REFERENCE TO CHANGES
for
ICD-10-AM/ACHI/ACS
ELEVENTH EDITION
2019

Australian Consortium for Classification Development
IHPA
Reference to Changes for
ICD-10-AM/ACHI/ACS
Eleventh Edition

2019
Reference to Changes for ICD-10-AM/ACHl/ACS Eleventh Edition

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Introduction/Rationale:

Australian Coding Standard (ACS) 0002 Additional diagnoses provides guidance for the clinical classification of significant comorbidities with the principal diagnosis and/or conditions arising during the episode of admitted care. The main objective of ACS 0002 is to ensure that the classification of these conditions is consistent nationally.

The introduction of Activity Based Funding (ABF) in the public hospital system promoted the improvement of diagnosis and intervention coding for clinical data reporting for use in funding hospital activity. Coding practices around additional diagnoses changed resulting in an increase of coding and reporting of additional diagnoses; inconsistent with the intent of ACS 0002 Additional diagnoses (i.e. consistently coding those conditions which are significant in the episode of admitted care).

Consequently, this increase in coding of additional diagnoses has in certain circumstances, led to the grouping of episodes of care into a higher complexity level within the Australian Refined Diagnosis Related Groups (AR-DRG) classification.

The ACS are nationally mandated for use with the International Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM). However, it is common for some States and Territories to have extensions and clarifications to the ACS as long as they are not in contradiction to the ACS (i.e. it is not acceptable that an extension to the ACS facilitates a change in coding practice resulting in national inconsistency). Victoria published an extension to ACS 0002 Additional diagnosis in July 2017 which has generated much discussion nationally and during ICD Technical Group (ITG) meetings. The Victorian extension has informed the Eleventh Edition work on this ACS already commenced by the Australian Consortium for Classification Development.

The ACS 0002 Additional diagnoses review for Eleventh Edition has been undertaken to address the abovementioned concerns around the interpretation of ACS 0002 when determining whether a condition should be coded as a comorbidity and what type of care and monitoring of a condition should be considered as meeting the criteria of increased clinical care and/or monitoring.

ACCD agrees that the current three criteria for meeting ACS 0002 Additional diagnosis, especially ‘increased clinical care and/or monitoring’ is broad and potentially covers many conditions that were monitored only with no significant impact on the episode of admitted care. This may include coding of new conditions/pre-existing conditions (including chronic conditions), for which:

- routine swabs or diagnostic tests have been performed during the episode of care
- routine care has been provided during the episode of care
- ongoing medications have been continued during the episode of care
- routine services have been provided by clinicians during the episode of care

Anecdotal evidence suggests that the term ‘increased monitoring’ in the third criterion ‘increased clinical care and/or monitoring’ has caused some confusion for classification users in the
interpretation and application of ACS 0002 Additional diagnoses. In some instances, clinical coders incorrectly interpret that additional diagnoses can be assigned for pre-existing/chronic conditions when they have been monitored during the episode of care. In other instances, this has been used to justify the assignment of higher complexity DRGs, which is one of reasons for this review. Removing the term ‘monitoring’ from this criterion reinforces that pre-existing/chronic conditions should only be assigned as additional diagnoses when they significantly affect patient management and therefore correctly reflect the complexity of care provided and overall resources used in the episode of care.

Bear in mind that ACS 0003 Supplementary codes for chronic conditions instructs clinical coders to assign supplementary U codes for certain chronic conditions, which are present on admission but have no impact on the current episode of care.

ACCD also believes that the decision as to whether a condition is clinically ‘significant’ should be determined by the treating clinicians, by way of documentation in the current episode of admitted care. Significance of a condition is very difficult to define within the context of classification. However, it is clear that there are situations where, conditions or symptoms are minor or trivial; and that these conditions are not significant in the episode of admitted care and not justified in meeting the intent of the criteria for coding of additional diagnoses.

In order to provide clarity and to facilitate greater national consistency when determining the assignment of additional diagnoses, ACCD proposes the following amendments to the Australian Coding Standards (ACS):

- Revise the ‘Introduction’ in the ACS with respect to the term ‘clinician’ and the clinician’s ‘scope of practice’
- Add the definition of ‘clinical consultation’ in ACS 0002 for coding purposes
- Remove the term ‘monitoring’ from the third criteria ‘increased clinical care and/or monitoring’
- Expand the three criteria in ACS 0002 to include examples to help clarify the difference between “significant” and “insignificant” conditions in clinical context
- Add a new coding instruction in ACS 0002 with regards to classifying personal/family history of diseases and disorders, health status (eg organ transplantation status) classifiable to categories Z80-Z99 Personal and family history and certain conditions influencing health status
- Delete sections on Assessments and Multiple Coding from ACS 0002
- Delete the list of Additional diagnosis reporting referred to in other standards
- Add a new section cross referencing to ACS 0003 Supplementary codes for chronic conditions, to reinforce the assignment of supplementary U codes.

As a result of ACS 0002 Additional diagnoses review, the following speciality standards are considered redundant and therefore have been deleted:

- ACS 1336 Hypertonia
- ACS 1342 Hyperreflexia
- ACS 1808 Incontinence
- ACS 2112 Personal history

The following ACS have been updated for consistency with changes made to ACS 0002:

- ACS 0003 Supplementary codes for chronic conditions
- ACS 0052 Same-day endoscopy - surveillance
- ACS 0104 Viral hepatitis
- ACS 0036 Neoplasm coding and sequencing
- ACS 0303 Abnormal coagulation profile due to anticoagulants
- ACS 0401 Diabetes mellitus and intermediate hyperglycaemia
- ACS 0936 Cardiac pacemakers and implanted defibrillators
- ACS 0940 Ischaemic heart disease
- ACS 2114 Prophylactic surgery
In developing this proposal, the following documents/information have been taken into account:

- Vic ACS 0002 Additional diagnoses
- WA Coders guide to use of nursing, midwifery & allied health documentation
- Feedback from ICD Technical Group (ITG) members including CCAG clinicians
- Feedback from ‘code breakers’ from a range of jurisdictions who undertook code breaking exercise utilising the proposed amendments to ACS 0002 (draft version).

This task should be read in conjunction with the task TN1313 Guidance on documentation.

ACCD PROPOSAL

TABULAR LIST OF DISEASES

...
Z85  Personal history of malignant neoplasm

v 0050, 2112

Note: Assign codes from this category as additional diagnoses only where the condition is completely resolved, but the history is relevant to the condition being managed or intervention being performed in the current episode of care.

Excludes: follow-up examination after treatment of malignant neoplasm (Z08.7)
          follow-up medical care and convalescence (Z42–Z51, Z54.7)

Z86  Personal history of certain other diseases

v 0050, 2112

Note: Assign codes from this category as additional diagnoses only where the condition is completely resolved, but the history is relevant to the condition being managed or intervention being performed in the current episode of care.

Excludes: follow-up medical care and convalescence (Z42–Z51, Z54.7)

Z87  Personal history of other diseases and conditions

v 0050, 2112

Note: Assign codes from this category as additional diagnoses only where the condition is completely resolved, but the history is relevant to the condition being managed or intervention being performed in the current episode of care.

Excludes: follow-up medical care and convalescence (Z42–Z51, Z54.7)

Australian Coding Standards

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13. Musculoskeletal system and connective tissue
1307 Disc disorders with myelopathy
1308 Disc lesion
1309 Dislocation or complication of hip prosthesis
1311 Exostosis
1316 Cement spacer/beads
1319 Meniscus/ligament tear of knee, NOS
1329 Silastic button arthroplasty
1330 Slipped disc
1334 Spondylosis/spondylolisthesis/retrolisthesis
1336 Hypertonia
1342 Hypersalixia
1343 Erosion of knee

18. Symptoms, signs and abnormal clinical and laboratory findings, NEC
1805 Acopia
1807 Acute and chronic pain
1808 Incontinence
1809 Febrile convulsions
1810 Skin tear and frail skin

21. Factors influencing health status and contact with health services
2103 Admission for post acute care
2104 Rehabilitation
INTRODUCTION

ICD-10-AM, ACHI AND THE AUSTRALIAN CODING STANDARDS

Morbidity data on all admitted patients are required to be submitted under the Australian Health Care Agreements (AHCAs). All states and territories must provide data as specified in the Admitted Patient Care National Minimum Data Set (APC NMDS) (METeOR: 535047) (Australian Institute of Health and Welfare 20184). Diagnoses, interventions and external causes of injury are recorded using ICD-10-AM and ACHI. The ACS are designed to be used in conjunction with ICD-10-AM and ACHI.

ICD-10-AM, ACHI and ACS are regularly updated and released in tandem in Australia – historically biennially except for Eighth Edition which had a triennial release.

The ICD-10-AM and ACHI Tabular Lists include an annotation of ∇ next to certain codes indicating that an ACS exists which will assist in the application of the code.

HOW TO USE THIS DOCUMENT

Standards in this document, The ACS, are categorised by site and/or system according to the specialty to which the diagnosis or procedure intervention relates.

Operations and procedures are also categorised by site. For example, ‘tonsillitis’ ‘Functional endoscopic sinus surgery’ (FESS) is discussed in Chapter 8 Ear, Nose, Mouth and Throat (ENMT). Guidelines regarding any procedures interventions which can be performed on many multiple sites are included in the ‘General standards for interventions’ section. Refer first to the Standards Index.

Where a procedure involves multiple sites, which may be categorised into more than one chapter, reference the index in the first instance.

The term ‘clinician’ is used throughout the document ACS and refers to the treating medical officer but may refer to other clinicians such as allied health professionals, midwives, and nurses and allied health professionals. Generally, medical officer documentation is the primary source for clinical coders to use for classification purposes. The following example indicates that clinical coders can also use documentation from other clinicians if the documented information is appropriate to the clinician’s scope of practice.

<table>
<thead>
<tr>
<th>EXAMPLE 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• malnutrition documented by a dietitian</td>
<td></td>
</tr>
<tr>
<td>• pressure injuries documented by a wound specialist (Clinical Nurse Specialist) or a registered nurse</td>
<td></td>
</tr>
<tr>
<td>• postpartum haemorrhage documented by a midwife</td>
<td></td>
</tr>
<tr>
<td>• dysphagia documented by a speech pathologist</td>
<td></td>
</tr>
</tbody>
</table>
GENERAL STANDARDS FOR DISEASES

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 2018). …

ACUTE AND CHRONIC CONDITIONS

If a condition is described as both acute (subacute) and chronic and separate subterms exist in the Alphabetic Index at the same indentation level, code both and sequence the acute (subacute) code first.

EXAMPLE 5:
Admission for acute on chronic pancreatitis.
Principal diagnosis: K85.9 Acute pancreatitis, unspecified
Additional diagnosis: K86.1 Other chronic pancreatitis

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, 2018).

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, 2018).

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 classification 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

Many of the above activities are performed by clinicians in the form of clinical consultation. For the purposes of classification, a clinical consultation refers to documentation provided by the:

• treating clinician/team who is primarily responsible for managing a patient’s condition during the episode of care
**specialist who provides advice/opinion, to the referring clinician/team, regarding a patient’s management**

- **nurses, midwives and allied health professionals who are engaged in a patient’s management within their scope of practice.**

Documentation of a consultation does not have to be a formal consultation report. Documentation of assessment of a condition in the progress notes or elsewhere (eg a care plan) is sufficient. Telephone or electronic consultation with clear documentation of the information exchange is also regarded as a clinical consultation.

Note that a condition may be documented by the treating clinician/team due to its ‘clinical significance’, however, for classification purposes some conditions are normally not coded as additional diagnoses in certain circumstances.

**COMMENCEMENT, ALTERATION OR ADJUSTMENT OF THERAPEUTIC TREATMENT**

- **Do not assign an additional diagnosis code for a condition that is transient and can be treated successfully with administration of medication without the need for further consultation, investigation or a plan of care** (eg Mylanta for heartburn; paracetamol for headache; Sominex for insomnia) (see Examples 1, 2 & 3).

  An additional diagnosis code can be assigned if a condition requires further assessment (ie the condition is no longer considered transient) by a clinician and
  - a diagnostic or therapeutic intervention is undertaken, or
  - a care plan is prescribed following clinical consultation

  For example, CT scan of the brain performed to investigate the cause of the headache; altered medication dosage for heartburn; neurological observations ordered following fall; strict fluid balance for fluid overload (see Examples 4 & 15)

- **Do not assign an additional diagnosis code for a pre-existing condition requiring administration of ongoing medication.** This includes where the ongoing medication is adjusted due to the management of another condition (eg reducing dosage of diuretics due to acute kidney injury (AKI) in patients with congestive heart failure (CCF); adjustment of the dose of antihypertensive medication due to hypotension) (see Examples 5 & 6).

  An additional diagnosis code can be assigned for a pre-existing condition if a change in the pre-existing condition requires an amendment to its treatment plan (eg increase in diuretics dosage due to exacerbation of congestive heart failure (CCF)) (see Examples 7 & 9)

- **Do not assign an additional diagnosis code for a pre-existing condition that results in minor adjustment to the diagnostic work-up or the care plan** (eg ordering a non-contrast CT scan instead of a contrast CT scan; a V/Q scan instead of a CTPA for a suspected pulmonary embolism in patients with chronic kidney disease; selection of non-hepatotoxic agents in patients with chronic liver disease) (see Example 8).

  An additional diagnosis code can be assigned for a pre-existing condition if it results in a major variation to the care plan for another condition (eg a procedure is delayed/cancelled due to a pre-existing condition; patient needs admission to the Intensive Care Unit following surgery that would normally be managed in the surgical ward postoperatively). See also ACS 0011 Intervention not performed or cancelled (see Example 10)

- **Do not assign an additional diagnosis code for a condition that is treated with nurse-initiated medications, or nurse-initiated interventions alone** (eg applying zinc oxide cream for nappy rash; applying Sudocream for groin excoriation; providing a heat pack for neck pain; giving juice or fruit for hypoglycaemia) (see Examples 11, 17 & 19).
An additional diagnosis code can be assigned for the above scenario if a condition is subsequently assessed by a clinician/team, and diagnostic or therapeutic intervention(s) performed, or a care plan is commenced for a condition (see Example 12).

**EXAMPLE 1:**
Patient was admitted for induction of labour due to reduced fetal movements. In the progress notes, the midwife noted “patient complained of having headaches which resolved with paracetamol. Blood pressure was 135/90 and later 130/80. CTG has been performed awaiting review by clinician. No other concerns voiced”. No investigations were performed for the headache. The patient progressed to delivery later that day.

Principal diagnosis: Delivery
Additional diagnosis: Maternal care for decreased fetal movements

In this example, the headache is a transient condition in this episode of care and was treated successfully with administration of medication without the need for further investigations or a care plan; therefore, it does not meet the criteria in ACS 0002.

**EXAMPLE 2:**
Patient was admitted with acute alcohol intoxication. Patient was assessed by a drug and alcohol clinician and alcohol dependence was diagnosed. In the progress notes: “Phenergan 25 mg was given for insomnia”. The medication chart noted ‘Phenergan 25 mg PRN nocte’. No further investigations were undertaken for insomnia during the episode of care.

Principal diagnosis: Acute alcohol intoxication
Additional diagnosis: Alcohol dependence syndrome

In this example, the insomnia is a transient condition in this episode of care and was treated successfully with administration of medication without the need for further investigations or a care plan; therefore, it does not meet the criteria in ACS 0002.

**EXAMPLE 3:**
Patient was admitted for pneumonia. In the progress notes: “patient had PRN gastrogel for reflux with good effect”. No other documentation to indicate that a diagnostic procedure was ordered or a change of treatment was commenced for reflux.

Principal diagnosis: Pneumonia

In this example, the reflux is a transient condition in this episode of care and was treated successfully with administration of medication without the need for further investigations or a care plan; therefore, it does not meet the criteria in ACS 0002.

**EXAMPLE 4:**
Patient was admitted for low back pain. During the hospital stay, patient reported worsening epigastric discomfort and reflux after eating meals. Patient was on regular pantoprazole 20mg prior to admission for ongoing gastro-oesophageal reflux disease (GORD). After clinical review, the dosage of pantoprazole was increased to 40mg daily. Patient’s symptom had improved by discharge.

Principal diagnosis: Low back pain
Additional diagnosis: Gastro-oesophageal reflux disease

In this example, the reflux meets the criteria in ACS 0002 as the dosage of their regular medication (pantoprazole) was increased for the pre-existing GORD after clinical review.
**EXAMPLE 5:**
Patient with a past history of atrial fibrillation (AF) on aspirin therapy, was admitted with aspirin induced duodenal ulcers. Aspirin was withheld during the episode of care, and the patient was commenced on medication to treat the ulcers.

Principal diagnosis: Duodenal ulcer
Additional diagnosis: Adverse effect from aspirin

In this example, the pre-existing AF does not meet the criteria in ACS 0002 as withholding the aspirin was part of the treatment plan for the duodenal ulcer, not for management of the AF.

**EXAMPLE 6:**
An elderly patient with hypertension was admitted with postural hypotension, in the context of poor oral intake and dehydration. Patient received rehydration with IV fluids, and his regular antihypertensive medication (perindopril) was withheld due to the postural hypotension.

Principal diagnosis: Postural hypotension
Additional diagnosis: Dehydration

In this example, the pre-existing hypertension does not meet the criteria in ACS 0002, as withholding the perindopril is part of the treatment plan for postural hypotension; the change is not for management of the hypertension. Assign U82.3 Hypertension for the hypertension (see ACS 0003 Supplementary codes for chronic conditions).

**EXAMPLE 7:**
A 64-year-old man was admitted with a two day history of central chest pain on a background of advanced pulmonary fibrosis and hypertension. On arrival in the Emergency Department, he had a GCS of 15/15, oxygen saturation of 80% and blood pressure of 185/90. Metoprolol and amlodipine were administered for hypertension. He underwent a coronary angiogram and a diagnosis of angina secondary to coronary artery disease was made. During the admission, the patient’s low oxygen saturation (documented as due to the pre-existing pulmonary fibrosis) required increased oxygen supplement and Ordine was commenced for shortness of breath. Home oxygen extension was arranged and a Hudson mask was provided on discharge.

Principal diagnosis: Angina pectoris, unspecified

Additional diagnosis: Coronary artery disease
Pulmonary fibrosis
Hypertension

In this example, the pre-existing pulmonary fibrosis and hypertension both meet the criteria in ACS 0002 as therapeutic treatment was given for the hypertension and a care plan (commenced Ordine, home oxygen extension with Hudson mask) commenced for the pulmonary fibrosis.
EXAMPLE 8:
Patient with a known chronic kidney disease (CKD) stage 3 was admitted for observation of a head injury after falling down a flight of stairs and suffering a minor laceration to the forehead and a contusion to the abdominal wall. Documentation in the admission notes stated “CKD 10 years, for non-contrast CT scan of head, neck, chest and abdomen to avoid acute kidney injury”. Head/neck CT scan showed no fracture of skull, and no swelling or haemorrhage of the brain. Chest/abdominal CT scan was negative for free fluid and organ injuries. Patient was discharged home the next day. No other documentation to indicate that the clinician considered the CKD as an issue during the admission.

Principal diagnosis: Head injury
Additional diagnosis: Laceration of forehead
Contusion of abdominal wall

In this example, the pre-existing CKD is not a significant condition in the episode of care, as it only resulted in a minor adjustment to the diagnostic work-up for the injuries (non-contrast CT scan instead of contrast CT scan). No clinical consultation or care plan was undertaken for the CKD; therefore, it does not meet the criteria in ACS 0002. Assign U87.1 Chronic kidney disease, stage 3-5 for the CKD (see ACS 0003 Supplementary codes for chronic conditions).

EXAMPLE 9:
A 61-year-old man with a history of hypertension and chronic kidney disease (CKD) was admitted with a non-ST elevation myocardial infarction (NSTEMI) and acute pulmonary oedema. Patient was treated with BiPAP, GTN infusion and underwent preparation for a coronary angiogram. Prior to the intervention, a renal physician was consulted regarding the patient’s kidney function and noted that “Creatinine 140 and eGFR 45. Risk of contrast nephropathy is relatively low given eGFR is more than 30. Patient needs to be monitored for fluid status and UEC, suggest pre and post intervention hydration”.

Principal diagnosis: Non-ST elevation myocardial infarction
Additional diagnosis: Left ventricular failure
Chronic kidney disease, stage 3

In this example, the pre-existing CKD meets the criteria in ACS 0002 in the episode of care, as clinical consultation was undertaken resulting in a care plan for the CKD. Assign U82.3 Hypertension for the hypertension (see ACS 0003 Supplementary codes for chronic conditions).
EXAMPLE 10:

A patient was admitted for elective left total hip replacement for osteoarthritis. Prior to the operation, the anaesthetic team requested an Intensivist to assess the patient. Consultation noted “known to have severe OSA, on CPAP for four months. CCF with left ventricle ejection fraction (LVEF) of 40%. Risk of developing cardiac or respiratory complications is very high, needs ICU admission post-operation and troponin test. Postoperative hypotension is very likely given biventricular failure”. Patient was transferred to ICU after surgery and extubated on the second day. She was treated with BiPAP, Lasix for fluid overload, and chest physiotherapy in addition to other routine post-operative management.

Principal diagnosis: Osteoarthritis
Additional diagnosis: Congestive heart failure
Obstructive sleep apnoea

In this example, the pre-existing congestive heart failure and obstructive sleep apnoea both meet the criteria in ACS 0002 in the episode of care, as these conditions resulted in a major variation to the care plan following the Intensivist consultation (‘needs ICU admission after hip replacement’).

EXAMPLE 11:

Patient was admitted for febrile neutropenia and reduced oral intake secondary to chemotherapy for left breast cancer. Patient was advised by a nurse to drink more fluids as slightly hypotensive.

Principal diagnosis: Neutropenia
Additional diagnosis: Drug-induced fever
Adverse effect from chemotherapy
Breast cancer
Morphology code for breast cancer

In this example, the hypotension was not a significant condition in the episode of care, as the patient was only advised to drink more fluids; therefore, it does not meet the criteria in ACS 0002. Assign codes for the breast cancer as per the guidelines in ACS 0236 Neoplasm coding and sequencing.

EXAMPLE 12:

An 84-year-old female was admitted after a fall. CT scan of head, neck and chest revealed multiple fracture of ribs (4-7) on the left side of chest, which were treated conservatively. Her past medical history included ischaemic heart disease, hypertension, chronic obstructive pulmonary diseases (COPD) and falls. On arrival, the patient was examined by the ward nurse, who diagnosed and documented a stage I pressure injury (PI) on the left heel. A wound care treatment plan was commenced.

Principal diagnosis: Fractures of multiple ribs
Additional diagnosis: External cause of injury
Place of occurrence
Activity
Pressure injury, stage I, heel

In this example, the pressure injury meets the criteria in ACS 0002 in the episode of care, as the PI was assessed and diagnosed by a nurse (which is within the scope of nursing practice). Assign U82.3 Hypertension for the hypertension, U82.1 Ischaemic heart disease for the ischaemic heart disease and U83.2 Chronic obstructive pulmonary disease for the COPD (see ACS 0003 Supplementary codes for chronic conditions).
DIAGNOSTIC PROCEDURES

For classification purposes, do not assign an additional diagnosis code based on the performance of routine tests alone, such as (see Example 13):

- routine ARO (Antibiotic Resistant Organisms) screening
- full blood count (FBC)
- functional tests (e.g., liver or kidney function)

An additional diagnosis code can be assigned for a condition if a diagnostic test(s) was ordered specifically to establish a diagnosis or provide greater specificity to an established diagnosis (see Examples 14, 15 & 16).

**EXAMPLE 13:**
Patient with chronic kidney disease (CKD), stage 3 was admitted for a hip hemiarthroplasty for treatment of a femoral neck fracture. Routine day 1 and day 2 postoperative blood tests revealed the patient’s haemoglobin (Hb) levels were slightly below the normal range and kidney function tests (KFTs) were stable. No further investigations or interventions were undertaken during the episode, but on discharge the patient was referred to his general practitioner to follow-up the Hb level and CKD.

Principal diagnosis: Femoral neck fracture
Additional diagnosis: External cause of injury
Place of occurrence: Activity

In this example, the slightly decreased Hb levels and KFTs were obtained from routine post-operative monitoring and there were no further investigations or interventions undertaken during the episode of care for these conditions; therefore, they do not meet the criteria in ACS 0002. Assign U87.1 Chronic kidney disease, stage 3-5 for the CKD (see ACS 0003 Supplementary codes for chronic conditions).

**EXAMPLE 14:**
An elderly patient was admitted with per rectal bleeding. A diagnostic sigmoidoscopy was performed, which confirmed rectal cancer. On admission, routine blood tests showed that the patient’s haemoglobin (Hb) level was 79 g/L. Day 2 progress notes stated “Hb 79, anaemia is likely due to low gastrointestinal bleeding, repeat FBC, EUC for next two days”.

Principal diagnosis: Rectal cancer
Additional diagnosis: Anaemia secondary to blood loss

In this example, the repeat FBC (including Hb) was specifically ordered by a clinician to confirm the diagnosis of anaemia. Therefore, the anaemia meets the criteria in ACS 0002 in this episode of care.

**EXAMPLE 15:**
A 36-year-old obese woman was admitted for a laparoscopic sleeve gastrectomy. During the admission, the patient reported a dull headache accompanied by numbness in the left side of her face. She described the headache as different from her usual migraine attacks and not responding to sumatriptan (self medication). A CT scan of brain was ordered, which did not reveal any abnormality.

Principal diagnosis: Obesity
Additional diagnosis: Headache

In this example, the headache meets the criteria in ACS 0002, as a CT scan of the brain was specifically ordered to investigate the cause of headache (ie the condition required further investigation).
**EXAMPLE 16:**
An 88-year-old woman presented to hospital with increasing shortness of breath secondary to an exacerbation of congestive heart failure (CCF) and asthma. Routine admission screening for ARO (Antibiotic Resistant Organisms) identified that she was MRSA (Methicillin Resistant Staphylococcus Aureus) positive. The infection control team ordered implementation of contact precautions and she remained in single room isolation. Her CCF and asthma responded well to treatment with nebulised salbutamol and diuresis.

<table>
<thead>
<tr>
<th>Principal diagnosis:</th>
<th>Congestive heart failure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional diagnosis:</td>
<td>Asthma</td>
</tr>
<tr>
<td></td>
<td>Carrier of other specified bacterial diseases</td>
</tr>
<tr>
<td></td>
<td>Resistance to methicillin</td>
</tr>
</tbody>
</table>

In this example, although ARO screening was routine, the positive MRSA status meets the criteria in ACS 0002 in the episode of care, as there was an infection control protocol implemented for the patient.

**INCREASED CLINICAL CARE**

**Conditions are not significant** in an episode of care when clinical care provided for a condition is routine in nature. Examples of routine clinical care include:

- general nursing care, such as administration of medications, dietary check, recording of fluid balance (intake and output), management of incontinence (eg urinary and bowel), pressure area prevention and skin care, assisting with activities of daily living and mobilisation (see Example 17)
- assessment of vital signs (including pulse, blood pressure, temperature and oxygen saturation), blood glucose levels (BGLs), electrolyte balance, haemoglobin levels and routine functional tests (eg liver and kidney function) (see Examples 13)
- assessment of pre-existing conditions without a documented care plan specifically for these conditions (eg routine preoperative anaesthetist assessment, routine allied health assessment such as physiotherapy assessment of Parkinson’s disease, with no documented care plan or treatment commenced)
- pre and postoperative management, such as withholding medications prior to an intervention, checking drain/catheters, monitoring and management of pain levels and bowel function, deep venous thrombosis and pressure injury prophylaxis (see Example 19)

**Conditions are significant** in an episode of care when clinical care provided for a condition is beyond routine (ie increased clinical care). Examples of increased clinical care include:

- providing care for a condition that is in excess of the routine care that would normally be provided by medical officer/nursing/allied health for that condition (eg documented evidence that the patient with dementia requires increased observation due to fluctuation in behaviour, cognition and physical condition)
- receiving clinical consultation for a condition with documentation of a clinical assessment, a diagnostic statement, or a care plan for the condition (eg patient referral to an oncologist for cancer assessment with documentation of advice received; wound specialist/nurse assessment of pressure injury with documentation of staging of pressure injury and care plan). Note that a care plan may include an adjustment to, or continuation of, the current treatment plan, or transfer to another facility with documentation of the reason(s) for transfer (see Examples 12, 21 & 22)
- performance of a therapeutic intervention for a condition (eg dialysis for end-stage renal failure, pharmacotherapy for multiple sclerosis) (see Examples 4, 5, 6 & 7)
- pre and postoperative management in excess of routine care (see also ACS 1904 Procedural complications) (see Examples 18 & 20)
EXAMPLE 17:
An 86-year-old man was admitted with community acquired pneumonia. Patient had a long history of urinary incontinence. During the admission, his incontinence pads were changed regularly and zinc oxide cream applied daily to his skin, by the nurse.
Principal diagnosis: Pneumonia
In this example, the management of the patient’s urinary incontinence and skin is routine care; therefore, it does not meet the criteria in ACS 0002.

EXAMPLE 18:
Patient admitted for laparoscopic hysterectomy for a thickened endometrium. Postoperatively the patient reported repeated incidences of involuntary passage of urine since the removal of an indwelling catheter. The clinical team assessed the patient and noted in the progress notes, “Developed urinary incontinence 2 days post hysterectomy. Patient denied dysuria, haematuria, faecal incontinence or history of urinary incontinence. Risk factors: overweight, menopause and post-hysterectomy. Physical examinations including neurological screening were unremarkable. Plan: blood and urinalysis to rule out urinary tract infection; bladder ultrasound scan to measure post-void residual urine; strict input/output record and continence chart; nurse to assist with toileting; urological referral if problem persists”. Urinalysis was negative for urinary tract infection. Ultrasound estimation of post-void residual urine was negligible. Patient’s symptoms were largely resolved at discharge.
Principal diagnosis: Thickened endometrium
Additional diagnosis: Urinary incontinence
In this example, the urinary incontinence meets the criteria in ACS 0002 in the episode of care, as clinical consultation was undertaken and diagnostic procedures were performed.

EXAMPLE 19:
A 77-year-old man was admitted for a repair of an inguinal hernia. Day 2 postoperative progress notes: “constipation – aperients given”. Day 3 postoperative nursing notes: “diarrhoea due to aperients overload and aperients withheld”. No further investigations undertaken during the episode.
Principal diagnosis: Inguinal hernia
In this example, the monitoring and management of bowel function during the postoperative period is routine care and withholding aperients is a nurse-initiated intervention; therefore, neither constipation nor diarrhoea meet the criteria in ACS 0002 in the episode of care.

EXAMPLE 20:
An elderly patient was admitted for cholecystectomy for chronic cholecystitis. Day 3 post cholecystectomy progress notes: “patient reported ongoing abdominal pain and no bowel motions for the previous three days, despite administration of laxatives”. Physical examinations revealed a distended abdomen with a firm, large bloated appearance. Abdominal x-ray confirmed no bowel obstruction, but a large amount of faecal material was seen in the large bowel. Fleet enemas were charted to relieve the constipation.
Principal diagnosis: Chronic cholecystitis
Additional diagnosis: Constipation
In this example, the constipation is a significant condition during the episode of care, as it required investigation (ie abdominal x-ray) and an intervention was undertaken; therefore, it meets the criteria in ACS 0002.
EXAMPLE 21:
Patient with metastatic endometrial cancer was admitted for unstable angina. During the hospital stay, the patient developed per-vaginal (PV) bleeding, secondary to her endometrial cancer. A radiation oncologist was consulted over the phone for advice on whether urgent radiation therapy was required. Documentation indicated that the radiation oncologist advised that the patient had been assessed as unsuitable for radiation therapy.
Principal diagnosis: Unstable angina
Additional diagnosis: Endometrial cancer
Morphology code for endometrial cancer
In this example, the endometrial cancer meets the criteria in ACS 0002 in the episode of care, as clinical consultation was undertaken specifically for the condition (Note: telephone consultation with clear documentation of the information exchange is regarded as clinical consultation).

EXAMPLE 22:
A 55-year-old man presented with lower respiratory infection on background of chronic obstructive pulmonary disease. He was commenced on Bactrim BD and physiotherapy performed. On the second day of the admission, the patient complained of having chest tightness since arrival to the hospital. He described the pain as constant, but not radiating. Nurse consulted the treating clinician over the phone and documented “team doctor advised over the phone to administer PRN GTN 300mcg. ECG was performed. Patient states that pain was not relieved with PRN oral GTN, so was given further GTN 300mcg as per team instruction. Patient remains saturating well and telemetry is in situ”. Patient responded well to the treatment and was discharged home.
Principal diagnosis: Chronic obstructive pulmonary disease with acute lower respiratory infection
Additional diagnosis: Chest pain
In this example, the chest pain meets the criteria in ACS 0002 in the episode of care, as clinical consultation was undertaken specifically for the condition (Note: telephone consultation with clear documentation of the information exchange is regarded as clinical consultation).

SYMPTOMS, SIGNS AND ILL-DEFINED CONDITIONS
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. Clinical coders should ensure they meet the criteria in ACS 0002 (see also Note at the beginning of Chapter 18 Symptoms, signs and abnormal clinical findings, not elsewhere classified).

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 23:
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: Fractured hip
Additional diagnoses: Ascites
Liver disease
Procedure: Drainage of ascites
ASSESSMENTS

Conditions documented during a clinical assessment (e.g., 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 the criteria 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.

For classification purposes, a number of conditions have been identified as mandatory for coding. Examples of conditions requiring mandatory code assignment include:
- HIV/AIDS (see ACS 0102 HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome))
- viral hepatitis (see ACS 0104 Viral hepatitis)
- diabetes mellitus and intermediate hyperglycaemia (see ACS 0401 Diabetes mellitus and intermediate hyperglycaemia)
- tobacco use disorders (see ACS 0503 Drug, alcohol and tobacco use disorders)

A number of speciality standards direct coders to assign additional diagnosis codes for certain conditions or statuses that do not normally meet the criteria in ACS 0002. Examples of these conditions or statuses include multiple injuries, carrier status, and ‘flag’ codes such as duration of pregnancy and outcome of delivery.

SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS

Assign a code from U78-U88 Supplementary codes for chronic conditions for certain chronic conditions that are present on admission but do not meet the criteria for coding as outlined in this standard, or other speciality standards. See also ACS 0003 Supplementary codes for chronic conditions.

See also ACS 0049 Disease codes that must never be assigned.
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 0051  Same-day endoscopy diagnostic
- ACS 0102  HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome)
- 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 1500  Diagnosis sequencing in delivery episodes of care
- ACS 1511  Termination of pregnancy
- ACS 1521  Conditions and injuries in pregnancy
- ACS 1544  Complications following abortion and ectopic and molar pregnancy
- ACS 1548  Puerperal/postpartum condition or complication
- ACS 1549  Streptococcal group B infection/carrier in pregnancy
- ACS 1607  Newborn/neonate
- ACS 1807  Acute and chronic pain
- ACS 2118  Exposure to tobacco smoke

**ACUTE ON CHRONIC CONDITIONS**

See guidelines in ACS 0001 Principal diagnosis/Acute on 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 Clinical documentation and general abstraction guidelines/Test results and medication charts).

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 qualify for code assignment under ACS 0002 Additional diagnoses.

**EXAMPLE 24:**

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

In this example, as the liver lesion does not meet the criteria in ACS 0002 in this episode of care, therefore, it is not coded.

**EXAMPLE 25:**

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

In this example, as the skin lesion does not meet the criteria in ACS 0002 in this episode of care, therefore, it is not coded.
EXAMPLE 264:
Patient was admitted for laparoscopy for fibroid uterus. During the laparoscopy, a tumour was noted on the sigmoid colon. Clinicians attempt to remove the colonic 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 tumour after discharge.

Principal diagnosis: Fibroid uterus
Additional diagnosis: Colon lesion tumour

In this example, the colon tumour lesion has met the criteria in ACS 0002 in this episode of care due to the attempt to remove the tumour intraoperatively; therefore, and it 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. Assign codes for abnormalities noted during a newborn examination only when they meet the criteria in ACS 0002, or another ACS (see also ACS Chapter 16 Certain conditions originating in the perinatal period).

EXAMPLE 275:
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 286:
Singleton born at 38 weeks (2840g). Newborn examination noted talipes of the left foot. No additional care was required during the admitted episode of care 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 297:
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.

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 obstetric 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.
FAMILY AND PERSONAL HISTORY AND CERTAIN CONDITIONS INFLUENCING HEALTH STATUS (Z80-Z99)

Assign additional diagnosis codes for a personal or family history of diseases and disorders, or statuses (e.g., artificial opening, organ transplantation, presence of functional implants, graft or other device, dependence on enabling machines or devices) classified to categories Z80-Z99, when they are relevant to a condition being managed or an intervention being performed in the current episode of care.

**EXAMPLE 30:**
Patient admitted with right knee pain and reduced mobility post trauma 2 weeks ago. He had a right total knee replacement 3 years ago. Knee, femur and pelvis X-rays and CT of the knee demonstrated no concerning features and no periprosthetic fracture. During the admission, he was reviewed by the physiotherapist and the acute pain service, who prescribed Celecoxib 100mg BD for pain management.
Principal diagnosis: Knee pain
Additional diagnosis: Presence of knee implant

In this example, a code for presence of a knee implant is assigned, as it is relevant to the condition (right knee pain) being managed in the current episode of care.

**EXAMPLE 31:**
A young woman was referred by her GP for deinfibulation of her vulva due to female genital mutilation (FGM) at 5 years old.
Principal diagnosis: Other specified noninflammatory disorders of vulva and perineum
Additional diagnosis: Personal history of female genital mutilation

In this example, a code for the personal history of FGM is assigned, as it is relevant to the intervention (deinfibulation of vulva) being performed in the current episode of care.

Note: This example is provided to support the reporting of female genital mutilation (FGM) within the National Plan to Reduce Violence against Women and their Children 2010-2022.
0003 SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS

Codes from U78.- to U88.- are to be assigned for chronic conditions that are present on admission, however the condition does not meet the criteria for coding (as instructed in ACS 0002 Additional diagnoses and other general and specialty coding standards, coding conventions, and coding rules). These codes are for temporary use in Australia to generate data, which will be utilised to review the coding of additional diagnoses. The codes are mapped so as not to be included in the grouping for Diagnosis Related Group (DRG) allocation.

There is a discrete list of chronic conditions represented in the code range U78.- to U88.-. Therefore, not all chronic conditions will be assigned a supplementary code. The supplementary codes for chronic conditions are listed in the ICD-10-AM Alphabetic Index under the pathway Supplementary/codes for chronic conditions.

0016 GENERAL PROCEDURE GUIDELINES

DEFINITION

A procedure is defined as “a clinical intervention represented by a code that:

• is surgical in nature, and/or
• carries a procedural risk, and/or
• carries an anaesthetic risk, and/or
• requires specialised training, and/or
• requires special facilities or equipment only available in an acute care setting” (METeOR: 514040)

(Australian Institute of Health and Welfare 20164).

0052 SAME-DAY ENDOSCOPY – SURVEILLANCE

CLASSIFICATION

Assign as additional diagnosis:

• 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 related to family and personal history and certain conditions influencing health status for any personal or family history as appropriate (see Examples 1, 2, 3 and 6). See also ACS 2112 Personal history.0002 Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99).
• codes from Z08 or Z09 Follow-up examination after treatment for... or Z11, Z12 and Z13 Special screening examination for... as appropriate. That is, these codes may be assigned to reflect where a patient undergoes multiple endoscopies for different purposes within the same episode of care, and no condition is detected for one of the endoscopies (see Example 14).
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:  
Z12.1 Special screening examination for neoplasm of intestinal tract  
Z80.0 Family history of malignant neoplasm of digestive organs

0104 VIRAL HEPATITIS

CLASSIFICATION

Viral hepatitis should always be coded when documented except when hepatitis C is documented with terms such as 'cured', 'cleared' or 'with SVR', see 4. Cured/cleared hepatitis C below.

When documentation is unclear or ambiguous terms such as 'hepatitis B', 'hepatitis C', 'hepatitis D', 'hepatitis B positive', 'hepatitis C positive' or 'hepatitis D positive' are documented, verify with the clinician if the disease is at the acute or chronic stage.

Where consultation is not possible, assign the following code for:
- hepatitis B: B18.1 Chronic viral hepatitis B without delta-agent
- hepatitis C: B18.2 Chronic viral hepatitis C
- hepatitis D: B18.0 Chronic viral hepatitis B with delta-agent

1. Past history of hepatitis
- A past history code may be assigned for hepatitis A or hepatitis E when hepatitis A or hepatitis E is cured but the personal history is relevant to the current episode of care (see also 2112 Personal history).

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):

<table>
<thead>
<tr>
<th>CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition</td>
</tr>
</tbody>
</table>

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 21
<table>
<thead>
<tr>
<th>Viral Hepatitis/type</th>
<th>Code/description</th>
<th>General guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>B15.0  <em>Hepatitis A with hepatic coma</em></td>
<td>• Assign Z86.18 <em>past history of hepatitis A may be assigned when hepatitis A is cured but the history is relevant to the current episode of care</em> meets ACS 2112 <em>Personal history.</em></td>
</tr>
<tr>
<td></td>
<td>B15.9  <em>Hepatitis A without hepatic coma</em></td>
<td>• Where hepatitis A complicates the pregnancy, childbirth or the puerperium, assign O98.4 and an additional code of B15.0 or B15.9.</td>
</tr>
<tr>
<td></td>
<td>O98.4  <em>Viral hepatitis in pregnancy, childbirth and the puerperium</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Z86.18 <em>Personal history of other infectious and parasitic disease</em></td>
<td></td>
</tr>
</tbody>
</table>

| Hepatitis E         | B17.2  *Acute hepatitis E* | • Assign Z86.18 *past history of hepatitis E may be assigned when hepatitis E is cured but the history is relevant to the current episode of care* meets ACS 2112 *Personal history.* |
|                     | B18.8  *Other chronic viral hepatitis* | • Where hepatitis E complicates the pregnancy, childbirth or the puerperium, assign O98.4 and an additional code of B17.2 or B18.8. |
|                     | O98.4  *Viral hepatitis in pregnancy, childbirth and the puerperium* | |
|                     | Z86.18 *Personal history of other infectious and parasitic disease* | |

4. **Cured/cleared hepatitis C**

When terms such as 'cured hepatitis C', 'cleared hepatitis C' or 'hepatitis C with SVR' are documented and the patient has:

- **manifestations**: assign code(s) for the manifestation(s) and B94.2 *Sequelae of viral hepatitis* when the manifestation(s) meet criteria for coding as per ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses* (see also 3. *Manifestations of hepatitis* above).

- **no manifestations**: assign Z86.18 *Personal history of other infectious and parasitic disease* when the personal history is relevant to the current episode of care meets ACS 2012 *Personal history.*

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**0111 HEALTHCARE ASSOCIATED STAPHYLOCOCCUS AUREUS BACTERAEMIA**

The documentation of healthcare associated *Staphylococcus aureus* bacteraemia in clinical records and subsequent unique code assignment will allow for the collection of an important performance indicator in the National Healthcare Agreement (METeOR: 517636) (Australian Institute of Health and Welfare 2014).

**DEFINITION**

*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 (cerebrospinal fluid) shunt, urinary catheter)
- SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site
- An invasive instrumentation or incision related to the SAB was performed within 48 hours
- SAB is associated with neutropenia (neutrophils <1 x 10⁹/L) contributed by cytotoxic therapy” (METeOR: 517036) (Australian Institute of Health and Welfare 2018).

0236 NEOPLASM CODING AND SEQUENCING

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.

If the episode of care is for follow-up care, the malignancyneoplasm 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 and ACS 2114 Prophylactic surgery).

- Where there is history of /follow-up for a neoplasm, and a secondary (metastatic) neoplasm is diagnosed, assign:
  - a code for the metastatic site with the appropriate morphology code
  - a code for the primary neoplasm with the appropriate morphology code.

- Assign a code from category Z85 Personal history of malignant neoplasm as an additional diagnosis only if the neoplasm is completely resolved and the history is relevant to the current episode of care.

0303 ABNORMAL COAGULATION PROFILE DUE TO ANTIMOAGULANTS

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.

Codes: J44.9  Chronic obstructive pulmonary disease, unspecified
       R79.83 Abnormal coagulation profile
       Y44.2 Anticoagulants causing adverse effects in therapeutic use
0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA

CURED OR QUIESCENT DM/DM IN REMISSION

CLASSIFICATION

1. T2DM successfully managed by treatment of obesity, may revert to a lower level of IH or even to normal glucose homeostasis. In such instances assign a code for IH (E09.-) or Z86.3 Personal history of endocrine, nutritional and metabolic diseases.

2. DM due to an underlying endocrinopathy, drug or chemical treatment may be resolved or revert to a lower level of IH following successful control or cure of the endocrinopathy or cessation of the medication. In such instances assign the appropriate code for IH (E09.-) or Z86.3 Personal history of endocrine, nutritional and metabolic diseases.

3. When T1DM is successfully treated with pancreatic or pancreatic islet cell transplantation, assign the appropriate T1DM complication code(s), if any apply, with Z94.8 Other transplanted organ and tissue status.

See also ACS 2112 Personal history, ACS 0002 Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99).

0936 Cardiac Pacemakers and Implanted Defibrillators

... CLASSIFICATION ...

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

T82.8 Other specified 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 or defibrillator status:
• assign Z95.0 Presence of cardiac device when the status meets the criteria in ACS 0002 Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99).

• assign Z45.0 Adjustment and management of cardiac device when the pacemaker requires adjustment or management during the episode of care. 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

CLASSIFICATION

... 

Old myocardial infarction (I25.2)

I25.2 Old myocardial infarction is essentially a 'history of' code, even though it is not included in the Z code chapter. It should be assigned as an additional diagnosis code only if all of the following criteria apply:

• the 'old' myocardial infarction occurred more than four weeks (28 days) ago; AND
• the patient is currently not receiving care (observation, evaluation or treatment) for their 'old' myocardial infarction; and AND
• the 'old' myocardial infarction meets the criteria in ACS 2112 Personal history 0002 Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99).

Chronic ischaemic heart disease, unspecified (I25.9)

If there is a history of previous coronary artery bypass surgery or coronary angioplasty, assign codes Z95.1 Presence of aortocoronary bypass graft or Z95.5 Presence of coronary angioplasty implant and graft only when such a status is significant in the current episode of care meets the criteria in ACS 0002 Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99).

....

1605 CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

DEFINITION

In Australia:

“The perinatal period commences at 20 completed weeks (140 days) of gestation and ends 28 completed days after birth” The perinatal period is defined in Australia as:

“The perinatal period commences at 20 completed weeks (140 days) of gestation and ends 28 completed days after birth” (METeOR: 327314) (Australian Institute of Health and Welfare 200514).
1607 NEWBORN/NEONATE

DEFINITION

A neonate is a liveborn who is less than 28 days old.

The neonatal period is defined in Australia as:
“…exactly four weeks or 28 completed days, commencing on the date of birth (day 0) and ending on the completion of day 27. For example, a baby born on 1 October remains a neonate until completion of the four weeks on 28 October and is no longer a neonate on 29 October” (METeOR: 327284) (Australian Institute of Health and Welfare 200512).

1808 INCONTINENCE

Incontinence is clinically significant when the incontinence:
• is not clinically considered to be physiologically normal,
• is not clinically considered to be developmentally normal, or
• is persistent in a patient with significant disability or mental retardation.

Urinary and faecal incontinence codes (R32 Unspecified urinary incontinence, R15 Faecal incontinence) should be assigned only when the incontinence is persistent prior to admission, is present at discharge or persists for at least seven days.

1904 PROCEDURAL COMPLICATIONS

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:
Y92.23  Place of occurrence, health service area, not specified as this facility OR
Y92.24  Place of occurrence, health service area, this facility

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

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
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).

**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.

**2114 PROPHYLACTIC SURGERY**

CLASSIFICATION

When prophylactic surgery is performed for risk factors, an appropriate code from category Z40 Prophylactic surgery should be assigned as the principal diagnosis. The specific type of risk factor (eg personal history of disease, family history of cancer), should be sequenced as an additional diagnosis.

For prophylactic surgery performed in the absence of disease or risk factor, or when a more definitive diagnosis cannot be abstracted from the clinical record, assign Z40.0- Prophylactic surgery for risk-factors related to malignant neoplasms or Z40.8 Other prophylactic surgery as the principal diagnosis alone.

Refer to ACS 0236 Neoplasm coding and sequencing and ACS 0002 Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99) 2112 Personal history for code assignment relating to neoplasms.

**EXAMPLE 1:**
Patient has a strong family history of breast cancer and was admitted for prophylactic bilateral total mastectomy.

Codes:  
Z40.00 Prophylactic surgery for risk-factors related to malignant neoplasms, breast  
Z80.3 Family history of malignant neoplasm of breast  
31518-01 Simple mastectomy, bilateral

**EXAMPLE 2:**
Patient admitted for prophylactic laparoscopic bilateral salpingo-oophorectomy after being found to have the BRCA2 gene fault on predictive gene testing. Patient has a past history of breast carcinoma with left mastectomy 28 years ago.

Codes:  
Z40.01 Prophylactic surgery for risk-factors related to malignant neoplasms, ovary  
Z85.3 Personal history of malignant neoplasm of breast  
35638-12 Laparoscopic salpingo-oophorectomy, bilateral

(See also ACS 2112 Personal history.)

**1336 HYPERTONIA**
Hypertonia (R25.2 Cramp and spasm) should only be coded if stated by the clinician as clinically significant.

1342 HYPERREFLEXIA

Hyperreflexia (R29.2 Abnormal reflex) should only be coded if stated by the clinician as clinically significant.

STANDARDS INDEX

Diagnosis (in)
... - principal (for) 0001 - acute care, with - mental health 0012 - nursing home type 2105 - rehabilitation 2104 - angina 0940 - assessment 2108 - burns 1911 - convalescence 2103; 2104 - non-acute 2117 - post acute 2103 - delivery - episodes of care 1500 - prior to admitted episode of care 1548 - dialysis 0001; 1404 - endoscopy, same-day 0051; 0052 - febrile convulsion 1809 - history of malignancy 21120002

History - abuse/maltreatment 1909 - family - mental/behavioural disorder 0520 - screening for 0052 - personal (of) 21120002 - screening for 0052

Hypertonia 1336

Hyperlipidaemia - with diabetes mellitus 0401

Hyperreflexia 1342

Hypertension 0925

Incontinence 1808

Neoplasm(s) 0236 - follow-up 0052 - history 21120002 - lip 0241 - metastases 0239
REFERENCES


Introduction/Rationale:

This addenda proposal is the result of two queries which highlighted that:

- the title of ACS 0011 Admission for surgery not performed is inappropriate, as one of the examples is about the cancellation of chemotherapy, which is not a surgical procedure
- the concept of procedures ‘abandoned’ after surgery has been initiated cannot be clearly classified.

ACCD proposes to create a code to classify the concept of procedures ‘abandoned’ after surgery has been initiated, and make amendments to ACS 0011 Admission for surgery not performed and ACS 0019 Procedure not completed or interrupted.
ACCD PROPOSAL

Tabular List

Z53 Persons encountering health services for specific procedures, not carried out

| Z53.0 Procedure not carried out because of contraindication
| Z53.1 Procedure not carried out because of patient's decision for reasons of belief or group pressure
| Z53.2 Procedure not carried out because of patient's decision for other and unspecified reasons
| Z53.3 Procedure abandoned after initiation

Alphabetic Index

Aarskog's syndrome Q87.19
Abandoned procedure, after initiation Z53.3
Abandonment T74.0

Procedure (surgical)
- for purpose other than remedying health state Z41.9
- - specified NEC Z41.89
- - abandoned after initiation Z53.3
- elective (see also Surgery/elective) Z41.9
- - ear piercing Z41.3
- - specified NEC Z41.89
- maternal (unrelated to current delivery), affecting fetus or newborn P00.6
- - nonsurgical (medical) P00.7
- not done Z53.9
- - abandoned after initiation Z53.3
- - because of
- - - administrative reasons Z53.8
- - - contraindication Z53.0
- - - patient's decision NEC Z53.2
- - - for reasons of belief or group pressure Z53.1
- - - specified reason NEC Z53.8

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Australian Coding Standards

0001 PRINCIPAL DIAGNOSIS

ORIGINAL TREATMENT PLAN NOT CARRIED OUT

Sequence as the principal diagnosis the condition which after study occasioned the admission to the hospital, even though treatment may not have been carried out due to unforeseen circumstances (see ACS 0011 Admission for surgery: Intervention not performed or cancelled).

0011 ADMISSION FOR SURGERY INTERVENTION NOT PERFORMED OR CANCELLED

If a patient is admitted to hospital for surgery which for some reason has not been performed and the patient is discharged, code as follows:

Note: If an intervention was initiated but abandoned after initiation, see ACS 0019 Intervention abandoned, interrupted or not completed.

1. If a patient was admitted to a facility for an intervention that was not undertaken (or initiated) and the patient was discharged, classify as follows:

A. If surgery the intervention (for a specific documented condition) was not carried out due to an administrative problem, assign:
   - a code for the condition requiring the intervention, as principal diagnosis
   - Z53.8 Procedure not carried out for other reasons, as an additional diagnosis

   EXAMPLE 1:
   Patient admitted for insertion of grommets for glue ear. Surgery postponed due to unavailability of surgeon.
   Codes: H65.3 Chronic mucoid otitis media
          Z53.8 Procedure not carried out for other reasons

B. If the intervention (for a specific documented condition) was not carried out due to another condition or complication, assign:
   - a code for the condition requiring the intervention, as principal diagnosis
   - Z53.0 Procedure not carried out because of contraindication, as an additional diagnosis
   - a code for the condition responsible for the cancellation of the intervention, as an additional diagnosis

   EXAMPLE 2:
   Patient admitted with tonsillitis for a tonsillectomy. Surgery postponed as the patient had an upper respiratory tract infection (URTI) 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
Where a Z code would normally be assigned as principal diagnosis to capture identify the reason for hospitalisation and due to another condition or complication the surgery intervention was cancelled, assign:

- an appropriate Z code for the reason for admission as principal diagnosis
- Z53.0 Procedure not carried out because of contraindication, as an additional diagnosis
- a code for the condition responsible for the cancellation of the intervention, as an additional diagnosis.

**EXAMPLE 2:**
Patient admitted for same-day pharmacotherapy for neoplasm. Patient was dehydrated had a cold and the procedure was cancelled.

Codes:  
- Z51.1 Pharmacotherapy session for neoplasm  
- Z53.0 Procedure not carried out because of contraindication  
- E86 Volume depletion  
- J00 Acute nasopharyngitis [common cold]

See also ACS 0044 Pharmacotherapy

**EXAMPLE 3:**
Admission for creation of arteriovenous fistula, procedure cancelled due to unavailability of surgeon.

Codes:  
- Z49.0 Preparatory care for dialysis  
- Z53.8 Procedure not carried out for other reasons

**EXAMPLE 4:**
Patient admitted with tonsillitis for a tonsillectomy. Surgery postponed due to an upper respiratory tract infection (URTI) 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

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
2. If a patient is admitted to a facility for an intervention that was not undertaken (or initiated) due to another condition or complication, and the patient requires ongoing inpatient care for that other condition assign:
   - a code for the condition responsible for the cancellation of the intervention, as principal diagnosis
   - a code for the condition that required the cancelled intervention, or appropriate Z code for the reason for admission, as an additional diagnosis
   - Z53.0 Procedure not carried out because of contraindication, as an additional diagnosis.

EXAMPLE 5:
Patient admitted for dilation and curettage (D&C) due to investigation of postmenopausal bleeding. On admission, the patient was diagnosed with pneumonia and the D&C was cancelled. Patient remained in hospital for six days for intravenous (IV) antibiotics to treat the pneumonia.

Codes:  
- J18.9 Pneumonia, unspecified  
- N95.0 Postmenopausal bleeding  
- Z53.0 Procedure not carried out because of contraindication

EXAMPLE 5:
Patient with breast cancer was admitted for same-day chemotherapy. The chemotherapy session was cancelled as the patient was anaemic. The patient was transfused with two units of packed cells and discharged home that afternoon.

Codes:  
- D64.9 Anaemia, unspecified  
- Z51.1 Pharmacotherapy session for neoplasm  
- C50.9 Breast, unspecified  
- M8000/3 Neoplasm, malignant  
- Z53.0 Procedure not carried out because of contraindication  
- 13706-02 [1893] Administration of packed cells

EXAMPLE 6:
Patient with osteoarthritis admitted for arthroscopy of the knee. The procedure is cancelled when the patient complained of chest pain on admission. The patient was seen by a cardiologist, blood tests and an ECG were performed, but no cause was found for the chest pain. The patient was discharged the following day and the arthroscopy was rescheduled.

Codes:  
- R07.4 Chest pain, unspecified  
- M17.1 Other primary gonarthrosis  
- Z53.0 Procedure not carried out because of contraindication

3. If a patient was admitted to a facility for an intervention that was delayed, but was later undertaken during the same episode of care, do not assign a code from category Z53 Persons encountering health services for specific procedures, not carried out.
PROCEDURE NOT COMPLETED OR INTERRUPTED
INTERVENTION ABANDONED, INTERRUPTED OR NOT COMPLETED

If a surgical procedure was interrupted or not completed for any reason, code to the extent of the procedure performed.

EXAMPLE 1:
If a laparotomy had been done in order to perform an appendicectomy, but the appendicectomy was not done due to the patient having a cardiac arrest, code only laparotomy.

Code: 30373-00 [985] Exploratory laparotomy

Clinical coders should be cautious when a procedure is recorded as ‘failed’ (e.g. 'failed CDE’ can mean that the common bile duct was explored but that the dye could not be inserted). In such circumstances, the procedure should be coded.

Note: ACHI provides a code for failed forceps delivery, 90468-05 [1337] Failed forceps which mean that the expected outcome was not achieved (i.e. delivery of the baby was not achieved using forceps).

MINIMALLY INVASIVE (KEYHOLE) PROCEDURE PROCEEDING TO OPEN PROCEDURE

When an intended minimally invasive procedure proceeds to an open procedure, assign first a code for the open procedure followed by the appropriate code below:

- 90343-00 [1011] Endoscopic procedure proceeding to open procedure
- 90343-01 [1011] Laparoscopic procedure proceeding to open procedure, or

Note: While codes 90343-00 and 90343-01 are located in Chapter 10 Procedures on digestive system they can be used with other codes not located in this chapter to identify endoscopic or laparoscopic procedures which proceed to open procedures.

Note: These codes should not be used for diagnostic endoscopy/laparoscopy/arthroscopy.

If the conversion was the result of a procedural complication, code also the complication as per the guidelines in ACS 1904 Procedural complications.

EXAMPLE 2:
Attempted endoscopic release of carpal tunnel, converted to open procedure.

Codes: 39331-01 [76] Release of carpal tunnel
       90343-00 [1011] Endoscopic procedure proceeding to open procedure

EXAMPLE 3:
A laparoscopically assisted vaginal hysterectomy proceeding to total abdominal hysterectomy.

Codes: 35653-01 [1268] Total abdominal hysterectomy
       90343-01 [1011] Laparoscopic procedure proceeding to open procedure

EXAMPLE 4:
Laparoscopic removal of the gallbladder. Extensive adhesions were encountered and the procedure proceeded to an open cholecystectomy.

Codes: 30443-00 [965] Cholecystectomy
       90343-01 [1011] Laparoscopic procedure proceeding to open procedure
An intervention may be abandoned, interrupted or not completed due to unanticipated circumstances. This means the intervention may not progress beyond administration of anaesthesia, initial incision or inspection/exploration.

If an intervention was abandoned, interrupted or not completed assign:

- a code for the condition requiring the intervention (principal diagnosis)
- Z53.3 Procedure abandoned after initiation, as an additional diagnosis
- a code for the condition or complication responsible for the abandonment of the intervention, as an additional diagnosis, if applicable
- ACHI codes as applicable, coded to the extent of the intervention performed

**Note:** the appropriate COF code is listed before the codes in each example.

**EXAMPLE 1:**
Patient admitted for a laparoscopic appendicectomy under general anaesthesia (GA), for acute appendicitis. The surgeon performed a laparoscopy, but the appendicectomy was not performed due to the patient having a cardiac arrest on the operating table. CPR was performed successfully.

Codes:
- (2) K35.8 Acute appendicitis, other and unspecified
- (1) Z53.3 Procedure abandoned after initiation
- (1) I46.0 Cardiac arrest with successful resuscitation
- 30390-00 [984] Laparoscopy

**EXAMPLE 2:**
Patient admitted with an adenocarcinoma of the descending colon for a left hemicolectomy (under GA, ASA 3). An exploratory laparotomy was performed, but the abdomen was closed without resection, due to extensive metastases in the peritoneal cavity.

Codes:
- (2) C18.6 Malignant neoplasm of descending colon
- (2) M8140/3 Adenocarcinoma NOS
- (2) C78.6 Secondary malignant neoplasm of retroperitoneum and peritoneum
- (2) M8140/6 Adenocarcinoma metastatic NOS
- (1) Z53.3 Procedure abandoned after initiation
- 30373-00 [985] Exploratory laparotomy

**FAILED INTERVENTIONS**

Clinical coders should be cautious when an intervention is documented as 'failed'. It could mean that certain components of the intervention may not be carried out successfully but the expected outcome may have been achieved. In these circumstances, do not assign Z53.3 Procedure abandoned after initiation, but assign an ACHI code for the intervention performed.

Note: ACHI codes for failed obstetric interventions (eg 90468-05 [1337] Failed forceps delivery or 90469-01 [1338] Failed vacuum assisted delivery), are assigned when the expected outcome was not achieved (ie delivery by forceps or vacuum assistance was attempted but not achieved). In these cases, do not assign Z53.3 Procedure abandoned after initiation. See also ACS 1505 Delivery and assisted delivery codes.
EXAMPLE 3:
A patient admitted with known CAD (coronary artery disease) for a coronary angiogram (under sedation). The initial approach via the right femoral artery failed, but the surgeon proceeded via the right radial artery, and the coronary angiogram was performed successfully.

Codes: (2) I25.11 Atherosclerotic heart disease of native coronary artery
38215-00 [668] Coronary angiography
92515-99 [1910] Sedation ASA 99

MINIMALLY INVASIVE (KEYHOLE) INTERVENTION PROCEEDING TO OPEN INTERVENTION

When an intended minimally invasive intervention proceeds to an open intervention, assign first a code for the open intervention followed by an appropriate code below:

- 90343-00 [1011] Endoscopic procedure proceeding to open procedure
- 90343-01 [1011] Laparoscopic procedure proceeding to open procedure

Note: While codes 90343-00 and 90343-01 are located in Chapter 10 Procedures on digestive system they are assigned with codes from any chapter to identify an endoscopic or laparoscopic intervention proceeding to an open intervention.

EXAMPLE 4:
Patient admitted with carpal tunnel syndrome for endoscopic release of carpal tunnel under GA. During the intervention, the surgeon decided to convert to an open procedure.

Codes: (2) G56.0 Carpal tunnel syndrome
39331-01 [76] Release of carpal tunnel
90343-00 [1011] Endoscopic procedure proceeding to open procedure

EXAMPLE 5:
Patient admitted with menorrhagia for a laparoscopically assisted vaginal hysterectomy under GA. During the intervention, the surgeon decided to proceed to an open total abdominal hysterectomy.

Codes: (2) N92.0 Excessive and frequent menstruation with regular cycle
35653-01 [1268] Total abdominal hysterectomy
90343-01 [1011] Laparoscopic procedure proceeding to open procedure

EXAMPLE 6:
Patient with a bucket handle tear of the posterior horn of the right medial meniscus was admitted for an arthroscopic meniscectomy under GA. After arthroscopic examination, the procedure proceeded to an open meniscectomy due to anatomical difficulties.

Codes: (2) M23.22 Derangement of posterior horn of medial meniscus due to old tear or injury
49503-00 [1505] Meniscectomy of knee
90613-00 [1579] Arthroscopic procedure proceeding to open procedure
Introduction/Rationale:

This task was created to address minor issues with ACS 0303 *Abnormal coagulation profile due to anticoagulants* identified in another Eleventh Edition addenda proposal.

ACCD PROPOSAL

Australian Coding Standards

**0303 ABNORMAL COAGULATION PROFILE DUE TO ANTICOAGULANTS**

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.

- Z92.1 *Personal history of long term (current) use of anticoagulants* is assigned as an additional diagnosis if a patient is on long term anticoagulants and:
  - bridging anticoagulant therapy is administered prior to or following a planned procedure, or
  - anticoagulant therapy is withheld because the patient has a medical condition that contraindicates the continued use of anticoagulants, or
  - anticoagulant level monitoring is undertaken during an episode of care and the INR level is within the target therapeutic range (ie no supratherapeutic or subtherapeutic INR is documented).

- **R79.83 Abnormal coagulation profile** is assigned if the INR value is outside the patient's normal/usual therapeutic range (eg supratherapeutic (↑INR) or subtherapeutic (↓INR) INR is documented) but no bleeding occurs. Also assign appropriate external cause codes to indicate that the abnormal coagulation profile is related to the administration of an anticoagulant.
- **D68.3 Haemorrhagic disorder due to circulating anticoagulants is assigned** if bleeding occurs as the result of due to anticoagulant use, assign D68.3 Haemorrhagic disorder due to circulating anticoagulants. The causal relationship between the bleeding and the use of an 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 benign prostatic hypertrophy (general anaesthesia), for heparinisation (bridging anticoagulant therapy).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N40</td>
<td>Hyperplasia of prostate</td>
</tr>
<tr>
<td>Z92.1</td>
<td>Personal history of long term (current) use of anticoagulants (as an additional code)</td>
</tr>
<tr>
<td>37224-03</td>
<td>Endoscopic resection of prostate</td>
</tr>
<tr>
<td>92514-99</td>
<td>General anaesthesia, ASA 99</td>
</tr>
</tbody>
</table>

**EXAMPLE 2:**
Patient on long term warfarin had an unwitnessed fall. Patient was admitted for management of their traumatic subarachnoid haemorrhage following a fall. Warfarin was withheld during the admission to prevent exacerbation of the subarachnoid haemorrhage.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S06.6</td>
<td>Traumatic subarachnoid haemorrhage</td>
</tr>
<tr>
<td>W19</td>
<td>Unspecified fall</td>
</tr>
<tr>
<td>Y92.9</td>
<td>Unspecified place of occurrence</td>
</tr>
<tr>
<td>U73.9</td>
<td>Unspecified activity</td>
</tr>
<tr>
<td>Z92.1</td>
<td>Personal history of long term (current) use of anticoagulants (as an additional code)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R79.83</td>
<td>Abnormal coagulation profile</td>
</tr>
<tr>
<td>Y44.2</td>
<td>Anticoagulants causing adverse effects in therapeutic use</td>
</tr>
<tr>
<td>Y92.23</td>
<td>Place of occurrence, health service area, not specified as this facility</td>
</tr>
<tr>
<td>Z95.2</td>
<td>Presence of prosthetic heart valve</td>
</tr>
</tbody>
</table>

**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.

Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J44.9</td>
<td>Chronic obstructive pulmonary disease, unspecified</td>
</tr>
<tr>
<td>R79.83</td>
<td>Abnormal coagulation profile</td>
</tr>
<tr>
<td>Y44.2</td>
<td>Anticoagulants causing adverse effects in therapeutic use</td>
</tr>
<tr>
<td>Y92.23</td>
<td>Place of occurrence, health service area, not specified as this facility</td>
</tr>
<tr>
<td>I48.9</td>
<td>Atrial fibrillation and atrial flutter, unspecified</td>
</tr>
</tbody>
</table>

**EXAMPLE 5:**

Patient admitted with epistaxis due to long term warfarin use.

Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R04.0</td>
<td>Epistaxis</td>
</tr>
<tr>
<td>D68.3</td>
<td>Haemorrhagic disorder due to circulating anticoagulants</td>
</tr>
<tr>
<td>Y44.2</td>
<td>Anticoagulants causing adverse effects in therapeutic use</td>
</tr>
<tr>
<td>Y92.23</td>
<td>Place of occurrence, health service area, not specified as this facility</td>
</tr>
</tbody>
</table>

(See also ACS 1902 Adverse effects)

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).
Introduction/Rationale:

In ACHI Ninth Edition, Chapter 6 Dental Services was updated in accordance with the Australian Schedule of Dental Services and Glossary Tenth Edition. However, due to time constraints within the Tenth Edition work cycle, the amendments in the Australian Schedule of Dental Services and Glossary Eleventh Edition were not included in ACHI Tenth Edition.

ACCD proposes to update ACHI Eleventh Edition Chapter 6 Dental Services with the amendments in The Australian Schedule of Dental Services and Glossary Eleventh and Twelfth Edition that became effective from 1 April 2017.

25/02/2018 – Amendment resulting from Q3230 Debridement in the oral cavity:

- addition of an Excludes note “that with extraction of teeth” at 97222-02 Periodontal debridement of tooth in the Tabular List

19/07/2018 – Amendment resulting from Q3313 Dental filling not otherwise specified:

- addition of default code for dental restoration in the Alphabetic Index

3/09/2018 – The Example with amendments in CONVENTIONS USED IN THE ALPHABETIC INDEX OF INTERVENTIONS will be removed in the Conventions task.

ACCD PROPOSAL

Tabular List

CHAPTER 6

DENTAL SERVICES (BLOCKS 450–490)

Note: The Australian Classification of Health Interventions (ACHI) Dental Services chapter is based on the Australian Dental Association's (ADA) publication 'The Australian Schedule of Dental Services and Glossary, Twelfth Edition'.

The third, fourth and fifth characters of the Australian Classification of Health Interventions, Australian Classification of Health Interventions dental codes (97011-00 to 97986-00) directly relate to the item number...
in the ADA’s schedule.
For example:

97171-00 Odontoplasty, per tooth

<table>
<thead>
<tr>
<th>ADA item number</th>
<th>Odontoplasty – per tooth</th>
</tr>
</thead>
</table>
A stand-alone procedure to modify the contour of the crown of a tooth or the anatomy of the fissure of a tooth to provide an improved contour.

Some code descriptions vary slightly from the ADA’s item number descriptions. Reference should be made to the ADA’s schedule where further definition of code descriptions is required. The publication also contains diagrams which may be useful, especially in regard to defining the terminology used by dentists. An example of a variation in code description follows.

97774-00 Provision of obturator

<table>
<thead>
<tr>
<th>ADA item number</th>
<th>Obturator</th>
</tr>
</thead>
</table>
Some services within the ADA’s schedule are not incorporated into Australian Classification of Health Interventions for the following reasons:

1. Duplication of a service classified within the Medicare Benefits Schedule. Certain procedures performed by Oral and Maxillofacial surgeons and Plastic and Reconstructive surgeons can also be performed by Dentists. An example is the procedures relating to osseointegration (see Chapter 5 Nose, Mouth and Pharynx, block [400]). Wherever a duplication occurred, the ADA’s item number was mapped to the relevant Australian Classification of Health Interventions code.

2. ADA item numbers for provision of services with similar concepts. For example: item numbers 087, 088, 089, 090 and 091 relating to cone beam volumetric tomography are all classified to 97091-00 [452] Cone beam volumetric tomography [CBVTT] for orofacial structures.

2. Other ADA item numbers not incorporated into Australian Classification of Health Interventions. Certain ADA item numbers contain concepts which are not applicable to the Australian Classification of Health Interventions. For example: 412 Incomplete endodontic therapy (inoperable or fractured tooth).

452 Other dental diagnostic services

97061-00 Pulp testing
97071-00 Preparation of diagnostic model, per model

<table>
<thead>
<tr>
<th>Includes:</th>
<th>waxing up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excludes:</td>
<td>that for:</td>
</tr>
</tbody>
</table>

• mouthguards (97151-00 [455])
• prosthodontic services (see blocks [474] to [477])
• trays (97926-00 [485])

97075-00 Diagnostic modelling
The use of diagnostic images for simulation of treatment for dental implant placement, crown and bridge work, orthognathic surgery and orthodontic tooth movement
97072-00 Photographic records, intraoral
97073-00 Photographic records, extraoral
97081-00 Cephalometric analysis and interpretation
   Code also when performed:
   • cephalometric radiography (57930-00 [1967])
97082-00 Tooth-jaw size prediction analysis
97083-00 Tomographic analysis
97086-00 Electromyographic analysis
97091-00 Cone beam volumetric tomography [CBVT] for orofacial structures
   Cone beam volumetric tomography for analysis and/or interpretation
453 Dental prophylaxis and bleaching
97111-00 Removal of plaque or stain of teeth
   Excludes: that with:
   • periodontal debridement (97222-02, 97223-00 [456])
      • removal of calculus:
         • subgingival (97114-00 [453])
         • supragingival (97114-00 [453])
      • root planing (97222-00 [454])
97113-00 Recontouring of pre-existing restoration(s)
   Includes: polishing
97114-00 Removal of calculus from surfaces of teeth
   Excludes: that with periodontal debridement root planing (97222-00 97222-02, 97223-00 [456])
97116-00 Enamel micro-abrasion, per tooth
...
456 Periodontic interventions
...
97222-00 Root planing with subgingival curettage ≤ 8 teeth
   Includes: removal of:
   • calculus
   • plaque
97222-01 Root planing with subgingival curettage > 8 teeth
   Includes: removal of:
   • calculus
   • plaque
97222-02 Periodontal debridement of tooth
   Includes: removal of:
   • calculus
   • plaque
   Excludes: that with:
   • osseous graft
97223-00  Periodontal debridement of implant or abutment

Includes: administration of local agent (medicament)

97231-00  Gingivectomy ≤ 8 teeth

Includes: planing of root
debridement of tooth
removal of calculus

97231-01  Gingivectomy > 8 teeth

Includes: planing of root
debridement of tooth
removal of calculus

97232-00  Periodontal flap procedure ≤ 8 teeth

Incision and raising of flap of gingival tissue, eight teeth or less

Includes: planing of root
debridement of tooth
removal of calculus

Excludes: that:
• for crown lengthening (97238-00 [456])
• with reshaping of bone defect or deformity (97233-00 97242-00 [456])

97232-01  Periodontal flap procedure > 8 teeth

Incision and raising of flap of gingival tissue, nine or more teeth

Includes: planing of root
debridement of tooth
removal of calculus

Excludes: that:
• for crown lengthening (97238-00 [456])
• with reshaping of bone defect or deformity (97233-01 97242-00 [456])

97238-00  Periodontal flap procedure for crown lengthening, per tooth

Includes: reshaping of alveolar bone

97233-00  Alveolar osseous procedure ≤ 8 teeth

Includes: incision and detachment of gingival flap
planing of root
removal of calculus
reshaping of bone defect or deformity

Excludes: oral osseous graft (97244-00 [456])
oral osseous graft, block (97244-00 [456])
that for crown lengthening (97238-00 [456])

97233-01  Alveolar osseous procedure > 8 teeth

Includes: incision and detachment of gingival flap
planing of root
removal of calculus
reshaping of bone defect or deformity

Excludes: oral osseous graft (97244-00 [456])
oral osseous graft, block (97244-00 [456])
that for crown lengthening (97238-00 [456])

97234-00  Alveolar osseous graft, per tooth or implant
Particulate bone, or a synthetic substitute or other matrix used to replace alveolar bone

Includes:
- planing of root
- repair
- removal of calculus
- replacement of alveolar bone

97235-00  Gingival graft, per tooth or implant or extraction socket

97242-00  Osseous procedure

Includes:
- debridement of tooth
- incision and raising of gingival flap
- removal of calculus
- reshaping of bone defect or deformity

Excludes: osseous graft:
- NOS (97243-00 [456])
- using block of bone (97244-00 [456])
  that for crown lengthening (97238-00 [456])

97243-00  Osseous graft, not elsewhere classified
Particulate bone, or a synthetic substitute or other matrix used to replace alveolar bone

Includes:
- debridement of tooth
- removal of calculus
- replacement of alveolar bone

97244-00  Alveolar osseous graft, using block of bone
Block of bone used for augmentation of a bony ridge

Includes:
- debridement of tooth
- insertion of screws or similar devices
- removal of calculus

Excludes: particulate bone, synthetic substitute or other matrix used for graft (97243-00 97244-00 [456])

97245-00  Surgical periodontal procedure, not elsewhere classified, per tooth or implant
Cautery for endodontic access
Gingivoplasty
Pericision

Includes:
- flap elevation of peri-implant tissue
- removal of inflammatory tissue

97246-01  Maxillary sinus augmentation

Includes: placement of dental implants

97250-00  Nonsurgical periodontal treatment, not elsewhere classified

Excludes: that with any other periodontal procedure – omit code

97281-00  Nonsurgical periodontal treatment, not elsewhere classified

Includes:
- application of medicaments
- debridement
- lavage

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
**461 Other dental surgical procedure**

...  
97384-00 Repositioning of displaced tooth, **per tooth**
Repositioning of displaced tooth by manipulation

*Code also when performed:*
• stabilising procedures:
  • replantation and splinting (97387-00 [461])
  • splinting (97386-01 [461])

*Excludes:* surgical repositioning of unerupted tooth (97385-00 [461])

97385-00 Surgical repositioning of unerupted tooth
Surgical exposure and manipulation of unerupted tooth

97386-01 Splinting of displaced tooth, **per tooth**
Stabilisation by splinting of displaced tooth

*Code also when performed:*
• repositioning (manipulation) of tooth (97384-00 [461])

97387-00 Replantation and splinting of tooth

*Code also when performed:*
• provision of splint:
  • metal (97773-00 [477])
  • resin (97772-00 [477])

...

**466 Tooth-coloured restoration**

...  
97524-00 Adhesive restoration of anterior tooth, 4 surfaces, direct
Direct restoration, using an adhesive technique and a tooth-coloured material, involving 4 surfaces of an anterior tooth

97525-00 Adhesive restoration of anterior tooth, 5 surfaces, direct
Direct restoration, using an adhesive technique and a tooth-coloured material, involving 5 surfaces of an anterior tooth

**97526-00 Adhesive restoration, veneer, anterior tooth, direct**
Direct bonding of veneer to surface of anterior tooth, using adhesive tooth-coloured material

97531-00 Adhesive restoration of posterior tooth, 1 surface, direct
Direct restoration, using an adhesive technique and a tooth-coloured material, involving 1 surface of a posterior tooth

...

97535-00 Adhesive restoration of posterior tooth, 5 surfaces, direct
Direct restoration, using an adhesive technique and a tooth-coloured material, involving 5 surfaces of a posterior tooth

**97536-00 Adhesive restoration, veneer, posterior tooth, direct**
Direct bonding of veneer to surface of posterior tooth, using adhesive tooth-coloured material
97551-01  Tooth-coloured restoration, 1 surface, indirect

97554-01  Tooth-coloured restoration, 4 surfaces, indirect
97555-01  Tooth-coloured restoration, 5 surfaces, indirect
97556-01  Tooth-coloured restoration, veneer, indirect
          Attachment of tooth-coloured veneer to the surface of tooth where veneer is constructed indirectly

469  Other restorative dental services

97571-01  Adaptation of new restoration to existing removable prosthesis

97572-01  Provisional restoration of tooth, per tooth
          Temporary (intermediate) restoration of a tooth
          Excludes: that with any other dental procedure – omit code

97574-01  Cementation of metal band to tooth
          Cementation of metal band for diagnostic, protective purposes or placement of provisional restoration
          Code also when performed:
          • provisional restoration of tooth (97572-01 [469])

97575-00  Insertion of dental pin, per pin
          Insertion of dental pin to aid retention and support of direct or indirect restorations of tooth

97576-00  Metallic crown
          Coronal restoration using stainless steel crown

97586-00  Placement of preformed metallic crown
          Coronal restoration using preformed metallic crown

97588-00  Placement of preformed tooth-coloured crown
          Coronal restoration using preformed tooth-coloured crown

97577-00  Cusp capping, per cusp
          Restoration of anatomical or functional height of cusp
          Code also when performed:
          • restoration of posterior tooth:
            • direct (see blocks [465] and [466])
            • indirect (see blocks [465] and [466])

97578-00  Restoration of incisal corner of anterior tooth, per corner
          Restoration of anatomical and functional shape of incisal corner
          Code also when performed:
          • restoration of anterior tooth:
            • direct (see blocks [465] and [466])
            • indirect (see blocks [465] and [466])

97579-01  Bonding of tooth fragment
          Restoration by direct bonding of a tooth fragment

97582-01  Bonding of veneer to surface of tooth, direct
          Direct bonding of veneer of adhesive tooth-coloured material to surface of tooth

97583-01  Attachment of veneer to surface of tooth, indirect
          Attachment of tooth-coloured veneer to surface of tooth where veneer is constructed indirectly

...
473  Implant prosthesis

…

97689-00 Insertion of provisional implant
   Special purpose implant designed with the intention of it being removed at a later stage

97690-00 Insertion of provisional retention or anchorage device
   Special purpose provisional retention or anchorage device, intended for later removal, attached to the jaws by screws or to implants, intended for later removal

474  Denture or denture component

Includes: adjustment following insertion of prosthesis

97711-00 Provision of complete maxillary denture
   Code also when performed:
   • immediate tooth replacement (97736-00 [474])
   • overlay (97734-00 [474])
   • provision of metal palate or plate (97716-00 [474])
   • resilient lining in addition to new denture (97737-00 [474])

Excludes: that with mandibular denture (97719-00 [474])

97712-00 Provision of complete mandibular denture
   Code also when performed:
   • immediate tooth replacement (97736-00 [474])
   • overlay (97734-00 [474])
   • provision of metal palate or plate (97716-00 [474])
   • resilient lining in addition to new denture (97737-00 [474])

Excludes: that with maxillary denture (97719-00 [474])

97713-00 Provision of temporary complete maxillary denture
   Excludes: that with mandibular denture (97715-00 [474])

97714-00 Provision of temporary complete mandibular denture
   Excludes: that with maxillary denture (97715-00 [474])

97715-00 Provision of temporary complete mandibular and maxillary dentures

97716-00 Provision of metal palate or plate
   Code also when performed:
   • provision of complete denture:
     • mandibular (97712-00, 97719-00 [474])
     • maxillary (97711-00, 97719-00 [474])
   • mandibular:
     • NOS (97712-00 [474])
     • temporary:
       • NOS (97714-00 [474])
       • with maxillary (97715-00 [474])
       • with maxillary (97719-00 [474])
   • maxillary:
     • NOS (97711-00 [474])
     • temporary:
       • NOS (97713-00 [474])
       • with mandibular (97715-00 [474])
       • with mandibular (97719-00 [474])
97719-00 Provision of complete mandibular and maxillary dentures

*Code also when performed:*
- immediate tooth replacement (97736-00 [474])
- overlay (97734-00 [474])
- provision of metal palate or plate (97716-00 [474])
- resilient lining in addition to new denture (97737-00 [474])

97721-00 Provision of partial maxillary denture, resin base

*Code also when performed:*
- attachment of:
  - occlusal rests (97732-00 [474])
  - retainer (97731-00 [474])
  - tooth to partial denture (97733-00 [474])
- immediate replacement of tooth (97736-00 [474])
- overlay (97734-00 [474])
- provision of connecting bar of wrought metal (97738-00 [474])

97722-00 Provision of partial mandibular denture, resin base

*Code also when performed:*
- attachment of:
  - occlusal rests (97732-00 [474])
  - retainer (97731-00 [474])
  - tooth to partial denture (97733-00 [474])
- immediate replacement of tooth (97736-00 [474])
- overlay (97734-00 [474])
- provision of connecting bar of wrought metal (97738-00 [474])

97727-00 Provision of partial maxillary denture, cast metal framework

*Code also when performed:*
- attachment of:
  - occlusal rests (97732-00 [474])
  - retainer (97731-00 [474])
  - tooth to partial denture (97733-00 [474])
- immediate replacement of tooth (97736-00 [474])
- overlay (97734-00 [474])
- provision of connecting bar of wrought metal (97738-00 [474])

97728-00 Provision of partial mandibular denture, cast metal framework

*Code also when performed:*
- attachment of:
  - occlusal rests (97732-00 [474])
  - retainer (97731-00 [474])
  - tooth to partial denture (97733-00 [474])
- immediate replacement of tooth (97736-00 [474])
- overlay (97734-00 [474])

97723-00 Provision of temporary partial maxillary denture

*Code also when performed:*
- attachment of:
  - occlusal rests (97732-00 [474])
  - retainer (97731-00 [474])
  - tooth to partial denture (97733-00 [474])
- immediate replacement of tooth (97736-00 [474])
- overlay (97734-00 [474])

*Excludes:* that with temporary complete maxillary denture (97713-00 [474])

97724-00 Provision of temporary partial mandibular denture

*Code also when performed:*
- attachment of:
  - occlusal rests (97732-00 [474])
• retainer (97731-00 [474])
• tooth to partial denture (97733-00 [474])
• immediate replacement of tooth (97736-00 [474])
• overlay (97734-00 [474])

Excludes: that with temporary complete mandibular denture (97714-00 [474])

97731-00 Provision of retainer to partial denture

Code also when performed:
• provision of partial resin base denture:
  • mandibular (97722-00 [474])
  • maxillary (97721-00 [474])

480 Fixed orthodontic appliance

97829-00 Partial banding, per arch
97831-00 Full arch banding, per arch
97833-00 Removal of banding, per arch
97841-00 Insertion of fixed palatal or lingual arch appliance
97842-00 Partial banding for intermaxillary elastics
  Application of bands and brackets to teeth in maxillary and mandibular arches

Includes: vertical and/or cross elastics

97843-00 Provision of maxillary expansion appliance
97843-01 Insertion of fixed maxillary or mandibular expansion appliance

483 Other orthodontic service

97871-00 Adjustment of fixed or removable orthodontic appliance
97872-00 Reattachment of passive fixed orthodontic appliance

Includes: cleaning and polishing of appliance and/or teeth

97873-00 Repair of passive fixed orthodontic appliance

Code also when performed:
• impression for denture repair (97776-00 [477])

97874-00 Removal of passive fixed orthodontic appliance

97875-00 Repair of removable appliance, resin base

Code also when performed:
• impression for denture repair (97776-00 [477])

97876-00 Repair of clasp, spring or tooth on removable appliance
Replace clasp, spring or tooth on removable appliance

Code also when performed:
• impression for denture repair (97776-00 [477])

97877-01 Addition of clasp, spring or tooth to removable appliance

Code also when performed:
• impression for denture repair (97776-00 [477])

97878-00 Relining of removable appliance, processed

490 Miscellaneous dental services

97981-00 Splinting and stabilisation of tooth, direct

*Excludes:* that for displaced tooth (97386-01 [461])

97982-00 Enamel stripping of tooth

97945-01 Low level laser therapy for dental applications

- Biostimulation
- Photobiomodulation

97985-00 Provision of oral appliance for diagnosed snoring and obstructive sleep apnoea

*Includes:* bi-maxillary oral appliance

- single arch oral appliance

97983-01 Provision of oral appliance for snoring and obstructive sleep apnoea

*Includes:* oral appliance:

- bi-maxillary
- single arch

*Excludes:* adjustment, repair or replacement of oral appliance (97985-01 [490])

97985-01 Replacement of oral appliance for snoring and obstructive sleep apnoea

- Adjustment of oral appliance for snoring and obstructive sleep apnoea
- Repair of oral appliance for snoring and obstructive sleep apnoea

97986-00 Postoperative dental care, not elsewhere classified

Alphabetic Index

CONVENTIONS USED IN THE ALPHABETIC INDEX OF INTERVENTIONS

PREPOSITIONAL TERMS

Wherever a preposition from the list below immediately follows a lead term or subterm, they always take precedence over symbols, numbers and the alphabetic sequence of subterms:

- as
- by
- for
- with
- without

**EXAMPLE 3:**

Flap (repair)

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- for crown lengthening 97238-00 [456]
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- > 8 teeth 97233-01 [456]
- > > 8 teeth 97232-01 [456]
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- - bowel 32221-00 [940]

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- with any other dental procedure — omit code
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...
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.

6. **Dental procedures**

Apply the following guidelines to codes listed in Chapter 6 *Dental services (BLOCKS 450–490)*:

- Codes that include reference to a number of teeth are assigned once.
  For example, 97311-03 [457] *Removal of 3 teeth or part(s) thereof* specifies the removal of 3 teeth, therefore this code is assigned once for each visit to theatre.

- Codes that specify ‘per tooth’, ‘per root’ or ‘per cusp’ (etc) are assigned as many times as they are performed.
  For example, 97171-00 [455] *Odontoplasty, per tooth performed on six teeth* is assigned six times.

- Codes that do not specify the number of teeth are assigned as many times as performed.
  For example, 97414-00 [462] *Pulpotomy performed on four teeth* is assigned four times.
Introduction/Rationale:

This addenda proposal combines two tasks TN54 Lactation consultant and TN186 Review of allied health procedure codes in ACHI, which were based on public submissions requesting additional allied health codes for 'lactation consultant' and 'exercise physiologist'.

Note: this topic was discussed previously at ITG in 2011, from which information (ie a list of other allied health professions to be included) was to be provided to NCCH. To date this information has not been forthcoming, and no further public submissions have been received regarding other allied health professional bodies seeking an individual ACHI code.

As such, ACCD proposes to move forward with the addition of ACHI codes for 'lactation consultant' and 'exercise physiologist'.

Further allied health professions will be considered for inclusion in ACHI if a public submission is received at a future date.

ACCD PROPOSAL

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Australian Coding Standards

ACS 0032 — no changes
Anaphylaxis and Anaphylactic Shock

Introduction/Rationale:

This addenda proposal is the result of a public submission (PS 9/08) regarding anaphylaxis and anaphylactic shock as distinct clinical entities. The public submission was specifically regarding T88.6 Anaphylactic shock due to adverse effect of correct drug or medicament properly administered, however it was identified that anaphylaxis codes across ICD-10-AM also required reviewing.

The terms anaphylaxis and anaphylactic shock are often used interchangeably in research and documentation, contributing to the difficulty in classifying these conditions.

Research indicates that anaphylaxis and anaphylactic shock are part of a continuum. Anaphylaxis is a serious and potentially life-threatening reaction to a trigger such as an allergy. The clinical manifestations of mild anaphylaxis may rapidly progress to a more severe anaphylaxis and lead to upper airway obstruction, respiratory failure, and circulatory shock (that is, anaphylactic shock).

Symptoms of anaphylaxis (before progression to anaphylactic shock) include:

- skin reactions such as hives, flushed skin, or pale skin
- suddenly feeling too warm
- difficulty swallowing
- nausea, vomiting, or diarrhoea
- abdominal pain
- a weak and rapid pulse
- runny nose and sneezing
- swollen tongue or lips
- wheezing or difficulty breathing
- tingling hands, feet, mouth, or scalp

Symptoms of anaphylactic shock include:

- struggling to breathe
- dizziness
- confusion
- sudden feeling of weakness
- loss of consciousness

Chapter 19 Injury, poisoning and certain other consequences of external causes (S00–T98)

Currently, ICD-10-AM classifies anaphylaxis (NOS) as anaphylactic shock. Since not all patients with an anaphylactic reaction progress to anaphylactic shock, ACCD proposes amendments to differentiate these clinical entities.
Chapter 20 *External causes of morbidity and mortality (U50–U73, U90, V00–Y98)*

Some of the more common allergens causing anaphylaxis include:

- foods – including nuts, milk, fish, shellfish, eggs and some fruits
- medicament or drugs – including anaesthesia and contrast agent
- insect stings – particularly wasp and bee stings
- latex

In some cases, there's no obvious trigger. This is known as idiopathic anaphylaxis.

Due to the limited external cause codes for allergens causing reactions including anaphylaxis, ACCD proposes the addition of a new category Y37 *Exposure to or contact with allergens* to better classify allergic reactions.

After the December 2017 meeting feedback the proposal has been revised in line with CCAG comments, to amend the code title, but do not expand the codes.

**ACCD PROPOSAL**

Tabular List

**LIST OF THREE-CHARACTER CATEGORIES**

...  

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

...  

**Legal intervention and operations of war (Y35–Y36)**

Y35  Legal intervention

Y36  Operations of war

*Exposure to or contact with allergens (Y37)*

Y37  Exposure to or contact with allergens

**Complications of medical and surgical care (Y40–Y84)**

*Drugs, medicaments and biological substances causing adverse effects in therapeutic use (Y40–Y59)*

Y40  Systemic antibiotics

...  

**J30**  Vasomotor and allergic rhinitis

...  

J30.1  Allergic rhinitis due to pollen

Allergy NOS due to pollen

Hay fever

Pollinosis

*Use additional external cause code (Y37.11) to identify allergen.*

J30.2  Other seasonal allergic rhinitis

*Use additional external cause code (Y37.-) to identify allergen, if known.*
J30.3 Other allergic rhinitis
Perennial allergic rhinitis

Use additional external cause code (Y37.-) to identify allergen, if known.

J30.4 Allergic rhinitis, unspecified

Use additional external cause code (Y37.-) to identify allergen, if known.

J45 Asthma

Excludes
- acute severe asthma (J46)
- chronic asthmatic (obstructive) bronchitis (J44.-)
- chronic obstructive asthma (J44.-)
- eosinophilic asthma (J82)
- lung diseases due to external agents (J60–J70)
- status asthmaticus (J46)

J45.0 Predominantly allergic asthma

Allergic:
- bronchitis NOS
- rhinitis with asthma
Atopic asthma
Extrinsic allergic asthma
Hay fever with asthma

Use additional external cause code (Y37.-) to identify allergen, if known.

L23 Allergic contact dermatitis

Includes:
- allergic contact eczema

Excludes:
- allergy NOS (T78.4)
- dermatitis (of):
  - contact NOS (L25.9)
  - diaper [napkin] (L22)
  - due to substances taken internally (L27.-)
  - eyelid (H01.1)
  - irritant contact (L24.-)
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- eczema of external ear (H60.5)
- radiation-related disorders of the skin and subcutaneous tissue (L55–L59)

Use additional external cause code (Y37.-) to identify allergen, if known.

L50 Urticaria

Excludes:
- allergic contact dermatitis (L23.-)
- angioneurotic oedema (T78.3)
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  - giant (T78.3)
  - neonatorum (P83.8)
  - papulosa (L28.2)
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  - serum (T80.6)
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L50.0 Allergic urticaria

Use additional external cause code (Y37.-) to identify allergen, if known.
R57  Shock, not elsewhere classified

Excludes:
- shock (due to):
  - anaesthesia (T88.2)
  - anaphylactic (due to):
    - adverse: food reaction (T78.0)
      - effect of correct drug or medicament properly administered (T88.6)
      - food reaction (T78.0)
    - NOS (T78.2)
    - serum (T80.5)
  - complicating or following abortion or ectopic or molar pregnancy (O00–O07, O08.3)
  - electric (T75.4)
  - lightning (T75.0)
  - obstetric (O75.1)
  - postprocedural (T81.1)
  - psychic (F43.0)
  - traumatic (T79.4)
  - toxic shock syndrome (A48.3)

R57.0  Cardiogenic shock

T61  Toxic effect of noxious substances eaten as seafood

Excludes:
- allergic reaction to food, such as:
  - anaphylaxis and anaphylactic shock due to adverse food reaction (T78.0)
  - dermatitis (L23.6, L25.4, L27.2)
  - gastroenteritis (noninfective) (K52.
  - bacterial food-borne intoxications (A05.-)
  - toxic effect of food contaminants, such as:
    - aflatoxin and other mycotoxins (T64)
    - cyanides (T65.0)
    - hydrogen cyanide (T57.3)
    - mercury (T56.1)

T62  Toxic effect of other noxious substances eaten as food

Excludes:
- allergic reaction to food, such as:
  - anaphylaxis and anaphylactic shock due to adverse food reaction (T78.0)
  - dermatitis (L23.6, L25.4, L27.2)
  - gastroenteritis (noninfective) (K52.
  - bacterial food-borne intoxications (A05.-)
  - toxic effect of food contaminants, such as:
    - aflatoxin and other mycotoxins (T64)
    - cyanides (T65.0)
    - hydrogen cyanide (T57.3)
    - mercury (T56.1)

T63  Toxic effect of contact with venomous animals

Use additional code if applicable, to identify reaction such as:
- allergic reaction NOS (T78.4)
- anaphylaxis and anaphylactic shock (T78.2)
- urticaria (L50.0, T78.3)
**T78** Adverse effects, not elsewhere classified

*Excludes:* complications of surgical and medical care NEC (T80–T88)

**T78.0** Anaphylaxis and anaphylactic shock due to adverse food reaction

*Use additional external cause code (Y37.1-Y37.5, Y37.8, Y37.9) to identify allergen, if known.*

**T78.1** Other adverse food reactions, not elsewhere classified

*Excludes:* bacterial food-borne intoxications (A05.-)

- dermatitis due to food:
  - in contact with the skin (L23.6, L24.6, L25.4)
  - NOS (L27.2)

**T78.2** Anaphylaxis and anaphylactic shock, unspecified

- Allergic shock
- Anaphylactic reaction
- NOS
- Anaphylaxis

*Excludes:* anaphylaxis and anaphylactic shock due to:

- adverse effect of correct medicinal substance properly administered (T88.6)
- adverse food reaction (T78.0)
- serum (T80.5)
  - adverse:
    - effect of correct medicinal substance properly administered (T88.6)
    - food reaction (T78.0)
    - serum reaction (T80.5)

*Use additional external cause code (Y37.-) to identify allergen, if known.*

**T78.3** Angioneurotic oedema

- Giant urticaria
- Quincke's oedema

*Excludes:* urticaria:

- NOS (L50.9)
- serum (T80.6)

**T78.4** Allergy, unspecified

- Allergic reaction NOS
- Hypersensitivity NOS
- Idiosyncrasy NOS

*Excludes:* allergic reaction NOS to correct medicinal substance properly administered (T88.7) specified types of allergic reaction such as:

- allergic gastroenteritis and colitis (K52.2)
- dermatitis (L23–L25, L27.-)
- hay fever (J30.1)

**T78.8** Other adverse effects, not elsewhere classified

...
Other complications of surgical and medical care, not elsewhere classified

T88

T88.1 Other complications following immunisation, not elsewhere classified
Rash following immunisation

Excludes: anaphylaxis and anaphylactic shock due to serum (T80.5)
other serum reactions (T80.6)
postimmunisation:
• arthropathy (M02.2)
• encephalitis (G04.0)

T88.6 Anaphylaxis and anaphylactic shock due to adverse effect of correct drug or medicament properly administered

Use additional external cause code (Chapter 20) to identify drug or medicament, if known.

T88.7 Unspecified adverse effect of drug or medicament

Adverse effect
Allergic reaction
Hypersensitivity
Idiosyncrasy

Drug:
• allergic reaction NOS
• hypersensitivity NOS
• idiosyncratic reaction NOS
• reaction NOS

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

EXPOSURE TO ANIMATE MECHANICAL FORCES

(W50–W64)

Excludes: allergen, allergic reaction (Y37.6)
bites, venous (X20–X29)
stings (venomous) (X20–X29)

CONTACT WITH VENOMOUS ANIMALS AND PLANTS

(X20–X29)

Incluedes: chemical released by:
• animal
• insect
  release of venom through fangs, hairs, spines, tentacles and other venom apparatus
venomous bites and stings
**ACCIDENTAL POISONING BY AND EXPOSURE TO NOXIOUS SUBSTANCES**

*(X40–X49)*

**Includes:** accidental overdose of drug, wrong drug given or taken in error, and drug taken inadvertently
accidents in the use of drugs, medicaments and biological substances in medical and surgical procedures

**Note:** For list of specific drugs and other substances classified under the three character categories, see Table of drugs and chemicals in Alphabetic Index. Evidence of alcohol involvement in combination with substances specified below may be identified by using the supplementary codes Y90–Y91.

**Excludes:** administration with suicidal or homicidal intent, or intent to harm, or in other circumstances classifiable to X60–X69, X85–X90, Y10–Y19

administration with suicidal or homicidal intent, or intent to harm, or in other circumstances classifiable to X60–X69, X85–X90, Y10–Y19

**allergen, allergic reaction (Y37.-)**
correct drug properly administered in therapeutic or prophylactic dosage as the cause of any adverse effect

(Y40–Y59)

**CHAPTER 20**

**EXTERNAL CAUSES OF MORBIDITY AND MORTALITY**

*(U50–U73, U90, V00–Y98)*

**LEGAL INTERVENTION AND OPERATIONS OF WAR (Y35–Y36)**

**EXPOSURE TO OR CONTACT WITH ALLERGENS (Y37)**

- **Y37** Exposure to or contact with allergens
  - **Y37.0** Allergy to fruit, grains, nuts, seeds and vegetables
  - **Y37.00** Allergy to fruit and vegetables, unspecified
  - **Y37.01** Allergy to tree nuts
  - **Y37.02** Allergy to legumes [ground nuts]
  - **Y37.03** Allergy to nuts, not elsewhere classified
  - **Y37.04** Allergy to sesame seed (oil)
  - **Y37.05** Allergy to seeds, not elsewhere classified
  - **Y37.06** Allergy to berries
Y37.07  Allergy to grains containing gluten
Y37.08  Allergy to grains, not elsewhere classified
Y37.09  Allergy to other fruits and vegetables
Y37.1   Allergy to natural flora, not elsewhere classified

Excludes: fruit, grains, nuts, seeds and vegetables (Y37.0-)

Y37.10  Allergy to natural flora, unspecified
Y37.11  Allergy to pollen
Y37.12  Allergy to moulds
Y37.19  Allergy to other natural flora

Y37.2   Allergy to seafood
Y37.20  Allergy to seafood, unspecified
Y37.21  Allergy to shellfish, crustaceans
Y37.22  Allergy to shellfish, mollusks
Y37.23  Allergy to fish
Y37.29  Allergy to other seafood

Shellfish NOS

Y37.3   Allergy to dairy products
Y37.30  Allergy to dairy products, unspecified

Allergy to cow’s milk and products
Y37.31  Allergy to goat’s milk and products
Y37.32  Allergy to sheep’s milk and products
Y37.39  Allergy to other dairy products

Y37.4   Allergy to eggs
Y37.5   Allergy to food additives

Y37.6   Allergy to animals

Includes: animal:
* dander
* hair or fur
* saliva
Y37.60  Allergy to animal, unspecified

Y37.61  Allergy to bees

Y37.62  Allergy to birds

Y37.63  Allergy to cats

Y37.64  Allergy to dogs

Y37.69  Allergy to other animal

Y37.7  Allergy to latex Rubber

Y37.8  Allergy to other specified allergen

Food allergy NOS
Multiple food allergies NOS

Y37.9  Allergy to unspecified allergen

Section I Alphabetic Index

Allergy, allergic (reaction) T78.4
- with
  - - asthma J45.0
  - - contact dermatitis (see also Dermatitis/due to) L23.-
  - - rhinitis (see also Rhinitis/allergic) J30.-
  - - urticaria L50.0
  - airborne substance (rhinitis).NEC J30.3
  - animal (dander) (epidermal) (hair) (rhinitis) J30.3
  - biological — see Allergy/drug, medicament and biological
    - colitis K52.2
  - dander (animal) (rhinitis) J30.3
  - dandruff (rhinitis) J30.3
  - dermatitis (see also Dermatitis/due to) L23.9
  - desensitisation (to) NEC Z51.60
    - - animal Z51.64
    - - dust mite Z51.63
    - - pollen Z51.62
    - - specified allergen Z51.69
    - - stinging insect Z51.61
  - drug, medicament and biological (any) (correct medicinal substance properly administered) (external) (internal) T88.7
    - - wrong substance given or taken NEC T50.9
    - - - specified drug or substance — see Table of drugs and chemicals
      - dust (house) (rhinitis) (stock) J30.3
        - - with asthma J45.0
    - eczema (see also Dermatitis/due to) L23.9
      - - epidermal (animal) (rhinitis) J30.3
      - - feathers (rhinitis) J30.3
    - food (any) (ingested) NEC T78.1
      - - anaphylaxis and anaphylactic shock T78.0
      - - dietary counselling and surveillance Z71.3
      - - in contact with skin L23.6
      - - gastrointestinal K52.2
      - - grass (hay fever) (pollen) J30.1
        - - asthma J45.0
      - - hair (animal) (rhinitis) J30.3
      - - horse serum — see Allergy/serum

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 76
- inhalant (rhinitis) J30.3
- kapok (rhinitis) J30.3
- nasal, seasonal due to pollen J30.1
- pollen (any) (hay fever) J30.1
  - ragweed (hay fever) (pollen) J30.1
  - asthma J45.0
- rose (pollen) J30.1
- Senecio jacobae (pollen) J30.1
- serum (prophylactic) (therapeutic) T80.6
  - anaphylaxis and anaphylactic shock T80.5
- shock (anaphylactic) T78.2
  - due to
    - - - adverse effect of correct medicinal substance properly administered T88.6
    - - - serum or immunisation T80.5
- tree (any) (hay fever) (pollen) J30.1
  - asthma J45.0
- upper respiratory J30.4
- vaccine — see Allergy/serum

Anaphylactic shock or reaction T78.2 — see Shock/anaphylactic
  - due to
    - - drug or medicament (adverse effect) T88.6
    - - food reaction T78.0
    - - serum T80.5

Anaphylactoid
- shock or reaction — see Shock/anaphylactic Anaphylaxis
- syndrome of pregnancy O88.1

Anaphylaxis T78.2
  - due to
    - - drug or medicament (adverse effect) T88.6
    - - food reaction T78.0
    - - serum T80.5

Complication(s) (from) (of)

...
Herter-Gee syndrome K90.0 
Herxheimer's reaction (anaphylaxis) (anaphylactic shock) T78.2 
Hesitancy of micturition R39.1

Reaction — see also Disorder
- adaption (see also Reaction/adjustment) F43.2
- adjustment (anxiety) (conduct disorder) (depressiveness) (distress) (emotional disturbance) F43.2
  - with mutism, elective (adolescent) (child) F94.0
- affective (see also Disorder/affective) F39
- allergic (see also Allergy) T78.4
  - drug, medicament or biological — see Allergy/drug
  - food (any) (ingested) NEC T78.1
  - - dermalitis L27.2
  - - serum T80.6
- anaesthesia — see Anaesthesia/complication or reaction
- anaphylactic — see Shock/anaphylactic-Anaphylaxis
- antitoxin (prophylactic) (therapeutic) — see Complication(s)/vaccination
  - - grief F43.2
  - - Herxheimer’s (anaphylaxis) (anaphylactic shock) T78.2
  - - hyperkinetic — see Hyperkinesia
  - - serological for syphilis — see Serology for syphilis
  - - serum (prophylactic) (therapeutic) T80.6
    - - immediate T80.5
  - - anaphylaxis and anaphylactic shock T80.5
  - - situational (see also Reaction/adjustment) F43.2

Serum
- allergy, allergic reaction T80.6
  - - shock T80.5
  - - anaphylaxis and anaphylactic shock T80.5
  - - complication or reaction NEC T80.6

... 
Shock R57.9
... 
- anaesthetic
  - - correct substance properly administered T88.2
  - - anaphylactic T88.6
  - - overdose or wrong substance given T41.1
  - - - specified anaesthetic — see Table of drugs and chemicals
    - - anaphylactic T78.2
  - - chemical — see Table of drugs and chemicals
    - - correct medicinal substance properly administered T88.6
    - - drug or medicinal substance
    - - correct medicinal substance properly administered T88.6
    - - overdose or wrong substance given or taken T50.9
    - - - specified drug — see Table of drugs and chemicals
    - - following sting(s) T63.9
    - - arthropod NEC T63.4
    - - - bee T63.4
    - - - hornet T63.4
    - - insect NEC T63.4
    - - - jelly-fish T63.6
    - - - marine animal NEC T63.6
    - - - scorpion T63.2
    - - - sea-anemone T63.6
    - - - shellfish T63.6
    - - - starfish T63.6
    - - - wasp T63.4
    - - food (any) (ingested) T78.0
    - - immunisation T80.5
    - - serum T80.5
    - - anaphylactoid — see Shock/anaphylactic
      - - birth, fetus or newborn NEC P96.89
      - - toxic, syndrome A48.3
    - - transfusion T80.5 — see Complication(s)/transfusion
- traumatic (delayed) (immediate) T79.4

Section II External Causes of Injury

Alcohol

Allergen, allergic reaction (to) Y37.9
- almonds Y37.01
- animals NEC Y37.60
- bees Y37.61
- birds Y37.62
- cats Y37.63
- dogs Y37.64
- specified NEC Y37.69
- avocado Y37.09
- banana Y37.09
- barley Y37.07
- bees Y37.61
- berries Y37.06
- birds (excreta) (feather) Y37.62
- brazil nut Y37.01
- cashew nut Y37.01
- cats (dander) (fur) (hair) (saliva) Y37.63
- chestnut Y37.01
- chickpea Y37.02
- clam Y37.22
- coconut Y37.05
- cows NEC Y37.69
  -- milk (and products) Y37.30
- crab Y37.21
- dairy (products) NEC Y37.30
  -- cow's milk Y37.30
  -- goat's milk Y37.31
  -- sheep's milk Y37.32
  -- specified NEC Y37.39
- dogs (dander) (fur) (hair) (saliva) Y37.64
- dust Y37.8
  -- mites Y37.69
- eggs Y37.4
- fish Y37.23
- flowers Y37.19
- food NEC Y37.8
  -- additive(s) (colour) (flavour) (preservative) Y37.5
- fruit NEC Y37.00
  -- specified NEC Y37.09
- gluten Y37.07
- goat NEC Y37.69
  -- milk (and products) Y37.31
- grain NEC Y37.08
  -- containing gluten Y37.07
- grass (seeds) Y37.19
- ground nuts Y37.02
- hazelnut Y37.01
- horse Y37.69
- kiwi fruit Y37.09
- latex Y37.7
- legumes Y37.02
- lentils Y37.02
- lobster Y37.21
- macadamia Y37.01
- milk (products) (cow) Y37.30
  -- goat Y37.31
  -- sheep Y37.32
  -- specified NEC Y37.39
- monosodium glutamate Y37.5
- mould(s) Y37.12
- mussels Y37.22
- natural flora NEC Y37.10
  -- mould(s) Y37.12

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Allergic reaction

Anaphylactic shock, anaphylaxis (due to ingestion of food) (see also Table of drugs and chemicals) Y57.9 — see Also Allergen, allergic reaction

- due to drug and chemicals — see Table of drugs and chemicals

Anaphylaxis — see also Allergen, allergic reaction
- due to drug and chemicals — see Table of drugs and chemicals

Andes disease W94

Effect(s) (adverse) (of)
- air pressure (any) W94
- cold, excessive (exposure to) (see also Exposure/cold) X31
- food ingestion (allergic reaction) (anaphylactic shock) (anaphylaxis) Y57.9 — see Allergen, allergic reaction

Exposure (to)
- allergen — see Allergen, allergic reaction
- cold (accidental) (excessive) (extreme) (natural) (place) X31
- flames (see also Exposure/fire) X09
- food
- - ingested (allergic reaction) (anaphylactic shock) (anaphylaxis) — see Allergen, allergic reaction Y57.9
- - hyperbaric oxygen therapy Y84.8
- - - due to hyperbaric oxygen therapy Y84.8
- - - cold, excessive (exposure to) (see also Exposure/cold) X31
- - food ingestion (allergic reaction) (anaphylactic shock) (anaphylaxis) — see Allergen, allergic reaction Y57.9
- - - hyperbaric oxygen therapy Y84.8

Food (any type)
- in
- - air passage (with asphyxia, obstruction or suffocation) W79
- - alimentary tract causing asphyxia (due to compression of trachea) W79
- - ingestion, causing adverse effect (allergic reaction) (anaphylactic shock) (anaphylaxis) — see Allergen, allergic reaction Y57.9

Alpine sickness W94

Altitude sickness W94

Anaphylactic shock, anaphylaxis (due to ingestion of food) (see also Table of drugs and chemicals) Y57.9 — see Also Allergen, allergic reaction

- due to drug and chemicals — see Table of drugs and chemicals

Anaphylaxis — see also Allergen, allergic reaction
- due to drug and chemicals — see Table of drugs and chemicals

Andes disease W94

Effect(s) (adverse) (of)
- air pressure (any) W94
- cold, excessive (exposure to) (see also Exposure/cold) X31
- food ingestion (allergic reaction) (anaphylactic shock) (anaphylaxis) Y57.9 — see Allergen, allergic reaction

Exposure (to)
- allergen — see Allergen, allergic reaction
- cold (accidental) (excessive) (extreme) (natural) (place) X31
- flames (see also Exposure/fire) X09
- food
- - ingested (allergic reaction) (anaphylactic shock) (anaphylaxis) — see Allergen, allergic reaction Y57.9
- - hyperbaric oxygen therapy Y84.8
- - - due to hyperbaric oxygen therapy Y84.8
- - - cold, excessive (exposure to) (see also Exposure/cold) X31
- - food ingestion (allergic reaction) (anaphylactic shock) (anaphylaxis) — see Allergen, allergic reaction Y57.9
- - - hyperbaric oxygen therapy Y84.8

Food (any type)
- in
- - air passage (with asphyxia, obstruction or suffocation) W79
- - alimentary tract causing asphyxia (due to compression of trachea) W79
- - ingestion, causing adverse effect (allergic reaction) (anaphylactic shock) (anaphylaxis) — see Allergen, allergic reaction Y57.9

...
Adverse effects from antivenom

Clinical coders should confer with the clinician to clarify any evidence of adverse reaction to antivenom.

Indicators suggesting adverse effects from antivenom include:

- Signs and symptoms of acute allergic reactions such as the occurrence of a rash, shortness of breath/wheeze, urticaria, abdominal pain, vomiting and/or diarrhoea, hypotension and cardiac arrest
- Evidence of the treatment of acute allergic reactions by the injection of adrenaline, antihistamines, corticosteroids, fluids and/or colloids/crystalloids
- The use of multiple ampoules of antivenom
- Pre-existing history of venom and or antivenom allergy
- Documentation of the use of adrenaline, antihistamines and/or corticosteroids for treatment of acute allergic reactions after the administration of antivenom.

Note: Coders should be aware that documentation of the use of these drugs as treatment for acute allergic reactions should be distinguished from their premedicant use prior to administration of antivenom. Premedication with subcutaneous adrenaline is currently recommended prior to the intravenous administration of Australian snake antivenoms. Coders should check with the clinician whether evidence of adrenaline injection was prophylactic prior to antivenom injection or as a treatment for an adverse reaction.

Anaphylaxis and anaphylactic shock

Where Anaphylaxis and anaphylactic shock is, when documented as an adverse reaction to administration of antivenom, should be assigned a code from category T80.5 Anaphylaxis and anaphylactic shock due to serum.
2004  ALLERGIC REACTION NOS

Allergic reaction NOS is coded to T78.4 Allergy, unspecified. If the causative agent is unknown, the external cause code for Allergic reaction NOS should be X59 Exposure to unspecified factor.

...

2115  ADMISSION FOR ALLERGEN CHALLENGE

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

Drug challenges are necessary when:
• a patient discloses a history of allergy to a particular drug and
• treatment with that specific drug is essential and
• there is no effective alternative drug.

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

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 classify the clinical concept.
• It is not necessary to assign a procedure code for the 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  
        Y92.24  Place of occurrence, health service area, this facility

EXAMPLE 2:  FOOD CHALLENGE

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

Codes:  Z41.82  Food challenge  
        T78.0  Anaphylaxis and anaphylactic shock due to adverse food reaction  
        Y57.9  Drug or medicament, unspecified  
        Y37.02  Allergy to legumes [ground nuts]  
        Y92.24  Place of occurrence, health service area, this facility  
        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  
Y37.23  Allergy to fish  
Y92.24  Place of occurrence, health service area, this facility

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

STANDARDS INDEX

Alcohol
- and medication  
- - adverse reaction 1903  
- detoxification and rehabilitation 0525  
- harmful use 0503  
- social/heavy drinker 0503  
- use disorder 0503  

Allergic reaction 2004
- antivenom 1923  
- snake venom 1923  

Allied health interventions 0032

Reaction
- adjustment/depressive 0506  
- allergic 2004  
- drug combination 1903  
- hypoglycaemic 0401  
- insulin 0401  

Severity of stroke 0604  

Shock, septic 0110
- anaphylactic, due to antivenom 1923  
- septic 0110

Shuddering attacks, benign 0631
Introduction/Rationale:

This addenda proposal is a result of a public submission (P218), which identified confusion surrounding the information listed under ACS 1334 Spondylosis/ Spondylolisthesis/ Retrolisthesis, versus the Alphabetic Index terms. The public submission also highlighted the need for an index entry for ‘facet joint arthritis’.

Research confirms that arthritis of the spine is also known as spondylopathy. ICD-10-AM classifies arthritis of the spine to M46.9- Inflammatory spondylopathy, unspecified. Arthrosis or osteoarthritis of the spine is also known as spondylosis. ICD-10-AM correctly classifies both arthrosis and osteoarthritis of spine to M47.9- Spondylosis, unspecified. The standard incorrectly states that spondylosis is ‘arthritis of the spine’.

Facet joint arthritis is a degenerative disorder where the thin layer of cartilage covering the joints breaks down, causing inflammation and pain. Clinical advice confirms that facet joint arthritis should be classified as ‘spondylosis’.

ACCD proposes to delete ACS 1334 Spondylosis/Spondylolisthesis/Retrolisthesis, as the standard does not provide much guidance, with all information located in the Alphabetic Index and Tabular List.

Alphabetic Index entries will also be added for facet joint arthritis, and retrolisthesis of spine.

ACCD PROPOSAL

Tabular List

<table>
<thead>
<tr>
<th>M43.1</th>
<th>Spondylolisthesis</th>
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<td>M43.10</td>
<td>Spondylolisthesis, multiple sites in spine</td>
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<td>M43.11</td>
<td>Spondylolisthesis, occipito-atlanto-axial region</td>
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<td>Spondylolisthesis, cervical region</td>
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<tr>
<th>M43.2</th>
<th>Other fusion of spine</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Ankylosis of spinal joint</td>
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</tbody>
</table>

Excludes: ankylosing spondylitis (M45.0-)
arthrosis status (Z98.1)
pseudoarthrosis after fusion or arthrodesis (M96.0)
M43.20 Other fusion of spine, multiple sites in spine

M47 Spondylosis
∇ 1334
See site code
Includes: arthrosis or osteoarthritis of spine
degeneration of facet joints

Alphabetic Index

Arthritis, arthritic (acute) (chronic) (subacute) M13.9-
- epidemic erythema A25.1
- facet joint (vertebra) — see Spondylosis
- febrile — see Fever/rheumatic

Retrograde menstruation N92.5
Retrolisthesis (vertebra) M43.2-
Retroperineal — see condition

Slipped, slipping
- epiphysis M93.9
  - traumatic (old) M93.9
  - - current — see Fracture/by site
  - - upper femoral (nontraumatic) M93.0
  - - - traumatic S72.02
- intervertebral disc — see Displacement/intervertebral disc
- ligature, umbilical P51.8
- patella M22.3
- rib M89.88
- sacroiliac joint M53.28
- ulnar nerve, nontraumatic G56.2
- vertebra (forward) (spondylolisthesis) NEC (see also Spondylolisthesis) M43.1-
  - - backward (retrolisthesis) NEC M43.2-

Australian Coding Standards

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1334—SPONDYLOSIS/SPONDYLOLISTHESIS/RETROLISTHESIS

Spondylosis is arthritis of the spine, whereas spondylolisthesis is forward slipping of one vertebral body on another. Retrolisthesis is backward slipping.

Assign:
Spondylosis M47.0—Spondylosis
Spondylolisthesis M43.1—Spondylolisthesis
Retrolisthesis M43.2—Other fusion of spine

STANDARDS INDEX

R

Retraining
- bladder 1433

Retrolisthesis 1334

Revision
- cardiac/vascular procedure 0934
- cerebrospinal fluid drain or shunt 0634

S

Spinal
- anaesthesia 0031
- cord
  - - injury 1915
  - - lesion (functional level) 0625; 1915
  - - fusion 1348

Spondylolisthesis 1334
Spondylosis 1334
Spontaneous

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Introduction/Rationale:

This addenda proposal is the result of an ACCD initiated review of the indexing of artificial bowel and urinary sphincters.

After review, it was found that indexing of insertion of artificial urinary sphincters was inconsistent and amendments are hereby proposed as follows:

ACCD PROPOSAL

Alphabetic Index

Insertion

- artificial
  - - heart, total 96229-00 [608]
  - - sphincter
  - - - bowel 32220-00 [940]
    - - urinary — see also Insertion/urinary sphincter, artificial — 37387-00 [1113]
  - - bone
    - - conduction hearing 41557-02 [321]
    - - growth stimulator 47920-00 [1554]
    - - bowel sphincter, artificial 32220-00 [940]
    - - brain wafer, chemotherapy 96201-00 [1920]
  - - sphincter, artificial
    - - bowel 32220-00 [940]
    - - urinary — see also Insertion/urinary sphincter, artificial — 37387-00 [1113]
  - - urinary sphincter, artificial 37387-00 [1113]
    - - cuff
      - - - abdominal approach 37384-00 [1113]
      - - - perineal approach 37381-00 [1113]
    - - —
Introduction/Rationale:

This addenda proposal is a result of a coding query (Q3205) which identified a need to amend ACS 1438 Chronic kidney disease regarding assignment of chapter versus supplementary codes for chronic conditions (ie ‘U’ codes).

Minor amendments are also proposed in line with changes in ACS 0002 Additional diagnoses.

ACCD PROPOSAL

Australian Coding Standards

0003 SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS

Codes from U78.- to U88.- are to be assigned for chronic conditions that are present on admission, however the condition does not meet the criteria for coding (as instructed in ACS 0002 Additional diagnoses and other general and specialty coding standards, coding conventions, and coding rules). These codes are for temporary use in Australia to generate data which will be utilised to review the coding of additional diagnoses. The codes are mapped so as not to be included in the grouping for Diagnosis Related Group (DRG) allocation.

There is a discrete list of chronic conditions represented in the code range U78.- to U88.-. Therefore, not all chronic conditions will be assigned a supplementary code. The supplementary codes for chronic conditions are listed in the ICD-10-AM Alphabetic Index under the pathway Supplementary/codes for chronic conditions.

The assignment of codes from U78.- to U88.- does not impact on the other codes that are assigned. Rather, these codes represent conditions that would normally not be included in the coded data (see Figure 1). Codes from U78.- to U88.- should be sequenced after all other ICD-10-AM codes, giving priority to the reporting of the other codes where the number of fields is limited.
CLASSIFICATION

The supplementary codes for chronic conditions are only to be assigned where the condition is part of the current health status of the patient (see Example 1 and 2). The U codes represent chronic conditions that may be assumed to be current unless there is documentation that indicates otherwise.

The supplementary codes are not to be assigned:

• in addition to another chapter code for the same condition (see Example 45)
• for a past history of a condition (see Example 56)
• for an acute condition.

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

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

Note: ACHI codes are not included in the following examples.

EXAMPLE 1:
A 14 year old patient with cerebral palsy (CP) is admitted for correction of bat ear. The CP does not meet the criteria for coding in the episode of care (as in ACS 0002 Additional diagnoses and other general and specialty coding standards, coding conventions, and coding rules). Assign the supplementary chronic condition code U80.4 Cerebral palsy.

Codes:  Q17.5  Prominent ear
        U80.4  Cerebral palsy

In this example, the cerebral palsy does not meet the criteria for coding in ACS 0002 Additional diagnoses or other general and specialty coding standards, coding conventions, and coding rules.

EXAMPLE 2:
An 80 year old patient with ischaemic heart disease (IHD), a past history of coronary artery bypass graft (CABG) performed five years previously, hypertension (HT), and rheumatoid arthritis (RA) of the fingers, is admitted for removal of multiple skin lesions: basal cell carcinoma (BCC) of the forearm under local anaesthetic. The IHD, HT and RA do not meet the criteria for coding in the episode of care (as in ACS 0002 Additional diagnoses and other general and specialty coding standards, coding conventions, and coding rules). Assign the supplementary chronic condition codes U82.1 Ischaemic heart disease, U82.3 Hypertension and U86.1 Rheumatoid arthritis.

Codes:  C44.6  Other malignant neoplasms of skin, skin of upper limb, including shoulder
        M8090/3 Basal cell carcinoma NOS
        U82.1  Ischaemic heart disease
        U82.3  Hypertension
        U86.1  Rheumatoid arthritis

In this example, the IHD, HT and RA do not meet the criteria for coding in ACS 0002 Additional diagnoses or other general and specialty coding standards, coding conventions, and coding rules.

EXAMPLE 3:
A 68 year old patient with Parkinson's disease that is currently controlled by medication is admitted with chest pain for a coronary angiogram. The angiogram demonstrated normal coronary arteries. The Parkinson's disease does not meet the criteria for coding in the episode of care (as in ACS 0002 Additional diagnoses and other general and specialty coding standards, coding conventions, and coding rules). Assign the supplementary chronic condition code U80.1 Parkinson's disease.

Codes:  R07.4  Chest pain, unspecified
        U80.1  Parkinson's disease

In this example, the Parkinson's disease does not meet the criteria for coding in ACS 0002 Additional diagnoses or other general and specialty coding standards, coding conventions, and coding rules.
EXAMPLE 4:
Patient was admitted with ESRF (end-stage renal failure) for the creation of an AV fistula (using a Gore-Tex prosthesis) of the forearm for haemodialysis, under general anaesthesia. The intervention was uneventful and the patient was discharged on the same day.

Codes:
- Z49.0 Preparatory care for dialysis
- U87.1 Chronic kidney disease, stage 3-5

In this example, the CKD does not meet the criteria for coding in ACS 0002 Additional diagnoses or other general and specialty coding standards, coding conventions, and coding rules. The creation of the AV fistula is to obtain vascular access for haemodialysis, and is not a therapeutic treatment for CKD, and thus cannot be used as a criterion for assignment of a code from category N18 Chronic kidney disease.

EXAMPLE 48:
A 49 year old patient with multiple sclerosis (MS) is admitted for an open reduction of a fractured tibia and fibula following a fall. The patient required additional clinical care and allied health intervention due to the MS. Therefore the MS meets the criteria for coding in the episode of care (as in ACS 0002 Additional diagnoses and other general and specialty coding standards, coding conventions, and coding rules) and G35 Multiple sclerosis is assigned. Do not assign a supplementary chronic condition code for the MS.

Codes:
- S82.21 Fracture of shaft of tibia with fracture of fibula (any part)
- W19 Unspecified fall
- Y92.9 Unspecified place of occurrence
- U73.9 Unspecified activity
- G35 Multiple sclerosis

In this example, the MS meets the criteria for coding in ACS 0002 Additional diagnoses and other general and specialty coding standards, coding conventions, and coding rules, and G35 Multiple sclerosis is assigned. Do not assign a supplementary chronic condition code for the MS.

EXAMPLE 56:
A 45 year old patient with a past history of asthma as a child is admitted for a laparoscopic cholecystectomy for chronic cholecystitis. The asthma does not meet the criteria for coding in the episode of care (as in ACS 0002 Additional diagnoses and other general and specialty coding standards, coding conventions, and coding rules). The asthma also does not meet the criteria for supplementary coding for chronic conditions. Do not assign a supplementary chronic condition code for the asthma.

Code: K81.1 Chronic cholecystitis

In this example, the asthma does not meet the criteria for coding in ACS 0002 Additional diagnoses or other general and specialty coding standards, coding conventions, and coding rules. The asthma also does not meet the criteria for supplementary coding for chronic conditions.

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

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

## DEFINITION

Chronic kidney disease (CKD) is the term used to describe underlying kidney damage and/or reduced kidney function that is present for three months or more, resulting from a variety of conditions.

Common causes of chronic kidney disease include:

- glomerulonephritis
- diabetes
- hypertension
- renovascular disease – eg atherosclerosis, vasculitis
- drugs/toxins eg lithium, analgesics, lead
- malignancy/myeloma
- genetic kidney disease eg polycystic kidney disease
- obstructive uropathy – eg renal calculi.

In a clinical setting, a patient is diagnosed with CKD if they meet either of the following criteria:

1. Kidney damage for 3 months or more, as defined by structural or functional abnormalities of the kidney, with or without decreased estimated or measured glomerular filtration rate (eGFR/GFR), manifest by either:
   - microalbuminuria or proteinuria
   - glomerular-haematuria (after exclusion of other urological causes)
   - structural abnormalities (eg abnormal kidney ultrasound result)
   - pathological abnormalities (eg abnormal kidney biopsy)
   - transplanted kidney 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.

2. Glomerular filtration rate (GFR) < 60 mL/min/1.73m² for 3 months or more, with or without kidney damage.

Or

- an estimated or measured glomerular filtration rate (eGFR/GFR) < 60 mL/min/1.73m² that is present for 3 months or more with or without evidence of kidney damage.

(Kidney Health Australia 2018)

## STAGES OF CHRONIC KIDNEY FUNCTION REDUCTION DISEASE (CKD)

<table>
<thead>
<tr>
<th>STAGE</th>
<th>DESCRIPTION</th>
<th>GFR (ML/MIN/1.73M²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kidney damage with normal or increased GFR/kidney function</td>
<td>≥ 90</td>
</tr>
<tr>
<td>2</td>
<td>Kidney damage with mild decreased GFR/loss of kidney function</td>
<td>60–89</td>
</tr>
<tr>
<td>3</td>
<td>Moderate decreased GFR/loss of kidney function</td>
<td>30–59</td>
</tr>
<tr>
<td></td>
<td>(3a/3b)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Severe decreased GFR</td>
<td>15–29</td>
</tr>
<tr>
<td>---</td>
<td>----------------------</td>
<td>-------</td>
</tr>
<tr>
<td>5</td>
<td>Kidney failure</td>
<td>&lt; 15</td>
</tr>
</tbody>
</table>


Note: Prior to the defining of chronic kidney disease, the term 'chronic renal failure' described both 'failing' and 'failed' kidneys and no further description was required when classifying. Under the new definition of chronic kidney disease, 'kidney failure' in a chronic context, is not described until the kidneys have ceased to function, that is, failed. This is CKD stage 5, as measured by the estimated or measured glomerular filtration rate (eGFR/GFR) or the requirement for ongoing kidney replacement therapy, or by documentation of 'end-stage' kidney failure. Therefore, 'failure' status must be validated by documentation and/or eGFR/GFR (eGFR) level before assigning codes qualified by 'with kidney failure', for example, 112.0 Hypertensive kidney disease with kidney failure.

**ESTIMATED GLOMERULAR FILTRATION RATE ESTIMATE – (EgGFR)**

The glomerular filtration rate measures how well the kidneys filter wastes from blood and is the best overall measure of kidney function. The Modification of Diet in Renal Disease (MDRD) formula and the CKD-EPI Creatinine Equation (CKD-EPI) are recognised formulas that are used to calculate an estimate for the glomerular filtration rate based on the serum creatinine level, age and sex of the patient.

The eGFR result, calculated by MDRD formula, is now-reported automatically by Australian laboratories when a serum creatinine is ordered. However, the eGFR result will not be reported for patients under the age of 18 years, if the patient is known to be pregnant, or if there are other reasons for the result being invalid (eg patients on dialysis treatment).

(Kidney Health Australia 2018; National Kidney Foundation 2017).

Note: The eGFR is not reported for patients under the age of 18 years, if the patient is known to be pregnant, or if there are other reasons for the result being invalid such as, for patients on dialysis treatment.

**CLASSIFICATION**

- A code from category N18 *Chronic kidney disease (N18—)* must be assigned in all episodes of care when a diagnosis of chronic kidney disease (or chronic renal failure) is documented and meets the criteria for an additional diagnosis code assignment (see ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses).

- Where CKD is documented, assign a code for the stage based on:
  1. documentation of a stage by a clinician.

  OR

  2. documentation of eGFR/GFR (or eGFR) by a clinician.
3. **eGFR (eGFR) from pathology result.**

In cases where there is a range of values reported across the admission, assign the stage for the lowest eGFR (eGFR) that is, the highest stage of disease, except where superimposed acute deterioration in kidney function has necessitated the admission, or occurs during the admission. In these instances, assign a code for the chronic component of the disease according to the GFR (eGFR) result closest to the discharge date, reflecting the underlying level of kidney function.

In cases where a patient is admitted with acute on chronic kidney disease and is then transferred to another hospital still in the acute phase, assign N18.9 Chronic kidney disease, unspecified for the chronic component of the disease as the eGFR will not be a true indicator of the underlying level of kidney function. However, if 'end-stage' is documented or the patient is on ongoing haemodialysis or peritoneal dialysis, assign N18.5 Chronic kidney disease, stage 5 except where CKD is inherent (eg I12.0 Hypertensive kidney disease with kidney failure).

Assign N18.9 Chronic kidney disease, unspecified, when documentation is not available to establish a stage.

Assign a code for the underlying cause of the chronic kidney disease (eg IgA nephropathy) when documented.

- In cases where there is a range of values reported across the admission, seek clinical clarification to confirm the CKD stage. If clinical advice is unavailable:
  - assign the stage for the lowest eGFR/GFR, (ie the highest stage of disease)

  **OR**

  - where the patient has acute on chronic kidney disease, assign a code for the chronic component of the disease according to the eGFR/GFR result closest to the discharge date, reflecting the underlying level of kidney function.

- Where a patient has acute on chronic kidney disease, assign codes for both conditions (see also ACS 0001 Principal diagnosis/Acute and chronic conditions).

- Where a patient is transferred to another hospital still in the acute phase:
  - assign N18.9 Chronic kidney disease, unspecified for the chronic component of the disease as the eGFR/GFR will not be a true indicator of the underlying level of kidney function

  **OR**

  - if 'end-stage' is documented or the patient is on ongoing haemodialysis or peritoneal dialysis, assign N18.5 Chronic kidney disease, stage 5 except where CKD is inherent (eg I12.0 Hypertensive kidney disease with kidney failure).

- Where a patient has a documented underlying cause of the chronic kidney disease (eg IgA nephropathy), assign an additional code for the underlying cause

- Assign N18.9 Chronic kidney disease, unspecified, when documentation is not available to establish a stage

- Where a patient with CKD is admitted for creation of an AV fistula for haemodialysis, assign Z49.0 Preparatory care for dialysis as the principal diagnosis. Assign U87.1 Chronic kidney disease, stage 3-5 if the CKD does not meet the criteria in ACS 0002 Additional diagnoses (see also ACS 0003 Supplementary codes for chronic conditions, Example 4).
EXAMPLE 1:
A 63 year old woman with known polycystic kidney disease was referred for investigation of persistent haematuria, tiredness and loss of appetite. Blood chemistry with an eGFR result of 42 mL/min and electrolyte imbalance confirmed suspected deteriorating kidney function. Her medications were reviewed and adjusted, and she was discharged with a final diagnosis of chronic kidney disease due to polycystic kidney disease.

Codes:  
N18.3 Chronic kidney disease, stage 3  
Q61.3 Polycystic kidney, NOS

In this example, Q61.3 Polycystic kidney, NOS is assigned as per guidelines in ACS 0001 Principal diagnosis/Problems and underlying conditions.

KIDNEY REPLACEMENT THERAPY

Patients who have had their end-stage kidney disease treated with kidney replacement therapy, either in the form of dialysis or transplant, are still considered to have CKD. Patients receiving kidney replacement therapy in the form of ongoing maintenance dialysis are considered to be at stage 5, while transplanted patients are considered to be stage 3, unless otherwise documented.

CLASSIFICATION

- Assign a code from N18.3–N18.5 (CKD stage 3–5) for Cases of chronic kidney disease with ongoing kidney replacement therapy (ie, whether by dialysis or by transplant), which comply with ACS 0002 Additional diagnoses, require a code from N18.3–N18.5 (CKD stage 3–5) where CKD meets the criteria for code assignment (see ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses) to describe the current stage of disease, except in routine dialysis only admissions or where CKD is inherent (eg I12.0 Hypertensive kidney disease with kidney failure).

- For routine same-day dialysis only admissions it can be assumed from the assignment of Z49.1 Extracorporeal dialysis or Z49.2 Other dialysis that the patient has CKD – stage 5 (see also ACS 1404 Admission for kidney dialysis). Therefore, do not assign a code from category N18 Chronic kidney disease as an additional diagnosis.

- For patients who have received a kidney transplant and documentation pertaining to this status satisfies criteria for coding under ACS 0002 Additional diagnoses, assign Z94.0 Kidney transplant status together with N18.3 Chronic kidney disease, stage 3 or higher, as indicated by an eGFR/GFR level where CKD meets the criteria for code assignment (see ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses).

- For patients dependent on haemodialysis or peritoneal dialysis for end-stage chronic kidney disease, but not receiving dialysis treatment during the current admission, and where documentation pertaining to this status satisfies criteria for coding under ACS 0002 Additional diagnoses, assign Z99.2 Dependence on kidney dialysis with N18.3 Chronic kidney disease, stage 3 or higher, as indicated by an eGFR/GFR level where CKD meets the criteria for code assignment (see ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses).

EXAMPLE 2:
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 chronic kidney failure due to IgA nephropathy, on home dialysis. X-ray confirmed subcapital fracture of the left femur. The fracture was treated by hemiarthroplasty to the left hip, under GA (general anaesthesia), ASA 2.
The patient 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   Place of occurrence, Outdoor areas
U73.9    Unspecified activity
N18.5    Chronic kidney disease, stage 5
N02.8    Recurrent and persistent haematuria, other
47522-00 [1489]   Hemiarthroplasty of femur
92514-29 [1910]  General anaesthesia, ASA 29, nonemergency
13100-00 [1060]   Haemodialysis

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 The patient was diagnosed with unstable angina, was made. Because of her end-stage chronic kidney disease, a consultation was undertaken by her renal physician to evaluate her 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

In this example, Z99.2 Dependence on kidney dialysis is assigned as per fourth Classification dot point. The patient is dependent on haemodialysis for end-stage kidney disease, but did not receive dialysis treatment during this admission.

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 transplant status, the patient’s renal physician ordered additional fluid and electrolyte balance reviews in the postoperative period. 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 kidney disease, stage 3
Z94.0    Kidney transplant status
30566-00 [895]  Resection of small intestine with anastomosis
92514-29 [1910]  General anaesthesia, ASA 29, nonemergency

KIDNEY TRANSPLANT FAILURE

Transplanted kidneys may fail in the short or long term due to rejection. Hyperacute rejections of a transplanted kidney are immediate and acute rejection is highest more common in the first three
months after transplantation. However, acute rejection can also occur months to years after transplantation. Chronic transplant rejection is irreversible and cannot be treated effectively. Chronic transplant rejection occurs slowly over a variable period of time, is irreversible and is difficult to treat.

An acute rejection will likely be the focus of the admission with the objective being the treatment of the rejection. For chronic irreversible kidney transplant rejection, the patient may be likely to be on maintenance dialysis to treat CKD stage 5.

**CLASSIFICATION**

1. For acute kidney transplant rejection, assign T86.1 Kidney transplant failure and rejection with appropriate external cause codes.

2. For chronic (irreversible) kidney failure transplant rejection, following a previous kidney transplant which is now requiring maintenance dialysis in the current admission, assign a code from category N18.5 Chronic kidney disease, stage 5 and Z94.0 Kidney transplant status. (See also Kidney replacement therapy/Classification).

Sequencing of codes should be guided by as per the guidelines in ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses.

**EXAMPLE 5:**

A 70 year old woman was admitted for treatment of community acquired pneumonia. She had received a kidney transplant 10 years previously, which lost its function three years later, and she has been dependent on kidney dialysis since. She received haemodialysis every second day during the admission.

Codes:  
J18.9 Pneumonia, unspecified  
N18.5 Chronic kidney disease, stage 5  
Z94.0 Kidney transplant status  
13100-00 [1060] Haemodialysis

**DIABETIC NEPHROPATHY**

Diabetic nephropathy is also known as diabetic glomerulosclerosis. It is a common underlying condition for CKD. In this condition, the glomeruli of the kidney thicken and slowly become scarred over time. The kidneys begin to leak and protein (albumin) passes into the urine (U.S. National Library of Medicine 2012). This is termed microalbuminuria and is one of the earliest markers of CKD (see also ACS 0401 Diabetes mellitus and intermediate hyperglycaemia).

Diabetic nephropathy or diabetic kidney disease is defined by structural and functional changes. Structural changes such as thickening of the glomeruli of the kidneys, referred to as glomerulosclerosis, slowly create scarring within the kidneys. Functional characteristics include hyperfiltration, microalbuminuria, and macroalbuminuria with incipient progressive proteinuria. Glomerular filtration rate (eGFR/GFR) progressively decreases until the final stage of chronic kidney failure, or end-stage renal disease (ESRD) requiring renal replacement therapy (Onuigbo & Agbasi 2015).

**CLASSIFICATION**

Assign a code from category N18.- Chronic kidney disease in conjunction with the diabetic nephropathy code, to indicate the severity of the kidney disease, if CKD meets the criteria in ACS 0002 Additional diagnoses (see also ACS 0401 Diabetes mellitus and intermediate hyperglycaemia).

**EXAMPLE 6:**
A 74 year old man with chronic kidney disease and diabetic nephropathy (Type 2 diabetes) was admitted for review of his kidney function. Biochemistry results included a decreased eGFR = 41 mL/min, down from 47 mL/min one month previously.

Codes:  
N18.3  Chronic kidney disease, stage 3  
E11.22  Type 2 diabetes mellitus with established diabetic nephropathy
Introduction/Rationale:
A number of public submissions (P166, P309, P313) have been received by ACCD in relation to changing clinical practice and therefore documentation trends. This proposal has been developed to address the following:

- emerging issues with documentation contained within an electronic health record (EHR);
- the definition of the ‘entire clinical record’ in an electronic health environment; and
- the emergence of the role of the Clinical Documentation Improvement Specialist (CDIS).

These public submissions, and the issues identified during the development of the Standards for ethical conduct in clinical coding, and the ensuing Clarification on the implementation of the Standards for ethical conduct in clinical coding in 2016 and 2017 have informed proposed amendments and additions within introductory sections of the International Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), the Australian Classification of Health Interventions (ACHI) and the Australian Coding Standards (ACS).

ACCD proposes to revise the following sections within ICD-10-AM/ACHI/ACS:

- Guidance in the use of ICD-10-AM
- Guidance in the use of ACHI
- Introduction to the ACS
- How to use this document (within the ACS)

ACCD also proposes further amendments to ACS 0010 General abstraction guidelines.
INTRODUCTION

GUIDANCE IN THE USE OF ICD-10-AM

The main aim of clinical coding (clinical classification) is:

To classify clinical concepts into code.

Clinical concepts in ICD-10-AM include:

- diseases
- symptoms (that represent important problems in medical care in their own right)
- injuries, poisonings, and/or adverse effects
- procedural complications

Note: ICD-10-AM also classifies external causes of morbidity and mortality (see Chapter 20), and factors influencing health status and contact with health services (see Chapter 21).

Originally designed to provide access to information contained in clinical records, clinical coding requires that the Alphabetic Index, the Tabular List and the Australian Coding Standards are all consulted before a code is assigned.

There are several steps in classifying diseases, clinical concepts, and the following is a simple guide intended to assist the occasional user of ICD-10-AM.

1. Identify in the current episode of admitted care, the clinical concept requiring classification (see also ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses), and refer to the appropriate section of the Alphabetic Index.

   Note: Avoid indiscriminate coding of irrelevant information, such as symptoms or signs characteristic of the diagnosis (see also General standards for diseases).

   Note: Certain symptoms represent important problems in medical care in their own right and may at times require code assignment (see also the Instructional note at the beginning of Chapter 18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified).

2. Locate the lead term in the appropriate section of the ICD-10-AM Alphabetic Index. For disease and injuries, this is usually a noun for the pathological condition. However, some conditions expressed as
adjectives or eponyms are included in the Alphabetic Index as lead terms. The lead term is usually a noun, but may be an adjective or eponym, identifying the pathological condition or injury.

• Follow any Instructional note(s) that appear under the lead term
• Note any terms enclosed in parentheses (ie nonessential modifiers; they do not affect code assignment), as well as any terms indented under the lead term (ie subterms; these essential modifiers may affect code assignment), until the clinical concept has been accounted for
• Follow carefully any cross references (see and see also).

Note: A code in the ICD-10-AM Alphabetic Index with a dash in the fourth or fifth position identifies that a fourth or fifth character is required for a valid code. The additional characters are located in the ICD-10-AM Tabular List.

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 the clinical concept has been accounted for.
5. Follow carefully any cross references (see and see also) found in the Alphabetic Index.

36. Refer to the ICD-10-AM 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 may not be indexed and therefore must be located in the Tabular List.

• Be guided by any Instructional notes (eg ’Inclusion’ terms, Includes and ’Excludes’ notes, 'Code also', 'Use additional code') at the selected code, or at the chapter, block or category.

7. Be guided by any Inclusion terms and Instructional notes under the selected code or under the chapter, block or category heading.

48. 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.

• Refer to any specialty standards, as indicated by an ACS symbol (v) in the ICD-10-AM Tabular List
5. Refer to national Coding Rules, as appropriate

69. Assign the code.

ACHI Tabular

INTRODUCTION

GUIDANCE IN THE USE OF ACHI

The main aim of clinical coding (clinical classification) is:

To classify clinical concepts into code.

Clinical concepts in ACHI are interventions.
Originally designed to provide access to information contained in clinical health care records for research, education and administration, clinical codes coded data are now also utilised to facilitate payment of health services, determine utilisation patterns and evaluate the appropriateness of health care costs. Coded data also provide the basis for epidemiological studies and research into the quality of health care and patient safety.

The classification of clinical concepts and/or entities into code is a complex activity. Because coded data are used in so many areas, it is essential that classification is performed correctly and consistently in order to produce meaningful statistics to aid in the planning of health care services.

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

There are several steps in classifying interventions and the following is a simple guide intended to assist the occasional user of ACHI.

1. Identify in the current episode of admitted care patient’s record, the clinical concept requiring classification and refer to the appropriate section of the Alphabetic Index.
   
   **Note:** Avoid indiscriminate coding of irrelevant information, such as operative approach or procedural components (see also General standards for interventions).

2. Locate the lead term in the appropriate section of the ACHI Alphabetic Index. The lead term is usually a noun, but may be an adjective or eponym, identifying the type of intervention performed.
   
   For interventions, this is usually a noun identifying the type of intervention performed. However, some interventions expressed as adjectives or eponyms are included in the Alphabetic Index as lead terms.

   • Follow any Instructional note(s) that appear under the lead term
   
     • Note any terms enclosed in parentheses (ie nonessential modifiers; they do not affect code assignment), as well as any terms indented under the lead term (ie subterms; these essential modifiers may affect code assignment), until the clinical concept has been accounted for
   
     • Follow carefully any cross references (see and see also).
   
   **Note:** A code in the ACHI Alphabetic Index with five digits and a block number in parentheses (eg 92514 [1910]), requires the addition of a further two digits for a valid code. The additional digits are located in the ACHI Tabular List, at the appropriate block.

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 the clinical concept has been accounted for.

5. Follow carefully any cross references (see and see also) found in the Alphabetic Index.

6. Refer to the ACHI Tabular List to verify the suitability of the code selected. 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 Instructional notes (eg ‘Inclusion’ terms, Includes and ‘Excludes’ notes, ‘Code also’, ‘Use additional code’) at the selected code, or at the chapter, block or category heading.

7. Be guided by any Inclusion terms and Instructional notes 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.

   • First, refer to the General standards for interventions
• Refer to any specialty standards, as indicated by an ACS symbol (v) in the ACHI Tabular List

5. Refer to national Coding Rules as appropriate
6. Assign the code.

Australian Coding Standards

ABBREVIATIONS

The following is a non-exhaustive list of abbreviations found in the Australian Coding Standards:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACHI</td>
<td>Australian Classification of Health Interventions</td>
</tr>
<tr>
<td>ACS</td>
<td>Australian Coding Standard(s)</td>
</tr>
<tr>
<td>ADA</td>
<td>Australian Dental Association</td>
</tr>
<tr>
<td>AHCAs</td>
<td>Australian Health Care Agreements</td>
</tr>
<tr>
<td>AHSRI</td>
<td>Australian Health Services Research Institute</td>
</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
</tr>
<tr>
<td>AR-DRG</td>
<td>Australian Refined Diagnosis Related Groups</td>
</tr>
<tr>
<td>ASA</td>
<td>American Society of Anesthesiologists</td>
</tr>
<tr>
<td>BPEG</td>
<td>British Pacing and Electrophysiology Group</td>
</tr>
<tr>
<td>CCCG</td>
<td>Clinical Classification and Coding Group</td>
</tr>
<tr>
<td>CDIS</td>
<td>Clinical Documentation Improvement Specialist</td>
</tr>
<tr>
<td>COF</td>
<td>Condition onset flag</td>
</tr>
<tr>
<td>DTG</td>
<td>Diagnosis Related Group Technical Group</td>
</tr>
<tr>
<td>ICD</td>
<td>International Statistical Classification of Diseases</td>
</tr>
<tr>
<td>ICD-O</td>
<td>International Classification of Diseases for Oncology</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>International Classification of Diseases – Ninth Revision – Clinical Modification</td>
</tr>
<tr>
<td>ICD-10</td>
<td>International Statistical Classification of Diseases and Related Health Problems – Tenth Revision</td>
</tr>
<tr>
<td>ICD-10-AM</td>
<td>International Statistical Classification of Diseases and Related Health Problems – Tenth Revision – Australian Modification</td>
</tr>
<tr>
<td>ITG</td>
<td>International Statistical Classification of Diseases Technical Group</td>
</tr>
<tr>
<td>NASPE</td>
<td>North American Society of Pacing and Electrophysiology</td>
</tr>
<tr>
<td>NCCC</td>
<td>National Casemix and Classification Centre</td>
</tr>
<tr>
<td>NCCH</td>
<td>National Centre for Classification in Health</td>
</tr>
<tr>
<td>NEC</td>
<td>Not elsewhere classified</td>
</tr>
<tr>
<td>NMDS</td>
<td>National Minimum Data Set</td>
</tr>
<tr>
<td>NOS</td>
<td>Not otherwise specified</td>
</tr>
<tr>
<td>The Commission</td>
<td>Australian Commission on Safety and Quality in Health Care</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
INTRODUCTION

The Australian Coding Standards (ACS) for the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) and the Australian Classification of Health Interventions (ACHI) apply to all public and private hospitals in Australia. It is anticipated that revisions will be made on a regular basis and that further editions will follow. The ongoing revision of the ACS will ensure that they reflect changes in clinical practice, clinical classification amendments and various user requirements of inpatient data collections.

The clinical coding standards ACS have been written developed with the basic objective of providing sound coding classification convention guidelines in accordance ing to ICD-10-AM and ACHI. Consideration of alternate the various uses of inpatient data collections was secondary. Issues Other uses such as Diagnosis Related Group allocation for funding purposes, health care research and planning aims were considered only after the requirement for nationally accurate and consistent ICD-10-AM and ACHI classification data coding was satisfied.

The level of detail in the standards ACS reflects the assumption that users of the document will have had training in abstracting relevant information from clinical health care records and in the use of ICD-10-AM and ACHI. It is assumed that clinical coders are aware of, and follow, ICD-10-AM and ACHI rules conventions in the first instance.

DOCUMENTATION WITHIN THE HEALTH CARE RECORD

The Documentation within the current clinical record episode of admitted care should be the primary source of information for the classification coding of inpatient morbidity data. Accurate classification coding is possible only after access to consistent and complete clinical information. Without good documentation, classification guidelines are difficult, if not impossible, to apply. It is assumed that coding Classification decisions are not made solely based on information provided documented on in the clinical record episode of admitted care front sheet and/or the discharge summary (or copy of same equivalent). Similarly, in an electronic health record environment, do not make classification decisions based solely on admission and/or discharge data, but that analysis Analysis of the entire complete (current) episode of admitted care is required clinical record is performed before code assignment to qualify any ambiguous documentation, or to identify specificity for documented diseases/conditions.

In certain circumstances, it may be necessary for clinical coders to use other sources of information outside the current episode of admitted care. For example, past episodes of admitted care, referral letters and other correspondence and emergency and outpatient notes may clarify documentation contained within the current episode of admitted care; provide further specificity on documentation contained within the current episode of admitted care or may assist in determining the reason for admission.

If, after following the above process, the documentation within the clinical health care record is inadequate for complete and accurate classification coding, the clinical coder should seek more further information from the clinician. When a diagnosis is recorded for which there is no supporting documentation in the body of the clinical record, it may be necessary to consult with the clinician before assigning a code.

Sometimes reference to the appropriate section of ICD-10-AM grand ACHI will be enough to explain to a clinician what is required for both diagnosis and procedure intervention descriptions (see ACS 0010 Clinical documentation and general abstraction guidelines).

If this action is unsuccessful, the hospital inform the health care facility management should be informed of the inadequacy of the clinical health care record documentation and the resultant effect on the quality of the hospital facility’s inpatient data.

The responsibility for recording the documentation of accurate diagnoses (ie principal diagnosis and additional diagnoses) and procedures interventions in particular principal diagnosis, lies with the clinician, not the clinical coder or clinical documentation improvement specialist (CDIS). Some clinical coders and CDIS may possess a medical, nursing or allied health degree, but cannot diagnose patient conditions, as they are not a designated member of the clinical team treating the patient.
A joint combined effort between the clinician and the clinical coder (and the CDIS) is essential to achieve complete and accurate documentation, and code assignment, using ICD-10-AM and ACHI classification conventions and the ACS. This will ensure national consistency in the reporting of diagnoses and procedures.

Those involved in the clinical coding process should uphold the Clinical Coding Practice Framework. This framework was developed by a collaboration of the Health Information Management Association of Australia (HIMAA) and the Clinical Coders Society of Australia (CCSA) to ensure consistency in coding practice by defining and providing guidance that promotes good practice for those involved in the clinical coding process. The framework can be accessed from the websites of HIMAA, CCSA, the Independent Hospital Pricing Authority (IHPA) and other stakeholders who participate in the clinical coding process.

HOW TO USE THIS DOCUMENT

Standards in this document The ACS are categorised by site and/or system according to the specialty to which the diagnosis or procedure intervention relates.

Operations and procedures are also categorised by site. For example, ‘Functional endoscopic sinus surgery’ (FESS) ‘tonsillitis’ is discussed in Chapter 8 Ear, Nose, Mouth and Throat (ENMT). Guidelines regarding Any procedures interventions which can be performed on many multiple sites are included in the General standards for interventions section. Refer first to the Standards Index.

Where a procedure involves multiple sites, which may be categorised into more than one chapter, reference the index in the first instance.

The term 'clinician' is used throughout the document ACS and refers to the treating medical officer but may refer to other clinicians such as allied health professionals, midwives, and nurses). Generally, medical officer documentation is the primary source for clinical coders to use for classification purposes. The following example indicates that clinical coders can also use documentation from other clinicians if the documented information is appropriate to the clinician's In order to assign a code associated with a particular clinician's documentation, the documented information must be appropriate to the clinician's discipline scope of practice.

EXAMPLE 1:
- Malnutrition documented by a dietitian
- Pressure injuries documented by a wound specialist (Clinical Nurse Specialist) or a registered nurse
- Post-partum haemorrhage documented by a midwife
- Dysphagia documented by a speech pathologist
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Changes made in TN592

0010 Clinical Documentation and General Abstraction Guidelines

Note: Guidelines in this ACS relate to ICD-10-AM and ACHI and are applicable to those personnel in the health care facility responsible for the clinical coding function and generating documentation queries to clinicians (eg health information managers, clinical coders, clinical documentation improvement specialists and clinical coding auditors).

The term ‘episode of care’ used throughout this ACS refers to an episode of admitted care.

‘Front sheet and/or discharge summary’ referred to in this ACS also includes ‘admission and discharge data’ within an electronic health record of an episode of admitted care.

Definition of a Health Care Record

The main purpose of a health care record is to provide a means of communication to facilitate patient safety and quality health care. A health care record is the primary repository of information including diseases/conditions of the patient, and medical and therapeutic treatment and interventions performed on the patient during an episode of care. The health care record informs continuity in patient care during an episode and in future episodes.

The following definition refers to a health care record within an inpatient setting for clinical classification purposes.

The current episode of care contains a documented account of a patient’s inpatient journey from admission to discharge and includes, but is not limited to, their physical examination, history of present illness, past history, health care plan(s), consultations, observations, investigations and evaluation, diagnoses, treatment (including medications), intervention(s), progress and health outcome for the episode of care.

The health care record (as a whole or in part) may also be used for communication with external health care providers to ensure the continuity of patient care outside of the inpatient setting. The health care record is a legal document, which may be used by other external bodies for the investigation of complaints, planning of health care services, audit activities, research, education, financial reimbursement and public health.
A health care record that exists in both paper and electronic form is referred to as a hybrid record. Where health care organisations maintain hybrid records, clinicians and clinical coders must at all times have access to information that is included in each part.

For classification purposes, the primary source of information within the health care record is the current episode of care.

**ROLES AND RESPONSIBILITIES IN THE DOCUMENTATION AND ABSTRACTION PROCESS**

It is not the role of a clinical coder (or clinical documentation improvement specialist (CDIS)) to diagnose. Clinical documentation of accurate diagnoses is the responsibility of the clinician. Clear and accurate clinical documentation is critical to the continuity and quality of patient care and patient safety, and is the legal record of a patient’s episode of care.

The listing of diagnoses clinical concepts (eg diseases and interventions) on the front sheet and/or the discharge summary (or equivalent) of an episode of care clinical record is the responsibility of the clinician. These responsibilities include identifying and documenting the principal diagnosis, and listing all additional diagnoses and interventions performed during the episode of care. Each diagnostic statement and intervention must be as informative as possible in order for the clinical coder to classify the clinical concept intervention to the most specific ICD-10-AM or ACHI code.

Before classifying coding any documented diagnosis clinical concept/procedure recorded, the clinical coder must verify information recorded on the front sheet and/or the discharge summary (or equivalent) by reviewing pertinent documents data with in the body of the current episode of care clinical record.

Information from the health care record outside of that directly relating to the current episode of care can help to inform code assignment. For example:

- Past episodes of care (at current or other health facility)
- Referral letters and other correspondence
- Emergency notes
- Outpatient notes

Such sources can be used to:

- clarify documentation contained within the current episode of care
- gain further specificity on documentation contained within the current episode of care
- determine the reason for admission (eg reviewing outpatient notes and referral letters).

Reviewing the entire health care record other than for these reasons is not acceptable classification practice. In addition, information incidentally identified while seeking further clarification and/or specificity for information documented in the current episode of care, or for determining the reason for admission should not be used in code assignment. For example, documentation of ex-smoker in a previous episode or mention of hepatitis C in outpatient notes.

If, after following the above guidelines, the documentation within the health care record is inadequate for complete and accurate classification, the clinical coder should seek information from the clinician.

**GUIDELINES FOR GENERATING APPROPRIATE QUERIES TO CLINICIANS**

A query to a clinician is appropriate when the documentation within an episode of care:

- is ambiguous, conflicting, illegible or incomplete
- describes or is associated with clinical findings (eg Escherichia coli blood culture) without a definitive relationship to an underlying diagnosis (eg sepsis)
- includes clinical findings, diagnostic evaluation and/or treatment not related to a specific documented condition or intervention
- is unclear for condition onset flag (COF) assignment.
If the documentation within the current episode of care is inadequate for complete and accurate classification, the clinical coder can access other systems (eg laboratory, medical imaging, theatre) and/or use the entire health record to clarify or gain specificity. This process of review must be undertaken before seeking clarifying information from the clinician.

When a diagnosis or test result is recorded on the front sheet and/or discharge summary (or equivalent) for which there is no supporting documentation in the body of the current episode of care (including documentation/information contained within other systems pertaining to the current episode of care), it may be necessary to consult with the clinician before assigning a code.

For example, documentation of the administration of a drug from the medication chart, or a microbiology test result, which is not qualified within the current episode of care, is not sufficient for clinical coders to perform the classification function. In these instances, documentation issues must be clarified with the clinician.

Queries to clinicians regarding documentation issues

Document the outcome of the query to the clinician on the query form and include:
- an appropriately worded query (see Examples 1-9)
- the process undertaken to obtain the answer (eg email, verbal and telephone)
- the date the answer was obtained
- the name, designation and signature of the clinician consulted
- the name, designation and signature of the personnel who consulted with the clinician.

The completed query form is part of the documentation for the episode of care being classified.

Queries to clinicians regarding documentation issues can be undertaken:
- manually (with the clinician answering the query on the form provided)
- electronically via a portal as part of the electronic health record
- verbally/conversation with a clinician
- via email/facsimile
- via telephone/telehealth conversation.

Apply the following guidelines and use the example query formats as a guide to assist with the development of appropriate queries to clinicians (see also the Clinical Coding Practice Framework which can be accessed from the websites of HIMAA, CCSA, the Independent Hospital Pricing Authority (IHPA) and other stakeholders who participate in the clinical coding process).

Appropriately formulated queries to clinicians

Queries to clinicians should be written so that they:
- include information about the patient, with direct reference to the documentation that has prompted the query
- enhance the clinical truth of the documentation, to complete the clinical picture of the current admitted episode of care, and support continuity and quality of patient care
- allow clinicians to elaborate on (add context to) their response, regarding the significance and cause of the diagnosis/condition/event or intervention
- do not include leading questions that instruct, or indicate to a clinician how to respond
- do not indicate potential financial impact.

It is not permitted to use a ‘yes/no’ query for determining new (undocumented) diagnoses. Open ended queries are preferred. Multiple choice and ‘yes/no’ queries are acceptable when generated appropriately. For example, a ‘yes/no’ query format should include additional options as in multiple choice formats (eg ‘other’, ‘clinically undetermined’, ‘not clinically significant’). In addition to COF determinations, yes/no queries may be used in the following circumstances:
- obtaining further specificity for a diagnosis that is already documented within the current episode of care (ie pathology, radiology and other diagnostic reports) with interpretation by a clinician
• establishing a causal relationship between documented conditions such as manifestation/aetiology, complications, and conditions/diagnostic findings (ie hypertension and congestive heart failure, diabetes mellitus and chronic kidney disease)
• resolving conflicting documentation from multiple clinicians.

Example 1 below demonstrates the difference between a leading query and an appropriate query format.

EXAMPLE 1:
In this example, the clinician query has been initiated because there are numerous clinical findings that may suggest a particular diagnosis which has not been documented within the current episode of care

Query background
This patient was admitted via the emergency department due to pneumonia on 22/10/17 and discharged on 31/10/17. The admitting examination reveals WBC of 14,000, *Pseudomonas* cultured from the blood, respiratory rate of 24, temperature of 39 degrees Celsius, heart rate of 120, hypotension and altered mental status. The patient is administered an IV antibiotic and IV fluid resuscitation.

Leading Query – not appropriate
The patient has elevated WBCs, tachycardia and hypotension and is given an IV antibiotic for *Pseudomonas* cultured from the blood. Was the patient treated for sepsis?

Name of clinician:
Designation:
Signature:
Date query was answered:

Appropriate Query format
Based on your clinical judgement, can you provide a diagnosis or diagnoses that represents the below listed clinical findings?

This patient was admitted via the emergency department due to pneumonia on 22/10/17 and discharged on 31/10/17. The admitting examination, and progress notes and treatment interventions undertaken on 23/10/17 revealed the following:

- WBC 14,000
- *Pseudomonas* cultured from the blood
- Respiratory rate 24
- Temperature 39 degrees Celsius
- Heart rate 120
- Hypotension
- Altered mental status
- IV antibiotic administration
- IV fluid resuscitation

Please document the condition or conditions and the causative organism (if known).

Examples 2 and 3 below provide formats for developing appropriate queries to clinicians when seeking clinical advice where documentation has been inadequate for code assignment.
EXAMPLE 2:
In this example, the clinician query has been initiated because treatment was commenced for which a diagnosis was not documented. Reference to decreased air entry in the background to the query allows the clinician to have all pertinent information at hand when responding. The query also allows the clinician to elaborate as to the cause of the condition/event (if any).

**Query background**


Patient noted to have decreased air entry (AE) to both bases by doctor (progress note 15/08/2016 at 2145hrs). There is documentation of ↓ AE by physiotherapist on 16/08/2016 at 0850hrs with cough/breathing exercises and TriFlo (spirometry) commenced. Chest X-ray on 16/08/2016 at 1530 hours revealed left lower lobe consolidation. Sputum culture was positive for *Staphylococcus* and IV antibiotics were commenced on 16/08/2016 at 1815 hours.

**Example of query format to the doctor**

What condition, if any, caused the decreased air entry and left lower lobe consolidation, which was being treated with cough/breathing exercises and TriFlo by the physiotherapist and IV antibiotics?

EXAMPLE 3:
In this example, the clinician query below demonstrates that in some instances, it makes sense for the coder to use a ‘yes/no’ or multiple choice format, but this must include the provision for the clinician to elaborate or add context around the response. This will preclude the coding of conditions incorrectly or inappropriately. For example, classifying a condition as a post procedural complication when it is clearly a condition that commonly occurs during or following an intervention.

**Query background**

Patient underwent an appendicectomy under general anaesthetic (GA) on 20/9/2016.

During the intervention, the anaesthetist adjusted the anaesthetic in response to the patient’s blood pressure dropping. Apart from the documentation on the anaesthetic report, there was no other mention of the drop in blood pressure within the episode of care.

**Possible query formats**

Was the patient’s drop in blood pressure an unexpected occurrence?

Yes
No
Other

Clinically undetermined

If yes, is this:

- a diagnosis of hypotension
- a low blood pressure reading
- a complication of the anaesthetic

Please tick as applicable.
In the event that an investigation result varies from the clinical documentation, such as a clinical diagnosis of gastric ulcer with 'no evidence of ulcer' reported on histopathology, the case should be referred to the clinician. Although investigation results are critical in the classification/coding process, there are some diseases which are not always confirmed on investigation.

For example, Crohn's disease is not always confirmed on biopsy.

It is important to seek clinical advice where necessary for:

- verification of diagnoses recorded on the front sheet and/or the discharge summary which are not supported in the clinical health care record, and
- clarification of discrepancies between investigation results and clinical documentation.

**EXAMPLE 4:**
The clinician has recorded on the discharge summary a principal diagnosis of fractured neck of femur. Additional diagnoses recorded are pneumonia and duodenal ulcer. Examination of the clinical progress notes revealed that the patient had been hospitalised six months previously for pneumonia and has a healed duodenal ulcer. Only the fractured neck of femur is coded classified with an appropriate external cause code assigned, because neither the pneumonia nor duodenal ulcer meet the additional diagnosis criteria (see ACS 0002 Additional diagnoses).

**EXAMPLE 5:**
In this example, the clinician query demonstrates another circumstance where it is appropriate for the coder to use a ‘yes/no’ or multiple choice format. This query seeks to clarify ambiguous documentation in the discharge summary (ovarian cyst) and the histopathology report (epithelial ovarian cancer).

**Query background**
The histopathology report states that the patient has epithelial ovarian cancer. However, ovarian cyst is documented on the discharge summary by the attending clinician.

**Possible query formats**
The principal diagnosis documented on the discharge summary is ‘ovarian cyst’, however the histopathology report indicates 'epithelial ovarian cancer’. The definition of the principal diagnosis is: 'The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care...'. In light of this definition would you like to:

- keep the diagnosis of 'ovarian cyst'
- update the principal diagnosis to 'epithelial ovarian cancer'
- update the principal diagnosis to another condition? If yes, please specify.

**TEST RESULTS AND MEDICATION CHARTS**
In an electronic health care record (EHR), the copy and paste function or shorthand is common practice. Shorthand may be used by clinicians as a shortcut for documenting abnormal test results on the discharge summary, discharge data, or elsewhere within the episode of care (eg progress notes). Do not use this shorthand in isolation for code assignment. Qualify all shorthand (eg copy and pasted test results) with documentation within the body of the current episode of care. Note that these test results may be used by the clinical coder to provide greater specificity to an already documented condition/diagnosis.
Do not use test result values, descriptions, medication charts, symbols and abbreviations in isolation to inform code assignment. For example:

- A test result that is not within the normal range does not necessarily mean that the patient has an abnormal condition. That test result may be normal for that particular patient.
- A documented description (e.g., low blood sugar level) does not necessarily mean that the patient has a particular condition (e.g., hypoglycaemia).
- Drugs may be administered for a variety of indications, including as prophylaxis.
- Documentation of the indication for a drug on the medication chart must be qualified within the body of the current episode of care.

Where shorthand has been used to document/describe a condition, each instance must be assessed on its merits before seeking clarification from a clinician. If the documentation does not sufficiently describe a disease/condition, clinical coders should clarify the significance of the documented shorthand (test result, values, abbreviations and symbols) with the clinician to inform accurate code assignment.

Where this is not possible, assign a code for the condition represented in shorthand (as described above) only if:

- Test results (pathology report) verify that a result is abnormal AND
- There is appropriate ICD-10-AM indexing AND
- It meets the criteria in ACS 0001 Principal diagnosis or ACS 0002 Additional diagnoses.

The following examples include excerpts from the ICD-10-AM Alphabetic Index that may be used for code assignment where an abnormal test result is documented.

**EXAMPLE 6:**
Where ↓Hb or a haemoglobin level (e.g., Hb 98) is documented as the indication for a transfusion and the test results (pathology report) and/or the clinician verifies the patient's haemoglobin is below the normal range, follow the Alphabetic Index:

**Low**

- Haemoglobin D64.9

Assign D64.9 Anaemia, unspecified.

**EXAMPLE 7:**
Where ↓K or a potassium level (e.g., K 2.9) is documented as the indication for commencement of medication and the test results and/or clinician verifies the patient's potassium is below the normal range, follow the Alphabetic Index:

**Deficiency**

- Potassium (K) E87.6

OR

**Depletion**

- Potassium E87.6

Assign E87.6 Hypokalaemia.

If the ICD-10-AM Alphabetic Index does not provide appropriate indexing, or there is uncertainty or ambiguity in relation to abbreviated forms or descriptions in the documentation, confirm with the clinician prior to code assignment.

The following examples provide formats for developing appropriate queries to clinicians when seeking clinical advice in relation to test results and medications.
EXAMPLE 8:
In this example, the query was initiated because of commencement of a new medication for which no indication was documented. Reference to the pathology results in the background to the query allows the clinician to have all pertinent information at hand when responding.

Query background
Patient was admitted for laparoscopic appendicectomy for acute appendicitis. The patient commenced new medication of Slow K on 3 April, as documented on the medication chart by the clinician. Pathology results from April 1-4 show K+3.1, K+3.1, K+3.4 and K+3.5 respectively.

Possible query format
Was the patient commenced on Slow K:
• to maintain a normal potassium level
• to treat hypokalaemia
• other, please specify
• unable to determine

EXAMPLE 9:
In this example, the query was initiated because a blood transfusion was given for which no indication was documented. Reference to the pathology result in the background to the query assists the clinician to provide an informed response.

Query background
Pathology result indicates Hb of 98 prior to a transfusion being given but neither the progress notes or blood transfusion form indicates a reason for the transfusion.

Possible query format
What was the indication/condition for the blood transfusion?

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 102:
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.
• K80.10 Calculus of gallbladder with other cholecystitis, without mention of obstruction where documentation shows cholecystitis and ultrasound confirms the presence of gallstones.

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 113:
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 computerised tomography (CT) 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.

IMPENDING OR THREATENED CONDITION

If a threatened/impending condition is documented but did not occur during the episode of care, then the clinical coder should refer to the index to determine if the condition is indexed as impending or threatened under the lead term or subterm. If such an index entry exists, then assign the appropriate code. If such an entry does not exist, then the condition described as impending or threatened should not be coded.

If a threatened/impending condition is documented but did not occur during the current admitted episode of care, refer to the Alphabetic Index to determine if the condition is indexed as a subterm under the lead terms Impending or Threatened. If a subterm is listed, assign the appropriate code. If a subterm is not listed, do not code the condition described as impending or threatened.

Conditions indexed as ‘threatened’ include abortion and labour/delivery – see Alphabetic Index: Threatened.

EXAMPLE 412:
Impending gangrene of the leg which does not eventuate within the episode of care due to prompt treatment. There is no index entry such as ‘gangrene, impending’ and consequently this case should be coded to the precursor condition, such as arteriosclerosis with ulceration.

