ICD-10-AM/ACHI/ACS
Eighth Edition

Changes Reference Book
2013
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OVERVIEW
The material contained in this ICD-10-AM/ACHI/ACS Eighth Edition Changes Reference Book documents the changes in ICD-10-AM/ACHI/ACS Eighth Edition which have been made since ICD-10-AM/ACHI/ACS Seventh Edition.

The document is structured to match the ICD-10-AM chapters, with additional chapters to support intervention specific details. Cross-references have been included to alert the user to significant material in other chapters and to proceed to the alternate section. Items which affect multiple systems have been included in a special chapter called ‘Cross-system updates’.

This Changes Reference Book is accompanied by a Changes Workbook, with questions and answers for a large number of items, designed to familiarise users with new Eighth Edition content.
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# GLOSSARY OF ABBREVIATIONS

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<td>Australian Classification of Health Interventions</td>
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<td>ACS</td>
<td>Australian Coding Standards</td>
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<td>CTG</td>
<td>Clinical Technical Group</td>
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<tr>
<td>ICD-10</td>
<td>International Statistical Classification of Diseases and Related Health Problems, Tenth Revision</td>
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<td>International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification</td>
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<tr>
<td>ICD-O</td>
<td>International Classification of Diseases for Oncology</td>
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1. **Infection & parasitic diseases**

1.1. **Diarrhoea, due to Clostridium difficile** *(Indexing)*

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

Refer section 11.16 Gastroenteritis and colitis, drug induced or due to Clostridium difficile *(Indexing)* (page 174) for details.

1.2. **Food poisoning and gastroenteritis due to food poisoning**

Advice was published in *Coding Matters*, June 2010 (Vol. 17, No. 1), regarding the correct code assignment for food poisoning. Consequently the index entry for *Poisoning/food NEC* was amended to default to A05.9 *Bacterial food-borne intoxication, unspecified*.

**ALPHABETIC INDEX OF DISEASES**

**Poisoning** (acute) *(see also Table of drugs and chemicals)* T65.9

- food (acute)-(bacterial) (diseased) (infected) NEC *(see also Intoxication/food-borne/by agent)* T62.9A05.9

- bacterial *(see also Intoxication, food-borne, by agent)* A05.9

- - noxious or naturally toxic T62.9

1.3. **Healthcare associated *Staphylococcus aureus* bacteraemia (SAB)**

Minor revisions were made to the Tabular List and wording of ACS 0111 *Healthcare associated Staphylococcus aureus bacteraemia* for Eighth Edition to incorporate classification advice published in the December 2011, Q&A - *Healthcare associated Staphylococcus aureus bacteraemia* (HA SAB) as follows:

- Tabular List: added an ‘excludes’ note at Y95 *Nosocomial condition*
- ACS: Revised ACS 0111 *Healthcare associated Staphylococcus aureus bacteraemia*

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>Y95</th>
<th>Nosocomial condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Excludes: healthcare associated Staphylococcus aureus bacteraemia (U90.0)</td>
</tr>
</tbody>
</table>

**AUSTRALIAN CODING STANDARDS**

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 (formulated under the ‘Hospital and Related Care’ - quality and safety heading) under Clause 29 of in the...
1.4. Hepatitis, anicteric (Indexing)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Hepatitis K75.9
- amoebic (see also Abscess/liver/amoebic) A06.4
- anicteric, acute (viral) — see Hepatitis/viral
- antigen-associated (HAA) (see also Hepatitis/viral/type/B) B16.9

1.5. Herpesviral infections

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Herpes, herpetic B00.9
- vulva A60.0† N77.1* whitlow B00.8† L99.8*
- zoster (see also condition) B02.9

**TABULAR LIST OF DISEASES**

**B00** Herpesviral [herpes simplex] infections

B00.8 Other forms of herpesviral infection
Herpesviral:
• hepatitis† (K77.0*)
• whitlow† (L99.8*)

1.6. Infection, due to internal joint prosthesis (Indexing)

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.
ALPHABETIC INDEX OF DISEASES

Infection, infected (opportunistic) B99
- Heterophyes B66.8
- hip joint NEC M00.95
  - due to internal joint prosthesis T84.5
  - skin NEC L08.9
- Histoplasma (see also Histoplasmosis) B39.9
...
- jaw (bone) (lower) (upper) K10.2
- joint — see Arthritis/infectious NEC M00.9-
  - due to internal joint prosthesis T84.5
  - skin NEC L08.9
- kidney (cortex) (haematogenous) N15.9
...

Infection, infected (opportunistic) B99
- Klebsiella (K.) pneumoniae NEC A49.8
  - as cause of disease classified elsewhere B96.1
  - due to internal joint prosthesis T84.5
  - skin NEC L08.9
  - Koch’s (see also Tuberculosis) A16.9
...
- shoulder (joint) NEC M00.91
  - due to internal joint prosthesis T84.5
  - skin NEC L08.9
  - sinus (accessory) (chronic) (nasal) (see also Sinusitis) J32.9

TABULAR LIST OF DISEASES

M00  Pyogenic arthritis
See site codes

Excludes: infection and inflammatory reaction due to internal joint prosthesis (T84.5)

1.7. Infection, Enterococcus (Indexing)

Following receipt of a public submission, an index entry for Infection/Enterococcus, as a cause of disease classified elsewhere was added to the Alphabetic Index for ICD-10-AM Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Infection, infected (opportunistic) B99
- Enterobius vermicularis B80
- Enterococcus, as cause of disease classified elsewhere B95.2
- enterovirus NEC B34.1

1.8. Mediterranean fever (Indexing)

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Fever R50.9
- Mayaro (viral) A92.8
- Mediterranean A23.0 A23.9
  - familial E85.0

1.9. Morganella morganii (Indexing)

A public submission requesting an index entry for Morganella morganii resulted in the following amendments to the Alphabetic Index for ICD-10-AM Eighth Edition.
ALPHABETIC INDEX OF DISEASES

Infection, infected (opportunistic) B99
- Monilia (see also Candidiasis) B37.9
- Morganella (morganii) (sibonii) NEC A49.8
- as cause of disease classified elsewhere B96.4
- Mucor (see also Mucormycosis) B46.5
  Morgagni-Turner(-Albright) syndrome Q96.-
  Morganella (morganii) (sibonii), as cause of disease classified elsewhere B96.4
  Moria F07.0

1.10. MRSA and VRE carriers - ACS flags

A public submission requesting that the ACS symbol for ACS 0112 Infection with drug resistant microorganisms be placed in the ICD-10-AM Tabular List at appropriate codes in category B95–B97 Bacterial, viral and other infectious agents resulted in the following amendments to the Tabular List for ICD-10-AM Eighth Edition.

TABULAR LIST OF DISEASES

| B95 ▼0112 | Streptococcus and staphylococcus as the cause of diseases classified to other chapters |
| B96 ▼0112 | Other bacterial agents as the cause of diseases classified to other chapters |

1.11. Sepsis

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

TABULAR LIST OF DISEASES

| A40 ▼0110 | Streptococcal sepsis |
| Includes: | streptococcal septicaemia |
| Use additional code (R57.2) to identify septic shock. |
| Excludes: | during labour (O75.3) |

| A41 ▼0110 | Other sepsis |
| Includes: | septicaemia |
| Use additional code (R57.2) to identify septic shock. |
| Excludes: | bacteraemia NOS (A49.9) |
| during labour (O75.3) |
| Following: | abortion or ectopic or molar pregnancy (O03–O07, O08.0) |
| | immunisation (T88.0) |
| | infusion, transfusion or therapeutic injection (T80.2) |
| | sepsis (due to)(in): |
| | • actinomycotic (A42.7) |
| | • anthrax (A22.7) |
1.12. *Treponematosis (Indexing)*

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

- Treponematosis due to
  - Treponema pallidum — see Syphilis
  - Treponema pertenue — see Yaws

1.13. *Tuberculosis of dura or heart*

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

- Tuberculosis, tubercular, tuberculous (caseous) (degeneration) (gangrene) (necrosis)
  - abscess (respiratory) NEC A16.9
  - bone A18.0† M90.09*
  - Cowper's gland A18.1† N51.8*
  - dura (cerebral) (mater) (spinal) A17.8† G07*
  - epidural (cerebral) (spinal) A17.8† G07*
  - haemothorax A16.5
  - with bacteriological and histological confirmation A15.6
  - heart A18.8† I43.0* I52.0*
  - hepatitis A18.8† K77.0*

1.14. *Vincent's stomatitis*

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

- Vincent's
  - angina A69.1
  - gingivitis A69.1
  - stomatitis A69.9 A69.1

1.15. **ACS 0102 HIV/AIDS**

During review of ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*, minor amendments to the wording of ACS 0102 were made for consistency.

**AUSTRALIAN CODING STANDARDS**

- 0102 HIV/AIDS
HIV CODES ARE AS FOLLOWS:
Documentation of HIV status should always be coded even if the criteria for additional diagnosis is not met when documented.

Refer section 1.16 ACS 0104 Viral hepatitis (page 18) for changes to ACS 0104.

1.16. ACS 0104 Viral hepatitis

A public submission was received with regards to the currency of information about hepatitis C in ACS 0104 Viral hepatitis.

Once described as an incurable infection, current advances in antiviral therapy have significantly improved outcomes for patients with hepatitis C and successful treatment is now possible (ie attaining SVR [sustained virological response] which is the absence of HCV RNA in serum 24 weeks after discontinuing therapy).

It was initially proposed to incorporate changes regarding hepatitis C alone; however it was deemed unwise to amend this section of the standard in isolation. Consequently, the entire standard was reviewed in consultation with clinical experts for currency and clinical appropriateness.

Additionally, while reviewing ACS 0401 Diabetes mellitus and intermediate hyperglycaemia, minor amendment to the wording of this ACS was made for consistency.

The following amendments were made to ICD-10-AM and ACS for Eighth Edition:

- ICD-10-AM Tabular List:
  - deleted inclusion term at B16.9
  - created ACS reference to ACS 0104 at B94.2 and Z86.18
- ICD-10-AM Alphabetic Index: amendments to ICD-10-AM Tabular List and ACS to support changes
- ACS: updated ACS 0104 Viral hepatitis to be clinically current

ALPHABETIC INDEX OF DISEASES

Hepatitis K75.9
- viral, virus B19.9
  - with hepatic coma B19.0
  - acute NEC B17.9
  - specified NEC B17.8
  - type
    - A B15.9
    - with hepatic coma B15.0
    - B B16.9
    - with delta-agent (coinfection) (hepatitis D) (without hepatic coma) B16.1
    - and hepatic coma B16.0
    - hepatic coma (without delta-agent coinfection) B16.2
    - C B17.1
    - D (coinfection) (hepatitis B with delta-agent) (without hepatic coma) B16.1
    - with hepatic coma B16.0
    - E B17.2
    - chronic NEC B18.9
    - specified NEC B18.8
    - type
      - B B18.1
      - with delta-agent (hepatitis D) B18.0
      - C B18.2
      - D (hepatitis B with delta-agent) B18.0
      - E B18.8

- complicating pregnancy, childbirth or puerperium O98.4
  - type
    - A B15.9
    - with hepatic coma B15.0
    - B B18.1B16.9
    - with delta-agent (hepatitis D) B18.0
    - acute with B16.9
    - with delta-agent (coinfection) (hepatitis D) (without hepatic coma) B16.1
    - and with hepatic coma B16.0
    - hepatic coma (without delta-agent coinfection) B16.2
    - chronic B18.1
    - with delta-agent (hepatitis D) B18.0
    - C B18.2B17.1
    - acute B17.1
    - chronic B18.2
    - D (hepatitis B with delta-agent) B18.0
    - acute (coinfection) (without hepatic coma) B16.1
    - with hepatic coma B16.0
    - chronic B18.0
    - E B17.2
    - chronic B18.8
    - non-A, non-B B17.8
### TABULAR LIST OF DISEASES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B16</td>
<td>Acute hepatitis B</td>
</tr>
<tr>
<td>B16.9</td>
<td>Acute hepatitis B without delta-agent and without hepatic coma</td>
</tr>
<tr>
<td>B94</td>
<td>Sequelae of other and unspecified infectious and parasitic diseases</td>
</tr>
<tr>
<td>B94.2</td>
<td>Sequelae of viral hepatitis</td>
</tr>
<tr>
<td>Z86.1</td>
<td>Personal history of infectious and parasitic diseases</td>
</tr>
<tr>
<td>Z86.18</td>
<td>Personal history of other infectious and parasitic disease</td>
</tr>
</tbody>
</table>

### AUSTRALIAN CODING STANDARDS

#### 0104 VIRAL HEPATITIS

**DEFINITION**

Viral hepatitis

Viral hepatitis is an inflammatory and necrotic disease of liver cells vectorial 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. Viral hepatitis that lasts for more than six months is generally defined as ‘chronic’. However, this definition is arbitrary. Chronic viral hepatitis is a variable progressive disease that ultimately results in cirrhosis and hepatic failure. The diagnosis of chronic viral hepatitis can only be determined following a liver biopsy.

Patients with chronic viral hepatitis often have abnormal liver function tests. An indication of chronic viral hepatitis is a raised level of alanine transaminase, although this may also be due to other causes such as alcohol. Generally, patients with chronic viral hepatitis are followed up biannually with blood tests and ultrasounds. Neonates of mothers who have chronic hepatitis B or are hepatitis B carriers are at risk of transmission and should be immunised soon after birth (within 24 hours), whereas there is no equivalent vaccination available for neonates of mothers who have chronic hepatitis C or are hepatitis C carriers. These neonates have approximately 5% risk of infection.

Generally, after recovery from an infection with an organism, a person will develop antibodies to the pathogenic organism. Antibodies to certain infectious diseases can also be produced by vaccination. In these vaccinated people, future blood tests demonstrating the antibodies will indicate past infection or immunisation. Such people are not regarded as ‘carriers’. A carrier is a person who has hepatitis B, C or D virus and/or antibodies in his or her blood and does not manifest symptoms but harbour the organism and may infect others. Because the virus is present in the blood, it can be transmitted to others. It is important to understand the distinction between a person who is a carrier of an infectious disease (an infection risk) and a person whose antibody results indicate past infection or immunisation to an infectious disease (not an infection risk). The role of antibody tests in distinguishing between carrier status and past infection varies depending on the infection.
**Hepatitis A**
Hepatitis A is a disease which is quite contagious and is transmitted enterically (faecal-oral route). Transmission within families is common. In developing countries, the usual source of infection is faecal contamination of drinking water.

The hepatitis A virus (HAV) is detected by two antibody tests:
1. IgM antibody: positive result indicates recent infection.
2. IgG antibody (anti-HA): positive result indicates past infection (previous exposure to HAV) or immunity through vaccination.

The hepatitis A virus (HAV) is **never** a chronic infection. There is no known carrier state and HAV plays no role in chronic active hepatitis or cirrhosis.

**Hepatitis B**
Hepatitis B may manifest as an acute illness and may progress to a chronic infection. The hepatitis B virus (HBV) is transmitted by infected bodily fluids secretions such as blood and blood products, sexual fluids (sperm and cervical secretions), and rarely saliva, urine, semen and cervical secretions. Most adults make a full recovery and are left with immunity for life. However, in up to 10% of cases, following on from the acute infection, patients will become asymptomatic carriers of HBV or develop chronic active viral hepatitis (5%). There are estimated to be about 300 million HBV carriers worldwide.

**Hepatitis C**
Hepatitis C rarely manifests as an acute illness and may commonly progress to a chronic infection. The hepatitis C virus (HCV) is usually acquired through contact with infected individuals. Hepatitis C may rarely be transmitted from mother to baby at birth, or sexual contact with infected individuals. Recovery rates from hepatitis C virus (HCV) infection are much lower than in hepatitis B virus infection. Generally it is known that up to 90% will progress to a chronic infection.

Hepatitis C differs from hepatitis B in that a patient with hepatitis C will have the virus for the rest of their lives as either an acute or chronic infection or as an asymptomatic carrier.

A positive hepatitis C antibody test indicates hepatitis C infection. A polymerase chain reaction (PCR) assay can also be conducted; a positive result supports the diagnosis of chronic hepatitis C infection. However, a negative PCR result does not necessarily mean that there is no chronic infection, as the virus may still be present in small amounts and not detected in the blood sample.

**Hepatitis D**
The hepatitis D virus (HDV) can only occur in the presence of HBV, never alone. It occurs as either a coinfection with acute hepatitis B (most likely to resolve in adults) or a super infection in established chronic hepatitis B (most likely to become chronic). The HDV is spread mainly parenterally (eg by needles and blood). It is also referred to as the delta agent.

**Hepatitis E**
The hepatitis E virus (HEV) is transmitted enterically (faecal-oral route) and causes acute hepatitis, clinically similar to hepatitis A. It is endemic in South-East Asia, countries of the Soviet region, India, mid-east Africa and Central America. Large epidemics with person to person spread have been known to occur. The normal course of infection seems to be acute and a relatively benign illness, except in pregnancy.

HEV is **never** a chronic infection. There is no known carrier state and HEV plays no role in chronic active hepatitis or cirrhosis. HEV generally does not develop into a chronic infection. However, it has been recently recognised that hepatitis E may result in chronic infection, particularly in immunosuppressed individuals such as organ transplant recipients (Kamar et al. 2012, p. 6).

**CLASSIFICATION**
Viral hepatitis or hepatitis carrier status should always be coded even if the criteria for additional diagnosis are not met when documented except when hepatitis C is documented with terms such as ‘cured’, ‘cleared’
or ‘with SVR’, see 4. Cured/cleared hepatitis C below. The following table provides guidance in the application of hepatitis A, B, C, D and E codes:

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 the history meets ACS 2112 Personal history.
- When a past history of hepatitis B, hepatitis C or hepatitis D is documented, assign:
  - hepatitis B: B18.1 Chronic viral hepatitis B without delta-agent
  - hepatitis C: B18.2 Chronic viral hepatitis C (except when documented with terms such as ‘cured’, ‘cleared’ or ‘with SVR’ – see 4. Cured/cleared hepatitis C below)
  - hepatitis D: B18.0 Chronic viral hepatitis B with delta-agent

The concept of ‘carrier (state) of viral hepatitis’ is no longer clinically correct; therefore, Z22.51 Carrier of viral hepatitis B, Z22.52 Carrier of viral hepatitis C and Z22.59 Carrier of other specified viral hepatitis should never be assigned.

2. Hepatitis complicating pregnancy, childbirth or the puerperium

When viral hepatitis complicates pregnancy, childbirth or the puerperium, assign O98.4 Viral hepatitis complicating pregnancy, childbirth and the puerperium and a code for the specific type of hepatitis.

The following table summarises general classification guidelines for hepatitis A, B, C, D and E (see also 3. Manifestations of hepatitis and 4. Cured/cleared hepatitis C below):

<table>
<thead>
<tr>
<th>CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VIRAL HEPATITIS/TYP</strong>E</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
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<tr>
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<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>
# CLASSIFICATION

## VIRAL HEPATITIS/TYPEx CODE/DESCRIPTION

### GENERAL GUIDELINES

- When 'history of hepatitis C' is documented, coders should check with the clinician to determine if the patient still has signs of the disease. Where consultation is not possible, assign the code for carrier of viral hepatitis C (Z22.52).

- When documentation is unclear or ambiguous terms such as 'hepatitis C' or 'hepatitis C positive' are documented, record and verify with the clinician to determine if the disease is at the acute or chronic stage. Where consultation is not possible, assign the code for chronic viral hepatitis C (B18.2).

- When 'past history of hepatitis C' is documented, assign the code for chronic viral hepatitis C (B18.2) except when documented with terms such as 'cured', 'cleared' or 'with SVR' – see 4. Cured/cleared hepatitis C below.

- When 'carrier (state) of viral hepatitis' is no longer clinically correct; therefore, Z22.52 Carrier of viral hepatitis C should never be assigned.

- O98.4 is assigned when acute or chronic hepatitis C complicates the pregnancy, childbirth or puerperium, assign O98.4 (along with either and an additional code of B17.1 or B18.2, to specify the type of hepatitis).

### Hepatitis C

<table>
<thead>
<tr>
<th>Code/Description</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>B17.1 Acute hepatitis C</td>
<td></td>
</tr>
<tr>
<td>B18.2 Chronic viral hepatitis C</td>
<td></td>
</tr>
<tr>
<td>O98.4 Viral hepatitis complicating pregnancy, childbirth and the puerperium</td>
<td>Assign O98.4 (along with and an additional code from B16 or B18, to specify the type of hepatitis). If the obstetric patient is a carrier assign Z22.52.</td>
</tr>
<tr>
<td>Z22.52 Carrier of viral hepatitis C</td>
<td></td>
</tr>
</tbody>
</table>

### Hepatitis D (with acute HBV)

<table>
<thead>
<tr>
<th>Code/Description</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>B16.0 Acute hepatitis B with delta-agent (coinfection) with hepatic coma</td>
<td></td>
</tr>
<tr>
<td>B16.1 Acute hepatitis B with delta-agent (coinfection) without hepatic coma</td>
<td></td>
</tr>
<tr>
<td>B18.0 Chronic viral hepatitis B with delta-agent</td>
<td></td>
</tr>
<tr>
<td>B17.0 Acute delta-(super)infection of hepatitis B carrier</td>
<td></td>
</tr>
<tr>
<td>O98.4 Viral hepatitis complicating pregnancy, childbirth and the puerperium</td>
<td>Assign O98.4 (along with either and an additional code of B17.1 or B18.2, to specify the type of hepatitis)</td>
</tr>
<tr>
<td>Z22.59 Carrier of other specified viral hepatitis</td>
<td></td>
</tr>
</tbody>
</table>

### Hepatitis D (with chronic HBV)

<table>
<thead>
<tr>
<th>Code/Description</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>B16.0 Acute hepatitis B with delta-agent (coinfection) with hepatic coma</td>
<td></td>
</tr>
<tr>
<td>B16.1 Acute hepatitis B with delta-agent (coinfection) without hepatic coma</td>
<td></td>
</tr>
<tr>
<td>B18.0 Chronic viral hepatitis B with delta-agent</td>
<td></td>
</tr>
<tr>
<td>B17.0 Acute delta-(super)infection of hepatitis B carrier</td>
<td></td>
</tr>
<tr>
<td>O98.4 Viral hepatitis complicating pregnancy, childbirth and the puerperium</td>
<td>Assign O98.4 (along with either and an additional code of B17.1 or B18.2, to specify the type of hepatitis)</td>
</tr>
<tr>
<td>Z22.59 Carrier of other specified viral hepatitis</td>
<td></td>
</tr>
</tbody>
</table>

### Hepatitis D

<table>
<thead>
<tr>
<th>Code/Description</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>B17.2 Acute hepatitis E</td>
<td></td>
</tr>
<tr>
<td>B18.8 Other chronic viral hepatitis</td>
<td></td>
</tr>
<tr>
<td>O98.4 Viral hepatitis complicating pregnancy, childbirth and the puerperium</td>
<td>Assign O98.4 (along with either and an additional code of B17.2 or B18.8, to specify the type of hepatitis)</td>
</tr>
<tr>
<td>Z86.18 Personal history of other infectious and parasitic disease</td>
<td>A past history or carrier of hepatitis E is not coded may be assigned when the history meets ACS 2112 Personal history.</td>
</tr>
</tbody>
</table>


22
3. Manifestations of hepatitis
When manifestation(s) of viral hepatitis are documented, assign code(s) for the manifestation(s) according to ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses, in addition to the code(s) for the viral hepatitis.

**EXAMPLE 1:**
Patient admitted for treatment of cirrhosis of liver due to hepatitis C.

Codes: K74.6 Other and unspecified cirrhosis of liver  
B18.2 Chronic viral hepatitis C

**EXAMPLE 2:**
Patient admitted for treatment of liver failure due to hepatitis C cirrhosis.

Codes: K72.9 Hepatic failure, unspecified  
K74.6 Other and unspecified cirrhosis of liver  
B18.2 Chronic viral hepatitis C

4. Cured/cleared hepatitis C
Antiviral therapy is used to treat patients with HCV infection, with the aim of virological cure. Therapy is for a defined time period, usually 24 or 48 weeks. HCV infection is considered to be successfully treated when SVR (sustained virological response) is attained. SVR is defined as the absence of HCV RNA in serum 24 weeks after discontinuing therapy (Ghany et al. 2009, p. 1341).

Spontaneous viral clearance after acute HCV infection occurs without treatment in 30–40% of people, usually within the first 6 months after infection.

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 history meets ACS 2112 Personal history.

**EXAMPLE 3:**
Patient with cured hepatitis C (achieved SVR on combined therapy of pegylated interferon and ribavirin) admitted for treatment of cirrhosis of liver caused by HCV.

Codes: K74.6 Other and unspecified cirrhosis of liver  
B94.2 Sequelae of viral hepatitis

1.17. ACS 0112 Infection with drug resistant microorganisms
Refer section 21.3 Resistance to antimicrobial and antineoplastic drugs (page 272) for details of changes to ACS 0112 Infection with drug resistant microorganisms.
2. Neoplasms

2.1. Adult T-cell leukaemia/lymphoma

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>C91</th>
<th>Lymphoid leukaemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>C91.5</td>
<td>Adult T-cell leukaemia/lymphoma [(HTLV-1-associated)]</td>
</tr>
<tr>
<td></td>
<td>Acute</td>
</tr>
<tr>
<td></td>
<td>Chronic variant</td>
</tr>
<tr>
<td></td>
<td>Lymphomatoid</td>
</tr>
<tr>
<td></td>
<td>Smouldering</td>
</tr>
<tr>
<td>☒ C91.50</td>
<td>Adult T-cell leukaemia/lymphoma [(HTLV-1-associated)], without mention of remission</td>
</tr>
<tr>
<td>☒ C91.51</td>
<td>Adult T-cell leukaemia/lymphoma [(HTLV-1-associated)], in remission</td>
</tr>
</tbody>
</table>

2.2. Angiocentric immunoproliferative lesion

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Lesion (nontraumatic)
- alveolar process K08.9
- angiocentric immunoproliferative (M9766/3) C83.8 C86.0
- anorectal K62.9

2.3. Benign neoplasm of bone and articular cartilage

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF DISEASES**

| D16   | Benign neoplasm of bone and articular cartilage |
|-------|-------------------------------------------------
|       | Keratocystic odontogenic tumour |
|       | **Excludes:**
|       | connective tissue of:
|       | • ear (D21.0) |
|       | • eyelid (D21.0) |
|       | • larynx (D14.1) |
|       | • nose (D14.0) |
|       | synovia (D21.-) |
2.4. **Cervical intraepithelial lesion (low/high grade)**

The WHO released updates for ICD-O for implementation from 1 January 2012. These updates introduced new morphology codes for squamous intraepithelial neoplasia, low grade (M8077/0) and squamous intraepithelial neoplasia, high grade (M8077/2) of the cervix which have been included in ICD-10-AM for Eighth Edition. A public submission was also received requesting this change.

**ALPHABETIC INDEX OF DISEASES**

Hexadactylism Q69.9

**HGSIL (high grade squamous intraepithelial lesion)**

--- see Lesion/cervix/intraepithelial/squamous/high grade

Hibernoma (M8880/0) --- see Lipoma

Lesion (nontraumatic)
- cerebrovascular I67.9
- cervical (nerve) root NEC G54.2
- cervix (uteri)
  - intraepithelial, squamous (cell)
    - endocervix D06.0
    - exocervix D06.1
    - specified NEC D06.7
  - low grade (LGSIL) (LSIL) N87.0
    - chiasmal H47.4

Leydig-Sertoli cell tumour (M8631/0)

... male D29.2

**LGSIL (low grade squamous intraepithelial lesion)** N87.0

Liar, pathologic F60.2

**TABULAR LIST OF DISEASES**

**N87**  
Dysplasia of cervix uteri

**N87.0**  
Mild cervical dysplasia
Cervical intraepithelial neoplasia [CIN], grade I
Low grade squamous intraepithelial lesion (LGSIL)

**D06**  
Carcinoma in situ of cervix uteri

*Includes:* cervical intraepithelial neoplasia [CIN], grade III, with or without mention of severe dysplasia

*Excludes:* melanoma in situ of cervix (D03.5)
severe dysplasia of cervix NOS (N87.2)

2.5. **Chemotherapy wafer insertion, brain**

Advice was published in *Coding Matters*, September 2007 (Vol. 14, No. 2) regarding the correct code assignment for chemotherapy wafer insertion into the brain. Chemotherapy wafers, often known by the brand name Gliadel® Wafers, are an increasingly popular approach for delivery of local chemotherapeutic agents into the brain in a controlled-release form. Numerous studies have indicated that the use of
chemotherapy wafers for the treatment of gliomas have shown improved survival with no marked increase in adverse effects. The coding advice has been incorporated into the ACHI Alphabetic Index for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Implant, implantation — see also Insertion
- bone conduction hearing device 41557-02 [321]
- brain wafer, chemotherapy 96201-00 [1920]
- cardioverter, generator (automatic) (with pacemaker functionality) 38393-00 [653]
- - ureter — see also Reimplantation/ureter
- - stimulator, electronic 90355-00 [1069]
- - wafer, chemotherapy, intracerebral 96201-00 [1920]

Insertion
- - bowel sphincter, artificial 32220-00 [940]
- - brain wafer, chemotherapy 96201-00 [1920]
- - button
- - ventricular assist device
- - left 38615-00 [608]
- - - and right 38618-00 [608]
- - - right 38615-01 [608]
- - - and left 38618-00 [608]
- - wafer, chemotherapy, intracerebral 96201-00 [1920]
- - wire or pin (orthopaedic) 47921-00 [1554]

2.6.  Choroid plexus carcinoma (Indexing) (TN325)

A public submission was received highlighting that there was no index entry for choroid plexus carcinoma in ICD-10-AM. Consequently, the following change was included in the ICD-10-AM Alphabetic Index for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Carcinoma (M8010/3) — see also Neoplasm/malignant
- choric (M9100/3)
- - specified site — see Neoplasm/malignant
- - unspecified site
- - - female C58
- - - male C62.9
- - choroid plexus (lateral ventricle) (third ventricle) (M9390/3) C71.5
- - - fourth ventricle C71.7
- - - chromophobe (M8270/3)

2.7.  Coccygeal body or glomus neoplasm

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant</th>
<th>In situ</th>
<th>Benign</th>
<th>Uncertain or unknown behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
<td>Secondary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- body or glomus</td>
<td>C49.5</td>
<td>C79.88</td>
<td>-</td>
<td>D21.535.6 D48.144.7</td>
</tr>
<tr>
<td>- vertebra</td>
<td>C41.4</td>
<td>C79.5</td>
<td>-</td>
<td>D16.8 D48.0</td>
</tr>
<tr>
<td>- coccyx</td>
<td>C41.4</td>
<td>C79.5</td>
<td>-</td>
<td>D16.8 D48.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- coccygeal</td>
<td>C49.5</td>
<td>C79.88</td>
<td>-</td>
<td>D21.535.6 D48.144.7</td>
</tr>
<tr>
<td>- jugularis</td>
<td>C75.5</td>
<td>C79.88</td>
<td>-</td>
<td>D35.6 D44.7</td>
</tr>
</tbody>
</table>
2.8. **Dermatofibrosarcoma (protuberans)**

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Dermatofibrosarcoma (protuberans) (M8832/3) — see also Neoplasm/skin/malignant
- protuberans (M8832/3)
- — pigmented (M8833/3) — see Neoplasm/skin/malignant

Dermatographia L50.3

2.9. **Electrochemotherapy**

Advice was published in *Coding Matters*, March 2010 (Vol. 16, No. 4) regarding the correct code assignment for electrochemotherapy. This advice has been incorporated into ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

Destruction
- lesion (tumour)
  - - skin (subcutaneous tissue) NEC 30192-00 [1612]
  ...
  - - - diathermy
  - - - - multiple lesions 30195-07 [1612]
  - - - - single lesion 30195-06 [1612]
  - - - electrochemotherapy — see Electrochemotherapy/skin lesion(s)
  - - - electrodesiccation

**TABULAR LIST OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30195-06</td>
<td>Electrotherapy of lesion of skin, single lesion</td>
</tr>
<tr>
<td>Diathermy</td>
<td></td>
</tr>
<tr>
<td>Electrodesiccation</td>
<td>of lesion of skin, single lesion</td>
</tr>
<tr>
<td>Fulguration</td>
<td></td>
</tr>
<tr>
<td>Galvanocautery</td>
<td></td>
</tr>
</tbody>
</table>

*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])

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30195-07</td>
<td>Electrotherapy of lesion of skin, multiple lesions</td>
</tr>
<tr>
<td>Diathermy</td>
<td></td>
</tr>
<tr>
<td>Electrodesiccation</td>
<td>of lesion of skin, multiple lesions</td>
</tr>
<tr>
<td>Fulguration</td>
<td></td>
</tr>
<tr>
<td>Galvanocautery</td>
<td></td>
</tr>
</tbody>
</table>

*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])
Administration of pharmacotherapy
▼0042, 0044, 0102, 1316, 1615, 1923

-00 Antineoplastic agent
  Agents used in the treatment of neoplasms and/or neoplasm related conditions

  Code also when performed:
  - electrotherapy for skin lesion(s) (30195-06, 30195-07 [1612])

  Excludes: surgical catheterisation with administration of chemotherapeutic agent (see block [741])

2.10. Eyeball/intraocular neoplasm

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant</th>
<th>Uncertain or unknown behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
<td>Secondary</td>
</tr>
<tr>
<td>- eye NEC</td>
<td>C69.9</td>
<td>C79.4</td>
</tr>
<tr>
<td>- eyeball</td>
<td>C69.94</td>
<td>C79.4</td>
</tr>
<tr>
<td>- eyebrow</td>
<td>C44.3</td>
<td>C79.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C71.9</td>
<td>C79.3</td>
</tr>
<tr>
<td>- intraocular</td>
<td>C69.94</td>
<td>C79.4</td>
</tr>
<tr>
<td>- intraorbital</td>
<td>C69.6</td>
<td>C79.4</td>
</tr>
</tbody>
</table>

TABULAR LIST OF DISEASES

C69 Malignant neoplasm of eye and adnexa

<table>
<thead>
<tr>
<th>C69.4</th>
<th>Ciliary body</th>
<th>Eyeball</th>
</tr>
</thead>
<tbody>
<tr>
<td>C69.9</td>
<td>Eye, unspecified</td>
<td>Eyeball</td>
</tr>
</tbody>
</table>

D31 Benign neoplasm of eye and adnexa

<table>
<thead>
<tr>
<th>D31.4</th>
<th>Ciliary body</th>
<th>Eyeball</th>
</tr>
</thead>
<tbody>
<tr>
<td>D31.9</td>
<td>Eye, unspecified</td>
<td>Eyeball</td>
</tr>
</tbody>
</table>

2.11. Hodgkin lymphoma

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.
### 2.12. Insertion of seeds/fiducial markers into prostate

Following receipt of several queries and a public submission, amendments were made to ACHI to clarify and improve the coding of insertion of fiducial markers into the prostate.

Further to this update, the Medicare Benefits Schedule (MBS) released a new item number for the insertion of gold fiducial seeds into the prostate as markers for image guided radiotherapy (IGRT).

Image guided radiotherapy uses imaging to direct the radiation treatment to the appropriate anatomy and is a form of external radiation. Fiducial markers are implantable devices used as a tool in image-guided radiotherapy (IGRT). The markers may be called fiducial markers or gold seed markers. Gold seeds are the most frequently used markers. The seeds are inserted into the prostate via a needle using transrectal ultrasound. Several days after insertion of the seeds treatment is commenced.

A new code has been created in ACHI for insertion of fiducial markers into the prostate for radiotherapy: 37217-00 [1160] **Implantation of fiducial marker, prostate**. Where radiotherapy is delivered in the same episode, it should be coded as an additional diagnosis.

Image-guided radiotherapy (IGRT) is a different treatment to brachytherapy. Brachytherapy is a form of internal radiotherapy where the radiation source is placed inside the body, either in or near to the tumour.

There are two types of brachytherapy used for prostate cancer: low dose rate brachytherapy and high dose rate brachytherapy.

**Low dose rate (LDR) brachytherapy** is a permanent implantation of radioactive seeds into the prostate. The needles or catheters are firstly inserted through the perineum into the prostate to deliver the radioactive seeds into the prostate. The needles are then removed leaving the seeds in place. Once the radioactive seeds are in place, they slowly release low dose radiation to the surrounding prostate tissue. After a few months the seeds gradually become inactive but remain in place permanently.

**High dose rate (HDR) brachytherapy** is a technique using an intensive source of radiation to deliver radiation directly into a prostate tumour. Treatment is initiated in the operating theatre where the needles or implant tubes are inserted into the prostate similar to LDR brachytherapy. Patients are then later transferred to the radiation oncology department where the needles/tubes are connected to an automated remote-controlled loading machine which starts radiation. The total irradiation time is usually only 5-10 minutes and patients require multiple treatments. In most instances, patients will come back one or two weeks later to have external beam radiotherapy to prevent microscopic cancer spread.

Brachytherapy, both low dose and high dose rate, therefore embraces two components and requires two codes to be accurately classified: the applicator insertion and the radiation. In low dose rate (LDR) the radiation from radioactive seeds starts immediately following the needle insertion, while in high dose rate (HDR) the applicator insertion and radiation are separate procedures but usually performed in the same admission. Therefore, two codes are required to classify brachytherapy using either technique: 37227-00 [1160] **Implantation of brachytherapy applicator, prostate** and 15338-00 [1792] **Brachytherapy**.

---

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>C81.0</th>
<th>Hodgkin lymphoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>C81.1</td>
<td>Nodular sclerosis (classical) Hodgkin lymphoma</td>
</tr>
<tr>
<td>C81.2</td>
<td>Mixed cellularity (classical) Hodgkin lymphoma</td>
</tr>
<tr>
<td>C81.3</td>
<td>Lymphocyte depleted (classical) Hodgkin lymphoma</td>
</tr>
<tr>
<td>C81.4</td>
<td>Lymphocyte-rich (classical) Hodgkin lymphoma</td>
</tr>
<tr>
<td><strong>Excludes:</strong></td>
<td>nodular lymphocytic predominant Hodgkin lymphoma (C81.0)</td>
</tr>
<tr>
<td>C81.7</td>
<td>Other (classical) Hodgkin lymphoma</td>
</tr>
<tr>
<td></td>
<td>Classic Hodgkin lymphoma, type not specified</td>
</tr>
</tbody>
</table>
As gold seeds can be inserted for either external radiotherapy or internal low dose rate brachytherapy, they are not always radioactive. Whether or not they are radioactive will depend on their purpose. When they are being used for low dose brachytherapy they will be radioactive. When they are being used as ‘fiducial markers’ for radiotherapy planning, they will not be radioactive.

The following amendments were made to ACHI for Eighth Edition:

- Tabular List: revised and created codes in block [1160] Application, insertion or removal procedures on prostate or seminal vesicle
- Alphabetic Index: amended to support the above changes

ALPHABETIC INDEX OF INTERVENTIONS

Brachytherapy
- with implantation of 
  - - permanent implant
  - - radioactive seed
- - intravascular 15360-00 [1792]
- - prostate 37227-00 [1160]
- - removable plane, planes

Implant, implantation — see also Insertion
- device
  - - cardiac
  - - - neurostimulator — see Implant, implantation/neurostimulator
- - prostate NEC 90409-00 [1160]
- - prosthetic — see Implant, implantation/prosthesis, prosthetic device
- - expander (skin) (soft tissue) (subcutaneous tissue)
  — see Insertion/tissue expander
- - fiducial marker(s), prostate (fiducial seed) (fiduciary marker) (gold fiducial marker) 37217-00 [1160]
- - generator

Insertion
- device — see also Insertion/by type of device
  - - for female sterilisation (bilateral) (hysteroscopic) (microcoil) (unilateral) 35688-01 [1257]
  - - - - - erection, artificial (inflatable) 37426-01 [1191]
  - - - - - noninflatable 37426-00 [1191]
  - - - pump 37429-00 [1191]
  - - - - - with pressure regulating reservoir 37429-00 [1191]
  - - - fiducial marker(s), prostate (fiducial seed) (fiduciary marker) (gold fiducial marker) 37217-00 [1160]
  - - - - - fixation, internal
  - - - - - - peritoneal access (port-catheter) 90376-00 [983]
  - - - - - - with replacement 90376-01 [983]
  - - - - - prostate NEC 90409-00 [1160]
  - - - - - - silastic implant, thyroid cartilage 90150-00 [531]
  - - - - - - fibrin sealant (biological) (glue)
  - - - - - - - anorectal 90344-00 [929]
  - - - - - - - - with pressure regulating reservoir 90344-00 [929]
  - - - - - - vesicovaginal 90447-00 [1284]
  - - - - - - fiducial marker(s), prostate (fiducial seed) (fiduciary marker) (gold fiducial marker) 37217-00 [1160]
  - - - - - - filter

TABULAR LIST OF INTERVENTIONS

<table>
<thead>
<tr>
<th>1160</th>
<th>Application, insertion or removal procedures on prostate or seminal vesicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>37227-00</td>
<td>Implantation of brachytherapy applicator, prostate</td>
</tr>
<tr>
<td>Insertion of catheters (needles) into prostate for brachytherapy</td>
<td></td>
</tr>
<tr>
<td><strong>Includes:</strong></td>
<td>cystoscopy</td>
</tr>
<tr>
<td></td>
<td>ultrasound</td>
</tr>
<tr>
<td><strong>Note:</strong></td>
<td>Radioactive (gold) seeds for brachytherapy</td>
</tr>
<tr>
<td><strong>Code also, when performed:</strong></td>
<td>brachytherapy, prostate (15338-00 [1792])</td>
</tr>
<tr>
<td><strong>Excludes:</strong></td>
<td>that for radiotherapy planning (37217-00 [1160])</td>
</tr>
</tbody>
</table>

| 37217-00 | Implantation of fiducial marker, prostate |
| **Note:** | Marker for radiotherapy planning |
| **Excludes:** | that for brachytherapy (37227-00 [1160]) |

| 90409-00 | Implantation of other device(s), prostate |
2.13. **Kimura disease**

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

- **Kimura** (M9120/0) D21.9
  - specified site — see Neoplasm/connective tissue/benign
  - kissing B27.9

2.14. **Klatskin tumour**

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

- **Klatskin** (M8162/3) C22.1C24.0
  - Tumour (M8000/1) — see also Neoplasm/uncertain behaviour
  - Klatskin (M8162/3) C22.1C24.0

2.15. **Lymphoid/Lymphomatoid granulomatosis**

The WHO 2008 leukaemia/lymphoma updates to Seventh Edition reclassified lymphoid/lymphomatoid granulomatosis from D47.7 Other specified neoplasm of uncertain or unknown behaviour to C83.8 Other non-follicular lymphoma. Following clinical advice, the morphology code was reclassified from M9766/1 Angiocentric immunoproliferative lesion to M9766/3 Angiocentric immunoproliferative lesion.

In ICD-10-AM Seventh Edition, the morphology code (M9766/3) was included in the index for lymphomatoid granulomatosis. However, it was not included in the ICD-10-AM Tabular List - Appendix A: Morphology of neoplasms. As a result, this code was not included in the Electronic Code List (ECL) and its use created an error when assigned.

The following changes have been made to the ICD-10-AM Tabular List for Eighth Edition – Appendix A: Morphology of neoplasms.

**TABULAR LIST OF DISEASES**

**APPENDIX A**

**MORPHOLOGY OF NEOPLASMS**

- **M976** Immunoproliferative diseases
  - M9766/3 Angiocentric immunoproliferative lesion
2.16. **Lymphomatoid papulosis**

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASE**

- Papule(s) R23.8
  - pinta (primary) A67.0
- **Papulosis, lymphomatoid** (M9718/3) L41.2 C86.6
- Papyraceous fetus P95

**TABULAR LIST OF DISEASE**

<table>
<thead>
<tr>
<th>C86</th>
<th>Other specified types of T/NK-cell lymphoma</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▼0222_0233</td>
</tr>
<tr>
<td>C86.6</td>
<td>Primary cutaneous CD30-positive T-cell proliferations</td>
</tr>
<tr>
<td></td>
<td><strong>Lymphomatoid papulosis</strong></td>
</tr>
<tr>
<td></td>
<td>Primary cutaneous:</td>
</tr>
<tr>
<td></td>
<td>• anaplastic large cell } lymphoma</td>
</tr>
<tr>
<td></td>
<td>• CD30-positive large T-cell }</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L41</th>
<th>Parapsoriasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>L41.2</td>
<td>Lymphomatoid papulosis</td>
</tr>
<tr>
<td></td>
<td>▼0233</td>
</tr>
</tbody>
</table>

*Includes:* morphology code M9718 with behaviour code /3

*Note:* Lymphomatoid papulosis is now classified in ICD-O Third Edition as a malignant neoplasm of the skin with a morphology code of M9718/3. The code L41.2 will continue to be used (although it is located in the chapter Diseases of the skin and subcutaneous tissue).

2.17. **Malignant immunoproliferative disease**

In 2009 and 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meetings in Seoul and Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF DISEASES**

**LIST OF THREE-CHARACTER CATEGORIES**

<table>
<thead>
<tr>
<th>C88</th>
<th>Other B-cell lymphoma [mMalignant immunoproliferative diseases]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▼0222</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C88</th>
<th>Other B-cell lymphoma [mMalignant immunoproliferative diseases]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▼0222</td>
</tr>
</tbody>
</table>

The following fifth character subdivisions are for use with subcategories C88.0-C88.9:

- 0 without mention of remission
- 1 in remission

<table>
<thead>
<tr>
<th>C92.1</th>
<th>Chronic myeloid leukaemia [CML], BCR/ABL-positive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chronic myelogenous leukaemia:</td>
</tr>
<tr>
<td></td>
<td>• Philadelphia chromosome (Ph1) positive</td>
</tr>
</tbody>
</table>

---

• t(9;22) (q34;q11)
• with crisis of blast cells

Excludes: atypical chronic myeloid leukaemia, BCR/ABL-negative (C92.2)
chronic myelomonocytic leukaemia (C93.1-)
unclassified myeloproliferative disease (D47.1)

AUSTRALIAN CODING STANDARDS

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 Other B-cell lymphoma \[m\]alignant immunoproliferative diseases\] C90 Multiple myeloma and malignant plasma cell neoplasms and C91–C95 Leukaemia. 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.

CLASSIFICATION

This standard relates only to the following categories:

| C88.- | Other B-cell lymphoma \[m\]alignant immunoproliferative diseases\] |
| C90.- | Multiple myeloma and malignant plasma cell neoplasms |

2.18. Mature B-cell leukaemia Burkitt-type

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

TABULAR LIST OF DISEASE

| C91.8 | Mature B-cell leukaemia Burkitt-type |

Excludes: Burkitt lymphoma with little or no bone marrow infiltration (C83.7)

2.19. Monoclonal macroglobulinaemia (Indexing)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASE

| Macroglobulinaemia (idiopathic) (primary) C88.0- |
| - monoclonal (essential) D47.2 |
| - Waldenström (M9761/3) C88.0- |
2.20. Neoplasm Index Table – Point 4

A query was received regarding discrepancies in the flags for note 4 of the Neoplasm Table. The sites indexed under bone are flagged, however when looking up marrow, temporal, bone, and vomer in their own right under the main term of Neoplasm, they are not flagged for note 4.

Consequently, the symbol '>*</a> as per point 4 of the note at the Neoplasm Table of the Alphabetic Index has been added at the index entries below for ICD-10-AM Eighth Edition.

### ALPHABETIC INDEX OF DISEASES

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant</th>
<th></th>
<th></th>
<th></th>
<th>Uncertain or unknown behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
<td>Secondary</td>
<td>In situ</td>
<td>Benign</td>
<td></td>
</tr>
<tr>
<td>- jaw</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- bone ◀</td>
<td>C76.0</td>
<td>C79.88</td>
<td>D09.7</td>
<td>D36.7</td>
<td>D48.7</td>
</tr>
<tr>
<td>- lower ◀</td>
<td>C41.1</td>
<td>C79.5</td>
<td>–</td>
<td>D16.5</td>
<td>D48.0</td>
</tr>
<tr>
<td>- upper ◀</td>
<td>C41.02</td>
<td>C79.5</td>
<td>–</td>
<td>D16.42</td>
<td>D48.0</td>
</tr>
<tr>
<td>- carcinoma (any type) (lower) (upper)</td>
<td>C76.0</td>
<td>C79.88</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- malar (see also Neoplasm/cheek) ◀</td>
<td>C41.02</td>
<td>C79.5</td>
<td>–</td>
<td>D16.42</td>
<td>D48.0</td>
</tr>
<tr>
<td>- mammary gland — see Neoplasm/breast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- mandible ◀</td>
<td>C41.1</td>
<td>C79.5</td>
<td>–</td>
<td>D16.5</td>
<td>D48.0</td>
</tr>
<tr>
<td>- alveolar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- - carcinoma (mucosa)</td>
<td>C03.1</td>
<td>C79.88</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>- - mucosa</td>
<td>C03.1</td>
<td>C79.88</td>
<td>D00.0</td>
<td>D10.3</td>
<td>D37.0</td>
</tr>
<tr>
<td>- - ridge or process ◀</td>
<td>C41.1</td>
<td>C79.5</td>
<td>–</td>
<td>D16.5</td>
<td>D48.0</td>
</tr>
<tr>
<td>- marrow (bone) ◀</td>
<td>C96.9</td>
<td>C79.5</td>
<td>–</td>
<td>–</td>
<td>D47.9</td>
</tr>
<tr>
<td>- mastoid (air cell) (antrum) (cavity)</td>
<td>C30.1</td>
<td>C78.3</td>
<td>D02.3</td>
<td>D14.0</td>
<td>D38.5</td>
</tr>
<tr>
<td>- - bone or process ◀</td>
<td>C41.02</td>
<td>C79.5</td>
<td>–</td>
<td>D16.41</td>
<td>D48.0</td>
</tr>
<tr>
<td>- maxilla, maxillary (superior) ◀</td>
<td>C41.02</td>
<td>C79.5</td>
<td>–</td>
<td>D16.42</td>
<td>D48.0</td>
</tr>
<tr>
<td>- - alveolar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- - carcinoma (mucosa)</td>
<td>C03.0</td>
<td>C79.88</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>- - mucosa</td>
<td>C03.0</td>
<td>C79.88</td>
<td>D00.0</td>
<td>D10.3</td>
<td>D37.0</td>
</tr>
<tr>
<td>- - ridge or process ◀</td>
<td>C41.02</td>
<td>C79.5</td>
<td>–</td>
<td>D16.42</td>
<td>D48.0</td>
</tr>
<tr>
<td>- - antrum</td>
<td>C31.0</td>
<td>C78.3</td>
<td>D02.3</td>
<td>D14.0</td>
<td>D38.5</td>
</tr>
<tr>
<td>...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- temporal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- - bone ◀</td>
<td>C41.01</td>
<td>C79.5</td>
<td>–</td>
<td>D16.41</td>
<td>D48.0</td>
</tr>
<tr>
<td>- - pole or lobe</td>
<td>C71.2</td>
<td>C79.3</td>
<td>–</td>
<td>D33.0</td>
<td>D43.0</td>
</tr>
<tr>
<td>...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- vocal cord (true)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- - false</td>
<td>C32.1</td>
<td>C78.3</td>
<td>D02.0</td>
<td>D14.1</td>
<td>D38.0</td>
</tr>
<tr>
<td>- - vomer ◀</td>
<td>C41.02</td>
<td>C79.5</td>
<td>–</td>
<td>D16.42</td>
<td>D48.0</td>
</tr>
<tr>
<td>- - vulva</td>
<td>C51.9</td>
<td>C79.82</td>
<td>D07.1</td>
<td>D28.0</td>
<td>D39.7</td>
</tr>
</tbody>
</table>

2.21. Neoplasm of urethrovaginal septum (Indexing)

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

### ALPHABETIC INDEX OF DISEASES

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant</th>
<th></th>
<th></th>
<th></th>
<th>Uncertain or unknown behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
<td>Secondary</td>
<td>In situ</td>
<td>Benign</td>
<td></td>
</tr>
<tr>
<td>- urethra, urethral (gland)</td>
<td>C68.0</td>
<td>C79.1</td>
<td>D09.1</td>
<td>D30.4</td>
<td>D41.3</td>
</tr>
<tr>
<td>- orifice, internal</td>
<td>C67.5</td>
<td>C79.1</td>
<td>D09.0</td>
<td>D30.3</td>
<td>D41.4</td>
</tr>
<tr>
<td>- urethrovaginal (septum)</td>
<td>C57.9</td>
<td>C79.82</td>
<td>D07.3</td>
<td>D28.9</td>
<td>D39.7</td>
</tr>
<tr>
<td>- septum</td>
<td>C57.9</td>
<td>C79.82</td>
<td>D07.3</td>
<td>D28.9</td>
<td>D39.7</td>
</tr>
<tr>
<td>- urinary organ or system NEC</td>
<td>C68.9</td>
<td>C79.1</td>
<td>D09.1</td>
<td>D30.9</td>
<td>D41.9</td>
</tr>
</tbody>
</table>
2.22. Neoplastic disease, generalised (Indexing)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Disease, diseased — see also Syndrome
- neoplastic (malignant), generalised (M8000/6) C79.9
  — primary site
  — not indicated C80.9
  — unknown, so stated C80.0
- nerve — see Disorder/nerve

2.23. Non-small cell lung carcinoma (Indexing)

A public submission was received regarding indexing of non-small cell lung carcinoma (NSCLC). NSCLC can be further divided into adenocarcinoma, squamous cell carcinoma and large cell carcinoma histologies. Sometimes the phrase ‘non-small cell lung carcinoma’ is used generically, usually when a more specific diagnosis cannot be made. Consequently, the following amendment was made to ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Carcinoma (M8010/3) — see also Neoplasm/malignant
- noninfiltrating (M8010/2)
  - intracystic (M8504/2) — see Neoplasm/in situ
  - lobular (M8520/2)
  - breast D05.0
  - specified site NEC — see Neoplasm/in situ
  - unspecified site D05.0
- non-small cell NEC (M8046/3) — see Neoplasm/lung/malignant
- oat cell (M8042/3)

2.24. Peritoneectomy/cytoreduction surgery (CRS)

A public submission requested a new ACHI code for the classification of peritoneectomy/cytoreduction surgery performed for treatment of disseminated carcinoma.

Refer section 11.31 Peritoneectomy/cytoreduction surgery (CRS) (page 193) for further details.
2.25. **Phaeochromocytoma (Spelling inconsistency)**

Some instances of American spelling were highlighted in the ICD-10-AM Alphabetic Index. For consistency the following terms have been corrected from American to English spelling in ICD-10-AM Eighth Edition:

- Pheochromoblastoma to Phaeochromoblastoma
- Pheochromocytoma to Phaeochromocytoma
- Pheohyphomycosis to Phaeohyphomycosis
- Pheomycosis to Phaeomycosis

**ALPHABETIC INDEX OF DISEASE**

| Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic) | I10 |
| - due to |
| - - endocrine disorders I15.2 |
| - - kidney disorder NEC I15.1 |
| - - - arterial I15.0 |
| - - phaeochromocytoma I15.2 |
| - - renovascular disorders I15.0 |
| ... |
| - secondary NEC I15.9 |
| - - due to |
| - - - endocrine disorders I15.2 |
| - - - kidney disorders NEC I15.1 |
| - - - - arterial I15.0 |
| - - - phaeochromocytoma I15.2 |
| - - - renovascular disorders I15.0 |

**Pfeiffer's disease** B27.0

**Phaeochromoblastoma (M8700/3)**
- in situ (M8700/2)
- - specified site — see Neoplasm/malignant
- - uncertain or unknown behaviour (M8700/1)
- - unspecified site C74.1

**Phaeochromocytoma (M8700/0)**
- in situ (M8700/2)
- - specified site — see Neoplasm/malignant
- - unspecified site D09.3
- - malignant (M8700/3)
- - - specified site — see Neoplasm/malignant
- - - - unspecified site C74.1
- - - - specified site — see Neoplasm/benign
- - - unspecified site D35.0

**Phaeohyphomycosis (see also Chromomycosis)** B43.9

**Phaeomycosis** — see Chromomycosis

**Phagedaena** (dry) (moist) (see also Gangrene) R02

**Phenylketonuria** E70.1
- - classical E70.0
- - maternal E70.1

**Phaeochromoblastoma (M8700/3)**
- specified site — see Neoplasm/malignant
- - unspecified site C74.1

**Phaeochromocytoma (M8700/0)**
- - malignant (M8700/3)
- - specified site — see Neoplasm/malignant
- - - unspecified site C74.1
- - - specified site — see Neoplasm/benign
- - - unspecified site D35.0

**Phaeohyphomycosis (see also Chromomycosis)** B43.9

**Phaeomycosis** — see Chromomycosis

**Phimosis** (congenital) (due to infection) N47

**Secretion**
- - catecholamine, by phaeochromocytoma E27.5
- - hormone
- - - by
- - - - carcinoid tumour E34.0
- - - - phaeochromocytoma E27.5
- - - - antidiuretic, inappropriate (syndrome) E22.2

2.26. **Plasma cell myeloma (Indexing)**

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

**Myeloma** (multiple) (M9732/3) C90.0-
- - monostotic (M9731/3) C90.3-
| - - plasma cell (M9732/3) C90.3- C90.0-
- - plasma cell (M9732/3) C90.0-
2.27. Removal of nasopharyngeal tumour

The description of MBS item 41767 was amended to expand the range of surgical approaches that may be used for removal of nasopharyngeal tumours. These changes have been included in ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Excision — see also Removal
- lesion(s) — see also Excision/tumour AND Excision/cyst AND Excision/polyp
- - with panendoscopy (to duodenum) 30478-04 [1008]
- - nasal sinus
- - nasopharynx (transpalatal) 41767-00 [421]
- - nerve

TABULAR LIST OF INTERVENTIONS

421 | Other excision procedures on pharynx
41767-00 | Removal of lesion of nasopharynx, transpalatal approach

| Includes: | transnasal → approach
| | transpalatal ↙

2.28. Resistance to antimicrobial and antineoplastic drugs

Refer section 21.3 Resistance to antimicrobial and antineoplastic drugs (page 272) for further details.

2.29. Secondary malignant neoplasm of bile canal (Indexing)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant</th>
<th>Uncertain or unknown behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>- bile or biliary (tract)</td>
<td>C24.9</td>
<td>C78.8</td>
</tr>
<tr>
<td>- - canals, interlobular</td>
<td>C22.1</td>
<td>C78.8</td>
</tr>
<tr>
<td>- - duct or passage (common) (cystic) (extrahepatic) ...</td>
<td>C24.0</td>
<td>C78.8</td>
</tr>
<tr>
<td>- - - interlobular</td>
<td>C22.1</td>
<td>C78.8</td>
</tr>
<tr>
<td>- - - intrahepatic</td>
<td>C22.1</td>
<td>C78.7</td>
</tr>
<tr>
<td>- - - with extrahepatic</td>
<td>C24.8</td>
<td>C78.8</td>
</tr>
<tr>
<td>- - bladder (urinary)</td>
<td>C67.9</td>
<td>C79.1</td>
</tr>
<tr>
<td>- - canaliculi</td>
<td>C22.1</td>
<td>C78.8</td>
</tr>
<tr>
<td>- - biliferi</td>
<td>C22.1</td>
<td>C78.8</td>
</tr>
<tr>
<td>- - intrahepatic</td>
<td>C22.1</td>
<td>C78.7</td>
</tr>
<tr>
<td>- - - canthus (eye) (inner) (outer)</td>
<td>C44.1</td>
<td>C79.2</td>
</tr>
<tr>
<td>- - - choana</td>
<td>C11.3</td>
<td>C79.88</td>
</tr>
<tr>
<td>- - cholangiole</td>
<td>C22.1</td>
<td>C78.8</td>
</tr>
</tbody>
</table>
2.30. Telangiectatic focal nodular hyperplasia (TFNH) of liver (Indexing)

A public submission was received requesting an index entry for telangiectatic focal nodular hyperplasia (TFNH) of the liver. Focal nodular hyperplasia (FNH) is a benign, firm, nodular, highly vascular tumour of the liver, resembling cirrhosis. TFNH is characterised by marked vascular disorders, including sinusoidal dilatation, peliosis, and abnormally enlarged arteries, without significant fibrosis. The ICD-10-AM Alphabetic Index has been updated in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Flutter …
- ventricular I49.0

FNH (focal nodular hyperplasia), of liver K76.8
- telangiectatic (TFNH) (M8170/0) D13.4

Fochier’s abscess — see Abscess/by site

Hyperplasia, hyperplastic
- liver (congenital) Q44.79

- - nodular, focal (FNH) K76.8
- - - telangiectatic (TFNH) (M8170/0) D13.4
- - - lymph gland or node R59.9

Tetrasomy 12p (Pallister mosaic syndrome tetrasomy 12p) Q99.8

TFNH (telangiectatic focal nodular hyperplasia), of liver (M8170/0) D13.4

Thalassaemia (anaemia) (disease) D56.9

2.31. Tumour of uncertain or unknown behaviour of pancreas

A DRG public submission highlighted that neoplasms of uncertain or unknown behaviour of the pancreas were being inappropriately grouped to MDC 06 Diseases and disorders of the digestive system. On review it was identified that this was because in ICD-10 neoplasms of uncertain or unknown behaviour of pancreas are classified to D37.7 Neoplasm of uncertain or unknown behaviour of other digestive organs.

