts	
	 Excludes: failure and rejection of transplanted organs and tissues (T86) specified complications classified elsewhere, such as: acute reaction to foreign substance accidentally left during a procedure (T81.6) disruption of operation wound (wound dehiscence) (T81.3) failure and rejection of transplanted organs and tissues (T86) foreign body accidentally left in operation wound or body cavity (T81.5) postoperative wound infection NEC (superficial) (T81.4) 	
T82.0	Mechanical complication of heart valve prosthesis Breakdown (mechanical) } due to heart valve prosthesis Displacement } Leakage } Malposition } Obstruction, mechanical } Perforation } Protrusion }	

T82.1	Mechanical complication of cardiac electronic device Conditions listed in T82.0 due to: • electrodes • pulse generator (battery)
T82.2	Mechanical complication of coronary artery bypass and valve grafts Conditions listed in T82.0 due to coronary artery bypass and valve grafts
T82.3	Mechanical complication of other vascular grafts Conditions listed in T82.0 due to: • aortic (bifurcation) graft (replacement) • arterial (carotid)(femoral) graft (bypass)
T82.4	Mechanical complication of vascular dialysis catheter Conditions listed in T82.0 due to vascular dialysis catheter
	<i>Excludes:</i> mechanical complication of intraperitoneal dialysis catheter (T85.63)
T82.5	Mechanical complication of other cardiac and vascular devices and implants Conditions listed in T82.0 due to: arteriovenous:) surgically created fistula) shunt) artificial heart balloon (counterpulsation) device infusion catheter umbrella device Excludes:
<u>T82.5</u>	Mechanical complication of other cardiac and vascular devices and implants
	Excludes: mechanical complication of epidural or subdural infusion catheter (T85.64)
<u>©T82.51</u>	Mechanical complication of central vascular catheter <u>Mechanical complication of:</u> • central vascular line (infusion port) (Port-A-Cath) • peripherally inserted central catheter (PICC)
⊘ T82.52	Mechanical complication of peripheral vascular catheter
©T82.53	Mechanical complication of surgically created arteriovenous fistula and shunt
©T82.54	Mechanical complication of vascular balloon [counterpulsation] device
©T82.55	Mechanical complication of artificial heart
⊘ T82.56	Mechanical complication of vena cava device
©T82.59	Mechanical complication of other specified cardiac and vascular devices and implants
T82.7	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts
∇-1904	
	Use additional code (Chapter 1, P36-P37) to identify sepsis, if applicable— see Alphabetic Index/Sepsis
<u>T82.7</u>	Infection and inflammatory reaction due to cardiac and vascular devices, implants and grafts, not elsewhere classified
	Use additional code for the specific condition, if known (eg cellulitis, sepsis)

<mark>©</mark> T82.71	Infection and inflammatory reaction due to electronic cardiac device Infection and inflammatory reaction due to cardiac:		
	 <u>electrodes</u> <u>pulse generator (battery)</u> 		
©T82.72	Infection and inflammatory reaction due to coronary artery bypass and valve grafts		
OT82.73	Infection and inflammatory reaction due to other vascular grafts		
<u>©T82.74</u>	Infection and inflammatory reaction due to central vascular catheter <u>Infection and inflammation of:</u> <u>• central vascular line (infusion port) (Port-A-Cath)</u> • peripherally inserted central catheter (PICC)		
<u>©</u> T82.75	Infection and inflammatory reaction due to peripheral vascular catheter Peripheral line infection		
<u>©T82.76</u>	Infection and inflammatory reaction due to surgically created arteriovenous fistula and shunt		
⊙ T82.77	Infection and inflammatory reaction due to vascular dialysis catheter		
<u> </u>	Infection and inflammatory reaction due to cardiac and vascular devices, implants and grafts, not elsewhere classified		
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 Haemorrhage Pain Stenosis Thrombosis Vescular dispection		
	Vascular dissection }		
<u>T82.8</u>	Other specified complications of cardiac and vascular devices, implants and grafts		
<u>T82.8</u> ⊙T82.81	Other specified complications of cardiac and vascular devices, implants and		
	Other specified complications of cardiac and vascular devices, implants and grafts Haemorrhage and haematoma following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis of coronary artery and other vascular bypass grafts Excludes: postprocedural: • deep venous thrombosis (180)		
©T82.81	Other specified complications of cardiac and vascular devices, implants and grafts Haemorrhage and haematoma following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis of coronary artery and other vascular bypass grafts Excludes: postprocedural: • deep venous thrombosis (180) • pulmonary embolism (126)		
<u>©T82.81</u>	Other specified complications of cardiac and vascular devices, implants and grafts Haemorrhage and haematoma following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis of coronary artery and other vascular bypass grafts Excludes: postprocedural: • deep venous thrombosis (180)		
©T82.81 ©T82.82	Other specified complications of cardiac and vascular devices, implants and grafts Haemorrhage and haematoma following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Excludes: postprocedural: • deep venous thrombosis (180) • pulmonary embolism (126) Pain following insertion of cardiac and vascular prosthetic devices, implants and grafts Stenosis following insertion of cardiac and vascular prosthetic devices, implants and grafts		
©T82.81 ©T82.82 ©T82.83 ©T82.83	Other specified complications of cardiac and vascular devices, implants and grafts Haemorrhage and haematoma following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Excludes: postprocedural: • deep venous thrombosis (180) • pulmonary embolism (126) Pain following insertion of cardiac and vascular prosthetic devices, implants and grafts Stenosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Vascular dissection following insertion of cardiac and vascular prosthetic devices, implants and grafts		
©T82.81 ©T82.82 ©T82.83 ©T82.84 ©T82.85	Other specified complications of cardiac and vascular devices, implants and grafts Haemorrhage and haematoma following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Excludes: postprocedural: deep venous thrombosis (180) pulmonary embolism (126) Pain following insertion of cardiac and vascular prosthetic devices, implants and grafts Stenosis following insertion of cardiac and vascular prosthetic devices, implants and grafts Vascular dissection following insertion of cardiac and vascular prosthetic devices, implants and grafts Vascular dissection following insertion of cardiac and vascular prosthetic devices, implants and grafts Vascular dissection following insertion of cardiac and vascular prosthetic devices, implants and grafts Vascular dissection following insertion of cardiac and vascular prosthetic devices, implants and grafts Aneurysm following insertion of cardiac and vascular prosthetic devices, implants and grafts		

T83	Complications of genitourinary prosthetic devices, implants and grafts
	Excludes: failure and rejection of transplanted organs and tissues (T86)
	 <u>specified complications classified elsewhere, such as:</u> acute reaction to foreign substance accidentally left during a procedure (T81.6)
	• disruption of operation wound (wound dehiscence) (T81.3)
	• failure and rejection of transplanted organs and tissues (T86)
	 foreign body accidentally left in operation wound or body cavity (T81.5) postoperative wound infection (superficial) NEC (T81.4)
Т83.0	Mechanical complication of urinary (indwelling) catheter Conditions listed in T82.0 due to <u>urethral indwelling catheter</u> : • <u>catheter</u> : • <u>cystostomy</u> • <u>urethral, indwelling</u>
	Excludes: complications of cystostomy (N99.5-)
T83.1	Mechanical complication of other urinary devices and implants Conditions listed in T82.0 due to:
	 urinary: electronic stimulator device sphincter implant stent
T83.2	Mechanical complication of graft of urinary organ Conditions listed in T82.0 due to graft of urinary organ
T83.3	Mechanical complication of intrauterine contraceptive-device Conditions listed in T82.0 due to intrauterine (contraceptive) device
T83.4	Mechanical complication of other prosthetic devices, implants and grafts in genital t Conditions listed in T82.0 due to (implanted) penile prosthesis
T83.5	Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system
	Use additional code (Chapter 1, P36,-P37.52) to identify sepsis, if applicable — see Alphabet Index/Sepsis
T83.6	Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract
	Use additional code (Chapter 1, P36,-P37.52) to identify sepsis, if applicable — see Alphabet Index/Sepsis
T83.8	Other complications of genitourinary prosthetic devices, implants and grafts Conditions listed in T82.8 due to genitourinary prosthetic devices, implants and grafts
<u>T83.8</u>	Other complications of genitourinary prosthetic devices, implants and grafts
©T83.81	Haemorrhage and haematoma following insertion of genitourinary prosthetic device implants and grafts
©T83.82	Embolism and thrombosis following insertion of genitourinary prosthetic devices, implants and grafts
	Excludes: postprocedural: • deep venous thrombosis (180) • pulmonary embolism (126)
©T83.83	Pain following insertion of genitourinary prosthetic devices, implants and grafts
©T83.84	Stenosis following insertion of genitourinary prosthetic devices, implants and grafts
©T83.85	Erosion of genitourinary mesh and other prosthetic materials Erosion of implanted genitourinary mesh and other prosthetic materials

Procedural complications Tabular

©T83.89	Other specified complications of genitourinary devices, implants and grafts	
	Fibrosis due to genitourinary prosthetic devices, implants and grafts	
T83.9	Unspecified complication of genitourinary prosthetic device, implant and graft	
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts	
√ 1309	 Excludes: failure and rejection of transplanted organs and tissues (T86.) fracture of bone following insertion of orthopaedic implant, joint prosthesis or bone plate (M96.6) specified complications classified elsewhere, such as: acute reaction to foreign substance accidentally left during a procedure (T81.6) disruption of operation wound (wound dehiscence) (T81.3) failure and rejection of transplanted organs and tissues (T86) foreign body accidentally left in operation wound or body cavity (T81.5) fracture of bone following insertion of orthopaedic implant, joint prosthesis or bone plate (M96.6) postoperative wound infection (superficial) NEC (T81.4) 	
T84.0	Mechanical complication of internal joint prosthesis Conditions listed in T82.0 due to joint prosthesis	
T84.1	Mechanical complication of internal fixation device of bones of limb Conditions listed in T82.0 due to internal fixation device of bones of limb	
T84.2	Mechanical complication of internal fixation device of other bones Conditions listed in T82.0 due to internal fixation device of other bones	
T84.3	Mechanical complication of other bone devices, implants and grafts Conditions listed in T82.0 due to: • bone graft • electronic bone stimulator	
T84.4	Mechanical complication of other internal orthopaedic devices, implants and grafts Conditions listed in T82.0 due to muscle and tendon graft	
T84.5	Infection and inflammatory reaction due to internal joint prosthesis	
	Use additional code (Chapter 1, P36,-P37.52) to identify sepsis, if applicable — see Alphabetic Index/Sepsis	
T84.6	Infection and inflammatory reaction due to internal fixation device [any site]	
	Use additional code (Chapter 1, P36 <u>-</u> P37 <u>.52</u>) to identify sepsis, if applicable — see Alphabetic Index/Sepsis	
T84.7	Infection and inflammatory reaction due to other internal orthopaedic prosthetic devices, implants and grafts	
	Use additional code (Chapter 1, P36 <u></u> P37 <u>.52</u>) to identify sepsis, if applicable — see Alphabetic Index/Sepsis	
T84.8	Other complications of internal orthopaedic prosthetic devices, implants and grafts Conditions listed in T82.8 due to internal orthopaedic prosthetic devices, implants and grafts	
<u>T84.8</u>	Other complications of internal orthopaedic prosthetic devices, implants and grafts	
<mark>⊙</mark> T84.81	Haemorrhage and haematoma following insertion of internal orthopaedic prosthetic devices, implants and grafts	

<u>©T84.82</u>	Embolism and thrombosis following insertion of internal orthopaedic prosthetic devices, implants and grafts
	Excludes: postprocedural: • deep venous thrombosis (I80) • pulmonary embolism (I26)
©T84.83	Pain following insertion of internal orthopaedic prosthetic devices, implants and grafts
⊙ T84.84	Stenosis following insertion of internal orthopaedic prosthetic devices, implants and grafts
⊙ T84.85	Metallosis following insertion of internal orthopaedic prosthetic devices, implants and grafts
©T84.89	Other specified complications following insertion of internal orthopaedic prosthetic devices, implants and grafts Fibrosis due to internal orthopaedic prosthetic devices, implants and grafts
T84.9	Unspecified complication of internal orthopaedic prosthetic device, implant and graft
T85	Complications of other internal prosthetic devices, implants and grafts
	 Excludes: failure and rejection of transplanted organs and tissues (T86) specified complications classified elsewhere, such as: acute reaction to foreign substance accidentally left during a procedure (T81.6) disruption of operation wound (wound dehiscence) (T81.3) failure and rejection of transplanted organs and tissues (T86) foreign body accidentally left in operation wound or body cavity (T81.5) postoperative wound infection (superficial) NEC (T81.4)
T85.0	Mechanical complication of ventricular intracranial (communicating) shunt Conditions listed in T82.0 due to ventricular intracranial (communicating) shunt
T85.1	Mechanical complication of implanted electronic stimulator of nervous system Conditions listed in T82.0 due to electronic neurostimulator (electrode) of: • brain • peripheral nerve • spinal cord
T85.2	Mechanical complication of intraocular lens Conditions listed in T82.0 due to intraocular lens
T85.3	Mechanical complication of other ocular prosthetic devices, implants and grafts
V 0731	Conditions listed in T82.0 due to: • corneal graft • prosthetic orbit of eye
T85.4	Mechanical complication of breast prosthesisprostheses and implants Conditions listed in T82.0 due to breast prosthesisprostheses and implants
T85.5	Mechanical complication of gastrointestinal prosthetic devices, implants and grafts Conditions listed in T82.0 due to: • bile duct prosthesis • <u>gastric band</u> • oesophageal antireflux device
T85.6	 Mechanical complication of other specified internal prosthetic devices, implants and grafts Conditions listed in T82.0 due to: epidural and subdural infusion catheter intraperitoneal dialysis catheter nonabsorbable surgical material NOS permanent sutures
	• sternal wires

<u>T85.6</u>	Mechanical complication of internal prosthetic devices, implants and grafts , not elsewhere classified
<u> </u>	Mechanical complication of respiratory prosthetic devices, implants and grafts Conditions listed in T82.0 due to respiratory prosthetic devices, implants and grafts
©T85.62	Mechanical complication of auditory prosthetic devices, implants and grafts Conditions listed in T82.0 due to auditory prosthetic devices, implants and grafts
⊙ T85.63	Mechanical complication of intraperitoneal dialysis catheter Conditions listed in T82.0 due to intraperitoneal dialysis catheter
<u> </u>	Mechanical complication of epidural and subdural infusion catheter Conditions listed in T82.0 due to epidural and subdural infusion catheter
©T85.65	Mechanical complication of surgical material and sutures Conditions listed in T82.0 due to surgical material and sutures
<u> </u>	Mechanical complication of internal prosthetic devices, implants and grafts, not elsewhere classified <u>Conditions listed in T82.0 due to internal prosthetic devices, implants and grafts, not elsewhere</u> classified
T85.7	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts
	Use additional code (Chapter 1, P36 <u></u> ,– <u>P</u> 37 <u>.52</u>) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
⊙ T85.71	Infection and inflammatory reaction due to peritoneal dialysis catheter
⊙ T85.72	Infection and inflammatory reaction due to nervous system $\underline{\text{prosthetic}}$ devices, implants and grafts
⊙ T85.73	Infection and inflammatory reaction due to gastrointestinal prosthetic devices, implants and grafts
⊙ T85.74	Infection and inflammatory reaction due to respiratory prosthetic devices, implants and grafts
⊙ T85.75	Infection and inflammatory reaction due to breast prostheses and implants
⊙ T85.76	Infection and inflammatory reaction due to ocular prosthetic devices, implants and grafts
<u>©T85.77</u>	Infection and inflammatory reaction due to internal hearing devices, implants and grafts Infection and inflammation of: • auditory brainstem implant • cochlear implant • middle ear implant
⊙ T85.78	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts
∇ 0731	<i>Excludes:</i> infection of sternal wires (T81.41)
T85.8	Other complications of internal prosthetic devices, implants and grafts, not elsewhere classified Conditions listed in T82.8 due to internal prosthetic devices, implants and grafts NEC
⊙ T85.81	Other complications due to following insertion of nervous system prosthetic devices, implants and grafts
<u>©T85.82</u>	Other complications following insertion of gastrointestinal prosthetic devices, implants and grafts Erosion of gastrointestinal mesh or other surgical prosthetic materials

<u>©T85.83</u>	Haemorrhage and haematoma following insertion of other prosthetic devices, implants and grafts		
<u> </u>	Embolism and thrombosis following insertion of other prosthetic devices, implants and grafts		
	Excludes: postprocedural: • deep venous thrombosis (I80) • pulmonary embolism (I26)		
© T85.85	Pain following insertion of other prosthetic devices, implants and grafts		
©T85.86	Stenosis following insertion of other prosthetic devices, implants and grafts		
⊙ T85.88	Other complications of internal prosthetic device, implant and graft, <u>NEC-not</u> <u>elsewhere classified</u> <u>Capsular contracture of breast implant</u>		
T85.9	Unspecified complication of internal prosthetic device, implant and graft Complication of internal prosthetic device, implant and graft NOS		
T86	Failure and rejection <u>and other complications</u> of transplanted organs and tissues		
T86.0	Bone marrow transplant rejection Graft-versus-host reaction or disease		
	Includes: stem cells from bone marrow		
T86.1 ▼ 1438	Kidney transplant failure and rejection		
T86.2	Heart transplant failure and rejection		
	<i>Excludes:</i> complication of: • artificial heart device (T82.5-) • heart-lung transplant (T86.3)		
T86.3	Heart-lung transplant failure and rejection		
T86.4	Liver transplant failure and rejection		
<u>©T86.5</u>	Stem cell transplant failure and rejection <u>Transplant failure and rejection of stem cells from:</u> <u>peripheral blood</u> <u>umbilical cord</u>		
	Excludes: transplant failure and rejection of stem cells from bone marrow (T86.0)		
T86.8	Failure and rejection <u>and other complications of other transplanted organs and</u> tissues, not elsewhere classified		
○ T86.81	Lung transplant failure and rejection		
⊙ T86.82	Pancreas or pancreatic islet cell transplant failure and rejection		
⊘ T86.83	Intestinal graft failure and rejection		
⊘ T86.84	Bone graft failure and rejection		
⊘ T86.85	Corneal graft failure and rejection		
	<u>Code also any condition associated with corneal graft rejection or failure, for example:</u> • other corneal oedema (H18.2)		

• presence of intraocular lens (Z96.1)

<u> </u>	Skin graft and flap failure and rejection Failure and rejection of transplanted skin (allograft) (autograft)
⊙ T86.88	Failure and rejection of other transplanted organs and tissues, not elsewhere classified Transplant failure or rejection of: • bone • intestine • skin (allograft)(autograft)
© T86.89	Other complications of transplanted organs and tissues, not elsewhere classified
T86.9	Failure and rejection of unspecified transplanted organ and tissue

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Other complications of surgical and medical care, not elsewhere classified

Excludes: accidental puncture or laceration during a procedure <u>(T81.2)</u> <u>see Alphabetic Index:</u> <u>Complications(s)/accidental puncture or laceration during procedure</u>

- complications following:
- infusion, transfusion and therapeutic injection (T80.-)
- procedure NEC (T81.-)
- specified complications classified elsewhere, such as:
- complications of <u>+ devices</u>, implants and grafts (T82–T85)
 - anaesthesia in:
 - labour and delivery (O74.)
 - pregnancy (O29.-)
- puerperium (O89.)
- devices, implants and grafts (T82-T85)
- obstetric surgery and procedures (O75.4)
- dermatitis due to drugs and medicaments (L23.3, L24.4, L25.1, L27.0-L27.1)
- poisoning and toxic effects of drugs and chemicals (T36–T65)

•••

T88.4 Failed or difficult intubation

Failed intubation Failed endotracheal intubation requiring emergency airway management procedures

(cricothyroidotomy/cricothyrotomy) (tracheostomy)

Excludes: during:

- labour and delivery (074.72)
- pregnancy (O29.62)
- the puerperium (postpartum) (O89.62)
- ©T88.42 Difficult intubation
- <u>V 1924</u>

<u>T88.5</u>	Complications of anaesthesia, not elsewhere classified
T88.5	Other complications of anaesthesia Hypothermia following anaesthesia
©T88.51	Hypothermia following anaesthesia
©T88.52	Headache due to anaesthesia Headache due to spinal anaesthesia
	Excludes: headache following spinal and lumbar puncture (G97.11)
©T88.53	Failed anaesthesia Awareness during anaesthesia
⊙ T88.59	Complications of anaesthesia, not elsewhere classified

- T88.6 Anaphylactic shock due to adverse effect of correct drug or medicament properly administered
- **∇** 2115

Excludes: anaphylactic shock due to serum (T80.5)

T88.7 Unspecified adverse effect of drug or medicament

 Adverse effect
 } (of)(to) correct drug or medicament properly administered

 Allergic reaction
 }

 Hypersensitivity
 }

 Idiosyncrasy
 }

 Drug:
 • hypersensitivity NOS

 • reaction NOS
 •

Excludes: specified adverse effects of drugs and medicaments (A00-R99, T80-T88.6, T88.8)

- T88.8 Other specified complications of surgical and medical care, not elsewhere classified
- T88.9 Complication of surgical and medical care, unspecified

Excludes: adverse effect NOS (T78.9)

CHAPTER 20 EXTERNAL CAUSES OF MORBIDITY AND MORTALITY (U50–U73, U90, V00–Y98)

∇ 0050, 2001

This chapter contains the following blocks:

U50–U73 Activity

•••

X60–X84 Int		entional self-harm		
X85–Y09 Assault		ult		
Y10–Y34	Even	t of undetermined intent		
Y35–Y36	Lega	I intervention and operations of war		
Y40–Y84	Com	plications of medical and surgical care		
Y40–`	Y59	Drugs, medicaments and biological substances causing adverse effects in		
		therapeutic use		
Y60–`	Y69	MisadventuresUnintentional events to patients during surgical and medical care		
Y70–`	Y82	Medical devices associated with misadventures unintentional events in		
		diagnostic and therapeutic use		
Y83–`	Y84	Surgical and other medical procedures as the cause of abnormal reaction-of		
		the patient, or of later complication, without mention of		
		misadventureunintentional events at the time of the procedure		
Y85–Y89	Sequ	elae of external causes of morbidity and mortality		
Y90–Y98	Supp	elementary factors related to causes of morbidity and mortality classified		
		elsewhere		

EXPOSURE TO ELECTRIC CURRENT, RADIATION AND EXTREME AMBIENT AIR TEMPERATURE AND PRESSURE (W85–W99)

Excludes: abnormal reaction to a complication of radiological treatment or therapy, without mention of misadventureunintentional event (Y84.2)

exposure to:

- natural:
- cold (X31)
- heat (X30)
- radiation NOS (X39)
- sunlight (X32)

misadventureunintentional event to patient in surgical and medical procedures (Y63.2–Y63.5) victim of lightning (X33)

COMPLICATIONS OF MEDICAL AND SURGICAL CARE (Y40–Y84)

Includes: complications of medical devices

correct drug properly administered in therapeutic or prophylactic dosage as the cause of any adverse effect

misadventures to patients during surgical and medical care

surgical and medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventureunintentional events at the time of the procedure unintentional events during surgical and medical care

Excludes: accidental overdose of drug or wrong drug given or taken in error (X40-X44)

MISADVENTURESUNINTENTIONAL EVENTS TO PATIENTS DURING SURGICAL AND MEDICAL CARE (Y60-Y69)

Excludes: breakdown or malfunctioning of medical device (during procedure) (after implantation) (ongoing use) (Y70–Y82)

medical devices associated with adverse incidents due to external causes classified elsewhere (V01–Y59, Y85–Y87, Y89)

surgical and medical procedures as the cause of abnormal reaction-of the patient, without mention of misadventureunintentional events at the time of the procedure (Y83–Y84)

Y65 Other unintentional eventsmisadventures during surgical and medical care Y65.0 Mismatched blood used in transfusion Y65.1 Wrong fluid used in infusion Y65.2 Failure in suture or ligature during surgical operation Y65.3 Endotracheal tube wrongly placed during anaesthetic procedure Y65.4 Failure to introduce or to remove other tube or instrument Y65.5 Performance of inappropriate operation Y65.8 Other specified misadventuresunintentional events during surgical and medical care Y66 Nonadministration of surgical and medical care Premature cessation of surgical and medical care

Unspecified misadventureunintentional events during surgical and medical care

Y69

MEDICAL DEVICES ASSOCIATED WITH <u>MISADVENTURESUNINTENTIONAL</u> <u>EVENTS</u> IN DIAGNOSTIC AND THERAPEUTIC USE (Y70–Y82)

Includes: breakdown or malfunctioning of medical device (during procedure) (after implantation) (ongoing use)

Excludes: later complications following use of medical devices without mention of breakdown or malfunctioning of medical device (Y83–Y84) medical devices associated with adverse incidents due to external causes classified

	elsewhere (V01–Y59, Y85–Y87, Y89) misadventures <u>unintentional events</u> to patients during surgical and medical care, classifiable to Y60–Y69
Y70	Anaesthesiology devices associated with misadventuresunintentional events
Y71	Cardiovascular devices associated with misadventuresunintentional events
Y72	Otorhinolaryngological devices associated with misadventuresunintentional events
Y73	Gastroenterology and urology devices associated with misadventuresunintentional events
Y74	General hospital and personal-use devices associated with misadventuresunintentional events
Y75	Neurological devices associated with misadventuresunintentional events
Y76	Obstetric and gynaecological devices associated with misadventuresunintentional events
Y77	Ophthalmic devices associated with misadventures unintentional events
Y78	Radiological devices associated with misadventures unintentional events
Y79	Orthopaedic devices associated with misadventures unintentional events
Y80	Physical medicine devices associated with misadventuresunintentional events
Y81	General and plastic-surgery devices associated with misadventuresunintentional events
Y82	Other and unspecified medical devices associated with misadventures unintentional events

SURGICAL AND OTHER MEDICAL PROCEDURES AS THE CAUSE OF ABNORMAL REACTION OF THE PATIENT, OR OF LATER COMPLICATION, WITHOUT MENTION OF MISADVENTUREUNINTENTIONAL EVENTS AT THE TIME OF THE PROCEDURE (Y83–Y84)

Excludes: breakdown or malfunctioning of medical device (during procedure) (after implantation) (ongoing use) (Y70–Y82) medical devices associated with adverse incidents due to external causes classified elsewhere (V01–Y59, Y85–Y87, Y89) misadventuresunintentional events to patients during surgical and medical care classifiable to Y60–Y69

Y83

Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventureunintentional events at the time of the procedure

- ¥83.0 Surgical operation with transplant of whole organ Y83.0 Surgical operation with transplant of partial or whole organ **⊘**Y83.01 Bone marrow transplant *Includes:* stem cells from bone marrow OY83.02 Kidney transplant **⊘**Y83.03 Heart transplant **⊘**Y83.04 Lung transplant Heart-lung transplant ♥Y83.05 OY83.06 Liver transplant ♥Y83.07 Pancreas and pancreatic islet cell transplant OY83.08 Stem cell transplant Excludes: from bone marrow (Y83.01) **O**Y83.09 Other organ or tissue transplant Y83.1 Surgical operation with implant of artificial internal device Y83.2 Surgical operation with anastomosis, bypass or graft ¥83.3 Surgical operation with formation of external stoma Y83.3 Surgical operation with formation of external stoma **⊘**Y83.31 Tracheostomy **⊘**Y83.32 Gastrostomy •Y83.33 Enterostomy Ileostomy Jejunostomy **⊘**Y83.34 Colostomy **⊘**Y83.35 Nephrostomy ©Y83.36 Cystostomy **⊘**Y83.37 Ureterostomy **O**Y83.39 Surgical operation with formation of external stoma, not elsewhere classified Y83.4 Other reconstructive surgery Y83.5 Amputation of limb(s) Y83.6 Removal of other organ (partial)(total) Y83.8 Other surgical procedures Y83.9 Surgical procedure, unspecified Y84 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventureunintentional events at the time of the procedure
 - Y84.0 Cardiac catheterisation

Y84.1	Kidney dialysis
Y84.2	Radiological procedure and radiotherapy
Y84.3	Shock therapy
Y84.4	Aspiration of fluid
Y84.5	Insertion of gastric or duodenal sound
Y84.6	Urinary catheterisation
Y84.7	Blood-sampling
Y84.8	Other medical procedures Hyperbaric oxygen therapy
Y84.9	Medical procedure, unspecified
Y88 ▼ 1904	Sequelae with surgical and medical care as external cause
Y88.1	Sequelae of misadventuresunintentional events to patients during surgical and medical procedures
Y88.2	Sequelae of adverse incidents associated with medical devices in diagnostic and therapeutic use
Y88.3	Sequelae of surgical and medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventureunintentional events at the time of the procedure
Z43	Attention to artificial openings
Z43	Attention to artificial openings Includes: closure passage of sounds or bougies reforming removal of catheter toilet or cleansing
Z43	<i>Includes:</i> closure passage of sounds or bougies reforming removal of catheter
Z43 Z43.0	 <i>Includes:</i> closure passage of sounds or bougies reforming removal of catheter toilet or cleansing <i>Excludes:</i> artificial opening status only, without need for care (Z93) fitting and adjustment of prosthetic and other devices (Z44–Z46)
	 <i>Includes:</i> closure passage of sounds or bougies reforming removal of catheter toilet or cleansing <i>Excludes:</i> artificial opening status only, without need for care (Z93) fitting and adjustment of prosthetic and other devices (Z44–Z46) malfunction or other complication of device — see Alphabetic Index
	 <i>Includes:</i> closure passage of sounds or bougies reforming removal of catheter toilet or cleansing <i>Excludes:</i> artificial opening status only, without need for care (Z93) fitting and adjustment of prosthetic and other devices (Z44–Z46) malfunction or other complication of device — see Alphabetic Index Attention to tracheostomy
Z43.0	 Includes: closure passage of sounds or bougies reforming removal of catheter toilet or cleansing Excludes: artificial opening status only, without need for care (Z93) fitting and adjustment of prosthetic and other devices (Z44–Z46) malfunction or other complication of device — see Alphabetic Index Attention to tracheostomy Excludes: malfunction or complication (J95.0_)
Z43.0	 Includes: closure passage of sounds or bougies reforming removal of catheter toilet or cleansing Excludes: artificial opening status only, without need for care (Z93) fitting and adjustment of prosthetic and other devices (Z44–Z46) malfunction or other complication of device — see Alphabetic Index Attention to tracheostomy Excludes: malfunction or complication (J95.0-) Attention to gastrostomy
Z43.0 Z43.1	 <i>Includes:</i> closure passage of sounds or bougies reforming removal of catheter toilet or cleansing <i>Excludes:</i> artificial opening status only, without need for care (Z93) fitting and adjustment of prosthetic and other devices (Z44–Z46) malfunction or other complication of device — see Alphabetic Index Attention to tracheostomy <i>Excludes:</i> malfunction or complication (J95.0_) Attention to gastrostomy <i>Excludes:</i> malfunction or complication (K91.4_)
Z43.0 Z43.1	 <i>Includes:</i> closure passage of sounds or bougies reforming removal of catheter toilet or cleansing <i>Excludes:</i> artificial opening status only, without need for care (Z93) fitting and adjustment of prosthetic and other devices (Z44–Z46) malfunction or other complication of device — see Alphabetic Index Attention to tracheostomy <i>Excludes:</i> malfunction or complication (J95.0_) Attention to gastrostomy <i>Excludes:</i> malfunction or complication (K91.4_) Attention to ileostomy
Z43.0 Z43.1 Z43.2	 <i>Includes:</i> closure passage of sounds or bougies reforming removal of catheter toilet or cleansing <i>Excludes:</i> artificial opening status only, without need for care (Z93) fitting and adjustment of prosthetic and other devices (Z44–Z46) malfunction or other complication of device — see Alphabetic Index Attention to tracheostomy <i>Excludes:</i> malfunction or complication (J95.0_) Attention to gastrostomy <i>Excludes:</i> malfunction or complication (K91.4_) Attention to ileostomy <i>Excludes:</i> malfunction or complication (K91.4_)
Z43.0 Z43.1 Z43.2	 <i>Includes:</i> closure passage of sounds or bougies reforming removal of catheter toilet or cleansing <i>Excludes:</i> artificial opening status only, without need for care (Z93) fitting and adjustment of prosthetic and other devices (Z44–Z46) malfunction or other complication of device — see Alphabetic Index Attention to tracheostomy <i>Excludes:</i> malfunction or complication (J95.0_) Attention to gastrostomy <i>Excludes:</i> malfunction or complication (K91.4_) Attention to ileostomy <i>Excludes:</i> malfunction or complication (K91.4_) Attention to colostomy
Z43.0 Z43.1 Z43.2 Z43.3	 Includes: closure passage of sounds or bougies reforming removal of catheter toilet or cleansing Excludes: artificial opening status only, without need for care (Z93) fitting and adjustment of prosthetic and other devices (Z44–Z46) malfunction or other complication of device — see Alphabetic Index Attention to tracheostomy Excludes: malfunction or complication (J95.0_) Attention to gastrostomy Excludes: malfunction or complication (K91.4_) Attention to ileostomy Excludes: malfunction or complication (K91.4_) Attention to colostomy Excludes: malfunction or complication (K91.4_)

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- Z43.6 Attention to other artificial openings of urinary tract Nephrostomy Ureterostomy Urethrostomy
- *Excludes:* malfunction or complication (N99.5-)
- Z43.7 Attention to artificial vagina
- Z43.8 Attention to other artificial openings
- Z43.9 Attention to unspecified artificial opening
- Z46 Fitting and adjustment of other devices
 - *Excludes:* issue of repeat prescription only (Z76.0) malfunction or other complications of device — see Alphabetic Index presence of prosthetic and other devices (Z95–Z97)
- Z46.0 Fitting and adjustment of spectacles and contact lenses
- Z46.1 Fitting and adjustment of hearing aid
- Z46.2 Fitting and adjustment of other devices related to nervous system and special senses
- Z46.3 Fitting and adjustment of dental prosthetic device
- Z46.4 Fitting and adjustment of orthodontic device
- Z46.5 Fitting and adjustment of ileostomy and other intestinal appliances
- Z46.6 Fitting and adjustment of urinary device
- ∇-1436 Admission for trial of void

Z46.7 Fitting and adjustment of orthopaedic device Orthopaedic:

- brace
 - cast
- corset
- shoes

Z93

Artificial opening status

V 0050

Excludes: artificial openings requiring attention or management (Z43.-) complications of external stoma (J95.0_, K91.4_, N99.5_)

- Z93.0 Tracheostomy status
- Z93.1 Gastrostomy status
- Z93.2 Ileostomy status
- Z93.3 Colostomy status
- Z93.4 Other artificial openings of gastrointestinal tract status
- Z93.5 Cystostomy status
- Z93.6 Other artificial openings of urinary tract status Nephrostomy Ureterostomy Urethrostomy

Appendix D: Classification of Hospital Acquired Diagnoses (CHADx)

1.7 Other complications of surgical and medical NEC (including shock)

- T811 Shock during or due to a procedure NEC
- T817 Vascular comp following a procedure NEC
- T818 Other complications of procedures NEC
- T8181 Complication of inhalation therapy
- T8182 Persistent postop fistula NEC
- T8183 Pain foll a procedure NEC
- T8184 Postprocedural emphysema
- T8189 Oth comp foll a procedure NEC
- T819 Unspecified complication of procedure
- T880 Infection following immunisation
- T881 Other comp following immunisation NEC
- T888 Other specified comp of surgical & med care NEC
- T889 Comp of surgical & medical care, unsp

1.10 Complications of cardiac and vascular implants (excluding sepsis)

- T820 Mechanical comp heart valve prosthesis
- T821 Mech comp cardiac electronic device
- T822 Mech comp coron art bypass valve gft
- T823 Mechanical comp oth vascular grafts
- T824 Mechanical comp vasc dialysis catheter
- T825 Mech comp oth cardiac vasc device impl
- T8251 Mech comp central vascular catheter
- T8252 Mech comp peripheral vascular catheter
- T8253 Mech comp AV fistula & shunt
- T8254 Mech comp vascular balloon device
- T8255 Mech comp of artificial heart
- T8256 Mech comp vena cava device
- T8259 Mech comp oth card vasc dev impl
- T826 Infectn inf react dt card valve prosth
- T827 Infectn inf dt oth card vasc dev impl
- T8271 Infectn inf dt electronic card dev
- T8272 Infectn inf dt coron art byps & grafts
- T8273 Infectn inf dt oth vasc grafts
- T8274 Infectn inf dt central vasc cath
- T8275 Infectn inf dt peripheral vasc cath
- T8276 Infectn inf dt AV fistula & shunt
- T8277 Infectn inf dt vascular dialysis cath
- T8279 Infectn inf card vasc dev impl gft NEC
- T828 Oth comp card vasc prosth dev impl gft
- T8281 Haemorrhage foll card vasc dev impl gft
- T8282 Embol thromb foll card vasc dev impl gft
- T8283 Pain foll card vasc dev impl gft
- T8284 Stenosis foll card vasc dev impl gft T8285 Vasc dissect foll card vasc dev impl c
- T8285Vasc dissect foll card vasc dev impl gftT8286Aneurysm foll card vasc dev impl gft
- T8289 Oth comp card vasc prosth dev impl gft
- T829 Unsp comp card vasc prosth dev impl gft

1.11 Complications of genitourinary implants (excluding sepsis)

- T830 Mech comp urinary (indwelling) catheter
- T831 Mechanical comp oth urinary dev impl
- T832 Mechanical comp graft urinary org
- T833 Mech comp intrauterine contraceptive dev
- T834 Mech comp oth prosth dev impl gen tr

- T835 Infectn inf dt prosth dev impl urin sys
- T836 Infectn inf dt prosth dev impl gen tr
- T838 Oth comp GU prosth dev impl gft
- T8381 Haemorrhage foll GU prosth dev impl gft
- T8382 Embol thromb foll GU prosth dev impl gft
- T8383 Pain foll GU prosth dev impl gft
- T8384 Stenosis foll GU prosth dev impl gft
- T8385 Erosion of GU prosth dev impl gft
- T8389 Oth comp foll GU prosth dev impl gft
- T839 Unsp comp GU prosth dev impl gft

1.12 Complications of orthopaedic implants (excluding sepsis)

- T840 Mechanical comp internal jt prosthesis
- T841 Mech comp int fixation dev bones limb
- T842 Mech comp int fixation dev oth bones
- T843 Mechanical comp oth bone dev impl gft
- T844 Mech comp oth int ortho dev impl gft
- T845 Infectn inf react dt internal jt prosth
- T846 Infectn inf react dt int fixation dev
- T847 Infectn inf dt oth int ortho prosth dev
- T848 Oth comp int ortho prosth dev impl gft
- T8481Haem foll int ortho prosth dev impl gftT8482Embol thromb foll int ortho prosth devT8483Pain foll int ortho prosth dev impl gftT8484Stenosis foll int ortho prosth dev implT8485Metallosis foll int ortho prosth dev gft
- T8489 Oth comp foll int ortho prosth dev impl
- T849 Unsp comp int ortho prosth dev impl gft

1.13 Complications of other implants (excluding sepsis)

- T850 Mech comp ventricular intrcran shunt
- T851 Mech comp impl electrn stimlr nrvs sys
- T852 Mechanical complication intraocular lens
- T853 Mech comp oth ocular prosth dev impl gft
- T854 Mechanical comp breast prosth implants
- T855 Mech comp GI prosth dev impl gft
- T856 Mech comp oth spec int prosth dev impl
- T8561 Mech comp resp prosth dev impl gft
- T8562 Mech comp aud prosth dev impl gft
- T8563 Mech comp intraperitoneal dialysis cath
- T8564 Mech comp epidural & subdural infus cath
- T8565 Mech comp surgical material & sutures
- T8569 Mech comp int prosth dev impl gft NEC
- T8571 Infectn inf dt peritoneal dialysis cath
- T8572 Infectn inf react dt nrvs sys dev impl or graft
- T8573 Infectn inf dt GI prosth dev impl grafts
- T8574 Infectn inf dt respiratory prosth dev
- T8575 Infectn inf dt breast prosth impl
- T8576 Infectn inf dt ocular prosth dev impl
- T8577 Infectn inf dt int hearing dev impl
- T8578 Infectn dt oth int prosth dev impl gft
- T8581 Oth comp dt-foll nrvs sys dev impl or graft
- T8582 Oth comp foll GI dev impl or graft
- T8583 Haemorrhage foll oth dev impl or graft
- T8584Embol & thromb foll oth dev impl graftT8585Pain foll oth dev impl or graft
- T8586 Stenosis foll oth dev impl or graft
- T8588 Oth comp int prosth dev impl or gft NEC
- T859 Unsp comp internal prosth dev impl gft

1.14 Complications of transplants

- T860 Bone marrow transplant rejection
- T861 Kidney transplant failure and rejection
- T862 Heart transplant failure and rejection
- T863 Heart-lung transplant failure rejection
- T864 Liver transplant failure and rejection
- T865 Stem cell transplant failure & rejection
- T8681Failure and rejection of lung transplant
- T8682 Fail & rejection pancreas and islet cl transplant
- T8683 Intestine graft failure and rejection
- T8684 Bone graft failure and rejection
- T8685 Corneal graft failure and rejection
- T8686 Skin graft & flap failure and rejection
- T8688 Fail & rejection oth-transplanted org tis NEC
- T8689 Oth comps transplanted org tis NEC
- T869 Fail & rejection trnsplnt org tis unsp

1.16 Postprocedural disorders: Endocrine & Metabolic

- E890 Postprocedural hypothyroidism
- E891 Postprocedural hypoinsulinaemia
- E892 Postprocedural hypoparathyroidism
- E893 Postprocedural hypopituitarism
- E894 Postprocedural ovarian failure
- E895 Postprocedural testicular hypofunction
- E896 Postproc adrenocortical hypofunction
- E8971 Accid punct lacr thyroid during proc
- E8972 Accid punct lacr parathyroid during proc
- E8973 Accid punct lacr adrenal during proc
- E8974 Accid punct lacr pituitary during proc
- E8979 Accid punct lacr endo org dur proc NEC
- E898 Oth intra/postopproc-disrd endocrine & metabolic disrd
- E899 Intra/Ppostopproc disrd endocrine & metabolic disrd

1.17 Postprocedural disorders: Nervous system

- G970 Postprocedural CSF leak from spinal puncture
- G971 Oth reaction to spinal & lumbar puncture
- G9711 Headache foll spinal & lumbar puncture
- G9719 Reaction spinal & lumbar puncture NEC
- G972 Intrcran hypotension foll ventric shunt
- G9731 Accid punct lacr dura during proc
- G9732 Accid punct lacr spinal cord during proc
- G9733 Accid punct lacr nrv root plxs dur proc
- G9734 Accid punct lacr perph nrv during proc
- <u>G9735</u> Accid punct lacr cranial nrv dur proc
- G9739
 Accid punct lacr nrv org dur proc NEC

 G978
 Other intra/postopproc disorders disorders disorders disorders
- G979 Intra/Postopproc disorder nervous nrv system unsp

1.18 Postprocedural disorders: Eye & Ear

- H590 Postproc Kkeratopathy bullous aphakic foll cataract surgery
- H5911 Accid punct lacr cornea during proc
- H5912 Accid punct lacr conjunctiva during proc
- H5913 Accid punct lacr capsule lens dur proc
- H5914 Accid punct lacr retina during proc
- H5915 Accid punct lacr vitreous dur proc
- H5916 Accid punct lacr macula dur proc

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- H5981 Postprocedural Ccystoid macula oedema following cataract surgery
- H5982 Postprocedural blebitis
- H5983 Postprocedural endophthalmitis
- H5984 Postprocedural chorioretinal scars
- H5985 Postprocedural hyphaema
- H5989_Other intra/postoppree disorders eye & adnexa_NEC
- H599 Intra/Ppostopproc disorder_disrd_eye & adnexa unsp
- H950 Rec cholesteatoma postmastoidectomy cv
- H951 Other disorders following mastoidectomy
- H9511 Chronic inflam postmastoidectomy cavity
- H9512 Granulation postmastoidectomy cavity
- H9513 Mucosal cyst of postmastoidectomy cavity
- H9519 Other disrd following mastoidectomy
- H952 Accid punct lacr ear & mast dur proc NEC
- H958 Oth intra/postopproc disrd ear & mastoid process
- H959 Intra/Ppostopproc disrd ear & mast process-unsp

1.19 Postprocedural disorders: Circulatory system

- 1970 Postcardiotomy syndrome
- 1971 Oth fn disturbances foll cardiac surgery
- 1972 Postmastectomy lymphoedema syndrome
- 19731 Accid punct lacr aorta during proc
- 19732 Accid punct lacr coronary art dur proc
- <u>19733 Accid punct lacr vena cava dur proc</u>
- 19734 Accid punct lacr oth vessels during proc
- 19735 Accid punct lacr heart during proc
- 19739 Accid punct lacr circ org dur proc NEC
- 1978 Oth postproc disrd circulatory sys NEC
- 19781 Postprocedural steal syndrome
- 19782 Pacemaker syndrome
- 19783 Postproc Imphcele Imphdma & chylothorax
- 19789 Other intra/postop disrd circ sys NEC
- I979 Intra/Postprocop disrd circulatory sys unsp

1.20 Postprocedural disorders: Respiratory system

- J950 Tracheostomy malfunction
- J9501 Haemorrhage from tracheostomy
- J9502 Infection of tracheostomy
- J9503 Leak from tracheostomy
- J9504 Tracheoesph fistula foll tracheostomy
- J9509 Malfunction of tracheostomy NEC
- J951 Ac pulm insuff foll thoracic surgery
- J952 Ac pulm insuff foll nonthoracic surg
- J953 Chr pulmonary insuff foll surgery
- J954 Mendelson's syndrome
- J955 Postprocedural subglottic stenosis
- J9561 Accid punct lacr larynx during proc
- J9562 Accid punct lacr pharynx dur proc
- J9563 Accid punct lacr trachea during proc
- J9564 Accid punct lacr lung dur proc
- <u>J9565 Accid punct lacr pleura diaph dur proc</u>
- J9569 Accid punct lacr resp org dur proc NEC
- J958 Other postproc respiratory disorders
- J9581 Postprocedural tracheal stenosis
- J9582 Ventilation associated pneumonia
- J9583 Transfusion related acute lung injury

	10594	Postprocedural proumethorax
		Postprocedural pneumothorax Postprocedural haemothorax
		Oth intra/postop respiratory disrd NEC
	J959	Intra/Ppostopprocedural disrd respiratory disorder-sys_unsp
	0000	
1.21	-	rocedural disorders: Digestive system Vomiting foll gastrointestinal surgery
	K911	Postgastric surgery syndromes
	K912	Postprocedural malabsorption NEC
	K913	Postprocedural intestinal obstruction
	K914	-Colostomy and enterostomy malfunction
	<u>K9141</u>	Haemorrhage fr stoma digestive system
	<u>K9142</u>	Infection stoma digestive system
		Leak fr stoma digestive system
		Malfunction stoma digestive sys NEC
	K915	Postcholecystectomy syndrome
		Accid punct lacr oesophagus dur proc
		Accid punct lacr stomach during proc
		Accid punct lacr intestine dur proc
		Accid punct lacr gallbladder dur proc
		Accid punct lacr liver during proc Accid punct lacr pancreas dur proc
		Accid punct lacr spleen during proc
		Accid punct lacr peritoneum dur proc
		Accid punct lacr digest org dur proc NEC
		-Oth postproc disrd digestive system NEC
		Haemorrhage fr anastomosis of digest
		Stenosis anastomosis of digestive tract
	K9183	Leak fr anastomosis of digestive tract
	<u>K9184</u>	Postprocedural bile leak NEC
	<u>K9189</u>	Oth intra/postop disrd digest sys NEC
	K919	Intra/Ppostopproc disorder_disrd_digestive system unsp
	-	· · · · · · · · · · · · · · · · · · ·
1.22		rocedural disorders: Musculoskeletal system
	M960	Pseudarthrosis after fusion arthrodesis
	M961 M963	Postlaminectomy syndrome NEC
	M964	Postlaminectomy kyphosis Postprocedural lordosis
	M966	Bone fx foll ins orthopaedic implant
	M9671	
		Accid punct lacr tendon dur proc
		Accid punct lacr ligament during proc
		Accid punct lacr cartilage dur proc
	M7679	Accid punct lacr M/S org dur proc NEC
	M968	Other intra/postopproc disrd musculoskeletal M/S disrdsys
	M969	Intra/Ppostprocop disrd musculoskeletal-M/S systemdisorder unsp
4.00	Dectro	readural diagradara. Capitaurinary system
1.23	N990	rocedural disorders: Genitourinary system <u> Postprocedural renal failure</u>
	N991	Postprocedural urethral stricture
	N992	Postprocedural adhesions of vagina
	N993	Prolapse vag vault after hysterectomy
	N994	Postproc pelvic peritoneal adhesions
	N995	Malfunction external stoma urinary tract
	<u>N9951</u>	Haemorrhage stoma of urinary tract
	N9952	Infection stoma of urinary tract

N9953 Leak fr stoma of urinary tract N9959 Malfunction stoma of urinary tract NEC N9961 Accid punct lacr kidney during proc N9962 Accid punct lacr ureter dur proc N9963 Accid punct lacr bladder dur proc N9964 Accid punct lacr urethra during proc N9965 Accid punct lacr prostate dur proc N9966 Accid punct lacr uterus dur proc N9967 Accid punct lacr ovary fall tube dur proc N9968 Accid punct lacr testis during procedure N9969 Accid punct lacr GU org dur proc NEC N998 Oth postproc disrd genitourinary system N9981 Haemorrhage fr anastomosis of GU tract N9982 Stenosis anastomosis of GU tract N9983 Leak fr anastomosis GU tract N9984 Residual ovary syndrome N9989 Oth intra/postop disrd GU system Intra/Postprocpostop disrd genitourinary-GU system unsp N999

2.10 Adverse effects due to anaesthesia (including misadventureunintentional event)

Specified adverse effects of drugs and medicaments (A00–R99, T80), excluding diagnosis codes included in Classes 2.11 and 2.12 below.

T887 Unsp adv eff of drug or medicament

When followed by the external cause codes:

- Y480 Inhaled anaesthetics adv effects Rx use
- Y481 Parenteral anaesthetics adv eff Rx use
- Y482 Oth/unsp GA adverse effects Rx use
- Y483 Local anaesthetics adv effects Rx use
- Y484 Anaesthetic unsp caus adv eff Rx use
- Y485 Therapeutic gases adverse effects Rx use

Also include the following codes when immediately followed by the external cause

codes other than Y48.-.

- T882 Shock due to anaesthesia
- T883 Malignant hyperthermia dt anaesthesia
- T885 Other complications of anaesthesia
- T8851 Hypothermia following anaesthesia
- T8852 Headache due to anaesthesia
- T8853 Failed anaesthesia
- T8859 Complications anaesthesia NEC

AUSTRALIAN CODING STANDARDS

0048 CONDITION ONSET FLAG

COF 1. Condition with onset during the episode of admitted patient care

Definition

A condition which arises during the episode of admitted patient care and would not have been present or suspected on admission.

Examples of inclusions:

• a condition resulting from an <u>misadventureunintentional event</u> during surgical or medical care in the current episode of admitted patient care (eg accidental laceration during procedure, foreign body left in cavity, medication infusion error)

0110 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 <u>5</u>	Infection and inflammatory reaction due to <u>peripheral vascular catheterother cardiac and</u> 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					

0731 CORNEAL GRAFT REJECTION OR FAILURE

Corneal grafts are surgical procedures where a searred or diseased cornea is replaced with clear corneal tissue from a donor or from the patient. Alternative terms are corneal transplant and keratoplasty.

Typically, corneal graft failure involves the presence of corneal oedema (H18.2) and this can occur in an eye that is phakic (crystalline lens still present), aphakic or pseudophakic. The cornea may reject because of inflammation, for example, intraocular uveitis (H20.-), endophthalmitis (H44.0, H44.1) or ocular surface or corneal inflammation (keratitis) (H16.-). Corneal grafts may also fail just because of the presence of an intraocular lens (Z96.1).

Corneal grafts that fail (the cells just do not function adequately) or reject (an immune mediated loss of cells), for any reason other than inflammation or infection, should be coded to T85.3 *Mechanical complication of other ocular prosthetic devices, implants and grafts.*

Additional diagnoses associated with corneal graft rejection or failure should be coded in addition to T85.3 and T85.78. For example:

 H44.0
 H44.1
 Endophthalmitis

 H20.
 Iridocyclitis

 H16.
 Keratitis

 H18.2
 Other corneal oedema

 Z96.1
 Presence of intraocular lens

0909 CORONARY ARTERY BYPASS GRAFTS

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COMPLICATIONS

CABG occlusion

Occlusion of CABG may occur as a result of natural disease progression leading to atheroma formation in the implanted arteries or veins which then become stenotic or blocked. This is termed 'diseased graft' or 'occluded graft'. It may also be a complication of the graft (ie acute graft failure) attributable to graft kinking/overstretching, acute graft thrombosis, embolisation of atherosclerotic debris or anastomotic stenosis.

Code assignment for occlusion of CABG should be guided by the documentation in the clinical record:

- If it is clear from the documentation that occlusion of a CABG is due to atherosclerosis, assign I25.12 *Atherosclerotic heart disease of autologous bypass graft* or I25.13 *Atherosclerotic heart disease of nonautologous bypass graft.*
- If the documentation specifies that the occluded CABG is caused by a complication of the graft eg acute graft thrombosis, assign T82.82 <u>Embolism and thrombosis following</u> <u>insertion of</u> <u>Other specified complication of</u> cardiac and vascular prosthetic devices, implants and grafts. Additional codes such as I24.0 Coronary thrombosis not resulting in myocardial infarction should also be assigned to provide further specification of the condition.

• If occlusion of a CABG is documented without further specification, clarification should be sought from the clinician. Where this is not possible, assign I25.12 *Atherosclerotic heart disease of autologous bypass graft* or I25.13 *Atherosclerotic heart disease of nonautologous bypass graft*.

0934 CARDIAC AND VASCULAR REVISION/REOPERATION PROCEDURES

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REOPERATION (REDO) CABGS

Disease classification

The primary reason for CABG reoperation is the development of atherosclerosis in the previous bypass grafts or native coronary arteries, causing significant stenosis or occlusion. Other causes for reoperation may include graft failure from technical problems, acute graft thrombosis etc.

- Assign I25.12 Atherosclerotic heart disease of autologous bypass graft or I25.13 Atherosclerotic heart disease of nonautologous bypass graft when it is a repeat CABG on the previous bypass grafts. In this instance, it is not necessary to assign Z95.1 Presence of aortocoronary bypass graft as an additional diagnosis.
- If the previous bypass grafts are patent and viable, and the surgery is being performed to bypass diseased native vessels, assign I25.11 *Atherosclerotic heart disease of native coronary artery* together with Z95.1 *Presence of aortocoronary bypass graft.*
- If the reason for revision is due to a complication of the graft, assign <u>an appropriate code</u> <u>from T82.8-</u> Other specified complication of cardiac and vascular prosthetic devices, implants and grafts. Additional codes such as I24.0 Coronary thrombosis not resulting in myocardial infarction should also be assigned to provide further specification of the condition.

0936 CARDIAC PACEMAKERS AND IMPLANTED DEFIBRILLATORS

CLASSIFICATION

Permanent pacemakers and defibrillators

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Complications of the pacemaker or defibrillator system are assigned codes:

- T82.1 *Mechanical complication of cardiac electronic device* includes malfunctioning pacemaker, defibrillator, electrodes or leads, lead fracture or electrode or lead dislodgement.
- T82.71 Infection and inflammatory reaction due to other_cardiac electronic deviceand vascular devices, implants and grafts

includes infected pacemaker or defibrillator (pocket) or infection due to lead or electrodes.

T82.8- Other <u>specified</u> complications of cardiac and vascular prosthetic devices, implants and grafts

includes haematoma of the pacemaker or defibrillator pocket or site, wound haematoma or seroma due to pacemaker or defibrillator insertion or replacement, and pacemaker or defibrillator eroded through the pocket site.

Pacemaker syndrome may occur in patients with a ventricular pacemaker. The syndrome displays a range of functional disturbances including decreased cardiac output, cardiomegaly, loss of atrial ventricular synchrony and left bundle branch block. The syndrome is caused by the presence of the pacemaker, not a complication of the device. For pacemaker syndrome assign 197.1 *Other functional disturbances following cardiac surgery*.

Pacemaker or defibrillator status should be assigned code Z95.0 *Presence of cardiac device* except when the pacemaker requires adjustment or management during the episode of care (when Z45.0 *Adjustment and management of cardiac device* or a complication of cardiac device code should be assigned instead of the status code). Patients with a pacemaker or defibrillator in situ require additional care at the time of procedural interventions, and therefore Z95.0 *Presence of cardiac device* should be coded for all procedural cases.

0940 ISCHAEMIC HEART DISEASE

6. CHRONIC ISCHAEMIC HEART DISEASE (125)

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Coronary artery dissection (I25.4)

Coronary artery dissection may occur spontaneously or as a complication during angioplasty. For example, during coronary atherectomy the guide wire may be wedged into the wall of blood vessel, resulting in mechanical trauma to the inner layer of the coronary artery. Or during balloon angioplasty the force created by the balloon exceeds the elastic threshold of the blood vessel, causing an internal split. The occurrence of coronary artery dissection during angioplasty is considered to be related to the use of cardiac and vascular devices.

Classification

Spontaneous or unspecified coronary artery dissection is classified to I25.4 *Coronary artery aneurysm and dissection*.

If coronary artery dissection occurs during angioplasty, assign T82.8 Other specified complication T82.85 Vascular dissection following insertion of cardiac and vascular prosthetic devices, implants and grafts. Assign 125.4 Coronary artery aneurysm and dissection as an additional code to provide further specificity.

As the dissection occurred intra operatively, assign Y65.8 Other specified misadventures during surgical and medical care and Y92.22 Health service area (see also ACS 1904 Procedural complications/Classification of external causes of procedural complications/misadventure).

0941 ARTERIAL DISEASE

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4. EMBOLISM

Embolism is a clot of foreign material, most often a blood clot (eg from the atrium) which has broken off and lodged in a smaller vessel. Embolism can occur without atherosclerosis. Therefore, if the diagnosis documented is 'embolism', it cannot be assumed that atherosclerosis is present. However, atheroembolism is a piece (clot) of atheromatous plaque or thrombotic material usually adherent to the plaque, which has broken off and lodged in a vessel, causing obstruction. Therefore, atheroembolism implies the presence of atherosclerosis, with an acute obstruction caused by the loose piece of plaque.

Embolism may also occur during or after a cardiovascular procedure where blood clots or ruptured plaques occlude the arterial lumen, causing acute embolic occlusion.

Classification

If embolism of a coronary artery is documented (and the patient has not progressed to myocardial infarction), assign I24.0 *Coronary thrombosis not resulting in myocardial infarction*. In the latter case where the patient progresses to myocardial infarction, assign an appropriate code from category I21 *Acute myocardial infarction*. The presence of atherosclerosis (for example in atheroembolism) where documented should also be indicated by an additional diagnosis code from category I25.1- *Atherosclerotic heart disease*.

Atheroembolism requires a code for embolism as above and an additional diagnosis code from category I25.1- *Atherosclerotic heart disease*.

Embolisms of other sites are coded as indicated by the Alphabetic Index of Diseases, eg femoral, iliac – category I74 *Arterial embolism and thrombosis*; renal – N28.0 *Ischaemia and infarction of kidney*.

Where embolism is documented as a complication of the initial surgery, assign T82.82 <u>Embolism and thrombosis following insertion</u> Other specified complications of cardiac and vascular prosthetic devices, implants and grafts. Additional codes such as 174.3 Embolism and thrombosis of arteries of lower extremities should also be assigned to provide further specification of the condition.

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11. THROMBOSIS

Thrombosis is often the end point in atherosclerosis progression when a blood clot (thrombus) forms on the plaque's surface causing obstruction. Thrombosis of a bypass graft is generally due to natural disease progression, resulting in stenosis of the graft. However, it may be a complication of the initial procedure, eg acute graft thrombosis associated with a coronary artery bypass graft.

Classification

If thrombosis of a coronary artery is documented (and the patient has not progressed to myocardial infarction), assign I24.0 *Coronary thrombosis not resulting in myocardial infarction*. In the same case as above, but where the patient progresses to myocardial infarction, assign a code from category I21 *Acute myocardial infarction*.

Thrombosis of other arteries should be assigned codes in accordance with the Alphabetic Index of Diseases.

Where thrombosis is documented as a complication of the initial surgery, assign T82.82 <u>Embolism and thrombosis following insertion</u> Other specified complications of cardiac and vascular prosthetic devices, implants and grafts. Additional codes such as 124.0 Coronary thrombosis not resulting in myocardial infarction should also be assigned to provide further specification of the condition.

1204 PLASTIC SURGERY

EXAMPLE 5:

Removal of breast implants performed under GA following chronic infections.

Codes:	T85.7 <mark>85</mark>	Infection an	nd inflammatory reaction due to breast prostheses and implants other
	internal pr	osthetic devi	ces, implants and grafts
	Y83.1	Surgical op	eration with implant of artificial internal device
	Y92.2 <mark>2</mark> 3	Place of oce	<u>currence, Hhealth service area, not specified as this facility</u>
	45548-00 [[1758]	Removal of breast prosthesis
	45548-00 [[1758]	Removal of breast prosthesis
	92514-99 [[1910]	General anaesthesia, ASA 9, nonemergency

1436 ADMISSION FOR TRIAL OF VOID

Some patients are discharged with a catheter in situ, generally postoperatively following a bladder or prostate procedure. Patients are then readmitted for trial of void, to see if they can void without a catheter. The catheter is removed and the patient tries to void. If the trial of void is unsuccessful, the patient is recatheterised, and a further trial will take place at a later date.

Code trial of void as follows:

ADMISSION FOR TRIAL OF VOID: POSTOP - SUCCESSFUL

Principal diagnosis:	Z46.6 <i>Fitti</i>	ng and adjustment of urinary device
Additional diagnosis:	Z48.8 Othe	er specified surgical follow up care
*Procedure:	36800-03 [1090	D] Endoscopic removal of indwelling urinary
	catheter OR	
	92119-00 [1902	2] <i>Removal of other urinary drainage device</i>

ADMISSION FOR TRIAL OF VOID: POSTOP - UNSUCCESSFUL

Principal diagnosis:	<u>Z46.6</u>	Fitting a	nd adjustment of urinary device
Additional diagnoses:	<u>N99.8</u>	Other p	ostprocedural disorders of genitourinary system
	R33	Retention	n of urine
	<u>Y83.</u>	Surgical	operation and other surgical procedures as the
	cause of a	ibnormal	reaction of the patient, or of later complication,
	without m	ention of	misadventure at the time of the procedure
	<u>Y92.22</u>	Place of	occurrence, health service area
*Procedure:	36800-03	[1090]	Endoscopic removal of indwelling urinary
catheter,			-AND
	36800-00	[1090]	Bladder catheterisation
			- OR
	92119-00	[1902]	Removal of other urinary drainage device,
			AND
ADMISSION FOI		[1090]	-Bladder catheterisation
	R TRIAL	[1090] . OF VC	-Bladder catheterisation
Principal diagnosis:	<mark>R TRIAL</mark> Z46.6	[1090] . OF VC <i>Fitting a</i>	Bladder catheterisation DID: NON POSTOP – SUCCESSFU md adjustment of urinary device
	R TRIAL Z46.6 - 36800 03	[1090] . OF VC <i>Fitting a</i> [1090]	-Bladder catheterisation
Principal diagnosis:	R TRIAL - Z46.6 - 36800 03 catheter ([1090] • OF VC • <i>Fitting a</i> [1090] • JR	Bladder catheterisation DID: NON POSTOP – SUCCESSFU and adjustment of urinary device Endoscopic removal of indwelling urinary
Principal diagnosis:	R TRIAL - Z46.6 - 36800 03 catheter ([1090] • OF VC • <i>Fitting a</i> [1090] • JR	Bladder catheterisation DID: NON POSTOP – SUCCESSFU md adjustment of urinary device
Principal diagnosis: *Procedure:	R TRIAL 	[1090] • OF VC • <i>Fitting a</i> [1090] • CR • [1902]	Bladder catheterisation DID: NON POSTOP – SUCCESSFU and adjustment of urinary device Endoscopic removal of indwelling urinary
Principal diagnosis: *Procedure:	R TRIAL 246.6 36800 03 <i>catheter</i> (92119 00 R TRIAL	[1090] • OF VC • <i>Fitting a</i> [1090] • CR • [1902]	Bladder catheterisation DID: NON POSTOP – SUCCESSFU and adjustment of urinary device Endoscopic removal of indwelling urinary Removal of other urinary drainage device
Principal diagnosis: *Procedure: ADMISSION FOI UNSUCCESSFU	R TRIAL 246.6 36800 03 <i>catheter</i> (92119 00 R TRIAL	[1090] . OF VC . Fitting a [1090] . OF VC . OF VC	Bladder catheterisation DID: NON POSTOP – SUCCESSFU and adjustment of urinary device Endoscopic removal of indwelling urinary Removal of other urinary drainage device
Principal diagnosis: *Procedure: ADMISSION FOI UNSUCCESSFU	R TRIAL 	[1090] OF VC Fitting a [1090] OR [1902] OF VC Fitting a	<i>Bladder catheterisation</i> DID: NON POSTOP – SUCCESSFU and adjustment of urinary device Endoscopic removal of indwelling urinary Removal of other urinary drainage device DID: NON POSTOP – and adjustment of urinary device
Principal diagnosis: *Procedure: ADMISSION FOI UNSUCCESSFU Principal diagnosis:	R TRIAL - 246.6 - 36800 03 <i>catheter</i> (- 92119 00 R TRIAL - 246.6 	[1090] OF VC <i>Fitting a</i> [1090] OR [1902] OF VC <i>Fitting a</i> <i>Retentio</i>	Bladder catheterisation DID: NON POSTOP – SUCCESSFU and adjustment of urinary device Endoscopic removal of indwelling urinary Removal of other urinary drainage device DID: NON POSTOP – and adjustment of urinary device

36800 00 [1090] Bladder catheterisation

----OR

AND

*These procedures would not normally be coded (see ACS 0042 *Procedures normally not coded*) but they are relevant in these circumstances and are therefore included.

Note: Following a number of unsuccessful admissions for trial of void, a patient may then be referred on for bladder retraining in which case ACS 1433 *Bladder retraining* applies.

1902 ADVERSE EFFECTS

RADIOTHERAPY TREATMENT

Classification

If the manifestation of the effect of radiotherapy is unspecified, assign code T66 *Unspecified effects of radiation*, together with the appropriate external cause codes.

Where a condition arises due to radiation/radiotherapy incorrectly administered during medical care, assign a code which best describes the condition, as outlined in Examples 1 and 2, together with one of the following external cause codes, as appropriate:

Y63.2 Overdose of radiation given during therapy

Y63.3 Inadvertent exposure of patient to radiation during medical care

Y78.- Radiological devices associated with misadventureunintentional event

1904 PROCEDURAL COMPLICATIONS

OVERVIEW

Conditions may arise during or in the period following a procedure. Some of these are considered to be 'procedural complications' while others are not. Qualifying terms such as 'intraoperative', 'postoperative' or 'postprocedural' may be documented in the clinical record, however these terms may only refer to the timing of an event that occurred during, or after, the procedure. Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria:

- Documentation clearly states that the condition arose as a complication of the procedure (the terms 'secondary to' or 'due to' infer a causal relationship in contrast to terms such as 'postop', 'following' or 'associated with') (see Examples 1 and 2)
- Certain conditions where the relationship is inherent in the diagnosis (eg infection or bleeding of a surgical wound, stoma or anastomosis, wound dehiscence, transfusion related acute lung injury)
- Conditions classified to T82-T85 for complications related to prosthetic devices, grafts or implants (eg mechanical complications, haematoma, pain, stenosis following insertion of prosthetic devices) (see Example 3).

For a medical condition occurring during or following insertion of prosthetic devices but not classified to T82-T85, see *Intraoperative/postoperative medical conditions* below

• Conditions that are a direct consequence of a procedure, resulting in an unintended injury or illness (eg accidental puncture or laceration of an organ/structure during a procedure, retained instruments or swabs, mismatched blood used in transfusion) (see Example 7).

Intraoperative/postoperative medical conditions

Some conditions, especially medical conditions commonly seen intraoperatively and in the postoperative period, are not solely related to the procedure performed, but are related to the complex interaction between the disease process and the procedure (that is, the cause of the condition is multifactorial). These conditions are **not** classified as procedural complications unless the causal relationship is clearly documented as per dot point one above. Assign

<u>code(s) for these conditions in accordance with ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* (see Examples 4, 5 and 6). Examples of such medical conditions are:</u>

- cardiovascular: acute myocardial infarction, arrhythmia, cardiac arrest, deep venous thrombosis, heart failure, hypotension, hypertension, pulmonary embolism
- digestive: bowel obstruction/ileus/impaction, constipation, liver failure/impairment, nausea, vomiting
- endocrine and metabolic: electrolyte imbalances
- genitourinary: acute kidney impairment/injury, ureteric colic, urinary retention
- infectious disease: sepsis not related to postoperative wound infection or prosthetic device related infections
- neurological: epilepsy, seizure, stroke
- respiratory: acute respiratory failure, atelectasis, chest infection, pneumonia, pulmonary insufficiency, respiratory arrest

Routine postoperative care

Some conditions that develop postoperatively are considered as natural or expected events and are not necessarily complications of clinical care (ie they are not considered significant as per the criteria in ACS 0002 Additional diagnoses).

Routine postoperative care includes:

- prescribing analgesic medication (eg for pain in the operative site)
- wound cleansing, elevation, application of ice or other care for minor wound problems
 (eg swelling, wound ooze, serous exudate and erythema (redness) of skin surrounding the wound)
- re-siting or removing intravenous cannulas or other care for minor catheter related conditions (eg slowing or stopping of the infusion, oedema, redness and/or tissuing at the insertion site, taut or stretched skin, leaking or dislodged intravenous catheter without infection or major tissue damage, or when a catheter/device is inadvertently or intentionally removed requiring replacement)
- monitoring or dressing or other care of drainage tubes, stomas or other devices.

Care beyond routine intraoperative/postoperative care

These conditions are **only** be assigned as procedural complications when there is documentation of care or management that is significantly beyond routine care (see Example 8). Care that is in excess of routine in the postoperative period (ie meeting the criteria in ACS 0002 *Additional diagnoses*) may include:

- consultation/treatment by a clinician resulting in a change of management
- application of vacuum dressing or other specialised dressing/device, which is not previously required, to replace a conventional dressing
- unexpected or unplanned return to theatre (eg for wound exploration, debridement)
- commencement of antibiotics eg for purulent (pussy) exudate or discharge
- treatment that delays discharge.

For classification advice on effects of radiation/radiotherapy or adverse effect of drugs, please refer to ACS 1902 *Adverse effects*.

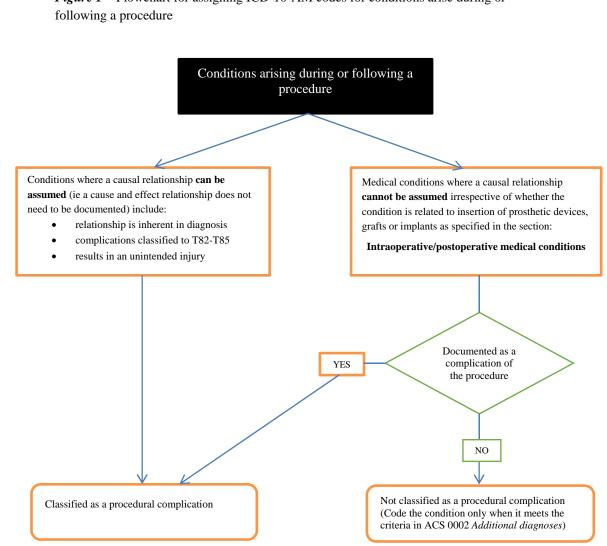


Figure 1 - Flowchart for assigning ICD-10-AM codes for conditions arise during or



EXAMPLE 1:

Patient admitted with persistent abdominal pain following laparoscopic Nissen fundoplication performed one month ago. Progress notes documented 'adhesional small bowel obstruction secondary to laparoscopic Nissen

Codes: (2) K91.89 Other intraoperative and postprocedural disorders of digestive system, not elsewhere (2) K56.5 Intestinal adhesions [bands] with obstruction

This example is coded as a procedural complication as the causal relationship between small bowel obstruction

EXAMPLE 2:

Patient admitted for laparoscopic Nissen fundoplication for hiatal hernia. The patient complains of persistent abdominal pain postoperatively. Progress notes documented 'SBO (small bowel obstruction), laparoscopic Nissen fundoplication three days ago, for conservative treatment'.

 Codes:
 (2) K44.9 Diaphragmatic hernia without obstruction or gangrene

 (1) K56.6 Other and unspecified intestinal obstruction

This example is not coded as a procedural complication as a causal relationship between the SBO and surgery has not been documented. SBO is commonly seen intraoperatively and the cause of the condition is multifactorial, therefore, the causal relationship cannot be assumed unless it is explicitly documented.

EXAMPLE 3:

Six months post mastectomy and breast reconstruction, the silicone breast implant is noted to be displaced. The implant is replaced.

Codes: (2) T85.4 Mechanical complication of breast prostheses and implants

The example is coded as a procedural complication as the condition is a mechanical complication of prosthetic device that is classified to T82–T85 (ie the causal relationship can be assumed).

EXAMPLE 4:

Patient readmitted with deep venous thrombosis (DVT) following a hip replacement one week ago.

Codes: (2) I80.20 Phlebitis and thrombophlebitis of deep vessels of lower extremities, not elsewhere classified

Although DVT occurred following insertion of a prosthetic device, DVT is not classified to T82-T85 <u>Complications of prosthetic devices, implants and grafts.</u> The cause of the condition is multifactorial, therefore, the causal relationship cannot be assumed unless it is explicitly documented.

EXAMPLE 5:

Patient suffered a stroke on the second day post insertion of a femoral prosthesis for osteoarthritis of hip.

Codes: (2) M16.1 Other primary coxarthrosis

(1) I64 Stroke, not specified as haemorrhage or infarction

Although stroke occurred following insertion of a prosthetic device, it is not classified to T82-T85 *Complications of prosthetic devices, implants and grafts.* Therefore, it should not be coded as a procedural complication as the causal relationship between the condition and the procedure is not documented.

EXAMPLE 6:

Patient with sick sinus syndrome admitted for insertion of a dual chamber permanent pacemaker. Patient suffered a stroke during insertion of transvenous electrodes and stroke is documented as being due to the pacemaker lead insertion.

Codes: (2) I49.5 Sick sinus syndrome

(1) T82.89 Other specified complications of cardiac and vascular prosthetic devices, implants and grafts

(1) I64 Stroke, not specified as haemorrhage or infarction

The condition is classified as a procedural complication as the causal relationship between stroke and the prosthetic device is documented. The condition is classified to T82.89 as there is no specific code for stroke following insertion of cardiac and vascular prosthetic device. I64 is assigned to provide specificity.

EXAMPLE 7:

A patient admitted following a motorcycle accident for an urgent exploratory laparotomy and splenectomy for splenic rupture. During the surgical count a sponge was missing, the wound was re-explored and the sponge removed.

Codes: (2) S36.04 Massive parenchymal disruption of spleen

(1) T81.5 Foreign body accidentally left in body cavity or operation wound following a procedure

<u>The condition is coded as a procedural complication as a foreign body left in the operation wound is classified</u> to T82 –T85 (ie the causal relationship can be assumed).

EXAMPLE 8:

Wound ooze from an abdominal incision site. The dressing from the abdominal wound was removed and a new dressing was applied with no further oozing reported.

No code is assigned in this example as change of dressing for wound ooze is considered routine postprocedural care.

CLASSIFICATION OF PROCEDURAL COMPLICATIONS (DIAGNOSIS CODES)

ICD-10-AM classifies procedural complications in two sections:

Complications classified to specific body system chapters:

E89 Intraoperative and postprocedural disorders of endocrine and metabolic system, not elsewhere classified

<u>G97 Intraoperative and postprocedural disorders of nervous system, not elsewhere classified</u> <u>H59 Intraoperative and postprocedural disorders of eye and adnexa, not elsewhere classified</u> <u>H95 Intraoperative and postprocedural disorders of ear and mastoid process, not elsewhere</u> <u>classified</u>

<u>197 Intraoperative and postprocedural disorders of circulatory system, not elsewhere</u> <u>classified</u>

<u>J95 Intraoperative and postprocedural disorders of respiratory system, not elsewhere</u> <u>classified</u>

K91 Intraoperative and postprocedural disorders of digestive system, not elsewhere classified M96 Intraoperative and postprocedural disorders of musculoskeletal system, not elsewhere classified

<u>N99 Intraoperative and postprocedural disorders of genitourinary system, not elsewhere</u> <u>classified</u>

Complications classified to T80-T88:

T80–T88 Complications of surgical and medical care, not elsewhere classified

As procedural complications may be classified to any of the above categories, the following rules apply:

Where a complication is related to a prosthetic device, implant or graft, assign T82-T85 *Complications of prosthetic devices, implants and grafts,* except where directed by an *Includes* note or the Alphabetic Index, for example:

- disruption of operation wound (T81.3)
- wound infection (superficial) (T81.4) (see also *Postprocedural wound infection* below)
- foreign body accidentally left in body cavity or operation wound (T81.5)
- acute reaction to foreign substance accidentally left during a procedure (T81.6)
- failure and rejection and other complications of transplanted organs and tissues (T86.-)

<u>Note:</u> Condition onset flag (COF), external cause and ACHI codes are not included in these examples.

EXAMPLE 9:

A postoperative haematoma developed five days after a total knee replacement.

 Codes:
 T84.81
 Haemorrhage and haematoma following insertion of internal orthopaedic prosthetic

 devices, implants and grafts

EXAMPLE 10:

A postoperative wound dehiscence developed on the fourth day post pacemaker implantation.

Codes: T81.3 Disruption of operation wound, not elsewhere classified

A postoperative wound dehiscence associated with insertion of an implant is classified to T81.3.

An additional code from Chapters 1 to 19 may be assigned where it provides further specificity.

as to caus		a patient who is on continuous ambulatory peritoneal dialysis without further specification
Codes:	T85.71	Infection and inflammatory reaction due to peritoneal dialysis catheter
	K65.0	Acute peritonitis
EXAMP	<u>LE 12:</u>	
<u>Dysphag</u>	ia secondary	y to laparoscopic adjustable gastric banding (LAGB).
Codes:	<u>T85.82</u>	Other complications following insertion of gastrointestinal prosthetic devices, implants <u>and grafts</u>
	<u>R13</u>	<u>Dysphagia</u>
The cond	lition is clas	phagia is classified as a procedural complication as the causal relationship is documented. sified to T85.82 as there is no specific code for dysphagia following insertion of thetic device. R13 is assigned to provide specificity.
<u>The cond</u> gastrointe	lition is clas estinal prost	sified to T85.82 as there is no specific code for dysphagia following insertion of
The cond gastrointe Where a • it is	lition is clas estinal prost condition is	sified to T85.82 as there is no specific code for dysphagia following insertion of thetic device. R13 is assigned to provide specificity.
The cond gastrointe Where a • it is listee • the c	lition is clas estinal prost condition is related to a d above	sified to T85.82 as there is no specific code for dysphagia following insertion of thetic device. R13 is assigned to provide specificity.
The cond gastrointe Where a it is listed the c T81 EXAMP	condition is condition is related to a d above complication or T86-T88	 sified to T85.82 as there is no specific code for dysphagia following insertion of thetic device. R13 is assigned to provide specificity. a not related to a prosthetic device, implant or graft and: body system, assign an appropriate code from the body system chapter a not related to a body system, assign an appropriate code from T80-
The cond gastrointe Where a it is listed the c T81 EXAMP	condition is clas estinal prost condition is related to a d above complication or T86-T88 LE 13: gastrostomy	 sified to T85.82 as there is no specific code for dysphagia following insertion of thetic device. R13 is assigned to provide specificity. a not related to a prosthetic device, implant or graft and: body system, assign an appropriate code from the body system chapter a not related to a body system, assign an appropriate code from T80-
The cond gastroints Where a • it is listed • the c T81 EXAMP Leaking Codes:	condition is class estinal prost condition is related to a d above complication or T86-T88 LE 13: gastrostomy K91.43	 sified to T85.82 as there is no specific code for dysphagia following insertion of thetic device. R13 is assigned to provide specificity. a not related to a prosthetic device, implant or graft and: body system, assign an appropriate code from the body system chapter a not related to a body system, assign an appropriate code from T80- a tube.

Wound infection in cholecystectomy scar, five days postoperatively, requiring antibiotic treatment.

<u>Code: T81.4 Wound infection following a procedure, not elsewhere classified</u>

	N82.3	Other intraoperative and postprocedural disorder of genitourinary system Fistula of vagina to large intestine
EXAMPLE	<u>C 16:</u>	
<u>A patient ex</u>	periences sl	houlder pain following intrauterine device (IUD) insertion and laparoscopy. The
clinician con	nfirms that s	shoulder pain is due to laparoscopy and the patient's stay is extended until the pain
esolves.		
Codes:	T81.83	Pain following a procedure, not elsewhere classified
coucs.	101.05	Tun jouowing a procedure, not eisewhere classified
	M25.51	Pain in joint, shoulder region
	M25.51	Pain in joint, shoulder region
_		Pain in joint, shoulder region is assigned rather than T83.83 Pain following insertion of genitourinary prosthetic

CLASSIFICATION OF EXTERNAL CAUSES OF PROCEDURAL COMPLICATIONS

The following categories in ICD-10-AM list external cause codes for specific types of procedural complications; unintentional events and sequelae:

• Y60–Y69 Unintentional events during surgical and medical care

• Y70–Y82 Medical devices associated with unintentional events in diagnostic and therapeutic use

• Y83–Y84 Surgical and other medical procedures as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure

• Y88 Sequelae with surgical and medical care as external cause

External cause codes

An external cause code from Y83-Y84 is assigned to describe the type of procedure causing a complication irrespective of whether the complication is noted during or after the procedure and no unintentional event has occurred.

EXAMP	P <u>LE 17:</u>	
Stone sp	ill from the gal	lbladder during cholecystectomy.
Codes:	K91.89	Other intraoperative and postprocedural disorders of digestive system, not elsewhere <u>classified</u>
	<u>Y83.6</u>	Removal of other organ (partial) (total)
	<u>Y92.24</u>	Place of occurrence, health service area, this facility

An external cause code from Y60–Y69 or Y70–Y82 (instead of Y83-Y84) is assigned only when there is documentation of harm resulting from an unintentional event during the provision of care (see also *Unintentional event* below).

See Sequelae section for advice on assignment of Y88 Sequelae with surgical and medical care as external cause.

Place of occurrence

A place of occurrence code is mandatory for procedural complications and **must relate to where the external cause occurred** not where the adverse effect occurred. For example, although a postoperative wound infection may not manifest until after the patient is discharged, an appropriate place of occurrence code (Y92.23 or Y92.24) for *health service area* is assigned as the procedure (external cause) originated in the hospital setting. The place of occurrence code does not relate to where the wound infection manifested (in this case, outside the hospital), but rather to where the external cause of the complication (ie the procedure) originally occurred.

EXAMPLE 18:

A patient is readmitted with a post cholecystectomy wound infection. The procedure was performed five days ago at another hospital.

Codes:	T81.4	Wound infection following a procedure, not elsewhere classified
	Y83.6	Removal of other organ (partial)(total)
	Y92.23	Place of occurrence, health service area, not specified as this facility

A place of occurrence for health service area is classified to:

<u>Y92.23 Place of occurrence, health service area, not specified as this facility **OR**</u> <u>Y92.24 Place of occurrence, health service area, this facility</u>

Y92.23 is assigned when the health service is not known/stated (unspecified) or is specified as another facility. Y92.24 is assigned when the health service is specified as/known to be 'this facility'. The term 'this facility' includes satellite units managed and staffed by the same health care provider. These units may be located on the hospital campus or off the hospital

campus and treat movements of patients between sites as ward transfers (METeOR 404245, Australian Institute of Health and Welfare, 2016).

OBSTETRIC PROCEDURAL COMPLICATIONS

<u>Chapter 15 Pregnancy, childbirth and the puerperium lists a number of codes that include the procedural complication.</u>

EXAMPLE 19: Haematoma of caesarean section wound.

Code: O90.2 Haematoma of obstetric wound

<u>Conditions that arise following obstetric surgery/procedures (including delivery), that are not</u> classified to a code in Chapter 15 are classified as per the guidelines in this standard.

EXAMPLE 20:

Cardiac arrest following caesarean section; successfully resuscitated.

Codes: Applicable codes from Chapter 15 for the delivery episode

I46.0 Cardiac arrest with successful resuscitation

EXAMPLE 21:

Patient diagnosed with Mendelson's syndrome due to aspiration of gastric contents during caesarean section under general anaesthesia.

Codes:	Applicabl	e codes from Chapter 15 for the delivery episode
	J95.4	Mendelson's syndrome
	W78	Inhalation of gastric contents
	Y48.2	Other and unspecified general anaesthetics
	Y92.24	Place of occurrence, health service area, this facility

The majority of codes in Chapter 15 relating to procedural complications do not require an additional external cause code as the concept is included within the ICD-10-AM code (see also ACS 2001 *External cause code use and sequencing*).

EXAMPLE 22:

Wound infection following lower segment caesarean section.

Code: O86.0 Infection of obstetric surgical wound

However, an external cause code may be assigned in addition to a code from Chapter 15 to provide further specificity.

EXAMPLE 23:

During caesarean section, the initial incision extended into the upper cervix resulting in cervical laceration requiring repair.

Codes:	071.3	Obstetric laceration of cervix
	Y60.0	Unintentional cut, puncture, perforation or haemorrhage, during surgical and medical
		care, during surgical operation
	Y92.24	Place of occurrence, health service area, this facility

UNINTENTIONAL EVENT(S)

An unintentional event (previously termed misadventure) is defined as injury or harm caused during medical or surgical care. An unintentional event may be identified at the time of the procedure or after completion of the procedure. Examples of unintentional events include:

- foreign body accidently left during a procedure
- infusion of contaminated medical or biological substances
- mismatched blood used in transfusion
- failure of sterile precautions during surgical and medical care
- inadvertent exposure of patient to radiation
- unintentional cut, puncture, perforation during surgical and medical care.

The conditions listed above must meet the criteria in either ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* in order to assign a code for an unintentional event.

An external cause code from Y60–Y69 or Y70–Y82 is assigned only when there is documentation of:

• an injury during the provision of care OR

• harm that resulted from an unintentional event during the provision of care

EXAMPLE 24:

Cystoscopy with diathermy for trigonitis. The distal urethra was accidentally lacerated during the procedure and repaired with sutures.

 Codes:
 N30.3
 Trigonitis

 N99.64
 Accidental puncture and laceration of urethra during a procedure

 Y60.4
 Unintentional cut, puncture, perforation or haemorrhage during surgical and medical care, during endoscopic examination

 Y92.24
 Place of occurrence, health service area, this facility

EXAMP	<u>PLE 25:</u>	
Laparosc	opic cholec	ystectomy for gallbladder calculus and acute cholecystitis. A deep tear in segment 5 of the
liver occ	urred during	the dissection of the gallbladder from the fossa. Bleeding ceased following firm packing
with Sur	gicel.	
Codes:	K80.00	Calculus of gallbladder with acute cholecystitis, without mention of obstruction
	K91.65	Accidental puncture and laceration of liver during a procedure
	Y60.4	Unintentional cut, puncture, perforation or haemorrhage during surgical and medical
		care, during endoscopic examination
	Y92.24	Place of occurrence, health service area, this facility

EXAMPLE 26:

A small intraoperative serosal tear in the ileum during dissection of the ileum from the uterus due to extensive peritoneal adhesions. The tear was not sutured and the patient suffered no adverse effect during the remainder of the episode of care.

Codes: N73.6 *Female pelvic peritoneal adhesions*

The serosal tear is not coded as it does not meet the criteria for assignment in ACS 0002 Additional diagnoses.

SEQUELAE

<u>A sequela of a complication is a current condition that is the result of a previously occurring procedural complication.</u>

Two codes are required to classify sequelae of procedural complications:

- a code for the residual condition or nature of the sequela (the current condition)
- T98.3 Sequelae of complications of surgical and medical care, not elsewhere classified

See also ACS 0008 Sequelae

EXAMPLE 27:

Ankylosis of hip from previous infection of orthopaedic internal fixation device.

Codes: M24	4.65	Ankylosis of joint, pelvic region and thigh
T98	3.3	Sequelae of complications of surgical and medical care, not elsewhere classified
Y88	8.3	Sequelae of surgical and medical procedures as the cause of abnormal reaction, or of
		later complication, without mention of unintentional events at the time of the procedure
Y92	2.23	Place of occurrence, health service area, not specified as this facility

INTRAVASCULAR CATHETER RELATED INFECTION/INFUSION OR TRANSFUSION RELATED INFECTION

Definition

Infections related to intravascular access may be described as a localised infection at the site of insertion or intravascular catheter related sepsis. Localised infections will be indicated by erythema, oedema, purulent discharge, pain and possibly pyrexia. Intravascular catheter related sepsis may occur if localised infection progresses.

Infusion/transfusion associated infection refers to the sudden onset of symptoms of blood stream infection after the initiation of infusion. This may be attributed to improper aseptic technique during the venepuncture where microorganisms are inadvertently introduced into the blood stream, or caused by the administration of contaminated blood products or intravenous (IV) fluid. Infusion/transfusion associated infection is characterised by fever, rigors, dyspnoea, hypotension etc. Severe infection may lead to septic shock or multiple organ failure.

Classification

- Intravenous catheter related infection or sepsis is classified to:
 - T82.74 Infection and inflammatory reaction due to central vascular catheter **OR**
 - T82.75 Infection and inflammatory reaction due to peripheral vascular catheter,
 - with a code for the specific condition, if known (eg cellulitis, sepsis)
- Infusion/transfusion related infection or sepsis is classified to:
- T80.2 Infections following infusion, transfusion and therapeutic injection, with a code for the specific condition, if known (eg sepsis).

See also ACS 0110 SIRS, sepsis, severe sepsis and septic shock.

POSTPROCEDURAL WOUND INFECTION

Definition

<u>A wound infection in a surgical wound is one from which purulent material drains or is</u> <u>obtained.</u>

Classification

Wound infection (superficial) is classified to T81.4 *Wound infection following a procedure, not elsewhere classified.*

EXAMPLE 28:

Postprocedural wound infection (superficial) following total hip replacement. No evidence of infected prosthesis.

<u>Co</u>	des:	T81.4	Wound infection following a procedure, not elsewhere classified
		Y83.1	Surgical operation with implant of artificial internal device
		Y92.23	Place of occurrence, health service area, not specified as this facilit

Where there is documentation that a postoperative infection is related to a prosthetic device, implant or graft, assign the relevant infection code from T82–T85.

EXAMPLE 29:

Patient had total hip replacement performed two months previously. Readmitted for pyogenic arthritis of hip due to infected hip prosthesis.

Codes:	T84.5	Infection and inflammatory reaction due to internal joint prosthesis
	M00.95	Pyogenic arthritis, unspecified, pelvic region and thigh
	Y83.1	Surgical operation with implant of artificial internal device
	Y92.23	Place of occurrence, health service area, not specified as this facility

OVERVIEW AND DEFINITION

Many conditions may arise during or in the period following a procedure. Some of these are considered to be 'procedural complications' while others are not. Examples of conditions that may occur include those that are:

- directly related to an intervention (eg (non)invasive procedures, surgery, anaesthesia, medication)
- a transient condition; a condition that occurs commonly after a procedure
- intimately related to the disease process
- resulting from lack of an intervention (eg failure to treat a condition)
- related to the complex interaction between the disease process and the intervention.

Qualifying terms such as 'intraoperative', 'postoperative' or 'postprocedural' may be documented in the clinical record to describe these conditions, however they should be assigned procedural complication codes **only** if they meet the following definition:

A condition or injury which is directly related to a surgical/procedural intervention.

Therefore, the terms 'postprocedural' or 'complication' should only be referred to in ICD-10-AM Alphabetic Index when the condition being coded meets this definition of a procedural complication.

If it cannot be determined whether a condition meets the definition of a procedural complication, it should not be coded as such. In these cases, assign a code(s) for the condition in accordance with ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*.

For classification advice on effects of radiation/radiotherapy, please refer to ACS 1902 *Adverse effects*.

EXAMPLE 1:

Postoperative atelectasis documented in clinical record and noted on chest x-ray results, two days following abdominal surgery. Resolved spontaneously without any treatment.

Decision: The atelectasis is not coded as it does not meet the criteria for either an additional diagnosis or a procedural complication.

EXAMPLE 2:

Acute urinary retention following bilateral inguinal hernia repair, requiring catheterisation. Patient also has benign prostatic hypertrophy.

Decision: It cannot be determined from the documentation whether the acute urinary retention was directly related to the surgery or is associated with the benign prostatic hypertrophy, therefore it is not coded as a procedural complication. However, a code is assigned for the condition as it meets the criteria for an additional diagnosis.

EXAMPLE 3:

Leakage of anastomosis between terminal ileum and transverse colon, following right hemicolectomy for caecal carcinoma. Subsequent laparotomy revealed a localised abscess which was drained.

Decision: The leaking anastomosis is directly related to the procedure and has resulted in the formation of an abscess. This meets the criteria to be coded as a procedural complication.

TYPES OF PROCEDURAL COMPLICATIONS

There are a number of terms used in ICD 10 AM to describe procedural complications and these generally relate to the timing of the complication.

Misadventure

A misadventure is defined as a complication occurring **during** medical or surgical care. It may be noted at the time of the procedure or after completion of the procedure.

EXAMPLE 4:

During the surgical count a sponge is missing, the wound has to be re explored and the sponge removed.

EXAMPLE 5:

A patient may not be recovering as expected following abdominal surgery and on subsequent laparotomy, a small nick of the bowel (accidental puncture during the initial procedure) is discovered and oversewn.

Postprocedural complications

A postprocedural complication is a complication which occurs or persists after the procedure and is not evident at the time of the procedure.

Sequelae

A sequela of a complication is a current condition that is the result of a previously occurring procedural complication.

EXAMPLE 6:

Muscle wasting as a result of nerve injury, which occurred during a procedure three years previously, would be classified as a sequela. However, displacement of an internal prosthetic device two years after the original surgery would be classified as a complication, as it is **not** the result of an earlier postprocedural complication.

CLASSIFICATION OF PROCEDURAL COMPLICATIONS (DIAGNOSIS CODES)

Note: External cause and ACHI codes are not included in these examples.

Procedural complications which meet the definition of either a misadventure or a postprocedural complication, require a diagnosis code from one of the following categories in ICD-10-AM:

- E89 Postprocedural endocrine and metabolic disorders, not elsewhere classified
- G97 Postprocedural disorders of nervous system, not elsewhere classified
- H59 Postprocedural disorders of eye and adnexa, not elsewhere classified
- H95 Postprocedural disorders of ear and mastoid process, not elsewhere classified
- 197 Postprocedural disorders of circulatory system, not elsewhere classified
- 395 Postprocedural respiratory disorders, not elsewhere classified
- K91 Postprocedural disorders of digestive system, not elsewhere classified
- M96 Postprocedural musculoskeletal disorders, not elsewhere classified
- N99 Postprocedural disorders of genitourinary system, not elsewhere classified
- T80 T88 Complications of surgical and medical care, not elsewhere classified.

As these two types of procedural complications may be classified to any of the above categories, it is essential that the Alphabetic Index be followed carefully in each case in order to assign the correct code.

Firstly, check the Alphabetic Index under the lead term which best describes the complication, for the subterm of 'procedural' or 'postprocedural'.

EXAMPLE 7:

Acute kidney failure due to exposure to nephrotoxins during surgery, requiring dialysis. ICD 10 AM Alphabetic Index

Failure, failed

-kidney N19

-- postprocedural N99.0

Code: N99.0 Postprocedural kidney failure

EXAMPLE 8:

Wound infection in cholecystectomy scar, five days postoperatively, requiring antibiotic treatment.

ICD 10 AM Alphabetic Index

Infection, infected (opportunistic) B99

- postprocedural wound T81.4

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

In some cases, rather than the generic term 'postprocedural', the subterm may directly describe the procedure involved.

EXAMPLE 9:

Severe headache due to confirmed cerebrospinal fluid leak following lumbar puncture.

ICD 10 AM Alphabetic Index

Leak, leakage

- cerebrospinal fluid G96.0

from spinal (lumbar) puncture G97.0

Codes: G97.0 Cerebrospinal fluid leak from spinal puncture

R51 Headache

An additional code from Chapters 1 to 19 should be assigned where it provides further specificity.

EXAMPLE 10:

Rectovaginal fistula due to previous low anterior resection, for rectal carcinoma.

ICD 10 AM Alphabetic Index

Fistula

- rectovaginal N82.3

postprocedural N99.8

 Codes:
 N99.8
 Other postprocedural disorders of genitourinary system

 N82.3
 Fistula of vagina to large intestine

If there is no specific subterm for 'procedural' or 'postprocedural' in the Alphabetic Index under the lead term, follow the look up for *Complication(s)*, followed by the relevant body system to which the complication pertains and then 'postprocedural'.

EXAMPLE 11:

Endophthalmitis from intraocular cataract surgery.

ICD 10 AM Alphabetic Index

Endophthalmitis - no subterm for postprocedural/postoperative

Complications (from) (of)



The lead term *Complication(s)* may also be followed by a subterm directly describing the type or nature of the complication.

EXAMPLE 12:

Cystoscopy for diathermy of trigonitis. At cystoscopy, the distal urethra was accidentally lacerated. The laceration was sutured during the cystoscopy. The patient suffered no adverse effect from the misadventure during the remainder of the episode of care.

ICD 10 AM Alphabetic Index

Complications (from) (of)

- accidental puncture or laceration during procedure T81.2

Codes: N30.3 Trigonitis

T81.2 Accidental puncture and laceration during a procedure, not elsewhere classified
S37.38 Injury of other part of urethra

Where the complication relates to a prosthetic device, implant or graft, such as a cardiac valve, look up the lead term *Complication(s)* and then by the device (if known and listed) or by the subterm of 'prosthetic device, implant or graft'.

EXAMPLE 13:

Patient with sick sinus syndrome admitted for insertion of a dual chamber permanent pacemaker with transvenous insertion of electrodes. Testing of the pacemaker during the procedure reveals a problem with the pulse generator which cannot be corrected via reprogramming. The pulse generator is replaced without further incident.

ICD 10 AM Alphabetic Index

Complications (from) (of)

- pacemaker (electrode) (pulse generator) T82.9

mechanical T82.1

Codes: I49.5 Sick sinus syndrome

T82.1 Mechanical complication of cardiac electronic device

EXAMPLE 14:

Six months after a breast reconstruction procedure post mastectomy, the silicone breast implant is noted to have become displaced. The implant is replaced.

ICD 10 AM Alphabetic Index

Complications (from) (of)

- breast implant (prosthetic) T85.9

mechanical T85.4

Code: T85.4 Mechanical complication of breast prosthesis and implant

Sequelae of procedural complications require two codes to describe the diagnostic component:

a code for the residual condition or nature of the sequela (the current condition)

• T98.3 Sequelae of complications of surgical and medical care, not elsewhere classified

EXAMPLE 15:

Chronic osteomyelitis of lower leg resulting from previous infection of orthopaedic internal fixation device.

ICD 10 AM Alphabetic Index

Sequelae (of) - see also condition

<u>complications (of)</u>

-surgical and medical care T98.3

Codes: M86.66 Other chronic osteomyelitis, lower leg

T98.3 Sequelae of complications of surgical and medical care, not elsewhere classified

Symptoms which meet the criteria of procedural complications

When a procedural complication is a symptom classifiable to Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified*, assign an appropriate chapter specific 'postprocedural disorder' code, followed by the code for the symptom and the appropriate external cause codes.

EXAMPLE 16:

Patient readmitted with dysphagia due to laparoscopic Nissen fundoplication one week ago. Balloon dilation of oesophagus performed with good results.

ICD 10 AM Alphabetic Index

Complications (from) (of)

digestive K92.9

When a symptom meets the criteria for a procedural complication and no link can be made to a particular postprocedural code, either because the relevant chapter does not have a postprocedural category or the symptom overlaps several body system chapters, assign T81.8 *Other complications of procedures, not elsewhere classified,* followed by the code for the symptom and the appropriate external cause codes.

CLASSIFICATION OF EXTERNAL CAUSES OF PROCEDURAL COMPLICATIONS (EXTERNAL CAUSE CODES)

Note: ACHI codes are not included in these examples.

The following separate categories in ICD 10 AM are for the external cause codes for specific types of procedural complications; misadventures, postprocedural complications and sequelae:

• Y60-Y69 Misadventures to patients during surgical and medical care

• Y70 Y82 Medical devices associated with misadventures in diagnostic and therapeutic use

- Y83–Y84 Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
- Y88 Sequelae with surgical and medical care as external cause

Place of occurrence

A place of occurrence code is mandatory for all procedural complications and it **must relate** to where the external cause occurred not where the adverse effect occurred. For example, although a postoperative wound infection may not manifest until after the patient is discharged, code Y92.22 *Place of occurrence, health service area* would still be assigned for place of occurrence as the procedure (external cause) took place in a hospital setting. The place of occurrence code does not relate to where the wound infection occurred (in this case, outside the hospital), but rather to where the external cause of the complication (ie the procedure) occurred.

Misadventure

A code from block Y60 Y69 *Misadventures to patients during surgical and medical care* should be assigned when the complication occurs during a procedure.

Refer to the lead term of *Misadventure* in the ICD 10 AM Index to External Causes of Injury, and then by the type of misadventure.

EXAMPLE 17:

Cystoscopy for diathermy of trigonitis. At cystoscopy, the distal urethra was accidentally lacerated. The laceration was sutured during the cystoscopy. The patient suffered no adverse effect from the misadventure during the remainder of the episode of care.

ICD 10 AM Index to External Causes of Injury

Misadventure(s) to patient(s) during surgical or medical care Y69

-cut, cutting, puncture, perforation or haemorrhage (accidental) (during) (inadvertent) (unintentional) Y60.9 -- endoscopic examination Y60.4

Codes:	<u>N30.3</u>	Trigonitis
	<u>T81.2</u>	Accidental puncture and laceration during a procedure, not elsewhere classified
	<u>\$37.38</u>	- Injury of other part of urethra
	<u>Y60.4</u>	Unintentional cut, puncture, perforation or haemorrhage during surgical and medical
		<i>care, during endoscopic examination</i>
	<u>Y92.22</u>	-Place of occurrence, health service area

EXAMPLE 18:

Colonoscopy and cautery of colonic polyps. During the procedure, the wall of the colon was perforated and the patient developed acute peritonitis.

ICD-10-AM Index to External Causes of Injury

Misadventure(s) to patient(s) during surgical or medical care Y69

Codes: K63.5 Polyp of colon

T81.2 Accidental puncture and laceration during a procedure, not elsewhere classified S36.50 Injury of colon, part unspecified



A code from block Y70 Y82 *Medical devices associated with misadventures in diagnostic and therapeutic use* should be assigned when the complication is directly caused by a device, prosthesis, implant or material and not by human intervention **and** the misadventure occurs and is noted at the time of the procedure.

Refer to the lead term of *Misadventure* in the ICD 10 AM Index to External Causes of Injury, and then 'due to device' and then by the type of device. The ICD 10 AM Tabular List must be referred to for the fourth character subdivision for these codes.

EXAMPLE 19:

Patient with sick sinus syndrome admitted for insertion of a dual chamber permanent pacemaker with transvenous insertion of electrodes. Testing of the pacemaker during the procedure reveals a problem with the pulse generator which cannot be corrected via reprogramming. The pulse generator is replaced without further incident.

Postprocedural complications

A code from block Y83 Y84 Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure should be assigned when the postprocedural complication occurs or persists after the procedure and is not evident at the time of the procedure.

Refer to the lead term of *Complication* in the ICD-10-AM Index to External Causes of Injury, then by the type of procedure performed.

EXAMPLE 20:

Six months after a breast reconstruction procedure post mastectomy, the silicone breast implant is noted to have become displaced. The implant is replaced.

ICD 10 AM Index to External Causes of Injury

Complication (delayed) (medical or surgical procedure) (of or following) Y84.9

- implant, implantation (of)

-artificial

Codes:	<u>T85.4</u>	- Mechanical complication of breast prosthesis and implant
	<u>Y83.1</u>	Surgical operation with implant of artificial internal device
	<u>¥92.22</u>	-Place of occurrence, health service area

EXAMPLE 21:

Wound infection in cholecystectomy scar, five days postoperatively.

ICD 10 AM Index to External Causes of Injury

Complication (delayed) (medical or surgical procedure) (of or following) Y84.9

- removal of organ (partial) (total) NEC Y83.6

Codes: T81.4 Wound infection following a procedure, not elsewhere classified Y83.6 Removal of other organ (partial) (total)

<u>Y92.22</u> Place of occurrence, health service area

Sequelae

A code from category Y88 *Sequelae with surgical and medical care as external cause* should be assigned when the complication is a current condition that is the result of a previously occurring procedural complication.

Refer to the lead term of *Sequelae* in the ICD 10 AM Index to External Causes of Injury, then by the type of previously occurring procedural complication.

EXAMPLE 22:

Chronic osteomyclitis of lower leg resulting from previous infection of orthopaedic internal fixation device.

ICD 10 AM Index to External Causes of Injury

Sequelae (of) Y89.9

- surgical and medical procedures as cause of abnormal reaction or later complication (classifiable to Y83– Y84)Y88.3

Codes: M86.66 Other chronic osteomyelitis, lower leg

T98.3 Sequelae of complications of surgical and medical care, not elsewhere classified

Y88.3 Sequelae of surgical and medical procedures as the cause of abnormal reaction of the patient, or

of later complication, without mention of misadventure at the time of the procedure Y92.22 Place of occurrence, health service area

READMISSION FOR TREATMENT OF PROCEDURAL/POSTPROCEDURAL COMPLICATIONS

The following guidelines apply:

- If documentation does not state that the condition arose as a complication of the initial surgery, only the condition is coded
- Where documentation clearly states that the condition arose as a complication of the initial surgery the condition should be coded as a procedural/post procedural complication

EXAMPLE 23:

Patient is admitted for pain due to previous tonsillectomy.

Codes:	T81.8	Other complications of procedures, not elsewhere classified
	<u>R07.0</u>	-Pain in throat
	<u></u>	-Removal of other organ (partial)(total)
	<u>Y92.22</u>	Place of occurrence, health service area

See also ACS 1807 Pain diagnoses and pain management procedures.

OBSTETRIC PROCEDURAL COMPLICATIONS

The majority of codes in Chapter 15 *Pregnancy, Childbirth and the Puerperium* relating to complications do not require an additional external cause code as the concept is bundled within the disease code.

EXAMPLE 24:

Severe anaesthesia related headache during normal vaginal delivery, with neuraxial block. Code: 074.5 Spinal and epidural anaesthesia-induced headache during labour and delivery

However, there is no convention in ICD 10 AM prohibiting the use of an external cause code with some codes in this chapter. Therefore, the use of an external cause code with obstetric eode(s) is acceptable if it provides further specificity.

EXAMPLE 25:

During caesarean section, the initial incision extended into the upper cervix resulting in cervical laceration which required repair.

Codes:	-071.3	- Obstetric laceration of cervix
	<u>Y60.0</u>	Unintentional cut, puncture, perforation or haemorrhage, during surgical and medical
		-care, during surgical operation
	<u>Y92.22</u>	-Place of occurrence, health service area

INTRAVASCULAR CATHETER RELATED INFECTION/INFUSION OR TRANSFUSION RELATED INFECTION

Definition

Infections related to intravascular access may be described as a localised infection at the site of insertion or intravascular catheter related sepsis. Localised infections will be indicated by erythema, oedema, purulent discharge, pain and possibly pyrexia. Documentation of terms such as 'redness' and/or 'tissued' in isolation of other signs of infection, do not constitute a localised infection. Intravascular catheter related sepsis can occur if localised infection progresses.

Infusion/transfusion associated infection refers to the sudden onset of symptoms of blood stream infection after the initiation of infusion. This may be attributed to improper aseptic technique during the venepuncture where microorganisms are inadvertently introduced into the blood stream, or caused by the administration of contaminated blood products or IV fluid. Infusion/transfusion associated infection is characterised by the appearance of fever, shivering, dyspnoea, hypotension etc. Severe infection can lead to septic shock or multiple organ failure.

Classification

Intravascular catheter related infection or sepsis is classified to:

- T82.7 Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, together with a code for the specific condition, if known (eg cellulitis, sepsis)
- Y84.8 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (if the insertion was not performed as an open surgical procedure)
- Y92.22 Place of occurrence, health service area

Infusion/transfusion related infection or sepsis is classified to:

- T80.2 Infections following infusion, transfusion and therapeutic injection, together with a code for the specific condition, if known (eg sepsis)
- Y84.8 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (if the insertion was not performed as an open surgical procedure)

Y92.22 Place of occurrence, health service area

See also ACS 0110 SIRS, sepsis, severe sepsis and septic shock.

HOSPITAL ACQUIRED WOUND INFECTION

Definition

A wound infection in a surgical wound is one from which purulent material drains or is obtained. A reaction around suture material is excluded from the definition and should not be eoded.

Classification

In ICD 10 AM, there is no distinction between superficial and deep wound infections, unless the infection is due to or resulting from a prosthetic device, implant or graft. Both superficial and deep wound infections are classified to T81.4 *Wound infection following a procedure.*, *not elsewhere classified*

EXAMPLE 26:

Postprocedural wound infection (superficial) of skin following total hip replacement. No evidence of infected prosthesis.

Codes:	T81 /	Wound infection following a procedure, not elsewhere classified
coues.	101.4	Hound injection jouowing a procedure, not eisewhere etassifica
	V83 1	Surgical operation with implant of artificial internal device
	105.1	Surgicui operation with implant of artificial internat device
	<u>vor 22</u>	Place of occurrence, health service area
	172.22	Thee of becarrence, nearin service area

Where there is clear documentation that the infection is due to, or resulting from, a prosthetic device, implant or graft, then the relevant infection codes from categories T82–T85 should be assigned.

EXAMPLE 27:
Patient had permanent pacemaker inserted 2 months previously. Admitted for replacement of system due to
infected leads.
Codes: T82.7 Infection and inflammatory reaction due to other cardiac and vascular devices,
implants and
<u>— Y83.1 Surgical operation with implant of artificial internal device</u>
<u>Y92.22 Place of occurrence, health service area</u>

ALPHABETIC INDEX

Abscess (embolic) (infective) (metastatic) (multiple) (pyogenic) (septic) L02.9

- colon (wall) K63.0

- colostomy K91.42
- conjunctiva H10.0
- connective tissue NEC L02.9
- cornea H16.3
- entamoebic see Abscess/amoebic
- enterostomy K91.42
- epididymis N45.0
-
- ileocaecal K35.3
- ileostomy (bud) K91.42
- iliac (region) L02.2

Adhesions, adhesive (postinfective) K66.0

- nasal (septum) (to turbinates) J34.8
- - postprocedural J95.8
- ocular muscle H50.6
- pleuropericardial J94.8postpartal, old (vulva or perineum) N90.8
- postprocedural
- - with obstruction K91.3
- due to foreign body accidentally left in wound T81.5
- - pelvic peritoneal N99.4
- - peritoneal NEC K91.89
- - pelvic N99.4
- - vagina N99.2

Admission (for)

- creation of arteriovenous fistula for dialysis (graft) Z49.0
- due to complication see Complication(s)/arteriovenous fistula or shunt, surgically created
- formation of arteriovenous fistula for dialysis (graft) Z49.0
- - due to complication see
- Complication(s)/arteriovenous fistula or shunt, surgically created
- toilet or cleaning see also Management
- - artificial opening see
- Attention/artificial/opening
- trial of void Z46.6
- tuboplasty for previous sterilisation Z31.0

Air

- embolism (any site) (artery) (cerebral) T79.0
- - due to implanted device NEC see Complication(s)/by site and type/specified NEC
- Anaesthesia, anaesthetic see also Effect, adverse/anaesthesia
- complication or reaction NEC (see also Complication(s)/anaesthesia) T88.59
 due to
- - correct substance properly administered T88.5
 - -- overdose or wrong substance given T41.-
- --- specified anaesthetic see Table of drugs and chemicals
- cornea H18.8

Anastomosis

- aneurysmal see Aneurysm
- arteriovenous, ruptured, brain 160.8
- intestinal Z98.0
- - complicated NEC K91.8 see
- Complication(s)/anastomosis
- retinal and choroidal vessels (congenital) Q14.8
- Aneurysm (anastomotic) (artery) (cirsoid) (diffuse) (false) (fusiform) (micro) (multiple) (saccular) 172.9
- circle of Willis 167.1
- - congenital Q28.39
- - ruptured 160.6
- - ruptured 160.6
- complication cardiac or vascular device, implant or graft (postprocedural) T82.86
- congenital (peripheral) Q27.8
- popliteal (artery) (ruptured) 172.4
- postprocedural 197.8
- precerebral NEC I72.5

Antithromboplastinogenaemia (see also Circulating anticoagulants) D68.3

Antitoxin complication or reaction — see Complication(s)/vaccination Antritis (chronic) J32.0

Anuria R34

- calculous (impacted) (recurrent) (see also Calculus/urinary) N20.9
- following
- - abortion (subsequent episode) O08.4
- - current episode see Abortion
- - ectopic or molar pregnancy O08.4
- newborn P96.0
- -postprocedural N99.0
- sulfonamide
- • •

Arrest, arrested

- cardiac 146.9
- - with successful resuscitation I46.0
- - complicating
- - anaesthesia (general) (local) or other sedation
- - correct substance properly administered I46.9
 - --- in labour and delivery O74.2
- ---- in pregnancy O29.1
- - - overdose or wrong substance given T41.-
- - - specified anaesthetic see Table of
- drugs and chemicals
- --- postpartum, puerperal O89.1
- --- delivery (caesarean) (instrumental) 075.4
- - newborn P29.1
- -- postprocedural 197.8
- --- long term effect of cardiac surgery 197.1
- cardiorespiratory (see also Arrest/cardiac) I46.9

Arrhythmia (cardiac) 149.9

- extrasystolic 149.4
- newborn P29.1
- postprocedural 197.8
- psychogenic F45.31
- specified NEC 149.8
- ventricular re-entry I47.0

Artificial

- insemination Z31.1
- complication (see also Complication(s)/artificial/fertilisation or insemination) N98.9

Atrophy, atrophic

- uterus, uterine (acquired) (senile) N85.8
- - cervix N88.8
- - due to radiation (intended effect) N85.8
- - adverse effect or misadventure-unintentional event_N99.89

Bleb(s) R23.8

- emphysematous (lung) J43.9
- endophthalmitis H59.839
- filtering, eye (postglaucoma) (status) Z98.8
- inflamed (infected), postprocedural (infected) H59.829
- lung (ruptured) J43.9
- - fetus or newborn P25.8
- Blebitis, postprocedural H59.829
- Bleeder (familial) (hereditary) (see also Defect/coagulation) D68.9

Reference to Changes - Tenth Edition Version 2.0

Bleeding (see also Haemorrhage) R58

- intermenstrual (regular) N92.3
- - irregular N92.1
- intraoperative NEC T81.0
- due to or associated with device, implant or graft — see Complication(s)/by site and type/haemorrhage
- irregular N92.6
- ovulation N92.3
- postclimacteric N95.0
- postcoital N93.0
- postmenopausal N95.0
- postprocedural <u>NEC</u>T81.0
- due to or associated with device, implant or graft — see Complication(s)/by site and type/haemorrhage
- puberty (excessive, with onset of menstrual periods) N92.2

Block

- heart 145.9
- - 1st degree (atrioventricular) I44.0
- - 2nd degree (atrioventricular) 144.1
- - 3rd degree (atrioventricular) 144.2
- - complete (atrioventricular) 144.2
- - congenital Q24.6
- -- postprocedural 197.8
- - specified type NEC I45.5
- hepatic vein 182.0
- intraventricular (nonspecific) 145.4
- kidney (see also Failure/kidney) N19
- --- postcystoscopic or postprocedural N99.0
- Möbitz (types I and II) 144.1
- myocardial (see also Block/heart) 145.9

Blood

- transfusion
- - without reported diagnosis Z51.3
- - reaction or complication see
- Complication(s)/transfusion

Breakdown

- device, <u>implant or</u> graft <u>or implant</u> (see also Complication(s)/by site and type/mechanical) T85.88
- - arterial graft NEC T82.3
- - coronary (bypass) T82.2
- - arteriovenous fistula or shunt, surgically created T82.53
- auditory prosthetic T85.62
 breast T85.4
- - catheter NEC T85.69
- - dialysis (kidney) T82.4
- - - intraperitoneal T85.63
- ---- spinal (epidural) (subdural) T85.6
- - spinal (epidural) (subdural) T85.64

- - electronic (electrode) (pulse generator)

- - - - central vascular (infusion port) (PICC) (Port-

99

- - urinary (indwelling) T83.0
- <u>- - vascular infusion T82.59</u>

- - - - peripheral vascular T82.52

A-Cath) T82.51

- - corneal T85.3

(stimulator)

bone T84.3
cardiac T82.1
nervous system (brain) (peripheral nerve)
(spinal) T85.1
urinary T83.1
fixation, internal (orthopaedic) NEC T84.2
bones of limb T84.1
gastrointestinal (bile duct) (gastric band)
(oesophageal antireflux) (oesophagus) T85.5
genital NEC T83.4
intrauterine contraceptive device T83.3
heart NEC T82.59
valve (prosthesis) T82.0
graft T82.2
<u> intraocular lens T85.2</u>
intrauterine (contraceptive) device T83.3
 - joint prosthesis T84.0
 - ocular (corneal graft) (orbital implant) NEC
T85.3
intraocular lens T85.2
orthopaedic NEC T84.4
bone graft T84.3
<u> respiratory T85.61</u>
specified NEC T85.69
spinal catheter T85.64
urinary NEC T83.1
graft T83.2
<u> indwelling catheter T83.0</u>
vascular NEC T82.59
ventricular intracranial shunt T85.0
- family Z63.8
- nervous F48.8
- perineum (obstetric) O90.1
 wound — see Disruption/wound

Broken

- back see Fracture/vertebra
- bone see Fracture
- implant or internal device see Complication(s)/by site and type/mechanical

Colic (recurrent) R10.4

- ureter N23
- --- postprocedural N99.8
- urethral N36.8
- - due to calculus N21.1

Colostomy

- attention to Z43.3
- fitting or adjustment Z46.5
- haemorrhage (bleeding) K91.41
- infection K91.42
- leak K91.43
- malfunctioning <u>NEC K91.49</u>
- obstruction (mechanical) K91.49
- status Z93.3
- stenosis K91.49

Complication(s) (from) (of)

- accidental puncture or laceration during
- procedure <u>NEC</u>T81.2 - - circulatory system organ or structure NEC
- 197.39
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Medical procedure, complication of (delayed or as an abnormal reaction without mention of

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Unintentional event(s) Y69 - contaminated medical or biological substance (blood) (drug) (fluid) Y64.9 - - administered (by) - - - immunisation Y64.1 - - - infusion Y64.0 - - - injection Y64.1 - - - specified means NEC Y64.8 - - - transfusion Y64.0 - - - vaccination Y64.1 - cut, cutting, haemorrhage, perforation or puncture (accidental) (during) (inadvertent) Y60.9 - - aspiration of fluid or tissue (by puncture or catheterisation, except heart) Y60.6 <u>- - biopsy Y60.8</u> - - - needle (aspiration) Y60.6 - - blood sampling Y60.6 - - catheterisation Y60.6 - - - heart Y60.5 - - dialysis (kidney) Y60.2 - - endoscopic examination Y60.4 - - enema Y60.7 - - immunisation Y60.3 - - infusion Y60.1 - - injection Y60.3 - - needle biopsy Y60.6 - - paracentesis (abdominal) (thoracic) Y60.6 - - perfusion Y60.2 - - puncture (lumbar) Y60.6 - - specified procedure NEC Y60.8 - - surgical operation Y60.0 - - transfusion Y60.1 - - vaccination Y60.3 - due to device - - anaesthesiology Y70.-- - cardiovascular Y71.-- - gastroenterology Y73.-- - general - - - hospital Y74.-- - - surgical Y81.-- - gynaecological Y76.-- - medical (specified) NEC Y82.-- - neurological Y75.-- - obstetric Y76.-- - ophthalmic Y77. - - orthopaedic Y79.-- - otorhinolaryngological Y72.-- - personal use Y74.-- - physical medicine Y80.-- - plastic surgical Y81.-- - radiological Y78.-- - urology Y73.-- excessive amount of blood or other fluid during transfusion or infusion Y63.0 - failure - - in dosage Y63.9 - - - electroshock therapy Y63.4 - - - infusion - - - - excessive amount of fluid Y63.0 - - - - incorrect dilution of fluid Y63.1 - - - insulin-shock therapy Y63.4 - - - overdose — see also Table of drugs and chemicals - - - - radiation, in therapy Y63.2 - - - specified procedure NEC Y63.8 - - - transfusion of excessive amount of blood Y63.0 - - mechanical, of instrument or apparatus (any) (during any procedure) Y65.8 - - sterile precautions (during procedure) Y62.9 - - - aspiration of fluid or tissue (by puncture or catheterisation, except heart) Y62.6 - - - biopsy Y62.8 - - - - needle (aspiration) Y62.6 - - - blood sampling Y62.6 - - - catheterisation Y62.6

---- heart Y62.5 - - - dialysis (kidney) Y62.2 - - - endoscopic examination Y62.4 - - - enema Y62.8 - - - immunisation Y62.3 - - - infusion Y62.1 - - - injection Y62.3 - - - needle biopsy Y62.6 - - - paracentesis (abdominal) (thoracic) Y62.6 - - - perfusion Y62.2 - - - puncture (lumbar) Y62.6 - - - removal of catheter or packing Y62.8 - - - specified procedure NEC Y62.8 - - - surgical operation Y62.0 - - - transfusion Y62.1 - - - vaccination Y62.3 - - suture or ligature during surgical procedure Y65.2 - - to introduce or to remove tube or instrument Y65.4 - - - endotracheal tube during anaesthesia Y65.3 - foreign object left in body (during procedure) Y61.9 - - aspiration of fluid or tissue (by puncture or catheterisation, except heart) Y61.6 - - biopsy Y61.8 - - - needle (aspirating) Y61.6 - - blood sampling Y61.6 - - catheterisation Y61.6 - - - heart Y61.5 - - dialysis (kidney) Y61.2 - - endoscopic examination Y61.4 - - enema Y61.8 - - immunisation Y61.3 - - infusion Y61.1 - - injection Y61.3 - - needle biopsy Y61.6 - - paracentesis (abdominal) (thoracic) Y61.6 - - perfusion Y61.2 - - puncture (lumbar) Y61.6 - - removal of catheter or packing Y61.7 - - specified procedure NEC Y61.8 - - surgical operation Y61.0 - - transfusion Y61.1 - - vaccination Y61.3 - haemorrhage (see also Unintentional event(s)/cut, cutting, haemorrhage, perforation or puncture/by type of procedure) Y60.9 - inadvertent exposure of patient to radiation Y63.3 - inappropriate - - operation performed Y65.5 - - temperature (too hot or too cold) in local application or packing Y63.5 - infusion (see also Unintentional event(s)/by type/infusion) Y69 - - excessive amount of fluid Y63.0 - - incorrect dilution of fluid Y63.1 - - wrong fluid Y65.1 - late effect (of) Y88.1 - mismatched blood in transfusion Y65.0 - nonadministration of necessary drug or biological substance Y63.6 - overdose — see also Table of drugs and chemicals - - radiation (in therapy) Y63.2 - perforation (see also Unintentional event(s)/cut, cutting, haemorrhage, perforation or puncture/by type of procedure) Y60.9 - performance of inappropriate operation Y65.5 - puncture (see also Unintentional event(s)/cut, cutting, haemorrhage, perforation or puncture/by type of procedure) Y60.9 - sequelae (of) Y88.1 - specified type NEC Y65.8 - transfusion (see also Unintentional event(s)/by type/transfusion) Y69 - - excessive amount of blood Y63.0 - - mismatched blood Y65.0 - wrong - - drug given or taken in error - see Table of drugs and chemicals - - fluid in infusion Y65.1

AUSTRALIAN CODING STANDARDS

0048 CONDITION ONSET FLAG

COF 1. Condition with onset during the episode of admitted patient care

Definition

A condition which arises during the episode of admitted patient care and would not have been present or suspected on admission.

Examples of inclusions:

• a condition resulting from an <u>misadventureunintentional event</u> during surgical or medical care in the current episode of admitted patient care (eg accidental laceration during procedure, foreign body left in cavity, medication infusion error)

0110 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 <u>5</u>	Infection and inflammatory reaction due to <u>peripheral vascular catheter</u> 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 a	ppropriate	external cause and place of occurrence codes

0731 CORNEAL GRAFT REJECTION OR FAILURE

Corneal grafts are surgical procedures where a searred or diseased cornea is replaced with clear corneal tissue from a donor or from the patient. Alternative terms are corneal transplant and keratoplasty.

Typically, corneal graft failure involves the presence of corneal oedema (H18.2) and this can occur in an eye that is phakic (crystalline lens still present), aphakic or pseudophakic. The cornea may reject because of inflammation, for example, intraocular uveitis (H20.-), endophthalmitis (H44.0, H44.1) or occular surface or corneal inflammation (keratitis) (H16.). Corneal grafts may also fail just because of the presence of an intraocular lens (Z96.1).

Corneal grafts that fail (the cells just do not function adequately) or reject (an immune mediated loss of cells), for any reason other than inflammation or infection, should be coded to T85.3 *Mechanical complication of other ocular prosthetic devices, implants and grafts.*

Additional diagnoses associated with corneal graft rejection or failure should be coded in addition to T85.3 and T85.78. For example:

 H44.0
 H44.1
 Endophthalmitis

 H20.
 Iridocyclitis

 H16. Keratitis

 H18.2
 Other corneal oedema

 Z96.1
 Presence of intraocular lens

0909 CORONARY ARTERY BYPASS GRAFTS

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COMPLICATIONS

CABG occlusion

Occlusion of CABG may occur as a result of natural disease progression leading to atheroma formation in the implanted arteries or veins which then become stenotic or blocked. This is termed 'diseased graft' or 'occluded graft'. It may also be a complication of the graft (ie acute graft failure) attributable to graft kinking/overstretching, acute graft thrombosis, embolisation of atherosclerotic debris or anastomotic stenosis.

Code assignment for occlusion of CABG should be guided by the documentation in the clinical record:

- If it is clear from the documentation that occlusion of a CABG is due to atherosclerosis, assign I25.12 *Atherosclerotic heart disease of autologous bypass graft* or I25.13 *Atherosclerotic heart disease of nonautologous bypass graft.*
- If the documentation specifies that the occluded CABG is caused by a complication of the graft eg acute graft thrombosis, assign T82.82 <u>Embolism and thrombosis following</u> <u>insertion of Other specified complication of</u> cardiac and vascular prosthetic devices, implants and grafts. Additional codes such as I24.0 Coronary thrombosis not resulting in myocardial infarction should also be assigned to provide further specification of the condition.

• If occlusion of a CABG is documented without further specification, clarification should be sought from the clinician. Where this is not possible, assign 125.12 *Atherosclerotic heart disease of autologous bypass graft* or 125.13 *Atherosclerotic heart disease of nonautologous bypass graft*.

0934 CARDIAC AND VASCULAR REVISION/REOPERATION PROCEDURES

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REOPERATION (REDO) CABGS

Disease classification

The primary reason for CABG reoperation is the development of atherosclerosis in the previous bypass grafts or native coronary arteries, causing significant stenosis or occlusion. Other causes for reoperation may include graft failure from technical problems, acute graft thrombosis etc.

- Assign I25.12 Atherosclerotic heart disease of autologous bypass graft or I25.13 Atherosclerotic heart disease of nonautologous bypass graft when it is a repeat CABG on the previous bypass grafts. In this instance, it is not necessary to assign Z95.1 Presence of aortocoronary bypass graft as an additional diagnosis.
- If the previous bypass grafts are patent and viable, and the surgery is being performed to bypass diseased native vessels, assign I25.11 *Atherosclerotic heart disease of native coronary artery* together with Z95.1 *Presence of aortocoronary bypass graft.*
- If the reason for revision is due to a complication of the graft, assign <u>an appropriate code</u> <u>from T82.8-</u> Other specified complication of cardiac and vascular prosthetic devices, implants and grafts. Additional codes such as 124.0 Coronary thrombosis not resulting in myocardial infarction should also be assigned to provide further specification of the condition.

0936 CARDIAC PACEMAKERS AND IMPLANTED DEFIBRILLATORS

CLASSIFICATION

Permanent pacemakers and defibrillators

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Complications of the pacemaker or defibrillator system are assigned codes:

- T82.1 *Mechanical complication of cardiac electronic device* includes malfunctioning pacemaker, defibrillator, electrodes or leads, lead fracture or electrode or lead dislodgement.
- T82.71 Infection and inflammatory reaction due to other_cardiac electronic deviceand vascular devices, implants and grafts

includes infected pacemaker or defibrillator (pocket) or infection due to lead or electrodes.

T82.8- Other <u>specified</u> complications of cardiac and vascular prosthetic devices, implants and grafts

includes haematoma of the pacemaker or defibrillator pocket or site, wound haematoma or seroma due to pacemaker or defibrillator insertion or replacement, and pacemaker or defibrillator eroded through the pocket site.

Pacemaker syndrome may occur in patients with a ventricular pacemaker. The syndrome displays a range of functional disturbances including decreased cardiac output, cardiomegaly, loss of atrial ventricular synchrony and left bundle branch block. The syndrome is caused by the presence of the pacemaker, not a complication of the device. For pacemaker syndrome assign 197.1 *Other functional disturbances following cardiac surgery*.

Pacemaker or defibrillator status should be assigned code Z95.0 *Presence of cardiac device* except when the pacemaker requires adjustment or management during the episode of care (when Z45.0 *Adjustment and management of cardiac device* or a complication of cardiac device code should be assigned instead of the status code). Patients with a pacemaker or defibrillator in situ require additional care at the time of procedural interventions, and therefore Z95.0 *Presence of cardiac device* should be coded for all procedural cases.

0940 ISCHAEMIC HEART DISEASE

6. CHRONIC ISCHAEMIC HEART DISEASE (125)

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Coronary artery dissection (I25.4)

Coronary artery dissection may occur spontaneously or as a complication during angioplasty. For example, during coronary atherectomy the guide wire may be wedged into the wall of blood vessel, resulting in mechanical trauma to the inner layer of the coronary artery. Or during balloon angioplasty the force created by the balloon exceeds the elastic threshold of the blood vessel, causing an internal split. The occurrence of coronary artery dissection during angioplasty is considered to be related to the use of cardiac and vascular devices.

Classification

Spontaneous or unspecified coronary artery dissection is classified to I25.4 *Coronary artery aneurysm and dissection*.

If coronary artery dissection occurs during angioplasty, assign T82.8 *Other specified complication* <u>T82.85</u> *Vascular dissection following insertion* of cardiac and vascular prosthetic devices, implants and grafts. Assign <u>125.4</u> *Coronary artery aneurysm and dissection* as an additional code to provide further specificity.

As the dissection occurred intra-operatively, assign Y65.8 Other specified misadventures during surgical and medical care and Y92.22 Health service area (see also ACS 1904 Procedural complications/Classification of external causes of procedural complications/misadventure).

0941 ARTERIAL DISEASE

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4. EMBOLISM

Embolism is a clot of foreign material, most often a blood clot (eg from the atrium) which has broken off and lodged in a smaller vessel. Embolism can occur without atherosclerosis. Therefore, if the diagnosis documented is 'embolism', it cannot be assumed that atherosclerosis is present. However, atheroembolism is a piece (clot) of atheromatous plaque or thrombotic material usually adherent to the plaque, which has broken off and lodged in a vessel, causing obstruction. Therefore, atheroembolism implies the presence of atherosclerosis, with an acute obstruction caused by the loose piece of plaque.

Embolism may also occur during or after a cardiovascular procedure where blood clots or ruptured plaques occlude the arterial lumen, causing acute embolic occlusion.

Classification

If embolism of a coronary artery is documented (and the patient has not progressed to myocardial infarction), assign I24.0 *Coronary thrombosis not resulting in myocardial infarction*. In the latter case where the patient progresses to myocardial infarction, assign an appropriate code from category I21 *Acute myocardial infarction*. The presence of atherosclerosis (for example in atheroembolism) where documented should also be indicated by an additional diagnosis code from category I25.1- *Atherosclerotic heart disease*.

Atheroembolism requires a code for embolism as above and an additional diagnosis code from category I25.1- *Atherosclerotic heart disease*.

Embolisms of other sites are coded as indicated by the Alphabetic Index of Diseases, eg femoral, iliac – category I74 *Arterial embolism and thrombosis*; renal – N28.0 *Ischaemia and infarction of kidney*.

Where embolism is documented as a complication of the initial surgery, assign T82.82 <u>Embolism and thrombosis following insertion</u> Other specified complications of cardiac and vascular prosthetic devices, implants and grafts. Additional codes such as 174.3 Embolism and thrombosis of arteries of lower extremities should also be assigned to provide further specification of the condition.

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11. THROMBOSIS

Thrombosis is often the end point in atherosclerosis progression when a blood clot (thrombus) forms on the plaque's surface causing obstruction. Thrombosis of a bypass graft is generally due to natural disease progression, resulting in stenosis of the graft. However, it may be a complication of the initial procedure, eg acute graft thrombosis associated with a coronary artery bypass graft.

Classification

If thrombosis of a coronary artery is documented (and the patient has not progressed to myocardial infarction), assign I24.0 *Coronary thrombosis not resulting in myocardial infarction*. In the same case as above, but where the patient progresses to myocardial infarction, assign a code from category I21 *Acute myocardial infarction*.

Thrombosis of other arteries should be assigned codes in accordance with the Alphabetic Index of Diseases.

Where thrombosis is documented as a complication of the initial surgery, assign T82.82 <u>Embolism and thrombosis following insertion</u> Other specified complications of cardiac and vascular prosthetic devices, implants and grafts. Additional codes such as 124.0 Coronary thrombosis not resulting in myocardial infarction should also be assigned to provide further specification of the condition.

1204 PLASTIC SURGERY

EXAMPLE 5:

Removal of breast implants performed under GA following chronic infections.

Codes:	T85.7 <mark>85</mark>	Infection an	d inflammatory reaction due to breast prostheses and implants other
	<i>internal pr</i>	osthetic devi	ces, implants and grafts
	Y83.1	Surgical op	eration with implant of artificial internal device
	Y92.2 <mark>2</mark> 3	Place of occ	currence, <u>Hh</u> ealth service area, not specified as this facility
	45548-00	[1758]	Removal of breast prosthesis
	45548-00	[1758]	Removal of breast prosthesis
	92514-99	[1910]	General anaesthesia, ASA 9, nonemergency

1436 ADMISSION FOR TRIAL OF VOID

Some patients are discharged with a catheter in situ, generally postoperatively following a bladder or prostate procedure. Patients are then readmitted for trial of void, to see if they can void without a catheter. The catheter is removed and the patient tries to void. If the trial of void is unsuccessful, the patient is recatheterised, and a further trial will take place at a later date.

Code trial of void as follows:

ADMISSION FOR TRIAL OF VOID: POSTOP – SUCCESSFUL

Principal diagnosis:	<u>Z46.6</u>	Fitting a	nd adjustment of urinary device
Additional diagnosis:	Z48.8	Other spe	ecified surgical follow-up care
*Procedure:	36800-03	[1090]	Endoscopic removal of indwelling urinary
	catheter ()R	
	92119-00	[1902]	Removal of other urinary drainage device

ADMISSION FOR TRIAL OF VOID: POSTOP – UNSUCCESSFUL

Principal diagnosis:	Z46.6	Fitting a	nd adjustment of urinary device
Additional diagnoses:	N99.8	Other po	ostprocedural disorders of genitourinary system
	R33	Retention	n of urine
	<u>Y83.</u>	Surgical	operation and other surgical procedures as the
	cause of a	ibnormal i	reaction of the patient, or of later complication,
	without m	ention of	misadventure at the time of the procedure
	<u>Y92.22</u>	Place of	occurrence, health service area
*Procedure:	-36800-03	[1090]	Endoscopic removal of indwelling urinary
eatheter,			-AND
	36800-00	[1090]	Bladder catheterisation
			- OR
	92119-00	[1902]	Removal of other urinary drainage device,
			AND
	36800-00	[1090]	Bladder catheterisation
ADMISSION FO	R TRIAL	OF VC	HD: NON POSTOP - SUCCESSFUL
Principal diagnosis:	Z46.6	Fitting a	nd adjustment of urinary device

 *Procedure:
 36800 03 [1090]
 Endoscopic removal of indwelling urinary

 catheter OR
 92119 00 [1902]
 Removal of other urinary drainage device

ADMISSION FOR TRIAL OF VOID: NON POSTOP – UNSUCCESSFUL

Principal diagnosis: Additional diagnoses:	Z46.6 R33		nd adjustment of urinary device n of urine
*Procedure: catheter,	- 36800-03	[1090]	Endoscopic removal of indwelling urinary
			-AND
	36800-00	[1090]	Bladder catheterisation
			-OR
	92119-00	[1902]	Removal of other urinary drainage device,
			AND
	36800-00	[1090]	Bladder catheterisation

*These procedures would not normally be coded (see ACS 0042 *Procedures normally not coded*) but they are relevant in these circumstances and are therefore included.

Note: Following a number of unsuccessful admissions for trial of void, a patient may then be referred on for bladder retraining in which case ACS 1433 *Bladder retraining* applies.

1902 ADVERSE EFFECTS

RADIOTHERAPY TREATMENT

Classification

If the manifestation of the effect of radiotherapy is unspecified, assign code T66 *Unspecified effects of radiation*, together with the appropriate external cause codes.

Where a condition arises due to radiation/radiotherapy incorrectly administered during medical care, assign a code which best describes the condition, as outlined in Examples 1 and 2, together with one of the following external cause codes, as appropriate:

Y63.2 Overdose of radiation given during therapy

Y63.3 Inadvertent exposure of patient to radiation during medical care

Y78.- Radiological devices associated with misadventureunintentional event

1904 PROCEDURAL COMPLICATIONS

OVERVIEW

Conditions may arise during or in the period following a procedure. Some of these are considered to be 'procedural complications' while others are not. Qualifying terms such as 'intraoperative', 'postoperative' or 'postprocedural' may be documented in the clinical record, however these terms may only refer to the timing of an event that occurred during, or after, the procedure. Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria:

- Documentation clearly states that the condition arose as a complication of the procedure (the terms 'secondary to' or 'due to' infer a causal relationship in contrast to terms such as 'postop', 'following' or 'associated with') (see Examples 1 and 2)
- Certain conditions where the relationship is inherent in the diagnosis (eg infection or bleeding of a surgical wound, stoma or anastomosis, wound dehiscence, transfusion related acute lung injury)
- Conditions classified to T82-T85 for complications related to prosthetic devices, grafts or implants (eg mechanical complications, haematoma, pain, stenosis following insertion of prosthetic devices) (see Example 3).

For a medical condition occurring during or following insertion of prosthetic devices but not classified to T82-T85, see *Intraoperative/postoperative medical conditions* below

• Conditions that are a direct consequence of a procedure, resulting in an unintended injury or illness (eg accidental puncture or laceration of an organ/structure during a procedure, retained instruments or swabs, mismatched blood used in transfusion) (see Example 7).

Intraoperative/postoperative medical conditions

Some conditions, especially medical conditions commonly seen intraoperatively and in the postoperative period, are not solely related to the procedure performed, but are related to the complex interaction between the disease process and the procedure (that is, the cause of the condition is multifactorial). These conditions are **not** classified as procedural complications unless the causal relationship is clearly documented as per dot point one above. Assign

code(s) for these conditions in accordance with ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* (see Examples 4, 5 and 6). Examples of such medical conditions are:

- cardiovascular: acute myocardial infarction, arrhythmia, cardiac arrest, deep venous thrombosis, heart failure, hypotension, hypertension, pulmonary embolism
- digestive: bowel obstruction/ileus/impaction, constipation, liver failure/impairment, nausea, vomiting
- endocrine and metabolic: electrolyte imbalances
- genitourinary: acute kidney impairment/injury, ureteric colic, urinary retention
- infectious disease: sepsis not related to postoperative wound infection or prosthetic device related infections
- neurological: epilepsy, seizure, stroke
- respiratory: acute respiratory failure, atelectasis, chest infection, pneumonia, pulmonary insufficiency, respiratory arrest

Routine postoperative care

Some conditions that develop postoperatively are considered as natural or expected events and are not necessarily complications of clinical care (ie they are not considered significant as per the criteria in ACS 0002 *Additional diagnoses*).

Routine postoperative care includes:

- prescribing analgesic medication (eg for pain in the operative site)
- wound cleansing, elevation, application of ice or other care for minor wound problems
 (eg swelling, wound ooze, serous exudate and erythema (redness) of skin surrounding the wound)
- re-siting or removing intravenous cannulas or other care for minor catheter related conditions (eg slowing or stopping of the infusion, oedema, redness and/or tissuing at the insertion site, taut or stretched skin, leaking or dislodged intravenous catheter without infection or major tissue damage, or when a catheter/device is inadvertently or intentionally removed requiring replacement)
- monitoring or dressing or other care of drainage tubes, stomas or other devices.

Care beyond routine intraoperative/postoperative care

These conditions are **only** be assigned as procedural complications when there is documentation of care or management that is significantly beyond routine care (see Example 8). Care that is in excess of routine in the postoperative period (ie meeting the criteria in ACS 0002 *Additional diagnoses*) may include:

- consultation/treatment by a clinician resulting in a change of management
- application of vacuum dressing or other specialised dressing/device, which is not previously required, to replace a conventional dressing
- unexpected or unplanned return to theatre (eg for wound exploration, debridement)
- commencement of antibiotics eg for purulent (pussy) exudate or discharge
- treatment that delays discharge.

For classification advice on effects of radiation/radiotherapy or adverse effect of drugs, please refer to ACS 1902 *Adverse effects*.

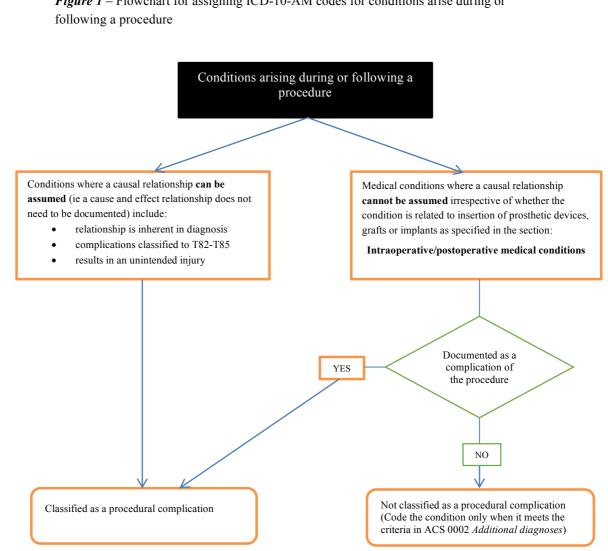


Figure 1 – Flowchart for assigning ICD-10-AM codes for conditions arise during or

Note: Condition onset flag (COF) is assigned in parentheses in these examples but external cause and ACHI codes are not included.

EXAMPLE 1:

Patient admitted with persistent abdominal pain following laparoscopic Nissen fundoplication performed one month ago. Progress notes documented 'adhesional small bowel obstruction secondary to laparoscopic Nissen

Codes: (2) K91.89 Other intraoperative and postprocedural disorders of digestive system, not elsewhere (2) K56.5 Intestinal adhesions [bands] with obstruction

This example is coded as a procedural complication as the causal relationship between small bowel obstruction and the surgery is explicitly documented.

EXAMPLE 2:

Patient admitted for laparoscopic Nissen fundoplication for hiatal hernia. The patient complains of persistent abdominal pain postoperatively. Progress notes documented 'SBO (small bowel obstruction), laparoscopic Nissen fundoplication three days ago, for conservative treatment'.

 Codes:
 (2) K44.9 Diaphragmatic hernia without obstruction or gangrene

 (1) K56.6 Other and unspecified intestinal obstruction

This example is not coded as a procedural complication as a causal relationship between the SBO and surgery has not been documented. SBO is commonly seen intraoperatively and the cause of the condition is multifactorial, therefore, the causal relationship cannot be assumed unless it is explicitly documented.

EXAMPLE 3:

Six months post mastectomy and breast reconstruction, the silicone breast implant is noted to be displaced. The implant is replaced.

Codes: (2) T85.4 Mechanical complication of breast prostheses and implants

The example is coded as a procedural complication as the condition is a mechanical complication of prosthetic device that is classified to T82–T85 (ie the causal relationship can be assumed).

EXAMPLE 4:

Patient readmitted with deep venous thrombosis (DVT) following a hip replacement one week ago.

<u>Codes:</u> (2) 180.20 *Phlebitis and thrombophlebitis of deep vessels of lower extremities, not elsewhere* <u>classified</u>

Although DVT occurred following insertion of a prosthetic device, DVT is not classified to T82-T85 <u>Complications of prosthetic devices, implants and grafts.</u> The cause of the condition is multifactorial, therefore, the causal relationship cannot be assumed unless it is explicitly documented.

EXAMPLE 5:

Patient suffered a stroke on the second day post insertion of a femoral prosthesis for osteoarthritis of hip.

Codes: (2) M16.1 *Other primary coxarthrosis*

(1) I64 Stroke, not specified as haemorrhage or infarction

Although stroke occurred following insertion of a prosthetic device, it is not classified to T82-T85 <u>Complications of prosthetic devices, implants and grafts.</u> Therefore, it should not be coded as a procedural complication as the causal relationship between the condition and the procedure is not documented.

EXAMPLE 6:

Patient with sick sinus syndrome admitted for insertion of a dual chamber permanent pacemaker. Patient suffered a stroke during insertion of transvenous electrodes and stroke is documented as being due to the pacemaker lead insertion.

Codes:(2) I49.5Sick sinus syndrome

(1) T82.89 Other specified complications of cardiac and vascular prosthetic devices, implants and grafts

(1) I64 Stroke, not specified as haemorrhage or infarction

The condition is classified as a procedural complication as the causal relationship between stroke and the prosthetic device is documented. The condition is classified to T82.89 as there is no specific code for stroke following insertion of cardiac and vascular prosthetic device. I64 is assigned to provide specificity.

EXAMPLE 7:

A patient admitted following a motorcycle accident for an urgent exploratory laparotomy and splenectomy for splenic rupture. During the surgical count a sponge was missing, the wound was re-explored and the sponge removed.

Codes: (2) S36.04 *Massive parenchymal disruption of spleen*

(1) T81.5 Foreign body accidentally left in body cavity or operation wound following a procedure

The condition is coded as a procedural complication as a foreign body left in the operation wound is classified to T82 – T85 (ie the causal relationship can be assumed).

EXAMPLE 8:

Wound ooze from an abdominal incision site. The dressing from the abdominal wound was removed and a new dressing was applied with no further oozing reported.

No code is assigned in this example as change of dressing for wound ooze is considered routine postprocedural care.

CLASSIFICATION OF PROCEDURAL COMPLICATIONS (DIAGNOSIS CODES)

ICD-10-AM classifies procedural complications in two sections:

Complications classified to specific body system chapters:

E89 Intraoperative and postprocedural disorders of endocrine and metabolic system, not elsewhere classified

<u>G97 Intraoperative and postprocedural disorders of nervous system, not elsewhere classified</u> H59 Intraoperative and postprocedural disorders of eye and adnexa, not elsewhere classified H95 Intraoperative and postprocedural disorders of ear and mastoid process, not elsewhere classified

<u>197 Intraoperative and postprocedural disorders of circulatory system, not elsewhere</u> <u>classified</u>

<u>J95 Intraoperative and postprocedural disorders of respiratory system, not elsewhere</u> classified

K91 Intraoperative and postprocedural disorders of digestive system, not elsewhere classified M96 Intraoperative and postprocedural disorders of musculoskeletal system, not elsewhere classified

<u>N99</u> Intraoperative and postprocedural disorders of genitourinary system, not elsewhere classified

Complications classified to T80-T88:

T80–T88 Complications of surgical and medical care, not elsewhere classified

As procedural complications may be classified to any of the above categories, the following rules apply:

Where a complication is related to a prosthetic device, implant or graft, assign T82-T85 *Complications of prosthetic devices, implants and grafts,* except where directed by an *Includes* note or the Alphabetic Index, for example:

- disruption of operation wound (T81.3)
- wound infection (superficial) (T81.4) (see also *Postprocedural wound infection* below)
- foreign body accidentally left in body cavity or operation wound (T81.5)
- acute reaction to foreign substance accidentally left during a procedure (T81.6)
- failure and rejection and other complications of transplanted organs and tissues (T86.-)

<u>Note:</u> <u>Condition onset flag (COF), external cause and ACHI codes are not included in</u> <u>these examples.</u>

EXAMPLE 9:

A postoperative haematoma developed five days after a total knee replacement.

 Codes:
 T84.81
 Haemorrhage and haematoma following insertion of internal orthopaedic prosthetic

 devices, implants and grafts

EXAMPLE 10:

A postoperative wound dehiscence developed on the fourth day post pacemaker implantation.

Codes: T81.3 Disruption of operation wound, not elsewhere classified

A postoperative wound dehiscence associated with insertion of an implant is classified to T81.3.

An additional code from Chapters 1 to 19 may be assigned where it provides further specificity.

Acute per	ritonitis in a	patient who is on continuous ambulatory peritoneal dialysis without further specification
as to caus	<u>se.</u>	
Codes:	<u>T85.71</u>	Infection and inflammatory reaction due to peritoneal dialysis catheter
	K65.0	Acute peritonitis
EXAMP	LE 12:	
		y to laparoscopic adjustable gastric banding (LAGB).
Codes:	T85.82	Other complications following insertion of gastrointestinal prosthetic devices, implants
		and grafts
	<u>R13</u>	<u>Dysphagia</u>
The cond	lition is clas	phagia is classified as a procedural complication as the causal relationship is documented. sified to T85.82 as there is no specific code for dysphagia following insertion of thetic device. R13 is assigned to provide specificity.
The cond gastrointe	lition is clas estinal prost	hetic device. R13 is assigned to provide specificity.
The cond gastrointe Where a	lition is clas estinal prost condition is	sified to T85.82 as there is no specific code for dysphagia following insertion of hetic device. R13 is assigned to provide specificity. not related to a prosthetic device, implant or graft and:
The cond gastrointe Where a d it is a	lition is clas estinal prost condition is related to a	sified to T85.82 as there is no specific code for dysphagia following insertion of hetic device. R13 is assigned to provide specificity.
The cond gastrointe Where a it is listee	lition is clas estinal prost condition is related to a d above	sified to T85.82 as there is no specific code for dysphagia following insertion of hetic device. R13 is assigned to provide specificity. not related to a prosthetic device, implant or graft and: body system, assign an appropriate code from the body system chapter
The cond gastrointe Where a it is listee the c	lition is clas estinal prost condition is related to a d above complication	sified to T85.82 as there is no specific code for dysphagia following insertion of hetic device. R13 is assigned to provide specificity. not related to a prosthetic device, implant or graft and: body system, assign an appropriate code from the body system chapter
The cond gastrointe Where a it is listee the c T81	lition is class estinal prost condition is related to a d above complication or T86-T88	sified to T85.82 as there is no specific code for dysphagia following insertion of hetic device. R13 is assigned to provide specificity. not related to a prosthetic device, implant or graft and: body system, assign an appropriate code from the body system chapter
The cond gastrointe Where a d it is p listed the c T81 EXAMP	lition is class estinal prost condition is related to a d above complication or T86-T88	sified to T85.82 as there is no specific code for dysphagia following insertion of hetic device. R13 is assigned to provide specificity. not related to a prosthetic device, implant or graft and: body system, assign an appropriate code from the body system chapter is not related to a body system, assign an appropriate code from T80-
The cond gastrointe Where a d it is p listed the c T81 EXAMP	lition is clas estinal prost condition is related to a d above complication or T86-T88 LE 13:	sified to T85.82 as there is no specific code for dysphagia following insertion of hetic device. R13 is assigned to provide specificity. not related to a prosthetic device, implant or graft and: body system, assign an appropriate code from the body system chapter is not related to a body system, assign an appropriate code from T80-
The cond gastrointe Where a d it is p listed the c T81 EXAMP	lition is clas estinal prost condition is related to a d above complication or T86-T88 LE 13:	sified to T85.82 as there is no specific code for dysphagia following insertion of hetic device. R13 is assigned to provide specificity. not related to a prosthetic device, implant or graft and: body system, assign an appropriate code from the body system chapter is not related to a body system, assign an appropriate code from T80-
The cond gastrointe Where a it is listed the c T81 EXAMP Leaking s	lition is clas estinal prost condition is related to a d above complication or T86-T88 LE 13: gastrostomy	sified to T85.82 as there is no specific code for dysphagia following insertion of hetic device. R13 is assigned to provide specificity. not related to a prosthetic device, implant or graft and: body system, assign an appropriate code from the body system chapter is not related to a body system, assign an appropriate code from T80- tube.
The cond gastrointe Where a d it is d listed the c T81 EXAMP Leaking d Codes:	lition is clas estinal prost condition is related to a d above complication or T86-T88 LE 13: gastrostomy K91.43	sified to T85.82 as there is no specific code for dysphagia following insertion of hetic device. R13 is assigned to provide specificity. not related to a prosthetic device, implant or graft and: body system, assign an appropriate code from the body system chapter is not related to a body system, assign an appropriate code from T80- tube.

Wound infection in cholecystectomy scar, five days postoperatively, requiring antibiotic treatment.

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

EXAMPI Rectovagi		condary to previous low anterior resection of the rectum.
		induly to providus fow unterfor resolution of the rootum.
Codes:	N99.89	Other intraoperative and postprocedural disorder of genitourinary system
-	N82.3	Fistula of vagina to large intestine
	experiences s	houlder pain following intrauterine device (IUD) insertion and laparoscopy. The shoulder pain is due to laparoscopy and the patient's stay is extended until the pain
Codes:	T81.83	Pain following a procedure, not elsewhere classified
-	M25.51	Pain in joint, shoulder region
devices, ir	nplants and g	b is assigned rather than T83.83 <i>Pain following insertion of genitourinary prosthetic</i> <i>rafts</i> as the shoulder pain is documented as related to the laparoscopy not the insertion of an oprovide specificity.

CLASSIFICATION OF EXTERNAL CAUSES OF PROCEDURAL COMPLICATIONS

The following categories in ICD-10-AM list external cause codes for specific types of procedural complications; unintentional events and sequelae:

- Y60–Y69 Unintentional events during surgical and medical care
- Y70–Y82 Medical devices associated with unintentional events in diagnostic and therapeutic use

• Y83–Y84 Surgical and other medical procedures as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure

• Y88 Sequelae with surgical and medical care as external cause

External cause codes

An external cause code from Y83-Y84 is assigned to describe the type of procedure causing a complication irrespective of whether the complication is noted during or after the procedure and no unintentional event has occurred.

EXAMP Stone sp		Ibladder during cholecystectomy.
Codes:	K91.89	Other intraoperative and postprocedural disorders of digestive system, not elsewhere classified
	<u>Y83.6</u> <u>Y92.24</u>	Removal of other organ (partial) (total) Place of occurrence, health service area, this facility

An external cause code from Y60–Y69 or Y70–Y82 (instead of Y83-Y84) is assigned only when there is documentation of harm resulting from an unintentional event during the provision of care (see also *Unintentional event* below).

See Sequelae section for advice on assignment of Y88 Sequelae with surgical and medical care as external cause.

Place of occurrence

A place of occurrence code is mandatory for procedural complications and **must relate to where the external cause occurred** not where the adverse effect occurred. For example, although a postoperative wound infection may not manifest until after the patient is discharged, an appropriate place of occurrence code (Y92.23 or Y92.24) for *health service area* is assigned as the procedure (external cause) originated in the hospital setting. The place of occurrence code does not relate to where the wound infection manifested (in this case, outside the hospital), but rather to where the external cause of the complication (ie the procedure) originally occurred.

EXAMPLE 18:

<u>A patient is readmitted with a post cholecystectomy wound infection. The procedure was performed five days ago at another hospital.</u>

Codes:	T81.4	Wound infection following a procedure, not elsewhere classified
	Y83.6	Removal of other organ (partial)(total)
	Y92.23	Place of occurrence, health service area, not specified as this facility

A place of occurrence for health service area is classified to:

<u>Y92.23 Place of occurrence, health service area, not specified as this facility **OR**</u> <u>Y92.24 Place of occurrence, health service area, this facility</u>

Y92.23 is assigned when the health service is not known/stated (unspecified) or is specified as another facility. Y92.24 is assigned when the health service is specified as/known to be 'this facility'. The term 'this facility' includes satellite units managed and staffed by the same health care provider. These units may be located on the hospital campus or off the hospital

campus and treat movements of patients between sites as ward transfers (METeOR 404245, Australian Institute of Health and Welfare, 2016).