Patient admitted with impending gangrene of the leg, which does not eventuate within the episode of care. As there is no index entry listed for ‘Impending/gangrene’ do not code the gangrene.

Conditions indexed as ‘threatened’:

- O20.0 Threatened abortion
- O47. False labour

GENERAL STANDARDS FOR INTERVENTIONS

0016 GENERAL PROCEDURE GUIDELINES

DEFINITION

A procedure is defined as “a clinical intervention represented by a code that:

- is surgical in nature, and/or
- carries a procedural risk, and/or
- carries an anaesthetic risk, and/or
- requires specialised training, and/or
- requires special facilities or equipment only available in an acute care setting” (METeOR: 514040) (Australian Institute of Health and Welfare 2014).

The order of codes should be determined using the following hierarchy:

- procedure performed for treatment of the principal diagnosis
- procedure performed for treatment of an additional diagnosis
• diagnostic/exploratory procedure related to the principal diagnosis
• diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.

EXAMPLE 1:
Principal diagnosis: Chronic cervicitis
Additional diagnoses: Human papillomavirus (HPV), Menorrhagia
Procedures: Dilation and curettage, diathermy and biopsy cervix
Procedure sequenced first: Diathermy of cervix (35608-00 [1275]) because it is the procedure which treated the chronic cervicitis.

Many procedures may meet the above AIHW definition of a clinical intervention but if they are routine in the treatment of the diagnosis being coded, it may not be necessary to code them. For example, many nursing procedures may require “specialised training” but these procedures are not coded. Likewise, many radiological procedures may carry a “procedural risk” and require “special facilities or equipment” but many of these procedures are an expected or inherent part of the diagnostic or therapeutic treatment plan, and are not coded. It is also recognised that more accurate or complete data regarding the use of some procedures is more appropriately obtained from other data collections (e.g., pathology, radiology).

Clinical coders should refer to ACS 0010 Clinical documentation and general abstraction guidelines and follow the instructions provided in ACS 0042 Procedures normally not coded and directions on the use of specific procedures provided in other Australian Coding Standards indexed in this document.

0111 HEALTHCARE ASSOCIATED STAPHYLOCOCCUS AUREUS BACTERAEMIA

CLASSIFICATION

The presence of healthcare associated Staphylococcus aureus bacteraemia (HA SAB) must be documented by clinical staff, and meet the criteria in ACS 0001 Principal diagnosis or ACS 0002 Additional diagnoses in order to assign U92 Healthcare associated Staphylococcus aureus bacteraemia.

Synonyms for ‘healthcare associated’ include ‘hospital acquired’, ‘healthcare associated infection (HAI)’ and ‘nosocomial’. Where the specific type of healthcare associated bacteraemia is not documented in the clinical notes, coders may refer to pathology results to confirm Staphylococcus aureus bacteraemia (see ACS 0010 General abstraction guidelines/Test results).

U92 Healthcare associated Staphylococcus aureus bacteraemia is a supplementary code. The manifestation of the bacteraemia, such as endocarditis or sepsis, or the bacteraemia if no site is specified, together with any appropriate external cause codes should be coded and sequenced before U92 Healthcare associated Staphylococcus aureus bacteraemia. See also ACS 0110 SIRS, sepsis, severe sepsis and septic shock and ACS 1904 Procedural complications.
0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA

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 (≥1.7 mmol/L), or
  - depressed high-density lipoprotein (HDL)-cholesterol (male ≤1.03, female ≤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 E11.72 *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 E11.72 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 E11.72 or E09.72
- If increased cholesterol only is documented with no documentation of increased fasting triglycerides or decreased HDL – do not code to E11.72 or E09.72

Test results can be used to confirm an already documented condition as per ACS 0010 Clinical documentation and general abstraction guidelines/Test results and medication charts.

* 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 listed features of insulin resistance.

** Test results can be used to confirm an already documented condition as per ACS 0010 Clinical documentation and general abstraction guidelines/Test results and medication charts.
STANDARDS INDEX

Standard numbers appear immediately after each entry.

A

Abnormal
- coagulation profile 0303
- findings 0002
- - and abstraction guidelines 0010
- presentation (fetal) 1506
Abortion (for) 1511
- incomplete 1544
- induced 1511
- medical 1511
- missed 1544
- threatened 0010
- with
- - complication 1544
- - liveborn infant 1511
Abrasions 1916
Abstraction and clinical documentation guidelines 0010
Abuse
- perpetrator of 2008

Chronic — see also condition
- condition
- - codes, supplementary 0003
- - with acute condition 0001
- phase, paraplegia/quadriplegia 0625
Cingulotomy, stereotactic 0633
Circumcision 1607
Clearance
- dental, prior to radiotherapy 0236
Clinical documentation and abstraction guidelines 0010
Codes
- aetiology and manifestation 0001
- combination 0015
- dagger and asterisk 0001
- external cause 2001
- ill-defined 0001
- symptoms/signs 0001
- unacceptable principal diagnosis 0050

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 117
G

Gangrene
- diabetic 0401
- impending 0010
Gastroenteritis
- with dehydration 1120
Gastrointestinal haemorrhage 1103
Gastroscopy 0024
Gavage
- gastric, neonate 1615
Generator, pulse 0936
Gestational age 1618
Gestational diabetes 0401
Glaucoma
- with cataracts 0701
Graft
- bone, for facial surgery 1216
- burns 1911
- coronary artery bypass (CABG) 0909
- mammary artery 0909
Grazes, obstetric 1551
Grommet(s) (tympanostomy tube(s))
- removal 0803
Guidelines for generating appropriate queries to clinicians 0010
Index for complications of oesophagostomy

Introduction/Rationale:

A deficiency in the ICD-10-AM Alphabetic Index for complications of oesophagostomy was identified by a public submission (P307). Index entries are provided for other complications of gastrointestinal stomas (such as gastrostomy and tracheostomy) in ICD-10-AM Tenth Edition but not specifically for oesophagostomy.

ACCD proposes the following index amendments to ICD-10-AM Eleventh Edition to facilitate the code assignment for complications of oesophagostomy.

ACCD PROPOSAL

Tabular List

K91.4 Malfunction of stoma of the digestive system

\[\text{Includes:}\]
- colostomy
- enterostomy
- gastrostomy
- ileostomy
- jejunostomy
- oesophagostomy

\[\text{Excludes}\]
- parastomal hernia (K43.-)

\[\text{ Heck: K91.41 Haemorrhage from stoma of the digestive system}\]

N99.5 Malfunction of stoma of urinary tract

\[\text{Includes:}\]
- cystostomy
- nephrostomy
- ureterostomy
- urethrostomy

\[\text{Excludes}\]

\[\text{ Heck: N99.51 Haemorrhage from stoma of urinary tract}\]

Alphabetic Index

\[\text{Complication(s) (from) (of)}\]
- oesophageal antireflux device T85.9
- infection or inflammation T85.73
- mechanical T85.5
- specified NEC T85.82
- oesophagostomy (stoma) NEC K91.49
- haemorrhage (bleeding) K91.41
- infection K91.42
- leak K91.43
- obstruction (mechanical) K91.49
- stenosis K91.49
- organ or tissue transplant (partial) (total) NEC (see also Complication(s)/by site) T86.89

Dysfunction
...
- gastrostomy (stoma) — see Complication(s)/gastrostomy
...
- liver K76.8
- oesophagostomy (stoma) — see Complication(s)/oesophagostomy
- orgasmic F52.3
- ovary E28.9
- specified NEC E28.8
- papillary muscle I51.8
...

Haemorrhage, haemorrhagic R58
...
- spinal cord G95.1
- fetus or newborn (birth trauma) P11.5
- spleen D73.5
- stoma
  - digestive system (colostomy) (enterostomy) (gastrostomy) (ileostomy) (jejunostomy) (oesophagostomy) K91.41
  - trachea (tracheostomy) J95.01
  - urinary system (cystostomy) (nephrostomy) (ureterostomy) (urethrostomy) N99.51
  - stomach K92.2
...

Infection, infected (opportunistic) (see also Infestation) B99
...
- Stellantchasmus falcatus B66.8
- stoma
  - digestive system (colostomy) (enterostomy) (gastrostomy) (ileostomy) (jejunostomy) (oesophagostomy) K91.42
  - trachea (tracheostomy) J95.02
  - urinary system (cystostomy) (nephrostomy) (ureterostomy) (urethrostomy) N99.52
- Streptococcus, streptococcal NEC A49.1
  - as cause of disease classified elsewhere B95.5
  - agalactiae B95.1
...

Leak, leakage
- amniotic fluid (see also Rupture/membranes/premature) O42.9
- hindwater (see also Rupture/membranes/premature) O42.9
- stoma — see Dysfunction/stoma Complication(s)/stoma/by type
- tracheostomy — see Complication(s)/tracheostomy
...

Malfunction — see also Dysfunction
...
- colostomy — see Complication(s)/colostomy
- cystostomy (stoma) — see Complication(s)/cystostomy
- enterostomy — see Complication(s)/enterostomy
- gastrostomy — see Complication(s)/gastrostomy
- ileostomy — see Complication(s)/ileostomy
- jejunostomy — see Complication(s)/jejunostomy
- oesophagostomy — see Complication(s)/oesophagostomy
- pacemaker, cardiac T82.1
- prosthetic device, internal — see Complication(s)/prosthetic device/by site/mechanical
- tracheostomy NEC J95.09
  - fistula, tracheo-oesophageal J95.04
  - haemorrhage (bleeding) J95.01
  - infection J95.02
  - leak J95.03

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
- tracheo-oesophageal fistula J95.04
- urinary device NEC T83.1
- stoma (cystostomy) (nephrostomy) (ureterostomy) (urethrostomy) NEC N99.59
- haemorrhage (bleeding) N99.51
- infection N99.52
- leak N99.53
- vascular graft or shunt NEC T82.3

Obstruction, obstructed, obstructive

- stoma
  - digestive system (colostomy) (enterostomy) (gastrostomy) (ileostomy) (jejunostomy) (oesophagostomy) K91.49
  - trachea (tracheostomy) J95.09
  - urinary system (cystostomy) (nephrostomy) (ureterostomy) (urethrostomy) N99.59
  - stomach NEC K31.88

Stenosis (cicatricial) — see also Stricture

- stoma
  - digestive system (colostomy) (enterostomy) (gastrostomy) (ileostomy) (jejunostomy) (oesophagostomy) K91.49
  - trachea (tracheostomy) J95.09
  - urinary system (cystostomy) (nephrostomy) (ureterostomy) (urethrostomy) N99.59
  - stomach, hourglass K31.2

Stricture (see also Stenosis) R68.8
- stoma
  - digestive system (colostomy) (enterostomy) (gastrostomy) (ileostomy) (jejunostomy) (oesophagostomy) K91.49
  - trachea (tracheostomy) J95.09
  - urinary system (cystostomy) (nephrostomy) (ureterostomy) (urethrostomy) N99.59
  - stomach K31.88

Australian Coding Standards

N/A
Introduction/Rationale:

Following receipt of a public submission (PS26/08) this addenda proposal was created to add the term ‘decreased consciousness’ to ICD-10-AM Tabular List and Alphabetic Index, classifiable to R40.0 Somnolence.

By definition, stupor is a condition marked by absence of spontaneous movement, greatly diminished responsiveness to stimulation, and usually impaired consciousness (Merriam-Webster, Incorporated 2017).

Glasgow Coma Scale (GCS) information has been provided by the CCAG representative and ranges are included (as per the ITG Meeting December 2017 decision).

ACCD PROPOSAL

Tabular List

**R40**  
Somnolence, stupor and coma  
\(\text{Excludes: coma:}\)  
- diabetic (E10–E14)  
- hepatic (K72–)  
- hypoglycaemic (nondiabetic) (E15)  
- neonatal (P91.5)  
- that with any head injury classifiable to Chapter 19 (S06.01–S06.05)  
- uraemic (N19)

**R40.0**  
Somnolence  
Decreased (level of) consciousness (nontraumatic)  
Drowsiness  
GCS score 13–15

**R40.1**  
Stupor  
GCS score 9–12  
Semicoma  
\(\text{Excludes:}\) stupor:  
- catatonic (F20.2)  
- depressive (F31–F33)  
- dissociative (F44.2)  
- manic (F30.2)  
- that with any head injury classifiable to Chapter 19 (S06.01–S06.05)
R40.2 Coma, unspecified
GCS score ≤ 8
Loss of consciousness (nontraumatic) NOS
Unconsciousness NOS

Excludes: coma:
• diabetic (E10–E14)
• hepatic (K72.-)
• hypoglycaemic (nondiabetic) (E15)
• neonatal (P91.5)
• that with any head injury classifiable to Chapter 19 (S06.01–S06.05)
• uraemic (N19)
syncope (R55)

Alphabetic Index

Attack
...
- transient ischaemic (TIA) G45.9
- specified NEC G45.8
- unconsciousness R55 R40.2
- hysterical F44.88
- vasomotor R55
...

Decrease(d)
- blood
  - platelets (see also Thrombocytopenia) D69.6
  - pressure, due to shock following injury T79.4
- consciousness (cause unknown) (level) (nontraumatic) NEC R40.0
  - GCS score
    - ≤ 8 R40.2
    - 9–12 R40.1
    - 13–15 R40.0
- underlying cause identified — see condition
- fetal movements (no underlying cause) NEC O36.8
  - underlying cause identified — see condition

Loss (of)
- appetite R63.0
  - hysterical F50.8
  - nonorganic origin F50.8
  - psychogenic F50.8
- blood — see Haemorrhage
  - consciousness S06.01
    - brief (< 30 minutes) S06.02
    - moderate (30 mins to 24 hrs) S06.03
    - prolonged (> 24 hours) S06.04
      - with return to previous conscious level S06.04
      - without return to previous conscious level S06.05
    - nontraumatic NEC R40.2
    - ≤ 8 R40.2
    - 9–12 R40.1
    - 13–15 R40.0
    - traumatic NEC S06.01
      - brief (< 30 minutes) S06.02
      - moderate (30 mins to 24 hrs) S06.03
      - prolonged (> 24 hours) S06.04
      - with return to previous conscious level S06.04
      - without return to previous conscious level S06.05
  - control, sphincter, rectum R15
State (of)
- crisis F43.0
- decreased consciousness (see also Decrease(d)/consciousness) R40.0
  - GCS score
  - - ≤ 8 R40.2
  - - 9–12 R40.1
  - - 13–15 R40.0
- underlying cause identified — see condition
- depressive NEC F32.9-

Unconscious(ness) R40.2
- collapse R55
Under observation (see also Observation) Z03.9
- newborn Z03.7-

Australian Coding Standards

1905 CLOSED HEAD INJURY/LOSS OF CONSCIOUSNESS/CONCUSSION

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:
Patient admitted to hospital following a motor vehicle accident (MVA) 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

The code S06.9 Intracranial injury, unspecified should be used rarely and only where a more specific diagnosis cannot be abstracted from the record.
Double balloon enteroscopy

Introduction/Rationale:

A public submission (P264) was received highlighting inconsistencies in the ACHI Alphabetic Index for double balloon enteroscopy (DBE) when performed via retrograde approach, through the lower digestive tract.

Double balloon enteroscopy (DBE) is an endoscopic technique that allows examination of the small intestine beyond the reach of other endoscopes. The system consists of an endoscope with balloons attached and an overtube. The scope is advanced through the length of small intestine by alternately inflating and deflating a single or double balloons, gripping the walls of the small intestine and pleating the bowel over a tube creating an effect similar to pulling a curtain over a rod. It may be performed via per oral (antegrade) or per rectal (retrograde) route for both diagnostic and therapeutic purposes. While the approaches of DBE are similar to upper endoscopy (EGD) and colonoscopy, DBE may require several hours and is often performed with general anaesthesia (American Society for Gastrointestinal Endoscopy 2014).

Procedures on the small intestine such as biopsies, endoscopic haemostasis using injection and argon plasma coagulation (APC), balloon dilatation, polypectomy, stent placement, removal of foreign body, endoscopic mucosal resection and destruction of lesions can be performed through double balloon enteroscopy (Aetna 2017).

DBE is also used to evaluate the intestine, stomach and bile duct in patients with surgically altered bowel anatomy such as gastric bypass, Billroth II gastrectomy and Roux-en-Y anastomosis during liver transplantation. DBE assisted endoscopic retrograde cholangiopancreatography (ERCP) is performed for bile duct stones in patients with altered bowel anatomy as the standard ERCP endoscope usually is unable to negotiate the sharp turns of the altered intestine (Mayo clinic 2017).

There are four MBS items, 30680, 30682, 30884 and 30686 for DBE which are currently mapped to panendoscopy codes 30473-xx and 30478-xx in ACHI Appendix A.

In ACHI, ileoscopic DBE when performed via retrograde approach is classified to 32090-00 [905] Fibreoptic colonoscopy to caecum (per Alphabetic Index Ileoscopy/via/colonoscopy — see Colonoscopy).

Following the Alphabetic Index Colonoscopy/with/destruction of lesion or Colonoscopy/with/excision of lesion, an ileoscopic DBE with destruction or excision of lesion of small intestine is incorrectly classified to a procedure of the large intestine such as 90308-00 [908] Endoscopic destruction of lesion or tissue of large intestine or 90959-00 [914] Excision of other lesion of large intestine.

It was also noted that double balloon enteroscopy appears as an Includes note at panendoscopy blocks [1005] – [1008] resulting in inconsistencies in the classification of DBE.
ACCD proposes creation of 30680-00 *Balloon enteroscopy* at block [1005] *Panendoscopy*, for assignment in conjunction with interventions classified to blocks [892], [957], [1006], [1007] and [1008] when performed with double balloon enteroscopy.

**ACCD PROPOSAL**

**Tabular List**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>892</td>
<td>Application, insertion or removal procedures on small intestine&lt;br&gt;Includes: double-balloon enteroscopy&lt;br&gt;Code also when performed:&lt;br&gt;• balloon enteroscopy (30680-00 [1005])</td>
</tr>
<tr>
<td>30487-00</td>
<td>Intubation of small intestine&lt;br&gt;Includes: biopsy</td>
</tr>
<tr>
<td>30478-05</td>
<td>Percutaneous endoscopic jejunostomy [PEJ]</td>
</tr>
<tr>
<td>90306-00</td>
<td>Laparoscopic insertion of feeding jejunostomy tube</td>
</tr>
<tr>
<td>31462-00</td>
<td>Insertion of feeding jejunostomy tube</td>
</tr>
<tr>
<td>92068-00</td>
<td>Endoscopic insertion of duodenal prosthesis&lt;br&gt;Endoscopic insertion of duodenal stent:&lt;br&gt;• metal (Wallstent)&lt;br&gt;• plastic&lt;br&gt;Includes: dilation of duodenum</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>957</td>
<td>Examination of gallbladder or biliary tract&lt;br&gt;…</td>
</tr>
<tr>
<td>30484-01</td>
<td>Endoscopic retrograde cholangiography [ERC]&lt;br&gt;Includes: biopsy&lt;br&gt;Code also when performed:&lt;br&gt;• balloon enteroscopy (30680-00 [1005])</td>
</tr>
<tr>
<td>30484-00</td>
<td>Endoscopic retrograde cholangiopancreatography [ERCP]&lt;br&gt;Includes: biopsy&lt;br&gt;Code also when performed:&lt;br&gt;• balloon enteroscopy (30680-00 [1005])&lt;br&gt;Excludes: endoscopic retrograde pancreatography [ERP] (30484-02 [974])</td>
</tr>
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</table>

**EXAMINATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1005</td>
<td>Panendoscopy&lt;br&gt;Includes: double-balloon enteroscopy</td>
</tr>
</tbody>
</table>
11820-00 Panendoscopy via camera capsule
- Camera pill endoscopy
- Capsule endoscopy
- Gastrointestinal camera capsule endoscopy

30473-00 Panendoscopy to duodenum
- Duodenoscopy
- Gastroscopy
- Oesophagogastroduodenoscopy [EGD]

30473-02 Panendoscopy through artificial stoma
- Gastroscopy through artificial stoma
- Oesophagogastroduodenoscopy [EGD] through artificial stoma

Excludes: duodenoscopy through artificial stoma (32095-00 [891])
endoscopic examination of small bowel through artificial stoma (32095-00 [891])

30473-07 Panendoscopy to duodenum with administration of tattooing agent
- Chromoendoscopy to duodenum

30473-05 Panendoscopy to ileum
- Ileoscopy
- Jejunoscopy

Excludes: that with balloon enteroscopy (30680-00 [1005])

30473-08 Panendoscopy to ileum with administration of tattooing agent
- Chromoendoscopy to ileum

Code also when performed:
• balloon enteroscopy (30680-00 [1005])

30680-00 Balloon enteroscopy
- Double balloon enteroscopy
- Single balloon enteroscopy

Includes: that via:
- antegrade approach
- retrograde approach

Code also when performed:
• endoscopic examination of gallbladder and biliary tract (30484-00, 30484-01 [957])
• endoscopic procedure(s) performed on duodenum, jejunum and ileum (see blocks [892], [1005] to [1008])

APPLICATION, INSERTION, REMOVAL

1006 Panendoscopy with removal of foreign body
v 0024

Includes: double balloon enteroscopy

Code also when performed:
• balloon enteroscopy (30680-00 [1005])

30478-00 Panendoscopy to duodenum with removal of foreign body
Removal of foreign body via:
• duodenoscopy
• gastroscopy
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>30478-14</td>
<td>Panendoscopy to ileum with removal of foreign body&lt;br&gt;Removal of foreign body via:&lt;br&gt;• ileoscopy&lt;br&gt;• jejunoscopy</td>
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</table>

**DESTRUCTION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>1007</td>
<td>Panendoscopy with destruction</td>
</tr>
<tr>
<td></td>
<td>Destruction via:&lt;br&gt;• duodenoscopy&lt;br&gt;• gastroscopy&lt;br&gt;• oesophagastroduodenoscopy [EGD]</td>
</tr>
</tbody>
</table>

**Includes:** double balloon enteroscopy

* Code also when performed:<br>• balloon enteroscopy (30680-00 [1005])

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>30478-01</td>
<td>Panendoscopy to duodenum with diathermy</td>
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<tr>
<td>30478-02</td>
<td>Panendoscopy to duodenum with heater probe coagulation</td>
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<tr>
<td>30478-03</td>
<td>Panendoscopy to duodenum with laser coagulation</td>
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<tr>
<td>30478-20</td>
<td>Panendoscopy to duodenum with other coagulation&lt;br&gt;Panendoscopy to duodenum with Argon plasma coagulation</td>
</tr>
<tr>
<td>30478-15</td>
<td>Panendoscopy to ileum with diathermy</td>
</tr>
<tr>
<td>30478-16</td>
<td>Panendoscopy to ileum with heater probe coagulation</td>
</tr>
<tr>
<td>30478-17</td>
<td>Panendoscopy to ileum with laser coagulation</td>
</tr>
<tr>
<td>30478-21</td>
<td>Panendoscopy to ileum with other coagulation&lt;br&gt;Panendoscopy to ileum with Argon plasma coagulation</td>
</tr>
</tbody>
</table>

**EXCISION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>1008</td>
<td>Panendoscopy with excision</td>
</tr>
<tr>
<td></td>
<td>Excision via:&lt;br&gt;• duodenoscopy&lt;br&gt;• gastroscopy&lt;br&gt;• oesophagastroduodenoscopy [EGD]</td>
</tr>
</tbody>
</table>
Duodenoscopy
Gastroscopy
Oesophagogastroduodenoscopy [EGD]

Includes: double balloon enteroscopy

Code also when performed:
• balloon enteroscopy (30680-00 [1005])

30473-01 Panendoscopy to duodenum with biopsy
30478-04 Panendoscopy to duodenum with excision of lesion
Panendoscopy to duodenum with excision of polyp
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30478-18 Panendoscopy to ileum with excision of lesion
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- angioplasty — see Angioplasty/transluminal balloon
- catheter, for induction of labour 90465-04 [1334]
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  • - computerised tomography (CT) interfacing computer
  • - - for
  • - - - - intensity modulated radiation therapy (IMRT) 15524-01 [1799]
  • - - - - three dimensional conformal radiation therapy (3DCRT) 15556-00 [1799]
  • - - - - complex 15524-00 [1799]
  • - - - - intermediate 15521-00 [1799]
  • - - - - simple 15518-00 [1799]
  • - - non-computerised tomography (non-CT) interfacing computer
  • - - - for three dimensional conformal radiation therapy (3DCRT) 15556-01 [1799]
  • - - - complex 15533-00 [1799]
  • - - - intermediate 15530-00 [1799]
  • - - - simple 15527-00 [1799]
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  • - - complex 15536-02 [1799]
  • - - prostate 15539-00 [1799]
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  • - - intravascular 15541-00 [1799]
  • - - prostate 15539-00 [1799]
  • - - simple 15536-00 [1799]
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- with
  - - administration of agent (sclerosing) (to)
  - - - - lesion (varices) 30478-07 [870]
  - - - - tattooing 30473-07 [1005]
  - - biopsy 30473-01 [1008]
  - - - - artificial stoma 32095-00 [891]
  - - - - artificial stoma 32095-00 [891]
  - - - - laparotomy 30569-00 [894]
  - - - - coagulation
  - - - - Argon plasma 30478-20 [1007]
  - - - - heater probe 30478-02 [1007]
  - - - - laser 30478-03 [1007]
  - - - - diathermy 30478-01 [1007]
  - - - - excision
  - - - - lesion 30478-04 [1008]
  - - - - polyp 30478-04 [1008]
  - - - - insertion of jejunal tube 30478-05 [892]
  - - - - removal of foreign body 30478-00 [1006]
  - - - - repair of Mallory-Weiss laceration 90296-00 [887]
  - - - - resection of mucosa of stomach 90297-01 [880]
  - - - - artificial stoma (with biopsy) 32095-00 [891]
  - - - balloon enteroscopy 30680-00 [1005]
  - - - intraoperative enterotomy 30568-00 [893]
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- balloon (antegrade approach) (double) (retrograde approach) (single) 30680-00 [1005]
  - bladder — see Cystoscopy
  - brain (intraventricular) 40903-00 [1]
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  - ear 90119-00 [300]

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- with
  - - administration of tattooing agent 30473-08 [1005]
  - - biopsy 30473-06 [1008]
  - - - - artificial stoma 32095-00 [891]
  - - - - laparotomy 30569-00 [894]
  - - - - coagulation
  - - - - Argon plasma 30478-21 [1007]
  - - - - heater probe 30478-16 [1007]
  - - - - laser 30478-17 [1007]
  - - - - diathermy 30478-15 [1007]
  - - - - excision of lesion (polyp) 30478-18 [1008]
  - - - - removal of foreign body 30478-14 [1006]
  - - - - repair of Mallory-Weiss laceration 90296-00 [887]
  - - - - resection of mucosa of stomach 90297-01 [880]
  - - - - artificial stoma (with biopsy) 32095-00 [891]
  - - - balloon enteroscopy 30680-00 [1005]
  — colonoscopy — see Colonoscopy
- - intraoperative enterotomy 30568-00 [893]
- - laparotomy (with biopsy) 30569-00 [894]
Ileostomy (permanent) 30375-01 [897]

Jejunectomy (with anastomosis) 30566-00 [895]
- with formation of
  - - reservoir — see Formation/reservoir
- - stoma 30565-00 [895]
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- via balloon enteroscopy 30680-00 [1005]
Jejunostomy (feeding) (open) 31462-00 [892]
- percutaneous (endoscopic) (PEJ) 30478-05 [892]
- via laparoscopy 90306-00 [892]

Panendoscopy (double balloon) (to duodenum) 30473-00 [1005]
- by camera capsule 11820-00 [1005]
- - balloon enteroscopy 30680-00 [1005]
- - camera capsule 11820-00 [1005]
- with
  - - administration (of)
    - - - agent (sclerosing) (to)

- - to ileum (beyond duodenum) (jejum) 30473-05 [1005]
  - - with
    - - - administration of tattooing agent 30473-08 [1005]
    - - - biopsy 30473-06 [1006]
    - - - coagulation
      - - - - Argon plasma 30478-21 [1007]
      - - - - heater probe 30478-16 [1007]
      - - - - laser 30478-17 [1007]
      - - - - diathermy 30478-15 [1007]
      - - - - excision of lesion (polyp) 30478-18 [1008]
      - - - - removal of foreign body 30478-14 [1006]
      - - - - repair of Mallory-Weiss laceration 90296-00 [887]
      - - - - resection of mucosa of stomach 90297-01 [880]
    - - via
      - - - balloon enteroscopy 30680-00 [1005]
      - - - camera capsule 11820-00 [1005]
Papanicolaou smear (pap smear) 92130-00 [1862]

Australian Coding Standards
Not applicable

Appendix A Mapping Table

<table>
<thead>
<tr>
<th>30675</th>
<th>30676</th>
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<tbody>
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<td>30680</td>
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<tr>
<td>30687</td>
<td>30478</td>
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</tbody>
</table>
**Endoscopic injection of tattoo markers into gastrointestinal lesions**

**Introduction/Rationale:**

This addenda proposal is the result of a query Q2855 *Lipoidal or histoacryl markers in the oesophagus* and Coding Rule *Injection of markers into lesions of the gastrointestinal tract* published on December 2015 and updated on July 2017.

Tattooing agents are used to mark a small lesion in the gastrointestinal tract to facilitate identification of the lesion's location for subsequent surgery or follow up. Research has indicated that the radiopaque Lipiodol marker is used as a fiducial marker in image guided radiation therapy (IGRT) for tumours of the bladder, lung, prostate, etc. ([Australian New Zealand Clinical Trials Registry (ANZCTR) 2013; Wilder 2014]). For classification purposes, injection of Lipiodol for localisation of tumour prior to radiotherapy is classified to 37217-01 [1800] *Implantation of fiducial markers*.

ACCD proposes to improve the classification of endoscopic injection of tattooing agents in the Tabular List and the Alphabetic Index, and removing ACS 0023 symbol at 37217-01 [1800] *Implantation of fiducial markers* as there is no relationship between this code and the ACS. The term ‘radio-opaque’ in the Inclusion term at 97678-00 [473] *Provision of diagnostic template* will be amended for consistency.

**ACCD PROPOSAL**

**Tabular List**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>473</td>
<td>Implant prosthesis</td>
</tr>
<tr>
<td>97661-00</td>
<td>Fitting of implant abutment, per abutment</td>
</tr>
<tr>
<td></td>
<td>Fitting of final implant abutment or replacement of an existing abutment</td>
</tr>
<tr>
<td></td>
<td><em>Excludes:</em> fitting of provisional implant:</td>
</tr>
<tr>
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<td>• abutment (97633-00 [471])</td>
</tr>
<tr>
<td></td>
<td>• restoration (97634-01 [471])</td>
</tr>
<tr>
<td>97663-00</td>
<td>Surgical removal of dental implant and/or retention device</td>
</tr>
<tr>
<td>97678-00</td>
<td>Provision of diagnostic template</td>
</tr>
<tr>
<td></td>
<td>Template incorporating <em>radio-opaque</em> markers as reference marks for preferred implant and restoration placement</td>
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<tr>
<td></td>
<td><em>Excludes:</em> template used as a surgical implant guide (97679-00 [473])</td>
</tr>
<tr>
<td>97679-00</td>
<td>Provision of surgical implant guide</td>
</tr>
<tr>
<td></td>
<td>Provision of an appliance which indicates the ideal location and angulation for insertion of implants</td>
</tr>
</tbody>
</table>
**Fibreoptic colonoscopy**
Colonoscopy via artificial stoma

32084-00 Fibreoptic colonoscopy to hepatic flexure
Flexible sigmoidoscopy
Short colonoscopy

*Excludes:* that beyond hepatic flexure (32090 [905] and [911], 32093-00 [911])
that with:
• biopsy (32084-01 [911])
• polypectomy (32087-00 [911])

32084-02 Fibreoptic colonoscopy to hepatic flexure with administration of tattooing agent
Chromoendoscopy to hepatic flexure

*Includes:* that with:
• carbon particles (SPOT)
• India ink

*Excludes:* implantation of fiducial (radiopaque) markers (37217-01 [1800])

32090-00 Fibreoptic colonoscopy to caecum
Long colonoscopy

*Includes:* viewing of ileum

*Excludes:* that with:
• biopsy (32090-01 [911])
• polypectomy (32093-00 [911])

32090-02 Fibreoptic colonoscopy to caecum with administration of tattooing agent
Chromoendoscopy to caecum

*Includes:* that with:
• carbon particles (SPOT)
• India ink

*Excludes:* implantation of fiducial (radiopaque) markers (37217-01 [1800])

...
30473-02 Panendoscopy through artificial stoma
Gastroscopy through artificial stoma
Oesophagogastroduodenoscopy [EGD] through artificial stoma

Excludes:
duodenoscopy through artificial stoma (32095-00 [891])
endoscopic examination of small bowel through artificial stoma (32095-00 [891])

30473-07 Panendoscopy to duodenum with administration of tattooing agent
Chromoendoscopy to duodenum
Panendoscopy to duodenum with administration of (radiolucent) markers

Includes:
that with:
  • carbon particles (SPOT)
  • India ink

Excludes:
implantation of fiducial (radiopaque) markers (37217-01 [1800]).

30473-05 Panendoscopy to ileum
Ileoscopy
Jejunoscopy

30473-08 Panendoscopy to ileum with administration of tattooing agent
Chromoendoscopy to ileum
Panendoscopy to ileum with administration of (radiolucent) markers

Includes:
that with:
  • carbon particles (SPOT)
  • India ink

Excludes:
implantation of fiducial (radiopaque) markers (37217-01 [1800]).

...
Colonoscopy (beyond hepatic flexure) (fiberoptic) (long) (to caecum) 32090-00 [905]
- by computerised tomography, colon (following incomplete colonoscopy) 56549-01 [1962]
- with
  - administration of tattooing agent (India ink) (markers) (radiolucent) (SPOT) 32090-02 [905]
  - biopsy (multiple) 32090-01 [911]
  - destruction of lesion 90308-00 [908]
  - excision of
    - lesion 90959-00 [914]
    - anal 90315-00 [933]
  - skin tag, anal (multiple) 32093-00 [911]
  - insertion of prosthesis (stent)
  - colon 32023-00 [906]
  - rectum 32023-03 [929]
- polypectomy (by bipolar cautery) (mucosal resection) (multiple) (using hot biopsy forceps) (using snare technique) 32093-00 [911]
- removal of prosthesis (stent)
- colon 32023-02 [906]
  - with replacement 32023-01 [906]
  - rectum 32023-05 [929]
- with replacement 32023-04 [929]
- replacement of prosthesis (stent)
- colon 32023-01 [906]
- rectum 32023-04 [929]
- resection of mucosa of large intestine 90297-02 [914]
- through artificial stoma 32090-00 [905]
- to hepatic flexure (short) 32084-00 [905]
- with
  - administration of tattooing agent (India ink) (markers) (radiolucent) (SPOT) 32084-02 [905]
  - biopsy (multiple) 32084-01 [911]
  - destruction of lesion 90308-00 [908]
  - excision of
  - lesion 90959-00 [914]

Duodenoscopy (double balloon) 30473-00 [1005]
- with
  - administration (of)
  - agent (sclerosing) (to)
  - lesion (varices) 30478-07 [870]
- tattooing (India ink) (markers) (radiolucent) (SPOT) 30473-07 [1005]
- biopsy 30473-01 [1008]

Gastroscopy 30473-00 [1005]
- with
  - administration (of)
  - agent (sclerosing) (to)
  - lesion (varices) 30478-07 [870]
- tattooing (India ink) (markers) (radiolucent) (SPOT) 30473-07 [1005]
- banding of gastric varices 30476-03 [874]
- biopsy (Campylobacter like organism test) (urease test) 30473-01 [1008]

Ileoscopy (double balloon) (via panendoscopy) 30473-05 [1005]
- with
  - administration of tattooing agent (India ink) (markers) (radiolucent) (SPOT) 30473-08 [1005]
  - biopsy 30473-06 [1008]
Implant, implantation — see also Insertion

- expander, tissue (skin) (soft tissue) (subcutaneous tissue) — see Insertion/tissue expander
- fiducial marker(s) (fiducial seed) (fiduciary marker) (gold fiducial marker) (Lipiodol) (radiopaque) 37217-01 [1800]
- generator
  - defibrillator, cardiac (automatic) (with pacemaker functionality) 38393-00 [653]

Insertion

- device — see also Insertion/by type of device

- fiducial marker(s) (fiducial seed) (fiduciary marker) (gold fiducial marker) (Lipiodol) (radiopaque) 37217-01 [1800]
- fixation, internal
- bone — see also Fixation/bone

- fiducial marker(s) (fiducial seed) (fiduciary marker) (gold fiducial marker) (Lipiodol) (radiopaque) 37217-01 [1800]
- filter
  - inferior vena cava (open) 35330-01 [723]
  - percutaneous 35330-00 [723]
- fixation device

Oesophagoscopy (flexible) 30473-03 [850]
- with
  - ablation of lesion (tissue) 30478-22 [856]
  - administration of tattooing agent (India ink) (markers) (radiolucent) (SPOT) 30473-07 [1005]
  - biopsy 30473-04 [861]
  - rigid 41822-00 [861]
  - through artificial stoma 41822-00 [861]
  - coagulation (Argon plasma) (heater probe) 30478-22 [856]

Panendoscopy (double balloon) (to duodenum) 30473-00 [1005]
- by camera capsule 11820-00 [1005]
- with
  - administration (of)
    - agent (sclerosing) (to)
      - lesion (varices) 30478-07 [870]
    - tattooing (India ink) (markers) (radiolucent) (SPOT) 30473-07 [1005]
    - biopsy (campylobacter like organism test) (urease test) 30473-01 [1008]
    - coagulation
      - Argon plasma 30478-20 [1007]
      - heater probe 30478-02 [1007]
      - laser 30478-03 [1007]
      - diathermy 30478-01 [1007]
    - excision of lesion (polyp) 30478-04 [1008]
    - injection of agent (to) lesion (sclerosing) (sclerotherapy) (varices) 30478-07 [870]
  - removal of foreign body 30478-00 [1006]
- repair of Mallory-Weiss laceration 90296-00 [887]
- resection of mucosa of stomach 90297-01 [880]
- oesophagus — see Oesophagoscopy
- through artificial stoma 30473-02 [1005]
- duodenum 32095-00 [891]
- to ileum (beyond duodenum) 30473-05 [1005]
- with
  - - - administration of tattooing agent (India ink) (markers) (radiolucent) (SPOT) 30473-08 [1005]
  - - - biopsy 30473-06 [1008]
  - - - coagulation
  - - - - - Argon plasma 30478-21 [1007]

**Tattoo, Tattooing (India ink) (markers) (radiolucent) (SPOT)**

- by
  - colonoscopy (to caecum) 32090-02 [905]
  - to hepatic flexure 32084-02 [905]
  - panendoscopy (to duodenum) 30473-07 [1005]
  - to ileum 30473-08 [1005]
- cornea 90067-00 [176]
- skin 30207-00 [1602]
- - for creation of facsimile of nipple or areola 45546-00 [1741]
- via
  - colonoscopy (to caecum) 32090-02 [905]
  - to hepatic flexure 32084-02 [905]
  - panendoscopy (to duodenum) 30473-07 [1005]
  - to ileum 30473-08 [1005]

**Telemetry (cardiac) 92057-00 [1857]**

**Australian Coding Standards**

N/A
Introduction/Rationale:

This addenda proposal was initiated following the receipt of a number of coding queries (Q2685, Q2911, Q3030, Q3035, Q3068 & Q3178) and public submissions (P332, P334, P335 & P337), which identified that a review of ACHI across Chapter 4 Procedures on ear and mastoid process and Chapter 5 Procedures on nose, mouth and pharynx was required, with associated changes to the ACS and ICD-10-AM as appropriate.

This addenda proposal also incorporates some smaller tasks (TN431, TN479, TN801, TN1078, TN1122, TN1216 and TN1358).

In line with previous amendments across ACHI, this review across Chapters 4 and 5 has incorporated the following core principles:

- Individual techniques for destruction have been removed and destruction procedures classified to a singular code for a site.
- Diagnostic concepts have been removed from intervention category and code titles where possible.
- Codes with similar procedural concepts have been combined into a single code.
- In accordance with ACCD protocol for ACHI chapter reviews; the ACHI frequency data was evaluated, and where intervention codes demonstrated low or nil usage ACCD proposes to delete the code and merge the clinical concept elsewhere in ACHI as appropriate.

A review of diagnosis and procedure coding for the insertion and removal of myringotomy tubes identified that due to the high frequency of use, and specific nature of these procedures, that dedicated insertion and removal codes within the same ACHI block were required. Similarly, a review of ACS 0803 Admission for removal of grommets identified that admissions to remove myringotomy tubes required a revision with regard to the principal diagnosis selection. These changes to myringotomy tube classification are consistent with other international classifications including ICD-11.

ACCD also proposes the creation of a single code to classify Functional Endoscopic Sinus Surgery (FESS) (in a similar format as the single event multilevel surgery (SEMLS) interventions in block [1580]) to assist in the classification of this complex operative intervention. The proposed FESS code would significantly reduce coder burden, would maintain the correct DRG allocation where documentation also indicated specific interventions, and it would improve DRG allocation in those situations where documentation only states ‘FESS’ with no or ambiguous specific intervention detail.

These advantages need to be considered in light of the overall inevitable data loss of discrete procedural detail within the single operative FESS episodes.
### ACCD PROPOSAL

#### ICD-10-AM Tabular List

<table>
<thead>
<tr>
<th>H72</th>
<th>Perforation of tympanic membrane</th>
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<tbody>
<tr>
<td><strong>Includes</strong>:</td>
<td>perforation of ear drum</td>
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<tr>
<td></td>
<td>• persistent post traumatic</td>
</tr>
<tr>
<td></td>
<td>• postinflammatory</td>
</tr>
<tr>
<td><strong>Excludes</strong>:</td>
<td>traumatic rupture of ear drum (S09.2)</td>
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<tr>
<th>H72.0</th>
<th>Central perforation of tympanic membrane</th>
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<tbody>
<tr>
<td>H72.1</td>
<td>Attic perforation of tympanic membrane</td>
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<td>Perforation of pars flaccida</td>
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<td>H72.2</td>
<td>Other marginal perforations of tympanic membrane</td>
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<th>Other perforations of tympanic membrane</th>
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<th>Perforation of tympanic membrane, unspecified</th>
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<tr>
<td><strong>Excludes</strong>:</td>
<td>that requiring adjustment and management of myringotomy tube (Z45.83)</td>
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<tr>
<th>Z45.8</th>
<th>Adjustment and management of other implanted devices</th>
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</thead>
<tbody>
<tr>
<td>Z45.82</td>
<td>Adjustment and management of peritoneal access device</td>
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<tr>
<td></td>
<td>Adjustment and management of implanted peritoneal port-catheter</td>
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<tr>
<td><strong>Excludes</strong>:</td>
<td>that for:</td>
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<td></td>
<td>• dialysis (Z49.0)</td>
</tr>
<tr>
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<td>• pharmacotherapy for neoplasm (Z51.1)</td>
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</table>

| Z45.83 | Adjustment and management of myringotomy tube |

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<th>Z45.89</th>
<th>Adjustment and management of other implanted devices</th>
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</table>

| Z45.9 | Adjustment and management of unspecified implanted device |

...  

### ICD-10-AM Alphabetic Index

**Adjustment**  
- device (related to) NEC Z46.9  
  
- - infusion or pump (external) (implantable spinal) Z45.1  
  - - myringotomy tube (grommet) Z45.83  
  - - nervous system Z46.2  
  - - substitution  
  - - auditory Z46.2  
  - - visual Z46.2  
  - - tympanostomy tube (grommet) Z45.83  
  - - urinary Z46.6  
  - - vascular access (infusion port) (Port-A-Cath) (reservoir) Z45.2  
  - - disorder F43.2  

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 139
- drug delivery device or pump (CADD) (external) (implantable spinal) Z45.1
- implanted hearing device Z45.3
- infusion device or pump (external) (implantable spinal) Z45.1
- intestinal appliance NEC Z46.5
- myringotomy tube (grommet) Z45.83
- pacemaker
  - - cardiac Z45.0
  - - carotid sinus Z45.0
- peritoneal access device Z45.82
- reaction F43.2
- subdermal hormone implant Z30.5
- tympanostomy tube (grommet) Z45.83
- ureteral stent Z46.6

Removal (from) (of)

- device
  - - contraceptive (intrauterine) (IUCD) Z30.5
  - - drug delivery or pump (CADD) (external) (implantable spinal) Z45.1
  - - fixation (internal) Z47.0
  - - - external Z47.8
  - - infusion or pump (external) (implantable spinal) Z45.1
  - - myringotomy tube (grommet) Z45.83
  - - traction Z47.8
  - - tympanostomy tube (grommet) Z45.83
  - - vascular access (infusion port) (Port-A-Cath) (reservoir) Z45.2
  - - dialysis catheter Z49.0
  - - Kirschner wire Z47.0
  - myringotomy tube (grommet) Z45.83
  - nasolacrimal tube Z48.8

- traction device, external Z47.8
- tympanostomy tube (grommet) Z45.83
- ureteral stent Z46.6
- vascular access device (infusion port) (Port-A-Cath) (reservoir) Z45.2

ACHI Tabular List

25 Procedures for skull fracture
Cranioplasty for skull fracture

39609-00 Debridement of compound skull fracture
39609-01 Elevation of compound skull fracture
  Reduction of compound depressed skull fracture
  Includes: that for compound (open) frontal sinus fracture
39612-00 Elevation of compound skull fracture with repair of dura and brain
  Reduction of compound depressed skull fracture with repair of dura and brain
  Includes: that for compound (open) frontal sinus fracture
  Excludes: delayed repair of dura following fractured skull (39615 [20])
39609-02 Reduction of compound skull fracture
  Repair of compound comminuted skull fracture
  Includes: internal fixation
  that for compound (open) frontal sinus fracture
39612-01 Reduction of compound skull fracture with repair of dura and brain
  Repair of compound comminuted skull fracture and dura and brain
  Includes: internal fixation
that for compound (open) frontal sinus fracture

Excludes: delayed repair of dura following fractured skull (39615 [20])

73 Division of intracranial nerve

39106-00 Division of intracranial trigeminal nerve
Gasserian ganglionectomy
Intracranial:
• neurectomy for trigeminal neuralgia
• trigeminal neurotomy
Section of intracranial trigeminal nerve

39500-00 Intracranial section of vestibular nerve
Intracranial division of vestibular nerve

Includes: that via posterior cranial fossa

Excludes: that via: retrolabyrinthine or translabyrinthine approach (41596-03 [331])
• retrolabyrinthine approach (41596-00, 41596-02 [331])
• translabyrinthine approach (41593-00 [331])

301 Application, insertion or removal procedures on external ear

41500-00 Removal of foreign body from auditory canal without incision

Excludes: removal of myringotomy tympanostomy tube (41632-04, 41632-05 [308], 41644-00 [312])

... 302 Incision procedures on auditory canal

41503-00 Removal of foreign body from auditory canal by incision

Excludes: removal of myringotomy tympanostomy tube (41632-04, 41632-05 [308], 41644-00 [312])

... 305 Reconstruction procedures on external ear

41512-00 Reconstruction of external auditory canal
Meatoplasty

Includes: removal of:
• bone
• cartilage

Code also when performed:
• radical (modified) mastoidectomy (41557 [323], 41560 [325], 41563 [326])

Excludes: that for correction of auditory canal stenosis (41521 [304])

45662-00 Reconstruction of external auditory canal for congenital atresia

Excludes: that for correction of auditory canal stenosis (41521-00, 41521-01 [304])

... 308 Application, insertion or removal procedures on eardrum or middle ear

41755-00 Catheterisation of eustachian tube

41647-00 Ear toilet, unilateral
Removal of wax (cerumen) from ear, unilateral
41647-01  Ear toilet, bilateral
Removal of wax (cerumen) from ear, bilateral

Excludes: that with any other procedure on the ear – omit code

41632-02  Insertion of myringotomy tube, unilateral
41632-03  Insertion of myringotomy tube, bilateral
41632-04  Removal of myringotomy tube, unilateral

Code also when performed:
• myringoplasty (see block [313])

41632-05  Removal of myringotomy tube, bilateral

Code also when performed:
• myringoplasty (see block [313])

309  Myringotomy
Myringotomy with:
• aspiration of middle ear
• drainage of abscess

Excludes: that with insertion of tube (41632-02, 41632-03 [308])

41626-00  Myringotomy, unilateral
41626-01  Myringotomy, bilateral
41632-00  Myringotomy with insertion of tube, unilateral
41632-01  Myringotomy with insertion of tube, bilateral

312  Excision procedures on eardrum or middle ear
30075-29  Biopsy of middle ear
41635-00  Excision of lesion of middle ear

Clearance of:
• cholesteatoma
• granuloma of middle ear
• polyp

Includes: transmastoid approach with mastoidectomy
transtympanic approach

Excludes: removal of lesion of glomus (41620-00, 41623-00 [312])
that with:
• myringoplasty (41635-01 [313], 41638-01 [315])
• ossicular chain reconstruction (41638-00, 41638-01 [315])

41644-00  Excision of rim of perforated tympanic membrane

Includes: removal of tympanostomy tube

Excludes: cauteryisation of perforated tympanic membrane (41641-00 [311])
that with myringoplasty – omit code
that with:
• myringoplasty – omit code
• removal of myringotomy tube (41632-04, 41632-05 [308])

41620-00  Removal of lesion of glomus, transtympanic approach
41623-00 Removal of lesion of glomus, transmastoid approach, with mastoidectomy

41644-01 Other excision of middle ear

313 Myringoplasty

41635-01 Excision of lesion of middle ear with myringoplasty

Clearance of:
- cholesteatoma
- granuloma
- polyp

Includes: graft prosthesis

Excludes: removal of lesion of glomus (41620-00, 41623-00 [312])
that with ossicular chain reconstruction (41638-01 [315])

41527-00 Myringoplasty, transcanal approach

Includes: that by Rosen incision

Excludes: that with ossicular chain reconstruction (41542-00, 41638-01 [315])

315 Reconstruction procedures on eardrum or middle ear

41638-00 Excision of lesion of middle ear with ossicular chain reconstruction

Clearance of:
- cholesteatoma
- granuloma
- polyp

Includes: graft prosthesis

Excludes: removal of lesion of glomus (41620-00, 41623-00 [312])
that with myringoplasty (41638-01 [315])

41638-01 Excision of lesion of middle ear with myringoplasty and ossicular chain reconstruction

Clearance of:
- cholesteatoma
- granuloma
- polyp

Includes: graft prosthesis

Excludes: removal of lesion of glomus (41620-00, 41623-00 [312])

316 Other procedures on eardrum or middle ear

Includes: internal auditory meatus tympanic membrane

90114-01 Administration of agent into middle ear

Intratympanic injection

90113-00 Other procedures on eustachian tube

90114-00 Other procedures on eardrum or middle ear

...
Mastoidectomy

Excludes: that with:
- decompression of endolymphatic sac (41590-00 [330])
- implantation of cochlear prosthetic device (41617-02, 41617-05 [334]) (41617-00 [329])
- myringoplasty (41551-00, 41560 [325], 41554-00, 41563 [326])
- ossicular chain reconstruction (41554-00, 41563 [326])
- partial resection of temporal bone (41584 [324])
- removal of glomus lesion (41623-00 [312])

41545-00 Mastoidectomy
Cortical mastoidectomy

41557-00 Modified radical mastoidectomy

41557-01 Radical mastoidectomy

41548-00 Obliteration of mastoid cavity

Code also when performed:
- meatoplasty (41512-00 [305])

41564-00 Modified radical mastoidectomy with obliteration of mastoid cavity and eustachian tube and closure of external auditory canal

Includes: blind-sac closure

41564-01 Radical mastoidectomy with obliteration of mastoid cavity and eustachian tube and closure of external auditory canal

Includes: blind-sac closure

Repair procedures on mastoid or temporal bone

Code also when performed:
- meatoplasty (41512-00 [305])

Excludes: revision of mastoidectomy (41566-01, 41566-02 [327])
that with:
- implantation of cochlear prosthetic device (41617-02, 41617-05 [334]) (41617-00 [329])
- ossicular chain reconstruction (41554-00, 41563 [326])
- partial resection of temporal bone (41584 [324])
- removal of glomus lesion (41623-00 [312])

41551-00 Mastoidectomy by intact canal wall technique with myringoplasty

Includes: that with atticotomy

41560-00 Modified radical mastoidectomy with myringoplasty

41560-01 Radical mastoidectomy with myringoplasty

...
Includes: mastoidectomy

331  Excision procedures on inner ear

30075-30  Biopsy of inner ear

41593-00  Vestibular nerve section, translabyrinthine approach

41596-00  Vestibular nerve section, retrolabyrinthine approach

Excludes: that with cochlear nerve section (41596-02 [331])

41596-01  Cochlear nerve section, retrolabyrinthine approach

Excludes: that with vestibular nerve section (41596-02 [331])

41596-02  Vestibular and cochlear nerve section, retrolabyrinthine approach

41596-03  Vestibular and/or cochlear nerve section

Includes: that via:
  • translabyrinthine approach
  • retrolabyrinthine approach

332  Repair procedures on inner ear

41614-00  Closure of round window fistula

41614-01  Closure of oval window fistula

Closure of perilymph fistula

41614-02  Repair of round window

Excludes: that for closure of round window fistula (41614-00 [332])

41615-00  Repair of oval window

Excludes: that for closure of oval window fistula (41614-01 [332])

that with any other procedure on the ear

  — omit code

41615-01  Repair of round or oval window

Closure of oval or round window fistula

90117-00  Other repair of inner ear

Fenestration of inner ear (including skin graft)

Repair of:
  • cochlear
  • labyrinth
  • NOS

Venous graft to fenestration cavity

333  Other procedures on inner ear

Includes: cochlear internal auditory canal labyrinth

90118-01  Administration of agent into inner ear

90118-00  Other procedures on inner ear

Injection into inner ear

…

370  Examination procedures on nose

41653-00  Examination of nasal cavity and/or postnasal space
Drainage of haematoma in nasal cavity

Excludes: that with any other procedure on nose, mouth and pharynx – omit code that with biopsy (41761-00 [375])

41764-00 Nasendoscopy
Rhinoscopy

Code also when performed:
• biopsy of nasopharynx (41761-00 [375])

41764-01 Sinoscopy

Excludes: that with functional endoscopic sinus surgery (FESS) – omit code

41653-01 Other diagnostic procedures on nose

Note: For nonsurgical diagnostic interventions see Chapter 19

Other destruction procedures on nose

41695-00 Turbinectomy by cryotherapy

41674-00 Cauterisation or diathermy of nasal turbinates

Excludes: that for arrest of nasal haemorrhage (see block [373])

41674-03 Destruction procedures on nasal turbinates

Excludes: that for arrest of nasal haemorrhage (see block [373])

41674-01 Destruction procedures on Cauterisation or diathermy of nasal septum
Cauterisation or diathermy Little's area

Excludes: that for arrest of nasal haemorrhage (see block [373])

90130-00 Local destruction of intranasal lesion

Excision procedures on nasal turbinates

Code also when performed:
• rhinoplasty (see block [1679])
• septoplasty (41671-02, 41671-03 [379])

41689-00 Partial turbinectomy, unilateral
41689-01 Partial turbinectomy, bilateral
41689-02 Total turbinectomy, unilateral
41689-03 Total turbinectomy, bilateral
41689-04 Turbinoplasty, unilateral
41689-05 Turbinoplasty, bilateral
41692-00 Submucous resection of turbinate, unilateral
41692-01 Submucous resection of turbinate, bilateral

Removal of intranasal lesion

Excludes: that for lesion of nares or nasopharynx (31400-00 [421])

41668-00 Removal of nasal polyp
**41729-00** Excision of dermoid cyst of nose with intranasal extension

**41728-00** Lateral rhinotomy with removal of intranasal lesion

**90131-00** Local excision of other intranasal lesion

**378** Other excision procedures on nose

**41671-00** Submucous resection of nasal septum

*Excludes:* that with septoplasty (41671-03 [379])

**90131-01** Rhinectomy

**379** Repair of nasal septum

**41671-01** Closure of perforation of nasal septum

**41671-02** Septoplasty

*Includes:* turbinectomy

*Code also when performed:*

* • rhinoplasty (see block [1679])
* • turbinectomy (see block [376])
* • turbinoplasty (see block [376])

**41671-03** Septoplasty with submucous resection of nasal septum

*Includes:* turbinectomy

*Code also when performed:*

* • rhinoplasty (see block [1679])
* • turbinectomy (see block [376])
* • turbinoplasty (see block [376])

**382** Application, insertion or removal procedures on nasal sinuses

*Excludes:* that with functional endoscopic sinus surgery [FESS] – omit code

**41704-00** Aspiration and lavage of nasal sinus through natural ostium

**41701-00** Aspiration and lavage of nasal sinus by puncture

**41740-00** Catheterisation of frontal sinus

**383** Incision procedures on nasal sinuses

*Excludes:* that with functional endoscopic sinus surgery [FESS] – omit code

**41719-00** Drainage of maxillary antrum through tooth socket

**41716-00** Intranasal removal of foreign body from maxillary antrum

*Includes:* incision of mucosa

**41752-02** Sphenoidotomy
41737-04 Ethmoidotomy

41743-00 Trephining frontal sinus
  Sinusotomy of frontal sinus

384 Biopsy of nasal sinuses
  Excludes: that with functional endoscopic sinus surgery [FESS] – omit code

41716-05 Biopsy of maxillary antrum

41752-04 Biopsy of sphenoidal sinus

41737-07 Biopsy of frontal sinus

41737-08 Biopsy of ethmoidal sinus

385 Intranasal removal of polyp from nasal sinuses
  Excludes: that with functional endoscopic sinus surgery [FESS] – omit code

41716-03 Intranasal removal of polyp from maxillary antrum

41752-03 Intranasal removal of polyp from sphenoidal sinus

41737-05 Intranasal removal of polyp from frontal sinus

41737-06 Intranasal removal of polyp from ethmoidal sinus

386 Other excision procedures on nasal sinuses
  Excludes: intranasal removal of polyp from nasal sinus:
  • maxillary antrum (41716-03 [385])
  • ethmoid sinus (41737-06 [385])
  • frontal sinus (41737-05 [385])
  • maxillary sinus (41716-03 [385])
  • sphenoid sinus (41752-03 [385])
  radical ethmoidectomy (41734-00 [388])
  that with functional endoscopic sinus surgery [FESS] – omit code

41716-06 Excision of lesion of maxillary antrum
  External maxillary antrectomy

  Includes: that by Caldwell-Luc approach

  Excludes: excision of polyp (41716-03 [385])
  maxillary antrectomy:
  • intranasal (41716 [385])
  • radical (41710, 41713 [387])
  • simple (41716 [387])

41752-01 Sphenoidectomy

  Excision of lesion of sphenoid sinus

  Excludes: that with ethmoidectomy (41731-01 [386])

41737-02 Ethmoidectomy, unilateral

  Includes: uncinctomy

41737-03 Ethmoidectomy, bilateral

  Includes: uncinctomy

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<td>Ethmoidectomy, frontonasal approach</td>
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<td>41731-01</td>
<td>Ethmoidectomy with sphenoidectomy, frontonasal approach</td>
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<td><strong>Includes</strong>: uncinectomy</td>
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<td>41737-09</td>
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<td>Excision of lesion of frontal sinus</td>
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<td>41746-00</td>
<td>Radical obliteration of frontal sinus</td>
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<td><strong>Bold</strong>: Maxillary antrostomy</td>
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<td>41716-01</td>
<td>Intranasal maxillary antrostomy, unilateral</td>
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<td>Middle meatal antrostomy, unilateral</td>
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<td></td>
<td><strong>Includes</strong>: uncinectomy</td>
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<td></td>
<td><strong>Excludes</strong>: that with functional endoscopic sinus surgery [FESS] – omit code</td>
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<tr>
<td>41716-02</td>
<td>Intranasal maxillary antrostomy, bilateral</td>
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<td>Middle meatal antrostomy, bilateral</td>
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<td><strong>Includes</strong>: uncinectomy</td>
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<td></td>
<td><strong>Excludes</strong>: that with functional endoscopic sinus surgery [FESS] – omit code</td>
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<td>41710-00</td>
<td>Radical maxillary antrostomy, unilateral</td>
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<td>Caldwell-Luc antrostomy, unilateral</td>
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<td>Radical maxillary antrectomy, unilateral</td>
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<td><strong>Excludes</strong>: that with transantral:</td>
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<tr>
<td></td>
<td>• ethmoidectomy (41713-00 [387])</td>
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<td>41710-01</td>
<td>Radical maxillary antrostomy, bilateral</td>
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<td>Caldwell-Luc antrostomy, bilateral</td>
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<td>Radical maxillary antrectomy, bilateral</td>
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<td><strong>Excludes</strong>: that with transantral:</td>
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<td></td>
<td>• ethmoidectomy (41713-00 [387])</td>
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<td>• vidian neurectomy (41713-01 [387])</td>
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<tr>
<td>41713-00</td>
<td>Radical maxillary antrostomy with transantral ethmoidectomy</td>
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<td>Caldwell-Luc antrostomy</td>
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<td>Radical maxillary antrectomy</td>
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<td>with transantral vidian neurectomy</td>
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<td><strong>Bold</strong>: Other repair procedures on nasal sinuses</td>
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<tr>
<td>41722-00</td>
<td>Closure of oro-antral fistula</td>
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<td>Plastic closure of oro-antral fistula</td>
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<tr>
<td>45849-00</td>
<td>Bone graft to maxillary sinus</td>
</tr>
</tbody>
</table>
Sinus lift procedure

41734-00 Radical ethmoidectomy with osteoplastic flap

389 Other procedures on nasal sinuses

41716-04 Other intranasal procedures on maxillary antrum

Excludes: that with functional endoscopic sinus surgery [FESS] – omit code

41752-00 Other intranasal procedure on sphenoid sinus

Excludes: that with functional endoscopic sinus surgery [FESS] – omit code

41737-00 Other intranasal procedures on frontal sinus

Excludes: that with functional endoscopic sinus surgery [FESS] – omit code

41737-01 Other intranasal procedures on ethmoidal sinus

Excludes: that with functional endoscopic sinus surgery [FESS] – omit code

41749-00 External procedure on ethmoidal sinus

Excludes: that with functional endoscopic sinus surgery [FESS] – omit code

96257-01 Functional endoscopic sinus surgery [FESS]

Note: FESS is performed to improve the ventilation and drainage of the sinuses, and to remove disease from the sinuses. FESS may include (but is not limited to) the following endoscopic sinus procedures in any combination in a single operative episode:

• biopsy of sinus (any sinus) (bilateral) (unilateral)
• ethmoidectomy (bilateral) (unilateral)
• incision procedures of sinus (any sinus) (bilateral) (sinusotomy) (unilateral)
• intranasal antrostomy (bilateral) (unilateral)
• removal of foreign body from sinus (antrum)
• removal of polyp from sinus (any sinus)
• sinoscopy
• sinusectomy (any sinus) (bilateral) (unilateral)

Code also when performed:
• nasal procedure(s) (see blocks [371] to [381])

396 Destruction procedures on salivary gland or duct

30262-01 Destruction Diathermy of salivary gland or duct

Diathermy Destruction of salivary gland or duct lesion by diathermy.

... EXCISION

Excludes: excision of skin, subcutaneous and soft tissue of lip (see block [1664])

402 Biopsy of oral cavity or soft palate

30075-23 Biopsy of oral cavity

Biopsy of:
• bony palate
• lip
• mouth

Excludes: that of:
• soft palate (30075-24 [402])
• uvula (30075-24 [402])
30075-24 Biopsy of soft palate
Biopsy of uvula

45799-00 Aspiration biopsy of jaw cyst

403 Excision or destruction of lesion of mouth or palate

90141-00 Local excision or destruction of lesion of bony palate
Local excision or destruction of tissue of bony palate
Excludes: removal of papillary hyperplasia (45831-00 [403])

403 Excision of papillary hyperplasia of palate

90141-02 Excision or destruction of lesion of palate
Excision of papillary hyperplasia of palate

30283-00 Excision of cyst of mouth
Excision of:
• mucocele
• ranula

30275-00 Radical excision of intraoral lesion
Includes: resection of:
• lymph node(s)
• mandible

90141-01 Excision of other lesion of mouth
Excludes: excision of lesion of upper aerodigestive tract (31400-00 [421])

…

406 Other repair procedures on mouth, palate or uvula

…

45676-00 Other repair of mouth

45837-00 Submucosal vestibuloplasty
Submucosal lowering of floor of mouth by Obwegeser technique
Includes: excision of muscle
mucosal graft
skin graft

45837-01 Open vestibuloplasty
Lowering of floor of mouth by Obwegeser technique
Includes: excision of muscle
mucosal graft
skin graft

45837-02 Vestibuloplasty
Lowering of floor of mouth by Obwegeser technique
Open vestibuloplasty
Submucosal vestibuloplasty
Includes: excision of muscle
mucosal graft
skin graft

90142-01 Other repair of palate

90142-02 Other repair of uvula

…
418 Incision procedures on pharynx

41758-00 Division of pharyngeal adhesions
41776-00 Cricopharyngeal myotomy
41776-01 Cricopharyngeal myotomy with inversion of pharyngeal pouch
41770-01 Cricopharyngeal myotomy with removal of pharyngeal pouch
41779-00 Pharyngotomy
41779-02 Incision and drainage of pharyngeal abscess

Includes: that for:
- parapharyngeal abscess
- retropharyngeal abscess

Excludes: excision of parapharyngeal lesion by cervical approach (31409-00 [421])
incision and drainage of peritonsillar abscess (41807-00 [409])

419 Destruction procedures on pharynx

41674-02 Cauterisation or diathermy of pharynx

Includes: nasopharynx

Excludes: that for arrest of nasal haemorrhage (see block [373])

52035-00 Endoscopic laser therapy of upper aerodigestive tract

Note: Performed generally for neoplasia, benign vascular lesions or strictures of the nares, nasopharynx, oral cavity, oropharynx, laryngopharynx and larynx

41674-04 Destruction procedures on pharynx, not elsewhere classified

Includes: nasopharynx
that by:
- cauterisation
- diathermy

Excludes: that for arrest of nasal haemorrhage (see block [373])

421 Other excision procedures on pharynx

30075-26 Pharyngeal biopsy
Biopsy of supraglottic mass

30286-00 Excision of branchial cyst

30289-00 Excision of branchial fistula

31400-00 Excision of lesion of upper aerodigestive tract

Note: Performed generally for squamous cell carcinomas involving overlapping sites of the nares, sinonasal tract, nasopharynx, oral cavity, oropharynx, laryngopharynx or larynx (where the lesion is confined to one of these specific sites, the excision code for the specific site should be assigned instead)

Code also when performed:
- tracheostomy (41880-00, 41881 [536])

Excludes: radical excision of intraoral lesion with resection of mandible and lymph nodes of neck (30275-00 [403])

31409-00 Excision of parapharyngeal lesion by cervical approach

31412-00 Excision of recurrent or persistent parapharyngeal lesion by cervical approach

41767-00 Excision Removal of lesion of nasopharynx
**Includes**—transnasal transpalatal approach

41767-01 Excision of lesion of oropharynx

41770-00 Removal of pharyngeal pouch
Pharyngeal diverticulectomy

*Excludes*: that by endoscopy (41773-00 [421])
that with cricopharyngotomy (41770-01 [418])

41773-00 Endoscopic resection of pharyngeal pouch
Dohlman's procedure

41804-01 Removal of lateral pharyngeal bands

41813-01 Removal of pharyngeal cyst

90149-00 Excision of other lesion of pharynx
**Removal of lateral pharyngeal bands**

... **Reduction of fracture of nasal bone**

*Includes*—frontal sinus nasoethmoid

47738-00 Closed reduction of fracture of nasal bone

*Includes*: internal fixation

47741-00 Open reduction of fracture of nasal bone

*Includes*: osteotomy

... **Repair of ear**

*Excludes*: reconstruction of ear (45660-00, 45661-00 [1684])

45659-00 Correction of bat ear
Correction of prominent or protruding ear
Ear pinning or setback

45659-01 Other correction of external ear deformity
Correction of:
• constricted ear
• lop ear
Repair of external ear deformity NOS

*Excludes*: reconstruction of external auditory canal (41521 [304], 41512-00 [305], 45662-00 [305])

**Rhinoplasty**

*Includes*—turbinectomy

*Code also when performed:*
• septoplasty (41671-02, 41671-03 [379])
• turbinectomy (see block [376])
• turbinoplasty (see block [376])

*Excludes*: augmentation rhinoplasty with implant only (45051-00 [1682])
composite graft of nose (45656-00 [1669])
revision of rhinoplasty (45650-00 [1687])
skin:
  • flap of nose (45206-01 [1651], 45221-01, 45224-01 [1653], 45230 [1653] and [1654], 45227-00, 45233, 45236-00 [1654])
  • graft of nose (45400-01 [1641], 45400-00 [1642], 45448-01 [1645], 45445-00 [1647], 45451-01 [1649])

Appendix A Mapping Table MBS Items

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**Administration (around) (into) (local) (of) (therapeutic agent) NEC — code to block [1920] with extension -19**

**Note:** Terms listed under the lead term 'Administration' are split by three main subterms; Administration/indication, Administration/specified site and Administration/type of agent.

... - specified site

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  - - inner 90118-01 [333]
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  - - - zygo-apophyseal (articular processes) (corticosteroid) (local anaesthetic) 39013-00 [31]
  - - kidney 90354-00 [1064]
  - - larynx (collagen) (fat) (Gelfoam) (Teflon) 41870-01 [521]
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  - nail (bed) 30216-01 [1604]
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      - ectropion 42581-00 [239]
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- oval window (inner ear) 41615-01 41614-01 [332]

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### 0803 ADMISSION FOR REMOVAL OF GROMMETS

Tympanostomy tubes (grommets) are used for recurrent middle ear infections such as glue ear and for chronic infections, blockages or scarring of the eustachian tube. The purpose of the tube is to create a drainage path and as such, perforation of the tympanic membrane persists because of the presence of the tube.

Most tympanostomy tubes are designed to fall out of the ear naturally, allowing the tympanic membrane to heal without further assistance. However, some tympanostomy tubes are designed to be retained, usually for a period of two years. When a tympanostomy tube is retained, it may have to be surgically removed. The procedure involves freshening the edges of the perforation and removal of the tube and is coded to 41644-00  *Excision of rim of perforated tympanic membrane*. Assign H72.9 *Perforation of tympanic membrane, unspecified* as the principal diagnosis in patients who are admitted for removal of a retained tympanostomy tube.

### 0807 FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS)

Functional endoscopic sinus surgery (FESS) is a term describing a range of procedures performed in any combination for the surgical treatment of sinus disease.

FESS may include a variety of procedures performed in any combination. Therefore, clinical coders should check the operation report and assign only the appropriate codes.

These procedures may include:

- biopsy of sinus
- ethmoidectomy
- incision procedures on sinus (sinusotomy)
- intranasal antrostomy
- intranasal removal of foreign body from sinus
- removal of nasal sinus polyps
- sinoscopy
- sinusectomy

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>41716-01-01</td>
<td>Intranasal maxillary antrostomy, unilateral  (includes formation of an antral meatal window)</td>
</tr>
<tr>
<td>41716-02-01</td>
<td>Intranasal maxillary antrostomy, bilateral  (includes formation of an antral meatal window)</td>
</tr>
<tr>
<td>41716-00-01</td>
<td>Intranasal removal of foreign body from maxillary antrum</td>
</tr>
<tr>
<td>41737-02-01</td>
<td>Ethmoidectomy, unilateral</td>
</tr>
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<td>Ethmoidectomy, bilateral</td>
</tr>
<tr>
<td>41731-00-01</td>
<td>Ethmoidectomy, frontonasal approach</td>
</tr>
<tr>
<td>41731-01-01</td>
<td>Ethmoidectomy with sphenoidectomy, frontonasal approach</td>
</tr>
<tr>
<td>41737-09-01</td>
<td>Frontal sinusectomy</td>
</tr>
</tbody>
</table>
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Sphenoidectomy
Biopsy of maxillary antrum
Biopsy of sphenoidal sinus
Biopsy of frontal sinus
Biopsy of ethmoidal sinus

Where FESS is documented, also assign only 96257-01 [389] Functional Endoscopic Sinus Surgery [FESS]. 41764-01 [370] Sinoscopy to indicate the endoscopic nature of the surgery. Do not assign additional codes for the individual sinus procedures performed during the FESS operative episode.

ENDOSCOPIC SINUS SURGERY WITHOUT DOCUMENTATION OF FESS

Where functional endoscopy sinus surgery or FESS is not documented, assign codes for the individual sinus procedures documented as performed within the operative episode. If a procedure is performed endoscopically, assign 41764-01 [370] Sinoscopy (see also ACS 0023 Laparoscopic/Arthroscopic/Endoscopic Surgery).

STANDARDS INDEX

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Introduction/Rationale:
A public submission and a query (22/09, Q2691) were received highlighting Alphabetic Index inconsistencies in regards to epilepsy and psychosis and the clinical concept of 'epileptic psychosis'. It is apparent that the index pathways for this clinical concept are pre-coordinated, primarily for mortality case purposes with the use of due to and associated with in lead terms and subterms.

ICD-10-AM Conventions used in the tabular list of diseases/Multiple condition coding state:

In classifying a condition with an underlying cause, if the Alphabetic Index … or Excludes note … 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.

There is also a Use additional code instruction at F00-F09 Organic, including symptomatic, mental disorders which states:

Use additional code to identify the underlying disease

Therefore, to classify epileptic psychosis, codes for both epilepsy and psychosis are required to be assigned.

Thus, ACCD proposes amendments to improve the Tabular List and Alphabetic Index for the acute, chronic and NOS forms of epileptic psychosis and postictal state.

ACCD PROPOSAL

Tabular List
LIST OF THREE-CHARACTER CATEGORIES

Organic, including symptomatic, mental disorders (F00–F09)
F00* Dementia in Alzheimer's disease (G30.-†)
F01 Vascular dementia
F02* Dementia in other diseases classified elsewhere
F03 Unspecified dementia
F04 Organic amnesic syndrome, not induced by alcohol and other psychoactive substances
F05 Delirium, not induced by alcohol and other psychoactive substances
F06 Other mental disorders due to brain damage and dysfunction and to physical disease or condition
F07 Personality and behavioural disorders due to brain disease, damage and dysfunction
ORGANIC, INCLUDING SYMPTOMATIC, MENTAL DISORDERS (F00–F09)

This block comprises a range of mental disorders grouped together on the basis of their having in common a demonstrable aetiology in cerebral disease, brain injury, or other insult leading to cerebral dysfunction. The dysfunction may be primary, as in diseases, injuries, and insults that affect the brain directly and selectively; or secondary, as in systemic diseases and disorders that attack the brain only as one of the multiple organs or systems of the body that are involved.

Dementia (F00–F03) is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgement. Consciousness is not clouded. The impairments of cognitive function are commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour or motivation. This syndrome occurs in Alzheimer's disease, in cerebrovascular disease and in other conditions primarily or secondarily affecting the brain.

Use additional code to identify the underlying disease.

F01  Vascular dementia

Vascular dementia is the result of infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease. The infarcts are usually small but cumulative in their effect. Onset is usually in later life.

Includes: arteriosclerotic dementia

Use additional code to identify underlying disease.

F01.0  Vascular dementia of acute onset

Usually develops rapidly after a succession of strokes from cerebrovascular thrombosis, embolism or haemorrhage. In rare cases, a single large infarction may be the cause.

F03  Unspecified dementia

Presenile:
• dementia NOS
• psychosis NOS

Primary degenerative dementia NOS

Senile:
• dementia:
  • depressed or paranoid type
  • NOS
• psychosis NOS

Use additional code to identify underlying disease.

Excludes  senile dementia with delirium or acute confusional state (F05.1)
  senility NOS (R54)

F04  Organic amnesic syndrome, not induced by alcohol and other psychoactive substances

A syndrome of prominent impairment of recent and remote memory while immediate recall is preserved, with reduced ability to learn new material and disorientation in time. Confabulation may be a marked feature, but perception and other cognitive functions, including the intellect, are usually intact. The prognosis depends on the course of the underlying lesion.

Use additional code to identify underlying disease.

Excludes  amnesia:
• anterograde (R41.1)
• dissociative (F44.0)
• NOS (R41.3)
• retrograde (R41.2)

Korsakov's syndrome:
• alcohol-induced or unspecified (F10.6)
• induced by other psychoactive substances (F11–F19 with common fourth character .6)

F04.0  Post traumatic amnesia

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Delirium, not induced by alcohol and other psychoactive substances

An aetiologically nonspecific organic cerebral syndrome characterised by concurrent disturbances of consciousness and attention, perception, thinking, memory, psychomotor behaviour, emotion, and the sleep-wake schedule. The duration is variable and the degree of severity ranges from mild to very severe.

Includes:
- acute or subacute:
  - brain syndrome
  - confusional state (nonalcoholic)
  - infective psychosis
  - organic reaction
  - psycho-organic syndrome

Use additional code to identify underlying disease.

Excludes: delirium tremens, alcohol-induced or unspecified (F10.4)

F05.0 Delirium not superimposed on dementia, so described

F05.1 Delirium superimposed on dementia

Conditions meeting the above criteria but developing in the course of a dementia (F00–F03).

F05.8 Other delirium

Acute psychosis due to or associated with physical disease or condition

Delirium of mixed origin

F05.9 Delirium, unspecified

Other mental disorders due to brain damage and dysfunction and to physical disease or condition

Includes: miscellaneous conditions causally related to brain disorder due to primary cerebral disease, to systemic disease affecting the brain secondarily, to exogenous toxic substances or hormones, to endocrine disorders, or to other somatic illnesses.

Use additional code to identify underlying disease.

Excludes: associated with dementia — see Alphabetic Index:
- delirium (F05.0–)
- dementia as classified in F00–F03 resulting from use of alcohol and other psychoactive substances (F10–F19)

F06.0 Organic hallucinosis

A disorder of persistent or recurrent hallucinations, usually visual or auditory, that occur in clear consciousness and may or may not be recognised by the subject as such. Delusional elaboration of the hallucinations may occur, but delusions do not dominate the clinical picture; insight may be preserved.

Organic hallucinatory state (nonalcoholic)

Excludes:
- alcoholic hallucinosis (F10.5)
- schizophrenia (F20.-)

F06.1 Organic catatonic disorder

A disorder of diminished (stupor) or increased (excitement) psychomotor activity associated with catatonic symptoms. The extremes of psychomotor disturbance may alternate.

Excludes:
- catatonic schizophrenia (F20.2)
- stupor:
  - dissociative (F44.2)
  - NOS (R40.1)

F06.2 Organic delusional [schizophrenia-like] disorder

A disorder in which persistent or recurrent delusions dominate the clinical picture. The delusions may be accompanied by hallucinations. Some features suggestive of schizophrenia, such as bizarre hallucinations or thought disorder, may be present.

Paranoid and paranoid-hallucinatory organic states

Schizophrenia-like psychosis

Excludes: disorder:
F06.3 Organic mood [affective] disorders

F06.8 Other specified mental disorders due to brain damage and dysfunction and to physical disease or condition

Epileptic psychosis NOS
Psychosis (chronic) (NOS) due to physical disease or condition

F06.9 Unspecified mental disorder due to brain damage and dysfunction and to physical disease or condition

Organic:
• brain syndrome NOS
• mental disorder NOS

F23 Acute and transient psychotic disorders

A heterogeneous group of disorders characterised by the acute onset of psychotic symptoms such as delusions, hallucinations, and perceptual disturbances, and by the severe disruption of ordinary behaviour. Acute onset is defined as a crescendo development of a clearly abnormal clinical picture in about two weeks or less. For these disorders there is no evidence of organic causation. Perplexity and puzzlement are often present but disorientation for time, place and person is not persistent or severe enough to justify a diagnosis of organically caused delirium (F05.-). Complete recovery usually occurs within a few months, often within a few weeks or even days. If the disorder persists, a change in classification will be necessary. The disorder may or may not be associated with acute stress, defined as usually stressful events preceding the onset by one to two weeks.

Excludes: psychosis (chronic) (NOS) due to:
• brain damage or dysfunction (F06.8)
• physical disease or condition (F06.8)

The following fifth character subdivisions are for use with subcategories F23.0 – F23.9:

0 without mention of associated acute stress
1 with mention of associated acute stress

F23.2 Acute schizophrenia-like psychotic disorder

See subdivisions
An acute psychotic disorder in which the psychotic symptoms are comparatively stable and justify a diagnosis of schizophrenia, but have lasted for less than about one month; the polymorphic unstable features, as described in F23.0-, are absent. If the schizophrenic symptoms persist the diagnosis should be changed to schizophrenia (F20.-).

Acute (undifferentiated) schizophrenia
Brief schizophreniform:
• disorder
• psychosis
Oneirophrenia
Schizophrenic reaction

Excludes organic delusional [schizophrenia-like] disorder (chronic) (NOS) (F06.2) schizophreniform disorders NOS (F20.8)
Alphabetic Index

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    - reflex G40.8.
    ....
    - traumatic (injury unspecified) T90.5
    - injury specified — code to Sequelae/by specific injury
      - twilight E05.8
      - uncinate (gyrus) G40.2-
    ...

Episode
- affective, mixed F38.0
- brain (apoplectic) I64
- cerebral (apoplectic) I64
- depressive — (see also Disorder/depressive) F32.9-
  - hypomanic F30.0
  - manic F30.9
  - recurrent F31.8
- psychotic — (see also Psychosis) F23.9.
  - organic F06.8
  - schizophrenic (acute) brief NEC F23.2.
  - schizophrenia-like (chronic) F06.2
    -- acute F23.2.
Fugue R68.8
- dissociative F44.1
- hysterical F44.1
  - postictal in epilepsy G40.9
- reaction to exceptional stress (transient) F43.0

Posthitis N48.1
Postictal (state) — see Epilepsy
Postimmunisation complication or reaction — see Complication(s)/vaccination
Postinfectious — see condition

Psychosexual identity disorder of childhood F64.2
Psychosis, psychotic F29
- acute (transient) F23.9
  - delusional F23.3
  - due to or associated with physical disease or condition F06.8
  - hysterical F44.9
  - polymorphic (without symptoms of schizophrenia) F23.0
  - with symptoms of schizophrenia F23.1
  - schizophrenia-like F23.2
  - specified NEC F23.8
  - affective (see also Disorder/affective) F39
  - drug-induced — code to F11–F19 with fourth character .5
  - late onset — code to F11–F19 with fourth character .7
  - paranoid and hallucinatory states — code to F11–F19 with fourth character .5
  - due to or associated with
    - addiction, drug (see also Psychosis/drug-induced) F1-.5
    - dementia (see also Dementia) F03
    - dependence
    - alcohol (see also Psychosis/alcoholic) F10.5
    - drug — code to F11–F19 with fourth character .5
      - epilepsy F06.8
        — Huntington's chorea F06.8
        — ischaemia, cerebrovascular (generalised) F06.8
        — multiple sclerosis F06.8
      - physical disease or condition F06.8
      - presenile dementia F03
      - senile dementia F03
    - vascular disease (arteriosclerotic) (cerebral) F01.9
      - epileptic F06.8
      - with delirium (acute) F05.8
      - schizophrenia-like (chronic) F06.2
      - acute F23.2
    - episode F23.9
      - due to or associated with physical disease or condition F06.8
      - with delirium (acute) F05.8
      - schizophrenia-like (chronic) F06.2
        - acute F23.2
    - exhaustive F43.0
    - nonorganic F29
      - specified NEC F28
      - organic F09
      - due to or associated with
        - Creutzfeldt-Jakob disease or syndrome A81.0† F02.1
        - disease or physical condition NEC F06.8
          - with delirium (acute) F05.8
          - cerebrovascular F01.9
          - Creutzfeldt-Jakob A81.0† F02.1
            - endocrine or metabolic F06.8
            - acute or subacute F08.8
          - liver, alcoholic (see also Psychosis/alcoholic) F10.5
          - epilepsy, transient (acute) F05.8
          - infection
          - brain (intracranial) F06.8
          - acute or subacute F05.8

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
intoxication
- alcoholic (acute) F10.5
- drug (see also Psychosis/drug-induced) F10.5
- puerperium — see Psychosis/puerperal
- trauma, brain (birth) (from electric current) (surgical) F06.8
  - acute or subacute F05.8
- in pregnancy or childbirth O99.31
  - infective F06.8
  - acute or subacute F05.9
- post traumatic F06.8
  - acute or subacute F05.9
- schizophrenia-like (chronic) F06.2
  - acute F23.2-
  - paranoiac F22.0
  - schizophrenia, schizophrenic (see also Schizophrenia) F20.9
  - schizophrenia-like, in epilepsy (chronic) F06.2
    - acute F23.2-
  - schizophreniform F20.8
- symptomatic F09
  - transient (acute) F23.9-
  - polymorph (without symptoms of schizophrenia) F23.0-
    - with symptoms of schizophrenia F23.1-
    - schizophrenia-like F23.2-
    - specified NEC F23.8-

Psychosomatic — see Disorder/psychosomatic

Reaction — see also Disorder

- psychotic — see Psychosis F23.9-
  - due to or associated with physical condition F06.8
  - radiation NEC T66
  - scarlet fever toxin — see Complication(s)/vaccination
    - schizophrenia-like (chronic) F06.2
    - acute F23.2-
    - schizophrenic F23.2-
      - acute (brief) (undifferentiated) F23.2-
      - latent F21
      - undifferentiated (acute) (brief) F23.2-

State (of)
- affective and paranoid, mixed, organic psychotic F06.8
  - agitated R45.1
  - acute reaction to stress F43.0
  - anxiety (neurotic) F41.1
  - apprehension F41.1
  - burnout Z73.0
  - climacteric, female N95.1
  - clouded epileptic or paroxysmal G40.8-
  - compulsive F42.1
  - mixed with obsessional thoughts F42.2
  - confusional (psychogenic) F44.88
  - acute or subacute (see also Delirium) F05.9
  - with senility or dementia F05.1
    - epileptic F05.8
  - reactive (from emotional stress, psychological trauma) F44.88
  - convulsive (see also Convulsions) R56.8

... phobic F40.9
- postictal — see Epilepsy
  - postleukotomy F07.0

... tension (mental) F48.9
- specified NEC F48.8
- twilight, psychogenic F44.88
  - epileptic F05.8
- psychogenic F44.88
- vital exhaustion Z73.0
- withdrawal — see Withdrawal/state

... 

**Tussis convulsiva** (see also Whooping cough) A37.9

**Twilight state**, psychogenic F44.88
- epileptic F05.8
- psychogenic F44.88

**Twin**
- conjoined NEC Q89.40

...
Personal history of stroke

Introduction/Rationale:
This addenda proposal is the result of a query and subsequent public submission.

ACCD reviewed the identified issue and the cited scenario: patient admitted to hospital, with a history of stroke (no residuals) and is investigated for symptoms (such as confusion or transitory muscle weakness) that may be related to another (new) stroke.

In this scenario the personal history of stroke is a risk factor and is coded as per ACS 0002 Additional diagnoses:

Risk factors should only be coded if they meet the additional diagnosis criteria … or another standard indicates they should be coded.

ACS 0604 Stroke/Point 3 Old CVA (Cerebrovascular Accident) states:

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).

Note: there is no classification instruction for point 1, thus ACS 0002 Additional diagnoses is applied.

ACCD proposes the expansion of Z86.6 Personal history of diseases of the nervous system and sense organs and Z86.7 Personal history of diseases of the circulatory system for ‘personal history of stroke’ and other circulatory disorders when they meet the criteria in ACS 0002 Additional diagnoses and ACS 2112 Personal history.

In the development of this proposal, two additional related areas were highlighted. These are:

- history of thrombosis and embolism which (from anecdotal evidence) often affects patient management (particularly in a surgical setting)
- Other variants of cerebrovascular disease (such as prolonged reversible ischaemic neurological deficit (PRIND), reversible ischaemic neurological deficit (RIND), posterior reversible encephalopathy syndrome (PRES), reversible posterior leukoencephalopathy syndrome (RPLS), and reversible cerebral vasoconstriction syndrome (RCVS)), some of which have existing coding rules which can be retired.
ACCD proposes the addition of these conditions to the classification.

**ACCD PROPOSAL**

**Tabular List**

<table>
<thead>
<tr>
<th>I69</th>
<th>Sequelae of cerebrovascular disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>v 0008, 0050, 0604</td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> Category I69 is to be used to indicate previous episodes of conditions in I60–I67.1 and I67.4–I67.9 as the cause of sequelae, themselves classified elsewhere. The sequelae include conditions specified as such or as late effects, or those present one year or more after onset of the causal condition.</td>
<td></td>
</tr>
<tr>
<td>Code first the neurological deficit</td>
<td></td>
</tr>
<tr>
<td><strong>Excludes:</strong> chronic cerebrovascular disease (I60–I67)history of cerebrovascular disease with no sequelae (residual deficits) (Z86.71)</td>
<td></td>
</tr>
<tr>
<td>I69.0 Sequelae of subarachnoid haemorrhage</td>
<td></td>
</tr>
<tr>
<td>I69.1 Sequelae of intracerebral haemorrhage</td>
<td></td>
</tr>
<tr>
<td>I69.2 Sequelae of other nontraumatic intracranial haemorrhage</td>
<td></td>
</tr>
<tr>
<td>I69.3 Sequelae of cerebral infarction</td>
<td></td>
</tr>
<tr>
<td>I69.4 Sequelae of stroke, not specified as haemorrhage or infarction</td>
<td></td>
</tr>
<tr>
<td>I69.8 Sequelae of other and unspecified cerebrovascular diseases</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Z86</th>
<th>Personal history of certain other diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>v 0050, 2112</td>
<td></td>
</tr>
<tr>
<td><strong>Excludes:</strong> follow-up medical care and convalescence (Z42–Z51, Z54.-)</td>
<td></td>
</tr>
<tr>
<td>Z86.6 Personal history of diseases of the nervous system and sense organs</td>
<td></td>
</tr>
<tr>
<td>Conditions classifiable to G00–G99, H00–H95</td>
<td></td>
</tr>
<tr>
<td>✈ Z86.61 Personal history of transient ischaemic attack [TIA]</td>
<td></td>
</tr>
<tr>
<td>✈ Z86.69 Personal history of diseases of the nervous system and sense organs, not elsewhere classified</td>
<td></td>
</tr>
<tr>
<td>Z86.7 Personal history of diseases of the circulatory system</td>
<td></td>
</tr>
<tr>
<td>Conditions classifiable to I00–I99</td>
<td></td>
</tr>
<tr>
<td><strong>Excludes:</strong> old myocardial infarction (I25.2)postmyocardial infarction syndrome (I24.1)sequelae of cerebrovascular disease (I69.-)</td>
<td></td>
</tr>
</tbody>
</table>
Z86.71  Personal history of cerebrovascular disease

Personal history of stroke NOS without residual deficits

*Excludes:* sequelae (residual deficits) of cerebrovascular disease (I69.-)

Z86.72  Personal history of thrombosis and embolism

Personal history of thrombosis or embolism:
- pulmonary
- venous

*Excludes:* personal history of cerebrovascular thrombosis and embolism (Z86.71) that with current:
  - abnormal coagulation profile (R79.83)
  - haemorrhagic disorder due to circulating anticoagulants (D68.3)
  - long term use of anticoagulants without haemorrhagic disorder (Z92.1)

Z86.79  Personal history of diseases of the circulatory system, not elsewhere classified

**Alphabetic Index**

**Accident**

- cerebral I64 — *see Accident/cerebrovascular*
  - cerebrovascular I64
    - haemorrhagic I61.9
    - ischaemic (stroke) *(see also Infarction/cerebral)* I63.9
    - old I69.4
    - without residuals Z86.71
  - coronary *(see also Infarct/myocardium)* I21.9

**Apoplexia, apoplexy, apoplectic** I64

- haemorrhagic (stroke) *(see also Haemorrhage/intracerebral)* I61.9
  - healed or old — *see I69*
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  - heart (auricle) (ventricle) *(see also Infarct/myocardium)* I21.9
  - meninges, haemorrhagic *(see also Haemorrhage/subarachnoid)* I60.9
    - old I69
    - without residual deficits Z86.71
    - progressive I64

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- cataleptic — *see Catalepsy*
  - cerebral I64
    - old I69
    - without residual deficits Z86.71
  - coronary — *see Infarct/myocardium*

- toxic, cerebral R56.8
- transient ischaemic (TIA) G45.9
  - history Z86.61
  - specified NEC G45.8
  - unconsciousness R55
Chorea (gravis) (spasmodic) G25.5
- with
  - heart involvement I02.0
  - active or acute (conditions in I01.-) I02.0
  - rheumatic heart disease (chronic) (inactive) (quiescent) — code to rheumatic heart condition involved
    - apoplectic I64
      - old I69.9
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    - chronic G25.5

Deficient perineum (female) N81.8
Deficit — see also Deficiency
- attention — see Attention/deficit disorder or syndrome
- neurologic
  - reversible ischaemic (prolonged (PRIND)) (RIND) NEC G45.9
    - history Z86.61

Episode
- affective, mixed F38.0
  - brain (apoplectic) I64
  - cerebral (apoplectic) I64
- depressive (see also Disorder/depressive) F32.9-

History (of) (personal)
- contraception Z92.0
- deep venous thrombosis (DVT) Z86.72
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  - blood and blood-forming organs Z86.2
    - cerebrovascular (without residual deficits) Z86.71
  - circulatory system NEC Z86.79
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    - embolism (pulmonary) (venous) Z86.72
    - cerebrovascular Z86.71
    - thrombosis (pulmonary) (venous) Z86.72
    - cerebrovascular Z86.71
- digestive system Z87.10
  - ear Z86.69
  - endocrine Z86.3
  - eye Z86.69
  - genital system Z87.4
  - haematological Z86.2
  - immune mechanism Z86.2
  - infectious Z86.10
  - malaria Z86.13
  - poliomyelitis Z86.12
  - specified disease or disorder NEC Z86.18
  - tuberculosis Z86.11
  - mental NEC Z86.5
  - metabolic Z86.3
  - musculoskeletal Z87.3
  - nervous system NEC Z86.69
  - nutritional Z86.3
  - obstetric Z87.5
  - parasitic Z86.10
  - specified disease or disorder NEC Z86.18
  - respiratory system Z87.0
  - sense organs NEC Z86.69
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- elevated blood sugar levels Z86.3
  - embolism (pulmonary) (venous) Z86.72
  - cerebrovascular Z86.71
  - family, of
  - hyperthermia, malignant Z88.4
- in situ neoplasm Z86.0
  - infarction, cerebral (brain) (without residual deficits) Z86.71
- injury NEC Z91.6
...
- specified disease NEC Z86.18
  - stroke (without residual deficits) Z86.71
- suicide attempt Z91.5
- surgery (major) NEC Z92.4
  - transplant — see Transplant(ed)
- thrombosis (pulmonary) (venous) Z86.72
- cerebrovascular Z86.71
- tobacco use disorder Z86.43
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- trauma NEC Z91.6
...
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...
- brain (see also Infarct/cerebral) I63.9
  -- embolic I63.4
  -- in pregnancy, childbirth or puerperium O99.4
- breast N64.8
- cerebellar (see also Infarct/myocardium) I21.9
  -- embolic I63.4
- cerebral I63.9
  -- due to
  -- - cerebral venous thrombosis, nonpyogenic I63.6
  -- - embolism
  -- - - cerebral arteries I63.4
  -- - - precerebral arteries I63.1
  -- - - occlusion NEC
  -- - - cerebral arteries I63.5
  -- - - precerebral arteries I63.2
  -- - - stenosis NEC
  -- - - cerebral arteries I63.5
  -- - - precerebral arteries I63.2
  -- - - thrombosis
  -- - - cerebral arteries I63.3
  -- - - precerebral arteries I63.0
  -- - in pregnancy, childbirth or puerperium O99.4
  -- old I69.9
  -- - without residual deficits Z86.71
  -- - specified NEC I63.8
- colon K55.0
...
Ischaemia, ischaemic I99
- brain (see also Ischaemia/cerebral) I67.8
- cardiac (see Disease/heart/ischaemic
- cardiomyopathy I25.5
- cerebral (chronic) (generalised) I67.8
  -- arteriosclerotic I67.2
  -- in pregnancy, childbirth or puerperium O99.4
  -- - intermittent G45.9
  -- - newborn P91.0
  -- - old I69
  -- - - without residual deficits Z86.71
  -- - - specified NEC I63.8
- recurrent focal G45.8
- - transient G45.9
  -- - history Z86.61
- coronary (see also Ischaemia/heart) I25.9
...
Seizure(s) (see also Convulsions) R56.8
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  -- apoplexy, apoplectic I64
- atonic G40.3-
- autonomic (hysterical) F44.5
  -- brain or cerebral I64
- convulsive (see also Convulsions) R56.8

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 182
- newborn P90
- paralysis I64
- petit mal — see Petit mal

**Stroke** (apoplectic) (brain) (paralytic) I64

- in pregnancy, childbirth or puerperium O99.4
- ischaemic (see also Infarction/cerebral) I63.9
- lightning T75.0
- old I69.
- without residual deficits Z86.71

**Syndrome NEC** — (see also Disease) U91

- cerebral artery
  - anterior I66.1† G46.1*
  - with infarction (due to) I63.5
  - embolism I63.4
  - thrombosis I63.3
  - middle I66.0† G46.0*
  - with infarction (due to) I63.5
  - embolism I63.4
  - thrombosis I63.3
  - posterior I66.2† G46.2*
  - with infarction (due to) I63.5
  - embolism I63.4
  - thrombosis I63.3
- cerebral
  - artery
    - anterior I66.1† G46.1*
    - with infarction (due to) I63.5
    - embolism I63.4
    - thrombosis I63.3
  - history Z86.71
  - middle I66.0† G46.0*
  - with infarction (due to) I63.5
  - embolism I63.4
  - thrombosis I63.3
  - posterior I66.2† G46.2*
  - with infarction (due to) I63.5
  - embolism I63.4
  - thrombosis I63.3
- vasoconstriction, reversible (RCVS) I67.8
- cerebrohepatorenal Q87.89
- empty nest Z60.0
- encephalopathy, posterior reversible (leukoencephalopathy) (PRES) (RPLS) I67.8
  - history Z86.71
- Engelmann(-Camurati) Q78.3

- posterior
  - cervical sympathetic M53.0
  - cord S14.13
  - reversible encephalopathy (PRES) I67.8
  - history Z86.71
- postgastrectomy (dumping) K91.1

- Rett's F84.2
- reversible
  - cerebral vasoconstriction (RCVS) I67.8
    - history Z86.71
  - posterior leukoencephalopathy (RPLS) I67.8
  - history Z86.71
  - Reye's G93.7

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Australian Coding Standards

0604 **STROKE: CEREBROVASCULAR ACCIDENT (CVA)**

Cerebrovascular accident (CVA) and stroke are nonspecific terms. Before assigning I64 *Stroke, not specified as haemorrhage or infarction*, attempt to obtain a more specific diagnosis (e.g., subarachnoid haemorrhage, intracerebral haemorrhage, or cerebral infarction).

1. **CURRENT CVA WITH RESIDUAL DEFICITS**

Stroke is a nonspecific term. Before assigning a code, attempt to obtain a more specific diagnosis (e.g., subarachnoid haemorrhage (I60), intracerebral haemorrhage (I61), cerebral infarction (I63)).

**Sequelae (late effect)**

The usual presentation of residual deficits (also known as sequelae) is where a deficit arises as a result of a condition and often occurs later than the initial condition (e.g., scoliosis following rickets). Stroke-CVA differs, in that the deficits may manifest immediately as a result of the stroke.

While the patient is receiving continuing treatment, regardless of the period of time elapsed since the stroke, assign a code from categories I60–I64 (cerebrovascular diseases) with any applicable deficit codes (e.g., hemiplegia).

**CLASSIFICATION**

- Assign a code from categories I60–I64 (cerebrovascular diseases) with codes for any deficit(s) (e.g., hemiplegia) regardless of the period of time elapsed since the CVA occurred, or care type changes that occur, during the initial episode(s) of care.

For the purposes of classification, the initial episode(s) of care is defined as complete at the time of discharge of the patient (i.e., to their residence (home or residential care facility), or upon their death) following acute and/or rehabilitation care. **Note:** If rehabilitation is undertaken at a second facility immediately following an acute episode of care at another facility for the CVA as a continuum of care, facility two is considered part of the initial episode(s) of care.

**EXAMPLE 1:**

A patient is admitted following a cerebral infarction on 1 January and is transferred to a rehabilitation facility on 7 January for rehabilitation for residual hemiparesis and aphasia.

**FACILITY 1:**

**Codes:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I63.9</td>
<td>Cerebral infarction</td>
</tr>
<tr>
<td>G81.9</td>
<td>Hemiplegia, unspecified</td>
</tr>
<tr>
<td>R47.0</td>
<td>Dysphasia and aphasia</td>
</tr>
</tbody>
</table>

**FACILITY 2:**

**Codes:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I63.9</td>
<td>Cerebral infarction</td>
</tr>
<tr>
<td>G81.9</td>
<td>Hemiplegia, unspecified</td>
</tr>
<tr>
<td>R47.0</td>
<td>Dysphasia and aphasia</td>
</tr>
</tbody>
</table>

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Z50.9  Care involving use of rehabilitation procedure, unspecified

(See also ACS 2104 Rehabilitation)

• Assign codes from category I69.- Sequelae of cerebrovascular disease codes should only be used when the initial treatment period is complete but the patient is later admitted with a residual deficit[s] are still manifest and meet which meeting the criteria for an additional diagnosis in ACS 0001 Principal diagnosis or ACS 0002 Additional diagnoses (see also ACS 0008 Sequelae and ACS 1912 Sequelae of injuries, poisoning, toxic effects and other external causes).

EXAMPLE 2:
A patient admitted for a right hemicolectomy (under GA) for severe diverticulitis of the large colon. The patient also had a residual hemiparesis from a stroke ten years previously. They were slow to mobilise post-surgery due to the residual impairment, and intervention was provided by the physiotherapist.

Codes:  K57.32  Diverticulitis of large intestine without perforation, abscess or mention of haemorrhage
G81.9  Hemiplegia, unspecified
I69.-  Sequelae of cerebrovascular disease
32003-01  Right hemicolectomy with anastomosis
92514-99  General anaesthesia, ASA 99
95550-03  Allied health intervention, physiotherapy

2. SEVERITY

The severity of a CVA is indicated by certain associated conditions present during the episode of care. Each condition must meet the criteria for an additional diagnosis as per ACS 0002 Additional diagnoses and/or is assigned as per classification guidelines in another Australian Coding Standard.

Examples of conditions associated with CVA include (but are not limited to):

• aspiration pneumonitis
• pressure injury (ulcer)
• dysphagia
• incontinence
• urinary retention

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

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
### Additional Diagnosis

<table>
<thead>
<tr>
<th>Additional Diagnosis</th>
<th>ICD-10-AM Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary tract infection, site not specified</td>
<td>N39.0</td>
</tr>
<tr>
<td>Aspiration pneumonitis</td>
<td>J60.0</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>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</td>
</tr>
<tr>
<td>Pressure injury (ulcer) and lower limb ulcer</td>
<td>L89., L97.-</td>
</tr>
<tr>
<td>Pulmonary embolism and venous thrombosis</td>
<td>I26.0, I26.9, I80.2, R13</td>
</tr>
<tr>
<td>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</td>
<td>R32, N39.3, N39.4</td>
</tr>
<tr>
<td>Urinary incontinence—should be assigned only when the incontinence is present at discharge or persists for at least 7 days</td>
<td>R15</td>
</tr>
<tr>
<td>Fecal incontinence—should be assigned only when the incontinence is present at discharge or persists for at least 7 days</td>
<td>R33</td>
</tr>
<tr>
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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—Sequela of cerebrovascular disease where the deficit 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).
1. a history of stroke **without** residual deficit(s) present

or

2. a history of stroke **with** residual deficit(s) present.

- Where history of stroke with residual deficit(s) present, assign first a code for the residual deficit(s), with a code from category I69 *Sequelae of cerebrovascular disease* where the deficit(s) meet the criteria for additional diagnoses (see ACS 0002 *Additional diagnoses*).

- Where the deficit(s) does not meet the criteria for additional diagnoses (see ACS 0002 *Additional diagnoses*) but the history of stroke does meet the criteria in ACS 0002, assign Z86.71 *Personal history of cerebrovascular disease*.

- Where there is no deficit(s) but history of stroke is relevant to the episode of care, assign Z86.71 *Personal history of cerebrovascular disease* (see ACS 0002 *Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99)*).

### 2104 REHABILITATION

...

For further information on the assignment of codes in cases of stroke, particularly in relation to residual deficits, please refer to ACS 0604 *Stroke: Cerebrovascular accident (CVA)*.
ICD-10-AM/ACHI/ACS
Eleventh Edition
Addenda Proposal

Implanted Hearing Devices

Introduction/Rationale:

This addenda proposal was initiated following receipt of several coding queries (Q2999, Q3118, Q3193) and a public submission (P336) which identified that a revision of ACHI across the full range of implanted hearing devices was required. This addenda proposal also incorporates TN1326 Replacement of cochlear implant magnet and TN1391 Cochlear Implants - Bilateral.

The interventions for audiometric hearing loss continue to develop rapidly in response to technology developments and the more accurate diagnosis of specific hearing loss mechanisms in individuals. Many of the implanted hearing device technologies can also be used in various combinations during initial implantation or in subsequent revisions, in order to provide optimal solutions for an individual.

ACHI currently does not facilitate classification of the implantation, revision and removal of the variety of hearing devices currently in use, along with the positioning of the relevant codes across different categories and chapters of ACHI, and identified issues within the Alphabetic Index; there is difficulty in correctly classifying implanted hearing device interventions.

Note: the issue of bilateral/unilateral cochlear implants was discussed via TN1391 Cochlear Implants - Bilateral, and post ITG approval, the concepts from TN1391 were merged into this task.

ACCD PROPOSAL

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Application, insertion or removal procedures on mastoid or temporal bone

41557-02 Implantation of electromagnetic hearing device
  Bone conduction hearing device

  Excludes — cochlear prosthetic device (41617-00 [329])

Incision procedures on mastoid or temporal bone

41557-03 Incision of mastoid

Mastoidectomy

Excludes: that with:
  • decompression of endolymphatic sac (41590 [330])
  • implantation of cochlear prosthetic device (41617-02, 41617-05 [334], 41617-00 [329])
  • myringoplasty (41551-00, 41560 [325], 41554-00, 41563 [326])
  • ossicular chain reconstruction (41554-00, 41563 [326])
  • partial resection of temporal bone (41584 [324])
  • removal of glomus lesion (41623-00 [312])

41545-00 Mastoidectomy
  Cortical mastoidectomy

41557-00 Modified radical mastoidectomy

Repair procedures on mastoid or temporal bone

Code also when performed:
  • meatoplasty (41512-00 [305])

Excludes: revision of mastoidectomy (41566-01, 41566-02 [327])
  that with:
    • implantation of cochlear prosthetic device (41617-02, 41617-05 [334], 41617-00 [329])
    • ossicular chain reconstruction (41554-00, 41563 [326])
    • partial resection of temporal bone (41584 [324])
    • removal of glomus lesion (41623-00 [312])

41551-00 Mastoidectomy by intact canal wall technique with myringoplasty

Includes: that with atticotomy

Other procedures on mastoid or temporal bone

90116-00 Other procedures on mastoid or temporal bone
Application, insertion or removal procedures on inner ear

41617-00 Implantation of cochlear prosthetic device
   Includes: mastoidectomy

41617-01 Removal of cochlear prosthetic device

...  

330 Incision procedures on inner ear

41572-00 Labyrinthotomy
   Destruction of labyrinth
   Incision of inner ear

41590-00 Decompression of endolymphatic sac
   Includes: mastoidectomy

41590-01 Decompression of endolymphatic sac with shunt
   Includes: mastoidectomy

...  

333 Other procedures on inner ear

   Includes: cochlear
   internal auditory canal
   labyrinth

90118-00 Other procedures on inner ear
   Injection into inner ear

OTHER AND MULTIPLE SITES OF EAR

OTHER PROCEDURES

334 Implanted hearing prostheses

41617-02 Implantation of cochlear prosthetic device, unilateral
   Includes: mastoidectomy

41617-05 Implantation of cochlear prosthetic device, bilateral
   Includes: mastoidectomy

45794-08 Osseointegration procedure, implantation of titanium fixture for attachment of bone
   anchored hearing aid [BAHA]
   First stage of two stage osseointegration procedure involving insertion of titanium implant into bone, for
   attachment of bone anchored hearing aid (BAHA)
   Implantation of titanium screw for osseointegration
   One stage procedure for bone anchored hearing implant
   Placement of titanium fixture for osseointegration
   Includes: insertion and securing of magnetic implant

   Code also when performed:
   • bone graft — see Alphabetic Index: Graft/bone
   • fixation of transcutaneous abutment (45797-07 [334])
45797-07 Osseointegration procedure, fixation of transcutaneous abutment for attachment of bone anchored hearing aid [BAHA]

Includes:
- exposure of titanium fixation
- skin graft to fixation site
- thinning of skin flap over fixation site

Note: This procedure is the second stage of the osseointegration procedure, and involves attachment of the abutment for the bone anchored hearing aid (BAHA) to the titanium implant that was previously implanted into the patient’s bone.

41557-04 Implantation of other hearing device

Implantation of:
- auditory brain stem implant
- bone conduction hearing device
- electromagnetic hearing device
- middle ear hearing device

Excludes:
- bone anchored hearing aid [BAHA] (45794-08, 45797-07 [334])
- cochlear prosthetic device (41617-02, 41617-05 [334])

41617-03 Adjustment of cochlear prosthetic device

Partial:
- replacement of cochlear prosthetic device component(s)
- revision of device component(s)

Includes: implanted magnets

45794-09 Adjustment of bone anchored hearing aid [BAHA] components

Replacement of titanium fixation or transcutaneous abutment [BAHA] component(s)
Revision of titanium fixation or transcutaneous abutment [BAHA] component(s)

41557-05 Adjustment of other implanted hearing device

Partial:
- replacement of implanted hearing device component(s)
- revision of implanted hearing device component(s)

Includes: implanted magnets

41617-04 Removal of cochlear prosthetic device, unilateral

Removal of all components of cochlear prosthetic device

Excludes: partial removal of device component(s) with replacement (41617-03 [334])

41617-06 Removal of cochlear prosthetic device, bilateral

Removal of all components of cochlear prosthetic device

Excludes: partial removal of device component(s) with replacement (41617-03 [334])

45794-10 Removal of bone anchored hearing aid [BAHA] device

Removal of all components of bone anchored hearing aid device [BAHA]

Excludes: partial removal of device component(s) with replacement (45794-09 [334])

41557-06 Removal of other implanted hearing device

Excludes: partial removal of device component(s) with replacement (41557-05 [334])

…

1697

Fixation of transcutaneous abutment (osseointegration procedure)

…
Attachment of framework to titanium fixture for osseointegration
Connection of percutaneous abutment for osseointegration
Includes: exposure of titanium fixture
    skin graft of fixture site
    thinning of skin flap over fixture site

Note: Procedures in this block are performed as the second stage of an osseointegration procedure, and involve attachment of an abutment through the skin to the titanium implant that was previously implanted into the patient’s bone

Excludes: bone anchored hearing aid [BAHA] (45797-07 [334])
    intraoral osseointegration procedure (45845-00 [400])

45797-00 Osseointegration procedure, fixation of transcutaneous abutment for attachment of bone anchored hearing aid [BAHA]

45797-01 Osseointegration procedure, fixation of transcutaneous abutment for attachment of prosthetic ear

45797-02 Osseointegration procedure, fixation of transcutaneous abutment for attachment of prosthetic orbit
    Includes: prosthetic replacement of:
        • eye
        • orbital contents

45797-03 Osseointegration procedure, fixation of transcutaneous abutment for attachment of prosthetic nose, partial

45797-04 Osseointegration procedure, fixation of transcutaneous abutment for attachment of prosthetic nose, total
    Includes: surrounding facial tissue

45797-05 Osseointegration procedure, fixation of transcutaneous abutment for attachment of prosthetic limb
    Excludes: that for attachment of prosthetic digit (45797-06 [1697])

45797-06 Osseointegration procedure, fixation of transcutaneous abutment for attachment of prosthetic digit

1698 Implantation of titanium fixture (osseointegration procedure)

Implantation of titanium screw for osseointegration
Osseointegration for attachment of prosthetic replacement, first stage
Placement of titanium fixture for osseointegration

Note: Procedures in this block are performed as the first stage of the osseointegration procedure, and involve insertion of a titanium implant into the patient’s bone, in preparation for second stage, which is attachment of the transcutaneous abutment

Code also when performed:
    • bone graft (see Alphabetic Index: Graft/bone)
    • fixation of transcutaneous abutment (45797 [1697])
    • flap repair (see Alphabetic Index: Flap/by site)
    • reconstruction (see Alphabetic Index: Reconstruction/by site)

Excludes: bone anchored hearing aid [BAHA] (45794-08 [334])
    intraoral osseointegration procedure (45845-00 [400])

45794-00 Osseointegration procedure, implantation of titanium fixture for attachment of bone anchored hearing aid [BAHA]
45794-01 Osseointegration procedure, implantation of titanium fixture for attachment of prosthetic ear

45794-02 Osseointegration procedure, implantation of titanium fixture for attachment of prosthetic orbit

Includes: prosthetic replacement of:
• eye
• orbital contents

45794-03 Osseointegration procedure, implantation of titanium fixture for attachment of prosthetic nose, partial

45794-04 Osseointegration procedure, implantation of titanium fixture for attachment of prosthetic nose, total

Includes: surrounding facial tissue

45794-05 Osseointegration procedure, implantation of titanium fixture for attachment of prosthetic limb

Excludes: that for attachment of prosthetic digit (45794-06 [1698])

45794-06 Osseointegration procedure, implantation of titanium fixture for attachment of prosthetic digit

45794-07 Osseointegration procedure, implantation of titanium fixture for replacement of joint of digit

Includes: insertion of hinge

Code also when performed:
• excision of metacarpal head (44325-00 [1448], 46396-03 [1449])
• synovectomy (46336-01 [1445])
• tendon transfer (46417-00 [1466])

…

1870 Interventions involving assistive or adaptive device, aid or equipment

Includes: adhesive padding
artificial [prosthetic] limb(s)
assistive or adaptive devices, aids or equipment for:
• play/leisure
• productivity
• self care/self maintenance
auditory aid [cochlear implant] [hearing aid]
bandage
brace
calipers
cast (fibreglass) (plaster) (plastic)
communication systems (emergency response, call systems, telephones)
corset
crutches
dressings (Velpeau)
elastic stocking(s)
electronic gaiter
electrotactile/vibrotactile aid
footwear manufactured for a specific purpose, such as gait assistance, postural adaptation or to facilitate the use of an orthosis
intermittent pressure device
medication delivery systems
neck support [cervical collar]
orthosis NOS
parallel bars
pressure dressing [Gibney bandage] [Robert Jones bandage] [Shanz dressing]
pressure trousers [anti-shock trousers] [MAST trousers] [vasopneumatic device]
prosthesis NOS
rails
rib belt
seating
spinal support
splint (acrylic) (cap) (cast metal) (felt) (silicone) (thermoplastic)
strapping
support frame
thermoplastic splint (dynamic) (static)
visual aid [contact lenses] [glasses] [prisms] [spectacles]
walking stick
wheelchair

Note: This block classifies external fixation devices that are generally noninvasive in nature. External fixation devices that are invasive (ie applied to bone) are classified elsewhere. Refer to the Alphabetic Index for guidance.

Excludes: application of:…

Skills training for personal care and other activities of daily/independent living

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

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
Habilitation 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]

Excludes: implantation of cochlear prosthetic device (41617-00 [329])
removal of cochlear prosthetic device (11617-01 [329])

Skills training in activities related to home management
Skills training in:
• cleaning
• energy conservation
• gardening
• housekeeping/maintenance
• laundering
• meal preparation
• safety procedures around the home
• shopping
Alphabetic Index

Adjustment

- assistive or adaptive device, aid or equipment NEC 96092-00 [1870]
  - auditory brain stem implant (partial) 41557-05 [334]
  - balloon (bubble) gastric, for obesity (endoscopic) 90950-04 [889]
  - bone
    - anchored hearing aid (BAHA) (partial) 45794-09 [334]
    - conduction hearing device (partial) 41557-05 [334]
  - bowel sphincter, artificial 32221-00 [940]
  - cannula
    - for
      - cardiopulmonary bypass 38627-01 [642]
      - extracorporeal membrane oxygenation 38627-03 [572]
      - ventricular assist device 38627-00 [608]
  - cochlear prosthetic device (multiple channel) (partial) (single channel) 41617-03 [334]
  - defibrillator, generator (automatic) (cardioverter) (see also Test, testing/defibrillator) 90203-06 [656]
  - denture (pre-existing) 97741-00 [475]
  - new denture — omit code
  - device
    - cochlear prosthetic (multiple channel) (partial) (single channel) 41617-03 [334]
    - gastric, for obesity (endoscopic) 90950-04 [889]
    - hearing, implanted (partial) NEC 41557-05 [334]
    - 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]
    - electrode(s) (for)
      - anal stimulator, electrical 32210-01 [940]
      - automatic defibrillator — see Adjustment/electrode(s)/cardiac/defibrillator
      - cardiac
        - defibrillator
          - epicardial 38456-28 [654]
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          - ventricle, left, via sternotomy or thoracotomy 90203-09 [654]
        - pacemaker
          - epicardial 38456-21 [654]
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          - ventricle, left, via sternotomy or thoracotomy 90203-02 [654]
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          - gracilis neosphincter pacemaker 32210-01 [940]
        - intracranial via
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      - peripheral nerve NEC 39131-01 [67]
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      - spinal — see Adjustment/electrode(s)/epidural
      - vagus nerve (for obesity) 39131-01 [67]
  - electromagnetic hearing device, implanted (partial) 41557-05 [334]
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    - breast 45548-02 [1758]
  - gastric
    - balloon (bubble), for obesity (endoscopic) 90950-04 [889]
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    - generator
      - defibrillator, cardiac (automatic) (see also Test, testing/defibrillator) 90203-06 [656]
      - pacemaker, cardiac (see also Test, testing/pacemaker) 90203-05 [655]
      - pulse (subcutaneous)
        - anal, gracilis neosphincter 32210-01 [940]
        - gracilis neosphincter pacemaker 32210-01 [940]
    - ICD (implantable cardioverter defibrillator) (see also Test, testing/defibrillator) 90203-06 [656]
    - lead(s) — see Adjustment/electrode(s)
    - middle ear hearing device, implanted (partial) 41557-05 [334]
    - neosphincter, gracilis pacemaker 32210-01 [940]
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]
- auditory brain stem 41557-04 [334]
- baffle
  - atrial (inter-atrial) 38745-00 [603]
  - intraventricular 38754-00 [613]
- bone conduction hearing device 41557-02 [321]
  - anchored hearing aid (BAHA) — see Osseointegration/extraoral
  - conduction hearing device 41557-04 [334]
- brain wafer, chemotherapy 96201-00 [1920]
- cardioverter, generator (automatic) (with pacemaker functionality) 38393-00 [653]
  - with replacement 38393-01 [656]
- cartilage (autologous) (chondrocytes) (matrix-induced) 14203-01 [1906]
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- chondrocytes (autologous) (matrix-induced) — see Implant, implantation/cartilage
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- heart
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... Insertion ...

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  - sphincter
    - bowel 32220-00 [940]
  - urinary (see also Insertion/urinary sphincter, artificial) 37387-00 [1113]
  - auditory brain stem implant 41557-04 [334]
- baffle (switch)
  - heart
    - intra-atrial (for congenital heart disease) 38745-00 [603]
  - - intraventricular (for congenital heart disease) 38754-00 [613]
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    - for arrest or control of haemorrhage
      - cervix 96226-00 [1274]
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- - - intracranial pressure (ICP) monitoring 39015-02 [3]
- - microcoil
- - - fallopian tube (bilateral) (hysteroscopic) (unilateral) 35688-01 [1257]
- - middle ear hearing, implanted 41557-04 [334]
- - - neurostimulator — see Insertion/neurostimulator
- - - peritoneal access (port-catheter) 90376-00 [983]
- - - with replacement 90376-01 [983]
- - electrode(s) lead(s)
- - - vagus nerve (for obesity) 39138-00 [67]
- - electromagnetic hearing device, implanted 41557-04 [334] 41557-02 [321]
- - endosseous implant (intraoral)
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- - balloon (bubble) gastric, for obesity (endoscopic) 90950-04 [889]
- - blepharoptosis repair by levator sutures adjustment 45625-00 [1687]
- - bone
- - - anchored hearing aid (BAHA)
- - - partial, for adjustment 45794-09 [334]
- - - total — see Osseointegration/extraoral AND Removal/bone/anchored hearing aid
- - - conduction hearing device
- - - partial, for adjustment 41557-05 [334]
- - - total — see Insertion/bone/conduction hearing device, implanted AND Removal/bone/conduction hearing device, implanted
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- - - - closure of oronasal fistula using local flap 45710-00 [1690]
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    - arteriovenous — see also Revision/arteriovenous/access device
    - shunt, external 34500-01 [764]
    - cardiac event monitor, subcutaneously implanted (ECG) (looping memory) (patient activated) 38285-01 [1604]
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    - partial — see Insertion/cochlear prosthetic device AND Removal/cochlear prosthetic device
  - defibrillator, generator (automatic) (cardioverter) 90203-06 [656]
    - skin pocket alone 90219-00 [663]
    - deformity
      - whistle
        - major, with total revision of cleft lip 45695-00 [1689]
        - minor, with partial revision of cleft lip 45692-00 [1689]
  - device — see also Revision/by type of device
    - arteriovenous — see also Revision/arteriovenous/access device
    - shunt, external 34500-01 [764]
    - cardiac event monitor, subcutaneously implanted (ECG) (looping memory) (patient activated) 38285-01 [1604]
  - cochlear prosthetic (bilateral) (multiple channel) (single channel) (unilateral)
    - partial, for adjustment 41617-03 [334]
    - total — see Insertion/cochlear prosthetic device AND Removal/cochlear prosthetic device
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Osseointegration is the process of bone bonding with a titanium screw implant. Procedures using osseointegrated implants are being applied to many areas of reconstruction of the body. The term can be applied to the insertion of dental implants, known as intraoral osseointegrated implants (see ACS 0809 Intraoral osseointegrated implants).

Extraorally, they can be used for the attachment of bone anchored hearing aids (BAHA), the prosthetic replacement of ears, eyes, nose and finger joints (metacarpophalangeal), and other difficult reconstruction problems, such as the attachment of limb prostheses.

Indications for the procedure include conductive hearing loss, rheumatoid arthritis and loss of body parts due to cancer or trauma.

The procedure is normally carried out in two stages:

FIRST STAGE — IMPLANTATION OF TITANIUM FIXTURE

[1698] Implantation of titanium fixture (osseointegration procedure)

This stage involves the insertion of a titanium implant into the patient’s bone. A three-month healing period is then allowed, during which time the implant will have securely bonded with the bone.
Assign additional codes where reconstruction, bone grafting and flap repair are performed in conjunction with the first stage of an osseointegration procedure.

In the case of osseointegration for the replacement of joint of a digit (45794-07 [1698] Osseointegration procedure, implantation of titanium fixture for replacement of joint of digit), it is necessary to assign additional codes if excision of metacarpal head, synovectomy or tendon transfer is performed.

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SECOND STAGE—FIXATION OF TRANSCUTANEOUS ABUTMENT

[1697]—Fixation of transcutaneous abutment (osseointegration procedure)

This stage involves the fixation of an abutment through the skin to the titanium implant. This serves as a framework for the later attachment of the prosthetic device, which is simply clipped into place at a visit to the doctor. Block [1697] includes exposure of the titanium fixture, skin graft of the fixture site and thinning of a skin flap over the fixture site.

These two stages are normally done at two separate admissions, although, on occasion, the procedure may be performed in one operative episode. This is often the case in the procedure performed for a bone anchored hearing aid. If so, assign both codes for that operative episode:

45794-00 [1698]—Osseointegration procedure, implantation of titanium fixture for attachment of bone anchored hearing aid [BAHA] and

45797-00 [1697]—Osseointegration procedure, fixation of transcutaneous abutment for attachment of bone anchored hearing aid [BAHA]

(See also ACS 1204 Plastic surgery, for admissions requiring reconstructive plastic surgery.)

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STANDARDS INDEX

...

External
- cause code 2001
  - adult and child abuse 1909
  - perpetrator 2008
- procedural complication 1904
  - postprocedural 1904
  - sequelae 1904
  - unintentional event 1904

Extraoral osseointegrated implants 1220

F

...

Implant(s)
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  - osseointegrated, intraoral 0809
  -- extraoral 1220
  -- intraoral 0809
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...

Osseointegrated implants, intraoral 0809
- extraoral 1220
- intraoral 0809
Introduction/Rationale:

Following amendments to ICD-10-AM Chapter 15 Pregnancy, childbirth and the puerperium, ACHI Obstetric procedures (blocks 1330-1347) and ACS Chapter 15 Pregnancy, childbirth and the puerperium in Tenth Edition, a number of FAQs and queries were received regarding labour without delivery and delivery outside hospital. Due to their complexity, this addenda proposal was created in addition to TN1223 ICD-10-AM Obstetrics review, TN1224 ACHI Obstetrics review and TN1225 Obstetrics ACS review.

Labour without delivery (discharge/transfer in labour)

ACS 1550 Discharge/transfer in labour provides guidelines for administrative transfer/discharge home in labour that differentiates between gestation before and after 37 completed weeks:

- Before 37 completed weeks, assign O60.0 Preterm labour without delivery
- At and after 37 completed weeks, assign as principal diagnosis a code from Z34 Supervision of normal pregnancy.

ACCD proposes creation of a code to classify 'term labour without delivery', for consistency with O60.0. The proposed code will classify episodes of care where a patient in labour is discharged home (to await more established labour), or transferred to another facility for administrative reasons. The creation of this code will allow category Z34 to be restricted to supervision of 'uncomplicated' pregnancies (mutually exclusive from Chapter 15).

Transfer in third stage of labour

Following receipt of a coding query (Q3302), ACCD proposes the addition of guidelines in ACS 1550 Discharge/transfer in labour for ‘transfer in third stage of labour’. That is, patients who deliver their baby at one facility, and are transferred to another facility to deliver the placenta.

Delivery outside hospital

The purpose of the proposed addenda are to identify infants born outside hospital, with delivery of the placenta performed after admission. For example, a patient delivers a baby in the ambulance on the way to hospital, and the placenta is delivered in hospital. As the delivery is not complete until the placenta is delivered, this scenario is classified to O80-O84 Delivery, and the infant’s delivery outside of hospital is not identified. In Tenth Edition, the place of birth is identified on the newborn’s record only (Z38 Liveborn infants according to place of birth). ACCD proposes the creation of an ACHI code for ‘spontaneous delivery of placenta’. The new code will be located in renamed block [1336] Spontaneous delivery, which will also list a code for ‘spontaneous breech delivery’ (relocated from block [1339], which will be renamed ‘Assisted breech delivery and extraction’).
ACCD PROPOSAL
ICD-10-AM Tabular List

LIST OF THREE-CHARACTER CATEGORIES

Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30–O48)

O30 Multiple gestation

O47 False labour or labour without delivery

O48 Prolonged pregnancy

Complications specific to multiple gestation

Excludes: conjoined twins causing disproportion (O33.7)
delayed delivery of second twin, triplet, etc or subsequent fetus in multiple delivery (O63.2)
the listed conditions affecting labour and delivery (O64–O66)

O47 False labour or labour without delivery

Constrictions:
- Braxton Hicks
- Irregular uterine tightenings
- Irritable uterus
- False rupture of membranes

O47.0 False labour before 37 completed weeks of gestation

Use additional code from category O09.- to identify duration of pregnancy.

O47.1 False labour at or after 37 completed weeks of gestation

O47.2 Labour without delivery

Labour at ≥ 37 completed weeks of gestation, without delivery

Excludes: delivery (O80–O84)

false labour:
- ≥ 37 completed weeks of gestation (O47.1)
- NOS (O47.9)
- Preterm labour without delivery (O60.0)

O47.9 False labour, unspecified

Braxton Hicks contractions NOS
False rupture of membranes NOS
O63        Long labour
O63.0    Prolonged first stage (of labour)
O63.1    Prolonged second stage (of labour)
O63.2    Delayed delivery of second twin, triplet, etc. or subsequent fetus in multiple delivery
O63.3    Prolonged third stage (of labour)
O63.9    Long labour, unspecified
          Prolonged labour NOS

Z34        Supervision of normal pregnancy
            Excludes: false labour (O47.0, O47.1, O47.9)
            incidental pregnant state (Z33)
            labour without delivery (O47.2)
            preterm contractions without delivery (O60.0)
            with any condition classified to Chapter 15 — see Alphabetic Index

Z37        Outcome of delivery
            Note: This code from this category is intended for use assigned as an additional code on the patient's (ie
            mother's) record to identify the outcome of delivery on the mother's record.
            Code first the delivery (O80–O84).

ICD-10-AM Alphabetic Index

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- preterm without delivery [before 37 completed weeks of gestation] O60.0

- uterus N85.8
  - abnormal, during labour (complicating delivery) NEC O62.9
  - affecting fetus or newborn P03.6
  - atonic O62.2
  - clonic O62.4
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  - dycoordinate O62.4
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  - affecting fetus or newborn P03.8
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- coagulation (see also Defect/coagulation) D68.9
- conduction (cardiac) (ventricular) I45.8
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- delivery (see also Labour/prolonged or protracted) NEC O63.9
  - affecting fetus or newborn P03.8
  - second or subsequent fetus in multiple delivery O63.2
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  - without spontaneous labour O60.3
  - forceps NEC O81
- premature or preterm (with spontaneous labour) NEC O60.1 — see Delivery/preterm
  - without spontaneous labour O60.3
  - previous, affecting management of pregnancy Z35.2
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- labour (Braxton Hicks) (irregular uterine tightenings) (irritable uterus) (pains) O47.9
  - at or after 37 completed weeks of gestation O47.1
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- passage, urethra (prostatic) N36.0
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- pregnancy F45.8
  - rupture of membranes O47. — see False/labour

Labour — see also Delivery
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  - before 37 completed weeks of gestation O60.0
- abnormal NEC O75.8
  - early onset (before 37 completed weeks of gestation) — see Labour/preterm, spontaneous
    - spontaneous
    - with delivery
      - premature O60.1
      - term O60.2
  - premature or preterm — see Labour/preterm, spontaneous
    - spontaneous
    - with delivery
      - premature O60.1
      - term O60.2
      - without delivery O60.0
- false (Braxton Hicks) (irregular uterine tightenings) (irritable uterus) O47.9
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SPONTANEOUS VERTEX DELIVERY

1336 Spontaneous vertex delivery

- Code also when performed:
  - episiotomy (90472-00 [1343])

  Note: Codes for spontaneous delivery are assigned when there is minimal or no assistance provided for the delivery.

  Excludes: with delivery (assistance) procedure — see Alphabetic Index: Delivery/by type

90467-00 Spontaneous vertex delivery

  Includes: spontaneous delivery of placenta

90470-05 Spontaneous breech delivery

  Includes: spontaneous delivery of placenta

90467-01 Spontaneous delivery of placenta, not elsewhere classified

  INCLUDES: that with:
  - administration of Syntocinon in third stage of labour
  - controlled cord traction (CCT)

  Note: This code is assigned for those patients who deliver their baby (or babies) prior to the episode of care, but spontaneously deliver the placenta during the episode of care.

  Excludes: that with delivery procedure classified to blocks [1336] to [1339] — omit code

FORCEPS DELIVERY

1337 Forceps rotation and delivery

  INCLUDES: spontaneous delivery of placenta

  Code also when performed:
  - episiotomy (90472-00 [1343])

  Excludes: that for breech delivery (90470-02, 90470-04 [1339])

VACUUM DELIVERY

1338 Vacuum assisted delivery

  INCLUDES: rotation of fetal head
  
  spontaneous delivery of placenta
BREECH DELIVERY

Excludes: spontaneous breech delivery (90470-05)

1339 Assisted breech delivery and extraction

Includes: spontaneous delivery of placenta

90470-00 Spontaneous breech delivery

90470-01 Assisted breech delivery

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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Australian Coding Standards

1505 DELIVERY AND ASSISTED DELIVERY CODES

... 

See also TN1225

For guidelines regarding transfer in third stage of labour (ie after delivery of baby at one facility but before delivery of placenta at another facility), see ACS 1550 Discharge/transfer in labour.

1548 PUERPERAL/POSTPARTUM CONDITION OR COMPLICATION

... 

POSTPARTUM CARE AND EXAMINATION IMMEDIATELY AFTER DELIVERY

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:
    - no post delivery interventions are performed during the episode of care, or
    - the mother patient 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 facility
  - 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:
  - post delivery interventions are performed during the admitted episode of care, or
  - the mother patient has a puerperal/postpartum condition or complication

- Z39.0- is never assigned in a delivery episode of care.

For guidelines regarding transfer in third stage of labour (ie after delivery of baby at one facility but before delivery of placenta at another facility), see ACS 1550 Discharge/transfer in labour.

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

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 215
EXAMPLE 2:
Patient delivered (spontaneous vertex delivery (SVD)) (baby and placenta) at hospital A facility 1, and was transferred to hospital B facility 2 for routine post delivery care only.

Codes: 
- **Hospital A Facility 1** – code the delivery
- **Hospital B Facility 2**
- 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 was repaired. She was discharged home with her baby two days later.

Codes: 
- O70.0 First degree perineal laceration during delivery
- Z39.03 Postpartum care after unplanned, out of hospital delivery
- 90481-00 Suture of first or second degree tear of perineum

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: 
- O86.4 Pyrexia of unknown origin following delivery
- Z39.03 Postpartum 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 prior ago.

Codes: 
- O88.2 Obstetric blood clot embolism
- I26.9 Pulmonary embolism without mention of acute cor pulmonale
- Z39.02 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 the patient’s recent pregnancy and delivery.

Codes: 
- O99.04 Anaemia in childbirth and the puerperium, with mention of pre-existing anaemia
- D57.1 Sickle-cell anaemia without crisis
- Z39.01 Postpartum 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
        O43.2  Morbidly adherent placenta
        O73.0  Retained 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 delivered in the ambulance on the way to hospital. Twin 2 delivered in hospital by emergency lower segment caesarean section (LSCS) (general anaesthesia ASA 1E).

Codes:  O84.82  Multiple delivery by combination of methods
        O30.0  Twin pregnancy
        Z37.2  Twins, both liveborn
        16520-03 [1340] Emergency lower segment caesarean section
        92514-10 [1910] General anaesthesia, ASA 10

In this example O84.82 was assigned as the delivery was not complete prior to admission. 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
        O88.2  Obstetric blood clot embolism
        I26.9  Pulmonary embolism without mention of acute cor pulmonale
        Z37.0  Single live birth
        90467-00 [1336] Spontaneous vertex delivery

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 three weeks after delivery of 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 soft tissue laceration to their right hand, requiring exploration and suturing under general anaesthesia GA (ASA 1). She was discharged home the following day.

Codes: S61.9 Open wound of wrist and hand, part unspecified

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

30029-00 [1635] Repair of wound of skin and subcutaneous tissue of other site, involving soft tissue

92514-19 [1910] General anaesthesia, ASA 1

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**
**Definition of labour**

**True labour** is defined as regular, rhythmic contractions of the uterus that result in the progressive dilation and softening of the cervix. At times, it is accompanied by a 'show' of blood and mucus, which indicates that the cervical canal is opening.

**Definition of false labour**

**False labour**, also called Braxton Hicks contractions, are irregular tightenings of the pregnant uterus that begin in the first trimester and increase in frequency, duration and intensity as the pregnancy progresses. There is no dilation and softening of the cervix in false labour.

The crucial difference between false and true labour is that the cervix does not actually change in false labour whereas it does dilate and soften during true labour.

Synonyms for false labour include:

- Braxton Hicks contractions
- false rupture of membranes
- irregular uterine tightenings/contractions
- irritable uterus
- spurious labour pains
- threatened (preterm) delivery/labour

**Transfer in (first stage) labour**

A woman may begin her labour at one hospital and then be transferred to another hospital for the delivery of the baby. A patient may begin their labour at one facility, then transfer to another facility for the delivery of the baby. The reasons for the transfer may be:

- **Clinical** – a medical condition of the mother or baby or both
- **Administrative** – lack of obstetric services, lack of obstetric beds, lack of neonatal services, patient choice

  - clinical – due to medical condition(s) (patient’s and/or baby’s)
  - administrative – due to lack of obstetric or neonatal services, or beds, or due to patient choice

**Transfer in third stage of labour**

A patient may require transfer in the third stage of labour (ie following delivery of the baby, but before delivery of the placenta). The reasons for the transfer may be:

- clinical – due to medical condition(s) (eg retained placenta)
- administrative – due to lack of obstetric services (to treat the condition requiring transfer)

**Discharge in labour (or false labour)**

A woman may also be discharged home in labour to await more established labour before being readmitted for the delivery episode. A patient in false labour, or the early stages of labour, may be discharged home to await established labour before readmission for the delivery episode.
Classification

For coding the undelivered admission in false labour, assign O47.0 *False labour*.

- Where a patient is discharged home with a documented diagnosis of false labour (or one of the synonymous terms listed above), assign a code from category O47 *False labour or labour without delivery* (with fourth character .0, .1 or .9)

For coding the undelivered admission in true labour, assign the following codes:

- Where a patient in (first stage) labour is discharged/transferred to another facility for **clinical reasons**, assign as principal diagnosis the medical condition that necessitated the patient’s transfer to another facility.

- Where a patient in (first stage) labour is discharged home, or transferred to another facility for **administrative reasons**, assign as principal diagnosis either:
  - O60.0 *Preterm labour without delivery* if < 37 completed weeks of gestation **OR**
  - O47.2 *Labour without delivery* if ≥ 37 completed weeks of gestation

- Where a patient in the **third stage of labour** is transferred to another facility:
  - **Facility 1** – Code the delivery as per the guidelines in ACS 1500 *Diagnosis sequencing in obstetric episodes of care* and 1505 *Delivery and assisted delivery codes*
  - **Facility 2** – Assign as principal diagnosis:
    - a code for the condition that necessitated the patient’s transfer **OR**
    - O63.3 *Prolonged third stage (of labour)*, if there is no documented indication for the transfer.

**Clinical** – the medical (obstetrical) condition that necessitated the patient’s transfer.

**Administrative/Discharged home**:

- **for** ≥ 37 completed weeks of gestation, assign the appropriate code from category Z34 *Supervision of normal pregnancy* as the principal diagnosis.
- **for** < 37 completed weeks of gestation, assign O60.0 *Preterm labour without delivery* as the principal diagnosis.

---

**EXAMPLE 1:**
Patient (36/40) admitted following six hours of irregular contractions. Internal examination by midwife identified that the patient’s cervix was closed. Contractions stopped and did not recommence. Patient remained overnight for observation and was discharged home the following day.

Codes: O47.0 *False labour before 37 completed weeks of gestation*
O09.5 *Duration of pregnancy, 34–< 37 completed weeks*

**EXAMPLE 2:**
Patient in labour (39/40) is admitted to facility 1. They are transferred to facility 2 for an emergency lower segment caesarean section (epidural ASA 1) due to breech presentation, and signs of fetal distress (fetal heart rate decelerations with meconium in liquor).

Codes: **Facility 1**
- O64.1 *Labour and delivery affected by breech presentation*
- O68.2 *Labour and delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid*
EXAMPLE 3:
Spontaneous vertex delivery of baby (39/40) at facility 1. Patient transferred to facility 2 for retained placenta requiring manual removal under sedation (no ASA).
Codes:  
Facility 1  
O80 Single spontaneous delivery  
O73.0 Retained placenta  
Z37.0 Single live birth  
90467-00 [1336] Spontaneous vertex delivery  
Facility 2  
O73.0 Retained placenta  
Z39.01 Postpartum care after hospital delivery  

EXAMPLE 4:
Term delivery of baby (39/40) at facility 1. Patient transferred to facility 2 where they deliver the placenta spontaneously.
Codes:  
Facility 1  
O80 Single spontaneous delivery  
Z37.0 Single live birth  
90467-00 [1336] Spontaneous vertex delivery  
Facility 2  
O63.3 Prolonged third stage (of labour)  
Z39.01 Postpartum care after hospital delivery  
90467-01 [1336] Spontaneous delivery of placenta, not elsewhere classified

EXAMPLE 5:
Patient was admitted in the early stages of labour (39/40). After examination, they decide to go home to await more established labour.
Codes:  
O47.2 Labour without delivery
Liver procurement procedures for transplantation

**Introduction/Rationale:**

This addenda proposal was created following a written request received from IHPA in April 2018. IHPA requested that this topic be assessed as part of the ICD-10-AM/ACHI Eleventh Edition development program, and be reviewed by the ICD Technical Group.

IHPA requested that consideration be given to revision of the ACHI codes for liver procurement for transplantation, including both living and cadaver donors.

ACCD proposes to make amendments to block [953] Excision procedures on liver, including the addition of new codes for procurement interventions performed on ‘living’ or ‘cadaver’ donors for transplantation.

**ACCD PROPOSAL**

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<td>90298-00</td>
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<td><em>Includes:</em> procurement of associated artery and/or vein(s) for transplantation</td>
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   Excludes: that for procurement of liver for transplantation (96258 [953])

30418-00 Lobectomy of liver
   ∇ 0030
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   Excludes: extended lobectomy of liver (30421-00 [953])
   that for procurement of liver for transplantation (96258 [953])

30421-00 Trisegmental resection of liver
   ∇ 0030
   Includes: procurement of associated artery and/or vein(s) for transplantation
   Excludes: that for procurement of liver for transplantation (96258 [953])

90346-00 Total hepatectomy
   ∇ 0030
   Includes: procurement of associated artery and/or vein(s) for transplantation

96258-01 Laparoscopic procurement of liver for transplantation, living donor
   ∇ 0030
   Includes: procurement of associated artery and/or vein(s) for transplantation

96258-02 Procurement of liver for transplantation, living donor
   ∇ 0030
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96258-03 Procurement of liver for transplantation, cadaver
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- - lung (total removal of lung) 38438-02 [553]

Australian Coding Standards

0023 LAPAROSCOPIC/ARTHROSCOPIC/ENDOSCOPIC SURGERY

If a procedure is performed laparoscopically, arthroscopically or endoscopically, and there is no code provided which encompasses both the endoscopy and the procedure, then both procedures should be coded.

EXAMPLE 1:
Laparoscopic removal of the gallbladder.
Code: 30445-00 [965]  \textit{Laparoscopic cholecystectomy}

EXAMPLE 2:
Laparoscopic hepatectomy.
Procedure sequenced first: 90346-00 [953] \textit{Total hepatectomy} 30418-00 [953] \textit{Lobectomy of liver}
Associated procedure: 30390-00 [984] \textit{Laparoscopy}

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] \textit{Robotic-assisted intervention}.

EXAMPLE 1:
Robotic-assisted laparoscopic abdominal hysterectomy.
Codes: 90448-01 [1268] \textit{Total laparoscopic abdominal hysterectomy}
96233-00 [1923] \textit{Robotic-assisted intervention}

EXAMPLE 2:
Robotic-assisted laparoscopic prostatectomy.
Codes: 37209-01 [1166] \textit{Laparoscopic radical prostatectomy}
96233-00 [1923] \textit{Robotic-assisted intervention}

EXAMPLE 3:
Robotic-assisted laparoscopic hepatectomy.
Codes: 90346-00 [953] 30418-00 [953] \textit{Total hepatectomy} 30390-00 [984] \textit{Laparoscopy}
96233-00 [1923] \textit{Robotic-assisted intervention}
**Lymph node interventions**

**Introduction/Rationale:**

This addenda proposal incorporates a number of public submissions, tasks and queries relating to lymph node interventions:

- Biopsy/sampling of para-aortic lymph node (P38)
- Abdominal lymph node sampling for staging of gynaecological malignancy (TN718)
- Neck dissections documented by levels (Q3063)
- Dissection/excision of lymph node (P277)

Following a review, ACCD decided to undertake a complete revision of all lymph node interventions (biopsy/sampling/excision).

ACCD proposes to remove the diagnostic components in the ACHI codes for lymph node interventions, and move towards generic codes based on site of the lymph nodes, similar to that of the World Health Organization’s (WHO) International Classification of Health Interventions (ICHI).

ACCD also proposes to delete ACS 0028 Para-aortic lymph node biopsy, and use the Alphabetic Index and Tabular List to facilitate assignment of ACHI codes for lymph node interventions.

**ACCD PROPOSAL**

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**LIST OF ACHI BLOCK NUMBERS**

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<td>812</td>
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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 226
## Tabular List

### LYMPH NODES

#### INCISION

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<td>Incision procedures on lymphatic structure</td>
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<tr>
<td>90281-00</td>
<td>Incision of lymphatic structure</td>
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<td>Drainage of lymph node</td>
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<th>Code</th>
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<tr>
<td>30317-00</td>
<td>Re-exploration of lymph node of neck</td>
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</tbody>
</table>

#### EXCISION

**Note:** The codes in block [805] and [806] require a two character extension to indicate the site of the excised lymph node. See below for extension codes for lymph node sites, listed by region.

- **-00** Head region
  - Neck/cervical
    - Apical nodes [supraclavicular]
    - Level I-VI
    - Scalene
- **-02** Axillary
  - Subcapular
- **-03** Intrathoracic
  - Diaphragmatic
  - Mediastinal
  - Para-aortic [located above the diaphragm]
  - Parasternal [internal mammary]
  - Tracheobronchial
- **-04** Intra-abdominal
  - Abdominal
  - Para-aortic [located below the diaphragm]
  - Mesenteric
  - Retroperitoneal
- **-05** Pelvic
  - Iliac
  - Sacral
- **-06** Inguinal
  - Groin
  - Inguinofemoral
- **-07** Extremity
  - Brachial
  - Femoral
  - Popliteal
  - Tibial
- **-08** Other and unspecified lymphatic sites
Biopsy of lymphatic structure

Excludes: axillary lymph node (30332-00 [808])

See extension codes

Biopsy of lymphatic structure

Biopsy of lymph node

Sentinel lymph node biopsy

Excision of sentinel lymph node(s)

Includes: injection of radioisotope and mapping (lymphoscintigraphy) of nodal basin

Code also when performed:
• excision of lymph nodes (96244 [806])
• radical excision of lymph nodes (96245 [806])

Biopsy of lymphatic structure

Biopsy of lymph node

Excision of scalene node biopsy (30096-00 [805])

that with laparoscopy/laparotomy for staging of malignancy:
• gynaecological (35723 [810])
• lymphoma (20281-00 [885])
• NOS (35726-01 [885])

Biopsy of scalene node

Biopsy of lymphatic structure

Excludes: axillary lymph node (30332-00 [808])

Total (simple) excision of lymph node

Regional (limited) excision of lymph nodes

Code also when performed:
• sentinel lymph node biopsy or excision (96243 [805])

Radical excision of lymphatic structure

Complete clearance of all nodes

Radical dissection of lymph nodes

Resection of lymph nodes down to muscle and fascia

Code also when performed:
• sentinel lymph node biopsy or excision (96243 [805])
**Excludes:** that with:
- excision of retroperitoneal neuroendocrine lesion (30323-00 [89])
- radical prostatectomy with bladder neck reconstruction (37211-01 [116], 37211-00 [1167])

<table>
<thead>
<tr>
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<th>Description</th>
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<tbody>
<tr>
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<td>Excision of lymph node of neck</td>
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<tr>
<td></td>
<td>Total (simple) excision of lymph node of neck</td>
</tr>
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<th>Code</th>
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<td>Limited excision of lymph nodes of neck</td>
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<tr>
<td></td>
<td>Regional lymph node excision with excision of lymphatic drainage area including skin, subcutaneous tissue and fat</td>
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<tr>
<td></td>
<td><strong>Code also when performed:</strong></td>
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<tr>
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<td>sentinel lymph node biopsy or excision (30300-01 [805])</td>
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<td>Radical neck dissection</td>
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<td></td>
<td>Resection of cervical lymph nodes down to muscle and fascia</td>
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<td></td>
<td><strong>Code also when performed:</strong></td>
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<tr>
<td></td>
<td>sentinel lymph node biopsy or excision (30300-01 [805])</td>
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<td>30075-11</td>
<td>Excision of internal mammary lymph node</td>
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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<td>Axillary sampling</td>
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<td>Biopsy of single axillary lymph node</td>
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<td></td>
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<td></td>
<td><strong>Excludes:</strong> sentinel lymph node biopsy or excision of axilla (30300-00 [808])</td>
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<td>Excision of sentinel lymph node(s) of axilla</td>
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<tr>
<td></td>
<td><strong>Includes:</strong> injection of radioisotope and mapping (lymphoscintigraphy) of nodal basin</td>
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<td><strong>Code also when performed:</strong></td>
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<td>excision of axillary lymph nodes:</td>
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<td></td>
<td>- radical (30336-00 [808])</td>
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<tr>
<td></td>
<td>- regional (30335-00 [808])</td>
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<td></td>
<td>Level I: excision of lymph nodes of axilla</td>
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<tr>
<td></td>
<td>Limited</td>
</tr>
<tr>
<td></td>
<td>Low: axillary dissection or excision</td>
</tr>
<tr>
<td></td>
<td>Regional lymph node excision with excision of lymphatic drainage area including fat</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> Level I includes nodes of the lower axilla up to the lower border of pectoralis minor</td>
</tr>
</tbody>
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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 229
30336-00  Radical excision of lymph nodes of axilla
  Complete clearance of all nodes in axilla
  Level II or III excision of lymph nodes of axilla
  Mid or high axillary dissection or excision
  **Note:** Level II includes axillary contents up to the upper border of pectoralis minor.
  Level III includes axillary contents extending to the apex of the axilla

30329-00  Excision of lymph node of groin
  Total (simple) excision of lymph node of groin
  **Excludes:** sentinel lymph node biopsy or excision (30300-00 [808])

30329-01  Regional excision of lymph nodes of groin
  Limited excision of lymph nodes of groin
  Regional lymph node excision with excision of lymphatic drainage area including skin, subcutaneous tissue and fat

30330-00  Radical excision of lymph nodes of groin
  Complete clearance of all nodes in groin
  Resection of inguinal lymph nodes down to muscle and fascia

810    Excision procedures on lymph nodes for gynaecological malignancy

**Excludes:** staging laparotomy for lymphoma (30384-00 [905])

35723-00  Laparoscopic pelvic or abdominal lymph node sampling for staging of gynaecological malignancy
  **Includes:** sampling of retroperitoneal lymph nodes

35723-01  Pelvic or abdominal lymph node sampling for staging of gynaecological malignancy
  Staging laparotomy for gynaecological malignancy involving sampling of pelvic, abdominal or retroperitoneal lymph nodes

35723-02  Laparoscopic para-aortic lymph node sampling for staging of gynaecological malignancy

35723-03  Para-aortic lymph node sampling for staging of gynaecological malignancy

35551-00  Radical excision of pelvic lymph nodes via laparoscopy for gynaecological malignancy
35551-01 Radical excision of pelvic lymph nodes for gynaecological-malignancy

**Code also when performed:**
- sentinel lymph node biopsy or excision (30300-01 [805])

**Excludes:** that with hysterectomy (35661-00, 35670-00 [1268], 35664-01 [1269])

311 - Excision procedures on lymph node of other sites

**Excludes:** hysterectomy with excision of pelvic lymph nodes (35661-00 [1268], 35664-01 [1269])

90282-00 Excision of lymph node of other site

**Total (simple) excision of lymph node of other site NOS**

**Excludes:** sentinel lymph node biopsy or excision (30300-01 [805])
- that for staging of malignancy:
  - gynaecological (35723 [810])
  - lymphoma (30384-00 [985])
  - NOS (35726-01 [985])

90282-01 Regional excision of lymph nodes of other site

**Limited excision of lymph nodes of other site NOS**

Regional lymph node excision with excision of lymphatic drainage area including skin, subcutaneous tissue and fat

**Code also when performed:**
- sentinel lymph node biopsy or excision (30300-01 [805])

**Excludes:** that for staging of malignancy:
- gynaecological (35723 [810])
- lymphoma (30384-00 [985])
- NOS (35726-01 [985])

37607-00 Radical excision of retroperitoneal lymph nodes

**Radical dissection of retroperitoneal lymph nodes**

**Code also when performed:**
- sentinel lymph node biopsy or excision (30300-01 [805])

**Excludes:** that with:
- excision of retroperitoneal neuro-endocrine lesion (30323-00 [989])
- hysterectomy (35661-00 [1268])
- radical nephrectomy (see block [1053])

37610-00 Radical excision of retroperitoneal lymph nodes, subsequent

**Radical dissection of retroperitoneal lymph nodes following previous retroperitoneal:**
- chemotherapy
- dissection
- irradiation

**Code also when performed:**
- sentinel lymph node biopsy or excision (30300-01 [805])

**Excludes:** that with:
- excision of retroperitoneal neuro-endocrine lesion (30323-00 [989])
- hysterectomy (35661-00 [1268])
- radical nephrectomy (see block [1053])

90282-02 Radical excision of lymph nodes of other site

**Complete clearance of all nodes of other site NOS**

Resection of lymph nodes down to muscle and fascia

**Code also when performed:**
- sentinel lymph node biopsy or excision (30300-01 [805])

**Excludes:** that for staging of malignancy:
Excision procedures on liver

30409-00 Percutaneous [closed] liver biopsy
Closed needle biopsy of liver

Excludes: transjugular liver biopsy (90298-00 [953])

30412-00 Intraoperative needle biopsy of liver

Excludes: that with grading laparotomy for lymphoma (30384-00 [985])

30411-00 Intraoperative biopsy of liver

Includes: wedge excision

Excludes: that with grading laparotomy for lymphoma (30384-00 [985])

90298-00 Transjugular liver biopsy

30414-00 Excision of lesion of liver
Resection of congenital cyst of liver
Subsegmental resection of liver

Includes: procurement of associated artery and/or vein(s) for transplantation

Excludes: hydatid cyst of liver (30434-00, 30436-00, 30438-00 [955])

Laparotomy

30373-00 Exploratory laparotomy

Includes: biopsy

Excludes: that:
  * as operative approach – omit code
  * performed with any other open intra-abdominal procedure – omit code

30385-00 Postoperative reopening of laparotomy site

Note: Performed for control of postoperative haemorrhage

Excludes: staged laparotomy to control haemorrhage, with removal of intra-abdominal packing (90375-01, 90375-02 [983])

35726-01 Staging laparotomy
Biopsy, excision or sampling of:
  * lymph node
  * omentum
  * peritoneal tissue
Tissue sampling to establish spread of malignant disease

Code also when performed:
  * hysterectomy (35653, 35667-00 [1268], 35667-01 [1269])
Excludes: staging laparotomy for:
- gynaecological malignancy (35723 [810])
- lymphoma (30384-00 [985])

30384-00 Staging laparotomy for lymphoma
Grading laparotomy for lymphoma

Includes: biopsy of:
- liver
- lymph node
- oophoropexy
- splenectomy

Other excision procedures on abdomen, peritoneum or omentum

Excludes: hysterectomy with retroperitoneal dissection (35667-00 [1268])

96189-01 Laparoscopic omentectomy
Laparoscopic:
- epiploectomy
- removal of omentum:
  - complete
  - greater
  - lesser
  - NOS
  - partial

Excludes: biopsy (30075-37 [988])
debunking of lesion:
  - intra-abdominal (30392-00 [989])
  - pelvic (35720-00 [1299])
  in staging laparotomy (35726-01 [985])

96189-00 Omentectomy
Epiploectomy
Removal of omentum:
- complete
- greater
- lesser
- NOS
- partial

Excludes: biopsy (30075-37[988])
debunking of tumour:
  - intra-abdominal (30392-00 [989])
  - pelvic (35720-00 [1299])
  in staging laparotomy (35726-01 [985])
  via laparoscopy (96189-01 [989])

...
**Closed prostatectomy**

*Includes:*
- cystoscopy
- suprapubic stab cystotomy
- urethroscopy

---

**37209-01** Laparoscopic radical prostatectomy

Laparoscopic total prostatectomy

*Includes:*
- excision of:
  - seminal vesicles
  - vas deferens

*Code also when performed:*
- excision of pelvic lymph nodes (96244-05, 96245-05 [806])
- 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

---

**Open prostatectomy**

*Includes:*
- suprapubic stab cystotomy

---

**37200-04** Retropubic prostatectomy

**37209-00** Radical prostatectomy

Total prostatectomy NOS

*Includes:*
- excision of:
  - seminal vesicles
  - vas deferens

*Code also when performed:*
- excision of pelvic lymph nodes (96244-05, 96245-05 [806])
- pelvic lymphadenectomy (90282-02 [811])

*Excludes:*
- laparoscopic radical prostatectomy (37209-01 [1166])

---

**37210-00** Radical prostatectomy with bladder neck reconstruction

Total prostatectomy with bladder neck reconstruction

*Includes:*
- excision of:
  - seminal vesicles
  - vas deferens

*Excludes:*
- laparoscopic radical prostatectomy with bladder neck reconstruction (37210-01 [1166])

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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Excision procedures on cervix

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<th>Includes</th>
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<tbody>
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<td>96235-00</td>
<td>Total excision of cervix, laparoscopic</td>
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<td></td>
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<tr>
<td>96235-01</td>
<td>Total excision of cervix, laparoscopically assisted vaginal approach</td>
<td>endoscopy</td>
<td></td>
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<tr>
<td>96235-02</td>
<td>Total excision of cervix, vaginal approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96235-03</td>
<td>Total excision of cervix, abdominal approach</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 96235-04   | Radical excision of cervix, laparoscopic                  | excision of:  
* paracolpos  
* parametria  
* upper 1–2 centimetres of vagina |                          |
| 96235-05   | Radical excision of cervix, laparoscopically assisted vaginal approach | endoscopy  
excision of:  
* paracolpos  
* parametria  
* upper 1–2 centimetres of vagina |                          |
| 96235-06   | Radical excision of cervix, vaginal approach               |                                             |                          |
96235-07 Radical excision of cervix, abdominal approach

Inclues:
- excision of:
  - paracolpos
  - parametria
  - upper 1–2 centimetres of vagina

Code also when performed:
- excision of pelvic lymph nodes (96244-05, 96245-05 [806])
- pelvic lymphadenectomy (35551 [810])

1292 Vulvectomy

35536-00 Hemivulvectomy
Wide, local excision of vulva

35536-01 Vulvectomy, unilateral

35536-02 Vulvectomy, bilateral

35548-00 Radical vulvectomy

Code also when performed:
- lymph node dissection (see Alphabetic Index: Excision/lymphatic structure/lymph node)

1299 Other procedures on female genital organs

35637-10 Laparoscopic excision of lesion of pelvic cavity
Laparoscopic excision of lesion involving:
- pelvic:
  - ligament (broad) (ovarian) (round) (uterosacral)
  - peritoneum
  - pouch of Douglas

Excludes:
- biopsy (30075-37 [988])
- debulking of lesion:
  - intra-abdominal (30392-00 [989])
  - pelvic (35720-00 [1299])
- excision of lesion:
  - fallopian tube (35638-07, 35638-08 [1251])
  - ovary (35638-01 [1243])
  - uterus (35649-01 [1266])
- excisional diathermy (35637-02 [1299])
- staging laparotomy (35726-01 [1985])
- laparoscopic omentectomy (96189-00 [989])

35713-14 Excision of lesion of pelvic cavity
Excision of lesion involving:
- pelvic:
  - ligament (broad) (ovarian) (round) (uterosacral)
  - peritoneum
  - pouch of Douglas

Excludes:
- biopsy (30075-37 [988])
- debulking of lesion:
  - intra-abdominal (30392-00 [989])
  - pelvic (35713-00 [1299])
- excision of lesion:
  - fallopian tube (35713-08, 35717-02 [1251])
  - ovary (35713-06 [1243])
  - uterus (35649-03, 90452-00 [1266])
- excisional diathermy (35637-02 [1299])
- staging laparotomy (35726-01 [1985])
- omentectomy (96189-00 [989])
Excision of lesion of breast

Includes: localisation of lesion of breast with or without frozen section biopsy

Code also when performed:
• excision of axillary lymph nodes (30300-00, 30332-00, 30335-00, 30336-00 [808])
• excision of axillary lymph nodes (96244-02, 96245-02 [806])

Excision of lesion of breast

Advanced breast biopsy instrumentation [ABBI]
Complete local excision [CLE] of breast lesion
Excisional biopsy of breast lesion
Local excision (wide) of breast lesion

Complete local excision [CLE]
Excisional biopsy of breast lesion
Local excision (wide)

Lumpectomy
Partial mastectomy
Quadrantectomy

Segmental resection of breast

Segmental resection of breast
Segmentectomy
Tylectomy

Excludes: re-excision of lesion of breast (31515-00 [1744])

Re-excision of lesion of breast

Note: Performed following previous open biopsy or excision if resection margins are not clear

Subcutaneous mastectomy

Excision of breast tissue with preservation of skin and nipple

Includes: that with or without frozen section biopsy

Code also when performed:
• excision of lymph nodes of axilla (30300-00, 30332-00, 30335-00, 30336-00 [808])
• excision of axillary lymph nodes (96244-02, 96245-02 [806])
• implant of prosthesis (45527 [1753])
• sentinel lymph node biopsy or excision (96243 [805])

Subcutaneous mastectomy, unilateral

Subcutaneous mastectomy, bilateral

Simple mastectomy

Total mastectomy

Includes: that with or without frozen section biopsy

Note: Simple mastectomy – involves excision of entire breast tissue and overlying skin with nipple and areola

Code also when performed:
• excision of lymph nodes of axilla (30300-00, 30332-00, 30335-00, 30336-00 [808])
• excision of axillary lymph nodes (96244-02, 96245-02 [806])
• sentinel lymph node biopsy or excision (96243 [805])
Alphabetic Index

Biopsy (brush) (with brushing(s)) (with washing(s) for specimen collection)

- intra-abdominal mass (closed) (percutaneous) 30094-06 [988]
  - in conjunction with staging laparotomy 35726-01 [985]
- intranasal (nasopharynx) 41761-00 [375]

- liver (closed) (percutaneous) 30409-00 [953]
  - with grading laparotomy for lymphoma 30384-00 [985]
  - - intraoperative (closed) (needle) (percutaneous) 30412-00 [953]
  - - open (wedge excision) 30411-00 [953]
  - - transjugular 90298-00 [953]
- lung (endoscopic) (needle) 38418-06 [550]

- lymphatic structure (node) NEC — code to block
  - abdominal — code to block [805] with extension -04
  - apical — code to block [805] with extension -01
  - axillary — code to block [805] with extension -02
  - brachial — code to block [805] with extension -07
  - cervical (level I-VI) — code to block [805] with extension -01
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  - head region — code to block [805] with extension -00
  - iliac — code to block [805] with extension -05
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  - inguino-femoral — code to block [805] with extension -06
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  - intrathoracic — code to block [805] with extension -03
  - limb — code to block [805] with extension -02
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  - mediastinal — code to block [805] with extension -03
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Australian Coding Standards

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0028—PARA-AORTIC LYMPH NODE BIOPSY

Care should be taken when coding this procedure. If 'para-aortic node biopsy' is documented, check the operation report as this term may describe a more extensive procedure such as:

I—A procedure performed by urologists, following treatment for germ cell tumours of the testis. The posterior parietal peritoneum is opened between the bifurcation of the aorta up
to the third part of the duodenum and all the fat tissue above and between the great vessels is removed. In addition, the major vessels are retracted so that nodal tissue is also removed from around the lumbar veins. This procedure can take up to one hour to perform.

This procedure should be coded as 37607-00 [811] Radical excision of retroperitoneal lymph nodes.

2. A less extensive procedure of para-aortic node sampling. This is usually undertaken by gynaecological oncologists for the staging of cervical, endometrial and ovarian cancers. Again, the posterior parietal peritoneum is split from the aortic bifurcation to the duodenum, but usually the fat pad over the vena cava (which includes the lymph nodes) and aorta anteriorly is taken alone, without a retrovessel dissection being undertaken. This procedure does not involve removal of skin and may or may not involve excision of subcutaneous tissue.

This procedure should be coded according to the approach:

- 35723-02 [810] Laparoscopic para-aortic lymph node sampling for staging of gynaecological malignancy
- 35723-03 [810]Para-aortic lymph node sampling for staging of gynaecological malignancy

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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 244
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Introduction/Rationale:

This Addenda proposal is the result of MBS Item number amendments (new, amended or deleted) from August 2015 to December 2017.

Note: It was agreed at the Coding Standards Advisory Committee meeting in September 2006 that NCCH (now as part of the ACCD) will maintain an existing ACHI code when MBS deletes an item number or when item description changes if the change does not alter the ACHI concept.

Whilst progressing this task, inconsistencies within the Alphabetic Index were identified and are now proposed for amendment (in specific regard to Arrest/haemorrhage and Control/haemorrhage).

ACCD PROPOSAL

Tabular List

Repair procedures on atrium

Code also when performed:
- cardiopulmonary bypass (38600-00, 38603-00 [642])

Percutaneous closure of left atrial appendage

Includes: cardiac catheterisation
- left atrial:
  - filter
  - occlusion device

Closure of left atrial appendage

Includes: clipping
- excision
- ligation
- oversewing
- plication
- stapling

...
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])

---

90235-00 35414-00
**Embolectomy or thrombectomy of intracranial artery**
Transcatheter embolectomy or thrombectomy of intracranial artery

33800-00
**Embolectomy or thrombectomy of carotid artery**

**Excludes:** intracranial internal carotid artery (90235-0035414-00 [702])

33803-00
**Embolectomy or thrombectomy of subclavian artery**

---

Venous thrombectomy

**Includes:**
that with stenting
transcatheter infusion of thrombolytic or other agent

---

90235-01 35414-01
**Thrombectomy of intracranial vein**
Transcatheter thrombectomy of intracranial vein

33812-03
**Thrombectomy of axillary vein**

---

Other repair of large intestine

---

90340-01
**Closure of fistula of large intestine**

**Includes:** rectum

**Excludes:** enterocutaneous fistula of large intestine (30382 [917])
repair of anorectal fistula with fibrin sealant (90344-0244104-00 [929])

---

Application, insertion or removal procedures on rectum or anus

---

90344-02 44104-00
**Administration of agent into lesion or tissue of anorectal region**

**Includes:**
anal/anorectal plug
application of formalin
botulinum toxin
biological (fibrin) sealant
sclerosing agent (sclerotherapy)

**Note:**
Performed for:
- anal fissure
- anal/anorectal fistula (plug)
- faecal incontinence
- radiation proctitis
- rectal mucosal prolapse

**Excludes:**
repair of fistula of:
- anovagina (90447-00 [1284])
- rectovagina (90447-00 [1284])
that for haemorrhoids (32132-00 [941])
32120-00 Insertion of anal suture for anorectal prolapse
Insertion of Thiersch wire for anorectal prolapse

934 Rectosigmoidectomy or proctectomy

43993-01 Definitive intestinal resection and pull-through anastomosis

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Includes:
- Closure of existing stoma
- Formation of stoma (defunctioning) (diverting) (protective) (temporary)
- Multiple frozen section biopsies
- Resiting of existing stoma

Note: Performed for Hirschsprung's disease [colonic aganglionosis] [congenital megacolon]. There are a number of pull-through techniques - the most common are the Duhamel and Soave procedures. The Duhamel procedure (and modifications) is a retrorectal pull-through with a side-to-side anastomosis. The anastomosis forms a rectal vault composed of an aganglionic anterior wall and a normally ganglionated posterior wall.

The Soave procedure (and modifications) involves resection of the aganglionic bowel, with the exception of the most distal rectum where only the mucosa is removed. The mucosa of the rectum is removed through the anus and the ganglionic colon is 'pulled through' the remaining cuff of rectal muscle to a point just above the anus (dentate line) where it is sewn into place. In some cases of total colonic aganglionosis the intestinal resection may extend to the ileum and involve an ileo-anal pull-through procedure with side-to-side ileocolic anastomosis.

This procedure may be performed in one stage. It may also be the second stage of a two stage procedure, where the first stage procedure performed was a colostomy (sometimes termed a 'levelling' colostomy).

Excludes:
- Restorative proctocolectomy with ileal reservoir (32051 [936])

90299-03 Other endoscopic procedures on liver
90299-04 Other closed procedures on liver
90319-00 Other open procedures on liver

1362 Exploration of temporomandibular joint

Includes:
- Biopsy
- Drainage of joint
- Lavage
- Microsurgical techniques
removal of loose or foreign body

45861-00 Exploration of temporomandibular joint

1395 Incision procedures on shoulder

48912-00 Arthrotomy of shoulder

Includes: biopsy
drainage of joint
lavage
removal of loose or foreign body

1410 Incision procedures on humerus or elbow

49100-00 Arthrotomy of elbow

Includes: biopsy
drainage of joint
lavage

1442 Incision procedures on joint of hand

Includes: biopsy
drainage of joint
lavage
removal of loose or foreign body

46327-00 Arthrotomy of interphalangeal joint of hand

46327-01 Arthrotomy of metacarpophalangeal joint

1443 Incision procedures on wrist

49212-00 Arthrotomy of wrist

Removal of loose or foreign body of wrist

Includes: biopsy
drainage of joint
lavage
removal of loose or foreign body

1481 Other incision of hip

49303-00 Arthrotomy of hip

Includes: biopsy
drainage of joint
lavage
removal of loose or foreign body

Excludes: arthroscopic biopsy (49363-00 [1482])
1501 Other incision procedures on knee

49500-01 Arthotomy of knee

Includes: biopsy, drainage of joint, lavage

1529 Other incision procedures on ankle

49706-00 Arthotomy of ankle

Includes: biopsy, drainage of joint, lavage

1555 Incision procedures on joint of other musculoskeletal sites

50103-00 Arthroty of joint, not elsewhere classified

Includes: biopsy, drainage of joint, lavage, removal of loose or foreign body

50112-00 Division of joint contracture, not elsewhere classified
Correction of flexion or extension contracture of joint NOS

1666 Liposuction and lipectomy
Reduction of adipose tissue
Size reduction

30168-00 Lipectomy, 1 excision

Lipectomy, one site

Excludes: that of abdominal apron (30165-00, 30174-00, 30177-00 [1666])

30171-00 Lipectomy, 2 or more excisions

Lipectomy:
• bilateral
• multiple sites

30165-00 Lipectomy of abdominal apron
Abdominal lipectomy NOS:
• NOS
• subumbilical

Includes: strengthening of musculo-aponeurotic wall
undermining of skin edges

Excludes: radical (30177-00 [1666])
liposuction (45584-00 [1666])
30174-00  Lipectomy of abdominal apron, subumbilical

**Includes:** strengthening of musculo-aponeurotic wall
undermining of skin edges

30177-00  Lipectomy of abdominal apron, radical
Abdominoplasty:
  • Pitanguy
  • radical

**Includes:** excision of skin and subcutaneous tissue
repair of musculo-aponeurotic layer
transposition of umbilicus

…

1849  Other audiometry

11321-00  Measurement of glycerol-induced cochlear function changes
Klockoff's tests

11306-00  Other audiometry

…

1849  Other measurement of respiratory function

…

11503-19  Simulated altitude test

**Includes:** exposure to hypoxic gas mixtures
measurement of:
  • heart rate
  • oxygen saturation
  • ventilation
observation of effect of supplemental oxygen

11500-00  Bronchspirometry

**Includes:** gas analysis

11506-00  Other measurement of respiratory function

Respiratory function test  NOS
Spirometry
Respiratory function test NOS
Spirometry NOS

…
Digestive system diagnostic tests, measures or investigations

Excludes: gastrointestinal nonimaging nuclear medicine procedures (12506-00, 12509-00 [1863])

11800-00 Oesophageal motility test
Manometric oesophageal motility test

11810-00 Measurement of gastro-oesophageal reflux involving ≥ 24 hour pH monitoring

Includes: analysis interpretation report

Excludes: that with < 24 hour pH monitoring – omit code

11830-00 Anal manometry
Note: Performed for diagnosis of abnormality of pelvic floor

30493-00 Biliary manometry

Epicutaneous patch allergy testing

Note: Performed for investigation of allergic dermatitis

12012-00 Epicutaneous patch testing using less than the total number of allergens in a standard patch test battery

12015-00 Epicutaneous patch testing using all the allergens in standard patch test battery

Excludes: that with additional allergens (12018-00, 12021-00 [1865])

12018-00 Epicutaneous patch testing using < 50 allergens

Includes: all allergens in standard patch test battery and additional allergens to a total of < 50

12021-00 Epicutaneous patch testing using ≥ 51 allergens

Includes: all allergens in standard patch test battery and additional allergens to a total of ≥ 51

12012-01 Epicutaneous patch testing using < 25 allergens

12017-00 Epicutaneous patch testing using 25 to < 50 allergens

12021-01 Epicutaneous patch testing using 50 to < 75 allergens

12022-00 Epicutaneous patch testing using 75 to < 100 allergens

12024-00 Epicutaneous patch testing using ≥ 100 allergens

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Therapies using agents, not elsewhere classified

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

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]) that performed in conjunction with surgery – omit code

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

Tomography

60100-00 Tomography

Excludes: computerised tomography
   (see blocks [1952] to [1966])
   that with intravenous pyelography (58706-00 [1978])
   • cholecystography (58924-00 [1976])
   • intravenous pyelography (58706-00 [1978])

Radiography of biliary tract

Excludes: intraoperative cholangiography (30439-00 [957])
   noncontrast radiography of abdomen (58900-00 [1977])

58924-00 Cholecystography
   Graham’s test

   Includes: preliminary plain film
tomography

58927-00 Direct cholangiography, postoperative
   Cholangiography with dye injected directly into a tube left in biliary tract after surgery

58936-00 Drip infusion cholangiography
   Cholangiography NOS
   Intravenous cholangiography
1977  Radiography of abdomen or peritoneum

58900-00  Radiography of abdomen

  Includes:  biliary tract

     lower gastrointestinal region

     peritoneum

     retroperitoneum

     stomach

  Excludes: that of urinary tract (58700-00 [1980])

59760-00  Peritoneography

     Herniography

  Includes: contrast medium

...  