The following amendments were made to ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Adenoma (M8140/0) — see also Neoplasm/benign
- alpha-cell (M8152/1) — see also Neoplasm/uncertain behaviour
- - pancreas D37.71
- - - specified site NEC — see Neoplasm/uncertain behaviour
- - - unspecified site D37.71
- - - alveolar (M8251/0) D14.3

Gastrinoma (M8153/1)
- - specified site — see Neoplasm/uncertain behaviour
- - unspecified site D37.79

Gastritis (simple) K29.70

Glucagonoma …
- - unspecified site

- - in situ (M8152/2) D01.7
- - malignant (M8152/3) C25.4
- - uncertain or unknown behaviour (M8152/1) D37.71

Insulinoma
- pancreas …
- - - malignant (M8151/3) C25.4
- - - uncertain or unknown behaviour (M8151/1) D37.71
- - - specified site NEC
- - - unspecified site
- - - benign (M8151/0) D13.7
- - - in situ (M8151/2) D01.7
- - - malignant (M8151/3) C25.4
- - - uncertain or unknown behaviour (M8151/1) D37.71

Insuloma (M8151/0) — see Insulinoma
<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant</th>
<th>Malignant</th>
<th>Benign or unknown behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>- anorectum, anorectal (junction)</td>
<td>C21.8</td>
<td>C78.5</td>
<td>D01.3</td>
</tr>
<tr>
<td>- antecubital fossa or space #</td>
<td>C76.4</td>
<td>C79.88</td>
<td>D04.6</td>
</tr>
<tr>
<td>- antrum (Highmore) (maxillary)</td>
<td>C31.0</td>
<td>C78.3</td>
<td>D02.3</td>
</tr>
<tr>
<td>- - pyloric</td>
<td>C16.3</td>
<td>C78.8</td>
<td>D00.2</td>
</tr>
<tr>
<td>- - typanicum</td>
<td>C30.1</td>
<td>C78.3</td>
<td>D02.3</td>
</tr>
<tr>
<td>- anus, anal</td>
<td>C21.0</td>
<td>C78.5</td>
<td>D01.3</td>
</tr>
<tr>
<td>- canal</td>
<td>C21.1</td>
<td>C78.5</td>
<td>D01.3</td>
</tr>
<tr>
<td>- - skin</td>
<td>C44.5</td>
<td>C79.2</td>
<td>D04.5</td>
</tr>
<tr>
<td>- - - skin</td>
<td>C44.5</td>
<td>C79.2</td>
<td>D04.5</td>
</tr>
<tr>
<td>- - - sphincter</td>
<td>C21.1</td>
<td>C78.5</td>
<td>D01.3</td>
</tr>
<tr>
<td>- - aorta (thoracic)</td>
<td>C49.3</td>
<td>C78.88</td>
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<td>C21.1</td>
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<td>C44.2</td>
<td>C79.2</td>
<td>D04.2</td>
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<td>D00.0</td>
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<td>C76.4</td>
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<td>C71.0</td>
<td>C79.3</td>
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<td>C25.4</td>
<td>C78.8</td>
<td>D01.7</td>
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<td>- - - brain</td>
<td>C71.0</td>
<td>C79.3</td>
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<td>C13.1</td>
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<td>- - - intervertebral cartilage or disc</td>
<td>C41.2</td>
<td>C79.5</td>
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<td>C78.5</td>
<td>D01.4</td>
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<td>C71.0</td>
<td>C79.3</td>
<td>-</td>
</tr>
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<td>- - - islands or islets of Langerhans</td>
<td>C25.4</td>
<td>C78.8</td>
<td>D01.7</td>
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<td>C54.0</td>
<td>C79.82</td>
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<td>- - - junction</td>
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<td>D00.2</td>
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<td>C78.8</td>
<td>D01.7</td>
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<td>D00.0</td>
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<td>C78.8</td>
<td>D00.2</td>
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<td>D00.1</td>
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<td>D00.1</td>
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<td>D00.1</td>
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<td>C78.8</td>
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<td>C15.1</td>
<td>C78.8</td>
<td>D00.1</td>
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</table>
- upper (third) ........................................ C15.3  C78.8  D00.1  D13.0  D37.79
- olfactory nerve or bulb .......................... C72.2  C79.4  –  D33.3  D43.3

- pancreas ........................................... C25.9  C78.8  D01.7  D13.6  D37.71
- body ................................................ C25.1  C78.8  D01.7  D13.6  D37.71
- duct (of Santorini) (of Wirsung) ............. C25.3  C78.8  D01.7  D13.6  D37.71
- head ................................................ C25.0  C78.8  D01.7  D13.6  D37.71
- islet cells ........................................ C25.4  C78.8  D01.7  D13.7  D37.71
- neck ................................................ C25.7  C78.8  D01.7  D13.6  D37.71
- tail .................................................. C25.2  C78.8  D01.7  D13.6  D37.71
- para-aortic body ................................ C75.5  C79.88  –  D35.6  D44.7

- sphincter
  - anal ............................................. C21.1  C78.5  D01.3  D12.9  D37.79
  - of Oddi ........................................ C24.0  C78.8  D01.5  D13.5  D37.6

- spine, spinal (column)
  - bulb ............................................. C41.2  C79.5  –  D16.6  D48.0

- sacrum ............................................ C41.4  C79.5  –  D16.8  D48.0

- spleen, splenic NEC ............................. C26.1  C78.8  –  D13.9  D37.79

- flexure (colon) .................................. C18.5  C78.5  D01.0  D12.3  D37.4

- windpipe ......................................... C33  C78.3  D02.1  D14.2  D38.1

- Wirsung's duct .................................. C25.3  C78.8  D01.7  D13.6  D37.71

- Wolffian (body) (duct)

<table>
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<tr>
<th>Tumour (M8000/1) — see also Neoplasm/uncertain behaviour</th>
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<tr>
<td>alpha-cell (M8152/1)</td>
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<td>- pancreas C25.4</td>
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<td>- specified site NEC — see Neoplasm/malignant</td>
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<tr>
<td>- unspecified site C25.4</td>
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<td>pancreas D37.71</td>
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<td>- specified site NEC — see Neoplasm/uncertain behaviour</td>
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<td>- unspecified site D37.71</td>
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<td>- aneurysmal (see also Aneurysm) I72.9</td>
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<td>- G cell (M8153/1)</td>
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<td>- unspecified site D37.29</td>
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<td>- islet cell (M8150/1) D37.71</td>
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<tr>
<td>- pancreas</td>
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<tr>
<td>- benign (M8150/0) D13.7</td>
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<tr>
<td>- unspecified site behaviour (M8150/1) D37.71</td>
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<tr>
<td>- unspecified site NEC</td>
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<td>- benign (M8150/0) — see Neoplasm/benign</td>
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<td>- malignant (M8150/3) — see Neoplasm/malignant</td>
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<tr>
<td>- unspecified site behaviour (M8150/1) — see Neoplasm/uncertain or unknown behaviour</td>
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<table>
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<tr>
<th>TABULAR LIST OF DISEASES</th>
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</thead>
<tbody>
<tr>
<td>D37</td>
</tr>
<tr>
<td>D37.7</td>
</tr>
</tbody>
</table>

Anal:
• canal
• sphincter
Anus NOS
Intestine NOS
Oesophagus

Excludes: anal:
• margin (D48.5)
• skin (D48.5)
  perianal skin (D48.5)

D37.7 Other digestive organs

D37.71 Pancreas

D37.79 Other specified digestive organs

Anal:
• canal
• sphincter
Anus NOS
Intestine NOS
Oesophagus

Excludes: anal:
• margin (D48.5)
• skin (D48.5)
  perianal skin (D48.5)

D37.9 Digestive organ, unspecified

D44 Neoplasm of uncertain or unknown behaviour of endocrine glands

Excludes: endocrine pancreas (D37.71)
  ovary (D39.1)
  testis (D40.1)
  thymus (D38.4)

D48 Neoplasm of uncertain or unknown behaviour of other and unspecified sites

D48.5 Skin
Anal:
• margin
• skin
  Perianal skin
  Skin of breast

Excludes: anus NOS (D37.79)
  skin of genital organs (D39.7, D40.7)
  vermilion border of lip (D37.0)

2.32. Xanthoma, Xanthomatosis, bone (generalisata) (Indexing)

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Xanthoma(s), xanthomatosis (familial) (hereditary) (primary) E75.5
- bone (generalisata) (M9751/3) C96.5
- cerebrotendinous E75.5
2.33. ACS 0044 Chemotherapy

A public submission was received suggesting that a reference to ACS 0044 Chemotherapy be included in ACS 0042 Procedures normally not coded to ensure that users refer to this standard and ensure chemotherapy is coded appropriately.

Refer section 26.12 ACS 0042 Procedures normally not coded and ACS 0044 Chemotherapy (page 303) for details of changes to ACS 0042.

2.34. ACS 0219 Mastectomy for malignancy on biopsy (Deleted)

A review of this standard highlighted that it did not provide any additional information to what was already provided in ACS 0236 Neoplasm coding and sequencing. Therefore ACS 0219 Mastectomy for malignancy on biopsy has been deleted for ACS Eighth Edition.

AUSTRALIAN CODING STANDARDS

TABLE OF CONTENTS
SPECIALTY STANDARDS
2. Neoplasms
  0236 Neoplasm coding and sequencing
  0218 Lymphangitis carcinomatosis
  0219 Mastectomy for malignancy found on biopsy
  0222 Lymphoma

0219 MASTECTOMY FOR MALIGNANCY FOUND ON BIOPSY
When malignancy is shown on breast biopsy but no malignant cells are found in mastectomy specimen, code to the original diagnosis shown on biopsy.

2.35. ACS 0229 Radiotherapy

In response to a query regarding the correct code assignment for radiotherapy performed multiple times during an episode of care, a specific instruction has been incorporated into ACS 0229 Radiotherapy for Eighth Edition. ACS 1404 Admission for Kidney dialysis has also been updated for consistency of wording and amendments have been made at ACS 0020 Bilateral/multiple procedures.

AUSTRALIAN CODING STANDARDS

Refer section 14.13 ACS 1404 Admission for kidney dialysis (page 232) for details of changes to ACS 1404 Admission for kidney dialysis

Refer section 26.6 ACS 0020 Bilateral/multiple procedures (page 295) for overlapping changes to ACS 0020 Bilateral/multiple procedures.

0229 RADIOTHERAPY

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.
MULTI-DAY EPISODES OF CARE FOR RADIOTHERAPY

Multi-day inpatient episodes of care (ie patients separated on a subsequent date to the admission date) for receiving radiotherapy for malignant conditions neoplasms should have the malignant condition neoplasm sequenced as the principal diagnosis, and the appropriate radiation oncology procedure code from blocks [1786] to [1799]. Radiation oncology procedures. Should there be any same-day radiotherapy admissions (admission and discharge on the same date), Z51.0 Radiotherapy session will be the principal diagnosis followed by the malignancy and procedure codes.

For information on classification of adverse effects of radiotherapy, please refer to ACS 1902 Adverse effects.

RADIOThERAPY PROCEDURE CODING

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 the radiotherapy is performed under cerebral anaesthesia, the procedure should be coded as many times as it is performed.

0020 BILATERAL/MULTIPLE PROCEDURES

... MULTIPLE PROCEDURES ...

Classification

1. The SAME PROCEDURE repeated during the episode of care at different 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.

Examples of Exceptions to this rule are:

- procedures included in ACS 0042 Procedures normally not coded
- procedures where multiples are included in the code descriptor, such as:
  - ECT (see ACS 0533 Electroconvulsive therapy)
  - removal of renal calculi
  - dialysis (haemodialysis, peritoneal)
- ... procedures with specific rules in other coding standards, such as:
  - burn dressings (see ACS 1911 Burns)
  - chemotherapy (see ACS 0044 Chemotherapy)
  - blood transfusions (see ACS 0302 Blood transfusions)
  - allied health interventions (see ACS 0032 Allied health interventions)
  - dialysis (see ACS 1404 Admission for kidney dialysis)
  - ECT (see ACS 0533 Electroconvulsive therapy)
  - radiotherapy (see ACS 0229 Radiotherapy)

2.36. ACS 0236 Neoplasm coding and sequencing

Refer section 21.4 ACS 2114 Prophylactic surgery (New) (page 276) for changes to ACS 0236 Neoplasm coding and sequencing.
2.37. Appendix A – Morphology of neoplasms

Over the years, there have been many ad hoc requests for the inclusion of certain morphology codes to reflect changes in behaviour that were not listed in the Electronic Code List (ECL) but which are in line with the coding convention which states “the behaviour code should be changed if the other reported information makes this appropriate.” Consequently, a review of the ICD-10-AM Tabular List - Appendix A: Morphology of neoplasms, was undertaken in conjunction with the Australasian Association of Cancer Registries (AARC) Coding and Reporting Committee. Consequently over 300 new morphology codes were added to Appendix A.

Other changes to the Morphology of neoplasms originated from an update to ICD-O-3 which was released by the World Health Organization (WHO) in November 2011, for implementation from 1 January 2012. Following a clinical review these updates were endorsed for inclusion into ICD-10-AM Eighth Edition by the AARC.

Additionally, advice published in Coding Q&A, December 2011 highlighted that there was an index entry for Myelodysplastic and myeloproliferative disease NOS (C94.6) in ICD-10-AM with no corresponding morphology code. The appropriate morphology code has now been included in ICD-10-AM for Eighth Edition.

A public submission was also received regarding indexing of non-small cell lung carcinoma (NSCLC). NSCLC can be further divided into adenocarcinoma, squamous cell carcinoma and large cell carcinoma histologies however the phrase ‘non-small cell lung carcinoma’ can be used generically, usually when a more specific diagnosis cannot be made.

The following changes were incorporated into ICD-10-AM for Eighth Edition:
- Added WHO ICD-O-3 updates and clinically valid morphologies approved by the AACR Coding and Reporting Committee to Appendix A: Morphology of neoplasms
- Amended Alphabetic Index to support these changes
- Added morphology code ‘M9989/3’ at index entry Disease/myelodysplastic and myeloproliferative NEC
- Added ‘NEC’ at index entries Carcinoma/non-small cell and Carcinoma in situ/non-small cell
- Refined index entries to clarify code assignment and reduce duplication where possible.
- Corrected abbreviations in Appendix A: Morphology of Neoplasms.

ALPHABETIC INDEX OF DISEASES

Abnormal, abnormality, abnormalities — see also Anomaly
- movement (disorder) (see also Disorder/movement) G25.9
  | - - head R25.0
  | - - involuntary R25.8
  | - myelopoiesis, transient (M9898/1) D47.7
  | - myoglobin (Aberdeen) (Annapolis) R89.-

Adamantinoma (M9310/0) D16.5
- in situ (M9310/2) D09.7
  | - - long bones (M9261/2) D09.7
  | - - tibial (M9261/2) D09.7
  | - jaw (bone) (lower) D16.5
  | - - upper D16.42
  | - long bones (M9261/3) C40.9
  | - - malignant (M9310/3) C41.1
  | - - jaw (bone) (lower) C41.1
  | - - - upper C41.02
  | - - long bones (M9261/3) — see also Neoplasm/bone/malignant
    | - mandible D16.8
    | - tibial (M9261/3) C40.2

Adenocarcinofibroma — see also Neoplasm/malignant
- clear cell (M8313/3) C56
  | - in situ (M8313/2) D07.3
  | - mucinous (M9015/3)
  | - - in situ (M9015/2) — see Neoplasm/in situ
  | - serous (M9014/3)
  | - - in situ (M9014/2) — see Neoplasm/in situ

Adenocarcinoid (tumour) (M8245/3) — see Neoplasm/malignant
- in situ (M8245/2) — see Neoplasm/in situ

Adenocarcinoma (M8140/3) — see also Neoplasm/malignant
- and
  | - - carcinoïd, combined (mixed) (M8244/3)
  | - - epidermoid carcinoma, mixed (M8560/3)
  | - - squamous cell carcinoma, mixed (M8560/3)
  | - - apocrine (M8401/3) C44.9
  | - - breast — see Neoplasm/breast/malignant
  | - - - colloid (M8480/3)
  | - - cribriform comedo-type (M8201/3)
- cylindroid (M8200/3)
  - endocervical type (M8384/3)
  - endocrine and exocrine, mixed (M8154/3) C25-
  - endometrioid (M8380/3)
  - oxyphilic (M8290/3)
  - pancreatico-biliary-type (M8163/3) C24.1
  - papillary (M8280/3)
  - serous (M8441/3) — see also Neoplasm/malignant
    - papillary (M8260/3)
    - unspecified site C56
  - serrated (M8218/3)
  - signet ring cell (M8490/3)

Adenocarcinoma in situ (M8140/2) — see also Neoplasm/in situ
  - with
    - apocrine metaplasia (M8573/2)
    - cartilaginous and/or osteoid metaplasia (M8571/2)
    - mixed subtypes (M8255/2)
    - neuro-endocrine differentiation (M8574/2)
    - osseous and/or cartilaginous metaplasia (M8571/2)
    - other types of carcinoma, combined (M8255/2)
    - spindle cell metaplasia (M8572/2)
    - squamous metaplasia (M8570/2)
    - acidophil (M8280/2)
      - specified site — see Neoplasm/in situ
      - unspecified site D09.3
    - acinar (cell) (M8550/2)
      - specified site — see Neoplasm/in situ
      - unspecified site D09.3
    - bronchial (M8140/1)
      - carcinoid type (M8240/3)
        — see Neoplasm/lung/malignant
      - - in situ (M8240/2) D07.3
      - - malignant (M8381/3) C56
    - cell (M8300/2)
      - follicular variant (M8340/2) D09.3
      - - specified site — see Neoplasm/in situ
      - - unspecified site D07.3
    - chromophobe (M8270/2)
      - specified site — see Neoplasm/in situ
      - unspecified site D09.3
    - clear cell (mesonephric) (M8310/2)
    - colloid (M8408/2)
    - digital papillary (M8408/2) — see Neoplasm/skin/in situ
    - eccrine (M8413/2) — see Neoplasm/skin/in situ
    - papillary (M8408/2) — see Neoplasm/skin/in situ
    - endocervical type (M8163/3) D01.5
    - papillary (M8260/2)
      - with follicular (M8340/2) D09.3
      - - specified site — see Neoplasm/in situ
      - - unspecified site D07.3
    - mucin-producing (M8481/2)
    - mucoid (M8480/2)
    - mucous (M8480/2)
    - papillary (M8260/2)
      - with follicular (M8340/2) D09.3
      - - specified site — see Neoplasm/in situ
      - - unspecified site D07.3
    - scirrhous (M8141/2)
    - signet ring cell (M8490/2)
      - small cell, combined (M8492/2)
    - tubular (M8211/2)
      - water-clear cell (M8322/2)
      - - specified site — see Neoplasm/in situ
      - - unspecified site D09.3

Adenofibroma (M9013/0) — see also Neoplasm/benign
  - endometrioid (M8381/0) D27
    - borderline malignancy (M8381/1) D39.1
    - - in situ (M8381/2) D07.3
    - - malignant (M8381/3) C56
    - mucinous (M9015/0) — see also Neoplasm/benign
      - - borderline malignancy (M9015/1) — see Neoplasm/uncertain behaviour
      - - in situ (M9015/2) — see Neoplasm/in situ
      - - malignant (M9015/3) — see Neoplasm/malignant
    - serous (M9014/0) — see also Neoplasm/benign
      - - borderline malignancy (M9014/1) — see Neoplasm/uncertain behaviour
      - - in situ (M9014/2) — see Neoplasm/in situ
      - - malignant (M9014/3) — see Neoplasm/malignant

Adenoma (M8140/0) — see also Neoplasm/benign
  - basal cell (M8147/0) D11.9
    - - uncertain or unknown behaviour (M8147/1) D37.0
    - - basophil (M8300/0)
      - - bronchial (M8140/1) D38.1
      - - carcinoïd type (M8240/3) — see Neoplasm/lung/malignant
      - - - in situ (M8240/2) — see Neoplasm/lung/in situ
      - - cylindrical type (M8200/2) — see Neoplasm/lung/malignant
      - - eosinophil (M8280/2)
        - - specified site — see Neoplasm/in situ
        - - unspecified site D09.3
      - - - gelatinous (M8480/2)
      - - granular cell (M8320/2)
      - - Hürthle cell (M8290/2) D09.3
      - - in
- lactating (M8204/0) D24
- lipid-rich (M8314/0)
- liver cell (M8170/0) D13.4
- mucin (M8480/0)
- uncertain or unknown behaviour (M8480/1) — see Neoplasm/uncertain behaviour
- mucoid cell (M8300/0)
- pleomorphic (M8940/0)
- - carcinoma in situ (M8941/3) — see also Neoplasm/salivary gland or duct/malignant
- - in situ (M8941/2)
- - - specified site — see Neoplasm/in situ
- - - - unspecified site D00.5
- - - specified site — see Neoplasm/malignant
- - serous, microcystic (M8441/0)
- - serrated (sessile) (traditional) (M8213/0)
- - Sertoli cell (M8640/1) — see Neoplasm/uncertain behaviour
- - trabecular (M8190/0)
- - traditional serrated (sessile) (M8213/0)
- - tubular (M8211/0) — see also Neoplasm/benign
- - adenocarcinoma in situ (M8210/3) — see Neoplasm/malignant
- - adenocarcinoma in situ (M8210/2) — see Neoplasm/in situ
- - Pick (M8640/1) — see Neoplasm/uncertain behaviour
tubulopapillary (M8263/0) — see also Neoplasm/benign
- tubulovillous (M8263/0) — see also Neoplasm/benign
Ameloblastoma (M9310/0) D16.5
- in situ (M9310/2) D09.7
- - long bones (M9261/2) D09.7
- - - specified site — see Neoplasm/malignant
- - - unspecified site
- - jaw (bone) (lower) D16.5
- - - in situ (M9261/2) D09.7
- - - specified site — see Neoplasm/in situ
- - - unspecified site
- - upper D16.42
- - long bones (M9261/3) C40.9
- - - malignant (M9310/3) C41.1
- - - - specified site — see Neoplasm/malignant
- - - - unspecified site C71.9
- - - jaw (bone) (lower) C41.1
- - - - upper C41.02
- - - long bones (M9261/3) — see Neoplasm/bone/malignant
- - mandible D16.5
- - - tibial (M9261/3) C40.2
Androblastoma (M8630/1) — see also Neoplasm/uncertain behaviour
- benign (M8630/0)
- - specified site — see Neoplasm/benign
- - unspecified site
- - - female D27
- - - male D29.2
- - in situ (M8630/2)
- - - specified site — see Neoplasm/in situ
- - - unspecified site
- - - female D07.3
- - - male D07.6
- - - malignant (M8630/3)
Angioblastoma (M9160/1) — see also Neoplasm/uncertain behaviour
- - in situ (M9160/2) D09.7
- - long bones (M9261/2) D09.7
- - - specified site — see Neoplasm/malignant
- - - unspecified site
- - - female D07.3
- - - male D07.6
- - - malignant (M8630/3)
Angiocholecystitis (see also Cholecystitis/acute) K81.0
Angioendothelioma (M9130/1) — see also Neoplasm/uncertain behaviour
- Ewing (M9260/3) — see Neoplasm/bone/malignant
- - in situ (M9260/2) D09.7
- - in situ (M9130/2) — see Neoplasm/in situ
- - nervous system (M9130/0) D18.0
Angiosarcoma (M9120/3) — see also Neoplasm/malignant
- in situ (M9120/2) D09.7
- liver C22.3
Arrhenoblastoma (M8630/1)
- - benign (M8630/0)
- - - specified site — see Neoplasm/benign
- - - unspecified site
- - - female D27
- - - male D29.2
- - in situ (M8630/2)
- - - specified site — see Neoplasm/in situ
- - - unspecified site
- - - female D07.3
- - - male D07.6
- - malignant (M8630/3)
Askin’s tumour (M9365/3) — see Neoplasm/uncertain behaviour
- - in situ (M9365/2) D09.7
Asocial personality F60.2
Astroblastoma (M9430/3)
- - in situ (M9430/2) D09.7
- - specified site — see Neoplasm/brain/malignant
- - unspecified site C71.9
Astrocytoma (cystic) (diffuse) (low grade) (M9400/3)
- - anaplastic (M9401/3)
- - in situ (M9401/2) D09.7
- - - specified site — see Neoplasm/brain/malignant
- - - unspecified site C71.9
- - benign (M9400/0) — see Neoplasm/brain/benign
desmoplastic infantile (M9412/1) — see Neoplasm/brain/uncertain behaviour
- - fibrillary (M9420/3)
- - - specified site — see Neoplasm/brain/malignant
- - - unspecified site C71.9
- - fibrous (M9420/3)
- - - specified site — see Neoplasm/brain/malignant
- - - unspecified site C71.9
- - gemistocytic (M9411/3)
- - - in situ (M9411/2) D09.7
- - - specified site — see Neoplasm/malignant
- - - unspecified site C71.9
- - in situ (M9400/2) D09.7
- - infantile, desmoplastic (M9412/1) — see Neoplasm/brain/uncertain behaviour
- - piloid (M9421/3)
- - - specified site — see Neoplasm/malignant
- - - unspecified site C71.9
- - pilomyxoid (M9425/3)
- - protoplasmic (M9410/3)
- - - in situ (M9410/2) D09.7
- - - specified site — see Neoplasm/malignant
- - - unspecified site C71.9
- - - specified site NEC — see Neoplasm/malignant
- subependymal (M9383/1) D43.2
  - - giant cell (M9384/1)
  - - unspecified site D43.2
- unspecified site D43.2
- uncertain or unknown behaviour (M9400/1) — see Neoplasm/uncertain behaviour
- unspecified site C71.9

Astroglia (M9400/3)
- benign (M9400/0)
  - - specified site — see Neoplasm/brain/benign
  - - unspecified site D33.2
- in situ (M9400/2) D09.7
- - specified site — see Neoplasm/brain/malignant
- - uncertain or unknown behaviour (M9400/1) D43.2
  - - specified site — see Neoplasm/brain/uncertain behaviour
  - - unspecified site D43.2
- - unspecified site C71.9

Blastema (M8000/3) — see Neoplasm/malignant
- pleuropulmonary (M8973/3)
  - - in situ (M8973/2)
  - - pulmonary (M8972/3) — see Neoplasm/lung/malignant
- - in situ (M8972/2) — see Neoplasm/lung/in situ

Blastomycosis, blastomycotic B40.9

Blue
- dot cataract Q12.0
- naevus (M8780/0) D22.9-
  - - in situ (M8780/2) D03.-

Brenner
- tumour (M9000/0) D27
  - - borderline malignancy (M9000/1) D39.1
  - - in situ (M9000/2) D07.3
- - malignant (M9000/3) C56

Carcinoid (tumour) (M8240/3) — see also Neoplasm/malignant
  - with struma ovarii (M9091/1) D39.1
  - - in situ (M9091/2) D07.3
  - - and adenocarcinoma, combined (mixed) (M8244/3)
  - - in situ (M8244/2)
- appendix (M8240/4) D37.3 C18.1
- argentaffin (M8240/1) — see also Neoplasm/uncertain behaviour
- - malignant (M8241/3) — see Neoplasm/malignant
  - - atypical (M8249/3)
- - in situ (M8249/2)
- - benign (M8240/0) — see also Neoplasm/benign
  - - bronchial adenoma (M8240/5) — see Neoplasm/lung/malignant
  - - composite (M8244/3)
  - - in situ (M8244/2)
- EC cell (enterochromaffin cell) (M8241/3) — see Carcinoid/enterochromaffin cell
- ECL cell (enterochromaffin-like cell) (M8242/1) — see also Neoplasm/uncertain behaviour Carcinoid/enterochromaffin-like cell
- - malignant (M8242/3) — see Neoplasm/malignant
  - - enterochromaffin cell (EC cell) (M8241/3)
  - - - benign (M8241/0)
  - - - in situ (M8241/2)
  - - enterochromaffin-like cell (ECL cell) (M8242/1) — see Neoplasm/uncertain behaviour
  - - - in situ (M8242/2) — see Neoplasm/in situ
  - - - malignant (M8242/3) — see Neoplasm/malignant

Carcinoma (M8010/3) — see also Neoplasm/malignant
- acinar (cell) (M8550/3)
- - acinar-ductal, mixed (M8552/3) — see Neoplasm/pancreas/malignant
- - acinar-endocrine, mixed (M8154/3)
- - acinar-endocrine-ductal, mixed (M8154/3) — see Neoplasm/pancreas/malignant
- - acinic cell (M8550/3)
- - adenocystic (M8200/3)
- - adenoid
  - - basal (M8098/3) — see Neoplasm/cervix/malignant
  - - cystic (M8200/3)
  - - squamous cell (M8075/3)
  - - adenoneuroendocrine, mixed (MANEC) (M8244/3)
- - adenosquamous (M8560/3)
  - - cribriform (M8201/3)
  - - and infiltrating duct (M8523/3) — see Neoplasm/breast/malignant
  - - comedo-type (M8201/3)
- - intraepithelial (M8010/2) — see also Neoplasm/in situ
  - - squamous cell (M8070/2)
  - - intraosseous, primary (M9270/3) C41.1
  - - - upper jaw (bone) C41.102
  - - islet cell (M8150/3)
  - - large cell (M8012/3)
  - - - with rhabdoid phenotype (M8014/3)
  - - - neuro-endocrine (M8013/3)
  - - - small cell (M8045/3)
  - - - squamous cell (M8070/3)
  - - - keratinising (M8071/3)
  - - - nonkeratinising (M8072/3)
  - - Leydig cell (testis) (M8650/3)
  - - - specified site — see Neoplasm/malignant
  - - - unspecified site
  - - - female C55
  - - - male C62.9
  - - - lipid-rich (M8314/3) C50.9
  - - large cell (M8012/3)
  - - - unspecified site
  - - - female C55
  - - - male C62.9
  - - - lipid-rich (M8314/3) C50.9
  - metatypical (M8095/3) — see Neoplasm/skin/malignant

...
- micropapillary (M8265/3)
- morphea, basal cell (M8092/3) — see Neoplasm/skin/malignant
- neuro-endocrine (M8246/3) C80.9
- large cell (M8013/3)
- low grade (M8240/3)
- moderately differentiated (M8249/3)
- primary cutaneous (M8247/3) — see Neoplasm/skin/malignant
- small cell (M8041/3)
- well differentiated (M8240/3)
- nonencapsulated sclerosing (M8350/3) C73
- noninfiltrating (M8010/2)
- - intracystic (M8504/2) — see Neoplasm/in situ
- oxyphilic (M8290/3)
- pancreatobiliary-type (M8163/3) C24.1
- papillary (M8050/3)
- polygonal cell (M8034/3)
- poorly cohesive (M8490/3)
- pseudoglandular, squamous cell (M8075/3)
- water-clear cell (M8322/3) C75.0
- — Wolffian duct (M9110/3)

Carcinoma in situ

(M8010/2) — see also Neoplasm/in situ
- with
  - apocrine metaplasia (M8573/2)
  - cartilaginous (and osseous) metaplasia (M8571/2)
  - neuro-endocrine differentiation (M8574/2)
  - osseous (and cartilaginous) metaplasia (M8571/2)
  - osteoarthritis (M8034/2)
  - productive fibrosis (M8141/2)
  - spindle cell metaplasia (M8572/2)
  - squamous metaplasia (M8570/2)
  - thymus-like element (M8589/2)
  - acidophil (M8280/2)
    - specified site — see Neoplasm/in situ
    - unspecified site D09.3
  - acidophil-basophil, mixed (M8281/2)
    - specified site — see Neoplasm/in situ
    - unspecified site D09.3
  - acinar (cell) (M8550/2)
  - acinar-endocrine, mixed (M8154/2)
  - acinic cell (M8550/2)
  - adenoneuroendocrine, mixed (M8244/2)
  - adenosquamous (M8560/2)
  - adnexal (skin) (M8390/2) — see Neoplasm/skin/malignant
    - alveolar (M8251/2)
    - cell (M8250/2)
    - ameloblastic (M8270/2) D09.7
    - basophil (M8300/2)
      - specified site — see Neoplasm/in situ
      - unspecified site D09.3
    - basophil-acidophil, mixed (M8281/2)
      - specified site — see Neoplasm/in situ
      - unspecified site D09.3
    - Bellini duct (M8319/2) D09.1
    - breast NEC (M8010/2) D05.9
    - bronchiolar (M8250/2)
    - bronchioalveolar (M8250/2)
    - chorionic (M9100/2)
      - specified site — see Neoplasm/in situ
      - unspecified site D09.3
    - - female C58
    - - male C62.9
    - - chromophobe (type) (M8270/2)
    - - renal cell (M8317/2)
    - - collecting duct (M8319/2) D09.1
    - - colloid (M8480/2)
    - - and infiltrating duct (M8523/2) — see Neoplasm/breast/in situ
    - - condylomatosus (M8051/2)
    - - cribriform (M8201/2) D05.7
    - - and infiltrating duct (M8523/2) — see Neoplasm/breast/in situ
    - - cylindrical cell (M8121/2)
  - - duct
    - - with Paget’s disease (M8541/2) — see Neoplasm/breast/in situ
      - Bellini (M8319/2) D09.1
      - - collecting (M8319/2) D09.1
      - - desmoplastic type (M8514/2) — see Neoplasm/breast/in situ
      - ductal (DCIS) (M8500/2) D05.1
      - - comedo type (M8501/2) D05.7
      - - cribriform type (M8201/2) D05.7
      - - papillary (M8503/2) D05.1
      - - solid type (M8230/2) D05.1
      - - ductal-endocrine, mixed (M8154/2) — see Neoplasm/pancreas/in situ
    - - embryonal
      - - and teratoma, mixed (M9081/2)
      - - combined with choriocarcinoma (M9101/2)
      - - infantile type (M9071/2)
      - - polyembryonal type (M9072/2)
      - - endometrioid (M8380/2)
        - - specified site — see Neoplasm/in situ
        - - unspecified site D09.3
      - - female D07.3
      - - male D07.5
      - - eosinophil (M8280/2) D09.3
      - - epidermoid (M8070/2) — see also Carcinoma in situ/squamous cell
        - - with
          - - adenocarcinoma, mixed (M8560/2)
            - - with questionable stromal invasion (M8076/2) — see Carcinoma in situ/squamous cell with questionable stromal invasion
              - - cervix D09.9
              - - endocervix D06.0
              - - exocervix D06.1
              - - specified NEC D06.7
              - - specified site NEC — see Neoplasm/in situ
              - - unspecified site D06.9
                - - Bowen type (M8081/2) — see Neoplasm/skin/in situ
                - - keratinising (M8071/2)
                  - - large cell, nonkeratinising (M8072/2)
                  - - small cell, nonkeratinising (M8073/2)
                  - - spindle cell (M8074/2)
                  - - verrucous (M8051/2)
                    - - epithelial-myoepithelial (M8562/2)
                    - - follicular (M8330/2) D09.3
                      - - with
                        - - medullary (mixed) (M8346/2)
                        - - papillary (mixed) (M8340/2)
                        - - moderately differentiated (M8332/2)
                        - - oxyphilic cell (M8290/2)
                        - - pure follicle (M8331/2)
                        - - trabecular (M8332/2)
                        - - well differentiated (M8331/2)
- gelatinous (M8480/2)
- glycogen-rich (M8315/2) — see Neoplasm/breast/in situ
- granular cell (M8320/2)
- granulosa cell (M8620/2) D07.3
- hepatic (cell) (M8170/2) D01.5
- clear cell (type) (M8174/2)
- fibrolamellar (M8172/2)
- hepatic (cell) (M8170/2) D01.5
- Hepatic (cell) (M8170/2) D01.5
- hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - hepatocellular (M8170/2) D01.5
- - clear cell (M8174/2)
- - fibrolamellar (M8172/2)
- - spindle cell (M8074/2)
- - verrucous (M8051/2)
- sweat duct, sclerosing (M8407/2) — see Neoplasm/skin/in situ
- theca (M8600/2) D07.3
- thymus-like differentiation (M8589/2)
- transitional cell (M8120/2)
- - sarcomatoid (M8122/2)
- - spindle cell (M8122/2) — see Neoplasm/skin/in situ
- - tubular (M8211/2)
- - and infiltrating duct (M8523/2) — see Neoplasm/breast/in situ
- urothelial (M8601/2)
- - verrucous (epidermoid) (squamous cell) (M8051/2)
- - warty (M8051/2)
- water-clear cell (M8322/2) D09.3
- Wolffian duct (M9110/2)

Carcinomaphobia F45.2

Carcinosarcoma (M8980/3) — see Neoplasm/malignant
- embryonal (M8981/3) — see Neoplasm/malignant
- in situ (M8980/2) — see Neoplasm/in situ
- - embryonal (M8981/2)
- - odontogenic (M9342/2) D09.7
- odontogenic (M9342/3) C41.1

CASTLE (Carcinoma showing thymus-like element) (M8589/3) — see Neoplasm/malignant
- in situ (M8589/2) — see Neoplasm/in situ

Castleman's disease (hyaline vascular type) (M8000/0) D21.9

Chemical burn — see also Burn/by site
- following induced abortion O08.6

Chemodectoma (M8693/1) — see Paranganglioma/extra-adrenal/nonchromaffin

Chondroblastoma (M9230/0) — see also Neoplasm/bone/benign
- in situ (M9230/2) D09.7
- malignant (M9230/3) — see Neoplasm/bone/malignant

Chondrosarcoma (M9220/3) — see also Neoplasm/bone/malignant OR Neoplasm/cartilage/malignant
- clear cell (M9242/3)
- - in situ (M9242/2) D09.7
- - - dedifferentiated (M9243/3)
- - - in situ (M9243/2) D09.7
- - - juxtacortical (M9221/3)
- - - in situ (M9221/2) D09.7
- - mesenchymal (M9240/3) — see Neoplasm/connective tissue/malignant
- - - in situ (M9240/2) D09.7
- - myxoid (M9231/3) — see Neoplasm/cartilage/malignant
- - - in situ (M9231/2) D09.7
- - periosteal (M9221/3)
- - - in situ (M9221/2) D09.7

Chordae (nonvenereal) N48.8

Chordoma (M9370/3) — see also Neoplasm/malignant
- chondroid (M9371/3)
- - in situ (M9371/2)
- - - dedifferentiated (M9372/3)
- - - in situ (M9372/2)
- - in situ (M9370/2) — see Neoplasm/in situ

Chorea (gravis) (spasmodic) G25.5

Choriocarcinoma (female) (M9100/3) C58
- combined with
- - embryonal carcinoma (M9101/3) — see Neoplasm/malignant
- - - in situ (M9101/2) — see Neoplasm/in situ
- - - other germ cell elements (M9101/3) — see Neoplasm/malignant
- - - in situ (M9101/2) — see Neoplasm/in situ
- - - teratoma (M9101/3) — see Neoplasm/malignant
- - - in situ (M9101/2) — see Neoplasm/in situ
- - in situ (M9100/2)
- - - specified site — see Neoplasm/in situ
- - - unspecified site
- - - - female D07.3
- - - - male D07.6
- - male C62.9

Chromaffinoma (M8700/0) — see also Neoplasm/benign
- in situ (M8700/2) — see Neoplasm/malignant
- - malignant (M8700/3) — see Neoplasm/malignant
- - uncertain or unknown behaviour (M8700/1) — see Neoplasm/uncertain behaviour

Chromatopsia H53.1

CPNET (central primitive neuroectodermal tumour) (M9473/3) — see Neoplasm/brain/malignant
- in situ (M9473/2) D09.7

Crabs, meaning pubic lice B85.3

Cystadenocarcinobroma — see also Neoplasm/malignant
- clear cell (M8313/3) C56
- - in situ (M8313/2) D07.3
- - mucinous (M9015/3)
- - in situ (M9015/2) — see Neoplasm/in situ
- - serous (M9014/3)
- - - in situ (M9014/2) — see Neoplasm/in situ

Cystadenocarcinoma (M8440/3) — see also Neoplasm/malignant
- acinar cell (M8551/3)
- - in situ (M8551/2) — see Neoplasm/in situ
- - bile duct (M8161/3) C22.1

Cystadenofibroma (M9013/0) — see also Neoplasm/benign
- endometrioid (M8381/0) D27
- - - in situ (M8381/1) — see Neoplasm/uncertain behaviour
- - in situ (M8381/2) — see Neoplasm/in situ
- - - malignant (M8381/3) — see Neoplasm/malignant
- - - - mucinous (M9015/0)
- - - - borderline malignancy (M9015/1) — see Neoplasm/uncertain behaviour
- - - in situ (M9015/2) — see Neoplasm/in situ
- - - - malignant (M9015/3) — see Neoplasm/malignant
- - - - - serous (M9014/0)
- - - - - borderline malignancy (M9014/1)
- - - - - in situ (M9014/2) — see Neoplasm/in situ
- - - - - malignant (M9014/3)
Cystadenoma (M8440/0) — see also Neoplasm/benign
- papillary (M8450/0) D27
  - borderline malignancy (M8451/1) — see Neoplasm/uncertain behaviour
  - - with malignant transformation, in situ (M8451/2) — see Neoplasm/in situ
  - - malignancy (M8451/1) — see Neoplasm/uncertain behaviour
  - - lymphomatosum (M8561/0)
  - - serous (M8441/0)
  - - - borderline malignancy (M8452/1) — see Neoplasm/uncertain behaviour
  - - - with malignant transformation (M8452/3) — see Neoplasm/malignant
- papillary (M8460/0) D27
Cystosarcoma phyllodes (M9020/1) D48.6
- benign (M9020/0) D24
- in situ (M9020/2) D06.9
- malignant (M9020/3) — see Neoplasm/breast/malignant

Cytopenia
- refractory, with multilineage dysplasia (M9985/3) D46.5
  - - with multilineage dysplasia (M9985/3) D46.5
  - - of childhood (M9985/3) D46.5

Diktyoma
- benign (M9501/0) D31.-
- in situ (M9501/2) D09.2
- malignant (M9501/3) C69.-

Disease, diseased — see also Syndrome
- hand, foot and mouth B08.4
  - Hand-Schüller-Christian (M9753/1M9751/3) C96.5
  - - Hartnup's E72.0
  - ... lymphoproliferative (M9970/1) D47.9
  - - systemic EBV positive T-cell, of childhood (M9724/3) C94.5
  - - T-cell, primary cutaneous CD30-positive (M9718/3) C86.6
  - - myocytic B49
  - - myelodysplastic and myeloproliferative NEC (M9989/3) C94.6
  - - myeloproliferative (M9975/1 chronic) (M9960/3) D47.91
    - - chronic (M9960/3) D47.1
  - - myocardium, myocardial (see also Degeneration/myocardial) C61.5
  - - ragpicker's or ragsorter's A22.1
  - - Recklinghausen's (except of bone) (M9540/1) (see also Neurofibromatosis) Q65.0
  - - - bone E21.0
  - - rectum K62.9
  - ... vocal cord J38.3
  - - Recklinghausen's (except of bone) (M9540/1) (see also Neurofibromatosis) Q65.0
  - - - bone E21.0
  - - vulva (noninflammatory) N90.9

Disorder (of) — see also Disease
- lung, interstitial, drug-induced J70.4
- - acute J70.2
- - chronic J70.3
  - lymphoproliferative (M9970/1) D47.9
  - - NK cells, chronic (M9831/3) C91.7
  - - post-transplant (PTLD) (M9971/1) D47.7
  - - - polymorphic (M9971/3) C96.7
  - - - lymphine and hydroxylsine metabolism E72.3

Dysgerminoma (M9060/3)
- - in situ (M9060/2)
  - - specified site — see Neoplasm/in situ
  - - - unspecified site
  - - - male D07.3
  - - - - male D07.6
  - - - - specified site — see Neoplasm/malignant

Ecchondrosis (M9210/1) D48.0
- - malignant (M9210/3) — see Neoplasm/bone/malignant

Ecchymosis

Elastofibroma (M8820/0) — see Neoplasm/connective tissue/benign
- malignant (M8820/3) — see Neoplasm/connective tissue/malignant

Elastoma (juvenile) Q62.82

Embryoma (M9080/1) — see also Neoplasm/uncertain behaviour
- kidney (M9860/3) C64
  - - in situ (M9860/2) D09.1
  - - liver (M9870/3) C22.0
  - - in situ (M9870/2) D01.5
  - - malignant (M9080/3) — see also Neoplasm/malignant

Endothelioma, bone (M9260/3) — see Neoplasm/bone/malignant
- in situ (M9260/2) D09.7

Endotheliosis (haemorrhagic infectious) D69.8

Enterogastritis — see Enteritis

Enteroglucagonoma — see Glucagonoma (M8157/1)
  - - see also Neoplasm/uncertain behaviour
  - - malignant (M8157/3) — see Neoplasm/malignant

Enterolith, enterolithiasis (impaction) K56.4

Ependymoblastoma (M9392/3)
- in situ (M9392/2) D09.7
- - specified site — see Neoplasm/brain/malignant
- - - unspecified site C71.9

Ependymoma (epithelial) (malignant) (M9391/3) — see also Neoplasm/brain/malignant
- - - anaplastic (M9392/3)
  - - - - in situ (M9392/2) D09.7
  - - - cellular (M9391/3)
  - - - clear cell (M9391/3)
  - - - - in situ (M9391/2) D09.7
  - - - myxopapillary (M9394/1) D43.4
  - - - - in situ (M9394/2) D09.7
  - - - papillary (M9393/3) D43.2
  - - - - in situ (M9393/2) D09.7
  - - - subependymoma, mixed (M9383/1) D43.2

Esthesioneuroblastoma (M9222/3) C30.0
Esthesioneurocytoma (M9521/3) C30.0
- in situ (M9521/2) D02.3

Esthesioneuroepithelioma (M9523/3) C30.0
- in situ (M9523/2) D02.3

Ewing sarcoma or tumour (M9260/3) — see Neoplasm/bone/malignant
- in situ (M9260/2) D09.7

Examination (for) (general) (of) (routine) Z00.0

Fibrodendinosarcoma, ameloblastic (M9290/3) — see Neoplasm/bone/malignant
- in situ (M9290/2) D09.7

Fibrodysplasia ossificans progressiva M61.1-

Fibromyxosarcoma (M8811/3) — see Neoplasm/connective tissue/malignant
- plexiform (M8811/0) — see Neoplasm/connective tissue/benign

Fibro-odontosarcoma, ameloblastic (M9290/3) — see Neoplasm/malignant
- in situ (M9290/2) D09.7

Fibro-osteoma (M9262/0) — see Neoplasm/bone/benign

Fibrosarcoma (M8810/3) — see also Neoplasm/connective tissue/malignant
- ameloblastic (M9330/3) C41.1
  - - in situ (M9330/2) D09.7
  - - upper jaw (bone) C41.02
  …
- odontogenic (M9330/3) C41.1
  - - in situ (M9330/2) D09.7
  - - upper jaw (bone) C41.02

Freckle(s) L81.2
- - malignant melanoma in Hutchinson’s melanotic (M8742/3) — see Melanoma
- - melanotic, (Hutchinson’s) (M8742/2) — see Melanoma
- - benign (M8742/0) D22.

Fredrickson’s hyperlipoproteinaemia, type

Ganglioglioma (M9505/1) — see also Neoplasm/uncertain behaviour
- anaplastic (M9505/3) — see Neoplasm/malignant
  - - in situ (M9505/2) D09.7
- desmoplastic infantile (M9412/1) — see Neoplasm/brain/uncertain behaviour

Ganglioneuroblastoma (M9490/3) — see Neoplasm/nerve/malignant
- in situ (M9490/2) D09.7

Ganglieneuroma (M9490/0) D36.1

Gastrinoma (M8153/1)
- benign (M8153/0) D13.7
  - - in situ (M8153/2) D01.7
- malignant (M8153/3)

Gemistocytoma (M9411/3)
- in situ (M9411/2) D09.7
  - - specified site — see Neoplasm/malignant

Gerhardt’s syndrome — see Paralysis/vocal cords

Germ cell(s)
- intratubular, malignant (M9064/2) D07.6
- tumour — see Tumour germ cell

German measles (see also Rubella) B06.9

Germinoma (M9064/3) — see also Neoplasm/malignant
- benign (M9064/0) — see Neoplasm/benign
- intratubular, malignant germ cells (M9064/2) D07.6

Glioblastoma (multiforme) (M9440/3)
- with sarcomatous component (M9442/3)
  - - in situ (M9442/2)
    - - - specified site — see Neoplasm/in situ
    - - - unspecified site D09.7
    - - - specified site — see Neoplasm/malignant
    - - - unspecified site C71.9
    - - giant cell (M8441/3)
      - - in situ (M9441/2)
        - - - specified site — see Neoplasm/in situ
        - - - unspecified site D09.7
    - - specified site — see Neoplasm/malignant
    - - unspecified site C71.9
  - - in situ (M9440/2)
    - - specified site — see Neoplasm/in situ
    - - unspecified site D09.7
  - - specified site — see Neoplasm/malignant

Glioma (malignant) (M9380/3) — see also Neoplasm/brain/malignant
- angiocentric (M9431/1) — see Neoplasm/brain/uncertain behaviour
- astrocytic, astrocytoma (M9400/3) — see Astrocytoma
  - benign (M9380/0) — see also Neoplasm/brain/benign
  - - chordoid,of third ventricle (M9444/1) D43.0
    - - in situ (M9444/2) D09.7
    - - in situ (M9380/2) D09.7
    - - mixed (M9382/3)
      - - in situ (M9382/2) D09.7
      - - nose, nasal (non-neoplastic) Q30.89
      - - subependymal (M9383/1) D43.2
    - - gliomas (M9381/3) C71.0
      - - in situ (M9381/2) D09.7

Gliomatosis cerebri (M9381/3) C71.0

Glioneuroma (M9505/1) — see Neoplasm/uncertain behaviour

Gliosarcoma (M9442/3)
- in situ (M9442/2)
  - - specified site — see Neoplasm/in situ
  - - unspecified site D09.7
  - - unspecified site — see Neoplasm/malignant

Glomangiomia (M8712/0) D18.0-
- in situ (M8712/2) D09.7

Glomangiomyoma (M8713/0) D18.0-
- in situ (M8713/2) D09.7

Glomangiosarcoma (M8710/3) — see Neoplasm/connective tissue/malignant
- in situ (M8710/2) D09.7

Glomerular

Glucagonoma
- malignant (M8452/3) C25.4
  - - pancreas C25.4
  - - specified site NEC — see Neoplasm/malignant
- pancreas
- in situ (M8152/2) D01.7
- malignant (M8152/3) C25.4
- uncertain or unknown behaviour (M8152/1) D37.7
- specified site NEC
  - in situ (M8152/2) — see Neoplasm/in situ
  - malignant (M8152/3) — see Neoplasm/malignant
  - uncertain or unknown behaviour (M8152/1) — see Neoplasm/uncertain or unknown behaviour
  - unspecified site
  - in situ (M8152/2) D01.7
  - malignant (M8152/3) C25.4
  - uncertain or unknown behaviour (M8152/1) D37.7
Glucoglycinuria E72.5

Gonadoblastoma (M9073/1)
  - in situ (M9073/2)
  - unspecified site
  - female D07.3
  - male D07.6
  - specified site — see Neoplasm/uncertain behaviour

Granuloma L92.9
  - bone M86.8
    - eosinophilic (M9752/4M9751/3) C96.6
    - from residual foreign body M86.8
    - brain (any site) G06.0
    - ear, middle H71
    - oral mucosa K13.4
    - skin L92.2
    - eyelid H01.8
    - lung (infectious) (see also Fibrosis/lung) J84.1
    - coccidioidal B38.1
    - eosinophilic (M9752/4M9751/3) C96.6
    - Majocchi's B35.8
Granulomatosis L92.9
  - Langerhans-cell (M9751/13) C96.6
  - unifocal (M9752/1M9751/3) C96.6
  - lymphoid (M9766/3) C83.8

Gynandroblastoma (M8632/1)
  - in situ (M8632/2)
  - specified site — see Neoplasm/in situ
  - unspecified site
  - female D07.3
  - male D07.6
  - specified site — see Neoplasm/uncertain behaviour
Haemangiofibroma (M9161/1) — see Neoplasm/other/malignant
  - in situ (M9161/2) D09.7
Haemangioblastoma (M9130/1) — see also Neoplasm/other/malignant
  - in situ (M9130/2) — see Neoplasm/in situ
  - specified site
  - - female D07.3
  - - male D07.6
  - - specified site — see Neoplasm/uncertain behaviour
Haemangioendothelioma (M9130/1) — see also Neoplasm/other/malignant
  - in situ (M9133/2) — see Neoplasm/in situ
  - - malignant (M9133/3) — see Neoplasm/malignant
  - - specified site NEC — see Neoplasm/uncertain or unknown behaviour
  - - kaposiform (M9130/1)

Haemangioendothelioma (M9130/1) — see also Neoplasm/other/malignant
  - in situ (M9130/2) D09.7
  - infantile (M9131/0) D18.0
  - intramuscular (M9132/0) D18.0
  - - in situ (M9132/2) D09.7
  - juvenile (M9131/0) D18.0

Haemangiopericytoma (M9150/1) — see also Neoplasm/other/malignant
  - benign (M9150/0) — see Neoplasm/other/benign
  - in situ (M9150/2) D09.7
  - malignant (M9150/3) — see Neoplasm/other/malignant

Haemangiosarcoma (M9120/3) — see Neoplasm/connective tissue/malignant
  - in situ (M9120/2) D09.7

Haemophilia (nontraumatic) M25.0

Haemolymphangioma (M9175/0) D18.1
  - in situ (M9175/2) D09.7

Haemolysis

Hand-Schüller-Christian disease or syndrome (M9753/1M9751/3) C96.5

Hanging (asphyxia) (strangulation) (suffocation) T71

Hepatoblastoma (M8970/3) C22.2
  - in situ (M8970/2) D01.5

Hepatocarcinoma (M8170/3) C22.0
  - in situ (M8170/2) D01.5

Hepatocellular carcinoma (M8180/3) C22.0

Hepatoma (malignant) (M8170/3) C22.0
  - benign (M8170/0) D13.4
  - embryonal (M8970/3) C22.0
  - in situ (M8170/2) D01.5
  - in situ (M8170/2) D01.5

Hepatomegaly glycogenica diffusa E74.0† K77.8*

Hidradenocarcinoma (M8402/3) — see also Neoplasm/skin/malignant
  - in situ (M8402/2) — see Neoplasm/skin/in situ

Hidradenoma (nodular) (M8400/0) — see also Neoplasm/skin/benign

Histiocytosis D76.3
  - acute progressive, X (M9754/13) C96.0
  - Langerhans-cell NEC (M9751/43) C96.6
  - generalised (M9754/13) C96.8
  - multilocal
    - multisystemic (disseminated) (M9754/13) C96.0
    - unisystemic (M9753/1M9751/3) C96.5
    - unifocal (M9752/4M9751/3) C96.6
    - malignant (M9750/3) C96.8
    - mononuclear phagocytes NEC D76.1
      - Langerhans-cell (M9751/43) C96.6
      - sinus, with massive lymphadenopathy D76.3
      - syndrome NEC D76.3
      - X NEC (M9751/43) C96.6
- acute progressive (M97541/3) C96.0
- multifocal (M9753/1M9751/3) C96.5
- multisystemic (M97541/3) C96.0
- unifocal (M9752/1M9751/3) C96.6

Histoplasmosis B39.9

Hurler cell
- adenocarcinoma (M8290/3) C73
- in situ (M8290/2) D09.3
- adenoma (M8290/0) D34
- carcinoma (M8290/3) C96.0
- in situ (M8290/2) D09.3
- tumour (M8290/0) D34

Hutchinson's
- melanotic freckle (M8742/2) — see Melanoma/in situ
- benign (M8742/0) D22.9
- malignant melanoma (M8742/3) — see Melanoma
- teeth or incisors (congenital syphilis) A50.5

Insulinoma
- malignant (M8151/3)
  - pancreas C26.4
  - specified site NEC — see Neuroplasm/malignant
  - unspecified site C25.4
- pancreas
  - benign (M8151/0) D13.7
  - in situ (M8151/2) D01.7
  - malignant (M8151/3) C25.4
  - uncertain or unknown behaviour (M8151/1) D37.71
- tumour
  - benign (M8151/0) D13.7
  - in situ (M8151/2) D01.7
  - malignant (M8151/3) C25.4
  - uncertain or unknown behaviour (M8151/1) — see Neuroplasm/uncertain or unknown behaviour

Klatskin tumour (M8162/3) C22.1C24.0
- in situ (M8162/2) D01.5

Klausen's disease A26.8

Kupfer cell sarcoma (M9124/3) C22.3
- in situ (M9124/2) D01.5

Kuru A81.8

Leather bottle stomach (M8142/3) C16.9
- in situ (M8142/2) D00.2

Leber's
Leiomyoma (M8890/0) — see also Neuroplasm/connective tissue/benign
- atypical (M8890/0)
  - malignant (M8893/3) — see Neuroplasm/connective tissue/malignant
- bizarre (M8890/0)
  - malignant (M8893/3) — see Neuroplasm/connective tissue/malignant
- cellular (M8892/0)
- pleomorphic (M8893/0)
  - malignant (M8893/3) — see Neuroplasm/connective tissue/malignant
  - symplastic (M8893/0)
  - malignant (M8893/3) — see Neuroplasm/connective tissue/malignant
  - uterus (cervix) (corpus) D25.9

Lentigo (congenital) L81.4
- benign (M8742/0) D22.9
- melanoma (M8742/3) — see Melanoma

Lethargy R53

Letterer-Siwe disease (M97541/3) C96.0
Leuko(o) — see Leuko

Leukaemia (M9800/3) C95.9
- B-cell type
  - lymphocytic, chronic (M9823/3) C91.1
  - prolymphocytic (M9833/3) C91.3
  - splenic, unclassified (M9911/3) C85.9
  - bilineal, acute (M9805/3) C95.0
  - ... hairy cell (M9940/3) C91.4
  - variant (M9591/3) C91.4
  - histiocytic (M9860/3) C93.9
- lymphoblastic (acute) (ALL) (M9835/3) C91.0
  - B-cell (M9836/3) C91.0
  - T-cell (M9837/3) C91.0
  - lymphocytic (M9820/3) C91.9
  - monoblastic, acute (M5) (M5a) (M5b) (M9891/3) C93.0
  - aleukaemic (M9860/3) C93.1
  - and monocytic (M9891/3) C93.0
  - mixed lineage, acute (M9805/3) C95.0
  - phenotype, acute
  - with
    - t(9;22)(q34;q11.2); BCR-ABL1 (M9806/3) C95.0
    - t(4;11)(q21;p15.2); MLL rearranged (M9807/3) C95.0
    - B-myeloid (M9808/3) C95.0
    - T-myeloid (M9809/3) C95.0
  - monoblastic, acute (M5) (M5a) (M5b) (M9891/3) C93.0
  - acute (M5) (M5a) (M5b) (M9891/3) C93.0
  - and monocytic (M9891/3) C93.0
  - monocytic, monocytoid NEC (M9860/3) C93.9
  - acute (M5) (M5a) (M5b) (M9891/3) C93.0
  - aleukaemic (M9860/3) C93.9
  - and monocytic (M9891/3) C93.0
  - chronic (M9860/3) C93.1
  - ...
- myeloid (M9860/3) C92.9-
  - acute NEC (M9861/3) C92.0-
  - with
    - 11q23-abnormality (M9897/3) C92.6-
    - abnormal marrow eosinophils (M9871/3) C92.0-
    - maturation (M9874/3) C92.0-
    - MLL-gene variation (M9897/3) C92.6-
    - multiligneage dysplasia (M9895/3) C92.8-
    - mutated CEBPA (M9861/3) C92.0-
    - mutated NPM1 (M9861/3) C92.0-
    - myelodysplasia-related changes (M9895/3) C92.8-
    - prior myelodysplastic syndrome (M9895/3) C92.0-
    - - without
      - - CBF-beta/MYH11 (M9871/3) C92.0-
      - - inv(3)(q21;q26.2) or t(3;3)(q21;q26.2); RPN1-EVI1 (M9869/3) C92.7-
      - - inv(16)(p13;q22) (M9871/3) C92.0-
      - - PML/RAR-alpha (M9866/3) C92.4-
      - - t(1;22)(p13;q13); RBM15-MKL1 (megakaryoblastic) (M9911/3) C94.2-
      - - t(6;9)(p23;q34); DEK-NUP214 (M9865/3) C92.7-
      - - t(8;21)(q22;q22); RUNX1-RUNX1T1 (M9896/3) C92.0-
      - - t(9;11)(q22;q23); MLLT3-MLL (M9895/3) C92.0-
      - - t(15;17)(q22;q11-12) (M9866/3) C92.4-
      - - t(16;16)(p13;q11) (M9871/3) C92.0-
      - - therapy-related (alkylating agent) (epipodophyllotoxin) (M9920/3) C92.0-
      - - aleukaemic (M9860/3) C92.9-
    - - associated with Down syndrome (M9898/3) C94.2-
  - chronic (BCR/ABL-positive) (CML) (M9863/3) C92.1

Leydig cell tumour
- carcinoma (M8650/3)
  - specified site — see Neoplasm/malignant
  - unspecified site
    - female C56
    - male C62.9
  - tumour (M8660/4)
    - benign (M8650/0)
    - - specified site — see Neoplasm/benign
    - - unspecified site
      - - female D27
      - - male D29.2
      - - in situ (M8650/2)
    - - specified site — see Neoplasm/in situ
    - - unspecified site
      - - female D07.3
      - - male D07.8
      - - malignant (M8650/3)
      - - - specified site — see Neoplasm/malignant
    - - unspecified site
      - - female C56
      - - male C62.9
      - - specified site — see Neoplasm/uncertain behaviour
      - - unspecified site
        - - female D39.1
        - - male D40.1

Leydig-Sertoli cell tumour (M8631/0) — see Sertoli-Leydig cell tumour
- specified site — see Neoplasm/benign
- unspecified site
  - female D27
  - male D29.2
| Diffuse red pulp, small (M9591/3) C85.9 |
| Marginal zone (M9689/3) C83.0 |
| Unclassifiable (M9591/3) C85.9 |
| With features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma (M9680/3) C83.9 |
| Hodgkin lymphoma, classical (M9596/3) C85.9 |
| B-CLL, non-leukaemic variant (M9670/3) C83.0 |
| Follicle centre (centroblastic-centrocytic) (M9690/3) |
| Cutaneous (M9690/3) C82.6 |
| Primary (M9597/3) C82.6 |
| Diffuse (M9690/3) C82.5 |
| Follicular (centroblastic-centrocytic) (nodular) (with or without diffuse areas) (M9690/3) C82.9 |
| Hepatosplenic (gamma-delta) T-cell (M9716/3) C86.1 |
| Histiocytic (M9680/3) C85.9 |
| Hodgkin (M9650/3) C81.9 |
| And non-Hodgkin, composite (M9596/3) C85.7 |
| Sarcoma (M9662/3) C81.3 |
| Hydroa vacciniforme-like (M9725/3) C84.5 |
| Immunoblastic (B-cell) (diffuse) (large type) (M9684/3) C83.3 |
| Lymphoblastic (diffuse) (M9727/3) C83.5 |
| Acute, leukaemia-lymphoma (acute) (M9835/3) C81.0 — see Leukaemia/lymphoblastic/leukaemia-lymphoma |
| Precursor cell (M9727/3) C83.5 |
| B-cell (M9728/3) C83.5 |
| Leukaemia-lymphoma (M9811/3) — see Leukaemia/lymphoblastic/leukaemia-lymphoma/B |
| T-cell (M9729/3) C83.5 |
| Lymphocytic (diffuse) (M9670/3) C83.0 |
| Monocytoid B-cell (M9699/3) C85.9 |
| Mucosal-associated lymphoid tissue (MALT) (extranodal marginal zone) (M9699/3) C86.4 |
| NK- and T-cell NEC (M9702/3) C84.9 |
| Small cell (M9709/3) C83.0 |
| — CD8-positive large cell (M9709/3) C83.0 |
| — unspecified site (M9709/3) C83.0 |
| Melanocytoma (M8726/0) — see also Neoplasm/benign |
| Eyeball (M8726/0) C81.4 |
| Malignant (M8726/3) C69.4 |
| Mediastinal (M8728/1) — see Neoplasm/mediastinum/uncertain behaviour |
| Melanoma (malignant) (M8720/3) C43.9 |

**Management**

- Vascular access device (infusion port) (Port-A-Cath) (reservoir) Z45.2

**MANEC (mixed adenoendocrine carcinoma)** (M8244/3)
- nodular (M8721/3)
- in situ (M8721/2)
- regressing, malignant (M8723/3)
- malignant (M8723/3)
- uncertain or unknown behaviour (M8723/1)
- site classification
- superficial spreading (M8743/3)
- - uncertain or unknown behaviour (M8743/1)
- Melanomatosis, meningéal (M8728/3) — see Neoplasm/meninges/malignant