OBSTETRIC PROCEDURAL COMPLICATIONS

<u>Chapter 15 Pregnancy, childbirth and the puerperium lists a number of codes that include the procedural complication.</u>

EXAMPLE 19: Haematoma of caesarean section w/

Code: 090.2 Haematoma of obstetric wound

<u>Conditions that arise following obstetric surgery/procedures (including delivery), that are not</u> classified to a code in Chapter 15 are classified as per the guidelines in this standard.

EXAMPLE 20:

Cardiac arrest following caesarean section; successfully resuscitated.

Codes: Applicable codes from Chapter 15 for the delivery episode

I46.0 Cardiac arrest with successful resuscitation

EXAMPLE 21:

Patient diagnosed with Mendelson's syndrome due to aspiration of gastric contents during caesarean section under general anaesthesia.

Codes:	Applicabl	e codes from Chapter 15 for the delivery episode
	J95.4	Mendelson's syndrome
	W78	Inhalation of gastric contents
	Y48.2	Other and unspecified general anaesthetics
	Y92.24	Place of occurrence, health service area, this facility

The majority of codes in Chapter 15 relating to procedural complications do not require an additional external cause code as the concept is included within the ICD-10-AM code (see also ACS 2001 *External cause code use and sequencing*).

EXAMPLE 22: Wound infection following lower segment caesarean section.

Code: O86.0 Infection of obstetric surgical wound

However, an external cause code may be assigned in addition to a code from Chapter 15 to provide further specificity.

EXAMPLE 23:

During caesarean section, the initial incision extended into the upper cervix resulting in cervical laceration requiring repair.

Codes:	071.3	Obstetric laceration of cervix
	Y60.0	Unintentional cut, puncture, perforation or haemorrhage, during surgical and medical
		care, during surgical operation
	Y92.24	Place of occurrence, health service area, this facility

UNINTENTIONAL EVENT(S)

An unintentional event (previously termed misadventure) is defined as injury or harm caused during medical or surgical care. An unintentional event may be identified at the time of the procedure or after completion of the procedure. Examples of unintentional events include:

- foreign body accidently left during a procedure
- infusion of contaminated medical or biological substances
- mismatched blood used in transfusion
- failure of sterile precautions during surgical and medical care
- inadvertent exposure of patient to radiation
- unintentional cut, puncture, perforation during surgical and medical care.

The conditions listed above must meet the criteria in either ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* in order to assign a code for an unintentional event.

An external cause code from Y60–Y69 or Y70–Y82 is assigned only when there is documentation of:

• an injury during the provision of care OR

• harm that resulted from an unintentional event during the provision of care

EXAMPLE 24:

Cystoscopy with diathermy for trigonitis. The distal urethra was accidentally lacerated during the procedure and repaired with sutures.

 Codes:
 N30.3
 Trigonitis

 N99.64
 Accidental puncture and laceration of urethra during a procedure

 Y60.4
 Unintentional cut, puncture, perforation or haemorrhage during surgical and medical

 care, during endoscopic examination

 Y92.24
 Place of occurrence, health service area, this facility

Laparosc	opic cholec	ystectomy for gallbladder calculus and acute cholecystitis. A deep tear in segment 5 of the
liver occ	urred during	the dissection of the gallbladder from the fossa. Bleeding ceased following firm packing
with Sur	gicel.	
Codes:	K80.00	Calculus of gallbladder with acute cholecystitis, without mention of obstruction
Codes:	K80.00 K91.65	Calculus of gallbladder with acute cholecystitis, without mention of obstruction Accidental puncture and laceration of liver during a procedure
Codes:		
Codes:	K91.65	Accidental puncture and laceration of liver during a procedure

EXAMPLE 26:

<u>A small intraoperative serosal tear in the ileum during dissection of the ileum from the uterus due to extensive</u> peritoneal adhesions. The tear was not sutured and the patient suffered no adverse effect during the remainder of the episode of care.

Codes: N73.6 *Female pelvic peritoneal adhesions*

The serosal tear is not coded as it does not meet the criteria for assignment in ACS 0002 *Additional diagnoses*.

SEQUELAE

<u>A sequela of a complication is a current condition that is the result of a previously occurring procedural complication.</u>

Two codes are required to classify sequelae of procedural complications:

- a code for the residual condition or nature of the sequela (the current condition)
- T98.3 Sequelae of complications of surgical and medical care, not elsewhere classified

See also ACS 0008 Sequelae

EXAMPLE 27:

Ankylosis of hip from previous infection of orthopaedic internal fixation device.

Codes:	M24.65	Ankylosis of joint, pelvic region and thigh
	T98.3	Sequelae of complications of surgical and medical care, not elsewhere classified
	Y88.3	Sequelae of surgical and medical procedures as the cause of abnormal reaction, or of
		later complication, without mention of unintentional events at the time of the procedure
	Y92.23	Place of occurrence, health service area, not specified as this facility

INTRAVASCULAR CATHETER RELATED INFECTION/INFUSION OR TRANSFUSION RELATED INFECTION

Definition

Infections related to intravascular access may be described as a localised infection at the site of insertion or intravascular catheter related sepsis. Localised infections will be indicated by erythema, oedema, purulent discharge, pain and possibly pyrexia. Intravascular catheter related sepsis may occur if localised infection progresses.

Infusion/transfusion associated infection refers to the sudden onset of symptoms of blood stream infection after the initiation of infusion. This may be attributed to improper aseptic technique during the venepuncture where microorganisms are inadvertently introduced into the blood stream, or caused by the administration of contaminated blood products or intravenous (IV) fluid. Infusion/transfusion associated infection is characterised by fever, rigors, dyspnoea, hypotension etc. Severe infection may lead to septic shock or multiple organ failure.

Classification

- Intravenous catheter related infection or sepsis is classified to:
 - T82.74 Infection and inflammatory reaction due to central vascular catheter OR
 - T82.75 Infection and inflammatory reaction due to peripheral vascular catheter,
 - with a code for the specific condition, if known (eg cellulitis, sepsis)
- Infusion/transfusion related infection or sepsis is classified to:
- T80.2 Infections following infusion, transfusion and therapeutic injection, with a code for the specific condition, if known (eg sepsis).

See also ACS 0110 SIRS, sepsis, severe sepsis and septic shock.

POSTPROCEDURAL WOUND INFECTION

Definition

<u>A wound infection in a surgical wound is one from which purulent material drains or is</u> <u>obtained.</u>

Classification

Wound infection (superficial) is classified to T81.4 *Wound infection following a procedure, not elsewhere classified.*

EXAMPLE 28:

Postprocedural wound infection (superficial) following total hip replacement. No evidence of infected prosthesis.

Codes:	T81.4	Wound infection following a procedure, not elsewhere classified
	Y83.1	Surgical operation with implant of artificial internal device
	Y92.23	Place of occurrence, health service area, not specified as this facilit

Where there is documentation that a postoperative infection is related to a prosthetic device, implant or graft, assign the relevant infection code from T82–T85.

EXAMPLE 29:

Patient had total hip replacement performed two months previously. Readmitted for pyogenic arthritis of hip due to infected hip prosthesis.

Codes:	T84.5	Infection and inflammatory reaction due to internal joint prosthesis
	M00.95	Pvogenic arthritis, unspecified, pelvic region and thigh
	Y83.1	Surgical operation with implant of artificial internal device
	Y92.23	Place of occurrence, health service area, not specified as this facility

OVERVIEW AND DEFINITION

Many conditions may arise during or in the period following a procedure. Some of these are considered to be 'procedural complications' while others are not. Examples of conditions that may occur include those that are:

- directly related to an intervention (eg (non)invasive procedures, surgery, anaesthesia, medication)
- a transient condition; a condition that occurs commonly after a procedure
- intimately related to the disease process
- resulting from lack of an intervention (eg failure to treat a condition)
- related to the complex interaction between the disease process and the intervention.

Qualifying terms such as 'intraoperative', 'postoperative' or 'postprocedural' may be documented in the clinical record to describe these conditions, however they should be assigned procedural complication codes **only** if they meet the following definition:

A condition or injury which is directly related to a surgical/procedural intervention.

Therefore, the terms 'postprocedural' or 'complication' should only be referred to in ICD-10-AM Alphabetic Index when the condition being coded meets this definition of a procedural complication.

If it cannot be determined whether a condition meets the definition of a procedural complication, it should not be coded as such. In these cases, assign a code(s) for the condition in accordance with ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*.

For classification advice on effects of radiation/radiotherapy, please refer to ACS 1902 Adverse effects.

EXAMPLE 1:

Postoperative atelectasis documented in clinical record and noted on chest x-ray results, two days following abdominal surgery. Resolved spontaneously without any treatment.

Decision: The atelectasis is not coded as it does not meet the criteria for either an additional diagnosis or a procedural complication.

EXAMPLE 2:

Acute urinary retention following bilateral inguinal hernia repair, requiring catheterisation. Patient also has benign prostatic hypertrophy.

Decision: It cannot be determined from the documentation whether the acute urinary retention was directly related to the surgery or is associated with the benign prostatic hypertrophy, therefore it is not coded as a procedural complication. However, a code is assigned for the condition as it meets the criteria for an additional diagnosis.

EXAMPLE 3:

Leakage of anastomosis between terminal ileum and transverse colon, following right hemicolectomy for caecal carcinoma. Subsequent laparotomy revealed a localised abscess which was drained.

Decision: The leaking anastomosis is directly related to the procedure and has resulted in the formation of an abscess. This meets the criteria to be coded as a procedural complication.

TYPES OF PROCEDURAL COMPLICATIONS

There are a number of terms used in ICD-10-AM to describe procedural complications and these generally relate to the timing of the complication.

Misadventure

A misadventure is defined as a complication occurring **during** medical or surgical care. It may be noted at the time of the procedure or after completion of the procedure.

EXAMPLE 4:

During the surgical count a sponge is missing, the wound has to be re-explored and the sponge removed.

EXAMPLE 5:

A patient may not be recovering as expected following abdominal surgery and on subsequent laparotomy, a small nick of the bowel (accidental puncture during the initial procedure) is discovered and oversewn.

Postprocedural complications

A postprocedural complication is a complication which occurs or persists after the procedure and is not evident at the time of the procedure.

Sequelae

A sequela of a complication is a current condition that is the result of a previously occurring procedural complication.

EXAMPLE 6:

Muscle wasting as a result of nerve injury, which occurred during a procedure three years previously, would be classified as a sequela. However, displacement of an internal prosthetic device two years after the original surgery would be classified as a complication, as it is **not** the result of an earlier postprocedural complication.

CLASSIFICATION OF PROCEDURAL COMPLICATIONS (DIAGNOSIS CODES)

Note: External cause and ACHI codes are not included in these examples.

Procedural complications which meet the definition of either a misadventure or a postprocedural complication, require a diagnosis code from one of the following categories in ICD-10-AM:

- E89 Postprocedural endocrine and metabolic disorders, not elsewhere classified
- G97 Postprocedural disorders of nervous system, not elsewhere classified
- H59 Postprocedural disorders of eye and adnexa, not elsewhere classified
- H95 Postprocedural disorders of ear and mastoid process, not elsewhere classified
- 197 Postprocedural disorders of circulatory system, not elsewhere classified
- J95 Postprocedural respiratory disorders, not elsewhere classified
- K91 Postprocedural disorders of digestive system, not elsewhere classified
- M96 Postprocedural musculoskeletal disorders, not elsewhere classified
- N99 Postprocedural disorders of genitourinary system, not elsewhere classified
- T80-T88 Complications of surgical and medical care, not elsewhere classified.

As these two types of procedural complications may be classified to any of the above eategories, it is essential that the Alphabetic Index be followed earefully in each case in order to assign the correct code.

Firstly, check the Alphabetic Index under the lead term which best describes the complication, for the subterm of 'procedural' or 'postprocedural'.

EXAMPLE 7:

Acute kidney failure due to exposure to nephrotoxins during surgery, requiring dialysis.

ICD-10-AM Alphabetic Index

Failure, failed

- kidney N19

-- postprocedural N99.0

Code: N99.0 Postprocedural kidney failure

EXAMPLE 8:

Wound infection in cholecystectomy scar, five days postoperatively, requiring antibiotic treatment.

ICD-10-AM Alphabetic Index

Infection, infected (opportunistic) B99

-postprocedural wound T81.4

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

In some cases, rather than the generic term 'postprocedural', the subterm may directly describe the procedure involved.

EXAMPLE 9:

Severe headache due to confirmed cerebrospinal fluid leak following lumbar puncture.

ICD-10-AM Alphabetic Index

Leak, leakage

- cerebrospinal fluid G96.0

-- from spinal (lumbar) puncture G97.0

Codes: G97.0 Cerebrospinal fluid leak from spinal puncture

R51 Headache

An additional code from Chapters 1 to 19 should be assigned where it provides further specificity.

EXAMPLE 10:

Rectovaginal fistula due to previous low anterior resection, for rectal carcinoma.

ICD 10 AM Alphabetic Index

Fistula

- rectovaginal N82.3

 Codes:
 N99.8
 Other postprocedural disorders of genitourinary system

 N82.3
 Fistula of vagina to large intestine

If there is no specific subterm for 'procedural' or 'postprocedural' in the Alphabetic Index under the lead term, follow the look up for *Complication(s)*, followed by the relevant body system to which the complication pertains and then 'postprocedural'.

EXAMPLE 11:

Endophthalmitis from intraocular cataract surgery.

ICD-10-AM Alphabetic Index

Endophthalmitis - no subterm for postprocedural/postoperative

Complications (from) (of)

The lead term *Complication(s)* may also be followed by a subterm directly describing the type or nature of the complication.

EXAMPLE 12:

Cystoscopy for diathermy of trigonitis. At cystoscopy, the distal urethra was accidentally lacerated. The laceration was sutured during the cystoscopy. The patient suffered no adverse effect from the misadventure during the remainder of the episode of care.

ICD-10-AM Alphabetic Index

Complications (from) (of)

-accidental puncture or laceration during procedure T81.2

Codes: N30.3 Trigonitis

T81.2 Accidental puncture and laceration during a procedure, not elsewhere classified
S37.38 Injury of other part of urethra

Where the complication relates to a prosthetic device, implant or graft, such as a cardiac valve, look up the lead term *Complication(s)* and then by the device (if known and listed) or by the subterm of 'prosthetic device, implant or graft'.

EXAMPLE 13:

Patient with sick sinus syndrome admitted for insertion of a dual chamber permanent pacemaker with transvenous insertion of electrodes. Testing of the pacemaker during the procedure reveals a problem with the pulse generator which cannot be corrected via reprogramming. The pulse generator is replaced without further incident.

ICD-10-AM Alphabetic Index

Complications (from) (of)

pacemaker (electrode) (pulse generator) T82.9

mechanical T82.1

 Codes:
 149.5
 Sick sinus syndrome

 T82.1
 Mechanical complication of cardiac electronic device

EXAMPLE 14:

Six months after a breast reconstruction procedure post mastectomy, the silicone breast implant is noted to have become displaced. The implant is replaced.

ICD 10 AM Alphabetic Index

Complications (from) (of)

- breast implant (prosthetic) T85.9

mechanical T85.4

Code: T85.4 Mechanical complication of breast prosthesis and implant

Sequelae of procedural complications require two codes to describe the diagnostic component:

• a code for the residual condition or nature of the sequela (the current condition)

• T98.3 Sequelae of complications of surgical and medical care, not elsewhere classified

EXAMPLE 15:

Chronic osteomyelitis of lower leg resulting from previous infection of orthopaedic internal fixation device.

ICD-10-AM Alphabetic Index

Sequelae (of) - see also condition

-complications (of)

-surgical and medical care T98.3

Codes: M86.66 Other chronic osteomyelitis, lower leg

T98.3 Sequelae of complications of surgical and medical care, not elsewhere classified

Symptoms which meet the criteria of procedural complications

When a procedural complication is a symptom classifiable to Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified*, assign an appropriate chapter specific 'postprocedural disorder' code, followed by the code for the symptom and the appropriate external cause codes.

EXAMPLE 16:

Patient readmitted with dysphagia due to laparoscopic Nissen fundoplication one week ago. Balloon dilation of oesophagus performed with good results.

ICD-10-AM Alphabetic Index

Complications (from) (of)

digestive K92.9

- - postprocedural (see also Complications/by type and site) K91.9

specified NEC K91.8

Codes: K91.8 Other postprocedural disorders of digestive system, not elsewhere elassified R13 Dysphagia

When a symptom meets the criteria for a procedural complication and no link can be made to a particular postprocedural code, either because the relevant chapter does not have a postprocedural category or the symptom overlaps several body system chapters, assign T81.8 *Other complications of procedures, not elsewhere classified,* followed by the code for the symptom and the appropriate external cause codes.

CLASSIFICATION OF EXTERNAL CAUSES OF PROCEDURAL COMPLICATIONS (EXTERNAL CAUSE CODES)

Note: ACHI codes are not included in these examples.

The following separate categories in ICD-10-AM are for the external cause codes for specific types of procedural complications; misadventures, postprocedural complications and sequelae:

• Y60 Y69 Misadventures to patients during surgical and medical care

• Y70 Y82 Medical devices associated with misadventures in diagnostic and therapeutic use

- Y83 Y84 Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
- Y88 Sequelae with surgical and medical care as external cause

Place of occurrence

A place of occurrence code is mandatory for all procedural complications and it **must relate** to where the external cause occurred not where the adverse effect occurred. For example, although a postoperative wound infection may not manifest until after the patient is discharged, code Y92.22 *Place of occurrence, health service area* would still be assigned for place of occurrence as the procedure (external cause) took place in a hospital setting. The place of occurrence code does not relate to where the wound infection occurred (in this case, outside the hospital), but rather to where the external cause of the complication (ie the procedure) occurred.

Misadventure

A code from block Y60 Y69 *Misadventures to patients during surgical and medical care* should be assigned when the complication occurs during a procedure.

Refer to the lead term of *Misadventure* in the ICD-10-AM Index to External Causes of Injury, and then by the type of misadventure.

EXAMPLE 17:

Cystoscopy for diathermy of trigonitis. At eystoscopy, the distal urethra was accidentally lacerated. The laceration was sutured during the cystoscopy. The patient suffered no adverse effect from the misadventure during the remainder of the episode of care.

ICD 10 AM Index to External Causes of Injury

Misadventure(s) to patient(s) during surgical or medical care Y69

Codes:	<u>N30.3</u>	- Trigonitis
	<u>T81.2</u>	Accidental puncture and laceration during a procedure, not elsewhere classified
	<u>\$37.38</u>	- Injury of other part of urethra
	<u>Y60.4</u>	Unintentional cut, puncture, perforation or haemorrhage during surgical and medical
		<i>care, during endoscopic examination</i>
	<u>Y92.22</u>	<i>Place of occurrence, health service area</i>

EXAMPLE 18:

Colonoscopy and cautery of colonic polyps. During the procedure, the wall of the colon was perforated and the patient developed acute peritonitis.

ICD 10 AM Index to External Causes of Injury

Misadventure(s) to patient(s) during surgical or medical care Y69

- cut, cutting, puncture, perforation or haemorrhage (accidental) (during) (inadvertent) (unintentional) Y60.9 - - endoscopic examination Y60.4

Codes: K63.5 Polyp of colon

T81.2 Accidental puncture and laceration during a procedure, not elsewhere classified
S36.50 Injury of colon, part unspecified



A code from block Y70 Y82 *Medical devices associated with misadventures in diagnostic and therapeutic use* should be assigned when the complication is directly caused by a device, prosthesis, implant or material and not by human intervention **and** the misadventure occurs and is noted at the time of the procedure.

Refer to the lead term of *Misadventure* in the ICD-10 AM Index to External Causes of Injury, and then 'due to device' and then by the type of device. The ICD-10-AM Tabular List must be referred to for the fourth character subdivision for these codes.

EXAMPLE 19:

Patient with sick sinus syndrome admitted for insertion of a dual chamber permanent pacemaker with transvenous insertion of electrodes. Testing of the pacemaker during the procedure reveals a problem with the pulse generator which cannot be corrected via reprogramming. The pulse generator is replaced without further incident.

<u>Y92.22</u> Place of occurrence, health service area

Postprocedural complications

A code from block Y83 Y84 Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure should be assigned when the postprocedural complication occurs or persists after the procedure and is not evident at the time of the procedure.

Refer to the lead term of *Complication* in the ICD-10-AM Index to External Causes of Injury, then by the type of procedure performed.

EXAMPLE 20:

Six months after a breast reconstruction procedure post masteetomy, the silicone breast implant is noted to have become displaced. The implant is replaced.

ICD 10 AM Index to External Causes of Injury

Complication (delayed) (medical or surgical procedure) (of or following) Y84.9

- implant, implantation (of)

-artificial

Codes:	<u>T85.4</u>	Mechanical complication of breast prosthesis and implant
	<u>Y83.1</u>	Surgical operation with implant of artificial internal device
	<u>Y92.22</u>	-Place of occurrence, health service area

EXAMPLE 21:

Wound infection in cholecystectomy scar, five days postoperatively.

ICD 10 AM Index to External Causes of Injury

Complication (delayed) (medical or surgical procedure) (of or following) Y84.9

- removal of organ (partial) (total) NEC Y83.6

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

<u>Y83.6 Removal of other organ (partial) (total)</u>

Y92.22 Place of occurrence, health service area

Sequelae

A code from category Y88 *Sequelae with surgical and medical care as external cause* should be assigned when the complication is a current condition that is the result of a previously occurring procedural complication.

Refer to the lead term of *Sequelae* in the ICD 10 AM Index to External Causes of Injury, then by the type of previously occurring procedural complication.

EXAMPLE 22:

Chronic osteomyelitis of lower leg resulting from previous infection of orthopaedic internal fixation device.

ICD 10 AM Index to External Causes of Injury

Sequelae (of) Y89.9

- surgical and medical procedures as cause of abnormal reaction or later complication (classifiable to Y83– Y84)Y88.3

Codes: M86.66 Other chronic osteomyelitis, lower leg

T98.3 Sequelae of complications of surgical and medical care, not elsewhere classified

<u>Y88.3</u> Sequelae of surgical and medical procedures as the cause of abnormal reaction of the patient, or

of later complication, without mention of misadventure at the time of the procedure Y92.22 Place of occurrence, health service area

READMISSION FOR TREATMENT OF PROCEDURAL/POSTPROCEDURAL COMPLICATIONS

The following guidelines apply:

- If documentation does not state that the condition arose as a complication of the initial surgery, only the condition is coded
- Where documentation clearly states that the condition arose as a complication of the initial surgery the condition should be coded as a procedural/post procedural complication

EXAMPLE 23:

Patient is admitted for pain due to previous tonsillectomy.

Codes:	<u>T81.8</u>	Other complications of procedures, not elsewhere classified
	<u>R07.0</u>	- Pain in throat
	<u>- ¥83.6</u>	- Removal of other organ (partial)(total)
	<u>Y92.22</u>	-Place of occurrence, health service area

See also ACS 1807 Pain diagnoses and pain management procedures.

OBSTETRIC PROCEDURAL COMPLICATIONS

The majority of codes in Chapter 15 *Pregnancy, Childbirth and the Puerperium* relating to complications do not require an additional external cause code as the concept is bundled within the disease code.

EXAMPLE 24:

Severe anaesthesia related headache during normal vaginal delivery, with neuraxial block. Code: 074.5 Spinal and epidural anaesthesia-induced headache during labour and delivery

However, there is no convention in ICD-10-AM prohibiting the use of an external cause code with some codes in this chapter. Therefore, the use of an external cause code with obstetric code(s) is acceptable if it provides further specificity.

EXAMPLE 25:

During caesarean section, the initial incision extended into the upper cervix resulting in cervical laceration which required repair.

Codes:	-071.3	-Obstetric laceration of cervix
	<u>Y60.0</u>	Unintentional cut, puncture, perforation or haemorrhage, during surgical and medical
	1 0 0 . 0	
		-care, during surgical operation
	V02 22	-Place of occurrence, health service area
	172.22	- Trace of becarrence, nearnin service area

INTRAVASCULAR CATHETER RELATED INFECTION/INFUSION OR TRANSFUSION RELATED INFECTION

Definition

Infections related to intravascular access may be described as a localised infection at the site of insertion or intravascular catheter related sepsis. Localised infections will be indicated by erythema, oedema, purulent discharge, pain and possibly pyrexia. Documentation of terms such as 'redness' and/or 'tissued' in isolation of other signs of infection, do not constitute a localised infection. Intravascular catheter related sepsis can occur if localised infection progresses.

Infusion/transfusion associated infection refers to the sudden onset of symptoms of blood stream infection after the initiation of infusion. This may be attributed to improper aseptic technique during the venepuncture where microorganisms are inadvertently introduced into the blood stream, or caused by the administration of contaminated blood products or IV fluid. Infusion/transfusion associated infection is characterised by the appearance of fever, shivering, dyspnoea, hypotension etc. Severe infection can lead to septic shock or multiple organ failure.

Classification

Intravascular eatheter related infection or sepsis is classified to:

- T82.7 Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, together with a code for the specific condition, if known (eg cellulitis, sepsis)
- Y84.8 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (if the insertion was not performed as an open surgical procedure)
- Y92.22 Place of occurrence, health service area

Infusion/transfusion related infection or sepsis is classified to:

- T80.2 Infections following infusion, transfusion and therapeutic injection, together with a code for the specific condition, if known (eg sepsis)
- Y84.8 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (if the insertion was not performed as an open surgical procedure)
- Y92.22 Place of occurrence, health service area

See also ACS 0110 SIRS, sepsis, severe sepsis and septic shock.

HOSPITAL ACQUIRED WOUND INFECTION

Definition

A wound infection in a surgical wound is one from which purulent material drains or is obtained. A reaction around suture material is excluded from the definition and should not be eoded.

Classification

In ICD 10 AM, there is no distinction between superficial and deep wound infections, unless the infection is due to or resulting from a prosthetic device, implant or graft. Both superficial and deep wound infections are classified to T81.4 *Wound infection following a procedure., not elsewhere classified*

EXAMPLE 26:

Postprocedural wound infection (superficial) of skin following total hip replacement. No evidence of infected prosthesis.

Codes:	T81 /	-Wound infection following a procedure, not elsewhere classified
coues.	101.4	mound injection joliowing a procedure, not elsewhere etassifica
	V83 1	Surgical operation with implant of artificial internal device
	105.1	Surgicul operation with implant of artificial internal acvice
	V02 22	Place of occurrence health service area
	1 / 2.22	<u>Fince of occurrence, neurin service area</u>

Where there is clear documentation that the infection is due to, or resulting from, a prosthetic device, implant or graft, then the relevant infection codes from categories T82–T85 should be assigned.

EVAMD	LE 27.	
EAANT		
Patient ha	id permane i	nt pacemaker inserted 2 months previously. Admitted for replacement of system due to
infected l	eads.	
Codes:	<u>T82.7</u>	Infection and inflammatory reaction due to other cardiac and vascular devices,
implants	and	
-		grafts
	<u></u>	Surgical operation with implant of artificial internal device
	<u>Y92.22</u>	-Place of occurrence, health service area
	Patient ha infected l Codes:	infected leads. Codes: T82.7 <i>implants and</i> Y83.1 Y92.22

Same-day endoscopy

BACKGROUND:

Numerous queries in regards to coding same-day endoscopy cases prompted a review and amalgamation of all standards and Coding Rules relating to same-day endoscopy and the creation of two standards:

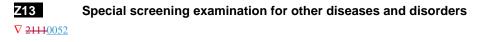
- ACS 0051 Same-day endoscopy diagnostic Principles remain the same with only minor revision for clarification.
- ACS 0052 Same-day endoscopy surveillance Consolidation of follow-up and screening standards with advice regarding chronic conditions.

TABULAR LIST

Other faecal abnormalities	
Abnormal sto Bulky stools Mucus	ol colour } in stools
Occult blood	J
Excludes:	melaena:neonatal (P54.1)
	• NOS (K92.1)
Follow-up	examination after treatment for malignant neoplasms
Includes: Excludes:	medical surveillance following treatment follow-up medical care and convalescence (Z42–Z51, Z54)
Follow-up ex	camination after surgery for malignant neoplasm
Follow-up ex <i>Excludes:</i>	xamination after radiotherapy for malignant neoplasm radiotherapy session (Z51.0)
	xamination after pharmacotherapy for malignant neoplasm amination after chemotherapy for malignant neoplasm pharmacotherapy session (Z51.1)
	xamination after combined treatment for malignant neoplasm amination following any combination of treatments classified to Z08.0–Z08.2
Follow-up ex	camination after other treatment for malignant neoplasm
Follow-up ex	camination after unspecified treatment for malignant neoplasm
Follow-up examination after treatment for conditions other than malignant neoplasms	
Includes: Excludes:	medical surveillance following treatment follow-up medical care and convalescence (Z42–Z51, Z54) medical surveillance following treatment for malignant neoplasms (Z08) surveillance of:
	 contraception (Z30.4–Z30.5) prosthetic and other medical devices (Z44–Z46)
	Abnormal sto Bulky stools Mucus Occult blood <i>Excludes:</i> Follow-up e Follow-up e Follow-up e Follow-up ex Follow-up ex

Z09.1	Follow-up e <i>Excludes:</i>	xamination after radiotherapy for other conditions radiotherapy session (Z51.0)	
Z09.2		xamination after pharmacotherapy for other conditions camination after chemotherapy for other conditions	
Z11	Special sc	reening examination for infectious and parasitic diseases	
∇ <u>2111</u> <u>0052</u>	Note:	Screening is the testing for disease or disease precursors in asymptomatic individuals so that early detection and treatment can be provided for those who test positive for the disease.	
Z11.0	Special scre	ening examination for intestinal infectious diseases	
Z11.1	Special scre	ening examination for respiratory tuberculosis	
Z11.2	Special scre	ening examination for other bacterial diseases	
Z11.3	Special scre	ening examination for infections with a predominantly sexual mode of transmission	
Z11.4	Special scree	ening examination for human immunodeficiency virus [HIV]	
Z11.5	Special scree Excludes:	ening examination for other viral diseases viral intestinal disease (Z11.0)	
Z11.6	Special screening examination for other protozoal diseases and helminthiases <i>Excludes:</i> protozoal intestinal disease (Z11.0)		
Z11.8	Special scree Chlamydial Rickettsial Spirochaetal Mycoses	ening examination for other infectious and parasitic diseases } diseases } }	
Z11.9	Special scre	ening examination for infectious and parasitic diseases, unspecified	
Z12	Special sc	reening examination for neoplasms	
∇ <u>2111</u> <u>0052</u>	Note:	Screening is the testing for disease or disease precursors in asymptomatic individuals so that early detection and treatment can be provided for those who test positive for the disease.	
Z12.0	Special scre	ening examination for neoplasm of stomach	
Z12.1	Special screening examination for neoplasm of intestinal tract		
Z12.2	Special scre	ening examination for neoplasm of respiratory organs	
Z12.3	Special scre <i>Excludes:</i>	ening examination for neoplasm of breast routine mammogram (Z01.6)	
Z12.4	Special scre <i>Excludes:</i>	ening examination for neoplasm of cervix when routine test or as part of general gynaecological examination (Z01.4)	
Z12.5	Special scre	ening examination for neoplasm of prostate	

- Z12.6 Special screening examination for neoplasm of bladder
- Z12.8 Special screening examination for neoplasms of other sites
- Z12.9 Special screening examination for neoplasm, unspecified



- Z13.0 Special screening examination for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- Z13.1 Special screening examination for intermediate hyperglycaemia and diabetes mellitus
- Z13.2 Special screening examination for nutritional disorders
- Z13.3 Special screening examination for mental and behavioural disorders Alcoholism Depression Mental retardation

PERSONS WITH POTENTIAL HEALTH HAZARDS RELATED TO FAMILY AND PERSONAL HISTORY AND CERTAIN CONDITIONS INFLUENCING HEALTH STATUS

(Z80–Z99)

Excludes:

follow up examination (Z08–Z09) follow up medical care and convalescence (Z42–Z51, Z54.) when personal history is the reason for special screening or other examination or investigation (Z00–Z13) when the possibility that the fetus might be affected is the reason for observation or action during pregnancy (O35.)

ALPHABETIC INDEX

Adenomatous

- goitre (nontoxic) E04.9
- - with hyperthyroidism E05.2
- - toxic E05.2
- <u>- polyposis, familial see Polyposis</u>

Cancer (M8000/3) — see also Neoplasm/malignant

- **Note:** The term 'cancer', when modified by an adjective or adjectival phrase indicating a morphological type, should be coded in the same manner as 'carcinoma' with that adjective or phrase.
- Thus, 'squamous cell cancer' should be coded in the same manner as 'squamous cell carcinoma', which appears in the list under 'Carcinoma'.
- <u>hereditary non-polyposis colorectal (HNPCC)</u> <u>see Neoplasm/malignant</u>
- screening (for) see Screening/neoplasm

Family, familial — see also condition

- <u>- adenomatous polyposis (FAP) see Polyposis</u> - disruption Z63.8
- - involving divorce or separation Z63.5
- planning advice Z30.0
- problem Z63.9
- - specified NEC Z63.8
- Famine (effects of) T73.0
- oedema (see also Malnutrition/severe) E43 Fanconi(-de Toni)(-Debré) syndrome E72.0

Fanconi's anaemia D61.0 FAP (familial adenomatous polyposis) — see Polyposis Farber's disease or syndrome E75.2

Hereditary — see <u>also</u> condition

<u>- non-polyposis colorectal cancer (HNPCC) —</u> <u>see Neoplasm/malignant</u>

Heredodegeneration, macular H35.5

HIV — see also Human/immunodeficiency virus (HIV) disease

- laboratory evidence R75
- nonconclusive test (in infants) R75
- positive, seropositive Z21

Hives (bold) (see also Urticaria) L50.9 HNPCC (hereditary non-polyposis colorectal

cancer) — see Neoplasm/malignant

Hoarseness R49.0

Lymphostasis 189.8

Lynch syndrome — see Neoplasm/malignant Lysine and hydroxylysine metabolism disorder E72.3 Lyssa — see Rabies

Polyposis — see also Polyp

- colon (adenomatous) (juvenile) (M8220/0) D12._ 6
- - adenocarcinoma in (M8220/3) <u>(see also</u> <u>Neoplasm/malignant)</u> C18.9
- - carcinoma in (M8220/3) <u>(see also</u> Neoplasm/malignant) C18.9
- familial <u>adenomatous (M8220/0)</u> <u>(see also</u> <u>Polyposis/colon)</u> D12.-6
- intestinal (adenomatous) (juvenile) (M8220/0) (see also Polyposis/colon) D12.-6
- - lymphomatous, malignant (M9673/3) C83.1
- lymphomatous, malignant (M9673/3) C83.1
- multiple, adenomatous (M8221/0) (see also Neoplasm/benign) D36.9

Screening (for)

- helminthiasis (intestinal) Z11.6
- hereditary non-polyposis colorectal cancer
- (HNPCC) Z12.1
- Hodgkin's disease Z12.8
- hormones Z04.0

- lymphoma Z12.8
- Lynch syndrome Z12.1
- malaria Z11.6
- malnutrition Z13.2
- poliomyelitis Z11.5
- polyposis (adenomatous) (familial) (FAP) Z12.1
- postnatal, chromosomal abnormalities Z13.7

Syndrome — see also Disease

- Lvell's L51.2
- - due to drug
- - correct substance properly administered L51.2
- overdose or wrong substance given or taken T50.9
- - - specified drug see Table of drugs and chemicals
- Lynch see Neoplasm/malignant
- MacLeod's J43.0

AUSTRALIAN CODING STANDARDS

0002 ADDITIONAL DIAGNOSES

ADDITIONAL DIAGNOSIS REPORTING REFERRED TO IN OTHER STANDARDS

The standards listed below include guidance that, in some cases, may indicate that certain conditions that would not normally meet ACS 0002 should be assigned as additional diagnoses. Examples of these sorts of cases are 'status' codes such as HIV, smoking, carrier, conditions found at endoscopy and 'flag' codes such as duration of pregnancy, or outcome of delivery.

Note that this list may not always be exhaustive as standards are changed over time.

ACS 0005	Syndromes
ACS 0011	Admission for surgery not performed
ACS 0012	Suspected conditions
ACS 0046 0051	Diagnosis selection for sSame-day endoscopy - diagnostic
ACS 0102	<i>HIV/AIDS</i>
ACS 0104	Viral hepatitis

0046 DIAGNOSIS SELECTION FOR SAME-DAY ENDOSCOPY

An important feature of this standard is that it includes advice to code some conditions which may not ordinarily meet the criteria for ACS 0002 *Additional diagnoses*. Note, however, that conditions which are present at the time of endoscopy (eg COPD), in contrast to those found at endoscopy, remain subject to the criteria of ACS 0002 *Additional diagnoses*.

Note carefully when this standard applies and when it does not:

THIS STANDARD APPLIES TO:

Those patients who are admitted for endoscopic investigation of any body system (eg colonoscopy, bronchoscopy, ERCP) or arthroscopy and who are also:

- same day patients, ie admitted and discharged on the same date, or
- patients who are discharged on the day after admission but the intention was for same day admission, or
- patients who are admitted the day before the procedure because a day only admission is not possible or practicable for them (eg elderly patients, those who live in a remote location).

THIS STANDARD DOES NOT APPLY TO:

- Cases where the patient is presenting for follow up investigations. These cases are
 coded in accordance with ACS 2113 Follow up examinations for specific disorders.
- Patients having endoscopies to further investigate a known condition, such as carcinoma of the stomach (these cases will be coded in accordance with ACS 0001 *Principal diagnosis* and ACS 0002 Additional diagnoses), or those presenting with a problem related to a known condition (these will be coded in accordance with ACS 0001 Principal diagnosis).
- Episodes for screening that are coded in accordance with ACS 2111 Screening for specific disorders.
 - i. If a causal link is established between the symptom and one of the findings (that is, either the clinician documents the link, or a standard directs coders to assume a link), this finding should be assigned as principal diagnosis. The symptom should not be coded (unless it meets criteria in ACS 1802 Signs and symptoms) and the other findings, if any, should be assigned as additional diagnoses.

 A computer generated report of the findings does not constitute establishment of a link, unless that report clearly demonstrates that one of the findings is the cause of the symptom and the other findings are incidental.

Example 1:

Patient with abdominal pain admitted for oesophagogastroduodenoscopy (OGD). Gastric ulcer documented as reason for abdominal pain. Duodenitis also noted.

 Principal diagnosis:
 Gastric ulcer

 Additional diagnosis:
 Duodenitis (and any other findings)

 Procedure:
 OGD

2. If a causal link is not established, code the symptom as the principal diagnosis and code all the findings as additional diagnoses.

Example 2:

Patient with anaemia admitted for colonoscopy. The finding of diverticular disease is documented as not explaining the anaemia.

 Principal diagnosis:
 Anaemia

 Additional diagnosis:
 Diverticular disease (and any other findings)

 Procedure:
 Colonoscopy

0051 SAME-DAY ENDOSCOPY - DIAGNOSTIC

This standard applies to patients who are admitted for endoscopic investigation of any body system (eg colonoscopy, bronchoscopy, endoscopic retrograde cholangiopancreatography (ERCP)) or arthroscopy for diagnostic purposes and who are also:

- same-day patients (ie admitted and discharged on the same date), or
- discharged on the day after admission but the intention was for same-day admission, or
- admitted the day before the procedure for support/supervision with the endoscopy preparation or because a day only admission is not possible or practicable for them (eg elderly patients, those who live in a remote location).

This standard does not apply where principal/additional diagnoses are clearly documented.

<u>Conditions that are present at the time of endoscopy (eg chronic obstructive pulmonary</u> <u>disease (COPD)), in contrast to those found at diagnostic endoscopy, remain subject to the</u> <u>criteria in ACS 0002 Additional diagnoses.</u>

See also ACS 0024 Panendoscopy and ACS 1103 Gastrointestinal (GI) haemorrhage.

CLASSIFICATION

<u>1. Symptom/condition documented as the indication for endoscopy:</u>

- **<u>1.1 If a causal link is documented between the indication/symptom and any of the</u></u> <u>findings, that is, either the clinician documents the link, or the classification directs</u> <u>clinical coders to assume a link:</u>**
- assign as principal diagnosis a code for the finding identified as the cause of the indication and do not assign a code for the indication/symptom (see also *Note* at the beginning of Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified*)
- assign codes for all other findings as additional diagnoses (note these findings do not need to meet the criteria in ACS 0002 *Additional diagnoses*).

Note: ACHI codes are not included in these examples.

EXAMPLE 1:

<u>Patient admitted with abdominal pain for investigation via oesophagogastroduodenoscopy.</u> <u>Gastric ulcer documented as reason for abdominal pain. Duodenitis also noted.</u>

- Codes:
 K25.9
 Gastric ulcer, unspecified as acute or chronic, without haemorrhage

 or perforation
 or perforation
 - K29.80 Duodenitis without mention of haemorrhage

1.2 If no causal link is documented between the indication/symptom and any of the findings:

assign a code for the indication/symptom as the principal diagnosis
assign codes for all findings as additional diagnoses.

EXAMP	<u>LE 2:</u>	
Patient ad	lmitted with	haemoptysis for bronchoscopy. Suspicious lesion identified in the
main brou	nchus and bi	opsied. Histopathology result shows squamous cell carcinoma.
Codes:	R04.2	<u>Haemoptysis</u>
	C34.0	Malignant neoplasm of main bronchus
	M8070/3	Squamous cell carcinoma NOS

1.3 If there are no findings at diagnostic endoscopy, assign a code for the indication/symptom as the principal diagnosis.

EXAMPLE 3:

<u>Patient with a positive faecal occult blood test (FOBT) admitted for colonoscopy. No biopsies were taken and no findings noted.</u>

Codes: R19.5 Other faecal abnormalities

2. No symptom/condition documented as the indication for endoscopy:

Query the incomplete documentation with the clinician.

Where this is not possible or no response is forthcoming, apply the following guidelines:

2.1 If there is no indication and no findings documented:

• assign Z01.8 Other specified special examinations as the principal diagnosis.

EXAMPLE 4:

Patient admitted for same-day gastroscopy, with no documentation of an indication. The endoscopy report notes 'normal gastroscopy'.

Codes: Z01.8 Other specified special examinations

2.2 If there is no indication but there are findings documented:

• assign code(s) for findings and apply the criteria in ACS 0001 *Principal diagnosis* to determine the principal diagnosis.

EXAMPLE 5:

Patient admitted for same-day arthroscopy of the left knee, with no documentation of an indication. The arthroscopy report noted the following findings – grade III changes on the medial femoral condyle and mild prepatellar bursitis.

Codes: M17.1 Other primary gonarthrosis

M70.4 Prepatellar bursitis

M17.1 has been assigned as principal diagnosis by applying ACS 0001 Principal diagnosis, Two or more diagnoses that equally meet the definition of principal diagnosis.

0052 SAME-DAY ENDOSCOPY - SURVEILLANCE

This standard applies to patients who are admitted for endoscopic surveillance of any body system (eg colonoscopy, bronchoscopy, endoscopic retrograde cholangiopancreatography (ERCP)) or arthroscopy and who are also:

- same-day patients (ie admitted and discharged on the same date) or
- discharged on the day after admission but the intention was for same-day admission,
 or
- admitted the day before the procedure for support/supervision with the endoscopy preparation or because a day only admission is not possible or practicable for them (eg elderly patients, those who live in a remote location).

For classification purposes endoscopic surveillance refers to:

- follow-up of conditions previously treated and thought to be cured (eg follow-up gastroscopy following treatment for gastric ulcer) (see Examples 1, 2 and 10)
- review of chronic incurable conditions such as coeliac disease, Crohn's disease and ulcerative colitis that cannot be eradicated but require ongoing treatment and management. Although the follow-up examination may appear normal it does not mean the disease has been eradicated or cured (see Example 7)
- screening of diseases that have the potential for malignant transformation (eg premalignant conditions such as Barrett's oesophagus, hyperplastic polyps and familial adenomatous polyposis (FAP)) (see Examples 6, 8, 11 and 12)
- screening of other diseases and pre-cursors (risk factors) (eg family history of cancer or gene mutations, liver cirrhosis as a risk factor for gastro-oesophageal varices) (see Examples 3, 4, 9 and 13)

Note: A positive gene test for a particular disease indicates susceptibility to that disease meaning that the individual is *at risk* for developing the disease. It should not be regarded as an abnormal result or a sign of the presence of the disease.

• screening due to other factors (see Example 5).

See also ACS 0024 Panendoscopy and ACS 0051 Same-day endoscopy – diagnostic.

CLASSIFICATION

In all scenarios described above, regardless of the documentation of terms such as follow-up, screening or surveillance, the following guidelines apply:

Assign as principal diagnosis:

- the pre-existing condition under surveillance (including chronic incurable conditions) (see Example 7, 8, 9, 11 and 12)
- the condition under surveillance (follow-up/screening) if detected at screening (see Example 6 and 10)
- an appropriate code from categories Z08 or Z09 *Follow-up examination after* <u>treatment for... if the condition under surveillance has been previously treated and</u> <u>no recurrence or residual condition is detected (see Example 1 and 2)</u>

• an appropriate code from categories Z11, Z12 and Z13 *Special screening examination for...* if screening for a disease pre-cursor (risk factor) or other factor and no disease is detected or has ever been detected (see Examples 3, 4 and 5).

Assign as additional diagnoses:

- any condition found at endoscopy that meets the criteria in ACS 0002 Additional diagnoses (see Example 12 and 13)
- an appropriate code from block Z80–Z99 *Persons with potential health hazards* <u>related to family and personal history and certain conditions influencing health</u> <u>status for any personal or family history as appropriate (see Examples 1, 2, 3, 6 and 11).</u>

Do not assign codes from Z08 or Z09 *Follow-up examination after treatment for...* or Z11, Z12 and Z13 *Special screening examination for...* as additional diagnoses.

Note: ACHI codes are not included in these examples.

EXAMPLE 1:

Patient with history of laryngeal cancer treated by radiotherapy two years ago admitted for follow-up microlaryngoscopy. No recurrence of the malignancy was found.

 Codes:
 Z08.1
 Follow-up examination after radiotherapy for malignant neoplasm

 Z85.2
 Personal history of malignant neoplasm of other respiratory and intrathoracic organs

EXAMPLE 2:

Patient admitted following treatment of a gastric ulcer with a proton pump inhibitor (PPI). Endoscopy revealed a healed ulcer with no evidence of active ulceration.

 Codes:
 Z09.2
 Follow-up examination after pharmacotherapy for other conditions

 Z87.11
 Personal history of peptic ulcer disease

EXAMPLE 3:

Patient admitted for colonoscopy due to family history of colon cancer. Diverticulosis and haemorrhoids seen, however no neoplasm identified.

Codes:Z12.1Special screening examination for neoplasm of intestinal tractZ80.0Family history of malignant neoplasm of digestive organs

EXAMPLE 4:

Patient admitted for a small bowel biopsy due to a positive coeliac gene test. No evidence of coeliac disease identified on the histopathology.

Codes: Z13.83 Special screening examination for digestive tract disorder

EXAMPLE 5:			
Patient ad	dmitted for	colonoscopy as concerned for own health after the death of a close	
friend wi	friend with colorectal cancer. Colonoscopy found no abnormality.		
Codes:	Z12.1	Special screening examination for neoplasm of intestinal tract	
	Z71.1	Person with feared complaint in whom no diagnosis is made	

EXAMPLE 6:

Patient admitted for colonoscopy and biopsy due to family history of hereditary non-			
polyposis	polyposis colorectal cancer (HNPCC). Histopathology revealed adenocarcinoma of the		
<u>caecum.</u>			
Codes:	C18.0	Malignant neoplasm of caecum	
	M8140/3	Adenocarcinoma NOS	
	Z80.0	Family history of malignant neoplasm of digestive organs	

EXAMPLE 7:

Follow-up coeliac disease. Oesophagogastroduodenoscopy (OGD) with biopsy
performed. No evidence of coeliac disease found in biopsied tissue.Codes:K90.0Coeliac disease

EXAMPLE 8:

Patient with Barrett's disease admitted for oesophagogastroscopy and biopsy. Pathology report states 'no dysplasia'.

Codes: K22.7 Barrett's oesophagus

EXAMPLE 9:

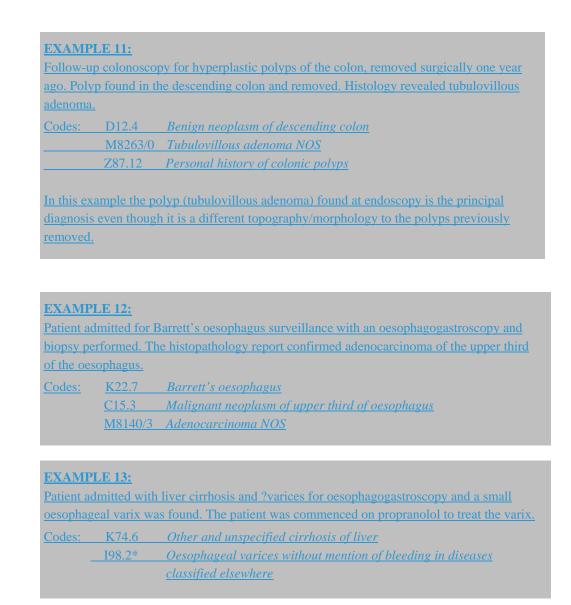
Patient admitted with liver cirrhosis and ?varices for oesophagogastroscopy. No varices were found.

Codes: K74.6 Other and unspecified cirrhosis of liver

EXAMPLE 10:

Patient with history of transitional cell cancer of the bladder treated with radiotherapy five years ago, admitted for follow-up cystoscopy. Recurrence of the malignancy was treated with diathermy.

Codes:C67.9Malignant neoplasm of bladder, unspecifiedM8120/3Transitional cell carcinoma NOS



0236 NEOPLASM CODING AND SEQUENCING

(excluding same-day chemotherapy/radiotherapy)

The sequencing of either primary or secondary malignancy code is dependent on the treatment at each episode. Selection of the principal diagnosis should be made in accordance with ACS 0001 *Principal diagnosis*.

The primary malignancy should be coded as a current condition if the episode of care is for:

- diagnosis or treatment of the primary malignancy, in any of the following circumstances:
 - initial diagnosis of the primary malignancy
 - treatment of complications of the malignancy
 - operative intervention to remove the malignancy
 - medical care related to the malignancy, including palliative care (see also ACS 2116 *Palliative care*)

- recurrence of a primary malignancy previously eradicated from the same organ or tissue
- diagnosis or treatment of a secondary malignancy, regardless of when/if the primary site was previously resected. An additional diagnosis code(s) should be assigned for the primary site(s) if known, or C80.- *Malignant neoplasm without specification of site* if the primary site is unknown.
- treatment aimed at stopping the cancer progression, such as:
 - chemotherapy or radiotherapy (see also ACS 0044 *Chemotherapy* and ACS 0229 *Radiotherapy*)
 - subsequent admissions for wider excision (even if there is no residual malignancy on histopathology)
 - staged surgery for prophylactic removal of a related organ
- treatment of another nonmalignant condition, when the malignacy is a comorbidity that has an affect on the episode of care as per ACS 0002 *Additional diagnoses*.
- dental clearance prior to radiotherapy. The malignancy or the complication will be coded as the principal diagnosis.

If the episode is for follow-up care, the malignancy may be coded as current or as a past history, dependent on the circumstances surrounding the episode of care. (See also ACS 1204 *Plastic surgery*, ACS 2112 *Personal history*, ACS 2113 *Follow-up examinations for specific disorders* and ACS 2114 *Prophylactic surgery*.)

Where there are multiple metastatic sites, assign a code for each site in order to reflect the severity of the condition.

0246 FAMILIAL ADENOMATOUS POLYPOSIS

DEFINITION

Familial adenomatous polyposis (FAP) is caused by a mutation in a gene called the APC gene. Everyone has this APC gene but people with FAP have a changed or mutated copy of the gene. Once this change has occurred in the gene, it can be passed on from parent to child (inherited). FAP can begin as early as age 10 when thousands of potentially cancerous polyps develop in the colon. More than 90% of people with FAP develop colon cancer by age 50.

CLASSIFICATION

D12.6	Benign neoplasm of colon, unspecified
<u>M8220/0</u>	Adenomatous polyposis coli
Z83.7	Family history of diseases of the digestive system
	OR

Z80.0 Family history of malignant neoplasm of digestive organs

If a patient with familial adenomatous polyposis develops adenocarcinoma of the colon, note that the appropriate morphology code is M8220/3 Adenocarcinoma in adenomatous polyposis coli.

Persons who are at risk for FAP due to a family history of the disease will be screened at regular intervals

(see ACS 2111 Screening for specific disorders).

0247 HEREDITARY NON-POLYPOSIS COLON CANCER

DEFINITION

Hereditary non-polyposis colon cancer (HNPCC) is caused by a gene mutation, similar to that of familial adenomatous polyposis (FAP). The term 'non-polyposis' is used to distinguish this condition from FAP. HNPCC accounts for approximately 1–5% of all types of bowel cancer. A person inheriting this gene mutation has about an 80% chance of developing bowel cancer.

CLASSIFICATION

If hereditary non polyposis colon cancer (HNPCC) is documented assign the following codes:

C18. Malignant neoplasm of colon

Z80.0 Family history of malignant neoplasm of digestive organs

Persons who are at risk for HNPCC due to a family history of the disease will be screened at regular intervals (see ACS 2111 *Screening for specific disorders*).

2111 SCREENING FOR SPECIFIC DISORDERS

DEFINITION

Screening is the testing or examination for disease or disease precursors in asymptomatic individuals so that early detection and treatment can be provided for those who test positive for the disease.

CLASSIFICATION

Codes from categories Z11, Z12 and Z13 *Special screening examination for*... should be assigned as the principal diagnosis when a patient is examined (eg endoscopy) for a particular disease or disorder when the disease for which the patient is being screened is **not detected or** has never been detected.

Assign a code for the disease as the principal diagnosis if the disease for which the patient is being screened is detected during the screening episode of care. A code from Z11., Z12. or Z13. is unnecessary.

<u>Z12</u>. <u>Special screening examination for neoplasms would **not** be assigned in the following circumstances:</u>

- follow-up examination for a previous history of neoplasm (Z08. Follow up examination after treatment for malignant neoplasms), or
- when a symptom or sign is the reason for examination (coded to the appropriate symptom/sign).

(See also ACS 2112 Personal history and ACS 2113 Follow up examinations for specific disorders.)

EXAMPLE 1:
Patient admitted for colonoscopy due to family history of colon cancer. Colonoscopy found
no abnormality.
Codes: Z12.1 Special screening examination for neoplasm of intestinal tract
Z80.0 Family history of malignant neoplasm of digestive organs
32090-00 [905] Fibreoptic colonoscopy to caecum

2112 PERSONAL HISTORY

The codes in categories Z85–Z87 for personal history of malignant neoplasm or other diseases and conditions should never be sequenced as the principal diagnosis. (See also ACS 0236 *Neoplasm coding and sequencing.*)

These codes would only be assigned as additional diagnoses where the condition is completely resolved yet the history is directly relevant to the current episode of care. (See also ACS 2111 Sereening for specific disorders and ACS 2113 Follow up examinations for specific disorders.)

2113 FOLLOW-UP EXAMINATIONS FOR SPECIFIC DISORDERS

(See also ACS 2111 Screening for specific disorders.)

Codes from category Z08 *Follow up examination after treatment for malignant neoplasms* or Z09 *Follow up examination after treatment for conditions other than malignant neoplasms* should be assigned as the principal diagnosis when a patient is admitted for follow up of a condition and no residual condition or recurrences are found.

Note: This standard excludes cases where patients are admitted for further treatment of a neoplasm, for example, wide excision of a previously excised lesion (see ACS 0236 *Neoplasm coding and sequencing).*

The appropriate code describing the type of previous treatment from category Z08 or Z09 should be assigned as the principal diagnosis. Record as an additional diagnosis the appropriate code from categories Z85–Z87 for the personal history.

Note: ACHI codes are not included in these examples.

EXAMPLE 1:

Patient admitted for follow up of bladder cancer (previously treated by radiation therapy). Trabeculation of the bladder was noted but no recurrence of the malignancy.

 Codes:
 Z08.1
 Follow up examination after radiotherapy for malignant neoplasm

 ______Z85.5
 Personal history of malignant neoplasm of urinary tract

EXAMPLE 2:

Patient admitted for follow up of gastric ulcers (treated with medications). Endoscopy revealed healed ulcers, but no evidence of active ulceration.

 Codes:
 Z09.2
 Follow-up examination after pharmacotherapy for other conditions

 ______Z87.11
 Personal history of peptic ulcer disease

If the condition has recurred or a residual condition is present, code the condition as the principal diagnosis. (See also ACS 0046 *Diagnosis selection for same-day endoscopy.*)

EXAMPLE 3:

Carcinoma of bladder found at check cystoscopy.

Codes: C67.9 Malignant neoplasm of bladder, unspecified

_____ M8010/3 Carcinoma NOS

Z08.9 Follow up examination after unspecified treatment for malignant

neoplasm

Gouty nephrolithiasis, retroperitoneal fibrosis and IgG4-related disease

BACKGROUND:

- Following receipt of a public submission, N22.-* Calculus of urinary tract in other diseases classified elsewhere was added to ACS 0049 Disease codes that must never be assigned. Assign specific codes for calculus of the urinary tract, with assignment of codes for the underlying cause (eg. schistosomiasis [bilharziasis] or idiopathic gout), as appropriate, as per the guidelines in ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses
- Following publication of a Coding Rule regarding retroperitoneal fibrosis (without ureteric obstruction), a submission was lodged with the WHO Update Reference Committee (URC). A code for 'retroperitoneal fibrosis' was created as per the official changes to ICD-10 approved by Heads of Collaborating Centres at the annual meeting in Manchester, 2015
- Following publication of a Coding Rule regarding IgG4-related disease, terms were added to ICD-10-AM Alphabetic Index for this condition, classified to D89.8 *Other specified disorders involving the immune mechanism, not elsewhere classified.*

TABULAR LIST

Other disorders of peritoneum *Excludes:* ascites (R18)

K66.0 Peritoneal adhesions ∇ 0047 Adhesions (of): • abdominal (wall) • diaphragm

- intestine
- male pelvis
- mesenteric
- omentum
- stomach
- Adhesive bands

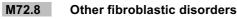
Excludes: adhesions [bands] (of):

- female pelvis (N73.6)
- with intestinal obstruction (K56.5)

K66.1 Haemoperitoneum

Excludes: traumatic haemoperitoneum (S36.81)

- K66.2 Retroperitoneal fibrosis Ormond's disease
- K66.8 Other specified disorders of peritoneum
- K66.9 Disorder of peritoneum, unspecified



[0-9]

Abscess of fascia

- Excludes: fasciitis:
 - diffuse (eosinophilic) (M35.4)
 - necrotising (M72.6-)
 - nodular (M72.4-)
 - perirenal: (K66.2)
 - NOS (N13.5)
 - with infection (N13.6)
 - plantar (M72.2)

CHAPTER 14 DISEASES OF THE GENITOURINARY SYSTEM (N00–N99)

This chapter contains the following blocks:

- N00–N08 Glomerular diseases
- N10–N16 Renal tubulo-interstitial diseases
- N17–N19 Kidney failure
- N20–N23 Urolithiasis
- N25–N29 Other disorders of kidney and ureter
- N30–N39 Other diseases of urinary system
- N40–N51 Diseases of male genital organs
- N60–N64 Disorders of breast
- N70–N77 Inflammatory diseases of female pelvic organs
- N80–N98 Noninflammatory disorders of female genital tract
- N99 Other disorders of genitourinary tract

Asterisk categories for this chapter are provided as follows:

- N08* Glomerular disorders in diseases classified elsewhere
- N16* Renal tubulo-interstitial disorders in diseases classified elsewhere
- N22* Calculus of urinary tract in diseases classified elsewhere
- N29* Other disorders of kidney and ureter in diseases classified elsewhere
- N33* Bladder disorders in diseases classified elsewhere
- N37* Urethral disorders in diseases classified elsewhere
- N51* Disorders of male genital organs in diseases classified elsewhere
- N74* Female pelvic inflammatory disorders in diseases classified elsewhere
- N77* Vulvovaginal ulceration and inflammation in diseases classified elsewhere

Note: When a genitourinary condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the higher anatomic site (eg vesicoureteric junction to ureter or pelvioureteric junction to kidney).

Excludes: certain conditions originating in the perinatal period (P00–P96) certain infectious and parasitic diseases (A00–B99) complications of pregnancy, childbirth and the puerperium (O00–O99) congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)

N22*	Calculus of urinary tract in diseases classified elsewhere
<u>∇ 0049, 005</u>	<u>)</u>
N22.0*	Urinary calculus in schistosomiasis [bilharziasis] (B65†)
N22.8*	Calculus of urinary tract in other diseases classified elsewhere

APPENDIX C UNACCEPTABLE PRINCIPAL DIAGNOSIS CODES

M19.99	Arthrosis, unspecified, site unspecified
N22.0*	Urinary calculus in schistosomiasis [bilharziasis] (B65+)
N22.8*	Calculus of urinary tract in other diseases classified elsewhere
O09.0	Duration of pregnancy < 5 completed weeks

APPENDIX D CLASSIFICATION OF HOSPITAL ACQUIRED DIAGNOSES (CHADx)

M CHADx 7 Gastrointestinal complications

...

. . .

7.7 Other digestive system disorders

K661	Haemoperitoneum
K662	Retroperitoneal fibrosis
K668	Other specified disorders of peritoneum

ALPHABETIC INDEX

Calculus, calculi, calculous (impacted) (recurrent - ampulla of Vater (see also Choledocholithiasis) K80.5-- appendix K38.1 - suburethral N21.8 - bile duct (common) (hepatic) K80.5-- tonsil J35.8 - - with cholangitis K80.3-- biliary K80.2-- - specified NEC K80.8-- bilirubin, multiple (see also Cholelithiasis) K80.2-- bladder (diverticulum) (encysted) (impacted) - - with (urinary) N21.0 - bronchus J98.0 - calyx (kidney) (renal) (see also Calculus/kidney) **NEC N20.0** - cholesterol (pure) (solitary) (see also Cholelithiasis) K80.2-- common duct (bile) K80.5-- conjunctiva H11.1 - cystic N21.0 - - duct (see also Cholelithiasis) K80.2-- dental (subgingival) (supragingival) K03.6 - - pulpal K04.2 - - with - diverticulum -- bladder N21.0 -- kidnev N20.0 - epididymis N50.8 - gallbladder K80.2-- - - specified N21.8 - - with cholecystitis (chronic) K80.1-- vagina N89.8 - - - acute K80.0-- hepatic (duct) K80.5-- hepatobiliary K80.8-- intestinal (impaction) (obstruction) K56.4 - kidney (impacted) (multiple) (pelvis) (recurrent) (staghorn) NEC N20.0 - - with calculus, ureter -- see Calculus/ureter/with/calculus, kidney - - - calculus, ureter - see Calculus/ureter/with/kidney calculus --- hydronephrosis N13.2 ---- with infection N13.6 - - congenital Q63.82 Deposit - lacrimal passages H04.5 - liver (impacted) K80.5-- lung J98.4 - nephritic (impacted) (recurrent) (see also Calculus/kidney) NEC N20.0 - nose J34.8 - pancreas (duct) K86.8 - parotid duct or gland K11.5 - pelvis, (encysted) (see also Calculus/kidney) **NEC N20.0** - pelvioureteric junction (PUJ) (see also Calculus/kidney) NEC N20.0 - prostate N42.0 D89.8 - pulmonary J98.4 - pulpal, tooth K04.2 C88.9-- pyelitis (impacted) (recurrent) (see also - orbit H05.9 Calculus/by site) N20.9--- with hydronephrosis N13.2 - pyelonephritis (impacted) (recurrent) (see also Calculus/by site) N20.9--- with hydronephrosis N13.2 - renal - see Calculus/kidney - salivary (duct) (gland) K11.5

- seminal vesicle N50.8
- staghorn (see also Calculus/kidney) NEC N20.0
- Stensen's duct K11.5

- stomach K31.88
- sublingual gland (duct) K11.5
- - congenital Q38.49
- submandibular duct, gland or region K11.5

- tooth, teeth (subgingival) (supragingival) K03.6
- - pulpal K04.2
- tunica vaginalis N50.8
- ureter (impacted) (recurrent) NEC N20.1
- --- calculus, kidney N20.2
- with hydronephrosis N13.2
- ---- with infection N13.6 - - - hydronephrosis N13.2
- - with infection N13.6
- - kidney calculus N20.2
- - - with hydronephrosis N13.2
- - - with infection N13.6
- urethra (impacted) N21.1
- urinary (duct) (impacted) (passage) (tract) (see also Calculus/by site) NEC N20.9
- - cystitis (acute) N21.0
- - hydronephrosis N13.2
- - - with infection N13.6
- - lower NEC N21.9
- vesical (impacted) N21.0
- vesicoureteric junction (VUJ) (see also
- Calculus/ureter) NEC N20.1
- Wharton's duct K11.5
- xanthine E79.8† N22.8*

Cystopyelitis (see also Pyelonephritis) N12 - with calculus (impacted) (recurrent) N20.9 Cystorrhagia N32.8

- urate, kidney-urinary (see also Calculus/kidneyurinary) NEC N20.90

Disease, diseased — see also Syndrome

- immune D89.9
- immunoglobulin deposition (M9769/1) D47.7
- - deposition (M9769/1) D47.7
- - G4-related (autoimmune) (IgG4-RD) (IgG4related) (IgG4-RSD) (sclerosing) (systemic)
- immunoproliferative (malignant) (M9760/3)
- - specified NEC H05.8
- Ormond's K66.2
- Oropouche virus A93.0

Fasciitis M72.9-

- diffuse (eosinophilic) M35.4
- necrotising M72.6-
- nodular M72.4-
- perirenal (with ureteral obstruction) N13.5K66.2
- -- with infection N13.6
- plantar M72.2
- plantar M72.2
- specified NEC M72.8-
- traumatic (old) M72.8-
- - current code as Sprain/by site

Fibrosis, fibrotic

- hepatosplenic (portal hypertension) K76.6
- IgG4-associated (multifocal systemic) D89.8
- intrascrotal N50.8
- kidney (see also Sclerosis/kidney) N26
- retroperitoneal, idiopathic (with ureteral obstruction) N13.5K66.2
- -- with infection N13.6
- scrotum N50.8

Gout, gouty M10.9-

- drug-induced M10.2-
- idiopathic M10.0-
- in (due to) kidney impairment M10.3-
- lead-induced M10.1-
- primary M10.0-
- saturnine M10.1-
- secondary NEC M10.4-
- syphilitic A52.7† M14.8*
- tophi NEC M10.0-
- - ear M10.0-8 + H62.8* - - heart M10.08 + I43.8*
- - fieart wrf0.001 145.0
- Gravel (urinary) (see also Calculus/<u>urinary</u>) <u>NEC</u> N20.9

Idiot, idiocy (congenital) F73.-

 - amaurotic (Bielschowsky(-Jansky)) (familial) (infantile (late)) (juvenile (late)) (Vogt-Spielmeyer) E75.4

IgG4-related disease (autoimmune) (IgG4-RD)

(IgG4-RSD) (sclerosing) (systemic) D89.8 IIAC (idiopathic infantile arterial calcification)

Q28.8

Infection, infected (opportunistic) (see also Infestation) B99

- kidney (cortex) (haematogenous) <u>NEC</u>N15.9
- - with calculus (see also Calculus/kidney) N20.0
- ---- with hydronephrosis N13.6

Nephritis, nephritic N05.-

Note: Where a term is indexed only at the three character level, eg N00.-, reference should be made to the list of fourth character subdivisions in the Tabular List of Diseases.

- with

- - calculus (see also Calculus/kidney) NEC N20.0
- - foot process disease N04.-
- glomerular lesion

- - diffuse sclerosing (see also Disease/kidney/chronic) N18.9
- - hypocomplementemic see
- Nephritis/membranoproliferative
- - lobular, lobulonodular see
 - Nephritis/membranoproliferative
- necrotic, necrotising NEC code to N00– N07 with fourth character .8
- - nodular see
- Nephritis/membranoproliferative
- - specified pathology NEC code to N00–N07 with fourth character .8
- - oedema see Nephrosis
- acute N00.-
- Balkan (endemic) N15.0
- calculous, calculus (see also Calculus/kidney) NEC N20.09
- cardiac see Hypertension/kidney

Nephrolithiasis (congenital) (pelvis) (recurrent) (see also Calculus/kidney) NEC N20.0

- congenital Q63.8
- gouty M10.0-† N22.8*
- uric acid M10.0-† N22.8*

Obstruction, obstructed, obstructive

- ureter (functional) NEC N13.5
- - with
- - hydronephrosis N13.1
- - - and infection N13.6
- - pyelonephritis (chronic) N11.1
- - congenital Q62.39
- due to calculus (see also Calculus/ureter) <u>NEC</u> N20.1

Ormond's disease (with ureteral obstruction) N13.5K66.2

- with infection N13.6

Ornithinaemia (type I) (type II) E72.4

Pelviolithiasis (see also Calculus/kidney) <u>NEC</u> N20.0

- **Pyelitis** (congenital) (uraemic) (see also Pyelonephritis) N12
- with
- - calculus N20.9
- --- with hydronephrosis N13.2
- -- contracted kidney N11.9
- acute N10
- -- with calculus (impacted) (recurrent) N20.9
- chronic N11.9
- -- with calculus N20.9
- --- with hydronephrosis N13.2
- complicating pregnancy O23.0
- -- affecting fetus or newborn P00.1
- cystica N28.8
- puerperal (postpartum) O86.2
- tuberculous A18.1† N29.1*
- Pyelocystitis (see also Pyelonephritis) N12
- with calculus (impacted) (recurrent) N20.9

Pyelonephritis (see also Nephritis/tubulointerstitial) N12

- with
- calculus <u>(see also Calculus/by site)</u> NEC N20.9-
- - with hydronephrosis N13.2
- - contracted kidney N11.9
- acute N10
- calculous N20.9
- -- with hydronephrosis N13.2
- chronic N11.9
- -- with calculus N20.9
- --- with hydronephrosis N13.2
- - nonobstructive N11.8

Reflux

- ureteral N13.7
- - with pyelonephritis (chronic) N11.0
- - and calculus (impacted) (recurrent) (see also Calculus/urinary) NEC N20.9
- vesicoureteral (with scarring) NEC N13.7
- - with pyelonephritis (chronic) N11.0
- - congenital Q62.70
- - bilateral Q62.72
- - unilateral Q62.71

Staghorn calculus (see also Calculus/kidney) NEC N20.0

Stone(s) — see also-Calculus - bladder (diverticulum) N21.0 - kidney N20.0 - prostate N42.0 - pulpal (dental) K04.2 - renal N20.0 - salivary gland or duct (any) K11.5 - ureteric N20.1 - urethra (impacted) N21.1 - urinary (duct) (impacted) (passage) N20.9 --- bladder (diverticulum) N21.0 --- lower tract NEC N21.9 --- specified N21.8

- xanthine E79.8† N22.8* Stonecutter's lung J62.8

Syndrome — see also Disease

- idiopathic cardiorespiratory distress, newborn P22.0
- IgG4-related multiorgan lymphoproliferative
- (IgG4-MOLPS) D89.8 - iliotibial band M76.3
- systemic inflammatory response (SIRS), as a result of disease classified elsewhere
- - IgG4 plasmacytic (SIPS) D89.8
- inflammatory response (SIRS), as a result of disease classified elsewhere
- - infectious origin (without acute organ failure)
 see Sepsis
- - noninfectious origin (without acute organ failure) R65.2
- --- with associated acute organ failure R65.3
- tachycardia-bradycardia I49.5

Ureteritis N28.8

- complicating pregnancy O23.3
- cystica N28.8
- due to calculus <u>(see also Calculus/ureter) NEC</u> N20.1
- -- with calculus, kidney N20.2
- --- with hydronephrosis N13.2
- gonococcal (acute) (chronic) A54.2† N29.1*
- nonspecific N28.8

Ureterolith, ureterolithiasis (see also Calculus/ureter) <u>NEC</u> N20.1

Urethritis (anterior) (posterior) N34.2

- with calculus N21.1
- calculous N21.1
- candidal B37.4† N37.0*

Urolithiasis (see also Calculus/urinary) <u>NEC</u> N20.9

Xanthelasma (eyelid) (palpebra) H02.6 Xanthinuria, hereditary E79.8 Xanthoastrocytoma, pleomorphic (M9424/3)

AUSTRALIAN CODING STANDARDS

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/osteoarthrosis NOS as primary osteoarthritis
- M99.- Biomechanical lesions, not elsewhere classified
- N22.-* Calculus of urinary tract in diseases classified elsewhere
- 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

Botulinum toxin injection

BACKGROUND:

Following updates to the Commonwealth Medicare Benefits Schedule, amendments were made to create generic ACHI codes for 'administration of agent into *specific site*', to classify 'injection of botulinum toxin (Botox)' or other agent/substance.

TABULAR LIST

LIST OF ACHI BLOCK NUMBERS

Block No.Block Name

39

216 <u>Procedures for Ss</u>trabismus repair

Insertion of spinal catheter, infusion device or pump

Note: Performed for management of: • chronic spasticity

• pain

39125-00 Insertion or replacement of spinal catheter

Insertion or replacement of catheter:

- caudal
- epidural
- intrathecal
- subarachnoid

Excludes: that with:

- administration of therapeutic agent (see Alphabetic Index: Administration/specified site/spinal)
- infusion of therapeutic agent (see Alphabetic Index: Infusion/spinal canal)
- injection of therapeutic agent (see Alphabetic Index: Injection/spinal)
- insertion of implantable spinal infusion device or pump 39127-00 [39])

OCULAR ADNEXA – EXTRAOCULAR MUSCLES

216	Procedures for <mark>S</mark> strabismus repair
	Repair of strabismus by: advancement
	engthening recession resection
	shortening
18366-00	Administration of botulinum toxin for strabismus
	Includes: electromyography
<u>18366-01</u>	Administration of agent into extraocular muscles for strabismus
	Includes: botulinum toxin electromyography
42848-00	Muscle transplant for strabismus Hummelsheim procedure

Transposition of extraocular muscles

.. .

- 42833-00 Strabismus procedure involving 1 or 2 muscles, 1 eye
- 42833-01 Strabismus procedure involving 1 or 2 muscles, both eyes
- 42839-00 Strabismus procedure involving \geq 3 muscles, 1 eye

. .

42839-01 Strabismus procedure involving \geq 3 muscles, both eyes

230	Application, insertion or removal procedures on eyelid
42869-00	Insertion of implant into eyelid Correction of eyelid closure in facial nerve paralysis
18370-00	Administration of botulinum toxin into eyelid Injection of botulinum toxin into orbicularis oculi muscle for blepharospasm
	<i>Excludes:</i> for strabismus (18366-00 [216])
18370-03	Administration of agent into eyelid Injection into orbicularis oculi muscle

Includes: botulinum toxin

...

Note: Performed for blepharospasm

Excludes: for strabismus (18366-01 [216])

399 Other procedures on salivary gland or duct

18360-02 Administration of agent into salivary gland

Includes: botulinum toxin

90140-00 Other procedures on salivary gland or duct

521

Application, insertion or removal procedures on larynx

- 18368-00
 Administration of botulinum toxin into vocal cord

 Injection of botulinum toxin into larynx
- 41870-00
 Administration of other substance into vocal cord

 Injection into larynx or vocal cord of:

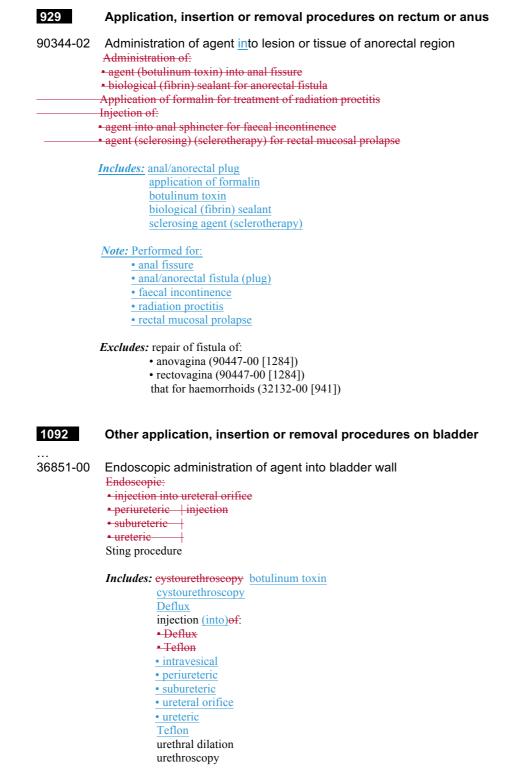
 collagen

 fat

 Gelfoam
 - Teflon
- 41870-01 Administration of agent into larynx or vocal cord

Includes: botulinum toxin collagen fat Gelfoam Teflon

Note: Performed for spasmodic dysphonia



Note: Performed for urinary (stress) incontinence

1552	Administration of agent into other musculoskeletal sites
47900-01	Administration of agent into bone cyst
	Administration of botulinum toxin into soft tissue, not elsewhere classified Injection of botulinum toxin (Botox) (Botoxin) into: • ligament • muscle • tendon
90560-00	Administration of other agent into soft tissue, not elsewhere classified Administration of agent into soft tissue for local effect NOS
	Excludes: administration of agent for systemic effect (see block [1920])
18360-01	Administration of agent into soft tissue, not elsewhere classified
	Includes: botulinum toxin injection of agent for local effect into: • ligament • muscle • soft tissue NOS • tendon steroid
	Note: Performed for: • cervical dystonia (spasmodic torticollis) • chronic migraine • dynamic equinus foot deformity (equinovalgus) (equinovarus), due to spasticity • hemifacial spasm • sialorrhoea • spasticity (focal)
	Excludes: administration of agent for systemic effect (see block [1920])
50124-01	Administration of agent into joint or other synovial cavity, not elsewhere classified

...

SKIN AND SUBCUTANEOUS TISSUE

Includes: hair follicles mucous membrane nails sweat glands

•••

Administration of agent into skin and subcutaneous tissue

Administration of agent into skin and subcutaneous tissue

90660-00

1602

- autologous fat
- collagen
- poly-L-lactic acid
 silicone

Injection of:

Includes: autologous fat botulinum toxin collagen poly-L-lactic acid silicone

Note: Performed for correction of:

- contour deformities
- depressed scar
- dimples
- hyperhidrosis
- lipoatrophy
- muscle related wrinkles

Excludes: administration of agent into lesion of skin (30207-00 [1602])

- 30207-00 Administration of agent into skin lesion
 - Injection into keloid scar
 - Injection of:
 - Hydrocortisone
 - Interferon

1920 Administration of pharmacotherapy

∇ 0042, 0044, 0102, 1316, 1615, 1923

Administration of pharmacological agent for systemic effect

...

Excludes: administration of:

- blood and blood products (see block [1893])
- pharmacological agent for:
- anaesthesia (see blocks [1333], [1909] and [1910])
- immunisation (see blocks [1881] to [1884])
- local effect (see Alphabetic Index: Injection/by site or Injection/by type/by
- siteAdministration)
- management of ectopic pregnancy (see block [1256])
- pain management (see blocks [31] to [37] and [60] to [66] and [1552])
- perfusion (see block [1886])
- vaccination (see blocks [1881] to [1883])
- surgical administration of chemotherapeutic agent (see block [741])

ALPHABETIC INDEX

INTRODUCTION

CONVENTIONS USED IN THE ALPHABETIC INDEX OF INTERVENTIONS

•••

CROSS REFERENCES/INSTRUCTIONAL REFERENCES

Prior to ACHI Eighth Edition cross references in the Alphabetic Index used commas to separate lead terms and subterms in an alternate index pathway. From Eighth Edition these commas have been replaced with slashes as follows:

EXAMPLE 8:
Administration
- agent (to)
Ablation
- arrhythmia circuit or focus — see Ablation, cardiac
is shown as:
Administration
-agent (to)
Ablation
- arrhythmia circuit or focus — see Ablation/cardiac

Ablation — see also Destruction/by site

- nerve see also Neurotomy
- - sympathetic

...

- - - chemical — see Administration/specified site/nerve/sympathetic

Administration (around) (into) (local) (of) (therapeutic agent) - see also Injection

Note: Terms listed under the lead term 'Administration' are split by three main subterms; Administration/ indication, Administration/specified site and Administration/type of agent.

-- agent (to)

--- for dental procedure 97927-00 [485]

- - anaesthetic (for)

- ---- anaesthesia --- see Anaesthesia/by type
- ---- pain management --- see Administration/nerve/by site/anaesthetic agent
- ---- soft tissue NEC 90560-00 [1552]
- ----- synovial cavity (joint) NEC 50124-01 [1552]
- ---- systemic effect see Pharmacotherapy
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- ---- fissure 90344-02 [929]
- ---- sphincter, for faecal incontinence (bulking) 90344-02 [929]
- - anorectal region 90344-02 [929]
- -- arrest haemorrhage via surgical peripheral catheterisation -- see Administration/agent/occlude/blood vessel, transcatheter/by site

-- biological sealant (fibrin sealant) (glue) for fistula -- see Closure/fistula -- chemotherapeutic -– see Chemotherapy -- neurolytic - see Administration/nerve/by site/neurolytic agent -- occlude (embolise) ---- aneurysm via surgical peripheral catheterisation --- see Administration/agent/occlude/blood vessel, transcatheter/by site --- arteriovenous fistula or malformation via surgical peripheral catheterisation --- see Administration/agent/occlude/blood vessel, transcatheter/by site - blood vessel, transcatheter NEC 35321-10 [768] --- abdomen 35321-05 [768] - cerebral ---- aneurysm 35412-00 [11] ---- arteries NEC 35321-02 [768] ---- arteriovenous malformation NEC 35412-00 [11] --- veins NEC 35321-08 [768] ---- chest 35321-04 [768] ---- coeliac 35321-05 [768] ---- face 35321-03 [768] - gastrointestinal 35321-05 [768] ---- hepatic 35321-05 [768] ---- iliac 35321-06 [768] ---- intracranial 35321-02 [768] -- arteries NEC 35321-02 [768] ---- veins NEC 35321-08 [768] ---- limb (lower) (upper) 35321-07 [768] - - liver 35321-05 [768] --- mesenteric 35321-05 [768] ---- neck 35321-03 [768] ---- ovarian 35321-06 [768] -- pelvis 35321-06 [768] --- renal 35321-05 [768] ---- spermatic veins 35321-10 [768] ---- splenic 35321-05 [768] ---- uterine 35321-06 [768] ---- vaginal 35321-06 [768] ---- vesical 35321-06 [768] - pharmacological - local effect — see Injection/by site OR Injection/by type/by site --- systemic effect --- see Pharmacotherapy -- sclerosing -- see Sclerotherapy -- sympatholytic -- see also Administration/nerve/sympathetic ---- intra-arterial 90029-00 [65] ---- intravenous 90029-00 [65] --- thrombolytic ---- via surgical peripheral arterial or venous catheterisation (open) 35320-00 [741] ---- percutaneous (continuous infusion) 35317-00 [741] ---- pulse spray technique 35319-00 [741] - albumin 92062-00 [1893] - antihaemophilic factor 92061-00 [1893] - antitoxins 92164-00 [1883] -- botulism 92163-00 [1883] -- diphtheria 92164-00 [1883] --- gas gangrene 92164-00 [1883] -- scarlet fever 92164-00 [1883] -- specified NEC 92164-00 [1883] -- tetanus 92162-00 [1883] - blood (products) - see also Transfusion/blood -- for cardioplegía (retrograde) 38588-00 [642] -- autologous (collected prior to surgery) (intraoperative) 92060-00 [1893] -- erythrocytes 13706-02 [1893] -- expander (Dextran) (Rheomacrodex) 92063-00 [1893] --- gamma globulin 13706-05 [1893] --- granulocytes 92064-00 [1893] -- immunoglobulin 13706-05 [1893] -- leukocytes (donor) 13706-04 [1893] --- packed cells 13706-02 [1893] -- plasma (FFP) (fresh frozen) 92062-00 [1893] -- platelets 13706-03 [1893] -- red cells 13706-02 [1893] -- serum NEC 92062-00 [1893] -- surrogate 92064-00 [1893]

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---- peribulbar 18240-00 [60] ---- neurolytic agent 18290-00 [61] - - - - retrobulbar 18240-00 [60] - - - - - neurolytic agent 18290-00 [61] - - - femoral (anaesthetic agent) 18270-00 [63] - - - - neurolytic agent 18292-00 [64] - - - genitofemoral (anaesthetic agent) 18262-02 [63] - - neurolytic agent 18292-00 [64] - - - glossopharyngeal (anaesthetic agent) 18246-00 [60] - - - - neurolytic agent 18290-00 [61] - - - iliohypogastric (anaesthetic agent) 18262-00 [63] - - neurolytic agent 18292-00 [64] - - - ilio-inguinal (anaesthetic agent) 18262-01 [63] - - - - neurolytic agent 18292-00 [64] - - - intercostal (anaesthetic agent) (single level) 18258-00 [63] - - - - multiple levels 18260-00 [63] - - - - neurolytic agent 18292-00 [64] - - - lumbar - - - paravertebral (anaesthetic agent) (dorsal root ganglion) (intervertebral foramen) (single level) 18274-02 [63] - - - - multiple levels 18276-00 [63] ---- neurolytic agent 18292-00 [64] - - - - sympathetic (anaesthetic agent) 18286-01 [65] - - - - - neurolytic agent 18296-00 [66] - - - median (anaesthetic agent) 18266-02 [63] - - - - neurolytic agent 18292-00 [64] - - - obturator (anaesthetic agent) 18268-00 [63] - - - - neurolytic agent 18292-00 [64] - - - occipital (anaesthetic agent) (greater) 18242-00 [63] - - - - neurolytic agent 18292-00 [64] - - - paravertebral - - - - cervical (anaesthetic agent) (dorsal root ganglion) (intervertebral foramen) (single level) 18274-00 [63] - - - - - multiple levels 18276-00 [63] - - - - - neurolytic agent 18292-00 [64] - - - coccygeal (anaesthetic agent) (dorsal root ganglion) (intervertebral foramen) (single level) 18274-04 [63] - - - - - multiple levels 18276-00 [63] - - - - - neurolytic agent 18292-00 [64] - - - - lumbar (anaesthetic agent) (dorsal root ganglion) (intervertebral foramen) (single level) 18274-02 [63] - - - - - multiple levels 18276-00 [63] - - - - neurolytic agent 18292-00 [64] - - - sacral (anaesthetic agent) (dorsal root ganglion) (intervertebral foramen) (single level) 18274-03 [63] ---- multiple levels 18276-00 [63] - - - - - neurolytic agent 18292-00 [64] - - - thoracic (anaesthetic agent) (dorsal root ganglion) (intervertebral foramen) (single level) 18274-01 [63] - - - - - multiple levels 18276-00 [63] ---- neurolytic agent 18292-00 [64] - - - peribulbar (anaesthetic agent) 18240-00 [60] - - - - neurolytic agent 18290-00 [61] - - peripheral (anaesthetic agent) (transversus abdominis plane (TAP)) NEC 90022-00 [63] - - - - neurolytic agent 18292-00 [64] - - - phrenic (anaesthetic agent) 18248-00 [63] - - - - neurolytic agent 18292-00 [64] - - - popliteal (anaesthetic agent) 18272-02 [63] - - - - neurolytic agent 18292-00 [64] - - - posterior tibial (anaesthetic agent) 18272-01 [63] - - - - neurolytic agent 18292-00 [64] - - - pudendal (anaesthetic agent) 18264-00 [63] - - neurolytic agent 18292-00 [64] - - - radial (anaesthetic agent) 18266-01 [63] - - - - neurolytic agent 18292-00 [64] - - - retrobulbar (anaesthetic agent) 18240-00 [60] - neurolytic agent 18290-00 [61] - - - sacral - - - paravertebral (anaesthetic agent) (dorsal root ganglion) (intervertebral foramen) (single level) 18274-03 [63] ---- multiple levels 18276-00 [63] - - - - - neurolytic agent 18292-00 [64] - - - saphenous (anaesthetic agent) 18272-00 [63] - - - - neurolytic agent 18292-00 [64] - sciatic (anaesthetic agent) 18278-00 [63]

<u>- - - - neurolytic agent 18292-00 [64]</u>

- - - sphenopalatine ganglion (anaesthetic agent) 18280-00 [65] - - - - neurolytic agent 18292-01 [66] - - - spinal - - - - accessory (anaesthetic agent) 18250-00 [60] - - - - - neurolytic agent 18290-00 [61] - - - - branch - - - - - anaesthetic agent — see block [63] - - - - - neurolytic agent 18292-00 [64] - - - - neurolytic agent NEC 18292-00 [64] - - - - plexus - - - - anaesthetic agent — see block [63]
 - - - - neurolytic agent 18292-00 [64] - - - - posterior primary rami (anaesthetic agent) 39013-02 [62] - - - - - neurolytic agent 39013-03 [62] - - - splanchnic (anaesthetic agent) 18288-01 [65] - - - - neurolytic agent 18294-01 [66] - - - stellate ganglion (anaesthetic agent) 18284-00 [65] - - - - neurolytic agent 18298-00 [66] - - - suboccipital (anaesthetic agent) 18242-00 [63] - - - - neurolytic agent 18292-00 [64] - - - suprascapular (anaesthetic agent) 18256-00 [63] - - - - neurolytic agent 18292-00 [64] - - - sural (anaesthetic agent) 18272-03 [63] - - - - neurolytic agent 18292-00 [64] - - - sympathetic - - - - carotid sinus (anaesthetic agent) 18282-00 [65] - - - - - in conjunction with surgical procedure - - omit code - - - - - neurolytic agent 18292-02 [66] - - - - cervical portion (anaesthetic agent) 18284-00 [65] - - - - - neurolytic agent 18298-00 [66] - - coeliac plexus (anaesthetic agent) 18288-00 [65] - - - - neurolytic agent 18294-00 [66] - - - - intra-arterial (sympatholytic agent) 90029-00 [65] - - - - intravenous (sympatholytic agent) 90029-00 [65] - - - - lumbar portion (anaesthetic agent) 18286-01 [65] - - - - neurolytic agent 18296-00 [66] - - - - specified site (anaesthetic agent) NEC 18286-02 [65] - - - - - neurolytic agent 18292-02 [66] - - - - sphenopalatine ganglion (anaesthetic agent) 18280-00 [65] - - - - neurolytic agent 18292-01 [66] - - - - splanchnic (anaesthetic agent) 18288-01 [65] - - - - - neurolytic agent 18294-01 [66] - - - - stellate ganglion (anaesthetic agent) 18284-00 [65] - - - - - neurolytic agent 18298-00 [66] - - - - thoracic portion (anaesthetic agent) 18286-00 [65] - - - - - neurolytic agent 18298-01 [66] - - - thoracic - - - paravertebral (anaesthetic agent) (dorsal root ganglion) (intervertebral foramen) (single level) 18274-01 [63] <u>- - - - - multiple levels 18276-00 [63]</u> - - - - - neurolytic agent 18292-00 [64] - - - - sympathetic (anaesthetic agent) 18286-00 [65] - - - - - neurolytic agent 18298-01 [66] - - - trigeminal (extracranial) - - - - for gangliotomy (alcohol) (glycerol) 39109-02 [70] --- peripheral branch (anaesthetic agent) 18236-00 [60] - - - - - neurolytic agent 18290-00 [61] - - - primary branch (alcohol) (phenol) 39100-00 [61] - - - anaesthetic agent 18234-00 [60] - - - - neurolytic agent (alcohol) (phenol) 39100-00 [61] - - - ulnar (anaesthetic agent) 18266-00 [63] - neurolytic agent 18292-00 [64] - - - vagus (anaesthetic agent) 18244-00 [60] ---- neurolytic agent 18290-00 [61] -- orbit (alcohol) (retrobulbar) 42824-00 [221] - - paraurethra (bulk) (collagen) (Macroplastique) (Polytef) - - - for stress incontinence (female) 37339-00 [1110] ----male 37339-01 [1109] - - penis 37415-00 [1192] - - peritoneal cavity NEC 90347-02 [983] - - - air 90347-01 [983]

- - periureteric, endoscopic (closed) 36851-00 [1092] - - pleura 18228-00 [548] -- plexus, nerve -- see Administration/specified site/nerve - - posterior chamber (by paracentesis) (eye) (juxtascleral) 42740-03 [209] - - prostate 37218-01 [1160] - - rectal mucosa (perirectal) (submucosal) 90344-02 [929] - - retrobulbar (orbit) 42824-00 [221] - - salivary gland 18360-02 [399] - - skin (collagen) (fat) (poly-L-lactic acid) (silicone) (subcutaneous tissue) 90660-00 [1602] - - - lesion (hydrocortisone) (Interferon) 30207-00 [1602] - - soft tissue NEC 18360-01 [1552] - - spinal (canal) - - - for - - - - labour 92506 [1333] ---- and delivery procedure 92507 [1333] - - - - operative anaesthesia 92508 [1909] - - - blood for blood patch 18233-00 [38] - - - caudal (with catheterisation) - - - - infusion NEC 18216-15 [35] ---- combined substances 18216-15 [35] ---- local anaesthetic 18216-09 [35] ---- opioid 18216-12 [35] ---- steroid 90028-03 [35] ---- injection NEC 90019-00 [34] - - - - - combined substances 90019-00 [34] - - - - - local anaesthetic 18216-29 [34] - - - - - opioid 18216-30 [34] - - - - - steroid 90028-02 [34] - - - epidural — see Administration/specified site/epidural - - - intrathecal (subarachnoid) (with catheterisation) ---- infusion NEC 18216-24 [37] ---- combined substances 18216-24 [37] ---- local anaesthetic 18216-18 [37] ---- opioid 18216-21 [37] ---- steroid 90028-05 [37] - - - - injection NEC 90020-00 [36] - - - - combined substances 90020-00 [36] - - - - - local anaesthetic 18216-31 [36] - - - - - neurolytic agent 18230-01 [36] - - - - opioid 18216-32 [36] - - - - steroid 90028-04 [36] - - - nerve — see also Administration/specified site/nerve/spinal - - - - for sympathectomy — see Administration/specified site/nerve/sympathetic - - subarachnoid, spinal (space) - see Administration/specified site/spinal/intrathecal - - subconjunctiva 42824-01 [251] - - subureteric, endoscopic 36851-00 [1092] - - synovial cavity NEC 50124-01 [1552] - - tendon NEC 18360-01 [1552] - - testis 90401-01 [1189] - - ureteric orifice, endoscopic (closed) (Sting procedure) 36851-00 [1092] - - urethra - - - for treatment of stress incontinence (female) (percutaneous) (transurethral) 37339-00 [1110] - - - - male 37339-01 **[1109]** - - vertebra (1 vertebral body) (with PMMA) (with polymethylmethacrylate) 35400-00 [1393] - 2 vertebral bodies 35400-01 [1393] - - vessel, for false aneurysm 45027-02 [742] - - vitreous (by paracentesis) (eye) (humour) 42740-03 [209] - - vocal cord (collagen) (fat) (Gelfoam) (Teflon) 41870-01 [521] - - zygo-apophyseal joint (articular processes) (corticosteroid) (facet) (local anaesthetic) 39013-00 [31] - type of agent --5-FU (fluorouracil) 42824-01 [251] - - acetylcysteine — code to block [1920] with extension -04 - - albumin 92062-00 [1893] - - alcohol --- nerve — see Administration/specified site/nerve/by site/neurolytic agent - - - retrobulbar (orbit) 42824-00 [221] - - anaesthetic (for) - - - anaesthesia — see Anaesthesia/by type - - - pain management — see Administration/specified site/nerve/by site - - antagonist, heavy metal — code to block [1920] with extension -04 - - anti D (Rhesus) 92173-00 [1884]

- - antibiotic — code to block [1920] with extension -02 - - antibody fragments - code to block [1920] with extension -04 - - anticoagulant - code to block [1920] with extension -09 - - antidote — code to block [1920] with extension -04 - - antihaemophilic factor 92061-00 [1893] - - anti-infective — code to block [1920] with extension -02 - - antitoxins NEC 92164-00 [1883] - - - botulism 92163-00 [1883] - - - tetanus 92162-00 [1883] - - antivenom — code to block [1920] with extension -04 - - biological sealant for fistula (fibrin sealant) (glue) - see Closure/fistula - - blood (products) — see also Transfusion/blood - - - for cardioplegia (retrograde) 38588-00 [642] - - - autologous (collected prior to surgery) (intraoperative) 92060-00 [1893] - - - erythrocytes 13706-02 [1893] - expander (Dextran) (Rheomacrodex) 92063-00 [1893] - - - gamma globulin 13706-05 [1893] - - - granulocytes 92064-00 [1893] - - - immunoglobulin 13706-05 [1893] - - - leukocytes (donor) 13706-04 [1893] - - - packed cells 13706-02 [1893] - - - plasma (FFP) (fresh frozen) 92062-00 [1893] - - - platelets 13706-03 [1893] - - - red cells 13706-02 [1893] - - - serum NEC 92062-00 [1893] - - - surrogate 92064-00 [1893] - - - thrombocytes 13706-03 [1893] - - - white cells (donor leukocytes) 13706-04 [1893] - - - whole 13706-01 [1893] - - bone - - - graft substitute (paste) - see Graft/bone/specified site - - - marrow 90280-00 [803] - - - substitute material (paste) - see Graft/bone/specified site - - botulinum toxin (Botox) (Botoxin) (onabotulinumtoxinA) (soft tissue) (type A) NEC (see also Administration/indication OR Administration/specified site) 18360-01 [1552] - - - for strabismus 18366-01 [216] --- anorectal region 90344-02 [929] - - - bladder wall 36851-00 [1092] --- eyelid 18370-03 [230] - - - salivary gland 18360-02 [399] - - - skin (subcutaneous tissue) 90660-00 [1602] - - - vocal cord 41870-01 [521] - - chemonucleolytic (intervertebral) 40336-00 [31] - - chemotherapeutic — see Chemotherapy - - Chymopapain (intervertebral) 40336-00 [31] - - coagulation factors 92061-00 [1893] - collagen — see Administration/specified site - - cryoprecipitate 92061-00 [1893] - - crystalloids for cardioplegia (retrograde) 38588-00 [642] - - dextrose — code to block [1920] with extension -09 - - digoxin — code to block [1920] with extension -04 - - donor leukocytes 13706-04 [1893] - - electrolytes — code to block [1920] with extension -08 - - erythrocytes 13706-02 [1893] - - factor VIII 92061-00 [1893] - - fat — see Administration/specified site - - fetotoxic - - - for - - - <u>- ectopic pregnancy</u> - - - - directly into fetus (laparoscopic) 35674-01 [1256] - - - - - via laparotomy 35677-02 [1256] - - intramuscular (Methotrexate) 35677-03 [1256] - - - - using ultrasound guidance 35674-00 [1256] - - - - fetal reduction (gas) (potassium chloride) 90463-00 [1330] - - fibrin sealant for fistula (biological) (glue) (plug) - see Closure/fistula - filling material (filling of defect) - - - breast, for augmentation (unilateral) 90723-00 [1741] ---- bilateral 90723-01 [1741] - - - skin 90660-00 [1602] - - gamma globulin 13706-05 [1893] - - globulin

--- Anti D (Rhesus) 92173-00 [1884] - - - gamma 13706-05 [1893] - - - Rh immune 92173-00 [1884] - - granulocytes 92064-00 [1893] - - heavy metal antagonist - code to block [1920] with extension -04 - - hormone — code to block [1920] with extension -09 - - hydrocortisone - - - scar (keloid) 30207-00 [1602] - - - skin 30207-00 [1602] -- immunoglobulin 13706-05 [1893] - - insulin — code to block [1920] with extension -06 - - Interferon, skin 30207-00 [1602] - - intracytoplasmic sperm (for reproductive medicine procedure) 13251-00 [1177] - - Intragam (gamma globulin) 13706-05 [1893] - - iron — code to block [1920] with extension -09 - - isotope - - - to test drug delivery device (CADD) (external infusion pump) 13942-02 [1922] - - - - with loading or reloading (filling) (refilling) 96209 [1920] - - leukocyte(s) (donor) 13706-04 [1893] - - Macroplastique - - - paraurethra, for stress incontinence (female) 37339-00 [1110] - - - - male 37339-01 [1109] - - Methotrexate, intramuscular 96197-09 [1920] - - - for ectopic pregnancy 35677-03 [1256] - - neurolytic - see Administration/specified site/nerve/by site/neurolytic agent - - nutritional substance (concentrated) - - - enteral infusion (of) 96202-07 [1920] - - - parenteral, total (peripheral) 96199-07 [1920] - - occlusive (embolisation) — see Embolisation - - packed cells 13706-02 [1893] - - pharmacological - - - local effect — see Administration/indication OR Administration/specified site - - - systemic effect — see Pharmacotherapy - - phenol, nerve — see Administration/specified site/nerve/by site/neurolytic agent - - plasma 92062-00 [1893] - - platelets 13706-03 [1893] - - polymethylmethacrylate (1 vertebral body) (PMMA) 35400-00 [1393] - - - ≥ 2 vertebral bodies 35400-01 [1393] - - Polytef - - - paraurethra, for stress incontinence (female) 37339-00 [1110] - - - - male 37339-01 [1109] - - prophylactic NEC — code to block [1920] with extension -09 - - prostaglandin — see also Induction/labour - - - for termination of pregnancy 90461-00 [1330] - - radioisotope (unsealed) 90960-00 [1795] - - - lodine (131) 16009-00 [1795] - - - Phosphorous (32) (intravenous) 16012-00 [1795] - - - SM-Lexidronan (153) 16018-00 [1795] - - - specified NEC 90960-00 [1795] - - - Strontium (89) 16015-00 [1795] - - - Yttrium (90) (intracavitary) 16003-00 [1795] - - red cells 13706-02 [1893] - - Rh immune globulin 92173-00 [1884] - - RhoGAM 92173-00 [1884] - - saline, for termination of pregnancy 90461-00 [1330] - - sclerosing — see Sclerotherapy - - serum NEC 92062-00 [1893] - - sperm, intracytoplasmic (for reproductive medicine procedure) 13251-00 [1177] SPOT — see Administration/type of agent/tattoo, tattooing - - steroid (see also Administration/specified site) NEC - code to block [1920] with extension -03 - - sympatholytic — see also Administration/specified site/nerve/sympathetic - - - intra-arterial 90029-00 [65] - - - intravenous 90029-00 [65] - - tattoo, tattooing <u>- - - by</u> - - - - colonoscopy (to caecum) 32090-02 [905] - - - - - to hepatic flexure 32084-02 [905] - - - - panendoscopy (to duodenum) 30473-07 [1005] - - - - - to ileum 30473-08 [1005]

- - thrombocytes 13706-03 [1893]
- - thrombolytic

<u>- - - with</u>

- ---- angioplasty --- see Angioplasty
- - - embolectomy see Embolectomy
- ---- thrombectomy see Thrombectomy
- - via surgical peripheral arterial or venous catheterisation (open) (percutaneous) 35317-01 [741]
- - tissue expander (skin) (soft tissue) (subcutaneous tissue) 45566-01 [1661]
- - breast (without reconstruction) 45566-01 [1661]
- - - with reconstruction 45539-00 [1756]
- - toxin botulinum (Botox) (Botoxin) (onabotulinumtoxinA) (soft tissue) (type A) NEC
- (see also Administration/indication OR Administration/specified site) 18360-01 [1552]
- - toxoid
- - diphtheria 92146-00 [1881]
- - - with tetanus and pertussis, combined 92149-00 [1881]
- - tetanus 92148-00 [1881]
- - - with diphtheria and pertussis, combined 92149-00 [1881]
- - tranquilliser code to block [1920] with extension -09
- - vaccine see Vaccination
- - venom protein 96195-00 [1884]
- - rush protocol 96195-01 [1884]
- - ultrarush protocol 96195-02 [1884]
- - white cells (donor leukocytes) 13706-04 [1893]

Block

- Bier's (lower limb) (upper limb) 92519 [1909]
- caudal (region) see InjectionAdministration/specified site/spinal/caudal
- dorsal root ganglion see Administration/specified site/nerve/paravertebral/by site
- epidural (space) see InjectionAdministration/specified site/epidural
- interpleural (with infusion or injectionadministration of therapeutic agent) 18228-00 [548]
- intrathecal (space) see InjectionAdministration/specified site/spinal/intrathecal
- medial branch see Administration/specified site/nerve/spinal/posterior primary rami
- nerve
- - for
- - operative anaesthesia
- - - head or neck 92509 [1909]
- - - lower limb 92512 [1909]
- - - trunk (transversus abdominis plane (TAP)) 92510 [1909]
- - - upper limb 92511 [1909]
- - pain management see Administration/specified site/nerve/by site
- neuraxial
- - for operative anaesthesia 92508 [1909]
- - during labour 92506 [1333]
- - and delivery procedure 92507 [1333]
- pleura (with infusion or injection administration of therapeutic agent) 18228-00 [548]
- spinal

- canal see <u>InjectionAdministration/specified site/spinal</u>
 nerve see Administration/<u>specified site/</u>nerve/spinal
- subarachnoid (space)
- - spinal see InjectionAdministration/specified site/spinal/intrathecal
- transversus abdominis plane (TAP)
- - for
- - analgesia, postprocedural 92517-00 [1912]
- - operative anaesthesia 92510 [1909]
- - pain management see Administration/specified site/nerve/peripheral

Catheterisation

- spinal (caudal) (epidural) (intrathecal) (subarachnoid) 39125-00 [39]
- - with
- - administration of therapeutic agent (analgesic) (narcotic) see Administration/specified site/spinal
- ---- infusion of therapeutic agent (analgesic) (narcotic) --- see Infusion/spinal canal ---- injection of therapeutic agent (analgesic) (narcotic) --- see Injection/spinal
- - insertion of implantable infusion device or pump 39127-00 [39]

Coiling

- aneurysm - see Administration/agent/occlude/blood vessel, transcatheter/by siteEmbolisation

Closure

1

1

1

- steroid 90028-01 [33]

- interpleural (therapeutic agent) 18228-00 [548] - intrathecal (space) - see Infusion/spinal canal/intrathecal

- iron - code to block [1920] with extension -09

- leukocyte (donor) 13706-04 [1893]

- nutritional substance - see Nutrition, concentrated substances

- pleura (therapeutic agent) 18228-00 [548]

 spinal canal (with catheterisation) -- for operative anaesthesia 92508 [1909]

- - caudal

- for operative anaesthesia 92508 [1909]

--- combined substances NEC 18216-15 [35]

--- during labour 92506 [1333]

-and delivery procedure 92507 [1333] ---- local anaesthetic 18216-09 [35]

--- opioid 18216-12 [35]

--- specified therapeutic substance (combined substances) NEC 18216-15 [35]

---- steroid 90028-03 [35]

-- during labour 92506 [1333]

---- and delivery procedure 92507 [1333] -- epidural (space) -- see Infusion/epidural

-- intrathecal (subarachnoid)

- for operative anaesthesia 92508 [1909]

---- combined substances NEC 18216-24 [37]

---- during labour 92506 [1333]

- and delivery procedure 92507 [1333]

---- local anaesthetic 18216-18 [37]

--- opioid 18216-21 [37]

--- specified therapeutic substance (combined substances) NEC 18216-24 [37]

- steroid 90028-05 [37]

- subarachnoid (space)

-- spinal -- see Infusion/spinal canal/intrathecal

- sympatholytic agent - see also Administration/nerve/sympathetic

-- intra-arterial 90029-00 [65]

-- intravenous 90029-00 [65]

- thrombolytic agent - see Infusion/agent/thrombolytic

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-- for

--- anal fissure 90344-02 [929]

---- strabismus 18366-00 [216] - - evelid 18370-00 [230]

-- larynx 18368-00 [521]

-- ligament NEC 18360-00 [1552]

-- muscle NEC 18360-00 [1552]

--- orbicularis oculi 18370-00 [230]

--- tendon NEC 18360-00 [1552]

-- vocal cord 18368-00 [521]

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--- male 37339-01 [1109]

- vessel, for false aneurysm 45027-02 [742]

- vitreous (by paracentesis) (eye) (humour) (therapeutic agent) 42740-03 [209]

- vocal cord (collagen) (fat) (Gelfoam) (Teflon) 41870-00 [521]

-- botulinum toxin 18368-00 [521]

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- - sphincter, artificial 32220-00 [940]

- - stimulator, electrical 32206-00 [940]

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- - vaginoperineal 90447-00 [1284]

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- for

- ...
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- - reoperation 90015-00 [85]
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Destruction procedures for liver, kidney and prostate

BACKGROUND:

Review of ACHI highlighted the following blocks to be updated to include options for endoscopic, percutaneous and open destruction procedures and that diagnostic information in code titles be removed for consistency:

- [956] Other procedures on liver
- [1046] Destruction procedures on kidney
- [1162] Destruction of tissue of prostate

To enable the classification to expand and remain clinically relevant, techniques for destruction have been removed from codes and replaced by generic codes that support wider applicability.

TABULAR LIST

956	Other procedures on liver
90299-01	Endoscopic destruction procedures on liver
	Endoscopic destruction of (lesion) (tissue) liver
90299-02	Other closed destruction procedures on liver
	Percutaneous destruction procedures on liver
30419-00	Cryotherapy of liver
	Cryotherapy of liver tumour
50950-00	Radiofrequency ablation of liver
	Radiofrequency ablation of liver tumour
90299-00	Other dDestruction procedures onf liver
	Interstitial laser coagulation of liver lesion/tumour Irreversible electroporation [IRE]
	Code also when performed:
	• high intensity focused ultrasound (HIFUS) (90908-01 [1949])
	<i>Excludes:</i> destruction of (lesion) (tissue) liver: • endoscopic (90299-01 [956])
	• percutaneous (90299-02 [956])
90319-03	Other endoscopic procedures on liver
<u>90319-04</u>	Other closed procedures on liver Percutaneous procedures on liver NEC
90319-00	Other open precedures on liver
90319-00	Other open procedures on liver

1041	Manipulation or extraction of calculus of kidney
36652-02	Percutaneous manipulation of calculus of kidney
	Includes: antegrade pyeloscopy
	percutaneous:
	nephroscopy
	• nephrostomy
	<i>Excludes:</i> that by endoscopy (36652-01 [1041])
	that with:
	 extraction of calculus (30450-01 [1041]) fragmentation and extraction of calculus (36639-02 [1041]) fragmentation of calculus (36639-01 [1041])
<u>36639-01</u>	Percutaneous fragmentation of calculus of kidney
	Includes: antegrade pyeloscopy
	fragmentation by:
	electrohydraulic shockwaves
	• laser
	• ultrasound insertion of drainage (nephrostomy) tube
	manipulation
	percutaneous nephroscopy
	Excludes: that:
	• by endoscopy (36656-02 [1041])
	• with extraction of calculus (36639-02 [1041])
30450-01	Percutaneous Eextraction of calculus of kidney renal tract by imaging technique Percutaneous extraction of calculus of renal tract
	Includes: antegrade pyeloscopy
	manipulation
	percutaneous nephroscopy
	that from ureter use of imaging techniques
	<i>Excludes:</i> that by percutaneous nephroscopy_endoscopy (36627-0236654-02 [1041], 36639
	36645-00 [1046])
36627-02	Percutaneous nephroscopy with extraction of renal calculus
	Excludes: that involving extraction of: • 3 or more calculi (36645-00 [1046])
	• single calculus \geq 3 cm in any dimension (36645-00 [1046])
	that with fragmentation (36639-00, 36645-00 [1046])
<u>36639-02</u>	Percutaneous fragmentation and extraction of calculus of kidney
	Includes: antegrade pyeloscopy
	fragmentation by:
	• electrohydraulic shockwaves
	• laser • ultrasound
	insertion of drainage (nephrostomy) tube
	manipulation
	percutaneous nephroscopy

Excludes: that by endoscopy (36656-03 [1041])

36652-01 Retrograde pyeloscopy with Endoscopic manipulation of renal calculus of kidney

Includes: cystoscopy

retrograde pyeloscopy ureteroscopy urethral dilation

Excludes: percutaneous manipulation (36652-02 [1041])

that with:

- extraction of calculus (36654-02 [1041])
- fragmentation and extraction of calculus (36656-01 [1046])
- fragmentation of calculus (36656-00 [1046])
- fragmentation:
- and extraction of calculus (36656-03 [1041])
- calculus (36656-02 [1041])

36656-02 Endoscopic fragmentation of calculus of kidney

Includes: cystoscopy fragmentation by:

- electrohydraulic shockwaveslaser
- ultrasound
- manipulation
- retrograde pyeloscopy ureteroscopy
- urethral dilation

Excludes: percutaneous fragmentation (36639-01 [1041]) that with extraction of calculus (36656-03 [1041])

36654-02 Retrograde pyeloscopy with Endoscopic extraction of renal calculus of kidney

Includes: cystoscopy manipulation retrograde pyeloscopy ureteroscopy urethral dilation

Excludes: manipulation of renal calculus (36652-01 [1041]) percutaneous extraction (30450-01 [1041]) that with fragmentation (36656-0003 [10461041])

36656-03 Endoscopic fragmentation and extraction of calculus of kidney

 Includes:
 cystoscopy

 fragmentation by:
 • electrohydraulic shockwaves

 • laser
 • ultrasound

 manipulation
 retrograde pyeloscopy

 ureteroscopy
 urethral dilation

Excludes: percutaneous fragmentation and extraction (36639-02 [1041])

Destruction procedures on kidney
<i>Excludes:</i> that for destruction of calculus of kidney (see block [1041])
Endoscopic destruction procedures on kidney Endoscopic destruction of (lesion) (tissue) kidney
Includes: cystoscopy retrograde pyeloscopy ureteroscopy urethral dilation
Other closed destruction procedures on kidney Percutaneous destruction procedures on kidney
Includes: antegrade pyeloscopy percutaneous nephroscopy
Percutaneous nephroscopy with diathermy of kidney
Includes: antegrade pyeloseopy
Excludes: that for extraction of renal calculus (36627-02 [1041], 36639-00, 36645-00 [1046])
Retrograde pyeloscopy with diathermy to kidney
<i>Includes:</i> cystoscopy ureteroscopy urethral dilation
Percutaneous nephroscopy with fragmentation and extraction of \leq 2 calculi
Includes: antegrade pyeloseopy fragmentation by: • electrohydraulic shockwaves • laser • ultrasound insertion of drainage (nephrostomy) tube
Percutaneous nephroscopy with fragmentation or extraction of single calculus \ge 3 cm in any dimension, or for \ge 3 calculi
Includes: antegrade pyeloseopy fragmentation by: • electrohydraulic shockwaves • laser • ultrasound insertion of drainage (nephrostomy) tube
Retrograde pyeloscopy with fragmentation of renal calculus
Includes: cystoscopy fragmentation by: • • electrohydraulic shockwaves • • laser • • ultrasound ureteroscopy urethral dilation •

Excludes: that with extraction of renal calculus (36656-01 [1046])

36656-01	Retrograde pyeloscopy with fragmentation and extraction of renal calculus
	Includes: cystoscopy
	fragmentation by:
	electrohydraulic shockwaves
	 laser ultrasound
	- unrasound ureteroscopy
	urethral dilation
90370-00	Other dDestruction of lesionprocedures on of kidney
	Irreversible electroporation [IRE] of kidney lesion/tumour
	Code also when performed:
	high intensity focused ultrasound (HIFUS) (90908-01 [1949])
	Excludes: destruction of (lesion) (tissue) kidney: • endoscopic (90370-01 [1046])
	• percutaneous (90370-02 [1046])
1162	Destruction procedures on of tissue of prostate
	<i>Excludes:</i> that with excisional prostatectomy (see blocks [1166] and [1167])
37224-00	Endoscopic destruction of lesion of procedures on prostate Endoscopic destruction of (lesion) (tissue) of periprostatic region-tissue
	Transurethral:
	greenlight laser vaporisation
	• needle ablation of prostate [TUNA]
	• ultrasound guided laser induced prostatectomy [TULIP]
	Includes: that by:
	• diathermy
	• laser
	Includes: cystoscopy
	suprapubic stab cystotomy
	urethroscopy
<u>90408-02</u>	Other closed destruction procedures on prostate
	Percutaneous destruction procedures of (lesion) (tissue) prostate Transperineal ablation of prostate
90408-00	Other dDestruction of lesion of procedures on prostate Irreversible electroporation [IRE] of prostate lesion/tumour
	Code also when performed: • high intensity focused ultrasound (HIFUS) (90908-01 [1949])
	Excludes: destruction of (lesion) (tissue) prostate:
	• endoscopic (37224-00 [1162]) • percutaneous (90408-02 [1162])
37224-01	-Endoscopic resection of lesion of prostate
U. LE PUT	Endoscopic resection of lesion of periprostatic tissue
	<i>Excludes:</i> that by laser (37224-00 [1162])

90392-00	Control of postoperative haemorrhage of prostate Coagulation of prostatic bed Cystoscopy for control of prostate haemorrhage
	Includes: cystoscopy
1165	Transurethral prostatectomy
	Includes: cystoscopy
	suprapubic stab cystotomy urethroscopy
	Excludes: transurethral ultrasound guided laser induced prostatectomy [TULIP] (37207-00 [1166])
37203-00	Transurethral resection of prostate [TURP]
	Transurethral endoscopic prostatectomy
	Includes: that by:
	• cold punch
	• diathermy
	Code also when performed:
	bladder neck incision (36854-00 [1095])
37201-00	Transurethral needle ablation of prostate [TUNA] Transurethral radiofrequency needle ablation of prostate
37203-02	Transurethral electrical vaporisation of prostate
0.200 02	
1166	Other cClosed prostatectomy
	<i>Includes:</i> cystoscopy suprapubic stab cystotomy urethroscopy
<u>37224-03</u>	Endoscopic resection of prostate Endoscopic resection of (lesion) (tissue) periprostatic region Holmium laser enucleation of the prostate [HoLEP] Transurethral:
	 endoscopic prostatectomy resection of prostate [TURP]
	Code also when performed:
	• bladder neck incision (36854-00 [1095])
37207-00	Endoscopic laser ablation of prostate
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37207-01	Endoscopic laser excision of prostate Holmium laser enucleation of the prostate [HoLEP]
37203-03	Cryoablation of prostate

Cryoprostatectomy Cryosurgery of prostate 37203-04 Microwave thermotherapy of prostate

37209-01 Laparoscopic radical prostatectomy Laparoscopic total prostatectomy

Includes: excision of:

- seminal vesicles
- vas deferens

Code also when performed:

- pelvic lymphadenectomy (90282-02 [811])
- 37210-01 Laparoscopic radical prostatectomy with bladder neck reconstruction Laparoscopic total prostatectomy with bladder neck reconstruction

Includes: excision of:

- seminal vesicles
- vas deferens
- 37211-01 Laparoscopic radical prostatectomy with bladder neck reconstruction and pelvic lymphadenectomy

Laparoscopic total prostatectomy with bladder neck reconstruction and pelvic lymphadenectomy

- Includes: excision of:
 - · seminal vesicles
 - vas deferens
- 37203-06 Other closed prostatectomy

1263 Destruction procedures on uterus

35622-00 Endoscopic <u>destruction procedures on endometrial uterus</u>ablation Endoscopic <u>endometrial ablation by: destruction of endometrium</u> *Includes:* <u>that by</u>
diathermy
laser
microwave
phototherapy
radiofrequency electrosurgery
rollerball
thermal uterine balloon

90451-00 Other destruction <u>of lesion of procedures on</u> uterus

 90451-00
 Other destruction of lesion of procedures on uterus

 Other destruction procedure of (lesion) (tissue) of uterus

 Code also when performed:

high intensity focused ultrasound (HIFUS) (90908-01 [1949])

1579 Other procedures for other musculoskeletal sites

- 50102-00 Arthroscopic procedure of joint, not elsewhere classified
- 90613-00 Arthroscopic procedure proceeding to open procedure $\overrightarrow{v}_{0019}$

Includes: percutaneous minimal access approach *Code first:*

• open surgical procedure(s) performed

- 90592-00 Separation of equal conjoined twins
- 90592-01 Separation of unequal conjoined twins Separation of conjoined twins NOS
- 32200-00 Devascularisation of distal muscle
- 90609-00 Destruction of bone Laser destruction | of bone lesion Radiofrequency ablation |

Code also when performed: • high intensity focused ultrasound (HIFUS) (90908-01 [1949])

90593-00 Other diagnostic procedures on muscle, tendon, fascia or bursa, not elsewhere classified
 Note: For nonsurgical diagnostic interventions see Chapter 19

1759 Other procedures on breast

- 90720-00 Other procedures on breast Injection of therapeutic agent into breast
- 90726-00 Other destruction of breast
 Destruction of lesion of breast
 Code also when performed:
 • high intensity focused ultrasound (HIFUS) (90908-01 [1949])

1949 Other ultrasound

30688-00 Endoscopic ultrasound Endobronchial ultrasound (EBUS) Ultrasound in conjunction with endoscopy

Code also:

• endoscopic procedure(s) (see Alphabetic Index)

90908-01 High intensity focused ultrasound [HIFUS]

Code first:

HIFUS for:

• arthritis and other musculoskeletal conditions (90609-00 [1579])

• treatment of lesion(s)/tumour(s):

- bone (90609-00 [1579])
- breast (90726-00 [1759])
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- liver (90299-00 [956])
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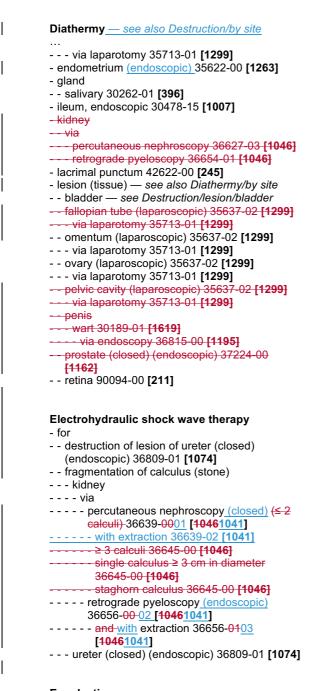
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- - pineal body 39712-01 [122]
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[116<mark>26</mark>]

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- - kidney
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- - - percutaneous nephroscopy (<u>≤ 2</u> <u>calculi)(closed)</u> 36639-00-01 [10461041]
 - - - with extraction 36639-02 [1041]
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- - ureter (closed) (endoscopic) 36809-01 [1074]
- transoesophageal (oesophageal windows) 55118-00 [1942]
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Abscess drainage

BACKGROUND:

Following the receipt of public submissions:

- a code has been created to capture transgluteal and transrectal drainage of intra-abdominal abscess, haematoma or cysts
- Block [1659] *Procedures for pilonidal sinus or cyst* and the codes within have been updated to include abscess.

Following publication of a Coding Rule in March 2016 regarding 'Endoscopic pilonidal sinus treatment (EPSiT)', a code was created to classify this procedure.

TABULAR LIST

987	Other incision procedures on abdomen, peritoneum or omentum
30224-01	Percutaneous drainage of intra-abdominal abscess, haematoma or cyst
30224-02	Percutaneous drainage of retroperitoneal abscess, haematoma or cyst
30394-01	 Laparoscopic drainage of intra-abdominal abscess, haematoma or cyst <i>Code also when performed:</i> Iaparoscopic appendicectomy (30572-00 [926])
<u>30394-02</u>	Other closed drainage of intra-abdominal abscess, haematoma or cyst
	Includes: transgluteal } transrectal } approach

30394-00 Drainage of intra-abdominal abscess, haematoma or cyst

Includes: appendiceal	} abscess, haematoma or cyst	
iliac fossa	}	
intraperitoneal	}	
pelvic	}	
pouch of Douglas	}	
subhepatic	}	
subphrenic	}	
peritonitis		

Code also when performed:

• appendicectomy (30571-00 [926])

Excludes: abscess, haematoma or cyst of specified intra-abdominal or pelvic sites classified elsewhere (see Alphabetic Index: Drainage/abscess/by site; Drainage/haematoma/by site; Drainage/cyst/by site)

drainage of:

- intra-abdominal abscess, haematoma or cyst:
- closed NEC (30394-02 [987])
- laparoscopic (30394-01 [987])
- percutaneous (30224-01 [987])
- pouch of Douglas via colpotomy (35572-00 [1280])
- hydatid cyst of:
- abdominal cavity organ NEC (30434-02, 30436-02 [1002])
- liver (30434-00, 30436-00, 30438-00 [955])
- peritoneum (30434-01, 30436-01 [1002])
- retroperitoneal abscess, haematoma or cyst (30402-00, 30224-02 [987])

1659	Procedures for pilonidal sinus, or cyst or abscess Procedures for sacral sinus or cyst
30679-00	Administration of agent into pilonidal sinus, or cyst or abscess Injection of sclerosing agent (sclerotherapy) into pilonidal sinus or cyst
30676-00	Incision of pilonidal sinus <u>, or cyst<u>or abscess</u></u>
30676-01	Excision of pilonidal sinus, or cyst or abscess Marsupialisation of pilonidal cyst
<u>30676-02</u>	Closed procedures for pilonidal sinus, cyst or abscess, not elsewhere classified Endoscopic pilonidal sinus treatment (EPSiT)
	Includes: fistuloscopy
96230-00	Other procedures for pilonidal sinus, cyst or abscess

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- - duodenal (bleeding) (endoscopic) 30478-07 [870]
- - gastric (bleeding) (endoscopic) 30478-07
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- - oesophagus (endoscopic) (oesophagogastric junction) 30476-04 [851]
- - pilonidal sinus, <u>abscess or cyst</u> 30679-00 [1659]
- - renal 90354-00 [1064]
- - skin 30207-00 [1602]
- - vascular (anomaly) (malformation) 45027-02 [742]
- ----eye 42740-03 **[209]**
- - lymphangioma 45027-02 [742]
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- cul-de-sac (rectouterine pouch) <u>— see also</u> Drainage/abscess/intra-abdominal
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- ---- percutaneous 30224-01 [987]
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- - via <u>colpotomy</u> (open) <u>35572-00</u> [1280]
- ---- colpotomy 35572-00 [1280] ---- laparotomy 30394-00 [987]
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- - - transrectal 30394-02 [987]
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- - - iransieulai 30384-02 [907]
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- - peritonsillar 41807-00 [409]
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- - pilonidal 30676-00 [1659]
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- - pouch of Douglas (rectouterine pouch) <u>see</u>
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- - cranial, by incision 90007-01 [28]

- - pilonidal 30676-00 [1659]
- - pre-auricular (external ear) 30104-00 [303]

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Excision — see also Removal

- by laser see also Laser therapy
- for facial nerve paralysis see
- Excision/tissue/for facial nerve paralysis abscess
- - intracranial 39903-00 [14]
- - postoperative (reopening of craniotomy) 39721-00 [10]
- - pilonidal 30676-01 [1659]
- - spinal
- - extradural 40309-00 [53]
- - umbilicus 43948-00 [989]
- - with cricopharyngeal myotomy 41770-01
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- pilonidal sinus<u>, abscess or (</u>cyst) 30676-01 [1659]
- pineal gland 90043-00 [123]

Incision

- pilonidal sinus, <u>abscess or (cyst)</u> 30676-00 [1659]
- ···· .
- sinus
- - cranial, with drainage 90007-01 [28]
- - nasal
- - ethmoid 41737-04 [383] - - - frontal 41743-00 [383]
- - maxillary antrum see Antrostomy/maxillary
- - sphenoid 41752-02 [383]
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- abscess - - Bartholin's gland 35520-00 [1290]
- - pilonidal 30676-01 [1659]
- cyst

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- for
- ..._ . . .
- - Peyronie's plaque
- - correction 37417-00 [1197]
- - injection 37415-00 [1192]
- - pilonidal sinus, abscess or cyst NEC 96230-00
- [1659]
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- lymphocele, with aspiration 90284-00 [812]
- - pilonidal sinus<u>, abscess</u>or cyst 30679-00
- [1659] - - prolapse, rectal mucosa 90344-02 [929]
- - telangiectasis 45027-02 [742]

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- - acute periodontal infection 97213-00 [456]
- - external root resorption 97437-00 [463]
- - palliative, emergency 97911-00 [484]
- - periodontal, nonsurgical 97281-00 [456]
- - with any other periodontal procedure omit code
- endoscopic pilonidal sinus (EPSiT) (prosthesis)
- (sealant) 30676-02 [1659] - fracture

Organ procurement and machine perfusion

BACKGROUND:

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

- updates to ACS 0030 Organ and tissue procurement and transplantation to change layout, terminology and to distinguish the harvest and procurement of blood (components) from stem cells
- new ACHI code for the use of machine perfusion in organ procurement and transplantation

ICD-10-AM TABULAR LIST

Z51	Other medical care <i>Excludes:</i> follow-up examination after treatment (Z08–Z09)
Z51.8	Other specified medical care
	<i>Excludes:</i> holiday relief care (Z75.5)
≎ Z51.81 ⊽ 0030	Apheresis
	Healthy donor admitted to donate cells for infusion into another person Allogeneic apheresis
	<i>Excludes:</i> autologous apheresis – code to condition (see Alphabetic Index) prophylactic therapy (plasmapheresis) for incompatible organ transplant (Z29.1)
⊙ Z51.88	Other specified medical care
Z51.9	Medical care, unspecified

ACHI Tabular List



Excision procedures on eyeball



D Enucleation of eyeball without implant Enucleation of eyeball NOS

...