1981  Radiography of pelvis

...  

57715-00  Radiography of pelvis

  Radiography of pelvic girdle

  Excludes: radiographic pelvimetry (59503-00 [1981])

59503-00  Radiographic pelvimetry

  Excludes: pelvimetry by computerised tomography (57201-00 [1964])

...  

Appendix A

MAPPING TABLE: FOR MBS ITEMS NOT INCLUDED IN ACHI

This appendix is designed to indicate MBS items that have been mapped to ACHI codes.

Column 1 represents MBS items as at July 2015 (excluding ophthalmology item updates).

Column 2 represents the ACHI code which is the 'best match' for the MBS item in Column 1.

Note that there are MBS concepts which are not utilised in the ACHI structure, eg consultations, home visits (items 1–10999).

This is indicated by 'no ACHI map' in Column 2.

Appendix B lists all ACHI codes some of which contain inactive MBS items.

Appendix A lists MBS items that have been mapped to ACHI codes, including those deleted in MBS.

Note:
- This is not an exhaustive list of all MBS item numbers
- Not all MBS items are mapped to ACHI codes
- MBS concepts that are not classified in ACHI, eg consultations, home visits, pathology and miscellaneous services; are indicated by the notation 'no ACHI map' in Column 2.

In Appendix A:
Column 1 represents MBS items as at December 2017.
Column 2 represents the ACHI code, which is the 'best match' for the MBS item in Column 1.
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- - - - destruction (cauterisation) (cryotherapy) (infrared therapy) 32135-03 [931]
- - - - injection of agent (sclerosing) (sclerotherapy) 44104-00 [929]
- - - - insertion of anal suture (Thiersch wire) 32120-00 [929]
- - - ligation, rubber band 32135-02 [931]

Revascularisation
- intracranial (with stenting)
- - artery 90235-00 [702]
- - vein 35414-01 [729]
- transmyocardial (open) (TMR) 38650-02 [639]
- - thoracoscopic (percutaneous) 38650-03 [639]
Sclerotherapy (injection of sclerosing agent)
- for
  - pilonidal sinus, abscess or cyst 30679-00 [1659]
  - prolapse, rectal mucosa 44104-00 [929]
  - telangiectasis 45027-02 [742]

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- for inhalation provocation testing 11503-17 [1849]
- with exercise testing for investigation of asthma 11503-05 [1848]
- bronchospirometry 11500-00 [1849]
- respiratory NEC 11506-00 [1849]

Splenectomy (by thoracoabdominal incision) (total) 30597-00 [815]

Test, testing (for) NEC (see also Investigation) 92204-00 [1866]
- adrenocorticotropic hormone stimulation 30097-00 [1858]
- allergy
  - skin sensitivity, using
    - ≤ 20 allergens 12000-00 [1864]
    - > 20 allergens 12003-00 [1864]
    - patch (epicutaneous) (< 25 allergens) (using) 12012-01 [1865]
      - all the allergens in a standard patch test battery 12015-00 [1865]
      - and additional allergens to a total of
        - ≤ 50 allergens 12018-00 [1865]
        - > 51 allergens 12021-00 [1865]
        - less than the number of allergens in a standard patch test battery 12012-00 [1865]
        - > 51 allergens 12021-00 [1865]
        - ≤ 50 allergens 12017-00 [1865]
        - > 50 — <75 allergens 12020-01 [1865]
        - > 75 — <100 allergens 12022-00 [1865]
        - ≥ 100 allergens 12024-00 [1865]
  - alternating binaural loudness balance 96056-00 [1842]
- central nervous system
  - evoked responses — see Investigation/central nervous system
- cochlear
  - glycerol induced function changes (Klockoff's tests) 11321-00 11306-00 [1843]
  - contraction stress, fetal 16514-01 [1341]
- glaucoma (open angle), provocative 11200-00 [1835]
  - tonographic (bilateral) (unilateral) 92016-00 [1835]
- Graham's (cholecystography) (with tomography) 58924-00 [1976]
  - haemodialysis adequacy 90353-00 [1063]
- isokinetic (muscle) (range of movement) 96159-00 [1905]
  - Klockoff's (glycerol induced cochlear function changes) 11321-00 11306-00 [1843]
  - labyrinth (caloric) 11333-00 [1845]

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
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<td>- - by transcatheter infusion of thrombolytic agent alone (open) (percutaneous) 35317-01 [741]</td>
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Tomography NEC 60100-00 [1951]

- computerised (axial) (CT) (quantitative)

- thorax — see Tomography/computerised/chest
  - gallbladder, with cholecystography 58924-00 [1976]
  - kidney, with intravenous pyelography 58706-00 [1978]

...
ICD-10-AM/ACHI/ACS
Eleventh Edition
Addenda Proposal

Mental Health ACS review

Introduction/Rationale:

This task is an ACCD initiated review to identify redundant ACS content in Chapter 5 Mental and behavioural disorders. The review included consideration of whether ACS content could be incorporated into the Tabular List and/or Alphabetic Index:

- ACS 0520 Family history of mental health was identified as redundant due to presence of the ACS symbol for ACS 0049 Disease codes that must never be assigned at Z81 Family history of mental and behavioural disorders.
- The ACS symbol for ACS 0050 Unacceptable principal diagnosis codes was identified as redundant at Z81 Family history of mental and behavioural disorders as the code should never be assigned, therefore specifying it cannot be principal diagnosis is not required.
- ACS 0525 Substance rehabilitation and detoxification was identified as redundant due to presence of the ACS symbol for ACS 0049 Disease codes that must never be assigned at both Z50.2 Alcohol rehabilitation and Z50.3 Drug rehabilitation.
- The information contained in ACS 0526 Munchhausen’s by proxy was identified as redundant with minor amendments to the ICD-10-AM Tabular List and Alphabetic Index.
- The information within ACS 0528 Alzheimer’s disease was identified as redundant with minor amendments to the ICD-10-AM Alphabetic Index.
- The information within ACS 0532 redundant with minor amendments to the ICD-10-AM Alphabetic Index

The remaining ACS within Chapter 5 were reviewed for redundancy, but have not been removed from the ACS at this point in time.

ACCD PROPOSAL

Tabular List

F00* Dementia in Alzheimer's disease (G30.-†)

Alzheimer's disease is a primary degenerative cerebral disease of unknown aetiology with characteristic neuropathological and neuro-chemical features. The disorder is usually insidious in onset and develops slowly but steadily over a period of several years.

F00.0* Dementia in Alzheimer's disease with early onset (G30.0†)

Dementia in Alzheimer's disease with onset before the age of 65, with a relatively rapid deteriorating course and with marked multiple disorders of the higher cortical functions.

Alzheimer's disease, type 2
Presenile dementia, Alzheimer's type
Primary degenerative dementia of the Alzheimer's type, presenile onset

F00.1* Dementia in Alzheimer's disease with late onset (G30.1†)
Dementia in Alzheimer's disease with onset after the age of 65, usually in the late 70s or thereafter, with a slow progression, and with memory impairment as the principal feature.

Alzheimer's disease, type 1
Primary degenerative dementia of the Alzheimer's type, senile onset
Senile dementia, Alzheimer's type

**F00.2**  Dementia in Alzheimer's disease, atypical or mixed type (G30.8†)
Atypical dementia, Alzheimer's type

**F00.9**  Dementia in Alzheimer's disease, unspecified (G30.9†)

**F06.7**  Mild cognitive disorder

A disorder characterised by impairment of memory, learning difficulties, and reduced ability to concentrate on a task for more than brief periods. There is often a marked feeling of mental fatigue when mental tasks are attempted, and new learning is found to be subjectively difficult even when objectively successful. None of these symptoms is so severe that a diagnosis of either dementia (F00–F03) or delirium (F05.--) can be made. This diagnosis should be made only in association with a specified physical disorder, and should not be made in the presence of any of the mental or behavioural disorders classified to F10–F99. The disorder may precede, accompany, or follow a wide variety of infections and physical disorders, both cerebral and systemic, but direct evidence of cerebral involvement is not necessarily present. It can be differentiated from postencephalitic syndrome (F07.1) and postconcussional syndrome (F07.2) by its different aetiology, more restricted range of generally milder symptoms, and usually shorter duration.

**F68.1**  Intentional production or feigning of symptoms or disabilities, either physical or psychological [factitious disorder]
The patient feigns symptoms repeatedly for no obvious reason and may even inflict self-harm in order to produce symptoms or signs. The motivation is obscure and presumably internal with the aim of adopting the sick role. The disorder is often combined with marked disorders of personality and relationships.
Hospital hopper syndrome
Münchhausen syndrome
Peregrinating patient

**Excludes:**
- factitial dermatitis (L98.1)
- Münchhausen syndrome by proxy (T74.1)
- person feigning illness (with obvious motivation) (Z76.5)

**G30**  Alzheimer's disease

**G30.0**  Alzheimer's disease with early onset
Alzheimer's type presenile dementia† (F00.0*)

*Note:* Onset usually before the age of 65.

**G30.1**  Alzheimer's disease with late onset
Alzheimer's type senile dementia† (F00.1*)

*Note:* Onset usually after the age of 65.

**Excludes** senile:
- degeneration of brain NEC (G31.1)
- dementia NOS (F03)
- senility NOS (R54)

**G30.8**  Other Alzheimer's disease
Alzheimer's type atypical or mixed dementia† (F00.2*)

**G30.9**  Alzheimer's disease, unspecified
Alzheimer's type unspecified dementia† (F00.9*)
R41.8 Other and unspecified symptoms and signs involving cognitive functions and awareness

T74.1 Physical abuse

Battered:
• baby or child syndrome NOS
• spouse syndrome NOS

Münchhausen’s (syndrome) by proxy

Note: Münchhausen’s (syndrome) by proxy is a disorder in which a carer (usually a parent) intentionally produce or fabricates physical or mental symptoms in the patient (usually a child).

Use additional external cause code (Y07.0-) to identify perpetrator.

Z50 Care involving use of rehabilitation procedures

<table>
<thead>
<tr>
<th>Z50</th>
<th>Excludes: counselling (Z70–Z71)</th>
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<tr>
<td>Z50.0</td>
<td>Cardiac rehabilitation</td>
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<td>Z50.3</td>
<td>Drug rehabilitation</td>
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Z81 Family history of mental and behavioural disorders

<table>
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<tr>
<th>Z81</th>
<th>Conditions classifiable elsewhere in F00–F99</th>
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<td>Family history of tobacco use disorder</td>
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<tr>
<td>Z81.3</td>
<td>Family history of other psychoactive substance use disorder</td>
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<td>Family history of other substance use disorder</td>
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<tr>
<td>Z81.8</td>
<td>Family history of other mental and behavioural disorders</td>
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</tbody>
</table>
APPENDIX C

UNACCEPTABLE PRINCIPAL DIAGNOSIS CODES

T31.99 Burns involving 90% or more of body surface, with 90% or more of body surface full thickness burns

T74.1 Physical abuse

T79.3 Post traumatic wound infection, not elsewhere classified

Section I: Alphabetic Index

Alzheimer's disease or sclerosis (with dementia) G30.9† F00.9*
- dementia in G30.9† F00.9*
  - atypical or mixed G30.8† F00.2*
  - early onset (presenile) G30.0† F00.0*
  - late onset (senile) G30.1† F00.1*
    - atypical or mixed G30.8† F00.2*
    - early onset (presenile) G30.0† F00.0*
    - late onset (senile) G30.1† F00.1*
    - specified NEC G30.8† F00.9*

Change(s) (of) — see also Removal

- circulatory I99
- cognitive (mild) (organic) due to or secondary to general medical condition F06.7 NEC R41.8
  - due to or secondary to
    - age (age-associated) R41.8
    - general medical condition F06.7
    - mild (organic) F06.7
- colour, tooth, teeth

Decline (general) (see also Debility) R53
- cognitive, age-associated NEC R41.8
  - due to or secondary to
    - age (age-associated) R41.8
    - general medical condition F06.7
    - mild (organic) F06.7

Dementia (depressed or paranoid type) (persisting) (senile) F03
- with
  - Alzheimer's disease (see also Alzheimer's disease or sclerosis) G30.9† F00.9*
    - delirium or acute confusional state F05.1
- alcoholic F10.7
- arteriosclerotic (see also Dementia/vascular) F01.9
- in (due to)
  - alcohol F10.7
    - Alzheimer's disease G30.9† F00.9*
    - with onset
      - early (presenile form) G30.0† F00.0*
      - late (senile form) G30.1† F00.1*
      - atypical G30.8† F00.2*
--- mixed type G30.8† F00.2*
...
- presenile F03
-- Alzheimer's type G30.0† F00.0*
  - primary degenerative F03
...
- senile F03
-- with acute confusional state F05.1
-- Alzheimer's type G30.1† F00.1*
  - depressed or paranoid type F03
...

Disease, diseased — see also Syndrome
...
- alveoli, teeth K08.9
- Alzheimer's — see Alzheimer's disease or sclerosis
- amyloid (see also Amyloidosis) E85.9

Disorder (of) — see also Disease
...
- coccyx NEC M53.3
- cognitive NEC R41.8
  -- due to (secondary to) general medical condition F06.9
  -- due to or secondary to
  --- age (age-associated) R41.8
  --- general medical condition F06.7
  --- mixed F06.8
  -- mild (organic) F06.7
  - colon K63.9
...
- micturition NEC R39.1
  -- psychogenic F45.35
  -- mild cognitive F06.7
- mitochondrial NEC E88.8
...
- persisting
  -- amnestic
  -- alcoholic F10.6
  -- sedative-induced F13.6-
  -- cognitive impairment NEC R41.8
  -- due to
  ---- alcohol F10.7
  ---- anxiolytic F13.7-
  ---- cannabis F12.7
  ---- gamma hydroxybutyrate (GHB) F13.71
  ---- general medical condition F06.7
  ---- hallucinogens F16.7-
  ---- hypnotic F13.7-
  ---- ketamine F16.71
  ---- sedatives F13.7-
  ---- specified substance NEC F19.7
  -- mild (organic) F06.7
- personality (see also Personality) F60.9

Impaired, impairment (function)
- auditory discrimination H93.2
- carbohydrate tolerance (glucose) — see Hyperglycaemia, hyperglycaemic/intermediate
- cognitive, persisting due to NEC R41.8
  - persisting (due to)
    - age (age-associated) R41.8
  - alcohol F10.7
  - drug NEC F19.7
  - gamma hydroxybutyrate (GHB) F13.71
  - general medical condition F06.7
  - hallucinogen use F16.7-
  - ketamine F16.71
  - sedatives F13.7-
- fasting glucose — see Hyperglycaemia, hyperglycaemic/intermediate

Mumu (see also Infestation/filarial) B74.-† N51.8*
Münchhausen's syndrome F68.1
  - by proxy T74.1
Münchmeyer's syndrome M61.1-

Sclerosis, sclerotic
- adrenal (gland) E27.8
- Alzheimer's NEC (see also Alzheimer's disease or sclerosis) G30.9† F00.9*
  - dementia in G30.9† F00.9*
  - amyotrophic (lateral) G12.2
  - brain G37.9
  - presenile (Alzheimer's) G30.0† F00.0*
    - dementia in G30.0† F00.0*
    - progressive familial E75.2
  - presenile (Alzheimer's) G30.0† F00.0*
    - dementia in G30.0† F00.0*

Section II : External Causes of Injury Alphabetic Index

Mudslide (of cataclysmic nature) X36
Munchhausen's (syndrome) by proxy Y07.0-
Murder (attempt) (see also Assault) Y09.0-
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0503 Drug, alcohol and tobacco use disorders
0505 Mental illness in pregnancy, childbirth and the puerperium
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

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
- M09.8-* Juvenile arthritis in other diseases classified elsewhere
- M15.9 Polyarthritis, unspecified
- M16.9 Coxarthrosis, unspecified
- M17.9 Gonarthrosis, unspecified
- M18.9 Arthrosis of first carpometacarpal joint, unspecified
- M19.9.- Arthrosis, unspecified – classify osteoarthritis/arthritis/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
- Z50.2 Alcohol rehabilitation
- Z50.3 Drug rehabilitation
- Z81.- Family history of mental and behavioural disorders – see also ACS 0520 Family history of mental illness
0520 FAMILY HISTORY OF MENTAL ILLNESS

Z81.- Family history of mental and behavioural disorders is never assigned because:

- It is difficult to ascertain whether there is in fact a family history.
- The recording of a family history of mental illness as part of a classification of diagnosis is seen as contributing towards the stigma associated with mental illness.
- Where a patient has a non-psychiatric disorder, the fact that the family has a history of mental illness is of no relevance.
- Where a patient has a psychiatric disorder, there is no reason to record whether or not the family has a history of mental illness.
- Where family data is required for mental health research or epidemiological studies, a dedicated sample would be more appropriate as a routine collection of information would be difficult.

0525 SUBSTANCE REHABILITATION AND DETOXIFICATION

Use the codes listed in block [1872] Alcohol and drug rehabilitation and detoxification for appropriate treatments with a diagnosis code relating to the condition. The codes Z50.2 Alcohol rehabilitation and Z50.3 Drug rehabilitation should not be assigned for inpatient episodes of care.

0526 MÜNCHHAUSEN’S BY PROXY

______ Definition

Münchhausen's syndrome is a severe and chronic form of factitious disorder and comprises of intentional fabrication or feigning of physical symptoms or signs without an external incentive. Münchhausen’s by proxy is a “variant in which caregivers (usually a parent) intentionally produce or feign physical or mental symptoms or signs in a person in their care (usually a child). The caregiver falsifies history and may injure the child with drugs or other agents or add blood or bacterial contaminants to urine specimens to simulate disease” (Phillips 2008).

______ Classification

Assignment of the code for Münchhausen's syndrome (F68.1 Intentional production or feigning of symptoms or disabilities, either physical or psychological [factitious disorder]) would be inappropriate in the case of Münchhausen’s by proxy as it is the patient's parent, not the patient, who has this condition. The correct coding is:

T74.1 Maltreatment syndromes, physical abuse
Y07.01 Other maltreatment syndromes, by parent

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

0528 ALZHEIMER’S DISEASE

When only 'Alzheimer's disease' is documented, rather than 'Alzheimer's dementia', the dementia component can be assumed and thus two codes should always be assigned, G30.- Alzheimer's disease and F00.-* Dementia in Alzheimer’s disease.
0532 COGNITIVE IMPAIRMENT

If 'cognitive impairment' is recorded, further clarification as to the extent of the impairment (ie mild memory disturbance or loss following organic brain damage, dementia) should be sought from the clinician. If this is not possible, then R41.8 Other and unspecified symptoms and signs involving cognitive functions and awareness should be assigned.

F06.7 Mild cognitive disorder should be assigned only when terms supporting the diagnosis are documented.

The index pathways for F06.7 are:
• Change/cognitive (mild) (organic) due to or secondary to general medical condition
• Disorder/cognitive/mild
• Disorder/mild cognitive
• Disturbance/memory/mild, following organic brain damage
• Lack of/memory/mild, following organic brain damage
• Loss/memory/mild, following organic brain damage
• Memory disturbance, lack or loss/mild, following organic brain damage.

STANDARDS INDEX

Standard numbers appear immediately after each entry.

AIDS (acquired immune deficiency syndrome) 0102
Alcohol
- and medication
  - adverse reaction 1903
  - detoxification and rehabilitation 0525
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- use disorder 0503

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Allied health interventions 0032

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Anaemia

Definition (of)

Delivery
- assisted 1505
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Dementia, Alzheimer's 0528

Dependence
Disease
- acute and/on chronic 0001
  - Alzheimer's 0528
  - atherosclerotic heart 0940; 0941
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Disorder
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  - combination, two or more 1903
  - warfarin 0303
  - challenge 2115
  - clinical trial 0026
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    - screening for 0052
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    - neonate
    - requiring specific interventions 1615
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Impairment, impaired
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  - cognitive 0532
  - fasting glycaemia 0401
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Multiple
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- injuries 1907
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Münchhausen's syndrome or by proxy 0526

Music therapy 0032
...
Recurrence of malignancy (neoplasm) 0237

Rehabilitation 2104
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  - drug 0525

Remission
...
Stroke 0604
- extension 0605

Substance
  - rehabilitation and detoxification 0525
  - use disorder, psychoactive 0503
...
Syndrome 0005
...
- Münchhausen's 0526
- myoclonus epilepsy ragged red fibre 0627
...
Introduction/Rationale:

This addenda proposal contains minor issues identified in ICD-10-AM, ACHI and the ACS that are not related to any of the major Eleventh Edition addenda proposals.

Summary of main issues and proposed addenda:

- **Boss, bossing** (carpal) (carpometacarpal) (metacarpal) (tarsal)
  A carpometacarpal boss is a bony protuberance (osseous formation), at the base of the second or third metacarpals on the dorsal surface, near the capitate and trapezium. Bossing may also occur on the dorsal aspect of the midfoot, at the first, second or third tarsometatarsal joints (known as a tarsal boss). ACCD proposes to add the term **Boss, bossing** to the ICD-10-AM Alphabetic Index, classified to M25.7- **Osteophyte**, as a best fit.

- **Duloxetine**
  Duloxetine is a serotonin and noradrenaline reuptake inhibitor (SNRI) antidepressant. ACCD proposes the addition of ‘Duloxetine’ to the Table of Drugs and Chemicals, classified as per antidepressant NEC.

- **Ectopic tooth**
  Ectopic (tooth) eruption occurs when a tooth erupts in an abnormal position (eg the palate). ICD-11 indexes ‘ectopic eruption’ to a residual category: Disorders of tooth development or eruption, unspecified. ACCD proposes classifying this condition to K00.6 **Disturbances in tooth eruption**.

- **Skin sparing mastectomy**
  A skin sparing mastectomy involves preservation of breast skin, to minimise scarring and enhance reconstruction. ACHI block [1747] **Subcutaneous mastectomy** lists an Inclusion term: ‘Excision of breast tissue with preservation of skin and nipple’. ACCD proposes indexing ‘skin sparing mastectomy’, classified to block [1747].

- **Osteotomy of calcaneus**
  ACHI Alphabetic Index does not list a default code for osteotomy of the calcaneus NOS. **Osteotomy/calcaneus**/for tarsal coalition is classified to 50333-00 [1532] **Excision of tarsal coalition.** ACCD proposes the addition of a default code at Osteotomy/calcaneus, classified to 48406-15 [1528] **Osteotomy of tarsal bone and 48409-15 [1528] Osteotomy of tarsal bone with internal fixation**, as a best fit.

- **Nesbit procedure**
  Nesbit procedure is an intervention to suture (plicate) the side of a penis to correct curvature (eg for Peyronie’s disease). ACCD proposes the addition of this term to ACHI Alphabetic Index, classified to 37417-00 [1197] **Correction of chordee of penis**.
ACCD also proposes:

- replacement of the terms ‘diagnostic statement(s)’ with ‘clinical concept(s)’, as per the ICD-10-AM Tenth Edition addenda
- addition of Excludes notes to E1-.69 *diabetes mellitus with other specified complication*, to clarify that ‘pressure injury (ulcer) not meeting the criteria for diabetic foot’ is classified to category L89 Pressure injury
- relocation of Excludes notes from the category level at I51 *Complications and ill-defined descriptions of heart disease*, to the specific codes to which it is applicable (ie I51.4-I51.9)
- addition of index entries for Administration/type of agent/thrombolytic/systemic effect, as per the guidelines in ACS 0943 Thrombolytic therapy
- addition of references to ACS 0002 Additional diagnoses in regards to ‘underlying cause’
- amendments to the codes listed in the table in ACS 0104 Viral hepatitis

**Note:** Minor formatting and wording amendments are proposed for some of the ACS, to create consistency. Amendments to the content of the affected standards is outside the scope of this addenda proposal (except where specified above).

Added post March 2018 ITG:

- Amendments to indexing for removal of IDC (Q3285)
- Amendments to indexing of codes in category I83 Varices veins of lower extremities (Q3319)
- Amendments to indexing for chemical peritonitis (Q3316)
- Amendments to ACS 0002 Additional diagnoses and ACS 0503 Drug, alcohol and tobacco use disorders (Q3263)
- Addition of indexing for arm lift/brachioplasty (Q3267)
- Addition to indexing for perinephric haematoma (Q3260)
- Addition of indexing for duodenal gastric heterotopia (Q3232)
- Addition of indexing for postural orthostatic tachycardia syndrome (POTS) (Q3279)
- Deletion of Inclusion term ‘filling of tooth NOS’ at 97511-01 [465] (Q3313)
- Addition of indexing for platelet rich plasma into joint (Q3257)
- Addition of guideline and example to ACS 0052 Same-day endoscopy – surveillance (Q3305)
- Addition of indexing for ‘debridement of oral cavity’ (Q3230)
- Amendments to indexing for Sling procedure (Q3288)

**Other minor issues**

- Amendments to indexing for Polydactylism (cross reference added)
- Addition of indexing for mucous cyst of digit (Cyst/digit, hand, Cyst/hand, Cyst/finger, Cyst/thumb), classified to M67.44 Ganglion, hand
- Addition of ACS (1915 Spinal (cord) injury) symbol and amendment of Excludes notes at S12.7 Multiple fractures of cervical spine, S13.3 Multiple dislocations of neck, S22.1 Multiple fractures of thoracic spine, and S32.7 Multiple fractures of lumbar spine with pelvis
- Expansion of abbreviation ACTH (adrenocorticotropic hormone) (numerous in Alphabetic Index and Tabular List)
- Amendment to Excludes note at T15-T19 Effects of foreign body entering through natural orifice

**Minor amendments to formatting** (eg unnecessarily duplicated terms)
ACCD PROPOSAL
ICD-10-AM Tabular List

A50  Congenital syphilis

A50.0  Early congenital syphilis, symptomatic
Any congenital syphilitic condition specified as early or manifest less than two years after birth. Early congenital syphilis:
  • syphilis:
  • cutaneous
  • mucocutaneous
  • visceral
  • cutaneous
  • mucocutaneous
  • visceral
  • syphilitic:
  • laryngitis
  • oculopathy
  • osteochondropathy
  • pharyngitis
  • pneumonia
  • rhinitis

Early congenital syphilitic:
  • laryngitis
  • oculopathy
  • osteochondropathy
  • pharyngitis
  • pneumonia
  • rhinitis

A50.1  Early congenital syphilis, latent
Congenital syphilis without clinical manifestations, with positive serological reaction and negative spinal fluid test, less than two years after birth.

A50.2  Early congenital syphilis, unspecified
Congenital syphilis NOS less than two years after birth.

A50.3  Late congenital syphilitic oculopathy
Late congenital syphilitic: interstitial keratitis† (H19.2*)
  • interstitial keratitis† (H19.2*)
  • oculopathy NEC† (H58.8*)

Late congenital syphilitic oculopathy NEC† (H58.8*)

Excludes  Hutchinson's triad (A50.5)

B59†  Pneumocystosis (J17.3*)
Pneumonia due to:
  • Pneumocystis:
    • carinii
    • jirovecii

B88  Other infestations

B88.9  Infestation, unspecified
Infestation (skin): NOS
  • by mites NOS
  • NOS
  • Infestation by mites NOS
  • Skin parasites NOS
C08 Malignant neoplasm of other and unspecified major salivary glands

*Excludes:* malignant neoplasms of:
- minor salivary glands NOS (C06.9)
- parotid gland (C07)
- specified minor salivary glands – see Alphabetic Index: Neoplasm/by site/malignant
  malignant neoplasms of specified minor salivary glands which are classified according to their anatomical location
  parotid gland (C07)

C80 Malignant neoplasm without specification of site

\[0218, 0236\]

*Excludes:* 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 NOS

*Cancer NOS* Malignancy

Malignant neoplasm, not known whether primary or secondary
Multiple cancer NOS

*Excludes:* multiple secondary cancer NOS (C79.9)
secondary malignant neoplasm, unspecified site (C79.9)

D11 Benign neoplasm of major salivary glands

*Excludes:* benign neoplasms of:
- minor salivary glands NOS (D10.3)
- specified minor salivary glands – see Alphabetic Index: Neoplasm/by site/benign
  benign neoplasms of specified minor salivary glands which are classified according to their anatomical location

E09.4 Intermediate hyperglycaemia with neurological complication

E09.40 Intermediate hyperglycaemia with unspecified neuropathy

E09.42 Intermediate hyperglycaemia with polyneuropathy

Intermediate hyperglycaemia with *peripheral neuropathy:*
- distal symmetrical
- NOS
- selective ‘small fibre’
- sensorimotor

*Peripheral neuropathy:*
- distal symmetrical
- NOS
- selective ‘small fibre’
- sensorimotor

...
**E10.6** Type 1 diabetes mellitus with other specified complication

Type 1 diabetes mellitus with:
- diabetic:
  - fibrous breast disease (mastopathy) (sclerosing lymphocytic lobulitis)
  - muscle infarction (aseptic myonecrosis) (ischaemic myonecrosis) (tumoriform focal muscular degeneration)
  - gangrene (acute dermal) (bacterial) (haemolytic):
    - Fournier's
    - Meleney's (progressive bacterial synergistic)
  - necrotising fasciitis
  - ulcer (lower extremity)

Excludes:
- foot ulcer with peripheral:
  - angiopathy (E10.73)
  - neuropathy (E10.73)

Pressure ulcer not meeting the criteria for diabetic foot (L89.-)

**E11.6** Type 2 diabetes mellitus with other specified complication

Type 2 diabetes mellitus with:
- diabetic:
  - fibrous breast disease (mastopathy) (sclerosing lymphocytic lobulitis)
  - muscle infarction (aseptic myonecrosis) (ischaemic myonecrosis) (tumoriform focal muscular degeneration)
  - gangrene (acute dermal) (bacterial) (haemolytic):
    - Fournier's
    - Meleney's (progressive bacterial synergistic)
  - necrotising fasciitis
  - ulcer (lower extremity)

Excludes:
- foot ulcer with peripheral:
  - angiopathy (E11.73)
  - neuropathy (E11.73)

Pressure ulcer not meeting the criteria for diabetic foot (L89.-)

**E13.6** Other specified diabetes mellitus with other specified complication

Diabetes mellitus NEC with:
- diabetic:
  - fibrous breast disease (mastopathy) (sclerosing lymphocytic lobulitis)
  - muscle infarction (aseptic myonecrosis) (ischaemic myonecrosis) (tumoriform focal muscular degeneration)
  - gangrene (acute dermal) (bacterial) (haemolytic):
    - Fournier's
    - Meleney's (progressive bacterial synergistic)
  - necrotising fasciitis
  - ulcer (lower extremity)

Excludes:
- foot ulcer with peripheral:
  - angiopathy (E13.73)
  - neuropathy (E13.73)

Pressure ulcer not meeting the criteria for diabetic foot (L89.-)
E14.6 Unspecified diabetes mellitus with other specified complication

E14.64 Unspecified diabetes mellitus with hypoglycaemia
Diabetes mellitus NOS with hypoglycaemia:
• coma
• NOS
• seizure (convulsion) (fit)

E14.69 Unspecified diabetes mellitus with other specified complication
Diabetes mellitus NOS with:
• diabetic:
  • fibrous breast disease (mastopathy) (sclerosing lymphocytic lobulitis)
  • muscle infarction (aseptic myonecrosis) (ischaemic myonecrosis) (tumoriform focal muscular degeneration)
• gangrene (acute dermal) (bacterial)(haemolytic):
  • Fournier’s
  • Meleney's (progressive bacterial synergistic)
• necrotising fasciitis
• ulcer (lower extremity)

Excludes: foot ulcer with peripheral:
• angiopathy (E14.73)
• neuropathy (E14.73)

E22 Hyperfunction of pituitary gland

Excludes Cushing's syndrome (E24.-)
Nelson's syndrome (E24.1) overproduction of:
• adrenocorticotropic hormone [ACTH] not associated with Cushing's disease (E27.0)
• pituitary adrenocorticotropic hormone [ACTH] (E24.0)
• thyroid-stimulating hormone (E05.8)

E24 Cushing's syndrome

E24.0 Pituitary-dependent Cushing's disease
Overproduction of pituitary adrenocorticotropic hormone [ACTH]
Pituitary-dependent hyperadrenocorticism

E24.1 Nelson's syndrome

E24.2 Drug-induced Cushing's syndrome
Use additional external cause code (Chapter 20) to identify drug.

E24.3 Ectopic ACTH syndrome
Ectopic adrenocorticotropic hormone syndrome

E24.4 Alcohol-induced pseudo-Cushing's syndrome

E24.8 Other Cushing's syndrome

E24.9 Cushing's syndrome, unspecified

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
E27 Other disorders of adrenal gland

E27.0 Other adrenocortical overactivity

Overproduction of adrenocorticotropic hormone (ACTH), not associated with Cushing's disease
Premature adrenarche

Excludes Cushing's syndrome (E24.-)

...

E66 Obesity and overweight

Note: BMI is not an accurate measure of obesity in childhood/adolescence (those under 18 years of age).

Excludes: adiposogenital dystrophy (E23.6)

lipomatosis:
  • dolorosa (Dercum) (E88.2)
  • NOS (E88.2)
Prader-Willi syndrome (Q87.14)

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.

0 body mass index [BMI] not elsewhere classified
1 body mass index [BMI] ≥ 30 kg/m² to ≤ 34.99 kg/m²
  Obese class I
2 body mass index [BMI] ≥ 35 kg/m² to ≤ 39.99 kg/m²
  Obese class II
3 body mass index [BMI] ≥ 40 kg/m²
  Clinically severe obesity
  Extreme obesity
  Obese class III

...

E77 Disorders of glycoprotein metabolism

E77.0 Defects in post-translational modification of lysosomal enzymes

Mucolipidosis II [I-cell disease]
• II [I-cell disease]
• III [pseudo-Hurler polydystrophy]
Mucolipidosis III [pseudo-Hurler polydystrophy]

...

E87 Other disorders of fluid, electrolyte and acid-base balance

...

E87.5 Hyperkalaemia

Potassium [K], excess
• excess
• overload

Potassium [K] overload

...

F06 Other mental disorders due to brain damage and dysfunction and to physical disease

Miscellaneous conditions causally related to brain disorder due to primary cerebral disease, to systemic disease affecting the brain secondarily, to exogenous toxic substances or hormones, to endocrine disorders, or to other somatic illnesses.

Includes: miscellaneous conditions causally related to brain disorder due to primary cerebral disease, to systemic disease affecting the brain secondarily, to exogenous toxic substances or hormones, to endocrine disorders, or to other somatic illnesses.

Excludes associated with:
• delirium (F05.-)
• dementia as classified in F00–F03
resulting from use of alcohol and other psychoactive substances (F10–F19)
**F90 Hyperkinetic disorders**

...  

**F90.9 Hyperkinetic disorder, unspecified**

Hyperkinetic: reaction of childhood or adolescence NOS

- reaction of childhood or adolescence NOS
- syndrome NOS
- Hyperkinetic syndrome NOS

...  

**F94 Disorders of social functioning with onset specific to childhood and adolescence**

...  

**F94.1 Reactive attachment disorder of childhood**

Starts in the first five years of life and is characterised by persistent abnormalities in the child's pattern of social relationships that are associated with emotional disturbance and are reactive to changes in environmental circumstances (eg fearfulness and hypervigilance, poor social interaction with peers, aggression towards self and others, misery, and growth failure in some cases). The syndrome probably occurs as a direct result of severe parental neglect, abuse, or serious mishandling.

*Use additional code to identify any associated failure to thrive or growth retardation.*

**Excludes:** Asperger's syndrome (F84.5)

- disinhibited attachment disorder of childhood (F94.2)
- maltreatment syndromes (T74.-)
- normal variation in pattern of selective attachment – omit code
- sexual or physical abuse in childhood, resulting in psychosocial problems (Z61.4–Z61.6)

...  

**G71 Primary disorders of muscles**

**Excludes**

- arthrogryposis multiplex congenita (Q74.3)
- metabolic disorders (E70–E89)
- myositis (M60.-)

**G71.0 Muscular dystrophy**

Muscular dystrophy:

- autosomal recessive, childhood type, resembling Duchenne or Becker
- benign [Becker]
  - NOS [Becker]
- scapuloperoneal with early contractures [Emery-Dreifuss]
- benign scapuloperoneal with early contractures [Emery-Dreifuss]
  - distal
  - facioscapulohumeral
  - limb-girdle
  - ocular
- oculopharyngeal
- scapuloperoneal
- severe [Duchenne]

**Excludes**

- congenital muscular dystrophy:
  - NOS (G71.2)
  - with specific morphological abnormalities of the muscle fibre (G71.2)

...  

**H26 Other cataract**

**Excludes**

- congenital cataract (Q12.0)

...  

**H26.2 Complicated cataract**

- cataract in chronic iridocyclitis
  - in chronic iridocyclitis
  - secondary to ocular disorders
  - Cataract secondary to ocular disorders
  - Glaucomatous flecks (subcapsular)

...
ISCHAEMIC HEART DISEASES

(I20–I25)

Includes: with mention of hypertension (I10–I15)

Note: For morbidity, duration as used in categories I21, I22, I24 and I25 refers to the interval elapsing between onset of the ischaemic episode and admission to care. For mortality, duration refers to the interval elapsing between onset and death.

... Nonrheumatic aortic valve disorders

Excludes: hypertrophic subaortic stenosis (I42.1)
when of unspecified cause but with mention of diseases of mitral valve (I08.0)
when specified as:
• congenital (Q23.0–Q23.1, Q23.4–Q23.9)
• rheumatic (I06.-)

... Nonrheumatic tricuspid valve disorders

Excludes: when of unspecified cause (I07.-)
when specified as:
• congenital (Q22.4, Q22.8, Q22.9)
• rheumatic (I07.-)

... Cardiac arrest

Note: Assign Ccodes from this category should be assigned only if resuscitation intervention is undertaken, regardless of patient outcome.

Excludes: cardiogenic shock (R57.0)
complicating abortion or ectopic or molar pregnancy (O00–O07, O08.8)
where resuscitation intervention is not performed – omit code

... Complications and ill-defined descriptions of heart disease

Excludes: any condition in I51.4–I51.9 due to hypertension (I11.-)
• with renal disease (I13.-) complications following acute myocardial infarction (I23.-)
when specified as rheumatic (I00–I09)

... I51.4 Myocarditis, unspecified

Myocardial fibrosis
Myocarditis:
• chronic (interstitial)
• NOS

Excludes: due to hypertension:
• NOS (I11.9)
• with:
  • heart failure (I11.0)
  • renal disease (I13.-)

I51.5 Myocardial degeneration

Degeneration of heart or myocardium:
• fatty
• senile
Myocardial disease

Excludes: due to hypertension:
• NOS (I11.9)
• with:
  • heart failure (I11.0)
  • renal disease (I13.-)
I51.6 Cardiovascular disease, unspecified
Cardiovascular accident NOS

Excludes: atherosclerotic cardiovascular disease, so described (I25.0)
  due to hypertension:
  • NOS (I11.9)
  • with:
    • heart failure (I11.0)
    • renal disease (I13.-)

I51.7 Cardiomegaly
Cardiac:
  • dilatation
  • hypertrophy
Ventricular dilatation

Excludes: due to hypertension:
  • NOS (I11.9)
  • with:
    • heart failure (I11.0)
    • renal disease (I13.-)

I51.8 Other ill-defined heart diseases
Carditis (acute)(chronic)
Pancarditis (acute)(chronic)

Excludes: due to hypertension:
  • NOS (I11.9)
  • with:
    • heart failure (I11.0)
    • renal disease (I13.-)

I51.9 Heart disease, unspecified

Excludes: due to hypertension:
  • NOS (I11.9)
  • with:
    • heart failure (I11.0)
    • renal disease (I13.-)

...
### K00 Disorders of tooth development and eruption

*Excludes* embedded and impacted teeth (K01.-)

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#### K00.2 Abnormalities of size and form of teeth

- **Concrescence**
- **Fusion**
- **Gemination**

- **Concrescence of teeth**
- **Dens:**
  - evaginatus
  - in dente
  - invaginatus
- **Enamel pearls**
- **Fusion of teeth**
- **Gemination of teeth**
- **Macrodontia**
- **Microdontia**
- **Peg-shaped [conical] teeth**
- **Taurodontism**
- **Tuberculum paramolare**

*Excludes:* tuberculum Carabelli, which is regarded as a normal variation and should not be coded – omit code

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### K04 Diseases of pulp and periapical tissues

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#### K04.5 Chronic apical periodontitis

- **Apical, or periapical granuloma**
  - or periapical granuloma
  - periodontitis NOS

- **Apical periodontitis NOS**

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### K65 Peritonitis

*Excludes* peritonitis:

- aseptic (T81.6)
- benign paroxysmal (E85.0)
- chemical (T81.6)
- due to any other foreign substance accidentally left during procedure (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.-)
K92  Other diseases of digestive system

\[\text{\textit{Excludes}}\] neonatal gastrointestinal haemorrhage (P54.0–P54.3)

K92.2  Gastrointestinal haemorrhage, unspecified

Haemorrhage:
- gastric NOS
- intestinal NOS
Per-rectal bleeding NOS

\[\text{\textit{Excludes}}:\] haemorrhage of anus and rectum (K62.5)
- of anus and rectum (K62.5)
- with:
  - duodenitis (K29.81)
  - gastritis (K29.0, K29.21, K29.31, K29.41, K29.51, K29.61, K29.71)
  - gastroduodenitis (K29.91)
  
  haemorrhage with:
- duodenitis (K29.81)
- gastritis (K29.0, K29.21, K29.31, K29.41, K29.51, K29.61, K29.71)
- gastroduodenitis (K29.91)

with peptic ulcer (K25–K28)

M66  Spontaneous rupture of synovium and tendon

See site code

\[\text{\textit{Includes}}:\] rupture that occurs when a normal force is applied to tissues that are inferred to have less than normal strength

\[\text{\textit{Excludes}}:\] rotator cuff syndrome (M75.1)

rupture \textit{where and due to} abnormal force \textit{is} applied to normal tissue — see injury of tendon by body region

Alphabetic Index: Injury/muscle

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**GLOMERULAR DISEASES**

(N00–N08)

\[\text{\textit{V}}\] 1438

Use additional code to identify external cause (Chapter 20).

\[\text{\textit{Excludes}}:\] hypertensive kidney disease (I12.-)

The following fourth character subdivisions classify morphological changes and are for use with categories N00–N07. Subdivisions .0–.8 should not normally be used unless these have been specifically identified (e.g. by renal biopsy or autopsy). The three character categories relate to clinical syndromes.

.0 minor glomerular abnormality
  - Minimal change lesion

.1 focal and segmental glomerular lesions
  - Focal and segmental:
    - hyalinosis
    - sclerosis
    - glomerulonephritis

.2 diffuse membranous glomerulonephritis

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 297
N92 Excessive, frequent and irregular menstruation

Excludes: postmenopausal bleeding (N95.0)

N92.0 Excessive and frequent menstruation with regular cycle
Heavy periods NOS
Menorrhagia NOS
Polymenorrhoea

N92.1 Excessive and frequent menstruation with irregular cycle
Irregular, intermenstrual bleeding
• intermenstrual bleeding
• shortened intervals between menstrual bleeding
Irregular, shortened intervals between menstrual bleeding
Menometrorrhagia
Menorrhagia

P05 Slow fetal growth and fetal malnutrition

P05.9 Slow fetal growth, unspecified
Fetal growth: restriction NOS
• restriction NOS
• retardation NOS
Fetal growth retardation NOS
Intrauterine growth retardation [IUGR] NOS

P23 Congenital pneumonia

Includes: infective pneumonia acquired in utero or during birth
Excludes: neonatal pneumonia resulting from aspiration (P24.-)

P23.6 Congenital pneumonia due to other bacterial agents
Congenital pneumonia due to:
• Haemophilus influenzae
• Klebsiella pneumoniae
• Mycoplasma
• Streptococcus, except group B

P24 Neonatal aspiration syndromes

Includes: neonatal pneumonia resulting from aspiration

P24.0 Neonatal aspiration of meconium
Meconium: aspiration syndrome
• aspiration syndrome
• pneumonitis
Meconium pneumonitis
**P52** Intracranial nontraumatic haemorrhage of fetus and newborn

*Includes:* intracranial haemorrhage due to anoxia or hypoxia

*Excludes:* intracranial haemorrhage due to:
- birth trauma (P10. -)
- maternal injury (P00.5)
- other injury (S06. -)

P52.0 Intraventricular (nontraumatic) haemorrhage, grade 1, of fetus and newborn

Subependymal [germinal matrix haemorrhage](#)
- germinal matrix haemorrhage
- haemorrhage (without intraventricular extension)

Subependymal haemorrhage (without intraventricular extension)

**Q23** Congenital malformations of aortic and mitral valves

**Q23.4** Hypoplastic left heart syndrome

Atresia, or hypoplasia of aortic orifice or valve, with: hypoplasia of ascending aorta and underdevelopment of left ventricle (with mitral valve stenosis or atresia)
- hypoplasia of ascending aorta and underdevelopment of left ventricle with:
  - mitral valve:
    - atresia
    - stenosis

**Q87.0** Congenital malformation syndromes predominantly affecting facial appearance

**Q87.00** Cyclopia
  - Cyclopa
  - Cyclops
  - Synophthalmia

**Q87.01** Acrocephalopolysyndactyly
  - Acrocephalopolysyndactyly type I, Noack syndrome
  - type I, Noack syndrome
  - type II, Carpenter syndrome
  - Acrocephalopolysyndactyly type II, Carpenter syndrome

**R56** Convulsions, not elsewhere classified

*Excludes:* convulsions and seizures (in):
- diabetes with hypoglycaemia (E1-.64)
- dissociative (F44.5)
- epilepsy (G40–G41)
- newborn (P90)

R56.0 Febrile convulsions
**S06**  Intracranial injury
Localised or limited brain tissue affected

**S06.8** Other intracranial injuries
Traumatic intracranial: haemorrhage/haematoma/contusion:
• contusion NOS
• haematoma NOS
• haemorrhage NOS
• intracranial NOS

**S07**  Crushing injury of head
Code also crush syndrome (T79.5) if applicable.
Excludes:
where the type of injury is known (eg contusion, fracture, dislocation, internal injury) code to the
type of injury only with specific type of injury (eg contusion, fracture, dislocation, internal injury)
— code specific type of injury only — see Alphabetic Index

**S12**  Fracture of neck

**S12.7** Multiple fractures of cervical spine
Excludes: multiple fractures of specified levels of cervical vertebra — code each level separately
(S12.0, S12.1, S12.2). Code each level separately

**S13**  Dislocation, sprain and strain of joints and ligaments at neck level

**S13.3** Multiple dislocations of neck
Excludes: multiple dislocations of specified levels of cervical vertebra — code each level separately
(S13.1-). Code each level separately

**S17**  Crushing injury of neck
Code also crush syndrome (T79.5) if applicable.
Excludes:
where the type of injury is known (eg contusion, fracture, dislocation, internal injury) code to the
type of injury only with specific type of injury (eg contusion, fracture, dislocation, internal injury)
— code specific type of injury only — see Alphabetic Index

**S22**  Fracture of rib(s), sternum and thoracic spine

**S22.1** Multiple fractures of thoracic spine
Excludes: multiple fractures of specified levels of thoracic vertebra — code each level separately
(S22.0-). Code each level separately
S28  Crushing injury of thorax and traumatic amputation of part of thorax

S28.0  Crushed chest

*Code also crush syndrome (T79.5) if applicable.*

*Excludes:* flail chest (S22.5)

where the type of injury is known (e.g., contusion, fracture, dislocation, internal injury) code to the type of injury only with specific type of injury (e.g., contusion, fracture, dislocation, internal injury) code specific type of injury only — see Alphabetic Index

S32  Fracture of lumbar spine and pelvis

S32.7  Multiple fractures of lumbar spine with pelvis

*Excludes:* multiple fractures of specified levels of lumbar vertebra (S32.0-). Code each level separately

multiple pelvic fractures (S32.89)

- pelvic fractures (S32.89)

- specified levels of lumbar vertebra — code each level separately (S32.0-)

S36.5  Injury of colon

S36.59  Injury of other and multiple parts of colon

Injury of:

- appendix

- caecum

S38  Crushing injury and traumatic amputation of part of abdomen, lower back and pelvis

*Code also crush syndrome (T79.5) if applicable.*

*Excludes:* where the type of injury is known (e.g., contusion, fracture, dislocation, internal injury) code to the type of injury only with specific type of injury (e.g., contusion, fracture, dislocation, internal injury) code specific type of injury only — see Alphabetic Index

S46  Injury of muscle and tendon at shoulder and upper arm level

*Includes:* sprain and strain

*Excludes:* injury of muscle and tendon at or below elbow (S56.-)

sprains and strains of joint capsule (ligament) (S43.-)

S46.8  Injury of other muscles and tendons at shoulder and upper arm level

- infraspinatus (muscle)

- subscapularis (muscle)

- supraspinatus (muscle)

*Includes:* infraspinatus (muscle)

subscapularis (muscle)

supraspinatus (muscle)
Crushing injury of shoulder and upper arm

Code also crush syndrome (T79.5) if applicable.

Excludes: crushing injury of elbow (S57.0)

where the type of injury is known (eg contusion, fracture, dislocation, internal injury) code to the type of injury only with specific type of injury (eg contusion, fracture, dislocation, internal injury) — code specific type of injury only — see Alphabetic Index

Crushing injury of forearm

Code also crush syndrome (T79.5) if applicable.

Excludes: crushing injury of wrist and hand (S67.-)

where the type of injury is known (eg contusion, fracture, dislocation, internal injury) code to the type of injury only with specific type of injury (eg contusion, fracture, dislocation, internal injury) — code specific type of injury only — see Alphabetic Index

Open wound of wrist and hand

Use additional code T89.0- to indicate open wound with complication of foreign body, infection and delayed healing/treatment.

Excludes: traumatic amputation of wrist and hand (S68.-)

Open wound of finger(s) without damage to nail

Open wound of finger(s) NOS

Open wound of thumb

• finger(s) NOS

• thumb

Excludes: open wound involving nail (matrix) (S61.1)

Crushing injury of wrist and hand

Code also crush syndrome (T79.5) if applicable.

Excludes: where the type of injury is known (eg contusion, fracture, dislocation, internal injury) code to the type of injury only with specific type of injury (eg contusion, fracture, dislocation, internal injury) — code specific type of injury only — see Alphabetic Index

Crushing injury of hip and thigh

Code also crush syndrome (T79.5) if applicable.

Excludes: where the type of injury is known (eg contusion, fracture, dislocation, internal injury) code to the type of injury only with specific type of injury (eg contusion, fracture, dislocation, internal injury) — code specific type of injury only — see Alphabetic Index

Crushing injury of lower leg

Code also crush syndrome (T79.5) if applicable.

Excludes: crushing injury of ankle and foot (S97.-)

where the type of injury is known (eg contusion, fracture, dislocation, internal injury) code to the type of injury only with specific type of injury (eg contusion, fracture, dislocation, internal injury) — code specific type of injury only — see Alphabetic Index
Crushing injury of ankle and foot

Code also crush syndrome (T79.5) if applicable.

Excludes: where the type of injury is known (eg contusion, fracture, dislocation, internal injury) code to the type of injury only with specific type of injury (eg contusion, fracture, dislocation, internal injury) — code specific type of injury only — see Alphabetic Index

Injury of unspecified body region

Crushing injury and traumatic amputation of unspecified body region

Crushing injury NOS
Traumatic amputation NOS

Excludes: multiple:

• crushing injuries NOS (T04.9)
• traumatic amputations NOS (T05.9)

where the type of injury is known (eg contusion, fracture, dislocation, internal injury) code to the type of injury only with specific type of injury (eg contusion, fracture, dislocation, internal injury) — code specific type of injury only — see Alphabetic Index

EFFECTS OF FOREIGN BODY ENTERING THROUGH NATURAL ORIFICE

(T15–T19)

Excludes: foreign body:

• accidentally left in operation wound (T81.5)
• in puncture wound — see open wound by body region (T89.01)
• residual, in soft tissue (M79.5)

splinter, without major open wound — see superficial injury by body region Alphabetic Index: Splinter

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:

• 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)

Acute reaction to foreign substance accidentally left during a procedure

Aseptic Peritonitis: due to foreign substance accidentally left during procedure

Includes: that with prosthetic devices, implants and grafts
Bus occupant injured in other and unspecified transport accidents

V79.0 Driver injured in collision with other and unspecified motor vehicles in nontraffic accident

V79.1 Passenger injured in collision with other and unspecified motor vehicles in nontraffic accident

V79.2 Unspecified bus occupant injured in collision with other and unspecified motor vehicles in nontraffic accident

V79.3 Bus occupant [any] injured in unspecified nontraffic accident

Bus collision NOS, nontraffic

Bus: accident NOS, nontraffic

• accident NOS, nontraffic

• occupant injured in nontraffic accident NOS

Bus occupant injured in nontraffic accident NOS

Accident to watercraft causing other injury

See subdivisions

Includes: any injury except drowning and submersion as a result of an accident to watercraft burned while ship on fire crushed, between colliding ships • between colliding ships • by lifeboat after abandoning ship crushed by lifeboat after abandoning ship fall due to collision or other accident to watercraft hit by falling object as a result of accident to watercraft injured in watercraft accident involving collision of watercraft struck by boat or part thereof after falling or jumping from damaged boat

Excludes: burns from localised fire or explosion on board ship (V93.−)

Water-transport-related drowning and submersion without accident to watercraft

See subdivisions

Includes: drowning and submersion as a result of an accident, such as:

• fall:
  • from: gangplank
    • gangplank
  • ship
    • from ship
    • overboard
  • thrown overboard by motion of ship
  • washed overboard

Excludes: drowning or submersion of swimmer or diver who voluntarily jumps from boat not involved in an accident (W69, W73)

Accident on board watercraft without accident to watercraft, not causing drowning and submersion

See subdivisions

Includes: accidental poisoning by gases or fumes on ship

…

fall; from one level to another in watercraft

• from one level to another in watercraft

• on stairs or ladders in watercraft

fall on stairs or ladders in watercraft

injuries in watercraft caused by:
**W07** Fall involving chair

*Excludes:* fall involving wheelchair (W05)
  - in collision with pedestrian (V00.-)
  - NOS (W05)
  - fall involving wheelchair in collision with pedestrian (V00.-)

**W10** Fall on and from stairs and steps

*Includes:* fall (on/from) on/incline

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**EXPOSURE TO ANIMATE MECHANICAL FORCES**

*(W50–W64)*

*Excludes:* bites, venomous (X20–X29)
  - allergen, allergic reaction (Y37.6)
  - stings and venomous bites (X20–X29)
  - stings (venomous) (X20–X29)

**W50** Hit, struck, kicked, twisted, bitten or scratched by another person

*Excludes:* assault (X85–Y09)
  - struck by objects (W20–W22)

**W75** Accidental suffocation and strangulation in bed

*Includes:* suffocation and strangulation due to:
  - another person’s body (eg parent’s or carer’s)
  - bed linen
  - another’s body
  - pillow

**W77** Threat to breathing due to cave-in, falling earth and other substances

*Includes:* cave-in NOS
*Excludes:* cave-in: caused by cataclysm (X34–X39)
  - caused by cataclysm (X34–X39)
  - without asphyxiation or suffocation (W20)
  - cave-in without asphyxiation or suffocation (W20)

**X44** Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances

*Includes:* agents primarily acting on smooth and skeletal muscles and the respiratory system
  - anaesthetics (general/local)
  - anti-infectives
  - drugs affecting the:
    - cardiovascular system
    - gastrointestinal system
  - hormones and synthetic substitutes
  - systemic and haematological agents
    - and haematological agents
    - antibiotics and other anti-infectives
    - therapeutic gases
  - topical preparations
  - vaccines
  - water-balance agents and drugs affecting mineral and uric acid metabolism
**X64**

Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances

*Includes:* agents primarily acting on smooth and skeletal muscles and the respiratory system

- anaesthetics (general)(local)
- drugs affecting the:
  - cardiovascular system
  - gastrointestinal system
- hormones and synthetic substitutes
- systemic: and haematological agents
- and haematological agents
- antibiotics and other anti-infectives
- therapeutic gases
- topical preparations
- vaccines
- water-balance agents and drugs affecting mineral and uric acid metabolism

... 

**Y14**

Poisoning by and exposure to other and unspecified drugs, medicaments and biological substances, undetermined intent

*Includes:* agents primarily acting on smooth and skeletal muscles and the respiratory system

- anaesthetics (general)(local)
- drugs affecting the:
  - cardiovascular system
  - gastrointestinal system
- hormones and synthetic substitutes
- systemic: and haematological agents
- and haematological agents
- antibiotics and other anti-infectives
- therapeutic gases
- topical preparations
- vaccines
- water-balance agents and drugs affecting mineral and uric acid metabolism

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**Y36**

Operations of war

*Includes:* injuries to military personnel and civilians caused by war and civil insurrection

*Note:* Injuries due to operations of war occurring after cessation of hostilities are classified to Y36.8.

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**Y36.8**

War operations occurring after cessation of hostilities

- Injuries by explosion of bombs or mines placed in the course of operations of war, if the explosion occurred after cessation of hostilities
- Injuries due to operations of war and classifiable to Y36.0–Y36.7 or Y36.9 but occurring after cessation of hostilities
  - explosion of bombs or mines placed in the course of operations of war, if the explosion occurred after cessation of hostilities
  - operations of war and classifiable to Y36.0–Y36.7 or Y36.9 but occurring after cessation of hostilities

...
Z45 Adjustment and management of drug delivery or implanted device

Excludes: malfunction or other complications of device — see Alphabetic Index presence of prosthetic and other devices (Z95–Z97)

Z45.0 Adjustment and management of cardiac device

Checking and testing of:
• automatic implantable cardiac defibrillator [AICD]
• cardiac:
  • pacemaker
  • resynchronisation therapy (CRT): pacemaker
  • defibrillator (CRT-D)
  • resynchronisation therapy-defibrillator (CRT-D)
• pulse generator [battery]

Z85 Personal history of malignant neoplasm

Excludes: follow-up examination after treatment of malignant neoplasm (Z08–)
• examination after treatment of malignant neoplasm (Z08–)
• medical care and convalescence (Z42–Z51, Z54–)
• follow-up medical care and convalescence (Z42–Z51, Z54–)

Z86 Personal history of certain other diseases

Z86.4 Personal history of psychoactive substance use disorder

Conditions classifiable to F10–F19

Excludes: problems related to the use of:
• alcohol (Z72.1)
• drug(s) (Z72.2)
• tobacco (Z72.0)

Z86.41 Personal history of alcohol use disorder

Conditions classifiable to F10

Excludes: current alcohol dependence (F10.2)

Z86.42 Personal history of drug use disorder

Conditions classifiable to F11–F16 and F18–F19

History of:
• psychoactive substance abuse NOS
• unsanctioned drug use, ever, but excluding the last three months

Excludes: current drug dependence (F11–F16 and F18–F19 with common fourth character .2) and F18–F19 with common fourth character .2

Z86.43 Personal history of tobacco use disorder

Conditions classifiable to F17

Excludes: harmful use of tobacco (F17.1)
• tobacco dependence (F17.2)
Z91  Personal history of risk-factors, not elsewhere classified

\textit{Excludes:} exposure to pollution and other problems related to physical environment (Z58.-)

\textit{Excludes:} occupational exposure to risk-factors (Z57.-)

\textit{Excludes:} personal history of psychoactive substance use disorder (Z86.4)

Z91.0  Personal history of allergy, other than to drugs and biological substances

\textit{Excludes:} personal history of allergy to drugs and biological substances (Z88.-)

Z91.1  Personal history of noncompliance with medical treatment and regimen

\textit{Note:} This code should only be used where noncompliance is a precipitating factor in an admission. It should not be used as a principal diagnosis.

Z91.2  Personal history of poor personal hygiene

...

Z95  Presence of cardiac and vascular implants and grafts

\textit{Excludes:} complications of cardiac and vascular devices, implants and grafts (T82.-)

Z95.0  Presence of cardiac device

\textit{Excludes:} adjustment or management of cardiac device (Z45.0)

dependence on artificial heart (Z99.4)
ICD-10-AM Alphabetic Index

ICD-10-AM Section I: Alphabetic Index of diseases and nature of injury

Accessory (congenital)

- digit(s) NEC Q69.9
  -- finger(s) Q69.0
    - halluc (halluces) Q69.21
    - thumb(s) Q69.1
    - toe(s) NEC Q69.29
  - halluc (great toe) (halluces) Q69.21
  - ear (lobe) Q17.01

- thumb(s) Q69.1
- thymus gland Q89.26
- thyroid gland Q89.22
- toe(s) NEC Q69.29
- halluc (great toe) (halluces) Q69.21

ACTH (adrenocorticotropic hormone) ectopic syndrome E24.3

Adenocarcinoma (M8140/3) — see also Neoplasm/malignant

- eccrine NOS-NEC (M8413/3) — see also Neoplasm/skin/malignant

Adrenocortical syndrome — see Cushing's/syndrome or disease

Adrenocorticotropic hormone (ACTH) ectopic syndrome E24.3

Adrenogenital syndrome E25.9

Asthma, asthmatic (bronchial) (catarrh) (spasmodic) J45.9
- with
  - COPD (chronic obstructive pulmonary disease) J44.8
    - with (acute)
      - exacerbation NEC J44.1
      - infective J44.0
      - lower respiratory infection J44.0
      - hay fever J45.0
      - rhinitis, allergic J45.0
    
    - bronchitis J45.
      - chronic J44.8 — see Asthma/with/COPD
        - with (acute)
          - exacerbation NEC J44.1
          - infective J44.0
          - lower respiratory infection J44.0
          - cardiac (see also Failure/ventricular/left) I50.1
          - childhood J45.0
          - chronic J45.

    - obstructive J44.8 — see Asthma/with/COPD
      - with (acute)
        - exacerbation NEC J44.1
        - infective J44.0
        - lower respiratory infection J44.0
        - collier's J60

    - nonallergic J45.1
      - obstructive, chronic J44.8 — see Asthma/with/COPD
        - with (acute)
          - exacerbation NEC J44.1
          - infective J44.0
          - lower respiratory infection J44.0
          - platinum J45.0
Atrophy, atrophic

- seminal vesicle N50.8
  - senile R54
  - due to radiation (nonionising) (solar) L57.8
- skin (patches) (spots) L90.9
  - degenerative (senile) L90.8
  - due to radiation (nonionising) (solar) L57.8
  - senile L90.8

Bornholm disease B33.0

Boston exanthem A88.0

Bronchiolitis (acute) (infective) (subacute) J21.9
  - with
    - bronchospasm or obstruction J21.9
    - influenza, flu or gripe (see also Influenza) J11.1
  - chronic (fibrosing) (obliterative) J44.8
  - obliterative (chronic) (subacute) J44.8

Bronchitis (15 years of age and above) (diffuse) (fibrinous) (hypostatic) (infective) (membranous) (with tracheitis) J40
  - with
    - COPD (chronic obstructive pulmonary disease) J44.8
      - with (acute)
      - exacerbation NEC J44.1
      - infective J44.0
      - lower respiratory infection J44.0
    - influenza, flu or gripe (see also Influenza) J11.1
      - laryngotraheitis J05.0
    - obstruction (airway) (lung) J44.8
      - with (acute)
      - exacerbation NEC J44.1
      - infective J44.0
      - lower respiratory infection J44.0
    - acute or subacute (with bronchospasm or obstruction) J20.9
  - chronic J42
    - with airway obstruction — see Bronchitis/with/COPD
      - airways obstruction J44.8
      - with (acute)
      - exacerbation NEC J44.1
      - infective J44.0
      - lower respiratory infection J44.0
    - tracheitis (chronic) J42
    - asthmatic (obstructive) J44.8 — see Bronchitis/with/COPD
      - with (acute)
      - exacerbation NEC J44.1
      - infective J44.0
      - lower respiratory infection J44.0
    - chemical (due to fumes or vapours) J68.4
  - due to
    - chemicals, gases, fumes or vapours (inhalation) J68.4
    - radiation J70.1
    - emphysematous J44.8 — see Bronchitis/with/COPD
      - with (acute)
      - exacerbation NEC J44.1
      - infective J44.0
      - lower respiratory infection J44.0
    - mucopurulent J41.1
    - obliterans J44.8 — see Bronchitis/with/COPD
      - with (acute)
      - exacerbation NEC J44.1
      - infective J44.0
      - lower respiratory infection J44.0
    - obstructive J44.8 — see Bronchitis/with/COPD
- with (acute)
  - exacerbation NEC J44.1
  - infective J44.0
  - lower respiratory infection J44.0
- - purulent J41.1
- - simple J41.0
- - croupous (see also Bronchitis/acute or subacute) J06.0
- - due to gases, fumes or vapours (chemical) J68.0
- - emphysematous (obstructive) J44.8 — see Bronchitis/with/COPD
- - with (acute)
  - exacerbation J44.1
  - infective J44.0
  - lower respiratory infection J44.0
- - exudative (see also Bronchitis/acute or subacute) J20.9
- - fetid J41.1
- - grippal (see also Influenza) J11.1
- - in those under 15 years of age (see also Bronchitis/acute or subacute) J20.9
- - chronic — see Bronchitis/chronic
- - influenza (see also Influenza) J11.1
- - membranous, acute or subacute (see also Bronchitis/acute or subacute) J20.-
- - mixed simple and mucopurulent J41.8
- - mucopurulent (chronic) (recurrent) J41.1
- - acute or subacute J20.9
- - and simple (mixed) J41.8
- - obliterans (chronic) J44.8 — see Bronchitis/with/COPD
- - with (acute)
  - exacerbation NEC J44.1
  - infective J44.0
  - lower respiratory infection J44.0
- - obstructive (chronic) (diffuse) J44.8 — see Bronchitis/with/COPD
- - with (acute)
  - exacerbation NEC J44.1
  - infective J44.0
  - lower respiratory infection J44.0
- - pneumococcal, acute or subacute J20.2

...
Constriction — see also Stricture
- asphyxiation or suffocation by T71
- bronchial J98.0
- duodenum K31.5
- external canal, ear H61.3
- gallbladder (see also Obstruction/gallbladder) K82.0
- intestine (see also Obstruction/intestine) K56.6
- larynx J38.6
- - congenital Q31.8
- - - subglottic Q31.1
- esophagus K22.2
- organ or site, congenital NEC — see Atresia/by site
- prepuce (acquired) N47
- ring dystocia (uterus) O62.4
- - affecting fetus or newborn P03.6
- - dystocia (uterus) O62.4
- - - affecting fetus or newborn P03.6
- - syndrome NEC Q73.89
- - - lower limb Q72.9
- - - upper limb Q71.9
- - spastic — see Spasm(s)
- - ureter N13.5
- - - with infection N13.6
- - urethra (see also Stricture/urethra) N35.9
- - visual field (functional) (peripheral) H53.4
Constriction ring syndrome NEC Q73.89
- lower limb Q72.9
- upper limb Q71.9
Constrictive — see condition
...

Contraction(s), contracture, contracted
...
- limb, congenital NOS NEC Q74.89
...

Contusion (skin surface intact) (see also Injury/superficial) T14.05
...
- lower back S30.0
- - back S30.0
- - - leg S80.1
- - - - lower leg S80.1
- - lumbar region S30.0
...

Convulsions (idiopathic) (see also Seizure(s)) R56.8
- apoplectiform (cerebral ischaemia) I67.8
- dissociative F44.5
- epileptic (see also Epilepsy) G40.9-
- epileptiform, epileptoid (see also Seizure(s)/epileptiform) R56.8
- ether (anaesthetic)
- - correct substance properly administered R56.8
- - overdose or wrong substance given T41.0
- febrile (no underlying cause) R56.0
- - underlying cause identified — see condition
- - generalised R56.8
...

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 312
Cyst (colloid) (mucous) (retention) (simple)
- developmental K09.1
  - odontogenic (glandular) K09.0
  - oral region (nonodontogenic) K09.1
  - ovary, ovarian Q50.10
  - - multiple Q50.12
  - - - single Q50.11
- digit, hand M67.44
- dura (cerebral) G93.0
- fimbrial (twisted) Q50.4
- finger M67.44
- follicle (graafian) (haemorrhagic) N83.0
- haemangiomatous (M9120/0) (see also Haemangioma/by type) D18.0
- hand M67.44
- hydatid (see also Echinococcus) B67.9
- Thornwaldt's J39.2
- thumb M67.44
- thymus (gland) E32.8

Deformity Q89.9
- spinal M43.9
  - column (acquired) — see Deformity/spine
  - congenital Q67.59
  - postural curvature NOS-NEC Q67.52
  - scoliosis, postural Q67.51
  - cord (congenital) Q06.9
  - - acquired Q95.8
  - nerve root (congenital) Q07.89
  - spine (acquired) M43.9
  - - congenital Q67.59
  - - postural curvature NOS-NEC Q67.52

Dermatitis L30.9
- due to
  - varicose veins (leg) (lower limb) NEC I83.1
    - - with ulcer (venous) I83.2
    - - x-rays L58.9
  - hypostatic, hypostatica (leg) (lower limb) NEC I83.1
    - - with ulcer (venous) I83.2
  - stasis (leg) (lower limb) NEC I83.1
    - - with ulcer (venous) I83.2
    - suppurative L08.0
    - traumatic NEC L30.4
    - ultraviolet (chronic exposure) (sun) L57.8
    - - acute L56.8
  - varicose (leg) (lower limb) NEC I83.1
    - - with ulcer (venous) I83.2
    - vegetans L10.1
    - verrucosa B43.0
Disease, diseased — see also Syndrome

- intestine K63.9
  - balantidial A07.0
  - cryptosporidial A07.2
  - functional (see also Disorder/Intestine/functional) K59.9
  - - specified NEC K59.8
  - - giardial A07.1
  - - isosporial A07.3
  - - microsporidial A07.8
  - - organic K63.9
  - - protozoal NOS NEC A07.9
  - - - specified organism NEC A07.8

- lung J98.4

- - obstructive (chronic) J44.9
  - - with (acute)
  - - - alveolitis, allergic J67.-
  - - - asthma J44.8
    - - with (acute)
      - --- exacerbation NEC J44.1
      - --- infective J44.0
      - --- lower respiratory infection J44.0
    - - bronchitis J44.8
      - - with (acute)
      - --- exacerbation NEC J44.1
      - --- infective J44.0
      - --- lower respiratory infection J44.0
    - - - - emphysematous J44.8
      - - with (acute)
      - --- exacerbation NEC J44.1
      - --- infective J44.0
      - --- lower respiratory infection J44.0
    - - - - - emphysema J44.8
      - - with (acute)
      - --- exacerbation NEC J44.1
      - --- infective J44.0
      - --- lower respiratory infection J44.0
    - - - infective J44.0
    - - - lower respiratory infection J44.0
    - - - exacerbation NEC J44.1
    - - - infective J44.0
    - - - lower respiratory infection J44.0
    - - - - hypopertisensitivity pneumonitis J67.-
    - - - - lower respiratory infection J44.0
    - - - - rheumatoid (diffuse) (interstitial) M05.1-

Dysentery, dysenteric (catarrhal) (diarrhoea) (epidemic) (haemorrhagic) (infectious) (sporadic) (tropical) A09.0

- - bacillary A03.9

- - Shigella A03.9
  - - boydii A03.2
  - - dysenteriae A03.0
  - - flexneri A03.1
  - - - group A A03.0
  - - - group B A03.1
  - - - group C A03.2
  - - - group D A03.3
  - - - - A A03.0
  - - - - B A03.1
  - - - - C A03.2
  - - - - D A03.3
  - - - sonnei A03.3
Ectopic, ectopia (congenital)
- abdominal viscera Q45.85
- - due to defect in anterior abdominal wall Q79.59
  - ACTH syndrome E24.3
- adrenal (gland) Q89.14
  - adrenocorticotropic hormone (ACTH) syndrome E24.3
- anus Q43.5
  ...
- endometrium (see also Endometriosis) N80.9
- eruption of tooth K00.6
- gastric mucosa Q40.29
  ...
- tissue in lung Q33.5
- tooth eruption K00.6
- ureter
  ...

Eczema (acute) (chronic) (erythematous) (fissum) (rubrum) (squamous) (see also Dermatitis) L30.9
- dyshidrotic L30.1
- external ear H60.5
- flexural NEC L20.8
- gravitational (leg) (lower limb) NEC I83.1
  - - with ulcer (venous) I83.2
  - herpeticum B00.0
  - hypertrophicum L28.0
  - - with ulcer (venous) I83.2
- impetiginous L01.1
- infantile (due to any substance) L20.8
  - - intertriginous L21.1
  - - seborrhoeic L21.1
  - - intertriginous NEC L30.4
  - - infantile L21.1
  - - intrinsic (allergic) L20.8
  - - lichenified NEC L28.0
  - - marginatum (hebrae) B35.6
  - - pustular L30.1
  - - stasis (leg) (lower limb) NEC I83.1
  - - - with ulcer (venous) I83.2
- vaccination, vaccinatum T88.1
- varicose (leg) (lower limb) NEC I83.1
  - - with ulcer (venous) I83.2
- venous (leg) (lower limb) NEC I83.1
  - - with ulcer I83.2
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Epilepsy, epileptic, epilepsia G40.9-
...
- traumatic (injury unspecified) T90.5
  - - specified injury unspecified. see Sequelae by specific injury
  ...
Fever R50.9

- postprocedural (due to infection) R50.9
- due to wound infection T81.4

- rheumatic (active) (acute) (chronic) (subacute) I00

- inactive or quiescent with

- - heart disease NEC I09.8
  - - heart failure (conditions in I50.0, I50.9) (congestive) I09.8
  - - - disease NEC I09.8
  - - - failure (conditions in I50.0, I50.9) (congestive) I09.8
  - - left ventricular failure (conditions in I50.1) I09.8


- impaction, impacted — code as see Fracture/by site

Glomerulonephritis (see also Nephritis) N05.-

Note: Where a term is indexed only at the three character level, eg N01, reference should be made to the list of fourth character subdivisions in the Tabular List of Diseases.

- with oedema (see also Nephrosis) N04.-
  - oedema (see also Nephrosis) N04.
  - acute N00.

Haematoma (skin surface intact) (traumatic) (see also Contusion) T14.08

- perinephric S37.01
  - nontraumatic K66.1
- perirenal S37.01

Haemoglobin — see also condition
- abnormal (disease) — see Disease/haemoglobin or Hb
  - AS genotype D57.3
  - fetal, hereditary persistence (HPFH) D56.4
  - hereditary persistence of fetal (HPFH) D56.4
  - low NEC D64.9
  - S (Hb S), heterozygous D57.3

Hernia, hernial (acquired) (recurrent) K46.9

- hiatus, hiatal (oesophageal) (sliding) K44.9

Heterotopia, heterotopic — see also Malposition/congenital
- cerebrails Q04.8
  - duodenal gastric
  - congenital Q43.82
  - specified NEC K31.88

Heterotropia H50.4

Hexadactylism NEC (see also Accessory/digit(s)) Q69.9
Human

- papillomavirus (as cause of disease classified elsewhere) B97.7
  - with warts
    - - anogenital (see also Wart(s)/anogenital region) A63.00
    - - specified NEC B07
    - - - anogenital A63.00
    - - - specified NEC B07

Hypersecretion
- ACTH (not associated with Cushing's syndrome) E27.0
  - pituitary E24.0
- adrenaline E27.5
- adrenocorticotropic hormone (ACTH) (not associated with Cushing's syndrome) E27.0
  - pituitary E24.0
- adrenomedullary E27.5

- hormone(s)
  - ACTH (not associated with Cushing's syndrome) E27.0
    - pituitary E24.0
  - adrenocorticotropic hormone (ACTH) (not associated with Cushing's syndrome) E27.0
    - pituitary E24.0
  - antidiuretic E22.2

Hypertension, hypertensive (accelerated) (benign) (idiopathic) (malignant) (primary) (systemic) I10
- benign, intracranial G93.2
- cardiorenal (disease) I13.9
  - with
    - - chronic kidney disease (CKD) stage 5 (kidney failure) I13.1
    - - - and heart failure (congestive) I13.2
    - cardiovascular
      - disease (arteriosclerotic) (sclerotic) (see also Hypertension/heart) I11.9
        - with heart failure (congestive) (see also Hypertension/heart) I11.0
        - - with chronic kidney disease (CKD) stage 5 (kidney failure) I13.2
        - - kidney (disease) (sclerosis) (see also Hypertension/cardiorenal) I13.9
          - with chronic kidney disease (CKD) stage 5 (kidney failure) I13.1
          - - with heart failure I13.2
          - kidney (condition in N00–N07, N18–N19 or N26 due to hypertension) (disease) I12.9
            - with
              - CKD stage 1–4 I12.9
              - CKD stage 5 (kidney failure) I12.0
              - - chronic kidney disease (CKD) (stage 1–4) I12.9
              - - - stage 5 (kidney failure) I12.0
              - - - heart involvement (conditions in I51.4–I51.9 due to Hypertension) (see also Hypertension/cardiorenal) I13.9
                - with heart failure (congestive) I13.0
                - - with chronic kidney disease (CKD) stage 5 (kidney failure) I13.2
                - - hypertensive heart disease (conditions in I11.1–I11.9) (see also Hypertension/cardiorenal) I13.9
                  - with heart failure (congestive) I13.0
                  - - - with chronic kidney disease (CKD) stage 5 (kidney failure) I13.2

Hypossecretion
- ACTH E23.0
- adrenocorticotropic hormone (ACTH) E23.0
- antidiuretic hormone E23.2

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- protozoal NEC B64
  - intestinal NOS NEC A07.9
  - specified NEC A07.8
  - specified NEC B60.8
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- - myeloid (M9860/3) C92.9-
- - - acute NEC (M9861/3) C92.0-
- - - - 11q23-abnormality (M9877/3) C92.6-
- - - - abnormal marrow eosinophils (M9877/3) C92.0-
- - - - maturation (M9874/3) C92.0-
- - - - - MLL-gene variation (M9879/3) C92.6-
- - - - - multilineage dysplasia (M9895/3) C92.8-
- - - - - - mutated CEBPA (M9861/3) C92.0-
- - - - - - mutated NPM1 (M9861/3) C92.0-
- - - - - - CEBPA (M9861/3) C92.0-
- - - - - - NPM1 (M9861/3) C92.0-
- - - - - - myelodysplasia-related changes (M9895/3) C92.8-

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- activities due to disability Z73.6
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Multiple, multiplex — see also condition
- arteries, renal Q27.29
- birth, affecting fetus or newborn P01.5
- delivery — see Delivery/multiple
- digit(s) (congenital) NEC (see also Accessory/digit(s)) Q69.9
- diseases NEC, resulting from HIV disease B22

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- infratentorial NOS NEC .......................... C71.7 C79.3 - D33.1 D43.1

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

Nephropathy (see also Nephritis) N28.9

Note: Where a term is indexed only at the three character level, eg N07.-, reference should be made to the list of fourth character subdivisions in the Tabular List of Diseases.
- with
- - glomerular lesion — see Glomerulonephritis

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.-
Peritonitis (adhesive) (fibrinous) (with effusion) K65.9
- with or following
  - abscess K65.0
  - appendicitis (localised) (perforation) (rupture) NEC K35.3
  - generalised K35.2
  - diverticular disease (intestine) K57.8-
    - insertion of prosthetic device, implant or graft NEC T85.78
  - peritoneal dialysis T85.71
- acute K65.0
- aseptic T81.6 NEC K65.8
  - acute K65.0
- bile, biliary K65.8
- chemical T81.6 NEC K65.8
  - acute K65.0
- chlamydial A74.8† K67.0*
- congenital NEC P78.1
- diaphragmatic K65.0
- diffuse NEC (see also Peritonitis/generaliised) K65.0
- diphtheritic A36.8† K67.8*
- disseminated NEC (see also Peritonitis/generaliised) K65.0
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  - foreign substance accidentally left during a procedure (powder) (talc) T81.6
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- - peritoneal dialysis T85.71
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  - acute K65.0
- fibrocaseous (tuberculous) A18.3† K67.3*
- fibropurulent K65.0
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  - - abortion (subsequent episode) O08.0
  - - current episode — see Abortion
  - - ectopic or molar pregnancy O08.0
  - - generalised K65.0
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    - gonococcal A54.8† K67.1*
    - - pelvis A54.2
    - - female pelvic inflammatory disease A54.2† N74.3*
    - - localised K65.0
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    - meconium (newborn) P78.0
    - septic K65.0
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  - with ulcer (venous) I83.2

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- orthostatic tachycardia syndrome G90.8
- talipes equinovarus Q66.02
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- apoplectic I64
- autonomic (hysterical) F44.5
- brain or cerebral I64
- convulsive *(see also Convulsions)* R56.8
- cortical (motor) G40.1-
- epileptic *(see also Epilepsy)* G40.9-
  - complex partial G40.2-
  - focal G40.1-
- febrile *(no underlying cause)* R56.0
  - underlying cause identified — *(see condition)*
- grand mal — *(see Grand mal)*

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- bronchus J98.0
  - with infection *(see also Bronchitis)* J40
- caecum or colon K59.8
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  - inflamed or infected I83.2

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  - finger(s) Q69.0
  - hallux (halluces) Q69.21
  - thumb(s) Q69.1
  - toe(s) NEC Q69.29
  - hallux (great toe) (halluces) Q69.21
- ear Q17.01
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  - acute abdominal R10.0
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  - Adie(-Holmes) H57.0
  - adipo-genital E23.6
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    - haemorrhage (meningococcal) A39.1† E35.1*
    - meningococcal A39.1† E35.1*
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    - adrenogenital E25.9
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    - Bernard-Horner G90.2
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    - x-ray L58.1
  
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    - perforating L97.0
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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
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  - - - inflammation or infection I83.1
  - - - with ulcer (venous) I83.2
  - - - stasis dermatitis I83.3
  - - - with ulcer I83.2
  - - - ulcer (venous) I83.0
  - - - with inflammation or infection I83.2
  - - - aneurysmal I77.0
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  - - congenital (any site) Q27.8
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  - - - labia (majora) I86.3
  - - - oesophagus (ulcerated) NEC I85.9
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  - - - - cirrhosis of liver K74.-† I98.2*
  - - - - with bleeding K74.-† I98.3*
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- with
  ...
- - snake NEC W59.1
  ...
- - venomous NOS NEC X20.09
- - - - specified NEC X20.08
- ...

Fall, falling (accidental) W19
- due to
  - - collision (of)
  - - - pedestrian in transport accident — see Accident/transport/pedestrian
  - - - watercraft V91.-
    - - - loss of balance W01.2
  - - watercraft accident V91.-
  ...
  - - same level NEC W18.9
  - - from
    - - - being crushed, pushed, or stepped on by a crowd or human stampede W52
    - - - collision, pushing, shoving, by or with other person W03
      - - - loss of balance W01.2
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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 324
ACHI TABULAR LIST

**465** Metallic restoration

*Includes*: direct restoration using:
- amalgam (mercury based alloy)
- galloy (gallium based alloy)
- gold foil

*Indirect restoration using*:
- chrome cobalt
- gold
- non-precious metal

97511-01 Metallic restoration of tooth, 1 surface, direct

97512-01 Metallic restoration of tooth, 2 surfaces, direct

1090 Urinary catheterisation

36800-00 Bladder catheterisation

Insertion of indwelling urinary catheter

*Excludes*: that for replacement (36800-01[1090])

36800-01 Endoscopic replacement of indwelling urinary catheter

*Excludes*: replacement of:
- cystostomy (37008-00[1093])
- cystotomy (37011-00[1093], 37008-02[1094])
- with endoscopic replacement (36800-01[1090])

36800-03 Endoscopic removal of indwelling urinary catheter

*Excludes*: that with replacement (36800-01[1090])

1296 Examination procedures on other gynaecological sites

35500-00 Gynaecological examination

Palpation of:
- fallopian tubes
- ovaries
- uterus

Pelvic examination

Visual and manual examination of:
- cervix
- vagina
- vulva

*Excludes*: that with any other gynaecological procedure – omit code
ACHI ALPHABETIC INDEX

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- type of agent — see also Administration/Indication OR Administration/specified site
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  - - platelet rich
    - - - dressing, wound 96255-00 [1601]
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  - - with
    - - - angioplasty — see Angioplasty
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- physiological 92001-00 [1820]

- - gynaecological 35500-00 [1296]
  -- with any other gynaecological procedure — omit code
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Brachytherapy

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- pseudoarthrosis — see also Excision/lesion(s)/bone

Debridement

- nerve — see Neurectomy
  - oral cavity NEC 97250-00 [456]
    -- with any other periodontal procedure — omit code
  - peritoneal cavity (with lavage) 30396-00 [989]

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- gynaecological 35500-00 [1296]
  -- with any other gynaecological procedure — omit code
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- anal (dynamic) (perineal) 32203-00 [940]
- anal (dynamic) (perineal) 32203-00 [940]
- revision of 32203-01 [940]
- female (stress incontinence) 37044-01 [1110]
- male (stress incontinence) 37044-00 [1109]
- revision 37044-03 [1109]
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  - female 37044-01 [1110]
  - male 37044-00 [1109]

Lift
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- ≥ 2 excisions (bilateral) 30171-00 [1666]
- brow (bilateral) 45588-01 [1675]

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  - partial 31500-00 [1744]
  - following previous open biopsy or excision 31515-00 [1744]
  - simple (unilateral) 31518-00 [1748]
  - bilateral 31518-01 [1748]
  - extended — see Mastectomy/simple AND Excision/lymph node/axilla
  - skin sparing — see Mastectomy/subcutaneous
  - subcutaneous (unilateral) 31524-00 [1747]
  - bilateral 31524-01 [1747]
  - total — see Mastectomy/simple

Osteotomy NEC 90569-00 [1556]
- accessory bone NEC 48400-00 [1556]
- calcaneus (wedge) NEC 48406-15 [1528]
- for tarsal coalition 50333-00 [1532]
- with internal fixation 48409-15 [1528]
- carpal bone 48406-13 [1443]

Plication
- muscle, rectal
  - with mucosal excision (Delorme) 32111-00 [933]
  - Nesbit 37417-00 [1197]
- sphincter, urinary bladder 37375-00 [1123]
- urethropovesical junction
  - for stress incontinence (with prosthesis) 37043-00 [1110]
- uterosacral (laparoscopic) (ligament) 35664-00 [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]
- venous valve 34818-00 [736]
Procedure
- for
  - Peyronie’s disease (plaque) correction 37417-00 [1197]
  - injection 37415-00 [1192]
  - nerve (cranial) (peripheral) (sympathetic) NEC 90016-01 [86]
  - diagnostic NEC 90016-00 [86]
  - Nesbit 37417-00 [1197]
- Nissen’s fundoplication — see Fundoplasty/abdominal approach OR Fundoplasty/laparoscopic approach
  - for stress incontinence
    - female 35599-00 [1110]
    - male 37044-00 [1109]
    - female 35599-01 [1110]
    - male 37044-03 [1109]
    - female 35599-00 [1110]
    - male 37044-00 [1109]
    - intestinal, prior to radiotherapy 32183-00 [925]
  - male 37044-00 [1109]
  - revision 37044-03 [1109]

Removal — see also Excision
- catheter
  - artery 34530-01 [694]
  - connected to vascular access device (infusion port) (Port-A-Cath) (subcutaneous reservoir) 34530-05 [766]
  - bladder (endoscopic) (indwelling) 36800-03 [1090] NEC 92119-00 [1902]
  - endoscopic 36800-03 [1090]
  - with replacement 36800-01 [1090]
  - central vein (closed) (cuffed) (CVC) (femoral) (jugular) (percutaneous) (subclavian) 34530-04 [738]
  - urinary (endoscopic) (indwelling) 36800-03 [1090] NEC 92119-00 [1902]
  - endoscopic 36800-03 [1090]
  - with replacement 36800-01 [1090]
  - nonoperative (nonendoscopic) NEC 92119-00 [1902]
  - spinal (caudal) (epidural) (intrathecal) (subarachnoid) 39125-00 [39]
  - urine 34530-04 [738]

Replacement
- catheter
  - bladder, (endoscopic) (indwelling) 36800-01 [1090]
  - peritoneal
    - for renal dialysis (indwelling) (Tennchoff) 13109-01 [1062]
    - access device (port-catheter) 90376-01 [983]
    - spinal (caudal) (epidural) (intrathecal) (subarachnoid) 39125-00 [39]
  - urinary, (endoscopic) (indwathcal) 36800-01 [1090]

Revision (partial) (total)
- sling procedure for stress incontinence
  - female 35599-01 [1110]
  - male 37044-03 [1109]
Sling procedure (for stress incontinence)
- for immobilisation — see Immobilisation
- immobilisation — see Immobilisation
- stress incontinence
- - female 35599-00 [1110]
- - revision 35599-01 [1110]
- - male 37044-00 [1109]
- - revision 37044-03 [1109]
- - revision
- - - female 35599-01 [1110]
- - - male 37044-03 [1109]
- - female 35599-00 [1110]
- - revision 35599-01 [1110]
- intestinal, prior to radiotherapy 32183-00 [925]
- - male 37044-00 [1109]
- - revision 37044-03 [1109]
...

Transplant, transplantation
- 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]
- - gracilis — see Graciloplasty
- - for incontinence
- - - anal 32203-00 [940]
- - - stress (bladder)
- - - female (with prosthesis) 37044-01 [1110]
- - - male (with prosthesis) 37044-00 [1109]
- - temporalis
- - - with exenteration of orbit 42536-02 [225]
- - - and skin graft 42536-03 [225]
### AUSTRALIAN CODING STANDARDS

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|      |                      | 1428 Diethylstilboestrol (DES) syndrome  
|      |                      | 1429 Loin pain/haematuria syndrome  
|      |                      | 1431 Examination under anaesthesia (EUA), gynaecology  
|      |                      | 1433 Bladder retraining  
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|      |                      | 1438 Chronic kidney disease  

...  

| 18.  | Symptoms, signs and abnormal clinical and laboratory findings, NEC | 1805 Acopia  
|      |                                                              | 1807 Acute and chronic pain  
|      |                                                              | 1808 Incontinence  
|      |                                                              | 1809 Febrile convulsions  
|      |                                                              | 1810 Skin tear and frail skin  

...
EXAMPLE 1:
Diagnoses as listed on the front sheet:
Diabetes mellitus
Coronary artery disease
Myocardial infarction

History of present illness:
Patient experienced severe chest pain on the morning of admission and was transported by ambulance to hospital and admitted to the coronary care unit.

In this example, the information from the clinical record indicates that myocardial infarction is the principal 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 ICD-10-AM Tabular List of Diseases and ICD-10-AM Alphabetic Index: Conventions and general arrangement used in of the ICD-10-AM Alphabetic Index of Diseases).

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 ICD-10-AM Alphabetic Index, either code can be assigned as the principal diagnosis. Assign code combinations as specified in the ICD-10-AM 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 ICD-10-AM Tabular List of Diseases—Aetiology and manifestation convention (the 'dagger and asterisk' system)).

RESIDUAL CONDITION OR NATURE OF SEQUELA

The residual condition or nature of the sequela is sequenced first, followed by the sequela code for the cause of the residual condition, except in a few instances where the Alphabetic Index directs otherwise (see also ACS 0008 Sequelae and ACS 1912 Sequelae of injuries, poisoning, toxic effects and other external causes).

Note: For more information regarding choice of principal diagnosis in specific cases, refer to the following general rules and chapter specific rules. In particular, obstetric admissions, admissions for chemotherapy, radiotherapy and dialysis have special guidelines for principal diagnosis selection.
Clinicians may document conditions using terms that indicate uncertainty about the final diagnosis (such as probable, suspected, possible, likely, query, ?) or other similar qualifying expressions. This applies to diagnoses that have not been confirmed nor ruled out, either as principal diagnosis or additional diagnoses.

Where clinical documentation clearly indicates uncertainty about the final diagnosis at discharge, assign a code based on the following criteria:

- 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 shortness of breath. The patient was discharged with a diagnosis of ‘?lower respiratory tract infection (LRTI)’.
Code: J22 Unspecified acute lower respiratory infection

**EXAMPLE 2:**
Patient admitted with a severe headache and neck stiffness. After review, the patient was transferred to a larger facility with a diagnosis of ‘?meningitis’ for further investigation.
Code: G03.9 Meningitis, unspecified
Z75.6 Transfer for suspected condition

**EXAMPLE 3:**
Patient admitted with viral enteritis. During the episode, patient had a seizure. A working diagnosis of suspected epilepsy was made and the patient was discharged home with an outpatient department appointment for an electroencephalogram (EEG).
Code: A08.4 Viral intestinal infection, unspecified
G40.90 Epilepsy, unspecified, without mention of intractable epilepsy

- If more than one suspected condition is documented as the differential diagnosis:
  - assign code(s) for the documented symptom(s)
  - if there are no symptom(s) documented, assign codes for all suspected conditions.

**EXAMPLE 4:**
Patient admitted with shortness of breath and wheezing. No history of respiratory problems. The patient was discharged with a diagnosis of ‘?asthma ?bronchiectasis’. Investigations during the episode of care did not confirm a diagnosis.
Code: R06.0 Dyspnoea
R06.2 Wheezing

**EXAMPLE 5:**
Patient admitted to a regional facility post motorcycle accident on the highway. Patient is transferred to the district trauma hospital with diagnosis of ‘?head injury and ?multiple rib fractures’.
Code: S09.9 Unspecified injury of head
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
      G40.90  Epilepsy, unspecified, without mention of intractable epilepsy

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:
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.

Code: Z03.6  Observation for suspected toxic effect from ingested substance

TRANSFER TO ANOTHER HOSPITAL FOR SUSpected CONDITION

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 54).
0022 EXAMINATION UNDER ANAESTHESIA

EXAMPLE 1:
Examination under anaesthesia (EUA) of cervix using intravenous general anaesthesia.

Code: 35618-03 [1278] Other procedures on cervix
      35500-00 [1296] Gynaecological examination

35618-03 is accessed in the index with the lookup: Procedure/cervix.

EXAMPLE 2:
Examination under anaesthesia (EUA) of cerebral meninges using intravenous general anaesthesia.

Code: 90007-00 [28] Other diagnostic procedures on skull, brain or cerebral meninges
      92514-XX [1910] General anaesthesia

90007-00 is accessed in the index with the lookup: Procedure/cerebral meninges/diagnostic.

See also ACS 1431 Examination under anaesthesia (EUA), gynaecology.

0015 COMBINATION CODES

A single code used to classify two diagnoses or a diagnosis with a manifestation or an associated complication is called a combination code. Combination codes are identified by referring to subterm entries in the Alphabetic Index and by reading the Inclusion and Exclusion notes in the Tabular List.

Assign only the combination code when that code fully identifies the diagnostic conditions involved and when the Alphabetic Index so directs.

0025 DOUBLE CODING

Although there is some argument for repeating the same code to reflect multiples of the same condition (e.g., bilateral varicose veins of legs, I83.9, I83.9 or bilateral Colles' fractures S52.51, S52.51), clinical coders should not apply this convention. The same code can only be repeated for the procedures required to treat these conditions.

EXAMPLE 1:
Varicose veins, bilateral, legs.

Procedure: Bilateral stripping and ligation of sapheno-femoral junction varicose veins.

Codes: I83.9 Varicose veins of lower extremities without ulcer or inflammation
       32508-00-32508-00 [727] Interruption of sapheno-femoral junction varicose veins
       32508-00 [727] Interruption of sapheno-femoral junction varicose veins

EXAMPLE 2:
Bilateral Colles' fractures.

Procedure: Closed reduction of bilateral Colles' fractures.

Codes: S52.51 Fracture of lower end of radius with dorsal angulation
       47363-00-47363-00 [1427] Closed reduction of fracture of distal radius
       47363-00 [1427] Closed reduction of fracture of distal radius
ORGAN, TISSUE AND CELL PROCUREMENT AND TRANSPLANTATION

DEFINITIONS

AUTOLOGOUS DONATION

An autologous donor is a patient with a known disease (eg a malignancy) who is admitted to donate their own cells for reinfusion/transplantation at a later stage.

CLASSIFICATION

Assign: a code for the condition that will be treated by the harvested cells.
- an ICD-10-AM code for the condition to be treated by the harvested cells
- ACHI codes, as applicable

ALLOGENEIC DONATION

An allogeneic donor provides organ(s)/tissue/cells for infusion/transplantation into another person. — see classification guidelines below.

ORGAN, TISSUE AND CELL PROCUREMENT AND TRANSPLANTATION
— ALLOGENEIC DONATION

CLASSIFICATION

1. Live donors

Patients admitted to donate organ(s)/tissue/cells usually have a principal diagnosis assigned from category Z52. Donors of organs and tissues or Z51.81 Apheresis – see also Organ/tissue procurement and transplantation table below.

Also assign ACHI code(s) performed during the episode of care.

2. Donation following death in hospital

The following guidelines apply to the classification of organ(s)/tissue/cells procurement from deceased donors:

a. In the episode during which the patient dies:

- 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:

- assign as principal diagnosis the appropriate code from category Z52. Donors of organs and tissues, even if the organs are not subsequently transplanted.

...
0031 ANAESTHESIA

CLASSIFICATION

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

0052 SAME-DAY ENDOSCOPY – SURVEILLANCE

CLASSIFICATION

• codes from Z08 or Z09 Follow-up examination after treatment for... or Z11, Z12 and Z13 Special screening examination for...as appropriate. That is, these codes may be assigned to reflect where a patient undergoes multiple endoscopies for different purposes within the same episode of care, and no condition is detected for one of the endoscopies (see Example 14).

EXAMPLE 14:
Patient admitted for oesophagogastroduodenoscopy and biopsy for known coeliac disease, and for colonoscopy due to family history of colorectal cancer. Pathology report detected evidence of coeliac disease in the biopsied tissue. No neoplasm was identified in colon or rectum.

Codes:  K90.0 Coeliac disease  
        Z12.1 Special screening examination for neoplasm of intestinal tract  
        Z80.0 Family history of malignant neoplasm of digestive organs  

Note: Sequence codes as per the guidelines in ACS 0001 Principal diagnosis.

0104 VIRAL 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):

<table>
<thead>
<tr>
<th>Viral Hepatitis/type</th>
<th>Code/description</th>
<th>General guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>B15.0 Hepatitis A with hepatic coma</td>
<td>• A past history of hepatitis A may be assigned when the history meets ACS 2112 Personal history. Assign Z86.18 when hepatitis A is cured but the history is relevant to the current episode of care</td>
</tr>
<tr>
<td></td>
<td>B15.9 Hepatitis A without hepatic coma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>O98.4 Viral hepatitis in pregnancy, childbirth and the puerperium</td>
<td>• Where hepatitis A complicates the pregnancy, childbirth or the puerperium, assign O98.4 and an additional code of B15.0 or B15.9.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Notes</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Z86.18</td>
<td>Personal history of other infectious and parasitic disease</td>
<td></td>
</tr>
</tbody>
</table>
0112 INFECTION WITH DRUG RESISTANT MICROORGANISMS

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 category Z06 Resistance to antimicrobial drugs only. A code for the infection and infective organism must be coded first.

0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA

GENERAL CLASSIFICATION RULES FOR DM AND IH

Multiple codes should not be used when the classification provides a combination code (see ACS 0015 Combination codes) for the DM or IH that clearly identifies all of the elements documented in the diagnosis (see examples 7 and 11).

Hypoglycaemic and insulin reactions

1. For DM with hypoglycaemic episodes resulting from either incorrect prescription or improper administration of insulin or oral hypoglycaemic agents, assign:

   Codes: T38.3 Poisoning by insulin and oral hypoglycaemic [antidiabetic] drugs
   E1-.64 *Diabetes mellitus with hypoglycaemia
   X44 Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances

   (See also ACS 1901 Poisoning and ACS 2001 External cause code use and sequencing.)

2. For DM with hypoglycaemic episodes due to insulin or oral hypoglycaemic agents where the dosage is correct or is being adjusted, assign:

   Codes: E1-.64 *Diabetes mellitus with hypoglycaemia
   Y42.3 Insulin and oral hypoglycaemic [antidiabetic] drugs causing adverse effects in therapeutic use

   (See also ACS 1902 Adverse effects and ACS 2001 External cause code use and sequencing.)


0503 DRUG, ALCOHOL AND TOBACCO USE DISORDERS  

CLASSIFICATION  

Tobacco use disorders  

Documentation  

Certain types of documentation are discussed below in terms of where these should be classified. Tobacco consumption includes use of chewing tobacco, and smoking of cigarettes, cigars, pipes and waterpipes (eg hookah, narghile, shisha). As electronic nicotine delivery systems (ENDS) (eg e-cigarettes, vape-pipes, e-shisha) deliver nicotine without tobacco, use of these devices does not require assignment of a code for tobacco use disorder. Documentation such as on patches, participation in a quit smoking program or trying to quit are not justification to classify to dependence (syndrome). 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. Assign Z86.43 where there is documentation that the patient has consumed tobacco (any amount) in the past, but excluding the previous 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:  
J42 Unspecified chronic bronchitis  
Z86.43 Personal history of tobacco use disorder  

Z72.0 Tobacco use, current  

Assign Z72.0 where this code if the documentation indicates that:  

1. The patient has smoked consumed 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 is assigned for documentation of current smoker, or user of chewing tobacco, or patient on nicotine patches, or trying to quit. This code should be assigned only when sufficient information is available to assign F17.2 Tobacco dependence syndrome or F17.1 Harmful use of tobacco. 

EXAMPLE 5: 

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
A 40 year old smoker is diagnosed with carpal tunnel syndrome.

Codes:  
G56.0 Carpal tunnel syndrome  
Z72.0 Tobacco use, current

**F17.1 Harmful use of tobacco**

Assign **F17.1** if the clinician has clearly documented a relationship between a particular condition(s) and tobacco consumption (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 F17.1 should be assigned if for 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:  
J43.9 Emphysema, unspecified  
F17.1 Mental and behavioural disorders due to use of tobacco, harmful use  
Z86.43 should not be assigned.

**EXAMPLE 7:**
Patient admitted with documentation of 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:**
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.

Codes:  
N39.0 Urinary tract infection, site not specified  
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 **F17.2** if the patient is diagnosed as having tobacco dependence, addiction or dependence syndrome.
EXAMPLE 9:
A patient admitted for treatment of chronic airway limitation and varicose veins of the left leg. Clinical documentation states the patient is tobacco dependent, evidenced by his strong desire to continue smoking despite being advised that smoking is having causing harmful effects on his health. Smoking cessation therapy commenced.

Codes:
- J44.9 Chronic obstructive pulmonary disease, unspecified
- I83.9 Varicose veins of lower extremities without ulcer or inflammation
- F17.2 Mental and behavioural disorders due to use of tobacco, dependence syndrome

See ACS 2118 Exposure to tobacco smoke for guidelines regarding passive smoking.

0625 QUADRIPLEGIA AND PARAPLEGIA, NONTRAUMATIC

Subsequent [chronic] phase of paraplegia/quadriplegia

The subsequent phase of paraplegia/tetraplegia/quadriplegia includes:

- A patient with paraplegia/quadriplegia admitted to a hospital/facility (including rehabilitation) after a period in an acute hospital for initial phase treatment.

- A patient with paraplegia/quadriplegia admitted with a principal diagnosis of conditions such as urinary tract infection, fractured femur, etc, where the paraplegia/quadriplegia meets the definition of an additional diagnosis.

0809 INTRAORAL OSSEOINTEGRATED IMPLANTS

(See also ACS 1204 Plastic surgery, for admissions requiring reconstructive plastic surgery.)
0909 CORONARY ARTERY BYPASS GRAFTS

Other complications

Other complications of CABGs may include postoperative hypertension, cardiac arrhythmias, haemorrhage and wound infections (of either the sternal wound or the procurement area, eg leg or arm). Cerebrovascular accidents may also occur.

(See also ACS 1904 Procedural complications and ACS 0934 Cardiac and vascular revision/reoperation procedures).

Pacing wires (temporary pacemaker) (temporary electrodes)

Temporary pacing wires may be placed on the epicardial surface of the atrium and/or ventricle and brought out through the chest wall prior to closure of the operative wound. The pacing wires may be used postoperatively to stimulate the heart in the event of heart block or arrhythmia. As the insertion of pacing wires is a routine part of CABG procedure, a code for this component is not required. (See also ACS 0936 Cardiac pacemakers and implanted defibrillators).

0925 HYPERTENSION AND RELATED CONDITIONS

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.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C66</td>
<td>Malignant neoplasm of ureter</td>
</tr>
<tr>
<td>M8130/3</td>
<td>Papillary transitional cell carcinoma</td>
</tr>
<tr>
<td>I12.9</td>
<td>Hypertensive kidney disease without kidney failure</td>
</tr>
<tr>
<td>N18.3</td>
<td>Chronic kidney disease, stage 3</td>
</tr>
</tbody>
</table>

(See also ACS 1438 Chronic kidney disease.)
0934 CARDIAC AND VASCULAR REVISION/REOPERATION PROCEDURES

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).

EXAMPLE 2:
Resternotomy for a heart valve replacement following a previous coronary artery bypass graft (CABG) operation.
In this scenario, code 38656-01 [562] Reopening of thoracotomy or sternotomy site is not assigned as a resternotomy performed for a heart valve replacement following a previous CABG is not considered as a reoperation (redo) of a procedure. It is a reopening of a previous operative approach to perform a different procedure. (See also ACS 0039 Reoperation of operative site.)

0936 Cardiac Pacemakers and Implanted Defibrillators

Temporary electrodes

(See also ACS 0909 Coronary artery bypass grafts.)

0940 ISCHAEMIC HEART DISEASE

(See also ACS 0941 Arterial disease.)

1. ACUTE CORONARY SYNDROME

Classification

Acute coronary syndrome is a general term which includes conditions described as myocardial infarction, ST elevation myocardial infarction (STEMI), non-ST elevation myocardial infarction (NSTEMI) or unstable angina. Clinical coders should be guided by the documentation in the medical record and:

• assign a code from category I21.-I21 Acute myocardial infarction if an infarction is documented,
3. CORONARY ARTERY DISEASE (CAD)

CAD refers to atherosclerosis in 99% of cases. The remaining 1% of cases are due to spasm, embolism and other specified causes.

Classification

If CAD is documented without mention of spasm, embolism and other specified causes (excluding atherosclerosis), assign a code from category I25.1-I25.1 Atherosclerotic heart disease should be assigned (see also 2. Atherosclerosis above).

4. EMBOLISM

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-I25.1 Atherosclerotic heart disease.

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

Embolisms of other sites are coded classified as indicated by the ICD-10-AM Alphabetic Index of Diseases, eg For example, femoral, and iliac embolisms are classified to—category I74 Arterial embolism and thrombosis; renal embolisms are classified to—N28.0 Ischaemia and infarction of kidney.

Where an embolism is documented as a complication of the initial surgery, assign T82.82 Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts.

5. ISCHAEMIA

The term 'ischaemia' refers to the physiological process of reduced blood flow. The cause of ischaemia should be ascertained (trauma, embolus, thrombus).

Documentation of 'ischaemic leg' refers to PVD (see 8. Peripheral Vascular Disease below). Ischaemic heart disease (IHD) may refer to coronary atherosclerosis, chronic coronary insufficiency, myocardial ischaemia or aneurysm of the heart. Therefore, atherosclerosis should not be assumed to be the cause.

Classification

Assign a specific code should be assigned for the cause of ischaemia (eg trauma, embolus, thrombus), if possible known.

If only 'ischaemic leg' is documented, assign a code from category I70.2-I70.2 Atherosclerosis of arteries of extremities.

If only 'ischaemic heart disease' is documented, and no further information is available, assign I25.9 Chronic ischaemic heart disease, unspecified. (See also ACS 0940 Ischaemic heart disease.)
6. OBSTRUCTION

Documentation of 'obstruction' refers to atherosclerosis in the majority of cases (see 2. Atherosclerosis above).

9. STENOSIS

Stenosis is a quantitative anatomical term and often refers to atherosclerosis. (see 2. Atherosclerosis above).

Classification

If stenosis of a coronary artery is documented without further information, assign a code from category I25.1-I25.1 Atherosclerotic heart disease should be assigned. If it is evident from cardiac catheterisation or angiogram results that the stenosis is due to a thrombus (and the patient has not progressed to an AMI), assign I24.0 Coronary thrombosis not resulting in myocardial infarction. In the latter case, where the patient progresses to a myocardial infarction, assign a code from category I21 Acute myocardial infarction.

Similarly, stenosis of other arteries that is not documented as due to another cause is classified to be assigned the appropriate atherosclerosis code. (Note that the index instruction after 'Stenosis' to 'see also Stricture' and the default codes for Stenosis/artery to I77.1 Stricture of artery should only be followed when 'stricture' is documented without further specification. (See also 10. Stricture below.)).

10. STRICTURE

Stricture is defined as an abnormal narrowing within an opening or body passage such as a vessel.

Classification

Without further information in the clinical documentation, do not assume that stricture is due to atherosclerosis. Therefore, if 'stricture of artery' is documented without further specification, assign I77.1 Stricture of artery. However, if it is evident (eg from cardiac catheterisation or angiogram results) that stricture of an artery is due to a thrombus or atheroma, assign a more specific code such as, for a coronary artery, I24.0 Coronary thrombosis not resulting in myocardial infarction or a code from category I25.1-I25.1 Atherosclerotic heart disease. In the latter case where the patient progresses to a myocardial infarction, assign a code from category I21 Acute myocardial infarction.

11. THROMBOSIS

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 as classified in accordance with the ICD-10-AM Alphabetic Index of Diseases.

Where a thrombosis is documented as a complication of the initial surgery, assign T82.82 Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts.
1002 ASTHMA

CLASSIFICATION

J45. __Asthma__ should only be assigned for diagnoses such as 'asthma', 'severe asthma', 'acute asthma' or any other variation of this terminology which is not included in __classified to__ J46 Status asthmaticus.

J46. __Status asthmaticus__ should only be assigned if the asthma is documented as 'acute severe' or 'refractory'.

Asthma described as __chronic obstructive__ or asthma documented with chronic obstructive pulmonary disease (COPD) 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:

Tabular: J45 Asthma

Excludes: chronic: __asthmatic (obstructive) bronchitis (J44.-)__,
chronic obstructive asthma (J44.-)
• asthmatic (obstructive) bronchitis (J44.-)
• 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

__Asthma, asthmatic (bronchial) (catarrh) (spasmodic) J45.9__
- with
- COPD (chronic obstructive pulmonary disease) J44.8
- with (acute)
- exacerbation NEC J44.1
- infective J44.0
- lower respiratory infection J44.0

- chronic J45.-
- obstructive — see Asthma/with/COPD

J44. __Other chronic obstructive pulmonary disease__ should not be assigned for a diagnosis of 'chronic asthma'. Chronic asthma should be coded as __classified to__ J45. __Asthma__. (See also ACS 1008 Chronic obstructive pulmonary disease (COPD).)
1006 VENTILATORY SUPPORT

CLASSIFICATION

1. Code first the ventilatory support (see also Calculating the duration of CVS)

... c. For the purpose of calculating the duration of ventilatory support:

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

• a period of ≤ 1 hour between cessation and then restarting ventilatory support should be accounted for in the duration, ie continue counting the duration.

• removal and immediate replacement of airway devices (tubes, masks) should be accounted for in the duration, ie continue counting the duration.

(See also Calculating the duration of CVS).

CALCULATING THE DURATION OF CVS

... • Admission of a ventilated patient

For those patients who are admitted with CVS commenced in place, begin counting the duration at the time of admission. (See also Transferred intubated patients).

... END with:

... • Change of episode type

In cases where the episode 'care type' changes (eg acute to rehabilitation), counting the duration should cease when the episode ends and counting recommences for the subsequent ventilatory period during the new episode type.

(See also ACS 1615 Specific diseases and interventions related to the sick neonate).

INTUBATION WITHOUT VENTILATION

...
Asthma described as chronic obstructive or asthma documented with COPD should be assigned a code from category J44-J44. Other chronic obstructive pulmonary disease only. A code from category J45-J45. Asthma is inappropriate in such cases, as evidenced by the exclusions Excludes note at J45 and the ICD-10-AM Alphabetic Index entry as follows:

**J45 Asthma**

*Excludes:* chronic asthmatic (obstructive) bronchitis (J44.-)
chronic obstructive asthma (J44.-)
  • asthmatic (obstructive) bronchitis (J44.-)
  • 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

**Asthma, asthmatic** (bronchial) (catarrh) (spasmodic) J45.9

- with

- COPD (chronic obstructive pulmonary disease) J44.8

- with (acute)

- exacerbation NEC J44.1

- infective J44.0

- lower respiratory infection J44.0

- chronic J45.-

- obstructive — see Asthma/with/COPD

For example, 'acute exacerbation of COPD with asthma' should be assigned is classified to J44.1 Chronic obstructive pulmonary disease with acute exacerbation, unspecified.

**Acute exacerbation of COPD** does not require an additional code to reflect the 'acute' and 'chronic' components in the description. Assign only J44.1 Chronic obstructive pulmonary disease with acute exacerbation, unspecified.

**Infective exacerbation of COPD** does not require an additional code to reflect the infective description unless the infective condition is a condition in its own right, such as pneumonia (see COPD with pneumonia). If there is no documented infective disorder, a diagnosis of 'infective exacerbation of COPD' or 'chest infection exacerbating COPD' should be assigned the code is classified to J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection.

**Note:** If emphysema and COPD are documented for the episode, assign only a code from category J44-J44 Other chronic obstructive pulmonary disease.
care involving plastic surgery as the principal diagnosis, as appropriate.

**EXAMPLE 1:**
Face lift performed under general anaesthesia (GA) for ageing face. *(Note: ageing face is not a recognised diagnosis within ICD-10-AM)*

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z41.1</td>
<td>Other plastic surgery for unacceptable cosmetic appearance</td>
</tr>
<tr>
<td>45588-00</td>
<td>Facelift, bilateral</td>
</tr>
<tr>
<td>92514-99</td>
<td>General anaesthesia, ASA 9, nonemergency</td>
</tr>
</tbody>
</table>

*(Note: Ageing face is not a recognised diagnosis within ICD-10-AM.)*

**REMOVAL OF BREAST IMPLANTS**

Breast implants are removed for physical or psychological reasons.

If the implant is being removed or replaced because of a complication of the implant (eg granulomas, chronic infection, leakage), then assign the appropriate code from category T85–T85 Complications of other internal prosthetic devices, implants and grafts as the principal diagnosis code.

**1217 REPAIR OF WOUND OF SKIN AND SUBCUTANEOUS TISSUE**

**CLASSIFICATION**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30029-00</td>
<td>Repair of wound of skin and subcutaneous tissue of other site, involving soft tissue</td>
</tr>
</tbody>
</table>

are assigned for repairs involving soft tissue, where no specific soft tissue structures (as defined above) are identified as being repaired. Codes for the repair of specific soft tissue structures should be assigned instead (see eExample 3).

**EXAMPLE 2:**
Deep wound of hand with soft tissue involvement.

Procedure: Repair of deep wound of hand requiring layered suturing.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30029-00</td>
<td>Repair of wound of skin and subcutaneous tissue of other site, involving soft tissue</td>
</tr>
</tbody>
</table>

Suturing of the skin and subcutaneous tissue is inherent in the repair of soft tissue structures. A code from block Repair of wound of skin and subcutaneous tissue is not assigned for eExample 3 (see also ACS 0042 Procedures normally not coded and ACS 1916 Superficial and soft tissue injuries).

**EXAMPLE 3:**
Traumatic wound to right hand involving damage to nerve and tendon.

Procedure: Repair of nerve and tendon right hand.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>39300-00</td>
<td>Primary repair of nerve</td>
</tr>
<tr>
<td>47963-02</td>
<td>Repair of tendon of hand, not elsewhere classified</td>
</tr>
</tbody>
</table>
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.-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).

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 complications/Classification of procedural complications (Diagnosis codes)/Complications classified to T80–T88.

For guidelines regarding pressure ulcer due to diabetic foot, see ACS 0401 Diabetes mellitus and intermediate hyperglycaemia/Diabetic foot.

1309 DISLOCATION OR COMPLICATION OF HIP PROSTHESIS

Assign the code S73.0- Dislocation of hip, with an additional diagnosis code of Z96.64 Presence of hip implant as an additional diagnosis, when a patient sustains a dislocation of a hip prosthesis in circumstances such as:

• falling out of bed whilst recovering in hospital, having recently undergone a hip replacement
• making a sudden movement (eg twisting)
• performing activities of daily living (eg movement in bed, dressing, personal hygiene, etc)

A code from category T84 Complications of internal orthopaedic prosthetic devices, implants and grafts should be assigned in the following circumstances:

• where the documentation indicates that there is mechanical failure due to faulty prosthetic components or tight or loose ligaments. (See also ACS 1904 Procedural complications.)
• when the reason for admission is a revision of hip replacement.
• when the documentation states 'osteoarthritis' as the principal diagnosis and the patient is undergoing a second or third hip replacement.
**Note:** Clinical coders may apply the advice in this standard to other joint prostheses.

1352 **JUVENILE ARTHRITIS**

The *Inclusion term: Includes note* at M08 *Juvenile arthritis* states the following:

1431 **EXAMINATION UNDER ANAESTHESIA (EUA), GYNAECOLOGY**

Examination under anaesthesia (EUA) is inherent in almost every gynaecological procedure and most certainly in a dilation and curettage (D&C). 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.)*

1611 **OBSERVATION AND EVALUATION OF NEWBORN AND INFANTS FOR SUSPECTED CONDITION NOT FOUND**

Codes in category Z03.7-Z03.7 Observation and evaluation of newborn for suspected condition not found codes are for use assigned in limited circumstances on records of otherwise healthy newborns, who are suspected to be at risk for an abnormal condition which requires study, but after examination and observation, it is determined that there is no need for further treatment or medical care. *(See also ACS 1617 Neonatal sepsis/risk of sepsis.)*

1615 **SPECIFIC DISEASES AND INTERVENTIONS RELATED TO THE SICK NEONATE**

*Ventilatory support*

*In addition, when the hours of invasive and noninvasive ventilatory support are added together and the total is ≥ 96 hours, assign 92211-00 [571] Management of combined ventilatory support, ≥ 96 hours.*

1807 **ACUTE AND CHRONIC PAIN**

*EXAMPLE 7:*

Patient admitted with left knee pain due to osteoarthritis. They were commenced on pain medication (Panadol Osteo) and an anti-inflammatory (Celebrex). Daily physiotherapy was performed to strengthen the knee structures.

*Codes: M17.1 Other primary gonarthrosis*

In this example, there was no documentation of ‘nociceptive’ or ‘chronic’ pain, therefore R52.2 was not assigned.
**EXAMPLE 8:**
Patient admitted with nociceptive pain due to worsening gout in multiple joints. They were commenced on pain medication (Panadol Osteo) and the dosage of their gout medication (Colgout) was increased.

**Codes:**
- M10.90 Gout, unspecified, multiple sites
- R52.2 Chronic pain

---

**1809 FEBRILE CONVULSIONS**

---

**DEFINITION**

Febrile convulsions (febrile seizures) occur primarily in children from six months to seven years old, in association with fever and generally without evidence of intracranial infection or other defined cause. It is important to note that febrile convulsions do not occur in adults, and if a diagnosis of febrile convulsion is recorded for patients not meeting the age criteria for this standard, the clinician should be consulted for clarification.

*Simple or benign febrile convulsions* are clinically defined as brief (less than 15 minutes duration), solitary and generalised.

*Non simple or complicated febrile convulsions* are clinically defined as either focal in nature, having a duration of 15 minutes or longer, with associated focal neurological signs or are likely to recur more than twice in less than 24 hours.

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 intravenous (IV) 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, septicemia, pneumonia or meningitis.

Clinical coders should be aware of the various terminology associated with febrile convulsions. The term 'febrile seizures' is synonymous with febrile convulsions. A 'fit', where the fit is associated with fever (pyrexia), is also synonymous with febrile convulsions.

---

**CLASSIFICATION**

The distinction between simple (benign) and non simple (complicated) febrile convulsions does not have any bearing on their classification and is provided so that coders are aware of the significance of the clinical entity of febrile convulsions.

**R56.0 Febrile convulsions** should be assigned as the principal diagnosis in cases of febrile convulsions (simple or non simple) where no underlying cause is documented.

Where an underlying cause is documented, the principal diagnosis convention should be followed (see ACS 0001 Principal diagnosis).
1901 POISONING

... (See also ACS 1903 Two or more drugs taken in combination and ACS 2005 Poisonings and injuries – indication of intent).

1902 ADVERSE EFFECTS

... (See also ACS 1903 Two or more drugs taken in combination).

... EXAMPLE 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
- Y92.23 Place of occurrence. health service area, not specified as this facility

Other diagnosis codes as appropriate

(See also ACS 2115 Admission for allergen challenge).

1906 CURRENT AND OLD INJURIES

DEFINITION

Current injury – an injury for which repair is proceeding or has yet to be completed. The principal diagnosis should remain as the injury code on initial and subsequent treatment of the current injury. (See also ACS 1911 Burns, readmission for burn treatment or for complications.)

Old injury – an injury which has been repaired. However, following repair, functionality has failed to occur, and thus continuing treatment is required. Follow the late effect rule in ACS 1912 Sequelae of injuries, poisoning, toxic effects and other external causes.

(See also ACS 1319 Meniscus/ligament tear of knee, NOS.)
**1915 SPINAL (CORD) INJURY**

... 

**Spinal cord injury – subsequent phase**

If a patient with paraplegia/quadriplegia is admitted to a hospital/facility for treatment (e.g., with neurogenic bladder), and the paraplegia/quadriplegia meets the definition of an additional diagnosis, assign a code from category **G82.- Paraplegia and tetraplegia** and other conditions as appropriate. Sequencing of these diagnoses should be guided by the principal diagnosis definition. (See also ACS 0625 *Quadriplegia and paraplegia, nontraumatic*.)

Immediately following the code from category **G82.- Paraplegia and tetraplegia**, assign T91.3 *Sequelae of injury of spinal cord* or T90.5 *Sequelae of intracranial injury* to indicate that the paraplegia/quadriplegia is a sequela of the spinal cord or intracranial injury, and follow that code with the appropriate late effect external cause and place of occurrence codes. Where there is no documentation to specify the type of injury (i.e., spinal cord or intracranial), assign T91.3 *Sequelae of injury of spinal cord* as the default.

**It is not necessary to code the traumatic injury codes as these should only be used for the initial phase.**

**EXAMPLE 3:**

Urinary tract infection. Incomplete paraplegia at C5 level as a result of a motor vehicle accident (MVA) 5 years ago.

Codes: 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 *Place of occurrence, Unspecified public highway, street or road*

---

**1916 SUPERFICIAL AND SOFT TISSUE INJURIES**

... 

**EXAMPLE 2:**

Patient admitted for cellulitis of an infected blister of the index finger. Documentation in the clinical record confirms 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 chapters*  

(See also ACS 1907 *Multiple injuries*.)
1923 CONTACT WITH VENOMOUS/NONVENOMOUS CREATURES

Summary of venom immunotherapy dosing schedules

Classification
In cases of admission for prophylactic immunotherapy for desensitisation to bee, wasp and ant venom, assign the appropriate code from the category Z51.6-Z51.6 Desensitisation to allergens as the principal diagnosis. Also assign one of the following procedure codes, depending on the dosing schedule given:

- 96195-00 [1884] Administration of venom protein, other
- 96195-01 [1884] Administration of venom protein, rush protocol
- 96195-02 [1884] Administration of venom protein, ultrarush protocol

1924 DIFFICULT INTUBATION

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.

Assign the following external cause codes with T88.42 Difficult intubation:

- Y84.8 Other medical procedures (as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure)
- Y92.24 Place of occurrence, Health service area, this facility

Use of advanced techniques (video-laryngoscopy or introducers) may indicate difficult intubation, but for classification purposes the above criteria must first be met before the code for difficult intubation is assigned. Where documentation is unclear, coders should seek clinical advice.

(See also ACS 1006 Ventilatory support).

2001 EXTERNAL CAUSE CODE USE AND SEQUENCING

See category Y92 Place of occurrence and block U50–U73 Activity in the ICD-10-AM Tabular List of Diseases for rules guidelines regarding additional codes required with certain external cause codes.

2005 POISONINGS AND INJURIES – INDICATION OF INTENT

X40–X49 Accidental poisoning by and exposure to noxious substances
The 'includes' note at the beginning of this block in the ICD-10-AM Tabular List of Diseases specifies:
2103 ADMISSION FOR POST ACUTE CARE

See also ACS 2117 Non-acute care for guidelines regarding convalescent care.

2104 REHABILITATION

CLASSIFICATION

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

- should never be assigned as a principal diagnosis. For admitted episodes of rehabilitation care, assign as the principal diagnosis should reflect the underlying condition requiring rehabilitation (see ACS 0001 Principal diagnosis).
- should only be assigned as an additional diagnosis where there is documented evidence that the patient has been provided with rehabilitation care. Do not assign Z50.9 when a rehabilitation care assessment has been performed but no actual rehabilitation care has been given. Documented evidence may be in the form of clinician entries or a care plan within the clinical record.
- may be assigned independent of the admitted patient care type.

EXAMPLE 5: TRAUMATIC SPINAL CORD INJURY

Patient transferred for rehabilitation from acute hospital following motor bike accident in which he suffered a fracture of the 4th cervical vertebra with dislocation of the 4/5 cervical vertebral body and contusion to the spinal cord at the same level.

Codes:  
S14.10 Injury of cervical spinal cord, unspecified  
S14.70 Functional spinal cord injury, cervical level unspecified  
S12.22 Fracture of fourth cervical vertebra  
S13.14 Dislocation of C4/5 cervical vertebrae  
Appropriate external cause codes  
Z50.9 Care involving use of rehabilitation procedure, unspecified

Patient admitted for rehabilitation for incomplete paraplegia at C4 level from the above spinal injury, nine months following the accident.

Codes:  
G82.26 Paraplegia, unspecified, incomplete, chronic  
T91.3 Sequelae of injury of spinal cord  
Y85.0 Sequelae of motor vehicle accident  
Y92.49 Place of occurrence, Unspecified public highway, street or road  
Z50.9 Care involving use of rehabilitation procedure, unspecified

(See also ACS 1915 Spinal (cord) injury).
2117 NON-ACUTE CARE

... Patients awaiting placement elsewhere

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

STANDARDS INDEX
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- for
  - - ECT (electroconvulsive therapy) 0533
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- hypertension 0925
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  ➔ febrile 1809
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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Introduction/Rationale:

This addenda proposal combines the following tasks, which originated from public submissions and coding queries:

- Acanthoma (TN1359, Q3180)
- Addition of ACS (0245) symbol to relevant codes in to the Tabular List of Diseases (P362)
- Aplastic anaemia (TN918, P236)
- Atypical small acinar proliferation of the prostate (TN1098, P272)
- Benign juvenile granulosa cell tumour in a male (testis) (Q3252)
- Classification of VIN (TN712, P206)
- HyperIgD Syndrome (TN1306, P310)
- Morphology codes for the abbreviated term 'Ca' (TN214)
- No special type (NST) morphology code (TN1337, Q3148)
- Papillary urothelial carcinoma (TN832, Q2750)
- Respiratory epithelial adenomatoid hamartoma (REAH) (TN1331, Q3094)

This document includes revision of classification of Vulval Intraepithelial Neoplasia (VIN) based on the World Health Organization (WHO) accepted new terminology. The classification of atypical small acinar proliferation of the prostate (ASAP), as well as new codes to classify benign granulosa cell tumour currently not currently classifiable in ICD-10-AM and ICD-O-3.

Summary of proposal:

- Addition of an Instructional term at C78.0 Secondary malignant neoplasm of lung to classify lymphangitis carcinomatosis and deletion of the redundant ACS 0218 Lymphangitis carcinomatosis
- Revise classification of Vulval Intraepithelial Neoplasia (VIN) in line with current terminology, and incorporate ICD-11 classification guidelines into ICD-10-AM
- Addition of a Use additional code instruction at D07.1 Carcinoma in situ of Vulva to classify HPV (human papillomavirus) associated vulvar intraepithelial neoplasia (VIN), if applicable, as the revised classification of VIN restricts to squamous cells, and categorised to two types, with the focus on whether the lesion is associated with HPV or not HPV related
- Creation of M8622/0 Granulosa cell tumour, juvenile, benign and amendment to the code title of M8622/1, as a benign juvenile granulosa cell tumour (JGCT) is currently not classifiable in ICD-10-AM, and is not in ICD-O-3
- Classify atypical small acinar proliferation of the prostate (ASAP) to D40.0 Neoplasm of uncertain or unknown behaviour, prostate with the morphology M8555/1 Acinar cell tumour
- Addition of NST (no specific type) for ductal carcinoma NST in the Alphabetic Index
- Consideration was given to public submission (P236) regarding the creation of a code for pancytopenia. There is an existing Australian Coding Standard ACS 0304 Pancytopenia that clearly instructs the code(s) assigned for pancytopenia (NOS). ICD-11 continues to classify pancytopenia, NOS to Aplastic anaemia, unspecified (3A70.Z), indicating no change in the clinical
concept at international level, and therefore there will be no amendment made to ICD-10-AM Eleventh Edition in regard to pancytopenia

- Addition of hyperimmunoglobulin D syndrome to the Alphabetic Index and classification of this condition to D89.8 Other specified disorders involving the immune mechanism, not elsewhere classified
- Amendments to ICD-10-AM Alphabetic Index to address other issues.

**ACCD PROPOSAL**

**Tabular List**

**NEOPLASMS**

(C00–D48)

This chapter contains the following blocks:

C00–C96 Malignant Neoplasms

C00–C75 Malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haematopoietic and related tissue

C00–C14 Malignant neoplasms of lip, oral cavity and pharynx

C15–C26 Malignant neoplasms of digestive organs

C30–C39 Malignant neoplasms of respiratory and intrathoracic organs

C40–C41 Malignant neoplasms of bone and articular cartilage

C43–C44 Melanoma and other malignant neoplasms of skin

C45–C49 Malignant neoplasms of mesothelial and soft tissue

C50 Malignant neoplasms of breast

C51–C58 Malignant neoplasms of female genital organs

C60–C63 Malignant neoplasms of male genital organs

C64–C68 Malignant neoplasms of urinary tract

C69–C72 Malignant neoplasms of eye, brain and other parts of central nervous system

C73–C75 Malignant neoplasms of thyroid and other endocrine glands

C76–C80 Malignant neoplasms of ill-defined, secondary and unspecified sites

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

D00–D09 In situ neoplasms

D10–D36 Benign neoplasms

D37–D48 Neoplasms of uncertain or unknown behaviour

**Note:**

1. Primary, ill-defined, secondary and unspecified sites of malignant neoplasms

Categories C76 – C80 include malignant neoplasms for which there is no clear indication of the original site of the cancer neoplasm, or the cancer neoplasm is stated to ‘disseminated’, ‘scattered’ or ‘spread’ without mention of the primary site. In both cases, the primary site is considered to be unknown unspecified, assign C80.9 Malignant neoplasm, primary site unspecified. Where a neoplasm is documented as ‘unknown primary’, assign C80.0 Malignant neoplasm, primary site unknown, so stated.

2. Functional activity

All neoplasms are classified in this chapter, whether they are functionally active or not. Assign an additional code from Chapter 4 to identify any documented functional activity associated with any neoplasm.

For example, catecholamine-producing malignant phaeochromocytoma of adrenal gland should be coded is classified to category C74 Malignant neoplasm of adrenal gland, with an additional diagnosis code E27.5 Adrenomedullary hyperfunction; and basophil adenoma of the pituitary gland with Cushing's syndrome should be coded is classified to D35.2 Benign neoplasm of pituitary gland with an additional diagnosis code E24.0 Pituitary-dependent Cushing's disease.
3. **Morphology**  
There are a number of major morphological (histological) groups of malignant neoplasms: carcinomas including squamous (cell) and adeno-carcinomas; sarcomas; other soft tissue tumours including mesotheliomas; lymphomas (Hodgkin and non-Hodgkin); leukaemias; other specified and site-specific types; and unspecified cancers. Cancer is a generic term and may be used for any of the above groups, although it is rarely applied to the malignant neoplasms of lymphatic, haematopoietic and related tissue. 'Carcinoma' is sometimes used incorrectly as a synonym for 'cancer'.

In Chapter 2, neoplasms are classified predominantly by site within broad groupings for behaviour. In a few exceptional cases morphology is indicated in the category and subcategory titles.

For those wishing to identify the histological type of neoplasm, a comprehensive separate list of morphology codes are provided in this volume (see Appendix A). These morphology codes are derived from the third edition of International Classification of Diseases for Oncology (ICD-O-3), which is a dual-axis classification providing independent coding systems for topography and morphology. The first four digits of the morphology code identify the histological type; the fifth digit is the behaviour code (malignant primary, malignant secondary (metastatic), in situ, benign, uncertain whether malignant or benign). A sixth digit is used in ICD-O-3 as a grading code (differentiation) for solid tumours, and is also used as a special code for lymphomas and leukaemias, however, this sixth digit is not included in ICD-10-AM.

4. **Use of subcategories in Chapter 2**  
Attention is drawn to the special use of subcategory .8 in this chapter [see note 5]. Where it has been necessary to provide subcategories for 'other', these have generally been designated as subcategory .7.

5. **Malignant neoplasms overlapping site boundaries and the use of subcategory .8 (overlapping lesion)**  
Categories C00 – C75 classify primary malignant neoplasms according to their point of origin. Many three character categories are further divided into named parts or subcategories of the organ in question. A neoplasm that overlaps two or more contiguous sites within a three character category and whose point of origin cannot be determined should be classified to the subcategory .8 ('overlapping lesion'), unless the combination is specifically indexed elsewhere. For example, carcinoma of the oesophagus and stomach is specifically indexed to C16.0 Malignant neoplasm, cardia (cardia), while carcinoma of the tip and ventral surface of the tongue should be assigned to C02.8 Malignant neoplasm, overlapping lesion of tongue. On the other hand, carcinoma of the tip of the tongue extending to involve the ventral surface should be classified to C02.1 Border of tongue, as the point of origin, the tip, is known. 'Overlapping' implies that the sites involved are contiguous (next to each other).

Numerically consecutive subcategories are frequently mostly anatomically contiguous, but this is not always invariably so (eg bladder category C67. Malignant neoplasm of bladder). The clinical coder may need to consult anatomical texts to determine the topographical relationships.

Sometimes a neoplasm overlaps the boundaries of three character categories within certain systems. To take care of this the following subcategories have been designated:

C02.8 Overlapping lesion of tongue
C08.8 Overlapping lesion of major salivary glands
C14.8 Overlapping lesion of lip, oral cavity and pharynx
C21.8 Overlapping lesion of rectum, anus and anal canal
C24.8 Overlapping lesion of biliary tract
C26.8 Overlapping lesion of digestive system
C39.8 Overlapping lesion of respiratory and intrathoracic organs
C41.8 Overlapping lesion of bone and articular cartilage
C49.8 Overlapping lesion of connective and soft tissue
C57.8 Overlapping lesion of female genital organs
C63.8 Overlapping lesion of male genital organs
C68.8 Overlapping lesion of urinary organs
C72.8 Overlapping lesion of brain and other parts of central nervous system

An example of this is a carcinoma of the stomach and small intestine, which should be coded to C26.8 Overlapping lesion of digestive system.

6. **Malignant neoplasms of ectopic tissue**  
Malignant neoplasms of ectopic tissue are to be coded to the site where they are found, eg ectopic pancreatic malignant neoplasms of ovary are coded to C56 Malignant neoplasm of ovary, (C56).

7. **Use of the Alphabetic Index in coding neoplasms**  
In addition to site, morphology and behaviour must also be taken into consideration when coding neoplasms, and reference should always be made first to the Alphabetic Index entry for the morphological description.
8. Use of the third edition of International Classification of Diseases for Oncology (ICD-O-3)

For certain morphological types, Chapter 2 provides a rather restricted topographical (site) classification or none at all. The topography codes of ICD-O-3 use for all neoplasms essentially the same three- and four-character categories that Chapter 2 assigns for malignant neoplasms (C00 – C77, C80.), thus providing increased specificity of site for other neoplasms (malignant secondary (metastatic), benign, in situ and uncertain or unknown).

It is therefore recommended that agencies interested in identifying both the site and morphology of tumours, eg cancer registries, cancer hospitals, pathology departments and other agencies specialising in cancer, use refer to ICD-O-3.

Use additional code (Z07) to identify resistance to antineoplastic drugs.

---

**C78**

Secondary malignant neoplasm of respiratory and digestive organs

**C78.0** Secondary malignant neoplasm of lung

*Use additional code (C80.9) to classify lymphangitis carcinomatosis NOS.*

**C78.1** Secondary malignant neoplasm of mediastinum

---

**C80**

Malignant neoplasm without specification of site

*Excludes:* 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 | NOS*

*Carcinoma NOS | NOS*

Malignancy

Malignant neoplasm, not known whether primary or secondary

Multiple cancer NOS

*Excludes* multiple secondary cancer NOS (C79.9)

Secondary malignant neoplasm, unspecified site (C79.9)

---

**C88**

Malignant immunoproliferative diseases

The following fifth character subdivisions are for use with subcategories C88.0 – C88.9:

- **0** without mention of remission
- **1** in remission

**C88.0** Waldenström macroglobulinaemia

*See subdivisions*

Lymphoplasmacytic lymphoma with IgM-production

Macroglobulinaemia (idiopathic) (primary)

*Excludes* small cell B-cell lymphoma (C83.0)
C90     Multiple myeloma and malignant plasma cell neoplasms

The following fifth character subdivisions are for use with subcategories C90.0 – C90.3:

- 0 without mention of remission
- 1 in remission

C90.0 Multiple myeloma

See subdivisions
Kahler's disease
Medullary plasmacytoma
Myelomatosis
Plasma cell myeloma

Excludes: solitary plasmacytoma (C90.3+)

C91    Lymphoid leukaemia

The following fifth character subdivisions are for use with subcategories C91.0 – C91.9:

- 0 without mention of remission
- 1 in remission

C91.0 Acute lymphoblastic leukaemia [ALL]

See subdivisions

Note: This code should only be used for T-cell and B-cell precursor leukaemia.

C92     Myeloid leukaemia

Includes:
- leukaemia:
  - granulocytic
  - myelogenous

The following fifth character subdivisions are for use with subcategories C92.0 – C92.9:

- 0 without mention of remission
- 1 in remission

C92.0 Acute myeloblastic leukaemia [AML]

See subdivisions
Acute myeloblastic leukaemia:
- 1/ETO
- M0
- M1
- M2
- minimal differentiation
- NOS (without a FAB classification)
- with maturation
- with t(8;21)
Refractory anaemia with excess blasts in transformation

Excludes: acute exacerbation of chronic myeloid leukaemia (C92.1+)
**C93** Monocytic leukaemia

*Includes:* monocytoid leukaemia

The following fifth character subdivisions are for use with subcategories C93.0 – C93.9:

- 0 without mention of remission
- 1 in remission

**C93.0** Acute monoblastic/monocytic leukaemia

*See subdivisions*

Acute monoblastic/monocytic leukaemia:
- M5
- M5a
- M5b

---

**C94** Other leukaemias of specified cell type

*Excludes:* leukaemic reticuloendotheliosis (C91.4-)

plasma cell leukaemia (C90.1-)

The following fifth character subdivisions are for use with subcategories C94.0 – C94.7:

- 0 without mention of remission
- 1 in remission

**C94.0** Acute erythroid leukaemia

*See subdivisions*

Acute myeloid leukaemia M6 (a)(b)

Erythroleukaemia

---

**C95** Leukaemia of unspecified cell type

The following fifth character subdivisions are for use with subcategories C95.0 – C95.9:

- 0 without mention of remission
- 1 in remission

**C95.0** Acute leukaemia of unspecified cell type

*See subdivisions*

**Acute:**

- *bilineal*
- *mixed lineage*

**Biphenotypic acute leukaemia**

**Excludes:** acute exacerbation of unspecified chronic leukaemia (C95.1-)

---
D07 Carcinoma in situ of other and unspecified genital organs

Excludes: melanoma in situ (D03.5)

D07.0 Endometrium

D07.1 Vulva

Vulvar intraepithelial neoplasia [VIN], grade III, with or without mention of severe dysplasia
High grade squamous (cell) intraepithelial lesion [HSIL]
Vulvar intraepithelial neoplasia [VIN], grade II or III, with or without mention of severe dysplasia

Use additional code (B97.7) to identify HPV (human papillomavirus), if applicable

Excludes: severe dysplasia of vulva NOS (N90.2)
benign neoplasm of vulva (D28.0)
dysplasia of vulva NOS (N90.3)

D07.2 Vagina

Vaginal intraepithelial neoplasia [VAIN], grade III, with or without mention of severe dysplasia

Excludes: severe dysplasia of vagina NOS (N89.2)

D07.3 Other and unspecified female genital organs

D07.4 Penis

Erythroplasia of Queyrat NOS

D07.5 Prostate

Excludes: low grade dysplasia of prostate (N42.3)

D07.6 Other and unspecified male genital organs

D28 Benign neoplasm of other and unspecified female genital organs

Includes: adenomatous polyp
skin of female genital organs

D28.0 Vulva
Low grade squamous (cell) intraepithelial lesion [LSIL]
Mild dysplasia of vulva
Vulvar intraepithelial neoplasia [VIN], grade I

Use additional code (B97.7) to identify HPV (human papillomavirus), if applicable

Excludes: carcinoma in situ of vulva (D07.1)
dysplasia of vulva NOS (N90.3)

D28.1 Vagina

D28.2 Uterine tubes and ligaments
Fallopian tube
Uterine ligament (broad) (round)

D28.7 Other specified female genital organs

D28.9 Female genital organ, unspecified

...
D40  Neoplasm of uncertain or unknown behaviour of male genital organs

D40.0  Prostate
Atypical small acinar proliferation (ASAP)

D40.1  Testis

D40.7  Other male genital organs
Skin of male genital organs

D40.9  Male genital organ, unspecified

D61  Other aplastic anaemias

Excludes  agranulocytosis (D70)

D61.0  Constitutional aplastic anaemia
Aplasia, (pure) red cell (of):
• congenital
• infants
• primary
Blackfan-Diamond syndrome
Familial hypoplastic anaemia
Fanconi's anaemia
Pancytopenia with malformations

D61.1  Drug-induced aplastic anaemia
Use additional external cause code (Chapter 20) to identify drug.

D61.2  Aplastic anaemia due to other external agents
Use additional external cause code (Chapter 20) to identify cause.

D61.3  Idiopathic aplastic anaemia

D61.8  Other specified aplastic anaemias

D61.9  Aplastic anaemia, unspecified

D89  Other disorders involving the immune mechanism, not elsewhere classified

Excludes  hyperglobulinaemia NOS (R77.1)
monoclonal gammopathy of undetermined significance (MGUS) (D47.2)
transplant failure and rejection (T86.-)

D89.0  Polyclonal hypergammaglobulinaemia
Benign hypergammaglobulinaemic purpura
Polyclonal gammopathy NOS

D89.1  Cryoglobulinaemia
Cryoglobulinaemia:
• essential
• idiopathic
• mixed
• primary
• secondary
Cryoglobulinaemic:
• purpura
• vasculitis
D89.2 Hypergammaglobulinaemia, unspecified

D89.3 Immune reconstitution syndrome
Immune reconstitution inflammatory syndrome [IRIS]
Use additional external cause code (Chapter 20), to identify drug.

D89.8 Other specified disorders involving the immune mechanism, not elsewhere classified
Hyperimmunoglobulin D [IgD] syndrome
Immunocompromised status:
• acquired NOS
• drug related
Excludes  human immunodeficiency virus HIV disease (B20–B24)

D89.9 Disorder involving the immune mechanism, unspecified
Immune disease NOS

N90 Other noninflammatory disorders of vulva and perineum

N90.0 Mild vulvar dysplasia
Vulval intraepithelial neoplasia (VIN), grade I

N90.1 Moderate vulvar dysplasia
Vulval intraepithelial neoplasia (VIN), grade II

N90.2 Severe vulvar dysplasia, not elsewhere classified
Severe vulvar dysplasia NOS
Excludes  vulval intraepithelial neoplasia (VIN), grade III, with or without mention of severe dysplasia, (D07.1)

N90.3 Dysplasia of vulva, unspecified
Vulval intraepithelial neoplasia (VIN):
• pagetoid type
• unclassified type

Use additional code (B97.7) to identify HPV (human papillomavirus), if applicable
Excludes  benign neoplasm of vulva (D28.0)
carcinoma in situ of vulva (D07.1)

N90.4 Leukoplakia of vulva
Dystrophy of vulva
Kraurosis of vulva

N90.5 Atrophy of vulva
Stenosis of vulva

N90.6 Hypertrophy of vulva
Hypertrrophy of labia

N90.7 Vulvar cyst

N90.8 Other specified noninflammatory disorders of vulva and perineum
Adhesions of vulva
Hypertrrophy of clitoris

N90.9 Noninflammatory disorder of vulva and perineum, unspecified
Fetus and newborn affected by noxious influences transmitted via placenta or breast milk

Includes: nonteratogenic effects of substances transmitted via placenta

Excludes: congenital malformations due to teratogenic effects of substances transmitted via placenta (Q00–Q99)
neonatal jaundice due to drugs or toxins transmitted from mother (P58.4)

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

Fetus and newborn affected by other maternal medication

Cytotoxic drugs

Includes: that by:
• cytotoxic drugs
• pharmacotherapy for neoplasm

Excludes: dysmorphism due to warfarin (Q86.2)
fetal hydantoin syndrome (Q86.1)
maternal use of drugs of addiction (P04.4)

Abnormal findings in specimens from female genital organs

See subdivisions
Abnormal findings in secretions and smears from:
• cervix uteri
• vagina
• vulva

Excludes: carcinoma in situ (D05–D07.3)
dysplasia of:
• cervix uteri (N87.-)
• vagina (N89.0–N89.3)
• vulva NOS (N90.0–N90.3)

Convalescence

Convalescence following radiotherapy
Convalescence following chemopharmacotherapy
Convalescence following chemotherapy

Convalescence following psychotherapy
Z92 Personal history of medical treatment

V 0050

...

Z92.5 Personal history of rehabilitation measures

Z92.6 Personal history of chemotherapy for neoplastic disease

Z92.8 Personal history of other medical treatment

...

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 368
Appendix A

MORPHOLOGY OF NEOPLASMS

The third edition of the International Classification of Diseases for Oncology (ICD-O) was published in 2000. It contains a coded nomenclature for the morphology of neoplasms, which is reproduced here for those who wish to use it in conjunction with Chapter 2. The morphology codes listed here have been updated to align with ICD-O-3, 1 September 2011 Updates, which were valid for use from January 2012. The third edition of ICD-O was published in 2000. It contains a coded nomenclature for the morphology of neoplasms, and is reproduced here to use in conjunction with Chapter 2. The morphology codes listed here were updated for consistency with ICD-O-3 (International Classification of Diseases for Oncology Third Edition), 1 September 2011 Updates, implemented January 2012.

ICD-10-AM. The morphology codes consist of the letter ‘M’, followed by five digits; the first four digits identify the neoplasm's histological type, and the fifth digit, following a slash (or solidus), indicates the neoplasm's behaviour. The digit behaviour codes are as follows:

/0 Benign

/1 Uncertain whether benign or malignant
    Borderline malignancy
    Low malignant potential
    Uncertain malignant potential

/2 Carcinoma in situ
    Intraepithelial
    Noninfiltrating
    Noninvasive

/3 Malignant, primary site

/6 Malignant, metastatic site
    Malignant, secondary site

/9 Malignant, uncertain whether primary or metastatic site

In the nomenclature given here, the morphology code numbers include the behaviour code appropriate to the histological type of neoplasm; this behaviour code should be changed if the other reported information makes this appropriate. For example, chordoma is assumed to be malignant and is therefore assigned the code number M9370/3; the term 'benign chordoma' should, however, be coded M9370/0. Similarly, superficial spreading adenocarcinoma (M8143/3) should be coded M8143/2 when described as 'noninvasive', and melanoma (M8720/3) should be coded M8720/6 when described as 'secondary'.

In the nomenclature listed here, the morphology codes include the behaviour code appropriate to the histological type of neoplasm; it is appropriate to assign a different behaviour code if supported by documentation in the clinical record. For example, chordoma is assumed to be malignant and is therefore indexed to the default morphology code M9370/3; 'benign chordoma', however, is classified to M9370/0. Similarly, superficial spreading adenocarcinoma (M8143/3) is classified to M8143/2 when documented as 'noninvasive'.

The following table shows the correspondence between the behaviour code and the different sections of Chapter 2:
Occasionally a problem arises when a site given in a diagnosis is different from the site indicated by the site-specific code. In such instances, the given Chapter 2 code should be ignored and the appropriate code for the site included in the diagnosis should be used.

A documented neoplasm site may differ from the default site listed in the Alphabetic Index. In such instances, the listed default Chapter 2 code in the Alphabetic Index should not be assigned, and the more appropriate site specific code should be assigned from the Neoplasm table. For example, a code from category C50, Malignant neoplasm of breast is added to the morphologic term 'infiltrating duct carcinoma' (M8500/3), because this type of carcinoma usually arises in the breast. However, if the term 'infiltrating duct carcinoma' is used for a primary carcinoma arising in the pancreas, the correct code would be C25.9 Malignant neoplasm of pancreas, unspecified. For example, C69.9 Malignant neoplasm of eye, unspecified is the default site code listed in the Alphabetic Index with type A spindle cell melanoma (M8773/3). However, if the site of the neoplasm documented in the clinical record is specified as the choroid, assign C69.3 Malignant neoplasm of choroid. Similarly, infiltrating duct carcinoma (M8500/3) usually arises in the breast (classified to category C50 Malignant neoplasm of breast). However, if primary infiltrating duct carcinoma of the pancreas is documented in the clinical record, assign a site code from category C25 Malignant neoplasm of pancreas.

A coding difficulty sometimes arises where a morphological diagnosis contains two qualifying adjectives that have different code numbers. Where a documented morphology contains more than one qualifying term classifiable to different morphology codes, assign the morphology code with the higher number. An example is 'transitional cell epidermoid carcinoma'. 'Transitional cell carcinoma NOS' is classified to M8120/3 and 'epidermoid carcinoma NOS' is classified to M8070/3. In such circumstances, the higher number (M8120/3 in this example) should be used, as it is usually more specific. For further information about regarding the coding of morphology, see the Australian Coding Standards.

### Specialised gonadal neoplasms

<table>
<thead>
<tr>
<th>Behaviour code</th>
<th>Chapter 2 categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>/0</td>
<td>Benign neoplasms</td>
</tr>
<tr>
<td>/1</td>
<td>Neoplasms of uncertain and unknown behaviour</td>
</tr>
<tr>
<td>/2</td>
<td>In situ neoplasms</td>
</tr>
<tr>
<td>/3</td>
<td>Malignant neoplasms, stated or presumed to be primary</td>
</tr>
<tr>
<td>/6</td>
<td>Malignant neoplasms, stated or presumed to be secondary</td>
</tr>
</tbody>
</table>

M859–M867

- M8621/1 Granulosa cell-theca cell tumour
- M8621/2 Granulosa cell-theca cell tumour, in situ
- M8621/3 Granulosa cell-theca cell tumour, malignant
- M8621/6 Granulosa cell-theca cell tumour, metastatic
- M8621/9 Granulosa cell-theca cell tumour, uncertain whether primary or metastatic
- M8622/0 Granulosa cell tumour, juvenile, benign
- M8622/1 Granulosa cell tumour, juvenile, NOS
- M8623/1 Sex cord tumour with annular tubules
- M8630/0 Androblastoma, benign
- M8630/1 Androblastoma NOS
- M8630/2 Androblastoma, in situ
- M8630/3 Androblastoma, malignant
- M8630/6 Androblastoma, malignant, metastatic
- M8630/9 Androblastoma, malignant, uncertain whether primary or metastatic

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Alphabetic Index

Acantholysis L11.9
Acanthoma (M8070/3) — see also Neoplasm/malignant
- benign (M8000/0) — see also Neoplasm/benign
Acanthosis (acquired) (nigricans) L83
- benign Q82.89
... Ca — see Cancer
...

Carcinoma (M8010/3) — see also Neoplasm/malignant

Note: Except where otherwise indicated, the morphological varieties of carcinoma in the list below should be coded by site as for 'Neoplasm/malignant'.
...
- neuro-endocrine (M8246/3) C80.-
  - large cell (M8013/3)
  - low grade (M8240/3)
  - moderately differentiated (M8249/3)
  - primary cutaneous (M8247/3) — see Neoplasm/skin/malignant
  - small cell (M8041/3)
  - specified site NEC — see Neoplasm/malignant
- well differentiated (M8240/3)
- no
  - special type (NST) — see Carcinoma/ductal
  - specific type (NST) — see Carcinoma/ductal
  - nonencapsulated sclerosing (M8350/3) C73
  - noninfiltrating — see Carcinoma in situ
  - non-small cell NEC (M8046/3) — see Neoplasm/lung/malignant
    - oat cell (M8042/3)
  - specified site — see Neoplasm/malignant
    - unspecified site C34.9
...
- transitional cell (M8130/3) — see also Neoplasm/bladder/malignant
  - of low malignant potential (M8130/1) D41.4
  - urothelial (M8130/3) — see also Neoplasm/bladder/malignant
  - of low malignant potential (M8130/1) D41.4
...
- urothelial (M8120/3)
  - papillary (M8130/3) — see also Neoplasm/bladder/malignant
    - of low malignant potential (M8130/1) D41.4
    - low grade (M8130/2) D09.0
    - invasive (M8130/3) — see also Neoplasm/bladder/malignant
    - noninvasive — see Carcinoma in situ/urothelial/papillary (M8130/2) D09.0
    - of low malignant potential (M8130/1) D41.4
  - verrucous (epidermoid) (squamous cell) (M8051/3)
...

Carcinoma in situ (M8010/2) — see also Neoplasm/in situ
...
- urothelial (M8120/2)
  - papillary (M8130/2) D09.0
    - of low malignant potential (M8130/1) D41.4
    - low grade (M8130/2) D09.0
    - invasive (M8130/3) — see also Neoplasm/bladder/malignant
    - noninvasive (M8130/2) D09.0
    - of low malignant potential (M8130/1) D41.4
    - specified site — see Neoplasm/in situ
    - unspecified site D09.1
  - verrucous (epidermoid) (squamous cell) (M8051/2)
...

Carcinomatosis
- abdominal (M8010/3) C79.88
  - lymphangitis (M8010/6) C78.0
- meninges (M8010/3) C79.3
- peritonei (M8010/6) C78.6

...
**Chemodectoma** (M8693/1) — see Paraganglioma/extra-adrenal

**Chemoprophylaxis** (for neoplasm) Z29.2

**Chemosis, conjunctiva** H11.4

**Chemotherapy** (for) (session)
- cancer Z51.1
- maternal, affecting fetus or newborn P04.1
- neoplasm Z51.1
  --- aftercare Z51.4
- prophylactic NEC Z29.2

**Cherubism** K10.8

---

**Condydroma (acuminatum) (see also Wart(s)/anogenital region) A63.00**
- flat (M8077/0) D28.0
- gonorrhoeal A54.0
- latum A51.3
- syphilitic A51.3
- congenital A50.0

---

**Convalescence** (following) Z54.9
- chemotherapy Z54.2
- pharmacotherapy (for neoplasm) Z54.2
- psychotherapy Z54.3
- radiotherapy Z54.1

---

**Dysplasia** — see also Anomaly

- vocal cords J38.3
- vulva NEC N90.3
  --- mild (M8077/0) D28.0 N90.0
  --- moderate (M8077/2) D07.1 N90.4
  --- severe NEC (M8077/2) D07.1 N90.2

**Dyspnoea** (nocturnal) (paroxysmal) R06.0

---

**Hamartoma, hamartoblastoma** Q85.9
- epithelial (gingival), odontogenic, central or peripheral (M9321/0) D16.5
  --- upper jaw (bone) D16.42
  --- respiratory epithelial adenomatoid (REAH) (M8010/0) — see also Neoplasms/benign

**Hamartosis** Q85.9

---

**History** (of) (personal)

- petrol 'sniffing' Z86.42
- pharmacotherapy for neoplastic disease Z92.6
- physical trauma NEC Z91.6
- self-harm or suicide attempt Z91.5

---

**Housemaid's knee** M70.4

**HSIL (HGSIL) (high grade squamous intraepithelial lesion) — see Neoplasia/intraepithelial/cervix/squamous (cell)/high grade**
- cervix — see Neoplasia/intraepithelial/cervix/squamous/high grade
- vulva (M8077/2) D07.1

**Hudson(-Staehli) line** (cornea) H18.0

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Lesion (nontraumatic)

- intracerebral — see Lesion/brain
- intrachiasmal (optic) H47.4
- intraepithelial, squamous (cell)
  - cervix — see Neoplasia/intraepithelial/cervix/squamous
  - vulva
    - high grade (HSIL) (M8077/2) D07.1
    - low grade (HPV effect only) (LSIL) (M8077/0) D28.0
  - joint M25.9-
- vascular I99
  - affecting central nervous system I67.9
  - retina, retinal H35.0
  - umbilical cord, complicating delivery O69.5
- affecting fetus or newborn P02.6
- vulva, vulval — see also Neoplasia/intraepithelial/vulva
  - squamous (cell)
    - high grade (HSIL) (M8077/2) D07.1
    - low grade (HPV effect only) (LSIL) (M8077/0) D28.0
- warty — see Verruca

Leukaemia (M9800/3) C95.9-

Note: The following fifth character subdivision is for use with categories C90–C95:
0 without mention of remission
1 in remission

- aleukaemic NEC (M9800/3) C95.9-
- ALL — see Leukaemia/lymphoblastic OR Leukaemia/lymphocytic/acute
- AML — see also Leukaemia/myeloblastic, acute AND Leukaemia/myeloid/acute
  - M6 (M6a) (M6b) (M9840/3) C94.0-
  - lymphatic (M9820/3) C91.9-
    - acute (M9835/3) C91.0-
    - aleukaemic (M9820/3) C91.9-
    - chronic (M9823/3) C91.1-
    - subacute (M9820/3) C91.9-
  - lymphoblastic (acute) (ALL) (not phenotyped) (precursor cell) (M9835/3) C91.0-
    - B-cell (M9836/3) C91.0-
    - - leukaemia-lymphoma — see Leukaemia/lymphoblastic/leukaemia-lymphoma/B
    - - - B (with) (M9811/3)
      - - - hyperdiploidy (M9815/3)
      - - - hypodiploidy (Hypodiploid ALL) (M9816/3)
      - - - t(1;19)(q23;p13.3); E2A-PBX1 (TCF3-PBX1) (M9818/3)
      - - - t(5;14)(q31;q32); IL3-IGH (M9817/3)
      - - - t(9;22)(q34;q11.2); BCR-ABL1 (M9812/3)
      - - - t(12;21)(p13;q22); TEL-AML1 (ETV6-RUNX1) (M9814/3)
      - - - t(v;11q23); MLL rearranged (M9813/3)
      - - - T (M9837/3)
    - - mature B-cell type (M9826/3) C91.8-
    - - T-cell (M9837/3) C91.0-
    - - - precursor cell (acute) (not phenotyped) (M9835/3) C91.0-
    - - - B-cell (M9836/3) C91.0-
    - - - leukaemia-lymphoma (M9811/3) — see Leukaemia/lymphoblastic/leukaemia-lymphoma/B
    - - - - precursor cell (acute) (not phenotyped) (M9835/3) C91.0-
    - - - - T-cell (M9837/3) C91.0-
    - - - - leukaemia-lymphoma (M9813/3) C91.0-
  - lymphocytic (M9820/3) C91.9-
    - acute (not phenotyped) (precursor cell) (M9835/3) C91.0-
    - - aleukaemic (M9820/3) C91.9-

L-shaped kidney Q63.89
LSIL (LGSIL) (low grade squamous intraepithelial lesion) N87.0
- cervix N87.0
- vulva (M8077/0) D28.0

Ludwig's angina or disease K12.2

Lymphoma (malignant) (M9590/3) C85.9
- non-Hodgkin (type) NEC (M9591/3) C85.9
- and Hodgkin, composite (M9596/3) C85.7
- follicular — see Lymphoma/follicular
- non-follicular (diffuse) NEC (M9591/3) C83.9
- resulting from HIV disease B21
- peripheral T-cell (M9702/3) C84.4

Maintenance
- chemotherapy for neoplasm Z51.1
- external fixation NEC Z47.8
- pharmacotherapy (for neoplasm) Z51.1
- traction NEC Z47.8

Maternal condition, affecting fetus or newborn P00.9
- operation unrelated to current pregnancy P00.6
- pharmacotherapy (for neoplasm) P04.1
- pre-eclampsia P00.0

Neoplasia
- intraepithelial
  - - vulva (pagetoid) (unclassified) (VIN) NEC N90.3
    - - grade I N90.0
    - - grade II N90.1
    - - grade III (severe dysplasia) (M8077/2) D07.1
    - - - basaloid (M8077/2) D07.1
    - - - classical (M8077/2) D07.1
    - - - differentiated (simplex) (M8077/2) D07.1
    - - - grade — see also Lesion/intraepithelial, squamous (cell)/vulva
    - - - - I (M8077/0) D28.0
    - - - - II (M8077/2) D07.1
    - - - - III (severe dysplasia) (M8077/2) D07.1
    - - - mixed (basaloid or warty) (M8077/2) D07.1
    - - - undifferentiated (M8077/2) D07.1
    - - - - usual type (M8077/2) D07.1
    - - - - warty (M8077/2) D07.1

Neoplasm, neoplastic

Pancytopenia NEC (acquired) D61.9
- with malformations D61.0
- congenital D61.0

Proliferation of primary cutaneous CD30-positive T-cells (M9718/3) C86.6
- atypical small acinar, prostate (ASAP) (M8550/1) D40.0
- primary cutaneous CD30-positive T-cells (M9718/3) C86.6

Proliferative — see condition
**Syndrome NEC** — see also **Disease U91**

- bubbly lung P27.0
- Buckley D82.4
- Budd-Chiari I82.0
- bulbar (progressive) G12.2

- hypereosinophilic (M9964/3) D47.5
- hyperimmunoglobulin E (IgE) D82.4
- D (HIDS) (Hyper(IgD)) (IgD) D89.8
- E (HIES) (Hyper(IgE)) (IgE) D82.4
- hyperkalaemic E87.5
- hyperkinetic (see also Hyperkinesia) F90.9
- - heart I51.8

- Jeune’s Q77.2
- Job D82.4
- jugular foramen G52.7
- Kallmann’s E23.0

**Tumour (M8000/1)** — see also **Neoplasm/uncertain behaviour**

- granulosa cell (M8620/1) D39.1
- - adult type (M8620/1)
- - in situ (M8620/2) D07.3
- - juvenile (M8622/1)
- - - benign (M8622/0) — see **Neoplasm/benign**
- - malignant (M8620/3) C56

**Villous** — see condition

VIN (vulval intraepithelial neoplasia), unclassified type — see **Neoplasia/intraepithelial/vulva N90.3**
- classified type - see **Neoplasia/intraepithelial/vulva**

**Vincent’s**

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**SECTION III**

**TABLE OF DRUGS AND CHEMICALS**

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<table>
<thead>
<tr>
<th>Drug</th>
<th>Code</th>
<th>Reference</th>
<th>Type</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Camylofin</td>
<td>T44.3</td>
<td>X43</td>
<td>X63</td>
<td>Y13</td>
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<tr>
<td>Cancer chemotherapy drug regimen</td>
<td>T45.1</td>
<td>X44</td>
<td>X64</td>
<td>Y14</td>
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<tr>
<td>Candesartan</td>
<td>T46.5</td>
<td>X44</td>
<td>X64</td>
<td>Y14</td>
</tr>
</tbody>
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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 376
Addenda Proposal

Neoplasms (ACHI)

Introduction/Rationale:

This addenda proposal combines the tasks TN196, TN203, TN216, and TN1292 which originated from coding queries regarding pharmacotherapeutic interventions in the treatment of malignant neoplasms, as well as those which treat other conditions, such as Albumex transfusion, administration of prothrombin X, and the administration of non blood product such as the administration of Haemaccel. ACCD also identified the need for a new ACHI code for the removal of a brachytherapy applicator of the prostate.

Summary of proposal:

- TACE is a combination of chemotherapy (pharmacotherapy) and embolisation in the treatment of cirrhotic patients with hepatocellular carcinoma (HCC) and requires the assignment of two intervention codes to capture the clinical concept for this intervention. ACCD proposes to include a cross reference in the ACHI Alphabetic Index to classify TACE.

- During another addenda development, ACCD identified that although there is a code for the implantation of a brachytherapy applicator of the prostate, there is no intervention code for its removal. ACCD proposes to create a code for the removal of brachytherapy applicator, prostate in block [1160].

- Amendments of the term from ‘chemotherapy’ to ‘pharmacotherapy’, where appropriate within the ACHI Alphabetic Index and Tabular List consistent with the ACS; block [811] was reviewed as it contains the term chemotherapy, however, these were not amended to ‘pharmacotherapy’ as it was not considered appropriate (ie. these terms remain clinically correct).

- T-cell therapy is based upon a type of white blood cell which plays an essential role in cell-mediated immunity. Immunotherapies are increasingly being used to strengthen the immune system of cancer patients. Therefore, ACCD proposes the creation of a subterm in the ACHI Alphabetic Index to classify this intervention.

- Following receipt of a query regarding the classification of prothrombin X in the Tenth Edition education workbook, ACCD proposes classifying administration of prothrombin X to 92061-00 [1893] Administration of coagulation factors.

- Albumex is a natural plasma component prepared from pooled human plasma and is used as a plasma volume expander in the treatment of shock due to blood loss. ACCD proposes to add Albumex to the Alphabetic Index as an NEM, with its assignment as per the guidelines in ACS 0302 Blood transfusions.

- Haemaccel is a gelatin solution derived from cows, and not a blood product. ACCD proposes classifying administration of Haemaccel to block [1920] Administration of pharmacotherapy with its assignment as per the guidelines in ACS 0042 Procedures normally not coded, point 8. Drug treatment/pharmacotherapy/prescription of drugs. Haemaccel is proposed to be added to the Alphabetic Index.
• Amendments to ACHI Alphabetic Index will address other cited issues.

See also TN1342 Neoplasms (ICD-10-AM) and TN1344 Neoplasms (ACS).

ACCD PROPOSAL

Tabular List

741

Peripheral arterial or venous catheterisation

Includes: administration of thrombolytic or other therapeutic agent for local effect

Excludes: systemic administration of thrombolytic or chemopharmaco therapeutic agent (see block [1920])
that with:
• angioplasty (see blocks [670], [671] and [754])
• embolectomy or thrombectomy (see blocks [702], [703] and [729])

35317-01 Peripheral arterial or venous catheterisation with administration of thrombolytic agent
Transcatheter (catheter direct) thrombolytic therapy

35317-02 Peripheral arterial or venous catheterisation with administration of other therapeutic agent
Transcatheter (catheter direct) administration of chemopharmaco therapeutic agent

802

Bone marrow/stem cell transplantation

Code also when performed:
• chemopharmaco therapy (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)

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
Prostatic urethral lift (PUL) procedure
Includes: Urolift

96256-00  Removal of brachytherapy applicator, prostate

1793  Removal of sealed radioactive source

15339-00  Removal of sealed radioactive source
  Removal of brachytherapy applicator NOS

Excludes: removal of brachytherapy eye applicator, (42802-00 [177])
  • eye (42802-00 [177])
  • female genital organ (96251-01 [1299])
  • prostate (96256-00 [1160])

1880  Therapies using agents, not elsewhere classified

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 chemopharmacotherapy 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

Code also when performed:
  • chemopharmacotherapy (see Alphabetic Index: — see Alphabetic Index: Chemopharmacotherapy)
  • radiation therapy (— see Alphabetic Index: Radiotherapy)

Excludes: thermocoagulation (see Alphabetic Index: Neurotomy/by site/radiofrequency)
  thermokeratoplasty (90064-01 [173])
  thermosclerectomy (42746-05 [191])
  thermotherapy to prostate by microwaves (37224-00 [1162])

96154-00  Therapeutic ultrasound

Excludes: diagnostic ultrasound (see blocks [1940] to [1950])

1886  Perfusion

34533-00  Isolated limb perfusion

Includes: cannulation of artery and vein
  regional perfusion for chemopharmacotherapy
  repair of arteriotomy and venotomy

Excludes: that performed in conjunction with surgery – omit code

96231-00  Machine perfusion for organ transplantation

Includes: machine perfusion:
  • hypothermic
Therapeutic collection and processing of blood/bone marrow

13709-00 Collection of blood for transfusion
Donation of blood

13760-00 In vitro processing of bone marrow or peripheral blood for autologous stem cell transplantation

Includes: that as an adjunct to high dose chemopharmacotherapy
that with cryopreservation

Administration of pharmacotherapy

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: Administration)
  - 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])

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

-00 Antineoplastic agent

Agents used in the treatment of neoplasms and/or neoplasm related conditions

Note: This extension is assigned for any agent (eg anti-infective, electrolytes, nutritional substances, steroids) classified to block [1920] that is 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: transcatheter administration of chemotherapeutic agent (35317-02 [741])

-01 Thrombolytic agent

Excludes: transcatheter administration of chemotherapeutic agent (35317-01 [741])

-02 Anti-infective agent

Antibacterial
Antibiotic
Antifungal
Antiprotozoal
Antiviral

Excludes: when used in the treatment of neoplasms and/or neoplasm related conditions (-00)

-03 Steroid

Corticosteroid

Excludes: when used in the treatment of neoplasms and/or neoplasm related conditions (-00)
Antidote
Acetylcysteine
Antibody fragments
Antivenom
Digoxin
Heavy metal antagonist

Insulin

Nutritional substance

Electrolyte

Psychotherapeutic agent
Agents used in the treatment of mental, behavioural and psychiatric conditions
Administration of:
• anticonvulsant
• antidepressant
• antiparkinsonian agent
• antipsychotic
• anxiolytic, sedative and hypnotic
• mood stabiliser
• other psychotropic medication
• stimulant

Other and unspecified pharmacological agent
Dextrose
Iron

96196-XX Intra-arterial administration of pharmacological agent
See subdivisions

Code also when performed:
• loading of drug delivery device (96209 [1920])

Alphabetic Index

Adjustment
...
- cannula
  - - for
  - - - cardiopulmonary bypass 38627-01 [642]
  - - - extracorporeal membrane oxygenation 38627-03 [572]
  - - - ventricular assist device 38627-00 [608]
  - - continuous ambulatory drug delivery device (CADD) (connection) (disconnection) 13942-02 [1922]
- defibrillator, generator (automatic) (cardioverter) (see also Test, testing/defibrillator) 90203-06 [656]
- denture (pre-existing) 97741-00 [475]
  - - new denture — omit code
- device
  - - continuous ambulatory drug delivery device (CADD) (connection) (disconnection) 13942-02 [1922]
  - - - 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]
- electrode(s) (for)

...
Administration (around) (into) (local) (of) (therapeutic agent) NEC — code to block [1920] with extension -19

Note: Terms listed under the lead term 'Administration' are split by three main subterms; Administration/indication, Administration/specified site and Administration/type of agent.