Meningioma (M9530/0) — see also Neoplasm/meninges/benign
- anaplastic (M9530/3) — see Neoplasm/meninges/malignant
- - in situ (M9530/2) D09.7
- - angioblastic (M9535/0)
- - angiomatous (M9534/0)
- - atypical (M9539/1) — see Neoplasm/meninges/uncertain behaviour
- - benign (M9539/0) — see Neoplasm/meninges/benign
- - in situ (M9539/2) D09.7
- - chordoid (M9538/1) — see Neoplasm/meninges/uncertain behaviour
- - in situ (M9538/2) D09.7
- - clear cell (M9538/1) — see Neoplasm/meninges/uncertain behaviour
- - endotheliomatous (M9531/0)
- - in situ (M9531/2)
- - fibroblastic (M9532/0)
- - fibrous (M9532/0)
- - haemangioblastic (M9535/0)
- - haemangiopericytic (M9150/1) — see Neoplasm/meninges/uncertain behaviour
- - in situ (M9150/2) D09.7
- - lymphoplasmacyte-rich (M9530/0)
- - malignant (M9530/3) — see Neoplasm/meninges/malignant
- - in situ (M9530/2) D09.7
- - meningothelial (M9531/0)
- - in situ (M9531/2)
- - meningotheliomatous (M9531/0)
- - in situ (M9531/2)
- - metaplastic (M9530/0)
- - papillary (M9538/3) — see Neoplasm/meninges/malignant
- - in situ (M9538/2) D09.7
- - psammomatous (M9533/0)
- - in situ (M9533/2)
- - rhabdoid (M9538/3)
- - in situ (M9538/2)
- - secretory (M9530/0)
- - syncytial (M9531/0)
- - in situ (M9531/2)
- - transitional (M9537/0)

Merkel cell tumour (M8247/3) — see Neoplasm/skin/malignant
- in situ (M8247/2) — see Neoplasm/skin/in situ

Mesenchymoma (M8990/1) — see also Neoplasm/connective tissue/uncertain behaviour
- benign (M8990/0) — see Neoplasm/connective tissue/benign
- in situ (M8990/2) D09.7
- malignant (M8990/3) — see Neoplasm/connective tissue/malignant

Mesonephroma (malignant) (M9110/3) (see also Neoplasm/malignant) C80.-
- benign (M9110/0) — see Neoplasm/benign
- in situ (M9110/2) — see Neoplasm/in situ

Mesophlebitis — see Phlebitis

Micrencephalon Q02

Microadenoma, pancreatic (M8150/0) D13.7

Microaneurysm, retinal H35.0

Mullerian mixed tumour (M8950/3)
- in situ (M8950/2)
- - specified site — see Neoplasm/in situ
- - unspecified site D07.3
- - specified site — see Neoplasm/malignant

Myeloecephalitis — see Encephalitis

Myelofibrosis (chronic) (idiopathic) (primary) (with myeloid metaplasia) (M9961/3) D47.4
- acute (M9931/3) C94.4-

Myelopathy (spinal cord) G95.9
- vitamin B12 E53.8† G32.0*

Myelopoesis, transient abnormal (M9898/1) D47.7

Myeloradiculitis G04.9

Myoblastoma, granular cell (M9580/0) — see also Neoplasm/connective tissue/benign
- in situ (M9580/2) D09.7
- malignant (M9580/3) — see Neoplasm/connective tissue/malignant

Myoepithelioma (M8982/0) — see also Neoplasm/benign
- in situ (M8982/2) — see Neoplasm/in situ
- malignant (M8982/3) — see Neoplasm/malignant

Naevus (M8720/0) D22.9
- blue (M8780/0)
- - cellular (M8790/0)
- - - giant (M8790/0)
- - - malignant (M8790/3) — see Neoplasm/skin/malignant
- - - in situ (M8780/2) D03.-
- - Jadassohn's (M8780/0)
- - malignant (M8780/3) — see Melanoma
- - papillary (M9131/0) D18.0-
- - cavernous (M9121/0) D18.0-
- - malignant (M9121/3)
- - cellular (M8720/0)
- - blue (M8790/0)
- - - malignant (M8790/3)
- - comedonicus Q82.5
- - compound (M8760/0)
- - in situ (M8760/2)
- - malignant (M8760/3)

Mesenchymosis (M8760/1) — see also Neoplasm/intradermal
- - - - - exocervix D06.1
- - - - - specified NEC D06.7
- - - low grade (LGSIL) (HSIL) N87.0
- - - conjunctival H11.8
- - - ductal grade 3 (DIN 3) (M8500/2) D05.1
- - - grandular, grade III (M8148/2) D07.5
- - - oesophageal
- - - glandular (dysplasia)
- - - - high grade (flat) (M8148/2) D00.1
- - - - low grade (M8148/0) D13.0
- - - squamous (cell)
- - - - high grade (M8077/2) D00.1
- - - - low grade (M8077/0) D13.0
- - - prostatic (PIN)
- - - - grade I N42.3
- - - - grade II D07.5
- - - - grade III (glandular) (PIN III) (M8148/2) D07.5
- - - squamous, grade III (M8077/2) — see Neoplasm/in situ
- - - vagina (VAIN) N89.3

Nephroblastoma (epithelial) (mesenchymal) (M8960/3) C64
- cystic, partially differentiated (M8959/1) C64

Nephrocalcinosis E83.5† N29.8*

Nephroma (M8960/3) C64
- cystic
- - benign (M8959/0) D30.0
- - in situ (M8959/2) D09.1
- - malignant (multilocular) (M8959/3) C64
- - in situ (M8960/2) D09.1
- - mesoblastic (M960/1) D41.0

Neurilemmoma (M9506/0) — see also Neoplasm/nerve/benign
- - acoustic (nerve) D33.3
- - in situ (M9560/2) D09.7
- - malignant (M9560/3) — see also Neoplasm/nerve/malignant
- - - acoustic (nerve) C72.4

Neurilemmosarcoma (M9560/3) — see Neoplasm/nerve/malignant
- - in situ (M9560/2) D09.7

Neurinoma (M9560/0) — see Neoplasm/nerve/benign

Neuroavitaminosis E56.9† G99.8*

Neuroblastoma (central) (M9500/3) — see also Neoplasm/malignant
- - benign (M9500/0) — see Neoplasm/benign
- - central (M9500/3) — see Neoplasm/brain/malignant
- - cystic, partially differentiated (M8959/1) C64
- - in situ (M9500/2) D09.7
- - - olfactory (M9522/3) C30.0
- - - - in situ (M9522/2) D02.3

Neurochiorioretinitis (see also Chorioretinitis) H30.9

Neurocytoma (central) (M9506/1) — see also Neoplasm/uncertain behaviour
- - extraventricular (M9506/1) — see also Neoplasm/uncertain behaviour
- - - olfactory (M9521/3) C30.0
- - - - in situ (M9521/2) D02.3

Neurodermatitis (circumscribed) (circumscripta) (local) L28.0
Neuroepithelioma (M9503/3) — see also Neoplasm/malignant
  - in situ (M9503/2) — see Neoplasm/in situ
  - olfactory
    - - benign (M9523/0) D14.0
    - - in situ (M9523/2) D02.3
    - - malignant (M9523/3) C30.0
Neurofibroma (M9540/0) — see also Neoplasm/nerve/benign
  - plexiform (M9550/0) — see Neoplasm/nerve/benign
    - - in situ (M9550/2) D09.7
Neurofibromatosis (multiple) (nonmalignant) (M9540/1) Q85.0
  - in situ (M9540/2) D09.7
  - malignant (M9540/3) — see Neoplasm/nerve/malignant
Neurofibrosarcoma (M9540/3) — see Neoplasm/nerve/malignant
  - in situ (M9540/2) D09.7
Neurogenic — see also condition
Neuronaevus (M8725/0) — see Naevus
  - malignant (M8725/3)
Neuronitis G58.9
Neurosarcoma (M9180/3) — see Neoplasm/bone/malignant
  - in situ (M9180/2) D09.7
Neurosclerosis — see Disorder/nerve
Neutropenia, neutropenic (congenital) (cyclic) (drug-induced) (periodic) (primary) (splenic) (toxic) D70
  - neonatal, transitory (isoimmune) (maternal transfer) P61.5
  - refractory (M9991/3) D46.7
Nevus — see Naevus
Odontosarcoma, ameloblastic (M9290/3) C41.1
  - in situ (M9290/2) D09.7
  - upper jaw (bone) C41.02
Oligoastrocytoma (anaplastic) (M9382/3) — see Neoplasm/brain/malignant
  - in situ (M9382/2) D09.7
Oligocytoma D64.9
Oligodendroblastoma (M9460/3)
  - in situ (M9460/2)
    - - specified site — see Neoplasm/in situ
    - - unspecified site D09.7
    - - specified site — see Neoplasm/brain/malignant
      - unspecified site C71.9
Oligodendroglioma (M9450/3)
  - anaplastic type (M9451/3)
    - - in situ (M9451/2) D09.7
    - - - specified site — see Neoplasm/in situ
    - - - unspecified site D09.7
    - - - specified site — see Neoplasm/brain/malignant
      - unspecified site C71.9
  - in situ (M9450/2)
    - - specified site — see Neoplasm/in situ
    - - unspecified site D09.7
    - - specified site — see Neoplasm/brain/malignant
      - unspecified site C71.9
Orchioblastoma (M9071/3) C62.9
  - in situ (M9071/2) D07.6
Orchitis (nonspecific) (septic) (suppurative) N45.9
Osteochondromatosis (M9210/1) D48.0
  - malignant (M9210/3) — see Neoplasm/bone/malignant
  - syndrome Q78.4
Osteochondrosarcoma (M9180/3) — see Neoplasm/bone/malignant
  - in situ (M9180/2) D09.7
Osteocondrosis M39.3
Osteoclastoma (M9250/1) D48.0
  - in situ (M9250/2) D09.7
  - malignant (M9250/3) — see Neoplasm/bone/malignant
Osteofibrosarcoma (M9182/3) — see Neoplasm/bone/malignant
  - in situ (M9182/2) D09.7
Osteogenesis imperfecta Q78.0
Osteosarcoma (M9180/3) — see also Neoplasm/bone/malignant
  - central (conventional) (M9186/3)
    - - in situ (M9186/2) D09.7
    - - chondroblastic (M9181/3)
    - - in situ (M9181/2) D09.7
    - - fibroblastic (M9182/3)
    - - in situ (M9182/2) D09.7
    - - in Paget's disease of bone (M9184/3)
      - - in situ (M9184/2) D09.7
      - - intracortical (M9195/3)
      - - in situ (M9195/2) D09.7
      - - intraosseous (low grade) (well differentiated) (M9187/3)
        - - in situ (M9187/2) D09.7
        - - juxtacortical (M9192/3)
          - - in situ (M9192/2) D09.7
          - - medullary (M9186/3)
            - - in situ (M9186/2) D09.7
            - - parosteal (M9192/3)
              - - in situ (M9192/2) D09.7
              - - periosteal (M9193/3)
                - - in situ (M9193/2) D09.7
                - - round cell (M9185/3)
                  - - in situ (M9185/2) D09.7
                  - - small cell (M9185/3)
                    - - in situ (M9185/2) D09.7
                    - - surface, high grade (M9194/3)
                      - - in situ (M9194/2) D09.7
                      - - telangiectatic (M9183/3)
                        - - in situ (M9183/2) D09.7
Osteosclerosis Q78.2
Pacinian tumour (M9507/0) — see Neoplasm/skin/benign
  - in situ (M9507/2) — see Neoplasm/skin/in situ
Pad, knuckle or Garrod's M72.1
Paget's disease
  - bone M88.9
    - - osteosarcoma in (M9184/3) — see Neoplasm/bone/malignant
      - - in situ (M9184/2) D09.7
      - - skull M88.0
Pancreatoblastoma (M8971/3) — see Neoplasm/pancreas/malignant
- in situ (M8971/2) — see Neoplasm/pancreas/in situ

Pancreolithiasis K86.8

Papilloma (M8050/0) — see also Neoplasm/benign
- choroid plexus (lateral ventricle) (third ventricle) (M8390/0) D33.0
  - - anaplastic (M8390/3) C71.5
  - - atypical (M8390/1) D43.0
  - - fourth ventricle (M8390/0) D33.1
  - - in situ (M8390/2) D09.7
  - - malignant (M8390/3) C71.5
...
- inverted, squamous cell (M8053/0)
  - - malignant (M8053/3)
- keratotic (M8052/0)
  ....
- squamous (cell) (M8052/0)
  - - and glandular, mixed (M8560/0)
  - - inverted (M8053/0)
  - - malignant (M8053/3)
- transitional (cell) (M8120/1) — see also Neoplasm/uncertain behaviour

Paranglioma (M8680/1) — see also Neoplasm/uncertain behaviour
- adrenal (medullary) (M8700/0) D35.0
  - - in situ (M8700/2) D09.3
  - - malignant (M8700/3) C74.1
  - - uncertain or unknown behaviour (M8700/1) D44.1
- aortic body (M8691/1) D44.7
  - - in situ (M8691/2) D09.7
  - - malignant (M8691/3) C75.5
  - - aorticopulmonary (M8691/0) D44.7
  - - in situ (M8691/2) D09.7
  - - benign (M8690/0) — see Neoplasm/ benign
  - - carotid body (M8692/1) D44.6
  - - chromaffin (M8700/0) — see Neoplasm/benign
  - - in situ (M8700/2)
  - - malignant (M8690/3) — see Neoplasm/malignant
  - - extra-adrenal (M8693/1)
  - - in situ (M8693/2)
  - - specified site — see Neoplasm/in situ
  - - unspecified site D09.3
  - - malignant (M8693/3)
...
- gangliocytic (M8683/0)
  - - specified site — see Neoplasm/benign
  - - uncertain or unknown behaviour (M8683/1)
  - - specified site — see Neoplasm/uncertain behaviour
  - - unspecified site D01.4
  - - unspecified site D13.2
- glomus jugulare (M8690/1) D44.7
  - - benign (M8690/0) D35.6
  - - in situ (M8690/2) D09.3
  - - in situ (M8680/2)
  - - specified site — see Neoplasm/in situ
  - - unspecified site D09.3
  - - jugular (M8690/1) D44.7
  - - benign (M8690/0) D35.6
  - - in situ (M8690/2) D09.3
  - - jugulotympanic (M8690/1) D44.7
  - - benign (M8690/0) D35.6
  - - in situ (M8690/2) D09.3
  - - malignant (M8680/3)
  - - specified site — see Neoplasm/malignant

Perineurioma (intraneural) (soft tissue) (M9571/0) — see also Neoplasm/benign
- in situ (M9571/2) D09.7
- malignant (MPNST) (M9571/3) — see Tumour/nerve sheath, peripheral, malignant

Phaeochromoblastoma (M8700/3)
- in situ (M8700/2)
  - - specified site — see Neoplasm/malignant
  - - uncertain or unknown behaviour (M8700/1)
  - - unspecified site C74.1
Phaeochromocytoma (M8700/0)
- in situ (M8700/2)
  - - specified site — see Neoplasm/in situ
  - - unspecified site D09.3
- malignant (M8700/3)
  - - unspecified site D09.3
  - - malignant (M8700/3)
  - - specified site — see Neoplasm/malignant
  - - uncertain or unknown behaviour (M8700/1)
  - - unspecified site D44.1
  - - unspecified site D35.0

Pilomatricoma (M8110/0) — see also Neoplasm/skin/benign
- in situ (M8110/2)
  - - specified site — see Neoplasm/in situ
  - - unspecified site D09.3
- malignant (M8110/3)
  - - unspecified site D35.0

Pindborg tumour (M9340/0) D16.5
- malignant (M9340/3) C41.1
  - - upper jaw (bone) C41.12
  - - upper jaw (bone) (M9340/0) D16.42

Pineal body or gland — see condition
Pinealoblastoma (mixed with pineocytoma) (M9362/3) C75.3
- in situ (M9362/2) D09.3

Pinealoma (M9360/1) D44.5

Pineoblastoma (mixed with pineocytoma) (M9362/3) C75.3
- in situ (M9362/2) D09.3

Pinealoma (M9360/1) D44.5

Pinealoblastoma (mixed with pineocytoma) (M9362/3) C75.3
- in situ (M9362/2) D09.3

Pinguecula H11.1

Pitted — see Oedema

Pitucytoma (M9432/1) D44.3

Pituitary gland — see condition

Plasmacytoma NEC (M9731/3) C90.3-
  - extramedullary (not of bone) (M9734/3) C90.2-
  - extrasosseous (M9734/3) C90.2-

Plasmacytoma NEC (M9731/3) C90.3-
  - extramedullary (not of bone) (M9734/3) C90.2-
  - extrasosseous (M9734/3) C90.2-
  - medullary (M9731/3) C90.0-

PNET (primitive neuroectodermal tumour) (M9473/3)
  - see Neoplasm/malignant
- in situ (M9473/2) D09.7
Pneumatothaemia — see Air/embolism/by type

Pneumoblastoma (M8972/3) — see Neoplasm/lung/malignant
- in situ (M8972/2) — see Neoplasm/lung/in situ

Pneumocephalus G93.8

Polyembryoma (M9072/3) — see Neoplasm/malignant
- in situ (M9072/2) — see Neoplasm/in situ

Polyglandular
Polyp, polypus
- septum (nasal) J33.0
  - serrated, sessile (M8213/0) — see also Neoplasm/benign
- - in situ (M8213/2) — see Neoplasm/in situ
- - malignant (M9330/2) — see Neoplasm/malignant
- sinus (accessory) (ethmoidal) (frontal) (maxillary) (sphenoidal) J33.8

Porocarcinoma (M8409/3) — see Neoplasm/skin/malignant
- in situ (M8409/2) — see Neoplasm/skin/in situ

Porokeratosis Q82.89

Poroma, eccrine (M8409/0) — see Neoplasm/skin/benign
- - in situ (M8409/2) — see Neoplasm/skin/in situ
- - malignant (M8409/3) — see Neoplasm/skin/malignant

Porphyria (South African) (Swedish) E80.2

PPNET (peripheral primitive neuroectodermal tumour) (M9364/3) — see Neoplasm/malignant
- in situ (M9364/2) — see Neoplasm/in situ

Prader-Willi syndrome Q87.14

Prolactinoma (M8271/0)
- in situ (M8271/2) D09.3
- malignant (M8271/3) — see Neoplasm/malignant
- - in situ (M8271/2) — see Neoplasm/malignant

- unspecified site D35.2

Ptilosis (eyelid) H02.7

PTLD (post-transplant lymphoproliferative disorder) (M9971/1) D47.7
- polymorphic (M9971/3) C96.7

Phtoma (poisoning) T62.9

Recklinghausen’s disease (M9540/1) (see also Neurofibromatosis) Q85.0
- bones E21.0

Reclus’ disease (cystic) N60.1

Reticuloendotheliosis
- malignant (M9960/3) C41.1
- - in situ (M9960/2) D09.7
- nonlipid (M97541/3) C96.0

Reticuloendotheliosis (M9540/3) C69.2
- differentiated (M9511/3) C69.2
- - in situ (M9511/2) D09.2
- - diffuse (M8910/3) C69.2
- - in situ (M9513/2) D09.2
- - in situ (M9510/2) D09.2
- - spontaneously regressed (M9514/1) C69.2
- undifferentiated (M9512/3) C69.2
- - in situ (M9512/2) D09.2

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- alveolar soft part (M9581/3)
- - in situ (M9581/2) D09.7
- ameloblastic (M9330/3) C41.1
- - in situ (M9330/2) D09.7
- - upper jaw (bone) C41.02
- - - in situ (M9330/2) D09.7
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- cerebellar (M9480/3) C71.6
- - circumscribed (arachnoidal) (M9471/3) C71.6
- - - in situ (M9471/2) D09.7
- - - in situ (M9480/2) D09.7
- - circumscribed (arachnoidal) cerebellar (M9471/3) C71.6
- - - in situ (M9471/2) D09.7
- - clear cell (of tendons and aponeuroses) (M9044/3)

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- - in situ (M8991/2)
- - endometrial (high grade) (stromal) (M8930/3) C54.1
  - - isthmus C54.0
  - - low grade (M8931/3) C54.1
  - - epithelioid (cell) (M8804/3)
- - in situ (M8804/2)
- - Ewing (M9260/3) — see Neoplasm/bone/malignant
- - in situ (M9260/2) D09.7
- - germinoblastic (M9680/3) C83.8
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  - - in situ (M9250/2) D09.7
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- - haemangioendothelial (M9130/3)
- - - in situ (M9130/2) D09.7
- - haemorrhagic, multiple (M9140/3) — see Sarcoma/Kaposi

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- - Kupffer cell (M9124/3) C22.3
- - - in situ (M9124/2) D01.5
- - Langerhans-cell (M9756/3) C96.4
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- - - in situ (M9530/2) D09.7
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- - - in situ (M9170/2)
- - lymphoblastic (M9727/3) C83.5

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- - meningal (M9530/3) — see Neoplasm/meninges/malignant
- - - in situ (M9530/2) D09.7
- - - meningothelial (M9530/3) — see Neoplasm/meninges/malignant
- - - - in situ (M9530/2) D09.7
- - mesenchymal (M8800/3)
- - - mixed (M8890/3)
- - - - in situ (M8990/2)
- - - mesothelial (M9505/3) — see Mesothelioma
- - monostecellular (M9441/3) — see Neoplasm/brain/malignant
- - - in situ (M9441/2) D09.7
- - myeloid (M9930/3) C92.3
- - - myofibroblastic — see Tumour/myofibroblastic
- - neurogenic (M9540/3) — see Neoplasm/nerve/malignant
- - - in situ (M9540/2) D09.7

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- alveolar soft part (M9581/3)
- - in situ (M9581/2) D09.7
- ameloblastic (M9330/3) C41.1
- - in situ (M9330/2) D09.7
- - upper jaw (bone) C41.02
- - - in situ (M9330/2) D09.7
- botryoid, botryoides (M8910/3)
- cerebellar (M9480/3) C71.6
- - circumscribed (arachnoidal) (M9471/3) C71.6
- - - in situ (M9471/2) D09.7
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- - - in situ (M9471/2) D09.7
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  - in situ (M9270/2) D09.7
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  - in situ (M9180/2) D09.7
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      - unspecified site C30.0
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    - in situ (M9561/2) D09.7
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  - with high mitotic index (M9062/3)
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  - anaplastic (M9062/3)
    - in situ (M9062/2)
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      - male D29.2
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  - unspecified site
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    - in situ (M8640/2)
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          - unspecified site
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  - poorly differentiated (M9631/3) — see also Neoplasm/malignant
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    - unspecified site
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  - with lipid storage (M8641/0)
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  - unspecified site
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    - male D29.2
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    - specified site — see Neoplasm/benign
    - unspecified site
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- Sertoli-Leydig cell tumour
  - poorly differentiated (M9631/3) — see also Neoplasm/uncertain behaviour
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<td>M8001/9</td>
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<td>M8020/1</td>
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<td>M8032/0</td>
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<td>M8032/1</td>
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<td>Squamous cell papilloma, inverted, malignant</td>
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<td>Squamous cell papilloma, inverted, metastatic</td>
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<td>Squamous cell carcinoma, microinvasive, metastatic</td>
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<td>Transitional cell carcinoma, spindle cell, in situ</td>
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<td>Linitis 69lastic, in situ</td>
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<td>Composite carcinoid uncertain whether benign or malignant</td>
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<td>Hypernephroid tumour, uncertain whether primary or metastatic</td>
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<td>Infiltrating lobular mixed with other types of carcinoma, in situ</td>
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<td>Sex cord-gonadal stromal tumour, mixed forms, in situ</td>
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<td>Olfactory neurogenic tumour, in situ</td>
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<tr>
<td>M9521/2</td>
<td>Olfactory neurocytoma, in situ</td>
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<tr>
<td>M9522/2</td>
<td>Olfactory neuroblastoma, in situ</td>
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<td>M9523/2</td>
<td>Olfactory neuroepithelioma, in situ</td>
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<tr>
<td>M9530/2</td>
<td>Meningioma, in situ</td>
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<td>M9531/2</td>
<td>Meningothelial meningioma, in situ</td>
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<tr>
<td>M9533/2</td>
<td>Psammomatous meningioma, in situ</td>
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<tr>
<td>M9534/2</td>
<td>Angiomatous meningioma, in situ</td>
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<tr>
<td>M9538/2</td>
<td>Papillary meningioma, in situ</td>
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<td>M9539/0</td>
<td>Atypical meningioma, benign</td>
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<td>M9539/2</td>
<td>Meningeal sarcomatosis, in situ</td>
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<td>M9540/2</td>
<td>Neurofibromatosis, in situ</td>
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<td>M9550/2</td>
<td>Plexiform neurofibroma, in situ</td>
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<td>M9560/2</td>
<td>Neurilemmoma, in situ</td>
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<tr>
<td>M9561/2</td>
<td>Malignant peripheral nerve sheath tumour with rhabdomyoblastic differentiation, in situ</td>
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<td>M9571/2</td>
<td>Perineurioma, in situ</td>
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<tr>
<td>M9580/2</td>
<td>Granular cell tumour, in situ</td>
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<tr>
<td>M9581/2</td>
<td>Alveolar soft part sarcoma, in situ</td>
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<td>M9597/3</td>
<td>Primary cutaneous follicle centre lymphoma</td>
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<td>M9688/3</td>
<td>T-cell/histiocyte rich large B-cell lymphoma</td>
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<tr>
<td>M9712/3</td>
<td>Intravascular large B-cell lymphoma</td>
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<td>M9716/3</td>
<td>Hepatosplenic gamma-delta T-cell lymphoma</td>
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<td>Systemic EBV positive T-cell lymphoproliferative disease of childhood</td>
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<td>Hydroa vacciniforme-like lymphoma</td>
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<td>M9726/3</td>
<td>Primary cutaneous gamma-delta T-cell lymphoma</td>
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<td>M9735/3</td>
<td>Plasmablastic lymphoma</td>
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<td>ALK-positive large B-cell lymphoma</td>
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<td>M9738/3</td>
<td>Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease</td>
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<td>Indolent systemic mastocytosis</td>
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<td>Langerhans cell histiocytosis, multifocal</td>
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<td>M9759/3</td>
<td>Fibroblastic reticular cell tumour</td>
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<td>Mixed phenotype acute leukaemia with t(9;22)(q34;q11.2); BCR-ABL1</td>
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<td>M9807/3</td>
<td>Mixed phenotype acute leukaemia with t(v;11q23); MLL rearranged</td>
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<td>Mixed phenotype acute leukaemia, B/myeloid, NOS</td>
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<td>Mixed phenotype acute leukaemia, T/myeloid, NOS</td>
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<td>M9812-M983</td>
<td>Lymphoid leukaemias</td>
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<td>B lymphoblastic leukaemia/lymphoma, NOS</td>
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<td>B lymphoblastic leukaemia/lymphoma with t(9;22)(q34;q11.2); BCR-ABL1</td>
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<td>M9815/3</td>
<td>B lymphoblastic leukaemia/lymphoma with hyperdiploidy</td>
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<td>M9816/3</td>
<td>B lymphoblastic leukaemia/lymphoma with hypodiploidy (hypodiploid ALL)</td>
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<td>B lymphoblastic leukaemia/lymphoma with t(5;14)(q31;q32); IL3-IGH</td>
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<td>Acute myeloid leukaemia with multilineage dysplasia myelodysplasia-related changes</td>
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<td>Transient abnormal myeloipoiesis</td>
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<td>M9898/3</td>
<td>Myeloid leukaemia associated with Down Syndrome</td>
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<td>Acute myeloid leukaemia (megakaryoblastic) with t(1;22)(p13;q13); RBM15-MKL1</td>
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<td>Therapy-related acute myeloid leukaemia NOS-neoplasm</td>
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<td>M9960/3</td>
<td>Chronic myeloproliferative disease NOS, Myeloproliferative neoplasm NOS</td>
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<td>M9961/3</td>
<td>Myelosclerotic with myeloid metaplasia Primary myelofibrosis</td>
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<td>M9964/3</td>
<td>Hyper eosinophilic syndrome—Chronic eosinophilic leukaemia NOS</td>
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<td>M9965/3</td>
<td>Myeloid and lymphoid neoplasms with PDGFR A rearrangement</td>
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<tr>
<td>M9966/3</td>
<td>Myeloid neoplasms with PDGFRB rearrangement</td>
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<tr>
<td>M9967/3</td>
<td>Myeloid and lymphoid neoplasms with FGFR1 abnormalities</td>
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<td>Post transplant lymphoproliferative disorder</td>
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<td>Polymorphic post transplant lymphoproliferative disorder</td>
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<td>M9975/3</td>
<td>Myeloproliferative neoplasm, unclassifiable</td>
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<td>M9991/3</td>
<td>Refractory neutropenia</td>
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<tr>
<td>M9992/3</td>
<td>Refractory thrombocytopenia</td>
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</table>
3. Diseases of blood and blood forming organs and certain disorders of immune mechanism

3.1. Anaemia, sideroblasts, ring

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Anaemia D64.9
- refractory (related to alkylating agent) (related to Epipodophyllotoxin) (related to therapy) NEC (M9980/3) D46.4
  - with
  - - dysplasia, multilineage (M9985/3) D46.5
  - - excess blasts (RAEB 1) (RAEB 2) (M9983/3) D46.2
  - - - in transformation (RAEB-T) (M9984/3) C92.0
  - - haemochromatosis (M9982/3) D46.1
  - - sideroblasts, ringed (associated with marked thrombocytosis) (RARS) (M9982/3) D46.1
  - - without sideroblasts, ringed (M9980/3) D46.0
  - - sideroblastic (M9982/3) D46.1

3.2. Egyptian splenomegaly (Indexing)

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Egg shell nails L60.3
- congenital Q84.69
  | Egyptian splenomegaly B65.1† D77*
  | Ehlers-Danlos syndrome Q79.6

3.3. Immune reconstitution syndrome (Indexing)

In 2009 the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Immune
- fetus and newborn P55.9
  - - specified NEC P55.8
- reconstitution syndrome (inflammatory) (IRIS) (IRS) D89.3
Immunisation (see also Vaccination) Z26.9

Syndrome — see also Disease
- immobility, immobilisation (paraplegic) M62.3-
  - immune reconstitution (inflammatory) (IRIS) (IRS) D89.3
  - immunodeficiency
TABULAR LIST OF DISEASES

D89 Other disorders involving the immune mechanism, not elsewhere classified

D89.3 Immune reconstitution syndrome

Immune reconstitution inflammatory syndrome [IRIS]

Use additional external cause code (Chapter 20), to identify drug.

3.4. Molecular adsorbent recirculating system (MARS) treatment (Indexing)

Advice was published in Coding Matters, September 2009 (Vol. 16, No. 2) regarding the correct code assignment for Molecular Adsorbent Recirculating System (MARS) treatment. This advice has been incorporated into ACHI Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Apheresis
- therapeutic NEC 13750-06 [1892]
  - erythropheresis (erythrocytapheresis) 13750-02 [1892]
  - leukopheresis (leukocytapheresis) 13750-01 [1892]
  - molecular adsorbent recirculating (MARS) treatment 13750-06 [1892]
  - plasmapheresis 13750-00 [1892]

Dialysis
- haemoperfusion 13100-05 [1060]
  - liver (molecular adsorbent recirculating (MARS) treatment) 13750-06 [1892]
  - peritoneal

Marking
- denture
  - for identification 97777-00 [477]

MARS (molecular adsorbent recirculating system) treatment 13750-06 [1892]

Marshall-Marchetti-Kranz procedure (retropubic procedure for stress incontinence) (with prosthesis)

Treatment
- fracture
  - by reduction — see Reduction/fracture/by site
  - nonsurgical (by cast) — see Immobilisation

Molecular adsorbent recirculating system (MARS) treatment 13750-06 [1892]
- palliative

TABULAR LIST OF INTERVENTIONS

1892  Apheresis

0030

13750-06 Other therapeutic haemapheresis

Molecular adsorbent recirculating system (MARS) treatment

3.5. Sentinel lymph node biopsy (SLNB)

A public submission was received regarding sentinel lymph node biopsy (SLNB) of the groin. In ACHI Seventh Edition there is a code for sentinel lymph node of the axilla, however there is no code for the same procedure of other sites.

The sentinel lymph node is the first node draining a lymphatic basin (sentinel lymph node) which would be expected to predict the absence or presence of malignancy in that area.

SLNB involves three steps:

- Lymphoscintigram
- Intraoperative lymphatic mapping with blue dye
- Selective biopsy of lymph nodes identified as “sentinel” nodes
Once identified, the nodes are surgically excised and sent to histopathology for examination where further treatment decisions are based on the metastatic status of the sentinel nodes. If no malignancy cells are found, no further surgery is done. If cancerous cells are found to be present in the SLN, a further removal of lymph nodes in the region will be required.

The following amendments were made to ACHI for Eighth Edition:

- **ACHI Tabular List**
  - Created code 30300-01 *Sentinel lymph node biopsy, not elsewhere classified* in block [805] *Biopsy of lymphatic structure*
  - Created and revised instructional notes in blocks [806], [808]–[811]

- **ACHI Alphabetic Index**: amendments to support the above changes

### ALPHABETIC INDEX OF INTERVENTIONS

**Biopsy**
- lymphatic structure (node) 30075-00 [805]
  - scalene 30096-00 [805]
  - sentinel (gynaecological) (inguinal) (mesenteric) (neck) NEC 30300-01 [805]
  - axilla 30300-00 [808]
  - mediastinum (with exploration)

**Excision — see also Removal**
- lymph node
  - - retroperitoneal (simple) (total) NEC 90282-00 [811]
  - - - for staging of malignancy 35726-01 [985]
  - - regional (limited) 90282-01 [811]
  - - sentinel (gynaecological) (inguinal) (mesenteric) (neck) NEC 30300-01 [805]
  - - axilla 30300-00 [808]
  - - specified site (simple) (total) NEC 90282-00 [811]

### TABULAR LIST OF INTERVENTIONS

#### 805 Biopsy of lymphatic structure

*Excludes:* axillary lymph node (30332-00 [808])

- **30300-01** Sentinel lymph node biopsy, not elsewhere classified
  - Excision of sentinel lymph node(s)
  - *Includes:* injection of radioisotope and mapping (lymphoscintigraphy) of nodal basin
  - *Code also when performed:*
    - - excision of lymph nodes:
      - - radical (31435-00 [806], 30330-00 [809], 35551 [810], 37607-00, 37610-00, 90282-02 [811])
      - - regional (31423-01 [806], 30329-01 [809], 90282-01 [811])
  - *Excludes:* that of axilla (30300-00 [808])

#### 806 Excision procedures on lymph node of neck

- Excision of cervical lymph nodes

- **31423-00** Excision of lymph node of neck
  - Total (simple) excision of lymph node of neck
  - *Excludes:* sentinel lymph node biopsy or excision (30300-01 [805])

- **31423-01** Regional excision of lymph nodes of neck
  - Limited excision of lymph nodes of neck
  - 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])

- **31435-00** Radical excision of lymph nodes of neck
  - Complete clearance of all nodes in neck
Radical neck dissection
Resection of cervical lymph nodes down to muscle and fascia

*Code also when performed:*
- sentinel lymph node biopsy or excision (30300-01 [805])

*Excludes:*
- radical excision of intraoral lesion (30275-00 [403])

808  Excision procedures on lymph node of axilla

30332-00  Excision of lymph node of axilla
- Axillary sampling
- Biopsy of single axillary lymph node
- Excision of single axillary lymph node
- Total (simple) excision of lymph node of axilla

*Excludes:*
- sentinel lymph node biopsy or excision of axilla (30300-00 [808])

30300-00  Sentinel lymph node biopsy of axilla
- Excision of sentinel lymph node(s) in level I, II or III of axilla

*Includes:*
- injection of radioisotope and mapping (lymphoscintigraphy) of nodal basin

*Note:*
- Level I includes nodes of the lower axilla up to the lower border of pectoralis minor
- 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

*Code also when performed:*
- excision of axillary lymph nodes:
  - radical (30336-00 [808])
  - regional (30335-00 [808])

30335-00  Regional excision of lymph nodes of axilla
- Level I excision of lymph nodes of axilla
- Limited excision of lymph nodes of axilla
- Low axillary dissection or excision
- Regional lymph node excision with excision of lymphatic drainage area including fat

*Note:*
- Level I includes nodes of the lower axilla up to the lower border of pectoralis minor

*Code also when performed:*
- sentinel lymph node biopsy or excision (30300-00 [808])

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

*Code also when performed:*
- sentinel lymph node biopsy or excision (30300-00 [808])

30329-00  Excision of lymph node of groin
- Excision of inguinal lymph nodes

30329-00  Excision of lymph node of groin
- Total (simple) excision of lymph node of groin

*Excludes:*
- sentinel lymph node biopsy or excision (30300-01 [805])

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
Code also when performed:
• sentinel lymph node biopsy or excision (30300-01 [805])

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

Code also when performed:
• sentinel lymph node biopsy or excision (30300-01 [805])

810 Excision procedures on lymph node for gynaecological malignancy

35551-00 Radical excision of pelvic lymph nodes via laparoscopy for gynaecological malignancy

Code also when performed:
• sentinel lymph node biopsy or excision (30300-01 [805])

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 (35664-00, 35670-00 [1268], 35664-01 [1269])

811 Excision procedures on lymph node of other sites

90280-00 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])

90280-01 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
▼0028 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:
  • gynaecological (35723 [810])
  • lymphoma (30384-00 [985])
  • NOS (35726-01 [985])
that of pelvic lymph nodes for:
  • gynaecological malignancy (35551 [810])
  • hysterectomy (35664-00, 35670-00 [1268], 35664-01 [1269])
  • radical prostatectomy and bladder neck reconstruction (37211-00 [1167])
4. Endocrine, nutritional and metabolic

4.1. Allied health intervention, diabetes education (Indexing)

A public submission highlighted deficiencies regarding the indexing of allied health intervention, diabetes education, and consequently an index entry was created for diabetes education under the index pathway Intervention/allied health/general for ACHI Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Intervention
- allied health — see also specific interventions
  - general
  - - audiology 95550-06 [1916]
  - - diabetes education 95550-14 [1916]
  - - dietetics 95550-00 [1916]

4.2. Cystic fibrosis

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. This included deleting the inclusion term for cystic fibrosis with combined manifestations at E48.8 Cystic fibrosis with other manifestations. This amendment has now been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Fibrosis, fibrotic
- cystic (of pancreas) E84.9
  - with
    — combined manifestations E84.8
    — - distal intestinal obstruction (syndrome) E84.1

TABULAR LIST OF DISEASES

<table>
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<th>E84</th>
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<tr>
<td>E84.8</td>
<td>Cystic fibrosis with other manifestations</td>
</tr>
<tr>
<td></td>
<td>Cystic fibrosis with combined manifestations</td>
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AUSTRALIAN CODING STANDARDS

0402 CYSTIC FIBROSIS

Cystic fibrosis (CF) should be coded with the appropriate code from E84.- Cystic fibrosis followed by a code(s) for any specified manifestation(s). Note that E84.8 Cystic fibrosis with other manifestations includes cases with combined manifestations. More than one code from E84.- Cystic fibrosis should be used if the patient presents with multiple manifestations of CF.

EXAMPLE 1:
Patient admitted for reduction of fractured shaft of tibia following fall from ladder. Patient also treated for bronchiectasis associated with cystic fibrosis.

Codes:  
S82.28 Other fracture of shaft of tibia  
W11 Fall on and from ladder  
An appropriate place of occurrence code (Y92.-) and activity code (U50–U73)  
E84.0 Cystic fibrosis with pulmonary manifestations  
J47 Bronchiectasis

4.3. Criger-Najiar jaundice (Indexing)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Jaundice (yellow) R17  
- familial nonhaemolytic (congenital) (Gilbert) E80.4  
- - Criger-Najiar E80.5  
- - fetus or newborn (physiological) P59.9

4.4. Diabetes mellitus and intermediate hyperglycaemia

A major review and update to ACS 0401 Diabetes mellitus and intermediate hyperglycaemia was implemented 1 July 2012. The review highlighted minor revisions that were required for intermediate hyperglycaemia (IH) and diabetes mellitus (DM) in Eighth Edition. These were primarily changes to the ICD-10-AM Tabular List and Alphabetic Index. There were also a number of public submissions and queries which highlighted areas requiring revision to the classification of diabetes mellitus for Eighth Edition.

1. Update terminology of impaired glucose regulation (IGR) to intermediate hyperglycaemia

A joint WHO and International Diabetes Federation Technical Advisory Group was commissioned to review the WHO 1998 diagnosis and classification of diabetes mellitus. The report from this group does not use the term impaired glucose regulation but rather intermediate hyperglycaemia (World Health Organization 2006). The resultant change in terminology from impaired glucose regulation (IGR) to intermediate hyperglycaemia (IH) was endorsed by Australian clinicians and has now been reflected in ICD-10-AM for Eighth Edition.

2. Review Tabular List Note: Diagnostic criteria at E09-E14 and O24.2

The diagnostic criteria for diabetes mellitus and IGR/IH have been revised by WHO and the International Diabetes Federation (IDF). As part of the review and update to ACS 0401 it was agreed that the diagnostic criteria in the Tabular List at block E09–E14 and code O24.4 Diabetes mellitus arising during pregnancy should be deleted.

3. Amend index entries for latent diabetes mellitus in adults (LADA)

It was noted that the term latent diabetes mellitus in adults (LADA) was infrequently documented, therefore the references to LADA/Type 1.5 diabetes mellitus were deleted in ACS 0401 (1 July 2012 revision) and changes have been made to the ICD-10-AM Alphabetic Index for Eighth Edition as follows:

- at index pathway Diabetes/with added term 'autoimmune, in adults (LADA) (Type 1.5) E14.-' and sub-term 'with positive auto-antibodies (GAD) (IA2) E10.-'
- at index lead-term Diabetes added term 'Type 1.5 E14.-' and sub-term 'with positive auto-antibodies (GAD) (IA2) E10.-'
4. Clarify sequencing in episodes which qualify for diabetic foot
Following the NCCC diabetes mellitus education (May 2012) for the 1 July 2012 revision of ACS 0401 (Seventh Edition), feedback indicated that ACS 0401, 6. Diabetic foot did not provide clear instruction for sequencing of codes for cases of diabetic foot. In particular, it was suggested that examples (10-12) for coding diabetic foot in the revised ACS 0401 may be leading coders to assume that codes for cellulitis take precedence over E1-.73 codes; and that E1-.73 would usually only be the principal diagnosis in cases where E1-.73 replaced the ulcer code as principal diagnosis due to the combination code rule or where the concept diabetic foot was documented.

After extensive consultation it was agreed that it was always going to be difficult to provide clear, realistic coding scenarios for diabetic foot. Therefore, a clinical update with classification advice was published and released with the Coding Q&A, December 2012 and revisions were made to ACS 0401 to clarify sequencing of codes for diabetic foot, including deletion of the diabetic foot examples so as not to bias code assignment.

5. Additional clinical updates
Clinical review of the classification highlighted some additional terms that should be included in the Alphabetic Index at lead terms Diabetes and Hyperglycaemia, intermediate, and also the Tabular List.

6. Cross references for terms indexed as ‘diabetic’
Discussions with the ITG noted the distinction between terms described/document as ‘diabetic’ and ‘diabetes with’. It was agreed that the ‘diabetic’ terms should be indexed not only under Diabetes, diabetic but also under the lead terms for the other conditions which are ‘known to be caused by’ diabetes mellitus.

Terms indexed under both Diabetes, diabetic and Diabetes/with were also reviewed, and index entry and subterms for Diabetes, diabetic/gangrene were deleted as these terms are sufficiently indexed at Diabetes/with.

7. Correction of inconsistencies between and within the Tabular List and Alphabetic Index
   a. Diabetes mellitus with fixed or persistent proteinuria
Advice published in Coding Q&A, June 2012, Diabetes mellitus and fixed or persistent proteinuria highlighted that the Tabular List and Alphabetic Index were inconsistent in the way terms ‘fixed’ and ‘persistent’ were depicted in the inclusion term ‘proteinuria’ for codes E09.21 and E1-.22; that is in the Alphabetic Index the terms were essential modifiers, whereas in the Tabular List they were nonessential modifiers (NEMs). Clinical advice confirmed that the terms ‘fixed’ and ‘persistent’ should be essential modifiers for the allocation of E09.21 and E1-.22.

Clinical advice was also sought regarding the classification of ‘fixed’ proteinuria, given that ‘fixed’ is not specified in the Alphabetic Index under the lead term Proteinuria. Clinicians’ advice indicated that while the term ‘fixed proteinuria’ was not in common use, it should be classified to N39.1 Persistent proteinuria, unspecified. Consequently, changes were made to ICD-10-AM Tabular List and Alphabetic Index for Eighth Edition.

   b. Diabetes mellitus with orthostatic hypotension
A query highlighted inconsistencies in the indexing of diabetes mellitus with orthostatic hypotension and postural hypotension. Clinical advice confirmed that ‘orthostatic hypotension’ was synonymous with ‘postural hypotension’ and that DM with orthostatic hypotension should be indexed to E1-.43 *Diabetes mellitus with diabetic autonomic neuropathy. Consequently, changes were made to the ICD-10-AM Tabular List and Alphabetic Index for Eighth Edition.

   c. IH and DM with retinal haemorrhages (E1-.31 and E1-.32)
The Tabular List inclusion term and NEMs at E09.31 and E1-.31, and E09.32 and E1-.32 were inconsistent with the essential modifiers in the Alphabetic Index at Diabetes/with/retinal/haemorrhages, therefore the Tabular List inclusional terms at E1-.31 and E1-.32 were amended so that ‘dot-and-blot’ and ‘flame-shaped’ are essential modifiers at E09.31 and E1-.31 and ‘blotchy’, ‘round’ and ‘small’ are essential modifiers at E09.32 and E1-.32.
ALPHABETIC INDEX OF DISEASES

Acetonaemia R79.8
- diabetic — see also Diabetes/with/ketoacidosis
- lactic (without coma) E1-.13
- - with coma E1-.14

Acetonuria R82.4

Dermoid (cyst) (M9084/0) — see also Neoplasm/benign
- due to radiation (nonionising) L57.8

Dermopathy
- diabetic E1-.62

Dermatophytosis — see Dermatophytosis

Diabetes, diabetic (controlled) (mellitus) E1-.9
- chronic kidney disease (CKD) E1-.22
- - stage 1 E1-.21
- - stage 2 E1-.21
- - stage 3 E1-.22
- - stage 4 E1-.22
- - stage 5 E1-.22
- - diabetic (controlled) (mellitus) E1-.9
- - chronic kidney disease (CKD) E1-.22
- - - stage 1 E1-.21
- - - stage 2 E1-.21
- - - stage 3 E1-.22
- - - stage 4 E1-.22
- - - stage 5 E1-.22
- - claudication, intermittent — see Diabetes/with/angiopathy, peripheral
- - - cranial nerve palsy (abducens) (III) (oculomotor) (VI) E1-.41
- - - detachment, retina (traction) E1-.35
- - - dyslipidaemia — see ACS 0401 Diabetes mellitus and intermediate hyperglycaemia/6
- - - features of insulin resistance E1-.22
- - - - End-stage kidney disease (ESKD) E1-.22
- - - - - with end-stage kidney disease (ESKD) E1-.22
- - - - - - diffuse E1-.22
- - - - - - intracapillary E1-.22
- - - - - - nodular E1-.22
- - - - - high albuminuria E1-.21
- - - - - hyperinsulinism E1-.72
- - - - hypoglycaemia (coma) (convulsion) (fit) (seizure) E1-.64
- - - - hypotension, postural E1-.43
- - - - - orthostatic E1-.43
- - - - - - ischaemia E1-.32
- - - - - - microaneurysms E1-.31
- - - - - - neovascularisation E1-.33
- - - - intraocular microvascular abnormalities (IRMA) E1-.32
- - - - iridocyclitis E1-.39
- - - - - iritis E1-.39
- - - - - - Kimmelstiel-Wilson (disease) (lesion) E1-.22
- - - - - - with end-stage kidney disease (ESKD) E1-.22
- - - - - - left ventricular diastolic dysfunction E1-.53
- - - - - - - macular degeneration E1-.32
- - - - - - - - ischaemia E1-.32
- - - - - - - - microaneurysms E1-.31
- - - - - - - - neovascularisation E1-.33
- - - - - - cataract E1-.36
- - - - - - Charcot's arthropathy E1-.61
- - - - - - cheiroarthropathy E1-.61
- - - - - - foot E1-.73
- - - - - - - - frozen shoulder E1-.61
- - - - - - - - gangrene (acute dermal) (bacterial) (Fournier's) (haemolytic) (Meloney's) E1-.69
- - - - - - - - with peripheral angiopathy E1-.52
Hypoglycaemia (spontaneous) E16.2
- with diabetes (mellitus) — see Diabetes, by type diabetic
- coma E15

Impaired, impairment (function)
- auditory discrimination H93.2
- carbohydrate tolerance (glucose) — see Impaired, impairment, glucose regulation Hyperglycaemia, hyperglycaemic/intermediate
- cognitive, persisting (due to)...
- fasting glucose — see Impaired, impairment, glucose regulation Hyperglycaemia, hyperglycaemic/intermediate
- glucose regulation (tolerance) E09.9 — see Hyperglycaemia, hyperglycaemic/intermediate
  - with
    - acanthosis nigricans E09.72
    - CKD (stage 3–5) E09.29
    - stage 1–2 E09.21
    - dyslipidaemia — see ACS 0401 Diabetes mellitus and impaired glucose regulation, dyslipidaemia
    - features of insulin resistance E09.72
    - glomerular
      - membrane thickening E09.21
      - mesangial expansion E09.21
    - hyperinsulinism E09.72
    - hypertension E09.72
    - incident nephropathy (early) (mild) (reversible) E09.24
    - increased intra-abdominal visceral fat deposition E09.72
    - insulin resistance E09.72
    - intraocular microvascular abnormalities (IRMA) E09.32
      - IRMA E09.32
    - kidney complication NEC (see also Impaired, impairment, glucose regulation, with, CKD) E09.29
      - microalbuminuria (constant) (persistent) E09.24
      - microvascular complications, multiple E09.71
      - nephropathy E09.24
      - neuropathy E09.40
    - peripheral
      - distal symmetrical E09.42
      - selective small fibre E09.42
    - sensorimotor E09.42
    - polyneuropathy E09.42
    - nonalcoholic fatty (change of) liver E09.72
    - obesity — see ACS 0401 Diabetes mellitus and impaired glucose regulation, obesity
      - peripheral angiopathy (without gangrene) E09.54
      - with gangrene E09.52
      - polyneuropathy E09.42
    - proteinuria (fixed) (persistent) E09.21
    - retinal
      - cotton wool spots E09.32
      - haemorrhages
        - blotchy E09.32
        - dot-and-blot E09.31
        - flame-shaped E09.31
        - round E09.32
        - small E09.32
        - hard exudates E09.34
        - ischaemia E09.32
      - microaneurysms E09.31
      - venous

- diabet E1-.62
- constitutional E66.8

Periarthritis (joint) M77.9
- scapulohumeral M75.0
- shoulder M75.0
- - diabetic E1-.61
- - wrist M77.2

Pregnancy (single) (uterine)
- complicated by — see also Pregnancy/management affected by
  - - abnormal, abnormality...
  - - insufficient weight gain O26.1
  - - intermediate hyperglycaemia (tolerance) O24.5
  - - kidney disease or failure NEC O26.81

Proteinuria R80
- fixed N39.1
- - with glomerular lesion — see Proteinuria/isolated/with glomerular lesion
- gestational O12.1

Scleroderma, scleroderma (diffuse) (generalised) M34.9
- circumscribed L94.0
- diabetic E1-.62
- linear L94.1

Sclerodema
- Buschke’s M34.8
- diabetic E1-.62
- newborn P83.0

Screening (for) Z13.9
- ingestion of radioactive substance Z13.88
- intermediate hyperglycaemia Z13.1
- leishmaniasis Z11.8

Spot(s)
- Mongolian (blue) Q82.5
- shin, diabetic E1-.62
Spotted fever — see Fever/spotted

Syndrome — see also Disease
- rotator cuff, shoulder M75.1
- diabetic E1-.61
- Roth(-Bernhardt) (meralgia paraesthetica) G57.1

TABULAR LIST OF DISEASES

LIST OF THREE-CHARACTER CATEGORIES

CHAPTER 4

ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES (E00–E89)

Impaired glucose regulationIntermediate hyperglycaemia and diabetes mellitus (E09–E14)
E09 Impaired glucose regulationIntermediate hyperglycaemia
E10 Type 1 diabetes mellitus
E11 Type 2 diabetes mellitus
E13 Other specified diabetes mellitus
E14 Unspecified diabetes mellitus

CHAPTER 4

ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES (E00–E89)
This chapter contains the following blocks:
E00–E07 Disorders of thyroid gland
E09–E14 Impaired glucose regulationIntermediate hyperglycaemia and diabetes mellitus
E15–E16 Other disorders of glucose regulation and pancreatic internal secretion

IMPAIRED GLUCOSE REGULATIONINTERMEDIATE HYPERGLYCAEMIA AND DIABETES MELLITUS
(E09–E14)
▼0401

Note: Diagnostic criteria:
Criteria for impaired fasting glycaemia (IFG):
Fasting venous plasma glucose 6.1 – 6.9 mmol/L.
Criteria for impaired glucose tolerance (IGT):
Based on correctly conducted oral glucose tolerance test (fasting venous plasma glucose level 6.1–6.9 mmol/L and 2-hour post glucose venous plasma glucose 7.8–11.0 mmol/L).

WHO criteria for diabetes mellitus:
Based on correctly conducted oral glucose tolerance test (fasting venous plasma glucose ≥ 7.0 mmol/L or 2-hour post oral glucose, venous plasma glucose ≥ 11.1 mmol/L).

OR
American Diabetes Association (ADA) criteria for diabetes mellitus:
Fasting venous plasma glucose level ≥ 7.0 mmol/L or Classical symptoms of thirst, polyuria and a casual venous plasma glucose ≥ 11.1 mmol/L.

Use additional code (Z86.3) if an endocrinopathy has been successfully eradicated.

Use additional external cause code (Chapter 20) to identify if drug-induced or chemical-induced.

Includes:
abnormal glucose (carbohydrate):
• regulation
• tolerance
diabetes, chemical
diabetes, latent impaired:
• fasting glycaemia (IFG)
• glucose (carbohydrate): tolerance (IGT)
• regulation (IGR)
• tolerance (IGT)
prediabetes

Use additional code for any underlying condition or associated genetic syndrome.

Excludes:
diabetes mellitus (E10–E14)
elevated blood glucose level (R73)
**E09.2** Impaired glucose regulation (Intermediate hyperglycaemia) with kidney complication

*Use additional code to identify the presence of chronic kidney disease (N18.-)*

**E09.21** Impaired glucose regulation (Intermediate hyperglycaemia) with incipient nephropathy

*Impaired glucose regulation* (Intermediate hyperglycaemia)* with:

- chronic kidney disease:
  - stage 1
  - stage 2
- glomerular:
  - basement-membrane thickening
  - mesangial expansion
- incipient nephropathy (early)(mild)(reversible)
- microalbuminuria:
  - constant
  - persistent
- proteinuria *(fixed)(persistent)*
  - fixed
  - persistent
- tubulo-interstitial changes

**E09.29** Impaired glucose regulation (Intermediate hyperglycaemia) with other specified kidney complication

**E09.3** Impaired glucose regulation (Intermediate hyperglycaemia) with ophthalmic complication

**E09.31** Impaired glucose regulation (Intermediate hyperglycaemia) with background retinopathy

*Impaired glucose regulation* (Intermediate hyperglycaemia)* with:

- retinal:
  - haemorrhages: *(dot-and-blot)(flame-shaped)*
  - dot-and-blot
  - flame-shaped
  - hard exudates
  - microaneurysms
  - venous dilatation
  - retinopathy NOS

*Excludes:*  with any condition listed in E09.32

**E09.32** Impaired glucose regulation (Intermediate hyperglycaemia) with preproliferative retinopathy

*Impaired glucose regulation* (Intermediate hyperglycaemia)* with:

- intraretinal microvascular abnormalities [IRMA]
- retinal:
  - cotton-wool spots
  - haemorrhages: *(blotchy)(round)(small)*
  - blotchy
  - round
  - small
  - ischaemia
  - venous:
    - beading
    - looping
    - reduplication

**E09.4** Impaired glucose regulation (Intermediate hyperglycaemia) with neurological complication

**E09.40** Impaired glucose regulation (Intermediate hyperglycaemia) with unspecified neuropathy

**E09.42** Impaired glucose regulation (Intermediate hyperglycaemia) with polyneuropathy

*Impaired glucose regulation* (Intermediate hyperglycaemia)* with:

- peripheral neuropathy:
  - distal symmetrical
  - NOS
  - selective 'small fibre'
  - sensorimotor
E09.5  Impaired glucose regulation | Intermediate hyperglycaemia with peripheral angiopathy

E09.51  Impaired glucose regulation | Intermediate hyperglycaemia with peripheral angiopathy, without gangrene

E09.52  Impaired glucose regulation | Intermediate hyperglycaemia with peripheral angiopathy, with gangrene

E09.7  Impaired glucose regulation | Intermediate hyperglycaemia with multiple complications

E09.71  Impaired glucose regulation | Intermediate hyperglycaemia with multiple microvascular complications
Two or more of conditions classifiable to E09.2-, E09.3- or E09.4-

E09.72  Impaired glucose regulation | Intermediate hyperglycaemia with features of insulin resistance
Impaired glucose regulation | Intermediate hyperglycaemia with one or more of the following features:
• acanthosis nigricans
• dyslipidaemia characterised by elevated fasting triglycerides or depressed HDL-cholesterol
• hyperinsulinism
• increased intra-abdominal visceral fat deposition
• insulin resistance NOS
• nonalcoholic fatty (change of) liver disease (NAFLD)
• nonalcoholic steatohepatitis (NASH)
• obesity (morbid)
• overweight

Note: Hypertension is a common disorder with a variety of causes and its attribution to insulin resistance is only accepted if accompanied with at least one of the features listed above.

E09.8  Impaired glucose regulation | Intermediate hyperglycaemia with unspecified complication

E09.9  Impaired glucose regulation | Intermediate hyperglycaemia without complication

E10  Type 1 diabetes mellitus
Includes:
• diabetes (mellitus):
  • autoimmune
  • brittle
  • idiopathic
  • insulin dependent [IDDM]
  • juvenile-onset
  • ketosis-prone

Excludes:
diabetes mellitus (due to)(in):
• neonatal (P70.2)
• NOS (E14.-)
• other specified (E13.-)
• pregnancy, childbirth and the puerperium (O24.-)
• Type 2 (E11.-)
glycosuria:
• NOS (R81)
• renal (E74.8)

E10.2  Type 1 diabetes mellitus with kidney complication

E10.22  Type 1 diabetes mellitus with established diabetic nephropathy
Type 1 diabetes mellitus with:
• advanced kidney disease
• chronic kidney:
  • disease ≥ stage 3
  • failure
  • impairment
• end-stage kidney disease
• glomerulosclerosis:
  • diffuse
• intracapillary
• nodular
• Kimmelstiel-Wilson (disease)(lesion)
• macroalbuminuria
• nephropathy (advanced)(NOS)(progressive)
• nephrosis
• nephrotic syndrome
• proteinuria: (fixed)(persistent)
  • fixed
  • persistent

Use additional code to identify the presence of chronic kidney disease (N18.-)

**E10.3**  Type 1 diabetes mellitus with ophthalmic complication

**E10.31** Type 1 diabetes mellitus with background retinopathy
Type 1 diabetes mellitus with:
• retinal:
  • haemorrhages: (dot-and-blot)(flame-shaped)
    • dot-and-blot
  • flame-shaped
  • hard exudates
  • microaneurysms
  • venous dilatation
  • retinopathy NOS

*Excludes:* with any condition listed in E10.32

**E10.32** Type 1 diabetes mellitus with preproliferative retinopathy
Type 1 diabetes mellitus with:
• intraretinal microvascular abnormalities [IRMA]
• retinal:
  • cotton-wool spots
  • haemorrhages: (blotchy)(round)(small)
    • blotchy
    • round
    • small
  • ischaemia
  • venous:
    • beading
    • looping
    • reduplication

**E10.4**  Type 1 diabetes mellitus with neurological complication

**E10.42** Type 1 diabetes mellitus with diabetic polyneuropathy
Type 1 diabetes mellitus with:
• diabetic neuropathic cachexia
• early onset diabetic neuropathy
• insulin neuritis
• peripheral neuropathy:
  • distal symmetrical
  • NOS
  • selective 'small fibre'
  • sensorimotor

*Excludes:* Type 1 diabetes mellitus with diabetic autonomic polyneuropathy (E10.43)

**E10.43** Type 1 diabetes mellitus with diabetic autonomic neuropathy
Type 1 diabetes mellitus with:
• abnormal sweating (gustatory)
• diabetic autonomic polyneuropathy
• diabetic diarrhoea
• dysfunction:
  • anorectal
  • oesophageal
  • erectile failure (impotence)
• gastroparesis
• hypotension:
  • orthostatic
  • postural
• hypotonia, bladder
• neuropathic oedema
• postural hypotension

**E10.5**  
**Type 1 diabetes mellitus with circulatory complication**

**E10.53**  
Type 1 diabetes mellitus with diabetic cardiomyopathy

Type 1 diabetes mellitus with left ventricular diastolic dysfunction

**E11**  
**Type 2 diabetes mellitus**

*Includes:* diabetes (mellitus)(nonobese)(obese):
  • adult onset
  • due to insulin secretory defect
  • insulin resistant
  • maturity onset
  • nonketotic

*Use additional code (Z92.22) to identify current pre-admission or ongoing insulin treatment.*

*Excludes:* diabetes mellitus (in):
  • glycosuria:
    • NOS (R81)
    • renal (E74.8)
  • maturity onset (of the young) (MODY) (E13.-)
  • neonatal (P70.2)
  • NOS (E14.-)
  • other specified (E13.-)
  • pregnancy, childbirth and the puerperium (O24.-)
  • Type 1 (E10.-)

  impaired glucose regulation
  intermediate hyperglycaemia (E09.-)
  postprocedural hypoinsulinaemia (E89.1)

**E11.2**  
**Type 2 diabetes mellitus with kidney complication**

**E11.22**  
Type 2 diabetes mellitus with established diabetic nephropathy

Type 2 diabetes mellitus with:
  • advanced kidney disease
  • chronic kidney:
    • disease ≥ stage 3
    • failure
    • impairment
  • end-stage kidney disease
  • glomerulosclerosis:
    • diffuse
    • intracapillary
    • nodular
    • Kimmelstiel-Wilson (disease)(lesion)
  • macroalbuminuria
  • nephropathy (advanced)(NOS)(progressive)
  • nephrosis
  • nephrotic syndrome
    • proteinuria (fixed)(persistent):
      • fixed
      • persistent

*Use additional code to identify the presence of chronic kidney disease (N18.-)*
**E11.3**  Type 2 diabetes mellitus with ophthalmic complication

**E11.31**  Type 2 diabetes mellitus with background retinopathy

Type 2 diabetes mellitus with:
- retinal:
  - haemorrhages: (dot-and-blot)(flame-shaped)
  - dot-and-blot
  - flame-shaped
  - hard exudates
  - microaneurysms
  - venous dilatation
  - retinopathy NOS

*Excludes:* that with any condition listed in E11.32

**E11.32**  Type 2 diabetes mellitus with preproliferative retinopathy

Type 2 diabetes mellitus with:
- intraretinal microvascular abnormalities [IRMA]
- retinal:
  - cotton-wool spots
  - haemorrhages: (blotchy) (round) (small)
  - blotchy
  - round
  - small
  - ischaemia
  - venous:
    - beading
    - looping
    - reduplication

**E11.4**  Type 2 diabetes mellitus with neurological complication

**E11.42**  Type 2 diabetes mellitus with diabetic polyneuropathy

Type 2 diabetes mellitus with:
- diabetic neuropathic cachexia
- early onset diabetic neuropathy
- insulin neuritis
- peripheral neuropathy:
  - distal symmetrical
  - NOS
  - selective 'small fibre'
  - sensorimotor

*Excludes:*  Type 2 diabetes mellitus with diabetic autonomic polyneuropathy (E11.43)

**E11.43**  Type 2 diabetes mellitus with diabetic autonomic neuropathy

Type 2 diabetes mellitus with:
- abnormal sweating (gustatory)
- diabetic autonomic polyneuropathy
- diabetic diarrhoea
- dysfunction:
  - anorectal
  - oesophageal
  - erectile failure (impotence)
- gastroparesis
- hypotension:
  - orthostatic
  - postural
  - hypotonia, bladder
  - neuropathic oedema
  - postural hypotension

**E11.5**  Type 2 diabetes mellitus with circulatory complication

**E11.53**  Type 2 diabetes mellitus with diabetic cardiomyopathy

Type 2 diabetes mellitus with left ventricular diastolic dysfunction
Other specified diabetes mellitus

**Includes:**
- diabetes mellitus (due to)(in)(secondary to)(with):
  - drug-induced or chemical-induced
  - endocrinopathy
  - genetic defect of:
    - beta-cell function
    - insulin action
  - genetic syndrome
  - immune-mediated disease
  - infection
  - maturity onset of the young (MODY)
  - pancreatic exocrine disease

Use additional code (Z92.22) to identify current pre-admission or ongoing insulin treatment.