Keratoplasty

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<u>V 0030</u>
```

173

Excludes: that where previous keratoplasty has been performed (42656-00, 42656-01 [175]) ...

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Other repair procedures on cornea

...

- 42638-00 Conjunctival flap over cornea Gunderson flap
- 90065-00 Limbal stem cell transplant

<u>V 0030</u>

90066-00	Other repair of cornea

Excludes: reoperation keratoplasty (42656-00, 42656-01 [175])

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Excision procedures on conjunctiva

42676-00	Biopsy of conjunctiva
----------	-----------------------

42683-00 Excision of lesion or tissue of conjunctiva ▼ 0030 Excision of conjunctival cyst



Pneumonectomy

38438-03 ∇ 0030

8 Removal of donor lung for transplantation

Includes: procurement of associated artery and/or vein(s)

Excludes: that with combined heart transplantation (90204-01 [659])



Transplantation of lung

Excludes: combined heart and lung transplantation (90205-01 [660])



Removal of donor heart or lung

∇ 0030

Includes:	allograft:
	• maintenance
	• preparation
	procurement of associated artery and/or vein(s)

- 90204-00 Removal of donor heart for transplantation
- 90204-01 Removal of donor heart and lung for transplantation

660					
∇	0030				

Transplantation of heart or lung

- Code also when performed:
- cardiopulmonary bypass (38600-00, 38603-00 [642])



Bone marrow/stem cell transplantation

Code also when performed:

- chemotherapy (see blocks [741] and [1920])
- total body irradiation (15600-03 [1789])

13706-00 Allogeneic bone marrow or stem cell transplantation, matched related donor, without in vitro processing

- A matched related donor is:
- matched family (sibling)
- syngeneic (identical twin)

Note:

953	Excision procedures on liver				
30414-00 <u>∇ 0030</u>	Excision of lesion of liver Resection of congenital cyst of liver Subsegmental resection of liver				
	<i>Includes:</i> procurement of associated artery and/or vein(s) for transplantation				
	<i>Excludes:</i> hydatid cyst of liver (30434-00, 30436-00, 30438-00 [955])				
30415-00 ∇ 0030	Segmental resection of liver				
<u>+ 0000</u>	<i>Includes:</i> procurement of associated artery and/or vein(s) for transplantation				
30418-00 ∇ 0030	Lobectomy of liver				
	<i>Includes:</i> procurement of associated artery and/or vein(s) for transplantation				
	<i>Excludes:</i> extended lobectomy of liver (30421-00 [953])				
30421-00 <u>⊽ 0030</u>	Trisegmental resection of liver Extended lobectomy of liver				
	<i>Includes:</i> procurement of associated artery and/or vein(s) for transplantation				
90346-00 <u>⊽ 0030</u>	Total hepatectomy Includes: procurement of associated artery and/or vein(s) for transplantation				
954	Repair procedures on liver				

- 90317-00 Transplantation of liver <u>∇ 0030</u>
- 90318-00 Other repair of liver

978 ∇ 0030

Pancreatectomy

 ∑ 0030
 Includes: procurement of associated artery and/or vein(s) for transplantation

 30593-00
 Pancreatectomy

 30583-00
 Distal pancreatectomy

 30593-01
 Pancreatectomy with splenectomy

981

Other repair procedures on pancreas

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90324-00 Transplantation of pancreas

- <u>V 0030</u>
- 90325-00 Other repair of pancreas



Complete nephrectomy for transplantation

Includes: procurement of associated artery and/or vein(s)

- 36516-04 Laparoscopic complete nephrectomy for transplantation, living donor
- 36516-05 Complete nephrectomy for transplantation, living donor
- 36516-06 Complete nephrectomy for transplantation, cadaver

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1058 ∇ 0030	Kidney transplantation
36503-00	Kidney transplantation
	Includes: vascular anastomosis
36503-01	Autotransplantation of kidney Reimplantation of kidney
1563 ∇ 0030	Other excision procedures on bone of other musculoskeletal sites
48400-01	Ostectomy of accessory bone
1634	Other excision procedures on skin and subcutaneous tissue
31245-03	Extensive excision of skin and subcutaneous tissue for sycosis, from face or neck <i>Note:</i> Performed for sycosis: • barbae • nuchae
90669-00 <u>∇ 0030</u>	Excision of skin for graft
1640 ∇ 0030	Allograft, xenograft or synthetic skin graft
1641 <u>⊽ 0030</u> …	Split skin graft to granulating burn site
1642 <u>∨ 0030</u>	Other split skin graft to granulating area
1643	Split skin graft to burn of specific sites
1644	Split skin graft to burn of other sites
1645 <u>∨ 0030</u>	Other split skin graft, small

1646 <u>∨ 0030</u>	Other split skin graft, extensive					
1647 ▽ 0030	Split skin graft, inlay					
1648	Full thickness skin graft to burn					
1649 <u>∨ 0030</u> …	Other full thickness skin graft					
1650 ▼ 0030	Dermis gr	aft				
1886	Perfusion					
34533-00	Isolated limb perfusion					
	Includes:	cannulation of artery and vein regional perfusion for chemotherapy repair of arteriotomy and venotomy				
	Excludes:	that performed in conjunction with surgery – omit code				
96231-00	Machine perfusion for organ transplantation					
<u>V 0030</u>	Includes: Code first: • procureme	<u>machine perfusion:</u> • hypothermic • normothermic • subnormothermic normothermic regional perfusion (NRP) nt procedure(s) performed – <i>see Alphabetic Index</i>				
22055-00	Perfusion	of organ, not elsewhere classified				
	Excludes:	for organ transplantation (96231-00 [1886]) that performed in conjunction with surgery – omit code				
22060-00	Whole bod	ly perfusion				
1893 ∇ <u>0030</u> ,0302	Administr	ation of blood and blood products				
13706-01	Administrat	tion of whole blood ion of blood NOS of whole blood				

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ALPHABETIC INDEX

Pelvimetry

- computerised tomographic 57201-00 [1964]
- radiographic 59503-00 [1981]
- ultrasonic 55700-02 [1943]
- Pereyra procedure (transvaginal needle suspension) (with prosthesis) 37043-00 [1110]
- Perfusion
- for renal dialysis 13100-02 [1060]
- with sympatholytic agent see also Administration/nerve/sympathetic
- - intra-arterial 90029-00 [65]
- - intravenous 90029-00 [65]
- body, whole 22060-00 [1886]
- cerebral (antegrade) (retrograde) during hypothermic arrest 38577-00 [642]
- limb
- - isolated 34533-00 [1886]
- - retrograde
- - for infiltration of local anaesthetic (Bier's block) 92519 [1909]
- machine, for organ transplantation (LifePort Kidney Transporter) (Organ Care System) (Vivoline LS1) (XVIVO organ chamber) 96231-00 [1886]
- normothermic regional, for organ transplantation (LifePort Kidney Transporter) (Organ Care System) (Vivoline LS1) (XVIVO organ chamber) 96231-00 [1886] - organ NEC 22055-00 [1886]
- - for transplantation (LifePort Kidney Transporter) (Organ Care System) (Vivoline LS1) (XVIVO organ chamber) 96231-00 [1886]
- whole body 22060-00 [1886]
- Pericardiectomy (complete) (open) (subtotal) (total) 38447-00 [646]

Australian Coding Standards

ORGAN, AND TISSUE AND CELL PROCUREMENT AND 0030 TRANSPLANTATION

DEFINITIONSTISSUE PROCUREMENT VIA APHERESIS

There are two types of patients admitted for donor apheresis:

Autologous donation

An autologous donor is a patient with a known disease (egsuch as a malignancy) who is admitted to donate their own cells for therapeutic-reinfusion/transplantation at a later stage.

In this scenario, a Assign a code for the condition that will be treated by the harvested donated cells.

Allogeneic donation

An allogeneic donor provides organ(s)/tissue/cells is a healthy donor admitted to donate cells for infusion/transplantation into another person - see classification guidelines below.

In this scenario, assign as the principal diagnosis Z51.81 Apheresis.

ORGAN, TISSUE AND CELL PROCUREMENT AND TRANSPLANTATION -**ALLOGENEIC DONATION**

1. Live donors

Patients admitted to donate organ(s)/ and tissues/cells usually have a principal diagnosis eode assigned from category Z52.- Donors of organs and tissues or Z51.81 Apheresis - see Organ/tissue procurement and transplantation table below. Any additional diagnoses and appropriate procedure code(s) should also be assigned.

2. Donation following brain death in hospital. Criteria for donation are: brain death, consent and clinical eligibility.

Some states may use the codes for organ procurement in association with:

the acute episode during which the patient dies; or

• an episode type which encompasses the period following brain death during which the patient is ventilated and organ procurement procedures are carried out.

The following guidelines apply to the classification of organ(s)/tissue/cells procurement from deceased donors:

- a. In the initial episode during which the patient dies, assign as principal diagnosis the condition which occasioned the admission and Z00.5 *Examination of potential donor of organ and tissue* as an additional diagnosis to indicate intent to procure. Z00.5 should be used even if the organs are not subsequently procured. Do not use the procedure code for procurement during this episode.
 - assign as principal diagnosis the condition that occasioned the admission
 - assign Z00.5 *Examination of potential donor of organ and tissue* as an additional diagnosis to indicate intent to procure, even if the organs are not subsequently procured
 - do not assign the ACHI code(s) for procurement during this episode
- b. In the procurement episode: after the initial episode and following brain death, assign as principal diagnosis the appropriate code from Z52. Donors of organs and tissues and the relevant procedure code(s). It is not necessary to assign diagnoses from the initial episode or cause of death as these will already have been coded in the initial episode. Only code patients who actually proceed to organ donation.
 - assign as principal diagnosis the appropriate code from Z52.- Donors of organs and tissues, even if the organs are not subsequently transplanted. Do not assign diagnoses from the initial episode or cause of death as these will already have been coded in the initial episode
 - assign ACHI code(s) for procurement performed during the episode
 - assign 96231-00 [1886] *Machine perfusion for organ transplantation* as an additional code where machine perfusion is used during organ procurement
- c. Patients resuscitated in emergency and subsequently ventilated for possible donation following brain death will have as principal diagnosis a Z52.- code with or without a procedure code for organ procurement depending on whether the criteria for donation are met. If such patients receive treatment for their condition or injuries, they fall into category 2a.
- 3. Patients receiving the transplanted organ(s)/tissue/cells: will have as principal diagnosis the condition requiring the transplant with the appropriate transplantation procedure code. There is no need to code the removal of the diseased organ. Domino transplant patients (when the patient receives and donates organs during the same episode of care, eg heart/lung) will have an additional diagnosis for the donation and both transplant and procurement procedure codes (with transplantation sequenced as the first procedure).
 - assign a code for the condition requiring the transplanted organ(s)/tissue/cells
 - assign appropriate ACHI transplantation code(s)
 - do not assign codes for the removal of the diseased organ(s)

Domino transplant patients (ie when the patient receives and donates organs during the same episode of care, eg receives heart and donates lung):

- assign additional diagnosis code(s) from category Z52 Donors of organs and tissues
- assign additional ACHI code(s) for the procurement procedures

ORGAN/ TISSUE	ALLOGENEIC HARVEST Dx CODE	PROCUREMENT <u>EPISODE</u> PROCEDURE CODE		TRANSPLANTATION <u>EPISODE</u> PROCEDURE CODE	
Blood (components) via apheresis	<u>Z51.81</u>	<u>Block [1892]</u>	<u>Apheresis</u>	Block [802]	Bone marrow/stem cell transplantation
				Block [1893]	Administration of blood and blood products
Blood, whole	Z52.00	13709-00 [1891]	Collection of blood for transfusion	13706-01 [1893]	Administration of whole blood
Blood and stem cells via apheresis	Z51.81	Block [1892]	<i>Apheresis</i>	Block [802] or Block [1893]	Bone marrow/stem cell transplantation
Blood, other products	Z52.08	Block [1891]	Therapeutic collection and processing of blood/bone marrow	Block [1893]	Administration of blood and blood products
		Block [1892]	<i>Apheresis</i>		
Bone	Z52.2	Block [1563]	Other excision procedures on bone of other musculoskeletal sites	See Alphabetic Index of Interventions – Graft/bone/by site	
Bone marrow	Z52.3	13700-00 [801]	Procurement of bone marrow for transplantation	Block [802]	Bone marrow/stem cell transplantation
Chondrocyte (cartilage)	Z52.8	Block [1561]	Excision procedures on joint of other musculoskeletal sites	Block [1906]	Implantation of hormone or living tissue
Cornea	Z52.5	42506-00 [161]	Enucleation of eyeball without implant	Block [173]	Keratoplasty
Heart	Z52.7	90204-00 [659]	Removal of donor heart for transplantation	90205-00 [660]	Heart transplantatio
Lung	Z52.8	38438-03 [553]	Removal of donor lung for transplantation	Block [555]	Transplantation of lung
Heart and lung	Z52.8	90204-01 [659]	Removal of donor heart and lung for transplantation	90205-01 [660]	Heart and lung transplantation
Kidney	Z52.4	Block [1050]	Complete nephrectomy for transplantation	Block [1058]	Kidney transplantation
Limbal stem cells	Z52.8	42683-00 [254]	Excision of lesion or tissue of conjunctiva	90065-00 [174]	Limbal stem cell transplantation
Liver	Z52.6	<u>Block [953]</u> 90346-00 [953]	Excision procedures on liverTotal hepatectomy	90317-00 [954]	Transplantation of liver

Pancreas	Z52.8	Block [978]	Pancreatectomy	90324-00 [981]	Transplantation of pancreas
Skin	Z52.1	90669-00 [1634]	Excision of skin for graft	Appropriate code from blocks [1640] to [1650]	
<u>Stem cells</u> (peripheral blood) <u>via apheresis</u>	<u>Z51.81</u>	<u>13750-04 [1892]</u> <u>13750-05 [1892]</u>	<u>Apheresis of stem cells</u> <u>Apheresis of stem cells</u> <u>with cryopreservation</u>	<u>Block [802]</u>	<u>Bone marrow/stem</u> <u>cell transplantation</u>
Stem cells, from bone marrow	<u>Z52.3</u>	<u>13750-04 [1892]</u> <u>13750-05 [1892]</u>	<u>Apheresis of stem cells</u> <u>Apheresis of stem cells</u> with cryopreservation	<u>Block [802]</u>	Bone marrow/stem cell transplantation

Robotic-assisted surgery

BACKGROUND:

Following receipt of a public submission, a block was created for Technologyassisted interventions and a code created within for Robotic-assisted intervention. An Australian Coding Standard 0053 *Robotic-assisted intervention* has been created to provide guidelines for the use of the new code.

Tabular List

CONVENTIONS USED IN THE TABULAR LIST OF INTERVENTIONS

FORMAT

Third level – block axis

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There are certain chapters that are an exception to the general format:

• Dental services

This chapter is based on '*The Australian Schedule of Dental Services and Glossary, 10th Edition*' published by the Australian Dental Association (ADA) Incorporated. Copies of this publication can be obtained from the ADA, PO Box 520, St Leonards NSW 1590 Australia or from the ADA's website (http://www.ada.org.au/Publications/schedule.aspx). The Dental Services chapter is structured on a service basis, for example, diagnostic services, preventative services, periodontics, oral surgery, etc. Secondary axes, in most instances, relate to procedure type. Following closure of the Medicare Chronic Disease Dental Scheme all MBS dental items were removed from the MBS as of 1 December 2012. Consequently Appendix C: *Mapping Table for MBS Dental Items* was removed in the Ninth Edition of ACHI.

• Obstetric procedures

This chapter has a principal axis relating to the pregnancy cycle, for example, antepartum procedures, procedures associated with labour, delivery, etc. Secondary axes relate to procedure type.

Radiation oncology procedures

This chapter has a principal axis relating to radiation oncology procedures. Secondary axes relate to the type of radiation, for example, external beam therapy, brachytherapy, computerised planning, etc.

Noninvasive, cognitive and interventions, Interventions not elsewhere classified

This chapter has a principal axis relating to the purpose of the intervention, for example diagnostic, therapeutic or administrative/clinical/client support and interventions not elsewhere classified. The secondary axis relates to the type of intervention or the body system. For example, in the primary axis of Diagnostic Interventions, the secondary axes are Assessment, Consultation, Interview, Examination, Evaluation or Diagnostic Tests, Measures or Investigations – Eye and Adnexa. In the primary axis of Therapeutic Interventions, secondary axes include Counselling, Education or Nutritional Support Interventions, or Therapeutic Interventions – Cardiovascular System.

• Imaging services

The principal axis within this chapter relates to the imaging service performed, for example, ultrasound, tomography, radiography, etc. There is no secondary axis within this chapter.

CHAPTER 19

NONINVASIVE, COGNITIVE AND OTHER INTERVENTIONS, NOT ELSEWHERE CLASSIFIED (BLOCKS 1820–19223)

This chapter is for interventions not elsewhere classified; diagnostic, therapeutic or administrative/clinical/client support including:

Note: Cognitive interventions – interventions which that require cognitive skills such as evaluation, education or counselling (eg dietary education, nutritional assessment, crisis intervention, bereavement counselling).

Noninvasive interventions – therapeutic or diagnostic interventions without disruption of an epithelial lining or entry into a body part or cavity (eg lithotripsy, hyperbaric oxygenation, manipulation of a fracture, exercise therapy). Note that noninvasive diagnostic imaging interventions (those not requiring an incision or entry into a body part) are classified to Chapter 20 Imaging Services.

Note: <u>Client</u> <u>t</u>The term 'Client' when used throughout this chapter, <u>ean-may</u> refer to a patient, family member or significant other. 'Client' has generally been used in the singular form but <u>ean-may</u> refer to an individual client or client group.

Excludes: —noninvasive diagnostic imaging interventions (see Chapter 20)

INTERVENTIONS NOT ELSEWHERE CLASSIFIED

1923 Technology-assisted interventions

<u>Code first:</u> • procedure(s) performed

 Excludes:
 computer-assisted
 } (see Alphabetic Index)

 image:
 }

 • guidance
 }

 • intensifier
 }

 stereotactic localisation
 }

 96233-00
 Robotic-assisted intervention

 V0053
 Robot-assisted surgery (Da Vinci system)

96234-00 Technology-assisted intervention, not elsewhere classified

Alphabetic Index

Compression

- nerve

1

- - trigeminal (balloon) (extracranial) 39109-01 [70]
- trigeminal nerve (balloon) (extracranial) 39109-01 [70]

<u>Computer-assisted intervention — code</u> <u>specific procedure(s) performed</u> Conditioning

lleotomy 30375-03 [893]

Image guided intervention — code specific procedure(s) performed Image intensifier intervention — code specific procedure(s) performed

Imaging (diagnostic)

- avid, for myocardial infarct 61310-00 [2005]

Intervention

- allied health see also specific interventions
- - specified NEC 95550-11 [1916]
- - speech pathology 95550-05 [1916]
- <u>- robotic-assisted (Da Vinci system) 96233-00</u> [1923]

- technology-assisted NEC 96234-00 [1923] Interview — see also Assessment

Procedure

- retina NEC 90080-00 [214]
- robotic-assisted (Da Vinci system) 96233-00 [1923]
- salivary gland or duct NEC 90140-00 [399]
- tarsal strip see Tarsal strip
- technology-assisted NEC 96234-00 [1923]
- temporal bone NEC 90116-00 [328]

Prostatectomy

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- - radical (total) see Prostatectomy/radical
- robotic-assisted laparoscopic radical (RALRP)
 see Prostatectomy/radical/laparoscopic <u>AND</u> <u>Robotic-assisted intervention</u>
- suprapubic 37200-03 [1167]

Robotic-assisted intervention (Da Vinci system) 96233-00 [1923]

Australian Coding Standards

0053 ROBOTIC-ASSISTED INTERVENTION

Minimally invasive surgery is being performed across a wide range of specialities with the assistance of robotic technology. Robotic-assisted interventions involve use of very small instruments attached to a robotic arm and controlled by a clinician through a computer console.

CLASSIFICATION

Where a procedure is performed with the assistance of robotic technology, code first the procedure(s) performed, followed by 96233-00 **[1923]** *Robotic-assisted intervention.*

EXAMPLE 1:

Robotic-assisted laparoscopic abdominal hysterectomy.

Codes:	90448-01 [1268]	Total laparoscopic abdominal hysterectomy
	96233-00 [1923]	Robotic-assisted intervention

EXAMPLE 2:

Robotic-assisted laparoscopic prostatectomy.

Codes:	37209-01 [1166]	Laparoscopic radical prostatectomy
	96233-00 [1923]	Robotic-assisted intervention

EXAMPLE 3:

Robotic-as	sisted laparoscopic he	patectomy.
Codes:	90346-00 [953]	Total hepatectomy
	30390-00 [984]	Laparoscopy
	96233-00 [1923]	Robotic-assisted intervention

ACHI Chapter 19 Notes and Glossary descriptions/definitions

BACKGROUND:

Following a review of ACHI Chapter 19, a number of *Notes* were converted to *Glossary descriptions/definitions* for consistency with the guidelines in the *Conventions used in the Tabular List of Interventions.*

Tabular List

CHAPTER 19 INTERVENTIONS NOT ELSEWHERE CLASSIFIED (BLOCKS 1820–1923)

•••

DIAGNOSTIC INTERVENTIONS

ASSESSMENT, CONSULTATION, INTERVIEW, EXAMINATION, EVALUATION

Assessment involves the gathering, evaluation and recording of information relative to the client's problem, functional status or situation through the use of cognitive skills and simple measurements (eg observation, history taking, anthropometry).

Includes: consultation with other service provider

- development of treatment plans or programmes
- ordering of diagnostic tests
- prescription of medications or assistive/adaptive equipment
- referral to another service provider
- use of aids or devices

Note:	Performed for the purpose of diagnosis, screening, monitoring, follow up, review, case management or
	discharge planning.
_	Assessment – the gathering, evaluation and recording of information relative to the client's problem,
	- functional status or situation through the use of cognitive skills and simple measurements (eg
	screening, monitoring, follow up, review, case management or discharge planning. Also included in
	prescription of medications or assistive/adaptive equipment, aids or devices, referral to another service
	provider consultation with other service provider.

Excludes: assessment or consultation with electroconvulsive therapy (see block [1907])

dental examination (see blocks [450] to [452])

specific diagnostic tests, measures, investigations or imaging classified elsewhere (see Alphabetic Index)

1820

Physiological assessment

A physiological investigation to assess function using techniques such as history taking, observation, inspection, palpation, percussion, auscultation and other such physical tests *Note:* A physiological investigation to assess function using techniques such as history taking, observation, inspection, palpation, percussion, auscultation and other such physical tests

•••

	Language assessment Assessment of communication skills (comprehension, expression, recognition) for spoken/nonspoken and written/nonwritten language Note: Assessment of communication skills (comprehension, expression, recognition) for spoken/nonspoken and written/nonwritten language	
	oponom nonoponom und minier non minier aufgauge	
1822 	Assessment of personal care and other activities of daily/independent living	
96022-00	Health maintenance or recovery assessment Assessment of a client's ability to perform activities related to the maintenance of their health; preventative measures such as self examination, or maintenance measures such as dressing leg/foot ulcers, monitoring glucose levels in diabetes or vital lung capacity in asthma	
	Assessment of coping/skills with: • adjustment to a disease or condition and its clinical and functional implications • applying bandages or dressings • diagnostic testing/monitoring (for conditions such as amputation stumps, asthma, diabetes) • foot/leg care or hygiene (bunions) (toenails) (ulcers) (including assessment of existing footwear) • oral hygiene • self examination (breasts)(genitalia) • self injection • stoma care	
	Note: Assessment of a client's ability to perform activities related to the maintenance of their	
	health; preventative measures such as self examination, or maintenance measures such as dressing leg/foot ulcers, monitoring glucose levels in diabetes or vital lung capacity in asthma	
	Excludes: assessment of medication regime/management (96027-00 [1822])	
96026-00	Nutritional/dietary assessment Evaluation of the client's nutritional status to determine if intake meets the metabolic needs of the client or to determine nutritional qualities, composition and effects on health Note: An evaluation of the client's nutritional status to determine if intake meets the metabolic needs of the client or to determine nutritional qualities, composition and effects on health	
96027-00	Prescribed/self-selected medication assessment	
	Medication assessment involves a review of a client's current medication regime to determine appropriateness of regime and an assessment of the client's ability to manage medications safely. It involves obtaining an accurate medication history (prescribed medication, over the counter medication and complementary medicines such as herbal, homeopathic and vitamin products, ie self-selected medications).	
	Drug monitoring	
	Medication management assessment Review of medication(s)	
	Includes: consultation with or provision of medication summary and plan to other service providers detection and management of adverse drug reactions drug monitoring, recording/reviewing and interpretation of results history of medication(s)	

ACHI Chapter 19 Notes and Glossary descriptions/definitions

	Exclude	Excludes: advice, education or recommendations on prevention		
	and other aspects of adverse drug reaction management or recommendations about medication regimes (96072-00 [1867])			
		assessment of illicit drug use (96034-00 [1823])		
		prescription of psychotherapeutic drugs 96241 [1922]		
96030-00	Situatio	Situational/occupational/vocational/environmental assessment		
	Assessment of a client's environment to determine productivity, accessibility, suitability or the			
	client's a	client's ability to function within that environment		
	Carer	assessment		
	U	Driving Employment		
	Ergonomic Home environment Housing/accommodation Legal situation Leisure			
	Play School e	environment		
	Transpor			
		ivironment		
	Includes			
-	menues	driving		
		employment		
		ergonomic		
		home environment		
		housing/accommodation assessment		
		legal situation		
		leisure		
		play		
		school environment		
		transport		
		work environment		
	Note:	····· · · · · · · · · · · · · · · · ·		
		or the client's ability to function within that environment		
	<i>Excludes:</i> assessment of client's ability to function socially within their environment (96032-00 [1823]) financial management assessment (96029-00 [1822]) home management assessment (96028-00 [1822])			
1823	Mental	, behavioural or psychosocial assessment		
		,		
96032-00	Psycho	social assessment		
0032-00	Psychosocial assessment Psychosocial assessment involves evaluation of a client's issue(s) or functioning within the contex of their social situation.			
	<u>Includes</u>	exploration of psychological needs, coping capacity, adjustment and personal/situation resources		
	Note:	 Psychosocial assessment – evaluation of a client's issue(s) or functioning within the context of their social situation. Includes exploration of psychosocial needs, coping capacity, adjustment and personal/situational resources. 		
	Trans, adjustion and personal statistical resources.			
	Exclude	s:		

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96034-00	Alcohol and other drug assessment Assessment of a client's alcohol and other nonprescribed (illicit) drug use with a focus on developing a treatment plan to reduce the harm resulting from alcohol or other drug use disorders
	Includes: psychosocial assessment Note: Assessment of a client's alcohol and other nonprescribed (illicit) drug use with a focus on developing a treatment plan to reduce the harm resulting from alcohol or other drug use disorders
	Excludes: prescribed/self-selected medication assessment (96027-00 [1822])
1824	Other assessment, consultation, interview, examination or evaluation
96035-00	Genetic assessment Assessment of a client's genetic history by construction of a family tree
	Genetic tracing
	<i>Includes:</i> general physical examination <i>Note:</i> Assessment of a client's genetic history by construction of a family tree
96184-00	Developmental testing Assessment of motor, language, social, adaptive and/or cognitive functioning by standardised
	developmental instruments
	Growth and development examination Note: Assessment of motor, language, social, adaptive and/or cognitive functioning by standardised developmental instruments
96023-00	Ageing assessment Evaluation of a client's ability to cope with the characteristics of the ageing process performed particularly to distinguish the effects of ageing from the effects of pathology in order to determine the most suitable care or treatment for the client
	Includes: physiological and psychosocial assessment Note: An evaluation of a client's ability to cope with the characteristics of the ageing process performed particularly to distinguish the effects of ageing from the effects of pathology in order to determine the most suitable care or treatment for the client
96186-00	Pastoral assessmentSpiritual assessment Initial and subsequent assessment of wellbeing issues, needs and resources of a client. This intervention can often lead to other interventions.
	<i>Includes:</i> informal explanatory dialogue to screen for immediate spiritual needs including religious and pastoral issues the use of a formal instrument or accomment tool
	the use of a formal instrument or assessment tool Note: An appraisal of the spiritual/religious wellbeing, needs and resources of a client
1827	Investigation of central nervous system evoked responses
	<i>Includes:</i> that by computerised averaging techniques <i>Note:</i> One study – one stimulus at one point Second or subsequent studies – a different stimulus at the same point or another point of stimulation
	Excludes: that involving audiometry (see block [1839])
11024-00	Investigation of central nervous system evoked responses, 1 or 2 studies One study involves one stimulus at one point Two studies involves different stimuli at the same point or another point of stimulation
11027-00	Investigation of central nervous system evoked responses, \geq 3 studies Involves different stimuli at the same point or another point of stimulation

1828

Sleep study

12203-00 Polysomnography

Polysomnography involves continuous monitoring of oxygen saturation and breathing using a multichannel polygraph (polysomnogram), and recordings of EEG (electroencephalogram), EOG (electro-oculogram), submental EMG (electromyogram), anterior tibial respiratory movement, airflow, oxygen saturation and ECG (electrocardiogram)

Polysomnography for investigation of sleep apnoea

Note: Involves continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph (polysomnogram), and recordings of EEG, EOG, submental EMG, anterior tibial respiratory movement, airflow, oxygen saturation and ECG

•••

THERAPEUTIC INTERVENTIONS

Excludes: dental therapeutic interventions (see Chapter 6 Dental Services)

COUNSELLING, EDUCATION

Advice involves structured professional opinion with the aim of providing the client with a recommended course of action to follow.

Counselling involves supportive or educative therapy with the aim of alleviating emotional, physiological, psychological, social and/or occupational consequences of a client's illness or issue.

Education involves structured instruction and guidance with the aim of enhancing the client's knowledge, awareness or understanding of their illness or issue for the purpose of monitoring, managing, maintaining or improving their health outcomes

Note: Advice – structured professional opinion with the aim of providing the client with a recommended course of action to follow.

Counselling – supportive or educative therapy with the aim of alleviating emotional, physiological, psychological, social and/or occupational consequences of a client's illness or issue.

Education – structured instruction and guidance with the aim of enhancing the client's knowledge, awareness or understanding of their illness or issue for the purpose of monitoring, managing, maintaining or improving their health outcomes. Includes the provision of educational material.

Includes: provision of educational material

Excludes: counselling or education for assisted reproductive services [IVF] (13200-00, 13206-00 [1297])

Due e suite e d'a elfe e le ste d'ace disectione e suite e allier e se e de cestion

1867 Counselling or education relating to personal care and other activities of daily/independent living

• • •

00070 00

90072-00	Prescribed/sell-selected medication courselling of education		
	Medication counselling or education involves advice on action/effect (adverse or otherwise) of		
	medications, on the management of medication regimes, and on discharge medications. It also		
	involves advice on prevention of adverse drug reactions and the provision of educational material		
	about medications. This advice may be given to clients or other service providers		
	Note: Medication counselling or education includes advice on action/effect (adverse or otherwise) of		
	medications, on the management of medication regimes, and on discharge medications. It also includes advice on prevention of adverse drug reactions and the provision of educational material about medications. This advice may be given to clients or other service providers.		
	<i>Excludes:</i> counselling or education on medication delivery systems (96071-00 [1867]) substance addiction counselling or education (96073-00 [1867])		
96073-00	Substance addiction counselling or education		
	Counselling and/or education activities in response to substance abuse and associated needs and issues		
	<i>Note:</i> Counselling and/or education activities in response to substance abuse and associated		
	needs and issues. Includes alcohol and prescribed/self-selected drug use as well as illicit drug use.		

Includes: that for alcohol and prescribed/self-selected drug use as well as illicit drug use

	Excludes: preventative counselling or education (96066-00 [1867])
96078-00	Financial management counselling or education
	Counselling or education for the provision of information and/or to develop strategies for
	management of finances and income support
	Advice on:
	dealing with creditors
	• welfare support
	<i>Note:</i> Counselling or education for the provision of information and/or to develop strategies for
	management of finances and income support
•••	
1868	Psychosocial counselling
96082-00	Crisis situation/event counselling
00002 00	Counselling aimed at reversing the state of decompensation or decreasing the level of arousal until
	the client can return to their normal level of coping after a crisis or critical incident. As soon as this
	is achieved, responsibility for the problem is handed back to the client and ongoing counselling,
	problem-solving, or other forms of psychotherapy or psychosocial therapy may then be undertaken.
	Crisis intervention counselling
	Critical incident stress debriefing [CISD]
	<i>Note:</i> Counselling aimed at reversing the state of decompensation or decreasing the level of
	arousal until the client can return to their normal level of coping after a crisis or critical
	incident. As soon as this is achieved, responsibility for the problem is handed back to the elient and ongoing counselling, problem-solving, or other forms of psychotherapy or
	psychosocial therapy may then be undertaken.
	A crisis may result from an event such as sudden death, physical assault, violence or
	abuse, separation or divorce, financial problems, housing problems, a response to major surgery or medical illness, retrenchment from employment, natural disasters such as storm
	or flood, a new job or promotion, marriage or retirement.
	<i>Excludes:</i> ongoing counselling following crisis situation counselling (see Alphabetic Index:
	Counselling/by specified type)
96084-00	Physical abuse/violence/assault counselling
	Counselling regarding:
	domestic violence sexual abuse
96085-00	Grief/bereavement counselling Grief/bereavement counselling involves helping a client to deal with grief, the response of a person
	to loss.
	Crief/harrowersent refers to the facilings of admoss and depression following the lass or depth of a
	Grief/bereavement refers to the feelings of sadness and depression following the loss or death of a significant other. Anticipatory grief refers to the feelings of loss and sadness prior to and in
	expectation of death.
	Bereavement, physical and mental illness, redundancy, unemployment, relationship breakdowns, and other stressful life events may involve significant loss and grief.
	<i>Note:</i> Grief/bereavement refers to the feelings of sadness and depression following the loss or
	death of a significant other. Anticipatory grief refers to the feelings of loss and sadness
	prior to and in expectation of death. Grief/bereavement counselling involves helping a client to deal with grief, the response of
	a person to loss. Bereavement, physical and mental illness, redundancy, unemployment,
	relationship breakdowns, and other stressful life events may involve significant loss and
	grief.

Excludes: ...

96086-00 Other psychosocial counselling

1869	Other counselling or education
96087-00	Pastoral counselling or education Spiritual counselling, guidance or education An expression of spiritual care that includes a facilitative in-depth review of a person's life journey, personal or familial counsel, ethical consultation, mental health support, end of life care and guidance in matters of beliefs, traditions, values and practices.
	Ethical counsel Religious/spiritual counselling or education
	<i>Note:</i> The provision of pastoral care in the form of personal guidance and counsel, touching on matters of religious belief, personal spiritual journey or review and ethical concern, as well as support in matters pertaining to identity, relationship and vocational orientation.
96088-00	Genetic counselling or education
96089-00	Resource education Educational intervention aimed at providing the client with the information to access available resources, assist or facilitate the client to determine their needs and make resource decisions Note: Educational intervention aimed at providing the client with the information to access available resources, assist or facilitate the client to determine their needs and make resource decisions.
	 <i>Excludes:</i> counselling or education on: financial management (96078-00 [1867]) home management (96077-00 [1867]) self care/self maintenance (96075-00 [1867])
1871	Nutritional support interventions <u>Interventions that support the proper dietary intake and assimilation of nutriments for proper body</u> functioning and maintenance of health
1071	
	<i>Note:</i> Interventions that support the proper dietary intake and assimilation of nutriments for proper body functioning and maintenance of health
	 Excludes: assistance with food intake (96163-00 [1914]) nutritional/dietary: assessment alone (96026-00 [1822]) counselling, education (96067-00 [1867]) skills training in: food intake (96140-00 [1878]) preparation of food (96143-00 [1878]) shopping for food (96143-00 [1878])
96095-00	Therapeutic diet support Therapeutic diet support involves making recommendations about diet, identifying client preferences, ordering of items which constitute a therapeutic diet and ensuring meals or menus provided are appropriate Note: Involves making recommendations about diet, identifying client preferences, ordering of items which constitute a therapeutic diet and ensuring meals or menus provided are appropriate
96096-00	Oral nutritional support Oral nutritional support involves supplementation of therapeutic diet, enteral or parenteral nutrition with oral nourishing fluids and/or foods <i>Note:</i> Involves supplementation of therapeutic diet, enteral or parenteral nutrition with oral

96097-00	Enteral nutritional support		
	Enteral nutritional support involves making recommendations on enteral nutrition and ordering of		
	nutrients or necessary equipment		
	Note: Involves making recommendations on enteral nutrition and ordering of nutrients or		
	necessary equipment		
96098-00	Parenteral nutritional support		
	Parenteral nutritional support involves making recommendations on parenteral nutrition, either alone		
	or in combination with enteral or oral nutrition and ordering of nutrients or necessary equipment		
	<i>Note:</i> Involves making recommendations on parenteral nutrition, either alone or in combination		
	with enteral or oral nutrition and ordering of nutrients or necessary equipment		

MENTAL, BEHAVIOURAL OR PSYCHOSOCIAL THERAPIES SKILLS TRAINING

1872	Alcohol and drug rehabilitation and detoxification
	Detoxification involves interaction(s) between a client(s) and a mental
	health professional(s) where an intervention is aimed at the management of withdrawal from
	a drug of dependence so that the associated risks are minimised. Detoxification is managed
	by monitoring the withdrawal process and may include medical interventions as
	appropriate. This intervention type includes the administration of medications which are
	used to control withdrawal symptoms, observation and supportive care.
	<i>Note:</i> Rehabilitation includes ongoing assessment, counselling or education
1873	Psychological/psychosocial therapies
1075	r sychological/psychosocial therapies
•••	
96104-00	Music thereasy
96104-00	Music therapy
	Music therapy involves interventions using music designed to enhance and/or maintain the physical,
	emotional, psychosocial, behavioural, sensory, cognitive, communication, cultural, spiritual,
	developmental, musical and/or related needs identified during the assessment/evaluation process
	<i>Note:</i> Interventions using music designed to enhance and/or maintain the physical, emotional,
	psychosocial, behavioural, sensory, cognitive, communication, cultural, spiritual,
	developmental, musical and/or related needs identified during the assessment/evaluation
	process
	Excludes:
96181-00	Art therapy
	Art therapy involves interventions using art media, images or the creative art process to help a client
	deal with their problem(s)
	<i>Note:</i> Interventions using art media, images or the creative art process to help a client deal with
	their problem(s).
	Excludes:
96182-00	Bibliotherapy
	Bibliotherapy involves interventions using literature (books, newspapers etc) to help a client deal
	with their problem(s)
	<i>Note:</i> Interventions using literature (books, newspapers etc) to help a client deal with their
	problem(s).
	Excludes:
00400.00	
96183-00	Narrative therapy
	In narrative therapy, problems are described as stories. How a client thinks about important stories
	can restrict them from overcoming their present difficulties. The focus in narrative therapy is to
	understand the stories or themes that have shaped a client's life, and how these stories can be written
	and re-written. The change process involves assisting a client to identify unique outcomes and create
	more preferred stories about their problems. By reframing or re-telling a story, an altered
	relationship with the problem can be developed. To assist with reframing and re-telling a story, a
	major emphasis is on identifying a client's strengths, including the skills, beliefs and abilities they
	already possess.

Key stages of narrative therapy may include:
defining the problem
mapping the influence of the problem
evaluating and justifying the effects of the problem
identifying unique outcomes
re-storying.

Narrative therapy is of particular value to specific cultures (for example, Aboriginal and Torres Strait Islander people), where story-telling is a central part of their culture.

Note: Interventions that assist a client to resolve problems by enabling them to deconstruct the meaning of the reality of their lives and relationships, and to show the difference between reality and the internalised stories of self. This therapy is centred on the premise that people's lives and relationships are shaped by the stories that people tell and engage in to give meaning to their experiences. People construct certain habits and relationships that make up ways of life by staying true to these internalised stories.

Excludes: ...

...

96177-00 Interpersonal psychotherapy [IPT]

Interpersonal psychotherapy is a brief, structured approach that addresses one or more problem area(s) in a client's interpersonal functioning. The underlying assumption is that mental health problems and interpersonal problems are interrelated. The therapy focuses on the client's current social context and social functioning, and does not attempt to see current situations as a function of internal conflict. The aim of interpersonal psychotherapy is to identify and resolve interpersonal difficulties, issues and problems, for example interpersonal deficits, grief, disputes and role transitions. Interpersonal psychotherapy explores a client's perceptions and expectations of relationships, and aims to improve interpersonal skills and communication.

Brief interpersonal psychotherapy

Includes: that using:

role playing techniques
structured problem solving approach

Note: Interpersonal psychotherapy [IPT] aims to clarify and resolve one or more interpersonal difficulties experienced by a client. These difficulties include: role disputes, social skills deficits, prolonged grief reactions or role transition. IPT builds skills primarily in the communication and interpersonal domains.

Excludes: ...

96102-00	Family/carer-focussed Systems therapy
	Family/carer-focussed therapy is defined as therapeutic processes which promote, improve and
	sustain the effective functioning of the family/carer, and/or work with the family/carer to achieve
	improvement in the mental health status of the client. The scope of interventions is limited to
	family/carers. It should be noted that in this context, family/carers include people who have a
	significant emotional connection to the client, such as friends and partners, and those who have a
	formal role as the client's carer.
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	Family/carer-focussed therapy can comprise a number of different processes which have in common
	a focus on changing the knowledge, skills, interactions or capacity of the family. These may include:
	• assisting family/carer and client to see things from other's perspective and to develop shared
	understandings
	• assisting family/carer to understand: the nature of the client's mental health problem; their roles
	and the role of others in the care plan; how the mental health problem may impact on the client's
	thinking, behaviour, relationships and educational/vocational functioning; factors which may assist
	or impair recovery; and warning signs of deterioration
	• developing new skills and techniques to support positive family interactions and relationships
	• enhancing the capacity of family/carers to anticipate and solve problems
	• promoting effective parenting/carer strategies relevant to the client's age, developmental needs and
	family circumstances
	• supporting the family/carer to navigate the mental health care system and to maintain their own
	health and well-being.

	Interventions provided to family/carers, with or without the client present, is classified as 'Family/carer-focussed therapy'.
	Brief systems } therapy Family }
	Includes:
	<i>Note:</i> Family systems therapy looks at the family as a system of interacting elements with its own rules, beliefs, needs and roles. This therapy helps a client discover how their family operates, their role in the system and how it affects them in their relationships within and outside the family
96185-00	Supportive psychotherapy, not elsewhere classified Supportive psychotherapy is a form of psychotherapy whose focus is on short-term improvement in distress or function through identifying a person's usual strengths and coping mechanisms and assisting the person to mobilise or strengthen those mechanisms in the face of, or following, significant stressors. Strengths and coping mechanisms may be viewed in very different theoretical frameworks (eg ego-psychology, cognitive, social/systems). These therapies typically have an active stance, with a focus on more immediate issues. Supportive psychotherapy NOS
	 Excludes: that with any other therapeutic intervention – omit code Note: The term 'supportive psychotherapy' is widely accepted and used, although it is not elearly defined or supported by a wealth of literature. It is included in this classification because of its wide usage and is defined as a form of psychotherapy that aims to optimise clients' functioning, promote their autonomy, enhance their self-esteem, and lessen their anxiety and distress. Unlike other forms of therapy, supportive psychotherapy does not aim to produce major change in the client. While behavioural treatments aim to alter the way clients act, cognitive behavioural therapy the way people think and act, and psychodynamic therapy the patterns of their defences, supportive psychotherapy aims not to change, but rather to strengthen their existing coping mechanisms. Supportive psychotherapy includes activities aimed at establishing and/or enhancing the therapeutic relationship using measures such as active or empathetic listening, praise, encouragement, understanding, reassurance and advice. It is important to understand that supportive techniques are an important aspect of all modalities of psychotherapy. Therefore, any supportive psychotherapy, performed as a component of a certain approach such as psychodynamic therapy or cognitive behavioural therapy, should be coded as such and not to this code. Indeed, supportive techniques are an important aspect of all therapeutic interventions and therefore, any supportive techniques are an important echniques are an important of as a component of any therapeutic intervention, should be coded to the specific intervention and not to this code.
 1874	Skills training for voice, speech, fluency and communication
96134-00	Skills training for voice

- 96135-00 Skills training for speech Training in speech reading
- 96136-00 Skills training for fluency
- 96137-00 Skills training for language Skills training in communication skills (comprehension, expression, recognition) for spoken/nonspoken and written/nonwritten language Note: Skills training in communication skills (comprehension, expression, recognition) for spoken/nonspoken and written/nonwritten language

1875	Skills training in relation to learning, knowledge and cognition				
96112-00	Skills training in activities related to sensory/sensorimotor/sensorineural function Interventions involving sensory stimulation and adaptive responses to it according to neurologic needs. The aim is to improve the brain's ability to process and organise sensations				
	Fine or gross motor skills training Recognition therapy Sensory integration therapy Tactile stimulation				
	<i>Note:</i> Interventions involving sensory stimulation and adaptive responses to it according to neurologic needs. The aim is to improve the brain's ability to process and organise sensations.				
1876	Skills training in movement				
	Skills training involves assisting or supervising the client in performing exercises for the purpose of conditioning the body, improving health or maintaining fitness or as a means for correcting a deformity or restoring the organs and bodily functions to a state of health				
	Exercise therapy Work hardening/conditioning				
	<i>Includes:</i> evaluation of progression <i>Note:</i> Skills training which involves assisting or supervising the client in performing exercises for the purpose of conditioning the body, improving health or maintaining fitness or as a				
	means for correcting a deformity or restoring the organs and bodily functions to a state of health				
1877	Skills training in body system functions				
96138-00	Exercise therapy, respiratory system [breathing] Exercise to increase tidal volume and thoracic excursion and assist in loosening secretions and/or improve breathing pattern				
	Recruiting lung units (by manual hyperinflation)				
	<i>N</i> <u>N</u> <i>ote:</i> Exercise to increase tidal volume and thoracic excursion and assist in loosening secretions and/or improve breathing pattern				
96139-00	Exercise therapy, cardiorespiratory/cardiovascular system Exercise programme aimed at achieving maximum cardiac and respiratory function				
	Cardiac rehabilitation programme <i>Note:</i> Exercise programme aimed at achieving maximum cardiac and respiratory function				
1878	Skills training for personal care and other activities of daily/independent living				
96142-00	Skills training in use of assistive or adaptive device, aid or equipment Skills training in medication delivery systems includes skills training and management in the use of medication delivery systems such as metered dose inhalers, breath actuated devices, nebulisers, transdermal delivery systems and continuous parenteral infusions				
	Ambulation and gait training in conjunction with the use of assistive or adaptive device, aid or				
	equipment Habilitative or rehabilitative training in the use of assistive or adaptive device, aid or equipment Mobility training with aids				

Skills training in:

- application of dressings or bandages
- · medication delivery systems

Includes: use of compliance aids

Note: For the list of assistive or adaptive devices, aids or equipment see block [1870]

Skills training in medication delivery systems includes skills training and management in the use of medication delivery systems such as metered dose inhalers, breath actuated devices, nebulisers, transdermal delivery systems and continuous parenteral infusions. Also includes compliance aids

Excludes: implantation of cochlear prosthetic device (41617-00 [329]) removal of cochlear prosthetic device (41617-01 [329])

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THERAPIES USING AGENTS, NOT ELSEWHERE CLASSIFIED

1880 Therapies using agents, not elsewhere classified

96152-00 Biofeedback

Process by which the physiologic activity of a client can be translated into electric signals of a visual or auditory system (eg information about changes in skin temperature, muscle tonicity, cardiovascular activities, blood pressure and brain wave activities)

Note: Process by which the physiologic activity of a client can be translated into electric signals of a visual or auditory system. Examples of the kinds of biological feedback that can be provided include information about changes in skin temperature, muscle tonicity, cardiovaseular activities, blood pressure and brain wave activities.

96153-00 Hydrotherapy

Hydrotherapy involves the external use of water, hot and/or cold, in the therapeutic treatment of disease or injury. Applications of moist heat and warm water help relieve pain and improve circulation, promote relaxation and reduce muscle tightness and include measures such as warm baths, hot packs or compresses. Applications of cold water help to decrease body temperature, reduce swelling and constrict blood vessels and include measures such as cold packs, ice compresses, cold baths and showers. Special equipment such as the Hubbard tank or whirlpool baths are fitted with devices that mechanically agitate the water, thereby providing gentle massage in addition to the therapeutic effects of heat.

Note: The external use of water, hot and/or cold, in the therapeutic treatment of disease or injury. Applications of moist heat and warm water help relieve pain and improve circulation, promote relaxation and reduce muscle tightness and include measures such as warm baths, hot packs or compresses. Applications of cold water help to decrease body temperature, reduce swelling and constrict blood vessels and include measures such as cold packs, ice compresses, cold baths and showers. Special equipment such as the Hubbard tank or whirlpool baths are fitted with devices that mechanically agitate the water, thereby providing gentle massage in addition to the therapeutic effects of heat.

Excludes: hydrodilation of bladder (36827-00 [1108]) hydrotubation of fallopian tube (35703-01 [1248], 35703-00 [1258]) that to induce:

- hyperthermia (92178-00 [1880])
- hypothermia (22065-00 [1880])

22065-00 Cold therapy

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Cold therapy involves the application of cold in the therapeutic treatment of disease or injury. Hypothermia may be induced by ice packs or compresses, cooling blankets, immersion in cold water (bath or tub) or by extracorporeal cooling of the blood. Hypothermia may also be induced as a protective measure in certain cardiovascular and neurological surgical procedures or as an adjunct to anaesthesia in surgical procedures involving a limb

Hypothermic therapy (therapeutic hypothermia) Total body hypothermia

- *Note:* The application of cold in the therapeutic treatment of disease or injury. Hypothermia can be induced by ice packs or compresses, cooling blankets, immersion in cold water (bath or tub) or by extracorporeal cooling of the blood. Hypothermia can also be induced as a protective measure in certain cardiovascular and neurological surgical procedures or as an adjunct to anaesthesia in surgical procedures involving a limb.
 - *Excludes:* cryotherapeutic destruction of tissue (see Alphabetic Index: Cryotherapy/by site) deep hypothermia (22075-00 [642]) gastric hypothermia (13500-00 [1899])

hypothermic therapy in conjunction with cardiac or circulatory arrest (22075-00 [642])

92178-00 Heat therapy

Heat therapy involves the application of heat in the therapeutic treatment of disease or injury. Hyperthermia may be induced by hot packs or compresses, electric blankets, immersion in hot water (bath or tub), using humidified air or by extracorporeal warming of the blood. Hyperthermia may also be used as an adjunct to radiation therapy or chemotherapy and induced by microwave, ultrasound, low energy radiofrequency conduction or probes

Hyperthermic therapy

Includes: therapeutic treatment with the use of:

- · heating pad
- · infrared radiation
- microwaves
- shortwaves
- wax
- *Note:* The application of heat in the therapeutic treatment of disease or injury. Hyperthermia can be induced by hot packs or compresses, electric blankets, immersion in hot water (bath or tub), using humidified air or by extracorporeal warming of the blood. Hyperthermia can also be used as an adjunct to radiation therapy or chemotherapy and induced by microwave, ultrasound, low energy radiofrequency conduction or probes

Code also when performed:

- chemotherapy (see Alphabetic Index: Chemotherapy)
- radiation therapy (see Alphabetic Index: Radiotherapy)
- *Excludes:* thermocauterisation (see Alphabetic Index: Thermocauterisation) thermocoagulation (see Alphabetic Index: Neurotomy/by site/radiofrequency) thermokeratoplasty (90064 [173]) thermosclerectomy (42746-03 [191]) thermotherapy to prostate by microwaves (37203-04 [1166])
- 96154-00 Therapeutic ultrasound

Excludes: diagnostic ultrasound (see blocks [1940] to [1950])

96155-00 Stimulation therapy, not elsewhere classified Stimulation therapy involves the therapeutic application of a device (eg electrical, laser or ultrasound) that excites or induces functional activity in a body part with the aim of promoting healing and reducing pain

Therapeutic laser treatment NOS

Includes: electrical neuromuscular nerve stimulation [EMS] functional electrical stimulation [FES] interferential therapy [IFT] transcutaneous electrical nerve stimulation [TENS]

Note: The therapeutic application of a device (electrical, laser or ultrasound) which excites or induces functional activity in a body part with the aim of promoting healing and reducing pain

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THERAPEUTIC INTERVENTIONS - EYE, EAR, NOSE, MOUTH AND THROAT

1887	Therapeutic interventions on eye, ear, nose, mouth and throat
92025-00	Irrigation of eye Irrigation of cornea
	Excludes: irrigation of anterior chamber (42743-00 [185])
96156-00	Eye occlusion therapy Therapeutic occlusion of the eye by a patch or medicinal agents such as eye drops <i>Note:</i> Therapeutic occlusion of the eye by a patch or medicinal agents such as eye drops
1889	Other therapeutic interventions on respiratory system
96157-00	Nonincisional drainage of respiratory tract <u>Postural drainage involves positioning the patient to allow gravity to assist drainage of secretions</u> <u>from lungs and to increase ventilation</u>
	Manual clearance of respiratory secretions (suctioning) Postural drainage Sputum clearance/mobilisation (by manual hyperinflation)
	Includes: active cycle of breathing technique [ACBT] forced expiration technique [FET] that using techniques/devices such as: • percussion • shaking • vibrator
	<i>Note:</i> Postural drainage – positioning allowing gravity to assist drainage of secretions from lungs and to increase ventilation

Excludes: that involved with intubation (see block [568])

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THERAPEUTIC INTERVENTIONS - MUSCULOSKELETAL SYSTEM

Excludes: exercise therapy (see block [1876])

1905	Therapeutic interventions on musculoskeletal system		
96159-00	Range of movement/muscle testing with specialised equipment Isokinetic testing		
50115-00	Manipulation/mobilisation of joint, not elsewhere classified Manipulation involves the forceful passive movement of a joint beyond its active limit of motion. Mobilisation involves freeing body part(s) with the aim of increasing movement Manual rupture of joint NOS Release or stretching		
	<i>Note:</i> Manipulation — the forceful passive movement of a joint beyond its active limit of motion Mobilisation — freeing body part(s) with the aim of increasing movement		

96162-00	Therapeutic massage or manipulation of connective/soft tissue, not elsewhere classified
	Manual therapy involving manipulation of the connective/soft tissues of the body and administered
	to produce effects on the nervous and muscular systems and the local and general circulation of the blood and lymph
	Massage of therapeutic gel, cream or lotion into scar tissue or wound Point stimulation, penetration or sedation therapy
	Includes: acupressure
	friction techniques
	use of mechanical device (eg vibrator)
	<i>Note:</i> Manual therapy involving manipulation of the connective/soft tissues of the body and administered to produce effects on the nervous and muscular systems and the local and general circulation of the blood and lymph. Generally performed with the hands but other mechanical devices, such as a vibrator may also be used. Includes techniques such as:
	acupressure, where pressure is applied to acupuncture sites to relieve pain
	• friction, small accurate localised, penetrating movements performed in circular or
	transverse direction to soft tissue
	T SUPPORT INTERVENTIONS
Intervention	T SUPPORT INTERVENTIONS <u>a that are neither diagnostic nor therapeutic in nature</u> <u>entions which are neither diagnostic nor therapeutic in nature</u>
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Intervention Note: Interv	s that are neither diagnostic nor therapeutic in nature entions which are neither diagnostic nor therapeutic in nature NCE Assistance interventions Interventions where the purpose is to provide assistance only to the client Excludes: therapeutic treatment such as counselling, education, skills training or exercise therapy – see Alphabetic Index
Intervention Note: Interv	s that are neither diagnostic nor therapeutic in nature entions which are neither diagnostic nor therapeutic in nature NCE Assistance interventions Interventions where the purpose is to provide assistance only to the client Excludes: therapeutic treatment such as counselling, education, skills training or exercise therapy – see Alphabetic Index Note: Interventions where the purpose is to provide assistance only to the client and any
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Intervention Note: Interv ASSISTA 1914	s that are neither diagnostic nor therapeutic in nature entions which are neither diagnostic nor therapeutic in nature NCE Assistance interventions Interventions where the purpose is to provide assistance only to the client Excludes: therapeutic treatment such as counselling, education, skills training or exercise therapy – see Alphabetic Index Note: Interventions where the purpose is to provide assistance only to the client and any therapeutic treatment such as counselling, education, skills training or exercise therapy for example is not involved CLIENT SUPPORT INTERVENTIONS

Service coordination involves arrangement, facilitation and coordination of a range of services necessary to meet identified needs of the client

Includes: consultation with other health care providers contact with other agencies

Note: Service coordination – involves arrangement, facilitation and coordination of a range of services necessary to meet identified needs of the client

Excludes: counselling or education on:

- financial management (96078-00 [1867])
- home management (96077-00 [1867])
- self care/self maintenance (96075-00 [1867])

96108-00	Advocacy
	Representation or defence of the client's interests to facilitate access to and use of services
	Note: Representation or defence of the client's interests to facilitate access to and use of services
96187-00	Pastoral ministrySpiritual support
-	Introducing the service
	Pastoral conversation
	Spiritual/emotional support
	Spiritual support is predominantly a ministry of presence and emotional support to individuals or
	groups
	Includes: companioning of person(s) confronted with profound human issues of death, dying, loss,
	meaning and aloneness
	emotional support and advocacy
	enabling conversation to nuture spiritual wellbeing and healing
	establishing relationships
	hearing the person(s) narrative
	<i>Note:</i> The expression of pastoral care related to the introduction of the service and the
	establishing of rapport/relationship enabling pastoral conversation in which spiritual well-
	being and healing may be nurtured

PHARMACOTHERAPY INTERVENTIONS

PHARMACOTHERAPY

1920	Administration of pharmacotherapy
 96209-xx	Loading of drug delivery device A drug delivery device is an (external) infusion pump that is attached to a vascular access device or venous, spinal or other catheter to infuse substances over long periods of time
	Filling of infusion device or pump (external)
	Includes: maintenance such as: • connection • disconnection • flushing • injection of isotope to test pump
	<i>Note:</i> A drug delivery device is an (external) infusion pump that is attached to a vascular access device or venous, spinal or other catheter to infuse substances over long periods of time.
	Code also when performed:
	administration of agent (see Alphabetic Index: Pharmacotherapy/by route)
	Excludes: maintenance (alone) (13942-02 [1922])
1922	Other procedures related to pharmacotherapy
13939-02	Maintenance (alone) of vascular access device A vascular access device is an implanted venous catheter with a reservoir attached
	Maintenance (alone) of: • infusion port • Port-A-Cath • reservoir (subcutaneous)
	<i>Includes:</i> catheterisation flushing withdrawing sample of fluid for culture
	<i>Note:</i> A vascular access device is an implanted venous catheter with a reservoir attached.

1

Excludes: that:

- of vascular catheter without reservoir attached (92058-01 [1922])
- with administration of pharmacotherapy (96199 [1920])

13942-02 Maintenance (alone) of drug delivery device

A drug delivery device is an (external) infusion pump that is attached to a vascular access device or venous, spinal or other catheter to infuse substances over long periods of time

Maintenance (alone) of infusion device or pump (external)

Includes: flushing injection of isotope to test pump

Note: A drug delivery device is an (external) infusion pump that is attached to a vascular access device or venous, spinal or other catheter to infuse substances over long periods of time.

Excludes: that with:

• loading of drug delivery device (96209 [1920])

MBS updates on ultrasound of male and female pelvis and CT of temporomandibular joint

BACKGROUND

Following updates to the Commonwealth Medicare Benefits Schedule, codes for ultrasound of male and female pelvis were deleted and a gender neutral code was created in block [1943] *Ultrasound of abdomen and pelvis*.

A code for CT of temporo-mandibular joint was created in block [1956] Computerised tomography of facial bone/joints and/or paranasal sinus (and brain).

Tabular List

1943 Ultrasound of abdomen or pelvis 55036-00 Ultrasound of abdomen Includes: scan of urinary tract Excludes: abdominal wall (55812-00 [1950]) that for pregnancy related condition (55700 [1943], 55729-01 [1945]) 55038-00 Ultrasound of urinary tract Excludes: that with scan of abdomen (55036-00 [1943]) ultrasound of prostate, bladder base and urethra (55600-00 [1943]) ultrasound of urinary bladder (55084-00 [1943]) 55084-00 Ultrasound of urinary bladder Excludes: ultrasound of prostate, bladder base and urethra (55600-00 [1943]) 55044-00 Ultrasound of male pelvis 55600-00 Ultrasound of prostate, bladder base and urethra Excludes: urinary bladder alone (55084-00 [1943]) 55048-00 Ultrasound of scrotum Ultrasound of female pelvis 55731-00 Includes: that with saline infusion of endometrial cavity Excludes: that for pregnancy related condition (55700 [1943], 55729-01 [1945]) 55065-00 Ultrasound of pelvis Includes: that with saline infusion of endometrial cavity Excludes: that for pregnancy related condition (55700 [1943], 55729-01 [1945]) ultrasound of: • prostate, bladder base and urethra (55600-00 [1943]) • urinary bladder alone (55084-00 [1943]) 55700-00 Ultrasound for detection of fetal abnormality

55700-01 Ultrasound for fetal growth measurement

Includes: fetal cephalometry by ultrasound

- 55700-02 Ultrasound of abdomen or pelvis for other pregnancy related conditions Ultrasonic:
 - localisation of placenta
 - pelvimetry

Ultrasound of gravid uterus NOS

1956 Computerised tomography of facial bone<u>/joints</u> and/or paranasal sinus (and brain)

Excludes: computerised tomography for spiral angiography (57350 [1966])

- 56022-00 Computerised tomography of facial bone
- 56028-00 Computerised tomography of facial bone with intravenous contrast medium Computerised tomography of facial bone without, then with, intravenous contrast medium
- 56022-01 Computerised tomography of paranasal sinus
- 56028-01 Computerised tomography of paranasal sinus with intravenous contrast medium Computerised tomography of paranasal sinus without, then with, intravenous contrast medium
- 56030-00 Computerised tomography of facial bone, paranasal sinus and brain
- 56036-00 Computerised tomography of facial bone, paranasal sinus and brain with intravenous contrast medium Computerised tomography of facial bone, paranasal sinus and brain without, then with, intravenous contrast medium
- 56022-02 Computerised tomography of facial bone and paranasal sinus
- 56028-02 Computerised tomography of facial bone and paranasal sinus with intravenous contrast medium Computerised tomography of facial bone and paranasal sinus without, then with, intravenous contrast medium

57362-00 Computerised tomography of temporo-mandibular joint [TMJ]

Alphabetic Index

Tomography NEC 60100-00 [1951]

- for bone densitometry see Densitometry/bone computerised (axial) (CT) (quantitative)
- - for bone densitometry see Densitometry/bone
- - abdomen (without contrast) 56401-00 [1962]
- - head 56001-00 [1952]
- - for spiral angiography 57350-00 [1966]
- - with intravenous contrast (without, then with, intravenous contrast) 56007-00 [1952]
- - and - - - - neck
- ---- for spiral angiography 57350-00 [1966]
- - brain see Tomography/computerised/brain
- - facial bones see
 - Tomography/computerised/bone/facial
- orbit see Tomography/computerised/orbit
- - joint, temporo-mandibular 57362-00 [1956]
- - kidneys, ureter and bladder 56501-00 [1963]
- - with intravenous contrast (without, then with, intravenous contrast) 56507-00 [1963]
- - KUB 56501-00 [1963]
- - with intravenous contrast (without, then with, intravenous contrast) 56507-00 [1963]
- larvnx see Tomography/computerised/neck/soft tissue
- - spiral angiography
- - abdomen 57350-03 [1966]
- - abdominal aorta and iliofemoral lower
- extremity (bilateral) 57350-04 [1966] - - - chest 57350-02 [1966]
- - coronary artery 57360-00 [1966]
- - head (and neck) 57350-00 [1966]
- - lower extremity (bilateral) 57350-07 [1966]
- - neck (and head) 57350-00 [1966]
- - pelvis 57350-06 [1966]
- - specified site NEC 57350-08 [1966]
- - spine 57350-05 [1966]
- - upper extremity (bilateral) 57350-01 [1966]
- - temporo-mandibular joint (TMJ) 57362-00 [1956]

- - thoracic spine (without contrast) 56221-00 [1959]

Ultrasound (diagnostic) (scan) 90908-00 [1950]

- for
- - detection of fetal abnormality 55700-00 [1943]
- - fetal growth measurement 55700-01 [1943]
- - gravid uterus NEC 55700-02 [1943]
- - intrauterine echography 55700-01 [1943]
- - placental localisation 55700-02 [1943]
- with
- gravid uterus see Ultrasound/pelvis/female/for pregnancy-related condition
- groin 55816-01 [1950]
- hand 55800-00 [1950]

- pelvis 55065-00 [1943]
- female 55731-00 [1943]
- - for pregnancy-related condition NEC 55700-02 [1943]
- --- detection of fetal abnormality 55700-00 [1943]
- --- - fetal growth measurement 55700-01 [1943]
- --- - localisation of placenta 55700-02 [1943]
- male 55044-00 [1943]
- penis
- - artery (cavernosal) (dorsal) 55282-00 [1947]
- - cavernosal tissue 55284-00 [1947]
- pregnancy-related condition see
- Ultrasound/pelvis/femalefor pregnancy-related condition
- prostate with bladder base and urethra 55600-00 [1943]

.....

- uterus
- - gravid see Ultrasound/pelvis/ female/for pregnancy-related condition
- vein see also Ultrasound/vessels
- - for bypass conduit mapping (B-mode) (Doppler) (duplex) 55294-01 [1948]

ACS 0002 Additional diagnoses and incidental findings and conditions

BACKGROUND:

Following receipt of a public submission, ACS 0002 *Additional diagnoses* was amended to deter assignment of codes for incidental findings or conditions which are not treated or managed during the episode.

AUSTRALIAN CODING STANDARDS

0002 ADDITIONAL DIAGNOSES

An additional diagnosis is defined as:

"A condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code" (METeOR: 514271) (Australian Institute of Health and Welfare, 2014).

Codes assigned for additional diagnoses are a substantial component of the Admitted Patient Care National Minimum Data Set (APC NMDS). "The purpose of the APC NMDS is to collect information about care provided to admitted patients in Australian hospitals" (METeOR: 535047) (Australian Institute of Health and Welfare, 2014).

The national morbidity data collection is not intended to describe the current disease status of the inpatient population, but rather the conditions that are significant in terms of treatment required, investigations needed and resources used in each episode of care.

For coding purposes, additional diagnoses should be interpreted as conditions that significantly affect patient management in terms of requiring any of the following:

- commencement, alteration or adjustment of therapeutic treatment
- diagnostic procedures
- increased clinical care and/or monitoring

Care should be taken when assigning codes for symptoms, signs and ill-defined conditions from Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings* as additional diagnoses. <u>Clinical c</u>Coders should ensure they meet coding guidelines, including that they are 'important problems in medical care in their own right' (see ACS 1802 *Signs and symptoms*).

PROBLEMS AND UNDERLYING CONDITIONS

If a problem with a known underlying cause is being treated, then both conditions should be coded (see also ACS 0001 *Principal diagnosis/Problems and underlying conditions*).

EXAMPLE 1:

Patient is admitted for a fractured hip and during the episode of care develops ascites due to known underlying liver disease. The ascites is drained.

Principal diagnosis: Additional diagnoses:	Fractured hip Ascites
	Liver disease
Procedure:	Drainage of ascites

ASSESSMENTS

Conditions documented during a clinical assessment (eg preoperative assessment by an anaesthetist) should only be coded when they meet the above criteria or where the condition changes the standard treatment protocol for a particular procedure/condition.

MULTIPLE CODING

There are situations which require the assignment of additional codes to reflect the various components of a disease, which may themselves not meet the above criteria of an additional diagnosis (see also ICD-10-AM Tabular List: *Conventions used in the Tabular List of Diseases/Instructional notes/terms*).

Examples of common areas where multiple coding is used in ICD-10-AM include:

- aetiology and manifestations (see also ACS 0001 Principal diagnosis)
- local infections to identify the organism
- functional activity of neoplasms
- neoplasm morphology (see also ACS 0233 *Morphology*)
- underlying disease
- toxic agents
- nature of injury or cause of poisoning or adverse effect
- diabetes mellitus with complications
- postprocedural complications

ADDITIONAL DIAGNOSIS REPORTING REFERRED TO IN OTHER STANDARDS

The standards listed below include guidance that, in some cases, may indicate that certain conditions that would not normally meet ACS 0002 should be assigned as additional diagnoses. Examples of these sorts of cases are 'status' codes such as HIV, smoking, carrier, conditions found at endoscopy and 'flag' codes such as duration of pregnancy, or outcome of delivery.

Note that this list may not always be exhaustive as standards are changed over time.

- ACS 0005 Syndromes
- ACS 0011 Admission for surgery not performed
- ACS 0012 Suspected conditions
- ACS 0046 Diagnosis selection for same-day endoscopy
- ACS 0102 HIV/AIDS
- ACS 0104 Viral hepatitis
- ACS 0401 Diabetes mellitus and intermediate hyperglycaemia
- ACS 0503 Drug, alcohol and tobacco use disorders
- ACS 0936 Cardiac pacemakers and implanted defibrillators
- ACS 1404 Admission for kidney dialysis
- ACS 1435 Female genital mutilation
- ACS 1511 Termination of pregnancy
- ACS 1519 Delivery prior to admission
- ACS 1521 Conditions complicating pregnancy
- ACS 1544 Complications following abortion and ectopic and molar pregnancy
- ACS 1548 Postpartum condition or complication
- ACS 1549 Streptococcal group B infection/carrier in pregnancy
- ACS 1607 Newborn/neonate

See also ACS 0003 Supplementary codes for chronic conditions.

INCIDENTAL FINDINGS AND CONDITIONS

An abnormal finding or condition (such as noted on clinical assessment, laboratory, x-ray, pathologic, and other diagnostic result) may be identified and/or documented during an episode of care. Each case should be assessed on its own merits to determine if the documentation sufficiently describes a condition that meets the criteria in ACS 0002 *Additional diagnoses* in order to be coded (see also ACS 0010 *General abstraction guidelines/test results*). However, where these findings or conditions are incidental to the episode of care and are only flagged for follow-up or referral post discharge they do not gualify for code assignment under ACS 0002 *Additional diagnoses*.

EXAMPLE 2:

Patient was admitted for acute cholecystitis. Upon abdominal x-ray, a lesion on the liver was incidentally noted. No further investigations were undertaken during the episode but on discharge, the patient was referred to their general practitioner to follow-up the liver lesion.

Principal diagnosis: Acute cholecystitis

As the liver lesion did not meet the criteria in ACS 0002 in this episode of care, it is not coded.

EXAMPLE 3:

An elderly patient was admitted with a scaphoid fracture following a fall. Prior to discharge, a skin lesion is noticed on the forearm. The patient is referred to a specialist for follow-up of the skin lesion after discharge.

Principal diagnosis: Fractured scaphoid

As the skin lesion did not meet the criteria in ACS 0002 in this episode of care, it is not coded.

EXAMPLE 4:

Patient was admitted for laparoscopy for fibroid uterus. During the laparoscopy, a tumour was noted on the sigmoid colon. Clinicians attempt to remove the tumour, however it was considered too difficult to resect in this episode. The patient is referred to a specialist for follow-up of the colon lesion after discharge.

Principal diagnosis:Fibroid uterusAdditional diagnosis:Colon lesion

In this example, the colon lesion has met the criteria in ACS 0002 in this episode of care and is coded.

ABNORMALITIES NOTED ON EXAMINATION OF THE NEWBORN

A code should be assigned for these conditions only when they meet the criteria outlined in this standard or another standard indicates they should be coded.

EXAMPLE 25:

Neonatologist notes strawberry naevus, jaundice and sacral dimple on examination of a newborn. Baby receives 24 hours of phototherapy but no intervention is required for the naevus or sacral dimple so these are not coded.

EXAMPLE 6:

Singleton born at 38 weeks (2840g). Newborn examination noted talipes of the left foot. No additional care was required during the admitted episode for the talipes and the patient was discharged after one day. Patient was referred to a physiotherapist for follow-up of the talipes after discharge.

No intervention was required for the talipes so it is not coded.

EXAMPLE 7:

Singleton born at 38 weeks (2840g). Newborn examination noted talipes of the left foot. During the episode, the newborn was seen by the physiotherapist for management of the talipes. A post discharge referral was made for follow-up with the specialist.

Intervention is provided for the talipes and so it is coded.

CONDITIONS NOTED IN OBSTETRIC CASES

Some conditions are noted by the clinician or midwife in antenatal, delivery or postnatal episodes of care which should not be coded unless they meet the additional diagnosis criteria above or another standard indicates they should be coded.

PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

For general guidelines regarding assignment of additional diagnoses in delivery episodes of care, see ACS 1500 *Diagnosis sequencing in delivery episodes of care*.

See also ACS 1521 Conditions and injuries in pregnancy and ACS 1548 Puerperal/postpartum condition or complication.

RISK FACTORS

Risk factors should only be coded if they meet the additional diagnosis criteria above or another standard indicates they should be coded.

Suspected conditions

BACKGROUND:

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

- amendments were made to ACS 0012 Suspected conditions for Tenth Edition
- a code was created to uniquely identify patient's transferred between facilities with a suspected condition.

TABULAR LIST

Z03	Medical observation and evaluation for suspected diseases and conditions
<mark>∇ 0001,0012</mark>	2 <i>Includes:</i> persons who present some symptoms or evidence of an abnormal condition which requires study, but who, after examination and observation, show no need for further treatment or medical care
	<i>Excludes:</i> person with feared complaint in whom no diagnosis is made (Z71.1)
Z75.1 ▼ 2117	Person awaiting admission to adequate facility elsewhere
 Z75.2	Other weiting period for investigation and treatment
215.2	Other waiting period for investigation and treatment
Z75.3 ⊽ 0012	Unavailability and inaccessibility of health-care facilities
	<i>Excludes:</i> bed unavailable (Z75.1-)
•••	
Z75.5 ▼ 2117	Holiday relief care
,	Provision of health care facilities to a person normally cared for at home, in order to enable relatives to take a vacation Respite care
⊘Z75.6 ∇ 0012, 0050	Transfer for suspected condition
Z75.8	Other problems related to medical facilities and other health care
Z75.9	Unspecified problem related to medical facilities and other health care

Appendix C

Unacceptable Principal Diagnosis Codes

- Z58.7 Exposure to tobacco smoke
- Z64.0 Problems related to unwanted pregnancy
- Z72.0 Tobacco use, current
- Z72.1 Alcohol use
- Z72.2 Drug use
- Z75.6 Transfer for suspected condition
- Z76.0 Issue of repeat prescription
- Z80.0 Family history of malignant neoplasm of digestive organs
- Z80.1 Family history of malignant neoplasm of trachea, bronchus and lung
- Z80.2 Family history of malignant neoplasm of other respiratory and intrathoracic organs
- Z80.3 Family history of malignant neoplasm of breast

ALPHABETIC INDEX

Inaccessible, inaccessibility

- health care NEC Z75.3
- - due to

- - remoteness from facility Z75.3
- - waiting period Z75.2
- - - for admission to facility elsewhere Z75.19
- - - acute hospital Z75.10
- - - early parenting centre Z75.18
- - - hostel Z75.18
- - - mothercraft facility/unit Z75.18
- - - nursing home Z75.11
- - - other health care facility NEC Z75.18
- - - palliative care facility/unit Z75.14
- - - psychiatric facility/unit Z75.12
- - - rehabilitation facility/unit Z75.13
- - - residential aged care service Z75.11
- other helping agencies Z75.40
- - long term nursing home resident Z75.41
- - residential aged care services Z75.41
- - specified NEC Z75.49

Observation (for) Z04.9

- suspected (undiagnosed) (unproven)
- - adverse effect from drug (see also
- Challenge/allergen) Z03.6
- - behavioural disorder Z03.2
- - cardiovascular disease NEC Z03.5

- - myocardial infarction Z03.4
- - concussion (cerebral) Z04.5
- - condition NEC Z03.8
- - in newborn (see also Observation/newborn) Z03.70
- - drink spiking Z03.6
- - drug poisoning or adverse effect (see also Challenge/allergen) Z03.6
- - infectious disease not requiring isolation Z03.8
- - malignant neoplasm Z03.1
- - mental disorder Z03.2
-

Suspected condition, ruled out (see also Observation/suspected) Z03.9

- ruled out (see also Observation/suspected) Z03.9
- - newborn Z03.7-
- transferred for Z75.6

Transection, trunk (abdomen) (thorax) T05.8 Transfer, transferred

- for suspected condition Z75.6
- Transfusion
- blood
- - without reported diagnosis Z51.3

AUSTRALIAN CODING STANDARDS

0001 PRINCIPAL DIAGNOSIS

The principal diagnosis is defined as:

"The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment, as represented by a code" (METeOR: 514273) (Australian Institute of Health and Welfare 2014).

The phrase **after study** in the definition means evaluation of findings to establish the condition that was chiefly responsible for occasioning the episode of care. Findings evaluated may include information gained from the history of illness, any mental status evaluation, specialist consultations, physical examination, diagnostic tests or procedures, any surgical procedures, and any pathological or radiological examination. The condition established after study may or may not confirm the admitting diagnosis.

. . . .

The circumstances of inpatient admission will always govern the selection of principal diagnosis. In determining principal diagnosis, the coding directives in the ICD-10-AM manuals take precedence over all other guidelines (see ICD-10-AM Tabular List: *Conventions used in the Tabular List of Diseases* and ICD-10-AM Alphabetic Index: *Conventions used in the Alphabetic Index of Diseases*).

The importance of consistent, complete documentation in the clinical record cannot be overemphasised. Without such documentation the application of all coding guidelines is a difficult, if not impossible, task.

Following are some general rules about principal diagnosis selection, some of which may be addressed in other chapters of this document (see also ACS 0050 *Unacceptable principal diagnosis codes*).

••••

CODES FOR SYMPTOMS, SIGNS AND ILL-DEFINED CONDITIONS

Codes for symptoms, signs and ill-defined conditions from Chapter 18 *Symptoms signs and abnormal clinical and laboratory findings* are not to be used as principal diagnosis when a related definitive diagnosis has been established (see also ACS 1802 *Signs and symptoms* and ACS 0012 *Suspected conditions*).

••••

CODES FROM THE Z03.0-Z03.9 SERIES, MEDICAL OBSERVATION AND EVALUATION FOR SUSPECTED DISEASES AND CONDITIONS

Codes from category Z03 are assigned as principal diagnoses for admissions to evaluate the patient's condition when there is some evidence to suggest the existence of an abnormal condition or following an accident or other incident that ordinarily results in a health problem, and where no supporting evidence for the suspected condition is found and no treatment is currently required. An observation code is not to be used on a record with additional related codes. If symptoms related to the suspected condition are noted, then the symptom codes should be assigned, not code Z03. (see also ACS 0012 *Suspected conditions*). For neonates, see ACS 1611 *Observation and evaluation of newborn and infants for suspected condition not found*.

0012 SUSPECTED CONDITIONS

Suspected conditions are coded differently depending on whether the patient is discharged home or transferred to another hospital. Clinicians may document conditions using terms that indicate uncertainty about the final diagnosis (such as probable, suspected, possible, likely, guery, ?) or other similar qualifying expressions. This applies to diagnoses that have not been confirmed nor ruled out, either as principal diagnosis or additional diagnoses.

DISCHARGED HOME

If a diagnosis documented at the time of discharge is qualified as probable, suspected, possible or any other qualifying expression indicating uncertainty about the final diagnosis, then the following steps should be taken:

a. Refer the case to the clinician to establish whether a definitive diagnosis can be made in preference to the query.

b. If the clinician confirms that the final diagnosis is uncertain, assign a code based on the following criteria:

Where clinical documentation clearly indicates uncertainty about the final diagnosis at discharge, assign a code based on the following criteria:

If investigations were undertaken and the results were inconclusive, and no treatment for the suspected condition was initiated, assign a code for the symptom(s).

• If a single condition is suspected, assign a code for the suspected condition.

Note: External cause codes are not included in these examples.

EXAMPLE 1:

Patient admitted with <u>headache shortness of breath</u>. The patient was discharged with a diagnosis of '?<u>meningitislower respiratory tract infection (LRTI)</u>'. <u>Investigations during the episode of care did not confirm the diagnosis of meningitis and no treatment was given</u>.

Code:	R51	Headache	
	<u>J22</u>	Unspecified acute lower respiratory infection	

EXAMP	<u>'LE 2:</u>	
Patient a	dmitted with a	a severe headache and neck stiffness. After review, the patient was
transferre	ed to a larger t	facility with a diagnosis of '?meningitis' for further investigation.
Code:	G03.9	Meningitis, unspecified
	Z75.6	Transfer for suspected condition

If investigations were undertaken and the results were inconclusive, yet treatment was initiated, assign a code for the suspected condition.

• If more than one suspected condition is documented as the differential diagnosis, assign code(s) for the symptom(s)/suspected conditions.

EXAMPLE 23: Patient admitted with <u>headacheshortness of breath and wheezing</u> . <u>No history of respiratory problems</u> . The patient was discharged with a diagnosis of '? <u>meningitisasthma</u> ? <u>bronchiectasis</u> '. Investigations during the episode of care did not confirm <u>athe</u> diagnosis of meningitis but treatment was initiated .		
Code:	G03.9	Meningitis, unspecified
	<u>R06.0</u>	<u>Dyspnoea</u>
	<u>R06.2</u>	<u>Wheezing</u>

EXAMP	LE 4:	
Patient a	dmitted to a re	egional facility post motorcycle accident on the highway. Patient is
transferre	ed to the distri	ct trauma hospital with diagnosis of ?head injury and ?multiple rib
fractures.	<u>-</u>	
Code:	S09.9	Unspecified injury of head
	S22.40	Multiple rib fractures, unspecified

S22.40	Multiple rib fractures, unspecified
Z75.6	Transfer for suspected condition

EXAMPLE 5:

Patient admitted with viral enteritis. During the episode, patient has a seizure. A working diagnosis of suspected epilepsy is made and the patient is discharged home with an outpatient department appointment for an electroencephalogram (EEG).

Code:	A08.4	Viral intestinal infection, unspecified
	<u>G40.90</u>	<i>Epilepsy, unspecified, without mention of intractable epilepsy</i>

If investigations were undertaken and the results indicated a probable diagnosis, yet no specific treatment was initiated during the episode of care, assign a code for the suspected condition.

EXAMPLE 3:

Patient admitted with nausea, fatigue and headaches. The patient was discharged with a diagnosis of 'probable viral illness'. Investigations ruled out other possible diagnoses and no treatment was necessary (or possible) for the viral illness.

Code: B34.9 Viral infection, unspecified

OBSERVATION FOR SUSPECTED DISEASES AND CONDITIONS (Z03.0–Z03.9)

Codes from category Z03 are assigned as principal diagnoses for admissions to evaluate the patient's condition when there is some evidence to suggest the existence of an abnormal condition or following an accident or other incident that ordinarily results in a health problem, and where no supporting evidence for the suspected condition is found and no treatment is currently required. An observation code is not assigned with additional related codes. If symptoms related to the suspected condition are noted, then the symptom codes are assigned, not Z03.-.

Z03.7- Observation and evaluation of newborn for suspected condition not found is assigned following the criteria in ACS 1611 Observation and evaluation of newborn and infants for suspected condition not found and ACS 1617 Neonatal sepsis/risk of sepsis.

EXAMPLE 6:

<u>3 year old child admitted for suspected ingestion of pills. Child was found with open bottle of pills. The child is asymptomatic, but is admitted for observation. After 24 hours, the child is cleared for discharge.</u>

ode: Z03.6 Observation for suspected toxic effect from ingested substance

TRANSFERRED TO ANOTHER HOSPITAL FOR SUSPECTED

In addition to the guidelines above, assign Z75.6 *Transfer for suspected condition* as a 'flag' to identify patients transferred to another facility with a suspected condition. This code is sequenced directly after the diagnosis code(s) to which it relates (Note: the discharge status identifies all transferred patients, therefore Z75.6 is only required as a flag for patients transferred with a suspected condition – see Examples 2 and Example 4).

If a patient is transferred for further investigation of a suspected condition, the transferring hospital should assign the suspected condition code (eg meningitis). Also assign Z75.3 *Unavailability and inaccessibility of health-care facilities* as a 'flag' to identify patients transferred because of a suspected condition. (Note: this code is not to be used for ALL transfers as the discharge status provides that information.)

Clinical coders at the transferring hospital should use only the available information at the time of transfer to code the case. Information which becomes available from the hospital to which the patient was transferred should not be used to inform the coding decision. For example, a patient is transferred with '?meningitis' and, therefore, the case is coded as meningitis. If a discharge summary is received from the treating hospital indicating that the patient did not have meningitis after investigation, the first hospital should not alter the code for meningitis.

MENTAL HEALTH

In mental health there may be a number of admissions before a definitive diagnosis can be determined. Where there is only one suspected condition documented, this should be coded as a definitive diagnosis. Where more than one suspected condition is documented, and it is not elear which suspected condition is the principal diagnosis, apply ACS 0001 Principal diagnosis/Two or more diagnoses that equally meet the definition for principal diagnosis.

ACS 0042 Procedures normally not coded

BACKGROUND:

Following publication of advice in Coding Rules, a number of amendments were made to ACHI Tabular List and ACS 0042 *Procedures normally not coded*. The amendments to ACS 0042 also resulted in:

- incorporation of classification instructions into ACHI Tabular List
- updates to thrombolytic therapy and mental health interventions

TABULAR LIST

642	Myocardial preservation				
38600-00	Cardiopulmonary bypass, central cannulation				
∇ 0909	Cardiopulmonary bypass NOS Extracorporeal circulation by central cannulation				
	<i>Includes:</i> that in conjunction with open heart surgery that using heart-lung machine				
	<i>Excludes:</i> specified procedures with cardiopulmonary bypass (38653 [606], [615], [620], [624], [630], [635], [638], [666] and [681])				
38603-00 ∇ 0909	Cardiopulmonary bypass, peripheral cannulation				
v 0909	Extracorporeal circulation by peripheral cannulation				
	<i>Includes:</i> that in conjunction with open heart surgery that using heart-lung machine				
	<i>Excludes:</i> specified procedures with cardiopulmonary bypass (38653 [606], [615], [620], [624], [630], [635], [638], [666] and [681])				
38627-01	Adjustment of cannula for cardiopulmonary bypass Repositioning of cannula for cardiopulmonary bypass				
22075-00 ∇-0042	Deep hypothermia with circulatory arrest				
v 0042	Deep hypothermic cardiac } arrest Hypothermic }				
	<i>Excludes:</i> that performed in conjunction with cardiac surgery – omit code				
38588-00 ∇ 0042	Cardioplegia				
	Antegrade/retrograde administration of blood or crystalloid for cardioplegia via coronary sinus catheterisation/cannulation				
	Includes: that via: • pump oxygenator • roller pump				
	<i>Excludes:</i> that performed in conjunction with cardiac surgery – omit code				

38577-00	Cerebral perfusion during hypothermic arrest
	Antegrade or retrograde cerebral perfusion during hypothermic arrest

667 Cardiac catheterisation

∇ 0933

Includes: cardiac output measurement dye dilation curves exercise stress test fluoroscopy oximetry shunt detection

Excludes: that: with coronary angiography (38218 [668])

performed as operative approach only in cardiac catheter-based intervention – omit <u>code</u>
 with coronary angiography (38218 [668])

- 38200-00 Right heart catheterisation
- 38203-00 Left heart catheterisation
- 38206-00 Right and left heart catheterisation

	1341	Fetal monitoring		
	∇-0042	Note:	Electronic fetal heart monitoring is used to monitor the fetus' heart rate and contractions of the uterus	
	16514-00		fetal monitoring fetal cardiotocography [CTG] (scalp)	
	16514-01	External fetal monitoring		
✓ 0042 External fetal cardiotocography [CTG] Fetal contraction stress test Fetal nonstress test		Fetal con	ntraction stress test	
	1880	Therap	ies using agents, not elsewhere classified	
	22065-00 ∇ 1615	Cold therapy		
	v 1015	Hypothermic therapy (therapeutic hypothermia) Total body hypothermia		
		Note:	The application of cold in the therapeutic treatment of disease or injury. Hypothermia can be induced by ice packs or compresses, cooling blankets, immersion in cold water (bath or tub) or by extracorporeal cooling of the blood. Hypothermia can also be induced as a protective measure in certain cardiovascular and neurological surgical procedures or as an adjunct to anaesthesia in surgical procedures involving a limb.	
		Exclude	 s: cryotherapeutic destruction of tissue (see Alphabetic Index: Cryotherapy/by site) deep hypothermia (22075-00 [642]) gastric hypothermia (13500-00 [1899]) 	
			hypothermic therapy in conjunction with cardiac or circulatory arrest (22075-00 [642]) that performed in conjunction with surgery – omit code	

1886	Perfusion
34533-00	Isolated limb perfusion
	<i>Includes:</i> cannulation of artery and vein regional perfusion for chemotherapy repair of arteriotomy and venotomy
	<i>Excludes:</i> that performed in conjunction with surgery – omit code
22055-00	Perfusion of organ, not elsewhere classified
	<i>Excludes:</i> for organ transplantation (96231-00 [1886]) that performed in conjunction with surgery – omit code
22060-00	Whole body perfusion
	<i>Excludes:</i> that performed in conjunction with surgery – omit code
1889	Other therapeutic interventions on respiratory system
 92042-00	Nonmechanical methods of resuscitation
 92042-00 <u>⊽ 0042</u>	Nonmechanical methods of resuscitation Mouth-to-mouth resuscitation
<u>∇ 0042</u>	Mouth-to-mouth resuscitation
<u>∨ 0042</u> 1890 92052-00	Mouth-to-mouth resuscitation Therapeutic interventions on cardiovascular system
▼ 0042 1890 92052-00 ▼ 0042	Mouth-to-mouth resuscitation Therapeutic interventions on cardiovascular system Cardiopulmonary resuscitation Cardioversion Defibrillation Electric countershock of heart

AUSTRALIAN CODING STANDARDS

0042 PROCEDURES NORMALLY NOT CODED

These-Pprocedures are normally not coded because where they are usually routine in nature, performed for most patients or are components of another procedure (see also ACS 0016 <u>General procedure guidelines</u>) and/or can occur multiple times during an episode. Most importantly, the resources used to perform these procedures are often reflected in the diagnosis or in an associated procedure. That is, for a particular diagnosis or procedure there is a standard treatment which that is unnecessary to code. For example:

- x-ray and application of plaster is expected with a diagnosis of Colles' fracture
- · intravenous antibiotics are expected with a diagnosis of septicaemia/sepsis
- · cardioplegia in cardiac surgery is performed routinely

Note: CLASSIFICATION

Procedures normally not coded are only assigned if:

- Some codes on this list may be required in certain standards elsewhere in the Australian Coding Standards. In such cases, the standard overrides this list and the stated code should therefore be assigned as described in the relevant standard.
- The listed procedures should be coded if cerebral anaesthesia is required in order for the procedure to be performed (see ACS 0031 *Anaesthesia*).
- These procedures should be coded if they are the principal reason for admission in sameday episodes of care. This includes patients who are admitted the day before or discharged on the day after a procedure because a same-day admission is not possible or practicable for them (eg elderly patients, those who live in remote locations).
- another specialty standard directs they should be assigned. In such cases, the specialty standard overrides this list and the stated code is assigned.

The procedures listed below are normally not coded:

1. Application of plaster

2. Bladder washout via indwelling catheter

Exception(s): code:

- endoscopic irrigation for removal of blood clot (36842-00 [1092])
- endoscopically controlled hydrodilation of bladder (36827-00 [1108])

3. Cardioplegia when associated with cardiac surgery

- 3. Cardiopulmonary resuscitation (mechanical or non-mechanical)
- 4. Cardiotocography (CTG) except fetal sealp electrodes (16514-00 [1341])

Exception(s): internal fetal monitoring (eg fetal scalp electrodes) (16514-00 [1341])

- 5. Catheterisation: arterial or venous (eg Hickman's, PICC, CVC, Swan Ganz), or urinary
 - arterial or venous (such as Hickman's, PICC, CVC, Swan Ganz) except
 cardiae catheterisation (blocks [667] and [668]), surgical catheterisation
 (block [741]) or catheterisation in neonates (see ACS 1615 Specific diseases and interventions related to the sick neonate)
 - urinary except if suprapubie

Exception(s): arterial or venous:

cardiac catheterisation performed as a diagnostic procedure (blocks [667] and [668])

- catheterisation in neonates (see ACS 1615 Specific diseases and interventions related to the sick neonate)
- peripheral arterial or venous catheterisation with administration of thrombolytic or other therapeutic agent for local effect (block [741])

Exception(s): urinary:

• suprapubic catheterisation (block [1093])

6. Doppler recordings

- Dressings (eg autologous platelet-rich plasma (PRP) dressing)
 Exception(s): vacuum (VAC) dressings (90686-01 [1628], 90686-00 [1627])
- 8. Drug treatment/pharmacotherapy/prescription of drugs (eg total parental nutrition (TPN))

Drug treatment should not be coded except if:

- the substance is given as the principal treatment in same-day episodes of care
- drug treatment is specifically addressed in a coding standard (see ACS 0044 Chemotherapy,

ACS 1316 Cement spacer/beads and ACS 1615 Specific diseases and interventions related to the sick neonate)

Exception(s): code following the guidelines in:

- ACS 0044 Chemotherapy
- ACS 0534 Specific interventions related to mental health care services
- ACS 0943 Thrombolytic therapy
- ACS 1316 Cement spacer/beads
- ACS 1615 Specific diseases and interventions related to the sick neonate
- 9. Electrocardiography (ECG) except patient-activated implantable eardiac event monitoring (loop recorder)

Exception(s): patient-activated implantable cardiac event monitoring (loop recorder) (11722-00 [1854])

10. Electrodes (pacing wires) temporary: insertion of temporary transcutaneous or transvenous electrodes when associated with cardiac surgery; adjustment, repositioning, manipulation or removal of temporary electrodes

104. Electromyography (EMG)

- 12. Hypothermia when associated with cardiac surgery
- 113. Imaging services all-codes in ACHI Chapter 20 Imaging services (Blocks [1940] [2016]) 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

Exception(s): code:

- endoscopic ultrasound (EUS) (30688-00 [1949])
- transoesophageal echocardiogram (TOE) (55118-00 [1942])
- 124. Monitoring: cardiac, electroencephalography (EEG), vascular pressure except radiographic/video EEG monitoring ≥ 24 hours

Exception(s): radiographic/video EEG monitoring ≥ 24 hours (92011-00 [1825])

135. Nasogastric intubation, aspiration and feeding, except nasogastric feeding in neonates (see ACS 1615 Specific diseases and interventions related to the sick neonate)

Exception(s): nasogastric feeding in neonates (96202-07 [1920]) (see ACS 1615 Specific diseases and interventions related to the sick neonate)

- 16. Perfusion when associated with cardiac surgery
- 147. Primary suture of surgical and traumatic wounds
 - Code only for traumatic wounds which are not associated with an underlying injury (eg suture of lacerated forearm would be coded if there is no other associated injury repair) (see ACS 1217 Repair of wound of skin and subcutaneous tissue)

Exception(s): traumatic wounds that are not associated with an underlying injury (see ACS 1217 Repair of wound of skin and subcutaneous tissue)

- 18. Procedure components (see also ACS 0016 General procedure guidelines)
- 159. Stress test
- 1620. Traction if associated with another procedure

1217 REPAIR OF WOUND OF SKIN AND SUBCUTANEOUS TISSUE

DEFINITIONS

Superficial wound repair

A superficial repair of wound of skin and subcutaneous tissue involves a simple repair of one layer of the epidermis, dermis or subcutaneous tissue with sutures.

Deep wound repair

A repair involving deeper tissue relates to more complex lacerations where layered suturing techniques are required. The surgeon may suture tissue layers under the skin with dissolvable sutures before suturing the skin. Deep or soft tissue includes structures such as muscle, tendon, fascia, ligaments, nerves, blood/lymph vessels or joint/synovial tissue.

CLASSIFICATION

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Suturing of the skin and subcutaneous tissue is inherent in the repair of soft tissue structures. A code from block [1635] *Repair of wound of skin and subcutaneous tissue* is not assigned for example 3 (see also ACS 0042 *Procedures normally not coded*, point 17 and ACS 1331 *Soft tissue injuries*).

EXAMPLE 3:				
Traumatic wound to right hand involving damage to nerve and tendon.				
Procedure	Repair of nerve and ter	ndon right hand.		
Codes:	39300-00 [83]	Primary repair of nerve		
	47963-02 [1467]	Repair of tendon of hand, not elsewhere classified		
(See also ACS 1908 Laceration with nerve and tendon damage.)				

1614 RESPIRATORY DISTRESS SYNDROME/HYALINE MEMBRANE DISEASE/SURFACTANT DEFICIENCY

DEFINITION

Respiratory distress syndrome or hyaline membrane disease is synonymous with surfactant deficiency and should be diagnosed if the infant has:

- · respiratory distress by four hours of age, and
- there are radiological signs of a diffuse reticulo-granular ground glass appearance throughout both lung fields, and/or
- an air bronchogram extending beyond the cardiac borders, and
- the illness follows a pattern consistent with the diagnosis.

Respiratory distress syndrome is characterised by the following:

- cyanosis in air or a demonstrable oxygen requirement, and
- tachypnoea (respiratory rate > 60/min), and
- rib/sternal retraction, and
- grunting on expiration.

The natural history of hyaline membrane disease is:

- progressive deterioration from the first few hours of life to 36 hours, and
- a plateau from 36 to 60 hours, and
- resolution by 5–7 days.

Whilst this is variably modified by use of surfactant, the disease process remains recognisable. Surfactant is administered routinely for the treatment of respiratory distress syndrome of the newborn and should not be coded (see ACS 0042 *Procedures normally not coded*, *point 8*).

This is a life threatening disease and frequently requires mechanical ventilatory support (see ACS 1006 *Ventilatory support*).

CLASSIFICATION

The code for respiratory distress syndrome of newborn (P22.0 *Respiratory distress syndrome of newborn*) should be reserved to classify the condition of:

- hyaline membrane disease, or
- respiratory distress syndrome, or
- surfactant deficiency.

Respiratory distress unspecified

The term 'respiratory distress unspecified' should not be coded as such, as it is considered a symptom not a diagnosis. Further information regarding a definitive diagnosis should be sought from the clinician.

ACS 0048 Condition onset flag

BACKGROUND:

Following receipt of a public submission, ACS 0048 *Condition onset flag* (Examples 6 and 7) was updated to clarify that diagnosis should not be coded based on external referrals alone.

AUSTRALIAN CODING STANDARDS

0048 CONDITION ONSET FLAG

The condition onset flag (COF) is a means of differentiating those conditions which arise during, from those arising before, an admitted patient episode of care. Having this information will provide an insight into the kinds of conditions patients already have when entering hospital and those conditions that arise during the episode of admitted patient care. A better understanding of those conditions arising during the episode of admitted patient care may inform prevention strategies particularly in relation to complications of medical care.

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Note: ACHI codes are not included in the following examples.

EXAMPLE 6:

Singleton born at 38 weeks (2840g) by caesarean section. During caesarean section, scalp laceration occurred requiring review suturing by paediatrician. Initial check – cleft palate, Mongolian spot. Newborn referred to seen by specialist team to review for repair of cleft palate.

- 1 Other birth trauma to scalp
- 1 Fetus and newborn affected by caesarean delivery
- 2 Cleft palate
- 2 Singleton born in hospital

In this example, a code for Mongolian spot is not assigned as it has not met the criteria for code assignment in ACS 0002 *Additional diagnoses*.

EXAMPLE 7:

A patient <u>was</u> is admitted with chest pain. He has a history of hypertension. A diagnosis of unstable angina <u>was</u> is made. During <u>the</u> admission, test results revealed previously undiagnosed <u>moderate haemolytic anaemia</u> thal assaemia minor. and a consultation regarding management of this was provided by a Haematologist prior to discharge. Patient referred to haematology clinic for further review.

- 2-Unstable angina
- 2 <u>Haemolytic anaemia</u> Thalassaemia minor

Australian Coding Standards Abbreviations

BACKGROUND:

After review, the clinical abbreviations have been expanded in full within the ACS in which they are used and the clinical abbreviations have been removed from the Abbreviations list in the ACS.

TABULAR LIST

CONVENTIONS USED IN THE TABULAR LIST OF DISEASES

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NOT ELSEWHERE CLASSIFIED (NEC)

The words 'not elsewhere classified', when used in a three character category title, serve as a warning that certain specified variants of the listed conditions may appear in other parts of the classification.

AUSTRALIAN CODING STANDARDS

ABBREVIATIONS

The following is a non-exhaustive list of <u>non-clinical</u> abbreviations found in the *Australian Coding Standards*:

ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standard(s)
ADA	Australian Dental Association
AHCAs	Australian Health Care Agreements
AHSRI	Australian Health Services Research Institute
AICD	Automatic implantable cardioverter defibrillator
AIDS	Acquired immune deficiency syndrome
AIHW	Australian Institute of Health and Welfare
ALTE	Acute life threatening event
AMI	Acute myocardial infarction
APC	Adenomatous polyposis coli
APC	Admitted patient care
AR-DRG	Australian Refined Diagnosis Related Groups
ARM	Artificial rupture of membranes
ASA	American Society of Anesthesiologists

AV	Atrioventricular
AVF	Arteriovenous fistula
AZT	Azidothymidine (Zidovudine)
BAHA	Bone anchored hearing aids
BCC	Basal cell carcinoma
BiPAP	Bi level positive airway pressure
BMI	Body mass index
BPEG	British Pacing and Electrophysiology Group
BRCA	Breast cancer susceptibility gene
BSA	Body surface area
BSS	Black silk suture
CABG(s)	Coronary artery bypass graft(s)
	Coronary artery disease
	Chronic airway limitation
CCCG	Clinical Classification and Coding Group
	Common bile duct exploration
	Chronic kidney disease
	<i>Campylobacter</i> like organism
	Cytomegalovirus
	Central nervous system
	Chronic obstructive airway disease
	Condition onset flag
	Chronic obstructive pulmonary disease
	Continuous positive airway pressure
	Cardiopulmonary bypass
	Central sleep apnoca
	Coding Standards Advisory Committee
	Central sleep apnoea syndrome
	Cerebrospinal fluid
	Computerised tomography
	Cardiotocography
	Clinical Technical Group
	Cerebrovascular accident
	Central venous catheter
	Continuous ventilatory support
	— Diagonal (branch)
	Dilation and curettage
	Diethylstilboestrol syndrome
	Diabetes insipidus, diabetes mellitus, optic atrophy and deafnes
	Diabetic ketoacidosis
	Diabetes mellitus
	<u>Deoxyribonucleic acid</u>
	Department of Health and Ageing
	Diagnosis Related Group
	Diagnosis Related Group Technical Group
Dx	
ECT	Electroconvulsive therapy

EMG	
	Ear, nose, mouth and throat
EOGBSD	Early onset group B streptococcal disease
	Endoscopic retrograde cholangiopancreatography
EUA	Examination under anaesthesia
FAP	Familial adenomatous polyposis
	Fetal death in utero
FESS	Functional endoscopic sinus surgery
	Female genital mutilation
FRIMA	
GBS	Group B streptococci
GFR	Glomerular filtration rate
GI	Gastrointestinal
HA SAB	Healthcare associated Staphylococcus aureus bacteraemia
HAI	Healthcare associated infection
HAV	Hepatitis A virus
HBO	Hyperbaric oxygen
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HDL	High density lipoprotein
HDV	
HEV	Hepatitis E virus
	Human herpes virus
HIV	Human immunodeficiency virus
HNPCC	Hereditary non polyposis colon cancer
	Human papillomavirus
ICD	Implantable cardioverter defibrillator
ICD	International Statistical Classification of Diseases
ICD-O	International Classification of Diseases for Oncology
ICD-9-CM	International Classification of Diseases – Ninth Revision – Clinical Modification
ICD-10	International Statistical Classification of Diseases and Related Health Problems – Tenth Revision
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems – Tenth Revision – Australian Modification
ICU	Intensive care unit
	Insulin dependent diabetes mellitus
IFG	Impaired fasting glycaemia
IgG/IgM	Immunoglobulins
IGR	Impaired glucose regulation
IGT	Impaired glucose tolerance
	Intermediate hyperglycaemia
	Ischaemic heart disease
IMV	Intermittent mandatory ventilation
	International normalised ratio
	Intraocular lens
IPPB	Intermittent positive pressure breathing
ITG	International Statistical Classification of Diseases Technical Group
	Intrauterine growth retardation
IV	Intravenous

IVF	In vitro fertilisation
KSHV	Kaposi sarcoma herpes virus
LAD	Left anterior descending
LADA	Latent autoimmune diabetes in adults
LCX	Left circumflex
L dopa	Levodopa
LIMA	Left internal mammary artery
LINAC	Linear accelerator
LITA	Left internal thoracic artery
LMCA/LCA	Left main coronary artery
LSCS	Lower segment caesarean section
M Codes	Morphology of neoplasm codes
MAIC	
MALT	Mucosa associated lymphoid tissue
MBS	Medicare Benefits Schedule
MBS-E	Medicare Benefits Schedule Extended
MELAS	Mitochondrial encephalopathy lactic acidosis stroke like episode syndrome
MERRF	Myoclonus epilepsy ragged red fibre
MODY	Maturity onset diabetes of the young
MRI	Magnetic resonance imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MVA	Motor vehicle accident
NASPE	North American Society of Pacing and Electrophysiology
NCCC	National Casemix and Classification Centre
NCCH	National Centre for Classification in Health
NEC	Not elsewhere classified
NIDDM	Noninsulin dependent diabetes mellitus
NKHHC	Nonketotic hyperglycaemic hyperosmolar coma
NLD	Necrobiosis lipoidica diabeticorum
NMDS	National Minimum Data Set
NOS	Not otherwise specified
NSTEMI	Non ST elevation myocardial infarction
	Occipitoanterior
OGD	Oesophagogastroduodenoscopy
OL	Occipitolateral
	Obtuse marginal
	Occipitoposterior
	Obstructive sleep apnoea
	Obstructive sleep apnoea hypopnoea syndrome
	Obstructive sleep apnoea syndrome
	Occipitotransverse
	Post auricular Wolfe graft
	Patient controlled analgesia
	Polycystic ovarian syndrome
	Polymerase chain reaction
	Posterior descending artery
	Prostatic intraepithelial neoplasia
	Postnatal depression
PTCA	Percutaneous transluminal coronary angioplasty

PTCRA	Percutaneous transluminal coronary rotational atherectomy
PVD	Peripheral vascular disease
RCA	Right coronary artery
RITA	Right internal thoracic artery
RSV	Respiratory syncytial virus
SA	<u>Sinoatrial</u>
SAB	- Staphylococcus aureus bacteraemia
SCC	Squamous cell carcinoma
SFD	- Small for dates
SHVS	- Sleep hypoventilation syndrome
SIDS	- Sudden infant death syndrome
SIRS	Systemic inflammatory response syndrome
SLAP	Superior labrum anterior posterior
SRS	Stereotactic radiosurgery
SRT	Stereotactic radiotherapy
ST	- S(wave and) T(wave on ECG)
STEMI	ST elevation myocardial infarction
SVG	Saphenous vein graft
SVR	Sustained virological response
The Commission	Australian Commission on Safety and Quality in Health Care
TTN	Transient (Transitory) tachypnoea of newborn
TURP	Transurethral resection of prostate
URTI	Upper respiratory tract infection
UTI	Urinary tract infection
VDD	Ventricular dual (chamber) device
VF	Ventricular fibrillation
VRE	Vancomycin Resistant Enterococcus
	Ventricular tachycardia
WHO	World Health Organization
WHR	Waist:hip ratio

0001 PRINCIPAL DIAGNOSIS

PROBLEMS AND UNDERLYING CONDITIONS

1. Coding the underlying condition as the principal diagnosis

When a patient presents with a problem, and during the episode of care the underlying condition is identified, then the underlying condition is assigned as the principal diagnosis code and the problem should not be coded.

EXAMPLE 2:

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Patient presents with seizures. The patient had not previously been treated for seizures. <u>Computerised</u> tomography (CT) scan revealed a large brain tumour.

Principal diagnosis: Brain tumour Additional diagnosis: Nil

0002 ADDITIONAL DIAGNOSES...

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Additional diagnosis reporting referred to in other standards

The standards listed below include guidance that, in some cases, may indicate that certain conditions that would not normally meet ACS 0002 should be assigned as additional diagnoses. Examples of these sorts of cases are 'status' codes such as HIV, smoking, carrier, conditions found at endoscopy and 'flag' codes such as duration of pregnancy, or outcome of delivery.

Note that this list may not always be exhaustive as standards are changed over time.

- ACS 0005 Syndromes
- ACS 0011 Admission for surgery not performed
- ACS 0012 Suspected conditions
- ACS 0046 Diagnosis selection for same-day endoscopy
- ACS 0102 HIV/AIDS (HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED
- IMMUNE DEFICIENCY SYNDROME)
- ACS 0104 Viral hepatitis

0010 GENERAL ABSTRACTION GUIDELINES

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TEST RESULTS

Findings that provide more specificity about a diagnosis

Laboratory, x-ray, pathological and other diagnostic results should be coded where they clearly add specificity to already documented conditions that meet the criteria for a principal diagnosis (see ACS 0001 *Principal diagnosis*) or an additional diagnosis (see ACS 0002 *Additional diagnoses*).

EXAMPLE 2:

Code the following:

- S72.03 *Fracture of subcapital section of femur* where documentation shows fracture neck of femur and x-ray result shows subcapital fracture.
- J21.0 Acute bronchiolitis due to respiratory syncytial virus where documentation shows bronchiolitis and cytology confirms respiratory syncytial virus (RSV) as causative agent.

Findings with an unclear, or no associated condition documented

Unless a clinician can indicate that a test result is significant and/or indicates the relationship between an unclear test result and a condition, such test results should not be coded.

EXAMPLE 3:

Do not code the following:

- N39.0 Urinary tract infection, site not specified where only microbiology result shows organism(s) have been cultured.
- J98.1 Pulmonary collapse where x-ray result shows basal atelectasis.
- K66.0 Peritoneal adhesions where shown on <u>computerised tomography (CT)</u> report in a case of a principal diagnosis of abdominal pain.
- D25.- Leiomyoma of uterus included on histopathology when the reason for hysterectomy is documented as menorrhagia.

0011 ADMISSION FOR SURGERY NOT PERFORMED

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C. If surgery was not carried out due to another condition or complication being present on admission:

EXAMPLE 4:

Patient admitted with tonsillitis for a tonsillectomy. Surgery postponed due to an <u>upper respiratory tract</u> <u>infection (URTI)</u> which was present on admission.

Codes:	J35.0	Chronic tonsillitis
	Z53.0	Procedure not carried out because of contraindication
	J06.9	Acute upper respiratory infection, unspecified

If a patient is admitted to hospital for surgery which is not carried out due to a condition present on admission which requires ongoing inpatient care, sequence this condition as the principal diagnosis. A code for the condition for which the procedure was originally intended should also be assigned, followed by Z53 *Persons encountering health services for specific procedures, not carried out.*

EXAMPLE 5:

Patient admitted for <u>dilation and curettage (D&C)</u> due to postmenopausal bleeding. On admission, the patient was diagnosed with pneumonia and the D&C was cancelled. Patient remained in hospital for six days for <u>intravenous (IV)</u> antibiotics.

Codes:	J18.9	Pneumonia, unspecified
	N95.0	Postmenopausal bleeding
	Z53.0	Procedure not carried out because of contraindication

0020 BILATERAL/MULTIPLE PROCEDURES

Classification

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- 1. The SAME PROCEDURE repeated during the episode of care at DIFFERENT visits to theatre
- 5. Skin or subcutaneous lesion removal, excision or biopsy

EXAMPLE 6:

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3 x biopsy of SCC (squamous cell carcinoma)(1) on face.Code:30071-00 [1618]Biopsy of skin and subcutaneous tissue
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EXAMPLE 7:

Biopsy of BCC (basal cell carcinoma) on forearm and compound naevus on neck.

Codes:	30071-00 [1618]	Biopsy of skin and subcutaneous tissue
	30071-00 [1618]	Biopsy of skin and subcutaneous tissue

0030 ORGAN AND TISSUE PROCUREMENT AND TRANSPLANTATION

ORGAN/ TISSUE	ALLOGENEIC Dx-DIAGNOSIS CODE	PROCUR	EMENT PROCEDURE CODE		ATION PROCEDURE CODE
Blood, whole	Z52.00	13709-00 [1891]	Collection of blood for transfusion	13706-01 [1893]	Administration of whole blood
Blood and stem cells via apheresis	Z51.81	Block [1892]	Apheresis	Block [802] or Block [1893]	Bone marrow/stem cell transplantation
Blood, other products	Z52.08	Block [1891]	Therapeutic collection and processing of blood/bone marrow	Block [1893]	
		Block [1892]	Apheresis		

0031 ANAESTHESIA

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- 6. Sequence the anaesthetic code(s) immediately following the procedure code to which it relates. If more than one code is required to capture all the components of the procedure, then sequence the anaesthetic code(s) immediately following the string of codes.
- Procedures not normally coded (see ACS 0042 *Procedures normally not coded*) should be coded when cerebral anaesthesia is required in order for the procedure to be performed. For example, an EEG (electroencephalogram) performed under sedation would require codes for the EEG and the sedation.
- 8. The codes for anaesthetics that are relevant to this standard are found in the following blocks:

Postprocedural analgesia

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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)

EXAMPLE 5:

Patient has spinal anaesthetic and femoral nerve block for <u>a total knee replacement (TKR)</u> and ASA is documented as 2.

Codes:92508-29 [1909]Neuraxial block, ASA 2, nonemergency92512-29 [1909]Regional block, nerve of lower limb, ASA 2, nonemergency

0042 PROCEDURES NORMALLY NOT CODED

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- 4. Cardiotocography (CTG) except fetal scalp electrodes (16514-00 [1341])
- 5. Catheterisation:
 - arterial or venous (such as Hickman's, PICC (peripherally inserted central catheter), CVC (central venous catheter), Swan Ganz) except cardiac catheterisation (blocks [667] and [668]), surgical catheterisation (block [741]) or catheterisation in neonates (see ACS 1615 Specific diseases and interventions related to the sick neonate)
 - urinary except if suprapubic
- 6. Doppler recordings

0044 CHEMOTHERAPY

EXAMPLE 1:

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Patient admitted for same-day chemotherapy for prostate cancer. Intravenous (IV) cyclophosphamide given, patient discharged same-day.

Codes:	Z51.1	Pharmacotherapy session for neoplasm	
	C61	Malignant	neoplasm of prostate
	M8000/3	Neoplasm,	malignant
	96199-00	[1920]	Intravenous administration of pharmacological agent, antineoplastic agent

...

EXAMPLE 5:

Patient admitted with a five day history of increasing abdominal distension and pain especially on deep inspiration. Last opened bowels today. Diagnosed 12 months ago with serous papillary adenocarcinoma of right ovary with metastases to the peritoneum. Chemotherapy administered over the past six months. A peritoneal tap was performed under <u>local anaesthetic (LA)</u> to treat the malignant ascites. Three days later IV chemotherapy administered without any problems. Final diagnosis: malignant ascites. At discharge, patient well and mobilising freely.

C78.6	Secondary	Secondary malignant neoplasm of retroperitoneum and peritoneum		
M8460/6	Papillary s	erous cystadenocarcinoma, metastatic		
C56	Malignant	neoplasm of ovary		
M8460/3	Papillary s	erous cystadenocarcinoma		
30406-00	[983]	Abdominal paracentesis		
96199-00	[1920]	Intravenous administration of pharmacological agent, antineoplastic agent		
	M8460/6 C56 M8460/3 30406-00	M8460/6 Papillary s C56 Malignant		

0048 CONDITION ONSET FLAG

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COF 1. Condition with onset during the episode of admitted patient care

Definition

A condition which arises during the episode of admitted patient care and would not have been present or suspected on admission.

Examples of inclusions:

- a condition resulting from a misadventure during surgical or medical care in the current episode of admitted patient care (eg accidental laceration during procedure, foreign body left in cavity, medication infusion error)
- an abnormal reaction to, or later complication of, surgical or medical care arising during the current episode of admitted patient care (eg postprocedural shock, disruption of wound, catheter associated UTI (urinary tract infection))
- a condition newly arising during the episode of admitted patient care (eg pneumonia, rash, confusion, UTI, hypotension, electrolyte imbalance)
- a condition impacting on obstetric care arising after admission, including complications or unsuccessful interventions of labour and delivery or prenatal/postpartum management (eg labour and delivery complicated by fetal heart rate anomalies, postpartum haemorrhage)
- for neonates, this also includes the condition(s) in the birth episode arising during the birth event (ie the labour and delivery process) (eg respiratory distress, jaundice, feeding problems, neonatal aspiration, conditions associated with birth trauma, newborn affected by delivery or intrauterine procedures) (see *Guide for use, point 4*)
- disease status or administrative codes arising during the episode of admitted patient care (eg cancelled procedure, MRSA <u>(Methicillin Resistant or Multi-Resistant</u> <u>Staphylococcus aureus</u>)).

COF 2. Condition <u>not</u> noted as arising during the episode of admitted patient care

Definition

A condition previously existing or suspected on admission such as the presenting problem, a comorbidity or chronic disease.

- Examples of inclusions:
- a condition that has not been documented at the time of admission, but clearly did not develop after admission (eg newly diagnosed diabetes mellitus, malignancy and morphology)
- a previously existing condition that is exacerbated during the current episode of admitted patient care (eg atrial fibrillation, unstable angina)
- a condition that is suspected at the time of admission and subsequently confirmed during the current episode of admitted patient care (eg pneumonia, AMI<u>(acute myocardial infarction)</u>, stroke, unstable angina)
- a condition impacting on obstetric care arising prior to admission (eg venous complications, maternal disproportion)
- for neonates, this also includes the condition(s) in the birth episode arising before the labour and delivery process (eg prematurity, birth weight, talipes, clicking hip)
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GUIDE FOR USE

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Note: ACHI codes are not included in the following examples.

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EXAMPLE 4:

Patient admitted for preterm confinement at 36 weeks. She was known to be Group B Strep positive and was given antibiotics. She progressed to SVD (spontaneous vertex delivery) of single male infant. A second degree tear was sutured. Nipple care was discussed as the patient had bleeding nipples with difficulty attaching the baby. During the episode, the patient developed a generalised rash caused by the ibuprofen which was changed to paracetamol.

- 2 Delivery
- 2 Preterm delivery
- 2 Duration of pregnancy
- 2 Group B Strep positive
- 2- Prophylactic antibiotics
- 1 Second degree tear
- 1 Bleeding nipples (attachment difficulty)
- 1 Diseases of skin complicating pregnancy, childbirth and puerperium
- 1 Skin eruption due to drugs
- 1 Adverse effect in the apeutic use
- 1 Place of occurrence health service area
- 2 Single live birth

EXAMPLE 5:

Baby born in hospital at 36 weeks (3200g). After delivery, clinical review confirmed 'meconium aspiration syndrome' and newborn given <u>intravenous (IV)</u> antibiotics and oxygen. Initial check – talipes. Nursing staff felt that there was a slight hip click. Baby was unsettled and fussed at breast. Required assistance with feeding due to tongue tie. Developed jaundice on the second day which was treated with 15 hours of phototherapy. Physiotherapy review for talipes. Paediatric review on day 3 "L hip subluxatable" for follow up.

- 2 Preterm infant
- 1 Neonatal aspiration of meconium
- 1 Other feeding problems of newborn
- $\mathbf{2}$ Tongue tie
- **2** Talipes
- 1 Jaundice
- 2 Subluxatable hip
- 2 Singleton born in hospital

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EXAMPLE 8:

Patient admitted with pneumonia. On admission chest x-ray showed several nodules in the left lung thought to be metastases. These were biopsied and histology showed SCC (squamous cell carcinoma).

- 2 Pneumonia
- 2-Metastases to lung
- 2 Morphology (of lung metastases code)
- 2 Unknown primary neoplasm site
- 2 Morphology (of unknown primary neoplasm code)

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EXAMPLE 10:

Patient admitted with bone secondaries (spine and ribs). Left mastectomy 10 years ago – infiltrating duct carcinoma. Patient in pain on admission, has not mobilised for several days. Small red pressure area to sacrum on admission. Day 4 pressure injury stage 2_{a} continue pressure care. Day 8 some shortness of breath. Investigations reveal Hb (haemoglobin) 80 which was a significant drop from Hb115 on admission (patient's normal). Anaemic – transfused packed cells.

- 2 Bone metastases
- 2 Morphology (of bone metastases code)
- 2 Breast primary
- 2 Morphology (of breast cancer code)
- 2 Pressure injury
- 1 Anaemia, unspecified

EXAMPLE 11:

Patient admitted with uncontrolled Type 2 diabetes. The patient is known to have nephropathy (CKD <u>(chronic kidney disease)</u> stage 3) but no other complications of the diabetes. During admission the patient develops acute kidney failure.

- 2 Type 2 diabetes mellitus uncontrolled
- 1 Acute kidney failure
- 2 Type 2 diabetes mellitus with acute kidney failure
- 2 Type 2 diabetes mellitus with chronic kidney disease
- 2 Chronic kidney disease, stage 3

0102 HIV/AIDS (HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME)

In this standard, references to 'B20-B24' excludes code B23.0 Acute HIV infection syndrome.

DISEASE PROGRESSION

The HIV infection follows a number of stages/phases, each possessing its own level of severity and symptoms. Persons affected by the HIV infection will often follow the same pattern (ie they are first diagnosed as being HIV antibody positive, and as the disease progresses, they progress to the disease's next level of severity). However, it is not uncommon for HIV infection to be first diagnosed when a complication or progression has already occurred.

EXAMPLE 2:

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A patient with AIDS is admitted with a principal diagnosis of Kaposi sarcoma of skin, and additional diagnoses of wasting syndrome and CMV (cytomegalovirus) retinitis.

Assign and sequence as:

Kaposi sarcoma	C46.0	Kaposi sarcoma of skin
	M9140/3	Kaposi sarcoma
HIV disease	B21	Human immunodeficiency virus [HIV] disease resulting in malignant neoplasms
CMV retinitis	H30.9 B25.8	Chorioretinal inflammation, unspecified Other cytomegaloviral diseases
Wasting syndrome	R64	Cachexia

SAME-DAY CHEMOTHERAPY

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An additional diagnosis code(s) should be assigned to indicate the HIV/AIDS status and any manifestation being treated.

EXAMPLE 5:

A person with AIDS status presents for multi-drug <u>intravenous (IV)</u> infusion for pulmonary mycobacterium avium complex (MAIC) on a same-day basis.

Codes:	Pulmonary MAIC	A31.0	Pulmon	ary mycobacterial infection
	AIDS	B20		immunodeficiency virus [HIV] disease resulting in us and parasitic diseases
	Multi-drug IV infusion	96199-09		Intravenous administration of pharmacological agent, other and unspecified pharmacological agent

0110 SIRS, SEPSIS, SEVERE SEPSIS AND SEPTIC SHOCK

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Sepsis

EXAMPLE 3:

A six year old child, who had bulbar palsy and history of aspiration, presented to <u>the emergency department</u> **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, <u>intravenous (IV)</u> 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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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*.

EXAMPLE 5:

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A 38 year old man in respiratory distress was admitted to <u>the intensive care unit</u> (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*.

0111 HEALTHCARE ASSOCIATED STAPHYLOCOCCUS AUREUS BACTERAEMIA

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DEFINITION

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Staphylococcus aureus bacteraemia (SAB) will be considered to be healthcare associated if **EITHER**:

- 1. the patient's first SAB blood culture was collected more than 48 hours after hospital admission, or less than 48 hours after discharge **OR**
- 2. the patient's first SAB blood culture was collected less than or equal to 48 hours after hospital admission and one or more of the following key clinical criteria have been met for the patient-episode of SAB.

Clinical criteria:

- •SAB is a complication of the presence of an indwelling medical device (eg intravascular line, haemodialysis vascular access, CSF <u>(cerebrospinal fluid)</u> shunt, urinary catheter)
- •SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site

0222 LYMPHOMA

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A lymphoma, regardless of the number of sites involved, is not considered metastatic, and should only be coded to the C81–C88 categories. Lymphomas do not have to originate in the lymph glands. Lymphomas may originate in any lymphoid tissue throughout the body and may not necessarily be restricted to lymph nodes or glands. Lymphomas stated as 'extranodal' or of a site other than the lymph glands (eg stomach) should be assigned to the appropriate code in the categories C86 and C88.

EXAMPLE 1:

A patient with non-follicular lymphoma was admitted for drainage of malignant ascites under <u>general</u> <u>anaesthesia (GA)</u>.

Codes: _{C83.9} Non-follicular (diffuse) lymphoma, unspecified M9591/3 Lymphoma, non-Hodgkin NOS 30406-00 [983] Abdominal paracentesis 92514-99 [1910] General anaesthesia, ASA 9, nonemergency or not known

Lymphomas can change morphology over time from low grade to high grade. Therefore, the latest biopsy results should be utilised when assigning a morphology code for lymphoma.

0233 MORPHOLOGY

The first four characters represent the histological type of the neoplasm and the fifth character indicates its behaviour. When assigning morphology codes, ensure that the explanatory notes at the beginning of the 'Morphology of neoplasms' appendix (ICD-10-AM Tabular List, Appendix A) are understood.

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If a morphological diagnosis contains two histological terms which have different M <u>morphology</u> codes, select the highest number as it is usually more specific.

EXAMPLE 1:

Transitional cell epidermoid carcinoma.

Transitional cell carcinoma NOS is coded to M8120/3

Epidermoid carcinoma NOS is coded to M8070/3

In such a case, the highest numerical value (M8120/3) should be used.

0241 MALIGNANCY OF LIP

Two code series are available for coding of lip malignancy, C00.- *Malignant neoplasm of lip* and C44.0 *Malignant neoplasm of skin of lip*.

Code C44.0 *Malignant neoplasm of skin of lip* should be used for malignant lesions occurring on the hair-bearing skin between the upper vermilion border and the nose (philtrum) or the hair-bearing skin between the lower vermilion border and the mentolabial sulcus. Most commonly BCC (basal cell carcinoma) and SCC (squamous cell carcinoma) occur outside the vermilion border and should therefore be coded to C44.0 *Malignant neoplasm of skin of lip*. All other malignant lesions described as 'lip', should be assigned the appropriate code within C00.- *Malignant neoplasm of lip*

0303 ABNORMAL COAGULATION PROFILE DUE TO ANTICOAGULANTS

EXAMPLE 1:

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Patient on long term anticoagulants, admitted one day prior to TURP (transurethral resection of prostate) for heparinisation.

Code: Z92.1 Personal history of long term (current) use of anticoagulants (as an additional code)

0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA

EXAMPLE 5:

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Patient with Type 1 diabetes mellitus was admitted for review of chronic kidney disease (CKD) (glomerular filtration rate (GFR) = 38 mL/min) stage 3. The CKD is due to systemic lupus erythematosus (SLE).

Principal diagnosis:	N18.3	Chronic kidney disease, stage 3
Additional diagnoses:	M32.9	Systemic lupus erythematosus, unspecified
	E10.22	Type 1 diabetes mellitus with established diabetic nephropathy

In this example, the chronic kidney disease is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. The CKD is documented as being **caused by** SLE, therefore sequence the SLE code after the code for CKD (*Rule 5*). The DM code is then assigned (*Rule 4a* and *Rule 5*) following the index entry *Diabetes/with/chronic kidney disease* (*Rule 3*).

EXAMPLE 6:

Patient with Type 2 diabetes mellitus was admitted for management of acute kidney failure due to administration of <u>intravenous (IV)</u> contrast in hospital.

Principal diagnosis:	N17.9	Acute kidney failure, unspecified
Additional diagnoses:	Y57.5	X-ray contrast medium causing adverse effects in therapeutic use
	Y92.22	Place of occurrence, health service area
	E11.29	Type 2 diabetes mellitus with other specified kidney complication

In this example, the acute kidney failure (N17.9) is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. The acute kidney failure is due to IV contrast, therefore external cause and place of occurrence codes (Y57.5, Y92.22) are assigned after the code for acute renal failure. The DM code is then assigned (*Rule 4a* and *Rule 5*) following the index pathway *Diabetes/with/failure/kidney/acute (Rule 3*).

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3. DM AND IH WITH FEATURES OF INSULIN RESISTANCE

Insulin resistance syndrome (metabolic syndrome or syndrome X) refers to a cluster of disorders which are often present together and may include DM or IH. The features of insulin resistance are most commonly associated with T2DM and are not characteristic of T1DM.

CLASSIFICATION

Assign E11.72, E13.72, E14.72 **Diabetes mellitus with features of insulin resistance* or E09.72 *Intermediate hyperglycaemia with features of insulin resistance*, as appropriate, when DM or IH is documented with one or more of the following also documented:

- acanthosis nigricans
- dyslipidaemia¹ characterised by:
 - elevated fasting triglycerides (\geq 1.7 mmol/L), or depressed high-density lipoprotein (HDL)-cholesterol (male \leq 1.03, female \leq 1.29)
- hyperinsulinism
- increased intra-abdominal visceral fat deposition
- 'insulin resistance'
- fatty liver (nonalcoholic fatty (change of) liver disease (NAFLD))
- obesity, morbid obesity, overweight
- nonalcoholic steatohepatitis (NASH)

Note: Hypertension is a common disorder with a variety of causes and its attribution to insulin resistance is only accepted if accompanied with at least one of the features listed above. Therefore, documentation of DM with hypertension alone does not meet the criteria for assignment of E11.72, E13.72, E14.72 **Diabetes mellitus with features of insulin resistance* or E09.72 *Intermediate hyperglycaemia with features of insulin resistance*.

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

¹ The terms 'hypercholesterolaemia', 'high cholesterol', 'hyperlipidaemia' or '? chol' are often used in the clinical record rather than the term 'dyslipidaemia'. When any of these terms are documented, the following guidelines should be followed to determine whether to assign E1-.72 * *Diabetes mellitus with features of insulin resistance* or E09.72 *Intermediate hyperglycaemia with features of insulin resistance*:

- If increased cholesterol is documented in the clinical record with documentation of either increased fasting triglycerides **or** decreased HDL this can be considered as 'dyslipidaemia' **code to** E1-.72 or E09.72
- If there is no documentation of increased cholesterol but **both** increased fasting triglycerides and decreased HDL are documented in the clinical record **code to** E1-.72 or E09.72
- If increased cholesterol only is documented with no documentation of increased fasting triglycerides or decreased HDL **do not code to** E1-.72 or E09.72

Test results can be used to confirm an already documented condition as per ACS 0010 *General abstraction guidelines/Test results*.

See Figure 1

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8. CURED OR QUIESCENT DM/DM IN REMISSION

EXAMPLE 12:

Patient admitted for removal of a left cataract and IOL (insertion of intraocular lens). It was noted that there was a history of diabetes mellitus due to Cushing's syndrome, which had been cured following the removal of an adrenal adenoma. <u>Glucose tolerance test (GTT)</u> performed during this admission was found to be normal.

Principal diagnosis:	H26.9	Cataract, unspecified
Additional diagnosis:	Z86.3	Personal history of endocrine, nutritional and metabolic diseases

In this example the cataract is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. It is also documented that the DM has been cured following treatment of the underlying cause. Therefore, H26.9 is assigned followed by Z86.3 to represent the history of DM (rather than E1-.39).

0402 CYSTIC FIBROSIS

EXAMPLE 3:

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Patient admitted for cystic fibrosis 'tune up' and receives <u>intravenous (IV)</u> antibiotics and respiratory therapy for bronchiectasis. They also see the dietitian for ongoing vitamin D deficiency.

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

0503 DRUG, ALCOHOL AND TOBACCO USE DISORDERS

General classification rules

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

0604 STROKE

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3. OLD CVA (CEREBROVASCULAR ACCIDENT)

Old CVA – care should be taken when coding this inappropriate and misleading diagnostic statement which might mean either:

- 1. the patient has a history of stroke with no neurological deficits now present, or
- 2. a history of stroke with neurological deficits still present.

In point 2 above, the neurological deficit is coded as well as I69.- *Sequelae of cerebrovascular disease* where the deficits meet the criteria for additional diagnoses (see ACS 0002 Additional diagnoses).

Do not assign an I69.- code alone, ie it should always be preceded by a code indicating a late effect manifestation (eg hemiparesis, aphasia).

0627 MITOCHONDRIAL DISORDERS

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Some mitochondrial disorders for which there are specific code assignments in ICD-10-AM are:

MITOCHONDRIAL ENCEPHALOPATHY LACTIC ACIDOSIS STROKE-LIKE EPISODE SYNDROME (MELAS)

Mitochondrial encephalopathy lactic acidosis stroke-like episode syndrome (MELAS) is a syndrome which usually affects young people although age of onset is variable. Antecedent symptoms may include long standing nerve deafness or severe migraine. Presentation is typically with fulminant stroke-like episodes, often with a posterior cerebral emphasis. Diagnosis should be confirmed either by the finding of typical morphological abnormalities in a muscle biopsy or by demonstration of a characteristic mitochondrial DNA (deoxyribonucleic acid) mutation. Assign G71.3 *Mitochondrial myopathy, not elsewhere classified*.

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KEARNS-SAYRE SYNDROME OR OCULOCRANIOSOMATIC SYNDROME

Kearns-Sayre syndrome or Oculocraniosomatic syndrome is a mitochondrial disease characterised by childhood onset, chronic progressive external ophthalmoplegia, heart block, retinitis pigmentosa and <u>central nervous system (CNS)</u> degeneration. Assign H49.8 *Other paralytic strabismus*.

0629 STEREOTACTIC RADIOSURGERY, RADIOTHERAPY AND LOCALISATION

INTRACRANIAL STEREOTACTIC LOCALISATION (40803-00 [1]

Intracranial stereotactic localisation)

Enables the determination of the precise position for brachytherapy, radiotherapy or intracranial surgery and is always performed before the stereotactic radiotherapy or stereotactic radiosurgery is delivered. Intracranial stereotactic localisation involves several procedural components, the mainstay of which is the application of the headframe. Diagnostic imaging procedures are performed (<u>computerised tomography (CT)</u>, <u>magnetic resonance</u> <u>imaging (MRI)</u>, angiography, myelography, ventriculography) together with computer assisted coordinate determination, localisation and targeting.

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STEREOTACTIC RADIOTHERAPY

- fractionated treatment (using Gamma knife or <u>linear accelerator (LINAC)</u>)
- used for larger tumours or when close to a critical structure such as the brain stem, optic chiasm or optic nerves

0741 ECTROPION/ENTROPION

EXAMPLE 2:

Operation report:

Diagnosis:	(R) LL	(Right lower lid)	<u>C</u> icatricial	ectropion.
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Procedure: Lateral canthal tightening with 4/0 nylon.

PAWG (post auricular Wolfe graft) (L) left ear to (R) right lower lid secured with 6/0 BSS (black silk suture) with tie over 4/0 nylon to ear.

Assign procedure codes: 42590-00 [235] Lateral canthoplasty

45451-00 [1649] Full thickness skin graft of eyelid

0909 CORONARY ARTERY BYPASS GRAFTS

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TYPES OF CORONARY ARTERY BYPASS GRAFTS

There are two types of grafts that can be performed – aortocoronary (aorta to coronary artery) and internal mammary to coronary artery bypass grafts.

Aortocoronary is the most common. This brings circulation from the aorta into the obstructed coronary artery, by bypassing the occluded section of the vessel. A segment of blood vessel, most commonly the saphenous vein, generally taken from the patient (an autologous graft), is used to achieve this.

Attached **internal mammary to coronary artery** bypass grafts generally use the internal mammary artery to bring blood from the subclavian artery to the occluded coronary artery. The right internal mammary artery (<u>RIMA</u>) is sometimes dissected at both ends, and is thus a 'free' graft (FRIMA), and may be used to bring blood from any vessel. Mammary arteries can also be called 'thoracic arteries' and so may be documented as RITA (<u>right internal thoracic artery</u>) and LITA (<u>left internal thoracic artery</u>).

Internal mammary artery grafts tend to remain open longer than venous grafts. However, they are of limited length and can only be used to bypass occlusive lesions located near the proximal end of the coronary arteries. In these instances a composite graft of two arteries or an artery and vein can be used as a single bypass graft. Other synthetic material such as Goretex and experimental artery or vein from cows and other bovine animals can also be used in a composite graft.

0925 HYPERTENSION AND RELATED CONDITIONS

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Note: ACHI codes are not included in these examples.

EXAMPLE 1:

An 82 year old man was admitted for excision of a persistent papillary TCC (transitional cell carcinoma) of left ureter. His comorbidities included Parkinson's disease, chronic renal impairment and hypertension. Routine eGFR (glomerular filtration rate estimate) = 59 mL/min.

He underwent open resection of the left kidney and remaining left ureter. Postoperatively his blood pressure proved difficult to control and his eGFR fell to 51 mL/min. Histopathology on the removed kidney confirmed hypertensive nephropathy and his nephrologist was consulted, advising a change to his hypertensive medications.

Histopathology reports: **Left ureter** – Chronic inflammation. Reactive urothelial hyperplasia, focal low grade papillary urothelial carcinoma. **Left kidney** – Frequent sclerosed glomeruli with tubular atrophy and interstitial fibrosis in keeping with hypertensive nephropathy.

Codes:	C66	Malignant neoplasm of ureter
	M8130/3	Papillary transitional cell carcinoma
	I12.9	Hypertensive kidney disease without kidney failure
	N18.3	Chronic kidney disease, stage 3
(See also	ACS 1438 (Chronic kidney disease.)

EXAMPLE 2:

A 39 year old man, who had episodes of feeling dizzy, 'funny turns' and very high blood pressure, was referred by <u>his general practitioner (GP)</u> for further investigation. During the hospital admission, a phaeochromocytoma was found in the medulla of right adrenal gland and it was confirmed that the tumour caused attacks of episodic hypertension. Laparoscopic adrenalectomy was carried out during the admission and multiple antihypertensive medications were administered preoperatively in preparation for surgical resection.

Codes:D35.0Benign neoplasm of adrenal glandM8700/0Phaeochromocytoma NOSI15.2Hypertension secondary to endocrine disorders

0934 CARDIAC AND VASCULAR REVISION/REOPERATION PROCEDURES

Revision or reoperation procedures are more complex than initial cardiac and vascular procedures and result in a significant increase in resource consumption. They are most commonly performed for valve replacements, CABGs (coronary artery bypass grafts) and in paediatric procedures such as conduit replacement in congenital heart disease.

A revision or reoperation procedure may follow as a matter of course, for example, a patient's angina is recurring or the patient is in cardiac failure; this is usually because the grafted artery has become blocked (a natural process of the disease, rather than a complication of the graft). A revision or reoperation procedure may also be performed due to a complication of the graft. Therefore code assignment for each case is based on clinical documentation. If the reason for revision or reoperation cannot be established based on the available documentation, assign a code for the condition requiring surgery as the principal diagnosis. The condition should only be assigned as a procedural complication when documentation clearly states that the condition arose as a complication of the initial surgery.

(see also ACS 1904 *Procedural complications* and ACS 0909 *Coronary artery bypass graft/CABG occlusion*).

0936 Cardiac Pacemakers and Implanted Defibrillators

Implantable cardiac defibrillator (ICD) functions

Implantable cardiac defibrillators are known by a range of synonymous terms, such as automatic defibrillator, automatic implantable cardioverter defibrillator [AICD] and implantable cardioverter. Implantable cardiac defibrillators are inserted to shock the heart in the event of tachyarrhythmias (fast heartbeats like <u>ventricular tachycardia (VT)</u> and <u>ventricular fibrillation (VF)</u>). The ICD responds to fast heartbeat by either cardioversion (low-level shocks) or defibrillation (high-energy shock). Most modern ICDs can be programmed to also pace – anti-tachycardic pacing (for a fast but rhythmic heartbeat, ie not VT or VF) or bradycardic pacing (like a traditional pacemaker). The pacing rate can also be set so low (below the patient's own heart beat) that it never needs to pace.

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Permanent pacemaker and implantable cardiac defibrillator systems

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A *dual chamber pacemaker* has electrodes inserted into either atria and the right ventricle, usually right atrium and right ventricle. This system is capable of pacing and/or sensing in both the atrium and the right ventricle. Dual chamber devices are now more commonly used than single chamber devices. They allow synchronised pacing of the atrium and the right ventricle, therefore increasing cardiac output. <u>Ventricular VDD</u> dual (chamber) devices (VDD) use a single (unipass) lead that contains electrodes for atrial sensing in addition to electrodes for ventricular sensing and pacing.

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Permanent pacemaker clinical classification

An international five-character Pacemaker Classification (NASPE/BPEG Generic Pacemaker Code) describes a pacemaker's functions, for example a <u>dual-chamber</u>, <u>rate-modulated</u> (DDDR) pacemaker paces in both atrial and ventricular (dual) chambers, senses in both atrial and ventricular (dual) chambers, has a dual response (triggers and inhibits) to sensing and is rate responsive:

Position	I	II	III	IV	V
Category	Chamber(s) paced	Chamber(s) sensed	Response to sensing	Rate modulation	Multisite pacing
	$\mathbf{O} = \text{None}$ $\mathbf{A} = \text{Atrium}$ $\mathbf{V} = \dots$ $\mathbf{D} = \text{Dual} (A+V)$	O = None A = Atrium V = Ventricle D = Dual (A+V)	O = None T = Triggered I = Inhibited D = Dual (T+I)	O = None R = Rate modulation	O = None A = Atrium V = D = Dual (A+V)
Manufacturer designation only	S = Single (A or V)	S = Single (A or V)			

(Bernstein et al. 2002)

Note: Multi-site pacing is defined as at least two stimulation sites in each cardiac chamber.

This detail is not reflected in the ACHI pacemaker procedure codes except for the codes in block [1856] *Testing of implanted cardiac pacemaker or defibrillator*. An antitachycardia pacemaker can no longer be ascertained by reference to the NASPE/BPEG Generic Pacemaker Codes.

0940 ISCHAEMIC HEART DISEASE

(see also ACS 0941 Arterial disease)

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3. ACUTE MYOCARDIAL INFARCTION (I21)

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Classification

A myocardial infarction described as acute or with a duration of four weeks (28 days) or less from onset is classified to category I21 *Acute myocardial infarction*. Codes I21.0–I21.3 identify transmural or ST elevation myocardial infarctions (STEMI).

Code I21.4 identifies subendocardial infarction, also known as non Q-wave, non-ST elevation myocardial infarction (NSTEMI) or non-transmural. Subendocardial infarctions do not extend through the full thickness of the myocardial wall. On ECG <u>(electrocardiogram)</u>, they create a pattern of widespread ST segment changes and these are difficult to site. I21.4 should be assigned alone for a subendocardial infarction. The site or wall affected is not coded.

Codes from category I21 *Acute myocardial infarction* should be assigned for a patient that is either admitted or transferred for treatment of the infarction within four weeks (28 days) or less from onset of the infarction.

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Other forms of chronic ischaemic heart disease (I25.8)

Myocardial infarction described as 'chronic' or with a duration of more than four weeks (28 days) from onset and for which the patient is currently receiving acute care (observation, evaluation or treatment) is classified to I25.8 *Other forms of chronic ischaemic heart disease*. The following cardiac conditions are also included in this code:

- Aneurysm of a coronary vein
- Coronary artery arteritis
- Deformity of coronary artery (acquired)
- Disease, heart, specified form NEC
- Coronary insufficiency, chronic or with a stated duration of over four weeks.

Chronic ischaemic heart disease, unspecified (I25.9)

This code should be used as a last resort. If ischaemic heart disease (IHD) is documented as a problem in the current episode of care, and there have been no interventions such as CABGs or PTCAs (percutaneous transluminal coronary angioplasty) with or without insertion of stent, then it is acceptable to code to the specificity of the disease (ie coronary atherosclerosis, I25.1-) as documented in an earlier angiogram report, when available.

0941 ARTERIAL DISEASE

Procedures performed for atherosclerosis

Angioplasty (PTA/PTCA – percutaneous [balloon] transluminal angiography/percutaneous [balloon] transluminal coronary angioplasty, PTCRA – percutaneous [balloon] transluminal coronary rotational atherectomy), intra-arterial stenting, aspiration thrombectomy, endovascular embolic protection devices and bypass grafts (coronary artery bypass graft (CABG), femoro-popliteal etc) are usually performed to relieve the symptoms of atherosclerosis (eg angina, intermittent claudication). Therefore, in the absence of comprehensive documentation or clinical advice, if one of these procedures is performed, atherosclerosis may be assumed to be the diagnosis.

1002 ASTHMA

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CLASSIFICATION

- J45.- *Asthma* should be assigned for diagnoses such as 'asthma', 'severe asthma', 'acute asthma' or any other variation of this terminology which is not included in J46 *Status asthmaticus*.
- J46 *Status asthmaticus* should be assigned only if the asthma is documented as 'acute severe' or 'refractory'.

Asthma described as **chronic obstructive** or asthma documented with <u>chronic obstructive</u> <u>pulmonary disease (COPD)</u> should be assigned a code from J44.- only. A code from J45.-*Asthma* is inappropriate in such cases, as evidenced by the exclusions at J45 and the index entry as follows:

J45 Asthma *Excludes:* chronic asthmatic (obstructive) bronchitis (J44.-) chronic obstructive asthma (J44.-)

Index: Disease, diseased

- lung J98.4
- - obstructive (chronic) J44.9
- - with
- - - asthma J44.8
- - - with (acute)
- ---- exacerbation NEC J44.1
- ---- infective J44.0
- ---- lower respiratory infection J44.0
- J44.- Other chronic obstructive pulmonary disease should not be assigned for the diagnosis of 'chronic asthma'. Chronic asthma should be coded to J45.- Asthma. (See ACS 1008 Chronic obstructive pulmonary disease (COPD).)

1006 VENTILATORY SUPPORT

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TYPES/MODES OF VENTILATORY SUPPORT

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Controlled Mechanical Ventilation

Intermittent Mandatory Ventilation (IMV)

Synchronised Intermittent Mandatory Ventilation (SIMV) – see block [569]

Using these forms of ventilation, **patient breath rate and volume is set on the ventilator ie controlled mechanically**. This information is recorded on the <u>intensive care</u> <u>unit (ICU)</u> chart as 'machine respiratory rate' or 'intermittent machine ventilation rate'. Controlled mechanical ventilation is always administered by ETT or tracheostomy, that is, it is **always invasive**.

1008 CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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EXAMPLE 1:

Discharge summary documented the principal diagnosis (PDx) as COAD/Pneumonia.					
Codes:	J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection			
	J18	Pneumonia, organism unspecified			

1120 DEHYDRATION WITH GASTROENTERITIS

In admissions for treatment of gastroenteritis and dehydration, the gastroenteritis should be sequenced as the principal diagnosis with dehydration (E86 *Volume depletion*) as an additional diagnosis. The criterion for assigning a code for dehydration should not be taken as rehydration (intravenous (IV) fluid administration) as this could be to prevent, as well as to treat, dehydration. Dehydration should be clinically documented before assigning the code.

1122 HELICOBACTER PYLORI

Helicobacter pylori (H. pylori) infection is associated with:

- *H. pylori*-associated chronic gastritis (active chronic gastritis)
- duodenal ulcers
- MALT (mucosa associated lymphoid tissue) lymphoma
- gastric ulcers

B96.81 *Helicobacter pylori [H. pylori] as the cause of diseases classified to other chapters* **is** assigned when it is found in the presence of the above conditions or there is a documented association with another condition.

EXAMPI	LE 1:			
Patient ad	mitted for p	nendoscopy. A biopsy was taken of the duodenal cap.		
Findings:	Findings: chronic duodenal ulcer. Pathology result: positive for H. pylori.			
Codes:	K26.7	Duodenal ulcer, chronic without haemorrhage or perforation		
	B96.81	Helicobacter pylori [H. pylori] as the cause of diseases classified to other chapters		
	30473-01	1008] Panendoscopy to duodenum with biopsy		

B96.81 is **not** assigned when there is no documented association between the *H. pylori* infection and another condition.

EXAMPLE 2:

Patient admitted for gastroscopy following one month of indigestion. No abnormality detected on gastroscopy, *Helicobacter pylori* detected on <u>Campylobacter-like organism (CLO)</u> test.

Codes:	K30	Functional d	dyspepsia
	30473-01 [1008]	Panendoscopy to duodenum with biopsy

In this case, because there is no documented association between the *H. pylori* infection and the dyspepsia, B96.81 is not assigned.

1204 PLASTIC SURGERY

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EXAMPLE 1:

Face lift performed under <u>general anaesthesia (GA)</u> for ageing face. (Note: ageing face is not a recognised diagnosis within ICD-10-AM)

Codes: Z41.1 Other plastic surgery for unacceptable cosmetic appearance

45588-00 [1675]	
92514-99 [1910]	

Facelift, bilateral

[1910] General anaesthesia, ASA 9, nonemergency

1221 PRESSURE INJURY

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CLASSIFICATION

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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 (ie repeat code in the code string for the same site and severity. See also ACS 0025 *Double coding*) (see Examples 1 & 2).
- 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 (COF) of 2 (see also ACS 0048 *Condition onset flag*) (see Example 3).

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* (see Example 4).

1431 EXAMINATION UNDER ANAESTHESIA (EUA), GYNAECOLOGY

Examination under anaesthesia (EUA) is inherent in almost every gynaecological procedure and most certainly in a <u>dilation and curettage (D&C)</u>. EUA (35500-00 [1296] *Gynaecological examination*) is only coded when not performed in conjunction with another procedure.

(See also ACS 0031 Anaesthesia and ACS 0022 Examination under anaesthesia.)

1438 CHRONIC KIDNEY DISEASE

EXAMPLE 2:

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A 76 year old man was admitted through emergency with a fractured neck of femur, following a fall down steps in his garden. Comorbidities included kidney failure due to IgA nephropathy, on home dialysis. X-ray confirmed subcapital fracture of the L femur. The fracture was treated by hemiarthroplasty to the left hip, under GA (general anaesthesia), ASA 2.

He underwent haemodialysis three times during his stay, and was transferred to a private facility for rehabilitation 5 days after operation.

Codes:	S72.03	Fracture of	subcapital section of femur
	W10.9	Fall on and	from other and unspecified stairs and steps
	Y92.01	Outdoor are	eas and the second s
	U73.9	Unspecified	activity
	N18.5	Chronic kidi	ney disease, stage 5
	N02.8	Recurrent an	nd persistent haematuria, other
	47522-00 [[1489]	Hemiarthroplasty of femur
	92514-29 [[1910]	General anaesthesia, ASA 2, nonemergency
	13100-00 [[1060]	Haemodialysis

...

In a clinical setting, a patient is diagnosed with CKD if they meet either of the following criteria:

- Kidney damage for 3 months or more, as defined by structural or functional abnormalities of the kidney, with or without decreased <u>glomerular filtration rate (GFR)</u>, manifest by either:
 - microalbuminuria or proteinuria
 - glomerular haematuria
 - pathological abnormalities (eg abnormal kidney biopsy)
 - markers of kidney damage, including abnormalities in the composition of the blood or urine, or abnormalities in imaging tests such as size disparities and scarring, or cysts.

 Glomerular filtration rate (GFR) < 60 mL/min/1.73m² for 3 months or more, with or without kidney damage.

EXAMPLE 3:

A 68 year old woman was admitted with left sided chest pain developing while at the dentist. Her background history included end-stage kidney disease due to chronic membranous glomerulonephritis, (on haemodialysis) and hypertension. ECG (electrocardiogram) did not indicate any ST wave elevation. Diagnosis of unstable angina was made. Because of her end-stage chronic kidney disease kidney function was monitored daily, and she was transferred within 3 days for dialysis to correct increasing fluid overload.

Codes:	I20.0	Unstable angina
	N18.5	Chronic kidney disease, stage 5
	N03.2	Chronic nephritic syndrome, diffuse membranous glomerulonephritis
	Z99.2	Dependence on kidney dialysis

EXAMPLE 4:

A 76 year old man admitted with a small bowel obstruction due to adhesions. Relevant medical history included kidney transplantation for CKD 12 years previously. Preoperatively his eGFR was 32 mL/min. Because of the age of his kidney graft clinical pre-op assessment ordered fluid balance charting postoperatively with BP (blood pressure) checks bd to monitor kidney function. Excision of the obstructed portion of the small intestine with anastomosis was performed under general anaesthesia, ASA 2.

Codes:	K56.5	Intestinal	adhesions [bands] with obstruction
	N18.3	Chronic k	tidney disease, stage 3
	Z94.0	Kidney tr	ansplant status
	30566-00) [895]	Resection of small intestine with anastomosis
	92514-29	9 [1910]	General anaesthesia, ASA 2, nonemergency

1605 CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

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In a premature infant's birth episode, the principal diagnosis will generally be either P07.2-*Extreme immaturity* or P07.3- *Other preterm infants*.

EXAMPLE 1:

A premature baby girl (born at 33 weeks; birth weight 1300g), was sent to the special care nursery with intrauterine growth retardation (IUGR), jaundice and hypoglycaemia. The infant was treated with 24 hours of phototherapy, intravenous (IV) dextrose and frequent oral feeds.

Codes:	P07.32	Other preterm infant, 32 or more completed weeks but less than 37 completed weeks
	P07.12	Other low birth weight 1250–1499g
	P05.9	Slow fetal growth, unspecified
	P59.0	Neonatal jaundice associated with preterm delivery
	P70.4	Other neonatal hypoglycaemia
	Z38.0	Singleton, born in hospital

90677-00 [1611] Other phototherapy, skin
96199-09 [1920] Intravenous administration of pharmacological agent, other and unspecified pharmacological agent

1615 SPECIFIC DISEASES AND INTERVENTIONS RELATED TO THE SICK NEONATE

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Ventilatory support

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For resuscitation at birth

Ventilation (eg bag and mask, or <u>intermittent positive pressure breathing (IPPB)</u>) administered for resuscitation at birth should not be coded.

For specific information on the classification of ventilatory support refer to ACS 1006 *Ventilatory support*.

1809 FEBRILE CONVULSIONS

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The majority of febrile convulsions are simple and these convulsions require no treatment other than observation. The treatment for non simple febrile convulsions involves insertion of an <u>intravenous (IV)</u> cannula, administration of drugs to stop the seizure, and occasionally will include mechanical ventilation (because of drug-induced apnoea or ongoing seizures). However, all febrile convulsions are alarming and it is always necessary to rule out any underlying cause, such as epilepsy, encephalitis, intracerebral haemorrhage, gastroenteritis, otitis media, septicaemia, pneumonia or meningitis.

1902 ADVERSE EFFECTS

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RADIOTHERAPY TREATMENT

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If the manifestation of the effect of radiotherapy is unspecified, assign code T66 *Unspecified effects of radiation*, together with the appropriate external cause codes.

Where a condition arises due to radiation/radiotherapy incorrectly administered during medical care, assign a code which best describes the condition, as outlined in Examples 1 and 2, together with one of the following external cause codes, as appropriate:

- Y63.2 Overdose of radiation given during therapy
- Y63.3 Inadvertent exposure of patient to radiation during medical care
- Y78.- Radiological devices associated with misadventures

EXAMP	LE 4:			
Burns to chest wall (body surface area (BSA) 4%) due to overdose of radiotherapy for breast cancer.				
Codes:	T21.02	Burn of chest wall, unspecified thickness		
	T31.00	Burns involving less than 10% of body surface		
	Y63.2	Overdose of radiation given during therapy		
	Y92.22	Place of occurrence, health service area		
Other diagnosis codes as appropriate				

(See also ACS 2115 Admission for allergen challenge).

1905 CLOSED HEAD INJURY/LOSS OF CONSCIOUSNESS/CONCUSSION

For head injuries such as fractures, intracranial injuries and reported loss of consciousness, codes should be assigned for each type of injury (eg fractures (S02.-), intracranial injuries (S06.1–S06.9) and loss of consciousness

(\$06.01-\$06.05)).

EXAMPLE 1:

The patient suffered a fracture of the ethmoid bone (x-ray) and a large subdural haematoma (<u>computerised</u> tomography (CT) scan). A loss of consciousness was reported of unspecified duration.

Codes:	S06.5	Traumatic subdural haemorrhage
	S02.1	Fracture of base of skull
	S06.01	Loss of consciousness of unspecified duration

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EXAMPLE 4:

Patient admitted with <u>head injury (HI)</u> for observation - no LOC <u>(loss of consciousness)</u>. CT scan of head – normal. Laceration to occipital region sutured under LA <u>(local anaesthesia)</u>.

Codes:S09.9Unspecified injury of headS01.88Open wound of other parts of head30026-00 [1635]Repair of wound of skin and subcutaneous tissue of other site, superficial

Coma unrelated to head injury

Use the following symptom codes where no head injury is documented:

- R40.0 Somnolence
- R40.1 Stupor
- R40.2 *Coma, unspecified*

EXAMPLE 5:

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Patient admitted to hospital following a <u>motor vehicle accident (MVA)</u> with abdominal pain but no reported head injury. The patient's state of consciousness deteriorated over the following 24 hours. However, a CT scan of the head showed no abnormalities. The patient was subsequently diagnosed with a fat embolus and remained in a coma for three days.

Codes: T79.1 Fat embolism (traumatic) R40.2 Coma, unspecified

1915 SPINAL (CORD) INJURY

Subsequent phase [chronic] of spinal cord injury

The subsequent phase is any episode of care following the initial phase.

The subsequent phase includes patients admitted with paraplegia/quadriplegia for the treatment of other and/or related conditions (eg urinary tract infection (UTI)).

The initial phase – transferred patient

If a patient has suffered a spinal cord injury as the result of trauma and is immediately transferred from an acute hospital to another acute hospital, the code for the type of injury should be sequenced as the principal diagnosis. The appropriate code for functional level of spinal cord injury should be assigned as the first additional diagnosis code in both hospitals.

EXAMPLE 2:

Patient admitted to Hospital A with severe spinal cord injury. A <u>computerised tomography (CT)</u> scan confirmed a dislocation to the T7/8 vertebra with contusion to the spinal cord at the same level. After stabilisation at Hospital A, the patient was transferred to Hospital B, where an anterior spinal fusion was performed.

Codes: Hospital A

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Spinal cord injury – subsequent phase

It is not necessary to code the traumatic injury codes as these should only be used for the initial phase.

EXAMPLE 3:

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Urinary tract infection. Incomplete paraplegia at C5 level as a result of <u>a motor vehicle accident (MVA)</u> 5 years ago.

N39.0	Urinary tract infection, site not specified
G82.26	Paraplegia, unspecified, incomplete, chronic
T91.3	Sequelae of injury of spinal cord
Y85.0	Sequelae of motor vehicle accident
Y92.49	Unspecified public highway, street or road
	G82.26 T91.3 Y85.0

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Functional level of spinal cord injury

Spinal cord and spinal nerve root injuries are particularly difficult for clinical coders to classify in terms of the lowest intact segment. However, documentation should provide this information particularly where <u>computerised tomography (CT)</u> scans and <u>magnetic resonance</u> <u>imaging (MRIs)</u> have been performed.

Code the functional level of spinal cord injury as an additional code after the type of cord injury.

2103 ADMISSION FOR POST ACUTE CARE

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EXAMPLE 3:

A patient with pneumonia is admitted to Hospital A. The patient was treated with antibiotics and <u>intravenous</u> <u>(IV)</u> fluids. Once their condition stabilised, the patient was transferred to Hospital B where antibiotic therapy continued.

Hospital A:	J18.9	Pneumonia, unspecified
Hospital B:	J18.9	Pneumonia. unspecified

(see also ACS 2117 Non-acute care for guidelines regarding convalescent care).

2104 REHABILITATION

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EXAMPLE 2: JOINT REPLACEMENT

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

Codes: M16.1 Other primary coxarthrosis

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

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

Codes:	M25.65	Stiffness of joint, not elsewhere classified, pelvic region and thigh
	Z96.64	Presence of hip implant
	Z50.9	Care involving use of rehabilitation procedure, unspecified

2114 PROPHYLACTIC SURGERY

Prophylactic surgery is performed to reduce the risk of developing cancer or other diseases. It is most commonly an option for individuals with high risk factors related to neoplasms, including:

- a strong family history of cancer
- gene mutations (eg positive BRCA1 or BRCA2 (breast cancer) susceptibility gene mutation)
- personal history of disease (eg carcinoma, indeterminate breast microcalcifications).

2116 PALLIATIVE CARE

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EXAMPLE 1:

Patient in the final stages of COAD (chronic obstructive airways disease) is admitted for terminal care.

Codes: J44.9 Chronic obstructive pulmonary disease, unspecified

Z51.5 Palliative care

Newborns affected by maternal cause and birth trauma

BACKGROUND:

Following receipt of a public submission, 'Fetal alcohol spectrum disorders' was added as an *Inclusion term* at Q86.0 *Fetal alcohol syndrome*.

The *Excludes* note at P04 *Fetus and newborn affected by noxious influences transmitted via placenta or breast milk* was amended to 'congenital malformations due to teratogenic effects of substances transmitted via placenta (Q00–Q99)'.

An instruction to code first the resultant condition in the fetus or newborn has been added at block (P00–P04) *Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery* to include the advice in ACS 1609 *Newborns affected by maternal cause and birth trauma* which has been deleted.

TABULAR LIST

FETUS AND NEWBORN AFFECTED BY MATERNAL FACTORS AND BY COMPLICATIONS OF PREGNANCY, LABOUR AND DELIVERY

(P00–P04)

∇ 1609

Includes: the listed maternal conditions only when specified as a cause of mortality or morbidity in fetus or newborn

Code first the resultant condition in the fetus or newborn

P00

Fetus and newborn affected by maternal conditions that may be unrelated to present pregnancy

V 0050

- *Excludes:* fetus and newborn affected by:
 - maternal complications of pregnancy (P01.-)
 - maternal endocrine and metabolic disorders (P70–P74)
 - noxious influences transmitted via placenta or breast milk (P04.-)

P02 ∇ 0050	Fetus and newborn affected by complications of placenta, cord and membranes
P02.0	Fetus and newborn affected by placenta praevia
P02.1	Fetus and newborn affected by other forms of placental separation and haemorrhage Abruptio placentae Accidental haemorrhage Antepartum haemorrhage Damage to placenta from amniocentesis, caesarean section or surgical induction Maternal blood loss Premature separation of placenta
P02.2	 Fetus and newborn affected by other and unspecified morphological and functional abnormalities of placenta Placental: dysfunction infarction insufficiency

P02.3	Fetus and newborn affected by placental transfusion syndromes Placental and cord abnormalities resulting in twin-to-twin or other transplacental transfusion		
	Use additional code, if known, to indicate resultant condition in the fetus or newborn.		
P02.4	Fetus and newborn affected by prolapsed cord		
P02.5	Fetus and newborn affected by other compression of umbilical cord Cord (tightly) around neck Entanglement of cord Knot in cord		
P02.6	Fetus and newborn affected by other and unspecified conditions of umbilical cord Short cord Vasa praevia		
	Excludes: single umbilical artery (Q27.01)		
P02.7	Fetus and newborn affected by chorioamnionitis Amnionitis Membranitis Placentitis		
P02.8	Fetus and newborn affected by other abnormalities of membranes		
P02.9	Fetus and newborn affected by abnormality of membranes, unspecified		
P04	Fetus and newborn affected by noxious influences transmitted via placenta or breast milk		
♥ 0050	Includes: nonteratogenic effects of substances transmitted via placenta		
	Excludes: congenital malformations <u>due to teratogenic effects of substances transmitted via</u> <u>placenta</u> (Q00–Q99) neonatal jaundice due to drugs or toxins transmitted from mother (P58.4)		
P04.0	Fetus and newborn affected by maternal anaesthesia and analgesia in pregnancy, labour and delivery Reactions and intoxications from maternal opiates and tranquillisers administered during labour and delivery		
P04.1	Fetus and newborn affected by other maternal medication Cancer chemotherapy Cytotoxic drugs		
	Excludes: dysmorphism due to warfarin (Q86.2) fetal hydantoin syndrome (Q86.1) maternal use of drugs of addiction (P04.4)		
P04.2	Fetus and newborn affected by maternal use of tobacco		
P04.3	Fetus and newborn affected by maternal use of alcohol		
	Excludes: fetal alcohol syndrome (Q86.0)		
P04.4	Fetus and newborn affected by maternal use of drugs of addiction		

Q86 Congenital malformation syndromes due to known exogenous causes, not elsewhere classified

- *Excludes:* iodine-deficiency-related hypothyroidism (E00–E02) nonteratogenic effects of substances transmitted via placenta or breast milk (P04.-)
- Q86.0 Fetal alcohol syndrome (dysmorphic) Fetal alcohol spectrum disorders
- Q86.1 Fetal hydantoin syndrome Meadow's syndrome
- Q86.2 Dysmorphism due to warfarin

Q89.4 Conjoined twins

- OQ89.40 Conjoined twins, unspecified
- ✿Q89.41 Dicephaly Two heads
- ✿Q89.42 Craniopagus Head-joined twins
- Q89.43 Thoracopagus Thorax-joined twins
- Q89.44 Xiphopagus Xiphoid and pelvis-joined twins
- ✿Q89.45 Pygopagus Buttock-joined twins
- OQ89.46 Acardiac twin
- OQ89.49 Other specified conjoined twins

ALPHABETIC INDEX

- Disorder (of) see also Disease
- female
- - hypoactive sexual desire F52.0
- - orgasmic F52.3
- - sexual arousal F52.2
- fetal alcohol spectrum Q86.0 - fetus or newborn P96.9
- specified NEC P96.89

Fetus, fetal — see also condition

- alcohol syndrome (dysmorphic) Q86.0
- - spectrum disorders Q86.0
- - syndrome (dysmorphic) Q86.0
- compressus (mother) O31.0

Minor addenda

BACKGROUND:

I

Amendments were made to ICD-10-AM, ACHI and the ACS for a number of minor issues.

ICD-10-AM TABULAR LIST

F90	Hyperkinetic disorders
F90.0	Disturbance of activity and attention Attention deficit:
	 disorder with hyperactivity hyperactivity disorder
	• syndrome with hyperactivity
	Excludes: hyperkinetic disorder associated with conduct disorder (F90.1)
F90.1 <u>∇ 0049</u>	Hyperkinetic conduct disorder Hyperkinetic disorder associated with conduct disorder
F90.8	Other hyperkinetic disorders
F90.9	Hyperkinetic disorder, unspecified Hyperkinetic reaction of childhood or adolescence NOS Hyperkinetic syndrome NOS
F91	Conduct disorders
	Disorders characterised by a repetitive and persistent pattern of dissocial, aggressive, or defiant conduct. Such behaviour should amount to major violations of age-appropriate social expectations; it should therefore be more severe than ordinary childish mischief or adolescent rebelliousness and should imply an enduring pattern of behaviour (six months or longer). Features of conduct disorder can also be symptomatic of other psychiatric conditions, in which case the underlying diagnosis should be preferred. Examples of the behaviours on which the diagnosis is based include excessive levels of fighting or bullying, cruelty to other people or animals, severe destructiveness to property, fire-setting, stealing, repeated lying, truancy from school and running away from home, unusually frequent and severe temper tantrums, and disobedience. Any one of these behaviours, if marked, is sufficient for the diagnosis, but isolated dissocial acts are not.
	<i>Excludes:</i> mood [affective] disorders (F30–F39) pervasive developmental disorders (F84)
	schizophrenia (F20) when associated with: <u>emotional disorders (F92)</u>
	 emotional disorders (F92)
	hyperkinetic disorders (F90.1)
H20	Iridocyclitis
H20.0	Acute and subacute iridocyclitis Anterior uveitis Cyclitis } acute, recurrent or subacute Iritis - } Acute, recurrent or subacute: • anterior uveitis
	• cyclitis • iritis

<mark>J95.0</mark>	Malfunction of tracheostomy
J95.0	Tracheostomy malfunction Haemorrhage from tracheostomy stoma Obstruction of tracheostomy airway Tracheo-oesophageal fistula following tracheostomy
	Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
≎ J95.01	Haemorrhage from tracheostomy
○ J95.02	Infection of tracheostomy
	<u>Use additional code (Chapter 1, P36,– P37.52) to identify sepsis, if applicable — see Alphan Index/Sepsis</u>
R57.2 S ∇ 0050, 0110	eptic shock
• 0050, 0110	Code first the type of sepsis (Chapter 1, P36, –P37.52) — see Alphabetic Index/Sepsis
	Use additional code(s) to identify specific acute organ failure.
•••	
R65.1	Severe sepsis Code first the type of sepsis (Chapter 1, $P36$ – $P37.52$) — see Alphabetic Index/Sepsis
	Use additional code(s) to identify type of acute organ failure.
T80.2	Infections following infusion, transfusion and therapeutic injection
▼ 1904	Infection following infusion, transfusion and therapeutic injection
	Use additional code (Chapter 1, P36 <u></u> P37 <u>.52</u>) to identify sepsis, if applicable — see Alphal Index/Sepsis
•••	
T81.4 ∇ 1904	Wound infection following a procedure, not elsewhere classified
	Use additional code (Chapter 1, P36 <u></u> –P37 <u>.52</u>) to identify sepsis, if applicable — see Alpha Index/Sepsis
 Too o	
T82.6	Infection and inflammatory reaction due to cardiac valve prosthesis
	<i>Use additional code (Chapter 1, P36<u></u>_P37<u>.52</u>) to identify sepsis, if applicable — see Alphal Index/Sepsis</i>
T82.7	Infection and inflammatory reaction due to other cardiac and vascular device implants and grafts, not elsewhere classified

Minor addenda

	Use additional code (Chapter 1, P36 <u>-</u> P37 <u>.52</u>) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
T83.6	Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract
	Use additional code (Chapter 1, P36 <u>-</u> P37 <u>.52</u>) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
T84.5	Infection and inflammatory reaction due to internal joint prosthesis
	Use additional code (Chapter 1, P36, – P37.52) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
T84.6	Infection and inflammatory reaction due to internal fixation device [any site]
	Use additional code (Chapter 1, P36 <u></u> P37 <u>.52</u>) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
T84.7	Infection and inflammatory reaction due to other internal orthopaedic prosthetic devices, implants and grafts
	Use additional code (Chapter 1, P36, – P37.52) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
•••	
T85.7	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts
	Use additional code (Chapter 1, P36 <u>-</u> P37 <u>.52</u>) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
•••	
T88.0	Infection following immunisation
	Use additional code (Chapter 1, P36P37.52) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
•••	
⊘ Z06.69	Resistance to other specified antibiotics Resistance to: • aminoglycosides (gentamiycin) (tobramycin) • cephalosporins • macrolides (erythromycin) • metronidazole • sulfphonamides
	• tetracyclines

ICD-10-AM Alphabetic Index

Abortion (complete) (incomplete) O06.-

- spontaneous O03.-
- - with
- - complication (incomplete) NEC 003.3
- - - complete O03.8
- - damage to pelvic organ (incomplete) (laceration) (rupture) (tear) O03.3
- - - complete O03.8
- - embolism (air) (amniotic fluid) (blood clot) (incomplete) (pulmonary) (pyaemic) (septic) (soap) O03.2
- - - complete O03.7
- - genital tract and pelvic infection (incomplete) 003.0
- - - complete O03.5
- - haemorrhage, (delayed) or (excessive) (incomplete) O03.1
- - - complete 003.6
- - kidney failure or shutdown (acute)
- (incomplete) O03.3
- - - complete 003.8
- - metabolic disorder (incomplete) O03.3
- - - complete O03.8
- - renal failure or shutdown (acute) (incomplete) 003.3
- - - complete O03.8
- - sepsis (genital tract) (incomplete) (pelvic
- organ) O03.0
- - - complete 003.5
- - - urinary tract (incomplete) O03.3
- - - complete O03.8
- - shock (incomplete) (postprocedural) O03.3
- - - complete 003.8
- - specified complication (incomplete) NEC 003.3
- - - complete O03.8
- - toxaemia (incomplete) O03.3
- - - complete 003.8
- -- unspecified complication(s) (incomplete) 003.4
 - - complete O03.9
- - urinary tract infection (incomplete) O03.3
- - - complete O03.8
- - without complication (incomplete) 003.4 - - complete 003.9
- - fetus P01.8
- - Ielus FUI.0
- threatened O20.0- affecting fetus or newborn P01.8
- therapeutic O04.-
- - fetus P96.4
- threatened (spontaneous) O20.0
- - affecting fetus or newborn P01.8
- tubal 000.1

Abrami's disease D59.8

Injury (see also specified injury type) T14.9

- superficial (see also type of superficial injury) T14.00
- - scapular region S40.9
- ----- specified type NEC S40.88
- - specified type NEC S40.88
- - sclera S05.8

Microcephalus, microcephalic, microcephaly Q02

- with
- - cystic kidney disease Q89.83
- primordial dwarfism Q87.16

Resistance, resistant (to)

- activated protein C (APC) (factor V Leiden mutation) (thrombophilia) D68.5
- aminoglycosides (gentamiycin) (tobramycin) Z06.69
- antibiotic(s) Z06.60
- - beta-lactam Z06.50
- - extended spectrum beta-lactamase (ESBL) Z06.53
- - methicillin (cloxacillin) (dicloxacillin) (flucloxacillin) (oxacillin) Z06.52
- - penicillin (amoxicillin) (ampicillin) Z06.51
- - specified (carbapenems) (cephalosporins) (monobactams) <u>NEC</u>Z06.58

ACHI TABULAR LIST

926	Appendicectomy
30572-00	Laparoscopic appendicectomy
30571-00	Appendicectomy Incidental appendicectomy
1899	Other therapeutic interventions on digestive system
13500-00	Gastric hypothermia Gastric cooling
	Includes: closed circuit circulation of refrigerant
	Note: Performed for gastrointestinal haemorrhage
13506-00	Gastro-oesophageal balloon tamponade Oesophageal tamponade
	Includes: that by:Minnesota balloonSengstaken-Blakemore tube (balloon)
	<i>Note:</i> Performed for control of <u>gastro-oesophageal</u> or <u>oesophageal</u> haemorrhage: from <u>gastro-oesophageal</u> varices <u>• due to:</u> <u>• tear</u>

• varices

NOS

ACHI ALPHABETIC INDEX