- for neoplasm and/or neoplasm related conditions — code to block [1920] with extension -00
  - indication — see also Administration/specified site OR Administration/type of agent
  - specified site — see also Administration/indication OR Administration/type of agent
  - anal region (sphincter) 44104-00 [929]

- type of agent — see also Administration/indication OR Administration/specified site
  - 5–FU (fluorouracil) 42824-01 [251]
  - acetylcysteine — code to block [1920] with extension -04
  - adipose-derived stem cells 14203-01 [1906]
  - albumin (Albumex) 92062-00 [1893]
  - alcohol
    - nerve — see Administration/specified site/nerve/sympathetic
    - blood (products) — see also Transfusion/blood
      - for cardioplegia (retrograde) 38588-00 [642]
      - autologous (collected prior to surgery) (intraoperative) 92060-00 [1893]
      - CAR (chimeric antigen receptor) T-cells 13706-04 [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]
        - T-cells, CAR (chimeric antigen receptor) 13706-04 [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) (Botulinum) (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]
          - CAR (chimeric antigen receptor) T-cells 13706-04 [1893]
          - chemonucleolytic (intervertebral) 40336-00 [31]
          - chemotherapeutic — see Chemotherapy
            - granulocytes 92064-00 [1893]
            - Haemaccel 96199-19 [1920]
          - heavy metal antagonist — code to block [1920] with extension -04
          ...
          - prophylactic NEC — code to block [1920] with extension -19
          - prostaglandin — see also Induction/labour
            - for termination of pregnancy 90461-00 [1330]
            - prothrombin X 92061-00 [1893]
            - psychoactive medication
            - anticonvulsant — code to block [1920] with extension -10
            - antidepressant — code to block [1920] with extension -10
            ...
            - sympatholytic — see also Administration/specified site/nerve/sympathetic
            - intra-arterial 90029-00 [65]
- - - intravenous 90029-00 [65]
- - T-cells, CAR (chimeric antigen receptor) 13706-04 [1893]
- - tattoo, tattooing
- - - by
- - - - colonoscopy (to caecum) 32090-02 [905]
- - - - - to hepatic flexure 32084-02 [905]
- - - - - panendoscopy (to duodenum) 30473-07 [1005]
- - - - - to ileum 30473-08 [1005]

Apheresis

- therapeutic NEC 13750-06 [1892]
- stem cells, peripheral blood 13750-04 [1892]
- with cryopreservation (freezing) 13750-05 [1892]
- T-cells 13750-01 [1892]

Apicectomy 97432-00 [463]

Catheterisation
- artery (open) 34524-00 [694]
- peripheral
- - with transcatheater administration of agent (percutaneous)
- - - arrest haemorrhage — see Embolisation/blood vessel, transcatheater/ by site
- - - - chemotherapeutic 35317-02 [741]
- - - - occlude — see Embolisation/blood vessel, transcatheater/ by site
- - - - pharmacotherapeutic 35317-02 [741]
- - - - thrombolytic 35317-01 [741]
- umbilical, in neonate 13303-00 [694]

Chemocauterisation
- corneal epithelium 42650-00 [172]

Chemomechanical preparation
- root canal (1 canal) (1st canal) (complete) 97415-00 [462]
- - each additional canal (≥ 2 canals) 97416-00 [462]

Chemotherapy — see also Pharmacotherapy
- for local effect (open) (percutaneous) (via peripheral arterial or venous catheterisation) 35317-02 [741]

Chevron procedure (osteotomy of toe) 48400-03 [1528]
- with internal fixation 48403-01 [1528]

Collection
- sweat, by iontophoresis 96205-19 [1920]
- T-cells (apheresis) 13750-01 [1892]
- tissue sample
- - for dental pathological laboratory examination 97044-00 [452]

Implant, implantation — see also Insertion
- bone conduction hearing device 41557-02 [321]
- brain wafer, chemopharmacotherapy for neoplasm 96201-00 [1920]
- cardioverter, generator (automatic) (with pacemaker functionality) 38393-00 [653]
- - with replacement 38393-01 [656]
- - ureter — see also Reimplantation/ureter
- - stimulator, electronic 90355-00 [1069]
- wafer, chemopharmacotherapy, intracerebral for neoplasm 96201-00 [1920]

Impression
- for denture repair 97776-00 [477]
Insertion

- brain wafer, chemopharmacotherapy for neoplasm 96201-00 [1920]
- - button
- - gastrostomy, nonendoscopic 30483-00 [870]
- - nasal septum 41907-00 [371]
- - patella 90562-00 [1524]
- catheter
- - artery (open) (percutaneous) 34524-00 [694]
- - - peripheral
- - - - with transcatheter administration of agent
- - - - - arrest haemorrhage — see Embolisation/blood vessel, transcatheter/by site
- - - - - - chemotherapeutic 35317-02 [741]
- - - - - - - - ocllude (embolise) — see Embolisation/blood vessel, transcatheter/by site
- - - - - - - - - pharmacotherapeutic 35317-02 [741]
- - - - - - - - - - thrombolytic 35317-01 [741]
- - ventricular assist device
- - - right 38615-01 [608]
- - - and left 38618-00 [608]
- wafer, chemopharmacotherapy for neoplasm, intracerebral 96201-00 [1920]
- wire or pin (orthopaedic) 47921-00 [1554]
- - with
- - - adjustment of ring fixator (or similar device) 50309-00 [1554]

Maintenance (of)
- catheter, implanted (for administration of pharmacotherapy) NEC 92058-01 [1922]
- - vascular (central venous catheter) (Hickman’s line) (permacath) (without reservoir) 92058-01 [1922]
- - - with reservoir (infusion port) (Port-A-Cath) 13939-02 [1922]
- - - continuous ambulatory drug delivery device (CADD) (connection) (disconnection) 13942-02 [1922]
- - - - denture, by
- - - - - - addition of clasp(s)
- - - - device
- - - - - - drug delivery (CADD) (connection) (disconnection) (external infusion pump) NEC 13942-02 [1922]
- - - - - - - - with loading of device 96209 [1920]
- - - - - - vascular access 13939-02 [1922]
- - - - - - drug delivery device (CADD) (connection) (disconnection) (external infusion pump) NEC 13942-02 [1922]
- - - - - - - - peritoneal access device (peritoneal port-catheter) 92058-01 [1922]

Management (of)
- ectopic pregnancy 35677-03 [1256]
- - by
- - - - chemotherapy (Methotrexate) 35677-03 [1256]
- - - - - - control of haemorrhage, cervical 96226-00 [1274]
- - - - - - - - injection
- - - - - - - - - - fetotoxic (directly into fetus) (laparoscopic) 35674-01 [1256]
- - - - - - - - - - - using ultrasound guidance 35674-00 [1256]
- - - - - - - - - - - via laparotomy 35677-02 [1256]
- - - - - - - - - - - intramuscular (Methotrexate) 35677-03 [1256]
- - - - - - - - - - - pharmacotherapy (Methotrexate) 35677-03 [1256]
- - - - - - - - - - - salpingectomy (bilateral) (laparoscopic) (unilateral) 35678-01 [1256]
- - - - - - - - - - - via laparotomy 35677-05 [1256]
Pharmacotherapy (systemic effect) 96206 [1920]
  - for local effect — see Administration
    - - local effect (open) (percutaneous) (via peripheral arterial or venous catheterisation) — see also Administration 35317-02 [741]
    - - neoplasm and/or neoplasm related conditions — code to block [1920] with extension -00
    - - enteral 96202 [1920]
    - - intra-arterial 96196 [1920]
    - - intravenous 96199 [1920]
    - - oral 96203 [1920]
    - - specified NEC 96205 [1920]
    - - subcutaneous 96200 [1920]
    - - via vascular access device 96199 [1920]

Planning (of)
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    - - complex 15536-02 [1799]
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      - - primary course 90762-00 [1922]
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      - - pharmacotherapy (chemotherapy) (for neoplasm)
        - - primary course 90762-00 [1922]
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...
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    - - eye 42802-00 [177]
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      - - arch bars (mandible) (maxilla) 45823-00 [1360]
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    - bowel sphincter, artificial 32221-01 [940]
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T

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...

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- - tactile stimulation 96112-00 [1875]
- - T-cell 13706-04 [1893]
- - ultraviolet (skin)

...
Neoplasms (ACS)

Introduction/Rationale:

This addenda proposal combines the following tasks, which are primarily based on public submissions and coding queries:

- ACS 0233 Morphology (TN835, Q2862, Q3005)
- ACS 0236 Neoplasm coding and sequencing (TN915)
- ACS 0002 Additional diagnoses (TN918, P236, Q2761)
- ACS 0044 Chemotherapy (TN1034, P253, Q3145)
- ACS 0237 Recurrence of malignancy (TN1092, Q3004)

In addition to the above public submission and coding query based addenda proposals, all the ACS within ACS Chapter 2 Neoplasms were reviewed. ACCD proposes deleting redundant standards and transferring the content to ICD-10-AM/ACHI Tabular List and/or Alphabetic Index, and/or another ACS where appropriate.

The guidelines for administration of oral/transmucosal pharmacotherapy for the treatment of malignant neoplasms, and administration of antineoplastic pharmacotherapy in multi-day episodes of care were reviewed. Research indicates that oral pharmacotherapy is increasingly being used to treat malignant neoplasms, often as part of a protocol with administration via other routes (eg intravenous). ACCD proposes expanding the guidelines in ACS 0044 to assign administration of antineoplastic pharmacotherapy via any route (eg oral, transmucosal, subcutaneous), consistent with that performed in multi-day episodes of care.

Summary of proposal:

- Rename ACS 0044 Chemotherapy to Pharmacotherapy to encompass all pharmacotherapy, (including but not limited to chemotherapy), as per the definition in ACS 0044; and amendment of the terminology ‘chemotherapy’ to ‘pharmacotherapy’ in ICD-10-AM/ACHI/ACS where appropriate.
- ACCD considered amendments to ACS 0102 HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) as there is reference to prophylactic chemotherapy for HIV infections. However, upon review of ACS 0102 it was identified that the entire standard will require revision and due to time constraints within this work cycle, the revision of ACS 0102 will be considered for a future edition.
- Deletion of the now redundant ACS 0218 Lymphangitis carcinomatosis with amendment to the Tabular List at C78.0 Secondary malignant neoplasm of lung and addition of this condition to the Alphabetic Index.
- Addition of examples throughout ACS relevant to neoplasms to demonstrate the use of guidelines and to minimise potential ambiguity.
- Pancytopenia (NOS) will remain classified as per ACS 0304 Pancytopenia, which remains consistent with ICD-11, as the WHO has not reclassified this clinical concept, ICD-10-AM and the ACS will remain unchanged.
ACCD PROPOSAL
Australian Coding Standards

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0222 Lymphoma
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0233 Morphology
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0245 Remission in malignant immunoproliferative diseases and leukaemia

0001 PRINCIPAL DIAGNOSIS

... RESIDUAL CONDITION OR NATURE OF SEQUELA

The residual condition or nature of the sequela is sequenced first, followed by the sequela code for the cause of the residual condition, except in a few instances where the Alphabetic Index directs otherwise (see also ACS 0008 Sequelae and ACS 1912 Sequelae of injuries, poisoning, toxic effects and other external causes).

Note: For more information regarding choice of principal diagnosis selection in specific cases, refer to the following general rules and chapter specific rules. In particular, obstetric admissions, admissions for chemoPharmacotherapy, radiotherapy and dialysis have special guidelines for principal diagnosis selection.
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)
    • chemo pharmacotherapy (see ACS 0044 Chemo Pharmacotherapy)
    • blood transfusions (see ACS 0302 Blood transfusions)
    • allied health interventions (see ACS 0032 Allied health interventions)

0042 PROCEDURES NORMALLY NOT CODED

... CLASSIFICATION...

The procedures listed below are normally not coded:

... 8. Drug treatment/pharmacotherapy/prescription of drugs (eg total parental nutrition (TPN))

Exception(s): code following the guidelines in:

• ACS 0044 Chemo Pharmacotherapy
• ACS 0534 Specific interventions related to mental health care services

...
CHEMOPHARMACOTHERAPY

DEFINITION

Pharmacotherapy is the treatment of a condition by means of drug(s). Chemotherapy is a type of pharmacotherapy and generally refers to pharmacotherapy for malignancy and to a lesser extent other systemic conditions such as HIV (see also ACS 0102 HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome)), lupus erythematosus and rheumatoid arthritis.

For coding-classification purposes, chemotherapy pharmacotherapy is defined as: “The administration of any therapeutic substance (usually a drug), excluding blood and blood products.”

Episodes of care for administration of pharmacotherapy for a patient with a neoplasm may be to:
1. treat the neoplasm
2. treat a neoplasm related or neoplasm treatment related condition
3. prevent a neoplasm related or neoplasm treatment related condition
4. a combination of these factors.

Chemotherapy pharmacotherapy can have different routes of administration be administered in a number of ways, including the following:
1. intravenous
2. intra-arterial
3. intramuscular
4. intrasional/subcutaneous
5. intracavitary (eg intraperitoneal, intrathecal, bladder)
6. oral
7. transmucosal (eg buccal, intranasal, sublingual, rectal)

CLASSIFICATION

ICD-10-AM CLASSIFICATION

Same-day episodes of care for chemotherapy pharmacotherapy for neoplasm and neoplasm (treatment) related conditions

For episodes of care for chemotherapy for a neoplasm or neoplasm related condition, where the patient is discharged on the same day as the admission, assign:
• Z51.1 Pharmacotherapy session for neoplasm as principal diagnosis
• a code for the neoplasm being treated as the first additional diagnosis (see also ACS 0236 Neoplasm coding and sequencing)
• additional diagnostic code(s) for any neoplasm related condition(s) being treated
• the appropriate procedure code.

Where pharmacotherapy is administered for a neoplasm or neoplasm (treatment) related condition, and the admission and discharge are on the same day, assign:
• Z51.1 Pharmacotherapy session for neoplasm as principal diagnosis
• a code for the neoplasm being treated as the first additional diagnosis (see also ACS 0236 Neoplasm coding and sequencing)
• additional diagnosis code(s) for any neoplasm related condition or neoplasm treatment related condition(s) meeting ACS 0002 Additional diagnoses.

Same-day episodes of care for chemo pharma cotherapy for conditions other than neoplasms

For episodes of care for administration of pharmacotherapy for conditions other than neoplasms, where admission and discharge are on the same-day as the admission, assign a code for the condition as the principal diagnosis (see Example 3).

• a code for the condition
• the appropriate procedure code

For guidelines regarding administration of pharmacotherapy for HIV/AIDS, see ACS 0102 HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome).

Administration of chemotherapy during multi-day episodes of care for pharmacotherapy for neoplasm

Where chemo pharma cotherapy is administered for a neoplasm or neoplasm (treatment) related condition during multi-day episodes of care,:

• assign a code for the condition requiring treatment and the appropriate procedure code(s) (see Example 5).
• do not assign Z51.1 Pharmacotherapy session for neoplasm.

Chemotherapy procedure coding ACHI CLASSIFICATION

When a patient receives pharmacotherapy for a neoplasm or neoplasm (treatment) related condition multiple number of times during an episode of care, and the same procedure code ACHI code applies, assign the procedure ACHI code only once only.

Oral chemotherapy should not be coded in inpatient episodes of care.

EXAMPLE 1:
Patient admitted for same-day chemotherapy for prostate cancer. Intravenous (IV) cyclophosphamide given Oradoxel was administered orally, and the patient was 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

96203-00 [1920] Oral administration of pharmacological agent, antineoplastic agent

EXAMPLE 2:
Patient previously diagnosed with metastatic bone cancer from the breast and admitted for same-day intravenous (IV) infusion of Aredia for hypercalcaemia.

Codes:
Z51.1 Pharmacotherapy session for neoplasm
C79.5 Secondary malignant neoplasm of bone and bone marrow
M8000/6 Neoplasm, metastatic
C50.- Malignant neoplasm of breast

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Note: Aredia is a medication used to treat hypercalcaemia (a condition that commonly occurs in patients with bony neoplasms (in both primary and/or metastatic lesions)). Aredia is also administered to prevent pathological fractures due to bony neoplasms.

EXAMPLE 3:
Patient admitted for same-day IV infusion of methylprednisone for multiple sclerosis.
Codes:  
G35  Multiple sclerosis
96199-03  Intravenous administration of pharmacological agent, steroid

EXAMPLE 4:
Patient admitted for course of chemotherapy for breast cancer over twelve days. Intravenous chemotherapy (5FU) was administered.
Codes:  
C50.-  Malignant neoplasm of breast
M8000/3  Neoplasm, malignant
96199-00  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 local anaesthetic (LA) 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.
Codes:  
C78.6  Secondary malignant neoplasm of retroperitoneum and peritoneum
M8460/6  Papillary serous cystadenocarcinoma, metastatic
C56  Malignant neoplasm of ovary
M8460/3  Papillary serous cystadenocarcinoma
30406-00  Abdominal paracentesis
96199-00  Intravenous administration of pharmacological agent, antineoplastic agent

EXAMPLE 6:
A patient with Kaposi sarcoma of the skin due to HIV presents for same-day IV chemotherapy to treat the Kaposi sarcoma.

Codes:  
Z51.1  Pharmacotherapy session for neoplasm
C46.0  Kaposi sarcoma of skin
0102 HIV/AIDS (HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME)

Kaposi sarcoma

The WHO Classification of Tumours (Lamovec & Knuutila 2002, p. 170) classifies Kaposi sarcoma as a “locally aggressive endothelial tumour that typically presents with cutaneous lesions in the form of multiple patches, plaques or nodules but may also involve mucosal sites, lymph nodes and visceral organs”. The aetiological agent Human Herpes Virus (HHV-8) (also known as Kaposi Sarcoma Herpes Virus (KSHV)) may be listed as a causative agent. Assign a code from category C46- Kaposi sarcoma whether the primary site is known or unknown. Kaposi sarcoma should be coded for each subsequent episode of care following the initial diagnosis.

SAME-DAY CHEMOPHARMACOTHERAPY

ChemoPharmacotherapy

Chemotherapy, for coding purposes, refers to the administration of any therapeutic substance (usually a drug), excluding blood and blood products. Same-day Admissions for chemo pharmacotherapy for HIV manifestations (such as ganciclovir infusion for CMV retinitis) should be assigned a principal diagnosis for the condition being treated and the appropriate procedure code from block [1920] Administration of pharmacotherapy (see also ACS 0044 ChemoPharmacotherapy).

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 intravenous (IV) infusion for pulmonary mycobacterium avium complex (MAIC) on a same-day basis.

Codes: Pulmonary MAIC A31.0 Pulmonary mycobacterial infection
AIDS B20 Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases
Multi-drug IV infusion 96199-19 [1920] Intravenous administration of pharmacological agent, other and unspecified pharmacological agent

Same-day ChemoPharmacotherapy for Kaposi sarcoma

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 393
If an HIV/AIDS patient is admitted for same-day chemopharmacotherapy to treat Kaposi sarcoma, the principal diagnosis code should be assign Z51.1 Pharmacotherapy session for neoplasm as the principal diagnosis, because it is the neoplasm that is the focus of treatment rather than the HIV/AIDS (see ACS 0044 Pharmacotherapy, Example 6).

Prophylactic chemopharmacotherapy

Prophylactic interventions are used to:

• prevent the acquisition of a particular infection (primary), or
• keep a previously treated opportunistic infection suppressed (secondary)

Primary prophylactic chemopharmacotherapy for HIV infection, should be assigned a principal diagnosis code of Z29.2 Other prophylactic pharmacotherapy if the patient is admitted and discharged on the same date.

The manifestation of the HIV infection may be coded only if it is present. The HIV status code should be sequenced as an additional diagnosis.

**EXAMPLE 6:**
An HIV infected patient with no symptoms attends for antiretroviral therapy on a same-day basis.

<table>
<thead>
<tr>
<th>Codes:</th>
<th>Codes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemotherapy infusion</td>
<td>Z29.2 Other prophylactic pharmacotherapy</td>
</tr>
<tr>
<td>HIV positive (asymptomatic)</td>
<td>Z21 Asymptomatic human immunodeficiency virus [HIV] status</td>
</tr>
<tr>
<td>Antiretroviral therapy</td>
<td>96199-02 [1920] Intravenous administration of pharmacological agent, anti-infective agent</td>
</tr>
</tbody>
</table>

Secondary prophylactic chemopharmacotherapy (for the purposes of clinical classification) should be coded according to the guidelines in ACS 0102 HIV/AIDS/Same-day chemopharmacotherapy/ChemoPharmacotherapy.

**EXAMPLE 7:**
A person with AIDS presents for maintenance therapy IV infusion of ganciclovir for cytomegalovirus retinitis on a same-day basis.

<table>
<thead>
<tr>
<th>Codes:</th>
<th>Codes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMV retinitis</td>
<td>H30.9 Chorioretinal inflammation, unspecified</td>
</tr>
<tr>
<td></td>
<td>B25.8 Other cytomegaloviral diseases</td>
</tr>
<tr>
<td>AIDS</td>
<td>B20 Human immunodeficiency virus [HIV] disease</td>
</tr>
<tr>
<td></td>
<td>resulting in infectious and parasitic diseases</td>
</tr>
<tr>
<td>Ganciclovir IV infusion</td>
<td>96199-02 [1920] Intravenous administration of pharmacological agent, anti-infective agent</td>
</tr>
</tbody>
</table>

...
0222 LYMPHOMA

**EXTRANODAL SITES**

Lymphomas are systemic diseases that do not metastasise in the same way as solid tumours. The malignant cells circulate within the lymphatic or haematopoietic circulation and may occur in other sites within these tissues, but they are considered to be part of the primary disease, rather than metastatic spread.

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 (e.g., stomach) should be assigned to the appropriate code in the categories C86 and C88.

Lymphomas do not have to originate in the lymph nodes or glands. Lymphomas may originate in any lymphoid tissue throughout the body and may not be restricted to lymph nodes or glands.

Regardless of the number of sites involved, lymphomas are classified to categories C81–C88, and are never classified as metastatic neoplasms.

**EXAMPLE 1:**

A patient with non-follicular lymphoma was admitted for drainage of malignant ascites under general anaesthesia (GA). Prior to discharge, the patient was found to be hypalbuminaemic and intravenous (IV) transfusion of Albumex was given. The patient was monitored and discharged the next day.

**Codes:**

- C83.9 Non-follicular (diffuse) lymphoma, unspecified
- M9591/3 Lymphoma, non-Hodgkin NOS
- E88.0 Disorders of plasma-protein metabolism, not elsewhere classified
- 30406-00 [983] Abdominal paracentesis
- 92514-99 [1910] General anaesthesia, ASA 95, non-emergency or not known
- 92062-00 [1893] Administration of other serum

**EXAMPLE 2:**

A patient with known diffuse large B-cell lymphoma was referred to hospital by his general practitioner (GP) to investigate sudden onset of back pain with no known trauma. Magnetic resonance imaging (MRI) of the spine revealed a pathological fracture of the L3/4 vertebrae. The patient’s back pain was brought under control and the patient was discharged for follow up at the Cancer Care Centre the following week. Discharge summary noted: Pathological L4 vertebral fracture due to malignant invasion.

**Codes:**

- M90.78 Fracture of bone in neoplastic disease, other site
- C83.3 Diffuse large B-cell lymphoma
EXAMPLE 3:
A patient with progressive paraesthesia across the back was admitted to hospital for investigations. MRI of the spine revealed a collapsed vertebra at T4 which was causing the neurological symptoms. After further investigations, the patient was diagnosed with multiple myeloma (MM). The patient was managed by the haematology team and commenced on IV chemotherapy. A final diagnosis of MM with collapsed vertebra was confirmed. The patient was discharged for follow up at the cancer clinic.

Codes:
- C90.00 Multiple myeloma, without mention of remission
- M9732/3 Multiple myeloma
- M48.54 Collapsed vertebra, not elsewhere classified, thoracic region
- 96199-00 [1920] Intravenous administration of pharmacological agent, antineoplastic agent

EXTRANODAL SITES

‘Extranodal’ lymphomas, ie lymphomas of a site other than the lymph glands (eg stomach), are classified to categories C86 Other specified types of T/NK-cell lymphoma and C88 Malignant immunoproliferative diseases.

MORPHOLOGY

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. Lymphomas may change morphology over time. Therefore, the most recent pathology (histopathology or cytology) results must be referenced to determine the morphology code for lymphoma.

0229 RADIOTHERAPY

ICD-10-AM CLASSIFICATION

Same-day episodes of care FOR RADIOTHERAPY

Should there be any same-day radiotherapy admissions (admission and discharge on the same day), assign Z51.0 Radiotherapy session as the principal diagnosis followed by the neoplasm code.

- Assign Z51.0 Radiotherapy session as principal diagnosis

Multi-day episodes of care FOR RADIOTHERAPY

Multi-day episodes of care (ie patients separated on a subsequent date to the admission date) for radiotherapy for neoplasms should have the neoplasm sequenced as the principal diagnosis.

- Assign the principal diagnosis as per the guidelines in ACS 0001 Principal diagnosis
• Do not assign Z51.0 Radiotherapy session as an additional diagnosis

Note: For information on classification of adverse effects of radiotherapy, refer to ACS 1902 Adverse effects for guidelines regarding classification of adverse effects of radiotherapy.

RADIOThERAPY PROCEDURE CODING ACHI CLASSIFICATION

When a patient receives radiotherapy, without cerebral anaesthesia, a number of times during an episode of care and the same procedure code applies, assign the procedure code once only.

- When radiotherapy is performed multiple times without cerebral anaesthesia during an episode of care, and it is classified to the same ACHI code, assign the ACHI code once only

- When the radiotherapy is performed under cerebral anaesthesia, the procedure should be coded as many times as it is performed. When radiotherapy is performed under cerebral anaesthesia, assign the relevant ACHI code as many times as it is performed.

0233 MORPHOLOGY

The first four characters represent the histological type of the neoplasm and the fifth character indicates its behaviour. ICD-10-AM morphology codes consist of the letter ‘M’, followed by five digits. The first four digits identify the neoplasm’s histological type, and the fifth digit, following a slash (or solidus), indicates the neoplasm’s 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 reviewed and understood.

The assignment of morphology codes is a decision for each state/territory. Clinical coders should therefore be guided by their state/territory policy.

Note the following important points:

1. Assign a morphology code should always be assigned directly after the neoplasm code to which it applies. ICD-10-AM codes that require the assignment of a morphology code are:
   - C00–D48 Neoplasms (see also ACS 0002 Additional diagnoses/Multiple coding)
   - O01.0 Classical hydatidiform mole
   - O01.1 Incomplete and partial hydatidiform mole
   - O01.9 Hydatidiform mole, unspecified
   - Q85.0 Neurofibromatosis (nonmalignant)

2. A morphology code must never appear assigned as the principal diagnosis code.

3. The behaviour of the neoplasm is indicated by the last digit of the morphology code. Note: that if the behaviour code may change depending on the behaviour description of the neoplasm in the clinical record. For example, a ‘superficial spreading noninvasive adenocarcinoma’ should be classified to M8143/2 rather than M8143/3 because although superficial spreading adenocarcinoma is normally classified as ‘Malignant, primary site’ (M8143/3), the description of ‘noninvasive’ changes the behaviour classification to ‘Carcinoma in situ’.

4. Where documentation does not specify whether a malignant neoplasm is primary or secondary morphology, default to primary /3.

5. In a histopathology report, if a morphological diagnosis contains more than one qualifying term classifiable to:
   - different morphology codes, select the higher number as it is usually more specific (see Example 1).
• **different behaviours**, assign a morphology code for the most invasive neoplasm behaviour (see Example 2).

• **different morphology and behaviour** in the same lesion, assign a morphology code for the most invasive neoplasm behaviour.

All morphology codes referred to in this document are from ICD-O Third Edition.

If a morphological diagnosis contains two histological terms which have different morphology codes, select the highest number as it is usually more specific.

**EXAMPLE 1:** A histopathology report of biopsies taken of the bladder of a patient confirmed *transitional cell epidermoid carcinoma*.

- *Transitional cell epidermoid carcinoma* is coded classified to M8120/3
- *Epidermoid carcinoma NOS* is coded classified to M8070/3

In such a case, the morphology code with the highest numerical value (M8120/3) should be used.

*Note:* This does not apply to multiple histological diagnoses from different timeframes or different episodes of care, even if in reference to the same tumour.

**EXAMPLE 2:**
Patient was admitted for a TRUS (transrectal ultrasound guided) biopsy of the prostate under local anaesthesia. Histopathology reported adenocarcinoma (M8140/3) and high grade glandular intraepithelial neoplasia (M8148/2) of the prostate.

Codes: C61 Malignant neoplasm of prostate
M8140/3 Adenocarcinoma NOS
37215-00 [I11631] Endoscopic biopsy of prostate

*Note:* M8140/3 Adenocarcinoma NOS is more invasive than M8148/2 Glandular intraepithelial neoplasia, high grade and therefore the morphology for adenocarcinoma /3 is assigned.

0234 **CONTIGUOUS SITES**

**PRIMARY SITE KNOWN** SPREAD OF MALIGNANT NEOPLASM TO ADJACENT ORGAN OR SITE

If the neoplasm spreads is-from a known primary site to an adjacent organ or site, (eg bowel to bladder or jejunum to ileum) assign a code only for the primary neoplasm (site) only. The spread at into the adjacent site is neither primary nor secondary at that site, but an expansion of the primary neoplasm and is not coded.

**EXAMPLE 1:**
Patient was admitted for intravenous (IV) pharmacotherapy for treatment of an adenocarcinoma of the jejunum (primary). A recent colonoscopy report revealed that the neoplasm had infiltrated into the ileum. IV pharmacotherapy was administered and the patient was discharged on the same day.

Codes: Z51.1 Pharmacotherapy session for neoplasm
C17.1 Malignant neoplasm of small intestine, jejunum
M8140/3 Adenocarcinoma NOS
96199-00 [1920] Intravenous administration of pharmacological agent, antineoplastic agent

**PRIMARY SITES UNKNOWN MALIGNANT NEOPLASM OF OVERLAPPING SITES**

A primary malignancy which overlaps the boundaries of two or more subcategories within a three character category, and whose site of origin cannot be established, is classified to the fourth digit subcategory '8' in most cases.

**EXAMPLE 2:**
Patient admitted for wide local excision of a lesion of the right breast at 3 o’clock. The lesion was excised under GA. The histopathology report revealed breast carcinoma NST (no special type).

Codes: C50.8 Overlapping lesion of breast
M8500/3 Infiltrating duct carcinoma NOS
31500-00 [1744] Excision of lesion of breast

ICD-10-AM provides the following codes for certain malignant neoplasms whose point of origin cannot be established and whose stated sites overlap two or more three-character categories:

C02.8 Overlapping lesion of tongue
C08.8 Overlapping lesion of major salivary glands
C14.8 Overlapping lesion of lip, oral cavity and pharynx
C21.8 Overlapping lesion of rectum, anus and anal canal
C24.8 Overlapping lesion of biliary tract
C26.8 Overlapping lesion of digestive system
C39.8 Overlapping lesion of respiratory and intrathoracic organs
C41.8 Overlapping lesion of bone and articular cartilage
C49.8 Overlapping lesion of connective and soft tissue
C57.8 Overlapping lesion of female genital organs
C68.8 Overlapping lesion of urinary organs
C72.8 Overlapping lesion of brain and other parts of central nervous system

**EXAMPLE 3:**
Patient admitted with a mass in the tracheobronchial region. A biopsy was performed via a bronchoscopy under sedation, ASA 2. Histopathology report indicated squamous cell carcinoma (SCC).

Codes: C34.8 Overlapping lesion of bronchus and lung
M8070/3 Squamous cell carcinoma NOS
41898-04 [544] Endoscopic [needle] biopsy of bronchus
92515-29 [1910] Sedation, ASA 29
AMBIGUOUS/VAGUE SITES

A malignant neoplasm of contiguous sites (overlapping boundaries), not elsewhere classified, whose point of origin cannot be determined should be assigned to category C76. Malignant neoplasm of other and ill-defined sites.

Note: The use assignment of a code from this category would only be warranted when there is nonspecific information available regarding the location nature of the neoplasm, and no further information is available.

EXAMPLE 4:
Patient admitted for the removal of a malignant neoplasm of the face. The procedure was cancelled.

Codes: C76.0 Malignant neoplasm of head, face and neck
M8000/3 Neoplasm, malignant
Z53.9 Procedure not carried out, unspecified reasons

0236 NEOPLASM CODING AND SEQUENCING

(excluding same-day chemotherapy/radiotherapy)

Note: This ACS does not include guidelines regarding episodes of care for same-day pharmacotherapy or radiotherapy for a neoplasm. See ACS 0044 Pharmacotherapy and ACS 0229 Radiotherapy.

The sequencing of either primary or secondary malignancy neoplasm codes is dependent on the treatment performed at each episode of care. Selection of the principal diagnosis should be made in accordance with ACS 0001 Principal diagnosis.

PRIMARY NEOPLASM AS A CURRENT CONDITION

The primary malignancy should be coded as a current condition if the episode of care is for:
A primary neoplasm is classified as a current condition if the episode of care is for:

- diagnosis or treatment of the primary malignancy neoplasm, in any of the following circumstances:
  - initial diagnosis of the primary malignancy neoplasm
  - treatment of complications of the malignancy primary neoplasm or neoplasm treatment
  - operative intervention to remove the malignancy primary neoplasm
  - medical care related to the malignancy primary neoplasm, including palliative care (see also ACS 2116 Palliative care)
  - recurrence of the primary malignancy neoplasm previously eradicated from the same organ or tissue (see also ACS 0237 Recurrence of malignancy)

- diagnosis or treatment of a secondary (metastatic) malignancy neoplasm, regardless of when/if the primary site was previously resected. Assign an additional diagnosis code(s) should be assigned for the primary neoplasm site(s) if known, or C80- Malignant neoplasm without specification of site if the site of the primary neoplasm site is unknown or unspecified.

- treatment aimed at stopping progression of the cancer neoplasm progression, such as:
  - chemopharmacotherapy or radiotherapy (see also ACS 0044 Chemotherapy and ACS 0229 Radiotherapy)
  - subsequent admissions for wider excision (even if there is no residual malignancy neoplasm identified on histopathology)
• staged surgery for prophylactic removal of a related organ.
• treatment of another nonmalignant condition, when the malignancy neoplasm is a comorbidity that has an affect on the episode of care as per the criteria in ACS 0002 Additional diagnoses.
• dental clearance prior to radiotherapy. The malignancy or the complication will be coded as the principal diagnosis. Assign a code for the condition requiring the procedure as per the criteria in ACS 0001 Principal diagnosis.

If the episode of care is for follow-up care, the malignancy neoplasm 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 and ACS 2114 Prophylactic surgery.)

• Where there is history of/follow-up for a neoplasm, and a secondary (metastatic) neoplasm is diagnosed, assign:
  • a code for the metastatic site with the appropriate morphology code
  • a code for the primary neoplasm with the appropriate morphology code.

• Assign a code from category Z85 Personal history of malignant neoplasm as an additional diagnosis only if the neoplasm is completely resolved and the history is relevant to the current episode of care.

See also ACS 0052 Same-day endoscopy – surveillance, ACS 0237 Recurrence of malignancy, ACS 1204 Plastic surgery and ACS 2114 Prophylactic surgery.

Where there are multiple secondary (metastatic) sites, assign a code for each metastatic site in order to reflect the severity of the neoplastic condition.

**0237 RECURRENCE OF MALIGNANCY**

• If ‘recurrence in mastectomy scar’ is documented in the clinical record without further qualification, assign C79.2 Secondary malignant neoplasm of skin.

• If the primary malignancy previously eradicated primary malignant neoplasm has recurred, assign a code for the original primary site using the appropriate code from categories C00–C75. Code also any secondary sites mentioned.

**EXAMPLE 1:**
Patient previously had a sigmoid colectomy in 1996 for carcinoma, now presents for follow up colonoscopy under sedation, with a recurrence was found in the rectum.

**Codes:**
- C18.7 Malignant neoplasm of sigmoid colon
- M8010/3 Carcinoma NOS
- 32090-01 [911] Fibreoptic colonoscopy to caecum, with biopsy

If ‘recurrence in mastectomy scar’ is recorded in the clinical record without further qualification, it should be coded to C79.2 Secondary malignant neoplasm of skin.

**EXAMPLE 2:**
Patient admitted for a check cystoscopy under GA, for a previous transitional cell carcinoma (TCC) (M8120/3) of the bladder dome diagnosed six months ago. A TCC of the bladder wall was found.

**Codes:**
- C67.1 Malignant neoplasm of dome of bladder
EXAMPLE 3:
Patient with a previous transitional cell carcinoma (TCC) (M8120/3) of the bladder dome was admitted for a check cystoscopy under GA. An in situ TCC (M8120/2) was found in the bladder wall.

Codes: C67.1 Malignant neoplasm of dome of bladder
M8120/3 Transitional cell carcinoma NOS
36836-00 [1098] Endoscopic biopsy of bladder

Note: For classification purposes, this is considered a recurrence as the morphology is the same, even though the site in the bladder is different.

EXAMPLE 4:
Patient admitted for a check cystoscopy under GA, for a previous transitional cell carcinoma (TCC) (M8120/3) of the bladder. A papillary in situ TCC (M8130/2) of the bladder was found on biopsy.

Codes: D09.0 Carcinoma in situ, bladder
M8130/2 Papillary transitional cell carcinoma, non-invasive
Z08.9 Follow-up examination after unspecified treatment for malignant neoplasm
36836-00 [1098] Endoscopic biopsy of bladder

Note: For classification purposes, this is not considered a recurrence as the morphology is different to the original neoplasm.

0239 METASTASES

Statements such as ‘metastatic carcinoma of the ovary’ or ‘metastatic carcinoma to bone’ should be queried with the clinician to determine whether the stated site is the primary or metastatic site.

The adjective ‘metastatic’ is used ambiguously, sometimes to mean secondary deposits from a primary lesion elsewhere and sometimes to mean a primary which is metastasising. No arbitrary rule can satisfactorily solve this problem. Therefore, the coder should examine the clinical record and, if necessary, consult the clinician for clarification.

Documentation of ‘metastatic’ may mean secondary deposits from a primary lesion elsewhere, or a primary neoplasm that has metastasised to a new site.

Where there is ambiguous documentation (eg ‘metastatic carcinoma of the ovary’), seek clinician clarification.
A malignant neoplasm described as 'metastatic from' a site should be interpreted as a primary neoplasm of that site. Also assign the appropriate code(s) for the secondary neoplasm(s).

EXAMPLE 1:
Carcinoma of axillary lymph nodes and lungs, metastatic from breast.
Breast = primary site; Primary site = breast
Nodes and lungs = secondary sites. Secondary sites = axillary lymph nodes and lungs

A malignant neoplasm described as 'metastatic to' a site should be interpreted as a secondary neoplasm of that site. Also assign the an appropriate code for the primary neoplasm.

EXAMPLE 2:
Carcinoma of the breast, metastatic to the brain.
Breast = primary site; Primary site = breast
Brain = secondary site. Secondary site = brain

If two or more sites are stated in the diagnosis and all are described as metastatic and none described as primary, code as for assign C80.9 Malignant neoplasm, primary site unknown/unspecified and assign codes for the stated sites as secondary neoplasms of the stated sites.

0241 MALIGNANT NEOPLASM 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.

Malignant neoplasms of the lip are classified as follows:

- C43.0 Malignant melanoma of lip
  C43.0 classifies malignant melanoma of the skin around the lip (ie not on the vermilion border but of the hair-bearing skin between the upper vermilion border and the nose (philtrum) or the skin between the lower vermilion border and the mentolabial sulcus. For melanoma of the lip on the vermilion border (ie. lipstick area) assign a code from categories C00.0–C00.2.

- C44.0 Malignant neoplasm of skin of lip
  Assign C44.0 for other malignant neoplasm of the hair-bearing skin (outside of the vermilion border).

- C00.- Malignant neoplasm of lip
All other malignant neoplasms occurring ‘on the lip’, ie malignant neoplasms occurring on the vermillion border of the lip (including melanoma) are classified to category C00 Malignant neoplasm of lip.

0245 REMISSION IN MALIGNANT IMMUNOPROLIFERATIVE DISEASES AND LEUKAEMIA

This standard is provided to assist in determining when to assign the fifth characters for ‘in remission’ and ‘without mention of remission’ for categories C88 Malignant immunoproliferative diseases, C90 Multiple myeloma and malignant plasma cell neoplasms and C91–C95 Leukaemia.

This standard specifically relates to the following categories:

C88 Malignant immunoproliferative diseases
C90 Multiple myeloma and malignant plasma cell neoplasms
C91 Lymphoid leukaemia
C92 Myeloid leukaemia
C93 Monocytic leukaemia
C94 Other leukaemias of specified cell type
C95 Leukaemia of unspecified cell type

The following fifth characters for ‘in remission’ and ‘without mention of remission’ are assigned for the above categories:

0 without mention of remission (includes partial remission)
1 in remission (complete remission)

It also provides guidance in the distinction between the concepts of ‘in remission’ and ‘history of’ in relation to these conditions. A definite cure, and therefore assignment of a ‘history’ code, may vary greatly from disease to disease and can only be applied retrospectively. The distinction therefore, after clinical consultation, is made on the basis of continuing treatment of the malignancy, rather than a set time-frame.

DEFINITIONS

Complete remission – no evidence of signs or symptoms of the malignancy.

Partial remission – reduction in the signs or symptoms of the tumour by > 50% but evidence of active disease exists.

Where documentation is incomplete and the only information is ‘in remission’, it is advisable to seek further clarification from the clinician.

CLASSIFICATION

This standard relates only to the following categories:

C88 Malignant immunoproliferative diseases
C90 Multiple myeloma and malignant plasma cell neoplasms
C91 Lymphoid leukaemia
C92 Myeloid leukaemia
C93 Monocytic leukaemia
C94 Other leukaemias of specified cell type
C95 Leukaemia of unspecified cell type
with fifth characters:

0 — without mention of remission — (includes partial remission)
1 — in remission — (complete remission)

Without mention of remission ('0')

The fifth character of '0' (without mention of remission) should be assigned when:

• it is the first presentation and diagnosis of the disease, OR

• it is clear from the documentation that even if there has been a reduction in the disease, active disease still exists.

In remission ('1')

The fifth character of '1' (in remission) is assigned when:

• the clinician has documented 'in remission' with no further information on the stage or history of the disease and clinical advice is unavailable, OR

• the patient is still receiving treatment for the inactive malignancy neoplasm or, eg for side-effects of treatment therapy (ie surgery, chemotherapy, pharmacotherapy, other drug treatment, etc)

AND

• it is clear from the documentation that this is a complete remission (ie no evidence of signs or symptoms of the malignancy).

Z85 Personal history of malignant neoplasm

In cases where complete remission is documented and there is no evidence of the patient receiving any form of treatment for the malignancy neoplasm or, eg side-effects of therapy, assign a code for 'history of malignancy neoplasm' should be assigned, when it is relevant to the current episode of care (as per ACS 0002 Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99)).

The possible 'history of malignancy' applicable codes in category Z85 are:

Z85.6 Personal history of leukaemia
Z85.7 Personal history of other malignant neoplasms of lymphoid, haematopoietic and related tissues

0302 BLOOD TRANSFUSIONS

The administration of blood and blood products should be coded whenever performed. However, multiple administrations of the same blood product within the same episode of care should be reflected by one procedure code only. If more than one type of blood product is administered during the episode of care, appropriate codes for those different products should be assigned.

EXAMPLE 1:
Patient transfused with packed cells three times during the episode of care.

Code: 13706-02 [1893] Administration of packed cells

Note: Only need to assign the code once only.

EXAMPLE 2:
Patient transfused with packed cells and gamma globulin during the episode of care.
**EXAMPLE 3:**

Patient was admitted after being referred by the local GP (general practitioner) for hypoalbuminaemia. The patient was assessed, and albumin (Albumex) was ordered and transfused without complication.

**Codes:**
- E88.0 Disorders of plasma-protein metabolism, not elsewhere classified
- 92062-00 [1893] Administration of other serum

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**0304 PANCYTOPENIA**

**DEFINITION**

Pancytopenia is a general term for the simultaneous decrease in haemoglobin level (anaemia), white cell count (leukocytopenia/neutropenia/leukopenia) and platelet count (thrombocytopenia).

Pancytopenia is caused by a number of disorders, including:

- adverse effects of drugs (especially chemotherapeutic substances)
- aplastic anaemia
- bone marrow infiltration or replacement (eg myelodysplasia, myeloma, secondary carcinoma, myelofibrosis, occasionally acute leukaemia)
- brucellosis
- Fanconi's anaemia
- folate deficiency
- paroxysmal nocturnal haemoglobinuria
- pregnancy
- sarcoidosis
- severe infection or sepsis
- splenic disorders (eg hypersplenism)
- systemic lupus erythematosus
- vitamin B₁₂ deficiency (Kumar & Clark 2002).

**CLASSIFICATION**

Where pancytopenia is documented without further specification, assign D61.9 Aplastic anaemia, unspecified. This default code should only be assigned when 'pancytopenia' is documented without mention of specific blood abnormalities (anaemia, neutropenia and thrombocytopenia).

Attempt to obtain clarification from the clinician of the specific blood abnormalities (anaemia, neutropenia and thrombocytopenia) and assign codes for these conditions rather than assigning the default for pancytopenia.

Where ‘pancytopenia’ is documented without further specification, seek clarification from the clinician of the specific blood abnormalities (ie anaemia, neutropenia, thrombocytopenia).
• Where the clinician confirms a specific blood abnormality(ies), assign codes for the specific blood abnormality(ies) meeting the criteria in ACS 0002 Additional diagnoses

  or

• Where clinical advice is unavailable, assign D61.9 *Aplastic anaemia, unspecified.*
STANDARDS INDEX

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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Introduction/Rationale:
This addenda proposal is the result of discussion regarding the classification of nontraumatic skin and subcutaneous haematomas, particularly in regards to anticoagulant use.

It is acknowledged that haematoma (or contusion) as a result of nontraumatic causes such as drug and medicament use is poorly classified in the existing ICD-10-AM structure. Therefore, ACCD proposes to create new ICD-10-AM codes and add inclusion terms at existing codes to classify this concept.

ACCD PROPOSAL

Tabular List

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

L98.8 Other specified disorders of skin and subcutaneous tissue

Nontraumatic haematoma of skin and subcutaneous tissue

Use additional external cause code (Chapter 20) to identify drug, if drug-induced.

M79 Other soft tissue disorders, not elsewhere classified

See site code

Excludes: soft tissue pain, psychogenic (F45.4)

M79.8 Other specified soft tissue disorders

Nontraumatic haematoma of soft tissue

Use additional external cause code (Chapter 20) to identify drug, if drug-induced.
R23 Other skin changes

R23.3 Spontaneous ecchymoses

Petechiae

*Excludes:* ecchymoses in fetus and newborn (P54.5)
nontraumatic haematoma:
  • skin (L98.8)
  • soft tissue (muscle) (M79.8-

purpura (D69.-)

Alphabetic Index

**Haematoma** (skin surface intact) (traumatic) *(see also Contusion)* T14.08

- mediastinum S27.88
- mesosalpinx (nontraumatic) N83.7-S37.88
  - nontraumatic N83.7
  - traumatic S37.88
- muscle — code as *(see also Contusion)* by site
  - nontraumatic M79.8-
- nontraumatic, due to circulating anticoagulants (heparin) (warfarin) D68.3 — *(see also Haematoma)* by site/nontraumatic
- due to circulating anticoagulants (heparin) (warfarin) D68.3
- skin and subcutaneous tissue L98.8
- soft tissue M79.8-
- obstetrical surgical wound O90.2

- scrotum, superficial S30.2
  - due to birth trauma P15.5
- seminal vesicle (nontraumatic) N50.1-S37.83
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  - traumatic S37.83
- skin and subcutaneous tissue T14.05
  - nontraumatic L98.8
- soft tissue — *(see also Contusion)* by site
  - nontraumatic M79.8-
- spermatic cord (traumatic) S37.84
  - nontraumatic N50.1

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
ACHI Obstetrics and gynaecology review

Introduction/Rationale:

This addenda proposal incorporates a number of issues relating to the classification of obstetric and gynaecological procedures in ACHI Chapter 13 Gynaecological procedures (Blocks 1240–1299) and Chapter 14 Obstetric procedures (Blocks 1330-1347):

- Biopsy of uterine serosa (Q3181)
- Brachytherapy applicators; cervix and uterus (Q&A)
- Cervicopexy, perineorrhaphy and graft of the vagina (TN56, P49/09)
- Drainage of endometrioma (P311)
- Endometrial scratch (TN1082, Q3051)
- Fetal scalp lactate (Q3025)
- Fetoscopic tracheal balloon occlusion (TN320, Q2631)
- Goldilocks mastectomy (TN1262, Q3139)
- Hysterectomy with salpingo-oophorectomy and pelvic lymph node dissection (Q3165)
- Lipiodol flushing (TN1079, Q3050)
- Mona Lisa Touch (TN1325, Q3203)
- Pulsed dose rate cervical and uterine brachytherapy (and insertion of cervical and intrauterine brachytherapy applicators) (Q2894)
- Replacement procidentia/manual reduction of prolapsed uterus (TN864, Q2951)
- Transvaginal oocyte retrieval (TVOR) (Q2665)
- Oral misoprostol for abortion (Q3294; in progress)
- Buccal Misoprostol for induction of abortion / termination of pregnancy (P360)

Other issues:

- Management of haemorrhage following abortion (insertion of Bakri balloon). ICD-10-AM classifies ‘delayed or excessive haemorrhage’ as a complication of abortion (ie four character codes (.1 and .6) at O03-O06 and O07 Failed attempted abortion, and O08.1 Delayed or excessive haemorrhage following abortion and ectopic and molar pregnancy).

ACHI lists codes:
  - 96226-00 [1274] Control of haemorrhage of cervix (for arrest of cervical haemorrhage following cervical ectopic pregnancy)
  - 35759-00 [1299] Control of postoperative haemorrhage, following gynaecological surgery NEC
  - 96228-00 [1347] Compression suture of uterus for postpartum haemorrhage
  - 16567-00 [1347] Other management of postpartum haemorrhage
The above ACHI codes for ‘postoperative’ and ‘postpartum’ haemorrhage are not applicable to haemorrhage following (spontaneous or medical/induced) abortion. Bakri balloon (uterine balloon tamponade) is one of the techniques utilised to treat postpartum haemorrhage, but may also be performed for post abortion haemorrhage.

- **Medical abortion.**
  Following a review of ICD-10-AM codes for abortion and receipt of a coding query and public submission regarding administration of misoprostol, abortion codes in block [1330] *Antepartum application, insertion or removal procedures* were reviewed.

  Misoprostol is a pharmacological agent that is administered to induce abortion/terminate pregnancy. It is usually administered orally (eg buccally) following ingestion of mifepristone. Misoprostol causes softening and opening of the cervix, and uterine contractions (ie it induces labour) (NPS Medicinewise 2017; The Royal Hospital for Women 2013).

- **Hysterectomy**
  Following receipt of comments on an earlier version of this addenda proposal, a review was undertaken on blocks [1268] *Abdominal hysterectomy* and [1269] *Vaginal hysterectomy*. A review of other international intervention classifications highlighted that hysterectomy may be classified into four main types (based on route of access):

  o Open (abdominal)(default)
  o Laparoscopic
  o Vaginal
  o Laparoscopic assisted vaginal

  ACCD notes that the term ‘abdominal’ is not always used in clinical practice, confounding code assignment for clinical coders. ACCD also notes that codes in block [1268] contain multiple concepts that are inconsistently applied (ie removal of adnexa, subtotal/total removal of tissue).

Summary of issues and proposed addenda:

- **Biopsy of uterine serosa:**
  o Proposed creation of codes for *biopsy of uterus* and *laparoscopic biopsy of uterus*

- **Cervicopexy, perineorrhaphy and graft of the vagina:**
  o Proposed creation of a code for *repair of the perineum* (not associated with current obstetric laceration or posterior vaginal compartment). *Vaginal graft* added to the Alphabetic Index, classifiable to urethroplasty.

- **Laparoscopic hysterectomy:**
  o Proposed creation of *laparoscopic/ laparoscopically assisted* codes in blocks [1268] *Abdominal hysterectomy* and [1269] *Vaginal hysterectomy* for clinical currency, due to increased use of minimally invasive intervention methods.

- **Pulsed dose rate cervical and uterine brachytherapy:**
  o Proposed creation of a code for *implantation of brachytherapy applicator, female genital organ* (ie. uterus, cervix and vagina)

- **Replacement procidentia/manual reduction of prolapsed uterus:**
  o Proposed creation of a code for *manual reduction of uterine prolapse*. This concept was previously classified to 92104-00 [1900] *Vaginal packing* (a best fit in the absence of a specific code). It is noted that vaginal packing does not always include manual reduction of prolapsed uterus. The proposal to reclassify to a unique code (located in Chapter 13 *Gynaecological procedures*) is consistent with 90313-01 [940] *Manual reduction of rectal prolapse*

- **Management of haemorrhage following abortion:**
  o Proposed creation of a code for *control of post abortion haemorrhage*

- **Medical abortion/Termination of pregnancy NEC:**
  o ACCD proposes to classify administration of agent for termination of pregnancy (eg abortion using pharmacological agents) to a new code in block [1330]

- **Hysterectomy:**
ACCD proposes to amend the indexing of codes from block [1268] to create a default (i.e. ‘abdominal’ as NEM at the lead term *Hysterectomy*).

ACCD proposes to simplify the code selection in blocks [1268] and [1269] by removing some of the precoordinated concepts. That is, ‘removal of adnexa’ will be coded separately (if performed), and ‘retroperitoneal dissection’ will be included in the ‘radical’ codes. ‘Radical excision of pelvic lymph nodes’, if performed, will be assigned in addition to the hysterectomy code.

- Minor amendments to ACHI Tabular List and Alphabetic Index for all other issues listed.

See also TN1223 ICD-10-AM Obstetrics review and TN1225 ACS Obstetrics review.

**ACCD PROPOSAL**

**Tabular List**

**LIST OF ACHI BLOCK NUMBERS**

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<th>Block No.</th>
<th>Block Name</th>
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<td>Biopsy of endometrium, uterus</td>
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<tr>
<td>806</td>
<td>Excision procedures on lymphatic structure node of neck</td>
</tr>
<tr>
<td>-05</td>
<td>Pelvic</td>
</tr>
<tr>
<td>96245-XX</td>
<td>Radical excision of lymphatic structure</td>
</tr>
<tr>
<td>989</td>
<td>Other excision procedures on abdomen, peritoneum or omentum</td>
</tr>
</tbody>
</table>

*Excludes:* hysterectomy with retroperitoneal dissection (35667-00, 35667-02 [1268])

| 30396-00 | Debridement and lavender of peritoneal cavity
|          | Washout for intraperitoneal sepsis

*Includes:* removal of:
- enteric contents (e.g. faecal material)
- foreign material

| 1121      | Urethroplasty

*Includes:* graft (vaginal)

| 37345-00 | Urethroplasty, staged procedure, first stage
| 37348-00 | Urethroplasty, staged procedure, second stage
| 37342-00 | Urethroplasty, single stage procedure
|          | Urethroplasty NOS

**1243**  Oophorectomy

*Excludes:* that with hysterectomy (see blocks [1268] and [1269])

35638-00 Laparoscopic wedge resection of ovary

...  

**1244**  Other excision procedures on ovary

*Includes:* excision of para-ovarian cyst

*Excludes:* that with hysterectomy (see blocks [1268] and [1269])

35638-04 Laparoscopic ovarian cystectomy, unilateral

...  

**1248**  Application, insertion or removal procedures on fallopian tube

35710-00 Falloposcopy

*Includes:* hysteroscopy
  tubal catheterisation

35703-01 Therapeutic hydrotubation

Insufflation of fallopian tube to bring about tube patency

*Includes:* with poppy seed oil (Lipiodol)

...  

**1251**  Salpingectomy

Salpingectomy for sterilisation

*Excludes:* that for:
  * removal of tubal pregnancy (35677-05, 35678-01 [1256])
  * reversal of sterilisation (35697-00 [1253], 35694 [1254])

...  

**1252**  Salpingo–oophorectomy

*Excludes:* that with hysterectomy (see blocks [1268] and [1269])

35638-11 Laparoscopic salpingo-oophorectomy, unilateral

...  

**1264**  Biopsy of endometrium uterus

35620-02 Laparoscopic biopsy of uterus

Laparoscopic biopsy of uterine serosa

35620-00 Biopsy of endometrium

*Excludes:* that by endoscopy (35630-00 [1259])

35620-01 Biopsy of uterus

Open biopsy of:
  * endometrium
  * uterine serosa

*Excludes:* endoscopic (35630-00 [1259])
  laparoscopic (35620-02 [1264])
  that with hysteroscopy (35630-00 [1259])
Abdominal hysterectomy

Note: Subtotal (laparoscopic) abdominal hysterectomy – involves removal of the uterus leaving the cervix attached to the vagina

Total (laparoscopic) abdominal hysterectomy – involves removal of the uterus, including the cervix

Radical abdominal hysterectomy – involves removal of the uterus including the cervix, upper 1–2 centimetres of vagina and parametrial tissue

Code also when performed:
• debulking of uterus (35658-00 [1270])
• radical excision of pelvic lymph nodes (96245-05 [806])
• removal of adnexa (fallopian tube, ovarian cyst, ovary (bilateral) (unilateral)) – see Alphabetic Index

90448-00 Subtotal laparoscopic abdominal hysterectomy
Laparoscopic supracervical (partial) hysterectomy

Includes: morcellation
removal of uterus via:
• laparoscopic port
• vagina

Excludes: that with removal of adnexa (bilateral) (unilateral) (90448-02 [1268])

35653-05 Laparoscopic subtotal abdominal hysterectomy
Laparoscopic:
• supracervical (partial) hysterectomy
• subtotal hysterectomy

Includes: morcellation
removal of uterus via:
• laparoscopic port
• vagina

35653-00 Subtotal abdominal hysterectomy
Subtotal hysterectomy NOS

Excludes: that with:
• extensive retroperitoneal dissection (35661-00 [1268])
• radical excision of pelvic lymph nodes (35670-00 [1268])
• removal of adnexa (bilateral) (unilateral) (35653-04 [1268])

90448-01 Total laparoscopic abdominal hysterectomy

Includes: morcellation
removal of uterus via:
• laparoscopic port
• vagina

Excludes: that with removal of adnexa (bilateral) (unilateral) (90448-02 [1268])

35653-07 Laparoscopic total abdominal hysterectomy
Laparoscopic total hysterectomy
Total laparoscopic hysterectomy

Includes: morcellation
removal of uterus via:
• laparoscopic port
• vagina

35653-01 Total abdominal hysterectomy

Excludes: that with:
• extensive retroperitoneal dissection (35661-00 [1268])
• radical excision of pelvic lymph nodes (35670-00 [1268])
• removal of adnexa (bilateral) (unilateral) (35653-04 [1268])

90448-02 Total laparoscopic abdominal hysterectomy with removal of adnexa
Subtotal laparoscopic hysterectomy with removal of adnexa

Includes: excision of (bilateral) (unilateral):
  • fallopian tube
  • ovarian cyst
  • ovary
  • morcellation

35653-04 Total abdominal hysterectomy with removal of adnexa

Subtotal abdominal hysterectomy with removal of adnexa

Includes: excision of (bilateral) (unilateral):
  • fallopian tube
  • ovarian cyst
  • ovary

Excludes: radical abdominal hysterectomy (35667-00 [1268])

35661-00 Abdominal hysterectomy with extensive retroperitoneal dissection

Abdominal hysterectomy (subtotal) (total) with extensive retroperitoneal dissection

Includes: salpingo-oophorectomy (bilateral) (unilateral)

Note: Performed for:
  • benign pelvic tumours
  • management of severe endometriosis
  • pelvic inflammatory disease

35670-00 Abdominal hysterectomy with radical excision of pelvic lymph nodes

Abdominal hysterectomy (subtotal) (total) with radical excision of pelvic lymph nodes

Includes: salpingo-oophorectomy (bilateral) (unilateral)

Excludes: radical abdominal hysterectomy (35664-00 [1268])

35667-02 Laparoscopic radical abdominal hysterectomy

Laparoscopic radical hysterectomy

Includes: extensive retroperitoneal dissection
  mobilisation of ureters
  morcellation
  removal of uterus via:
  • laparoscopic port
  • vagina

35667-00 Radical abdominal hysterectomy

Radical hysterectomy NEC

Includes: extensive retroperitoneal dissection
  mobilisation of ureters
  salpingo-oophorectomy (bilateral) (unilateral)

35664-00 Radical abdominal hysterectomy with radical excision of pelvic lymph nodes

Includes: mobilisation of ureters
  salpingo-oophorectomy (bilateral) (unilateral)

1269 Vaginal hysterectomy

Code also when performed:
  • debulking of uterus (35668-00 [1270])
  • radical excision of pelvic lymph nodes (96245-05 [806])
  • removal of adnexa (fallopian tube, ovarian cyst, ovary (bilateral) (unilateral)) – see Alphabetic Index

35750-00 Laparoscopically assisted vaginal hysterectomy

Laparoscopic guided vaginal hysterectomy

Excludes: laparoscopically assisted radical vaginal hysterectomy (35667-03 [1269])
  that with removal of adnexa (bilateral) (unilateral) (35753-02 [1269])
35657-00  Vaginal hysterectomy

  *Includes*: uterine curettage

  *Excludes*: radical vaginal hysterectomy (35667-01, 35664-01 [1269])

35753-02  Laparoscopically assisted vaginal hysterectomy with removal of adnexa

  *Includes*: excision of (bilateral) (unilateral):
  - fallopian tube
  - ovarian cyst
  - ovary

35673-02  Vaginal hysterectomy with removal of adnexa

  *Includes*: excision of (bilateral) (unilateral):
  - fallopian tube
  - ovarian cyst
  - ovary

  *Excludes*: radical vaginal hysterectomy (35667-01, 35664-01 [1269])

35667-03  Laparoscopically assisted radical vaginal hysterectomy

  Laparoscopically assisted Schauta procedure

35667-01  Radical vaginal hysterectomy

  Schauta procedure

  *Includes*: salpingo-oophorectomy (bilateral) (unilateral)

35664-01  Radical vaginal hysterectomy with radical excision of pelvic lymph nodes

  *Includes*: salpingo-oophorectomy (bilateral) (unilateral)

...  

1273  Other procedures on uterus

92104-01  Manual reduction of uterine prolapse

  *Includes*: insertion of vaginal:
  - packing
  - pessary

  *Excludes*: that with repair of pelvic floor prolapse (35577-00 [1283])

90436-00  Other procedures on uterus

...

1294  Repair procedures on vulva or perineum

35533-00  Vulvoplasty

  Labioplasty

35533-01  Repair of perineum

  Perineoplasty
  Perineorrhaphy

  *Excludes*: that with repair (of):
  - current obstetric laceration:
    - 1st or 2nd degree (90481-00 [1344])
    - 3rd or 4th degree (16573-00 [1344])
    - NOS (90481-00 [1344])
  - posterior vaginal compartment (35571-00 [1283])

...
Procedures for reproductive medicine

Code also when performed:
• falloposcopy (35710-00 [1248])

... Transvaginal oocyte retrieval

Includes: ultrasound assistance with or without successful egg retrieval

Other procedures on female genital organs

Implantation of brachytherapy applicator, female genital organ

Code also when performed:
• brachytherapy (see block [1790])

Removal of brachytherapy applicator, female genital organ

Laparoscopic uterosacral nerve ablation [LUNA]

Laparoscopic uterosacral:
• ligament resection
• nerve transection

Control of postoperative haemorrhage, following gynaecological surgery; NEC not elsewhere classified

Control of post abortion haemorrhage, not elsewhere classified

Includes: intrauterine balloon (catheter) packing

Other procedures on female genital organs

Antepartum application, insertion or removal procedures

Intra-amniotic injection

Injection for termination of pregnancy of:
• prostaglandin
• saline
Intra-amniotic injection for termination of pregnancy (abortion) using:
• prostaglandin
• saline

Insertion of prostaglandin suppository for induction of abortion

Excludes: that with labour (90465-01 [1334])

Termination of pregnancy [abortion procedure], not elsewhere classified

Administration of pharmacological agent to induce abortion

Includes: administration (oral) (suppository) of:
• misoprostol
• prostaglandin

Excludes: intra-amniotic injection (90461-00 [1330]) that with induction of labour (90465 [1334])
FORCEPS DELIVERY

1337  Forceps rotation and delivery

*Includes:* spontaneous delivery of placenta

*Code also when performed:*
  * episiotomy (90472-00 [1343])

*Excludes:* that for breech delivery (90470-02, 90470-04 [1339])

90468-05  Failed forceps delivery

∇ 0019

VACUUM DELIVERY

1338  Vacuum assisted delivery

*Includes:* rotation of fetal head
  * spontaneous delivery of placenta

BREECH DELIVERY

*Excludes:* spontaneous breech delivery (90470-05 [1336])

1339  Assisted breech delivery and extraction

*Includes:* spontaneous delivery of placenta

90470-00  Spontaneous breech delivery

90470-01  Assisted breech delivery

PROCEDURES ASSISTING DELIVERY

∇ 1505

EXAMINATION

1341  Fetal monitoring

∇ 1551

1343  Other procedures associated with delivery

∇ 1551

90477-01  Assisted vertex delivery

*Code also:*
  * procedure(s) assisting delivery — see Alphabetic Index

*Excludes:* vertex delivery with successful:
  * forceps delivery (see block [1337])
  * vacuum assisted delivery (90469-00 [1338])

90477-00  Other procedures to assist delivery

∇ 1551

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 419
Postpartum suture

90481-00 Suture of first or second degree tear of perineum
Secondary repair of episiotomy
Suture of current obstetric perineal laceration, rupture or tear (involving) (with):
• fourchette
• labia (bilateral) (unilateral)
• pelvic floor
• skin
• vaginal involvement NOS
• vulva

Excludes: suture of vaginal laceration only (90479-00 [1344])

16573-00 Suture of third or fourth degree tear of perineum
Suture of perineal laceration with vaginal involvement and:
• rectum
• sphincter ani
• subcutaneous muscle

Includes: suture of sites listed in 90481-00 [1344]

Subcutaneous mastectomy

Excision of breast tissue with preservation of skin and nipple

Includes: formation of mound using autologous cutaneous mastectomy tissue
that with or without frozen section biopsy

Code also when performed:
• excision of lymph nodes of axilla (30300-00, 30332-00, 30335-00, 30336-00 [808])
• implant of prosthesis (45527 [1753])

31524-00 Subcutaneous mastectomy, unilateral
31524-01 Subcutaneous mastectomy, bilateral

Brachytherapy, intracavitary, gynaecological

Code first:
• implantation of brachytherapy applicator (catheters) (needles) (96251-00 [1299])

15303-00 Brachytherapy, intrauterine, low dose rate
15304-00 Brachytherapy, intrauterine, high dose rate
15311-00 Brachytherapy, intravaginal, low dose rate
15312-00 Brachytherapy, intravaginal, high dose rate
15319-00 Brachytherapy, combined intrauterine and intravaginal, low dose rate
15320-00 Brachytherapy, combined intrauterine and intravaginal, high dose rate

Removal of sealed radioactive source

15339-00 Removal of sealed radioactive source

Excludes: removal of eye-brachytherapy applicator: (42802-00 [177])
• eye (42802-00 [177])
• female genital organ (96251-01 [1299])

Nonincisional insertion, replacement and removal of therapeutic device, genital tract

92104-00 Vaginal packing

*Excludes: with:
  * any other gynaecological intervention – omit code
  * manual reduction prolapsed uterus (replacement procidentia) (92104-01 [1273])

92105-00 Insertion of vaginal mould

92106-00 Insertion of vaginal diaphragm

92107-00 Insertion of other vaginal pessary

*Excludes: that for induction of:
  * abortion (see Alphabetic Index: Induction/abortion) (90462-01 [1330])
  * labour (— see Alphabetic Index: Induction/labour/medical)

  * with:
    * any other gynaecological intervention — omit code
    * manual reduction prolapsed uterus (replacement procidentia) (92104-01 [1273])

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Alphabetic Index

Ablation — see also Destruction/by site
- vessels, placental, endoscopic (fetoscopic) 90488-00 [1330]

Abortion (administration of pharmacological agent) (medical) NEC 90462-01 [1330]
- 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]
  --- suction curettage 35640-03 [1265]
- surgical — see Abortion/by/dilation

Abrafion

Administration (around) (into) (local) (of) (therapeutic agent) NEC — code to block [1920] with extension -19

Note: Terms listed under the lead term 'Administration' are split by three main subterms; Administration/indication, Administration/specified site and Administration/type of agent.
- indication — see also Administration/specified site OR Administration/type of agent
  - termination of pregnancy (abortion) NEC 90461-00 90462-01 [1330]
  - specified site
    --- intra-amniotic (abortion) (termination of pregnancy) 90461-00 [1330]
  - type of agent
    --- Methotrexate, intramuscular 96197-19 [1920]
    --- for ectopic pregnancy 35677-03 [1256]
    --- misoprostol — see also Induction/labour/medical
      ------ for termination of pregnancy (abortion) 90462-01 [1330]
    --- with any other gynaecological intervention — code specific procedure(s) performed
    --- neurolytic — see Administration/specified site/nerve/by site/neurolytic agent
      --- Polytef
    --- paraurethra, for stress incontinence (female) 37339-00 [1110]
      --- male 37339-01 [1109]
      --- poppy seed oil (Lipiodol)
        ------ with
          ------- any other gynaecological intervention — code specific procedure(s) performed
            ------ therapeutic hydrotubation (fallopian tube) 35703-01 [1248]
          ------- prophylactic NEC — code to block [1920] with extension -19
            ------- prostaglandin — see also Induction/labour
              ------ for termination of pregnancy 90461-00 [1330]
              ------ induction of labour 90465-01 [1334]
              ------ termination of pregnancy (abortion) 90462-01 [1330]
        ------- saline, intra-amniotic (abortion) for (termination of pregnancy) 90461-00 [1330]

Arrest (of)
- haemorrhage
  --- following
    ------ abortion (balloon catheter) (packing) 35759-01 [1299]
    ------ circumcision, male 30663-00 [1195]
    ------ dental procedure 97399-00 [461]
    ------ gynaecological surgery 35759-00 [1299]
  --- peptic ulcer 30505-00 [874]
  --- by gastric resection (other than wedge resection) 30509-00 [880]
  --- wedge 30505-00 [874]
    ------ post abortion (balloon catheter) (packing) 35759-01 [1299]
    ------ postoperative, site NEC 30058-01 [777]
Assistance, assisted
- with
  - activities related to
    - body position/movement/mobility 96166-00 [1914]
    - transfers 96167-00 [1914]
    - health maintenance 96164-00 [1914]
    - home management 96168-00 [1914]
    - parenting 96169-00 [1914]
    - self care/self maintenance 96163-00 [1914]
    - transfers 96167-00 [1914]
  - application of assistive or adaptive device, aid or equipment 96165-00 [1914]
  - accompanying or transportation of client (patient) 96171-00 [1915]
- breech delivery 90470-01 [1339]
- endotracheal respiratory — see block [569]
- reproductive technologies, to induce
  - oocyte growth and development 13206-00 [1297]
  - superovulation 13200-00 [1297]
  - vertex delivery (see also Delivery) 90477-01 [1343]

Atherectomy

Biopsy (brush) (with brushing(s)) (with washing(s) for specimen collection)

- endometrium (closed) (endoscopic) (pipelle) (with hysteroscopy) 35630-00 [1259]
  - with hysteroscopy 35630-00 [1259]
  - open 35620-010 [1264]
- uterus, uterine (closed) (endometrium) (endoscopic) (with hysteroscopy) 35630-00 [1259]
  - laparoscopic 35620-02 [1264]
  - open 35620-010 [1264]
  - serosa
    - laparoscopic 35620-02 [1264]
    - open 35620-01 [1264]

Brachytherapy

- cervix, cervical — see Brachytherapy/intrauterine
  - eye 15012-00 [1794]
  - interstitial — see Brachytherapy/with implantation of
    - intracavitary NEC
      - high dose rate 90764-01 [1791]
      - low dose rate 90764-00 [1791]
    - intrauterine
      - with intravaginal brachytherapy
        - high dose rate 15320-00 [1790]
        - low dose rate 15319-00 [1790]
        - pulsed dose rate 15319-00 [1790]
        - high dose rate 15304-00 [1790]
        - low dose rate 15303-00 [1790]
        - pulsed dose rate 15303-00 [1790]
      - intravaginal
        - with intravaginal brachytherapy
          - high dose rate 15320-00 [1790]
          - low dose rate 15319-00 [1790]
          - pulsed dose rate 15319-00 [1790]
          - high dose rate 15312-00 [1790]
          - low dose rate 15311-00 [1790]
        - prostate 15338-00 [1792]
        - planning 15539-00 [1799]
        - using surface applicators 90766-00 [1794]
  - uterus, uterine — see Brachytherapy/intrauterine

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Cervicectomy — see Excision/cervix
Cervicopexy 35618-02 [1277]
- with repair of pelvic floor prolapse 35577-00 [1283]
CFR (coronary flow reserve) 38241-00 [668]

Delivery (spontaneous) (vertex) 90467-00 [1336]
- assistance procedure (McRobert's manoeuvre) NEC (see also specific interventions) 90477-00 [1343]
  - episiotomy 90472-00 [1343]
  - fetal monitoring — see Monitoring/fetal
  - incision of cervix 90474-00 [1343]
  - manual rotation of fetal head 90471-06 [1342]
  - replacement of prolapsed umbilical cord 90473-00 [1343]
  - symphysiotomy 90475-00 [1343]
  - - version — see Version, obstetrical
  - assisted 90477-01 [1343]
  - breech 90470-05 [13369]
    - assisted 90470-01 [1339]
    - - with forces to after-coming head (FACH) 90470-02 [1339]
    - - extraction 90470-03 [1339]
    - - with forces to after-coming head (FACH) 90470-04 [1339]
    - caesarean — see Caesarean section
      - forces NEC 90468-06 [1337]
      - - for breech presentation — see Delivery/breech
      - - with rotation of fetal head 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]
      - - placenta NEC 90467-01 [1336]
      - - with any other delivery procedure — omit code
      - postpartum — see Removal/placenta
      - vacuum assisted (Kiwi) (Ventouse) 90469-00 [1338]
      - - failed 90469-01 [1338]

Dissection

Drainage

Endometrectomy
  - bladder 90360-00 [1103]

Endometrial scratch 13215-03 [1297]
Endopyelotomy 36825-00 [1073]
Fetal reduction (percutaneous) 90463-00 [1330]
- endoscopic 90463-01 [1330]
- reduction (percutaneous) 90463-00 [1330]
- endoscopic 90463-01 [1330]
- scalp
- lactate 16606-00 [1330]
- pH 16606-00 [1330]
Fetoscopic tracheal occlusion (balloon) (FETO) 90464-00 [1332]

FFR (fractional flow reserve), coronary 38241-00 [668]

Graft (repair)

- tendon NEC 90583-00 [1569]
- hand (reconstruction) 46408-00 [1469]
- flexor tendon pulley (reconstruction) 46411-00 [1469]
- vagina, vaginal
- gynaecological intervention — code specific procedure(s) performed
- urethroplasty — see Urethroplasty
- vein, venous

Hysterectomy (abdominal) (total) NEC 35653-01 [1268]
- subtotal (supracervical) 35653-00 [1268]
- abdominal (total) 35653-01 [1268]
- with
  - dissection of pelvic lymph nodes 35670-00 [1268]
  - extensive retroperitoneal dissection 35661-00 [1268]
  - oophorectomy (bilateral) (unilateral) 35653-04 [1268]
    - laparoscopic 90448-02 [1268]
    - radical excision of pelvic lymph nodes 35670-00 [1268]
    - salpingectomy (bilateral) (unilateral) 35653-04 [1268]
    - laparoscopic 90448-02 [1268]
    - salpingo-oophorectomy (bilateral) (unilateral) 35653-04 [1268]
    - laparoscopic 90448-02 [1268]
    - laparoscopic 90448-01 [1268]
    - subtotal (supracervical) 35653-00 [1268]
    - laparoscopic NEC 35653-07 [1268]
    - radical 35667-02 [1268]
    - subtotal 35653-05 [1268]
    - radical NEC (with mobilisation of ureters) (with salpingo-oophorectomy) 35667-00 [1268]
    - abdominal 35667-00 [1268]
    - with radical excision of pelvic lymph nodes 35664-00 [1268]
    - laparoscopic NEC 35667-02 [1268]
    - vaginal 35667-01 [1269]
    - with radical excision of pelvic lymph nodes 35664-01 [1269]
    - laparoscopically assisted (guided) 35667-03 [1269]
    - subtotal (supracervical) 35653-00 [1268]
    - laparoscopic 35653-05 [1268]
    - vaginal 35657-00 [1269]
    - with
      - oophorectomy (bilateral) (unilateral) 35673-02 [1269]
      - laparoscopically assisted (guided) 35753-02 [1269]
      - salpingectomy (bilateral) (unilateral) 35673-02 [1269]
      - laparoscopically assisted (guided) 35753-02 [1269]
      - salpingo-oophorectomy (bilateral) (unilateral) 35673-02 [1269]
      - laparoscopically assisted (guided) 35753-02 [1269]
    - laparoscopically assisted (guided) 35750-00 [1269]
    - proceeding to abdominal hysterectomy (open) 90343-01 [1011]
    - radical 35667-01 [1269]
    - laparoscopically assisted (guided) 35667-03 [1269]

Hysterosalpingography 59712-00 [1982]
Implant, implantation — see also Insertion
- adipose-derived stem cells 14203-01 [1906]
- applicator for brachytherapy (catheters) (needles)
  - cervix 96251-00 [1299]
  - eye 42801-00 [177]
  - female genital organ 96251-00 [1299]
  - prostate 37227-00 [1160]
  - uterus 96251-00 [1299]
  - vagina 96251-00 [1299]
- artery

Induction
- abortion NEC (see also Abortion) 90462-01 [1330]
  - by
    - dilation
    - and
      - 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]

Insertion
...
Instillation

- suppository (prostaglandin)
  - prostaglandin 90462-00 [1330]
  - for induction of
    - abortion (without labour) 90462-00 [1330]
    - with labour 90465-01 [1334]
  - labour 90465-01 [1334]
- for
  - induction of labour 90465-01 [1334]
  - termination of pregnancy (abortion) 90462-01 [1330]

Instruction

Irrigation — see also Maintenance

- eye 92025-00 [1887]
- anterior chamber (blood) 42743-00 [185]
- fallopian tube 35703-01 [1248]
- gastric 14200-00 [1895]
- tube
  - biliary tract NEC 92096-00 [1895]
  - cholecystostomy 92096-00 [1895]
  - fallopian 35703-01 [1248]
  - nasogastric 92037-00 [1895]
  - pancreatic 92074-00 [1895]
- ureterostomy 92100-00 [1901]
- wound (nonexcisional) NEC 90686-01 [1628]
- excisional 90665-00 [1628]

Mastectomy

- goldilocks — see Mastectomy/subcutaneous
- modified radical — see Mastectomy/simple AND Excision/lymph node/axilla
- partial 31500-00 [1744]
- following previous open biopsy or excision 31515-00 [1744]
- simple (unilateral) 31518-00 [1748]
- bilateral 31518-01 [1748]
- extended — see Mastectomy/simple AND Excision/lymph node/axilla
  - subcutaneous (unilateral) 31524-00 [1747]
  - bilateral 31524-01 [1747]
- total — see Mastectomy/simple

Mobilisation

- ossicles (incus) (malleus) (stapes) 41611-00 [318]
- sputum, manual 96157-00 [1899]
- testis — see Fixation/testis
- ureters
  - with radical abdominal hysterectomy 35667-00 [1268]
  - and radical excision of pelvic lymph nodes 35664-00 [1268]
- urethra
  - with correction of chordee of penis 37418-00 [1197]
  - and graft 37418-01 [1197]

Mohs chemosurgery (microscopically (micrographically) controlled serial excision of lesion (tumour) of skin) 31000-00 [1626]

MonaLisa touch 35539-01 [1281]

Monitoring

...
Occlusion

- fallopian tubes (for sterilisation) (laparoscopic) 35688-00 [1257]
  - by electrodestruction 35688-03 [1257]
  - open (via laparotomy) 35688-02 [1257]
  - - by electrodestruction 35688-04 [1257]
  - - vaginal approach 35688-01 [1257]
  - fetoscopic tracheal (balloon) (FETO) 90464-00 [1332]
  - lacrimal punctum

Packing

- for arrest or control of haemorrhage
  - cervix 96226-00 [1274]
  - - nose — see Packing/nose
      - - post abortion 35759-01 [1299]
  - external auditory canal 92027-00 [1887]

Perimetry

(manual) (unilateral) 96040-00 [1832]
- bilateral 96041-00 [1832]
- computerised (quantitative) (unilateral) 11224-00 [1832]
- - bilateral 11221-00 [1832]

Perineoplasty — see Repair/perineum
Perineorrhaphy — see Repair/perineum

Periogard 97048-01 [452]

Procedure

- for

  - prolapse
  - - ano-rectal
      - - - insertion of anal suture (Thiersch wire) 32120-00 [929]
      - - - pelvic floor 35577-00 [1283]
      - - - rectal (mucosa) (perirectal) (submucosal)
      - - - Delorme procedure (mucosal excision and plication of rectal muscle) 32111-00 [933]
      - - - destruction (cauterisation) (cryotherapy) (infrared therapy) 32135-03 [931]
      - - - injection of agent (sclerosing) (sclerotherapy) 90344-02 [929]
      - - - insertion of anal suture (Thiersch wire) 32120-00 [929]
      - - - - ligation, rubber band 32135-02 [931]
      - - - - manual reduction 90313-01 [940]
      - - - - rectopexy, abdominal 32117-00 [940]
      - - - - reduction of rectal mucosa (by excision) 32111-00 [933]
      - - - - - manual 90313-01 [940]
      - - - - urethra (excision) 37369-00 [1118]
      - - uterus
      - - - with repair of pelvic floor 35577-00 [1283]
      - - - manual reduction 92104-01 [1273]
      - - pseudoarthrosis — see also Excision/lesion(s)/bone

  - - Schauta (radical vaginal hysterectomy) 35667-01 [1269]
      - - laparoscopically assisted 35667-03 [1269]
      - - sclera NEC 90072-00 [184]
Reduction

- prolapse
  - enterostomy 92070-00 [1899]
  - rectum (by excision) (Delorme procedure) 32111-00 [933]
  - manual 90313-01 [940]
  - uterus
    - with repair of pelvic floor 35577-00 [1283]
    - manual 92104-01 [1273]
  - ptosis overcorrection, eyelid (see also Reoperation/for/blepharoptosis) 45625-00 [1687]

Removal — see also Excision

- applicator for brachytherapy (catheters) (needles) NEC 15339-00 [1793]
  - cervix 96251-01 [1299]
  - eye 42802-00 [177]
  - female genital organ 96251-01 [1299]

- uterus 96251-01 [1299]
  - vagina 96251-01 [1299]
  - arch bars (mandible) (maxilla) 45823-00 [1360]

- brachytherapy applicator (catheters) (needles) NEC 15339-00 [1793]
  - cervix 96251-01 [1299]
  - eye 42802-00 [177]
  - female genital organ 96251-01 [1299]

- uterus 96251-01 [1299]
  - vagina 96251-01 [1299]
  - bridge (splint) 97656-00 [472]

Repair

- perineum (with prosthesis) (see also Repair/obstetric laceration, current/perineum) 35571-00 [1283]
- perineum (with prosthesis) NEC 35533-01 [1294]
  - with repair
    - current obstetric laceration — see Repair/obstetric laceration, current/perineum
    - posterior vaginal compartment (vaginal approach) 35571-00 [1283]
- peritoneum NEC 90329-01 [1000]

Replacement

- plate
  - skull 40600-00 [23]
  - procidentia — see Reduction/prolapse
  - prosthesis, prosthetic device
  - breast 45552-00 [1758]

Rupture

- cyst
  - ovary 35637-07 [1241]
  - via laparotomy 35713-02 [1241]
- membranes, artificial (amniotomy) (ARM)
  - after onset of labour (surgical augmentation) 90466-01 [1335]
  - with medical augmentation of labour 90466-02 [1335]
  - before onset of labour (surgical induction) 90465-03 [1334]
  - with medical induction of labour 90465-05 [1334]

Schauta procedure (radical vaginal hysterectomy) 35667-01 [1269]
Scintigraphy

Scraping
- corneal epithelium (for smear or culture) 42650-00 [172]

Scratch, endometrial 13215-03 [1297]

Screening
- bacteriological, dental 97048-01 [452]

Termination of pregnancy — code specific procedure(s) performed [administration of pharmacological agent] (medical) NEC 90462-01 [1330]
- 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]
  - - - suction curettage 35640-03 [1265]
- surgical — see Abortion/by/dilation

TEST (tubal embryo stage transfer) 13215-02 [1297]
0019 …

EXAMPLE 5:
Patient admitted with menorrhagia for a laparoscopically assisted vaginal hysterectomy under GA. During the intervention, the surgeon decided to proceed to an open total abdominal hysterectomy.

Codes:
- N92.0 (COF 2) - Excessive and frequent menstruation with regular cycle
- 35653-01 [1268] - Total abdominal hysterectomy
- 90343-01 [1011] - Laparoscopic procedure proceeding to open procedure

0053 ROBOTIC-ASSISTED INTERVENTION

Minimally invasive surgery is being performed across a wide range of specialties 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
- 35653-07 [1268] - Laparoscopic total abdominal hysterectomy
- 96233-00 [1923] - Robotic-assisted intervention
ACS Obstetrics review

Introduction/Rationale:
This addenda proposal incorporates a number of issues relating to the Australian Coding Standards (ACS) Chapter 15 Pregnancy, childbirth and the puerperium:

- Assisted delivery - external version of twin 2 with subsequent SVD (Q3182)
- In vitro fertilisation (IVF) (Coding Matters Vol 16 No 1)
- Immunisation for obstetric patients (Q3200)
- Additional diagnoses in obstetric episodes of care (Q3265)

Summary of proposal:
A review of Chapter 15 was undertaken for Tenth Edition. In addition to the above coding query/publication derived topics, this addenda proposal is a continuation of the Chapter 15 review. Redundant standards are proposed for deletion, with the content transferred to ICD-10-AM/ACHI Tabular List and/or Alphabetic Index, as appropriate.

Amendments are also proposed for some genitourinary standards (ACS Chapter 14 Genitourinary system) and neonatal/perinatal standards (ACS Chapter 16 Certain conditions originating in the perinatal period), as they are closely related to obstetric issues.

A number of amendments are also proposed to provide clarity, following publication of Tenth Edition FAQs.

See also TN1223 ICD-10-AM Obstetrics review and TN1224 ACHI Obstetrics review, and TN1350 Labour without delivery and Delivery outside hospital.
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- 1431 Examination under anaesthesia (EUA), gynaecology
- 1433 Bladder retraining
- 1434 Ovarian cysts
- 1437 Infertility and in vitro fertilisation (IVF)
- 1438 Chronic kidney disease

## 15. Pregnancy, childbirth and the puerperium
- 1500 Diagnosis sequencing in delivery obstetric episodes of care
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- 1511 Termination of pregnancy (abortion)
- 1521 Conditions and injuries in pregnancy
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- 1548 Puerperal/postpartum condition or complication
- 1549 Streptococcal group B infection/carrier in pregnancy
- 1550 Discharge/transfer in labour
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## 16. Certain conditions originating in the perinatal period
- 1602 Neonatal complications of maternal diabetes
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- 1614 Respiratory distress syndrome/hyaline membrane disease/surfactant deficiency
- 1615 Specific diseases and interventions related to the sick neonate
- 1617 Neonatal sepsis/risk of sepsis
- 1618 Low birth weight and gestational age
0001 PRINCIPAL DIAGNOSIS

PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

For guidelines regarding assignment of principal diagnosis in delivery episodes of care, see ACS 1500 Diagnosis sequencing in delivery obstetric episodes of care.

See also ACS 1521 Conditions and injuries in pregnancy and ACS 1548 Puerperal/postpartum condition or complication.

0002 ADDITIONAL DIAGNOSES

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 obstetric episodes of care.

See also ACS 1521 Conditions and injuries in pregnancy and ACS 1548 Puerperal/postpartum condition or complication.

0039 REOPENING OF OPERATIVE SITE

Codes for reopening of an operative site should be assigned for treatment of postoperative complications, such as haemorrhage:

39721-00 [10] Postoperative reopening of craniotomy or craniectomy site
90009-00 [49] Postoperative reopening of laminotomy or laminectomy site
90047-02 [111] Reopening of wound of thyroid
38656-01 [562] Reopening of thoracotomy or sternotomy site
33845-00 [746] Control of postoperative bleeding or thrombosis after intra-abdominal vascular procedure
33848-00 [746] Control of postoperative bleeding or thrombosis of an extremity after vascular procedure
30385-00 [985] Postoperative reopening of laparotomy site
35759-00 [1299] Control of postoperative haemorrhage following gynaecological surgery, NEC not elsewhere classified

These codes should not be assigned for a subsequent opening of the operative site for treatment of a recurrent or unrelated condition.
0042 PROCEDURES NORMALLY NOT CODED

8. Drug treatment/pharmacotherapy/prescription of drugs (eg total parental nutrition (TPN))

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 1500 Diagnosis sequencing in obstetric episodes of care
- ACS 1511 Termination of pregnancy (abortion)
- ACS 1615 Specific diseases and interventions related to the sick neonate

0053 ROBOTIC-ASSISTED INTERVENTION

EXAMPLE 1:
Robotic-assisted laparoscopic abdominal hysterectomy.
Codes: 90448-01 [1268] Total laparoscopic abdominal hysterectomy
35653-07 [1268] Laparoscopic total abdominal hysterectomy
96233-00 [1923] Robotic-assisted intervention

0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA

DM and IH in pregnancy, childbirth and the puerperium

- DM or IH in pregnancy, childbirth or the puerperium that predates the pregnancy is classified to category O24 Diabetes mellitus in pregnancy:
  - O24.0 Pre-existing Type 1 diabetes mellitus, Type 1, in pregnancy, childbirth and the puerperium
  - O24.1- Pre-existing Type 2 diabetes mellitus, Type 2, in pregnancy, childbirth and the puerperium
  - O24.2- Pre-existing other specified diabetes mellitus, other specified type, in pregnancy, childbirth and the puerperium
  - O24.3- Pre-existing unspecified diabetes mellitus, unspecified, in pregnancy, childbirth and the puerperium
  - O24.5- Pre-existing intermediate hyperglycaemia, in pregnancy, childbirth and the puerperium

- DM or IH in pregnancy, childbirth or the puerperium that does not predate the pregnancy
  - O24.4- Diabetes mellitus arising during pregnancy is assigned where there is documentation of gestational diabetes, or where the diagnosis of DM is not documented as pre-existing or gestational
  - O24.9- Diabetes mellitus in pregnancy, childbirth and the puerperium, unspecified onset is assigned where DM/IH in pregnancy is not documented as pregnancy complication, assign a code for DM or IH (E09–E14) and Z33 Pregnant state, incidental (see ACS 1521 Conditions and injuries in pregnancy).

Assign codes for DM or IH (E09–E14) as per the Instructional notes (code also) at category O24 Diabetes mellitus and intermediate hyperglycaemia in pregnancy, childbirth and the puerperium.

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.
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
- O99.31 Mental disorders and diseases of the nervous system in pregnancy, childbirth and the puerperium.

**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:**
- O99.31 Mental disorders and diseases of the nervous system 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
INVESTIGATION OR TREATMENT FOR INFERTILITY

When an admission is for investigation or treatment of infertility (either male or female), assign as principal diagnosis: a code from category N97 Female infertility or code N46 Male infertility should be assigned as principal diagnosis.

- a code from category N97 Female infertility for a female patient
- N46 Male infertility for a male patient

IN VITRO FERTILISATION (IVF)

When a female is admitted specifically for IVF procedures and the principal diagnosis is 'IVF' or 'infertility', Z31.2 In vitro fertilisation should be assigned as the principal diagnosis code. An additional code from category N97 Female infertility, for the type of infertility may be assigned if known, including N97.4 Female infertility associated with male factors.

Female patient:

- When an admission is specifically for IVF procedures and the documented diagnosis is 'IVF' or 'infertility', assign Z31.2 In vitro fertilisation as the principal diagnosis
- Assign an additional diagnosis from category N97 Female infertility, for the type of infertility, if known.

Note: ACHI codes are not included in the following examples.

**EXAMPLE 1:**
A 32 year old woman is admitted ‘for IVF’.
Codes: Z31.2 In vitro fertilisation

**EXAMPLE 2:**
A 32 year old woman is admitted for IVF due to failure to conceive due to infertile male partner.
Codes: Z31.2 In vitro fertilisation
N97.4 Female infertility associated with male factors

When a male is admitted specifically for procedures associated with IVF, such as aspiration of sperm, assign Z31.3 Other assisted fertilisation methods, as the principal diagnosis. Assign N46 Male infertility as an additional diagnosis to indicate presence of infertility.

Male patient:

- When an admission is specifically for procedures associated with IVF (eg aspiration of sperm), assign Z31.3 Other assisted fertilisation methods as the principal diagnosis
- Assign N46 Male infertility as an additional diagnosis, if applicable.
15 PREGNANCY, CHILDBIRTH AND THE PUEPERIUM

1500 DIAGNOSIS SEQUENCING IN DELIVERY OBSTETRIC EPISODES OF CARE

O80–O84 DELIVERY AS PRINCIPAL DIAGNOSIS

• 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 Conditions and injuries in pregnancy).

• Assign O80–O84 Delivery as an additional diagnosis where the patient delivers during the episode.

OTHER ADDITIONAL DIAGNOSES IN DELIVERY OBSTETRIC 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):
  - O09. Duration of pregnancy (see criteria in ICD-10-AM Tabular List)
  - O30. Multiple gestation
  - 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 (abortion) and ACS 1550 Discharge/transfer in labour).
  - 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.
  - Z37. Outcome of delivery
  - Codes for streptococcal group B infection/carrier – see ACS 1549 Streptococcal group B infection/carrier in pregnancy
    • Prophylactic vaccination/need for immunisation – see ICD-10-AM Alphabetic Index: Vaccination/prophylactic and ACHI Alphabetic Index: Vaccination
  - Assign codes for other conditions/complications (pregnancy, childbirth, puerperal or nonobstetric) from Chapter 15 Pregnancy, childbirth and the puerperium that meet the criteria for an additional diagnosis in ACS 0002 Additional diagnoses. Assign a code from another chapter where it adds specificity to the Chapter 15 code, or as per any Instructional notes.
For guidelines regarding admission for termination of pregnancy, see ACS 1511 *Termination of pregnancy (abortion)*. See also specific standards within Chapter 15 *Pregnancy, childbirth and the puerperium*.

### 1505 DELIVERY AND ASSISTED DELIVERY CODES

Where a patient delivers during an episode of care, assign:

- a code from O80–O84 *Delivery* and
- an ACHI code(s) from [1336] – [1340] *Delivery procedures* and/or [1341] – [1343] *Procedures assisting delivery* other procedure(s) to assist delivery

For guidelines regarding transfer in third stage of labour (ie after delivery of baby at one facility but before delivery of placenta at another facility), see ACS 1550 *Discharge/transfer in labour*.

<table>
<thead>
<tr>
<th>ICD-10-AM CODE</th>
<th>ACHI DELIVERY CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>O80 Single spontaneous delivery</td>
<td>90467-00 [1336]</td>
</tr>
<tr>
<td>90470-05[b] [13369]</td>
<td>Spontaneous breech delivery</td>
</tr>
<tr>
<td>O81 Single delivery by forceps and vacuum extraction</td>
<td>90468-00 [1337]</td>
</tr>
<tr>
<td>90468-01 [1337]</td>
<td>Mid-cavity forceps delivery</td>
</tr>
<tr>
<td>90468-02 [1337]</td>
<td>High forceps delivery</td>
</tr>
<tr>
<td>90468-04 [1337]</td>
<td>Forceps rotation of fetal head with forceps delivery</td>
</tr>
<tr>
<td>90468-06 [1337]</td>
<td>Forceps delivery, unspecified</td>
</tr>
<tr>
<td>90469-00 [1338]</td>
<td>Vacuum assisted delivery</td>
</tr>
<tr>
<td>90470-02 [1339]</td>
<td>Assisted breech delivery with forceps to after-coming head</td>
</tr>
<tr>
<td>90470-04 [1339]</td>
<td>Breech extraction with forceps to after-coming head</td>
</tr>
<tr>
<td>O82 Single delivery by caesarean section</td>
<td>Block [1340]</td>
</tr>
<tr>
<td>O83 Other assisted single delivery</td>
<td>90468-03 [1337]</td>
</tr>
<tr>
<td>90470-01 [1339]</td>
<td>Assisted breech delivery</td>
</tr>
<tr>
<td>90470-03 [1339]</td>
<td>Breech extraction</td>
</tr>
<tr>
<td>90477-01 [1343]</td>
<td>Assisted vertex delivery</td>
</tr>
<tr>
<td>16501-00 [1342]</td>
<td>External version</td>
</tr>
<tr>
<td>90471-02 [1342]</td>
<td>Internal version</td>
</tr>
<tr>
<td>90471-04 [1342]</td>
<td>Combined internal and external version</td>
</tr>
<tr>
<td>90471-06 [1342]</td>
<td>Manual rotation of fetal head</td>
</tr>
<tr>
<td>90477-00 [1343]</td>
<td>Other procedures to assist delivery</td>
</tr>
</tbody>
</table>

*Code also Other procedure(s) to assist delivery not listed above — see ACHI Alphabetic Index*
| O84.0 | Multiple delivery, all spontaneous | 90467-00 [1336] | Spontaneous vertex delivery |
|       |                                  | 90470-05 [1336] | Spontaneous breech delivery |
| O84.1 | Multiple delivery, all by forceps and vacuum extractor | 90468-00 [1337] | Low forceps delivery |
|       |                                  | 90468-01 [1337] | Mid-cavity forceps delivery |
|       |                                  | 90468-02 [1337] | High forceps delivery |
|       |                                  | 90468-04 [1337] | Forceps rotation of fetal head with forceps delivery |
|       |                                  | 90468-06 [1337] | Forceps delivery, unspecified |
|       |                                  | 90469-00 [1338] | Vacuum assisted delivery |
|       |                                  | 90470-02 [1339] | Assisted breech delivery with forceps to after-coming head |
|       |                                  | 90470-04 [1339] | Breech extraction with forceps to after-coming head |
| O84.2 | Multiple delivery, all by caesarean section | Block [1340] | Caesarean section |
| O84.81 | Multiple delivery, all assisted, not elsewhere classified | 90468-03 [1337] | Forceps rotation of fetal head |
|       |                                  | 90470-01 [1339] | Assisted breech delivery |
|       |                                  | 90470-03 [1339] | Breech extraction |
|       |                                  | 90477-01 [1343] | Assisted vertex delivery |
|       |                                  | 16501-00 [1342] | External version |
|       |                                  | 16501-02 [1342] | Internal version |
|       |                                  | 16501-04 [1342] | Combined internal and external version |
|       |                                  | 16501-06 [1342] | Manual rotation of fetal head |
|       |                                  | 90477-00 [1343] | Other procedures to assist delivery |
|       | Code also Other procedure(s) to assist delivery — see ACHI Alphabetic Index |
| O84.82 | Multiple delivery by combination of methods | Appropriate [multiple] codes from blocks [1336] – [1340] |
|       | Delivery procedures and or [1341] – [1343] Procedures assisting delivery, or other procedure(s) to assist delivery — see ACHI Alphabetic Index |
|       | Code also other procedure(s) to assist delivery — see ACHI Alphabetic Index |
| O84.9 | Multiple delivery, unspecified | No ACHI code assigned as the method of delivery is unspecified |

**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.

* Spontaneous delivery may include:
• administration of Syntocinon in third stage of labour
• controlled cord traction (CCT)
• epidural injection/infusion
• episiotomy with repair
• fetal monitoring
• medical or surgical:
  • augmentation of labour
  • induction
• suture of obstetric perineal laceration

For classification purposes, once an assistance procedure (not listed above) is performed during the delivery episode of care (e.g., McRoberts manoeuvre, version, breech extraction), the delivery is not classified as spontaneous.

• When ACHI codes for failed delivery procedures are assigned (e.g., failed forceps/vacuum extraction), assign ICD-10-AM codes for assisted delivery (i.e., O83, O84.81 or O84.82), unless the delivery proceeds to forceps or vacuum extraction (O81), or caesarean section (O82). Also assign O66.5 Failed application of vacuum extractor and forceps, unspecified, if applicable.

• Delivery is not complete until after expulsion of the placenta, excluding any retained portion(s), expelled or requiring removal post delivery.

See also ACS 1548 Puerperal/postpartum condition or complication and ACS 1550 Discharge/transfer in labour.

• Assign additional ACHI codes, as appropriate, for interventions performed during or following labour and delivery (e.g., episiotomy, postpartum suture, manual removal of placenta).

**EXAMPLE 1:**
Patient admitted in labour (39/40). McRoberts manoeuvre performed, followed by vaginal delivery of healthy infant.

Codes:  O83 Other assisted single delivery
        Z37.0 Single live birth
        90477-01 [1343] Assisted vertex delivery
        90477-00 [1343] Other procedures to assist delivery

**EXAMPLE 2:**

Codes:  O83 Other assisted single delivery
        O66.5 Failed application of vacuum extractor and forceps, unspecified
        Z37.0 Single live birth
        90477-01 [1343] Assisted vertex delivery
EXAMPLE 3:
Patient delivered baby (spontaneous vertex) in the ambulance on route to hospital. Placenta delivered spontaneously after admission to hospital.
Codes:  O80  Single spontaneous delivery
       Z37.0  Single live birth
       90467-01  [1336]  Spontaneous delivery of placenta, not elsewhere classified

In this example, delivery codes are assigned, as the delivery was completed (i.e., delivery of the placenta) during the admitted episode of care.

EXAMPLE 4:
Patient delivered baby at home (planned home birth). They were admitted to hospital four hours later due to postpartum haemorrhage and taken to theatre for removal of retained portions of placenta, by dilation and curettage (D&C) (under general anaesthesia).
Codes:  O73.1  Retained portions of placenta and membranes
       O72.1  Other immediate postpartum haemorrhage
       Z39.02  Postpartum care after planned, out of hospital delivery
       16564-00  [1345]  Postpartum evacuation of uterus by dilation and curettage

In this example, delivery codes are not assigned, as the delivery was complete prior to the admitted episode of care.

See also ACS 1548 Puerperal/postpartum condition or complication.

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).

- the same method, assign the relevant ACHI code once only
- different methods, assign ACHI codes for all of the delivery methods.

EXAMPLE 5:
Premature twins delivered at 35 weeks: twin 1 delivered by breech extraction and twin 2, transverse position delivered by emergency lower segment caesarean section (LSCS) (with spinal anaesthesia, ASA 1 E) due to obstruction.

Codes:  O84.82  Multiple delivery by combination of methods
       O30.0  Twin pregnancy
       O64.1  Labour and delivery affected by breech presentation
       O64.8  Labour and delivery affected by other malposition and malpresentation
       O60.1  Preterm labour with preterm delivery
       O09.5  Duration of pregnancy 34–<37 completed weeks
       Z37.2  Twins, both liveborn
       16520-03  [1340]  Emergency lower segment caesarean section
EXAMPLE 62:
Term delivery; twin 1 delivered in the ambulance on the way to hospital (spontaneous vertex delivery (SVD)). Twin 2 (and placenta) delivered in hospital by emergency lower segment caesarean section (LSCS) (with spinal anaesthesia, ASA 1 E).

Codes: O84.82 Multiple delivery by combination of methods
O30.0 Twin pregnancy
Z37.2 Twins, both liveborn
16520-03 [1340] Emergency lower segment caesarean section
92508-10 [1333 1909] Neuraxial block, ASA 10

In this example an ACHI delivery code for spontaneous vertex delivery of twin 1 was not assigned as it was not performed within the admitted episode of care. However, the (single) placenta was removed during the caesarean section for twin 2. (note that removal of placenta is included in caesarean section).

EXAMPLE 7:
Term delivery of healthy twins; both delivered by SVD.

Codes: O84.0 Multiple delivery, all spontaneous
O30.0 Twin pregnancy
Z37.2 Twins, both liveborn
90467-00 [1336] Spontaneous vertex delivery

EXAMPLE 8:
Term delivery of healthy twins; twin 1 delivered by SVD, and twin 2 delivered by spontaneous breech delivery.

Codes: O84.0 Multiple delivery, all spontaneous
O30.0 Twin pregnancy
O64.1 Labour and delivery affected by breech presentation
Z37.2 Twins, both liveborn
90467-00 [1336] Spontaneous vertex delivery
90470-05 [1336] Spontaneous breech delivery

EXAMPLE 9:
Term delivery of healthy twins. Twin 1 delivered by SVD. Twin 2 delivered by breech extraction.

Codes: O84.82 Multiple delivery by combination of methods
O30.0 Twin pregnancy
O64.1 Labour and delivery affected by breech presentation
Z37.2 Twins, both liveborn
See ACS 1500 Diagnosis sequencing in delivery obstetric episodes of care for guidelines regarding sequencing of codes from O80–O84 Delivery.

...  

1511 TERMINATION OF PREGNANCY (ABORTION)

ABORTION

Induced abortion is defined as intentional termination of pregnancy, 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) (not induced), follow the Alphabetic Index at Death/fetus, fetal and the guidelines in ACS 1500 Diagnosis sequencing in delivery episodes of care.

FETAL DEATH IN UTERO

Fetal death in utero is spontaneous (ie not induced) intrauterine death with retention of the fetus. Follow the Alphabetic Index at Death/fetus, fetal and the guidelines in ACS 1500 Diagnosis sequencing in obstetric episodes of care.

ICD-10-AM CODES FOR MEDICAL ABORTION:

Before fetal viability (less than 20 completed weeks (140 days) gestation and/or fetal weight less than 400g), assign:

• O04. - Medical abortion as the principal diagnosis
• O09. - Duration of pregnancy
• a code to indicate the reason for the medical abortion, when applicable

If the medical abortion results in a liveborn infant, assign the appropriate Z37 Outcome of delivery code as an additional diagnosis.

After fetal viability (20 or more completed weeks (140 days) gestation and/or fetal weight ≥ 400g), assign:

• a code to indicate the reason for the medical abortion as the principal diagnosis

• O01. - Medical abortion
• a code from O80–O84 Delivery
• O60. - Preterm labour and delivery
• O09. - Duration of pregnancy
• Z37. - Outcome of delivery

Assign:

• O04. - Medical abortion (as the principal diagnosis)
• O09. - Duration of pregnancy
• a code to indicate the reason for the medical abortion, if known

• a code from O80–O84 Delivery – only if the medical abortion is performed after fetal viability

• O60.3 Preterm delivery without spontaneous labour – only if the medical abortion is performed after fetal viability

• Z37.- Outcome of delivery – if the medical abortion is performed after fetal viability (regardless of outcome), or before fetal viability if the outcome is a liveborn infant

ICD-10-AM CODES FOR STAGED MEDICAL ABORTION

Medical abortion may be performed as a two stage intervention. For example, an agent (eg mifepristone) is administered to begin the termination process, and the patient returns home (initial episode of care (stage 1)). They are admitted (to the same facility or to another facility) at a later stage to complete the termination of pregnancy (subsequent episode of care (stage 2)).

• Initial episode of care (stage 1): Assign: Z32.2 Initiation of medical abortion

  Note: The initial episode (stage 1) may be performed in a non-admitted setting (ie outpatient facility), which is not coded.

• Subsequent episode of care (stage 2): Assign: O04.- Medical abortion with fourth character .5 – .9

  Note: Assign additional codes with Z32.2 or O04.- as per the guidelines for ICD-10-AM codes for medical abortion (see above).

ACHI CODES PROCEDURES FOR TERMINATION OF PREGNANCY (ABORTION)

Termination of pregnancy (abortion) may be performed by:

• extraction surgical methods (eg dilation and curettage/evacuation (D&C/D&E) or suction curettage). Assign an appropriate code from block [1265] Curettage and evacuation of uterus.

• medical methods (eg administration of pharmacological agent to induce abortion or labour) – see Alphabetic Index: Termination of pregnancy or Induction/labour, 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 (13/40) at 13 weeks due to fetal anencephaly.

Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O04.9</td>
<td>Medical abortion, complete or unspecified, without complication</td>
</tr>
<tr>
<td>O09.1</td>
<td>Duration of pregnancy 5–13 completed weeks</td>
</tr>
<tr>
<td>O35.0</td>
<td>Maternal care for (suspected) central nervous system malformation in fetus</td>
</tr>
<tr>
<td>35640-03 [1265]</td>
<td>Suction curettage of uterus</td>
</tr>
</tbody>
</table>

EXAMPLE 2:
Patient admitted for a suction D&C (GA) following fetal death in utero (13/40).

Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O02.1</td>
<td>Missed abortion</td>
</tr>
<tr>
<td>O09.1</td>
<td>Duration of pregnancy 5–13 completed weeks</td>
</tr>
<tr>
<td>35640-03 [1265]</td>
<td>Suction curettage of uterus</td>
</tr>
</tbody>
</table>
EXAMPLE 3:
Patient admitted for medical abortion (21/40). Prostaglandin suppository inserted to induce labour. Single stillborn infant delivered vaginally without assistance.

Codes:  
O04.9  Medical abortion, complete or unspecified, without complication  
O09.3  Duration of pregnancy 20–25 completed weeks  
O80  Single spontaneous delivery  
O60.3  Preterm delivery without spontaneous labour  
Z37.1  Single stillbirth  
90467-00 [1336]  Spontaneous vertex delivery  
90465-01 [1334]  Medical induction of labour, prostaglandin

EXAMPLE 4:
Patient admitted for termination of pregnancy at (23/40) weeks due to diagnosis of liver and bony metastases two weeks ago. Mastectomy performed one year previously for infiltrating duct carcinoma of the breast. Medical and surgical induction of labour performed, followed by spontaneous vaginal delivery. Outcome single stillborn.

Codes:  
O04.9  Medical abortion, complete or unspecified, without complication  
O09.3  Duration of pregnancy 20–25 completed weeks  
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  
O80  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 [1334]  Medical and surgical induction of labour

EXAMPLE 5:
Patient admitted for administration of mifepristone to induce abortion (16/40). They were monitored, and then discharged home. Readmitted the following day for administration of misoprostol to complete the termination of pregnancy. Discharged later in the day, without adverse effect.

Codes:  
Z32.2  Initiation of medical abortion
1521 CONDITIONS AND INJURIES IN PREGNANCY

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 a pregnant patient (ie obstetric conditions/complications).
- 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):
  - nonobstetric conditions complicating pregnancy
  - nonobstetric conditions not complicating pregnancy
  - 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 obstetric 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/gynaecologist (or other medical clinician responsible for obstetric care), 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:
A pregnant patient was admitted with carpal tunnel syndrome for decompression of the median nerve. Following the procedure the patient was transferred to the obstetric unit, where she was reviewed by the midwifery staff.

Codes: O99.32 Mental disorders and diseases of the nervous system in pregnancy, childbirth and the puerperium
G56.0 Carpal 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: O99.02 Anaemia in childbirth and the puerperium, pregnancy, with mention of pre-existing anaemia
D57.1 Sickle-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
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:**

- O98.5 Other viral diseases in pregnancy, childbirth and the puerperium
- A08.4 Viral intestinal infection, unspecified
- O99.2 Endocrine, nutritional and metabolic diseases in pregnancy, childbirth and the puerperium
- E86 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:**

- O99.8 Other specified diseases and conditions in pregnancy, childbirth and the puerperium
- R03.0 Elevated blood-pressure reading, without diagnosis of hypertension
- O99.7 Diseases of the skin and subcutaneous tissue in pregnancy, childbirth and the puerperium
- L74.0 Miliaria rubra

**NONOBSTETRIC CONDITIONS NOT COMPLICATING PREGNANCY (INCIDENTAL PREGNANT STATE)**

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**

- Assign codes as per the criteria in ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses
- Assign Z33 Pregnant state, incidental as an additional diagnosis

However, Z33 should never be is not 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.

<table>
<thead>
<tr>
<th>EXAMPLE 7:</th>
<th>A pregnant patient was admitted with a fractured shaft of metacarpal (jammed hand in door).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes:</td>
<td>- S62.32  Fracture of shaft of other metacarpal bone(s)</td>
</tr>
<tr>
<td></td>
<td>- W23.0  Caught, crushed, jammed or pinched in or between door</td>
</tr>
<tr>
<td></td>
<td>- Appropriate place of occurrence code (Y92.-) and activity code (U50–U73)</td>
</tr>
<tr>
<td></td>
<td>- Z33  Pregnant state, incidental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXAMPLE 8:</th>
<th>A pregnant patient was admitted to the day infusion centre with iron deficiency anaemia, for an iron infusion.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes:</td>
<td>- D50.9  Iron deficiency anaemia, unspecified</td>
</tr>
<tr>
<td></td>
<td>- Z33  Pregnant state, incidental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXAMPLE 9:</th>
<th>A pregnant patient was admitted with carpal tunnel syndrome for decompression of the median nerve.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes:</td>
<td>- G56.0  Carpal tunnel syndrome</td>
</tr>
<tr>
<td></td>
<td>- Z33  Pregnant state, incidental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXAMPLE 10:</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes:</td>
<td>- S62.32  Fracture of shaft of other metacarpal bone(s)</td>
</tr>
<tr>
<td></td>
<td>- W23.0  Caught, crushed, jammed or pinched in or between door</td>
</tr>
<tr>
<td></td>
<td>- Appropriate place of occurrence code (Y92.-) and activity code (U50–U73)</td>
</tr>
<tr>
<td></td>
<td>- O80  Single spontaneous delivery</td>
</tr>
<tr>
<td></td>
<td>- Z37.0  Single live birth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXAMPLE 11:</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes:</td>
<td>- S62.32  Fracture of shaft of other metacarpal bone(s)</td>
</tr>
<tr>
<td></td>
<td>- W23.0  Caught, crushed, jammed or pinched in or between door</td>
</tr>
<tr>
<td></td>
<td>- Appropriate place of occurrence code (Y92.-) and activity code (U50–U73)</td>
</tr>
<tr>
<td></td>
<td>- O99.8  Other specified diseases and conditions in pregnancy, childbirth and the puerperium</td>
</tr>
<tr>
<td></td>
<td>- R03.0  Elevated blood-pressure reading, without diagnosis of hypertension</td>
</tr>
</tbody>
</table>
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 as an additional diagnosis in the above scenario 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:
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. No complications of her pregnancy were identified, therefore she was discharged home following treatment of her fracture.

Codes:  
S62.32 Fracture of shaft of other metacarpal bone(s)  
W23.0 Caught, crushed, jammed or pinched in or between door  
Appropriate place of occurrence code (Y92.-) and activity code (U50–U73)  
Z34.9 Supervision of normal pregnancy, unspecified

EXAMPLE 13:
A pregnant patient was admitted to the obstetric unit for observation by the midwifery team following a fall from a stepladder. She complained of pain in her ankle, but no injuries were identified on x-ray. She was discharged home the following morning.

Codes:  
S99.9 Unspecified injury of ankle and foot  
W11 Fall on and from ladder  
Appropriate place of occurrence code (Y92.-) and activity code (U50–U73)  
Z34.9 Supervision of normal pregnancy, unspecified

EXAMPLE 14:
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.

Codes:  
S62.32 Fracture of shaft of other metacarpal bone(s)  
W23.0 Caught, crushed, jammed or pinched in or between door  
Appropriate place of occurrence code (Y92.-) and activity code (U50–U73)  
O10 Pre-existing hypertension in pregnancy, childbirth and the puerperium  
110 Essential (primary) hypertension
1544 COMPLICATIONS FOLLOWING PREGNANCY WITH ABORTIVE OUTCOME ABORTION AND ECTOPIC AND MOLAR PREGNANCY

ABORTION WITH COMPLICATION(S) (O03-O06)

Codes from categories O03-O06 are assigned for admissions to treat or perform an abortion. Four character codes are assigned to classify complication(s) that occur during the same episode of care in which the abortion is treated or performed (ie the ‘abortion’ is the focus of care; also referred to as the ‘current episode’):

• Identify a three character code for the type of abortion (ie O03 Spontaneous abortion, O04 Medical abortion, O05 Other abortion or O06 Unspecified abortion)

• Follow the Alphabetic Index at Abortion/complicated. Assign a fourth character from the options listed in the table under Abortion (current episode) (O03-O06):
  • Subdivisions .0–.4 are assigned for incomplete abortion (ie where there are retained products of conception following abortion)
  • Subdivisions .5–.9 are assigned for complete or unspecified abortion (ie where there is no documentation of retained products of conception)

• Assign an additional diagnosis code from another chapter, where it adds specificity.

EXAMPLE 1:
Patient admitted with incomplete miscarriage (12/40) and acute parametritis. Intravenous antibiotics administered, and suction curettage performed (with general anaesthesia).

<table>
<thead>
<tr>
<th>Codes:</th>
<th>Abortion or complication</th>
</tr>
</thead>
<tbody>
<tr>
<td>O03.0</td>
<td>Spontaneous abortion, incomplete, complicated by genital tract and pelvic infection</td>
</tr>
<tr>
<td>N73.0</td>
<td>Acute parametritis and pelvic cellulitis</td>
</tr>
<tr>
<td>O09.1</td>
<td>Duration of pregnancy, 5–13 completed weeks</td>
</tr>
<tr>
<td>35640-03 [1265]</td>
<td>Suction curettage of uterus</td>
</tr>
</tbody>
</table>

EXAMPLE 2:
Patient admitted with threatened abortion, for bedrest and observation. They progressed to complete miscarriage (5/40). Patient also developed and received treatment for a urinary tract infection.

<table>
<thead>
<tr>
<th>Codes:</th>
<th>Abortion or complication</th>
</tr>
</thead>
<tbody>
<tr>
<td>O03.8</td>
<td>Spontaneous abortion, complete or unspecified, with other and unspecified complications</td>
</tr>
<tr>
<td>N39.0</td>
<td>Urinary tract infection, site not specified</td>
</tr>
<tr>
<td>O09.1</td>
<td>Duration of pregnancy, 5–13 completed weeks</td>
</tr>
</tbody>
</table>

EXAMPLE 3:
Patient admitted for administration of agent to induce abortion (6/40). Discharge delayed due to haemorrhage.
COMPLICATIONS FOLLOWING ABORTION

Codes from category O08 Complications following abortion and ectopic and molar pregnancy are assigned when a patient is readmitted with a delayed complication from an abortion, but the abortion that was treated, performed or complete (eg complete spontaneous abortion) during a previous prior to the episode of care (ie the ‘complication’ is the focus of care; also referred to as the ‘subsequent episode’):.

- Assign a code from category O08 Complications following abortion and ectopic and molar pregnancy
- Assign a code from another chapter, where it adds specificity
- Sequence codes as per the guidelines in ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses.

The exception to the above guidelines is admission with retained products of conception following abortion – see Admission for retained products of conception following abortion.

EXAMPLE 4:
Patient admitted with pelvic infection following a complete spontaneous abortion two weeks previous (no evidence of retained products of conception). Antibiotics administered.

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

In this example, the admission is for treatment of the complication only, as the spontaneous abortion occurred prior to the episode of care. An additional code is not required for the pelvic infection (see ACS 0015 Combination codes).

EXAMPLE 5:
Patient admitted with acute vaginitis following a medical abortion two days previous (no evidence of retained products of conception). Antibiotics administered.

Codes: N76.0 Acute vaginitis

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

In this example, the admission is for treatment of the complication only, as the medical abortion was performed prior to the episode of care.

EXAMPLE 6:
Patient admitted to facility 1 for a medical abortion (13/40) (suction D&C with GA); transferred to facility 2 for ICU admission following cardiac arrest.

Codes: Facility 1:
COMPLICATIONS OF ECTOPIC OR MOLAR PREGNANCY OR OTHER ABNORMAL PRODUCTS OF CONCEPTION

- Assign a code for ectopic or molar pregnancy or other abnormal products of conception (i.e. O00.- Ectopic pregnancy, O01.- Hydatidiform mole or O02.- Other abnormal products of conception)

- Assign a code from category O08 Complications following abortion and ectopic and molar pregnancy

- Assign an additional diagnosis code from another chapter, where it adds specificity.

EXAMPLE 7:
Patient admitted for ruptured tubal pregnancy (5/40), with shock.

Codes: O00.1 Tubal pregnancy
       O08.3 Shock following abortion and ectopic and molar pregnancy
       O09.1 Duration of pregnancy, 5–13 completed weeks

An O08 code should also be assigned as an additional code to identify a complication associated with categories O00–O02 (Ectopic pregnancy, Hydatidiform mole, Other abnormal products of conception).

ADMISSION FOR RETAINED PRODUCTS OF CONCEPTION FOLLOWING ABORTION

If a patient is admitted because of retained products of conception from an abortion treated during a previous episode of care, the abortion should be coded as a complication of a current, incomplete abortion (O03–O06 with a fourth character of .0–.4).

An admission for retained products of conception following abortion (where the abortion was treated, performed or occurred prior to the episode of care), is not classified as a complication of abortion.

Where a patient is admitted with retained products of conception:

- following an abortion (except missed abortion), assign a code for an incomplete abortion (O03–O06 with a fourth character .0–.4)
- following a missed abortion, assign O02.1 Missed abortion
- assign an additional diagnosis code from another chapter, where it adds specificity
• do not assign a code from category O08 Complications following abortion and ectopic and molar pregnancy.

For guidelines regarding staged abortion, see ACS 1511 Termination of pregnancy (abortion).

**EXAMPLE 8:**
Patient attended outpatient facility for a medical abortion (5/40). Three days later, they were admitted with haemorrhage and retained products of conception.

Codes:
- O04.1 Medical abortion, incomplete, complicated by delayed or excessive haemorrhage
- O09.1 Duration of pregnancy 5–13 completed weeks

**EXAMPLE 9:**
Patient discharged with a diagnosis of missed abortion (5/40). They were readmitted two days later with retained products of conception.

Codes:
- Admission 1 – O02.1 Missed abortion
  - O09.1 Duration of pregnancy 5–13 completed weeks
- Admission 2 – O02.1 Missed abortion
  - O09.1 Duration of pregnancy 5–13 completed weeks

**EXAMPLE 10:**
Patient admitted one week following a miscarriage (12/40), with retained products of conception and acute pelvic peritonitis. Intravenous antibiotics administered, and suction curettage performed (with general anaesthesia).

Codes:
- O03.0 Spontaneous abortion, incomplete, complicated by genital tract and pelvic infection
  - N73.3 Female acute pelvic peritonitis
  - O09.1 Duration of pregnancy, 5–13 completed weeks
- 35640-03 [1265] Suction curettage of uterus

However, if a patient is admitted because of retained products of conception following a missed abortion during a previous episode of care, code the missed abortion as the principal diagnosis to reflect the original episode's diagnosis. In this instance, the patient is still suffering from a 'missed abortion' and not a complication of abortion.

Assign an additional code from O09 Duration of pregnancy which reflects the duration of pregnancy at the time the abortion occurred (which may be prior to this episode of care). If this is not known, assign O09.9 Unspecified duration of pregnancy. A code from O08 Complications following abortion and ectopic and molar pregnancy is not assigned.

**EXAMPLE 1:**
Ruptured tubal pregnancy with shock.

Codes:
- O00.1 Tubal pregnancy
- O08.3 Shock following abortion and ectopic and molar pregnancy
- O09.1 Duration of pregnancy

**EXAMPLE 2:**

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Incomplete abortion with perforation of uterus.
Codes: O06.3 Unspecified abortion, incomplete, with other and unspecified complications
--------- O71.02 Traumatic rupture of uterus before onset of labour
--------- O09. Duration of pregnancy

EXAMPLE 3:
Disseminated intravascular coagulation following abortion performed two days ago at another hospital.
Code: O08.1 Delayed or excessive haemorrhage following abortion and ectopic and molar pregnancy
No additional diagnosis code is required as the abortion was performed during a previous episode of care.

EXAMPLE 4:
Haemorrhage and retained products of conception following a medical abortion performed during a previous admission.
Codes: O04.1 Medical abortion, incomplete, complicated by delayed or excessive haemorrhage
--------- O09. Duration of pregnancy

EXAMPLE 5:
Retained products of conception following a previous admission for missed abortion with suction curettage.
Codes: O02.1 Missed abortion
--------- O09. Duration of pregnancy

1548 PUERPERAL/POSTPARTUM CONDITION OR COMPLICATION...
1549 STREPTOCOCCAL GROUP B INFECTION/CARRIER IN PREGNANCY

Infections due to group B streptococci (GBS) in pregnant women are quite rare. Often, a low vaginal swab will identify GBS, however, the woman will have no symptoms and is simply a carrier of the bacteria. In Australia, the prevalence of GBS vaginal carriage has been estimated at 12%–15%. Approximately 1%–2% of infants born to women carrying GBS develop early onset group B streptococcal disease (EOGBSD) with about 6% of cases being fatal. The risks of EOGBSD and death are particularly high in preterm infants (Connellan & Wallace 2000). A pregnant patient may be admitted with an infection (genital/genitourinary tract) due to group B streptococci (GBS), or they may be an asymptomatic carrier. Prophylactic treatment may be given to ensure that the organism is not passed onto the baby during birth.

Classification

The following coding rules apply for obstetric patients with Strep B:

**If no prophylactic treatment is given**, assign:

Z22.3 *Carrier of other specified bacterial diseases*

• Where a pregnant patient is documented as a *carrier of GBS (eg GBS +)* but *no prophylactic treatment* is administered, assign:

  Z22.3 *Carrier of other specified bacterial diseases*

**If prophylactic treatment (eg penicillin) is given**, assign:

Z22.3 *Carrier of other specified bacterial diseases*

and

Z29.2 *Other prophylactic pharmacotherapy*

• Where a pregnant patient is documented as a *carrier of GBS* and *prophylactic treatment is administered*, assign:

  Z22.3 *Carrier of other specified bacterial diseases*

and

Z29.2 *Other prophylactic pharmacotherapy*

**If there is documentation of a genitourinary tract infection due to Strep B**, assign:

O23.9 *Other and unspecified genitourinary tract infection in pregnancy*

and

B95.1 *Streptococcus, group B, as the cause of diseases classified to other chapters*

• Where a pregnant patient is documented with a *genital/genitourinary tract infection due to GBS*, assign:

  O23.- *Infections of genitourinary tract in pregnancy* (see Alphabetic Index: Infection, infected/in/pregnancy)

and

B95.1 *Streptococcus, group B, as the cause of diseases classified to other chapters*
1551 OBSTETRIC PERINEAL LACERATIONS/GRAZES

DEFINITIONS

Obstetric perineal grazes and lacerations (ruptures or tears)

Obstetric perineal grazes (involving fourchette, labia, skin, vagina and vulva) are superficial wounds which may cause little or no bleeding and do not usually require suturing.

Obstetric perineal lacerations (ruptures or tears) are more severe injuries and are divided into four categories – first, second, third and fourth degree. All four degrees usually require suturing. Third and fourth degree lacerations require additional care because involvement of the anal sphincter may lead to faecal incontinence.

Episiotomy

An episiotomy is a surgical incision into the perineum, performed to facilitate delivery.

Episiotomy extended by laceration (rupture or tear)

The episiotomy originally performed extends during the delivery of the baby. The extension results in spontaneous perineal trauma and may include the surrounding structures, such as anal sphincter and mucosa. An episiotomy may extend during delivery due to spontaneous perineal rupture. The extension may include the surrounding structures, such as the anal sphincter and mucosa.

Laceration (rupture or tear) extended by episiotomy

There may be an initial small laceration of the perineum which requires an extension via episiotomy for the baby to be delivered. A traumatic perineal laceration (rupture or tear) may be extended with an episiotomy, to facilitate delivery and minimise further damage to the surrounding tissues.

CLASSIFICATION

Perineal grazes and lacerations (ruptures or tears) Laceration/grazes

Assign a code from category O70 Perineal laceration during delivery for an obstetric perineal graze or laceration (rupture or tear):

• that meets the criteria in ACS 0002 Additional diagnoses (eg requires repair/suture)

OR

• where documentation indicates that repair is required, but is not performed due to patient choice, or transfer to another facility prior to repair. Also assign a code from category Z53 Persons encountering health services for specific procedures, not carried out.

Obstetric perineal lacerations/grazes should only be assigned as an additional diagnosis in the delivery episode.

Perineal grazes and lacerations that are not sutured are not coded, with the exception of perineal lacerations/grazes where repair is clinically warranted but is not carried out, for example, where the patient chooses not to have their tear repaired. In this scenario assign the appropriate code for the
laceration/graze with the addition of a code from Z53 Persons encountering health services for specific procedures, not carried out.

If 'labial graze' is documented and has been sutured, assign O70.0 First degree perineal laceration during delivery.

**Episiotomy extended by laceration (rupture or tear)**

An additional code is required for the repair of the laceration because, in this scenario, the laceration is usually more severe and occasionally may involve the sphincter (third and fourth degree tears).

Two procedure codes are required: 90472-00 [1343] Episiotomy, together with the appropriate code from block [1344] Postpartum suture for the repair of the laceration.

Assign:

- **90472-00 [1343] Episiotomy**

  and

- A code from block [1344] Postpartum suture (for the repair of the laceration).

**Laceration (rupture or tear) extended by episiotomy**

Only one procedure code, 90472-00 [1343] Episiotomy, is required as the repair of the initial laceration is inherent in the episiotomy code.

Assign 90472-00 [1343] Episiotomy only.

A code for repair of the initial traumatic laceration (rupture or tear) is not assigned, as it is inherent in the episiotomy code.

**Multiple perineal lacerations (ruptures or tears)**

- Codes in category O70 Perineal laceration during delivery represent a continuum. Where multiple perineal lacerations (ruptures or tears) of different degrees are documented, assign a code for the highest (most severe) degree only

- ACHI codes for repair of perineal lacerations (ruptures or tears) include repair of multiple genitourinary sites (see ACHI Alphabetic Index: Repair/laceration/obstetric, current and Excludes notes in block [1344] Postpartum suture). Assign as applicable:

  - **90481-00 [1344] Suture of first or second degree tear of perineum**
  
  OR

  - **16573-00 [1344] Suture of third or fourth degree tear of perineum**

**EXAMPLE 1:**

Patient had second degree perineal tear, and bilateral labial tears sutured post delivery.

Codes:  O70.1 Second degree perineal laceration during delivery

90481-00 [1344] Suture of first or second degree tear of perineum

In this example, O70.1 is assigned, as it is more severe. 90481-00 [1344] includes repair of the labia.
EXAMPLE 2:
Patient had post delivery repair of second degree perineal tear, and a high vaginal wall tear.

Codes:

- O70.1  Second degree perineal laceration during delivery
- O71.4  Obstetric high vaginal laceration (alone)
- 90481-00 [1344]  Suture of first or second degree tear of perineum

In this example, O70.1 and O71.4 are assigned as the patient has tears in both sites. 90481-00 [1344] is assigned by following the Alphabetic Index (Repair/laceration/obstetric, current/vagina/with perineal suture) and the Excludes note at 90479-00 [1344].

1605 CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

DEFINITION

The perinatal period is defined in Australia as:

...

CLASSIFICATION

Codes from ICD-10-AM Chapter 16 Certain conditions originating in the perinatal period apply to are assigned for conditions which have their originate in the perinatal period even though death or morbidity may occur later.

In a preterm infant's birth episode, the principal diagnosis will generally be either P07.2- Extreme immaturity or P07.3- Other and unspecified 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
- 96199-19 [1920]  Intravenous administration of pharmacological agent, other and unspecified pharmacological agent
DEFINITION

The terms ‘newborn’ and ‘neonate’ are used interchangeably in ICD-10-AM. A neonate is a liveborn who is less than 28 days old.

Note: The following important rules should be applied if newborn episodes of care are coded in your state/territory.

CLASSIFICATION

Assign a code from category Z38 Liveborn infants according to place of birth:

• for an infant:
  • born in hospital
  • born outside the hospital, but admitted immediately post delivery (ie the time between delivery and admission to an acute care facility, allowing for transportation over long distances)
  • as the principal diagnosis only when a newborn is completely well
  • as an additional diagnosis when a newborn has any morbid condition, or observation for a suspected condition (classified to category Z03.7 Observation and evaluation of newborn for suspected condition not found)
  • independent of the admitted patient care type.

Do not assign a code from category Z38 for second or subsequent admissions.

1. A code from category Z38 Liveborn infants according to place of birth should be sequenced as the principal diagnosis only when the newborn is completely well (including those babies who have had a circumcision performed). This category includes babies born:
   • in hospital
   • outside the hospital and admitted immediately post delivery.

EXAMPLE 1:
Newborn, born at home, no morbidity, vaginal delivery.
Code: Z38.1 Singleton, born outside hospital

EXAMPLE 1:
Single infant born in hospital, no morbidity documented.
Code: Z38.0 Singleton, born in hospital

EXAMPLE 2:
Single infant born on the way to hospital. Transferred by ambulance to hospital with mother; newborn completely well.
Code: Z38.1 Singleton, born outside hospital
EXAMPLE 3:
Single infant born in hospital, no morbidity documented. Circumcision performed at parent’s request prior to discharge.

Code: Z38.0   Singleton, born in hospital
     Z41.2   Routine and ritual circumcision
     30653-00 [1196]   Male circumcision

2. Any morbid condition arising during the birth episode should be sequenced before Z38.0 Liveborn infants according to place of birth.

EXAMPLE 2:
Newborn, born in hospital, with hypoglycaemia, vaginal delivery.

Codes: P70.4   Other neonatal hypoglycaemia
        Z38.0   Singleton, born in hospital

EXAMPLE 4:
Single infant born in hospital, treated for hypoglycaemia.

Codes: P70.4   Other neonatal hypoglycaemia
        Z38.0   Singleton, born in hospital

3. A code from category Z38.0 Liveborn infants according to place of birth is not required when coding second or subsequent admissions.

EXAMPLE 5:
Male newborn, transferred from hospital A after elective low segment caesarean section, to hospital B, Day 2, with respiratory distress syndrome and pneumothorax. Single infant born at facility 1; transferred to facility 2 due to respiratory distress syndrome and pneumothorax.

Hospital A Codes:  Facility 1 codes:
P22.0   Respiratory distress syndrome of newborn
       P25.1   Pneumothorax originating in the perinatal period
       Z38.0   Singleton, born in hospital

Hospital B Codes:  Facility 2 codes:
P22.0   Respiratory distress syndrome of newborn
       P25.1   Pneumothorax originating in the perinatal period

EXAMPLE 6:
Newborn, readmitted to hospital at seven days of age, for circumcision.

Codes: Z41.2   Routine and ritual circumcision
       30653-00 [1196]   Male circumcision
The codes P07.0–Extremely low birth weight and P07.1–Other low birth weight refer to what the baby weighed at the time of birth, not the weight at subsequent episodes of care.

The codes P07.2–Extreme immaturity and P07.3–Other preterm infants refer to how long the gestation period (ie the duration of the fetus in uterus) is for the baby, not how old the baby is (or what their age is in adjusted weeks).

When using codes from category P07 Disorders related to short gestation and low birth weight, not elsewhere classified for episodes subsequent to the birth episode, the fifth character must correspond to the birth weight and gestational age of the birth episode.

**LOW-BIRTH WEIGHT**

A code for low birth weight at normal gestational age should only be assigned on the infant’s record when this is documented by the obstetrician/clinician/midwife and meets the criteria of an additional diagnosis. It should not be assigned routinely for all babies less than 2500g at term.

The correct codes for this condition are P05.0 Light for gestational age or P05.1 Small for gestational age. The codes from P07 Disorders related to short gestation and low birth weight, not elsewhere classified are intended for use where low birth weight occurs in a premature infant.
STANDARDS INDEX

Standard numbers appear immediately after each entry.

A

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- medical 1511
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- \textit{staged} 1511
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- with
  - - complication 1544
  - - liveborn infant 1511

Additional
- diagnosis 0002; 0010
  - - delivery \textit{obstetric} episodes of care 1500

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\ldots

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- cardiac/vascular revision/reoperation procedures 0934
- coronary bypass graft 0909
- diabetes — \textit{see} \textit{Diabetes, diabetic (mellitus)}
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  - - ectopic/molar pregnancy 1544
    - - pregnancy with abortive outcome 1544
  - - intraoperative 1904
  \ldots

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  \ldots
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  - underlying 0001
D

**Diagnosis** (in)
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  - febrile convulsion 1809
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  - multiple 1907
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  - state, incidental 1521
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  - with
    - abortive outcome 1511
    - - with complication 1544
    - - diabetes 0401
    - - mental illness 0505
    - - nonobstetric conditions and injuries 1521
    - - viral hepatitis 0104
ICD-10-AM Obstetrics review

Introduction/Rationale:

This addenda proposal incorporates a number of issues relating to the classification of obstetrics in ICD-10-AM:

- Atonic uterus (Q3135)
- Failed induction of labour (TN709/P203)
- Failed trial of labour (TN480)
- Hypoglycaemia in gestational diabetes mellitus (TN1261/Q3124)
- Increase S/D or AEDF (TN802/Q2853)
- Mullerianosis (TN1007/Q2955)
- Placental site nodules (Q3208)
- Postpartum haemorrhage (Q3126)
- Pre-eclampsia and HELLP syndrome (Q3241)
- Pregnancy complicated by genital herpes (Q3262)
- Pregnancy with abortive outcome (TN788)
- Z35 Supervision of high-risk pregnancy (TN705/P127)
- Stromal endometriosis (Q3246)
- Retained/adherent placenta (P347)
- WHO URC updates 2015 and 2016

Summary of issues and proposed addenda:

Postpartum haemorrhage (and underlying cause)

ICD-10 classifies postpartum haemorrhage (PPH) to O72 Postpartum haemorrhage. Conditions identified as the underlying cause of PPH (eg atonic uterus, retained placenta) are inherent in O72 in single condition coding.

In order to apply the ICD-10-AM principles of multiple condition coding, ACCD proposes to separate the concepts of atonic uterus, retained placenta and membranes, and postpartum haemorrhage. This will allow assignment of both a code from category O72, and the underlying cause, where supported by documentation in the clinical record.

Additionally, O72.0 Third-stage haemorrhage, O72.1 Other immediate postpartum haemorrhage and O72.2 Delayed and secondary postpartum haemorrhage are differentiated by onset of haemorrhage. Glossary descriptions are proposed to identify these differences, for consistency with definitions in ICD-11.
Retained/adherent placenta

There are three types of retained placenta:

- Trapped placenta; placenta is detached from the uterine wall, but trapped behind a closed cervix
- Placenta adherens (simple adherent placenta); placenta is adherent to the uterine wall (due to failure of the myometrium to contract behind the placenta), but is easily separated manually
- Morbidly adherent placenta; placenta is abnormally implanted into the uterine wall (placenta accreta, increta and percreta)

ACCD proposes to separate the classification of placenta adherens (adherent placenta NOS) from O43.2 *Morbidly adherent placenta*.

Failed induction of labour

ACCD proposes creation of four character codes to classify failed medical and surgical induction of labour.

Failed trial of labour (and failure to progress)

ACCD proposes indexing amendments to clarify code assignment for failed trial of labour and failure to progress unspecified (ie with or without underlying cause identified).

Pre-eclampsia and HELLP syndrome

ACCD proposes to amend the *Glossary description* at O14.2 *HELLP syndrome*, and relevant index entries to specify that severe pre-eclampsia is inherent in HELLP syndrome.

Other issues included in this addenda proposal

A major review of ICD-10-AM Chapter 15 *Pregnancy, childbirth and the puerperium* was undertaken for Tenth Edition, with the focus primarily on pregnancy complications. In addition to the above coding query and public submission derived issues, this addenda proposal continued the review of Chapter 15, with the focus on O00-O08 *Pregnancy with abortive outcomes*.

Other proposed amendments include:

- Deletion of a number of *Excludes* notes throughout ICD-10-AM for conditions ‘complicating abortion or ectopic or molar pregnancy’ to promote multiple condition coding (that is, assignment of a code from another chapter to provide specificity in addition to a code from O00-O08 *Pregnancy with abortive outcome*). The ICD-10 based *Excludes* notes were designed for single condition coding.
- Amendments to the code attributes (eg *Inclusion* terms, *Instructional* notes) at O03-O06 (especially the fourth character subdivisions) to clarify that codes from other chapters may be assigned to add specificity
- Amendments to code titles in Chapter 15 to specify ‘in pregnancy, childbirth and puerperium’ (where applicable)

A number of issues relating to neonates are also included in this addenda proposal, due to the close relationship with obstetric issues.

See also TN1224 ACHI Obstetrics review, TN1225 ACS Obstetrics review, and TN1350 Labour without delivery & Delivery outside hospital.
**ACCD PROPOSAL**

**Tabular List**

**A40** Streptococcal sepsis

*Includes:* streptococcal septicaemia

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

*Excludes:* following:
- abortion or ectopic or molar pregnancy (O02–O07, O08.0)
- immunisation (T88.0)
- infusion, transfusion or therapeutic injection (T80.2)
- neonatal (P36.0–P36.1)

... 

**A41** 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)

following:
- abortion or ectopic or molar pregnancy (O02–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)
  - lysterial (A32.7)
  - meningococcal (A39.2–A39.4)
  - neonatal (P36.0)
  - streptococcal (A40.0)
  - tularaemia (A21.7)
  - septic:
    - melioidosis (A24.1)
    - plague (A20.7)
    - toxic shock syndrome (A48.3)

... 

**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) in newborn (P60)

abortion or ectopic or molar pregnancy (O02–O07, O08.1)

in newborn (P60)

...
Other coagulation defects

Excludes—those complicating abortion or ectopic or molar pregnancy (O00–O07, O08.1)

D68.0 Von Willebrand's disease

Intracranial and intraspinal phlebitis and thrombophlebitis

Excludes: intracranial phlebitis and thrombophlebitis: of nonpyogenic origin (I67.6)

• complicating abortion or ectopic or molar pregnancy (O00–O07, O08.7)

• of nonpyogenic origin (I67.6)

• nonpyogenic intraspinal phlebitis and thrombophlebitis (G95.1)

Other disorders of brain

G93.1 Anoxic brain damage, not elsewhere classified

Excludes: complicating: surgical and medical care (G97.8)

• abortion or ectopic or molar pregnancy (O00–O07, O08.8)

• surgical and medical care (G97.8)

• neonatal anoxia (P21.9)

Pulmonary embolism

Includes: pulmonary (artery)(vein):

• infarction

• thromboembolism

• thrombosis

Excludes—complicating abortion or ectopic or molar pregnancy (O00–O07, O08.2)

I26.0 Pulmonary embolism with mention of acute cor pulmonale

Acute cor pulmonale NOS

Cardiac arrest

Note: …

Excludes: cardiogenic shock (R57.0)

• complicating abortion or ectopic or molar pregnancy (O00–O07, O08.8)

I46.0 Cardiac arrest with successful resuscitation

Paroxysmal tachycardia

Excludes: complicating abortion or ectopic or molar pregnancy (O00–O07, O08.8)

tachycardia:

• NOS (R00.0)

• sinoauricular NOS (R00.0)

• sinus [sinusal] NOS (R00.0)

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)

neonatal cardiac dysrhythmia (P29.1)
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)
due to hypertension:
• NOS (I11.0)
• with renal disease (I13.-)
neonatal cardiac failure (P29.0)

Arterial embolism and thrombosis

Includes:
• infarction:
  • embolic
  • thrombotic
• 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 (O00–O07, O08.2)
• 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)

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)
  • intracranial:
    • nonpyogenic (I67.6)
    • NOS (G08)
  • septic (G08)
  • intraspinal:
    • nonpyogenic (G95.1)
    • NOS (G08)
    • septic (G08)
  • portal (vein) (K75.1)
  • postphlebitic syndrome (I87.0)
  • thrombophlebitis migrans (I82.1)
Other venous embolism and thrombosis

*Excludes:* venous embolism and thrombosis (of):
- cerebral (I63.6, I67.6)
- coronary (I21–I25)
- intracranial:
  - nonpyogenic (I67.6)
  - NOS (G08)
  - septic (G08)
- intraspinal:
  - nonpyogenic (G95.1)
  - NOS (G08)
  - septic (G08)
- lower extremities (I80.0–I80.3)
- mesenteric (K55.0)
- portal (I81)
- pulmonary (I26–I27)
- upper extremities (I80.4–I80.5)

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, O08.7)
  - appendicitis (K35.7)
  - diverticular disease of intestine (K57.7)

Hepatic failure, not elsewhere classified

*Excludes:* alcoholic hepatic failure (K70.4)
- hepatic failure complicating abortion or ectopic or molar pregnancy (O00–O07, O08.7)
- icterus of fetus and newborn (P55–P59)
- viral hepatitis (B15–B19)
- with toxic liver disease (K71.1)

Other diseases of liver

K76.7 Hepatorenal syndrome

*Excludes:* following labour and delivery (O90.4)

K76.8 Other specified diseases of liver
- Focal nodular hyperplasia of liver
- Hepatoptosis
- Simple cyst of liver

K76.9 Liver disease, unspecified
KIDNEY FAILURE
(N17–N19)

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)
- 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)
  - prerenal uraemia (R39.2)

OTHER DISEASES OF URINARY SYSTEM
(N30–N39)

Excludes: urinary infection: with urolithiasis (N20–N23)

- complicating abortion or ectopic or molar pregnancy (O00–O07, O08.8)
- with urolithiasis (N20–N23)

DISORDERS OF BREAST
(N60–N64)

Excludes: disorders of breast associated with childbirth (lactation) (pregnancy) (puerperium) (O91–O92)

INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS
(N70–N77)

Excludes: complicating abortion or ectopic or molar pregnancy (O00–O07, O08.0)

N70 Salpingitis and oophoritis
Female infertility

Includes: inability to achieve a pregnancy

Excludes: relative infertility (N96)

N97.0 Female infertility associated with anovulation

N97.1 Female infertility of tubal origin

Infertility: Associated with congenital anomaly of tube
- associated with congenital anomaly of (fallopian) tube
- due to (fallopian) tube:
  - blockage
  - occlusion
  - stenosis

Tubal:
- block
- occlusion
- stenosis

N97.2 Female infertility of uterine origin

Infertility Associated with congenital anomaly of uterus
Nonimplantation of ovum

N97.3 Female infertility of cervical origin

N97.4 Female infertility associated with male factors

Failure to conceive due to infertility of male partner

N97.8 Female infertility of other origin

N97.9 Female infertility, unspecified

Female sterility NOS

CHAPTER 15

PREGNANCY, CHILDBIRTH AND THE PUEPERIUM (O00–O99)

This chapter contains the following blocks:

O00–O08 Pregnancy with abortive outcome
O09 Duration of pregnancy
O10–O16 Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium
O20–O28 Other maternal disorders predominantly related to pregnancy
O30–O48 Maternal care related to the fetus and amniotic cavity and possible delivery problems
O60–O75 Complications of labour and delivery
O80–O84 Delivery
O85–O92 Complications predominantly related to the puerperium
O94–O99 Other obstetric conditions, not elsewhere classified

Note: These codes in this chapter are to be used assigned for conditions related to or aggravated by the pregnancy, childbirth or the puerperium (maternal causes or obstetric causes)

Excludes: incidental pregnant state (Z33)
supervision of normal pregnancy (Z34.-)
PREGNANCY WITH ABORTIVE OUTCOME
(O00–O08)

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)

O00 Ectopic pregnancy

Includes: ruptured ectopic pregnancy
Use additional code from category O08. - to identify any associated complication.
Use additional code from category O09. - to identify duration of pregnancy.

O00.0 Abdominal pregnancy

Excludes: maternal care for viable fetus in abdominal pregnancy (O36.7)

O00.1 Tubal pregnancy
Fallopian pregnancy
Rupture of (fallopian) tube due to pregnancy
Tubal abortion

O00.2 Ovarian pregnancy

O00.8 Other ectopic pregnancy
Pregnancy:
• cervical
• cornual
• intraligamentous
• mural

O00.9 Ectopic pregnancy, unspecified

O01 Hydatidiform mole

Includes: morphology code M9100 with behaviour code /0
Use additional code from category O08. - to identify any associated complication.
Use additional code from category O09. - to identify duration of pregnancy.

Excludes: malignant hydatidiform mole (D39.2)

O01.0 Classical hydatidiform mole
Complete hydatidiform mole

O01.1 Incomplete and partial hydatidiform mole

O01.9 Hydatidiform mole, unspecified
Trophoblastic disease NOS
Vesicular mole NOS

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)

O02.0 Blighted ovum and nonhydatidiform mole
Mole:
• carneous
• fleshy
• intrauterine NOS
Pathological ovum
O02.1 Missed abortion

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)

O02.8 Other specified abnormal products of conception

Excludes: those with:
- blighted ovum (O02.0)
- mole:
  - hydatidiform (O01.-)
  - nonhydatidiform (O02.0)

O02.9 Abnormal product of conception, unspecified

The following fourth character subdivisions are for use with categories O03–O06:

Subdivisions .0–.4 are assigned for incomplete abortion (ie where there are retained products of conception following abortion).

Subdivisions .5–.9 are assigned for complete or unspecified abortion (ie where there is no documentation of retained products of conception):

.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 (B95–B97) to identify infectious agent.

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

Code also specific type of infection, if known

.1 incomplete, complicated by delayed or excessive haemorrhage

With conditions in O08.1

Code also coagulopathy, if applicable

.2 incomplete, complicated by embolism

With conditions in O08.2

Code also site of embolism, if known

.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 (B95–B97) to identify infectious agent.

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

Code also specific type of infection, if known

.6 complete or unspecified, complicated by delayed or excessive haemorrhage

With conditions in O08.1

Code also coagulopathy, if applicable

.7 complete or unspecified, complicated by embolism

With conditions in O08.2

Code also site of embolism, if known

.8 complete or unspecified, with other and unspecified complications

With conditions in O08.3–O08.9
O03 Spontaneous abortion

See 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)

Miscarriage
Use additional code from category O09.- to identify duration of pregnancy.

O04 Medical abortion

See subdivisions
Abortion performed in a health care facility for medical indications, using medical and/or surgical interventions
Therapeutic abortion
Includes: termination of pregnancy:
• legal
• therapeutic therapeutic abortion

Use additional code from category O09.- to identify duration of pregnancy.
Excludes: admission for initiation of medical abortion (Z32.2)

O05 Other abortion

See subdivisions
Use additional code from category O09.- to identify duration of pregnancy.

O06 Unspecified abortion

See subdivisions
Includes: induced abortion NOS
Induced abortion NOS

Use additional code from category O09.- to identify duration of pregnancy.

O07 Failed attempted abortion

Continuing pregnancy after failed attempt to terminate the pregnancy
Failed attempt to induce abortion
Includes: failure of attempted induction of abortion

Use additional code from category O09.- to identify duration of pregnancy.
Excludes: incomplete abortion (O03–O06)

O07.0 Failed medical abortion, complicated by genital tract and pelvic infection

Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index Sepsis.
Use additional code (B95–B97) to identify infectious agent.
Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable.
Code also specific type of infection, if known

O07.1 Failed medical abortion, complicated by delayed or excessive haemorrhage

Use additional code in O08.1
Code also coagulopathy, if applicable
O07.2 Failed medical abortion, complicated by embolism

Use additional code in O08.2
Code also site of embolism, if known
O07.3 Failed medical abortion, with other and unspecified complications

Use additional code in O08.3–O08.9
Failed medical abortion, without complication
Failed medical abortion NOS

Other and unspecified failed attempted abortion, 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 \( \text{Sepsis} \).
Use additional code (B95–B97) to identify infectious agent.
Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable.
Code also specific type of infection, if known

Other and unspecified failed attempted abortion, 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 \( \text{Sepsis} \).
Use additional code (B95–B97) to identify infectious agent.
Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable.
Code also specific type of infection, if known

Other and unspecified failed attempted abortion, complicated by delayed or excessive haemorrhage
With conditions in O08.1
Code also coagulopathy, if applicable

Other and unspecified failed attempted abortion, complicated by embolism
With conditions in O08.2
Code also specific type of infection, if known

Other and unspecified failed attempted abortion, with other and unspecified complications
With conditions in O08.3–O08.9

Other and unspecified failed attempted abortion, without complication
Failed attempted abortion NOS

Complications following abortion and ectopic and molar pregnancy

Note:  Codes from category O08 are assigned for complication(s) of:
• abortion, where the abortion was treated, performed or occurred prior to the episode of care
• ectopic and molar pregnancy

Excludes:  complication(s) during episode of care:
• for staged abortion (O04.5–O04.9)
• in which an abortion is treated, performed or occurred (current episode) (O03–O06)
  retained products of conception (O03–O06)

Genital tract and pelvic infection following abortion and ectopic and molar pregnancy

Endometritis
Oophoritis
Parametritis
Pelvic peritonitis
Salpingitis
Salpingo-oophoritis

Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index \( \text{Sepsis} \).
Use additional code (B95–B97) to identify infectious agent.
Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable.
Code also specific type of infection, if known

Excludes:  septic or septicopaemic embolism (O08.2)
  urinary tract infection (O08.8)

Delayed or excessive haemorrhage following abortion and ectopic and molar pregnancy

Afibrinogenaemia
Defibrination syndrome
Intravascular coagulation

Code also coagulopathy, if applicable
O08.2 Embolism following abortion and ectopic and molar pregnancy

Emboli:
• air
• amniotic fluid
• blood clot
  (pulmonary)
• NOS
• pyaemic
• soap

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

Code also site of embolism, if known

O08.3 Shock following abortion and ectopic and molar pregnancy

Circulatory collapse following conditions classifiable to O00–O07

Shock (postprocedural)

Use additional code (R57.2) to identify septic shock, if applicable

O08.4 Kidney failure following abortion and ectopic and molar pregnancy

Kidney:
• failure (acute)
• shutdown
• tubular necrosis

Oliguria

Anemia

Code also type of kidney failure, if known

O08.5 Metabolic disorders following abortion and ectopic and molar pregnancy

Electrolyte imbalance following conditions classifiable to O00–O07

Code also type of metabolic disorder, if known

O08.6 Damage to pelvic organs and tissues following abortion and ectopic and molar pregnancy

Laceration, perforation, tear or chemical damage of:
• bladder
• bowel
• broad ligament
• cervix
• periurethral tissue
• uterus

Includes: laceration, perforation, tear or chemical damage of:
• bladder
• bowel
• broad ligament
• cervix
• periurethral tissue
• uterus

Use additional code to identify external cause (Chapter 20), if applicable.

O08.7 Other venous complications following abortion and ectopic and molar pregnancy

Code also specific venous condition, if known
O08.8 Other complications following abortion and ectopic and molar pregnancy

- Cardiac arrest following conditions classifiable to O00–O07
- Urinary tract infection

O08.9 Complication following abortion and ectopic and molar pregnancy, unspecified

Unspecified complication following conditions classifiable to O00–O07 abortion and ectopic and molar pregnancy

DURATION OF PREGNANCY
(O09)

Duration of pregnancy

Note: 37 completed weeks refers to 36 weeks plus 7 days. Duration of pregnancy less than 37 completed weeks is deemed premature.

Category O09 identifies the duration of pregnancy at admission on the mother’s record and should only be assigned as an additional diagnosis with the following conditions:

- abortion (O00–O07 Pregnancy with abortive outcome)
- early onset of labour (O60.0 Preterm labour and delivery)
- fetal death in utero (O36.4) (before 37 completed weeks of gestation)
- premature rupture of membranes (O42) (before 37 completed weeks of gestation)
- threatened:
  - abortion (O20.0)
  - premature labour (O47.0)

Codes from this category are assigned only in addition to the conditions listed below, if they occur before 37 completed weeks (ie < 36 weeks plus 7 days) of gestation:

- abortion (O00–O07)
- early onset of labour (O60.-)
- fetal death in utero (O36.4) (before 37 completed weeks of gestation)
- premature rupture of membranes (O42.-)
- threatened:
  - abortion (O20.0)
  - premature labour (O47.0)

O09.0 < 5 completed weeks
O09.1 5–13 completed weeks
O09.2 14–19 completed weeks
O09.3 20–25 completed weeks
O09.4 26–33 completed weeks
O09.5 34–< 37 completed weeks

37 completed weeks is defined as 36 weeks plus 7 days

O09.9 Unspecified duration of pregnancy

Note: This code should be assigned only with the conditions listed above, and where the duration of pregnancy has not been documented.
OEDEMA, PROTEINURIA AND HYPERTENSIVE DISORDERS IN PREGNANCY, CHILDBIRTH AND THE PUERPERIUM
(O10–O16)

... 

O14       Pre-eclampsia

Excludes: pre-eclampsia superimposed on pre-existing hypertension (O11)

O14.0 Mild to moderate pre-eclampsia
O14.1 Severe pre-eclampsia
O14.2 HELLP syndrome 
Severe pre-eclampsia with Combination of haemolysis, elevated liver enzymes and low platelet count
O14.9 Pre-eclampsia, unspecified

...

O15       Eclampsia

Includes: 

coma following conditions in O10–O14 and O16
convulsions following conditions classified to O10-O14 and O16
delirium following conditions classified to O10-O14 and O16
eclampsia with pregnancy-induced or pre-existing hypertension

Code also specific type of pre-existing hypertension (I10-I15), if known

...

OTHER MATERNAL DISORDERS PREDOMINANTLY RELATED TO PREGNANCY
(O20–O28)

Note: Categories O24-, O25, O26.6, O26.7 and O26.81 classify conditions in pregnancy, childbirth and the puerperium.

Excludes: maternal care related to the fetus and amniotic cavity and possible delivery problems (O30–O48)

O20       Haemorrhage in early pregnancy

Excludes: pregnancy with abortive outcome (O00–O08)

O20.0 Threatened abortion
Haemorrhage specified as due to threatened abortion

Use additional code from category O09.- to identify duration of pregnancy.

Excludes: that resulting in spontaneous abortion (O03.-)

O20.8 Other haemorrhage in early pregnancy
O20.9 Haemorrhage in early pregnancy, unspecified

O21       Excessive vomiting in pregnancy

Excludes: vomiting in pregnancy due to a specified cause classified elsewhere — code condition (see Alphabetic Index)

O21.0 Hyperemesis gravidarum
Hyperemesis gravidarum starting before 20 completed weeks of gestation

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Infections of genitourinary tract in pregnancy

Use additional code (B95–B97 Chapter 1) to identify infectious agent.

Excludes:
- gonococcal infections (O98.2)
- infections with a predominantly sexual mode of transmission NOS classified to A55–A64 (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

Diabetes mellitus and intermediate hyperglycaemia in pregnancy, childbirth and the puerperium

Includes:
- diabetes mellitus in childbirth and the puerperium
- intermediate hyperglycaemia

O24.0 Pre-existing Type 1 diabetes mellitus, Type 1, in pregnancy, childbirth and the puerperium

Code also diabetes mellitus (E10.-)

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

Note: When multiple fifth characters apply, assign the one appearing highest on the list.

O24.1 Pre-existing Type 2 diabetes mellitus, Type 2, in pregnancy, childbirth and the puerperium

See subdivisions
Code also diabetes mellitus (E11.-)

O24.2 Pre-existing other specified diabetes mellitus, other specified type, in pregnancy, childbirth and the puerperium

See subdivisions
Code also diabetes mellitus (E13.-)

O24.3 Pre-existing unspecified diabetes mellitus, unspecified, in pregnancy, childbirth and the puerperium

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
See subdivisions
Code also diabetes mellitus (E14.-)

O24.4 Diabetes mellitus arising during pregnancy
See subdivisions
Gestational diabetes mellitus NOS

O24.5 Pre-existing intermediate hyperglycaemia, in pregnancy, childbirth and the puerperium
See subdivisions
Code also intermediate hyperglycaemia (E09.-)

O24.9 Diabetes mellitus in pregnancy, childbirth and the puerperium, unspecified onset
See subdivisions

O25 Malnutrition in pregnancy, childbirth and the puerperium
Malnutrition in childbirth and the puerperium
Code also type of malnutrition (E40–E46), if known

MATERNAL CARE RELATED TO THE FETUS AND AMNIOTIC CAVITY AND POSSIBLE DELIVERY PROBLEMS

(O30–O48)

…

O31 Complications specific to multiple gestation

Excludes: conjoined twins causing disproportion (O33.7)

Continuing pregnancy after:
- delayed delivery of second twin, triplet, etc or subsequent fetus in multiple delivery (O63.2)
- 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
Continuing pregnancy after:
- fetal death in utero before fetal viability (less than 20 completed weeks (140 days) gestation and/or fetal weight less than 400g), of one fetus or more
- medical abortion of one fetus or more
- missed abortion of one fetus or more
- spontaneous abortion of one fetus or more

O31.2 Continuing pregnancy after intrauterine death of one fetus or more
Continuing pregnancy after 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), of one fetus or more

O31.8 Other complications specific to multiple gestation

…

O33 Maternal care for known or suspected disproportion

Includes: 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 or delivery (O65–O66)

…

O33.3 Maternal care for disproportion due to outlet contraction of pelvis
Mid-cavity contraction (pelvis) causing disproportion
Outlet contraction (pelvis) causing disproportion

…

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 483
O33.7 Maternal care for disproportion due to other fetal deformities

Conjoined twins

\[\begin{align*}
&\text{Fetal:} \\
&\quad \bullet \text{ascites} \\
&\quad \bullet \text{hydrops} \\
&\quad \bullet \text{meningomyelocele} \\
&\quad \bullet \text{sacral teratoma} \\
&\quad \bullet \text{tumour}
\end{align*}\]

causing disproportion

O33.8 Maternal care for disproportion of other origin

O33.9 Maternal care for disproportion, unspecified

Cephalopelvic disproportion NOS

Fetopelvic disproportion NOS

---

**O34** Maternal care for known or suspected abnormality of pelvic organs

\[\text{v 1506}\]

*Includes:* the listed conditions as a reason for observation, hospitalisation or other obstetric care of the mother, or for caesarean section before onset of labour

---

O34.3 Maternal care for cervical incompetence

\[\text{Maternal care for:}\]

\[\begin{align*}
&\quad \bullet \text{cerclage} \\
&\quad \bullet \text{Shirodkar suture}
\end{align*}\]

with or without mention of cervical incompetence

*Excludes:* that affecting labour and delivery (O65.5)

---

O34.4 Maternal care for other abnormalities of cervix

\[\text{Maternal care for:}\]

\[\begin{align*}
&\quad \bullet \text{polyp} \\
&\quad \bullet \text{previous surgery} \\
&\quad \bullet \text{stricture or stenosis} \\
&\quad \bullet \text{tumour}
\end{align*}\]

Code also specific type of abnormality, if known.

*Excludes:* that affecting labour and delivery (O65.5)

---

O34.5 Maternal care for other abnormalities of gravid uterus

\[\text{Maternal care for:}\]

\[\begin{align*}
&\quad \bullet \text{incarceration} \\
&\quad \bullet \text{prolapse} \\
&\quad \bullet \text{retrusion}
\end{align*}\]

of gravid uterus

Code also specific type of abnormality, if known.

*Excludes:* that affecting labour and delivery (O65.5)

---

O34.6 Maternal care for abnormality of vagina

\[\text{Maternal care for:}\]

\[\begin{align*}
&\quad \bullet \text{previous surgery} \\
&\quad \bullet \text{septate} \\
&\quad \bullet \text{stenosis (acquired) (congenital)} \\
&\quad \bullet \text{stricture} \\
&\quad \bullet \text{tumour}
\end{align*}\]

(of) (to) vagina

Code also specific type of abnormality, if known.

*Excludes:* maternal care for vaginal varices in pregnancy (O22.9)

that affecting labour and delivery (O65.5)

---

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
O35 Maternal care for known or suspected fetal abnormality and damage

Includes: the listed conditions in the fetus as a reason for observation, hospitalisation or other obstetric care of the mother, or for caesarean section or for termination of pregnancy

Excludes: maternal care for known or suspected disproportion (O33. -)

...

O36 Maternal care for other known or suspected fetal problems

Includes: the listed conditions in the fetus as a reason for observation, hospitalisation or other obstetric care of the mother, or for caesarean section or for termination of pregnancy

Excludes: labour and delivery complicated by fetal stress [distress] (O68. -) placental transfusion syndromes (O43. 0)

...

O36.4 Maternal care for intrauterine death
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 O09. - to identify duration of pregnancy, before 37 completed weeks.

Excludes: continuing pregnancy in multiple gestation after fetal death in utero of one fetus or more (O31. 2)

fetal death in utero before fetal viability (O02. 1)

missed abortion (O02. 1)

...

O43 Placental disorders

Excludes: maternal care for poor fetal growth due to placental insufficiency (O36. 5) placenta praevia (O44. -) premature separation of placenta [abruptio placentae] (O45. -)

...

O43.2 Morbidly adherent placenta
Placenta:
• accreta
• increta
• percreta

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

O43.8 Other placental disorders
Placental:
• dysfunction
• infarction

O43.9 Placental disorder, unspecified

O44 Placenta praevia

O44.0 Placenta praevia specified as without haemorrhage
Low implantation of placenta specified as without haemorrhage

O44.1 Placenta praevia with haemorrhage
Low implantation of placenta, NOS or with haemorrhage

Placenta praevia:
• marginal
• partial
• total

NOS or with haemorrhage

Excludes: labour and delivery complicated by haemorrhage from vasa praevia (O69. 4)
COMPLICATIONS OF LABOUR AND DELIVERY

(O60–O75)

...Failed induction of labour

O61 Failed induction of labour

O61.0 Failed medical induction of labour
Failed induction (of labour) by:
• oxytocin
• prostaglandins

Excludes: with failed surgical (instrumental) induction of labour (O61.2)

O61.1 Failed instrumental surgical induction of labour
Failed induction (of labour):
• instrumental induction of labour
• mechanical induction of labour

Excludes: with failed medical induction of labour (O61.2)

O61.2 Failed medical with surgical induction of labour
Failed induction of labour, following use of both medical and surgical (instrumental) methods

O61.8 Other failed induction of labour

O61.9 Failed induction of labour, unspecified

Abnormalities of forces of labour

O62

O62.0 Primary inadequate contractions
Failure of cervical dilatation
Primary hypotonic uterine dysfunction
Uterine inertia during latent phase of labour

O62.1 Secondary uterine inertia
Arrested active phase of labour
Secondary hypotonic uterine dysfunction

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 (O72.1)

Code also, if applicable:
• postpartum haemorrhage (O72.1, O72.2)
• third-stage haemorrhage (O72.0)

O62.3 Precipitate labour

O62.4 Hypertonic, incoordinate, and prolonged uterine contractions
Contraction ring dystocia
Dyscoordinate labour
Hour-glass contraction of uterus
Hypertonic uterine dysfunction
Incoordinate uterine action
Tetanic contractions
Uterine dystocia NOS

Excludes: dystocia (fetal)(maternal) NOS (O66.9)

O62.8 Other abnormalities of forces of labour
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O62.9</td>
<td>Abnormality of forces of labour, unspecified</td>
</tr>
<tr>
<td></td>
<td>Failure to progress NOS</td>
</tr>
<tr>
<td>O65</td>
<td>Labour and delivery affected by maternal pelvic abnormality</td>
</tr>
<tr>
<td></td>
<td>Obstructed labour due to maternal pelvic abnormality</td>
</tr>
<tr>
<td>O65.0</td>
<td>Labour and delivery affected by deformed pelvis</td>
</tr>
<tr>
<td>O65.1</td>
<td>Labour and delivery affected by generally contracted pelvis</td>
</tr>
<tr>
<td>O65.2</td>
<td>Labour and delivery affected by pelvic inlet contraction</td>
</tr>
<tr>
<td>O65.3</td>
<td>Labour and delivery affected by pelvic outlet and mid-cavity contraction</td>
</tr>
<tr>
<td>O65.4</td>
<td>Labour and delivery affected by fetopelvic disproportion, unspecified</td>
</tr>
<tr>
<td></td>
<td>Excludes: dystocia due to abnormality of fetus (O66.2–O66.3)</td>
</tr>
<tr>
<td>O65.5</td>
<td>Labour and delivery affected by abnormality of maternal pelvic organs</td>
</tr>
<tr>
<td></td>
<td>Labour and delivery affected by conditions listed in O34.0, O34.1, O34.3–O34.9</td>
</tr>
<tr>
<td></td>
<td>Excludes: labour and delivery affected by uterine scar from (any) previous surgery (O34.2)</td>
</tr>
<tr>
<td>O65.8</td>
<td>Labour and delivery affected by other maternal pelvic abnormalities</td>
</tr>
<tr>
<td>O65.9</td>
<td>Labour and delivery affected by maternal pelvic abnormality, unspecified</td>
</tr>
<tr>
<td>O67</td>
<td>Labour and delivery complicated by intrapartum haemorrhage, not elsewhere classified</td>
</tr>
<tr>
<td></td>
<td>Excludes: antepartum haemorrhage NEC (O46.-)</td>
</tr>
<tr>
<td></td>
<td>placenta praevia (O44.-)</td>
</tr>
<tr>
<td></td>
<td>postpartum haemorrhage (O72.-)</td>
</tr>
<tr>
<td></td>
<td>premature separation of placenta [abruptio placentae] (O45.-)</td>
</tr>
<tr>
<td></td>
<td>third-stage haemorrhage (O72.0)</td>
</tr>
<tr>
<td>O67.0</td>
<td>Intrapartum haemorrhage with coagulation defect</td>
</tr>
<tr>
<td></td>
<td>Intrapartum haemorrhage (excessive) associated with:</td>
</tr>
<tr>
<td></td>
<td>• afibrinogenaemia</td>
</tr>
<tr>
<td></td>
<td>• disseminated intravascular coagulation</td>
</tr>
<tr>
<td></td>
<td>• hyperfibrinolysis</td>
</tr>
<tr>
<td></td>
<td>• hypofibrinogenaemia</td>
</tr>
<tr>
<td></td>
<td>Code also specific type of coagulation defect, if known.</td>
</tr>
<tr>
<td>O67.8</td>
<td>Other intrapartum haemorrhage</td>
</tr>
<tr>
<td></td>
<td>Excessive intrapartum haemorrhage</td>
</tr>
<tr>
<td>O67.9</td>
<td>Intrapartum haemorrhage, unspecified</td>
</tr>
</tbody>
</table>
Perineal laceration during delivery

Includes: episiotomy extended by laceration

Note: Codes in category O70 represent a continuum. Where multiple perineal lacerations (ruptures or tears) of different degrees are documented, assign a code for the highest (most severe) degree only.