Use additional code to identify any underlying condition or genetic syndrome.

**Excludes:**
- diabetes mellitus (in):
  - neonatal (P70.2)
  - NOS (E14.-)
  - pregnancy, childbirth and the puerperium (O24.-)
  - Type 1 (E10.-)
  - Type 2 (E11.-)
- glycosuria:
  - NOS (R81)
  - renal (E74.8)

Use additional code to identify the presence of chronic kidney disease (N18.-)

Other specified diabetes mellitus with kidney complication

**E13.2  Other specified diabetes mellitus with kidney complication**

**E13.22 Other specified diabetes mellitus with established diabetic nephropathy**

Diabetes mellitus NEC with:
- advanced kidney disease
- chronic kidney:
  - disease ≥ stage 3
  - failure
  - impairment
- end-stage kidney disease
- glomerulosclerosis:
  - diffuse
  - intracapillary
  - nodular
- Kimmelstiel-Wilson (disease)(lesion)
- macroalbuminuria
- nephropathy (advanced)(NOS)(progressive)
- nephrosis
- nephrotic syndrome
- proteinuria (fixed)(persistent):
  - fixed
  - persistent

Use additional code to identify the presence of chronic kidney disease (N18.-)

Other specified diabetes mellitus with ophthalmic complication

**E13.3  Other specified diabetes mellitus with ophthalmic complication**

**E13.31 Other specified diabetes mellitus with background retinopathy**

Diabetes mellitus NEC with:
- retinal:
  - haemorrhages: (dot-and-blot)(flame-shaped)
    - dot-and-blot
    - flame-shaped
  - hard exudates
  - microaneurysms
  - venous dilatation
• retinopathy NOS

Excludes: that with any condition listed in E13.32

**E13.32** Other specified diabetes mellitus with preproliferative retinopathy
Diabetes mellitus NEC with:
• intraretinal microvascular abnormalities [IRMA]
• retinal:
  • cotton-wool spots
  • haemorrhages: (blotchy)(round)(small)
  • blotchy
  • round
  • small
• ischaemia
• venous:
  • beading
  • looping
  • reduplication

**E13.4** Other specified diabetes mellitus with neurological complication

**E13.42** Other specified diabetes mellitus with diabetic polyneuropathy
Diabetes mellitus NEC with:
• diabetic neuropathic cachexia
• early onset diabetic neuropathy
• insulin neuritis
• peripheral neuropathy:
  • distal symmetrical
• NOS
  • selective 'small fibre'
• sensorimotor

Excludes: diabetes mellitus NEC with diabetic autonomic polyneuropathy (E13.43)

**E13.43** Other specified diabetes mellitus with diabetic autonomic neuropathy
Diabetes mellitus NEC with:
• abnormal sweating (gustatory)
• diabetic autonomic polyneuropathy
• diabetic diarrhoea
• dysfunction:
  • anorectal
  • oesophageal
  • erectile failure (impotence)
  • gastroparesis
  • hypotension:
    • orthostatic
    • postural
  • hypotonia, bladder
• neuropathic oedema
  • postural hypotension

**E13.5** Other specified diabetes mellitus with circulatory complication

**E13.53** Other specified diabetes mellitus with diabetic cardiomyopathy
Diabetes mellitus NEC with left ventricular diastolic dysfunction

**E14** Unspecified diabetes mellitus
Diabetes mellitus NOS

Use additional code (Z92.22) to identify current pre-admission or ongoing insulin treatment.

Excludes: diabetes mellitus (in):
• neonatal (P70.2)
• noninsulin dependent (E11.-)
• pregnancy, childbirth and the puerperium (O24.-)
• Type 1 (E10.-)
• Type 2 (E11.-)
glycosuria:
- NOS (R81)
- renal (E74.8)

impaired glucose regulation (intermediate hyperglycaemia) (E09.-)
postprocedural hypoinsulinaemia (E89.1)

**E14.2** Unspecified diabetes mellitus with kidney complication

**E14.22** Unspecified diabetes mellitus with established diabetic nephropathy
Diabetes mellitus NOS with:
- advanced kidney disease
- chronic kidney:
  - disease ≥ stage 3
  - failure
  - impairment
- end-stage kidney disease
- glomerulosclerosis:
  - diffuse
  - intracapillary
  - nodular
- Kimmelstiel-Wilson (disease)(lesion)
- macroalbuminuria
- nephropathy (advanced)(NOS)(progressive)
- nephrosis
- nephrotic syndrome
  - proteinuria (fixed)(persistent):
    - fixed
    - persistent

*Use additional code to identify the presence of chronic kidney disease (N18.-)*

**E14.3** Unspecified diabetes mellitus with ophthalmic complication

**E14.31** Unspecified diabetes mellitus with background retinopathy
Diabetes mellitus NOS with:
- retinal:
  - haemorrhages: (dot-and-blot)(flame-shaped)
  - dot-and-blot
  - flame-shaped
  - hard exudates
  - microaneurysms
  - venous dilatation
- retinopathy NOS

*Excludes:* that with any condition listed in E14.32

**E14.32** Unspecified diabetes mellitus with preproliferative retinopathy
Diabetes mellitus NOS with:
- intraretinal microvascular abnormalities [IRMA]
- retinal:
  - cotton-wool spots
  - haemorrhages: (blotchy)(round)(small)
    - blotchy
    - round
    - small
- ischaemia
- venous:
  - beading
  - looping
  - reduplication

**E14.4** Unspecified diabetes mellitus with neurological complication

**E14.42** Unspecified diabetes mellitus with diabetic polyneuropathy
Diabetes mellitus NOS with:
• diabetic neuropathic cachexia
• early onset diabetic neuropathy
• insulin neuritis
• peripheral neuropathy:
  • distal symmetrical
  • NOS
  • selective ‘small fibre’
  • sensorimotor

Excludes: diabetes mellitus NOS with diabetic autonomic polyneuropathy (E14.43)

E14.43 Unspecified diabetes mellitus with diabetic autonomic neuropathy
Diabetes mellitus NOS with:
• abnormal sweating (gustatory)
• diabetic autonomic polyneuropathy
• diabetic diarrhoea
• dysfunction:
  • anorectal
  • oesophageal
  • erectile failure (impotence)
• gastroparesis
• hypotension:
  • orthostatic
  • postural
• hypotonia, bladder
• neuropathic oedema
• postural hypotension

E14.5 Unspecified diabetes mellitus with circulatory complication

E14.53 Unspecified diabetes mellitus with diabetic cardiomyopathy
Diabetes mellitus NOS with left ventricular diastolic dysfunction

OTHER MATERNAL DISORDERS PREDOMINANTLY RELATED TO PREGNANCY (O20–O29)

O24 Diabetes mellitus in pregnancy

Includes: Diabetes mellitus in childbirth and the puerperium

O24.0 Pre-existing diabetes mellitus, Type 1, in pregnancy

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.

O24.4 Diabetes mellitus arising during pregnancy
Gestational diabetes mellitus NOS

Note: Diagnostic criteria is based on oral glucose tolerance test correctly conducted according to WHO guidelines (fasting venous plasma glucose ≥ 6.1 mmol/L or 2 hour post glucose venous plasma glucose ≥ 7.8 mmol/L).

O24.5 Pre-existing intermediate hyperglycaemia, impaired glucose regulation, in pregnancy
ABNORMAL FINDINGS ON EXAMINATION OF BLOOD, WITHOUT DIAGNOSIS (R70–R79)

**R73 Elevated blood glucose level**

*Includes:* hyperglycaemia, unspecified

*Excludes:*
- diabetes mellitus:
  - in pregnancy, childbirth and the puerperium (O24.-)
  - NOS (E10–E14)
- impaired glucose regulation, intermediate hyperglycaemia (E09.-)
- neonatal disorders (P70.0–P70.2)
- postprocedural hypoinsulinaemia (E89.1)

FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES (Z00–Z99)

**Z13 Special screening examination for other diseases and disorders**

▼ 2111

**Z13.1 Special screening examination for impaired glucose regulation, intermediate hyperglycaemia and diabetes mellitus**

AUSTRALIAN CODING STANDARDS

**0401 DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA**

**1. GENERAL CLASSIFICATION RULES FOR DM AND IH**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rule 1.</td>
<td>DM and IH should always be coded when documented (demonstrated in all examples).</td>
</tr>
<tr>
<td>Rule 2.</td>
<td>The terms ‘diabetic’, ‘due to’ or ‘secondary to’ infer a causal relationship between the DM and other conditions. Where such terms are used check the Alphabetic Index for appropriate codes indexed directly under Diabetes, diabetic or appropriate codes indexed under the lead term for the condition with a subterm diabetic (see example 1). If there is not an appropriate direct ‘diabetic’ entry in the Alphabetic Index for the ‘diabetic’ term, then follow Rule 3 and Rule 4a to assign a DM code. An additional code for the ‘other condition’ may be assigned following Rule 4b and Rule 6.</td>
</tr>
<tr>
<td>Rule 3.</td>
<td>The classification includes conditions (often termed 'complications') which occur commonly with DM or IH. These conditions may or may not have been a direct consequence of the metabolic disturbance and are indexed under Diabetes, diabetic/with or Impaired, impairment, glucose regulation/Hyperglycaemia/intermediate/with. Always refer to these index entries to classify DM or IH (see examples 2-7).</td>
</tr>
<tr>
<td>Rule 4a.</td>
<td>All complications of DM or IH classified to category E09–E14 should always be coded to reflect the severity of DM or IH (see examples 3-6).</td>
</tr>
<tr>
<td>Rule 4b.</td>
<td>Complications or conditions associated with DM or IH classified outside of category E09–E14 should only be coded when the condition meets the criteria in ACS 0001 Principal diagnosis or ACS 0002 Additional diagnoses (see examples 3 and 4).</td>
</tr>
<tr>
<td>Rule 5.</td>
<td>Where the classification (Alphabetic Index) has linked a condition with DM, yet a specific cause other than DM is documented as the cause of the condition, then a code for the causal condition should be sequenced before the DM code(s) (see examples 5 and 6).</td>
</tr>
</tbody>
</table>
Rule 6. Multiple codesing (see ACS 0027) should not be used when the classification provides a combination code (see ACS 0015) for the DM or IH that clearly identifies all of the elements documented in the diagnosis (see examples 7 and 11).

2. SPECIFIC CLASSIFICATION PRINCIPLES FOR DM AND IH

Pregnancy and pre-existing DM and IH
DM or IH complicating pregnancy is classified to category O24 Diabetes mellitus in pregnancy:

O24.0 Pre-existing diabetes mellitus, Type 1, in pregnancy
O24.1- Pre-existing diabetes mellitus, Type 2, in pregnancy
O24.2- Pre-existing diabetes mellitus, other specified type, in pregnancy
O24.3- Pre-existing diabetes mellitus, unspecified, in pregnancy
O24.5- Pre-existing impaired glucose regulation, intermediate hyperglycaemia, in pregnancy

These codes should be assigned where DM or IH predates the pregnancy.

Additional codes for complications of DM or IH should be assigned in accordance with Rule 4a and Rule 4b.

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 Impaired glucose regulation, 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
• dyslipidaemia, characterised by:
  o elevated fasting triglycerides (≥1.7 mmol/L), or
  o depressed HDL-cholesterol (male ≤1.03, female ≤1.29)
• hyperinsulinism
• increased intra-abdominal visceral fat deposition
• ‘insulin resistance’
• nonalcoholic fatty (change of) liver disease (NAFLD), nonalcoholic steatohepatitis (NASH)
• obesity, morbid obesity, overweight

Note: Hypertension is a common disorder with a variety of causes and its attribution to insulin resistance is only accepted if accompanied with at least one of the features listed above. 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 Impaired glucose regulation, 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, E13.72, E14.72 *Diabetes mellitus with features of insulin resistance or E09.72 Impaired glucose regulation, 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 E1-.72 or E09.72

- If increased cholesterol only is documented with no documentation of increased fasting triglycerides or decreased HDL – do not code to E1-.72 or E09.72

Test results can be used to confirm an already documented condition as per ACS 0010 General abstraction guidelines/Test results.

See Figure 1

EXAMPLE 8:
Patient with Type 2 diabetes mellitus and obesity was admitted for laser treatment for retinopathy.

Principal diagnosis: E11.31 Type 2 diabetes mellitus with background retinopathy
Additional diagnosis: E11.72 Type 2 diabetes mellitus with features of insulin resistance

In this example, follow the index pathway Diabetes, diabetic, with, retinopathy and assign E11.31 (Rule 3 and Rule 6). The patient is also obese therefore the criteria for insulin resistance has been met and E11.72 is also assigned. The obesity (E66.9) is not coded as it has not met ACS 0002 Additional diagnoses (Rule 4b).

Figure 1 – Flowchart of criteria for assignment of E11.72, E13.72, E14.72 Diabetes mellitus with features of insulin resistance or E09.72 Impaired glucose regulation Intermediate hyperglycaemia with features of insulin resistance

4. SPECIFIC MULTIPLE COMPLICATIONS IN DM AND IH

4.2 IH with multiple microvascular complications

CLASSIFICATION
Assign E09.71 Impaired glucose regulation Intermediate hyperglycaemia with multiple microvascular complications when the individual has conditions classifiable to two or more of the following three categories:
1. Kidney complications (E09.2-)
2. Ophthalmic complications (E09.3-)
3. Neurological complications (E09.4-)

Additional codes for the specific complications of IH should be assigned in accordance with Rule 4a and Rule 4b.

6. DIABETIC FOOT

CLASSIFICATION
Assign E1-.73 Diabetes mellitus with foot ulcer due to multiple causes when:
- ‘diabetic foot’ is documented in the clinical record, or
- the criteria above are met

Additional codes for the specific complications of DM or IH should be assigned in accordance with Rule 4a and Rule 4b.

Sequencing of codes for diabetic foot should be determined by:
- ACS 0001 Principal diagnosis, with particular attention to:
  - the "after study" principle
  - Two or more interrelated conditions, each potentially meeting the definition for principal diagnosis
  - Two or more diagnoses that equally meet the definition for principal diagnosis
- ACS 0002 Additional diagnoses.

EXAMPLE 10:
Patient with neuropathic oedema and Type 2 diabetes mellitus was admitted for treatment of foot cellulitis.
Principal diagnosis: L03.11 Cellulitis of lower limb
Additional diagnoses: E11.43 Type 2 diabetes mellitus with diabetic autonomic neuropathy, without gangrene
E11.73 Type 2 diabetes mellitus with foot ulcer due to multiple causes

In this example, foot cellulitis is assigned as the principal diagnosis (L03.11) as it meets ACS 0001 Principal diagnosis. Neuropathic oedema (E11.43) is coded following Rule 4a. The combination of the foot cellulitis (L03.11 – Category 1), the neuropathic oedema (E11.43 – Category 2b) and the DM meets the criteria for coding ‘diabetic foot’, therefore, E11.73 is assigned as an additional code.

EXAMPLE 11:
Patient with peripheral vascular disease and Type 2 diabetes mellitus was admitted for treatment of a left foot ulcer. The foot ulcer was treated with daily dressings.

Principal diagnosis: E11.73 Type 2 diabetes mellitus with foot ulcer due to multiple causes
Additional diagnosis: E11.51 Type 2 diabetes mellitus with peripheral angiopathy, without gangrene

In this example, the foot ulcer (L97) is the principal diagnosis as it meets ACS 0001 Principal diagnosis. The combination of the foot ulcer (L97 – Category 1), the peripheral vascular disease (E11.51 – Category 2a) and the DM meets the criteria for coding ‘diabetic foot’, therefore, E11.73 is assigned. As E11.73 contains the concepts of both DM and foot ulcer, L97 is not required (Rule 6) and E11.73 is assigned as the principal diagnosis. Peripheral vascular disease (E11.51) is coded following Rule 4a.

EXAMPLE 12:
Patient admitted for administration of intravenous antibiotics to treat cellulitis of toe. Patient also has peripheral vascular disease and Type 2 diabetes mellitus. The patient was on regular insulin medication.

Principal diagnosis: L03.02 Cellulitis of toe
Additional diagnoses: E11.51 Type 2 diabetes mellitus with peripheral angiopathy, without gangrene
E11.73 Type 2 diabetes mellitus with foot ulcer due to multiple causes
Z92.22 Personal history of long-term (current) use of other medicaments, insulin

In this example, toe cellulitis (L03.02) is assigned as the principal diagnosis as it meets ACS 0001 Principal diagnosis. Peripheral vascular disease is also coded (E11.51) (Rule 4a). The combination of cellulitis of the toe (L03.02 – Category 1), peripheral vascular disease (E11.51 – Category 2a) and DM meets the criteria for coding ‘diabetic foot’, therefore, E11.73 is assigned as an additional code. Z92.22 is assigned to reflect the patient’s regular use of insulin.

1602 NEONATAL COMPLICATIONS OF MATERNAL DIABETES
Newborns with a diabetic mother sometimes experience a transient decrease in blood sugar which is usually attributable to the maternal condition. This diagnosis, code P70.1 Syndrome of infant of a diabetic mother or P70.0 Syndrome of infant of mother with gestational diabetes, should be confirmed by laboratory reports and clarified with the clinician (see also ACS 0401 Diabetes mellitus and impaired glucose regulation; intermediate hyperglycaemia).
4.5. **Hepatogenous diabetes (Indexing)**

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Diabetes, diabetic (controlled) (mellitus) E1-.9  
- hand syndrome E1-.61  
- hepatogenous E13.-  
- hyperosmolarity (without coma) E1-.01

4.6. **Hypophysis dysfunction (Indexing)**

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Dysfunction  
- hepatic K76.8  
- hypophysis E23.37  
- hypothalamic NEC E23.3

4.7. **Obesity hypoventilation syndrome**

A public submission was received regarding obesity hypoventilation syndrome (OHS), also historically described as the Pickwickian syndrome, which consists of the triad of obesity, sleep disordered breathing, and chronic hypercapnia during wakefulness in the absence of other known causes of hypercapnia. In response, an inclusion term for ‘Obesity hypoventilation syndrome (OHS)’ was included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Hypoventilation R06.8  
- syndrome  
  - alveolar E66.2  
  - obesity (OHS) E66.2  
  - sleep G47.33  

Obesity (simple) E66.9  
- hypothyroid (see also Hypothyroidism) E03.9  
- hypoventilation syndrome (OHS) E66.2  
- morbid E66.8  
  Syndrome — see also Disease  
  - hypoventilation  
    - alveolar E66.2  
    - obesity (OHS) E66.2  
    - sleep G47.33  
  - Nothnagel’s H49.0  
  - obesity hypoventilation (OHS) E66.2  
  - obsession, obsessional F42.

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>E66</th>
<th>Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>E66.2</td>
<td>Extreme obesity with alveolar hypoventilation</td>
</tr>
<tr>
<td>Obesity hypoventilation syndrome (OHS)</td>
<td></td>
</tr>
<tr>
<td>Pickwickian syndrome</td>
<td></td>
</tr>
</tbody>
</table>
4.8. Reopening, thyroid field wound (*Indexing*)

An indexing inconsistency was highlighted relating to the word ‘field’ in the index for reopening of thyroid wound. Consequently amendments have been made to the ACHI Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

**Aspiration**
- testis (closed) (for collection of sperm) (percutaneous) 37605-01 [1177]
  - open 37606-01 [1178]
  - thyroid (field) (gland) 90047-00 [110]
  - postoperative 90047-01 [111]

**Drainage**
- abscess
  - appendiceal — see Drainage/abscess/intra-abdominal
  - subphrenic — see Drainage/abscess/intra-abdominal
  - thyroid (by incision) (field) (gland) 90047-01 [111]
  - - percutaneous (needle) 90047-00 [110]
  - haematoma
    - - spinal (canal) (epidural) (meninges) (subdural) 90031-00 [49]
    - - - thyroid (by incision) (field) (gland) 90047-01 [111]
    - - - by aspiration (percutaneous) 90047-00 [110]

**Evacuation**
- haematoma
  - - spinal (canal) (epidural) (meninges) (subdural) 90031-00 [49]
  - - thyroid (field) (gland) (open) 90047-01 [111]
  - - - percutaneous 90047-00 [110]

**Examination** — see also Assessment
- septum
  - nasal — see Examination/nasal cavity
    - thyroid (field) postoperative 90047-02 [111]
    - tympanic membrane (bilateral) 41650-01 [307]

**Exploration** — see also Examination AND Incision/by site
- thymus (field) 90045-00 [129]
  - thyroid (by incision) (field) (gland) 90047-01 [111]
  - - postoperative 90047-02 [111]
  - tooth root 97433-00 [463]

**Incision**
- thymus 90045-00 [129]
  - thyroid (field) (gland) 90047-01 [111]
  - - postoperative 90047-02 [111]

**Removal** — see also Excision
- foreign body
  - - tendon NEC 30068-00 [1559]
  - - thyroid (by incision) (field) (gland) 90047-01 [111]
  - - tonsils (by incision) 41779-00 [418]

**Reopening** — see also Incision/by site
- thoracotomy site (arrest of haemorrhage) 38656-01 [562]
  - - thyroid field wound (control of haemorrhage) (examination) (exploration) (removal of haematoma) 90047-02 [111]

**Reoperation**
- Thyroidotomy (field) (gland) NEC 90047-01 [111]
  - postoperative 90047-02 [111]

4.9. Succinic semialdehyde dehydrogenase (SSADH) deficiency (*Indexing*)

Advice was published in Coding Q&A, December 2012, *Succinic semialdehyde dehydrogenase (SSADH) deficiency*, regarding the correct code assignment for this condition. The Alphabetic Index of ICD-10-AM Eighth Edition has been updated to support this advice.

**ALPHABETIC INDEX OF DISEASES**

Deficiency, deficient
- Stuart-Prower (factor X) D68.2
- succinic semialdehyde dehydrogenase (SSADH) E72.8
- sucrase E74.3
4.10. **ACS 1426 Dialysis amyloid (Deleted)**

Following a general review of *Australian Coding Standards* (ACS) Seventh Edition, it was agreed that the advice in ACS 1426 *Dialysis amyloid* could be incorporated into ICD-10-AM. Dialysis-related amyloidosis affects patients undergoing continuous peritoneal dialysis and long term haemodialysis.

The following amendments have been made to ICD-10-AM and ACS for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Amyloidosis (generalised) E85.9  
- organ-limited E85.4  
- peritoneal dialysis-associated E85.3  
- Portuguese E85.1

Dialysis (intermittent) (treatment)  
- adjustment of catheter Z49.0  
- amyloid, amyloidosis E85.3  
- extracorporeal Z49.1

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>E85</th>
<th>Amyloidosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>E85.3</td>
<td>Secondary systemic amyloidosis</td>
</tr>
<tr>
<td>1426</td>
<td>Haemodialysis-associated amyloidosis</td>
</tr>
</tbody>
</table>

**AUSTRALIAN CODING STANDARDS**

**SPECIALTY STANDARDS**

14. Genitourinary system  

| 1426 | Dialysis amyloid |
| 1427 | Hydrocele |

**1426 DIALYSIS AMYLOID**

Dialysis amyloid (E85.3 Secondary systemic amyloidosis) is a specific form of amyloidosis due to the deposition in tissues of an amyloidogenic protein, ß2 microglobulin, which accumulates in kidney failure and becomes clinically significant after several years of dialysis treatment. The protein deposits preferentially in bones and in and around joints, particularly the shoulders, but may deposit in any tissue. This condition often produces a carpal tunnel syndrome due to deposition around the wrist which should also be coded if present. It may lead to progressive disability with reduced mobility and ultimately death.
5. Mental and behavioural disorders

5.1. Anhedonia (Indexing)

A public submission was received regarding the indexing of anhedonia, a condition defined by the Merriam-Webster dictionary as ‘a psychological condition characterized by inability to experience pleasure in normally pleasurable acts’ (2012). Anhedonia may also be part of numerous mental disorders including depression, schizophrenia and mood disorders. Amendments were made to the ICD-10-AM Tabular List and Alphabetic Index for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

| Angulus infectiosus (lips) | K13.0 |
| Anhedonia (sexual) F52.1 | R45.89 |
| - sexual F52.1 |
| Anhidrosis L74.4 |

5.2. Dissociative versus dissociate disorders (spelling inconsistency)

An inconsistency was identified in the spelling of dissociate and dissociative in codes within category F44.8 Other dissociative [conversion] disorder. The following amendments were made to ICD-10-AM for Eighth Edition for consistency with the WHO ICD-10 Classification of Mental and Behavioural Disorders.

TABULAR LIST OF DISEASES

| F44.8 | Other dissociative [conversion] disorders |
| F44.82 | Transient dissociative [conversion] disorders occurring in childhood and adolescence |

5.3. Major depressive disorder (Indexing)

A public submission was received requesting the removal of the nonessential modifier ‘major’ in the index pathway for Disorder depressive (major) as it was inconsistent with the index pathway: Depression/major (without psychotic symptoms) F32.2-. Consequently, the following changes were made to the ICD-10-AM Alphabetic Index for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

| Depression F32.9- |
| - major (without psychotic symptoms) F32.2- |
| - - with psychotic symptoms F32.3- |
| - - recurrent — see Disorder/depressive/severe/recurrent |

5.4. **ACS 0505 Mental illness complicating pregnancy**

Following a review of the codes assigned for spontaneous vertex deliveries, the following amendments have been made to ACS 0505 *Mental illness complicating pregnancy* for Eighth Edition.

**AUSTRALIAN CODING STANDARDS**

**0505 MENTAL ILLNESS COMPLICATING PREGNANCY**

**CLASSIFICATION**

A. Delivery or puerperal episode of care

Note: ACHI codes are not included in these examples.

**EXAMPLE 1:**

Patient delivered of a liveborn infant by spontaneous vertex vaginal delivery. Diagnosis was postnatal depression. Further qualification of this term was sought, yet not able to be provided.

Codes: 
- O80  *Single spontaneous delivery*
- F53.0  *Mild mental and behavioural disorders associated with the puerperium, not elsewhere classified*
- Z37.0  *Single live birth*
- 90467-00 [1336]  *Spontaneous vertex delivery, optional code*

**EXAMPLE 2:**

Patient delivered of liveborn twins by elective lower segment caesarean section, under intravenous general anaesthetic, for malpresentation. During the next week she felt down and very tearful. A psychiatric consult diagnosed postpartum blues.

Codes: 
- O84.2  *Multiple delivery, all by caesarean section*
- O30.0  *Twin pregnancy*
- O32.5  *Maternal care for multiple gestation with malpresentation of one fetus or more*
- F53.8  *Other mental and behavioural disorders associated with the puerperium, not elsewhere classified*
- Z37.2  *Twins, both liveborn*
- 16520-02 [1340]  *Elective lower segment caesarean section*
- 92514-99 [1910]  *General anaesthetic, AS5.9, nonemergency*

**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 of a liveborn infant by spontaneous vaginal vertex delivery at 39 weeks.

Codes: 
- O99.3  *Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium*
5.5. **ACS 0511 Panic attacks with phobia (Deleted)**

Following a general review of Australian Coding Standards (ACS) Seventh Edition, it was highlighted that the advice in ACS 0511 *Panic attacks with phobia* could be incorporated into ICD-10-AM, therefore the following amendments have been made to the ICD-10-AM Tabular List and ACS for Eighth Edition.

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F40</td>
<td><strong>Phobic anxiety disorders</strong></td>
</tr>
<tr>
<td>0511</td>
<td>A group of disorders in which anxiety is evoked only, or predominantly, in certain well-defined situations that are not currently dangerous. As a result these situations are characteristically avoided or endured with dread. The patient's concern may be focused on individual symptoms like palpitations or feeling faint and is often associated with secondary fears of dying, losing control, or going mad. Contemplating entry to the phobic situation usually generates anticipatory anxiety. Phobic anxiety and depression often coexist. Whether two diagnoses, phobic anxiety and depressive episode, are needed, or only one, is determined by the time course of the two conditions and by therapeutic considerations at the time of consultation.</td>
</tr>
<tr>
<td>F40.0</td>
<td><strong>Agoraphobia</strong></td>
</tr>
<tr>
<td></td>
<td>A fairly well-defined cluster of phobias embracing fears of leaving home, entering shops, crowds and public places, or travelling alone in trains, buses or planes. Panic disorder is a frequent feature of both present and past episodes. Depressive and obsessional symptoms and social phobias are also commonly present as subsidiary features. Avoidance of the phobic situation is often prominent, and some agoraphobics experience little anxiety because they are able to avoid their phobic situations.</td>
</tr>
<tr>
<td>F40.1</td>
<td><strong>Social phobias</strong></td>
</tr>
<tr>
<td></td>
<td>Fear of scrutiny by other people leading to avoidance of social situations. More pervasive social phobias are usually associated with low self-esteem and fear of criticism. They may present as a complaint of blushing, hand tremor, nausea, or urgency of micturition, the patient sometimes being convinced that one of these secondary manifestations of their anxiety is the primary problem. Symptoms may progress to panic attacks.</td>
</tr>
<tr>
<td></td>
<td>Anthropophobia</td>
</tr>
<tr>
<td></td>
<td>Social neurosis</td>
</tr>
<tr>
<td></td>
<td>Use additional code (F41.0) to identify phobia with panic attacks (disorder), if applicable.</td>
</tr>
<tr>
<td>F40.2</td>
<td><strong>Specific (isolated) phobias</strong></td>
</tr>
<tr>
<td></td>
<td>Phobias restricted to highly specific situations such as proximity to particular animals, heights, thunder, darkness, flying, closed spaces, urinating or defecating in public toilets, eating certain foods, dentistry, or the sight of blood or injury. Though the triggering situation is discrete, contact with it can evoke panic as in agoraphobia or social phobia.</td>
</tr>
<tr>
<td></td>
<td>Acrophobia</td>
</tr>
<tr>
<td></td>
<td>Animal phobias</td>
</tr>
<tr>
<td></td>
<td>Claustrophobia</td>
</tr>
<tr>
<td></td>
<td>Simple phobia</td>
</tr>
<tr>
<td></td>
<td>Use additional code (F41.0) to identify phobia with panic attacks (disorder), if applicable.</td>
</tr>
<tr>
<td></td>
<td>Excludes: dysmorphophobia (nondelusional) (F45.2)</td>
</tr>
<tr>
<td></td>
<td>nosophobia (F45.2)</td>
</tr>
<tr>
<td>F40.8</td>
<td><strong>Other phobic anxiety disorders</strong></td>
</tr>
<tr>
<td></td>
<td>Use additional code (F41.0) to identify phobia with panic attacks (disorder), if applicable.</td>
</tr>
</tbody>
</table>
F40.9 Phobic anxiety disorder, unspecified
Phobia NOS
Phobic state NOS

*Use additional code (F41.0) to identify phobia with panic attacks (disorder), if applicable.*

F41 Other anxiety disorders
Disorders in which manifestation of anxiety is the major symptom and is not restricted to any particular environmental situation. Depressive and obsessional symptoms, and even some elements of phobic anxiety, may also be present, provided that they are clearly secondary or less severe.

F41.0 Panic disorder [episodic paroxysmal anxiety]

The essential feature is recurrent attacks of severe anxiety (panic), which are not restricted to any particular situation or set of circumstances and are therefore unpredictable. As with other anxiety disorders, the dominant symptoms include sudden onset of palpitations, chest pain, choking sensations, dizziness, and feelings of unreality (depersonalisation or derealisation). There is often also a secondary fear of dying, losing control, or going mad. Panic disorder should not be given as the main diagnosis if the patient has a depressive disorder at the time the attacks start; in these circumstances the panic attacks are probably secondary to depression.

Panic:
- attack
- state

*Code first the phobia (F40.1–F40.9) to identify phobia with panic attacks (disorder), if applicable.*

*Excludes:* panic disorder with agoraphobia (F40.01)

## AUSTRALIAN CODING STANDARDS

**TABLE OF CONTENTS**

**SPECIALTY STANDARDS**

5. Mental and behavioural disorders

- 0506 Adjustment/depressive reaction
- 0511 Panic attacks with phobia
- 0512 Personality trait/disorder

### 0511 PANIC ATTACKS WITH PHOBIA

Both the panic attacks (F41.0 Panic disorder [episodic paroxysmal anxiety]) and the phobia should be coded, with the phobia (F40.-) sequenced first.

*Note:* This standard excludes category F40.0 Agoraphobia which has fifth characters denoting with panic disorder (F40.01 Agoraphobia with panic disorder) and without panic disorder (F40.00 Agoraphobia without mention of panic disorder). All other phobias with panic attacks should be assigned two codes as above.

### 5.6. ACS 0517 Noncompliance with treatment (Deleted)

Following a general review of Australian Coding Standards (ACS) Seventh Edition, it was highlighted that the advice in ACS 0517 Noncompliance with treatment could be incorporated into ICD-10-AM as a note at code Z91.1 Personal history of noncompliance with medical treatment and regimen. It was also identified that Z91.1 should be assigned if it meets ACS 0002 Additional diagnoses for all episodes of care, not just mental and behavioural disorders, which is the chapter where ACS 0517 Noncompliance with treatment was located. The following changes have been made to the ICD-10-AM Tabular List and ACS for Eighth Edition.
TABULAR LIST OF DISEASES

Z91 Personal history of risk-factors, not elsewhere classified

Z91.1 Personal history of noncompliance with medical treatment and regimen

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.

AUSTRALIAN CODING STANDARDS

TABLE OF CONTENTS

SPECIALTY STANDARDS

5. Mental and behavioural disorders

0512 Personality trait/disorder

0517 Noncompliance with treatment

0520 Family history of mental illness

0517 NONCOMPLIANCE WITH TREATMENT

Z91.1 Personal history of noncompliance with medical treatment and regimen should be used where noncompliance is a precipitating factor in an admission. It should not be used as a principal diagnosis.

5.7. ACS 0533 Electroconvulsive therapy

It was noted that the concept of ‘sessions’ in the ECT standard could be inconsistently interpreted. The standard has been reworded to remove reference to separate courses, and instead focuses on the number of treatments being performed.

AUSTRALIAN CODING STANDARDS

0533 ELECTROCONVULSIVE THERAPY (ECT)

CLASSIFICATION

ACS 0031 Anaesthesia directs coders to assign one anaesthetic code for each visit to theatre. That is, an anaesthetic code is assigned as many times as performed. Therefore, when a patient undergoes 6 separate sessions of ECT treatments, with each being performed under an intravenous general anaesthetic, the following codes apply:

EXAMPLE 1:
Patient had two separate courses—one course of ECT with 6 (3 ECT treatments per course), all each performed under IV general anaesthetic, during in the one episode of care.

<table>
<thead>
<tr>
<th>Codes:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93341-06 [1907]</td>
<td>Electroconvulsive therapy [ECT], 6 treatments</td>
</tr>
<tr>
<td>92514-99 [1910]</td>
<td>General anaesthesia, ASA 9, nonemergency</td>
</tr>
<tr>
<td>92514-99 [1910]</td>
<td>General anaesthesia, ASA 9, nonemergency</td>
</tr>
<tr>
<td>92514-99 [1910]</td>
<td>General anaesthesia, ASA 9, nonemergency</td>
</tr>
<tr>
<td>92514-99 [1910]</td>
<td>General anaesthesia, ASA 9, nonemergency</td>
</tr>
<tr>
<td>92514-99 [1910]</td>
<td>General anaesthesia, ASA 9, nonemergency</td>
</tr>
</tbody>
</table>
6. Nervous system

6.1. Akathisia

A public submission was received regarding the spelling of acathisia and akathisia. Akathisia, also sometimes spelt acathisia, is a movement disorder characterised by a state of inner restlessness and a physical need to be moving constantly, and is often a side effect of certain drugs including neuroleptic agents, serotonin receptor antagonists, calcium channel blockers, lithium, L-dopa and phenothiazine antiemetics. Clinical advice clarified that the correct spelling is with a ‘k’.

Additionally, clinical advice specified that regardless of its cause, akathisia should be classified to G25.8 Other specified extrapyramidal and movement disorders. The following changes have been made to the ICD-10-AM Tabular List and Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

| Acatalasemia, acatalasia | E80.3 |
| Acathisia R25.8 | — see Akathisia |
| — due to drugs G25.8 |
| Accelerated atrioventricular conduction | I45.6 |

**TABULAR LIST OF DISEASES**

| G25 Other extrapyramidal and movement disorders |
| G25.8 Other specified extrapyramidal and movement disorders |
| Akathisia (drug-induced) (treatment-induced) |
| Restless legs syndrome |
| Stiff-man syndrome |

*Use additional external cause code (Chapter 20) to identify drug, if drug-induced.*

6.2. Charcot’s arthropathy

Advice published by NCCH in Coding Matters, December 2007 (Vol. 14, No. 3) highlighted that the indexing of Charcot’s arthropathy required updating. Charcot’s arthropathy as a disease process was first described as a complication of syphilis in 1868, however in 1936 it was linked to diabetes and this is now considered to be the most common cause. The index entries for Charcot’s arthropathy have been amended accordingly in ICD-10-AM for Eighth Edition, and the URC of WHO-FIC approved these changes to the Alphabetical Index of ICD-10 at the annual meeting in Brasilia in 2012.

**ALPHABETIC INDEX OF DISEASES**

| Arthritis, arthritic (acute) (chronic) (subacute) M13.9- |
| - blemorrhagic (gonococcal) A54.4†M01.3-† |
| - Charcot’s (tabetic) A52.1†M14.6* G98† M14.6* |
| - diabetic E1-61 |
| - - nonsyphilitic NEC G98† M14.6* |
| - - syphilitic (tabetic) A52.1†M14.6* |
| - - syringomyelic G95.0† M49.4-* |
| - - mycotic NEC B49† M01.6-† |
| - - neuropathic (tabetic) A52.1†M14.6* G98† M14.6* |
| - - diabetic E1-61 |
| - - nonsyphilitic NEC G98† M14.6* |
| - - syphilitic (tabetic) A52.1†M14.6* |
| - - syringomyelic G95.0† M49.4-* |
| - - congenital A50.5† M03.1-† |
| - - syphilitica deformans (Charcot) A52.1†M14.6* |
6.3. Encephalitis and associated seizures

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF DISEASES**

**G04** Encephalitis, myelitis and encephalomyelitis

G04.8 Other encephalitis, myelitis and encephalomyelitis
Postinfectious encephalitis and encephalomyelitis NOS

*Use additional code to identify any associated epileptic seizures (G40-).*

6.4. Fat graft in spinal surgery

A DRG public submission was received regarding fat graft in spinal surgery. Fat graft technique has been applied to various spinal and posterior fossa surgeries to minimise adhesions. In some circumstances, a large fat graft is used to seal dural tears, or to repair postoperative CSF leaks that can occasionally occur during extradural spinal approaches for disc surgery or decompressive laminectomy. The fat is usually harvested locally without additional incisions. If a large fat graft is required, the fat may be obtained from the lateral thigh or from the abdominal wall. The following amendments have been made to the ACHI Tabular List for Eighth Edition.

**TABULAR LIST OF INTERVENTIONS**

Refer section 6.6 Open door laminoplasty (page 117) for overlapping changes to blocks [46], [47] and [48].

**20** Repair of dura of brain

Dural (fat) graft
Duraplasty
Repair of cerebral meninges

*Code also when performed:*
- procurement of fat for graft via separate incision (45018-04 [1666])

*Excludes:*
- that with:
  - intracranial decompression (40106-00, 40106-01 [9])
  - plugging of obex (40339-00 [22])
  - reduction of skull fracture (39612 [25])
  - skull base surgery for lesion involving anterior cranial fossa (39640-00, 39642-00, 39646-00 [17])
Decompression of cervical spinal cord
Decompressive laminectomy of cervical spine

Includes:
- bone graft
- cervical discectomy
- fat graft
- that for spinal stenosis

Code also when performed:
- procurement of:
  - bone graft material through separate incision (47726-00 [1563])
  - fat for graft via separate incision (45018-04 [1666])
  - rhizolysis (40330-00 [49])

40332-00 Decompression of cervical spinal cord with anterior fusion, 1 level

Includes:
- bone graft
  - procurement of graft material through same incision

Code also when performed:
- internal fixation (48678-00, 48681-00, 48684-00 [1390])
- procurement of graft material through separate incision (47726-00 [1563])

40335-00 Decompression of cervical spinal cord with anterior fusion, ≥ 2 levels

Includes:
- bone graft
  - procurement of graft material through same incision

Code also when performed:
- internal fixation (48678-00, 48681-00, 48687-00, 48690-00 [1390])
- procurement of graft material through separate incision (47726-00 [1563])

Decompression of thoracic and thoracolumbar spinal cord

Includes:
- fat graft
  - that for spinal stenosis

Code also when performed:
- procurement of fat for graft via separate incision (45018-04 [1666])
- rhizolysis (40330-00 [49])
- spinal fusion (48642-00, 48645-00, 48648-00, 48651-00, 48660-00, 48669-00 [1389])

Decompression of lumbar spinal canal

Includes:
- decompression:
  - anterior
  - posterior
discectomy
- fat graft
- laminectomy
  - that for spinal stenosis

Code also when performed:
- procurement of fat for graft via separate incision (45018-04 [1666])
- rhizolysis (40330-00 [49])

Excludes: anterior decompression of thoracolumbar spinal cord (40351-00 [47])

Other incision procedures on spinal canal or spinal cord structures

Includes:
- fat graft

Code also when performed:
- procurement of fat for graft via separate incision (45018-04 [1666])

Discectomy for recurrent disc lesion

Discectomy via:
- laminectomy
### Other discectomy

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

**Includes:** fat graft

**Code also when performed:**
- procurement of fat for graft via separate incision (45018-04 [1666])

### Spinal fusion

**Includes:**
- bone graft
- fat graft
  - procurement of graft material through same incision

**Code also when performed:**
- excision of vertebra (48639 [1383])
- internal fixation (48678-00, 48681-00, 48684-00, 48687-00, 48690-00 [1390])
- procurement of:
  - bone graft material through separate incision (47726-00 [1563])
  - fat for graft via separate incision (45018-04 [1666])
  - procurement of graft material through separate incision (47726-00 [1563])

### Internal fixation of spine

**Code also when performed:**
- procurement of:
  - bone graft material through separate incision (47726-00 [1563])
  - fat for graft via separate incision (45018-04 [1666])
  - procurement of graft material through separate incision (47726-00 [1563])
  - spinal fusion (see block [1389])

### Other spinal procedures

**Includes:** fat graft

**Code also when performed:**
- procurement of fat for graft via separate incision (45018-04 [1666])
6.5. **Injection into spinal nerve (Indexing)**

A query was received regarding the coding of the administration of anaesthetic agent around spinal nerve roots, branch and plexus. Consequently, the following improvements have been made to the ACHI Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

- **Administration** (around) (of) — see also **Injection**
  - nerve
  - - spinal
    - - accessory (anaesthetic agent) 18250-00 [60]
    - - - neurolytic agent 18290-00 [61]
    - - branch
    - - - anaesthetic agent — see **Administration/nerve/by site block** [63]
    - - - - neurolytic agent 18292-00 [64]
    - - - - neurolytic agent NEC 18292-00 [64]
    - - plexus
    - - - anaesthetic agent — see **Administration/nerve/plexus**
    - - - - neurolytic agent 18292-00 [64]

6.6. **Open door laminoplasty**

A public submission was received querying the correct code assignment for ‘open door’ laminoplasty, performed for cervical stenosis with myelopathy. Coding advice was published in Coding Q&A, December 2011, *Open door laminoplasty*. Consequently the ACHI Tabular List and Alphabetic Index was updated for Eighth Edition to support this advice.

**ALPHABETIC INDEX OF INTERVENTIONS**

- **Laminectomy**
  - - reopening of site
  - - for postoperative complication (haemorrhage) (infection) 90009-00 [49]

- **Laminoplasty** (open door) — see Decompression/spinal
  - **Laminotomy**

**TABULAR LIST OF INTERVENTIONS**

Refer section 6.4 Fat graft in spinal surgery (page 114) for overlapping changes to blocks [46], [47] and [48].

**46** **Decompression of cervical spinal cord**

Decompressive laminectomy of cervical spine

- **Includes:** cervical discectomy
  - laminoplasty (open door)
  - that for spinal stenosis

- **Code also when performed:**
  - rhizolysis (40330-00 [49])

**47** **Decompression of thoracic and thoracolumbar spinal cord**

- **Includes:** laminoplasty (open door)
  - that for spinal stenosis

- **Code also when performed:**
  - rhizolysis (40330-00 [49])
  - spinal fusion (48642-00, 48645-00, 48648-00, 48651-00, 48660-00, 48669-00 [1389])
48  Decompression of lumbar spinal canal

**Includes:** decomposition:
- anterior
- posterior
discectomy
laminectomy
laminoplasty (open door)
that for spinal stenosis

**Code also when performed:**
- rhizolysis (40330-00 [49])

**Excludes:** anterior decompression of thoracolumbar spinal cord (40351-00 [47])

6.7. **Overnight oximetry**

A public submission was received requesting a specific ACHI code for overnight oximetry. Overnight oximetry is a widely available screening tool used for obstructive sleep apnoea. It is an unattended sleep study and an alternative to attended (laboratory-based) polysomnography. It requires very little in the way of preparation and interpretation. Overnight oximetry involves placing an oximeter clip on the patient’s finger overnight to monitor the heart rate and oxygen content of the blood, whereas polysomnography is a much more complex tool to fully evaluate sleep disordered breathing. It involves a laboratory technician monitoring the patient and environment during testing. In response, the following changes were made to the ACHI Tabular List and Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Investigation (of) NEC (see also Test, testing)</th>
<th>Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>92204-00 [1866]</td>
<td>- sleep 92012-00 [1828]</td>
</tr>
<tr>
<td>- sinus node function (electrophysiological study) 38209-00 [665]</td>
<td>- - for investigation of sleep apnoea, by 12203-00 [1828]</td>
</tr>
<tr>
<td>- sleep apnoea, by 12203-00 [1828]</td>
<td>- - overnight oximetry 12203-01 [1828]</td>
</tr>
<tr>
<td>- polysomnography 12203-00 [1828]</td>
<td>- - polysomnography 12203-00 [1828]</td>
</tr>
<tr>
<td>- syncope (electrophysiological study) 38209-00 [665]</td>
<td>- spleen (nuclear medicine)</td>
</tr>
</tbody>
</table>

**Oximetry, overnight 12203-01 [1828]**

**Oxygenation**

- varices
- - gastric 30606-01 [972]

**OXIMETRY, OVERNIGHT 12203-01 [1828]**

**TABULAR LIST OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>1828</th>
<th>Sleep study</th>
</tr>
</thead>
<tbody>
<tr>
<td>12203-00 Poly somnography</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Sleep apnoea investigation — involves continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph (polysomnogram), and recordings of EEG, EOG, submental EMG, anterior tibial respiratory movement, airflow, oxygen saturation and ECG

**12203-01 Overnight oximetry**

**Overnight oximetry test for investigation of sleep apnoea and nocturnal hypoxia**

**Excludes:** that with polysomnography (12203-00 [1828])
6.8. **Radiofrequency ablation of stellate ganglion (Indexing)**

Advice published in *Coding Matters*, September 2009 (Vol. 16, No. 2), *Radiofrequency ablation of stellate ganglion* was incorporated into the ACHI Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Division (freeing)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- nerve — see also Sympathectomy</td>
<td></td>
</tr>
<tr>
<td>- for facet joint denervation (percutaneous)</td>
<td></td>
</tr>
<tr>
<td>- peripheral 39324-01 [74]</td>
<td>- - - - trigeminal ganglion (extracranial) 39109-00 [70]</td>
</tr>
<tr>
<td>- open (superficial) 39324-01 [74]</td>
<td>- - - open (superficial) 39324-01 [74]</td>
</tr>
<tr>
<td>- - - deep 39327-01 [74]</td>
<td>- - - deep 39327-01 [74]</td>
</tr>
<tr>
<td>- - - percutaneous, by</td>
<td>- - - percutaneous, by</td>
</tr>
<tr>
<td>- - - cryoprobe 39323-01 [72]</td>
<td>- - - cryoprobe 39323-01 [72]</td>
</tr>
<tr>
<td>- - - - for facet joint denervation 39118-01 [72]</td>
<td>- - - - for facet joint denervation 39118-01 [72]</td>
</tr>
<tr>
<td>- - - - radiofrequency 39323-00 [72]</td>
<td>- - - - radiofrequency 39323-00 [72]</td>
</tr>
<tr>
<td>- - - - - for facet joint denervation 39118-00 [72]</td>
<td>- - - - - for facet joint denervation 39118-00 [72]</td>
</tr>
<tr>
<td>- - - - - stellate ganglion 39323-00 [72]</td>
<td>- - - - - stellate ganglion 39323-00 [72]</td>
</tr>
<tr>
<td>- - - - - trigeminal ganglion (extracranial) 39109-00 [70]</td>
<td>- - - - - trigeminal ganglion (extracranial) 39109-00 [70]</td>
</tr>
</tbody>
</table>

6.9. **Rasmussen encephalitis or syndrome (Indexing)**

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

<table>
<thead>
<tr>
<th>Encephalitis (chronic) (haemorrhagic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(idiopathic) (nonepidemic) (spurious)</td>
</tr>
<tr>
<td>(subacute) G04.9</td>
</tr>
<tr>
<td>- Powassan A84.8</td>
</tr>
<tr>
<td>- Rasmussen (subacute) G04.8</td>
</tr>
<tr>
<td>- Rio Bravo A85.8</td>
</tr>
<tr>
<td>Rash R21</td>
</tr>
<tr>
<td>- wandering, tongue K14.1</td>
</tr>
<tr>
<td>Rasmussen encephalitis or syndrome G04.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rasmussen's aneurysm (see also Tuberculosis/pulmonary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A16.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Syndrome — see also Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>B02.2† G53.0*</td>
</tr>
<tr>
<td>- meaning dyssynergia cerebellaris myoclonica G11.1</td>
</tr>
<tr>
<td>- Rasmussen (subacute) G04.8</td>
</tr>
<tr>
<td>- Raynaud's I73.0</td>
</tr>
</tbody>
</table>

6.10. **Renal denervation for treatment-resistant hypertension (Indexing)**

Public submissions were received regarding classification of *renal denervation for treatment-resistant hypertension*. Treatment-resistant hypertension is defined as persistent high blood pressure despite treatment with three antihypertensive agents of different classes. Renal denervation is a radiofrequency ablation technique developed by several Australian organisations for treatment resistant hypertension. The following amendments have been made to the ACHI Alphabetic Index for Eighth Edition.
ALPHABETIC INDEX OF INTERVENTIONS

Ablation
- nerve — see also Neurotomy
  - sympathetic, chemical — see Administration/nerve/sympathetic
    - - chemical — see Administration/nerve/sympathetic
      - - renal (arter)ercutaneous, by radiofrequency (endovascular) (transluminal) 39323-00 [72]
      - - - renal (artery), percutaneous, by radiofrequency (endovascular) (transluminal) 39323-00 [72]
      - - - uterosacral, laparoscopic (LUNA) 35638-14 [1299]
      - - placental vessels, endoscopic (fetoscopic) 90488-00 [1330]

Denervation
- facet
  - - peripheral nerve, by
    - - - cryoprobe (percutaneous) 39118-01 [72]
    - - - radiofrequency (percutaneous) 39118-00 [72]
  - - renal (artery), percutaneous, by radiofrequency (endovascular) (transluminal) 39323-00 [72]
  - - spinal facet

6.11. Sacral nerve stimulation

The MBS introduced new item numbers for sacral nerve stimulation (SNS) procedures for urinary conditions. Stimulation of peripheral or sacral nerves can be performed for a variety of medical conditions including faecal incontinence, urinary conditions or intractable chronic pelvic pain. As a result, new codes were created for SNS regardless of the target organ/condition, with the following amendments to the ACHI Tabular List and Alphabetic Index and ACS for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Adjustment
- electrode(s) (for)
  ...
  - - peripheral nerve NEC 39131-01 [67]
  - - sacral nerve 32215-00-36665-00 [94067]
  - - spinal — see Adjustment/electrode(s)/epidural

Insertion
- electrode(s) lead(s)
  ...
  - - peripheral nerve NEC 39138-00 [67]
  - - sacral nerve 32213-00-36663-00 [94067]
  - - scalp, fetal (for monitoring) 16514-00 [1341]

Removal — see also Excision
- electrode(s) lead(s)
  ...
  - - peripheral nerve NEC 39136-02 [67]
  - - sacral nerve 32218-00-36667-00 [94067]

Revision (partial) (total)
- electrode(s) (for)
  ...
  - - peripheral nerve NEC 39131-01 [67]
  - - sacral nerve 32215-00-36665-00 [94067]
  - - spinal — see Revision/electrode(s)/epidural

Replacement
- electrode(s) lead(s)
  - - cardiac (for)
    ...
    - - intracranial
    - - - via
      - - - - burr holes 40709-03 [6]
      - - - - craniotomy 40712-03 [6]
    - - peripheral nerve NEC 39137-01 [67]
    - - sacral nerve 32216-00-36664-00 [94067]

TABULAR LIST OF INTERVENTIONS

67 Insertion, replacement or removal of peripheral nerve electrodes

36663-00 Insertion of sacral nerve electrodes

Includes: intraoperative test stimulation

Code also when performed:
• insertion of neurostimulator (39134-01 [1604])

Excludes: that with replacement (36664-00 [67])

36665-00 Adjustment of sacral nerve electrodes

Revision of sacral nerve electrodes

36664-00 Replacement of sacral nerve electrodes
### Includes: intraoperative test stimulation

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>36667-00</td>
<td>Removal of sacral nerve electrodes</td>
</tr>
<tr>
<td>39138-00</td>
<td>Insertion of other peripheral nerve electrodes</td>
</tr>
<tr>
<td>39131-01</td>
<td>Adjustment of other peripheral nerve electrodes</td>
</tr>
<tr>
<td>39137-01</td>
<td>Replacement of other peripheral nerve electrodes</td>
</tr>
<tr>
<td>39136-02</td>
<td>Removal of other peripheral nerve electrodes</td>
</tr>
<tr>
<td>32213-00</td>
<td>Insertion of sacral nerve electrodes</td>
</tr>
<tr>
<td>32215-00</td>
<td>Adjustment of sacral nerve electrodes</td>
</tr>
<tr>
<td>32216-00</td>
<td>Replacement of sacral nerve electrodes</td>
</tr>
<tr>
<td>32218-00</td>
<td>Removal of sacral nerve electrodes</td>
</tr>
<tr>
<td>39134-01</td>
<td>Insertion of subcutaneously implanted neurostimulator</td>
</tr>
<tr>
<td>39135-00</td>
<td>Removal of subcutaneously implanted neurostimulator</td>
</tr>
</tbody>
</table>

### Other repair procedures on rectum or anus

#### Includes: intraoperative test stimulation

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>32213-00</td>
<td>Insertion of sacral nerve electrodes</td>
</tr>
<tr>
<td>32215-00</td>
<td>Adjustment of sacral nerve electrodes</td>
</tr>
<tr>
<td>32216-00</td>
<td>Replacement of sacral nerve electrodes</td>
</tr>
<tr>
<td>32218-00</td>
<td>Removal of sacral nerve electrodes</td>
</tr>
</tbody>
</table>

### Other application, insertion or removal procedures on skin and subcutaneous tissue

#### Code also when performed:
- insertion of neurostimulator (39134-01 [1604])
- removal of electrodes:
  - epidural (39136-01 [43])
  - intracranial (40709-01, 40712-01 [6])
  - peripheral NEC (39136-02 [67])
  - sacral (32218-0036667-00 [94067])

### AUSTRALIAN CODING STANDARDS

#### QUADRIPLEGIC HAND SURGERY

These procedures are being carried out in special units on a trial basis. They involve utilisation of active myotomes by forearm reconstruction. The most common reconstruction is transfer of deltoid-triceps muscles, involving the use of a Dacron graft. Implantation of motorised nerve stimulators can also be
performed. Assign codes for each individual procedure performed, the following codes being a general guide:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>47966-01 [1573]</td>
<td>Transfer of muscle, not elsewhere classified</td>
</tr>
<tr>
<td>39134-01 [1604]</td>
<td>Insertion of subcutaneously implanted neurostimulator</td>
</tr>
<tr>
<td>39138-00 [67]</td>
<td>Insertion of other peripheral nerve electrodes</td>
</tr>
</tbody>
</table>

### 6.12. Supranuclear palsy

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

#### ALPHABETIC INDEX OF DISEASES

**Palsy (see also Paralysis)** G83.9
- bulbar (chronic) (progressive) G12.2
  - of childhood (Fazio-Londe) G12.1
  - pseudo- NEC G12.2
- supranuclear NEC G12.2
  - cerebral (congenital) G80.9
  - shaking (see also Parkinsonism) G20
- supranuclear (progressive) G23.1
- ulnar nerve (tardy) G56.2

**Paralysis, paralytic** (complete) (incomplete) (see also Paresis) G83.9
- bulbar (chronic) (progressive) G12.2
- - infantile (see also Poliomyelitis/paralytic) A80.3
  - - poliomyelitic (see also Poliomyelitis/paralytic) A80.3
  - - pseudo- G12.2
  - - supranuclear G42.2
  - - cardiac I46.9
  - - - progressive (atrophic) (bulbar) (spinal) G12.2
  - - - general A52.1
  - - - infantile acute (see also Poliomyelitis/paralytic) A80.3
  - - - supranuclear G23.1
  - - - pseudobulbar G12.2
  - - - stroke (current episode) I64
  - - supranuclear (progressive) G12.2 G23.1
  - - - sympathetic G90.8

#### TABULAR LIST OF DISEASES

**G23** Other degenerative diseases of basal ganglia

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G23.1</td>
<td>Progressive supranuclear ophthalmoplegia [Steele-Richardson-Olszewski]</td>
</tr>
<tr>
<td></td>
<td>Progressive supranuclear palsy</td>
</tr>
</tbody>
</table>

### 6.13. ACS 0612 Skull base surgery (Deleted)

Following a general review of Australian Coding Standards (ACS) Seventh Edition, it was highlighted that the advice in ACS 0612 Skull base surgery could be incorporated into ACHI. Consequently the following amendments have been made to ACHI for Eighth Edition.

#### ALPHABETIC INDEX OF DISEASES

**Clearance**
- lesion extension (skull base surgery)
  - - orbital fossa 39646-00 [17]

**Craniotomy**
- for
  - - decompression of intracranial tumour (with osteoplastic flap) 39706-01 [9]
  - - delayed repair of dura following fractured skull 39615-01 [20]
  - - dural repair 39615-01 [20]
  - - removal of lesion (tumour) involving anterior fossa (skull base surgery) 39640-00 [17]
  - - - with clearance of paranasal sinus extension 39642-00 [17]
Decompression
- nerve
  - cranial (intracranial) 39112-00 [75]
    - with exploration of auditory meatus or canal (internal) 41599-00 [310]
    - facial 41569-00 [75]
    - with partial resection of temporal bone 41584-01 [324]
  - optic (intracranial) 39112-00 [75]
    - with removal of lesion (tumour) involving anterior cranial fossa (skull base surgery) 39646-00 [17]
    - sheath 42548-00 [69]
    - facial (intracranial) 41569-00 [75]
  - optic (intracranial) 39112-00 [75]
    - with removal of lesion (tumour) involving anterior cranial fossa (skull base surgery) 39646-00 [17]
    - sheath 42548-00 [69]
    - peripheral 39330-00 [77]

Division (freeing)
- zygomatic arch
  - with removal of lesion (tumour) involving middle cranial and infratemporal fossae (skull base surgery) 39650-00 [17]

Excision — see also Removal
- lesion(s)
  - intracranial 39712-04 [15]
  - anterior cranial fossa (skull base surgery) 39640-00 [17]
  - with clearance of
  - cerebrum 39709-00 [15]
  - clivus (skull base surgery) (transmaxillary and transoral approach) 39658-00 [17]
  - infratemporal fossa (skull base surgery) 41581-00 [17]
  - middle cranial and infratemporal fossae (skull base surgery) 39650-00 [17]
  - petroclival and clival tumour (skull base surgery) (supra and infratentorial approach) 39653-00 [17]
  - pineal body 39712-01 [122]
  - posterior cranial fossa (skull base surgery) (translabyrinth, transmastoid and transoral approach) 90032-00 [17]
  - intranasal NEC 90131-00 [377]
  - tumour
    - brain — see Excision/tumour/intracranial
    - cardiac — see Excision/tumour/heart
    - cavernous sinus (skull base surgery) (vascular) (with intracranial carotid artery exposure) 39660-02 [17]
    - cerebellopontine angle 41575-00 [15]
    - cholesteatoma — see Clearance/cholesteatoma
    - clivus (skull base surgery) (transmaxillary and transoral approach) 39658-00 [17]
    - petroclival (infratentorial and supratentorial approach) 39653-00 [17]
    - common bile duct 30458-02 [968]
    - foramen magnum (far lateral suboccipital and transcondylar approach) (skull base surgery) (vascular) 39662-02 [17]

Reconstruction
- zygoma (arch) 90683-00 [17][15]
- correction of Treacher Collins syndrome 45773-00 [17][11]
- with removal of lesion (tumour) involving middle cranial and infratemporal fossae (skull base surgery) 39650-00 [17]
- and glenoid fossa and temporal bone 45788-00 [17][17]

Repair
- dura (brain) 39615-00 [20]
- with
  - decompression for
  - removal of lesion (tumour) involving anterior cranial fossa (skull base surgery) 39640-00 [17]
  - with clearance of parasinus extension 39642-00 [17]

Resection — see also Excision
- lesion — see also Resection/tumour
- bladder — see Resection/bladder/lesion
...
| - - intracranial |
| - - - anterior cranial fossa (skull base surgery) 39640-00 [17] |
| - - - cerebrum 39709-00 [15] |
| - - - clivus (skull base surgery) (transmaxillary and transoral approach) 39658-00 [17] |
| - - - infratemporal fossa (skull base surgery) 41581-00 [17] |
| - - - - and middle cranial fossa 39650-00 [17] |
| - - - - petroclivus and clivus (skull base surgery) (supra and infratentorial approach) 39653-00 [17] |
| - - - pineal body 39712-01 [122] |
| - - - posterior cranial fossa (skull base surgery) (transmaxillary, transmastoid and transoral approach) 90032-00 [17] |
| - - - - infratemporal fossa (skull base surgery) 41581-00 [17] |
| - - - - - and middle cranial fossa 39650-00 [17] |
| - - - - intraventricular 39712-03 [15] |
| ... |
| - - - - - tumour |
| - - - - - - cavernous sinus (skull base surgery) (vascular) (with intracranial carotid artery exposure) 39660-02 [17] |
| ... |
| - - cerebrum 39709-00 [15] |
| - - - clivus (skull base surgery) (transmaxillary and transoral approach) 39658-00 [17] |
| - - - - and petroclival (infratentorial and supratentorial approach) 39653-00 [17] |
| - - - craniofacial junction 40315-00 [59] |
| ... |
| - - - foramen magnum (far lateral suboccipital and transcondylar approach) (skull base surgery) (vascular) 39662-02 [17] |
| - - - - anterior cranial fossa (skull base surgery) 39640-00 [17] |
| - - - - - with clearance of paranasal sinus extension 39642-00 [17] |
| - - - - - - and clearance of orbital fossa extension 39646-00 [17] |
| - - - - - - - brain stem 39709-01 [15] |
| - - - - - - intracranial 39712-04 [15] |

**TABULAR LIST OF DISEASES**

### Postoperative reopening of craniotomy or craniectomy site

<table>
<thead>
<tr>
<th>39721-00</th>
<th>Postoperative reopening of craniotomy or craniectomy site</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼0039...0612</td>
<td>Decompression of oedema — postoperative</td>
</tr>
<tr>
<td></td>
<td>Drainage of:</td>
</tr>
<tr>
<td></td>
<td>- haemorrhage</td>
</tr>
<tr>
<td></td>
<td>- infection — postoperative</td>
</tr>
<tr>
<td></td>
<td>Removal of:</td>
</tr>
<tr>
<td></td>
<td>- abscess</td>
</tr>
<tr>
<td></td>
<td>- haematoma</td>
</tr>
</tbody>
</table>

*Includes:* removal of skull flap
that via osteoplastic flap

### Skull base surgery for lesion

<table>
<thead>
<tr>
<th>39612</th>
<th>Skull base surgery for lesion</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼0612</td>
<td>Includes:* any associated reparative or reconstructive surgery that for vascular lesions</td>
</tr>
</tbody>
</table>

---

6. **Nervous system**

   0604 Stroke
   0605 Stroke extension
   0612 SKULL BASE SURGERY
   0625 Quadriplegia and paraplegia, nontraumatic

### 0612 SKULL BASE SURGERY

The surgical management of lesions (such as glomus jugulare, meningioma, fibrosarcoma, fibrous dysplasia) involving the skull base (base of anterior, middle and posterior fossae) often requires the skills of several neurosurgeons or a number of surgeons from different specialties working together or in tandem during the operative session.