```
Arrest (of)
```

... - haemorrhage

. . .

- gastro-ocsophageal varices
- by balloon intubation (Minnesota) (Sengstaken Blakemore) 13506-00 [1899]
- - gastro-oesophageal, by balloon intubation (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899]
- - gynaecological, postoperative 35759-00 [1299]
- ...
- - nose, nasal 41677-00 [373]
- - by
- - - cryotherapy 41680-00 [373]
- - - ligation of artery
- ---- ethmoidal (transorbital) 41725-00 [697]
- ---- maxillary (transantral) 41707-00 [697]
- - anterior (Little's area) - - - - by

- - - - cauterisation (with diathermy) (with packing) 41677-00 [373]

- - - packing (by balloon) (with cauterisation) (with diathermy) 41677-00 [373]
- - posterior, by
- - - cauterisation (with diathermy) (with packing) 41656-00 [373]
- - - packing (by balloon) (with cauterisation) (with diathermy) 41656-00 [373]
- - oesophageal, by balloon intubation (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899]

- - oral cavity, following dental procedure 97399-00 [461]

^{- -} oesophagogastric junction, by balloon intubation (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899]

Control

- atmospheric pressure and composition 92045-00 [1889]

- haemorrhage

- - gastro-oesophageal, varices by balloon intubation (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899] --- by balloon intubation (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899]

- ... - - nose, nasal 41677-00 [373]
- - by
- - - cryotherapy 41680-00 [373]
- - - ligation of artery
- - - ethmoidal (transorbital) 41725-00 [697]
- ---- maxillary (transantral) 41707-00 [697]
- - anterior (Little's area)
- - - by
- - - cauterisation (with diathermy) (with packing) 41677-00 [373]
- - - packing (by balloon) (with cauterisation) (with diathermy) 41677-00 [373]
- - posterior, by
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- - oesophageal, by balloon intubation (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899]
- - oesophagogastric junction, by balloon intubation (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899]
- - oral cavity, following dental procedure 97399-00 [461]

Embolisation — see also Control/haemorrhage/by site

- varices

--- gastro-oesophageal

- --- by balloon intubation (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899]
 vein via surgical peripheral catheterisation see Embolisation/blood vessel, transcatheter/by site
- - varices, transhepatic (percutaneous) 35321-05 [768]

Insertion

- balloon (catheter)
- - for arrest or control of haemorrhage
- - cervix 96226-00 [1274]
- - gastro-oesophageal varices (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899]
- - nasal 41677-00 [373]
- - anterior (Little's area) (with cauterisation) (with diathermy) 41677-00 [373]
- - - posterior (with cauterisation) (with diathermy) 41656-00 [373]
- --- oesophageal (Minnesota) (Sengstaken-Blakemore)13506-00 [1899]
- - oesophagogastric junction (Minnesota) (Sengstaken-Blakemore)13506-00 [1899]
- - gastric, for obesity (endoscopic) 90950-02 [889]
- - intragastric, for obesity (endoscopic) 90950-02 [889]
- - pump, intra-aortic (IABP) 38362-00 [682]
- - by arteriotomy (open) 38609-00 [682]
- - percutaneous (closed) (for counterpulsation) 38362-00 [682]
- bladder stimulator, electronic 90359-00 [1091]

... - tube

- - gastro-oesophageal, for arrest or control of haemorrhage (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899]
- --- balloon (Minnesota) (Sengstaken-Blakemore)
- - for control of haemorrhage from gastro-oesophageal varices 13506-00 [1899]
- - gastrostomy, percutaneous endoscopic (initial) (PEG) 30481-00 [870]
- - repeat insertion 30482-00 [870]
- - intestine (bowel)
- - small (with biopsy) 30487-00 [892]
- - - jejunum see Insertion/tube/jejunostomy
- - jejunostomy (feeding) (open) 31462-00 [892]
- - by laparoscopy 90306-00 [892]
- - percutaneous (endoscopic) (PEJ) 30478-05 [892]
- - lacrimal canaliculus
- - with
- - establishment of patency of lacrimal canalicular system
- - - closed procedure (1 eye) 42599-00 [249]
- ---- both eyes 42599-01 [249]

- - - open procedure (1 eye) 42602-00 [249]
- ---- both eyes 42602-01 [249]
- - glass (Pyrex) 42608-01 [242]
- - other 42608-00 [242]
- - nasobiliary, endoscopic (for drainage) 30491-00 [958]
- - nasogastric (for decompression) 92036-00 [1895]
- - for enteral infusion of concentrated nutritional substance (feeding) 96202-07 [1920]
- --- balloon (Minnesota) (Sengstaken-Blakemore)
 ---- for control of haemorrhage from gastro-oesophageal varices 13506-00 [1899]
- - nasolacrimal (conjunctival sac) (lacrimal sac)
- - nasopharyngeal 90179-02 **[568]**
- - with
- - - choanal atresia repair see Repair/atresia/choanal
- - - continuous ventilatory support omit code
- - oesophageal, for arrest or control of haemorrhage (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899]
- oesophagogastric junction, for arrest or control of haemorrhage (Minnesota) (Sengstaken-Blakemore) 13506-00
 - [1899]
- - pancreatic duct, endoscopic (with dilation) 30491-02 [975]
- - percutaneous endoscopic gastrostomy (initial) (PEG) 30481-00 [870]
- - repeat insertion 30482-00 [870]
- - pharyngeal 90179-02 [568]
- - with continuous ventilatory support omit code
- - rectum 92066-00 [1894]
- - respiratory tract NEC 92035-00 [568]
- -- Sengstaken-Blakemore
- ---- for control of hacmorrhage from gastro-ocsophageal varices 13506-00 [1899]
- - stomach (for intestinal decompression) (nasogastric) 92036-00 [1895]

Intubation — see also Catheterisation AND Insertion/tube

- feeding
- - gastric 96202-07 [1920]
- - gastrostomy, percutaneous endoscopic (initial) (PEG) 30481-00 [870]
- - repeat insertion 30482-00 [870]
- - jejunostomy (open) 31462-00 [892]
- - by laparoscopy 90306-00 [892]
- - percutaneous (endoscopic) (PEJ) 30478-05 [892]
- - nasogastric 96202-07 [1920]
- gastro-oesophageal, for arrest or control of haemorrhage (Minnesota) (Sengstaken-Blakemore) 13506-00 [1899]
- - balloon (Minnesota) (Sengstaken-Blakemore)
- ---- for control of haemorrhage from gastro-oesophageal varices 13506-00 [1899]
- gastrostomy, percutaneous endoscopic (initial) (PEG) 30481-00 [870]
- •••
- nasogastric
- - for
- - decompression, intestinal 92036-00 [1895]
- - enteral infusion of concentrated nutritional substance 96202-07 [1920]
- - feeding 96202-07 [1920]
- --- balloon (Minnesota) (Sengstaken-Blakemore)
- --- for control of haemorrhage from gastro-oesophageal varices 13506-00 [1899]
- nasolacrimal duct (conjunctival sac) (lacrimal sac)
- - with
- - establishment of patency of lacrimal canalicular system
- - - closed procedure (1 eye) 42599-00 [249]
- - - both eyes 42599-01 [249]
- - - open procedure (1 eye) 42602-00 [249]
- - - both eyes 42602-01 [249]
- - glass (Pyrex) 42608-01 [242]
- - other 42608-00 [242]
- nasopharyngeal 90179-02 [568]
- - with
- - choanal atresia repair see Repair/atresia/choanal
- - continuous ventilatory support omit code
- <u>- oesophageal, for arrest or control of haemorrhage (Minnesota) (Sengstaken-Blakemore)</u> 13506-00 [1899]
 <u>- oesophagogastric junction, for arrest or control of haemorrhage (Minnesota) (Sengstaken-Blakemore)</u>
- 13506-00 **[1899]**
- pancreatic duct (endoscopic) (with dilation) 30491-02 [975]
- pharyngeal 90179-02 [568]

- - with continuous ventilatory support omit code
- respiratory tract NEC 92035-00 [568]
- Sengstaken-Blakemore
- -- for control of haemorrhage from gastro-oesophageal varices 13506-00 [1899]

- stomach

Minnesota balloon <u>13506-00</u> [1899] - for control of haemorrhage from gastro-ocsophageal varices <u>13506-00</u> [1899] Mobilisation

Revision (partial) (total)

- joint replacement (prosthesis) (with removal of prosthesis) - - ankle 49716-00 [1544] - - - with bone graft 49717-00 [1544] - - elbow 49116-00 [1419] - - - with bone graft 49117-00 [1419] - - hip (total) 49324-00 [1492] - - - with - - - - bone graft to ---- acetabulum 49327-00 [1492] - - - - - anatomic specific allograft 49339-00 [1492] ---- and femur 49333-00 [1492] - - - - - anatomic specific allograft 49345-00 [1492] ---- femur 49330-00 [1492] - - - - - anatomic specific allograft 49342-00 [1492] ---- and acetabulum 49333-00 [1492] - - - - - anatomic specific allograft 49345-00 [1492] - removal of total prosthesis 49324-00 [1492] - - - partial (hemiarthroplasty) 49346-00 [1492] - - knee, (total) (with removal of prosthesis) 49527-00 [1524] - - - with - - - - anatomic specific allograft 49554-00 [1523] - - - - bone graft - - - - anatomic specific allograft 49554-00 [1523] ---- femur 49530-00 [1523] - - - - - and tibia 49533-00 [1523] - - - - tibia 49530-01 [1523] ---- and femur 49533-00 [1523] - - - partial 49517-00 [1518] - - shoulder 48921-00 [1406] - - - with bone graft to - - - - humerus 48924-00 [1406] - - - - scapula 48924-00 [1406] - - wrist 49210-00 [1472] - - - with bone graft 49211-00 [1472] Sengstaken-Blakemore tube (balloon) 13506-00 [1899] for control of haemorrhage from gastro-ocsophageal varices 13506-00 [1899] Senning procedure (insertion of intra-atrial baffle) 38745-00 [603]

Tamponade — see also Control/haemorrhage

- air
- - with scleral buckling 42776-00 [212]
- device

- - for management of postoperative hypotony/fistula 42746-00 [191]

- gastro-oesophageal 13506-00 [1899]

- oesophageal 13506-00 [1899]

- oesophagogastric junction 13506-00 [1899]

Tap — see also Puncture

AUSTRALIAN CODING STANDARDS

0049 DISEASE CODES THAT MUST NEVER BE ASSIGNED

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

- F90.1 Hyperkinetic conduct disorder
- G26* Extrapyramidal and movement disorders in diseases classified elsewhere
- L14* Bullous disorders in diseases classified elsewhere
- L45* Papulosquamous disorders in diseases classified elsewhere

•••

0804 TONSILLITIS

Tonsillitis not specified as acute or chronic should be coded to acute (J03.- *Acute tonsillitis*) unless a tonsillectomy is performed, in which case the tonsillitis is coded as chronic (J35.0 *Chronic tonsillitis*). Chronic = recurrent acute.

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WHO Updates Chapter 1 – certain infectious and parasitic diseases

BACKGROUND:

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. These changes have been included in ICD-10-AM with some modifications.

TABULAR LIST

A09	Other gastroenteritis and colitis of infectious and unspecified origin
▼ 1120	 <i>Excludes:</i> due to bacterial, protozoal, viral and other specified infectious agents (A00–A08) noninfective (noninfectious) diarrhoea: neonatal (P78.3) NOS (K52.9)
A09.0	Other gastroenteritis and colitis of infectious origin Catarrh, enteric or intestinal Diarrhoea: • acute: • bloody • haemorrhagic • watery • dysenteric • epidemic Infectious: • diarrhoea NOS • or septic: } haemorrhagic, NOS • colitis } • enteritis }
A09.9	Gastroenteritis and colitis of unspecified origin Neonatal diarrhoea NOS
A40 ▼ 0110	Streptococcal sepsis
V 0110	Includes: streptococcal septicaemia
	 Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable Excludes: during labour (O75.3) following: abortion or ectopic or molar pregnancy (O03–O07, O08.0) immunisation (T88.0) infusion, transfusion or therapeutic injection (T80.2) neonatal (P36.0–P36.1) puerperal (O85)
A40.0	Sepsis due to streptococcus, group A

- A40.1 Sepsis due to streptococcus, group B
- A40.2 Sepsis due to streptococcus, group D and enterococcus

- A40.3 Sepsis due to *Streptococcus pneumoniae* Pneumococcal sepsis
- A40.8 Other streptococcal sepsis
- A40.9 Streptococcal sepsis, unspecified

A49	Bacterial infection of unspecified site			
	<i>Excludes:</i> bacterial agents as the cause of diseases classified to other chapters (B95–B96) chlamydial infection NOS (A74.9) meningococcal infection NOS (A39.9) rickettsial infection NOS (A79.9) spirochaetal infection NOS (A69.9)			
A49.0	Staphylococcal infection, unspecified site			

- Staphylococcal infection, unspecified site Staphylococcus:
 bacteraemia
 - infection NOS

OA49.01 Staphylococcus aureus infection, unspecified site

∇0111

- Staphylococcus aureus:
- bacteraemia
- infection NOS
- A49.1 Streptococcal and enterococcal infection, unspecified site
- A49.2 Haemophilus influenzae infection, unspecified site
- A49.3 Mycoplasma infection, unspecified site
- A49.8 Other bacterial infections of unspecified site *Campylobacter* infection of: • gallbladder

Excludes: human immunodeficiency virus [HIV] disease (B20-B24)

- meninges
- A49.9 Bacterial infection, unspecified Bacteraemia NOS

Use additional code (Y95) to identify hospital acquired infection.

INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION (A50–A64)

	nonspecific and nongonococcal urethritis (N34.1) Reiter's disease (M02.3-)
A75	Typhus fever <i>Excludes:</i> rickettsiosis due to <i>Neorickettsia sennetsu</i> [<i>Ehrlichia sennetsu</i>] (A79.8)
A75.0	Epidemic louse-borne typhus fever due to <i>Rickettsia prowazekii</i> Classical typhus (fever)

- Epidemic (louse-borne) typhus
- A75.1 Recrudescent typhus [Brill's disease] Brill-Zinsser disease

- A75.2 Typhus fever due to *Rickettsia typhi* Murine (flea-borne) typhus
- A75.3 Typhus fever due to *Rickettsia tsutsugamushi* Scrub (mite-borne) typhus Tsutsugamushi fever
- A75.9 Typhus fever, unspecified Typhus (fever) NOS

A79 Other rickettsioses

- A79.0 Trench fever Quintan fever Wolhynian fever
- A79.1 Rickettsialpox due to *Rickettsia akari* Kew Garden fever Vesicular rickettsiosis
- A79.8 Other specified rickettsioses Rickettsiosis due to <u>Neorickettsia sennetsu</u> [Ehrlichia sennetsu]
- A79.9 Rickettsiosis, unspecified Rickettsial infection NOS

VIRAL INFECTIONS OF THE CENTRAL NERVOUS SYSTEM

(A80-A89)

Excludes: sequelae of: • poliomyelitis (B91) • viral encephalitis (B94.1)

A93 Other arthropod-borne viral fevers, not elsewhere classified

- A93.0 Oropouche virus disease Oropouche fever
- A93.1 Sandfly fever Pappataci fever Phlebotomus fever
- A93.2 Colorado tick fever
- A93.8 Other specified arthropod-borne viral fevers Piry virus disease Severe fever with thrombocytopenia syndrome [SFTS] Vesicular stomatitis virus disease [Indiana fever]

B16 Acute hepatitis B

- B16.0 Acute hepatitis B with delta-agent (coinfection) with hepatic coma
- B16.1 Acute hepatitis B with delta-agent (coinfection) without hepatic coma
- B16.2 Acute hepatitis B without delta-agent with hepatic coma
- B16.9 Acute hepatitis B without delta-agent and without hepatic coma Acute hepatitis B (viral) NOS

B17 Other acute viral hepatitis

- B17.0 Acute delta-(super)infection of hepatitis B carrier
- B17.1 Acute hepatitis C
- B17.2 Acute hepatitis E
- B17.8 Other specified acute viral hepatitis Hepatitis non-A non-B (acute)(viral) NEC
- B17.9 Acute viral hepatitis, unspecified Acute
 - hepatitis NOS
 - infectious hepatitis

B18	Chronic	viral	hepatitis
-----	---------	-------	-----------

- B18.0 Chronic viral hepatitis B with delta-agent
- B18.1 Chronic viral hepatitis B without delta-agent Chronic (viral) hepatitis B (viral) NOS
- B18.2 Chronic viral hepatitis C
- B18.8 Other chronic viral hepatitis
- B18.9 Chronic viral hepatitis, unspecified

B35 Dermatophytosis

Includes:	favus
	infections due to species of
	Epidermophyton, Microsporum and Trichophyton
	tinea, any type except those in B36

- B35.0 Tinea barbae and tinea capitis Beard ringworm Kerion Scalp ringworm Sycosis, mycotic
- B35.1 Tinea unguium Dermatophytic onychia Dermatophytosis of nail Onychomycosis Ringworm of nails
- B35.2 Tinea manuum Dermatophytosis of hand Hand ringworm
- B35.3 Tinea pedis Athlete's foot Dermatophytosis of foot Foot ringworm
- B35.4 Tinea corporis Ringworm of the body
- B35.5 Tinea imbricata Tokelau

B35.6	Tinea inguinalis [T tinea cruris]
	Dhobi itch
	Groin ringworm
	Jock itch

- B35.8 Other dermatophytoses Dermatophytosis: • disseminated • granulomatous
- B35.9 Dermatophytosis, unspecified Ringworm NOS

B95	Streptococcus and staphylococcus as the cause of diseases classified to other
	chapters

♥ 0050, 0112

I

- B95.0 Streptococcus, group A, as the cause of diseases classified to other chapters
- B95.1 Streptococcus, group B, as the cause of diseases classified to other chapters
- B95.2 Streptococcus, group D <u>and enterococcus</u>, as the cause of diseases classified to other chapters
- B95.3 Streptococcus pneumoniae as the cause of diseases classified to other chapters

P78	Other perinatal digestive system disorders <i>Excludes:</i> neonatal gastrointestinal haemorrhages (P54.0–P54.3)
P78.0	Perinatal intestinal perforation Meconium peritonitis
P78.1	Other neonatal peritonitis Neonatal peritonitis NOS
P78.2	Neonatal haematemesis and melaena due to swallowed maternal blood
P78.3	Noninfective neonatal diarrhoea <u>Neonatal diarrhoea NOS</u> <i>Excludes:</i> infectious neonatal diarrhoea: (A09.0) • infectious (A09.0) • NOS (A09.9)
P78.8	Other specified perinatal digestive system disorders Congenital cirrhosis (of liver) Neonatal oesophageal reflux Peptic ulcer of newborn
P78.9	Perinatal digestive system disorder, unspecified
Z22	Carrier of infectious disease
	Includes: suspected carrier
	Use additional code to identify resistance to antimicrobial drugs (Z06.5Z06.7-)
Z22.0	Carrier of typhoid
Z22.1	Carrier of other intestinal infectious diseases
Z22.2	Carrier of diphtheria

Z22.3 Carrier of other specified bacterial diseases **V** 1549 Carrier of bacterial disease due to: meningococci staphylococci streptococci Z22.4 Carrier of infections with a predominantly sexual mode of transmission Carrier of: • gonorrhoea • syphilis Z22.5 Carrier of viral hepatitis 70049, 0050, 0104 Z22.6 Carrier of human T-lymphotropic virus type-1 [HTLV-1] infection

Z22.8 Carrier of other infectious diseases

Z22.9 Carrier of infectious disease, unspecified

Appendix C: Unacceptable Principal Diagnoses

B95.0	Streptococcus, group A, as the cause of diseases classified to other chapters
B95.1	Streptococcus, group B, as the cause of diseases classified to other chapters
B95.2	Streptococcus, group D $\underline{\mbox{and enterococcus}},$ as the cause of diseases classified to other chapters
B95.3	Streptococcus pneumoniae as the cause of diseases classified to other chapters
B95.41	Streptococcus, group C, as the cause of diseases classified to other chapters
B95.42	Streptococcus, group G, as the cause of diseases classified to other chapters
Z06.78	Resistance to other specified antimicrobial drug
Z07	Resistance to antineoplastic drugs
Z22.5	Carrier of viral hepatitis
Z32.0	Pregnancy, not (yet) confirmed
Z32.1	Pregnancy confirmed

Appendix D: CLASSIFICATION OF HOSPITAL ACQUIRED DIAGNOSES (CHADx)

M CHADx 4 Specific infections

4.1 Sepsis

...

Do not count in this class if the underlying cause of the sepsis (infective process) is indicated and listed in other CHADx classes.

- A400 Sepsis dt streptococcus group A
- A401 Sepsis dt streptococcus group B
- A402 Sepsis dt streptococcus group D & enteroc
- A403 Sepsis dt Streptococcus pneumoniae
- A408 Other streptococcal sepsis
- A409 Streptococcal sepsis unspecified

4.2 Mycoses

...

- B350 Tinea barbae and tinea capitis
- B351 Tinea unguium
- B352 Tinea manuum
- B353 Tinea pedis
- B354 Tinea corporis
- B355 Tinea imbricata
- B356 Tinea inguinalis [**T**tinea cruris]
- B358 Other dermatophytoses
- B359 Dermatophytosis unspecified

4.5 Other infectious agents

A022 Localised salmonella infections

Rule: Exclude when combined with N512, count in Class 9.5

- •••
- A490 Staphylococcal infection unsp site
- A491 Streptococcal & enteroc infection unsp site
- A492 Haemophilus influenzae infection unsp site
- A493 Mycoplasma infection unsp site
- A498 Other bacterial infections of unsp site
- A499 Bacterial infection unspecified

ALPHABETIC INDEX

- Abscess (embolic) (infective) (metastatic) (multiple) (pyogenic) (septic) L02.9
- with
- - diverticular disease (intestine) see Diverticula/intestine
- - lymphangitis code by site under Abscess
- abdomen, abdominal
- - cavity K65.0
- - wall L02.2
- abdominopelvic K65.0
- accessory sinus (chronic) *(see also Sinusitis)* J32.9
- - acute (see also Sinusitis/acute) J01.9
- alveolar K04.7
- amoebic A06.4 NEC A06.8
- - brain (and liver or lung abscess) A06.6
- liver (without mention of brain or lung abscess) <u>A06.4† K77.0* (see also</u> <u>Abscess/liver/amoebic)</u> A06.4
- - lung (and liver) (without mention of brain abscess) A06.5
- - specified site NEC A06.8
- - spleen A06.8† D77*

Carrier (suspected) of

- gonorrhoea Z22.4
- hepatitis, viral see Hepatitis/viral/chronic/by type
- B surface antigen (HBAg) with acute delta-(super) infection B17.0
- -- viral Z22.5

Diarrhoea, diarrhoeal (disease) (infantile) (summer) A09.9

- neonatal (noninfectious) P78.3NEC A09.9
- - infectious A09.0
- - noninfectious P78.3

Fever R50.9

- haemorrhagic (arthropod-borne) NEC A94
- - epidemic A98.5† N08.0*
- - Haemaphysalis longicornis A93.8
- - Junin (virus) A96.0
- ...
- septic see Sepsis
- seven-day (autumnal) (Japanese) (leptospirosis) A27.8
- - dengue A97.-
- severe, with thrombocytopenia syndrome (SFTS) A93.8
- shin bone A79.0

- tick-borne A93.8

- - American mountain A93.2
- - Colorado A93.2
- - Haemaphysalis longicornis A93.8
- - Kemerovo A93.8
- - Quaranfil A93.8
- - specified NEC A93.8

	ectious, infective
	cute (subacute) B17.9
c	hronic <u>NEC</u> B18.9
 - vira	al, virus B19.9
	<i>i</i> th hepatic coma B19.0
	cute NEC B17.9
	specified NEC B17.8
	type
	- A B15.9
	 - with hepatic coma B15.0
	- B B16.9
	with delta-agent (coinfection) (hepatits D)
	(without hepatic coma) B16.1
	and hepatic coma B16.0
	hepatic coma (without delta-agent
	coinfection) B16.2
	- C B17.1
	- D (coinfection) (hepatitis B with delta-agent
	(without hepatic coma) B16.1 with hepatic coma B16.0
	- E B17.2
	hronic NEC B18.9
	specified NEC B18.8
	type
	- B B18.1
	with delta-agent (hepatitis D) B18.0
	- C B18.2
	- D (hepatitis B with delta-agent) B18.0
	- E B18.8
c	omplicating pregnancy, childbirth or
	uerperium O98.4
	ongenital P35.3
	oxsackie B33.8† K77.0*
	ytomegalic inclusion B25.1
	on-A, non-B B17.8
	pecified type (with or without coma) NEC 17.8
ty	
	A B15.9
	- with hepatic coma B15.0
	B (chronic) (without delta-agent) B18.1 with delta agent (honotitis D) B18.0
	 with delta-agent (hepatitis D) B18.0 acute — see Hepatitis/viral/acute/type/B
	- with delta-agent (coinfection) (hepatitis D)
	(without hepatic coma) B16.1
	and hepatic coma B16.0
	hepatic coma (without delta-agent
	coinfection) B16.2
	- chronic B18.1
	with delta-agent (hepatitis D) B18.0
	C (chronic) B18.2
	- acute B17.1
	- chronic B18.2
	D (hepatitis B with delta-agent) B18.0 with
	hepatitis B — see Hepatitis/viral/type/B
	hepatitis B — see Hepatitis/viral/type/B - acute (coinfection) (without hepatic coma) B16.1

- ----- with hepatic come
- ---- chronic B18.0

- - E <u>(acute)</u>B17.2
- - - chronic B18.8

Infection, infected (opportunistic) (see also Infestation) B99

- cytomegalovirus, cytomegaloviral B25.9
- - congenital P35.1
- - maternal, maternal care for (suspected) damage to fetus O35.3
- - mononucleosis B27.1
- - resulting from HIV disease B20
- - specified NEC B25.8
- delta-agent (acute), in hepatitis B carrier B17.0
- dental K04.7
- Deuteromycetes B47.0
- Enterobius vermicularis B80
- Enterococcus, enterococcal (faecalis) NEC
- A49.1, as cause of disease classified elsewhere B95.2
- - as cause of disease classified elsewhere B95.2
- enterovirus NEC B34.1

Rickettsiosis NEC A79.9

- due to
- - Ehrlichia sennetsu A79.8
- - Neorickettsia sennetsu A79.8
- - Rickettsia akari (rickettsialpox) A79.1
- specified type A79.8
- tick-borne A77.9
- vesicular A79.1

Syndrome — see also Disease

- ... - septicaemic adrenal haemorrhage A39.1†
- E35.1*
- severe acute respiratory syndrome (SARS) U04.9
- - acute respiratory (SARS) U04.9
- - fever with thrombocytopenia (SFTS) A93.8
- Sézary (M9701/3) C84.1

Thrombocytopenia, thrombocytopenic D69.6

- with absent radius (TAR) Q87.26
- - absent radius (TAR) Q87.26
- - severe fever (syndrome) A93.8
- congenital D69.4
- dilutional D69.5

Tinea (intersecta) (tarsi) B35.9

- ... - cruris B35.6
- flava B36.0
- foot B35.3
- imbricata (Tokelau) B35.5
- inguinalis B35.6
- kerion B35.0

AUSTRALIAN CODING STANDARDS

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/osteoarthrosis NOS* as primary osteoarthritis
- M99.- Biomechanical lesions, not elsewhere classified
- 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

0104 VIRAL HEPATITIS

1. Past history of hepatitis

- A past history code may be assigned for hepatitis A or hepatitis E when the history meets ACS 2112 *Personal history*.
- When a past history of hepatitis B, hepatitis C or hepatitis D is documented, assign:
 - hepatitis B: B18.1 Chronic viral hepatitis B without delta-agent
 - hepatitis C: B18.2 Chronic viral hepatitis C (except when documented with terms such as 'cured', 'cleared' or 'with SVR' – see 4. Cured/cleared hepatitis C below)
 - hepatitis D: B18.0 Chronic viral hepatitis B with delta-agent

The concept of 'carrier (state) of viral hepatitis' is no longer clinically correct; therefore, Z22.5 *Carrier of viral hepatitis* should *never* be assigned.

2. Hepatitis complicating pregnancy, childbirth or the puerperium

When viral hepatitis complicates pregnancy, childbirth or the puerperium, assign O98.4 *Viral hepatitis complicating pregnancy, childbirth and the puerperium* and a code for the specific type of hepatitis.

The following table summarises general classification guidelines for hepatitis A, B, C, D and E (see also *3. Manifestations of hepatitis* and *4. Cured/cleared hepatitis C* below):

CLASSIFICATION				
Viral Hepatitis/type	Code/description	General guidelines		
Hepatitis A	 B15.0 Hepatitis A with hepatic coma B15.9 Hepatitis A without hepatic coma O98.4 Viral hepatitis complicating pregnancy, childbirth and the puerperium Z86.18 Personal history of other infectious and parasitic disease 	 A past history of hepatitis A may be assigned when the history meets ACS 2112 <i>Personal history</i>. Where hepatitis A complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code of B15.0 or B15.9. 		
Hepatitis B	 B16 Acute hepatitis B B18.0 Chronic viral hepatitis B with delta-agent B18.1 Chronic viral hepatitis B without delta-agent O98.4 Viral hepatitis complicating pregnancy, childbirth and the puerperium Z22.5 Carrier of viral hepatitis 	 When documentation is unclear or ambiguous terms such as 'hepatitis B', 'hepatitis B positive' or 'past history of hepatitis B' are documented, verify with the clinician if the disease is at the acute or chronic stage. Where consultation is not possible, assign the code for chronic viral hepatitis B (B18.1). Concept of 'carrier (state) of viral hepatitis' is no longer elinically correct; therefore, Z22.5 Carrier of viral hepatitis should never be assigned. Where hepatitis B complicates the pregnancy, childbirth or 		

	CLA	SSIFICATION		
Viral Hepatitis/type	Code/description	General guidelines		
		puerperium, assign O98.4 and an additional code from B16 or B18.		
Hepatitis C	 B17.1 Acute hepatitis C B18.2 Chronic viral hepatitis C O98.4 Viral hepatitis complicating pregnancy, childbirth and the puerperium Z22.5 Carrier of viral hepatitis 	 When documentation is unclear or ambiguous terms such as 'hepatitis C' or 'hepatitis C positive' are documented, verify with the clinician if the disease is at the acute or chronic stage. Where consultation is not possible, assign the code for chronic viral hepatitis C (B18.2). When 'past history of hepatitis C' is documented, assign the code for chronic viral hepatitis C (B18.2) except when documented with terms such as 'cured', 'cleared' or 'with SVR' – see <i>4. Cured/cleared hepatitis C</i> below. Concept of 'carrier (state) of viral hepatitis' is no longer elinically correct; therefore, <i>Z22.5 Carrier of viral hepatitis</i> should <i>never</i> be assigned. Where hepatitis C complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code of B17.1 or B18.2. 		
Hepatitis D (with acute HBV) Hepatitis D (with chronic HBV) Hepatitis D	 B16.0 Acute hepatitis B with delta-agent (coinfection) with hepatic coma B16.1 Acute hepatitis B with delta-agent (coinfection) without hepatic coma B18.0 Chronic viral hepatitis B with delta-agent B17.0 Acute delta-(super)infection of hepatitis B carrier O98.4 Viral hepatitis complicating pregnancy, childbirth and the puerperium Z22.5 Carrier of viral hepatitis 	 When documentation is unclear or ambiguous terms such as 'hepatitis D', 'hepatitis D positive' or 'past history of hepatitis D' are documented, verify with the clinician if the disease is at the acute or chronic stage. Where consultation is not possible, assign the code for chronic viral hepatitis B with delta-agent (B18.0). Where hepatitis D complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code from B16, B17 or B18. Concept of 'carrier (state) of viral hepatitis' is no longer clinically correct; therefore, Z22.5 Carrier of viral hepatitis should never be assigned. 		
Hepatitis E	 B17.2 Acute hepatitis E B18.8 Other chronic viral hepatitis O98.4 Viral hepatitis complicating pregnancy, childbirth and the puerperium Z86.18 Personal history of other infectious and parasitic disease 	 A past history of hepatitis E may be assigned when the history meets ACS 2112 <i>Personal history</i>. Where hepatitis E complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code of B17.2 or B18.8. 		

0112 INFECTION WITH DRUG RESISTANT MICROORGANISMS

DEFINITION

Resistance to a drug can be identified in most organisms. This standard deals with the coding of antibiotic or antimicrobial drug resistant organisms that have caused an infection in the patient.

It is important to distinguish between 'infection' caused by an organism and 'colonisation' with an organism. A patient may be colonised with an organism but have no signs or symptoms of infection caused by that organism. Thus microbiology reports may indicate the presence of MRSA (Methicillin Resistant or Multi-Resistant *Staphylococcus aureus*), VRE (Vancomycin Resistant Enterococcus) or any other organism, but the patient may not have an infection caused by that organism. In this case, no infection or drug resistant microorganism codes should be assigned.

MRSA (Methicillin Resistant or Multi-Resistant Staphylococcus aureus)

Traditionally the M refers to methicillin and this is still the commonest use of the term MRSA. It is also used to mean multi-resistant.

Staphylococcus aureus is a common bacterium found on the skin, but it may be the cause of a number of diseases and conditions ranging from minor to life threatening. The degree of infection varies from stitch abscesses to septic phlebitis, chronic osteomyelitis, pneumonia, meningitis, endocarditis and sepsis.

Penicillins, cephalosporins, carbapenems and monobactams contain a beta-lactam ring in their chemical structure and are known as beta-lactam antibiotics. Methicillin is a semisynthetic penicillin used in the laboratory to identify resistance although no longer used in clinical practice. Similar drugs used for treatment are flucloxacillin and dicloxacillin. Generally there are two strains of MRSA:

- Nosocomial (or hospital acquired) strains of MRSA are usually resistant to multiple antibiotics, not just methicillin and penicillin. *Staphylococcus aureus* resistant to methicillin is typically resistant to multiple antibiotics.
- Community acquired strains of MRSA are typically resistant to only methicillin and penicillin (with a small percentage also resistant to erythromycin or ciprofloxacin).

VRE (Vancomycin Resistant Enterococcus)

Enterococcus is a gram positive organism that normally colonises the lower gastrointestinal tract and genital tract of healthy individuals. Enterococcus is also known as Streptococcus Group D. This organism may be pathogenic in certain circumstances, causing urinary tract infections, wound infections, septicaemia and endocarditis.

Vancomycin is a strong antibiotic that is used in hospitals as the main treatment for resistant staphylococcal infections (MRSA).

Vancomycin resistant enterococcus is a strain of enterococcus that has developed resistance to vancomycin and many other commonly used antibiotics.

CLASSIFICATION

The presence of an infection (wound infection, urinary tract infection, pneumonia, etc) must be documented and coded in accordance with ACS 0002 *Additional diagnoses* before additional codes can be assigned for the organism, or the condition coded as being due to the organism. If the clinician has documented in the record that the organism causing the infection is resistant to an antibiotic or other antimicrobial drugs, then the appropriate code from Z06.- *Resistance to antimicrobial drugs* must be assigned as an additional code to identify the antibiotic or other antimicrobial agent to which the organism is resistant.

MRSA - MRSA infections would have codes assigned as follows:

- A code for the infection
- B95.6 *Staphylococcus aureus as the cause of diseases classified to other chapters* (if the organism is not included in the infection code)
- Z06.52 Resistance to methicillin

Note that Z06.52 is assigned for MRSA when it means *Methicillin Resistant* (see also *Resistance to multiple antibiotics or antimicrobials*).

VRE – An infection resistant to vancomycin would be coded as follows:

- A code for the infection
- B95.2 Streptococcus, group D and enterococcus, as the cause of diseases classified to other chapters (if the organism is not already included in the infection code)
- Z06.61 Resistance to vancomycin

RESISTANCE TO MULTIPLE ANTIBIOTICS OR ANTIMICROBIALS

Z06.67 *Resistance to multiple antibiotics* and Z06.77 *Resistance to multiple antimicrobial drugs* are assigned when an agent is resistant to two or more types of antibiotics or antimicrobial drugs, but the type of antibiotics or antimicrobial drugs are not specified. Where multiple resistant antibiotics or antimicrobial drugs are specified, code each resistant drug type separately.

Note: the following examples refer to Z06 *Resistance to antimicrobial drugs* only. A code for the infection and infective organism must be coded first.

EXAMPLE 1:

Clinical documentation of multi-resistance to antibiotics – no microbiology report available or mention of the specific type(s) of antibiotics:

Codes Z06.67 Resistance to multiple antibiotics

EXAMPLE 2:

Clinical documentation of resistance to antibiotics – microbiology report specifies resistance to ampicillin, amoxicillin and flucloxacillin:

Codes: Z06.51 Resistance to penicillin	Codes:	Z06.51	Resistance to penicillin
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Z06.52 Resistance to methicillin

In this example, Z06.51 is assigned once as resistance to both ampicillin and amoxicillin are classified to this code (see also ACS 0025 *Double coding*). Z06.67 is NOT assigned as the types of antibiotics are specified.

EXAMPLE 3:

Clinical documentation of resistance to antibiotics – microbiology report specifies resistance to gentamicin and tobramycin:

Code: Z06.69 Resistance to other specified antibiotics

In this example, Z06.69 is assigned once as resistance to both gentamicin and tobramycin are classified to this code (see also ACS 0025 *Double coding*). Z06.67 is NOT assigned as the types of antibiotics are specified.

Adenovirus, enterovirus and coronavirus

BACKGROUND:

Following receipt of a public submission, amendments were made to ICD-10-AM Alphabetic Index to promote code assignment for adenovirus, enterovirus and coronavirus.

ALPHABETIC INDEX

Adenosis (sclerosing) breast N60.2
Adenovirus, as cause of disease classified elsewhere
B97.0 <u>NEC B34.0</u>
- as cause of disease classified elsewhere B97.0
Adherent — see also Adhesions
Coronary (artery) — see condition
Coronavirus , as cause of disease classified
elsewhere B97.2NEC B34.2
- as cause of disease classified elsewhere B97.2
Corpora — see also condition
Disease, diseased — see also Syndrome
- adenoids (and tonsils) J35.9
- adenoviral, adenovirus NEC B34.0
as cause of disease classified elsewhere B97.0
- adrenal (capsule) (cortex) (gland) (medullary) E27.9
specified NEC E27.8
- coronary (artery) — see also
Disease/arteriosclerotic/coronary
congenital Q24.5
ostial, syphilitic A52.0
aortic A52.0† I39.1*
mitral A52.0† I39.0*
pulmonary A52.0† I39.3*
 - coronaviral, coronavirus NEC B34.2
as cause of disease classified elsewhere B97.2
- corpus cavernosum N48.9

- - specified NEC N48.8

Enterostomy, malfunctioning K91.4

Enterovirus, as cause of disease classified elsewhere B97.1<u>NEC B34.1</u>

- as cause of disease classified elsewhere B97.1 Enthesopathy M77.9

Infection, infected (opportunistic) (see also Infestation) B99

Note: Parasitic diseases may be described as either 'infection' or 'infestation'; both lead terms should therefore be consulted.

- adenovirus NEC B34.0
- - as cause of disease classified elsewhere B97.0
- -- unspecified nature or site B34.0

- alimentary canal NEC (see also Enteritis/infectious) A09.0

- ...
- Conidiobolus B46.8
- coronavirus NEC B34.2
- - as cause of disease classified elsewhere B97.2
- - SARS U04.9
- virus NEC B34.9
- - as cause of disease classified elsewhere B97.8
- - adenovirus <u>NEC B34.0</u>
- - as cause of disease classified elsewhere B97.0
- - arborvirus, arbovirus (arthropod-borne) A94
- ...
- - chest J98.8
- -- coronavirus NEC B34.2
- - as cause of disease classified elsewhere B97.2
- - coxsackie(virus) NEC (see also
- Infection/coxsackie(virus)) B34.1
- - as cause of disease classified elsewhere B97.1

WHO Updates Chapter 2 - Neoplasms

BACKGROUND:

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. These changes have been included in ICD-10-AM with some modifications.

TABULAR LIST

CHAPTER 2 NEOPLASMS (C00–D48)

Notes

6. Malignant neoplasms of ectopic tissue

Malignant neoplasms of ectopic tissue are to be coded to the site-<u>mentioned</u> where they are found, e.g. ectopic pancreatic malignant neoplasms <u>of</u> <u>ovary</u> are coded to <u>ovary (C56)</u>. are coded to <u>pancreas</u>, unspecified (C25.9).

ALPHABETIC INDEX

HGSIL (high grade squamous intraepithelial lesion) — see <u>Neoplasia/intraepithelial/cervix/squamous</u> (cell)/high grade

Housemaid's knee M70.4

HSIL (HGSIL) (high grade squamous intraepithelial lesion) — see <u>Neoplasia/intraepithelial/cervix/squamous (cell)/high grade</u> Hudson(-Staehli) line (cornea) H18.0 Human - bite (open wound) (see also Wound, open) T14.1

Lown-Ganong-Levine syndrome I45.6 LSD reaction (acute) F16.09 LSIL (LGSIL) (low grade squamous intraepithelial lesion) N87.0 L-shaped kidney Q63.89 Ludwig's angina or disease K12.2

Neoplasm, neoplastic

- alveolar					
mucosa	C03.9	C79.88	D00.0	D10.3	D37.0
lower		C79.88	D00.0	D10.3	D37.0
upper	C03.0	C79.88	D00.0	D10.3	D37.0
pulmonary — see Neoplasm/lung					
ridge or process	C41.1	C79.5	-	D16.5	D48.0
carcinoma		C79.88	-	-	-
lower	C03.1	C79.88	-	-	-
upper	C03.0	C79.88	-	-	-
lower	C41.1	C79.5	-	D16.5	D48.0
mucosa	C03.9	C79.88	D00.0	D10.3	D37.0
lower	C03.1	C79.88	D00.0	D10.3	D37.0
mucosa	C03.9	C79.88	D00.0	D10.3	D37.0
lower	C03.1	C79.88	D00.0	D10.3	D37.0
upper		C79.88	D00.0	D10.3	D37.0
upper	C41.02	C79.5	-	D16.42	D48.0
sulcus	C06.1	C79.88	D00.0	D10.3	D37.0
- alveolus	C03.9	C79.88	D00.0	D10.3	D37.0
lower	C03.1	C79.88	D00.0	D10.3	D37.0
<u> pulmonary — see Neoplasm/lung</u>					
upper	C03.0	C79.88	D00.0	D10.3	D37.0
Neoplasm, neoplastic					
- skin (nonmelanotic)	C44.9	C79.2	D04.9	D23.9	D48.5

Note: For neoplasms of skin or of morphological types that indicate skin, code according to the list under <u>Neoplasm/skin</u>. For sites that do not appear in this list, code to neoplasm of that site, eg basal cell carcinoma, palate C05.9

Morphological types that indicate skin appear in their proper place in the Alphabetic Index with the instruction see Neoplasm/skin.

abdominal wallC4	TT.0 010.2	D04.5	D23.5	D48.5
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Sertoli cell tumour

BACKGROUND:

Following receipt of a public submission, it was identified that there are inconsistencies in the ICD-10-AM index pathways for Sertoli cell tumour. These have been corrected for Tenth Edition.

ALPHABETIC INDEX

- Sertoli cell tumour (M8640/1) see also Neoplasm/uncertain behaviour
- with lipid storage (M8641/0)
- - specified site see Neoplasm/benign
- - unspecified site
- - female D27

1

- - male D29.2
- adenoma (M8640/1) see Neoplasm/uncertain behaviour
- - specified site see Neoplasm/uncertain behaviour
- - unspecified site
- - female D39.1
- - male D40.1
- in situ (M8640/2)
- specified site see Neoplasm/in situ
 unspecified site
- - female D07.3
- - male D07.6
- malignant (M8640/3)
- - specified site see Neoplasm/malignant
- - unspecified site C62.9
- - female C56
- - male C62.9

Tumour (M8000/1) — see also Neoplasm/uncertain behaviour

- Sertoli cell (M8640/1) see also Neoplasm/uncertain behaviour
- - with lipid storage (lipid rich) (M8641/0)
- - specified site see Neoplasm/benign
 - unspecified site
- - - female D27
- - - male D29.2
- - large cell, calcifying (M8642/1)

Dissection of lymph nodes

BACKGROUND:

Following receipt of a query highlighting that the indexing of lymph node dissection was deficient, amendments were made to the Alphabetic Index for ACHI Tenth Edition.

ALPHABETIC INDEX

Dissection

- aneurysm see Ligation/aneurysm
- artery see Ligation/artery
- lymph node see also Excision/lymph node/by site/radical
- --- with radical gastrectomy 30524-00 [879]
- ---- subtotal 30523-00 [879]
- nerve see also Division/nerve
- - with palmar fasciectomy see Fasciectomy/palmar

...

Excision — see also Removal

- •••
- lymph node -- with radical gastrectomy 30524-00 [879]
- - axilla (simple) (single) (total) 30332-00 [808]
- •••

Adipose derived stem cell therapy

BACKGROUND:

Following receipt of a query regarding classification of adipose derived stem cell therapy amendments were made to ACHI Tenth Edition to create Alphabetic Index terms to support assignment of 14203-01 **[1906]** *Direct living tissue implantation* for adipose-derived stem cell therapy and creation of *Excludes* note at block [802] Bone marrow/stem cell transplantation.

TABULAR LIST

802

Bone marrow/stem cell transplantation

Code also when performed:

- chemotherapy (see blocks [741] and [1920])
- total body irradiation (15600-03 [1789])

Excludes: adipose-derived stem cell therapy (14203-01 [1906])

13706-00 Allogeneic bone marrow or stem cell transplantation, matched related donor, without in vitro processing

- *Note:* A matched related donor is:
 - matched family (sibling)
 - syngeneic (identical twin)

• • •

ALPHABETIC INDEX

Administration (around) (into) (local) (of) (therapeutic agent)

Administration (around) (into) (local) (of) (therapeutic agent)

- indication see also Administration/specified site OR Administration/type of agent
- specified site
- •
- type of agent
- - 5-FU (fluorouracil) 42824 01 [251]
- - acetylcysteine code to block [1920] with extension 04
- adipose-derived stem cells 14203-01 [1906]
- albumin 92062 00 [1893]
- SPOT see Administration/type of agent/tattoo, tattooing
- stem cells, adipose-derived 14203-01 [1906]
- steroid NEC code to block [1920] with extension 03 (see also Administration/specified site)

Implant, implantation — see also Insertion

- adipose-derived stem cells 14203-01 [1906]
- applicator for brachytherapy (catheters) (needles)
- ...
- single plane, removable
- - with brachytherapy
- - high dose rate 15327-06 [1792]
- - low dose rate 15327-00 [1792]
- - pulsed dose rate 15327-01 [1792]
- stem cell, adipose-derived 14203-01 [1906]
- stimulator

Therapy

- abrasion see Abrasion/skin
- adipose-derived stem cell 14203-01 [1906]
- adjunctive physical, dental
- - temporomandibular joint 97971-00 [489]
- ...
- solution-focused 96180-00 [1873]
- stem cell, adipose-derived 14203-01 [1906]
- stimulation (using electrophysical agent) NEC 96155-00 [1880]

Transplant, transplantation

- spleen 30375-21 [817]

- stem cell (bone marrow) (peripheral blood) adipose-derived 14203-01 [1906]
- - allogeneic
- - matched related donor (matched family) (syngeneic) (with in vitro processing) 13706-06 [802]
- - - without in vitro processing 13706-00 [802]
- - specified donor (matched unrelated) (mismatched family) (with in vitro processing) NEC 13706-10 [802]
- - - without in vitro processing 13706-09 [802]
- - autologous (with in vitro processing) 13706-08 [802]
- - without in vitro processing 13706-07 [802]

...

Classification of obesity and Body Mass Index (BMI)

BACKGROUND:

Following receipt of a public submission, the concept of E66 *Obesity* was expanded to distinguish overweight and obesity, and classify degrees of obesity (for adults) based on clinically documented BMI values.

TABULAR LIST

LIST OF THREE-CHARACTER CATEGORIES CHAPTER 1

ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES (E00–E89)

Obesity and other hyperalimentation (E65–E68)

E65 Localised adiposity

1

- E66 Obesity and overweight
- E67 Other hyperalimentation
- E68 Sequelae of hyperalimentation

©E09.7 Intermediate hyperglycaemia with multiple complications

©E09.72 Intermediate hyperglycaemia with features of insulin resistance

- Intermediate hyperglycaemia with one or more of the following features:
- acanthosis nigricans
- · dyslipidaemia characterised by elevated fasting triglycerides or depressed HDL-cholesterol
- hyperinsulinism
- increased intra-abdominal visceral fat deposition
- insulin resistance NOS
- nonalcoholic fatty (change of) liver disease (NAFLD)
- nonalcoholic steatohepatitis (NASH)
- obesity (morbid)
- overweight
- *Note:* Hypertension is a common disorder with a variety of causes and its attribution to insulin resistance is only accepted if accompanied with at least one of the features listed above.

E11.7

Type 2 diabetes mellitus with multiple complications

..

..

..

©E11.72 Type 2 diabetes mellitus with features of insulin resistance

- Type 2 diabetes mellitus with one or more of the following features:
 - acanthosis nigricans
- dyslipidaemia characterised by elevated fasting triglycerides or depressed HDL-cholesterol
- hyperinsulinism
- increased intra-abdominal visceral fat deposition
- insulin resistance NOS
- nonalcoholic fatty (change of) liver disease (NAFLD)
- nonalcoholic steatohepatitis (NASH)
- obesity (morbid)
- overweight
- *Note:* Hypertension is a common disorder with a variety of causes and its attribution to insulin resistance is only accepted if accompanied with at least one of the features listed above.
- ©E11.73 Type 2 diabetes mellitus with foot ulcer due to multiple causes

E13.7	Other s	pecified	diabetes	mellitus	with	multi	ple com	plications
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1

OE13.72 Other specified diabetes mellitus with features of insulin resistance

- Other specified diabetes mellitus with one or more of the following features:
 - acanthosis nigricans
 - dyslipidaemia characterised by elevated fasting triglycerides or depressed HDL-cholesterol
 - hyperinsulinism
 - increased intra-abdominal visceral fat deposition
 - insulin resistance NOS
 - nonalcoholic fatty (change of) liver disease (NAFLD)
 - nonalcoholic steatohepatitis (NASH)
 - obesity (morbid)
 - overweight
 - *Note:* Hypertension is a common disorder with a variety of causes and its attribution to insulin resistance is only accepted if accompanied with at least one of the features listed above.

E14.7 Unspecified diabetes mellitus with multiple complications

©E14.72 Unspecified diabetes mellitus with features of insulin resistance

Unspecified diabetes mellitus with one or more of the following features:

- · acanthosis nigricans
- dyslipidaemia characterised by elevated fasting triglycerides or depressed HDL-cholesterol
- hyperinsulinism
- · increased intra-abdominal visceral fat deposition
- · insulin resistance NOS
- nonalcoholic fatty (change of) liver disease (NAFLD)
- nonalcoholic steatohepatitis (NASH)
- obesity (morbid)
- overweight

Note:

Hypertension is a common disorder with a variety of causes and its attribution to insulin resistance is only accepted if accompanied with at least one of the features listed above.

^{..}

E66	Obesity and	d overw	<u>veight</u>		
		<u>MI is not</u> ars of ag	an accurate measure of obesity in childhood/adolescence (those under 18		
	<u>ye</u> Excludes:	adiposog lipomato • dolor • NOS	genital dystrophy (E23.6) osis: osa [Dercum] (E88.2)		
	The following fifth character subdivisions are for use with subcategories E66.1, E66.2 and E66.9: Fifth characters 1, 2 and 3 are assigned for patients 18 years of age and above. For patients under 18 years of age, assign fifth character 0.				
		O	body mass index [BMI] not elsewhere classified		
		Q 1	body mass index [BMI] \ge 30 kg/m ² to \le 34.99 kg/m ² Obese class I		
		Q 2	body mass index [BMI] \ge 35 kg/m ² to \le 39.99 kg/m ² Obese class II		
		3	body mass index [BMI] ≥ 40 kg/m ² Clinically severe obesity Extreme obesity Obese class III		
E66.0	Obesity due Excludes:		ess calories obesity (E66.8)		
E66.1 E66.1	Drug-induce Drug-induc Use additiona	ed obe			
E66.2	Obesity wit	h alvec	lar hypoventilation		
E66.2		ventilatio	th alveolar hypoventilation n syndrome (OHS)		
<u> </u>	Overweight Body mass inc Pre-obese	lex [BM]	$[] \ge 25 \text{ kg/m}^2 \text{ to} \le 29.99 \text{ kg/m}^2$		
<mark>E66.8</mark> ⊽-0401	Other obesi Morbid obesit	•			
E66.9 E66.9 ∇ 0401	Obesity, une Obesity, no Simple obes	t elsew	d /here classified		

BEHAVIOURAL SYNDROMES ASSOCIATED WITH PHYSIOLOGICAL DISTURBANCES AND PHYSICAL FACTORS (F50–F59)

F50	Eating disorders
	 <i>Excludes:</i> anorexia NOS (R63.0) feeding: difficulties and mismanagement (R63.3) disorder of infancy or childhood (F98.2) polyphagia (R63.2)
F50.4	Overeating associated with other psychological disturbances Overeating due to stressful events, such as bereavement, accident, childbirth, etc. Psychogenic overeating <i>Excludes:</i> obesity (E66)
G47.3	Sleep apnoea
∇ 0635	<i>Excludes:</i> Ppickwickian syndrome (E66.2-) sleep apnoea of newborn (P28.3)
≎ U78	Endocrine, nutritional and metabolic diseases
○ U78.1	$\frac{\text{Obesity}}{\text{BMI} \ge 30.00 \text{ kg/m}^2}$

1

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ALPHABETIC INDEX

Adiposis E66.39 - cerebralis E23.6 - dolorosa E88.2 Adiposity E66.39 - heart (see also Degeneration/myocardial) 151.5 - localised E65 Blueness — see Cyanosis Blushing (abnormal) (excessive) R23.2 BMI (body mass index) $- \ge 25 \text{ kg/m}^2 \text{ to} \le 29.99 \text{ kg/m}^2 \text{ E66.3}$ $- \ge 30 \text{ kg/m}^2 - \text{see Obesity}$ Boarder, hospital Z76.4 - accompanying sick person Z76.3 Bockhart's impetigo L01.0 Bodechtel-Guttmann disease (subacute sclerosing panencephalitis) A81.1 Body, bodies - Aschoff's (see also Myocarditis/rheumatic) 109.0 - cytoid (retina) H34.2 - drusen (degenerative) (macula) (retinal) H35.3 - - optic disc H47.3 - foreign — see Foreign body - loose - - joint M24.09 - - - ankle M24.07 - - - arm (upper) M24.02 - - - foot M24.07 - - - forearm M24.03 - - - hand M24.04 - - - hip M24.05 - - - knee M23.4-- - - pelvis M24.05 - - - shoulder M24.01 - - - specified NEC M24.08 - - - thigh M24.05 - - sheath, tendon M67.8-- Mallory's R89.7 - mass index (BMI) $- - \ge 25 \text{ kg/m}^2 \text{ to } \le 29.99 \text{ kg/m}^2 \text{ E66.3}$ - - ≥ 30 kg/m² - see Obesity - Mooser's A75.2 - rice (see also Body/loose/joint) M24.09

- - knee M23.4-

Corpulence (see also Obesity) E66.39 Corpus — see condition

Excess, excessive, excessively

- eating R63.2
- fat E66.39
- - in heart (see also Degeneration/myocardial) 151.5
- - localised E65
- •••
- vitamin
- - A (dietary) E67.0
- - administered as drug (chronic) (prolonged excessive intake) E67.0
- - - reaction to sudden overdose T45.2
- - D (dietary) E67.3
- - administered as drug (chronic) (prolonged excessive intake) E67.3

- - - - reaction to sudden overdose T45.2 - weight E66.3

Fat

- excessive E66.39
- in heart (see also Degeneration/myocardial) I51.5

Fatness E66.39

Fatty — see also condition

Hypoventilation R06.8

- central, congenital P28.3
- newborn P28.5
- syndrome
- - alveolar E66.2-
- - obesity (OHS) E66.2_
- - sleep G47.33
- Obesity (morbid) (simple) E66.9-
- constitutional E66.8
- with alveolar hypoventilation E66.2-
- dietary counselling and surveillance (for) Z71.3
- drug-induced E66.1-
- due to
- -- excess calories E66.0
- -- overalimentation E66.0
- endocrine E66.8
- endogenous E66.8
- exogenous E66.0
- extreme, with alveolar hypoventilation E66.2
- familial E66.8
- glandular E66.8
- hypothyroid (see also Hypothyroidism) E03.9
- hypoventilation syndrome (OHS) E66.2_
- morbid E66.8
- nutritional E66.0
- pituitary E23.6
- specified NEC E66.8

Overweight (see also Obesity) E66.39

Pickwickian syndrome E66.2-

Pre-obese E66.3

Supplementary

- codes for chronic conditions
- - arthritis (osteoarthritis) U86.2
- - ischaemic heart disease (IHD) U82.1
- - mental retardation (conditions in F70–F79) U79.4
- monoplegia, due to any cause (conditions in G83.1–G83.3) U80.5
- - multiple sclerosis U80.2
- - obesity (overweight) (BMI ≥ 30 kg/m²)
- (conditions in E66.8, E66.9<u>E66.9</u>-) U78.1 - - osteoarthritis U86.2

Syndrome — see also Disease - with

- - ectrodactyly NEC Q87.28
- ... - alveolar hypoventilation (obesity) E66.2_
 - alveolocapillary block J84.1
- - drug-induced see
 - Disease/lung/interstitial/drug-induced

... - carcinoid E34.0

- cardiopulmonary-obesity E66.2_
- cardiorenal (see also Hypertension/cardiorenal) 113.9

- hypoventilation

- - alveolar E66.2-
- - obesity (OHS) E66.2-
- - sleep G47.33
- . . . - obesity hypoventilation (OHS) E66.2_
- obsession, obsessional F42.0
- Pickwickian E66.2-
- Pierre Robin Q87.06
- **AUSTRALIAN CODING STANDARDS**

0401 DIABETES MELLITUS AND INTERMEDIATE **HYPERGLYCAEMIA**

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EXAMPLE 8:

Patient with Type 2 diabetes mellitus and obesity was admitted for laser treatment for retinopathy.

Principal diagnosis:	E11.31	Type 2 diabetes mellitus with background retinopathy		
Additional diagnosis:	E11.72	Type 2 diabetes mellitus with features of insulin resistance		
In this example, follow the index pathway <i>Diabetes/with/retinopathy</i> and assign E11.31 (<i>Rule 3</i> and <i>Rule 6</i>). The patient is also obese therefore the criteria for insulin resistance has been met and E11.72 is also assigned. The obesity (E66.9 _{\pm}) is not coded as it has not met ACS 0002 <i>Additional diagnoses</i> (<i>Rule 4b</i>).				

Diabetes mellitus and association with venous complications

BACKGROUND:

Following publication of advice in Coding Rules, the classification of diabetes mellitus with venous complications has been clarified.

TABULAR LIST

E09.5	Intermediate hyperglycaemia with peripheral angiopathy					
	Intermediate hyperglycaemia with peripheral arterial disease					
	Excludes: venous conditions – see Alphabetic Index					
OE09.51	Intermediate hyperglycaemia with peripheral angiopathy, without gangrene					
≎ E09.52	Intermediate hyperglycaemia with peripheral angiopathy, with gangrene					
E10.5	Type 1 diabetes mellitus with circulatory complication					
≎ E10.51	Type 1 diabetes mellitus with peripheral angiopathy, without gangrene Type 1 diabetes mellitus with peripheral arterial disease, without gangrene					
	Excludes: venous conditions – see Alphabetic Index					
≎ E10.52	Type 1 diabetes mellitus with peripheral angiopathy, with gangrene Type 1 diabetes mellitus with peripheral arterial disease, with gangrene					
	Excludes: venous conditions – see Alphabetic Index					
○ E10.53	Type 1 diabetes mellitus with diabetic cardiomyopathy Type 1 diabetes mellitus with left ventricular diastolic dysfunction					
E11.5	Type 2 diabetes mellitus with circulatory complication					
○ E11.51	Type 2 diabetes mellitus with peripheral angiopathy, without gangrene Type 2 diabetes mellitus with peripheral arterial disease, without gangrene					
	Excludes: venous conditions – see Alphabetic Index					
O€11.52	Type 2 diabetes mellitus with peripheral angiopathy, with gangrene Type 2 diabetes mellitus with peripheral arterial disease, with gangrene					
	Excludes: venous conditions - see Alphabetic Index					
○ E11.53	Type 2 diabetes mellitus with diabetic cardiomyopathy Type 2 diabetes mellitus with left ventricular diastolic dysfunction					
E13.5	Other specified diabetes mellitus with circulatory complication					
≎ E13.51	Other specified diabetes mellitus with peripheral angiopathy, without gangrene Other specified diabetes mellitus with peripheral arterial disease, without gangrene					
	<i>Excludes:</i> venous conditions – see Alphabetic Index					

- CE13.52 Other specified diabetes mellitus with peripheral angiopathy, with gangrene Other specified diabetes mellitus with peripheral arterial disease, with gangrene *Excludes:* venous conditions – see Alphabetic Index
- OE13.53 Other specified diabetes mellitus with diabetic cardiomyopathy Diabetes mellitus NEC with left ventricular diastolic dysfunction
- E14.5 Unspecified diabetes mellitus with circulatory complication
- ℃E14.51 Unspecified diabetes mellitus with peripheral angiopathy, without gangrene Unspecified diabetes mellitus with peripheral arterial disease, without gangrene **Excludes:** venous conditions – see Alphabetic Index
- €E14.52 Unspecified diabetes mellitus with peripheral angiopathy, with gangrene Unspecified diabetes mellitus with peripheral arterial disease, with gangrene *Excludes:* venous conditions – see Alphabetic Index
- OE14.53 Unspecified diabetes mellitus with diabetic cardiomyopathy Diabetes mellitus NOS with left ventricular diastolic dysfunction

ALPHABETIC INDEX

- with

Diabetes, diabetic (controlled) (mellitus) (without complication) E1-.9

- - abnormal sweating (gustatory) E1-.43 - - abscess, periodontal, acute E1-.63 - - acanthosis nigricans E1-.72 - - acidosis — see also Diabetes/with/ketoacidosis - - - lactic (without coma) E1-.13 - - - - with coma E1-.14 - - - - and ketoacidosis (without coma) E1-.15 - - - - with coma E1-.16 - - advanced kidney disease E1-.22 - - amyotrophy E1-.41 - - aneurysm, retina E1-.31 - - angiopathy, peripheral (without gangrene) E1-.51- see Diabetes/with/arterial disease, peripheral - - - with ---- foot ulcer --- see ACS 0401 Diabetes mellitus and intermediate hyperglycaemia/6 Diabetic foot ---- gangrene E1-.52 - and foot ulcer - see ACS 0401 Diabetes mellitus and intermediate hyperglycaemia/6 Diabetic foot - - anorectal dysfunction E1-.43 - - arterial disease, peripheral - see Diabetes/with/angiopathy, peripheral (without gangrene) E1-.51 <u>- - - with</u> ---- foot ulcer — see ACS 0401 Diabetes mellitus and intermediate hyperglycaemia/6 Diabetic foot - - - - gangrene E1-.52 - - - - - and foot ulcer — see ACS 0401 Diabetes mellitus and intermediate hyperglycaemia/6 Diabetic foot - - arthritis, neuropathic E1-.61 - - claudication, intermittent — see Diabetes/with/angiopathyarterial disease, peripheral . . . - - gangrene (acute dermal) (bacterial) (haemolytic) E1-.69 - - - with peripheral angiopathyarterial disease E1-.52

- - - - and foot ulcer - see ACS 0401 Diabetes mellitus and intermediate hyperglycaemia/6 Diabetic foot

- - peripheral vascular disease (PVD) — see Diabetes/with/angiopathyarterial disease, peripheral

Hyperglycaemia, hyperglycaemic R73

- with diabetes (mellitus) see Diabetes, diabetic
- coma E1-.02
- intermediate (without complication) E09.9
- - with

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- - obesity (morbid) E09.72
- - overweight E09.72
- - peripheral angiopathy arterial disease (without gangrene) E09.51
- - - with gangrene E09.52
- - polyneuropathy E09.42

AUSTRALIAN CODING STANDARDS

0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA

DIABETES MELLITUS

Categories of diabetes mellitus (DM) in this classification are:

- Type 1 diabetes mellitus (T1DM) previously referred to as insulin dependent diabetes mellitus (IDDM)
- Type 2 diabetes mellitus (T2DM) previously referred to as noninsulin dependent diabetes mellitus (NIDDM)
- Other specific forms of diabetes mellitus (includes diabetes mellitus secondary to other disorders)
- Unspecified diabetes mellitus
- Gestational diabetes mellitus (GDM) any degree of glucose intolerance during pregnancy

• • •

6. DIABETIC FOOT

This term is used to define DM with an ulcer or infection of the foot with peripheral and/or neurological complications and/or other distinct clinical factors.

Patients with diabetic foot have:

diabetes mellitus

AND

an ulcer and/or infection from category 1 below:

1.	Infection and/or ulcer	
	Foot ulcer	L97.0
	Cutaneous abscess, furuncle and carbuncle of toe/foot	L02.43
	Cellulitis of toe	L03.02
	Cellulitis of foot	L03.14
	Pressure injury of foot, stage III	L89.27–L89.29
	Pressure injury of foot, stage IV	L89.37–L89.39
	Pressure injury of foot, unstageable, so stated	L89.47–L89.49

AND

a condition from at least one of the following categories 2a-2d:

2a. Peripheral arterial disease

ral arterial disease	
Note: Peripheral angiopathy includes arterial, but not v	enous, conditions
DM with peripheral angiopathy, without gangrene	E151
DM with peripheral angiopathy, with gangrene	E152

2b. Neuropathy

Any condition classifiable to E1-.4- *Diabetes mellitus with neurological complication E1-.4-

Thyroid eye disease and thyroid heart disease

BACKGROUND:

Following receipt of a public submission for thyroid eye disease and publication of advice regarding Graves' cardiomyopathy, improvements were made to the Tabular List and Alphabetic Index for both of these conditions.

TABULAR LIST

E05	Thyrotoxicosis [hyperthyroidism] Thyroid (thyrotoxic) • eye† (H58.8*) } disease • heart† (I43.8*) } Excludes: chronic thyroiditis with transient thyrotoxicosis (E06.2) neonatal thyrotoxicosis (P72.1)
E05.0	Thyrotoxicosis with diffuse goitre Exophthalmic or toxic goitre NOS Graves' disease Toxic diffuse goitre
E05.1	Thyrotoxicosis with toxic single thyroid nodule Thyrotoxicosis with toxic uninodular goitre
E05.2	Thyrotoxicosis with toxic multinodular goitre Toxic nodular goitre NOS
E05.3	Thyrotoxicosis from ectopic thyroid tissue
E05.4	Thyrotoxicosis factitia
E05.5	Thyroid crisis or storm
	Use additional code to indicate the type of thyrotoxicosis (E05.0–E05.4, E05.8–E05.9).
E05.8	Other thyrotoxicosis Overproduction of thyroid-stimulating hormone Use additional external cause code (Chapter 20) to identify cause.
E05.9	Thyrotoxicosis, unspecified Hyperthyroidism NOS Thyrotoxie heart disease⁺ (I43.8*)

H58*

Other disorders of eye and adnexa in diseases classified elsewhere

- H58.0* Anomalies of pupillary function in diseases classified elsewhere Argyll Robertson phenomenon or pupil, syphilitic (A52.1⁺)
- H58.1* Visual disturbances in diseases classified elsewhere

H58.8* Other specified disorders of eye and adnexa in diseases classified elsewhere Syphilitic oculopathy NEC: • congenital:

- early (A50.0[†]) • late (A50.3[†]) • early (secondary) (A51.4[†])
- late (A52.7[†])

Thyroid eye disease (E05.-[†])

43*

Cardiomyopathy in diseases classified elsewhere

- 143.0* Cardiomyopathy in infectious and parasitic diseases classified elsewhere Cardiomyopathy in diphtheria (A36.8[†])
- 143.1* Cardiomyopathy in metabolic diseases Cardiac amyloidosis (E85.4[†])
- 143.2* Cardiomyopathy in nutritional diseases Nutritional cardiomyopathy NOS (E63.9[†])
- 143.8* Cardiomyopathy in other diseases classified elsewhere Gouty tophi of heart (M10.0-[†]) Thyrotoxic heart disease (E05.9-†)

ALPHABETIC INDEX

Cardiomyopathy (familial) (idiopathic) 142.9 - due to - - alcohol 142.6 - - drugs 142.7

- - external agents NEC I42.7
- - thyrotoxicosis (hyperthyroidism) E05.-† 143.8*
- hypertensive (see also Hypertension/heart) 111.9

- thyrotoxic E05.9-† I43.8*

Chloasma (idiopathic) (symptomatic) L81.1 - eyelid H02.7

- - hyperthyroid E05.9-+ H03.8*
- Disease, diseased see also Syndrome - eye H57.9
- - anterior chamber H21.9
- - inflammatory NEC H57.8
- - muscle (external) H50.9
- - specified NEC H57.8
- - syphilitic see Oculopathy/syphilitic - thyrotoxic (see also Hyperthyroidism) E05.-† H58.8*
- eyeball H44.9
- - specified NEC H44.8
- evelid H02.9
- - specified NEC H02.8
- heart (organic) I51.9
- - hypertensive (see also Hypertension/heart) 111.9
- - hyperthyroid (see also Hyperthyroidism) E05.9-† 143.8*
- - ischaemic (chronic or with a stated duration of over 4 weeks) I25.9

- - acute or with a stated duration of 4 weeks or less 124.9
- - - specified NEC I24.8
- - syphilitic A52.0
- - aortic A52.0† I39.1*
- - - aneurysm A52.0† 179.0*
- - congenital A50.5† I52.0*
- - thyrotoxic (see also Thyrotoxicosis) E05.9_† 143.8*
- - valve, valvular (obstructive) (regurgitant) (see also Endocarditis) 138
- - congenital NEC Q24.87
- - - pulmonary Q22.30
- - - specified NEC Q22.39
- thyroid (gland) E07.9
- - eye NEC (see also Hyperthyroidism) E05.-+ H58.8*
- heart (see also Hyperthyroidism) E05.9-+ 143.8*
- - specified NEC E07.8

Exophthalmos H05.2

- congenital Q15.8
- due to thyrotoxicosis (hyperthyroidism) E05.0-1 H06.2*
- dysthyroid E05.0-+ H06.2*
- goitre E05.0-+ H06.2*
- intermittent NEC H05.2
- pulsating H05.2
- thyrotoxic, thyrotropic (hyperthyroidism) E05.0-+ H06.2*

- - with

- - - Graves' disease E05.0† H06.2*

Failure, failed

- heart (acute) (senile) (sudden) 150.9
- - with
- - thyrotoxic (see also Thyrotoxicosis) E05.9-+ 143.8*

Graves' disease E05.0

- with
- - exophthalmos E05.0† H06.2*
- - eye disease NEC E05.0† H58.8*
- - heart disease E05.0† 143.8*

Hyperthyroidism (latent) (pre-adult) (recurrent) E05.9

- with
- - goitre (diffuse) E05.0
- - adenomatous E05.2
- - multinodular E05.2
- - nodular E05.2
- - uninodular E05.1
- - thyroid nodule (single) E05.1
- --- eye disease NEC E05.-† H58.8*
- - heart disease E05.-† 143.8*
- - nodule (single) E05.
- neonatal, transitory P72.1

Myasthenia, myasthenic G70.9

- congenital G70.2
- cordis see Failure/heart
- developmental G70.2
- gravis G70.0
- - neonatal, transient P94.0
- stomach, psychogenic F45.32
- syndrome in
- - malignant neoplasm NEC (M8000/3) (see also Neoplasm/malignant) C80.-+ G73.2*
- - thyrotoxicosis E05.9-+ G73.0*

Myopathy G72.9

- in (due to)

- - systemic lupus erythematosus M32.1+ G73.7*
- - thyrotoxicosis (hyperthyroidism) E05.9_† G73.5*
- - toxic agent NEC G72.2

Neuropathy, neuropathic G62.9

- peripheral (nerve) (see also Polyneuropathy) G62.9
- - autonomic G90.9
- - idiopathic G90.0
- - in (due to)
- - - amyloidosis E85.4† G99.0*
- - - endocrine disease NEC E34.9† G99.0*
- - - gout M10.0-† G99.1*
- - - hyperthyroidism E05.9_† G99.0* - - metabolic disease NEC E88.9† G99.0*
- - idiopathic G60.9

Proptosis (ocular) H05.2

with thyroid disease E05.-+ H06.2*

Prosecution, anxiety concerning Z65.3

Syndrome — see also Disease

- myasthenic (in) G70.9
- - endocrine disease NEC E34.9+ G73.0*
- - neoplastic disease NEC (M8000/1) (see also Neoplasm) D48.9† G73.2*
- - thyrotoxicosis (hyperthyroidism) E05.-91 G73.0*

Thyrotoxic

- eye disease E05.-† H58.8*
- - Graves' disease E05.0† H06.2*
- heart disease or failure (see also Thyrotoxicosis) E05.-9+ I43.8*
- storm or crisis E05.5

Thyrotoxicosis (recurrent) E05.9

- with

- - goitre (diffuse) (see also Goitre/toxic) E05.0
- - multinodular E05.2
- - nodular E05.2
- - uninodular E05.1
- - single thyroid nodule E05.1
- due to
- - ectopic thyroid nodule or tissue E05.3
- - ingestion of (excessive) thyroid material E05.4
- - overproduction of thyroid-stimulating hormone E05.8
- - specified cause NEC E05.8
- factitia E05.4
- heart disease E05.9_† I43.8*
- neonatal P72.1
- transient with chronic thyroiditis E06.2

Exposure to tobacco smoke

BACKGROUND:

Following receipt of a public submission and a query, updates have been made to support the assignment of Z58.7 *Exposure to tobacco smoke* including creation of ACS 2118 *Exposure to tobacco smoke*. Additional updates have been made to ACS 0503 *Drug, alcohol and tobacco use disorders* including:

- modification of the wording syndrome in dependence (syndrome)
- · update alcohol use disorders to include alcohol poisoning
- update tobacco use disorders to clarify tobacco consumption

TABULAR LIST

OU73.04 Wholesale and retail trade

Repair of personal or household goods

- Retail sale (of):
- automotive fuel
- food, beverages and tobacco
- hardware, paint and glass
- · household appliances, articles and equipment
- · pharmaceutical and medical goods, cosmetic and toilet articles
- second-hand goods
- · textiles, clothing, footwear and leather goods
- via:
 - mail order houses
 - · stalls and markets

Sale of:

Note:

- · motor vehicles and related parts and accessories
- · motorcycles and related parts and accessories
- Wholesale of:
- · agricultural raw materials, live animals, food, beverages and tobacco
- household goods
- · machinery, equipment and supplies



Evidence of alcohol involvement determined by blood alcohol level

∇ 0503

 Interpretation
 Interpr

	Blood Alcohol Level	
<u>mg/100ml</u>	mmol/L	<u>g/100ml</u>
<u>< 20</u>	<u>< 4.3</u>	<u>< 0.02</u>
<u>20 – 39</u>	<u>4.3 - 8.5</u>	0.02 - 0.039
40 - 59	8.6 - 12.9	0.04 - 0.059
<u>60 – 79</u>	<u>13.0 – 17.2</u>	<u>0.06 - 0.079</u>
<u>80 – 99</u>	<u>17.3 – 21.6</u>	0.08 - 0.099
<u>100 – 119</u>	<u>21.7 – 25.9</u>	<u>0.10 – 0.119</u>
<u>120 – 199</u>	26.0 - 43.3	0.12 - 0.199
<u>200 – 239</u>	43.4 - 52.0	<u>0.20 - 0.239</u>
<u>≥240</u>	<u>≥ 52.1</u>	<u>≥ 0.24</u>

- Y90.0 Blood alcohol level of less than 20 mg/100 ml
- Y90.1 Blood alcohol level of 20–39 mg/100 ml
- Y90.2 Blood alcohol level of 40–59 mg/100 ml
- Y90.3 Blood alcohol level of 60–79 mg/100 ml
- Y90.4 Blood alcohol level of 80–99 mg/100 ml
- Y90.5 Blood alcohol level of 100–119 mg/100 ml
- Y90.6 Blood alcohol level of 120–199 mg/100 ml
- Y90.7 Blood alcohol level of 200–239 mg/100 ml
- Y90.8 Blood alcohol level of 240 mg/100 ml or more
- Y90.9 Presence of alcohol in blood, level not specified
- ∇ 0049

Z58

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Problems related to physical environment

Excludes: occupational exposure (Z57.-)

- Z58.5 Exposure to other pollution
- Z58.6 Inadequate drinking-water supply
 - *Excludes:* effects of thirst (T73.1)

Z58.7 Exposure to tobacco smoke $\nabla \frac{0049}{0050, 2118}$

Passive (involuntary) smoking

Includes: exposure to secondhand tobacco smoke (from):

- cigarette • pipe
- waterpipe

Excludes: mental and behavioural disorders due to the use of tobacco (F17.-) <u>newborn affected by maternal use of tobacco (P04.2)</u> personal history of tobacco use disorder (Z86.43) tobacco use (Z72.0)

- Z58.8 Other problems related to physical environment
- Z58.9 Problem related to physical environment, unspecified

ALPHABETIC INDEX

Exposure (to) (see also Contact) T75.8 - acariasis Z20.7 - agricultural toxic agents (gases) (liquids) (solids) (vapours) Z57.4 - - nonoccupational Z58.5 - AIDS virus Z20.6 - air - - contaminants NEC Z58.1 - - - occupational NEC Z57.3 - - - - dust Z57.2 - - - tobacco smoke (involuntary) (passive) (secondhand) (sidestream) Z58.7 - - pollution NEC Z58.1 - - - occupational NEC Z57.3 - - - - dust Z57.2 - - - tobacco smoke (involuntary) (passive) (secondhand) (sidestream) Z58.7 ... - pollution NEC Z58.5 - - air contaminants NEC Z58.1 - - - occupational Z57.3 - - - tobacco smoke (involuntary) (passive) (secondhand) (sidestream) Z58.7 ... - rubella Z20.4 - sexually transmitted disease Z20.2 - smallpox (laboratory) Z20.8 - smoke, tobacco (involuntary) (passive) (secondhand) (sidestream) Z58.7 - soil pollution Z58.3 - - occupational Z57.8 - tobacco smoke (involuntary) (passive) (secondhand) (sidestream) Z58.7 Smoke, sSmoking - see also Tobacco - exposure to tobacco (involuntary) (passive) (secondhand) (sidestream) Z58.7 - passive Z58.7 Tobacco (nicotine) - dependence F17.2 - harmful use F17.1 - hazardous use Z72.0 - heart T65.2 - intoxication F17.0 - maternal use, affecting fetus or newborn P04.2 - smoke, exposure to (involuntary) (passive) (secondhand) (sidestream) Z58.7 - use NEC Z72.0

- - counselling and surveillance Z71.6
- withdrawal state F17.3

AUSTRALIAN CODING STANDARDS

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/osteoarthrosis NOS* as primary osteoarthritis
- M99.- Biomechanical lesions, not elsewhere classified
- 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

0503 DRUG, ALCOHOL AND TOBACCO USE DISORDERS

DEFINITION

The term 'use disorder' may be used to describe any of the following use disorders:

- acute intoxication
- harmful use or
- dependence (syndrome)

The block F10–F19 *Mental and behavioural disorders due to psychoactive substance use* has a fourth character which specifies the clinical state of the patient.

Note that not all fourth character codes are applicable to all substances. The clinical coder should be guided by the clinical documentation when assigning the fourth characters.

The following definitions from ICD-10-AM and WHO, *The ICD-10 Classification of Mental and Behavioural Disorders – Clinical Descriptions and Diagnostic Guidelines* (1992) are provided to aid in a fuller understanding of these conditions:

Acute intoxication

"A condition that follows the administration of a psychoactive substance resulting in disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psychophysiological functions and responses. The disturbances are directly related to the acute pharmacological effects of the substance and resolve with time, with complete recovery, except where tissue damage or other complications have arisen."

Harmful use

"A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (as in cases of hepatitis from the self-administration of psychoactive substances) or mental (eg episodes of depressive disorder secondary to heavy consumption of alcohol). ...Harmful use should not be diagnosed if dependence syndrome, a psychotic disorder, or another specific form of drug- or alcohol-related disorder is present for the same substance in the same time period."

Dependence syndrome

"A cluster of behavioural, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance and sometimes a physical withdrawal state."

CLASSIFICATION

General classification rules

- Where the clinician has clearly documented a relationship between a particular condition(s) and alcohol/drug use, assign a code for the specific condition (see Alphabetic Index), with the appropriate code from F10–F19. Such documentation includes qualifying statements such as 'alcohol-induced' or 'drug-related', or 'CAL (chronic airway limitation)/smoker' indicating evidence that the substance use was responsible for (or substantially contributed to) physical or psychological harm. Sequencing should be determined by following the classification guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.
- Categories F10–F19 exclude patients using unsanctioned levels of prescribed or unprescribed drugs when documented as an 'overdose' or poisoning. 'Overdose' or poisoning cases should be coded to the appropriate poisoning code from the Table of Drugs and Chemicals (see also ACS 0530 Drug overdose and ACS 1901 Poisoning).

Acute intoxication

¹Acute intoxication¹ (0) may be assigned **in addition to** another four character code from F10– F19. For example, persons who have more persistent alcohol- or drug-related problems such as harmful use (F1-.1), dependence syndrome (F1-.2) or psychotic disorder (F1-.5), may also have episodes of acute intoxication.

EXAMPLE 1:

A patient is treated for acute intoxication superimposed on alcohol dependence syndrome. Assign first the code for acute intoxication (F10.0 *Mental and behavioural disorders due to use of alcohol, acute intoxication*) with an additional diagnosis code of F10.2 *Mental and behavioural disorders due to use of alcohol, dependence syndrome.*

Harmful use

Assign the fourth character of '1' **as a last resort** for nonspecific terminology such as 'abuse' or 'use disorder'.

'Harmful \underline{u} se' is implicit in conditions classified to F1-.2–F1-.9. Therefore a fourth character of '1' cannot be assigned if a more specific drug or alcohol related disorder, of the same substance, is also present within the one episode of care.

EXAMPLE 2:

A patient is diagnosed with alcohol-related acute pancreatitis.

Codes:	K85.2	Alcohol-induced acute pancreatitis
	F10.1	Mental and behavioural disorders due to use of alcohol, harmful use

EXAMPLE 3:

A 45 year old patient is admitted having suffered a seizure. Increased nursing care is required for treatment of alcoholic dementia; severe alcohol abuse.

Codes: R56.8 Other and unspecified convulsion	ons
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F10.7 Mental and behavioural disorders due to use of alcohol, residual and late-onset psychotic disorder

A fourth character of '1' harmful use, cannot be assigned as a more specific alcohol related disorder, alcoholic dementia, is documented.

Dependence (syndrome)

While withdrawal rarely occurs in the absence of dependence, for consistent application of the codes, cases of withdrawal without mention of dependence (syndrome) should be assigned a code only for the withdrawal because dependence (syndrome) cannot be assumed.

Cases of dependence (syndrome) with withdrawal should be assigned both a code for the dependence (syndrome) and a code for the withdrawal (syndrome) because withdrawal is not always a feature of dependence (syndrome). Dependence is syndromal (a cluster of phenomena) and withdrawal is only one nonessential criteria for dependence.

Alcohol use disorders

Documentation

Descriptions such as 'drinker', 'social drinker' or 'heavy drinker' should not be coded, because levels of alcohol consumption and its effect on an individual is a subjective judgement and a specified level may affect individuals in different ways. Therefore, the available codes below should be assigned only when documentation is provided to classify to one of the following codes:

- F10.0 Mental and behavioural disorders due to use of alcohol, acute intoxication
- F10.1 Mental and behavioural disorders due to use of alcohol, harmful use
- F10.2 Mental and behavioural disorders due to use of alcohol, dependence syndrome
- Z72.1 Alcohol use

Z86.41 Personal history of alcohol use disorder

Alcohol poisoning (toxic effect) is a severe form of alcohol intoxication. Typically, alcohol poisoning is characterised by major disturbance in the level of consciousness and possible threat to life requiring supportive treatment.

Where alcohol poisoning is documented, assign T51.0 Toxic effect of alcohol, ethanol.

Evidence of alcohol involvement determined by blood alcohol level and intoxication ICD-10-AM includes the following codes that relate to alcohol consumption:

<u>Y90 Evidence of alcohol involvement determined by blood alcohol level</u>

- ¥91 Evidence of alcohol involvement determined by level of intoxication
- Y90 Evidence of alcohol involvement determined by blood alcohol level

If the clinical notes include documentation of the blood alcohol level, then a code from Y90 can-may be assigned, but only when a code of in addition to intoxication (F10.0), harmful use $(F10.1)_{a}$ or dependence syndrome (F10.2) or alcohol poisoning (T51.0) is as applicable, in the case being coded. Consequently, Y90.9 Evidence of alcohol involvement determined by blood alcohol level, presence of alcohol in blood, level not specified should is never be assigned.

Y91 *Evidence of alcohol involvement determined by level of intoxication-should not be* used for inpatient morbidity coding.

Do not assign Y91 for inpatient morbidity coding.

Tobacco use disorders

Documentation

Certain types of documentation are discussed below in terms of where these should be classified. <u>Tobacco consumption includes smoking of cigarettes</u>, cigars, pipes and waterpipes (eg hookah, narghile, shisha). As electronic nicotine delivery systems (ENDS) (eg ecigarettes, vape-pipes, e-shisha) deliver nicotine without tobacco, use of these devices does not require assignment of a code for tobacco use disorder. <u>Importantly</u>, it should be noted that dDocumentation such as 'on patches', participation in a quit smoking program or 'trying to quit' are not justification to classify to the dependence-(syndrome). The dependence syndrome is defined as a cluster of phenomena (see above) and therefore it is important that a clinical decision to classify a case to this code is made based on that evidence and not because society in general regards all smokers as 'dependent'.

These codes should be assigned as additional diagnoses for all cases where **appropriate** documentation is provided regarding tobacco consumption.

Tobacco use may be classified into one of the following codes:

Z86.43 Personal history of tobacco use disorder

Assign this code if it is documented that the patient has smoked tobacco (any amount) in the past, but excluding the last month.

EXAMPLE 4:

A 40 year old patient diagnosed with chronic bronchitis has a history of quitting smoking three months prior to admission after having smoked since the age of 15.

Codes:J42Unspecified chronic bronchitisZ86.43Personal history of tobacco use disorder

Z72.0 Tobacco use, current

Assign this code if the documentation indicates that:

- 1. The patient has smoked tobacco (any amount) within the last month.
- 2. There is documentation of 'hazardous use' of tobacco. Hazardous use is defined as a pattern of substance use that increases the risk of harmful consequences for the user. In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.

Z72.0 includes documentation of 'smoker', 'on patches', <u>or</u> 'trying to quit'. This code should be assigned only when sufficient information is not available to assign F17.2 *Tobacco dependence syndrome* or F17.1 *Harmful use of tobacco*.

EXAMPLE 5:

A 40 year old smoker is diagnosed with carpal tunnel syndrome.

Codes:G56.0Carpal tunnel syndromeZ72.0Tobacco use, current

F17.1 Harmful use of tobacco

Assign this code if the clinician has clearly documented a relationship between a particular condition(s) and smoking (even if the patient has ceased smoking).

Such documentation includes conditions qualified as 'tobacco related' indicating evidence that the substance use was responsible for (or substantially contributed to) physical or psychological harm.

This code should not be assigned if tobacco dependence (syndrome) is documented.

EXAMPLE 6:

A 65 year old patient has a history of smoking 40 cigarettes per day from the age of 15 until quitting at 51 years. The documented principal diagnosis is emphysema/smoker.

Codes:J43.9Emphysema, unspecifiedF17.1Mental and behavioural disorders due to use of tobacco, harmful use

Z86.43 should not be assigned

EXAMPLE 7:

Smoking related chronic bronchitis in a 29 year old.

- Codes: J42 Unspecified chronic bronchitis
 - F17.1 *Mental and behavioural disorders due to use of tobacco, harmful use*

Z72.0 should not be assigned

EXAMPLE 8:

<u>A 63 year old female patient is admitted with a urinary tract infection. In the medical history, clinical documentation states that the patient has smoking related COPD, but she is now an ex-smoker. The COPD did not require any attention during the admission.</u>

<u>Codes:</u> <u>N39.0</u> <u>Urinary tract infection, site not specified</u>

F17.1 Mental and behavioural disorders due to use of tobacco, harmful use

A code for COPD is not assigned as it does not meet the criteria in ACS 0002 Additional diagnoses. F17.1 is assigned irrespective of whether or not the condition caused by the harmful use of tobacco (in this case COPD) meets the criteria in ACS 0002.

F17.2 Tobacco dependence syndrome

Assign this code if the patient is diagnosed as having tobacco dependence (syndrome), addiction or dependence syndrome.

EXAMPLE 89:

A patient admitted for treatment of chronic airway limitation and varicose veins of the left leg. <u>Clinical documentation states</u> <u>The patient has a is</u> tobacco dependent<u>ee syndrome and</u> has not smoked for the last week. This dependence is evidenced by his <u>current withdrawal</u> state, a strong desire to continue smoking and his continuing to smoke over the last six months despite being advised that smoking is having harmful effects on his health. Smoking cessation therapy commenced.

Codes:	J44.9	Chronic obstructive pulmonary disease, unspecified
	183.9	Varicose veins of lower extremities without ulcer or inflammation
	F17.2	Mental and behavioural disorders due to use of tobacco, dependence syndrome
	F17.3	Mental and behavioural disorders due to use of tobacco, withdrawal state

See ACS 2118 Exposure to tobacco smoke for guidelines regarding passive smoking.

2118 EXPOSURE TO TOBACCO SMOKE

Tobacco produces three different types of smoke:

- Mainstream smoke smoke inhaled directly into a smoker's lungs
- Exhaled mainstream smoke smoke exhaled by a smoker
- Sidestream smoke smoke that drifts from the smouldering tip of a cigarette

Secondhand smoke includes both exhaled mainstream smoke and sidestream smoke.

Secondhand smoke is also known as environmental tobacco smoke (ETS), and the process of breathing it in is known as passive smoking or involuntary smoking.

Although cigarettes are the major source of tobacco based secondhand smoke, other products that produce secondhand tobacco smoke include cigars, pipes and waterpipes (eg hooka, shisha, narghile). As electronic nicotine delivery systems (ENDS) (eg e-cigarettes) deliver nicotine without tobacco, use of these devices does not qualify for assignment of exposure to tobacco.

CLASSIFICATION

<u>Assign Z58.7 *Exposure to tobacco smoke* when exposure to secondhand tobacco smoke is documented by a clinician, except if the patient is a current or ex-smoker.</u>

Codes for mental and behavioural disorders due to psychoactive substance use

BACKGROUND:

Following receipt of a public submission, the statement advising "that not all fourth character codes are applicable to all substances" will be removed from ACS 0503 and ICD-10-AM to clarify that codes in block F10–F19 *Mental and behavioural disorders due to psychoactive substance use* with a fourth character are applicable to conditions with certain substance use even if these conditions rarely occur.

TABULAR LIST

MENTAL AND BEHAVIOURAL DISORDERS DUE TO PSYCHOACTIVE SUBSTANCE USE

(F10–F19) ∇ 0503

This block contains a wide variety of disorders that differ in severity and clinical form but that are all attributable to the use of one or more psychoactive substances, which may or may not have been medically prescribed. The third character of the code identifies the substance involved, and the fourth character specifies the clinical state. The codes should be used, as required, for each substance specified, but it should be noted that not all fourth character codes are applicable to all substances.

AUSTRALIAN CODING STANDARDS

0503 DRUG, ALCOHOL AND TOBACCO USE DISORDERS

DEFINITION

The term 'use disorder' may be used to describe any of the following use disorders:

- acute intoxication
- harmful use or
- dependence

The block F10–F19 *Mental and behavioural disorders due to psychoactive substance use* has a fourth character which specifies the clinical state of the patient.

Note that not all fourth character codes are applicable to all substances. The clinical coder should be guided by the clinical documentation when assigning the fourth characters.

Dysexecutive syndrome

BACKGROUND:

Following receipt of a query regarding classification of dysexecutive syndrome, an *Inclusion* term for dysexecutive syndrome was added at F07.0 *Organic personality disorder* and amendments made in the Alphabetic Index.

TABULAR LIST

F07

Personality and behavioural disorders due to brain disease, damage and dysfunction

Alteration of personality and behaviour can be a residual or concomitant disorder of brain disease, damage or dysfunction.

F07.0 Organic personality disorder

A disorder characterised by a significant alteration of the habitual patterns of behaviour displayed by the subject premorbidly, involving the expression of emotions, needs and impulses. Impairment of cognitive and thought functions, and altered sexuality may also be part of the clinical picture. Organic:

- pseudopsychopathic personality
- pseudoretarded personality
- Syndrome:
- dysexecutive
- frontal lobe
- · limbic epilepsy personality
- lobotomy
- postleucotomy

Excludes:

- enduring personality change after:catastrophic experience (F62.0)
- psychiatric illness (F62.1)
- psychiatric filness (F62.1) postconcussional syndrome (F07.2)
- postencephalitic syndrome (F07.2)
- specific personality disorder (F60.-)

ALPHABETIC INDEX

Dysfunction

- erectile (psychogenic) F52.2
- - organic origin NEC N48.4
- executive (emotional) (metacognitive)
- (motivational) F07.0
- gallbladder K82.8
- ...

Syndrome — see also Disease

- Donohue's E34.8

- dorsolateral (prefrontal) F07.0
- _ medullary I66.3† G46.4*
- Down's (see also Trisomy/21) Q90.9

...

- dumping (postgastrectomy) K91.1
- dysexecutive (dorsal convexity) (prefrontal) F07.0
- dysmenorrhoea, congestive N94.6
- ...
- Fröhlich's E23.6
- frontal <u>(lobe) (medial)</u> F07.0 - functional
- - bowel K59.9
- - prepuberal castrate E29.1
- Opitz-Kaveggia Q87.09
- orbitofrontal (disinhibition) F07.0
- organic amnesic (not alcohol- or drug-induced) F04.9

Mental health interventions and Spiritual care

BACKGROUND:

Mental health interventions

The mental health interventions classified in prototype Mental Health Interventions Classification (MHIC) 1.0 produced by AIHW in 2012 were incorporated into the ACHI. Mental health specific codes were created with amendments to the existing ACHI codes in mental, behavioural or psychosocial sections and other therapeutic interventions in Chapter 19.

An Australian Coding Standard ACS 0534 *Specific interventions related to mental health care* services has been created to provide guidelines for the assignment of mental health intervention codes. While it is expected that mental health intervention codes will be applied across all mental health care settings as far as practical, some of the new codes will only be applicable to ambulatory and residential health care settings.

Major amendments made to Electroconvulsive therapy (ECT) includes:

- deletion of the existing 100 codes
- creation of six codes to classify the laterality and ultrabrief pulse width (with guidance for these codes to be assigned as many times as performed for ≤ 20 treatments)
- create one code for assignment once when there are ≥ 21 treatments (without specification of laterality or pulse width)
- ACS 0533 *Electroconvulsive therapy (ECT)* was amended for clarity with respect to appropriate assignment of ECT codes.

An assignment of a code for anaesthesia will continue to be required for each ECT session as per current practice.

Spiritual care

Following receipt of a public submission and endorsed by Spiritual Care Australia, a code for spiritual ritual was created and the term 'pastoral care' was amended in titles of existing codes to reflect the professionalism and industry of Spiritual Care while encompassing the diversity of people in communities.

Changes

96186-00 [1824] Spiritual assessment 96087-00 [1869] Spiritual counselling, guidance or education 96187-00 [1915] Spiritual support 96240-00 [1915] Spiritual ritual (new code) 95550-12 [1916] Allied health intervention, spiritual care

TABULAR LIST

CHAPTER 19 NONINVASIVE, COGNITIVE AND OTHER INTERVENTIONS, NOT ELSEWHERE CLASSIFIED (BLOCKS 1820–1922)

This chapter is for diagnostic, therapeutic or administrative/clinical/client support and other interventions not elsewhere classified including:

<u>Cognitive interventions – interventions that require cognitive skills such as evaluation, education or counselling</u> (eg dietary education, nutritional assessment, crisis intervention, bereavement counselling).

<u>Noninvasive interventions</u> – therapeutic or diagnostic interventions without disruption of an epithelial lining or entry into a body part or cavity (eg lithotripsy, hyperbaric oxygenation, manipulation of a fracture, exercise therapy).

<u>Note:</u> The term 'Client' when used throughout this chapter, may refer to a patient, family member or significant other. 'Client' has generally been used in the singular form but may refer to an individual client or client group.

Excludes: noninvasive diagnostic imaging interventions (see Chapter 20 Imaging Services)

Note: Cognitive interventions — interventions which require cognitive skills such as evaluation, education or counselling (eg dietary education, nutritional assessment, crisis intervention, bereavement counselling).

Noninvasive interventions therapeutic or diagnostic interventions without disruption of an epithelial lining or entry into a body part or cavity (eg lithotripsy, hyperbaric oxygenation, manipulation of a fracture, exercise therapy). Note that noninvasive diagnostic imaging interventions (those not requiring an incision or entry into a body part) are classified to Chapter 20 Imaging Services.

Client – the term 'Client' when used throughout this chapter, can refer to a patient, family member or significant other. 'Client' has generally been used in the singular form but can refer to an individual client or client group.

DIAGNOSTIC INTERVENTIONS

ASSESSMENT, CONSULTATION, INTERVIEW, EXAMINATION, EVALUATION

Assessment involves the gathering, evaluation and recording of information relative to the client's problem, functional status or situation through the use of cognitive skills and simple measurements (eg observation, history taking, anthropometry).

Include	s: consultation with other service provider
	development of treatment plans or programmes
	ordering of diagnostic tests
	prescription of medications or assistive/adaptive equipment
	referral to another service provider
	use of aids or devices
Note:	Performed for the purpose of diagnosis, screening, monitoring, follow up, review, case management or discharge planning.
No	problem, functional status or situation through the use of cognitive skills and simple measurements (eg observation, history taking, anthropometry). Assessment is performed for the purpose of diagnosis, screening, monitoring, follow up, review, case management
	or discharge planning. Also included in assessment is the development of treatment plans
	or programmes, ordering of diagnostic tests, prescription of medications or assistive/adaptive equipment, aids or devices, referral to another service provider,
	consultation with other service provider.

- *Excludes:* assessment or consultation with electroconvulsive therapy (see block [1907]) dental examination (see blocks [450] to [452]) specific diagnostic tests, measures, investigations or imaging classified elsewhere (see
 - Alphabetic Index)



Physiological assessment

A physiological investigation to assess function using techniques such as history taking, observation, inspection, palpation, percussion, auscultation and other such physical tests.

Note: A physiological investigation to assess function using techniques such as history taking, observation, inspection, palpation, percussion, auscultation and other such physical tests

Excludes: that as part of:

- ageing assessment (96023-00 [1824])
- developmental testing (96184-00 [1824])
- genetic assessment (96035-00 [1824])
- mental and/or behavioural assessment (96175-00 [1823])

96008-00 Neurological assessment

.....

92001-00 Other physiological assessment General physical examination and assessment Newborn examination

Includes: basic physical measurements:

- blood pressure
- height/length
- temperature
- weight

Excludes: developmental testing (96184-00 [1824]) physical examination as part of genetic assessment (96035-00 [1824])



Assessment of personal care and other activities of daily/independent living

<u>V 0534</u>

96027-00 Prescribed/self-selected medication assessment
 Medication assessment involves a review of a client's current medication regime to determine
 appropriateness of regime and an assessment of the client's ability to manage medications safely. It
 involves obtaining an accurate medication history (prescribed medication, over the counter
 medication and complementary medicines such as herbal, homeopathic and vitamin products, ie
 self-selected medications).

 Drug monitoring
 Medication management assessment
 Review of medication(s)

 Includes: consultation with or provision of a medication summary and plan to other service
 providers
 detection and management of adverse drug reactions
 drug monitoring, recording/reviewing and interpretation of results

history of medication(s)

	of adver: and othe regimes-	determine appropries medications safely medication, over the homeopathic and consultation with providers. mitoring includes re- se drug reactions. It r aspects of adverse see Counselling of se advice, education reaction managen assessment of illio	riateness of regin y. It involves obt the counter mediu vitamin products or provision of a cording/reviewin does not include drug reaction me or Education (96 or recommendat and or recommendat cit drug use (960)	ions on prevention and other aspects of adverse drug ndations about medication regimes (96072-00 [1867])
96030-00	Assessm	nal/occupational/	vocational/env	ironmental assessment mine productivity, accessibility, suitability or the
	Carer Driving Employr Ergonon Home er Housing Legal sit Leisure Play School e Transpor	nent nic vironment /accommodation uation nvironment	+ + + + +	
	<u>Includes:</u>	carer driving employment ergonomic home environmer housing/accommo legal situation leisure play school environme transport work environmen	odation ent	<u>}</u> <u>}</u> <u>}</u> <u>}</u> <u>}</u> <u>}</u> <u>}</u> <u>}</u>
	Note: Excludes	or the client's abil as: assessment of clie [1823])	ity to function with the function with the function of the fun	ent to determine productivity, accessibility, suitability ithin that environment action socially within their environment (96032-00 (96029-00 [1822]) 028-00 [1822])

96175-00	Mental/behavioural assessment Assessment of cognitive or executive function Mental competency assessment				
	Note: A mental and/or behavioural assessment may involve a general assessment interview (diagnostic) and evaluation; psychiatric/psychological/psychosocial/physiological history physiological examination; (mini) mental state examination; the use of assessment questionnaires, checklists, neuropsychological/psychological/psychometric tests; and outcome measures				
	Excludes: assessment of cognitive function as part of developmental testing (96184-00 [1824])				
<u>96236-00</u>	Initial mental health assessment This occurs when contact with a mental health service is first made in relation to a client. The contact may be either direct via a face-to-face interview, or via telephone. It involves a mental health professional conducting an initial assessment of the client's presenting mental health status, including whether mental illness is present, the nature of the mental illness, risk and impact. Demographic and social information may also be collected as well as information on a client's mental health and family history. The information gathered is used to assess: • the need for mental health services • the most appropriate service for referral • urgency.				
	Triage assessment of mental health status				
	Excludes: that with comprehensive mental health assessment (96237-00 [1823])				
<u>96237-00</u>	<u>Comprehensive mental health assessment</u> Comprehensive mental health assessment involves the gathering, evaluation and recording of information by a mental health professional relative to the client's problem(s), strengths, functional status or situation and must include (but is not limited to) at least four of the following assessment components:				
	 <u>assessment summary and clinical formulation</u> <u>development of a further action plan (even if the plan includes provision of no further services)</u> 				
	developmental or observational assessment home assessment				
	 medication assessment mental health history assessment mental status assessment 				
	 risk assessment social and environmental assessment triage/emergency assessment. 				
	Includes: physical assessment				
<u>96238-00</u>	Cognitive and/or behavioural assessment A cognitive and/or behavioural assessment may involve a general assessment interview (diagnostic and evaluation; physiological history; physiological examination; (mini) mental state examination; the use of assessment questionnaires, checklists, tests and outcome measures.				
	Excludes: assessment of cognitive function as part of developmental testing (96184-00 [1824])				
96032-00	Psychosocial assessment				
	Note: Psychosocial assessment – evaluation of a client's issue(s) or functioning within the context of their social situation. Includes exploration of psychosocial needs, coping capacity, adjustment and personal/situational resources.				

	Includes: exploration of psychological needs, coping capacity, adjustment and personal/situation resources
	 <i>Excludes:</i> assessment of adjustment to a disease/condition (96022-00 [1822]) that as part of: ageing assessment (96023-00 [1824]) alcohol and other drug assessment (96034-00 [1823]) cognitive and/or behavioural assessment (96238-00 [1823]) developmental testing (96184-00 [1824]) mental or behavioural health assessment (96175-0096236-00, 96237-00 [1823])
1824 Ot	ther assessment, consultation, interview, examination or evaluation
96186-00	Pastoral assessment <u>Spiritual assessment</u> <i>Note:</i> An appraisal of the spiritual/religious wellbeing, needs and resources of a client Initial and subsequent assessment of wellbeing issues, needs and resources of a client. This intervention can often lead to other interventions.
	Includes: informal explanatory dialogue to screen for immediate spiritual needs including religious and pastoral issues the use of a formal instrument or assessment tool
96037-00	Other assessment, consultation or evaluationAssessmentAssessmentConsultationNOSEvaluationInterview
1868 Ps ∑ 0534 96081-00	sychosocial counselling Relationship counselling Couples } Family } counselling Marriage }
	 <i>Excludes:</i> that using a behavioural, cognitive behavioural, interpersonal or psychodynamic-insignation oriented approach in: couples therapy (96178-00 [1873]) family/carer-focussed therapy (96102-00 [1873]) interpersonal psychotherapy (96177-00 [1873])
96085-00	 Grief/bereavement counselling Note: Grief/bereavement refers to the feelings of sadness and depression following the loss death of a significant other. Anticipatory grief refers to the feelings of loss and sadne prior to and in expectation of death. Grief/bereavement counselling involves helping a client to deal with grief, the response of a per to loss. Bereavement, physical and mental illness, redundancy, unemployment, relationship
	breakdowns, and other stressful life events may involve significant loss and grief. Grief/bereavement counselling involves helping a client to deal with grief, the response of a per to loss.
	<u>Grief/bereavement refers to the feelings of sadness and depression following the loss or death o significant other. Anticipatory grief refers to the feelings of loss and sadness prior to and in expectation of death.</u>
	Bereavement, physical and mental illness, redundancy, unemployment, relationship breakdowns and other stressful life events may involve significant loss and grief.

Excludes: crisis situation/event counselling following sudden death or suicide (96082-00 [1868]) that using behavioural, cognitive behavioural, interpersonal or <u>psychodynamicinsight</u> <u>oriented</u> approach (see block [1873])

1869	Other counselling or education
------	--------------------------------

96087-00 Pastoral counselling or education Spiritual counselling, guidance or education
 Ethical counsel
 Religious/spiritual counselling or education
 An expression of spiritual care that includes a facilitative in-depth review of a person's life journey, personal or familial counsel, ethical consultation, mental health support, end of life care and guidance in matters of beliefs, traditions, values and practices

 Note: The provision of pastoral care in the form of personal guidance and counsel, touching on

Avote: The provision of pastoral care in the form of personal guidance and counsel, touching on matters of religious belief, personal spiritual journey or review and ethical concern, as well as support in matters pertaining to identity, relationship and vocational orientation.

96088-00 Genetic counselling or education

MENTAL, BEHAVIOURAL OR PSYCHOSOCIAL THERAPIES SKILLS TRAINING

1872 Alcohol and drug rehabilitation and detoxification

∇ 0534 Detoxification involves interaction(s) between a client(s) and a mental health professional(s) where an intervention is aimed at the management of withdrawal from a drug of dependence so that the associated risks are minimised. Detoxification is managed by monitoring the withdrawal process and may include medical interventions as appropriate. This intervention type includes the administration of medications which are used to control withdrawal symptoms, observation and supportive care. Note: Rehabilitation includes ongoing assessment, counselling or education 92002-00 Alcohol rehabilitation Includes: assessment counselling education 92003-00 Alcohol detoxification 92004-00 Alcohol rehabilitation and detoxification Includes: assessment counselling education 92005-00 Drug rehabilitation Includes: assessment counselling education 92006-00 Drug detoxification 92007-00 Drug rehabilitation and detoxification Includes: assessment counselling education Combined alcohol and drug rehabilitation 92008-00 Includes: assessment

counselling education

- 92009-00 Combined alcohol and drug detoxification
- 92010-00 Combined alcohol and drug rehabilitation and detoxification

Includes:	assessment
	counselling
	education

1873 Psychological/psychosocial therapies

∇ 0534 Psychological/psychosocial therapies embrace the following three approaches: Psychosocial therapy: Recognised, structured or published method or techniques for the treatment of mental and emotional disorders. It occurs through discussion about the condition and related issues between a client(s) and a health professional(s). Psychosocial therapies can be delivered on either an individual or group basis, typically in an office or outpatient facility. Education: Instruction and guidance with the aim of enhancing a client's knowledge, awareness or understanding of their illness or issue for the purpose of monitoring, managing, maintaining or improving their health outcomes. Counselling: Alleviating emotional, physiological, psychological, social and/or occupational consequences of a client's illness or issue, through the establishment of a supportive or therapeutic relationship. Counselling encompasses the provision of empathic acceptance, clarification, interpretation, problem solving and support. Includes: evaluation of progression Excludes: biofeedback (96152-00 [1880]) psychosocial counselling (see block [1868]) 96001-00 Psychological skills training Skills training in: activity scheduling anger management assertiveness conflict resolution • coping goal planning impulse control • limit setting • problem solving - relaxation techniques NOS • role playing • self esteem social skills NOS -] management stress • time 1

Includes: Skills training in:

 STUTIO UTUTIO	
 activity sched 	luling
• anger manage	ement
• assertiveness	
• conflict resolu	tion
• coping	
• goal planning	
• impulse control	ol
• limit setting	
• problem solvi	ng
• relaxation tecl	
• role playing	
• self esteem	
social skills N	OS
• stress	management
• time	}
	-

Excludes: interpersonal psychotherapy (96177-00 [1873])

- that as a technique of:
- behaviour therapy (96176-00 [1873])
- cognitive and/or behavioural therapy (96101-00 [1873])
- psychodynamic-insight oriented therapy (96100-00 [1873])

96104-00 Music therapy

Music therapy involves interventions using music designed to enhance and/or maintain the physical, emotional, psychosocial, behavioural, sensory, cognitive, communication, cultural, spiritual, developmental, musical and/or related needs identified during the assessment/evaluation process.

Note: Interventions using music designed to enhance and/or maintain the physical, emotional, psychosocial, behavioural, sensory, cognitive, communication, cultural, spiritual, developmental, musical and/or related needs identified during the assessment/evaluation process

Excludes: that as a technique of:

• behaviour therapy (96176-00 [1873])

- cognitive and/or behavioural therapy (96101-00 [1873])
- psychodynamicinsight oriented therapy (96100-00 [1873])

96181-00 Art therapy

Art therapy involves interventions using art media, images or the creative art process to help a client deal with their problem(s).

Note: Interventions using art media, images or the creative art process to help a client deal with their problem(s).

Excludes: that as a technique of:

- behaviour therapy (96176-00 [1873])
- cognitive <u>and/or</u> behaviour<u>al</u> therapy (96101-00 [1873])
- psychodynamic-insight oriented therapy (96100-00 [1873])

96182-00 Bibliotherapy

Bibliotherapy involves interventions using literature (books, newspapers etc) to help a client deal with their problem(s)

Note: Interventions using literature (books, newspapers etc) to help a client deal with their problem(s).

Excludes: that as a technique of:

• behaviour therapy (96176-00 [1873])

- cognitive<u>and/or</u> behaviour<u>al</u> therapy (96101-00 [1873])
- psychodynamic-insight oriented therapy (96100-00 [1873])

96183-00 Narrative therapy

In narrative therapy, problems are described as stories. How a client thinks about important stories can restrict them from overcoming their present difficulties. The focus in narrative therapy is to understand the stories or themes that have shaped a client's life, and how these stories can be written and re-written. The change process involves assisting a client to identify unique outcomes and create more preferred stories about their problems. By reframing or re-telling a story, an altered relationship with the problem can be developed. To assist with reframing and re-telling a story, a major emphasis is on identifying a client's strengths, including the skills, beliefs and abilities they already possess.

Key stages of narrative therapy may include:

- defining the problem
- mapping the influence of the problem
- evaluating and justifying the effects of the problem
- identifying unique outcomes
- re-storying.

Narrative therapy is of particular value to specific cultures (for example, Aboriginal and



Note: Interventions that assist a client to resolve problems by enabling them to deconstruct the meaning of the reality of their lives and relationships, and to show the difference between reality and the internalised stories of self. This therapy is centred on the premise that people's lives and relationships are shaped by the stories that people tell and engage in to give meaning to their experiences. People construct certain habits and relationships that make up ways of life by staying true to these internalised stories.

Excludes: that as a technique of:

- behaviour therapy (96176-00 [1873])
- cognitive <u>and/or</u> behaviour<u>al</u> therapy (96101-00 [1873])
- psychodynamic insight oriented therapy (96100-00 [1873])

96109-01 Pastoral ritual/worship Baptism/initiation Blessing/naming Communion Eucharist/ministry of word Funeral/memorial Prayer NOS Public worship Reconciliation Rites for the dying Ritual: NOS sacramental

Note: The provision of prayer and ritual for individuals or small groups, and the public expression of worship and occasional services, for faith communities and others

96100-00 Psychodynamic Insight oriented therapy

Insight oriented therapy is a group of psychotherapies whose theoretical models see symptoms as arising from unconscious psychological structures, process or conflicts. These models typically focus on stages or processes of early psychological development, and the way in which this development may be disrupted by factors in family or parental relationships, including trauma. Interventions used typically include a focus on the therapeutic relationship as an object of study and discussion, and identification of repeated patterns of thought, affect and behaviour within the therapeutic relationship and elsewhere in a person's life. These therapies may aim to produce change through greater conscious understanding of these patterns and processes, although conscious 'insight' is not seen as essential in all such therapies.

Brief psychodynamic therapy

Includes: that using:

0
• client centred
• insight-orientated }
• psychoanalytical
• supportive/expressive
gestalt therapy
psychoanalysis
psychoanalytic psychotherapies
psychodynamic (brief) therapies
self-psychology
therapies based on the Conversational Model

Excludes: psychodynamic approach in:

- couples therapy (96178-00 [1873])
- family/carer-focussed therapy (96102-00 [1873])
- sex therapy (96179-00 [1873])
- systems therapy (96102-00 [1873])

96176-00 Behaviour therapy Brief behaviour therapy

Includes: that using:

 desensitisation (graded exposure)(exposure therapy) -) hyperventilation control motivational interviewing • problem solving • relapse-prevention

• relaxation

• response-prevention

• role play/rehearsal

Excludes: behavioural approach in: • couples therapy (96178-00 [1873])

• sex therapy (96179-00 [1873]) • systems therapy (96102-00 [1873])

96101-00 Cognitive and/or behavioural therapy [CBT]

Brief cognitive behaviour therapy

Psychological therapies include a structured interaction between a mental health client and a qualified mental health professional(s) using a recognised psychological method, for example, cognitive behavioural techniques, family therapy or psychoeducation counselling. Psychological interventions are designed to alleviate psychological distress or emotional disturbance, change maladaptive behaviour and foster mental health.

Cognitive and/or behavioural therapies are psychotherapeutic interventions that aim to teach the client(s) how to identify any unhealthy, negative and/or maladaptive patterns of thinking (cognitive) and behaviour (behavioural) in order to evaluate and then modify them with appropriate and adaptive alternatives. This type of intervention can be performed individually, with a group, or alone (through self-help instruction), and is characterised by homework assignments to identify, evaluate and modify maladaptive thoughts and behaviours as they arise in everyday situations. This intervention is predicated on the assumption that mental illness originates internally from distorted thought processes or manifests from learned patterns of maladaptive behaviour rather than from external social or situational influences.

Includes: that using:

• cognitive restructuring

- desensitisation (graded exposure)_(exposure therapy) } dialectical behaviour • hyperventilation control • motivational interviewing • problem solving } approach/technique • rational emotive therapy • relapse-prevention } • relaxation • response-prevention } • role play/rehearsal }
- structured problem solving • treatment adherence

Excludes: cognitive and/or behavioural approach in:

- couples therapy (96178-00 [1873])
- family/carer-focussed therapy (96102-00 [1873])
- sex therapy (96179-00 [1873])
- systems therapy (96102-00 [1873])

96177-00 Interpersonal psychotherapy [IPT]

Interpersonal psychotherapy is a brief, structured approach that addresses one or more problem area(s) in a client's interpersonal functioning. The underlying assumption is that mental health problems and interpersonal problems are interrelated. The therapy focuses on the client's current social context and social functioning, and does not attempt to see current situations as a function of internal conflict. The aim of interpersonal psychotherapy is to identify and resolve interpersonal difficulties, issues and problems, for example interpersonal deficits, grief, disputes and role transitions. Interpersonal psychotherapy explores a client's perceptions and expectations of relationships, and aims to improve interpersonal skills and communication.

Brief interpersonal psychotherapy

Includes: that using:

role playing techniques

structured problem solving approach

Note: Interpersonal psychotherapy [IPT] aims to clarify and resolve one or more interpersonal difficulties experienced by a client. These difficulties include: role disputes, social skills deficits, prolonged grief reactions or role transition. IPT builds skills primarily in the communication and interpersonal domains.

Excludes: interpersonal psychotherapeutic approach in:

- couples therapy (96178-00 [1873])
- family/carer-focussed therapy (96102-00 [1873])
- sex therapy (96179-00 [1873])
- systems therapy (96102-00 [1873])

96239-00 Psychoeducation

Psychoeducation involves a specific form of educative counselling tailored to clients, carers, other treating professionals or their family members to help them understand the facts about mental illness and to access or learn strategies to deal with the illness and prevent relapse. Psychoeducation may be provided to individuals with a mental health condition.

96178-00 Couples therapy

Includes: that using:

- behavioural
 - cognitive <u>and/or</u> behavioural }
 - <u>ego analytical</u>interpersonal
- } approach

}

- <u>object relations</u>
- psychodynamicanalytical

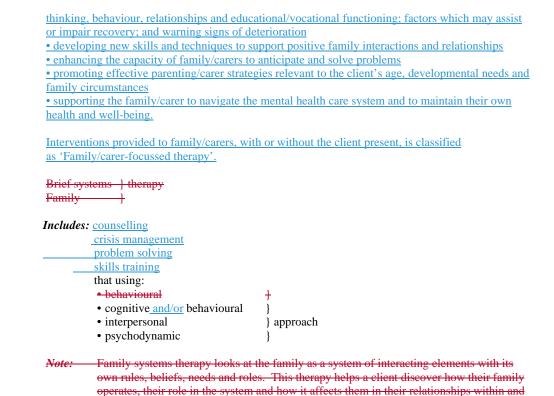
96102-00 Family/carer-focussedSystems therapy

Family/carer-focussed therapy is defined as therapeutic processes which promote, improve and sustain the effective functioning of the family/carer, and/or work with the family/carer to achieve improvement in the mental health status of the client. The scope of interventions is limited to family/carers. It should be noted that in this context, family/carers include people who have a significant emotional connection to the client, such as friends and partners, and those who have a formal role as the client's carer.

Family/carer-focussed therapy can comprise a number of different processes which have in common a focus on changing the knowledge, skills, interactions or capacity of the family. These may include: • assisting family/carer and client to see things from other's perspective and to develop shared understandings

• assisting family/carer to understand: the nature of the client's mental health problem; their roles and the role of others in the care plan; how the mental health problem may impact on the client's

Mental health interventions and Spiritual care



96179-00 Sex therapy

Includes: that using:

- behavioural
 - cognitive <u>and/or</u> behavioural }
 - interpersonal

outside the family

psychodynamic

} approach }

96103-00 Clinical hypnosis Hypnotherapy

96185-00 Supportive psychotherapy, not elsewhere classified

Supportive psychotherapy is a form of psychotherapy whose focus is on short-term improvement in distress or function through identifying a person's usual strengths and coping mechanisms and assisting the person to mobilise or strengthen those mechanisms in the face of, or following, significant stressors. Strengths and coping mechanisms may be viewed in very different theoretical frameworks (eg ego-psychology, cognitive, social/systems). These therapies typically have an active stance, with a focus on more immediate issues. Supportive psychotherapy NOS

The term 'supportive psychotherapy' is widely accepted and used, although it is not Note: elearly defined or supported by a wealth of literature. It is included in this classification because of its wide usage and is defined as a form of psychotherapy that aims to optimise clients' functioning, promote their autonomy, enhance their self-esteem, and lessen their anxiety and distress. Unlike other forms of therapy, supportive psychotherapy does not aim to produce major change in the client. While behavioural treatments aim to alter the way clients act, cognitive behavioural therapy the way people think and act, and psychodynamic therapy the patterns of their defences, supportive psychotherapy aims not to change, but rather to strengthen their existing coping mechanisms. Supportive psychotherapy includes activities aimed at establishing and/or enhancing the therapeutic relationship using measures such as active or empathetic listening, praise, encouragement, understanding, reassurance and advice. It is important to understand that supportive techniques are an important aspect of all modalities of psychotherapy. Therefore, any supportive psychotherapy, performed as a component of a certain approach such as psychodynamic therapy or cognitive behavioural therapy, should be coded as such and not to this code. Indeed, supportive techniques are

an important aspect of all therapeutic interventions and therefore, any supportive techniques performed as a component of any therapeutic intervention, should be coded to the specific intervention and not to this code.

Excludes: that with any other therapeutic intervention – omit code

96180-00 Other psychotherapies or psychosocial therapies Brief psychotherapy NOS Drama therapy Eclectic psychotherapy Eye movement desensitisation and reprocessing [EMDR] Gestalt therapy Personal construct therapy Psychodrama Rapid eye movement desensitisation [REMD] Self therapy Solution-focussed therapy

Excludes: play/leisure/recreation therapy (96148-00 [1878])

Skills training for personal care and other activities of daily/independent living

1878 ∇ 0534

Skills training is characterised by a formal rehabilitative process that involves a schedule of instruction, active supervised practice by the client and evaluation of progress. It may be applied to a variety of functional areas ('skills') including physical and psychological skills. Examples include communication, socialisation and vocational skills, and self-care skills such as dressing and personal hygiene behaviours. The training may be aimed at improving the skills of the client, their carer and other treating health professionals.

Skills training attempts to build/refine functional skill deficits. In this way, skills training can be contrasted with cognitive and/or behavioural therapy, which attempts to modify a mental health client's thoughts and/or behaviours that are perceived as negative or maladjusted, but are not necessarily related to a need to develop new or refine existing functional skills.

Includes: evaluation of progression

96148-00 Play/leisure/recreation therapy

Play/leisure/recreation therapy is a type of therapy that aims to decrease behavioural and emotional difficulties that interfere with the client's normal functioning. The treating health professional uses the client's fantasies and the symbolic meanings of the client's play as a medium for understanding and communicating with the client. Play therapy allows the client to express themselves through play and is aimed at improving: • capacity to trust and to relate to others

- capacity to trust a

• impulse control

more adaptive ways of coping with anxiety and frustration
verbal expression.

Play/leisure/recreation: • exploration • skills training



Electroconvulsive therapy

▼ 0533

Includes: consultation electroencephalographic monitoring injection of muscle relaxant

- stimulus dosing techniques
- Note:
 Code 93341-XX Electroconvulsive therapy [ECT] requires a two character extension to indicate the number of ECT treatments performed in the episode of care.

 The extensions range from:
 -00 unspecified number of treatments

 -00 unspecified number of treatments
 -01 to -98 1 98 treatments

 -99 ≥ 99 treatments

_93341-XX Electroconvulsive therapy [ECT]

14224-00 Electroconvulsive therapy [ECT], unspecified laterality, not specified as ultrabrief

- 14224-01 Electroconvulsive therapy [ECT], unspecified laterality, ultrabrief ECT, unspecified laterality, ultrabrief pulse width
- 14224-02 Electroconvulsive therapy [ECT], unilateral, not specified as ultrabrief
- 14224-03 Electroconvulsive therapy [ECT], unilateral, ultrabrief ECT, unilateral, ultrabrief pulse width
- 14224-04 Electroconvulsive therapy [ECT], bilateral, not specified as ultrabrief
- 14224-05
 Electroconvulsive therapy [ECT], bilateral, ultrabrief

 ECT, bilateral, ultrabrief pulse width
- 14224-06 Electroconvulsive therapy [ECT] ≥ 21 treatments

<u>Includes: bilateral</u> <u>unilateral</u> <u>unspecified laterality</u> with or without brevity (ultrabrief)

Note: This code is to be assigned once only when ≥ 21 ECT treatments are performed in an episode of care.

1915 Other client support interventions

∇ 0534

- 96171-00 Accompanying or transportation of client Escort of client to other service provider or agency within or outside health care facility
- 96107-00 Service coordination

Includes: consultation with other health care providers contact with other agencies

Note: Service coordination – involves arrangement, facilitation and coordination of a range of services necessary to meet identified needs of the client

Excludes: counselling or education on:

- financial management (96078-00 [1867])
- home management (96077-00 [1867])
- self care/self maintenance (96075-00 [1867])

96108-00	6108-00 Advocacy <i>Note:</i> Representation or defence of the client's interests to facilitate access to and use of		
96187-00	Pastoral ministrySpiritual support		
	Introducing the service		
	Pastoral conversation Spiritual/emotional support		
	Spiritual support is the provision of a ministry of presence and emotional support to individuals or groups.		
	Includes: companioning of person(s) confronted with profound human issues of death, dying, loss meaning and aloneness		
	emotional support and advocacy		
	enabling conversation to nuture spiritual wellbeing and healing establishing relationship		
	hearing the person(s) narrative		
	<i>Note:</i> The expression of pastoral care related to the introduction of the service and the		
	establishing of rapport/relationship enabling pastoral conversation in which spiritual we being and healing may be nurtured		
<u>96240-00</u>	Spiritual ritual All ritual activities, both formal and informal.		
	An intual activities, both formal and informat.		
	Includes: anointing		
	blessing and naming		
	dedications funerals		
	meditation		
	memorial services		
	private prayer and devotion		
	public and private worship rites		
	sacraments		
	seasonal and occasional services		
	weddings and relationship ceremonies		
1916 G	eneralised allied health interventions		
∇ 0032			
95550-00	Allied health intervention, dietetics		
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95550-12	Allied health intervention, pastoral spiritual care		
95550-14 ▼ 0401	Allied health intervention, diabetes education		
95550-11	Allied health intervention, other		
1920 Ad	dministration of pharmacotherapy		
	l, 0102, <u>0534,</u> 1316, 1615, 1923 Iministration of pharmacological agent for systemic effect		
AC	ministration 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*.

-00 Antineoplastic agent Agents used in the treatment of neoplasms and/or neoplasm related conditions Code also when performed: • electrotherapy for skin lesion(s) (30195-06, 30195-07 [1612]) Excludes: surgical catheterisation with administration of chemotherapeutic agent (see block [741]) Thrombolytic agent -01 Excludes: surgical catheterisation with administration of thrombolytic agent (see block [741]) -07 Nutritional substance -08 Electrolyte -09 Other and unspecified pharmacological agent **Dextrose** Iron -10 Psychotherapeutic agent Agents used in the treatment of mental, behavioural and psychiatric conditions Administration of: • anticonvulsant antidepressant • antiparkinsonian agent antipsychotic agent • anxiolytic, sedative and hypnotic • mood stabiliser • other psychoactive medication • stimulant -19 Other and unspecified pharmacological agent

Iron

Dextrose

96196-00 Intra-arterial administration of pharmacological agent, antineoplastic agent

- Code also when performed:
- loading of drug delivery device (96209 [1920])

1922 Other procedures related to pharmacotherapy

Note: The two character extensions from the following table are for use with 96241-xx to indicate if the prescription is new, a repeat or unspecified.

Extension	Description
<u>-01</u>	New prescription
<u>-02</u>	Repeat prescription
<u>-09</u>	<u>Unspecified or not known</u> whether new or repeat prescription

<u>96241-XX</u>	Prescription of psychotherapeutic agent
<u>∇ 0042, 0534</u>	
	Prescription of agents used in the treatment of mental, behavioural and psychiatric conditions:
	• anticonvulsant
	• antidepressant
	• antiparkinsonian agent
	• antipsychotic agent
	• anxiolytic, sedative and hypnotic
	• mood stabiliser
	• other psychoactive medication
	• stimulant

- 90762-00 Treatment planning of pharmacotherapy, primary course
- 90762-01 Treatment planning of pharmacotherapy, secondary course

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- - dextrose code to block [1920] with extension -0919
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- - donor leukocytes 13706-04 [1893]
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- 09<u>19</u>
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- - prophylactic NEC code to block [1920] with extension -0919
- - prostaglandin see also Induction/labour
- - for termination of pregnancy 90461-00 [1330] - - psychoactive medication
- - anticonvulsant code to block [1920] with extension -10
- - antidepressant code to block [1920] with extension -10
- - antiparkinsonian agent code to block [1920] with extension -10
- - antipsychotic agent code to block [1920] with extension -10
- - anxiolytic code to block [1920] with extension -10
- - hypnotic code to block [1920] with extension -10
- - mood stabiliser code to block [1920] with extension -10
- -- psychotherapeutic agent NEC -- code to block [1920] with extension -10
- - sedative code to block [1920] with extension -10
- - stimulant code to block [1920] with extension -10
- psychotherapeutic agent code to block [1920] with extension -10
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- - social work 95550-01 [1916]
- - specified NEC 95550-11 [1916]
- - speech pathology 95550-05 [1916]
- spiritual care 95550-12 [1916]
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Inspection
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- brain

Intervention

- allied health see also specific interventions
 general
- - audiology 95550-06 [1916]
- - diabetes education 95550-14 [1916]
- - dietetics 95550-00 [1916]
- - occupational therapy 95550-02 [1916]
- - orthoptics 95550-07 [1916]
- - orthotics 95550-08 [1916] pastoral care 95550 12 [1916]
- - pharmacy 95550-09 [1916]
- - physiotherapy 95550-03 [1916]
- - podiatry 95550-04 **[1916]**
- - poulaily 95550-04 [1910
- - prosthetics 95550-08 [1916] - - psychology 95550-10 [1916]
- - social work 95550-01 [1916]
- - specified NEC 95550-11 [1916]
- - speech pathology 95550-05 [1916]
- - spiritual care 95550-12 [1916]
- Interview see also Assessment
- Iontophoresis (for collection of sweat) 96205-<u>0919</u> [1920] IPD (intermittent peritoneal dialysis) 13100-07
- [1061]
- Pastoral care 95550-12 [1916] see Spiritual care
- assessment 96186-00 [1824]
- counselling or education 96087-00 [1869]
- ministry 96187-00 [1915] - ritual/worship 96109-01 [1873]

Patch

Prescription (of) — see also Assessment - dental 97927-00 [485] - psychoactive medication - anticonvulsant 96241 [1922] - antidepressant 96241 [1922] - antipsychotic agent 96241 [1922] - anxiolytic 96241 [1922] - hypnotic 96241 [1922] - mood stabiliser 96241 [1922] - psychotherapeutic agent NEC 96241 [1922] - stimulant 96241 [1922] - psychotherapeutic agent NEC 96241 [1922]

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Preservation
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Provision - wrought bar (dental) 97738-00 [474] Psychoeducation 96239-00 [1873] Psychotherapy - art therapy 96181-00 [1873] - behavioural (and cognitive) 96176-0096101-00 [1873] -see Psychotherapy/cognitive -coanitive **behaviour** - - in - - - couples therapy 96178-00 [1873] - - - family/carer-focussed therapy 96102-00 [1873] - - - sex therapy 96179-00 [1873] systems therapy 96102-00 [1873] - bibliotherapy 96182-00 [1873] - carer-focussed therapy 96102-00 [1873] - clinical hypnosis 96103-00 [1873] - cognitive behaviour(and behavioural) 96101-00 [1873] - - in - - - couples therapy 96178-00 [1873] - - - family/carer-focussed therapy 96102-00 [1873] - - - sex therapy 96179-00 [1873] systems therapy 96102 00 [1873] - couples 96178-00 [1873] - drama 96180-00 [1873] - eclectic 96180-00 [1873] - family/carer-focussed 96102-00 [1873] - gestalt 96180-00 96100-00 [1873] - hypnotherapy 96103-00 [1873] - interpersonal 96177-00 [1873] - - in - - - couples therapy 96178-00 [1873] - - - family/carer-focussed therapy 96102-00 [1873] - - - sex therapy 96179-00 [1873] systems therapy 96102 00 [1873] - marriage 96178-00 [1873] - music therapy 96104-00 [1873] - narrative 96183-00 [1873] - psychodrama 96180-00 [1873] - psychodynamic 96100-00 [1873] - - in - - - couples therapy 96178-00 [1873] - - - family/carer-focussed therapy 96102-00 [1873] - - - sex therapy 96179-00 [1873] systems therapy 96102 00 [1873] - self 96180-00 [1873] - sex 96179-00 [1873] - skills training 96001-00 [1873] - solution-focussed 96180-00 [1873] - specified NEC 96180-00 [1873] - supportive NEC 96185-00 [1873] - systems (family) 96102-00 [1873] PTCA (percutaneous transluminal coronary angioplasty) (single artery) 38300-00 [670] Ramstedt's procedure (pyloromyotomy) 43930-00 [873] Rapid eye movement desensitisation (REMD) 96180-00 [1873] Rashkind procedure (balloon septostomy) (blade septostomy) 38270-00 [619]

Ritual, pastoralspiritual-96109-01-96240-00 [18731915]

Roentgenography — see Radiography

Spica — see Immobilisation

- Spiritual care NEC 95550-12 [1916]
- assessment 96186-00 [1824]
- counselling, guidance or education 96087-00
- <u>[1869]</u>
- ritual 96240-00 [1915]
- support 96187-00 [1915]
- Spirometry (see also Test, testing/respiratory system/function) 11506-00 [1849]
- for inhalation provocation testing 11503-17 [1849]

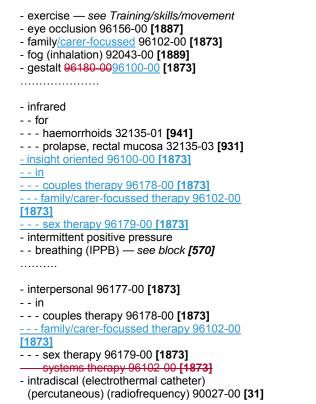
Support

- accompanying or transportation of client (patient) 96171-00 [1915]
- advocacy 96108-00 [1915]
- nutritional
- - enteral 96097-00 [1871]
- - oral 96096-00 [1871]
- - parenteral 96098-00 [1871]
- - therapeutic diet 96095-00 [1871]
- pastoral ministry 96187-00 [1915]
- service coordination 96107-00 [1915]
- spiritual 96187-00 [1915]
- Survey
- skeletal 58306-00 [1986]

Therapy

- behaviour<u>al (and cognitive)96176-00_96101-00</u> [1873]

- cognitive see Therapy/cognitive behaviour - - in
- --- couples therapy 96178-00 [1873]
- --- family/carer-focussed therapy 96102-00 [1873]
- - sex therapy 96179-00 [1873]
- --- systems therapy 96102-00 [1873]
- bibliotherapy 96182-00 [1873]
- bilevel positive airway pressure (BiPAP)
- (nonintubated) see block [570]
- - combined with continuous ventilatory support, for neonates see block [571]
- - via endotracheal tube or tracheostomy (with continuous ventilatory support) see block [569]
- <u>- carer-focussed 96102-00 [1873]</u>
- cognitive (and behavioural) 96101-00 [1873]
- -- in
- - couples therapy 96178-00 [1873]
- - family/carer-focussed therapy 96102-00 [1873]
- - sex therapy 96179-00 [1873]
- ---- systems therapy 96102-00 [1873]
- cold see Hypothermia
-
- eclectic 96180-00 [1873]
 electroconvulsive (ECT) (unspecified laterality or
- brevity) 9334114224-00 [1907]
- --≥21 treatments 14224-06 [1907]
- - bilateral 14224-04 [1907]
- --- ultrabrief (pulse width) 14224-05 [1907]
- - ultrabrief (pulse width) NEC 14224-01 [1907]
- - unilateral 14224-02 [1907]
- - ultrabrief (pulse width) 14224-03 [1907]



- oxygen 92044-00 [1889]

- - catalytic 92044-00 [1889]
- - hyperbaric (90 mins) (HBO) (to wound) 96191-00 [1888]
- ---> 90 mins and 3 hours 13020-00 [1888]
- - > 3 hours 13025-00 [1888]
- - wound see Therapy/oxygen/hyperbaric
- pastoral ritual/worship 96109-01 [1873]
- personal construct 96180-00 [1873]
- photodynamic, retina (1 eye) 43021-00 [211]
- psychodrama 96180-00 [1873]
- -psychodynamic 96100 00 [1873]
- - -- sex therapy 96179-00 [1873]
- ---- systems therapy 96102-00 [1873]
- psychological skills training (see also Psychotherapy) 96001-00 [1873]
- psychosocial NEC 96180-00 [1873]

- spiritual ritual 96240-00 [1915]

- stimulation (using electrophysical agent) NEC 96155-00 [1880]
- - tactile 96112-00 [1875]
- -systems (family) 96102-00 [1873]
- tactile stimulation 96112-00 [1875]

Wolfe graft — see Graft/skin/by site/full thickness AND Graft/skin/for burn/by site/full thickness Worship, pastoral 96109-01 [1873]

AUSTRALIAN CODING STANDARDS

SPECIALTY STANDARDS

- 5. Mental and behavioural disorders
- 0503 Drug, alcohol and tobacco use disorders
- 0505 Mental illness complicating pregnancy
- 0506 Adjustment/depressive reaction
- 0512 Personality trait/disorder
- 0520 Family history of mental illness
- 0521 Admitted patient without sign of mental illness
- 0525 Substance rehabilitation and detoxification
- 0526 Münchhausen's by proxy
- 0528 Alzheimer's disease
- 0530 Drug overdose
- 0531 Intellectual impairment/intellectual disability
- 0532 Cognitive impairment
- 0533 Electroconvulsive therapy (ECT)
- 0534 Specific interventions related to mental health care services
- 6. Nervous system

0020 BILATERAL/MULTIPLE PROCEDURES

MULTIPLE PROCEDURES

Classification

1. The SAME PROCEDURE repeated during the episode of care at DIFFERENT visits to theatre

A procedure which is repeated during the episode of care at different visits to theatre should be coded as many times as it is performed.

Exceptions to this rule are:

- procedures included in ACS 0042 Procedures normally not coded
- procedures with specific rules in other coding standards, such as:
 - burn dressings (see ACS 1911 Burns)
 - chemotherapy (see ACS 0044 *Chemotherapy*)
 - blood transfusions (see ACS 0302 Blood transfusions)
 - allied health interventions (see ACS 0032 Allied health interventions)
 - dialysis (see ACS 1404 Admission for kidney dialysis)
 - mental health interventions (see ACS 0534 Specific interventions related to mental health care services)
 - ECT (see ACS 0533 Electroconvulsive therapy)
 - radiotherapy (see ACS 0229 Radiotherapy)

EXAMPLE 1:

Co

Patient has three ECT sessions each requiring general anaesthetic.

odee	033/11 03 [1007]	Electroconvulsive therapy [ECT] 3 treatments
Jucs.	75571 05 1707	Electroconvasive incrupy [Lef], 5 incuments

02514 00 [1010]	General anaesthesia ASA 00
74314 77 1710	

92514-99 [1910] General anaesthesia, ASA 99

92514 99 [1910] General anaesthesia, ASA 99

EXAMPLE **21**:

Patient has drainage of Bartholin's gland abscess performed at two different visits to theatre during an episode of care.

Codes: 35520-00 [1290]

Treatment of Bartholin's gland abscess Treatment of Bartholin's gland abscess

35520-00 [1290] Trea Assign the code for each visit to theatre

.....

5. Skin or subcutaneous lesion removal, excision or biopsy

For multiple excisions or biopsies or removals performed on:

- separate skin lesions: assign relevant code(s) as many times as it is performed
- same lesion: assign relevant code once.

For excision or biopsy or removal of skin lesions repeated during the episode of care at different visits to theatre

- see point 1.

EXAMPLE **3**²:

Excision of two lesions from forearm.

Codes:	31205-00 [1620]
	31205-00 [1620]

Excision of lesion of skin and subcutaneous tissue of other sites Excision of lesion of skin and subcutaneous tissue of other sites

EXAMPLE 43:

Excision of four lesions from eyelid (1) and nose (1) and neck (2).

Codes:	31230-00 [1620]	Excision of lesion of skin and subcutaneous tissue of eyelid
	31230-01 [1620]	Excision of lesion of skin and subcutaneous tissue of nose
	31235-01 [1620]	Excision of lesion of skin and subcutaneous tissue of neck
	31235-01 [1620]	Excision of lesion of skin and subcutaneous tissue of neck

EXAMPLE **54**:

Assign one code only in the following examples:

- diathermy of anal warts
- · diathermy of vulval warts
- removal of plantar warts
- excision of anal skin tags
- multiple excisions or biopsies of the same lesion

EXAMPLE 65:

3 x biopsy of SCC (1) on face. Code: 30071-00 [1618]

Biopsy of skin and subcutaneous tissue

EXAMPLE **7**<u>6</u>:

Biopsy of BCC on forearm and compound naevus on neck.

Codes: 30071-00 [1618] 30071-00 [1618]

Biopsy of skin and subcutaneous tissue Biopsy of skin and subcutaneous tissue

0533 ELECTROCONVULSIVE THERAPY (ECT)

CLASSIFICATION

Electroconvulsive therapy (ECT) is a procedure usually performed under general anaesthesia. The procedure code for ECT is split on the number of times the procedure is performed, with extensions from 1 to \geq 99 ECT sessions, for example:

93341-01 [1907] Electroconvulsive therapy [ECT], 1 treatment93341-45 [1907] Electroconvulsive therapy [ECT], 45 treatments93341-98 [1907] Electroconvulsive therapy [ECT], 98 treatments93341-99 [1907] Electroconvulsive therapy [ECT], ≥ 99 treatmentsThis is a total count for the episode of care irrespective of the actual prescribed courses

Electroconvulsive therapy (ECT) is a procedure performed by placing small electrodes on the head and applying a brief electrical impulse to produce a generalised seizure. Advances in ECT, allow the stimulation to be delivered by a very short burst (0.3 milliseconds) of electricity, known as ultrabrief. Ultrabrief is 30-50% of the pulse width used in standard ECT and is thought to have less cognitive side effects but takes longer to act compared to the standard ECT.

The position of the electrodes for ECT may be bilateral (bifrontotemporal or bifrontal) or <u>unilateral.</u>

Unilateral ECT typically involves the placement of one electrode above the temple on the non-dominant side of the brain with a second electrode placed further back on the scalp on the same side. An electrical current passes between the two electrodes.

Bilateral ECT typically involves the placement of an electrode on either side of the forehead. An electrical current passes through both hemispheres (sides) of the brain.

ECT is usually performed under general anaesthesia.

CLASSIFICATION

ACHI codes for ECT are split by the laterality of the electrodes' position, the brevity of the electrical pulse width and the number of ECT sessions performed in an episode of care:

<u>14224-00 [1907] Electroconvulsive therapy [ECT] unspecified laterality, not specified as</u> <u>ultrabrief</u>

14224-01 [1907] Electroconvulsive therapy [ECT] unspecified laterality, ultrabrief

14224-02 [1907] Electroconvulsive therapy [ECT] unilateral, not specified as ultrabrief

14224-03 [1907] Electroconvulsive therapy [ECT] unilateral, ultrabrief

14224-04 [1907] Electroconvulsive therapy [ECT] bilateral, not specified as ultrabrief

14224-05 [1907] Electroconvulsive therapy [ECT] bilateral, ultrabrief

Assign a code from 14224-00–14224-05 for each type of ECT as many times as it is performed. When more than 20 ECT sessions are performed in one episode of care, assign the following code once only, irrespective of whether there is specification of laterality or brevity:

<u>14224-06 [1907] Electroconvulsive therapy $[ECT] \ge 21$ treatments.</u>

ACS 0031 *Anaesthesia* directs coders to assign one anaesthetic code for each visit to theatre. That is, an anaesthetic code is assigned as many times as performed. Therefore, when a patient undergoes 6 ECT treatments, with each being performed under an intravenous general anaesthetic, the following codes apply:

EXAMPLE 1:

Patient had one course of <u>6</u> ECT <u>with 6</u>-treatments <u>consisting of 2 sessions with ultrabrief unilateral ECT and</u> <u>4 sessions with bilateral stimulation not specified as ultrabrief</u>, each performed under IV general anaesthetic in the one an episode of care.

Codes:	93341-06 [1907]	Electroconvulsive therapy [ECT], 6 treatments
	<u>14224-04 [1907]</u>	Electroconvulsive therapy [ECT], bilateral, not specified as ultrabrief
	<u>92514-99 [1910]</u>	General anaesthesia, ASA 9, nonemergency
	<u>14224-04 [1907]</u>	Electroconvulsive therapy [ECT], bilateral, not specified as ultrabrief
	<u>92514-99 [1910]</u>	General anaesthesia, ASA 9, nonemergency
	<u>14224-04 [1907]</u>	Electroconvulsive therapy [ECT], bilateral, not specified as ultrabrief
	<u>92514-99 [1910]</u>	General anaesthesia, ASA 9, nonemergency
	<u>14224-04 [1907]</u>	Electroconvulsive therapy [ECT], bilateral, not specified as ultrabrief
	<u>92514-99 [1910]</u>	General anaesthesia, ASA 9, nonemergency
	<u>14224-03 [1907]</u>	Electroconvulsive therapy [ECT], unilateral, ultrabrief
	<u>92514-99 [1910]</u>	<u>General anaesthesia, ASA 9, nonemergency</u>
	<u>14224-03 [1907]</u>	Electroconvulsive therapy [ECT], unilateral, ultrabrief
	<u>92514-99 [1910]</u>	General anaesthesia, ASA 9, nonemergency
	92514 99 [1910]	General anaesthesia, ASA 9, nonemergency
	92514-99 [1910]	General anaesthesia, ASA 9, nonemergency
	92514 99 [1910]	General anaesthesia, ASA 9, nonemergency
	92514-99 [1910]	General anaesthesia, ASA 9, nonemergency
	92514 99 [1910]	General anaesthesia, ASA 9, nonemergency
	92514 99 [1910]	General anaesthesia, ASA 9, nonemergency

EXAMPLE 2:

÷

22 treatments of ECT consisting of 12 unilateral ultrabrief sessions and 10 bilateral non ultrabrief sessions, performed under general anaesthesia during an episode of care.

<u>Code: 14224-06 [1907] Electroconvulsive therapy [ECT], ≥ 21 treatments</u>

Assign anaesthetic code 22 times.

0534 SPECIFIC INTERVENTIONS RELATED TO MENTAL HEALTH CARE SERVICES

Specific intervention codes related to mental health care services are included in ACHI Chapter 19 Interventions not elsewhere classified in the following blocks:

Block [1822] Assessment of personal care and other activities of daily/independent living Block [1823] Mental, behavioural or psychosocial assessment Block [1868] Psychosocial counselling Block [1872] Alcohol and drug rehabilitation and detoxification Block [1873] Psychological/psychosocial therapies Block [1878] Skills training for personal care and other activities of daily/independent living Block [1907] Electroconvulsive therapy Block [1908] Other therapeutic interventions Block [1915] Other client support interventions Block [1920] Administration of pharmacotherapy

Block [1922] Other procedures related to pharmacotherapy

For admitted episodes of care it is not mandatory to assign code(s) for mental health care interventions with the exception of electroconvulsive therapy. However their use is encouraged in specialist mental health care facilities and units to better represent care provided to these patients. It should also be noted that these interventions are not exclusive to mental health and may be assigned outside of this context.

CLASSIFICATION

If the same mental health intervention is performed more than once during an episode of care, assign the code only once. For electroconvulsive therapy, apply the guidelines in ACS 0533 *Electroconvulsive therapy*.

EXAMPLE 1:

Two sessions of family therapy were provided to the parents of an adolescent with an eating disorder to improve family interaction during an admitted episode of care.

Code: 96102-00 [1873] Family/carer-focussed therapy

EXAMPLE 2:

<u>A patient was assessed for his cognitive function by a psychologist who also provided psychosocial</u> counselling.

Codes:96238-00 [1823]Cognitive and/or behavioural assessment96086-00 [1868]Other psychosocial counselling

For admitted episodes of care do not assign 96241-xx [1922] *Prescription of psychotherapeutic agent* and codes from block [1920] *Administration of pharmacotherapy* with an extension of -10 *Administration of psychotherapeutic agent*. However, these codes may be assigned for patients treated in residential or ambulatory mental health care facilities.

WHO Updates to Chapter 6 Diseases of the nervous system

BACKGROUND:

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. These changes have been included in ICD-10-AM Tenth Edition with some modification.

Major changes include:

- Changes to codes for multiple system atrophy
- Orthostatic hypotension was expanded for specificity

TABULAR LIST

G23	Other degenerative diseases of basal ganglia <u>Excludes:</u> multi-system: <u>atrophy NOS</u> (G90.3) <u>degeneration</u>
G23.0	Hallervorden-Spatz disease Pigmentary pallidal degeneration
G23.1	Progressive supranuclear ophthalmoplegia [Steele-Richardson-Olszewski] Progressive supranuclear palsy
G23.2	Striatonigral degeneration Multiple system atrophy, parkinsonian type [MSA-P]
<u>G23.3</u>	Multiple system atrophy, cerebellar type [MSA-C]
G23.8	Other specified degenerative diseases of basal ganglia Calcification of basal ganglia
G23.9	Degenerative disease of basal ganglia, unspecified
G90	Disorders of autonomic nervous system <i>Excludes:</i> dysfunction of autonomic nervous system due to alcohol (G31.2)
G90.0	Idiopathic peripheral autonomic neuropathy Carotid sinus syncope
G90.1	Familial dysautonomia [Riley-Day]
G90.2	Horner's syndrome Bernard(-Horner) syndrome
G90.3	Multi-system degeneration Multi-system atrophy NOS Neurogenic orthostatic hypotension [Shy-Drager] <i>Excludes:</i> orthostatic hypotension NOS (195.1)
G90.4	Autonomic dysreflexia
G90.8	Other disorders of autonomic nervous system

G90.9	Disorder of	f autonomic nervous system, unspecified
195	Hypotension	
	Excludes:	cardiovascular collapse (R57.9) maternal hypotension syndrome (O26.5) nonspecific low blood pressure reading NOS (R03.1)
195.0	Idiopathic I	hypotension
195.1	Orthostatic hypotension Hypotension, postural	
	Excludes:	- neurogenic orthostatic hypotension [Shy-Drager] (G90.3)
<u>195.1</u>	Orthostati	ic hypotension otension
⊘ 195.10	Orthostatic	hypotension, unspecified
⊘ 195.11	Primary ort	hostatic hypotension
⊘ 195.12	Neurogenic	corthostatic hypotension
<u>⊘195.19</u>	Other spec	ified orthostatic hypotension
195.2		on due to drugs nal external cause code (Chapter20) to identify drug.
195.8	Other hypo Chronic hyp	
195.9	Hypotension, unspecified	
R03	Abnormal	blood-pressure reading, without diagnosis
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension	
	Note:	This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an isolated incidental finding.
R03.1	Nonspecifi	c low blood-pressure reading
	Excludes:	hypotension: • neurogenic orthostatic (G90.3<u>195.12</u>) • NOS (195. <u>9</u> -) maternal hypotension syndrome (O26.5)

R55

Syncope and collapse

Blackout Fainting

Excludes:

neurocirculatory asthenia (F45.31) orthostatic hypotension: • neurogenic (G90.3<u>195.12</u>) • NOS (I95.10) shock: • cardiogenic (R57.0) • complicating or following: • abortion or ectopic or molar pregnancy (O00–O07, O08.3) • labour and delivery (O75.1) • NOS (R57.9) • postprocedural (T81.1) Stokes-Adams attack (I45.9) syncope: • carotid sinus (G90.0) • heat (T67.1) • psychogenic (F48.8) unconsciousness NOS (R40.2)

Appendix D: Classification of Hospital Acquired Diagnoses (CHADx)

2.11 Hypotension due to anaesthesia

- I950Idiopathic hypotensionI951Orthostatic hypotensionI95.10Orthostatic hypotension, unspecifiedI95.11Primary orthostatic hypotensionI95.12Neurogenic orthostatic hypotensionI95.19Other specified orthostatic hypotensionI952Hypotension due to drugs
- 1958 Other hypotension
- 1959 Hypotension unspecified

When followed by the external cause codes:

5.6 Hypotension

- 1950 Idiopathic hypotension
- 1951 Orthostatic hypotension
- 195.10 Orthostatic hypotension, unspecified
- <u>I95.11</u> Primary orthostatic hypotension
- 195.12 Neurogenic orthostatic hypotension
- 195.19 Other specified orthostatic hypotension
- 1958 Other hypotension

ALPHABETIC INDEX

Atrophy, atrophic

- adrenal (capsule) (gland) E27.4
- cystic duct K82.8
- Déjerine-Thomas G23.8G23.3
- disuse NEC M62.5-

- multiple (multi-) system (brain) (CNS) NEC
- G90.3G23.2 - - cerebellar type [MSA-C] G23.3
- - parkinsonian type [MSA-P] G23.2
- muscle, muscular M62.5-
- - diffuse M62.5-
-
- old age R54
- olivopontocerebellar G23.8G23.3
- orbit H05.3

Degeneration, degenerative

- adrenal (capsule) (fatty) (gland) (hyaline) (infectional) E27.8
- - Mönckeberg's - see Arteriosclerosis/extremities
- multiple (multi-) system NEC G90.3 G23.2
- - cerebellar type [MSA-C] G23.3
- - parkinsonian type [MSA-P] G23.2
- mural (see also Degeneration/myocardial) I51.5
- muscle, muscular (fatty) (fibrous) (hyaline)
- (progressive) M62.8-

..... - nipple N64.8

- olivopontocerebellar (familial) (hereditary)

G23.8G23.3

- osseous labyrinth H83.8

Déjerine-Sottas disease or neuropathy

(hypertrophic) G60.0 Déjerine-Thomas atrophy G23.8G23.3 Delay, delayed

Hypotension (arterial) (chronic) (constitutional) 195.9

- neonatal P29.81
- neurogenic, orthostatic G90.3 95.12
- orthostatic (chronic) 195.10
- - neurogenic <u>G90.3</u>195.12
- - primary 195.11
- - specified NEC 195.19
- postprocedural 197.8
- postural 195.10
- - neurogenic 195.12 - - primary 195.11
- - specified NEC 195.19 - specified NEC 195.8

Multi-system atrophy (MSA) NEC G90.3G23.2

- cerebellar type [MSA-C] G23.3 parkinsonian type [MSA-P] G23.2 Mumps (parotitis) B26.9

Parkinsonism (idiopathic) (primary) G20

- with - - dementia G20+ F02.3*
- - Lewy body disease (cortical) (diffuse) G31.3† G22
- neurogenic orthostatic hypotension (symptomatic) G90.3
- arteriosclerotic G21.4

Shy-Drager syndrome G90.3 ____ see Atrophy/multiple (multi-) system

Syndrome — see also Disease

- Shprintzen Q87.87
- Shy-Drager G90.3 see Atrophy/multiple (multi-) system
- Sicard's G52.7

System, systemic — see also condition

- atrophy, multiple (brain) (CNS) NEC G90.3G23.2
- - cerebellar type [MSA-C] G23.3
- - parkinsonian type [MSA-P] G23.2
- disease, combined see Degeneration/combined

WHO Updates to Chapter 6 *Diseases* of the nervous system in regard to Haddad Syndrome

BACKGROUND:

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. The URC update included an index entry for Haddad syndrome. Some of these changes have been included in ICD-10-AM Tenth Edition with some modifications.

In ICD-10-AM Tenth Edition congenital central hypoventilation syndrome will be classifiable to P28.3 *Primary sleep apnoea of newborn* (as it is predominantly seen in newborns).

TABULAR LIST

1

G47.3	Sleep apnoea
∇ 0635	<i>Excludes:</i> pickwickian syndrome (E66.2) sleep apnoea of newborn (P28.3)
O G47.30	Sleep apnoea, unspecified
○ G47.31	Central sleep apnoea syndrome Central sleep hypopnoea syndrome
	Excludes: congenital central hypoventilation syndrome (P28.3)
○ G47.32	Obstructive sleep apnoea syndrome Obstructive sleep hypopnoea syndrome
O G47.33	Sleep hypoventilation syndrome
	Excludes: congenital central hypoventilation syndrome (P28.3)
O G47.39	Other sleep apnoea
G47.4	Narcolepsy and cataplexy
G47.8	Other sleep disorders Kleine-Levin syndrome
G47.9	Sleep disorder, unspecified
P28	Other respiratory conditions originating in the perinatal period <i>Excludes:</i> congenital malformations of the respiratory system (Q30–Q34)
D00 0	
P28.0	Primary atelectasis of newborn Primary failure to expand terminal respiratory units Pulmonary:

· hypoplasia associated with short gestation

Reference to Changes - Tenth Edition Version 2.0

• immaturity NOS

P28.1	Other and unspecified atelectasis of newborn Atelectasis: • NOS • partial • secondary Resorption atelectasis without respiratory distress syndrome
P28.2	Cyanotic attacks of newborn <i>Excludes:</i> apnoea of newborn (P28.3–P28.4-)
P28.3	 Primary sleep apnoea of newborn Congenital central hypoventilation <u>syndrome</u> Sleep apnoea of newborn: central NOS obstructive Code also Hirschsprung's disease or megacolon (Q43.1-) if applicable.
P28.4	Other apnoea of newborn
OP28.40	Apnoea of newborn, unspecified
OP28.41	Apnoea of prematurity
○ P28.49	Other apnoea of newborn Obstructive apnoea of newborn
	<i>Excludes:</i> obstructive sleep apnoea of newborn (P28.3)
P28.5	Respiratory failure of newborn Hypoventilation of newborn
	<i>Excludes:</i> congenital central hypoventilation <u>syndrome</u> (P28.3)

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ALPHABETIC INDEX

Curse, Ondine's G47.39P28.3 Curvature

- organ or site, congenital NEC - see Distortion

Hypoventilation R06.8

- central, congenital P28.3
- newborn P28.5
- syndrome

- - alveolar E66.2
- <u>- central, congenital P28.3</u> - obesity (OHS) E66.2
- - sleep G47.33

Oncovirus, as cause of disease classified elsewhere B97.3 Ondine's curse G47.39P28.3 Oneirophrenia F23.2-Onychauxis L60.2

Sleep

- apnoea G47.30
- - central G47.31
- <u>---newborn P28</u>.3
- - newborn P28.3
- - obstructive G47.32
- - specified G47.39
- disorder or disturbance G47.9
- - nonorganic origin F51.9
- - specified NEC G47.8
- disturbance G47.9
- hypoventilation syndrome G47.33
- - central, congenital P28.3 - rhythm inversion G47.2

- - nonorganic origin F51.2

Syndrome — see also Disease

- congenital (malformation)
- - with ectrodactyly NEC (see also Syndrome/by type) Q87.28
- - affecting multiple systems NEC Q87.89
- - central hypoventilation P28.3
- - facial diplegia Q87.09
- - muscular hypertrophy-cerebral Q87.89
- - oculo-auriculo-vertebral Q87.08
- gustatory sweating G50.8

- Haddad — see Syndrome/congenital/central hypoventilation AND Hirschsprung's disease or megacolon

- haematuria/loin pain N39.81
- haemolytic-uraemic D59.3
- hypoventilation
- - alveolar E66.2
- - congenital central P28.3
- - obesity (OHS) E66.2
- - sleep G47.33
- idiopathic cardiorespiratory distress, newborn P22.0
-
- sleep
- - apnoea G47.30 - - - central G47.31
- ---- newborn P28.3
- - newborn P28.3
- - obstructive G47.32
- - specified NEC G47.39
- - hypoventilation G47.33
- - central, congenital P28.3
- slow coronary flow I20.8

Acquired encephalocele

BACKGROUND:

Following receipt of a public submission, it was identified that acquired encephalocele is not classified in ICD-10-AM.

Amendments were made to ICD-10-AM Tenth Edition, with *Acquired encephalocele* added as an inclusion term at G96.8 *Other specified disorders of central nervous system* with an excludes note at Q01 *Encephalocele* and relevant index entries.

TABULAR LIST

Q01

Encephalocele

Includes: encephalomyelocele hydroencephalocele hydromeningocele, cranial meningocele, cerebral meningoencephalocele Code also congenital hydrocephalus (O03.8--O03.9), if applicable.

Code also congenital hydrocephalus (Q05.8- –Q05.9), if applicabl

Excludes: acquired encephalocele (G96.8) Meckel-Gruber syndrome (Q89.83)

- Q01.0 Frontal encephalocele
- Q01.1 Nasofrontal encephalocele
- G96 Other disorders of central nervous system
- G96.0 Cerebrospinal fluid leak *Excludes:* from spinal puncture (G97.0)
- G96.1 Disorders of meninges, not elsewhere classified Meningeal adhesions (cerebral) (spinal)
- G96.8 Other specified disorders of central nervous system Acquired encephalocele
- G96.9 Disorder of central nervous system, unspecified

ALPHABETIC INDEX

Encephalocele (congenital) Q01.9

- acquired (temporal) G96.8
 ethmoidal Q01.89
- frontal Q01.0
- nasal Q01.83
- nasofrontal Q01.1
- nasopharyngeal Q01.84
- occipital Q01.2
- orbital Q01.82
- parietal Q01.81
- posterior Q01.2
- specified NEC Q01.89

Acquired cerebellar ataxia

BACKGROUND:

Following receipt of a query regarding cerebellar ataxia secondary to previous petrol sniffing it was highlighted that acquired cerebellar ataxia due to other causes is not able to be classified in ICD-10-AM. Amendments have been made for Tenth Edition rectify this.

It was also noted that ACS1804 *Ataxia* does not provide any advice or guidelines essential in assigning R27.0 *Ataxia* which could not be obtained from elsewhere in the classification. Therefore this standard will be deleted.

TABULAR LIST

G31	Other degenerative diseases of nervous system, not elsewhere classified	
	<i>Excludes:</i> Reye's syndrome (G93.7)	
G31.0	Circumscribed brain atrophy Frontotemporal dementia (FTD) Pick's disease Progressive isolated aphasia	
G31.1	Senile degeneration of brain, not elsewhere classified	
	Excludes: Alzheimer's disease (G30.1) senility NOS (eR54)	
G31.2 ▼ 0503	Degeneration of nervous system due to alcohol	
• 0303	Alcoholic: • cerebellar: • ataxia • degeneration • cerebral degeneration • encephalopathy Dysfunction of autonomic nervous system due to alcohol	
© G31.3	Lewy body disease Lewy body disease: • cortical • diffuse • with: • dementia† (F02.8*) • Parkinsonism† (G22*)	
G31.8 ∇ 0627	Other specified degenerative diseases of nervous system	
	Grey matter degeneration [Alpers' disease] Mitochondrial myoencephalopathy Subacute necrotising encephalopathy [Leigh's disease]	
G31.9	Degenerative disease of nervous system, unspecified <u>Acquired cerebellar ataxia NOS</u>	
R27.0 ⊽ 1804	Ataxia, unspecified	

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ALPHABETIC INDEX

Ataxia, ataxy, ataxic R27.0 - brain (hereditary) G11.9

- cerebellar (hereditary) G11.9
 with defective DNA repair G11.3
- - acquired NEC G31.9 - alcoholic G31.2
- - early onset G11.1
- <u>- hereditary G11.9</u> - in

Degeneration, degenerative - cerebellar (acquired) G31.9

- - alcoholic G31.2
- - primary (hereditary) (sporadic) G11.9

AUSTRALIAN CODING STANDARDS

1804 ATAXIA

There are many types of ataxia. Therefore, clinical coders should seek clinical advice before assigning code R27.0 Ataxia, unspecified.

Facetectomy

BACKGROUND:

Following receipt of a query, amendment of the code title for 40330-00 [49] from *Spinal rhizolysis* to *Decompression of spinal nerve roots*, addition and revision of *code also, Inclusion* terms and *Excludes* note as appropriate have been included in ACHI Tenth Edition

TABULAR LIST

46

Decompression of cervical spinal cord

Decompressive laminectomy of cervical spine

Includes: bone graft cervical discectomy fat graft laminoplasty (open door) that for spinal stenosis

Code also when performed:

• decompression of spinal nerve roots (rhizolysis) (40330-00 [49])

• procurement of:

- bone graft material through separate incision (47726-00 [1563])
- fat for graft via separate incision (45018-04 [1666])

• rhizolysis (40330-00 [49])



Decompression of thoracic and thoracolumbar spinal cord

Includes: fat graft laminoplasty (open door) that for spinal stenosis

Code also when performed:

- decompression of spinal nerve roots (rhizolysis) (40330-00 [49])
- procurement of fat for graft via separate incision (45018-04 [1666])
- rhizolysis (40330-00 [49])
- spinal fusion (48642-00, 48645-00, 48648-00, 48651-00, 48660-00, 48669-00 [1389])



Decompression of lumbar spinal canal

Includes: decompression:

anterior
 posterior
 discectomy
 fat graft
 laminectomy
 laminoplasty (open door)
 that for spinal stenosis

Facetectomy

	Code also when performed:
	 decompression of spinal nerve roots (rhizolysis) (40330-00 [49]) procurement of fat for graft via separate incision (45018-04 [1666]) rhizologic (40220 00 [40])
	• rhizolysis(40330-00 [49])
49	Other incision procedures on spinal canal or spinal cord structures
	Includes: fat graft
	Code also when performed: • procurement of fat for graft via separate incision (45018-04 [1666])
90031-00	Incision and drainage of spinal canal or spinal cord structures Drainage of spinal cord haematoma: • epidural • meninges
	• subdural
40330-00	Spinal rhizolysis Decompression of spinal nerve roots Decompression of spinal nerve roots Spinal:
	 facetectomy foramenotomy rhizolysis rhizotomy
	<i>Includes:</i> exposure of spinal nerve roots at 1 or more levels
	<i>Excludes:</i> decompression of spinal nerve (39330-00 [77])
77	Other neurolysis of peripheral nerve and nerve trunk
39312-00	Open neurolysis of interfascicular peripheral nerve trunk
39330-00	Open neurolysis of peripheral nerve, not elsewhere classified Peripheral nerve decompression NOS
	<i>Excludes:</i> decompression of spinal nerve roots (40330-00 [49]) that with transposition of nerve (39321-00 [83])
1389 ▼ 1348	Spinal fusion
	<i>Includes:</i> bone graft fat graft procurement of graft material through same incision
	Code also when performed:
	• decompression of spinal nerve roots (rhizolysis) (40330-00 [49])
	 excision of vertebra (48639 [1383]) internal fixation (48678-00, 48681-00, 48684-00, 48687-00, 48690-00 [1390])
	• procurement of:
	• bone graft material through separate incision (47726-00 [1563])
	• fat for graft via separate incision (45018-04 [1666])
48660-00	Anterior spinal fusion, 1 level

ALPHABETIC INDEX

Decompression

```
- nerve
- - spinal 39330-00 [77]
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- - - roots - see Rhizolysis/spinal40330-00 [49]
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- spinal

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- - canal
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- - lumbar
- ----1 level 90024-00 [48]
- - - ≥ 2 levels 90024-01 [48]
- - cord
- - cervical
- ----1 level 40331-00 [46]
- - - with anterior fusion 40332-00 [46]
- - - ≥ 2 levels 40334-00 [46]
- ---- with anterior fusion 40335-00 [46]
- - lumbar, anterior (high) 40351-00 [47] - - - thoracic
- - - via
- - - costotransversectomy 40345-00 [47]
- ---- thoracotomy 40348-00 [47]
- - thoracolumbar, anterior 40351-00 [47]
- - nerve roots (rhizolysis) 40330-00 [49]39330-00 [77]
- - roots (rhizolysis) 40330-00 [49]
- ...