Excludes: obstetric high vaginal laceration (O71.4)

vaginal sulcus laceration (O71.4)

O70.0 First degree perineal laceration during delivery

Perineal graze, laceration, rupture or tear (involving):
  • fourchette
  • labia
  • periurethral tissue
  • skin
  • slight
  • vagina, low
  • vulva

Includes: perineal graze, laceration, rupture or tear (involving):
  • fourchette
  • labia
  • low vagina
  • periurethral tissue
  • skin
  • vulva

Excludes: periurethral laceration involving urethra (O71.5)
  that with laceration of:
  • high vaginal wall (middle) (upper third of vaginal wall) (O71.4)
  • vaginal sulcus (O71.4)

O70.1 Second degree perineal laceration during delivery

Perineal laceration, rupture or tear as in O70.0, also involving:
  • pelvic floor
  • perineal muscles
  • vaginal muscles

Includes: perineal laceration, rupture or tear of sites listed in O70.0 and (involving):
  • pelvic floor
  • perineal muscles
  • vaginal muscles

Excludes: that involving anal sphincter (O70.2)

O70.2 Third degree perineal laceration during delivery

Perineal laceration, rupture or tear as in O70.1, also involving:
  • anal sphincter
  • rectovaginal septum
  • sphincter NOS

Includes: perineal laceration, rupture or tear of sites listed in O70.0 and O70.1, and (involving):
  • anal sphincter
  • rectovaginal septum
  • sphincter NOS

Excludes: that involving anal or rectal mucosa (O70.3)
O70.3 Fourth degree perineal laceration during delivery
Perineal laceration, rupture or tear as in O70.2, also involving:
- anal mucosa
during delivery
Includes: perineal laceration, rupture or tear of sites listed in O70.0-O70.2, and (involving):
- anal mucosa
- rectal mucosa

O70.9 Perineal laceration during delivery, unspecified

O71 Other obstetric trauma
...

O71.6 Obstetric damage to pelvic joints and ligaments
Avulsion of inner symphyseal cartilage obstetric
Damage to coccyx obstetric
Traumatic separation of symphysis (pubis) obstetric

O71.7 Obstetric haematoma of pelvis
Obstetric haematoma of:
- perineum
- vagina
- vulva
...

O72 Third-stage and postpartum haemorrhage
Includes: haemorrhage after delivery of fetus or infant

O72.0 Third-stage haemorrhage
Excessive haemorrhage during the third stage of labour (ie after delivery of infant, but before delivery of placenta)
Haemorrhage associated with retained or trapped placenta
Retained placenta NOS
Code also morbidly adherent placenta (O43.2), if applicable:
- adherent placenta NOS (O73.0)
- atonic uterus (O62.2)
- morbidly adherent placenta (O43.2)
- retained placenta (O73.0)

O72.1 Other immediate postpartum haemorrhage
Haemorrhage following delivery of placenta
Postpartum haemorrhage: (atonic) NOS
- ≤ 24 hours following delivery of placenta
- NOS
Code also, if applicable:
- atonic uterus (O62.2)
- retained portions of placenta or membranes (O73.1)

O72.2 Delayed and secondary postpartum haemorrhage
Haemorrhage associated with retained portions of placenta or membranes
Retained products of conception NOS, following delivery
Postpartum haemorrhage > 24 hours following delivery of placenta
Code also retained portions of placenta or membranes (O73.1), if applicable

O72.3 Postpartum coagulation defects
Postpartum:
- afibrinogenaemia
- fibrinolysis
Code also specific type of coagulation defect, if known.
Retained placenta and membranes, without haemorrhage

O73.0 Retained placenta, without haemorrhage
Adherent placenta NOS

Code also morbidly adherent placenta (O43.2) third-stage haemorrhage (O72.0), if applicable.

Excludes: morbidly adherent placenta (O43.2)

O73.1 Retained portions of placenta and membranes, without haemorrhage
Retained products of conception following delivery, without haemorrhage

Code also postpartum haemorrhage (O72.1, O72.2), if applicable.

DELIVERY

(O80–O84)

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. Codes from O80-O84 are assigned when delivery is completed within the episode of care (for classification purposes delivery is not complete until after expulsion of the placenta, excluding any retained portion(s), expelled or requiring removal post delivery).

Code also the Use additional code to identify outcome of delivery (Z37.-).

O80 Single spontaneous delivery

Cases with minimal or no assistance
Single spontaneous delivery:
• breech
• NOS
• vaginal
• vertex

Includes: that with:
• administration of Syntocinon in third stage of labour
• controlled cord traction (CCT)
• epidural injection/infusion
• episiotomy with repair
• fetal monitoring
• medical or surgical:
  • augmentation of labour
  • induction of labour
  • suture of obstetric perineal laceration

Excludes: pregnancy with abortive outcome before fetal viability (O00–O08) single delivery (by) (with):
• assisted NOS (O83)
• breech extraction (O83)
• caesarean section (O82)
• forceps:
  • NOS (O81)
  • with forceps rotation of fetal head (O81)
• manual:
  • 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)
Other assisted single delivery

*Includes*: assisted single:
- breech delivery NOS
- delivery NOS
- delivery NOS
- breech extraction
- forceps rotation of fetal head without forceps delivery

*Single delivery assisted (facilitated) by*:
- manual:
  - removal of placenta
  - rotation of fetal head
  - McRoberts manoeuvre
  - other procedures, not elsewhere classified
  - procedures on fetus
  - version (with extraction)

*Excludes*: single delivery:
- by caesarean (O82)
- using forceps and vacuum extractor (O81)

### COMPLICATIONS PREDOMINANTLY RELATED TO THE PUERPERIUM

(O85–O92)

The puerperium is defined as the period of 42 days following childbirth.

*Note*: Categories O88.-, O91.- and O92.- classify conditions in pregnancy, childbirth and the puerperium.

*Excludes*: mental and behavioural disorders associated with the puerperium NEC (F53.-)
obstetrical tetanus (A34)
puerperal osteomalacia (M83.0)

### Other puerperal infections

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

*Excludes*: infection during labour (O75.3)

- Infection of obstetric surgical wound
  - caesarean section wound
  - obstetric perineal repair wound

- Infection of obstetric surgical wound
  - following delivery

- Other infection of genital tract following delivery
  *Code also specific type of infection, if known.*

*Excludes*: puerperal endometritis (O85)

### Obstetric embolism

*Obstetric blood clot embolism in pregnancy, childbirth and the puerperium*

- Embolism NOS
- Pulmonary embolism NOS
- Thromboembolism NOS

- Obstetric pyaemic and septic embolism
O90      Complications of the puerperium, not elsewhere classified

O90.4 Postpartum acute kidney failure
Hepatorenal syndrome following labour and delivery

O90.5 Postpartum thyroiditis

O91      Infections of breast associated with childbirth

Includes: the listed conditions during in pregnancy, the puerperium, or associated with lactation

The following fifth character subdivisions are for use with subcategories O91.0–O91.2:

- 0 without mention of attachment difficulty
- 1 with mention of attachment difficulty

O91.0 Infection of nipple associated with childbirth

See subdivisions
Abscess of nipple:
- gestational
- puerperal

O91.1 Abscess of breast associated with childbirth

See subdivisions
Mammary abscess
Purulent mastitis: gestational or puerperal
Subareolar abscess

O91.2 Nonpurulent mastitis associated with childbirth

See subdivisions
Lymphangitis of breast
Mastitis:
- interstitial: gestational or puerperal
- NOS
- parenchymatous

O92      Other disorders of breast and lactation associated with childbirth

Includes: the listed conditions during in pregnancy, the puerperium, or associated with lactation

The following fifth character subdivisions are for use with subcategories O92.0–O92.7:

- 0 without mention of attachment difficulty
- 1 with mention of attachment difficulty

O92.0 Retracted nipple associated with childbirth

See subdivisions
Inverted nipple, gestational or puerperal

O92.1 Cracked nipple associated with childbirth

See subdivisions
Fissure of nipple, gestational or puerperal
O92.2 Other and unspecified disorders of breast associated with childbirth

See subdivisions

- Blistered nipple
- Blocked duct(s)
- Bruised nipple (gestational or puerperal)
- Engorgement
- Grazed nipple

O92.3 Agalactia

See subdivisions

Physiological suppression of lactation occurring prior to establishment of lactation
Failure of lactation
Primary agalactia

O92.4 Hypogalactia

See subdivisions

- Delayed milk supply
- Insufficient milk supply

O92.5 Suppressed lactation

See subdivisions

Therapeutic suppression of lactation prior to or after establishment of lactation
Agalactia:
  - secondary
  - therapeutic

Note: Performed for patients with certain conditions (eg epilepsy, bipolar disorder) or where current medications contraindicate breastfeeding.

Excludes: Elective suppression (mother’s decision not to breastfeed) – omit code

O92.6 Galactorrhoea

See subdivisions

Oversupply of milk

Excludes: Galactorrhoea not associated with childbirth (N64.3)

O92.7 Other and unspecified disorders of lactation

See subdivisions

Puerperal galactocele

...
Maternal infectious and parasitic diseases classifiable elsewhere in pregnancy, childbirth and the puerperium

Note: Refer to the Alphabetic Index at Pregnancy/complicated by/conditions in or Pregnancy/complicated by/diseases of for specific code ranges of the underlying infectious or parasitic disease.

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)
  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 in pregnancy, childbirth and the puerperium
O98.1 Syphilis in pregnancy, childbirth and the puerperium
O98.2 Gonorrhoea in pregnancy, childbirth and the puerperium
O98.3 Other infections with a predominantly sexual mode of transmission in pregnancy, childbirth and the puerperium
  Conditions in A55–A64 in pregnancy, childbirth and the puerperium
O98.4 Viral hepatitis in pregnancy, childbirth and the puerperium
O98.5 Other viral diseases in pregnancy, childbirth and the puerperium
  Excludes: with a predominantly sexual mode of transmission (O98.3)
O98.6 Protozoal diseases in pregnancy, childbirth and the puerperium
...

Other maternal diseases classifiable elsewhere in pregnancy, childbirth and the puerperium
...

Mental disorders and diseases of the nervous system in pregnancy, childbirth and the puerperium

Excludes: mental disorder in puerperium NEC (F53.-)
  postnatal depression (F53.0)
  postpartum:
  • blues
  • dysphoria
  • mood disturbance NOS (F53.8)
  • sadness
  • puerperal psychosis (F53.1)
  • vomiting associated with other psychological disturbances (F50.5)

Mental disorders in pregnancy, childbirth and the puerperium

Excludes: mental disorder in puerperium NEC (F53.-)
  postnatal depression (F53.0)
  postpartum:
  • blues NOS (F53.8)
  • dysphoria NOS (F53.8)
  • mood disturbance NOS (F53.8)
  • sadness NOS (F53.8)
  • puerperal psychosis (F53.1)
  • vomiting associated with other psychological disturbances (F50.5)

Diseases of the nervous system in pregnancy, childbirth and the puerperium
Disorders related to short gestation and low birth weight, not elsewhere classified

Includes: the listed conditions, without further specification, as the cause of mortality, morbidity or additional care, in newborns.

Note: When both birth weight and gestational age are available, priority of assignment should be given to gestational age.

Excludes: low birth weight, due to slow fetal growth and fetal malnutrition (P05.-).
- due to slow fetal growth and fetal malnutrition (P05.-)
- in term infant (P05.-)

P07.0     Extremely low birth weight

Note: Category P07.0 identifies an infant’s weight at the time of birth, not the weight at subsequent episodes of care.

Code first the gestational age (P07.2-, P07.3-).

- P07.01 Extremely low birth weight 499g or less
- P07.02 Extremely low birth weight 500–749g
- P07.03 Extremely low birth weight 750–999g

P07.1     Other low birth weight

Note: Category P07.1 identifies an infant’s weight at the time of birth, not the weight at subsequent episodes of care.

Code first the gestational age (P07.2-, P07.3-).

- P07.11 Other low birth weight 1000–1249g
- P07.12 Other low birth weight 1250–1499g
- P07.13 Other low birth weight 1500–2499g

P07.2     Extreme immaturity

Note: Category P07.2 identifies the infant’s gestational age (ie period of time spent in utero), not the infant’s age in adjusted weeks.

Code also low birth weight (P07.0-, P07.1-), if known.

- P07.21 Extreme immaturity, less than 24 completed weeks
  Extreme immaturity, less than 168 completed days
- P07.22 Extreme immaturity, 24 or more completed weeks but less than 28 completed weeks
  Extreme immaturity, 168 or more completed days but less than 224 completed days
- P07.3 Other and unspecified preterm infants

Note: Category P07.3 identifies the infant’s gestational age (ie period of time spent in utero), not the infant’s age in adjusted weeks.

Code also low birth weight (P07.0-, P07.1-), if known.

- P07.30 Preterm infant, unspecified
- P07.31 Preterm infant, 28 or more completed weeks but less than 32 completed weeks
  Preterm infant, 196 or more completed days but less than 224 completed days
- P07.32 Preterm infant, 32 or more completed weeks but less than 37 completed weeks
  Preterm infant, 224 or more completed days but less than 259 completed days
Other conditions originating in the perinatal period

Termination of pregnancy, affecting fetus and newborn

Excludes: termination of pregnancy (affecting mother) (O04-)

Anuria and oliguria

Excludes: that with:
- kidney disorder in pregnancy (O26.81)
- postpartum acute kidney failure (O90.4)
- complicating abortion or ectopic or molar pregnancy (O00–O07, O08.4)
  with:
  - kidney disorder in pregnancy (O26.81)
  - postpartum acute kidney failure (O90.4)

Syncope and collapse

Excludes: neurocirculatory asthenia (F45.31)
- orthostatic hypotension:
  - neurogenic (I95.12)
  - NOS (I95.10)
- shock:
  - cardiogenic (R57.0)
  - during or following labour and delivery (O75.1)
  - 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)

Shock, not elsewhere classified

Excludes: shock (due to):
- anaesthesia (T88.2)
- anaphylactic (due to):
  - complicating or following abortion or ectopic or molar pregnancy (O00–O07, O08.3)
  - during or following labour and delivery (O75.1)
  - electric (T75.4)
  - lightning (T75.0)
  - obstetric (O75.1)
  - postprocedural (T81.1)
  - psychic (F43.0)
  - traumatic (T79.4)
  - toxic shock syndrome (A48.3)

Cardiogenic shock

Medical observation and evaluation for suspected diseases and conditions, ruled out
Z03.7 Observation and evaluation of newborn for suspected condition not found

Note: This category is to be used for newborns, within the neonatal period (the first 28 days of life), who are suspected of having an abnormal condition resulting from exposure from mother or birth process, but without signs or symptoms, and which after examination and observation, is found not to exist. Assign code(s) from this category for newborns (infants less than 28 days old) without signs or symptoms, who are suspected of having an abnormal condition that is ruled out after examination and observation.

Use additional code (Z38.-) to identify liveborn infant according to place of birth, if applicable.

Z03.70 Observation of newborn for unspecified suspected condition
Z03.71 Observation of newborn for suspected infectious condition
Z03.72 Observation of newborn for suspected neurological condition
Z03.73 Observation of newborn for suspected respiratory condition
Z03.79 Observation of newborn for other suspected condition

Z32 Pregnancy supervision, examination and test, not elsewhere classified

Z32.0 Pregnancy, not (yet) confirmed
Z32.1 Pregnancy confirmed

Z32.2 Initiation of medical abortion

Admission for supervision of the initial episode of care for a staged medical abortion

Use additional code from category O09.- to identify duration of pregnancy.

Excludes: that with:
- completion of abortion (procedure) (O04.5-O04.9)
- expulsion of products of conception (O04.5-O04.9)

Z34 Supervision of normal pregnancy

Excludes: false labour (O47.0, O47.1, O47.9)
- incidental pregnant state (Z33)
- labour without delivery (O47.2)
- preterm contractions without delivery (O60.0)
- with any condition classified to Chapter 15 — see Alphabetic Index

Z35 Supervision of high-risk pregnancy

Supervision for high-risk conditions or problems affecting management of pregnancy

Z35.0 Supervision of pregnancy with history of infertility

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
**Z37**
Outcome of delivery
0050

Note: This A code from this category is intended for use assigned as an additional code on the patient's (ie, mother's) record to identify the outcome of delivery on the mother's record.

Code first the delivery (O80–O84).

**Z38**
Liveborn infants according to place of birth
1607

Code first any morbid condition, or observation for suspected condition (Z03.7-), if applicable.

Excludes: second or subsequent admission – omit code

- **Z38.0** Singleton, born in hospital
- **Z38.1** Singleton, born outside hospital
- **Z38.2** Singleton, unspecified as to place of birth
  - Liveborn infant NOS
- **Z38.3** Twin, born in hospital
- **Z38.4** Twin, born outside hospital
- **Z38.5** Twin, unspecified as to place of birth
- **Z38.6** Other multiple, born in hospital
- **Z38.7** Other multiple, born outside hospital
- **Z38.8** Other multiple, unspecified as to place of birth

**Z39**
Postpartum care and examination
1548

Care and observation in the period of 42 days following delivery (including delivery of placenta)

Excludes: admission for postpartum complications after the puerperal period — see Alphabetic Index

- **Z39.0** Postpartum care and examination immediately after delivery
  - 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
- **Z39.1** Care and examination of lactating mother
  - Breastfeeding (attachment) difficulty without disorder of lactation
  - Supervision of lactation
  - Excludes: breast infections associated with lactation (O91.-)
  - disorders of lactation (O92.-)
  - noninfective disorders of breast associated with lactation (O92.-)

**Z39.2** Routine postpartum follow-up

...
Z41  Procedures for purposes other than remedying health state
    ...
Z41.2 Routine and ritual circumcision
    \hspace{1em} 1607
    Code first liveborn infant according to place of birth (Z38.-), if applicable.
Z41.3 Ear piercing
    ...

Z53  Persons encountering health services for specific procedures, not carried out
    \hspace{1em} 0011, 0019, 0050, 1551
    Excludes: immunisation not carried out (Z28.-)
Z53.0 Procedure not carried out because of contraindication
Z53.1 Procedure not carried out because of patient's decision for reasons of belief or group pressure
Z53.2 Procedure not carried out because of patient's decision for other and unspecified reasons
Z53.8 Procedure not carried out for other reasons
Z53.9 Procedure not carried out, unspecified reason
Alphabetic Index

GENERAL ARRANGEMENT OF THE ALPHABETIC INDEX OF DISEASES

... 

SEQUENCE
Lead terms are usually sequenced alphabetically.

EXAMPLE 54:
Bee sting
Beer drinker's heart
Descemetocele
Descemet's membrane
Fibromyxosarcoma
Fibro-odontoma, ameloblastic

... 

EXAMPLE 62:
Pregnancy:
- 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
Preterm (infant) NEC P07.30
- 28 completed weeks or more but less than 32 completed weeks P07.31
- 32 completed weeks or more but less than 37 completed weeks P07.32
- extremely
  - ≥ 24 completed weeks or more but less than 28 completed weeks P07.22
  - < 24 completed weeks P07.21
Abnormal, abnormality, abnormalities — see also Anomaly

- finding
  - antenatal screening, (mother) O28.9

- membranes (fetal)
  - affecting fetus or newborn P02.9
    - specified type NEC P02.8
    - complicating pregnancy O41.9

- movement (disorder) (see also Disorder/movement) G25.9

- parturition — see also Pregnancy/complicated by
  - affecting fetus or newborn P03.9

- pelvis (bony) — see Deformity/pelvis

Aborter, habitual or recurrent N96
  - without current pregnancy N96
  - care in current pregnancy O26.2

- current abortion — see also O03–O06 Abortion/by type
  - affecting fetus or newborn P01.8

Abortion (complete) (incomplete) O06.-
  - accidental (see also Abortion/spontaneous) O03.–O03.9
  - affecting fetus or newborn P96.4
  - attempted (failed) (induced). (nonmedical) O07.9 — see Abortion/failed attempted
    - complicated by
      - afibrinogenaemia O07.6
      - cardiac arrest O07.8
      - chemical damage of pelvic organ(s) O07.8
      - circulatory collapse O07.8
      - defibrination syndrome O07.6
      - electrolyte imbalance O07.8
      - embolism (amniotic fluid) (blood clot) (pulmonary) (septic) (soap) O07.7
      - endometritis O07.5
      - haemorrhage (delayed) (excessive) O07.6
      - infection, genital tract or pelvic O07.6
      - intravascular coagulation O07.6
      - kidney failure or shutdown (acute) O07.8
      - laceration of pelvic organ(s) O07.8
      - oliguria O07.8
      - oophoritis O07.5
      - parametritis O07.5
      - pelvic peritonitis O07.5
      - perforation of pelvic organ(s) O07.8
      - renal failure or shutdown O07.8
      - salpingitis or salpingo-oophoritis O07.5
      - sepsis O07.5
      - shock O07.8
      - specified condition NEC O07.8
      - tubular necrosis (renal) O07.8
      - urinary infection O07.8
      - illegal O07.-
        - medical O07.4
          - complicated by
            - afibrinogenaemia O07.1
            - cardiac arrest O07.3
            - chemical damage of pelvic organ(s) O07.3
            - circulatory collapse O07.3
            - defibrination syndrome O07.1
            - electrolyte imbalance O07.3
            - embolism (amniotic fluid) (blood clot) (pulmonary) (septic) (soap) O07.2
            - endometritis O07.0
            - haemorrhage (delayed) (excessive) O07.4
            - infection, genital tract or pelvic O07.0
            - intravascular coagulation O07.1
            - kidney failure or shutdown (acute) O07.3
            - laceration of pelvic organ(s) O07.3
            - oliguria O07.3
Complication of Abortion, (current episode) (O03–O06) | Complication of pregnancy with abortive outcome, (subsequent episode) (O08)

| complete or unspecified | incomplete |

---

**Note:** The following fourth characters list is provided to be used with categories O03–O06 and O08.

- O03–O06 – assigned for episodes of care in which an abortion was treated, performed or occurred, and any resulting complication(s) were also treated.
- O08 – assigned for complication(s) of ectopic or molar pregnancy, or complication(s) of abortion where the abortion was treated, performed or occurred prior to the episode of care.

A distinction is made between an episode of care at which a disease or injury and resulting complications or manifestations are treated together – 'current episode' – and an episode of care for complications or manifestations of diseases or injuries treated previously – 'subsequent episode'.

**Abortion** (complete) (incomplete)

- complicated (by) ...........................................  .8  .3  .9
- - afibrinogenemia ...........................................  .6  .1  .1
- - anuria ..........................................................  .8  .3  4
- - cardiac arrest ..............................................  .8  .3  .8
- - cellulitis, pelvic ..........................................  .5  0  0
- - chemical damage (burn), pelvic organ(s) or tissue ..  .8  .3  6
- - - bladder ....................................................  .8  .3  6
- - - bowel ......................................................  .8  .3  6
- - - broad ligament ..........................................  .8  .3  6
- - - cervix .....................................................  .8  .3  6
- - - periurethral tissue ......................................  .8  .3  6
- - - uterus .....................................................  .8  .3  6
- - circulatory collapse .....................................  .8  .3  3
- - condition specified NEC ..................................  .8  .3  8
- - damage to, pelvic organ(s) or tissues NEC .............  .8  .3  6
- - defibrination syndrome ...................................  .6  .1  1
- - electrolyte imbalance .....................................  .8  .3  5
- - embolism (any type) .......................................  .7  .2  2
- - air ...........................................................  .7  .2  2
- - amniotic fluid ..............................................  .7  .2  2
- - blood clot ...................................................  .7  .2  2
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cervix .................................................................  8  3  6
periurethral tissue ......................................................  8  3  6
uterus ........................................................................  8  3  6
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- - thrombosis .................................................................  8  3  7
- - tubular necrosis (kidney) (renal) ..................................  8  3  4
- - uraemia ....................................................................  8  3  4
- - urinary infection ...............................................................  8  3  8
- - vaginitis .....................................................................  5  0  0
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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
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  - - 32 completed weeks or more but less than 37 completed weeks P07.32
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    - - - 24 completed weeks or more but less than 28 completed weeks P07.22
    - - - less than 24 completed weeks P07.21
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  - - 32 completed weeks or more but less than 37 completed weeks P07.32
  - - extremely
    - - - 24 completed weeks or more but less than 28 completed weeks P07.22
    - - - less than 24 completed weeks P07.21
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  - - 28 completed weeks or more but less than 32 completed weeks P07.31
  - - 32 completed weeks or more but less than 37 completed weeks P07.32
  - - extremely
    - - - 24 completed weeks or more but less than 28 completed weeks P07.22
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  - - - - - during labour O71.1-
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  - - drug NEC F19.2
  - - - combinations F19.2
  - - - counselling and surveillance Z71.5
  - - - in pregnancy, childbirth or puerperium O99.31
...
Detachment
- cartilage (see also Sprain) T14.3
- cervix, annular, (complicating delivery), due to obstetric trauma (during labour and delivery) O71.3
- choroid (old), (postinfectional), (simple), (spontaneous) H31.4

Diabetes, diabetic (controlled), (mellitus), (without complication) E1-.9
- with
  - postural hypotension E1-.43
  - pregnancy, childbirth or puerperium — see Diabetes, diabetic/in pregnancy, childbirth or puerperium
  - preretinal haemorrhage E1-.33

Diastasis
- recti (abdominal muscle) (DRAM)
  - congenital Q79.52
  - in pregnancy, or childbirth due to obstetric trauma (during labour and delivery) O71.82

Difficult, difficulty (in)
- acculturation Z60.3
- birth, affecting fetus or newborn P03.9
- feeding NEC R63.3
- breast, due to (without lactation disorder) — see also Care/lactation mother Z39.1
  - newborn P92.9

Disease, diseased — see also Syndrome
- breast N64.9
  - associated with lactation O92.2-
  - cystic (chronic) N60.1
- facial nerve (seventh) G51.9
  - due to birth trauma P11.3
    - newborn (birth trauma) P11.3
  - factitious F68.1
- malignant (M8000/3) — see also Neoplasm/malignant
  - history — see also History/malignant neoplasm
  - affecting management of pregnancy (supervision) Z35.8
    — previous, affecting management of pregnancy Z35.8
  - maple-syrup-urine E71.0
- nervous system G98
  - autonomic G90.9
  - central G96.9
  - specified NEC G96.8
  - in pregnancy, childbirth or puerperium O99.32
Dislocation (articular) (traumatic) T14.3

- elbow (radioulnar) (ulnohumeral) S53.10
  - - anterior S53.11
  - - congenital Q74.09
  - - lateral S53.14
  - - medial S53.13
  - - posterior S53.12
  - - recurrent (nontraumatic) M24.42
  - - specified NEC S53.18
- eye, eyeball, (nontraumatic) H44.8

- hip (acetabulum) (femur proximal end) S73.00
  - - anterior S73.02
  - - congenital Q65.2
  - - - bilateral Q65.1
  - - - unilateral Q65.0
  - - posterior S73.01
  - - - mechanical complication T84.0
  - - recurrent (nontraumatic) M24.45
  - - specified NEC S73.08

- joint (nontraumatic) NEC M24.3-T09.2
  - - nontraumatic NEC M24.3-
  - - - recurrent M24.4-
  - - - traumatic T09.2
- knee (tibia, proximal end) (tibiofibular joint) S83.10
  - - anterior S83.11
  - - cap S83.0
  - - congenital Q74.12
  - - lateral S83.14
  - - - medial S83.13
  - - - old (nontraumatic) M23.8-
  - - - pathological (nontraumatic) M24.36
  - - - - posterior S83.12
  - - - - - femur (distal end) S83.11
  - - - - recurrent (nontraumatic) M24.46
  - - - specified NEC S83.18
- lacrimal gland (nontraumatic) H04.1
  - leg, meaning lower limb — see Dislocation/limb/lower
  - lens (complete) (crystalline) (partial) H27.1S05.8
  - - congenital Q12.1
  - - - nontraumatic H27.1
  - - - traumatic S05.8
  - - - - code as Dislocation/by site

- old (nontraumatic) M24.8-
  - - knee M23.8-
  - - ossicles, ear (nontraumatic) H74.2
  - - patella S83.0
  - - - congenital Q74.12
  - - - recurrent (nontraumatic) M22.0
  - - - pathological (nontraumatic) NEC M24.3-
  - - - - lumbosacral joint M53.27

- recurrent (nontraumatic) M24.49
  - - elbow M24.42

- sacroiliac (joint) (ligament) S33.2
  - - congenital Q74.21
  - - recurrent (nontraumatic) M53.28
  - - specified NEC S33.2
  - - - sacrum S33.2
  - - - scaphoid (bone) (hand) (wrist) S63.08
  - - - - foot S93.38
  - - - - scapula S43.3
  - - - - semilunar cartilage, knee — see Tear/meniscus
  - - - - septal cartilage (nose) S03.1
- septum (nasal) (nontraumatic) (old) J34.2
- shoulder (blade) (glenohumeral joint) (humerus, proximal end) (joint) (ligament) S43.00
  - with Bankart lesion — see ACS 1353 Bankart lesion
  - anterior S43.01
  - chronic (nontraumatic) M24.41
    - recurrent (nontraumatic) M24.41
    - specified part NEC S43.08
    - spine T09.2
    - spontaneous (nontraumatic) M24.3-
    - sternoclavicular (joint) S43.2
    - sternum S23.2
    - subglenoid S43.08
    - symphysis pubis S33.3
      - due to obstetric trauma (during labour and delivery) O71.6
        - obstetric (traumatic) O71.6
        - talus S93.0
      ...

Disorder (of) — see also Disease
...
  - breast N64.9
    - associated with lactation O92.2-
      - in pregnancy O92.20
      - puerperal, postpartum O92.2-
      - specified NEC N64.8
    ...
  - mental (nonpsychotic) (or behavioural) F99
    ...
      - following organic brain damage F06.9
      - frontal lobe syndrome F07.0
      - personality change F07.0
      - postconcussional syndrome F07.2
      - specified NEC F07.8
      -- history — see also History
        - in pregnancy, childbirth or puerperium NEC (see also Disorder/mental/puerperal) O99.31
        ...
        - presenile, psychotic F03
          -- previous, affecting management of pregnancy Z35.8
        - psychoneurotic (see also Neurosis) F48.9
          ...
        - metabolism, metabolic NEC E88.9
          ...
      - following abortion O08.5
      - abortion (subsequent episode) O08.5
      - current episode — see Abortion
      - ectopic or molar pregnancy O08.5
      - fructose E74.1
      ...

Disruption
...
  - wound
    - episiotomy O90.1
    - operation NEC T81.3
    - caesarean section O90.0 — see Complication(s)/caesarean section wound/disruption
    - perineal obstetric (obstetric) O90.1
      ...

Duration
  - pregnancy — see Pregnancy/duration NEC O09.9
    - < 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
Dysfunction

- symbolic NEC R48.8
- symphysis pubis M25.55
  - in pregnancy, childbirth or puerperium O26.7
  - temporomandibular (joint) (joint-pain syndrome) K07.6

- uterus, complicating delivery O62.9 NEC N85.8
  - during labour — see Contraction(s)/uterus/abnormal, during labour
    - affecting fetus or newborn P03.6
    - hypertonic O62.4
    - hypotonic O62.2
  - primary O62.0
  - secondary O62.1
- ventricle, left I51.8

Elderly

- multigravida, affecting management of pregnancy, labour and delivery (supervision only) Z35.52
- primigravida, affecting management of pregnancy, labour and delivery (supervision only) Z35.51

Embolism (septic) I74.9
- air (any site) (traumatic) T79.0
- dysbaric (postprocedural) T70.3
- following
  - abortion — see Embolism/following-abortion (subsequent episode) O08.2
  - current episode — see Abortion
  - ectopic or molar pregnancy O08.2
  - infusion, therapeutic injection or transfusion T80.0
  - procedure NEC T81.7
  - in pregnancy, childbirth or puerperium NEC O88.0
  - amniotic fluid O88.1
  - following abortion — see Embolism/following-abortion
    - abortion (subsequent episode) O08.2
    - current episode — see Abortion
    - ectopic or molar pregnancy O08.2
  - aorta, aortic I74.1
- birth, mother — see Embolism/in pregnancy, childbirth or puerperium
  - blood clot
    - following abortion O08.2
    - abortion (subsequent episode) O08.2
    - current episode — see Abortion
    - ectopic or molar pregnancy O08.2
    - in pregnancy, childbirth or puerperium O88.2
  - pulmonary (artery) (vein) I26.9
    - with acute cor pulmonale I26.0
    - following abortion (subsequent episode) O08.2
    - current episode — see Abortion
    - ectopic or molar pregnancy O08.2
    - in pregnancy, childbirth or puerperium — see Embolism/in pregnancy, childbirth or puerperium
  - pyaemic (multiple) (see also Sepsis) A41.9
    - following
    - abortion (subsequent episode) O08.2
    - current episode — see Abortion
    - ectopic or molar pregnancy O08.2
    - in pregnancy, childbirth or puerperium (any organism) O88.3
  - pneumococcal A40.3
  - with pneumonia J13
  - specified organism NEC A41.8
  - staphylococcal A41.2
  - streptococcal A40.9
  - renal (artery) N28.0
  - vein I82.3

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 518
- - - affecting fetus or newborn P29.83
- retina, retinal H34.2
- - septic, septicaemic — see also Sepsis
- - following
- - - abortion (subsequent episode) O08.2
- - - - current episode — see Abortion
- - - - ectopic or molar pregnancy O08.2
- - septicaemic — see Sepsis
- sinus — see Embolism/intracranial/venous sinus
- soap, following abortion O08.2
- - following
- - - abortion (subsequent episode) O08.2
- - - - current episode — see Abortion
- - - - ectopic or molar pregnancy O08.2
- spinal cord G95.1
...

Embryotomy (single) (to facilitate delivery) O83
- - affecting fetus or newborn P03.8
- - fetus P03.8
- multiple — see Delivery/multiple
...

Endometriosis (with endosalpingioma) N80.9
- with endosalpingioma N80...
- broad ligament N80.3
- cul-de-sac (Douglas') N80.3
- fallopian tube N80.2
- intestine N80.5
- ovary N80.1
- parametrium N80.3
- pelvic peritoneum N80.3
- peritoneal (pelvic) N80.3
- rectovaginal septum N80.4
- round ligament N80.3
- skin (scar) N80.6
- specified site NEC N80.8
- stromal (M8931/3) C54.1
- - malignant (M8931/3) C54.1
- - non-malignant — see Endometriosis/by site
- thorax N80.8
- uterus N80.0
- vagina N80.4
...

Engorgement
- breast N64.5
- - associated with lactation O92.2-
- - newborn P83.4
- - puerperal, postpartum O92.2-
...

Erb(-Duchenne) paralysis (birth trauma) (newborn) P14.0
Erb-Goldflam disease or syndrome G70.0
Erb's
- disease G71.0
- palsy, paralysis (birth)(brachial) (newborn) P14.0
- - spinal (spastic), syphilitic A52.1
- pseudohypertrophic muscular dystrophy G71.0
...

Evisceration
- birth trauma P15.8
- - due to birth trauma P15.8
- operative wound T81.3
...

Examination (for) (general) (of) (routine) Z00.0
...
- lactation (mother) Z39.1

... Excess, excessive, excessively ...
- kalium E87.5
- lactation O92.6-
- large ...
- secretion — see also Hypersecretion
  - breast milk O92.6-
  -- milk O92.6-
  - sputum R09.3
  - sweat R61.9 ...

Extroversion
- bladder (see also Ectopic, ectopia/bladder) Q64.19
- uterus (sequela, obstetric sequelae) N81.4
  -- complicating delivery O71.2
  - postpartum (due to obstetric trauma) O71.2

Extrusion...

Failure, failed ...
- induction (of labour) O61.9
  - by drugs (oxytocin) (prostaglandins) — see Failure/induction/medical
    -- oxytocic drugs O61.0
    -- prostaglandins O61.0
  - abortion — see Abortion/attempted
  - instrumental O61.1
    -- with medical O61.2
  - mechanical O61.1
  - medical O61.0
    -- with surgical O61.2
  - specified NEC O61.8
  - surgical O61.1
    -- with medical O61.2
  - intubation, endotracheal (requiring emergency airway management procedures) T88.41 ...
  - to
    -- progress in labour (no underlying cause) NEC O62.9
    -- underlying cause identified — see condition
  - thrive (child) NEC R62.8
  - adult R64 ...
  - trial of labour (no underlying cause) (with subsequent caesarean section) O66.4
    -- affecting fetus or newborn P03.1
    -- underlying cause identified — see condition
  - urinary — see Failure/kidney ...

False — see also condition
- joint M84.1-
- labour (Braxton Hicks) (irregular uterine tightenings) (irritable uterus) (pains) O47.9
  -- at or after 37 completed weeks of gestation O47.1
  - before 37 completed weeks of gestation O47.0
  - passage, urethra (prostatic) N36.0
  - positive serological test for syphilis (Wassermann reaction) R76.2
  - pregnancy F45.8
- rupture of membranes O47. — see False/labour ...

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 520
Feeding
- difficulties (mismanagement) NEC R63.3
  - breast (without lactation disorder) (due to) (postpartum) (puerperal) (see also Care/lactation) Z39.1
    - agalactia O92.3
    - blocked ducts O92.2
    - breast disorder (implants) (lump) (reduction) O92.2
    - delayed milk supply O92.4
    - engorgement O92.2
    - galactorrhoea O92.6
    - hypogalactia O92.4
    - insufficient milk supply O92.4
    - nipple
      - blistered O92.2
      - bruised O92.2
      - cracked (fissure) O92.1
      - grazed O92.2
      - inverted O92.0
      - retracted O92.0
      - transposition O92.2
    - oversupply of milk O92.6
    - faulty R63.3

Fibrosis, fibrotic
- perineum in pregnancy O34.7
  - affecting
  - - fetus or newborn P03.1
  - - labour or delivery O65.5
    - pregnancy O34.7
  - placenta O43.8

Fissure, fissured
- nipple N64.0
  - associated with lactation O92.1
  - in pregnancy O92.10
  - puerperal, postpartum O92.1

Fistula L98.8
- breast N61
  - with mastitis — see Mastitis
    - associated with lactation O92.1
    - in pregnancy O92.10
    - with mastitis — see Mastitis
    - puerperal, postpartum O92.1
    - with mastitis — see Mastitis

- nipple N64.0
  - associated with lactation O92.2
    - in pregnancy O92.20
    - puerperal, postpartum O92.2

Flail
- chest S22.5
  - due to birth trauma P13.8
  - newborn (birth trauma) P13.8
  - joint (paralytic) M25.29
Fracture (abduction) (adduction) (avulsion) (closed) (comminuted) (compound) (compression) (depressed) (dislocated) (displaced) (elevated) (fissured) (greenstick) (impacted) (infected) (linear) (missile) (oblique) (open) (puncture) (separation) (simple) (slipped epiphysis) (spiral) T14.2-
... - bone T14.2-
--- birth trauma P13.9
--- due to birth trauma P13.9
--- following insertion of orthopaedic implant, joint prosthesis or bone plate M96.6
...
- clavicle (collar bone) (interligamentous) S42.00
- with humerus and scapula S42.7
- acromial end S42.03
--- birth trauma P13.4
--- due to birth trauma P13.4
--- multiple S42.09
...
- femur, femoral S72.9
--- birth trauma P13.2
--- cervicotrochanteric section S72.05
--- condyle(s), epicondyle(s) NEC S72.41
--- distal end — see Fracture/femur/lower
--- due to birth trauma P13.2
--- epiphysis
...
- skull S02.9
- with face bone(s) (multiple) S02.7
- base S02.1
--- birth trauma P13.0
--- due to birth trauma P13.0
--- ethmoid (bone) (sinus) S02.1
...
- vertebra, vertebral (back) (body) (column) (facet) (lamina) (neural arch) (pedicle) (spinous process) (transverse process) T08.-
- atlas S12.0
- axis S12.1
--- birth trauma P11.5
--- cervical S12.9
...
- coccyx S32.2
--- dorsal — see Fracture/vertebra/thoracic
--- due to birth trauma P11.5
--- fetus or newborn (birth trauma) P11.5
--- lumbar S32.00
...
Galactocele N64.8
- associated with lactation O92.7-
- in pregnancy O92.70
- puerperal, postpartum O92.7-

Galactophoritis N61
- associated with lactation O91.2-
- in pregnancy O91.20
- puerperal, postpartum O91.2-

Galactorrhoea N64.3
- associated with lactation O92.6-
- in pregnancy O92.60
- puerperal, postpartum O92.6-
...

Ganglionitis
- 5th nerve (see also Neuralgia/trigeminal) G50.0
- gasserian (postherpetic) (postzoster) B02.3† H58.8*
- geniculate G51.1
--- due to birth trauma P11.3
--- newborn (birth trauma) P11.3
--- postherpetic, postzoster B02.2† G53.0*
...
Glaucoma H40.9
  - traumatic H40.3
    - due to birth trauma P15.3
    - newborn (birth trauma) P15.3
    - tuberculous A18.5† H42.8*  

Graze
  - nipple S20.11
    - associated with lactation O92.2- 
    - in pregnancy O92.20 
    - puerperal, postpartum O92.2- 
    - perineum, perineal (fourchette) (labia) (skin) (vagina) (vulva) S30.81 
      - complicating delivery O70.9 
      - during delivery O70.0 

Green sickness D50.8

Haematoma (skin surface intact) (traumatic) (see also Contusion) T14.08
  - auricle S00.45 
  - nontraumatic H61.1 
  - birth trauma NEC P15.8 
  - brain (traumatic) (cerebellum) (cerebrum) (diffuse) (multiple) S06.23 
    - cerebellum (diffuse) (multiple) S06.23 
      - focal S06.34 
      - cerebrum (diffuse) (multiple) S06.23 
      - focal S06.33 
    - diffuse (cerebellum) (cerebrum) (intracerebral) (multiple) S06.23 
      - due to birth trauma P10.1 
      - fetus or newborn NEC P52.4 
      - birth trauma P10.1 
      - focal NEC S06.33 
      - cerebellum S06.34 
        - cerebrum S06.33 
      - - nontraumatic (see also Haemorrhage/intracerebral) I61.9 
    - epidural or extradural I62.1 
      - fetus or newborn P52.4 
    - - subarachnoid (see also Haemorrhage/subarachnoid) I60.9 
    - - subdural (see also Haemorrhage/subdural) I62.0 
    - - subarachnoid, arachnoid (traumatic) S06.8 
    - - subdural, traumatic S06.5 
  - breast (nontraumatic) N64.8 S20.0 
  - - nontraumatic N64.8 
  - - traumatic S20.0 
    - broad ligament (nontraumatic) N83.7 S37.88 
      - nontraumatic N83.7 
    - - traumatic S37.88 
    - caesarean section wound O90.2 
    - cerebellum (see Haematoma/brain 
      - cerebellar, cerebellum (see Haematoma/brain 
      - cerebral, cerebrum (see Haematoma/brain 
  - complicating delivery O71.7 
  - corpus cavernosum (nontraumatic) N48.8 
    - due to 
      - birth trauma NEC P15.8 
    - - circulating anticoagulants (heparin) (nontraumatic) (warfarin) D68.3 
    - - epididymis (nontraumatic) N50.4 S30.2 
      - nontraumatic N50.1 
      - traumatic S30.2 
    - - epidural (traumatic) S06.4 
    - - spinal (see Injury/spinal cord/by region 
    - episiotomy O90.2
- extradural (traumatic) S06.4
- face, birth trauma P16.4 S00.85
- - due to birth trauma P15.4
  - - traumatic S00.85
 - genital organ, (nontraumatic) NEC(external site) (superficial) S30.2
  - - due to obstetric trauma (during labour and delivery) O71.7
  - - internal — see Injury/by site
  - - female (nonobstetric) N94.8
  - - male N50.1
  - - nontraumatic
    - - female (nonobstetric) N94.8
    - - male N50.1
  - - traumatic (external site), superficial S30.2
    - - internal — see Injury/by site
- internal organs — see Injury/by site
- intracerebral — see Haematoma/brain
- intracranial — see Haematoma/brain
- kidney S37.01
- labia (nonobstetric) (nontraumatic) N90.8S30.2
  - - due to obstetric trauma (during labour and delivery) O71.7
  - - nontraumatic (nonobstetric) N90.8
  - - traumatic S30.2
- liver (nontraumatic) (subcapsular) K76.8S36.11
  - - birth trauma P15.0
  - - nontraumatic K76.8
  - - traumatic S36.11
- lung S27.31
- mediastinum S27.88
  - - nontraumatic N83.7S37.88
  - - traumatic S37.88
- muscle — code as Contusion/by site
- obstetrical surgical wound O90.2
- orbit, orbital (nontraumatic) H05.2S05.1
  - - nontraumatic H05.2
  - - traumatic S05.4
- pelvis (female) (nonobstetric) (nontraumatic) N94.8 (see also Injury/by site) S37.9
  - - complicating delivery O71.7
  - - due to obstetric trauma (during labour and delivery) O71.7
  - - nontraumatic (nonobstetric) N94.8
  - - specified organ NEC S37.88
  - - traumatic (see also Injury/by site) S37.9
  - - specified organ NEC (see also Injury/by site) S37.88
- penis (nontraumatic) N48.8 S30.2
  - - birth trauma P15.5
  - - nontraumatic N48.8
  - - traumatic S30.2
- perianal (nontraumatic) K64.5S30.0
  - - nontraumatic K64.5
  - - traumatic S30.2
  - - complicating delivery O71.7
  - - due to obstetric trauma (during labour and delivery) O71.7
  - - traumatic S30.2
- perirenal S37.01
  - - nontraumatic K66.1
- pinna S00.45
  - - nontraumatic H61.1
  - - placenta O43.8
  - - postprocedural T81.0
  - - retroperitoneal (nontraumatic) K66.1 S36.83
    - - nontraumatic K66.1
    - - traumatic S36.83
  - - scrotum, superficial S30.2
    - - birth trauma P15.5
    - - nontraumatic N50.1S37.83
  - - nontraumatic N50.1
trajmatic S37.83

- spermatic cord (trajmatic) S37.84
- nontrajmatic N50.1
- spinal (cord) (meninges) (see also Injury/spinal cord/by region) T09.3
  - due to birth trauma P11.5
  - fetus or newborn (birth trauma) P11.5
- spleen S36.01
- sternocleidomastoid, due to birth trauma P15.2
- sternomastoid, due to birth trauma P15.2
- subarachnoid (trajmatic)-S06.6
  - due to birth trauma P10.3
  - fetus or newborn (nontrajmatic) P52.5
  - birth trauma P10.3
- spinal (cord) (meninges) (see also Injury/spinal cord/by region) T09.3
  - fetus or newborn P52.5
  - nontrajmatic N50.1
  - subchorionic O43.8
  - subdural (trajmatic) S06.5
  - due to birth trauma P10.0
  - in pregnancy, childbirth or puerperium O99.4
  - nontrajmatic (see also Haemorrhage/subdural/nontrajmatic) I62.0
  - fetus or newborn P52.8
  - spinal G95.1
  - subgaleal (subaponeurotic) S00.05
  - due to birth trauma P12.2
  - superficial, fetus or newborn P54.5
  - testis (nontrajmatic) N50.1 S30.2
    - birth trauma P15.5
    - nontrajmatic N50.1
    - trajmatic S30.2
  - tunica vaginalis (nontrajmatic).N50.1 S30.2
    - nontrajmatic N50.1
    - trajmatic S30.2
  - umbilical cord, complicating labour and delivery O69.5
  - affecting fetus or newborn P02.6
  - uterine ligament (broad) (nontrajmatic) N83.7 S37.88
    - trajmatic S37.88
  - vagina (nontrajmatic) N80.8 S37.88
    - complicating delivery O71.7
    - due to obstetric trauma (during labour and delivery) O71.7
    - nontrajmatic N89.8
    - trajmatic S37.88
  - vas deferens (nontrajmatic) N80.4 S37.84
    - nontrajmatic N80.4
    - trajmatic S37.84
  - vitreous (nontrajmatic) H43.1
    - vulva (nonobstetric) (nontrajmatic) N90.8 S30.2
      - complicating delivery O71.7
      - due to
      - - birth trauma P15.5
      - - obstetric trauma (during labour and delivery) O71.7
      - fetus or newborn (birth trauma) P15.5
      - - nontrajmatic (nonobstetric) N90.8
      - - trajmatic S30.2
Haematometra N85.7

Haematomyelia (central) G95.1
  - due to birth trauma P11.5
  - fetus or newborn (birth trauma) P11.5
  - traumatic T14.4

Haematorachis, haematorrhachis G95.1
  - due to birth trauma P11.5
  - fetus or newborn (birth trauma) P11.5

Haematosalpinx N83.6
Haemorrhage, haemorrhagic R58
- 3rd stage labour (postpartum) O72.0
- due to
  - birth trauma P10.1
  - rupture of aneurysm (congenital) (see also Haemorrhage/subarachnoid) I60.9
  - syphilis A52.0† I68.8†
  - fetus or newborn P52.4
    - birth trauma P10.1
  - in pregnancy, childbirth or puerperium O99.4
- cerebral, cerebrum (see also Haemorrhage/intracerebral) I61.9
  - due to birth trauma P10.1
  - fetus or newborn (anoxic) P52.4
  - birth trauma P10.1
  - in pregnancy, childbirth or puerperium O99.4
- complicating
  - delivery O67.9
  - affecting fetus or newborn P02.1
  - associated with coagulation defect (afibrinogenaemia) (hyperfibrinolysis) (hypofibrinogenaemia) O67.0
    - affecting fetus or newborn P03.8
  - due to
    - low-lying placenta O44.1
    - affecting fetus or newborn P02.0
    - placenta praevia O44.1
    - affecting fetus or newborn P02.0
    - premature separation of placenta (see also Abruptio placenta) O45.9
    - affecting fetus or newborn P02.1
      - retained
        - placenta O72.0
        - products of conception O72.2
        - seccundines O72.2
        - partial O72.2
      - trauma O67.8
      - affecting fetus or newborn P03.8
      - uterine leiomyoma O67.8
      - affecting fetus or newborn P03.8
    - ectopic or molar pregnancy (subsequent episode) O08.1
      - labour — see also Haemorrhage/complicating/delivery
      - 3rd stage O72.0
      - puerperium — see Haemorrhage/postpartum
    - surgical procedure T81.0
- cutaneous R23.3
  - due to autosensitivity, erythrocyte D69.2
  - fetus or newborn P54.5
  - delayed
    - following
      - abortion (subsequent episode) O08.1
      - ectopic or molar pregnancy O08.1
      - postpartum O72.2
    - diathesis (familial) D69.9
- epicranial subaponeurotic (massive), due to birth trauma P12.2
- epidural (traumatic) S06.4
  - excessive, following abortion or ectopic pregnancy (subsequent episode) O08.1
  - birth trauma P10.8
  - due to birth trauma P10.8
  - fetus or newborn (anoxic) (nontraumatic) P52.8
  - in pregnancy, childbirth or puerperium O99.4
  - nontraumatic I62.1
  - fetus or newborn (anoxic) P52.8
  - following abortion (subsequent episode) O08.1
  - abortion (delayed) (excessive) (subsequent episode) O08.1
  - current episode — see Abortion
  - current episode — see Abortion
- delivery — see Haemorrhage/postpartum
- ectopic or molar pregnancy (delayed) (excessive) O08.1
- fundus, eye H35.6

... - intracerebral (nontraumatic) I61.9
- deep I61.0
  -- due to birth trauma P10.1
- fetus or newborn P52.4
  --- birth trauma P10.1
  -- in
  - - brain stem I61.3
  - - cerebellum I61.4
  - - hemisphere I61.2
  - - - cortical I61.1
  - - - subcortical I61.0
  - - pregnancy, childbirth or puerperium O99.4
  - - intraventricular I61.5
  - - multiple localised I61.6
  - - specified NEC I61.8
  - - superficial I61.1
  - - traumatic (diffuse) S06.23
  - - - focal S06.33
  - - - cerebellum S06.34
  - - - cerebrum S06.33
  - - - intracranial (nontraumatic) I62.9
  --- birth trauma P10.9
  -- due to birth trauma P10.9
  - - fetus or newborn P52.9
  - - intraventricular I61.5
  - - due to birth trauma P10.2
  - - fetus or newborn (nontraumatic) P52.3
  --- birth trauma P10.2
  -- grade
  - - - 1 P52.0
  - - postpartum (atonic) (<24 hours following delivery of placenta) NEC O72.1
  --- 3rd stage O72.0
  - - delayed or secondary (>24 hours post delivery of placenta) O72.2
  --- retained placenta O72.0
  - - postprocedural T81.0
  - - pregnancy (see also Haemorrhage/antepartum) O46.9
  -- due to
  - - abruptio placentae O45.9
  - - - affecting fetus or newborn P02.1
  - - - afibrinogenaemia, or other coagulation defect (conditions in category D65–D68) O46.0
  - - - affecting fetus or newborn P02.1
  - - - leiomyoma, uterus O46.8
  - - - affecting fetus or newborn P02.1
  - - - placenta praevia O44.1
  - - - - affecting fetus or newborn P02.0
  - - - - premature separation of placenta (normally implanted) (see also Abruptio placentae) O45.9
  - - - - affecting fetus or newborn P02.1
  - - - - threatened abortion O20.0
  - - - - affecting fetus or newborn P02.1
  - - - - trauma, affecting fetus or newborn P02.1
  - - - early O20.9
  - - - - affecting fetus or newborn P02.1
  - - - - history, affecting management of pregnancy (supervision) Z35.2
  --- previous, affecting management of pregnancy, childbirth Z35.2
  - - unavoidable — see Haemorrhage/pregnancy/due to/placenta praevia
  - - - preterinal H35.6
  - - - prostate N42.1
  - - puerperal (see also Haemorrhage/postpartum) (<24 hours following delivery of placenta) NEC O72.1
  - - delayed or secondary (>24 hours post delivery of placenta) O72.2
  - - pulmonary R04.8
  ... - spinal cord G95.1
  - - due to birth trauma P11.5
  --- fetus or newborn (birth trauma) P11.5
  - - spleen D73.5
- stomach K92.2
  - newborn P54.3
  - ulcer — see Ulcer/stomach/with/haemorrhage
- subarachnoid (nontraumatic) I60.9
  - due to birth trauma P10.3
  - fetus or newborn P52.5
  - birth trauma P10.3
    - from
    - - anterior communicating artery I60.2
...
- subconjunctival H11.3
  - due to birth trauma P15.3
- subcortical (brain) I61.0
...
- subdural (acute) (traumatic) S06.5
  - due to birth injury trauma P10.0
...
- tentorium (cerebellum) (diffuse) (traumatic) NEC S06.23
  - due to birth trauma P10.4
  - fetus or newborn (birth trauma) P10.4
  - focal S06.34
...
Healthy
- infant accompanying sick parent (mother) Z76.3
- person accompanying sick person Z76.3
...
HELLP (haemolysis, elevated liver enzymes and low platelet count) syndrome (with severe pre-eclampsia) O14.2
...
Hemiplegia G81.9
...
- newborn NEC P91.8
  - due to birth trauma P11.9
  - spastic G81.1
...
Hepatorenal syndrome, following labour and delivery O90.4 NEC K76.7
- postpartum O90.4
Hepatosis K76.8
...
Herpes, herpetic B00.9
...
- genital, genitalis A60.0
  - female A60.0† N77.1*
  - - with ulceration A60.0† N77.0*
  - male A60.0† N51.8*
...
History (of) (personal)
...
- disease or disorder (of) Z87.8
...
- immune mechanism Z86.2
  - in pregnancy, childbirth or puerperium Z87.5
  - infectious Z86.10
...
Human
...
- papillomavirus (as cause of disease classified elsewhere) B97.7
  - with
  - - warts
  - - - anogenital (see also Wart(s)/anogenital region) A63.00
  - - - - specified NEC B07

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Hydatidiform mole (benign) (complicating pregnancy) (delivered) (undelivered) (M9100/0) (see also Mole/hydatid, hydatidiform) O01.9
- classical (M9100/0) O01.0
- complete (M9100/0) O01.0
- history, affecting management of pregnancy (supervision) Z35.1
- incomplete (M9103/0) O01.1
- invasive (M9102/1) D39.2
- malignant (M9100/1) D39.2
- partial (M9103/0) O01.1
- previous, affecting management of pregnancy Z35.1
Hydatidosis — see Echinococcus

Hydrops R60.9
- fetal(is) or newborn (idiopathic) (newborn) P83.2
  - with disproportion (fetopelvic) O33.7
  - affecting labour or delivery O66.3
- affecting management of pregnancy O36.2
  - labour or delivery O66.3
  - management of pregnancy O36.2
- due to
  - ABO isoimmunisation P56.0
  - affecting management of pregnancy O36.1
- haemolytic disease NEC P56.9
- isoimmunisation (ABO) (Rh) P56.0
- Rh incompatibility P56.0
- affecting management of pregnancy O36.0

Hypersecretion
- ACTH (not associated with Cushing's syndrome) E27.0
  - pituitary E24.0
  - adrenomedullary E27.5
- adrenaline E27.5
- androgen (testicular) E29.0
- ovarian (drug-induced) (iatrogenic) E28.1
- breast milk (postpartum) (puerperal) O92.6-
- calcitonin E07.0
- milk, breast (postpartum) (puerperal) O92.6-

Hypertrophy, hypertrophic
- breast N62
  - associated with lactation O92.2-
  - cystic N60.1
  - with epithelial proliferation N60.3
  - fetus or newborn P83.4
  - pubertal, massive N62
  - puerperal, postpartum O92.2-
  - senile (parenchymatous) N62

Hypotonia, hypotonicity, hypotony
- bladder N31.2
- congenital (benign) P94.2
- eye H44.4
- uterus (postpartum) (during labour) Q72.4 NEC O62.2
  - affecting fetus or newborn P03.6
  -- during labour O62.2
  -- primary O62.0
  -- secondary O62.1
Hypotrichosis (see also Alopecia) L65.9
Illegitimacy (unwanted pregnancy) Z64.0
- affecting management of pregnancy (supervision) Z35.7
- supervision of high-risk pregnancy Z35.7
Illiteracy Z55.0
Illness (see also Disease) R69
Imbalance R26.8
- autonomic G90.8
- constituents of food intake E63.1
- electrolyte NEC E87.8
- following abortion O08.5
- abortion (subsequent episode) O08.5
- current episode — see Abortion
- ectopic or molar pregnancy O08.5
- neonatal, transitory NEC P74.4

Inadequate, inadequacy
- prenatal care, affecting management of pregnancy (supervision) Z35.3

Increase, increased
- permeability, capillaries I78.8
- S/D ratio, affecting management of pregnancy O36.5
- secretion
- sphericity, lens Q12.4
- splenic activity D73.1
- systolic/diastolic ratio, affecting management of pregnancy O36.5
- venous pressure I87.8

Induction of labour
- affecting fetus or newborn P03.8
- failed O61.9
- instrumental (mechanical) (surgical) O61.1
- medical (oxytocin) (prostaglandins) O61.0
- with surgical (instrumental) O61.2
- specified NEC O61.8
- surgical (instrumental) (mechanical) O61.1
- with medical O61.2

Induratio penis plastica N48.6
Induration, indurated
- brain G93.8
- breast (fibrous) N64.5
- associated with lactation O92.2.
- in pregnancy O92.20
- puerperal, postpartum O92.2.

Inertia
- uterus (postpartum) (during labour) O72.1NEC O62.2
- affecting fetus or newborn P03.6
- during labour O62.2
- latent phase O62.0
- primary O62.0
- secondary O62.1
- vesical (neurogenic) N31.2
**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.

- with lymphangitis — see Lymphangitis
  - abortion (subsequent episode) O08.0
  - - current episode — see Abortion
- abscess (skin) — see Abscess/by site
  ...
- breast — see Mastitis
  ...
- focal, teeth K04.7
  - following
    - - abortion (subsequent episode) *(see also Abortion/complicated/infection)* O08.-
    - - current episode — see Abortion
    - - ectopic or molar pregnancy *(see also Abortion/complicated/infection)* O08.-
- Fonsecaea (compacta) (pedrosoi) B43.0
  ...
- genital organ or tract NEC
  - - female *(see also Disease/pelvis/inflammatory)* N73.9
    - - in pregnancy O23.5
    - - - affecting fetus or newborn P00.8
    - - - puerperal, postpartum NEC O86.1
    - - - following
    - - - abortion (subsequent episode) O08.0
    - - - - current episode — see Abortion
    - - - - ectopic or molar pregnancy O08.0
    - - - male N49.9
    - - - multiple sites N49.8
    - - - specified NEC N49.8
- genitourinary tract NEC — see also Infection, infected/genital organ or tract OR Infection, infected/urinary
  - - in pregnancy O23.9
  - - puerperal, postpartum O86.3
  ...
- kidney (cortex) (haematogenous) NEC N15.9
  - - with calculus *(see also Calculus/kidney)* N20.0
  - - following
  - - - abortion (subsequent episode) O08.8
  - - - - current episode — see Abortion
  - - - - ectopic gestation or molar pregnancy O08.8
  - - in pregnancy O23.0
  - - - affecting fetus or newborn P00.1
  - - - pelvis and ureter (cystic) N28.8
  - - - puerperal, postpartum O86.2
  - - - specified NEC N15.8
  ...
- major — see Sepsis
  - - following
  - - - abortion (subsequent episode) O08.0
  - - - - current episode — see Abortion
  - - - - ectopic or molar pregnancy O08.0
  - - - - puerperal, postpartum *(with sepsis)* O85
  - - Malassezia furfur B36.0
  ...
- nipple N61
  - - associated with lactation O91.0-
    - - in pregnancy O91.00
    - - puerperal, postpartum O91.0-
    ...
- urinary (tract) NEC N39.0
  - - following
  - - - abortion (subsequent episode) O08.8
  - - - - current episode — see Abortion
  - - - - ectopic or molar pregnancy O08.8
  - - in pregnancy O23.4
  - - - affecting fetus or newborn P00.1
  - - - newborn P39.3
  - - - puerperal, postpartum O86.2
  - - - tuberculous A18.1
- uterus, uterine *(see also Endometritis)* N71.9
Infertility
- female N97.9
- associated with
- - anovulation N97.0
- - cervical (mucus) disease or anomaly N97.3
- - congenital anomaly
- - - cervix N97.3
- - - fallopian tube N97.1
- - - uterus N97.2
- - - vagina N97.8
- - fallopian tube disease or anomaly N97.1
- - male factors (infertility of male partner) N97.4
- - pituitary-hypothalamic origin E23.0
- - specified origin NEC N97.8
- - Stein-Leventhal syndrome E28.2
- - uterine disease or anomaly N97.2
- - vaginal disease or anomaly N97.8
- - history, affecting management of pregnancy (supervision) Z35.0
- - nonimplantation N97.2
- - previous, requiring supervision of pregnancy Z35.0

Inflammation, inflamed, inflammatory (with exudation)

- areola N61
- - associated with lactation O91.0-
- - in pregnancy O91.00
- - puerperal, postpartum O91.0-

- breast N61
- - associated with lactation O91.2-
- - in pregnancy O91.20
- - puerperal, postpartum O91.2-

- nipple N61
- - associated with lactation O91.0-
- - in pregnancy O91.00
- - puerperal, postpartum O91.0-

Injury (traumatic) (see also specified injury type) T14.9

- bladder (sphincter) S37.20
- - due to obstetric trauma (during labour and delivery) O71.5
- - following abortion (subsequent episode) O08.6
- - current episode — see Abortion
- - obstetric trauma O71.5
- - specified type NEC S37.28

- blood vessel NEC T14.5
- - wrist (level) S65.9
- - and hand, multiple S65.7
- - specified S65.8
- - bowel — see Injury/intestine
- - brachial plexus S14.3
- - due to birth trauma P14.3
- - newborn P14.3
- - brain S06.9

- broad ligament S37.88
- - due to obstetric trauma (during labour and delivery) O71.6
- - following abortion (subsequent episode) O08.6
- - current episode — see Abortion
- - bronchus, bronchi S27.4

- cervix (uteri) S37.6
- - due to obstetric trauma (during labour and delivery) O71.3
- - following abortion (subsequent episode) O08.6
- birth trauma — see Birth/trauma
- nonsurgical NEC (see also Injury/by site) T14.9
- obstetric trauma (during labour and delivery) NEC (see also Injury/obstetric) O71.9
  - bladder O71.5
  - cervix O71.3
  - high vaginal (laceration) O71.4
  - perineal NEC O70.9
  - urethra O71.5
  - uterus O71.88
  - with rupture or perforation O71.12
- internal — see Injury/by site

Note: For injury of internal organ(s) by foreign body entering through a natural orifice (eg inhaled, ingested or swallowed) — see Foreign body/entering through orifice.
- intervertebral disc T09.9
- intestine NEC S36.88
  - due to obstetric trauma (during labour and delivery) O71.5
  - following abortion (subsequent episode) O08.6
  - - current episode — see Abortion
  - - large S36.50
  - - - ascending (right) S36.51
  - - - descending (left) S36.53
  - - - multiple sites S36.59
  - - - sigmoid S36.54
  - - - specified site NEC S36.59
  - - - transverse S36.52
  - - - small S36.40
  - - - duodenum S36.41
  - - - ileum S36.49
  - - - jejunum S36.49
  - - - multiple sites S36.49
  - - - specified site NEC S36.49
- joint NEC T14.9
  - old or residual (nontraumatic) M25.8-
- kidney NEC S37.90
  - - nontraumatic — see Failure/kidney
  - - - specified NEC O71.88
  - - - urethra O71.5
  - - - uterus O71.5
  - - - with rupture or perforation O71.12
- pelvis, pelvic (floor) S39.9
  - complicating delivery O70.1
  - - during delivery O70.1
  - - joint or ligament, complicating delivery, due to obstetric trauma (during labour and delivery) O71.6
  - - organ S37.9
  - - - abdominal organ(s) S39.6
  - - - intrathoracic organ(s) T06.5

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- complication of abortion — code to O03–O07 with fourth character .3 or .8
  - due to obstetric trauma (during labour and delivery) O71.5
  - following abortion (subsequent episode) O08.6
  - current episode — see Abortion

- obstetric trauma NEC O71.5
  - specified site S37.88
  - specified type NEC S39.8
    - penis S39.9
    - perineum S39.9
  - during delivery NEC O70.9
    - 1st degree O70.0
    - 2nd degree O70.1
    - 3rd degree O70.2
    - 4th degree O70.3
  - peritoneum S36.81
  - periurethral tissue S37.38

- complicating delivery O70.0
  - during delivery O70.0
  - following abortion (subsequent episode) O08.6
  - current episode — see Abortion

- phalanges
  - scalp S09.9
    - due to birth trauma P12.9
    - fetus or newborn (birth trauma) P12.9
    - due to monitoring (electrode) (sampling incision) P12.4
    - specified NEC P12.8
  - scapular region S49.9

- skeleton, due to birth trauma P13.-
  - specified part NEC P13.8
    - skull NEC S09.9

- urethra (sphincter) S37.30
  - due to obstetric trauma (during labour and delivery) O71.5
    - membranous S37.31
    - penile S37.32
    - prostatic S37.33
    - specified part NEC S37.38
    - uterus S37.6
  - due to obstetric trauma (during labour and delivery) O71.5
    - following abortion (subsequent episode) O08.6
      - current episode — see Abortion
  - uvula S09.9
    - vagina S37.88
  - high, due to obstetric trauma (during labour and delivery) O71.4
    - low, during delivery NEC O70.0
    - vas deferens S37.84
    - vein (see also Injury/blood vessel) T14.5
      - vena cava (superior) S25.2
        - inferior S35.1
      - vesical (sphincter) S37.20
      - viscera (abdominal) multiple S36.7
    - thoracic NEC S27.7
    - visual cortex S04.0
    - vitreous (humour) S05.9
    - specified NEC S05.8
    - vulva S39.9
  - during delivery NEC O70.0
  - whiplash (cervical spine) S13.4

- Insertion
  - contraceptive device (intrauterine) (IUCD) Z30.1
  - cord (umbilical) lateral or velamentous O43.1
    - affecting
      - labour or delivery O69.8
      - pregnancy O43.1
    - placenta, vicious — see Placenta/praevia
Insufficiency, insufficient

- biliary K93.8
- breast milk O92.4-
- cardiorenal, hypertensive (see also Hypertension/cardiorenal) I13.2
- prenatal care, affecting management of pregnancy (supervision) Z35.3

Intoxication

- septic A41.9 — see Sepsis
  - during labour O75.3
  - following
    --- abortion (subsequent episode) O08.0
    --- current episode — see Abortion
    --- ectopic gestation O08.0
  - general A41.9
  - puerperal, postpartum O85
- serum (prophylactic) (therapeutic) T80.6

Inversion

- nipple N64.5
  --- associated with lactation O92.0-
  --- congenital Q83.8
  --- in pregnancy O92.00
  --- puerperal, postpartum O92.0-

Klumpke(-Déjerine) palsy, paralysis (birth)-(newborn) P14.1

Labour — see also Delivery
- without delivery (at or after 37 completed weeks of gestation) NEC Z34.-O47.2
- before 37 completed weeks of gestation O60.0
- abnormal NEC O75.8

- early onset (before 37 completed weeks of gestation) — see Labour/preterm, spontaneous
  --- spontaneous
  --- with delivery
  ------ preterm O60.1
  ------ term O60.2
  ------ without delivery O60.0
- false (Braxton Hicks) (irregular uterine tightenings) (irritable uterus) O47.9
  --- at or after 37 completed weeks of gestation O47.1
  --- before 37 completed weeks of gestation O47.0

- premature or preterm — see Labour/preterm, spontaneous
  --- spontaneous
  --- with delivery
  ------ preterm O60.1
  ------ term O60.2
  ------ without delivery O60.0
  - preterm, spontaneous
    --- with delivery
    ------ at or after 37 completed weeks of gestation O60.2
    ------ before 37 completed weeks of gestation O60.1
    ------ without delivery O60.0
- prolonged or protracted O63.9
  --- 1st stage O63.0
  --- 2nd stage O63.1
  --- 3rd stage O63.3
- affecting fetus or newborn P03.8
- threatened (see also Labour/false) O47.9

Laboured breathing (see also Hyperventilation) R06.4
Laceration (traumatic) NEC (see also Wound, open) T14.1
- with abortion (subsequent episode) O08.6
  - current episode — see Abortion
- accidental, during procedure NEC (see also Complication(s)/accidental puncture or laceration during procedure) T81.2
- Achilles tendon S86.0
- anus (sphincter) S31.80
  - complicating delivery O70.2
    - with laceration of anal or rectal mucosa O70.3
    - during delivery O70.2
    - - with injury to anal or rectal mucosa O70.3
- - nontraumatic, nonpuerperal (see also Fissure/anus) K60.2
- bladder (urinary) S37.28
  - due to obstetric trauma O71.5
  - - following abortion (subsequent episode) O08.6
  - - current episode — see Abortion
  - - obstetric trauma O71.5
- blood vessel — see Injury/blood vessel
- bowel — see also Injury/intestine
  - due to obstetric trauma O71.5
  - - following abortion (subsequent episode) O08.6
  - - current episode — see Abortion
  - - complicating abortion
    - code to O03–O07 with fourth character .3 or .8
  - - obstetric trauma O71.5
- brain (cerebellum) (cerebrum) (cortex) (diffuse) (membrane) (multiple) S06.28
  - due to birth trauma P10.8
  - - with haemorrhage P10.1
  - - focal S06.38
- broad ligament S37.88
  - due to obstetric trauma O71.6
  - - following abortion (subsequent episode) O08.6
  - - current episode — see Abortion
  - - obstetric trauma O71.6
  - - syndrome (laceration) N83.8
  - - traumatic S37.88
  - - capsule, joint — see Sprain
  - causing eversion of cervix uteri (old) N86
  - central (perineal), complicating during delivery O70.9
  - cerebellum (diffuse) S06.28
  - due to birth trauma P10.8
  - - with haemorrhage P10.1
  - - focal S06.38
  - - meninges S06.9
  - - multiple S06.28
  - cervix (uteri) S37.6
  - - due to obstetric trauma O71.3
  - - following abortion (subsequent episode) O08.6
  - - current episode — see Abortion
  - - nonpuerperal, nontraumatic N88.1
  - - obstetric trauma (current) O71.3
  - - old (postpartal) N88.1
  - traumatic S37.6
  - chordae tendineae NEC I51.1
  - - concurrent with acute myocardial infarction — see Infarct/myocardium
  - - following acute myocardial infarction (current complication) I23.4
  - cortex (cerebellum) (cerebrum) (diffuse) S06.28
    - focal S06.38
  - - dura — see Laceration/meninges
  - - during procedure — see Complication(s)/accidental puncture or laceration during procedure
  - eye(ball) (without prolapse or loss of intraocular tissue) S05.3
    - with prolapse or loss of intraocular tissue S05.2
    - penetrating S05.6
  - eyelid S01.1
  - fourchette, complicating delivery O70.0
    - during delivery O70.0
  - heart (without penetration into heart chamber) S26.82
    - with penetration into heart chamber S26.83
  - internal organ — see Injury by site
  - intracranial NEC S06.28

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
birth trauma P10.9
- due to birth trauma P10.9
- joint, capsule — see Sprain
- kidney S37.02
- labia, complicating delivery O70.0 S31.4
- during delivery O70.0
- traumatic S31.4
- ligament (see also Sprain) T14.3
- liver S36.12
- major S36.15
- minor S36.13
- moderate S36.14
- lung S27.32
- meninges
- cerebro S06.9
- multiple S06.28
- spinal T09.3
- meniscus (see also Tear/meniscus) S83.2
- old (tear) M23.2-
- site other than knee — see Sprain/by site
- multiple T01.9
- muscle — see Injury/muscle
- nerve — see Injury/nerve
- ocular NEC S05.3
- adnexa S01.1
- pelvic
- floor (nonpuerperal) S31.0
- complicating delivery O70.9
- during delivery O70.1
- nonpuerperal (traumatic) S31.0
- old (postpartal) N81.8
- organ NEC, obstetric trauma O71.5
- due to obstetric trauma (during labour and delivery) O71.5
- following abortion (subsequent episode) O08.6
- current episode — see Abortion
- traumatic S37.9
- perineum, perineal S31.0
- complicating delivery O70.9
- 1st degree O70.0
- 2nd degree O70.1
- 3rd degree O70.2
- 4th degree O70.3
- central O70.9
- involving
- anus (sphincter) O70.2
- fourchette O70.0
- hymen O70.0
- labia O70.0
- pelvic floor O70.1
- perineal muscles O70.1
- periurethral tissue O70.0
- rectovaginal septum O70.2
- with anal or rectal mucosa O70.3
- skin O70.0
- sphincter (anal) O70.2
- with anal or rectal mucosa O70.3
- vagina, low O70.0
- high (deep) (instrumental) (mid) (sulcus) O71.4
- vaginal muscles O70.1
- vulva O70.0
- secondary O90.1
- during delivery (central) NEC O70.9
- 1st degree O70.0
- 2nd degree O70.1
- 3rd degree O70.2
- 4th degree O70.3
- involving
- anal sphincter O70.2
- with anal or rectal mucosa O70.3
- fourchette O70.0
- hymen O70.0
- labia O70.0
- muscles O70.1
- pubic floor O70.1
- perineal muscles O70.1
- perineal tissue O70.0
- rectovaginal septum O70.2
- with anal or rectal mucosa O70.3
- skin O70.0
- (high) (deep) (instrumental) (mid) (sulcus) O71.4
- vaginal muscles O70.1
- vulva O70.0
- muscles, complicating delivery O70.1
- male O31.0
- secondary (postpartal) O90.1
- traumatic S31.0
- peritoneum, obstetric trauma O71.5
- peritoneum — see also Injury/by site
- due to obstetric trauma (during labour and delivery) O71.5
- following abortion (subsequent episode) O08.6
- current episode — see Abortion
- traumatic — see Injury/by site
- periurethral tissue S37.30
- during delivery O70.0
- with injury to urethra O71.5
- following abortion (subsequent episode) O08.6
- current episode — see Abortion
- obstetric trauma O70.0
- rectovaginal (septum) S31.80
- complicating delivery O71.4
- with perineum O70.2
- involving anal or rectal mucosa O70.3
- during delivery NEC O70.2
- with injury to anal or rectal mucosa O70.3
- nonpuerperal, nontraumatic N89.8
- old (postpartal) N89.8
- spinal cord (see also Injury/spinal cord/by region) T09.3
- due to birth trauma P11.5
- fetus or newborn (birth trauma) P11.5
- spleen (capsular) S36.02
- extending into parenchyma S36.03
- tendon (see also Injury/muscle OR Injury/tendon) T14.6
- Achilles S86.0
- tentorium cerebelli (diffuse) S06.28
- focal S06.34
- urethra, obstetric trauma O71.5 NEC S37.30
- due to obstetric trauma (during labour and delivery) O71.5
- traumatic NEC S37.30
- uterus S37.6
- due to obstetric trauma (during labour and delivery) (extension of caesarean incision) NEC O71.81
- following abortion (subsequent episode) O08.6
- current episode — see Abortion
- nonpuerperal, nontraumatic N85.8
- obstetric trauma (extension of caesarean incision) NEC O71.81
- old (postpartal) N85.8
- vagina, vaginal wall (low) S31.4
- complicating delivery O70.0
- and muscles (perineal) (vaginal) O70.1
- high (deep) (instrumental) (mid) (sulcus) O71.4
- during delivery O70.0
- with injury to
- high vaginal wall O71.4
- muscles O70.1
- vaginal sulcus O71.4
- nonpuerperal, nontraumatic N89.8
- old (postpartal) N89.8
- vulva S31.4
- complicating delivery O70.0
- during delivery O70.0

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Lack of...
...- prenatal care, affecting management of pregnancy (supervision) Z35.3
...

Lactation, lactating (breast) (postpartum) (puerperal)

Note: The following fifth character subdivision should be used is assigned with categories O91–O92:
0 without mention of attachment difficulty
1 with attachment difficulty

- with
  - - blocked ducts O92.2-
  - - breast
  - - - abscess O91.1-
  - - - disorder (implants) (lump) (reduction) NEC O92.2-
  - - - engorgement O92.2-
  - - - infection — see Mastitis
  - - - insufficient milk supply O92.4-
  - - - mastitis — see Mastitis
  - - - nipple
  - - - - blister O92.2-
  - - - bruise O92.2-
  - - - crack (tissue) O91.1-
  - - - graze O92.2-
  - - - infection O91.1-
  - - - inversion O92.2-
  - - - retraction O92.2-
  - - - transposition O92.2-
  - care and examination (mother) (without lactation disorder) Z39.1
  - - defective O92.4-
  - - delayed O92.4-
      - - disorder NEC O92.7-
  - - excessive O92.6-
  - - failed (complete) O92.3-
  - - - partial O92.4-
  - - mastitis NEC O91.2 — see Mastitis
  - - mother (care and/or examination) Z39.1
  - - nonpuerperal N64.3
  - - suppressed (see also Lactation, lactating/failed) O92.5-
...

Long...

- labour O63.9
  - - 1st stage O63.0
  - - 2nd stage O63.1
  - - 3rd stage O63.3
  - - affecting fetus or newborn P03.8
...

Luxation — see also Dislocation
- eyeball (nontraumatic) H44.8
  - - birth trauma P15.3
  - - due to birth trauma P15.3
  - - globe, nontraumatic H44.8
...

Lymphadenitis I88.9...

- breast
  - - associated with lactation (nonpurulent) O91.2-
  - - - purulent O91.1-
  - - in pregnancy (nonpurulent) O91.20
  - - - purulent O91.10
  - - puerperal, postpartum (nonpurulent) O91.2-
  - - - purulent O91.1-
Lymphangitis I89.1

- breast
  - associated with lactation (nonpurulent) O91.2-
  - purulent O91.1-
  - in pregnancy (nonpurulent) O91.20
  - purulent O91.10
  - puerperal, postpartum (nonpurulent) O91.2-
  - purulent O91.1-

Macrosigmoid K59.3
- congenital Q43.2

Macrosomia — see Large-for-dates

Macrostomia (congenital) Q18.4

Mastitis (acute) (infective) (nonpuerperal) (periductal) (subacute) N61
  - associated with lactation (nonpurulent) O91.2-
  - purulent O91.1-
  - chronic (cystic) N60.1
  - with epithelial proliferation N60.3
  - cystic (Schimmelbusch's type) N60.1
  - with epithelial proliferation N60.3
  - in pregnancy (nonpurulent) O91.20
  - purulent O91.10
  - infective N61
  - newborn P39.0
  - neonatal (noninfective) P83.4
  - infective P39.0
  - puerperal, postpartum (nonpurulent) O91.2-
  - purulent O91.1-

Membrane(s), membranous — see also condition

- retained (complicating delivery) (with haemorrhage) (postpartum) O72.2 O73.1
  - without haemorrhage O73.1
- secondary cataract H26.4
- unruptured (causing asphyxia) — see Asphyxia/newborn
- vitreous H43.3

Metrorrhagia N92.1
- climacteric N92.4
- menopausal N92.4
- postpartum (atonic) (< 24 hours following delivery of placenta) NEC O72.1
  - delayed or secondary (> 24 hours post delivery of placenta) O72.2
  - preclimacteric or premenopausal N92.4
  - psychogenic F45.8

Milk — see also Lactation, lactating
- crust L21.0
- excessive secretion (postpartum) (puerperal) O92.6-
- leg — see Phlebitis
- oversupply (postpartum) (puerperal) O92.6-
- poisoning T62.8
- retention (postpartum) (puerperal) O92.7-
- sickness T62.8
- supply (postpartum) (puerperal)
  - delayed O92.4
  - excessive O92.6
  - insufficient O92.4

Milk-alkali disease or syndrome E83.5
Missed
- abortion O02.1
- delivery O36.4
- miscarriage O02.1

Misshapen

Mole (pigmented) (M8720/0) — see also Naevus
- hydatid, hydatidiform (benign) (complicating pregnancy) (delivered) (undelivered) (M9100/0) O01.9
- - classical (M9100/0) O01.0
- - complete (M9100/0) O01.0
- - history, affecting management of pregnancy (supervision) Z35.1
- - invasive (M9101/0) D39.2
- - - malignant (M9101/0) D39.2
- - - partial (M9103/0) O01.1
- - previous, affecting management of pregnancy Z35.1
- - invasive (hydatidiform) (M9101/0) D39.2
- - malignant, meaning
- - - malignant hydatidiform mole (M9101/0) D39.2
- - - melanoma (M8720/3) — see Melanoma
- - nonhydatidiform O02.0
- nonpigmented (M8730/0) — see Naevus
- pregnancy NEC O02.0
- skin (M8720/0) — see Naevus
- tubal O00.1
- - history, affecting management of pregnancy (supervision) Z35.1
- - incomplete (M9103/0) O01.1
- - previous, affecting management of pregnancy Z35.1

Molluscum contagiosum (epitheliale) B08.1

Mullerian mixed tumour (M8950/3)
- in situ (M8950/2)
- - specified site — see Neoplasm/in situ
- - unspecified site D07.3
- - specified site — see Neoplasm/malignant
- - unspecified site C54.9

Mullerianosis — see Endometriosis

Multigravida
- elderly, affecting management of pregnancy, labour and delivery (supervision only) Z35.52

Multiparity (grand) Z64.1
- affecting management of pregnancy, labour and delivery (supervision only) Z35.4

Neuralgia, neuralgic (acute) (see also Neuritis) M79.2-
- in pregnancy, childbirth or puerperium O99.32

Neuritis M79.2-
- cranial nerve
- - 7th or facial G51.8
- - - due to birth trauma P11.3
- - - newborn (birth trauma) P11.3
- - 8th or acoustic or auditory H93.3
- - facial G51.8
- - - due to birth trauma P11.3
- - newborn (birth trauma) P11.3
- - general — see Polyneuropathy
- - in
- - - disease classified elsewhere — see Polyneuropathy
- - pregnancy, childbirth or puerperium O99.32
- - puerperal, postpartum O99.32
Nodule(s), nodular
- milker's B08.0
- placental site O90.8
- prostate N40

Obstetric trauma (complicating during labour and delivery) NEC (see also Injury/obstetric trauma) O71.9
- affecting fetus or newborn P03.8
- following abortion (subsequent episode) O08.6
- current episode — see Abortion
- specified NEC O71.88

Obstipation (see also Constipation) K59.0

Oedema, oedematous R60.9
- brain G93.6
- due to birth trauma P11.0
- fetus or newborn (anoxia or hypoxia) P52.4
- birth trauma P11.0
- traumatic S06.1

Oversupply, breast milk (postpartum) (puerperal) O92.6

Pain(s) R52.9
- pelvic R10.2
- girdle M25.55
- in pregnancy, childbirth or puerperium O26.7
- penis N48.8

Palsy (see also Paralysis) G83.9
- atrophic diffuse (progressive) G12.2
- Bell's (see also Paralysis/facial) G51.0
- brachial plexus NEC G54.0
- due to birth trauma P14.3
- fetus or newborn (birth trauma) P14.3
- brain — see Palsy/cerebral

Paralysis, paralytic (complete) (incomplete) (see also Paresis) G83.9
- Benedikt's I67.9† G46.3*
- birth trauma P14.9
- bladder (neurogenic) (sphincter) N31.2
- puerperal, postpartum O90.8
- bowel, colon or intestine (see also Ileus) K56.0
- brachial plexus NEC G54.0
- birth trauma P14.3
- due to birth trauma P14.3
- newborn P14.3
- bronchial J98.0
- Duchenne's G71.0
- birth trauma P14.0
- due to birth trauma P14.0
- due to intracranial or spinal birth trauma — see Palsy/cerebral NEC P14.9
- intracranial or spinal — see Palsy/cerebral
- embolic (current episode) I63.4
- Erb-Duchenne (birth) (newborn) P14.0
- Erb's syphilitic spastic spinal A52.1
- eye muscle (extrinsic) H49.9
- intrinsic H52.5
- facial
- - due to
  - - facial nerve disorder (Bell's palsy) G51.0
    - - newborn P11.3
    - - familial (periodic) (recurrent) G72.3
    - - Klumpke(-Déjerine) (birth trauma) (newborn) P14.1
  - - nerve — see also Disorder/nerve

- - 7th or facial G51.0
  - - due to birth trauma P11.3
    - - newborn (birth trauma) P11.3
    - - birth trauma P14.9
  - - due to birth trauma P14.9
    - - facial G51.0
    - - birth trauma P11.3
    - - newborn P11.3
    - - birth trauma P14.9
    - - phrenic, due to (birth trauma) P14.2
    - - radial G56.3
    - - birth trauma P14.3
    - - due to birth trauma P14.3
    - - newborn P14.3
    - - syphilitic A52.1† G59*
  - - rectus muscle (eye) H49.9

Perforation, perforated (nontraumatic)
  - - bladder (urinary)
    - - following abortion (subsequent episode) O08.6
      - - current episode — see Abortion
      - - obstetric trauma O71.5
    - - traumatic S37.28
      - - due to obstetric trauma O71.5
    - - bowel K63.1 — see Perforation, perforated/intestine
      - - fetus or newborn P78.0
      - - obstetric trauma O71.5
      - - traumatic — see Injury/intestine
    - - broad ligament N83.8
      - - following abortion (subsequent episode) O08.6
      - - current episode — see Abortion
      - - obstetric trauma O71.6
      - - traumatic S37.86
      - - due to obstetric trauma (during labour and delivery) O71.6
      - - caecum (see also Perforation/perforated/intestine) K63.1
      - - cervix (uteri) N88.8
      - - following abortion (subsequent episode) O08.6
      - - current episode — see Abortion
      - - obstetric trauma O71.3
      - - traumatic S37.8
      - - due to obstetric trauma (during labour and delivery) O71.3
      - - colon K63.1
      - - fetus or newborn P78.0
      - - obstetric trauma O71.5
      - - traumatic — see Injury/colon/by site
  - - ileum K63.1
    - - fetus or newborn P78.0
    - - obstetric trauma O71.5
    - - traumatic S36.49
    - - due to obstetric trauma (during labour and delivery) O71.5
    - - instrumental, surgical (blood vessel) (nerve) (organ) (surgical) NEC (see also Complication(s)/accidental puncture or laceration during procedure) T81.2
- birth trauma NEC (see also Birth/trauma) P15.9
- nonsurgical NEC (see also Injury/by site) T14.9
- obstetric trauma (during labour and delivery) NEC (see also Injury/obstetric) O71.9
- internal organ NEC — see Injury/by site
- intestine NEC K63.1
- fetus or newborn P78.0
  — obstetric trauma O71.5
- traumatic — see Injury/intestine
- jejenum, jejunal K63.1
- fetus or newborn P78.0
  — obstetric trauma O71.5
- traumatic S36.49
  — due to obstetric trauma O71.5
- ulcer — see Ulcer/gastrojejunal/with/perforation
- pelvic
  - floor S31.0
  - during delivery O70.1
  — obstetric trauma O70.1
  - organ NEC S37.88
    — with abortion (subsequent episode) O08.6
      — current episode — see Abortion
    — due to obstetric trauma (during labour and delivery) O71.5
    - following abortion (subsequent episode) O08.6
      — current episode — see Abortion
    — obstetric trauma O71.5
- perineum — see Laceration/perineum
  - perineal tissue
    - following abortion (subsequent episode) O08.6
    — current episode — see Abortion
    - traumatic S37.88
    - — during delivery O70.0
- pharynx J39.2
- rectum K63.1
- fetus or newborn P78.0
  — obstetric trauma O71.5
- traumatic S36.6
  — due to obstetric trauma (during labour and delivery) O71.5
- sigmoid K63.1
- fetus or newborn P78.0
  — obstetric trauma O71.5
- traumatic S36.54
  — due to obstetric trauma (during labour and delivery) O71.5
- urethra N36.8
  — obstetric trauma O71.5
  — traumatic — see Injury/urethra
- uterus
  - by intrauterine contraceptive device T83.3
    — following abortion (subsequent episode) O08.6
      — current episode — see Abortion
    — obstetric trauma (during labour) O71.12
      — before onset of labour O71.02
    — traumatic S37.6
      — due to obstetric trauma (during labour) O71.12
      — before onset of labour (in pregnancy) O71.02
    — uvula K13.7
    - syphilitic A52.7† K93.8*
- vagina — see Laceration/vagina

Peritonitis (adhesive) (fibrinous) (with effusion) K65.9
- pelvic
  — following
    — abortion (subsequent episode) O08.0
    — current episode — see Abortion
    — ectopic or molar pregnancy O08.0
Placenta, placental — see also condition
- ablatio (see also Abruptio placentae) O45.9
- - affecting fetus or newborn P02.1
- - abnormal, abnormality NEC O43.1
- - with haemorrhage O46.8
- - - affecting fetus or newborn P02.1
- - - - labour or delivery O67.8
- - - - affecting fetus or newborn P02.2
- abruptio (see also Abruptio placentae) O45.9
- - affecting fetus or newborn P02.1
- - accreta O43.2
- adherens (see also Placenta/adherent) O73.0
- adherent NEC (morbidly) O43.2 O73.0
- - morbidly O43.2
- - battledore O43.1
- - bipartita O43.1
- - morbidly adherent O43.2
- - multilobed O43.1
- - multipartita O43.1
- - necrosis O43.8
- - percreta O43.2
- - polyp O90.8
- - praevia (central) (complete) (marginal) (partial) (total) (with haemorrhage) O44.1
- - without haemorrhage O44.0
- - affecting fetus or newborn P02.0
- - retained (total) O73.0
- - partial (fragments) (portions) O73.1
- - retention (with postpartum haemorrhage) O72.0
- - - without haemorrhage O72.0
- - - - fragments, complicating puerperium (delayed haemorrhage) O72.2
- - - - without haemorrhage O72.2
- - separation (normally implanted) (partial) (premature) (with haemorrhage) O45.9
- - with coagulation defect O45.0
- - affecting fetus or newborn P02.1
- - - specified NEC O45.8
- - septuplex O43.1
- - small — see Placenta/insufficiency
- - softening (premature) O43.8
- - spuria O43.1
- - succenturiata O43.1
- - syphilitic O98.1
- - transmission of chemical substance — see Absorption/chemical/through placenta
- - trapped (with postpartum haemorrhage) (total) O72.0 O73.0
- - - without haemorrhage O73.0
- - - - tripartita, triplex O43.1
- - - - varicose vessels O43.8
- - - - - without haemorrhage O73.1

Poor
- contractions, labour O62.2
- contractions, uterine (during labour) O62.2
- - affecting fetus or newborn P03.6
- - fetal growth NEC P05.9
- - affecting management of pregnancy O36.5
- - mobility, requiring care provider Z74.0
- - personal hygiene R46.0
- - prenatal care, affecting management of pregnancy (supervision) Z35.3
Pregnancy (single) (uterine) — see also condition/in pregnancy

- complicated by
  - abnormal, abnormality
    - broad ligament O34.8
  - cervix O34.4
  - cord (umbilical) O69.9
  - fetus (suspected) O35.9
  - specified NEC O35.8
  - fallopian tube O34.8
  - glucose tolerance NEC O24.-
    - ovary O34.8
  - pelvic organs or tissues O34.9
  - specified NEC O34.8
  - pelvis, with disproportion (bony) (major) NEC O33.0
  - perineum or vulva O34.7
  - placenta, placental (vessel) O43.1
  - accreta O43.2
  - increta O43.2
  - morbidity adherent O43.2
  - percreta O43.2
  - position
    - fetus — see Malpresentation, fetus
    - placenta (with haemorrhage) O44.1
      - without haemorrhage O44.0
    - uterus O34.5
  - uterus (congenital) NEC O34.5
    - congenital O34.0
  - vagina O34.6
  - vulva O34.7
  - abscess or cellulitis
    - bladder O23.1
  - genital organ or tract O23.5
  - adhesions (pelvic) (peritoneum) O34.8
  - albuminuria O12.1
  - with oedema O12.2
  - alcohol dependence (F10.2) O99.3
  - amnionitis O41.1
  - amputation, cervix O34.4
  - anaemia (conditions in D50–D64) O99.01
    - with mention of pre-existing anaemia O99.02
  - anaphylactoid syndrome O88.1
  - anhydramnios NEC O41.0
  - congenital
    - herpesviral infection (conditions in A60) (herpes simplex) O98.3
  - anteversion
    - cervix O34.4
  - uterus O34.5
  - antibodies (maternal)
    - Anti-D O36.6
  - blood group (ABO) O36.1
  - Rh (factor) (rhesus) O36.0
  - atresia, atretic
    - cervix O34.4
  - genital organ
    - external NEC O34.7
    - internal NEC O34.9
  - uterus O34.5
  - vagina O34.6
  - vulva O34.7
  - atrophy (acute) (subacute) (yellow), liver O26.6
  - bicornis or bicornuate uterus O34.0
  - biforis uterus O34.0
  - bone and joint disorders of back, pelvis and lower limbs O99.8
  - Braxton Hicks contractions — see Labourfalse
  - breech presentation O32.1
    - brow presentation O32.3
  - cardiovascular diseases (conditions in I00–I09, I20–I52, I70–I99) O99.4
  - carpal tunnel syndrome O99.3
  - central nervous system malformation, fetus O35.0
  - central nervous system malformation, fetus O35.0

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
- cerclage (with cervical incompetence) O34.3
- cerebrovascular disorders (conditions in I60–I69) O99.4
- cervical incompetence O34.3
- cervicitis O23.5
- chancre O98.3
- chancroid O98.3
- chlamydia, sexually transmitted O98.3
- chloasma (gravidarum) O99.7
- cholestasis (intrahepatic) O26.6
- chromosomal abnormality, fetus O35.1
- compound presentation O32.6
- conditions in
  - F00–F52 O99.31
  - F50.5 O21.3
  - F54–F99 O99.31
  - G00–G99 NEC O99.32
  - G08 O22.9
- N00–N99 NEC (see also Pregnancy/complicated by/diseases of genitourinary system) O26.81
  - N10–N12 O23.0
  - N13.6 O23.3
  - N15.1 O23.0
  - N30 O23.1
  - N34 O23.2
  - N39.0 O23.4
  - N60–N64 (see also condition in pregnancy) NEC O99.8
  - N70–N73, N76, N77 O23.5
  - N73.6 O23.8
  - N80–N90 (see also Pregnancy/complicated by/abnormal, abnormality/by site) NEC O99.8
  - N85.4 O23.4
  - N85.4 O23.5
  - N85.4 O23.5
  - N93.0–N93.9 O46.8
  - Q00–Q99 NEC O99.8
  - R00–R99 O99.8
  - R73 O24.3
  - congenital malformations, deformations and chromosomal abnormalities NEC O99.8
  - contracted pelvis (general) O33.1
  - - inlet O33.2
  - - outlet O33.3
  - - convulsions ( eclamptic) (uraemic) (see also Eclampsia) O15.0
  - - cyst
  - - - ovary O34.8
  - - - pelvis O34.8
  - - - cystitis O23.1
  - - - cystocele O34.8
  - - death of fetus (≥ 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
  - - decidualis O41.1
  - - deformity
  - - - pelvic organs or tissues O34.8
  - - - 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 (abdominal muscle) (DRAM) O71.82
  - - - diseases of
  - - - - eye and adnexa (conditions in H00–H59) O99.8
  - - - - genital organs NEC (see also Pregnancy/complicated by/abnormal, abnormality/by site) O99.8
  - - - - with infection O23.4
  - - - - - with predominantly sexual mode of transmission NEC O98.3
  - - - - abnormal bleeding (uterine) (vaginal) O46.4
  - - - - genitourinary system (conditions in N00–N99) (see also Pregnancy/complicated by/diseases of genital organs) NEC O26.81
  - - - - with infection O23.4
  - - - - - with predominantly sexual mode of transmission NEC O98.3
  - - - N10–N12 O23.8
- - - N13.6 O23.3
- - - N16.1 O23.0
- - - N30 O23.1
- - - N34 O23.2
- - - N39.0 O23.4
- - - N70–N73, N76, N77* O23.5
- - - N72.6 O34.8
- - - N80–N90 (see also Pregnancy/complicated by/abnormal, abnormality/ by site). NEC O99.8
- - - N85.4 O34.5
- - - N85.4 O34.5

- - kidney — see Pregnancy/complicated by/diseases of genitourinary system

- - - nervous system (conditions in G00–G99) NEC O99.32
- - - G08 O22.9
- - - respiratory system (conditions in J00–J99) O99.5
- - - skin and subcutaneous tissue (conditions in L00–L99) O99.7
- - - disorders of liver O26.6
- - - displacement, uterus NEC O34.5
- - - disproportion — see Disproportion
- - - Donovanosis O98.3
- - - double
- - - - uterus O34.0
- - - - vagina O34.6
- - - drug dependence (conditions in F11–F19, fourth character .2) O99.31
- - - - early delivery (before 37 completed weeks of gestation) (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
- - - - endometriosis NEC O34.8
- - - - - cutaneous scar O99.8
- - - - - intestine O99.8
- - - - - peritoneum (pelvic) O34.7
- - - - - uterus O34.5
- - - - - vagina O34.6
- - - - embolism (cerebral) (precerebral) (pulmonary) NEC O88.2
- - - - air O88.0
- - - - amniotic fluid O88.1
- - - - blood clot (thromboembolism) O88.2
- - - - fat O88.8
- - - - pyaemic O88.3
- - - - septic O88.3
- - - - specified O88.8
- - - - endocrine diseases NEC O99.2
- - - - endometritis O23.5
- - - - decidual O41.1
- - - - excessive weight gain NEC O26.0
- - - - - fetal growth O36.6
- - - - - with disproportion O33.5
- - - - - weight gain NEC O26.0
- - - - exhaustion O26.88

- - false labour (Braxton Hicks) (irregular uterine tightenings) (irritable uterus) (pains) (see also Labour/false) O47.9 — see Labour/false

- - - fibroid (tumour) (uterus) O34.1
- - - fibromyoma O34.1
- - - fibrosis of perineum O34.7
- - - fistula
- - - - genital tract-intestine O99.8
- - - - genital tract-skin O99.8
- - - - genitourinary O34.8
- - - - genital infection O23.5
- - - - with a predominantly sexual mode of transmission NEC O98.3
- - - - glomerular diseases (conditions in N00–N07) O26.81
- - - - with pre-existing hypertension O10
- - - - gonococcal infection O98.2
- - - - granuloma inguinale O98.3
- haematoma, broad ligament O34.8
- haematosalpinx O34.8
- 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 O20.9
  - - - specified NEC O20.8
  - - - threatened abortion O20.0
  - - haemorrhoids O22.4
  - - herniation of uterus O34.5
  - - herperviral infection NEC O98.5
  - - - with a predominantly sexual mode of transmission O98.3
  - - high fetal head at term O32.4
  - - history — see Pregnancy/complicated by/previous AND Pregnancy/supervision/history
  - - human immunodeficiency virus (HIV) disease O98.7
  - - incompetent cervix O34.3
  - - - infantile
  - - - genitalia, genitals O34.8
  - - - uterus O34.5
  - - infection(s)
    - - with a predominantly sexual mode of transmission NEC O98.3
    - - amniotic fluid or sac O41.1
    - - bladder O23.1
    - - genital organ or tract O23.5
    - - genitourinary tract NEC O23.9
    - - - kidney O23.0
    - - - with a predominantly sexual mode of transmission NEC O98.3
    - - - specified NEC O98.8
    - - - urethra O23.2
    - - - urinary (tract) O23.4
    - - - specified part NEC O23.3
    - - - infectious or parasitic disease NEC O98.9
    - - - intermediate hyperglycaemia (tolerance) O24.5-
    - - 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
    - - irregular
    - - - contractions — see Labour/false
    - - - uterine tightenings — see Labour/false
    - - - irritable uterus — see Labour/false
    - - isommunisation (ABO) O36.1
    - - - Rh (factor) (rhesus) O36.0
    - - - kidney disease or failure NEC O26.81
    - - - with pre-existing hypertension O10
    - - - large-for-dates fetus O36.6
    - - lateroversion
      - - - cervix O34.4
      - - - uterus O34.5
    - - ligament pain (broad) (round) O34.8
    - - light-for-dates fetus O36.5
    - - malaria O98.6
    - - malformation
      - - - pelvic organs or tissues O34.8
      - - - placenta, placental (vessel) O43.1
      - - - uterus (congenital) O34.0
      - - - malnutrition (conditions in E40–E46) O25
      - - malposition
        - - - fetus — see Malpresentation, fetal
        - - - pelvic organs or tissues O34.8
      - - - uterus O34.5
      - - - malpresentation of fetus — see Malpresentation, fetus
      - - mental disorders (conditions in F00–F99) O99.31
    - - neuralgia O99.32
    - - neuritis O99.32

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
- noninflammatory disorder genital tract — see Pregnancy/complicated by/abnormal, abnormality by site
- nutritional diseases NEC O99.2
- oblique lie or presentation O32.2
- edema 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
- pain, ligament (broad) (round) O34.8
- papyraceous fetus O31.0
- patent cervix O34.3
- pelvic girdle pain O26.7
- pendulous abdomen O34.8
- peripheral neuritis O99.3
- persistent hymen O34.7
- phlebothrombosis O22.9
- placenta, placental
- abnormality O43.1
- abruptio or ablatio (see also Abruptio placentae) O45.9
- accreta O43.2
- detachment (see also Abruptio placentae) O45.9
- disease O43.9
- dysfunction O43.8
- increta O43.2
- infarction O43.8
- insufficiency O38.5
- 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 O44.0
- separation, premature (see also Abruptio placentae) O45.9
- transfusion syndrome O43.0
- placentitis O41.1
- polyhydramnios O40
- polyp — see Pregnancy/complicated by/tumour
- cervix O34.4
- genital tract NEC O34.8
- uterus O34.1
- vagina O34.6
- vulva O34.7
- poor fetal growth O36.5
- postmaturity O48
- pre-eclampsia O14.9
- mild O14.0
- moderate O14.0
- severe O14.1
- premature rupture of membranes — see Rupture/membranes/premature
- previous — see also Pregnancy/supervision/previous history
- abortion O36.1
- habitual O26.2
- caesarean section O34.2
- proceeding to vaginal delivery O75.7
- surgery
- cervix O34.4
- gynaecological NEC O34.8
- pelvic (floor) (soft tissues) O34.8
- perineum O34.7
- uterus O34.2
- vagina O34.6
- vulva O34.7
- prolapse, uterus O34.5
- and hernia, ovary or fallopian tube O34.8
- cervix O34.4
- genital NEC O34.8
- uterovaginal O34.5
- uterus O34.5
- vagina (anterior) (wall) O34.6
- prolonged pregnancy O48
- proteinuria O12.1
- with oedema O12.2
- protozoal diseases O98.6
- pruritus (neurogenic) O99.7
- psychosis or psychoneurosis O99.31
- ptyalism O99.6
- rectocele O34.6
- 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
- Rh (factor) (rhesus) immunisation, incompatibility or sensitisation O36.0
- rigid
t- cervix O34.4
- pelvic floor O34.8
- perineum O34.7
- vagina O34.6
- vulva O34.7
- rupture
- amnion (premature) — see Rupture/membranes/premature
- membranes (premature) — see Rupture/membranes/premature
- uterus (during labour) O71.1-O71.0-
- — before onset of labour O71.0-
- sacculation O34.5
- salivation (excessive) O99.6
- salpingitis O23.5
- salpingo-oophoritis O23.5
t- cervix O34.4
- previous surgery — see Pregnancy/complicated by/previous/surgery
- separation, symphysis pubis O26.7
- sepsis (conditions in A40.-, A41.-) O98.8
- septate vagina O34.6
- Shirodkar suture O34.3
- signs of fetal hypoxia (unrelated to labour or delivery) O36.3
- small-for-dates fetus O36.5
- specified condition NEC O26.88
- spurious labour pains (see also Labour/false) O47.9
- stenosis
t- cervix O34.4
- vagina O34.6
- stricture
- cervix O34.4
- vagina O34.6
- superfecundation O30.8
- superfetation O30.8
- suspended uterus O34.5
- symphysis pubis separation O26.7
- syphilis (conditions in A50–A53) O98.1
- threatened
- abortion O20.0
- delivery O47.9 — see Labour/false
- at or after 37 completed weeks of gestation O47.1
- before 37 completed weeks of gestation O47.0
- thrombophlebitis O22.9
- thrombosis O22.9
- torsion of uterus O34.5
- fallopian tube O34.8
- ovary (ovarian pedicle) O34.8
- uterus O34.5
- toxaemia (see also Pre-eclampsia) O14.9
- transverse lie or presentation O32.2
- trichomonas, urogenital O98.3
- tuberculosis (conditions in A15–A19) O98.0
- tumour
- cervix (uteri) O34.4
- ovary O34.8
- pelvic organs or tissues NEC O34.8
- perineum O34.7
- uterus (body) (see also Pregnancy/complicated by/tumour/cervix) O34.1
- vagina O34.6
- vulva O34.7
- unstable lie O32.0
- urethritis O23.2
- urethrocele O34.8
- vaginitis or vulvitis O23.5
- vaginal enteroccele O34.6
- with prolapse of uterus O34.5
- varices O22.9
- placental vessels O43.8
- veins O22.9
- venereal disease (conditions in A64) NEC O98.3
- viral diseases (conditions in A80–B09, B25–B34) O98.5
- vomiting NEC O21.9
- after 20 completed weeks gestation O21.2
- before 20 completed weeks gestation O21.0
- warts, anogenital (conditions in A63.00–A63.05) O98.3
- complication NEC O26.9

- concealed, affecting management of pregnancy (supervision) Z35.3

- continuing after
- abortion of one fetus or more (medical) (missed) (spontaneous) O31.1
- intrauterine death of one fetus or more O31.2
- after fetal viability (> 20 completed weeks (140 days) gestation and/or fetal weight > 400g) O31.2
- before fetal viability (< 20 completed weeks (140 days) gestation and/or fetal weight < 400g) O31.1

- duration NEC O09.9
- < 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

- hidden, affecting management of pregnancy (supervision only) Z35.3
- illegitimate (unwanted) Z64.0
- affecting management of pregnancy (supervision) Z35.7
- supervision of high-risk pregnancy Z35.7
- in double uterus O34.0

- management affected by — see Pregnancy/supervision

- supervision (for) (high-risk conditions and problems affecting management of pregnancy) (of)
- advanced maternal age
- multigravida Z35.52
- primigravida Z35.51
- elderly
- multigravida Z35.52
- primigravida Z35.51
- high-risk Z35.9
- specified NEC Z35.8
- history
- abortion Z35.1
- difficult delivery Z35.2
- forceps delivery Z35.2
- haemorrhage, antepartum or postpartum Z35.2
- hydatidiform mole Z35.1
- infertility Z35.0
- malignancy NEC Z35.8
- neonatal death Z35.2
- nonobstetric condition Z35.8
- obstetric condition (conditions in O10–O92) Z35.2
- preterm delivery Z35.2
- stillbirth Z35.2
- trophoblastic disease (conditions in O01.-) Z35.1
- vesicular mole Z35.1
- 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
  - abortion Z35.1
  - habitual O26.2
  - difficult delivery Z35.2
  - forceps delivery Z35.2
  - haemorrhage, antepartum or postpartum Z35.2
  - 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.-) Z35.1
  - vesicular mole Z35.1
- social problem Z35.7
- specified problem NEC Z35.8
  - very young primigravida Z35.6
  - triplet O30.1
  - tubal (with abortion) (with rupture) O00.1

Premature — see also condition
  - adrenarche E27.0
  - aging E34.8
  - beats I49.4
    - atrial I49.1
  - birth NEC (see also Preterm) P07.30
    - 28 completed weeks or more but less than 32 completed weeks P07.31
    - 32 completed weeks or more but less than 37 completed weeks P07.32
    - extremely
    - 24 completed weeks or more but less than 28 completed weeks P07.22
    - less than 24 completed weeks P07.24
    - closure, foramen ovale Q21.89
    - contraction
      - atrial I49.1
      - atrioventricular I49.2
    - heart (extrasystole) I49.4
      - junctional I49.2
      - ventricular I49.3
    - delivery (with spontaneous labour) NEC O60.1 — see Delivery/preterm
      - without spontaneous labour O60.3
    - ejaculation F52.4
      - infant NEC (see also Preterm) P07.30
        - 28 completed weeks or more but less than 32 completed weeks P07.31
        - 32 completed weeks or more but less than 37 completed weeks P07.32
        - extremely
        - 24 completed weeks or more but less than 28 completed weeks P07.22
        - less than 24 completed weeks P07.24
      - light for dates P05.0
    - lungs P28.0
    - menopause E28.3
    - newborn — see Prematurity/Preterm
    - puberty E30.1
    - rupture, membranes or amnion (see also Rupture/membranes/premature) O42.9
    - affecting fetus or newborn P01.1
- senility E34.8
- separation, placenta (partial) (see also Abruption placentae) O45.9
- thelarche E30.8
- ventricular systole I49.3

**Prematurity NEC (see also Preterm)** P07.30
- 28 completed weeks or more but less than 32 completed weeks P07.31
- 32 completed weeks or more but less than 37 completed weeks P07.32
- extremely
  - 24 completed weeks or more but less than 28 completed weeks P07.22
  - less than 24 completed weeks P07.21

**Premenstrual tension** (syndrome) N94.3

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**Pressure**
- area — see Injury/pressure
- birth, fetus or newborn, NEC P15.9
- brachial plexus G54.0
- brain G93.5
  - - due to birth trauma NEC P11.1
  - - trauma at birth NEC P11.1
  - - - cone, tentorial G93.5
  - - - hyposystolic (see also Hypotension) I95.9
    - - - incidental reading, without diagnosis of hypotension R03.1
    - - increased
      - - - intracranial (benign) G93.2
      - - - due to birth trauma P11.0
      - - - trauma at birth P11.0
      - - - intraocular H40.0
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**Preterm infant, newborn, (infant) NEC P07.30**
- 28 completed weeks or more but less than 32 completed weeks P07.31
- 32 completed weeks or more but less than 37 completed weeks P07.32
- extremely
  - 24 completed weeks or more but less than 28 completed weeks P07.22
  - less than 24 completed weeks P07.21

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**Primigravida**
- elderly, affecting management of pregnancy, labour and delivery (supervision only) Z35.51
- very young, affecting management of pregnancy, labour and delivery (supervision only) Z35.6

**Primipara**
- elderly, affecting management of pregnancy, labour and delivery (supervision only) Z35.51
- very young, affecting management of pregnancy, labour and delivery (supervision only) Z35.6

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**Prolonged, prolongation**
- bleeding time (see also Defect/coagulation) R79.83
  - - with bleeding due to circulating anticoagulants D68.3
  - - coagulation or prothrombin time R79.83
  - - with bleeding due to circulating anticoagulants D68.3
  - - labour O63.9
    - - 1st stage O63.0
    - - 2nd stage O63.1
    - - 3rd stage O63.3
  - - affecting fetus or newborn P03.8

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**Psychosis, psychotic** F29

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- in pregnancy or childbirth O99.31
  - - organic F09
    - - in pregnancy or childbirth O99.31
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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Puerperal, puerperium — see also condition/puerperal, postpartum

- haemorrhage (see also Haemorrhage/postpartum) O72.1
  - - brain O99.4
  - - bulbar O99.4
  - - cerebellar O99.4
  - - cerebral O99.4
  - - cortical O99.4
  - - extradural O99.4
  - - intracranial O99.4
  - - intrapontine O99.4
  - - meningeal O99.4
  - - pontine O99.4
  - - subarachnoid O99.4
  - - subcortical O99.4
  - - subdural O99.4
  - - uterine, delayed (≤ 24 hours following delivery of placenta) O72.2
  - - - delayed or secondary (> 24 hours post delivery of placenta) O72.2
  - - ventricular O99.4

- hemiplegia, cerebral O99.32
  - - due to cerebrovascular disorder O99.4

- metrorrhagia (see also Haemorrhage/postpartum) (≤ 24 hours following delivery of placenta) O72.2
  - - delayed or secondary (> 24 hours post delivery of placenta) O72.2

- neuritis O99.32

Quadriplegia (chronic) G82.5-

Note: The following fifth character subdivision is for use assigned with category G82:

  0  unspecified
  ...
  6  incomplete, chronic

- congenital (cerebral) G80.8
  - due to birth trauma NEC P11.9
  - embolic (current episode) I63.4
  - flaccid G82.3-
  - - congenital (cerebral) G80.8
  - - - spastic G80.03
  - - newborn NEC P11.9
  - - - congenital (cerebral) G80.03
  - - - spinal G82.4-
  - - - thrombotic (current episode) I63.3
  - - traumatic (spinal cord) current episode — see also Injury/spinal cord
due to birth trauma NEC P11.9

Quadruplet
Retention, retained
- breast milk (postpartum) (puerperal) O92.7-
- cyst — see Cyst
- dead
- - fetus
- - - after fetal viability (≥ 20 completed weeks (140 days) gestation and/or fetal weight ≥ 400g) O36.4
- - - before fetal viability (< 20 completed weeks (140 days) gestation and/or fetal weight < 400g) O02.1
- - ovum O02.0
- decidua (following delivery) (fragments) (with haemorrhage) O72.2 O73.1
- - with abortion — see Abortion/by type
- - without haemorrhage O73.1
- - following abortion — code to O03-O06 with fourth character .0-.4
- deciduous tooth K00.6
- dental root K08.3
- faecal (see also Constipation) K59.0
- fetus, dead — see Retention, retained/dead/fetus
- - intrauterine contraceptive device, in pregnancy O26.3
- membranes (complicating delivery) (with haemorrhage) O72.2 O73.1
- - with abortion — see Abortion/by type
- - without haemorrhage O73.1
- - following abortion — code to O03-O06 with fourth character .0-.4
- - meniscus (see also Derangement/meniscus) M23.3-
- - menses N94.8
- - milk, breast (postpartum) (puerperal) O92.7-
- - nitrogen, extrarenal R39.2
- - placenta (total) (with haemorrhage) O72.0 O73.0
- - - portions or fragments (with haemorrhage) O72.2
- - - without haemorrhage O73.1
- - - following abortion — code to O03-O06 with fourth character .0-.4
- - - - without haemorrhage O73.1
- - - - partial (fragments) (portions) O73.1
- - - products of conception — see also Retention, retained/dead/fetus) O73.1
- - - following abortion — code to O03-O06 with fourth character .0-.4
- - - - abortion — see Abortion/by type/complicated/incomplete
- - - - delivery (with haemorrhage) O72.2
- - - - without haemorrhage O73.1
- - secundines (total) (following delivery) (with haemorrhage) O72.0 O73.0
- - - with abortion — see Abortion/by type
- - - following abortion — code to O03-O06 with fourth character .0-.4
- - - without haemorrhage O73.0
- - - complicating puerperium (delayed haemorrhage) O72.2
- - - partial (fragments) (portions) O72.2 O73.1
- - - without haemorrhage O73.1
- - - smegma, clitoris N90.8
-...

Retraction
- nipple N64.5
- - - associated with lactation O92.0-
- - - congenital Q83.8
- - in pregnancy O92.00
- - - puerperal, postpartum O92.0-
-...
Rupture, ruptured (see also Injury/by site)

- bladder (nontraumatic) (sphincter) (spontaneous) N32.4
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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 562
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Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
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Introduction/Rationale:

This addenda proposal is a continuation of Ophthalmology updates Part I (undertaken for Tenth Edition) in which codes from block [160] Examination procedures on eyeball to block [220] Other procedures on extraocular muscle or tendon in ACHI Chapter 3 Procedures on eye and adnexa were reviewed and amended.

In this addenda proposal, codes from block [221] Application, insertion or removal procedures on orbit to block [256] Other procedures on conjunctiva have been reviewed in conjunction with the following MBS items which were added, deleted or amended in 2015 to 2017.

Items with amended descriptions

11215, 11218, 11219, 42573, 42725, 42734, 42758, 42788, 42789, 42791, 42792

New items

11220, 42576, 42705

Deleted item

42621 (deleted in 2014, missed in Ophthalmology updates Part I). This item will be updated as ‘inactive’14’ in Appendix A of ACHI Tabular List.

In addition, the following tasks based upon public submissions and queries relating to ophthalmology interventions are included in this proposal:

- P295 Code assignment of iris hooks with cataract surgery
- P339 Code assignment for insertion of iStent for glaucoma
- TN523 Entropion/Ectropion repair resulting from Coding Matters June 2007
- TN524 Lateral canthal sling resulting from Coding Matters March 2008
- TN1296 Socket moulding after eyeball enucleation resulting from Coding Rule March 2017
- Q3226 Collagen cross linking for keratoconus

As with Ophthalmology updates Part I, codes with similar procedural concepts have been combined into a single code. Certain codes have been deleted as the procedural concepts are already present in other codes or the low volume of assignment of some codes as per the national frequencies deemed them to be unnecessarily specific. The code titles of the deleted codes with very low volume of assignment have not been added as Inclusion terms in the Tabular List but are classified to codes with similar concepts in the Alphabetic Index.

20/02/2018 – It was noted that there were new two MBS items (12325 and 12326) which were not included in the proposal that was circulated to ITG on 2 February 2018. These items relate to assessment of visual acuity and bilateral retinal photography for the presence or absence of diabetic retinopathy. 12326-00 Bilateral retinal photography will be created in block [1835] Other diagnostic ophthalmic tests, measures or investigations with relevant Index entries.
05/04/2018 – In response to a comment from ITG on the exenteration of orbit, clinical advice was sought from the Royal Australian and New Zealand College of Ophthalmologists. No response was received to date. Amendments have been made at block [225] Exenteration of orbit (see page 8) to improve the classification of this procedure.

ACCD PROPOSAL

Please note that the following proposed amendments are listed in sequential order of block numbers. A summary of the proposed amendments is listed at each block where changes have been made.

Tabular List

Q3226 Collagen cross linking for keratoconus was received regarding the code assignment for collagen cross linking for keratoconus.

| 174 | Other repair procedures on cornea |
| ... |
| 90065-00 | Limbal stem cell transplant |
| 90066-00 | Other repair of cornea |
| Corneal collagen cross linking [CXL] |

Excludes: reoperation keratoplasty (42656-00, 42656-01 [175])

MBS ITEM

42758 Amended

Amended description
Goniotomy for the treatment of primary congenital glaucoma, excluding the minimally invasive implantation of glaucoma drainage devices

Previous description
Goniotomy

42705 New item

Lens extraction and insertion of intraocular lens, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye, performed in association with a trans-trabecular drainage device or devices, in a patient diagnosed with open angle glaucoma who is not adequately responsive to topical anti-glaucoma medications or who is intolerant of anti-glaucoma medication.

Public submission 339 requested a code for insertion of iStent® during cataract surgery in patients with glaucoma. The submission stated that 42758-00 Goniotomy and 42752-00 Insertion of aqueous shunt were currently thought to be the appropriate codes to assign for this procedure. However, these codes do not adequately represent the procedure performed.

Glaucoma is commonly associated with increased pressure in the eye due to an imbalance in production and outflow of ocular fluid. Normally, this natural fluid flows out through an area called the trabecular meshwork, and is absorbed into the bloodstream.

While the gold standard operation for glaucoma is trabeculectomy, new techniques and implants are being developed to treat glaucoma. The iStent® system is preloaded with two micro-scale stents...
(<1 mm) that are inserted sideways through a single corneal entry to open up the trabecular meshwork or Schlemm's canal to allow aqueous fluid to bypass the blockage. The iStent® is approved by the Australian Therapeutics Goods Administration for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild-to-moderate glaucoma currently treated with ocular hypotensive medication. Other different types of stents/implants such as Hydrus stent, CyPass microstent and XEN Gel Glaucoma Implant are also used (Kerr 2017).

Goniotomy is usually performed for congenital or paediatric glaucoma where an incision is made through the trabecular meshwork or Schlemm’s canal under direct gonioscopic (operating microscope with goniolens) visualisation under GA (Brandt 2011).

Glaucoma drainage devices such as Molteno, Baerveldt and Ahmed are flexible plastic tube with an attached silicone pouch or reservoir that are inserted to shunt aqueous from the anterior chamber. This type of procedure is usually done for more complex glaucomas or after a trabeculectomy has failed and are performed under GA (Glaucoma Australia n.d.).

MBS has created 42705 for implantation of iStent® (trans-trabecular drainage device) in glaucoma patients who are simultaneously undergoing a cataract procedure. Research has indicated that internationally iStent® surgery is also mostly performed combined with cataract surgery and is only being performed as a standalone procedure for experimental or investigative purposes.

Public submission P295 stated that there are no index entries for insertion of iris hooks during cataract surgery resulting in the assignment of 90076-00 [192] Other procedures on iris for this procedure. A pupil that dilates insufficiently to permit access to the lens may be widened with iris hooks (American Academy of Ophthalmology, 2017). Research has indicated that iris stretching refers to the process of manually opening up the iris at the beginning of surgery for safe and controlled access to the cataract. Iris hooks are inserted through very small side openings at the edge of the cornea to pull the edge of the iris out to enlarge the pupil. This is done before cataract surgery takes place and the iris hooks remain in place until the end of the cataract operation when they are removed (Khan J 2016).

ACCD proposes to:
- create 42705-00 Extraction of crystalline lens with implantation of trans-trabecular drainage device in block [200]
- add a Note to indicate that 42705-00 [200] is for a combined procedure for glaucoma and cataract
- add an Includes note at block [200] for insertion of iris hooks
- add Alphabetic Index terms to support the changes

**Tabular List**

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</tr>
<tr>
<td>42698-06</td>
<td>Intracapsular extraction of crystalline lens</td>
</tr>
<tr>
<td>42698-07</td>
<td>Phacoemulsification of crystalline lens</td>
</tr>
<tr>
<td></td>
<td>Phacofragmentation of cataract</td>
</tr>
</tbody>
</table>
Includes: aspiration

42698-08 Other extracapsular extraction of crystalline lens

42731-01 Extraction of crystalline lens with removal of vitreous

Limbal:
• capsulectomy
• lensectomy with vitrectomy
Pars plana lensectomy

Limbal:
• capsulectomy with vitrectomy
• lensectomy with vitrectomy
Pars plana lensectomy with vitrectomy

Includes: division of vitreal bands
removal of epiretinal membranes

42705-00 Extraction of crystalline lens with implantation of trans-trabecular drainage device
Extraction of crystalline lens with implantation of microstents

Note: Performed for glaucoma in conjunction with cataract surgery

42698-05 Other extraction of crystalline lens
Refractive Laser Assisted Cataract Surgery (ReLACS)
Removal of cataract NOS

References:


MBS ITEM

42734 Amended

Amended description
Capsulotomy, other than by laser, and other than a service associated with a service to which item 42725 or 42731 applies

Previous description
Capsulotomy, other than by laser

42788 Amended

Amended description
Laser capsulotomy—each treatment episode to one eye, to a maximum of 2 treatments to that eye in a 2 year period—other than a service associated with a service to which item 42702 applies

Previous description
Laser capsulotomy - each treatment episode to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period

42789 Amended

Amended description
Laser capsulotomy—each treatment episode to one eye—if it can be demonstrated that a third or subsequent treatment to that eye (including any treatments to which item 42788 applies) is indicated in a 2 year period—other than a service associated with a service to which item 42702 applies

Previous description
Laser capsulotomy - each treatment episode to 1 eye - where it can be demonstrated that a 3rd or subsequent treatment to that eye (including any treatments to which item 42788 applies) is indicated in a 2 year period

ACCD proposes:
• no amendments related to these items as capsulotomy of lens performed with or without laser is classified to 42734-01 Capsulotomy of lens. The two item numbers are currently mapped to 42734 in ACHI Appendix A as seen below.

Tabular List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>203</td>
<td>Other procedures on lens</td>
</tr>
<tr>
<td>42734-01</td>
<td>Capsulotomy of lens</td>
</tr>
<tr>
<td></td>
<td>Discussion of lens</td>
</tr>
<tr>
<td></td>
<td>Includes: that by laser</td>
</tr>
</tbody>
</table>

Appendix A

MBS Item | ACHI Code Map
---------|--------------|
42788    | 42734        |
42789    | 42734        |

Alphabetic Index

Capsulotomy
- lens (laser) 42734-01 [203]

MBS ITEM

42791 Amended

Amended description
Laser vitreolysis or corticolysis of lens material or fibrinolysis, excluding vitreolysis in the posterior vitreous cavity - each treatment to one eye, to a maximum of 2 treatments to that eye in a 2 year period

Previous description
Laser vitreolysis or corticolysis of lens material or fibrinolysis - each treatment to one eye, to a maximum of 2 treatments to that eye in a 2 year period

42792 Amended

Amended description

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 570
Laser vitreolysis or corticolysis of lens material or fibrinolysis, excluding vitreolysis in the posterior vitreous cavity - each treatment to one eye - if it can be demonstrated that a third or subsequent treatment to that eye (including any treatments to which item 42791 applies) is indicated in a 2 year period

Previous description
Laser vitreolysis or corticolysis of lens material or fibrinolysis - each treatment to one eye - where it can be demonstrated that a third or subsequent treatment to that eye (including any treatments to which item 42791 applies) is indicated in a 2 year period

ACCD proposes:
• no amendments related to this item. MBS item 42792 is currently mapped to 42791 in Appendix A (see below).

Appendix A

<table>
<thead>
<tr>
<th>MBS Item</th>
<th>ACHI Code Map</th>
</tr>
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<tbody>
<tr>
<td>42788</td>
<td>42734</td>
</tr>
<tr>
<td>42789</td>
<td>42734</td>
</tr>
<tr>
<td>42792</td>
<td>42791</td>
</tr>
</tbody>
</table>

**MBS ITEM**

42725 Amended

Amended description
Vitrectomy via pars plane sclerotomy, including one or more of the following:
(a) removal of vitreous;
(b) discission of vitreous bands;
(c) removal of epiretinal membranes;
(d) capsulotomy

ACCD proposes to:
• add 'capsulotomy' as **Includes** note at 42725-00 [207] Removal of vitreous, pars plana approach.

**Tabular List**

207 Vitrectomy

42719-01 Removal of vitreous, limbal approach
Anterior (limbal) vitrectomy
Vitrectomy NOS

*Excludes:* that with:
• capsulectomy (42731-01 [200])
• extraction of crystalline lens (42731-01 [200])

42725-00 Removal of vitreous, pars plana approach
Pars plana vitrectomy

*Includes:* **capsulotomy**
division of vitreal bands
fluid and gas exchange
removal of epiretinal membranes
replacement with vitreous substitutes (silicone oil)

*Excludes:* that with:
• capsulectomy (42731-01 [200])
• extraction of crystalline lens (42731-01 [200])
Review of blocks [221] Application, insertion or removal procedures on orbit to block [256] Other procedures on conjunctiva

National frequencies (Public Hospitals) on the usage of codes in block [223] are:

<table>
<thead>
<tr>
<th>Block</th>
<th>Code</th>
<th>Description</th>
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<th>fy2016_17</th>
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<tr>
<td>223</td>
<td>42572-00</td>
<td>Drainage of orbital abscess</td>
<td>60</td>
<td>67</td>
<td>62</td>
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<tr>
<td></td>
<td>42572-01</td>
<td>Drainage of orbital cyst</td>
<td>7</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: APC data for Financial years 14/15 – 16/17

ACCD proposes to:
- delete 42572-01 [223] Drainage of orbital cyst and reclassify its concept to 42572-00 [223]
- amend the code title of 42572-00 [223] to Drainage of orbital abscess or cyst

Tabular List

223 Other incision procedures on orbit

42572-00 Drainage of orbital abscess or cyst

Excludes: that by orbitotomy (42533-00 [222])

42572-01 Drainage of orbital cyst

Excludes: that by orbitotomy (42533-00 [222])

National frequencies (Public Hospitals) on the usage of codes in block [224] are:

<table>
<thead>
<tr>
<th>Block</th>
<th>Code</th>
<th>Description</th>
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<th>fy2016_17</th>
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<tr>
<td>224</td>
<td>42533-01</td>
<td>Exploratory orbitotomy with biopsy</td>
<td>91</td>
<td>96</td>
<td>77</td>
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<tr>
<td></td>
<td>42542-00</td>
<td>Expl orbitomy anterior aspect w exc lsn</td>
<td>35</td>
<td>34</td>
<td>30</td>
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<tr>
<td></td>
<td>42542-01</td>
<td>Expl orbitomy anterior aspect w R/O FB</td>
<td>18</td>
<td>17</td>
<td>24</td>
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<tr>
<td></td>
<td>42543-00</td>
<td>Expl orbitomy retrobulbar aspt w exc lsn</td>
<td>5</td>
<td>11</td>
<td>7</td>
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<tr>
<td></td>
<td>42543-01</td>
<td>Expl orbitomy retrobulbar aspt w R/O FB</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>42545-01</td>
<td>Orbitotomy, decompression orbit R/O fat</td>
<td>33</td>
<td>28</td>
<td>32</td>
</tr>
</tbody>
</table>

Source: APC data for Financial years 14/15 – 16/17

ACCD proposes to:
- delete 42543-00 [224] Exploratory orbitotomy, retrobulbar aspect, with excision of lesion
- delete 42543-01 [224] Exploratory orbitotomy, retrobulbar aspect, with removal of foreign body
- amend the code title of 42542-00 [224] to Exploratory orbitotomy with excision of lesion
- amend the code title of 42542-01 [224] to Exploratory orbitotomy with removal of foreign body
- amend code title of 42545-01 [224] to Decompression orbitotomy by removal of intraorbital fat

**Tabular List**

<table>
<thead>
<tr>
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<th>Description</th>
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<tr>
<td>225</td>
<td>42536-00</td>
<td>Exenteration of orbit</td>
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<tr>
<td></td>
<td>42536-01</td>
<td>Exenteration of orbit with skin graft</td>
</tr>
<tr>
<td></td>
<td>42536-02</td>
<td>Exent orbit w temporalis musc transplant</td>
</tr>
<tr>
<td></td>
<td>42536-03</td>
<td>Exent orbit w skin graft &amp; musc transplnt</td>
</tr>
<tr>
<td></td>
<td>42536-04</td>
<td>Exent orbit w R/O adjacent structures</td>
</tr>
<tr>
<td></td>
<td>42536-05</td>
<td>Exent orbit with thrpc R/O orbital bone</td>
</tr>
</tbody>
</table>

**National frequencies (Public Hospitals) on the usage of codes in block [225] are:**

<table>
<thead>
<tr>
<th>Block</th>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>225</td>
<td>42536-00</td>
<td>Exenteration of orbit</td>
</tr>
<tr>
<td></td>
<td>42536-01</td>
<td>Exenteration of orbit with skin graft</td>
</tr>
<tr>
<td></td>
<td>42536-02</td>
<td>Exent orbit w temporalis musc transplant</td>
</tr>
<tr>
<td></td>
<td>42536-03</td>
<td>Exent orbit w skin graft &amp; musc transplnt</td>
</tr>
<tr>
<td></td>
<td>42536-04</td>
<td>Exent orbit w R/O adjacent structures</td>
</tr>
<tr>
<td></td>
<td>42536-05</td>
<td>Exent orbit with thrpc R/O orbital bone</td>
</tr>
</tbody>
</table>

Source: APC data for Financial years 14/15 – 16/17

Research has indicated that common indications for exenteration include primary orbital malignancy, orbital extension of adnexal tumors (including skin cancers and sinus tumors), extrascleral extension of primary ocular tumors, intractable pain, life-threatening infection, and extensive ocular surface malignancy.

There are different types of exenteration. Total exenteration involves removal of all orbital tissue including the eyelids, globe, orbital soft tissues and periorbita. Adjacent bone and the sinuses may also be included in the removal. A limited or subtotal exenteration involves globe removal with the sparing of some orbital soft tissue, limiting the excision to the anterior orbit. Either total or subtotal exenteration may be combined with sparing of the eyelids, which allows for faster healing and results in less disfigurement (Korn & Kikkawa 2017).

ACCD proposes to:
• delete 42536-03 [225] Exenteration of orbit with skin graft and temporalis muscle transplant, 42536-01 [225] Exenteration of orbit with skin graft and 42536-02 [225] Exenteration of orbit with temporalis muscle transplant

• add Includes note ‘with skin graft’ ‘with temporalis muscle transplant’ at block [225] Exenteration of orbit

• delete 42536-05 [225] Exenteration of orbit with therapeutic removal of orbital bone and reclassify its concept to 42536-04 [225] to Exenteration of orbit with removal of adjacent structures

• add Includes note ‘removal of eyelid, fat, lacrimal gland, nerves, orbital bone and surrounding muscles’ at 42536-04 [225] to Exenteration of orbit with removal of adjacent structures

• delete Inclusion term at block [225] as evisceration is classified at 42512-00 Evisceration of eyeball without implant and 42515-00 Evisceration of eyeball with insertion of implant

• add Code also when performed at block [225] for flap codes to be assigned when performed.

Tabular List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>42536-00</td>
<td>Exenteration of orbit Exenteration of orbit NOS</td>
</tr>
<tr>
<td>42536-01</td>
<td>Exenteration of orbit with skin graft Exenteration of orbit with skin graft Excludes: that with temporalis muscle transplant (42536-03 [225])</td>
</tr>
<tr>
<td>42536-02</td>
<td>Exenteration of orbit with temporalis muscle transplant Exenteration of orbit with temporalis muscle transplant Excludes: that with skin graft (42536-03 [225])</td>
</tr>
<tr>
<td>42536-03</td>
<td>Exenteration of orbit with skin graft and temporalis muscle transplant</td>
</tr>
<tr>
<td>42536-04</td>
<td>Exenteration of orbit with removal of adjacent structures Exenteration of orbit with removal of adjacent structures Includes: removal of: eyelid, fat, lacrimal gland, nerves, orbital bone, surrounding muscles</td>
</tr>
<tr>
<td>42536-05</td>
<td>Exenteration of orbit with therapeutic removal of orbital bone Exenteration of orbit with therapeutic removal of orbital bone</td>
</tr>
</tbody>
</table>

Reference

MBS ITEM

42573 Amended
DERMOID, periorbital, excision of, on a person 10 years of age or over

42576 New
DERMOID, orbital, excision of, on a person under 10 years of age

MBS added and amended items on excision of periorbital and orbital dermoid for paediatric cases. 42576 will be mapped to 42573 in Appendix A.

National frequencies (Public Hospitals) on the usage of codes in block [226] are:

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<thead>
<tr>
<th>Block</th>
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<th>fy2015_16</th>
<th>fy2016_17</th>
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</thead>
<tbody>
<tr>
<td>226</td>
<td>42573-00</td>
<td>Exc periorbit dermoid ant t orbit septum</td>
<td>34</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>42574-00</td>
<td>Exc orbital dermoid post t orbit septum</td>
<td>30</td>
<td>29</td>
<td>23</td>
</tr>
</tbody>
</table>

Source: APC data for Financial years 14/15 – 16/17

ACCD proposes to:
- amend 42573-00 and 42574-00 [226] with generic code titles. There will be no changes to the corresponding index entries.

Tabular List

226 Other excision procedures on orbit

42573-00 Excision of periorbital dermoid... anterior to orbital septum
42574-00 Excision of orbital dermoid... posterior to orbital septum

Appendix A

<table>
<thead>
<tr>
<th>MBS Item</th>
<th>ACHI Code Map</th>
</tr>
</thead>
<tbody>
<tr>
<td>42566</td>
<td>42569</td>
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<tr>
<td>42576</td>
<td>42574</td>
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<td>42578</td>
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National frequencies (Public Hospitals) on the usage of codes in block [227] are:

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<th>fy2016_17</th>
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</thead>
<tbody>
<tr>
<td>227</td>
<td>42530-00</td>
<td>Expl orbitotomy req R/O &amp; replace bone</td>
<td>25</td>
<td>17</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>42530-01</td>
<td>Expl orbitotomy w Bx, R/O &amp; replace bone</td>
<td>6</td>
<td>4</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>42539-00</td>
<td>Orbitomy w exc lesion R/O &amp; replace bone</td>
<td>10</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>42539-01</td>
<td>Expl orbitomy w R/O FB R/O &amp; replace bne</td>
<td>2</td>
<td>1</td>
<td>2</td>
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<tr>
<td></td>
<td>42545-00</td>
<td>Orbitomy decomp orbit fenest &gt;= 2 walls</td>
<td>50</td>
<td>55</td>
<td>45</td>
</tr>
</tbody>
</table>

Source: APC data for Financial years 14/15 – 16/17

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 575
ACCD proposes to:

- delete 42530-01 [227] Exploratory orbitotomy with biopsy requiring removal and replacement of bone and reclassify its concepts to 42539-00 [227] Exploratory orbitotomy with excision of lesion, requiring removal and replacement of bone

- add Includes note ‘biopsy’ at 42539-00 [227] Exploratory orbitotomy with excision of lesion, requiring removal and replacement of bone

- delete 42539-01 [227] Exploratory orbitotomy with removal of foreign body, requiring removal and replacement of bone and reclassify its concepts to 42539-00 [227] Exploratory orbitotomy with excision of lesion, requiring removal and replacement of bone

- add Inclusion term ‘Exploratory orbitotomy with removal of foreign body, requiring removal and replacement of bone’ at 42539-00 [227] Exploratory orbitotomy with excision of lesion, requiring removal and replacement of bone

- amend code title of 42545-00 [227] to Decompression orbitotomy by fenestration of >= 2 walls

### Tabular List

<table>
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<tr>
<th>Block</th>
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<tr>
<td>228</td>
<td>42530-02</td>
<td>Repair of wound of orbit</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>90082-00</td>
<td>Other repair of orbit</td>
<td>18</td>
<td>19</td>
<td>16</td>
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</table>

Source: APC data for Financial years 14/15 – 16/17
42530-02 Repair of wound of orbit

90082-00 Other repair of orbit

National frequencies (Public Hospitals) on the usage of codes in block [229] are:

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<th>fy2016_17</th>
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<tr>
<td>229</td>
<td>42821-00</td>
<td>Ocular transillumination</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td>90083-00</td>
<td>Other procedures on orbit</td>
<td>31</td>
<td>35</td>
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</tbody>
</table>

Source: APC data for Financial years 14/15 – 16/17

ACCD proposes to:
- delete 42821-00 [229] Ocular transillumination.

229 Other procedures on orbit

42821-00 Ocular transillumination

90083-00 Other procedures on orbit

National frequencies (Public Hospitals) on the usage of codes in block [231] are:

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<tr>
<th>Block</th>
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<th>fy2016_17</th>
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<tbody>
<tr>
<td>231</td>
<td>90084-00</td>
<td>Incision of eyelid</td>
<td>238</td>
<td>201</td>
<td>189</td>
</tr>
<tr>
<td></td>
<td>90090-00</td>
<td>Severing of blepharorrhaphy</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>90091-00</td>
<td>Canthotomy</td>
<td>134</td>
<td>152</td>
<td>202</td>
</tr>
</tbody>
</table>

Source: APC data for Financial years 14/15 – 16/17

Blepharorrhaphy or tarsorrhaphy is suturing of the eyelid. Severing of blepharorrhaphy is synonymous with reopening of blepharorrhaphy/tarsorrhaphy or division of blepharorrhaphy/tarsorrhaphy (See Appendix B) and involves removal of sutures between upper and lower eyelids.

ACCD proposes to:
- delete 90090-00 [231] Severing of blepharorrhaphy and reclassify its procedural concepts to 90084-00 Incision of eyelid
- add ‘blepharotomy’ as an Inclusion term at 90084-00 [231] Incision of eyelid
- add index terms ‘reopening of tarsorrhaphy’, ‘reversal of tarsorrhaphy’ and ‘severing of tarsorrhaphy’ classifiable to 90084-00 Incision of eyelid

231 Incision procedures on eyelid

90084-00 Incision of eyelid

Blepharotomy
Incision of eyelid margin
Severing of blepharorrhaphy

90090-00 Severing of blepharorrhaphy
National frequencies (Public Hospitals) on the usage of codes in block [234] are

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<tr>
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<th>fy2016_17</th>
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<tr>
<td>234</td>
<td>42860-00</td>
<td>Gft upp eyelid w recessn lid retrac 1 eye</td>
<td>6</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>42860-01</td>
<td>Gft upp eyelid w recessn lid retrac eyes</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>42860-02</td>
<td>Gft low eyelid w recessn lid retrac 1 eye</td>
<td>27</td>
<td>35</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>42860-03</td>
<td>Gft low eyelid w recessn lid retrac eyes</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: APC data for financial years 14/15 – 16/17

Retraction of eyelid

Treatment of lower eyelid retraction is common in patients with thyroid ophthalmopathy. It may also occur as a complication of previous blepharoplasty procedures, both cosmetic and functional. Treatment consists of recessing the lower lid retractors and placing a spacer between them and the inferior tarsal border. Present options include hard-palate grafting for the spacer because (1) it provides a mucous membrane lining to the internal lower lid; (2) it is rigid and flat; and (3) it is autogenous. A useful alternative however is using an allogeneic spacer graft to avoid issues relating to harvesting and also to reduce operative time (Putterman & Fagien 2015).

ACCD proposes to:
- amend code titles of 42860-00 [234] to Graft to upper eyelid, with recession of lid retractors and 42860-02 [234] to Graft to lower eyelid, with recession of lid retractors to remove the concept of laterality
- delete 42860-01 [234] Graft to upper eyelid, with recession of lid retractors, both eyes
- delete 42860-03 [234] Graft to lower eyelid, with recession of lid retractors, both eyes
- add an Includes note ‘hard palate’ at block [234] Graft to eyelid

Tabular List

<table>
<thead>
<tr>
<th>234</th>
<th>Graft to eyelid</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Includes: Gore-tex graft</td>
</tr>
<tr>
<td></td>
<td>scleral graft</td>
</tr>
<tr>
<td></td>
<td>skin graft</td>
</tr>
<tr>
<td></td>
<td>graft-to-eyelid</td>
</tr>
<tr>
<td></td>
<td>Includes: Gore-tex graft</td>
</tr>
<tr>
<td></td>
<td>hard palate graft</td>
</tr>
<tr>
<td></td>
<td>scleral graft</td>
</tr>
<tr>
<td></td>
<td>skin graft</td>
</tr>
</tbody>
</table>

42860-00 Graft to upper eyelid, with recession of lid retractors, 1 eye
42860-01 Graft to upper eyelid, with recession of lid retractors, both eyes
42860-02 Graft to lower eyelid, with recession of lid retractors, 1 eye
42860-03 Graft to lower eyelid, with recession of lid retractors, both eyes

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
National frequencies (Public Hospitals) on the usage of codes in block [236] are:

<table>
<thead>
<tr>
<th>Block</th>
<th>Code</th>
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<tr>
<td>236</td>
<td>30052-01</td>
<td>Repair of wound of eyelid</td>
<td>914</td>
<td>855</td>
<td>809</td>
</tr>
<tr>
<td></td>
<td>42584-00</td>
<td>Tarsorrhaphy</td>
<td>547</td>
<td>561</td>
<td>627</td>
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<td>42854-01</td>
<td>Repair of medial palpebral ligament</td>
<td>1</td>
<td>2</td>
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<td></td>
<td>42863-00</td>
<td>Recession of eyelid</td>
<td>57</td>
<td>70</td>
<td>99</td>
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<tr>
<td></td>
<td>42872-00</td>
<td>Elevation of eyebrow for paretic state</td>
<td>11</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>90085-00</td>
<td>Other repair of eyelid</td>
<td>49</td>
<td>42</td>
<td>67</td>
</tr>
</tbody>
</table>

Source: APC data for Financial years 14/15 – 16/17

ACCD proposes to:

- delete 42854-01 [236] Repair of medial palpebral ligament and reclassify its procedural concept to 90085-00 [236] Other repair of eyelid

**236 Other repair procedures on eyelid**

- 42584-00 Tarsorrhaphy
- 42854-01 Repair of medial palpebral ligament
- 30052-01 Repair of wound of eyelid
- 42863-00 Recession of eyelid

Excludes: that with graft to eyelid (42860 [234])

- 42872-00 Elevation of eyebrow for paretic state
- 90085-00 Other repair of eyelid

National frequencies (Public Hospitals) on the usage of 90095-00 [237] for financial year 14/15, 15/16 and 16/17 – nil

ACCD proposes to:

- delete 90095-00 [237] Reconstruction of eyelid with hair follicle graft and block [237] Reconstruction of eyelid. The procedural concept is reclassified to 45614-00 [1684] Reconstruction of eyelid in the Alphabetic Index.
90095-00  Reconstruction of eyelid with hair follicle graft

National frequencies (Public Hospitals) on the usage of codes in block [238] are

<table>
<thead>
<tr>
<th>Block</th>
<th>Code</th>
<th>Description</th>
<th>fy2014_15</th>
<th>fy2015_16</th>
<th>fy2016_17</th>
</tr>
</thead>
<tbody>
<tr>
<td>238</td>
<td>42587-00</td>
<td>Correction trichiasis by cryotherapy, 1 eye</td>
<td>24</td>
<td>26</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>42587-01</td>
<td>Correction trichiasis by cryotherapy, both eyes</td>
<td>8</td>
<td>11</td>
<td>12</td>
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<tr>
<td></td>
<td>42587-02</td>
<td>Correction of trichiasis by laser, 1 eye</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td>42587-03</td>
<td>Correction of trichiasis by laser, 2 eyes</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>42587-04</td>
<td>Correction trichiasis electrolysis, 1 eye</td>
<td>15</td>
<td>21</td>
<td>25</td>
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<tr>
<td></td>
<td>42587-05</td>
<td>Correction trichiasis electrolysis, both eyes</td>
<td>9</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: APC data for Financial years 14/15 – 16/17

Trichiasis is a common eyelid abnormality where the eyelashes grow inwards toward the eye causing foreign body sensation, tearing and red eye. It differs from entropion in that the eyelid position is normal. Surgical treatment is destruction of eyelash and follicle by electrolysis, cryosurgery, etc. or reposition the eyelashes (Boyd 2012).

ACCD proposes to:

- create 96246-00 [238] Destruction procedures on eyelash follicle and incorporate the different destruction methods as Includes note
- create 96247-01 Repositioning of eyelashes in block [238]
- delete 42587-00, 42587-01, 42587-02, 42587-03, 42587-04 and 42587-05 [238] and the procedural concepts added to 96246-00 [238] Destruction procedures on eyelashes

238  Procedures for correction of trichiasis

42587-00  Correction of trichiasis by cryotherapy, 1 eye
42587-01  Correction of trichiasis by cryotherapy, both eyes
42587-02  Correction of trichiasis by laser, 1 eye
42587-03  Correction of trichiasis by laser, both eyes
42587-04  Correction of trichiasis by electrolysis, 1 eye
42587-05  Correction of trichiasis by electrolysis, both eyes

96246-00  Destruction procedures on eyelash follicle

Includes: that by:
- cryotherapy
- electrolysis
- laser

96247-01  Repositioning of eyelashes
There are several types of ectropion and entropion such as involutional, cicatricial, paralytic, mechanical and congenital. Multiple corrective procedures classified in ACHI maybe performed during the operative episode depending on the aetiology, severity and presence of associated laxity or cicatricial changes. For example, the tarsal strip procedure maybe performed in conjunction with recession of lower lid retractors, retractor reinsertion (transconjunctival or anterior lamella approach) or inverting sutures for paralytic ectropion. Free skin grafts, midfacelift, cheek lift and other reconstructive procedures may also be performed during the operation.

In addition, other ectropion procedures not classified in ACHI such as canthopexy, cantholysis, Lateral canthal resuspension sine canthotomy (LCR-SC), medial conjunctival spindle procedure (excision of the medial conjunctiva and retractors) and canthus sparing ectropion repair, may also be performed (Bashour 2017, Lenci et al 2015, Georgescu et al. 2011).

While ACS 0741 Ectropion/Entropion provides guidelines to assign ACHI codes for ectropion/entropion procedures, coders have found it confusing to assign the correct codes. Different terminologies may be used to describe the same procedure, or the documented procedure may not be classified in the Alphabetic Index.

ACCD proposes to:
- create 96248-02 Corrective procedures for ectropion or entropion, not elsewhere classified to classify other corrective procedures for ectropion or entropion in block [239]
- add Code also when performed: skin graft of eyelid (45451-00 [1649]) at block [239]
- delete ACS 0741 Ectropion/Entropion and add relevant advice to the Tabular List

**Canthoplasty**

*Includes:* excision of tarsal cartilage [tarsectomy]

42590-00 Lateral canthoplasty
Canthoplasty NOS
Lateral canthal tightening

42590-01 Medial canthoplasty
Procedures for ectropion or entropion

Includes: excision of tarsal cartilage [tarsectomy]

Code also when performed:
• canthoplasty (42590-00 [235])
• eyelid reconstruction (45614-00, 45671-01, 45674-01 [1684])
• full thickness skin graft of eyelid (45451-00 [1649])
• tarsal strip procedure (45614-01 [1684])

42581-00 Cauterisation of ectropion

42581-01 Cauterisation of entropion

42866-00 Repair of ectropion or entropion by tightening or shortening of inferior retractors
Repositioning of posterior eyelid lamella by tightening or shortening of inferior retractors

42866-01 Repair of ectropion or entropion by other repair of inferior retractors
Repositioning of posterior eyelid lamella by other repair of inferior retractors

45626-00 Correction of ectropion or entropion by suture technique
Repositioning of anterior eyelid lamella

Excludes: suture of the canthus for ectropion or entropion (42590-00 [235])

45626-01 Correction of ectropion or entropion with wedge resection
Tarsocconjunctival diamond, repair of ectropion triangle or rhomboid excision, repaired with layered sutures

96248-02 Corrective procedures for ectropion or entropion, not elsewhere classified

References:


National frequencies (Public Hospitals) on the usage of codes in block [242] are

<table>
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<tr>
<th>Block</th>
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<th>Description</th>
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<tr>
<td>242</td>
<td>42608-00</td>
<td>Ins oth nasolacr tube lacr/conjunct sac</td>
<td>641</td>
<td>691</td>
<td>674</td>
</tr>
<tr>
<td></td>
<td>42608-01</td>
<td>Ins glas nasolacr tube lacr/conjunct sac</td>
<td>49</td>
<td>45</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>42614-00</td>
<td>Replace nasolacrimal tube, unilateral</td>
<td>25</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>42614-02</td>
<td>Removal nasolacrimal tube, unilateral</td>
<td>47</td>
<td>56</td>
<td>53</td>
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<tr>
<td></td>
<td>42615-00</td>
<td>Replace nasolacrimal tube, bilateral</td>
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<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>42615-02</td>
<td>Removal nasolacrimal tube, bilateral</td>
<td>7</td>
<td>12</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: APC data for Financial years 14/15 – 16/17
ACCD proposes to:

- amend code titles of 42614-00 \[242\] *Replacement of nasolacrimal tube, unilateral* and 42615-00 \[242\] *Replacement of nasolacrimal tube, bilateral* to remove the concept of laterality
- delete 42615-00 \[242\] *Replacement of nasolacrimal tube, bilateral*
- delete 42615-02 \[242\] *Replacement of nasolacrimal tube, bilateral*

242

**Insertion, replacement or removal of nasolacrimal tube**

42608-01 Insertion of glass (Pyrex) nasolacrimal tube/stent into lacrimal/conjunctival sac for drainage

- Insertion of Lester Jones (Jones) tube

  *Code also when performed:*
  - conjunctivodacryocystorhinostomy (42629-00 \[247\])
  - dacryocystorhinostomy (42623-00 \[247\])

  *Excludes: replacement of tube (42614-00, 42615-00 \[242\])*

42608-00 Insertion of other nasolacrimal tube/stent into lacrimal/conjunctival sac for drainage

- Insertion of:
  - Crawford tube
  - Monoka tube
  - silicone tube

  *Code also when performed:*
  - conjunctivodacryocystorhinostomy (42629-00 \[247\])
  - dacryocystorhinostomy (42623-00 \[247\])

  *Excludes: replacement of tube (42614-00, 42615-00 \[242\])*

42614-00 Replacement of nasolacrimal tube, unilateral

42615-00 Replacement of nasolacrimal tube, bilateral

42614-02 Removal of nasolacrimal tube, unilateral

42615-02 Removal of nasolacrimal tube, bilateral

National frequencies (Public Hospitals) on the usage of codes in block \[244\] are

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<thead>
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<th>Block</th>
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<td>244</td>
<td>42593-01</td>
<td>Incision of lacrimal gland</td>
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<td>3</td>
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<td>42596-00</td>
<td>Incision of lacrimal sac</td>
<td>8</td>
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<td>13</td>
</tr>
<tr>
<td></td>
<td>42596-03</td>
<td>Other incision of lacrimal passages</td>
<td>14</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>42617-00</td>
<td>Incision of lacrimal punctum</td>
<td>195</td>
<td>267</td>
<td>267</td>
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</tbody>
</table>

*Source: APC data for Financial years 14/15 – 16/17*

ACCD proposes to:

- delete 42593-01 \[244\] *Incision of lacrimal gland*
- delete 42596-00 \[244\] *Incision of lacrimal sac*
- reclassify the concepts of 42593-01 *Incision of lacrimal gland* and 42596-00 \[244\] *Incision of lacrimal sac* to 42596-03 *Other incision of lacrimal passages*

244

**Incision procedures on lacrimal system**

*Includes: removal of:*
  - calculus
  - foreign body

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 583
42593-01 Incision of lacrimal gland

Includes: removal of calculus

42617-00 Incision of lacrimal punctum
Punctum snip procedure

Includes: removal of calculus

42596-00 Incision of lacrimal sac
Removal of foreign body from lacrimal sac

Includes: removal of calculus

42596-03 Other incision of lacrimal passages
Incision of nasolacrimal duct

National frequencies (Public Hospitals) on the usage of codes in block [245] are:

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<tr>
<th>Block</th>
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<th>Description</th>
<th>fy2014_15</th>
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<th>fy2016_17</th>
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</thead>
<tbody>
<tr>
<td>245</td>
<td>42622-00</td>
<td>Occlusion lacm punctum by cautery</td>
<td>24</td>
<td>28</td>
<td>36</td>
</tr>
</tbody>
</table>

Source: APC data for Financial years 14/15 – 16/17

ACCD proposes to:
- create 96249-03 Destruction procedures on lacrimal punctum in block [245] for consistency with the classification of destruction procedures in ACHI
- delete 42622-00 [245] Occlusion of lacrimal punctum by cautery
- add the various modes of destruction as Includes note

245  Destruction procedures on lacrimal system

42622-00 Occlusion of lacrimal punctum by cautery

Includes: diathermy

96249-03 Destruction procedures on lacrimal punctum

Includes: occlusion of lacrimal punctum by:
- cauterisation
- diathermy

National frequencies (Public Hospitals) on the usage of codes in block [249] are:

<table>
<thead>
<tr>
<th>Block</th>
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<th>fy2014_15</th>
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<th>fy2016_17</th>
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<tbody>
<tr>
<td>249</td>
<td>42599-00</td>
<td>Clsd proc est patency lacm canalr, eye</td>
<td>46</td>
<td>71</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>42599-01</td>
<td>Clsd proc est patency lacm canalr, eyes</td>
<td>9</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>42602-00</td>
<td>Opn proc est patency lacm canalr, eye</td>
<td>73</td>
<td>55</td>
<td>90</td>
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<tr>
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<td>42602-01</td>
<td>Opn proc est patency lacm canalr, eyes</td>
<td>4</td>
<td>2</td>
<td>10</td>
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</table>

Source: APC data for Financial years 14/15 – 16/17

ACCD proposes to:
• amend code titles of 42599-00 [249] Closed procedure for establishment of patency lacrimal canalicular system, 1 eye and 42602-00 [249] Open procedure for establishment of patency lacrimal canalicular system, 1 eye to remove the concept of laterality

• delete 42599-01 [249] Closed procedure for establishment of patency lacrimal canalicular system, both eyes and 42602-01 [249] Open procedure for establishment of patency lacrimal canalicular system, both eyes

• remove the deleted codes in Code also when performed instructions at 42629-00 [247] Conjunctivodacryocystorhinostomy [CDCR] and 42626-00 [248] Reoperation of dacryocystorhinostomy, second or subsequent procedure

### 247 Repair procedures on lacrimal system

...  

42629-00  Conjunctivodacryocystorhinostomy [CDCR]  
Dacryocystorhinostomy with fashioning of conjunctival flaps  
**Code also when performed:**  
• establishment of lacrimal patency (42599-00, 42599-01, 42602-00, 42602-01 [249])  
• insertion of nasolacrimal tube/stent (42608-00, 42608-01 [242])

90092-00  Repair of lacrimal punctum, not elsewhere classified

### 248 Reoperation procedures on lacrimal passages

42626-00  Reoperation of dacryocystorhinostomy, second or subsequent procedure  
**Code also when performed:**  
• establishment of lacrimal patency (42599-00, 42599-01, 42602-00, 42602-01 [249])  
• insertion of nasolacrimal tube/stent (42608-00, 42608-01 [242])

### 249 Procedures for establishment of lacrimal patency

*Includes:* insertion of drainage tube/stent (glass) (silicone)

42599-00  Closed procedure for establishment of patency lacrimal canalicular system, 1 eye

42599-01  Closed procedure for establishment of patency lacrimal canalicular system, both eyes

42602-00  Open procedure for establishment of patency lacrimal canalicular system, 1 eye

42602-01  Open procedure for establishment of patency lacrimal canalicular system, both eyes

National frequencies (Public Hospitals) on the usage of codes in block [253] are:

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<tr>
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<th>Code</th>
<th>Description</th>
<th>fy2014_15</th>
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<th>fy2016_17</th>
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</thead>
<tbody>
<tr>
<td>253</td>
<td>42677-00</td>
<td>Cauterisation of conjunctiva</td>
<td>7</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>42680-00</td>
<td>Cryotherapy of conjunctiva</td>
<td>117</td>
<td>103</td>
<td>122</td>
</tr>
</tbody>
</table>

Source: APC data for Financial years 14/15 – 16/17

ACCD proposes to:

• create 96250-04 *Destruction procedures on conjunctiva* in block [253] for consistency with the classification of destruction procedures in ACHI

• delete 42677-00 [253] *Cauterisation of conjunctiva* and 42680-00 [253] *Cryotherapy of conjunctiva* and reclassify the concepts to 96250-04 *Destruction procedures on conjunctiva*
• add the various modes of destruction as includes note

253 Destruction procedures on conjunctiva

Includes: that by excision (42683-00 [254])

Excludes: that by excision (42683-00 [254])

42677-00 Cauterisation of conjunctiva

Cauterisation of conjunctival lesion

42680-00 Cryotherapy of conjunctiva

Cryotherapy to conjunctival lesion

96250-04 Destruction procedures on conjunctiva

Destruction of lesion of conjunctiva

Includes: that by:

• cauterisation
• cryotherapy

1684 Reconstruction of eyelid and ear

45614-00 Reconstruction of eyelid

Reconstruction of eyelid, NOS

Includes: that with hair follicle graft

Excludes: that with:

• flap (45671-01, 45674-01 [1684])
• graft:
  • hair follicle (90095-00 [237])
  • mucosal (45656-02 [1669])
  • skin (45400-01, 45403-01 [1641], 45400-00 [1642], 45485-00 [1643], 45448-00 [1645], 45451-10 [1648], 45451-00 [1649])

MBS ITEM

12325 New

Assessment of visual acuity and bilateral retinal photography with a non mydriatic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if:

(a) the patient is of Aboriginal and Torres Strait Islander descent; and
(b) the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient's diabetes; and
(c) this item and item 12326 have not applied to the patient in the preceding 12 months; and
(d) the patient does not have:
  (i) an existing diagnosis of diabetic retinopathy; or
  (ii) visual acuity of less than 6/12 in either eye; or
  (iii) a difference of more than 2 lines of vision between the 2 eyes at the time of presentation

MBS ITEM

12326 New

Assessment of visual acuity and bilateral retinal photography with a non-mydriatic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if:

(a) the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient's diabetes; and
(b) this item and item 12325 have not applied to the patient in the preceding 24 months; and
(c) the patient does not have:
  (i) an existing diagnosis of diabetic retinopathy; or
(ii) visual acuity of less than 6/12 in either eye; or
(iii) a difference of more than 2 lines of vision between the 2 eyes at the time of presentation

Retinal photography with Non-mydriatic retinal camera (RP-NMRC)
RP-NMRC is a non-invasive technique for imaging the retina and optic disc. Non-mydriatic retinal cameras use infrared light to image the retina without requiring chemical eye drops to dilate the pupils. RP-NMRC is thought to avoid the discomfort that may be associated with chemical dilation of the pupils (mydriasis), and may be performed by a technician or photographer without medical qualifications. For these reasons RP-NMRC may be preferable and/or more accessible compared with other methods used to detect diabetic retinopathy (MSAC 2014).

ACCD proposal:
- create 12326-00 Optical coherence tomography in Block [1835] Other diagnostic ophthalmic tests, measures or investigations
- add Includes note and Note instruction to clarify the assignment of 12326-00
- map MBS item 12325 to 12326 in Appendix A.

[1835] Other diagnostic ophthalmic tests, measures or investigations

11200-00 Provocative test for glaucoma

Includes: water drinking
Note: Performed for open angle glaucoma

12326-00 Bilateral retinal photography

Includes: analysis and reporting of images
assessment/measurement of visual acuity
Note: Performed for absence or presence of diabetic retinopathy

92016-00 Tonometry
Measurement of intraocular pressure

11204-00 Electoretinography [ERG]

Excludes: pattern electoretinography (11210-00 [1835])

Appendix A

MBS Item ACHI Code Map
12325  12326

Reference:
b) diabetic macular oedema for access to initial treatment with ranibizumab, afibercept or dexamethasone; or
c) central or branch retinal vein occlusion for access to initial treatment with ranibizumab or afibercept; or
d) vitreomacular traction for access to initial treatment with ocriplasmin;

MBS ITEM
11215  Amended
RETINAL ANGIOGRAPHY, multiple exposures of 1 eye with intravenous dye injection

11218  Amended
RETINAL ANGIOGRAPHY, multiple exposures of both eyes with intravenous dye injection

National frequencies (Public Hospitals) on the usage of codes in block [1990] are:

<table>
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<tr>
<th>Block</th>
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<tr>
<td>1990</td>
<td>11215-00</td>
<td>Retinal photography of 1 eye</td>
<td>34</td>
<td>35</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>11218-00</td>
<td>Retinal photography of both eyes</td>
<td>66</td>
<td>88</td>
<td>189</td>
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<tr>
<td></td>
<td>96188-00</td>
<td>Other photography of eye</td>
<td>29</td>
<td>13</td>
<td>40</td>
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</table>

Source: APC data for Financial years 14/15 – 16/17

ACCD proposes to:
- amend code title of 11215-00 [1990] to Retinal angiography and remove the concept of laterality
- delete 11218-00 [1990] Retinal photography of both eyes and reclassify its concept to 11215-00 [1990] Retinal angiography
- amend code title of 96188-00 [1990] to Other angiography of eye

ANGIOGRAPHY

[1990] Other angiography

11215-00 Retinal photography of 1 eye

Includes: intravenous dye injection
          multiple exposures
          one or both eyes

11218-00 Retinal photography of both eyes

Includes: intravenous dye injection
          multiple exposures

96188-00 Other photography of eye

Anterior segment photography

Includes: intravenous dye injection
          multiple exposures
          one or both eyes

Appendix A
MBS Item   ACHI Code Map

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 588
MBS ITEM

11219  Amended

OPTICAL COHERENCE TOMOGRAPHY to determine if the requirements relating to:

a)    age related macular degeneration for access to initial treatment with ranibizumab or aflibercept;
or
b)    diabetic macular oedema for access to initial treatment with ranibizumab, aflibercept or
dexamethasone; or

c)    central or branch retinal vein occlusion for access to initial treatment with ranibizumab or aflibercept; or

d)    vitreomacular traction for access to initial treatment with ocriplasmin;

11220  New

OPTICAL COHERENCE TOMOGRAPHY for the assessment of the need for treatment following
provision of pharmaceutical benefits scheme-subsidised ocriplasmin

Optical coherence tomography is an imaging system used across several specialties including
ophthalmology and cardiology. It is used to assess retinal macular diseases, diabetic retinopathy,
glaucoma, and to observe blood flow in coronary arteries, skin conditions such as nonmelanoma skin
cancers and certain GI tract conditions such as oesophageal varices and neoplasms.

ACCD proposal:

• create 11219-00 Optical coherence tomography in Block [2016] Other imaging services
• map MBS item 11220 to 11219 in Appendix A.

2016 Other imaging services

90904-00  Thermography, not elsewhere classified

    Excludes: thermography of breast with radiography (59300-01, 59303-01 [1973])

11219-00  Optical coherence tomography

Appendix A
MBS Item   ACHI Code Map
11220   11219
CONVENTIONS USED IN THE ALPHABETIC INDEX OF INTERVENTIONS

PREPOSITIONAL TERMS
Wherever a preposition from the list below immediately follows a lead term or subterm, they always take precedence over symbols, numbers and the alphabetic sequence of subterms:

- as
- by
- for
- with
- without

When multiple prepositional references are present, they are listed in alphabetic sequence.