These procedures involve craniotomy, retraction of the brain, isolation and resection of tumour and often bony reconstruction.

To avoid serious infections such as osteomyelitis and/or meningitis, these procedures are usually not staged because of the need for definitive closure of the dura, subcutaneous tissues and skin.
7. **Eye and adnexa**

7.1. **Avastin® injection for parafoveal telangiectasia**

Advice was published in *Coding Matters*, June 2009 (Vol. 16, No. 1), *Parafoveal telangiectasia* regarding the correct code for treatment by Avastin® injection into retinal blood vessels. Consequently indexing improvements were incorporated into the ACHI Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

Injection (around) (into) (of) — see also Administration
- telangiectasis
  - - eye (posterior chamber) (retina) 42740-03 [209]
  - - head 30213-01 [742]

7.2. **Descemet’s stripping endothelial keratoplasty (DSEK)**

Advice was published in *Coding Matters*, September 2009 (Vol 16, No 2), *Descmets stripping endothelial keratoplasty* (DSEK) regarding the correct code for this intervention. Consequently amendments were made to ACHI for Eighth Edition.

Spelling of *Descmets* was amended to *Descemet’s* as this is the name of the basement membrane that lies between the stroma and endothelial layer of the cornea, and is also the spelling used in published text such as *Ophthalmology*, Third edition by Yanoff and Duker (2008) and other journal articles.

**ALPHABETIC INDEX OF INTERVENTIONS**

Deroofing
- - cyst
  - - renal (open) 36558-01 [1055]
  - - via laparoscopy (closed) 36558-00 [1055]

**Descemet’s stripping endothelial keratoplasty (DSEK)** 90064-00 [173]

Desensitising procedure, dental 97165-01 [455]

**DSA (digital subtraction angiography)** — see 
Angiography(by/digital subtraction technique

**DSEK (Descemet’s stripping endothelial keratoplasty)** 90064-00 [173]

Ductography

Keratoplasty 90064-00 [173]
- - endothelial (Descemet’s) (DSEK) 90064-00 [173]
- - full thickness 42653-00 [173]

7.3. **Quadrant anopia (Indexing)**

A public submission was received noting that ‘Quadrant anopia’ is often associated with stroke, however not easily accessed in the Alphabetic Index. The following improvements have been made to the ICD-10-AM Alphabetic Index for Eighth Edition.
ALPHABETIC INDEX OF DISEASES

Anophthalmos, anophthalmus (congenital) (globe) Q11.1
- acquired Z90.0
Anopia, anopsia, quadrant H53.4
Anorchia, anorchism, anorchidism Q55.0

Q fever A78
- with pneumonia A78† J17.8*
Quadrant anopia, anopsia H53.4
Quadricuspid aortic valve Q23.89

7.4. Repair, laceration, cornea (Indexing)

It was highlighted that the ACHI Alphabetic Index was inconsistent with respect to the repair of lacerated cornea. Consequently, amendments were made to the ACHI Alphabetic Index for Eighth Edition to differentiate between repair of lacerated cornea (only) and repair of lacerated cornea with perforating wound of eyeball.

ALPHABETIC INDEX OF INTERVENTIONS

Repair
- cornea, corneal (laceration) NEC 90066-00 [174]
- - by transplant (graft) — see Keratoplasty
- - for postoperative wound dehiscence 42857-00 [163]
- - - with excision of prolapsed iris 42857-01 [163]
- - - laceration 42551-00 [162]
- - - with
- - - - conjunctival flap 42632-00 [174]
- - - - repair of eyeball wound (perforating) 42551-00 [162]
- - - - - involving suture of sclera 42551-02 [162]
- - - - sealing (glue) (tissue adhesive) 42635-00 [174]
- - - crown (direct) 97659-00 [472]
- - - - laceration
- - - - - conjunctiva 42632-02 [255]
- - - - - with repair of sclera 42551-01 [162]
- - - - - and cornea 42551-02 [162]
- - - - for postoperative wound dehiscence 42857-00 [163]
- - - - - with excision of prolapsed iris 42857-01 [163]
- - - - - involving suture of sclera 42551-02 [162]
- - - - - sealing (glue) (tissue adhesive) 42635-00 [174]
- - - ear (external) 30052-00 [304]

Suture (laceration)
- common bile duct 30472-01 [971]
- cornea 42551-00 [162] NEC 90066-00 [174]
- - for postoperative wound dehiscence 42857-00 [163]

7.5. Telangiectasia, eye (Indexing)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Telangiectasia, telangiectasis (verrucous) I78.1
- haemorrhagic, hereditary (congenital) (senile) I78.0
- juxtafoveal H35.0
- macular H35.0
- parafoveal H35.0
- periungual E1-62
- retinal (idiopathic) (juxtafoveal) (macular) (parafoveal) H35.0
- spider I78.1
7.6. **ACS 0723 Corneal rust ring (Deleted)**

Following a general review of *Australian Coding Standards* (ACS) Seventh Edition, it was highlighted that the advice in ACS 0723 *Corneal rust ring* could be incorporated into ICD-10-AM. Consequently, the following amendments have been made to ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

- **Cornea, corneal** — see also condition
  - - plana Q13.49
  - - rust ring H18.0
- **Cornelia de Lange syndrome** Q87.12

**TABULAR LIST OF DISEASES**

- **H18 Other disorders of cornea**
  - **H18.0** Corneal pigmentations 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.*

- **T90 Sequelae of injuries of head**
  - **T90.4** Sequelae of injury of eye and orbit
  - **T90.4** Sequelae of injury classifiable to S05.-

**AUSTRALIAN CODING STANDARDS**

**TABLE OF CONTENTS**

**SPECIALTY STANDARDS**

*Eye and adnexa*

- **0701 Cataract**
- **0723 Corneal rust ring**
- **0724 Corneal calcium chelation**

**0723 CORNEAL RUST RING**

*Corneal rust ring should be coded to H18.0 Corneal pigmentations and deposits and T90.4 Sequelae of injury of eye and orbit, along with an appropriate external cause code (Y85–Y89).*

7.7. **ACS 0742 Orbital and periorbital cellulitis (New)**

A review of ACS 1210 *Cellulitis* identified that a specialty standard for code assignment for cellulitis in open wounds and ulcers was unnecessary, as the guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses* are sufficient.

The information regarding orbital and periorbital cellulitis in ACS 1210 *Cellulitis* was retained in a newly created standard in ACS Chapter 7 *Eye and Adnexa*, with the following amendments to ICD-10-AM for Eighth Edition.
### TABULAR LIST OF DISEASES

#### H00

**Hordeolum and chalazion**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H00.0</td>
<td>Hordeolum and other deep inflammation of eyelid</td>
</tr>
<tr>
<td>▼</td>
<td>12100742</td>
</tr>
<tr>
<td>Abscess</td>
<td>of eyelid</td>
</tr>
<tr>
<td>Furuncle</td>
<td></td>
</tr>
<tr>
<td>Stye</td>
<td></td>
</tr>
</tbody>
</table>

#### H05

**Disorders of orbit**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H05.0</td>
<td>Acute inflammation of orbit</td>
</tr>
<tr>
<td>▼</td>
<td>12100742</td>
</tr>
<tr>
<td>Abscess</td>
<td></td>
</tr>
<tr>
<td>Cellulitis</td>
<td></td>
</tr>
<tr>
<td>Osteomyelitis</td>
<td>of orbit</td>
</tr>
<tr>
<td>Periostitis</td>
<td></td>
</tr>
<tr>
<td>Tenonitis</td>
<td></td>
</tr>
</tbody>
</table>

#### L03

**Cellulitis**

- **Includes:** acute lymphangitis
- **Excludes:** cellulitis of:
  - anal and rectal regions (K61.-)
  - external auditory canal (H60.1)
  - external genital organs:
    - female (N76.4)
    - male (N48.2, N49.-)
  - eyelid (H00.0)
  - lacrimal apparatus (H04.3)
  - mouth (K12.2)
  - nose (J34.0)
  - eosinophilic cellulitis [Wells] (L98.3)
  - febrile neutrophilic dermatosis [Sweet] (L98.2)
  - lymphangitis (chronic)(subacute) (I89.1)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L03.2</td>
<td>Cellulitis of face</td>
</tr>
<tr>
<td>▼</td>
<td>12100742</td>
</tr>
<tr>
<td>Periorbital cellulitis</td>
<td></td>
</tr>
</tbody>
</table>

*Use additional code to identify eyelid involvement (H00.0).*

### AUSTRALIAN CODING STANDARD

#### TABLE OF CONTENTS

#### SPECIALTY STANDARDS

7. **Eye and adnexa**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0741</td>
<td>Ectropion/Entropion</td>
</tr>
<tr>
<td>0742</td>
<td>Orbital and periorbital cellulitis</td>
</tr>
</tbody>
</table>

12. **Skin and subcutaneous tissue**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1210</td>
<td>Cellulitis</td>
</tr>
<tr>
<td>1216</td>
<td>Craniofacial surgery</td>
</tr>
</tbody>
</table>

**0742 ORBITAL AND PERIORBITAL CELLULITIS**

It is important to identify the distinction between orbital and periorbital cellulitis as the two conditions and the code assignments are different.
The diagnosis of orbital cellulitis should be used when there is actual inflammation of the soft tissues of the orbital cavity which may spread to involve the eye. This is a very serious infection, requiring some days of antibiotic therapy, and has the risk of spreading to involve the eye or the intracranial cavity. Code to H05.0 Acute inflammation of orbit.

The term ‘periorbital cellulitis’ is commonly used when the infection is purely involving the tissues around the eye including the eyelid, but without spread to the orbital cavity. This is a much less serious infection than orbital cellulitis and will rarely require more than 1–2 days in hospital. Code ‘periorbital cellulitis’ to L03.2 Cellulitis of face with an additional code of H00.0 Hordeolum and other deep inflammation of eyelid when the eyelid is involved (category L03 Cellulitis excludes cellulitis of the eyelid).

1210 CELLULITIS
Where cellulitis is associated with an open wound or with a skin ulcer, sequence the complicated wound code or the skin ulcer code as principal diagnosis and cellulitis as the additional diagnosis if the wound or ulcer is treated. For wounds not requiring treatment or treated earlier, with the current episode being for treatment of the cellulitis, sequence cellulitis as principal diagnosis with the complicated wound as an additional diagnosis. If the clinical coder is in doubt about the sequencing, clinician confirmation should be sought. (See also ACS 1221 Decubitus ulcer and pressure area.)

Orbital and periorbital cellulitis
It is important to identify the distinction between orbital and periorbital cellulitis as the two conditions and the code assignments are different. Clinical coders should be advised to check diagnoses of periorbital cellulitis with the clinician to ensure H05.0 Acute inflammation of orbit is appropriate.

The diagnosis of orbital cellulitis should be used when there is actual inflammation of the soft tissues of the orbital cavity which may spread to involve the eye. This is a very serious infection, requiring some days of antibiotic therapy, and has the risk of spreading to involve the eye or the intracranial cavity. Code to H05.0 Acute inflammation of orbit.

The term ‘periorbital cellulitis’ is commonly used when the infection is purely involving the tissues around the eye including the eyelid, but without spread to the orbital cavity. This is a much less serious infection than orbital cellulitis and will rarely require more than 1–2 days in hospital. Code ‘periorbital cellulitis’ to L03.2 Cellulitis of face with an additional code of H00.0 Hordeolum and other deep inflammation of eyelid when the eyelid is involved (category L03 Cellulitis excludes cellulitis of the eyelid).

1221 DECUBITUS ULCER AND PRESSURE AREA
CLASSIFICATION
If a patient has multiple ulcer sites of differing stages, assign only one code to indicate the highest stage.

(See also ACS 1210 Cellulitis, when the admission is for treatment of a skin ulcer with associated cellulitis.)

EXAMPLE 1:
Decubitus ulcer stage two of the sacrum and ulcer with full thickness skin loss of the heels.
Code: L89.2 Stage III decubitus ulcer and pressure area
8. Ear, nose, mouth and throat

8.1. Resection, turbinates

An inconsistency was noted in the indexing of Resection/turbinates and consequently changes were made to the ACHI Alphabetic Index for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Resection — see also Excision
- tumour
- - bladder — see Resection/bladder/lesion

- - - - trachea 90167-00 [534]
- - - - by laser, with
- - - - - - anastomosis 38453-00 [537]
- - - - - - repair by graft 38453-02 [537]
- turbinates (nasal) (unilateral) —- (see also Turbinectomy) 41692-00 [376]
  - bilateral 41692-01 [376]
- - - ureter

8.2. ACS 0803 Admission for removal of grommets (ACS references)

A public submission was received suggesting an ACS reference for ACS 0803 Admission for removal of grommets be added at 41644-00 [312] Excision of rim of perforated tympanic membrane. Consequently the following amendments were made to ICD-10-AM and ACHI for Eighth Edition.

TABULAR LIST OF DISEASES

<table>
<thead>
<tr>
<th>H72</th>
<th>Perforation of tympanic membrane</th>
</tr>
</thead>
<tbody>
<tr>
<td>H72.9</td>
<td>Perforation of tympanic membrane, unspecified</td>
</tr>
</tbody>
</table>

| ▼0803 |

TABULAR LIST OF INTERVENTIONS

| 312 | Excision procedures on eardrum or middle ear |

| 41644-00 | Excision of rim of perforated tympanic membrane |

Includes: removal of tympanostomy tube

Excludes: cauterisation of perforated tympanic membrane (41641-00 [311])
that with myringoplasty – omit code
9. Circulatory system

9.1. Aneurysm and dissection of vertebral artery

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Aneurysm (anastomotic) (artery) (circoid) (diffuse) (false) (fusiform) (micro) (multiple) (saccular) I72.9
- arteriovenous (congenital) (peripheral) Q27.3
- acquired I77.0
...
- precerebral vessels (nonruptured) Q28.0
- - ruptured NEC I72.5
- - specified site NEC Q27.3
- - acquired I77.0
- - traumatic (complication) (early) T14.5
- basal see Aneurysm/brain
- basilar (trunk) I72.5
- brain I87.1
...
- precerebral NEC I72.5
- - acquired (ruptured) I72.5
- - basilar (trunk) I72.5
- - carotid (internal) I72.0
- - vertebral I72.65
- - congenital (nonruptured) Q28.1
- - pulmonary I28.1

TABULAR LIST OF DISEASES

I72 Other aneurysm and dissection

I72.5 Aneurysm and dissection of other precerebral arteries
Aneurysm and dissection of basilar artery (trunk)
Excludes: aneurysm and dissection of:
- carotid artery (I72.0)
- precerebral arteries, congenital (nonruptured) (Q28.1)
- vertebral artery (I72.6)

I72.6 Aneurysm and dissection of vertebral artery

9.2. Aspiration thrombectomy of the coronary artery

Advice was published in Coding Matters, June 2010 (Vol. 17, No. 1), Aspiration thrombectomy of coronary artery, as there was no specific code in ACHI for this procedure.

Numerous types of adjunctive coronary devices have been developed in conjunction with percutaneous coronary intervention (PCI) during acute myocardial infarction. These include aspiration thrombectomy, mechanical thrombectomy, rotational atherectomy and use of embolic protection devices. The classification of different types of adjunctive coronary intervention is based on the mechanism of action.
Aspiration thrombectomy of the coronary artery is performed by a catheter that is advanced to the thrombus over a guidewire and aspiration performed through syringe suction. This is different to rotational atherectomy in that the latter uses a rotablator, a device which is composed of a guidewire that is advanced through the narrow portion of the artery and a spinning blade grinding the hardened plaque into particles.

The other types of adjunctive coronary devices are mechanical thrombectomy and embolic protection devices. The mechanical thrombectomy devices apply energy through saline jets to facilitate break-up of the thrombus and embolic protection devices employ an occlusive balloon or filter which is positioned distal to the area of treatment trapping the debris during the procedure. Embolic protection devices such as FilterWire™, Interceptor™, GuardWire(R) are most commonly used to capture debris that is dislodged during stenting of degenerated saphenous vein grafts.

The following changes were made to the ACHI and ACS for Eighth Edition:

- **ACHI:**
  - Tabular List: Created new codes in block [669] *Excision procedures on coronary arteries*
  - Alphabetic Index: Amended to support the above changes

- **ACS:** Amended ACS 0941 *Arterial Disease* to update the information in section 2. *Atherosclerosis, Procedures performed for atherosclerosis.*

### ALPHABETIC INDEX OF INTERVENTIONS

**Angioplasty**
- patch, graft — see *Graft/artery/patch*  
- transluminal balloon — see *PTCA (percutaneous transluminal coronary rotational atherectomy)*
- for correction of arteriovenous fistula stenosis
  - (percutaneous) 35303-06 [754]

**Thrombectomy**
- artery (with stenting) 90230-00 [702]  
- by surgical infusion (open) (peripheral vascular catheterisation) 35320-00 [741]  

  - coeliac 33806-04 [702]  
  - bypass 33803-02 [703]  
  - communicating (anterior) (posterior) 90235-00 [702]  
  - coronary, percutaneous transluminal (aspiration) (mechanical)
  - - multiple arteries 90218-03 [669]
  - - single arteries 38306-02 [671]
  - - single artery 38306-01 [671]
  - - single stent 38306-00 [671]
  - - thrombectomy (aspiration) (mechanical)
  - - multiple arteries 90218-01 [669]
  - - single arteries 38306-01 [671]
  - - single stent 38306-00 [671]

**PTCA (percutaneous transluminal coronary angioplasty)** (single artery) 38300-00 [670]  
- with
  - - embolic protection device

**TABULAR LIST OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>669</th>
<th>Excision procedures on coronary arteries</th>
</tr>
</thead>
</table>
| 90218-00 | Percutaneous transluminal coronary angioplasty with aspiration thrombectomy, 1 artery  
  Percutaneous transluminal coronary angioplasty with mechanical thrombectomy of 1 coronary artery  
  *Code also when performed:*
  - coronary angioplasty with stenting (see block [671]) |
| 90218-01 | Percutaneous transluminal coronary angioplasty with aspiration thrombectomy, multiple arteries  
  Percutaneous transluminal coronary angioplasty with mechanical thrombectomy of multiple coronary arteries |
Code also when performed:
• coronary angioplasty with stenting (see block [671])

90218-02 Percutaneous transluminal coronary angioplasty with embolic protection device, 1 artery

Code also when performed:
• coronary angioplasty with stenting (see block [671])

90218-03 Percutaneous transluminal coronary angioplasty with embolic protection device, multiple arteries

Code also when performed:
• coronary angioplasty with stenting (see block [671])

Transluminal coronary angioplasty

Code also when performed:
• coronary angiography (38215-00, 38218 [668])

Excludes:
• atherectomy of coronary artery (see block [669])
• aspiration (mechanical) thrombectomy of coronary artery (see block [669])
• transcutaneous coronary angioplasty (see block [669])
• endovascular embolic protection device (see block [669])
• stenting of coronary artery (see block [671])

Transluminal coronary angioplasty with stenting

Transluminal balloon angioplasty

Includes:
• balloon dilation of artery that with drug eluting stent(s)

Code also when performed:
• coronary angiography (38215-00, 38218 [668])
• coronary angioplasty with:
  • aspiration thrombectomy (90218-00, 90218-01 [669])
  • embolic protection device (90218-02, 90218-03 [669])

Excludes:
• with atherectomy of coronary artery (see block [669])

AUSTRALIAN CODING STANDARDS

0941 ARTERIAL DISEASE
...

2. ATHEROSCLEROSIS
...

Procedures performed for atherosclerosis

Angioplasty (PTA/PTCA – percutaneous [balloon] transluminal coronary angioplasty, PTCRA – percutaneous [balloon] transluminal coronary rotational atherectomy), intra-arterial stenting, aspiration thrombectomy, endovascular embolic protection devices and bypass grafts (CABG, femoro-popliteal etc) are usually performed to relieve the symptoms of atherosclerosis (eg angina, intermittent claudication). Therefore, in the absence of comprehensive documentation or clinical advice, if one of these procedures is performed, atherosclerosis may be assumed to be the diagnosis.

93. Atrial fibrillation and flutter

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.
ALPHABETIC INDEX OF DISEASES

Fibrillation
- atrial or auricular (established) I48.9
- chronic I48.2
- - paroxysmal I48.0
- - persistent I48.1
- cardiac I49.8
- heart NEC I49.8
- muscular M62.8-

Flutter
- atrial or auricular I48.9
- - atypical I48.4
- - type I I48.3
- - type II I48.4
- - typical I48.3
- heart NEC I49.8
- ventricular I49.0

TABULAR LIST OF DISEASES

<table>
<thead>
<tr>
<th>I48</th>
<th>Atrial fibrillation and flutter</th>
</tr>
</thead>
<tbody>
<tr>
<td>I48.0</td>
<td>Paroxysmal atrial fibrillation</td>
</tr>
<tr>
<td>I48.1</td>
<td>Persistent atrial fibrillation</td>
</tr>
<tr>
<td>I48.2</td>
<td>Chronic atrial fibrillation</td>
</tr>
<tr>
<td>I48.3</td>
<td>Typical atrial flutter</td>
</tr>
<tr>
<td>I48.4</td>
<td>Atypical atrial flutter</td>
</tr>
<tr>
<td>I48.9</td>
<td>Atrial fibrillation and atrial flutter, unspecified</td>
</tr>
</tbody>
</table>

9.4. **AV nodal re-entrant tachycardia (AVNRT)**

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

<table>
<thead>
<tr>
<th>Avitaminosis (multiple NEC) (see also Deficiency/vitamin) E56.9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AVNRT (atrioventricular nodal re-entrant tachycardia) I47.1</strong></td>
</tr>
<tr>
<td><strong>AVRT (atrioventricular re-entrant tachycardia) I47.1</strong></td>
</tr>
<tr>
<td><strong>Avulsion (traumatic) T14.7</strong></td>
</tr>
</tbody>
</table>

Tachycardia R00.0
- atrial I47.1
- - atrioventricular (re-entrant) I47.1

TABULAR LIST OF DISEASES

<table>
<thead>
<tr>
<th>I47</th>
<th>Paroxysmal tachycardia</th>
</tr>
</thead>
<tbody>
<tr>
<td>I47.1</td>
<td>Supraventricular tachycardia</td>
</tr>
</tbody>
</table>
| - paroxysmal Tachycardia (paroxysmal):
  - atrial |
  - atroventricular [AV]
    - NOS |
    - re-entrant (nodal) [AVNRT] [AVRT] |
    - junctional |
    - nodal |

- auricular I47.1
- - atrial I47.1
- - atroventricular (AV) (re-entrant) I47.1
- - junctional I47.1
- - complicating labour and delivery O68.0
- - - nodal I47.1
- - paroxysmal NEC I47.9
- - ventricular I49.0

9.5. Cardiac resynchronisation therapy pacemaker/defibrillator

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Checking (of)
- device
  - cardiac Z45.0
  - contraceptive (intrauterine) (IUCD) Z30.5

Management (of)
- device
  - drug delivery or pump (external) (implantable spinal) Z45.1
  - drug delivery device or pump (external) (implantable spinal) Z45.1
  - implanted device NEC Z45.9
  - specified NEC Z45.89

Presence (of) — see also Status
- cardiac
  - defibrillator (AICD) (functional) (resynchronisation therapy) Z95.0
  - implant or graft NEC Z95.9

TABULAR LIST OF DISEASES

Z45 Adjustment and management of drug delivery or implanted device

Z45.0 Adjustment and management of cardiac device
Checking and testing of:
• automatic implantable cardiac defibrillator [AICD]
• cardiac: pacemaker
  • pacemaker
  • resynchronisation therapy (CRT) pacemaker
  • resynchronisation therapy defibrillator (CRT-D)
• pulse generator [battery]

Z95 Presence of cardiac and vascular implants and grafts

Z95.0 Presence of cardiac device
Presence of:
• automatic implantable cardiac defibrillator [AICD]
• cardiac: pacemaker
  • pacemaker
  • resynchronisation therapy (CRT) pacemaker
  • resynchronisation therapy defibrillator (CRT-D)

Excludes: adjustment or management of cardiac device (Z45.0)
9.6. **Coronary slow flow syndrome**

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Syndrome — see also Disease
- coronary
  - acute — see ACS 0940 Ischaemic heart disease
  - intermediate I20.0
  - slow flow I20.8
- Costen’s (complex) K07.6

**TABULAR LIST OF DISEASES**

Refer section 9.16 Stable angina (Indexing) (page 143) for overlapping changes to code I20.8.

<table>
<thead>
<tr>
<th>I20</th>
<th>Angina pectoris</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Other forms of angina pectoris</td>
</tr>
<tr>
<td></td>
<td>Angina of effort</td>
</tr>
<tr>
<td></td>
<td>Coronary slow flow coronary flow syndrome</td>
</tr>
<tr>
<td></td>
<td>Stenocardia</td>
</tr>
</tbody>
</table>

9.7. **CT scan of coronary arteries**

MBS introduced a new item number for CT scan of coronary arteries, which is a new technique increasingly used to diagnose ischaemic heart disease and to detect diseased coronary grafts. It is a noninvasive medical test using a new generation of computed tomography (64-MDCT) scanners which performs a minimum of 64 slices per minute to image the coronary arteries. The following changes were incorporated into ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

Angiography
- by
  - spiral (by computerised tomography)
    - abdominal aorta and iliofemoral lower extremity (bilateral) 57350-04 [1966]
    - chest 57350-02 [1966]
    - coronary artery 57360-00 [1966]
    - head (and neck) 57350-00 [1966]
    - lower extremity (bilateral) 57350-07 [1966]
    - neck (and head) 57350-00 [1966]
    - other site 57350-08 [1966]
    - pelvis 57350-06 [1966]
    - specified site NEC 57350-08 [1966]
    - spine 57350-05 [1966]
    - upper extremity (bilateral) 57350-01 [1966]
- abdomen
  - spiral (by computerised tomography) 57350-03 [1966]
  - aorta 59903-03 [1990]
  - artery 59970-04 [1989]
  - aorta 59903-03 [1990]
  - cervical 59970-02 [1990]
  - - - spiral (by computerised tomography) 57350-00 [1966]
  - - coronary — see also Angiography/coronary
    - - - spiral (by computerised tomography) 57360-00 [1966]
  - - peripheral 59970-03 [1989]
- coronary 38215-00 [668]
  - with catheterisation of heart
    - - left 38218-00 [668]
    - - - combined with right heart 38218-02 [668]
    - - right 38218-01 [668]
    - - - combined with left heart 38218-02 [668]
    - - spiral (by computerised tomography) 57360-00 [1966]
- extremity
  - - spiral
  - - by computerised tomography
  - - - abdomen 57350-03 [1966]
Spiral angiography by computerised tomography

57350-02  Spiral angiography by computerised tomography of chest, with intravenous contrast medium
Spiral angiography by computerised tomography of chest, without, then with, intravenous contrast medium

Excludes: computerised tomography coronary angiogram (57360-00 [1966])

57360-00  Spiral coronary angiography by computerised tomography, with intravenous contrast medium
CT coronary angiogram

9.8. Direct closure of innominate artery (Indexing)

A DRG public submission was received which highlighted a grouping issue. On review, it was determined that improved indexing for direct closure of innominate artery would assist correct code assignment for this procedure. The following amendment was made to ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Closure (of)
- amputation stump 44376-00 [1566]
- finger 46483-00 [1471]
- hand 46483-00 [1471]
- artery — see Closure/wound/artery
- atrial septal defect (for congenital heart disease) (open) (with patch graft) 38742-02 [617]

9.9. Electrophysiological testing

MBS descriptions of item numbers 38350, 38353 and 38356 were amended to specify that electrophysiological testing is a component of routine pacemaker implantations. In response to these MBS amendments, the following changes have been made to the ACHI Tabular List for Eighth Edition.
### TABULAR LIST OF INTERVENTIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>648</td>
<td>Insertion of permanent transvenous electrode for cardiac pacemaker or defibrillator</td>
</tr>
<tr>
<td></td>
<td><strong>Insertion of permanent transvenous electrode into left ventricle for cardiac pacemaker</strong></td>
</tr>
<tr>
<td>38368-00</td>
<td>Includes: cardiac electrophysiological studies [EPS]</td>
</tr>
<tr>
<td></td>
<td>insertion via coronary sinus</td>
</tr>
<tr>
<td></td>
<td><strong>Code also when performed:</strong></td>
</tr>
<tr>
<td></td>
<td>• insertion of cardiac pacemaker generator (38353-00 [650])</td>
</tr>
<tr>
<td></td>
<td>• insertion of permanent transvenous electrode into other heart chamber(s) for cardiac pacemaker (38350-00 [648])</td>
</tr>
<tr>
<td></td>
<td><strong>Excludes:</strong> that with defibrillator functionality (38390-01 [648])</td>
</tr>
<tr>
<td>38350-00</td>
<td>Insertion of permanent transvenous electrode into other heart chamber(s) for cardiac pacemaker NOS</td>
</tr>
<tr>
<td></td>
<td>Includes: cardiac electrophysiological studies [EPS]</td>
</tr>
<tr>
<td></td>
<td>that into left atrium, right atrium or right ventricle</td>
</tr>
<tr>
<td></td>
<td><strong>Code also when performed:</strong></td>
</tr>
<tr>
<td></td>
<td>• insertion of cardiac pacemaker generator (38353-00 [650])</td>
</tr>
<tr>
<td></td>
<td>• insertion of permanent transvenous electrode into left ventricle for cardiac pacemaker (38368-00 [648])</td>
</tr>
<tr>
<td></td>
<td><strong>Excludes:</strong> that with defibrillator functionality (38390-02 [648])</td>
</tr>
</tbody>
</table>

#### 9.10. Endoluminal repair of aortic dissection

Advice was published in *Coding Matters*, March 2010 (Vol. 16, No. 4), *Endoluminal repair of aortic dissection*, regarding the correct code for endoluminal repair of a descending aortic dissection. Consequently, the following amendments have been made to ACHI for Eighth Edition.

### ALPHABETIC INDEX OF INTERVENTIONS

- **Insertion**
  - stent
    - anophthalmic socket (with reconstruction of socket) 42527-00 [164]
  - artery
    - - - aorta (for) (transluminal)
      - - - - for endovascular repair of aneurysm (AAA stent) (aneurysm) (dissection) (endoluminal) 33116-00 [762]
      - - - - - multiple stents (percutaneous) 35309-07 [754]
  - - - - - open 35309-09 [754]
  - - - - - single stent (percutaneous) 35309-06 [754]
  - - - - - - open 35309-08 [754]
  - - - - - - carotid, transluminal, single
  - - - - - - specified (for) NEC

- **Repair**
  - aorta, aortic 38706-00 [693]
  - by aortopexy 43909-00 [693]
  - - arch
    - - - with repair of thoracic aorta, ascending — see block [685]
  - - - - - - - endovascular (AAA stent) (aneurysm) (dissection) (endoluminal) 33116-00 [762]
  - - - - - - - interruption 38712-00 [693]

### TABULAR LIST OF INTERVENTIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>684</td>
<td>Repair of ascending thoracic aorta</td>
</tr>
<tr>
<td></td>
<td><strong>Code also when performed:</strong></td>
</tr>
<tr>
<td></td>
<td>• cardiopulmonary bypass (38600-00, 38603-00 [642])</td>
</tr>
<tr>
<td></td>
<td>• operative management of acute rupture or dissection of thoracic aorta (38572-00 [693])</td>
</tr>
<tr>
<td></td>
<td>• retrograde cerebral perfusion during hypothermic arrest (38577-00 [642])</td>
</tr>
</tbody>
</table>
**9.11. Influenzal myocarditis**

Refer section 10.4 Influenza due to certain identified influenza virus (page 155) for details.

**9.12. Percutaneous heart valve replacement**

A public submission was received regarding percutaneous aortic valve replacement. Percutaneous aortic valve replacement (PAVR) is a new and innovative technique for the management of high-risk patients with aortic stenosis who are often elderly, frail and have multiple comorbidities. Percutaneous valve replacement is also performed on the pulmonary, tricuspid and mitral valve.

Several company brands include: CoreValve, Cribier-Edwards, Lotus, Aortx, and Bonhoeffer.

Percutaneous pulmonary valve replacement (PPVR) is a new treatment option for patients with congenital heart defects involving malformation of the right ventricular outflow tract. The goal of PPVR is to extend the lifespan of the right ventricle, thus delaying open-heart surgery. PPVR uses a bovine, jugular venous valve sutured inside a platinum-iridium balloon-expandable stent.

Clinical advice indicates that there have been a handful of cases where valves have been implanted in the tricuspid and mitral positions, but not currently in any volume. Percutaneous mitral valve replacement have, however, been performed overseas (especially Europe) and it is expected this new procedure will be introduced into Australia in the next couple of years. Tricuspid valve diseases are not common and usually associated with mitral or aortic valve disease. Indications for percutaneous tricuspid valvuloplasty are rare and reserved for patients presenting with tight tricuspid stenosis.

The following amendments have been made to ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Implant, implantation — see also Insertion</th>
<th>Insertion</th>
</tr>
</thead>
<tbody>
<tr>
<td>- hearing device</td>
<td>- valve</td>
</tr>
<tr>
<td>- - bone conduction 41557-02 [321]</td>
<td>- - heart — see Replacement/valve/heart</td>
</tr>
<tr>
<td>- - electromagnetic 41557-02 [321]</td>
<td>- - - percutaneous with bioprosthesis</td>
</tr>
<tr>
<td>- - heart valve, transcatheter — see</td>
<td>- - - - aorta, aortic 38488-08 [623]</td>
</tr>
<tr>
<td>Insertion/valve/heart/percutaneous with</td>
<td>- - - - mitral 38488-09 [628]</td>
</tr>
<tr>
<td>bioprosthesis</td>
<td>- - - - pulmonary 38488-11 [637]</td>
</tr>
<tr>
<td>- hormone</td>
<td>- - - - tricuspid 38488-10 [634]</td>
</tr>
<tr>
<td></td>
<td>- - - - - deferens 30644-12 [1189]</td>
</tr>
<tr>
<td>Replacement</td>
<td>Replacement of aortic valve</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>- aorta, aortic</td>
<td>38488-08 Percutaneous replacement of aortic valve with bioprosthesis</td>
</tr>
<tr>
<td>- valve</td>
<td>Transcatheter aortic valve implantation</td>
</tr>
<tr>
<td>- with</td>
<td>Code also when performed: coronary angiography (38215-00, 38218 [668])</td>
</tr>
<tr>
<td>- aortic arch</td>
<td></td>
</tr>
<tr>
<td>- repair — see block [685]</td>
<td></td>
</tr>
<tr>
<td>- replacement — see block [688]</td>
<td></td>
</tr>
<tr>
<td>- ascending thoracic aorta</td>
<td></td>
</tr>
<tr>
<td>- repair — see block [684] and [685]</td>
<td></td>
</tr>
<tr>
<td>- replacement — see block [687] and [688]</td>
<td></td>
</tr>
<tr>
<td>- bioprosthesis 38488-01 [623]</td>
<td></td>
</tr>
<tr>
<td>- heterograft, unstented 38489-01 [623]</td>
<td></td>
</tr>
<tr>
<td>- homograft 38489-00 [623]</td>
<td></td>
</tr>
<tr>
<td>- mechanical prosthesis 38488-00 [623]</td>
<td></td>
</tr>
<tr>
<td>- artificial sphincter</td>
<td></td>
</tr>
<tr>
<td>- mitral</td>
<td></td>
</tr>
<tr>
<td>- with</td>
<td></td>
</tr>
<tr>
<td>- valve</td>
<td></td>
</tr>
<tr>
<td>- heart</td>
<td></td>
</tr>
<tr>
<td>- with</td>
<td></td>
</tr>
</tbody>
</table>

TABULAR LIST OF INTERVENTIONS
9.13. **Reoperation of arteries or veins of neck, code also note**

A query was received highlighting that the *Code also* instructional note at code 35202-00 [763] *Access for reoperation of arteries or veins of neck, abdomen or limb* was in some instances being assigned as a principal procedure because of the ambiguous ‘Code also’ instructional note at code 35202-00 [763]. It was determined that this should be amended to a ‘Code first’ instructional note, to be consistent with notes at 38637-00 [680] *Reoperation for construction of coronary artery graft* and 38640-00 [664] *Reoperation for other cardiac procedure, not otherwise specified*.

**TABULAR LIST OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>763</td>
<td>Reoperation procedures on other vascular sites</td>
</tr>
<tr>
<td>35202-00</td>
<td>Access for reoperation of arteries or veins of neck, abdomen or limb</td>
</tr>
</tbody>
</table>

*Code also first:*
- surgical procedure(s) performed

9.14. **Replacement of cardiac electrode (Indexing)**

It was highlighted that the essential modifier *subxyphoid* had been omitted in the ACHI Alphabetic Index at relevant entries for cardiac defibrillator and pacemaker electrode replacements, so the following index entries have been added to the ACHI Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

**Replacement**
- electrode(s) lead(s)
  - - cardiac (for)
    - - - defibrillator (automatic)
      - - - - permanent
      - - - - epicardial (via) 38456-30 [654]
      - - - - sternotomy 38456-31 [654]
      - - - - subxyphoid approach 38456-30 [654]
      - - - - thoracotomy 38456-31 [654]
      - - - myocardial 38456-30 [654] — see Replacement/electrode(s)
        lead(s)/cardiac/defibrillator/permanent/epicardial
        - - - - transvenous (atrium) (right ventricle) 38350-03 [654]
    - - pacemaker
      - - - - permanent
      - - - - epicardial (via) 38456-23 [654]
      - - - - sternotomy 38456-24 [654]
      - - - - subxyphoid approach 38456-23 [654]
      - - - - thoracotomy 38456-24 [654]
      - - - myocardial-38456-23 [654] — see Replacement/electrode(s)
        lead(s)/cardiac/pacemaker/permanent/epicardial
        - - - - transvenous (atrium) (right ventricle) 38350-01 [654]

9.15. **Resection artery, coronary (Indexing)**

An inconsistency highlighted in the indexing of 38637-00 [680] *Reoperation for reconstruction of coronary artery graft* has been amended in ACHI for Eighth Edition as follows.

**ALPHABETIC INDEX OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Excision</th>
</tr>
</thead>
</table>
- - artery
  - - coronary, with reconstruction of graft (occluded) 38637-00 [680]
  - - carotid
    - - with reanastomosis (with endarterectomy) 32703-00 [718]
  - - with microlyngoscoposcopy 41867-00 [523]
Oversewing
- artery, coronary, reoperation with reconstruction of graft (occluded) 38637-00 [680]
- Mallory-Weiss laceration 90342-02 [887]

Reconstruction
- areola — see Reconstruction/breast/areola
- artery, coronary, graft (occluded) 38637-00 [680]
- atrial wall (intra-atrial) by...
- coronal (dental) (full)
  - metallic (direct) — see Restoration/tooth/metalllic
  - tooth-coloured adhesive restorative, anterior, direct — see Restoration/tooth/tooth-coloured material/direct/interior tooth
- coronary artery graft (occluded) 38637-00 [680]
- cranial vault...
- glenoid fossa
  - and zygomatic arch and temporal bone 45788-00 [1717]
- graft, coronary artery (occluded) 38637-00 [680]
- hand

Reoperation
- artery
  - abdomen 35202-00 [763]
  - coronary, graft (occluded) 38637-00 [680]
  - limb 35202-00 [763]
- cardiac procedure NEC 38640-00 [664]
- catheter...
- graft
  - coronary artery bypass (occluded) 38637-00 [680]
  - monitor (flap) (free jejunal) 90659-00 [1686]
- heart surgery NEC 38640-00 [664] — see also specific procedure(s) performed
- coronary artery bypass graft (occluded) 38637-00 [680]
- ICD (implantable cardioverter defibrillator) 90203-06 [656]

Reoperation procedures on other sites of heart

Reoperation procedures on coronary arteries

9.16. Stable angina (Indexing)

Advice was published in Coding Matters, June 2010 (Vol. 17, No. 1), Stable angina, concerning the correct code for stable angina. ICD-10-AM was updated for Eighth Edition to support this advice.
ALPHABETIC INDEX OF DISEASES

Angina (attack) (cardiac) (chest) (heart) (pectoris) (syndrome) (vasomotor) I20.9
- specified NEC I20.8
- stable I20.8
- unstable I20.0

TABULAR LIST OF DISEASES

Refer section 9.6 Coronary slow flow syndrome (page 137) for overlapping changes to code I20.8.

I20 Angina pectoris
▼0940

I20.8 Other forms of angina pectoris
Angina of effort
Slow coronary flow syndrome
Stable angina
Stenocardia

9.17. Transcatheter thrombectomy of intracranial arteries

A public submission was received requesting new codes for transcatheter thrombectomy of intracranial arteries. Mechanical thrombectomy of intracranial vessels is performed by extracting the thrombus with a retrieval device (such as the Merci Retriever® or the Penumbra System®) which is advanced through a guiding catheter via internal carotid artery or internal jugular vein. Balloon angioplasty can be used in conjunction with the endovascular extraction of the thrombus.

This procedure is also performed on intracranial venous vasculature. Stenting with thrombectomy or embolectomy can also be performed for vessels in other parts of the body for conditions such as deep vein thrombosis or pulmonary embolism. Therefore an includes notes of ‘that with stenting’ was added to block [702] Arterial embolectomy or thrombectomy and block [729] Venous thrombectomy.

The following changes were made to ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Embolectomy
- artery (with stenting)
  - axillary 33806-00 [702]
  - bypass 33806-12 [703]
  - basilar 90235-00 [702]
  - brachial 33806-01 [702]
  - bypass 33806-12 [703]
  - carotid 33800-00 [702]
  - external 33800-00 [702]
  - internal
    - extracranial 3800-00 [702]
    - intracranial 90235-00 [702]
  - cerebral (anterior) (middle) (posterior) 90235-00 [702]
  - coeliac 33806-04 [702]
  - - bypass 33803-02 [703]
  - - communicating (anterior) (posterior) 90235-00 [702]
  - - femoral 33806-09 [702]
  - - innominate 33803-01 [702]
  - - bypass 33803-02 [703]
  - - intracranial NEC 90235-00 [702]
  - - mesenteric 33806-05 [702]

  - vein (with stenting) 33812-04 [729]
  - - axillary 33812-03 [729]
  - - dural sinus 90235-01 [729]
  - - femoral 33812-00 [729]
  - - iliac (open) 33811-01 [729]
  - - closed 33810-01 [729]
  - - intracranial NEC 90235-01 [729]
  - - peripheral
    - popliteal 33812-01 [729]
    - sagittal sinus 90235-01 [729]
  - - specified site NEC 33812-04 [729]

Rebonding
- bridge, splint (dental) 97653-01 [472]

Recanalisation
- intracranial (with stenting)
  - artery 90235-00 [702]
  - vein 90235-01 [729]

Recementing
Revascularisation
- intracranial (with stenting)
  - artery 90235-00 [702]
  - vein 90235-01 [729]
- transmyocardial (open) (TMR) 38650-02 [639]

Thrombectomy
- artery (with stenting) 90230-00 [702]
  - by surgical infusion (open) (peripheral vascular catheterisation) 35320-00 [741]
  - axillary 33806-00 [702]
  - bypass 33806-12 [703]
  - basilar 90235-00 [729]
  - brachial 33806-01 [702]
  - bypass 33806-12 [703]
  - carotid 33800-00 [702]
  - external 33800-00 [702]
  - internal
    - extracranial 33800-00 [702]
    - intracranial 90235-00 [702]
    - cerebral (anterior) (middle) (posterior) 90235-00 [702]
  - coeliac 33806-04 [702]
  - bypass 33803-02 [703]
  - communicating (anterior) (posterior) 90235-00 [702]
  - coronary, percutaneous transluminal (aspiration) (mechanical)
  - multiple arteries 90218-01 [669]
  - single artery 90218-00 [669]

Venous thrombectomy
- vein (with stenting) 33812-04 [729]
  - by surgical infusion (open) (peripheral arterial catheterisation) 35320-00 [741]
  - axillary 33812-03 [729]
  - dural sinus 90235-01 [729]
  - femoral 33812-00 [729]
  - iliac (open) 33811-01 [729]
  - closed 33810-01 [729]
  - intracranial NEC 90235-01 [729]
  - popliteal 33812-01 [729]
  - sagittal sinus 90235-01 [729]
  - specified site NEC 33812-04 [729]

Transcatheter embolisation of blood vessels — see Embolisation/blood vessel/transcatheter/by site

Embolisation/blood vessel/transcatheter/by site

Embolisation/blood vessel, transcatheter BY site

Thrombectomy (embolectomy) of blood vessels — see Thrombectomy/artery AND Thrombectomy/vein

Transection — see also Division

---

**TABULAR LIST OF INTERVENTIONS**

### 702 Arterial embolectomy or thrombectomy

**Includes:** that with stenting

**Excludes:** embolectomy or thrombectomy of arterial bypass graft:
- extremities (33806-12 [703])
- trunk (33803-02 [703])

### 90235-00 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 (90235-00 [702])

### 729 Venous thrombectomy

**Includes:** that with stenting

### 90235-01 Thrombectomy of intracranial vein

**Transcatheter thrombectomy of intracranial vein**

---

9.18. **Transoesophageal ultrasound of heart performed during cardiac surgery**

As part of the Seventh Edition review of ACS 0042 *Procedures normally not coded*, code 55130-00 [1942] 2 dimensional real time transoesophageal ultrasound of heart performed during cardiac surgery was to be deleted from the ACHI Tabular List. However, the deletion of this code was not affected during production of Seventh Edition but has now been deleted from the ACHI Tabular List for Eighth Edition.
9.19. ACS 0925 Hypertension and related conditions

On reviewing the multiple standards relating to hypertension it was decided that the advice in ACS 0925 Hypertension, ACS 0926 Hypertensive heart disease (I11) and ACS 0927 Hypertensive heart and kidney disease (I13) should be consolidated into one standard. Consequently advice from ACS 0926, 0927, 0928 and 1438 was consolidated into ACS 0925 which was renamed Hypertension and related conditions.

Additionally, in 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

- Atrophy, atrophic
  - kidney (senile) (terminal) *(see also Sclerosis/kidney)*
    - N26
  - - with hypertension *(see also Hypertension/kidney)*
    - I12.9
  - - congenital or infantile Q60.5
  - - - bilateral Q60.4
  - - - unilateral Q60.3
  - - due to hypertension — *(see Hypertension/kidney)*
  - - hydronephrotic N13.3

- Failure, failed
  - kidney N19
  - - with
  - - - hypertensive
  - - - - heart disease *(conditions in I11)* I13.1
  - - - - with heart failure (congestive) I13.2
  - - kidney disease *(see also Hypertension/kidney)*
    - I12.0
  - - - tubular necrosis (acute) N17.0

- Hypertension, hypertensive *(accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic)* I10
  - with
  - - heart involvement *(conditions in I51.4–I51.9)* — *(see Hypertension/cardiorenal)*
  - - benign, intracranial G93.2

- Sclerosis, sclerotic
  - kidney N26
  - - with cystine storage disease E72.0† N29.8*
  - - cystine storage disease
  - - - hypertension *(see also Hypertension/kidney)*
  - - - hypertensive heart disease *(conditions in I11.)*
    - *(see also Hypertension/cardiorenal)*
  - - - - arteriolar (hyaline) (hyperplastic) *(see also Hypertension/cardiorenal)* I12.9
  - - - - due to
  - - - - - hypertension — *(see Hypertension/kidney)*
  - - - - - hypertensive heart disease *(conditions in I11.)*
    - *(see Hypertension/cardiorenal)*
  - - - larynx J38.7
  - - renal *(see also Sclerosis/kidney)* N26
  - - - with cystine storage disease E72.0† N29.8*
  - - - cystine storage disease E72.0† N29.8*
  - - - hypertension *(see also Hypertension/kidney)* I12.9
  - - - hypertensive heart disease *(conditions in I11.)*
    - *(see also Hypertension/cardiorenal)* I12.9
  - - - - arteriolar (hyaline) *(see also Hypertension/kidney)* I12.9
  - - - - due to
  - - - - - hypertension — *(see Hypertension/kidney)*
  - - - - - hypertensive heart disease *(conditions in I11.)*
    - *(see Hypertension/cardiorenal)*
  - - retina (senile) (vascular) H35.0
## TABULAR LIST OF DISEASES

<table>
<thead>
<tr>
<th>Code</th>
<th>Disease</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
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<td>I11</td>
<td>Hypertensive heart disease</td>
<td>09256, 1438</td>
</tr>
<tr>
<td>I12</td>
<td>Hypertensive kidney disease</td>
<td>0925, 1438</td>
</tr>
<tr>
<td>I13</td>
<td>Hypertensive heart and kidney disease</td>
<td>0925, 1438</td>
</tr>
<tr>
<td>I15</td>
<td>Secondary hypertension</td>
<td>0924, 1438</td>
</tr>
<tr>
<td>N18</td>
<td>Chronic kidney disease</td>
<td>0925, 1438</td>
</tr>
</tbody>
</table>

## AUSTRALIAN CODING STANDARDS

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#### SPECIALTY STANDARDS

9. Circulatory system

- 0909 Coronary artery bypass grafts
- 0920 Acute pulmonary oedema
- 0925 Hypertension and related conditions
- 0926 Hypertensive heart disease (I11)
- 0927 Hypertensive heart and kidney disease (I13)
- 0928 Secondary hypertension (I15)
- 0933 Cardiac catheterisation and coronary angiography

### 0925 HYPERTENSION AND RELATED CONDITIONS

#### HYPERTENSION WITH HEART AND KIDNEY DISEASE

When coding combinations of hypertension, heart and kidney disorders, it is important to distinguish if, and how, they are related.

- Hypertension may cause heart and/or kidney disease.
- Hypertension may be caused by other conditions, including some kidney disorders.
- Hypertension and heart and kidney disease may be unrelated although they are present at the same time.

#### CLASSIFICATION

Where hypertension is documented in the presence of heart and/or kidney disease and:

1. a causal relationship is stated such as ‘due to hypertension’ or ‘hypertensive’, assign a code from category:
   - I11 Hypertensive heart disease for certain heart conditions (listed in I50.- or I51.4–I51.9) due to hypertension
   - I12 Hypertensive kidney disease for certain kidney conditions (listed in N00–N07, N18.-, N19 or N26) due to hypertension
   - I13 Hypertensive heart and kidney disease, when both hypertensive heart disease (I11) and hypertensive kidney disease (I12) are present.

2. no causal relationship is stated, assign I10 Essential (primary) hypertension separately from the heart or kidney condition(s).
SECONDARY HYPERTENSION

Secondary hypertension is generally caused by another condition such as renal artery stenosis or pheochromocytoma. When hypertension is stated to be ‘due to’ or ‘secondary to’ other conditions, assign an appropriate code from category I15 Secondary hypertension.

Note: ACHI codes are not included in these examples.

EXAMPLE 1:
An 82 year old man was admitted for excision of a persistent papillary TCC of left ureter. His comorbidities included Parkinson’s disease, chronic renal impairment and hypertension. Routine eGFR = 59 mL/min.

He underwent open resection of the left kidney and remaining left ureter. Postoperatively his blood pressure proved difficult to control and his eGFR fell to 51 mL/min. Histopathology on the removed kidney confirmed hypertensive nephropathy and his nephrologist was consulted, advising a change to his hypertensive medications.

Histopathology reports: Left ureter – Chronic inflammation. Reactive urothelial hyperplasia, focal low grade papillary urothelial carcinoma. Left kidney – Frequent sclerosed glomeruli with tubular atrophy and interstitial fibrosis in keeping with hypertensive nephropathy.

Codes:
- C66 Malignant neoplasm of ureter
- M8130/3 Papillary transitional cell carcinoma
- I12.9 Hypertensive kidney disease without kidney failure
- N18.3 Chronic kidney disease, stage 3

(See also ACS 1438 Chronic kidney disease)

EXAMPLE 2:
A 39 year old man, who had episodes of feeling dizzy, ‘funny turns’ and very high blood pressure, was referred by GP for further investigation. During the hospital admission, a phaeochromocytoma was found in the medulla of right adrenal gland and it was confirmed that the tumour caused attacks of episodic hypertension.

Codes:
- D35.0 Benign neoplasm of adrenal gland
- M8700/0 Phaeochromocytoma NOS
- I15.2 Hypertension secondary to endocrine disorders

EXAMPLE 3:
Patient admitted with a bladder tumour obstructing his sole kidney. Patient has pre-existing chronic kidney disease with a eGFR = 25 mL/min and hypertension. A preoperative assessment by his nephrologist requested postoperative monitoring of his kidney function.

He underwent open partial cystectomy and re-implantation of ureter. Histopathology reports papillary urothelial carcinoma – high grade.

Codes:
- C67.9 Malignant neoplasm of bladder, unspecified
- M8130/3 Papillary transitional cell carcinoma
- N18.4 Chronic kidney disease, stage 4
- I10 Essential (primary) hypertension

EXAMPLE 4:
A patient with a known history of chronic congestive heart failure and hypertension was admitted to hospital due to deterioration of cardiac function. During admission all medications including those for hypertension were reviewed and adjusted.

Codes:
- I10.0 Congestive heart failure
- I10 Essential (primary) hypertension
0926 HYPERTENSIVE HEART DISEASE (I11)
 Certain heart conditions:

I50. - Heart failure
I51.4 - Myocarditis, unspecified
I51.5 - Myocardial degeneration
I51.6 - Cardiovascular disease, unspecified
I51.7 - Cardiomegaly
I51.8 - Other ill-defined heart diseases
I51.9 - Heart disease, unspecified

are classified to category I11 Hypertensive heart disease when a causal relationship is stated (eg ‘due to hypertension’ or ‘hypertensive’). In such cases, assign only a code from category I11.

The same heart conditions with hypertension, but without a stated causal relationship, are coded separately. Sequence according to the circumstances of the episode of care.

0927 HYPERTENSIVE HEART AND KIDNEY DISEASE (I13)
 Assign codes from combination category I13 Hypertensive heart and kidney disease, when both hypertensive heart disease (I11) and hypertensive kidney disease (I12) are present. The term ‘hypertensive’ by default indicates that there is a causal relationship.

(See also ACS 1438 Chronic kidney disease).

0928 SECONDARY HYPERTENSION (I15)
 Assign these codes when hypertension is stated to be ‘due to’ or ‘secondary to’ another condition, such as renal artery stenosis (I15.0 Renovascular hypertension) or phaeochromocytoma (I15.2 Hypertension secondary to endocrine disorders).

Assign also a code from N18.- Chronic kidney disease where I15.0 Renovascular hypertension or I15.1 Hypertension secondary to other kidney disorders are assigned (see also ACS 1438 Chronic kidney disease).

1438 CHRONIC KIDNEY DISEASE

DEFINITION

EXAMPLE 2:
A 65 year old female was admitted for an elective repair of rotator cuff tear. Admission comorbidities included Type 2 diabetes, on oral hypoglycaemics, with chronic kidney disease. Arthroscopic repair of rotator cuff performed under GA, ASA 2. Postoperatively her blood sugar levels fluctuated initially but stabilised after commencing insulin therapy for temporary management.

Codes: M75.1 Rotator cuff syndrome
       E11.22 Type 2 diabetes mellitus with established diabetic nephropathy
       N18.9 Chronic kidney disease, unspecified

48960-00 [1405] Arthroscopic reconstruction of shoulder
92514-29 [1910] General anaesthesia, ASA 2, nonemergency

(See also ACS 0401 Diabetes mellitus and intermediate hyperglycaemia)
Hypertension in kidney disease

The relationship between CKD and hypertension, though not clearly understood, is vital in treatment. Where hypertension is documented in the presence of CKD assign I10 Essential (primary) hypertension, as an additional diagnosis, except where a causal relationship has been clearly documented, for example, hypertensive kidney disease, renovascular disease or secondary hypertension (see also ACS 0927 Hypertensive heart and kidney disease (I13) and ACS 0928 Secondary hypertension (I15).

Example 3:
Patient admitted with a bladder tumour obstructing his sole kidney. Patient has pre-existing chronic kidney disease with a GFR = 25 mL/min and hypertension. A preoperative assessment by his nephrologist requested postoperative monitoring of his kidney function.

He underwent open partial cystectomy and re-implantation of ureter under GA, ASA 2. Histopathology reports papillary urothelial carcinoma—high grade.

Codes:

- C67.9 Malignant neoplasm of bladder, unspecified
- M8130/3 Papillary transitional cell carcinoma
- N18.4 Chronic kidney disease, stage 4
- I10 Essential (primary) hypertension

Example 4:
An 82 year old man was admitted for excision of a persistent papillary TCC of left ureter. His comorbidities included Parkinson’s disease, chronic renal impairment and hypertension. Routine eGFR = 59 mL/min.

He underwent open resection of the left kidney and remaining left ureter under GA, ASA 2. Postoperatively his blood pressure proved difficult to control and his eGFR fell to 51 mL/min. Histopathology on the removed kidney confirmed hypertensive nephropathy and his nephrologist was consulted, advising a change to his hypertensive medications.

Histopathology reports: Left ureter—Chronic inflammation. Reactive urothelial hyperplasia, focal low grade papillary urothelial carcinoma. Left kidney—Frequent sclerosed glomeruli with tubular atrophy and interstitial fibrosis in keeping with hypertensive nephropathy.

Codes:

- C66 Malignant neoplasm of ureter
- M8130/3 Papillary transitional cell carcinoma
- I12.9 Hypertensive kidney disease without kidney failure
- N18.3 Chronic kidney disease, stage 3
- 36531-01 [1054] Nephroureterectomy
- 92514-29 [1910] General anaesthesia, ASA 2, nonemergency

Example 5:
A 79 year old woman, with known renal artery stenosis and hypertensive kidney disease, was admitted for renal artery stenting to alleviate worsening hypertension and deteriorating renal function, latest eGFR = 31 mL/min. Comorbidities included angina.

Prior to operation she experienced several attacks of angina which responded to Anginine. Anaesthetic assessment considered her cardiac status to be too unstable for operation at this time and she was discharged for ongoing follow-up.

Codes:

- I70.1 Atherosclerosis of renal artery
- Z53.0 Procedure not carried out due to contraindication
- I20.9 Angina pectoris, unspecified
I12.9  Hypertensive kidney disease without kidney failure
N18.3  Chronic kidney disease, stage 3

KIDNEY REPLACEMENT THERAPY
...
EXAMPLE 36:
...
EXAMPLE 47:
...
EXAMPLE 58:
...
DIABETIC NEPHROPATHY
...
EXAMPLE 69:

9.20. ACS 0942 Banding of haemorrhoids (Deleted)

Refer section 11.17 Haemorrhoids (page 175) for details on changes to coding of haemorrhoids.
10. Respiratory system

10.1. Excision, teratoma, mediastinum, via sternotomy (Indexing)

Inconsistencies were noted between index entry Excision/teratoma/mediastinal and the index entries at Excision/lesion/mediastinum and Excision/tumour/mediastinum. These were amended in the ACHI Alphabetic Index for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Excision — see also Removal
- lesion(s) — see also Excision/tumour and Excision/cyst and Excision/polyp
... - mediastinum, via
- sternotomy 38446-03 [563]
- thoracotomy 38446-02 [563]
...
- teratoma
  - intra-abdominal (congenital) 90327-00 [989]
  - mediastinum, via 38446-02 [563]
  - sternotomy 38446-03 [563]
  - thoracotomy 38446-02 [563]
  - sacrococcygeal

10.2. Flexible bronchoscopy with broncho-alveolar lavage

Revisions to the ACHI codes for bronchoscopies were made following receipt of a public submission requesting a specific code for flexible bronchoscopy with broncho-alveolar lavage. ACHI did not distinguish bronchoscopy with broncho-alveolar lavage from bronchoscopy alone as bronchial lavage is an inclusion term at [543] Examination procedures on bronchus and [544] Bronchoscopy with biopsy or removal of foreign body.

A broncho-alveolar lavage (BAL) is performed during a flexible (fibreoptic) bronchoscopy to obtain samples of alveolar cells. Both BAL and bronchial lavage involve the instillation of saline into the respiratory tract, however a bronchial lavage involves the instillation of saline into the large airways or proximal lung surfaces such as bronchi, while a BAL involves the instillation of saline into the smaller airways and more distal lung surfaces such as the alveoli.