Division (freeing)

- adhesions

- - nerve (open) (peripheral) 39330-00 [77]
- - spinal (closed) (percutaneous) 39115-00 [71]
- - - roots see Rhizolysis/spinal40330-00 [49]

- - spinal

- - cord see Decompression/spinal/cord
- - nerve roots see Rhizolysis/spinal40330-00 [49]

Excision — see also Removal

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- eyelid
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- - full thickness (wedge) 45665-01 [1662]
- - for repair of ectropion or entropion 45626-01 [239]

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- facet joint 40330-00 [49]
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- fallopian tube — see Salpingectomy

- joint structure NEC 90574-01 [1561]
- - acromioclavicular
- - for decompression of subacromial 48903-00 [1400]
- - with rotator cuff repair (open) 48909-00 [1404]
- - - arthroscopic (mini-open) 48960-00 [1405]
- - with rotator cuff repair (open) 48909-00
- [1404] - - - - arthroscopic (mini-open) 48960-00 [1405]
- - capsule see Capsulectomy
- - condyle see Condylectomy - facet 40330-00 [49]
- - hip
- - with repair (with insertion of cement spacer) (with removal prosthesis) 49312-00 [1489]
- ... - vermilion 45668-00 [1664]
- - by laser (carbon dioxide) (erbium) 45669-00 [1617]
- vertebra, vertebral see Vertebrectomy
- -- facet 40330-00 [49]
- vitello intestinal duct (patent) 43945-00 [989] ...
- Facelift (bilateral) 45588-00 [1675]
- unilateral 45587-00 [1675]
- Facetectomy, spinal (complete) (medial) (partial) 40330-00 [49]
- Facings
- bonded (direct) 97582-01 [469]
- - indirect 97583-01 [469]
- recementing 97651-00 [472]

Neurolysis (open) (peripheral) 39330-00 [77]

- with transposition 39321-00 [83]
- carpal tunnel 39331-01 [76]
- - endoscopic 39331-00 [76]
- interfascicular trunk 39312-00 [77]
- spinal 39330-00 [77]
- -- roots -- see Rhizolysis/spinal40330-00 [49]
- tarsal tunnel 39330-01 [76]
- ...

Rhizotomy

- spinal - see Rhizolysis/spinal40330-00 [49]

Ophthalmology updates

BACKGROUND:

Following updates to the Commonwealth Medicare Benefits Schedule on ophthalmology item numbers, amendments were made in Chapter 3 *Procedures on eye and adnexa* of ACHI Tabular List and the Alphabetic Index to support the changes. A number of Chapter 3 codes were deleted due to very low volume assignment of these codes in the national APC data (2008/09–2011/12).

TABULAR LIST

CHAPTER 3 PROCEDURES ON EYE AND ADNEXA (BLOCKS 160–256)

EYEBALL EXAMINATION

160	Examination procedures on eyeball	
42503-00	Ophthalmological examination	
	Includes: intravenous dye injection ophthalmoscopy slit lamp (biomicroscope)	
	<i>Excludes:</i> examination of: eye by impression cytology of cornea (11235-00 [1835]) eye, by impression cytology of cornea (11235-00 [1835]) optic fundi (11212-00 [1835]) that with any other procedure on the eye – omit code 	
161	Excision procedures on eyeball	
42512-00	Evisceration of eyeball without implant Evisceration of eyeball NOS	
42515-00	Evisceration of eyeball with insertion of intrascleral ball or cartilaginous implant	
	Includes: cartilaginous } intrascleral ball } implant	
42506-00	Enucleation of eyeball without implant Enucleation of eyeball NOS	
42506-01	Enucleation of eyeball with sphere implant	
42509-00	Enucleation of eyeball with integrated insertion of implant Enucleation of eyeball with integrated implant into Tenon's capsule with attachment of muscles	
	Includes: hydroxy apatite (coralline) } integrated } sphere }	

42510-00 Enucleation of eyeball with hydroxy apatite (coralline) implant Enucleation of eyeball with hydroxy apatite (coralline) implant into Tenon's capsule with attachment of muscles

162	Repair of perforating wound of eyeball
	Includes: repair of rupture of eye
42551-00	Repair of perforating wound of eyeball with suture of corneal laceration
	<i>Excludes:</i> repair of perforating wound involving intraocular structures (42554-00, 42557-00 [162])
42551-01	Repair of perforating wound of eyeball with suture of scleral laceration
	<i>Excludes:</i> repair of perforating wound involving intraocular structures (42554-00, 42557-00 [162])
42551-02	Repair of perforating wound of eyeball with suture of corneal and scleral lacerations
	<i>Excludes:</i> repair of perforating wound involving intraocular structures (42554-00, 42557-00 [162])
42554-00	Repair of perforating wound of eyeball involving uveal tissue
	Includes: excision or restoration of intraocular contents
42557-00	Repair of perforating wound of eyeball involving lens or vitreous
	Includes: excision or restoration of intraocular contents
164	Secondary procedures after removal of eyeball
	Includes: procedures on anophthalmic orbit or socket
	<i>Excludes:</i> that with: • enucleation of eyeball (42506-01, 42509-00, 42510-00 [161]) • evisceration of eyeball (42515-00 [161])
42518-00	Insertion of cartilaginous orbital implant to anophthalmic orbit
42518-01	Insertion of artificial implant to anophthalmic orbit
	Includes: cartilaginous orbital implant
	<i>Excludes:</i> integrated implant (42521-01 [164]) osseointegrated implant (45794-02 [1698], 45797-02 [1697])
4 2521-00	Insertion of wired in conformer to anophthalmic socket
42521-01	Insertion of artificial orbital integrated implant to anophthalmic socket
	Includes: integrated implant wired-in conformer
	Excludes: osseointegrated implant (45794-02 [1698], 45797-02 [1697])
4 2518-02	Placement of motility integrating peg into existing orbital implant
42518-04	Removal of implant from anophthalmic orbit
4 2521-02	Repair of anophthalmic socket with dermofat graft
4 2524-00	Skin graft to anophthalmic orbit, secondary procedure
	Excludes: mucous membrane graft (42527-00 [164])

42527-00 Revision of an ophthalmic socket or orbit Preparation of a contracted socket Reconstruction of contracted socket

Includes: dermofat graft insertion of:

- mould
- stent
- mucous membrane graft skin graft

Code also when performed:

• insertion of implant into anophthalmic socket: (42521-01 [164])

- artificial implant (42518-01, 42521-01 [164])
- wired in conformer (42521-00 [164])

ANTERIOR SEGMENT – CORNEA

APPLICATION, INSERTION, REMOVAL

166	Application, insertion or removal procedures on cornea
42668-00	Removal of corneal sutures
30061-02	Removal of superficial foreign body from cornea
4 2644-01	Removal of embedded foreign body from cornea by magnet

INCISION

1

167	Incision procedures on cornea
4 2644-00	Incision of cornea
42672-00	Incision of cornea, nonpenetrating, for correction of surgically induced astigmatism
	Note: Performed for correction of astigmatism
4 2672-0 1	Incision of cornea, nonpenetrating, with compression sutures for correction of surgically induced astigmatism
42644-04	Removal of embedded foreign body from cornea
	Includes: that by incision
	<i>Excludes:</i> nonincisional removal of <u>superficial</u> foreign body (30061-02 , 42644-01 [166])
90062-00	Radial keratotomy

DESTRUCTION

168Destruction procedures on cornea42797-01Coagulation of corneal blood vessels by laser42677-01Thermocauterisation of cornea42680-01Cryotherapy of cornea

4 2797-02	Destruction of cornea by laser Destruction of corneal lesion by laser
42797-03	Destruction procedures on cornea
	Includes: that by: • coagulation • cryotherapy • laser • thermocauterisation
EXCISIO	Ν
170	Keratectomy
42647-00	Partial keratectomy Excision of: • cornea NOS • lesion of cornea
	<i>Excludes:</i> that for lesion of limbus (42692-00, 42695-00 [171]) that with removal of pterygium (42686-00 [172])
42810-00	Phototherapeutic keratectomy [PTK]
	<i>Excludes:</i> destruction of corneal lesion by laser (42797-02-(42797-03 [168])
171	Excision of lesion of limbus
	Excludes: excision of pterygium (42686-00 [172])
42692-00	Excision of lesion of limbus
42695-00	Excision of lesion of limbus with keratectomy <u>or sclerectomy</u> <i>Code also when performed:</i> • lamellar graft (42659-00 [173], 42665-00 [182])
4 2695-01 -	Excision of lesion of limbus with sclerectomy <i>Code also when performed:</i> • lamellar graft (42659-00 [173], 42665-00 [182])

REPAIR

173 Keratoplasty

Excludes: that where previous keratoplasty has been performed (42656-00, 42656-01 [175])

- 42659-00 Superficial transplantation of cornea Lamellar keratoplasty
- 42653-00 Full thickness transplantation of cornea Keratoplasty: • full thickness penetrating
 - perforating

90064-01	Refractive keratoplasty Keratomileusis Thermokeratoplasty
	Includes: that by laser
	<i>Excludes:</i> laser assisted in situ keratomileusis [LASIK] (90064-02 [173]) photorefractive keratoplasty [PRK] (90063-00 [173])
90064-02	Refractive keratoplasty by laser Keratomileusis Thermokeratoplasty by laser Laser assisted in situ keratomileusis [LASIK]
	Excludes: photorefractive keratoplasty [PRK] (90063-00 [173])
90063-00	Photorefractive keratoplasty [PRK]
	Includes: that by laser
90064-00	Other keratoplasty Endothelial keratoplasty Keratoplasty NOS
174	Other repair procedures on cornea
174 90120-00	Other repair procedures on cornea Insertion of keratoprosthesis Insertion of Osteo-odonto-keratoprosthesis (OOK)
	Insertion of keratoprosthesis
90120-00 90120-01	Insertion of keratoprosthesis Insertion of Osteo-odonto-keratoprosthesis (OOK) Removal of keratoprosthesis
90120-00 90120-01	Insertion of keratoprosthesis Insertion of Osteo-odonto-keratoprosthesis (OOK) Removal of keratoprosthesis Removal of Osteo-odonto-keratoprosthesis (OOK)
90120-00 90120-01 42632-00	Insertion of keratoprosthesis Insertion of Osteo-odonto-keratoprosthesis (OOK) Removal of keratoprosthesis Removal of Osteo-odonto-keratoprosthesis (OOK) Repair of corneal laceration by conjunctival flap Repair of corneal perforation by sealing Sealing of corneal perforation with tissue adhesive
90120-00 90120-01 42632-00 42635-00	Insertion of keratoprosthesis Insertion of Osteo-odonto-keratoprosthesis (OOK) Removal of keratoprosthesis Removal of Osteo-odonto-keratoprosthesis (OOK) Repair of corneal laceration by conjunctival flap Repair of corneal perforation by sealing Sealing of corneal perforation with tissue adhesive
90120-00 90120-01 42632-00 42635-00 42667-00	Insertion of keratoprosthesis Insertion of Osteo-odonto-keratoprosthesis (OOK) Removal of keratoprosthesis Removal of Osteo-odonto-keratoprosthesis (OOK) Repair of corneal laceration by conjunctival flap Repair of corneal perforation by sealing Sealing of corneal perforation with tissue adhesive Manipulation of running corneal suture Conjunctival flap over cornea

Excludes: reoperation keratoplasty (42656-00, 42656-01 [175])

ANTERIOR SEGMENT – SCLERA

Excludes: those procedures associated with scleral fistulisation (42746-00, 42746-01, 42746-02, 42746-03, 42746-05, 42749-00 [191])

178 Incision procedures on sclera

- 42644-05 Incision of sclera
- 42644-02 Removal of embedded foreign body from sclera

Includes: that by incision

DESTRUCTION

179	Destruction procedures on sclera
4 2797-00	Coagulation of scleral blood vessels by laser
90068-00	Destruction of lesion of procedures on sclera

Includes: that by laser

EXCISION

180	Biopsy	of sclera
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- 90069-00 Biopsy of sclera
- 181

Other excision procedures on sclera

90070-00 Excision of lesion of sclera

Excludes: that by destruction (90068-00 [179])

42689-00 Excision of pinguecula *Includes:* that by laser
90070-01 Other excision procedures on sclera

Includes: biopsy

REVISION

183	Revision procedures on sclera	
90071-00	Revision of operative wound of anterior segment, not elsewhere classified	
	<i>Excludes:</i> postoperative revision of scleral fistulisation procedure (42749-00 [191])	
<u>90071-01</u>	Revision procedures on sclera	
	<i>Excludes:</i> postoperative revision of scleral fistulisation procedure (42749-00 [191])	

ANTERIOR SEGMENT – IRIS, CILIARY BODY AND ANTERIOR CHAMBER

APPLICATION, INSERTION, REMOVAL

- 185 Application, insertion or removal procedures on iris, ciliary body or anterior chamber
- 42743-00 Irrigation of anterior chamber
- 42740-02 Administration of therapeutic agent into anterior chamber

Includes: that by paracentesis

Excludes: that with irrigation (42743-00 [**185**]) topical agents – omit code

Ophthalmology updates

42560-00 Magnetic removal of intraocular foreign body from anterior segment

Excludes: that by incision (42563-00 [187]) that from sclera (30061-03 [177], 42644-02 [178])

INCISION

186	Division of synechiae
	Lysis of adhesions: • corneovitreal • iris Synechiolysis
40704.00	
42761-00	Division of anterior synechiae or corneovitreal adhesions
	Includes: that by laser
90073-00	Division of anterior synechiae by laser
42761-01	Division of posterior synechiae
90073-01	Division of posterior synechiae by laser

- 42761-02 Division of corneovitreal adhesions
- 90073-02 Division of corneovitreal adhesions by laser
- 187

Other incision procedures on iris, ciliary body or anterior chamber

42764-00	Iridotomy Discission of iris Iridotomy with transfixion
	Sphincterotomy of iris Excludes: that by laser (42785-00 [188]) Includes: that by laser
42563-00	Nonmagnetic rRemoval of intraocular foreign body from anterior segment
	Includes: that by incision
	<i>Excludes:</i> that from sclera (30061-03 [177], 42644-02 [178])
4 2764-02	-Sphincterotomy of iris
DESTRUCTION	

188 Destruction procedures on iris, ciliary body or anterior chamber 42806-00 Destruction of lesion of iris by laser or ciliary body Destruction of lesion of ciliary body by laser Includes: that by laser Includes: that by laser Excludes: ciliary body destruction for glaucoma (42770-00 [191]) laser iridotomy (42764-00 [187]) 42818-01 Cryotherapy of ciliary body with external probe Destruction of lesion of ciliary body by cryotherapy

42785-00	Iridotomy by laser	
	Discission of iris	by laser
	Iridectomy	

EXCISION

1

189	Excision procedures on iris, ciliary body or anterior chamber	
42764-01	Biopsy of iris	
42764-04	Iridectomy Biopsy of iris Corectomy Excision of lesion of iris NOS	
	Excludes: destruction of lesion of iris by laser (42806-00 [188]) excision of lesion of eiliary body and iris (42767-00 [189]) iridectomy by laser (42785-00 [188]) that with: • fistulisation of sclera (42746-05 [191]) • resuture of operative wound following previous intraocular procedure (42857-01 [163]) • thermocauterisation of sclera (42746-0342746-05 [191]) • trephination of sclera (42746-0242746-05 [191])	
4 2767-00	Excision of lesion of ciliary body Excision of lesion of ciliary body and iris	
	Excludes: destruction by: • cryotherapy (42818-01 [188]) • laser (42806-00 [188])	
90074-00	Excision of other lesion of iris, ciliary body or anterior chamber Excision of lesion of anterior chamber NOS	
REPAIR		
190	Repair procedures on iris, ciliary body or anterior chamber	
42764-03	lridoplasty Coreoplasty Pupiloplasty	
	Includes: that by laser	
	Excludes: that with fixation of intraocular lens (42713-00 [203])	
42785-01 -	─ <mark>Iridoplasty by laser</mark> Coreoplasty ─ by laser Pupiloplasty ─	
4 2807-00	-Laser photomydriasis	
4 2808-00	Laser photoiridosyneresis	

OTHER PROCEDURES

1

191	Procedures for glaucoma Code also when performed:
	• subconjunctival administration of 5-FU [fluorouracil] (42824-01 [251])
42752-00	Insertion of aqueous shunt for glaucoma Insertion of drainage seton such as Molteno platedevice
	Includes: Molteno device
42755-00	Removal of aqueous shunt for glaucoma Removal of drainage seton such as Molteno platedevice
	Includes: Molteno device
42746-00	Management of postoperative hypotony/fistula using tamponade device Simmond's shell procedure
42770-00	Destruction of ciliary body Cyclocryotherapy Cyclodialysis Cyclodiathermy Cyclophotocoagulation
	Includes: that by laser
	Excludes: cyclocryotherapy with external probe (42818-01 [188])
42758-00	Goniotomy
4 2794-00	Division of scleral sutures by laser following trabeculoplasty Lysis of scleral sutures by laser following trabeculoplasty
42746-01	Iridencleisis or iridotasis
42746-02	Trephination of sclera with iridectomy
42746-03	Thermocauterisation of sclera with iridectomy
42746-04	Trabeculectomy
	<i>Includes:</i> peripheral iridectomy scleral fistulisation
42782-00	Trabeculoplasty by laser
	Includes: that by laser
42749-00	Revision of scleral fistulisation procedure Needle sweep procedure Revision of filtering bleb
42746-05	Other filtering (fistulisation) procedures for glaucoma, not elsewhere classified Fistulisation of sclera for glaucoma
	Includes: iridectomy
	<i>Excludes:</i> revision of scleral fistulisation procedure (42749-00 [191]) with trabeculectomy (42746-04 [191])
90075-00	Other procedures for glaucoma

ANTERIOR SEGMENT – LENS

APPLICATION, INSERTION, REMOVAL

193	Insertion of intraocular lens prosthesis	
	Includes: insertion of capsular tension ring	
	 Excludes: that with extraction of: after cataract (42731-00 [201]) crystalline lens, with exception of juvenile cataract (see blocks [195] to [200]) 	
42703-00	Insertion of <mark>artificial-intraocular l</mark> ens into posterior chamber and suture to iris and <u>or</u> sclera	
	Excludes: that with replacement (42710-00 [194])	
42701-00	Insertion of foldable artificialintraocular lens Insertion of foldable intraocular lens prosthesis	
	Excludes: that with replacement (42707-00, 42710-00 [194])	
42701-01	Insertion of other artificial lens Insertion of rigid intraocular lens prosthesis	
	Excludes: that with replacement (42707-00, 42710-00 [194])	
194	Replacement or removal of artificial intraocular lens	
42707-00	Replacement of artificial intraocular lens	
	<i>Includes:</i> insertion of capsular tension ring	
42710-00	Replacement of artificial intraocular lens byinto posterior chamber insertion and suture to iris and or sclera	
	Includes: insertion of capsular tension ring	
42704-00	Removal of artificial intraocular lens	
	Excludes: that with replacement (42707-00, 42710-00 [194])	
195	Intracapsular crystalline lens extraction Intracapsular extraction of cataract	
	Excludes: juvenile cataract extraction (42716-00 [202])	
42698-00	Intracapsular extraction of crystalline lens	
42702-00	Intracapsular extraction of crystalline lens with insertion of foldable artificial lens	
	Includes: insertion of capsular tension ring	
42702-01	Intracapsular extraction of crystalline lens with insertion of other artificial lens Intracapsular extraction of crystalline lens with insertion of rigid artificial lens	
	Includes: insertion of capsular tension ring	

196	Extracapsular crystalline lens extraction by aspiration alone
	Extracapsular extraction of cataract by aspiration alone
	Excludes: juvenile cataract extraction (42716-00 [202])
42698-01	Extracapsular extraction of crystalline lens by simple aspiration (and irrigation) technique
42702-02	Extracapsular extraction of crystalline lens by simple aspiration (and irrigation) technique with insertion of foldable artificial lens
	Includes: insertion of capsular tension ring
4 2702-03 -	Extracapsular extraction of crystalline lens by simple aspiration (and irrigation) technique with insertion of other artificial lens Extracapsular extraction of crystalline lens by simple aspiration (and irrigation) technique with insertion of rigid artificial lens
	Includes: insertion of capsular tension ring
197	Extracapsular crystalline lens extraction by phacoemulsification
	Extracapsular extraction of cataract by phacoemulsification
	Excludes: juvenile cataract extraction (42716-00 [202])
4 2698-02	Extracapsular extraction of crystalline lens by phacoemulsification and aspiration of cataract
4 2702-04	Extracapsular extraction of crystalline lens by phacoemulsification and aspiration of cataract with insertion of foldable artificial lens
	Includes: insertion of capsular tension ring
4 2702-05	Extracapsular extraction of crystalline lens by phacoemulsification and aspiration of cataract with insertion of other artificial lens
	Includes: insertion of capsular tension ring
198	Extracapsular crystalline lens extraction by mechanical phacofragmentation
	Extracapsular extraction of cataract by phacofragmentation
	Excludes: juvenile cataract extraction (42716-00 [202])
4 2698-03 -	Extracapsular extraction of crystalline lens by mechanical phacofragmentation and aspiration of cataract
4 2702-06	Extracapsular extraction of crystalline lens by mechanical phacofragmentation and aspiration of cataract with insertion of foldable artificial lens
	Includes: insertion of capsular tension ring
4 2702-07	Extracapsular extraction of crystalline lens by mechanical phacofragmentation and aspiration of cataract with insertion of other artificial lens
	Extracapsular extraction of crystalline lens by mechanical phacofragmentation and aspiration of cataract with insertion of rigid artificial lens
	Includes: insertion of capsular tension ring
199 —	Other extracapsular crystalline lens extraction
	Extracapsular extraction of cataract NOS
	Excludes: juvenile cataract extraction (42716-00 [202])
4 2698-04	Other extracapsular extraction of crystalline lens

42702-08 Other extracapsular extraction of crystalline lens with insertion of foldable artificial lens

Includes: insertion of capsular tension ring

42702-09 Other extracapsular extraction of crystalline lens with insertion of other artificial lens Other extracapsular extraction of crystalline lens with insertion of rigid artificial lens

Includes: insertion of capsular tension ring

- 200 Other eExtraction of crystalline lens Code also when performed: • insertion of intraocular lens (see block [193]) Excludes: juvenile cataract extraction (42716-00 [202]) 42698-06 Intracapsular extraction of crystalline lens Phacoemulsification of crystalline lens 42698-07 Phacofragmentation of cataract Includes: aspiration 42698-08 Other extracapsular extraction of crystalline lens 42731-01 Extraction of crystalline lens by posterior chamber sclerotomy with removal of vitreous Limbal: • capsulectomy } • lensectomy } with vitrectomy Pars plana lensectomy } with vitrectomy
 - Includes: division of vitreal bands insertion of: • artificial lens (foldable) (rigid) • capsular tension ring removal of preretinal epiretinal membranes
- 42698-05 Other extraction of crystalline lens <u>Refractive Laser Assisted Cataract Surgery (ReLACS)</u> Removal of cataract NOS
- 42702-10 Other extraction of crystalline lens with insertion of foldable artificial lens Removal of cataract with insertion of foldable artificial lens NOS

Includes: insertion of capsular tension ring

42702-11 Other extraction of crystalline lens with insertion of other artificial lens Removal of cataract with insertion of rigid artificial lens NOS

Includes: insertion of capsular tension ring

 204 Removal of after cataract
 42737-00 Needling of posterior capsule of lens
 42734-00 Capsulotomy of lens Discission of lens
 42788-00 Capsulotomy of lens by laser
 42791-02 Corticolysis of lens material by laser
 42719-00 Capsulectomy of lens 42722-00 Capsulectomy of lens by posterior chamber sclerotomy

42731-00 Capsulectomy of lens by posterior chamber sclerotomy with removal of vitreous

Includes: division of vitreal bands insertion of artificial lens (foldable) (rigid) removal of preretinal membranes

42719-02 Mechanical fragmentation of secondary membrane

202 Other application, insertion or removal procedures on lens

42716-00 Removal of juvenile cataract Removal of juvenile cataract by: • aspiration • excision

OTHER PROCEDURES

203	Other procedures on lens
42737-01	Needling of posterior capsule of lens
<u>42734-01</u>	Capsulotomy of lens Discission of lens
	Includes: that by laser
42704-01	Repositioning of artificial intraocular lens
	Excludes: that with insertion (42701-01 [193])
42713-00	Repositioning of artificial lens Fixation of intraocular lens with suture of lens iris McCannell iris suture
	Includes: repair of iris defect
	Excludes: that with insertion (42701-01 [193])
90077-00	Other procedures on lens

AQUEOUS, VITREOUS

APPLICATION, INSERTION, REMOVAL

204	Aspiration of aqueous or vitreous	
	<i>Includes:</i> <u>injection of therapeutic substances</u> that by paracentesis <u>that by paracentesis</u>	
42740-00	Diagnostic aAspiration of aqueous humour	
42740-01	Diagnostic aAspiration of vitreous	
42740-04	Therapeutic aspiration of aqueous humour	
42740-05	Therapeutic aspiration of vitreous	

205 Other application, insertion or removal procedures on aqueous or vitreous

42815-00 Removal of silicone oil vitreous substitutes Removal of silicone oil

DESTRUCTION

206	Destruction procedures on aqueous or vitreous
42791-00	Intracameral laser lysis of vitreous humour Vitreolysis by laser
42791-01	Intracameral laser lysis of fibrin Fibrinolysis by laser
<u>42791-03</u>	Destruction procedures on aqueous or vitreous Fibrinolysis } of aqueous or vitreous Vitreolysis }

Includes: that by laser

EXCISION

207 Vitrectomy 42719-01 Removal of vitreous, anterior limbal approach Anterior (limbal) vitrectomy Vitrectomy NOS Excludes: that with: • capsulectomy (42731-01 [200]) • extraction of crystalline lens (42731-01 [200]) 42722-01 Removal of vitreous with division of vitreal bands Vitrectomy via posterior chamber sclerotomy (pars plana approach) Includes: replacement of vitreous fluid Excludes: that with: • capsulectomy (42731-00 [201]) • extraction of crystalline lens (42731-01 [200]) • removal of preretinal membrane (42725-00 [207]) 42725-00 Removal of vitreous, with division of vitreal bands and removal of preretinal membranepars plana approach Pars plana vitrectomy Vitrectomy via posterior chamber sclerotomy (pars plana approach) with preretinal membrane peel Includes: cryotherapy to retina with internal probe division of vitreal bands fluid and gas exchange removal of epiretinal membranes replacement of vitreous fluid with vitreous substitutes (silicone oil)

Excludes: that with:

- capsulectomy (42731-00 [201]42731-01 [200])
- extraction of crystalline lens (42731-01 [200])

POSTERIOR SEGMENT – RETINA, CHOROID AND POSTERIOR CHAMBER

APPLICATION, INSERTION, REMOVAL

209	Application, insertion or removal procedures on retina, choroid or posterior chamber
42740-03	Administration of therapeutic agent into posterior chamber Posterior juxtascleral depot injection
	Includes: that by paracentesis
42566-00	Magnetic removal of intraocular foreign body from posterior segment
	Excludes: that by incision (42569-00 [210])
42812-00	Removal of surgically implanted material from posterior segment of eye Removal of: • encircling silicone: • band • tube • implant: • posterior ocular segment • retinal • scleral (buckle)
	<i>Excludes:</i> removal of foreign body from posterior segment by incision (42569-00 [210])

INCISION

210 Incision procedures on retina, choroid or posterior chamber

42569-00 Nonmagnetic rRemoval of intraocular foreign body from posterior segment

Includes: that by incision

90096-00 Posterior sclerotomy

DESTRUCTION

211

Destruction procedures on retina, choroid or posterior chamber

42809-00 Destruction of retina by photocoagulationprocedures on retina, choroid or posterior <u>chamber</u> Destruction of chorioretinal lesion by photocoagulation Destruction of: • chorioretinal lesion • choroidal neovascularisation • retinal lesion Transpupillary thermotherapy

Includes: that by: • cryotherapy

- diathermy
- laser

Excludes: that for repair of retinal detachment (42773-01, 42776-00 [212])

42811-00 Transpupillary thermotherapy

42818-00	Cryotherapy of retina with external probe Cryotherapy of chorioretinal lesion with external probe
	Excludes: that for repair of retinal detachment (42773-01 [212])
90094-00	Destruction of retinal lesion by diathermy
4 3021-00	Photodynamic therapy of retina, 1 eye Destruction of choroidal neovascularisation by photodynamic therapy, 1 eye
4 3022-00	Photodynamic therapy of retina, both eyes Destruction of choroidal neovascularisation by photodynamic therapy, both eyes

REPAIR

	21	2
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Repair of retinal detachment

Repair of retinal tear

Includes: insertion of silicone oil replacement of vitreous

Excludes: revision of previous retinal detachment procedure (42779-00 [213])

42773-00 Repair of retinal detachment by diathermy

 Excludes: that with seleral buckling (42776-00 [212])

 42773-01 Repair of retinal detachment by cryotherapyPneumatic retinopexy

 Pneumatic retinopexy
 Includes: air tamponade

 cryotherapy
 fluid/gas exchange
 laser therapy

Excludes: that with:

- scleral buckling (42776-00 [212])
- vitrectomy (42725-00 [207])
- 42776-00 Repair of retinal detachment with sScleral buckling

Includes: air tamponade cryotherapy diathermy <u>drainage of subretinal</u> fluid/gas exchange implant vitrectomy

- *Excludes:* revision of scleral buckling (42779-00 [213])
- 42809-01 Repair of retinal detachment by photocoagulation
- 90079-00 Other repair of retinal detachment Repair of retinal detachment NOS

REVISION

- 213 Revision procedures on retina, choroid or posterior chamber
- 42779-00 Revision of previous retinal detachment procedure Revision of scleral buckling

OCULAR ADNEXA – EXTRAOCULAR MUSCLES

EXCISION

215	Excision procedures on extraocular muscle
30075-36	Biopsy of extraocular muscle or tendon
96232-00	Other excision of extraocular muscle or tendon Biopsy of extraocular muscle or tendon

REPAIR

216

Procedures for Sstrabismus repair

- Repair of strabismus by:
- advancement
- lengthening
- recession
- resection
- shortening

Excludes: reoperation procedures for strabismus (see block [219])

18366-00 Administration of botulinum toxin for strabismus

Includes: electromyography

18366-01 Administration of agent into extraocular muscle for strabismus

Includes: botulinum toxin electromyography

- 42848-00 Muscle transplant for strabismus Hummelsheim procedure Transposition of extraocular muscles
- 42833-00 Strabismus procedure involving 1 or 2 muscles, 1 eye
- 42833-01 Strabismus procedure involving 1 or 2 muscles, both eyes
- 42839-00 Strabismus procedure involving \geq 3 muscles, 1 eye
- 42839-01 Strabismus procedure involving \geq 3 muscles, both eyes

REVISION

218 Revision procedures on extraocular muscle

Excludes: reoperation (see block [219])

- 42845-00 Readjustment of adjustable Adjustment of sutures, 1 eye following previous surgery for correction of strabismus, 1 eye
- 42845-01 Readjustment of adjustable Adjustment of sutures, both eyes following previous surgery for correction of strabismus, both eyes

REOPERATION

219	Reoperation procedures on extraocular muscle		
42848-01	Reoperation of muscle transplant procedure for strabismus , second procedure Second Hummelsheim procedure		
4 2851-00	Reoperation of muscle transplant procedure for strabismus, third or subsequent procedure Third or subsequent Hummelsheim procedure		
42833-02	Reoperation of strabismus procedure involving 1 or 2 muscles, of 1 eye, second procedure		
	Excludes: that with muscle transplant (42848-01 [219])		
4 2833-03	Reoperation of strabismus procedure involving 1 or 2 muscles, both eyes, second procedure		
42839-02	Reoperation of strabismus procedure involving ≥ 3 muscles, 1 eye, second procedure		
42839-03	Reoperation of strabismus procedure involving ≥ 3 muscles, both eyes, second procedure		
42836-00	Reoperation of strabismus procedure involving 1 or 2 muscles <u>, of</u> 1 eye, third or subsequent procedure		
	Excludes: that with muscle transplant (42848-01 [219])		
4 2836-01	Reoperation of strabismus procedure involving 1 or 2 muscles, both eyes, third or subsequent procedure		
42842-00	Reoperation of strabismus procedure involving \geq 3 muscles, 1 eye, third or subsequent procedure		
4 2842-01	Reoperation strabismus procedure involving ≥ 3 muscles, both eyes, third or subsequent procedure		
1835	Other diagnostic ophthalmic tests, measures or investigations		
11200-00	Provocative test for glaucoma		
	Includes: water drinking		
	Note: Performed for open angle glaucoma		
11203-00	Tonography for glaucoma		
	Includes: that using an electrical tonography machine producing a directly recorded tracing		
92016-00	Tonometry Measurement of intraocular pressure		

11204-00 Electroretinography [ERG]

Excludes: pattern electroretinography (11210-00 [1835])

- 11205-00 Electro-oculography [EOG]
- 11210-00 Pattern electroretinography
- 92015-00 Visual evoked potential [VEP]
- 11212-00 Examination of optic fundi

Includes: intravenous dye injection ophthalmoscopy

- 11235-00 Examination of eye by impression cytology of cornea
- 96044-00 Measurement of ocular motility and binocular function
- 11240-01 Partial coherence interferometry Laser Doppler interferometry Measurement of axial length of eye

1880 Therapies using agents, not elsewhere classified

92178-00 Heat therapy Hyperthermic therapy

Includes: therapeutic treatment with the use of:

- heating pad
- infrared radiation
- microwaves
- shortwaves
- wax
- *Note:* The application of heat in the therapeutic treatment of disease or injury. Hyperthermia can be induced by hot packs or compresses, electric blankets, immersion in hot water (bath or tub), using humidified air or by extracorporeal warming of the blood. Hyperthermia can also be used as an adjunct to radiation therapy or chemotherapy and induced by microwave, ultrasound, low energy radiofrequency conduction or probes

Code also when performed:

- chemotherapy (see Alphabetic Index: Chemotherapy)
- radiation therapy (see Alphabetic Index: Radiotherapy)
- *Excludes:* thermocauterisation (see Alphabetic Index: Thermocauterisation) thermocoagulation (see Alphabetic Index: Neurotomy/by site/radiofrequency) thermokeratoplasty (90064<u>-01</u> [**173**]) thermosclerectomy (42746-0342746-05 [**191**]) thermotherapy to prostate by microwaves (37203-04 [**1166**])

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- - gastrointestinal 12509-00 [1863]
- provocative
- - for (open angle) glaucoma 11200-00 [1835]
- - inhalation 11503-17 **[1849]**

Therapy

- personal construct 96180-00 [1873]
- photodynamic, retina (1 eye) 43021-0042809-00 [211]
- --- both eyes 43022-00 [211]
- physical
- - adjunctive, dental
- - temporomandibular joint 97971-00 [489]

Thermocauterisation

- cornea (fistula) (lesion) (ulcer) 42677-0142797-03 [168]
- sclera with iridectomy 90075-00 [191]
- -- with iridectomy 42746-03 [191]

Thermocoagulation — see Neurotomy/by site

Thermokeratoplasty (laser) 90064-01 [173] - by laser 90064-02 [173]

Thermoplasty, bronchial 96217-01 [547] Thermosclerectomy with iridectomy 42746-05 [191]

- with iridectomy 42746-03 [191]

Thermotherapy

- microwave
- - prostate 37203-04 [1166]
- transpupillary 42811-00 42809-00 [211]

Tongue tie procedure

- fraenectomy (lingual) 30278-00 [392]
- fraenotomy (lingual) 30278-02 [390]
- Tonography
- for glaucoma (bilateral) (unilateral) 11203-0092016-00 [1835]
- Tonometry (for glaucoma) 92016-00 [1835]

Transplant, transplantation

- chondrocytes (autologous) (matrix-induced) see Transplant, transplantation/cartilage - conjunctival (auto) 42641-01 [255]
- cornea 90064-00 [173]
- - full thickness 42653-00 [173]
- - reoperation (redo) see
- Keratoplasty/reoperation
- - lamella 42659-00 [173]
- - penetrating 42653-00 [173]
- - reoperation (redo) see Keratoplasty/reoperation
- - perforating 42653-00 [173]
- - reoperation (redo) see
- Keratoplasty/reoperation
- - photorefractive (laser) (PRK) 90063-00 [173]
- - refractive (laser) 90064-01 [173] --- by laser 90064-02 [173]
- - reoperation (redo)
- - 2nd procedure 42656-01 [175]

- - - 3rd or subsequent procedure 42656-00 [175]

- - specified NEC 90064-00 [173]
- - superficial 42659-00 [173]
- faecal microbiota (FMT) 96223-00 [1895]
- muscle NEC (see also Flap/muscle) 47966-01 [1573]
- - extraocular (adjustable) (Hummelsheim) 42848-00 [216]
- - for strabismus 42848-00 [216]
- - - reoperation (redo) 42848-01 [219]
- 2nd procedure 42848-01 [219]
- 3rd or subsequent procedure 42851-00 [219]
- - gracilis

Transposition (of)

- anus 43963-00 [938] - duct
- - salivary gland, major (parotid) (sublingual) 41910-00 [398]
- - submandibular 41910-00 [398]
- - - for control of drooling 30255-00 [397]
- extraocular muscle (for strabismus) (adjustable) 42848-00 [216]
- for strabismus 42848-00 [216]
- - reoperation 42848-01 [219]
- flap see Flap/skin
- pterygium 42686-00 [172]
- salivary duct
- - major (parotid) (sublingual) 41910-00 [398]
- - submandibular 41910-00 [398]
- - - for control of drooling 30255-00 [397]
- tendon NEC 90584-00 [1572]
- Transpupillary thermotherapy 42811-0042809-00 [211]

Trephination, trephining

- bone marrow for biopsy 30081-00 [800]
- - percutaneous 30084-00 [800]
- nasal sinus see also Sinusotomy
- - frontal 41743-00 [383]
- sclera with iridectomy 42746-05 [191]
- -- with iridectomy 42746-02 [191]
- sinus, nasal see also Sinusotomy

Vitrectomy (anterior or limbal approach) 42719-01 [207]

- with
- - capsulectomy (after cataract) (with fluid or gas exchange) (with insertion of intraocular lens) 42731-00 [201] 42731-01 [200]
- - division of vitreal bands 42722-01 [207]
- - and removal of preretinal epiretinal membrane (peel) 42725-00 [207]
- - - with
- - - capsulectomy (after cataract) (with insertion of intraocular lens) 42731-00 [201] 42731-01 [200]
- - - extraction of cataract (crystalline lens) (with insertion of intraocular lens) 42731-01 [200]

- - epiretinal membrane peel 42725-00 [207]

- - extraction of cataract (crystalline lens)
- - via posterior chamber sclerotomy (pars plana approach) (with fluid or gas exchange) (with insertion of intraocular lens) 42731-01 [200]
- - fluid or gas exchange 42722-01 [207] 42725-00 [207]
- and
- capsulectomy (after cataract) (with insertion of intraocular lens) 42731-00 [201]
- extraction of cataract (crystalline lens) (pars plana approach) (with insertion of intraocular lens) 42731-01 [200]
- preretinal membrane peel 42725-00 [207]
- scleral buckling procedure 42776-00 [212]
- -- preretinal membrane peel 42725-00 [207]
- scleral buckling procedure 42776-00 [212]
- pars plana approach 42725-00 [207] see Vitrectomy/via posterior chamber sclerotomy
- via posterior chamber sclerotomy (pars plana approach) (with fluid or gas exchange) 42722-01 [207]

- - with
- - capsulectomy (after cataract) (with insertion of intraocular lens) 42731-00 [201] 42731-01 [200]
- - epiretinal membrane peel 42725-00 [207]
- - extraction of cataract (crystalline lens) (with insertion of intraocular lens) 42731-01 [200]
 preretinal membrane peel 42725-00 [207]
 Vitreolysis (by laser) 42791-03 [206]
 by laser 42791-00 [206]

WHO updates to Chapter 7 Diseases of the eye and adnexa

BACKGROUND:

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. These changes have been included in ICD-10-AM Tenth Edition. This has resulted in amendment to the inclusion term at H54.0 *Blindness, binocular*

TABULAR LIST

H54	Visual impairment including binocular or monocular blindness
H54.0	Blindness, binocular Visual impairment categor yies 3, 4, 5
H54.1	Severe visual impairment, binocular Visual impairment category 2

Retinal angioma

BACKGROUND:

Following receipt of a public submission, ICD-10-AM was updated to support classification of angioma occurring in structures of the eye and adnexa.

TABULAR LIST

D18

Haemangioma and lymphangioma

Includes: morphology codes M912–M917 with behaviour code /0 *Excludes:* blue or pigmented naevus (D22.-)

D18.0 Haemangioma

Angioma NOS

The following fifth character subdivisions are for use with subcategory D18.0:

- 0 unspecified site
- O 1 skin and subcutaneous tissue
- O 2 intracranial structures
- structures of the hepatobiliary system and pancreas liver
- 4 structures of the digestive system spleen
- S structures of the ear, nose, mouth and throat
- **6** structures of the eye and adnexa
- 8 other sites
- D18.1 Lymphangioma, any site

ALPHABETIC INDEX

Haemangioma (M9120/0) D18.0-

Note: Use the following fifth character subdivision with subcategory D18.0:

- unspecified 0
- 1 skin and subcutaneous tissue
- 2 intracranial structures
- 3 structures of the hepatobiliary system and pancreas Liver
- structures of the digestive system 4 Spleen
- 5 structures of the ear, nose, mouth and throat
- structures of the eye and adnexa <u>6</u>
- 8 other sites
- acquired tufted (M9161/0) D18.0-- arteriovenous (M9123/0) D18.0-

. . .

WHO updates to Chapter 9 Diseases of the circulatory system

BACKGROUND:

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. These changes have been included in ICD-10-AM Tenth Edition.

Alphabetic Index improvements were added for ischaemic cerebral infarction (stroke) (accident) and tachyarrhythmia, and minor amendment to the includes note at I63 Cerebral infarction to clarify that occlusion and stenosis of brachiocephalic artery with infarction are also classified to this category.

TABULAR LIST

163	Cerebral infarction		
♥ 0604	Includes:	occlusion and stenosis of cerebral and precerebral arteries <u>(including truncus</u> <u>brachiocephalicus</u>), resulting in cerebral infarction	
	Excludes:	sequelae of cerebral infarction (I69.3)	
163.0	Cerebral infarction due to thrombosis of precerebral arteries		
163.1	Cerebral infarction due to embolism of precerebral arteries		

ALPHABETIC INDEX

Accident

- birth see Birth/trauma - cardiac (see also Infarct/myocardium) I21.9
- cardiovascular (see also
- Disease/cardiovascular) I51.6
- cerebral 164
- cerebrovascular I64
- - haemorrhagic I61.9
- -- ischaemic (stroke) (see also Infarction/cerebral) 163.9
- - old 169.4
- - without residuals Z86.7

Apoplexia, apoplexy, apoplectic 164

- heat T67.0
- ischaemic (stroke) (see also Infarction/cerebral) 163.9
- meninges, haemorrhagic (see also Haemorrhage/subarachnoid) 160.9
- progressive I64 - seizure I64
- stroke I64
- thrombotic I63.3
- uraemic N18.5† I68.8*

Arrhythmia (cardiac) 149.9

- bradyarrhythmia NEC I49.8
- extrasystolic I49.4
- newborn P29.1
- postprocedural 197.8
- psychogenic F45.31
- specified NEC I49.8
- tachyarrhythmia NEC I49.8
- ventricular re-entry I47.0

Bradley's disease A08.1 Bradyarrhythmia, cardiac (cardiac) NEC 149.8 Bradycardia (sinoatrial) (sinus) (vagal) R00.1

Stroke (apoplectic) (brain) (paralytic) 164

- epileptic see Epilepsy
- heart see Disease/heart
- heat T67.0
- ischaemic (see also Infarction/cerebral) 163.9
- lightning T75.0 - postprocedural 197.8

Taboparalysis A52.1

Taboparesis (remission) A52.1

- juvenile A50.4

- Tachyarrhythmia (cardiac) NEC 149.8
- Tachycardia (sinoatrial) (sinus) R00.0
- atrial 147.1

Phlebitis and thrombophlebitis

BACKGROUND:

Following receipt of a public submission, it was identified that there was a need for improvements to ICD-10-AM to ensure accurate classification of deep venous thrombosis (DVT) and venous thromboembolism (VTE).

TABULAR LIST

180	Phlebitis and thrombophlebitis	
	<i>Includes:</i> endophlebitis inflammation, vein periphlebitis suppurative phlebitis	
	Use additional external cause code (Chapter 20) to identify drug, if drug-induced.	
	 <i>Excludes:</i> phlebitis and thrombophlebitis (of): complicating: abortion or ectopic or molar pregnancy (O00–O07, O08.7) pregnancy, childbirth and the puerperium (O22, O87) intracranial and intraspinal, septic or NOS (G08) intracranial, nonpyogenic (I67.6) intraspinal, nonpyogenic (G95.1) portal (vein) (K75.1) postphlebitic syndrome (I87.0) thrombophlebitis migrans (I82.1) 	
180.0	Phlebitis and thrombophlebitis of superficial vessels of lower extremities	
180.1	Phlebitis and thrombophlebitis of femoral vein	
180.2	Phlebitis and thrombophlebitis of other deep vessels of lower extremities Deep vein thrombosis NOS	
180.2	<i>Use additional external cause code (X51) to identify DVT due to travel.</i> Phlebitis and thrombophlebitis of other deep vessels of lower extremities	
	Use additional external cause code (X51) to identify DVT due to travel.	
<u>©180.20</u>	Phlebitis and thrombophlebitis of deep vessels of lower extremities, not elsewhere <u>classified</u> <u>Deep vein thrombosis NOS</u>	
	Includes: gastrocnemius } peroneal } vein soleal }	
⊘ 180.21	Phlebitis and thrombophlebitis of iliac vein	
⊘ 180.22	Phlebitis and thrombophlebitis of popliteal vein	
<u>€180.23</u>	Phlebitis and thrombophlebitis of tibial vein	

180.3	Phlebitis and thrombophlebitis of lower extremities, unspecified
	Embolism or thrombosis of lower extremity NOS

OI80.4 Phlebitis and thrombophlebitis of vessels of upper extremities

- **©**180.40 Phlebitis and thrombophlebitis of vessels of upper extremities, not elsewhere classified
- ©180.41 Phlebitis and thrombophlebitis of superficial vessels of upper extremities

Includes:	antecubital	}	
	basilic	}	vein
	cephalic	}	

O180.42 Phlebitis and thrombophlebitis of deep vessels of upper extremities

vein

Includes:	brachial	}
	radial	$\overline{\underline{1}}$
	ulnar	}

- 180.8 Phlebitis and thrombophlebitis of other sites
- 180.9 Phlebitis and thrombophlebitis of unspecified site

I82 Other venous embolism and thrombosis

Excludes: venous embolism and thrombosis (of):

- lower extremities (I80.-.0 I80.3)
- mesenteric (K55.0)
- portal (I81)
- pulmonary (I26.-)
- upper extremities (I80.4-)
- I82.0 Budd-Chiari syndrome

- 182.1 Thrombophlebitis migrans
- I82.2 Embolism and thrombosis of vena cava
- 182.3 Embolism and thrombosis of renal vein
- 182.8 Embolism and thrombosis of other specified veins
- I82.9 Embolism and thrombosis of unspecified vein Embolism of vein NOS Thrombosis (vein) NOS

Appendix D: Classification of Hospital Acquired Diagnoses (CHADx)

M CHADx 5 Cardiovascular complications

5.8 Venous thrombosis/embolism (not progressing to PE)

Exclude when occurring anywhere in the string with pulmonary embolism (I26), count in Class 5.2.

- 1800 Phleb & thrombophleb spfl vesl legs
- 1801 Phlebitis & thrombophleb femoral vein
- 1802 Phieb & thrombophieb oth deep vesi legs

18020 Phleb & thrombophleb deep low extrem NEC

18021 Phleb & thrombophleb iliac vein

18022 Phleb & thrombophleb popliteal vein

18023 Phleb & thrombophleb tibial vein

1803 Phlebitis & thrombophlebitis legs unsp

18040 Phleb & thrombophleb upp extrem NEC

18041 Phleb & thrombophleb spfl upp extrem

18042 Phleb & thrombophleb deep upp extrem

1808 Phlebitis & thrombophlebitis other sites

1809 Phlebitis & thrombophlebitis unsp site

ALPHABETIC INDEX

Embolism (septic) 174.9 - aorta, aortic 174.1 - - abdominal 174.0 - arm — see Embolism/upper extremity - arterial gas (AGE) (barotrauma) (postprocedural) T70.3 - artery 174.9 - - dysbaric (postprocedural) T70.3 - - femoral 174.3 - - hypophyseal I66.8 - fat (cerebral) (pulmonary) (systemic) T79.1 - - complicating delivery 088.8 - femoral 174.3 -- vein (superficial) I80.1 - following - - abortion (subsequent episode) O08.2 - - - current episode - see Abortion - leg (vessels) NEC (see also Embolism/lower extremity) 180.3 - longitudinal sinus (venous) - see Embolism/intracranial/venous sinus - lower extremity (vessels) I80.3 - - arterial 174.3 - - deep NEC 180.20 - - femoral 180.1 - - gastrocnemius 180.20 <u>- - iliac 1</u>80.21 - - peroneal 180.20 - - popliteal 180.22 - - saphenous 180.0 - - soleal 180.20 - - superficial NEC 180.0 - - tibial 180.23 - thrombus (thromboembolism), following infusion, therapeutic injection or transfusion T80.1 - upper extremity (vessels) NEC 180.40 - - antecubital 180.41 - - basilic 180.41 - - brachial 180.42 - - cephalic 180.41

--deep NEC 180.42 - - radial 180.42 - - superficial NEC 180.41 <u>- - ulnar 180.4</u>2 - vein 182.9 - - cerebral 167.6 - - coronary (see also Infarct/myocardium) I21.9 - - - not resulting in infarction I24.0 <u>- - femora</u>l 180.1 - - hepatic 182.0 - - lower extremity NEC (see also Embolism/lower extremity) 180.3 - - mesenteric (with gangrene) K55.0 - - portal 181 - - pulmonary -– see Embolism/pulmonary - - renal 182.3 - - specified NEC 182.8 - - upper extremity NEC (see also Embolism/upper extremity) 180.40 - vena cava 182.2 - vessels of brain (see also Occlusion/artery/cerebral) 166.9 Inflammation, inflamed, inflammatory (with exudation) - vein (thrombotic) (see also Phlebitis) 180.9 - - intracranial or intraspinal (septic) G08 -- thrombotic 180.9 --- leg 180.3 ---- deep 180.2 ---- superficial (vessels) 180.0 --- lower extremity 180.3 ---- deep (vessels) NEC 180.2 ---- superficial (vessels) 180.0 - vocal cord J38.3 - vulva (see also Vulvitis) N76.2 - Wharton's duct (suppurative) K11.2

Mönckeberg's arteriosclerosis, degeneration, disease or sclerosis — see Arteriosclerosis/extremities Mondor's disease 180.8

Monge's disease T70.2

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Phlebitis (infective) (pyaemic) (septic)
 (suppurative) (ulcerative) NEC 180.9
```

- arm see Phlebitis/upper extremity
- breast, superficial 180.8
- cavernous (venous) sinus see
- Phlebitis/intracranial (venous) sinus - cerebral (venous) sinus - see
- Phlebitis/intracranial (venous) sinus
- chest wall, superficial 180.8
- following infusion, therapeutic injection or
- transfusion T80.1
- hepatic veins 180.8 - iliofemoral 180.1
- longitudinal sinus see Phlebitis/intracranial (venous) sinus
- lower limb extremity (vessels) NEC 180.3
- - deep (vessels) NEC 180.20
- <u>- femoral 18</u>0.1
- - gastrocnemius 180.20
- - iliac 180.21
- - peroneal 180.20
- - popliteal 180.22
- - saphenous 180.0
- - soleal 180.20
- - superficial NEC (vessels) I80.0
- - tibial 180.23
- migrans, migrating (superficial) 182.1 - - pelvic 087.1
- - following
- - abortion (subsequent episode) O08.0
- - - current episode see Abortion - - - ectopic or molar pregnancy O08.0
- - puerperal, postpartum O87.1
- portal K75.1
- postprocedural 197.8
- pregnancy O22.9
- - deep O22.8
- - superficial O22.2
- puerperal, postpartum, childbirth O87.9
- - deep 087.1
- - pelvic O87.1
- - superficial O87.0
- retina H35.0
- saphenous 180.0
- sinus (meninges) see Phlebitis/intracranial (venous) sinus
- specified site NEC 180.8
- syphilitic A52.0† 198.8*
- ulcerative 180.9
- -- leg 180.3
- --- deep (vessels) NEC 180.2
- ---- superficial (vessels) 180.0
- umbilicus 180.8
- upper extremity (vessels) NEC 180.40
- - antecubital 180.41
- - basilic 180.41
- - brachial 180.42
- - cephalic 180.41
- - deep NEC 180.42
- - radial 180.42 - - superficial NEC 180.41
- ulnar 180.42
- uterus (septic) (see also Endometritis) N71.9

- Phlegmasia
- alba dolens (puerperal) O87.1
- - nonobstetric I80.1
- cerulea dolens 180.20

Pyelophlebitis (see also Phlebitis) 180.8

Thromboembolism (see also Embolism) 174.9

- coronary (artery) (vein) (see also Infarct/myocardium) 121.9
- - not resulting in infarction I24.0
- following infusion, therapeutic injection or transfusion T80.1

- vein, venous - see Thrombosis

Thrombophlebitis 180.9

- antepartum (superficial) O22.2
- - affecting fetus or newborn P00.3
- - deep 022.3
- arm (vessels) NEC (see also Thrombophlebitis/upper extremity) 180.40
- cavernous (venous) sinus G08
- - nonpyogenic I67.6
- femoral (superficial) I80.1
- following infusion, therapeutic injection or transfusion T80.1
- hepatic (vein) 180.8
- idiopathic, recurrent 182.1
- iliofemoral 180.1
- leg (vessels) NEC (see also Thrombophlebitis/lower extremity) 180.3 - deep (vessels) NEC 180.2 - - superficial (vessels) 180.0
- longitudinal (venous) sinus G08
- - nonpyogenic 167.6
- lower extremity (vessels) NEC 180.3
- - deep (vessels) NEC 180.20
- - femoral 180.1
- - gastrocnemius 180.20 - iliac 180.21
- - peroneal 180.20
- - popliteal 180.22
- - saphenous 180.0
- - soleal 180.20
- - superficial NEC (vessels) 180.0 - - tibial 180.23
- specified site NEC 180.8
- upper extremity NEC 180.40 - - antecubital I80.41 - - basilic 180.41 - - brachial 180.42 - - cephalic 180.41 - - deep NEC 180.42 - - radial 180.42 - - superficial NEC 180.41 - - ulnar 180.42

Thrombosis, thrombotic (multiple) (progressive) (septic) (vein) (vessel) 182.9 - appendix, septic K35.8 - arm — see Thrombosis/upper extremity - artery, arteries (postinfectional) 174.9 - - auditory, internal I65.8 - - basilar (see also Occlusion/artery/basilar) 165.1 - - carotid (common) (internal) (see also Occlusion/artery/carotid) 165.2 - - cerebellar (anterior inferior) (posterior inferior) (superior) (see also Occlusion/artery/cerebellar) 166.3 - - cerebral (see also Occlusion/artery/cerebral) 166.9 - - choroidal (anterior) 166.8 - - communicating, posterior I66.8 - - coronary (see also Infarct/myocardium) 121.9 - - - due to syphilis A52.0 - - - not resulting in infarction I24.0 - - hepatic 174.8 - - hypophyseal I66.8 - - iliac 174.5 - - limb 174.4 - - - lower 174.3 - - - upper 174.2 - - meningeal, anterior or posterior I66.8 - - mesenteric (with gangrene) K55.0 - - ophthalmic H34.2 - - pontine 166.8 - - precerebral (see also Occlusion/artery/precerebral) 165.9 - - pulmonary (see also Embolism/pulmonary) 126.9 - - renal N28.0 - - retinal H34.2 - - spinal, anterior or posterior G95.1 - - vertebral (see also Occlusion/artery/vertebral) 165.0 - basilar (artery) (see also Occlusion/artery/basilar) 165.1 - deep (lower extremity) NEC I80.20 - - femoral 180.1 - - gastrocnemius 180.20 <u>- - iliac 180.21</u> - - peroneal 180.20 - - popliteal 180.22 - - soleal 180.20 - - tibial 180.23 specified site NEC 182.8 - - upper extremity 180.42

- femoral (superficial) I80.1

- - artery 174.3

- genital organ
- - female NEC N94.8
- - pregnancy O22.9
- - male N50.1
- hepatic I82.0
- - artery 174.8

- iliac 180.21
- - artery 174.5
- iliofemoral I80.21
- lateral (venous) sinus see
- Thrombosis/infracranial/venous sinus - leg <u>NEC (see also Thrombosis/lower extremity)</u> 180.3
- -- deep (vessels) NEC 180.2
- - superficial (vessels) I80.0
- liver 182.0
- - artery 174.8
- longitudinal (venous) sinus see Thrombosis/intracranial/venous sinus
- <u>- lower limb extremity NEC 180.3</u> see Thrombosis/leg
- - deep NEC 180.20
- - femoral 180.1
- - gastrocnemius 180.20
- - iliac 180.21
- - peroneal 180.20
- - popliteal 180.22
- - saphenous 180.0
- - soleal 180.20
- - superficial NEC 180.0
- - tibial 180.23
- lung (see also Embolism/pulmonary) 126.9
- pulmonary (artery) (vein)-(see also Embolism/pulmonary) 126.9
- renal (artery) N28.0 182.3
- - vein 182.3 artery N28.0
- resulting from presence of device, implant or graft (any) see Complications/by site and type/specified NEC
- retina, retinal H34.8
- scrotum N50.1
- seminal vesicle N50.1
- sigmoid (venous) sinus see
- Thrombosis/intracranial/venous sinus - silent NEC 182.9
- sinus, intracranial (any) (see also
- Thrombosis/intracranial/venous sinus)
- specified site NEC 182.8

- tunica vaginalis N50.1

- umbilical cord (vessels), complicating delivery 069.5
- - affecting fetus or newborn P02.6
- upper extremity NEC 180.40
- - antecubital 180.41
- - basilic 180.41
- - brachial 180.42
- - cephalic 180.41
- -- deep NEC 180.42
- - radial 180.42
- - superficial NEC 180.41
- - ulnar 180.42
- vas deferens N50.1
- vena cava (inferior) (superior) 182.2

AUSTRALIAN CODING STANDARDS

0604 STROKE

•••

2. SEVERITY

The Neurosciences CCCG has produced a list of additional diagnosis codes which give some indication of the severity of a stroke episode. It is interesting to note that it is not necessarily the deficits, such as hemiplegia, which indicate that a stroke is 'severe'. This table is provided here primarily for interest, as the conditions listed here would be coded routinely during the abstraction process. However, **note that for a stroke case, dysphagia, urinary incontinence and faecal incontinence, should only be coded when certain criteria are met.**

STROKE – ADDITIONAL DIAGNOSES		
ADDITIONAL DIAGNOSIS	ICD-10-AM CODE(S)	
Urinary tract infection, site not specified	N39.0	
Aspiration pneumonitis	J69.0	
Pneumonia	J12.0, J12.1, J12.2, J12.8, J12.9, J13, J14, J15.0, J15.1, J15.2, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17.0, J17.1, J17.2, J17.3, J17.8, J18.0, J18.1, J18.2, J18.8, J18.9	
Pressure injury (ulcer) and lower limb ulcer	L89, L97	
Pulmonary embolism and venous thrombosis	I26.0, I26.9, I80.2_	
Dysphagia – should be assigned only when requiring nasogastric tube/enteral feeding, or when the dysphagia is present at discharge or still requiring treatment more than 7 days after the stroke occurred	R13	
Urinary incontinence – should be assigned only when the incontinence is present at discharge or persists for at least 7 days	R32, N39.3, N39.4	
Faecal incontinence – should be assigned only when the incontinence is present at discharge or persists for at least 7 days	R15	
Urinary retention	R33	
Aphasia/dysphasia	R47.0	
Septicaemia/sepsis	A40.0, A40.1, A40.2, A40.3, A40.8, A40.9, A41.0, A41.1, A41.2, A41.3, A41.4, A41.50, A41.51, A41.52, A41.58, A41.8, A41.9	

STROKE – ADDITIONAL DIAGNOSES

Other bacterial diseases (eg gangrene)	A30.0, A30.1, A30.2, A30.3, A30.4, A30.5, A30.8, A30.9, A31.0, A31.1, A31.8, A31.9, A32.0, A32.1, A32.7, A32.8, A32.9, A33, A34, A35, A36.0, A36.1, A36.2, A36.3, A36.8, A36.9, A37.0, A37.1, A37.8, A37.9, A38, A39.0, A39.1, A39.2, A39.3, A39.4, A39.5, A39.8, A40.0, A40.1, A40.2, A40.3, A40.8, A40.9, A41.1, A41.2, A41.3, A41.4, A41.50, A41.51, A41.52, A41.58, A41.8, A41.9, A42.0, A42.1, A42.2, A42.7, A42.8, A42.9, A43.0, A43.1, A43.8, A43.9, A44.0, A44.1, A44.8, A44.9, A46, A48.0, A48.1, A48.2, A48.3, A48.4, A48.8, A49.00, A49.01, A49.1, A49.2, A49.3, A49.8, A49.9, B96.88, R02
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Cerebral artery syndrome with cerebral infarction

BACKGROUND:

Following receipt of a query highlighting that there are no legitimate dagger and asterisk codes to assign when cerebral infarction occurs with cerebral artery syndromes, amendments to the Alphabetic Index entries were made for Tenth Edition.

ALPHABETIC INDEX

Occlusion, occluded

- artery
- - brain or cerebral I66.9
- - with infarction (due to) I63.5
- - - embolism 163.4 - - - - thrombosis 163.3
- - cerebral 166.9
- - with infarction (due to) I63.5
- - - embolism 163.4
- - - thrombosis I63.3
- - anterior 166.1
- - - with infarction (due to) I63.5
- - - embolism 163.4
- - - thrombosis 163.3
- - bilateral 166.4 or multiple see
- <u>Occlusion/artery/cerebral/multiple or bilateral</u> - - - middle I66.0
- - - with infarction (due to) 163.5
- - - embolism 163.4
- - - thrombosis I63.3
- - multiple or bilateral I66.4
- - - with infarction (due to) I63.5
- ---- embolism 163.4
- - - thrombosis I63.3
- - posterior 166.2
- - - with infarction (due to) I63.5
- - - embolism 163.4

- - - thrombosis 163.3
- - specified NEC I66.8
- - with infarction (due to) I63.5
- - - embolism 163.4
- - - thrombosis 163.3
- - choroidal (anterior) I66.8

Syndrome

- cerebral artery - anterior 166.1† G46.1* --- with infarction (due to) 163.5 --- embolism 163.4 --- thrombosis 163.3 - middle 166.0† G46.0* --- with infarction (due to) 163.5 --- embolism 163.4 --- thrombosis 163.3 - posterior 166.2† G46.2* --- embolism 163.4 ---- embolism 163.4 ----- embolism 163.4 ---- embolism 163.4 ----- emb
- cerebro-ocular-facial-skeletal (COFS) Q74.4
- cervical (root) M53.1

Thrombolytic therapy

BACKGROUND:

Following a public submission, an ACHI code was created for transcatheter administration of thrombolytic therapy (irrespective of the administration technique) accompanied by the new ACS 0943 *Thrombolytic therapy*. ACHI was also modified to incorporate updated clinical terminology to distinguish systemic administration and local administration of thrombolytic therapy. Minor additional updates were made to incorporate published advice regarding stenting at ACHI Block [703].

TABULAR LIST

LIST OF ACHI BLOCK NUMBERS

Block No. Block Name

- 740 Examination procedures on other vascular sites
- 741 Surgical pPeripheral arterial or venous catheterisation
- 742 Other application, insertion or removal procedures on other vascular sites

670 Transluminal coronary angioplasty

Includes: transcatheter infusion of thrombolytic or other agent

Excludes: with:

- aspiration (mechanical) thrombectomy of coronary artery (see block [669])
- atherectomy of coronary artery (see block [669])
- endovascular embolic protection device (see block [669])
- stenting of coronary artery (see block [671])
- 38300-00 Percutaneous transluminal balloon angioplasty of 1 coronary artery Percutaneous transluminal coronary angioplasty [PTCA] of 1 coronary artery

671

Transluminal coronary angioplasty with stenting

Transluminal balloon angioplasty

Includes: balloon dilation of artery

that with drug eluting stent(s) transcatheter infusion of thrombolytic or other agent

Code also when performed:

- · coronary angioplasty with:
 - aspiration thrombectomy (90218-00, 90218-01 [669])
 - embolic protection device (90218-02, 90218-03 [669])

Excludes: with atherectomy of coronary artery (see block [669])

38306-00 Percutaneous insertion of 1 transluminal stent into single coronary artery Percutaneous implant of 1 stent into single coronary artery

702

Arterial embolectomy or thrombectomy

Includes: that with stenting

transcatheter infusion of thrombolytic or other agent

- *Excludes:* embolectomy or thrombectomy of arterial bypass graft:
 - extremities (33806-12 [703])
 - trunk (33803-02 [703])

Thrombolytic therapy

90235-00 Embolectomy or thrombectomy of intracranial artery Transcatheter embolectomy or thrombectomy of intracranial artery Excludes: intracranial internal carotid artery (90235-00 [702]) 33800-00 Embolectomy or thrombectomy of subclavian artery Excludes: intracranial internal carotid artery (90235-00 [702]) 33803-00 Embolectomy or thrombectomy of subclavian artery 33803-00 Embolectomy or thrombectomy of subclavian artery 33806-00 Embolectomy or thrombectomy of axillary artery Includes: infusion of thrombolytic or other agent 33806-01 Embolectomy or thrombectomy of brachial artery Includes: infusion of thrombolytic or other agent 33806-02 Embolectomy or thrombectomy of calial artery Includes: infusion of thrombolytic or other agent 33806-03 Embolectomy or thrombectomy of coeliac artery Includes: infusion of thrombolytic or other agent 33806-04 Embolectomy or thrombectomy of renal artery Includes: infusion of thrombolytic or other agent 33806-05 Embolectomy or thrombectomy of splenic artery Includes: infusion of thrombolytic or other agent 33806-06 Embolectomy or thrombectomy of splenic artery Includes: infusion of thrombolytic or other agent 33806-07 Embolectomy or thrombectomy of splenic artery Includes: infusion of thrombolytic or other agent 33806-08 Embolectomy or thrombectomy of popliteal artery Includes: infusion of thrombolytic or oth		
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 33806-08 Embolectomy or thrombectomy of iliac artery <i>Includes:</i> infusion of thrombolytic or other agent 33806-09 Embolectomy or thrombectomy of femoral artery <i>Includes:</i> infusion of thrombolytic or other agent 33806-10 Embolectomy or thrombectomy of popliteal artery <i>Includes:</i> infusion of thrombolytic or other agent 33806-11 Embolectomy or thrombectomy of tibial artery <i>Includes:</i> infusion of thrombolytic or other agent 90230-00 Embolectomy or thrombectomy of other agent 703 Embolectomy or thrombectomy of an arterial bypass graft <i>Includes:</i> that with stenting 	33806-07	Embolectomy or thrombectomy of splenic artery
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 33806-09 Embolectomy or thrombectomy of femoral artery <i>Includes:</i> infusion of thrombolytic or other agent 33806-10 Embolectomy or thrombectomy of popliteal artery <i>Includes:</i> infusion of thrombolytic or other agent 33806-11 Embolectomy or thrombectomy of tibial artery <i>Includes:</i> infusion of thrombolytic or other agent 90230-00 Embolectomy or thrombectomy of other artery <i>Includes:</i> infusion of thrombolytic or other agent 703 Embolectomy or thrombectomy of an arterial bypass graft <i>Includes:</i> that with stenting	33806-08	Embolectomy or thrombectomy of iliac artery
Includes: infusion of thrombolytic or other agent 33806-10 Embolectomy or thrombectomy of popliteal artery Includes: infusion of thrombolytic or other agent 33806-11 Embolectomy or thrombectomy of tibial artery Includes: infusion of thrombolytic or other agent 90230-00 Embolectomy or thrombectomy of other artery Includes: infusion of thrombolytic or other agent 703 Embolectomy or thrombectomy of an arterial bypass graft Includes: that with stenting		Includes: infusion of thrombolytic or other agent
 33806-10 Embolectomy or thrombectomy of popliteal artery <i>Includes:</i> infusion of thrombolytic or other agent 33806-11 Embolectomy or thrombectomy of tibial artery <i>Includes:</i> infusion of thrombolytic or other agent 90230-00 Embolectomy or thrombectomy of other artery <i>Includes:</i> infusion of thrombolytic or other agent 90230-00 Embolectomy or thrombectomy of other artery Includes: infusion of thrombolytic or other agent 703 Embolectomy or thrombectomy of an arterial bypass graft Includes: that with stenting	33806-09	Embolectomy or thrombectomy of femoral artery
Includes: infusion of thrombolytic or other agent 33806-11 Embolectomy or thrombectomy of tibial artery Includes: infusion of thrombolytic or other agent 90230-00 Embolectomy or thrombectomy of other artery Includes: infusion of thrombolytic or other agent 703 Embolectomy or thrombectomy of an arterial bypass graft Includes: that with stenting		Includes: infusion of thrombolytic or other agent
 33806-11 Embolectomy or thrombectomy of tibial artery <i>Includes:</i> infusion of thrombolytic or other agent 90230-00 Embolectomy or thrombectomy of other artery <i>Includes:</i> infusion of thrombolytic or other agent 703 Embolectomy or thrombectomy of an arterial bypass graft <i>Includes:</i> that with stenting 	33806-10	Embolectomy or thrombectomy of popliteal artery
Includes: infusion of thrombolytic or other agent 90230-00 Embolectomy or thrombectomy of other artery Includes: infusion of thrombolytic or other agent 703 Embolectomy or thrombectomy of an arterial bypass graft Includes: that with stenting		Includes: infusion of thrombolytic or other agent
 90230-00 Embolectomy or thrombectomy of other artery <i>Includes:</i> infusion of thrombolytic or other agent 703 Embolectomy or thrombectomy of an arterial bypass graft <i>Includes:</i> that with stenting 	33806-11	Embolectomy or thrombectomy of tibial artery
 <i>Includes:</i> infusion of thrombolytic or other agent T03 Embolectomy or thrombectomy of an arterial bypass graft <i>Includes:</i> that with stenting 		Includes: infusion of thrombolytic or other agent
703 Embolectomy or thrombectomy of an arterial bypass graft <i>Includes:</i> that with stenting	90230-00	Embolectomy or thrombectomy of other artery
Includes: that with stenting		Includes: infusion of thrombolytic or other agent
	703	Embolectomy or thrombectomy of an arterial bypass graft
		Includes: that with stenting transcatheter infusion of thrombolytic or other agent

33803-02 Embolectomy or thrombectomy of bypass graft of artery of trunk

33806-12	Embolectomy or thrombectomy of bypass graft of artery of extremities
	Includes: infusion of thrombolytic or other agent
741 ∇ 0943	Surgical pPeripheral arterial or venous catheterisation
	Includes: administration of thrombolytic or other therapeutic agent for local effect
	Excludes: nonsurgical_systemic_administration of thrombolytic or chemotherapeutic agent (see block [1920]) that with: • angioplasty (see blocks [670], [671] and [754])
35317-00 -	 embolectomy or thrombectomy (see blocks [702] and [703]) Percutaneous peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents by continuous infusion
35319-00 -	Percutaneous peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents by pulse spray technique
35320-00 -	Open peripheral arterial or venous catheterisation with administration of thrombolytic or chemotherapeutic agents
<u>35317-01</u>	Peripheral arterial or venous catheterisation with administration of thrombolytic agent Transcatheter (catheter direct) thrombolytic therapy
<u>35317-02</u>	Peripheral arterial or venous catheterisation with administration of other therapeutic agent Transcatheter (catheter direct) administration of chemotherapeutic agent
754	Transluminal balloon angioplasty
	Includes: transcatheter infusion of thrombolytic or other agent
	 <i>Excludes:</i> peripheral laser angioplasty (see block [758]) that for coronary arteries (see blocks [670] and [671]): with atherectomy (see block [669])
35303-06	Percutaneous transluminal balloon angioplastyCorrection of arteriovenous fistula stenosis by percutaneous transluminal balloon angioplastyRevision
1920	Administration of pharmacotherapy

 ∇ 0042, 0044, 0102, <u>0943</u>, 1316, 1615, 1923

Administration of pharmacological agent for systemic effect

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

 -00 Antineoplastic agent Agents used in the treatment of neoplasms and/or neoplasm related conditions *Code also when performed:*
 electrotherapy for skin lesion(s) (30195-06, 30195-07 [1612])
 Excludes:surgical catheterisation withtranscatheter administration of chemotherapeutic agent (35317-02 [741]) (see block [741])

-01 Thrombolytic agent *Excludes:*surgical catheterisation withtranscatheter administration of thrombolytic agent (35317-01 [741]) (see block [741])

96196-01 Intra-arterial administration of pharmacological agent, thrombolytic agent

96199-01 Intravenous administration of pharmacological agent, thrombolytic agent

ALPHABETIC INDEX

Administration (around) (into) (local) (of) (therapeutic agent) - see also Injection - agent (to)
 - type of agent - thrombolytic angioplasty — see Angioplasty embolectomy — see Embolectomy thrombectomy — see Thrombectomy via transcatheter administration of thrombolytic agent (open) (percutaneous) 35317-01 [741] tissue expander (skin) (soft tissue) (subcutaneous tissue) 45566-01 [1661]

Angioplasty

- chemical 35317-002 [741]
- patch, graft see Graft/artery/patch
- transluminal balloon
- for correction of arteriovenous fistula stenosis (percutaneous) 35303-06 [754]
 open 35303-07 [754]
- - carotid artery, single
- - carolid al
- - - multiple stents, percutaneous 35307-01
- [754] - - - - single stent, percutaneous 35307-00 [754]
- - coronary artery

Catheterisation

-	artery	(open)	34524-00	[694]
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- ... - - peripheral
- - with surgical transcatheter administration of agent (to) (percutaneous)
- - arrest haemorrhage see Embolisation/blood vessel, transcatheter/by site
- - - chemotherapeutic (open) 353<u>17</u>20-0<u>02</u> [**741**]
- ——percutaneous (continuous infusion) 35317-00 [741]
- ----- pulse spray technique 35319-00 [741]
- - occlude see Embolisation/blood vessel, transcatheter/by site
- - - thrombolytic (open) 353<u>17</u>20-0<u>1</u>0 [741]
 - - percutaneous (continuous infusion) 35317-00 [741]
- - umbilical, in neonate 13303-00 [694]
- bladder, indwelling (bladder cuff) 36800-00 [1090]
- [....]
- vein NEC 90220-00 [738]
- - peripheral

- - with <u>surgical-transcatheter</u> administration of agent (to)(open) (percutaneous)
- - - arrest haemorrhage see Embolisation/blood vessel, transcatheter/by site
- - - chemotherapeutic-(open) 353<u>17</u>20-0<u>20</u> [741]
- ----- percutaneous (continuous infusion) 35317-00 [741]
- - occlude see Embolisation/blood vessel, transcatheter/by site
- - - thrombolytic (open) 353<u>17</u>20-001 [741]
- ------ percutaneous (continuous infusion) 35317-00 [741]
- ----- pulse spray technique 35319-00 [741]
- - scalp, in neonate 13300-01 [738]
- - umbilical, in neonate 13300-02 [738]

Chemotherapy — see also Pharmacotherapy -thrombolytic agent

- via surgical peripheral arterial or venous catheterisation (open) 35320-00 [741]
 percutaneous (continuous infusion) 35317-00 [741]
- ----- pulse spray technique 35319-00 [741]
- <u>for local effect via surgical peripheral arterial or</u> venous catheterisation (open) (percutaneous) (via peripheral arterial or venous catheterisation) 35317-0220-00 [741]
- -- percutaneous (continuous infusion) 35317-00 [741]
- --- pulse spray technique 35319-00 [741]

Declotting

- arteriovenous
- - fistula (surgical) 34515-00 [765]
- by <u>transcatheter</u> infusion of thrombolytic agent (continuous) (open) (percutaneous) <u>35320-00</u> 35317-01 [741]
- ---- percutaneous (closed) 35317-00 [741]
 ------ pulse spray technique (catheter) 35319-00
 [741]
- - shunt (external) (surgical) 13106-00 [764]
- - by <u>transcatheter</u> infusion of thrombolytic agent (continuous) (open) (percutaneous) <u>35317-01</u>35320-00 [741]

percutancous (closed) 35317 00 [741]
pulse spray technique (catheter) 35319-00

- artery, by transcatheter infusion of agent (open)
- (percutaneous) 35317-01 [741] -- via surgicalinfusion of agent (continuous) (open) 35320-00 [741]
- - percutaneous (closed) 35317-00 [741]
- ---- pulse spray technique (catheter) 35319-00 [741]
- vein, by transcatheter infusion of agent (open) (percutaneous) 35317-01 [741]
- via surgical infusion of agent (continuous) (open) 35320-00 [741]
- percutaneous (closed) 35317-00 [741]
 - pulse spray technique (catheter) 35319-00
 - [741]

Embolectomy - artery (with stenting) - - axillary 33806-00 [702] - - - bypass 33806-12 [703] - - basilar 90235-00 [702] - - brachial 33806-01 [702] - - - bypass 33806-12 [703] - - carotid - - - external 33800-00 [702] - - - internal ---- extracranial 33800-00 [702] - - - - intracranial 90235-00 [702] - - cerebral (anterior) (middle) (posterior) 90235-00 [702] - - coeliac 33806-04 [702] - - - bypass 33803-02 [703] - - communicating (anterior) (posterior) 90235-00 [702] - - femoral 33806-09 [702] - - - bypass 33806-12 [703] - - iliac 33806-08 [702] - - - bypass 33803-02 [703] - - innominate 33803-01 [702] - - - bypass 33803-02 [703] - - intracranial NEC 90235-00 [702] - - mesenteric 33806-05 [702] - - - bypass 33803-02 [703] - - peripheral by surgical catheterisation and infusion (open) 35320-00 [741] - percutaneous (continuous) 35317-00 [741] - pulse spray technique 35319-00 [741] - - popliteal 33806-10 [702] - - - bypass 33806-12 [703] - - radial 33806-02 [702] - - - bypass 33806-12 [703] - - renal 33806-06 [702] - - - bypass 33803-02 [703] - - specified site NEC 90230-00 [702] - - splenic 33806-07 [702] - - - bypass 33803-02 [703] - - subclavian 33803-00 [702] - - - bypass 33803-02 [703] - - tibial 33806-11 [702] - - - bypass 33806-12 **[703]** - - ulnar 33806-03 **[702]** - - - bypass 33806-12 [703] - - vertebral 90235-00 [702] fistula - - arteriovenous (surgical) 34515-00 [765] - - - by transcatheter infusion of thrombolytic agent (arterial) (open) (percutaneous) (venous) 35317-0135320-00 [741] percutáneous (continuous) 35317-00 [741] -- pulse spray technique 35319-00 [741] - shunt - - arteriovenous (external) 13106-00 [764] - - - by transcatheter infusion of thrombolytic agent (arterial) (open) (percutaneous) (venous) 35317-0135320-00 [741] - - percutaneous (continuous) 35317-00 [741] - - - pulse spray technique 35319-00 [741] - vein (with stenting) 33812-04 [729] - - axillary 33812-03 [729] - - dural sinus 90235-01 [729] - - femoral 33812-00 [729] - - iliac (open) 33811-01 [729] - - - closed 33810-01 [729] - - intracranial NEC 90235-01 [729] peripheral

by surgical catheterisation and infusion (open) 35320-00 [741] - percutaneous (continuous) 35317-00 [741] - pulse spray technique 35319-00 [741] - - popliteal 33812-01 [729] - - sagittal sinus (sigmoid) (transverse) 90235-01 [729] - - specified site NEC 33812-04 [729] - - subclavian 33812-02 [729] - - vena cava, inferior (open) 33811-00 [729] - - - closed 33810-00 [729] Infusion — see also Administration - agent (to) arrest haemorrhage via surgical peripheral catheterisation - see Embolisation/blood vessel, transcatheter/by site chemotherapeutic -- see Chemotherapy -occlude (embolise) aneurysm via surgical peripheral catheterisation see Embolisation/blood vessel, transcatheter/by site arteriovenous fistula or malformation via surgical peripheral catheterisation Embolisation/blood vessel, transcatheter/by site blood vessel via surgical peripheral catheterisation - see Embolisation/blood vessel, transcatheter/by site pharmacological - see block [1920] - - sympatholytic agent - see also Administration/nerve/sympathetic - intra-arterial 90029-00 [65] - intravenous 90029-00 [65] -- thrombolytic with -embolectomy see Embolectomy thrombectomy see Thrombectomy via surgical peripheral arterial or venous catheterisation (open) 35320-00 [741] percutaneous (continuous infusion) 35317-00 [741] - pulse spray technique 35319-00 [741] antibiotic - code to block [1920] with extension -02 anti-infective --- code to block [1920] with extension -02 caudal (region) - see Infusion/spinal canal/caudal - subarachnoid (space) spinal see Infusion/spinal canal/intrathecal - sympatholytic agent - see also Administration/nerve/sympathetic --- intra-arterial 90029-00 [65] - - intravenous 90029-00 [65] thrombolytic agent — see Infusion/agent/thrombolytic Injection (around) (into) (of) - see also Administration -agent (to) anal fissure 90344-02 [929] sphincter, for faecal incontinence (bulking) 90344-02 [929]

	al peripheral
catheterisation - see Embolia	sation/blood
vessel, transcatheter/by site	
chemotherapeutic see Che	motherapy
close enterocutaneous fistula	
large intestine 30382-03 [91	
small intestine 30382-01 [90	
occlude (embolise) - see Em	bolisation/blood
vessel, transcatheter/by site	
pharmacological see block	[1920]
sclerosing sclerothera	by
sympatholytic see also	
Administration/nerve/sympath	otic
intra arterial 90029 00 [65]	
intravenous 90029-00 [65]	
tattoo	
by	
colonoscopy (to caecum) 3	2000-02 [005]
to hepatic flexure 32084-(
panendoscopy (to duodent	IM) 30473-07
[1005]	
to ileum 30473-08 [1005]	
via surgical peripheral arteria	
catheterisation (open) 35320	-00 [741]
percutaneous (continuous i	infusion) 35317-
00 [741]	,
pulse spray technique 35	31 <u>9-00 [741]</u>
- alcohol	
	
- therapeutic agent NEC code	+ to block [1920]
with extension -09	
posterior juxtascleral 42740-0	3 [209]
- thrombolytic agent - see	
Injection/agent/thrombolytic	
- tissue expander (skin) (soft tiss	ue)
(subcutancous tissue) 45566-0	1 [1661]
breast, without reconstruction	
with reconstruction 45539-00	
with reconstruction 45539-00	
Insertion	
Insertion - catheter) [1756]
Insertion - catheter artery (open) <u>(percutaneous)</u>) [1756] 34524-00 [694]
Insertion - catheter - artery (open) <u>(percutaneous)</u> by digital subtraction techniq) [1756] 34524-00 [694]
Insertion - catheter - artery (open) <u>(percutaneous)</u> by digital subtraction techniq 1 artery 60072-00 [1998]) [1756] 34524-00 [694]
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Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998]	9 <mark>- [1756]</mark> 34524-00 [694] ue, selective
Insertion - catheter - artery (open) <u>(percutaneous)</u> by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo	9 <mark>- [1756]</mark> 34524-00 [694] ue, selective
Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858]	9 <mark>[1756]</mark> 34524-00 [694] ue, selective od gas analysis
Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod	9 <mark>[1756]</mark> 34524-00 [694] ue, selective od gas analysis
Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694]	9 [1756] 34524-00 [694] ue, selective od gas analysis enal) (hepatic)
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Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath	[1756] 34524-00 [694] ue, selective od gas analysis enal) (hepatic) ccess device
Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] 6 for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath reservoir) 34528-02 [766]	[1756] 34524-00 [694] ue, selective od gas analysis enal) (hepatic) ccess device
Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath	[1756] 34524-00 [694] ue, selective od gas analysis enal) (hepatic) ccess device
Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] 6 for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath reservoir) 34528-02 [766] peripheral	9 [1756] 34524-00 [694] ue, selective od gas analysis enal) (hepatic) ccess device) (subcutaneous
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Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60078-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath reservoir) 34528-02 [766] peripheral with surgical transcatheter a agent (to)	17756 34524-00 [694] ue, selective od gas analysis enal) (hepatic) ccess device u) (subcutaneous administration of
Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60078-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath reservoir) 34528-02 [766] peripheral with surgicaltranscatheter a agent (to) arrest haemorrhage — se	[1756] B4524-00 [694] ue, selective od gas analysis enal) (hepatic) ccess device u) (subcutaneous administration of be
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Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath reservoir) 34528-02 [766] peripheral with surgical transcatheter a agent (to) arrest haemorrhage — se Embolisation/blood vesse transcatheter/by site chemotherapeutic (open)	[1756] B4524-00 [694] ue, selective od gas analysis enal) (hepatic) ccess device u) (subcutaneous administration of pe el,
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Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath reservoir) 34528-02 [766] peripheral with surgical transcatheter a agent (te) arrest haemorrhage — se Embolisation/blood vesse transcatheter/by site chemotherapeutic (open) [741]	(1756) (1756) (34524-00 [694] (4756) (594) (4756) (594) (694)
Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath reservoir) 34528-02 [766] peripheral with surgical transcatheter ar agent (to) arrest haemorrhage — se Embolisation/blood vesses transcatheter/by site chemotherapeutic (open) [741] - percutaneous (continuo 35317-00 [741]	(1756) (1756) (34524-00 [694] (4756) (594) (4756)
Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath reservoir) 34528-02 [766] peripheral with surgical transcatheter a agent (to) arrest haemorrhage — se Embolisation/blood vesse transcatheter/by site chemotherapeutic (open) [741] - percutaneous (continue) 35317-00 [741] - pulse spray technique	$\frac{1756}{2}$
Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath reservoir) 34528-02 [766] peripheral with surgical transcatheter ar agent (to) arrest haemorrhage — se Embolisation/blood vesses transcatheter/by site chemotherapeutic (open) [741] - percutaneous (continuo 35317-00 [741]	$\frac{1756}{2}$
Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath reservoir) 34528-02 [766] peripheral with surgical transcatheter a agent (to) arrest haemorrhage — se Embolisation/blood vesses transcatheter/by site chemotherapeutic (open) [741] - percutaneous (continue 35317-00 [741] - pulse spray technique occlude (embolise) — see	$\frac{1756}{2}$
Insertion - catheter - artery (open) (percutaneous) (by digital subtraction techniq 1 artery 60072-00 [1998] 2 arteries 60075-00 [1998] 3 arteries 60078-00 [1998] for collection of blood for blo 13842-00 [1858] intra-abdominal (gastroduod 34521-01 [694] with insertion of vascular ar (infusion port) (Port-A-Cath reservoir) 34528-02 [766] peripheral with surgical transcatheter a agent (to) arrest haemorrhage — se Embolisation/blood vesses transcatheter/by site chemotherapeutic (open) [741]	$\frac{17756}{2}$

percutaneous (continuous infusion)
35317-00 [741]
 vein NEC 90220-00 [738]
by digital subtraction technique, selective
1 vein 60072-00 [1998]
2 veins 60075-00 [1998]
3 veins 60078-00 [1998]
for dental procedure (with infusion) 97928-00 [485]
central (closed) (CVC) (femoral) (jugular)
(percutaneous) (subclavian) 13815-01 [738]
with insertion of vascular access device
(infusion port) (Port-A-Cath) (subcutaneous
reservoir) 34528-02 [766] in neonate, via peripheral vein 13319-00
[738]
open 13815-00 [738]
with insertion of vascular access device
(infusion port) (Port-A-Cath)
(subcutaneous reservoir) 34528-02 [766]
via peripheral vein, in neonate 13319-00 [738]
coronary sinus
for
antegrade/retrograde administration of
blood or crystalloids to effect cardioplegia
38588-00 [642] in neonate 13300-00 [738]
central, via peripheral vein 13319-00 [738]
scalp 13300-01 [738]
umbilical 13300-02 [738]
intra-abdominal 34521-02 [738]
with insertion of vascular access device
(infusion port) (Port-A-Cath) (subcutaneous reservoir) 34528-02 [766]
peripheral
with surgical transcatheter administration of
agent (to) (open) (percutaneous)
arrest haemorrhage — see
Embolisation/blood vessel, transcatheter/by site
chemotherapeutic (open) 353 2017 -0 0 2
[741]
percutaneous (continuous infusion)
35317-00 [741]
Embolisation/blood vessel,
transcatheter/by site
thrombolytic (open) 353 <u>17</u> 20 -0 <u>1</u> 0 [741]
percutaneous (continuous infusion)
35317-00 [741]
scalp, in neonate 13300-01 [738]
umbilical, in neonate 13300-02 [738]
Theory has to see
Thrombectomy - artery (with stenting) 90230-00 [702]
- by surgical infusion (open) (peripheral vascular
catheterisation) 35320-00 [741]
percutaneous (continuous) 35317-00 [741]
pulse spray technique 35319-00 [741]
axillary 33806-00 [702]
bypass 33806-12 [703] basilar 90235-00 [702]
brachial 33806-01 [702]
bypass 33806-12 [703]

carotid
external 33800-00 [702]
internal
extracranial 33800-00 [702]
intracranial 90235-00 [702]
cerebral (anterior) (middle) (posterior) 90235-
00 [702]
coeliac 33806-04 [702]
bypass 33803-02 [703]
communicating (anterior) (posterior) 90235-00
[702]
coronary, percutaneous transluminal
(aspiration) (mechanical)
multiple arteries 90218-01 [669]
single artery 90218-00 [669]
femoral 33806-09 [702]
bypass 33806-12 [703]
iliac 33806-08 [702]
bypass 33803-02 [703]
innominate 33803-01 [702]
bypass 33803-02 [703]
 - intracranial NEC 90235-00 [702]
 - mesenteric 33806-05 [702]
bypass 33803-02 [703]
popliteal 33806-10 [702]
bypass 33806-12 [703]
radial 33806-02 [702]
bypass 33806-12 [703]
renal 33806-06 [702]
bypass 33803-02 [703]
specified site NEC 90230-00 [702]
splenic 33806-07 [702]
bypass 33803-02 [703]
subclavian 33803-00 [702]
bypass 33803-02 [703]
tibial 33806-11 [702]
bypass 33806-12 [703]
ulnar 33806-03 [702]
bypass 33806-12 [703]
<u> vertebral 90235-00 [702]</u>
- fistula
- arteriovenous (surgical) 34515-00 [765]

- - - by transcatheter infusion of thrombolytic agent (arterial) (open) (percutaneous) (venous) 35317-0135320-00 [741] - percutaneous (continuous) 35317-00 [741] - - pulse spray technique 35319-00 [741] - shunt - - arteriovenous (external) 13106-00 [764] - - - by transcatheter infusion of thrombolytic agent (arterial) (open) (percutaneous) (venous) 35317-0135320-00 [741] percutaneous (continuous) 35317-00 [741] - pulse spray technique 35319 00 [741] - vein (with stenting) 33812-04 [729] - - by transcatheter infusion of thrombolytic agent (open) (percutaneous) 35317-01 [741] by surgical infusion (open) (peripheral arte rial catheterisation) 35320-00 [741] percutaneous (continuous) 35317-00 [741] -- pulse spray technique 35319-00 [741] - - axillary 33812-03 [729] - - dural sinus 90235-01 [729] - - femoral 33812-00 [729] - - iliac (open) 33811-01 [729] - - - closed 33810-01 [729] - - intracranial NEC 90235-01 [729] - - popliteal 33812-01 [729] - - sagittal sinus 90235-01 [729] - - specified site NEC 33812-04 [729] - - subclavian 33812-02 [729] - - vena cava, inferior (open) 33811-00 [729] - - - closed 33810-00 [729] Thrombolysis - for - local effect (catheter directed) (transcatheter) 35317-01 [741] - - systemic effect - - - intra-arterial 96196-01 [1920] - - - intravenous 96199-01 [1920] - with - - angioplasty - see Angioplasty - embolectomy — see Embolectomy
 - thrombectomy — see Thrombectomy

Thymectomy (open) NEC 38446-04 [128]

AUSTRALIAN CODING STANDARDS

SPECIALTY STANDARDS

9. Circulatory system

- 0909 Coronary artery bypass grafts
- 0920 Acute pulmonary oedema
- 0925 Hypertension and related conditions
- 0933 Cardiac catheterisation and coronary angiography
- 0934 Cardiac and vascular revision/reoperation procedures
- 0936 Cardiac pacemakers and implanted defibrillators
- 0940 Ischaemic heart disease
- 0941 Arterial disease
- 0943 Thrombolytic therapy

0943 THROMBOLYTIC THERAPY

Thrombolytic therapy is the use of thrombolytic agents to dissolve blood clots in blood vessels. Thrombolytic agents are also known as fibrinolytic drugs or plasminogen activators.

Thrombolytic agents may be divided into two categories:

- Fibrin specific agents, such as alteplase (t-PA), reteplase (rt-PA) and tenecteplase (TNK-tPA)
- Non-fibrin specific agents, such as streptokinase

Thrombolytic agents may be administered:

- systemically: delivered by an initial intravenous (IV) bolus injection, followed by IV infusion.
 Systemic delivery is usually indicated for treatment of acute ischaemic stroke, acute
 myocardial infarct or acute massive pulmonary embolism
- locally: delivered directly into the area of the thrombus through peripheral arterial or venous catheterisation. This is also known as transcatheter thrombolytic therapy or catheter direct thrombolytic therapy. Local thrombolytic therapy is usually indicated for peripheral arterial thrombosis or deep vein thrombosis.

CLASSIFICATION

- Systemic thrombolytic therapy is classified to 96199-01 [1920] Intravenous administration of pharmacological agent, thrombolytic agent OR 96196-01 [1920] Intra-arterial administration of pharmacological agent, thrombolytic agent
- Local/transcatheter thrombolytic therapy is classified to 35317-01 [741] *Peripheral arterial or venous catheterisation with administration of thrombolytic agent*
- Assign 96199-01 [1920] or 96196-01 [1920] when systemic thrombolytic therapy is administered during the admitted episode of care. This includes continuation of thrombolytic therapy initiated prior to admission (eg by paramedics)
- Transcatheter thrombolysis may be employed as an adjuvant therapy during another endovascular intervention such as angioplasty, mechanical embolectomy or thrombectomy. In these cases, do not assign an ACHI code for transcatheter thrombolytic therapy, as it is inherent in the other interventions.

MBS updates on the cardiovascular chapter (ACHI)

BACKGROUND:

MBS updates released July 2014 added two new items for transcatheter closure of patent ductus arteriosus (38273) and ventricular septal defect (38274). ACHI Ninth Edition already included codes for closure of patent ductus arteriosus and ventricular septal defect performed via an open or a closed approach.

Amendments to the ACHI Tenth Edition are an addition of *Inclusion* terms at 38751-00 [618] and 38700-00 [690] for transcatheter closure of ventricular septal defect and patent ductus arteriosus respectively. Alphabetic Index improvements were made to support this.

TABULAR LIST

618	Closure of ventricular septal defecst
38751-00	Percutaneous closure of ventricular septal defect Transcatheter closure of ventricular septal defect
	Includes: that with prosthesis or device
38751-02	Closure of ventricular septal defect
	<i>Includes:</i> patch graft <i>Code also when performed:</i>
	• cardiopulmonary bypass (38600-00, 38603-00 [642])
690	Closure of patent ductus arteriosus
	Includes: clipping of patent ductus arteriosus division ligation
38700-00	Percutaneous closure of patent ductus arteriosus Transcatheter closure of patent ductus arteriosus
	Includes: that with prosthesis or device
38700-01	 Closure of patent ductus arteriosus <i>Code also when performed:</i> • cardiopulmonary bypass (38600-00, 38603-00 [642]) • retrograde cerebral perfusion during hypothermic arrest (38577-00 [642])

ALPHABETIC INDEX

Closure (of)

- patent ductus arteriosus 38700-01 [690]
- - percutaneous (closed) (transcatheter) (with prosthesis or device) 38700-00 [690] ...
- ventricular septal defect (open) (with patch graft) 38751-02 [618]
- - by augmentation
- - left 38766-00 [614]
- - right 38766-01 [614]
- - percutaneous (closed) (transcatheter) (with prosthesis or device) 38751-00 [618]
- - postinfarction 38509-00 [619]

Transcatheter

- closure (of)

- - patent ductus arteriosus (percutaneous) (with prosthesis or device) 38700-00 [690]
- - ventricular septal defect (percutaneous) (with prosthesis or device) 38751-00 [618] - embolisation of blood vessels - see Embolisation/blood vessel, transcatheter/by site
- thrombectomy (embolectomy) of blood vessels see Thrombectomy/artery AND Thrombectomy/vein

Total artificial heart transplantation

BACKGROUND:

Following receipt of a query regarding classification of total artificial heart transplantation, amendments were made to ACHI Tenth Edition with creation of ACHI codes for implantation of total artificial heart, a code for removal of total artificial heart in block **[608]**, and a code for revision of total artificial heart in block **[608]** *Application, insertion or removal procedures on ventricle.* Amendments were made to the Alphabetic Index to support these additions.

TABULAR LIST

HEART – VENTRICLE

APPLICATION, INSERTION, REMOVAL

60	8	 Application, insertion or removal procedures on ventricle Code also when performed: • cardiopulmonary bypass (38600-00, 38603-00 [642])
386	615-00	Insertion of left ventricular assist device
386	615-01	Insertion of right ventricular assist device
386	618-00	Insertion of left and right ventricular assist device
386	627-00	Adjustment of cannula for ventricular assist device Repositioning of cannula for ventricular assist device
386	621-00	Removal of left ventricular assist device
386	621-01	Removal of right ventricular assist device
386	624-00	Removal of left and right ventricular assist device
<u>962</u>	229-00	Implantation of total artificial heart Implantation of total replacement heart system Total artificial heart transplantation (TAH) Includes: cardiectomy
<u>962</u>	229-02	Revision of total artificial heart Revision of total replacement heart system or its component(s)
<u>962</u>	229-01	Removal of total artificial heart Removal of total replacement heart system
66	0	Transplantation of heart or lung
		Code also when performed:
		 cardiopulmonary bypass (38600-00, 38603-00 [642]) removal of total artificial heart (96229-01[608])
902	205-00	Heart transplantation

90205-01 Heart and lung transplantation

ALPHABETIC INDEX

Implant, implantation — see also Insertion - artery - - coronary - - - with ascending thoracic aorta ---- repair --- see block [684] and [685] ---- replacement - see block [687] and [688] - artificial heart, total 96229-00 [608] - baffle - hearing device - - bone conduction 41557-02 [321] - - electromagnetic 41557-02 [321] - heart valve, transcatheter - see Insertion/valve/heart/percutaneous with **bioprosthesis** - - artificial 96229-00 [608] - - valve, transcatheter - see Insertion/valve/heart/percutaneous with bioprosthesis - hormone - - by cannula 14206-00 [1906] - - subdermal 14203-00 [1906] - inert material - tooth 97387-00 [461] - total artificial heart 96229-00 [608] - ureter — see also Reimplantation/ureter - - stimulator, electronic 90355-00 [1069] - wafer, chemotherapy, intracerebral 96201-00 [1920] Insertion - applicator for brachytherapy (catheters) (needles) - - eye 42801-00 [177] - - prostate 37227-00 [1160] - artificial sphincter - - heart, total 96229-00 [608] - - sphincter - - - bowel 32220-00 [940] - - - urinary (see also Insertion/urinary sphincter, artificial) 37387-00 [1113] - baffle (switch) - - heart - hearing device - - bone conduction 41557-02 [321] - - electromagnetic 41557-02 [321] - heart, artificial 96229-00 [608] - ICD (implantable cardioverter defibrillator) see Insertion/defibrillator, cardiac - implanon 14203-00 [1906] - implant — see Insertion/device OR Insertion/prosthesis, prosthetic device - tooth (on) - - denture, complete - - - new 97765-00 [476] - - - pre-existing 97766-01 [476] - - partial denture 97768-00 [476] - total artificial heart 96229-00 [608] - tracheostomy tube — see Tracheostomy

- tube

Removal — see also Excision

- artificial sphincter
- - heart, total 96229-01 **[608]**
- - with replacement 96229-02 [608]
- - sphincter
- - bowel 32221-01 **[940]**
- ----with replacement 32221-00 [940]
- - <u>-</u>urinary 37390-02 **[1113]**
- - with replacement 37390-01 [1113]
- assistive or adaptive device, aid or equipment 96094-00 [1870]
- balloon
- ... - heart
- - artificial 96229-01 [608]
- - donor
- - for transplant 90204-00 [659]
- - - with removal of lung 90204-01 [659]
- heterograft see Removal/xenograft, skin
- homograft see Removal/allograft, skin
- tooth (fragment)
- - as part of full dental clearance (no teeth insitu following procedure) 97322-01 [458]
- ... - - - - 10–14 teeth 97324-06 [458]
- - - ≥ 15 teeth 97324-07 **[458]**
- total artificial heart 96229-01 [608]
- trichoepithelioma, face or neck
- - by laser 30190-00 [1612]

Replacement

- artificial sphincter
- - heart 96229-02 [608]
- <u>- sphincter</u>
- - <u>-</u>bowel 32221-00 **[940]**
- - urinary 37390-01 [1113]
- assistive or adaptive device, aid or equipment NEC 96092-00 [1870]
- blood, complete (adult) 92206-00 [1893]
- - in infant 13306-00 [1893]

Revision (partial) (total)

- artificial sphincter
- - heart 96229-02 [608]
- - sphincter
- --- bowel 32221-00 [940]
- - urinary 37390-00 [1124]
- blepharoptosis repair by levator sutures adjustment 45625-00 [1687]
- bowel sphincter, artificial 32221-00 [940]
- ...
- heart surgery NEC 38640-00 [664]
- - artificial heart 96229-02 [608]
- - coronary artery graft (occluded) 38637-00 [680]
- ICD (implantable cardioverter defibrillator) 90203-06 [656]
- - skin pocket alone 90219-00 [663]
- tension-free vaginal tape procedure 35599-01 [1110]

- tissue expander (skin) (soft tissue) (subcutaneous tissue) (valve) 45566-03 [1661]
- breast 45548-02 [1758]
 total artificial heart 96229-02 [608]
 trabeculectomy 42749-00 [191]
 tracheostomy 41881-02 [541]

Transplant, transplantation

- adrenal tissue 14203-01 [1906] artificial heart 96229-00 [608] bone marrow (stem cell)

- - allogeneic

1

1

- - matched related donor (matched family) (syngeneic) (with in vitro processing) 13706-06 [802]
- - without in vitro processing 13706-00 [802]
- hair 45560-00 [1655]
- heart 90205-00 [660]
- - and lung 90205-01 **[660]** - artificial 96229-00 **[608]**
- intestinal microbiota (FMT) 96223-00 [1895]
- tooth (bud) 97388-00 [461]
- total artificial heart 962229-00 [608]
- ureter (into) (to)
- - another ureter (open) 36597-01 [1081]
- - via laparoscopy 36597-00 [1081]

Rapid endovascular balloon occlusion of the aorta (REBOA)

BACKGROUND:

Following receipt of a public submission, a code was created for classification of rapid endovascular balloon occlusion of the aorta (REBOA), with supporting index entries and Tabular *Excludes* notes.

TABULAR LIST

1

1

768	Transcatheter embolisation of blood vessels
	Includes: administration of: • balloon • coils • endovascular balloon • ethanol • gelatin sponge • glue • plastic particles • Catheterisation
	 Code also when performed: brachytherapy, intravascular in Selective Internal Radiation Therapy (SIRT) (using yttrium-90 microspheres) (15360-00 [1792])
35321-02	Transcatheter embolisation of intracranial arteries, not elsewhere classified <i>Excludes:</i> endovascular occlusion of cerebral aneurysm or arteriovenous malformation (35412-00 [11])
35321-08	Transcatheter embolisation of intracranial veins, not elsewhere classified <i>Excludes:</i> endovascular occlusion of cerebral aneurysm or arteriovenous malformation (35412-00 [11])
35321-03	Transcatheter embolisation of blood vessels, face and neck
35321-04	Transcatheter embolisation of blood vessels, chest
35321-05	Excludes: (rapid) (resuscitative) endovascular balloon occlusion of the aorta (35321-11 [768]) Transcatheter embolisation of blood vessels, abdomen Transcatheter embolisation of: • coeliac vessels • gastrointestinal • hepatic • mesenteric • renal • splenic

Excludes: (rapid) (resuscitative) endovascular balloon occlusion of the aorta (35321-11 [768])

35321-06 Transcatheter embolisation of blood vessels, pelvis Transcatheter embolisation of:

- iliac | vessels
- ovarian
- uterine
- vaginal
- vesical

35321-07 Transcatheter embolisation of blood vessels of limbs

35321-11Transcatheter embolisation of aortaRapid (resuscitative) endovascular balloon occlusion of the aorta (REBOA)

35321-10 Transcatheter embolisation of other blood vessels Transcatheter embolisation of spermatic veins

ALPHABETIC INDEX

Arrest (of)

- haemorrhage
- - abdominal see also Packing/intra-abdominal
- - postoperative 30385-00 [985]
- - adenoids, postoperative 41797-00 [410]
- aneurysm via surgical peripheral catheterisation (endovascular balloon) — see Embolisation/blood vessel, transcatheter/by site
- - anus (postoperative) 90345-00 [931]
- aorta, transcatheter (endovascular balloon) 35321-11 [768]
- arteriovenous fistula or malformation, via surgical peripheral catheterisation — see Embolisation/blood vessel, transcatheter/by site
- - artery NEC 30058-01 [777]
- - via surgical peripheral catheterisation see Embolisation/blood vessel, transcatheter/by site

Balloon

- ablation, uterine, thermal (endoscopic) 35622-00 [1263]
- angioplasty see Angioplasty/transluminal balloon
- <u>occlusion of aorta (rapid) (resuscitative) 35321-</u> <u>11 [768]</u>
- septostomy (atrial) 38270-00 [619]
- valvuloplasty see Valvuloplasty/by site Banding

Embolisation

- aneurysm via surgical peripheral catheterisation — see Embolisation/blood vessel,
- transcatheter/by site
- arteriovenous fistula or malformation via surgical peripheral catheterisation — see Embolisation/blood vessel, transcatheter/by site
- artery via surgical peripheral catheterisation see Embolisation/blood vessel, transcatheter/by
- site - blood vessel, transcatheter NEC 35321-10 [768]
- abdomen 35321-05 **[768]**
- - aorta (rapid) (resuscitative) 35321-11 [768]
- - aorta (rapid) (resuscitative) 35321-11 [768]
- - cerebral
- - aneurysm 35412-00 [11]
- - arteries NEC 35321-02 [768]
- - arteriovenous malformation 35412-00 [11]
- - veins NEC 35321-08 [768]

- - chest 35321-04 [768]
- - aorta (rapid) (resuscitative) 35321-11 [768]
- - coeliac 35321-05 [768]
- - face 35321-03 [768]
- - gastrointestinal 35321-05 [768]
- - hepatic 35321-05 [768]
- - iliac 35321-06 [768]
- - intracranial
- - arteries NEC 35321-02 [768]
- - veins NEC 35321-08 [768]
- - limb (lower) (upper) 35321-07 [768]
- - liver 35321-05 [768]
- - mesenteric 35321-05 [768]
- - neck 35321-03 [768] - - ovarian 35321-06 [768]
- - pelvis 35321-06 [768]
- - renal 35321-05 [768]
- - spermatic veins 35321-10 [768]
- - splenic 35321-05 **[768]**
- - uterine 35321-06 **[768]**
- - vaginal 35321-06 [768]
- - vesical 35321-06 [768]
- varices

Occlusion

- aneurysm see also Ligation/aneurysm
- - with surgical administration of agent see Embolisation/blood vessel, transcatheter/by site
- - cerebral 35412-00 [11]
- aorta, transcatheter (endovascular balloon)
- (rapid) (resuscitative) 35321-11 [768]
- arteriovenous fistula or malformation with surgical administration of agent — see Embolisation/blood vessel, transcatheter/by site
- - cerebral 35412-00 **[11]** - artery
- - by
- - ligation see Ligation/artery
- - surgical administration of agent see Embolisation/blood vessel, transcatheter/by site

Rebasing

- denture 97754-00 [475]
- REBOA (rapid (resuscitative) endovascular balloon occlusion of the aorta) 35321-11 [768]

Rebonding

Fractional flow reserve (FFR)

BACKGROUND:

Following receipt of a query regarding fractional flow reserve (FFR) amendments were made to ACHI Tenth Edition for creation of a code 38241-00 **[668]** *Coronary artery blood flow measurement* in block **[668]** *Coronary angiography* and add *coronary artery pressure (intravascular) measurement, fractional flow reserve (FFR) measurement* and *coronary flow reserve (CFR) measurement* as *Inclusion* terms at 38241-00 **[668]**.

TABULAR LIST

CORONARY ARTERIES



Cardiac catheterisation

Includes: cardiac output measurement dye dilation curves

dye dilation curves exercise stress test fluoroscopy oximetry shunt detection

Excludes: that with coronary angiography (38218 [668])

- 38200-00 Right heart catheterisation
- 38203-00 Left heart catheterisation
- 38206-00 Right and left heart catheterisation

668

Coronary angiography

∇ 0933

Code also when performed:

- aortography (59903-03 [1990])
- ventriculography (59903 [607])
- 38215-00 Coronary angiography
- 38218-00 Coronary angiography with left heart catheterisation
- 38218-01 Coronary angiography with right heart catheterisation
- 38218-02 Coronary angiography with left and right heart catheterisation

38241-00 Coronary artery blood flow measurement Measurement of: • coronary artery pressure (intravascular) • coronary flow reserve (CFR) • fractional flow reserve (FFR)

Code also when performed: • coronary: • angiography (38215-00, 38218-00, 38218-01, 38218-02 [668]) • angioplasty (see blocks [669], [670] and [671])

2005 Other circulatory system nuclear medicine imaging study

61320-00 Cardiac shunt study

Excludes: that with gated cardiac blood pool study (61314-01, 61317-01 [2002])

61320-01 Cardiac first pass blood flow study

Excludes: that with gated cardiac blood pool study (61314-00, 61317-00 [2002])

61310-00 Avid imaging study for myocardial infarct

> Includes: planar imaging single photon emission computerised tomography [SPECT]

- 61417-00 Dynamic blood flow study
 - Excludes: that with:
 - coronary artery blood flow study (38241-00 [668])
 - venography (61465-00 [2005])
 - whole body bone study (61421-00, 61425-00 [2011])

ALPHABETIC INDEX

Cephalometry 57902-00 [1967]

- echo 55700-01 [1943]
- fetus
- - ultrasound 55700-01 [1943]
- orthodontic (dental) 57930-00 [1967] - - analysis only, dental 97081-00 [452]
- - full mouth 57933-00 [1967]
- ultrasound (sonar) 55700-01 [1943]

CFR (coronary flow reserve) 38241-00 [668]

Change (of) — see also Replacement

Coreoplasty 42764-03 [190]

- by laser 42785-01 [190] Coronary flow reserve (CFR) 38241-00 [668] Coronoidectomy — see Ostectomy

Fetal reduction (percutaneous) 90463-00 [1330]

- endoscopic 90463-01 [1330]

FFR (fractional flow reserve), coronary 38241-00 [668]

Fibrinolysis (eye) (intracameral laser) 42791-01 [206]

Field setting

Formation (of)

- arteriovenous fistula
- - with
- - via
- - laparoscopy (closed) 37008-00 [1093]
- - laparotomy (open) 37008-01 [1093]

- window
- - pericardial see
- Formation/pericardial/window
- - pleural, for drainage 38415-00 [549]

Fractional flow reserve (FFR), coronary 38241-00 [668]

Fracture

- surgical (see also Osteoclasis) 90588-00 [1571]
- - turbinates (nose) (unilateral) 41686-00 [381]

- - - bilateral 41686-01 [381]

Fraenectomy

Measurement

- cochlear function changes (glycerol induced) (Klockoff's test) 11321-00 [1843]
- coronary flow reserve 38241-00 [668]
- diaphragm, for assessment of phrenic nerve function 11503-06 [1849] - fetal growth
- - by ultrasound 55700-01 [1943] - fractional flow reserve, coronary 38241-00 [668]
- gas exchange 11503-10 [1849]
- gastro-oesophgeal reflux 11810-00 [1859]
- intracranial pressure 39015-02 [3]
- intraocular pressure or tension 92016-00 [1835]
- latency (motor)
- - pudendal and spinal nerve 11833-00 [1859]
- lung volume see also Test, testing/respiratory system/function
- - absolute 11503-12 [1849]
- - and oesophageal pressure 11503-07 [1849]

- muscle

- - respiratory - see Measurement/respiratory/muscle - nasal resistance 11503-09 [1849] - ocular motility 96044-00 [1835] - oesophageal pressures - - for - - - pulmonary distensibility 11503-07 [1849] - - - respiratory muscle strength 11503-00 [1847] - pelvic capacity and diameter - - by pelvimetry - - - computerised tomographic 57201-00 [1964] - - - radiographic 59503-00 [1981] - perfusion ratios (multiple inert gas elimination techniques) (ventilation) 11503-15 [1849] - pharyngeal resistance 11503-09 [1849] - pressure - - central venous 11600-02 [1850] - - intracranial 39015-02 [3] - - intraocular 92016-00 [1835] - - intravascular, coronary artery 38241-00 [668] - - occlusion - - - response to progressive hypercapnia and hypoxia 11503-14 [1849] - - oesophageal - - - for - - - - pulmonary distensibility 11503-07 [1849] - - - respiratory muscle strength 11503-00 [1847] - - oxygen and carbon dioxide for measurement of gas exchange 11503-10 [1849] - - pulmonary artery 11600-01 [1850] - - - by right heart balloon catheter (Swan Ganz) 13818-00 [657] - - - wedge (by right heart balloon catheter) 13818-00 [657] - - rectal - - - with cystometrography 11912-00 [1860] - - - - and - - - - contrast micturating cystourethrography 11919-00 [1860] - - other simultaneous measurement(s) 11917-00 [1860] - - sphincter of Oddi - - - by - - - - ERC (endoscopic retrograde cholangiography) 30484-01 [957] - - - - ERCP (endoscopic retrograde cholangiopancreatography) 30484-00 [957] - - - - ERP (endoscopic retrograde pancreatography) 30484-02 [974] - - transdiaphragmatic for respiratory muscle strength 11503-00 [1847] - - ventilatory - - - response to progressive hypercapnia and hypoxia 11503-14 [1849] - profile - see Profilometry

Study

- conduction
 cardiac
- - cardiac
- - atrioventricular 38209-00 [665]
- - muscle see Electromyography (EMG)
- - nerve
- - 1 nerve 11012-01 [1826]
- - - with electromyography 11012-02 [1826]
- - - repetitive 11021-01 [1826]
- - - with quantitative computerised analysis electromyography 11021-02 [1826]

- - - 2 or 3 nerves 11015-00 [1826] - - - - with electromyography 11015-01 [1826] - - - - repetitive 11021-01 [1826] - - - - with quantitative computerised analysis electromyography 11021-02 [1826] - - - ≥ 4 nerves 11018-00 [1826] - - - - with electromyography 11018-01 [1826] - - - - repetitive 11021-01 [1826] - - - - with quantitative computerised analysis electromyography 11021-02 [1826] - - - single nerve fibres and muscles - - - - with electromyography 11018-02 [1826] - - neuromuscular - - - 1 nerve 11012-02 [1826] - - - - repetitive 11021-01 [1826] - - - - with quantitative computerised analysis electromyography 11021-02 [1826] - - - 2 or 3 nerves 11015-01 [1826] - - - - repetitive 11021-01 [1826] - - - - with quantitative computerised analysis electromyography 11021-02 [1826] - - - ≥ 4 nerves 11018-01 [1826] ---- repetitive 11021-01 [1826] - - - - with quantitative computerised analysis electromyography 11021-02 [1826] - - - repetitive 11021-01 [1826] - - - - with quantitative computerised analysis electromyography 11021-02 [1826] - - - single nerve fibres and muscles (electromyography) 11018-02 [1826] - coronary artery flow (coronary flow reserve) (fractional flow reserve) 38241-00 [668] - dark adaptation 11211-00 [1831] - diverticulum - - Meckel's (nuclear medicine) 61368-00 [2007] - Doppler - see also Recording/wave forms OR Ultrasound - dye for patency of fallopian tubes 35703-00 [1258] - electrophysiological (EPS) - - cardiac - - - for follow up testing of implanted defibrillator 38213-00 [665] - - - with --- ablation - see Ablation/cardiac - - - - induction of tachycardia 38212-00 [665] - - - - insertion of pacemaker - see Insertion/pacemaker - - - - mapping 38212-00 [665] - - - - testing - - - - antiarrhythmic drugs 38212-00 [665] ---- defibrillator 38212-00 [665] - - - - - follow up 38213-00 [665] - - - ≤ 3 catheters 38209-00 [665] - - - ≥ 4 catheters 38212-00 [665] - evoked responses - - central nervous system - see Investigation/central nervous system - eye NEC 42503-00 [160] - fractional flow reserve, coronary 38241-00 [668] gastric emptying (nuclear medicine) 61381-00

- [2007]
- - combined solid and liquid 61383-00 [2007]
- gastro-oesophageal reflux (nuclear medicine) 61373-00 [2007]

AUSTRALIAN CODING STANDARDS

0933 CARDIAC CATHETERISATION AND CORONARY ANGIOGRAPHY

DEFINITION

The terms cardiac catheterisation and coronary angiogram are often used interchangeably, even though they are two very distinct procedures. In some cases, coronary angiography is performed without cardiac catheterisation.

Coronary angiography

Coronary angiography is imaging of the circulation of the myocardium by injection of contrast medium, usually by selective catheterisation of each coronary artery. The chambers of the heart are not catheterised. Angiography of the left and right coronary arteries should not be confused with left and right heart catheterisation.

Cardiac catheterisation

Cardiac catheterisation differs from coronary angiography in that it involves passage of a catheter into a chamber of the heart (ventricle or atrium).

Cardiac catheterisation is performed to measure intracardiac and intravascular pressures, record tracings, obtain blood for blood gas analysis and measure cardiac output, but the most common reason is to perform ventriculography. Documentation of these investigations indicates that cardiac catheterisation has been performed.

Cardiac catheterisation is an invasive procedure performed:

- on the right heart, usually via femoral vein
- on the left heart, usually via femoral artery puncture
- as a combined right and left heart procedure

Cardiac catheterisation is usually performed in conjunction with coronary angiography.

CLASSIFICATION

• Coronary angiography without cardiac catheterisation, assign:

38215-00 [668] Coronary angiography

• Coronary angiography with cardiac catheterisation, assign an appropriate code from block [668] *Coronary angiography:*

38218-00 [668]	Coronary angiography with left heart catheterisation
38218-01 [668]	Coronary angiography with right heart catheterisation
38218-02 [668]	Coronary angiography with left and right heart catheterisation

- Cardiac catheterisation without coronary angiography, assign an appropriate code from block [667] *Cardiac catheterisation:*
 - 38200-00 [667] Right heart catheterisation
 38203-00 [667] Left heart catheterisation
 38206-00 [667] Right and left heart catheterisation

Additional codes are also assigned <u>Assign additional codes</u> if a ventriculogram, or aortography or coronary artery blood flow measurement (fractional flow reserve) is are performed in conjunction with cardiac catheterisation and coronary angiogram:

59903-00 [607] Left ventriculography
59903-01 [607] Right ventriculography
59903-02 [607] Left and right ventriculography
59903-03 [1990] Aortography
38241-00 [668] Coronary artery blood flow measurement

1

When no information is available regarding which side of the heart was catheterised, the default should be 'left' in patients 10 or more years of age and 'right and left' in patients less than 10 years of age.

Influenza due to identified zoonotic or pandemic influenza virus

BACKGROUND:

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. These changes have been included in ICD-10-AM Tenth Edition with some modifications. These include updates to J09 *Influenza due to identified zoonotic or pandemic influenza virus* and J10 *Influenza due to other identified influenza virus*, and the creation of ACS 1012 *Influenza due to identified influenza virus*.

TABULAR LIST

CHAPTER 10

DISEASES OF THE RESPIRATORY SYSTEM (J00–J99)

•••

Influenza and pneumonia (J09–J18)

- J09 Influenza due to certain identified zoonotic or pandemic influenza virus
- J10 Influenza due to other identified influenza virus
- J11 Influenza, virus not identified
- J12 Viral pneumonia, not elsewhere classified
- J13 Pneumonia due to Streptococcus pneumoniae
- J14 Pneumonia due to Haemophilus influenzae
- J15 Bacterial pneumonia, not elsewhere classified
- J16 Pneumonia due to other infectious organisms, not elsewhere classified
- J17* Pneumonia in diseases classified elsewhere
- J18 Pneumonia, organism unspecified

G05*

Encephalitis, myelitis and encephalomyelitis in diseases classified elsewhere

Includes: meningoencephalitis and meningomyelitis in diseases classified elsewhere

G05.1* Encephalitis, myelitis and encephalomyelitis in viral diseases classified elsewhere Encephalitis, myelitis or encephalomyelitis (in):

- cytomegaloviral (B25.8†)
- influenza virus:
- identified: (J09⁺, J10.8⁺, J11.8⁺)
- A/H5N1 (avian) (J09⁺)
- other (seasonal) (J10.8⁺)
- not identified (J11.8⁺)
- rubella (B06.0†)

H67*	Otitis med	dia in diseases classified elsewhere
H67.0*	Otitis media Otitis media	ia in bacterial diseases classified elsewhere
	scarlet fevetuberculos:	
H67.1*		ia in viral diseases classified elsewhere i in influenza <u>virus:-(J09–J11†)</u>
	• identified:	
	• other (sea	(avian) (J09†) asonal) (J10.8†)
	• not identif	<u>led (J11.8⊤)</u>
 4 1*	Myocardit	tis in diseases classified elsewhere
I41.0*		s in bacterial diseases classified elsewhere
	Myocarditis • diphtheriti	c (A36.8†)
	• gonococca • meningoco	d (A54.8†) becal (A39.5†)
	• syphilitic (• tuberculou	(A52.0 [†])
144 44		
141.1*		s in viral diseases classified elsewhere <u>(acute) due to i</u> Influenza l myocarditis (acute) virus: (J09†) (J10.8†) (J11.8†)
	• identified: • A/H5N1	(avian) (J09 ⁺)
	• other (sea	asonal) (J10.8 ⁺)
	• not identify Mumps my	<u>ied (J11.8†)</u> ocarditis (B26.8†)
	1 2	
J09	Influenza	due to certain identified <u>zoonotic or pandemic</u> influenza virus
∇ 1012	Influenza d	caused by influenza virus strains of special epidemiological importance with an animal-
	human or i	inter-human transmission- limited to the inclusions .
	Includes:	influenza A/H1N1 pandemic 2009 [swine flu]
	Note:	influenza A/H5N1 epidemic [avian influenza] Additional virus strains may only be included upon recommendation by WHO.
	Use addition	nal code to identify pneumonia or other manifestations.
	Excludes:	Haemophilus influenzae:
		 infection NOS (A49.2) meningitis (G00.0)
		• pneumonia (J14)
		influenza due to other identified (seasonal) influenza virus (J10)
J10	Influenza	due to other identified influenza virus
	Influenza du	ue to identified seasonal influenza virus
	Excludes:	Haemophilus influenzae [H. influenzae]:
		infection NOS (A49.2)meningitis (G00.0)
		• pneumonia (J14)
		influenza due to A/H5N1 (avian) influenza virus (J09)
J10.0		with pneumonia, other influenza virus identified broncho)pneumonia, other influenza virus identified

J10.1	Influenza with other respiratory ma Influenza Influenzal:	nifestations, other influenza virus identified
	 acute upper respiratory infection 	other influenza virus identified
	• laryngitis	
	• pharyngitis	
	 pleural effusion 	
J10.8	Influenza with other manifestations Encephalopathy due to influenza oth Influenzal: • gastroenteritis • myocarditis (acute)	

Appendix D: Classification of Hospital Acquired Diagnoses (CHADX)

6.3 Acute lower respiratory infections (including influenza & pneumonia) J09 Influenza dt cert-id zoo or pand influenza virus

ALPHABETIC INDEX

Colitis (acute) (catarrhal) (haemorrhagic) (see also Enteritis) A09.9
 - indeterminate K52.3 - infectious <i>(see also Enteritis/<mark>infectious</mark>in)</i> A09.0 due to Clostridium difficile A04.7
 - regional K50.1 - septic (see also Enteritis/ infectious<u>in</u>) A09.0 - spastic K58.9 with diarrhoea K58.0
Encephalitis (chronic) (haemorrhagic) (idiopathic) (nonepidemic) (spurious) (subacute) G04.9
- in (due to)
actinomycosis A42.8† G05.0*
adenovirus A85.1 African trypanosomiasis B56 † G05.2*
Chagas' disease (chronic) B57.4† G05.2*
chickenpox B01.1 cytomegalovirus B25.8† G05.1*
enterovirus A85.0
herpes (simplex) virus B00.4 human metapneumovirus A85.8
 - infectious disease NEC B99† G05.2*
influenza <u>virus (not identified) J09</u> † J10.8†
J11.8† G05.1* identified (seasonal) NEC J10.8† G05.1*
<u> A/H5N1 (avian) J09†G05.1*</u>
 - Iisteriosis A32.1⁺ G05.0[*]
Encephalopathy (acute) G93.4
Encephalopathy (acute) G93.4
Encephalopathy (acute) G93.4 - in (due to) birth trauma P11.1
Encephalopathy (acute) G93.4 - in (due to) birth trauma P11.1 hyperinsulinism E16.1† G94.8*
Encephalopathy (acute) G93.4 - in (due to) birth trauma P11.1
Encephalopathy (acute) G93.4 - in (due to) - birth trauma P11.1 - hyperinsulinism E16.1† G94.8* - influenza <u>virus</u> (specific virus not identified) <u>J09† J10.8†</u> J11.8† G94.8* identified (seasonal) NEC J10.8† G94.8*
Encephalopathy (acute) G93.4 - in (due to) - birth trauma P11.1 - hyperinsulinism E16.1† G94.8* - influenza <u>virus (specific virus not</u> identified) <u>J09† J10.8†</u> J11.8† G94.8* identified (seasonal) NEC J10.8† G94.8* A/H5N1 (avian) J09† G94.8*
Encephalopathy (acute) G93.4 - in (due to) - birth trauma P11.1 - hyperinsulinism E16.1† G94.8* - influenza <u>virus (specific virus not</u> identified) <u>J09† J10.8†</u> J11.8† G94.8* identified (seasonal) NEC J10.8† G94.8* A/H5N1 (avian) J09† G94.8* lack of vitamin (see also Deficiency/vitamin) E56.9† G32.8*
 Encephalopathy (acute) G93.4 - in (due to) - birth trauma P11.1 - hyperinsulinism E16.1† G94.8* - influenza virus (specific virus not identified) <u>009† J10.8†</u> J11.8† G94.8* identified (seasonal) NEC J10.8† G94.8* A/H5N1 (avian) J09† G94.8* lack of vitamin (see also Deficiency/vitamin) E56.9† G32.8* - neoplastic disease NEC (M8000/1) (see also
Encephalopathy (acute) G93.4 - in (due to) - birth trauma P11.1 - hyperinsulinism E16.1† G94.8* - influenza <u>virus (specific virus not</u> identified) <u>J09† J10.8†</u> J11.8† G94.8* identified (seasonal) NEC J10.8† G94.8* A/H5N1 (avian) J09† G94.8* lack of vitamin (see also Deficiency/vitamin) E56.9† G32.8*
 Encephalopathy (acute) G93.4 - in (due to) - birth trauma P11.1 - hyperinsulinism E16.1† G94.8* - influenza virus (specific virus not identified) <u>J09† J10.8†</u> J11.8† G94.8* identified (seasonal) NEC J10.8† G94.8* A/H5N1 (avian) J09† G94.8* - lack of vitamin (see also Deficiency/vitamin) E56.9† G32.8* - neoplastic disease NEC (M8000/1) (see also Neoplasm) D48.9† G13.1*
 Encephalopathy (acute) G93.4 in (due to) birth trauma P11.1 hyperinsulinism E16.1† G94.8* influenza virus (specific virus not identified) .00† J10.8† J11.8† G94.8* - identified (seasonal) NEC J10.8† G94.8* - A/H5N1 (avian) J09† G94.8* - lack of vitamin (see also Deficiency/vitamin) E56.9† G32.8* neoplastic disease NEC (M8000/1) (see also Neoplasm) D48.9† G13.1* serum (nontherapeutic) (therapeutic) T80.6 Enteritis (diarrhoeal) (haemorrhagic) A09.9 drug-induced K52.1
 Encephalopathy (acute) G93.4 - in (due to) - birth trauma P11.1 - hyperinsulinism E16.1† G94.8* - influenza virus (specific virus not identified) .09† J10.8† J11.8† G94.8* - identified (seasonal) NEC J10.8† G94.8* identified (seasonal) NEC J10.8† G94.8* A/H5N1 (avian) J09† G94.8* - lack of vitamin (see also Deficiency/vitamin) E56.9† G32.8* - neoplastic disease NEC (M8000/1) (see also Neoplasm) D48.9† G13.1* - serum (nontherapeutic) (therapeutic) T80.6 Enteritis (diarrhoeal) (haemorrhagic) A09.9 - drug-induced K52.1 - due to <u>– see also Enteritis/in</u>
 Encephalopathy (acute) G93.4 in (due to) birth trauma P11.1 hyperinsulinism E16.1† G94.8* influenza virus (specific virus not identified) .00† J10.8† J11.8† G94.8* - identified (seasonal) NEC J10.8† G94.8* - A/H5N1 (avian) J09† G94.8* - lack of vitamin (see also Deficiency/vitamin) E56.9† G32.8* neoplastic disease NEC (M8000/1) (see also Neoplasm) D48.9† G13.1* serum (nontherapeutic) (therapeutic) T80.6 Enteritis (diarrhoeal) (haemorrhagic) A09.9 drug-induced K52.1
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 Encephalopathy (acute) G93.4 - in (due to) - birth trauma P11.1 - hyperinsulinism E16.1† G94.8* - influenza virus (specific virus not identified) .09† J10.8† J11.8† G94.8* - identified (seasonal) NEC J10.8† G94.8* A/H5N1 (avian) J09† G94.8* - lack of vitamin (see also Deficiency/vitamin) E56.9† G32.8* - neoplastic disease NEC (M8000/1) (see also Neoplasm) D48.9† G13.1* - serum (nontherapeutic) (therapeutic) T80.6 Enteritis (diarrhoeal) (haemorrhagic) A09.9 - drug-induced K52.1 - due to - see also Enteritis/in - Clostridium difficile A04.7 - drugs K52.1
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 Encephalopathy (acute) G93.4 - in (due to) - birth trauma P11.1 - hyperinsulinism E16.1† G94.8* - influenza virus (specific virus not identified) J09† J10.8† J11.8† G94.8* - identified (seasonal) NEC J10.8† G94.8* A/H5N1 (avian) J09† G94.8* - ack of vitamin (see also Deficiency/vitamin) E56.9† G32.8* - neoplastic disease NEC (M8000/1) (see also Neoplasm) D48.9† G13.1* - serum (nontherapeutic) (therapeutic) T80.6 Enteritis (diarrhoeal) (haemorrhagic) A09.9 - drug-induced K52.1 - due to <u>see also Enteritis/in</u> - Clostridium difficile A04.7 - drugs K52.1 - food hypersensitivity K52.2 - infectious organism (bacterial) (viral) <u>see see Enteritis/infectious</u>
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- gangrenous (see also Enteritis/infectiousin) A09.0

- giardial A07.1 - in (due to) - - adenovirus A08.2 - - Aerobacter aerogenes A04.8 - - Arizona (bacillus) A02.0 - - bacteria (bacterial) NEC A04.9 - - - specified NEC A04.8 - - Campylobacter A04.5 - - Clostridium - - - difficile A04.7 - - - perfringens A04.8 - - Enterobacter aerogenes A04.8 - - enterovirus A08.3 - - Escherichia coli A04.4 - - - enteroaggregative A04.4 - - - enterohaemorrhagic A04.3 - - - enteroinvasive A04.2 - - - enteropathogenic A04.0 - - - enterotoxigenic A04.1 - - - specified NEC A04.4 - - influenza virus (not identified) J11.8 - - - identified (seasonal) NEC J10.8 ---- A/H5N1 (avian) J09 - - specified - - - bacteria (bacterial) NEC A04.8 - - - organism NEC A08.5 - - - virus NEC A08.3 - - Staphylococcus A04.8 - - virus NEC A08.4 - - - specified type NEC A08.3 - - Yersinia enterocolitica A04.6 - infectious NEC (see also Enteritis/in) A09.0 - - due to -adenovirus A08.2 Aerobacter aerogenes A04.8 - - - Arizona (bacillus) A02.0 - - bacteria NEC A04.9 - specified NEC A04.8 - Campylobacter A04.5 Clostridium -- difficile A04.7 - perfringens A04.8 Enterobacter aerogenes A04.8 enterovirus A08.3 Escherichia coli A04.4 - enteroaggregative A04.4 enterohaemorrhagic A04.3 enteroinvasive A04.2 - enteropathogenic A04.0 enterotoxigenic A04.1 specified NEC A04.4 specified - bacteria NEC A04.8 virus NEC A08.3 Staphylococcus A04.8 virus NEC A08.4 - specified type NEC A08.3 Yersinia enterocolitica A04.6 specified organism NEC A08.5 -influenzal (specific virus not identified) J11.8 -- certain identified influenza virus J09 specified influenza virus identified NEC J10.8 - ischaemic K55.9 - - acute K55.0 - - chronic K55.1 - microsporidial A07.8 . . .

- viral (see also Enteritis/in) A08.4 - - adenovirus A08.2 - - enterovirus A08.3 - - Rotavirus A08.0 - - small round structured A08.1 - - virus specified NEC A08.3 Infection, infected (opportunistic) (see also Infestation) B99 - adenovirus NEC - - as cause of disease classified elsewhere B97.0 - - unspecified nature or site B34.0 - alimentary canal NEC (see also Enteritis/infectiousin) A09.0 - Allescheria boydii B48.2 - Coccidioides (immitis) (see also Coccidioidomycosis) B38.9 - colon (see also Enteritis/infectiousin) A09.0 - common duct (see also Cholangitis) K83.0 - Entamoeba — see Amoebiasis - enteric (see also Enteritis/infectiousin) A09.0 - Enterobius vermicularis B80 - - with - Escherichia (E.) coli NEC A49.8 - - as cause of disease classified elsewhere B96.2 - - congenital P39.8 - - - sepsis P36.4 - - generalised A41.51 - - intestinal (see also Enteritis/infectiousin) A04.4 - gallbladder (see also Cholecystitis) K81.9 - gastrointestinal (see also Enteritis/infectiousin) A09.0 - generalised NEC (see also Sepsis) A41.9 - intervertebral disc, pyogenic M46.3-- intestine, intestinal (see also Enteritis/infectiousin) A09.0 - intra-amniotic, fetus P39.2 -- with Influenza (specific virus not identified) J11.1 - with digestive manifestations J11.8 certain identified influenza virus J09 specified influenza virus identified NEC J10.8 - enteritis J11.8 J11.1 certain identified influenza virus J09 - - - with specified influenza virus identified NEC J10.8 gastroenteritis J11.8 certain identified influenza virus J09 specified influenza virus identified NEC J10.8 - - involvement of - gastrointestinal tract J11.8 certain identified influenza virus J09 specified influenza virus identified NEC J10.8 nervous system NEC J11.8 - certain identified influenza virus J09 specified influenza virus identified NEC J10.8 -laryngitis J11.1 certain identified influenza virus J09 specified influenza virus identified NEC J10.1 manifestations NEC J11.8 certain identified influenza virus J09

- specified influenza virus identified NEC J10.8 -- meningismus J11.8 - certain identified influenza virus J09 specified influenza virus identified NEC J10.8 - - myocarditis J11.8† 141.1* certain identified influenza virus J09†141.1* specified influenza virus identified NEC J10.8†-141.1* pharyngitis J11.1 - certain identified influenza virus J09 specified influenza virus identified NEC J10.1 ploural effusion NEC J11.1 certain identified influenza virus J09 specified influenza virus identified NEC J10.1 pneumonia (any form in J12 J16, J18) J11.0 certain identified influenza virus J09 specified influenza virus identified NEC J10.0 respiratory manifestations NEC J11.1 - certain identified influenza virus J09 specified influenza virus identified NEC J10.1 -- upper respiratory infection (acute) NEC J11.1 certain identified influenza virus J09 specified influenza virus identified NEC J10.1 - A/H1N1 (swine) J09 - A/H5N1 (avian) J09 --- encephalitis J09† G05.1* - - - myocarditis J09† 141.1* - - - otitis media J09† H67.1* - avian (A/H5N1) J09 -- other J10.1 - bronchial (see also Influenza/with/respiratory manifestations) J11.1 epidemic J11.1 - maternal, affecting fetus or newborn P00.2 -respiratory (upper) (see also Influenza/with/respiratory manifestations) J11.1 - summer, of Italy A93.1 - swine (A/H1N1) J09 -- other J10.1 - virus identified J10.1 - - identified (respiratory manifestations) (seasonal) NEC (see also Influenza/A/H5N1) <u>J10.1</u> ---- myocarditis J10.8† I41.1* ---- A/H5N1 (avian) J09† I41.1* <u>---- pneumonia J10.0</u> ---- specified manifestations NEC J10.8 - not identified (respiratory manifestations) NEC ---- myocarditis J11.8† I41.1* ---- pneumonia J11.0 - - - - specified manifestations NEC J11.8

Meningismus R29.1

- due to serum or vaccine R29.1

-_ influenzal virus (not identified) J11.8

-- certain identified influenza virus J09

 - <u>specified influenza virus</u> identified (seasonal) NEC J10.8

<u>- - - - A/H5N1 (avian) J09</u> - - serum or vaccine R29.1 Myocarditis (chronic) (fibroid) (interstitial) (old) (progressive) (senile) (with arteriosclerosis) I51.4 - active (see also Myocarditis/acute or subacute OR Myocarditis/rheumatic/active or acute) I40.9 -- rheumatic (fever) 101.2 - with chorea (acute) (rheumatic) (Sydenham's) 102.0 - acute or subacute (interstitial) 140.9 - - rheumatic I01.2 - - - with chorea (acute) (rheumatic) (Sydenham's) 102.0 - - specified NEC I40.8 -aseptic, of newborn B33.2⁺ I41.1* - bacterial (acute) - see Myocarditis/in 40.0 - coxsackie (virus) B33.2†141.1* - diphtheritic A36.8† 141.0* -epidemic of newborn (coxsackie(virus)) B33.2† 141.1* - Fiedler's (acute) (isolated) I40.1 - gonococcal A54.8† 141.0* - hypertensive (see also Hypertension/heart) 111.9 - idiopathic I40.1 - in (due to) - - bacteria (bacterial) NEC 140.0 - - coxsackie virus B33† I41.1* - - diphtheria (diphtheritic) A36.8† I41.0* - - epidemic louse-borne typhus A75.0† I41.0* - - gonococcal infection A54.8† I41.0* - - influenza virus (not identified) J11.8† I41.1* - - - identified (seasonal) NEC J10.8⁺ I41.1^{*} - - - - A/H5N1 (avian) J09† I41.1* - - meningococcal infection A39.5† I41.0* - - mumps B26† I41.1* - - sarcoidosis D86.8† 141.8* - - scarlet fever A38† I41.0* - - syphilis (syphilitic) A52.0† I41.0* - - toxoplasmosis (acquired) B58.8† I41.2* - - tuberculosis (tuberculous) A18† I41.0* - - typhoid fever A01.0† I41.0* - - typhus NEC A75.9† I41.0* - - virus (viral) NEC 140.0 - infective (see also Myocarditis/in) 140.0 - influenzal (specific virus not identified) J11.8† |41.1* certain identified influenza virus J09†141.1* -specified influenza virus identified NEC J10.8[†] 41.1* - isolated (acute) I40.1 - meningococcal A39.5† 141.0* - mumps B26.8† 141.1*

- newborn (aseptic) (epidemic) B33.2† I41.1*
- rheumatic (chronic) (inactive) (with chorea) 109.0
- - active or acute I01.2

- - with chorea (acute) (rheumatic) (Sydenham's) 102.0
- septic 140.0
- syphilitic (chronic) A52.0†-141.0*
- toxic 140.8
- - rheumatic (see also Myocarditis/acute or subacute/rheumatic) 101.2
- tuberculous A18.8† 141.0*
- typhoid A01.0† 141.0*
- valvular see Endocarditis
- virus, viral NEC 140.0
- -- of newborn (coxsackie(virus)) B33.2†-141.1*

Otitis H66.9

- interna H83.0
- media H66.9
- - in (due to)
- - influenza virus (specific virus not identified) J11.8† H67.1*
 - certain identified influenza virus J09†
- H67.1*
- - - specified virus identified (seasonal) NEC J10.8† H67.1*
- ---- A/H5N1 (avian) J09† H67.1*
- - measles B05.3

Pneumonia (acute) (double) (migratory)

- (purulent) (septic) (unresolved) J18.9
- with
- - influenza virus, flu or grippe (specific virus not identified) J11.0
- certain identified influenza virus J09
- - other influenza virus identified (seasonal) <u>NEC</u>J10.0
- <u>- - A/H5N1 (avian) J09</u>
- - lung abscess J85.1
- - due to specified organism see Pneumonia/in

Polioencephalitis (acute) (bulbar) A80.9 - in (due to)

- - influenza virus (not identified) J11.8† G05.1*
- - identified (seasonal) NEC J10.8† G05.1*
- - - A/H5N1 (avian) J09† G05.1*
- inferior G12.2
- influenzal (specific virus not identified) J11.8† G05.1*
- -certain identified influenza virus J09† G05.1* specified influenza virus identified NEC J10.8†
- G05.1*
- superior haemorrhagic (acute) (Wernicke's) E51.2

AUSTRALIAN CODING STANDARDS

1012 INFLUENZA DUE TO IDENTIFIED INFLUENZA VIRUS

Zoonotic or pandemic viruses are influenza virus strains of special epidemiological importance with animal-human or inter-human transmission. They differ from seasonal influenza viruses which circulate every year causing an acute viral infection.

The World Health Organization (WHO 2014) describes influenza as follows:

- Zoonotic influenza refers to humans being infected with influenza viruses that are routinely circulating in animals. Where the virus acquires the capacity to spread easily among humans it may start a pandemic.
- Pandemic influenza refers to an influenza virus that was not previously circulating among humans, to which most humans don't have immunity, which has emerged and transmits among humans. These viruses may emerge, circulate and cause large outbreaks outside of the normal influenza season.
- Seasonal influenza virus refers to an acute viral infection that spreads easily from human to human, circulating worldwide. These viruses can cause epidemics that peak during winter in temperate regions.

In the post-pandemic period, influenza viruses previously identified as pandemic may circulate seasonally (such as influenza A/H1N1 pandemic 2009 [swine flu]).

For this reason, specific virus strains may be reclassified from zoonotic or pandemic (J09) to seasonal (J10.-) over time.

CLASSIFICATION

J09 Influenza due to identified zoonotic or pandemic influenza virus is only assigned for specific zoonotic or pandemic influenza strains. At present, A/H5N1 [avian influenza] is the only type of influenza virus that should be classified to J09.

Clinical coders will be notified via published advice if any other virus strains require classifying to J09.

All other identified influenza virus strains (eg A/H1N1, A/H3N2) are classified to J10.- *Influenza due* to other identified influenza virus.

Extracorporeal carbon dioxide removal (ECCO2R)

BACKGROUND:

Following receipt of a public submission and a query regarding extracorporeal carbon dioxide removal (ECCO2R), amendments were made to ACHI Tenth Edition to create a new code. Additionally, ACHI block [572] *Extracorporeal ventilatory support* was created in the respiratory chapter to include both the new code and relocated ECMO codes.

TABULAR LIST

List of ACHI block numbers

Block No. Block Name

- 569 Ventilatory support
- 570 Noninvasive ventilatory support
- 571 Combined ventilatory support
- 572 Extracorporeal ventilatory support
- 600 Incision procedures on atrium
- 601 Destruction procedures on atrium
- 602 Excision procedures on atrium

Chapter 7: Procedures on respiratory system (blocks 520-5742)

OTHER AND MULTIPLE SITES OF THE RESPIRATORY SYSTEM

OTHER PROCEDURES

572	Extracorporeal ventilatory support
90225-01	Extracorporeal membrane oxygenation [ECMO]
	Includes: insertion of cannula
	Excludes: extracorporeal circulation for open heart surgery by cannulation: • central (38600-00 [642]) • peripheral (38603-00 [642])
<u>38627-03</u>	Adjustment of cannula for extracorporeal membrane oxygenation Repositioning of cannula for extracorporeal membrane oxygenation
38627-04	Removal of cannula for extracorporeal membrane oxygenation
90225-02	Extracorporeal carbon dioxide removal [ECCOR] [ECCO2R] Arteriovenous carbon dioxide removal (AVCO2R) Respiratory dialysis Venovenous carbon dioxide removal (VVCO2R) Excludes: with ECMO (90225-01 [572])

Chapter 8: Procedures on cardiovascular system (blocks 600-700)

HEART - MYOCARDIUM

OTHER PROCEDURES

642	Myocardial preservation
90225-00 -	Extracorporeal membrane oxygenation [ECMO]
	Excludes: extracorporeal circulation for open heart surgery by cannulation: • central (38600-00 [642]) • peripheral (38603-00 [642])
38627-02	Adjustment of cannula for extracorporeal membrane oxygenation Repositioning of cannula for extracorporeal membrane oxygenation

ALPHABETIC INDEX

Adjustment

- cannula
- - for circulatory support device
- - cardiopulmonary bypass 38627-01 [642] - - - extracorporeal membrane oxygenation
- 38627-023 [642572]
- - ventricular assist device 38627-00 [608]

Autotransplant, autotransplantation

- kidney 36503-01 [1058]
- tissue (living)
- - adrenal 14203-01 [1906]
- - pancreatic 14203-01 [1906]
- - parathyroid 14203-01 [1906]
- - thyroid 14203-01 [1906]
- AVCO2R (arteriovenous carbon dioxide removal) 90225-02 [572]
- Avulsion

Dialvsis

- respiratory 90225-02 [572]
- tidal 13100-07 [1061]

ECCOR, ECCO2R (extracorporeal carbon dioxide removal) (Hemolung) 90225-02 [572]

ECG — see Electrocardiography (ECG) Echocardiography - see Ultrasound/heart Echoencephalography 55028-00 [1940] Echography - see Ultrasound ECMO (extracorporeal membrane oxygenation) 90225-001 [642572]

Extracorporeal

- carbon dioxide removal (ECCOR) 90225-02 [572]

- circulation (central cannulation) 38600-00 [642]
- - peripheral cannulation 38603-00 [642]
- membrane oxygenation (ECMO) 90225-001
- [642572]

Oxygenation

- extracorporeal membrane (ECMO) 90225-001 [<mark>642</mark>572]
- hyperbaric (≤ 90 mins) (HBO) (wound) 96191-00 [1888]
- - > 90 mins and ≤ 3 hours 13020-00 [1888]
- - > 3 hours 13025-00 [1888]

Removal - see also Excision

- applicator for brachytherapy (catheters) (needles) 15339-00 [1793]
- - eye 42802-00 [177]
- arch bars (mandible) (maxilla) 45823-00 [1360]
- arteriovenous-fistula

- - carbon dioxide (AVCO2R) (extracorporeal)

- 90225-02 [572]
- - fistula - - _ surgically created 34130-00 [765]
- artificial sphincter
- - bowel 32221-01 [940]
- - with replacement 32221-00 [940]
- - urinary 37390-02 [1113]
- - with replacement 37390-01 [1113]
- ...
- calcium deposit from rotator cuff 48900-01 [1400]
- - with repair rotator cuff 48906-00 [1404]
- calculus (stone) see Extraction/calculus cannula for extracorporeal membrane
- oxygenation 38627-04 [572] - carbon dioxide (ECCOR) (extracorporeal)
- 90225-02 [572]
- cardiac event monitor, subcutaneously implanted (ECG) (looping memory) (patient activated) 38286-00 [1604]
- cataract see Extraction/cataract
- vascular access device (infusion port) (Port-A-Cath) (subcutaneous reservoir) 34530-05 [766]
- venovenous carbon dioxide (extracorporeal) (VVCO2R) 90225-02 [572]
- ventricular assist device
- - left 38621-00 [608]
- - and right 38624-00 [608]
- - right 38621-01 [608]
- - and left 38624-00 [608]

Repositioning

- AICD (automatic implantable cardioverter defibrillator) 90203-06 [656]
- cannula
- - for circulatory support device
- - cardiopulmonary bypass 38627-01 [642]
- - extracorporeal membrane oxygenation 38627-023 [642572]
- - ventricular assist device 38627-00 [608]

Revision (partial) (total)

- cannula
- - for circulatory support device
- - cardiopulmonary bypass 38627-01 [642]
- - extracorporeal membrane oxygenation 38627-023 [642572]
- - ventricular assist device 38627-00 [608]

Vulvoplasty 35533-00 [1294] VVCO2R (venovenous carbon dioxide removal) 90225-02 [572]

V-Y plasty

WHO Updates to Chapter 11 Diseases of the digestive system

BACKGROUND:

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. These changes have been included in ICD-10-AM Tenth Edition.

Change:

• Replaced 'mucous colitis' with 'irritable bowel syndrome' in glossary description at F54 *Psychological and behavioural factors associated with disorders or diseases classified elsewhere*

TABULAR LIST

F54

Psychological and behavioural factors associated with disorders or diseases classified elsewhere

This category should be used to record the presence of psychological or behavioural influences thought to have played a major part in the aetiology of physical disorders which can be classified to other chapters. Any resulting mental disturbances are usually mild, and often prolonged (such as worry, emotional conflict, apprehension) and do not of themselves justify the use of any of the categories in this chapter.

Examples of the use of this category are:

- asthma F54 and J45.-
- dermatitis F54 and L23–L25
- gastric ulcer F54 and K25.-
- mucous colitis irritable bowel syndrome F54 and K58.-
- ulcerative colitis F54 and K51.-
- urticaria F54 and L50.-

Psychological factors affecting physical conditions

Use additional code to identify the associated physical disorder.

Excludes: tension-type headache (G44.2)

Clicking/Snapping jaw

BACKGROUND:

The *Inclusion* term 'Snapping jaw' at K07.6 *Temporomandibular joint disorders* has been replaced by the more common terminology 'Clicking jaw' and both terms indexed.

TABULAR LIST



1

Dentofacial anomalies [including malocclusion]

Excludes: hemifacial: • atrophy (Q67.43)

- hypertrophy (Q67.44)
- unilateral condylar hyperplasia or hypoplasia (K10.8)

K07.6 Temporomandibular joint disorders <u>Clicking jaw</u> Costen's complex or syndrome Derangement of temporomandibular joint <u>Snapping jaw</u> Temporomandibular joint-pain-dysfunction syndrome *Excludes:* current temporomandibular joint: • dislocation (S03.0)

• strain (S03.4)

ALPHABETIC INDEX

Cleidotomy, fetus or newborn P03.8 - to assist delivery (single) 083 - - multiple — see Delivery/multiple Clicking hip (newborn) R29.4 - hip (newborn) R29.4 - jaw K07.6 Climacteric (see also Menopause) N95.1

Disorder (of)

- jaw, developmental K10.0

- - temporomandibular (clicking) K07.6
- joint M25.9-

Snapping

- finger M65.3
- hip M24.85
- - involving iliotibial band M76.3
- <u>- jaw K07.6</u>
- knee M23.8-
- - involving iliotibial band M76.3

Adjustment of a gastric balloon

BACKGROUND:

Following receipt of a query regarding adjustment of a gastric balloon identified the need for a unique code for this procedure in ACHI. This has resulted in the creation of a code 90950-04 [889] *Endoscopic revision of device in stomach* with supporting Alphabetic Index entries in ACHI Tenth Edition.

TABULAR LIST

1

889	Procedures for obesity
90950-02	Endoscopic insertion of device into stomach Insertion of: • gastric } balloon or bubble • intragastric } Excludes: with replacement of device (90950-04 [889])
<u>90950-04</u>	Endoscopic revision of device in stomach Endoscopic: • adjustment } balloon or bubble • replacement (removal and reinsertion) • repositioning
90950-03	Endoscopic removal of device from stomach Removal of: • gastric } balloon or bubble • intragastric } Excludes: removal of gastric band (90942-02 [889]) with replacement of device (90950-04 [889])
30511-11	Laparoscopic revision of gastric band Laparoscopic: • adjustment } gastric band • replacement (removal and reinsertion) • repositioning }

ALPHABETIC INDEX

Adjustment

- assistive or adaptive device, aid or equipment NEC 96092-00 [1870]
- balloon (bubble) gastric, for obesity (endoscopic) 90950-04 [889]
- bowel sphincter, artificial 32221-00 [940]

- device

- - gastric, for obesity (endoscopic) 90950-04 [889]
- neurostimulator see Adjustment/neurostimulator
- - ring fixator (or similar device) 50309-00 [1554]
- - with
- - - insertion of pin (fixation) 50309-00 [1554]
- - - removal of pin (fixation) 50309-00 [1554] - - stomach, for obesity (endoscopic) 90950-04
- [889]
- gastric band (deflation) (inflation) (see also Revision/gastric band) 31587-00 [1895]
- - balloon (bubble), for obesity (endoscopic)
- 90950-04 [889] - - band (deflation) (inflation) (see also
- Revision/gastric/band) 31587-00 [1895]
- generator
- ...

Replacement

- assistive or adaptive device, aid or equipment NEC 96092-00 [1870]
- balloon (bubble) gastric, for obesity (endoscopic) 90950-04 [889]
- blood, complete (adult) 92206-00 [1893]
- device see also Replacement/by type of device
- - erection, artificial
- - components
- - - complete 37432-01 [1201]
- - - partial 37432-00 [1201] - - gastric, for obesity (endoscopic) 90950-04
- [889]
- - intracranial pressure monitoring (ICP) 39015-02 [3]
- - spinal infusion, implantable (epidural) (intrathecal) 39126-00 [56]
- stomach, for obesity (endoscopic) 90950-04 [889]
- - ureteral stimulator, electronic 90355-00 [1069] ...
- gastric band (open) (via laparotomy) 30511-12 [889]
- --- laparoscopic 30511-11 [889]
- -- reservoir (port) 31590-00 [889]
- - balloon (bubble), for obesity (endoscopic) 90950-04 [889]
- -- band (open) 30511-12 [889]
- - laparoscopic 30511-11 [889] - reservoir (port) 31590-00 [889]

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- generator
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...

Repositioning

- AICD (automatic implantable cardioverter defibrillator) 90203-06 [656]
- balloon (bubble) gastric, for obesity (endoscopic) 90950-04 [889]
- cannula
- defibrillator, generator (automatic) (cardioverter) 90203-06 [656]
- device
- - gastric, for obesity (endoscopic) 90950-04 [889]
- displaced tooth 97384-00 [461]
- gastric band (open) 30511-12 [889]
- -- laparoscopic 30511-11 [889]
- -- reservoir (port) 31590-00 [889]
- - balloon (bubble), for obesity (endoscopic) 90950-04 [889]
- - band (open) 30511-12 [889]
- - laparoscopic 30511-11 [889]
- - reservoir (port) 31590-00 [889]
- generator

Revision (partial) (total)

- artificial sphincter
- - bowel 32221-00 [940]
- - urinary 37390-00 [1124]
- balloon (bubble) gastric, for obesity (endoscopic) 90950-04 [889]
- blepharoptosis repair by levator sutures adjustment 45625-00 [1687]
- device see also Revision/by type of device
- - erection, artificial - - - complete 37432-01 [1201]
- - partial 37432-00 [1201]
- - gastric, for obesity (endoscopic) 90950-04 [889]
- - infusion, implantable spinal 39126-00 [56]
- - intracranial pressure monitoring (ICP) 39015-02 [3]
- - neurostimulator see Insertion/neurostimulator AND Removal/neurostimulator
- - peritoneal access (port-catheter) 90376-01 [983]
- stomach, for obesity (endoscopic) 90950-04 [889]
- - vascular access (infusion port) (Port-A-Cath) (subcutaneous reservoir) 34530-06 [766]
- gastric band (open) 30511-12 [889]
- -- laparoscopic 30511-11 [889]
- -- reservoir (port) 31590-00 [889]
- -- balloon (bubble), for obesity (endoscopic) 90950-04 [889]
- - band (open) 30511-12 [889]
- - laparoscopic 30511-11 [889]
- - reservoir (port) 31590-00 [889]
- generator . . .

Diaphragmatic hernia repair indexing

BACKGROUND:

Following receipt of a public submission, ACHI Alphabetic Index entries *Repair/hernia/crural* and *Repair/hernia/diaphragmatic* were deleted as it was identified they may be misleading coders to presume repair of hernia is inherent in all obesity procedures in block **[889]** *Procedures for obesity.*

ALPHABETIC INDEX

Repair

- crown (direct) 97659-00 [472]
- - indirect 97658-00 [472]
- crural, with obesity procedure see block [889]
- cyst, duplication see Repair/duplication
- ... - hernia

1

- ...
- - diaphragmatic (hiatus)
- ---with
- - - body wall flap or prosthetic patch (congenital) 43837-02 [998]
- - - fundoplasty see Fundoplasty
- ---- obesity procedure --- see block [889]
- - abdominal approach 30601-00 [998]
- - - by plication of diaphragm 30601-00 [998]

Pressure injury

BACKGROUND:

- Minor amendments were made to L89.0-L89.9; the title of the fifth character 0 was amended from *site unspecified* to *site not elsewhere classified*, to include the concepts of *other* and *unspecified*
- Following receipt of a public submission, the term 'mucosal membrane pressure injury/injuries' was added to ICD-10-AM and ACS1221 *Pressure injury*
- Following publication of a Coding Rule, the term 'Kennedy (terminal) ulcer' was added to ICD-10-AM Alphabetic Index

TABULAR LIST



Pressure injury

Excludes: decubitus (trophic) ulcer of cervix (uteri) (N86) mucosal membrane pressure injury (ulcer) — see Alphabetic Index: *Ulcer/by site*

The following fifth character subdivisions are for use with subcategory L89.0-L89.9:

 o site <u>unspecified_not elsewhere classified</u> multiple sites, <u>unspecified NOS</u> other site NEC unspecified site

ALPHABETIC INDEX

Injury (see also specified injury type) T14.9

- pressure NEC L89.9-

- - mucosal (membrane) — see Ulcer/by site - - stage

- - stage - - - I L89.0-
- - II L89.0-
- - III L89.1-
- - IV L89.3-
- suspected deep tissue, so stated (depth unknown) L89.5-
- - unstageable, so stated (depth unknown) L89.4-

Kennedy ulcer (terminal) — see Injury/pressure

Ulcer, ulcerated, ulcerating, ulceration, ulcerative L98.4

- jejunum, jejunal see Ulcer/gastrojejunal
- Kennedy (terminal) see Injury/pressure

- keratitis H16.0

- ...
- Mooren's (cornea) H16.0
- <u>- mucosal (membrane) (pressure) see Ulcer/by</u> <u>site</u>
- nasopharynx J39.2

AUSTRALIAN CODING STANDARDS

1221 PRESSURE INJURY

DEFINITION

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 (NPUAP & EPUAP, 2009). 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.

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 (ie repeat code in the code string for the same site and severity. See also ACS 0025 *Double coding*) (see Examples 1 & 2).
- 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*) (see Example 3).
- 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* (see Example 4).
- 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 (see Examples 5 & 6).
- 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 (see Examples 7 & 8).
- 6. Mucosal membrane pressure injuries:
 - are not classified to L89.- *Pressure injury* as they do not occur in skin and subcutaneous tissue. See Alphabetic Index: *Ulcer/by site*
 - are complications of medical devices. See ACS 1904 *Procedural* <u>complications/Overview/Conditions classified to T82-T85</u>

ACS 0048 Condition onset flag

BACKGROUND:

...

Following receipt of a query, ACS 0048 *Condition onset flag* was updated to address the issue of episodes where two pressure injuries are classified to the same diagnosis code but qualify for different condition onset flag values.

AUSTRALIAN CODING STANDARDS

0048 CONDITION ONSET FLAG

GUIDE FOR USE

- 1. Assign the relevant COF value only to ICD-10-AM codes assigned in the principal diagnosis and additional diagnosis fields for the National Hospital Morbidity Data (NHMD) collection.
- 2. Sequencing of ICD-10-AM codes must comply with the *Australian Coding Standards* and therefore codes should not be re-sequenced in an attempt to list the same COF values together.
- 3. The principal diagnosis code is always assigned COF 2. The exception to this is neonates in their admitted birth episode in that hospital, where codes sequenced as the principal diagnosis may be assigned COF 1 if appropriate (see Example 6).
- 4. For neonates, where a condition in the admitted birth episode is determined to have arisen during the birth event (ie labour and delivery process), these conditions should be considered as arising during the episode of admitted patient care and assigned COF 1 (see Example 5 and 6).
- 5. For combination codes (see ACS 0015 *Combination codes*) where a diagnosis within the code meets the criteria of COF 1, and is not represented by another code with a COF 1 value, then assign COF 1 to the combination code (see Example 2).
- 6. When it is difficult to decide if a condition was present at the beginning of the episode of admitted patient care or if it arose during the episode, assign COF 2 (see Example 12).
- 7. Where multiple conditions/sites are classifiable to a single ICD-10-AM code that meets the criteria for different condition onset flag values, assign COF 1 (see Example 12). The exception to this is when the condition is sequenced as the principal diagnosis and must be assigned COF 2 (see Example 15).
- 87. The COF value assigned to external cause, place of occurrence and activity codes should match that of the corresponding injury or disease code. Injuries which occur during the admitted episode of care but not on the hospital grounds (eg hospital in the home (HITH)) should be assigned COF 1 as 'arising during the episode of admitted patient care'.
- **<u>98</u>**. The COF value assigned to morphology codes should match that of the corresponding neoplasm code.
- 109. The COF value on Z codes related to the outcome of delivery on the mother's record (Z37), or the place of birth on the baby's record (Z38) should always be assigned COF 2.

- <u>11</u>10. The COF value on aetiology and manifestation (dagger and asterisk) codes should be appropriate to each condition and therefore the dagger and asterisk codes may be assigned different COF values.
- 1211. An episode of admitted patient care includes all periods when the patient remains admitted and under the responsibility of the health care provider, including periods of authorised leave and HITH. Where diagnoses arising during this period meet the criteria for ACS 0002 *Additional diagnoses*, coders should apply the COF *Guide for use* instructions and assign COF 1 if appropriate (see Example 13). Unauthorised leave does not fall under the responsibility of the health care provider and conditions arising during this time should be assigned COF 2.
- 1312. Where an admission has multiple admitted patient episode 'care type' changes (eg acute to rehabilitation), COF assignment should be relevant to each episode. A condition arising in an episode should be assigned COF 1. If care for that condition continues in subsequent episodes those conditions should be assigned COF 2.

Note: ACHI codes are not included in the following examples.

EXAMPLE 12:

Patient admitted with pneumonia. <u>On admission, a stage II pressure injury on the foot is</u> <u>noted requiring management.</u> During admission, the patient was also diagnosed with UTI. It could not be determined whether the UTI arose during or prior to the admitted episode of care. <u>On the fourth day, a newly arising stage II pressure injury on the ankle is identified</u> <u>also requiring management.</u>

2 – Pneumonia

2 – UTI
 1 – Pressure injury, stage II, other site of lower extremity (excluding heel and toe)

EXAMPLE 15:

Patient admitted with stage II pressure injury of foot. During admission, the patient also develops an additional stage II pressure injury of ankle.

2 – Pressure injury, stage II, other site of lower extremity (excluding heel and toe)

1221 PRESSURE INJURY

DEFINITION

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 (NPUAP & EPUAP, 2009). 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.

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 (ie repeat code in the code string for the same site and severity. See also ACS 0025 *Double coding*) (see Examples 1 & 2).
- 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/Guide for use/point 7*) (see Example 3).
- 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* (see Example 4).

Scar conditions and fibrosis of skin

BACKGROUND:

The code titles of the five character codes at L90.5 *Scar conditions and fibrosis of skin* were amended to include the terms: *scar conditions and fibrosis of skin*.

TABULAR LIST

L90.5	Scar conditions and fibrosis of skin Adherent scar (skin) Cicatrix
	Disfigurement due to scar <i>Excludes:</i> hypertrophic scar (L91.0-) keloid scar (L91.0-)
≎ L90.50	Scar conditions and fibrosis of skin Ddue to unspecified cause Scar NOS
≎ L90.51	Scar conditions and fibrosis of skin Pdue to burn
≎ L90.59	Scar conditions and fibrosis of skin Ddue to other specified cause

AUSTRALIAN CODING STANDARDS

1204 PLASTIC SURGERY

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EXAMPLE 4:

Revision of scar performed under GA following healed burn of the forearm.

L90.51	Scar conditi	ons and fibrosis of skin , due to burn
T95.2	Sequelae of	burn and frostbite of upper limb
Y89.9	Sequelae of	unspecified cause
Y92.9	Unspecified	place of occurrence
45519-00	[1656]	Revision of burn scar or burn contracture
92514-99	[1910]	General anaesthesia, ASA 9, nonemergency
	T95.2 Y89.9 Y92.9 45519-00	T95.2Sequelae ofY89.9Sequelae of

Ptosis of eyebrow

BACKGROUND:

Following receipt of a query, amendments were made to ICD-10-AM Tenth Edition for revision of the Alphabetic Index to facilitate classification of ptosis of eyebrow and skin.

ALPHABETIC INDEX

Ptosis H02.4

- adiposa (false) H02.4
- breast N64.8
- caecum K63.4
- colon K63.4
- congenital (eyelid) Q10.0
- - specified site NEC see Anomaly/by site
- eyebrow L98.7
- eyelid (paralytic) H02.4
- - congenital Q10.0
- gastric K31.88
- intestine K63.4
- kidney N28.8
- liver K76.8
- renal N28.8
- skin NEC L98.7
- splanchnic K63.4
- spleen D73.8

- stomach K31.88
- viscera K63.4

Redundant, redundancy

- ...
- sigmoid (congenital) Q43.89
- - acquired K59.8
- skin (following weight loss) L98.7
- - eyelids H02.3
- face, due to chronic exposure to nonionising radiation L57.4
- stomach K31.88

Saemisch's ulcer (cornea) H16.0 Sagging skin (following weight loss) L98.7 Sahib disease B55.0

Late syphilitic leukoderma

BACKGROUND:

The Inclusion term at L99.8* Other specified disorders of skin and subcutaneous tissue in diseases classified elsewhere was amended for:

- ICD-10-AM Ninth Edition Errata 1 to remove reference to A51.3
- ICD-10-AM Tenth Edition to specify that it only relates to 'late' syphilitic leukoderma.

TABULAR LIST

L99.8* Other specified disorders of skin and subcutaneous tissue in diseases classified elsewhere
Late Syphilitic leukoderma (A52.7†)

WHO Updates to Chapter 13 Diseases of the musculoskeletal system and connective tissue

BACKGROUND:

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. These changes have been included in ICD-10-AM Tenth Edition.

Changes:

 index amendments for Haglund's deformity, Pump bump and Eagle Syndrome

ALPHABETIC INDEX

Deformity

- Haglund's (acquired) (pump bump) M21.67 M77.3

Disease, diseased

- Haglund's (acquired) (pump bump) M21.67 M77.3

Eagle syndrome M77.9

- Eales' disease H35.0
- Ear see also condition
- piercing Z41.3

Haglund's

- deformity or disease (acquired) (pump bump) M21.67 M77.3
- osteochondrosis (juvenile) (os tibiale externum) M92.6
- syndrome (acquired) (pump bump) M21.67 M77.3

Pulsus alternans or trigeminus R00.8 Pump bump M77.3 Punch drunk F07.2

Syndrome

- dyspraxia, developmental F82
- Eagle M77.9
- Eagle-Barrett Q79.4
- Eaton-Lambert (see also Neoplasm) D48.9† G73.1*
- - unassociated with neoplasm G70.8
- haemorrhagic fever with renal A98.5† N08.0*
- Haglund's (acquired) (pump bump) M21.67 M77.3
- Hallerman-Streiff Q87.05

Diabetes with arthropathy

BACKGROUND:

Following publication of advice, the classification was amended for the coding of diabetes with arthropathy, sometimes described as neuropathic arthropathy. This amendment allows arthropathy NOS to be distinguished from arthritis NOS. During development, an inconsistency was also identified in the Tabular List at E10.61, E11.61 and E13.61 for the inclusion term periarthritis of shoulder.

TABULAR LIST

E10.6 Type 1 diabetes mellitus with other specified complication

- E10.61 Type 1 diabetes mellitus with specified diabetic musculoskeletal and connective tissue complication
 - Type 1 diabetes mellitus with:
 - arthropathy (neuropathic)
 - Charcot's arthropathy
 - diabetic:
 - hand syndrome (cheiroarthropathy)(Dupuytren's contracture)(palmar fascial fibromatosis)
 osteopathy
 - periarthritis of shoulder
 - periarthritis of shoulder
 - neuropathic arthritis

E11.6 Type 2 diabetes mellitus with other specified complication

....

- E11.61 Type 2 diabetes mellitus with specified diabetic musculoskeletal and connective tissue complication
 - Type 2 diabetes mellitus with:
 - arthropathy (neuropathic)
 - Charcot's arthropathy
 - diabetic:
 - hand syndrome (cheiroarthropathy)(Dupuytren's contracture)(palmar fascial fibromatosis)
 osteopathy
 - periarthritis of shoulder
 - periarthritis of shoulder
 - neuropathic arthritis

E13.6 Other specified diabetes mellitus with other specified complication

- OE13.61 Other specified diabetes mellitus with specified diabetic musculoskeletal and connective tissue complication
 - Diabetes mellitus NEC with:
 - arthropathy (neuropathic)
 Charcot's arthropathy
 - Charcol's arthropat
 - diabetic:
 - hand syndrome (cheiroarthropathy)(Dupuytren's contracture)(palmar fascial fibromatosis)
 - osteopathy
 - periarthritis of shoulder
 - periarthritis of shoulder
 - neuropathic arthritis

	E14.6	Unspecified diabetes mellitus with other specified complication
	⊙ E14.61	Unspecified diabetes mellitus with specified diabetic musculoskeletal and connective tissue complication Diabetes mellitus NOS with: • arthropathy (neuropathic) • Charcot's arthropathy • diabetic: • hand syndrome (cheiroarthropathy)(Dupuytren's contracture)(palmar fascial fibromatosis) • osteopathy • periarthritis of shoulder • neuropathic arthritis
	M12	Other specific arthropathies See site code above Excludes: arthropathy NOS (M1325.9-) arthrosis (M15–M19) cricoarytenoid arthropathy (J38.7)
I	M13.9 [0-9]	Arthritis, unspecified Arthropathy NOS
	M14*	 Arthropathies in other diseases classified elsewhere <i>Excludes:</i> arthropathy in: haematological disorders (M36.2–M36.3*) hypersensitivity reactions (M36.4*) neoplastic disease (M36.1*) neuropathic spondylopathy (M49.4-*) psoriatic and enteropathic arthropathies (M07*) juvenile (M09*)
I	M14.6*	Neuropathic arthropathy Charcot's or tabetic arthropathy (A52.1 [†]) <i>Excludes:</i> diabetic neuropathic arthropathy (E161)
	M25	Other joint disorders, not elsewhere classified See site code above Excludes: abnormality of gait and mobility (R26) calcification of: • bursa (M71.4-) • shoulder (joint) (M75.3) • tendon (M65.2-) deformities classified to M20–M21 difficulty in walking (R26.2)
	M25.8 [0-9]	Other specified joint disorders
I	M25.9 [0-9]	Joint disorder, unspecified

Arthropathy NOS

I

ALPHABETIC INDEX

- Arthropathy (see also Arthritis) M4325.9-- Charcot's G98†, M14.6* diabetic E1-.61 nonsyphilitic NEC G98†, M14.6* syphilitic (tabetic) A52.1†, M14.6* syringomyelic G95.0†, M49.4-*

...

- neurogenic, neuropathic G98†, M14.6*
 diabetic E1-.61
 nonsyphilitic NEC G98†, M14.6*

- syphilitic (tabetic) A52.1†, M14.6*
 syringomyelic G95.0†, M49.4-*

Necrotising myopathy

BACKGROUND:

Upon review of published advice, it was noted that the terminology <u>necrotising</u> myopathy is a descriptor for several types of myopathy, and therefore the term necrotising was added as a nonessential modifier at the lead term Myopathy.

ALPHABETIC INDEX

Gangrene, gangrenous (dry) (moist) (skin) (ulcer) *(see also Necrosis)* R02
<u>- with necrotising myopathy — see Myopathy</u>
- abdomen (wall) R02
...
Myopathy (necrotising) G72.9
- alcoholic G72.1
...
Necrosis, necrotic, necrotising (ischaemic) *(see also Gangrene)* R02
...
- mitral valve — see Insufficiency/mitral
<u>- muscle — see Myopathy</u>
- myocardium, myocardial — see Infarct/myocardium
<u>- myopathy — see Myopathy</u>

- nose J34.0

•••

Tufting Enteropathy

BACKGROUND:

Following the receipt of a public submission, index amendments were made to enable classification of this rare congenital disorder to Q43.89 *Other specified congenital malformations of intestine*.

ALPHABETIC INDEX

Dysplasia — see also Anomaly

hip, congenital (developmental) Q65.89
 intestinal, neuronal K59.2

- - epithelial (IED) Q43.89

- - neuronal K59.2

- joint, congenital Q74.89

Enteropathy K63.9 - congenital Q43.89 - gluten-sensitive K90.0 - protein-losing K90.4 - tufting Q43.89

Enteroptosis K63.4

Metacarpophalangeal ligament and capsule repair

BACKGROUND:

Following receipt of a public submission, it was identified that are inconsistencies in ACHI index pathways for metacarpophalangeal ligament repair. As a result, amendments to the Alphabetic Index with correction of codes at lead terms Arthroplasty and Replacement.

ALPHABETIC INDEX

Arthroplasty (see also Repair/joint) 50127-00 [1571]