EXAMPLE 5:
Orbitotomy (exploratory) 42533-00 [222]
  - for
  - - decompression, by removal of
  - - - bone (with replacement) — see Orbitotomy/with/removal of/bone
  - - - intraorbital fat (peribulbar) (retrobulbar) 42545-01 [224]
  - - dysthyroid eye disease, by
  - - - fenestration of ≥ 2 walls 42545-00 [227]
  - - - removal of intraorbital fat (peribulbar) (retrobulbar) 42545-01 [224]
  - with
  - - biopsy 42533-01 [224]
  - - drainage 42533-00 [222]
  - - excision of lesion (anterior aspect) 42542-00 [224]
— retrobulbar aspect 42542-00 [224]

Angiography
...
  - eye (anterior segment) (fluorescein) (intravenous dye injection) (multiple exposures) 96188-00 [1990]
  — anterior segment 96188-00 [1990]
  - - retina (1 eye) 11215-00 [1990]
  — - both eyes 11218-00 [1990]
  - head (with neck)
  - - spiral (by computerised tomography) 57350-00 [1966]

Aspiration
...
  - cyst — see also Aspiration/by site
  - - liver 30224-01 [987]
  - - orbit 42572-01 [223]
  - - ovary 35518-00 [1240]

Biopsy (brush) (with brushing(s)) (with washing(s) for specimen collection)
...
  - orbit 42533-01 [224]
- - with removal of bone (and replacement) 42530-01 [227]
- - - excision of lesion 42539-00 [227]
- - - removal of bone (and replacement) 42539-00 [227]
- - ovary (aspiration) (closed) (open) (punch) 35637-06 [1242]
- - palate (bony) (hard) 30075-23 [402]

Blepharorrhaphy 42584-00 [236]
- division or severing 90090-00 90084-00 [231]

Blepharotomy 90084-00 [231]
- lid margin 90084-00 [231]

Casting
...
- metal
  - - base (partial denture)
  - - - mandibular 97728-00 [474]
  - - - maxillary 97727-00 [474]
  - - palate (plate) 97716-00 [474]
  - - mould for eye socket 96091-00 [1870]
  - - mounting, for occlusal analysis 97964-00 [489]

Cauterisation — see also Destruction
- angioma 45027-00 [743]
- caruncle
  - - urethra 35527-00 [1116]
  - - cervix 35608-00 [1275]
  - - choroid plexus 90007-02 [28]
  - - conjunctiva 42677-00 96250-04 [253]
  - - ectropion 42581-00 [239]
  - - entropion 42581-01 [239]
  - - haemangioma 45027-00 [743]
  - - haemorrhoids 32135-01 [941]
  - - lacrimal punctum 42622-00 96249-03 [245]
  - - lesion
    - - cervix 35608-00 [1275]
    - - conjunctiva 42677-00 96250-04 [253]
    - - sclera 90068-00 [179]
    - - vagina 90437-00 [1281]
...
- pharynx 41674-02 [419]
- punctum, lacrimal 42622-00 96249-03 [245]
- septum (nasal) 41674-01 [374]
- soft tissue

Closure (of)
...
- lacrimal punctum 42622-00 96249-03 [245]
- - by plug 42620-00 [243]
  - - - cautery 42622-00 [245]
  - - - plug 42620-00 [243]
- laparostomy 30399-00 [1000]
...
- proctostomy 30562-05 [917]
- pseudomeningocele — see Closure/meningocele
- punctum, lacrimal 42622-00 96249-03 [245]
- - by plug 42620-00 [243]
  - - - cautery 42622-00 [245]

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Correction — see also Repair

- ectropion NEC 96248-02 [239]
  - by
    - cautery 42581-00 [239]
    - lateral canthal sling 96248-02 [239]
    - repair of inferior retractors (lower eyelid) 42866-01 [239]
    - tightening or shortening 42866-00 [239]
    - suture technique (stitching of eyelid) 45626-00 [239]
    - tarsal conjunctival (diamond) (rhomboid) (triangular) excision repaired with layered sutures 45626-01 [239]
    - tightening of lateral canthus 42590-00 [235]
    - with wedge resection 45626-01 [239]
    - entropion NEC 96248-02 [239]
  - by
    - cautery 42581-01 [239]
    - lateral canthal sling 96248-02 [239]
    - repair of inferior retractors (lower eyelid) 42866-01 [239]
    - tightening or shortening 42866-00 [239]
    - suture technique (stitching of eyelid) 45626-00 [239]
    - tarsal conjunctival (diamond) (rhomboid) (triangular) excision repaired with layered sutures 45626-01 [239]
    - tightening of lateral canthus 42590-00 [235]
    - with wedge resection 45626-01 [239]
    - everted lacrimal punctum 90092-00 [247]
    - eyebrow
      - ptosis (bilateral) 45588-01 [1675]
      - unilateral 45587-01 [1675]
    - eyelid
      - ectropion — see Correction/ectropion
      - entropion — see Correction/entropion
      - height, following previous correction of blepharoptosis 45625-00 [1687]
      - ptosis — see Correction/blepharoptosis
      - retraction 42863-00 [236]
      - with graft (to)
        - lower eyelid (1-eye) 42860-02 [234]
        - both eyes 42860-03 [234]
        - upper eyelid (1-eye) 42860-00 [234]
        - both eyes 42860-01 [234]
    - facial soft tissue asymmetry 45587-00 [1675]

- trichiasis 96246-00 [238]
  - by
    - cryotherapy (1-eye) 42587-00 [238]
    - both eyes 42587-01 [238]
    - electrolysis (1-eye) 42587-04 [238]
    - both eyes 42587-05 [238]
    - laser (1-eye) 42587-02 [238]
    - both eyes 42587-03 [238]
- tricuspid valve atresia (heart)

Cricopharyngotomy — see Myotomy/cricopharyngeal
Cricothyrostomy (direct stab) (for tracheobronchial toilet) (Seldinger technique) (using Minitrach device) 41884-00 [535]
Cross linking, corneal collagen (CXL) 90066-00 [174]
Crown, dental

Cryosurgery — see Cryotherapy
Cryotherapy — see also Destruction/by site
- cervix 35608-01 [1275]
- ciliary body (laser) 42770-00 [191]
- conjunctiva 42680-0096250-04 [253]
- cornea (lesion) (ulcer) 42797-03 [168]
- eyelid
  - for correction of trichiasis (1 eye) 42587-0096246-00 [238]
  - both eyes 42587-01 [238]
  - lesion (single) (skin of eyelid) 30195-04 [1612]
  - multiple lesions 30195-05 [1612]
  - haemorrhoids 32135-01 [941]
  - intracranial, stereotactic 40801-00 [27]
  - lesion
    - conjunctiva 42680-0096250-04 [253]
    - cornea 42797-03 [168]
    - oral mucosa 52034-00 [1612]

Cutdown
- venous — see Catheterisation/vein/central/open

CXL (corneal collagen cross linking) 90066-00 [174]
Cyclocryotherapy 42770-00 [191]
Cycloidestruction (laser) 42770-00 [191]

Decompression
...
- optic nerve sheath 42548-00 [69]
- orbit 42530-00 [227]
  - for dysthyroid eye disease, by
    - fenestration of >= 2 walls 42545-00 [227]
    - removal of intraorbital fat (peribulbar) (retrobulbar) 42545-01 [224]
  - with
    - biopsy 42530-0442539-00 [227]
    - excision of lesion 42539-00 [227]
    - fenestration of >= 2 walls 42545-00 [227]
    - removal of
      - foreign body 42539-0400 [227]
      - intraorbital fat (peribulbar) (retrobulbar) 42545-01 [224]
      - posterior cranial fossa (with duraplasty) 40106-01 [9]

Destruction (ablation) (cauterisation) (coagulation) (cryotherapy) (diathermy) (HIFUS) (irreversible electroporation) (laser) (microwave) (radiofrequency) (thermotherapy)
...
- ciliary body 42770-00 [191]
- conjunctiva (lesion) 96250-04 [253]
  - by
    - cauterisation 42677-00 [253]
    - cryotherapy 42680-00 [253]
    - cornea (lesion) (thermocauterisation) 42797-03 [168]
    - ear
- endometriosis (fallopian tube) (omentum) (ovary) (uterine adnexae) (uterus)
  - endometrium (endoscopic) 35622-00 [1263]
  - open 90451-00 [1263]
  - pelvic cavity (laparoscopic) 35637-02 [1299]
  - via laparotomy 35713-01 [1299]
- eyelash follicle — see Correction/trichiasis 96246-00 [238]
- false aneurysm, by administration of agent 49027-02 [742]
- fetus, to facilitate delivery 90476-00 [1343]

- labyrinth (inner ear) 41572-00 [330]
- lacrimal punctum (by cauterisation) (by diathermy) 42622-0096249-03 [245]
- lash follicle — see Correction/trichiasis

- lesion (tissue) (tumour) — see also Destruction/by site
  - colon
  - - endoscopic (closed) 90308-00 [908]
  - - by laser 30479-02 [908]
  - - conjunctiva 96250-04 [253]
  - - cautery
  - - - by cauterisation 42677-00 [253]
  - - - by cryotherapy 42680-00 [253]
  - fallopian tube (laparoscopic) 35637-02 [1299]
  - - via laparotomy 35713-01 [1299]

Diathermy — see also Destruction/by site

- ileum, endoscopic 30478-15 [1007]
- lacrimal punctum 42622-0096249-03 [245]
- lesion (tissue) — see also Diathermy/by site

- punctum, lacrimal 42622-0096249-03 [245]
- retina (lesion) 42809-00 [211]
- - for repair of retinal detachment (tear) 90079-00 [212]
- - with scleral buckling 42776-00 [212]
- salivary gland or duct 30262-01 [396]

Diverticulectomy
- bladder (open) 37020-01 [1103]
- - via laparoscopy 37020-00 [1103]
- lacrimal sac 42596-0003 [244]
- Meckel's 30375-09 [896]
- - with resection of small intestine, with anastomosis 30566-00 [895]

Drainage
- cyst — see also Drainage/by site
  - - orbit (percutaneous) 42572-0400 [223]
  - - by orbitotomy 42533-00 [222]
  - - ovary (open) 35713-02 [1241]

- orbit, orbital 42533-00 [222]
- - abscess 42572-00 [223]
- - by orbitotomy 42533-00 [222]
- - cyst 42572-0400 [223]
- lesion(s) — see also Excision/tumour AND Excision/cyst AND Excision/polyp
  - orbit
    - dermoid cyst (tumour) 42574-00 [226]
    - via orbitotomy (anterior aspect) 42542-00 [224]
    - with removal of bone (with replacement) 42539-00 [227]
      retrobulbar aspect 42543-00 [224]
  - ovary
- tumour — see also Excision/lesion(s)
  - orbit
    - via orbitotomy (anterior aspect) 42542-00 [224]
    - with removal of bone (with replacement) 42539-00 [227]
      retrobulbar aspect 42543-00 [224]
    - oropharynx, overlapping other sites of upper aerodigestive tract 31400-00 [421]

Exenteration
- orbit NEC 42536-00 [225]
  - with removal of adjacent structures 42536-04 [225]
    - 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

Exploration — see also Examination AND Incision/by site
- orbit 42533-00 [222]
  - with
    - biopsy 42533-01 [224]
    - and removal of bone (and replacement) 42530-01 42539-00 [227]
    - drainage 42533-00 [222]
  - excision of lesion (anterior aspect) 42542-00 [224]
    - with removal of bone (with replacement) 42539-00 [227]
      retrobulbar aspect 42543-00 [224]
  - removal of
    - bone (with replacement of bone) 42530-00 [227]
    - and
      - biopsy 42530-01 42539-00 [227]
      - excision of lesion 42539-00 [227]
      - removal of foreign body 42539-0100 [227]
      - foreign body (anterior aspect) 42542-01 [224]
      - with removal of bone (with replacement) 42539-0100 [227]
        retrobulbar aspect 42543-01 [224]
  - pancreas
  - endoscopic 30484-02 [974]

Extraction
- calculus (stone)
  - lacrimal
  - canaliculus, by
--- incision (1 eye) 42602-00 [249]
--- both eyes 42602-01 [249]
--- probing (unilateral) 42614-01 [241]
--- bilateral 42615-01 [241]
--- gland (by incision) 42693-01 42596-03 [244]
--- nasolacrimal duct, by
--- incision 42596-03 [244]
--- probing (unilateral) 42614-01 [241]
--- bilateral 42615-01 [241]
--- passages (by probing) (unilateral) NEC 42614-01 [241]
--- bilateral 42615-01 [241]
--- punctum (by incision) 42617-00 [244]
--- by probing
--- bilateral 42615-01 [241]
--- unilateral 42614-01 [241]
--- sac (by incision) 42596-0103 [246 244]
--- pancreas, endoscopic 90349-00 [975]
--- prostate 37212-02 [1161]

--- lens (crystalline) NEC 42698-05 [200]
--- with removal of vitreous 42731-01 [200]
--- implantation of trans-trabecular drainage device (iStent) (microstents) 42705-00 [200]
--- removal of vitreous 42731-01 [200]
--- after cataract, by

Fenestration
--- inner ear 90117-00 [332]
--- orbital walls, 2 or more ≥ 2, for decompression of orbit 42545-00 [227]

Fenton’s procedure (enlargement of vaginal orifice) 35569-00 [1287]

Graft (repair)
--- eyelid
--- for symblepharon 45629-00 [1676]
--- with recession of lid retractors
--- lower (1 eye) 42860-02 [234]
--- both eyes 42860-03 [234]
--- upper (1 eye) 42860-00 [234]
--- both eyes 42860-01 [234]
--- composite 45666-02 [1669]
--- septochondromucosal 45666-02 [1669]

--- skin (autogenous) (free) (mucous membrane)

--- with
--- canaloplasty of external auditory meatus 41521-01 [304]
--- correction of auditory canal stenosis 41521-01 [304]
--- exenteration of orbit 42556-04 42536-00 [225]
--- and muscle transplant (temporalis) 42556-03 [225]
--- with removal of adjacent structures 42556-04 [225]
--- vestibuloplasty (open) (oral) 45837-01 [406]

Implant, implantation — see also Insertion
--- device
- cardiac
- event monitor (ECG) (looping memory) (patient activated) 38285-00 [1604]
- resynchronisation — see Insertion/pacemaker/cardiac
- drainage, trans-trabecular (iStent) (microstents) with extraction of lens 42705-00 [200]
- hearing

Incision ...
- labyrinth (inner ear) 41572-00 [330]
- lacrimal
  - canaliculi 42602-00 [249]
    - eye 42602-00 [249]
    - both eyes 42602-01 [249]
  - gland 42593-01 42596-03 [244]
  - nasolacrimal duct 42596-03 [244]
  - passages NEC 42596-03 [244]
  - punctum 42617-00 [244]
  - sac 42596-0003 [244]
  - larynx 90164-00 [522]
  - median (laryngofissure) 41876-00 [527]

Insertion ...
- device — see also Insertion/by type of device ...
  - spinal infusion, implantable (epidural) (intrathecal) 39127-00 [39]
  - stomach, for obesity (endoscopic) (see also Banding/gastric, for obesity) 90950-02 [889]
  - trans-trabecular (iStent) (microstents) with extraction of lens 42705-00 [200]
  - ureteral stimulator, electronic 90355-00 [1069]

...  
  - total artificial heart 96229-00 [608]
  - tracheostomy tube — see Tracheostomy
  - trans-trabecular drainage device (iStent) (microstents) with extraction of lens 42705-00 [200]
  - tube ...
    - lacrimal canaliculus
      - with
        - establishment of patency of lacrimal canalicular system
          - closed procedure (eye) 42599-00 [249]
          - both eyes 42599-01 [249]
          - open procedure (eye) 42602-00 [249]
          - both eyes 42602-01 [249]
        - glass (Pyrex) 42608-01 [242]
        - other 42608-00 [242]
      - for establishment of patency of lacrimal canalicular system — see Establishment/patency of lacrimal canalicular system
        - with
          - 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]
          - nasolacrimal (conjunctival sac) (lacrimal sac)
            - with
              - establishment of patency of lacrimal canalicular system
                - closed procedure
                  - 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]
- for establishment of patency of lacrimal canalicular system — see Establishment/patency of lacrimal canalicular system
- with
- glass (Pyrex) 42608-01 [242]
- other 42608-00 [242]
- nasopharyngeal 90179-02 [568]

Intubation — see also Catheterisation AND Insertion/tube

- Jones 42608-01 [242]
- lacrimal canaliculus
- for establishment of patency of lacrimal canalicular system — see Establishment/patency of lacrimal canalicular system
- with
- glass (Pyrex) 42608-01 [242]
- other 42608-00 [242]
- 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]
- Lester Jones 42608-01 [242]
- Monoka 42608-00 [242]
- nasobiliary, endoscopic (for drainage) 30491-00 [958]
- nasogastric
- for
- decompression, intestinal 92036-00 [1895]
- enteral infusion of concentrated nutritional substance 96202-07 [1920]
- feeding 96202-07 [1920]
- nasolacrimal duct (conjunctival sac) (lacrimal sac)
- for establishment of patency of lacrimal canalicular system — see Establishment/patency of lacrimal canalicular system
- with
- glass (Pyrex) 42608-01 [242]
- other 42608-00 [242]
- 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]

Laser therapy — see also Destruction/by site

...
- endometrium (endoscopic) 35622-00 [1263]
- eyelid for correction of trichiasis 96246-00 [238]
  -- for correction of trichiasis
  ---- 1 eye 42587-02 [238]
  ---- both eyes 42587-03 [238]
- fragmentation of calculus (stone)
  - kidney
  - via...
- thermokeratoplasty 90064-01 [173]
- trichiasis 96246-00 [238]
  -- 1 eye 42587-02 [238]
  -- both eyes 42587-03 [238]
- trichoepithelioma, face or neck 30190-00 [1612]
- tumour — see Laser therapy/lesion

Latent — see condition

Lateral canthal sling 96248-02 [239]
Laterocession — see Lateroversion
Lateroflexion — see Lateroversion

Mosaicplasty (knee) 49503-02 [1520]
- arthroscopic 49558-01 [1520]

Mould, moulding
- socket for enucleated eyeball 96091-00 [1870]

Mounting
- model, for occlusal analysis 97964-00 [489]

Obliteration
- fistula
  - - carotid-cavernous 39815-00 [11]
  - - lacrimal punctum 96249-03 [245]
  - - by insertion of plug 42620-00 [243]
  - - - diathermy 42622-00 [245]
  - - - insertion of plug 42620-00 [243]
- lymphatic (channel) (peripheral) 90283-00 [812]

Occlusion...

- fallopian tubes (for sterilisation) (laparoscopic) 35688-00 [1257]
  - - by electrodestruction 35688-03 [1257]
  - - open (via laparotomy) 35688-02 [1257]
  - - - by electrodestruction 35688-04 [1257]
  - - vaginal approach 35688-01 [1257]
  - - lacrimal punctum 96249-03 [245]
  - - by insertion of plug 42620-00 [243]
  - - - cautery 42622-00 [245]
  - - - plug 42620-00 [243]
- placental vessels, endoscopic (fetoscopic) 90488-00 [1330]
- umbilical cord (percutaneous) 90463-00 [1330]

Ophthalmoscopy (under general anaesthesia) 42503-00 [160]
- with any other procedure on eye — omit code

Optical coherence tomography 11219-00 [2016]
Orbitomaxillectomy, radical 42536-04 [225]
Orbitotomy (exploratory) 42533-00 [222]
- for
  - decompression, by removal of
    - bone (with replacement) — see Orbitotomy/with/removal of/bone
    - intraorbital fat (peribulbar) (retrobulbar) 42545-01 [224]
  - dysthyroid eye disease, by
    - fenestration of >= 2 walls 42545-00 [227]
    - removal of intraorbital fat (peribulbar) (retrobulbar) 42545-01 [224]
- with
  - biopsy 42533-01 [224]
  - drainage 42533-00 [222]
  - excision of lesion (anterior aspect) 42542-00 [224]
    - retrobulbar aspect 42543-00 [224]
  - removal of
    - bone (with replacement) 42530-00 [227]
    - and
      - biopsy 42530-01 42539-00 [227]
      - excision of lesion 42539-00 [227]
      - fenestration of >= 2 walls 42545-00 [227]
      - removal of foreign body 42539-0100 [227]
      - foreign body (anterior aspect) 42542-01 [224]
    - retrobulbar aspect 42543-01 [224]
  - - intraorbital fat (peribulbar) (retrobulbar) 42545-01 [224]
Orchidectomy (unilateral) 30641-00 [1184]

Photography
- anterior segment 96188-00 [1990]
- retina (1 eye) (intravenous dye injection) (multiple exposures) 11215-00 [1990]
  - both eyes 11218-00 [1990]
- retinal, bilateral 12326-00 [1835]

Photoiridosyneresis, laser 42764-03 [190]
Photomydriasis, laser 42764-03 [190]

Plication
- for facial nerve paralysis (subcutaneous) 45581-01 [1692]
  - diaphragm
    - for
      - eventration 43915-00 [566]
      - repair of diaphragmatic hernia 30601-00 [998]
    - eyelid (lower) retractors 42866-01 [239]
      - by tightening or shortening 42866-00 [239]
    - fascia 30238-00 [1574]
    - gastric, for obesity — see Gastroplasty, for obesity

Procedure
- for
  - dysthyroid eye disease, by (decompression of orbit)
    - fenestration of >= 2 walls 42545-00 [227]
    - removal of intraorbital fat (peribulbar) (retrobulbar) 42545-01 [224]
  - ectropion NEC 96248-02 [239]
  - cauterisation 42581-00 [239]
  - lateral canthal sling 96248-02 [239]
  - repair of inferior refractors (lower eyelid) 42866-01 [239]
    - by tightening or shortening 42866-00 [239]
  - suture technique (stitching of eyelid) 45626-00 [239]
- tarsal conjunctival (diamond) (rhomboid) (triangular) excision repaired with layered sutures 45626-01 [239]
- tightening of lateral canthus 42590-00 [235]
- wedge resection 45626-01 [239]
- enlargement of bladder (open) 37047-01 [1107]
- via laparoscopy 37047-00 [1107]
- entropion NEC 96248-02 [239]
- cautery 42581-01 [239]
- lateral canthal sling 96248-02 [239]
- repair of inferior refractors (lower eyelid) 42866-01 [239]
- tightening or shortening 42866-00 [239]
- suture technique (stitching of eyelid) 45626-00 [239]
- tarsal conjunctival (diamond) (rhomboid) (triangular) excision repaired with layered sutures 45626-01 [239]
- tightening of lateral canthus 42590-00 [235]
- wedge resection 45626-01 [239]
- epispadias (single stage) 37836-00 [1199]
- secondary repair 37842-00 [1199]
- with ureteric reimplantation 37842-01 [1199]
- staged repair
- 1st stage 37836-00 [1199]
- 2nd stage 37839-00 [1199]
- establishment of patency, lacrimal canalicul system
- closed procedure 42599-00 [249]
- 1 eye 42599-00 [249]
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0741 ECTROPION/ENTROPION

Definition

“Entropion is inward turning of the upper or lower eyelid so that the lid margin rests against and rubs the eyeball. Ectropion is outward turning of the upper or lower eyelid so that the lid margin does not rest against the eyeball, but falls or is pulled away” (Cassin & Rubin 2011).

Classification

Block [239]. Procedures for ectropion or entropion groups together procedures performed exclusively for repair of ectropion or entropion.

42581-00 [239]. Cauterisation of ectropion
42581-01 [239]. Cauterisation of entropion

Cautery used to shrink the tissues of the eyelid margin to treat the everted/inverted lid.

42866-00 [239]. Repair of ectropion or entropion by tightening or shortening of inferior retractors
42866-01 [239]. Repair of ectropion or entropion by other repair of inferior retractors

Correction of entropion is achieved by repairing the inferior ‘retractors’ (a term commonly applied to the eyelid movement mechanism).

45626-00 [239]. Correction of ectropion or entropion by suture technique

Absorbable sutures are used to correct the eyelid’s malposition. No incision is required.

45626-01 [239]. Correction of ectropion or entropion with wedge resection

A wedge of the tarsus and conjunctiva is excised (generally in the configuration of a triangle, diamond or rhomboid) to eliminate the ectropion or entropion. The incision is repaired with layered sutures.

Example 1:
Operation report:

Diagnosis: Ectropion of (L) upper eyelid.

Procedure: Wedge resection of (L) upper eyelid.

Assign procedure code: 45626-01 Correction of ectropion or entropion with wedge resection [239].

Note: Other procedures classified elsewhere in the ACHI Tabular List may be performed to repair an ectropion or entropion, such as grafts, canthoplasty and tarsal strip procedure.
EXAMPLE 2:
Operation report:

Diagnosis: (R) LL (Right lower lid) cicatricial ectropion.

Procedure: Lateral canthal tightening with 4/0 nylon.
PAWG (post auricular Wolfe graft) left ear to 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

In the above example, the lateral canthus was tightened with sutures and a post auricular Wolfe graft was performed to repair the ectropion. Note the anatomic distinction between 45626-00 [239] Correction of ectropion or entropion by suture technique in which the eyelid is stitched and 42590-00 [235] Lateral canthoplasty in which the canthus (angle formed by the inner or outer junction of the upper and lower eyelids) is stitched.

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E

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...
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- panendoscopy 0024
Entropion 0741
Envenomation
Introduction/Rationale:

This addenda proposal is a result of a query (Q3298) and a public submission (P351) requesting a procedure code for repetitive transcranial magnetic stimulation (rTMS). rTMS is also one of the items requested by IHPA for consideration in ACHI Eleventh Edition development.

Transcranial magnetic stimulation involves stimulation of a small area on the surface of the brain through magnetic fields, generated from a coil placed on the head. rTMS is performed using pulses of various intensities or frequencies administered repeatedly, for treatment of major depressive and other mental disorders. A session of rTMS typically takes 10-30 minutes and is performed daily. Maintenance rTMS may be implemented to prevent a relapse of depression after a patient has responded to the treatment (Rachid 2018). Anaesthesia is not required for rTMS.

Internationally, rTMS is provided in outpatient clinics. In Australia, rTMS is mainly being provided on an inpatient basis. Clinical advice has confirmed that for an acute rTMS regime, patients are admitted for a full treatment course of 20 – 30 sessions. Maintenance treatment in admitted patients is usually 5 – 6 sessions performed twice daily over 2- 3 days, once a month. The same treatment regimen is also applicable to long stay patients with depression in mental health facilities. In non-admitted facilities, treatment is provided on consecutive days.

ACCD proposes to create codes for rTMS in block [1908] Other therapeutic interventions.

ACCD PROPOSAL

Tabular List

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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</thead>
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<td>1908</td>
<td>Other therapeutic interventions</td>
</tr>
<tr>
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<td>Acupuncture</td>
</tr>
<tr>
<td>96252-00</td>
<td>Repetitive transcranial magnetic stimulation, 1 treatment</td>
</tr>
<tr>
<td></td>
<td>Repetitive transcranial magnetic stimulation NOS</td>
</tr>
<tr>
<td>96253-00</td>
<td>Repetitive transcranial magnetic stimulation, 2–20 treatments</td>
</tr>
<tr>
<td>96254-00</td>
<td>Repetitive transcranial magnetic stimulation, ≥ 21 treatments</td>
</tr>
<tr>
<td>92195-00</td>
<td>Irrigation of catheter, not elsewhere classified</td>
</tr>
</tbody>
</table>

Excludes: indwelling urinary (92101-00 [1901]), peritoneal port (92058-01 [1922]), ureteral (92100-00 [1901]), vascular (92058-01 [1922]), ventricular (90002-00 [5])
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- following procurement of myocutaneous flap for breast reconstruction (TRAM) 30403-05 [1000]  
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- > 21 treatments 96254-00 [1908]

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Australian Coding Standards
N/A
Introduction/Rationale:

This addenda proposal was initiated following the identification of issues regarding the classification of respiratory distress syndrome (RDS).

ICD-10-AM Tenth Edition classifies RDS as either J80 Adult respiratory distress syndrome or P22.0 Respiratory distress syndrome of newborn. There is no code for RDS in non-neonatal paediatric patients.

A literature review confirmed that the term adult respiratory distress syndrome has been replaced with acute respiratory distress syndrome.

Internationally:

- ICD-10-CA (Canada) has added acute respiratory distress syndrome as an Includes note at J80 Adult respiratory distress syndrome
- ICD-10-CM (USA) has renamed J80 Acute respiratory distress syndrome (with acute respiratory distress syndrome in adult or child as an Inclusion term)
- ICD-11 (Beta draft) (WHO) includes a code for acute respiratory distress syndrome (with adult respiratory distress syndrome as an Index term)
- SNOMED CT includes Acute respiratory distress syndrome (with adult respiratory distress syndrome as a subterm)

ACCD proposes to rename J80 to replace the term Adult with Acute for clinical currency, and to allow the classification of RDS in non-neonatal paediatric patients. It is also proposed to delete the Excludes note at J96 Respiratory failure, not elsewhere classified to allow the assignment of codes for both ARDS and acute respiratory failure, when both conditions meet the criteria for code assignment in ACS 0001 Principal diagnosis or ACS 0002 Additional diagnoses (eg when ARDS is the underlying cause of respiratory failure).

In addition to the ICD-10-AM review and proposed addenda, a review of ACS 1614 Respiratory distress syndrome/hyaline membrane disease/surfactant deficiency was performed. ACCD proposes deleting the standard and relocating the classification information in the ICD-10-AM Tabular List and Alphabetic Index.
**ACCD PROPOSAL**

**Tabular List**

**LIST OF THREE-CHARACTER CATEGORIES**

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Other respiratory diseases principally affecting the interstitium (J80–J84)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J80</td>
<td>Acute adult respiratory distress syndrome</td>
</tr>
<tr>
<td>J81</td>
<td>Pulmonary oedema</td>
</tr>
<tr>
<td>J82</td>
<td>Pulmonary eosinophilia, not elsewhere classified</td>
</tr>
<tr>
<td>J84</td>
<td>Other interstitial pulmonary diseases</td>
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</tbody>
</table>

**OTHER RESPIRATORY DISEASES PRINCIPALLY AFFECTING THE INTERSTITIUM**

(J80–J84)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J80</td>
<td>Acute adult respiratory distress syndrome</td>
</tr>
<tr>
<td></td>
<td>Adult respiratory distress syndrome</td>
</tr>
<tr>
<td></td>
<td>Adult hyaline membrane disease (adult) (child)</td>
</tr>
<tr>
<td></td>
<td>Excludes: newborn (P22.0)</td>
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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J96</td>
<td>Respiratory failure, not elsewhere classified</td>
</tr>
<tr>
<td></td>
<td>Excludes: cardiorespiratory failure (R09.2)</td>
</tr>
<tr>
<td></td>
<td>newborn (P28.5)</td>
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<td></td>
<td>postprocedural respiratory failure (J95.-)</td>
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<tr>
<td></td>
<td>respiratory:</td>
</tr>
<tr>
<td></td>
<td>• arrest (R09.2)</td>
</tr>
<tr>
<td></td>
<td>• distress:</td>
</tr>
<tr>
<td></td>
<td>• in newborn (P22.-)</td>
</tr>
<tr>
<td></td>
<td>• syndrome of adult (J80)</td>
</tr>
</tbody>
</table>

The following fifth character subdivisions are for use with subcategories J96.0–J96.9:

- 0 Type I [hypoxic]
- 1 Type II [hypercapnic]
- 9 Type unspecified

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J96.0</td>
<td>Acute respiratory failure</td>
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<td>J96.1</td>
<td>Chronic respiratory failure</td>
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<td>See subdivisions</td>
</tr>
<tr>
<td>J96.9</td>
<td>Respiratory failure, unspecified</td>
</tr>
<tr>
<td></td>
<td>See subdivisions</td>
</tr>
</tbody>
</table>

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Respiratory distress of newborn

*Excludes:* respiratory failure of newborn (P28.5)

Respiratory distress syndrome of newborn

Hyaline membrane disease of newborn

Transient tachypnoea of newborn

Other respiratory distress of newborn

Respiratory distress of newborn, unspecified

*Excludes:* respiratory distress with identified underlying cause – code condition – see Alphabetic Index

Abnormalities of breathing

*Excludes:* respiratory:
- arrest (R09.2)
- distress:
- in newborn (P22.1)
- syndrome of adult (J80)
- failure:
- NOS (J96.-)
- of newborn (P28.5)

Dyspnoea

Orthopnoea

Shortness of breath

*Excludes:* acute respiratory distress syndrome (ARDS) in adult or child (J80)
respiratory distress of newborn (P22.1)

Stridor

*Excludes:* congenital laryngeal stridor (P28.89)
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Wheezing

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Hyperventilation

*Excludes:* psychogenic hyperventilation (F45.34)

Mouth breathing

Snoring

*Excludes:* dry mouth NOS (R68.2)

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*Excludes:* psychogenic hiccough (F45.34)

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Other and unspecified abnormalities of breathing

Apnoea NOS

Breath-holding (spells)

Choking sensation

Sighing

*Excludes:* apnoea (of):
- newborn (P28.4-)
- sleep:
- newborn (primary) (P28.3)
- NOS (G47.3-)

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 615
Other symptoms and signs involving the circulatory and respiratory systems

**Excludes:**
- Respiratory:
  - Distress (syndrome) of:
    - Adult (J80)
    - Newborn (P22.5)
  - Failure:
    - NOS (J96.5)
    - Of newborn (P28.5)

Respiratory arrest

Cardiorespiratory failure

Other general symptoms and signs

Other specified general symptoms and signs

**Excludes:** Multiple organ failure of specified sites – code each site – see Alphabetic Index

Asphyxiation

Suffocation (by strangulation)
Systemic oxygen deficiency due to:
- Low oxygen content in ambient air
- Mechanical threat to breathing

**Excludes:**
- Acute respiratory distress syndrome (ARDS) in adult or child (J80)
- Anoxia due to high altitude (T70.2)
- Asphyxia from:
  - Carbon monoxide (T58)
  - Inhalation of food or foreign body (T17.5)
  - Other gases, fumes and vapours (T59.5)
- Respiratory distress (syndrome) of newborn (P22.5)
- Adult (J80)
- Newborn (P22.5)

Certain early complications of trauma, not elsewhere classified

**Excludes:**
- Acute respiratory distress syndrome (ARDS) in adult or child (J80)
- Complications of surgical and medical care NEC (T80–T88)
- Respiratory distress of newborn (P22.5)
- In newborn (P22.5)
- Syndrome of adult (J80)
- When occurring during or following medical procedures (T80–T88)
Alphabetic Index

Deficiency, deficient

- sulfite oxidase E72.1
- surfactant (lung) (newborn) P22.0
- thiamine, thiaminic (chloride) E51.9

...

Disease, diseased — see also Syndrome

- hyaline (diffuse) (generalised)
  -- membrane (lung) (newborn) P22.0
  -- membrane (adult) (child) (lung) J80
  -- adult J80
  -- newborn P22.0
- hydatid (see also Echinococcus) B67.9

...

Disorder (of) — see also Disease

...

- respiratory
  -- function, impaired J86.99 — see Failure, failed/respiration, respiratory
    --- acute (type unspecified) J96.99
    --- type I (hypoxic) J96.00
    --- type II (hypercapnic) J96.04
    --- chronic (type unspecified) J96.19
    --- type I (hypoxic) J96.10
    --- type II (hypercapnic) J96.11
    -- system NEC J98.9
  -- intraoperative or postprocedural — see Complication(s)/respiratory/intraoperative or postprocedural
    --- type I (hypoxic), not specified as acute or chronic J96.90
    --- type II (hypercapnic), not specified as acute or chronic J96.91
  - right hemisphere organic affective F07.8

...

Distress

...

- respiratory R06.0
  -- adult J80
  -- newborn (no underlying cause) P22.9
    -- with
    --- respiratory distress syndrome (RDS) P22.0
    --- transient tachypnoea P22.1
    -- specified NEC P22.8
    -- underlying cause identified — see condition
    -- psychogenic F45.34
  -- syndrome (idiopathic) (RDS) (newborn) P22.0
  -- acute (ARDS) (child) (non-neonate) J80
  -- adult (ARDS) J80
  -- newborn P22.0

Distribution vessel, atypical Q27.9

...

Dyspnoea (nocturnal) (paroxysmal) R06.0

...

- newborn P22.8
  -- with respiratory distress — see Distress/respiratory/newborn
  -- psychogenic F45.34
  -- uraemic N19

...
Failure, failed

- cardiorespiratory (see also Failure/heart) R09.2 — see Failure/heart AND Failure/respiratory

- heart (acute) (senile) (sudden) I50.9
  - with
    - acute pulmonary oedema — see Failure/ventricular/left
    - decompensation (see also Failure/heart/congestive) I50.9
    - dilatation — see Disease/heart
  - other organ failure, code each site (see also Failure/organ/multiple)
    - congestive I50.0
    - hypertensive (see also Hypertension/heart) I11.0
      - with kidney disease (CKD stage 1–4 and unspecified) I13.0
      - with CKD stage 5 (kidney failure) I13.2
      - newborn P29.0
    - degenerative (see also Degeneration/myocardial) I51.5
    - high output — see Disease/heart
    - hypertensive (see also Hypertension/heart) I11.0
      - with kidney disease (CKD stage 1–4 and unspecified) I13.0
    - in pregnancy, childbirth or puerperium O99.4
    - ischaemic I25.5
    - left (ventricular) (see also Failure/ventricular/left) I50.1
      - newborn P29.0
    - organic — see Disease/heart
      - rheumatic (chronic) (inactive) — see condition/by valve/rheumatic
        - right (secondary to left heart failure, conditions in I50.1) (ventricular) (see also Failure/heart/congestive) I50.0
    - thyrotoxic (see also Thyrotoxicosis) E05.-† I43.8*
    - valvular — see Endocarditis

- organ — see also Failure/by site
  - multiple NEC R68.8

- respiration, respiratory (type unspecified) J96.99
  - with
    - other organ failure, code each site (see also Failure/organ/multiple)
      - acute (type unspecified) J96.09
        - hypoxic J96.01
        - hypoxic J96.00
      - type I (hypoxic) J96.00
      - type II (hypoxic) J96.01
      - centre G93.8
        - chronic (type unspecified) J96.19
          - hypercapnic J96.11
          - hypercapnic J96.10
        - type I (hypoxic) J96.10
        - type II (hypoxic) J96.11
        - hypercapnic NEC J96.91
        - hypoxic NEC J96.90
      - newborn P28.5
      - type I (hypoxic), not specified as acute or chronic NEC J96.90
      - type II (hypoxic), not specified as acute or chronic NEC J96.91
        - rotation

Syndrome …

- respiratory
  - distress (RDS) (idiopathic) (newborn) P22.0
  - acute (ARDs) (child) J80
  - adult (ARDs) J80
  - newborn (idiopathic) P22.0
  - severe acute U04.9
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).

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.

**STANDARDS INDEX**

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  - cardiac 0936
- **Deficiency**
  - surfactant 1614
- **Definition** (of)
  - abortion 1511
- **Disease**
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  - Alzheimer's 0528
  - atherosclerotic heart 0940; 0941
  - codes that must never be assigned 0049
  - coronary artery (CAD) 0940; 0941
  - Crohn’s
    - - histology 0010
    - - heart
    - - atherosclerotic 0940
    - - ischaemic 0940
    - - - specified form NEC 0940
  - HIV (human immunodeficiency virus) 0102
    - - hyaline membrane 1614
  - hypertensive
    - - heart 0925
- **Human**
  - immunodeficiency virus (HIV) 0102
  - hyaline membrane disease 1614
- **Hydrocephalus**
  - treated by ventriculostomy 0634
- **Resistance, insulin** 0401
  - respiratory distress (syndrome), neonate 1614; 1615
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Supplementary codes for chronic conditions 0003

Surfactant deficiency 1614

Surgery
- arthroscopic 0023

... 

Syndrome 0005
- acute
- - coronary 0940
- - HIV (human immunodeficiency virus) infection 0102
- - congenital 0005
- - coronary, acute 0940
- - crush 1922
- - dependence, drug and alcohol 0503
- - diethylstilboestrol 1428
- - Dressler's 0940
- - loin pain/haematuria 1429
- - massive aspiration 1613
- - mitochondrial encephalopathy lactic acid stroke-like episode 0627
- - Münchhausen's 0526
- - myoclonus epilepsy ragged red fibre 0627
- - pacemaker (cardiac) 0936
- - respiratory distress 1614
- - sleep hypoventilation 0635
- - sudden infant death (near miss) (SIDS) 1610
- - systemic inflammatory response (SIRS) 0110
- - upper airway resistance 0635
ICD-10-AM/ACHI/ACS
Eleventh Edition
Addenda Proposal

Removal of braces (|)
Part 1
ICD-10-AM

Introduction/Rationale:

This addenda proposal was created to address the issue of braces (|) in ICD-10-AM and ACHI Tabular Lists. This convention derives from ICD-10.

The inclusion of braces in ICD-10-AM and ACHI is problematic as the relevant terms require manual formatting in postproduction. This action adds to the postproduction burden, and increases the likelihood of error.

ACCD proposes to remove or replace all braces in ICD-10-AM and ACHI to avoid the above issues.

Reference to braces will also be deleted from the Conventions.

Formatting ‘tidy up’ of some sections of the Tabular List and Alphabetic Index is also proposed.

For ease of review, this addenda proposal is split into:

- Part 1 ICD-10-AM
- Part 2 ACHI
ACCD PROPOSAL

Tabular List

ICD-10-AM TABULAR LIST

INTRODUCTION

...

CONVENTIONS USED IN THE TABULAR LIST OF DISEASES

...

**BRACE**

A brace is used in listings of *Inclusion* terms and *Excludes* notes to indicate that neither the words that precede it nor the words after it are complete terms. Any of the terms before the brace should be qualified by one or more of the terms that follow it.

**EXAMPLE 27:**

<table>
<thead>
<tr>
<th>O71.6</th>
<th>Obstetric damage to pelvic joints and ligaments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Avulsion of inner symphyseal cartilage</td>
</tr>
<tr>
<td></td>
<td>Damage to coccyx</td>
</tr>
<tr>
<td></td>
<td>Traumatic separation of symphysis (pubis)</td>
</tr>
</tbody>
</table>

NOS

...
A09 Other gastroenteritis and colitis of infectious and unspecified origin

Excludes: 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:
        - colitis NOS
        - enteritis NOS
      - gastroenteritis NOS
  - diarrhoea NOS
  - or septic:
    - colitis
    - enteritis
    - gastroenteritis

A15 Respiratory tuberculosis, bacteriologically and histologically confirmed

A15.0 Tuberculosis of lung, confirmed by sputum microscopy with or without culture
Tuberculous:
- bronchiectasis
- fibrosis of lung
- pneumonia
- pneumothorax

Tuberculosis of lung, bacteriologically confirmed, with or without culture
- bronchiectasis, confirmed bacteriologically, with or without culture
- fibrosis of lung, confirmed bacteriologically, with or without culture
- pneumonia, confirmed bacteriologically, with or without culture
- pneumothorax, confirmed bacteriologically, with or without culture

Excludes: confirmed by culture only (A15.1)

A15.1 Tuberculosis of lung, confirmed by culture only
Tuberculous:
- bronchiectasis
- fibrosis of lung
- pneumonia
- pneumothorax

Tuberculosis of lung, confirmed by culture only
- bronchiectasis, confirmed by culture only
- fibrosis of lung, confirmed by culture only
- pneumonia, confirmed by culture only
- pneumothorax, confirmed by culture only
A15.2 Tuberculosis of lung, confirmed histologically

Tuberculosis:
• bronchiectasis
• fibrosis of lung
• pneumonia
• pneumothorax

Tuberculous:
• bronchiectasis, confirmed histologically
• fibrosis of lung, confirmed histologically
• pneumonia, confirmed histologically
• pneumothorax, confirmed histologically

A15.3 Tuberculosis of lung, confirmed by unspecified means

Tuberculosis:
• bronchiectasis
• fibrosis of lung
• pneumonia
• pneumothorax

Tuberculous:
• bronchiectasis, confirmed by unspecified means
• fibrosis of lung, confirmed by unspecified means
• pneumonia, confirmed by unspecified means
• pneumothorax, confirmed by unspecified means

Includes: confirmed tuberculosis diagnosis, but unspecified whether bacteriological or histological confirmation

A15.4 Tuberculosis of intrathoracic lymph nodes, confirmed bacteriologically and histologically

Tuberculosis of lymph nodes:
• hilar
• mediastinal
• tracheobronchial

Tuberculous:
• hilar confirmed bacteriologically and histologically
• mediastinal confirmed bacteriologically and histologically
• tracheobronchial confirmed bacteriologically and histologically

Includes: hilar lymph nodes
mediastinal lymph nodes
tracheobronchial lymph nodes

Excludes: specified as primary (A15.7)

A15.5 Tuberculosis of larynx, trachea and bronchus, confirmed bacteriologically and histologically

Tuberculosis of:
• bronchus
• glottis
• larynx
• trachea

Includes: glottis

A15.6 Tuberculous pleurisy, confirmed bacteriologically and histologically

Tuberculosis of pleura confirmed bacteriologically and histologically

Tuberculous empyema confirmed bacteriologically and histologically

Excludes: in primary respiratory tuberculosis, confirmed bacteriologically and histologically (A15.7)

A15.7 Primary respiratory tuberculosis, confirmed bacteriologically and histologically

A15.8 Other respiratory tuberculosis, confirmed bacteriologically and histologically

Mediastinal tuberculosis
Nasopharyngeal tuberculosis
Tuberculosis of:
• nose
• sinus [any nasal]

Includes: mediastinum
nasopharynx
nose
sinus [any nasal]
A15.9 Respiratory tuberculosis unspecified, confirmed bacteriologically and histologically

A16 Respiratory tuberculosis, not confirmed bacteriologically or histologically

A16.0 Tuberculosis of lung, bacteriologically and histologically negative

Tuberculous:
• bronchiectasis
• fibrosis of lung bacteriologically and histologically negative
• pneumonia
• pneumothorax
  Tuberculous:
• bronchiectasis, bacteriologically and histologically negative
• fibrosis of lung, bacteriologically and histologically negative
• pneumonia, bacteriologically and histologically negative
• pneumothorax, bacteriologically and histologically negative

A16.1 Tuberculosis of lung, bacteriological and histological examination not done

Tuberculous:
• bronchiectasis
  • fibrosis of lung bacteriological and histological examination not done
• pneumonia
• pneumothorax
  Tuberculous:
• bronchiectasis, bacteriological and histological examination not done
• fibrosis of lung, bacteriological and histological examination not done
• pneumonia, bacteriological and histological examination not done
• pneumothorax, bacteriological and histological examination not done

A16.2 Tuberculosis of lung, without mention of bacteriological or histological confirmation

Tuberculosis of lung
  Tuberculous:
• bronchiectasis
• fibrosis of lung
• pneumonia
• pneumothorax
  Tuberculous:
• bronchiectasis NOS
• fibrosis of lung NOS
• pneumonia NOS
• pneumothorax NOS

A16.3 Tuberculosis of intrathoracic lymph nodes, without mention of bacteriological or histological confirmation

Tuberculosis of lymph nodes:
  • hilar
  • intrathoracic NOS (without mention of bacteriological or histological confirmation)
  • mediastinal
  • tracheobronchial

Includes:
• hilar lymph nodes
• mediastinal lymph nodes
• tracheobronchial lymph nodes

Excludes: when specified as primary (A16.7)

A16.4 Tuberculosis of larynx, trachea and bronchus, without mention of bacteriological or histological confirmation

Tuberculosis of:
• bronchus
  • glottis NOS (without mention of bacteriological or histological confirmation)
• larynx
• trachea

Includes: glottis
A16.5 Tuberculous pleurisy, without mention of bacteriological or histological confirmation

Tuberculosis of pleura NOS (without mention of bacteriological or histological confirmation)

- Empyema NOS
- Pleurisy NOS

Excludes: in primary respiratory tuberculosis (A16.7)

A16.7 Primary respiratory tuberculosis without mention of bacteriological or histological confirmation

Primary:
- Respiratory tuberculosis NOS
- Tuberculous complex

A16.8 Other respiratory tuberculosis, without mention of bacteriological or histological confirmation

Mediastinal tuberculosis NOS (without mention of bacteriological or histological confirmation)

Nasopharyngeal tuberculosis NOS (without mention of bacteriological or histological confirmation)

Tuberculosis of:
- Nose
- Sinus [any nasal, nose]

Includes:
- Mediastinum
- Nasopharynx
- Nose
- Sinus [any nasal]

A17 Tuberculosis of nervous system

A17.8† Other tuberculosis of nervous system

Tuberculoma of:
- Brain (G07*)
- Spinal cord (G07*)

Tuberculoma:
- Brain (G07*)
- Spinal cord (G07*)

Tuberculosis:
- Brain (G07*)
- Spinal cord (G07*)

Tuberculosis:
- Abscess of brain (G07*)
- Meningoencephalitis (G05.0*)
- Myelitis (G05.0*)
- Polyneuropathy (G63.0*)

A52 Late syphilis

A52.3 Neurosyphilis, unspecified

Gumma (syphilitic) of central nervous system NOS
Syphilis (late) of central nervous system NOS
Syphiloma of central nervous system NOS

Gumma (syphilitic)
Syphilis (late) of central nervous system NOS
Syphiloma of central nervous system NOS
A52.7 Other symptomatic late syphilis
Glomerular disease in syphilis† (N08.0*)

Gumma (syphilitic) (any sites, except those classified to A52.0–A52.3)
Late syphilitic:
- bursitis† (M73.1-*)
- chorioretinitis† (H32.0*)
- episcleritis† (H19.0*)
- female pelvic inflammatory disease† (N74.2*)
- leukoderma† (L99.8*)
- oculopathy NEC† (H58.8*)
- peritonitis† (K67.2*)
Syphilis [stage unspecified] of:
- bone† (M90.2-*)
- liver† (K77.0*)
- lung† (J99.8*)
- muscle† (M63.0-*)
- synovium† (M68.0-*)

A59 Trichomoniasis
Excludes: intestinal trichomoniasis (A07.8)

A59.0 Urogenital trichomoniasis
Leukorrhoea (vaginalis) due to *Trichomonas (vaginalis)*
Prostatitis† (N51.0*) due to *Trichomonas (vaginalis)*

A66 Yaws

A66.6 Bone and joint lesions of yaws
Yaws (early) (late):
- ganglion
- goundou
- gumma, bone
- gummatous osteitis or periostitis
- hydrarthrosis
- osteitis
- periostitis (hypertrophic)

Ganglion
Hydrarthrosis of yaws
Osteitis (early) (late)

Goundou
Gumma, bone
Gummatous osteitis or periostitis of yaws (late)

A67 Pinta [carate]

A67.0 Primary lesions of pinta
Pinta [carate]:
- chancre (primary)
- papule (primary)
- Chancre (primary) of pinta [carate]
Papule (primary) of pinta [carate]
A67.1 Intermediate lesions of pinta

Pinta [carate]:
- erythematous plaques
- hyperchromic lesions
- hyperkeratosis
- pintids

A67.2 Late lesions of pinta

Cardiovascular lesions† (I98.1*) of pinta [carate]
Pinta [carate] skin lesions:
- achromic
- cicatricial
- dyschromic

B00 Herpesviral [herpes simplex] infections

Excludes:
- anogenital herpesviral infection (A60.-)
- congenital herpesviral infection (P35.2)
- gammaherpesviral mononucleosis (B27.0)
- herpangina (B08.5)

Kaposi's varicelliform eruption

B00.1 Herpesviral vesicular dermatitis

Herpes simplex:
- facialis
- labialis

Vesicular dermatitis due to human (alpha) herpesvirus 2 of:
- ear
- lip

B17 Other acute viral hepatitis

B17.9 Acute viral hepatitis, unspecified

Acute:
- hepatitis NOS
- infectious hepatitis NOS
C79 Secondary malignant neoplasm of other and unspecified sites

C79.9 Secondary malignant neoplasm, unspecified site
- Carcinomatosis NOS
  - Disseminated (secondary):
    - cancer NOS
    - malignancy NOS
  - Generalised (secondary):
    - cancer NOS
    - malignancy NOS
- Multiple secondary cancer NOS
- Sarcomatosis NOS
  - Carcinomatosis (secondary)
    - cancer
    - malignancy
  - Generalised (secondary):
    - cancer
    - malignancy
- Multiple secondary cancer
- Sarcomatosis (secondary)

C80 Malignant neoplasm without specification of site

C80.9 Malignant neoplasm, primary site unspecified
- Cancer NOS
- Carcinoma NOS
- Cancer NOS
- Malignancy
Malignant neoplasm, not known whether primary or secondary
- Multiple cancer NOS

Excludes:
- multiple secondary cancer NOS (C79.9)
- secondary malignant neoplasm, unspecified site (C79.9)

C83 Non-follicular lymphoma

C83.0 Small cell B-cell lymphoma
- Lymphoplasmacytic lymphoma
- Nodal marginal zone lymphoma
- Splenic marginal zone lymphoma
- Lymphoplasmacytic
- Nodal marginal zone lymphoma
- Splenic marginal zone lymphoma
- Non-leukaemic variant of B-CLL

Excludes:
- chronic lymphocytic leukaemia (C91.1)
- matureT/NK cell lymphomas (C84.-)
- Waldenström macrooglobulinaemia (C88.0-)

...
C83.3 Diffuse large B-cell lymphoma

- anaplastic
- CD30-positive
- centroblastic
- immunoblastic
- plasmablastic
- subtype not specified
- T-cell rich

Anaplastic
diffuse large B-cell
lymphoma

CD30-positive
centroblastic
Immunoblastic
Plasmablastic
Subtype not specified
T-cell rich

Excludes: mature T/NK-cell lymphomas (C84.-)
mediastinal (thymic) large B-cell lymphoma (C85.2)

C86 Other specified types of T/NK-cell lymphoma

- Primary cutaneous CD30-positive T-cell proliferations
  Lymphomatoid papulosis
  Primary cutaneous:
  - anaplastic large cell lymphoma
  - CD30-positive large T-cell lymphoma

C86.6 Primary cutaneous CD30-positive T-cell proliferations

C91 Lymphoid leukaemia

C91.5 Adult T-cell leukaemia/lymphoma [HTLV-1-associated]

See subdivisions

Includes: acute variant
          chronic variant
          lymphomatoid variant
          smouldering variant

Acute

Chronic

Lymphomatoid

Smouldering

C94 Other leukaemias of specified cell type

C94.7 Other specified leukaemias

See subdivisions

- Acute basophilic leukaemia
- Aggressive NK-cell leukaemia
- Acute basophilic
- Aggressive NK-cell

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
C95     Leukaemia of unspecified cell type

C95.0  Acute leukaemia of unspecified cell type

See subdivisions

Acute:
• bilineal leukaemia
• mixed lineage leukaemia
Biphenotypic acute leukaemia
• bilineal
• mixed lineage
Biphenotypic acute
Stem cell leukaemia of unclear lineage

Excludes: acute exacerbation of unspecified chronic leukaemia (C95.1-)

...

C96     Other and unspecified malignant neoplasms of lymphoid, haematopoietic and related tissue

...

C96.4  Sarcoma of dendritic cells (accessory cells)

Interdigitating dendritic cell sarcoma
Langerhans-cell Interdigitating dendritic cell sarcoma
Langerhans-cell sarcoma
Sarcoma of follicular dendritic cells

...

D33     Benign neoplasm of brain and other parts of central nervous system

D33.0  Brain, supratentorial

Cerebral ventricle
Cerebrum
Frontal lobe
Occipital lobe
Parietal lobe
Temporal lobe

Excludes: fourth ventricle (D33.1)
nervous system (central) NOS

...

D43     Neoplasm of uncertain or unknown behaviour of brain and central nervous system

Excludes: peripheral nerves and autonomic nervous system (D48.2)

D43.0  Brain, supratentorial

Cerebral ventricle
Cerebrum
Frontal lobe
Occipital lobe
Parietal lobe
Temporal lobe

Excludes: fourth ventricle (D43.1)
**D47** Other neoplasms of uncertain or unknown behaviour of lymphoid, haematopoietic and related tissue

**D47.0** Histiocytic and mast cell tumours of uncertain and unknown behaviour

Indolent systemic mastocytosis

- Mast cell tumour NOS
- Mastocytoma NOS
- Mast cell tumour
- Mastocytoma

Systematic mastocytosis, associated with clonal haematopoietic non-mast-cell disease (SM-AHNMD)

*Excludes:* mastocytosis (congenital) (cutaneous) (Q82.2)

**D57** Sickle-cell disorders

**D57.1** Sickle-cell anaemia without crisis

Sickle-cell:
- anaemia NOS
- disease NOS
- disorder NOS

**E04** Other nontoxic goitre

*Excludes:* congenital goitre. (E03.0)

- diffuse (E03.0)
- NOS
- parenchymatous (E03.0)
- iodine-deficiency-related goitre (E00–E02)

**E04.0** Nontoxic diffuse goitre

Goitre, nontoxic:
- diffuse (colloid)
- simple

**E05** Thyrotoxicosis [hyperthyroidism]

Thyroid (thyrotoxic):
- eye disease† (H58.8*)
- heart disease† (I43.8*)
- eye† (H58.8*)
- heart† (I43.8*)

*Excludes:* chronic thyroiditis with transient thyrotoxicosis (E06.2)

... neonatal thyrotoxicosis (P72.1)

**E07** Other disorders of thyroid

**E07.8** Other specified disorders of thyroid

Abnormality of thyroid-binding globulin

- Haemorrhage
- Infarction

Sick-euthyroid syndrome

Thyroid:
- haemorrhage
- infarction
E10       Type 1 diabetes mellitus

E10.0  Type 1 diabetes mellitus with hyperosmolarity

E10.01 Type 1 diabetes mellitus with hyperosmolarity without nonketotic hyperglycaemic-hyperosmolar coma (NKHHC)
Type 1 diabetes mellitus with:
• hypernatraemia NOS
• hyperosmolarity NOS

E10.02 Type 1 diabetes mellitus with hyperosmolarity with coma...

E11      Type 2 diabetes mellitus

E11.0  Type 2 diabetes mellitus with hyperosmolarity

E11.01 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycaemic-hyperosmolar coma [NKHHC]
Type 2 diabetes mellitus with:
• hypernatraemia NOS
• hyperosmolarity NOS

E11.02 Type 2 diabetes mellitus with hyperosmolarity with coma...

E13     Other specified diabetes mellitus

E13.0  Other specified diabetes mellitus with hyperosmolarity

E13.01 Other specified diabetes mellitus with hyperosmolarity, without nonketotic hyperglycaemic-hyperosmolar coma [NKHHC]
Diabetes mellitus NEC with:
• hypernatraemia NOS
• hyperosmolarity NOS

E13.02 Other specified diabetes mellitus with hyperosmolarity, with coma...

E14     Unspecified diabetes mellitus

E14.0  Unspecified diabetes mellitus with hyperosmolarity

E14.01 Unspecified diabetes mellitus with hyperosmolarity, without nonketotic hyperglycaemic-hyperosmolar coma [NKHHC]
Diabetes mellitus NOS with:
• hypernatraemia NOS
• hyperosmolarity NOS

E14.02 Unspecified diabetes mellitus with hyperosmolarity, with coma...

E50     Vitamin A deficiency

E50.8 Other manifestations of vitamin A deficiency
Follicular keratosis due to vitamin A deficiency† (L86*)
Xeroderma due to vitamin A deficiency† (L86*)
Follicular keratosis due to vitamin A deficiency† (L86*)

F32 Depressive episode

F32.2 Severe depressive episode without psychotic symptoms

See subdivisions
An episode of depression in which several of the above symptoms are marked and distressing, typically loss of self-esteem and ideas of worthlessness or guilt. Suicidal thoughts and acts are common and a number of ‘somatic’ symptoms are usually present.

Agitated depression, single episode without psychotic symptoms
Major depression, single episode without psychotic symptoms
Vital depression, single episode without psychotic symptoms

Agitated depression
Major depression
Vital depression

F51 Nonorganic sleep disorders

F51.2 Nonorganic disorder of the sleep-wake schedule
A lack of synchrony between the sleep-wake schedule and the desired sleep-wake schedule for the individual’s environment, resulting in a complaint of either insomnia or hypersomnia.

Psychogenic inversion of:
• circadian rhythm
• nyctohemeral rhythm
• sleep rhythm
• circadian
• nyctohemeral rhythm
• sleep

Excludes: disorders of the sleep-wake schedule (organic) (G47.2)

F53 Mental and behavioural disorders associated with the puerperium, not elsewhere classified

F53.8 Other mental and behavioural disorders associated with the puerperium, not elsewhere classified
Postpartum:
• blues NOS
• dysphoria NOS
• mood disturbance NOS
• sadness NOS
• blues
• dysphoria
• mood disturbance
• sadness

F53.9 Puerperal mental disorder, unspecified
**Bacterial meningitis, not elsewhere classified**

*Includes: bacterial:*
- arachnoiditis
- leptomeningitis
- meningitis
- pachymeningitis

*Includes: arachnoiditis*
- leptomeningitis
- meningitis
- pachymeningitis

*Excludes: bacterial:
- meningoencephalitis (G04.2)
- meningomyelitis (G04.2)*

---

**Meningitis due to other and unspecified causes**

*Includes: arachnoiditis due to other and unspecified causes*
- leptomeningitis due to other and unspecified causes
- meningitis due to other and unspecified causes
- pachymeningitis due to other and unspecified causes

*Includes: arachnoiditis*
- leptomeningitis
due to other and unspecified causes
- meningitis
- pachymeningitis

*Excludes: meningoencephalitis (G04.-)
- meningomyelitis (G04.-)*

---

**Encephalitis, myelitis and encephalomyelitis**

**G04.0 Acute disseminated encephalitis**

*Postimmunisation:*
- encephalitis
- encephalomyelitis

Use additional external cause code (Chapter 20) to identify vaccine.

---

**Intracranial and intraspinal phlebitis and thrombophlebitis**

*Septic:*
- embolism
- endophlebitis
- phlebitis
- thrombophlebitis
- thrombosis

*Includes: septic:*
- embolism
- endophlebitis
- phlebitis
- thrombophlebitis
- thrombosis

*Excludes: intracranial phlebitis and thrombophlebitis:
- complicating abortion or ectopic or molar pregnancy (O00–O07, O08.7)
- of nonpyogenic origin (I67.6)
- nonpyogenic intraspinal phlebitis and thrombophlebitis (G95.1)*
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 NOS (M79.2-)
- radiculitis NOS (M54.1-)

G54 Nerve root and plexus disorders

Excludes: current traumatic nerve root and plexus disorders — see nerve injury by body region
- intervertebral disc disorders (M50–M51)
- neuralgia or neuritis NOS (M79.2-
- neuritis or radiculitis:
  - brachial NOS (M54.1-)
  - lumbar NOS (M54.1-)
  - lumbosacral NOS (M54.1-)
  - thoracic NOS (M54.1-)
  - radiculitis NOS (M54.1-)
  - radiculopathy NOS (M54.1-)

- arachnoid cyst
- porencephalic cyst, acquired

Excludes: acquired:
- periventricular cysts of newborn (P91.1)
- porencephalic cysts of newborn (P91.1)
- congenital cerebral cysts (Q04.6-)

G83.81 Facial paralysis due to cerebrovascular accident

Excludes: Bell’s palsy (G51.0)
- facial paralysis due to: birth trauma (P11.3)
- facial nerve disorder (G51.0)
G93.5  Compression of brain
  Compression of brain (stem)
  Herniation of brain (stem)

  Herniation of brain (stem)

  Excludes: traumatic compression of brain:
  - diffuse (S06.28)
  - focal (S06.38)
  - NOS (S06.28)

H00  Hordeolum and chalazion

H00.0  Hordeolum and other deep inflammation of eyelid

  Abscess
  Furuncle

  Eyelid:
  - abscess
  - furuncle

  Stye

H01  Other inflammation of eyelid

H01.1  Noninfectious dermatoses of eyelid

  Dermatitis of eyelid:
  - allergic
  - contact
  - eczematous

  Discoid lupus erythematosus of eyelid
  Xeroderma of eyelid
  - allergic
  - contact
  - eczematous

H02  Other disorders of eyelid

H02.7  Other degenerative disorders of eyelid and periocular area

  Chloasma of eyelid
  Madarosis of eyelid
  Vitiligo of eyelid

  Chloasma
  Madarosis
  Vitiligo

H04  Disorders of lacrimal system

H04.3  Acute and unspecified inflammation of lacrimal passages

  Acute, subacute or unspecified:
  - dacryocystitis (phlegmonous)
  - dacryopericystitis
  - lacrimal canaliculitis

  Dacryocystitis (phlegmonous)
  Dacryopericystitis
  Lacrimal canaliculitis

  Excludes: neonatal dacryocystitis (P39.1)
H04.4 Chronic inflammation of lacrimal passages

Chronic:
• dacryocystitis
• lacrimal:
  • canaliculitis
  • mucocele

Dacryocystitis
Lacrimal:
  • canaliculitis
  • mucocele

H05 Disorders of orbit

H05.0 Acute inflammation of orbit

Orbital:
• abscess
• cellulitis
• osteomyelitis
• periostitis
• tenonitis

Abscess
Cellulitis
Osteomyelitis
Periostitis
Tenonitis

H05.2 Exophthalmic conditions

Displacement of globe (lateral) NOS

Orbital:
• haemorrhage
• oedema

Haemorrhage
Oedema

H05.3 Deformity of orbit

Orbital:
• atrophy
• exostosis

Atrophy
Exostosis

H18 Other disorders of cornea

H18.3 Changes in corneal membranes

Fold in Descemet’s membrane
Rupture in Descemet’s membrane

Fold
Rupture

H18.8 Other specified disorders of cornea

Anaesthesia
Hypaesthesia
Recrurent erosion

Contact lens intolerance NOS

Corneal:
• anaesthesia
• hypaesthesia

Recrurent corneal erosion
H30     Chorioretinal inflammation

H30.9     Chorioretinal inflammation, unspecified
Chorioretinitis NOS
Choroiditis NOS
Retinitis NOS
Retinochoroiditis NOS
Chorioretinitis NOS
Choroiditis NOS
Retinitis NOS
Retinochoroiditis NOS

H31     Other disorders of choroid
H31.1     Choroidal degeneration
Choroidal:
• atrophy
• sclerosis
Atrophy of choroid
Sclerosis of choroid

Excludes: angioid streaks (H35.3)

H35     Other retinal disorders
H35.3     Degeneration of macula and posterior pole
Angioid streaks of macula
Drusen (degenerative) of macula
Hole
Puckering
Angioid streaks of macula
Drusen (degenerative) macula
Kuhnt-Junius degeneration
Macular:
• cyst
• hole
• puckering
Senile macular degeneration (atrophic) (exudative)
Toxic maculopathy
Use additional external cause code (Chapter 20) to identify drug, if drug-induced.

H50     Other strabismus
H50.0     Convergent concomitant strabismus
Esotropia (alternating)(monocular), except intermittent
Excludes: intermittent esotropia (H50.3)

H50.1     Divergent concomitant strabismus
Exotropia (alternating)(monocular), except intermittent
Excludes: intermittent extropia (H50.3)

H50.2     Vertical strabismus
Hypertropia
Hypotropia
H50.3 Intermittent heterotropia
Intermittent:
• esotropia (alternating) (monocular)
• exotropia (alternating) (monocular)

H52 Disorders of refraction and accommodation

H52.5 Disorders of accommodation
Internal ophthalmoplegia (complete) (total)
Paresis of accommodation
Spasm of accommodation

H52.6 Other disorders of refraction

H59 Intraoperative and postprocedural disorders of eye and adnexa, not elsewhere classified

H59.1 Accidental puncture and laceration of eye and adnexa during a procedure

H59.13 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 during a procedure

H60 Otitis externa

H60.0 Abscess of external ear
Auricle or external auditory canal:
• boil
• carbuncle
• furuncle

H68 Eustachian salpingitis and obstruction

H68.1 Obstruction of Eustachian tube
Eustachian tube:
• compression
• stenosis
• stricture
H70 Mastoiditis and related conditions

H70.0 Acute mastoiditis

Mastoid:
  • abscess
  • empyema

Abscess of mastoid
Empyema of mastoid

H70.1 Chronic mastoiditis

Mastoid:
  • caries
  • fistula

Caries of mastoid
Fistula of mastoid

H72 Perforation of tympanic membrane

H72.8 Other perforations of tympanic membrane

Tympanic membrane perforation(s):
  • multiple
  • total

Multiple perforation(s) of tympanic membrane
Total perforation(s) of tympanic membrane

H74 Other disorders of middle ear and mastoid

H74.3 Other acquired abnormalities of ear ossicles

Ear ossicles:
  • ankylosis
  • partial loss

Ankylosis of ear ossicles
Partial loss of ear ossicles

H83 Other diseases of inner ear

H83.2 Labyrinthine dysfunction

Labyrinth:
  • hypersensitivity
  • hypofunction
  • loss of function

Hypersensitivity of labyrinth
Hypofunction of labyrinth
Loss of function of labyrinth

H90 Conductive and sensorineural hearing loss

H90.5 Sensorineural hearing loss, unspecified

Central hearing loss NOS
Congenital deafness NOS
Hearing loss:
Neural hearing loss NOS
Perceptive hearing loss NOS
Sensorineural deafness NOS
Sensory hearing loss NOS
  • central
  • NOS
Acute myocardial infarction

Acute transmural myocardial infarction of unspecified site

ST elevation myocardial infarction [STEMI] NOS
Transmural myocardial infarction NOS

Other acute ischaemic heart diseases

Coronary thrombosis not resulting in myocardial infarction

Coronary (artery)(vein):
- embolism, not resulting in myocardial infarction
- occlusion, not resulting in myocardial infarction
- thromboembolism, not resulting in myocardial infarction

Excludes: specified as chronic or with a stated duration of more than 4 weeks (more than 28 days) from onset

Other diseases of pulmonary vessels

Other specified diseases of pulmonary vessels

Pulmonary vessel:
- rupture
- stenosis
- stricture

Acute and subacute endocarditis

Acute endocarditis, unspecified

Acute or subacute:
- endocarditis
- myoendocarditis
- periendocarditis

Excludes: acute or subacute
Nonrheumatic mitral valve disorders

Excludes: mitral (valve):
  • disease (I05.9)
  • failure (I05.8)
  • stenosis (I05.0)
when of unspecified cause but with mention of:
  • diseases of aortic valve (I08.0)
  • mitral stenosis or obstruction (I05.0)
when specified as:
  • congenital (Q23.2–Q23.9)
  • rheumatic (I05.4)

Mitral (valve) insufficiency

Mitral (valve):
  • incompetence NOS or of specified cause NEC
  • regurgitation NOS or of specified cause NEC

Nonrheumatic aortic valve disorders

Excludes: hypertrophic subaortic stenosis (I42.1)
when of unspecified cause but with mention of diseases of mitral valve (I08.0)
when specified as:
  • congenital (Q23.0–Q23.1, Q23.4–Q23.9)
  • rheumatic (I06.0–I06.9)

Aortic (valve) stenosis

Aortic (valve) insufficiency

Aortic (valve):
  • incompetence NOS or of specified cause NEC
  • regurgitation NOS or of specified cause NEC

Nonrheumatic tricuspid valve disorders

Excludes: when of unspecified cause (I07.0–I07.9)
when specified as:
  • congenital (Q22.4–Q22.9)
  • rheumatic (I07.0–I07.9)

Nonrheumatic tricuspid (valve) stenosis

Nonrheumatic tricuspid (valve) insufficiency

Tricuspid (valve):
  • incompetence, nonrheumatic or of specified cause NEC
  • regurgitation, nonrheumatic or of specified cause NEC

Pulmonary valve disorders

Excludes when specified as:
  • congenital (Q22.1, Q22.2, Q22.3+)
  • rheumatic (I09.8)

Pulmonary valve stenosis

Pulmonary valve insufficiency

Pulmonary valve:
  • incompetence NOS or of specified cause NEC
  • regurgitation NOS or of specified cause NEC
Endocarditis, valve unspecified

Endocarditis (chronic) NOS
Valvular:
- incompetence NOS
- insufficiency NOS
- regurgitation NOS
- stenosis NOS

NOS or of specified cause, except rheumatic or congenital

Excludes:
- incompetence of unspecified valve NOS or of specified cause, except rheumatic or congenital

Valvulitis (chronic) NOS
- insufficiency NOS
- regurgitation NOS
- stenosis NOS

NOS or of specified cause, except rheumatic or congenital

Excludes:
- incompetence of cardiac valve NOS (Q24.87)
- stenosis of cardiac valve NOS (Q24.87)
- endocardial fibroelastosis (I42.4) when specified as rheumatic (I09.1)

Heart failure

Left ventricular failure

Cardiac asthma

Left heart failure

Oedema of lung, with mention of heart disease or heart failure
Pulmonary oedema, with mention of heart disease or heart failure

Subarachnoid haemorrhage

Subarachnoid haemorrhage from intracranial artery, unspecified
Ruptured (congenital) berry aneurysm NOS

Subarachnoid haemorrhage from:
- cerebral artery NOS
- communicating artery NOS

Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction

Precerebral artery:
- embolism NEC
- narrowing NEC
- obstruction (complete) (partial) NEC
- thrombosis NEC

Includes:
- basilar artery
- carotid artery
- vertebral artery

Includes:
- narrowing
- obstruction (complete) (partial)
- thrombosis

of basilar, carotid or vertebral arteries, not resulting in cerebral infarction

Excludes: when causing cerebral infarction (I63.-)
I66 Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction

Cerebral artery:
- embolism NEC
- narrowing NEC
- obstruction (complete) (partial) NEC
- thrombosis NEC

Includes: anterior cerebral artery
- cerebellar artery
- middle cerebral artery
- posterior cerebral artery

Includes: embolism
- narrowing
- obstruction (complete) (partial)
- thrombosis

Includes of middle, anterior and posterior cerebral arteries, and cerebellar arteries, not resulting in cerebral infarction

Excludes: when causing cerebral infarction (I63.-)

I71 Aortic aneurysm and dissection

I71.9 Aortic aneurysm of unspecified site, without mention of rupture

Aortic:
- aneurysm NOS
- dilatation NOS

Hyaline necrosis of aorta NOS

I77 Other disorders of arteries and arterioles

I77.8 Other specified disorders of arteries and arterioles

Erosion of artery
- Ulcer of artery

I80 Phlebitis and thrombophlebitis

I80.2 Phlebitis and thrombophlebitis of other deep vessels of lower extremities
Use additional external cause code (X51) to identify DVT due to travel.

I80.20 Phlebitis and thrombophlebitis of deep vessels of lower extremities, not elsewhere classified

Deep vein thrombosis NOS

Includes: gastrocnemius vein
- peroneal vein
- soleal vein

Includes: gastrocnemius
- peroneal
- soleal

…
I80.4 Phlebitis and thrombophlebitis of vessels of upper extremities

I80.41 Phlebitis and thrombophlebitis of superficial vessels of upper extremities

Includes:
- antecubital vein
- basilic vein
- cephalic vein

I80.42 Phlebitis and thrombophlebitis of deep vessels of upper extremities

Includes:
- brachial vein
- radial vein
- ulnar vein

I83 Varicose veins of lower extremities

I83.9 Varicose veins of lower extremities without ulcer or inflammation

Includes:
- Phlebectasia of lower extremity [any part] or of unspecified site
- Varicose veins of lower extremity [any part] or of unspecified site
- Varix of lower extremity [any part] or of unspecified site

I88 Nonspecific lymphadenitis

Excludes:
- acute lymphadenitis, except mesenteric (L04.-)
- enlarged lymph nodes NOS (R59.-)

I88.0 Nonspecific mesenteric lymphadenitis

Mesenteric lymphadenitis (acute)(chronic)

I88.1 Chronic lymphadenitis, except mesenteric

Chronic:
- adenitis NEC
- lymphadenitis NEC

Excludes: mesenteric (I88.0)

I88.8 Other nonspecific lymphadenitis

I88.9 Nonspecific lymphadenitis, unspecified

Lymphadenitis NOS
Intraoperative and postprocedural disorders of circulatory system, not elsewhere classified

Postmastectomy lymphoedema syndrome
- Elephantiasis due to mastectomy
- Obliteration of lymphatic vessels due to mastectomy

Elephantiasis due to mastectomy
- Obliteration of lymphatic vessels due to mastectomy

Acute sinusitis
- Acute sinus:
  - abscess
  - empyema
  - infection
  - inflammation
  - suppuration

Includes: accessory sinus
- nasal sinus

Includes: abscess
- empyema
- infection
- inflammation
- suppuration

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

Excludes: sinusitis, chronic or NOS (J32.-)

Influenza due to identified zoonotic or pandemic influenza virus

Influenza caused by influenza virus strains of special epidemiological importance with an animal-human or inter-human transmission.

Includes: influenza A/H5N1 epidemic [avian influenza]

Use additional code to identify pneumonia or other manifestations.
Code also manifestation(s), if known.

Excludes: Haemophilus influenzae:
- infection NOS (A49.2)
- meningitis (G00.0)
- pneumonia (J14)

influenza due to other identified (seasonal) influenza virus (J10.-)

Influenza due to other identified influenza virus

Influenza with other respiratory manifestations, other influenza virus identified

Includes: influenza due to other identified influenza virus

Influenza:
- acute upper respiratory infection, due to other identified influenza virus
- laryngitis, due to other identified influenza virus
- pharyngitis, due to other identified influenza virus
- pleural effusion, due to other identified influenza virus

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Influenza with other manifestations, other influenza virus identified

Influenzal:
- encephalopathy, due to other identified influenza virus
- gastroenteritis, due to other identified influenza virus
- myocarditis (acute), due to other identified influenza virus

Encephalopathy due to influenza
Influenzal:
- gastroenteritis
- myocarditis (acute)

Influenza, virus not identified

Influenza, not stated as due to specific virus
Viral influenza, not stated as due to specific virus

Includes:
- influenza
- viral influenza

Excludes: Haemophilus influenzae [H. influenzae]:
- infection NOS (A49.2)
- meningitis (G00.0)
- pneumonia (J14)

Influenza with pneumonia, virus not identified

Influenzal (broncho)pneumonia, unspecified or specific virus not identified

Influenza with other respiratory manifestations, virus not identified

Influenza NOS

Influenzal:
- acute upper respiratory infection, unspecified or specific virus not identified
- laryngitis, unspecified or specific virus not identified
- pharyngitis, unspecified or specific virus not identified
- pleural effusion, unspecified or specific virus not identified

Influenza:
- acute upper respiratory infection
- laryngitis
- pharyngitis
- pleural effusion

Influenza with other manifestations, virus not identified

Influenzal:
- encephalopathy, unspecified or specific virus not identified
- gastroenteritis, unspecified or specific virus not identified
- myocarditis (acute), unspecified or specific virus not identified

Encephalopathy due to influenza
Influenzal:
- gastroenteritis
- myocarditis (acute)

Chronic sinusitis

Sinus (chronic):
- abscess
- empyema
- inflammation
- suppuration

Includes:
- accessory sinus
- nasal sinus

Emphysema

Infection

Suppuration

Use additional code (B95–B97) to identify infectious agent.
Excludes: acute sinusitis (J01.-)

...  

**J34**  
**Other disorders of nose and nasal sinuses**

*Excludes:* varicose ulcer of nasal septum (I86.8)

**J34.0** Abscess, furuncle and carbuncle of nose

*Nasal (septum):*
- cellulitis
- necrosis
- ulceration

*Cellulitis*

*Necrosis of nose (septum)*

*Ulceration*

...  

**J38**  
**Diseases of vocal cords and larynx, not elsewhere classified**

...  

**J38.3** Other diseases of vocal cords

*Vocal cord(s):*
- abscess
- cellulitis
- granuloma
- leukokeratosis
- leukoplakia

*Abscess*

*Cellulitis*

*Granuloma of vocal cord(s)*

*Leukokeratosis*

*Leukoplakia*

...  

**J38.7** Other diseases of larynx

*Laryngeal:*
- abscess
- cellulitis
- disease NOS
- necrosis
- pachyderma
- perichondritis
- ulcer

*Abscess*

*Cellulitis*

*Disease NOS of larynx*

*Necrosis*

*Pachyderma*

*Perichondritis*

*Ulcer*

...  

**J39**  
**Other diseases of upper respiratory tract**

...  

**J39.2** Other diseases of pharynx

*Pharyngeal:*
- cyst
- oedema

*Cyst of pharynx or nasopharynx*

*Oedema of pharynx or nasopharynx*

*Includes:* nasopharynx

*Excludes:* pharyngitis:
- chronic (J31.2)
- ulcerative (J02.9)
J68.4 Chronic respiratory conditions due to chemicals, gases, fumes and vapours

- Emphysema (diffuse) (chronic) due to inhalation of chemicals, gases, fumes and vapours
- Obliterative bronchiolitis (chronic) (subacute) due to inhalation of chemicals, gases, fumes and vapours
- Pulmonary fibrosis (chronic) due to inhalation of chemicals, gases, fumes and vapours

J98 Other respiratory disorders

J98.0 Diseases of bronchus, not elsewhere classified

- Bronchial:
  - calcification
  - stenosis
  - ulcer
- Broncholithiasis
  - Calcification of bronchus
  - Stenosis of bronchus
  - Ulcer
- Tracheobronchial:
  - collapse
  - dyskinesia

J98.5 Diseases of mediastinum, not elsewhere classified

- Fibrosis of mediastinum
- Hernia of mediastinum
- Retraction
- Mediastinal:
  - fibrosis
  - hernia
  - retraction
- Mediastinitis
- Thoracic adhesions
  - Excludes: abscess of mediastinum (J85.3)
  - adhesions:
    - lung (J98.4)
    - pericardium (I31.0)
    - pleura (J94.8)

K00 Disorders of tooth development and eruption

- Excludes: embedded and impacted teeth (K01.-)

K00.2 Abnormalities of size and form of teeth

- Concrescence of teeth
- Fusion of teeth
- Gemination of teeth
- Concrescence of teeth:
  - evaginatus
  - in dente
  - invaginatus
- Enamel pearls

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Gemination of teeth
Macrodontia

K00.5 Hereditary disturbances in tooth structure, not elsewhere classified
Amelogenesis imperfecta
Dentinogenesis imperfecta
Odontogenesis imperfecta

K00.6 Disturbances in tooth eruption
Dentia praecox
Natal tooth
Neonatal tooth
Premature:
• eruption of tooth
• shedding of primary [deciduous] tooth
Retained [persistent] primary tooth

K03 Other diseases of hard tissues of teeth
K03.0 Excessive attrition of teeth
Worn (approximal) (occlusal) teeth
Wear:
• approximal
• occlusal

K03.1 Abrasion of teeth
Wedge defect of teeth NOS
Includes: due to dentifrice
habitual
occupational
ritual
traditional
Abrasion:
• dentifrice
• habitual
• occupational
• ritual
• traditional
Wedge defect NOS

K04 Diseases of pulp and periapical tissues
K04.6 Periapical abscess with sinus
Dental abscess with sinus
Dentoalveolar abscess with sinus

K04.7 Periapical abscess without sinus
Dental abscess NOS
Dentoalveolar abscess NOS
Periapical abscess NOS
Dental abscess NOS
Periapical

K07 Dentofacial anomalies [including malocclusion]

K07.0 Major anomalies of jaw size

K07.09 Other major anomalies of jaw size

Hyperplasia of jaw NOS
Hyperplasia of jaw NOS
Hyperplasia of jaw NOS
Underdeveloped jaw

K07.3 Anomalies of tooth position

Crowding
Diastema
Displacement of tooth or teeth
Rotation
Spacing, abnormal
Transposition
Abnormal spacing of tooth or teeth

Impacted or embedded teeth with abnormal position of such teeth or adjacent teeth

Tooth or teeth:
• crowding
• diastema
• displacement
• rotation
• transposition

Excludes: embedded and impacted teeth without abnormal position (K01.-)

K09 Cysts of oral region, not elsewhere classified

K09.8 Other cysts of oral region, not elsewhere classified

Dermoid cyst
Epidermoid cyst
Lymphoepithelial cyst
Epstein’s pearl
Mouth cyst:
• dermoid
• epidermoid
• lymphoepithelial

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
K10 Other diseases of jaws

K10.2 Inflammatory conditions of jaws

| Osteitis                        |
| Osteomyelitis (neonatal)       |
| Osteomyelitis of jaw (acute)   |
| Osteoclastosis (drug-induced)  |
| Osteoclastosis (radiation-induced) |
| Periostitis                    |
| Osteitis of jaw                |
| Osteomyelitis of jaw           |
| Osteonecrosis of jaw           |
| Osteoradionecrosis of jaw      |
| Periostitis of jaw             |
| Sequestrum of jaw bone         |

Use additional external cause code (Chapter 20) to identify drug, if drug-induced or to identify radiation, if radiation-induced.

K10.8 Other specified diseases of jaws

| Cherubism                      |
| Exostosis of jaw              |
| Fibrous dysplasia of jaw       |

Unilateral condylar:
• hyperplasia
• hypoplasia

K11 Diseases of salivary glands

K11.5 Sialolithiasis

| Salivary gland or duct:       |
| • calculus                    |
| • stone                       |

| Calculus of salivary gland or duct |

K11.6 Mucocele of salivary gland

| Mucocele:                      |
| • extravasation cyst of salivary gland |
| • retention cyst of salivary gland |

| Ranula                        |

K11.8 Other diseases of salivary glands

Benign lymphoepithelial lesion of salivary gland
Mikulicz’s disease
Necrotising sialometaplasia
Sialodochitis
Sialolithiasis
Stenosis of salivary duct
Stricture of salivary duct

| Stenosis of salivary duct |
| Stricture of salivary duct |

Excludes: sicca syndrome [Sjögren] (M35.0)
Other diseases of lip and oral mucosa

K13.2 Leukoplakia and other disturbances of oral epithelium, including tongue

- Leukoplakia of oral epithelium, including tongue
- Erythroplakia of oral epithelium, including tongue
- Leukoedema of oral epithelium, including tongue
- Leukokeratosis nicotina palati
- Smoker’s palate

Excludes: hairy leukoplakia (K13.3)

K13.4 Granuloma and granuloma-like lesions of oral mucosa

- Eosinophilic granuloma of oral mucosa
- Granuloma pyogenicum of oral mucosa
- Verrucous xanthoma of oral mucosa
- Eosinophilic granuloma of oral mucosa
- Granuloma pyogenicum
- Verrucous xanthoma

K14 Diseases of tongue

- Excludes: erythroplakia of tongue (K13.2)
- focal epithelial hyperplasia of tongue (K13.2)
- hairy leukoplakia (K13.3)
- leukokeratosis of tongue (K13.2)
- leukoplakia of tongue (K13.2)
- macroglossia (congenital) (Q38.2)
- submucous fibrosis of tongue (K13.5)

K14.0 Glossitis

- Tongue:
  - abscess
  - ulceration (traumatic)
  - abscess of tongue
  - ulceration (traumatic) of tongue

Excludes: atrophic glossitis (K14.4)

K14.5 Plicated tongue

- Fissured tongue
- Furrowed tongue
- Scrotal tongue
- Fissured tongue
- Furrowed tongue
- Scrotal tongue

Excludes: fissured tongue, congenital (Q38.39)

K14.8 Other diseases of tongue

- Tongue:
  - atrophy
  - crenated
  - enlargement
  - hypertrophy
  - atrophy of tongue

Excludes: hairy leukoplakia (K13.3)
K31  Other diseases of stomach and duodenum

K31.5 Obstruction of duodenum
Duodenal:
• constriction
• ileus (chronic)
• stenosis
• stricture
Constriction
Stenosis of duodenum
Stricture
Duodenal ileus (chronic)

Excludes: congenital stenosis of duodenum (Q41.02)

K38  Other diseases of appendix

K38.1 Appendicular concretions
Faecalith of appendix
Stercolith of appendix
Faecalith of appendix
Stercolith of appendix

K40  Inguinal hernia

K40.3 Unilateral or unspecified inguinal hernia, with obstruction, without gangrene

See subdivisions
Inguinal hernia (unilateral):
• causing obstruction without gangrene
• incarcerated without gangrene
• irreducible without gangrene
• strangulated without gangrene
• causing obstruction without gangrene
• incarcerated without gangrene
• irreducible without gangrene
• strangulated without gangrene

Includes: that with adhesions

K41  Femoral hernia

K41.3 Unilateral or unspecified femoral hernia, with obstruction, without gangrene
Femoral hernia (unilateral):
• causing obstruction without gangrene
• incarcerated without gangrene
• irreducible without gangrene
• strangulated without gangrene
• causing obstruction without gangrene
• incarcerated without gangrene
• irreducible without gangrene
• strangulated without gangrene

Includes: that with adhesions
### Umbilical hernia

**K42.0 Umbilical hernia with obstruction, without gangrene**

Umbilical hernia:
- causing obstruction without gangrene
- incarcerated without gangrene
- irreducible without gangrene
- strangulated without gangrene

Includes: that with adhesions

---

### Ventral hernia

**K43.0 Incisional hernia with obstruction, without gangrene**

Incisional hernia:
- causing obstruction without gangrene
- incarcerated without gangrene
- irreducible without gangrene
- strangulated without gangrene

Includes: that with adhesions

---

### Parastomal hernia

**K43.3 Parastomal hernia with obstruction, without gangrene**

Parastomal hernia:
- causing obstruction without gangrene
- incarcerated without gangrene
- irreducible without gangrene
- strangulated without gangrene

Includes: that with adhesions

---

### Other and unspecified ventral hernia

**K43.6 Other and unspecified ventral hernia with obstruction, without gangrene**

Hernia (epigastric) (hypogastric) (midline) (spigelian) (subxiphoid):
- causing obstruction without gangrene
- incarcerated without gangrene
- irreducible without gangrene
- strangulated without gangrene

Includes: epigastric hernia
hypogastric hernia
midline hernia
spigelian hernia
subxiphoid hernia
that with adhesions
K43.7 Other and unspecified ventral hernia with gangrene

Hernia:
- epigastric
- hypogastric
- midline
- spigelian
- subxiphoid

Includes: epigastric hernia
hypogastric hernia
midline hernia
spigelian hernia
subxiphoid hernia

K43.9 Other and unspecified ventral hernia without obstruction or gangrene

Hernia:
- epigastric
- hypogastric
- midline
- spigelian
- subxiphoid

Ventral hernia NOS

Includes: epigastric hernia
hypogastric hernia
midline hernia
spigelian hernia
subxiphoid hernia

K44 Diaphragmatic hernia

K44.0 Diaphragmatic hernia with obstruction, without gangrene

Diaphragmatic hernia:
- causing obstruction without gangrene
- incarcerated without gangrene
- irreducible without gangrene
- strangulated without gangrene

Includes: that with adhesions

K45 Other abdominal hernia

Includes: hernia:
- abdominal, specified site NEC
- lumbar
- obturator
- pudendal
- retroperitoneal
- sciatic

K45.0 Other specified abdominal hernia with obstruction, without gangrene

Any condition hernia listed under K45:
- causing obstruction without gangrene
- incarcerated without gangrene
- irreducible without gangrene
- strangulated without gangrene

Includes: that with adhesions
K45.1 Other specified abdominal hernia with gangrene
Any condition hernia listed under K45 specified as gangrenous

K46 Unspecified abdominal hernia
Includes: enterocoele
epiplclocele
hernia:
- interstitial
- intestinal
- intra-abdominal
- NOS
Excludes: vaginal enterocoele (N81.5)

K46.0 Unspecified abdominal hernia with obstruction, without gangrene
Any condition hernia listed under K46:
- causing obstruction without gangrene
- incarcerated without gangrene
- irreducible without gangrene
- strangulated without gangrene
Includes: that with adhesions

K46.1 Unspecified abdominal hernia with gangrene
Any condition hernia listed under K46 specified as gangrenous

K46.9 Unspecified abdominal hernia without obstruction or gangrene
Abdominal hernia NOS

K52 Other noninfective gastroenteritis and colitis

K52.9 Noninfective gastroenteritis and colitis, unspecified
Noninfectious:
- diarrhoea
- enteritis
- ileitis
- jejunitis
- sigmoiditis

Ischaemic:
- colitis
- enteritis
- enterocolitis

Vascular disorders of intestine

K55 Vascular disorder of intestine, unspecified
Ischaemic:
- colitis NOS
- enteritis NOS
- enterocolitis NOS
K56 Paralytic ileus and intestinal obstruction without hernia

K56.2 Volvulus
Colon or intestine:
• strangulation
• torsion
• twist

Strangulation of colon or intestine
Torsion of colon or intestine
Twist

K56.6 Other and unspecified intestinal obstruction
Colon or intestine:
• occlusion
• stenosis
• stricture

Strangulation of colon or intestine
Torsion of colon or intestine
Twist of colon or intestine

Excludes: other and unspecified neonatal intestinal obstruction classifiable to P76.8 or P76.9

K57 Diverticular disease of intestine
Diverticulitis of (large) (small) intestine
Diverticulosis of (large) (small) intestine
Diverticulum of (large) (small) intestine

Excludes: congenital diverticulum of intestine (Q43.89)
Diverticulum of appendix (K38.2)
Meckel’s diverticulum (Q43.0)

K61 Abscess of anal and rectal regions
Cellulitis of anal and rectal regions

Includes: with or without fistula

K61.0 Anal abscess
Perianal abscess

Excludes: intrasphincteric abscess (K61.4)

K72 Hepatic failure, not elsewhere classified
Includes: hepatic:
• coma NOS
• encephalopathy NOS

Hepatitis:
• fulminant
• malignant

Necrotizing enterocolitis with hepatic failure
Yellow liver atrophy or dystrophy
Other diseases of liver

K76.1 Chronic passive congestion of liver
- 
  - Cardiac:
    - cirrhosis (so-called) of liver
    - sclerosis of liver

K80 Cholelithiasis

The following fifth character subdivisions are for use with subcategories K80.0–K80.8:

- 0 without mention of obstruction
- 1 with obstruction

K80.0 Calculus of gallbladder with acute cholecystitis

See subdivisions
Any condition listed in K80.2- with acute cholecystitis

K80.1 Calculus of gallbladder with other cholecystitis

See subdivisions
Any condition listed in K80.2- with cholecystitis (chronic)
Cholecystitis with cholelithiasis NOS

K80.2 Calculus of gallbladder without cholecystitis

See subdivisions
Cholecystolithiasis NOS or without cholecystitis
Cholelithiasis NOS or without cholecystitis
Gallbladder colic (recurrent) NOS or without cholecystitis
Gallstone ( impacted) of:
  - cystic duct NOS or without cholecystitis
  - gallbladder NOS or without cholecystitis

Excludes: with cholecystitis:
  - acute (K80.0-)
  - chronic (K80.1-)
  - NOS (K80.1-)

K80.3 Calculus of bile duct with cholangitis

See subdivisions
Any condition listed in K80.5- with cholangitis

K80.4 Calculus of bile duct with cholecystitis

See subdivisions
Any condition listed in K80.5- with cholecystitis (with cholangitis)
K80.5  Calculus of bile duct without cholangitis or cholecystitis

See subdivisions

Cholelithiasis NOS or without cholangitis or cholecystitis
Gallstone (impacted) of:

• bile duct NOS or without cholangitis or cholecystitis
• common duct NOS or without cholangitis or cholecystitis
• hepatic duct NOS or without cholangitis or cholecystitis

Hepatic:

• cholelithiasis NOS or without cholangitis or cholecystitis
• colic (recurrent) NOS or without cholangitis or cholecystitis

Excludes: with:

• cholangitis:
  • and cholecystitis (K80.4-)
• NOS (K80.3-)
• cholecystitis (and cholangitis) (K80.4-)

K81   Cholecystitis

Excludes: with cholelithiasis or choledocholithiasis (K80. -)

K81.0 Acute cholecystitis

Abscess of gallbladder without calculus
Angiocholecystitis without calculus
Cholecystitis:
  • emphysematous (acute) without calculus
  • gangrenous without calculus
  • suppurative without calculus
Empyema of gallbladder without calculus
Gangrene of gallbladder without calculus

Abscess of gallbladder
Angiocholecystitis
Cholecystitis:
  • emphysematous (acute)
  • gangrenous
  • suppurative
Empyema of gallbladder
Gangrene of gallbladder

K82   Other diseases of gallbladder

K82.0 Obstruction of gallbladder

Oclusion of cystic duct or gallbladder without calculus
Stenosis of cystic duct or gallbladder without calculus
Stricture of cystic duct or gallbladder without calculus

Oclusion of cystic duct or gallbladder
Stenosis
Stricture

Excludes: with cholelithiasis (K80. -)

K82.3 Fistula of gallbladder

Cholecystocolic fistula
Cholecystoduodenal fistula
Cholecystocolic
Cholecystoduodenal fistula
K82.8 Other specified diseases of gallbladder

Cystic duct or gallbladder:
- adhesions
- atrophy
- cyst
- dyskinesia
- hypertrophy
- nonfunctioning
- ulcer

Adhesions
Atrophy
Cyst
Dyskinesia
Hypertrophy
Nonfunctioning
Ulcer

K83 Other diseases of biliary tract

K83.1 Obstruction of bile duct

Occlusion of bile duct without calculus
Stenosis of bile duct without calculus
Stricture of bile duct without calculus

Occlusion
Stenosis
Stricture

Excludes: with cholelithiasis (K80.-)

K83.8 Other specified diseases of biliary tract

Bile duct:
- adhesions
- atrophy
- hypertrophy
- ulcer

Adhesions
Atrophy
Hypertrophy
Ulcer

K86 Other diseases of pancreas

K86.8 Other specified diseases of pancreas

Atrophy
Cancer
Cirrhosis
Fibrosis
Pancreatic:
- atrophy
- calculus
- cirrhosis
- fibrosis
- infantilism
- necrosis:
  - aseptic
  - fat
  - NOS

Adhesions
Atrophy
Cancer
Cirrhosis
Fibrosis
Pancreatic:
- atrophy
- calculus
- cirrhosis
- fibrosis
- infantilism
- necrosis:
  - aseptic
  - fat
  - NOS

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 663
L04  Acute lymphadenitis

Acute:
• lymph node abscess NEC
• lymphadenitis NEC

Includes:
• abscess (acute) any lymph node,
  lymphadenitis, acute except mesenteric

Excludes:
enlarged lymph nodes (R59.-)
  lymphadenitis:
  • chronic or subacute, except mesenteric (I88.1)
  • mesenteric, nonspecific (I88.0)
  • NOS (I88.9)

…

L05  Pilonidal cyst

Coccygeal or pilonidal:
• fistula
• sinus

Includes:
• fistula
  • sinus
  • coccygeal or pilonidal

…

L86*  Keratoderma in diseases classified elsewhere

Follicular keratosis due to vitamin A deficiency (E50.8†)
Xeroderma due to vitamin A deficiency (E50.8†)
Follicular keratosis due to a vitamin A deficiency (E50.8†)
Xeroderma due to a vitamin A deficiency (E50.8†)
### SITE OF MUSCULOSKELETAL INVOLVEMENT

The following subclassification to indicate the site of involvement is provided for use with the appropriate categories in Chapter 13.

Valid characters are in [brackets] under each code. Different subclassifications for use with derangement of knee and dorsopathies are given listed on separate site notes.

<table>
<thead>
<tr>
<th>0</th>
<th>multiple sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>shoulder region</td>
</tr>
<tr>
<td></td>
<td>Acromioclavicular joint</td>
</tr>
<tr>
<td></td>
<td>Clavicle</td>
</tr>
<tr>
<td></td>
<td>Glenohumeral joint</td>
</tr>
<tr>
<td></td>
<td>Scapula</td>
</tr>
<tr>
<td></td>
<td>Sternoclavicular joint</td>
</tr>
<tr>
<td></td>
<td>[Clavicle Acromioclavicular joints]</td>
</tr>
<tr>
<td></td>
<td>Scapula Glenohumeral joints</td>
</tr>
<tr>
<td></td>
<td>Sternoclavicular</td>
</tr>
<tr>
<td>2</td>
<td>upper arm</td>
</tr>
<tr>
<td></td>
<td>Elbow joint</td>
</tr>
<tr>
<td></td>
<td>Humerus Elbow joint</td>
</tr>
<tr>
<td>3</td>
<td>forearm</td>
</tr>
<tr>
<td></td>
<td>Radius Wrist joint</td>
</tr>
<tr>
<td></td>
<td>Ulna Wrist joint</td>
</tr>
<tr>
<td>4</td>
<td>hand</td>
</tr>
<tr>
<td></td>
<td>Carpus Joints between these bones</td>
</tr>
<tr>
<td></td>
<td>Fingers Joints between hand bones</td>
</tr>
<tr>
<td></td>
<td>Metacarpus</td>
</tr>
<tr>
<td>5</td>
<td>pelvic region and thigh</td>
</tr>
<tr>
<td></td>
<td>Buttock Hip (joint)</td>
</tr>
<tr>
<td></td>
<td>Femur Sacroiliac joint</td>
</tr>
<tr>
<td></td>
<td>Hip (joint)</td>
</tr>
<tr>
<td></td>
<td>Pelvis Sacroiliac joint</td>
</tr>
<tr>
<td>6</td>
<td>lower leg</td>
</tr>
<tr>
<td></td>
<td>Fibula Knee joint</td>
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<tr>
<td></td>
<td>Tibia</td>
</tr>
<tr>
<td>7</td>
<td>ankle and foot</td>
</tr>
<tr>
<td></td>
<td>Ankle joint</td>
</tr>
<tr>
<td></td>
<td>Metatarsus Ankle joint</td>
</tr>
<tr>
<td></td>
<td>Other joints in foot</td>
</tr>
<tr>
<td></td>
<td>Tarsus Other joints in foot</td>
</tr>
<tr>
<td></td>
<td>Toes</td>
</tr>
</tbody>
</table>

...
M23.3 Other meniscus derangements

See site code
Degenerate meniscus
Detached meniscus
Retained meniscus

M47 Spondylosis

See site code
Includes: arthrosis or osteoarthritis of spine
degeneration of facet joints

M47.8 Other spondylosis

M47.9 Spondylosis, unspecified

M67 Other disorders of synovium and tendon

See site code
Excludes: palmar fascial fibromatosis [Dupuytren] (M72.0)
tendinitis NOS (M77.9)
xanthomatosis localised to tendons (E78.2)

M67.4 Ganglion

Ganglion of joint or tendon (sheath)
Excludes: cyst of:
• bursa (M71.2–M71.3-)
• synovium (M71.2–M71.3-)
cyst of:
• bursa
• synovium (M71.2–M71.3-)
ganglion in yaws (A66.6)

M77 Other enthesopathies

M77.9 Enthesopathy, unspecified
Bone spur NOS
Capsulitis NOS
Periarthritis NOS
Tendinitis NOS
Bone spur
Capsulitis NOS

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 666
Periarthritis
Tendinitis

M79
Other soft tissue disorders, not elsewhere classified

M79.2 Neuralgia and neuritis, unspecified

Excludes: brachial radiculitis (M54.1-)
lumbosacral radiculitis (M54.17)
mononeuropathies (G56–G58)
radiculitis, NOS (M54.1-)
• brachial NOS
• lumbosacral NOS (M54.1)
• NOS
sciatica (M54.3–M54.4)

M92 Other juvenile osteochondrosis

M92.9 Juvenile osteochondrosis, unspecified

Juvenile:
• apophysitis NEC
• epiphysitis NEC
• osteochondritis NEC
• osteochondrosis NEC

Apophysitis
Epiphysitis
Osteochondritis
Osteochondrosis

M93 Other osteochondropathies

Excludes: osteochondrosis of spine (M42.-)

M93.9 Osteochondropathy, unspecified

Apophysitis NEC
Epiphysitis NEC
Osteochondritis NEC
Osteochondrosis NEC

Apophysitis
Epiphysitis
Osteochondritis
Osteochondrosis

N05 Unspecified nephritic syndrome

See subdivisions

Includes: glomerular disease NOS
glomerulonephritis NOS
nephritis
glomerular disease NOS
glomerulonephritis NOS
nephritis NOS
nephropathy NOS and renal disease NOS with morphological lesion specified in subdivisions .0–.8

Excludes: nephropathy NOS with no stated morphological lesion (N28.9)
renal disease NOS with no stated morphological lesion (N28.9)
tubulo-interstitial nephritis NOS (N12)
N11 Chronic tubulo-interstitial nephritis

Includes: chronic:
• infectious interstitial nephritis
• pyelitis
• pyelonephritis

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

N11.0 Nonobstructive reflux-associated chronic pyelonephritis
Pyelonephritis (chronic) associated with (vesicoureteral) reflux

Excludes: vesicoureteral reflux NOS (N13.7)

N11.1 Chronic obstructive pyelonephritis
Pyelonephritis (chronic) associated with:
• anomaly, pelviureteric junction, pyeloureteric junction, ureter
• kinking, pelviureteric junction, pyeloureteric junction, ureter
• obstruction, pelviureteric junction, pyeloureteric junction, ureter
• stricture, pelviureteric junction, pyeloureteric junction, ureter

Excludes: calculus pyelonephritis (N20.9)
oBSTRICTIVE UROPATHY (N13.4)

N28 Other disorders of kidney and ureter, not elsewhere classified

Excludes: acute renal disease NOS (N00.9)
hydroureter (N13.4)
ureteric kinking and stricture:
• with hydronephrosis (N13.1)
• without hydronephrosis (N13.5)

N28.8 Other specified disorders of kidney and ureter

Hypertrophy of kidney
Megaloureter
Nephroptosis
Pyelitis cystica
Pyeloureteritis cystica
Ureteritis cystica

Excludes:

N39 Other disorders of urinary system

N39.4 Other specified urinary incontinence

Overflow incontinence
Reflex incontinence
Urge incontinence

Overflow incontinence
Reflex incontinence
Urge incontinence

Use additional code (N32.8) to identify overactive bladder or detrusor muscle hyperactivity.

Excludes: enuresis NOS (R32)
urinary incontinence (of):
• nonorganic origin (F98.0)
• NOS (R32)
Hyperplasia of prostate

- Adenofibromatous hypertrophy of prostate
- Enlargement (benign) of prostate
- Hypertrophy (benign) of prostate
- Median bar (prostate)
- Prostatic obstruction NOS

Code also associated bladder neck obstruction (N32.0).

Excludes:  benign neoplasms of prostate (D29.1)

Other disorders of penis

Other inflammatory disorders of penis
- Corpus cavernosum and penis:
  - abscess
  - boil
  - carbuncle
  - cellulitis

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

Other specified disorders of penis
- Corpus cavernosum and penis:
  - atrophy
  - hypertrophy
  - thrombosis

Inflammatory disorders of male genital organs, not elsewhere classified

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

Excludes:  inflammation of penis (N48.1–N48.2)  orchitis and epididymitis (N45.-)

Inflammatory disorder of unspecified male genital organ
N50  Other disorders of male genital organs

Excludes: torsion of testis (N44)

N50.0  Atrophy of testis

N50.1  Vascular disorders of male genital organs

Male genital organ:
• haematocoele NOS
• haemorrhage
• thrombosis

Haematocoele NOS
Haemorrhage of male genital organs
Thrombosis

N50.8  Other specified disorders of male genital organs

Atrophy
Hyper trophy
Oedema
Ulcer

Chylocele, tunica vaginalis (nonfilarial) NOS
Fistula, urethroscrotal

Male genital organ:
• atrophy
• hypertrophy
• oedema
• stricture
• ulcer

Stricture of:
• spermatic cord
• tunica vaginalis
• vas deferens

Includes: scrotum, seminal vesicle, spermatic cord, testis [except atrophy], tunica vaginalis and vas deferens

Excludes: atrophy of testis (N50.0)

...

N72  Inflammatory disease of cervix uteri

Cervicitis with or without erosion or ectropion
Endocervicitis with or without erosion or ectropion
Exocervicitis with or without erosion or ectropion

Cervicitis
Endocervicitis
Exocervicitis

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

Excludes: erosion and ectropion of cervix without cervicitis (N86)

...

N73  Other female pelvic inflammatory diseases

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

N73.0  Acute parametritis and pelvic cellulitis

Acute abscess of:
• broad ligament
• parametrium

Acute abscess of broad ligament
Acute abscess of parametrium

Pelvic cellulitis, female
N83 Noninflammatory disorders of ovary, fallopian tube and broad ligament

*Excludes:* hydrosalpinx (N70.1)

N83.2 Other and unspecified ovarian cysts

**Ovarian:**
- retention cyst
- simple cyst

**Retention cyst of ovary**

**Simple cyst of ovary**

*Excludes:* ovarian cyst:
- developmental (Q50.1-)
- neoplastic (D27)
- polycystic ovarian syndrome (E28.2)

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.-)

N85.4 Malposition of uterus

**Uterine:**
- anteversion
- retroflexion
- retroversion

**Anteversion of uterus**

**Retroflexion of uterus**

**Retroversion of uterus**

N86 Erosion and ectropion of cervix uteri

**Decubitus (trophic) ulcer of cervix**

**Eversion of cervix**

**Decubitus (trophic) ulcer of cervix**

**Eversion of cervix**

*Excludes:* with cervicitis (N72)

N90 Other noninflammatory disorders of vulva and perineum

*Excludes:* carcinoma in situ of vulva (D07.1)
- current obstetric trauma (O70.-, O71.7–O71.8)
- inflammation of vulva (N76.-)

N90.4 Leukoplakia of vulva

**Dystrophy of vulva**

**Kraurosis of vulva**

**Dystrophy of vulva**

**Kraurosis of vulva**
P01 Fetus and newborn affected by maternal complications of pregnancy

P01.7 Fetus and newborn affected by malpresentation before labour
- Breech presentation before labour
- External version before labour
- Face presentation before labour
- Transverse lie before labour
- Unstable lie before labour

P01.8 Fetus and newborn affected by other maternal complications of pregnancy
- Spontaneous abortion, fetus

P15 Other birth trauma

P15.3 Birth trauma to eye
- Subconjunctival haemorrhage due to birth trauma
- Traumatic glaucoma due to birth trauma

P15.4 Birth trauma to face
- Facial congestion due to birth trauma

P21 Birth asphyxia

Note: This category is not to be used for low Apgar score without mention of asphyxia or other respiratory problems.

Excludes: intrauterine hypoxia or asphyxia (P20.~)

P21.9 Birth asphyxia, unspecified

Birth:
- anoxia NOS
- asphyxia NOS
- hypoxia NOS

P37 Other congenital infectious and parasitic diseases

P37.5 Neonatal candidiasis

P37.52 Invasive neonatal candidiasis

Generalised neonatal candidal sepsis
Neonatal pulmonary candidiasis
Systemic neonatal candidiasis

Use additional code (R65.1) to identify severe sepsis OR (R57.2) to identify septic shock, if applicable.
Other neonatal haemorrhages

Excludes: fetal blood loss (P50.-)

pulmonary haemorrhage originating in the perinatal period (P26.-)

Neonatal cutaneous haemorrhage

Fetus or newborn:
- bruising
- ecchymoses
- petechiae
- superficial haematoma

Excludes: bruising of scalp due to birth trauma (P12.3)
cephalhaematoma due to birth trauma (P12.0)

Hypoxic ischaemic encephalopathy [HIE] of newborn

Code also any co-existent severe birth asphyxia (P21.0).

Stage 1 hypoxic ischaemic encephalopathy [HIE] of newborn

HIE of newborn:
- grade 1
- mild

Stage 2 hypoxic ischaemic encephalopathy [HIE] of newborn

HIE of newborn:
- grade 2
- moderate

Stage 3 hypoxic ischaemic encephalopathy [HIE] of newborn

HIE of newborn:
- grade 3
- severe

Includes: seizures
Q04  Other congenital malformations of brain

Excludes:
- cyclopia (Q87.00)
- macrocephaly (Q75.3-)

Q04.3  Other and unspecified reduction deformities of brain

Excludes:
- congenital malformations of corpus callosum (Q04.0-)

Q04.39  Other reduction anomalies of brain

- Absence of brain NOS
- Agenesis of brain NOS
- Aplasia of brain NOS
- Hypoplasia of brain NOS

- Absence
- Agenesis
- Aplasia
- Hypoplasia

Q04.4  Septo-optic dysplasia

Q04.9  Congenital malformation of brain, unspecified

Congenital:
- anomaly NOS of brain
- deformity NOS of brain
- disease or lesion NOS of brain
- multiple anomalies NOS of brain

Q05  Spina bifida

Q05.0  Cervical spina bifida with hydrocephalus

See subdivisions

Q05.1  Thoracic spina bifida with hydrocephalus

See subdivisions

Spina bifida:
- dorsal with hydrocephalus
- dorsolumbar with hydrocephalus
- thoracolumbar with hydrocephalus

Q05.2  Lumbar spina bifida with hydrocephalus

See subdivisions

Lumbosacral spina bifida with hydrocephalus
Q05.6  Thoracic spina bifida without hydrocephalus

See subdivisions
Spina bifida:
• dorsal NOS
• dorsolumbar NOS
• thoracolumbar NOS
• dorsal
• dorsolumbar
• thoracolumbar NOS

Q05.7  Lumbar spina bifida without hydrocephalus

See subdivisions
Lumbosacral spina bifida NOS

Q06  Other congenital malformations of spinal cord

Excludes: syringomyelia and syringobulbia (G95.0)

Q06.9  Congenital malformation of spinal cord, unspecified

Congenital:
• anomaly NOS of spinal cord or spinal meninges
• deformity NOS of spinal cord or spinal meninges
• disease or lesion NOS of spinal cord or spinal meninges

Q07  Other congenital malformations of nervous system

Excludes: familial dysautonomia [Riley–Day] (G90.1)
neurofibromatosis (nonmalignant) (Q85.0)

Q07.9  Congenital malformation of nervous system, unspecified

Congenital:
• anomaly NOS of nervous system
• deformity NOS of nervous system
• disease or lesion NOS of nervous system

Q11  Anophthalmos, microphthalmos and macrophthalmos

Q11.0  Cystic eyeball

Q11.1  Other anophthalmos

Eye:
• agenesis
• aplasia
  Agenesis
  Aplasia
  Eye

Q11.2  Microphthalmos

Cryptophthalmos NOS

Eye:
• dysplasia
• hypoplasia
• rudimentary
  Dysplasia
  Hypoplasia
  (of) eye
  Rudimentary

Excludes: cryptophthalmos syndrome (Q87.03)
Q15 Other congenital malformations of eye

*Excludes:* congenital nystagmus (H55)
ocular albinism (E70.3)
retinitis pigmentosa (H35.5)

Q15.9 Congenital malformation of eye, unspecified

Congenital:
- anomaly NOS of eye
- deformity NOS of eye

Q18 Other congenital malformations of face and neck

Q18.8 Other specified congenital malformations of face and neck

*Face and neck medial:*
- cyst
- fistula
- sinus

*Facial cleft:*
- Medial:
  - cyst
  - fistula
  - sinus

Q18.9 Congenital malformation of face and neck, unspecified

Congenital anomaly NOS of face and neck

Q21 Congenital malformations of cardiac septa

*Excludes:* acquired cardiac septal defect (I51.0)

Q21.0 Ventricular septal defect

*Excludes:* that with tetralogy of Fallot (Q21.3)

Q21.02 Perimembranous ventricular septal defect

Ventricular septal defect:
- membranous
- subaortic

Q21.03 Subarterial ventricular septal defect

Ventricular septal defect:
- conoventricular
- doubt committed subarterial
- infundibular
- subpulmonary
- supracristal

Q21.03

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Q21.04 Gerbode defect

Q24 Other congenital malformations of heart

Excludes: endocardial fibroelastosis (I42.4)

Q24.9 Congenital malformation of heart, unspecified

Congenital:
- acyanotic heart disease
- anomaly NOS of heart
- disease NOS of heart

Q25 Congenital malformations of great arteries

Q25.4 Other and unspecified congenital malformations of aorta

Q25.45 Persistent aortic arch

Persistent:
- convolutions of aortic arch
- right aortic arch

Q25.46 Pseudotruncus arteriosus

Q25.7 Other and unspecified congenital malformations of pulmonary artery

Q25.79 Other specified congenital malformations of pulmonary artery

Aberrant pulmonary artery
Agenesis of pulmonary artery
Hypoplasia of pulmonary artery

Q25.8 Other congenital malformations of great arteries

Q25.9 Congenital malformation of great arteries, unspecified

Q27 Other congenital malformations of peripheral vascular system

Q27.8 Other specified congenital malformations of peripheral vascular system

Aberrant subclavian artery
Absence of artery or vein NEC
Atresia of artery or vein NEC

Absence
Atresia

Congenital:
- aneurysm (peripheral)
- stricture, artery
- varix
Q30  Congenital malformations of nose

Excludes: congenital deviation of nasal septum (Q67.42)

Q30.0  Choanal atresia and stenosis

Q30.01 Choanal atresia
Atresia of nares (anterior) (posterior):
• anterior
• posterior

Q30.02 Choanal stenosis
Congenital stenosis of nares (anterior) (posterior):
• anterior
• posterior

Q30.1  Agenesis and underdevelopment of nose
Congenital absence of nose
...

Q31  Congenital malformations of larynx

Excludes: congenital laryngeal stridor NOS (P28.89)
...

Q31.8 Other congenital malformations of larynx

Absence of cricoid cartilage, epiglottis, glottis, larynx or thyroid cartilage
Absence of larynx
Agenesis of larynx
Atria of larynx
Cleft thyroid cartilage
Congenital stenosis of larynx NEC
Fissure of epiglottis
Posterior cleft of cricoid cartilage

Includes: cricoid cartilage
epiglottis
glottis
thyroid cartilage
...

Q32  Congenital malformations of trachea and bronchus

Excludes: congenital bronchiectasis (Q33.4)

Q32.0  Congenital tracheomalacia

Q32.1  Other congenital malformations of trachea

Anomaly of tracheal cartilage
Atria of trachea
Congenital:
• dilatation of trachea
• malformation of trachea
• stenosis of trachea

Q32.2  Congenital bronchomalacia

Q32.3  Congenital stenosis of bronchus
Q32.4 Other congenital malformations of bronchus
Absence of bronchus
Agenesis of bronchus
Atresia of bronchus
Congenital malformation NOS of bronchus
Diverticulum of bronchus
Absence
Agenesis
Atresia of bronchus
Congenital malformation NOS of bronchus
Diverticulum

Q34 Other congenital malformations of respiratory system

Q34.9 Congenital malformation of respiratory system, unspecified
Congenital:
• absence of respiratory organ
• anomaly NOS of respiratory organ

Q38 Other congenital malformations of tongue, mouth and pharynx
Excludes:
macrostomia (Q18.4)
microstomia (Q18.5)

Q38.3 Other and unspecified congenital malformations of tongue

Q38.39 Other congenital malformations of tongue
Congenital:
• adhesion of tongue
• fissure of tongue

Q38.4 Congenital malformations of salivary glands and ducts

Q40 Other congenital malformations of upper alimentary tract
Q40.0 Congenital hypertrophic pyloric stenosis
Congenital or infantile:
• constriction of pylorus
• hyper trophy of pylorus
• spasm of pylorus
• stenosis of pylorus
• stricture of pylorus

Q40.1 Congenital hiatus hernia
Displacement of cardia through oesophageal hiatus
Excludes: congenital diaphragmatic hernia (Q79.0)
Q40.2 Other specified congenital malformations of stomach

Q40.29 Other specified congenital malformations of stomach
Cardiospasm
Congenital:
  • displacement of stomach
  • hourglass stomach
  • malposition of stomach
  • displacement
  • hourglass
  • malposition

Q40.3 Congenital malformation of stomach, unspecified

Q40.8 Other specified congenital malformations of upper alimentary tract

Q40.9 Congenital malformation of upper alimentary tract, unspecified
Congenital:
  • anomaly NOS of upper alimentary tract NEC
  • deformity NOS of upper alimentary tract NEC
  • anomaly
  • deformity

Q43 Other congenital malformations of intestine

Q43.0 Meckel’s diverticulum
Persistent:
  • omphalomesenteric duct
  • vitelline duct

Q43.1 Hirschsprung’s disease

Q43.10 Hirschsprung’s disease, unspecified
Aganglionosis NOS
Congenital (aganglionic) megacolon NOS
Aganglionosis
Congenital (aganglionic) megacolon

Q43.11 Short segment Hirschsprung’s disease

Q43.3 Congenital malformations of intestinal fixation

Q43.31 Malrotation of colon
Incomplete rotation of caecum and colon
Insufficient rotation of caecum and colon
Rotation: Failure of caecum and colon
  • failure
  • incomplete
  • insufficient

Q43.32 Congenital intra-abdominal adhesions (bands)
Other congenital malformations of digestive system

Excludes: congenital:
  • diaphragmatic hernia (Q79.0)
  • hiatus hernia (Q40.1)

Other congenital malformations of ovary

Other and unspecified congenital malformations of ovary

Other and unspecified congenital malformations of fallopian tube and broad ligament

Other congenital malformations of male genital organs

Excludes: congenital hydrocele (P83.5)
  hypospadias (Q54.7)

Other congenital malformations of male genital organ, unspecified

Congenital obstructive defects of renal pelvis and congenital malformations of ureter

Congenital hydronephrosis

Atresia and stenosis of ureter

Atresia of ureter, unilateral

Atresia of ureter:
  • NOS
  • ureteropelvic junction, unilateral
  • ureterovesical junction, unilateral
  Impervious ureter, unilateral
• ureteropelvic junction
• ureterovesical junction
Impervious ureter

Q62.16 Atresia of ureter, bilateral
Atresia of ureter:
• ureteropelvic junction, bilateral
• ureterovesical junction, bilateral
Impervious ureter, bilateral

Q62.17 Stenosis of ureter, unilateral
Occlusion of ureter, unilateral
Stenosis:
• NOS
• ureteropelvic junction, unilateral
• ureterovesical junction, unilateral
Stricture of ureter, unilateral

Q62.19 Stenosis of ureter, bilateral
Occlusion of ureter, bilateral
Stenosis:
• ureteropelvic junction, bilateral
• ureterovesical junction, bilateral
Stricture of ureter, bilateral

Q62.2 Congenital megaloureter
Congenital dilatation of ureter

Q62.6 Malposition of ureter
Ureter:
• deviation
• displacement
• ectopic
• implantation, anomalous

Deviation
Displacement (of) ureter or
Ectopic ureteric orifice
Implantation, anomalous

Includes: ureteric orifice

Q62.60 Malposition of ureter, unspecified ureteric drainage site

Q64 Other congenital malformations of urinary system

Q64.9 Congenital malformation of urinary system, unspecified
Congenital:
• anomaly NOS of urinary system
• deformity NOS of urinary system
• anomaly NOS of urinary system
• deformity NOS of urinary system
Q65 Congenital deformities of hip

Excludes: clicking hip (R29.4)

Q65.6 Unstable hip

- Dislocatable hip
- Subluxatable hip

Q65.60 Unstable hip, unspecified

Q65.8 Other congenital deformities of hip

Q65.89 Other congenital deformities of hip

- Congenital:
  - acetabular dysplasia
  - anteversion of femoral neck
  - dysplasia of hip

- Developmental dysplasia of hip

Q65.9 Congenital deformity of hip, unspecified

Q69 Polydactyly

Q69.2 Accessory toe(s)

Q69.21 Accessory hallux [halluces]

- Accessory great toe(s)
- Bifid toe(s)

Q69.29 Other accessory toe(s)

Q71 Reduction defects of upper limb

Q71.8 Other reduction defects of upper limb(s)

Q71.81 Other reduction defects of upper arm(s)

- Congenital:
  - hypoplasia of upper arm(s)
  - shortening of upper arm(s)

Q71.82 Other reduction defects of forearm(s)

- Congenital:
  - hypoplasia of forearm(s)
  - shortening of forearm(s)

Q71.83 Other reduction defects of hand(s)
Congenital:
  • hypoplasia of hand(s)
  • shortening of hand(s)
Congenital hypoplasia of hand(s)
Congenital shortening of hand(s)

Q71.84  Other reduction defects of finger(s) and thumb(s)
Congenital hypoplasia of:
  • finger(s)
  • thumb(s)

Q71.89  Other reduction defects of upper limb(s)
Congenital:
  • hypoplasia of upper limb(s)
  • shortening of upper limb(s)
Congenital hypoplasia of upper limb(s)
Congenital shortening of upper limb(s)

Q71.9  Reduction defect of upper limb, unspecified
Congenital amputation of upper limb NOS
Constriction ring of upper limb NOS
Congenital amputation of upper limb NOS
Constriction ring of upper limb NOS

Q72  Reduction defects of lower limb
...

Q72.8  Other reduction defects of lower limb(s)
Q72.81  Other reduction defects of lower leg(s)
Congenital:
  • hypoplasia of lower leg(s)
  • shortening of lower leg(s)
Congenital hypoplasia of lower leg(s)
Congenital shortening of lower leg(s)

Q72.82  Other reduction defects of foot/feet
Congenital:
  • hypoplasia of foot/feet
  • shortening of foot/feet
Congenital hypoplasia of foot/feet
Congenital shortening of foot/feet

Q72.83  Other reduction defects of toe(s)
Congenital:
  • hypoplasia of toe(s)
  • shortening of toe(s)
Congenital hypoplasia of toe(s)
Congenital shortening of toe(s)

Q72.89  Other reduction defects of lower limb(s)
Congenital:
  • hypoplasia of lower limb(s)
  • shortening of lower limb(s)
Congenital hypoplasia of lower limb(s)
Congenital shortening of lower limb(s)

Q72.9  Reduction defect of lower limb, unspecified
Congenital amputation of lower limb NOS
Constriction ring of lower limb NOS

Q73  Reduction defects of unspecified limb
...

Q73.8  Other reduction defects of unspecified limb(s)
...
Q73.89  Other reduction defects of unspecified limb(s)
Absence of digit(s) NOS
Congenital amputation of limb(s) NEC
Constriction ring syndrome of limb(s) NEC
Ectromelia of limb(s) NOS
Hemimelia of limb(s) NOS
Longitudinal reduction deformity of limb(s) NEC
Micromelia of limb(s) NOS

Q74  Other congenital malformations of limb(s)

Excludes:
polydactyly (Q69.-)
reduction defect of limb (Q71–Q73)
syndactyly (Q70.-)

Q74.2  Other and unspecified congenital malformations of lower limb(s), including pelvic girdle

Q74.20  Congenital malformation of lower limb(s), including pelvic girdle, unspecified

Q74.21  Other congenital malformations of pelvis, not elsewhere classified
Congenital:
• fusion of sacroiliac joint
• malformation of sacroiliac joint
Excludes:
anteversion of femur (neck) (Q65.89)
other congenital deformities of hip (Q65.89)

Q74.4  Distal arthrogryposis syndromes
Beals syndrome
Cerebro-oculo-facial-skeletal (COFS) syndrome
Gordon syndrome
Whistling face (Freeman-Sheldon) syndrome
Beals
Cerebro-oculo-facial-skeletal (COFS)
Gordon
Whistling face (Freeman-Sheldon)
Excludes: Pena-Shokeir (Q87.07)

Q76  Congenital malformations of spine and bony thorax

Excludes: congenital musculoskeletal deformities of spine and chest (Q67.5–Q67.8)

Q76.4  Other and unspecified congenital malformations of spine, not associated with scoliosis
Excludes: congenital malformations with scoliosis (Q67.5-, Q76.3-)

Q76.49  Other congenital malformations of spine, not associated with scoliosis
Congenital:
• fusion of spine NOS
• gibbus NOS
• kyphosis NOS
• lordosis NOS
Malformation of spine NOS
Platyspondylisis NOS
  • fusion of spine
  • gibbus
  • kyphosis
  • lordosis
Malformation of spine
Platyspondylisis

Q76.5  Cervical rib
Supernumerary rib in cervical region
...

Q78  Other osteochondrodysplasias
...

Q78.9  Osteochondrodysplasia, unspecified
Chondrodystrophy NOS
Osteodystrophy NOS
Skeletal dysplasia NOS
Chondrodystrophy
Osteodystrophy
Skeletal dysplasia

Q79  Congenital malformations of the musculoskeletal system, not elsewhere classified
Excludes:  congenital (sternomastoid) torticollis (Q68.01)
...

Q79.8  Other congenital malformations of musculoskeletal system
✿Q79.81  Other congenital malformations of muscle, not elsewhere classified
  Absence of muscle
  Accessory muscle
  Absence  (of) muscle

✿Q79.82  Other congenital malformations of tendon, not elsewhere classified
  Absence of tendon
  Congenital shortening of tendon
  Absence  Congenital shortening  (of) tendon
Excludes:  congenital shortening of Achilles tendon (Q66.83)

Q79.9  Congenital malformation of musculoskeletal system, unspecified
Congenital:
  • anomaly NOS of musculoskeletal system NEC
  • deformity NOS of musculoskeletal system NEC
  • anomaly NOS of musculoskeletal system
  • deformity NOS of musculoskeletal system

✿Q79.90  Congenital malformation of musculoskeletal system, unspecified
...

Q84  Other congenital malformations of integument
...

Q84.9  Congenital malformation of integument, unspecified
Congenital:
  • anomaly NOS of integument NEC
  • deformity NOS of integument NEC


Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Q87 Other specified congenital malformation syndromes affecting multiple systems

Q87.0 Congenital malformation syndromes predominantly affecting facial appearance

Q87.08 Goldenhar syndrome
Facio-auriculo-vertebral association
Oculo-auriculo-vertebral association [hemifacial microsomia]

Q87.09 Other specified congenital malformation syndromes predominantly affecting facial appearance

Q87.1 Congenital malformation syndromes predominantly associated with short stature
Excludes: Ellis-van Creveld syndrome (Q77.6)
Turcotte-Lillie syndrome (Q96.2)

Q87.16 Seckel syndrome
Bird-headed dwarfism
Microcephalic primordial dwarfism

Q87.17 Smith-Lemli-Opitz syndrome
7-dehydrocholesterol reductase deficiency

Q87.2 Congenital malformation syndromes predominantly involving limbs
Excludes: Fanconi’s anaemia with absent radius (D61.0)

Q87.28 Congenital malformation syndrome with ectrodactyly, not elsewhere classified
Ectrodactyly-ectodermal dysplasia-cleft (EEC) syndrome
Limbo-mammary syndrome
Excludes: ectrodactyly NOS (Q71.6)

Q87.29 Other specified congenital malformation syndromes predominantly involving limbs
Congenital malformation syndrome predominantly involving limbs NOS

Q87.8 Other specified congenital malformation syndromes, not elsewhere classified

Q87.87 Velocardiofacial syndrome [VCFS]
22q11 deletion syndrome
CATCH 22 syndrome
Shprintzen syndrome
Excludes: Di George syndrome (D82.1)

Q87.88 Opitz BBB/G syndrome
BBB syndrome, X-linked
G syndrome
Hypospadias-dysphagia syndrome
Hypospadias-hypertelorism syndrome
Hypospadias-dysphagia syndrome
Hypospadias-hypertelorism
Opitz syndrome, X-linked
Opitz G/BBB syndrome, X-linked
Opitz-Frias syndrome

Excludes: Opitz:
  • C Syndrome (Q87.09)
  • Disease (D73.2)

... 

R01 Cardiac murmurs and other cardiac sounds

Excludes: those originating in the perinatal period (P29.82)

R01.0 Benign and innocent cardiac murmurs
Functional cardiac murmur

R01.1 Cardiac murmur, unspecified
Cardiac bruit NOS
Systolic murmur NOS

R01.2 Other cardiac sounds
Cardiac dullness, increased or decreased
Precordial friction

... 

R09 Other symptoms and signs involving the circulatory and respiratory systems

Excludes: respiratory:
  • distress (syndrome)(of):
    • adult (J80)
    • newborn (P22.)
  • failure:
    • NOS (J96.-)
    • of newborn (P28.5)

... 

R09.3 Abnormal sputum
Abnormal:
  • amount of sputum
  • coloured sputum
  • sputum odour
Excessive sputum

... 

Excludes: blood-stained sputum (R04.2)
R19 Other symptoms and signs involving the digestive system and abdomen

Excludes: acute abdomen (R10.0)

R19.5 Other faecal abnormalities

Abnormal stool colour
Bulky stools
Faecal occult blood (FOB)
Mucus in stools
Occult blood in stools
Mucus
Occult blood in stools

Excludes: melaena:
• neonatal (P54.1)
• NOS (K92.1)

R23 Other skin changes

R23.4 Changes in skin texture

Delicate skin
Desquamation of skin
Fragile skin
Frail skin
Friable skin
Induration of skin
Scaling skin

Excludes: Skin tear:
• incidental
• nontraumatic

R26 Abnormalities of gait and mobility

Excludes: ataxia:
• hereditary (G11.~)
• locomotor (syphilitic) (A52.1)
• NOS (R27.0)
  immobility syndrome (paraplegic) (M62.3–)

R26.8 Other and unspecified abnormalities of gait and mobility

Impaired mobility NOS
Reduced mobility NOS
Unsteadiness on feet NOS
Senility

Old age without mention of psychosis
Senescence without mention of psychosis
Senile:
• asthenia
• debility

Excludes: senile psychosis (F03)

CHAPTER 19
INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES (S00–T98)

The blocks of the S-section as well as T00–T14 and T90–T98 contain injuries at the three character level classified by type as follows:

Superficial injury including:
abrasion
blister (nonthermal)
contusion, including bruise and haematoma
injury from superficial foreign body (splinter) without major open wound
insect bite (nonvenomous)

Includes: abrasion
blister (nonthermal)
contusion, including bruise and haematoma
injury from superficial foreign body (splinter) without major open wound
insect bite (nonvenomous)

Open wound including:
animal bite
cut
laceration
puncture wound:
• NOS
• penetrating injury (except that involving deeper structures)

Includes: animal bite
cut
laceration
puncture wound:
• NOS
• penetrating injury (except that involving deeper structures)

Excludes: skin tear:
• incidental (R23.4)
• nontraumatic (R23.4)

Fracture including:
fracture:
• closed:
  —comminuted
  —depressed
  —elevated
  —fractured
  —greenstick
  —impacted
  —linear
  —simple

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
slipped epiphysis
• spiral
• dislocated
• displaced

fracture:
• open:
  • compound
  • infected
  • missile
  • puncture
  • with foreign body

  with or without delayed healing

Includes: fracture (with or without delayed healing):

• closed:
  • comminuted
  • depressed
  • elevated
  • fissured
  • greenstick
  • impacted
  • linear
  • simple
  • slipped epiphysis
  • spiral
  • dislocated
  • displaced
  • open:
  • compound
  • infected
  • missile
  • puncture
  • with foreign body

Excludes: fracture:
• pathological:
  • NOS (M84.4)
  • with osteoporosis (M80.-)
  • stress (M84.3-)
  • malunion of fracture (M84.0)
  • nonunion of fracture [pseudoarthrosis] (M84.1)

Dislocation, sprain and strain including:

avulsion
laceration

sprain
strain

traumatic: of cartilage, joint (capsule), ligament
  • haemarthrosis
  • rupture
  • subluxation
  • tear

Includes: cartilage, joint (capsule), ligament:

• avulsion
• laceration
• sprain
• strain
• traumatic:
  • haemarthrosis
  • rupture
• subluxation
• tear

Injury to nerves and spinal cord including:
- complete or incomplete lesion of spinal cord
- lesion in continuity of nerves and spinal cord

traumatic:
- division of nerve
- haematomyelia
- paralysis (transient)
- paraplegia
- quadriplegia

Includes: complete or incomplete lesion of spinal cord
- lesion in continuity of nerves and spinal cord

traumatic:
- division of nerve
- haematomyelia
- paralysis (transient)
- paraplegia
- quadriplegia

Injury to blood vessels including:
- avulsion
- cut
- laceration

traumatic:
- aneurysm or fistula (arteriovenous)
- arterial haematoma
- rupture

Includes: avulsion
- cut
- laceration

traumatic:
- aneurysm or fistula (arteriovenous)
- arterial haematoma
- rupture

Injury to muscle, fascia and tendon including:
- avulsion
- cut
- laceration
- sprain
- strain

traumatic rupture

Includes: avulsion
- cut
- laceration
- sprain
- strain

traumatic rupture

Crushing injury

Traumatic amputation

Injury to internal organs including:
- blast injuries
- bruise
- concussion injuries
- crushing

laceration

traumatic:
- haematoma
- puncture
- rupture
Includes: blast injuries
• bruise
• concussion injuries
• crushing
• laceration
• traumatic:
  • haematoma
  • puncture
  • rupture
  • tear

Other and unspecified injuries
Excludes: birth trauma (P10 – P15)
  obstetric trauma (O70 – O71)

INJURIES TO THE THORAX
(S20–S29)

Includes: injuries of:
• breast
• chest (wall)
• interscapular area

Excludes: burns (T20–T31)
effects of foreign body in:
• bronchus (T17.5)
• lung (T17.8)
• oesophagus (T18.1)
• trachea (T17.4)
fracture of spine NOS (T08)
frrostbite (T33–T35)
injuries of:
• axilla (S40–S49)
• clavicle (S40–S49)
• scapular region (S40–S49)
• shoulder (S40–S49)
  • axilla (S40–S49)
  • clavicle (S40–S49)
  • scapular region (S40–S49)
  • shoulder (S40–S49)
• spinal cord NOS (T09.3)
• trunk NOS (T09.3)
• insect bite or sting, venomous (T63.4)

S35 Injury of blood vessels at abdomen, lower back and pelvis level

S35.5 Injury of iliac blood vessels
  • Hypogastric artery or vein
  • Iliac artery or vein
  • Uterine artery or vein
  • Hypogastric
  • Iliac artery or vein
  • Uterine

S35.7 Injury of multiple blood vessels at abdomen, lower back and pelvis level
T00
Superficial injuries involving multiple body regions

T00.9
Multiple superficial injuries, unspecified
Multiple:
- abrasions NOS
- blisters (nonthermal) NOS
- bruises NOS
- contusions NOS
- haematomas NOS
- insect bites (nonvenomous) NOS

T01
Open wounds involving multiple body regions

T01.9
Multiple open wounds, unspecified
Multiple:
- animal bites NOS
- cuts NOS
- lacerations NOS
- puncture wounds NOS

T14
Injury of unspecified body region

T14.1
Open wound of unspecified body region
Animal bite NOS
Cut NOS
Laceration NOS
Open wound NOS
Puncture wound with (penetrating) foreign body NOS

Use additional code T89.0- to indicate open wounds with complications of foreign body, infection and delayed healing/treatment.

Excludes:
- traumatic amputations involving multiple body regions (T05.-)
- traumatic amputation NOS (T14.7)
### T14.3 Dislocation, sprain and strain of unspecified body region

**Avulsion:**
- cartilage NOS
- joint (capsule) NOS
- Laceration of ligament NOS
- Rupture cartilage NOS
- Sprain NOS
- Strain NOS

**Traumatic:**
- cartilage tear NOS
- haemarthrosis NOS
- ligament tear NOS
- subluxation of joint (capsule) NOS

**Avulsion**

<table>
<thead>
<tr>
<th>Laceration</th>
<th>Sprain</th>
<th>Strain</th>
</tr>
</thead>
<tbody>
<tr>
<td>of joint (capsule), ligament NOS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Excludes:** multiple dislocations, sprains and strains NOS (T03.9) sprain and strain of muscle(s) and tendon(s) NOS (T14.6)

### T14.4 Injury of nerve(s) of unspecified body region

**Injury of nerve NOS**

**Traumatic:**
- division of nerve NOS
- haematomyelia NOS
- paralysis (transient) NOS

**Excludes:** multiple injuries of nerves NOS (T06.2)

### T14.5 Injury of blood vessel(s) of unspecified body region

**Avulsion of blood vessel(s) NOS**

**Cut of blood vessel(s) NOS**

**Injury of blood vessel(s) NOS**

**Laceration of blood vessel(s) NOS**

**Traumatic:**
- aneurysm or fistula (arteriovenous) of blood vessel(s) NOS
- arterial haematoma of blood vessel(s) NOS
- rupture of blood vessel(s) NOS

**Avulsion**

<table>
<thead>
<tr>
<th>Cut</th>
<th>Injury</th>
<th>Laceration</th>
<th>Traumatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>of blood vessel(s) NOS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Excludes:** multiple injuries of blood vessels NOS (T06.3)
T14.6 Injury of muscles and tendons of unspecified body region

Avulsion of muscle(s) NOS and tendon(s) NOS
Cut of muscle(s) NOS and tendon(s) NOS
Injury of muscle(s) NOS and tendon(s) NOS
Laceration of muscle(s) NOS and tendon(s) NOS
Sprain of muscle(s) NOS and tendon(s) NOS
Strain of muscle(s) NOS and tendon(s) NOS
Traumatic rupture of muscle(s) NOS and tendon(s) NOS

Avulsion
Cut
Injury
Laceration
Sprain and strain
Traumatic rupture

Excludes: multiple injuries of tendons and muscles NOS (T06.4)

T42 Poisoning by antiepileptic, sedative-hypnotic and antiparkinsonism drugs

Excludes: intoxication meaning inebriation (F10–F19)

T42.7 Antiepileptic and sedative-hypnotic drugs, unspecified
Sleeping:
• draught NOS
• drug NOS
• tablet NOS

T42.8 Antiparkinsonism drugs and other central muscle-tone depressants
Amantadine

T70 Effects of air pressure and water pressure

T70.2 Other and unspecified effects of high altitude
Other and unspecified effects of low or decreasing ambient atmospheric pressure at high altitude
Alpine sickness
Anoxia due to high altitude
Barotrauma due to high altitude
Anoxia due to high altitude
Barotrauma

Excludes: polycythaemia due to high altitude (D75.1)
**T79** Certain early complications of trauma, not elsewhere classified

*Excludes:* 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)

... 

**T79.3** Post traumatic wound infection, not elsewhere classified

0050, 1911 1916

<table>
<thead>
<tr>
<th>Burn</th>
<th>Superficial injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>infected</td>
</tr>
</tbody>
</table>

**Infected:**
- burn
- 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)

... 

**T80** 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

<table>
<thead>
<tr>
<th>Phlebitis following infusion, transfusion and therapeutic injection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thromboembolism following infusion, transfusion and therapeutic injection</td>
</tr>
<tr>
<td>Thrombophlebitis following infusion, transfusion and therapeutic injection</td>
</tr>
</tbody>
</table>

*Excludes:* the listed conditions when specified as:
- due to or associated with prosthetic devices, implants and grafts (T82.82, T83.82, T84.82, T85.84)
- postprocedural (T81.7)

... 

**T81** Complications of procedures, not elsewhere classified

... 

**T81.3** Disruption of operation wound, not elsewhere classified

<table>
<thead>
<tr>
<th>Dehiscence of operation wound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rupture of operation wound</td>
</tr>
</tbody>
</table>

*Includes:* that with prosthetic devices, implants and grafts

*Excludes:* disruption of:
- caesarean section wound (O90.0)
- perineal obstetric wound (O90.1)
T81.4  Wound infection following a procedure, not elsewhere classified

Abscess:
- intra-abdominal
- postprocedural
- subphrenic
- wound

Postprocedural:
- abscess:
- intra-abdominal
- stitch
- subphrenic
- wound
- infection NOS

Postprocedural infection NOS

Wound sepsis

Excludes: 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)

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

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

Adhesions
- due to foreign body accidentally left in operation wound or body cavity

Obstruction
- left in operation wound or body cavity

Perforation
- cavity

Adhesions due to foreign body accidentally left in operation wound or body cavity

Obstruction due to foreign body accidentally left in operation wound or body cavity

Perforation due to foreign body accidentally left in operation wound or body cavity

Includes: that with prosthetic devices, implants and grafts

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

...

T82    Complications of cardiac and vascular prosthetic devices, implants and grafts

Excludes: 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)

Displacement

Leakage

Malposition

Obstruction, mechanical

Perforation

Protrusion

Includes: breakdown (mechanical)

displacement

leakage

malposition

mechanical obstruction

perforation

protrusion
**U54** Individual water sports

...  

**U54.4** Surfing and boogie boarding

*Excludes:* Kite surfing (U54.7)

*Excludes:* Wind (kite) surfing (U54.7)

...  

**U56** Individual athletic activities

**U56.0** Aerobics and calisthenics

**U56.00** Aerobics

Aerobics:
- high impact
- low impact
- pump
- sculpture
- step

Aquarobics

Boxercise

Low impact

Pump

Sculpture

Step

Taibo

...  

**U56.3** Track and field

*Excludes:* track and field events in multidiscipline events (U67.‑)

...  

**U56.37** Throwing events

- Discus throw
- Hammer throw
- Javelin throw

Shot put

... 

**U59** Racquet sports

...  

**U59.4** Tennis

- Clay court tennis
- Grass court tennis
- Hard court tennis

- Clay court tennis
- Grass
- Hard

**U59.8** Other specified racquet sport

**U59.9** Unspecified racquet sport

**U60** Target and precision sports

...
U60.6 Firearm shooting
- Clay shooting
- Field shooting
- Pigeon shooting
- Running game shooting
- Skeet shooting

U67 Multidiscipline sports

U67.0 Biathlon, winter
Inclues: cross-country skiing event(s)
- Shooting event(s)

Excludes: summer biathlon (U67.8)

U67.1 Decathlon
Inclues:
- 100, 400 and 1500 metre event(s)
- 110 metre hurdle event(s)
- Discus throw event(s)
- High jump event(s)
- Javelin throw event(s)
- Long jump event(s)
- Pole vault event(s)
- Shot put event(s)

U67.2 Heptathlon
Inclues:
- 100 metre hurdles event(s)
- 200 and 800 metre event(s)
- High jump event(s)
- Javelin throw event(s)
- Long jump event(s)
- Pole vault event(s)
- Shot put event(s)

U67.3 Modern Pentathlon
Inclues:
- Equestrian event(s)
- Fencing event(s)
DEFINITIONS RELATED TO TRANSPORT ACCIDENTS

(s) A railway train or railway vehicle is any device, with or without cars coupled to it, designed for traffic on a railway.

*Includes*: interurban:
  • electric car, operated chiefly on its own right-of-way, not open to other traffic
  • streetcar, operated chiefly on its own right-of-way, not open to other traffic

*railway train, any power (diesel) [electric] [steam]:*
  • funicular
  • monorail or two-rail
  • subterranean or elevated

*Excludes*: interurban electric cars [streetcars] specified to be operating on a right-of-way that forms part of the public street or highway — see definition (t)

CLASSIFICATION AND CODING INSTRUCTIONS FOR TRANSPORT ACCIDENTS

1. If an event is unspecified as to whether it was a traffic or a nontraffic accident, it is assumed to be:
   (a) A traffic accident when the event is classifiable to categories V10–V82 and V87.
   (b) A nontraffic accident when the event is classifiable to categories V83–V86. For these categories the victim is either a pedestrian, or an occupant of a vehicle designed primarily for off-road use.

2. When accidents involving more than one kind of transport are reported, the following order of precedence should be used:
   • aircraft and spacecraft (V95–V97)
   • watercraft (V90–V94)
   • other modes of transport (V00–V89, V98–V99)

3. Classify the victim as a pedestrian (categories V00–V09) where:
   • transport accident descriptions do not specify the victim as being a vehicle occupant and the victim is described as:
     • crushed
     • dragged
     • hit
     • injured
     • killed
     • knocked down
     • run over
   *Includes*: injury due to any type of vehicle
   *by any vehicle including:
     • animal being ridden
     • animal-drawn vehicle
     • bicycle
     • bulldozer
     • bus
### Extracted Text

4. Where transport accident descriptions do not indicate the victim’s role, classify the victim as an occupant or rider of the vehicle mentioned, such as:

<table>
<thead>
<tr>
<th>Includes: accident, collision, crash or wreck NOS due to vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>aeroplane</td>
</tr>
</tbody>
</table>

5. Where a transport accident, such as:

- vehicle (motor)(nonmotor):
  - failing to make curve
  - going out of control (due to):
    - burst tyre [blowout]
    - driver falling asleep
    - driver inattention
    - excessive speed
    - failure of mechanical part

resulted in a subsequent collision, classify the accident as a collision. If an accident other than a collision resulted, classify it as a noncollision accident according to the vehicle type involved.
6. Where a transport accident involves a vehicle in motion, such as, and results in a subsequent collision, classify the accident as a collision. If an accident other than a collision resulted, classify it as a noncollision accident according to the vehicle type involved.

**Includes:**
- accidental poisoning from vehicle exhaust gas
- breakage of any part of vehicle
- explosion of any part of vehicle
- fall, jump or being accidentally pushed from vehicle
- fire starting in vehicle
- hit by object thrown into or onto vehicle
- injured by being thrown against some part of, or object in vehicle
- injury from moving part of vehicle
- object falling in or on vehicle

resulted in a subsequent collision, classify the accident as a collision. If an accident other than a collision resulted, classify it as a noncollision accident according to the vehicle type involved.

7. Land transport accidents described as:

**collision (due to loss of control) (on highway) between vehicle and any of the following objects** are included in V17.-, V27.-, V37.-, V47.-, V57.-, V67.- and V77.-:
- • abutment (bridge) (overpass)
- • guard rail or boundary fence
- • inter-highway divider
- • landslide (not moving)
- • object thrown in front of motor vehicle
- • safety island
- • tree
- • traffic sign or marker (temporary)
- • utility pole
- • wall of cut rock made for road
- • other object, fixed, movable or moving

**overturning (without collision)** are included in V18.-, V28.-, V38.-, V48.-, V58.-, V68.- and V78.-

**collision with animal (herded)(unattended)** are included in V10.-, V20.-, V30.-, V40.-, V50.-, V60.- and V70.-

**collision with animal-drawn vehicle or animal being ridden** are included in V16.-, V26.-, V36.-, V46.-, V56.-, V66.- and V76.-
MOTORCYCLE RIDER INJURED IN TRANSPORT ACCIDENT
(V20–V29)

Includes:
- moped
- motor scooter
- motorcycle with sidecar
- motorised bicycle

Excludes: three-wheeled motor vehicle (V30–V39)

The following fourth character subdivisions are for use with categories V20 – V28:
- 0 driver injured in nontraffic accident
- 1 passenger injured in nontraffic accident
- 2 unspecified motorcycle rider injured in nontraffic accident
- 3 person injured while boarding or alighting
- 4 driver injured in traffic accident
- 5 passenger injured in traffic accident
- 9 unspecified motorcycle rider injured in traffic accident

The following fifth character subdivisions are for use with subcategories V20.0 – V28.9:
- ☼ 0 motor–scooter, moped or motorised bicycle
- ☼ 1 motorcycle designed primarily for on–road use
  - Road bike
- ☼ 2 motorcycle designed primarily for off–road use
  - Ag-bike
  - Dirt-bike
  - Trail-bike

Includes: vehicles registerable for on-road use:
- ag-bike
- dirt-bike
- trail-bike

Excludes: drag racing bike (V86.0)
- special all-terrain or other off-road motorcycle (2-, 3- or 4-wheeled) not registerable for on-road use (V86.-)
- 8 other specified motorcycle
- 9 unspecified motorcycle

CAR OCCUPANT INJURED IN TRANSPORT ACCIDENT
(V40–V49)

The following fourth character subdivisions are for use with categories V40–V48:

The following fifth character subdivisions are for use with categories V40–V48:
- ☼ 0 sedan
  - Convertible:
    - coupe
    - hatch-back
    - sedan-shaped 4-wheel drive
  - sports car
  - Station:
    - sedan
    - wagon

Excludes: panel van (V50-V59)
1. **All-terrain four-wheel drive**
   4WD NOS
   All-terrain or:
   • 4WD designed primarily for off-road use
   • Other off-road motor vehicle registrable for on-road use

   | All-terrain or 4WD designed primarily for off-road use | Honda CR-V, Mitsubishi Pajero, Nissan Patrol, Subaru Forester, Toyota, Landcruiser, Prado, RAV4 |
   | All-terrain or other off-road motor vehicle registrable for on-road use |

   **Excludes:** Sedan-shaped 4WD not primarily designed for off-road use (.0)
   Special all-terrain or other off-road motor vehicle not registrable for on-road use (V86.2)

2. **Four-wheeled motorcycles**
   Four-wheel drive motorcycle
   Quad-cycle registrable for on-road use

   **Excludes:** Four-wheel drive motorcycle not normally registrable for on-road use (V86.2)
   Quad-cycle not normally registrable for on-road use (V86.2)

3. **Passenger vans**
   ‘People-mover’ or ‘minibus’ designed to carry up to 10 persons and not requiring a special driver’s licence

---

**V93**
**Accident on board watercraft without accident to watercraft, not causing drowning and submersion**

See subdivisions

**Includes:**
- Accidental poisoning by gases or fumes on ship
- Atomic reactor malfunction in watercraft
- Crushed by falling object on ship
- Excessive heat in:
  - Boiler room
  - Engine room
  - evaporator room
  - Fire room
  - Boiler
  - Engine
  - Evaporator
  - Fire
- Explosion of boiler on steamship

... Injuries in watercraft caused by:
- Deck machinery
- Engine room machinery
- Galley machinery
- Laundry machinery
- Loading machinery
- Deck
- Engine room
- Galley machinery
Segmentation:
- V95: Accident to powered aircraft causing injury to occupant
- V96: Accident to nonpowered aircraft causing injury to occupant
- V98: Other specified transport accidents

V95

**Accident to powered aircraft causing injury to occupant**

- Includes: collision with any object, fixed, movable or moving of or on (powered) aircraft
- Includes: collision with any object, fixed, movable or moving of or on (powered) aircraft
  - crash
  - explosion
  - fire
  - forced landing

V95.0 Helicopter accident injuring occupant
V95.1 Ultralight, microlight or powered-glider accident injuring occupant
V95.2 Accident to other private fixed-wing aircraft, injuring occupant
V95.3 Accident to commercial fixed-wing aircraft, injuring occupant
V95.4 Spacecraft accident injuring occupant
V95.8 Other aircraft accidents injuring occupant
V95.9 Unspecified aircraft accident injuring occupant

V96

**Accident to nonpowered aircraft causing injury to occupant**

- Includes: collision with any object, fixed, movable or moving of or on (nonpowered) aircraft
- Includes: collision with any object, fixed, movable or moving of or on (nonpowered) aircraft
  - crash
  - explosion
  - fire
  - forced landing

V96.0 Balloon accident injuring occupant

V98

**Other specified transport accidents**

- Includes: accident to, on or involving:
  - cable car, not on rails
  - caught or dragged by
  - fall or jump from
  - object thrown from or in
  - ice yacht
  - land yacht
  - ski chair lift
  - ski lift with gondola
  - caught or dragged by
  - fall or jump from
  - object thrown from or in
  - cable car, not on rails

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
**W05** Fall involving wheelchair

*Includes:*
- electric wheelchair
- nonpowered wheelchair
- NOS wheelchair
- powered wheelchair

*Includes:
- wheelchair:
  - electric
  - nonpowered
  - NOS
  - powered

*Excludes:*
- collision with pedestrian (V00.-)

**W06** Fall involving bed

..."
W16 Diving or jumping into water causing injury other than drowning or submersion

Excludes:
- accidental drowning and submersion (W65–W74)
- diving with insufficient air supply (W81)
- effects of air pressure from diving (W94)

W16.9 Other and unspecified contact when diving or jumping into water causing injury other than drowning or submersion

Diving or jumping into water and striking or hitting:
- floating object
- submerged object

Diving or jumping into water and striking or hitting:
- floating object
- submerged object

W17 Other fall from one level to another

Excludes:
- fall from, into, out of or through:
  - building or structure (W13.
  - cliff, bank or other natural conformation (W15)
  - that stated above while riding horse or other animal (V80.
  - toilet (W18.1)

W17.4 Fall into empty swimming-pool

Fall into empty:
- hot tub NOS
- Jacuzzi NOS
- spa NOS

Excludes: fall into swimming pool (W16.1)

W25 Contact with sharp glass

Contact with broken or shattered glass

Excludes:
- fall involving glass (W00–W19)
- flying glass due to explosion or firearm discharge (W32–W40)
- glass embedded in skin (W45.9)

W25.4 Contact with glass or mirrored glass furniture

Contact with:
- glass-topped (coffee) (dining) table
- mirrored wardrobe door

W25.5 Contact with motor vehicle glass

Contact with vehicle windscreen, windows and mirrors

Excludes: injury caused by transport vehicle being used as a means of transportation (V00–V99)
Contact with other powered hand tools and household machinery

Note: A powered hand tool is a hand-held, portable tool, powered by electricity, petrol engine or other inanimate power source.

Excludes: contact with:
  • hot:
    • engines, machinery and tools (X17)
    • household appliances (X15)
  • nonpowered household machinery (W27)
  • powered lawnmower (W28)
  • exposure to electric current (W86)

Contact with powered saw

Contact with:
  • circular saw
  • jigsaw

Excludes: contact with:
  • chainsaw (W29.2)
  • industrial saw:
    • circular (W31.2)
    • compound (W31.2)
  • circular
  • compound (W31.2)
  • nonpowered saw (W27)

Contact with other specified powered hand tools and household machinery

Contact with:
  • blender
  • can opener
  • dryer (clothes) (spin)
  • edger
  • electric fan
  • hedge trimmer
  • mixer
  • powered:
    • garden tool NOS
    • household machinery NOS
  • garden tool NOS
  • household machinery NOS
  • sewing machine
  • washing machine

Excludes: contact with powered lawnmower (W28)

Discharge from other and unspecified firearms

Accidental small calibre rifle discharge

Accidental discharge of ≤ .22 calibre (automatic) (pump action) (semiautomatic):
  • army rifle
  • hunting rifle
  • long gun

Excludes: sawn-off rifle (W32)
W34.4 Accidental large calibre rifle discharge
Accidental discharge of ➡️ .22 calibre (automatic) (pump action) (semiautomatic):
• army rifle
• hunting rifle
• long gun
➡️ .22 calibre:
• army rifle (automatic)(pump action)(semiautomatic)
• hunting rifle
• long gun
Excludes: sawn-off rifle (W32)

W45 Foreign body or object entering through skin

W45.0 Body piercing
Voluntary body piercing/decoration of:
• genitalia
• tongue

W45.9 Foreign body or object entering through skin
Foreign body or object embedded in skin
Nail entering through skin
Splinter entering through skin
Nail
Splinter
Excludes: contact with:
• hand tools (nonpowered)(powered) (W27–W29)
• hypodermic needle (not embedded in skin) (W46)
• other sharp object(s) (not embedded in skin) (W26).
• sharp glass (not embedded in skin) (W25.
struck by objects (W20–W22)

W61 Contact with bird

Bitten by bird
Pecked by bird
Struck by bird

Includes: injury caused by swooping bird

W65 Drowning and submersion while in bath-tub

W65.0 Drowning and submersion while in bath-tub
Drowning and submersion while in bath-tub with spa jets

W65.1 Drowning and submersion while in indoor spa, Jacuzzi and hot tub
Drowning and submersion while in:
• hot tub NOS
• Jacuzzi NOS
• spa NOS
• hot-tub NOS
• Jacuzzi NOS
• spa

Excludes: drowning and submersion while in outdoor hot tub, Jacuzzi, spa (W67.1)
**W78**  Inhalation of gastric contents

*Includes:*  asphyxia by vomitus [regurgitated food]
  - aspiration and inhalation of vomitus (into respiratory tract) NOS
  - choking on vomitus [regurgitated food]
  - compression of trachea by vomitus in oesophagus
  - interruption of respiration by vomitus in oesophagus
  - obstruction of respiration by vomitus in oesophagus
  - suffocation by vomitus [regurgitated food]
  - asphyxia by
    - choked on
    - suffocation by
  - compression of trachea
  - interruption of respiration
  - obstruction of respiration

*Excludes:*  injury, except asphyxia or obstruction of respiratory tract, caused by vomitus (W44)
  - obstruction of oesophagus by vomitus without mention of asphyxia or obstruction of respiratory tract (W44)

**W79**  Inhalation and ingestion of food causing obstruction of respiratory tract

*Includes:*  asphyxia by food
  - aspiration and inhalation of food [any] (into respiratory tract) NOS
  - bone or seeds
  - choking on food
  - compression of trachea by food in oesophagus
  - interruption of respiration by food in oesophagus
  - obstruction of respiration by food in oesophagus
  - suffocation by food
    - asphyxia by
      - choked on
      - suffocation by
    - compression of trachea
    - interruption of respiration
    - obstruction of respiration
    - food [including bone or seed]
  - obstruction of pharynx by food (bolus)

*Excludes:*  inhalation of vomitus (W78)
  - injury, except asphyxia or obstruction of respiratory tract, caused by food (W44)
  - obstruction of oesophagus by food without mention of asphyxia or obstruction of respiratory tract (W44)
Inhalation and ingestion of other objects causing obstruction of respiratory tract

*Includes:*
- Asphyxia by object NEC entering through nose or mouth
- Aspiration and inhalation of foreign body, except food or vomitus, into respiratory tract NOS
- Choking on object NEC entering through nose or mouth
- Aspiration NOS
- Choking on any object, except food or vomitus, entering by nose or mouth
- Suffocation by compression of trachea
- Interruption of respiration by foreign body in oesophagus
- Asphyxia by foreign object in nose
- Obstruction of pharynx by foreign body
- Obstruction of respiration by foreign body in oesophagus
- Suffocation by object NEC entering through nose or mouth

*Excludes:*
- Aspiration and inhalation of vomitus or food (W78–W79)
- Injury, except asphyxia or obstruction of respiratory tract, caused by foreign body (W44)
- Obstruction of oesophagus by foreign body without mention of asphyxia or obstruction of respiratory tract (W44)

W80.0 Coin

Unspecified threat to breathing

*Includes:*
- Asphyxiation NOS
- Suffocation NOS

W90 Exposure to other nonionising radiation

*Includes:*
- Infrared radiation
- Laser radiation
- Radiofrequency radiation

W91 Exposure to unspecified type of Radiation

X00 Exposure to uncontrolled fire in building or structure

*Includes:*
- Conflagration
- Collapse of burning building or structure
- Fall from burning building or structure
- Fire of fittings, furniture
- Hit by object falling from burning building or structure
- Jump from burning building or structure
- Melting of fittings, furniture
- Smouldering of fittings, furniture
- Collapse of burning building or structure
- Fall from burning building or structure
- Hit by object falling from burning building or structure
- Jump from burning building or structure
- Fire of fittings, furniture
X01 Exposure to uncontrolled fire, not in building or structure

X06 Exposure to ignition or melting of other clothing and apparel

*Includes:* ignition of plastic jewellery
    melting of plastic jewellery

*Includes:* ignition of plastic jewellery
    melting of plastic jewellery

X08 Exposure to other specified smoke, fire and flames

X09 Exposure to unspecified smoke, fire and flames

*Includes:* burning NOS
    incineration NOS
    smoke inhalation NOS

*Includes:* burning
    incineration
    smoke inhalation

X21 Contact with spiders

*Excludes:* spider, nonvenomous (W57)

X21.0 Contact with funnel web spider
Contact with mouse spider

X21.1 Contact with red back spider
Contact with spider:
  • black widow
  • brown widow
  • cupboard
  • katipo
  • black widow
  • brown
  • cupboard
  • katipo

X21.2 Contact with white-tailed and other necrotising spider
Contact with spider:
  • black house
  • fiddleback
  • necrotising

X25 Contact with other venomous arthropods

*Excludes:* nonvenomous ant (W57)

X25.2 Contact with venomous and urticating caterpillar
Contact with:
  • butterfly (cocoon)
  • moth (cocoon)
  • butterfly
  • moth

*Excludes:* caterpillar NOS (W57)
Intentional self-harm by other and unspecified firearm discharge

X74.3 Intentional self-harm by small calibre rifle discharge
Intentional self-harm by discharge of \(\leq .22\) calibre (automatic) (pump action) (semiautomatic):
* army rifle
* hunting rifle
* long gun
\(\leq .22\) calibre:
- army rifle
- hunting rifle
- long gun

_Excludes:_ sawn-off rifle (X72)

X74.4 Intentional self-harm by large calibre rifle discharge
Intentional self-harm by discharge of \(>.22\) calibre (automatic) (pump action) (semiautomatic):
* army rifle
* hunting rifle
* long gun
\(>.22\) calibre:
- army rifle
- hunting rifle
- long gun

_Excludes:_ sawn-off rifle (X72)

ASSAULT (X85–Y09)

2008

_Includes:_ homicide
injuries inflicted by another person with intent to injure or kill, by any means

_Excludes:_ injuries due to:
* legal intervention (Y35.-)
* operations of war (Y36.-)

The following fifth character subdivisions are for use with categories X85–Y09:
Insert fourth character filler digit ‘0’ for categories X85–X91, X93, X96–X98, Y00–Y01 and Y04–Y09.

This subdivision is used to describe the relationship of the perpetrator to the victim.

_Note:_ Where multiple categories apply, assign the code appearing highest on the list.

0 spouse or domestic partner
Ex-partner
Ex-spouse

1 parent
Parent (cohabiting) (noncohabiting):
* adoptive
* biological
* natural
* step

Parent’s partner, cohabiting

_Excludes:_ foster parent (.3)
parent’s partner, noncohabiting (.4)

...
Assault by other and unspecified firearm discharge

Assault by small calibre rifle discharge

Assault by discharge of \( \leq .22 \text{ calibre} \) (automatic) (pump action) (semiautomatic):
- army rifle
- hunting rifle
- long gun

\( \leq .22 \text{ calibre} \)
- army rifle
- hunting rifle
- long gun

Excludes: sawn-off rifle (X93.0)

Assault by large calibre rifle discharge

Assault by discharge of \( > .22 \text{ calibre} \) (automatic) (pump action) (semiautomatic):
- army rifle
- hunting rifle
- long gun

\( > .22 \text{ calibre} \)
- army rifle
- hunting rifle
- long gun

Excludes: sawn-off rifle (X93.0)

Other and unspecified firearm discharge, undetermined intent

Small calibre rifle discharge, undetermined intent

Undetermined intent of discharge of \( \leq .22 \text{ calibre} \) (automatic) (pump action) (semiautomatic):
- army rifle
- hunting rifle
- long gun

\( \leq .22 \text{ calibre} \)
- army rifle
- hunting rifle
- long gun

Excludes: sawn-off rifle (Y22)

Large calibre rifle discharge, undetermined intent

Undetermined intent of discharge of \( > .22 \text{ calibre} \) (automatic) (pump action) (semiautomatic):
- army rifle
- hunting rifle
- long gun

\( > .22 \text{ calibre} \)
- army rifle
- hunting rifle
- long gun

Excludes: sawn-off rifle (Y22)
LEGAL INTERVENTION AND OPERATIONS
OF WAR (Y35–Y36)

Y35  Legal intervention

Includes: injuries inflicted by the police or other law enforcing agents, including:
• military on duty, in the course of arresting or attempting to arrest
• on lawbreakers, suppressing disturbances, maintaining order, and other legal action
  legal execution

Y35.0  Legal intervention involving firearm discharge

…

Y35.04  Legal intervention involving small calibre rifle discharge
Legal intervention involving discharge of < .22 calibre (automatic) (pump action) (semiautomatic):
• army rifle
• hunting rifle
• long gun
  • < .22 calibre:
    • army rifle
    • hunting rifle
    • long gun

Excludes: sawn-off rifle (Y35.01)

Y35.05  Legal intervention involving large calibre rifle discharge
Legal intervention involving discharge of > .22 calibre (automatic) (pump action) (semiautomatic):
• army rifle
• hunting rifle
• long gun
  • > .22 calibre:
    • army rifle
    • hunting rifle
    • long gun

Excludes: sawn-off rifle (Y35.01)

Y35.2  Legal intervention involving gas

Asphyxiation by gas due to legal intervention
Injury by tear gas due to legal intervention
Poisoning by gas due to legal intervention

Asphyxiation by gas
due to legal intervention
Injury by tear gas
due to legal intervention
Poisoning by gas

Y35.3  Legal intervention involving blunt objects

Hit, struck by:
• baton during legal intervention
• blunt object during legal intervention
• stave during legal intervention
  • baton
during legal intervention
  • blunt object
during legal intervention
  • stave

Y35.4  Legal intervention involving sharp objects

Cut during legal intervention
Injured by bayonet during legal intervention
Stabbed during legal intervention
  • Cut
  • Injured by bayonet
during legal intervention
  • Stabbed
during legal intervention

Y35.5  Legal execution

…
Operations of war

Includes: injuries to military personnel and civilians caused by war and civil insurrection

Note: Injuries due to operations of war occurring after cessation of hostilities are classified to Y36.8.

Y36.2 War operations involving other explosions and fragments
Accidental explosion of:
- munitions being used in war
- own weapons
  Antipersonnel bomb (fragments)

Explosion (of):
- artillery shell during war operations
- breech-block during war operations
- cannon-block during war operations
- mortar bomb during war operations

Antipersonnel bomb (fragments)

Explosion (of):
- artillery shell during war operations
- breech-block during war operations
- cannon-block during war operations
- mortar bomb during war operations

Fragments from:
- artillery shell during war operations
- bomb during war operations
- grenade during war operations
- guided missile during war operations
- landmine during war operations
- rocket during war operations
- shell during war operations
- shrapnel during war operations

Mine NOS during war operations

Y36.3 War operations involving fires, conflagrations and hot substances

Asphyxia
Burns
Other injury

Fire caused directly by a fire-producing device or indirectly by any conventional weapon, resulting in:
- asphyxia
- burns
- other injury

Petrol bomb

Y36.4 War operations involving firearm discharge and other forms of conventional warfare

Y36.44 War operations involving small calibre rifle discharge
War operations involving discharge of ≤ .22 calibre (automatic) (pump action) (semiautomatic):
- army rifle
- hunting rifle
- long gun

Excludes: sawn-off rifle (Y36.41)
Y36.45 War operations involving large calibre rifle discharge
War operations involving discharge of > .22 calibre (automatic) (pump action) (semiautomatic):
• army rifle
• hunting rifle
• long gun
• > .22 calibre:
  • army rifle
  • hunting rifle
  • long gun

Excludes: sawn-off rifle (Y36.41)

Y47 Sedatives, hypnotics and antianxiety drugs

Y47.9 Sedative, hypnotic and antianxiety drug, unspecified
Sleeping:
• draught NOS
• drug NOS
• tablet NOS

Y54 Agents primarily affecting water-balance and mineral and uric acid metabolism

Y54.7 Agents affecting calcification
Bisphosphonates
Parathyroid hormones and derivatives
Vitamin D group

Y54.8 Agents affecting uric acid metabolism

Y92 Place of occurrence

Y92.0 Home

Y92.00 Driveway to home

Y92.01 Outdoor areas
Courtyard in private residence
Garden in private residence
Private outdoor:
• entertaining area
• swimming pool
• tennis court
Courtyard
Garden
Outdoor entertaining areas in private house or garden
Swimming pool
Tennis court
Yard

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Y92.07 Indoor living areas, not elsewhere classified

- Dining room
- Family room
- Living room
- Lounge room
- Rumpus room

- Indoor living areas NOS
  - Living room
  - Lounge room
  - Rumpus room

Y92.3 Sports and athletics area

Y92.33 Racetrack and racecourse

- Racetrack or racecourse:
  - bicycle
  - car
  - dog
  - horse
  - motorcycle

- Bicycle
- Car
- Dog
- Horse
- Motorcycle

Y92.34 Equestrian facility

- Riding school

Y92.6 Industrial and construction area

Y92.60 Construction area

- Building under construction
- Home (unoccupied) under construction
- Tunnel under construction

- Building
- Home (not yet occupied)
- Tunnel

Y92.61 Demolition site

- Derelict building or house for demolition

Y92.8 Other specified place of occurrence

Y92.84 Forest

- Bush in forest
- Hiking trail in forest
- National park in forest
- Path in forest
- Scrub in forest
- Timber plantation in forest
- Track in forest

- Bush
- Hiking trail
- National park
- Path
- Scrub
- Timber plantation
- Track
Y92.85 Desert
- Hiking trail in desert
- Path in desert
- Track in desert

... Y92.88 Other specified place of occurrence
- Campsite
- Caravan site NOS
- Dock
- Campsite NOS
- Caravan site NOS
- Dock NOS
- Military training ground
- Park:
  - amusement
  - NOS
  - public
- Public place NOS
- Railway line
- Zoo

Z03 Medical observation and evaluation for suspected diseases and conditions

Z03.2 Observation for suspected mental and behavioural disorders
Observation for:
- dissocial behaviour without manifest psychiatric disorder
- fire-setting without manifest psychiatric disorder
- gang activity without manifest psychiatric disorder
- shop lifting without manifest psychiatric disorder

Z03.3 Observation for suspected nervous system disorder
Excludes: newborn (Z03.72)

Z06 Resistance to antimicrobial drugs

Z06.6 Resistance to other antibiotics

Use additional code (B95–B96) to identify infectious agents resistant to antibiotics if applicable.

Z06.67 Resistance to multiple antibiotics

Note: This code should only be assigned when an infectious agent is resistant to two or more antibiotics but the type of antibiotics are not specified. Where multiple resistant antibiotics are specified, code each resistant antibiotic separately.
Z11       Special screening examination for infectious and parasitic diseases

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.

Z11.8 Special screening examination for other infectious and parasitic diseases

- Chlamydial diseases
- Rickettsial diseases
- Spirochaetal diseases
- Mycoses diseases

Z11.9 Special screening examination for infectious and parasitic diseases, unspecified

Z30       Contraceptive management

Z30.1 Insertion of contraceptive device

Insertion of:
- intrauterine contraceptive device (IUCD)
- subdermal:
  - contraceptive implant
  - hormone implant

Z30.5 Surveillance of contraceptive device

Checking, reinsertion or removal of:
- intrauterine contraceptive device (IUCD)
- subdermal:
  - contraceptive implant
  - hormone implant

Z30.8 Other contraceptive management

Postvasectomy sperm count

Z45       Adjustment and management of drug delivery or implanted device

Excludes: malfunction or other complications of device — see Alphabetic Index
presence of prosthetic and other devices (Z95–Z97)

Z45.1 Adjustment and management of drug delivery device

Adjustment and management of infusion device or pump:
- external
- implantable spinal

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 for pharmacotherapy for neoplasm (Z51.1)
Z97 Presence of other devices

Excludes: complications of internal prosthetic devices, implants and grafts (T82–T85)
fitting and adjustment of prosthetic and other devices (Z44–Z46)
presence of cerebrospinal fluid drainage device (Z98.2)

...

Z97.5 Presence of contraceptive device

Presence of:
• intrauterine contraceptive device (IUCD)
• subdermal:
  • contraceptive implant
  • hormone implant

Excludes: checking, reinsertion or removal of contraceptive device (Z30.5)
insertion of contraceptive device (Z30.1)

...

CHAPTER 22

CODES FOR SPECIAL PURPOSES
(U00–U49, U78–U88)

U87 Diseases of the genitourinary system

U87.1 Chronic kidney disease, stage 3–5

Chronic kidney:
• failure, stage 3–5
• injury, stage 3–5
ICD-10-AM Alphabetic Index

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

- - broad ligament NEC (see also Disease/pelvis/inflammatory) N73.2
- - acute N73.0
- - Brodie's (chronic) (localised) M86.8-

- - parametric, parametrium NEC (see also Disease/pelvis/inflammatory) N73.2
- - acute N73.0
- - parapharyngeal J39.0

- - - wound, postprocedural T81.4

**Anomaly, anomalous** (congenital) (unspecified type) Q89.9

- - ureter (pelviureteric junction) (pyeloureteric junction) Q62.8
- - - with pyelonephritis (chronic) N11.1
- - - obstructive Q62.30
- - - - specified NEC Q62.39
- - - urethra NEC Q64.79
- - - - with pyelonephritis (pelviureteric junction) (pyeloureteric junction) N11.1
- - - - obstructive NEC Q64.32

**Arachnoiditis** (acute) (adhesive) (basal) (cerebrospinal) (see also Meningitis) G03.9—see Meningitis

- - meningococcal (chronic) A39.0
- - syphilitic (late) (tertiary) A52.1† G01*
- - tuberculous A17.0

**Arachnophobia** F40.2

**Barodontalgia** T70.2

- - due to
- - - diving T70.3
- - - - high altitude T70.2

**Baron Münchhausen syndrome** F68.1

**Barosinusitis** T70.1

**Barotitis** T70.0

**Barotrauma NEC** T70.9

- - aural T70.0
- - diving T70.3
- - - due to
- - - - diving T70.3
- - - - - high altitude T70.2
- - - - - odontalgia
- - - - - - due to
- - - - - - - diving T70.3
- - - - - - - - high altitude T70.2
- - - - - otitic T70.0
- - - - - postprocedural T70.-
- - - - - pulmonary T70.3
- - - - - sinus T70.1

**Barraquer(-Simons) disease or syndrome** E88.1

**Boil** (see also Abscess/by site) L02.9

- - Aleppo B55.1
- - auricle, ear H60.0
- - Baghdad B55.1
- - corpus cavernosum N48.2
- - Delhi B55.1
- - - external auditory canal H60.0
- - eyelid H00.0
- - lacrimal

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 723
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’.

- disseminated NEC (see also Neoplasm/malignant/secondary) C79.9
- generalised NEC (see also Neoplasm/malignant/secondary) C79.9
- hereditary non-polyposis colorectal (HNPCC) — see Neoplasm/malignant
- multiple secondary NEC C79.9
- screening (for) — see Screening/neoplasm
- unspecified site C80.9

Cancer(o)phobia F45.2

...