The following changes were made to ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

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<td>- biopsy (bronchus) (lung) 41898-01 [544]</td>
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<td>- by laser 41901-00 [545]</td>
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<tr>
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<td>- - foreign body 41895-0041898-03 [544]</td>
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**Lavage** — see also Maintenance
- alveolar — see *Lavage/broncho-alveolar*
  - via bronchoscopy (fibreoptic) 41898-00 [543]
  - with biopsy 41898-01 [544]
  - rigid 41889-00 [543]
  - with biopsy 41892-00 [544]
  - through artificial stoma 41889-01 [543]
- - through artificial stoma 41889-01 [543]
  - anterior chamber (blood) (eye) 42743-00 [185]
... 
- broncho-alveolar
  - via bronchoscopy (fibreoptic) 41898-00 [543]
  - with biopsy 41898-01 [544]
  - broncho-alveolar
    - via bronchoscopy (fibreoptic) 41898-02 [544]
    - with biopsy 41898-01 [544]
- colon, intraoperative (total) 32186-00 [906]

**Removal** — see also *Excision*
- foreign body
  - - without incision NEC 92201-00 [1908]
... 
- bronchus
  - - via bronchoscopy
  - - - - fibreoptic 41898-03 [544]
  - - - - endoscopic rigid 41895-00 [544]
  - - - cervix (penetrating) 35618-03 [1278]

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<tr>
<td>544</td>
<td>Bronchoscopy with biopsy, broncho-alveolar lavage or removal of foreign body</td>
</tr>
<tr>
<td>545</td>
<td>Other excision procedures on bronchus</td>
</tr>
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</table>

**Block 543**

**Examination procedures on bronchus**

*Includes:*
  - bronchial lavage
  - fluoroscopic guidance
  - lavage:
    - bronchial
    - broncho-alveolar
    - washings for specimen collection

| 41889-00 | Rigid bronchoscopy |

*Excludes:*
  - that through artificial stoma (41889-01 [543])
  - that with:
    - biopsy (41892-00 [544])
    - dilation (41904-00 [546])
    - excision of lesion (41892-01, 41901-00 [545])
    - removal of foreign body (41895-00, 41898-03 [544])

| 41889-01 | Bronchoscopy through artificial stoma |

*Includes:*
  - that using:
    - fibreoptic bronchoscope
    - rigid bronchoscope

*Excludes:*
  - that with:
    - biopsy (41892-00, 41898-01 [544])
    - dilation (41904-00 [546])
    - excision of lesion (41892-01, 41901-00 [545])
    - removal of foreign body (41895-00, 41898-03 [544])

| 41898-00 | Fibreoptic bronchoscopy |

*Excludes:*
  - that through artificial stoma (41889-01 [543])
  - that with:
    - biopsy (41898-01 [544])
    - broncho-alveolar lavage (41898-02 [544])
    - dilation (41904-00 [546])
    - excision of lesion (41892-01, 41901-00 [545])
    - removal of foreign body (41895-00, 41898-03 [544])
Bronchoscopy with biopsy, broncho-alveolar lavage or removal of foreign body

Includes:
- bronchial lavage
- fluoroscopic guidance
- transbronchial lung biopsy
- washings for specimen collection

41892-00  Rigid bronchoscopy with biopsy
41898-01  Fibreoptic bronchoscopy with biopsy
41898-02  Fibreoptic bronchoscopy with broncho-alveolar lavage [BAL]
41895-00  Rigid bronchoscopy with removal of foreign body
41898-03  Fibreoptic bronchoscopy with removal of foreign body

APPENDIX B: ACHI CODE LIST

<table>
<thead>
<tr>
<th>ACHI Code</th>
<th>Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>41898-01</td>
<td>544</td>
</tr>
<tr>
<td>41898-02</td>
<td>544</td>
</tr>
<tr>
<td>41898-03</td>
<td>544</td>
</tr>
<tr>
<td>41901-00</td>
<td>545</td>
</tr>
</tbody>
</table>

10.3. High flow nasal cannula (HFNC)

Advice was published in Coding Q&A, December 2011, *High flow nasal cannula*, regarding the correct code assignment for high flow nasal cannula (HFNC). HFNC, more commonly known as ‘high flow’ or ‘high flow therapy (HFT)’, has been introduced as an alternative to NIV as it delivers air and oxygen at flow rates greater than those traditionally used with a nasal interface.

HFNC is used on patients ranging in ages from preterm infants to adults who receive flow rates for respiratory support in a variety of conditions. Recent studies indicate that HFNC is used in a large number of neonatal intensive care units (NICUs) across Australia and New Zealand, because it reduces nasal trauma, provides continuous positive airways pressure and easier access to infant for breast feeding, parent bonding and neurodevelopmental care.

The following changes were made to ACHI and the ACS for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

<table>
<thead>
<tr>
<th>Heterograft — see Xenograft</th>
</tr>
</thead>
<tbody>
<tr>
<td>HFNC (high flow nasal cannula) (heated) (humidified) — see block [570]</td>
</tr>
<tr>
<td>HFT (high flow therapy) (heated) (humidified) — see block [570]</td>
</tr>
<tr>
<td>High flow nasal cannula (HFNC) (heated) (humidified) — see block [570]</td>
</tr>
</tbody>
</table>

Hippocampectomy (amygdala) — see Lobectomy/brain Therapy
- helium 92045-00 [1889]
- high flow (heated) (HFT) (humidified) (nasal) — see block [570]
- hyperbaric oxygen (≤ 90 mins) (HBO) 96191-00 [1888]

TABULAR LIST OF INTERVENTIONS

Refer section 16.10 Ventilation – combined ventilatory support in neonates (page 254) for overlapping changes to block [570].

<table>
<thead>
<tr>
<th>Noninvasive ventilatory support</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼ 1006, 1615 Bi-level positive airway pressure [BiPAP]</td>
</tr>
</tbody>
</table>
Continuous positive airway pressure [CPAP]
High flow therapy [HFT] (nasal high flow cannula [HFNC])
Intermittent mask CPAP
Intermittent positive pressure breathing [IPPB]
Intermittent positive pressure ventilation [IPPV]
Noninvasive mask ventilation [NIMV]
Noninvasive pressure ventilation [NIPV]

*Includes:* ventilatory support by:
- face mask
- mouthpiece
- nasal mask/pillows/prongs
- nasal/nasopharyngeal tube

1889 Other therapeutic interventions on respiratory system

92044-00 Other oxygen enrichment
▼1615 Catalytic oxygen therapy
Cytoreductive effect
Oxygen therapy
Oxygenators

*Excludes:* high flow therapy (nasal high flow cannula) (see block [570])
hyperbaric oxygenation (see block [1888])

AUSTRALIAN CODING STANDARDS

1006 VENTILATORY SUPPORT

DEFINITION
...
Noninvasive ventilation (NIV)
Noninvasive ventilation refers to all modalities that assist ventilation without the use of an ETT or tracheostomy. For the purpose of this standard, noninvasive devices include: face mask, mouthpiece, nasal mask, nasal pillows, nasal prongs, nasal tubes, nasal high flow cannula (high flow therapy) and nasopharyngeal tubes.

TYPES/MODES OF VENTILATORY SUPPORT
...

10.4. Influenza due to certain identified influenza virus

In 2009, the URC of WHO-FIC reviewed the classification of Influenza A/H1N1 (Swine flu) and it was agreed to modify the code title J09 Influenza due to identified avian influenza virus to Influenza due to certain identified influenza virus to facilitate inclusion of other influenza viruses identified by WHO, such as swine flu. The inclusion term has also be modified to read ‘Influenza caused by influenza virus strains of special epidemiological importance with an animal-human or inter-human transmission limited to the inclusions’, meaning that only those influenza viruses listed at J09 Influenza due to certain identified influenza virus (i.e. A/H1N1 (swine) and A/H5N1 (avian)) may be assigned to this code and that additional virus strains may only be included upon recommendation from WHO.

A ‘Use additional code’ note was added to specify that pneumonia or other manifestations should also be coded.

Due to the timing of this decision the changes were unable to be included in ICD-10-AM Seventh Edition and therefore have been incorporated into ICD-10-AM for Eighth Edition.
ALPHABETIC INDEX OF DISEASES

Encephalitis (chronic) (haemorrhagic) (idiopathic) (nephropathic) (spurious) (subacute) G04.9
- - in (due to)
  - - actinomycosis A42.8† G05.0* ...
  - - infectious disease NEC B99† G05.2*
  - - influenza (specific virus not identified) J09† J10.8† J11.8† G05.1*
    - - avian influenza virus identified J09† G05.1*
    - - specified influenza virus identified NEC J10.8† G05.1*
    - - listeriosis A32.1† G05.0*
- - with
  - - enteritis NEC J10.8*
- - lymph node NEC J10.8*
- - meningitis J11.8*
- - nervous system NEC J11.8*
- - specified influenza virus identified NEC J10.8*

Encephalopathy
- in (due to)
  - - influenza (specific virus not identified) J09† J10.8† J11.8† G05.1*
    - - avian influenza virus identified J09† G04.8*
    - - specified influenza virus identified NEC J10.8† G04.8*
    - - lack of vitamin (see also Deficiency/vitamin) E56.9† G32.8*

Enteritis (diarrhoeal) (haemorrhagic)
- influenza (specific virus not identified) J11.8
- - avian influenza virus identified J09† G94.8*
- - specified influenza virus identified NEC J10.8*

Influenza (specific virus not identified) J11.1
- with
  - - digestive manifestations J11.8
    - - avian influenza virus identified J09† G05.1*
    - - specified influenza virus identified NEC J10.8*
  - - enteritis NEC J11.8
  - - gastrointestinal tract J11.8
    - - avian influenza virus identified J09† G05.1*
    - - specified influenza virus identified NEC J10.8*

Influenza-like disease (see also Influenza) J11.1

Meningitis R29.1
- influenza (specific virus not identified) J11.8
  - - avian influenza virus identified J09† G05.1*
  - - specified influenza virus identified NEC J10.8*

Myocarditis (chronic) (fibroid) (interstitial) (old) (progressive) (senile) (with arteriosclerosis) I51.4
- influenza (specific virus not identified) J11.8† I41.1*
  - - avian influenza virus identified J09† I41.1*
  - - specified influenza virus identified NEC J10.8† I41.1*

Otis H66.9
- media H66.9
  - - with effusion (nonpurulent) H65.9
    - - in (due to)
      - - influenza (specific virus not identified) J11.8† H67.1*
        - - avian influenza virus identified J09† H67.1*
        - - specified influenza virus identified NEC J10.8† H67.1*

Pneumonia (acute) (double) (migratory) (purulent) (septic) (uneasured) J18.9
- with
  - - influenza, flu or grippe (specific virus not identified) J11.0
    - - avian influenza virus identified J09† G05.1*
    - - other influenza virus identified J10.0

Polioencephalitis (acute) (bulbar) A80.9
- influenza (specific virus not identified) J11.8† G05.1*
  - - avian influenza virus identified J09† G05.1*
  - - specified influenza virus identified NEC J10.8† G05.1*
Influenza and pneumonia (J09–J18)

---

**09**

Influenza due to certain identified avian-influenza virus

**41**

Myocarditis in diseases classified elsewhere

**41.1**

Myocarditis in viral diseases classified elsewhere

Influenzal myocarditis (acute) (J09) (J10.8) (J11.8): avian influenza virus identified (J09†)
- other virus identified (J10.8‡)
- virus not identified (J11.8‡)
Mumps myocarditis (B26.8†)

**09**

Influenza due to certain identified avian-influenza virus

Influenza caused by influenza virus strains of special epidemiological importance with an animal-human or inter-human transmission limited to the inclusions that normally infect only birds and, less commonly, other animals.

Includes:
- influenza A/H1N1 pandemic 2009 [swine flu]
- influenza A/H5N1 epidemic [avian influenza]

Note: Additional virus strains may only be included upon recommendation by WHO.

Use additional code to identify pneumonia or other manifestations.

Excludes:
- Haemophilus influenzae:
  - infection NOS (A49.2)
  - meningitis (G00.0)
  - pneumonia (J14)

---

10.5. Pneumonia due to gram-negative bacteria *Indexing*

A public submission was received suggesting index entries be created for Pneumonia due to gram-negative bacteria, and consequently the following amendments have been incorporated into ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved) J18.9
- bacterial J15.9
  - Gram-negative NEC J15.6
    - specified NEC J15.8
    - basal, basic, basilar — see Pneumonia/lobar
      - in (due to)
      - gonorrhoea A54.8† J17.0*
    - Gram-negative bacteria NEC J15.6
    - Haemophilus influenzae (H. influenzae) J14

---

**TABULAR LIST OF DISEASES**

**J15**

Bacterial pneumonia, not elsewhere classified
J15.6 Pneumonia due to other (aerobic) Gram-negative bacteria
Pneumonia due to: Serratia marcescens
- Gram-negative bacteria NOS
- Serratia marcescens

10.6. Respiratory failure, type I and type II

In 2009, the URC of WHO-FIC approved a number of changes to the codes for respiratory failure at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

Respiratory failure is a disease of the lungs which occurs when gas exchange at the lungs is sufficiently impaired to cause a drop in blood levels of oxygen. This may occur with or without an increase in carbon dioxide levels. Respiratory failure is divided into type I and type II, which can also be described as either hypoxic or hypercapnic:

- Type I respiratory failure (hypoxic) involves low oxygen, and normal or low carbon dioxide levels.
- Type II respiratory failure (hypercapnic) involves low oxygen, with high carbon dioxide.

Hypoxic respiratory failure (type I) is the most common form of respiratory failure, and it can be associated with virtually all acute diseases of the lung, which generally involve fluid filling or collapse of alveolar units. Some causes of type I respiratory failure are pulmonary oedema, pneumonia, and pulmonary haemorrhage.

Hypercapnic respiratory failure (type II) is associated with causes such as increased airways resistance (eg, asthma and chronic obstructive pulmonary disease [COPD]), reduced breathing effort, and neuromuscular problems, and severe airway disorders.

Respiratory failure may also be either acute or chronic.

ALPHABETIC INDEX OF DISEASES

Disorder (of) — see also Disease
- respiratory function, impaired J96.99
  - acute (type unspecified) J96.09
    - type I (hypoxic) J96.00
    - type II (hypercapnic) J96.01
  - chronic (type unspecified) J96.19
    - type I (hypoxic) J96.10
    - type II (hypercapnic) J96.11
  - postprocedural J95.8
    - psychogenic F45.34
    - 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

Failure, failed
- renal — see Failure/kidney
  - respiration, respiratory (type unspecified) J96.99
    - with
    - - other organ failure, code each site (see also Failure/organ/multiple)
      - acute (type unspecified) J96.09
        - type I (hypoxic) J96.00
        - type II (hypercapnic) J96.01
      - centre G93.8
        - chronic (type unspecified) J96.19
        - type I (hypoxic) J96.10
        - type II (hypercapnic) J96.11
      - newborn P28.5
        - postprocedural J95.8
        - type I (hypoxic), not specified as acute or chronic J96.90
        - type II (hypercapnic), not specified as acute or chronic J96.91
    - rotation

TABULAR LIST OF DISEASES

J96 Respiratory failure, not elsewhere classified

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
### AUSTRALIAN CODING STANDARDS

#### 0110 SEPSIS, SEVERE SEPSIS AND SEPTIC SHOCK

**CLASSIFICATION**

**Systemic inflammatory response syndrome [SIRS]**

#### EXAMPLE 2:

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

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K85.2</td>
<td>Alcohol induced acute pancreatitis</td>
</tr>
<tr>
<td>R65.3</td>
<td>Systemic inflammatory response syndrome [SIRS] of noninfectious origin with acute organ failure</td>
</tr>
<tr>
<td>F10.1</td>
<td>Mental and behavioural disorders due to use of alcohol, harmful use</td>
</tr>
<tr>
<td>N17.9</td>
<td>Acute kidney failure, unspecified</td>
</tr>
<tr>
<td>J96.09</td>
<td>Acute respiratory failure, type unspecified</td>
</tr>
</tbody>
</table>

#### EXAMPLE 3:

A 55 year old male admitted to hospital with a diagnosis of severe acute pancreatitis (alcohol-induced) with systemic inflammatory response syndrome and acute multi-organ failure (renal and respiratory). The patient’s condition worsened and a fine needle aspiration of the pancreas revealed pancreatic necrosis. Blood cultures were consistent with a diagnosis of sepsis due to *Clostridium perfringens*.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K85.2</td>
<td>Alcohol induced acute pancreatitis</td>
</tr>
<tr>
<td>A41.4</td>
<td>Sepsis due to anaerobes</td>
</tr>
<tr>
<td>R65.1</td>
<td>Systemic inflammatory response syndrome [SIRS] of infectious origin with acute organ failure</td>
</tr>
<tr>
<td>F10.1</td>
<td>Mental and behavioural disorders due to use of alcohol, harmful use</td>
</tr>
<tr>
<td>N17.9</td>
<td>Acute kidney failure, unspecified</td>
</tr>
<tr>
<td>J96.09</td>
<td>Acute respiratory failure, type unspecified</td>
</tr>
</tbody>
</table>

30094-05 [977] Percutaneous needle biopsy of pancreas

#### EXAMPLE 4:

A 38 year old man in respiratory distress was admitted to ICU. He reported a persistent cough and dyspnoea at rest, together with intermittent chills, drenching sweats, and fever. Chest x-ray and blood cultures confirmed a diagnosis of pneumococcal pneumonia. The patient developed acute respiratory failure and severe sepsis was confirmed.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J13</td>
<td>Pneumonia due to Streptococcus pneumoniae</td>
</tr>
<tr>
<td>R65.1</td>
<td>Systemic inflammatory response syndrome [SIRS] of infectious origin with acute organ failure</td>
</tr>
<tr>
<td>J96.09</td>
<td>Acute respiratory failure, type unspecified</td>
</tr>
</tbody>
</table>
Septic shock

EXAMPLE 5:
A 63 year old male presented to hospital with an open foot wound of prolonged duration. He felt feverish and sluggish. Temperature, respiratory rate and heart rate were all elevated. Wound culture grew *staphylococcus*. He was transferred to ICU with a diagnosis of severe sepsis. He proceeded to septic shock, with acute multiple organ dysfunction (respiratory and cardiovascular) and despite resuscitation efforts, died on day 3.

Codes:
- S91.3 Open wound of other parts of foot
- T89.02 Open wound with infection
- B95.8 Unspecified *staphylococcus* as the cause of diseases classified to other chapters
- R57.2 Septic shock
- J96.09 Acute respiratory failure, type unspecified
- I50.9 Heart failure, unspecified

Assign appropriate external cause, place of occurrence and activity codes.

10.7. Silo-filler’s disease (Indexing)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

<table>
<thead>
<tr>
<th>Disease, diseased</th>
<th>Silo-filler’s disease J68.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>- silo-filler’s J68.8</td>
<td>- bronchitis J68.0</td>
</tr>
<tr>
<td>- - bronchitis J68.0</td>
<td>- pneumonitis J68.0</td>
</tr>
<tr>
<td>- - pneumonitis J68.0</td>
<td>- pulmonary oedema J68.1</td>
</tr>
<tr>
<td>- - pulmonary oedema J68.1</td>
<td>Simian malaria B53.1</td>
</tr>
<tr>
<td>- simian B B00.4</td>
<td></td>
</tr>
</tbody>
</table>

10.8. Ventilation – combined ventilatory support in neonates

Refer section 16.10 Ventilation – combined ventilatory support in neonates (page 254) for details.

10.9. ACS 1008 Chronic obstructive pulmonary disease

A public submission noted that the reference to diabetes mellitus in ACS 1008 *Chronic obstructive pulmonary disease* is not relevant to the coding of COPD, and accordingly this sentence has been deleted from ACS 1008 for Eighth Edition.

**AUSTRALIAN CODING STANDARDS**

1008 CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

**COPD WITH PNEUMONIA**

Clinically, pneumonia may not always exacerbate COPD. It is often the case that clinical documentation is unclear whether pneumonia exacerbates COPD. From a classification point of view, the presence of COPD with pneumonia is sufficient to assign J44.0 *Chronic obstructive pulmonary disease with acute lower respiratory infection*. This is similar to diabetes mellitus coding where the 'with' rule applies and it is not necessary for clinical coders to ascertain a cause and effect relationship between the conditions.
11. Digestive system

11.1. Acute appendicitis with peritonitis

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.

### ALPHABETIC INDEX OF DISEASES

- **Appendicitis** K37
  - with
    - peritoneal abscess K35.3
    - peritonitis (localised) (perforation) (rupture) NEC K35.3
    - generalised K35.2
    - localised K35.3
  - acute (catarrhal) (fulminating) (gangrenous) (obstructive) (retrocaecal) (suppurative) K35.8
    - with
    - peritoneal abscess K35.3
    - peritonitis (localised) (perforation) (rupture) NEC K35.3
    - generalised K35.2
    - localised K35.3
  - amoebic A06.8

- **Gangrene, gangrenous** (dry) (moist) (skin) (ulcer) *(see also Necrosis)* R02
  - appendix K35.8
  - with
    - peritoneal abscess K35.3
    - peritonitis (localised) (perforation) (rupture) NEC K35.3
    - generalised K35.2
    - localised K35.3
  - arteriosclerotic (general) (senile) — see *Arteriosclerosis/extremities*

- **Peritonitis** (adhesive) (fibrinous) (with effusion) K65.9
  - with or following
    - abscess K65.0
    - appendicitis (localised) (perforation) (rupture) NEC K35.3
    - generalised K35.2
  - diaphragmatic K65.0
  - diffuse NEC *(see also Peritonitis/generalised)* K65.0
  - diphtheritic A36.8† K67.8*
  - disseminated NEC *(see also Peritonitis/generalised)* K65.0
  - due to foreign substance accidentally left during a procedure (chemical) (powder) (talc) T81.6
    - generalised(ised) K65.0
    - with or following appendicitis (acute) (perforation) (rupture) NEC K35.2
    - gonococcal A54.8† K67.1*
    - pelvis A54.2
    - female pelvic inflammatory disease A54.2† N74.3*
    - localised K65.0
    - with or following appendicitis (acute) (perforation) (rupture) NEC K35.3
    - meconium (newborn) P78.0

### TABULAR LIST OF DISEASES

<table>
<thead>
<tr>
<th>K35</th>
<th>Acute appendicitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>K35.3</td>
<td>Acute appendicitis with localised peritonitis</td>
</tr>
</tbody>
</table>
|     | Acute appendicitis with:
|     | • peritoneal abscess
|     | • peritonitis (rupture) (perforation):
|     | • localised
|     | • NOS
|     | • localised peritonitis (rupture) (perforation) peritoneal abscess |
11.2. **Alveolar (process) cleft**

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>K08</th>
<th>Other disorders of teeth and supporting structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>K08.8</td>
<td>Other specified disorders of teeth and supporting structures</td>
</tr>
<tr>
<td></td>
<td>Alveolar (process) cleft</td>
</tr>
<tr>
<td></td>
<td>Enlargement of alveolar ridge NOS</td>
</tr>
<tr>
<td></td>
<td>Irregular alveolar process</td>
</tr>
<tr>
<td></td>
<td>Toothache NOS</td>
</tr>
</tbody>
</table>

*Excludes:* congenital cleft of gum (Q38.61)

11.3. **Apocrine metaplasia (Indexing)**

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

| Metaplasia |
| - apocrine (breast) R87.-N60.8 |
| - cervix (squamous) R87.- |

11.4. **Aspiration of peritonsillar abscess**

Advice was published in *Coding Q&A*, December 2011, *Aspiration of peritonsillar abscess*, regarding the correct code for this intervention. The ACHI Tabular List and Alphabetic Index have been amended for Eighth Edition to support this advice.

**ALPHABETIC INDEX OF INTERVENTIONS**

| Aspiration |
| - abscess |
| - Bartholin’s gland 35520-00 [1290] |
| - pelvic cavity 30224-01 [987] |
| - peritonsillar 41807-00 [409] |
| - retroperitoneal 30224-02 [987] |

**TABULAR LIST OF INTERVENTIONS**

| 409 | Incision procedures on tonsils or adenoids |
| 41807-00 | Incision and drainage of peritonsillar abscess |

*Includes:* aspiration of peritonsillar abscess
11.5. Balloon dilation for stricture of oesophagus (Indexing)

A public submission highlighted an indexing issue regarding balloon dilation for stricture of oesophagus. Consequently the following amendment were made to ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

Dilation
- biliary tract NEC
  - endoscopic (for stricture) 30494-00 [971]
  - with stenting 30491-00 [958]
- stricture
  - anastomotic (endoscopic)
    - colorectal 32094-00 [917]
    - oesophagus 41819-00 [862]
      - by laser 30479-00 [856]
      - with insertion of prosthesis 30490-00 [853]
      - balloon (using interventional imaging techniques) 41832-00 [862]
        - pneumatic 41831-00 [862]
      - nonendoscopic 41828-00 [862]
      - pneumatic 41831-00 [862]
- oesophagus
  - endoscopic 41819-00 [862]
  - by laser 30479-00 [856]
  - with insertion of prosthesis 30490-00 [853]
  - balloon (using interventional imaging techniques) 41832-00 [862]
  - pneumatic 41831-00 [862]

ERCP (endoscopic retrograde cholangiopancreatography) (with biopsy) (with brushings) 30484-00 [957]
- with dilation
  - biliary tract 30494-00 [971]
  - pancreatic duct 30491-02 [975]
- excision of lesion (tumour)

11.6. Bile reflux

A previously published coding query highlighted the need for clarification of the code assignment for ‘bile reflux’. Following clinical advice, review of the ICD-11 (Beta draft) and other international classification systems, ICD-10-AM was updated for Eighth Edition to specify the classification of bile reflux.

**ALPHABETIC INDEX OF DISEASES**

Gastritis (simple) K29.70
- atrophic K29.40
  - with haemorrhage K29.41
  - bile, biliary (reflux) K29.60
  - with haemorrhage K29.61
- chronic (antral) (fundal) K29.50

**TABULAR LIST OF DISEASES**

**Gastritis and duodenitis**

The following fifth character subdivisions are for use with subcategories K29.2–K29.9:
- 0 without mention of haemorrhage
- 1 with haemorrhage

**Other gastritis**

Erosion (acute) of stomach
Gastritis due to bile reflux
Giant hypertrophic gastritis
Granulomatous gastritis
Ménétrier’s disease

Bile reflux - bile, biliary (gastritis) K29.60
- with haemorrhage K29.61
- gastro-oesophageal K21.9
11.7. Bulking injections for faecal incontinence

Advice was published in Coding Q&A, October 2010, PTQ Injections, regarding the correct code for bulking injections performed for faecal incontinence, a new minimally invasive, treatment involving the injection of a liquid material (PTQ® Implant also known as Bioplastique) into the anal sphincter. When injected into the sphincter muscle it becomes solid and by its bulk improves sphincter function.

Amendments have been incorporated into ACHI for Eighth Edition to support this advice.

**ALPHABETIC INDEX OF INTERVENTIONS**

Administration (around) (of) — see also Injection
- agent (to)
  - for dental procedure 97927-00 [485]
  - anal fissure 90344-01 [929]
  - sphincter, for faecal incontinence (bulking) 90344-01 [929]

Injection (around) (into) (of) — see also Administration
- agent (to)
  - anal
    - fissure 90344-01 [929]
    - sphincter, for faecal incontinence (bulking) 90344-01 [929]
  - arrest haemorrhage via surgical peripheral catheterisation — see Embolisation/blood vessel, transcatheter/by site

**TABULAR LIST OF INTERVENTIONS**

929 Application, insertion or removal procedures on rectum or anus

90344-01 Administration of other therapeutic agent to anorectal region
  Administration of botulinum toxin into anal fissure
  Injection of agent into anal sphincter for faecal incontinence

11.8. Dental caries with pulp exposure

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Caries
- dental K02.9
  - with pulp exposure K02.5
  - dentin (acute) (chronic) K02.1
  - tooth, teeth K02.9
  - tuberculous A18.0† M90.0-*
  - vertebral (column) (tuberculous) A18.0† M49.0-*

Carnious teeth K02.9
- with pulp exposure K02.5

Decay
- dental K02.9
  - with pulp exposure K02.5
  - senile R54
  - tooth, teeth K02.9
  - with pulp exposure K02.5

Deciduitis (acute), affecting fetus or newborn P00.8

Deciduitis (chronic), affecting fetus or newborn P00.8
TABULAR LIST OF DISEASES

- K02 Dental caries
- K02.5 Caries with pulp exposure

11.9. Dental services

The Australian Schedule of Dental Services and Glossary, Ninth Edition, was released by the Australian Dental Association (ADA) in 2009. This update was reviewed for inclusion into ACHI and amendments have been made to Chapter 6 Dental services of ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

- Analysis
  - periodontal, clinical, with recording 97221-00 [456]
  - tomographic, dental 97083-00 [452]

- Anastomosis

- Application
  - cariostatic agent, topical (dental) 97121-02 [454]
  - cast (fibreglass) (plaster) (plastic) 96092-00 [1870]
  - crown — see Crown/dental

- Bonding
  - orthodontic attachment
    - for application of orthodontic force 97862-00 [482]
    - tooth fragment 97579-01 [469]
    - veneer, to surface of tooth, direct (adhesive tooth-coloured material) 97582-01 [469]

- Care
  - postoperative
    - dental NEC 97986-00 [490]

- Cariescreen 97047-01 [452]

- Carlson-Jampolsky procedure (muscle transplant for strabismus) 42848-00 [216]

- Crown, dental
  - full — see also Restoration/tooth
    - acrylic resin, indirect 97611-01 [470]
    - metallic 97576-00 [469]
    - post and root cap, indirect 97629-00 [470]

- Densitometry
  - bone
    - dual energy x-ray absorptiometry of 12306-00 [1984]
    - quantitative computerised tomography of 12309-00 [1964]

- Dentobuff 97047-01 [452]

- Dentocult 97047-01 [452]

- Denture

- Dental services

The Australian Schedule of Dental Services and Glossary, Ninth Edition, was released by the Australian Dental Association (ADA) in 2009. This update was reviewed for inclusion into ACHI and amendments have been made to Chapter 6 Dental services of ACHI for Eighth Edition.

- Fitting
  - customised blocks for radiotherapy procedure
    - with construction 90765-03 [1797]
  - dental implant abutment (crown) 97661-00 [473]
    - provisional 97662-00 [473]
    - denture
      - prosthesis
        - acrylic, dental, with metal frame attached to implants 97666-00 [473]
        - dental
          - implant abutment (crown) 97661-00 [473]
          - - - provisional 97662-00 [473]
          - - - limb 96092-00 [1870]

- Grant (repair)
  - alveolar osseous, per implant 97234-00 [456]
    - for repair of cleft 52337-00 [1690]
    - block 97244-00 [456]
    - anophthalmic socket (skin) 42524-00 [164]
    - bone 48239-00 [1569]

- Insertion
  - defibrillator, cardiac
    - electrode — see Insertion/electrode(s) lead(s)/cardiac
      - patch (epicardial) (myocardial) 38390-00 [649]
    - dental pin (for retention) 97575-00 [469]
      - pin (for retention) 97575-00 [469]
      - provisional implant 97689-00 [473]
    - device — see also Insertion/by type of device
      - prosthesis, prosthetic device
      - wired-in conformer (anophthalmic socket) 42521-00 [164]
- provisional implant, dental 97689-00 [473]
- pseudophakos — see Insertion/lens, artificial

Perimetry
- (manual) (unilateral) 96040-00 [1832]
- computerised (quantitative) (unilateral) 11224-00 [1832]
- bilateral 11221-00 [1832]

Periogard 97048-01 [452]
Perioscan 97048-01 [452]
Peritomy

Planing
- tooth root
  - with
    - - > 8 teeth 97233-01 [456]
    - - graft, per implant 97234-00 [456]
    - - - block 97244-00 [456]
    - - - curettage, subgingival, per segment of (≤ 8 teeth) 97222-00 [456]

Procedure
- dental
  - - alveolar osseous (≤ 8 teeth) 97233-00 [456]
  - - - > 8 teeth 97233-01 [456]
  - - - graft, per implant 97234-00 [456]
  - - - for alveolar cleft 52337-00 [1690]
  - - - - block 97244-00 [456]
  - - desensitising 97165-01 [455]

Provision
- appliance
  - - dental
    - - - diagnostic template 97678-00 [473]
    - - - for surgical implant guide 97679-00 [473]
    - - - guide, for immediate denture (surgical) 97779-01 [477]
    - - - minor tooth guidance, fixed 97846-01 [480]
    - - - passive, fixed 97845-00 [480]
    - - oral, for snoring and obstructive sleep apnoea (bi-maxillary) (single arch) 97985-00 [490]
    - - orthodontic — see also Attachment/appliance/orthodontic

- backing, metal, for denture tooth 97739-00 [474]
- dental
  - - diagnostic template 97678-00 [473]
  - - for surgical implant guide 97679-00 [473]

- denture

Removal — see also Excision
- implant
  - - abdominal wall (mesh) 90952-00 [987]
  - - dental 97663-00 [473]
  - - for cleaning (with reattachment) 97669-00 [473]
  - - - abutment screw (fixture) (with replacement) 97668-00 [473]
  - - eye — see also Removal/implant/orbital

- prosthesis, prosthetic device
  - - for gastroschisis 43867-01 [1003]

- dental 97663-00 [473]
  - - for cleaning (with reattachment) 97669-00 [473]
  - - - abutment screw (fixture) (with replacement) 97668-00 [473]
  - - duodenal, endoscopic (metal) (plastic) (Wallstent) 92069-02 [892]

Replacement
- defibrillator, generator (automatic) (cardioverter) 38393-01 [656]
- dental
  - - - abutment screw (fixture) (with removal) 97668-00 [473]
  - - - implant abutment 97661-00 [473]
  - - denture

Restoration
- tooth (using) 97511-01 [465]
- - adhesive technique (tooth-coloured material) ...
  - - coronal (full)
  - - with metallic crown (stainless steel) crown
    97576-00 [469]
  - - metallic — see Restoration/tooth/metallic

Sampling
- for dental pathology testing
  - - activity kit screening test (for)
  - - - caries 97047-0097047-01 [452]
  - - - periodontal disease 97048-0097048-01 [452]
  - - - bacteriological 97048-01 [452]
  - - blood 97055-00 [452]
  - - - caries susceptibility test 97048-0197048-01 [452]
  - - - noninvasive collection of sample 97044-00 [452]
  - - saliva 97047-01 [452]
  - - - adren al vein 13839-02 [1858]

Screening
- bacteriological, dental 97048-01 [452]
- risk NEC 96037-00 [1824]
- saliva, dental 97047-01 [452]

Scrotectomy

Test, testing (for) NEC (see also Investigation) 92204-00 [1866]
- screening, dental
  - - bacteriological 97048-01 [452]
  - - risk NEC 96037-00 [1824]
- saliva, dental 97047-01 [452]

TABULAR LIST OF INTERVENTIONS

CONVENTIONS USED IN THE TABULAR LIST OF INTERVENTIONS

FORMAT
• Dental services

This chapter is based on ‘The Australian Schedule of Dental Services and Glossary, 98th Edition’ published by the Australian Dental Association (ADA) Incorporated. Copies of this publication can be obtained from the ADA, PO Box 520, St Leonards NSW 1590 Australia. The Dental Services chapter is structured on a service basis, for example, diagnostic services, preventative services, periodontics, oral surgery, etc. Secondary axes, in most instances, relate to procedure type. The MBS also contains dental items based on the ADA’s item numbers. The MBS dental items are not utilised in ACHI but are listed in ACHI Tabular List Appendix C Mapping table for MBS dental items.

LIST OF ACHI BLOCK NUMBERS

<table>
<thead>
<tr>
<th>Block No</th>
<th>Block Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>454</td>
<td>Topical application of remineralisation and/or cariostatic agent</td>
</tr>
</tbody>
</table>

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, 8th 9th Edition'.

**452** Other dental diagnostic services

- 97046-00 Periodontal disease screening test
- 97047-00 Caries activity screening test
  - *Includes:* collection of saliva sample
- 97047-01 Saliva screening test
- 97048-00 Caries susceptibility test
- 97048-01 Bacteriological screening test
- 97083-00 Tomographic analysis

**454** Topical application of remineralisation and/or cariostatic agent

Topical fluoride application

*Code also when performed:*
- removal of plaque (97111-00 [453])

- 97121-02 Topical application of cariostatic agent, 1 treatment
  - *Includes:* activation of agent by laser or other intense light and heat sources

- 97123-02 Application of concentrated cariostatic agent, per tooth

**456** Periodontic interventions

- 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 (97234-00 [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 (97234-00 [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
- removal of calculus
- repair (of alveolar bone)
- replacement (of alveolar bone)

**Excludes:**
- particulate bone, synthetic substitute or other matrix used for graft (97234-00 [456])

97244-00 Alveolar osseous graft, block

Block of bone used for augmentation of a bony ridge

**Includes:**
- insertion of screws or similar devices

**Excludes:**
- particulate bone, synthetic substitute or other matrix used for graft (97234-00 [456])

### Other restorative dental service

97576-00 Stainless steel/Metallic crown
Coronal restoration using stainless steel crown

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

### Implant prosthesis

97661-00 Fitting of implant abutment, per abutment
Fitting of final implant abutment or replacement of an existing abutment

**Excludes:** fitting of provisional implant crown abutment (97662-00 [473])

97662-00 Fitting of provisional implant crown abutment, per abutment
Fitting of provisional implant crown abutment

**Excludes:**
- fitting of final implant abutment (97661-00 [473])

97668-00 Removal and replacement of fixture or abutment screw

97678-00 Provision of diagnostic template
Template incorporating radio-opaque markers as reference marks for preferred implant and restoration placement

**Excludes:**
- template used as a surgical implant guide (97679-00 [473])

97679-00 Provision of surgical implant guide
Provision of an appliance which indicates the ideal location and angulation for insertion of implants

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

### Miscellaneous dental services

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

**Includes:**
- bi-maxillary oral appliance
- single arch oral appliance
APPENDIX B

<table>
<thead>
<tr>
<th>ACHI Code</th>
<th>Block No</th>
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<tbody>
<tr>
<td>97044-00</td>
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<td>454</td>
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<td>97131-00</td>
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</table>

11.10. Destruction, lesion, oesophagus

The MBS updates of 2009 and 2010 were reviewed for inclusion in ACHI. A review of MBS item number 30479 highlighted inconsistencies in the inclusion terms at codes 30479-00 [856] Endoscopic laser therapy to oesophagus, 30479-01 [931] Endoscopic laser therapy to rectum and 30479-02 [908] Endoscopic laser therapy to large intestine. This has been amended in the Tabular List, and additional entries have been added to the Alphabetic Index of ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Destruction
- lesion (tumour)
  - - nose, by endoscopic laser 52035-00 [419]
  - - oesophagus, by endoscopic
    - - - Argon plasma coagulation 30478-19 [856]
    - - - diathermy 30478-11 [856]
    - - - heater probe coagulation 30478-12 [856]
    - - - laser 30479-00 [856]
    - - oral cavity, by endoscopic laser 52035-00 [419]

TABULAR LIST OF INTERVENTIONS

856  Destruction procedures on oesophagus

30479-00 Endoscopic laser therapy to oesophagus
Endoscopic laser therapy for oesophageal:
  - benign vascular lesions
  - dilation
  - neoplasia
  - stricture
11.11. Drainage haematoma retroperitoneal (Indexing)

An inconsistency was identified between the ACHI Alphabetic Index and Tabular List regarding retroperitoneal drainage. This has been amended for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Drainage</th>
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</tr>
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<tbody>
<tr>
<td>- cyst</td>
<td>- urachal 90952-00 [987]</td>
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</tr>
<tr>
<td>- abdominal organ NEC — see also</td>
<td></td>
<td></td>
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<tr>
<td>Drainage/cyst/intra-abdominal</td>
<td>- haematoma</td>
<td></td>
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<tr>
<td>- renal 36537-01 [1045]</td>
<td>- - retroperitoneal (open) 30402-00 [987]</td>
<td></td>
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<tr>
<td>- - retroperitoneal (open) 30402-00 [987]</td>
<td>- - percutaneous 30224-02 [987]</td>
<td></td>
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<tr>
<td>- - percutaneous 30224-02 [987]</td>
<td>- - skin (subcutaneous tissue) 30223-00 [1606]</td>
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**TABULAR LIST OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>987</td>
<td>Other incision procedures on abdomen, peritoneum or omentum</td>
</tr>
<tr>
<td>30224-02</td>
<td>Percutaneous drainage of retroperitoneal abscess, haematoma or cyst</td>
</tr>
<tr>
<td>30394-00</td>
<td>Drainage of intra-abdominal abscess, haematoma or cyst</td>
</tr>
</tbody>
</table>

**Includes:**
- appendiceal |
- iliac fossa |
- intraperitoneal |
- pelvic |
- abscess, haematoma or cyst |
- 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:
  - 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])

30402-00 Drainage of retroperitoneal abscess, haematoma or cyst

**Drainage of abscess:**
- extraperitoneal
- paravertebral

**Excludes:**
- percutaneous drainage of retroperitoneal abscess, haematoma or cyst (30224-02 [987])
11.12. **Endoluminal fundoplication (ELF)**

A public submission requested the introduction of a new ACHI code for *Endoluminal fundoplication*.

Endoluminal fundoplication (ELF) using the EsophyX™ device is a minimally invasive procedure for the treatment of gastro-oesophageal reflux disease (GORD) by reconstructing the gastro-oesophageal valve. The device facilitates the creation of the valve by drawing gastric tissue from the fundus between the body of the device and the tissue mould used to shape each portion of the gastro-oesophageal valve at the gastrooesophageal junction, resulting in the effective elimination of GORD. ELF is also effective in reducing hiatal hernia.

A new code for ELF was created in ACHI for Eighth Edition.

### ALPHABETIC INDEX OF INTERVENTIONS

<table>
<thead>
<tr>
<th>Elevation</th>
<th>Fundoplasty</th>
</tr>
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<tbody>
<tr>
<td>…</td>
<td>- abdominal approach (Nissen's fundoplication) 30527-02 [886]</td>
</tr>
<tr>
<td>- with</td>
<td>- - with closure of diaphragmatic hiatus 30527-03 [886]</td>
</tr>
<tr>
<td>- - -</td>
<td>- - - - and oesophagogastric myotomy 30533-01 [864]</td>
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<td>- - - -</td>
<td>- - - oesophagoplasty 30529-00 [886]</td>
</tr>
<tr>
<td>- - oesophago (Nissen's fundoplication) 30527-00 [886]</td>
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<tr>
<td>…</td>
<td>- revision 31466-00 [886]</td>
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<td>…</td>
<td>- transoral approach 30527-06 [886]</td>
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<tr>
<td>…</td>
<td>- transsthoracic approach 30527-04 [886]</td>
</tr>
</tbody>
</table>

### TABULAR LIST OF INTERVENTIONS

Refer section 11.32 Procedures for obesity (page 194) for additional changes to the Excludes note at block [998] Repair of diaphragmatic hernia

<table>
<thead>
<tr>
<th>886</th>
<th>Fundoplasty</th>
</tr>
</thead>
<tbody>
<tr>
<td>30527-06</td>
<td>Fundoplasty, transoral approach</td>
</tr>
<tr>
<td>Endoluminal fundoplication (ELF)</td>
<td></td>
</tr>
</tbody>
</table>

*Includes:* repair of diaphragmatic hiatus (hiatal hernia)

<table>
<thead>
<tr>
<th>998</th>
<th>Repair of diaphragmatic hernia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repair of:</td>
<td></td>
</tr>
<tr>
<td>• hiatus hernia</td>
<td></td>
</tr>
<tr>
<td>• oesophageal hiatus</td>
<td></td>
</tr>
</tbody>
</table>

*Excludes:* repair of diaphragmatic hernia with fundoplastic (30527-01, 30527-03, 30527-05, 30527-06 [886])

11.13. **Endoscopic administration of agent (Indexing)**

An inconsistency was highlighted regarding the indexing of endoscopic administration of agent. Amendments have been made to the Alphabetic Index of ACHI for Eighth Edition.
**ALPHABETIC INDEX OF INTERVENTIONS**

Duodenoscopy (double balloon) 30473-00 [1005]
- with
  - - administration (of) of tattooing agent 30473-07 [1005]
  - - - agent (sclerosing)
  - - - lesion (varices) 30478-07 [870]
  - - - tattooing 30473-07 [1005]
- - biopsy 30473-01 [1008]
  - - excision
  - - lesion 30478-04 [1008]
  - - polyp 30478-04 [1008]
  - - injection to lesion (varices) 30478-07 [870]
  - - insertion of jejunal tube 30478-05 [892]
  - - resection of mucosa of stomach 90297-01 [880]
  - via
    - - artificial stoma (with biopsy) 32095-00 [891]
    - - intraoperative enterotomy 30568-00 [893]
    - - laparotomy (with biopsy) 30569-00 [894]
  - - excision of lesion (polyp) 30478-04 [1008]
  - - removal of foreign body 30478-00 [1006]

Gastroscopy 30473-00 [1005]
- with
  - - administration (of) of tattooing agent 30473-07 [1005]
  - - agent (sclerosing)
  - - - lesion (varices) 30478-07 [870]
  - - - tattooing 30473-07 [1005]
  - - banding of gastric varices 30476-03 [874]
  - - heater probe coagulation 30478-02 [1007]
  - - injection to lesion (varices) 30478-07 [870]
  - - laser coagulation 30478-03 [1007]

Panendoscopy (double balloon) (to duodenum) 30473-00 [1005]
- with
  - - administration (of) of tattooing agent 30473-07 [1005]
  - - agent (sclerosing)
  - - - lesion (varices) 30478-07 [870]
  - - - tattooing 30473-07 [1005]
  - - biopsy (Campylobacter like organism test) (urease test) 30473-01 [1008]
  - - excision of lesion (polyp) 30478-04 [1008]
  - - injection to lesion (varices) 30478-07 [870]
  - - removal of foreign body 30478-00 [1006]

**11.14. Exploratory laparotomy**

An inconsistency was highlighted in the ACHI Alphabetic Index under the lead term ‘thoracotomy’. Consequently amendments were made to ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

Laparotomy
- exploratory (with biopsy) 30373-00 [985]
  - - performed with any other open intra-abdominal procedure — omit code
  - - grading — see Laparotomy/staging, for malignancy

Thoracotomy
- as operative approach — omit code
- with
  - - exploratory (with biopsy) 38418-00 [561]
  - - performed with any other open thoracic procedure on respiratory system — omit code
  - - reopening of site, postoperative

**TABULAR LIST OF INTERVENTIONS**

561 Incision procedures on chest wall, mediastinum or diaphragm

38418-00 Exploratory thoracotomy
  Closure of fistula of thoracic duct
  Ligation of thoracic duct
  Median sternotomy

  *Includes:*
  - biopsy of:
    * chest wall
    * diaphragm
    * mediastinum

  *Excludes:*
  - open biopsy of:
    * lung (38418-02 [550])
• mediastinum, via:
  • cervical route (38448-00 [561])
  • mediastinotomy (30320-00 [561])
  • pleura (38418-01 [550])
that, as operative approach – omit code
  • as operative approach – omit code
  • performed with any other open thoracic procedure – omit code

985  Laparotomy
30373-00  Exploratory laparotomy

Includes: biopsy

Excludes: that exploration incidental to intra-abdominal surgery – omit code
  • as operative approach – omit code
  • performed with any other open intra-abdominal procedure – omit code

11.15. Functional dyspepsia

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

<table>
<thead>
<tr>
<th>Dyspepsia R10.1(allergic) (congenital) (functional) (gastrointestinal) (occupational) (reflex) K30</th>
</tr>
</thead>
<tbody>
<tr>
<td>- atonic K30</td>
</tr>
<tr>
<td>- functional (allergic) (congenital) (gastrointestinal) (occupational) (reflex) K30</td>
</tr>
<tr>
<td>- nervous F45.32</td>
</tr>
</tbody>
</table>

TABULAR LIST OF DISEASES

LIST OF THREE-CHARACTER CATEGORIES

CHAPTER 11

DISEASES OF THE DIGESTIVE SYSTEM (K00–K93)

Diseases of oesophagus, stomach and duodenum (K20–K31)

....

K30  Functional Dyspepsia

K30  Functional Dyspepsia

Indigestion

Excludes: dyspepsia:
  • nervous (F45.32)
  • neurotic (F45.32)
  • psychogenic (F45.32)
  • heartburn (R12)

R10  Abdominal and pelvic pain

R10.1  Pain localised to upper abdomen

Dyspepsia NOS

Epigastric pain

Excludes: functional dyspepsia (K30)
Heartburn

Excludes: dyspepsia;
- functional (K30)
- NOS (R10.1)

AUSTRALIAN CODING STANDARDS

1122 HELICOBACTER PYLORI

EXAMPLE 2:
Patient admitted for gastroscopy following one month of indigestion dyspepsia. No abnormality detected on gastroscopy, Helicobacter pylori detected on CLO test.

Codes: K30 Functional Dyspepsia
30473-01 [1008] Panendoscopy to duodenum with biopsy

In this case, because there is no documented association between the H. pylori infection and the dyspepsia, B96.81 is not assigned.

11.16. Gastroenteritis and colitis, drug induced or due to Clostridium difficile (Indexing)

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Colitis (acute) (catarrhal) (haemorrhagic) (see also Enteritis) A09.9
- chronic (see also Colitis/ulcerative) K52.9
- Clostridium difficile A04.7
- coccidial A07.3
...
- dietetic K52.2
- drug-induced K52.1
- due to
  - Clostridium difficile A04.7
  - drugs K52.1
  - radiation K52.0
- food hypersensitivity K52.2
...
- infectious (see also Enteritis/infectious) A09.0
  - due to Clostridium difficile A04.7
  - ischaemic K55.9
...
- spastic K58.9
  - with diarrhoea K58.0
  - toxic NEC K52.1
  - due to Clostridium difficile A04.7
  - trichomonal A07.6

Diarrhoea, diarrhoeal (disease) (infantile) (summer) A09.9
- dietetic K52.2
- drug-induced K52.1
- due to
  - bacteria A04.9
  - Cryptosporidium A07.2
  - drugs K52.1
  - Escherichia coli A04.4
...
- strongyloidiasis B78.0
- toxic NEC K52.1
- due to Clostridium difficile A04.7
- trichomonal A07.8

Enteritis (diarrhoeal) (haemorrhagic) A09.9
- dietetic K52.2
- drug-induced K52.1
- due to
  - Clostridium difficile A04.7
  - drugs K52.1
  - food hypersensitivity K52.2
...
- infectious NEC A09.0
- due to
  - adenovirus A08.2
...
- Campylobacter A04.5
- Clostridium
  - difficile A04.7
  - perfringens A04.8
- Enterobacter aerogenes A04.8
...
- staphylococcal A04.8
- toxic NEC K52.1
- due to Clostridium difficile A04.7
- trichomonal A07.8

**Gastroenteritis** (acute) *(see also Enteritis)* A09.9
- dietetic K52.2
- drug-induced K52.1
- due to
  - Cryptosporidium A07.2
  - drugs K52.1
  - food poisoning *(see also Intoxication/food-borne)* A05.9

**T**
- septic A09.0
- toxic NEC K52.1
- due to Clostridium difficile A04.7
- viral A08.4

**Megacolon** *(acquired) (functional) (in) (not Hirschsprung’s disease)* K59.3
- Hirschsprung’s (disease) *(see also Hirschsprung’s disease or megacolon) Q43.10
- toxic NEC K59.3
- due to Clostridium difficile A04.7

**Megacystitis-megaureter syndrome** Q64.77

---

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>K52</th>
<th>Other noninfective gastroenteritis and colitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1120</td>
<td>Drug-induced gastroenteritis and colitis</td>
</tr>
</tbody>
</table>

**K52.1** Toxic gastroenteritis and colitis

*Use additional external cause code (Chapter 20) to identify drug or toxic agent.*

**K59** Other functional intestinal disorders

**K59.3** Megacolon, not elsewhere classified

- Dilatation of colon
- Toxic megacolon

*Use additional external cause code (Chapter 20) to identify toxic agent.*

**Excludes:** megacolon *(due to) (in):
- Chagas’ disease (B57.3)
- *Clostridium difficile* (A04.7)
- congenital (aganglionic) (Q43.10)
- Hirschsprung’s disease (Q43.10)

---

**11.17. Haemorrhoids**

In 2010, the URC of WHO-FIC approved a number of changes to the ICD-10 Tabular List and Alphabetical Index for haemorrhoids. These changes reflect that haemorrhoids are more appropriately classified to Chapter 11 *Diseases of the digestive system*. Additionally, clinical terminology has been updated and haemorrhoids have been classified by degrees. These amendments have been incorporated into ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Refer section 17.3 *Ear tag (Indexing) (page 262)* for further changes under lead term *Tag*.

**Bleeding** *(see also Haemorrhage)* R58
- gastrointestinal NEC K92.2
- haemorrhoids NEC I84.8 — *see Haemorrhoids*
- intermenstrual (regular) N92.3

**Haematoma** *(skin surface intact) (traumatic) (see also Contusion)* T14.08
- penis (nontraumatic) N48.8
- birth trauma P15.5

- traumatic S30.2
- perianal (nontraumatic) K64.5 I84.3
- perineal S30.2

**Haemorrhoids** *(bleeding) (external) (internal) (without mention of degree)* K64.5 I84.3
- 1st degree (grade/stage I) (without prolapse) K64.0
- 2nd degree (grade/stage II) (with prolapse but retracts spontaneously) K64.1
- 3rd degree (grade/stage III) (with prolapse and requires manual repositioning or reduction) K64.2
- 4th degree (grade stage IV) (with prolapse and cannot be manually repositioned or reduced) K64.3
- bleeding, prolapsed, strangulated or ulcerated NEC I84.8
- complicating
  - - pregnancy O22.4
  - - puerperium O87.2
- external I84.5
  - bleeding, prolapsed, strangulated or ulcerated I84.4
  - thrombosed I84.3
- internal I84.2
  - bleeding, prolapsed, strangulated or ulcerated I84.3
  - thrombosed I84.0
- specified NEC K64.8
- strangulated (see also Haemorrhoids/by degree) K64.8
- thrombosed NEC I84.7 (see also Haemorrhoids/by degree) K64.8
- ulcerated (see also Haemorrhoids/by degree) K64.8

Haemosalpinx N83.6

Tag (hypertrophied skin) (infected) L91.8
- adenoid J35.8
- anus K64.4 I84.6
  - haemorrhoidal K64.4 I84.6
  - hymen N89.8
  - perineal N90.8
  - preauricular Q17.02
- rectum I84.6
  - skin L91.8

Thrombosis, thrombotic (multiple) (progressive)
(septic) (vein) (vessel) I82.9
- anal K64.5 I84.3
- antepartum O22.9
...
- penis, penile N48.8
- perianal K64.5 I84.3
- peripheral arteries I74.4

Ulcer, ulcerated, ulcerating, ulceration, ulcerative L98.4
- anus (solitary) (sphincter) K62.6
  - varicose (see Varicose/ulcer/anus)
  - aphthous (oral) (recurrent) K12.0
...

- gum K06.8
- haemorrhoid (see also Haemorrhoids/by degree) K64.8
- heel (see also Ulcer/lower limb) L97
...
- rectum (solitary) (sphincter) K62.6
- - stercoraceous, stercoral K62.6
  - varicose (see Varicose/ulcer/anus)
- retina H30.0
...
- varicose (see also Ulcer/venous) I83.0
  - anus (see Varicose/ulcer/anus)
  - - nasal septum I86.8
  - - oesophagus I85.9
  - - bleeding I85.0
  - - rectum (see Varicose/ulcer/anus)
  - - scrotum I86.1

Varicose
- ulcer (lower limb, any part) (venous) I83.0
  - anus I84.8
  - - external I84.4
  - - internal I84.1
  - - inflamed or infected I83.2
  - - nasal septum I86.8
  - - oesophagus I85.9
  - - bleeding I85.0
  - - rectum (see Varicose/ulcer/anus)
  - - scrotum I86.1
- specified site NEC I86.8
- vein (lower limb) (ruptured) I83.9
  - anus I86.8 (see Haemorrhoids)
  - - congenital (peripheral) Q27.8
...
  - puerperium (genital) (lower limb) O87.8
  - - anus or rectum O87.2
  - - rectum I86.8 (see Haemorrhoids/rectal)
  - - scrotum (ulcerated) I86.1

Varix (lower limb) (ruptured) I83.9
  - aneurysm I77.0
  - anus I86.8 (see Haemorrhoids)
  - bladder I86.2
...
  - puerperium O87.8
  - - genital (vagina, vulva, perineum) O87.8
  - - rectum I86.8 (see Haemorrhoids/rectal)
  - - renal papilla I86.8

Tabular List of Diseases

List of Three-Character Categories

Chapter 9
Diseases of the circulatory system (I00–I99)
Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified (I80–I89)
I83 Varicose veins of lower extremities
I84 Haemorrhoids
I85 Oesophageal varices

Chapter 11
Diseases of the digestive system (K00–K93)
Other diseases of intestines (K55–K643)
K62 Other diseases of anus and rectum
K63 Other diseases of intestine
K64 Haemorrhoids and perianal venous thrombosis

CHAPTER 15
PREGNANCY, CHILDBIRTH AND THE Puerperium (O00–O99)
Other maternal disorders predominantly related to pregnancy (O20–O29)
O21 Excessive vomiting in pregnancy
O22 Venous complications and haemorrhoids in pregnancy
O23 Infections of genitourinary tract in pregnancy

Complications predominantly related to the puerperium (O85–O92)
O85 Puerperal sepsis
O86 Other puerperal infections
O87 Venous complications and haemorrhoids in the puerperium
O88 Obstetric embolism

I84 Haemorrhoids
▼ I84.0 Internal thrombosed haemorrhoids
I84.1 Internal haemorrhoids with other complications
Internal haemorrhoids:
• bleeding
• prolapsed
• strangulated
• ulcerated
I84.2 Internal haemorrhoids without complication
Internal haemorrhoids NOS
I84.3 External thrombosed haemorrhoids
Perianal:
• haematoma (nontraumatic)
• thrombosis
I84.4 External haemorrhoids with other complications
External haemorrhoids:
• bleeding
• prolapsed
• strangulated
• ulcerated
I84.5 External haemorrhoids without complication
External haemorrhoids NOS
I84.6 Residual haemorrhoidal skin tags
Skin tags of anus or rectum
I84.7 Unspecified thrombosed haemorrhoids
Thrombosed haemorrhoids, unspecified whether internal or external
I84.8 Unspecified haemorrhoids with other complications
Haemorrhoids, unspecified whether internal or external:
• bleeding
• prolapsed
• strangulated
• ulcerated
I84.9 Unspecified haemorrhoids without complication
Haemorrhoids NOS

CHAPTER 11
DISEASES OF THE DIGESTIVE SYSTEM
(K00–K93)
This chapter contains the following blocks:
...
K50–K52 Noninfective enteritis and colitis
K55–K64 Other diseases of intestines
K65–K67 Diseases of peritoneum
...
OTHER DISEASES OF INTESTINES
(K55–K643)

K62 Other diseases of anus and rectum

Includes: anal canal
Excludes: colostomy and enterostomy malfunction (K91.4)
faecal incontinence (R15)
haemorrhoids (K64.-I84.-)
underactive proctitis (K51.2)

K64 Haemorrhoids and perianal venous thrombosis

Includes: piles
Excludes: complicating:
• childbirth and the puerperium (O87.2)
• pregnancy (O22.4)

K64.0 First degree haemorrhoids
Grade/Stage I haemorrhoids (bleeding) (strangulated) (thrombosed) (ulcerated)
Haemorrhoids without prolapse outside of anal canal

K64.1 Second degree haemorrhoids
Grade/Stage II haemorrhoids (bleeding) (strangulated) (thrombosed) (ulcerated)
Haemorrhoids that prolapse on straining but retract spontaneously

K64.2 Third degree haemorrhoids
Grade/Stage III haemorrhoids (bleeding) (strangulated) (thrombosed) (ulcerated)
Haemorrhoids that prolapse on straining and requires manual repositioning/reduction back inside anal canal

K64.3 Fourth degree haemorrhoids
Grade/Stage IV haemorrhoids (bleeding) (strangulated) (thrombosed) (ulcerated)
Haemorrhoids with prolapsed tissue that cannot be manually repositioned/reduced

K64.4 Residual haemorrhoidal skin tags
Skin tags of anus

K64.5 Perianal venous thrombosis
Perianal haematoma

K64.8 Other specified haemorrhoids

K64.9 Haemorrhoids, unspecified
Haemorrhoids (bleeding):
• NOS
• without mention of degree

O22 Venous complications and haemorrhoids in pregnancy

O87 Venous complications and haemorrhoids in the puerperium
Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium

O99.4 Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium

Excludes:
- cardiomyopathy in the puerperium (O90.3)
- hypertensive disorders (O10–O16)
- obstetric embolism (O88.-)
- venous complications and cerebrovenous sinus thrombosis in:
  - labour, childbirth and the puerperium (O87.0–O87.1, O87.3–O87.9)
  - pregnancy (O22.-) (O22.0–O22.3, O22.5–O22.9)

Diseases of the digestive system complicating pregnancy, childbirth and the puerperium

Excludes:
- haemorrhoids in:
  - labour, childbirth and the puerperium (O87.2)
  - pregnancy (O22.4)
- liver disorders in pregnancy, childbirth and the puerperium (O26.6)

APPENDIX B: SPECIAL TABULATION LISTS FOR MORTALITY AND MORBIDITY

TABULATION LIST FOR MORBIDITY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>162</td>
<td>Varicose veins of lower extremities</td>
<td>I83</td>
</tr>
<tr>
<td>163</td>
<td>Haemorrhoids</td>
<td>K64184</td>
</tr>
<tr>
<td>164</td>
<td>Other diseases of the circulatory system</td>
<td>I85–I99</td>
</tr>
</tbody>
</table>

ALPHABETIC INDEX OF INTERVENTIONS

Drainage  
- haematoma
  - abdominal wall 90952-00 [987]
  ...
  - pelvic cavity — see Drainage/haematoma/intra-abdominal
  - perianal 32147-00 [930]
  - perinephric (open) (perirenal) 36537-00 [1045]

Evacuation  
- haematoma
  - abdominal wall 90952-00 [987]
  ...
  - vagina 35572-01 [1280]

Incision
- haemorrhoids (thrombosed) 32138-00 [941]
- lymphotocele 90284-02 [812]

Incision of:
- haematoma — see Drainage/haematoma OR Evacuation/haematoma
- haemorrhoids, thrombosed, external 32147-00 [930]
- hand
  ...
  - perianal (skin) (tissue)
  - abscess 32174-01 [930]
  - haematoma 32147-00 [930]
  - thrombus 32147-00 [930]
  - perineum 90446-00 [1290]

TABULAR LIST OF INTERVENTIONS

930 Incision procedures on rectum or anus

32147-00 Incision of perianal thrombus
  Incision of:
  - external thrombosed haemorrhoids
  - haemorrhoids
    - perianal haematoma

941 Procedures for haemorrhoids

32135-00 Rubber band ligation of haemorrhoids
  Code also when performed:
  - cryosurgery (32135-01 [941])
  - infrared therapy (32135-01 [941])
  - sclerotherapy (32132-00 [941])
32138-00 Haemorrhoidectomy

   Excision of external thrombosed haemorrhoids

   Includes: excision of anal skin tags

   Excludes: haemorrhoidectomy:
   • laser (32138-01 [941])
   • stapled (32138-02 [941])

AUSTRALIAN CODING STANDARDS

TABLE OF CONTENTS

SPECIALTY STANDARDS

9. Circulatory system

0941 Arterial disease

0942 Banding of haemorrhoids

0942—BANDING OF HAEMORRHIOIDS

Definition

External haemorrhoids are aggregations of congested external perianal vascular plexus covered by perianal skin. External haemorrhoids are more correctly termed 'skin tags' or 'perianal haematomas'. They are acutely sensitive and are covered by anoderm (modified skin).