```
- metacarpophalangeal
```

- - for joint replacement (1 joint) (hemi) (total) 46309-01 [1463]
- - 2 joints 46312-01 [1463]
- - 3 joints 46315-01 [1463]
- - 4 joints 46318-01 [1463]
- - ≥ 5 joints 46321-01 [1463]
- - interposition 46306-01 [1464]
- - volar plate 46307-01 [1464]
- - capsule 46330-01 [1465]
- - with free tissue graft or implant 46333-01 [1465]
- - ligament 46330-00 46330-01 [1465]
- - with free tissue graft or implant 46333-01 [1465]
- metatarsophalangeal

Replacement

1

- joint (total) 50127-00 [1571]
- - metacarpophalangeal (1 joint) (hemi) (total) 46309-01 [1463]
- - 2 joints 46312-01 [1463]
- - 3 joints 46315-01 [1463]
- - 4 joints 46318-01 [1463]
- - ≥ 5 joints 46321-01 [1463]
- --- capsule 46330-0046330-01 [1465]
- - - with free tissue graft or implant 46333-01 [1465]
- - interposition 46306-01 **[1464]** - ligament 46330-0046330-01 **[1465]**
- - - with free tissue graft or implant 46333-01 [1465]
- - volar plate 46307-01 [1464]

Chondroplasty

BACKGROUND:

Following receipt of a query the need for improvements to the classification of chondroplasty in ACHI was highlighted. Amendments made to ACHI Tenth Edition include the creation of code 49224-03 [1468] Arthroscopic chondroplasty of wrist and the addition of Inclusion terms for chondroplasty in other joints as applicable.

TABULAR LIST

...

1404	Other repair procedures on shoulder
48948-02	Arthroscopic chondroplasty of shoulder Arthroscopic microfracture of shoulder
 90533-00	Other repair of shoulder Chondroplasty of shoulder
1418	Other repair procedures on humerus or elbow
 49121-02	Arthroscopic chondroplasty of elbow
 90536-00	Other repair of elbow Chondroplasty of elbow
1468	Other repair procedures on wrist
49224-02	Arthroscopic osteoplasty of wrist
	Includes: excision of distal ulna
49224-03	Arthroscopic chondroplasty of wrist
90542-00	Other repair of wrist Chondroplasty of wrist
1544	Other repair procedures on ankle or foot

90599-00 Other repair of ankle Chondroplasty of ankle

ALPHABETIC INDEX

Arthroscopy (with lavage) 50100-00 [1555]

- wrist 49218-00 [1443]
- - with

- - biopsy 49218-01 [1444]
- <u>- - chondroplasty 49224-03 [1468]</u> - debridement 49224-00 [1451]
- - drilling of defect 49221-00 [1443]
- - osteoplasty 49224-02 [1468]
- - - and excision of distal ulna 49224-02 [1468]
- - pinning of bony fragment (osteochondral) 49227-00 [1468]
- - release of adhesions 49221-02 [1443]
- - removal of loose body 49221-01 [1443]
- - synovectomy 49224-01 [1451]
- Chondroplasty

- ankle 90599-00 [1544]

- - arthroscopic 49703-05 [1544]
- elbow 90536-00 [1418]
- - arthroscopic 49121-02 [1418]
- knee (open) 49503-02 [1520]
- - by mosaicplasty 49503-02 [1520]
- - arthroscopic 49558-01 [1520]
- - arthroscopic (closed) 49558-01 [1520]
- - with
- - - implant (carbon fibre) 49558-01 [1520]
- - - and
- ---- lateral release 49562-00 [1514]

---- removal of loose body (foreign body) 49562-02 [1511] - - - - lateral release 49561-00 [1514] - - - - - and - - - - meniscectomy 49561-01 **[1517]** - - - - - and

---- meniscectomy 49562-01 [1517]

- - - and
- ---- lateral release 49562-00 [1514]
- ---- meniscectomy 49562-01 [1517]
- ---- removal of loose body (foreign body) 49562-02 [1511]
- - - removal of loose body (foreign body) 49561-02 [1511]
- - - and
- ---- implant (carbon fibre) 49562-02 [1511]
- - - multiple drilling 49562-02 [1511]
- shoulder 90533-00 [1404]
- - arthroscopic 48948-02 [1404]
- wrist 90542-00 [1468]
- - arthroscopic 49224-03 [1468]

Thickening endometrium

BACKGROUND:

Following receipt of a public submission, ICD-10-AM was amended to:

- create five character codes at R93.5 to specify abnormal findings on diagnostic imaging of the 'uterus'.
- rename R93.5 to include the *pelvic* region, as the uterus is not in the abdominal region.

TABULAR LIST

R93	Abnormal findings on diagnostic imaging of other body structures
R93.0	Abnormal findings on diagnostic imaging of skull and head, not elsewhere classified
	Excludes: intracranial space-occupying lesion (R90.0)
R93.1	Abnormal findings on diagnostic imaging of heart and coronary circulation Abnormal: • echocardiogram NOS • heart shadow
R93.2	Abnormal findings on diagnostic imaging of liver and biliary tract Nonvisualisation of gallbladder
R93.3	Abnormal findings on diagnostic imaging of other parts of digestive tract
R93.4	Abnormal findings on diagnostic imaging of urinary organs Filling defect of: • bladder • kidney • ureter
	Excludes: hypertrophy of kidney (N28.8)
R93.5	Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum Abnormal findings on diagnostic imaging of abdominal and pelvic region, not elsewhere classified
<mark>⊘R</mark> 93.51	Abnormal findings on diagnostic imaging of uterus
<u> </u>	Abnormal findings on diagnostic imaging of abdominal and pelvic region, not elsewhere classified
	Includes: retroperitoneum
R93.6	Abnormal findings on diagnostic imaging of limbs
	<i>Excludes:</i> abnormal finding in skin and subcutaneous tissue (R93.8)
R93.7	Abnormal findings on diagnostic imaging of other parts of musculoskeletal system
	Excludes: abnormal findings on diagnostic imaging of skull (R93.0)
R93.8	Abnormal findings on diagnostic imaging of other specified body structures Abnormal radiological finding in skin and subcutaneous tissue Mediastinal shift

ALPHABETIC INDEX

Abnormal, abnormality, abnormalities - see also Anomaly

...

- diagnostic imaging
- - abdomen, abdominal region NEC R93.59
- - biliary tract R93.2
- - breast R92
- - central nervous system NEC R90.8
- - coronary circulation R93.1
- - digestive tract NEC R93.3
- gastrointestinal (tract) R93.3
 genitourinary organs R93.8
- - head R93.0
- - heart R93.1
- - intrathoracic organs NEC R93.8
- - limbs R93.6
- - liver R93.2
- - lung (field) R91
- musculoskeletal system NEC R93.7
 pelvis, pelvic region NEC R93.59
- - retroperitoneum R93.59
- - sites specified NEC R93.8
- - skin and subcutaneous tissue R93.8

- - skull R93.0
- - urinary organs R93.4 - uterus R93.51
- ear ossicles, acquired NEC H74.3

Thickened, **T**thickening

- bone M89.3-- breast N64.5
- endometrium R93.51
- epidermal L85.9
- - specified NEC L85.8
- hymen N89.6
- larynx J38.7 nail L60.2
- - congenital Q84.5
- periosteal M89.3-
- pleura J92.9
- - with asbestos J92.0
- skin R23.4
- subepiglottic J38.7
- tongue K14.8
- valve, heart see Endocarditis

Young's syndrome

BACKGROUND:

ACS 1415 Young's syndrome was deleted as it was redundant. The guidelines in ACS 0005 Syndromes are applicable to classify the manifestations of Young's syndrome.

AUSTRALIAN CODING STANDARDS

14 GENITOURINARY SYSTEM

• • •

1415 YOUNG'S SYNDROME

Code and sequence component parts of Young's syndrome as:

N46 Male infertility

J98.4 Other disorders of lung

J47 Bronchiectasis

Urogenital interventions

BACKGROUND:

A number of amendments were made to ACHI for urogenital interventions:

- Following receipt of a public submission, the essential modifier 'female' was deleted from the Alphabetic Index for 'pelvic exenteration' codes (and sex edits removed from the Electronic Code List), to allow for assignment of the relevant codes for male patients
- The Tabular List and Alphabetic Index were amended to create consistency for the terms 'brush', 'brushings' and washings'
- The Alphabetic Index was amended to clarify the classification of 'endoscopic lithotripsy of an encrusted ureteric stent'
- Following publication of a Coding Rule in March 2015 regarding 'Urolift procedure', the Tabular List and Alphabetic Index were amended
- Following publication of a Coding Rule in June 2015 regarding 'SpaceOAR', the Tabular List and Alphabetic Index were amended

ACHI TABULAR LIST

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1

543	Examination procedures on bronchus
	Includes: bronchial lavage electromagnetic navigation fluoroscopic guidance that using: • fibreoptic bronchoscope • rigid washings for specimen collection
	<i>Excludes:</i> that with:
	 argon plasma coagulation (lesion) (tissue): bronchus (96217-01 [547]) lung (90181-01 [558]) biopsy (washings for specimen collection): bronchus (41898-04 [544]) lung (38418-06 [550]) destruction (lesion) (tissue): bronchus (96217-01 [547]) lung (90181-01 [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])
41889-05	Bronchoscopy

41889-01 Bronchoscopy through artificial stoma

544	Endoscopic biopsy, broncho-alveolar lavage or removal of foreign body from bronchus
	Includes: bronchial lavage bronchoscopy electromagnetic navigation fluoroscopic guidance washings for specimen collection
41898-04	Endoscopic [needle] biopsy of bronchus Bronchoscopy with (needle) biopsy of bronchus
	Includes: that with: • fibreoptic bronchoscope • linear • rigid
41898-02	Endoscopic broncho-alveolar lavage [BAL] Bronchoscopy (fibreoptic) with broncho-alveolar lavage [BAL]
41895-02	Endoscopic removal of foreign body from bronchus Bronchoscopy with removal of foreign body from bronchus
	Includes: that with: • fibreoptic bronchoscope • linear • rigid
957 	Examination of gallbladder or biliary tract
30484-01	Endoscopic retrograde cholangiography [ERC]
	<i>Includes:</i> bile duct brushings biopsy
30484-00	Endoscopic retrograde cholangiopancreatography [ERCP]
	<i>Includes:</i> bile duct brushings biopsy
	Excludes: endoscopic retrograde pancreatography [ERP] (30484-02 [974])
96224-00	Cholangiopancreatoscopy Duodenoscope-assisted cholangiopancreatoscopy (DACP)
	Includes: biopsy brushings (washings) (bile duct) (pancreatic)

Excludes: hysterectomy with retroperitoneal dissection (35667-00 [1268])

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90450-00 Anterior pelvic exenteration Anterior pelvic evisceration

Includes: removal of:

- bladder
 - fallopian tubes
- ovaries
- prostate
- seminal vesicles
- urethra
- uterus
- vagina

90450-01 Posterior pelvic exenteration Posterior pelvic evisceration

Includes: removal of:

- anal canal
- fallopian tubes
- ovaries
- prostate
- rectum
- seminal vesicles
- sigmoid colon
- uterusvagina

90450-02 Total pelvic exenteration Total pelvic evisceration

1047 Biopsy of kidney

- 36561-00 Closed biopsy of kidney Endoscopic biopsy via existing: • nephrostomy
 - nephrotomy
 - pyelostomy
 - pyelotomy
- 36654-00 Retrograde pyeloscopy with biopsy of kidney

Includes: cystoscopy ureteroscopy urethral dilation

36627-01 Percutaneous nephroscopy with biopsy

Includes: antegrade pyeloscopy

36821-00 Endoscopic brush biopsy of renal pelvis

1075 Biopsy of ureter

- 90356-00 Percutaneous biopsy of ureter
- 36806-00 Endoscopic biopsy of ureter Transurethral biopsy of ureter

Includes: cystoscopy urethral dilation

36821-02 Endoscopic brush biopsy of ureter

Includes: cystoscopy urethral dilation

- 30075-33 Open biopsy of ureter
- 1160 Application, insertion or removal procedures on prostate or seminal vesicle
- 37218-01 Administration of agent into prostate Administration of agent into periprostatic tissue

Includes: SpaceOAR

- 37223-00 Insertion of prostatic stent/coil
- 37227-00 Implantation of brachytherapy applicator, prostate Insertion of catheters (needles) into prostate for brachytherapy

Includes: cystoscopy ultrasound

Note: Radioactive (gold) seeds for brachytherapy *Code also:*brachytherapy, prostate (15338-00 [1792])

Excludes: implantation of markers for radiotherapy guidance (37217-01 [1800])

90409-00 Implantation of other device(s), prostate <u>Prostatic urethral lift (PUL) procedure</u>

Includes: Urolift

1862 Other genitourinary diagnostic tests, measures or investigations

- 92130-00 Papanicolaou smear study Pap smear
- 11900-00 Urine flow study Uroflowmetry [UFR]

Includes: peak urine flow measurement

Excludes: that with cystometrography (11917-00, 11919-00 [1860])

11921-00 Bladder washout test study

Note: Performed for localisation of urinary infection

Excludes: endoscopic washing(s) for specimen collection (36836-00 [1098])

- 92128-00 Urinary manometry study Manometry through:
 - indwelling ureteral catheter
 - nephrostomy
 - pyelostomy
 - ureterostomy

ACHI ALPHABETIC INDEX

CONVENTIONS USED IN THE ALPHABETIC INDEX OF INTERVENTIONS

MODIFIERS

. . .

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

EXAMPLE 6:

Bronchoscopy (electromagnetic navigation)(with bronchial lavage)(with fluoroscopic guidance)(with washings) 41889-05 [543]

- with

- - Argon plasma coagulation see Coagulation, electrocoagulation/by site
- biopsy (brush) (needle) (with brushing(s)) (with washing(s) for specimen collection) — see Biopsy/by site
- - broncho-alveolar lavage (BAL) 41898-02 [544]
- - destruction see Destruction/by site
- - dilation (stricture) 41904-00 [546]
- - excision of lesion see Excision/lesion/by site
- - insertion of bronchial device (stent) (valve) 41905-06 [546]
- - removal of
- - bronchial device (stent) (valve) 41905-08 [546]
- - foreign body 41895-02 [544]
- - lesion see Excision/lesion/by site
- - replacement of bronchial device (stent) (valve) 41905-07 [546]

Administration (around) (into) (local) (of) (therapeutic agent) - see also Injection

Note: Terms listed under the lead term 'Administration' are split by three main subterms; *Administration/by indication, Administration/specified site* and *Administration/type of agent.*

- specified site

- - anal region (sphincter) 90344-02 [929]

- - penis 37415-00 [1192]
- - periprostatic tissue (SpaceOAR) (spacing organs at risk) 37218-01 [1160]
- - peritoneal cavity NEC 90347-02 [983]

Biopsy (brush) (with brushing(s)) (with washing(s) for specimen collection)

- bile duct(s) (open) 30075-15 [964]
- - closed (with brushings), via
- - ERC (endoscopic retrograde cholangiography) 30484-01 [957]
- - ERCP (endoscopic retrograde cholangiopancreatography) 30484-00 [957]
- - ERP (endoscopic retrograde pancreatography) 30484-02 [974]
- - percutaneous approach (needle) 30094-04 [964]
- bladder (closed) (endoscopic) 36836-00 [1098]
- - open 30075-10 [1098]
- lung (brush) (endoscopic) (needle) 38418-06 [550]
- - open 38418-02 [550]
- - percutaneous 38418-08 [550]
- • •

- renal — see also Biopsy/kidney

- -- pelvis (closed) (endoscopic) 36821-00 [1047]
- brush (closed) (endoscopic) 36821-00 [1047]
- retroperitoneal mass (closed) (needle) (percutaneous) 30094-06 [988]

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- umbilicus (open) 30075-17 [988]
- ureter (closed) (endoscopic) 36806-00 [1075]

--- brush 36821-02 [1075]

- - open 30075-33 [1075]
- - percutaneous 90356-00 [1075]
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- with

- - Argon plasma coagulation see Coagulation, electrocoagulation/by site
- - biopsy (brush) (needle) (with brushing(s)) (with washing(s) for specimen collection) see Biopsy/by site
- - broncho-alveolar lavage (BAL) 41898-02 [544]
- destruction see Destruction/by site
 dilation (stricture) 41904-00 [546]
- - excision of lesion see Excision/lesion/by site
- - insertion of bronchial device (stent) (valve) 41905-06 [546]
- - removal of
- - bronchial device (stent) (valve) 41905-08 [546]
- - foreign body 41895-02 [544]
- - lesion see Excision/lesion/by site
- - replacement of bronchial device (stent) (valve) 41905-07 [546]
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Cholangiography 58936-00 [1976]

- endoscopic retrograde (ERC) (with biopsy) (with brushing(s)) (with washing(s) for specimen collection) 30484-01 [957]

Cholangiopancreatography

- by magnetic resonance imaging (MRCP) 90901-05 [2015]
- endoscopic retrograde (ERCP) (with biopsy) (with brushing(s)) (with washing(s) for specimen collection) 30484-00 [957]
- Cholangiopancreatoscopy (DACP) (duodenoscope-assisted) (with biopsy) (with brushing(s)) (with washing(s) for specimen collection) 96224-00 [957]

Choledochoscopy 30442-00 [957]

- with

- - balloon dilation of stricture 30452-00 [971]
- - cholangiopancreatoscopy (with biopsy) (with brushing(s)) (with washing(s) for specimen collection) 96224-00 [957]
- - passage of stent 30452-01 [958]
- - removal of calculus 30452-02 [959]

Cystoscopy 36812-00 [1089]

- for
- - control of haemorrhage (postoperative)
- - bladder 36842-00 [1092]
- - prostate 90392-00 [1162]
- - examination of intestinal (colon) (ileum)
- - conduit 36860-00 **[1065]**
- - reservoir 36860-01 [1065]
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- ---- prostate 37215-00 [1163]
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- ---- brush 36821-02 [1075]
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- globe (without implant) 42512-00 [161]
- - with implant of cartilage or intrascleral ball 42515-00 [161]
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- pelvic, female
- - anterior 90450-00 **[989]**
- - posterior 90450-01 [989]
- - total 90450-02 [989]

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- orbit 42536-00 [225]
- - with

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- - muscle transplant (temporalis) 42536-02 [225]
- - - and skin graft 42536-03 [225]
- - removal of
- - - adjacent structures 42536-04 [225]
- - - orbital bone (therapeutic) 42536-05 [225]
- - skin graft 42536-01 [225]
- - - and muscle transplant (temporalis) 42536-03 [225]

- pelvic, female

- - anterior 90450-00 [989]
- - posterior 90450-01 [989]
- - total 90450-02 [989]

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- bronchial see Bronchoscopy
- broncho-alveolar (BAL) (endoscopic) 41898-02 [544]

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- - unilateral 45587-01 [1675]
- cheek (bilateral) 45588-00 [1675]
- - unilateral 45587-00 [1675]
- eyebrow (bilateral) 45588-01 [1675]
- - unilateral 45587-01 [1675]
- face (bilateral) 45588-00 [1675]
- - unilateral 45587-00 [1675]
- forehead (bilateral) 45588-01 [1675] - - unilateral 45587-01 [1675]
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- - with facelift (bilateral) 45588-00 [1675]
- - unilateral 45587-00 [1675] - urethral, prostatic (PUL) procedure (Urolift) 90409-00 [1160]
- Ligation

Lithotripsy — see also Destruction/calculus, calculi/by site

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- - endoscopic (intracorporeal) 36863-00 [1096]
- - extracorporeal shockwave (ESWL) 36546-00 [1126]
- calcified (encrusted) stent see Destruction/calculus, calculi/by site
- extracorporeal shockwave (ESWL) 92199-00 [1880]
- - biliary tract 90956-00 [962]
- - bladder (urinary) 36546-00 [1126]
- - gallbladder 90957-00 [962]
- - kidney (bilateral) (unilateral) 36546-00 [1126]
- - specified site NEC 92199-00 [1880]
- - ureter (bilateral) (unilateral) 36546-00 [1126]
- - urinary tract 36546-00 [1126]

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- prostatic urethral lift (PUL) (Urolift) 90409-00 [1160]
- pull-through, definitive anastomosis with intestinal resection (for Hirschsprung's disease) 43993-01 [934]
- urethra NEC 90365-00 [1125]
- urethral lift, prostatic (PUL) (Urolift) 90409-00 [1160]
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- visual laser assisted (VLAP) 37207-00 [1166]
- Prostatic urethral lift (PUL) procedure (Urolift) 90409-00 [1160] Prostatolithotomy 37212-02 [1161]

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- to assist delivery 90475-00 [1343] PUL (prostatic urethral lift) procedure (Urolift) 90409-00 [1160] **Pulmonary vein isolation**

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- - biopsy 36806-00 [1075]

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Percutaneous kidney procedures

BACKGROUND:

Following receipt of a public submission codes were created for:

- percutaneous drainage of kidney (to classify drainage of kidney abscess, haematoma, cyst etc)
- percutaneous drainage of perinephric area (to classify drainage of perinephric abscess, haematoma, cyst etc)
- other closed (eg percutaneous) partial nephrectomy

ACS 1417 *Percutaneous resection of kidney pelvis tumour via nephrostomy* was deleted as it was redundant following the above addenda.

TABULAR LIST

1042	Other application, insertion or removal procedures on kidney	
<u>36624-01</u>	Percutaneous drainage of kidney <u>Percutaneous:</u> • aspiration or drainage of kidney abscess, haematoma or cyst • nephrostomy <u>Renipuncture</u>	
	Includes: insertion of percutaneous nephrostomy tube	
<u>36537-02</u>	Percutaneous drainage of perinephric area Percutaneous aspiration or drainage of abscess, haematoma or cyst from perinephric area	
1048	Partial nephrectomy	
	Includes: any associated repair	
36522-00	Laparoscopic partial nephrectomy	
	<i>Excludes:</i> that complicated by previous surgery on same kidney (36525-00 [1048])	
36522-02	Other closed partial nephrectomy	
	Percutaneous resection of lesion of kidney via nephrostomy	
	Excludes: that complicated by previous surgery on same kidney (36525-02 [1048])	
36522-01 ⊽-1417	Partial nephrectomy	
v - <u>141</u> /	<i>Excludes:</i> that complicated by previous surgery on same kidney (36525-01 [1048])	
36525-00	Laparoscopic partial nephrectomy complicated by previous surgery on same kidney	
<u>36525-02</u>	Other closed partial nephrectomy complicated by previous surgery on same kidney	

1056 Nephrostomy or pyelostomy

36624-00 Percutaneous nephrostomy ₩-1417

> Aspiration of renal cyst Renipuncture

36552-00 Nephrostomy

Excludes: percutaneous nephrostomy (36624-01 [1042])

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- - - - laparotomy (open) 37008-01 [1093]

- - fetus 16624-00 [1331] - brain (via burr holes) 39703-01 [8] - - cyst 39703-01 [8] - - - infected 39900-00 [8] - - - postoperative (reopening of craniotomy) 39721-00 [10] - - lesion 39703-01 [8] - - tumour 39703-01 [8] - breast (open) 31551-00 [1742] - - percutaneous 90725-00 [1741] - bulbourethral gland 37324-00 [1115] - cavity - - fluid, fetal 16624-00 [1331] - cerebrospinal fluid - see Insertion/drain/cerebrospinal fluid - chest - - closed (percutaneous) 38806-00 [560] - - open (för empyema) 38415-00 [549] - conjunctival sac (eye) - - by insertion of nasolacrimal tube (stent) - - - glass (Pyrex) 42608-01 [242] - - - other 42608-00 [242] - Cowper's gland 37324-00 [1115] - craniocervical junction (abscess) 40315-00 [59] - cyst - see also Drainage/by site - - abdominal organ NEC - see also Drainage/cyst/intra-abdominal - - - hydatid 30434-02 [1002] - - - with myeloplasty or omentoplasty 30436-02 [1002] - - - - liver -see Drainage/cyst/liver/hydatid - - Bartholin's gland 35513-00 [1293] - - brain (via burr holes) 39703-01 [8] - - - infected 39900-00 [8] - - - postoperative (reopening of craniotomy) 39721-00 **[10]** - - cul-de-sac (rectouterine pouch) - - - laparoscopic 30394-01 [987] - - - percutaneous 30224-01 [987] - - - retroperitoneal 30402-00 [987] - - - - percutaneous 30224-02 [987] - - - via (open) - - - - colpotomy 35572-00 [1280] - - - - laparotomy 30394-00 [987] --- fallopian tube (laparoscopic) 35638-06 [1249] - with salpingolysis 35694-02 [1249] ---- via laparotomy 35713-12 [1249] -- with salpingolysis 35694-06 [1249] - - intra-abdominal (open) 30394-00 [987] - - - laparoscopic 30394-01 [987] - - - percutaneous 30224-01 [987] - - intracranial (via burr holes) 39703-01 [8] - - - infected 39900-00 [8] - - - postoperative (reopening of craniotomy) 39721-00 [10] - - laryngeal 90164-00 [522] - - liver - see also Drainage/cyst/intra-abdominal - - - by marsupialisation (single) 30416-00 [952] - - - - multiple 30417-00 [952] - - - hydatid 30434-00 [955] - - - - with ---- excision of liver 30438-00 [955] - - - - myeloplasty or omentoplasty 30436-00 [955] - - lung 38418-04 [549] - - oral cavity 96215-00 [401] - - orbit (percutaneous) 42572-01 [223] - - - by orbitotomy 42533-00 [222] - - ovary (open) 35713-02 [1241] - - - percutaneous 35518-00 [1240]

- - - via laparoscopy 35637-07 [1241]

- - pancreas 30375-14 [976]
- - by marsupialisation 30375-27 [976] - - para-ovarian - see Drainage/cyst/intra-
- abdominal
- - pelvic cavity see Drainage/cyst/intraabdominal
- -- perinephric (open) (perirenal) 36537-00 [1045]
- - peritoneum see also Drainage/cyst/intraabdominal
- - hydatid 30434-01 [1002]
- - with myeloplasty or omentoplasty 30436-01 [1002]
- - pilonidal 30676-00 [1659]
- - pouch of Douglas (rectouterine pouch)
- - laparoscopic 30394-01 [987]
- - percutaneous 30224-01 [987]
- - retroperitoneal 30402-00 [987]
- - - percutaneous 30224-02 [987]
- - via (open)
- - - colpotomy 35572-00 [1280]
- - - laparotomy 30394-00 [987]
- -- renal 36537-01 [1045]
- - retroperitoneal (open) 30402-00 [987]
- - percutaneous 30224-02 [987]
- -- urachal 90952-00 [987]
- - uterine ligament see Drainage/cyst/intraabdominal
- -- vagina 35572-01 [1280]
- - vulva 90446-00 [1290]
- - Bartholin's gland 35513-00 [1293]
- ear
- - inner
- - endolymphatic sac (without shunt) 41590-00 [330]
- - - with shunt 41590-01 [330]
- - middle (unilateral) 41626-00 [309]
- - with intubation 41632-00 [309]
- - bilateral 41626-01 [309]
- - - with intubation 41632-01 [309]
- endolymphatic sac (without shunt) 41590-00
- [330]
- - with shunt 41590-01 [330]
- extradural haemorrhage (cerebral) 39600-00 [8]
- - postoperative (reopening of craniotomy) 39721-00 **[10]**
- fallopian tube (laparoscopic) 35638-06 [1249]
- - with salpingolysis 35694-02 [1249]
- - via laparotomy 35713-12 [1249]
- - with salpingolysis 35694-06 [1249]
- fetal fluid cavity 16624-00 [1331]
- groin region (abdominal wall) (inguinal) 90952-00 [987]
- haematoma see also Drainage/by site
- - abdominal wall 90952-00 [987]
- -- breast (open) 31551-00 [1742]
- -- percutaneous 90725-00 [1741]
- - caesarean wound 90484-02 [1347]
- - cul-de-sac (rectouterine pouch)
- - laparoscopic 30394-01 [987]
- - percutaneous 30224-01 [987]
- - retroperitoneal 30402-00 [987]
- - - percutaneous 30224-02 [987]
- - via (open)
- - - colpotomy 35572-00 [1280]
- - - laparotomy 30394-00 [987]
- - episiotomy site 90484-00 [1347]
- - intra-abdominal (open) 30394-00 [987]
- - laparoscopic 30394-01 [987]
- - percutaneous 30224-01 [987]
- - intracranial (via burr holes) 39600-00 [8]

 - - postoperative (reopening of craniotomy) 39721-00 [10] - - - via - - - - craniectomy 39603-01 [14] - - - - craniotomy (burr holes) 39600-00 [8] ---- osteoplastic 39603-00 [14] - - liver - see Drainage/haematoma/intraabdominal - - nasal cavity (nasopharynx) (postnasal space) (septum) 41653-00 [370] orbit 42533-00 [222] --- pancreas 30375-14 [976] - - pelvic cavity - see Drainage/haematoma/intra-abdominal - - perianal 32147-00 [930] - - perineorrhaphy site, obstetric 90484-00 [1347] -- perinephric (open) (perirenal) 36537-00 [1045] - - perineum, obstetric - - - incisional haematoma 90484-00 [1347] - - - nonincisional haematoma 90484-01 [1347] - - pouch of Douglas (rectouterine pouch) - - - laparoscopic 30394-01 [987] - - - percutaneous 30224-01 [987] - - - retroperitoneal 30402-00 [987] - - - - percutaneous 30224-02 [987] - - - via (open) - - - - colpotomy 35572-00 [1280] - - - - laparotomy 30394-00 [987] -- renal 36537-01 [1045] - - retroperitoneal (open) 30402-00 [987] - - - percutaneous 30224-02 [987] - - skin (subcutaneous tissue) 30223-00 [1606] - - spinal (canal) (epidural) (meninges) (subdural) 90031-00 [49] - - thyroid (by incision) (gland) 90047-01 [111] - - - by aspiration (percutaneous) 90047-00 [110] - - - postoperative 90047-02 [111] - - vagina 35572-01 [1280] - haemorrhage - - brain (intracerebral) 39600-00 [8] - - - meninges (extradural) (subdural) 39600-00 [8] - postoperative (reopening of craniotomy) 39721-00 [10] - hand - - via incision - - - for - - - - paronychia 46525-00 [1440] - - - - pulp space infection 46525-00 [1440] - - - hypothenar space 46519-00 [1440] - - - middle palmar space 46519-00 [1440] - - - thenar space 46519-00 [1440] - hydrothorax - - fetus 16624-00 [1331] - inner ear - - endolymphatic sac (without shunt) 41590-00 [330] - - with shunt 41590-01 [330] - intracerebral haemorrhage 39600-00 [8] - kidney (percutaneous) (open) (with exploration) 36537-01_36624-01[104245] - - open 36537-01 [1045] - lacrimal sac - - by insertion of nasolacrimal tube (stent) - - - glass (Pyrex) 42608-01 [242] - - - other 42608-00 [242] - laryngeal 90164-00 [522] - lesion - see Drainage/by site - - intracranial 39703-01 [8] -- oral cavity 96215-00 [401]

- lung 38418-04 [549]

- lymphocele (percutaneous) 90284-02 [812] - - laparoscopic 90284-01 [812] - middle ear (unilateral) 41626-00 [309] - - with intubation 41632-00 [309] - - bilateral 41626-01 [309] - - with intubation 41632-01 [309] - nasal sinus - - through tooth socket 41719-00 [383] - oral cavity 96215-00 [401 - orbit, orbital 42533-00 [222] - - abscess 42572-00 [223] - - - by orbitotomy 42533-00 [222] - - cyst 42572-01 [223] - - - by orbitotomy 42533-00 [222] - pancreas, pancreatic (by catheter) 30375-14 [976] - - abscess 30575-00 [976] - - cyst 30375-14 [976] -- by marsupialisation 30375-27 [976] - paronychia - foot 47912-00 [1530] - - hand 46525-00 [1440] - pericardium 38359-00 [643] - - subxyphoid (by creation of pericardial window) 38452-00 [643] - thoracoscopic (by creation of pericardial window) 38450-01 [643] - - transthoracic (by creation of pericardial window) 38450-00 [643] - perinephric region (percutaneous) (open) (with exploration) 36537-020 [10425] -- abscess 36537-00 [1045] -- open 36537-00 [1045] - periprostatic tissue - - abscess 37212-01 [1161] - perirenal (percutaneous) 36537-02 [1042] - - open 36537-00 [1045] - peritonitis — see Drainage/haematoma/intraabdominal - pleura - - closed (percutaneous) 38806-00 [560] - - open (for empyema) 38415-00 [549] - postural 96157-00 [1889] - pulp space infection - - foot 47912-00 [1530] - - hand 46525-00 [1440] - renal (percutaneous) 36624-01 [1042] - open 36537-01 [1045] - respiratory tract, nonincisional 96157-00 [1889] - scrotum (unilateral) 37604-00 [1172] - - with biopsy 37604-02 [1173] - - bilateral 37604-01 [1172] - - - with biopsy 37604-03 [1173] - sinus - - cranial, by incision 90007-01 [28] - - pre-auricular (external ear) 30104-00 [303] - skin (subcutaneous tissue) 30223-02 [1606] - - abscess 30223-01 [1606] - - carbuncle 30223-02 [1606] - - cellulitis 30223-01 [1606] - - furuncle 30223-02 [1606] - - haematoma 30223-00 [1606] - spinal (canal) (epidural) (meninges) (subdural) 90031-00 [49]

- lymphatic structure (channel) (node) (vessel)

90281-00 [804]

- subdural haemorrhage (cerebral) 39600-00 [8]
- - by tap (through fontanelle) 39009-00 [2] - - postoperative (reopening of craniotomy)
- 39721-00 [10] - thrombus, perianal 32147-00 [930]

perinephric (open) (perirenal) 36537-00 [1045]

abdominal

- thyroid (by incision) (gland) 90047-01 [111] - - by aspiration (percutaneous) 90047-00 [110] - - postoperative 90047-02 [111] - tunica vaginalis (unilateral) 37604-00 [1172] - - with biopsy 37604-02 [1173] - - bilateral 37604-01 [1172] - - - with biopsy 37604-03 [1173] - urachal 90952-00 [987] - ureter - - with exploration (open) 36612-01 [1070] - - - via laparoscopy 36612-00 [1070] - vagina 35572-01 [1280] - vitreous - - diagnostic 42740-01 [204] - - therapeutic 42740-05 [204] - vulva 90446-00 [1290] - - Bartholin's gland 35520-00 [1290] Evacuation — see also Drainage - abscess — see Drainage/abscess - cyst -- abdominal organ NEC -- see also Drainage/cyst/intra-abdominal - hydatid 30434-02 [1002] ---- with myeloplasty or omentoplasty 30436-02 **[1002]** - liver - see Evacuation/cyst/liver/hydatid --- Bartholin's gland 35513-00 [1293] -- brain (via burr holes) 39703-01 [8] - infected 39900-00 [8] --- postoperative (reopening of craniotomy) 39721-00 [10] -- cul-de-sac (rectouterine pouch) -- see Drainage/cyst/cul-de-sac -- fallopian tube (laparoscopic) 35638-06 [1249] ---- with salpingolysis 35694-02 [1249] ---- via laparotomy 35713-12 [1249] - - with salpingolysis 35694-06 [1249] -- intra-abdominal (open) 30394-00 [987] -- laparoscopic 30394-01 [987] - percutaneous 30224-01 [987] -- intracranial (via burr holes) 39703-01 [8] --- infected 39900-00 [8] --- postoperative (reopening of craniotomy) 39721-00 [10] - -- laryngeal 90164-00 **[522]** -- liver -- see also Drainage/cyst/intra-abdominal --- by marsupialisation (single) 30416-00 [952] multiple 30417-00 [952] ---- hydatid 30434-00 [955] ---- with ---- excision of liver 30438-00 [955] - myeloplasty or omentoplasty 30436-00 [955] -- lung 38418-04 [549] -- oral cavity 96215-00 [401] -- orbit (percutaneous) 42572-01 [223] --- by orbitotomy 42533-00 [222] -- ovary (open) 35713-02 [1241] ---- percutaneous 35518-00 [1240] via laparoscopy 35637-07 [1241] --- pancreas 30375-14 [976] - by marsupialisation 30375-27 [976] -- para-ovarian (open) -- see Drainage/cyst/intraabdominal

- thyroglossal tract (by incision) 90047-01 [111]

- - by aspiration (percutaneous) 90047-00 [110]

- peritoneum — see also Drainage/cyst/intraabdominal - hvdatid 30434-01 [1002] -- with myeloplasty or omentoplasty 30436-01 [1002] --- pilonidal 30676-00 [1659] -- pouch of Douglas (rectouterine pouch) -- see Drainage/cyst/pouch of Douglas - - renal 36537-01 [1045] -- urachal 90952-00 [987] uterine ligament - see Drainage/cyst/intraabdominal -- vagina 35572-01 [1280] - eye (anterior chamber) (by paracentesis) aqueous ---- diagnostic 42740-00 [204] ---- therapeutic 42740-04 [204] - vitreous - diagnostic 42740-01 [204] ---- therapeutic 42740-05 [204] - haematoma -- abdominal wall 90952-00 [987] -- breast (open) 31551-00 [1742] ---- percutaneous 90725-00 [1741] -- caesarean wound 90484-02 [1347] -- cul-de-sac (rectouterine pouch) see Drainage/haematoma/cul-de-sac -- episiotomy site 90484-00 [1347] --- intra-abdominal (open) 30394-00 [987] - laparoscopic 30394-01 [987] -- percutaneous 30224-01 [987] --- intracranial (via burr holes) 39600-00 [8] --- postoperative (reopening of craniotomy) 39721-00 [10] - - via ---- craniectomy 39603-01 [14] ---- craniotomy 39600-00 [8] -- osteoplastic 39603-00 [14] -- liver -- see Drainage/haematoma/intraabdominal -- nasal cavity (nasopharynx) (postnasal space) (septum) 41653-00 [370] -- orbit 42533-00 [222] -- pancreas 30375-14 [976] -- pelvic cavity -- see Drainage/haematoma/intra-abdominal -- perineorrhaphy site, obstetric 90484-00 [1347] -- perinephric (open) (perirenal) 36537-00 [1045] - - perineum, obstetric - incisional haematoma 90484-00 [1347] ---- nonincisional haematoma 90484-01 [1347] -- pouch of Douglas (rectouterine pouch) see Drainage/haematoma/pouch of Douglas renal 36537-01 [1045] -- skin (subcutaneous tissue) 30223-00 [1606] spinal (canal) (epidural) (meninges) (subdural) 90031-00 **[49]** --- thyroid (gland) (open) 90047-01 [111] - percutaneous 90047-00 [110] --- postoperative 90047-02 [111] -- vagina 35572-01 [1280] - haemorrhoids 32138-00 [941] - lymphocele 90284-02 [812] -- laparoscopic 90284-01 [812] - uterus - - by dilation 35643-03 [1265]

- - postpartum 16564-00 [1345]

- - - suction curettage 16564-01 [1345]

Excision — see also Removal - lesion(s) - see also Excision/tumour AND Excision/cyst AND Excision/polyp - - kidney (see also Nephrectomy/partial) 36558-02 [1055] - - - cyst (open) 36558-01 [1055] - - - - via laparoscopy 36558-00 [1055] - - lacrimal - - - gland 42593-00 [246] Exploration — see also Examination AND Incision/by site - kidney (open) (with drainage) 36537-01 [1045] - lung 38418-04 [549] - perinephric region(open) 36537-00 [1045] -- open (with drainage) 36537-00 [1045] - periradicular, surgical 97433-00 [463] - perirenal (open) 36537-00 [1045] Formation (of) - nephrostomy (open) 36552-00 [1056] - - with - - - endoscopic biopsy of kidney 36561-00 [1047] - - - nephrolithotomy - see Nephrolithotomy - - - pyelolithotomy - see Pyelolithotomy

- - percutaneous (closed) (with drainage) 36624-010 [104256]
- - for extraction of calculus see Nephrolithotomy/percutaneous
- - with incision of
- - - renal
- - - calyx 36633-01 [1043]
- - - pelvis 36633-00 [1043]

- - - - ureter 36633-02 [1043]

Nephrectomy

- partial (open) 36522-01 [1048]
- - closed (percutaneous) (via nephrostomy) NEC 36522-02 [1048]
- - laparoscopic 36522-00 [1048]
- - complicated by previous surgery on same kidney 36525-01 [1048]
- - closed (percutaneous) (via nephrostomy) NEC 36525-02 [1048]
- - laparoscopic 36525-00 [1048]
- -- via laparoscopy (closed) 36522-00 [1048]
- complicated by previous surgery on same kidney 36525-00 [1048]
- Nephrostomy (open) (with drainage) 36552-00 [1056]

- with

- - endoscopic biopsy of kidney 36561-00 [1047]
- - nephrolithotomy see Nephrolithotomy - pyelolithotomy see Pyelolithotomy
- percutaneous (closed) 36624-010 [104256]
- insertion of ureteric stent 36604-00 [1042]
- - with
- - balloon dilation (kidney) (kidney and ureter) (ureter) 36607-00 [1042]
- - - removal of calculus (kidney) (kidney and ureter) (ureter) 36605-00 [1042]

Removal — see also Excision

- lesion — see Excision/lesion(s)/skin and subcutaneous tissue AND Destruction/lesion/skin

Renipuncture 36624-010 [104256]

AUSTRALIAN CODING STANDARDS

1417 PERCUTANEOUS RESECTION OF KIDNEY PELVIS TUMOUR VIA NEPHROSTOMY

Two codes are needed in this instance to identify both aspects of this procedure (ie the procedure itself (destruction of kidney lesion) and the approach taken (via nephrostomy)). Assign 36522-01 [1048] Partial nephrectomy and 36624-00 [1056] Percutaneous nephrostomy.

Drainage/exploration/biopsy of scrotum

BACKGROUND:

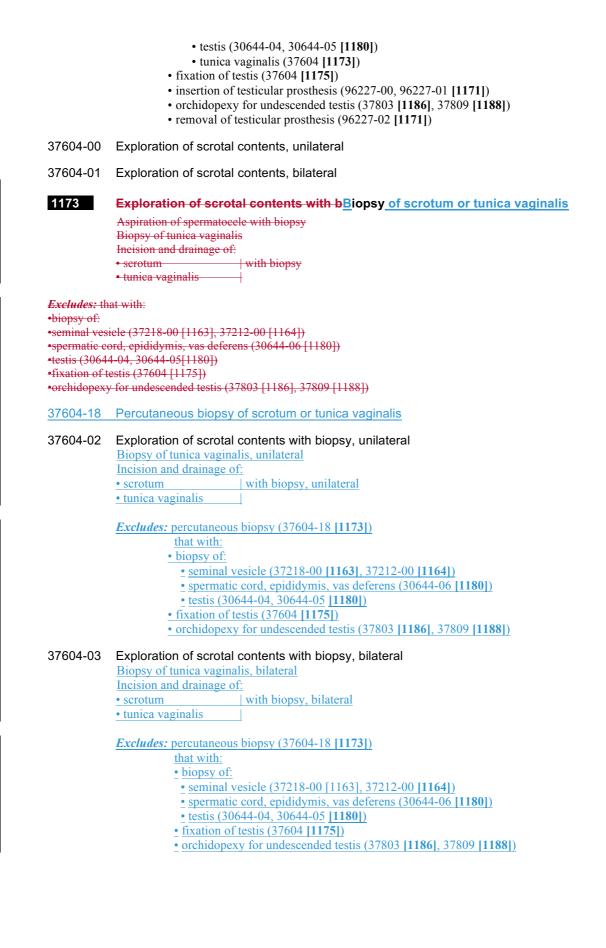
Following receipt of a public submission:

- 37604-17 **[1171]** *Percutaneous aspiration or drainage of scrotum or tunica vaginalis* was created, and may be assigned when performed for any indication (eg hydrocele)
- 30628-00 [1171] *Percutaneous aspiration of hydrocele* was deleted and the concept transferred to 37604-17 [1171]
- the title of block **[1173]** was amended to *Biopsy of scrotum or tunica vaginalis,* to include 37604-18 **[1173]** *Percutaneous biopsy of scrotum or tunica vaginalis*
- amendments were made to 37604-02 **[1173]** *Exploration of scrotal contents with biopsy, unilateral* and 37604-03 **[1173]** *Exploration of scrotal contents with biopsy, bilateral*

TABULAR LIST

List of ACHI Block Numbers

Block No 1173	 Block Name Exploration of serotal contents with bBiopsy of scrotum or tunica vaginalis
1171	Application, insertion or removal procedures on scrotum or tunica vaginalis
30628-00 -	Percutaneous aspiration of hydrocele Percutaneous aspiration of tunica vaginalis Tapping of hydrocele
<u>37604-17</u>	Percutaneous aspiration or drainage of scrotum or tunica vaginalis Percutaneous aspiration of: • hydrocele • spermatocele Tapping of hydrocele
	<i>Excludes:</i> for biopsy (37604-18 [1173])
1172	Exploration of scrotum Aspiration of spermatocele Incision and drainage of: • scrotum • tunica vaginalis
	 Excludes: percutaneous aspiration or drainage (37604-17 [1171]) that with: biopsy of: scrotum (37604 [1173]) seminal vesicle (37218-00 [1163], 37212-00 [1164]) spermatic cord, epididymis, vas deferens (30644-06 [1180])



ALPHABETIC INDEX

```
Aspiration
- abscess - see also Aspiration/by site
- cyst - see also Aspiration/by site
- - Bartholin's gland 35513-00 [1293]
- haematoma - see also Aspiration/by site
- hydrocele , tunica vaginalis (percutaneous)
 <u>30628-0037604-17</u> [1171]
- - for biopsy 37604-18 [1173]
- scrotum (percutaneous) 37604-17 [1171]
- - for biopsy 37604-18 [1173]
- spermatocele (percutaneous) (unilateral) 37604-
 00 <u>37604-17</u> [117<u>1</u>2]
-- with for biopsy 37604-02 37604-18 [1173]
--- bilateral 37604-01 [1172]
--- with biopsy 37604-03 [1173]
- tunica vaginalis (percutaneous) 30628-00
 37604-17 [1171]
- - for biopsy 37604-18 [1173]
Biopsy (brush) (brushing(s)) (washing(s))
- scrotum (unilateral)(percutaneous) (with
 exploration) 37604-1802 [1173]
- - open (unilateral) (with exploration) 37604-02
   [1173]
- - - bilateral 37604-03 [1173]
- tunica vaginalis (unilateral) (percutaneous)
 37604-<u>18<mark>02</u> [1173]</u></mark>
- - open (unilateral) (with exploration) 37604-02
  [1173]
```

- - - bilateral 37604-03 [1173]

Drainage

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- abscess - see also Drainage/by site
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- cyst - see also Drainage/by site
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- haematoma <u>— see also Drainage/by site</u>
```

```
- scrotum (unilateral) 37604-00 [1172]

(percutaneous) 37604-17 [1171]

- open (unilateral) 37604-00 [1172]

- bilateral 37604-01 [1172]

- with biopsy 37604-02 [1173]

- bilateral 37604-01 [1172]

-- with biopsy 37604-03 [1173]

...

- tunica vaginalis (unilateral) 37604-00

[1172](percutaneous) 37604-17 [1171]

- open (unilateral) 37604-00 [1172]

- bilateral 37604-01 [1172]

- with biopsy 37604-02 [1173]

- bilateral 37604-01 [1172]

- with biopsy 37604-03 [1173]
```

Exploration — see also Examination AND Incision/by site

```
- scrotal contents (unilateral) 37604-00 [1172]
```

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- - with
```

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- - - biopsy <u>37604-02 [1173]</u> see
<u>Biopsy/scrotum</u>
```

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- - - fixation of testis(descended) 37604-04 [1175]

— see Fixation/testis
```

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- - bilateral 37604-01 [1172]
```