Candidiasis, candidal B37.9

...

- neonatal P37.50
  - - gastrointestinal P37.51
    - - generalised P37.52
    - - invasive (generalised) (pulmonary) (systemic) P37.52
      - - pulmonary P37.52
    - - sepsis P37.52
    - - specified NEC P37.59
      - - systemic P37.52
    - - topical (mucocutaneous) (oral) (perineal) P37.51
    - - oesophagitis B37.81

Carcinoma (M8010/3) — see also Neoplasm/malignant

...

- undifferentiated (M8020/3)
- unspecified site C80.9
- urothelial (M8120/3)

Comatose (see also Coma) R40.2

...

Deformity Q89.9

...

- diaphragm (congenital) (hemidiaphragm) Q79.10
  - - acquired J98.6
  - - specified NEC Q79.19
- digestive organ(s) or tract NEC (see also Anomaly, anomalous/digestive organ(s) or tract) Q45.9
  - - duodenal bulb K31.88

Dermatitis L30.9

...

- eczematous NEC L30.9
  - - eyelid — see Dermatitis/eyelid
  - - escharotica — see Burn

Deviation

...

- ureter, or ureteric opening or orifice (congenital)
  - - with drainage via
    - - bladder neck Q62.61
    - - seminal vesicles Q62.66
    - - specified site NEC Q62.69
    - - unspecified site Q62.60
    - - urethra Q62.62
    - - vagina Q62.63
    - - vas deferens Q62.65
    - - vulva Q62.64
Disease, diseased — see also Syndrome

- nervous system G98
  - autonomic G90.9
  - central G96.9
  - specified NEC G96.8
  - congenital NEC Q07.9
  - in pregnancy, childbirth or puerperium O99.3
  - parasympathetic G90.9
  - sympathetic G90.9
  - vegetative G90.9

Ectopic, ectopia (congenital)

- ureter or ureteric opening or orifice
  - with drainage via
    - bladder neck Q62.61
    - seminal vesicles Q62.66
    - specified site NEC Q62.69
    - unspecified site Q62.60
    - urethra Q62.62
    - vagina Q62.63
    - vas deferens Q62.65
    - vulva Q62.64

Encephalomyelitis (see also Encephalitis) G04.9
  - acute disseminated (postimmunisation) G04.0
  - postinfectious G04.0
  - benign myalgic G93.3
  - due to or resulting from vaccination (any) G04.0
    - equine Venezuelan A92.2† G05.1*
    - myalgic, benign G93.3
    - postchickenpox B01.1
    - postimmunisation G04.0
  - postinfectious NEC G04.8
  - postmeasles B05.0
  - postvaccinal G04.0
  - postvaricella B01.1
  - rubella B06.0† G05.1*
    - specified NEC G04.8
    - Venezuelan equine A92.2† G05.1*

Fibrosis, fibrotic

- lung (atrophic) (capillary) (chronic) (confluent) (massive) (peribronchial) (peribronchial) J84.1
  - tuberculous NEC — see also Tuberculosis/pulmonary A16.2

Gastroenteritis (acute) (see also Enteritis) A09.9

- infectious (haemorrhagic) (see also Enteritis/infectious) A09.0
  - nonbacterial, of infancy A08.5
  - noninfectious K52.9
    - specified NEC K52.8
    - rotaviral A08.0
    - salmonella A02.0
  - septic (haemorrhagic) A09.0
    - toxic NEC K52.1

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Haemorrhage, haemorrhagic R58
- subarachnoid (nontraumatic) I60.9
- fetus or newborn P52.5
- - birth trauma P10.3
- - from
- - - anterior communicating artery I60.2
- - - basilar artery I60.4
- - - carotid siphon and bifurcation I60.0
- - - cavernous sinus I60.8
- - - cerebral artery I60.7
- - - communicating artery I60.7
- - - intracranial artery I60.7
- - - specified NEC I60.6

Hemiplegia G81.9
- alternans facialis G83.89
- ascending NEC G81.9
- - spinal G95.8
- - congenital (cerebral) G80.8
- - spastic G80.02
- - embolic (current episode) I63.4
- - - see Paralysis/facial
- flaccid G81.0
- hysterical F44.4

Hepatitis K75.9
- fulminant (viral) (with hepatic failure) NEC — (see also Hepatitis/viral) K72.9

Hernia, hernial (acquired) (recurrent) K46.9

Note: The following fifth character subdivision is for use with K40:
  0 not specified as recurrent
  1 recurrent

- with
- - gangrene (and obstruction) NEC (see also Hernia/by site/with/gangrene) K46.1
- - - obstruction NEC (see also Hernia/by site/with/obstruction) K46.0

- double (inguinal) — see Hernia/inguinal/bilateral K40.2-
- - with
- - - - gangrene (and obstruction) K40.1-
- - - - obstruction K40.0-
- - epigastric K43.9

- femoral (unilateral) K41.9
- - with
- - - - gangrene (and obstruction) K41.4
- - - - - bilateral K41.1
- - - - - obstruction K41.3
- - - - - unilateral K41.0
- - - bilateral K41.2
- - - - gangrene (and obstruction) K41.1
- - - - obstruction K41.0
- - - - unilateral K41.9
- - with
- - - - gangrene (and obstruction) K41.4
- - - - obstruction K41.3
- - foramen magnum G93.5
- inguinal (direct) (external) (funicular) (indirect) (internal) (oblique) (scrotal) (sliding) (unilateral) K40.9-
  - - with
  - - - gangrene (and obstruction) K40.4-
  - - - bilateral K40.1-
  - - - obstruction K40.3-
  - - - bilateral K40.0-
  - - bilateral K40.2-
  - - - with
  - - - - gangrene (and obstruction) K40.1-
  - - - - obstruction K40.0-
  - - - - unilateral K40.9-
  - - - - gangrene (and obstruction) K40.4-
  - - - - obstruction K40.3-
  - interstitial — see Hernia/abdomen

**Hydrocephalus** (acquired) (external) (internal) (malignant) (recurrent) G91.9

- - congenital (external) (internal) Q03.9
  - - with spina bifida (see also Spina bifida/with hydrocephalus) Q05.4-
  - - - cervical Q05.0-
  - - - - dorsal Q05.1-
  - - - - dorsolumbar Q05.1-
  - - - - lumbar Q05.2-
  - - - - lumbosacral Q05.2-
  - - - - sacral Q05.3-
  - - - - thoracic Q05.1-
  - - - - thoracolumbar Q05.1-
  - - - - communicating Q03.81
  - - - specified NEC Q03.89

**Implantation**

- anomalous — see Anomaly/by site
  - - ureter or ureteric opening or orifice (congenital)
  - - - with drainage via
  - - - - bladder neck Q62.61
  - - - - seminal vesicles Q62.66
  - - - - specified site NEC Q62.69
  - - - - unspecified site Q62.60
  - - - - urethra Q62.62
  - - - - vagina Q62.63
  - - - - vas deferens Q62.65
  - - - - vulva Q62.64

**Injury** (see also specified injury type) T14.9

- - scapular region S49.9
  - - specified type NEC S40.8S49.8
  - - sclera S05.8

**Inversion**

- - sleep rhythm G47.2
  - - nonorganic origin F51.2
  - - psychogenic F51.2
  - - testis (congenital) Q55.29
Leptomeningitis (chronic) (circumscribed) (haemorrhagic) (nonsuppurative) (see also Meningitis) C03.9 — see Meningitis
- tuberculous A17.0
Leptomeningopathy NEC G96.1

Lymphoma (malignant) (M9590/3) C85.9

- nodal marginal zone (M9699/3) C83.0

- T-cell NEC (M9702/3) C84.4
  - adult (leukaemia/lymphoma) (M9827/3) C91.5-
  - angiocentric (M9719/3) C86.0
  - angioimmunoblastic (M9705/3) C86.5
  - cutaneous (CTCL) (primary) (M9709/3) C84.8
  - CD4-positive small/medium (M9709/3) C84.5
  - CD8-positive aggressive epidermotropic cytotoxic (M9709/3) C84.5
  - CD30-positive large (M9718/3) C86.8
  - gamma-delta (M9726/3) C84.4
  - enteropathy
  - associated (M9717/3) C86.2
  - type (intestinal) (M9717/3) C86.2
  - hepatosplenic (alpha-beta and gamma-delta types) (M9716/3) C86.1
  - large, primary cutaneous CD30-positive (M9718/3) C86.6
  - lymphoblastic (M9729/3) C83.5
  - mature NEC (M9702/3) C84.4
  - panniculitis-like, subcutaneous (M9708/3) C86.3
  - peripheral (M9702/3) C84.4
  - angioimmunoblastic lymphadenopathy with dysproteinemia (AILD) (M9705/3) C86.5
  - large cell (M9702/3) C84.4
  - pleomorphic (medium and large cell) (small cell) (M9702/3) C84.4
  - rich diffuse large B-cell C83.3
  - subcutaneous panniculitis-like (M9708/3) C86.3

Malignancy (M8000/3) — see also Neoplasm/malignant
- disseminated NEC (see also Neoplasm/malignant/secondary) C79.9
- generalised NEC (see also Neoplasm/malignant/secondary) C79.9

Malignant — see condition

Obstruction, obstructed, obstructive

- artery (see also Embolism/artery) I74.9
  - basilar (complete) (partial) (see also Occlusion/artery/basilar) I65.1
  - carotid (complete) (partial) (see also Occlusion/artery/carotid) I65.2
  - cerebellar (see also Occlusion/artery/cerebellar) I66.3
  - cerebral (see also Occlusion/artery/cerebral) I66.9
  - precerebral (see also Occlusion/artery/precerebral) I65.9
  - renal N28.0
  - retinal NEC H34.2
  - central H34.1
  - transient H34.0
  - vertebral (complete) (partial) (see also Occlusion/artery/vertebral) I65.0

Odontalgia K08.88
- due to
  - diving T70.3
  - high altitude T70.2

Odontoameloblastoma (M9311/0) D16.5
Osteitis (see also Osteomyelitis) M86.9-
- alveolar K10.3
- condensans M85.3-
- deformans (see also Paget's disease/bone) M88.9
  - in (due to)
    - - malignant neoplasm of bone (M8000/3) C41.9† M90.6-*
    - - - neoplastic disease NEC (M8000/1) (see also Neoplasm) D48.9† M90.6-*
  - - skull M88.0
  - - specified NEC M88.8-
    - due to yaws (gummatous) A66.6† M90.2-*
    - fibrosa NEC M85.6-
    ...

Pachymeningitis (adhesive) (basal) (cerebral) (spinal) (see also Meningitis) G03.9 — see Meningitis
...

Paresis (see also Paralysis) G83.9
  - accommodation H52.5
  - Bernhardt's G57.1
  ...

Perforation, perforated (nontraumatic)
...
  - tympanum, tympanic (membrane) (persistent post traumatic) (postinflammatory) H72.9
    - - attic H72.1
    - - central H72.0
    - - marginal NEC H72.2
    - - multiple H72.8
    - - pars flaccida H72.1
    - - specified NEC H72.8
    - - total H72.8
    - - traumatic S09.2
    ...

Periostitis (circumscribed) (diffuse) (infective) (see also Osteomyelitis) M86.9-
- with osteomyelitis M86.8-
  - - acute M86.1-
  - - chronic NEC M86.6-
  - - subacute M86.2-
  - alveolar K10.3
  - alveolodental K10.3
  - gonorrhoeal A54.4† M90.1-*
  - jaw (lower) (upper) K10.2
  - monomelic M86.9-
  - orbital H05.0
  - syphilitic A52.7† M90.1-*
  - - congenital (early) A50.0† M90.1-*
  - - secondary A51.4† M90.1-*
  - tuberculous (see also Tuberculosis/bone) A18.0† M90.0-*
  - - yaws (early) (gummatous) (hypertrophic) (late) A66.6† M90.1-*
  ...

Regurgitation
- aortic (valve) (see also Insufficiency/aortic) I35.1
  - - syphilitic A52.0† I39.1*
  - - food (see also Vomiting) R11
  - - with reswallowing — see Rumination
  - - newborn P92.1
  - - gastric contents (see also Vomiting) R11
  - heart — see Endocarditis
  - - mitral (valve) — see also Insufficiency/mitral
  - - congenital Q23.3
  ...

Senescence (without mention of psychosis) (see also Senile) R54
...
**Spondylosis** M47.9-
- with
  - sacral, sacrococcygeal M47.88
- specified NEC M47.8-
  - thoracic M47.84
- traumatic M48.3-
- ...  

**Tear, torn** (traumatic) (*see also* Wound, open) T14.1
- capsule, joint — *see Sprain*
  - joint — *see Sprain*
- lens, accidental during procedure H59.13
- cartilage — *see also* Sprain
- ...  

- knee cartilage
  - - articular (current) S83.3
  - - old M23.2-
- lens capsule, accidental during procedure H59.13
- ligament — *see also* Sprain
- ...  

**Weak, weakness** (generalised) R53
- arches (acquired) M21.4
  - - congenital Q66.5
- bladder (sphincter) R32
  - - facial — *see* Paralysis/facial
- foot (double) — *see Weak/arches*
- heart, cardiac (*see also* Failure/heart) I50.9
External Causes of Injury Alphabetic Index

Asphyxia, asphyxiation (mechanical) (see also Suffocation) W84
- by
  - any object, except food or vomitus NEC (see also Foreign body/aspiration/with asphyxia, obstruction of respiratory passage, suffocation/by type of object) W80.9
  - chemical in war operations Y36.7
  - food (bone) (seed) W79
  - fumes in war operations (chemical weapons) Y36.7
  - gas (accidental) (see also Table of drugs and chemicals) X47.-
  - in war operations (chemical weapons) Y36.7
  - intentional self-poisoning X67.-
  - legal
  - - execution Y35.5
  - - - - intervention Y35.2
  - - - - undetermined intent Y17.-
  - mechanical means (see also Suffocation) W84
  - vomitus W78
...

Contact (accidental)
- with
...
- bumble bee X23.31
- butterfly (cocoon) X25.2
- can
...
- mobile elevated work platform (MEWP) W31.8
- - stationary W17.5
- moth (cocoon) X25.2
- motor vehicle glass W25.5
...

Place of occurrence of external cause Y92.9
...
- water NEC Y92.88
- - bank Y92.83
- - bay Y92.82
- - beach Y92.83
- - brook Y92.81
- - canal Y92.81
- - creek Y92.81
- - dam Y92.80
- - flooded area Y92.81
- - foreshore Y92.83
- - ice, natural (in) Y92.80
- - bay Y92.82
- - lake Y92.82
- - ocean Y92.82
- - sea Y92.82
- - stream Y92.81
- - lake Y92.82
- - marsh Y92.80
- - ocean Y92.82
- - pond Y92.80
- - pool Y92.80
- - river Y92.81
- - rivulet Y92.81
- - sea Y92.82
- - shore Y92.83
- - still Y92.80
- - stream Y92.81
- - swamp Y92.80
- - trickle Y92.81
ICD-10-AM/ACHI/ACS
Eleventh Edition
Addenda Proposal

Removal of braces (|)
Part 2 ACHI

Introduction/Rationale:

This addenda proposal was created to address the issue of braces (|) in ICD-10-AM and ACHI Tabular Lists. This convention derives from ICD-10.

The inclusion of braces in ICD-10-AM and ACHI is problematic as the relevant terms require manual formatting in postproduction. This action adds to the postproduction burden, and increases the likelihood of error.

ACCD proposes to remove or replace all braces in ICD-10-AM and ACHI to avoid the above issues.

Reference to braces will also be deleted from the Conventions.

Formatting ‘tidy up’ of some sections of the Tabular List and Alphabetic Index is also proposed.

For ease of review, this addenda proposal is split into two documents:
- Part 1 ICD-10-AM
- Part 2 ACHI
INTRODUCTION

CONVENTIONS USED IN THE ACHI TABULAR LIST OF INTERVENTIONS

PUNCTUATION

Braces are used to enclose a series of terms, each of which is modified by the statement appearing at the right of the brace.

EXAMPLE 4:
30394-00 [987] Drainage of intra-abdominal abscess, haematoma or cyst

| Includes: |
| appendiceal |
| iliac fossa |
| intraperitoneal |
| pelvic |
| pouch of Douglas |
| subhepatic |
| subphrenic |
| peritonitis |
| abscess, haematoma or cyst |

EXAMPLE 5:
306       Other procedures on external ear

| Includes: |
| auricle |
| external auditory canal |
3 Insertion of intracranial cerebrospinal fluid devices

Replacement of cerebrospinal fluid devices
Revision of cerebrospinal fluid devices

39015-00 Insertion of external ventricular drain

10 Postoperative reopening of craniotomy or craniectomy site

39721-00 Postoperative reopening of craniotomy or craniectomy site

Decompression of oedema postoperative
Postoperative drainage or removal:
• abscess
• haematoma
• haemorrhage
• infection
Drainage of:
• haemorrhage
• infection
Removal of:
• abscess
• haematoma

Includes: removal of skull flap
that via osteoplastic flap

16 Other intracranial excision

Excludes: excision by skull base surgery (39640-00, 39642-00, 39646-00, 41581-00, 39650-00, 39653-00, 39658-00, 39660-02, 39662-02, 90032-00 [17])

39718-00 Removal of brain cyst

Marsupialisation of brain cyst
Removal of arachnoidal cyst
Marsupialisation of brain
Removal of arachnoidal

cyst

17 Skull base surgery for lesion

Includes: any associated reparative or reconstructive surgery
that for vascular lesions

90032-00 Removal of lesion involving posterior cranial fossa

Includes: via:
• translabyrinth
• transmastoid
• transoral

39653-00 Removal of lesion of petroclivus and clivus

Includes: via:
• infratentorial
• supratentorial

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
39658-00 Excision of lesion of clivus

*Includes:* via:

- transmaxillary approach
- transoral approach

39660-02 Excision of lesion of cavernous sinus

*Includes:* with intracranial carotid artery exposure

39662-02 Excision of lesion of foramen magnum

*Includes:* via:

- far lateral suboccipital approach
- transcondylar approach

23 **Cranioplasty**

Reconstructive cranioplasty

*Includes:* fat graft

*Code also when performed:*  
- excision of skull lesion (39700-00 [13])
- procurement of fat for graft via separate incision (45018-04 [1666])

*Excludes:* that of skull fracture (39606, 39609-01, 39609-02, 39612 [25])

that with intracranial procedure – omit cranioplasty code

40600-02 Cranioplasty with skull flap

Repair of skull with bone flap  
[Replacement of skull flap](#)
[Revision of skull flap](#)

40600-03 Other cranioplasty

[Cranioplasty: NOS](#)
[Repair of skull](#)

28 Other procedures on skull, meninges or brain

90007-02 Other procedures on brain or cerebral meninges

Choroid plexectomy
Curettage of brain or cerebral meninges
Debridement of brain or cerebral meninges
Decortication of cerebral meninges

*Excision of:*  
- brain or cerebral meninges NOS
- lesion of brain NOS

*Excision of:*  
- brain or cerebral meninges NOS
- lesion of brain

Incision of brain NOS
Lobotomy of brain
Lysis of cortical adhesions
Repair of brain NOS
Tractotomy of brain

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
41 Insertion and removal of spinal cerebrospinal fluid drain

Excludes: cerebrospinal fluid shunt (40006-00, 40009-05 [42], 40009-02 [56])

40018-00 Insertion of lumbar cerebrospinal fluid drain

Insertion of external lumbar drain
Replacement of lumbar cerebrospinal fluid drain
Revision of lumbar cerebrospinal fluid drain

40019-00 Replacement of lumbar cerebrospinal fluid drain

Revision of lumbar cerebrospinal fluid drain

40028-00 Revision of lumbar cerebrospinal fluid drain

Excludes:
- lumbar cerebrospinal fluid drain (40018-00, 90008-00 [41])
- revision of spinal shunt (40009-02 [56])

40006-00 Insertion of spinal shunt

Excludes: that with laminectomy (40342-00 [42])

40342-00 Insertion of cerebrospinal fluid shunt with laminectomy

Procedure performed for syringomyelia and hydromyelia
- syringopercitoneal shunt
- syringopleural shunt
- syringoperitoneal shunt
- syringopleural shunt

40009-05 Removal of spinal shunt

42 Insertion and removal of spinal cerebrospinal fluid shunt

Excludes: lumbar cerebrospinal fluid drain (40018-00, 90008-00 [41]) revision of spinal shunt (40009-02 [56])

40006-00 Insertion of spinal shunt

Excludes: that with laminectomy (40342-00 [42])

40342-00 Insertion of cerebrospinal fluid shunt with laminectomy

Procedure performed for syringomyelia and hydromyelia
- syringopercitoneal shunt
- syringopleural shunt
- syringoperitoneal shunt
- syringopleural shunt

40009-05 Removal of spinal shunt

43 Insertion, replacement or removal of epidural electrodes

Note: Performed for pain relief

39130-00 Percutaneous insertion of epidural electrodes

Percutaneous:
- burying of epidural electrodes
- threading of epidural electrodes
- tunnelling of epidural electrodes

Percutaneous:
- burying
- threading
- tunnelling

Includes: intraoperative test stimulation

39139-00 Insertion of epidural electrodes by laminectomy

Replacement of epidural electrodes by open approach
Revision of epidural electrodes by open approach

Replacement of epidural electrodes by open approach
Revision of epidural electrodes by open approach

Includes: intraoperative test stimulation
Discectomy for recurrent disc lesion

Discectomy for recurrent disc lesion via:
• laminectomy
• laminotomy

Excision of intervertebral disc for recurrent disc lesion

Discectomy via:
• laminectomy
• laminotomy

Excision of intervertebral disc

Includes: fat graft

Code also when performed:
• procurement of fat for graft via separate incision (45018-04 [1666])

Excludes: that with intervertebral disc prosthesis (see block [59])

Repair of spinal canal or spinal cord structures

... 90011-02 Other repair on spinal canal or spinal cord structures

Repair of:
• spinal cord NOS
• spinal meninges NOS

Revision procedures on spinal canal or spinal cord structures

... 40009-02 Revision of spinal shunt

Replacement of spinal shunt
Replacement of lumbar peritoneal shunt

Excludes: revision of distal peritoneal site (90330-00 [1001])

Other procedures on spinal canal or spinal cord structures

... 90011-01 Other procedures on spinal canal or spinal cord structures

Curettage of spinal cord or spinal meninges
Debridement of spinal cord or spinal meninges

Administration of therapeutic agent around sympathetic nervous system

Chemical:
• ablation of sympathetic chain
• sympathectomy

Sympathetic nervous system block

Includes: that with anaesthetic or sympatholytic agent
**Chemical ablation of sympathetic chain**
- **Chemical sympathectomy**
- **Sympathetic nervous system block**

**Administration of neurolytic agent into sympathetic nervous system**

**Chemical:**
- ablation of sympathetic chain with neurolytic agent
- sympathectomy with neurolytic agent

**Sympathetic nervous system block with neurolytic agent**

**Chemical ablation of sympathetic chain**
- **Chemical sympathectomy**
- **Sympathetic nervous system block**

**Surgical sympathectomy**
- **Division of sympathetic nerve**
- **Neurectomy of sympathetic nerve**

**Excludes:** reoperation for previous surgical sympathectomy (35006·00, 35009·00, 90015·00 [85])

**Reoperation for previous sympathectomy**

**Includes:** that following previous chemical sympathectomy
- that for previous incomplete surgical sympathectomy

**Other surgical sympathectomy, reoperation**

**Reoperation:**
- periarterial surgical sympathectomy
- sphenopalatine surgical ganglionectomy
- sympathetic surgical ganglionectomy

**Periarterial surgical sympathectomy**
- **Sphenopalatine surgical ganglionectomy**
- **Sympathetic surgical ganglionectomy**

**Incision procedures on thyroid**

**Incision of thyroid**
- **Drainage of haematoma**
- **Exploration of thyroid**

**Excludes:** postoperative exploration (90047·02 [111])
- removal of haematoma by aspiration (90047·00 [110])

**Thyroidectomy**

**Thyroidectomy following previous thyroid surgery**
- completion
- subtotal
- total
- with removal of substernal thyroid

**Unilateral total thyroid lobectomy, following previous thyroid surgery**

**Completion thyroidectomy**
Subtotal thyroidectomy
Thyroidectomy with removal of substernal thyroid
Total:
• thyroid lobectomy, unilateral
• thyroidectomy

90046-02  Thyroidectomy with removal of substernal thyroid
Removal of substernal thyroid with:
• subtotal thyroid lobectomy (bilateral) (unilateral)
• total thyroidectomy (bilateral) (unilateral)
Total (bilateral) (unilateral) thyroidectomy
Includes: that via:
...

124  Biopsy of pituitary gland
30075-05  Biopsy of pituitary gland, transfrontal approach
30075-06  Biopsy of pituitary gland, transsphenoidal approach

125  Other excision procedures on pituitary gland
...

39715-01  Partial excision of pituitary gland, transsphenoidal approach
Removal of lesion of pituitary gland via transsphenoidal approach

128  Removal of thymus
Removal of thymoma
Thymectomy
90049-01  Endoscopic thymectomy
Mediastinoscopic thymectomy
Thoracoscopic thymectomy
Video assisted thoracoscopic surgery [VATS] thymectomy

161  Excision procedures on eyeball
...

42515-00  Evisceration of eyeball with insertion of implant
Includes: cartilaginous
intrascleral ball implant
Includes: cartilaginous implant
intrascleral ball implant
42509-00  Enucleation of eyeball with insertion of implant

Includes: hydroxyapatite (coralline) implant

Includes: hydroxyapatite (coralline) implant

integrated implant

sphere implant

200  Extraction of crystalline lens

Code also when performed:
• insertion of intraocular lens (see block [193])

…

42731-01  Extraction of crystalline lens with removal of vitreous

Limbal:
• capsulotomy with vitrectomy
• lensectomy with vitrectomy

Pars plana lensectomy with vitrectomy

Limbal:
• capsulotomy
• lensectomy

Pars plana lensectomy

Includes: division of vitreal bands

removal of epiretinal membranes

…

206  Destruction procedures on aqueous or vitreous

42791-03  Destruction procedures on aqueous or vitreous

Aqueous or vitreous:
• fibrinolysis
• vitreolysis

Fibrinolysis

Vitreolysis

Includes: that by laser

…

217  Other repair of extraocular muscle

42854-00  Repair of ruptured extraocular muscle

Freeing of entrapped extraocular muscle

Lysis of extraocular muscle adhesions

Freeing of entrapped extraocular muscle adhesions

Lysis of adhesions of extraocular muscle

Repair of laceration of:
• extraocular muscle or tendon
• Tenon’s capsule

…

221  Application, insertion or removal procedures on orbit

42824-00  Retrobulbar administration of alcohol or other drug

90606-02  Removal of orbital implant

Includes: alloplastic implant (patch)

synthetic (artificial) implant (patch)

Includes: alloplastic implant (patch)

synthetic implant (patch)

synthetic (artificial) implant (patch)

Excludes: that from anophthalmic orbit (42518-04 [164])
387  Maxillary antrostomy

...  

41713-00 Radical maxillary antrostomy with transantral ethmoidectomy
  Transantral ethmoidectomy with:
  • Caldwell-Luc antrostomy
  • radical maxillary antrectomy

Caldwell-Luc antrostomy
Radical maxillary antrectomy with transantral ethmoidectomy

41713-01 Radical maxillary antrostomy with transantral vidian neurectomy
  Transantral vidian neurectomy with:
  • Caldwell-Luc antrostomy
  • radical maxillary antrectomy

Caldwell-Luc antrostomy
Radical maxillary antrectomy with transantral vidian neurectomy

...  

397  Excision procedures on salivary gland or duct

...  

30255-00 Removal of submandibular ducts
  Submandibular duct(s):
  • diversion
  • relocation

Diversion
Relocation of submandibular ducts

Note: Performed for control of drooling

...  

398  Repair procedures on salivary gland or duct

...  

41910-00 Transposition of duct of major salivary gland
  Includes: parotid gland
  sublingual gland
  submandibular gland

Includes: parotid gland
sublingual gland
submandibular gland

...  

401  Incision procedures on mouth, palate or uvula

...  

96215-00 Incision and drainage of lesion in oral cavity
  Drainage of oral cavity:
  • abscess
  • cyst

In oral cavity

...  

451  Dental radiological examination and interpretation

...  

97025-00 Intraoral occlusal radiography, per exposure
  Includes: mandibular view
  maxillary view

Includes: mandibular view
maxillary view
**Tooth-coloured restoration**

Direct restoration, using adhesive technique with tooth-coloured material

Indirect restoration

*Includes:*
- compomer restoration
- composite resin
- glass ionomer
- polymer glass
- resin composite

*Includes:*
- compomer restoration using:
  - composite resin
  - glass ionomer
  - polymer glass
  - resin composite

Sealing of non carious pits, fissures or cracks in enamel of molar or premolar tooth

---

**Other procedures on larynx**

Other procedures on larynx

Closure of laryngeal fistula

Suture of laryngeal laceration

*Includes:*
- bronchial lavage
- electromagnetic navigation
- fluoroscopic guidance
- that using:
  - fibreoptic bronchoscope
  - rigid bronchoscope

*Excludes:*
- that with:
  - argon plasma coagulation (lesion) (tissue):

---

**Examination procedures on bronchus**

*Includes:*
- bronchial lavage
- electromagnetic navigation
- fluoroscopic guidance
- that using:
  - fibreoptic bronchoscope
  - rigid bronchoscope

*Excludes:*
- that with:
  - argon plasma coagulation (lesion) (tissue):

---
Endoscopic biopsy, broncho-alveolar lavage or removal of foreign body from bronchus

Includes: bronchial lavage
bronchoscopy
electromagnetic navigation
fluoroscopic guidance

41898-04 Endoscopic [needle] biopsy of bronchus
Bronchoscopy with (needle) biopsy of bronchus

Includes: that with:
- fibreoptic bronchoscope
- linear bronchoscope
- rigid bronchoscope

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 bronchoscope
- rigid bronchoscope

Incision procedures on lung or pleura

38418-04 Incision of lung
Drainage of lung cyst or abscess
Pneumonotomy with exploration of lung

Partial resection of lung

38438-00 Segmental resection of lung
Partial lobectomy of lung
Segmentectomy of lung

Destruction procedures on chest wall, mediastinum or diaphragm

38656-01 Reopening of thoracotomy or sternotomy site
Control of postoperative intrathoracic haemorrhage
Postoperative reopening of:
- sternotomy site
- thoracotomy site
Excision procedures on chest wall, mediastinum or diaphragm

96216-00 Percutaneous [needle] biopsy of chest wall, mediastinum or diaphragm
Percutaneous fine needle:
- aspiration of chest wall, mediastinum or diaphragm
- biopsy of chest wall, mediastinum or diaphragm

Other repair procedures on chest wall, mediastinum or diaphragm

43915-00 Plication of diaphragm
Includes: that via:
- abdominal approach
- thoracic approach
Note: Performed for eventration

Other repair of diaphragm

90178-00 Other repair of diaphragm
Closure of diaphragm fistula
Suture of diaphragm laceration

Airway management

▼1006
Note: The codes relating to management alone include installation of saline or suction clearance of the airway

Management of nasopharyngeal intubation
Management of:
- choanal atresia stent
- nasopharyngeal stent

Excludes: management with:
- initiation of nasopharyngeal intubation (90179-02 [568])
- repair of choanal atresia (45645-00, 45646-00 [1681])
- replacement of nasopharyngeal device (96190-01 [568])
- ventilatory support (92209 [570])

Replacement of nasopharyngeal device
Replacement of:
- choanal atresia stent
- nasopharyngeal stent

Includes: irrigation and suction

Removal of nasopharyngeal device
Removal of:
- choanal atresia stent
- nasopharyngeal stent
Code also when performed:
• debridement of wound (90686-01 [1628])
• pharyngoscopy (nasopharyngoscopy) (41764-02 [416])

Excludes: that with replacement (96190-01 [568])

569 Ventilatory support

Bi-level positive airway pressure [BiPAP] [airway pressure release ventilation] [pressure control ventilation] by endotracheal tube/tracheostomy
Continuous positive airway pressure [CPAP] by endotracheal tube/tracheostomy
Intermittent mandatory ventilation [IMV]
Invasive ventilation
Mechanical ventilation
Positive end expiratory pressure [PEEP]
Pressure support ventilation [PSV]
Synchronous intermittent mandatory ventilation [SIMV]

642 Myocardial preservation

22075-00 Deep hypothermia with circulatory arrest
Deep hypothermic cardiac arrest
Hypothermic arrest
Excludes: that performed in conjunction with cardiac surgery – omit code

650 Insertion of cardiac pacemaker generator

38353-00 Insertion of cardiac pacemaker generator
Insertion of:
• biventricular pacemaker
• cardiac:
  • pacemaker device
  • resynchronisation therapy [CRT] device
  • dual chamber pacemaker
  • single chamber pacemaker
  • triple chamber pacemaker
  • single chamber pacemaker
  • triple chamber pacemaker
654 Adjustment, replacement or removal of electrode for cardiac pacemaker or defibrillator

90203-00 Adjustment of transvenous electrode for cardiac pacemaker

Transvenous electrode for cardiac pacemaker:
• repair
• repositioning
• revision
• stabilisation

Excludes:
- that of left ventricle via thoracotomy, sternotomy or subxyphoid approach (90203-02 [654])
- with defibrillator functionality (90203-08 [654])

90203-08 Adjustment of transvenous electrode for cardiac defibrillator

Transvenous electrode for cardiac defibrillator:
• repair
• repositioning
• revision
• stabilisation

Excludes:
- that of left ventricle via thoracotomy, sternotomy or subxyphoid approach (90203-09 [654])

90203-02 Adjustment of left ventricular electrode for cardiac pacemaker via thoracotomy, sternotomy or subxyphoid approach

Excludes:
- that with defibrillator functionality (90203-09 [654])

90203-09 Adjustment of left ventricular electrode for cardiac defibrillator via thoracotomy, sternotomy or subxyphoid approach

38456-21 Adjustment of epicardial electrode for cardiac pacemaker

Epicardial electrode for cardiac pacemaker:
• repair
• repositioning
• revision
• stabilisation

Includes:
- that via:
  - sternotomy
  - subxyphoid approach
  - thoracotomy

Excludes:
- that with defibrillator functionality (38456-28 [654])

38456-28 Adjustment of epicardial electrode for cardiac defibrillator

Epicardial electrode for cardiac defibrillator:
• repair
• repositioning
• revision
• stabilisation

Includes:
- that via:
  - sternotomy
• subxyphoid approach
• thoracotomy

655 Adjustment, replacement or removal of cardiac pacemaker generator
▼9036

90203·05 Adjustment of cardiac pacemaker generator
Cardiac pacemaker generator:
• repair
• repositioning
• revision
Repair of cardiac pacemaker generator
Repositioning of cardiac pacemaker generator
Revision of cardiac pacemaker generator
Includes: revision or relocation of skin pocket
testing of implanted cardiac pacemaker or defibrillator
Excludes: revision or relocation of skin pocket alone (90219·00 [663])

656 Adjustment, replacement or removal of cardiac defibrillator generator
▼9036

90203·06 Adjustment of cardiac defibrillator generator
Cardiac defibrillator generator:
• repair
• repositioning
• revision
Repair of cardiac defibrillator generator
Repositioning of cardiac defibrillator generator
Revision of cardiac defibrillator generator
Includes: revision or relocation of skin pocket
testing of implanted cardiac pacemaker or defibrillator
Excludes: revision or relocation of skin pocket alone (90219·00 [663])

690 Closure of patent ductus arteriosus
Includes: clipping
division
ligation
of patent ductus arteriosus

700 Endarterectomy
Includes: closure by suture
Excludes: coronary artery endarterectomy (38505·00 [669])
that with arterial bypass to prepare site for anastomosis (33554·00 [701])

33539·00 Endarterectomy of extremities
Endarterectomy of:
• common femoral artery
• superficial femoral artery
Includes: closure by suture
Excludes: extended endarterectomy of deep femoral artery (33542·00 [700])
717  Repair procedures on pulmonary artery for congenital heart disease

38733-00 Creation of systemic pulmonary shunt
Creation of shunt:
• ascending aorta to pulmonary artery
• descending aorta to pulmonary artery
• subclavian to pulmonary artery

727  Interruption of varicose veins of lower limb

Includes:
division
excision
injection
ligation
striping

Excludes:
banding or cuffing of saphenous vein (34824-00 [721])
endovenous interruption of veins (32520-00 [728])

32508-00 Interruption of varicose veins of great (long) and/or small (short) saphenous veins
Interruption of:
• sapheno-femoral
• sapheno-femoral and sapheno-popliteal
• sapheno-popliteal
• sapheno-femoral junction varicose veins
• sapheno-femoral and sapheno-popliteal junction varicose veins
• sapheno-popliteal junction varicose veins
• varicose veins of lower limb NOS

32504-00 Interruption of varicose veins of multiple tributaries
Stab:
• avulsions of varicose veins
• phlebectomy of varicose veins

Includes: interruption of perforator veins

Excludes:
that with:
• endovenous interruption of varicose veins (32520-00 [728])
• interruption of varicose veins of great or small saphenous veins (32508-00 [727])
• subfascial interruption of perforator veins (32507-01 [727])

728  Other destruction procedures on veins

32520-00 Endovenous interruption of veins
Endovenous:
• laser therapy [ELT] of varicose veins
• radiofrequency ablation [ERFA] of varicose veins
Other application, insertion or removal procedures on other vascular sites

Administration of agent into vascular lesion
Destruction of vascular anomaly by injection
Injection of agent (sclerosing) (sclerotherapy) into head or neck:
- vessels
- vascular malformation
  - vessels
  - vascular malformation of head or neck
Includes: that for:
  - angioma
  - false aneurysm
  - haemangioma
  - lymphangioma
  - starburst vessels
  - telangiectases

Transluminal balloon angioplasty

Includes: transcatheter infusion of thrombolytic or other agent
Excludes: peripheral laser angioplasty (see block [758]):
  - with atherectomy (see block [669])

Percutaneous transluminal balloon angioplasty
Percutaneous transluminal balloon angioplasty for:
- correction of arteriovenous fistula
- revision of arteriovenous fistula
  Correction of arteriovenous fistula stenosis by percutaneous transluminal balloon angioplasty

Open transluminal balloon angioplasty
Open transluminal balloon angioplasty for:
- correction of arteriovenous fistula stenosis
- revision of arteriovenous fistula stenosis
  Correction of arteriovenous fistula stenosis by open transluminal balloon angioplasty

Procedures for external arteriovenous shunt

Replacement of external arteriovenous shunt
External arteriovenous shunt:
- removal and reinsertion
- revision
  Removal and reinsertion of external arteriovenous shunt
  Revision of external arteriovenous shunt
Procedures for surgically created arteriovenous fistula

34518-00 Repair of surgically created arteriovenous fistula
- Correction of stenosis of arteriovenous fistula NOS
- Revision of arteriovenous fistula NOS
- Superficialisation of arteriovenous fistula NOS

Includes: patch graft

Excludes: that by:
- thrombectomy (34515-00)
- transluminal balloon angioplasty:
  - open (35303-07 [754])
  - percutaneous (35303-06 [754])

that for prosthetic (graft) arteriovenous access device (34518-01)

34518-01 Repair of prosthetic (graft) arteriovenous access device
- Correction of stenosis of prosthetic (graft) arteriovenous access device NOS
- Revision of prosthetic (graft) arteriovenous access device NOS

Includes: patch graft

Excludes: that by transluminal balloon angioplasty:
- open (35303-07 [754])
- percutaneous (35303-06 [754])

Transcatheter embolisation of blood vessels

35321-05 Transcatheter embolisation of blood vessels, abdomen
- Transcatheter embolisation of vessels:
  - coeliac
  - gastrointestinal
  - hepatic
  - mesenteric
  - renal
  - splenic
  - coeliac
  - 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 vessels:
  - iliac
  - ovarian
  - uterine
  - vaginal
  - vesical
  - iliac
  - ovarian
  - uterine
  - vaginal
  - vesical
Other procedures on lymphatic structures

90284-01 Laparoscopic removal of lymphocele
Laparoscopic:
• drainage of lymphocele
• marsupialisation of lymphocele

90284-02 Removal of lymphocele
Drainage of lymphocele
Marsupialisation of lymphocele

90283-00 Other procedures on lymphatic structures
Anastomosis
Dilation
Ligation
Obliteration
Reconstruction
Repair
Transplantation
Correction of lymphoedema of limb NOS
Peripheral lymphatic:
• anastomosis
• dilation
• ligation
• obliteration
• reconstruction
• repair
• transplantation

Excludes: excision of lymphoedematous tissue (45048 [1667])

Endoscopic administration of agent into lesion of oesophagus

30476-04 Endoscopic administration of agent into lesion or tissue of oesophagus
Endoscopic injection of agent (sclerosing) (sclerotherapy) into lesion of oesophagus

Includes: that for:
• oesophageal
• oesophagogastric junction varices

Includes: that for:
• oesophageal varices
• oesophagogastric junction varices

Application, insertion or removal procedures on stomach

30478-07 Endoscopic administration of agent into lesion of stomach or duodenum
Endoscopic injection of sclerosing agent (sclerotherapy) into lesion of stomach or duodenum

Includes: that for:
• duodenal varices
• gastric varices

Includes: that for:
• duodenal varices
• gastric varices

Excludes: lesion(s) of oesophagogastric junction (30476-04 [851])
Procedures for obesity

30511-13 Laparoscopic gastric banding
Laparoscopic:
• adjustable gastric banding (LAGB)
• nonadjustable gastric banding (fixed) (LNGB)
   *adjustable (LAGB)  gastric banding
   *nonadjustable (fixed) (LNGB)
Includes: diaphragmatic (crural) (hiatus hernia) repair
           gastric ring reinforcement
           insertion of gastric band reservoir
           mesh (marlex)
Excludes: that with replacement (30511-11 [889])

30512-03 Laparoscopic gastric bypass
Laparoscopic gastric bypass:
• banded (ring)
• loop
• mini
• Roux-en-Y (LRYGB)
   *banded (ring)
   *loop
   *mini
   *Roux-en-Y (LRYGB)
Includes: anastomosis
           diaphragmatic (crural) (hiatus hernia) repair
           dilation of gastro-enteral stricture
Note: may be performed as the second stage of a two-stage surgery
Code also when performed:
• gastro-enterostomy (30515-00 [881])
• revision procedure for obesity (30514-01 [889])
Excludes: that with biliopancreatic diversion (30512-01 [889])

30512-00 Gastric bypass
Gastric bypass:
• banded (ring)
• loop
• mini
• Roux-en-Y (LRYGB)
   Banded (ring)
   Loop
   Mini
   Roux-en-Y (RYGB)
Includes: anastomosis
           diaphragmatic (crural) (hiatus hernia) repair
           dilation of gastro-enteral stricture
Note: may be performed as the second stage of a two-stage surgery
Code also when performed:
• gastro-enterostomy (30515-00 [881])
• revision procedure for obesity (30514-01 [889])
Excludes: that with biliopancreatic diversion (30512-02 [889])

90950-02 Endoscopic insertion of device into stomach
Insertion of:
• gastric balloon or bubble
• intragastric balloon or bubble
• gastric
• intragastric
balloon or bubble
**Excludes:** with replacement of device (90950-04 [889])

90950-04  **Endoscopic revision of device in stomach**

Endoscopic:
- adjustment of gastric balloon or bubble
- replacement (removal and reinsertion) of gastric balloon or bubble
- repositioning of gastric balloon or bubble
  - adjustment
  - replacement (removal and reinsertion)
  - repositioning

90950-03  **Endoscopic removal of device from stomach**

Removal of:
- gastric balloon or bubble
- intragastric balloon or bubble
  - gastric
  - 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 of gastric band
- replacement (removal and reinsertion) of gastric band
- repositioning of gastric band
  - adjustment
  - replacement (removal and reinsertion)
  - repositioning

**Includes:** diaphragmatic (crural) (hiatus hernia) repair

**Excludes:** adjustment of gastric band by addition or removal of fluid via reservoir (port) (31587-00 [1895])

30511-12  **Revision of gastric band**

Adjustment of gastric band via laparotomy
Replacement (removal and reinsertion) of gastric band via laparotomy
Repositioning of gastric band via laparotomy
  - Adjustment
  - Replacement (removal and reinsertion)
  - Repositioning

**Includes:** diaphragmatic (crural) (hiatus hernia) repair

**Excludes:** adjustment of gastric band by addition or removal of fluid via reservoir (port) (31587-00 [1895])

90942-00  **Removal of gastric band**

Removal of:
- adjustable gastric band via laparotomy
- nonadjustable (fixed) gastric band via laparotomy
  - adjustable
  - nonadjustable (fixed)

**Includes:** removal of (implanted) gastric band reservoir/port

**Excludes:** that with replacement (30511-12 [889])

31590-00  **Revision of gastric band reservoir**

Implanted gastric band reservoir/port:
- adjustment
- repair
- replacement
- repositioning
  - Adjustment
  - Repair
  - Replacement
  - Repositioning

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
**Excludes:** adjustment of gastric band by addition or removal of fluid via reservoir (port) (31587-00 [1895])

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**906**

Application, insertion or removal procedures on large intestine

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32023-01 Endoscopic replacement of colonic prosthesis

Endoscopic colonic stent:
- replacement
- revision
- replacement of colonic stent
- revision

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**911**

Fibreoptic colonoscopy with excision

32084-01 Fibreoptic colonoscopy to hepatic flexure, with biopsy

Colonoscopy to hepatic flexure, with multiple biopsies
- Flexible sigmoidoscopy with biopsy
- Short colonoscopy with biopsy

Fibreoptic colonoscopy with biopsy
- Flexible sigmoidoscopy
- Short colonoscopy

32087-00 Fibreoptic colonoscopy to hepatic flexure, with polypectomy

Colonoscopy to hepatic flexure, with multiple polypectomies
- Flexible sigmoidoscopy with polypectomy
- Short colonoscopy with polypectomy

Includes: polypectomy by or using:
- bipolar cautery
- hot biopsy forceps
- mucosal resection
- snare technique

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**913**

Colectomy

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32003-00 Limited excision of large intestine with anastomosis

Caecectomy with anastomosis
- Local excision of colon with anastomosis
- Sigmoidectomy with anastomosis

Includes: resection of splenic flexure

32003-02 Laparoscopic limited excision of large intestine with anastomosis

Includes: resection of splenic flexure

32000-00 Limited excision of large intestine with formation of stoma
Caecectomy with formation of stoma
Local excision of colon with formation of stoma
Sigmoidcolectomy with formation of stoma
Sigmoidectomy with formation of stoma
Caecectomy
Local excision of colon
Sigmoidcolectomy
Sigmoidectomy

Includes: resection of splenic flexure

32000-02 Laparoscopic limited excision of large intestine with formation of stoma
Laparoscopic:
* caecectomy with formation of stoma
* local excision of colon with formation of stoma
* sigmoidcolectomy with formation of stoma
* sigmoidectomy with formation of stoma
* caecectomy
* local excision of colon
* sigmoidcolectomy
* sigmoidectomy

Includes: resection of splenic flexure

...

32006-00 Left hemicolectomy with anastomosis
Includes: resection of:
* descending colon
* sigmoid colon
* splenic flexure

32006-02 Laparoscopic left hemicolectomy with anastomosis
Includes: resection of:
* descending colon
* sigmoid colon
* splenic flexure

32006-01 Left hemicolectomy with formation of stoma
Includes: resection of:
* descending colon
* sigmoid colon
* splenic flexure

32006-03 Laparoscopic left hemicolectomy with formation of stoma
Includes: resection of:
* descending colon
* sigmoid colon
* splenic flexure

32005-00 Subtotal colectomy with anastomosis
Includes: resection of:
* ascending colon
* descending colon
* hepatic flexure
* splenic flexure
32005·02 Laparoscopic subtotal colectomy with anastomosis

*Includes:* resection of:
- ascending colon
- descending colon
- hepatic flexure
- splenic flexure
- transverse colon
- ascending colon
- descending colon
- hepatic flexure
- transverse colon
- splenic flexure

32004·00 Subtotal colectomy with formation of stoma

*Includes:* formation of mucous fistula
- mucous fistula
- ascending colon
- descending colon
- hepatic flexure
- splenic flexure
- transverse colon
- ascending colon
- descending colon
- hepatic flexure
- transverse colon
- splenic flexure

32004·02 Laparoscopic subtotal colectomy with formation of stoma

*Includes:* formation of mucous fistula
- mucous fistula
- ascending colon
- descending colon
- hepatic flexure
- splenic flexure
- transverse colon
- ascending colon
- descending colon
- hepatic flexure
- transverse colon
- splenic flexure

924 Procedures for exomphalos

43873·01 Creation of prosthetic pouch for exomphalos

Creation of:
- silastic pouch for exomphalos
- silo for exomphalos

...
Application, insertion or removal procedures on rectum or anus

32023-04  Endoscopic replacement of rectal prosthesis

Endoscopic:
* replacement of rectal stent
* revision of rectal stent

Excision of lesion or tissue of rectum or anus

90341-00 Other excision of lesion of rectum

Excision of perirectal lesion or tissue
Trans-sphincteric excision of lesion or tissue

Excludes: per anal excision of lesion of rectum (32099-00 [933])

polypectomy via:
* colonoscopy (32087-00, 32093-00 [911])
* rectoscopy (32099-00 [933])
* sigmoidoscopy:
  * flexible (32087-00 [911])
  * rigid (32078-00, 32081-00 [910])

Rectosigmoidectomy or proctectomy

32060-00 Restorative proctectomy

Mucosal proctectomy

Includes: closure of existing ileostomy
defunctioning [covering]

Includes: closure of existing ileostomy
defunctioning [covering] ileostomy
formation of ileal reservoir
ileo-anal anastomosis
isolation and resection of bowel
mucosectomy
rectal resection

Excludes: restoration of bowel continuity following Hartmann’s procedure (32033-00 [917])

43993-01 Definitive intestinal resection and pull-through anastomosis

Duhamel-retrorectal pull-through procedure
Soave endorectal pull-through procedure

Includes: closure of existing stoma
formation of stoma (defunctioning) (diverting) (protective) (temporary)
multiple frozen section biopsies

Note: Performed for Hirschsprung’s disease [colonic aganglionosis] [congenital megacolon]. There are a number of pull-through techniques - the most common are the Duhamel and Soave procedures. The Duhamel procedure (and modifications) is a retrorectal pull-through with a side-to-side anastomosis. The anastomosis forms a rectal vault composed of an aganglionic anterior wall and a normally ganglionated posterior wall.
The Soave procedure (and modifications) involves resection of the aganglionic bowel, with the exception of the most distal rectum where only the mucosa is removed. The mucosa of the rectum is removed through the anus and the ganglionic colon is ‘pulled through’ the remaining cuff of rectal muscle to a point just above the anus (dentate line) where it is sewn into place. In some cases of total...
colonic aganglionosis the intestinal resection may extend to the ileum and involve an ileo-anal pull-through procedure with side-to-side ileocolic anastomosis.

This procedure may be performed in one stage. It may also be the second stage of a two stage procedure, where the first stage procedure performed was a colostomy (sometimes termed a ‘levelling’ colostomy).

**Excludes:** restorative proctocolectomy with ileal reservoir (32051 [936])

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**940** Other repair procedures on rectum or anus

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**32221-00** Revision of artificial bowel sphincter

*Artificial bowel sphincter:
  * adjustment
  * replacement

  **Adjustment**
  **Replacement** of artificial bowel sphincter

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**963** Incision of gallbladder, biliary tract or sphincter of Oddi

**30440-01** Percutaneous biliary drainage

*Includes:* transhepatic cholangiography

*Includes:* transjejunal cholangiography

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**966** Resection of hepatic duct or porta hepatitis

*Includes:* anastomosis to:
  * biliary tract
  * intestine

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**30464-00** Radical resection of hepatic ducts with resection of segment of liver

**Radical resection of:**
  * common hepatic duct with partial or total resection of liver segment
  * left and right hepatic ducts partial or total resection of liver segment

**Radical resection of:**
  * common hepatic duct
  * left and right hepatic ducts with partial or total resection of segment of liver

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**987** Other incision procedures on abdomen, peritoneum or omentum

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**30394-02** Other closed drainage of intra-abdominal abscess, haematoma or cyst

*Includes:* transgluteal approach

*Includes:* transrectal approach

*Includes:* transgluteal approach

*Includes:* transrectal approach
30394-00 Drainage of intra-abdominal abscess, haematoma or cyst

**Includes:** drainage of abscess, haematoma or cyst (of):
- appendiceal
- iliac fossa
- intraperitoneal
- pelvic
- pouch of Douglas
- subhepatic
- subphrenic
- peritonitis

**Includes:** appendiceal
- 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])

990 Repair of inguinal hernia

**Correction** of hydrocele in child under 12 years of age (infantile)
**Repair** of hydrocele in child under 12 years of age (infantile)

**Includes:** graft prosthesis

**Excludes:**
- excision of hydrocele (see Alphabetic Index: Excision/hydrocele)
- repair (correction) of hydrocele with:
  - eversion of sac (see Alphabetic Index: Excision/hydrocele)
  - involvement of tunica vaginalis (see Alphabetic Index: Excision/hydrocele)
  - Jaboulay procedure (see Alphabetic Index: Excision/hydrocele)
- that for incarcerated (obstructed) strangulated hernia (30615-00 [997])
Repair of diaphragmatic hernia

Repair of:
• hiatus hernia
• oesophageal hiatus

Excludes: repair of diaphragmatic (hiatus) hernia with:
• fundoplaty (30527-01, 30527-03, 30527-05, 30527-06 [886])
• obesity procedure(s) (30511, 30512 [889])

43837-02 Repair of diaphragmatic hernia with use of body wall flap or insertion of prosthetic patch

Includes: abdominal approach
         thoracic approach
         thoraco-abdominal approach

Note: Performed for repair of congenital diaphragmatic hernia

Panendoscopy

Includes: double balloon enteroscopy

Panendoscopy via camera capsule
Camera pill endoscopy
Capsule endoscopy
Gastrointestinal camera capsule endoscopy
Camera pill
Capsule endoscopy
Gastrointestinal camera capsule

Panendoscopy with removal of foreign body

Includes: double balloon enteroscopy

Panendoscopy to duodenum with removal of foreign body
Removal of foreign body via:
• duodenoscopy
• gastroscopy
• oesophagogastrroduodenoscopy [EGD]
Duodenoscopy
Gastroscopy
Oesophagogastrroduodenoscopy [EGD]

Excludes: that with rigid oesophagoscope (41825-00 [852])

Other procedures on digestive system

Transjugular intrahepatic portosystemic shunt [TIPS]
Endoscopic procedure proceeding to open procedure

Endoscopic procedure NEC proceeding to open procedure
Minimally invasive procedure NEC proceeding to open procedure
Endoscopic
Minimally invasive procedure NOS proceeding to open procedure

Includes: minimal access approach (via):
**1055 Other excision procedures on kidney**

36558-00 Laparoscopic excision of renal cyst

- Laparoscopic:
  - marsupialisation of renal cyst
  - unroofing of renal cyst

Marsupialisation of renal cyst via laparoscopy

Unroofing of renal cyst

36558-01 Excision of renal cyst

Marsupialisation of renal cyst

Unroofing of renal cyst

**1066 Endoscopic ureteric catheterisation**

*Includes:* cystoscopy

urethral dilatation

**1073 Other incision procedures on ureter**

36818-00 Endoscopic ureteric catheterisation with fluoroscopic imaging of upper urinary tract, unilateral

- Cystoscopy with unilateral retrograde pyelogram
- Ureteroscopy with unilateral retrograde pyelogram

36818-01 Endoscopic ureteric catheterisation with fluoroscopic imaging of upper urinary tract, bilateral

- Cystoscopy with bilateral retrograde pyelogram
- Ureteroscopy with bilateral retrograde pyelogram

**1127 Incision procedures on other sites of urinary system**

90369-00 Exploration of perivesical tissue

- Division of perivesical adhesions
- Excision of perivesical tissue
- Incision of perivesical tissue

Excision of perivesical tissue

Incision of perivesical tissue
1163 Closed biopsy of prostate or seminal vesicle

37218-00 Needle biopsy of prostate or seminal vesicle

Prostate or seminal vesicle:
• percutaneous aspiration
• transperineal (grid) biopsy
• transrectal biopsy

Percutaneous aspiration
Transperineal (grid) biopsy
Transrectal biopsy

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

96227-00 Insertion of testicular prosthesis, unilateral

Includes: exploration of scrotal contents
that via:
• inguinal approach
• scrotal approach

96227-01 Insertion of testicular prosthesis, bilateral

Includes: exploration of scrotal contents
that via:
• inguinal approach
• scrotal approach

1173 Biopsy of scrotum or tunica vaginalis

37604-18 Percutaneous biopsy of scrotum or tunica vaginalis

37604-02 Exploration of scrotal contents with biopsy, unilateral

Biopsy of tunica vaginalis, unilateral
Incision and drainage of:
• scrotum with biopsy, unilateral
• tunica vaginalis with biopsy, unilateral

Excludes: percutaneous biopsy (37604-18 [1173])
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 (37604 [1175])
  • orchidopexy for undescended testis (37803 [1186], 37809 [1188])
37604-03  Exploration of scrotal contents with biopsy, bilateral
Biopsy of tunica vaginalis, bilateral
Incision and drainage of:
  • scrotum with biopsy, bilateral
  • tunica vaginalis with biopsy, bilateral

Excludes: percutaneous biopsy (37604-18 [1173])
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 (37604 [1175])
    • orchidopexy for undescended testis (37803 [1186], 37809 [1188])

...
Destruction procedures on testis, vas deferens, epididymis or spermatic cord

Ligation of vas deferens
- Crushing of vas deferens
- Division of vas deferens
- Crushing of vas deferens
- Division of vas deferens

Other repair procedures on testis, vas deferens, epididymis or spermatic cord

Other repair of vas deferens and epididymis
- Removal of:
  - ligature from vas deferens
  - valve from vas deferens
- Suture of laceration of vas deferens and epididymis
  *Excludes:* repair of spermatic cord and epididymis (30644·11 [1187])

Incision procedures on ovary

Laparoscopic rupture of ovarian cyst or abscess
- Laparoscopic:
  - incision of ovarian cyst
  - marsupialisation of ovarian cyst
- Incision of ovarian cyst via laparoscopy

Rupture of ovarian cyst or abscess
- Incision of ovarian cyst via laparotomy

Procedures for female sterilisation

Laparoscopic sterilisation
- Laparoscopy with:
  - application of Filshie clips
  - ligation of fallopian tube(s)
  - occlusion of fallopian tube(s)
- Sterilisation NOS
  *Excludes:* that by electrodestruction (35688·03 [1257])

Sterilisation via open abdominal approach
- Laparotomy with:
  - application of Filshie clips
  - ligation of fallopian tube(s)
  - occlusion of fallopian tube(s)
  - Sterilisation NOS
  *Excludes:* that by electrodestruction (35688·04 [1257])
1283 Repair of prolapse of uterus, pelvic floor or enterocele

*Includes:* that with prosthesis

... 35577-00 Repair of pelvic floor prolapse

- Donald-Fothergill procedure
- Le-Fort procedure
- Manchester procedure

*Includes:* excision of cervix

1333 Analgesia and anaesthesia during labour and delivery procedure

... 92506·XX Neuraxial block during labour

*Injection/infusion during labour:*
  - caudal
  - epidural
  - spinal

*Code also when performed:*
  - continuing (postprocedural) infusion of neuraxial block (92516-00 [1912])

*Excludes:* that continued for anaesthesia during delivery procedure (92507 [1333])

92507·XX Neuraxial block during labour and delivery procedure

*Injection/infusion during labour and delivery procedure:*
  - caudal
  - epidural
  - spinal

*Includes:* that for:
  - caesarean section
  - removal of retained placenta
  - repair of obstetric laceration

*Note:* This code is to be assigned for those patients who have a neuraxial block for pain relief in labour and the neuraxial block is continued for anaesthesia during delivery procedure.

*Code also when performed:*
  - continuing (postprocedural) infusion of neuraxial block (92516-00 [1912])

*Excludes:* neuraxial block administered for anaesthesia for delivery procedure (92508 [1909])

...
1337 Forceps rotation and delivery

Code also when performed:
• episiotomy (90472-00 [1343])

Excludes: that for breech delivery (90470-02, 90470-04 [1339])

90468-00 Low forceps delivery
Outlet forceps delivery
Wrigley’s forceps delivery

90468-01 Mid-cavity forceps delivery
Keilland’s forceps delivery
Neville-Barnes forceps delivery

Other procedures associated with delivery

90476-00 Procedures on fetus to facilitate delivery
Cleidotomy
Decapitation of fetus
Destruction of fetus

1402 Reduction of dislocation of clavicle, scapula or shoulder

47003-00 Closed reduction of dislocation of clavicle
Closed reduction of dislocation of:
• acromioclavicular joint
• sternoclavicular joint

47006-00 Open reduction of dislocation of clavicle
Open reduction of dislocation of:
• acromioclavicular joint
• sternoclavicular joint

1413 Closed reduction of fracture of humerus or elbow

47456-00 Closed reduction of fracture of distal humerus
Includes: condylar
supracondylar of humerus
Includes: condylar of humerus
supracondylar of humerus

47456-01 Closed reduction of fracture of distal humerus with internal fixation
Includes: condylar of humerus
supracondylar of humerus
Includes: condylar of humerus
supracondylar of humerus
1427 Closed reduction of fracture of radius

47363-00 Closed reduction of fracture of distal radius

<table>
<thead>
<tr>
<th>Includes:</th>
<th>Barton’s fracture</th>
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<td>Colles’ fracture</td>
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47363-02 Closed reduction of fracture of distal radius with internal fixation

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1462 Arthroplasty of interphalangeal joint of hand

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<tr>
<th>Hemiarthroplasty of phalangeal joint of hand</th>
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<tr>
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<tr>
<td>Total arthroplasty of phalangeal joint of hand</td>
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<tr>
<td>Total joint replacement</td>
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<thead>
<tr>
<th>Includes:</th>
<th>synovectomy</th>
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<tr>
<td>tendon transfer or realignment</td>
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</table>

1479 Fixation of fracture of pelvis or femur

47519-00 Internal fixation of fracture of trochanteric or subcapital femur

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<thead>
<tr>
<th>Includes:</th>
<th>fracture:</th>
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<tbody>
<tr>
<td></td>
<td>• neck (of) femur</td>
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<td></td>
<td>• pertrochanteric</td>
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<td>• proximal</td>
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<td>• subtrochanteric</td>
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<th>fracture:</th>
<th>femur</th>
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<td></td>
<td>• pertrochanteric</td>
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<tr>
<td></td>
<td>• proximal</td>
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<tr>
<td></td>
<td>• subtrochanteric</td>
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</table>

1480 Release of hip contracture

<table>
<thead>
<tr>
<th>Lengthening of:</th>
<th>adductor brevis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>adductor longus</td>
</tr>
<tr>
<td>Psoas:</td>
<td>at the lesser trochanter</td>
</tr>
<tr>
<td></td>
<td>over the brim (POTB)</td>
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</table>

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<thead>
<tr>
<th>Includes:</th>
<th>division of obturator nerve</th>
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<td>phenol to obturator nerve</td>
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<td>phenol</td>
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<td>that via anterior or medial approach</td>
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</tbody>
</table>
Reduction of fracture of pelvis or femur

Closed reduction of fracture of femur with internal fixation

Includes: cross fixation
intramedullary fixation

Excludes: that of:
- neck (of) femur (47519-00 [1479])
- proximal femur (47519-00 [1479])
- subcapital femur (47519-00 [1479])
- trochanteric (pertrochanteric) (subtrochanteric) (47519-00 [1479])
  - neck (of)
  - proximal
  - subcapital
  - trochanteric
    - (pertrochanteric)
    - (subtrochanteric)

Open reduction of fracture of femur

Open reduction of fracture of femur with internal fixation

Includes: cross fixation
intramedullary fixation

Excludes: that of:
- neck (of) femur (47519-00 [1479])
- proximal femur (47519-00 [1479])
- subcapital femur (47519-00 [1479])
- trochanteric (pertrochanteric) (subtrochanteric) (47519-00 [1479])
  - neck (of)
  - proximal
  - subcapital
  - trochanteric
    - (pertrochanteric)
    - (subtrochanteric)

Arthroplasty of hip

Resurfacing of hip, unilateral

Birmingham hip resurfacing, unilateral
Metal hip resurfacing, unilateral

Includes: bone graft
procurement of graft material through same incision

Code also when performed:
- procurement of graft material through separate incision (47726-00 [1563])

Excludes:
- arthroplasty:
  - partial (49315-00 [1489])
  - total (49318-00 [1489])

Resurfacing of hip, bilateral

Birmingham hip resurfacing, bilateral
Metal hip resurfacing, bilateral

Includes: bone graft
procurement of graft material through same incision
1509  Closed reduction of fracture of shaft of tibia or fibula
...

47566-04 Closed reduction of fracture of fibula with internal fixation
Closed reduction with internal fixation of fracture of fibula:
- head
- NOS
- proximal
- shaft
  - head
  - NOS
  - proximal
  - shaft
  with internal fixation

Excludes: distal fibula (47600-00, 47603-00 [1537])
...

1510  Open reduction of fracture of shaft of tibia or fibula
...

47566-05 Open reduction of fracture of fibula with internal fixation
Open reduction with internal fixation of fracture of fibula:
- head
- NOS
- proximal
- shaft
  - head
  - NOS
  - proximal
  - shaft
  with internal fixation

Excludes: distal fibula (47600-01, 47603-01 [1539])
...

1542  Repair of tendon or ligament of ankle or foot
...

49718-01 Repair of Achilles' tendon
Achillotenotomy
Division of Achilles' tendon
Incision of Achilles' tendon

Excludes: division and incision of Achilles' tendon
...

1554  Other application, insertion or removal procedures on other musculoskeletal sites
...

50309-00 Adjustment of ring fixator or similar device
Includes: insertion or removal of fixation pin

Excludes: insertion of fixation pin
removal of fixation pin
1572 Other repair procedures on tendon of other musculoskeletal sites

*Excludes:* repair of:
- Achilles’ tendon (major ankle tendon) (49718·01 [1542])
- tendon of foot (49809·01 [1544])

---

47972-00 Open procedure on tendon sheath, not elsewhere classified

*Tendon sheath:*
- exploration NOS
- incision NOS
- release NOS
- suture NOS

*Excludes:* incision or release of tendon sheath of hand (46363·00 [1440])

---

1579 Other procedures for other musculoskeletal sites

---

90609-00 Destruction of bone

*Destruction of bone lesion*

*Includes:* laser
- radiofrequency ablation

*Laser destruction*
- of bone lesion

---

1612 Destruction of lesion of skin or cartilage

*Excludes:* that by excision (31205·00, 31230, 31235 [1620])
warts:
- anal (32177·00, 90315 [933])
- palmar (30186·00 [1195])
- penile (36815·00 [1195], 30189·01 [1619])
- plantar (30186·00 [1195])
- specified site NEC (30189 [1619])
- urethral (36815·01 [1116], 30189·01 [1619])
- vaginal (35507·00 [1281])
- vulval (35507·01 [1289])

---

30190-00 Laser to lesion of face or neck

*Laser to face or neck:*
- angiofibroma
- capillary (cherry) angioma
- trichoepithelioma
- tumour NOS

*Excludes:* angiofibroma
- capillary (cherry) angioma
- trichoepithelioma
- tumour NOS of face or neck

---

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 770
30195-06  Electrotherapy of lesion of skin, single lesion

Diathermy
Electrodesiccation
Fulguration
Galvanocautery

Includes: that by:
• diathermy
• electrodesiccation
• fulguration
• galvanocautery

Code also when performed:
• administration of antineoplastic agent for electrochemotherapy (see block [1920])

Excludes:
• cauterisation of vascular anomaly (45027-00 [743])
• diathermy of telangiectases of head or neck (30213-00 [743])

30195-07  Electrotherapy of lesion of skin, multiple lesions

Diathermy
Electrodesiccation
Fulguration
Galvanocautery

Includes: that by:
• diathermy
• electrodesiccation
• fulguration
• galvanocautery

Code also when performed:
• administration of antineoplastic agent for electrochemotherapy (see block [1920])

Excludes:
• cauterisation of vascular anomaly (45027-00 [743])
• diathermy of telangiectases of head or neck (30213-00 [743])

1640  Allograft, xenograft or synthetic skin graft

\[ 0030 \]

90670-01  Allograft to burn
Allogeneic temporary biological dressing to burn
Homogeneous temporary biological dressing to burn
Split skin:
• allograft to burn
• homograft to burn

90671-01  Xenograft to burn
Heterogeneous temporary biological dressing to burn
Split skin:
• heterograft
• xenograft

Xenogeneic temporary biological dressing to burn
1641  Split skin graft to granulating burn site

Includes:
- debridement of granulating burn of same site
dressing of granulating burn of same site
excision of:
  - granulating burn of same site
  - skin for graft
debridement
dressing of granulating burn of same site
excision
excision of skin for graft
repair of secondary defect by suture

Code also when performed:
- repair of secondary defect by graft
  (see blocks [1645] and [1646])

1643  Split skin graft to burn of specific sites

Includes:
- debridement of burn of same site
dressing of burn of same site
excision of:
  - burn of same site
  - skin for graft
debridement
dressing of burn of same site
excision
excision of skin for graft
repair of secondary defect by suture

Code also when performed:
- removal of graft:
  - allograft (90666-01 [1629])
  - synthetic skin graft (90668-01 [1629])
  - xenograft (90667-01 [1629])
- repair of secondary defect by graft
  (see blocks [1645] and [1646])

Excludes:
- allograft to burn (90670-01 [1640])
synthetic skin graft to burn (90672-01 [1640])
that for granulating burn (45400-01, 45403-01 [1641])
xenograft to burn (90671-01 [1640])

1644  Split skin graft to burn of other sites

Includes:
- debridement of burn of same site
dressing of burn of same site
excision of:
  - burn of same site
  - skin for graft
debridement
dressing of burn of same site
excision
excision of skin for graft
repair of secondary defect by suture

Code also when performed:
- removal of graft:
• allograft (90666·01 [1629])
• synthetic skin graft (90668·01 [1629])
• xenograft (90667·01 [1629])
• repair of secondary defect by graft
  (see blocks [1645] and [1646])

**Excludes:**
- allograft to burn (90670·01 [1640])
- synthetic skin graft to burn (90672·01 [1640])
- xenograft to burn (90671·01 [1640])
- allograft to burn (90670·01 [1640])
- synthetic skin graft to burn (90672·01 [1640])
- xenograft to burn (90671·01 [1640])

### 1648 Full thickness skin graft to burn

**0030**

Wolfe graft to burn

**Includes:**
- debridement of burn of same site
- dressing of burn of same site
- excision of:
  - burn of same site
  - skin for graft
- debridement of burn of same site
- excision of skin for graft
- repair of secondary defect by suture

### 1656 Revision of burn scar or contracture

**45519·00**

Revision of burn scar or burn contracture

**Burn scar or burn contracture**

• division
• excision
• freeing
• release
• Z-plasty

<table>
<thead>
<tr>
<th>Division</th>
<th>Excision</th>
<th>Freeing</th>
<th>Release</th>
<th>Z-plasty</th>
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**Excludes:**
- escharotomy (45054·00 [1607])
- laser to burn scar (45025, 45026·00 [1615])

### 1657 Revision of other scar of skin

**Scar**

• excision
• freeing
• release
• Z-plasty

<table>
<thead>
<tr>
<th>Excision</th>
<th>Freeing</th>
<th>Release</th>
<th>Z-plasty</th>
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**Excludes:**
- administration of agent into scar (90660·00, 30207·00 [1602])
- laser to scar (45025, 45026·00 [1615])
- release of contracture (45515·01 [1607], 45519·00 [1656])
- removal of scar incidental to other procedure – omit code that for burn scar (45519·00 [1656])

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition

Page 773
1662 Excision, eyelid

45617-00 Reduction of upper eyelid

- Excision of redundant skin of upper eyelid
- Restoration of symmetry of upper eyelid

Restoration of symmetry of upper eyelid

Excision of redundant skin of upper eyelid

Upper eyelid rhytidectomy

Code also when performed:
- browlift (45587-01, 45588-01 [1675])
- facelift (45587-00, 45588-00 [1675])
- necklift (45588-02 [1675])

...
45587-01 Browlift, unilateral

Unilateral:
• browplasty (endoscopic)
• eyebrow lift
• forehead lift
• repair of eyebrow ptosis

Code also when performed:
• eyelid reduction (45617-00, 45620-00 [1662])
• facelift (45587-00, 45588-00 [1675])
• necklift (45588-02 [1675])

45588-01 Browlift, bilateral

Bilateral:
• browplasty (endoscopic)
• eyebrow lift
• forehead lift
• repair of eyebrow ptosis

Code also when performed:
• eyelid reduction (45617-00, 45620-00 [1662])
• facelift (45587-00, 45588-00 [1675])
• necklift (45588-02 [1675])

1680 Other repair of nose

45714-01 Closure of other nasal fistula

Nasolabial fistulectomy
Nasopharyngeal fistulectomy

Repair of nasal fistula NOS
Includes: flap repair
revision of flap

1681 Repair of pharynx

45645-00 Closed repair of choanal atresia

Closed correction of nasopharyngeal atresia

Includes: insertion of nasopharyngeal stent
irrigation and suction of nasopharyngeal stent
insertion
irrigation and suction
puncture and dilation

45646-00 Open repair of choanal atresia

Open correction of nasopharyngeal atresia

Includes: insertion of nasopharyngeal stent
irrigation and suction of nasopharyngeal stent
insertion
irrigation and suction
removal of bone
Revision of free flap and associated procedures

*Includes:*
- muscle free flap
- myocutaneous free flap

*Includes:*
- muscle
- myocutaneous
- free flap

Revision of other plastic procedures on soft tissue

45625-00 Revision of levator sutures following previous correction of blepharoptosis

*Adjustment of levator sutures following previous correction of blepharoptosis*

*Correction of eyelid height following previous correction of blepharoptosis*

*Adjustment of levator sutures following previous correction of blepharoptosis*

*Correction of eyelid height following previous correction of blepharoptosis*

Fixation of transcutaneous abutment (osseointegration procedure)

*Attachment of framework to titanium fixture for osseointegration*

*Connection of percutaneous abutment for osseointegration*

*Attachment of framework to titanium fixture for osseointegration*

*Connection of percutaneous abutment for osseointegration*

Osseointegration for attachment of prosthetic replacement, second stage

*Includes:*
- exposure of titanium fixture
- skin graft of fixture site
- thinning of skin flap over fixture site

*Excludes:*
- intraoral osseointegration procedure (45845-00 [400])

Midfacial osteotomies

3 or more osteotomies (osteoplasties) of midface

*Osteotomy (osteoplasty):*
- Le Fort II
- Le Fort III
- modified Le Fort III (malar-maxillary) (nasomalar)

*Le Fort II*

*Le Fort III*

*Modified Le Fort III (malar-maxillary) (nasomalar)*

*Includes:*
- bone graft
- transposition of nerves and vessels

*Code also when performed:*
- genioplasty (45761 [1702])
- procurement of bone for graft from other site (47726-00 [1563])

Reconstruction of orbital cavity

*Includes:*
- orbital floor
- orbital wall
- reduction of prolapsed or entrapped orbital contents

*Excludes:*
- correction of:
  - hypertelorism (45767, 45770-00 [1711])
  - orbital dystopia (45776-00, 45779-00 [1711])
  - Treacher Collins syndrome (45773-00 [1711])
  - frontal bone advancement (45782, 45785 [1710])
45590-00 Reconstruction of orbital cavity

45590-01 Reconstruction of orbital cavity with implant

*Includes*: allogenic implant (patch)
  silastic implant (patch)
  synthetic (artificial) implant (patch)

45590-02 Reconstruction of orbital cavity with cartilage graft

45590-03 Reconstruction of orbital cavity with implant and cartilage graft

*Includes*: allogenic implant (patch)
  silastic implant (patch)
  synthetic (artificial) implant (patch)

45590-04 Reconstruction of orbital cavity with bone graft

45590-05 Reconstruction of orbital cavity with implant and bone graft

*Includes*: allogenic implant (patch)
  silastic implant (patch)
  synthetic (artificial) implant (patch)

1717 Reconstruction of other skull and facial bones

*Excludes*: correction of:
  • hypertelorism (45767, 45770-00 [1711])
  • orbital dystopia (45776-00, 45779-00 [1711])
  • Treacher Collins syndrome (45773-00 [1711])
  • frontal bone advancement (45782, 45785 [1710])

45788-00 Reconstruction of glenoid fossa, zygomatic arch and temporal bone

Obwegeser technique

45785-03 Total cranial vault reconstruction

Cranial vault reshaping involving surgery to a combination of frontal, temporoparietal and occipital regions

*Includes*: advancement of cranial bones
  osseotomy (repositioning) of cranial bones
  recession of cranial bones

*Includes*: advancement
  osseotomy (repositioning) of cranial bones
  recession of cranial bones

...
**1743 Biopsy of breast**

*Includes:* localisation (stereotactic) of lesion of breast

**31548-00 Core biopsy of breast**

*Breast biopsy:*
  - percutaneous [closed]
  - tru-cut

*Percutaneous [closed] biopsy of breast*

*Tru-cut biopsy of breast*

*Excludes:*
  - biopsy of breast:
    - excisional (31500·00 [1744])
    - fine needle (31533·00 [1743])
    - open (31500·01 [1743])

**31500·01 Open biopsy of breast**

*Breast biopsy:*
  - incisional
  - open surgical

*Incisional biopsy of breast*

*Open surgical biopsy of breast*

*Excludes:*
  - excisional biopsy of breast (31500·00 [1744])

**1744 Excision of lesion of breast**

*Includes:* localisation of lesion of breast with or without frozen section biopsy

*Code also when performed:*
  - excision of axillary lymph nodes (30300·00, 30332·00, 30335·00, 30336·00 [808])

**31500·00 Excision of lesion of breast**

*Advanced breast biopsy instrumentation [ABBI]*

*Complete local excision [CLE] of breast lesion*

*Excisional biopsy of breast lesion*

*Local excision (wide) of breast lesion*

*Complete local excision (CLE)*

*Excisional biopsy of breast*

*Local excision (wide)*

*Lumpectomy*

*Partial mastectomy*

*Quadrantectomy*

*Segmental resection of breast*

*Segmental resection of breast*

*Segmentectomy of breast*

*Tylectomy*

*Excludes:*
  - re-excision of lesion of breast (31515·00 [1744])

...
Reconstruction procedures on breast

45539-00 Reconstruction of breast with insertion of tissue expander

45530-02 Reconstruction of breast using flap

Includes: deep inferior epigastric:
• artery [DIEA] flap
• perforator [DIEP] flap
free trans rectus abdominus myocutaneous [TRAM] flap
inferior gluteal artery myocutaneous pedicle pedicle subcutaneous tissue and fat
superior gluteal artery deep inferior epigastric:
• artery [DIEA] flap
• perforator [DIEP] flap
free trans rectus abdominus myocutaneous [TRAM] flap
gluteal artery flap (inferior) (superior) myocutaneous flap
omental flap
pedicle flap
repair of secondary cutaneous defect by suture subcutaneous tissue and fat flap

Code also when performed:
• insertion of prosthesis (45527 [1753])
• microsurgical anastomosis of blood vessels (see block [1695])
• nerve repair (39300-00, 39306-00, 39315-00, 39318-00 [83])
• reconstruction of nipple or areola (45545 [1757])
• repair of secondary defect:
  • abdominal wall (muscle) (30403-06 [1000])
  • by graft (see Alphabetic Index: Graft/by site or type)
  • muscle, by flap (45009-01 [1672])
  • noncutaneous, by suture (see Alphabetic Index: Suture/by site)

Assessment of personal care and other activities of daily/independent living

96024-00 Assessment of need for assistive or adaptive device, aid or equipment

Includes: measurement

prescription
Measurement for assistive or adaptive device
Prescription aid or equipment

Note: For list of assistive and adaptive devices, aids or equipment see block [1870]

96030-00 Situational/occupational/vocational/environmental assessment

Assessment of a client’s environment to determine productivity, accessibility, suitability or the client’s ability to function within that environment

Includes: assessment (of):
• carer
• driving
• employment
• ergonomic
• home environment
Includes:
care
- driving
- employment
- ergonomic
- home environment
- housing/accommodation
- legal situation
- leisure
- play
- school environment
- transport
- work environment

Excludes:
- 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])

1824 Other assessment, consultation, interview, examination or evaluation

96037-00 Other assessment, consultation or evaluation
  Assessment NOS
  Consultation NOS
  Evaluation NOS
  Interview NOS

1830 Other diagnostic neurological tests, measures or investigations

39131-02 Testing of implanted neurostimulator
  Implanted neurostimulator:
  • adjustment
  • reprogramming

1849 Other measurement of respiratory function

11506-00 Other measurement of respiratory function
  Respiratory function test NOS
  Spirometry NOS
Psychosocial counselling

Relationship counselling

- Couples counselling
- Family counselling
- Marriage counselling

Excludes: that using a behavioural, cognitive behavioural, interpersonal or insight oriented approach in:
- couples therapy (96178·00 [1873])
- family/carer- focussed therapy (96102·00 [1873])
- interpersonal psychotherapy (96177·00 [1873])

Other counselling or education

- Other counselling or education

Counselling NOS
Education NOS

Psychological/psychosocial therapies

Psychological skills training

Includes: 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
- stress management
- time management

Excludes: interpersonal psychotherapy (96177·00 [1873])
that as a technique of:
- cognitive and/or behavioural therapy (96101·00 [1873])
- insight oriented therapy (96100·00 [1873])

Cognitive and/or behavioural therapy [CBT]

Includes: that using (approach/technique):
- cognitive restructuring
- desensitisation (graded exposure) (exposure therapy)
- dialectical behaviour
- hyperventilation control
Couples therapy

Couples therapy is a systematic effort to produce change in a relationship by introducing changes into the patterns of partner interactions. The aim of couples therapy is to identify the presence of distress and dissatisfaction in the relationship and to improve or alleviate the presenting symptoms and restore the relationship to a more effective and healthier level of functioning.

Marriage therapy

Includes: that using:

- cognitive and/or behavioural approach
- ego analytical approach
- interpersonal approach
- object relations approach
- psychoanalytical approach
- cognitive and/or behavioural approach
- ego analytical
- interpersonal
- object relations
- psychoanalytical

Family/carer-focussed 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 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’.

**Includes:** counselling
• crisis management
• problem solving
• skills training

that using:
• cognitive and/or behavioural approach
• interpersonal approach
• psychodynamic approach
• cognitive and/or behavioural approach
• interpersonal
• psychodynamic

---

**96179-00  Sex therapy**

**Includes:** that using:
• cognitive and/or behavioural approach
• interpersonal approach
• psychodynamic approach
• behavioural
• cognitive and/or behavioural
• interpersonal
• psychodynamic

---

**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

**1906  Implantation of hormone or living tissue**

**11002-00  Direct subdermal hormone implantation**

**Insertion of subdermal implant:**
• contraceptive
• hormone

**Includes:** implantation:
• oestrogen
• progesterone
incision
suture
1909  Conduction anaesthesia

See extension codes

Note: Emergency modifier '0' is not valid for use with ASA score 6.

92508-XX Neuraxial block

Injection/infusion:
• caudal
• epidural
• spinal

Caudal  injection/infusion

Epidural  injection/infusion

Spinal  injection/infusion

Code also when performed:
• continuing (postprocedural) infusion of neuraxial block (92516-00 [1912])

Excludes: that during:
• labour (92506 [1333])
• labour and delivery procedure (92507 [1333])

...

1920  Administration of pharmacotherapy

...

96205-XX Other administration of pharmacological agent

Administration of pharmacological agent via orifice

Intradermal injection of pharmacological agent

Administration pharmacological agent:
• topical
• transdermal
• via orifice

Intradermal injection

Iontophoresis

Topical  administration of pharmacological agent

Transdermal  administration of pharmacological agent

Excludes: administration of pharmacological agent via mouth (96203 [1920])

...

1923  Technology-assisted interventions

Code first:
• procedure(s) performed

Excludes: computer-assisted image:
• guidance — see Alphabetic Index
• intensifier — see Alphabetic Index

stereotactic localisation — see Alphabetic Index

Excludes: computer-assisted

image:
• guidance
• intensifier

stereotactic localisation

...

2009  Localised bone nuclear medicine imaging study

Includes: blood:
• flow study
• pool study

Excludes: that of joint (61446-01, 61449-01 [2010])
Localised joint nuclear imaging study

Includes: blood:

- flow study
- pool study

61425-00 Whole body bone study with single photon emission computerised tomography [SPECT]

Includes: blood:

- flow study
- pool study
ACHI Alphabetic Index

Ablation — see also Destruction/by site
- arrhythmia circuit or focus — see Ablation/cardiac
- cardiac
  - arrhythmia circuit or focus, involving
    - - - open approach NEC 38287-03 [601]
    - - - atrioventricular 38287-03 [601]
    - - - both atrial chambers 38290-02 [601]
    - - - left atrial chamber 38287-04 [601]
    - - - right atrial chamber 38287-03 [601]
    - - percutaneous catheter approach NEC 38287-01 [601]
    - - atrioventricular 38287-01 [601]
    - - both atrial chambers 38290-01 [601]
    - - left atrial chamber 38287-02 [601]
    - - right atrial chamber 38287-01 [601]
    - - muscle, ventricular 38518-00 [609]
    - myocardial septal (percutaneous transluminal) 38748-01 [616]
- chemical, nerve — see Administration/specifed site/nerve/by site
- cord, umbilical (percutaneous) 90463-00 [1330]

Administration (around) (into) (local) (of) (therapeutic agent) NEC — code to block [1920] with extension -19
Note: Terms listed under the lead term ‘Administration’ are split by three main subterms; Administration/indication, Administration/specifed site and Administration/type of agent.
- indication — see also Administration/specifed site OR Administration/type of agent
  - varices (endoscopic)
    - - duodenum 30478-07 [870]
    - - gastric 30478-07 [870]
    - - oesophageal (oesophagogastric junction) 30476-04 [851]
  - specified site
    - - caudal (region) — see also Administration/specifed site/spinal/caudal
      - - for
        - - - labour 92506 [1333]
        - - - - and delivery procedure 92507 [1333]
        - - - - operative anaesthesia 92508 [1909]
    - - costotransverse joint (corticosteroid) (local anaesthetic) 39013-01 [31]

Arrest (of)
- bleeding — see Arrest/haemorrhage
- bone growth — see Epiphysiodesis
- cardiac, induced 22075-00 [642]
  - deep hypothermic 22075-00 [642]
  - induced 22075-00 [642]
- circulatory, induced 22075-00 [642]
- epiphyseal — see Epiphysiodesis
- haemorrhage
  - vein NEC 30058-01 [777]
  - - via surgical peripheral catheterisation — see Embolisation/blood vessel, transcathether/by site
    - - hypothermic 22075-00 [642]

Arthroplasty (see also Repair/joint) 50127-00 [1571]
- metatarsophalangeal
- - for joint replacement 49857-00 [1544]
- phalangeal, hand — see Arthroplasty/interphalangeal/hand
- radio-ulnar, distal (ligamentous)

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Capsulectomy
- lens 90077-00 [203]
- - with vitrectomy (anterior approach) (limbal approach) (pars plana approach) 42731-01 [200]
- - limbal, with vitrectomy 42731-01 [200]

Capsulorrhaphy

Endarterectomy
- extremities 33539-00 [700]
- femoral (common) (superficial) NEC 33539-00 [700]
- deep, extended (profunda femoris) 33542-00 [700]
- iliac 33518-00 [700]

Excision — see also Removal
- burn (< 10% body surface area) 30017-01 [1627]
- - with graft — see Graft/skin/for burn/by site
- - ≥ 10% body surface area 30020-00 [1627]
- - contracture 45519-00 [1656]
- - scar 45519-00 [1656]

Extraction
- lens (crystalline) NEC 42698-05 [200]
- - with removal of vitreous 42731-01 [200]
- - - implantation of trans-trabecular drainage device (iStent) (microstents) 42705-00 [200]
- - - removal of vitreous (vitrectomy) 42731-01 [200]

Fixation
- bone — see also Fixation/bone/external AND Fixation/bone/internal
- - internal
- - - femur, femoral
- - - - condyle, fracture 47537-00 [1500]
- - - - intra-articular 47534-00 [1500]
- - - - - with repair of ligament (reconstruction) 47588-00 [1521]
- - - - - - with tibial articular surface fracture 47591-00 [1521]
- - - - neck 47519-00 [1479]
- - - - pertrochanteric 47519-00 [1479]
- - - - proximal 47519-00 [1479]
- - - - shaft
- - - - - intramedullary (cross) 47531-00 [1486]
- - - subcapital 47519-00 [1479]
- - - - subtrochanteric 47519-00 [1479]
- - - - trochanteric 47519-00 [1479]

Freeing
- adhesions — see Division/adhesions
- burn contracture 45519-00 [1656]
- entrapped muscle
- extraocular 42854-00 [217]
- scar — see also Revision/scar
- - burn 45519-00 [1656]

Freshen, freshening

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
787
Hemiarthroplasty

- 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]

- phalangeal_hand — see Hemiarthroplasty/interphalangeal/hand

- shoulder 48915-00 [1404]

Incision

- ovary (cyst)
  - laparoscopic 35637-07 [1241]
  - via laparotomy 35713-02 [1241]

Insertion

- device — see also Insertion/by type of device

- stomach, for obesity (balloon) (bubble) (endoscopic) (see also Banding/gastric, for obesity) 90950-02 [889]

- gastric
  - balloon, for obesity (bubble) (endoscopic) 90950-02 [889]
  - band, for obesity — see Banding/gastric, for obesity

- intragastric balloon, for obesity (bubble) (endoscopic) 90950-02 [889]

Interview — (see also Assessment) 96037-00 [1824]

Lensectomy — see Extraction/cataract/lens

Lobectomy

- thyroid — see also Thyroidectomy
  - with removal of substernal thyroid (subtotal) (total) 90046-02 [114]
  - bilateral (complete or total excision of both lobes) 30296-01 [114]
  - - with removal of substernal thyroid (subtotal) (total) 90046-02 [114]
  - - following previous thyroid surgery 30297-02 [114]
  - - partial (subtotal) 30308-00 [114]
  - - - following previous thyroid surgery 30297-02 [114]
  - - unilateral (complete or total excision of 1 lobe) 30306-01 [114]
  - - - with removal of substernal thyroid (subtotal) (total) 90046-02 [114]
  - - - following previous thyroid surgery 30297-02 [114]
  - - - partial (subtotal) 30310-00 [114]
  - - - with total lobectomy of the other lobe 30308-00 [114]
  - - - - following previous thyroid surgery 30297-02 [114]

Management (of)

- block

- choanal atresia stent 90179-05 [568]
- circulatory support device 13851-00 [1890]

- haemorrhage
  - postpartum 16567-00 [1347]
  - by suture of uterus (B-Lynch) (compression) 96228-00 [1347]

- nasopharyngeal stent 90179-05 [568]
- rupture of thoracic aorta 38572-00 [693]
Pharyngotomy (lateral) 41779-00 [418]
- with
  - - glossectomy, total 41779-01 [392]
  - - pharyngectomy (partial) 41782-00 [420]
  - - - with glossectomy (partial) 41785-00 [420]
  - - - total 41785-01 [420]

Phlebectomy (stab)
- varicose veins, lower limb 32504-00 [727]

Phlebography 59718-00 [1990]

Reduction
...
- fracture (bone) (with cast) (with splint)
...
  - femur (closed) 47516-01 [1486]
  - - with internal fixation (cross) (intramedullary) 47531-00 [1486]
  - - - neck 47519-00 [1479]
  - - - - pertrochanteric 47519-00 [1479]
  - - - - proximal 47519-00 [1479]
  - - - - subcapital 47519-00 [1479]
  - - - - subtrochanteric 47519-00 [1479]
  - - - - trochanteric 47519-00 [1479]
  - - - - - epiphysis (capital) (slipped) 47525-00 [1493]
  - - - - - - with internal fixation (cross) (intramedullary) 47528-01 [1486]
  - - - - - - epiphysis (capital) (slipped) 47525-01 [1493]
  - - humerus
  - - - condylar region — see Reduction/fracture/humerus/distal
  - - - - distal (closed) 47456-00 [1413]
  - - - - - with internal fixation 47456-01 [1413]
  - - - - - open 47459-00 [1414]
  - - - - - - with internal fixation 47459-01 [1414]
  - - - - - proximal (closed) 47426-00 [1413]
  - - - - - - with internal fixation 47426-01 [1413]
  - - - - - open 47429-00 [1414]
  - - - - - - with internal fixation 47429-01 [1414]
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  - - - - - - - - with internal fixation 47432-01 [1414]
  - - - - - - - shaft (closed) 47447-00 [1413]
  - - - - - - with internal fixation (intramedullary) 47451-00 [1413]
  - - - - - - open 47450-00 [1414]
  - - - - - - - with internal fixation (intramedullary) 47450-01 [1414]
  - - - - - supracondylar region — see Reduction/fracture/humerus/distal

Release
...
- joint NEC 50115-00 [1905]
  - - capsule — see Release/capsule/joint
  - - knee
  - - - lateral, arthroscopic (closed) 49560-02 [1501]
  - - - with
  - - - - - - chondroplasty 49561-00 [1514]
  - - - - - - and
  - - - - - - - - implant (carbon fibre) 49562-00 [1514]
  - - - - - - - - - multiple drilling 49562-00 [1514]
  - - - - - - - - - - debridement 49561-00 [1514]
  - - - - - - - - - - and
  - - - - - - - - - - - - implant (carbon fibre) 49562-00 [1514]
  - - - - - - - - - - - - - multiple drilling 49562-00 [1514]
  - - - - - - - - - - - - - - osteoplasty 49561-00 [1514]
  - - - - - - - - - - - - - - and
  - - - - - - - - - - - - - - - implant (carbon fibre) 49562-00 [1514]
  - - - - - - - - - - - - - - - multiple drilling 49562-00 [1514]

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Removal — see also Excision

- cervical ligature (cerclage material) (suture) 16512-00 [1274]
  - choanal atresia stent 96190-02 [568]
  - with replacement 96190-01 [568]
- cholesteatoma — see Clearance/cholesteatoma
- concha bullosa (bulla ethmoidalis) — see Ethmoidectomy

- device — see also Removal/by type of device

- stomach, for obesity (balloon) (bubble) (endoscopic) (see also Removal/gastric/band) 90950-03 [889]
- gastric
  - balloon, for obesity (bubble) (endoscopic) 90950-03 [889]
  - band (adjustable) (fixed) (nonadjustable) (open) (via laparotomy) 90942-00 [889]
- haematoma — see Drainage/haematoma OR Evacuation/haematoma

- intragastric balloon, for obesity (bubble) (endoscopic) 90950-03 [889]
- stent
  - bile duct
  - - endoscopic 30451-03 [960]
  - - with replacement 30451-02 [960]
  - - open 30451-01 [960]
  - - with replacement 30451-00 [960]
  - - percutaneous 30492-02 [960]
  - - - with replacement 30492-01 [960]
  - - bronchus 41905-08 [546]
  - - - with replacement 41905-07 [546]
  - - choanal atresia 96190-02 [568]
  - - with replacement 96190-01 [568]
  - - colonic (endoscopic) (metal) (plastic) (Wallstent) 32023-02 [906]

Repair

- labrum
  - hip, arthroscopic 96225-00 [1491]
  - shoulder, with arthroscopic stabilisation 48957-00 [1404]
- labyrinth NEC 90117-00 [332]

- laceration — see also Suture/by site AND Repair/wound

Replacement

- choanal atresia stent 96190-01 [568]
  - clasp on removable orthodontic appliance 97876-00 [483]

- joint (total) 50127-00 [1571]

- metatarsophalangeal 49857-00 [1544]
  - phalangeal, hand — see Replacement/joint/interphalangeal/hand
  - radio-ulnar, distal (ligamentous) 46345-00 [1469]

- stent
  - biliary
  - - endoscopic 30451-02 [960]
  - - open 30451-00 [960]
  - - percutaneous 30492-01 [960]
  - - bronchus 41905-07 [546]
  - - choanal atresia 96190-01 [568]
  - - colonic (endoscopic) (metal) (plastic) (Wallstent) 32023-01 [906]
Resection — see also Excision

- duct(s)
  - hepatic, radical (common bile duct) (left and right) 30463-00 [966]
  - with resection of segment of liver (partial)(total) 30464-00 [966]

- hepatic duct(s), radical (common bile duct) (left and right) 30463-00 [966]
  - with resection of segment of liver (partial)(total) 30464-00 [966]

Revision

- shunt
  - arteriovenous (external) 34500-01 [764]
  - cerebrospinal fluid
    - cisternal (cisternoorbital) (cisternoperitoneal) (cisternopleural) 40009-01 [24]
    - distal site
      - atrial 90200-00 [605]
      - peritoneal 90330-00 [1001]
      - pleural 90174-00 [557]
    - lumboperitoneal 40009-02 [56]
      - distal site 90330-00 [1001]
      - spinal 40009-02 [56]
    - distal site 90330-00 [1001]
  - ventricular (ventriculoatrial) (ventriculoperitoneal) (ventriculopleural) 40009-00 [24]
    - distal site
      - atrial 90200-00 [605]
      - peritoneal 90330-00 [1001]
      - pleural 90174-00 [557]
  - cisternal — see Revision/shunt/cerebrospinal fluid/cisternal
    - lumboperitoneal — see Revision/shunt/cerebrospinal fluid/lumboperitoneal
  - spinal — see Revision/shunt/cerebrospinal fluid/spinal
  - ventricular — see Revision/shunt/cerebrospinal fluid/ventricular
  - skin pocket, for

Rupture

- cyst
  - ovary
    - laparoscopic 35637-07 [1241]
    - via laparotomy 35713-02 [1241]
  - joint 50115-00 [1905]
  - membranes, artificial
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- foreskin 92132-00 [1904]
  - joint 50115-00 [1905]

Strictureplasty

Thyroidectomy

- with removal of substernal thyroid (subtotal)(total) 90046-02 [114]
  - following previous thyroid surgery 30297-02 [114]
  - bilateral (complete or total excision of both lobes) 30296-01 [114]
  - near total 30296-01 [114]
  - subtotal, following previous thyroid surgery 30297-02 [114]
  - total, following previous thyroid surgery 30297-02 [114]
  - unilateral (complete or total excision of 1 lobe) 30306-01 [114]
Ventilation
- 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]
- continuous
- mechanical — see block [569]
- combined with noninvasive ventilatory support, for neonates — see block [571]
- negative pressure
- breathing (CPAP) — see block [570]
- ventilation (CNPV) — see block [568]
- positive airway pressure (CPAP) (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]
- negative pressure
- breathing (CNPB) — see block [568]
- ventilation (CNPV) — see block [568]
- positive airway pressure (CPAP) (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]
- mechanical, continuous
- combined with noninvasive ventilatory support, for neonates — see block [571]
- endotracheal respiratory assistance — see block [569]
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- pressure support ventilation (PSV) — see block [569]
- nonintubated — see block [570]
- noninvasive
- combined with continuous ventilatory support, for neonates — see block [571]
- mask ventilation (NIMV) — see block [570]
- pressure ventilation (NIPV) — see block [570]
- via endotracheal tube or tracheostomy (with continuous ventilatory support) — see block [569]

Z-plasty — see also Flap/skin
- for Dupuytren's contracture (hand) 46384-00 [1467]
- contracture (skin) 45515-01 [1607]
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Zygote intrafallopian transfer (ZIFT) 13215-02 [1297]
Introduction/Rationale:
This document contains amendments to terminology:

- Tabular List of Diseases -> ICD-10-AM Tabular List
- Alphabetic List of Diseases -> ICD-10-AM Alphabetic Index

Amendments are also proposed to create consistency between ICD-10-AM Tabular List and Alphabetic Index Conventions and ACHI Tabular List and Alphabetic Index Conventions.

See also TN1181 Review of the ACHI Conventions and terminology issues.
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INTRODUCTION

DEVELOPMENT OF ICD-10

In addition to the technical contributions provided by many specialist groups and individual experts, a large number of comments and suggestions were received from WHO Member States and Regional Offices as a result of the global circulation of draft proposals for revision in 1984 and 1986. From the comments received, it was clear that many users wished the ICD to encompass types of data other than the 'diagnostic information' (in the broadest sense of the term) that it has always covered. In order to accommodate the perceived needs of these users, the concept arose of a 'family' of classifications centred on the traditional ICD with its familiar form and structure. The ICD itself would thus meet the requirement for diagnostic information for general purposes, while a variety of other classifications would be used in conjunction with it and would deal either with different approaches to the same information or with different information (notably medical and surgical procedures, and disablement/disability and functioning).

DEVELOPMENT OF ICD-10-AM, ACHI AND ACS

An Australian modification of the World Health Organization's (WHO) International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) and the development of an accompanying Australian procedure interventions classification was unanimously endorsed by the Australian Health Ministers' Advisory Council (AHMAC) for introduction as the Australian standard for morbidity coding in health services from 1 July 1998.

Content summary

ICD-10-AM Tabular List of Diseases. The ICD-10-AM Tabular List of Diseases contains the disease classification itself at the three, four and five character levels. A listing of the three character categories is included, as are four appendices:

- Appendix A: Morphology of neoplasms
- Appendix B: Special tabulation lists for mortality and morbidity
- Appendix C: Unacceptable principal diagnosis codes
- Appendix D: Classification of hospital acquired diagnoses (CHADx)

ICD-10-AM Alphabetic Index of Diseases. The ICD-10-AM Alphabetic Index of Diseases is used to locate diagnostic terms to be coded. The ICD-10-AM Alphabetic Index contains many diagnostic terms which do not appear in the ICD-10-AM Tabular List. The ICD-10-AM Alphabetic Index contains three sections:

- Section I: Alphabetic index of diseases and nature of injury
- Section II: External causes of injury
- Section III: Table of drugs and chemicals

ACHI Tabular List of Interventions. The Tabular List of Interventions contains the procedure classification itself. Appendices included are:

- Appendix A: Mapping table for MBS items not included in ACHI
- Appendix B: ACHI Code List

ACHI Alphabetic Index of Interventions. The Alphabetic Index of Interventions is used to locate procedural terms to be coded. The Alphabetic Index of Interventions contains many procedural terms which do not appear in the Tabular List.

Australian Coding Standards. The Australian Coding Standards contains the national standards maintained by the ACCD, which provide guidance in the application of ICD-10-AM and ACHI codes.
The Disease Classification of ICD-10-AM Tabular List and Alphabetic Index

In the development of ICD-10-AM, a number of classification principles were followed:

The ICD-10-AM Alphabetic Index of Diseases conforms to Australian spelling conventions. The WHO ICD-10 disease index has been extended in the development of the ICD-10-AM Editions to include additional disease codes. However, clinical coders must still use the ICD-10-AM Tabular List to consult the Inclusion terms, Excludes notes and other Instructional notes to in order to allocate the correct code.

Reviewing the ICD-10-AM Tabular List is also the best way to become familiar with the structure of the classification. Both the ICD-10-AM Tabular List and Alphabetic Index are meant to be used together. Tabular browsing without the use of the index in the first instance is not recommended practice.

CONVENTIONS USED IN THE ICD-10-AM 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 ICD-10-AM 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 ICD-10-AM 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 ICD-10-AM Alphabetic Index (see Example 2) or an 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 or ACS 0002 Additional diagnoses/Problems and underlying conditions, and assign codes for both the condition and the underlying cause.

EXAMPLE 2:

Diagnosis: Leg ulcer due to venous insufficiency Neurogenic bladder due to cauda equina syndrome
Index: Ulcer
- lower limb L97.9
- venous
- due to venous insufficiency I87.2
Assign: L97.9 Ulcer of lower limb, unspecified I87.2 Venous insufficiency (chronic) (peripheral)
Index: Neurogenic — see also condition
- bladder (see also Dysfunction/bladder/neuromuscular) N31.9
- cauda equina syndrome G83.4
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 code after the neoplasm (C00–D48) code (see also ACS 0233 *Morphology*).

**EXAMPLE 3:**

**Diagnosis:** Fracture to femur due to bony metastases from adenocarcinoma of prostate.

**Index entry:** Fracture/metastatic C79.5† M90.7-*

**Tabular Assign:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M90.75</td>
<td>Fracture of bone in neoplastic disease, pelvic region and thigh</td>
</tr>
<tr>
<td>C79.5</td>
<td>Secondary malignant neoplasm of bone and bone marrow</td>
</tr>
<tr>
<td>M8140/6</td>
<td>Adenocarcinoma, metastatic NOS</td>
</tr>
<tr>
<td>C61</td>
<td>Malignant neoplasm of prostate</td>
</tr>
<tr>
<td>M8140/3</td>
<td>Adenocarcinoma NOS</td>
</tr>
</tbody>
</table>

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

1. **If the dagger (†) 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 4:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B37.3†</td>
<td>Candidiasis of vulva and vagina (N77.1*)</td>
</tr>
<tr>
<td></td>
<td>Candidal vulvovaginitis</td>
</tr>
<tr>
<td></td>
<td>Monilial vulvovaginitis</td>
</tr>
<tr>
<td></td>
<td>Vaginal thrush</td>
</tr>
</tbody>
</table>

2. **If the dagger (†) 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 5:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A18.0†</td>
<td>Tuberculosis of bones and joints</td>
</tr>
<tr>
<td></td>
<td>Tuberculosis of:</td>
</tr>
<tr>
<td></td>
<td>• hip (M01.15*)</td>
</tr>
<tr>
<td></td>
<td>• knee (M01.16*)</td>
</tr>
<tr>
<td></td>
<td>• vertebral column (M49.0-*)</td>
</tr>
<tr>
<td></td>
<td>Tuberculous:</td>
</tr>
<tr>
<td></td>
<td>• arthritis (M01.1-*)</td>
</tr>
<tr>
<td></td>
<td>• mastoiditis (H75.0*)</td>
</tr>
<tr>
<td></td>
<td>• necrosis of bone (M90.0-*)</td>
</tr>
<tr>
<td></td>
<td>• osteitis (M90.0-*)</td>
</tr>
<tr>
<td></td>
<td>• osteomyelitis (M90.0-*)</td>
</tr>
</tbody>
</table>
• synovitis (M68.0-*)
• tenosynovitis (M68.0-*)

3c. If neither the dagger (†) 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 6:
A54.8 Other gonococcal infections
  Gonococcal:
  ...
  • peritonitis† (K67.1*)
  • pneumonia† (J17.0*)
  • sepsis
  • skin lesions

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

FORMAT
The format of ICD-10-AM is largely the same as the format of the WHO ICD-10 with the exception of the spelling conventions (see ICD-10-AM Tabular List/Introduction/Development of ICD-10). ICD-10-AM uses an overall block format for ease of reference, with an indented format applying to all Inclusion terms and Instructional notes/terms exceeding one line of text.

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. Inclusion terms are diagnostic terms listed under a block heading, Glossary description/definition or code.

Their purpose is to demonstrate examples of clinical concepts classified to that rubric. They may refer to different conditions, or be synonyms, but 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.

Inclusion terms are not exhaustive. Never code directly from the ICD-10-AM Tabular List. Reference first the ICD-10-AM Alphabetic Index, as it contains many more clinical concepts than the ICD-10-AM Tabular List.

EXAMPLE 7:
H50.5 Heterophoria
  Alternating hyperphoria
  Esophoria
  Exophoria

It is sometimes necessary to read Inclusion terms in conjunction with code titles. This usually occurs when the inclusion terms are elaborating-lists of sites or pharmaceutical products, Where appropriate, words/terms from the preceding code or category titles (eg “Malignant neoplasm of ...”, “Injury to ...”, “Poisoning by ...”) need to be read and understood.

EXAMPLE 8:
D21 Other benign neoplasms of connective and other soft tissue
D21.3 Connective and other soft tissue of thorax
Axilla
Diaphragm
Great vessels

In this example, the Inclusion terms represent ‘benign neoplasms’ of those sites (ie benign neoplasm of the axilla, diaphragm and great vessels).

**INSTRUCTIONAL NOTES/TERMS**

Instructional notes/terms appear throughout the ICD-10-AM Tabular List:

- **Chapter** Applies to the codes classified to the chapter
- **First level** – **Block** Applies to the codes classified to the block
- **Second level** – **Category** Applies to the codes classified to the category
- **Third level** – **Code** Applies to the code

Instructional notes/terms are listed in the following order:
- **Glossary description/Definition**
- **Includes**
- **Note**
- **See**
- **Code also/Code first/Use additional code**
- **Excludes**

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).

**Glossary descriptions/Definitions**

Glossary descriptions/Definitions are formal statements of the meaning of a term or code. They define the content of a block, category or code. For example, in Chapter 5 Mental and behavioural disorders, they are listed because the terminology of mental disorders varies greatly, particularly between different countries, and the same term may be used to describe different conditions.

The *Glossary description/Definition* is not intended for use by clinical coders.

**Includes note**

The *Includes* note further defines the content of a chapter, block, category or code. They are general diagnostic descriptions common to various levels throughout the ICD-10-AM Tabular List, eg chapter, category or code.

**EXAMPLE 9:**

**C50** Malignant neoplasm of breast

*Includes:* connective tissue of breast

**EXAMPLE 10:**

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

EXAMPLE 11:

DERMATITIS AND ECZEMA
(L20–L30)

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

The Note may also further define certain terms used in block, category or code descriptions.

EXAMPLE 12:

ISCHAEMIC HEART DISEASES
(I20–I25)

Note: For morbidity, duration as used in categories I21, I22, I24 and I25 refers to the interval elapsing between onset of the ischaemic episode and admission to care. For mortality, duration refers to the interval elapsing between onset and death.

See

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

EXAMPLE 13:

K26 Duodenal ulcer

See subdivisions

EXAMPLE 14:

M71 Other bursopathies

See site code

Code first

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

EXAMPLE 15:

S91.81 Open wound (of any part of ankle and foot) communicating with a fracture

Code first the fracture (S82.-, S92.-).

Code also/Use additional code

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

EXAMPLE 16:

K08.81 Pathological fracture of tooth

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 800
Code also any predisposing dental disease (K90–K10).

S22.5  Flail chest

  - Code also:
    * rib fractures (S22.4–).
    * sternal fracture (S22.2).

EXAMPLE 176:

N34  Urethritis and urethral syndrome

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

Excludes notes

Excludes notes are listed at the chapter, block, category, and code level 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 187), and some support mortality coding (see Example 198).

EXAMPLE 187:

**Diagnosis:** Intussusception of appendix

Tabular List:  K56.1  Intussusception

  Intussusception or invagination of:
  * bowel
  * colon
  * intestine
  * rectum

  * Excludes: intussusception of appendix (K38.8)

Assign:  K38.8  Other specified diseases of appendix

In Australia, multiple condition coding (meaning that multiple conditions or health related problems 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 term in the Tabular List or an Australian Coding Standard.

If, by following the ICD-10-AM 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 term in the ICD-10-AM Tabular List or an Australian Coding Standard (see Example 1).

In classifying a problem with an underlying cause, if the ICD-10-AM Alphabetic Index (see Example 2) or an 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 or ACS 0002 Additional diagnoses/Problems and underlying conditions, and assign codes for both the problem and the underlying cause.

EXAMPLE 198:

**Diagnosis:** Osteoporosis due to vitamin D deficiency

Tabular List:  E55  Vitamin D deficiency

  * Excludes: adult osteomalacia (M83.-)
    osteoporosis (M80–M81)
    sequelae of rickets (E64.3)

Assign:  M81.99  Osteoporosis, unspecified, site unspecified
       E55.9  Vitamin D deficiency, unspecified
Glossary descriptions
Glossary descriptions are formal statements of the meaning of a term or code. For example, in Chapter 5 Mental and Behavioural Disorders, glossary descriptions are used to indicate the content of rubrics. This device is used because the terminology of mental disorders varies greatly, particularly between different countries, and the same name may be used to describe quite different conditions. The glossary descriptions are not intended for use by clinical coders.

TEXT BOXES
Black reverse text boxes are used for three character codes. They are NOT VALID and CANNOT be assigned, as additional fourth and/or fifth characters are required.

EXAMPLE 20:
I12       Hypertensive kidney disease

Grey reverse text boxes are used for four character codes. They are NOT VALID and CANNOT be assigned, as additional fifth characters are required.

EXAMPLE 21:
C95.0    Acute leukaemia of unspecified cell type

A box outline is used for VALID three character codes.

EXAMPLE 22:
I10     Essential (primary) hypertension

TYPE FACE
Bold Bold type face is used for all category titles in the ICD-10-AM Tabular List.

Bold, Italics Bold and italicised type face is used for Includes, Excludes and Note.

Italics Italicised type face is used for Instructional notes/terms: Code also..., Code first..., See... and Use additional code.

PUNCTUATION
Parentheses ( ) Parentheses are used to enclose in four ways:

1. nonessential modifiers (NEM) ie supplementary terms that follow a diagnostic term, but do not affect the code number to which it is assigned. Parentheses are used to enclose supplementary words, which may follow a diagnostic term without affecting the code number to which the words outside the parentheses would be assigned. This is known as a nonessential modifier.

EXAMPLE 23 19:
I12 V1438 Hypertensive kidney disease

Includes: any condition in N00–N07, N18.-, N19 or N26 due to hypertension arteriosclerosis of kidney arteriosclerotic nephritis (chronic)(interstitial) hypertensive nephropathy nephrosclerosis

Excludes: secondary hypertension (I15.-)
In the includes note at I12 Hypertensive kidney disease the line 'arteriosclerotic nephritis (chronic) (interstitial)' means that I12 is the code number for the term 'arteriosclerotic nephritis' alone or when qualified by one of the words: 'chronic' or 'interstitial' (or both).

2. Code(s) in Excludes notes and other Instructional notes/terms: Parentheses are also used to enclose the code(s) to which an Excludes note refers.

**EXAMPLE 2**

**J02.8 Acute pharyngitis due to other specified organisms**

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

**Excludes** pharyngitis (due to):

- enteroviral vesicular (B08.5)
- herpessvirral [herpes simplex] (B00.2)
- infectious mononucleosis (B27–)
- influenza virus:
  - identified (J09, J10.1)
  - not identified (J11.1)

**I88 Nonspecific lymphadenitis**

**Excludes** acute lymphadenitis, except mesenteric (L04–)

enlarged lymph nodes NOS (R59–)

**I88 Nonspecific lymphadenitis** excludes 'acute lymphadenitis, except mesenteric' (L04– Acute lymphadenitis) and 'enlarged lymph nodes NOS' (R59– Enlarged lymph nodes)

3. Parentheses are used in the block titles in the Tabular List to enclose the range of three character codes of categories included in that a chapter or block.

**EXAMPLE 2**

**CHAPTER 9**

**DISEASES OF THE CIRCULATORY SYSTEM**

(I00–I99)

**HYPERTENSIVE DISEASES**

(I10–I15)

4. Parentheses are used to enclose the dagger code in an asterisk category or the asterisk code following a dagger term.

**EXAMPLE 2**

**A32.1† Listerial meningitis and meningoencephalitis**

Listerial:

- meningitis (G01*)
- meningoencephalitis (G05.0*)

**G01* Meningitis in bacterial diseases classified elsewhere**

Meningitis (in):

- anthrax (A22.8†)
- gonococcal (A54.8†)
- leptospirosis (A27.–†)
- listerial (A32.1†)

SQUARE BRACKETS [ ]

Square brackets are used to enclose: synonyms, alternative words, explanatory phrases or valid characters.
1. For enclosing synonyms or alternative terms

**EXAMPLE 273:**

A30 Leprosy [Hansen's disease]

2. For explanatory phrases or terms.

**EXAMPLE 284:**

S06.02 Loss of consciousness of brief duration [less than 30 minutes]

3. For valid characters or abbreviations

**EXAMPLE 295:**

M19.0 Primary arthrosis of other joints

HUMAN IMMUNODEFICIENCY VIRUS [HIV]

DISEASE

(B20–B24)

4. Valid characters

**EXAMPLE 30:**

M19.0 Primary arthrosis of other joints

[1-4, 7-9] Primary arthrosis NOS

**COLON:**

A colon is used in listings of *Inclusion* terms and *Excludes* notes when the words that precede it are not complete terms for assignment to that rubric. A colon is used in *Inclusion* terms and *Excludes* notes, when the terms preceding the colon require one or more modifiers (qualifying terms) for assignment to the rubric. They require one or more of the modifying or qualifying words indented under them before they can be assigned to the rubric.

**EXAMPLE 3126:**

K36 Other appendicitis

Appendicitis:
- chronic
- recurrent

In K36 *Other appendicitis*, the diagnosis 'appendicitis' is to be classified there only if qualified by the words 'chronic' or 'recurrent'. In this example, appendicitis is classified to K36 when qualified by the terms 'chronic' or 'recurrent'.

Colons are used in *Includes* notes to avoid repetition of terms.

**EXAMPLE 32:**

Q22.6 Hypoplastic right heart syndrome

*Includes:* hypoplasia of:
- pulmonary:
- artery
- valve
- tricuspid valve
- underdevelopment of right ventricle

In this example, the colon is used here to avoid duplication of the terms 'hypoplasia of', and 'pulmonary':
Colons are also used to separate certain Instructional notes/terms (ie Includes, Note, Code also, Excludes), and the diagnostic terms that follow (see Examples 9–12, 16 and 18).

**BRACE**

A brace is used in listings of Inclusion terms and Excludes notes to indicate that neither the words that precede it nor the words after it are complete terms. Any of the terms before the brace should be qualified by one or more of the terms that follow it.

**EXAMPLE 27:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O71.6</td>
<td>Obstetric damage to pelvic joints and ligaments</td>
</tr>
<tr>
<td></td>
<td>Avulsion of inner symphyseal cartilage</td>
</tr>
<tr>
<td></td>
<td>Damage to coccyx</td>
</tr>
<tr>
<td></td>
<td>Traumatic separation of symphysis (pubis)</td>
</tr>
</tbody>
</table>

**NOS**

The letters NOS are an abbreviation for 'not otherwise specified', meaning 'unspecified' or 'unqualified'.

**EXAMPLE 33:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A04.9</td>
<td>Bacterial intestinal infection, unspecified</td>
</tr>
<tr>
<td></td>
<td>Bacterial enteritis NOS</td>
</tr>
</tbody>
</table>

Sometimes an unqualified term is nevertheless classified to a rubric for a more specific type of the condition. This is because, in medical terminology, the most common form of a condition is often known by the name of the condition itself and only the less common types are qualified.

**EXAMPLE 28:**

Mitral stenosis is commonly used to mean 'rheumatic mitral stenosis'.

These inbuilt assumptions have to be taken into account in order to avoid incorrect classification. Careful inspection of Inclusion terms will reveal where an assumption of cause has been made. Clinical coders should be careful not to code a term as unqualified unless it is quite clear that no information is available that would permit a more specific assignment elsewhere.

Data analysts should similarly be aware that some conditions assigned to an apparently specified category will not have been so specified on the clinical record that was coded. When comparing trends over time and interpreting statistics, it is important to be aware that assumptions may change from one revision of the ICD to another. For example, before the Eighth Revision, an unqualified aortic aneurysm was assumed to be due to syphilis.

**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.

The terms 'not elsewhere classified' in code titles indicate that certain specified variants of that condition are classified in other parts of ICD-10-AM.

**EXAMPLE 34:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E21.1</td>
<td>Secondary hyperparathyroidism, not elsewhere classified</td>
</tr>
<tr>
<td></td>
<td>Excludes: secondary hyperparathyroidism of renal origin (N25.8)</td>
</tr>
</tbody>
</table>
The abbreviation ‘NEC’ is used in the ICD-10-AM Tabular List in Inclusion terms, Includes and Excludes notes. NEC code options are only assigned when there is insufficient information to assign the clinical concept to a more specific code.

**EXAMPLE 35:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B17.8</td>
<td>Other specified acute viral hepatitis</td>
</tr>
<tr>
<td></td>
<td>Hepatitis non-A non-B (acute)(viral) NEC</td>
</tr>
</tbody>
</table>

**EXAMPLE 36:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K45</td>
<td>Other abdominal hernia</td>
</tr>
</tbody>
</table>

  **Includes:** hernia:
  • abdominal, specified site NEC

**EXAMPLE 37:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O99.8</td>
<td>Other specified diseases and conditions in pregnancy, childbirth and the puerperium</td>
</tr>
</tbody>
</table>

  **Excludes:** acute kidney failure in the puerperium (O90.4) kidney disorders in pregnancy, childbirth and the puerperium NEC (O26.81) |

However, note that sometimes an unqualified term is classified to a rubric for a more specific type of the condition. This is because, in medical terminology, the most common form of a condition is often known by the name of the condition itself and only the less common types are qualified. These inbuilt assumptions have to be taken into account in order to avoid incorrect classification. Careful inspection of Inclusion terms will reveal where an assumption of cause has been made. Clinical coders should be careful not to code a term as unqualified unless it is quite clear that no information is available that would permit a more specific assignment elsewhere.

Data analysts should similarly be aware that some conditions assigned to an apparently specified category will not necessarily have been so specified on the clinical record that was coded. When comparing trends over time and interpreting statistics, it is important to be aware that assumptions may change from one revision of the ICD to another. For example, before the Eighth Revision, an unqualified aortic aneurysm was assumed to be due to syphilis.

**EXAMPLE 38:**

‘Mitral stenosis’ is assumed by the ICD to mean 'rheumatic mitral stenosis' unless another specified cause is documented.

**EXAMPLE 29:**

J16 Pneumonia due to other infectious organisms, not elsewhere classified

This category includes J16.0 Chlamydial pneumonia and J16.8 Pneumonia due to other specified infectious organisms. Many other categories are provided in Chapter 10 Diseases of the Respiratory System and other chapters for pneumonias due to specified infectious organisms (eg J09–J15 and P23-). J18 Pneumonia, organism unspecified, accommodates pneumonias for which the infectious...
'AND' IN **CODE TITLES**

The term 'Aand' stands for in code titles means 'and/or'. For example, in the rubric A18.0† *Tuberculosis of bones and joints*, are to be classified cases of 'tuberculosis of bones', 'tuberculosis of joints' and 'tuberculosis of bones and joints'.

**EXAMPLE 39:**

A18.0† *Tuberculosis of bones and joints*

In this example, 'and' in the code title means that A18.0 classifies 'tuberculosis of bones', 'tuberculosis of joints', and 'tuberculosis of bones and joints'.

**SPECIAL SIGNS/ANNOTATIONS**

The following special signs are used in the ICD-10-AM Tabular List:

- **†** The dagger symbol denotes a code describing the aetiology or underlying cause of a disease condition and should always be assigned together with the appropriate manifestation (*) code.

- ***** The asterisk symbol denotes a code describing the manifestation of a disease condition and should always be assigned together with the appropriate aetiology (†) code.

- **∇** This symbol denotes that an Australian Coding Standard applies to a particular code or group of codes (category or block) and therefore, refer to the standard should be checked is essential before the code(s) is assigned. The relevant standard number(s) is shown under or beside the symbol.

- **** This symbol denotes an Australian code.

**TEXT BOXES**

A **black reverse text box** indicates codes at the third character level which are NOT VALID and CANNOT be assigned because the code requires an additional character(s) (see code I12 in the example below).

- **H2** — Hypertensive kidney disease

  — **Includes**: any condition in N00–N07, N18–, N19–, or N26– due to hypertension

  — arteriosclerosis of kidney

  — arteriosclerotic nephritis (chronic)(interstitial)

  — hypertensive nephropathy

  — nephrosclerosis

  — **Excludes**: secondary hypertension (I15–)

A **grey reverse text box** indicates codes at the fourth character level which are NOT VALID and CANNOT be assigned because the code requires an additional character (see code C95.0 in the example below).

- **C95.0** — Acute leukaemia of unspecified cell type

  — Acute:

  — **bilineal** leukaemia

  — **mixed lineage**

  — Biphenotypic acute
Stem cell leukaemia of unclear lineage

Excludes: secondary hypertension (I15.~)

A box outline is used to indicate codes at the third character level which are VALID (see code I10 in the example below).

I10 Essential (primary) hypertension
High blood pressure
Hypertension (arterial)(benign)(essential)(malignant)(primary)(systemic)

Excludes: involving vessels of:
• brain (I60–I69)
• eye (H35.0)

TYPE FACE

Bold——— Bold type face is used for all block titles in the Tabular List of Diseases.

Bold, Italics——— Bold and italicised type face is used for the Instructional text of Includes, Excludes and Note.

Italics——— Italicised type face is used for the instructional text of Code also..., Code first..., See..., and Use additional code.

FORMAT

ICD-10-AM uses an overall block format for ease of reference with an indented format applying to all Inclusion terms and Instructional notes/terms exceeding one line of text.

‘OTHER’ AND ‘UNSPECIFIED’ CODES

‘Other’ and ‘unspecified’ or ‘residual’ codes are normally used assigned for conditions which are specifically indexed to those codes.

At the fourth character level, the hierarchy is generally as follows:

0–7 specific conditions (in the injury chapter, 7 is often used for ‘multiple’ injuries)
8 specific conditions that are not classified elsewhere (or ‘in the ‘other’ category)
9 unspecified conditions

Note:
• In Chapter 19 Injury, poisoning and certain other consequences of external causes, fourth character .7 is often used for ‘multiple’ injuries
• In Chapter 2 Neoplasms, fourth character .8 is often used for ‘overlapping’ lesions

EXAMPLE 4030: FOURTH CHARACTER STRUCTURE

<table>
<thead>
<tr>
<th>L50</th>
<th>Urticaria</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>L50.0</td>
<td>Allergic urticaria</td>
<td>Specified type of urticaria</td>
</tr>
<tr>
<td>L50.1</td>
<td>Idiopathic urticaria</td>
<td>Specified type of urticaria</td>
</tr>
<tr>
<td>L50.2</td>
<td>Urticaria due to cold and heat</td>
<td>Specified type of urticaria</td>
</tr>
<tr>
<td>L50.3</td>
<td>Dermatographic urticaria</td>
<td>Specified type of urticaria</td>
</tr>
<tr>
<td>L50.4</td>
<td>Vibratory urticaria</td>
<td>Specified type of urticaria</td>
</tr>
<tr>
<td>L50.5</td>
<td>Cholinergic urticaria</td>
<td>Specified type of urticaria</td>
</tr>
<tr>
<td>L50.6</td>
<td>Contact urticaria</td>
<td>Specified type of urticaria</td>
</tr>
</tbody>
</table>
Other urticaria

Other Specified type of urticaria, not elsewhere classified elsewhere

Urticaria:

• chronic

• recurrent periodic

Occasionally, both 'other' and 'unspecified' (ie residual) conditions are classified to the same code. The two residual codes '8' and '9' are combined into one code to include both 'other' and 'unspecified' conditions.

EXAMPLE 41:

B67.9 Echinococcosis, other and unspecified

EXAMPLE 42:

I44.3 Other and unspecified atrioventricular block

At the fifth character level, the hierarchy is as follows:

0 unspecified conditions

1–8 specific conditions

9 specific conditions that are not classified elsewhere (ie the 'other' conditions category)

EXAMPLE 43: FIFTH CHARACTER STRUCTURE

G47 Sleep disorders Category

G47.3 Sleep apnoea 'Specified' fourth character category

G47.30 Sleep apnoea, unspecified Unspecified sleep apnoea

G47.31 Central sleep apnoea syndrome Specified type of sleep apnoea

G47.32 Obstructive sleep apnoea syndrome Specified type of sleep apnoea

G47.33 Sleep hypoventilation syndrome Specified type of sleep apnoea

G47.39 Other sleep apnoea Other Specified type of sleep apnoea, not elsewhere classified elsewhere

The residual codes should not be used to 'dump' diagnoses which do not appear to be categorised anywhere. Use the ICD-10-AM Alphabetic Index to locate the correct code. DO NOT browse through the ICD-10-AM Tabular List.

Use the Index to find the correct code assignment. Do not browse through the Tabular List.

When a clinician uses terminology that is not listed in ICD-10-AM Alphabetic Index, seek clarification for alternative terms that are listed in ICD-10-AM, which cannot be found in ICD-10-AM, seek clarification for alternative terms which are available in ICD-10-AM. If no alternate description is provided, utilise one of the following strategies:

EXAMPLE 44:

Diagnosis: Polyp of oesophagus.

Code Assign: K22.8 Other specified diseases of oesophagus

In this example the main term 'Polyp' in the index does not include a subterm of 'oesophagus'. To find the correct code assignment, next search the index for Disease/oesophagus/specified, which indicates code K22.8 Other specified diseases of oesophagus. In this example, refer to Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Disease/oesophagus/specified NEC and assign K22.8 as there is no subterm for oesophagus under the lead term Polyp in the ICD-10-AM Alphabetic Index.

EXAMPLE 4533:

**Diagnosis:** 67 year old male with subluxed cataract.

**Code Assign:** H26.9 Cataract, unspecified

In this example, H26.9 is assigned as there is no subterm 'subluxed' under the lead term Cataract in the Alphabetic index, nor any synonymous term or specified NEC option, and no 'specified NEC' entry, therefore the correct code assignment is H26.9.
TABLE OF CONTENTS

PREFACE

INTRODUCTION

General arrangement of the Alphabetic Index of Diseases
Conventions used in the Alphabetic Index of Diseases
Conventions and general arrangement of the ICD-10-AM Alphabetic Index

PREFACE

The Tenth Edition of the ICD-10-AM Alphabetic Index of Diseases is contained herein.
INTRODUCTION

The Alphabetic Index of Diseases of The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) Alphabetic Index is an alphabetic index to the ICD-10-AM Tabular List of Diseases.

The ICD-10-AM Alphabetic Index of Diseases conforms to Australian spelling conventions. The World Health Organization's (WHO) ICD-10 disease index has been extended in the development of the ICD-10-AM Editions to include additional disease codes.

...
Occasionally an anatomical site is indexed as a lead term, when it is part of the name of a disease. This applies mainly to Latin expressions for some conditions.

**EXAMPLE 3:**
*Abdomen, abdominal* — *see also condition*
- acute R10.0
- apron E65

*Ankle* — *see condition*

*Cor*  
- biloculare Q20.89

### Subterms (essential and nonessential modifiers)

Subterms (ie terms indented beneath lead terms (modifiers)) refer to:

- varieties of a condition
- anatomical sites affected by a condition
- circumstances that affect the coding of a condition.

**Essential modifiers** are subterms that *effect* the code selection. These subterms form individual line entries.

**Nonessential modifiers** are terms in parentheses following a lead term or subterm. They *do not affect* code selection.

An index entry may list the adjectival or noun form of a condition, or both. If only the noun form is listed, the clinical coder must make the necessary translation.

As it is not feasible to index a complete list of the various combinations of subterms that apply to a lead term, some types of subterms have priority over others.

**EXAMPLE 4:**

A number of anatomical sites are indexed under the lead term *Abscess*. “Tuberculous” abscesses are not classified to *Abscess/by site*, but to the codes for tuberculosis of these sites. Instead of listing a subterm for ‘tuberculous’ under each anatomical site, the index lists one single subterm:

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

- tuberculous — *see Tuberculosis/abscess*

### ICD-10-AM Section I

Priority is given to subterms indicating that a disease or condition is:

- infectious or parasitic
- malignant or neoplastic
- psychogenic or hysterical
- congenital
- traumatic
- complicating or affecting the management of pregnancy, childbirth or the puerperium
- affecting the fetus or newborn

Section I also includes lead terms and subterms to classify circumstances where a patient may encounter health services but was not necessarily ill, or a health status (ie. codes in Chapter 21 *Factors influencing health status and contact with health services*). These terms indicate the type of problem, or circumstances of the encounter. For example:

- counselling
- examination
- history
- observation
- pregnancy
ICD-10-AM Section II – the key lead terms are:
- Complication(s) (for medical and surgical interventions (procedures))
- Sequelae
- Suicide
- Assault
- Legal intervention
- War operations.

Note: In both Sections I and II, the key terms listed above may be used instead of, or in addition to the standard indexing for certain conditions, or circumstances where terminology is diverse and reported descriptions might not easily be found in the index, or where the normal method of indexing might be misleading. For example, obstetric complications, are indexed under the specific condition (eg Haemorrhage/complicating/delivery), However, the complication may be listed under the lead term 'Labour', 'Pregnancy', 'Puerperal' or 'Maternal condition, affecting fetus or newborn'.
PREPOSITIONAL TERMS

Wherever a preposition from the list below immediately follows a lead term or subterm, it takes precedence over symbols, numbers and the alphabetic sequence of subterms:

- as
- by
- for
- with
- without

EXAMPLE 73:
Accessory (congenital)
- chromosome(s) (nonsex) NEC Q92.9
- - with complex rearrangements NEC Q92.5
- - seen only at prometaphase Q92.4
- - 13 — see Trisomy/13
- - 18 — see Trisomy/18
- - 21 — see Trisomy/21
- - partial Q92.9
- - sex
- - - female phenotype Q97.8
- - - male phenotype Q98.8

EXAMPLE 84:
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

In this example, ‘abdominopelvic abscess with diverticular disease’ is not classified to K65.0 as the index entries listed under ‘with’ take precedence over the alphabetic subterm ‘abdominopelvic’.

When multiple prepositional terms are listed, they are sequenced in alphabetic order.

EXAMPLE 9:
Diabetes, diabetic (controlled) (mellitus) (without complication) E1-.9
- for stabilisation E1-.65
- with
- - abnormal sweating (gustatory) E1-.43

IN (DUE TO)
The indexing of a condition with the subterm in (due to) in the ICD-10-AM Alphabetic Index implies a cause and effect relationship between two conditions. Even though ‘in’ is a preposition, it is not one of the prepositional subterms listed in the ICD-10-AM Conventions and general arrangement of the ICD-10-AM Alphabetic Index (and therefore does not take precedence over other terms).

Where the ICD-10-AM Alphabetic Index links two conditions using the subterms in (due to), follow this index entry except where a specific cause for the condition is indicated in the clinical record.

EXAMPLE 10:
Diagnosis: Pyelonephritis with sepsis.
Index: Pyelonephritis (see also Nephritis/tubulo-interstitial) N12
- in (due to) A41.-† N16.0*
- - sepsis NEC A41.-† N16.0*

Assign: A41.- Other sepsis
N16.0 Renal tubulo-interstitial disorders in infectious and parasitic diseases classified elsewhere

In this example, the above codes are assigned if a patient has pyelonephritis and sepsis during the same episode of care, unless documentation identifies that the pyelonephritis is definitively due to another cause. That is, the causal relationship between pyelonephritis and sepsis is assumed unless otherwise indicated.

Note: The classification of diabetes mellitus is governed by the specific guidelines in ACS 0401 Diabetes mellitus and intermediate hyperglycaemia – see General classification rules for DM and IH and in particular Rule 3. See also ACS Chapter 15 Pregnancy, childbirth and the puerperium for classification guidelines regarding conditions in (due to) pregnancy, childbirth and the puerperium.

In the above example, abdominal abscess with diverticular disease should be coded using the index entry Diverticula/intestine and not coded to K65.0 as indicated by the index entry Abscess/abdomen, abdominal/cavity.

**STRUCTURE**

To avoid unnecessary repetition, the index is organised in the form of lead terms, which start at the extreme left of a column, and various levels of indentation, which start progressively further right. Therefore a complete index term may be composed of several lines, sometimes quite widely separated.

**EXAMPLE 5:**

Erythroblastosis (fetalis) (newborn) P55.9
- due to
  — ABO (antibodies) (incompatibility) (isoimmunisation) P55.1
  — Rh (antibodies) (incompatibility) (isoimmunisation) P55.0

In the above entry, the last line stands for 'Erythroblastosis due to Rh antibodies, incompatibility or isoimmunisation'.

Usually, the lead term is the name of a disease or pathological condition, while the terms indented beneath it (the 'modifiers') refer either to varieties of the condition, to the anatomical sites affected by it, or to circumstances that affect its coding. Users should therefore look up the disease or condition as a lead term and then find the variety, anatomical site, etc, indented beneath it. Thus 'tuberculosis of hip' is under the letter T and not under H, and stomach ulcer is under U, not under S. Only occasionally are anatomical sites indexed as the lead term. Usually, after the name of the anatomical site there will be a cross-reference to the disease, eg Ankle — see condition.

In some diagnostic statements, the disease condition is expressed in adjectival form. Sometimes, the index lists both forms but often only the noun form will be found and the clinical coder must make the necessary transformation.

Among the indented modifiers, it is not always feasible to include a complete listing of the various combinations of modifiers that could apply to a given term. In such circumstances, some types of modifiers tend to have priority in assignment over others. For instance, under the lead term 'Abscess' are indented a large number of anatomical sites and their appropriate codes. However, tuberculous abscesses are not classified to these codes but to the codes for tuberculosis of these sites. Instead of inserting an indent 'tuberculous' under each anatomical site, the index uses one single indent 'tuberculous' — see Tuberculosis/abscess' under the lead term 'Abscess'. In general, the types of modifiers that tend to have priority in Section I are those indicating that a disease or condition is infectious or parasitic, malignant, neoplastic, psychogenic, hysterical, congenital, traumatic, complicating or affecting the management of pregnancy, childbirth or the puerperium, or affecting the fetus or newborn, or that the disease was reported in circumstances where the patient was looking for health advice but was not necessarily sick (codes in Chapter 21). In Section II, the priority modifiers are those indicating transport accidents, complications of medical and surgical procedures, intentional self-harm, assault, legal intervention, or war operations.
Section I incorporates an index of the categories to be used with Chapter 21 for terms relating to problems or circumstances rather than diseases or injuries. Some special lead terms, or 'key' words, are used for these, indicating the type of problem or circumstances. The main key words are 'Counselling', 'Examination', 'History', 'Observation', 'Pregnancy', 'Problem', 'Screening', 'Status', and 'Vaccination'.

In both Sections I and II, this key word form of lead term is also used instead of, or in addition to, the standard method for certain conditions or circumstances where terminology is diverse and reported descriptions might not easily be found in the index, or where the normal method of indexing might be misleading. Some obstetric complications, especially the more common ones, are indexed under the specific condition, eg Haemorrhage complicating delivery. However, the complication may instead be listed under the lead term 'Labour', 'Pregnancy', 'Puerperal' or 'Maternal condition affecting fetus or newborn'.

In Section II, key words are 'Complication' (for medical and surgical procedures), 'Sequelae', 'Suicide', 'Assault', 'Legal intervention' and 'War operations'. Users should remember the presence of these special lists whenever they have difficulty locating index entries for the relevant conditions, problems or circumstances; by scrutinizing the indented terms, guidance can be found as to the code numbers of all the relevant categories even if not reported in precisely the same words.

(1) The name of an anatomical site appears as a lead term when it is part of the name of the disease, eg 'Abdomen/acute R10.0'. This does not occur frequently in English, and in the English-language version applies mainly to Latin expressions for some conditions eg 'Cor biloculare'.

CODE NUMBERS

The code numbers that follow the terms in the ICD-10-AM Alphabetic Index are those of the three, four or five character codes/categories to which the clinical concept/terms are classified. In some cases, the fourth or fifth character is replaced by a dash, eg Burn/ankle (and foot) T25.-. This indicates that a fourth and possibly a fifth character exists and should be used, and that it will be found either in a note in the index (eg the fourth character subdivisions common to many sites of burns are given in a note under the lead term 'Burn') or by reference to the Tabular List.

**EXAMPLE 11:**

*Burn (electricity) (flame) (hot gas, liquid or object) (steam) (thermal) T30.0*

- ankle (and foot) T25.-
- extent (percentage of body surface)
- < 10 percent T31.0-

The dash at the fourth or fifth character position indicates that an additional character is required for a valid code. The additional characters are located either in a *Note* in the ICD-10-AM Alphabetic Index or by reference to the ICD-10-AM Tabular List.

**EXAMPLE 12:**

Burn (electricity) (flame) (hot gas, liquid or object) (steam) (thermal) T30.0

*Note*: The following fourth character subdivisions are for use with categories T20–T25 and T30:

.0 Unspecified thickness
.1 Erythema
    - First degree
.2 Partial thickness [blisters, epidermal loss]
    - Second degree
.3 Full thickness
    - Deep necrosis of underlying tissue
    - Third degree

**EXAMPLE 13:**
Burns classified according to extent of body surface involved

**Note:** This category must be used as a supplementary code with categories T20–T25, T29.

The following fifth character subdivisions are for use with subcategories T31.0–T31.9 to indicate the percent of body surface with full thickness burn. Valid fifth characters are in brackets under each code:

- 0: less than 10% or unspecified
- 1: 10–19%
- 2: 20–29%
- 3: 30–39%
- 4: 40–49%
- 5: 50–59%
- 6: 60–69%
- 7: 70–79%
- 8: 80–89%
- 9: 90% or more of body surface

When a set of fourth characters is applicable to a group of categories, the common fourth characters may be presented in a Note or, in the case of pregnancies with abortive outcome, in a table in order to facilitate their application to different types of complete or incomplete abortion and to molar pregnancies. In some cases, common fourth characters may be listed in a table (e.g., complications of pregnancy with abortive outcome: Abortion/complicated; External causes of injury: Table of Land Transport Accidents). In other cases, the complication or main manifestation is listed in the index with a cross reference to the entire group of categories, with specification of the fourth character (e.g., Syndrome/dependence — code to F10–F19 with fourth character .2).

**EXAMPLE 14:**

**Syndrome NEC (see also Disease) U91**
- dependence — code to F10–F19 with fourth character .2

**Dagger/asterisk codes**

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):

- 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 156:**

**Index:** Syndrome NEC (see also Disease) U91
- brain stem stroke NEC I67.9† G46.3*

**CodeTabular List:**

G46.3* Brain stem stroke syndrome (I60–I67†)

In this example, the above index entry, lists I67.9† is listed as the default dagger code, however G46.3* may be assigned with any of the codes listed in the discreet code range I60–I67† in the Tabular List.

**EXAMPLE 162:**

**Index:** Anaemia D64.9
- Diphyllobothrium (Dibothriocephalus) B70.0† D63*
- due to
  - myxoedema E03.9† D63*
  - hookworm B76.9† D63*
  - malarial (see also Malaria) B54† D63*

**Syphilis, syphilitic**
- anaemia (late) A52.7† D63*

**Code Tabular List:** D63* Anaemia in chronic diseases classified elsewhere

In this example, 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).

**TYPE FACE**

**Bold** Bold type face is used for all lead terms in the ICD-10-AM Alphabetic Index.

**Bold, Italics** Bold and italicised type face is used for drug brand names

**Italics** Italicised type face is used for and Instructional notes/terms: code…, see…, see also…

**PUNCTUATION**

**Parentheses ( )**
Parentheses are used in the ICD-10-AM Alphabetic Index to enclose:

- nonessential modifiers
- brand names in the Table of Drugs and Chemicals
- morphology codes
- Instructional notes/terms
- expanded abbreviations

**EXAMPLE 17:**
*Kyphoscoliosis, kyphoscoliotic (acquired) (see also Scoliosis)* M41.9-

**EXAMPLE 18:**
*Sildenafil (Viagra)*

**EXAMPLE 19:**
*Adenomyoma (atypical polypoid) (M8932/0) — see also Neoplasm/benign*

**EXAMPLE 20:**
*HELLP (haemolysis, elevated liver enzymes and low platelet count) syndrome (with severe pre-eclampsia) O14.2*

**NEC (NOT ELSEWHERE CLASSIFIED)**
NEC is listed in the ICD-10-AM Alphabetic Index after terms classified to residual or unspecified codes, and to terms that are ill-defined, as a warning that specified forms of the conditions are classified differently. If the clinical record includes more precise information, modify the coding accordingly.
EXAMPLE 21:
Anomaly, anomalous (congenital) (unspecified type) Q89.9
- aorta (arch) NEC Q25.40

Atresia, atretic
- aorta (arch) (ring) Q25.2
In this example, the term 'anomaly of aorta' is classified to Q25.40 only if no more precise description appears on the clinical record. If a more precise term is documented (eg atresia of aorta), locate that lead term instead (ie Atresia, atretic/aorta).

CROSS REFERENCES
To avoid unnecessary duplication of indexed terms, cross references are listed in the ICD-10-AM Alphabetic Index to refer users to alternate lead terms or subterms. Slashes are used to separate lead terms and subterms in cross references.

See/see also
See and see also cross references provide possible modifiers for a term or its synonyms.
1. 'see' is an explicit direction to instruct the user to go to alternate indexed terms.

EXAMPLE 22:
Haemorrhage, haemorrhagic R58
- bronchus — see Haemorrhage/lung

2. 'see also' directs the user to alternate indexed terms where there are further options that may provide more specificity.

EXAMPLE 23:
Paralysis, paralytic (complete) (incomplete) (see also Paresis) G83.9
- shaking (see also Parkinsonism) G20

EXAMPLE 24:
Enlargement, enlarged — see also Hypertrophy

3. 'see condition' is an explicit direction, usually listed with anatomical sites and very general adjectival modifiers, to instruct the user to an alternate index pathway.

EXAMPLE 25:
Bladder — see condition
Hereditary — see also condition

Code to
The cross reference ‘code to’ refers the user directly to the ICD-10-AM Tabular List to determine code assignment from a specific block or category.

EXAMPLE 26:
Dependence
- syndrome — code to F10–F19 with fourth character .2

MULTIPLE DIAGNOSES
The ICD-10-AM Tabular List includes a number of categories for the classification of two or more conditions jointly reported, e.g. 'Influenza with pneumonia' (J11.0), 'Acute appendicitis with generalised peritonitis' (K35.2). Such combinations of conditions, which are specifically classified in the ICD-10-AM Tabular List, also appear in the index.

**EXAMPLE 27:**

**Diagnosis:** Influenza with pneumonia.

**Index:**
- Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved) J18.9
  - with
  - - influenza virus (not identified) J11.0

**Assign:** J11.0 Influenza with pneumonia, virus not identified

**EPONYMS**

Eponyms are conditions named after people and are listed in the ICD-10-AM Alphabetic Index as lead terms, and as subterms to other lead terms (e.g. Disease, Syndrome).

**EXAMPLE 28:**

Kaschin-Beck disease M12.1-

Syndrome NEC (see also Disease) U91
  - Arnold-Chiari Q07.0

**SPELLING**


**SPECIAL SIGNS/ANNOTATIONS**

The following special signs are used in the ICD-10-AM Alphabetic Index, attached to certain code numbers or indexed terms:

† The dagger symbol denotes a code describing the aetiology or underlying cause of a condition and is always assigned with an appropriate manifestation (*) code

* The asterisk symbol denotes a code describing the manifestation of a condition and is always assigned with an appropriate aetiology (†) code

#/♦ These symbols are attached to certain subterms (sites) under the lead term 'Neoplasm' to refer the user to Notes 3 and 4, respectively, at the beginning of that list.

**CONVENTIONS USED IN THE ALPHABETIC INDEX OF DISEASES**

**PARENTHESES**

In the Alphabetic Index, as in the Tabular List, parentheses have a special meaning which the user must bear in mind. A term that is followed by other terms in parentheses is classified to the given code number whether any of the terms in parentheses are reported or not.

**EXAMPLE 6:**

Abscess (embolic) (infective) (metastatic) (multiple) (pyogenic) (septic) — brain (any part) G06.0

Brain abscess is classified to G06.0 regardless of the part of the organ affected and whether or not the abscess is described as embolic, infective, metastatic, multiple, pyogenic, or septic.

Parentheses are also used to enclose:
- — brand names in the Table of Drugs and Chemicals — eg Disodium pamidronate (Aredia)
CROSS REFERENCES

Some categories, particularly those subject to notes linking them with other categories, require rather complex indexing arrangements. To avoid repeating this arrangement for each of the inclusion terms involved, a cross reference is used. This may take a number of forms, as in the following examples:

EXAMPLE 7:
Inflammation
- bone — see Osteomyelitis

This indicates that the term 'Inflammation, bone' is classified in the same way as the term 'Osteomyelitis'. On looking up the latter term, the user will find listed various forms of osteomyelitis: acute, acute haematogenous, chronic, etc.

When a term has a number of modifiers which might be listed beneath more than one term, the cross-reference (see also...) is used.

EXAMPLE 8:
Paralysis
- shaking (see also Parkinsonism) G20

This means that if 'shaking paralysis' is the only term documented in the clinical record, the code is G20. If other information is present which is not found indented below, the user should look up 'Parkinsonism', where alternative codes will be found for the condition if further or otherwise qualified, for example, due to drugs or syphilitic.

EXAMPLE 9:
Enlargement, enlarged — see also Hypertrophy

If the site of the enlargement among indentations beneath 'Enlargement, enlarged' is not found, the user should look among the indentations beneath 'Hypertrophy' where a more complete list of sites is given.

EXAMPLE 10:
Bladder — see condition
Hereditary — see condition

As stated previously, anatomical sites and very general adjectival modifiers are not usually used as lead terms in the index and the user is instructed to look up the disease or injury reported on the clinical record and under that term to find the site or adjectival modifier.

EXAMPLE 11:
Abdomen, abdominal — see also condition
- acute R10.0
- apron E65
- convulsive equivalent G40.8
- muscle deficiency syndrome Q79.4
- overhang E65
- testicle NEC Q53.93
- bilateral Q53.23
- unilateral Q53.13

The term 'acute abdomen' is coded to R10.0; 'abdominal apron' is coded to E65; 'abdominal convulsive equivalent' is coded to G40.8; 'abdominal muscle deficiency syndrome' is coded to Q79.4; 'abdominal overhang' is coded to E65; 'abdominal testicle NEC' is coded to Q53.93; 'bilateral abdominal testicle' is coded to Q53.23 and 'unilateral abdominal testicle' is coded to Q53.13. For other abdominal conditions, the user should look up the disease or injury reported.
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  
- bronchus — see Haemorrhage, lung  
is shown as:  
Haemorrhage, haemorrhagic  
- bronchus — see Haemorrhage/lung

**NEC**

The letters NEC stand for 'not elsewhere classified'. They are added after terms classified to residual or unspecified categories and to terms in themselves ill-defined as a warning that specified forms of the conditions are classified differently. If the clinical record includes more precise information the coding should be modified accordingly:

**EXAMPLE 13:**

Anomaly, anomalous (congenital) (unspecified type) Q89.9  
-aorta (arch) NEC Q25.40  
The term 'anomaly of aorta' is classified to Q25.40 only if no more precise description appears on the clinical record. If a more precise term eg atresia of aorta, is recorded, this term should be looked up for the appropriate code.

**SPECIAL SIGNS/ANNOTATIONS**

The following special signs will be found attached to certain code numbers or index terms:

†/* Used to designate the aetiology code and the manifestation code respectively, for terms subject to dual classification. See under ‘Code numbers’.

#/附 Attached to certain terms in the list of sites under 'Neoplasm' to refer the user to Notes 3 and 4, respectively, at the start of that list.
INTRODUCTION

Basic structure and principles of the disease classification of ICD-10-AM

The 'core' disease classification structure of ICD-10-AM is the three character code, which is the mandatory level of coding for international reporting to the World Health Organization (WHO) for general international comparisons. This core set of codes has been expanded to four and five character codes so that important specific disease entities can be identified, while also maintaining the ability to present data in broad groups to enable useful and understandable information to be obtained.
The ICD-10-AM is a variable-axis classification. Its structure is designed principally to facilitate epidemiological analysis. Diseases are organised in the following groups:

- epidemic diseases
- constitutional or general diseases
- local disease arranged by site
- developmental diseases
- injuries

The first two, and the last two, of these groups comprise 'special groups', which bring together conditions that would be inconveniently arranged for epidemiological study were they to be scattered, for instance, in a classification arranged primarily by anatomical site. The remaining group, 'local disease arranged by site', includes the ICD-10-AM chapters for each of the main body systems.

The distinction between the 'special groups' chapters and the 'body systems' chapters has practical implications for understanding the structure of the classification, for coding to it, and for interpreting statistics based on it. It has to be remembered that, in general, conditions are primarily classified to one of the 'special groups' chapters. Where there is any doubt as to where a condition should be positioned, the 'special groups' chapters take priority.

**ICD-10-AM Tabular List of Diseases**

Most of the ICD-10-AM Tabular List is composed up with the main disease classification and is composed of 22 chapters. The first character of the ICD-10-AM code is a letter, and each letter is associated with a particular chapter, except for the letter D, which spans both Chapter 2 Neoplasms and Chapter 3 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism, and the letter H, which is used in both Chapter 7 Diseases of the eye and adnexa and Chapter 8 Diseases of the ear and mastoid process. Chapters 1, 2, 19 and 20 use more than one letter in the first position of their codes.

**0001 PRINCIPAL DIAGNOSIS**

---

**EXAMPLE 1:**
Diagnoses as listed on the front sheet:
- Diabetes mellitus
- Coronary artery disease
- Myocardial infarction

**History of present illness:**
Patient experienced severe chest pain on the morning of admission and was transported by ambulance to hospital and admitted to the coronary care unit.

In this example, the information from the clinical record indicates that myocardial infarction is the principal 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 ICD-10-AM Tabular List of Diseases and ICD-10-AM Alphabetic Index: Conventions and general arrangement used in of the ICD-10-AM Alphabetic Index of Diseases).
Review of the ACHI Conventions and terminology issues

**Introduction/Rationale:**
This document contains amendments to terminology:

- Tabular List of Interventions -> ACHI Tabular List
- Alphabetic List of Interventions -> ACHI Alphabetic List

The term ‘procedure’ has also been replaced with ‘intervention’ throughout the Conventions. Note that the term ‘procedure’ has not been replaced in ACHI Tabular List and Alphabetic Index, as this would require thousands of amendments, many of which would require ECL amendments to code titles.

Amendments are also proposed to create consistency between ICD-10-AM Tabular List and Alphabetic Index Conventions and ACHI Tabular List and Alphabetic Index Conventions.

See also TN1181 Review of the ICD-10-AM and ACS Conventions and terminology issues.
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ACKNOWLEDGMENTS
Australian Classification of Health Interventions (ACHI) Tenth-Eleventh Edition has been developed by the Australian Consortium for Classification Development (ACCD).

Assistance and support in the preparation of the Australian Classification of Health Interventions (ACHI)– Tabular List and ACHI Alphabetic Index, was provided to the ACCD by the Independent Hospital Pricing Authority (IHPA).

INTRODUCTION

At the tenth International Statistical Classification of Diseases and Related Health Problems Conference, the World Health Organization (WHO) Heads of Collaborating Centres recommended that there should be no revision of the International Classification of Procedures in Medicine (ICPM) in conjunction with the Tenth Revision of the ICD, due to the rapid advancement in the field of procedures. Consequently, the WHO ICD–10 is a disease classification without an accompanying WHO intervention classification.

In 2006 the WHO – Family of Classifications (WHO–FIC) Network revisited the need for an intervention classification and has initiated a work program to develop the International Classification of Health Interventions (ICHI). A beta draft was released in 2018, and development work continues on the ICHI.

In June 1994, the former National Coding Centre (NCC) produced an options paper on the future use of ICD–9–CM in Australian hospitals. This paper proposed the adoption of the WHO ICD–10 and an accompanying intervention classification in Australia.

In December 1994, an evaluation of potential procedure interventions classifications was undertaken by the NCC. The four classifications assessed were:

- 3M Health Information Systems Procedure Coding System – USA
- Classification of Surgical Operations and Procedures, Fourth Revision (OPCS4) – UK
- Medicare Benefits Schedule for Fees (MBS) – Australia

The Australian CaseMix Implementation Project Board considered the options and recommended to the then Commonwealth Department of Human Services and Health that the new procedure interventions classification, ACHI, be based on the Commonwealth Medicare Benefits Schedule (MBS) and that it be introduced with the Australian Modification of ICD–10 (ICD–10-AM) for morbidity coding from July 1998.

Subsequently, the Australian Health Ministers' Advisory Council endorsed the introduction of ICD–10 for morbidity coding accompanied by a new intervention classification from July 1998. Responsibility for the development, introduction and maintenance of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD–10–AM) was given to the NCC (subsequently, the National Centre for Classification in Health [NCCH]). The then Commonwealth Department of Health and Family Services also contracted the NCCH to develop a new Australian interventions classification based on the MBS. This new interventions classification was called MBS-Extended. With the third edition of ICD–10–AM, the interventions procedure classification was renamed the Australian Classification of Health Interventions (ACHI).

ACHI is the Australian national standard for procedure and intervention coding in Australian hospitals.

In 2013, the Australian Consortium for Classification Development (ACCD), led by the National Centre for Classification in Health (NCCH), University of Sydney, in collaboration with the Western Sydney University (WSU) and KPMG was contracted by the Independent Hospital Pricing Authority (HPA) to develop and support ICD-10-AM/ACHI – and the accompanying Australian Coding Standards (ACS).

Specifications for the Australian Classification of Health Interventions (ACHI) are:

1. Australian Classification of Health Interventions (ACHI) published as the ACHI Tabular List of Interventions and the ACHI Alphabetic Index of Interventions, in tandem with the ICD–10–AM and the Australian Coding Standards.
2. The intervention classification captures procedures and ACHI classifies interventions performed in public and private hospitals, day centres and ambulatory settings. Allied health interventions, dental services and procedures other interventions performed outside the operating theatre are also included.

3. The intervention classification ACHI has been includes content from based on the Commonwealth Medicare Benefits Schedule (MBS) (with some exceptions) and the Australian Schedule of Dental Services and Glossary (ADA).

A two digit extension number has been attached to each MBS item number to represent individual procedural, interventional concepts (eg 36564-00).

The 97000 range of codes is used to represent dental interventions (based upon the ADA item numbers) with a two digit extension number attached to represent individual intervention concepts (eg 97324-05). Other ACHI procedures and interventions concepts which that are not represented in MBS or ADA are allocated a code number from the remainder of the 90000 series. Note: 97000 codes are reserved for dental services.

4. The structure of the intervention classification is based on anatomy rather than surgical specialty. Chapters closely follow the chapter headings of the WHO ICD-10 to maintain parity with the disease classification.

5. Nonsurgical procedures interventions are listed separately from the surgical procedures interventions, whenever feasible.

6. The procedures interventions in the intervention classification ACHI are provider neutral. That is, the same code should be assigned for a specific intervention regardless of which health professional performs the intervention.

Content summary

ACHI Tabular List. The ACHI Tabular List contains the interventions classification. Appendices included are:

- Appendix A: Mapping table for MBS items not included in ACHI
- Appendix B: ACHI Code List

ACHI Alphabetic Index. The ACHI Alphabetic Index is used to locate interventional terms to be coded. The ACHI Alphabetic Index contains many interventional terms that do not appear in the ACHI Tabular List.

Australian Coding Standards. The Australian Coding Standards contain the national standards maintained by the ACCD, which provide guidance in the application of ICD-10-AM and ACHI.
CONVENTIONS USED IN THE ACHI TABULAR LIST OF INTERVENTIONS

FORMAT

First level – anatomical site axis
ACHI has been is structured with a principal axis of anatomical site. Within each chapter the anatomical site has been is structured by a ‘superior’ to ‘inferior’ (head-to-toe) approach.

Second level – procedural-intervention type axis
The secondary axis is procedure-intervention type, beginning with the least invasive procedure-intervention through to the most invasive procedure-intervention. Standardised interventional procedural axes are:
- Examination
- Application, Insertion, Removal
- Incision
- Destruction
- Excision
- Reduction (only applicable to Chapter 15 Procedures on Musculoskeletal chapter system)
- Repair
- Reconstruction
- Revision
- Reoperation
- Other procedures

Third level – block axis
Medicare Benefits Schedule (MBS) is a fee schedule, and has been structured according to specialty. As ACHI is based on item numbers in the MBS, and is structured on an anatomical basis, therefore code numbers (particularly those based on MBS item numbers) do not always appear in numerical order within the ACHI Tabular List. Therefore, a third level axis, called a block, has been introduced is utilised. Blocks are numbered sequentially in the ACHI Tabular List to assist users in locating a specific code, and have titles that relate specifically to the codes contained within the block.

There are certain chapters that are an exceptions to the general format:
- **Chapter 6 Dental services**
  This chapter is based on ‘The Australian Schedule of Dental Services and Glossary, 12th Twelfth Edition’ (Australian Dental Association 2017, The Australian Schedule of Dental Services and Glossary, Australian Dental Association, Sydney, https://www.ada.org.au/Dental-Professionals/Publications/Schedule-and-Glossary/The-Australian-Schedule-of-Dental-Services-and-(1)/Australian_Schedule_and_Dental_Glossary_2015_FA2_W) 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-intervention 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 Ninth Edition.
- **Chapter 14 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-intervention type.
• **Chapter 18 Radiation oncology procedures**
  This chapter has a principal axis relating to radiation oncology interventions. Secondary axes relate to the type of radiation, (for example, external beam therapy, brachytherapy, computerised planning), etc.

• **Chapter 19 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.

• **Chapter 20 Imaging services**
  The principal axis within this chapter relates to imaging service performed, (for example, ultrasound, tomography, radiography), etc. There is no secondary axis within this chapter.

**ABBREVIATIONS**

**NEC** — Not elsewhere classified. This expression is used in the context of a warning to users that certain specified variants of the listed procedures may appear in other parts of the classification. Codes including 'NEC' within their description are only to be assigned when the user lacks the information necessary to assign the procedural term to a more specific code.

**NOS** — Not otherwise specified. This abbreviation is the equivalent of the term 'unspecified'.

**AND/OR IN CODE TITLES**

'And' in code titles means 'and'. 'Or' in code titles means 'or'.

**EXAMPLE 1:**

48224-00 [1435]. Bone graft to radius or ulna
47393-00 [1431]. Open reduction of fracture of shaft of radius and ulna

**PUNCTUATION**

[ ] — Brackets are used to enclose synonyms, alternative wordings or explanatory phrases.

( ) — Parentheses are used to enclose supplementary words which may be present or absent in the statement of a procedure without affecting the code number to which it is assigned.

: — Colons are used in the Tabular List after an incomplete term which needs one or more of the modifiers which follow in order to make it assignable to a given category.

| — Braces are used to enclose a series of terms, each of which is modified by the statement appearing at the right of the brace.

**INCLUSION TERMS**

Inclusion terms are the procedural terms listed under a block heading, code, description, definition or code. Their purpose is to give examples of terms which are classified which are categorised to the code or block or code. They may refer to different interventions, or synonyms, but they are not a subclassification. Inclusion terms are listed primarily as a guide to the content of the block or code. Many of the items listed relate to important or common terms belonging to the block or code. Others are interventions or sites, listed to distinguish the boundary between one subcategory and another.

**EXAMPLE 2:**
Inclusion terms are not exhaustive and clinical coders should never code directly from the Tabular List. The Alphabetic Index should be referenced first, as it contains many more procedural terms than the Tabular List. Inclusion terms are not exhaustive. NEVER code directly from the ACHI Tabular List. Reference first the ACHI Alphabetic Index, as it contains many more interventional terms than the ACHI Tabular List.

**EXAMPLE 1:**
90064-01 Refractive keratoplasty
- Keratomileusis
- Thermokeratoplasty

In some instances, it is necessary to read Inclusion terms in conjunction with code titles. This usually occurs when the Inclusion terms are lists of sites or pharmaceutical products. Where appropriate, terms from the preceding code or category titles need to be read and understood.

**EXAMPLE 2:**
1920 Administration of pharmacotherapy
-02 Anti-infective agent
  - Antibacterial
  - Antibiotic
  - Antifungal
  - Antiprotozoal
  - Antiviral

In this example, the Inclusion terms represent ‘administration of’ those agents (eg administration of antibacterial agent).

**INSTRUCTIONAL NOTES/TERMS**

*Instructional notes/terms* appear in certain locations throughout the ACHI Tabular List:

- **Chapter**
  - *Instructional notes relates* Applies to the codes classified to the chapter
- **First level**
  - Anatomical site axis
  - *Instructional notes relates* Applies to the codes classified to the site
- **Second level**
  - Procedural Intervention type axis
  - *Instructional notes relates* Applies to the codes classified to the intervention type
- **Third level**
  - Block axis
  - *Instructional note relates* Applies to the codes grouped under the block heading
- **Fourth level**
  - Code
  - *Instructional notes relates* Applies to the code

*Instructional notations/notes/terms* are listed in the following order:

- Glossary descriptions/Definitions
- Includes
- Note
- Code also when performed (Code also) (Code first)
- Excludes
Glossary descriptions/Definitions

Glossary descriptions/Definition are formal statements of the meaning of a term or code. They are used to define the content of a chapter, anatomical site, procedure-intervention type, block or code. This instruction is useful in standardising terminology and assisting with classification coding quality. Glossary are not intended for use by clinical coders.

Includes note

The Includes note is used to further define the contents of a chapter, site, procedure-intervention type, block or code. In some instances, the Includes note refers to procedural components or equipment used that is inherent in the description of a code or block heading. They refer to intervention components or equipment used, that is inherent in a code or block.

EXAMPLE 3:

36503-00 [1058]. Kidney transplantation
  Includes: vascular anastomosis

36503-00 Kidney transplantation
  Includes: vascular anastomosis

EXAMPLE 4:

41867-01 Reoperation arytenoidectomy
  Includes: that by laser

In other instances, the Includes instructional note further defines the site.

EXAMPLE 4:

30394-00 [987] Drainage of intra-abdominal abscess, haematoma or cyst
  Includes: appendiceal
  iliac fossa
  intraperitoneal
  pelvic
  pouch of Douglas
  subhepatic
  subphrenic
  peritonitis

EXAMPLE 5:

306 Other procedures on external ear
  Includes: auricle
  external auditory canal

Note

The Note can be used as an explanation that clarifies the use of a code or codes. In many instances, the Note provides an example of a diagnostic term for which the procedure may be performed (ie the Note is not exhaustive). The Note clarifies the use of a code or codes. In some instances, the Note provides an example of a diagnostic term for which the intervention may be performed (the Note is not exhaustive).
EXAMPLE 65:
Note: Performed for aneurysm or arteriovenous malformation

Note: Performed for aneurysm or arteriovenous malformation

The Note can also be used to further define certain terms used in code or block descriptions within the block.

EXAMPLE 76:
[712] — Arterial bypass graft using synthetic material
Note: Synthetic material can include polyester (woven or knitted) or polytetrafluoroethylene [PTFE] grafts

712 Arterial bypass graft using synthetic material
Note: Synthetic material can include polyester (woven or knitted) or polytetrafluoroethylene [PTFE] grafts

See

The term see is listed within other Instructional notes/terms, as a cross-reference to another section of the classification. Follow the cross-references to ensure correct code selection.

EXAMPLE 8:
90011-00 Other diagnostic procedures on spinal canal or spinal cord structures
Note: For nonsurgical diagnostic interventions see Chapter 19

EXAMPLE 9:
43801-00 Correction of malrotation of intestine
Ladd operation
Excludes: that with resection of intestine — see Alphabetic Index

Code also/Code also when performed

This instruction is used throughout the Tabular List to advise the user that an additional code is to be assigned when certain associated procedures are performed or certain equipment is used.

Example 7:
41548-00 [323] — Obliteration of mastoid cavity
Code also when performed:
• meatoplasty (41512-00 [305])

Code first

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

EXAMPLE 108:
41512-00 [1794] — Brachytherapy, eye
Code first:
• implantation of brachytherapy applicator, eye (42801-00 [177])
15012-00 Brachytherapy, eye

Code first:

• implantation of brachytherapy applicator, eye (42801-00 [177])

**Code also/Code also when performed**

These instructions indicate that an additional code is assigned when certain associated interventions are performed, or equipment is used.

**EXAMPLE 11:**
41548-00 Obliteration of mastoid cavity

*Code also when performed:*

• meatoplasty (41512-00 [305])

**Excludes note**

Terms following the word 'Excludes' are to be coded elsewhere as indicated in each case.

Codes are not listed within the 'Excludes' note in numerical order. Rather they are ordered sequentially by block number.

Excludes notes are listed at the chapter, block and code level. Interventions listed in Excludes notes are classified elsewhere in ACHI.

*Note:* Codes are not listed within the Excludes note in numerical order; they are ordered sequentially by block number.

**EXAMPLE 12:**

[8] Intracranial drainage

*Excludes: cerebrospinal fluid shunt (40003 [5], 40000-00, 40012 [19])

[8] Intracranial drainage

*Excludes: cerebrospinal fluid shunt (40003 [5], 40000-00, 40012 [19])

Codes can be listed in Excludes notes with or without their extensions (see above, Example 12; 40003 [5] and 40012 [19]). When the extensions are not used listed, the Excludes note applies to all the two digit extensions of that code. In the above, Example 12, there are two extensions to code 40012 [19] (below, see Example 13):

**EXAMPLE 13:**

40012-00 [19] Endoscopic third ventriculostomy
40012-01 [19] Third ventriculostomy

**BLACK REVERSE TEXT BOXES**

Black reverse text boxes are used for all block title numbers. They are NOT VALID codes and CANNOT be assigned. They DO NOT indicate valid codes and CANNOT be assigned. For example:

1340 Caesarean section

**EXAMPLE 14:**

1340 Caesarean section

**TYPE FACE**

Bold type face is used for all block titles in the ACHI Tabular List of Interventions.
**Bold, Italic**

Bold and italicised type face is used for the instructional text of *Includes, Excludes and Note.*

*Italic*  

Italicised type face is used for *Instructional notes/terms; the instructional text of Code also... Code also when performed, and Code first; See... and Use additional code.*

---

**PUNCTUATION**

**Parentheses ( )**

Parentheses are used to enclose:

1. **nonessential modifiers** (NEM) i.e supplementary terms that follow an interventional term, but do not affect the code number to which it is assigned

   **EXAMPLE 15:**
   
   43912-02 Other open excision of bronchus
   
   Excision of (lesion) (tissue) bronchus NEC

2. the code(s) in *Excludes* notes and other *Instructional notes/terms*

   **EXAMPLE 16:**
   
   5 Irrigation, insertion or removal of intracranial cerebrospinal fluid shunt
   
   *Code also when performed:*
   
   • neuroendoscopy (40903-00 [1])
   
   *Excludes:*
   
   insertion of external ventricular drain (39015-00 [3])
   
   revision of cerebrospinal fluid shunt (40009-00, 40009-01 [24])

3. the block ranges listed at the beginning of a chapter

   **EXAMPLE 17:**
   
   CHAPTER 1
   
   PROCEDURES ON NERVOUS SYSTEM (BLOCKS 1–86)

---

**SQUARE BRACKETS [ ]**

Square brackets are used to enclose:

1. synonyms or alternative terms

   **EXAMPLE 18:**
   
   235 Canthoplasty
   
   *Includes:*
   
   excision of tarsal cartilage [tarsectomy]

2. explanatory terms

   **EXAMPLE 19:**
   
   90047-00 Aspiration of thyroid
   
   Percutaneous [needle] drainage of thyroid

3. abbreviations

   **EXAMPLE 20:**
57362-00  Computerised tomography of temporo-mandibular joint [TMJ]

4.  block numbers

**EXAMPLE 21:**

90396-00  Excision of lesion of tunica vaginalis

*Excludes:* excision of hydrocele (30631-00 [1182])

**COLON :**

A colon is used in *Inclusion* terms and *Excludes* notes, when the terms preceding the colon require one or more modifiers (qualifying terms) for assignment to the code or block.

**EXAMPLE 22:**

37604-17  Percutaneous aspiration or drainage of scrotum or tunica vaginalis

Percutaneous aspiration of:
• hydrocele
• spermatocele

*Tapping of hydrocele*

In this example, the code classifies percutaneous aspiration of hydrocele and percutaneous aspiration of spermatocele.

Colons are used in *Includes* notes to avoid repetition of terms.

**EXAMPLE 23:**

37209-00  Radical prostatectomy

Total prostatectomy NOS

*Includes:* excision of:
• seminal vesicles
• vas deferens

In this example, the colon is used here to avoid duplication of the terms 'excision of'.

Colons are also used to separate certain *Instructional* notes/terms (ie *Includes, Note, Code also*/Code first/Code also when performed, *Excludes*), and the *Interventional* terms that follow (see Examples 3–12).