Internal haemorrhoids are vascular cushions originating from the subepithelial plexus of the anal canal above the dentate line. Internal haemorrhoids are covered by mucosa and are not sensitive.

Surgical treatment of haemorrhoids includes sclerotherapy, destruction (cauterisation, cryotherapy, infrared therapy), excision (haemorrhoidectomy) or rubber band ligation.

Rubber band ligation is a procedure applied to internal haemorrhoids only. A proctoscope is used for visualisation and the haemorrhoid is grasped with forceps, then passed through a banding tool with which it is possible to apply a rubber band. The procedure is never performed on external haemorrhoids, as the banding would be extremely painful.

(Orlay, G (2003), Haemorrhoids – a review, Australian Family Physician, Vol 32, No 7: 523–526.)

Classification

When a banding/ligation of haemorrhoids is performed with no documentation regarding the type of haemorrhoids, assign a diagnosis code for internal haemorrhoids (see Alphabetic Index of Diseases: Haemorrhoids, internal). Assign the procedure code 32135-00 [941] Rubber band ligation of haemorrhoids.

REFERENCES


World Health Organization (1992), The ICD-10 Classification of Mental and Behavioural Disorders – Clinical Descriptions and Diagnostic Guidelines, World Health Organization, Geneva.

11.18. Hepatitis, acute non-viral

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.
ALPHABETIC INDEX OF DISEASES

Hepatitis K75.9
  - acute NEC B17.9
  - with hepatic failure (see also Failure/hepatic) K72.9
    - alcoholic K70.1
    - infectious B15.9
    - with hepatic coma B15.0
    - non-viral K72.0
    - viral NEC B17.9
  - non-viral NEC K75.9
    - acute K72.0
  - postimmunisation (see also Hepatitis/viral/type B) B16.9

TABULAR LIST OF DISEASES

K72 Hepatic failure, not elsewhere classified

Includes: hepatic:
  • coma NOS
  • encephalopathy NOS
hepatitis:
  • acute
    • fulminant NEC, with hepatic failure
    • malignant
  liver (cell) necrosis with hepatic failure
yellow liver atrophy or dystrophy

Excludes: alcoholic hepatic failure (K70.4)
hepatic failure complicating:
  • abortion or ectopic or molar pregnancy (O00–O07, O08.8)
  • pregnancy, childbirth and the puerperium (O26.6)
  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

11.19. Hepatobiliary disease (Indexing)

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Calcus, calculi, calculous
  - hepatic (duct) K80.5-
  - hepatobiliary K80.8-
  - intestinal (impaction) (obstruction) K56.4

Disease, diseased — see also Syndrome
  - hepatic — see Disease/liver
  - hepatobiliary K83.9
    - toxic K71.9
  - herpesviral, disseminated B00.7

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant</th>
<th>Uncertain or unknown behaviour</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>Primary</td>
<td>Secondary</td>
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<tr>
<td>- hepatic</td>
<td>C22.9</td>
<td>C78.7</td>
</tr>
<tr>
<td>- duct (bile)</td>
<td>C24.0</td>
<td>C78.8</td>
</tr>
<tr>
<td>- flexure (colon)</td>
<td>C18.3</td>
<td>C78.5</td>
</tr>
<tr>
<td>- primary</td>
<td>C22.9</td>
<td></td>
</tr>
<tr>
<td>- hepatobiliary</td>
<td>C24.9</td>
<td>C78.8</td>
</tr>
<tr>
<td>- hilus of lung</td>
<td>C34.0</td>
<td>C78.0</td>
</tr>
</tbody>
</table>
11.20. Hernia

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 for the classification of hernia. The changes provided a distinction between secondary hernias (such as incisional hernia, parastomal hernia) and primary hernias; as the mechanism and the optimum management of these two types of hernia can differ in regard to the risks and prognosis, including diverse new surgical techniques and methods of treatment. An incisional hernia is an abdominal wall protrusion formed at the incision line of a previous surgery. A parastomal hernia is a similar complication formed at the site of a stoma formation. These updates were also reviewed and approved by Australian gastroenterologists and the changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

<table>
<thead>
<tr>
<th>Hernia, hernial</th>
<th>K46.9</th>
</tr>
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<tbody>
<tr>
<td>(acquired)</td>
<td></td>
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<tr>
<td>(recurrent)</td>
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<tr>
<td>- double (inguinal) — see Hernia/inguinal/bilateral</td>
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<tr>
<td>- epigastric — see Hernia/ventral K43.9</td>
<td></td>
</tr>
<tr>
<td>- - with</td>
<td></td>
</tr>
<tr>
<td>- - - gangrene (and obstruction) K43.7</td>
<td></td>
</tr>
<tr>
<td>- - - obstruction K43.6</td>
<td></td>
</tr>
<tr>
<td>- external (inguinal) — see Hernia/inguinal</td>
<td></td>
</tr>
<tr>
<td>- Hesselbach's — see Hernia/femoral, by type</td>
<td></td>
</tr>
<tr>
<td>- hiatal (oesophageal) (sliding) K44.9</td>
<td></td>
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<td></td>
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<tr>
<td>- - - gangrene (and obstruction) K44.1</td>
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</tr>
<tr>
<td>- - - obstruction K44.0</td>
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<tr>
<td>- - congenital Q40.1</td>
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<tr>
<td>- hypogastric K43.9</td>
<td></td>
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<td>- - with</td>
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<tr>
<td>- - - gangrene (and obstruction) K43.7</td>
<td></td>
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<tr>
<td>- - - obstruction K43.6</td>
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<td>- incarcerated (see also Hernia/by site/with obstruction) K46.0</td>
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<tr>
<td>- - with gangrene — see Hernia/by site/with gangrene</td>
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<tr>
<td>- incisional — see Hernia/ventral K43.2</td>
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<tr>
<td>- - - gangrene (and obstruction) K43.1</td>
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<tr>
<td>- - - obstruction K43.0</td>
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<td>- indirect (inguinal) — see Hernia/inguinal</td>
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<tr>
<td>- mesenteric (internal) — see Hernia/abdomen</td>
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<td>- midline K43.9</td>
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</tr>
<tr>
<td>- - - gangrene (and obstruction) K43.7</td>
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<tr>
<td>- - - obstruction K43.6</td>
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</tr>
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<td>- muscle (sheath) M62.8-</td>
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</table>
## Ventral hernia

*Includes:* hernia:  
- epigastric  
- hypogastric  
- incisional  
- midline  
- parastomal  
- spigelian  
- subxiphoid

### K43.0 Ventral incisional hernia with obstruction, without gangrene

*Ventral incisional hernia:*
- causing obstruction  
- incarcerated without gangrene  
- irreducible  
- strangulated

*Includes:* that with adhesions

### K43.1 Ventral incisional hernia with gangrene

Gangrenous ventral incisional hernia

### K43.2 Incisional hernia without obstruction or gangrene

Incisional hernia NOS

### K43.3 Parastomal hernia with obstruction, without gangrene

Parastomal hernia:  
- causing obstruction  
- incarcerated without gangrene  
- irreducible  
- strangulated

*Includes:* that with adhesions

### K43.4 Parastomal hernia with gangrene

Gangrenous parastomal hernia

### K43.5 Parastomal hernia without obstruction or gangrene

Parastomal hernia NOS

### K43.6 Other and unspecified ventral hernia with obstruction, without gangrene

Hernia (epigastric) (hypogastric) (midline) (spigelian) (subxiphoid):  
- causing obstruction  
- incarcerated without gangrene  
- irreducible  
- strangulated

*Includes:* that with adhesions

### K43.7 Other and unspecified ventral hernia with gangrene

Hernia:  
- epigastric  
- hypogastric without gangrene  
- midline  
- spigelian  
- subxiphoid

### K43.8 Other and unspecified ventral hernia without obstruction or gangrene

Ventral hernia NOS

### K43.9 Other and unspecified ventral hernia without obstruction or gangrene

Hernia:  
- epigastric  
- hypogastric without obstruction or gangrene  
- midline  
- spigelian  
- subxiphoid
11.21. Ileocolic resection

Advice was published in *Coding Matters*, September 2009 (Vol. 16, No. 2) regarding the classification of ileocolic resection, which highlighted that there was no specific ACHI code for this procedure. Ileocolic resection, also referred to as ileocectomy or ileocaecal resection, involves resection of about 15 to 30 centimetres of the terminal ileum and cecum, with an anastomosis created between the ileum and ascending colon. It is the most frequently performed surgical procedure for the treatment of Crohn’s disease.

Advice was received from the Colorectal Surgical Society of Australia & New Zealand (CSSANZ) in updating the classification, and consequently the following amendments have been made to ACHI for Eighth Edition.

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| Anastomosis | - ileoanal  
  - - with  
  - - - closure of ileostomy (without resection) 30562-01 [899]  
  - - - - with resection (anal mucosa) (rectum) 32060-00 [934]  
  - - - proctocolectomy, total 32051-00 [936]  
  - - - - and formation of temporary ileostomy 32051-01 [936]  
  - ileocaecal — see Anastomosis/ileocolic  
  - ileocolic, ileocolonic 30515-01 [897]  
  - - with resection — see Resection/ileocolic  
  - ileocolonic 30515-01 [897]  
  - ileoanal, with total colectomy 32012-00 [913] |

| Enterocolostomy | 30515-01 [897]  
 - with resection — see Resection/ileocolic |

| Enteroenterostomy | 30515-02 [897] |

| Formation (of) | - duodenostomy 30375-01 [897]  
 - enteroenterostomy (see also Resection/ileocolic) 30515-01 [897]  
 - enteroenterostomy 30515-02 [897] |

**TABULAR LIST OF INTERVENTIONS**

*Refer section 11.23 Laparoscopic colectomy* Laparoscopic colectomy (page 187) for additional changes to block [913] Colectomy.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</table>
| 30515-01 | Enterocolostomy  
 Ileocolonic anastomosis  
 Excludes: that with:  
 - resection (30515-03, 30515-04 [913])  
 - resection with formation of stoma (30515-05, 30515-06 [913]) |

| 30515-02 | Enteroenterostomy  
 Roux-en-Y reconstruction  
 Excludes: duodenoduodenostomy (43807-00 [897])  
 duodenojejunostomy (43807-00 [897])  
 that with partial gastrectomy (30503-02 [876], 30497-02 [877], 30503-05 [878]) |
Colectomy

30515-03  Ileocolic resection with anastomosis
Resection of (terminal) ileum and colon with anastomosis

30515-04  Laparoscopic ileocolic resection with anastomosis
Resection of (terminal) ileum and colon with anastomosis, via laparoscopy

30515-05  Ileocolic resection with formation of stoma
Enterocolostomy with formation of stoma
Resection of (terminal) ileum and colon with formation of stoma

30515-06  Laparoscopic ileocolic resection with formation of stoma
Laparoscopic:
• enterocolostomy with formation of stoma
• resection of (terminal) ileum and colon with formation of stoma

11.22. Insertion, artificial bowel sphincter

The MBS updates of 2009 and 2010 were reviewed for inclusion into ACHI.

Two new item numbers were introduced in March 2009 for insertion, removal and revision of an artificial bowel sphincter for severe faecal incontinence. ACHI Seventh Edition contained several codes for these procedures in block [940] Other repair procedures on rectum and anus which have been revised for ACHI Eighth Edition.

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Refer section 2.5 Chemotherapy wafer insertion (page 25) for further changes under lead term Insertion.

Adjustment
- AICD (automatic implantable cardioverter defibrillator) (see also Test, testing/defibrillator) 90203-06 [656]
- anal sphincter, artificial 90769-0332221-00 [940]
  - artificial sphincter
    - - bowel 90769-0332221-00 [940]
    - - urinary 37390-00 [1124]
  - anal stimulator, electrical 32206-00 [940]
  - rectal sphincter, artificial 90769-0432221-00 [940]
  - seton (for)
    - - anal fistula 32166-01 [929]
    - - sphincter, artificial
  - - urinary 37390-00 [1124]
  - - spinal fixation (instrumentation) 50616-00 [1393]

Insertion
- anal sphincter, artificial 90769-0032220-00 [940]
- anal stimulator, electrical 32206-00 [940]
- artificial sphincter
  - - bowel 90769-0032220-00 [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 90769-0032220-00 [940]
  - - button
  - - receiver (neurostimulator) (radiofrequency) — see Insertion/neurostimulator
  - - rectal sphincter, artificial 90769-0032220-00 [940]
  - - reservoir
  - - sphincter, artificial
    - - bowel 90769-0032220-00 [940]
    - - urinary (see also Insertion/urinary sphincter/artificial) 37387-00 [1113]

Removal — see also Excision
- allograft, skin 90666-00 [1629]
  - - to burn 90666-01 [1629]
  - - anal sphincter, artificial 90769-0232221-01 [940]
  - - with replacement 90769-0432221-00 [940]
  - - artificial sphincter
    - - bowel 90769-0232221-01 [940]
    - - with replacement 90769-0432221-00 [940]
    - - urinary 37390-02 [1113]
  - - brachytherapy applicator (catheters) (needles) 15339-00 [1793]
- rectal sphincter, artificial 90769-0232221-01 [940]
  - with replacement 90769-0432221-00 [940]
  - reservoir

- sphincter, artificial
  - bowel 90769-0232221-01 [940]
  - with replacement 90769-0432221-00 [940]
  - urinary 37390-02 [1113]

- AICD (automatic implantable cardioverter defibrillator) 38393-01 [656]

- anal sphincter, artificial 90769-0132221-00 [940]
  - aneurysm, with graft (prosthesis)

- artificial sphincter
  - bowel 90769-0132221-00 [940]
  - urinary 37390-01 [1124]

- artificial sphincter
  - bridge

- rectal sphincter, artificial 90769-0432221-00 [940]
  - reservoir

- sphincter, artificial
  - bowel 90769-0132221-00 [940]
  - urinary 37390-01 [1113]

- pacemaker (implanted) (pulse generator) (testing)
  - anal, gracilis neosphincter (closed) 90770-00 [1859]
  - - open 90769-0432221-00 [940]
  - - cardiac 11718-00 [1856]

- pacemaker (electrode) (implanted) (pulse generator) (reprogramming)
  - anal, gracilis neosphincter (closed) 90770-00 [1859]
  - - open 90769-0432221-00 [940]
  - - cardiac 11718-00 [1856]

- blepharoptosis repair by levator sutures adjustment 45625-00 [1687]

- release procedure for talipes equinovarus (unilateral) 50324-00 [1546]

- Test, testing (for) NEC (see also Investigation) 92204-00 [1866]

- amputation stump 44376-00 [1566]
- finger 46483-00 [1471]
- hand 46483-00 [1471]
- anal sphincter, artificial 90769-0432221-00 [940]
- anastomosis

- artificial sphincter
  - bowel 90769-0432221-00 [940]
  - urinary 37390-00 [1124]

- bowel sphincter, artificial 90769-0432221-00 [940]
- cannula

- rectal sphincter, artificial 90769-0432221-00 [940]
  - release procedure for talipes equinovarus (unilateral) 50324-00 [1546]

- sphincter, artificial
  - bowel 90769-0132221-00 [940]
  - urinary 37390-00 [1124]

- assistive or adaptive device, aid or equipment NEC 96092-00 [1870]
- blood, complete (adult) 92206-00 [1893]
- blood, complete (infant) 13306-00 [1893]
- bowel sphincter, artificial 90769-0132221-00 [940]

- blepharoptosis repair by levator sutures adjustment 45625-00 [1687]

- avec sphincter, artificial
  - bowel 90769-0132221-00 [940]
  - urinary 37390-00 [1124]

- assistive or adaptive device, aid or equipment NEC 96092-00 [1870]
- blood, complete (adult) 92206-00 [1893]
- blood, complete (infant) 13306-00 [1893]
- bowel sphincter, artificial 90769-0132221-00 [940]

- blepharoptosis repair by levator sutures adjustment 45625-00 [1687]

- assistive or adaptive device, aid or equipment NEC 96092-00 [1870]
- blood, complete (adult) 92206-00 [1893]
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11.23. Laparoscopic colectomy

A public submission was received regarding laparoscopic colectomy. Laparoscopy has gained wide acceptance in gastrointestinal surgery, including surgery for benign and malignant colorectal diseases and is associated with advantages such as faster return to normal activity and diet, reduced postoperative pain and reduced hospital stay. The introduction of laparoscopic colectomy began in 1991 and recently, studies have also shown that laparoscopic surgery for colorectal cancer is a safe and acceptable alternative for open surgery.

The following amendments were made to ACHI and the ACS for Eighth Edition.

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- rectosigmoid junction | 32030-00 | [934] |
- - perineal | 32112-00 | [934] |
- - via laparoscopy | 32030-01 | [934] |
- - rectum — see also Resection/rectum |
- - rectosigmoid junction | 32030-00 | [934] |
- - - perineal | 32112-00 | [934] |
- - - via laparoscopy | 32030-01 | [934] |
- - - remnant |
- colectomy, total | 32009-00 | [913] |
- - - via laparoscopy | 32009-01 | [913] |
- - - proctocolectomy, total — see Proctocolectomy

Hartmann’s procedure (rectosigmoidectomy) (with formation of stoma) | 32030-00 | [934] |
- closure of | 32003-00 | [917] |
- - via laparoscopy | 32030-01 | [934] |

Harvesting — see Procurement

Hemicolecotmy |       |             |
- left (with anastomosis) | 32006-00 | [913] |
- - with formation of stoma | 32006-01 | [913] |
- - - via laparoscopy | 32006-03 | [913] |
- - via laparoscopy | 32006-02 | [913] |
- right (with anastomosis) | 32003-01 | [913] |
- - with formation of stoma | 32001-01 | [913] |
- - - via laparoscopy | 32000-03 | [913] |
- - - extended (with anastomosis) | 32005-01 | [913] |
- - - - via laparoscopy | 32004-01 | [913] |
- - - - via laparoscopy | 32004-03 | [913] |
- - - via laparoscopy | 32003-03 | [913] |

Hemiresection | 30418-00 | [953] |

Ileostomy (permanent) | 30375-01 | [915] |
- with |
- - colectomy, total | 32009-00 | [913] |
- - - via laparoscopy | 32009-01 | [913] |
- - - proctocolectomy, total — see Proctocolectomy

Procedure
- Hartmann’s (rectosigmoidectomy) (with formation of stoma) 32030-00 [934]
- closure 32033-00 [917]
- via laparoscopy 32030-01 [934]
- heart (intrathoracic) (without cardiopulmonary bypass) NEC 38456-00 [666]

**Rectosigmoidectomy** (Hartmann’s procedure) (with formation of stoma) 32030-00 [934]
- perineal 32112-00 [934]
- via laparoscopy 32030-01 [934]

**Redo procedure** — see Reoperation

**Revision** (partial) (total)
- anastomosis
- - intestine
- - large 32003-00 [913]
- - - via laparoscopy 32003-02 [913]

---

**TABULAR LIST OF INTERVENTIONS**

Refer section 11.21 ileocolic resection (page 184) for additional changes to block [913] Colectomy.

### Colectomy

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>32003-02</td>
<td>Laparoscopic limited excision of large intestine with anastomosis</td>
</tr>
<tr>
<td></td>
<td><strong>Laparoscopic:</strong></td>
</tr>
<tr>
<td></td>
<td>- caecectomy</td>
</tr>
<tr>
<td></td>
<td>- local excision of colon with anastomosis</td>
</tr>
<tr>
<td></td>
<td>- sigmoidectomy</td>
</tr>
<tr>
<td></td>
<td>- sigmoidectomy</td>
</tr>
<tr>
<td></td>
<td><strong>Includes:</strong> resection of splenic flexure</td>
</tr>
<tr>
<td>32000-02</td>
<td>Laparoscopic limited excision of large intestine with formation of stoma</td>
</tr>
<tr>
<td></td>
<td><strong>Laparoscopic:</strong></td>
</tr>
<tr>
<td></td>
<td>- caecectomy</td>
</tr>
<tr>
<td></td>
<td>- local excision of colon with formation of stoma</td>
</tr>
<tr>
<td></td>
<td>- sigmoidectomy</td>
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<tr>
<td></td>
<td>- sigmoidectomy</td>
</tr>
<tr>
<td></td>
<td><strong>Includes:</strong> resection of splenic flexure</td>
</tr>
<tr>
<td>32003-03</td>
<td>Laparoscopic right hemicolecetomy with anastomosis</td>
</tr>
<tr>
<td></td>
<td>Resection of ascending colon, hepatic flexure and part of the transverse colon (mid transverse colon) with anastomosis, via laparoscopy</td>
</tr>
<tr>
<td>32000-03</td>
<td>Laparoscopic right hemicolecetomy with formation of stoma</td>
</tr>
<tr>
<td></td>
<td>Resection of ascending colon, hepatic flexure and part of the transverse colon (mid transverse colon) with formation of stoma, via laparoscopy</td>
</tr>
<tr>
<td>32005-03</td>
<td>Laparoscopic extended right hemicolecetomy with anastomosis</td>
</tr>
<tr>
<td></td>
<td>Resection of ascending colon, hepatic flexure and transverse colon to the splenic flexure with anastomosis, via laparoscopy</td>
</tr>
<tr>
<td>32004-03</td>
<td>Laparoscopic extended right hemicolecetomy with formation of stoma</td>
</tr>
<tr>
<td></td>
<td>Resection of ascending colon, hepatic flexure and transverse colon to the splenic flexure with formation of stoma, via laparoscopy</td>
</tr>
<tr>
<td>32006-00</td>
<td>Left hemicolecetomy with anastomosis</td>
</tr>
<tr>
<td></td>
<td><strong>Includes:</strong> resection of:</td>
</tr>
<tr>
<td></td>
<td>- descending colon</td>
</tr>
<tr>
<td></td>
<td>- sigmoid</td>
</tr>
<tr>
<td></td>
<td>- splenic flexure</td>
</tr>
<tr>
<td></td>
<td>- - small 30566-00 [895]</td>
</tr>
<tr>
<td></td>
<td>Sigmoidectomy (with anastomosis) 32003-00 [913]</td>
</tr>
<tr>
<td></td>
<td>- with</td>
</tr>
<tr>
<td></td>
<td>- excision of lesion of peritoneal tissue (mesentery) (omentum) 90328-01 [989]</td>
</tr>
<tr>
<td></td>
<td>- stoma formation 32000-00 [913]</td>
</tr>
<tr>
<td></td>
<td>- via laparoscopy 32000-02 [913]</td>
</tr>
<tr>
<td></td>
<td>Sigmoidectomy (with anastomosis) 32003-00 [913]</td>
</tr>
<tr>
<td></td>
<td>- with</td>
</tr>
<tr>
<td></td>
<td>- excision of lesion of peritoneal tissue (mesentery) (omentum) 90328-01 [989]</td>
</tr>
<tr>
<td></td>
<td>- stoma formation 32000-00 [913]</td>
</tr>
<tr>
<td></td>
<td>- via laparoscopy 32000-02 [913]</td>
</tr>
<tr>
<td></td>
<td>Sigmoidopexy 90951-00 [917]</td>
</tr>
</tbody>
</table>

32006-02 Laparoscopic left hemicolectomy with anastomosis

Includes: resection of:
- descending colon
- sigmoid
- splenic flexure

32006-01 Left hemicolectomy with formation of stoma

Includes: resection of:
- descending colon
- sigmoid
- splenic flexure

32006-03 Laparoscopic left hemicolectomy with formation of stoma

Includes: resection of:
- descending colon
- sigmoid
- splenic flexure

32005-00 Subtotal colectomy with anastomosis

Includes: resection of:
- ascending colon
- descending colon
- hepatic flexure
- splenic flexure
- transverse colon

32005-02 Laparoscopic subtotal colectomy with anastomosis

Includes: resection of:
- ascending colon
- descending colon
- hepatic flexure
- splenic flexure
- transverse colon

32004-00 Subtotal colectomy with formation of stoma

Includes: formation of mucous fistula
- ascending colon
- descending colon
- hepatic flexure
- splenic flexure
- transverse colon

32004-02 Laparoscopic subtotal colectomy with formation of stoma

Includes: formation of mucous fistula

32012-01 Laparoscopic total colectomy with ileorectal anastomosis

32009-01 Laparoscopic total colectomy with ileostomy

Includes: formation of mucous fistula

934 Rectosigmoidectomy or proctectomy

32030-01 Laparoscopic rectosigmoidectomy with formation of stoma

Hartmann’s procedure via laparoscopy
AUSTRALIAN CODING STANDARDS

Refer section 26.3 Minimally invasive procedures proceeding to open procedure (page 289) for changes to ACS 0019 Procedure not completed or interrupted.

11.24. Lupoid hepatitis

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Hepatitis K75.9
- interstitial (chronic) K74.6
- lupoid NEC K73.2 K75.4
- malignant (with hepatic failure) NEC K72.9

TABULAR LIST OF DISEASES

K73

Chronic hepatitis, not elsewhere classified
K73.2
Chronic active hepatitis, not elsewhere classified
Lupoid hepatitis NEC

K75

Other inflammatory liver diseases
K75.4
Autoimmune hepatitis
Lupoid hepatitis NEC

11.25. Malone antegrade continence enema (MACE) (Indexing)

A public submission highlighted that the abbreviation ‘MACE’ (Malone antegrade continence enema) is provided as an inclusion term at 30375-30 [927] Appendicostomy but is not indexed. Consequently the ACHI Alphabetic Index has been amended for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

| MACE (Malone antegrade continence enema) | 30375-30 [927] |
| MACI (matrix-induced autologous chondrocyte implantation) | 14203-01 [1906] |
| Maggot debridement therapy (MDT) | 96210-00 [1604] |

Maintenance (of)

- vascular
- access device (infusion port) (Port-A-Cath) (reservoir) 13939-02 [1922]
- catheter (central venous catheter) (Hickman’s line) (permacath) (without reservoir) 92058-01 [1922]

Malone antegrade continence enema (MACE)

30375-30 [927]

Mammaplasty — see Mammoplasty
11.26. **Mucosal resection of polyp(s) (Indexing)**

A public submission was received regarding *endoscopic mucosal resection* (EMR). Over recent years EMR is increasingly being used for removal of colorectal polyps and is described as the least invasive alternative to standard polypectomy. Amendments have been made to ACHI to specify mucosal resection of polyps for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

- **Colonoscopy** (beyond hepatic flexure) (fibreoptic) (long) (to caecum) 32090-00 [905]
  - with
    - administration of tattooing agent 32090-02 [905]
    - polypectomy (by bipolar cautery) (mucosal resection) (multiple) (using hot biopsy forceps) (using snare technique) 32093-00 [911]
    - 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 32084-02 [905]
      - polypectomy (by bipolar cautery) (mucosal resection) (multiple) (using hot biopsy forceps) (using snare technique) 32087-00 [911]
      - through artificial stoma 32084-00 [905]

- **Proctosigmoidoscopy** (fibreoptic) (flexible) 32084-00 [905]
  - with
    - biopsy 32084-01 [911]
    - polypectomy (by bipolar cautery) (mucosal resection) (using hot biopsy forceps) (using snare technique) 32087-00 [911]
    - rigid 32075-00 [904]

- **Resection**
  - mucosa, endoscopic
    - large intestine 90297-02 [914]
    - for polypectomy — see Polypectomy
    - oesophagus 90297-00 [861]

- **Sigmoidoscopy** (fibreoptic) (flexible) 32084-00 [905]
  - with
    - biopsy 32084-01 [911]
    - polypectomy (by bipolar cautery) (mucosal resection) (using hot biopsy forceps) (using snare technique) 32087-00 [911]
    - rigid 32075-00 [904]

**TABULAR LIST OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>911</th>
<th>Fibreoptic colonoscopy with excision</th>
</tr>
</thead>
<tbody>
<tr>
<td>32087-00</td>
<td>Fibreoptic colonoscopy to hepatic flexure, with polypectomy</td>
</tr>
<tr>
<td>32090-00</td>
<td>Colonoscopy to hepatic flexure, with multiple polypectomies</td>
</tr>
<tr>
<td>32075-00</td>
<td>Flexible sigmoidoscopy with polypectomy</td>
</tr>
<tr>
<td>32090-00</td>
<td>Short colonoscopy with polypectomy</td>
</tr>
<tr>
<td>32093-00</td>
<td>Includes: polypectomy by or using:</td>
</tr>
<tr>
<td>32094-00</td>
<td>• bipolar cautery</td>
</tr>
<tr>
<td>32095-00</td>
<td>• hot biopsy forceps</td>
</tr>
<tr>
<td>32096-00</td>
<td>• mucosal resection</td>
</tr>
<tr>
<td>32097-00</td>
<td>• snare technique</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>914</th>
<th>Other excision procedures on large intestine</th>
</tr>
</thead>
<tbody>
<tr>
<td>90297-02</td>
<td>Endoscopic mucosal resection of large intestine</td>
</tr>
<tr>
<td>90298-02</td>
<td>Excludes: destruction of lesion of large intestine (see block [908])</td>
</tr>
</tbody>
</table>
mucosal resection of polyps (see blocks 910 and 911)
polypectomy via endoscopy (see blocks 910 and 911)

11.27. Nasoalveolar/nasolabial cyst (Indexing)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Cyst (colloid) (mucous) (retention) (simple)
- nabothian (follicle) (ruptured) N88.8
- nasoalveolar K09.8K09.1
- nasolabial K09.8K09.1
- nasopalatine (duct) K09.1

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>K09</th>
<th>Cysts of oral region, not elsewhere classified</th>
</tr>
</thead>
<tbody>
<tr>
<td>K09.1</td>
<td>Developmental (nonodontogenic) cysts of oral region</td>
</tr>
<tr>
<td></td>
<td>Cyst (of):</td>
</tr>
<tr>
<td></td>
<td>• nasolabial [nasoalveolar][globulomaxillary]</td>
</tr>
<tr>
<td></td>
<td>• nasopalatine duct [incisive canal][incisive canal]</td>
</tr>
<tr>
<td></td>
<td>• median palatal</td>
</tr>
<tr>
<td></td>
<td>• nasopalatine</td>
</tr>
<tr>
<td></td>
<td>• palatine papilla</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K09.8</th>
<th>Other cysts of oral region, not elsewhere classified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dermoid cyst</td>
</tr>
<tr>
<td></td>
<td>Epidermoid cyst</td>
</tr>
<tr>
<td></td>
<td>Lymphoepithelial cyst</td>
</tr>
<tr>
<td></td>
<td>Epstein's pearl</td>
</tr>
<tr>
<td></td>
<td>Nasoalveolar cyst</td>
</tr>
<tr>
<td></td>
<td>Nasolabial cyst</td>
</tr>
</tbody>
</table>

11.28. Ogilvie syndrome and mucous colitis (Indexing)

A public submission was received regarding the indexing of *Ogilvie syndrome* and *mucous colitis*. Ogilvie syndrome, also known as acute colonic pseudo-obstruction, is a disorder where the colon becomes massively dilated and sometimes involves the small intestine in the absence of mechanical obstruction. Ogilvie syndrome presents with signs, symptoms and radiographic appearance of an acute large bowel obstruction but without evidence of distal colonic obstruction. Mucous colitis, more commonly referred to as irritable bowel syndrome (IBS) or irritable colon, is a common disorder of the large bowel that causes irregular bowel habits and recurrent abdominal pain and bloating. Consequently, amendments have been made to the ICD-10-AM Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

<table>
<thead>
<tr>
<th>Colitis (acute) (catarrhal) (haemorrhagic) (see also Enteritis) A09.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>- microsporidial A07.8</td>
</tr>
<tr>
<td>- mucosal, mucous — see Irritable/bowel OR Irritable/colon</td>
</tr>
<tr>
<td>- noninfectious K52.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oestrasis (see also Myiasis) B87.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ogilvie syndrome K56.6</td>
</tr>
<tr>
<td>Oguchi's disease H53.6</td>
</tr>
</tbody>
</table>
11.29. Percutaneous biopsy of retroperitoneal mass

A public submission was received regarding the indexing of *percutaneous biopsy of retroperitoneal mass*. The following changes have been made to ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Biopsy</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- abdomen wall (open) 30075-17 [988]</td>
<td>- renal — see also Biopsy/kidney</td>
<td></td>
</tr>
<tr>
<td>- - intra-abdominal — see Biopsy/by specific site OR</td>
<td>- - pelvis</td>
<td></td>
</tr>
<tr>
<td>Biopsy/intra-abdominal mass</td>
<td>- - - brush (closed) (endoscopic) 36821-00 [1047]</td>
<td></td>
</tr>
<tr>
<td>- - retroperitoneal — see Biopsy/retroperitoneal mass</td>
<td>- retroperitoneal mass (closed) (needle) (percutaneous) 30094-06 [988]</td>
<td></td>
</tr>
<tr>
<td>- - skin of — see Biopsy/skin</td>
<td>- salivary gland or duct (closed) (needle) (percutaneous) 30094-09 [397]</td>
<td></td>
</tr>
</tbody>
</table>

**TABULAR LIST OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>30094-06</th>
<th>Biopsy of abdomen, peritoneum or omentum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percutaneous needle biopsy of intra-abdominal mass</td>
</tr>
<tr>
<td></td>
<td>Percutaneous needle biopsy of retroperitoneal mass</td>
</tr>
</tbody>
</table>

11.30. Peritoneal eosinophilia *Indexing*

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

<table>
<thead>
<tr>
<th>Eosinophilia (allergic) (hereditary) D72.1</th>
<th>Peritonitis (adhesive) (fibrinous) (with effusion) K65.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>- peritoneal — see Peritonitis</td>
<td>- due to foreign substance accidentally left during a procedure (chemical) (powder) (talc) T81.6</td>
</tr>
<tr>
<td>- pulmonary NEC J82</td>
<td>- eosinophilic K65.8</td>
</tr>
<tr>
<td></td>
<td>- acute K65.0</td>
</tr>
<tr>
<td></td>
<td>- fibrocaceous (tuberculous) A18.3† K67.3*</td>
</tr>
</tbody>
</table>

11.31. Peritoneectomy/cytoreduction surgery (CRS)

A public submission requested a new ACHI code for the classification of peritoneectomy/cytoreduction surgery.

Peritoneectomy or cytoreduction surgery (CRS) is a multimodal procedure performed for the treatment of peritoneal neoplasms, with the aim of removing all peritoneal tumour deposits in patients with diagnoses such as peritoneal carcinomatosis, ovarian cancer, appendiceal cancer and pseudomyxoma. It is an extensive procedure that takes approximately 8 to 12 hours to perform. The type of surgical procedure...
required for cytoreduction varies with each patient. Is usually performed in combination with heated intraoperative intraperitoneal chemotherapy (HIPEC) which involves perfusing the abdominal cavity with heated (40–48 °C) fluid containing a chemotherapeutic agent for 60 to 90 minutes after the peritonectomy procedures.

In response to the public submission the following changes were made to ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

Cystourethroscopy — see Cystoscopy

Cytoreduction surgery (CRS) 96211-00 [899]

Peritomy
- conjunctiva 42632-01 [252]

Peritoneectomy 96211-00 [899]

Peritoneography 59760-00 [1977]

**TABULAR LIST OF INTERVENTIONS**

989 Other excision procedures on abdomen, peritoneum or omentum

96211-00 Peritoneectomy

**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)
- intraperitoneal chemotherapy:
  - early postoperative [EPIC] (96201-00 [1920])
  - heated (intraoperative) [HIPEC] (92178-00 [1880] and 96201-00 [1920])
- postoperative [IPEC] (96201-00 [1920])
- removal abdominal, peritoneal or pelvic organ (see Alphabetic Index)
- repair procedures (see Alphabetic Index)
- resection procedures (see Alphabetic Index)

**11.32. Procedures for obesity**

Numerous queries regarding duodenal switch and sleeve gastrectomy highlighted the need to review block [889] Procedures for morbid obesity in ACHI to align with recent advances in the field of obesity surgery. Revision of block [889] was achieved through extensive consultation with the Obesity Surgery Society of Australia and New Zealand (OSSANZ). ACHI codes were included for each type of obesity surgery performed, including open, laparoscopic and endoscopic approaches where appropriate for:

- Sleeve gastrectomy
- Adjustable and nonadjustable gastric banding
- Gastric bypass
- Biliopancreatic diversion
- Gastroplasty
- Duodenal-jejunal bypass
- Ileal interposition
- Gastric balloon

In addition to the ACHI codes in block [889] Procedures for obesity, there are also codes in block [881] Gastrostomy, gastro-enterostomy or gastro-gastrostomy and block [1604] Other application, insertion or removal procedures on skin and subcutaneous tissue for implantation of neurostimulators, as these can also be performed for obesity.

The following changes were made to ACHI for Eighth Edition for procedures for obesity.
ALPHABETIC INDEX OF DISEASES

Hernia, hernial (acquired) (recurrent) K46.9
- Cooper's — see Hernia/abdomen/specific site NEC
- crural — see Hernia/femoral
- diaphragm, diaphragmatic — see Hernia/diaphragm, diaphragmatic
- femoral — see Hernia/femoral
- diaphragm, diaphragmatic K44.9

ALPHABETIC INDEX OF INTERVENTIONS

Access, accessing
- gastric band reservoir (port) (reservoir) 14215-0100 [889]

Achillotenotomy 49718-01 [1542]

Addition
- fluid to gastric band reservoir (port) (saline) 14215-0100 [889]
- spring, to removable appliance (orthodontic) 97877-01 [483]

Adjustment
- electrode(s) (for)
  - spinal — see Adjustment/electrode(s)/epidural
- vagus nerve (for obesity) 39131-01 [67]
- expander, tissue (skin) (soft tissue) (subcutaneous tissue) (valve) 45566-03 [1661]
- breast 45546-02 [1758]
- gastric band reservoir (deflation) (inflation) (port) 14215-0100 [889]
- generator

... 
- rectal sphincter, artificial 90769-01 [940]
- reservoir, gastric band (port) 14215-01 [889]
- seton (for)

Advocacy 96108-00 [1915]

AGB (adjustable gastric banding) 30511-04 [889]

Allied health intervention — see also specific interventions

Banding
- artery — see also Ligation/artery
  - pulmonary, main 38715-00 [717]
  - gastric, for obesity (adjustable) (for morbid obesity) (with replacement) 30511-00 [889]
  - - adjustable (AGB NEC 30511-04 [889]
  - - laparoscopic (LAGB) 30511-0201 [889]
  - - laparoscopic NEC 30511-02 [889]
  - - nonadjustable (fixed) (NGB) 30511-05 [889]
  - - laparoscopic (LNGB) 30511-03 [889]
  - - haemorrhoids 32135-00 [941]

Bilopancreatic diversion (BPD), for obesity (open)
  - 30512-02 [889]
  - - with
    - cholecystectomy 30512-02 [889]
    - laparoscopic 30512-01 [889]
    - duodenal switch (BPD-DS) 30512-02 [889]
    - laparoscopic (LBPD-DS) 30512-01 [889]
    - gastrectomy (distal) (sleeve) 30512-02 [889]
    - laparoscopic 30512-01 [889]

Bonding ...
- veneer, to surface of tooth, direct (adhesive tooth-coloured material) 97582-01 [469]

BPD (biliopancreatic diversion) — see Bilopancreatic diversion (BPD), for obesity

BPD-DS (biliopancreatic diversion with duodenal switch) — see Biliopancreatic diversion (BPD), for obesity with duodenal switch

Brace — see Immobilisation

Brushings — see Biopsy

BSG (banded sleeve gastrectomy) — see Gastrectomy/sleeve/for obesity

BSSLT (bilateral sequential single lung transplant) 90172-00 [555]

Bypass ...
- dental
  - - fractured endodontic instrument 97453-00 [464]
  - - duodenal-jejunal, for obesity (DJ bypass) 90940-00 [889]
  - - extracranial to intracranial ...
  - - gastric (for morbid obesity) 30512-00 [889]
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Refer section 11.12 Endoluminal fundoplication (ELF) (page 171) for additional changes to block [998] Repair of diaphragmatic hernia

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### 879 Other gastrectomy

- **30523-00** Subtotal gastrectomy
  - Subtotal radical gastrectomy
    - **Includes:** distal pancreatectomy
    - extended node dissection
    - **Excludes:** sleeve gastrectomy for obesity (30511-09, 30511-10, 30512-01, 30512-02, 90940-00, 90941-00 [889])

### 881 Gastrostomy, or gastro-enterostomy or gastro-gastrostomy

- **30515-00** Gastro-enterostomy
  - **Includes:** gastroduodenostomy
    - **Code also when performed:**
      - gastric bypass for morbid obesity (30512-00 [889])
      - revision procedure for obesity (30514-01 [889])
    - **Excludes:** that with:
      - pancreaticoduodenectomy (30584-00 [978])
      - selective [truncal] vagotomy (30496-02 [884])

### 30375-31 Gastro-gastrostomy

- **Includes:** anastomosis
  - **Note:** Performed for stricture of the stomach
  - **Code also when performed:**
    - revision procedure for obesity (30514-01 [889])

### 889 Procedures for morbid-obesity

- **30511-09** Laparoscopic sleeve gastrectomy [LSG]
  - Laparoscopic:
    - banded sleeve gastrectomy
    - gastrectomy:
      - longitudinal
      - tube
      - vertical
    - **Includes:** diaphragmatic (crural) repair
    - **Note:** may be performed as the first stage of a two-stage surgery
    - **Excludes:** when performed concurrently with BPD-DS (30512-01 [889])

- **30511-10** Sleeve gastrectomy [SG]
  - Banded sleeve gastrectomy [BSG]
  - Gastrectomy:
    - longitudinal
    - tube
    - vertical

---

Includes: diaphragmatic (crural) repair

Note: may be performed as the first stage of a two-stage surgery

Excludes: when performed concurrently with BPD-DS (30512-02 [889])

30511-02 Laparoscopic adjustable gastric banding [LAGB]
Laparoscopic gastric banding NOS

Includes: diaphragmatic (crural) repair
that with replacement

Code also when performed:
• replacement of gastric band reservoir (31441-00 [889])
• revision procedure for obesity (30514-01 [889])

30511-03 Laparoscopic nonadjustable gastric banding [LNGB]
Laparoscopic fixed gastric band

Includes: diaphragmatic (crural) repair
that with replacement

Note: involves marlex mesh or gastric ring reinforcement

Code also when performed:
• replacement of gastric band reservoir (31441-00 [889])
• revision procedure for obesity (30514-01 [889])

30511-04 Adjustable gastric banding [AGB]
Gastric banding NOS

Includes: diaphragmatic (crural) repair
that with replacement

Note: involves marlex mesh or gastric ring reinforcement

Code also when performed:
• replacement of gastric band reservoir (31441-00 [889])
• revision procedure for obesity (30514-01 [889])

30511-05 Nonadjustable gastric banding [NGB]
Fixed gastric band

Includes: diaphragmatic (crural) repair
that with replacement

Note: involves marlex mesh or gastric ring reinforcement

Code also when performed:
• replacement of gastric band reservoir (31441-00 [889])
• revision procedure for obesity (30514-01 [889])

30512-03 Laparoscopic gastric bypass
Laparoscopic bypass:
• banded (ring)
• loop
• mini gastric
• Roux-en-Y [LRYGB]

Includes: anastomosis
diaphragmatic (crural) 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: Roux-en-Y not for obesity (see Alphabetic Index: Roux-en-Y procedure)

30512-00 Gastric bypass
Bypass:
• banded (ring)
• loop
• mini gastric
• Roux-en-Y [RYGB]

**Includes:**
- anastomosis
- diaphragmatic (crural) 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:** Roux-en-Y not for obesity (see Alphabetic Index: Roux-en-Y procedure)

30512-01 Laparoscopic biliopancreatic diversion [LBPD]

**Laparoscopic:**
- biliopancreatic diversion with duodenal switch [LBPD-DS]
- duodenal switch [LDS]
- Scopinaro procedure

**Includes:**
- anastomosis
- cholecystectomy
- diaphragmatic (crural) repair
- distal gastrectomy
- sleeve gastrectomy

**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])

30512-02 Biliopancreatic diversion [BPD]

**Biliopancreatic diversion with duodenal switch [BPD-DS]**

**Duodenal switch [DS]**

**Scopinaro procedure**

**Includes:**
- anastomosis
- cholecystectomy
- diaphragmatic (crural) repair
- distal gastrectomy
- sleeve gastrectomy

**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])

30511-06 Laparoscopic gastroplasty

**Laparoscopic:**
- gastric:
  - plication
  - stapling
  - suturing
- vertical banded gastroplasty [VBG]

**Includes:** diaphragmatic (crural) repair

**Code also when performed:**
- revision procedure for obesity (30514-01 [889])

30511-07 Endoscopic gastroplasty

**Endoluminal:**
- gastric:
  - plication
  - stapling
  - suturing
- vertical banded gastroplasty [VBG]

**Includes:** diaphragmatic (crural) repair
Code also when performed:
• revision procedure for obesity (30514-01 [889])

30511-08 Gastroplasty
Gastric:
• plication
• stapling
• suturing
Vertical banded gastroplasty [VBG]
Includes: diaphragmatic (crural) repair
Code also when performed:
• revision procedure for obesity (30514-01 [889])

90940-00 Duodenal-jejunal bypass [DJ bypass]
Includes: sleeve gastrectomy

90941-00 Ileal interposition
Includes: sleeve gastrectomy

90950-00 Insertion of gastric bubble [balloon]

90942-01 Laparoscopic removal of gastric band
Laparoscopic removal of gastric band:
• adjustable
• nonadjustable (fixed)
Includes: removal of (implanted) gastric band reservoir/port
Excludes: that with replacement (30511-02, 30511-03 [889])

90942-02 Endoscopic removal of gastric band
Endoscopic removal of gastric band:
• adjustable
• nonadjustable (fixed)
Includes: removal of (implanted) gastric band reservoir/port
Excludes: that with replacement (30511-02, 30511-03 [889])

90942-00 Removal of gastric band
Removal of gastric band:
• adjustable
• nonadjustable (fixed)
Includes: removal of (implanted) gastric band reservoir/port
Excludes: that with replacement (30511-04, 30511-05 [889])

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

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

Code also when performed:
• replacement of gastric band (30511-02, 30511-03, 30511-04, 30511-05 [889])

31441-01 Removal of gastric band reservoir
Removal of implanted reservoir/port
Excludes: replacement (31441-00 [889]) with removal of gastric band (90942 [889])

90943-01 Other laparoscopic procedures for obesity
**Code also when performed:**
• revision procedure for obesity (30514-01 [889])

**90943-02 Other endoscopic procedures for obesity**

**Endoluminal sleeve**

**Code also when performed:**
• revision procedure for obesity (30514-01 [889])

**90943-00 Other procedures for obesity**

**Code also when performed:**
• revision procedure for obesity (30514-01 [889])

**30514-01 Revision procedure for obesity**

Surgical reversal of procedure for obesity

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

**Code also when performed:**
• gastro-enterostomy (30515-00 [881])
• gastro-gastrostomy (30375-31 [881])

**Code first:**
• obesity procedure(s) performed (see block [889])

**14215-00 Revision of gastric band**

Addition or removal of fluid (saline) from implanted reservoir of gastric band
Adjustment of gastric band
Replacement of implanted reservoir of gastric band

**30511-01 Laparoscopic gastric reduction**

Laparoscopic adjustable gastric banding (LAGB)

**30511-00 Gastric reduction**

Gastric:
• banding
• stapling
Gastroplasty for morbid obesity

**30514-00 Surgical reversal of procedure for morbid obesity**

**997 Repair of incarcerated, obstructed or strangulated hernia**

**30615-00 Repair of incarcerated, obstructed or strangulated hernia**

*Excludes:* that for:
• diaphragmatic hernia with obesity procedure(s) (30511, 30512 [889])
• incisional hernia (see block [993])
• ventral hernia (see block [996])

**998 Repair of diaphragmatic hernia**

Repair of:
• hiatus hernia
• oesophageal hiatus

*Excludes:* repair of diaphragmatic (hiatal) hernia with fundoplasty (30527-01, 30527-03, 30527-05 [886])
• fundoplasty (30527-01, 30527-03, 30527-05 30527-06 [886])
• obesity procedure(s) (30511, 30512 [889])

**1604 Other application, insertion or removal procedures on skin and subcutaneous tissue**

**39134-01 Insertion of subcutaneously implanted neurostimulator**

*Code also when performed:*
• insertion of electrodes:
  • epidural (39130-00, 39139-00 [43])
  • intracranial (40709-00, 40712-00 [6])
11.33. **Stomatitis and related lesions**

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF INTERVENTIONS**

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<tbody>
<tr>
<td>K12.3</td>
<td>Oral mucositis (ulcerative)</td>
</tr>
</tbody>
</table>

**Excludes:**
- mucositis (ulcerative) of:
  - gastrointestinal tract (except oral cavity and oropharynx) (K92.8)
  - nose and nasal sinuses (J24.8)
  - vagina and vulva (N76.8)

**11.34. Tattooing by colonoscopy & panendoscopy (Indexing)**

It was noted that the indexing of *tattooing by colonoscopy and panendoscopy* could be improved by additional entries under the lead term ‘Tattooing’. The following changes have been included in the Alphabetic Index of ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

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<tr>
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<td>- - to ileum 30473-08 [1005]</td>
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<tr>
<td>- cornea 90067-00 [176]</td>
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</table>
11.35. Transanal endoscopic microsurgery (TEMS) (Indexing)

Advice was published in Coding Matters March 2010 (Vol. 16, No.4) Transanal endoscopic microsurgery (TEMS). TEMS is a technique used for the resection of rectal tumours. It combines the use of specialised equipment, including an operating proctoscope, gas insufflation and magnified stereoscopic views with conventional surgical preparation and suturing. TEMS overcomes the limitations of local resection and allows the removal of lesions through the anus that are not normally accessible. Additional index entries were added for this procedure in ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Excision — see also Removal
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  Excision/cyst AND Excision/polyp
...
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  - - perirectal 90341-00 [933]
  - - submucosal (per anal) 32099-00 [933]
  - - - and anus (full thickness) 32105-00 [933]
  - - - trans-sphincteric 32108-00 [933]
  - - via
  - - - colonoscopy — see Colonoscopy
  - - - endoscopic microsurgery (TEMS) 32103-00 [933]
  - - - sigmoidoscopy — see Sigmodoscopy
  ...
- tumour — see also Excision/lesion(s)
...
- rectum (per anal) (submucosal) 32099-00 [933]
  - - and anus (full thickness) (per anal) 32105-00 [933]
  - - trans-sphincteric 32108-00 [933]
  - - via stereoscopic rectoscopy 32103-00 [933]
  - - endoscopic microsurgery (TEMS) 32103-00 [933]
  - - stereoscopic rectoscopy 32103-00 [933]

11.36. ACS 1122 Helicobacter pylori

It was noted that Example 1 in ACS 1122 Helicobacter pylori could be improved. Consequently the wording of Example 1 was revised in ACS 1122 for Eighth Edition.

AUSTRALIAN CODING STANDARDS

1122 HELICOBACTER PYLORI

...  

**EXAMPLE 1:**
Patient admitted for panendoscopy. A biopsy was taken of the duodenal cap. Findings: chronic duodenal ulcer. Pathology result: positive for H. pylori CLO test.

Codes: K26.7 Duodenal ulcer, chronic without haemorrhage or perforation
  B96.81 Helicobacter pylori [H. pylori] as the cause of diseases classified to other chapters
  30473-01 [1008] Panendoscopy to duodenum with biopsy
12. Skin and subcutaneous tissue

12.1. Dermatitis gangrenosa

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF DISEASES**

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Dermatitis:
- gangrenosa
- purulent
- septic
- suppurative

*Excludes:* pyoderma gangrenosum (L88)

**DERMATITIS AND ECZEMA**

*(L20–L30)*

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

*Excludes:* chronic (childhood) granulomatous disease (D71) dermatitis:
- dry skin (L85.3)
- factitial (L98.1)
- gangrenosa (L88) (L08.0)
- herpetiformis (L13.0)
- perioral (L71.0)
- stasis (I83.1–I83.2)

radiation-related disorders of the skin and subcutaneous tissue (L55–L59)

<table>
<thead>
<tr>
<th>L88</th>
<th>Pyoderma gangrenosum</th>
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Dermatitis gangrenosa
Phagedenic pyoderma

*Excludes:* dermatitis gangrenosa (L08.0)

12.2. Excision multiple skin lesions

*Refer section 26.6 ACS 0020 Bilateral/multiple procedures (page 295) for details of changes to ACS 0020.*
12.3.  **Excisional biopsy (Indexing)**

Advice was published in *Coding Q&A* June 2012 *Excisional biopsy* regarding the correct code for this procedure. This advice has been incorporated into the Alphabetic Index of ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

**Biopsy**
- epididymis 30644-06 [1180]
- excisional — see Excision
- extraocular muscle or tendon 30075-36 [215]
  ...
- skin (subcutaneous tissue) 30071-00 [1618]
  - excisional — see Excision
  - fetus, in utero 90487-00 [1330]

12.4.  **Injection of Poly-L-lactic acid**

The MBS introduced item numbers for administration of Poly-L-lactic acid (Sculptra), a bio-active dermal stimulatory agent which reverses the visible effects of facial lipoatrophy. Consequently the following changes were made to ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

**Injection** (around) (into) (of) — see also Administration
- filling material (filling of defect)
  - breast, for augmentation (unilateral) 90723-00 [1741]
  - - bilateral 90723-01 [1741]
  - - skin 90660-00 [1602]
  - - collagen 90660-00 [1602]
  - - fat, autologous 90660-00 [1602]
  - - poly-L-lactic acid 90660-00 [1602]
  - - silicone 90660-00 [1602]
  - fistula, enterocutaneous
  ...
  - skin (subcutaneous tissue)
  - - filling material (autologous fat) (collagen) (poly-L-lactic acid) (silicone) 90660-00 [1602]
  - - hydrocortisone 30207-00 [1602]

**TABULAR LIST OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>90660-00 Administration of agent into skin and subcutaneous tissue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administration of agent into skin and subcutaneous tissue</strong></td>
</tr>
<tr>
<td>Injection of:</td>
</tr>
<tr>
<td>• autologous fat</td>
</tr>
<tr>
<td>• collagen</td>
</tr>
<tr>
<td>• poly-L-lactic acid</td>
</tr>
<tr>
<td>• silicone</td>
</tr>
</tbody>
</table>

**Note:** Performed for correction of:
- contour deformities
- depressed scar
- dimples
- lipoatrophy
- muscle related wrinkles

**Excludes:** administration of agent into lesion of skin (30207-00 [1602])
12.5. **Injection into breast tissue expander**

A DRG query regarding injections into breast tissue expander highlighted that amendments to the Tabular List and Alphabetic Index were required to ensure correct code assignment for these procedures. The following changes have been made to ACHI for Eighth Edition.

### ALPHABETIC INDEX OF INTERVENTIONS

**Expansion**

- tissue (skin) (soft tissue) (subcutaneous tissue)  
  - by  
    - - - inflation of expander 45566-01 [1661]  
    - - - injection into expander 45566-01 [1661]  
    - - - - breast, without reconstruction 45566-01 [1661]  
    - - - - - with reconstruction 45539-00 [1756]  
  - - - insertion of expander 45566-00 [1661]

**Implant, implantation** — see also Insertion

- electromagnetic hearing device 41557-02 [321]  
  - expander (tissue) (skin) (soft tissue) (subcutaneous tissue) 45566-00 [1661] — see Insertion/tissue expander  
  - - breast (with reconstruction) 45539-00 [1756]  
  - - in conjunction with other surgical procedure 45572-00 [1661]  
  - - breast (with reconstruction) 45539-00 [1756]  
  - - intraoperative 45572-00 [1661]  
  - - breast (with reconstruction) 45539-00 [1756]  
  - - - see Implant, implantation/living tissue  
  - tissue expander (skin) (soft tissue) (subcutaneous tissue) 45566-01 [1661]  
  - - breast, without reconstruction 45566-01 [1661]  
  - - - with reconstruction 45539-00 [1756]

**Infundibulectomy**

**Injection** (around) (into) (of) — see also Administration

- expander (tissue) (skin) (soft tissue) (subcutaneous tissue) 45566-00 [1661] — see Injection/tissue expander  
  - fetotoxic  
  - thrombolytic  
    - - - see Injection/agent/thrombolytic  
  - tissue expander (skin) (soft tissue) (subcutaneous tissue) 45566-01 [1661]  
  - - breast, without reconstruction 45566-01 [1661]  
  - - - with reconstruction 45539-00 [1756]  
  - toxin botulinum NEC (see also Injection/by site) 18360-00 [1552]

**Insertion**

- expander, tissue (skin) (soft tissue) (subcutaneous tissue) 45566-00 [1661] — see Insertion/tissue expander  
  - for augmentation of alveolar ridge 45843-00 [1371]  
  - - breast (with reconstruction) 45539-00 [1756]  
  - - in conjunction with other surgical procedure 45572-00 [1661]  
  - - breast (with reconstruction) 45539-00 [1756]  
  - - intraoperative 45572-00 [1661]  
  - - breast (with reconstruction) 45539-00 [1756]  
  - - eye, artificial — see Insertion/prosthesis, prosthetic device/orbital

### TABULAR LIST OF INTERVENTIONS

<table>
<thead>
<tr>
<th>1661</th>
<th>Insertion, removal or adjustment of tissue expander or implant</th>
</tr>
</thead>
</table>
| 45566-01          | Injection into tissue expander  
  Inflation of tissue expander  
  *Excludes*: that for breast (45539-00 [1756]) |

12.6. **Necklift**

A public submission was received requesting a specific ACHI code for Necklift. Clinical advice from the Australian Society of Plastic Surgeons (ASPS) confirmed that a necklift procedure is always bilateral, and when a facelift is performed, a necklift is generally also performed as an integral part of the facelift procedure. The following changes have been made to ACHI for Eighth Edition.
### ALPHABETIC INDEX OF INTERVENTIONS

- **Eyebrow lift** (bilateral) 45588-01 [1675]
- - - unilateral 45587-01 [1675]
- Lift
  - forehead (bilateral) 45588-01 [1675]
  - - - unilateral 45587-01 [1675]
  - neck 45588-02 [1675]
  - - with facelift (bilateral) 45588-00 [1675]
- **Nasopharyngoscopy** 41764-02 [416]
- **Necklift** 45588-02 [1675]
  - - - unilateral 45587-00 [1675]
- **Rhytidectomy** (face (bilateral) (forehead) 45588-00 [1675]
  - - eyelid — see Rhytidectomy/eyelid
  - - - unilateral 45587-00 [1675]
  - - neck 45588-02 [1675]
  - - - - with facelift (bilateral) 45588-00 [1675]
  - - - - - - unilateral 45587-00 [1675]
- **Rhyzolysis** — see Rhizolysis/spinal

### TABULAR LIST OF INTERVENTIONS

#### LIST OF ACHI BLOCK NUMBERS

<table>
<thead>
<tr>
<th>Block No</th>
<th>Block Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1675</td>
<td>Facelift, necklift and browlift</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1662</th>
<th><strong>Excision, eyelid</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>45617-00</td>
<td>Reduction of upper eyelid</td>
</tr>
<tr>
<td>▼1205</td>
<td>Excision of redundant skin of upper eyelid</td>
</tr>
<tr>
<td></td>
<td>Restoration of symmetry</td>
</tr>
<tr>
<td></td>
<td>Upper eyelid rhytidectomy</td>
</tr>
<tr>
<td></td>
<td><strong>Code also when performed:</strong></td>
</tr>
<tr>
<td></td>
<td>• browlift (45587-01, 45588-01 [1675])</td>
</tr>
<tr>
<td></td>
<td>• facelift (45587-00, 45588-00 [1675])</td>
</tr>
<tr>
<td></td>
<td>• necklift (45588-02 [1675])</td>
</tr>
<tr>
<td>45620-00</td>
<td>Reduction of lower eyelid</td>
</tr>
<tr>
<td>▼1205</td>
<td>Lower eyelid rhytidectomy</td>
</tr>
<tr>
<td></td>
<td>Restoration of symmetry of lower eyelid</td>
</tr>
<tr>
<td></td>
<td><strong>Code also when performed:</strong></td>
</tr>
<tr>
<td></td>
<td>• browlift (45587-01, 45588-01 [1675])</td>
</tr>
<tr>
<td></td>
<td>• facelift (45587-00, 45588-00 [1675])</td>
</tr>
<tr>
<td></td>
<td>• necklift (45588-02 [1675])</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1675</th>
<th><strong>Facelift, necklift and browlift</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>45587-00</td>
<td>Facelift, unilateral</td>
</tr>
<tr>
<td></td>
<td>Check lift (meloplasty)</td>
</tr>
<tr>
<td></td>
<td>Correction of facial soft tissue asymmetry</td>
</tr>
<tr>
<td></td>
<td>Facial rhytidectomy</td>
</tr>
<tr>
<td></td>
<td><strong>Includes:</strong> neck-lift</td>
</tr>
<tr>
<td></td>
<td><strong>Code also when performed:</strong></td>
</tr>
<tr>
<td></td>
<td>• browlift (45587-01, 45588-01 [1675])</td>
</tr>
<tr>
<td></td>
<td>• eyelid reduction (45617-00, 45620-00 [1662])</td>
</tr>
<tr>
<td>45588-00</td>
<td>Facelift, bilateral</td>
</tr>
<tr>
<td></td>
<td>Check lift (meloplasty)</td>
</tr>
<tr>
<td></td>
<td>Facial rhytidectomy</td>
</tr>
<tr>
<td></td>
<td><strong>Includes:</strong> neck-lift</td>
</tr>
<tr>
<td></td>
<td><strong>Code also when performed:</strong></td>
</tr>
<tr>
<td></td>
<td>• browlift (45587-01, 45588-01 [1675])</td>
</tr>
<tr>
<td></td>
<td>• eyelid reduction (45617-00, 45620-00 [1662])</td>
</tr>
</tbody>
</table>
45587-01 Browlift, 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
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])

45588-02 Necklift
Neck rhytidectomy

Code also when performed:
• browlift (45587-01, 45588-01 [1675])
• eyelid reduction (45617-00, 45620-00 [1662])

Excludes: that with facelift (45587-00, 45588-00 [1675])

12.7. Resection of ingrown toenail

The description of MBS item number 47916 was amended to expand the range of approaches that may be used for resection of ingrown toenail. The following changes have been made in ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Excision
- nail
  - - finger (thumb) 46516-01 [1631]
  ... - toe 47906-01 [1632]
  - - ingrown
    - - - partial (by phenolisation) (electrocautery) (laser) (sodium hydroxide or acid) 47916-00 [1632]
    - - - radical 47918-00 [1632]

Removal
- nail
  - - finger (thumb) 46516-01 [1631]
  ... - toe 47906-01 [1632]
  - - ingrown
    - - - partial (by phenolisation) (electrocautery) (laser) (sodium hydroxide or acid) 47916-00 [1632]
    - - - radical (bed) 47918-00 [1632]
  ... - toenail 47906-01 [1632]
    - - ingrown
      - - - partial (by phenolisation) (electrocautery) (laser) (sodium hydroxide or acid) 47916-00 [1632]
      - - - radical 47918-00 [1632]

Resection
- nail
  - - finger (thumb)
  ... - toe 47906-01 [1632]
    - - ingrown
      - - - partial (by phenolisation) (electrocautery) (laser) (sodium hydroxide or acid) 47916-00 [1632]
      - - - radical 47918-00 [1632]
    ... - toenail 47906-01 [1632]
      - - ingrown
        - - - partial (by phenolisation) (electrocautery) (laser) (sodium hydroxide or acid) 47916-00 [1632]
        - - - radical 47918-00 [1632]
TABULAR LIST OF INTERVENTIONS

1632  Excision of toenail

47916-00 Partial resection of ingrown toenail

Includes: destruction of nail matrix by:
- electrocautery
- laser
- phenolisation
- sodium hydroxide or acid

Excludes: wedge resection of ingrown toenail (46528-00 [1632])

12.8. Reticular erythematous mucinosis

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Mucinosis (cutaneous) (focal) (papular) (reticular erythematous) (skin) L98.5
- oral K13.7

Retention, retained
- water (in tissues) (see also Oedema) R60.9

Reticular erythematous mucinosis L98.5

Reticulation, dust — see Pneumoconiosis

TABULAR LIST OF DISEASES

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

L98.5 Mucinosis of skin
Focal mucinosis
Lichen myxoedematous

Reticular erythematous mucinosis

Excludes: focal oral mucinosis (K13.7)
myxoedema (E03.9)

12.9. Sunburn

A public submission was received concerning the classification and AR-DRG assignment for sunburn. Sunburn is classified in Chapter 12 Diseases of the skin and subcutaneous tissue (L00-L99) which does not facilitate specification of site or external cause of sunburn. Given that sunburn is a significant health issue and has long term consequence for skin cancer, it was agreed that sunburn required multiple codes to identify the site and external causes. The following changes have been made to ICD-10-AM for Eighth Edition.