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<del>- - - with</del>
```

```
----- biopsy 37604-03 [1173]
----- fixation of testes (descended) 37604-05
[1175]
```

Tap — see also Puncture

- hydrocele, tunica vaginalis <u>30628-00</u><u>37604-17</u> [1171]

Orchidopexy

BACKGROUND:

ACHI block and codes for 'orchidopexy for undescended testis' were deleted. Codes were created for Tenth Edition that may be assigned when orchidopexy (fixation of testis) is performed, regardless of the indication.

TABULAR LIST

List of ACHI Block Numbers

1186 Orchidopexy for undescended testis

1172

Exploration of scrotum

Aspiration of spermatocele Incision and drainage of:

- scrotum
- tunica vaginalis

Excludes: that with:

- biopsy of:
 - scrotum (37604 [1173])
 - seminal vesicle (37218-00 [1163], 37212-00 [1164])
 - spermatic cord, epididymis, vas deferens (30644-06 [1180])
 - testis (30644-04, 30644-05 [1180])
 - tunica vaginalis (37604 [1173])
 - fixation of testis (orchidopexy) (37604 [1175], 37604 [1188])
 - insertion of testicular prosthesis (96227-00, 96227-01 [1171])
 - orchidopexy for undescended testis (37803 [1186], 37809 [1188])
 - removal of testicular prosthesis (96227-02 [1171])
- 37604-00 Exploration of scrotal contents, unilateral
- 37604-01 Exploration of scrotal contents, bilateral

1173 Exploration of scrotal contents with biopsy

Aspiration of spermatocele with biopsy Biopsy of tunica vaginalis Incision and drainage of: • scrotum | with biopsy • tunica vaginalis |

Excludes: that with:

- biopsy of:
 - seminal vesicle (37218-00 [1163], 37212-00 [1164])
 - spermatic cord, epididymis, vas deferens (30644-06 [1180])
 - testis (30644-04, 30644-05 [1180])
 - fixation of testis (orchidopexy) (37604 [1175], 37604 [1188])
 - orchidopexy for undescended testis (37803 [1186], 37809 [1188])

37604-02 Exploration of scrotal contents with biopsy, unilateral

37604-03 Exploration of scrotal contents with biopsy, bilateral

1175	Repair procedures on scrotum or tunica vaginalis
37604-04	Exploration of scrotal contents with fixation of testis, unilateral
	Detorsion of testis with fixation, unilateral
	Excludes: orchidopexy for undescended testis (37803-00 [1186])
	refixation of testis (37604-07 [1188])
37604-09	revision orchidopexy (37809-00 [1188]) Laparoscopic fixation of testis, unilateral
0100+00	Laparoscopic:
	• detorsion of testis with fixation } unilateral
	• orchidopexy }
	Includes: exploration of scrotal contents
	that for undescended testis
	Evel, day, provision (27604-12 [1199])
	<i>Excludes:</i> revision (37604-13 [1188])
37604-10	Fixation of testis, unilateral
	Detorsion of testis with fixation } unilateral
	Orchidopexy }
	Includes: exploration of scrotal contents
	that for undescended testis
	<i>Excludes:</i> revision (37604-14 [1188])
27604 05	Evaluration of corretal contents with fixation of testic, bilatoral
57004-05	Exploration of scrotal contents with fixation of testis, bilateral Detorsion of testis with fixation, bilateral
	Excludes: orchidopexy for undescended testis (37803-01 [1186])
	refixation of testis (37604-08 [1188])
	revision orchidopexy (37809-01 [1188])
37604-11	Laparoscopic fixation of testis, bilateral
	Laparoscopic:
	<u>• detorsion of testis with fixation } bilateral</u> • orchidopexy }
	Includes: exploration of scrotal contents
	that for undescended testis
	<i>Excludes:</i> revision (37604-15 [1188])
37604-12	Fixation of testis, bilateral Detorsion of testis with fixation } bilateral
	Orchidopexy }
	Includes: exploration of scrotal contents
	that for undescended testis
	<i>Excludes:</i> revision (37604-16 [1188])
1178	Incision procedures on testis, vas deferens, epididymis or spermatic cord
	······································
30644-00	Epididymotomy
50044-00	Epididymotomy
	<i>Excludes:</i> that with <u>fixation of testis</u> (orchidopexy) (37803 [1186], 3780937604 [1175],
	<u>37604</u> [1188])

37812-00	Exploration	of groin for	or impalpable te	estis

Excludes: that with <u>fixation of testis (orchidopexy)</u> (37803-37604 [117586], 37604 [1188])

	Mobilisation and replacement of testis in scrotum
	Stephen-Fowler procedure
	Torek (-Bevan) Transplantation to and fixation of (ectopic) (undescended) testis in scrotum
	Includes: exploration of serotal contents
	<i>Excludes:</i> fixation of descended testis (37604 [1175])
	refixation of testis (37604 [1175]) revision orchidopexy for undescended testis (37809 [1188])
37803-00	Orchidopexy for undescended testis, unilateral
37803-01	Orchidopexy for undescended testis, bilateral
1187	Other repair procedures on testis, vas deferens, epididymis or spermatic core
90399-00	Reduction of torsion of testis or spermatic cord
	<i>Excludes:</i> that with: fixation of testis (orchidopexy) (37604 [1175], 37604 [1188])
	 fixation of descended testis (37604 [1175]) orchidopexy for undescended testis (37803 [1186], 37809 [1188])
30644-11	Other repair of spermatic cord and epididymis Suture of laceration of spermatic cord and epididymis
	<i>Excludes:</i> repair of epididymis and vas deferens NOS (30644-10 [1187]) that with <u>fixation of testis (orchidopexy)</u> (37604 [1175], 37604 [1188])
1188	Revision procedures on testis, vas deferens, epididymis or spermatic cord
	Includes: exploration of scrotal contents
	that for:
	• tortion • undescended testis
07004 07	
37604-07	Refixation of testis, unilateral Refixation of testis for torsion, unilateral
	Includes: exploration of scrotal contents
	Excludes: for undescended testis (37809 [1188])
37604-13	Laparoscopic refixation of testis, unilateral
	Laparoscopic revision orchidopexy, unilateral
37604-14	Refixation of testis, unilateral
	Revision orchidopexy, unilateral
37604-08	Refixation of testis, bilateral
T T T.	Refixation of testis for torsion, bilateral
Includes:	exploration of serotal contents
	Excludes: for undescended testis (37809 [1188])
	Laparoscopic refixation of testis, bilateral
<u>37604-15</u>	Laparoscopic revision orchidopexy, bilateral

37604-16 Refixation of testis, bilateral Revision orchidopexy, bilateral

37809-00 Revision orchidopexy for undescended testis, unilateral

37809-01 Revision orchidopexy for undescended testis, bilateral

ALPHABETIC INDEX

Detorsion

- spermatic cord see Detorsion/testis
- testis 90399-00 [1187]
- - with
- - fixation (descended) (unilateral) 37604-04 [1175] — see Fixation/testis
- bilateral 37604-05 [1175]
- - orchidopexy see OrchidopexyFixation/testis

Epididymotomy 30644-00 [1178]

- with orchidopexy see
- OrchidopexyFixation/testis

Exploration — see also Examination AND Incision/by site

- groin region (abdominal wall) (inguinal) 90952-00 [987]
- - for impalpable testis 37812-00 [1178]
- - with orchidopexy see OrchidopexyFixation/testis
- inguinal canal (groin) 90952-00 [987]
- - for impalpable testis 37812-00 [1178]
- - with orchidopexy see
 - OrchidopexyFixation/testis
- scrotal contents (unilateral) 37604-00 [1172]
- - with
- - biopsy 37604-02 [1173] see Biopsy/scrotum
- - fixation of testis (descended) 37604-04 [1175] — see Fixation/testis
- - bilateral 37604-01 [1172]
- with
- - biopsy 37604-03 [1173]
- fixation of testes (descended) 37604-05 [1175]

Fixation

- scrotal contents (descended) (unilateral) (with exploration) 37604-04 [1175] — see Fixation/testis
- -- for undescended testis -- see Orchidopexy --- bilateral 37604-05 [1175]
- testis (descended) (open) (unilateral) (with exploration) 37604-0437604-10 [1175]
- for undescended testis <u>see Orchidopexy</u>
 bilateral <u>37604-05_37604-12</u> [1175]
- - laparoscopic 37604-11 [1175]
- - laparoscopic 37604-09 [1175]
- - revision see Refixation/testis

Incision

- epididymis 30644-00 [1178]
- - with orchidopexy see
 - OrchidopexyFixation/testis

Mobilisation

- testis, undescended (abdominal cavity) (inguinal canal) (with replacement of testis in scrotum) - testis — see Fixation/testis
- -- bilateral 37803-01 [1186]
- -- unilateral 37803-00 [1186]

Orchidopexy (abdominal cavity) (inguinal canal) see also Fixation/testis - bilateral (with exploration) 37604-05 [1175] -- for undescended testes 37803-01 [1186] ---- revision 37809-01 [1188] -- revision 37604-08 [1188] - unilateral (with exploration) 37604-04 [1175] --- for undescended testis 37803-00 [1186] --- revision 37809-00 [1188] -- revision 37604-07 [1188] - revision — see Refixation/testis

Orchiopexy — see also Fixation/testis - revision — see Refixation/testis

Procedure

- for
- ...
- - undescended testis see OrchidopexyFixation/testis
- Stephen-Fowler see OrchidopexyFixation/testis
- Torek-Bevan see OrchidopexyFixation/testis

Reduction

- torsion
- - spermatic cord see Reduction/torsion/testis
- - testis 90399-00 [1187]
- - with fixation see Fixation/testis
- ---- (descended) (unilateral) NEC 37604-04 [1175
- bilateral 37604-05 [1175]

Refixation (of) (revision of fixation procedure)

- testis (open) (unilateral) 37604-14 [1188] - - bilateral 37604-08 <u>37604-16</u> [1188]
- --- laparoscopic 37604-15 [1188]
- --- for undescended testis 37809-01 [1188]
- - laparoscopic 37604-13 [1188]
- --- unilateral 37604-07 [1188]
- ---- for undescended testis 37809-00 [1188]

Revision (partial) (total)

- fixation device (broken) (displaced) (see also Fixation/bone/external OR
- Fixation/bone/internal) 47921-00 [1554] - - device (broken) (displaced) (see also
- Fixation/bone/external OR
- Fixation/bone/internal) 47921-00 [1554]
- - testis see Refixation/testis

- orchidopexy <u>see Refixation/testis</u>
 bilateral 37604-08 [1188]
 for undescended testis 37809-01 [1188]
- --- unilateral 37604-07 [1188]
- ---- for undescended testis 37809-00 [1188]

Torek-Bevan procedure — see

OrchidopexyFixation/testis

Transplant, transplantation

- testis to scrotum see
 - OrchidopexyFixation/testis

Trachelectomy and other excision procedures on cervix

BACKGROUND:

Following receipt of a public submission regarding trachelectomy (cervicectomy), ACHI Tabular List was amended to:

- consolidate and extend the codes in block [1276] Excision procedures on cervix to classify 'total' and 'radical' 'excision of the cervix', with options for various approaches
- create a code for 'partial excision of the cervix' to classify 'cervical polypectomy' and 'excision of cervical lesion' (performed using colposcopy for visualisation).

TABULAR LIST

1276	Excision procedures on cervix
35608-02	Biopsy of cervix Endocervical curettage Punch biopsy of cervix
35618-00	Cone biopsy of cervix
	<i>Excludes:</i> that by laser (35618-01 [1276])
35618-01	Cone biopsy of cervix by laser
35611-00	Cervical polypectomy
<u>35611-01</u>	Partial excision of cervix Cervical polypectomy
	Includes: endoscopy
35618-04	Amputation of cervix
35612-00	Removal of stump of cervix, abdominal approach
35613-00	Removal of stump of cervix, vaginal approach
<u>96235-00</u>	Total excision of cervix, laparoscopic
	<u>Code also when performed:</u> • pelvic lymphadenectomy (35551 [810])
<u>96235-01</u>	Total excision of cervix, laparoscopically assisted vaginal approach
	Includes: endoscopy
	<u>Code also when performed:</u> • pelvic lymphadenectomy (35551 [810])
<u>96235-02</u>	Total excision of cervix, vaginal approach
	Includes: endoscopy
	<u>Code also when performed:</u> • pelvic lymphadenectomy (35551 [810])

96235-03 Total excision of cervix, abdominal approach Code also when performed: • pelvic lymphadenectomy (35551 [810]) 96235-04 Radical excision of cervix, laparoscopic Includes: excision of: • paracolpos • parametria • upper 1-2 centimetres of vagina Code also when performed: • pelvic lymphadenectomy (35551 [810]) 96235-05 Radical excision of cervix, laparoscopically assisted vaginal approach Includes: endoscopy excision of: • paracolpos • parametria • upper 1-2 centimetres of vagina Code also when performed: • pelvic lymphadenectomy (35551 [810]) Radical excision of cervix, vaginal approach 96235-06 Includes: endoscopy excision of: • paracolpos • parametria • upper 1–2 centimetres of vagina Code also when performed: • pelvic lymphadenectomy (35551 [810]) 96235-07 Radical excision of cervix, abdominal approach Includes: excision of: paracolpos • parametria • upper 1-2 centimetres of vagina Code also when performed: • pelvic lymphadenectomy (35551 [810]) 1283 Repair of prolapse of uterus, pelvic floor or enterocele Includes: that with prosthesis 35570-00 Repair of anterior vaginal compartment, vaginal approach Repair of: • cystocele • urethrocele 35571-00 Repair of posterior vaginal compartment, vaginal approach Repair of: • enterocele • perineum

rectocele

- 35573-00 Repair of anterior and posterior vaginal compartment, vaginal approach Repair of cystocele and rectocele
- 35577-00 Repair of pelvic floor prolapse Donald-Fothergill | procedure Le Fort | Manchester

Includes: excision of cervix

ALPHABETIC INDEX

Amputation

- cervix see Excision/cervix/total35618-04
- [1276]
- clitoris (total) 35530-01 [1293]

Cephalometry 57902-00 [1967]

<u>Cervicectomy — see Excision/cervix</u> Change (of) — see also Replacement

Excision — see also Removal

- cervix, cervical (partial) 35611-01 [1276] - - by LLETZ 35647-00 [1275] - - with repair of pelvic floor prolapse (Manchester procedure) 35577-00 [1283] - - polyp 35611-010 [1276] - - radical - - - abdominal approach (open) 96235-07 [1276] - - - laparoscopic 96235-04 [1276] - - - laparoscopically assisted vaginal approach 96235-05 [1276] - - - vaginal approach 96235-06 [1276] - - stump — see Excision/cervix/total ---- abdominal approach 35612-00 [1276] ---- vaginal approach 35613-00 [1276] - - total - - - with partial excision of vagina and surrounding tissue — see Excision/cervix/radical - - - abdominal approach (open) 96235-03 [1276] - - - laparoscopic 96235-00 [1276] - - - laparoscopically assisted vaginal approach 96235-01 [1276] -- vaginal approach 96235-02 [1276] - chalazion (eyelid) 42575-00 [233] - lesion(s) - see also Excision/tumour AND
 - Excision(s) see also Excision/tumour ANL Excision/cyst AND Excision/polyp
 - - cervix 35608-01 [1275] 35611-01 [1276]

- - by
 - LEEP (loop electrosurgery excision procedure) 35647-00 [1275]
- - LLETZ (large loop excision of transformation zone) 35647-00 [1275]
 --- polyp 35611-00 [1276]
- - ciliary body (involving iris) 42767-00 [189]

- polyp

- - cervix 35611-010 [1276]

Polypectomy

- cervix 35611-010 [1276]
- colon
- - via
- - colonoscopy (beyond hepatic flexure) (fibreoptic) (flexible) (long) (to caecum) 32093-00 [911]

Removal — see also Excision

- cervical ligature (cerclage material) (suture) 16512-00 [1274]
- -- ligature (cerclage material) (suture) 16512-00
 [1274]
- - stump
- ---- abdominal approach 35612-00 [1276]
- ---- vaginal approach 35613-00 [1276]
- cholesteatoma see Clearance/cholesteatoma

Trabeculotomy 42746-04 [191]

Trachelectomy — see Excision/cervix

Tracheopexy 43909-00 [693]

Uterosacral plication

BACKGROUND:

ACHI Alphabetic was amended to clarify that:

- *uterosacral plication* is classified to 35684-00 **[1271]** Other laparoscopic uterine suspension or 35684-01 **[1271]** Uterine suspension
- uterosacral plication is inherent in prolapse/vaginal repair codes

ALPHABETIC INDEX

Plication

- uterosacral (laparoscopic) (ligament) 35684-00 [1271]

- - for repair of prolapse

- - - pelvic floor 35577-00 [1283]

--- vagina — see Repair/prolapse, prolapsed/pelvic floor/vaginal vault

- - with repair of anterior and posterior vaginal compartment, vaginal approach 35573-00 [1283]

- - via laparotomy 35684-01 [1271]

Repair

. . .

1

- pelvic floor see also Repair/obstetric laceration, current/perineum
- - prolapse
- - uterus 35577-00 [1283]
- - vaginal vault (with plication or fixation of ligaments)
- - - abdominal 35595-01 [1285]
- - - with enterocele repair 35595-01 [1285]
- - - laparoscopic 35595-00 [1285]
- - - with enterocele repair 35595-00 [1285]

- prolapse, prolapsed

...

...

- - pelvic floor

- - uterus 35577-00 **[1283]**
- - vaginal vault (with plication or fixation of ligaments)
- - - abdominal 35595-01 [1285] - - - - with enterocele repair 35595-01 [1285]
- - - laparoscopic 35595-00 **[1285]**
- - - with enterocele repair 35595-00 [1285]

Suspension

- uterosacral (ligament) — see Plication/uterosacral

Obstetrics

BACKGROUND:

Following receipt of public submissions and publication of Coding Rules, major amendments were made to:

- ICD-10-AM Chapter 15 Pregnancy, childbirth and the puerperium
- ACHI Chapter 14 Obstetric procedures
- ACS Chapter 15 Pregnancy, childbirth and the puerperium

ICD-10-AM

- O26.82 Carpal tunnel syndrome in pregnancy and O26.83 Neuralgia in pregnancy were inactivated and the concepts reclassify to O99.3 Mental disorders and diseases of the nervous system in pregnancy, childbirth and the puerperium, to centralise the classification of nervous system complications in pregnancy. Assign codes from Chapter 6 Diseases of the nervous system for specific nervous system conditions (eg carpal tunnel syndrome, peripheral neuritis) with O99.3 to provide specificity.
- Categories O29 Complications of anaesthesia during pregnancy, O74 Complications of anaesthesia during labour and delivery and O89 Complications of anaesthesia during the puerperium, and O75.4 Other complications of obstetric surgery and procedures were deleted, as they classified complications of procedures not complications of pregnancy, childbirth and the puerperium. Assign codes for these concepts as per the updated guidelines in ACS 1904 Procedural complications (see also Procedural complications).
- O32.5 Maternal care for multiple gestation with malpresentation of one fetus or more was deleted; assign one or more codes from O32 Maternal care for known or suspected malpresentation of fetus, as appropriate. Multiple gestation is identified by the assignment of O30 Multiple gestation.
- A number of *Excludes* notes were deleted (for consistency with the changes to the conventions <u>see also Type 1 and type 2 exclusions</u>) and *Code also Instructional* notes were added to encourage clinical coders to assign a code from another chapter to provide specificity to a (nonspecific) Chapter 15 code.
- A code for diabetes mellitus (E09-E14) is always assigned with O24.0-O24.3 and O24.5 as per the *Code also Instructional* notes at O24 *Diabetes mellitus in pregnancy.*
- *Excludes* notes were added to the beginning of Chapter 15 to clarify that codes from that chapter are not assigned for Z33 *Pregnant state, incidental,* Z34 *Supervision of normal pregnancy* or S00-T98 *Injury, poisoning and certain other consequences of external cause.*
- A number of code titles were amended to replace the terms 'complicating pregnancy' with 'in pregnancy'.

ACHI

• Amendments were made to the codes for *Delivery* procedures (blocks [1336] to [1340]).

ACS

New standards:

ACS 1500 Diagnosis sequencing in delivery episodes of care

This standard provides guidelines regarding the assignment of O80-O84 *Delivery* (as principal or additional diagnosis), and other codes relevant to delivery (and antenatal) episodes of care.

 ACS 1505 Delivery and assisted delivery codes ACS 1505 was created to include guidelines regarding the assignment of spontaneous vertex delivery and other assisted delivery to create national consistency, and consistency with international practice. Prior to ACHI Seventh Edition, the assignment of 90467-00 **[1336]** *Spontaneous vertex delivery* was considered unnecessary as it duplicated the diagnosis code O80 Single *spontaneous delivery*, and assignment was optional as directed by jurisdictional guidelines.

In Seventh Edition, the concept within O80 was broadened to include single spontaneous breech delivery. Consequently, assigning 90467-00 **[1336]** was no longer considered duplication of O80.

The table within ACS 1505 lists ICD-10-AM *Delivery* codes (O80-O84) to assign with ACHI *Delivery* codes (blocks **[1336]** to **[1340]**); code assignment is no longer optional.

Amended standards:

- ACS 1511 Termination of pregnancy Amendments to this standard were made to incorporate some of the content of deleted standards (eg ACS 1510 Pregnancy with abortive outcome, ACS 1513 Induction and augmentation). Definitions and a subsection for Procedures for termination of pregnancy were added.
- ACS 1521 Conditions and injuries in pregnancy Amendments to this standard were made to provide guidelines for when a nonobstetric condition is classified as a pregnancy complication; a nonobstetric condition is not a pregnancy complication (incidental pregnant state); and classification of nonobstetric injuries/poisoning in pregnancy (supervision of normal pregnancy).
- ACS 1548 Puerperal/postpartum condition or complication Amendments to this standard were made to provide guidelines regarding the assignment of nonobstetric conditions in the puerperal period; Z39.0- Postpartum care and examination immediately after delivery; and conditions relating to lactation.

Deleted standards:

• A number of standards were deleted and the content transferred to ICD-10-AM, ACHI or other ACS, as appropriate.

TABULAR LIST

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CONVENTIONS USED IN THE TABULAR LIST OF DISEASES

Diagnosis:	Exhaustic	n during pregnancy
F here is an c	excludes note	e at R53 <i>Malaise and fatigue</i> which excludes pregnancy (O26.88).
		- Malaise and fatigue
		Asthenia NOS
		- Debility:
		- chronic
		- nervous
		• NOS
		General physical deterioration
		- Lethargy
		Excludes: debility:
		• congenital (P96.9)
		• senile (R54)
		exhaustion and fatigue (due to)(in):
		• combat (F43.0)
		• excessive exertion (T73.3)
		• exposure (T73.2)
		• heat (T67.)
		• neurasthenia (F48.0)
		• pregnancy (O26.88)
		• senile asthenia (R54)
		fatigue syndrome:
		• NOS (F48.0)
		• postviral (G93.3)
		egnancy' contains multiple diagnostic concepts (ie 'exhaustion' and
), regnancy')	, this require	s multiple codes.
		dical statement into code you need to assign both O26.88 Other specified
regnancy-r	elated condi	tions and R53 Malaise and fatigue.
Codes:	026.88	
		- Malaise and fatigue

LIST OF THREE-CHARACTER CATEGORIES

•••

PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (O00-O99)

•••

Other maternal disorders predominantly related to pregnancy (O20–O289)

- O20 Haemorrhage in early pregnancy
- O21 Excessive vomiting in pregnancy
- O22 Venous complications and haemorrhoids in pregnancy
- O23 Infections of genitourinary tract in pregnancy
- O24 Diabetes mellitus in pregnancy
- O25 Malnutrition in pregnancy
- O26 Maternal care for other conditions predominantly related to pregnancy
- O28 Abnormal findings on antenatal screening of mother
- O29 Complications of anaesthesia during pregnancy
- • •

Complications of labour and delivery (O60-O75)

- O60 Preterm labour and delivery
- O61 Failed induction of labour
- O62 Abnormalities of forces of labour
- O63 Long labour
- 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
- O67 Labour and delivery complicated by intrapartum haemorrhage, not elsewhere classified
- O68 Labour and delivery complicated by fetal stress [distress]
- O69 Labour and delivery complicated by umbilical cord complications
- O70 Perineal laceration during delivery
- O71 Other obstetric trauma
- O72 Postpartum haemorrhage
- O73 Retained placenta and membranes, without haemorrhage
- 074 Complications of anaesthesia during labour and delivery
- O75 Other complications of labour and delivery, not elsewhere classified

•••

Complications predominantly related to the puerperium (O85–O92)

- O85 Puerperal sepsis
- O86 Other puerperal infections
- O87 Venous complications and haemorrhoids in the puerperium
- O88 Obstetric embolism
- O89 Complications of anaesthesia during the puerperium
- O90 Complications of the puerperium, not elsewhere classified
- O91 Infections of breast associated with childbirth
- O92 Other disorders of breast and lactation associated with childbirth

CHAPTER 1 CERTAIN INFECTIOUS AND PARASITIC DISEASES (A00–B99)

V 0110

This chapter contains the following blocks:

- A00–A09 Intestinal infectious diseases
- A15–A19 Tuberculosis
- A20–A28 Certain zoonotic bacterial diseases
- A30–A49 Other bacterial diseases
- A50–A64 Infections with a predominantly sexual mode of transmission
- A65–A69 Other spirochaetal diseases
- A70–A74 Other diseases caused by chlamydiae
- A75–A79 Rickettsioses
- A80–A89 Viral infections of the central nervous system
- A92–A99 Arthropod-borne viral fevers and viral haemorrhagic fevers
- B00–B09 Viral infections characterised by skin and mucous membrane lesions
- B15–B19 Viral hepatitis
- B20–B24 Human immunodeficiency virus [HIV] disease
- B25–B34 Other viral diseases
- B35–B49 Mycoses
- B50–B64 Protozoal diseases
- B65–B83 Helminthiases
- B85–B89 Pediculosis, acariasis and other infestations
- B90–B94 Sequelae of infectious and parasitic diseases
- B95–B97 Bacterial, viral and other infectious agents
- B99 Other infectious diseases

Includes: diseases generally recognised as communicable or transmissible

Use additional code (Z06) to identify resistance to antimicrobial drugs

Excludes: carrier or suspected carrier of infectious disease (Z22.-)

certain localised infections — see body system-related chapters infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium [except obstetrical tetanus] (O98.-)

infectious and parasitic diseases specific to the perinatal period [except tetanus neonatorum, congenital syphilis, perinatal gonococcal infection and perinatal human immunodeficiency virus [HIV] disease] (P35–P39)

influenza and other acute respiratory infections (J00-J22)

• • •

OTHER BACTERIAL DISEASES (A30–A49)

•••

A34

Obstetrical tetanus



Streptococcal sepsis

V 0110

Includes: streptococcal septicaemia

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

Excludes: during labour (075.3)

- following:
 - abortion or ectopic or molar pregnancy (O03–O07, O08.0)
 - immunisation (T88.0)
 - infusion, transfusion or therapeutic injection (T80.2)
 - neonatal (P36.0-P36.1)
 - puerperal (O85)

- A40.0 Sepsis due to streptococcus, group A
- A40.1 Sepsis due to streptococcus, group B
- A40.2 Sepsis due to streptococcus, group D
- A40.3 Sepsis due to Streptococcus pneumoniae Pneumococcal sepsis
- A40.8 Other streptococcal sepsis
- A40.9 Streptococcal sepsis, unspecified

A41 ∇ 0110

Other sepsis

Includes: septicaemia

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

Excludes: bacteraemia NOS (A49.9)

- during labour (O75.3) following:
- abortion or ectopic or molar pregnancy (O03–O07, O08.0)
- immunisation (T88.0)
- infusion, transfusion or therapeutic injection (T80.2)
- sepsis (due to)(in):
- actinomycotic (A42.7)
- anthrax (A22.7)
- candidal (B37.7)
- Erysipelothrix (A26.7)
- extraintestinal yersiniosis (A28.2)
- gonococcal (A54.8)
- herpesviral (B00.7)
- listerial (A32.7)
- meningococcal (A39.2–A39.4)
- neonatal (P36.-)
- puerperal (O85)
- streptococcal (A40.-)
- tularaemia (A21.7)
- septic:
- melioidosis (A24.1)
- plague (A20.7)
- toxic shock syndrome (A48.3)

A46

Erysipelas

Excludes: postpartum or puerperal erysipelas (O86.8)

HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE

(B20–B24)		
♥ 0102	<i>Includes:</i> acquired immune deficiency syndrome (AIDS) AIDS related complex (ARC) HIV infection, symptomatic	
	Use additional code(s) for categories B20–B24 to identify all manifestations of HIV infection.	
	<i>Excludes:</i> asymptomatic human immunodeficiency virus [HIV] infection status (Z21) <u>complicating pregnancy, childbirth and the puerperium (O98.7)</u> exposure to HIV (Z20.6) nonspecific serologic evidence of HIV (R75)	
B20	Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases	
	Excludes: acute HIV infection syndrome (B23.0)	
B21	Human immunodeficiency virus [HIV] disease resulting in malignant neoplasms	
B22	Human immunodeficiency virus [HIV] disease resulting in other specified diseases	
	HIV disease resulting in:	
	encephalopathylymphoid interstitial pneumonitis	
	Slim disease wasting syndrome	
B23	Human immunodeficiency virus [HIV] disease resulting in other conditions	
B23.0	Acute HIV infection syndrome	
B23.8	HIV disease resulting in other specified conditions HIV disease resulting in generalised (persistent) lymphadenopathy	
B24	Unspecified human immunodeficiency virus [HIV] disease	
	Acquired immunodeficiency syndrome [AIDS] NOS AIDS related complex [ARC] NOS	

CHAPTER 3 DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM (D50–D89)

This chapter contains the following blocks:

- D50–D53 Nutritional anaemias
- D55–D59 Haemolytic anaemias
- D60–D64 Aplastic and other anaemias
- D65–D69 Coagulation defects, purpura and other haemorrhagic conditions
- D70–D77 Other diseases of blood and blood-forming organs
- D80–D89 Certain disorders involving the immune mechanism

Asterisk categories for this chapter are provided as follows:

- D63* Anaemia in chronic diseases classified elsewhere
- D77* Other disorders of blood and blood-forming organs in diseases classified elsewhere
- Excludes: autoimmune disease (systemic) NOS (M35.9)

certain conditions originating in the perinatal period (P00–P96)
complications of pregnancy, childbirth and the puerperium (O00–O99)
congenital malformations, deformations and chromosomal abnormalities (Q00–Q99)
endocrine, nutritional and metabolic diseases (E00–E89)
human immunodeficiency virus [HIV] disease (B20–B24)
injury, poisoning and certain other consequences of external causes (S00–T98)
neoplasms (C00–D48)
symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)

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COAGULATION DEFECTS, PURPURA AND OTHER HAEMORRHAGIC CONDITIONS (D65–D69)

D65

Disseminated intravascular coagulation [defibrination syndrome]

Afibrinogenaemia, acquired Consumption coagulopathy

Diffuse or disseminated intravascular coagulation [DIC]

- Fibrinolytic haemorrhage, acquired
- Purpura:
- fibrinolytic
- fulminans

Excludes: that (complicating):

- abortion or ectopic or molar pregnancy (O00–O07, O08.1)
- in newborn (P60)
- pregnancy, childbirth and the puerperium (O45.0, O46.0, O67.0, O72.3)

D68

Other coagulation defects

Excludes: those complicating: abortion or ectopic or molar pregnancy (O00-O07, O08.1)

- abortion or ectopic or molar pregnancy (O00 O07, O08.1)
- pregnancy, childbirth and the puerperium (O45.0, O46.0, O67.0, O72.3)

D68.0 Von Willebrand's disease

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CHAPTER 4 ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES (E00–E89)

This chapter contains the following blocks:

- E00–E07 Disorders of thyroid gland
- E09–E14 Intermediate hyperglycaemia and diabetes mellitus
- E15–E16 Other disorders of glucose regulation and pancreatic internal secretion
- E20–E35 Disorders of other endocrine glands
- E40–E46 Malnutrition
- E50–E64 Other nutritional deficiencies
- E65–E68 Obesity and other hyperalimentation
- E70–E89 Metabolic disorders

Asterisk categories for this chapter are provided as follows:

- E35* Disorders of endocrine glands in diseases classified elsewhere
- *Note:* All neoplasms, whether functionally active or not, are classified in Chapter 2. Appropriate codes in this chapter (ie E05.8, E07.0, E16–E31, E34.-) may be used, if desired, as additional codes to indicate either functional activity by neoplasms and ectopic endocrine tissue or hyperfunction and hypofunction of endocrine glands associated with neoplasms and other conditions classified elsewhere.

Excludes: complications of pregnancy, childbirth and the puerperium (O00-O99)

symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99) transitory endocrine and metabolic disorders specific to fetus and newborn (P70–P74)

•••

E10

Type 1 diabetes mellitus

Includes: diabetes (mellitus):

- autoimmune
- brittle
- idiopathic
- insulin dependent [IDDM]
- juvenile-onset
- ketosis-prone

Excludes: diabetes mellitus (due to)(in):

- neonatal (P70.2)
- NOS (E14.-)
- other specified (E13.-)
- pregnancy, childbirth and the puerperium (O24.-)
- Type 2 (E11.-)
- glycosuria:
- NOS (R81)
- renal (E74.8)
- intermediate hyperglycaemia (E09.-) postprocedural hypoinsulinaemia (E89.1)

E11

Type 2 diabetes mellitus

Includes: diabetes (mellitus)(nonobese)(obese):

- adult onset
- · due to insulin secretory defect
- insulin resistant
- maturity onset
- nonketotic

Use additional code (Z92.22) to identify current pre-admission or ongoing insulin treatment.

Excludes: diabetes mellitus (in): • glycosuria: • NOS (R81) • renal (E74.8)

- maturity onset (of the young) (MODY) (E13.-)
- neonatal (P70.2)
- NOS (E14.-)
- other specified (E13.-)
- pregnancy, childbirth and the puerperium (O24.-)
- Type 1 (E10.-)
- glycosuria:
- NOS (R81)
- renal (E74.8)
- intermediate hyperglycaemia (E09.-) postprocedural hypoinsulinaemia (E89.1)

... 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

Use additional code (Z92.22) to identify current pre-admission or ongoing insulin treatment.

Use additional code to identify any underlying condition or genetic syndrome.

Excludes: diabetes mellitus-(in):

- neonatal (P70.2)
- NOS (E14.-)
- pregnancy, childbirth and the puerperium (O24 .-)
- Type 1 (E10.-)
- Type 2 (E11.-)
- glycosuria:
- NOS (R81)
- renal (E74.8)
- intermediate hyperglycaemia (E09.-)

E14

. . .

Unspecified diabetes mellitus

Diabetes mellitus NOS

Use additional code (Z92.22) to identify current pre-admission or ongoing insulin treatment.

Excludes: diabetes mellitus-(in):

neonatal (P70.2)
noninsulin dependent (E11.-)
pregnancy, childbirth and the puerperium (O24.-)
Type 1 (E10.-)
Type 2 (E11.-) glycosuria:
NOS (R81)
renal (E74.8)
intermediate hyperglycaemia (E09.-)
postprocedural hypoinsulinaemia (E89.1)

E23 Hypofunction and other disorders of pituitary gland

Includes: the listed conditions whether the disorder is in the pituitary or the hypothalamus

Excludes: postprocedural hypopituitarism (E89.3)

E23.0 Hypopituitarism Fertile eunuch syndrome Hypogonadotropic hypogonadism Idiopathic growth hormone deficie

Idiopathic growth hormone deficiency Isolated deficiency of: • gonadotropin • growth hormone • pituitary hormone Kallmann's syndrome Lorain-Levi short stature Necrosis of pituitary gland (postpartum) Panhypopituitarism Pituitary: • cachexia • insufficiency NOS • short stature Sheehan's syndrome Simmonds' disease

<u>Use additional code (O99.2) to identify panhypopituitary (Sheehan's) syndrome in puerperal period, if applicable</u>

CHAPTER 5 MENTAL AND BEHAVIOURAL DISORDERS (F00–F99)

This chapter contains the following blocks:

- F00–F09 Organic, including symptomatic, mental disorders
- F10–F19 Mental and behavioural disorders due to psychoactive substance use
- F20–F29 Schizophrenia, schizotypal and delusional disorders
- F30–F39 Mood [affective] disorders
- F40–F48 Neurotic, stress-related and somatoform disorders
- F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors
- F60–F69 Disorders of adult personality and behaviour
- F70–F79 Mental retardation
- F80–F89 Disorders of psychological development
- F90–F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
- F99 Unspecified mental disorder

Asterisk categories for this chapter are provided as follows:

F00*Dementia in Alzheimer's disease (G30.-+)F02*Dementia in other diseases classified elsewhere

Includes: disorders of psychological development

Excludes: symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)

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F50 Eating disorders

Excludes: anorexia NOS (R63.0)

- feeding:
- difficulties and mismanagement (R63.3)
- disorder of infancy or childhood (F98.2)
- polyphagia (R63.2)

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F50.5 Vomiting associated with other psychological disturbances

Repeated vomiting that occurs in dissociative disorders (F44.-) and hypochondriacal disorder (F45.2), and that is not solely due to conditions classified outside this chapter. This subcategory may also be used in addition to O21. (excessive vomiting in pregnancy) when emotional factors are predominant in the causation of recurrent nausea and vomiting in pregnancy. Psychogenic vomiting

Code also excessive vomiting in pregnancy (021.-), where emotional factors are identified as the predominant cause of excessive vomiting in pregnancy.

Excludes: nausea (R11) vomiting NOS (R11)

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F53

Mental and behavioural disorders associated with the puerperium, not elsewhere classified

V 0505

This category includes only mental disorders associated with the puerperium (commencing within six weeks of deliverydefined as the period of 42 days following childbirth) that do not meet the criteria for disorders classified elsewhere in this chapter, either because insufficient information is available, or because it is considered that special additional clinical features are present that make their classification elsewhere inappropriate.

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CHAPTER 6 DISEASES OF THE NERVOUS SYSTEM (G00–G99)

This chapter contains the following blocks:

- G00–G09 Inflammatory diseases of the central nervous system
- G10–G14 Systemic atrophies primarily affecting the central nervous system
- G20–G26 Extrapyramidal and movement disorders
- G30–G32 Other degenerative diseases of the nervous system
- G35–G37 Demyelinating diseases of the central nervous system
- G40–G47 Episodic and paroxysmal disorders
- G50–G59 Nerve, nerve root and plexus disorders
- G60–G64 Polyneuropathies and other disorders of the peripheral nervous system
- G70–G73 Diseases of myoneural junction and muscle
- G80–G83 Cerebral palsy and other paralytic syndromes
- G90–G99 Other disorders of the nervous system

Asterisk categories for this chapter are provided as follows:

- G01* Meningitis in bacterial diseases classified elsewhere
- G02* Meningitis in other infectious and parasitic diseases classified elsewhere
- G05* Encephalitis, myelitis and encephalomyelitis in diseases classified elsewhere
- G07* Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere
- G13* Systemic atrophies primarily affecting central nervous system in diseases classified elsewhere
- G22* Parkinsonism in diseases classified elsewhere
- G26* Extrapyramidal and movement disorders in diseases classified elsewhere
- G32* Other degenerative disorders of nervous system in diseases classified elsewhere
- G46* Vascular syndromes of brain in cerebrovascular diseases (I60–I67+)
- G53* Cranial nerve disorders in diseases classified elsewhere
- G55* Nerve root and plexus compressions in diseases classified elsewhere
- G59* Mononeuropathy in diseases classified elsewhere
- G63* Polyneuropathy in diseases classified elsewhere
- G73* Disorders of myoneural junction and muscle in diseases classified elsewhere
- G94* Other disorders of brain in diseases classified elsewhere
- G99* Other disorders of nervous system in diseases classified elsewhere

Excludes: certain conditions originating in the perinatal period (P00-P96)

certain infectious and parasitic diseases (A00-B99)

complications of pregnancy, childbirth and the puerperium (O00-O99)

congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)

endocrine, nutritional and metabolic diseases (E00-E89)

injury, poisoning and certain other consequences of external causes (S00-T98)

neoplasms (C00–D48)

symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

G08

Intracranial and intraspinal phlebitis and thrombophlebitis

- Septic: • embolism
- } of intracranial or intraspinal venous sinuses and veins
- endophlebitis
- phlebitis
- thrombophlebitis
- thrombosis

Excludes: intracranial phlebitis and thrombophlebitis:

• complicating: abortion or ectopic or molar pregnancy (O00-O07, O08.7)

- abortion or ectopic or molar pregnancy (O00 O07, O08.7)
- pregnancy, childbirth and the puerperium (O22.5, O87.3)
- of nonpyogenic origin (I67.6)
- nonpyogenic intraspinal phlebitis and thrombophlebitis (G95.1)

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NERVE, NERVE ROOT AND PLEXUS DISORDERS (G50–G59)

Excludes: current traumatic nerve, nerve root and plexus disorders - see nerve injury by body

region neuralgia } NOS (M79.2-) neuritis } peripheral neuritis in pregnancy (O26.83) radiculitis NOS (M54.1-)

POLYNEUROPATHIES AND OTHER DISORDERS OF THE PERIPHERAL NERVOUS SYSTEM (G60–G64)

Excludes: neuralgia NOS (M79.2-) neuritis NOS (M79.2-) peripheral neuritis in pregnancy (O26.83) radiculitis NOS (M54.1-)

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G93.0

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G93 Other disorders of brain

Cerebral cysts Arachnoid cyst Porencephalic cyst, acquired

> *Excludes:* acquired periventricular } cysts of newborn (P91.1) acquired porencephalic } congenital cerebral cysts (Q04.6-)

G93.1 Anoxic brain damage, not elsewhere classified

Excludes: complicating:

• abortion or ectopic or molar pregnancy (O00-O07, O08.8)

- pregnancy, labour or delivery (O29.2, O74.3, O89.2)
- surgical and medical care (G97.8)
- neonatal anoxia (P21.9)

CHAPTER 7 DISEASES OF THE EYE AND ADNEXA (H00–H59)

Excludes: certain conditions originating in the perinatal period (P00–P96)

certain infectious and parasitic diseases (A00–B99) <u>complications of pregnancy, childbirth and the puerperium (O00–O99)</u> congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48)

symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

CHAPTER 8 DISEASES OF THE EAR AND MASTOID PROCESS (H60–H95)

Excludes: certain conditions originating in the perinatal period (P00–P96) certain infectious and parasitic diseases (A00–B99) complications of pregnancy, childbirth and the puerperium (O00–O99) congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)

CHAPTER 9 DISEASES OF THE CIRCULATORY SYSTEM (100–199)

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 Excludes: certain conditions originating in the perinatal period (P00–P96) certain infectious and parasitic diseases (A00–B99)
 complications of pregnancy, childbirth and the puerperium (O00–O99) congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00– R99) systemic connective tissue disorders (M30–M36) transient cerebral ischaemic attacks and related syndromes (G45.-)

HYPERTENSIVE DISEASES (I10–I15)

Excludes: complicating pregnancy, childbirth and the puerperium (O10 O11, O13 O16) involving coronary vessels (I20–I25) neonatal hypertension (P29.2) primary pulmonary hypertension (I27.0)

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PULMONARY HEART DISEASE AND DISEASES OF PULMONARY CIRCULATION (126–128)

126

Pulmonary embolism

Includes: pulmonary (artery)(vein):

- infarction
- thromboembolism
- thrombosis

Excludes: complicating: abortion or ectopic or molar pregnancy (O00-O07, O08.2)

• abortion or ectopic or molar pregnancy (O00 O07, O08.2)

• pregnancy, childbirth and the puerperium (O88.-)

142	Cardiomyopathy
	Excludes: cardiomyopathy complicating:
	 pregnancy (O99.4) puerperium (O90.3)
	ischaemic cardiomyopathy (I25.5)
146	Cardiac arrest
140	
	<i>Note:</i> Codes from this category should be assigned only if resuscitation intervention is undertaken, regardless of patient outcome.
	 Excludes: cardiogenic shock (R57.0) complicating: <u>abortion or ectopic or molar pregnancy (000–007, 008.8)</u> <u>abortion or ectopic or molar pregnancy (000–007, 008.8)</u> <u>obstetric surgery and procedures (075.4)</u>
147	Paroxysmal tachycardia
	 Excludes: complicating: abortion or ectopic or molar pregnancy (O00–O07, O08.8) abortion or ectopic or molar pregnancy (O00–O07, O08.8) obstetric surgery and procedures (O75.4) tachycardia: NOS (R00.0) sinoauricular NOS (R00.0) sinus [sinusal] NOS (R00.0)
149	Other cardiac arrhythmias
	 Excludes: bradycardia: NOS (R00.1) sinoatrial (R00.1) sinus (R00.1) vagal (R00.1) complicating: abortion or ectopic or molar pregnancy (O00–O07, O08.8) obstetric surgery and procedures (O75.4) neonatal cardiac dysrhythmia (P29.1)
150	Heart failure
	Use additional code (Z99.4) if mention of artificial heart dependence.
	 Excludes: complicating: abortion or ectopic or molar pregnancy (O00–O07, O08.8) abortion or ectopie or molar pregnancy (O00–O07, O08.8) obstetrie surgery and procedures (O75.4) due to hypertension: NOS (I11.0) with renal disease (I13) following cardiac surgery or due to presence of cardiac prosthesis (I97.1) neonatal cardiac failure (P29.0)

Arterial embolism and thrombosis

Includes: infarction:

- embolicthrombotic
- occlusion:
- embolic
- thrombotic

Excludes: embolism and thrombosis:

- basilar (I63.0–I63.2, I65.1)
- carotid (I63.0–I63.2, I65.2)
- cerebral (I63.3–I63.5, I66.9)
- complicating: abortion or ectopic or molar pregnancy (000–007, 008.2)
 abortion or ectopic or molar pregnancy (000–007, 008.2)
 pregnancy, childbirth and the puerperium (088.)
- coronary (I21–I25)
- mesenteric (K55.0)
- precerebral (I63.0–I63.2, I65.9)
- pulmonary (I26.-)
- renal (N28.0)
- retinal (H34.-)
- vertebral (I63.0–I63.2, I65.0)
- 174.0 Embolism and thrombosis of abdominal aorta Aortic bifurcation syndrome Leriche's syndrome
- 174.1 Embolism and thrombosis of other and unspecified parts of aorta
- 174.2 Embolism and thrombosis of arteries of upper extremities
- 174.3 Embolism and thrombosis of arteries of lower extremities
- 174.4 Embolism and thrombosis of arteries of extremities, unspecified Peripheral arterial embolism
- 174.5 Embolism and thrombosis of iliac artery
- 174.8 Embolism and thrombosis of other arteries
- 174.9 Embolism and thrombosis of unspecified artery

180 Phlebitis and thrombophlebitis

Includes: endophlebitis inflammation, vein periphlebitis suppurative phlebitis

Use additional external cause code (Chapter 20) to identify drug, if drug-induced.

Excludes: phlebitis and thrombophlebitis (of):

- complicating: abortion or ectopic or molar pregnancy (O00-O07, O08.7)
 - abortion or ectopic or molar pregnancy (O00-O07, O08.7)
 - pregnancy, childbirth and the puerperium (O22.-, O87.-)
- intracranial: and intraspinal, septic or NOS (G08)
- nonpyogenic (I67.6)
- NOS (G08)
- septic (G08)
- intracranial, nonpyogenic (I67.6)
- intraspinal:, nonpyogenic (G95.1)
- nonpyogenic (G95.1)
 NOS (G08)
- septic (G08)
- portal (vein) (K75.1)

postphlebitic syndrome (I87.0) thrombophlebitis migrans (I82.1)

- 180.0 Phlebitis and thrombophlebitis of superficial vessels of lower extremities
- 180.1 Phlebitis and thrombophlebitis of femoral vein
- 180.2Phlebitis and thrombophlebitis of other deep vessels of lower extremities
Deep vein thrombosis NOS

Use additional external cause code (X51) to identify DVT due to travel.

- 180.3Phlebitis and thrombophlebitis of lower extremities, unspecified
Embolism or thrombosis of lower extremity NOS
- 180.8 Phlebitis and thrombophlebitis of other sites
- 180.9 Phlebitis and thrombophlebitis of unspecified site

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182

Other venous embolism and thrombosis

Excludes: venous embolism and thrombosis (of):

- cerebral (I63.6, I67.6)
 - complicating: abortion or ectopic or molar pregnancy (O00–O07, O08.7)
 abortion or ectopic or molar pregnancy (O00–O07, O08.7)
 - pregnancy, childbirth and the puerperium (O22.-, O87.-)
 - coronary (I21–I25)
 - intracranial<u>and intraspinal, septic or NOS (G08)</u>
 nonpyogenic (167.6)
 NOS (G08)
 - septic (G08)
 - intracranial, nonpyogenic (I67.6)
 - intraspinal:, nonpyogenic (G95.1)
 - nonpyogenic (G95.1)
 - NOS (G08)
 - septic (G08)
 - lower extremities (I80.-)
 - mesenteric (K55.0)
 - portal (I81) pulmonary (I26.-)
- I82.0 Budd-Chiari syndrome
- 182.1 Thrombophlebitis migrans
- I82.2 Embolism and thrombosis of vena cava
- 182.3 Embolism and thrombosis of renal vein
- 182.8 Embolism and thrombosis of other specified veins
- 182.9 Embolism and thrombosis of unspecified vein Embolism of vein NOS Thrombosis (vein) NOS

183	Varicose veins of lower extremities
	Excludes: complicating: • pregnancy (O22.0) • puerperium (O87.8)
183.0	Varicose veins of lower extremities with ulcer Any condition in I83.9 with ulcer or specified as ulcerated Varicose ulcer (lower extremity, any part)
183.1	Varicose veins of lower extremities with inflammation Any condition in I83.9 with inflammation or specified as inflamed Stasis dermatitis NOS
183.2	Varicose veins of lower extremities with both ulcer and inflammation Any condition in I83.9 with both ulcer and inflammation
183.9	Varicose veins of lower extremities without ulcer or inflammationPhlebectasia} of lower extremity [any part] or of unspecified siteVaricose veins}Varix}
186	Varicose veins of other sites
186	Varicose veins of other sites <i>Excludes:</i> retinal varices (H35.0) varicose veins of unspecified site (I83.9)
186 186.0	<i>Excludes:</i> retinal varices (H35.0)
	<i>Excludes:</i> retinal varices (H35.0) varicose veins of unspecified site (I83.9)
186.0	<i>Excludes:</i> retinal varices (H35.0) varicose veins of unspecified site (I83.9) Sublingual varices Scrotal varices
186.0 186.1	Excludes: retinal varices (H35.0) varicose veins of unspecified site (I83.9) Sublingual varices Scrotal varices Varicocele
186.0 186.1 186.2	Excludes: retinal varices (H35.0) varicose veins of unspecified site (I83.9) Sublingual varices Scrotal varices Varicocele Pelvic varices
186.0 186.1 186.2	Excludes: retinal varices (H35.0) varicose veins of unspecified site (I83.9) Sublingual varices Scrotal varices Varicocele Pelvic varices Vulval varices Excludes: complicating: - childbirth and the puerperium (O87.8)
186.0 186.1 186.2 186.3	Excludes: retinal varices (H35.0) varicose veins of unspecified site (183.9) Sublingual varices Scrotal varices Varicocele Pelvic varices Vulval varices Excludes: complicating: • childbirth and the puerperium (O87.8) • pregnancy (O22.1)

CHAPTER 10 DISEASES OF THE RESPIRATORY SYSTEM (J00–J99)

Excludes: certain conditions originating in the perinatal period (P00–P96) certain infectious and parasitic diseases (A00–B99) <u>complications of pregnancy, childbirth and the puerperium (O00–O99)</u> congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)

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J12

Viral pneumonia, not elsewhere classified

Includes: bronchopneumonia due to viruses other than influenza viruses

Excludes: congenital rubella pneumonitis (P35.0)

- pneumonia:
- aspiration (due to):
 - anaesthesia during:
 - labour and delivery (O74.0)
 - pregnancy (O29.0)
 - puerperium (O89.0)
 - neonatal (P24.9)
 - NOS (J69.0)
 - solids and liquids (J69.-)
- in influenza (J09, J10.0, J11.0)
- interstitial NOS (J84.9)
- lipid (J69.1)
- viral, congenital (P23.0)

J18 Pneumonia, organism unspecified

∇ 1004

Excludes: abscess of lung with pneumonia (J85.1)

- drug-induced interstitial pneumonia (J70.2-J70.4)
 - pneumonia:
 - aspiration (due to):
 - anaesthesia during:
 labour and delivery (O74.0)
 - pregnancy (O29.0)
 - pregnancy (029.0)
 puerperium (089.0)
 - neonatal (P24.9)
 - NOS (J69.0)
 - solids and liquids (J69.-)
 - congenital (P23.9)
 - interstitial:
 - drug-induced (J70.2–J70.4)
 - NOS (J84.9)
 - lipid (J69.1)
 - usual interstitial (J84.1)
 - pneumonitis, due to external agents (J67-J70)

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J95	Postprocedural respiratory disorders, not elsewhere classified
∇ 1904	<i>Excludes:</i> emphysema (subcutaneous) resulting from a procedure (T81.8) pulmonary manifestations due to radiation (J70.0–J70.1)
J95.0	Tracheostomy malfunction Haemorrhage from tracheostomy stoma Obstruction of tracheostomy airway Tracheo-oesophageal fistula following tracheostomy Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
J95.1	Acute pulmonary insufficiency following thoracic surgery
000.1	Acute paintenary insumplency following therable surgery
J95.2	Acute pulmonary insufficiency following nonthoracic surgery
J95.3	Chronic pulmonary insufficiency following surgery
J95.4	Mendelson's syndrome Chemical pneumonitis due to inhalation or aspiration of gastric contents during anaesthesia
	Use additional code (W78) to identify aspiration of gastric contents.
	Use additional code (Y48) to identify anaesthesia causing adverse effect in therapeutic use.
	Excludes: complicating:

CHAPTER 11 DISEASES OF THE DIGESTIVE SYSTEM (K00–K93)

Excludes: certain conditions originating in the perinatal period (P00–P96) certain infectious and parasitic diseases (A00–B99) complications of pregnancy, childbirth and the puerperium (O00–O99) congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)

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K64

Haemorrhoids and perianal venous thrombosis

Includes: piles

Excludes: complicating:
 childbirth and the puerperium (O87.2)
• pregnancy (O22.4)

DISEASES OF PERITONEUM

(K65–K67)

K65

Peritonitis

Excludes: peritonitis:

- aseptic (T81.6)
 - benign paroxysmal (E85.0)
 - chemical (T81.6)
 - due to talc or other foreign substance (T81.6)
 - neonatal (P78.0–P78.1)
 - pelvic, female (N73.3–N73.5)
 - periodic familial (E85.0)
 - puerperal (O85)
 - with or following:
 - abortion or ectopic or molar pregnancy (O00–O07, O08.0)
 - appendicitis (K35.-)
 - diverticular disease of intestine (K57.-)

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K72

Hepatic failure, not elsewhere classified

Includes: hepatic:

- coma NOS
 - encephalopathy NOS
 - hepatitis:
 - fulminant } NEC, with hepatic failure
- malignant
- liver (cell) necrosis with hepatic failure
- yellow liver atrophy or dystrophy

}

Excludes: alcoholic hepatic failure (K70.4)

hepatic failure-complicating: <u>abortion or ectopic or molar pregnancy (000–007, 008.8)</u>
<u>abortion or ectopic or molar pregnancy (000–007, 008.8)</u>
<u>pregnancy, childbirth and the puerperium (026.6)</u>
icterus of fetus and newborn (P55–P59)

- viral hepatitis (B15–B19) with toxic liver disease (K71.1)

CHAPTER 12 DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE (L00–L99)

Excludes: certain conditions originating in the perinatal period (P00–P96) certain infectious and parasitic diseases (A00–B99) complications of pregnancy, childbirth and the puerperium (O00–O99) congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) lipomelanotic reticulosis (I89.8) neoplasms (C00–D48) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99) systemic connective tissue disorders (M30–M36)

CHAPTER 13 DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (M00–M99)

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Excludes: certain conditions originating in the perinatal period (P00–P96) certain disorders of the temporomandibular joint (K07.6) certain infectious and parasitic diseases (A00–B99) compartment syndrome, traumatic (T79.6) <u>complications of pregnancy, childbirth and the puerperium (O00–O99)</u> congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)

CHAPTER 14 DISEASES OF THE GENITOURINARY SYSTEM (N00–N99)

Excludes: certain conditions originating in the perinatal period (P00–P96)

certain infectious and parasitic diseases (A00-B99)

complications of pregnancy, childbirth and the puerperium (O00–O99) congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98)

neoplasms (C00–D48) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)

OTHER DISEASES OF URINARY SYSTEM (N30-N39)

Excludes: urinary infection (complicating):

- complicating abortion or ectopic or molar pregnancy (O00–O07, O08.8)
- pregnancy, childbirth and the puerperium (O23.-, O75.3, O86.2)
- with urolithiasis (N20–N23)

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Other disorders of urinary system

Excludes: haematuria:

- NOS (R31)
- recurrent and persistent (N02.-)
- with specified morphological lesion (N02.-) proteinuria NOS (R80)
- N39.0 Urinary tract infection, site not specified

V 0110

Use additional code (B95–B97) to identify infectious agent.

N39.1 Persistent proteinuria, unspecified

> Excludes: complicating in pregnancy, childbirth and the puerperium (O11-O15) with specified morphological lesion (N06.-)

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INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS (N70-N77)

Excludes: those complicating: abortion or ectopic or molar pregnancy (O00-O07, O08.0) abortion or ectopic or molar pregnancy (O00-O07, O08.0) pregnancy, childbirth and the puerperium (O23.-, O75.3, O85, O86.-)

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N81

Female genital prolapse

Excludes: genital prolapse complicating: • labour or delivery (O65.5) • pregnancy (O34.5) prolapse: and hernia of ovary and fallopian tube (N83.4) • and hernia of ovary and fallopian tube (N83.4) • of vaginal vault after hysterectomy (N99.3) prolapse of vaginal vault after hysterectomy (N99.3)

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N85

Other noninflammatory disorders of uterus, except cervix

Excludes: endometriosis (N80.-) inflammatory diseases of uterus (N71.-) noninflammatory disorders of cervix except malposition (N86-N88) polyp of corpus uteri (N84.0) uterine prolapse (N81.-)

N85.0 Endometrial glandular hyperplasia Hyperplasia of endometrium:

- cystic
- glandular-cystic • NOS
- polypoid

N85.1 Endometrial adenomatous hyperplasia

Hyperplasia of endometrium, atypical (adenomatous)

N85.2 Hypertrophy of uterus Bulky or enlarged uterus

Excludes: puerperal hypertrophy of uterus (O90.8)

N85.3 Subinvolution of uterus

Excludes: puerperal subinvolution of uterus (O90.8)

N85.4 Malposition of uterus Anteversion } of uterus Retroflexion } Retroversion }

N85.5 Inversion of uterus

Excludes: current obstetric trauma (O71.2) postpartum inversion of uterus (O71.2)

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N88	Other noninflammatory disorders of cervix uteri
	<i>Excludes:</i> inflammatory disease of cervix (N72) polyp of cervix (N84.1)
N88.0	Leukoplakia of cervix uteri
N88.1	Old laceration of cervix uteri Adhesions of cervix
	Excludes: current obstetric trauma (O71.3)
N88.2	Stricture and stenosis of cervix uteri
	Excludes: complicating labour (O65.5)
N88.3	Incompetence of cervix uteri Investigation and management of (suspected) cervical incompetence in a nonpregnant woman
	<i>Excludes:</i> affecting fetus or newborn (P01.0) <u>complicating in</u> pregnancy (O34.3)
N88.4	Hypertrophic elongation of cervix uteri
N88.8	Other specified noninflammatory disorders of cervix uteri
	<i>Excludes:</i> current obstetric trauma (O71.3)
N88.9	Noninflammatory disorder of cervix uteri, unspecified

CHAPTER 15 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (000-099)

∇ 1500

This chapter contains the following blocks:

- 000-008 Pregnancy with abortive outcome
- 009 Duration of pregnancy
- 010-016 Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium
- O20–O289 Other maternal disorders predominantly related to pregnancy
- O30–O48 Maternal care related to the fetus and amniotic cavity and possible delivery problems
- 060-075 Complications of labour and delivery
- 080-084 Delivery
- 085-092 Complications predominantly related to the puerperium
- 094-099 Other obstetric conditions, not elsewhere classified
- Note: The codes in this chapter are to be used for conditions related to or aggravated by the pregnancy, childbirth or by the puerperium (maternal causes or obstetric causes)

Excludes: certain diseases or injuries complicating pregnancy, childbirth and the puerperium classified elsewhere:

- injury, poisoning and certain other consequences of external cause (S00 T88.1, T88.6 T98)
 - mental and behavioural disorders associated with the puerperium (F53.-)
 - obstetrical tetanus (A34)
- postpartum necrosis of pituitary gland (E23.0)
- puerperal osteomalacia (M83.0-)
- supervision of:
- high risk pregnancy (Z35.-)
- normal pregnancy (Z34.-)
- incidental pregnant state (Z33)
- injury, poisoning and certain other consequences of external cause (S00–T98) supervision of normal pregnancy (Z34.-)

PREGNANCY WITH ABORTIVE OUTCOME (000-008)

Fetal viability is defined as 20 completed weeks (140 days) gestation and/or fetal weight greater than or equal to 400g

Excludes: continuing pregnancy in multiple gestation after abortion of one fetus or more (O31.1)

O02

Other abnormal products of conception

Use additional code from category O08.- to identify any associated complication.

Use additional code from category O09.- to identify duration of pregnancy.

Excludes: papyraceous fetus (O31.0)

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O02.1 Missed abortion

∇ 1544

Early fetal death with retention of dead fetus

Fetal death in utero before fetal viability (less than 20 completed weeks (140 days) gestation and/or fetal weight less than 400g) with retention of dead fetus

Excludes: missed abortion with:

- blighted ovum (O02.0)
- mole:
- hydatidiform (O01.-)
- nonhydatidiform (O02.0)

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O02.9 Abnormal product of conception, unspecified

Note: Incomplete abortion includes retained products of conception following abortion.

The following fourth character subdivisions are for use with categories O03–O06: <u>Subdivisions .0–.4 are assigned for incomplete abortion ie where there are retained products of conception</u> <u>following abortion</u>. <u>Subdivisions .5–.9 are assigned for complete abortion ie where there is no documentation of retained</u>

.0 incomplete, complicated by genital tract and pelvic infection With conditions in O08.0

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

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

- .1 incomplete, complicated by delayed or excessive haemorrhage With conditions in O08.1
- .2 incomplete, complicated by embolism With conditions in O08.2

products of conception.

- .3 incomplete, with other and unspecified complications With conditions in O08.3–O08.9
- .4 incomplete, without complication
- .5 complete or unspecified, complicated by genital tract and pelvic infection With conditions in O08.0

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

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

- .6 complete or unspecified, complicated by delayed or excessive haemorrhage With conditions in O08.1
- .7 complete or unspecified, complicated by embolism With conditions in O08.2
- .8 complete or unspecified, with other and unspecified complications With conditions in O08.3–O08.9
- .9 complete or unspecified, without complication

O03

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Spontaneous abortion

See above for subdivisions

Spontaneous expulsion of products of conception before fetal viability (less than 20 completed weeks (140 days) gestation and/or fetal weight less than 400g)

<u>Miscarriage</u> Includes: miscarriage

Use additional code from category O09.- to identify duration of pregnancy.

OEDEMA, PROTEINURIA AND HYPERTENSIVE DISORDERS IN PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (010–016)

010	 Pre-existing hypertension complicating pregnancy, childbirth and the puerperium
O10	Pre-existing hypertension in pregnancy, childbirth and the puerperium
√ 1521	Includes: the listed conditions with pre-existing proteinuria
	Code also specific type of hypertension (110-115), if known
	Excludes: that with superimposed pre-eclampsia (O11)
010.0	Pre-existing essential hypertension complicating pregnancy, childbirth and the
	puorporium Any condition in 110 specified as a reason for obstetric care during pregnancy, childbirth or the puerperium
010.1	Pre-existing hypertensive heart disease complicating pregnancy, childbirth and the
	puorporium Any condition in 111 specified as a reason for obstetric care during pregnancy, childbirth or the puerperium
010.2	Pre-existing hypertensive kidney disease complicating pregnancy, childbirth and the
	puerperium Any condition in 112 specified as a reason for obstetric care during pregnancy, childbirth or the puerperium
010.3	Pre-existing hypertensive heart and kidney disease complicating pregnancy, childbirth
	and the puerperium Any condition in 113 specified as a reason for obstetric care during pregnancy, childbirth or the puerperium
010.4	Pre-existing secondary hypertension complicating pregnancy, childbirth and the
	puorporium Any condition in 115 specified as a reason for obstetric care during pregnancy, childbirth or the puerperium
O10.9	Unspecified pre-existing hypertension complicating pregnancy, childbirth and the puerperium
011	Pre-eclampsia superimposed on chronic hypertension
<u>∇ 1521</u>	Conditions in O10. complicated by pre-eclampsia
	Pre-eclampsia superimposed on: • hypertension NOS
	• pre-existing hypertension
	Code also specific type of hypertension (110-115), if known
012	Gestational [pregnancy-induced] oedema and proteinuria without hypertension
O12.0	Gestational oedema
O12.1	Gestational proteinuria
O12.2	Gestational oedema with proteinuria
013	Gestational [pregnancy-induced] hypertension
	Gestational hypertension NOS Pregnancy-induced hypertension NOS Transient hypertension of pregnancy
014	Pre-eclampsia
	<i>Excludes:</i> superimposed pre-eclampsia superimposed on pre-existing hypertension (O11)

- O14.0 Mild to moderate pre-eclampsia
- O14.1 Severe pre-eclampsia
- O14.2 HELLP syndrome Combination of haemolysis, elevated liver enzymes and low platelet count
- O14.9 Pre-eclampsia, unspecified

O15 Eclampsia

∇ 1521

Includes: coma convulsions ______ following conditions in O10–O14 and O16 delirium _______ eclampsia with pregnancy-induced or pre-existing hypertension

- Code also specific type of pre-existing hypertension (110-115), if known
- O15.0 Eclampsia in pregnancy
- O15.1 Eclampsia in labour
- O15.2 Eclampsia in the puerperium
- O15.9 Eclampsia, unspecified as to time period Eclampsia NOS
- O16 Unspecified maternal hypertension

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OTHER MATERNAL DISORDERS PREDOMINANTLY RELATED TO PREGNANCY

(O20–O2<mark>8</mark>9)

Note: Categories O24.-, and O25, O26.6, O26.7 and O26.81 include the listed classify conditions even if they occur during in pregnancy, childbirth or and the puerperium.

Excludes: maternal: care related to the fetus and amniotic cavity and possible delivery problems (O30–O48) • care related to the fetus and amniotic cavity and possible delivery problems (O30–O48)

- diseases classifiable elsewhere but complicating pregnancy, labour and delivery, and the puerperium (O98–O99)
- O20

O20.0

Haemorrhage in early pregnancy

Excludes: pregnancy with abortive outcome (O00–O08)

Threatened abortion Haemorrhage specified as due to threatened abortion

Use additional code from category O09.- to identify duration of pregnancy.

- O20.8 Other haemorrhage in early pregnancy
- O20.9 Haemorrhage in early pregnancy, unspecified
- O21 Excessive vomiting in pregnancy

∇ 1521

Excludes: vomiting in pregnancy due to a specified cause classified elsewhere — code condition (see Alphabetic Index)

O21.0 <u>Mild hHyperemesis gravidarum</u> Hyperemesis gravidarum, mild or unspecified, <u>}</u> starting before the end of the 20th week of gestation <u>Excessive vomiting</u> }

021.1	Hyperemesis gravidarum with metabolic disturbance
	Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic
	disturbance such as:
	carbohydrate depletion
	dehydration aleatralute imbelance
	electrolyte imbalance
O21.2	Late vomiting of pregnancy Vomiting in late pregnancy
	Excessive vomiting starting after 20 completed weeks of gestation
021.8	Other vomiting complicating pregnancy
	Vomiting due to diseases classified elsewhere, complicating pregnancy
	Use additional code to identify cause, if known.
004.0	
O21.9	Vomiting of in pregnancy, unspecified not elsewhere classified
022	Venous complications conditions and haemorrhoids in pregnancy
	una naciona in programoy
<u>∇ 1521</u>	<i>Excludes:</i> obstetric pulmonary -embolism (O88)
	the listed conditions as complications of:
	• <u>as complications of</u> abortion or ectopic or molar pregnancy (O00–O07, O08.7)
	• in childbirth and the puerperium (O87)
022.0	Varicose veins of lower extremity in pregnancy
022.0	Varicose veins NOS in pregnancy
	tureose tems (top in pregnancy
022.1	Genital varices in pregnancy
	Perineal varices in pregnancy
	Vaginal
	Vulval +
022.2	Superficial thrombophlebitis in pregnancy
	Thrombophlebitis of legs in pregnancy
0000	
022.3	Deep phlebothrombosis in pregnancy
	Deep vein thrombosis, antepartum
O22.4	Haemorrhoids in pregnancy
	<u>Code also specific type of haemorrhoids (K64), if known.</u>
022.5	Cerebral venous thrombosis in pregnancy
022.0	Cerebrovenous sinus thrombosis in pregnancy
_	
022.8	Other venous complications in pregnancy
O22.9	Venous complication condition in pregnancy, unspecified
022.0	Gestational:
	• phlebitis NOS
	 phlebopathy NOS
	• thrombosis NOS
	Code also mosifie venerus condition if Incom
	Code also specific venous condition, if known
O23	Infections of genitourinary tract in pregnancy

<u>▼ 1521,</u>1549

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Use additional code (B95–B97) to identify infectious agent.

Code also specific type of infection, if known.

Excludes: gonococcal infections (O98.2) infections with a predominantly sexual mode of transmission NOS (O98.3) syphilis (O98.1) tuberculosis of genitourinary system (O98.0) venereal disease NOS (O98.3)

O23.0	Infections of kidney in pregnancy
O23.1	Infections of bladder in pregnancy
O23.2	Infections of urethra in pregnancy
O23.3	Infections of other parts of urinary tract in pregnancy
O23.4	Unspecified infection of urinary tract in pregnancy
O23.5	Infections of the genital tract in pregnancy
O23.9	Other and unspecified genitourinary tract infection in pregnancy Genitourinary tract infection in pregnancy NOS
O24 ∇ 0401, 1521	Diabetes mellitus in pregnancy
	<i>Includes:</i> diabetes mellitus } in childbirth and the puerperium } intermediate hyperglycaemia }
O24.0	Pre-existing diabetes mellitus, Type 1, in pregnancy
	<u>Code also diabetes mellitus (E10)</u>
	The following fifth character subdivisions are for use with subcategories O24.1–O24.9:
	• 2 insulin treated
	• 3 oral hypoglycaemic therapy
	 4 other Diet Exercise Lifestyle management
	• 9 Unspecified
	<i>Note:</i> When multiple fifth characters apply, assign the one appearing highest on the list.
O24.1	Pre-existing diabetes mellitus, Type 2, in pregnancy
	<u>Code also diabetes mellitus (E11)</u>
O24.2	Pre-existing diabetes mellitus, other specified type, in pregnancy
	<u>Code also diabetes mellitus (E13)</u>
024.3	Pre-existing diabetes mellitus, unspecified, in pregnancy
	<u>Code also diabetes mellitus (E14)</u>
024.4	Diabetes mellitus arising during pregnancy
	Gestational diabetes mellitus NOS
O O24.5	Pre-existing intermediate hyperglycaemia, in pregnancy
	<u>Code also intermediate hyperglycaemia (E09)</u>
O24.9	Diabetes mellitus in pregnancy, unspecified onset
O25	Malnutrition in pregnancy Malnutrition in childbirth and the puerperium

	<u>Code also type of malnutrition (E40-E46), if known</u>
O26	Maternal care for other conditions predominantly related to pregnancy
O26.0	Excessive weight gain in pregnancy
	Excludes: gestational oedema (O12.0, O12.2)
O26.1	Low weight gain in pregnancy
O26.2	Pregnancy care of habitual aborter
	<i>Excludes:</i> habitual aborter: • with current abortion (O03–O06) • without current pregnancy (N96)
O26.3	Retained intrauterine contraceptive device in pregnancy
O26.4	Herpes gestationis
O26.5	Maternal hypotension syndrome Supine hypotensive syndrome
026.6	Liver disorders in pregnancy, childbirth and the puerperium
<u>V 1521</u>	Cholestasis (intrahepatic) in pregnancy Obstetric cholestasis Code also specific liver disorder, if known.
	Excludes: hepatorenal syndrome following labour and delivery (O90.4)
O26.7	Subluxation of symphysis (pubis) in pregnancy, childbirth and the puerperium
	Excludes: traumatic separation of symphysis (pubis) during childbirth (O71.6)
026.8 ∇ 1521	Other specified pregnancy-related conditions
O26.81	Kidney disease, pregnancy-related disorders in pregnancy, childbirth and the puerperium
	Code also specific kidney disorder, if known.
	Excludes: acute kidney failure in puerperium (O90.4) glomerular disease with pre-existing hypertension (O10) infection: • in pregnancy (O23.0) • puerperal (postpartum) (O86.2)
026.82	Carpal tunnel syndrome in pregnancy
	- Carpar tunner syndrome in pregnancy - Neuralgia in pregnancy
≎026.83	
<mark>≎026.83</mark> ≎026.88	Neuralgia in pregnancy Other specified pregnancy-related conditions
 O26.82 O26.83 O26.88 O26.9 O29 	Neuralgia in pregnancy Other specified pregnancy-related conditions Exhaustion and fatigue

Excludes: complications of anaesthesia during:

	 abortion or ectopic or molar pregnancy (O00–O08)
	 labour and delivery (O74.) puerperium (O89.)
029.0	Pulmonary complications of anaesthesia during pregnancy
	Aspiration pneumonitis due to anaesthesia during pregnancy
	Chemical pneumonitis due to inhalation or aspiration of gastric contents during anaesthesia, during pregnancy
	Inhalation of stomach contents or secretions NOS] due to anaesthesia during pregnancy
	Mendelson's syndrome
	Pressure collapse of lung }
	Use additional code (W78) to identify aspiration of gastric contents.
	Use additional code (Y48) to identify anaesthesia causing adverse effect in therapeutic use.
029.1	Cardiac complications of anaesthesia during pregnancy
	Cardiae:
	arrest due to anaesthesia during pregnancy
	• failure }
029.2	Central nervous system complications of anaesthesia during pregnancy Cerebral anoxia due to anaesthesia during pregnancy
029.3	Toxic reaction to local anaesthesia during pregnancy
029.4	Spinal and epidural anaesthesia-induced headache during pregnancy
029.5	Other complications of spinal and epidural anaesthesia during pregnancy
029.6 –	Failed or difficult intubation during pregnancy
©029.61	Failed intubation during pregnancy
	Failed endotracheal intubation requiring emergency airway management procedures (cricothyroidotomy/cricothyrotomy) (tracheostomy), during pregnancy
≎029.62	-Difficult intubation during pregnancy
029.8	Other complications of anaesthesia during pregnancy
029.9	Complication of anaesthesia during pregnancy, unspecified

MATERNAL CARE RELATED TO THE FETUS AND AMNIOTIC CAVITY AND POSSIBLE DELIVERY PROBLEMS (030–048)

O30 Multiple gestation

Excludes: complications specific to multiple gestation (O31.-)

- O30.0 Twin pregnancy
- O30.1 Triplet pregnancy
- O30.2 Quadruplet pregnancy
- O30.8 Other multiple gestation
- O30.9 Multiple gestation, unspecified Multiple pregnancy NOS

O31 Complications specific to multiple gestation

Excludes: conjoined twins causing disproportion (O33.7) delayed delivery of second twin, triplet, etc (O63.2) malpresentation of one fetus or more (O32.5) the listed conditions affecting labour and delivery (O64–O66)

O31.0	Papyraceous fetus Fetus compressus
O31.1	Continuing pregnancy after abortion of one fetus or more
O31.2	Continuing pregnancy after intrauterine death of one fetus or more
O31.8	Other complications specific to multiple gestation
032	Maternal care for known or suspected malpresentation of fetus
▼ 1506	<i>Includes:</i> the listed conditions as a reason for observation, hospitalisation or other obstetric care of the mother, or for caesarean section before onset of labour
	Excludes: the listed conditions affecting labour and delivery (O64)
O32.0	Maternal care for unstable lie
O32.1	Maternal care for breech presentation
O32.2	Maternal care for transverse and oblique lie Presentation: • oblique • transverse
O32.3	Maternal care for face, brow and chin presentation
O32.4	Maternal care for high head at term Failure of head to enter pelvic brim
032.5	Maternal care for multiple gestation with malpresentation of one fetus or more
O32.6	Maternal care for compound presentation
O32.8	Maternal care for other malpresentation of fetus Face to pubes Persistent occipitoposterior (POP)
O32.9	Maternal care for malpresentation of fetus, unspecified
O34 ▼ 1506	Maternal care for known or suspected abnormality of pelvic organs
V 1500	<i>Includes:</i> the listed conditions as a reason for observation, hospitalisation or other obstetric care of the mother, or for caesarean section before onset of labour
O34.0	Maternal care for congenital malformation of uterus Maternal care for: • double uterus • uterus bicornis
	Code also specific type of congenital malformation, if known.
	Excludes: that affecting labour and delivery (O65.5)
O34.1	Maternal care for tumour of corpus uteri Maternal care for:
	 polyp of corpus uteri uterine fibroid
	Code also specific type of tumour, if known.
	Excludes: maternal care for tumour of cervix (O34.4)

that affecting labour and delivery (O65.5)

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)		
O34.3	Maternal care for cervical incompetence Maternal care for: • cerclage } with or without mention of cervical incompetence • Shirodkar suture }		
	<i>Excludes:</i> that affecting labour and delivery (O65.5)		
O34.4	Maternal care for other abnormalities of cervix Maternal care for: • polyp } (of) (to) cervix • previous surgery } • stricture or stenosis } • tumour }		
	Code also specific type of abnormality, if known.		
	<i>Excludes:</i> that affecting labour and delivery (O65.5)		
O34.5	Maternal care for other abnormalities of gravid uterus Maternal care for: • incarceration } of gravid uterus • prolapse } • retroversion }		
	<u>Code also specific type of abnormality, if known.</u>		
	<i>Excludes:</i> that affecting labour and delivery (O65.5)		
O34.6	Maternal care for abnormality of vaginaMaternal care for:• previous surgery} (of) (to) vagina• septate}• stenosis (acquired) (congenital)• stricture}• tumour}		
	Code also specific type of abnormality, if known.		
	<i>Excludes:</i> maternal care for vaginal varices in pregnancy (O22.94) that affecting labour and delivery (O65.5)		
O34.7	Maternal care for abnormality of vulva and perineum Maternal care for: • fibrosis of perineum • previous surgery to perineum or vulva • rigid perineum • tumour of vulva		
	Code also specific type of abnormality, if known.		
	<i>Excludes:</i> maternal care for perineal and vulval varices in pregnancy (O22.94) that affecting labour and delivery (O65.5)		
O34.8	Maternal care for other abnormalities of pelvic organs Maternal care for: • cystocele • pelvic floor repair (previous) • pendulous abdomen • rectocele		

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	• rigid pelvic floor
	Code also specific type of abnormality, if known.
	Excludes: that affecting labour and delivery (O65.5)
O34.9	Maternal care for abnormality of pelvic organ, unspecified
	Excludes: that affecting labour and delivery (O65.5)
O36	Maternal care for other known or suspected fetal problems
	<i>Includes:</i> the listed conditions in the fetus as a reason for observation, hospitalisation or other obstetric care of the mother, or for termination of pregnancy
	<i>Excludes:</i> labour and delivery complicated by fetal stress [distress] (O68) placental transfusion syndromes (O43.0)
 O36.4	Maternal care for intrauterine death
030.4	
	Maternal care for fetal death in utero after fetal viability (greater than or equal to 20 completed weeks (140 days) gestation and/or fetal weight greater than or equal to 400g)
	Use additional code from category 009 to identify duration of pregnancy, before 37 completed weeks.
	<i>Excludes:</i> <u>fetal death in utero before fetal viability (O02.1)</u> missed abortion (O02.1)
O36.5 ⊽ 1509	Maternal care for poor fetal growth
	Maternal care for known or suspected:
	• light-for-dates
	 placental insufficiency small-for-dates
	Includes: falling oestriols

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O36.8	Maternal care for other specified fetal problems	
∇ 1537		
	Maternal care for decreased fetal movements NOS (no underlying cause identified)	
O36.9	Maternal care for fetal problem, unspecified	
O45	Premature separation of placenta [abruptio placentae]	
O45.0	 Premature separation of placenta with coagulation defect Abruptio placentae with (excessive) haemorrhage associated with: afibrinogenaemia disseminated intravascular coagulation hyperfibrinolysis hypofibrinogenaemia 	
	Code also specific type of coagulation defect, if known.	
O45.8	Other premature separation of placenta	
O45.9	Premature separation of placenta, unspecified Abruptio placentae NOS	
O46	Antepartum haemorrhage, not elsewhere classified	
	<i>Excludes:</i> haemorrhage in early pregnancy (O20) intrapartum haemorrhage NEC (O67) placenta praevia (O44) premature separation of placenta [abruptio placentae] (O45)	
O46.0	Antepartum haemorrhage with coagulation defect	
	Antepartum haemorrhage (excessive) associated with: • afibrinogenaemia	
	 disseminated intravascular coagulation 	
	 hyperfibrinolysis hypofibrinogenaemia	
	Code also specific type of coagulation defect, if known.	
O46.8	Other antepartum haemorrhage	
O46.9	Antepartum haemorrhage, unspecified	
COMPLICATIONS OF LABOUR AND DELIVERY (O60–O75)		

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O62 Abnormalities of forces of labour

- ...
- O62.2 Other uterine inertia Atony of uterus Desultory labour Hypotonic uterine dysfunction NOS Irregular labour Poor contractions Uterine inertia NOS

Excludes: atonic postpartum haemorrhage (072.1)

O62.3 Precipitate labour

•••		
O67	Labour and delivery complicated by intrapartum haemorrhage, not elsewhere classified	
	<i>Excludes:</i> antepartum haemorrhage NEC (O46) placenta praevia (O44) postpartum haemorrhage (O72) premature separation of placenta [abruptio placentae] (O45)	
O67.0	Intrapartum haemorrhage with coagulation defect Intrapartum haemorrhage (excessive) associated with: • afibrinogenaemia • disseminated intravascular coagulation • hyperfibrinolysis • hypofibrinogenaemia	
	Code also specific type of coagulation defect, if known.	
O67.8	Other intrapartum haemorrhage Excessive intrapartum haemorrhage	
O67.9	Intrapartum haemorrhage, unspecified	
O68	Labour and delivery complicated by fetal stress [distress]	
	Includes: fetal distress in labour or delivery due to drug administration	
O68.0	Labour and delivery complicated by fetal heart rate anomaly	
⊽ 1546	Fetal: • bradycardia • heart rate irregularity • tachycardia	
	<i>Excludes:</i> with meconium in amniotic fluid (O68.2)	
O68.1	Labour and delivery complicated by meconium in amniotic fluid	
∇ 1547	Excludes: with fetal heart rate anomaly (O68.2)	
O68.2	Labour and delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid	
∇ 1546, 1547		
O68.3	Labour and delivery complicated by biochemical evidence of fetal stress Abnormal fetal: • acidaemia • acid-base balance	
O68.8	Labour and delivery complicated by other evidence of fetal stress Evidence of fetal distress: • electrocardiographic • ultrasonic	
O68.9	Labour and delivery complicated by fetal stress, unspecified	
072	Postpartum haemorrhage	
	<i>Includes:</i> haemorrhage after delivery of fetus or infant	
O72.0	Third-stage haemorrhage	

I

	Retained placenta NOS	
	Code also morbidly adherent placenta (O43.2), if applicable.	
072.1	Other immediate postpartum haemorrhage Haemorrhage following delivery of placenta Postpartum haemorrhage (atonic) NOS	
072.2	Delayed and secondary postpartum haemorrhage Haemorrhage associated with retained portions of placenta or membranes Retained products of conception NOS, following delivery	
072.3	Postpartum coagulation defects Postpartum: • afibrinogenaemia • fibrinolysis	
	Code also specific type of coagulation defect, if known.	
074	Complications of anaesthesia during labour and delivery	
	<i>Includes:</i> maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during labour and delivery	
074.0	Chemical pneumonitis due to inhalation or aspiration of gastric	
	contents during anaesthesia) during labour and delivery	
	Inhalation of stomach contents or secretions NOS due to anaesthesia } Mendelson's syndrome due to anaesthesia }	
	Use additional code (W78) to identify aspiration of gastric contents.	
	Use additional code (Y48.) to identify anaesthesia causing adverse effect in therapeutic use.	
074.1	Other pulmonary complications of anaesthesia during labour and delivery Pressure collapse of lung due to anaesthesia during labour and delivery	
074.2	Cardiac complications of anaesthesia during labour and delivery	
	Cardiac: • arrest} due to anaesthesia during labour and delivery • failure}	
074.3	Central nervous system complications of anaesthesia during labour and delivery Cerebral anoxia due to anaesthesia during labour and delivery	
074.4	Toxic reaction to local anaesthesia during labour and delivery	
074.5	Spinal and epidural anaesthesia-induced headache during labour and delivery	
074.6	Other complications of spinal and epidural anaesthesia during labour and delivery-	
074.7	Failed or difficult intubation during labour and delivery	
©074.71	1 Failed intubation during labour and delivery Failed endotracheal intubation requiring emergency airway management procedures (cricothyroidotomy/cricothyrotomy) (tracheostomy), during labour and delivery	
©074.72	-Difficult intubation during labour and delivery	
074.8	Other complications of anaesthesia during labour and delivery	
074.9	Complication of anaesthesia during labour and delivery, unspecified	
075	Other complications of labour and delivery, not elsewhere classified	

	Excludes: puerperal: • infection (O86) • sepsis (O85)
O75.0	Maternal distress during labour and delivery
O75.1	Shock during or following labour and delivery Obstetric shock
075.2	Pyrexia during labour, not elsewhere classified
O75.3	Other infection during labour
	Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
	Use additional code (B95–B97) to identify infectious agent.
	Code also specific type of infection, if known.
075.4	Other complications of obstetric surgery and procedures
	Cardiac: • arrest) following caesarean or other obstetric surgery or procedures, including
	delivery NOS failure
	• cerebral anoxia }
	Excludes: complications of anaesthesia during labour and delivery (O74) obstetric (surgical) wound: • disruption (O90.0 - O90.1) • haematoma (O90.2) • infection (O86.0)
075.5	Delayed delivery after artificial rupture of membranes
O75.6	Delayed delivery after spontaneous or unspecified rupture of membranes
	Excludes: spontaneous premature rupture of membranes (O42)
075.7	Vaginal delivery following previous caesarean section
▼ 1506	Vaginal delivery following (any) previous caesarean section NOS
O75.8	Other specified complications of labour and delivery
O75.9	Complication of labour and delivery, unspecified
DELIVER (080–08	

(**O80**⋅ <u>∨ 1505</u>

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Note: Codes from this section are for use in all obstetric episodes of care where delivery is the outcome. Other abnormalities/complications classifiable elsewhere in Chapter 15 may be assigned in conjunction with codes O80–O84 to fully describe the delivery episode.

Code also the outcome of delivery (Z37.-)

080

Single spontaneous delivery

Cases with minimal or no assistance Single spontaneous delivery:

- breech
- NOS
- vaginal • vertex

	Includes:	that with:	
		 controlled cord traction (CCT) epidural injection/infusion	
		• episiotomy with repair	
		fetal monitoringmedical or surgical:	
		• augmentation of labour	
		• induction	
		• suture of obstetric perineal laceration	
	Excludes:	pregnancy with abortive outcome (O00–O08)	
		single delivery (by) (with): • assisted NOS (O83)	
		• breech extraction (O83)	
		• caesarean section (O82)	
		 <u>forceps:</u> and vacuum extractor (O81) NOS (O81) 	
		• with forceps rotation of fetal head (O81)	
		• manual: removal of placenta (O83)	
		 removal of placenta (O83) rotation of fetal head (O83) 	
		• McRoberts manoeuvre (O83)	
		• rotation of fetal head without forceps delivery (O83)	
		 vacuum extraction (O81) version (with extraction) (O83) 	
		version <u>T</u> with extraction <u>T</u> (603)	
O81	Single delivery by forceps and vacuum extractor		
O82	Single delivery by caesarean section		
O83	Other assisted single delivery		
	Includes:	assisted single:	
		• breech delivery NOS	
		• delivery breech extraction	
		forceps rotation of fetal head without forceps delivery	
		single delivery assisted (facilitated) by:	
		 manual: removal of placenta removal of placenta 	
		• rotation of fetal head	
		McRoberts manoeuvre	
		 other procedures, not elsewhere classified procedures on fetus 	
		• version (with extraction)	
	En ale daar	sinala deliverare	
	Excludes:	single delivery: • by caesarean (O82)	
		• using forceps and vacuum extractor (O81)	
O 84	Multiple de	elivery	
	Use addition	nal code from category O30 to identify multiple gestation.	
O84.0	Multiple de	livery, all spontaneous	
O84.1	Multiple de	livery, all by forceps and vacuum extractor	
O84.2	Multiple de	livery, all by caesarean section	
O84.8	Other mult	tiple delivery	
O84.81	Multiple de	livery, all assisted, not elsewhere classified	

I

Includes:	multiple delivery, all assisted by:
	 manipulation
	 version with extraction

O84.82 Multiple delivery by combination of methods

O84.9 Multiple delivery, unspecified

COMPLICATIONS PREDOMINANTLY RELATED TO THE PUERPERIUM (085 - 092)

The puerperium is defined as the period of 42 days following childbirth.

Note: Categories O88.-, O91.- and O92.- include the listed classify conditions even if they occur during in pregnancy, and childbirth and the puerperium.

Excludes: mental and behavioural disorders associated with the puerperium NEC (F53.-) obstetrical tetanus (A34) puerperal osteomalacia (M83.0-)

O 85			
∇	01	10	

Puerperal sepsis

V 0110

- Puerperal: • endometritis
- fever
- peritonitis

Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index/Sepsis

Use additional code (B95–B97) to identify infectious agent in localised infection.

Use additional code to identify localised infection: • endometritis (N71.-). • peritonitis (N73.3, N73.5).

Excludes: obstetric pyaemic and septic embolism (O88.3) sepsis during labour (O75.3)

- **O86** Other puerperal infections Use additional code (B95–B97) to identify infectious agent. Excludes: infection during labour (O75.3) O86.0 Infection of obstetric surgical wound Infected: · caesarean section wound } following delivery · perineal repair O86.1 Other infection of genital tract following delivery Cervicitis-| following delivery Vaginitis-Code also specific type of infection, if known. Excludes: puerperal endometritis (O85) O86.2 Urinary tract infection following delivery Conditions in N10 N12, N15., N30., N34., N39.0 following delivery Code also specific type of infection (N10-N12, N15.-, N30.-, N34.-, N39.0), if known.
 - O86.3 Other genitourinary tract infections following delivery Puerperal genitourinary tract infection NOS

	Code also specific type of infection, if known.
O86.4	Pyrexia of unknown origin following delivery Puerperal: • fever NOS • infection NOS • pyrexia NOS
	Excludes: puerperal: fever (O85) • infection NOS (O86.8) • sepsis (O85) pyrexia during labour (O75.2)
O86.8	Other <u>and unspecified</u> puerperal infections <u>Puerperal infection NOS</u>
	Code also specific type of infection, if known.
087	Venous complications conditions and haemorrhoids in the puerperium
	Includes: the listed conditions in labour, delivery and the puerperium childbirth
	Excludes: obstetric embolism (O88) venous complications in pregnancy (O22)
087.0	Superficial thrombophlebitis in the puerperium
087.1	Deep phlebothrombosis in the puerperium Deep vein thrombosis, postpartum
	Pelvic thrombophlebitis, postpartum
O87.2	Haemorrhoids in the puerperium
	<u>Code also specific type of haemorrhoids (K64), if known.</u>
0.07.0	<i>Excludes:</i> haemorrhoids in pregnancy (O22.4)
087.3	Cerebral venous thrombosis in the puerperium Cerebrovenous sinus thrombosis in the puerperium
087.8	Other venous complications in the puerperium Genital varices in the puerperium
O87.9	Venous complication <u>condition</u> in the puerperium , unspecified Puerperal: • phlebitis NOS • phlebopathy NOS • thrombosis NOS
	Code also specific venous condition, if known
	Excludes: obstetric embolism (O88) venous condition in pregnancy (O22.9)
O88	Obstetric embolism
<u>V 1904</u>	<i>Includes:</i> pulmonary embolism in pregnancy, childbirth or the puerperium
	Code also site of embolism, if known — see Alphabetic Index: Embolism/by site
	<i>Excludes:</i> embolism complicating abortion or ectopic or molar pregnancy (O00–O07, O08.2) traumatic embolism classified to Chapter 19 — <i>see Alphabetic Index: Embolism</i>
O88.0	Obstetric air embolism Air embolism NOS in pregnancy, childbirth and the puerperium

O88.1 Amniotic fluid embolism Anaphylactoid syndrome of pregnancy

O88.2	Obstetric blood clot embolism	
	Obstetric (pulmonary) embolism N	20
	Puerperal (pulmonary) embolism N	- 20 1
	Embolism NOS	1
	Pulmonary embolism NOS	} in pregnancy, childbirth and the puerperium
	Thromboembolism NOS	}

O88.3 Obstetric pyaemic and septic embolism

O88.8	Other obstetric embolism	
	Obstetric fat embolism	
	Fat embolism NOS in pregnancy, childbirth and the puerperium	

Complications of anaesthesia during the puerperium

Includes: maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

089.0	Pulmonary complications of anaesthesia during the puerperium
	Aspiration pneumonitis due to anaesthesia } during the puerperium
	Chemical pneumonitis due to inhalation or
	Inhalation of stomach contents or secretions NOS
	- due to anaesthesia
	Mendelson's syndrome due to anaesthesia
	Pressure collapse of lung due to anaesthesia
	Use additional code (W78) to identify aspiration of gastric contents.
	Use additional code (Y48) to identify anaesthesia causing adverse effect in therapeutic use.
089.1	Cardiac complications of anaesthesia during the puerperium
	Cardiac:
	arrest due to anaesthesia during the puerperium
	▲ failure }
089.2	Central nervous system complications of anaesthesia during the puerperium
	Cerebral anoxia due to anaesthesia during the puerperium
089.3	Toxic reaction to local anaesthesia during the puerperium
•••••	
089.4	Spinal and epidural anaesthesia-induced headache during the puerperium
089.5	Other complications of spinal and epidural anaesthesia during the puerperium
089.6 —	Failed or difficult intubation during the puerperium
©089.61	Failed intubation during the puerperium
	Failed endotracheal intubation requiring emergency airway management procedures

- (cricothyroidotomy/cricothyrotomy) (tracheostomy), during the puerperium
- O89.62 Difficult intubation during the puerperium
- O89.8 Other complications of anaesthesia during the puerperium
- O89.9 Complication of anaesthesia during the puerperium, unspecified
- **O90** Complications of the puerperium, not elsewhere classified
- O90.0 Disruption of caesarean section wound
- O90.1 Disruption of perineal obstetric wound Disruption of wound of:

 episiotomy
 perineal laceration
Secondary perineal tear

- O90.2 Haematoma of obstetric wound
- O90.3 Cardiomyopathy in the puerperium Conditions in 142.-

Code also specific type of cardiomyopathy (I42.-), if known

- O90.4 Postpartum acute kidney failure Hepatorenal syndrome following labour and delivery
- O90.5 Postpartum thyroiditis
- O90.8 Other complications of the puerperium, not elsewhere classified Placental polyp
- O90.9 Complication of the puerperium, unspecified



Infections of breast associated with childbirth

Includes: the listed conditions during pregnancy, the puerperium or lactation

The following fifth character subdivisions are for use with subcategories O91.0–O91.2:

- 0 without mention of attachment difficulty
- I with mention of attachment difficulty



Other disorders of breast and lactation associated with childbirth

Includes: the listed conditions during pregnancy, the puerperium or lactation

The following fifth character subdivisions are for use with subcategories O92.0-O92.7:

- 0 without mention of attachment difficulty
- O 1 with mention of attachment difficulty

•••

O92.3 Agalactia

Physiological suppression of lactation occurring prior to establishment of lactation

Failure of lactation Primary agalactia

O92.4 Hypogalactia

Delayed } milk supply Insufficient }

O92.5Suppressed lactation▼ 1539Therapeutic suppression of lactation prior to or after establishment of lactation

- Agalactia:
- secondary
- therapeutic

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	<i>Note:</i> Performed for patients with certain conditions (eg epilepsy, bipolar disorder) or where current medications contraindicate breastfeeding.
	<i>Excludes:</i> elective suppression (mother's decision not to breastfeed) – omit code
•••	
O98	Maternal infectious and parasitic diseases classifiable elsewhere but complicatingin pregnancy, childbirth and the puerperium
<u>∇ 1521</u>	Includes: the listed conditions when complicating the pregnant state, when aggravated by the pregnancy, or as a reason for obstetric care
	<i>Note:</i> Please rRefer to the Alphabetic Index at <i>Pregnancy/complicated by/conditions in</i> or <i>Pregnancy/complicated by/diseases of</i> ² for specific code ranges of the underlying infectious or parasitic disease.
	Use additional code (Chapter 1) to identify specific condition.
	Code also specific infection or parasitic disease (Chapter 1)
	 Excludes: genitourinary tract infections: in pregnancy (O23) puerperal (O86.1-O86.3) infection during labour (O75.3) obstetrical tetanus (A34) puerperal: infection (O86) sepsis (O85) when the reason for maternal care is that the disease is known or suspected to have affected the fetus (O35–O36)
O98.0	Tuberculosis complicating in pregnancy, childbirth and the puerperium
O98.1	Syphilis complicating in pregnancy, childbirth and the puerperium
O98.2	Gonorrhoea complicating in pregnancy, childbirth and the puerperium
O98.3	Other infections with a predominantly sexual mode of transmission complicating in pregnancy, childbirth and the puerperium
O98.4 ∇ 0104	Viral hepatitis complicating in pregnancy, childbirth and the puerperium
O98.5	Other viral diseases complicating in pregnancy, childbirth and the puerperium
O98.6	Protozoal diseases complicating in pregnancy, childbirth and the puerperium
O98.7	Human immunodeficiency virus [HIV] disease complicating in pregnancy, childbirth and the puerperium
<u>∇ 0102</u>	Exeludes: asymptomatic human immunodeficiency virus [HIV] infection status (Z21) laboratory evidence of human immunodeficiency virus [HIV] (R75)
O98.8	Other maternal infectious and parasitic diseases complicating in pregnancy, childbirth and the puerperium
	Excludes: obstetrical tetanus (A34)
O98.9	Unspecified maternal infectious or parasitic disease complicating in pregnancy, childbirth and the puerperium
O99	Other maternal diseases classifiable elsewhere but complicating in pregnancy, childbirth and the puerperium

∇ 1521

<i>Note:</i> This category includes conditions which complicate the pregnant state, are aggravated by the
-pregnancy or are a main reason for obstetric care. Please rRefer to the Alphabetic Index at
<i>Pregnancy/complicated by/conditions in</i> or <i>Pregnancy/complicated by/diseases of</i> for
specific code ranges of the underlying condition.

Use additional code to identify specific condition.

Code also specific condition

Excludes: infectious and parasitic diseases (O98)
injury, poisoning and certain other consequences of external causes (S00-T98)
when the reason for maternal care is that the condition is known or suspected to have
affected the fetus (O35–O36)

O99.0 Anaemia complicating in pregnancy, childbirth and the puerperium

Code also specific type of anaemia, if known.

- O99.00 Anaemia complicating-in pregnancy, childbirth and the puerperium, unspecified
- O99.01 Anaemia complicating in pregnancy Antepartum anaemia NOS
- **O**99.02 Anaemia <u>complicating in pregnancy</u>, with mention of pre-existing anaemia Antepartum anaemia with mention of pre-existing anaemia

Note: The term 'pre-existing anaemia' refers to an anaemia which exists prior to any pregnancy.

- ✿O99.03 Anaemia complicating in childbirth and the puerperium Postpartum anaemia NOS
- O99.04 Anaemia complicating in childbirth and the puerperium, with mention of pre-existing anaemia Postpartum anaemia with mention of pre-existing anaemia

Note: The term 'pre-existing anaemia' refers to an anaemia which exists prior to any pregnancy.

O99.1 Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating in pregnancy, childbirth and the puerperium

Excludes: haemorrhage with coagulation defects (O46.0, O67.0, O72.3)

O99.2 Endocrine, nutritional and metabolic diseases complicating in pregnancy, childbirth and the puerperium

Excludes: diabetes mellitus (O24.-) malnutrition (O25) postpartum thyroiditis (O90.5)

O99.3 Mental disorders and diseases of the nervous system complicating in pregnancy, childbirth and the puerperium ▼ 0503, 0505

 Excludes:
 mental disorder in puerperium NEC (F53.-)

 postnatal depression (F53.0)

 postpartum:

 • blues
 } NOS (F53.8)

 • dysphoria

 • mood disturbance

 • sadness

 }

 pregnancy-related peripheral neuritis (O26.83)

 puerperal psychosis (F53.1)

 vomiting associated with other psychological disturbances (F50.5)

O99.4	Diseases of the circulatory system complicating in pregnancy, childbirth and the puerperium
	 <i>Excludes:</i> cardiomyopathy in the puerperium (O90.3) hypertensive disorders (O10–O16) obstetric embolism (O88) venous complications and cerebrovenous sinus thrombosis conditions in:

CHAPTER 16 CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD (P00–P96)

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•••	
P92 ⊽ 1538	Feeding problems of newborn
	<u>Code first any neonatal condition stated as causing breastfeeding (attachment) difficulty, if</u> <u>applicable — see Alphabetic Index</u>
P92.0	Vomiting in newborn
P92.1	Regurgitation and rumination in newborn
P92.2	Slow feeding of newborn
P92.3	Underfeeding of newborn
P92.4	Overfeeding of newborn
	Noopotal difficulty in fooding at broast

- P92.5 Neonatal difficulty in feeding at breast Breast refusal, persistent
- P92.8 Other feeding problems of newborn

P92.9 Feeding problem of newborn, unspecified

CHAPTER 18 SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED (R00–R99)

R34	Anuria and oliguria
	Excludes: that: complicating:
	• complicating abortion or ectopic or molar pregnancy (O00–O07, O08.4)
	 abortion or ectopic or molar pregnancy (O00 - O07, O08.4)
	 pregnancy, childbirth and the puerperium (O26.88, O90.4)
	• with:
	• kidney disorder in pregnancy (O26.81)
	<u>• postpartum acute kidney failure (O90.4)</u>
R53	Malaise and fatigue
	Asthenia NOS
	Debility:
	• chronic
	• NOS
	General physical deterioration
	Lethargy
	Tiredness
	Excludes: debility:
	• congenital (P96.9)
	• senile (R54)
	exhaustion and fatigue (due to)(in):
	 combat (F43.0) excessive exertion (T73.3)
	• exposure (T73.2)
	• heat (T67)
	• neurasthenia (F48.0)
	• pregnancy (O26.88)
	• senile asthenia (R54)
	fatigue syndrome:
	• NOS (F48.0)
	• postviral (G93.3)
••	
D75	
R75	Laboratory evidence of human immunodeficiency virus [HIV]
7 0102	Nonconclusive HIV-test finding in infants
	<i>Excludes:</i> asymptomatic human immunodeficiency virus [HIV] infection status (Z21) human immunodeficiency virus [HIV] disease (B20–B24)

the puerperium (O98.7)

CHAPTER 19 INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES (S00–T98)

Excludes: birth trauma (P10-P15) obstetric trauma (O70-O71)

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770	
179	Certain early complications of trauma, not elsewhere classified <i>Excludes:</i> complications of surgical and medical care NEC (T80–T88) respiratory distress: • in newborn (P22) • syndrome of adult (J80) when occurring during or following medical procedures (T80–T88)
T79.0	Air embolism (traumatic)
179.0	All embolism (traumatic)
	 <i>Excludes:</i> air embolism-complicating: <u>complicating</u> abortion or ectopic or molar pregnancy (O00–O07, O08.2) <u>in</u> pregnancy, childbirth and the puerperium <u>NEC</u> (O88.0) arterial gas embolism due to decompression (T70.3)
T79.1	Fat embolism (traumatic)
	 <i>Excludes:</i> fat embolism-complicating: <u>complicating</u> abortion or ectopic or molar pregnancy (O00–O07, O08.2) <u>in</u> pregnancy, childbirth and the puerperium <u>NEC</u> (O88.8)
T79.2	Traumatic secondary and recurrent haemorrhage
T79.3	Post traumatic wound infection, not elsewhere classified
∇ 1911, 1916	Burn } infected Superficial injury }
	Use additional code (B95–B97) to identify infectious agent.
	Excludes: open wound with infection (T89.01, T89.02)
T79.4	Traumatic shock Shock (immediate)(delayed) following injury
	Excludes: shock: • anaesthetic (T88.2) • anaphylactic: • due to: • adverse food reaction (T78.0) • correct medicinal substance properly administered (T88.6) • serum (T80.5) • NOS (T78.2) • complicating abortion or ectopic or molar pregnancy (O00–O07, O08.3) • electric (T75.4) • lightning (T75.0) • nontraumatic NEC (R57) • obstetric (O75.1) • postprocedural (T81.1)

COMPLICATIONS OF SURGICAL AND MEDICAL CARE, NOT ELSEWHERE CLASSIFIED (T80–T88)

∇ 1904

Use additional code (B95–B97) to identify infectious agent.

Use additional external cause code (Chapter 20) to identify devices involved and details of circumstances.

Excludes: adverse effects of drugs and medicaments (A00-R99, T78.-)

any encounters with medical care for postprocedural conditions in which no complications are present, such as:

- artificial opening status (Z93.-)
- closure of external stoma (Z43.-)
- fitting and adjustment of (external) prosthetic device (Z44.-)
- burns from local applications and irradiation (T20–T31)

complications of surgical procedures during pregnancy, childbirth and the puerperium (000-099)

poisoning and toxic effects of drugs and chemicals (T36-T65)

- specified complications classified elsewhere, such as:
- cerebrospinal fluid leak from spinal puncture (G97.0)
- colostomy malfunction (K91.4)
- disorders of fluid and electrolyte balance (E86-E87)
- functional disturbances following cardiac surgery (I97.0-I97.1)
- postgastric surgery syndromes (K91.1)
- postlaminectomy syndrome NEC (M96.1)
- postmastectomy lymphoedema syndrome (I97.2)
- postprocedural blind-loop syndrome (K91.2)

...

T81

Complications of procedures, not elsewhere classified

Excludes: adverse effect of drug NOS (T88.7)

- complication following:
- immunisation (T88.0–T88.1)
- infusion, transfusion and therapeutic injection (T80.-)
- specified complications classified elsewhere, such as:
- complications of prosthetic devices, implants and grafts (T82–T85)
- dermatitis due to drugs and medicaments (L23.3, L24.4, L25.1, L27.0-L27.1)
- failure and rejection of transplanted organs and tissues (T86-)
- poisoning and toxic effects of drugs and chemicals (T36–T65)

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T81.7 Vascular complications following a procedure, not elsewhere classified Air embolism following procedure NEC

Excludes: embolism:

- complicating: abortion or ectopic or molar pregnancy (O00–O07, O08.2)
 abortion or ectopic or molar pregnancy (O00–O07, O08.2)
 pregnancy, childbirth and the puerperium (O88.)
- due to prosthetic devices, implants and grafts (T82.8, T83.8, T84.8, T85.8)
- following infusion, transfusion and therapeutic injection (T80.0)
- in pregnancy, childbirth and the puerperium NEC (O88.-)
- traumatic (T79.0)

T88	Other complications of surgical and medical care, not elsewhere classified
	 <i>Excludes:</i> accidental puncture or laceration during a procedure (T81.2) see Alphabetic Index: <u>Complications/accidental puncture or laceration during procedure</u> complications following: infusion, transfusion and therapeutic injection (T80) procedure NEC (T81.)
	 procedure NEC (T81) specified complications classified elsewhere, such as: complications of <u>devices</u>, <u>implants and grafts (T82–T85)</u> <u>anaesthesia in:</u>
	 <u>abour and delivery (O74.</u>) <u>pregnancy (O29.</u>) <u>puerperium (O89.</u>)
	 devices, implants and grafts (T82–T85) obstetric surgery and procedures (O75.4) dermatitis due to drugs and medicaments (L23.3, L24.4, L25.1, L27.0–L27.1) poisoning and toxic effects of drugs and chemicals (T36–T65)
T88.0	Infection following immunisation
	Use additional code (Chapter 1, P36–P37) to identify sepsis, if applicable — see Alphabetic Index/Sepsis
T88.1	Other complications following immunisation, not elsewhere classified Rash following immunisation
	<i>Excludes:</i> anaphylactic shock due to serum (T80.5) other serum reactions (T80.6) postimmunisation: • arthropathy (M02.2-) • encephalitis (G04.0)
T88.2	Shock due to anaesthesia Shock due to anaesthesia in which the correct substance was properly administered
	Excludes: complications of anaesthesia (in): from overdose or wrong substance given (T36–T50) from overdose or wrong substance given (T36–T50) labour and delivery (O74.) pregnancy (O29.) puerperium (O89.) postprocedural shock NOS (T81.1)
T88.3	Malignant hyperthermia due to anaesthesia
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

...

CHAPTER 21 FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES (Z00–Z99)

...

PERSONS ENCOUNTERING HEALTH SERVICES IN CIRCUMSTANCES RELATED TO REPRODUCTION (Z30–Z39)

Z33	Pregnant state, incidental
∇ 0050, 1521	Pregnant state NOS
	Excludes: supervision of normal pregnancy (Z34) with any condition classified to Chapter 15 — see Alphabetic Index
Z34	Supervision of normal pregnancy
∇ <u>1521,</u> 1550	Includes: supervision of labour without delivery
	<i>Excludes:</i> false labour (O47) <u>incidental pregnant state (Z33)</u> preterm contractions without delivery (O60.0) <u>with any condition classified to Chapter 15 — see Alphabetic Index</u>
Z34.0	Supervision of normal first pregnancy
Z34.8	Supervision of other normal pregnancy
Z34.9	Supervision of normal pregnancy, unspecified
Z35	Supervision of high-risk pregnancy
Z35.0	Supervision of pregnancy with history of infertility
Z35.1	Supervision of pregnancy with history of abortive outcome Supervision of pregnancy with history of: • hydatidiform mole • vesicular mole
	<i>Excludes:</i> habitual aborter: • care during pregnancy (O26.2) • without current pregnancy (N96)
Z35.2	Supervision of pregnancy with other poor reproductive or obstetric history Supervision of pregnancy with history of: • conditions classifiable to O10–O92 • neonatal death • stillbirth
Z35.3	Supervision of pregnancy with history of insufficient antenatal care Pregnancy: • concealed • hidden
Z35.4	Supervision of pregnancy with grand multiparity Supervision of pregnancy with five or more viable fetuses
	Excludes: multiparity without current pregnancy (Z64.1)

Z35.5	Supervision of pregnancy with advanced maternal age
	Supervision of pregnancy in woman aged ≥ 35 years
○ Z35.51	Supervision of primigravida with advanced maternal age Supervision of elderly primigravida
⊘ Z35.52	Supervision of multigravida with advanced maternal age Supervision of elderly multigravida
Z35.6	Supervision of (very) young primigravida Supervision of primigravida age < 16 years
Z35.7	Supervision of high-risk pregnancy due to social problems
Z35.8	Supervision of other high-risk pregnancies
Z35.9	Supervision of high-risk pregnancy, unspecified
Z36	Antenatal screening
	<i>Excludes:</i> abnormal findings on antenatal screening of mother (O28) routine prenatal care (Z34–Z35)
Z36.8 ⊽ 1537	Other antenatal screening
v 1557	Screening for haemoglobinopathy
Z36.9	Antenatal screening, unspecified
Z39	Postpartum care and examination
Z39.0	Postpartum care and examination Postpartum care and examination immediately after delivery
Z39.0	Postpartum care and examination immediately after delivery Care and observation in uncomplicated cases in the period of 42 days following delivery (including
Z39.0	 Postpartum care and examination immediately after delivery Care and observation in uncomplicated cases in the period of 42 days following delivery (including delivery of placenta) <i>Excludes:</i> care for admission for postpartum complications after the puerperal period — see
Z39.0 ∇ 1519, 1548	 Postpartum care and examination immediately after delivery Care and observation in uncomplicated cases in the period of 42 days following delivery (including delivery of placenta) <i>Excludes:</i> care for admission for postpartum complications after the puerperal period — see Alphabetic Index
Z39.0 ∇ 1519, 1548 ≎Z39.00	 Postpartum care and examination immediately after delivery Care and observation in uncomplicated cases in the period of 42 days following delivery (including delivery of placenta) <i>Excludes:</i> care for admission for postpartum complications after the puerperal period — see Alphabetic Index Postpartum care and examination after delivery, unspecified
Z39.0 ∇ 1519, 1548 ○ Z39.00 ○ Z39.01	 Postpartum care and examination immediately after delivery Care and observation in uncomplicated cases in the period of 42 days following delivery (including delivery of placenta) <i>Excludes:</i> care for admission for postpartum complications after the puerperal period — see Alphabetic Index Postpartum care and examination after delivery, unspecified Postpartum care after hospital delivery
Z39.0 ∇ 1519, 1548 •Z39.00 •Z39.01 •Z39.02	 Postpartum care and examination immediately after delivery Care and observation in uncomplicated cases in the period of 42 days following delivery (including delivery of placenta) <i>Excludes:</i> care for admission for postpartum complications after the puerperal period — see Alphabetic Index Postpartum care and examination after delivery, unspecified Postpartum care after hospital delivery Postpartum care after planned, out of hospital delivery
 Z39.0 ∇ 1519, 1548 CZ39.00 CZ39.01 CZ39.02 CZ39.03 	 Postpartum care and examination immediately after delivery Care and observation in uncomplicated cases in the period of 42 days following delivery (including delivery of placenta) <i>Excludes:</i> care for admission for postpartum complications after the puerperal period — see Alphabetic Index Postpartum care and examination after delivery, unspecified Postpartum care after hospital delivery Postpartum care after planned, out of hospital delivery Postpartum care after unplanned, out of hospital delivery Care and examination of lactating mother
 Z39.0 ∇ 1519, 1548 CZ39.00 CZ39.01 CZ39.02 CZ39.03 	 Postpartum care and examination immediately after delivery Care and observation in uncomplicated cases in the period of 42 days following delivery (including delivery of placenta) <i>Excludes:</i> care for admission for postpartum complications after the puerperal period — see Alphabetic Index Postpartum care and examination after delivery, unspecified Postpartum care after hospital delivery Postpartum care after planned, out of hospital delivery Postpartum care after unplanned, out of hospital delivery Care and examination of lactating mother Breastfeeding (attachment) difficulty without disorder of lactation
 Z39.0 ∇ 1519, 1548 CZ39.00 CZ39.01 CZ39.02 CZ39.03 	 Postpartum care and examination immediately after delivery Care and observation in uncomplicated cases in the period of 42 days following delivery (including delivery of placenta) <i>Excludes:</i> care for admission for postpartum complications after the puerperal period — see Alphabetic Index Postpartum care and examination after delivery, unspecified Postpartum care after hospital delivery Postpartum care after planned, out of hospital delivery Postpartum care after unplanned, out of hospital delivery Care and examination of lactating mother Breastfeeding (attachment) difficulty without disorder of lactation
 Z39.0 ▼ 1519, 1548 ●Z39.00 ●Z39.01 ●Z39.02 ●Z39.03 Z39.1 	 Postpartum care and examination immediately after delivery Care and observation in uncomplicated cases in the period of 42 days following delivery (including delivery of placenta) <i>Excludes:</i> care for admission for postpartum complications after the puerperal period — see Alphabetic Index Postpartum care and examination after delivery, unspecified Postpartum care after hospital delivery Postpartum care after planned, out of hospital delivery Postpartum care after unplanned, out of hospital delivery Care and examination of lactating mother Breastfeeding (attachment) difficulty without disorder of lactation Supervision of lactation (O92)

personal history of psychoactive substance use disorder (Z86.4)

...

Z91.7 Personal history of female genital mutilation

₩1435

- Personal history of female:
- circumcision
- genital cuttinggenital mutilation (FGM) types 1–4

Appendix D: Classification of Hospital Acquired Diagnoses (CHADx)

5.7	Cerebrovascular disease & TIA
1600	Subarach haem, carotid siphon & bifur
G459	Transient cerebral ischaemic attack unsp
0873	Cerebral venous thrombosis in puerperium
5.8	Venous thrombosis/embolism (not progressing to PE)
Exclude	when occuring anywhere in the string with pulmonary embolism (126), count in Class 5
1829	Embolism & thrombosis of unsp vein
0223	Deep phlobothrombosis in pregnancy
0870	Spfl thrombophlebitis in puerperium
0871	Deep phlebothrombosis in the puerperium
O882	Obstetric blood clot embolism
12.4	Unsuccessful interventions during labour
O756	Delay delivery after spont or unsp ROM
12.5	Complications of maternal anaesthetic during pregnancy and puerperiun
0290	Pulmonary comp anaesthesia during preg
0291	Cardiac comp anaesthesia during prog
0292	CNS comp anaesthesia during preg
0293	Toxic reaction to local anaesthesia preg
029 4	Spinal epidural anaes-ind headache preg
0295	Oth comp spinal epidural anaes preg
02961	Failed intubation during preg
02962	Difficult intubation during prog
0298	Oth comp anaesthesia during prognancy
0299	Comp anaesthesia during pregnancy unsp
0740	Aspr pneumonitis dt anaes labour delv
0741	Oth pulm comp anaes labour delivery
0742	Cardiac comp anaes labour & delivery
0743	CNS comp anaes during labour & delivery
0744	Toxic reaction LA labour & delivery
0745	Spinal epidural headache dur labour delv
0746	Oth comp spinal epidural labour delivery
07471	Failed intubation during labour delv
07472	Difficult intubation during labour delv
0748	Oth comp anaes during labour & delivery
0749	Comp anaes during labour & delivery unsp
0890	Pulmonary comp of anaes during puerp
0891	Cardiac comp of anaesthesia during puerp
<u>0892</u>	CNS comp of anaesthesia during puerp
0893	Tox reaction dt local anaes during puerp
0894	Spinal epidural headache during puerp
0895	Oth comp spinal epidural during puerp
08961	Failed intubation during puorp
08962	Difficult intubation during puerp
0898	Oth comp anaesthesia during puerperium
0899	Comp anaesthesia during puerperium unsp
12.6	First degree and unspecified perineal laceration

0754	Oth comp obstetric surgery & procedures
O872	Haemorrhoids in the puerperium
0878	Oth venous comp in the puerperium
O879	Venous complications <u>condition</u> in puerperium unsp

•••

12.13 Maternal infection (excluding wound infection)

- O411 Infection of amniotic sac and membranes
- O861 Oth infectn gen tract following delivery
- O862 Urinary tract infectn following delivery
- O863 Oth GU tract infections foll delivery
- O864 Pyrexia unknown origin foll delivery
- O868 Other<u>& un</u>specified puerperal infections

...

12.15 Other disorders predominately related to pregnancy

- O200 Threatened abortion O208 Other haemorrhage in early pregnancy O209 Haemorrhage in early pregnancy unsp O210 Mild hHyperemesis gravidarum O211 Hyperemesis gravidarum w metab disturb O212 Late vomiting of pregnancy Vomiting in late pregnancy O218 Other vomiting complicating pregnancy O219 Vomiting of pregnancy unspecified NEC O222 Spfl thrombophlebitis in pregnancy O225 Cerebral venous thrombosis in pregnancy O228 Other venous complications in pregnancy O229 Venous complication condition in pregnancy unsp O230 Infections of kidney in pregnancy O231 Infections of bladder in pregnancy O232 Infections of urethra in pregnancy O233 Infectn oth parts urinary tract in preg O234 Unsp infectn urinary tract in pregnancy O235 Infections genital tract in pregnancy O239 Oth & unsp GU infection in preg Malnutrition in pregnancy O25 O264 Herpes gestationis O265 Maternal hypotension syndrome O267 Sublux symphysis pubis preg brth puerp O2681 Kidney disease pregnancy-related disrd in preg birth puerperium 02682 Carpal tunnel syndrome in pregnancy O2683 Neuralgia in pregnancy
- O2688 Oth spec pregnancy-related conditions

ICD-10-AM ALPHABETIC INDEX

INTRODUCTION

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Both the ICD-10-AM Alphabetic Index and Tabular List are meant to be used together. It is not recommended that the Alphabetic Index or Tabular List be used in isolation of each other. After locating a code in the index, refer to that code in the Tabular List for important instructions, such as 'includes' and 'excludes' notes. These instructions provide guidance on the use of additional codes, sequencing and exclusion notes which indicate rules such as when a disease would be coded elsewhere (eg certain conditions in or complicating pregnancy).

CONVENTIONS USED IN THE ALPHABETIC INDEX OF DISEASES

CROSS REFERENCES

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Prior to ICD-10-AM Eighth Edition cross references in the Alphabetic Index used commas to separate lead terms and subterms in an alternate index pathway. From Eighth Edition these commas have been replaced with slashes as follows:

EXAMPLE 12:

Haemorrhage, haemorrhagic

-childbirth see Haemorrhage, complicating, delivery

<u>- bronchus — see Haemorrhage, lung</u>

is shown as:

Haemorrhage, haemorrhagic

<u>- childbirth</u> <u>see Haemorrhage/complicating/delivery</u> - bronchus — see Haemorrhage/lung

Abnormal, abnormality, abnormalities — see also Anomaly

- presentation (fetus) NEC (see also Presentation,

fetus

- affecting
- fetus or newborn P01.7
- labour or delivery O64.9 -- pregnancy O32.9
- product of conception O02.9

Abruptio placentae O45.9

- with coagulation defect (with haemorrhage) O45.0
- affecting fetus or newborn P02.1
- specified NEC O45.8

Abscess (embolic) (infective) (metastatic) (multiple) (pyogenic) (septic) L02.9

- areola (acute) (chronic) (nonpuerperal) N61 - - in pregnancy O91.00
- - puerperal, postpartum or gestational O91.00 O91.0-
- with attachment difficulty O91.01
- arm (any part) L02.41

- Bartholin's gland N75.1

- - gonococcal A54.1
- - puerperal O86.1
- Bezold's H70.0

- breast (acute) (chronic) (nonpuerperal) N61
- - in pregnancy gestational O91.10 O91.10 - with attachment difficulty O91.11
- - newborn P39.0
- - puerperal, postpartum O91.10 O91.1-
- with attachment difficulty O91.11
- broad ligament (see also Disease/pelvis/inflammatory) N73.2
- cervix (uteri) (see also Cervicitis) N72 - - puerperal O86.1
- cheek (external) L02.0
- genital organ or tract NEC
- - female (external) N76.4
- - following
- - - abortion (subsequent episode) O08.0
- - - ectopic or molar pregnancy O08.0
- - puerperal O86.1
- - male N49.9
- - multiple sites N49.8
- - specified N49.8

- kidney N15.1 - - with calculus N20.0
- - with hydronephrosis N13.6
- -- complicating pregnancy O23.0
- --- affecting fetus or newborn P00.1
- - in pregnancy O23.0
- - affecting fetus or newborn P00.1

Reference to Changes - Tenth Edition Version 2.0

- - puerperal, postpartum O86.2
- knee L02.42
- - joint M00.9-
- labium (majus) (minus) N76.4

- -- complicating pregnancy O23.5 - - in pregnancy O23.5 - - puerperal, postpartum O86.1 - lacrimal
- nipple N61
- - in pregnancy O91.00 - - puerperal, postpartum or gestational O91.00 O91.0-
- with attachment difficulty O91.01
- nose (external) (fossa) (septum) J34.0
- paravaginal N76.0

- - in pregnancy O23.5

- - puerperal O86.1

- peritoneum, peritoneal (perforated) (ruptured) K65.0
- - with appendicitis K35.3
- - following
- - abortion (subsequent episode) O08.0
- - ectopic or molar pregnancy O08.0
- - pelvic
- - female (see also Peritonitis/pelvic/female) N73.5
- - male K65.0
- - postprocedural T81.4
- - puerperal, postpartum, childbirth O85
- puerperal code by site undersee Abscess/by site/puerperal Puerperal/abscess
- subareolar (see also Abscess/breast) N61
- - in pregnancy O91.10
- - puerperal, postpartum O91.10 O91.1-
- with attachment difficulty O91.11
- subcutaneous (see also Abscess/by site) L02.9
- urethral (gland) N34.0
- urinary tract NEC see also Abscess/by site
- - puerperal, postpartum O86.2
- uterus, uterine (wall) (see also Endometritis) N71.9
- vulva N76.4
- complicating pregnancy O23.5
- - in pregnancy O23.5
- puerperal, postpartum O86.1
- vulvovaginal gland N75.1
- in pregnancy O23.5
- - puerperal, postpartum O86.1

Acquired — see also condition

- immunodeficiency (drug related) D89.8
- - syndrome (AIDS) (see also
 - Human/immunodeficiency virus (HIV) disease) B24
- emplicating pregnancy, childbirth or the puerperium 098.7
- in pregnancy, childbirth or puerperium O98.7 Acrania (see also Anencephalus) Q00.03
- Addiction (see also Dependence) code to F10-F19 with fourth character .2
- alcohol, alcoholic (ethyl) (methyl) (wood) F10.2

complicating pregnancy, childbirth or puerperium 099.3 affecting fetus or newborn P04.3 - - in pregnancy, childbirth or puerperium NEC O99.3 - - affecting fetus or newborn P04.3 - - suspected damage to fetus affecting management of pregnancy O35.4 - drug <u>NEC</u> F19.2 - - in pregnancy, childbirth or puerperium NEC O99.3 - affecting fetus or newborn P04.4 - - suspected damage to fetus affecting management of pregnancy O35.5 ethyl alcohol F10.2 - heroin (see also Addiction/drug) F11.2 - methyl alcohol F10.2 - methylated spirit (see also Addiction/alcohol) F10.2 - morphine(-like substances) (see also Addiction/drug) F11.2 - nicotine F17.2 - opium and opioids (see also Addiction/drug) F11.2

Admission (for)

- post sterilisation (for reconstruction) Z31.0

- -postpartum
- immediately after delivery Z39.00
- home birth (planned) Z39.02
- unplanned Z39.03
- hospital Z39.01
- planned, out of hospital Z39.02
- unplanned, out of hospital Z39.03
- prophylactic surgery Z40.9
- - organ removal for risk-factors related to malignant neoplasms
- - breast Z40.00
- - ovary Z40.01
- - specified organ NEC Z40.08
- - specified NEC Z40.8
- psychotherapy NEC Z50.4
- puerperal, postpartum NEC Z39.00
- - following
- - home delivery (planned) Z39.02
- <u>- - unplanned Z39.03</u>
- - hospital delivery Z39.01
- - out of hospital delivery (planned) Z39.02
- - - unplanned Z39.03
- routine follow-up Z39.2
- radiation therapy Z51.0

Afibrinogenaemia (see also Defect/coagulation) D68.8

- acquired D65
- congenital D68.2
- puerperal, postpartum O72.3

Aftercare (see also Care) Z51.9

- pharmacotherapy for neoplasm Z51.1
- -postpartum
- immediately after delivery Z39.00
- home birth (planned) Z39.02
- unplanned Z39.03
- hospital Z39.01
- -planned, out of hospital Z39.02

- unplanned, out of hospital Z39.03 - postprocedural NEC Z48.8
- - wound closure, planned Z48.8
- puerperal, postpartum NEC Z39.00 - - following
- - home delivery (planned) Z39.02 - - - - unplanned Z39.03
- - hospital delivery Z39.01
- - out of hospital delivery (planned) Z39.02
- - - unplanned Z39.03
- specified type NEC Z51.88
- Agalactia (postpartum) (primary) (puerperal) 092.30092.3-
- with attachment difficulty O92.31
- elective, secondary or therapeutic 092.50092.5-

with attachment difficulty O92.51 Agammaglobulinaemia D80.1

AIDS (see also Human/immunodeficiency virus (HIV) disease) B24

- complicating prognancy, childbirth or the puerperium O98.7

in pregnancy, childbirth or puerperium O98.7 Ailment, heart — see Disease/heart Ainhum (disease) L94.6

Air

- anterior mediastinum J98.2
- conditioner lung or pneumonitis J67.7
- embolism (any site) (artery) (cerebral) T79.0
- - due to implanted device NEC see
- Complications/by site and type/specified NEC - - following infusion, therapeutic injection or
- transfusion T80.0
- - in pregnancy, childbirth or puerperium NEC 088.0
- - traumatic T79.0

Albuminuria, albuminuric (acute) (chronic) (subacute) (see also Proteinuria) R80

- complicating pregnancy, childbirth or puerperium 012.1
- gestational O12.1
- in pregnancy, childbirth or puerperium O12.1
- - with oedema O12.2
- orthostatic N39.2
- postural N39.2
- retinitis N18.5† H32.8*

Alcoholism (chronic) F10.2

- with psychosis (see also Psychosis/alcoholic) F10.5
- complicating pregnancy, childbirth or puerperium 099.3
- affecting fetus or newborn P04.3
- in family Z63.71
- in
- - family Z63.71 - pregnancy, childbirth or puerperium NEC
 - O99.3
- affecting fetus or newborn P04.3
- Korsakov's F10.6

- suspected damage to fetus affecting management of pregnancy O35.4

Anaemia D64.9

- combined system disease NEC D51.0† G32.0*
- due to dietary vitamin B₁₂ deficiency D51.3⁺ G32.0^{*}
- -complicating pregnancy, childbirth or puerperium 099.00
- ---- with mention of pre-existing anaemia O99.02
- -- childbirth and the puerperium NEC O99.03
- ---- with mention of pre-existing anaemia O99.04 --- postpartum NEC O99.03
- --- with mention of pre-existing anaemia O99.04
- congenital P61.4
- idiopathic D64.9
- - aplastic D61.3
- - haemolytic, chronic D59.9
- in pregnancy, childbirth or puerperium O99.00
- - affecting fetus or newborn P00.8
- - childbirth or puerperium O99.03
- - with mention of pre-existing anaemia O99.04
 pregnancy O99.01
- - with mention of pre-existing anaemia O99.02
- - puerperal, postpartum NEC 099.03
- - with mention of pre-existing anaemia O99.04
- infantile D64.9
- macrocytic D52.9
- - in pregnancy, childbirth or puerperium see Anaemia/in pregnancy, childbirth or puerperium
- - nutritional D52.0
- of or complicating prognancy soo <u>Anaomia/complicating prognancy, childbirth or</u> puorporium

 tropical D52.8
- malarial (see also Malaria) B54† D63*
- malignant D51.0
- malnutrition D53.9
- marsh (see also Malaria) B54⁺ D63^{*}
- Mediterranean D56.9
- megaloblastic D53.1
- - hereditary D51.1
- in pregnancy, childbirth or puerperium see <u>Anaemia/in pregnancy, childbirth or puerperium</u>
 - nutritional D52.0
- - with poor iron absorption D50.8
- - megaloblastic D52.0
- - specified NEC D53.8
- nutritional (deficiency) D53.9
- - with poor iron absorption D50.8
- - megaloblastic D52.0
- - specified NEC D53.8
- of or complicating pregnancy O99.01
- with mention of pre-existing anaemia O99.02
 affecting fetus or newborn P00.8
- of prematurity P61.2
- orotaciduric D53.0
- osteosclerotic D64.8
- paludal (see also Malaria) B54† D63*

Reference to Changes - Tenth Edition Version 2.0

- pernicious (congenital) (malignant) (progressive)
 D51 0
- --- of or complicating prognancy.---- soo Anaomia/complicating prognancy, childbirth or puorporium

- - in pregnancy, childbirth or puerperium see Anaemia/in pregnancy, childbirth or puerperium
- posthaemorrhagic (chronic) D50.0
- - acute D62
- - newborn P61.3
- -postpartum NEC 099.03
- with mention of pre-existing anaemia O99.04
- pressure D64.8
- primary D64.9
- profound D64.9
- progressive D64.9
- protein-deficiency D53.0
- pseudoleukaemia infantum D64.8
- puerperal, <u>postpartum</u> NEC O99.03
- - with mention of pre-existing anaemia O99.04

Anaesthesia, anaesthetic — see also Effect, adverse/anaesthesia

- death from
- - correct substance properly administered T88.2
 - during delivery 074.9
- --- in pregnancy 029.9
- - overdose or wrong substance given T41.-
- - specified anaesthetic see Table of drugs and chemicals

-- postpartum, puerperal O89.8

Android pelvis Q74.21

- with disproportion (fetopelvic) O33.3
- - affecting
- - fetus or newborn P03.1
- - labour or delivery O65.3
- --- pregnancy O33.3
- Anemia see Anaemia

Anhidrosis L74.4

Anhydramnios O41.0 - affecting fetus or newborn P01.2 Anhydration, anhydraemia (see also Hypovolaemia) E86

Anomaly, anomalous (congenital) (unspecified type) Q89.9

- ····
- pelvic girdle NEC Q74.21
- ---- labour or delivery O65.0
- ---- pregnancy O33.0
- - with disproportion (fetopelvic) O33.0
- - affecting labour or delivery O65.0

- pelvis (bony) NEC Q74.21

- - with disproportion (fetopelvic) O33.0

anaesthesia (general) (local) or other

617

- - affecting labour or delivery O65.0
- affecting
- ---- labour or delivery O65.0
- - pregnancy O33.0 - penis (glans) Q55.60
- penis (gians) Q00.0

Anoxia R09.0

- altitude T70.2
- cerebral G93.1
- complicating
 anaesthesia
 sedation

- - - in labour and delivery O74.3 --- - in pregnancy O29.2
- ---- postpartum, puerperal O89.2
- - delivery (caesarean) (instrumental) 075.4
- - during or resulting from a procedure G97.8
- - newborn (see also Asphyxia/newborn) P21.9

Anthropoid pelvis Q74.21

- with disproportion (fetopelvic) O33.0
- - affecting
- - fetus or newborn P03.1
- - labour or delivery O65.0
- affecting
- - fetus or newborn P03.1
- - labour or delivery O65.0
- - pregnancy O33.0

Apoplexia, apoplexy, apoplectic 164

- attack I64
- basilar I64
- brain 164
- bulbar I64
- capillary I64
- cerebral I64
- chorea I64
- complicating labour and delivery O99.4
- congestive I64
- embolic 163.4
- fit I64
- haemorrhagic (stroke) (see also
- Haemorrhage/intracerebral) 161.9
- healed or old see 169
- - without residuals Z86.7
- heart (auricle) (ventricle) (see also Infarct/myocardium) I21.9
 heat T67.0
- neat 167.0
- in pregnancy, childbirth or puerperium O99.4
- meninges, haemorrhagic (see also
- Haemorrhage/subarachnoid) 160.9
- progressive I64
- seizure I64
- stroke I64
- thrombotic I63.3
- uraemic N18.5† I68.8*

ARC (AIDS related complex) (see also Human/immunodeficiency virus (HIV) disease) B24

- complicating in pregnancy, childbirth or the puerperium O98.7

Arrest, arrested

- active phase of labour O62.1
- - affecting fetus or newborn P03.6
- any plane in pelvis see Labour/obstructed
- cardiac 146.9
- - with successful resuscitation I46.0
- - complicating
- - anaesthesia (general) (local) or other sedation
- - - correct substance properly administered I46.9
- - - in labour and delivery O74.2

Reference to Changes - Tenth Edition Version 2.0

- ---- in pregnancy O29.1
- - - overdose or wrong substance given T41.-

- ---- specified anaesthetic see Table of drugs and chemicals
- --- postpartum, puerperal O89.1
- --- delivery (caesarean) (instrumental) 075.4

- - newborn P29.1

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- labour or delivery O65.5

labour or delivery O65.5

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...

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- - affecting

NEC 032.4

- - affecting

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- - affecting

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- areola N61
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- with attachment difficulty O91.01
- areolar tissue NEC L08.9
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- associated with pregnancy O91.20
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- smoke T59.8
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- - following
- - abortion (subsequent episode) O08.0
- - - current episode see Abortion
- - ectopic gestation O08.0
- - general A41.9
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- during pregnancy O29.62
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- -postpartum, puerperal O89.62
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- in labour and delivery O74.71
- postpartum, puerperal O89.61
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- - in pregnancy, childbirth or puerperium O99.4
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- - newborn P91.0
- -- puerperal, postpartum, childbirth O99.4
- - recurrent focal G45.8
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- - pregnancy O36.1
- fetus or newborn P55.9
- - with
- - hydrops fetalis P56.0
- - kernicterus P57.0
- - ABO P55.1
- - Rh P55.0
- - specified type P55.8
- Rh (factor) (rhesus)
- - in
- - fetus or newborn P55.0
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- amniotic fluid (see also
- Rupture/membranes/premature) 042.9
- - with delayed delivery O75.6

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- circulation, affecting management of pregnancy or puerperium O43.0
- cerebrospinal fluid G96.0
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Lien migrans D73.8 Ligament — see condition

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- - and small-for-dates P05.1
- headedness R42
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- affecting management of pregnancy O36.5
- and small-for-dates P05.1

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- fluid (acute) (see also Hypovolaemia) E86
- - fetus or newborn P74.1
- function of labyrinth H83.2

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- breast

- - in pregnancy (nonpurulent) O91.20
- - purulent O91.10
 associated with pregnancy O91.20
- -- gestational (nonpurulent) (without attachment difficulty) O91.20
- --- with attachment difficulty O91.21
- - purulent (without attachment difficulty)
 O91.10
- ---- with attachment difficulty O91.11
- - puerperal, postpartum (nonpurulent) (without attachment difficulty) 091.20 091.2-
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- with
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- acute see Cellulitis
- breast
- associated with pregnancy O91.20
- --- gestational O91.20
- ---- with attachment difficulty O91.21
- - in pregnancy (nonpurulent) O91.20
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- - purulent <u>091.10091.1-</u>
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- chancroidal A57
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- due to
- - Brugia (malayi) B74.1
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- following
- - abortion (subsequent episode) O08.8
- - current episode see Abortion
- - ectopic or molar pregnancy O08.8
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- puerperal, postpartum, childbirth O86.8
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- with
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- - haemoglobinuric (bilious) B50.8
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- accidentally induced (therapeutically) see Malaria/by type
- algid B50.9
- cerebral B50.0† G94.8*
- clinically diagnosed (without parasitological confirmation) B54
- complicating pregnancy, childbirth or puerperium 098.6
- congenital NEC P37.4
- - falciparum P37.3
- continued (fever) B50.9
- estivo-autumnal B50.9
- falciparum B50.9
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- - severe B50.8
- <u>in pregnancy, childbirth or puerperium O98.6</u>
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Male type pelvis Q74.21

- with disproportion (fetopelvic) O33.3
- - affecting
- - fetus or newborn P03.1
- - labour or delivery O65.3
- ---- pregnancy O33.3

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- pelvic organs or tissues NEC
 in pregnancy or childbirth O34.8
- - affecting
- - - fetus or newborn P03.1
- - - before onset of labour P03.8
- - labour or delivery O65.5
- ---- pregnancy O34.8

Malposition

 fetus NEC (see also Presentation, fetal) O32.9 see Malpresentation, fetus

in multiple gestation (of one fetus or more)

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--- affecting

032.5

affecting

gallbladder K82.8

---- labour or delivery O64.9 ---- pregnancy O32.9

labour or delivery O64.-

pregnancy O32.5

- heart, congenital NEC Q24.89

- pelvic organs or tissues O34.8 - - affecting labour or delivery O65.5 labour or delivery O65.5 --- pregnancy O34.8 - placenta (see also Placenta/praevia) O44.1 - stomach K31.88 tooth, teeth (with impaction) K07.3uterus (acquired) (acute) (adherent) (any degree) (asymptomatic) (postinfectional) (postpartal, old) N85.4 - - affecting - - - labour or delivery O65.5 - - - pregnancy O34.5 - - anteflexion or anteversion (see also Anteversion/uterus) N85.4 - - congenital Q51.83 Malpresentation, fetus O32.9 - affecting - - fetus or newborn (any, except breech) P03.1 - - - before onset of labour P01.7 - - - breech P03.0 - - labour or delivery O64.-- - pregnancy O32.-- arm (mother) O32.2 ____ see Malpresentation, fetus/by type affecting labour or delivery O64.4 - breech (mother)-O32.1 - - affecting labour or delivery O64.1 - fetus or newborn P03.0 - before onset of labour P01.7 ---- labour or delivery O64.1 ---- pregnancy O32.1 - brow (mother) O32.3 - - affecting labour or delivery O64.3 - chin (mother) O32.3 - see Malpresentation, fetus/face affecting labour or delivery O64.2 - compound O32.6 - - affecting labour or delivery O64.5 - cord (umbilical) O69.0 - extended head (mother) O32.3 - - affecting labour or delivery O64.3 - face (mother)-O32.3 - - affecting labour or delivery O64.2 fetus or newborn P01.7 ---- labour or delivery O64.2 pregnancy O32.3 - - to pubes O32.8 - - - affecting labour or delivery O64.0 - hand (mother) O32.2 - see Malpresentation, fetus/ by type affecting labour or delivery O64.4 - in multiple gestation (one or more) O32.5 - affecting labour or delivery O64.pregnancy O32.5 - leg or foot (mother) NEC O32.1 - see Malpresentation, fetus/ by type - affecting labour or delivery O64.1 - mentum (mother) O32.3 - see Malpresentation, fetus/face affecting labour or delivery O64.2 - oblique (mother)-O32.2 - - affecting labour or delivery O64.4 - persistent occipitoposterior (position) O32.8 - - affecting labour or delivery O64.0 - shoulder (mother) O32.2 ____ see Malpresentation, fetus/transverse

- - affecting labour or delivery O64.4
- specified NEC O32.8

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- - affecting labour or delivery O64.8

- - vulva and perineum O34.7 - - affecting labour or delivery O65.5
- - labour or delivery 065.5
- ---- pregnancy O34.7
- breech presentation O32.1

- - affecting labour or delivery O64.1 labour or delivery O64.1 -pregnancy O32.1 - brow presentation O32.3 - - affecting labour or delivery O64.3 - labour or delivery O64.3 - pregnancy O32.3 - central nervous system malformation, fetus O35.0 - cervical incompetence O34.3 - - affecting labour or delivery O65.5 - labour or delivery O65.5 pregnancy O34.3 - chin presentation O32.3 - - affecting labour or delivery O64.2 - - - labour or delivery O64.2 pregnancy O32.3 - chromosomal abnormality, fetus O35.1 - compound presentation 032.6 - - affecting labour or delivery O64.5 - labour or delivery O64.5 -pregnancy O32.6 - congenital malformation, uterus O34.0 - - affecting labour or delivery O65.5 labour or delivery O65.5 pregnancy O34.0 - damage to fetus (from) O35.9 - - alcohol O35.4 - - drugs O35.5 - - maternal - - - alcohol addiction O35.4 - - - cytomegalovirus infection O35.3 - - - drug addiction O35.5 - - - listeriosis O35.8 - - - rubella O35.3 - - - toxoplasmosis O35.8 - - - viral disease O35.3 - - medical procedure NEC O35.7 - - radiation O35.6 - disproportion (due to) (fetopelvic) O33.9 ____ see **Disproportion** affecting - - labour or delivery O65.4 -pregnancy O33.9 - deformity of maternal pelvic bones O33.0 affecting - - labour or delivery O65.0 pregnancy O33.0 - fetal deformity NEC O33.7 affecting -labour or delivery O66.3 pregnancy O33.7 generally contracted maternal pelvis O33.1 affecting - labour or delivery O65.1 pregnancy O33.1 - hydrocephalic fetus O33.6 affecting - - labour or delivery O66.3 pregnancy O33.6 -- inlet contraction, maternal pelvis O33.2 affecting -labour or delivery O65.2 pregnancy O33.2 mixed maternal and fetal origin O33.4 -affecting -labour or delivery O66.9 pregnancy O33.4 origin NEC 033.8 affecting labour or delivery O66.8

-pregnancy O33.8 -- outlet contraction, maternal pelvis O33.3 affecting - - labour or delivery O65.3 -- pregnancy O33.3 -- unusually large fetus O33.5 - affecting - labour or delivery O66.2 pregnancy O33.5 - excessive fetal growth O36.6 - - with disproportion O33.5 - - affecting labour or delivery O66.2 causing disproportion, affecting - labour or delivery O66.2 pregnancy O33.5 - face presentation O32.3 affecting -labour or delivery O64.2 pregnancy O32.3 - fetal - - abnormality NEC O35.9 - - - central nervous system O35.0 - - - chromosomal O35.1 --- hereditary disease O35.2 - - - specified NEC O35.8 - - an encephaly O35.0 - - damage O35.9 - - - specified NEC O35.8 - - hypoxia (unrelated to labour and delivery) 036.3 - - problem O36.9 - - - specified NEC O36.8 - - spina bifida O35.0 - habitual aborter (during pregnancy) O26.2 - hereditary disease, fetus O35.2 - high fetal head at term (pregnancy) O32.4 - - affecting labour or delivery O64.8 labour or delivery O64.8 - hydrops fetalis (not due to isoimmunisation) NEC 036.2 - intrauterine death (late) O36.4 - - after fetal viability (≥ 20 completed weeks (140 days) gestation and/or fetal weight \geq 400g) O36.4 - - before fetal viability, with retention (< 20 completed weeks (140 days) gestation and/or fetal weight < 400g) O02.1 - isoimmunisation (ABO) O36.1 - - Rh (anti-D) (factor) (rhesus) O36.0 - malpresentation (fetus) - see Malpresentation, fetus multiple gestation with malpresentation of one fetus or more O32.5 affecting - labour or delivery O64.-- pregnancy O32.5 - oblique lie O32.2 - - affecting labour or delivery O64.4 labour or delivery O64.4 pregnancy O32.2 - placental insufficiency O36.5 - poor fetal growth O36.5 - transverse lie O32.2 - - affecting labour or delivery O64.8 labour or delivery O64.8 - pregnancy O32.2 - tumour, corpus uteri O34.1 - - affecting labour or delivery O65.5 - labour or delivery O65.5 pregnancy O34.1 - unstable lie O32.0

- - affecting labour or delivery O64.8 labour or delivery O64.8
- pregnancy O32.0
- uterine scar from previous surgery O34.2
- viable fetus in abdominal pregnancy O36.7

Meconium

- aspiration syndrome P24.0
- ileus, fetus or newborn P76.0
- in cystic fibrosis E84† P75*
- in liquor see also Distress/fetal -- with fetal distress see Distress/fetal
- - requiring instrumentation or surgical
- intervention in labour and delivery O68.1
- - with fetal heart rate anomaly 068.2 complicating labour and delivery O68.1
- obstruction, fetus or newborn P76.0

Mendelson's syndrome (due to anaesthesia) J95.4

- -in
- --- labour and delivery O74.0
- - pregnancy O29.0
- postpartum, puerperal O89.0

Ménétrier's disease or syndrome K29.60

- Meningomyelocele (see also Spina bifida) Q05.9-
- with hydrocephalus (see also Spina bifida/with hydrocephalus) Q05.4-
- fetal (mother)
- - with disproportion (fetopelvic) O33.7
- - affecting labour or delivery O66.3
- - affecting labour or delivery O66.3
- labour or delivery O66.3
- pregnancy O33.7
- syphilitic A52.1† G94.8*

Milk

- crust L21.0
- delayed supply O92.40
- with attachment difficulty O92.41 excessive secretion <u>O92.60(postpartum)</u> (puerperal) O92.6-
- with attachment difficulty O92.61
- insufficient supply O92.40
- with attachment difficulty O92.41
- leg (childbirth) (postpartum) (puerperal) O87.1_ see Phlebitis
- -- complicating pregnancy O22.3
- --- nonpuerperal 180.1
- oversupply (postpartum) (puerperal) O92.6-
- poisoning T62.8
- retention (postpartum) (puerperal) 092.70092.7with attachment difficulty O92.71
- sickness T62.8
- supply (postpartum) (puerperal)
- - delayed O92.4-
- - excessive O92.6-
- - insufficient O92.4-
- -- oversupply O92.6-

Movements, dystonic R25.8

- decreased fetal (no underlying cause) NEC <u>O36.8</u>
- - underlying cause identified see condition

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- dystonic R25.8

Moyamoya disease 167.5

Nägele's pelvis M95.5

- with disproportion (fetopelvic) O33.0
- - affecting labour or delivery O65.0
- labour or delivery O65.0
- --- pregnancy O33.0

Necrosis, necrotic (ischaemic) (see also Gangrene) R02

- kidney (bilateral) N28.0
- - acute N17.9
- - cortical (acute) N17.1
- - in pregnancy, childbirth or puerperium O26.81
- - affecting fetus or newborn P00.1
- - medullary (papillary) N17.2
- - papillary N17.2
- - tubular (acute) N17.0
- complicating pregnancy O26.81
- affecting fetus or newborn P00.1
- - following
- - abortion (subsequent episode) O08.4
- - - current episode see Abortion
- - - ectopic or molar pregnancy O08.4
- larynx J38.7
- liver (cell) K72.9
- - with hepatic failure (see also Failure/hepatic) K72.9
- complicating pregnancy, childbirth or puerperium O26.6
- affecting fetus or newborn P00.8
- - haemorrhagic, central K76.2
- - in pregnancy, childbirth or puerperium O26.6
- - affecting fetus or newborn P00.8
- lung J85.0

Nephritis, nephritic N05.-

- cirrhotic (see also Sclerosis/renal) N26
- complicating pregnancy O26.81
- with secondary hypertension, p existing 010.4
- affecting fetus or newborn P00.0
- affecting fetus or newborn P00.1
- degenerative see Nephrosis
- diffuse sclerosing (see also
- Disease/kidney/chronic) N18.9
- due to

026.81

- - systemic lupus erythematosus (chronic) M32.1† N08.5*
- gonococcal (acute) (chronic) A54.2† N08.0* - hereditary Q87.81
- hypocomplementemic see
- Nephritis/membranoproliferative
- IgA see Nephropathy/IgA
- immune complex (circulating) NEC N05.8

- - with pre-existing hypertension O10

- - - affecting fetus or newborn P00.0

- - affecting fetus or newborn P00.1 - infective — see Nephritis/tubulo-interstitial

-puerperal (postpartum) O90.8

fourth character .8

- in pregnancy, childbirth or puerperium NEC

- proliferative NEC - code to N00-N07 with

- purulent — see Nephritis/tubulo-interstitial

Nephropathy (see also Nephritis) N28.9

- IgA N02.8
- - with glomerular lesion N02.-
- - focal and segmental hyalinosis or sclerosis N02.1
- - membranoproliferative (diffuse) N02.5
- - membranous (diffuse) N02.2
- - mesangial proliferative (diffuse) N02.3
- - mesangiocapillary (diffuse) N02.5
- - proliferative NEC N02.8
- - specified pathology NEC N02.8
- in pregnancy, childbirth or puerperium O26.81
- incipient (early) (reversible) N28.8
- lead N14.3
- membranoproliferative (diffuse) N02.5
- membranous (diffuse) N05.2
- mesangial (IgA/IgG) see Nephropathy/IgA
- - proliferative (diffuse) N02.3
- mesangiocapillary (diffuse) N02.5
- obstructive N13.8
- pregnancy-related O26.81
- proliferative NEC code to N00-N07 with fourth character .8

Nephrosis, nephrotic (congenital) (Epstein's) (syndrome) N04.-

- Note: Where a term is indexed only at the three character level, eg N04.-, reference should be made to the list of fourth character subdivisions in the Tabular List of Diseases.
- with
- - glomerular lesion N04.-
- - foot process disease N04.-
- - hypocomplementemic N04.5
- acute N04.-
- anoxic see Nephrosis/tubular
- chemical see Nephrosis/tubular
- complicating pregnancy O26.81 haemoglobinuric see Nephrosis/tubular
- in
- - amyloidosis E85.4† N08.4*
- - epidemic haemorrhagic fever A98.5† N08.0*
- - malaria (malariae) B52.0† N08.0*
- - pregnancy, childbirth or puerperium O26.81
- ischaemic see Nephrosis/tubular
- Neuralgia, neuralgic (acute) (see also Neuritis) M79.2-
- ciliary G44.0
- complicating pregnancy O26.83
- cranial
- - nerve see also Disorder/nerve/cranial
- - 5th or trigeminal (see also
- Neuralgia/trigeminal) G50.0 - - postherpetic, postzoster B02.2⁺ G53.0^{*}
- ear H92.0
- facialis vera G51.1
- Fothergill's (see also Neuralgia/trigeminal) G50.0
- glossopharyngeal (nerve) G52.1 - Hunt's B02.2† G53.0*
- hypoglossal (nerve) G52.3

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- in pregnancy, childbirth or puerperium O99.3
- infraorbital (see also Neuralgia/trigeminal) G50.0

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- abducens (nerve) H49.2
- acoustic (nerve) H93.3
- - in (due to)
- - infectious disease NEC B99† H94.0*
- - parasitic disease NEC B89† H94.0*
- - syphilitic A52.1† H94.0*
- amyloid, any site E85.4† G63.3*
- -arising during pregnancy O26.83
- auditory (nerve) H93.3
- brachial M54.1-
- - due to displacement, intervertebral disc M50.1† G55.1*
- complicating pregnancy O26.83
- cranial nerve
- gouty M10.0-† G63.6* - in disease classified elsewhere
- Polyneuropathy
- - disease classified elsewhere see **Polyneuropathy**
- - pregnancy, childbirth or puerperium O99.3
- infectious (multiple) NEC G61.0

- peripheral (nerve) G62.9 - - complicating pregnancy O26.83

- - multiple (see also Polyneuropathy) G62.9
- - single see Mononeuritis
- postherpetic, postzoster B02.2† G53.0*
- pregnancy-related O26.83
- progressive hypertrophic interstitial G60.0
- puerperal, postpartum O90.8O99.3
- retrobulbar H46
- Nonengagement
- head NEC O32.4
- -- affecting
- labour or delivery O64.8
- pregnancy O32.4
- fetal head NEC O32.4
- affecting labour or delivery O64.8

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Occlusion, occluded

- - - - thrombosis 163.3

- - - - embolism 163.4

- - - - thrombosis 163.3

(embolic) 088.2

- - - with infarction (due to) I63.2

- artery
- - cerebral 166.9

- - - anterior 166.1

- - - bilateral 166.4

- - - middle 166.0

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- - - - embolism 163.1

- - - - thrombosis I63.0

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- - - multiple or bilateral 165.3

- - - with infarction (due to) I63.5 - - - - embolism 163.4

- - - - with infarction (due to) 163.5

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- - - in pregnancy, childbirth or puerperium

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- - - with infarction (due to) I63.2
- - - embolism 163.1
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- - - with infarction (due to) I63.2
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- circumscribed, acute T78.3
- - hereditary D84.1
- complicating pregnancy O12.0
- conjunctiva H11.4
- generalised R60.1
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- - allergic T78.3
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- - labour or delivery O66.2
- affecting management of pregnancy O36.6
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- --- fetus or newborn P03.1
- --- labour or delivery O66.2
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Disease/pelvis/inflammatory) N73.2

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- ... - pelvic
- - female N73.5
- - with gonorrhoea A54.2⁺ N74.3^{*}

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- - acute N73.3
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- - - with adhesions N73.6
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- - male K65.0
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- - affecting
- - fetus or newborn P03.1
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- - maternal, affecting fetus or newborn P04.1
- maternal, affecting fetus or newborn P04.1
- neoplasm Z51.1
- - aftercare Z51.1
- - maintenance NEC Z51.1
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- complicating pregnancy O22.9
- --- deep O22.8
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- femoral (superficial) 180.1
- following infusion, therapeutic injection or transfusion T80.1
- hepatic veins 180.8
- iliofemoral 180.1
- <u>- in</u>
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- intraspinal venous sinuses and veins G08

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- - ectopic or molar pregnancy O08.0
- - puerperal, postpartum O87.1 087.9
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- -- superficial O87.0
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- - superficial (vessels) 180.0
- umbilicus 180.8
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- <u>- in</u>
- - childbirth or puerperal O87.9
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- Phlegmasia
- alba dolens (puerperal) O87.1
- -- complicating pregnancy O22.3
- <u>- in</u>
- - childbirth or puerperal O87.9
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- with disproportion (fetopelvic) O33.0
- - affecting
- - fetus or newborn P03.1
- - labour or delivery O65.0
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- - affecting fetus or newborn P02.1
- abnormal, abnormality NEC O43.1
- - with haemorrhage 046.8
- - affecting fetus or newborn P02.1
- ---- antepartum NEC O46.8
- ---- intrapartum O67.8
- - - fetus or newborn P02.1
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- abruptio (see also Abruptio placentae) O45.9
- - affecting fetus or newborn P02.1

- accreta O43.2
- adherent (morbidly) O43.2
- battledore O43.1
- bipartita O43.1
- circumvallata O43.1
- cyst (amniotic) O43.1
- deficiency see Placenta/insufficiency <u>O36.5</u>
- - affecting fetus or newborn P02.2
- detachment (partial) (premature) (with haemorrhage) *(see also Abruptio placentae)* 045.9
- insufficiency O36.5
- - affecting fetus or newborn P02.2
- - affecting management of pregnancy O36.5
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- with disproportion (fetopelvic) O33.0
- - affecting
- - fetus or newborn P03.1
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- ---- pregnancy O33.0
- congenital Q74.21
- Pneumonitis (acute) (primary) (see also Pneumonia) J18.9
- air-conditioner J67.7
- allergic (due to) J67.9
- - organic dust NEC J67.8
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- - due to anaesthesia J95.4
- uue to anaestnesia 395.4
- -- during
- ---- labour and delivery O74.0

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- ---- pregnancy O29.0 ---- puerperium O89.0
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- postprocedural J95.8

- radiation J70.0

Position(al)

affecting

- chemical (due to gases, fumes or vapours) (inhalation) J68.0

- - correct substance properly administered J95.8

- - overdose or wrong substance given T41.20

- fetus, abnormal (see also Presentation, fetal)

O32.9— see Malpresentation, fetus

Post-dates (mother) (pregnancy) O48

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-labour or delivery O64.9

pregnancy O32.9

- fetus or newborn P08.2

- teeth, faulty K07.3

- talipes equinovarus Q66.02

- - - specified anaesthetic — see Table of drugs

- postanaesthetic

Postmaturity, postmature (fetus or newborn) P08.2(pregnancy) O48 - affecting management of pregnancy O48

- fetus or newborn P08.2

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- dysphoria F53.8
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-complicating pregnancy, childbirth or puerperium O24.-

- in pregnancy, childbirth or puerperium O24.5-Predislocation status of hip at birth Q65.60

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- abdominal (ectopic) O00.0
- - affecting fetus or newborn P01.4
- - viable fetus O36.7
- abnormal NEC O26.9
- <u>- affecting fetus or newborn see</u> <u>condition/affecting fetus or newborn OR</u> <u>Maternal condition, affecting fetus or newborn</u>
- ampullar O00.1
- broad ligament O00.8
- cervical O00.8
- complicated by see also Pregnancy/management affected by
- - abnormal, abnormality
- - cervix O34.4
- ---- affecting
- ----- labour or delivery O65.5
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- - cord (umbilical) O69.9
- - fetus (suspected) O35.9
- - - specified NEC O35.8
- - glucose tolerance NEC O24.-
- - pelvic organs or tissues O34.9
- ----- before onset of labour P03.8
- - - labour or delivery O65.5
- ---- pregnancy O34.9
- - - specified NEC O34.8
- ---- affecting
- ---- labour or delivery O65.5

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- ----- pregnancy O34.8
- - pelvis, with disproportion (bony) (major) NEC O33.0
- affecting - labour or delivery O65.0 - pregnancy O33.0 - - - perineum or vulva O34.7 - - affecting - - - labour or delivery O65.5 - pregnancy O34.7 - - - placenta, placental (vessel) O43.1 - - - - accreta O43.2 - - - - increta O43.2 - - - - morbidly adherent O43.2 - - - - percreta O43.2 - - - position ---- fetus --- see Malpresentation, fetus - - - - placenta (with haemorrhage) O44.1 - - - - without haemorrhage O44.0 - - - - uterus O34.5 affecting - labour or delivery O65.5 ---- pregnancy O34.5 - - - uterus (congenital) O34.0 -affecting - labour or delivery O65.5 --- pregnancy O34.0 - - abscess or cellulitis - - - bladder O23.1 - - - genital organ or tract O23.5 - - adhesions (pelvic) (peritoneum) O34.8 affecting labour or delivery O65.5 -- adverse effect of anaesthesia O29.9 - - albuminuria O12.1 - - - with oedema O12.2 - - alcohol dependence (F10.2) O99.3 - - amnionitis O41.1 - - anaemia (conditions in D50-D64) O99.01 - - - with mention of pre-existing anaemia O99.02 - - anaphylactoid syndrome of pregnancy O88.1 - - antibodies (maternal) - - - Anti-D O36.0 - - - blood group (ABO) O36.1 - - - - Rh (factor) (rhesus) O36.0 - - atrophy (acute) (subacute) (yellow), liver O26.6 - - bicornis or bicornuate uterus O34.0 affecting - labour or delivery O65.5 pregnancy O34.0 - - bone and joint disorders of back, pelvis and lower limbs O99.8 - - breech presentation O32.1 affecting - labour or delivery O64.1 pregnancy O32.1 - - cardiovascular diseases (conditions in I00-I09, 120-152, 170-199) O99.4 - - carpal tunnel syndrome O26.82099.3 - - cerebrovascular disorders (conditions in I60-I69) O99.4 - - cervicitis O23.5 - - chloasma (gravidarum) O26.88099.7 - - cholestasis (intrahepatic) O26.6 - - compound presentation O32.6 - affecting - labour or delivery O64.5
- ---- pregnancy O32.6 - conditions in

Note: The following subterms (code ranges) refer to codes for nonobstetric conditions complicating pregnancy — see also ACS 1521 Conditions and injuries in pregnancy - - - A00-A07 O98.8 - - - A08 O98.5 - - - A09 O98.8 - - - A15-A19 O98.0 - - - A24-A49 O98.8 - - - A50-A53 O98.1 - - - A54.- O98.2 - - - A55-A64 O98.3 - - - A65-A79 O98.8 - - - A80-B09 O98.5 - - - B15-B19 O98.4 - - - B20-B24 O98.7 - - - B25-B34 O98.5 ---B35-B49 O98.8 --- B50-B64 O98.6 - - - B65–B94 O98.8 - - - C00-D48 O99.8 - - - D50-D64 O99.0-- - - D65-D89 O99.1 - - - E00-E07 O99.2 - - - E09-E14 O24.-- - - E15-E34 O99.2 - - - E40-E46 O25 - - - E50-E89 O99.2 - - - F00-F52 O99.3 ---- F50.5 O21 - - - F54-F99 O99.3 - - - G00-G99 NEC O99.3 ---- G08 O22.9 - - - H00-H95 O99.8 - - - I00-I09 O99.4 - - - I10<u>–I15</u>, pre-existing O10.0 -111.-, pre-existing O10.1 112.-, pre-existing O10.2 - - I13.-, pre-existing O10.3 115.-, pre-existing O10.4 - - - 120–199 099.4 - - - - I26 O88.-<u>- - - - 174 088.-</u> - - - - 180–183 O22.9 - - - - I86 O22.9 - - - J00–J99 O99.5 ---- K00-K66 O99.6 - - - K00-K93 O99.6 ---- K64 O22.4 - - - - K70–K77 O26.6 K80 K93 O99.6 - - - L00-L99 NEC O99.7 - L29.- O26.88 - - - M00–M82 NEC O99.8 - - - M83.2–M99 O99.8 --- N00-N99 NEC O26.81 --- N00-N07 O26.81 - - - - N10-N12 O23.0 --- N13-N99 NEC 099.8 - N13.0-N13.5 O26.81 - - - - N13.6 O23.3 N13.7 N13.9 O26.81 - - - - N15.1 O23.0 - N17 N19 O26.81 - - - - N30 O23.1 - - - - N34 O23.2 ----N39.0 O23.4 - - - - N70-N73, N76, N77* O23.5 ---- N73.6 O34.8

----N85.4 O34.5 ----N93.0-N93.9 O46.----- N99.0, N99.8, N99.9 075.4 - - - Q00-Q99 NEC O99.8 - - - R00-R99 O99.8 ---- R73 O24.-- - congenital malformations, deformations and chromosomal abnormalities NEC O99.8 - - contracted pelvis (general) O33.1 affecting labour or delivery O65.1 -pregnancy O33.1 - - - inlet 033.2 - affecting - labour or delivery O65.2 - - pregnancy O33.2 - - - outlet 033.3 affecting - labour or delivery O65.3 ---- pregnancy O33.3 - - convulsions (eclamptic) (uraemic) (see also Eclampsia) O15.0 - - cystitis O23.1 - - cystocele O34.8 affecting - labour or delivery O65.5 pregnancy O34.8 - death of fetus (near term) (≥ 20 completed weeks (140 days) gestation and/or fetal weight ≥ 400g) (after fetal viability) O36.4 - - - before fetal viability, with retention (< 20 completed weeks (140 days) gestation and/or fetal weight < 400g) 002.1 early pregnancy O02.1 - - deciduitis O41.1 - - diabetes (mellitus) O24.9-- - - gestational O24.4-- - - pre-existing O24.3-- - - - specified NEC O24.2----- Type 1 O24.0 - - - - Type 2 O24.1-- - diastasis recti (abdominalen muscle) (DRAM) O71.82 - - diseases of Note: The following subterms (code ranges) refer to nonobstetric conditions complicating pregnancy — see also ACS 1521 Conditions and injuries in pregnancy - - - blood (conditions in D65–D77) NEC O99.1 - - - cardiovascular system (conditions in I00-I09, 120-199) NEC 099.4 - digestive system (conditions in K00-K66, K80-K93) NEC O99.6 ---- K64 O22.4 - - - - K70-K77 O26.6 - - - ear and mastoid process (conditions in H60-H95) O99.8 - - - endocrine system (conditions in E00-E07, E15-E34, E50-E89) NEC O99.2 ---- E09-E14 O24.----- E40–E46 O25 - - - eye and adnexa (conditions in H00-H59) O99.8 genitourinary system (conditions in N00-N99) NEC 099.8026.81

- ---- N00-N07 O26.81
- - - N10–N12 O23.0
- ----- N13.0 N13.5 O26.81

- - - - N13.6 O23.3 N13.7-N13.9 O26.81 - - - - N15.1 O23.0 - N17-N19 O26.81 ---- N30 O23.1 - - - - N34 O23.2 - - - - N39.0 O23.4 - - - - N70–N73, N76<u>, N77*</u> O23.5 ---- N73.6 O34.8 ---- N85.4 O34.5 N99.0, N99.8, N99.9 O75.4 - - - kidney — see Pregnancy/complicated by/diseases of/genitourinary system - - - liver (conditions in K70–K77) O26.6 - - - musculoskeletal system and connective tissue (conditions in M00-M99) NEC O99.8 - - - nervous system (conditions in G00–G99) NEC_099.3 ---- G08 O22.9 - - - respiratory system (conditions in J00–J99) 099.5 - - - skin and subcutaneous tissue (conditions in L00-L99) O99.7 - - disorders of liver O26.6 - - displacement, uterus NEC O34.5 affecting labour or delivery O65.5 - - pregnancy O34.5 - - disproportion - see Disproportion - - drug dependence (conditions in F11-F19, fourth character .2) O99.3 - - early delivery (with spontaneous labour) NEC O60.1 - - - without spontaneous labour O60.3 - - eclampsia, eclamptic (coma) (convulsions) (delirium) (nephritis) (uraemia) O15.0 - - - with pre-existing hypertension O15.0 - - effusion, amniotic fluid O41.8 delayed delivery following O75.6 - - embolism (cerebral) (precerebral) (pulmonary) NEC 088.2 - - - air 088.0 - - - amniotic fluid O88.1 - - - blood clot (thromboembolism) O88.2 - - - fat O88.8 pulmonary NEC 088.2 - - - pyaemic 088.3 - - - septic O88.3 - - - specified O88.8 - - endocrine diseases NEC O99.2 - - endometritis O23.5 - - - decidual O41.1 - - excessive weight gain NEC O26.0 - - exhaustion O26.88 - - face presentation O32.3 affecting - labour or delivery O64.2 pregnancy O32.3 - - failure, fetal head, to enter pelvic brim O32.4 - affecting - labour or delivery O64.8 - pregnancy O32.4 - - false labour (Braxton Hicks) (irregular uterine tightenings) (irritable uterus) (pains) (see also Labour/false) O47.9 - - fatigue O26.88 - - fatty (metamorphosis)-of liver O26.6 - - fetal (suspected) - - - abnormality or damage O35.9 - - acid-base balance 036.3 - - - - heart rate or rhythm O36.3

- - - - specified NEC O35.8 - - - acidaemia O36.3 - - - anencephaly O35.0 - - - bradycardia O36.3 - - - central nervous system malformation O35.0 - - - chromosomal abnormality (conditions in Q90-Q99) O35.1 - - - damage from - - - - amniocentesis O35.7 - - - - biopsy procedures O35.7 - - - - drug addiction O35.5 - - - - haematological investigation O35.7 - - - - intrauterine ---- device O35.7 - - - - - surgery O35.7 - - - - maternal - - - - alcohol addiction O35.4 - - - - cytomegalovirus infection O35.3 <u>- - - - - disease NEC 035.8</u> - - - - - drug addiction 035.5 - - - - - listeriosis O35.8 <u>- - - - - rubella O35.3</u> - - - - - toxoplasmosis O35.8 - - - - viral infection O35.3 - - - - medical procedure NEC O35.7 - - - - radiation O35.6 - - - disproportion due to fetal deformity (fetal) O33.7 affecting -labour or delivery O66.3 pregnancy O33.7 <u>- - - distress O36.</u>3 - - - excessive growth O36.6 - - - growth retardation O36.5 - - - hereditary disease O35.2 - - - hydrocephalus O35.0 - - - intrauterine death (≥ 20 completed weeks (140 days) gestation and/or fetal weight ≥ 400g) (after fetal viability) O36.4 --- before fetal viability, with retention (< 20 completed weeks (140 days) gestation and/or fetal weight < 400g) O02.1 - - - poor growth O36.5 - - - problem O36.9 - - - - specified NEC O36.8 - - - spina bifida O35.0 - - fetomaternal haemorrhage O43.0 - - fibroid (tumour) (uterus) 034.1 affecting - labour or delivery O65.5 pregnancy O34.1 - - genital infection O23.5 - - glomerular diseases (conditions in N00–N07) O26.81 - - - with pre-existing hypertension, pre-existing 010.2 - - gonococcal infection O98.2 - - haemorrhage NEC - - - antepartum (see also Haemorrhage/antepartum) O46.9 - - - before 20 completed weeks gestation O20.9 - - - - specified NEC O20.8 - - - due to premature separation, placenta O45.9 - - - early 020.9 - - - - specified NEC O20.8 - - - threatened abortion O20.0 - - haemorrhoids O22.4 - - herniation of uterus O34.5 affecting

- - labour or delivery O65.5

pregnancy O34.5 - - high fetal head at term O32.4 affecting - labour or delivery O64.8 - - pregnancy O32.4 - - human immunodeficiency virus (HIV) disease O98.7 hydatidiform mole (M9100/0) (see also Mole/hydatid, hydatidiform) O01.9 - - hydramnios O40 - - hydrocephalic fetus (disproportion) O33.6 affecting labour or delivery O66.3 pregnancy O33.6 - - hydrops - - - amnii O40 - - - fetalis NEC 036.2 - - hydrorrhoea (see also Rupture/membranes/premature) O42.9 - - hyperemesis (gravidarum) - see Hyperemesis/gravidarum - - hypertension (see also Hypertension/complicating in pregnancy) O16 - - hypertensive - - - heart and kidney disease, pre-existing O10.3 - - - heart disease, pre-existing O10-1 - - - kidney disease, pre-existing O10-2 - - immune disorders (conditions in D80-D89) NEC 099.1 - - impaired glucose regulation (tolerance) O24.5-- - incarceration, uterus O34.5 - affecting - labour or delivery O65.5 - pregnancy O34.5 - - incompatibility, blood groups (ABO) O36.1 - - - Rh (factor) (rhesus) O36.0 - - incompetent cervix O34.3 -affecting - labour or delivery O65.5 pregnancy O34.3 - - infection(s) - - - amniotic fluid or sac O41.1 - - - bladder O23.1 - - - genital organ or tract O23.5 - - - genitourinary tract NEC O23.9 - - - kidney 023.0 - - - with a predominantly sexual mode of transmission NEC 098.3 - - - specified NEC O98.8 - - - urethra O23.2 - - - urinary (tract) O23.4 - - - specified part NEC 023.3 - - infectious or parasitic disease NEC O98.9 - - insufficient weight gain O26.1 - - intermediate hyperglycaemia (tolerance) O24.5-- - intrauterine death (≥ 20 completed weeks (140 days) gestation and/or fetal weight \geq 400g) (after fetal viability) O36.4 - - - before fetal viability, with retention (< 20 completed weeks (140 days) gestation and/or fetal weight < 400g) 002.1 - - isoimmunisation (ABO) O36.1 - - - Rh (factor) (rhesus) O36.0 - - kidney disease or failure NEC O26.81 - - with secondary hypertension, pre-existing hypertension O10-4 hypertensive, pre-existing O10.2 - - large-for-dates fetus O36.6

- - malaria O98.6
- - malformation
- - placenta, placental (vessel) O43.1
- - uterus (congenital) O34.0
- ---- affecting
- ---- labour or delivery O65.5
- - - pregnancy O34.0
- - malnutrition (conditions in E40-E46) O25
- - malposition
- - fetus see <u>PMalp</u>resentation, <u>fetalfetus</u>
- - uterus O34.5
- ---- affecting

---- labour or delivery O65.5

- ---- pregnancy O34.5 -- malpresentation of fetus — see
- PMalpresentation, fetalfetus
- mental disorders (conditions in F00–F99) 099.3
- - mentum presentation O32.3
- --- affecting
- ---- labour or delivery O64.2
- ---- pregnancy O32.3
- - metabolic disorders NEC O99.2
- - missed
- - abortion (< 20 completed weeks (140 days) gestation and/or fetal weight < 400g) (before fetal viability) O02.1
- - delivery (≥ 20 completed weeks (140 days) gestation and/or fetal weight ≥ 400g) (after fetal viability) O36.4
- <u>- - miscarriage (< 20 completed weeks (140 days) gestation and/or fetal weight < 400g) (before fetal viability) O02.1</u>
- - morbidly adherent placenta O43.2
- -- multigravida, elderly (supervision only) Z35.52
- - necrosis
- - kidney, tubular O26.81
- - liver (conditions in K72.-) O26.6
- neoplasms NEC O99.8- nephritis O26.81
- - nephropathy NEC O26.81
- nephrosis O26.81
- - neuralgia Q26.83O99.3
- - neuritis 026.83099.3
- - nutritional diseases NEC O99.2
- - oblique lie or presentation O32.2
- ---- affecting
- ---- labour or delivery O64.4
- ---- pregnancy O32.2
- - oedema O12.0
- - with proteinuria O12.2
- - oligohydramnios NEC O41.0
- - onset of contractions before 37 weeks gestation see Labour/early onset
- - oophoritis O23.5
- - oversize fetus O33.5
- ---- affecting
- ---- labour or delivery O66.2
- ----- pregnancy O33.5
- - papyraceous fetus O31.0
- - peripheral neuritis O26.83O99.3
- - phlebothrombosis (superficial) O22.92
- ---- deep O22.3
- - placenta, placental
- - abnormality O43.1
- - abruptio or ablatio (see also Abruptio placentae) O45.9
 - - accreta O43.2
- - detachment (see also Abruptio placentae) 045.9
- - disease O43.9

- - light-for-dates fetus O36.5

- - salpingitis O23.5

- - salpingo-oophoritis O23.5

- - sepsis (conditions in A40.-, A41.-) O98.8

- - - dysfunction O43.8 - - - increta O43.2 - - - infarction O43.8 - - - low implantation (with haemorrhage) O44.1 - - - - without haemorrhage O44.0 - - - malformation O43.1 - - - malposition (with haemorrhage) O44.1 - - - - without haemorrhage O44.0 - - - morbidly adherent O43.2 - - - percreta O43.2 - - - praevia (with haemorrhage) O44.1 - - - - without haemorrhage 044.0 - - - separation, premature (see also Abruptio placentae) 045.9 - - - transfusion syndrome O43.0 - - placentitis O41.1 - - polyhydramnios O40 - - polyp — see Pregnancy/complicated by/tumour - - postmaturity O48 - - pre-eclampsia O14.9 - - - mild O14.0 - - - moderate O14.0 - - - severe O14.1 - - premature rupture of membranes - see Rupture/membranes/premature - previous <u>— see also</u> Pregnancy/supervision/previous - - - - habitual O26.2 - - - caesarean section O34.2 - - - - proceeding to vaginal delivery O75.7 - - nonobstetric condition Z35.8 - poor obstetric history Z35.2 - premature delivery Z35.2 trophoblastic disease (conditions in O01.-) 735.1 - primigravida elderly (supervision only) Z35.51 very young (supervision only) Z35.6 - - prolapse, uterus O34.5 affecting - labour or delivery O65.5 - - pregnancy O34.5 - - prolonged pregnancy O48 - - proteinuria O12.1 - - - with oedema O12.2 - - protozoal diseases O98.6 - - pruritus (neurogenic) 026.88099.7 - - psychosis or psychoneurosis O99.3 - - ptyalism 026.88099.6 - - pyelitis O23.0 - - renal disease or failure NEC - see Pregnancy/complicated by/kidney disease or failure - - retention, retained - - - dead ovum O02.0 - - - intrauterine contraceptive device O26.3 - - retroversion, uterus O34.5 - - - affecting - labour or delivery O65.5 ---- prognancy O34.5 -- Rh (factor) (rhesus) immunisation, incompatibility or sensitisation O36.0 - - rupture - - - amnion (premature) - see Rupture/membranes/premature - - - membranes (premature) - see Rupture/membranes/premature - - - uterus (during labour) O71.1-- - - - before onset of labour O71.0-- - salivation (excessive) Q26.88O99.6

- - signs of fetal hypoxia (unrelated to labour or delivery) O36.3 - - small-for-dates fetus O36.5 social problem Z35.7 - specified condition NEC O26.88 - - spurious labour pains (see also Labour/false) O47.9 - - superfecundation O30.8 - - superfetation O30.8 syndrome, anaphylactoid of pregnancy O88.1 - - syphilis (conditions in A50-A53) O98.1 - - threatened - - - abortion O20.0 - - - delivery O47.9 - - - - at or after 37 completed weeks of gestation O47.1 - - - - before 37 completed weeks of gestation O47.0 - - thrombophlebitis (superficial) O22.92 - - thrombosis O22.9 venous (superficial) O22.9 deep 022.3 - - torsion of uterus O34.5 affecting - labour or delivery O65.5 - pregnancy O34.5 - - toxaemia (see also Pre-eclampsia) O14.9 - - transverse lie or presentation O32.2 - affecting - labour or delivery O64.8 - pregnancy O32.2 - - tuberculosis (conditions in A15-A19) O98.0 - - tumour - - - cervix (uteri) O34.4 -affecting labour or delivery O65.5 pregnancy O34.4 - - - ovary O34.8 affecting - labour or delivery O65.5 pregnancy O34.8 - - - pelvic organs or tissues NEC O34.8 affecting - - labour or delivery O65.5 pregnancy O34.8 - - - uterus (body) (see also Pregnancy/complicated by/tumour/cervix) O34.1 affecting labour or delivery O65.5 pregnancy O34.1 - - unstable lie O32.0 affecting labour or delivery O64.8 - pregnancy O32.0 - - urethritis O23.2 - - vaginitis or vulvitis O23.5 - - varicose - - - placental vessels O43.8 - - - veins (legs)-022.90 labia or vulva O22.1 - - venereal disease (conditions in A64) NEC O98.3 - - viral diseases (conditions in A80-B09, B25-B34) O98.5 - - vomiting (see also Hyperemesis/gravidarum) **NEC 021.9** due to diseases classified elsewhere O21.8

- - - after 20 completed weeks gestation O21.2 - - - before 20 completed weeks gestation O21.0 - complications NEC 026.9 - - affecting - - - fetus or newborn — see condition OR Maternal condition, affecting fetus or newborn - - - labour or delivery — see condition OR Labour **OR Delivery** - concealed Z35.3 - confirmed Z32.1 - continuing after - - abortion of one fetus or more O31.1 - - intrauterine death of one fetus or more O31.2 - cornual O00.8 rn P01.4 tus or n - death from NEC O95 - delivered - see Delivery - duration - - < 5 completed weeks O09.0 - - 5-13 completed weeks O09.1 - - 14-19 completed weeks O09.2 - - 20-25 completed weeks O09.3 - - 26-33 completed weeks O09.4 - - 34-<37 completed weeks O09.5 - - unspecified duration of pregnancy O09.9 - ectopic (ruptured) O00.9 affecting fetus or newborn P01.4 - - specified NEC O00.8 - extrauterine (see also Pregnancy/by site) O00.9 - fallopian O00.1 - false F45.8 - hidden (supervision only) Z35.3 - illegitimate (unwanted) Z64.0 - - supervision of high-risk pregnancy Z35.7 - in double uterus O34.0 --- affecting - labour or delivery O65.5 pregnancy O34.0 - incidental finding-Z33 - interstitial O00.8 - intraligamentous O00.8 - intramural O00.8 - intraperitoneal O00.0 - isthmian O00.1 - management affected by - see Pregnancy/supervision abnormal, abnormality -fetus (suspected) O35.9 - specified NEC O35.8 placenta O43.1 advanced maternal age -multigravida Z35.52 primigravida Z35.51 antibodies (maternal) anti-D O36.0 blood group (ABO) O36.1 Rh(esus) 036.0 elderly (supervision only) - - multigravida Z35.52 - primigravida Z35.51 - - fetal (suspected) - abnormality or damage O35.9 acid-base balance 036.3 heart rate or rhythm O36.3 specified NEC 035.8 - acidaemia O36.3 anencephaly O35.0 bradycardia O36.3 central nervous system malformation O35.0 chromosomal abnormality (conditions in Q90-Q99) O35.1

damage from amniocentesis O35.7 biopsy procedures O35.7 drug addiction O35.5 - haematological investigation O35.7 intrauterine contraceptive device O35.7 intrauterine surgery O35.7 - maternal alcohol addiction O35.4 cytomegalovirus infection O35.3 disease NEC 035.8 drug addiction O35.5 listeriosis O35.8 rubella O35.3 toxoplasmosis O35.8 - viral infection O35.3 medical procedure NEC O35.7 radiation O35.6 distress O36.3 excessive growth O36.6 growth retardation O36.5 hereditary disease O35.2 hydrocephalus O35.0 intrauterine death O36.4 poor growth O36.5 spina bifida O35.0 fetomaternal haemorrhage O43.0 hereditary disease in family, (possibly) affecting fetus O35.2 high-risk pregnancy NEC 200 Pregnancy/supervision incompatibility, blood groups (ABO) O36.1 Rh(esus) O36.0 insufficient prenatal care (supervision only) Z35.3 intrauterine death (late) O36.4 isoimmunisation (ABO) O36.1 Rh(esus) O36.0 large for dates fetus O36.6 light-for-dates fetus O36.5 maternal age (supervision only) advanced - multigravida Z35.52 primigravida Z35.51 very young primigravida Z35.6 meconium in liquor O36.3 multiparity (grand) (supervision only) Z35.4 poor obstetric history (conditions in O10-O92) Z35.2 postmaturity O48 previous abortion Z35.1 habitual O26.2 caesarean section O34.2 proceeding to vaginal delivery O75.7 difficult delivery Z35.2 forceps delivery Z35.2 haemorrhage, antepartum or postpartum <u>Z35.2</u> hydatidiform mole Z35.1 infertility Z35.0 malignancy NEC Z35.8 nonobstetrical condition Z35.8 premature delivery Z35.2 trophoblastic disease (conditions in O01.-) Z35.1 vesicular mole Z35.1 — prolonged pregnancy O48 small-for-dates fetus O36.5

very young primigravida (supervision only) Z35.6 - mesometric (mural) O00.8 - molar NEC 002.0 - - hydatidiform (M9100/0) (see also Mole/hydatid, hydatidiform) O01.9 - multiple NEC O30.9 affecting fetus or newborn P01.5 - - complicated NEC O31.8 - - quadruplet O30.2 - - specified NEC O30.8 - - triplet O30.1 - - twin O30.0 - mural O00.8 etus or newborn P01.4 - ovarian O00.2 fetus or newborn P01.4 - postmature O48 - post-term O48 - prolonged O48 - quadruplet O30.2 affecting fetus or newborn P01.5 - quintuplet O30.8 affecting fetus or newborn P01.5 - sextuplet O30.8 affecting fetus or newborn P01.5 - spurious F45.8 - supervision (for) (of) - see also Pregnancy/management affected by - - advanced maternal age - - - multigravida Z35.52 - - - primigravida Z35.51 - - elderly - - - multigravida Z35.52 - - - primigravida Z35.51 - - high-risk Z35.9 - - - specified NEC Z35.8 - - maternal age - - - advanced - - - - multigravida Z35.52 - - - - primigravida Z35.51 - - - very young primigravida Z35.6 - - multiparity (grand) Z35.4 - - normal NEC Z34.9 - - - 1st Z34.0 - - - specified Z34.8 - - poor obstetric history (conditions in O10–O92) Z35.2 - - previous - - - abortion Z35.1 - - - - habitual O26.2 - - - difficult delivery Z35.2 - - - forceps delivery Z35.2 - - - haemorrhage, antepartum or postpartum <u>Z35.2</u> - - - hydatidiform mole Z35.1 - - - infertility Z35.0 - - - malignancy NEC Z35.8 - - - neonatal death Z35.2 - - - nonobstetric condition Z35.8 - - - premature delivery Z35.2 - - - stillbirth Z35.2 - - - trophoblastic disease (conditions in O01.-) <u>Z35.1</u> - - - vesicular mole Z35.1 - - social problem Z35.7 - - specified problem NEC Z35.8 - - very young primigravida Z35.6 - triplet O30.1 fecting fetus or newborn P01.5 - tubal (with abortion) (with rupture) O00.1

affecting fetus or newborn P01.4 - twin O30.0 -- affecting fetus or newborn P01.5 - unwanted Z64.0 Presentation, fetal (abnormal) (see also Malpresentation, fetus) O32.9 - abnormal O32.9 affecting fetus or newborn (any, except breech) P03.1 before onset of labour P01.7 breech P03.0 - labour or delivery O64.9 pregnancy O32.9 in multiple gestation (one or more) O32.5 affecting labour or delivery O64.- pregnancy O32.5 specified NEC O32.8 affecting labour or delivery O64.8 pregnancy O32.8 - arm (mother) O32.2 affecting labour or delivery O64.4 pregnancy O32.2 - breech (mother) O32.1 - - affecting - fetus or newborn P03.0 before onset of labour P01.7 --- labour or delivery O64.1 pregnancy O32.1 - brow (mother) O32.3 affecting labour or delivery O64.3 - chin (mother) O32.3 affecting labour or delivery O64.2 - compound O32.6 -affecting labour or delivery O64.5 - cord O69.0 - extended head (mother) O32.3 affecting labour or delivery O64.3 - face (mother) O32.3 affecting fetus or newborn P01.7 labour or delivery O64.2 - pregnancy O32.3 to pubes O32.8 - affecting labour or delivery O64.0 -pregnancy O32.8 - hand (mother) 032.2 affecting labour or delivery O64.4 - leg or foot (mother) NEC 032.1 affecting labour or delivery O64.1 - mentum (mother) O32.3 affecting labour or delivery O64.2 - oblique (mother) O32.2 -- affecting labour or delivery O64.4 - persistent occipitoposterior (position) O32.8 - - affecting - fetus or newborn P03.1 labour or delivery O64.0 pregnancy O32.8 - shoulder (mother) O32.2 -affecting labour or delivery O64.4 - transverse (mother) O32.2 affecting - labour or delivery O64.8 - pregnancy O32.2

- unstable O32.0 - affecting - fetus or newborn P01.7 - labour or delivery O64.8 - - pregnancy O32.0 Prolapse, prolapsed - anus, anal (canal) (sphincter) K62.2 - arm or hand, fetal - see Malpresentation, fetus/by type O32.2 affecting fetus or newborn P03.1 pregnancy O32.2 - bladder (acquired) (mucosa) (sphincter) - fallopian tube N83.4 - fetal limb NEC 032.8 - see Malpresentation, fetus/by type - affecting fetus or newborn P03.1 labour or delivery O64.8 --- pregnancy O32.8 - gastric (mucosa) K31.88 - genital, female N81.9 - - specified NEC N81.8 - globe, nontraumatic H44.8 - ileostomy bud K91.49 - intervertebral disc - see Displacement/intervertebral disc - intestine (small) K63.4 - iris (traumatic) S05.2 - - nontraumatic H21.8 - kidney N28.8 - - congenital Q63.20 - laryngeal muscles or ventricle J38.7 - leg, fetal - see Malpresentation, fetus/by type 032.1 -affecting - fetus or newborn P03.1 labour or delivery O64.1 --- pregnancy O32.1 - umbilical cord O69.0 - - affecting fetus or newborn P02.4 -- complicating delivery O69.0 - urachus, congenital Q64.49 - uterus (with prolapse of vagina) N81.4 - - 1st degree N81.2 - - 2nd degree N81.2 - - 3rd degree N81.3 - - complete N81.3

 - - affecting fetus or newborn P03.8

Prominent ischial spine or sacral promontory

- with disproportion (fetopelvic) O33.0
- - affecting
- - fetus or newborn P03.1
- - labour or delivery O65.0
- -- pregnancy O33.0

Proteinuria R80

- Bence Jones NEC R80
- complicating pregnancy, childbirth or puerperium 012.1
- fixed N39.1
- - with glomerular lesion see Proteinuria/isolated/with glomerular lesion gestational O12.1
- with ocdema O12.2
- in pregnancy, childbirth or puerperium O12.1
- - with o<u>edema O12.2</u>
- isolated R80

Pruritus, pruritic L29.9

- ani, anus L29.0
- - psychogenic F45.8
- anogenital L29.3
- - psychogenic F45.8
- gravidarum O26.88
- in pregnancy O26.88O99.7
- neurogenic (any site) F45.8
- psychogenic (any site) F45.8
- scroti, scrotum L29.1
- - psychogenic F45.8
- senile L29.8
- specified NEC L29.8
- - psychogenic F45.8
- Trichomonas A59.9
- vulva, vulvae L29.2
- - psychogenic F45.8

Psychosis, psychotic F29

- acute (transient) F23.9-
- - hysterical F44.9
- - specified NEC F23.8-
- -affecting management of pregnancy, childbirth or puerperium O99.3
- affective (see also Disorder/affective) F39
- hysterical (acute) F44.9
- in pregnancy or childbirth O99.3
- induced F24
- organic F09
- - due to or associated with
- childhirth see Psychosis/puerperal
- - Creutzfeldt-Jakob disease or syndrome A81.0† F02.1*
- - puerperium see Psychosis/puerperal
- - trauma, brain (birth) (from electric current) (surgical) F06.8
- - - acute or subacute F05.8
- - in pregnancy or childbirth O99.3
- - infective F06.8
- - acute or subacute F05.9
- - post traumatic F06.8
- - acute or subacute F05.9
- polyneuritic, alcoholic F10.6
- postpartum F53.1
- presbyophrenic (type) F03
- puerperal, postpartum F53.1
- - specified type see Psychosis/by type
- reactive (brief) (emotional stress) (psychological trauma) (transient) F23.9-
- Ptyalism (periodic) K11.7
- hysterical F45.32

- - congenital Q51.89
- - gravid 034.5

 - fetus or newborn P03.8

---- pregnancy O34.5

- - incomplete N81.2
- - postpartal (old) N81.4

- in pregnancy O99.6

- pregnancy O26.88 - psychogenic F45.32

Puerperal, puerperium - see also condition/puerperal, postpartum

Note: The following fifth character subdivision should be used with categories O91-O92:

- 0 without mention of attachment difficulty
- with attachment difficulty 1
- abscess
- - areola O91.0-
- - Bartholin's gland O86.1
- - breast O91.1-
- - cervix (uteri) O86.1
- - genital organ O86.1
- - kidney 086.2
- - mammary O91.1-
- - nipple 091.0-
- - peritoneum O85
- - subareolar O91.1-
- - urinary tract NEC O86.2
- - uterus 086.1
- - vagina (wall) O86.1
- - vaginorectal O86.1
- - vulvovaginal gland O86.1
- adnexitis 086.1
- afibrinogenaemia, or other coagulation defect O72.3
- albuminuria (acute) (subacute) O12.1
- - with oedema O12.2
- anaemia NEC 099.03
- - with mention of pre-existing anaemia O99.04
- -anaesthetic death O89.8
- apoplexy O99.4
- blistered, nipple O92.2-- blood dyscrasia O72.3
- blues F53.8
- bruised, nipple O92.2-
- cardiomyopathy O90.3
- cerebrovascular disorder (conditions in I60-I69) O99.4
- cervicitis O86.1
- coagulopathy (any) O72.3
- complications O90.9 - - specified NEC O90.8
- cystitis O86.2
- cystopyelitis O86.2
- death (cause unknown) (sudden) NEC 095
- delirium NEC F05.8
- disease O90.9
- - breast NEC 092.2-
- - cerebrovascular (acute) O99.4 - - kidney NEC <u>090.8</u>026.81
- - nonobstetric NEC (see also
- Pregnancy/complicated by/conditions in) O99.8 - - renal NEC 090.8026.81
- - tubo-ovarian O86.1
- - Valsuani's see Anaemia/complicating in pregnancy, childbirth or puerperium
- disorder O90.9
- - lactation O92.7-
- - nonobstetric NEC (see also Pregnancy/complicated by/conditions in) O99.8

Reference to Changes - Tenth Edition Version 2.0

- disruption
- - caesarean wound O90.0
- - episiotomy wound O90.1
- - perineal laceration wound O90.1
- dysphoria F53.8
- eclampsia (with pre-existing hypertension) O15.2
- embolism (blood clot) (pulmonary) O88.2
- - air 088.0
- - amniotic fluid O88.1
- - fat O88.8
- - pyaemic 088.3
- - septic O88.3
- endophlebitis see Puerperal/phlebitis
 endotrachelitis O86.1
- failure
- kidney, acute O90.4
- - lactation (complete) O92.3-
- - partial 092.4-
- renal, acute O90.4
- feeding difficulty, due to
- - agalactia O92.3
- blistered nipple O92.2-
- - blocked ducts O92.2-
- breast disorder (implants) (lump) (reduction) 092.2-
- - breast
- - disorder (implants) (lump) (reduction) O92.2-
- - engorgement O92.2-
- - bruised nipple O92.2-
- cracked nipple (fissure) O92.1-
- - delayed milk supply O92.4-
- - engorgement O92.2-
- - galactorrhoea O92.6-
- - grazed nipple O92.2-
- - hypogalactia O92.4-
- - insufficient milk supply O92.4-
- - inverted nipple O92.0-
- nipple
- blistered 092.2-
- bruised O92.2-
- cracked (fissure) O92.1-
- grazed O92.2-
- inverted O92.0-

- - with sepsis O85

- - nipple O91.0-

090.8<u>026.81</u>

- - brain 099.4

- - bulbar O99.4

- - cerebellar O99.4

- - cerebral O99.4

- - cortical O99.4

- fistula

- fissure, nipple O92.1-

- galactophoritis O91.2-

galactorrhoea O92.6-

- grazed, nipple O92.2-

- haemorrhage (see also

- haematoma, subdural O99.4

Haemorrhage/postpartum) 072.1

- transposition 092.2-
- - oversupply of milk O92.6-- - retracted nipple O92.0-

- fever (sepsis) O85O86.4

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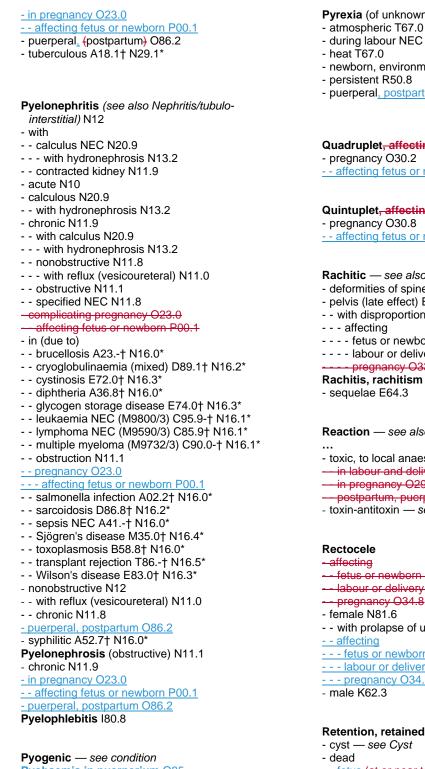
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Reference to Changes - Tenth Edition Version 2.0

- hypertensive (see also Hypertension/kidney) 112.0
- maternal, affecting fetus or newborn NEC P00.1
- newborn P96.0
- prerenal R39.2

Ureteritis N28.8

- complicating pregnancy O23.3
- cystica N28.8
- due to calculus N20.1
- - with calculus, kidney N20.2
- - with hydronephrosis N13.2
- gonococcal (acute) (chronic) A54.2† N29.1*
- in pregnancy O23.3
- nonspecific N28.8
- puerperal, postpartum O86.2

Urethritis (anterior) (posterior) N34.2

- calculous N21.1
- candidal B37.4† N37.0*
- chlamydial A56.0
- nplicating pregnancy O23.2
- diplococcal (gonococcal) A54.0
- - with abscess (accessory gland) (periurethral) A54.1
- gonococcal A54.0
- - with abscess (accessory gland) (periurethral) A54.1
- in pregnancy O23.2
- nongonococcal N34.1
- Reiter's M02.3-
- nonspecific N34.1
- nonvenereal N34.1
- postmenopausal N34.2
- puerperal, postpartum O86.2
- Reiter's M02.3-
- specified NEC N34.2
- trichomonal or due to Trichomonas (vaginalis) A59.0† N37.0*
- venereal (nongonococcal) NEC A64† N37.0*

Vaginitis (acute) N76.0

- atrophic, postmenopausal N95.2
- blennorrhagic (gonococcal) A54.0
- candidal B37.3 + N77.1*
- chlamydial A56.0
- chronic N76.1
- complicating pregnancy O23.5
- -- affecting fetus or newborn P00.8
- due to Trichomonas (vaginalis) A59.0† N77.1*
- in (due to)
- - candidiasis B37.3† N77.1*
- - herpesviral (herpes simplex) infection A60.0† N77.1'
- - pinworm infection B80† N77.1*
- - pregnancy O23.5
- - affecting fetus or newborn P00.8
- monilial B37.3† N77.1*

- senile (atrophic) N95.2

syphilitic (early) A51.0

Valsuani's disease

- subacute or chronic N76.1

- mycotic (candidal) B37.3† N77.1* - postmenopausal atrophic N95.2

- puerperal, postpartum (postpartum) O86.1

pregnancy, childbirth or puerperiumO99.0-

ee Anaemia/compli

atina

661

Varicose

- ... - vein (lower limb) (ruptured) 183.9 - - anus 186.8
- - in pregnancy O22.4
- - puerperal, postpartum O87.2
- - congenital (peripheral) Q27.8
- - in pregnancy O22.9
- - inflamed or infected I83.1
- - with ulcer (venous) 183.2
- - oesophagus (ulcerated) 185.9
- - bleeding 185.0
- - pelvis 186.2
- -- pregnancy (lower limb) O22.0
- --- anus or rectum O22.4
- - genital (perineum, vagina or vulva) O22.1
- -- puerperium (genital) (lower limb) O87.8
- ---- anus or rectum O87.2
- - puerperal, postpartum O87.9
- - rectum 186.8
- - in pregnancy O22.4
- <u>- - puerperal, postpartum 087.2</u>
- - scrotum (ulcerated) 186.1

Varix (lower limb) (ruptured) 183.9

- anus 186.8

- - in pregnancy O22.4
- - puerperal, postpartum O87.2
- bladder 186.2
- 5100001
- gastric 186.4
- in pregnancy O22.9
- inflamed or infected 183.1
- - ulcerated 183.2
- placenta O43.8
- pregnancy (lower limb) O22.0
- - genital (vagina, vulva or perineum) O22.1
- puerperium 087.8
- - genital (vagina, vulva, perineum) O87.8
- puerperal, postpartum O87.9
- rectum 186.8
- - in pregnancy O22.4
- - puerperal, postpartum O87.2
- renal papilla 186.8
- retina H35.0
- scrotum (ulcerated) I86.1
- sigmoid colon 186.8
- specified site NEC 186.8
- spinal (cord) (vessels) I86.8
- spleen, splenic (vein) (with phlebolith) 186.8
- stomach 186.4
- sublingual 186.0
- ulcerated 183.0
- - inflamed or infected 183.2

Reference to Changes - Tenth Edition Version 2.0

- umbilical cord, affecting fetus or newborn P02.6
- uterine ligament 186.2
- vocal cord 186.8

- vulva (in) 186.3
- - pregnancy O22.1
- -- puerperium O87.8 Vas
- deferens see condition
- deferentitis N49.1
- Vomiting (see also Hyperemesis) R11
- bilious (cause unknown) R11
- hysterical F50.5
- in pregnancy (excessive) NEC O21.9
- - after 20 completed weeks gestation O21.2
- - before 20 completed weeks gestation O21.0
- nervous F50.5
- neurotic F50.5
- newborn P92.0
- of or complicating pregnancy O21.9
- -- due to
- - diseases classified elsewhere O21.8
- - specific cause NEC O21.8
- early (before 20 completed weeks gestation) (mild) O21.0
- ---- with metabolic disturbance O21.1
- late (after 20 completed weeks gestation)
 O21.2
- periodic R11
- - psychogenic F50.5
- Vulvitis (acute) (allergic) (aphthous) (atrophic) (gangrenous) (hypertrophic) (intertriginous) (senile) N76.2
- adhesive, congenital Q52.79
- blennorrhagic (gonococcal) A54.0
- candidal B37.3+ N77.1*
- chlamydial A56.0
- complicating pregnancy O23.5
- due to Haemophilus ducreyi A57
- gonococcal A54.0
- with abscess (accessory gland) (periurethral) A54.1
- herpesviral A60.0† N77.1*
- in pregnancy O23.5
- leukoplakic N90.4
- monilial B37.3† N77.1*
- pinworm B80† N77.1*
- puerperal, postpartum (postpartum)-O86.1

- leg, puerperal, postpartum or childbirth O87.1-

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- subacute or chronic N76.3
- syphilitic (early) A51.0
- - late A52.7† N77.1*

<u>see Phlebitis</u>

- mouth B37.0

- trichomonal A59.0† N77.1*
- tuberculous A18.1† N77.1*

White — see also condition

- spot lesions, teeth K02.0

ACHI TABULAR LIST

CONVENTIONS USED IN THE TABULAR LIST OF INTERVENTIONS

BLACK REVERSE TEXT BOXES

Black reverse text boxes are used for all block numbers. They DO NOT indicate valid codes and CANNOT be assigned. For example:

1340	Caesarean section
16520-00	Elective classical caesarean section
16520-01	Emergency classical caesarean section
16520-02	Elective lower segment caesarean section
16520-03	Emergency lower segment caesarean section

LIST OF ACHI BLOCK NUMBERS

Block No.	Block Name
1337	Forceps rotation and delivery
1338	Vacuum extractionassisted delivery

CHAPTER 13 GYNAECOLOGICAL PROCEDURES (BLOCKS 1240–1299)

. . .

1265 ∇ 1511	Curettage and evacuation of uterus	
35640-00	Dilation and curettage of uterus [D&C]	
	<i>Excludes:</i> dilation and evacuation (35643-03 [1265]) suction curettage (35640-03 [1265]) that following delivery (16564-00 [1345])	
35640-01	Curettage of uterus without dilation	
35640-03	Suction curettage of uterus	
	Includes: dilation	

Excludes: that following delivery (16564-01 [1345])

35643-03 Dilation and evacuation of uterus [D&E]

Includes: curettage (suction) morcellation of fetus

Note: Performed for second trimester termination of pregnancy

CHAPTER 14 OBSTETRIC PROCEDURES (BLOCKS 1330–1347)

ANTEPARTUM PROCEDURES

APPLICATION, INSERTION, REMOVAL

1330	Antepartum application, insertion or removal procedures			
90461-00 ∇ 1511	Intra-amniotic injection			
<u>, 1311</u>	Injection for termination of pregnancy of: • prostaglandin • saline Intra-amniotic injection for abortion			
90462-00 ∇ 151 <u>1</u> 3	Insertion of prostaglandin suppository for induction of abortion			
	<i>Excludes:</i> that with labour (90465-01 [1334])			
1334 ∇ 151 <u>1</u> 3	Medical or surgical induction of labour			
90465-05	Medical and surgical induction of labour Synchronous medical and surgical induction			
	 Note: Once the first induction procedure has been performed, subsequent procedures are classified as induction, regardless of: the timeframe between the induction procedures whether contractions have commenced 			
1335 ⊽ 151 <u>1</u> 3	Medical or surgical augmentation of labour			
90466-02	Medical and surgical augmentation of labour Synchronous medical and surgical augmentation			
	Note: Performed only following onset of spontaneous labour			

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DELIVERY PROCEDURES <u>V 1505</u>

SPONTANEOUS VERTEX DELIVERY

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1336
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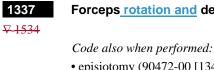
Spontaneous vertex delivery

Code also when performed:

• episiotomy (90472-00 [1343])

90467-00 Spontaneous vertex delivery

FORCEPS DELIVERY



Forceps rotation and delivery

• episiotomy (90472-00 [1343])

Excludes: that for breech delivery (90470-02, 90470-04 [1339])

- 90468-00 Low forceps delivery Outlet } forceps delivery Wrigley's }
- 90468-01 Mid-cavity forceps delivery Keilland's } forceps delivery Neville-Barnes }
- 90468-02 High forceps delivery
- 90468-03 Forceps rotation of fetal head Keilland's forceps rotation

Excludes: with forceps delivery (90468-04 [1337])

- Forceps delivery, unspecified 90468-06 Forceps delivery NOS
- 90468-04 Forceps rotation of fetal head with forceps delivery
- 90468-05 Failed forceps ∇ 0019

VACUUM DELIVERY



Vacuum extraction assisted delivery

Includes: rotation of fetal head

- 90469-00 Vacuum extraction with assisted delivery Rotational vacuum extraction Vacuum extraction
- 90469-01 Failed vacuum extractionassisted delivery Application of vacuum cup to fetal head without successful vacuum assisted delivery (due to separation of cup from fetal head (pop-off))

Failed vacuum extraction

Note: This code is assigned when vacuum extraction is attempted but delivery is not achieved using the vacuum device and therefore alternative methods are required to complete delivery.

BREECH DELIVERY

1339 ▼ 1542	Breech delivery and extraction		
90470-00	Spontaneous breech delivery		
90470-01	Assisted breech delivery Assisted breech delivery is defined as spontaneous delivery as far as the umbilicus followed by simple assistance to deliver the infant. Løvset or other manoeuvres may be applied to free the infant's arms and shoulders. Manual manipulation such as the Mauriceau-Smellie-Veit manoeuvre may be used to deliver infant's head		
	Excludes: that with use of forceps to deliver infant's head (90470-02 [1339])		
90470-02	Assisted breech delivery with forceps to after-coming head Assisted breech delivery as defined above, with the application of forceps to deliver infant's head		
90470-03	Breech extraction Breech extraction is defined as extensive manual interference to assist the infant's delivery. The infant's legs are brought down, nuchal arms are extracted and infant's head is delivered by manoeuvres such as the Mauriceau-Smellie-Veit manoeuvre		
	Excludes: that with use of forceps to deliver infant's head (90470-04 [1339])		
90470-04	Breech extraction with forceps to after-coming head Breech extraction as defined above, with the application of forceps to deliver infant's head		

CAESAREAN DELIVERY



Caesarean	section

		: forceps (to after-coming head) manual removal of placenta suture of uterine lacerations/tears during caesarean section	
		Assignment of codes for 'elective' or 'emergency' caesarean section is based on documentation of these terms in the clinical record. Where neither of these terms are documented, assign an appropriate code for 'elective'. Where there is conflicting documentation (that is, both of these terms are documented), assign an appropriate code for 'emergency'.	
16520-00	Elective classical caesarean section		
16520-01	Emergency classical caesarean section		
16520-02	Elective lower segment caesarean section		

- 16520-03 Emergency lower segment caesarean section
- 16520-04
 Elective caesarean section, not elsewhere classified

 Caesarean section NOS
- 16520-05 Emergency caesarean section, not elsewhere classified

ACHI ALPHABETIC INDEX

Amnioreduction 16618-00 [1330]

Amnioscopy 90460-00 [1330] Amniotomy — see Rupture/membranes, artificial

Balloon

- ablation, uterine, thermal (endoscopic) 35622-00 [1263]
- angioplasty see Angioplasty/transluminal balloon
- catheter, for induction of labour 90465-04 [1334]
- septostomy (atrial) 38270-00 [619]
- valvuloplasty see Valvuloplasty/by site

Caesarean section (elective) NEC 16520-04 [1340]

- classical (vertical incision upper segment) 16520-00 **[1340]**
- elective 16520-00 [1340]
- - emergency 16520-01 [1340]
- emergency NEC 16520-05 [1340]
- J-incision -see Caesarean section/classical
- lower segment (transverse incision) 16520-02 [1340]
- elective 16520-02 [1340]
- - emergency 16520-03 [1340]
- -T-incision (inverted) see Caesarean section/classical