**NOS**

NOS is an abbreviation for 'not otherwise specified', meaning 'unspecified' or 'unqualified'.

**EXAMPLE 24:**

90468-06  Forceps delivery, unspecified

Forceps delivery NOS

**NOT ELSEWHERE CLASSIFIED (NEC)**

The terms 'not elsewhere classified' indicate that certain specified variants of that intervention are classified in other parts of ACHI.

**EXAMPLE 25:**

43987-02  Excision of neuroblastoma, not elsewhere classified

*Excludes:* intra-abdominal neuroblastoma (43987-01 [989])
  intrathoracic neuroblastoma (43987-00 [563])
The abbreviation ‘NEC’ is used in the ACHI Tabular List in Inclusion terms and Excludes notes. NEC code options are only assigned when there is insufficient information to assign the interventional term to a more specific code.

**EXAMPLE 26:**

90319-04 Other closed procedures on liver
Percutaneous procedures on liver NEC

In this example, the code is assigned when there is insufficient information to permit assignment of a more specific percutaneous/closed procedure on the liver.

**AND/OR IN CODE TITLES**

The term: 'And' in code titles means 'and'; 'Or' in code titles means 'or'.
- 'and' in code titles means 'and'
- 'or' in code titles means 'or'.

**EXAMPLE 27:**

48224-00 [1435] Bone graft to radius or ulna
47393-00 [1431] Open reduction of fracture of shaft of radius and ulna

**SPECIAL SIGNS/ANNOTATIONS**

∇ This symbol denotes that an Australian Coding Standard applies to for a particular code or group of codes (category or block) and therefore, is an Australian Coding Standard that should be checked. Reference to the standard is essential before the code(s) is assigned. The relevant standard number(s) is shown under or beside the symbol.
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INTRODUCTION

The Alphabetic Index of Interventions of the Australian Classification of Health Interventions (ACHI) Alphabetic Index is an alphabetic index to the ACHI Tabular List of Interventions.

The ACHI Alphabetic Index of Interventions is important because it contains many more procedural interventional terms than those appearing in the ACHI Tabular List of Interventions.

Both the ACHI Tabular List and Alphabetic Index and Tabular List are meant to be used together. It is not recommended that the ACHI Tabular List or ACHI 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 an intervention procedure would be coded elsewhere.

CONVENTIONS AND GENERAL ARRANGEMENT OF USED IN THE ACHI ALPHABETIC INDEX OF INTERVENTIONS

STRUCTURE (LEAD TERMS AND SUBTERMS)

LEAD TERMS

The Alphabetic Index of Interventions is organised by 'lead terms' which are printed in bold type face for ease of reference. Lead terms usually identify the type of procedure performed, rather than the anatomic site involved. Lead terms start at the extreme left of a column, with various levels of indentation, which start progressively further right. Therefore a complete index term may be composed of several lines, sometimes quite widely separated.

Lead terms

The ACHI Alphabetic Index is organised by 'lead terms', in bold type face.

Lead terms start at the extreme left of a column, with hyphens used to indicate levels of indentation for subterms (modifiers). Therefore, a complete index term may be composed of several lines, which may be widely separated.

EXAMPLE 1:
Hemicolecotomy
- left (with anastomosis) 32006-00 [913]
- - with formation of stoma 32006-01 [913]
- - - via laparoscopy 32006-03 [913]
- - via laparoscopy 32006-02 [913]

In this example, the last line lists the code for ‘laparoscopic left hemicolecotomy with anastomosis’.

Lead terms mainly identify the type of intervention performed, rather than the anatomic site involved.

EXAMPLE 2:
Intervention: Abdominal wall biopsy
Index: Biopsy (brush) (with brushing(s)) (with washing(s) for specimen collection)
> abdomen wall (open) 30075-17 [988]

Occasionally an anatomical site is indexed as a lead term, when it is part of the name of an intervention.

EXAMPLE 3:
Cheek lift (bilateral) 45588-00 [1675]
**Subterms (essential and nonessential modifiers)**

Subterms (ie terms indented beneath lead terms (modifiers)) refer to:

- anatomical sites applicable to the intervention
- diagnostic terms
- device(s) or (surgical) techniques.

Essential modifiers are subterms that *effect* the code selection. These subterms form individual line entries.

Nonessential modifiers are terms in parentheses following a lead term or subterm. They *do not affect* code selection.

**EXAMPLE 4:**

*Bronchoscopy (electromagnetic navigation) (with bronchial lavage) (with fluoroscopic guidance)* 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]

**SEQUENCE**

Lead terms are sequenced alphabetically.

**EXAMPLE 5:**

*Abbe procedure*  
*Abdominoplasty*  
*Debanding*  
*Debridement*  
*Kimura procedure*  
*Klockoff’s tests*

Spaces, hyphens, symbols and numbers precede alphabetic sequence. Numbers (Arabic or Roman) are sequenced numerically *before* alphabetic characters.

**EXAMPLE 6:**

*Electroconvulsive therapy (ECT) (unspecified laterality or brevity)* 14224-00 [1907]
  - ≥ 21 treatments 14224-06 [1907]
  - bilateral 14224-04 [1907]*

**PREPOSITIONAL TERMS**

Wherever a preposition from the list below immediately follows a lead term or subterm, it takes precedence over symbols, numbers and the alphabetic sequence of subterms:
EXAMPLE 7:

**Angiography**
- by
  - digital subtraction technique (DSA) (regional) NEC 59970-01 [1998]
  - limb
    - lower (≤ 3 data acquisition runs) (unilateral) 60048-00 [1996]
    - 4–6 data acquisition runs 60051-00 [1996]
    - 7–9 data acquisition runs 60054-00 [1996]
    - ≥ 10 data acquisition runs 60057-00 [1996]
    - with aortography 60060-00 [1997]
    - 4–6 data acquisition runs 60063-00 [1997]
    - 7–9 data acquisition runs 60066-00 [1997]
    - ≥ 10 data acquisition runs 60069-00 [1997]
    - bilateral (≤ 3 data acquisition runs) 60048-01 [1996]

EXAMPLE 8:

**Formation**
- fistula
  - arteriovenous
    - with
      - graft, vein 34512-00 [765]
      - prosthesis (Gore-tex) 34512-01 [765]
      - limb (extremity)
        - lower 34509-00 [765]
        - upper 34509-01 [765]

In this example, ‘formation of an arteriovenous fistula of the lower limb with vein graft’ is classified to 34512-00 [765], not 34509-00 [765], as the entries listed under 'with' take precedence over the alphabetic subterm of 'limb'.

When multiple prepositional terms are listed, they are sequenced in alphabetic order.

EXAMPLE 9:

**Orbitotomy** (exploratory) 42533-00 [222]
- for
  - decompression, by removal of
    - bone (with replacement) — see Orbitotomy/with/removal of/bone
    - intraorbital fat (peribulbar) (retrobulbar) 42545-01 [224]
  - dysthyroid eye disease, by
    - fenestration of ≥ 2 walls 42545-00 [227]
    - removal of intraorbital fat (peribulbar) (retrobulbar) 42545-01 [224]
  - with
    - biopsy 42533-01 [224]
    - drainage 42533-00 [222]
    - excision of lesion 42542-00 [224]
CODE NUMBERS

The code numbers that follow the terms in the ACHI Alphabetic Index are the codes to which the terms are classified (see also Blocks below). In some cases, codes are indexed without their two digit extensions. When the extensions are not listed, the indexed code applies to all the two digit extensions of that code.

EXAMPLE 10:
Pharmacotherapy (systemic effect) 96206 [1920]

BLOCKS

MBS is a fee schedule and has been structured according to specialty. As the Australian Classification of Health Interventions is based on item numbers in the MBS and is structured on an anatomical basis, the code numbers do not always appear in numerical order within the Tabular List of Interventions. A third level axis, called a block, has been introduced. Blocks are numbered sequentially in the Tabular List of Interventions to assist in locating a specific code. Block numbers in the index appear in bold and are located to the right of the code, separated from the code by square brackets. Use the block number to assist in locating a code in the ACHI Tabular List.

SEQUENCE

Lead terms are sequenced alphabetically. Spaces, symbols and numbers precede alphabetic letters. Numbers, whether Arabic or Roman, are sequenced numerically before alphabetic characters.

EXAMPLE 1:
Test, testing (for) NEC (see also Investigation) 92204-00 [1866]
—absorption
—radioactive B12
—1 isotope 12512-00 [1863]
—2 isotopes 12515-00 [1863]

Hyphens appear in the Alphabetic Index of Interventions to indicate levels of indentation of sub-entries in the Index.

EXAMPLE 2:
Hypothermia
—deep 22075-00 [642]
—with
—cardiac arrest, induced 22075-00 [642]
—cerebral perfusion (antegrade) (retrograde) 38577-00 [642]
—circulatory arrest, induced 22075-00 [642]

PREPOSITIONAL TERMS

Wherever a preposition from the list below immediately follows a lead term or subterm, they always take precedence over symbols, numbers and the alphabetic sequence of subterms:
• as
• by
• for
• with
• without

EXAMPLE 3:
Flap (repair)
—gingival (< 8 teeth) 97232-00 [456]
--- for crown lengthening 97238-00 [456]
--- with alveolar osseous procedure (≤ 8 teeth) 97233-00 [456]
   --- 8 teeth 97233-01 [456]
   --- > 8 teeth 97232-01 [456]

**EXAMPLE 4:**
Formation
--- fistula
--- arteriovenous
--- with
   --- graft, vein 34512-00 [765]*
   --- prosthesis (Gore-tex) 34512-01 [765]
   --- limb (extremity)
   --- lower 34509-00 [765]**
   --- upper 34509-01 [765]

In the above example, ‘formation of an arteriovenous fistula of the lower limb with graft’ would be assigned code 34512-00 [765]* rather than code 34509-00 [765]** because entries under ‘with’ take precedence over the alphabetic subterm of ‘limb’.

When multiple prepositional references are present, they are listed in alphabetic sequence.

**EXAMPLE 5:**
Orbitotomy (exploratory) 42533-00 [222]
--- for
   --- decompression, by removal of
      --- bone (with replacement) — see Orbitotomy/with/removal of/bone
      --- intraorbital fat (peribulbar) (retrobulbar) 42545-01 [224]
      --- dysthyroid eye disease, by
      --- fenestration of ≥ 2 walls 42545-00 [227]
      --- removal of intraorbital fat (peribulbar) (retrobulbar) 42545-01 [224]
   --- with
      --- biopsy 42533-01 [224]
      --- drainage 42533-00 [222]
      --- excision of lesion (anterior aspect) 42542-00 [224]
      --- retrobulbar aspect 42543-00 [224]

**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) 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 (strictures) 41904-00 [546]
   --- excision of lesion — see Excision/lesion/by site
   --- insertion of bronchial device (stent) (valve) 41905-06 [546]
A term may also be followed by a list of subterms which do have an effect upon the selection of the appropriate code for a given procedure. These are called essential modifiers. These subterms form individual line entries and describe essential differences in site or surgical technique.

**EXAMPLE 7:**

Clipping
- artery 34106-14 [697]
- axillary 34103-11 [697]
- for aneurysm 33070-00 [714]
- ruptured 33175-00 [714]
- brachial 34106-10 [692]
- for aneurysm 33070-00 [714]
- ruptured 33175-00 [714]
- cardiac collateral (open) 38700-03 [691]
- percutaneous (closed) 38700-02 [691]

**TYPE FACE**

**Bold**

Bold type face is used for all lead terms in the ACHI Alphabetic Index.

**Italics**

Italics is used for Instructional notes/terms: omit code…, see…, see also…

**PUNCTUATION**

**Parentheses ( )**

Parentheses are used in the ACHI Alphabetic Index to enclose:
- nonessential modifiers
- Instructional notes/terms
- expanded abbreviations

**EXAMPLE 11:**

BiPAP (bilevel positive airway pressure) (nonintubated) — see block [570]

**EXAMPLE 12:**

Consultation (see also Assessment) 96037-00 [1824]

**NEC (NOT ELSEWHERE CLASSIFIED** (NEC)

NEC is listed in the ACHI Alphabetic Index after terms classified to unspecific codes, and to terms that are ill-defined, as a warning that specified forms of the intervention are classified differently. If the clinical record includes more precise information, modify the coding accordingly.

NEC is used for two purposes which can only be determined by referring to the Tabular List of Interventions:
1. With ill-defined terms as a warning that specified forms of the procedure are classified differently. The codes given for such terms should be used only if more precise information is not available.
2. Terms for which a more specific category is not provided in the Tabular List, and no amount of additional information will alter the selection of the code.
EXAMPLE 13:
Procedure
- adenoids NEC 90146-00 [415]

Biopsy (brush) (with brushing(s)) (with washing(s) for specimen collection)
- adenoid 30075-25 [411]

In this example, the unspecified intervention on the adenoids is classified to 90146-00 [415]. Other procedures on tonsils or adenoids. If a more precise term is documented (eg biopsy of adenoid), locate that lead term instead (ie Biopsy/adenoid).

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:

To avoid unnecessary duplication of indexed terms, cross references are listed in ACHI Alphabetic Index to refer users to alternate lead terms or subterms. Slashes are used to separate lead terms and subterms in cross references.

EXAMPLE 8:
Ablation
— arrhythmia circuit or focus — see Ablation, cardiac
is shown as:
Ablation
— arrhythmia circuit or focus — see Ablation/cardiac

See/see also

See and see also cross references provide the user with possible modifiers for a term or its synonyms. They are used to avoid unnecessary duplication of terms in the index. There are three types of cross references:

1. 'see' is an explicit direction to look elsewhere. It is used to force instruct the user to an alternate indexed terms pathway.

EXAMPLE 149:
CAT (computerised axial tomography) — see Tomography/computerised

2. 'see also' directs the user to another alternate indexed terms pathway where there are further options that may provide more specificity.

EXAMPLE 1540:
Adhesiolysis — see also Division/adhesions
- epidural (peridural) 39140-00 [32]

EXAMPLE 164:
Radiography (diagnostic) 90909-00 [1988]
- bone — see also Radiography/by specific site

3. 'see block xxx' directs the user to the Tabular List for further information or specific site references.

EXAMPLE 12:
Assistance
— endotracheal respiratory — see block [569]
**See block**

The cross reference 'see block [xxx]' refers the user directly to the ACHI Tabular List to determine code assignment.

**EXAMPLE 17:**

**Assistance, assisted**

- endotracheal respiratory — *see block [569]*

**Omit code**

The *omit code* instruction can apply to terms which identify incisions that are listed as lead terms in the Alphabetic Index of Interventions. If the incision was made only for the purpose of performing further surgery, the instruction *omit code* is given. *Omit code* instructions apply to certain interventions that, when performed with other interventions, are not coded (eg intervention components).

**EXAMPLE 183:**

**Arthrotomy** (with lavage) 50103-00 [1555]

- as operative approach — *omit code*
- ankle 49706-00 [1529]
- elbow 49100-00 [1410]
- hip 49303-00 [1481]

In this example, a code for arthrotomy (ie incision of joint) is not assigned when it is inherent in another intervention (as the operative approach).

*Omit code* instructions can also apply to certain procedures which, when performed with other procedures, should not be coded.

**EXAMPLE 194:**

**Cardioversion** 13400-00 [1890]

- in conjunction with cardiac surgery — *omit code*

In this example, a code for cardioversion is not assigned when it is performed in conjunction with cardiac surgery.

**Code specific procedure(s) performed**

This instruction is rarely used in the Alphabetic Index. It appears in those instances where it is necessary to code each individual component of an intervention, and but these interventions are not specifically listed at their lead term.

**EXAMPLE 205:**

**Amputation**

- ear — *code specific procedure(s) performed*
- nose — *code specific procedure(s) performed*
EPONYMS

Procedures Eponyms are interventions named after people. They are listed both as lead terms in their appropriate alphabetic sequence and as subterms under the lead term 'Procedure'. A description of the procedure intervention or anatomic site affected usually follows the eponym (in parentheses).

EXAMPLE 216:
Darrach procedure (osteotomy of ulna) 48406-04 [1424]
- with internal fixation 48409-04 [1424]

SPELLING

ICD-10-AM/ACHI/ACS
Eleventh Edition

Addenda Proposal

See Alphabetic Index

Introduction/Rationale:

Across ICD-10-AM & ACHI Tabular Lists there is inconsistent use of long dashes, braces, italics, and semi colons in regards to cross references to 'see Alphabetic Index'.

ACCD proposes to review and amend (where required) all existing ‘see Alphabetic Index’ cross references into a standardised format across all volumes of ICD-10-AM, ACHI and ACS.

Template:

Excludes: xxx — see Alphabetic Index
Excludes: xxx — code to xxx — see Alphabetic Index
Use additional code xxx — see Alphabetic Index: Lead term/subterm
Code first xxx — see Alphabetic Index: Lead term/subterm
Code first/also when performed:
• xxx — see Alphabetic Index: Lead term/subterm
ACS: xxx — see Alphabetic Index: Lead term/subterm

ACCD PROPOSAL

ICD-10-AM Tabular List

D11 Benign neoplasm of major salivary glands

Excludes: benign neoplasms of: minor salivary glands NOS (D10.3)
• minor salivary glands NOS (D10.3)
• specified minor salivary glands — see Alphabetic Index: Neoplasm/by site/benign
benign neoplasms of specified minor salivary glands which are classified according to their anatomical location
— see Alphabetic Index

... 

E09.5 Intermediate hyperglycaemia with peripheral angiopathy

Intermediate hyperglycaemia with peripheral arterial disease

Excludes: venous conditions — see Alphabetic Index — see Alphabetic Index

...
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 — 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 — see Alphabetic Index

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 — see Alphabetic Index

E11.52  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 — see Alphabetic Index

E13.51  Other specified diabetes mellitus with peripheral angiopathy, without gangrene
Other specified diabetes mellitus with peripheral arterial disease, without gangrene
Excludes: venous conditions — see Alphabetic Index — see Alphabetic Index

E13.52  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 — see Alphabetic Index

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 — 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 — see Alphabetic Index

E34.3  Short stature, not elsewhere classified
Short stature:
• constitutional
• Laron-type
• NOS
• psychosocial
Excludes: progeria (E34.8)
Russell-Silver syndrome (Q87.15)
short stature:
• achondroplastic (Q77.4)
• hypochondroplastic (Q77.4)
• in congenital malformation syndromes (Q87.1-)
• in specific dysmorphic syndromes — code to syndrome — see Alphabetic Index
• nutritional (E45)
• pituitary (E23.0)
• renal (N25.0)
short-limbed stature with immunodeficiency (D82.2)

L89  Pressure injury
Excludes: decubitus (trophic) ulcer of cervix (uteri) (N86)
mucosal membrane pressure injury (ulcer) — see Alphabetic Index — see Alphabetic Index: Ulcer/by site
O02 Other abnormal products of conception

O02.9 Abnormal product of conception, unspecified

The following fourth character subdivisions are for use with categories O03–O06:

Subdivisions .0–.4 are assigned for incomplete abortion ie where there are retained products of conception following abortion.

Subdivisions .5–.9 are assigned for complete abortion ie where there is no documentation of retained products of conception:

.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

... .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

... O07.0 Failed medical abortion, 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

... O07.5 Other and unspecified failed attempted abortion, 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

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

Endometritis
Oophoritis
Parametritis
Pelvic peritonitis
Salpingitis
Salpingo-oophoritis

Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index: Sepsis

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

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

Code also specific type of infection, if known

... O08.2 Embolism following abortion and ectopic and molar pregnancy

Embolism:

• air

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
• amniotic fluid
• blood clot (pulmonary)
• NOS
• pyaemic
• soap

Use additional code (Chapter 1) to identify sepsis, if applicable — see Alphabetic Index: Sepsis
Code also site of embolism, if known

Excessive vomiting in pregnancy

Excludes: vomiting in pregnancy due to a specified cause classified elsewhere — code condition — see Alphabetic Index

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

Puerperal sepsis

Puerperal:
  • endometritis
  • 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)

Obstetric embolism

Includes: embolism in pregnancy, childbirth or the puerperium
Code also site of embolism, if known — see Alphabetic Index: Embolism/by site
Excludes: embolism complicating abortion or ectopic or molar pregnancy (O00–O07, O08.2)
  traumatic embolism classified to Chapter 19 — see Alphabetic Index

Changes in skin texture

Delicate skin
Desquamation of skin
Fragile skin
Frail skin
Friable skin
Induration of skin
Scaling skin

- Delicate
- Desquamation
- Fragile
- Frail
- Frail (of skin)
- Frail
- Induration
- Scaling

Skin tear:
- incidental
- nontraumatic

Excludes:
- epidermal thickening NOS (L85.9)
- traumatic skin tear — code to open wound — see Alphabetic Index

R52.0 Acute pain, not elsewhere classified

Excludes:
- acute pain classifiable to an organ or body region — see Alphabetic Index

R57.2 Septic shock

Code first the type of sepsis (Chapter 1, P36.5–P37.52) — see Alphabetic Index

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

R65.1 Severe sepsis

Code first the type of sepsis (Chapter 1, P36.5–P37.52) — see Alphabetic Index

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

(T36–T50)

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
  - 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)

T80.2 Infections following infusion, transfusion and therapeutic injection

Use additional code (Chapter 1, P36.5–P37.52) to identify sepsis, if applicable — see Alphabetic Index

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-)
• postprocedural (T81.4)

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

Abscess:
  • intra-abdominal
  • stitch
  • subphrenic
  • wound

Postprocedural infection NOS
Postprocedural:
  • abscess:
  • intra-abdominal
  • stitch
  • subphrenic
  • wound
  • infection NOS

Wound sepsis

Excludes: 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)

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

T82.6 Infection and inflammatory reaction due to cardiac valve prosthesis

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

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 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.-, P37.52) 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.-, P37.52) 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.-, P37.52) to identify sepsis, if applicable — see Alphabetic Index.*

Sepsis

**T88**  Other complications of surgical and medical care, not elsewhere classified

*Excludes:* accidental puncture or laceration during a procedure — see Alphabetic Index

Complication(s)/accidental puncture or laceration during procedure

- complications following:
  - infusion, transfusion and therapeutic injection (T80.-)
  - procedure NEC (T81.-)

- specified complications classified elsewhere, such as:
  - complications of devices, implants and grafts (T82–T85)
  - 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.-, P37.52) to identify sepsis, if applicable — see Alphabetic Index.*

Sepsis

**Z33**  Pregnant state, incidental

*Excludes:* supervision of normal pregnancy (Z34.-)

with any condition classified to Chapter 15 — see Alphabetic Index

**Z34**  Supervision of normal pregnancy

*Excludes:* false labour (O47.-)

incidental pregnant state (Z33)

preterm contractions without delivery (O60.0)

with any condition classified to Chapter 15 — see Alphabetic Index

**Z39.0**  Postpartum care and examination immediately after delivery

Care and observation in the period of 42 days following delivery (including delivery of placenta)

*Excludes:* admission for postpartum complications after the puerperal period — see Alphabetic Index

**Z49.0**  Preparatory care for dialysis

Admission for:

- creation of arteriovenous fistula [graft]
- insertion of peritoneal dialysis catheter

*Excludes:* admission for creation of new fistula due to complication of existing fistula (even when new fistula is created at different site) — see Alphabetic Index: Complication(s)/dialysis/catheter

**Z51.81**  Apheresis

Healthy donor admitted to donate cells for infusion into another person

Allogeneic apheresis

*Excludes:* autologous apheresis – code to condition — see Alphabetic Index

prophylactic therapy (plasmapheresis) for incompatible organ transplant (Z29.1)
Codes from this section are for use in Australia for chronic conditions as supplementary codes only. The specific terms listed in the Alphabetic Index must be followed to inform code assignment. Except where otherwise indicated, only assign codes from this section for unspecified/NEC/NOS conditions (eg hypertension NOS) — see Alphabetic Index. see Alphabetic Index Supplementary/codes for chronic conditions.

ACHI Tabular List

39 Insertion of spinal catheter, infusion device or pump

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)
- insertion of implantable spinal infusion device or pump 39127-00

987 Other incision procedures on abdomen, peritoneum or omentum

30394-00 Drainage of intra-abdominal abscess, haematoma or cyst

Includes:
- appendiceal
- iliac fossa
- intraperitoneal
- pelvic
- pouch of Douglas
- subhepatic
- subphrenic
- peritonitis

Includes: drainage of abscess, haematoma or cyst (of):
- appendiceal
- 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 (see Alphabetic Index: Drainage/abscess/by site; Drainage/haematoma/by site; Drainage/cyst/by site)

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 856
Other excision procedures on abdomen, peritoneum or omentum

96211-00 Peritonectomy

Cytoproduct surgery (CRS)

Note: Multimodal procedure performed for the treatment of peritoneal neoplasms, with the aim of removing all peritoneal tumours. The combination of surgical procedures required for cytoreduction varies with each patient.

Code also when performed:
- excision of abdominal, peritoneal or pelvic lesion — see Alphabetic Index (see Alphabetic Index)
- intraperitoneal chemotherapy:
  - early postoperative [EPIC] (96201-00 [1920])
  - heated (intraoperative) [HIPEC] (92178-00 [1880] and 96201-00 [1920])
- removal abdominal, peritoneal or pelvic organ — see Alphabetic Index (see Alphabetic Index)
- repair procedures — see Alphabetic Index (see Alphabetic Index)
- resection procedures — see Alphabetic Index (see Alphabetic Index)

Repair of inguinal hernia

Correction of hydrocele in child under 12 years of age (infantile)

Repair of hydrocele in child under 12 years of age (infantile)

Includes: graft prosthesis

Excludes: excision of hydrocele — see Alphabetic Index (see Alphabetic Index: Excision/hydrocele) repair (correction) of hydrocele with:
- eversion of sac — see Alphabetic Index: Excision/hydrocele
- involvement of tunica vaginalis — see Alphabetic Index: Excision/hydrocele
- Jaboulay procedure — see Alphabetic Index: Excision/hydrocele

Vulvectomy

35548-00 Radical vulvectomy

Code also when performed:
- lymph node dissection — see Alphabetic Index (see Alphabetic Index: Excision/lymph node)

Application, insertion or removal procedures of head

52096-00 Insertion of pin or wire into maxilla, mandible or zygoma

Excludes: that with fracture — see Alphabetic Index (see Alphabetic Index: Reduction/fracture/by site/with fixation)

Application of external fixation devices to other musculoskeletal sites

Excludes: application of neck support (96092-00 [1870])

50130-00 Application of external fixation device, not elsewhere classified
External fixation device applied to bone or joint NOS
Note: This code classifies external fixation devices, not classified elsewhere, that are invasive (ie applied to bone). External fixation devices that are noninvasive are classified elsewhere. Refer to the Alphabetic Index for guidance.

Excludes: intermaxillary wiring of mandible (52420-00 [1361])
that for fractured pelvis (47483-00 [1479])
that with reduction of fracture — see Alphabetic Index (see Alphabetic Index: Reduction/fracture/by site)

... 1559

Incision procedures on other musculoskeletal sites

30224-00 Percutaneous drainage of abscess of soft tissue

Includes: soft tissue abscess of buttock

Excludes: that of:
• skin and subcutaneous tissue (30223-01 [1606])
• specified sites classified elsewhere — see Alphabetic Index (see Alphabetic Index: Drainage/abscess/by site)

... 1651

Local skin flap, single stage
A flap of skin with its own blood supply taken from a donor site adjacent to the defect and transferred to the recipient site, in one stage

Includes: fasciocutaneous flap
repair of secondary cutaneous defect by suture
that for burns

Code also when performed:
• repair of secondary defect:
  • by graft — see Alphabetic Index (see Alphabetic Index: Graft/by site or type)
  • noncutaneous (eg muscle), by suture — see Alphabetic Index (see Alphabetic Index: Suture/by site)

... 1653

Direct distant skin flap
A flap of skin, with its own blood supply, taken from a site distant to the defect and attached directly to the recipient site

Includes: fasciocutaneous flap
repair of secondary cutaneous defect by suture
that for burns

Code also when performed:
• repair of secondary defect:
  • by graft — see Alphabetic Index (see Alphabetic Index: Graft/by site or type)
  • noncutaneous (eg muscle), by suture — see Alphabetic Index (see Alphabetic Index: Suture/by site)

... 1654

Indirect distant skin flap
A flap of skin, with its own blood supply, moved from a donor site distant to the defect, to a recipient site, via an intermediate site

Includes: fasciocutaneous flap
repair of secondary cutaneous defect by suture
that for burns
tubed pedicle

Code also when performed:
• repair of secondary defect:
  • by graft — see Alphabetic Index (see Alphabetic Index: Graft/by site or type)
  • noncutaneous (eg muscle), by suture — see Alphabetic Index (see Alphabetic Index: Suture/by site)
Muscle flap
A flap of muscle taken from a donor site adjacent to the defect and transferred to recipient site with its own blood supply

Code also when performed:
• skin graft of recipient site — see Alphabetic Index (see Alphabetic Index: Graft/skin/by site or type)

Excludes: muscle flap:
• free (see block [1674])
• island (see block [1673])

myocutaneous flap:
• free (see block [1674])
• island (see block [1673])
• NOS (see block [1671])

Free flap
Resected flap of tissue transferred to another site, where vessels within the flap are anastomosed to vessels at the recipient site

Free tissue transfer

Includes:
• bone
• composite tissue:
  • fasciocutaneous
  • fasciomyocutaneous
  • myocutaneous
• intestine
• microsurgical anastomosis of blood vessels
• muscle
• raising and setting of free transfer of tissue
• repair of secondary cutaneous defect by suture

Code also when performed:
• repair of secondary defect:
  • by graft — see Alphabetic Index (see Alphabetic Index: Graft/by site or type)
  • noncutaneous (eg muscle), by suture — see Alphabetic Index (see Alphabetic Index: Suture/by site)

Excludes: revision (see block [1686])

Microsurgical anastomosis of blood vessel

Code also when performed:
• nerve repair (39300-00, 39306-00, 39315-00, 39318-00 [83])

Code first:
• reconstruction procedure(s) — see Alphabetic Index (see Alphabetic Index: Reconstruction)

Excludes: that with free flap (45562 [1674])

Implantation of titanium fixture (osseointegration procedure)
Implantation of titanium screw for osseointegration
Osseointegration for attachment of prosthetic replacement, first stage
Placement of titanium fixture for osseointegration

Code also when performed:
• bone graft — see Alphabetic Index (see Alphabetic Index: Graft/bone)
• fixation of transcutaneous abutment (45797 [1697])
• flap repair — see Alphabetic Index (see Alphabetic Index: Flap/by site)
• reconstruction — see Alphabetic Index (see Alphabetic Index: Reconstruction/by site)

Excludes: intraoral osseointegration procedure (45845-00 [400])
Reconstruction procedures on breast

45530-02 Reconstruction of breast using flap

Includes:
- deep inferior epigastric artery (DIEA)
- perforator (DIEP)
- free trans rectus abdominus myocutaneous (TRAM) flap
- inferior gluteal artery myocutaneous flap
- omental pedicle flap
- subcutaneous tissue and fat flap
- superior gluteal artery deep inferior epigastric artery flap
- perforator (DIEP)
- free trans rectus abdominus myocutaneous (TRAM) flap
- gluteal artery flap (inferior) (superior)
- myocutaneous flap
- omental flap
- pedicle flap
- repair of secondary cutaneous defect by suture subcutaneous tissue and fat flap

Code also when performed:
- insertion of prosthesis (45527 [1753])
- microsurgical anastomosis of blood vessels (see block [1695])
- nerve repair (39300-00, 39306-00, 39315-00, 39318-00 [83])
- reconstruction of nipple or areola (45545 [1757])
- repair of secondary defect:
  - abdominal wall (muscle) (30403-05 [1000])
  - by graft — see Alphabetic Index: Graft/by site or type
  - muscle, by flap (45009-01 [1672])
  - noncutaneous, by suture — see Alphabetic Index: Suture/by site

CHAPTER 19

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.

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 (see Alphabetic Index)
Psychosocial counselling

Crisis situation/event counselling

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]

Excludes: ongoing counselling following crisis situation counselling — see Alphabetic Index (see Alphabetic Index: Counselling by specified type)

Interventions involving assistive or adaptive device, aid or equipment

Excludes: application of:
- immobilisation devices for fracture or dislocation — see Alphabetic Index (see Alphabetic Index: Immobilisation/fracture or Immobilisation/dislocation)
- traction devices classified elsewhere — see Alphabetic Index (see Alphabetic Index: Traction)
- implantation of prosthetic device of limb — see Alphabetic Index (see Alphabetic Index: Implant/prosthesis)
- insertion of prosthetic device — see Alphabetic Index (see Alphabetic Index: Insertion/prosthesis)

interventions involving assistive or adaptive device, aid or equipment, classified elsewhere:
- assessment of need for device (96024-00 [1822])
- assistance with application of device (96165-00 [1914])
- counselling or education regarding device (96071-00 [1867])
- measurement of device (96024-00 [1822])
- prescription for device (96024-00 [1822])
- review only of device (96025-00 [1822])
- skills training in use of device (96142-00 [1878])

Skills training for personal care and other activities of daily/independent living

Skills training in activities related to health maintenance

Skills training in:
- diagnostic testing/monitoring (for conditions such as amputation stumps, asthma, diabetes etc)
- foot/leg care (bunion) (cutting and filing of nonpathological toenails) (ulcer)
- management of medication regimes
- oral hygiene
- postural drainage
- self examination (breasts) (genitalia)
- self injection
- stoma [colostomy] [tracheostomy] care

Excludes: exercise therapy — see Alphabetic Index (see Alphabetic Index: Training/skills/movement)

management of medication delivery systems (96142-00 [1878])

retraining:
- bladder (96158-00 [1904])
- cardiac (96139-00 [1877])

skills training in use of assistive or adaptive device, aid or equipment (96142-00 [1878])

Occupational/vocational skills training

Skills training in:
- job acquisition
- job or work performance
- retirement planning
- vocational exploration
- volunteer participation
Excludes: work hardening/conditioning — see Alphabetic Index (see Alphabetic Index: Training/skills/movement)

1880

Therapies using agents, not elsewhere classified

22065-00 Cold therapy

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

Excludes: cryotherapeutic destruction of tissue — see Alphabetic Index (see Alphabetic Index: Cryotherapy/by site)
depth 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

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

Code also when performed:
• pharmacochemotherapy — see Alphabetic Index (see Alphabetic Index: PharmacoChemotherapy)
• radiation therapy — see Alphabetic Index (see Alphabetic Index: Radiotherapy)

Excludes: thermocauterisation — see Alphabetic Index (see Alphabetic Index: Thermocauterisation)
thermocoagulation — see Alphabetic Index (see Alphabetic Index: Neurotomy/by site/radiofrequency)
thermosclerectomy (42746-05 [191])
thermotherapy to prostate by microwaves (37203-04 [1166])

96231-00 Machine perfusion for organ transplantation

Machine perfusion for organ transplantation

Includes: machine perfusion:
• hypothermic
• normothermic
• subnormothermic
normothermic regional perfusion (NRP)

Code first:
• procurement procedure(s) performed – see Alphabetic Index

1900

Nonincisional insertion, replacement and removal of therapeutic device, genital tract
92107-00 Insertion of other vaginal pessary

*Excludes:* that for induction of:
- abortion *(see Alphabetic Index: Induction/abortion)*
- labour *(see Alphabetic Index: Induction/labour)*
- any other gynaecological intervention — omit code
- manual reduction prolapsed uterus (replacement procidentia) *(92104-01)*

... 1905 Therapeutic interventions on musculoskeletal system

92138-00 Removal of foreign body from head or neck without incision

Removal of sutures from head and neck

*Excludes:* removal of foreign body from eye *(see Alphabetic Index)*

... 1908 Other therapeutic interventions

92200-00 Removal of sutures, not elsewhere classified

*Excludes:* removal of sutures from sites elsewhere specified *(see Alphabetic Index)*

92201-00 Removal of foreign body without incision, not elsewhere classified

*Excludes:* removal of:
- foreign body from sites elsewhere specified *(see Alphabetic Index)*
- suture from sites elsewhere specified *(see Alphabetic Index)*

... 1914 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)*

... 1920 Administration of pharmacotherapy

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: Administration)*  
  - 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])*  

*Note:* The following list of extensions is provided for use with the codes in block [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

Code also when performed:
- administration of agent — see Alphabetic Index

Excludes: maintenance (alone) (13942-02 [1922])

1923  Technology-assisted interventions

Code first:
- procedure(s) performed

Excludes: computer-assisted image:
- guidance
- intensifier
- stereotactic localisation

Excludes: computer-assisted image:
- guidance — see Alphabetic Index
- intensifier — see Alphabetic Index
- stereotactic localisation — see Alphabetic Index

1949  Other ultrasound

30688-00  Endoscopic ultrasound
Endobronchial ultrasound (EBUS)
Ultrasound in conjunction with endoscopy

Code also:
- endoscopic procedure(s) — see Alphabetic Index

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
0003 SUPPLEMENTARY CODES FOR CHRONIC CONDITIONS

CLASSIFICATION

The supplementary codes for chronic conditions are **only to be assigned** where the condition is part of the current health status of the patient (see Example 1 and 2). The U codes represent chronic conditions that may be assumed to be current unless there is documentation that indicates otherwise.

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

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

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

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

0030 ORGAN, TISSUE AND CELL PROCUREMENT AND TRANSPLANTATION

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<tr>
<th>ORGAN/TISSUE</th>
<th>ALLOGENEIC HARVEST DIAGNOSIS CODE</th>
<th>PROCUREMENT EPISODE PROCEDURE CODE</th>
<th>TRANSPLANTATION EPISODE PROCEDURE CODE</th>
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<td>Block [1892] Apheresis</td>
<td>Block [802] Bone marrow/stem cell transplantation</td>
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<td>Z52.00</td>
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<td>13706-01 [1893] Administration of whole blood</td>
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<td>Z52.08</td>
<td>Block [1891] Therapeutic collection and processing of blood/bone marrow</td>
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<td>Bone</td>
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<td>Block [1563]</td>
<td>Other excision procedures on bone of other musculoskeletal sites</td>
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<td>Bone marrow</td>
<td>Z52.3</td>
<td>13700-00 [801]</td>
<td>Procurement of bone marrow for transplantation</td>
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Introduction/Rationale:
This addenda proposal was created following a written request received from IHPA in April 2018. IHPA requested that this topic be assessed as part of the ICD-10-AM/ACHI Eleventh Edition development program, and be reviewed by the ICD Technical Group.

Stereo electroencephalography (SEEG) is an invasive monitoring intervention using electrodes implanted into brain tissue via multiple, small burr holes. After the electrodes are implanted, they are connected to an electroencephalograph for continuous monitoring, in order to localise areas of the brain where epileptic seizures originate (epileptogenic zones), prior to surgical resection (Iida & Otsubo 2017; Shepard et al. 2015).

In ACHI, stereotactic localisation for SEEG is classified to 40803-00 [1] Intracranial stereotactic localisation and implantation of the electrodes for SEEG is classified to 40709-00 [6] Insertion of intracranial electrode via burr holes. Electroencephalography is classified to block [1825] Electroencephalography [EEG]

ACCD proposes the addition of SEEG to ACHI Eleventh Edition Tabular List and Alphabetic Index, classifiable to the above codes and blocks.

Clinical advice was received that highlighted the following issues:
• Deep brain stimulation (DBS) (currently classified to ‘insertion of intracranial electrodes’), should be classified separately, to differentiate DBS from ‘monitoring’ procedures (such as SEEG). The term ‘neuromodulation’ was suggested as a general term for ‘neurostimulation’
• DBS is performed via burr holes (ie not as an open/via craniotomy procedure)
• Suggested the inclusion of ‘subdural grids and strips’ (classifiable to 40712-00 [6] Insertion of intracranial electrode via craniotomy)

ACCD agrees that DBS is an intervention separate to the electrode insertion. It is noted in the stereo-EEG monitoring for epilepsy protocol (Archer 2017) that ‘cortical stimulation’ may also be performed (under sedation) during an episode of care for SEEG. In the absence of a specific code for this intervention, it is impossible to differentiate cortical stimulation from the initial insertion of intracranial electrodes. Therefore, creation of a code to classify ‘brain neuromodulation using intracranial electrodes’ is proposed.
### ACCD PROPOSAL

#### Tabular List

<table>
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<th>Examination of skull, meninges or brain</th>
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<td>Intracranial stereotactic localisation</td>
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Stereotactic localisation for:
- brachytherapy
- intracranial surgery
- radiosurgery

**Includes:**
- angiography
- application of head frame
- computer assisted coordinate determination
- computerised tomography [CT]
- localisation
- magnetic resonance imaging [MRI]
- targeting
- ventriculography

**Code also when performed:**
- brachytherapy (90764 [1791])
- burr holes NEC (39012-00 [7])
  - intracranial electrode:
    - adjustment (40709-02 [61])
    - insertion (40709-00 [61])
    - replacement (40709-03 [61])
- radiosurgery (15600-00, 15600-01 [1789], 90764 [1791])

**Code also:**
- surgical procedure(s) performed

**Excludes:** functional stereotactic procedure (40801-00 [27])

**stereotactic:**
- cingulotomy (40801-00 [27])
- pallidotomy (40801-00 [27])
- thalamotomy (40801-00 [27])
Other application, insertion or removal procedures on skull, meninges or brain

47705-00
Insertion of skull caliper
Insertion of skull tongs

Excludes: that for spinal fracture or dislocation (47684-00, 47687-00 [1381], 47690-00, 47693-00 [1387])

40709-00
Insertion of intracranial electrode via burr holes

Deep brain stimulation
Implantation of intracranial electrode(s)

Includes: insertion of extension wire connecting electrodes to neurostimulator

that for:
• deep brain stimulation [DBS]
• stereo electroencephalography [SEEG]

Note: Performed for:
• epilepsy
• multiple sclerosis
• pain control
• Parkinson's disease

Code also when performed:
• brain neuromodulation (deep brain stimulation) [DBS] (40709-04 [1880])
• intracranial stereotactic localisation (40803-00 [1])
• stereo electroencephalography [SEEG] (92011-01 [1825])
• subcutaneous implantation of neurostimulator (39134-01 [1604])

40712-00
Insertion of intracranial electrode via craniotomy

Deep brain stimulation

Includes: insertion of extension wire connecting electrodes to neurostimulator
subdural grids and strips

Note: Performed for:
• epilepsy
• multiple sclerosis
• pain control
• Parkinson's disease

40709-02
Adjustment of intracranial electrodes via burr holes
Revision of intracranial electrodes via burr holes

Includes: revision of extension wire connecting electrodes to neurostimulator

that for:
• deep brain stimulation [DBS]
• stereo electroencephalography [SEEG]

Code also when performed:
• brain neuromodulation (deep brain stimulation) [DBS] (40709-04 [1880])
• intracranial stereotactic localisation (40803-00 [1])

40709-03
Replacement of intracranial electrodes via burr holes

Includes: replacement of extension wire connecting electrodes to neurostimulator

that for:
• deep brain stimulation [DBS]
• stereo electroencephalography [SEEG]

Code also when performed:
• brain neuromodulation (deep brain stimulation) [DBS] (40709-04 [1880])
• intracranial stereotactic localisation (40803-00 [1])

40712-02
Adjustment of intracranial electrodes via craniotomy
Revision of intracranial electrodes via craniotomy

Includes: revision of extension wire connecting electrodes to neurostimulator
40712-03 Replacement of intracranial electrodes via craniotomy

Includes: replacement of extension wire connecting electrodes to neurostimulator

40709-01 Removal of intracranial electrode via burr holes

Includes: removal of extension wire connecting electrodes to neurostimulator

that for:
• deep brain stimulation [DBS]
• stereo electroencephalography [SEEG]

Excludes: that with replacement (40709-03 [6])

40712-01 Removal of intracranial electrode via craniotomy

Includes: removal of extension wire connecting electrodes to neurostimulator

Excludes: that with replacement (40712-03 [6])

1825 Electroencephalography [EEG]

92011-00 Video and radio-telemetered electroencephalographic [EEG] monitoring

Note: Only to be assigned this code only for monitoring ≥ 24 hours

92011-01 Stereo electroencephalography [SEEG]

Code also:
• insertion of intracranial electrodes (40709-00 [6])
• stereotactic localisation (40803-00 [1])

1880 Therapies using agents, not elsewhere classified

96154-00 Therapeutic ultrasound

Excludes: diagnostic ultrasound (see blocks [1940] to [1950])

40709-04 Brain neuromodulation

Deep brain stimulation [DBS]

Neurostimulation of brain:
• cortical
• thalamic

Note: Performed for:
• epilepsy
• multiple sclerosis
• pain control
• Parkinson’s disease

Code also when performed:
• insertion of:
  • intracranial electrodes (40709-00 [6])
  • subcutaneously implanted neurostimulator (39134-01 [1604])

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]
Alphabetic Index

Adjustment

- electrode(s) (for)
  - intracranial (via burr holes) 40709-02 [6]
    -- burr holes 40709-02 [6]
    -- craniotomy 40712-02 [6]
  -- via craniotomy 40712-02 [6]
- peripheral nerve NEC 39131-01 [67]

Burr holes
- as operative approach — omit code
- for
  - brachytherapy 39012-00 [7]
  - inspection purposes 39012-00 [7]
    -- intracranial electrode(s)
      -- adjustment 40709-02 [6]
      -- insertion 40709-00 [6]
      -- replacement 40709-03 [6]
  - with brain biopsy 39703-00 [12]
    -- biopsy of brain 39703-00 [12]
    -- placement of intracranial electrode(s) 40709-00 [6]
    -- removal of intracranial electrode(s) 40709-01 [6]

Bursectomy 30107-01 [1566]

Deep Brain Stimulation [DBS] — see Insertion/electrode(s) lead(s)/intracranial 40709-04 [1880]

Drilling

- burr holes (skull bone) — see also Burr holes
- for inspection purposes 39012-00 [7]
  -- with
    -- biopsy of brain 39703-00 [12]
    -- placement of intracranial electrode(s) 40709-00 [6]
    -- removal of intracranial electrode(s) 40709-01 [6]
  - defect

Electroencephalography (EEG) 11000-00 [1825]
- ≥ 3 hours duration 11003-00 [1825]
  -- cortex 11009-00 [1825]
  -- temporosphenoidal 11006-00 [1825]
  -- cortex 11009-00 [1825]
  - monitoring (radiographic) (video) 92011-00 [1825]
    -- stereo (SEEG) 92011-01 [1825]
    -- temporosphenoidal 11006-00 [1825]

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Replacement

- electrode(s) lead(s) (for)
  - intracranial (via burr holes) 40709-03 [6]
  - intracranial (via craniotomy) 40712-03 [6]
  - - burr holes 40709-03 [6]
  - - craniotomy 40712-03 [6]
  - peripheral nerve NEC 39137-01 [67]
  - sacral nerve 36664-00 [67]
  - vagus nerve (for obesity) 39137-01 [67]

Revision (partial) (total)

- electrode(s) (for)
  - intracranial (via burr holes) 40709-02 [6]
  - - burr holes 40709-02 [6]
  - - craniotomy 40712-02 [6]
  - peripheral nerve NEC 39131-01 [67]
  - sacral nerve 36665-00 [67]
  - spinal — see Revision/electrode(s)/epidural
  - vagus nerve (for obesity) 39131-01 [67]

Sedation (gaseous) (inhalational) (intravenous) 92515 [1910]

SEEG (stereo electroencephalography) 92011-01 [1825]

Segmentectomy

Stenting — see Insertion/stent

Stereo electroencephalography (SEEG) 92011-01 [1825]

Stereotactic (procedure)
- breast (localisation) 90724-00 [1740]
- cingulotomy (intracranial) 40801-00 [27]
- cordotomy (spinal) (percutaneous) 39121-00 [58]
- electroencephalography (SEEG) 92011-01 [1825]
- functional

- localisation (for)
  - breast 90724-00 [1740]
  - intracranial 40803-00 [1]
  - spinal 90011-05 [29]
  - pallidotomy (intracranial) 40801-00 [27]
  - spinal (localisation) 90011-05 [29]
  - - functional 39121-00 [58]
  - - localisation 90011-05 [29]
  - thalamotomy (intracranial) 40801-00 [27]
  - tractotomy (spinal) (percutaneous) 39121-00 [58]

Stimulation — see also Insertion/device
- brain (cortical) (deep) (thalamic) 40709-04 [1880]
- carotid sinus 92054-00 [1890]
- central nervous system
  - evoked responses — see Investigation/central nervous system
  - electrical
    - brain (cortical) (deep) (thalamic) 40709-04 [1880]
    - cardiac, for restoration of rhythm 13400-00 [1890]
    - - incidental to cardiac surgery — omit code
    - - for restoration of rhythm 13400-00 [1890]
    - - incidental to cardiac surgery — omit code
    - evoked responses, central nervous system — see Investigation/central nervous system
    - central nervous system — see Investigation/central nervous system
    - lesion of brain, stereotactic 40801-00 [27]
    - brain, stereotactic 40801-00 [27]
- phrenic nerve for assessment of phrenic nerve function 11503-06 [1849]
- therapy (using electrophysical agent) NEC 96155-00 [1880]
CLASSIFICATION

12. Monitoring: cardiac, electroencephalography (EEG), vascular pressure

Exception(s): code: radiographic/video EEG monitoring ≥ 24 hours (92011-00 [1825])
- radiographic/video EEG monitoring ≥ 24 hours (92011-00 [1825])
- stereo electroencephalography (SEEG) (92011-01 [1825])

13. Nasogastric intubation, aspiration and feeding

Exception(s): nasogastric feeding in neonates (96202-07 [1920]) (see ACS 1615 Specific diseases and interventions related to the sick neonate)
STEREOTACTIC RADIOSURGERY AND STEREOTACTIC RADIOTHERAPY

Stereotactic radiosurgery (SRS) and stereotactic radiotherapy (SRT) are procedures performed for the treatment of brain lesions (generally tumours) and require the skills of both neurosurgeons and radiotherapists.

Types of brain tumours or lesions treated by SRS and SRT:

<table>
<thead>
<tr>
<th>Benign</th>
<th>Malignant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriovenous malformations</td>
<td>Gliomas</td>
</tr>
<tr>
<td>Meningiomas</td>
<td>Metastases (in rare cases)</td>
</tr>
<tr>
<td>Acoustic neuromas</td>
<td></td>
</tr>
<tr>
<td>Pituitary tumours</td>
<td></td>
</tr>
</tbody>
</table>

The differentiation between stereotactic radiotherapy and stereotactic radiosurgery, is generally based on the type of frame used and the size of the lesion treated.

Stereotactic radiosurgery:
- involves a large, single dose of x-ray
- is performed for smaller tumours, generally less than 3 cm in diameter
- requires intracranial stereotactic localisation involving a head-ring attached to the skull with screws

Stereotactic radiotherapy:
- involves fractionated treatment (using Gamma knife or linear accelerator (LINAC))
- is performed for larger tumours or tumours that are close to a critical structure such as the brain stem, optic chiasm or optic nerves
- requires intracranial stereotactic localisation involving a head-ring affixed to bite block

INTRACRANIAL STEREOTACTIC LOCALISATION

Intracranial stereotactic localisation enables the determination of the precise position of a lesion to be determined prior to brachytherapy, radiotherapy, stereo electroencephalography 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 (computerised tomography (CT), magnetic resonance imaging (MRI), angiography, myelography, ventriculography) together with computer assisted coordinate determination, localisation and targeting.

Intracranial stereotactic localisation involves several procedural components (eg application of a headframe, diagnostic imaging procedures (computerised tomography (CT), magnetic resonance imaging (MRI), angiography, myelography, ventriculography) with computer assisted coordinate determination, localisation and targeting.

Intracranial stereotactic localisation is performed prior to:
- intracranial surgery to remove, aspirate or biopsy a brain tumour or lesion
- implantation of electrodes (eg for stereo electroencephalography for epilepsy)
- insertion of Rickham's reservoir
- clipping of aneurysms.
SPINAL STEREOTACTIC LOCALISATION

Spinal stereotactic localisation is performed with spinal procedures, such as stereotactic guided biopsy, aspiration or removal of spinal lesion and spinal fusion. Spinal stereotactic localisation precedes spinal surgery and involves diagnostic imaging procedures (CT, MRI, myelography) with computer assisted coordinate determination, localisation and targeting.

Note that these procedural components of intracranial stereotactic localisation are included in the code for intracranial stereotactic localisation and are not coded separately.

The differentiation between the two terms, stereotactic radiotherapy and stereotactic radiosurgery, is generally based on the type of frame used and the size of the lesion treated.

CLASSIFICATION

Intracranial stereotactic localisation

Assign 40803-00 [1] Intracranial stereotactic localisation as an additional code (ie with an ACHI code for the stereotactic radiosurgery, stereotactic radiotherapy, intracranial surgery, insertion of intracranial electrodes).

EXAMPLE 1:

Patient admitted with intractable epilepsy (complex partial seizures) for stereo electroencephalography (SEEG). Intracranial electrodes inserted (via burr holes) using stereotactic localisation (GA ASA2). Patient connected to monitoring equipment the following day for the SEEG, and discharged one week later. Electrodes removed (under sedation) one day prior to discharge.

Codes:

- **G40.21** Localisation-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, with intractable epilepsy
- **40709-00 [6]** Insertion of intracranial electrode via burr holes
- **40803-00 [1]** Intracranial stereotactic localisation
- **92514-29 [1910]** General anaesthesia, ASA 29
- **92011-01 [1825]** Stereo electroencephalography [SEEG]
- **40709-01 [6]** Removal of intracranial electrode via burr holes
- **92515-99 [1910]** Sedation, ASA 99

STEREOTACTIC RADIOSURGERY

- **large single dose of x-rays**
- **used for smaller tumours, generally less than 3 cm in diameter**
- intracranial stereotactic localisation involves a head-ring screwed to skull

Stereotactic radiosurgery

Assign codes: 15600-00 [1789] Stereotactic radiation treatment, single dose
- **40803-00 [1]** Intracranial stereotactic localisation

STEREOTACTIC RADIOOTHERAPY

- **fractionated treatment (using Gamma knife or linear accelerator (LINAC))**
- **used for larger tumours or when close to a critical structure such as the brain stem, optic chiasm or optic nerves**
- intracranial stereotactic localisation involves a head-ring affixed to bite block
Stereotactic radiotherapy

Assign codes: 15600-01 Stereotactic radiation treatment, fractionated
40803-00 Intracranial stereotactic localisation

Intracranial stereotactic localisation can also be performed before intracranial surgery to remove, aspirate or biopsy a brain tumour or lesion. Other examples of intracranial stereotactic surgical procedures are implantation of electrodes for epilepsy, insertion of Rickham’s reservoir and clipping of aneurysms. In these instances, the intracranial stereotactic localisation will be assigned as an additional code to the relevant code for the intracranial surgery.

**EXAMPLE 1:**
Stereotactic guided brain biopsy.
39703-00 Biopsy of brain via burr holes
40803-00 Intracranial stereotactic localisation

Spinal stereotactic localisation (90011-05 Spinal stereotactic localisation)

Is now being performed with spinal surgery, such as stereotactic guided biopsy, aspiration or removal of spinal lesion and spinal fusion. As with intracranial procedures, spinal stereotactic localisation precedes the spinal surgery and involves diagnostic imaging procedures (CT, MRI, myelography) together with computer assisted coordinate determination, localisation and targeting. While stereotactic localisation frames have been designed for the spine, they are rarely used.

**Spinal stereotactic localisation**

Assign 90011-05 Spinal stereotactic localisation should be assigned as an additional code after the (eg with a code for the spinal procedure performed) code to which it relates.

See also ACS 0633 Stereotactic neurosurgery/Stereotactic spinal surgery.

**EXAMPLE 2:**
Patient admitted for stereotactic guided removal of malignant spinal meningioma (GA).

**Codes:**
C70.1 Malignant neoplasm of spinal meninges
M9530/3 Meningioma, malignant
40312-00 Removal of spinal intradural lesion
90011-05 Spinal stereotactic localisation
92514-99 General anaesthesia, ASA 99

**EXAMPLE 2:**
Stereotactic guided removal of spinal meningioma.

40312-00 Removal of spinal intradural lesion
90011-05 Spinal stereotactic localisation
Stretta procedure

Introduction/Rationale:

This addenda proposal is a result of a query (Q3069) as the procedure is not classified in ACHI.

Stretta procedure is a minimally invasive endoscopic treatment for gastro-oesophageal reflux disease (GORD) to strengthen the gastro-oesophageal sphincter. It is performed by applying radiofrequency heat via a Stretta® catheter to inflict wounds on the lower oesophageal sphincter, which contract and thicken as they heal (ASERNIP-S, n.d.). The thickened sphincter prevents stomach acid and contents from flowing back up to the oesophagus and eliminating GORD symptoms.

Stretta procedure is slightly different from the Halo procedure, where radiofrequency ablation is performed through a catheter to eliminate the intestinal metaplasia or Barrett’s oesophagus. The HALO ablation procedure specifically targets only the layer of Barrett’s tissue in the oesophagus without harming the healthy structures underneath it.

ACCD proposes to make amendments in ACHI Tabular List and the Alphabetic Index to classify Stretta procedure and improve the indexing of Halo ablation procedure.

ACCD PROPOSAL

Tabular List

<table>
<thead>
<tr>
<th>856</th>
<th>Destruction procedures on oesophagus</th>
</tr>
</thead>
<tbody>
<tr>
<td>30478-22</td>
<td>Endoscopic destruction of lesion or tissue of oesophagus</td>
</tr>
</tbody>
</table>

Endoscopic (oesophagoscopy with) destruction of lesion or tissue of oesophagus (by):

- ablation (Halo) (radiofrequency)
- coagulation (Argon plasma) (heater probe)
- diathermy
- laser
- radiofrequency ablation (Halo procedure) (Stretta procedure)

Alphabetic Index

Destruction (ablation) (cauterisation) (coagulation) (cryotherapy) (diathermy) (HIFUS) (irreversible electroporation) (laser) (microwave) (radiofrequency) (thermotherapy)

- fetus, to facilitate delivery 90476-00 [1343]
- gastro-oesophageal junction, endoscopic (Stretta procedure) 30478-22 [856]
- haemangioma — see Destruction/vascular anomaly

…
- lesion (tissue) (tumour) — see also Destruction/by site

- oesophagus, endoscopic (Argon plasma) (Halo procedure) (heater probe) (Stretta procedure) 30478-22 [856]
- oral cavity, by endoscopic laser 52035-00 [419]

- nerve — see also Neurotomy
  - by injection of neurolytic agent — see Administration/specifed site/nerve/by site/neurolytic agent
    - oesophago gastric junction, endoscopic (Stretta procedure) 30478-22 [856]
    - oesophagus, endoscopic (Argon plasma) (Halo procedure) (heater probe) (Stretta procedure) 30478-22 [856]
      - palate, bony (hard) 90141-00 [403]
      - pharynx (by cauterisation) (by diathermy) 41674-02 [419]

Haemorrhoidectomy NEC (see also Procedure/for/haemorrhoids) 32138-00 [941]
Halo ablation procedure (endoscopic) (oesophagus) (radiofrequency) 30478-22 [856]
Hamilton-Russell traction (traction of fracture of pelvis) 47480-00 [1476]
Hartmann’s procedure (rectosigmoidectomy) (with formation of stoma) 32030-00 [934]

Oesophagoscopy (flexible) 30473-03 [850]
  - with
    - ablation of lesion (Halo procedure) (Stretta procedure) (tissue) 30478-22 [856]
    - administration of tattooing agent 30473-07 [1005]
    - biopsy 30473-04 [861]
  ...
    - polypectomy 30478-13 [861]
    - radiofrequency (Halo) ablation (Halo procedure) (Stretta procedure) 30478-22 [856]
    - removal of foreign body 30478-10 [852]

Procedure
  ...
    - Grice (subtalar arthrodesis) (with bone graft) 50118-00 [1543]
      - Halo ablation (for Barrett’s oesophagus) 30478-22 [856]
      - Hamilton-Russell traction (traction of fracture of pelvis) 47480-00 [1476]
  ...
    - Strassman (laparoscopic) (repair of bicornuate uterus) 35680-00 [1272]
      - via laparotomy 35680-01 [1272]
      - Stretta 30478-22 [856]
    - Syme (disarticulation through ankle) 44361-00 [1533]
    - syndactyly 90673-00 [1655]

Strassman procedure (laparoscopic) (repair of bicornuate uterus) 35680-00 [1272]
  - via laparotomy 35680-01 [1272]

Stretching
  - foreskin 92132-00 [1904]
  
  - Stretta procedure 30478-22 [856]

Strictureplasty
  - intestine
    - small 30564-00 [901]
ICD-10-AM/ACHI/ACS
Eleventh Edition
Addenda Proposal

Syndromes

Introduction/Rationale:

ACCD has received multiple public submissions (P7, P8, P9, P47, P174) requesting index entries for particular syndromes. This addenda proposal also incorporates the following tasks:

- TN644 Dygge Melchior-Clausen syndrome
- TN690 Costello syndrome

The syndromes mentioned in the above public submissions are all rare, complex syndromes that cannot be classified to one individual ICD-10-AM code. The syndromes are therefore, unable to be indexed, and hence the guidelines in ACS 0005 Syndromes apply.

Note: reference in the public submissions to “reporting syndromes that cannot be classified to the State Coding Authority” (previously Point 5), was removed in Eighth Edition and as such no longer grounds for a public submission.

Note also that the syndromes highlighted in the public submissions are classified in ICD-11. ACS 0005 Syndromes provides guidelines on assigning codes for syndromes where there are multiple manifestations, and to assign Q87.- Other specified congenital malformation syndromes affecting multiple systems to indicate that it is a congenital syndrome with no individual code in ICD-10-AM.

ACCD acknowledges that the assignment of a code from category Q87 Other specified congenital malformation syndromes affecting multiple systems is not ideal. Assignment of these codes to indicate that a congenital syndrome is not available in one individual ICD-10-AM code disrupts statistical and research data, as there are specific syndromes indexed to these codes.

ACCD proposes to:

- amend ACS 0005 Syndromes to include classification guidelines for syndromes where no individual code is available in ICD-10-AM (both congenital and non-congenital).
- create a code U91 Syndrome, not elsewhere classified (in Chapter 22), to act as a flag to indicate an individual code is not available in ICD-10-AM. This code will be sequenced directly after the code(s) for appropriate manifestations of the syndrome.
- relocate U90 to Chapter 22 Codes for special purposes, from its current location of Chapter 20 External causes of morbidity and mortality and reclassify it to U92 for traceability.
ACCD PROPOSAL

Tabular List

CHAPTER 20

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

This chapter contains the following blocks:
- U50–U73 Activity
  - U50–U72 While engaged in sports or leisure
  - U73 While engaged in other activity
- U90 Healthcare associated infections
- V00–X59 Accidents

Y90–Y98 Supplementary factors related to causes of morbidity and mortality classified elsewhere

Note: Code U90.0 is to be used as a supplementary code to identify healthcare associated Staphylococcus aureus bacteraemia. For codes V00–Y34, assign also place of occurrence (Y92.–) and activity (U50.–U73.–). For codes Y35–Y89, assign also place of occurrence (Y92.–).

HEALTHCARE ASSOCIATED INFECTIONS (U90–U99)

U90 Healthcare associated infections

U90.0 Health care associated Staphylococcus aureus bacteraemia

Note: Assign U90.0 as an additional code to identify healthcare associated Staphylococcus aureus bacteraemia.

CHAPTER 22

CODES FOR SPECIAL PURPOSES (U00–U49, U78–U88, U91, U92)

This chapter contains the following blocks:
- U00–U49 Provisional assignment of new diseases of uncertain aetiology or emergency use
- U78–U88 Supplementary codes for chronic conditions
- U91 Syndrome, not elsewhere classified
- U92 Healthcare associated Staphylococcus aureus bacteraemia

Note: U91 is assigned as a supplementary code to flag manifestations of a syndrome where no single code is listed in ICD-10-AM for all the elements of the syndrome. U92 is assigned as a supplementary code to identify healthcare associated Staphylococcus aureus bacteraemia.
**OU91 Syndrome, not elsewhere classified**

- 0005, 0050  Code first manifestation(s) of syndrome

  *Includes:*
  - congenital syndrome
  - non-congenital syndrome

**OU92 Healthcare associated Staphylococcus aureus bacteraemia**

- 0050, 0111  Code first specific infection or parasitic disease (Chapter 1).

... 

**Y95 Nosocomial condition**

*Excludes:*
- healthcare associated *Staphylococcus aureus* bacteraemia (U90.0)

**APPENDIX C**

**UNACCEPTABLE PRINCIPAL DIAGNOSIS CODES**

- U78–U88 Supplementary codes for chronic conditions
  - U90.0  Healthcare associated *Staphylococcus aureus* bacteraemia
- U91  Syndrome, not elsewhere classified
- U92  Healthcare associated *Staphylococcus aureus* bacteraemia
- V00–X59  Accidents

**Section 1 – Alphabetic Index**

- Syndrome *NEC U91* — see also Disease
  - with
    - - ectrodactyly NEC Q87.28
    - 5q-minus (M9986/3) D46.6
    - 22q11 deletion Q87.87
    - 48,XXX Q97.1
    - 49,XXXXX Q97.1
    - Aarskog’s Q87.19
  ... 

**Section 2 – External Causes of Injury**

- Hanging (accidental) W76
  ...
- Healthcare associated *Staphylococcus aureus* bacteraemia U920.0
- Heat (effects of) (excessive) X30
  ...

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 882
Australian Coding Standards

0005 SYNDROMES

If no single code is available to describe all elements of a syndrome, it can be difficult to code all elements separately.

GUIDELINES FOR SEQUENCING WHEN CODING SYNDROMES

1. Seek clarification from the clinician for any syndrome which does not have a specific code in ICD-10-AM.

2. Once the details of the syndrome are established, apply the principal diagnosis definition rule.

3. If the principal diagnosis definition rule is difficult to apply due to the multiple manifestations of the syndrome, and no one diagnosis is receiving treatment, assign the most severe condition as the principal diagnosis code.

4. If equal severity can be applied to more than one manifestation, assign the chromosomal/genetic condition as the principal diagnosis code.

5. If the syndrome is a congenital one, assign Q87. Other specified congenital malformation syndromes affecting multiple systems as an additional diagnosis code to the specified manifestations already coded. The addition of this code acts as an indication that this is a syndrome which does not have a specific code allocation in ICD-10-AM.

6. When assigning multiple codes to represent the syndrome, assign codes only for the manifestations that are relevant for the patient – all 'standard' manifestations of a syndrome may not be present in every patient with the syndrome.

A syndrome is a group of signs and symptoms resulting from a common cause, or appearing in combination, to present a clear picture of a disease or inherited abnormality (Mosby 2009).

Many rare syndromes are not classified in ICD-10-AM to one single code. Clinical coders may need to research and/or seek clinical clarification to determine the manifestations of unclassified syndromes, to assist with code assignment.

CLASSIFICATION

Where there is no single ICD-10-AM code to classify all the elements of a syndrome, assign:

- codes for the manifestations that are relevant for the patient, and meet the criteria in ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses

and

- U91 Syndrome, not elsewhere classified, as an additional diagnosis to flag that the manifestations are related to a syndrome

EXAMPLE 1:

A two year old boy admitted with hypertelorism, brachycephaly and polydactyly (little finger left hand) for investigation. Testing revealed a chromosome deletion (short arm of chromosome 17). Principal diagnosis on discharge summary reported as Smith-Magenis syndrome. Patient referred to specialist children’s hospital for treatment.
0111 HEALTHCARE ASSOCIATED STAPHYLOCOCCUS AUREUS BACTERAEMIA

Staphylococcus aureus is the most common cause of healthcare associated blood stream infections, causing significant illness and death.

The documentation of healthcare associated Staphylococcus aureus bacteraemia in clinical records and subsequent unique code assignment will allow for the collection of an important performance indicator in the National Healthcare Agreement (METeOR: 517636) (Australian Institute of Health and Welfare 2014).

DEFINITION

Synonyms for 'healthcare associated' include 'hospital acquired', 'healthcare associated infection (HAI)' and 'nosocomial'. Where 'healthcare associated bacteraemia' is documented without mention of the specific organism in the clinical record, coders may refer to the pathology results to confirm Staphylococcus aureus bacteraemia (see ACS 0010 General abstraction guidelines/Test results).

Note: These criteria are for use by clinicians, not clinical coders.

Bacteraemia in the strict sense means 'the presence of viable bacteria in the blood'. It may not produce any symptoms in the patient.

“A patient-episode of bacteraemia is defined as a positive blood culture for Staphylococcus aureus. For surveillance purposes, only the first isolate per patient is counted, unless at least 14 days has passed without a positive blood culture, after which an additional episode is recorded.

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 (cerebrospinal fluid) shunt, urinary catheter)
• SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site
• An invasive instrumentation or incision related to the SAB was performed within 48 hours
• SAB is associated with neutropenia (neutrophils <1 x 10⁹/L) contributed by cytotoxic therapy” (METeOR: 517636) (Australian Institute of Health and Welfare 2014).
The presence of healthcare associated *Staphylococcus aureus* bacteraemia (HA SAB) must be documented by clinical staff, and meet the criteria in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* in order to assign **U90.0-U92** Healthcare associated *Staphylococcus aureus* bacteraemia.

Synonyms for 'healthcare associated' include 'hospital acquired', 'healthcare associated infection (HAI)' and 'nosocomial'. Where the specific type of healthcare associated bacteraemia is not documented in the clinical notes, coders may refer to pathology results to confirm *Staphylococcus aureus* bacteraemia (see ACS 0010 *General abstraction guidelines/Test results*).

**U90.0-U92** Healthcare associated *Staphylococcus aureus* bacteraemia is a supplementary code. The manifestation of the bacteraemia, such as endocarditis or sepsis, or the bacteraemia if no site is specified, together with any appropriate external cause codes should be coded according to normal coding practice and sequenced before **U90.0-U92** Healthcare associated *Staphylococcus aureus* bacteraemia. See also ACS 0110 SIRS, sepsis, severe sepsis and septic shock and ACS 1904 *Procedural complications*.

**EXAMPLE 1:**

A 64 year old woman was readmitted 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.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T84.6</td>
<td>Infection and inflammatory reaction due to internal fixation device [any site]</td>
</tr>
<tr>
<td>M00.07</td>
<td>Staphylococcal arthritis and polyarthritis, ankle and foot</td>
</tr>
<tr>
<td>A49.01</td>
<td>Staphylococcus aureus infection, unspecified site</td>
</tr>
<tr>
<td>Y83.1</td>
<td>Surgical operation with implant of artificial internal device</td>
</tr>
<tr>
<td>Y92.24</td>
<td>Place of occurrence, health service area, this facility</td>
</tr>
<tr>
<td>U90.0-U92</td>
<td>Healthcare associated <em>Staphylococcus aureus</em> bacteraemia</td>
</tr>
</tbody>
</table>
Tarlov Cyst

Introduction/Rationale:

This addenda proposal is the result of a public submission (86/09) to create a code for Tarlov cyst.

Research indicates that a Tarlov cyst is a rare condition where there is dilation of the nerve root sheath (usually in the sacral area) causing a cyst sac, which then fills with cerebrospinal fluid (Tarlov Cyst Foundation 2013).

ICD-11 (Beta draft) lists Tarlov cyst as an Inclusion term to a residual category (Other specified disorders of cerebrospinal fluid pressure or flow). Therefore, ACCD does not consider it necessary to create a unique code for this condition in ICD-10-AM.

After discussion and a consensus at the December 2017 ITG meeting, ACCD proposes that Tarlov cyst (and any synonymous terms) be added to the Alphabetic Index only, classified to G54.8 Other nerve root and plexus disorders, for ICD-10-AM Eleventh Edition.

ACCD PROPOSAL

Alphabetic Index

Cyst (colloid) (mucous) (retention) (simple)  
...  
- synovial M71.3-  
- ruptured M66.1-  
- Tarlov (perineural) G54.8  
- tarsal H00.1  
...  
TAR (thrombocytopenia with absent radius) syndrome Q87.26  
Tarlov cyst (perineural) G54.8  
Tarsal tunnel syndrome G57.5  
...
Introduction/Rationale:

This addenda proposal includes amendments to ACHI resulting from a query (Q3093) on insertion of TransPyloric shuttle (TPS®).

The TransPyloric Shuttle (TPS®) is a device used to treat obesity. The device is inserted endoscopically into the stomach and consists of a large spherical bulb connected by a silicone tether that passes through the pylorus to a smaller cylindrical bulb in the duodenum. The large bulb prevents the device from migrating out of the stomach, and intermittently creates a seal at the pylorus to delay partially digested food and gastric juices from flowing into the duodenum.

Research has indicated that the device would be removed after the desired treatment period. During removal, an endoscope is inserted into the stomach and endoscopic instruments are used to remove the deconstructed TPS® (Marinos et al 2013).

ACCD proposes to classify the insertion, removal, and revision of TPS® in ACHI.

ACCD PROPOSAL

Tabular List

<table>
<thead>
<tr>
<th>889</th>
<th>Procedures for obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>90950-02</td>
<td>Endoscopic insertion of device into stomach</td>
</tr>
<tr>
<td></td>
<td>Insertion:</td>
</tr>
<tr>
<td></td>
<td>• gastric balloon or bubble</td>
</tr>
<tr>
<td></td>
<td>• intragastric balloon or bubble</td>
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</tbody>
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<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>gastric</td>
<td>balloon or bubble</td>
</tr>
<tr>
<td>intragastric</td>
<td>balloon or bubble</td>
</tr>
</tbody>
</table>

Excludes: with replacement of device (90950-04 [889])

90950-04 Endoscopic revision of device in stomach

Endoscopic:

• adjustment of gastric balloon or bubble
• replacement (removal and reinsertion) of gastric balloon or bubble
• repositioning of gastric balloon or bubble

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>adjustment</td>
<td>balloon or bubble</td>
</tr>
</tbody>
</table>
90950-03  Endoscopic removal of device from stomach
Removal of:
* gastric balloon or bubble
* intragastric balloon or bubble

Excludes: removal of gastric band (90942-02 [889])
with replacement of device (90950-04 [889])

Alphabetic Index

Adjustment
...
- device
...
  - - gastric, for obesity (balloon) (bubble) (endoscopic) (transpyloric shuttle) 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 (balloon) (bubble) (endoscopic) (transpyloric shuttle) 90950-04 [889]
  - - electrode(s) (for)
  ...

Insertion
...
- device — see also Insertion/by type of device
...
  - - fixation, internal
  - - - bone — see also Fixation/bone
  - - - - orthopaedic (pin) (plate) (wire) 47921-00 [1554]
  - - - - - with
  - - - - - - adjustment of ring fixator (or similar device) 50309-00 [1554]
  - - - - - - reduction of
  - - - - - - - dislocation — see Reduction/dislocation/by site/with internal fixation
  - - - - - - - fracture — see Reduction/fracture/by site/with internal fixation
  - - - - mandible 52096-00 [1360]
  - - - maxilla 52096-00 [1360]
  - - - zygoma 52096-00 [1360]
  - - - tooth (dental pin) 97575-00 [469]
  - - - - gastric, for obesity (balloon) (bubble) (endoscopic) (transpyloric shuttle) (see also Banding/gastric, for obesity) 90950-02 [889]
  - - - hearing
  - - - - bone conduction 41557-00 [321]
...
  - - skeletal muscle stimulator 90561-00 [1554]
  - - spinal infusion, implantable (epidural) (intrathecal) 39127-00 [39]
- stomach, for obesity (balloon) (bubble) (endoscopic) (transpyloric shuttle) (see also Banding/gastric, for obesity) 90950-02 [889]
- ureteral stimulator, electronic 90355-00 [1069]
- vascular access (infusion port) (Port-A-Cath) (subcutaneous reservoir) 34528-02 [766]

Removal — see also Excision
...
- device — see also Removal/by type of device
...
- fixation — see Removal/fixation device
- gastric, for obesity (balloon) (bubble) (endoscopic) (transpyloric shuttle) (see also Removal/gastric/band) 90950-03 [889]
- gastrointestinal tract NEC 92086-00 [1896]
- genitourinary tract NEC 92116-00 [1900]
...
- skeletal muscle stimulator 90566-00 [1554]
- with replacement 90561-00 [1554]
- specified, therapeutic, NEC 92202-00 [1908]
- stomach, for obesity (balloon) (bubble) (endoscopic) (transpyloric shuttle) (see also Removal/gastric/band) 90950-03 [889]
- therapeutic NEC 92202-00 [1908]
...

Replacement
...
- device — see also Replacement/by type of device
...
- erection, artificial
- components
- complete 37432-01 [1201]
- partial 37432-00 [1201]
- gastric, for obesity (balloon) (bubble) (endoscopic) (transpyloric shuttle) 90950-04 [889]
- intracranial pressure monitoring (ICP) 39015-02 [3]
- intrauterine (contraceptive) (IUD) 35506-00 [1260]
...
- stomach, for obesity (balloon) (bubble) (endoscopic) (transpyloric shuttle) 90950-04 [889]
- ureteral stimulator, electronic 90355-00 [1069]
- vascular access (infusion port) (Port-A-Cath) (subcutaneous reservoir) 34530-06 [766]
...

Repositioning
...
- device
- gastric, for obesity (balloon) (bubble) (endoscopic) (transpyloric shuttle) 90950-04 [889]
- displaced tooth 97384-00 [461]
- electrode(s) (for)

Revision (partial) (total)
...
- device — see also Revision/by type of device
- arteriovenous — see also Revision/arteriovenous/access device
- shunt, external 34500-01 [764]
- cardiac event monitor, subcutaneously implanted (ECG) (looping memory) (patient activated) 38285-01 [1604]
- erection, artificial
- complete 37432-01 [1201]
- partial 37432-00 [1201]
- gastric, for obesity (balloon) (bubble) (endoscopic) (transpyloric shuttle) 90950-04 [889]
- intracranial pressure monitoring (ICP) 39015-02 [3]
- neurostimulator — see Insertion/neurostimulator AND Removal/neurostimulator
- peritoneal access (port-catheter) 90376-01 [983]
- stomach, for obesity (balloon) (bubble) (endoscopic) (transpyloric shuttle) 90950-04 [889]
- vascular access (infusion port) (Port-A-Cath) (subcutaneous reservoir) 34530-06 [766]
- drain
- cerebrospinal fluid
- lumbar (external) 40018-00 [41]

Australian Coding Standards
Not applicable
# Umbilectomy

## Introduction/Rationale:

This addenda proposal is the result of a query (Q3042) as it was identified that there is no intervention code in ACHI for excision of umbilicus.

ACCD proposes the addition of a code for excision of umbilicus (umbilectomy) to ACHI.

## ACCD PROPOSAL

### Tabular List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>989</td>
<td><strong>Other excision procedures on abdomen, peritoneum or omentum</strong></td>
</tr>
<tr>
<td></td>
<td><em>Excludes:</em> hysterectomy with retroperitoneal dissection (35667-00 [1268])</td>
</tr>
<tr>
<td>30396-00</td>
<td>Debridement and lavage of peritoneal cavity</td>
</tr>
<tr>
<td></td>
<td>Washout for intraperitoneal sepsis</td>
</tr>
<tr>
<td></td>
<td><em>Includes:</em> removal of:</td>
</tr>
<tr>
<td></td>
<td>• enteric contents (eg faecal material)</td>
</tr>
<tr>
<td></td>
<td>• foreign material</td>
</tr>
<tr>
<td>43942-00</td>
<td>Excision of epithelial remnant at umbilicus</td>
</tr>
<tr>
<td>43945-00</td>
<td>Excision of patent vitello intestinal duct</td>
</tr>
<tr>
<td></td>
<td><em>Includes:</em> vitello intestinal cyst</td>
</tr>
<tr>
<td>43948-00</td>
<td><strong>Excision of umbilical granuloma</strong></td>
</tr>
<tr>
<td>43948-01</td>
<td><strong>Excision of lesion of umbilicus</strong></td>
</tr>
<tr>
<td></td>
<td><em>Excision of:</em></td>
</tr>
<tr>
<td></td>
<td>• epithelial remnant at umbilicus</td>
</tr>
<tr>
<td></td>
<td>• umbilical:</td>
</tr>
<tr>
<td></td>
<td>• abscess</td>
</tr>
<tr>
<td></td>
<td>• granuloma</td>
</tr>
<tr>
<td>43948-02</td>
<td><strong>Excision of umbilicus</strong></td>
</tr>
<tr>
<td></td>
<td>Umbilectomy</td>
</tr>
<tr>
<td>43987-01</td>
<td>Excision of intra-abdominal neuroblastoma</td>
</tr>
<tr>
<td></td>
<td>Excision of peritoneal neuroblastoma</td>
</tr>
</tbody>
</table>
Alphabetic Index

**Excision** — see also **Removal**

* - 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]

* - epiglottis with microlaryngoscopy 41864-00 [523]
* - epithelial remnant at umbilicus 43942-00 [989]
* - eschar (< 10% body surface area) (burn) 30017-01 [1627]
  * - with graft — see Graft/skin/for burn/by site
  * - ≥ 10% body surface area 30020-00 [1627]

* - granuloma
  * - eye (conjunctiva) 42689-00 [181]
  * - middle ear — see Clearance/granuloma/middle ear
  * - umbilicus 43948-00 [989]
* - haemangioma — see Excision/vascular/anomaly

* - lesion(s) — see also **Excision/tumour** AND **Excision/cyst** AND **Excision/polyp**

* - umbilicus 43948-01 [989]
  * - epithelial remnant 43942-00 [989]
  * - granuloma 43948-00 [989]
  * - ureter 36579-00 [1076]

* - remnant
  * - epithelial, at umbilicus 43942-00 [989]
  * - rhinophyma 45653-00 [1634]
  * - by laser (carbon dioxide) (erbium) 45652-00 [1617]
  * - shaving 45653-00 [1634]

* - tumour — see also **Excision/lesion(s)**

* - granuloma
  * - eye (conjunctiva) 42689-00 [181]
  * - middle ear — see Clearance/granuloma/middle ear
  * - umbilicus 43948-00 [989]
* - haemangioma — see **Excision/vascular/anomaly**

* - ulcer (skin) (subcutaneous tissue) 31205-01 [1630]
  * - duodenum, for control of bleeding
  * - by gastric resection (other than wedge resection) 30509-00 [880]
    * - wedge 30505-00 [874]
  * - stomach, for control of bleeding
  * - by gastric resection (other than wedge resection) 30509-00 [880]
    * - wedge 30505-00 [874]
  * - umbilicus (complete) (partial) 43948-02 [989]
  * - urachus (patent) 37800-00 [1118]

**Omentoplasty**
* - with evacuation of hydatid cyst
  * - abdominal organ NEC 30436-02 [1002]
  * - liver 30436-00 [955]
  * - peritoneum 30436-01 [1002]
**Omphalectomy** 43948-02 [989]

**Onlay** — see **Inlay**
Removal — see also Excision

- granuloma
  - eye (conjunctiva) 42689-00 [181]
  - middle ear — see Clearance/granuloma/middle ear
  - umbilicus 43948-00 [989]
  - grommet tube 41644-00 [312]

- tumour — see Excision/tumour
  - umbilicus (complete) (partial) 43948-02 [989]
  - ureteral stimulator, electronic 90355-01 [1069]

Ultrasound (diagnostic) (scan) 90908-00 [1950]
- for

- wrist (bilateral) (unilateral) 55800-00 [1950]

Umbilicotomy 43948-02 [989]

Uncinectomy — see Ethmoidectomy AND Antrostomy/intranasal

APPENDIX A

MAPPING TABLE FOR MBS ITEMS
NOT INCLUDED IN ACHI

...
Introduction/Rationale:

This addenda proposal includes amendments based on the official changes to ICD-10 approved by Heads of Collaborating Centres at the annual meeting in Manchester 2015, and Tokyo 2016. ACCD proposes to include the WHO updates ICD-10-AM Eleventh Edition, where clinical concepts are not already classified in ICD-10-AM Tenth Edition.

ACCD PROPOSAL

Tabular Proposal

LIST OF THREE-CHARACTER CATEGORIES

Intestinal infectious diseases (A00–A09)

A00  Cholera
A01  Typhoid and paratyphoid fevers
A02  Other salmonella infections
A03  Shigellosis
A04  Other bacterial intestinal infections
A05  Other bacterial food-borne intoxications, not elsewhere classified
A06  Amoebiasis
A07  Other protozoal intestinal diseases
A08  Viral and other specified intestinal infections
A09  Other gastroenteritis and colitis of infectious and unspecified origin

…

Protozoal diseases (B50–B64)

B50  Plasmodium falciparum malaria
B51  Plasmodium vivax malaria
B52  Plasmodium malariae malaria
B53  Other parasitologically confirmed malaria
B54  Unspecified malaria
B55  Leishmaniasis
B56  African trypanosomiasis
B57  Chagas’ disease
B58  Toxoplasmosis
B59†  Pneumocystosis (J17.3*)
B60  Other protozoal diseases, not elsewhere classified
B64  Unspecified protozoal disease

…
Persons encountering health services for examination and investigation (Z00–Z13)

Z00 General examination and investigation of persons without complaint or reported diagnosis
Z01 Other special examinations and investigations of persons without complaint or reported diagnosis
Z02 Examination and encounter for administrative purposes
Z03 Medical observation and evaluation for suspected diseases and conditions ruled out
Z04 Examination and observation for other reasons
Z06 Resistance to antimicrobial drugs
Z07 Resistance to antineoplastic drugs
Z08 Follow-up examination after treatment for malignant neoplasms
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms
Z10 Routine general health check-up of defined subpopulation
Z11 Special screening examination for infectious and parasitic diseases
Z12 Special screening examination for neoplasms
Z13 Special screening examination for other diseases and disorders

A04 Other bacterial intestinal infections

Excludes: food-borne intoxications, elsewhere classified:
• listeriosis (A32.-)
• other bacterial (A05.-)
• salmonella food-borne intoxication and infection (A02.-)
• toxic effect of noxious foodstuffs (T61–T62)
tuberculous enteritis (A18.3)

A04.4 Other intestinal Escherichia coli infections
Escherichia coli enteritis NOS

A04.8 Other specified bacterial intestinal infections

A06 Amoebiasis

Includes: infection due to Entamoeba histolytica
Excludes: other protozoal intestinal diseases (A07.-)

A06.0 Acute amoebic dysentery
Acute amoebiasis
Intestinal amoebiasis NOS

A06.1 Chronic intestinal amoebiasis

A06.2 Amoebic nondysenteric colitis

A06.3 Amoeboma of intestine
Amoeboma NOS

A06.4 Amoebic liver abscess
Hepatic amoebiasis

A06.5 Amoebic lung abscess
Amoebic abscess of lung (and liver)
• NOS
• with pneumonia† (J17.3*)

A06.6 Amoebic brain abscess
Amoebic abscess of brain (and liver) (and lung)

A06.7 Cutaneous amoebiasis
A06.8  Amoebic infection of other sites
  Amoebic:
  • appendicitis
  • balanitis† (N51.2*)

A06.9  Amoebiasis, unspecified

**A08**  Viral and other specified intestinal infections

*Excludes*: influenza with involvement of gastrointestinal tract (J09, J10.8, J11.8)

A08.0  Rotaviral enteritis

A08.1  Acute gastroenteropathy due to Norwalk agent/Norovirus
  Noroviral enteritis
  Small round structured virus enteritis

A08.2  Adenoviral enteritis

...  

**A09**  Other gastroenteritis and colitis of infectious and unspecified origin

*Excludes*: 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:
    • colitis
    • enteritis
    • haemorrhagic, NOS
    • gastroenteritis

A09.9  Gastroenteritis and colitis of unspecified origin
  Neonatal diarrhoea NOS

*Excludes*: indeterminate colitis (K52.3)

**A15**  Respiratory tuberculosis, bacteriologically and histologically confirmed

A15.0  Tuberculosis of lung, confirmed by sputum microscopy with or without culture
  Tuberculosis of lung, bacteriologically confirmed, with or without culture
  Tuberculous:
  • bronchiectasis, confirmed bacteriologically, with or without culture
  • fibrosis of lung, confirmed bacteriologically, with or without culture
  • pneumonia, confirmed bacteriologically, with or without culture
  • pneumothorax, confirmed bacteriologically, with or without culture

*Excludes*: confirmed by culture only (A15.1)
  Tuberculous:
  • bronchiectasis
  • fibrosis of lung
A15.1 Tuberculosis of lung, confirmed by culture only

Tuberculous:
• bronchiectasis, confirmed by culture only
• fibrosis of lung, confirmed by culture only
• pneumonia, confirmed by culture only
• pneumothorax, confirmed by culture only

Tuberculous:
• bronchiectasis
• fibrosis of lung
• pneumonia
• pneumothorax

A85 Other viral encephalitis, not elsewhere classified

Includes: specified viral:
• encephalomyelitis NEC
• meningoencephalitis NEC

Excludes: benign myalgic encephalomyelitis (G93.3)
encephalitis due to:
• herpesvirus [herpes simplex] (B00.4)
• measles virus (B05.0)
• mumps virus (B26.2)
• poliomyelitis virus (A80.-)
• zoster (B02.0)
• lymphocytic choriomeningitis (A87.2)
• myalgic encephalomyelitis (G93.3)

B17 Other acute viral hepatitis

B17.0 Acute delta-(super)infection of hepatitis B carrier
Acute delta-(super)infection in chronic hepatitis

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
• infectious hepatitis

B48 Other mycoses, not elsewhere classified

B48.3 Geotrichosis
Geotrichum stomatitis

B48.4 Penicilliosis

B48.5† Pneumocystosis (J17.2*)
Pneumonia due to:
**Opportunistic mycoses**
Mycoses caused by fungi of low virulence that can establish an infection only as a consequence of factors such as the presence of debilitating disease or the administration of immunosuppressive and other therapeutic agents or radiation therapy. Most of the causal fungi are normally saprophytic in soil and decaying vegetation.

**Other specified mycoses**
Adiaspiromycosis

**PROTOZOAL DISEASES**

**(B50–B64)**

*Excludes* amoebiasis (A06.-) other protozoal intestinal diseases (A07.-)

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>B59†</td>
<td>Pneumocystis (J17.3*)</td>
</tr>
</tbody>
</table>

Pneumonia due to:
- *Pneumocystis* carinii
- *P. jirovecii*

**Thalassaemia**

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>D56</td>
<td>Beta thalassaemia</td>
</tr>
<tr>
<td></td>
<td>Cooley's anaemia</td>
</tr>
<tr>
<td></td>
<td>Severe beta thalassaemia</td>
</tr>
<tr>
<td></td>
<td>Thalassaemia:</td>
</tr>
<tr>
<td></td>
<td>• intermedia</td>
</tr>
<tr>
<td></td>
<td>• major</td>
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<table>
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<tr>
<th>Code</th>
<th>Condition</th>
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</thead>
<tbody>
<tr>
<td>D56.1</td>
<td>Deltabeta thalassaemia</td>
</tr>
<tr>
<td>D56.3</td>
<td>Thalassaemia trait</td>
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<tr>
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<td>Thalassaemia (beta) minor</td>
</tr>
</tbody>
</table>

<table>
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<th>Code</th>
<th>Condition</th>
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</thead>
<tbody>
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<td>D56.9</td>
<td>Thalassaemia, unspecified</td>
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<td>Mediterranean anaemia (with other haemoglobinopathy)</td>
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<tr>
<td>Thalassaemia (minor)(mixed) (with other haemoglobinopathy)</td>
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</table>

**Other disorders of pancreatic internal secretion**

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<tr>
<th>Code</th>
<th>Condition</th>
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</thead>
<tbody>
<tr>
<td>E16</td>
<td>Drug-induced hypoglycaemia without coma</td>
</tr>
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</table>

*Use additional external cause code (Chapter 20) to identify drug.*

<table>
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<tr>
<th>Code</th>
<th>Condition</th>
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<tbody>
<tr>
<td>E16.1</td>
<td>Other hypoglycaemia</td>
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<tr>
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<td>Functional nonhyperinsulinaemic hypoglycaemia</td>
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<td>Hyperinsulinism:</td>
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<td>• congenital</td>
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<tr>
<td></td>
<td>• functional</td>
</tr>
<tr>
<td></td>
<td>• NOS</td>
</tr>
<tr>
<td></td>
<td>Hyperplasia of pancreatic islet beta cells NOS</td>
</tr>
<tr>
<td>Posthypoglycaemic coma encephalopathy† (G94.3*)</td>
<td></td>
</tr>
</tbody>
</table>
E16.2 Hypoglycaemia, unspecified

**F05** Delirium, not induced by alcohol and other psychoactive substances

An aetiologically nonspecific organic cerebral syndrome characterised by concurrent disturbances of consciousness and attention, perception, thinking, memory, psychomotor behaviour, emotion, and the sleep-wake schedule. The duration is variable and the degree of severity ranges from mild to very severe.

**Includes:**
- acute or subacute:
  - brain syndrome
  - confusional state (nonalcoholic)
  - infective psychosis
  - organic reaction
  - psycho-organic syndrome

**Excludes:** delirium tremens, alcohol-induced or unspecified (F10.4)

F05.0 Delirium not superimposed on dementia, so described

F05.1 Delirium superimposed on dementia

**Conditions meeting the above criteria but developing in the course of a dementia (F00–F03).**

Code also specific type of dementia, if known

F05.8 Other delirium

Delirium of mixed origin

F05.9 Delirium, unspecified

**G04** Encephalitis, myelitis and encephalomyelitis

**Includes:**
- acute ascending myelitis
- meningoencephalitis
- meningomyelitis

**Excludes:**
- benign myalgic encephalomyelitis (G93.3)
- encephalopathy:
  - alcoholic (G31.2)
  - NOS (G93.4)
  - toxic (G92)
- multiple sclerosis (G35)
- myalgic encephalomyelitis (G93.3)
- myelitis:
  - acute transverse (G37.3)
  - subacute necrotising (G37.4)

G04.0 Acute disseminated encephalitis

Encephalitis          Encephalomyelitis          postimmunisation

Use additional external cause code (Chapter 20) to identify vaccine.

G04.1 Tropical spastic paraplegia

Human T-cell lymphotrophic virus associated myelopathy

Tropical spastic paraplegia

G04.2 Bacterial meningoencephalitis and meningomyelitis, not elsewhere classified
G12 Spinal muscular atrophy and related syndromes

G12.0 Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]

G12.1 Other inherited spinal muscular atrophy
Progressive bulbar palsy of childhood [Fazio-Londe]
Spinal muscular atrophy:
• adult form
• childhood form, type II
• distal
• juvenile form, type III [Kugelberg-Welander]
• scapuloperoneal form

G12.2 Motor neuron disease
Familial motor neuron disease
Kennedy disease
Lateral sclerosis:
• amyotrophic
• primary
Progressive:
• bulbar palsy
• spinal muscular atrophy

G12.8 Other spinal muscular atrophies and related syndromes

G25 Other extrapyramidal and movement disorders

G25.5 Other chorea
Chorea NOS
Excludes: chorea NOS with heart involvement (I02.0)
        Huntington's chorea (G10)
        rheumatic chorea (I02.-)
        Sydenham's chorea (I02.-)

G25.6 Drug-induced tics and other tics of organic origin
Use additional external cause code (Chapter 20) to identify drug, if drug-induced.
Excludes: de la Tourette's syndrome (F95.2)
          tic NOS (F95.9)

G25.8 Other specified extrapyramidal and movement disorders
Akathisia (drug-induced) (treatment-induced)
Restless legs syndrome
Stiff-person [man] syndrome
Use additional external cause code (Chapter 20) to identify drug, if drug-induced.

G93 Other disorders of brain

G93.1 Anoxic brain damage, not elsewhere classified
Excludes: complicating:
        • abortion or ectopic or molar pregnancy (O00–O07, O08.8)
        • surgical and medical care (G97.8)
        • neonatal anoxia (P21.9)

G93.3 Postviral fatigue syndrome
Benign-myalgic encephalomyelitis
G93.4  Encephalopathy, unspecified

Excludes: encephalopathy:
- alcoholic (G31.2)
- toxic (G92)

... 

G94*  Other disorders of brain in diseases classified elsewhere

G94.0* Hydrocephalus in infectious and parasitic diseases classified elsewhere (A00–B94.9, B99†)

G94.1* Hydrocephalus in neoplastic disease (C00–D48†)

G94.2* Hydrocephalus in other diseases classified elsewhere

G94.3*  Encephalopathy in diseases classified elsewhere

G94.8* Other specified disorders of brain in diseases classified elsewhere

H02  Other disorders of eyelid

Excludes: congenital malformations of eyelid (Q10.0–Q10.3)

... 

H02.4  Ptosis of eyelid

H02.5 Other disorders affecting eyelid function

Ankyloblepharon
Blepharophimosis
Lid retraction

Excludes: blepharospasm (G24.5)

tic (disorder):
- drug induced (G25.6)
- NOS (F95.2–)
- organic origin (G25.6)
- psychogenic (F95.–)

H02.6 Xanthelasma of eyelid

... 

H18  Other disorders of cornea

H18.0  Corneal pigmentation and deposits

Haematocornea
Kayser-Fleischer ring
Krukenberg's spindle
Staehli's line

Use additional codes (T90.4 and Y85–Y89) to identify corneal rust ring.

Use additional external cause code (Chapter 20) to identify drug, if drug-induced.

H18.1  Bullous keratopathy

Excludes: keratopathy [bullous aphakic] following cataract surgery (H59.0)

H18.2 Other corneal oedema

...
**H47** Other disorders of optic [2nd] nerve and visual pathways

**H47.0** Disorders of optic nerve, not elsewhere classified
- Compression of optic nerve
- (Foster-)Kennedy syndrome
- Haemorrhage in optic nerve sheath
- Ischaemic optic neuropathy

**H47.1** Papilloedema, unspecified

**H47.2** Optic atrophy
- Temporal pallor of optic disc

**HYPERTENSIVE DISEASES**

(I10–I15)

*Excludes* involving coronary vessels (I20–I25)
- neonatal hypertension (P29.2)
- primary pulmonary hypertension (I27.0):
  - NOS (I27.2)
  - primary (I27.0)
  - secondary (I27.2)

**I27** Other pulmonary heart diseases

**I27.0** Primary pulmonary hypertension

**I27.1** Kyphoscoliotic heart disease

**I27.2** Other secondary pulmonary hypertension
- Pulmonary hypertension NOS
  - Use additional code to identify underlying disease.

**I27.8** Other specified pulmonary heart diseases
- Eisenmenger's:
  - complex
  - syndrome
*Excludes:* Eisenmenger's defect (Q21.81)

**I27.9** Pulmonary heart disease, unspecified
- Chronic cardiopulmonary disease
- Cor pulmonale (chronic) NOS

**I77** Other disorders of arteries and arterioles

*Excludes:* collagen (vascular) diseases (M30–M36)
- hypersensitivity angiitis (M31.0)
- pulmonary artery (I28 -)

**I77.5** Necrosis of artery
I77.6 Arteritis, unspecified
Aortitis NOS
Endarteritis NOS

Excludes arteritis or endarteritis:
• aortic arch [Takayasu] (M31.4)
• cerebral NEC (I67.7)
• coronary (I25.8)
• deformans (I70.-)
• giant cell (M31.5–M31.6)
• obliterans (I70.-)
• senile (I70.‐)

granulomatosis with polyangiitis (M31.3)

I77.8 Other specified disorders of arteries and arterioles
Erosion of artery
Ulcer

J16 Pneumonia due to other infectious organisms, not elsewhere classified

Excludes:
ornithosis (A70)
pneumocystosis (B59.B48.5† J17*)
pneumonia:
• congenital (P23.-)
• NOS (J18.9)

J99* Respiratory disorders in diseases classified elsewhere

J99.1* Respiratory disorders in other diffuse connective tissue disorders
Respiratory disorders in:
• dermatomyositis (M33.0–M33.1†)
• polymyositis (M33.2†)
• granulomatosis with polyangiitis (M31.3†)
• sicca syndrome [Sjögren] (M35.0†)
• systemic:
• lupus erythematosus (M32.1†)
• sclerosis (M34.8†)
• Wegener's granulomatosis (M31.3†)

K22 Other diseases of oesophagus

Excludes: oesophageal varices (I85.-)

K22.1 Ulcer of oesophagus
Ulcer of oesophagus:
• due to ingestion of:
• chemicals
• drugs and medicaments
• fungal
• NOS
• peptic

Use additional external cause code (Chapter 20) to identify cause.
K22.2 Oesophageal obstruction

Oesophageal web (acquired) (NOS)

Compressed
Constricted
Stenosed
Stricture of oesophagus

Excludes: congenital oesophageal stenosis or stricture of oesophagus (Q39.3)
* stenosis or stricture (Q39.3)
* web (Q39.4)

K22.3 Perforation of oesophagus

Rupture of oesophagus

Excludes: traumatic perforation of (thoracic) oesophagus (S27.83)

K30 Functional dyspepsia

Indigestion

Excludes: dyspepsia:
* nervous (F45.32)
* neurotic (F45.32)
* NOS (R10.1)
* psychogenic (F45.32)
heartburn (R12)

K31 Other diseases of stomach and duodenum

Includes: functional disorders of stomach

Excludes: diverticulum of duodenum
(K57.0–K57.1–)
gastrointestinal haemorrhage
(K92.0–K92.2)

K31.8 Other specified diseases of stomach and duodenum

K31.81 Angiodysplasia of stomach and duodenum without mention of haemorrhage

K31.82 Angiodysplasia of stomach and duodenum with haemorrhage

K31.88 Other specified diseases of stomach and duodenum

Achlorhydria
Gastroparesis
Hourglass contraction of stomach

K31.9 Disease of stomach and duodenum, unspecified

K52 Other noninfective gastroenteritis and colitis

1120

K52.1 Toxic gastroenteritis and colitis
Drug-induced gastroenteritis and colitis
Use additional external cause code (Chapter 20) to identify drug or toxic agent.

K52.2 Allergic and dietetic gastroenteritis and colitis
Food hypersensitivity gastroenteritis or colitis
K52.3  Indeterminate colitis

Excludes: colitis of unspecified origin (A09.9)

K52.8  Other specified noninfective gastroenteritis and colitis
Collagenous colitis
Eosinophilic gastritis or gastroenteritis
Lymphocytic colitis
Microscopic colitis (collagenous colitis or lymphocytic colitis)

K55  Vascular disorders of intestine

Excludes: necrotising enterocolitis of fetus or newborn (P77)

K55.0  Acute vascular disorders of intestine
Acute:
• fulminant ischaemic colitis
• intestinal infarction
• small intestine ischaemia
Mesenteric (artery)(vein):
• embolism
• infarction
• thrombosis
Subacute ischaemic colitis

K55.1  Chronic vascular disorders of intestine
Chronic ischaemic:
• colitis
• enteritis
• enterocolitis
Ischaemic stricture of intestine
Mesenteric:
• atherosclerosis
• vascular insufficiency

K55.2  Angiodysplasia of colon

K55.21  Angiodysplasia of colon without mention of haemorrhage

K55.22  Angiodysplasia of colon with haemorrhage

K55.3  Angiodysplasia of small intestine

K55.8  Other vascular disorders of intestine

K55.9  Vascular disorder of intestine, unspecified
Ischaemic:
• colitis
• enteritis
• enterocolitis

NOS
**K56** Paralytic ileus and intestinal obstruction without hernia

*Excludes:*
- congenital stricture or stenosis of intestine (Q41–Q42)
- ischaemic stricture of intestine (K55.1)
- meconium ileus in cystic fibrosis (E84† P75*)
- newborn intestinal obstruction NEC (P26.-)
- obstruction of duodenum (K31.5)
- stenosis of anus or rectum (K62.4)
- with hernia (K40–K46)

**K56.0** Paralytic ileus

Paralysis of:
- bowel
- colon
- intestine

*Excludes:*
- gallstone ileus (K56.3)
- ileus NOS (K56.7)
- obstructive ileus NOS (K56.6)

**K56.1** Intussusception

Intussusception or invagination of:
- bowel
- colon
- intestine
- rectum

*Excludes:* intussusception of appendix (K38.8)

**K72** Hepatic failure, not elsewhere classified

*Hepatic encephalopathy NOS† (G94.3*)

*Includes:* hepatic:
- coma NOS
- encephalopathy NOS
- hepatitis
  - fulminant
  - malignant
  - liver (cell) necrosis with hepatic failure
  - yellow liver atrophy or dystrophy

*Excludes:* alcoholic hepatic failure (K70.4)
- hepatic failure complicating abortion or ectopic or molar pregnancy (O00–O07, O08.8)
- icterus of fetus and newborn (P55–P59)
- viral hepatitis (B15–B19)
- with toxic liver disease (K71.1)

**K72.0** Acute and subacute hepatic failure

Acute non-viral hepatitis NOS

*Late onset hepatic failure*

**K72.1** Chronic hepatic failure

**K72.9** Hepatic failure, unspecified
K76 Other diseases of liver

Excludes:
- alcoholic liver disease (K70.-)
- amyloid degeneration of liver (E85.-)
- cystic disease of liver (congenital) (Q44.6)
- hepatic vein thrombosis (I82.0)
- hepatomegaly NOS (R16.0)
- portal vein thrombosis (I81)
- toxic liver disease (K71.-)

K76.7 Hepatorenal syndrome

Excludes: following labour and delivery (O90.4)

K76.8 Other specified diseases of liver

Excludes: acquired intrahepatic vascular shunt
- Focal nodular hyperplasia of liver
- Hepatoptosis
- Simple cyst of liver

K76.9 Liver disease, unspecified

L95 Vasculitis limited to skin, not elsewhere classified

Excludes:
- angioina serpiginosum (L81.7)
- granulomatosis with polyangiitis (M31.3)
- Henoch-Schönlein purpura (D69.0)
- hypersensitivity angitis (M31.0)
- panniculitis (of):
  - lupus (L93.2)
  - neck and back (M54.0)
  - NOS (M79.3)
- relapsing [Weber-Christian] (M35.6)
- polyarteritis nodosa (M30.0)
- rheumatoid vasculitis (M05.2)
- serum sickness (T80.6)
- urticaria (L50.
- Wegener's granulomatosis (M31.3)

L95.0 Livedoid vasculitis
- Atrophie blanche (en plaque)

M24 Other specific joint derangements

See site code

Excludes:
- current injury — see injury of joint by body region
- ganglion (M67.4)
- snapping knee (M23.8)
- temporomandibular joint disorders (K07.6)

M24.1 Other articular cartilage disorders

Excludes:
- chondrocalcinosis (M11.1–M11.2)
- internal derangement of knee (M23.-)
- metastatic calcification (E83.-)
- ochronosis (E70.2)
M31 Other necrotising vasculopathies

M31.1 Thrombotic microangiopathy
Thrombotic thrombocytopenic purpura

M31.2 Lethal midline granuloma

M31.3 Wegener's granulomatosis
Granulomatosis with polyangiitis with:
• kidney involvement† (N08.5*)
• lung involvement† (J99.1*)
Necrotising respiratory granulomatosis

M31.4 Aortic arch syndrome [Takayasu]

M34 Systemic sclerosis
Includes: scleroderma
Excludes: scleroderma:
• circumscribed (L94.0)
• neonatal (P83.8)

M34.2 Systemic sclerosis induced by drugs and chemicals
Use additional external cause code (Chapter 20) to identify cause.

M34.8 Other forms of systemic sclerosis
Systemic sclerosis with:
• lung involvement† (J99.1*)
• myopathy† (G73.7*)
  • polyneuropathy† (G63.5*)

M34.9 Systemic sclerosis, unspecified

M62 Other disorders of muscle
See site code
Excludes: cramp and spasm (R25.2)
myalgia (M79.1-)
myopathy:
• alcoholic (G72.1)
• drug-induced (G72.0)
stiff-person syndrome (G25.8)

M62.5 Muscle wasting and atrophy, not elsewhere classified
[0-9]
Disuse atrophy NEC
Sarcopenia
**M75**  
**Shoulder lesions**  
*Excludes:* shoulder-hand syndrome (G58.11)  
...  
M75.4 Impingement syndrome of shoulder  
M75.5 Bursitis of shoulder  
**M75.6** Tear of labrum of degenerative shoulder joint  
M75.8 Other shoulder lesions  
M75.9 Shoulder lesion, unspecified  

**M86**  
**Osteomyelitis**  
*See site code*  
*Use additional code (B95–B97) to identify infectious agent.*  
*Excludes:* osteomyelitis (of):  
- due to salmonella (A01–A02)  
- jaw (K10.2)  
- vertebra (M46.2-)  
...  

**M86.9** Osteomyelitis, unspecified  
[0-9]  
Infection of bone NOS  
Periostitis without mention of osteomyelitis NOS  

**N08**  
**Glomerular disorders in diseases classified elsewhere**  
*Includes:* nephropathy in diseases classified elsewhere  
*Excludes:* renal tubulo-interstitial disorders in diseases classified elsewhere (N16.-*)  
...  

**N08.2** Glomerular disorders in blood diseases and disorders involving the immune mechanism  
Glomerular disorders in:  
- cryoglobulinaemia (D89.1†)  
- disseminated intravascular coagulation [defibrination syndrome] (D65†)  
- haemolytic-uraemic syndrome (D59.3†)  
- Henoch(-Schönlein) purpura (D69.0†)  
- sickle-cell disorders (D57.-†)  

**N08.4** Glomerular disorders in endocrine, nutritional and metabolic diseases  
Glomerular disorders in:  
- amyloidosis (E85.-†)  
- Fabry(-Anderson) disease (E75.2†)  
- lecithin cholesterol acyltransferase deficiency (E78.6†)  
*Excludes:* glomerular disorders in diabetes mellitus (E1.-22)  

**N08.5** Glomerular disorders in systemic connective tissue disorders  
Glomerular disorders in:  
- Goodpasture's syndrome (M31.0†)  
- granulomatosis with polyangiitis (M31.3†)  
- microscopic polyangiitis (M31.7†)  
- systemic lupus erythematosus (M32.1†)  
- thrombotic thrombocytopenic purpura (M31.1†)  
- Wegener's granulomatosis (M31.3†)  

**N08.8** Glomerular disorders in other diseases classified elsewhere  
Glomerular disorders in subacute bacterial endocarditis (I33.0†)
N22 Calculus of urinary tract in diseases classified elsewhere
0049, 0050
N22.0 Urinary calculus in schistosomiasis [bilharziasis] (B65.0-)
N22.8 Calculus of urinary tract in other diseases classified elsewhere

INFECTIONS SPECIFIC TO THE PERINATAL PERIOD

(P35–P39)
Includes: infections acquired in utero or during birth
Excludes: asymptomatic human immunodeficiency virus [HIV] infection status (Z21)
congenital:
• gonococcal infection (A54.-)
• pneumonia (P23.-)
• syphilis (A50.-)
human immunodeficiency virus [HIV] disease (B20–B24)
infectious diseases acquired after birth (A00–B99, J09–J11)
intestinal infectious diseases (A00–A09)
laboratory evidence of human immunodeficiency virus [HIV] (R75)
maternal infectious disease as a cause of mortality or morbidity in fetus or newborn not itself manifesting the disease (P00.2)
tetanus neonatorum (A33)
whooping cough (A37.-)

P37 Other congenital infectious and parasitic diseases
Excludes: congenital syphilis (A50.-)
necrotising enterocolitis of fetus or newborn (P77)
neonatal diarrhoea:
• infectious (A00–A09)
• noninfective (P78.3)
ophthalmia neonatorum due to gonococcus (A54.3)
tetanus neonatorum (A33)
whooping cough (A37.-)

P37.0 Congenital tuberculosis

P76 Other intestinal obstruction of newborn
Excludes: congenital stricture or stenosis of intestine (Q41–Q42)

P76.1 Transitory ileus of newborn
Excludes: Hirschsprung's disease (Q43.1)

P76.2 Intestinal obstruction due to inospissated milk

P76.3 Volvulus of newborn

P76.8 Other specified intestinal obstruction of newborn
Excludes: intestinal obstruction classifiable to K56.0–K56.5

P76.9 Intestinal obstruction of newborn, unspecified

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition 910
P78  Other perinatal digestive system disorders

Excludes: neonatal gastrointestinal haemorrhages (P54.0–P54.3)

P78.2 Neonatal haematemesis and melaena due to swallowed maternal blood

P78.3 Noninfective neonatal diarrhoea

Excludes: neonatal diarrhoea:
  • infectious (A09.0)
  • NOS (A09.09)

P78.8 Other specified perinatal digestive system disorders

Congenital cirrhosis (of liver)
Neonatal oesophageal reflux
Peptic ulcer of newborn

Q13.4 Other and unspecified congenital corneal malformations

Q13.5 Blue sclera

Q13.8 Other congenital malformations of anterior segment of eye

Axenfeld-Rieger syndrome
Rieger anomaly

Q13.9 Congenital malformation of anterior segment of eye, unspecified

Q39 Congenital malformations of oesophagus

Q39.2 Congenital oesophageal fistula without atresia

Q39.3 Congenital stenosis and stricture of oesophagus

Q39.4 Congenital oesophageal web

Excludes: oesophageal web (acquired) (NOS) (K22.2)

Q39.5 Congenital dilatation of oesophagus

Q41 Congenital absence, atresia and stenosis of small intestine

Includes: congenital obstruction, occlusion and stricture of small intestine or intestine NOS

Excludes: meconium ileus in cystic fibrosis
(E84† P75*)
intestinal obstruction of newborn (P76-)

Q42 Congenital absence, atresia and stenosis of large intestine

Includes: congenital obstruction, occlusion and stricture of large intestine

Excludes: intestinal obstruction of newborn (P76-)

**Abnormalities of heart beat**

*Excludes:* abnormalities originating in the perinatal period (P29.1) specified arrhythmias (I47–I49)

**R00.0 Tachycardia, unspecified**

Rapid heart beat

Tachycardia:
- sinoauricular NOS
- sinus [sinusal] NOS

**R00.1 Bradycardia, unspecified**

Bradycardia:
- sinoatrial
- sinus
- vagal

Slow heart beat

*Use additional external cause code (Chapter 20) to identify drug, if drug-induced.*

**R00.2 Palpitations**

Awareness of heart beat

**R00.3 Pulseless electrical activity, not elsewhere classified**

*Excludes:* cardiac arrest (I46.-)

**R00.8 Other and unspecified abnormalities of heart beat**

**SYMPTOMS AND SIGNS INVOLVING THE DIGESTIVE SYSTEM AND ABDOMEN**

(R10–R19)

*Excludes:* gastrointestinal haemorrhage:
- newborn (P54.0–P54.3)
- NOS (K92.0–K92.2)

Intestinal obstruction:
- due to congenital stricture or stenosis of intestine (Q41–Q42)
- newborn (P76.-)
- NOS (K56.-)

Pylorospasm:
- congenital or infantile (Q40.0)
- NOS (K31.3)

Symptoms and signs involving the urinary system (R30–R39)

Symptoms referable to genital organs:
- female (N94.-)
- male (N48–N50)

**R46 Symptoms and signs involving appearance and behaviour**

...
R63 Symptoms and signs concerning food and fluid intake

Excludes: bulimia NOS (F50.2)
          eating disorders of nonorganic origin (F50.-)
          malnutrition (E40–E46)

... 

R63.5 Abnormal weight gain

Excludes: excessive weight gain in pregnancy (O26.0)
          obesity (E66.-)

R63.6 Insufficient intake of food and water due to self neglect

Excludes: self neglect NOS (R46.8)
          starvation due to:
          • anorexia (R63.0)
          • privation of food (X53)
          • thirst due to privation of water (X54)

R63.8 Other symptoms and signs concerning food and fluid intake

S43 Dislocation, sprain and strain of joints and ligaments of shoulder girdle

Use additional open wound code S41.82 with subcategories S43.0–S43.3 to identify an open dislocation [open wound communicating with a dislocation].

Excludes: sprain and strain of muscle and tendon at shoulder and upper arm level (S46)

... 

S43.2 Dislocation of sternoclavicular joint

S43.3 Dislocation of other and unspecified parts of shoulder girdle

Dislocation of:
• scapula
• shoulder girdle NOS

S43.4 Sprain and strain of shoulder joint

Coracohumeral (ligament)
Rotator cuff capsule

Injury of labrum of the shoulder joint

S43.5 Sprain and strain of acromioclavicular joint

Acromioclavicular ligament

S43.6 Sprain and strain of sternoclavicular joint

S43.7 Sprain and strain of other and unspecified parts of shoulder girdle

Sprain and strain of shoulder girdle NOS

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

Includes: routine examination of specific system

Excludes: examination for:
• administrative purposes (Z02.-)
  • suspected conditions, ruled out not proven (Z03.-)
  • special screening examinations (Z11–Z13)

...
Z03  Medical observation and evaluation for suspected diseases and conditions, ruled out

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

Includes: 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

Excludes: person with feared complaint in whom no diagnosis is made (Z71.1)

Z22  Carrier of infectious disease

Includes: suspected carrier

Use additional code to identify resistance to antimicrobial drugs (Z06.5–Z06.7).

Z22.7  Carrier of latent tuberculosis

Latent tuberculosis

Excludes: abnormal result of Mantoux test (R76.1)

Z71  Persons encountering health services for other counselling and medical advice, not elsewhere classified

Excludes: contraceptive or procreation counselling (Z30–Z31)

sex counselling (Z70.–)

Z71.0  Person consulting on behalf of another person

Advice or treatment for nonattending third party

Excludes: anxiety (normal) about sick person in family (Z63.79)

Z71.1  Person with feared complaint in whom no diagnosis is made

Feared condition not demonstrated

Problem was normal state

'Worried well'

Excludes: medical observation and evaluation for suspected diseases and conditions, ruled out (Z03.–)

Z71.2  Person consulting for explanation of investigation findings

Appendix A

MORPHOLOGY OF NEOPLASMS

Coded Nomenclature for Morphology of Neoplasms

M8245/9  Adenocarcinoid tumour, malignant, uncertain whether primary or metastatic

M8246/0  Neuroendocrine tumour, benign

M8246/1  Neuroendocrine tumour NOS, uncertain whether benign or malignant

M8246/2  Neuroendocrine carcinoma NOS, in situ

M8246/3  Neuroendocrine carcinoma NOS

M8246/6  Neuroendocrine carcinoma, metastatic

M8246/9  Neuroendocrine carcinoma NOS, uncertain whether primary or metastatic

M8247/2  Merkel cell carcinoma, in situ
CHADx

M CHADx 7 Gastrointestinal complications

Rules for CHADx 7:
1. Do not include the codes in CHADx 7 if they are sequenced between codes in the ranges T80–T88 and Y60–Y84. These codes should be counted in CHADx 1 Postprocedural complications.
2. Do not include the codes in CHADx 7 if they are sequenced between an 'EOC' code and Y60–Y84. These codes should be counted in CHADx 1 Postprocedural complications.
3. Codes must be counted if only satisfying the second criteria ie followed by Y60–Y84 but not following T80–T88 or an EOC code.
4. Do not include the codes in CHADx 7, if they are followed immediately by V00–Y59. These codes should be counted in CHADx 2 Adverse drug events or CHADx 3 Accidental injuries.
5. Where a code for infection or infective process is followed by a sepsis code in Class 4.1, count the infection in the relevant class in CHADx 7.

7.1 Gastroenteritis

... A080 Rotaviral enteritis
A081 Acute gastroenteropathy dt Norwalk agent Norovirus
A082 Adenoviral enteritis
A083 Other viral enteritis
A084 Viral intestinal infection unspecified
A085 Other specified intestinal infections

Alphabetic Index

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

... - amoebic NEC A06.8
  - - brain (and liver or lung abscess) A06.6
  - - liver (without mention of brain or lung abscess) (see also Abscess/liver/amoebic) A06.4
  - - lung (and liver) (without mention of brain abscess) A06.5
  - - spleen A06.8† D77*

- brain (any part) G06.0
  - - amoebic (with abscess of any other site) A06.6
  - - cystic G06.0

- liver (cholangitic) (haematogenic) (lymphogenic) (pylephlebitic) K75.0
  - - amoebic A06.4
    --- with
    ---- brain abscess (and lung abscess) A06.6
    ---- lung abscess A06.5
  - - due to Entamoeba histolytica (see also Abscess/liver/amoebic) A06.4

- lung (miliary) (putrid) J85.2
  - - with pneumonia J85.1
  - - - due to specified organism — see Pneumonia/in
    - - amoebic (with liver abscess) A06.5
      --- with
      ---- brain abscess A06.6
      ---- - with pneumonia A06.5† J17.0* J17.3*
    - lymph, lymphatic, gland or node (acute) (see also Lymphadenitis/acute) L04.9

...
Acanthosis (acquired) (nigricans) L83
- benign Q82.89
- congenital Q82.89
- glycogenic
  - oesophagus K22.8
  - oral K13.2
- seborrhoeic L82
- tongue K14.3

Accessory (congenital)

- lung (lobe) Q33.1
  - Mahaim fibre conduction pathway I45.6
- muscle Q79.81

Adenocarcinoma (M8140/3) — see also Neoplasm/malignant

- with
  - mixed subtypes (M8255/3)
  - neuro-endocrine neuroendocrine differentiation (M8574/3)
  - osseous (and cartilaginous) metaplasia (M8571/3)

Angiodysplasia (caecum) (colon) (intestine) K55.21
- with haemorrhage K55.22
  - duodenum K31.81
  - small intestine K55.31
  - stomach K31.81
  - with haemorrhage K31.82

Anomaly, anomalous (congenital) (unspecified type) Q89.9

- Axenfeld's Q13.8

- lung (fissure) (lobe) Q33.9
  - Mahaim fibre conduction pathway I45.6
  - May-Hegglin D72.0

- Rieger's Q13.8

Arthritis, arthritic (acute) (chronic) (subacute) M13.9-

- pyogenic or pyaemic (any site, except spine) (see also Arthritis/in) M00.9-
  - spine M46.5-
  - reactive M02.9-
  - specified NEC M02.8-
  - rheumatic, acute or subacute — see Fever/rheumatic

Axenfeld's
Bronchitis (15 years of age and above) (diffuse) (fibrinous) (hypostatic) (infective) (membranous) (with tracheitis) J40

- purulent (chronic) (recurrent) J41.1
- acute or subacute (see also Bronchitis/acute or subacute) J20.9

Carcinoma (M8010/3) — see also Neoplasm/malignant

- with
  - apocrine metaplasia (M8573/3)
  - cartilaginous (and osseous) metaplasia (M8571/3)
  - neuro-endocrine differentiation (M8574/3)
  - osseous (and cartilaginous) metaplasia (M8571/3)
  - osteoclast-like giant cells (M8035/3)

- ameloblastic (M9270/3) C41.1
- upper jaw (bone) C41.02

- ampullary
  - specified site — see Neoplasm/malignant
  - unspecified site C24.1
- anaplastic type (M8021/3)

- large cell (M8012/3)
- with rhabdoid phenotype (M8014/3)
- neuro-endocrine (M8013/3)
- small cell (M8045/3)
- squamous cell (M8070/3)

- neuro-endocrine (M8246/3) C80.-
  - large cell (M8013/3)
  - low grade (M8240/3)
  - small cell (M8041/3)
  - mixed (M8045/3)
- neuro-endocrine (M8041/3)
- squamous cell, combined (M8045/3)

- trabecular (M8190/3)
- transitional (cell) (M8120/3)
  - in situ — see Carcinoma in situ/transitional cell
  - micropapillary (M8131/3) — see Neoplasm/bladder/malignant
  - noninvasive — see Carcinoma in situ/transitional cell
  - papillary (M8130/3) — see also Neoplasm/bladder/malignant
  - low malignant potential (M8130/1) D41.4
  - noninvasive — see Carcinoma in situ/transitional cell/papillary
  - sarcomatoid (M8122/3)
- specified site — see Neoplasm/malignant
- spindle cell (M8122/3)
- unspecified site C68.9
- trichilemmal (M8102/3)

- undifferentiated (M8020/3)
- urothelial (M8120/2)
  - papillary (M8130/2) D09.0
    - low malignant potential (M8130/1) D41.4
    - low grade (M8130/2) D09.0
    - invasive (M8130/3) — see also Neoplasm/bladder/malignant
    - noninvasive (M8130/2) D09.0
    - of low malignant potential (M8130/1) D41.4
  - verrucous (epidermoid) (squamous cell) (M8051/3)

Carcinoma in situ (M8010/2) — see also Neoplasm/in situ
- with
  - invasion (infiltration) — see Carcinoma
    - neuroendocrine (M8574/2)
    - osseous (and cartilaginous) metaplasia (M8571/2)
  - large cell (M8012/2)
    - with rhabdoid phenotype (M8014/2)
    - neuroendocrine (M8013/2)
    - small cell (M8045/2)
  - small cell (M8041/2)
  - mixed (M8045/2)
    - neuroendocrine (M8041/2)
    - squamous cell
    - thymus-like differentiation (M8589/2)
    - transitional cell (M8120/2)
      - papillary (M8130/2) D09.0
      - low malignant potential (M8130/1) D41.4
      - sarcomatoid (M8122/2)
    - specified site — see Neoplasm/in situ
    - spindle cell (M8122/2)
    - unspecified site D09.1
  - trichilemmal (M8102/2) — see Neoplasm/skin/in situ
    - tubular (M8211/2)
      - and infiltrating duct (M8523/2) — see Neoplasm/breast/in situ
      - urothelial (M8120/2)
    - papillary (M8130/2) D09.0
      - low malignant potential (M8130/1) D41.4
      - low grade (M8130/2) D09.0
      - invasive (M8130/3) — see also Neoplasm/bladder/malignant
      - noninvasive (M8130/2) D09.0
      - of low malignant potential (M8130/1) D41.4
    - verrucous (epidermoid) (squamous cell) (M8051/2)

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- abdominal (M8010/3) C79.88
- lymphangitis (M8010/6) C78.0
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- stress-induced I42.8
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- with
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  - delirium or acute confusional state F05.1
  - alcoholic F10.7
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  - uraemic N18.5† F02.8*

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- Hb (see also Disease/haemoglobin or Hb) D58.2
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  - with
  - - pulmonary oedema (acute) (see also Failure/ventricular/left) I50.1
  - senile (see also Myocarditis) I51.4
  - syphilitic A52.0
  - Katayama B65.2
  - Kennedy G12.2
  - Keshan E59
  - lung J98.4

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  - amyloidosis E85.4† N08.4*
  - cryoglobulinaemia D89.1† N08.2*
  - disseminated intravascular coagulation D65† N08.2*
  - Fabry's disease E75.2† N08.4*
  - familial lecithin cholesterol acyltransferase deficiency E78.6† N08.4*
  - Goodpasture's syndrome M31.0† N08.5*
- granulomatosis with polyangiitis M31.3† N08.5*
- haemolytic-uraemic syndrome D59.3† N08.2*

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  - newborn [no underlying cause] P22.9

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  -- psychogenic F45.34
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  -- acute (ARDS) (child) (non-neonate) J80
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  - myalgic (benign) G93.3

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...
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- granulomatosis with polyangiitis M31.3† N08.5*
- haemolytic-uraemic syndrome D59.3† N08.2*
...
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- - - - encephalopathy (acute) J11.8† G94.3*
- - - - myocarditis J11.8† I41.1*
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... *

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**Kennedy ulcer (terminal)** — see Injury/pressure

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... *

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... *

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... *

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... *

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...
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...
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...

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...

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...

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  - with
    - adhesions (intestinal) (peritoneal) K56.5
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- hereditary, spastic G11.4
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...
- ductus arteriosus (botalli) Q25.0
  - fetal
    - circulation P29.3 Q25.0

**Pneumocystosis** B59 B48.5† J17.23*
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- in (due to)
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  - adenovirus J12.0
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- plasma cell B59 B48.5† J17.23*

- plasma cell (of infants) B59 B48.5† J17.23*

- Pneumocystis (carinii) (jirovecii) B59 B48.5† J17.23*

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- in (due to)
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    - - connective tissue disorder M35.9† G63.5*
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- Pulseless electrical activity NEC R00.3
- Pulsus alternans or trigeminus R00.8

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- Sarcopenia M62.5-
- Sarcosinaemia E72.5

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- psammomatous (M9560/0)

- schwannomatosis — see Schwannomatosis

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  - with
  - lung involvement M34.8† J99.1*
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  ---- polyneuropathy M34.8† G63.5*
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- vascular insufficiency K55.1
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- with
  - - - diabetes mellitus E1-.72
  - - - intermediate hyperglycaemia E09.72
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  - without mention of bacteriological or histological confirmation A16.2
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    - bacteriologically *(molecular biological method)* A15.0
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- grade I (M8240/3)
- grade II (M8249/3)
- in situ (M8246/2)
- specified site — see Neoplasm/malignant
- uncertain or unknown behaviour (M8246/1)
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- congenital Q43.89
- fallopian tube N83.5
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- fingers Q70.1
- larynx (glottic) (subglottic) Q31.0
- neck Q18.3
- oesophagus (acquired) Q39.4 K22.2
- congenital Q39.4
- popliteal syndrome Q87.89
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- with
- kidney involvement M31.3† N08.5*
- lung involvement M31.3† J99.1*

Australian Coding Standards

0012 SUSPECTED CONDITIONS

OBSERVATION FOR SUSPECTED DISEASES AND CONDITIONS, RULED OUT (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.-.
0104 VIRAL HEPATITIS

DEFINITION

Viral hepatitis

Viral hepatitis is a viral infection that results specifically in liver inflammation and injury. Viruses A, B, C, D and E may result in acute viral hepatitis. Acute viral hepatitis infections with viruses B, C, D and E may progress to chronic viral hepatitis.

Viral hepatitis that lasts for more than six months is generally defined as 'chronic'. A diagnosis of chronic hepatitis is based on positive serologic and virologic tests and a demonstrated, or likely, duration of infection of greater than six months.

CLASSIFICATION

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):

<table>
<thead>
<tr>
<th>CLASSIFICATION</th>
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<tbody>
<tr>
<td>Viral Hepatitis/type</td>
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<tr>
<td>Hepatitis D (with acute HBV)</td>
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<td>Hepatitis D (with chronic HBV)</td>
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* …

* Where hepatitis D complicates the pregnancy, childbirth or puerperium, assign O98.4 and an additional code from B16.0, B16.1, B17.0 or B18.0.
Introduction/Rationale:

This addenda proposal includes amendments based on the official changes to ICD-10 approved by Heads of Collaborating Centres at the annual meeting in Manchester 2015, and Tokyo 2016. ACCD proposes to include the WHO updates in ICD-10-AM Eleventh Edition, where clinical concepts are not already classified in ICD-10-AM Tenth Edition.

Tabular List

LIST OF THREE-CHARACTER CATEGORIES

CHAPTER 20

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

Accidents (V00–X59)

Other external causes of accidental injury (W00–X59)

Exposure to inanimate mechanical forces (W20–W49)

- W20 Struck by thrown, projected or falling object(s)
- W22 Striking against or struck by other object(s)
- W24 Contact with lifting and transmission device(s), not elsewhere classified

Accidental poisoning by and exposure to noxious substances (X40–X49)

- X47 Accidental poisoning by and exposure to carbon monoxide and other gases and vapours

Intentional self-harm (X60–X84)

- X67 Intentional self-poisoning by and exposure to carbon monoxide and other gases and vapours
Assault (X85–Y09)

... X88 Assault by poisoning and exposure to carbon monoxide and other gases and vapours...

Event of undetermined intent (Y10–Y34)

... Y17 Poisoning by and exposure to carbon monoxide and other gases and vapours, undetermined intent...

T60 Toxic effect of pesticides

Includes: wood preservatives

T60.0 Organophosphate and carbamate insecticides

T60.1 Halogenated insecticides

Excludes: chlorinated hydrocarbons (T53-)

T60.2 Other and unspecified insecticides

T60.3 Herbicides and fungicides

T60.4 Rodenticides

Vacor

Excludes: strychnine and its salts (T65.1)

T60.8 Other pesticides

T60.9 Pesticide, unspecified

W20 Struck by thrown, projected or falling object(s)

Includes: cave-in without asphyxiation or suffocation collapse of building, except on fire falling:

• rock
• stone
• tree

Excludes: collapse of burning building (X00)

falling object in:

• cataclysm (X34–X39)
• machinery accident (W24, W28–W31)
• transport accident (V00–V99)

object set in motion by:

• explosion (W35–W40)
• firearm (W32, W34-)

sports equipment (W21-)

W22 Striking against or struck by other object(s)

Includes: walked into wall
W23 Caught, crushed, jammed or pinched in or between objects

Excludes: injury caused by:
- cutting or piercing instruments (W25–W27)
- lifting and transmission devices (W24)
- machinery (W28–W31)
- nonpowered hand tools (W27)
- transport vehicle being used as a means of transportation (V00–V99)

struck by thrown, projected or falling object(s) (W20)

W23.0 Caught, crushed, jammed or pinched in or between door

Caught, crushed, jammed or pinched between:
- revolving doors
- sliding door and door-frame

W24 Contact with lifting and transmission device(s), not elsewhere classified

Includes:
- chain hoist
- drive belt
- pulley (block)
- rope
- transmission belt or cable
- winch
- wire

Excludes:
- fall from stationary mobile elevated work platform (MEWP) (cherry picker) (sky lift) (W17.5)
- transport accidents (V00–V99)

W26 Contact with other sharp object(s)

Excludes: sharp object(s) embedded in skin (W45.-)

W26.0 Contact with knife, sword or dagger

W26.8 Contact with other sharp object(s), not elsewhere classified

Edge of stiff paper
Tin can lid

W26.9 Contact with unspecified sharp object(s)

X47 Accidental poisoning by and exposure to carbon monoxide and other gases and vapours

Excludes: carbon monoxide from smoke and fumes due to fire and flames (X00-X09)
metal fumes and vapours (X49)

X47.0 Accidental poisoning by and exposure to motor vehicle carbon monoxide from combustion engine exhaust

Includes: that due to exhaust (gas) from:
- any type of combustion engine
- gas engine
- motor
- pump
- vehicle, not in transit

Excludes: accidental poisoning by and exposure to carbon monoxide from exhaust of motor vehicle while in transit (V01-V99)
X47.1  Accidental poisoning by and exposure to carbon monoxide from utility gas [LPG]
    Accidental poisoning by and exposure to bottled LPG

    Includes: that due to carbon monoxide from:
    • acetylene
    • gas NOS used for lighting, heating, cooking
    • water gas

X47.2  Accidental poisoning by and exposure to carbon monoxide from other domestic fuels other specified utility gas

    Includes: that due to carbon monoxide from:
    • charcoal
    • coal
    • coke (in domestic stove, portable grill, barbeque or fireplace (free standing))
    • kerosene of paraffin
    • wood

X47.3  Accidental poisoning by and exposure to carbon monoxide from other sources

    Includes: that due to carbon monoxide from:
    • blast furnace gas
    • fuels in industrial use
    • kiln vapour

X47.4  Accidental poisoning by carbon monoxide from unspecified sources

X47.8  Accidental poisoning by and exposure to other specified gases and vapours
    Accidental poisoning by and exposure to:
    • carbon monoxide
    • helium (nonmedicinal) NOS
    • lacrimogenic gas [tear gas]
    • nitrogen oxides
    • sulphur dioxide

    Includes: that due to:
    • helium (nonmedicinal) NOS
    • lacrimogenic gas [tear gas]
    • nitrogen oxides
    • sulphur dioxide

    Excludes: medicinal helium (X44)

X47.9  Accidental poisoning by and exposure to unspecified gases and vapours

X53  Lack of food

    Includes: lack of food as the cause of:
    • inanition
    • insufficient nourishment
    • starvation

    Excludes: insufficient intake of food and water (due to self neglect) (R63.6)
    neglect or abandonment by others (Y06.0-)
    self neglect NOS (R46.8)
Intentional self-poisoning by and exposure to **carbon monoxide** and other gases and vapours

**Excludes:**
- carbon monoxide from smoke, fire and flames (X76)
- metal fumes and vapours (X69)

- **X67.0** Intentional self-poisoning by and exposure to **carbon monoxide** in the exhaust of a motor vehicle from combustion engine

  **Includes:** that due to exhaust (gas) from:
  - any type of combustion engine
  - gas engine
  - motor
  - pump
  - vehicle, not in transit

  **Excludes:** accidental poisoning by and exposure to carbon monoxide from exhaust of motor vehicle while in transit (V01-V99)

- **X67.1** Intentional self-poisoning by and exposure to **carbon monoxide** in utility gas (liquefied petroleum gas [LPG])

  **Includes:** that due to carbon monoxide from:
  - acetylene
  - gas NOS used for lighting, heating, cooking
  - water gas

- **X67.2** Intentional self-poisoning by and exposure to **carbon monoxide** from other domestic fuels (other specified utility gas)

  **Includes:** that due to carbon monoxide from:
  - charcoal
  - coal
  - coke (in domestic stove, portable grill, barbeque or fireplace (free standing))
  - kerosene of paraffin
  - wood

- **X67.3** Intentional self-poisoning by and exposure to **carbon monoxide** from other sources

  **Includes:** that due to carbon monoxide from:
  - blast furnace gas
  - fuels in industrial use
  - kiln vapour

- **X67.4** Intentional self-poisoning by **carbon monoxide** from unspecified sources

- **X67.8** Intentional self-poisoning by and exposure to other specified gases or vapours

  **Includes:** that due to:
  - helium (nonmedicinal) NEC
  - lacrimogenic gas [tear gas]
  - nitrogen oxides
  - sulfur dioxide

  **Excludes:** medicinal helium (X64)

- **X67.9** Intentional self-poisoning by and exposure to unspecified gases or vapours
ASSAULT

(X85–Y09)

Includes: homicide
injuries inflicted by another person with intent to injure or kill, by any means

Excludes: injuries due to:
• legal intervention (Y35.-)
• operations of war (Y36.-)

The following fifth character subdivisions are for use with categories X85–Y09:
Insert fourth character filler digit '0' for categories X85–X87, X91, X93, X96–X98, Y00–Y01 and Y04–Y09.
This subdivision is used to describe the relationship of the perpetrator to the victim.

X88    Assault, by poisoning by and exposure to, carbon monoxide and other gases and vapours

See fifth character subdivisions

Excludes: carbon monoxide from smoke, fire and flames (X97)

X88.0    Assault by poisoning and exposure to carbon monoxide from combustion engine exhaust

See fifth character subdivisions

Includes: that due to exhaust (gas) from:
• any type of combustion engine
• gas engine
• motor
• pump
• vehicle, not in transit

Excludes: accidental poisoning by and exposure to carbon monoxide from exhaust of motor vehicle while in transit (V01-V99)

X88.1    Assault by poisoning and exposure to carbon monoxide from utility gas

See fifth character subdivisions

Includes: that due to carbon monoxide from:
• acetylene
• gas NOS used for lighting, heating, cooking
• water gas

X88.2    Assault by poisoning and exposure to carbon monoxide from other domestic fuels

See fifth character subdivisions

Includes: that due to carbon monoxide from:
• charcoal
• coal
• coke (in domestic stove, portable grill, barbeque or fireplace (free standing))
• kerosene of paraffin
• wood

X88.3    Assault by poisoning and exposure to carbon monoxide from other sources

See fifth character subdivisions

Includes: that due to carbon monoxide from:
• blast furnace gas
• fuels in industrial use
X88.4  **Assault by poisoning and exposure to carbon monoxide from unspecified sources**

See fifth character subdivisions

X88.8  **Assault by poisoning and exposure to other specified gases and vapours**

See fifth character subdivisions

Includes: that due to:
- helium (nonmedicinal) NEC
- lacrimogenic gas [tear gas]
- nitrogen oxides
- sulfur dioxide

X88.9  **Assault by poisoning and exposure to unspecified gases and vapours**

See fifth character subdivisions

Y17  **Poisoning by and exposure to carbon monoxide and other gases and vapours, undetermined intent**

Excludes: carbon monoxide from smoke, fire and flames, undetermined intent (Y26)
metal fumes and vapours (Y19)

Y17.0  **Poisoning by and exposure to carbon monoxide from combustion engine exhaust, undetermined intent**

Includes: that due to exhaust (gas) from:
- any type of combustion engine
- gas engine
- motor
- pump
- vehicle, not in transit

Excludes: accidental poisoning by and exposure to carbon monoxide from exhaust of motor vehicle while in transit (V01-V99)

Y17.1  **Poisoning by and exposure to carbon monoxide from utility gas, liquefied petroleum gas [LPG], undetermined intent**

Undetermined intent of poisoning by and exposure to bottled LPG

Includes: that due to carbon monoxide from:
- acetylene
- gas NOS used for lighting, heating, cooking
- water gas

Y17.2  **Poisoning by and exposure to carbon monoxide from other domestic fuels, undetermined intent**

Includes: that due to carbon monoxide from:
- charcoal
- coal
- coke (in domestic stove, portable grill, barbecue or fireplace (free standing))
- kerosene of paraffin
- wood

Y17.3  **Poisoning by and exposure to carbon monoxide from other sources, undetermined intent**

Carbon monoxide from:
- blast furnace gas
- fuels in industrial use
- kiln vapour

Y17.4  **Poisoning by and exposure to carbon monoxide from unspecified sources, undetermined intent**
Y17.8 Poisoning by and exposure to other specified gases or vapours, undetermined intent

Undetermined intent of poisoning by and exposure to:
- carbon monoxide
- helium (nonmedicinal) NOS
- lacrimogenic gas [tear gas]
- nitrogen oxides
- sulfur dioxide

Includes: that due to:
- helium (nonmedicinal) NEC
- lacrimogenic gas [tear gas]
- nitrogen oxides
- sulfur dioxide

Excludes: medicinal helium (Y14)

Y17.9 Poisoning by and exposure to unspecified gases or vapours, undetermined intent

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*Note: digits are ignored in the alphabetical sequencing of terms in this table.*

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<td>Lacrimogenic</td>
<td>59.3 47.8 67.8</td>
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<td>Liquefied petroleum</td>
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<td>59.8 47.8 67.8</td>
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<td>-80</td>
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<tr>
<td>Motor</td>
<td>58 47.0 67.0</td>
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<td>Natural exhaust</td>
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<tr>
<td>Natural</td>
<td>59.8 47.8 67.8</td>
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<td>-80</td>
<td>-80</td>
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<tr>
<td>Natural</td>
<td>59.9 47.8 67.8</td>
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<td>-80</td>
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<tr>
<td>Natural</td>
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<td>Producer</td>
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<td>-80</td>
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<td>Propane</td>
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<td>17.8</td>
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<td>-80</td>
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<td>Refrigerant (chlorofluorocarbon)</td>
<td>53.5 46.2 66.2</td>
<td>16.7</td>
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<tr>
<td>Not chlorofluorocarbon</td>
<td>59.8 47.8 67.8</td>
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<td>-80</td>
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<td>Term</td>
<td>Reference</td>
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<tr>
<td>- sewer</td>
<td>T59.9</td>
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<tr>
<td>- specified source NEC</td>
<td>T59.9</td>
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<td>- stove</td>
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<td>- therapeutic</td>
<td>T41.5</td>
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<td>- water</td>
<td>T58</td>
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<tr>
<td>Insecticide NEC</td>
<td>T60.29</td>
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<td>- carbamate</td>
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<td>- halogenated</td>
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<td>- mixed</td>
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<tr>
<td>Kiln gas or vapour (carbon monoxide)</td>
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<td>Lung irritant (gas) NEC</td>
<td>T59.8</td>
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<tr>
<td>Monoxide, carbon</td>
<td>T58</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor</td>
<td>T58</td>
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</tr>
<tr>
<td>- exhaust gas</td>
<td>T58</td>
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<td></td>
</tr>
<tr>
<td>- vehicle exhaust gas</td>
<td>T58</td>
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<tr>
<td>Natural gas</td>
<td>T59.8</td>
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</tr>
<tr>
<td>- incomplete combustion</td>
<td>T58</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Oil (of)</td>
<td>T59.8</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- fumes</td>
<td>T50.5</td>
<td></td>
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<td></td>
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<tr>
<td>Phenbutrazate</td>
<td>T41.1 T40.9</td>
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<tr>
<td>Phencyclidine</td>
<td>T40.1 T40.1</td>
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<tr>
<td>Phendimetrazine</td>
<td>T50.5</td>
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<tr>
<td>Propane (distributed in mobile container)</td>
<td>T59.8</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- combustion (incomplete)</td>
<td>T58</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- distributed through pipes</td>
<td>T59.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- incomplete combustion</td>
<td>T58</td>
<td></td>
<td></td>
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</tbody>
</table>

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
### Australian Coding Standards

#### 2008 PERPETRATOR OF ASSAULT, ABUSE AND NEGLECT

In cases of assault the specific injury(ies) should be coded as the principal diagnosis. An external cause code from categories X85–Y09 *Assault* should be assigned, irrespective of the mechanism of the injury (eg stabbing, beating, burning).

The following subcategories for classification of perpetrator are utilised at the fifth character level for codes X85–Y09:

- 0  *spouse or domestic partner*
- 1  *parent*
- 2  *other family member*
- 3  *carer*
- 4  *acquaintance or friend*
- 5  *official authorities*
- 6  *person unknown to the victim*
- 7  *multiple persons unknown to the victim*
- 8  *other specified person*
9  unspecified person

Note:  Fourth character filler digit '0' is required for categories X85–X87, X89–X91, X93, X96–X98, Y00–Y01 and Y04–Y09.
The fifth characters are hierarchically listed according to the relationship of the perpetrator to the victim. Assign the fifth character which indicates the closest relationship between the perpetrator and the victim (ie the number highest on the list).
Debridement and management of wounds and burns

Introduction/Rationale:

This addenda proposal is a result of the numerous queries received (Q2880, Q2925, Q2977, Q3001, Q3026, Q3191, Q3244) which requested clarification on different aspects of wound management.

This addenda proposal will include debridement and management of wounds, and burns (including but not limited to dressings) of skin and subcutaneous tissue, and soft tissue. It will not include debridement or curettage of orthopaedic conditions such as fractures, bone, dental or joints.

This addenda proposal also incorporates a review of various ACS in regard to debridement and management of wounds including ACS 1203 Debridement.

After clinical advice was received and consideration of the variance in documentation in clinical records, ACCD proposes to remove the terms ‘excisional’ and ‘nonexcisional’ in regards to debridement from ACHI and the ACS.

Summary of proposal:

- Removal of the concepts of ‘excisional’ and ‘nonexcisional’ from ACHI debridement codes, including those for burns.
- Deletion of the now redundant ACS 1203 Debridement with some relevant content relocated to the ACHI Tabular List and Alphabetic Index.
- Deletion of the body surface area (BSA) percentage value within the ACHI codes in blocks [1600] Dressing of burn and [1627] Debridement of burn. The BSA percentage value is a diagnostic concept, classifiable in the ICD-10-AM.
- Creation of 96255-00 [1601] Wound management, not elsewhere classified to classify simple wound washout or irrigation; rename block [1601] Dressing of other wound to Wound management.
- Create codes 90686-02 Vacuum dressing of burn and 90686-03 Vacuum dressing in blocks [1600] Dressing of burn and [1601] Wound management which were previously classified as nonexcisional debridement in blocks [1627] and [1628]
- Amendments to ACHI Alphabetic Index to address other issues.
## ACCD PROPOSAL

### Tabular List

### LIST OF ACHI BLOCK NUMBERS

<table>
<thead>
<tr>
<th>Block No.</th>
<th>Block Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1601</td>
<td><strong>Dressing of other wound</strong> management</td>
</tr>
</tbody>
</table>

**568**  
**Airway management**

*Note:* The codes relating to management alone include installation of saline or suction clearance of the airway...

<table>
<thead>
<tr>
<th>Block No.</th>
<th>Block Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>96190-02</td>
<td>Removal of nasopharyngeal device</td>
</tr>
<tr>
<td>90665-01</td>
<td>Removal of:</td>
</tr>
<tr>
<td>90665-01</td>
<td>• choanal atresia stent</td>
</tr>
<tr>
<td>90665-01</td>
<td>• nasopharyngeal stent</td>
</tr>
</tbody>
</table>

*Code also when performed:*  
• debridement of wound (90665-01 [1628])  
• pharyngoscopy (nasopharyngoscopy) (41764-02 [416])

*Excludes:* that with replacement (96190-01 [568])

**1566**  
**Excision procedures on other musculoskeletal sites**

<table>
<thead>
<tr>
<th>Block No.</th>
<th>Block Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>31340-00</td>
<td>Excision of muscle, bone or cartilage involved with lesion of skin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Block No.</th>
<th>Block Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>30023-00</td>
<td><strong>Excisional debridement</strong> of soft tissue</td>
</tr>
</tbody>
</table>

*Excisional debridement of soft tissue for:*  
• infection  
• ischaemic, necrotic or gangrenous tissue  
• ulcer  
• wound

*Excludes:* excisional debridement of:  
• burn (30017-01 [1627])  
• open fracture site (90580-00 [1566])  
• skin and subcutaneous tissue (90665-00 [1628])  
• soft tissue including bone or cartilage (30023-01 [1566])

<table>
<thead>
<tr>
<th>Block No.</th>
<th>Block Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>30023-01</td>
<td><strong>Excisional debridement</strong> of soft tissue involving bone or cartilage</td>
</tr>
</tbody>
</table>

*Excisional debridement of soft tissue, involving bone or cartilage for:*  
• infection  
• ischaemic, necrotic or gangrenous tissue  
• ulcer  
• wound

*Excludes:* excisional debridement of:  
• open fracture site (90580-00 [1566])  
• sternotomy wound (38464-00 [1376])

---

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
90580-00 Debridement of open fracture site

1600

**Dressing of burn**

9031-0042, 0031, 0042, 1911

- Change of burn dressing
- Dressing of grafted burn

**Excludes:** debridement of burn of same site
(see block [1627])

grafting of same site (90670-01, 90671-01, 90672-01 [1640], 45485, 45486, 45488, 45494-00 [1643], 45406-00, 45409-00, 45412-00, 45415-00, 45418-00 [1644])

30010-00 Dressing of burn, < 10% of body surface area dressed

30010-01 Dressing of burn

- Burn wound:
  - clean out
  - dressing
  - irrigation
  - lavage
  - scrubbing
  - washout

**Includes:** trimming of skin

**Excludes:** debridement of burn of same site (30017-02 [1627])

excision of same site (30017-02 [1627])

grafting of burn of same site (see blocks [1640], [1641], [1643], [1644] and [1648])

that with any other intervention of same site – omit code vacuum dressing of burn (90686-02 [1600])

30014-00 Dressing of burn, ≥ 10% of body surface area dressed

90686-02 Vacuum dressing of burn

Suction vacuum dressing of burn

VAC dressing of burn

**Note:** This code is assigned once only when performed in an episode of care, unless performed under cerebral anaesthesia.

1601

**Dressing of other wound management**

30055-00 Dressing of wound

90686-03 Vacuum dressing

Suction vacuum dressing

VAC dressing

**Excludes:** that for burn (90686-02 [1600])
Wound management, not elsewhere classified

Wound:
- clean out
- dressing
- irrigation
- lavage
- scrubbing
- washout

Excludes: that:
- for burn (30017-01 [1600], 30017-02 [1627])
- with any other intervention of same site—omit code

Debridement of burn

Debridement of eschar
Escharectomy
Excision of:
- burn
- eschar
Removal of eschar

Includes: dressing of burn of same site

Excludes: that with grafting of same site (see blocks [1640], [1641], [1643], [1644] and [1648])

Nonexcisional debridement of burn

Suction vacuum dressing of burn

Debridement of burn, < 10% of body surface area excised or debrided

Debridement of eschar
Excision of:
- burn
- eschar

Includes: dressing of burn of same site

Excludes: that with grafting of same site (see blocks [1640], [1641], [1643], [1644] and [1648])

Debridement of burn, ≥ 10% of body surface area excised or debrided

Other debridement of skin and subcutaneous tissue

Excludes: that:
- by maggot debridement therapy (MDT) (96210-00 [1604])
- of burn (30017-01, 30020-00, 90686-00 [1627])

Nonexcisional debridement of skin and subcutaneous tissue

Nonexcisional debridement of:
- infection
- ulcer
- wound
Removal of devitalised tissue, necrosis and slough by such methods as:
- brushing
- irrigation (under pressure)
- scrubbing
- washing
Suction vacuum dressing
90665-00 Excisional debridement of skin and subcutaneous tissue

Excisional debridement of skin and subcutaneous tissue for:
• infection
• ischaemic, necrotic or gangrenous tissue
• ulcer
• wound

Includes: incidental excisional debridement of soft tissue

Excludes: excisional debridement of:
• open fracture site (90580-00 [1566])
• soft tissue (30023 [1566])

90665-01 Debridement of skin and subcutaneous tissue, not elsewhere classified

Excludes: debridement of:
• burn (30017-02 [1627])
• open fracture site (90580-00 [1566])
• soft tissue (30023 [1566])

that:
• by maggot debridement therapy (MDT) (96210-00 [1604])
• with repair (suture) of wound of skin and subcutaneous tissue [1635]

1870 Interventions involving assistive or adaptive device, aid or equipment

Includes: adhesive padding
• artificial [prosthetic] limb(s)
• assistive or adaptive devices, aids or equipment for:
  • play/leisure
  • productivity
  • self care/self maintenance

... 92139-00 Non-invasive placement of bone growth stimulator

Transcutaneous (surface) placement of pads or patches

Note: Performed to stimulate bone healing

96092-00 Application, fitting, adjustment or replacement of other assistive or adaptive device, aid or equipment

Issue of assistive or adaptive device, aid or equipment

Programming of assistive or adaptive device, aid or equipment

Includes: instructions on the use and the care of assistive or adaptive device, aid or equipment

Excludes: application of dressing to:
• burn (see block [1600])
• wound, other than burn (30055-00 see block [1601])

96093-00 Repair of assistive or adaptive device, aid or equipment

Excludes: adjustment only (96092-00 [1870])

maintenance of:
• drug delivery device (13942-02 [1922])
• vascular access device (13939-02 [1922])

...  

Alphabetic Index

Brush, brushing(s) (for specimen collection) — see also Biopsy
- skin and subcutaneous tissue (wound), for debridement — see Debridement/skin/nonexcisional
BSG (banded sleeve gastrectomy) — see Gastrectomy/sleeve/for obesity

...
Change (of) — see also Replacement
- defibrillator (automatic) (cardioverter) (with pacemaker functionality) — see Replacement/defibrillator
- dressing (wound) 30055-00 NEC 96255-00 [1601]
  - - burn (< 10% body surface area dressed) 30010-00[1600]
  - - - debridement of same site 30017-02 [1627]
  - - - excision of same site 30017-02 [1627] — see Excision/skin/burn
  - - - - and grafting — see Graft/skin/burn
  - - - - grafting of same site — see Graft/skin/burn
  - - ≥ 10% body surface area dressed (under anaesthesia) 30014-00 [1600]
- electrode, cardiac — see Replacement/electrode(s) lead(s)/cardiac
...

Cleaning ...
- prosthesis, dental with reattachment 97669-00 [473]
- wound (nonexcisional) 90665-01 [1628] NEC 96255-00 [1601]
  - - by maggot debridement therapy (MDT) 96210-00 [1604]
  - - with any other intervention — omit code
  - - excisional 90665-00 [1628]

Clearance
- cholesteatoma (middle ear) 41635-00 [312]
...

Curettage ...
- skin (lesion) (serial) (with cryotherapy) (with diathermy)
  - - for debridement (wound) — see Debridement/skin
  - - multiple lesions 30195-01 [1612]
  - - wart — see Removal/wart
...

Debridement (autolytic) (biosurgery) (chemical) (electrosurgery) (enzymes) (hydrosurgery) (laser) (plasma scalpel) (thermal) (ultrasonic) (water jet or scalpel) (whirlpool)
- amputation stump
- - skin — see Debridement/skin
- - soft tissue — see Debridement/soft tissue
...
- burn (skin) (excisional) 30017-02 [1627]
  - - with grafting of same site — see Graft/skin/burn/byste
  - - excisional (< 10% body surface area) 30017-01 [1627]
  - - > 10% body surface area 30020-00 [1627]
  - - nonexcisional 90665-00 [1627]
- cartilage
  - - with
  - - - any other orthopaedic procedure — omit code
  - - - debridement of soft tissue 30023-01 [1566]
...
- cornea (epithelial) 42650-00 [172]
- eschar (burn) (excisional) 30017-02 [1627]
  - - with grafting of same site — see Graft/skin/burn/byste
  - - excisional (< 10% body surface area) 30017-01 [1627]
  - - > 10% body surface area 30020-00 [1627]
  - - nonexcisional 90665-00 [1627]
- fascia — see Debridement/soft tissue
- fingernail (bed) (fold) 46516-00 [1631]
...
- skin (excisional) (subcutaneous tissue) NEC 90665-01 [1628]
  - - by maggot debridement therapy (MDT) 96210-00 [1604]
  - - burn 30017-02 [1627]
  - - - with grafting of same site — see Graft/skin/burn/byste
  - - - excisional 90665-00 [1628]
  - - - burn (< 10% body surface area) 30017-01 [1627]
  - - - - with grafting of same site — see Graft/skin/burn/byste
  - - - - > 10% body surface area 30020-00 [1627]
  - - - nonexcisional 90665-01 [1628] 96255-00 [1601]
  - - - by maggot debridement therapy (MDT) 96210-00 [1604]
  - - - burn 90665-00 [1627]
  - - - pocket of cardiac generator (defibrillator) (pacemaker) 90219-00 [663]
- soft tissue, (excisional) NEC 30023-00 [1566]
- involving bone or cartilage 30023-01 [1566]
- spinal cord (meninges) 90011-01 [59]
- tendon — see Debridement/soft tissue
- toenail (bed) (fold) 47906-00 [1632]
- ulcer
  - skin (subcutaneous tissue) — see Debridement/skin
- soft tissue — see Debridement/soft tissue
- wound
  - skin (subcutaneous tissue) — see Debridement/skin
- soft tissue, (excisional) (with suture) NEC 30023-00 [1566]
  - involving bone or cartilage 30023-01 [1566]

Dermabrasion — see Abrasion/skin
- with
  - abrasive therapy — see Abrasion/skin
  - debridement — see Debridement/skin

Deroofing — blister NEC 96255-00 [1601]
- with debridement — see Debridement/skin
- burn — see Dressing/burn
  - cyst
  - renal (open) 36558-01 [1055]
  - - via laparoscopy (closed) 36558-00 [1055]

Dressing (to) NEC 96092-00 [1870]
- and irrigation, root canal system 97455-00 [464]
- with any other endodontic procedure — omit code
- anorectal region, with formalin 90344-02 [929]
  - autologous platelet-rich plasma 96255-00 [1601]
  - biological (temporary)
    - - allogeneic — see Allograft/skin
    - - heterogenous — see Xenograft/skin
    - - homogenous — see Allograft/skin
    - - xenogeneic — see Xenograft/skin
  - burn (< 10% body surface area) 30010-00 [1600]
    - with
      - - - debridement of same site 30017-02 [1627]
      - - - excision of same site — see Excision/burn
  - - - - and grafting — see Graft/skin/for burn/by site
- - grafting of same site — see Graft/skin/for burn/by site
- - ≥ 10% body surface area 30014-00 [1600]
  - formalin, to anorectal region 90344-02 [929]
  - pressure (Gibney) (Robert Jones) (Shanz) 96092-00 [1870]
  - root canal system, with irrigation 97455-00 [464]
  - with any other endodontic procedure — omit code
  - suction vacuum (VAC) NEC 90886-00 [1601] 90886-01 [1623]
    - - for burn 90886-02 [1600] 90886-00 [1627]
    - synthetic 90672-00 [1640]
      - - for burn 90672-01 [1640]
      - - vacuum (VAC) NEC 90886-00 90886-03 [16281601]
    - - for burn 90886-00 90886-02 [16271600]
    - Velpeau 96092-00 [1870]
  - wound NEC 30055-00 96255-00 [1601]
    - - with any other intervention of same site maggots debridement therapy (MDT) 96210-00 [1604] — omit code
    - - burn — see Dressing/burn

Escharectomy (< 10% body surface area) 30017-01 [1627]
- ≥ 10% body surface area 30020-00 [1627]

Excision — see also Removal
- burn (< 10% body surface area) 30017-01 [1627]
  - with grafting of same site — see Graft/skin/for burn/by site
  - - ≥ 10% body surface area 30020-00 [1627]
- - scar 45519-00 [1656]
- eschar (< 10% body surface area) (burn) 30017-04 [1627]
- - with grafting of same site — see Graft/skin/for burn/by site
- - - > 10% body surface area 30020-00 [1627]
- - exostosis
- - - external ear (auditory meatus) 41518-00 [303]
- - - femur 47936-00 [1563]

Irrigation — see also Maintenance

- ureterostomy 92100-00 [1901]
- - wound (nonexcisional) (skin) (subcutaneous tissue) (under pressure) (whirlpool) NEC 90686-01 [1628], 96255-00 [1601]
- - - with any other intervention of same site — omit code
- - - burn (skin) (subcutaneous tissue) NEC 30010-01 [1600]
- - - - excisional 90665-00 [1628]

Lavage — see also Maintenance

- tracheoa, via intubation
- - endotracheal (single lumen) 22007-01 [568]
- - - double lumen 22008-01 [568]
- - - tracheostomy 90179-06 [568]
- - - - wound (skin) (subcutaneous tissue) NEC 96255-00 [1601]
- - - - - with any other intervention of same site — omit code
- - - - - burn NEC 30010-01 [1600]

Laying open
- - fistula, anal 90338-00 [930]

Removal — see also Excision

- eschar 30017-02 [1627]
- - - with grafting of same site — see Graft/skin/for burn/by site
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... 

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Australian Coding Standards

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0042 PROCEDURES NORMALLY NOT CODED

Procedures are normally not coded where they are routine in nature, performed for most patients or are components of another procedure (see also ACS 0016 General procedure guidelines). 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 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

CLASSIFICATION

Procedures normally not coded are only assigned if:

- cerebral anaesthesia is required in order for the procedure to be performed (see ACS 0031 Anaesthesia)
- they are the principal reason for admission in same-day 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:

7. **Dressings/wound management** (eg autologous platelet-rich plasma (PRP) dressing)

   Exception(s): vacuum (VAC) dressings [90686-02 [1600], 90686-03 [1601], 90686-01 [1628], 90686-00 [1627])

...
1203 DEBRIDEMENT

If 'nonexcisional debridement' is documented or the surgeon confirms that the debridement was 'nonexcisional' assign:

90686-00 [1627] Nonexcisional debridement of burn or
90686-01 [1628] Nonexcisional debridement of skin and subcutaneous tissue

This standard should be interpreted to include the following points:

• most debridements are excisional
• check with the clinician if unsure
• use the nonexcisional code if documentation/clinical advice supports its use

Excisional debridement codes are:

90665-00 [1628] Excisional debridement of skin and subcutaneous tissue
30023-00 [1566] Excisional debridement of soft tissue
30023-01 [1566] Excisional debridement of soft tissue involving bone or cartilage
30017-01 [1627] Excisional debridement of burn, < 10% of body surface area excised or debrided or
30020-00 [1627] Excisional debridement of burn, ≥ 10% of body surface area excised or debrided

(See also ACS 1217 Repair of wound of skin and subcutaneous tissue and ACS 1911 Burns.)

1911 BURNS

DEFINITION

The description of burns as 'degrees' is not clinically relevant in Australia. The current terminology relates to 'thickness' of the burn i.e., partial thickness or full thickness.

As the term 'superficial' may be used clinically to describe cases of both erythema and blistering (partial thickness), clinical coders should check with the seek clinician before clarification before assigning an erythema code. In the absence of clinical advice, a 'superficial' burn not clearly specified as erythema should be coded as classified as a partial thickness (blisters, epidermal loss) burn.

CLASSIFICATION

Burns by site

Burns are classified by site in the following blocks:

T20–T25 Burns of external body surface, specified by site
T26–T28 Burns of eye and internal organs
T29–T30 Burns of multiple and unspecified body regions

Sunburn

Multiple ICD-10-AM codes are required to classify a sunburn. Sunburn requires multiple diagnosis codes to fully describe the injury.

Code first:

L55.0 Sunburn, erythema
L55.1 Sunburn, partial thickness
L55.2 Sunburn, full thickness
Assign an additional code to indicate the site of sunburn from T20–T25, T29–T30 and a supplementary code from T31. Burns classified according to extent of body surface involved to indicate the percentage body surface area of sunburn.

Assign an appropriate external cause code to specify the circumstances of the sunburn injury, for example:
X32 Exposure to sunlight, W89 Exposure to man-made visible and ultraviolet light.

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

Assign:
• a code from category L55 Sunburn to capture the sunburn
• an additional code to indicate the site of sunburn from T20–T25, T29–T30
• an additional code from category T31 Burns classified according to extent of body surface involved to indicate the percentage of body surface area of sunburn
• an appropriate external cause code to specify the circumstances of the sunburn injury, for example:
  X32 Exposure to sunlight, W89 Exposure to man-made visible and ultraviolet light
• an appropriate place of occurrence code (Y92.-) and activity code (U50–U73).

Sequencing

Code first the most severe burn site. For example, a full thickness burn would be sequenced before a partial thickness burn. Even if the partial thickness burn accounts for the greatest body surface area (BSA), the full thickness burn should still be sequenced first.

If multiple burns of the same thickness exist, then the site accounting for the greatest BSA should be sequenced first.

Burns requiring grafting should be sequenced ahead of those not requiring grafting.

• For multiple burns of variable thickness on different sites of the body, sequence first a code for the most severe burn site. For example, a full thickness burn is sequenced before a partial thickness burn, even if the partial thickness burn accounts for the greatest body surface area (BSA) (see Example 1).
• Burns requiring grafting are sequenced before burns that do not require grafting.
• For multiple burns of the same thickness on different sites of the body, sequence first the site accounting for the greatest BSA (see Example 2).
• Burns of the same site but of variable thickness are classified to the most severe thickness (see Example 3).

Site codes

Burns should be coded are classified to the individual sites whenever possible.

For example, partial thickness burns of the abdominal wall and perineum would be are coded to:

T21.23 Partial thickness [blisters, epidermal loss] burn of trunk, abdominal wall and
T29.2 Burns of multiple regions, no more than partial thickness burns mentioned
For example, partial and full thickness burns of the ankle would be coded to:

- **T25.3** Full thickness burn of ankle and foot

**Multiple burns and injuries**

When the number of codes for a case exceeds the available number of fields, the multiple burn codes may be used to ensure all significant conditions are coded and accurately grouped to AR-DRGs. If multiple codes are necessary, use them for partial thickness burns with more specific codes for full thickness burns.

**Body surface area (BSA)**

Each burn case assigned a code from T20–T25 Burns of external body surface, specified by site or T29 Burns of multiple body regions (ie excluding eye and internal organs) should have a code from category T31 Burns classified according to extent of body surface involved assigned to indicate the percentage of body surface area (BSA) involved. The T31 code is important in AR-DRG grouping and should be sequenced to ensure its inclusion in the grouping process. It will usually be sequenced after the last site code.

The code T31 Burns classified according to extent of body surface involved must always have five characters. The fifth character of '0' indicates that there is less than 10% full thickness burn or where the full thickness component is unspecified. The fourth character is the total of all the individual areas percentage of body surface. The BSA information should be provided by the clinical staff on the burns chart.

For subsequent admissions for burn dressing, grafting or debridement (see below), assign the BSA code that reflects the area being treated in that episode of care.

**EXAMPLE 1:**

Patient admitted with full thickness burns to the inner aspect of the right forearm (2% BSA) and partial thickness of the left hand (6% BSA). Burns were due to boiling water from a coffee plunger, at work.

**Codes:**

- **T22.32** Full thickness burn of shoulder and upper limb, except wrist and hand
- **T23.2** Partial thickness [blisters, epidermal loss] burn of wrist and hand
- **T31.00** Burns involving less than 10% of body surface, with less than 10% or unspecified full thickness burns
- **X10.0** Contact with hot drink
- **Y92.9** Unspecified place of occurrence
- **U73.09** While working for income, unspecified

**EXAMPLE 2:**

An 82 year old was admitted to hospital from a nursing home with partial thickness burns to multiple areas of her right ankle (5% BSA), and of her lower leg (4% BSA). Burns were due to falling asleep too close to the radiator.

**Codes:**

- **T25.2** Partial thickness [blisters, epidermal loss] burn of ankle and foot
- **T24.2** Partial thickness [blisters, epidermal loss] burn of hip and lower limb, except ankle and foot
- **T31.00** Burns involving less than 10% of body surface, with less than 10% or unspecified full thickness burns

Reference to Changes ICD-10-AM/ACHI/ACS Eleventh Edition
Contact with hot heating appliances, radiators and pipes
Place of occurrence, aged care facilities
While resting, sleeping, eating or engaging in other vital activities

EXAMPLE 3:
A 9 year old boy sustained partial and full thickness burns of the right hand (5% BSA) while putting out the fire with his hands. His clothes had caught fire while playing with matches in the garage at home.

Codes:
T23.3 Full thickness burn of wrist and hand
T31.00 Burns involving less than 10% of body surface, with less than 10% or unspecified full thickness burns
X00 Exposure to uncontrolled fire in building or structure
Y92.02 Place of occurrence, garage
U72 Leisure activity, not elsewhere classified

Inhalation burns
Any inhalation component of the injury should be coded to the category T27 Burn of respiratory tract. Note: T31 Burns classified according to extent of body surface involved cannot be used with codes in categories T27 Burn of respiratory tract and T28 Burn of other internal organs unless external body surface burns are also present.

The T27–T28 category codes would not normally be sequenced as the principal diagnosis if external burns are present, unless the clinician has clearly documented that the inhalation burn(s) was the most significant diagnosis.

Dressing/debridement of burns
- Dressing of burns is only coded when cerebral anaesthesia is required in order for the procedure to be performed (see ACS 0042 Procedures normally not coded).
- Only one code should be assigned for multiple dressings or multiple debridements of burns performed during one operative episode.
- If during the one operative episode, both a dressing(s) and debridement(s) of the same site are performed, code only the debridement. Assign the code which reflects the total body surface area debrided (see block [1627] Debridement of burn), except for application of a VAC dressing (which requires an additional ACHI code 90686-02 [1600] Vacuum dressing of burn).

If during the one operative episode:
- one site is debrided and a different site is dressed, assign one code for the debridement and one code for the dressing.
- multiple sites are debrided and multiple different sites are dressed, assign one code for the debridement and one code for the dressing.
- one burn site is debrided and a different burn site is dressed:
  - assign one code for the debridement and
  - one code for the dressing.
• multiple burn sites are debrided and multiple different sites are dressed:
  • assign one code for the debridement and
  • one code for the dressings.

The codes assigned are to reflect the total body surface area dressed and the total body surface area debrided (see blocks [1600] Dressing of burn and [1627] Debridement of burn).

**Admission for change of burn dressing**

Assign Z48.0 *Attention to surgical dressings and sutures* for admissions for change of dressing. Assign the appropriate burn code as an additional diagnosis.

**Readmission for burn treatment or for complications**

Subsequent admissions for grafting and debridement of burns should be assigned the appropriate burn code as the principal diagnosis, unless the admission is for treatment of a complication or late effect, sequelae, in which case the nature of the complication or sequelae late effect should be assigned as the principal diagnosis (e.g., scar contractures).

**Coding infections in burns patients**

It is standard clinical practice in managing burns patients to treat infection prophylactically. Therefore, the clinician should always be consulted before an infection code is assigned. When there is documentation of an infected burn, assign T79.3 *Post traumatic wound infection, not elsewhere classified* and a code from B95–B97 *Bacterial, viral and other infectious agents*, to indicate the organism, if known.

**EXAMPLE 14:**

Patient admitted with full thickness burn to hand (4% BSA) caused by boiling water. Burn became infected on day 10, swabs grew *Staphylococcus aureus*. Wound dressed and patient commenced on antibiotics. Discharged.

<table>
<thead>
<tr>
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</tr>
<tr>
<td>B95.6</td>
<td>Staphylococcus aureus as the cause of diseases classified to other chapters</td>
</tr>
<tr>
<td>X12</td>
<td>Contact with other hot fluids</td>
</tr>
<tr>
<td>Y92.9</td>
<td>Unspecified place of occurrence</td>
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