- specified (inverted T-incision) (J-incision) NEC 16520-04 [1340]
- - emergency 16520-05 [1340]

Delivery (spontaneous) (vertex) 90467-00 [1336]

- assist procedure (McRobert's manoeuvre) NEC 90477-00 [1343]
- us) 90470-00 **[1339]** - breech (spontaned
- - assisted 90470-01 [1339]
- - with forceps to after-coming head (FACH) 90470-02 [1339]
- - extraction 90470-03 [1339]
- - with forceps to after-coming head (FACH) 90470-04 [1339]
- caesarean see Caesarean section
- forceps_NEC 90468-06 [1337]
- - for breech presentation see Delivery/breech - - with rotation of fetal head (Keilland's) 90468-04
- [1337]
- - at caesarean section omit code
- - failed 90468-05 [1337]
- - high 90468-02 [1337]
- - low (outlet) (Wrigley's) 90468-00 [1337]
- - mid (Keilland's) (Neville-Barnes) 90468-01 [1337]
- vacuum assisted extraction (rotational) (Kiwi) (Ventouse) 90469-00 [1338]
- failed 90469-01 [1338]
- Delorme procedure (mucosal excision and plication of rectal muscle) 32111-00 [933]

Extraction

- vacuum, fetus (rotational) (Kiwi) (Ventouse) 90469-00 [1338]
- - failed 90469-01 [1338]

Induction

- abortion
- - by
- - dilation - - - - and
- ---- curettage (D&C) 35640-00 [1265]
- - - suction 35640-03 [1265]
- - - evacuation (D&E) 35643-03 [1265]
- - intra-amniotic injection (prostaglandin)
- (saline) 90461-00 [1330]
- - prostaglandin
- - - injection 90461-00 [1330]
- - - suppository (without labour) 90462-00 [1330]
- - - with labour 90465-01 [1334]
- labour
- - medical (administration of pharmacological agent) 90465-02 [1334]
- - with surgical induction 90465-05 [1334]
- - Cervagem 90465-01 [1334]
- - oxytocin 90465-00 [1334]
- - prostaglandin 90465-01 [1334]
- - Prostin 90465-01 [1334]
- - specified type NEC 90465-02 [1334]
- - Syntocinon 90465-00 [1334]
- - surgical (use of instrumentation) 90465-03 [1334]
- by

artificial rupture of membranes (ARM) 90465-03 [1334]

- bougic 90465-04 [1334]
- cervical dilation 90465 04 [1334]
- Foley's catheter 90465-04 [1334]
- - with medical induction 90465-05 [1334]
- - artificial rupture of membranes (amniotomy) (ARM) 90465-03 [1334]
- - balloon catheter (Cook's) (Foley's) 90465-04 [1334]
- - bougie 90465-04 [1334]
- - cervical dilation 90465-04 [1334]
- - specified type NEC 90465-04 [1334]
- ventricular tachycardia 38212-00 [665]
- - with electrophysiological study 38212-00 [665]

Rotation

- fetal head (using)
- - with delivery see Delivery - forceps 90468-03 [1337]
- - manual 90471-06 [1342]
- flap see Flap/skin
- -forceps (of fetal head) 90468-03 [1337]
- --- with delivery 90468-04 [1337]
- macular (with retinotomy) 90080-02 [214]
- manual (of fetal head) 90471-06 [1342]
- vacuum (of fetal head) 90469-00 [1338]
- with delivery 90469-00 [1338] --failed 90469-01 [1338]

AUSTRALIAN CODING STANDARDS

0001 PRINCIPAL DIAGNOSIS

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OBSTETRICS PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

Where the patient is admitted for delivery such as 'in labour', 'for induction', 'for caesarean', and the outcome is delivery, assign a code from category O80–O84 *Delivery* as the principal diagnosis (excluding that for termination of pregnancy—see ACS 1511 *Termination of pregnancy*), followed by the reason for any intervention and then any other conditions and/or complications that meet the criteria for assignment as per ACS 0002 *Additional diagnoses*.

Where the patient is admitted for management of an antepartum condition, assign the antepartum condition as the principal diagnosis. If the patient delivers during the episode of care, assign a code from O80 O84 *Delivery* as an additional diagnosis.

Where there is difficulty in determining the principal diagnosis in obstetric cases with an outcome of delivery, assign a code from category O80–O84 *Delivery* as the principal diagnosis.

See also specific standards within Chapter 15 Pregnancy, childbirth and the puerperium.

For guidelines regarding assignment of principal diagnosis in delivery episodes of care, see ACS 1500 *Diagnosis sequencing in delivery episodes of care*.

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

0002 ADDITIONAL DIAGNOSES

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ADDITIONAL DIAGNOSIS REPORTING REFERRED TO IN OTHER STANDARDS

The standards listed below include guidance that, in some cases, may indicate that certain conditions that would not normally meet ACS 0002 should be assigned as additional diagnoses. Examples of these sorts of cases are 'status' codes such as HIV, smoking, carrier, conditions found at endoscopy and 'flag' codes such as duration of pregnancy, or outcome of delivery.

Note that this list may not always be exhaustive as standards are changed over time.

- ACS 0005 Syndromes
- ACS 0011 Admission for surgery not performed
- ACS 0012 Suspected conditions
- ACS 0046 Diagnosis selection for same-day endoscopy
- ACS 0102 HIV/AIDS
- ACS 0104 Viral hepatitis
- ACS 0401 Diabetes mellitus and intermediate hyperglycaemia
- ACS 0503 Drug, alcohol and tobacco use disorders

- ACS 0936 Cardiac pacemakers and implanted defibrillators
- ACS 1404 Admission for kidney dialysis
- ACS 1435 Female genital mutilation
- ACS 1500 Diagnosis sequencing in delivery episodes of care
- ACS 1511 Termination of pregnancy
- ACS 1519 Delivery prior to admission
- ACS 1521 Conditions complicating and injuries in pregnancy
- ACS 1544 Complications following abortion and ectopic and molar pregnancy
- ACS 1548 <u>Puerperal/postpartum Postpartum</u> condition or complication
- ACS 1549 Streptococcal group B infection/carrier in pregnancy
- ACS 1607 Newborn/neonate

See also ACS 0003 Supplementary codes for chronic conditions.

ABNORMALITIES NOTED ON EXAMINATION OF THE NEWBORN

A code should be assigned for these conditions only when they meet the criteria outlined in this standard or another standard indicates they should be coded.

EXAMPLE 2:

Neonatologist notes strawberry naevus, jaundice and sacral dimple on examination of a newborn. Baby receives 24 hours of phototherapy but no intervention is required for the naevus or sacral dimple so these are not coded.

CONDITIONS NOTED IN OBSTETRIC CASES

Some conditions are noted by the clinician or midwife in antenatal, delivery or postnatal episodes of care which should not be coded unless they meet the additional diagnosis criteria

PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

For general guidelines regarding assignment of additional diagnoses in delivery episodes of care, see ACS 1500 *Diagnosis sequencing in delivery episodes of care*.

See also ACS 1521 Conditions and injuries in pregnancy and ACS 1548 Puerperal/postpartum condition or complication.

RISK FACTORS

Risk factors should only be coded if they meet the additional diagnosis criteria above or another standard indicates they should be coded.

0102 HIV/AIDS

In this standard, references to 'B20-B24' excludes code B23.0 Acute HIV infection syndrome.

DISEASE PROGRESSION

The HIV infection follows a number of stages/phases, each possessing its own level of severity and symptoms. Persons affected by the HIV infection will often follow the same pattern (ie they are first diagnosed as being HIV antibody positive, and as the disease progresses, they progress to the disease's next level of severity). However, it is not uncommon for HIV infection to be first diagnosed when a complication or progression has already occurred.

HIV CODES ARE AS FOLLOWS:

HIV status should always be coded when documented.

R75	Laboratory evidence of human immunodeficiency virus [HIV]
	(ie indeterminate/inconclusive evidence on serology testing)

- B23.0 Acute HIV infection syndrome
- Z21 Asymptomatic human immunodeficiency virus [HIV] infection status (ie infection status, HIV positive NOS)
- B20–B24 Human immunodeficiency virus [HIV] disease

Codes R75, Z21, B23.0 and the block B20–B24 are mutually exclusive and should not be listed together on the same episode of care.

Laboratory evidence of HIV – R75

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Acute HIV infection syndrome – B23.0

Asymptomatic HIV status – Z21

•••

HIV disease – B20, B21, B22, B23.8, B24

The codes that apply for HIV disease are:

- B20 Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases
- B21 Human immunodeficiency virus [HIV] disease resulting in malignant neoplasm
- B22 Human immunodeficiency virus [HIV] disease resulting in other specified diseases
- B23.8 Human immunodeficiency virus [HIV] disease resulting in other specified conditions
- B24 Unspecified human immunodeficiency virus [HIV] disease

When a patient develops a manifestation, this indicates that they have developed an HIV related disease (which may or may not be an AIDS defining illness). Admissions for such patients should be coded within the B20–B24 category. Thus, coders cannot revert to using codes R75 or Z21.

If a patient presents to hospital with a condition **not related to the HIV infection** and there is unclear documentation relating to the patient's current HIV status, check with the clinician to determine the appropriate stage of the disease and use the appropriate HIV code (Z21 or B20–B24) to indicate the presence of the infection. In these cases, the HIV code will not be the principal diagnosis.

HIV disease in pregnancy, childbirth and the puerperium

Where HIV disease is documented in pregnancy, childbirth or the puerperium, assign:

- a HIV code
- 098.7 Human immunodeficiency virus [HIV] disease in pregnancy, childbirth and the puerperium

However, if HIV disease is documented in pregnancy but does not meet the criteria for a pregnancy complication, assign a HIV code and Z33 *Pregnant state, incidental.*

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

Sequencing and selection of codes

Decisions as to sequencing of codes should be made in light of the definition of principal diagnosis (ACS 0001 *Principal diagnosis*).

If the condition chiefly responsible for occasioning the patient's episode of care was the HIV, use the appropriate code from B20–B24.

0104 VIRAL HEPATITIS

...

2. <u>Viral Hh</u>epatitis <u>complicating in pregnancy</u>, childbirth <u>or and</u> the puerperium

When viral hepatitis complicates pregnancy, childbirth or the puerperium, assign O98.4 *Viral hepatitis complicating pregnancy, childbirth and the puerperium* and a code for the specific type of hepatitis.

Where viral hepatitis is documented in pregnancy, childbirth or the puerperium, assign:

- a code for the specific type of viral hepatitis (B15-B19)
- 098.4 Viral hepatitis in pregnancy, childbirth and the puerperium

However, if viral hepatitis is documented in pregnancy but does not meet the criteria for a pregnancy complication, assign a code for viral hepatitis and Z33 *Pregnant state, incidental.*

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

The following table summarises general classification guidelines for hepatitis A, B, C, D and E (see also *3. Manifestations of hepatitis* and *4. Cured/cleared hepatitis C* below):

Viral Hepatitis/type	pe Code/description		ASSIFICATION General guidelines	
Hepatitis A	B15.0 B15.9 O98.4 Z86.18	Hepatitis A with hepatic coma Hepatitis A without hepatic coma Viral hepatitis complicating in pregnancy, childbirth and the puerperium Personal history of other	 A past history of hepatitis A may be assigned when the history meets ACS 2112 <i>Personal history</i>. Where hepatitis A complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code of B15.0 or B15.9. 	
Hepatitis B	B16 B18.0 B18.1 O98.4	infectious and parasitic disease Acute hepatitis B Chronic viral hepatitis B with delta-agent Chronic viral hepatitis B without delta-agent Viral hepatitis complicating-in pregnancy, childbirth and the puerperium	 When documentation is unclear or ambiguous terms such as 'hepatitis B', 'hepatitis B positive' or 'past history of hepatitis B are documented, verify with the clinician if the disease is at the acute or chronic stage. Where consultation is not possible, assign the code for chronic viral hepatitis B (B18.1). Concept of 'carrier (state) of viral hepatitis' is no longer clinically correct; therefore, Z22.5 <i>Carrier of viral hepatitis</i> should <i>never</i> be assigned. 	
Hepatitis C	Z22.5	Carrier of viral hepatitis Acute hepatitis C	 Where hepatitis B complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code from B16 or B18. When documentation is unclear or ambiguous terms such as 	

CLASSIFICATION			
Viral Hepatitis/type	Code/description	General guidelines	
	 B18.2 Chronic viral hepatitis C O98.4 Viral hepatitis complicating in pregnancy, childbirth and the puerperium Z22.5 Carrier of viral hepatitis 	 'hepatitis C' or 'hepatitis C positive' are documented, verify with the clinician if the disease is at the acute or chronic stage. Where consultation is not possible, assign the code for chronic viral hepatitis C (B18.2). When 'past history of hepatitis C' is documented, assign the code for chronic viral hepatitis C (B18.2) except when documented with terms such as 'cured', 'cleared' or 'with SVR' – see <i>4. Cured/cleared hepatitis C</i> below. Concept of 'carrier (state) of viral hepatitis' is no longer clinically correct; therefore, Z22.5 <i>Carrier of viral hepatitis</i> should <i>never</i> be assigned. Where hepatitis C complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code of B17.1 or B18.2. 	
Hepatitis D (with acute HBV) Hepatitis D (with chronic HBV) Hepatitis D	 B16.0 Acute hepatitis B with delta- agent (coinfection) with hepatic coma B16.1 Acute hepatitis B with delta- agent (coinfection) without hepatic coma B18.0 Chronic viral hepatitis B with delta-agent B17.0 Acute delta-(super)infection of hepatitis B carrier O98.4 Viral hepatitis complicating-in pregnancy, childbirth and the puerperium Z22.5 Carrier of viral hepatitis 	 When documentation is unclear or ambiguous terms such as 'hepatitis D', 'hepatitis D positive' or 'past history of hepatitis D' are documented, verify with the clinician if the disease is at the acute or chronic stage. Where consultation is not possible, assign the code for chronic viral hepatitis B with delta-agent (B18.0). Where hepatitis D complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code from B16, B17 or B18. Concept of 'carrier (state) of viral hepatitis' is no longer clinically correct; therefore, Z22.5 <i>Carrier of viral hepatitis</i> should <i>never</i> be assigned. 	
Hepatitis E	 B17.2 Acute hepatitis E B18.8 Other chronic viral hepatitis O98.4 Viral hepatitis complicating-in pregnancy, childbirth and the puerperium Z86.18 Personal history of other infectious and parasitic disease 	 A past history of hepatitis E may be assigned when the history meets ACS 2112 <i>Personal history</i>. Where hepatitis E complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code of B17.2 or B18.8. 	

0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA

DIABETES MELLITUS

Categories of diabetes mellitus (DM) in this classification are:

- Type 1 diabetes mellitus (T1DM) previously referred to as insulin dependent diabetes mellitus (IDDM)
- Type 2 diabetes mellitus (T2DM) previously referred to as noninsulin dependent diabetes mellitus (NIDDM)
- Other specific forms of diabetes mellitus (includes diabetes mellitus secondary to other disorders)
- Unspecified diabetes mellitus

. . .

• Gestational diabetes mellitus (GDM) any degree of glucose intolerance during (but not predating) pregnancy

Pregnancy and pre-existing DM and IH in pregnancy, childbirth and the puerperium

- DM or IH complicating in pregnancy, childbirth or the puerperium that predates the pregnancy is classified to category O24 *Diabetes mellitus in pregnancy*:
 - ___O24.0 Pre-existing diabetes mellitus, Type 1, in pregnancy
 - ___O24.1- Pre-existing diabetes mellitus, Type 2, in pregnancy
 - __O24.2- Pre-existing diabetes mellitus, other specified type, in pregnancy
- ___O24.3- Pre-existing diabetes mellitus, unspecified, in pregnancy
- ___O24.5- Pre-existing intermediate hyperglycaemia, in pregnancy

These codes should be assigned where DM or IH predates the pregnancy.

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

- O24.4- *Diabetes mellitus arising during pregnancy* is assigned where there is documentation of gestational diabetes, or where the diagnosis of DM **does not predate** <u>the pregnancy</u>.
- O24.9- *Diabetes mellitus in pregnancy, unspecified onset* is assigned where DM/IH in pregnancy is **not documented as pre-existing nor gestational**.

Assign codes for DM or IH (E09-E14) as per the Instructional notes (code also) at

O24.-. Gestational diabetes mellitus (GDM)

O24.4-*Diabetes mellitus arising during pregnancy* is appropriate where DM is first confirmed at any time during pregnancy.

Where DM is not documented as pre-existing or gestational assign O24.9 *Diabetes mellitus in pregnancy, unspecified onset.*

However, if **DM or IH** is documented in pregnancy but does not meet the criteria for a pregnancy complication, assign a code for DM or IH (E09-E14) and Z33 *Pregnant state*, *incidental* (see ACS 1521 *Conditions and injuries in pregnancy*).

See also ACS 1548 Puerperal/postpartum condition or complication.

0505 MENTAL ILLNESS <u>COMPLICATING IN PREGNANCY</u>, CHILDBIRTH AND THE PUERPERIUM

Assign O99.3 *Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium* with the specific mental illness code sequenced as an additional diagnosis.

Note: this code excludes postnatal depression.

Where a mental disorder is documented in pregnancy, childbirth or the puerperium, assign:

- a code from Chapter 5 *Mental and behavioural disorders* for the specific type of mental illness
- O99.3 Mental disorders and diseases of the nervous system in pregnancy, childbirth and the puerperium.

However, if a mental disorder is documented in pregnancy but does not meet the criteria for a pregnancy complication, assign a code from Chapter 5 and Z33 *Pregnant state, incidental.*

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

Exceptions to the above are:

- certain mental disorders associated with the puerperium (eg postnatal depression see below)
- vomiting associated with other psychological disturbances.

See Glossary descriptions at category F53 Mental and behavioural disorders associated with the puerperium, not elsewhere classified, and F50.5 Vomiting associated with other psychological disturbances.

POSTNATAL DEPRESSION

Postnatal depression is a nonspecific diagnosis referring to any depression arising in the period of 42 days after confinement (the postnatal period).

"Postnatal mood disorders cover a variety of mood and behaviour disturbances which a mother may experience during the early postpartum period. These include a spectrum of mild to severe problems from the 'baby blues' through to florid psychotic illness. In between lies postnatal depression which is not, strictly speaking, a medical term.... It is also differently defined by various stakeholders, all of which sometimes provokes considerable controversy. Some of the diagnostic labels offered by clinicians include those listed in Table 1 and because of the differing points of view prevalence rates quoted also vary widely...

Table 1: The prevalence	of postnatal mental	health problems
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POSTNATAL MENTAL HEALTH PROBLEM	PREVALENCE
Psychoses	0.3%
 Postnatal depression (PND) which includes: anxiety and depressive neuroses (or mixed) major depression 	10–40%

 minor depression dysthymia adjustment disorders post traumatic stress disorder personality disorders 	
The 'Blues'	50-80%

Postnatal depression must be distinguished from normal reactions to the trials and tribulations of new motherhood" (Barnett & Fowler 1995).

CLASSIFICATION

If the type of depression is specified and classifiable to the mental health chapter, the appropriate code should be assigned in preference to code F53.0 *Mild mental and behavioural disorders associated with the puerperium, not elsewhere classified.*

If a code to specify the type of depression is assigned from category F32 *Depressive episode*, a fifth character will indicate whether the depression arose during the postnatal period.

F53.0 *Mild mental and behavioural disorders associated with the puerperium, not elsewhere classified* should be assigned **only when the type of depression is not documented or not able to be classified elsewhere**. Postnatal depression documented with onset after the postnatal period should be queried with the clinician.

The note at category F53 *Mental and behavioural disorders associated with the puerperium, not elsewhere classified* states "This category includes only mental disorders associated with the puerperium (commencing within six weeks of deliverydefined as the period of 42 days following childbirth)...". If, however, a diagnosis of *postnatal depression* is documented without further qualification, in any episode up to one year post delivery, the code F53.0 may still be assigned.

A. Delivery or puerperal episode of care

Note: ACHI codes are not included in these examples.

EXAMPLE 1:

Patient delivered a liveborn infant by spontaneous vertex delivery. Diagnosis was postnatal depression. Further qualification of this term was sought, yet not able to be provided.

Codes:	O80	Single spontaneous delivery
	F53.0	Mild mental and behavioural disorders associated with the puerperium, not elsewhere classified
	Z37.0	Single live birth

EXAMPLE 2:

Patient delivered liveborn twins by elective lower segment caesarean section, under intravenous general anaesthetic, for malpresentation. During the next week she felt down and very tearful. A psychiatric consult diagnosed postpartum blues.

Codes:	O84.2	Multiple delivery, all by caesarean section
	O30.0	Twin pregnancy
	O32. <mark>9</mark> 5	Maternal care for multiple gestation with malpresentation of one fetus or more <u>more Maternal care for malpresentation of fetus, unspecified</u>
	F53.8	Other mental and behavioural disorders associated with the puerperium, not elsewhere classified
	Z37.2	Twins, both liveborn

EXAMPLE 3:

Patient admitted at 36 weeks for bed rest and antidepressants for exacerbation of her major depression. During the same episode the patient delivered a liveborn infant by spontaneous vertex delivery at 39 weeks.

Codes:	099.3	Mental disorders and diseases of the nervous system complicating in pregnancy, childbirth and the puerperium	
	F32.20	Severe depressive episode without psychotic symptoms, not specified as arising in the postnatal period	
	O80	Single spontaneous delivery	
	Z37.0	Single live birth	

B. Episodes of care (after delivery and puerperal episodes) up to one year post delivery

EXAMPLE 4:

Patient admitted six months post delivery with postnatal depression. Discharged four weeks later. Further qualification regarding the type of depression could not be obtained.

Code: F53.0 Mild mental and behavioural disorders associated with the puerperium, not elsewhere classified

EXAMPLE 5:

Patient admitted six months post delivery with a provisional diagnosis of postnatal depression and is subsequently diagnosed with major depression. Discharged four weeks later.

Code: F32.21 Severe depressive episode without psychotic symptoms, arising in the postnatal period

1435 FEMALE GENITAL MUTILATION

DEFINITION

The World Health Organization (2008, p. 4) defines female genital mutilation (FGM) as:

"All procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons".

The practice of FGM is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among migrants from these areas. The causes of FGM include cultural, religious and social factors.

TYPES OF FGM

FGM is classified into four major types by the World Health Organization (2008, p. 4):

- 1. Type 1 (clitoridectomy): partial or total removal of the clitoris and/or the prepuce
- 2. Type 2 (excision): partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora
- 3. Type 3 (infibulation): narrowing of the vaginal orifice with creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris
- 4. Type 4 (other): all other harmful procedures to the female genitalia for non medical purposes, eg pricking, piercing, incising, scraping and cauterisation.

Complications of FGM

Complications which may arise include:

- Immediate complications such as severe pain, bleeding, infections, injuries, difficulty passing urine, shock and death
- Long term complications such as recurrent bladder and urinary tract infections, sexual difficulties including nonconsummation and painful intercourse, urinary and menstrual problems, infertility, birth complications and newborn deaths, and the need for later surgeries (World Health Organization 2008, pp. 33–35).

CLASSIFICATION

Admission for repair of FGM

- Assignment of the principal diagnosis code will be dependent on the documentation.
 However, N90.8 Other specified noninflammatory disorders of vulva and perincum would be the preferred code when there is nonspecific information about the reason for repair.
 An additional diagnosis code of Z91.7 Personal history of female genital mutilation should also be assigned.
- Code the documented procedure, eg 35533 00 [1294] Vulvoplasty.

Admission for treatment of a condition/problem associated with FGM

 Assign the appropriate code for the condition, eg urinary tract infection N39.0 Urinary tract infection, site not specified, with an additional code of Z91.7 Personal history of female genital mutilation.

Pregnancy affected by FGM

- Assign O34.7 Maternal care for abnormality of vulva and perineum and other relevant codes from Chapter 15 Pregnancy, childbirth and the puerperium with an additional code of Z91.7 Personal history of female genital mutilation.
- Note: Documentation of FGM should not be coded unless meeting the criteria above and/or meeting the

15 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

1500 DIAGNOSIS SEQUENCING IN DELIVERY EPISODES OF CARE

<u>080–084 DELIVERY AS PRINCIPAL DIAGNOSIS</u>

- Assign O80–O84 *Delivery* as the principal diagnosis for a patient admitted for delivery and the outcome is delivery. These episodes of care may include documentation such as *in labour, for induction, for caesarean* etc
- Assign additional diagnoses to indicate the reason for any delivery intervention (eg the reason for induction, use of forceps, caesarean section)
- Where there is difficulty in determining the principal diagnosis in obstetric episodes of care with an outcome of delivery, assign a code from category O80–O84 *Delivery* as the principal diagnosis.

O80–O84 DELIVERY AS ADDITIONAL DIAGNOSIS

- Where a pregnant patient is admitted for management of a condition in the antepartum
 period, assign either a code from Chapter 15 *Pregnancy, childbirth and the puerperium* or
 another chapter that meets the definition of principal diagnosis (see also ACS 1521
 <u>Conditions and injuries in pregnancy</u>)
- Assign O80–O84 *Delivery* as an additional diagnosis where the patient delivers during the episode.

OTHER ADDITIONAL DIAGNOSES IN DELIVERY EPISODES OF CARE

Note: the following guidelines also apply to antenatal (ie without delivery) as well as delivery episodes of care.

- Assign the following codes when documented (as applicable to the episode of care):
 - o O09 Duration of pregnancy (see criteria in ICD-10-AM Tabular List)
 - o O30 Multiple gestation
 - o O60 Preterm labour and delivery

Assign O60 when onset of labour and/or delivery occurs before 37 completed weeks

gestation (see also ACS 1511 *Termination of pregnancy* and ACS 1550 *Discharge/transfer in labour*).

o Z29.1 Prophylactic immunotherapy

Assign Z29.1 for an obstetric patient who requires administration of anti-D, with 92173-00 **[1884]** *Passive immunisation with Rh(D) immunoglobulin.*

- o Z37 Outcome of delivery
- <u>Codes for streptococcal group B infection/carrier see ACS 1549</u>
 <u>Streptococcal group B infection/carrier in pregnancy</u>
- Assign codes for other conditions/complications (pregnancy, childbirth, puerperal or nonobstetric) that meet the criteria for an additional diagnosis in ACS 0002 <u>Additional diagnoses.</u>

For guidelines regarding admission for termination of pregnancy, see ACS 1511 *Termination* of pregnancy. See also specific standards within Chapter 15 *Pregnancy, childbirth and the puerperium.*

1501 DEFINITION OF PUERPERIUM

The puerperium is the period of 42 days following birth. Admissions for problems related to lactation which fall beyond the 42 day period should be coded as puerperal. Beyond twelve months post delivery, conditions related to lactation should be assigned a code for the condition outside Chapter 15 *Pregnancy, childbirth and the puerperium*. For example, mastitis in lactating mothers that occurs eighteen months post delivery should be coded to N61 *Inflammatory disorders of breast*.

1503 'COMPLETE' AND 'INCOMPLETE' ABORTION

When a patient is admitted with a diagnosis of 'spontaneous abortion' and no procedure is performed, check the ultrasound report for evidence of products of conception. If no products of conception are evident on ultrasound, code the abortion as complete; fourth characters of:

- 5 complete or unspecified, complicated by genital tract and pelvic infection
- 6 complete or unspecified, complicated by delayed or excessive haemorrhage
- 7 complete or unspecified, complicated by embolism
- 8 complete or unspecified, with other and unspecified complications
- 9 complete or unspecified, without complication

1505 DELIVERY AND ASSISTED DELIVERY CODES

Where a patient delivers during an episode of care, assign:

- <u>a code from O80–O84 *Delivery* and</u>
- an ACHI code from [1336]–[1340] Delivery procedures or other procedure(s) to assist delivery

	ICD-10-AM Code		ACHI Code
<u>080</u>	Single spontaneous delivery	90467-00 [1336]	<u>Spontaneous vertex delivery</u>
		<u>90470-00</u> [1339]	Spontaneous breech delivery
<u>081</u>	Single delivery by forceps and	90468-00 [1337]	Low forceps delivery
	<u>vacuum extraction</u>	<u>90468-01 [1337]</u>	Mid-cavity forceps delivery
		<u>90468-02 [1337]</u>	High forceps delivery
		<u>90468-04 [1337]</u>	Forceps rotation of fetal head with forceps delivery
		90468-06 [1337]	Forceps delivery, unspecified
		<u>90469-00 [1338]</u>	Vacuum assisted delivery
		<u>90470-02</u> [1339]	<u>Assisted breech delivery with forceps to after-coming head</u>
		<u>90470-04 [1339]</u>	<u>Breech extraction with forceps to after</u> <u>coming head</u>
<u>082</u>	<u>Single delivery by caesarean</u> <u>section</u>	Block [1340]	<u>Caesarean section</u>
<u>083</u>	Other assisted single delivery	90468-03 [1337]	Forceps rotation of fetal head
		<u>90470-01 [1339]</u>	Assisted breech delivery
		<u>90470-03 [1339]</u>	Breech extraction
		<u>16501-00[1342]</u>	External version
		<u>90471-02 [1342]</u>	Internal version
		<u>90471-04 [1342]</u>	Combined internal and external version
		<u>90471-06 [1342]</u>	Manual rotation of fetal head
		<u>90477-00 [1343]</u>	Other procedures to assist delivery
		<u>90482-00 [1345]</u>	Manual removal of placenta
		Other procedure(s) t ACHI Alphabetic In	to assist delivery not listed above — <i>see</i> <u>dex</u>
<u>084.0</u>	Multiple delivery, all spontaneous	<u>90467-00 [1336]</u>	Spontaneous vertex delivery
		<u>90470-00 [1339]</u>	Spontaneous breech delivery
<u>084.1</u>	Multiple delivery, all by forceps and vacuum extractor	90468-00 [1337]	Low forceps delivery
		90468-01 [1337]	<u>Mid-cavity forceps delivery</u>
		90468-02 [1337]	High forceps delivery
		<u>90468-04</u> [1337]	Forceps rotation of fetal head with
		20400-04 [1337]	<u>Forceps rotation of Jetai neda with</u>

	90468-06 [1337] 90469-00 [1338] 90470-02 [1339] 90470-04 [1339]	<u>forceps delivery</u> Forceps delivery, unspecified Vacuum assisted delivery Assisted breech delivery with forceps to after-coming head Breech extraction with forceps to after- coming head
O84.2 Multiple delivery, all by caesarean section	Block [1340]	Caesarean section
<u>O84.81 Multiple delivery, all assisted, not</u> <u>elsewhere classified</u>	90468-03 [1337] 90470-01 [1339] 90470-03 [1339] 16501-00 [1342] 90471-02 [1342] 90471-04 [1342] 90471-06 [1342] 90477-00 [1343] 90482-00 [1345] Other procedure(s) to ACHI Alphabetic Inde	Forceps rotation of fetal headAssisted breech deliveryBreech extractionExternal versionInternal versionCombined internal and external versionManual rotation of fetal headOther procedures to assist deliveryManual removal of placentaassist delivery not listed above — seeext
O84.82 Multiple delivery by combination of <u>methods</u>		codes from blocks [1336]–[1340] or other procedure(s) to assist delivery — Index
O84.9 Multiple delivery, unspecified	No ACHI code assign unspecified	ed as the method of delivery is

Note: When ACHI codes for failed delivery procedures are assigned (eg failed forceps/vacuum extraction/version), assign appropriate ICD-10-AM codes for assisted delivery, unless the delivery proceeds to forceps or vacuum extraction, or caesarean section.

Assign additional ACHI codes, as appropriate, for interventions performed during labour and delivery (eg episiotomy).

MULTIPLE DELIVERY

In a multiple delivery, if the babies are delivered by **different** methods, ACHI codes for all of the delivery methods must be assigned (except for any deliveries that occurred prior to the admitted episode of care, noting that delivery is not complete until after expulsion of the placenta).

EXAMP	<u>LE 1:</u>			
Premature	e twin delive	ery at 35 weeks, twin 1 delivered by breech extraction and twin 2, transverse position		
delivered	by emergen	cy lower segment caesarean section (LSCS) (with spinal anaesthesia, ASA 1 E) due		
to obstruc	ction.			
Codes:	O84.82	Multiple delivery by combination of methods		
	<u>O30.0</u>	<u>Twin pregnancy</u>		
	<u>064.1</u>	4.1 Labour and delivery affected by breech presentation		
	<u>O64.8</u>	Labour and delivery affected by other malposition and malpresentation		
	<u>060.1</u>	Preterm labour with preterm delivery		
	<u>009.5</u>	5 Duration of pregnancy 34–<37 completed weeks		
	<u>Z37.2</u>	Twins, both liveborn		
	<u>16520-03</u>	[1340] Emergency lower segment caesarean section		
	92508-10	[1333] Neuraxial block, ASA 10		
	<u>90470-03</u>	[1339] Breech extraction		

EXAMPLE 2:

<u>Term delivery; twin 1 delivered in the ambulance on the way to hospital (spontaneous vertex). Twin 2</u> delivered in hospital by emergency lower segment caesarean section (LSCS) (with spinal anaesthesia, ASA <u>1 E).</u>

Codes:	<u>084.82</u>	Multiple a	delivery by combination of methods
	<u>O30.0</u>	Twin preg	<u>gnancy</u>
	<u>Z37.2</u>	<u>Twins, bo</u>	<u>th liveborn</u>
	16520-03 [1340]	Emergency lower segment caesarean section
	92508-10	1333]	Neuraxial block, ASA 10

In this example an ACHI delivery code for spontaneous vertex delivery of twin 1 is not assigned as it was not performed within the admitted episode of care (note that removal of placenta is included in caesarean section).

See ACS 1500 *Diagnosis sequencing in delivery episodes of care* for guidelines regarding sequencing of codes from O80–O84 *Delivery*.

1509 FALLING OESTRIOLS

Falling oestriols should not be coded. If IUGR (intrauterine growth retardation) is documented as the cause of falling oestriols, assign code O36.5 *Maternal care for poor fetal growth*.

1510 PREGNANCY WITH ABORTIVE OUTCOME

An abortion is defined as expulsion or extraction of the products of conception by any means, before fetal viability, that being less than the 20th week of pregnancy (140 days) and/or less than a fetal weight of 400g.

However, due to some fetal/maternal conditions, an induced abortion (termination of pregnancy) may need to be performed after fetal viability (that being at least 20 weeks gestation and/or at least 400g weight). See ACS 1511 Termination of pregnancy.

1511 TERMINATION OF PREGNANCY

If pregnancy is terminated because of known or suspected fetal abnormality or other fetal and placental problems or a maternal condition, apply the following guidelines: Induced abortion is defined as extraction, or expulsion following induction or other procedure, of the products of conception to intentionally terminate pregnancy, and may be performed before or after fetal viability. Fetal viability is defined as 20 completed weeks (140 days) gestation and/or fetal weight greater than or equal to 400g.

Medical abortion is an induced abortion performed in a health facility usually for medical/legal/mental health indications.

For delivery episodes of care following **fetal death in utero** (intrauterine death), follow the guidelines in ACS 1500 *Diagnosis sequencing in delivery episodes of care*.

ICD-10-AM CODES FOR MEDICAL ABORTION:

- 1. Before fetal viability (less than 20 completed weeks (140 days) gestation and/or fetal weight less than 400g). If the termination of pregnancy occurs before fetal viability (that being before 20 weeks gestation and/or less than a fetal weight of 400g see ACS 1510 *Pregnancy with abortive outcome*), assign:
 - O04.- Medical abortion as the principal diagnosis
 - 009.- Duration of pregnancy
 - a code to indicate the reason for termination the medical abortion, when applicable (see Example 1).

If the <u>medical abortion</u>termination results in a liveborn infant, assign the appropriate Z37 *Outcome of delivery* code as an additional diagnosis.

A code from O80–O84 *Delivery* **should not be assigned** when coding termination of pregnancy before fetal viability (see ACS 1510 *Pregnancy with abortive outcome*).

- 2. After fetal viability (20 or more completed weeks (140 days) gestation and/or fetal weight ≥ 400g). If the termination of pregnancy (excluding fetal death in utero) occurs after fetal viability, assign:
 - a code to indicate the reason for termination the medical abortion as the principal diagnosis
 - O04.- Medical abortion
 - a code from O80–O84 Delivery
 - O60.- Preterm labour and delivery
 - 009.- Duration of pregnancy
 - Z37.- Outcome of delivery

(see Examples 2 and 3).

PROCEDURES FOR TERMINATION OF PREGNANCY

Termination of pregnancy may be performed by:

- extraction (eg dilation and curettage/evacuation (D&C/D&E) or suction curettage).
 Assign an appropriate code from [1265] *Curettage and evacuation of uterus.*
- induction of labour. Assign a code from block [1334] *Medical or surgical induction of labour* regardless of the duration of pregnancy and outcome
- other methods (eg insertion of prostaglandin suppository). Code specific procedure(s) performed (see ACHI Alphabetic Index).

EXAMPLE 1:

(

Patient admitted for suction D&C (GA) for termination of pregnancy at 13 weeks due to fetal anencephaly.

Codes:	O04.9	Medical abo	ortion, complete or unspecified, without complication
	O09.1	Duration of	pregnancy 5–13 completed weeks
	O35.0	Maternal ca	re for (suspected) central nervous system malformation in fetus
	35640-03	[1265]	Suction curettage of uterus
	92514-99	[1910]	General anaesthesia, ASA 9, nonemergency

EXAMPLE 2:

Patient admitted for termination of pregnancy at 23 weeks due to diagnosis of liver and bony metastases two weeks ago. Mastectomy one year previously for infiltrating duct carcinoma of the breast. Medical and surgical induction of labour-IOL performed, followed by spontaneous vaginal delivery. Outcome single stillborn.

Codes:	O99.8	Other specified diseases and conditions complicating pregnancy, childbirth and the
		puerperium
	C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
	C79.5	Secondary malignant neoplasm of bone and bone marrow
	M8500/6	Infiltrating duct carcinoma NOS, metastatic
	C50.9	Breast, unspecified
	M8500/3	Infiltrating duct carcinoma NOS
	O04.9	Medical abortion, complete or unspecified, without complication
	O 80	Single spontaneous delivery
	O60.3	Preterm delivery without spontaneous labour
	O09.3	Duration of pregnancy 20–25 completed weeks
	Z37.1	Single stillbirth
	90467-00	1336] Spontaneous vertex delivery
	90465-05	Medical and surgical induction of labour
Other dia	gnosis and p	rocedure codes as appropriate.

EXAMPLE 3:

Patient admitted for termination of pregnancy by medical IOL at 25 weeks due to fetal chromosomal abnormality. Outcome single stillborn.

Codes:	-035.1	<i>Maternal care for (suspected) chromosomal abnormality in fetus</i>
		- Medical abortion, complete or unspecified, without complication
	<u> </u>	-Single spontaneous delivery
	- 060.3	Preterm delivery without spontaneous labour
		· · ·

O09.3 Duration of pregnancy 20–25 completed weeks Z37.1 Single stillbirth

Other diagnosis and procedure codes as appropriate.

See ACS 1513 *Induction and augmentation*, for examples of procedures involved in termination of pregnancy.

1513 INDUCTION AND AUGMENTATION

REASON FOR INDUCTION

Induction of labour is performed for many reasons including:

- abnormal antenatal cardiotocography (CTG)
- diabetes
- fetal death in utero
- intrauterine growth retardation (IUGR)
- post dates
- pre eclampsia
- premature rupture of membranes (PROM)
- previous antepartum haemorrhage
- previous caesarean section for trial of sear

Assign a code from category O80 O84 *Delivery* as the principal diagnosis, with the reason (if documented) as an additional diagnosis when the patient is **admitted for induction of labour** and the patient delivers (excluding that for termination of pregnancy—see ACS 1511 *Termination of pregnancy*).

If the patient is **admitted for management of an antepartum condition** (or other condition classified elsewhere in ICD 10 AM) and a decision is then made to induce labour during the episode of care and the patient delivers, assign the antepartum (or other) condition as the principal diagnosis with a code from category O80 O84 *Delivery* as an additional diagnosis. See also ACS 0001 *Principal diagnosis/Obstetrics*.

INDUCTION PROCEDURES TO TERMINATE PREGNANCY

If labour is induced by medical means to terminate a pregnancy, **regardless of duration of pregnancy and regardless of the outcome**, the procedure code will be:

90465-00 [1334] *Medical induction of labour, oxytocin* or 90465-01 [1334] *Medical induction of labour, prostaglandin* or 90465-02 [1334] *Other medical induction of labour* or 90465-05 [1334] *Medical and surgical induction of labour*

(See also Medical and surgical induction, below.)

Generally, termination of pregnancy before 14 completed weeks is performed by D&C or suction curettage and does not involve labour.

EXAMPLE 1:				
Patient admitted for suction D&C (GA) for termination of pregnancy at 13 weeks due to fetal anencephaly.				
Codes: 004.9 Medical abortion, complete or unspecified, without complication				
O35.0 Maternal care for (suspected) central nervous system malformation in fetus				
<u>—92514-99 [1910] General anaesthesia, ASA 9, nonemergency</u>				

Assign a code from block [1334] *Medical or surgical induction of labour* for termination of pregnancy occurring beyond 14 completed weeks.

EXAMPLE 2:

Patient admitted for termination of pregnancy at 21 weeks due to diagnosis of liver and bony metastases. Mastectomy one year previously for infiltrating duct carcinoma of the breast. Outcome single stillborn. Medical and surgical induction of labour.

Codes:	<u> </u>	<i>Other specified diseases and conditions complicating pregnancy, childbirth and the</i>
		puerperium
	<u> </u>	<u>Secondary malignant neoplasm of liver</u>
	<u> </u>	- Secondary malignant neoplasm of bone and bone marrow
	<u></u>	- Infiltrating duct carcinoma NOS, metastatic
	<u>C50.9</u>	-Breast, unspecified
	<u></u>	- Infiltrating duct carcinoma NOS
		- Medical abortion, complete or unspecified, without complication
	- 080	- Single spontaneous delivery
	<u> </u>	-Preterm delivery without spontaneous labour
		- Duration of pregnancy 20-25 completed weeks
	<u>Z37.1</u>	- Single stillbirth

90465-05 [1334] Medical and surgical induction of labour

EXAMPLE 3:

Patient admitted at 21 weeks gestation with a diagnosis of fetal death in utero (FDIU). Medical and surgical induction of labour.

Medical and surgical induction of labour

Codes:	-080	- Single spontaneous delivery
	- 036.4	- Maternal care for intrauterine death
		-Duration of pregnancy 20-25 completed weeks
	- 060.3	-Preterm delivery without spontaneous labour
	<u>Z37.1</u>	- Single stillbirth
		0

MEDICAL AND SURGICAL INDUCTION

90465 05 [1334]

Although medical and surgical induction is often performed for the one patient, it is rarely performed synchronously. In some cases, the medical induction will be given immediately after the artificial rupture of membranes (ARM). However, in some cases a period of approximately half an hour elapses after the ARM to see whether spontaneous labour will occur. Some obstetricians may wait up to four hours after the ARM.

90465-05 [1334] *Medical and surgical induction of labour* is provided for those cases when a patient has both ARM and medical induction, even if the elapsed time between ARM and medical induction exceeds four hours. Although the medical induction may be given after contractions commence, this should not be coded as a medical augmentation.

MEDICAL AND SURGICAL AUGMENTATION

90466 00 [1335] *Medical augmentation after onset of labour* and 90466 01 [1335] *Surgical augmentation of labour* are only assigned when a spontaneous labour is augmented. The code 90466-02 [1335] *Medical and surgical augmentation of labour* should be assigned when both medical augmentation and ARM are performed synchronously or following onset of spontaneous labour.

1519 DELIVERY PRIOR TO ADMISSION

If a patient has delivered a baby prior to admission to hospital and no operative procedures relating to the delivery are carried out during admission **and** the mother suffers no complications of the puerperium, assign the appropriate code from category Z39.0-*Postpartum care and examination immediately after delivery*. If a complication arises prior to admission, that complication should be coded as the principal diagnosis, not a code from the category Z39.0-.

If a patient is transferred to a hospital following delivery to accompany a sick child, and the patient receives routine postpartum care, assign the appropriate Z39. code.

If a patient is transferred from one hospital to another for postcaesarean care, with no condition meeting the definition of principal diagnosis or additional diagnosis, then the appropriate Z39. code should be assigned as the principal diagnosis and Z48.8 *Other specified surgical follow-up care* as an additional diagnosis.

(See ACS 1548 Postpartum condition or complication.)

1520 MULTIPLE BIRTHS

In a multiple delivery, if the babies are delivered differently, both types of delivery should be eoded.

EXAMPLE 1:

Premature twin delivery at 35 weeks, twin 1 delivered by breech extraction and twin 2, transverse position delivered by lower segment caesarean section (LSCS) due to obstruction.

Codes:	<u> </u>	Multiple delivery by combination of methods
	- 064.8	Labour and delivery affected by other malposition and malpresentation
	032.5	Maternal care for multiple gestation with malpresentation of one fetus or more
	- O30.0	Twin pregnancy
	- O60.1	Preterm labour with preterm delivery
	009.5	Duration of pregnancy 34 <37 completed weeks
	Z37.2	Twins, both liveborn
	-16520-03	340] <i>Emergency lower segment caesarean section</i>
	90470-03	

1521 CONDITIONS COMPLICATING PREGNANCY CONDITIONS AND INJURIES IN PREGNANCY

Chapter 15 Pregnancy, childbirth and the puerperium contains two blocks of codes for complications related to pregnancy, O20–O29 Other maternal disorders predominantly related to pregnancy and O94–O99 Other obstetric conditions, not elsewhere classified. Conditions that are known to occur commonly in pregnancy have specific codes in O20–O29. To code other conditions complicating pregnancy (or being aggravated by the pregnancy or that are the main reason for obstetric care), a code from O98 Maternal infectious and parasitie diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium or O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium or O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium of O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium of O99 Other maternal diseases classifiable elsewhere but complicating pregnancy of the pregnancy, childbirth and the puerperium of O99 Other maternal diseases classifiable elsewhere but complicating pregnancy of the pregnancy of the pregnancy of the puerperium of O99 Other maternal diseases classifiable elsewhere but complicating pregnancy of the pregnancy of the puerperium of O99 Other maternal diseases classifiable elsewhere but complicating pregnancy of the other chapters of ICD 10 AM to identify the specific condition.

A condition is classified as complicating pregnancy when it is associated with an increased risk of adverse fetal or maternal outcome.

Chapter 15 Pregnancy, childbirth and the puerperium lists codes for conditions that:

• exclusively or predominantly occur **only in** <u>a pregnant patient</u> (ie obstetric conditions/complications).

Assign codes for these conditions/complications that meet the criteria for assignment as per ACS 0001 *Principal diagnosis*, ACS 0002 *Additional diagnoses* and ACS 1500 *Diagnosis sequencing in delivery episodes of care*.

- may occur in any patient, but may or may not cause complications in a pregnant
 patient (ie nonobstetric conditions/complications). This standard provides guidelines for three mutually exclusive categories applicable to nonobstetric conditions/complications and injuries (trauma):
 - o nonobstetric conditions complicating pregnancy
 - o nonobstetric conditions not complicating pregnancy
 - o nonobstetric injury/poisoning in pregnancy

NONOBSTETRIC CONDITIONS COMPLICATING PREGNANCY

A nonobstetric condition is a condition that may occur in any patient; these conditions may or may not complicate pregnancy.

Nonobstetric conditions are classified as complicating pregnancy when the condition meets the criteria in ACS 0001 *Principal diagnosis*, ACS 0002 *Additional diagnoses* or ACS 1500 *Diagnosis sequencing in delivery episodes of care* in an antepartum or delivery episode of care, and documentation specifies that the condition is complicating the pregnancy.

In the absence of specific documentation, a nonobstetric condition is classified as complicating pregnancy as indicated by two or more of the following criteria:

- Patient is admitted to an obstetric unit
- Patient is supervised/evaluated by an obstetrician, midwife and/or neonatologist (*Note*: evaluation may be performed remotely. That is, the clinician is located in another facility and consults via electronic methods (eg video/telephone conferencing))
- Fetal evaluation and/or monitoring is performed

• Patient is transferred to another facility for obstetric and/or neonatal care (see also ACS 1550 *Discharge/transfer in labour*).

CLASSIFICATION

- Assign a code from Chapter 15 Pregnancy, childbirth and the puerperium for a nonobstetric condition complicating pregnancy as per the Alphabetic Index (eg Pregnancy/complicated by or condition/in pregnancy or condition/in pregnancy, childbirth or puerperium)
- Assign as an **additional diagnosis** a code from another chapter to add specificity to the Chapter 15 code
- Once the decision has been made to classify one nonobstetric condition as complicating pregnancy, assign all other nonobstetric conditions in the episode of care as pregnancy complications (except for nonobstetric injuries/poisoning – see below)
- Nonobstetric injuries/poisoning (conditions classified to Chapter 19 Injury, poisoning and certain other consequences of external causes) are never assigned a code from Chapter 15 (see below – Nonobstetric conditions not complicating pregnancy (Incidental pregnant state) and Nonobstetric injuries/poisoning in pregnancy (Supervision of normal pregnancy)).

Note: ACHI codes are not included in the following examples.

EXAMPLE 1:

Carpal tunnel syndrome exacerbated by pregnancy.

Code: 026.82 Carpal tunnel syndrome in pregnancy

In this example, carpal tunnel syndrome occurring in pregnancy is indexed to a specific code.

EXAMPLE 2:

Pregnancy complicated by iron deficiency anaemia.

Codes: 099.01 Anaemia complicating pregnancy

D50.9 Iron deficiency anaemia, unspecified

In this example, anaemia complicating pregnancy is indexed to O99.01. If the particular type of anaemia is known, then an additional code is required to provide further specificity.

EXAMPLE 3:

Z39.01 Postpartum care after hospital delivery

EXAMPLE 4:

An obstetric patient admitted for asthma, complicating pregnancy.

In this example, asthma complicating pregnancy is not indexed specifically. To find the appropriate code from O99, it is necessary to locate the code for the disease or condition from the other chapters of ICD 10 AM (J45.9) and then consult the index under *Pregnancy/complicated by/conditions in/J00 J99* or *Pregnancy/complicated by/diseases of/respiratory system*

EXAMPLE 1:

<u>A pregnant patient was admitted with carpal tunnel syndrome for decompression of the median nerve.</u> Following the procedure the patient was transferred to the obstetric unit, where she was reviewed by the midwifery staff.

Codes:O99.3Mental disorders and diseases of the nervous system in pregnancy, childbirth and the
puerperiumG56.0Carpal tunnel syndrome

EXAMPLE 2:

A pregnant patient with pre-existing sickle cell anaemia was admitted with acute anaemia, for transfusion of packed cells. She was reviewed by the haematologist and obstetrician, and cardiotocography (CTG) performed.

Codes:099.02Anaemia in childbirth and the puerperium, with mention of pre-existing anaemiaD57.1Sickle-cell anaemia without crisis

EXAMPLE 3:

A pregnant patient was admitted for treatment of asthma. After 2 days she was transferred to the obstetric unit for observation of her gestational diabetes, and was reviewed by her obstetrician prior to discharge the following day.

Codes:	O99.5	Diseases of the respiratory system in pregnancy, childbirth and the
		puerperium
	J45.9	Asthma, unspecified
	<u>O24.49</u>	Diabetes mellitus arising during pregnancy, unspecified

EXAMPLE 4:

A pregnant patient was admitted at 30 weeks gestation with diarrhoea and excessive vomiting resulting in dehydration. She was admitted to the obstetric unit, reviewed by her obstetrician and rehydrated with intravenous (IV) fluids. A diagnosis of viral gastroenteritis (NOS) was made and the patient discharged home after two days following cessation of symptoms.

Codes:	098.5	Other viral diseases in pregnancy, childbirth and the puerperium
	<u>A08.4</u>	Viral intestinal infection, unspecified
	<u>099.2</u>	Endocrine, nutritional and metabolic diseases in pregnancy, childbirth and the
		<u>puerperium</u>
	<u>E86</u>	Volume depletion

EXAMPLE 5:

A pregnant patient was admitted by her obstetrician to the obstetric unit, with a diagnosis of deep vein thrombosis (DVT) in her left leg. She was treated with anticoagulant therapy and monitored by her obstetrician and the midwifery team.

Codes: O22.9 Venous condition in pregnancy

 I80.20
 Phlebitis and thrombophlebitis of other deep vessels of lower extremities, not

 elsewhere classified

EXAMPLE 6:

A pregnant patient with elevated blood pressure (no diagnosis of hypertension) was admitted by her obstetrician to the obstetric unit for hourly BP (blood pressure) monitoring by midwifery staff. She was treated with calamine lotion for heat rash during the admission. Her blood pressure returned to normal and her rash was no longer evident, therefore she was discharged home the following day.

Codes:	099.8	Other specified diseases and conditions in pregnancy, childbirth and the
		<u>puerperium</u>
	<u>R03.0</u>	Elevated blood-pressure reading, without diagnosis of hypertension
	<u>099.7</u>	Diseases of the skin and subcutaneous tissue in pregnancy, childbirth and the
		<u>puerperium</u>
	<u>L74.0</u>	Miliaria rubra

NONOBSTETRIC CONDITIONS NOT COMPLICATING

PREGNANCY (INCIDENTAL PREGNANT STATE)

If a pregnant patient is admitted for a condition that is not pregnancy-related, that neither complicates the pregnancy nor is aggravated by the pregnancy, and the patient requires no obstetric observation or care, then the fact that the woman is pregnant is classified as 'incidental'. In this case, the code for the condition should be reported as the principal diagnosis with an additional diagnosis of Z33 *Pregnant state, incidental*.

When a pregnant patient is admitted with a nonobstetric injury/poisoning, or with a nonobstetric condition that does not meet the criteria for a pregnancy complication listed above, **do not** classify the condition as a pregnancy complication.

CLASSIFICATION

- <u>Assign codes as per the criteria in ACS 0001 Principal diagnosis and ACS 0002</u>
 <u>Additional diagnoses</u>
- Assign Z33 Pregnant state, incidental as an additional diagnosis

However, Z33 should never be assigned when a code from Chapter 15 *Pregnancy, childbirth and the puerperium* is assigned in the same episode of care.

Therefore, if a pregnant patient is admitted with a nonobstetric injury/poisoning and:

- a pregnancy complication is present or arises during the episode and/or
- the patient proceeds to labour and/or delivery during the episode of care

assign additional diagnoses from Chapter 15 and other chapters, if appropriate, instead of Z33.

EXAMPLE 75:

<u>A</u> Ppregnant womanpatient was admitted with a fractured shaft of metacarpal (jammed hand in door).

Codes:	S62.32	Fracture of shaft of other metacarpal bone(s)
	W23.0	Caught, crushed, jammed or pinched in or between door
	Appropriat	e place of occurrence code (Y92) and activity code (U50–U73)
	Z33	Pregnant state, incidental

EXAMPLE 8:

A pregnant patient was admitted to the day infusion centre with iron deficiency anaemia, for an iron infusion.

Codes:D50.9Iron deficiency anaemia, unspecifiedZ33Pregnant state, incidental

EXAMPLE 9:

A pregnant patient was admitted with carpal tunnel syndrome for decompression of the median nerve.

Codes:G56.0Carpal tunnel syndromeZ33Pregnant state, incidental

EXAMPLE 10:

A pregnant patient was admitted with a fractured shaft of metacarpal (jammed hand in door). Prior to discharge her membranes ruptured spontaneously. She was transferred to the labour ward and delivered a healthy term infant.

Codes:	S62.32	Fracture of shaft of other metacarpal bone(s)
	<u>W23.0</u>	Caught, crushed, jammed or pinched in or between door
	Appropria	ate place of occurrence code (Y92) and activity code (U50–U73)
	<u>O80</u>	Single spontaneous delivery
	<u>Z37.0</u>	Single live birth

EXAMPLE 11:

A pregnant patient was admitted with a fractured shaft of metacarpal (jammed hand in door). Routine observations indicated that her blood pressure was elevated (no diagnosis of hypertension). She was transferred to the obstetric unit for blood pressure monitoring, by midwifery staff. Her blood pressure returned to normal and she was discharged home the next day.

Codes:	<u>S62.32</u> Fracture of shaft of other metacarpal bone(s)
	<u>W23.0</u> <u>Caught, crushed, jammed or pinched in or between door</u>
	Appropriate place of occurrence code (Y92) and activity code (U50-U73)
	<u>O99.8</u> Other specified diseases and conditions in pregnancy, childbirth and the
	<u>puerperium</u>
	R03.0 Elevated blood-pressure reading, without diagnosis of hypertension

NONOBSTETRIC INJURIES/POISONING IN PREGNANCY (SUPERVISION OF NORMAL PREGNANCY)

Nonobstetric injuries/poisonings (conditions classified to Chapter 19 *Injury, poisoning and certain other consequences of external causes*) are never assigned a code from Chapter 15 *Pregnancy, childbirth and the puerperium.* However, if a pregnant patient with a nonobstetric injury/poisoning meets the criteria for a pregnancy complication, but there is no condition that qualifies for assignment of a code from Chapter 15, assign a code from Z34 *Supervision of normal pregnancy* as an additional diagnosis.

However, Z34.- should never be assigned when a code from Chapter 15 *Pregnancy, childbirth and the puerperium* is assigned in the same episode of care.

Therefore, if a pregnant patient is admitted with a nonobstetric injury/poisoning and:

- a pregnancy complication is present or arises during the episode and/or
- the patient proceeds to labour and/or delivery during the episode of care.

assign additional diagnoses from Chapter 15 and other chapters, if appropriate, instead of Z34.-.

EXAMPLE 12:

<u>A pregnant patient was admitted with a fractured shaft of metacarpal (jammed hand in door). She was</u> transferred to the obstetric unit for observation by midwifery team. No complications of her pregnancy were identified, therefore she was discharged home following treatment of her fracture.

Codes:	<u>S62.32</u>	Fracture of shaft of other metacarpal bone(s)
	<u>W23.0</u>	Caught, crushed, jammed or pinched in or between door
	Appropriat	te place of occurrence code (Y92) and activity code (U50–U73)
	<u>Z34.9</u>	Supervision of normal pregnancy, unspecified

EXAMPLE 13:

<u>A pregnant patient was admitted to the obstetric unit for observation by the midwifery team following fall</u> from a stepladder. She complained of pain in her ankle, but no injuries were identified on xray. She was discharged home the following morning.

Codes:	S99.9	Unspecified injury of ankle and foot
	<u>W11</u>	Fall on and from ladder
	Appropria	ate place of occurrence code (Y92) and activity code (U50–U73)
	<u>Z34.9</u>	Supervision of normal pregnancy, unspecified

EXAMPLE 14:

<u>A pregnant patient was admitted with a fractured shaft of metacarpal (jammed hand in door). She was transferred to the obstetric unit for observation by the midwifery team of her pre-existing essential hypertension. Following treatment of her fracture and stabilisation of her hypertension she was discharged home.</u>

Codes:	S62.32	Fracture of shaft of other metacarpal bone(s)
	W23.0	Caught, crushed, jammed or pinched in or between door
	Appropria	ate place of occurrence code (Y92) and activity code (U50–U73)
	O10	Pre-existing hypertension in pregnancy, childbirth and the puerperium
	<u>110</u>	Essential (primary) hypertension

For guidelines regarding puerperal/postpartum conditions/complications see ACS 1548 *Puerperal/postpartum condition or complication*.

1534 FORCEPS DELIVERY

ACHI does not include eponyms for forceps although this is often how such deliveries are documented in the clinical record. The following list is provided to assist in assigning the appropriate code. However, since some eponyms are used for a variety of techniques, the clinical coder should be guided by the position of application of the forceps wherever this information is available.

Low forceps – Simpson's, Wrigley's, Lauff's Forceps are applied when the baby's head is on the perineum.

Mid forceps – Neville-Barnes, Haig-Ferguson, Simpson's Forceps are applied when the baby's head is at the level of the ischial spines.

Breech extraction with forceps to after coming head (see ACS 1542 Breech delivery and extraction).

Rotating forceps Keilland's

A method of rotating the baby in utero to correct (or to improve) presentation for delivery.

High forceps - possibly Keilland's

These forceps are used when the head is not engaged or is above the pelvic brim; rarely used.

Forceps used at caesarean should not be coded.

1537 DECREASED FETAL MOVEMENTS

Where a patient is admitted with a diagnosis of decreased fetal movements, no underlying cause is documented and is then discharged home undelivered, assign Z36.8 *Other antenatal screening*.

Where a patient is admitted with a diagnosis of decreased fetal movements, no underlying cause is documented and they deliver within the episode of care, assign O36.8 *Maternal care for other specified fetal problems* as the principal diagnosis followed by a code from category O80–O84 *Delivery*.

If an underlying cause for decreased fetal movements is documented, this cause should be coded, not O36.8 or Z36.8, whether or not the patient delivers within the episode of care.

1538 POSTNATAL BREASTFEEDING ATTACHMENT DIFFICULTIES

An attachment difficulty is when the baby is not attaching to the breast of the mother to enable efficient breastfeeding.

A fifth character subdivision is provided for codes O91 Infections of breast associated with childbirth and

O92 Other disorders of breast and lactation associated with childbirth to indicate disorders of the breast with and without attachment difficulties.

Causes of breastfeeding attachment difficulties may include cultural practices, maternal ethnicity issues, recent caesarean section or neonatal problems (which are listed below). In these circumstances, assign Z39.1 *Care and examination of lactating mother*.

Neonatal problems causing breastfeeding attachment difficulties:

multiple infants

- refusal to nurse due to problems such as neonatal jaundice, substance use disorder in the mother, effects of therapeutic or analgesic drugs
- congenital malformations such as high palate or cleft lip
- chromosomal defects such as Trisomy 21
- a preterm infant can also be the reason for breastfeeding attachment difficulties due to tiring and the need for complements/supplements of expressed breast milk

On the neonate's record, assign the appropriate code for the specific neonatal disorder documented as responsible for the attachment difficulty, followed by code P92. *Feeding problems of newborn.*

1539 SUPPRESSED LACTATION

Physiological suppression of lactation (failure of lactation) occurring prior to establishment of lactation should be assigned code O92.3 *Agalactia*.

O92.5 *Suppressed lactation* should be assigned for therapeutic suppression prior to or after establishment of lactation. This may be performed for patients with conditions such as epilepsy, manic depression or where current medications contraindicate breastfeeding.

Note: Elective suppression (ie the mother does not wish to breastfeed) should not be coded.

1541 ELECTIVE AND EMERGENCY CAESAREAN

An **elective** caesarean is defined as a caesarean section carried out as a planned procedure before the onset of labour or following the onset of labour, when the decision was made before labour. It does not include caesarean section after failed trial of scar (see ACS 1506 *Malpresentation, disproportion and abnormality of maternal pelvic organs*).

An **emergency** caesarean is defined as a caesarean required because of an emergency situation (eg obstructed labour, fetal distress). It is best described as 'when the caesarean section is performed having not been considered necessary previously'. Caesarean section after failed trial of scar would be an emergency caesarean section.

1542 BREECH DELIVERY AND EXTRACTION

Assisted breech delivery is defined as spontaneous delivery as far as the umbilicus followed by simple assistance to deliver the infant. Løvset or other manoeuvres may be applied to free the infant's arms and shoulders. Manual manipulation such as the Mauriceau-Smellie-Veit manoeuvre may be used or forceps may be applied to deliver the infant's head. If forceps are used, assign 90470 02 [1339] *Assisted breech delivery with forceps to after coming head*.

Breech extraction is defined as extensive manual interference to assist the infant's delivery. The infant's legs are brought down, nuchal arms are extracted and the infant's head is delivered by manoeuvres such as the Mauriceau-Smellie-Veit manoeuvre or by the application of forceps. If forceps are used, assign 90470-04 [1339] *Breech extraction with forceps to after coming head*.

1546 FETAL HEART RATE DECELERATIONS

Documentation of '*carly', 'late' or 'variable'* decelerations should **only** be coded in the presence of documented 'fetal distress' or instrumental or surgical intervention is undertaken.

1547 MECONIUM IN LIQUOR

Meconium in liquor alone is not always an indication of fetal distress and, therefore, should only be coded when 'fetal distress' is documented or instrumental or surgical intervention is undertaken.

1548 <u>PUERPERAL</u>/POSTPARTUM CONDITION OR COMPLICATION

The puerperium is defined as the period of 42 days following delivery (including delivery of placenta).

Conditions/complications are assigned a puerperal/postpartum code from Chapter 15 *Pregnancy, childbirth and the puerperium* **or** another chapter of ICD-10-AM as directed by the Alphabetic Index.

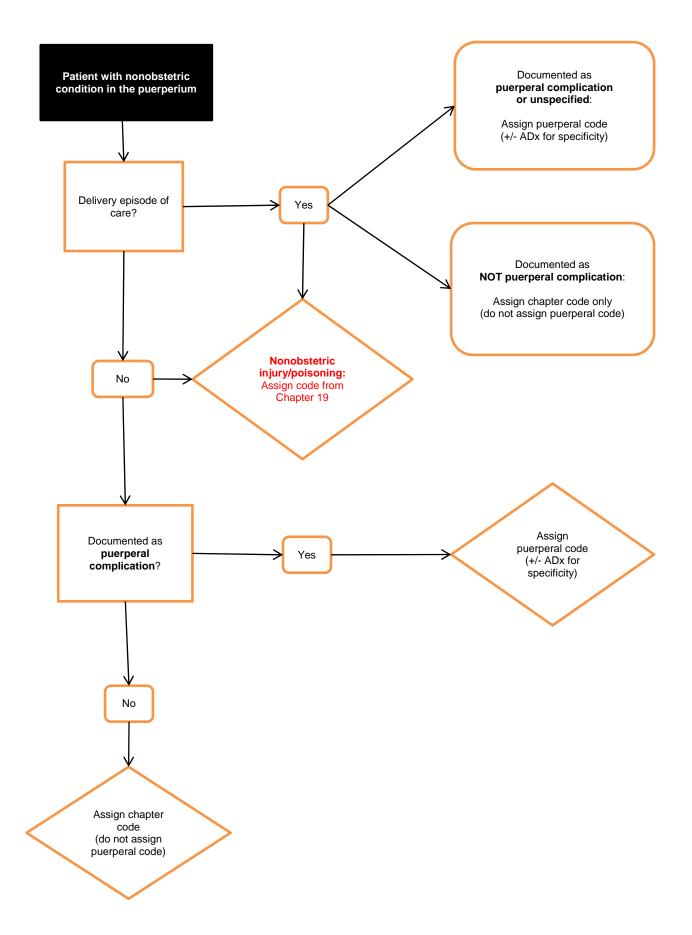
Puerperal/postpartum conditions/complications may occur in a delivery episode, or admissions may be after the delivery episode, but within the puerperal period. Patients may also be admitted with a documented *postpartum* condition or complication after the puerperal period.

NONOBSTETRIC CONDITIONS IN THE PUERPERAL PERIOD

A nonobstetric condition is a condition that may occur in any patient; these conditions may or may not complicate the puerperium.

- In the delivery episode (including when the patient is admitted immediately following delivery eg following delivery at home or on the way to hospital, or at another facility), assign a puerperal/postpartum code, with an additional diagnosis code from another chapter to add specificity, if required
- Nonobstetric injuries/poisoning (conditions classified to Chapter 19 *Injury, poisoning and certain other consequences of external causes*) are never assigned a puerperal/postpartum code
- For all other admissions in the puerperal period (ie not in the delivery episode), assign a puerperal/postpartum code only where documentation indicates that a nonobstetric condition is a puerperal/postpartum complication
- Where documentation indicates that a nonobstetric condition is not a
 puerperal complication, assign codes as per the criteria in ACS 0001 Principal
 diagnosis and ACS 0002 Additional diagnoses. Do not assign a puerperal/postpartum
 code.

Figure 1 – Flowchart for assignment of nonobstetric conditions in the puerperium



See also ACS 0505 Mental illness in pregnancy, childbirth and the puerperium.

POSTPARTUM CARE AND EXAMINATION IMMEDIATELY AFTER DELIVERY

In cases where a postpartum condition or complication classifiable to the obstetrics chapter occasions an episode of care and the **patient has delivered prior to admission** (eg in hospital or at home), a code from Z39.0 *Postpartum care and examination immediately after delivery* must be assigned as an additional diagnosis. Z39.0 must never be assigned as the principal diagnosis in such cases (see ACS 1519 *Delivery prior to admission*, regarding Z39.0- as the principal diagnosis).

Z39.0- *Postpartum care and examination immediately after delivery* is only assigned for episodes of care **within the puerperal period**:

- Z39.0- is assigned as **principal diagnosis**:
 - when a patient has delivered (baby and placenta) prior to an episode of care, and:
 - o no post delivery interventions are performed during the episode of care, or
 - o the mother does not have a puerperal/postpartum condition or complication
 - when a patient is transferred from another facility following delivery to accompany a sick child, and only receives routine postpartum care at the receiving hospital
 - when a patient is transferred from another facility for post delivery care, with no condition meeting the definition of principal diagnosis or additional diagnosis.
 Assign Z48.8 Other specified surgical follow-up care as an additional diagnosis when the patient is receiving postcaesarean care.
- Z39.0- is assigned as an **additional diagnosis** when a patient has delivered (baby and placenta) prior to an episode of care **and**:
 - <u>post delivery interventions are performed during the admitted episode of care,</u>
 <u>or</u>
 - o the mother has a puerperal/postpartum condition or complication

• Z39.0- is **never** assigned in a delivery episode of care.

Note: ACHI codes are not included in examples

EXAMPLE 1:

Patient who had planned for a hospital delivery, was admitted after she delivered (baby and placenta) at home. She had no puerperal condition or complication and was discharged with her baby two days later.

Codes: Z39.03 Postpartum care after unplanned, out of hospital delivery

EXAMPLE 2:

Patient delivered (SVD) at hospital A and was transferred to hospital B for routine post delivery care only.

Codes: Hospital A – code the delivery

Hospital B

Z39.01 *Postpartum care after hospital delivery*

EXAMPLE 3:

Patient delivered (baby and placenta) in the ambulance on the way to hospital. After admission to the Birthing Unit, she had a first degree tear of the perineum repaired. She was discharged home with her baby two days later.

Codes:O70.0First degree perineal laceration during deliveryZ39.03Postpartum care after unplanned, out of hospital delivery

EXAMPLE 4:

Patient delivered (baby and placenta) in the ambulance on the way to hospital. She was admitted to the obstetric ward and on day two developed a low grade fever. No infection or cause of the fever was identified after extensive investigation. No further complication was identified and she was discharged when she was afebrile for two days.

Codes:O86.4Pyrexia of unknown origin following deliveryZ39.03Postpartum care after unplanned, out of hospital delivery

In this example a puerperal/postpartum code was assigned as the admission was immediately following delivery.

EXAMPLE 5:
Patient admitted with a puerperal pulmonary embolism following planned home delivery two days ago.

Codes:	088.2	Obstetric blood clot embolism
	<u>126.9</u>	Pulmonary embolism without mention of acute cor pulmonale
	<u>Z39.02</u>	Postpartum care after planned, out of hospital delivery

In this example a puerperal/postpartum code was assigned as the pulmonary embolism was described as puerperal, implying a causal relationship.

EXAMPLE 6:

Patient with pre-existing sickle cell anaemia was admitted with acute anaemia five days post hospital delivery. Clinical advice confirmed and documented that the anaemia was exacerbated by her recent pregnancy and delivery.

Codes:099.04Anaemia in childbirth and the puerperium, with mention of pre-existing
anaemiaanaemia057.1Sickle-cell anaemia without crisisZ39.01Postpartum care after hospital delivery

In this example a puerperal/postpartum code was assigned as documentation confirmed that the anaemia was

a puerperal complication.

EXAMPLE 7:

Patient delivered a baby in the ambulance on the way to hospital. An adherent placenta was removed manually in the hospital, following admission.

 Codes:
 O83
 Other assisted single delivery

 043.2
 Morbidly adherent placenta

 Z37.0
 Single live birth

In this example O83 was assigned as the delivery was not complete prior to admission (ie the placenta was not delivered). Z39.0- was not assigned as it was a delivery episode of care.

EXAMPLE 8:

Term delivery; twin 1 (and placenta) delivered in the ambulance on the way to hospital. Twin 2 delivered in hospital by emergency lower segment caesarean section (LSCS).

Codes: O84.82 Multiple delivery by combination of methods

O30.0 Twin pregnancy

Z37.2 Twins, both liveborn

In this example O84.82 was assigned as the delivery was not complete prior to admission (ie twin 2 not delivered). Z39.0- was not assigned as it was a delivery episode of care.

EXAMPLE 9:

Spontaneous delivery of a single liveborn infant; pulmonary embolism diagnosed and treated post delivery.

Codes:	O80	Single spontaneous delivery
	<u>088.2</u>	Obstetric blood clot embolism
	<u>I26.9</u>	Pulmonary embolism without mention of acute cor pulmonale
	<u>Z37.0</u>	Single live birth

In this example a puerperal/postpartum code was assigned, and Z39.0- was not assigned, as it was a delivery episode of care.

EXAMPLE 10:

Patient was admitted three months post delivery with an infected caesarean wound requiring intravenous antibiotics.

Codes: O86.0 Infection of obstetric surgical wound

In this example a puerperal/postpartum code was assigned as the infection was a direct consequence of the obstetric wound. Z39.0- was not assigned as the episode of care was not within the puerperal period.

EXAMPLE 11:

Patient was admitted with nausea, vomiting and fever. She delivered a healthy baby boy three weeks previously. Patient kept overnight and discharged the next day with a diagnosis of viral gastroenteritis.

Codes: A08.4 Viral intestinal infection, unspecified

In this example a puerperal/postpartum code was not assigned as documentation does not indicate that the condition was a puerperal complication.

EXAMPLE 12:

Patient was admitted for treatment of asthma one week post hospital delivery.

Codes: J45.9 Asthma, unspecified

In this example a puerperal/postpartum code was not assigned as there was no documentation identifying the condition as a puerperal complication.

EXAMPLE 13:

Patient was admitted one week post delivery with a deep laceration to her right hand requiring exploration and suturing under GA. She was discharged home the following day.

<u>Codes:</u> <u>S61.9</u> <u>Open wound of wrist and hand, part unspecified</u> Appropriate place of occurrence code (Y92.-) and activity code (U50–U73)</u>

In this example a puerperal/postpartum code was not assigned as it was a nonobstetric injury. Z39.0- was not assigned as the patient does not have a puerperal/postpartum complication

CONDITIONS RELATING TO LACTATION

Where a patient is admitted for a condition relating to lactation in the puerperal period:

- assign as principal diagnosis a code from Chapter 15
- assign Z39.0- as an additional diagonsis

Where a patient is admitted for a condition relating to lactation beyond the puerperium:

- assign as principal diagnosis a code from outside of Chapter 15
- assign Z39.1 Care and examination of lactating mother as an additional diagnosis

EXAMPLE 14:

Patient was admitted three weeks after a planned home delivery with mastitis and attachment difficulty.

 Codes:
 O91.21
 Nonpurulent mastitis associated with childbirth, with mention of attachment

 difficulty
 Z39.02
 Postpartum care after planned, out of hospital delivery

EXAMPLE 15:

Patient was admitted with mastitis. Documentation indicates that she is still breast feeding her 18 month old



See ACS 1904 *Procedural complications/Obstetric procedural complications* for guidelines regarding conditions that arise following obstetric surgery/procedures (including delivery).

1904 PROCEDURAL COMPLICATIONS

• • •

OBSTETRIC PROCEDURAL COMPLICATIONS

<u>Chapter 15 Pregnancy, childbirth and the puerperium lists a number of codes that include the procedural complication.</u>

EXAMPLE 19:

Haematoma of caesarean section wound.

Code: 090.2 Haematoma of obstetric wound

<u>Conditions that arise following obstetric surgery/procedures (including delivery), that are not</u> classified to a code in Chapter 15 are classified as per the guidelines in this standard.

EXAMPLE 20:

Cardiac arrest following caesarean section; successfully resuscitated.

Codes: Applicable codes from Chapter 15 for the delivery episode

I46.0 Cardiac arrest with successful resuscitation

EXAMPLE 21: Patient diagnosed with Mendelson's syndrome due to aspiration of gastric contents during caesarean section under general anaesthesia.			
Codes: Applicab J95.4 W78 Y48.2 Y92.24	le codes from Chapter 15 for the delivery episode <u>Mendelson's syndrome</u> <u>Inhalation of gastric contents</u> <u>Other and unspecified general anaesthetics</u> <u>Place of occurrence, health service area, this facility</u>		

The majority of codes in Chapter 15 relating to procedural complications do not require an additional external cause code as the concept is included within the ICD-10-AM code (see also ACS 2001 *External cause code use and sequencing*).

22:	IPLE	EXAN
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Wound infection following lower segment caesarean section.

Code: 086.0 Infection of obstetric surgical wound

However, an external cause code may be assigned in addition to a code from Chapter 15 to provide further specificity.

EXAMPLE 23:			
During caesarean section, the initial incision extended into the upper cervix resulting in cervical laceration			
requiring repair.			
Codes:	071.3	Obstetric laceration of cervix	
	<u>Y60.0</u>	Unintentional cut, puncture, perforation or haemorrhage, during surgical and medical	
		care, during surgical operation	
	<u>Y92.24</u>	Place of occurrence, health service area, this facility	

2001 EXTERNAL CAUSE CODE USE AND SEQUENCING

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CODES NOT REQUIRING AN EXTERNAL CAUSE CODE

A range of conditions that are caused by external events are represented by certain codes within Chapters 1–18. Some of these codes do not require an external cause code to be assigned (see list below). The external cause code is not required because the external cause information is embedded in the diagnosis code and, therefore, the addition of an external cause code does not add any further information.

CODE DESCRIPTION

Infection of obstetric surgical wound
Spinal and epidural anaesthesia induced headache during the puerperium
Disruption of caesarean section wound

•••

2103 ADMISSION FOR POST ACUTE CARE

...

CLASSIFICATION

When a patient is transferred from one hospital to another 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. <u>The exception is admission for postcaesarean care – see ACS 1548</u> *Puerperal/postpartum condition or complication*.
- 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*.

Death from obstetric cause

BACKGROUND:

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. These changes have been included in ICD-10-AM Tenth Edition (with some modification).

TABULAR LIST

O94	Sequelae of complication of pregnancy, childbirth and the puerperium
♥ 0008, 0050	<i>Note:</i> Category O94 is <u>used assigned</u> for morbidity coding only to indicate previous episodes of conditions in categories O00–O75 and O85–O92 as the cause of sequelae, which are themselves classified elsewhereThe sequelae include conditions specified as such, <u>which that</u> may occur at any time after the puerperium.
	Code first any sequelae.
	Excludes: that resulting in death: (096, 097) • more than 42 days but less than one year after delivery (096) • one year or more after delivery (097)
O95	Obstetric death of unspecified cause
∇ 0050	Maternal death from unspecified cause occurring during pregnancy, labour and delivery, or the puerperium
O 96	Death from any obstetric cause occurring more than 42 days but less than one year after delivery
♥ 0050	<u>Note</u> : Codes from this category are assigned to indicate death from any obstetric cause (conditions in categories O00-O75, O85-O92 and O98-O99) occurring more than 42 days but less than one year after delivery.
	Use additional code to identify Code first obstetric cause (direct or indirect) of death.
	Excludes: death from obstetric cause occurring more than one year after delivery (O97)
O96.0	Death from direct obstetric cause occurring more than 42 days but less than one year after delivery
O96.1	Death from indirect obstetric cause occurring more than 42 days but less than one year after delivery
O96.9	Death from unspecified obstetric cause occurring more than 42 days but less than one year after delivery
O 97	Death from sequelae of obstetric causes <u>, one year or more after delivery</u>
∇ 0008, 0050	Death from any obstetric cause (direct or indirect) occurring one year or more after delivery Death from sequelae of obstetric causes, one year or more after delivery
	Note: Codes from this category are assigned to indicate death from any obstetric cause (conditions in categories O00-O75, O85-O92 and O98-O99), occurring one year or more after delivery.

Use additional code to identify Code first obstetric cause (direct or indirect) of death.

- 097.0 Death from sequelae of direct obstetric cause, one year or more after delivery
- 097.1 Death from sequelae of indirect obstetric cause, one year or more after delivery
- Death from sequelae of unspecified obstetric cause, unspecified one year or more 097.9 after delivery

Appendix C

Unacceptable Principal Diagnosis Codes

- O97.0 Death from sequelae of direct obstetric cause, one year or more after delivery
- 097.1 Death from sequelae of indirect obstetric cause, one year or more after delivery
- Death from sequelae of unsp obstetric cause, unspecified one year or more after delivery 097.9

ALPHABETIC INDEX

Death

- after delivery (cause not stated) (sudden)NEC (see also Death/obstetric) O95

- obstetric (cause unknown) NEC 095
- - affecting fetus or newborn P01.6

- - between 42 days and one year after delivery 096.

- - one year or more after delivery O97.-

- sudden unexplained (cause unknown) R96.0

-- during delivery O95

- - in pregnancy, childbirth or puerperium NEC (see also Death/obstetric) O95

- - infant (without mention of autopsy) R95.9

- - - with mention of autopsy R95.0

-- puerperal, during puerperium O95

- unattended (cause unknown) R98

Puerperal, puerperium

- death (cause unknown) (sudden) NEC 095

Sequelae (of) - see also condition

- childbirth complication O94

- - resulting in death - see Death/obstetric

- complication(s) of

-- childbirth O94

- - pregnancy, childbirth or puerperium O94 - - - resulting in death — see Death/obstetric - - puerperium O94

- - surgical and medical care T98.3 - - trauma (conditions in T79.-) T98.2
- delivery complication O94

- - resulting in death - see Death/obstetric

- obstetric cause O94

- - resulting in death - O97 ____ see Death/obstetric

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

- pregnancy complication O94

- - resulting in death see Death/obstetric
- protein-energy malnutrition E64.0
- puerperium complication O94
- - resulting in death see Death/obstetric

Sudden

- death, cause unknown R96.0

- during childbirth O95

- - in pregnancy, childbirth or puerperium NEC (see also Death/obstetric) O95
- - infant (without mention of autopsy) R95.9
- - with mention of autopsy R95.0
- - obstetric O95
- -- puerperal, postpartum O95

AUSTRALIAN CODING STANDARDS

0008 SEQUELAE

For discussion of sequelae of injury and poisoning see ACS 1912 Sequelae of injuries, poisoning, toxic effects and other external causes.

'Sequelae' is used in ICD-10-AM in the way 'late effects' was used in ICD-9-CM. A 'sequela' or 'late effect' of a disease is a current condition that was caused by a previously occurring condition.

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SPECIFIC CODES FOR THE CAUSE OF LATE EFFECTS ARE:

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- 169.- Sequelae of cerebrovascular disease
- O94 Sequelae of complication of pregnancy, childbirth and the puerperium
- O97 Death from sequelae of direct obstetric causes

It is important to ensure that the current condition is a direct result of the previous disease and that the previous disease is not receiving acute treatment.

(Note: the above reference to O97.- and the amendment to the code title are included in errata 2, 2015)

Subchorionic haematoma

BACKGROUND:

Following receipt of a public submission, a subterm for 'subchorionic' was added to ICD-10-AM Alphabetic Index, at the lead term Haematoma.

ALPHABETIC INDEX

Haematoma (skin surface intact) (traumatic) (see also Contusion) T14.08

•• - placenta O43.8

- postprocedural T81.0
- retroperitoneal (nontraumatic) K66.1
- - traumatic S36.83
- scrotum, superficial S30.2
- - birth trauma P15.5
- seminal vesicle (nontraumatic) N50.1
- - traumatic S37.83
- spermatic cord (traumatic) S37.84
- - nontraumatic N50.1
- spinal (cord) (meninges) (see also Injury/spinal cord/by region) T09.3
 fetus or newborn (birth trauma) P11.5
- spleen S36.01
- sternocleidomastoid, birth trauma P15.2
- sternomastoid, birth trauma P15.2
- subarachnoid (traumatic) S06.6
- - fetus or newborn (nontraumatic) P52.5
- - birth trauma P10.3
- - nontraumatic (see also Haemorrhage/subarachnoid) 160.9
- subchorionic O43.8

1

- subdural (traumatic) S06.5

Missed miscarriage

BACKGROUND:

Following receipt of a query highlighting that ICD-10-AM indexing for miscarriage was inconsistent with the indexing at abortion. Amendments have been made in the Alphabetic Index including a cross reference and subterm at the lead term Miscarriage.

ALPHABETIC INDEX

Misadventure (prophylactic) (therapeutic) — see Complications Miscarriage 003.-__see also Abortion/spontaneous - missed 002.1 Mismanagement of feeding R63.3

Pemphigoid gestationis

BACKGROUND:

Following receipt of a public submission, it highlighted the need to include the updated terminology of pemphigoid gestationis (previously known as herpes gestationis).

As a result, the code title O26.4 *Herpes gestationis* was amended to reflect current terminology, the Alphabetic Index and *Excludes* notes were also updated accordingly.

TABULAR LIST

1

L12	Pemphigoid	
	<i>Excludes:</i> pemphigoid gestationis [herpes gestationis] (O26.4) impetigo herpetiformis (L40.1)	
L12.0	Bullous pemphigoid	
O26	Maternal care for other conditions predominantly related to pregnancy	
O26.4	Pemphigoid gestationis [Hherpes gestationis]	
O99.7	Diseases of the skin and subcutaneous tissue complicating pregnancy, childbirth and the puerperium	
	<i>Excludes:</i> pemphigoid gestationis [herpes gestationis] (O26.4) pruritus in pregnancy (O26.88)	

Who updates to Chapter 16 *Certain conditions originating in the perinatal period and* Chapter 17 *Congenital malformations, deformations and chromosomal abnormalities*

BACKGROUND:

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. These changes have been included in ICD-10-AM Tenth Edition.

Major changes include new codes:

- P91.7 Acquired hydrocephalus of newborn
- P29.83 Embolism and thrombosis of renal vein in newborn

TABULAR LIST

G91	Hydrocephalus	
	Includes:	acquired hydrocephalus
	Excludes:	hydrocephalus: • acquired, of newborn (P91.7) • congenital (Q03) • due to congenital toxoplasmosis (P37.1)
G91.0	Communica	ating hydrocephalus
G91.1	Obstructive	hydrocephalus
G91.2	Normal-pre	essure hydrocephalus
G91.3	Post trauma	atic hydrocephalus, unspecified
G91.8	•	ocephalus entricular haemorrhage (IVH) hydrocephalus rrhagic hydrocephalus
G91.9	Hydrocepha	alus, unspecified
P29.8	Other card	liovascular disorders originating in the perinatal period
OP29.81	Neonatal h	ypotension
○ P29.82		l innocent cardiac murmurs in newborn ardiac murmur in newborn

Who updates to Chapter 16 Certain conditions originating in the perinatal period and Chapter 17 Congenital malformations, deformations and chromosomal abnormalities

♦ P29.83	Embolism and thrombosis of renal vein in newborn
OP29.89	Other cardiovascular disorders originating in the perinatal period
P29.9	Cardiovascular disorder originating in the perinatal period, unspecified
P91.6	Hypoxic ischaemic encephalopathy [HIE] of newborn Code also any co-existent severe birth asphyxia (P21.0)
O P91.60	Hypoxic ischaemic encephalopathy [HIE] of newborn, unspecified
© P91.61	Stage 1 hypoxic ischaemic encephalopathy [HIE] of newbornGrade 1 hypoxic ischaemic encephalopathy [HIE] of newbornMild
○ P91.62	Stage 2 hypoxic ischaemic encephalopathy [HIE] of newbornGrade 2 hypoxic ischaemic encephalopathy [HIE] of newbornModerate Includes:seizures
○ P91.63	Stage 3 hypoxic ischaemic encephalopathy [HIE] of newbornGrade 3 hypoxic ischaemic encephalopathy [HIE] of newbornSevere
	Includes: seizures
<u>P91.7</u>	Acquired hydrocephalus of newborn Posthaemorrhagic hydrocephalus of newborn Post intraventricular haemorrhage (IVH) hydrocephalus of newborn
P91.8	Other specified disturbances of cerebral status of newborn
P91.9	Disturbance of cerebral status of newborn, unspecified
Q03	Congenital hydrocephalus
	Includes: hydrocephalus in newborn
	<i>Excludes:</i> Arnold-Chiari syndrome (Q07.0)

l

- hydrocephalus: • acquired (G91.) • of newborn (P91.7) • NEC (G91.-)
- due to congenital toxoplasmosis (P37.1)
 with spina bifida (Q05.0- Q05.4-)

Certain conditions originating in the perinatal period and Chapter 17 Congenital malformations, deformations and chromosomal abnormalities

ALPHABETIC INDEX

Embolism

- renal (artery) N28.0
- - vein 182.3
- - affecting fetus or newborn P29.83

- vein 182.9

... - - renal 182.3

- - - affecting fetus or newborn P29.83

Hydrocephalus (acquired) (external) (internal) (malignant) (recurrent) G91.9

- newborn

- - with spina bifida (see also Spina bifida/with hydrocephalus) Q05.4-
- - acquired P91.7
- - congenital Q03.9
- - post intraventricular haemorrhage (IVH) G91.8 P91.7
- - posthaemorrhagic G91.8 P91.7
- noncommunicating G91.1
- normal-pressure G91.2 - obstructive G91.1
- post
- - intraventricular haemorrhage (IVH), newborn G91.8P91.7
- - traumatic NEC G91.3
- posthaemorrhagic, newborn G91.8P91.7
- specified NEC G91.8
- syphilitic, congenital A50.4† G94.0*

Thrombosis, thrombotic

- renal (artery) N28.0 182.3
- - affecting fetus or newborn P29.83
- - vein 182.3 artery N28.0
- resulting from presence of device, implant or graft (any) see Complications/by site and type/specified NEC

Subgaleal haematoma

BACKGROUND:

Following publication of advice regarding the classification of subgaleal haematoma, amendment was made to incorporate this into ICD-10-AM Tenth Edition

TABULAR LIST

1

P12	Birth trauma to scalp
P12.0	Cephalhaematoma due to birth trauma
P12.1	Chignon due to birth trauma
P12.2	Epicranial subaponeurotic haemorrhage due to birth trauma Subgaleal haematoma due to birth trauma
P12.3	Bruising of scalp due to birth trauma
P12.4	Monitoring trauma of scalp of newborn Sampling incision Scalp clip (electrode) trauma
P12.8	Other birth trauma to scalp

P12.9 Birth trauma to scalp, unspecified

ALPHABETIC INDEX

- **Contusion** (skin surface intact) (see also Injury/superficial) T14.05
- sacral region S30.0
- scalp S00.05
- - due to birth trauma P12.3 - scapular region S40.0
- - multiple S40.7
- sclera S05.1
- scrotum S30.2
- shoulder (and arm) S40.0
- - multiple S40.7
- skin NEC T14.05
- spinal cord see also Injury/spinal cord/by region
- - cauda equina S34.3
- - conus medullaris S34.1
- spleen S36.01
- sternal region S20.2
- subconjunctival S05.0
- subcutaneous NEC T14.05
- subgaleal (subaponeurotic) S00.05
- due to birth trauma P12.2
 subperiosteal NEC T14.05
- supraclavicular fossa S10.85
- supraorbital S00.85
- temple (region) S00.85

Haematoma (skin surface intact) (traumatic) (see also Contusion) T14.08

- sternomastoid, birth trauma P15.2
- subarachnoid (traumatic) S06.6
- - fetus or newborn (nontraumatic) P52.5
- - birth trauma P10.3
- - nontraumatic (see also
- Haemorrhage/subarachnoid) 160.9
- subdural (traumatic) S06.5

- - birth injury P10.0
- - complicating labour and delivery O99.4
- - nontraumatic (see also Haemorrhage/subdural/nontraumatic) I62.0
- - fetus or newborn (localised) P52.8
- - spinal G95.1
- subgaleal (subaponeurotic) S00.05
- - due to birth trauma P12.2
- superficial, fetus or newborn P54.5
- testis (nontraumatic) N50.1

Haemorrhage, haemorrhagic R58

- subconjunctival H11.3
- - birth trauma P15.3
- subcortical (brain) I61.0
- subcutaneous R23.3
- subdiaphragmatic R58
- subdural (acute) (traumatic) S06.5
 birth injury P10.0
- - nontraumatic I62.0
- - fetus or newborn (anoxic) (hypoxic) P52.8
- - spinal G95.1
- subependymal
- - fetus or newborn P52.0
- - with intraventricular extension P52.1
- - - and enlargement of ventricles P52.21
- subgaleal (subaponeurotic) see Haematoma/subgaleal
- subhyaloid H35.6
- subperiosteal M89.8-
- subretinal H35.6
- subtentorial (see also Haemorrhage/subdural) 162.0
- subungual L60.8

Chronic pain

BACKGROUND:

This update was considered for Ninth Edition but held over for further consideration following advice that the proposed changes would considerably impact DRG assignment.

ACS 1807 Pain diagnoses and pain management procedures previously contained guidelines stating that these codes can only be assigned as principal diagnosis if the site of the pain is unspecified and it meets the criteria in ACS 0001 *Principal diagnosis*. Hence, identification of chronic pain patients in acute care settings may have been under reported, as the pain was classified to the aetiological condition or site when documented, rather than the chronicity of the pain.

To address this ACCD decided to use R52.2 *Other chronic pain* to classify all types of chronic pain (neuropathic, neoplastic, nociceptive etc.) and revise ACS 1807 *Pain diagnoses and pain management procedures* to support the classification of chronic pain in its own right.

A sequencing *Instructional* note at R52.2 *Chronic pain* allows the code to be assigned as either principal diagnosis or additional diagnosis (ie a flag code for chronicity of pain to be assigned in addition to the site/underlying cause). This also resolves the concerns with respect to the DRG impact.

TABULAR LIST

F45.4	Persistent	somatoform pain disorder
	 Excludes:	backache NOS (M54.9-) pain: • acute (R52.0) • chronic (R52.2) • intractable (R52.1) • NOS (R52.9) tension headache (G44.2)
M54	Dorsalgia	
<u>V 1807</u>		
M54.4	Lumbago v	vith sciatica
⊽ 1302	Excludes:	that due to intervertebral disc disorder (M51.1)
M54.5	Low back p	pain
∇ 1301, 1302,	Loin pain Low back st Lumbago N	

	Excludes:	 loin pain/haematuria syndrome (N39.81) lumbago: due to intervertebral disc displacement (M51.2) with sciatica (M54.4) postlaminectomy syndrome (M96.1)
M96.1	Postlamine	ectomy syndrome, not elsewhere classified
∇-13 44	<u>Excludes:</u>	with: • arachnoiditis (G03) • discitis (M46.3-, M46.4-) • instability (M53.2-)
R10	Abdomina	Il and pelvic pain
<u>V 1807</u>	Excludes:	dorsalgia (M54) flatulence and related conditions (R14) renal colic (N23)
R10.0	Acute abdor Severe abdo	men ominal pain (generalised)(localised)(with abdominal rigidity)
R52 ∇ 1807	Pain, not e	elsewhere classified
	Includes: Excludes:	<pre>pain not referable to any one organ or body region ehronic pain personality syndrome (F62.8) headache (R51) pain (in): • abdomen (R10) • back (M54.9-) • breast (N64.4) • chest (R07.1-R07.4) • car (H92.0) • eye (H57.1) • joint (M25.5-) • limb (M79.6-) • lumbar region (M54.5) • pelvic and perineal (R10.2) • psychogenic (F45.4) • shoulder (M25.51) • spine (M54) • throat (R07.0) • tongue (K14.6) • tooth (K08.8) complex regional pain syndrome: • NOS (G58.1-) • type I (G58.1-) • type I [: • limb: • lower (G57.7) • upper (G56.4) • NOS (G58.9) migraine and other headache syndromes (G43-G44) renal colic (N23)</pre>

R52.0 Acute pain, not elsewhere classified

Excludes: acute pain classifiable to an organ or body region — *see Alphabetic Index/Pain*

- R52.1 Chronic intractable pain
- R52.2 Other cChronic pain

Code first the underlying cause/site of chronic pain, if applicable

R52.9 Pain, unspecified Generalised pain NOS

ALPHABETIC INDEX

Crowding, tooth, teeth K07.3

CRPS (complex regional pain syndrome) see Syndrome/complex regional pain CRST syndrome M34.1

Disorder

- overanxious, of childhood F93.8
- pain see also Pain
- - associated with psychological factors F45.4 due to general medical condition (secondary)
- R52.9
- pancreatic internal secretion E16.9
- - specified NEC E16.8

Failure, failed

- anastomosis, gastrointestinal, postprocedural K91.8
- aortic (valve) 135.8
- - rheumatic 106.8
- attempted abortion see Abortion/attempted
- back syndrome M96.1
- biventricular I50.0

Pain(s) R52.9

- abdominal R10.4
- - with
- - histological confirmation of
- - - appendiceal condition see condition
- - mesenteric adenitis 188.0
- - lower abdomen R10.3
- - pelvic or perineal R10.2
- - severe (generalised) (localised) R10.0
- - upper abdomen R10.1
- acute NEC R52.0
- anus K62.8
- arm M79.62
- back (postural) M54.9-
- - low M54.5
- - with sciatica M54.4
- - psychogenic F45.4
- - specified NEC M54.8-
- bladder R39.8
- bone M89.8-
- breast N64.4
- - psychogenic F45.4
- caecum R10.3
- cancer
- - acute see condition
- - chronic R52.2
- chest R07.4
- - anterior wall R07.3
- - ischaemic I20.9
- - musculoskeletal R07.3

Reference to Changes - Tenth Edition Version 2.0

- - on breathing R07.1
- - pleuritic R07.3
- - retrosternal R07.2

- - specified NEC R07.3
- chronic (intractable) R52.2

intractable R52.1

- - specified R52.2
- coccyx M53.3
- colon R10.4
- complex regional see Syndrome/complex
- regional pain
- coronary see Angina due to device, implant or graft (see also Complications/by site and type) T85.88
- - arterial graft NEC T82.8
- - breast (implant) T85.88
- - catheter NEC T85.88 - - - dialysis (kidney) T82.8
- - - intraperitoneal T85.88
- - infusion NEC T82.8
- - - spinal (epidural) (subdural) T85.88 - - - urinary (indwelling) T83.8
- - electronic (electrode) (pulse generator) (stimulator)
- - bone T84.8
- - cardiac T82.8
- - nervous system (brain) (peripheral nerve) (spinal) T85.81
- - urinary T83.8
- - fixation, internal (orthopaedic) NEC T84.8
- - gastrointestinal (bile duct) (oesophagus)
- T85.88 - - genital NEC T83.8
- - heart NEC T82.8
- - infusion NEC T85.88
- - joint prosthesis T84.8
- - ocular (corneal graft) (orbital implant) NEC T85.88
- - orthopaedic NEC T84.8
- - specified NEC T85.88
- - urinary NEC T83.8
- - vascular NEC T82.8
- - ventricular intracranial shunt T85.81
- ear H92.0
- epigastric, epigastrium R10.1
- eye H57.1
- face, facial R51
- - atypical G50.1
- false (labour) see Labour/false
- female genital organs NEC N94.8

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- finger M79.64
- flank R10.4
- foot M79.67 - gas (intestinal) R14 - gastric R10.1

- genital organ - - female N94.8

- - male N50.8

- generalised R52.9

- - psychogenic F45.4

- groin R10.3
- hand M79.64
- head (see also Headache) R51
- heart (see also Pain(s)/precordial) R07.2
- infraorbital (see also Neuralgia/trigeminal) G50.0
- intermenstrual N94.0
- jaw K10.8
- joint M25.5-
- - psychogenic F45.4
- kidney N23
- labour, false or spurious see Labour/false
- leg (lower) M79.66
- limb (lower) (upper) (see also Syndrome/pain) M79.6-
- <u>- with complex regional pain syndrome see</u> Syndrome/complex regional pain
- Ioin M54.5
- - haematuria syndrome N39.81
- low back M54.5
- - with sciatica M54.4
- lower abdomen R10.3
- - pelvic or perineal R10.2
- lumbar region M54.5
- - with sciatica M54.4
- mastoid H92.0
- maxilla K10.8
- metacarpophalangeal (joint) M25.54
- metatarsophalangeal (joint) M25.57

- mouth K13.7
- muscle M79.1-
- nasal J34.8
- nasopharynx J39.2
- neck NEC M54.2
- - psychogenic F45.4
- neoplastic
- - acute see condition
- - chronic R52.2
- nerve NEC M79.2-
- neuromuscular M79.2-
- neuropathic R52.2
- nociceptive R52.2 - nose J34.8
- 11030

Syndrome — see also Disease

- Babinski's A52.7
- Banti's (with cirrhosis) (with portal hypertension) K76.6
- facial pain, paroxysmal G50.0
- failed back (surgery) M96.1
- familial eczema-thrombocytopenia (Wiskott-Aldrich) D82.0
- ...

AUSTRALIAN CODING STANDARDS

0001 PRINCIPAL DIAGNOSIS

CODES FOR SYMPTOMS, SIGNS AND ILL-DEFINED CONDITIONS

Codes for symptoms, signs and ill-defined conditions from Chapter 18 Symptoms signs and abnormal clinical and laboratory findings are not to be used as principal diagnosis when a related definitive diagnosis has been established (see also ACS 1802 Signs and symptoms) (see also Note at the beginning of Chapter 18 Symptoms, signs and abnormal clinical findings, not elsewhere classified).

0002 ADDITIONAL DIAGNOSES

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Care should be taken when assigning codes for symptoms, signs and ill-defined conditions from Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings* as additional diagnoses. Coders should ensure they meet coding guidelines, including that they are 'important problems in medical care in their own right'-(see ACS 1802 Signs and symptoms) (see also *Note* at the beginning of Chapter 18 Symptoms, signs and abnormal clinical findings, not elsewhere classified).

ADDITIONAL DIAGNOSIS REPORTING REFERRED TO IN OTHER STANDARDS

The standards listed below include guidance that, in some cases, may indicate that certain conditions that would not normally meet ACS 0002 should be assigned as additional diagnoses. Examples of these sorts of cases are 'status' codes such as HIV, smoking, carrier, conditions found at endoscopy and 'flag' codes such as duration of pregnancy, or outcome of delivery.

Note that this list may not always be exhaustive as standards are changed over time.

ACS 0005	Syndromes
ACS 0011	Admission for surgery not performed
ACS 0012	Suspected conditions
ACS 0046	Diagnosis selection for same-day endoscopy
ACS 0102	HIV/AIDS
ACS 0104	Viral hepatitis
ACS 0401	Diabetes mellitus and intermediate hyperglycaemia
ACS 0503	Drug, alcohol and tobacco use disorders
ACS 0936	Cardiac pacemakers and implanted defibrillators
ACS 1404	Admission for kidney dialysis
ACS 1435	Female genital mutilation
ACS 1511	Termination of pregnancy
ACS 1519	Delivery prior to admission
ACS 1521	Conditions complicating pregnancy
ACS 1544	Complications following abortion and ectopic and molar pregnancy
ACS 1548	Postpartum condition or complication
ACS 1549	Streptococcal group B infection/carrier in pregnancy
ACS 1607	Newborn/neonate
ACS 1807	Acute and chronic pain

See also ACS 0003 Supplementary codes for chronic conditions.

0031 ANAESTHESIA

This standard refers only to anaesthesia (partial or complete loss of sensation), anaesthetics (drugs used to induce anaesthesia), and certain types of postprocedural analgesia. For guidelines relating to pain management not associated with surgical procedures, see ACS 1807 Pain diagnoses and pain management procedures.

CLASSIFICATION

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5. The neuraxial and regional block codes in block [1912] *Postprocedural analgesia* should be assigned only for management (continuing infusion/bolus injection/top up) of blocks that were previously administered for pain relief/anaesthesia in the labour ward and/or operating suite (theatre or recovery). The initial insertion of the neuraxial/regional block is not inherent in these codes, and should be represented by the appropriate code from block [1909] *Conduction anaesthesia* or [1333] *Analgesia and anaesthesia during labour and delivery procedure.*

Do not assign codes from this block when the infusion is initiated after leaving the operating suite (theatre or recovery). In these cases, refer to ACS 1807 *Pain diagnoses and pain management procedures.* Where more than one type of infusion is administered in the postoperative period, assign appropriate codes from block [1912] *Postprocedural analgesia* from the list below:

• • •

1301 BACK STRAIN

If a diagnosis of 'back strain' is used to refer to a long standing injury, assign M54.5 *Low back pain* with late effect codes if applicable. Do not code as a current injury as indexed under 'strain' unless it is clear in the clinical record.

1302 CHRONIC LOW BACK PAIN SYNDROME

If the underlying cause of the pain is stated, code only the underlying cause. If the underlying eause is not known, code to M54.5 *Low back pain* or M54.4 *Lumbago with sciatica*.

1344 POSTLAMINECTOMY SYNDROME

This term is used to describe the pain which persists in spite of back surgery attempted to relieve it. It includes postoperative status with continuing pain following laminectomy, discectomy, spinal fusion and foramenotomy. It excludes cases with mention of discitis or arachnoiditis and instability. There is no distinct constellation of symptoms. The cause for failure is multifactorial and variable. Postlaminectomy syndrome (M96.1 *Postlaminectomy syndrome, not elsewhere classified*) should only be assigned when 'postlaminectomy syndrome' is documented. Back pain following surgery should be assigned the appropriate code for back pain.

1802 SIGNS AND SYMPTOMS

Although symptoms are generally not coded when a more definitive diagnosis exists, there are cases where symptoms should be coded. The notes at the beginning of Chapter 18 in ICD 10-AM are of assistance in determining when to assign codes from R00-R99 categories and an excerpt is reproduced here:

"The conditions and signs or symptoms included in categories R00 R99 consist of:

- cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated;
- b. signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined;
- c. provisional diagnoses in a patient who failed to return for further investigation or care;
- d. cases referred elsewhere for investigation or treatment before the diagnosis was made;
- e. cases in which a more precise diagnosis was not available for any other reason;
- f. certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right."

1807 ACUTE AND CHRONIC PAIN DIAGNOSES AND PAIN MANAGEMENT PROCEDURES

ACUTE PAIN

When a patient is suffering postprocedural pain within the same episode of care as the procedure or pain directly associated with another condition, assign only the code(s) for which the procedure was performed or the condition(s) causing the pain. R52.0 *Acute pain* should never be assigned in such circumstances (see also ACS 0001 *Principal diagnosis*, and ACS 1802 *Signs and symptoms*).

<u>Assign</u> R52.0 *Acute pain<u>, not elsewhere classified</u> can be assigned* only when there is no documentation as to the site or cause of the acute pain.

For classification of readmissions due to postprocedural pain, please refer to ACS 1904 *Procedural complications*.

Note the exclusion list at R52 *Pain, not elsewhere classified* which precludes the use of codes in this category when the site/type of the pain is known.

Examples of procedures for acute pain are:

[32]	Epidural injection
[33]	Epidural infusion
[34]	Caudal injection
[35]	-Caudal infusion
[36]	Spinal injection
[37]	Spinal infusion
[39]	Insertion of spinal catheter, infusion device or pump
[1909] to [1910]	Anaesthesia
[1912]	Postprocedural analgesia

CHRONIC/INTRACTABLE PAIN

Chronic pain should be sequenced as the principal diagnosis only when a patient is admitted specifically for pain management and no related definitive diagnosis is established. Commonly, such patients will be admitted to day surgery for a pain management procedure, such as:

- [60] Administration of anaesthetic agent around cranial nerve
- [63] Administration of anaesthetic agent around other peripheral nerve
- [65] Administration of therapeutic agent around sympathetic nervous system
- [81] Surgical sympathectomy
- [85] Reoperation for previous sympathectomy
- The site of the pain should be used to assign the principal diagnosis code. R52.1 *Chronic intractable pain* or

R52.2 Other chronic pain should only be assigned as principal diagnosis when:

the site of pain is unspecified (see the Excludes note at category R52)
 AND

In all other cases where chronic pain is documented, the condition causing the pain should be sequenced as the principal diagnosis.

EXAMPLE 1:

Patient admitted to day surgery for management of chronic intractable low back pain. The patient was treated with an anaesthetic injection for analgesia.

Codes: M54.5 Low back pain

<u>18286-01 [65]</u> *Administration of anaesthetic agent around lumbar portion of sympathetic nervous system*

EXAMPLE 2:

Patient admitted to hospital for investigation of 'chronic intractable pain'. Cause and site of pain not determined during episode of care.

Code: R52.1 Chronic intractable pain

EXAMPLE 3:

Patient admitted with lung cancer is noted during the episode of care to be suffering from severe bone pain secondary to bone metastases. The patient was given morphine to control the pain.

Codes:	<u>-C34.9</u>	-Malignant neoplasm of bronchus or lung, unspecified
	<u>M8000/3</u>	-Neoplasm, malignant
	<u> </u>	Secondary malignant neoplasm of bone and bone marrow
	<u> M8000/6</u>	-Neoplasm, metastatic

Chronic pain is a serious disease entity with its own distinct signs and symptoms.

<u>Chronic pain results from changes in the central nervous system and has a variety of causation, including disease conditions, previous trauma, or it may have no discernible origin.</u>

Terminology used in the documentation of chronic pain includes:

- neoplastic (cancer) pain pain due to a primary or metastatic neoplasm
- neuropathic pain pain initiated or caused by a primary lesion or dysfunction within the nervous system
- nociceptive pain pain due to a medical condition (eg osteoarthritis of the hip, multiple sclerosis), or following acute injury or post surgery

These terms are synonymous with chronic pain and are used to assign R52.2 Chronic pain.

Terminology such as 'recurrent' or 'long standing' are not synonymous with 'chronic' and are not to be used to assign R52.2 *Chronic pain*.

CLASSIFICATION:

To classify chronic pain with a documented site or underlying cause:

- code first the site or underlying cause and,
- assign R52.2 Chronic pain as an additional diagnosis

<u>R52.2 *Chronic pain* may be assigned as a principal diagnosis if there is no documentation of site or underlying cause.</u>

Note: ACHI codes are not included in the following examples.

EXAMPLE 1:

Patient admitted to hospital for a medication review for her multiple sclerosis. The pain team was also consulted with regard to her neuropathic pain and oxycodone was commenced.

Codes:G35Multiple sclerosisR52.2Chronic pain

EXAMPLE 2:

Patient admitted to day surgery for management of chronic low back pain. The patient was treated with an anaesthetic injection.

Codes: M54.5 Low back pain R52.2 Chronic pain

EXAMPLE 3:

Patient admitted to day surgery for administration of an anaesthetic injection for low back pain.

Codes: M54.5 Low back pain

In this example, there is no documentation of chronicity, therefore a code for chronic pain is not assigned

		tases from lung cancer (adenocarcinoma). The patient was reviewed by the oncologist neoplastic pain and prescribed morphine to control the pain.
who ident		neoplaste pair and presented morphine to control the pair.
Codes:	C79.5	Secondary malignant neoplasm of bone and bone marrow
	<u>M8140/6</u>	Adenocarcinoma, metastatic NOS
	<u>C34.9</u>	Malignant neoplasm of bronchus or lung, unspecified
	<u>M8140/3</u>	Adenocarcinoma NOS
	<u>R52.2</u>	<u>Chronic pain</u>
	<u>Z51.5</u>	Palliative care
		neuropathic pain for adjustment of their pain medication.
		neuropathic pain for adjustment of their pain medication.
Patient ad		
Patient ad	mitted with	neuropathic pain for adjustment of their pain medication.
Patient ad	mitted with	
Patient ad	mitted with	
Patient ad Codes:	R52.2	
Patient ad Codes: EXAMPI	R52.2	<u>Chronic pain</u>
Patient ad Codes: EXAMPI Patient ad	R52.2 LE 6: mitted to day	<u>Chronic pain</u> y surgery for a laparoscopy under GA (general anaesthetic) for chronic pelvic pain. N
Patient ad Codes: EXAMPI Patient ad	R52.2 LE 6: mitted to day	<u>Chronic pain</u>
Codes: EXAMPI Patient ad	R52.2 LE 6: mitted to day	<u>Chronic pain</u> y surgery for a laparoscopy under GA (general anaesthetic) for chronic pelvic pain. N

1904 PROCEDURAL COMPLICATIONS

See 003 c for specific details of changes to ACS1904

Abnormal coagulation profile due to anticoagulants

BACKGROUND:

In 2013, the URC of WHO-FIC approved an update to ICD-10 at the annual meeting in Beijing to classify unstable INR, abnormal coagulation and prothrombin time. Additionally, Australia published coding rules regarding admission for subtherapeutic INR and bridging therapy for temporary cessation of an anticoagulant. These changes have been included in ICD-10-AM Tenth Edition by amendments to the Tabular List including an expansion of R79.8 *Other specified abnormal findings of blood chemistry* and a revision of ACS 0303 *Abnormal coagulation profile due to anticoagulants*.

TABULAR LIST

D68 Other coagulation defects

D68.3 ∇ 0303 Haemorrhagic disorder due to circulating anticoagulants

Haemorrhage during long term use of anticoagulants Hyperheparinaemia Increase in:

- anti-VIIIa
- anti-IXa
- anti-Xa
- anti-Xa
 anti-XIa
- antithrombin

Use additional external cause code (Chapter 20) to identify any administered anticoagulant.

Excludes: <u>abnormal coagulation profile (R79.83)</u>

long term use of anticoagulants without haemorrhagic disorder (Z92.1)

R79

Other abnormal findings of blood chemistry

Excludes: abnormality of fluid, electrolyte or acid-base balance (E86–E87) asymptomatic hyperuricaemia (E79.0) hyperglycaemia NOS (R73) hypoglycaemia:
 neonatal (P70.3–P70.4)

- NOS (E16.2)
- specific findings indicating disorder of:
- amino-acid metabolism (E70–E72)
- carbohydrate metabolism (E73–E74)
- lipid metabolism (E75.-)

R79.0 Abnormal level of blood mineral

- Abnormal blood level of:
- cobalt
- copper
- iron
- magnesium
- mineral NEC

• zinc

Excludes: abnormal level of lithium (R78.8)

disorders of mineral metabolism (E83.-) neonatal hypomagnesaemia (P71.2) nutritional mineral deficiency (E58–E61)

	R79.8 Other specified abnormal findings of blood chemistry Abnormal blood gas level Elevated prostate specific antigen (PSA)
R79.8	Other specified abnormal findings of blood chemistry
<u>V 0010</u>	
<mark>⊘R79.81</mark>	Abnormal blood gas level Abnormal ABG (arterial blood gas level)
OR79.82	Elevated prostate specific antigen
⊘R79.83 ∇ 0303	Abnormal coagulation profile Nontherapeutic coagulation assay due to anticoagulants
	Abnormal or prolonged: • bleeding time • coagulation time • international normalised ratio (INR) • partial thromboplastin time (PTT) • prothrombin time (PT) Overwarfarinisation Supratherapeutic/subtherapeutic INR (due to anticoagulants) Underwarfarinisation Unstable INR
	Use additional external cause code (Chapter 20) to identify any administered anticoagulant. Excludes: haemorrhagic disorder due to circulating anticoagulants (D68.3) long term use of anticoagulants without haemorrhagic disorder (Z92.1)
⊘ R79.89	Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified
Z92.1 <u>∇ 0303</u>	Personal history of long term (current) use of anticoagulants

ALPHABETIC INDEX

Abnormal, abnormality, abnormalities — see also Anomaly

- basal metabolic rate R94.8
- biosynthesis, testicular androgen E29.1
- bleeding time <u>due to circulating anticoagulants</u> (heparin)_(overwarfarinisation) (subtherapeutic INR) (supratherapeutic INR) (underwarfarinisation) (warfarin) D68.3R79.83
- - with bleeding due to circulating anticoagulants D68.3
- blood gas level R79.81
- cervix (acquired) (congenital) NEC
- - affecting
- - fetus or newborn P03.1
- - labour or delivery O65.5
- - pregnancy O34.4
- chemistry, blood R79.9
- specified NEC R79.89
- chest sounds (friction) (rales) R09.89
- coagulation D68.9
- due to circulating anticoagulants (heparin) (warfarin) D68.3
- - newborn, transient P61.6
- - time (abnormal INR) (subtherapeutic INR) (supratherapeutic INR) R79.83
- - with bleeding due to circulating anticoagulants D68.3
 - communication — see Fistula
- product of conception O02.9
- - specified type NEC 002.8
- prostate specific antigen (PSA) R79.82
- pulmonary
- - artery, congenital Q25.70

Acetonaemia R79.89

- diabetic see also Diabetes/with/ketoacidosis
- - lactic (without coma) E1-.13
- - with coma E1-.14
- Acetonuria R82.4

Azotaemia R79.89

Circulating anticoagulants with bleeding (see

- also Defect/defective coagulation) D68.3
- following childbirth 072.3

Coagulopathy (see also Defect/coagulation) D68.9

- abnormal coagulation profile (subtherapeutic INR) (supratherapeutic INR) (unstable INR) R79.83
- - with bleeding due to circulating anticoagulants D68.3
- consumption D65
- - newborn P60
- due to circulating anticoagulants (heparin) (warfarin) D68.3

Defect, defective

- clotting factor NEC D68.2 - - I D68.2

- - II D68.2

- - V D68.2 - - - Leiden (mutation) D68.5 - - VII D68.2 - - VIII (functional) (with functional defect) D66 - - - with vascular defect D68.0 - - IX (functional) (with functional defect) D67 - - X D68.2 - - XI D68.1 - - XII D68.2 - - XIII D68.2 - - Hageman D68.2 - - multiple D68.8 - coagulation (factor) (see also Deficiency/coagulation)factor) D68.9 - - antepartum with haemorrhage O46.0 - - - affecting fetus or newborn P02.1 - - - premature separation of placenta O45.0 - - disseminated intravascular D65 - - due to - - - hyperprothrombinaemia D68.4 - - - liver disease D68.4 - - - vitamin K deficiency D68.4 - - fibrinogen (congenital) (hereditary) D68.2 - - - acquired D65 - - fibrin-stabilising factor (congenital) (hereditary) <u>D68.2</u> - - - acquired D68.4 - - intrapartum O67.0 - - labile factor (congenital) (hereditary) D68.2 - - - acquired D68.4 - - newborn, transient P61.6 - - postpartum 072.3 - - protein - - - C (thrombophilia) D68.5 - - - S (thrombophilia) D68.5 - - prothrombin (congenital) (hereditary) D68.2 - - - acquired D68.4 - - PTA (plasma thromboplastin antecedent) D68.1 - - PTC (plasma thromboplastin component) D67 - - specified NEC D68.8 - complement system D84.1 - conduction 145.9

Disease, diseased — see also Syndrome

- haemorrhagic D69.9
- due to circulating anticoagulants D68.3
- --- circulating anticoagulants (hoparin) (warfarin)
 D68.3

- warfarin or like drugs D68.3

- - fetus or newborn P53

Disorder (of) — see also Disease

- haemorrhagic NEC D69.9

- - due to circulating anticoagulants D68.3
- --- circulating anticoagulants (hoparin) (warfarin) D68.3
- --- warfarin or like drugs (heparin) D68.3
- haemostasis (see also Defect/coagulation) D68.9

Elevated, elevation

- lactic acid dehydrogenase (LDH) level R74.0
- leukocyte count R72
- prostate specific antigen (PSA) R79.82
- scapula, congenital Q74.08

- due to or associated with - - afibrinogenaemia or other coagulation defect (conditions in category D65-D69) - - - antepartum O46.0 - - - intrapartum O67.0 - - circulating anticoagulants D68.3 - - device, implant or graft (see also Complications/by site and type) T85.88 Melanaemia R79.89 Melancholia F32.9-Overwarfarinisation due to circulating anticoagulants (heparin) (warfarin) De8.3 NEC <u>R79.</u>83 with bleeding D68.3 Overweight (see also Obesity) E66.9 Prolongation of bleeding, coagulation or prothrombin time (see also Defect/coagulation) -6 890 Prolonged, prolongation - bleeding time (see also Defect/defective

Haemorrhage, haemorrhagic R58

- bleeding time <u>(see also Derect/derective</u> <u>coagulation) R79.83due to circulating</u> anticoagulants (heparin) (warfarin) D68.3
- with bleeding due to circulating anticoagulants
 <u>D68.3</u>
- coagulation or prothrombin time R79.83

<u>- - with bleeding due to circulating anticoagulants</u> D68.3

- labour O63.9
- - 1st stage O63.0
- - 2nd stage O63.1
- - affecting fetus or newborn P03.8
- QT interval R94.3
- uterine contractions in labour O62.4
- - affecting fetus or newborn P03.6
- Subtherapeutic INR (underwarfarinisation) NEC R79.83

Supratherapeutic INR (overwarfarinisation) NEC

- with bleeding D68.3
- Underwarfarinisation (subtherapeutic INR) <u>NEC</u>—see ACS 0303 Abnormal coagulation profile due to anticoagulants R79.83

Unstable

- INR (International Normalised Ratio) <u>(subtherapeutic) (supratherapeutic)</u> due to circulating anticoagulants (heparin) (warfarin) D68.3R79.83
- - with bleeding due to circulating anticoagulants D68.3
- joint (see also Instability/joint) M25.3-
- - secondary to removal of joint prosthesis M96.8

AUSTRALIAN CODING STANDARDS

0303 ABNORMAL COAGULATION PROFILE DUE TO ANTICOAGULANTS

Anticoagulant therapy is commonly used for the treatment and prevention of thromboembolic disease. Patients on long term anticoagulants require their anticoagulant level to be closely monitored to ensure it is maintained within an appropriate therapeutic range. The anticoagulant level is monitored with coagulation assays most commonly known as INR (International Normalised Ratio). If the INR level falls outside the therapeutic range (eg subtherapeutic INR or unexpected elevation of the INR value) patients are at greater risk of thromboembolism or haemorrhage.

Abnormal INR due to anticoagulants may be documented as:

- supratherapeutic/subtherapeutic INR
- high INR
- overwarfarinisation
- prolonged bleeding time
- abnormal bleeding time

Patients taking oral anticoagulants may require bridging anticoagulant therapy prior to a planned procedure. This involves replacing their usual oral anticoagulant (eg warfarin) with a short action agent such as Clexane or heparin until the patient can resume their usual anticoagulant therapy. The intention of bridging therapy is to minimise the risk of developing a thromboembolic event after a procedure.

CLASSIFICATION

- If patients on long term anticoagulants require anticoagulant level monitoring during an episode of care and the INR level is within the target therapeutic range (ie no supratherapeutic or subtherapeutic INR is documented), assign Z92.1 *Personal history of long term (current) use of anticoagulants* as an additional diagnosis
- If the INR value is outside the patient's normal/usual therapeutic range (eg supratherapeutic or subtherapeutic INR is documented) but no bleeding occurs, assign R79.83 *Abnormal coagulation profile* together with appropriate external cause codes to indicate that the abnormal coagulation profile is related to the administration of an anticoagulant.
- If bleeding occurs as the result of anticoagulant use, assign D68.3 *Haemorrhagic disorder due to circulating anticoagulants*. The causal relationship between the bleeding and the use of anticoagulant must be documented in the clinical record before D68.3 is assigned.

EXAMPLE 1:

Patient on long term anticoagulants, admitted one day prior to TURP (transurethral resection of prostate) for heparinisation (bridging anticoagulant therapy).

 Code:
 Z92.1
 Personal history of long term (current) use of anticoagulants (as an additional code)

EXAMPLE 2:

Patient on long term warfarin had an unwitnessed fall. Patient was admitted for management of his traumatic subarachnoid haemorrhage. Warfarin was withheld during the admission to prevent exacerbation of the subarachnoid haemorrhage.

Code:Z92.1Personal history of long term (current) use of anticoagulants (as
an additional code)

In this example, D68.3 *Haemorrhagic disorder due to circulating anticoagulants* is not assigned as the documentation does not state that the subarachnoid haemorrhage was the result of the anticoagulation use.

EXAMPLE 3:

Patient was admitted for bridging Clexane and INR monitoring after presenting to his GP with subtherapeutic INR. The patient was on long term warfarin therapy post mechanical heart valve replacement.

Codes:	R79.83	Abnormal coagulation profile
	Y44.2	Anticoagulants causing adverse effects in therapeutic use
	Y92.23	Place of occurrence, health service area, not specified as this
		facility
	Z95.2	Presence of prosthetic heart valve

EXAMPLE 4:

An 80 year old gentleman admitted to hospital due to COPD (chronic obstructive pulmonary disease). The patient was on long term warfarin for atrial fibrillation. During the admission, patient was found to be overwarfarinised (INR=6). Vitamin K 5mg was given and warfarin was reduced to 3 mg daily, to titrate to an INR of 2-3.

Abnormal coagulation profile due to anticoagulants

Codes:	J44.9	Chronic obstructive pulmonary disease, unspecified
	R79.83	Abnormal coagulation profile
	Y44.2	Anticoagulants causing adverse effects in therapeutic use
	Y92.23	Place of occurrence, health service area, not specified as this
		facility
	I48.9	Atrial fibrillation and atrial flutter, unspecified

EXAMPLE 5:

Patient admitted with epistaxis due to long term warfarin use.

Codes	: R04.0	<u>Epistaxis</u>
	D68.3	Haemorrhagic disorder due to circulating anticoagulants
	Y44.2	Anticoagulants causing adverse effects in therapeutic use
	Y92.23	Place of occurrence, health service area, not specified as this
		<u>facility</u>

In this example, D68.3 *Haemorrhagic disorder due to circulating anticoagulants* is assigned as there is a clearly documented causal relationship between the bleeding and the use of warfarin.

(See also ACS 1902 Adverse effects)

Patients using anticoagulant agents often require admission to hospital (or may have their hospital stay prolonged):

- pre or postoperatively to monitor anticoagulant (warfarin, heparin, clexane or fragmin) levels
- when anticoagulant levels are not controlling a condition
- if anticoagulant levels require adjustment

In these cases, assign Z92.1 *Personal history of long term (current) use of anticoagulants* as an additional code.

EXAMPLE 1: Patient on long term anticoagulants, admitted one day prior to TURP for heparinisation.

Code: Z92.1 Personal history of long term (current) use of anticoagulants (as an additional code)

Abnormal coagulation profile is also known as:

- unstable INR
- overwarfarinisation
- prolonged bleeding time

abnormal bleeding time

When a patient is admitted or treated during the admission for any of the above diagnoses, assign D68.3 *Haemorrhagic disorder due to circulating anticoagulants*, even if no haemorrhage has occurred.

 EXAMPLE 2: (see also ACS 1902 Adverse effects)

 Patient on warfarin for atrial fibrillation admitted with epistaxis due to warfarin toxicity.

 Codes:
 R04.0

 Epistaxis

 D68.3
 Haemorrhagic disorder due to circulating anticoagulants

	0	0 0	
<u>V44.2</u>	Anticoggulants causing adverse	offacts in therapoutic use	
1-1-1-2-	Thire oughtantis causing auverse	effects in incrupente use	
V02 22	Place of occurrence health serve	ioo aroa	
1/4.44	- I luce of occurrence, neulli servi		

Elderly ge		iso ACS 1901 Poisoning) nitted because he had taken incorrect dosage of warfarin resulting in
Codes:	— T45.5 — D68.3 — X44	<u>Poisoning by anticoagulants</u> <u>Haemorrhagic disorder due to circulating anticoagulants</u> <u>Accidental poisoning by and exposure to other and unspecified</u> drugs, medicaments and biological substances

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

EXAMPLE 4:

An 80 year old gentleman admitted to hospital due to COPD. The patient has a history of aortic valve replacement and is on long term warfarin. During the admission, patient was found to be overwarfarinised. Warfarin was withheld and VitK 5mg PO was given.

CODES:		<u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE,</u>
		UNSPECIFIED
		Haemorrhagic disorder due to circulating anticoagulants
	<u>Y44.2</u>	Anticoagulants causing adverse effects in therapeutic use
	<u>Y92.22</u>	-Place of occurrence, health service area

Underwarfarinisation may fail to prevent clot formation in the circulatory system. This could cause DVT, PE, stroke etc. In these cases, assign a code for the condition first, followed by Z92.1 *Personal history of long term (current) use of anticoagulants.*

EXAMPLE 5:

Patient with a history of DVT, treated with warfarin for the past two years is admitted for a CABG. Discharge was delayed while INR was stabilised post surgery.

Code: Z92.1 Personal history of long term (current) use of anticoagulants (as an additional code)

Cachexia

BACKGROUND:

Following receipt of a public submission, cachexia has been further expanded to allow cancer cachexia and cachexia in other conditions to be classified in its own right.

TABULAR LIST

B22	Human immunodeficiency virus [HIV] disease resulting in other specified diseases HIV disease resulting in: •encephalopathy •lymphoid interstitial pneumonitis •Slim diseawasting synd		
C80	Malignant neoplasm without specification of site		
∇ 0218, 0236	<i>Excludes:</i> Kaposi sarcoma, unspecified site (C46.9) mesothelioma, unspecified site (C45.9)		
C80.0	Malignant neoplasm, primary site unknown, so stated		
C80.9	Malignant neoplasm, primary site unspecified Cancer } NOS Carcinoma } Malignancy Malignant neoplasm, not known whether primary or secondary Malignant: • cachexia • neoplasm, not known whether primary or secondary Multiple cancer NOS <i>Excludes:</i> multiple secondary cancer NOS (C79.9) secondary malignant neoplasm, unspecified site (C79.9)		
E63	Other nutritional deficiencies		
	Excludes: dehydration (E86) failure to thrive: (R62.8) • adult (R64) • NOS (child) (R62.8) feeding problems in newborn (P92) sequelae of malnutrition and other nutritional deficiencies (E64)		
E63.0	Essential fatty acid [EFA] deficiency		
E63.1	Imbalance of constituents of food intake		
E63.8	Other specified nutritional deficiencies		
E63.9	Nutritional deficiency, unspecified Nutritional cardiomyopathy NOS† (I43.2*)		

J84	34 Other interstitial pulmonary diseases		
	<i>Excludes:</i> drug-induced interstitial lung disorders (J70.2–J70.4) interstitial emphysema (J98.2) lung diseases due to external agents (J60–J70)		
J84.0	Alveolar and parietoalveolar conditions Alveolar proteinosis Pulmonary alveolar microlithiasis		
J84.1	Other interstitial pulmonary diseases with fibrosis		
	Diffuse pulmonary fibrosis Fibrosing alveolitis (cryptogenic)		
	Hamman-Rich syndrome		
	Idiopathic pulmonary fibrosis Usual interstitial pneumonia		
	<i>Excludes:</i> pulmonary fibrosis (chronic): • due to inhalation of chemicals, gases, fumes or vapours (J68.4)		
	• following radiation (J70.1)		
J84.8	Other specified interstitial pulmonary diseases		
	Bronchiolitis obliterans organising pneumonia [BOOP] Lymphoid interstitial pneumonitis		
	Use additional code (B95–B97) to identify infectious agent.		
J84.9	Interstitial pulmonary disease, unspecified Interstitial pneumonia NOS		
R62	Lack of expected normal physiological development		
	<i>Excludes:</i> delayed puberty (E30.0)		
R62.0	Delayed milestone		
	Delayed attainment of expected physiological developmental stage		
	Late: • talker		
	• walker		
R62.8	Other lack of expected normal physiological development Failure to:		
	• gain weight		
	• thrive <u>NOS</u> Infantilism NOS		
	Lack of growth		
	Physical retardation		
	<i>Excludes:</i> physical retardation due to malnutrition (E45)adult failure to thrive (R64) physical retardation due to malnutrition (E45)		
R62.9	Lack of expected normal physiological development, unspecified		

l



Cachexia

Adult failure to thrive Wasting: • disease • syndrome

Excludes: malignant cachexia (C80.-) due to malnutrition (E41) extreme wasting (E41) nutritional marasmus (E41)

ALPHABETIC INDEX

Cachexia (cancer) (malignant) R64

- cancerous (M8000/3) C80.9
- cardiac see Disease/heart
- diabetic neuropathic E1-.42
- due to malnutrition (see also Malnutrition) E41
- heart see Disease/heart
- hypophyseal E23.0
- hypopituitary E23.0
- lead T56.0
- malignant (M8000/3) C80.9
- marsh (see also Malaria) B54
- nervous F48.0
- old age R54
- paludal (see also Malaria) B54
- pituitary E23.0
- saturnine T56.0
- senile R54
- Simmonds' E23.0
- splenica D73.0
- strumipriva E03.4

- tuberculous NEC (see also Tuberculosis) A16.9

Disease, **diseased** — see also Syndrome

- lung J98.4
- - chronic suppurative J47
- - cystic J98.4
- - congenital (see also Cyst/lung/congenital) Q33.00
- - fibroid (chronic) (see also Fibrosis/lung) J84.1
- - fluke B66.4
- - oriental B66.4
- - in
- - amyloidosis E85.4† J99.8*
- - sarcoidosis D86.0
- - Sjögren's syndrome M35.0† J99.1*
- - systemic
- - - lupus erythematosus M32.1† J99.1*
- ---- sclerosis M34.8† J99.1*
- - interstitial J84.9
- - drug-induced NEC J70.4
- - - acute J70.2
- - - chronic J70.3
- - specified NEC J84.8
- - neonatal
- - chronic P27.1
- - obstructive (chronic) J44.9
- - with (acute)
- - - alveolitis, allergic J67.-
- - - asthma J44.8
- - - with (acute)
- ---- exacerbation NEC J44.1

Reference to Changes - Tenth Edition Version 2.0

- ---- infective J44.0
- - - lower respiratory infection J44.0
- - - bronchitis J44.8
- - - with (acute)
- - - exacerbation NEC J44.1
- ---- J44.0
- - - lower respiratory infection J44.0
- ---- J44.8
- - - with (acute)
- ---- exacerbation NEC J44.1
- ---- infective J44.0
- ---- Iower respiratory infection J44.0
- ---- emphysema J44.8
- - - with (acute)
- - - exacerbation NEC J44.1
- ---- Infective J44.0
- ---- Iower respiratory infection J44.0
- - - exacerbation NEC J44.1
- ---- infective J44.0
- - - hypersensitivity pneumonitis J67.-
- - - lower respiratory infection J44.0
- - rheumatoid (diffuse) (interstitial) M05.1-
- skin L98.9
- - due to metabolic disorder NEC E88.9† L99.8*
- - specified NEC L98.8
- slim (HIV) B22R64
- spinal (cord) G95.9

Disorder (of) — see also Disease

- lung, interstitial, drug-induced J70.4 (see also Disease/lung) J98.4
- - acute J70.2
- -- chronic J70.3
- lymphoproliferative (M9970/1) D47.9
- - NK cells. chronic (M9831/3) C91.7-
- - post-transplant (PTLD) (M9971/1) D47.7
- - polymorphic (M9971/3) C96.7

Encephalopathy (acute) G93.4

- postradiation G93.8
- resulting from HIV disease B22
- saturnine T56.0

Failure, failed

- - - adult R64

- testicular endocrine function E29.1
- to
- - gain weight R62.8
- - progress (in labour) NEC O62.9 - - thrive (child) NEC R62.8

--- resulting from HIV disease B22

737

Human - immunodeficiency virus (HIV) disease (infection) B24 - - asymptomatic status Z21 - - complicating pregnancy, childbirth or the puerperium 098.7 contact Z20.6 - - counselling Z71.7 - - dementia B22† F02.4* - - exposure to Z20.6 - - laboratory evidence R75 - - resulting in - - - acute HIV infection syndrome B23.0 - - - bacterial infection NEC B20 - - - Burkitt lymphoma B21 - - - candidiasis B20 - - - chronic lymphadenopathy, generalised (persistent) B23.8 - - - cryptosporidiosis B20 - - - cytomegaloviral disease B20 - - - dementia B22† F02.4* - encephalopathy B22 --- failure to thrive B22 - - - generalised lymphadenopathy (persistent) B23.8 - - - haematological abnormality NEC B23.8 - - - herpesviral infections B20 - - - immunological abnormality NEC B23.8 - - - infection B20 - - - - bacterial NEC B20 - - - - candidal B20 - - - - Cryptosporidium B20 - - - - cytomegaloviral B20 - - - - fungus NEC B20 - - - - herpesvirus B20 - - - - multiple B20 - - - - mycobacterial B20 - - - - mycotic NEC B20 - - - - papovavirus B20 - - - - parasitic NEC B20 - - - - Pneumocystis (pneumonia) - - - - - carinii B20 - - - - jirovecii B20 - - - - specified NEC B20 - - - - tuberculous B20 - - - - viral NEC B20 - - - infectious disease NEC B20 - - - Kaposi sarcoma B21 - - - lymphadenopathy - - - - generalised (persistent) B23.8 ---- lymphoid interstitial pneumonitis B22 - - - lymphoma (malignant) B21 - - - - Burkitt B21 - - - - non-Hodgkin NEC B21 - - - multiple - - - - diseases classified elsewhere B22 - - - - infections B20 - - - - malignant neoplasms B21 - - - mycobacterial infection B20 - - - mycosis NEC B20 - - - neoplasm, malignant B21 - - - non-Hodgkin lymphoma NEC B21 - - - papovavirus infection B20 - - - parasitic disease NEC B20 - - - - specified NEC B20 - - - Pneumocystis (pneumonia) - - - - carinii B20 - - - - jirovecii B20 ---- pneumonitis, interstitial, lymphoid B22

1

- - - sarcoma NEC B21

- - - Kaposi B21
- - specified condition NEC B23.8
- - toxoplasmosis B20
- - tuberculosis B20
- - viral infection NEC B20
- --- wasting syndrome B22
- - status Z21
- Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved) J18.9
- interstitial J84.9
- - drug-induced see
- Disease/lung/interstitial/drug-induced
- - plasma cell B59† J17.3*
- - specified NEC J84.8
- - usual J84.1
- Pneumonitis (acute) (primary) (see also Pneumonia) J18.9
- hypersensitivity (see also Pneumonitis/allergic) J67.9
- lymphoid, interstitial, resulting from HIV disease B22 J84.8
- meconium P24.0

Sleep-wake schedule disorder G47.2 Slim disease (in <u>HIV infection) B22R64</u> Slipped, slipping

- epiphysis M93.9
- - traumatic (old) M93.9
- - current see Fracture/by site
- - upper femoral (nontraumatic) M93.0
- - traumatic \$72.02
- Struma (see also Goitre) E04.9
- lymphomatosa E06.3
- ovarii (M9090/0) D27
- - with carcinoid (M9091/1) D39.1
- - in situ (M9091/2) D07.3
- - in situ (M9090/2) D07.3
- - malignant (M9090/3) C56
- Riedel's E06.5
- Strumipriva cachexia E03.4

Strümpell-Marie spine M45.-Strümpell-Westphal pseudosclerosis E83.0

Syndrome — see also Disease

- wasting resulting from HIV disease B22R64
- Waterhouse-Friderichsen A39.1† E35.1*
- Tuberculosis, tubercular, tuberculous
- (caseous) (degeneration) (gangrene) (necrosis) A16.9
- bulbourethral gland A18.1† N51.8*
- bursa A18.0† M01.1-*
- cachexia NEC A16.9
- caecum A18.3
- cardiomyopathy A18.8† I43.0*

Wasting

- disease NEC R64
- extreme (see also malnutrition) E41
- muscle NEC M62.5-
- syndrome, resulting from HIV disease B22-R64

WHO updates to Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified*

BACKGROUND:

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. These changes have been included in ICD-10-AM Tenth Edition with some modification

Major change:

• created fifth character codes R19.81 *Abdominal compartment syndrome* and R19.89 *Other specified symptoms and signs involving the digestive system and abdomen* at R19.8.

TABULAR LIST

M62.2	Ischaemic infarction of muscle			
[0-9]	Compartment syndrome, nontraumatic			
	<i>Excludes:</i> abdominal compartment syndrome (R19.81) compartment syndrome, traumatic (T79.6) diabetic muscle infarction (E169) traumatic ischaemia of muscle (T79.6) Volkmann's ischaemic contracture (T79.6)			
R19	Other symptoms and signs involving the digestive system and abdomen			
	<i>Excludes:</i> acute abdomen (R10.0)			
R19.0	 Intra-abdominal and pelvic swelling, mass and lump Diffuse or generalised swelling or mass: intra-abdominal NOS pelvic NOS umbilical 			
	<i>Excludes:</i> abdominal distension (gaseous) (R14) ascites (R18)			
R19.1	Abnormal bowel sounds Absent bowel sounds Hyperactive bowel sounds			
R19.2	Visible peristalsis Hyperperistalsis			
R19.3	Abdominal rigidity			
	<i>Excludes:</i> that with severe abdominal pain (R10.0)			

R19.8 Other specified symptoms and signs involving the digestive system and abdomen

- R19.8 Other specified symptoms and signs involving the digestive system and abdomen
- C R19.81 Abdominal compartment syndrome

R19.89 Other specified symptoms and signs involving the digestive system and abdomen

T79.6 Traumatic ischaemia of muscle Compartment syndrome, traumatic Volkmann's ischaemic contracture

> **Excludes:** abdominal compartment syndrome (R19.81) anterior tibial syndrome (M76.8) compartment syndrome, nontraumatic (M62.2-)

ALPHABETIC INDEX

Dyschezia R19.89

1

Impaired, impairment (function)

- myocardium, myocardial (see also
- Insufficiency/myocardial) 150.9
- rectal sphincter R19.89
- regulation, glucose see Hyperglycaemia, hyperglycaemic/intermediate

Rupture, ruptured (see also Injury/by site)

-
- vessel R58
- - pulmonary I28.8
- viscus R19.89
- vulva, complicating delivery O70.0

Symptoms specified NEC R68.8

- factitious, self-induced F68.1
- involving
- - abdomen NEC R19.89

- - appearance NEC R46.8
-
- - development NEC R62.8
- - digestive system NEC R19.89 - - emotional state NEC R45.89

-
- - nontraumatic NEC M62.2-
- - traumatic NEC T79.6

Tenesmus (rectal) R19.89

- vesical R30.1

- - - nervous system NEC R29.88 - - pelvis NEC R19.89
 - - respiratory system NEC R09.89
 - Syndrome
 - compartment (deep) (posterior)
 - - abdominal R19.81

Place of occurrence

BACKGROUND:

Two five character place of occurrence codes were created to differentiate:

- health service area, this facility
- health service area, not specified as this facility (to classify 'other' or 'unspecified' facility)

TABULAR LIST

QY92.2	School, other institution and public administrative area <i>Excludes:</i> building under construction (Y92.6-) residential institution (Y92.1-) sports and athletics area (Y92.3-)
⊙ Y92.21	School Boarding/residential Campus College Day nursery Institute for higher education Kindergarten School (private)(public)(state) University (campus)
≎¥92.22 –	Health service area Day procedure centre Health centre Home for the sick Hospice Hospital Outpatient clinic
<u> </u>	Health service area, not specified as this facility Day procedure centre Health centre Hospice Hospital: • in the home (HITH) • NOS Outpatient clinic Note: 'This facility' includes satellite units managed and staffed by the same health care provider. These units may be located on the hospital campus or off the hospital campus and treat movements of patients between sites as ward transfers.
<u> </u>	Health service area, this facility Day procedure centre Health centre Hospice Hospital: • in the home (HITH) • NOS Outpatient clinic Note: 'This facility' includes satellite units managed and staffed by the same health care provider. These units may be located on the hospital campus or off the hospital campus and treat movements of patients between sites as ward transfers.

ALPHABETIC INDEX

SECTION II: EXTERNAL CAUSES OF INJURY



Place of occurrence of external cause Y92.9

- apartment see Place of occurrence of external cause/home
- assembly hall Y92.29
- athletics and sports area Y92.39
- - indoor NEC Ý92.31
- - basketball court Y92.31
- - cricket court Y92.31

- health service area (not specified as this facility) NEC Y92.232

- - this facility Y92.24
- highway (see also Place of occurrence of external cause/street) Y92.49
- hiking trail NEC Y92.9

AUSTRALIAN CODING STANDARDS

0111 HEALTHCARE ASSOCIATED STAPHYLOCOCCUS AUREUS BACTERAEMIA

EXAMPLE 1:

A 64 year old woman was re_admitted with a diagnosis of septic arthritis due to a previous internal fixation of bimalleolar left ankle fracture (performed at this facility). Clinical documentation and cultures from joint aspiration and blood samples during this admission confirmed healthcare associated *Staphylococcus aureus* bacteraemia. Vancomycin was started and the patient received treatment for 6 weeks.

Codes:	T84.6	Infection and inflammatory reaction due to internal fixation device [any site]
	M00.07	Staphylococcal arthritis and polyarthritis, ankle and foot
	A49.01	Staphylococcus aureus infection, unspecified site
	Y83.1	Surgical operation with implant of artificial internal device
	Y92.2 <u>4</u> 2	Place of occurrence, Hhealth service area, this facility
	U90.0	Healthcare associated Staphylococcus aureus bacteraemia

0303 ANTICOAGULANT THERAPY

EXAMPLE 3:

Patient was admitted for bridging clexane and INR monitoring after presenting to his GP with subtherapeutic INR. The patient was on long term warfarin therapy post mechanical heart valve replacement.

Codes:	R79.83	Abnormal coagulation profile
	Y44.2	Anticoagulants causing adverse effects in therapeutic use
	Y92.2 <mark>3</mark> 2	Place of occurrence, health service area, not specified as this
		<u>facility</u>
	Z95.2	Presence of prosthetic heart valve

EXAMPLE 4:

An 80 year old gentleman admitted to hospital due to COPD. The patient was on long term warfarin for atrial fibrillation. During the admission, patient was found to be overwarfarinised (INR=6). Vitamin K 5mg was given and warfarin was reduced to 3 mg daily, to titrate to an INR of 2-3.

CODES:	J44.9	Chronic obstructive pulmonary disease, unspecified
	I48.9	Atrial fibrillation and atrial flutter, unspecified
	R79.83	Abnormal coagulation profile
	Y44.2	Anticoagulants causing adverse effects in therapeutic use
	Y92.2 <mark>32</mark>	Place of occurrence, health service area, not specified as this
		<u>facility</u>

EXAMPLE 5: (see also ACS 1902 Adverse effects)

Patient admitted with epistaxis due to long term warfarin use.

Codes:	R04.0	Epistaxis
	D68.3	Haemorrhagic disorder due to circulating anticoagulants
	Y44.2	Anticoagulants causing adverse effects in therapeutic use
	Y92.2 <mark>3</mark> 2	Place of occurrence, health service area, not specified as this
		facility

In this example, D68.3 *Haemorrhagic disorder due to circulating anticoagulants* is assigned as there is a clearly documented causal relationship between the bleeding and the use of warfarin.

0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA

EXAMPLE 6:

Patient with Type 2 diabetes mellitus was <u>re-</u>admitted for management of acute kidney failure due to administration of IV contrast in <u>the same</u> hospital.

Principal diagnosis:	N17.9	Acute kidney failure, unspecified	
Additional diagnoses:	Y57.5	X-ray contrast medium causing adverse effects in therapeutic use	
	Y92.2 <u>4</u> 2	Place of occurrence, health service area <u>, this facility</u>	
	E11.29	<i>Type 2 diabetes mellitus with other specified kidney complication</i>	

In this example, the acute kidney failure (N17.9) is assigned as the principal diagnosis as it meets ACS 0001 *Principal diagnosis*. The acute kidney failure is due to IV contrast, therefore external cause and place of occurrence codes (Y57.5, Y92.242) are assigned after the code for acute renal failure. The DM code is then assigned (*Rule 4a* and *Rule 5*) following the index pathway *Diabetes/with/failure/kidney/acute* (*Rule 3*).

0940 ISCHAEMIC HEART DISEASE

Coronary artery dissection (I25.4)

Coronary artery dissection may occur spontaneously or as a complication during angioplasty. For example, during coronary atherectomy the guide wire may be wedged into the wall of blood vessel, resulting in mechanical trauma to the inner layer of the coronary artery. Or during balloon angioplasty the force created by the balloon exceeds the elastic threshold of the blood vessel, causing an internal split. The occurrence of coronary artery dissection during angioplasty is considered to be related to the use of cardiac and vascular devices.

Classification

Spontaneous or unspecified coronary artery dissection is classified to I25.4 *Coronary artery aneurysm and dissection*.

If coronary artery dissection occurs during angioplasty, assign <u>T82.8-T82.85 Vascular</u> <u>dissection following insertion</u> Other specified complication of cardiac and vascular prosthetic devices, implants and grafts. Assign 125.4 Coronary artery aneurysm and dissection as an additional code to provide further specificity.

As the dissection occurred intra operatively, assign Y65.8 Other specified misadventures during surgical and medical care and Y92.22 Health service area (see also ACS 1904 Procedural complications/Classification of external causes of procedural complications/misadventure).

1204 PLASTIC SURGERY

EXAMPLE 5:

C

Removal of breast implants performed under GA following chronic infections.

odes:	T85.7 <mark>5</mark> 8	Infection and inflammatory reaction due to breast prostheses and	
		<u>implants</u>	ther internal prosthetic devices, implants and grafts
	Y83.1	Surgical o	peration with implant of artificial internal device
	Y92.2 <mark>3</mark> 2	Place of o	<u>ccurrence, Hh</u> ealth service area, not specified as this
		<u>facility</u>	
	45548-00	[1758]	Removal of breast prosthesis
	45548-00	[1758]	Removal of breast prosthesis
	92514-99	[1910]	General anaesthesia, ASA 9, nonemergency

1436 ADMISSION FOR TRIAL OF VOID

ADMISSION FOR TRIAL OF VOID: POSTOP - UNSUCCESSFUL

Principal diagnosis:	Z46.6	Fitting and adjustment of urinary device
Additional diagnoses:	<u>N99.8</u>	Other postprocedural disorders of genitourinary system
	R33	Retention of urine
	<u>Y83.</u>	Surgical operation and other surgical procedures as the
		cause of abnormal reaction of the patient, or of later
		complication, without mention of misadventure at the time
		of the procedure
	<u> </u>	<i>Place of occurrence, health service area</i>

1902 ADVERSE EFFECTS

RADIOTHERAPY TREATMENT

Classification

Adverse effects of radiotherapy properly administered are classified according to the nature of the adverse effect.₅ together with Y84.2 *Radiological procedure and radiotherapy* and Y92.22 *Place of occurrence, health service area.* There are a number of specific diagnosis codes for adverse effects of radiation, which may be found in the ICD-10-AM Alphabetic Index by referring to *Effect, adverse/radiotherapy*.

EXAMPLE 1:

C

Proctitis as a result of radiotherapy treatment for prostate cancer.

Codes:	K62.7	Radiation proctitis
	Y84.2	Radiological procedure and radiotherapy
	Y92.2 <mark>3</mark> 2	Place of occurrence, health service area, not specified as this
		<u>facility</u>

Other diagnosis codes as appropriate

Some of these specific diagnosis codes may be classified to the 'postprocedural' categories in ICD-10-AM, however this does not preclude the use of these codes to describe adverse effects.

EXAMPLE 2:

(

Scoliosis due to radiotherapy for neuroblastoma as a child.

Codes:	M96.5	Postradiation scoliosis
	Y84.2	Radiological procedure and radiotherapy
	Y92.2 <mark>32</mark>	Place of occurrence, health service area, not specified as this
		<u>-facility</u>

Other diagnosis codes as appropriate

Where there is no specific code which has the concept of 'radiation', 'due to radiation' or similar in the code title, assign a code which best describes the condition, together with the appropriate external cause codes.

EXAMPLE 3:

Oesophagitis following radiotherapy treatment for carcinoma of the lung.

Codes:	K20	Oesophagitis
	Y84.2	Radiological procedure and radiotherapy
	Y92.2 <mark>3</mark> 2	Place of occurrence, health service area, not specified as this
		<u>facility</u>

Other diagnosis codes as appropriate

If the manifestation of the effect of radiotherapy is unspecified, assign code T66 *Unspecified effects of radiation*, together with the appropriate external cause codes.

Where a condition arises due to radiation/radiotherapy incorrectly administered during medical care, assign a code which best describes the condition, as outlined in Examples 1 and 2, together with one of the following external cause codes, as appropriate:

- Y63.2 Overdose of radiation given during therapy
- Y63.3 Inadvertent exposure of patient to radiation during medical care
- Y78.- Radiological devices associated with misadventures

EXAMPLE 4:

Co

Burns to chest wall (BSA 4%) due to overdose of radiotherapy for breast cancer.

des:	T21.02	Burn of chest wall, unspecified thickness
	T31.00	Burns involving less than 10% of body surface
	Y63.2	Overdose of radiation given during therapy
	Y92.2 <mark>3</mark> 2	Place of occurrence, health service area, not specified as this
		<u>facility</u>

Other diagnosis codes as appropriate

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
	Y92.2 <mark>4</mark> 2	<u>Place of occurrence</u> , <u>Hh</u> ealth service area, <u>this facility</u>

EXAMPLE 2: FOOD CHALLENGE

A patient with a sibling with a severe peanut allergy is admitted for a food challenge ollowing 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
	Y92.2 <mark>4</mark> 2	Place of occurrence, <u>Hhealth service area, this facility</u>
	Z84.8	Family history of other specified conditions

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
	Y92.2 <mark>4</mark> 2	<u>Place of occurrence, Hhealth service area, this facility</u>

Updates to ACS Chapter 19 *Injury, poisoning and certain other consequences of external causes*

BACKGROUND:

Following updates made to ICD-10-AM Tabular list related to Procedural Complications, several updates were made to Australian Coding Standards as follows:

- ACS 1331 Soft tissue injuries deleted (incorporated into ACS 1916 Superficial and soft tissue injuries)
- ACS 1903 Two or more drugs taken in combination inclusion of instructions for combination drugs
- ACS 1908 Laceration with nerve and tendon damage updated ACS title broadening scope to include open wounds and artery damage, and updated examples and instructions for code sequencing in line with ACS 0001
- ACS 1912 Sequelae of injuries, poisoning, toxic effects and other external causes

 updated to specify that a code for place of occurrence (POO) should be
 assigned when assigning sequelae codes.
- ACS 1916 Superficial and soft tissue injuries superficial/soft tissue injuries, cellulitis, contusions, sprains and strains were consolidated into one standard to remove overlap and inconsistencies.
- ACS 1921 Sprains and strains deleted (incorporated into ACS 1916 Superficial and soft tissue injuries)
- ACS 1924 Difficult intubation new ACS incorporating published classification advice
- Cross references updated at ACS 1217, ACS 1901, ACS 1902, ACS 1907

TABULAR LIST

POISONING BY DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES (T36–T50)

∇ 1901<u>,1903</u>

Includes:	overdose of these substances
	wrong substance given or taken in error
Excludes:	adverse effects ["hypersensitivity", "reaction", etc] of correct substance properly
	administered; such cases are to be classified according to the nature of the
	adverse effect, such as:
	 aspirin gastritis (see Alphabetic Index: Gastritis)
	 blood disorders (D50–D76)
	• dermatitis:
	• contact (L23–L25)
	• due to substances taken internally (L27)
	• nephropathy (N14.0–N14.2)
	• unspecified adverse effect of drug (T88.7)
	drug reaction and poisoning affecting the fetus and newborn (P00–P96)
	intoxication meaning inebriation (F10–F19)
	nondependence-producing substance use disorder (F55)
	pathological drug intoxication (F10–F19)

T79.3 Post traumatic wound infection, not elsewhere classified

∇<u>0050,</u> 1911, 1916

Burn | infected Superficial injury |

Code first site of injury.

Use additional code (B95–B97) to identify infectious agent. Excludes: open wound with infection (T89.01, T89.02)

T88.4 Failed or difficult intubation

©T88.41 Failed intubation

Failed endotracheal intubation requiring emergency airway management procedures (cricothyroidotomy/cricothyrotomy) (tracheostomy) *Excludes:* during:

- excludes: during
 - labour and delivery (O74.72)
 - pregnancy (O29.62)
 - the puerperium (postpartum) (O89.62)

©T88.42 Difficult intubation

∇ 1924

Difficult airway

ALPHABETIC INDEX

Difficult, difficulty (in)

- intubation, endotracheal (airway) T88.42
- - during pregnancy O29.62
- - in labour and delivery O74.72
- - postpartum, puerperal O89.62
- mechanical, gastroduodenal stoma K91.8
- reading (developmental) F81.0
- - secondary to emotional disorders F93.-
- spelling (specific) F81.1
- - with reading disorder F81.3
- - due to inadequate teaching Z55.8
- swallowing (see also Dysphagia) R13

Injury (see also specified injury type) T14.9

- chest, flail S22.5 see also Injury/thorax,
- thoracic
- - flail S22.5
- - newborn (birth trauma) P13.8
- childbirth (fetus or newborn) (see also Birth/trauma) P15.9
- - maternal NEC 071.9
- chin S09.9
- - wrist (and hand) S69.7
- muscle (and fascia) (and tendon) T14.6
- - abdomen S39.0
- - abductor, thumb, forearm level S56.3
- - ankle (level) S96.9
- - and foot, multiple S96.7
- - specified NEC S96.8
- - anterior muscle group, at leg level (lower) S86.2
- - arm

- - quadriceps S76.1
- - thorax (level) S29.0
- - triceps \$46.3
- - trunk T09.5

- - upper limb T11.5
- - wrist (and hand) level S66.9
- musculoskeletal NEC see Injury/by site
- myocardium S26.9
- nasal (septum) (sinus) S09.9
- nasopharynx S09.9
- neck S19.9
- ...
- skull NEC S09.9
- soft tissue NEC see also Injury/by site
- - meaning sprain and strain see Sprain, strain
- spermatic cord (pelvic region) S37.84
- - scrotal region \$39.8
- spinal cord T09.3
- thorax, thoracic S29.9
- - cavity S27.9
- - multiple S27.7
- - external S29.9
- - specified NEC S29.8
- - internal S27.9
- - specified site NEC S27.88
- - intrathoracic organ S27.9
- - multiple S27.7
- - specified site NEC S27.88
- - multiple S29.7
- - muscle S29.0
- - specified type NEC S29.8
- - tendon S29.0
- throat (see also Injury/neck) S19.9
- thumb S69.9

Sprain, strain (joint) (ligament) T14.3

- muscle see Injury/muscle/by site
- tendon see Injury/tendon/by site

- - up 3.42 - - wr

AUSTRALIAN CODING STANDARDS

1217 REPAIR OF WOUND OF SKIN AND SUBCUTANEOUS TISSUE

DEFINITIONS

Superficial wound repair

A superficial repair of wound of skin and subcutaneous tissue involves a simple repair of one layer of the epidermis, dermis or subcutaneous tissue with sutures.

Deep wound repair

A repair involving deeper tissue relates to more complex lacerations where layered suturing techniques are required. The surgeon may suture tissue layers under the skin with dissolvable sutures before suturing the skin. Deep or soft tissue includes structures such as muscle, tendon, fascia, ligaments, nerves, blood/lymph vessels or joint/synovial tissue.

• • • •

Suturing of the skin and subcutaneous tissue is inherent in the repair of soft tissue structures. A code from block [1635] *Repair of wound of skin and subcutaneous tissue* is not assigned for example 3 (see also ACS 0042 *Procedures normally not coded*, point 17 and ACS 13311916 <u>Superficial and Soft tissue injuries</u>).

1331 SOFT TISSUE INJURIES

DEFINITION

Soft tissue (deep tissue)

Soft tissue is defined as tissue that connects, supports or surrounds other structures and organs of the body. Soft tissue includes muscles, nerves, tendons, fat, blood or lymph vessels, fasciae and tissue around joints (synovial tissue) (that is, all tissue excluding skin, subcutaneous tissue, cartilage and bone).

Soft tissue is often described as 'deep' because of its anatomical position in the body in relation to 'superficial' tissue (skin and subcutaneous tissue). While clinicians may use 'soft tissue' to include skin and subcutaneous tissue, for coding purposes, a distinction between soft tissue (as defined above) and skin and subcutaneous tissue should be made. This distinction is reflected in the structure of ACHI (*Australian Classification of Health Interventions*).

Tissue that is referred to as 'deep' or 'deeper', and fulfils the above definition, should be interpreted as soft tissue, unless otherwise stated (see also ACS 1217 *Repair of wound of skin and subcutaneous tissue*).

Records with diagnoses of soft tissue injury should be referred to the clinician for more detail. The nature of the injury should be defined as, for example, contusion, sprain or strain. Where the nature of the soft tissue injury cannot be obtained, code to 'Injury, site' and not open wound (See also ACS 1916 *Superficial injuries*).

1901 POISONING

DEFINITION

Poisoning by drugs includes wrong drug <u>or dose</u> given or taken in error, suicide and homicide, adverse effects of prescribed drugs taken in combination with self-prescribed drugs and intoxication. **Poisoning involves improper use**.

CLASSIFICATION

Poisoning is classified to categories T36–T50 *Poisonings by drugs, medicaments and biological substances*. These codes describe the type of drug that was the cause of the poisoning.

In addition to the code for poisoning, an additional diagnosis code should be assigned to indicate any significant manifestation (eg coma, arrhythmia).

EXAMPLE 1:

Coma due to codeine overdose.

Codes:	T40.2	Poisoning by narcotics and psychodysleptics [hallucinogens], other
		opioids
	R40.2	Coma, unspecified

(See also ACS 1903 Two or more drugs taken in combination and ACS 2005 Poisonings and injuries – indication of intent).

1902 ADVERSE EFFECTS

DRUGS

Definition

Adverse effects of correct substances properly administered includes allergic reactions, hypersensitivity, idiosyncratic reaction, interaction of drugs (when each is the correct substance properly administered) and similar situations primarily involving proper use of drugs.

Classification

Adverse effects of correct substances properly administered are classified according to the nature of the adverse effect. An external cause code must be assigned to indicate the drug or medicinal agent which caused the adverse effect.

EXAMPLE 1:

Gastritis due to aspirin taken as prescribed.

Codes: K29.70 Gastritis, unspecified, without mention of haemorrhage Y45.1 Salicylates causing adverse effects in therapeutic use An appropriate place of occurrence code (Y92.-) If the manifestation of the adverse drug reaction is unspecified, assign code T88.7 Unspecified adverse effect of drug or medicament.

(See also ACS 1903 Two or more drugs taken in combination).

1903 TWO OR MORE DRUGS TAKEN IN COMBINATION

MEDICATION COMBINED WITH ALCOHOL

An adverse reaction to a drug taken in combination with alcohol should be coded as poisoning by both agents.

EXAMPLE 1: Severe depression of respiratory centre due to Seconal taken in combination with alcohol (accidental). Codes: T42.3 Poisoning by antiepileptic, sedative-hypnotic and antiparkinsonism drugs, barbiturates G93.8 Other specified disorders of brain T51.0 Toxic effect of alcohol, ethanol X41 Accidental poisoning by and exposure to antiepileptic, sedativehypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified X45 Accidental poisoning by and exposure to alcohol An appropriate place of occurrence code (Y92.-) and activity code (U73.-)

Note: Sequencing of external cause codes may vary from state to state.

PRESCRIBED DRUG TAKEN IN COMBINATION WITH A NONPRESCRIBED DRUG

An adverse reaction occurring because of the combination of a prescribed drug and a nonprescribed drug should be coded as poisoning by both agents.

EXAMPLE 2:

Haematemesis due to taking Coumadin (prescribed) and aspirin (not prescribed) in combination (accidental).

Codes:	T45.5	Poisoning by anticoagulants
	K92.0	Haematemesis
	T39.0	Poisoning by salicylates
	X44	Accidental poisoning by and exposure to other and unspecified drugs,
		medicaments and biological substances
	X40	Accidental poisoning by and exposure to nonopioid analgesics,
		antipyretics and antirheumatics
An annro	nriate nla	ce of occurrence code (Y92 -) and activity code (U73 -)

All appropria

TWO OR MORE PRESCRIBED DRUGS TAKEN IN COMBINATION

If an adverse reaction occurs because of the combination of two or more prescribed drugs, both agents are coded as adverse effects of correct substances properly administered.

EXAMPLE 3:

Coma due to antihistamine and barbiturate taken in combination (each prescribed).

Codes:	R40.2	Coma, unspecified
	Y43.0	Antiallergic and antiemetic drugs causing adverse effects in
		therapeutic use
	Y47.0	Barbiturates, not elsewhere classified causing adverse effects in
		therapeutic use
An appro	priate place	of occurrence code (Y92)

Note: If the specific drug is not indexed in ICD-10-AM, use the code for the type of drug (eg antiallergics).

COMBINATION DRUGS

If a combination drug is documented as the cause of a poisoning/adverse effect, and no individual component is identified as being responsible for the poisoning/adverse effect, assign a code for each of the components.

EXAMPLE 4:

Patient admitted with drowsiness due to accidental poisoning by Mersyndol (codeine, paracetamol and doxylamine succinate). No individual component of the Mersyndol was identified as the cause of the poisoning.

Codes:	T40.2	Poisoning by other opioids
	<u>R40.0</u>	<u>Somnolence</u>
	<u>X42</u>	Accidental poisoning by and exposure to narcotics and psychodysleptics
		[hallucinogens], not elsewhere classified
	<u>T45.0</u>	Poisoning by antiallergic and antiemetic drugs
	<u>X44</u>	Accidental poisoning by and exposure to other and unspecified drugs,
		medicaments and biological substances
	<u>T39.1</u>	Poisoning by 4-Aminophenol derivatives
	<u>X40</u>	Accidental poisoning by and exposure to nonopioid analgesics, antipyretics
		and antirheumatics
An appro	priate place	of occurrence code (Y92) and activity code (U73)

If a combination drug is documented as the cause of a poisoning/adverse effect and one of the components is identified as causing the poisoning/adverse effect, assign a code for that drug (component) only. Code(s) for the other component of the combination drug are not required.

 EXAMPLE 5:

 Patient admitted with bronchospasm due to ingestion of Mersyndol (codeine, paracetamol and doxylamine succinate) as prescribed, taken for menstrual cramps. The codeine was documented as the cause of the bronchospasm.

 Codes:
 J98.0
 Diseases of bronchus, not elsewhere classified

 Y45.0
 Opioids and related analgesics causing adverse effects in therapeutic use

 An appropriate place of occurrence code (Y92.-)

1907 MULTIPLE INJURIES

CLASSIFICATION

When coding the **initial** admission of a multiple trauma, all injuries documented must be coded to represent the totality of multiple trauma. However, superficial injuries such as abrasions or contusions, are not coded when associated with more severe injuries of the same site (see also ACS 1916 *Superficial and soft tissue injuries*).

For **subsequent** admissions, only code the injuries that meet the criteria in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*.

Injuries should be coded to the individual site/type whenever possible.

Combination categories for multiple injuries T00–T07 *Injuries involving multiple body regions* and injury codes commonly assigned a fourth character of '.7' are to be used only where the number of injuries to be coded exceeds the maximum number of diagnosis code fields available. In these cases, use the individual site/type codes for significant injuries and the multiple categories to code the less severe injuries (eg superficial injury to multiple sites, open wounds to multiple sites and sprain and strain injury). This will ensure all significant conditions are accounted for and that the exact nature of the injury is reflected in the codes.

Note: External cause and ACHI codes are not included in the following example.

EXAMPLE 1:

Focal cerebral contusion, traumatic amputation of ear, loss of consciousness, contusion to the face, neck and shoulder and laceration of the cheek and thigh.

Codes:	S06.31	Focal cerebral contusion
	S06.01	Loss of consciousness of unspecified duration
	S08.1	Traumatic amputation of ear
	S01.41	Open wound of cheek
	S71.1	Open wound of thigh
	S00.85	Superficial injury of other parts of head, contusion
	S10.95	Superficial injury of neck, part unspecified, contusion
	S40.0	Contusion of shoulder and upper arm
T., 41.;	mmla 500 7	Multiple inituation of hand and TO1.9 Open moundaring

In this example, S09.7 *Multiple injuries of head* and T01.8 *Open wounds involving other combinations of body regions* would **not** be assigned as individual codes should be assigned whenever possible.

Sequencing multiple injuries

In the case of multiple specified injuries, select as the principal diagnosis the condition which presents the most serious threat to life. If the most serious condition is not identified in the record, then clarification with the clinician should be sought.

1908 LACERATION OPEN WOUND WITH ARTERY, NERVE AND/OR TENDON DAMAGE

CLASSIFICATION

In cases of lacerationsinvolving nerve and tendon damage, codes should be sequenced as follows:

- laceration with nerve damage most severe
- laceration with tendon damage moderately severe
- laceration uncomplicated least severe

For open wounds involving artery, nerve and/or tendon damage, sequencing of codes is determined by following the guidelines in ACS 0001 *Principal diagnosis*.

EXAMPLE 1:

A patient was admitted with a deep laceration with suspected tendon and nerve damage. There was a significant laceration to the tendon which was sutured in theatre. Minor damage to the nerve was noted but repair was not required.

Principal diagnosis:	Injury to tendon
Additional diagnoses:	Injury to nerve
	Open wound
	External cause, place of occurrence and activity codes

In this example, the laceration involves the tendon and nerve, but only the tendon laceration was repaired, therefore after study the tendon injury was chiefly responsible for occasioning the episode of care and should be sequenced as the principal diagnosis.

Where the principal diagnosis cannot be determined after referring to ACS 0001 *Principal diagnosis* and ACS 1907 *Multiple injuries*, the clinician should be consulted as to the correct sequencing. Where this is not possible sequence the diagnosis using the following hierarchy:

• artery injury

• nerve injury

- tendon injury
- open wound.

EXAMPLE 2:

<u>A patient was admitted with a deep laceration over the extensor surface of the wrist caused by a chain saw. A wound exploration found a deep radial artery injury and several tendon lacerations, which were all repaired in theatre.</u>

Principal diagnosis:	Injury to artery
Additional diagnoses:	Injury to tendon
	Open wound
	External cause, place of occurrence and activity codes

In this example, both the artery and tendon injuries potentially meet the criteria for principal diagnosis, therefore as per the hierarchy, a code for the injury of artery is assigned as principal diagnosis, with a code for the injury of the tendon as an additional diagnosis.

Open wound with arterial and nerve damage

The overriding factor in a vascular injury is the potential of limb loss or compromise. In these instances, where arterial and nerve damage may occur together, priority should be given to sequencing arterial damage first, followed by nerve damage, followed by laceration. Where there is no potential for loss of limb, yet both nerve and artery damage have occurred, the elinician should be consulted as to the correct sequencing.

1912 SEQUELAE OF INJURIES, POISONING, TOXIC EFFECTS AND OTHER EXTERNAL CAUSES

DEFINITION

A 'sequela' of an injury is a current condition that was caused by a previously occurring injury, poisoning, toxic effect or other external cause.

EXAMPLE 1:

Oesophageal stricture due to previous ingestion of hydrochloric acid.

CLASSIFICATION

There is no time limit as to when a sequela code can be used. The residual condition may be apparent immediately following the acute phase, such as loose bodies in a joint due to a previous fracture, or it may occur months or years later, such as scarring due to previous tendon laceration.

A sequela of injury, poisoning, toxic effect or other external cause may be documented in one of the following ways:

- late (effect of)
- old
- sequela of
- due to previous injury, poisoning, toxic effect or other external cause that occurred in a
 previous episode of care
- following a previous injury, poisoning, toxic effect or other external cause that occurred in a previous episode of care.

As the underlying cause is **no longer current**, a code for an acute injury, poisoning, toxic effect or other external cause is not assigned.

EXAMPLE 2:

An admission for tendon repair following laceration of tendon of finger two weeks ago is not a sequela as the laceration is still present and being treated.

The coding of sequelae of injury, poisoning, toxic effects or other external causes requires three the following codes in this order:

- the residual condition or nature of the sequela (current condition)
- the cause of the sequela (the previous condition)

- the external cause of the injury, poisoning, toxic effect, etc.
- the place of occurrence.

The residual condition or nature of the sequela is sequenced first, followed by the cause of the late effect.

EXAMPLE 3:

Malunion following fracture of radius caused by fall from ladder at home while painting house.

Codes:	M84.03	Malunion of fracture, forearm	
		T92.1	Sequelae of fracture of forearm and upper arm
		Y86	Sequelae of other accidents
		· . •	

An appropriate place of occurrence code (Y92.-)

EXAMPLE 4:

Patient presents with impulsive, disinhibited and inappropriate behaviour due to a history of acquired brain injury as a result of a motor vehicle accident 10 years ago.			
Codes: F07.8 Other organic personality and behavioural disorder due to brain di	sease,		
damage and dysfunction			
T90.5 Sequelae of intracranial injury			
Y85.0 Sequelae of motor-vehicle accident			
An appropriate place of occurrence code (Y92)			

EXAMPLE 5:

. . .

 Admission for release of scar contractions of the left wrist joint following the healing of second degree burn on the forearm from hot water.

 Codes:
 L90.51
 Scar conditions and fibrosis of skin due to burn

 T95.2
 Sequelae of burn and frostbite of upper limb

 Y86
 Sequelae of other accidents

 An appropriate place of occurrence code (Y92.-)

The sequelae diagnosis codes for injury are:

The external cause sequelae codes are:

Further treatment of an injury

1916 SUPERFICIAL AND SOFT TISSUE INJURIES

CLASSIFICATION

SUPERFICIAL INJURIES

In sections S00 Superficial injury of head, S10 Superficial injury of neck, S20 Superficial injury of thorax and S30 Superficial injury of abdomen, lower back and pelvis, the hierarchy for classifying superficial injuries is first-based on the site first whereas, in all other superficial injury sections, the hierarchy is based on type of injury. This is particularly relevant when coding 'other' and 'unspecified' superficial injuries.

If a superficial injury is infected assign an additional code of T79.3 *Post traumatic wound infection, not elsewhere classified* and a code to describe the any associated infectious agent. If cellulitis develops at the site of injury, a code for cellulitis should also be assigned. Sequencing of codes should be determined by the guidelines in ACS 0001 Principal diagnosis.

Superficial injuries, such as abrasions or contusions, are not coded when associated with more severe injuries of the same site.

Note: External cause and ACHI codes are not included in the following examples.

EXAMPLE 1:

Fracture of lower end of humerus, abrasion and contusion to elbow, fracture of scapula.

Codes:	S42.40	Fracture of lower end of humerus, part unspecified
	S42.10	Fracture of scapula, part unspecified

EXAMPLE 2:

Patient a	Patient admitted for cellulitis of an infected blister of the index finger. Documentation in			
the clinic	al record co	nfirms an associated infection with Staphylococcus aureus.		
Codes:	L03.01	Cellulitis of finger		
	S60.82	Blister of wrist and hand		
	T79.3	Post traumatic wound infection, not elsewhere classified		
	B95.6	Staphylococcus aureus as the cause of diseases classified to other		
		<u>chapters</u>		

(See also ACS 1331 Soft tissue injuries and ACS 1907 Multiple injuries).

SOFT TISSUE INJURIES

Soft tissue is defined as tissue that connects, supports or surrounds other structures and organs of the body. Soft tissue includes muscles, nerves, tendons, fat, blood or lymph vessels, fasciae and tissue around joints (synovial tissue) (that is, all tissue excluding skin, subcutaneous tissue, cartilage and bone).

Soft tissue is often described as 'deep' because of its anatomical position in the body in relation to 'superficial' tissue (skin and subcutaneous tissue). While clinicians may use the terminology 'soft tissue' to include skin and subcutaneous tissue, for classification purposes, a distinction between soft tissue (as defined above) and skin and subcutaneous tissue should be made, as reflected in the structure of ACHI (*Australian Classification of Health Interventions*).

Where soft tissue injury is the only description documented for an injury, assign a code by following the index pathway *Injury/site* not *Wound/open*.

Where musculoskeletal injury is the only description documented for an injury, assign a code for unspecified injury of the site by following the index pathway *Injury/site*.

CONTUSION

ICD-10-AM classifies *contusion* as a superficial injury, rather than a soft tissue injury. Follow the lead term *Contusion* in the Alphabetic Index and assign an appropriate code.

SPRAINS AND STRAINS

ICD-10-AM classifies sprains and strains in two sections within body regions:

- Dislocation, sprain and strain of joints and ligaments
- Injury of muscle and tendon.

Be careful when coding sprain and strain injuries of muscles and tendons as these are not all classified under the category of *Dislocation, sprain and strain of joints and ligaments*. For sprain and strain injuries of muscles and tendons, follow the lead terms *Sprains, strain/muscle* Or *Sprains, strains/tendon* in the Alphabetic Index and assign the appropriate code.

Note: External cause and ACHI codes are not included in these examples.

EXAMPLE 3:

Severe sprain to the cruciate ligament.

Code: S83.50 Sprain and strain of unspecified cruciate ligament

EXAMPLE 4:

Sprain of quadriceps muscle.

Code: S76.1 Injury of quadriceps muscle and tendon

1921 SPRAINS AND STRAINS

CLASSIFICATION

Note: External cause and ACHI codes are not included in these examples.

ICD-10-AM classifies sprains and strains in two sections within body regions:

Dislocation, sprain and strain of joints and ligaments.

Injury of muscle and tendon.

Be careful when coding sprain and strain injuries of muscles and tendons as these are not classified under the heading of 'Dislocation, sprain and strain of joints and ligaments'.

EXAMPLE 1:

Severe sprain injury to the cruciate ligament.

Code: S83.50 Sprain and strain of unspecified cruciate ligament

EXAMPLE 2:

Sprain of quadriceps muscle.

Code: S76.1 Injury of quadriceps muscle and tendon

1924 DIFFICULT INTUBATION

There are three markers of a difficult intubation:

- clinical opinion (of anaesthetist/intubator)
- patient (anatomy)
- procedure (instrumentation).

Clinical opinion

Difficult intubation is normally documented if there was significant difficulty, as it is important that it be known for future anaesthetics.

Patient level markers

Patient level markers of potentially difficult intubation are routinely described as a grade 1-4 as per the Cormack-Lehane system, or the Mallampati (MP) score.

The Cormack-Lehane system (original or modified) describes the best view possible at laryngoscopy; external manipulation and Backward, Upward, Rightward Pressure (BURP), cricoid pressure or correct positioning may be used to gain the best view.

Original Cormack and Lehane classification

<u>Grade</u>	Description	
<u>1</u>	Most of the glottis is visible	
<u>2</u>	At best almost half of the glottis is seen, at worst only the posterior tip of the arytenoids is seen	
<u>3</u>	Only the epiglottis is visible	
<u>4</u>	No laryngeal structures are visible	

Modified Cormack-Lehane classification

<u>Grade</u>	Description	Approximate frequency	Likelihood of difficult intubation
<u>1</u>	Full view of glottis	<u>68%</u>	
<u>2a</u>	Partial view of glottis	<u>24%</u>	<u>4.3%</u>
<u>2b</u>	Only posterior extremity of glottis seen or only arytenoid cartilages	<u>6.5%</u>	<u>67.4%</u>
<u>3</u>	Only epiglottis seen, none of glottis seen	<u>1.2%</u>	<u>87.5%</u>
<u>4</u>	Neither glottis nor epiglottis seen	Very rare	Very likely

The Mallampati score is based on the structures visualised with maximal mouth opening and tongue protrusion in the sitting position. The Mallampati rule states that there is a relationship between what is seen on direct per-oral pharyngeal visualisation and that seen with laryngoscopy.

Procedure level markers

<u>Procedure level markers include use of video-laryngoscope or introducers. These do not of themselves necessarily indicate difficult intubation (eg they may be used for practice or training purposes or routinely used by particular anaesthetists/intubators).</u>

Types of introducers include:

- Bonfils
- Bougie
- CMAC
- MAC3 or MAC #3
- McCoy blade.

Classification

Assign T88.42 Difficult intubation when:

• difficult intubation (or the synonymous term difficult airway) is specifically documented

and

• there is documentation of a Cormack-Lehane or Mallampati score of grade 2 or higher.

Use of advanced techniques (video-laryngoscopy or introducers) may indicate difficult intubation, but for classification purposes the above criteria must first be met before any of the above codes for difficult intubation are assigned. Where documentation is unclear, coders should seek clinical advice.

(See also ACS 1006 Ventilatory support).

WHO updates to Chapter 19 *Injury, poisoning and certain other consequences of external causes* and Chapter 20 *External causes of morbidity and mortality*

BACKGROUND:

Suparficial injury of pack

In 2014, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Barcelona. These changes have been included in ICD-10-AM Tenth Edition.

TABULAR LIST

S10

1

S10	Superficial injury of neck			
∇ 1916	i de la constante de la constan			
	blowing fifth character subdivisions are for use with subcategories S10.1, S10.8 and S10.9 to denote be of superficial injury. Valid fifth characters are in [brackets] under each code:			
۞ 0	unspecified			
O 1	prasion			
Q 2	blister	lister		
₿3	insect bite			
Q 4	superficial foreign body (splinter)			
O 5	contusion			
₿	other			
S10.0	Contusion of throat Cervical oesophagus <u>Epiglottis</u> Larynx Pharynx Trachea			
S11	Open wound of neck			
∇ 1917				
	Use additional code T89.0- to indicate open wound with complication of foreign body, infection and delayed healing/treatment.			
	Excludes: decapitation (S18)			
S11.0	Open wound involving larynx and trachea <i>Excludes:</i> thoracic trachea (S27.5)			
⊘ S11	.01 Open wound of larynx Epiglottis			
© S11	.02 Open wound of trachea			

S11.1 Open wound involving thyroid gland

511.6 Open wound of other parts of nec	S11.8	Open wound of other parts	of neck
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Open wound (of any part of neck) communicating with a fracture		
Code first the fracture (S12).		
Open wound (of any part of neck) communicating with a dislocation		
Code first the dislocation (S13.1S13.3).		
Open wound of other parts of neck Epiglottis Supraclavicular region Throat NOS		
Open wound of neck, part unspecified Neck NOS		

X09

Exposure to unspecified smoke, fire and flames

Includes:	burning	NOS
	Incineration	
	smoke inhalation	

SECTION III: TABLE OF DRUGS AND CHEMICALS

		Poisoning				Adverse effect in	
Substance	Chapter 19	Accidental	Intentional Self-harm	Undetern intent	mined	therapeutic use	
Smelter fumes NEC		T56.9	X49	X69	Y19	-	
Smog		T59.1	X47.9	X67.9	Y17.9	-	
Smoke NEC				X47.9	X67.9	<u> </u>	
Snail killer NEC			T60.8	X48	X68	Y18	-

ALPHABETIC INDEX

Contusion (skin surface intact) (see also

- Injury/superficial) T14.05
- costal region S20.2
- elbow S50.0
- epididymis S30.2 - epigastric region S30.1
- epiglottis S10.0 eye NEC S05.8
- eyeball S05.1
- eyebrow S00.1
- eyelid (and periocular area) S00.1

Foreign body

- entering through orifice
- - accessory sinus T17.0
- ...
- - ear (external) T16
- - epiglottis T17.3

- - eye (external) NEC T15.9
- - multiple parts T15.8
- - specified part NEC T15.8
- - eyeball T15.8
- - eyelid T15.1

Injury (see also specified injury type) T14.9

- superficial (see also type of superficial injury) T14.00
- - abdomen, abdominal (and lower back and pelvis) S30.9-
- ... - - epigastric region S30.8-
- - epiglottis S10.81-
- - extremity see Injury/superficial/limb

- Wound, open (animal bite) (cut) (laceration) (puncture wound) (shot wound) (with penetrating foreign body) T14.1
- epigastric region S31.1 - epiglottis S11.8801
- eustachian tube S01.35

ALPHABETIC INDEX – External Causes of Injury

Inhalation

- gastric contents (with asphyxia, obstruction respiratory passage, suffocation) W78
- hot air or gases X14
- liquid air, hydrogen, nitrogen W93
- mucus, not of newborn (with asphyxia, obstruction respiratory passage, suffocation) W80.8
- phlegm, not of newborn (with asphyxia, obstruction respiratory passage, suffocation) W80.8
- <u>smoke NEC (see also Exposure, fire) X09</u>
 <u>specific agent</u> <u>see Table of drugs and chemicals</u>
- toxic gas see Table of drugs and chemicals
- vomitus (with asphyxia, obstruction respiratory passage, suffocation) W78

Poisoning by methylated spirits and denatured alcohol

BACKGROUND:

Following receipt of a public submission, the classification was amended to assign methylated spirits poisoning to T51.0 *Ethanol*.

TABULAR LIST

T51.0	Ethanol Ethyl alcohol Methylated sp	
	Excludes:	acute alcohol intoxication or "hangover" effects (F10.0) drunkenness (F10.0) pathological alcohol intoxication (F10.0)
T51.1	Methanol Methyl alcoh	ol

ALPHABETIC INDEX

SECTION III: TABLE OF DRUGS AND CHEMICALS

Methylated spiritT51. <u>0</u> 4	X45	X65	Y15
		,	

Health supervision and care infant/ child

BACKGROUND:

A review of ACS 1608 Adoption and ACS 1609 Newborns affected by maternal causes and birth trauma was undertaken with relevant information transferred to the Tabular List, code titles updated for currency and these ACS deleted.

TABULAR LIST

CHAPTER 16

CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD (P00–P96)

- *Includes:* conditions that have their origin in the perinatal period even though death or morbidity occurs later
- *Note:* The codes within this chapter are principally used for neonates and most of the conditions classified to this chapter are transient. However, some conditions which arise in the perinatal period persist throughout life and for that reason it is permissible to assign a code from this chapter for a child or adult.
- *Excludes:* congenital malformations, deformations and chromosomal abnormalities (Q00–Q99) endocrine, nutritional and metabolic diseases (E00–E89) injury, poisoning and certain other consequences of external causes (S00–T98) neoplasms (C00–D48) tetanus neonatorum (A33)

FETUS AND NEWBORN AFFECTED BY MATERNAL FACTORS AND BY COMPLICATIONS OF PREGNANCY, LABOUR AND DELIVERY

(P00–P04)

<u>∇ 1609</u><u>∇ 1605</u>

Code first the resultant condition in the fetus or newborn

BIRTH TRAUMA

(P10-P15)

∇-1609

Use additional code (P03.-) to identify birth trauma due to a complication of labour or delivery.

Z00

General examination and investigation of persons without complaint or reported diagnosis

Includes: the listed maternal conditions only when specified as a cause of mortality or morbidity in fetus or newborn

Z00.1	Routine child health examination Development testing of infant or child <i>Excludes:</i> health supervision <u>and care</u> of foundling or other healthy infant or child (Z76.1– Z76.2 <u>2</u>)
Z02	Examination and encounter for administrative purposes
Z02.8	Other examinations for administrative purposes Examination (for): • admission to: • prison • summer camp • adoption • immigration • naturalisation • premarital
	<i>Excludes:</i> health supervision and care of foundling or other healthy infant or child (Z76.1–Z76.22)
Z02.9	Examination for administrative purposes, unspecified
Z76 Z76.1	Persons encountering health services in other circumstances Health supervision and care of foundlingabandoned infant Medical or nursing care, or supervision of abandoned infant awaiting adoption or foster placement
<mark>Z76.2</mark> ⊽ 1609	Health supervision and care of other healthy infant and child
V 1009	Medical or nursing care or supervision of healthy infant under circumstances such as: • adverse socioeconomic conditions at home • awaiting foster or adoptive placement • maternal illness • number of children at home preventing or interfering with normal care
Z76.2	Health supervision and care of other infant and child
	Excludes: abandoned infant (Z76.1)
⊙ Z76.21	Health supervision and care of infant and child awaiting adoption or foster placement
⊙ Z76.22	Health supervision and care of other infant and child, not elsewhere classified
	Includes: medical or nursing care, or supervision of infant under circumstances such as: • adverse socioeconomic conditions at home • maternal illness • number of children at home preventing or interfering with normal care

• postcaesarean observation

ALPHABETIC INDEX

Awaiting admission (to)
- facility elsewhere Z75.19
acute hospital Z75.10
early parenting centre Z75.18
hostel Z75.18
mothercraft facility/unit Z75.18
nursing home Z75.11
other health care facility NEC Z75.18
palliative care facility/unit Z75.14
psychiatric facility/unit Z75.12
 rehabilitation facility/unit Z75.13
 residential aged care service Z75.11
<u>- admission (to)</u>
<u> acute hospital Z75.10</u>
 - early parenting centre Z75.18
 - facility elsewhere NEC Z75.19
<u> hostel Z75.18</u>
 - mental health facility/unit Z75.12
 - mothercraft facility/unit Z75.18
 - nursing home Z75.11
 - palliative care facility/unit Z75.14
 - psychiatric facility/unit Z75.12
 - rehabilitation facility/unit Z75.13
 - residential aged care service Z75.11
 - specified health care facility NEC Z75.18
- adoption Z76.21
 - abandoned infant (foundling) Z76.1
- foster placement Z76.21
 - abandoned infant (foundling) Z76.1
Awareness of heart beat R00.2

Care (of) (for) (following) - abandoned infant Z76. - child (routine) NEC Z76.22 - - awaiting adoption or foster placement Z76.21 - family member (handicapped) (sick) Z63.6 - foundling Z76.1 - holiday relief Z75.5 - improper T74.0 - infant NEC Z76.22 - - abandoned (foundling) Z76.1 - - awaiting adoption or foster placement Z76.21 - lack of (at or after birth) (infant) T74.0 Found dead (cause unknown) R98 Foundling (abandoned infant) Z76.1 Fournier's disease or gangrene N49.8 Healthy - infant accompanying sick mother Z76.3 -- accompanying sick mother Z76.3 - - receiving care Z76.2 - person accompanying sick person Z76.3 Supervision (of) - child NEC Z76.22 - - awaiting adoption or foster placement Z76.21 - contraceptive method previously prescribed Z30.5 - dietary Z71.3 -healthy infant and child Z76.2 - high-risk pregnancy (see also Pregnancy/supervision) Z35.9

- infant NEC Z76.22
- - abandoned (foundling) Z76.1
- - awaiting adoption or foster placement Z76.21
- lactation Z39.1

AUSTRALIAN CODING STANDARDS

1608 ADOPTION

A healthy newborn with a 'waiting for adoption' status should be coded to Z02.8 Other examinations for administrative purposes .

1609 NEWBORNS AFFECTED BY MATERNAL CAUSES AND BIRTH TRAUMA

Codes in categories P00–P04 *Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery* should only be used to indicate that a newborn has been affected by a maternal condition.

To be able to assign one of these codes, the record must contain documentation of the newborn's problem (the effect) and a note that it was caused by one of the maternal conditions or a complication of pregnancy, labour or delivery. Therefore there will always be **two** codes: the problem and the cause. Always sequence the code for the problem first, followed by the code for the cause. Therefore, a code from P00–P04 will **never** be the newborn's principal diagnosis code.

Codes from P10 P15 *Birth trauma* indicate that there has been some trauma during delivery and, as such, are likely to have a code from category P03 *Fetus and newborn affected by other complications of labour and delivery* assigned in addition. However, the cause and effect must be documented before a P03. code can be assigned.

If the mother has a condition or complication of labour or delivery that does *not* cause any adverse effect to the baby:

- do not assign a code from P00-P04 on the baby's record;
- if the maternal cause has necessitated provision of more health services than is usual for a newborn, it may be appropriate to assign Z76.2 *Health supervision and care of other healthy infant and child* (eg in the case of postcaesarean observation) or Z03.7-Observation and evaluation of newborn for suspected condition not found.

There is no time limit for the use of codes from P00–P04. For example, a 25 year old patient presenting with vaginal clear cell adenocarcinoma due to intrauterine exposure to DES (diethylstilboestrol) would be assigned the cancer codes followed by P04.1 *Fetus and newborn affected by other maternal medication* (see also ACS 1605 *Conditions originating in the perinatal period*).

EXAMPLE 1:

Single newborn with scalpel injury (requiring suturing) as a result of caesarean section.

Codes:	<u>P15.8</u>	- Other specified birth trauma
	<u>P03.4</u>	- Fetus and newborn affected by caesarean delivery
	<u>Z38.0</u>	Singleton, born in hospital

EXAMPLE 2:

Single newborn stated to be 'small for dates'. Mother noted to be hypertensive. [No relationship between SFD and hypertension documented in the record.]

Codes: P05.1 Small for gestational age Z38.0 Singleton, born in hospital

EXAMPLE 3:

Single newborn delivered by caesarean section, admitted to Special Care Nursery for postcaesarean observation. [No problem documented.]

 Codes:
 Z76.2
 Health supervision and care of other healthy infant and child

 Z38.0
 Singleton, born in hospital

1615 SPECIFIC DISEASES AND INTERVENTIONS RELATED TO THE SICK NEONATE

1. CODE THE FOLLOWING ONLY WHEN THE INTERVENTION MEETS THE SPECIFIED CRITERIA:

Maternal illness/incapacity to care

•••

...

In cases where a neonate requires care due to maternal illness or 'incapacity to care', the appropriate code should only be assigned if the neonate is **exclusively dependent on nursing care for more than 24 hours (consecutive)**.

Such cases would include 'baby for adoption' (Z02.8 Other examinations for administrative *purposes*) or maternal death (P01.6 *Fetus and newborn affected by maternal death*).

Respite care

BACKGROUND:

The code title for Z75.5 was updated to reflect current terminology.

TABULAR LIST

Z51.8	Other specified medical care	
	<i>Excludes:</i> holiday relief respite care (Z75.5)	
©Z51.81	Apheresis	
∇ 0030	Healthy donor admitted to donate cells for infusion into another person Allogeneic apheresis	
	<i>Excludes:</i> prophylactic therapy (plasmapheresis) for incompatible organ transplant (Z29.1)	
⊙ Z51.88	Other specified medical care	
Z51.9	Medical care, unspecified	
Z74	Problems related to care-provider dependency	
	<i>Excludes:</i> dependence on enabling machines or devices NEC (Z99) respite care (Z75.5)	
Z74.0	Need for assistance due to reduced mobility	
	<i>Excludes:</i> bedfast (R26.3) chairfast (R26.3)	
Z74.1	Need for assistance with personal care	
Z74.2	Need for assistance at home and no other household member able to render care	
Z74.3	Need for continuous supervision	
Z74.8	Other problems related to care-provider dependency	
Z74.9	Problem related to care-provider dependency, unspecified	
Z75	Problems related to medical facilities and other health care	
Z75.0	Medical services not available in home	
	<i>Excludes:</i> no other household member able to render care (Z74.2) respite care (Z75.5)	

Z75.4	Unavailability and inaccessibility of other helping agencies
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OZ75.40 Unavailability and inaccessibility of helping agency, unspecified

OZ75.41 Unavailability and inaccessibility of residential aged care service

Long term nursing home resident

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

Unavailability and inaccessibility of other specified helping agency OZ75.49

Z75.5 Holiday relief Respite care

> Provision of health care facilities to a person normally cared for at home, in order to enable relatives/carers to take a break or vacation Respite care

ALPHABETIC INDEX

Admission (for)

- adjustment (of) see Adjustment
- aftercare see Aftercare
- apheresis (any blood product)
- - allogeneic Z51.81

∇ 2105

∇ 2117

- psychotherapy NEC Z50.4
- radiation therapy Z51.0
- rehabilitation care (see also Rehabilitation) Z50.9
- removal (of) see Removal respite care Z75.5
- stabilisation, diabetes mellitus E1-.65

Health

. . .

- advice Z71.9
- check-up (routine) Z00.0
- - infant or child Z00.1
- - occupational Z10.0
- education Z71.9

AUSTRALIAN CODING STANDARDS

2117 NON-ACUTE CARE

CLASSIFICATION

. . .

Respite care

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

- instruction Z71.9
- services provided because (of)
- - bedfast status Z74.0
- - boarding school residence Z59.3
- - holiday relief for person providing home care Z75.5
- - inadequate
- - economic resources NEC Z59.9
- - housing Z59.1
- - lack of housing Z59.0
- - need for
- - assistance with personal care Z74.1
- - continuous supervision Z74.3
- - no care available in home Z74.2
- - person living alone Z60.2
- - poverty NEC Z59.6
- - extreme Z59.5
- - reduced mobility Z74.0
- - residence in institution Z59.3
- - respite care Z75.5
- - specified cause NEC Z59.8

Latent tuberculosis

BACKGROUND:

Following the publication of a Coding Rule regarding 'latent tuberculosis', a code was created for ICD-10-AM at Z22 *Carrier of infectious disease*.

TABULAR LIST

Z22	Carrier of infectious disease Includes: suspected carrier
	Use additional code to identify resistance to antimicrobial drugs (Z06.5-Z06.7-)
Z22.0	Carrier of typhoid
Z22.1	Carrier of other intestinal infectious diseases
Z22.2	Carrier of diphtheria
Z22.3 ▼ 1549	Carrier of other specified bacterial diseases
	Carrier of bacterial disease due to: • meningococci • staphylococci • streptococci
Z22.4	 Carrier of infections with a predominantly sexual mode of transmission Carrier of: gonorrhoea syphilis
Z22.5 ∇ 0049, 0050,	Carrier of viral hepatitis
Z22.6	Carrier of human T-lymphotropic virus type-1 [HTLV-1] infection
	Corrier of the second second

 Ozz22.7
 Carrier of tuberculosis

 Latent tuberculosis

Excludes: abnormal result of Mantoux test (R76.1)

- Z22.8 Carrier of other infectious diseases
- Z22.9 Carrier of infectious disease, unspecified

ALPHABETIC INDEX

Carrier (suspected) of - amoebiasis Z22.1

- bacterial disease NEC Z22.3
- cholera Z22.1
- diphtheria Z22.2
- gastrointestinal pathogens NEC Z22.1
 gonorrhoea Z22.4
- hepatitis

- - B surface antigen (HBAg) with acute delta-
- (super) infection B17.0
- - viral Z22.5
- human T-cell lymphotropic virus type 1 (HTLV-1) infection Z22.6
- infectious organism Z22.9
- - specified NEC Z22.8
- meningococci Z22.3
- staphylococci Z22.3
 streptococci Z22.3

- syphilis Z22.4 tuberculosis Z22.7
- typhoid Z22.0
 venereal disease NEC Z22.4

Latent — see condition

Tuberculosis, tubercular, tuberculous

(caseous) (degeneration) (gangrene) (necrosis) À16.9

- larynx A16.4
- - with bacteriological and histological confirmation A15.5

- latent Z22.7

- leptomeninges, leptomeningitis (cerebral) (spinal) A17.0