TABULAR LIST OF DISEASES

L55  Sunburn 1911

Use additional code (T20–T25, T29–T30) to identify site of sunburn.
Use additional code (T31) to identify the percentage of body surface area.
Use additional external cause code (Chapter 20) to identify cause.
BURNS
(T20–T31)

Includes:
burns (thermal) from:
• electrical heating appliances
• electricity
• flame
• friction
• hot air and hot gases
• hot objects
• lightning
chemical burns [corrosions] (external)(internal)
radiation burns
scalds

Excludes:
erythema [dermatitis] ab igne (L59.0)
other specified radiation-related disorders of the skin and subcutaneous tissue (L55-L56–L59)
sunburn (L55–)

AUSTRALIAN CODING STANDARDS

1911 BURNS

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 is coded to:
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

Note that the external cause is inherent in the codes L55– Sunburn and therefore, the assignment of an external cause code is unnecessary. (See also ACS 2001 External cause code use and sequencing).
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.

However, for sunburn, if the percentage body surface area is documented, assign a code from category T31.- Burns classified according to extent of body surface involved and X32.- Exposure to sunlight.
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).

2001 EXTERNAL CAUSE CODE USE AND SEQUENCING

CODES NOT REQUIRING AN EXTERNAL CAUSE CODE
A range of conditions that are caused by external events are represented by certain codes within Chapters 1–18. Some of these codes do not require an external cause code to be assigned (see list below). The external cause code is not required because the external cause information is embedded in the diagnosis code and, therefore, the addition of an external cause code does not add any further information.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>...</td>
<td></td>
</tr>
<tr>
<td>L25.8</td>
<td>Unspecified contact dermatitis due to other agents</td>
</tr>
<tr>
<td>L55.0</td>
<td>Sunburn, erythema</td>
</tr>
<tr>
<td>L55.1</td>
<td>Sunburn, partial thickness</td>
</tr>
<tr>
<td>L55.2</td>
<td>Sunburn, full thickness</td>
</tr>
<tr>
<td>L55.8</td>
<td>Other sunburn</td>
</tr>
<tr>
<td>L55.9</td>
<td>Sunburn, unspecified</td>
</tr>
<tr>
<td>L56.2</td>
<td>Photocontact dermatitis [berloque dermatitis]</td>
</tr>
</tbody>
</table>

12.10. **ACS 1204 Plastic surgery**

It was noted that the inclusion of ‘micromastia’ in ACS 1204 Plastic surgery in the examples of conditions to be coded when documented as ‘the reason for cosmetic or reconstructive plastic surgery’ was not appropriate as this condition does not have an entry in the ICD-10-AM Alphabetic Index. Therefore, ‘micromastia’ has been replaced with ‘pendulous breasts’ (as used in Example 2 in ACS 1204) in ACS 1204 for Eighth Edition.

**AUSTRALIAN CODING STANDARD**

Refer section 21.4 ACS 2114 Prophylactic surgery (New) (page 276) for further changes to ACS 1204 Plastic Surgery.

1204 **PLASTIC SURGERY**

**COSMETIC AND RECONSTRUCTIVE PLASTIC SURGERY**

Plastic surgery may be performed for cosmetic or medical reasons. When the reason for cosmetic or reconstructive plastic surgery (e.g., micromastia, pendulous breasts, redundant facial tissue, bat ears, revision of scar, skull deformity, etc) is documented, code this condition, current disease or injury as the principal diagnosis. When the condition is not specified, or is a term not recognised by ICD-10-AM (e.g., ageing face), assign Z41.1 Other plastic surgery for unacceptable cosmetic appearance or Z42.- Follow-up care involving plastic surgery as the principal diagnosis, as appropriate.

12.11. **ACS 1205 Blepharoplasty (Deleted)**

Following a general review of Australian Coding Standards (ACS) Seventh Edition, it was highlighted that the advice in ACS 1205 Blepharoplasty could be incorporated into ACHI. The following amendments have been made to ACHI and the ACS for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

Reconstruction
- eyelid 45614-00 [1684]
- - by tarsal strip (lateral) 45614-01 [1684]

- - cosmetic — see Rhytidectomy/eyelid
- face, contour
TABULAR LIST OF INTERVENTIONS

1662  Excision, eyelid

| 45617-00 | Reduction of upper eyelid |
| 1205 | Excision of redundant skin of upper eyelid |
|  | Restoration of symmetry of upper eyelid |
|  | Upper eyelid rhytidectomy |

| 45620-00 | Reduction of lower eyelid |
| 1205 | Lower eyelid rhytidectomy |
|  | Restoration of symmetry of lower eyelid |

AUSTRALIAN CODING STANDARDS

SPECIALTY STANDARDS
12. Skin and subcutaneous tissue
1203 Debridement
1204 Plastic surgery
1205 Blepharoplasty
1210 Cellulitis

1205 BLEPHAROPLASTY
Code cosmetic blepharoplasty to 45617-00 [1662] Reduction of upper eyelid or 45620-00 [1662] Reduction of lower eyelid. If the term ‘blepharoplasty’ is used to mean ‘reconstruction’ of the eyelid(s), refer to the appropriate entry under ‘Reconstruction, eyelid’ in the ACHI Alphabetic Index.

12.12. ACS 1210 Cellulitis (Deleted)

ACS 1210 Cellulitis was reviewed to include advice published in Coding Matters, June 2010 (Vol. 17, No. 1), Cellulitis with superficial injuries. It was agreed that the principles of ACS 0001 Principal diagnosis should be applied and that this standard was not required. Consequently ACS 1210 Cellulitis has been deleted and a new standard ACS 0742 Orbital and periorbital cellulitis containing the still relevant information relating to periorbital cellulitis from ACS 1210 Cellulitis has been included in the Eye and adnexa specialty standards section.

Refer section 7.7 ACS 0742 Orbital and periorbital cellulitis (New) (page 128) for details.
13. Musculoskeletal and connective tissue

13.1. Amputation, arm

An inconsistency was highlighted in ACHI code 44328-01 [1412] Amputation through arm. Consequently the following changes were made to ACHI for Eighth Edition.

**TABULAR LIST OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>44328-01</td>
<td>Amputation through upper arm</td>
</tr>
</tbody>
</table>

Includes: humerus

13.2. Arthropathy in haematologic disorders NEC (Indexing)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Arthropathy (see also Arthritis) M13.9-
- in (due to)
  - - acromegaly E22.0† M14.5*
  - - - - haematologic disorders NEC (see also categories D50–D6277, D64–D76) D75.9† M36.3*
  - - haemochromatosis E83.1† M14.5*

13.3. Arthroplasty, digit (Indexing)

An indexing issue was highlighted regarding the subterms listed for Arthroplasty/digit. The following changes have been made to the ACHI Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Arthroplasty (see also Repair/joint) 50127-00 [1571]</th>
</tr>
</thead>
<tbody>
<tr>
<td>- by osseointegration (implantation of titanium fixture)</td>
</tr>
<tr>
<td>-- digit (finger) (toe) 45794-07 [1698]</td>
</tr>
<tr>
<td>- for hallux valgus (hallux rigidus) (unilateral) 49821-00 [1547]</td>
</tr>
</tbody>
</table>

- digit (finger) (toe)
  - - by osseointegration (implantation of titanium fixture) 45794-07 [1698]
  - - - - for joint replacement (1 joint) (hemi) (total) 46309-00 [1462]
  - - thumb — see Arthroplasty/interphalangeal/hand
  - - - - by osseointegration (implantation of titanium fixture) 45794-07 [1698]
  - - toe — see Arthroplasty/toe
  - elbow NEC 90536-00 [1418]

- finger (thumb) — see also Arthroplasty/interphalangeal/hand
  - by osseointegration (implantation of titanium fixture) 45794-07 [1698]
  - - hand (finger) (thumb)
  - - - - for joint replacement (1 joint) (hemi) (total) 46309-00 [1462]
  - - - - - - interphalangeal
  - - - - - - - - hand (finger) (thumb)
  - - - - - - - - - for joint replacement (1 joint) (hemi) (total) 46309-00 [1462]
  - - - - - - - - - - thumb — see Arthroplasty/interphalangeal/hand
  - - - - - - - - - - - by osseointegration (implantation of titanium fixture) 45794-07 [1698]
  - - - - - - - - - - toe
  - foot
13.4. **Arthroscopy, wrist with release of adhesions (Indexing)**

An inconsistency was highlighted regarding the index entry for *Arthroscopy/with release of adhesions/and removal of foreign body*. The ACHI Alphabetic Index has been amended for Eighth Edition as follows.

**ALPHABETIC INDEX OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Arthroscopy (with lavage)</th>
<th>50100-00 [1555]</th>
</tr>
</thead>
<tbody>
<tr>
<td>- wrist 49218-00 [1443]</td>
<td></td>
</tr>
<tr>
<td>- with</td>
<td></td>
</tr>
<tr>
<td>- biopsy 49218-01 [1444]</td>
<td></td>
</tr>
<tr>
<td>- - release of adhesions 49221-02 [1443]</td>
<td></td>
</tr>
<tr>
<td>- and removal of loose body 49221-02 [1443]</td>
<td></td>
</tr>
<tr>
<td>- - removal of loose body 49221-01 [1443]</td>
<td></td>
</tr>
<tr>
<td>- - - and release of adhesions 49221-02 [1443]</td>
<td></td>
</tr>
<tr>
<td>- - - synovectomy 49224-01 [1451]</td>
<td></td>
</tr>
</tbody>
</table>

13.5. **Bone substitute material (Indexing)**

In response to a public submission regarding the indexing of *injection of bone substitute material*, the following amendments have been made to the ACHI Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Injection (around) (into) (of) — see also Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>- bone</td>
</tr>
<tr>
<td>- graft substitute (paste) — see Graft/bone/specified site</td>
</tr>
<tr>
<td>- marrow 90280-00 [803]</td>
</tr>
<tr>
<td>- substitute material (paste) — see Graft/bone/specified site</td>
</tr>
<tr>
<td>- botulinum toxin (Botox) (Botoxin) NEC (see also Injection/by site) 18360-00 [1552]</td>
</tr>
</tbody>
</table>

13.6. **Closed reduction of acetabulum**

Advice was published in Coding Q&A, December 2011, *Closed reduction of acetabulum* regarding the correct code for this procedure when an internal fixation is performed, in view of an instructional note precluding assignment of 47498-00 [1479] *Internal fixation of fracture of acetabulum*.

The excludes note at 47483-00 [1479] *External fixation of fracture of pelvis* and both the includes and excludes notes at 47498-00 [1479] *Internal fixation of fracture of acetabulum* have now been amended in ACHI Eighth Edition to allow the correct code to be assigned for closed reduction of acetabulum with internal fixation.

**ALPHABETIC INDEX OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>- fracture (bone) (with cast) (with splint)</td>
</tr>
<tr>
<td>- acetabulum</td>
</tr>
<tr>
<td>- - with internal fixation (closed) 47498-00 [1479]</td>
</tr>
<tr>
<td>- - open, with internal fixation 47501-00 [1486]</td>
</tr>
<tr>
<td>- - ankle (closed) 47597-00 [1537]</td>
</tr>
</tbody>
</table>
**TABULAR LIST OF INTERVENTIONS**

1479  Fixation of fracture of pelvis or femur

| 47483-00 | External fixation of fracture of pelvis  
|          | Immobilisation of fracture of pelvis  
|          |  
|          | **Excludes:** that with reduction of fracture (47486-00, 47489, 47501-00, 47528-01, 47531-00 [1486])

| 47498-00 | Internal fixation of fracture of acetabulum  
|          |  
|          | **Includes:** closed reduction  
|          | traction  
|          |  
|          | **Excludes:** that with open reduction of fracture (47486-00, 47489, 47501-00, 47528-01, 47531-00 [1486])

13.7.  **Excision of exostosis**

The descriptions of MBS item numbers 49833, 49836, 49837 and 49838 were amended to include 'with or without excision of exostoses' during correction of hallux valgus. These changes have been included in the Tabular List of ACHI for Eighth Edition.

**TABULAR LIST OF INTERVENTIONS**

1532  Excision of bone of foot

| 47933-01 | Excision of exostosis of bone of foot  
|          |  
|          | **Includes:** toe  
|          |  
|          | **Excludes:** that with correction of hallux valgus (49833-00, 49836-00, 49837-00, 49838-00 [1547])

1547  Procedures for hallux valgus or hallux rigidus

| 49833-00 | Correction of hallux valgus by osteotomy of first metatarsal, unilateral  
|          | Bunionectomy, unilateral NOS  
|          |  
|          | **Includes:** excision of exostosis  
|          | internal fixation  
|          | prosthesis  

| 49836-00 | Correction of hallux valgus by osteotomy of first metatarsal, bilateral  
|          | Bunionectomy, bilateral NOS  
|          |  
|          | **Includes:** excision of exostosis  
|          | internal fixation  
|          | prosthesis  

| 49837-00 | Correction of hallux valgus by osteotomy of first metatarsal and transfer of adductor hallucis tendon, unilateral  
|          |  
|          | **Includes:** excision of exostosis  
|          | internal fixation  
|          | prosthesis  

| 49838-00 | Correction of hallux valgus by osteotomy of first metatarsal and transfer of adductor hallucis tendon, bilateral  
|          |  
|          | **Includes:** excision of exostosis  
|          | internal fixation  
|          | prosthesis  

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13.8. **Graft, bone, vertebra with... (Indexing)**

An inconsistency was highlighted in the indexing of bone grafts when performed with vertebral procedures in block [1385] Other excision procedures on spine (vertebral column) and [1393] Other spinal procedures. As some of these procedures do not involve a bone graft, the ACHI Alphabetic Index has been amended for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Graft (repair)</th>
<th>- bone 48239-00 [1569]</th>
</tr>
</thead>
<tbody>
<tr>
<td>- for</td>
<td></td>
</tr>
<tr>
<td>- - specified site NEC 48239-00 [1569]</td>
<td></td>
</tr>
<tr>
<td>- - with internal fixation NEC 48242-00 [1569]</td>
<td></td>
</tr>
<tr>
<td>- spine - see Graft/bone/vertebra</td>
<td></td>
</tr>
<tr>
<td>- tibia 48206-00 [1513]</td>
<td></td>
</tr>
<tr>
<td>- - ulna 48224-00 [1435]</td>
<td></td>
</tr>
<tr>
<td>- - - - with internal fixation 48227-00 [1435]</td>
<td></td>
</tr>
<tr>
<td>- - - - and radius 48218-00 [1435]</td>
<td></td>
</tr>
<tr>
<td>- - - - - with internal fixation 48221-00 [1435]</td>
<td></td>
</tr>
<tr>
<td>- - - - - - vertebra</td>
<td></td>
</tr>
<tr>
<td>- - - - - - - coccycectomy 30672-00 [1385]</td>
<td></td>
</tr>
<tr>
<td>- - - - - - - excision of sacrococcygeal tumour</td>
<td></td>
</tr>
<tr>
<td>- - - - - - - posterior approach 43876-00 [1385]</td>
<td></td>
</tr>
<tr>
<td>- - - - - - - postero-abdominal approach 43879-00 [1385]</td>
<td></td>
</tr>
<tr>
<td>- - - - - - - revision (re-exploration) 50616-02 [1393]</td>
<td></td>
</tr>
<tr>
<td>- - - - - - - breast</td>
<td></td>
</tr>
</tbody>
</table>

13.9. **Haglund’s deformity (Indexing)**

Advice was published in Coding Q&A, June 2012 for Haglund’s deformity. The term ‘Haglund’s’ is used to describe two different conditions:

- Haglund’s osteochondrosis, or juvenile os tibiale externum osteochondrosis, is an abnormal growth at the inner aspect of the foot, on or near the navicular bone.
- Haglund’s deformity, also known as Haglund’s disease, disorder or syndrome, is an acquired condition in which there is a painful bony enlargement of the posterior heel, with or without bursitis. The condition is also referred to as ‘pump bump’ as it is caused by repetitive impingement of the retrocalcaneal bursa, often due to pressure from the backs of pump style shoes. For this reason it commonly occurs at the end of the second or third decade, mainly in females and is often bilateral. However the condition may occur in both sexes and at any age.

The following amendments have been made to the ICD-10-AM Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

<table>
<thead>
<tr>
<th>Deformity</th>
<th>- gum, acquired NEC K06.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Haglund’s (acquired) (pump bump) M21.67</td>
<td></td>
</tr>
<tr>
<td>- hand (acquired) M21.94</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disease, diseased — see also Syndrome</th>
<th>- haemorrhagic D69.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>- due to</td>
<td></td>
</tr>
<tr>
<td>- - fetus or newborn P53</td>
<td></td>
</tr>
<tr>
<td>- Haglund’s (acquired) (pump bump) M21.67</td>
<td></td>
</tr>
<tr>
<td>- hair (colour) (shaft) L67.9</td>
<td></td>
</tr>
</tbody>
</table>

| Hageman’s factor defect, deficiency or disease | D68.2 |
| Haglund’s disease or osteochondrosis (juvenile) (os tibiale externum) M92.6 |
| - deformity or disease (acquired) (pump bump) M21.67 |
| - osteochondrosis (juvenile) (os tibiale externum) M92.6 |
| - syndrome (acquired) (pump bump) M21.67 |
| Hailey-Hailey disease Q82.89 |

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>- haemorrhagic fever with renal A98.5† N08.0*</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Haglund’s (acquired) (pump bump) M21.67</td>
<td></td>
</tr>
<tr>
<td>- Hallerman-Streiff Q87.05</td>
<td></td>
</tr>
</tbody>
</table>
13.10. March fracture (Indexing)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

| 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-
| - manubrium (sterni) | S22.2-
| - march | S92.3M84.3-
| - maxilla, maxillary (bone) (sinus) (superior) (upper jaw) | S02.4-
| March - fracture | S92.3M84.3-
| - haemoglobinuria | D59.6-

13.11. Matrix autologous chondrocyte implantation (MACI)

Two public submissions were received regarding the indexing of *matrix autologous chondrocyte implantation* (MACI). Autologous chondrocyte implantation (ACI) and matrix-induced autologous chondrocyte implantation (MACI) involve isolating and growing the patient’s own cartilage (chondrocytes), and re-implanting these cells into the damaged area within the knee joint via surgery. The procedure is performed in two stages.

*Stage 1*

Arthroscopic removal of healthy cartilage cells (chondrocytes) from a non-weight bearing region of the knee. Chondrocytes are isolated and grown in a special laboratory using tissue engineering procedures and takes approximately four weeks to cultivate.

*Stage 2*

Insertion (implantation) of the chondrocytes into the defect. MACI involves implanting the chondrocytes seeded onto a collagen membrane into the defect.

The following amendments have been made to ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

| Achillotenotomy 49718-01 [1542] ACh (autologous chondrocyte implantation) 14203-01 [1906] Acromionectomy |
| Implnat, implantation — see also Insertion |
| - cartilage (autologous) (chondrocytes) (matrix-induced) 14203-01 [1906] |
| - by cannula 14206-01 [1906] |
| - directly 14203-01 [1906] |
| - chondrocytes (autologous) (matrix-induced) — see Implnat, implantation/cartilage |
| - defibrillator, generator (automatic) (cardioverter) (with pacemaker functionality) 38393-00 [653] |
| MACI (matrix-induced autologous chondrocyte implantation) 14203-01 [1906] Maggot debridement therapy (MDT) 96210-00 [1604] |
| Transplant, transplantation |
| - cartilage (autologous) (chondrocytes) (matrix-induced) 14203-01 [1906] |
| - by cannula 14206-01 [1906] |
| - directly 14203-01 [1906] |
| - chondrocytes (autologous) (matrix-induced) — see Transplant, transplantation/cartilage |
| - conjunctival (auto) 42641-01 [255] |
## TABULAR LIST OF INTERVENTIONS

**1906**  Implantation of hormone or living tissue

<table>
<thead>
<tr>
<th>1906-0030</th>
<th>Direct living tissue implantation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Includes:</strong> incision suture</td>
</tr>
</tbody>
</table>

### 13.12. Ostectomy, mandible, multiple procedures

An inconsistency was highlighted regarding code assignment for ostectomies of the mandible and maxible involving multiple procedures. The ACHI Alphabetic Index was amended with cross references to the ACHI Tabular List for Eighth Edition.

### ALPHABETIC INDEX OF INTERVENTIONS

**Ostectomy NEC 90572-00 [1563]**
- mandible
  - bilateral 45726-02 [1705]
  - with internal fixation 45729-02 [1706]
  - multiple procedures (more than 2) 45731-00 [1707]
    (multiple ostectomies or osteotomies of maxilla, in combination) — see block [1707]
  - with internal fixation — see block [1708]
    — multiple ostectomies or osteotomies of maxilla, in combination — see block [1707]
  - unilateral 45720-02 [1705]
  - with internal fixation 45723-02 [1706]
  - maxilla
  - bilateral 45726-03 [1705]
  - with internal fixation 45729-03 [1706]
  - multiple procedures (more than 2) 45731-01 [1707]
    (multiple ostectomies or osteotomies of mandible, in combination) — see block [1707]
  - with internal fixation — see block [1708]
    — multiple ostectomies or osteotomies of mandible, in combination — see block [1707]
  - unilateral 45720-03 [1705]

**Osteotomy NEC 90569-00 [1556]**
- mandible
  - bilateral 45726-00 [1705]
  - with internal fixation 45729-00 [1706]
  - multiple procedures (more than 2) 45731-00 [1707]
    (multiple ostectomies or osteotomies of maxilla, in combination) — see block [1707]
  - with internal fixation — see block [1708]
    — multiple ostectomies or osteotomies of maxilla, in combination — see block [1707]
  - unilateral 45720-00 [1705]
  - with internal fixation 45723-00 [1706]
  - maxilla
  - bilateral 45726-01 [1705]
  - with internal fixation 45723-01 [1706]
  - midfacial — see Osteotomy/maxilla/midfacial

### 13.13. Osteophyte, facet joint (Indexing)

Advice published in Coding Q&A, June 2012, Osteophyte, facet joint clarified that osteophyte of the facet joint should be classified under Spondylosis. This has been incorporated into the Alphabetic Index for ICD-10-AM for Eighth Edition.

### ALPHABETIC INDEX OF DISEASES

**Osteophyte M25.7-**
- facet joint — see Spondylosis

**Osteopoikilosis Q78.81**
13.14. **Sequestration of intervertebral disc (Indexing)**


Disc sequestration is synonymous with a ruptured or displaced disc, however a sequestered disc is not sequestered bone. The three classifications of herniated/displaced disc are disc protrusion, disc extrusion, and disc sequestration. Disc sequestration is where the nucleus pulposis has leaked out of the disc entirely and has separated with the disc due to a breach of the posterior longitudinal ligament (PLL). Disc sequestration is often severely painful, exhibiting sciatica, or pain down the back and leg and usually requires decompressive surgery.

The following changes have been made to the ICD-10-AM Alphabetic Index for Eighth Edition to support this advice.

**ALPHABETIC INDEX OF DISEASES**

```
Sequestration — see also Sequestrum
  - disc — see Displacement, displaced/intervertebral disc
  - lung, congenital Q33.2
```

```
Sequestrum
  - dental K10.2
  - disc — see Displacement, displaced/intervertebral disc
  - jaw bone K10.2
```

13.15. **Single event multilevel surgery (SEMLS)**

MBS updates in November 2006 introduced twelve new item numbers for single event multilevel surgery (SEMLS), also referred to as multiple lower extremity procedure (MLEP). SEMLS is one operation, involving multiple orthopaedic procedures for correction of spastic muscle/tendon contractions and bony deformities of the lower limbs.

This surgery is specifically designed for ambulant children with cerebral palsy, who have associated varying degrees of musculoskeletal pathology or abnormal gait, however it is also performed for a number of other neuromuscular conditions which are phenotypically similar to cerebral palsy, such as hereditary spastic paraplegias.

The following amendments have been made to ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

```
Advancement
  - tendon — see also Repair/tendon
    - patella 90611-01 [1522]
    - tibial

Capsulotomy
  - joint NEC 90570-00 [1555]
  - for claw toe repair 49848-01 [1548]
  - with internal fixation 49851-01 [1548]
  - with release of hip contracture
    - bilateral 50378-01 [1480]
    - unilateral 50375-01 [1480]
    - anterior (unilateral) 50381-00 [1480]
    - bilateral 50384-00 [1480]
    - medial (unilateral) 50375-00 [1480]
    - bilateral 50378-00 [1480]
  - hand NEC 90545-00 [1440]
    - sternocleidomastoid (for torticollis) (sternomastoid) 50402-00 [1374]
  - nerve — see also Sympathectomy
    - for facet joint denervation (percutaneous)
      - with release of hip contracture (adductor) (psoas)
        - bilateral 50378-01 [1480]
        - unilateral 50375-01 [1480]
        - anterior (unilateral) 50381-00 [1480]
        - bilateral 50384-00 [1480]
        - medial (unilateral) 50375-00 [1480]
        - bilateral 50378-00 [1480]
  - lens 42734-00 [201]

Division (freeing)
  - muscle NEC 90568-00 [1559]
    - with release of hip contracture (adductor) (psoas)
```

...
- tendon 47954-00 [1572]  
  - with release of hip contracture (adductor) (psoas)  
    - bilateral 50378-01 [1480]  
    - unilateral 50375-01 [1480]  
    - anterior (unilateral) 50381-00 [1480]  
      - bilateral 50384-00 [1480]  
      - medial (unilateral) 50375-00 [1480]  
      - bilateral 50378-00 [1480]  
    - Achilles’ (ankle) 49718-01 [1542]  

- Simond’s shell (management of postoperative hypotony/fistula using tamponade device) 42746-00 [191]  
- single event multilevel surgery — see Single event multilevel surgery (SEMLS)  
- sinus

**Release**

- capsule  
  - - contracture, for  
    - - joint NEC 90570-00 [1555]  
    - - for claw toe repair 49848-01 [1548]  
    - - with internal fixation 49851-01 [1548]  
    - - with release of hip contracture (adductor) (flexor) (psoas)  
      - bilateral 50378-01 [1480]  
      - unilateral 50375-01 [1480]  
      - anterior (unilateral) 50381-00 [1480]  
      - bilateral 50384-00 [1480]  
      - medial (unilateral) 50375-00 [1480]  
      - bilateral 50378-00 [1480]  
    - interphalangeal  
      -  
          - contracture  
          - - capsule, for  
            - - joint 50112-00 [1555]  
            - - with reconstruction of boutonniere deformity 46447-00 [1469]  
            - - ankle 49706-03 [1529]  
            - - elbow (open) 49100-02 [1410]  
            - - arthroscopic 49121-04 [1410]  
            - - hip (adductor) (flexor) (psoas)  
              - bilateral 50378-01 [1480]  
              - unilateral 50375-01 [1480]  
              - anterior (unilateral) 50381-00 [1480]  
              - bilateral 50384-00 [1480]  
              - medial (unilateral) 50375-00 [1480]  
              - bilateral 50378-00 [1480]  
            - - knee (posterior) (unilateral) 50363-00 [1498]  

**Repair**

- tendon 47954-00 [1572]  
  - by  
    - - advancement — see Advancement/tendon  
    - - lengthening — see Lengthen, lengthening  
    - - shortening — see Shortening/tendon  
    - - tenolysis — see Tenolysis  
    - - tenoplasty NEC 47963-01 [1572]  
    - - transfer (transplantation) — see Transfer/tendon  
    - - Achilles’ (immediate) (primary) 49718-01 [1542]  
    - - patella 90611-01 [1522]  
    - - specified site NEC 47954-00 [1572]  

**Segmentectomy**

- lung 38438-00 [551]  
- SEMLS (single event multilevel surgery) — see Single event multilevel surgery (SEMLS)  
- Sengstaken-Blakemore tube (balloon)  

**Shortening**

- muscle  
  - - extraocular — see Procedure/for/strabismus  
  - - levator palpebrae (eyelid) 46623-02 [1677]  
  - - tendon NEC 47954-00 [1572]  

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Single event multilevel surgery (SEMLS)

**Note:** Single event multilevel surgery (SEMLS) is performed for ambulant children with cerebral palsy and a number of other neuromuscular conditions which are phenotypically similar to cerebral palsy such as hereditary spastic paraplegia. SEMLS involves various combinations of orthopaedic procedures in a single operative episode.

**50450-00 Single event multilevel surgery, involving multiple soft tissue surgery of the lower limb, unilateral**

Procedure may comprise the following soft tissue procedures in any combination:

- lengthening (Achilles’ tendon) (adductors) (gastrosoleus) (hamstrings) (peroneus brevis) (peroneus longus) (plantar flexors) (psoas) (psoas over the brim) (tibialis posterior)
- obturator neuroectomy (anterior branch)
- phenol to obturator nerve
- release (adductors) (rectus femoris)
- transfer (rectus femoris) (semi-tendinosus) (tibialis anterior) (tibialis posterior)

**50455-00 Single event multilevel surgery, involving multiple soft tissue surgery of the lower limbs, bilateral**

Procedure may comprise the following soft tissue procedures in any combination:

- lengthening (Achilles’ tendon) (adductors) (gastrosoleus) (hamstrings) (peroneus brevis) (peroneus longus) (plantar flexors) (psoas) (psoas over the brim) (tibialis posterior)
- obturator neuroectomy (anterior branch)
- phenol to obturator nerve
- release (adductors) (rectus femoris)
- transfer (rectus femoris) (semi-tendinosus) (tibialis anterior) (tibialis posterior)

**50450-01 Single event multilevel surgery, involving multiple soft tissue surgery and osteotomies of the lower limb, unilateral**
Procedure may comprise the following procedures in any combination:
- lower limb osteotomies:
  - epiphysiodesis (fixed flexion deformity) (FFD) (limb length discrepancy) (LLD) (tibia)
  - femoral derotation osteotomy (distal) (proximal)
  - pelvic osteotomy (DEGA) (periacetabular osteotomy) (triple of PAO)
  - supramalleolar osteotomy
  - varus derotation osteotomy (VDRO) (with extension)
- soft tissue procedures listed in 50450-00 [1580]

50470-00  Single event multilevel surgery, involving multiple soft tissue surgery and osteotomies of the lower limb, bilateral
Procedure may comprise the following procedures in any combination:
- lower limb osteotomies:
  - epiphysiodesis (fixed flexion deformity) (FFD) (limb length discrepancy) (LLD) (tibia)
  - femoral derotation osteotomy (distal) (proximal)
  - pelvic osteotomy (DEGA) (periacetabular osteotomy) (triple of PAO)
  - supramalleolar osteotomy
  - varus derotation osteotomy (VDRO) (with extension)
- soft tissue procedures listed in 50455-00 [1580]

50450-02  Single event multilevel surgery, involving multiple soft tissue surgery, lower limb osteotomies and foot stabilisation, unilateral
Procedure may comprise the following procedures in any combination:
- foot stabilisation:
  - bone graft
  - os calcis (calcaneal) lengthening
  - subtalar fusion
- lower limb osteotomies listed in 50450-01 [1580]
- soft tissue procedures listed in 50450-00 [1580]

50475-00  Single event multilevel surgery, involving multiple soft tissue surgery, lower limb osteotomies and foot stabilisation, bilateral
Procedure may comprise the following procedures in any combination:
- foot stabilisation:
  - bone graft
  - os calcis (calcaneal) lengthening
  - subtalar fusion
- lower limb osteotomies listed in 50470-00 [1580]
- soft tissue procedures listed in 50455-00 [1580]

1480  Release of hip contracture
Lengthening of:
- adductor brevis
- adductor longus
- Psoas:
  - at the lesser trochanter
  - over the brim (POTB)

Includes: division of obturator nerve
phenol
lengthening or division of adductors and psoas tendons
that via anterior or medial approach

50375-00  Medial release of hip contracture, unilateral
50378-00  Medial release of hip contracture, bilateral
50381-00  Anterior release of hip contracture, bilateral
50384-00  Anterior release of hip contracture, unilateral
50375-01  Release of hip contracture, unilateral
50378-01  Release of hip contracture, bilateral
1499  Osteotomy of distal femur, patella, tibia or fibula
   Includes: wedge osteotomy
   Excludes: that with single event multilevel surgery (SEMLS) (50450, 50455-00, 50470-00, 50475-00 [1580])

1522  Reconstruction procedures on knee
   90611-00  Patellar tendon shortening
   90611-01  Patellar tendon advancement

1544  Other repair procedures on ankle or foot
   90612-00  Os calcis lengthening
   Code also when performed:
   • bone graft (48239-00, 48242-00 [1569])

13.16. Subluxation, complex (Indexing)

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Subluxation — see also Dislocation
   - atlantoaxial (occipito), recurrent M43.4
   - with myelopathy M43.3
   - complex, (vertebral) M99.1
   - congenital NEC — see also Malposition/congenital
14. Genitourinary system

14.1. Bladder neck obstruction

Advice published in Coding Matters June 2010 (Vol 17, No 1) Bladder neck obstruction (BNO) clarified that the guidelines in ACS 1420 Bladder neck incision for benign prostatic hypertrophy concerning bladder neck obstruction refer to documentation of bladder neck obstructions where there is also a diagnosis of benign prostatic hypertrophy. This advice along with the advice in ACS 1420 has been incorporated into ICD-10-AM and ACHI for Eighth Edition and ACS 1420 has been deleted.

TABULAR LIST OF DISEASES

<table>
<thead>
<tr>
<th>N32</th>
<th>Other disorders of bladder</th>
</tr>
</thead>
<tbody>
<tr>
<td>N32.0</td>
<td>Bladder neck obstruction</td>
</tr>
<tr>
<td>▼1420</td>
<td>Bladder neck stenosis (acquired)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N40</th>
<th>Hyperplasia of prostate</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼1420</td>
<td>Adenofibromatous hypertrophy</td>
</tr>
<tr>
<td></td>
<td>Enlargement (benign)</td>
</tr>
<tr>
<td></td>
<td>Hypertrophy (benign)</td>
</tr>
<tr>
<td></td>
<td>Median bar (prostate)</td>
</tr>
<tr>
<td></td>
<td>Prostatic obstruction NOS</td>
</tr>
</tbody>
</table>

*Code also associated bladder neck obstruction (N32.0).*

*Excludes:* benign neoplasms of prostate (D29.1)

TABULAR LIST OF INTERVENTIONS

<table>
<thead>
<tr>
<th>1095</th>
<th>Other incision procedures on bladder</th>
</tr>
</thead>
<tbody>
<tr>
<td>36854-00</td>
<td>Endoscopic incision of bladder neck</td>
</tr>
<tr>
<td>▼1420</td>
<td>Includes: cystourethroscopy</td>
</tr>
<tr>
<td></td>
<td>urethral dilation</td>
</tr>
<tr>
<td></td>
<td>urethroscopy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1165</th>
<th>Transurethral prostatectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>37203-00</td>
<td>Transurethral resection of prostate [TURP]</td>
</tr>
<tr>
<td>▼1420</td>
<td>Transurethral endoscopic prostatectomy</td>
</tr>
<tr>
<td></td>
<td>Includes: that by:</td>
</tr>
<tr>
<td></td>
<td>• cold punch</td>
</tr>
<tr>
<td></td>
<td>• diathermy</td>
</tr>
</tbody>
</table>

*Code also when performed:* |
| • bladder neck incision (36854-00 [1095]) |
AUSTRALIAN CODING STANDARDS

TABLE OF CONTENTS

SPECIALTY STANDARDS

14. Genitourinary system

1417 Percutaneous resection of kidney pelvis tumour via nephrostomy
1420 Bladder neck incision for benign prostatic hypertrophy
1427 Hydrocele

1420 BLADDER NECK INCISION FOR BENIGN PROSTATIC HYPERTROPHY

Assign N40 Hyperplasia of prostate as the principal diagnosis. Any documented bladder neck obstruction should be coded as an additional diagnosis (N32.0 Bladder neck obstruction). Bladder neck obstruction can be assumed to be due to prostatic hypertrophy unless another condition is stated as the cause.

If a TURP and bladder neck incision are performed, sequence the TURP (37203-00 [1165] Transurethral resection of prostate [TURP]) as the first procedure code and bladder neck incision (36854-00 [1095] Endoscopic incision of bladder neck) as an additional procedure.

14.2. Cystoscopy with passage of sounds

In response to a public submission regarding the coding of cystoscopy and passage of sounds, the following amendments have been made to ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Cystoscopy 36812-00 [1089]
- with
- - biopsy
- - nephrostomy, percutaneous — see Nephrostomy/percutaneous
- - passage of sounds 36812-00 [1089]
- - prostatectomy — see Prostatectomy

TABULAR LIST OF INTERVENTIONS

1089 Examination procedures on bladder
36812-00 Cystoscopy
Includes: passage of sounds, urethral dilation

1122 Other repair procedures on urethra
37300-00 Passage of urethral sounds
Excludes: that with cystoscopy (36812-00 [1089])

14.3. Detrusor sphincter dyssynergia (Indexing)

A public submission was received requesting index entries for detrusor sphincter dyssynergia. This condition is a disturbance of the normal relationship between bladder (detrusor) contraction and sphincter relaxation during voluntary or involuntary voiding efforts, and is also referred to as neurogenic detrusor overactivity. The following index entries have been added to the Alphabetic Index to ICD-10-AM for Eighth Edition.
14.4. Hydrocele (Indexing)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

14.5. McCall's culdoplasty

Advice published in Coding Q&A, June 2011, McCall’s culdoplasty, clarified that this procedure is routinely performed with a vaginal hysterectomy to prevent enterocele formation and vaginal vault prolapse, or to repair an existing enterocele, however when McCall's culdoplasty is performed independently of a vaginal hysterectomy the correct code assignment is 35571-00 [1283] Repair of posterior vaginal compartment, vaginal approach. This advice has now been incorporated into ACHI for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Dysfunction
- bladder N31.9
  - neurogenic NEC (see also Dysfunction/bladder/neuromuscular) N31.9
  - detrusor sphincter N31.8
- neuro muscular NEC N31.9

Dysynergia
- cerebellaris myoclonica (Hunt's ataxia) G11.1
- detrusor sphincter (bladder) N31.8

Dysthymia F34.1

Neurogenic — see also condition
- bladder (see also Dysfunction/bladder/neuromuscular) N31.9

Overactive
- bladder N32.8
  - neurogenic, detrusor N31.8
  - disorder, associated with mental retardation and stereotyped movements F84.4

Overactivity R46.3
- detrusor, neurogenic (bladder) N31.8

Overbite (deep) (excessive) (horizontal) (vertical) K07.2

ALPHABETIC INDEX OF INTERVENTIONS

Cuffing
- saphenous vein 34824-00 [721]

Culdoplasty
- McCall’s 35571-00 [1283]
  - with vaginal hysterectomy — omit code

Culdotomy 35572-00 [1280]

McCall’s culdoplasty 35571-00 [1283]
- with vaginal hysterectomy — omit code

Meal

Procedure
- Maze
  - by
    - ablation (cryoablation) (microwave) (radiofrequency) — see Ablation/cardiac/arrhythmia circuit or focus, involving
    - incision — see Division/accessory pathway
  - McCall’s culdoplasty 35571-00 [1283]
    - with vaginal hysterectomy — omit code
    - McGregor flap — see Flap/lip/or reconstruction
1269 Vaginal hysterectomy

Code also when performed:
- debulking of uterus (35658-00 [1270])
- repair of:
  - cystocele (35570-00 [1283])
  - pelvic floor (35577-00 [1283])
  - rectocele (35571-00 [1283])

14.6. Overactive bladder

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.

14.7. Pipelle aspiration of the endometrium (Indexing)

Advice published in Coding Q&A, April 2011, Pipelle aspiration of endometrium highlighted that there was not a specific index entry for this procedure. Pipelle aspiration is a means of noninvasively sampling the endometrium without cervical dilation or anaesthesia. The following amendment has been made to the ACHI Alphabetic Index for Eighth Edition.

14.8. Procedure, bladder, neck, retropubic, laparoscopic (Indexing)

An issue was highlighted regarding 'laparoscopic' being a nonessential modifier at the index entry Procedure/bladder/neck/retropubic, laparoscopic. As the procedure is for stress incontinence, the index entry under Procedure/bladder/neck was amended to provide a see note for Repair/stress incontinence.
14.9. Removal kidney, transplanted

It was highlighted that there was no index entry for removal of transplanted kidney by laparoscopy, and that the exclusion note at block [1051] Complete nephrectomy for removal of transplanted kidney and [1052] Complete nephrectomy complicated by previous surgery on same kidney were superfluous. The following amendments were made to ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

**Removal** — see also Excision
- kidney — see also Nephrectomy
  - from donor
  ...  
  - transplanted 36519-01 [1051]
  - via laparoscopy 36519-00 [1051]
  - lead(s) (cardiac) (electrode(s)) — see Removal/electrode(s) lead(s)

**TABULAR LIST OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Complete nephrectomy for removal of transplanted kidney</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excludes:</strong> that for transplantation from:</td>
</tr>
<tr>
<td>• cadaver (36516-06 [1050])</td>
</tr>
<tr>
<td>• living donor (36516-05 [1050])</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complete nephrectomy complicated by previous surgery on same kidney</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excludes:</strong> radical nephrectomy complicated by previous surgery on same kidney (36529-00 [1053]) that for transplantation from:</td>
</tr>
<tr>
<td>• cadaver (36516-06 [1050])</td>
</tr>
<tr>
<td>• living donor (36516-05 [1050])</td>
</tr>
</tbody>
</table>

14.10. Strassman procedure (Indexing)

It was noted that there was no index entry for Strassman procedure via laparotomy. This procedure is performed for treatment of bicornuate uterus. The following amendments were made to ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

**Procedure**
- stomach NEC 90305-00 [890]
- Strassman (laparoscopic) (repair of bicornuate uterus) 35680-00 [1272]
- via laparotomy 35680-01 [1272]
- Syme (disarticulation through ankle) 44361-00 [1533]

**Repair**
- uterus (laparoscopic) (uterine wall) 90435-00 [1271]
- bicornuate — see Reconstruction/uterus
- obstetric laceration, current 90485-00 [1354]
14.11. **Thickened endometrium (Indexing)**

Advice was published in *Coding Q&A*, April 2011, *Thickened endometrium* which highlighted that there was no index entry for this disorder. The following changes have been made to ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Thickening
- breast N64.5
- endometrium N85.9
- epidermal L85.9

**TABULAR LIST OF DISEASES**

N85.9  Noninflammatory disorder of uterus, unspecified

Disorder of uterus NOS

Thickening of endometrium

14.12. **Vaginal vault suspension**

Advice was published in *Coding Q&A*, June 2012, *Vaginal vault suspension*, which highlighted that there was no index entry for this procedure. The following changes have been made to ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

Colpopexy 35597-01 [1285]
- sacrospinous 35568-00 [1285]
- uterosacral 35568-00 [1285]

Colporrhaphy

Repair
- vagina NEC 90449-00 [1286]
  - by sacrospinous.colpopexy 35568-00 [1285] — see Colpopexy
  - with reconstruction 35565-00 [1287]
  - …
  - rectocele, vaginal approach (with prosthesis) 35571-00 [1283]
  - and cystocele 35573-00 [1283]
  - - vault (with fixation of ligaments) — see Suspension/vaginal vault
  - - abdominal 35595-01 [1285]
  - - - with enterocoele repair 35595-00 [1285]
  - - - - valve

Suspension
- vaginal vault
  - - for stress incontinence (with prosthesis) 37044-01 [1110]
  - - abdominal approach (with fixation of ligaments) 35595-01 [1285]
  - - - with enterocoele repair 35595-01 [1285]
  - - - laparoscopic approach (with fixation of ligaments) 35595-00 [1285]
  - - - - with enterocoele repair 35595-00 [1285]
  - - - - - ventrosuspension, laparoscopic 35637-04 [1271]

**TABULAR LIST OF INTERVENTIONS**

1285  Vaginal suspension procedures

35568-00  Sacrospinous colpopexy
  Suspension of vaginal vault, vaginal approach
14.13. ACS 1404 Admission for kidney dialysis

Advice was published in Coding Q&A, December 2011, Coding of multiple radiotherapy sessions regarding the correct assignment for radiotherapy performed multiple times during an episode of care. Consequently for Eighth Edition, a minor clarification was made to the wording in ACS 1404 Admission for kidney dialysis, with respect to kidney dialysis being performed multiple times during an episode of care.

AUSTRALIAN CODING STANDARDS

Refer section 2.35 ACS 0229 Radiotherapy (page 42) for details of changes to ACS 0229 Radiotherapy.

Refer section 26.6 ACS 0020 Bilateral/multiple procedures (page 295) for overlapping changes to ACS 0020 Bilateral/multiple procedures.

1404 ADMISSION FOR KIDNEY DIALYSIS

SAME-DAY AND OVERNIGHT EPISODES OF CARE FOR DIALYSIS

Where the patient is discharged on the same day or on the next day after admission, code as principal diagnosis either Z49.1 Extracorporeal dialysis or Z49.2 Other dialysis peritoneal dialysis as appropriate.

MULTI-DAY EPISODES OF CARE FOR DIALYSIS

Where a kidney dialysis episode of care is multi-day and the intent for admission was not same-day, code as principal diagnosis the condition necessitating the admission. In these circumstances, kidney dialysis will be indicated by the procedure code. Therefore, the codes Z49.1 Extracorporeal dialysis and Z49.2 Other dialysis are not required.

Where a kidney dialysis episode of care is multi-day, but the intent for admission was same-day, code as principal diagnosis the condition responsible for extending the patient’s length of stay and Z49.1 or Z49.2 as an additional diagnosis.

DIALYSIS PROCEDURE CODING

When dialysis is given multiple times during an episode of care and the same procedure code applies, assign the procedure code once only.

0020 BILATERAL/MULTIPLE PROCEDURES

... MULTIPLE PROCEDURES ...

Classification

1. The SAME PROCEDURE repeated during the episode of care at different 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.

Examples of Exceptions to this rule are:

- procedures included in ACS 0042 Procedures normally not coded
- procedures where multiples are included in the code descriptor, such as:
  - ECT (see ACS 0533 Electroconvulsive therapy)
  - removal of renal calculi
- dialysis (haemodialysis, peritoneal)
- ...
- procedures with specific rules in other coding standards, such as:
  - burn dressings (see ACS 1911 Burns)
  - chemotherapy (see ACS 0044 Chemotherapy)
  - blood transfusions (see ACS 0302 Blood transfusions)
  - allied health interventions (see ACS 0032 Allied health interventions)
• dialysis (see ACS 1404 Admission for kidney dialysis)
• ECT (see ACS 0533 Electroconvulsive therapy)
• radiotherapy (see ACS 0229 Radiotherapy)


Following a general review of *Australian Coding Standards* (ACS) Seventh Edition, it was agreed that the advice in ACS 1426 *Dialysis amyloid* could be incorporated into ICD-10-AM. Dialysis-related amyloidosis affects patients undergoing continuous peritoneal dialysis and long term haemodialysis.

*Refer section 4.10 ACS 1426 Dialysis amyloid (Deleted) (page 107) for details of classification changes.*
15. Pregnancy, childbirth and puerperium

15.1. Death from anaesthesia during delivery

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

| Anaesthesia, anaesthetic — see also Effect, adverse/anaesthesia |
| - death from |
| - - correct substance properly administered T88.2 |
| - - during delivery O74.98 |
| - - in pregnancy O29.9 |

Death

- anaesthetic
  - due to
  - - correct substance properly administered T88.2
  - - overdose or wrong substance given T41.-
  - - - specified anaesthetic — see Table of drugs and chemicals

- - - under anaesthesia NEC
- - - due to
  - - - correct substance properly administered T88.2
  - - - overdose or wrong substance given T41.-
  - - - - specified anaesthetic — see Table of drugs and chemicals
- - - during delivery O74.89
- - in pregnancy O29.89
- - postpartum, puerperal O89.8

...

- under anaesthesia NEC
- - due to
  - - correct substance properly administered T88.2
  - - overdose or wrong substance given T41.-
  - - - specified anaesthetic — see Table of drugs and chemicals
- - during delivery O74.89

**15.2. Duration of pregnancy - O09**

Public submissions were received regarding an inconsistency in the classification of duration of pregnancy greater than 36 weeks. The following amendments have been made to ICD-10-AM Tabular List and Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

| Pregnancy (single) (uterine) |
| - 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 |
| - - 34–36<37 completed weeks O09.5 |
| - - unspecified duration of pregnancy O09.9 |

**TABULAR LIST OF DISEASES**

**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.

*Note:* 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 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 False labour before 37 completed weeks of gestation)

O09.5 34–36<37 completed weeks

AUSTRALIAN CODING STANDARDS

1520  MULTIPLE BIRTHS

In a multiple delivery, if the babies are delivered differently, both types of delivery should be coded.

**EXAMPLE 1:**
Premature twin delivery at 35 weeks, twin 1 delivered by breech extraction and twin 2, transverse position delivered by lower segment caesarean section (LSCS) due to obstruction.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O84.82</td>
<td>Multiple delivery by combination of methods</td>
</tr>
<tr>
<td>O64.8</td>
<td>Labour and delivery affected by other malposition and malpresentation</td>
</tr>
<tr>
<td>O32.5</td>
<td>Maternal care for multiple gestation with malpresentation of one fetus or more</td>
</tr>
<tr>
<td>O30.0</td>
<td>Twin pregnancy</td>
</tr>
<tr>
<td>O60.1</td>
<td>Preterm labour with preterm delivery</td>
</tr>
<tr>
<td>O09.5</td>
<td>Duration of pregnancy 34–36&lt;37 completed weeks</td>
</tr>
<tr>
<td>Z37.2</td>
<td>Twins, both liveborn</td>
</tr>
</tbody>
</table>

16520-03 [1340] Emergency lower segment caesarean section
90470-03 [1339] Breech extraction

15.3.  HIV complicating pregnancy

In 2008, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Delhi. Subsequent revisions were then approved by the URC at the annual general meetings in Seoul and Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Pregnancy (single) (uterine)
- complicated by — see also Pregnancy/management affected by
  - abnormal, abnormality
  - human immunodeficiency virus [HIV] disease O98.7
    - hydatidiform mole (M9100/0) (see also Mole/hydatidiform) O01.9

TABULAR LIST OF DISEASES

OTHER OBSTETRIC CONDITIONS, NOT ELSEWHERE CLASSIFIED (O94–O99)

O98.7  Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium

*Excludes:* asymptomatic human immunodeficiency virus [HIV] infection status (Z21) laboratory evidence of human immunodeficiency virus [HIV] (R75)

R75 ▼0102  Laboratory evidence of human immunodeficiency virus [HIV]

Nonconclusive HIV-test finding in infants

*Excludes:* asymptomatic human immunodeficiency virus [HIV] infection status (Z21) human immunodeficiency virus [HIV] disease (B20–B24)
15.4. **Induction, labour, medical (Indexing)**

It was highlighted that the index entry *Induction/labour/medical/within 4 hours of surgical induction* was not required, in accordance with the instruction in ACS 1513 *Induction and augmentation* which notes that time elapsed isn’t relevant. The index entry was deleted from ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

**Induction**
- labour
- - medical 90465-02 [1334]
- - with surgical induction 90465-05 [1334]
- - - Syntocinon 90465-00 [1334]
- - - within 4 hours of surgical induction 90465-05 [1334]
- - surgical 90465-03 [1334]

**15.5. Infections of genitourinary tract in pregnancy**

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF DISEASES**

**O23 Infections of genitourinary tract in pregnancy**

*Excludes:* gonococcal infections (O98.2), infections with a predominantly sexual mode of transmission NOS (O98.3), syphilis (O98.1), tuberculosis of genitourinary system (O98.0), venereal disease NOS (O98.3)

**15.6. McRoberts manoeuvre**

Advice was published in *Coding Q&A*, October 2010, *McRoberts manoeuvre* regarding the correct delivery code to assign when this intervention is performed. This advice has now been incorporated into ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

**Delivery** (single) (spontaneous) (vertex) NEC O80
- assisted NEC O83
- - by forceps or vacuum extractor O81
- - forceps or vacuum extractor O81
- - - McRoberts manoeuvre O83
- breech
- - vaginal NEC O80
- - assisted NEC O83
- - - by forceps and vacuum extractor O81
- - - forceps and vacuum extractor O81
- - - - McRoberts manoeuvre O83
- - multiple — see Delivery/multiple
**TABULAR LIST OF DISEASES**

**O80**  
**Single spontaneous delivery**  
Cases with minimal or no assistance  
Single spontaneous delivery:  
• breech  
• NOS  
• vaginal  
• vertex  

*Includes:*  
that with:  
• epidural injection/infusion  
• episiotomy with repair  
• fetal monitoring  
• medical or surgical:  
  • augmentation } of labour  
  • induction }  
• suture of obstetric perineal laceration  

*Excludes:*  
pregnancy with abortive outcome (O00–O08)  
single delivery (by):  
• assisted NOS (O83)  
• breech extraction (O83)  
• caesarean section (O82)  
• forceps and vacuum extractor (O81)  
• McRoberts manoeuvre (O83)  
• version with extraction (O83)  

**O83**  
**Other assisted single delivery**  

*Includes:*  
assisted single:  
• breech delivery } NOS  
• delivery } breech extraction  
single delivery assisted (facilitated) by:  
• 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)  

---

15.7. **Molar pregnancy (Indexing)**

It was highlighted that molar pregnancy, hydatidiform was not indexed. Consequently, the following amendment has been made to the ICD-10-AM Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Molar pregnancy NEC (M9100/0) O02.0  
- hydatidiform (M9100/0) *(see also Mole/hydatid, hydatidiform)* O01.9  
  Molarisation of premolars K00.2
15.8.  Nephritis complicating pregnancy (Indexing)

A public submission was received regarding inconsistent indexing of nephritis complicating pregnancy. In response, the following amendments have been made to the ICD-10-AM Alphabetic Index for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Necrosis, necrotic (ischaemic) (see also Gangrene)
  R02
    - kidney (bilateral) N28.0
    - - acute N17.9
    - - tubular N17.0
    - - - complicating pregnancy O99.8 O26.81
    - - - - affecting fetus or newborn P00.1

Nephritis, nephritic
  N05.-
    - cirrhotic (see also Sclerosis/renal) N26
    - complicating pregnancy, childbirth or puerperium O99.8 O26.81
    - - with secondary hypertension, pre-existing O10.4

Pregnancy (single) (uterine)
  - complicated by — see also Pregnancy/management affected by
    - - abnormal, abnormality
    - - conditions in
    - - - A00–A07 O98.8

15.9.  Neuritis complicating puerperium (Indexing)

In 2011, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Cape Town. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Neuritis M79.2-
  - peripheral (nerve) G62.9
    - - complicating pregnancy or puerperium O26.83
    - - multiple (see also Polyneuropathy) G62.9
    - - progressive hypertrophic interstitial G60.0
    - - puerperal, postpartum O90.8 O26.83
      - - - retrobulbar H46

Pregnancy (single) (uterine)
  - complicated by — see also Pregnancy/management affected by
    - - abnormal, abnormality
    - - conditions in
    - - - A00–A07 O98.8

Puerperal, puerperium
  - necrosis, liver (acute) (conditions in category K72.0) (subacute) O90.8
  - - with kidney failure O90.4
  - - neuritis O90.8
  - - paralysis, bladder (sphinicter) O90.8
  - nephrosis O26.81
  - - neuralgia O26.83
  - - nutritional diseases NEC O99.2
15.10. Obstetric laceration of mid or upper third of vaginal wall

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

**Injury**
- perirethral tissue S37.38
  - - complicating delivery Q71.5O70.0
  - phalanges

**Laceration** NEC (see also Wound, open) T14.1
- perineum, perineal S31.0
  - - complicating delivery O70.9
  - - 1st degree O70.0
  - - involving
    - - - anus (sphincter) O70.2
  - - - perineal muscles O70.1
  - - - - perirethral tissue O70.0
  - - - - rectovaginal septum O70.2
  - - - vagina, low O70.0
  - - - - high (deep) (instrumental) (mid) (sulcus) O71.4
  - - - vaginal muscles O70.1
  - - - - perirethral tissue, obstetric trauma O71.5
  - - - - rectovaginal (septum) S31.80

**Rupture, ruptured (see also Injury/by site)**
- vagina S31.4
  - - complicating delivery (see also Laceration/vagina/complicating delivery) O71.4
  - - valve, valvular (heart) — see Endocarditis

**Tear, torn** (traumatic) (see also Wound, open) T14.1
- perirethral tissue, obstetric trauma Q71.5O70.0
- rectovaginal septum — see Laceration/rectovaginal septum

**TABULAR LIST OF DISEASES**

---

**Perineal laceration during delivery**

**Includes:** episiotomy extended by laceration

**Excludes:**
- obstetric high vaginal laceration alone (O71.4)
- vaginal sulcus laceration (O71.4)

**O70.0**

First degree perineal laceration during delivery
Perineal graze, laceration, rupture or tear (involving):
- fourchette
- labia
- perirethral tissue
- skin during delivery
- slight
- vagina, low
- vulva

**Excludes:**
- perirethral laceration involving urethra (O71.5)
  - that with laceration of:
    - high vaginal wall (middle) (upper third of vaginal wall) (O71.4)
    - vaginal sulcus (O71.4)

---

**Other obstetric trauma**

**O71.4**

Obstetric high vaginal laceration (alone)

Laceration of:
- vaginal wall without mention of perineal laceration
  - middle or upper third of vaginal wall
  - vaginal sulcus

---
O71.5 Other obstetric injury to pelvic organs
Obstetric injury to:
- bladder
- urethra

Excludes: (minor) laceration involving periurethral tissue only (O70.0)

15.11. Pre-eclampsia superimposed on chronic hypertension

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Alcoholism, alcoholic (acute) (chronic)
- complicating pregnancy, childbirth or puerperium O12.1
- gestational O12.1
- pre-existing hypertensive disorder O11
- gestational O12.1
- pre-existing hypertensive disorder O11
- orthostatic N39.2
- postural N39.2
- pre-eclampsia (see also Pre-eclampsia) O14.9
- affecting fetus or newborn P00.0
- severe O14.1
- affecting fetus or newborn P00.0
Alcaptonuria E70.2

Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic)
- complicating pregnancy, childbirth or puerperium O16
- with
- albuminuria (and oedema) (see also Pre-eclampsia) O14.9
- severe O14.1
- - heart disease O10.1
  - - - and kidney disease, pre-existing O10.3
  - - - kidney disease, pre-existing O10.2
  - - - affecting fetus or newborn P00.0
  - - essential (benign), pre-existing O10.0
  - - with superimposed proteinuria O11
  - - malignant, pre-existing O10.0
  - - malignant, pre-existing O10.0
  - - with superimposed proteinuria O11
  - - pre-existing O10.0
  - - with superimposed proteinuria O11
  - - malignant O10.0
  - - pregnancy-induced (see also Hypertension, gestational) O13
  - - secondary to kidney disease, pre-existing O10.4
  - - specified NEC O10.4
  - - transient — see Hypertension/gestational ...

Proteinuria R80
- complicating pregnancy, childbirth or puerperium O12.1
- gestational (pregnancy-induced) (without significant proteinuria) O13
- with significant proteinuria or albuminuria (and oedema) (see also Pre-eclampsia) O14.9
- Goldblatt’s I70.1

HELLP (haemolysis, elevated liver enzymes and low platelet count) syndrome (haemolysis, elevated liver enzymes and low platelet count) O14.2

Heller’s disease or syndrome F84.3

Helminthiasis (see also Infestation) B83.9

Pre-eclampsia O14.9
- affecting fetus or newborn P00.0
- mild O14.0
- moderate O14.0

Pregnancy (single) (uterine)
- complicated by — see also Pregnancy/management affected by
  - abnormal, abnormality ...
  - albuminuria O12.1
  - with oedema O12.2
  - hypertension (see also Pre-eclampsia) O14.9
  - oedema O12.2
  - alcohol dependence (F10.2) O99.3 ...
  - oedema O12.0
  - with proteinuria O12.2
  - with gestational hypertension, mild (see also Pre-eclampsia) O13
  - oligohydramnios NEC O41.0 ...
  - pre-eclampsia O14.9
  - mild O14.0
  - moderate O14.0

- - proteinuria O12.1
- - with oedema O12.2
- - hypertension (see also Pre-eclampsia) O14.9
- - oedema O12.2
- - protozoal diseases O98.6
--- **significant, with gestation hypertension (see also Pre-eclampsia) O14.9**
--- superimposed on pre-existing hypertensive disorder O11
---
- postural N39.2
--- pre-eclampsia (see also Pre-eclampsia) O14.9
--- affecting fetus or newborn P00.0

--- **Proteus (mirabilis) (morganii), as cause of disease classified elsewhere B96.4**
--- Puerperal, puerperium
- - pre-eclampsia (see also Pre-eclampsia) O14.9
- - with pre-existing hypertension O11
- - - mild O14.0
- - - moderate O14.0
- - - severe O14.1

--- **TABULAR LIST OF DISEASES**

--- **LIST OF THREE-CHARACTER CATEGORIES**

--- **CHAPTER 15**

--- **PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (O00–O99)**

--- **O11**

--- Pre-eclampsia superimposed on chronic hypertension existing hypertensive disorder with superimposed proteinuria

--- **O13**

--- Gestational [pregnancy-induced] hypertension without significant proteinuria

--- **O14**

--- Pre-eclampsia Gestational [pregnancy-induced] hypertension with significant proteinuria

--- **O10**

--- Pre-existing hypertension complicating pregnancy, childbirth and the puerperium

--- *Includes:* the listed conditions with pre-existing proteinuria

--- *Excludes:* that with increased or superimposed pre-eclampsia proteinuria (O11)

--- **O11**

--- Pre-eclampsia superimposed on chronic hypertension existing hypertensive disorder with superimposed proteinuria

--- Conditions in O10.- complicated by pre-eclampsia increased proteinuria

--- Pre-eclampsia Superimposed on pre-eclampsia

--- • hypertension NOS

--- • pre-existing hypertension

--- **O13**

--- Gestational [pregnancy-induced] hypertension without significant proteinuria

--- Gestational hypertension NOS

--- Mild pre-eclampsia Pregnancy-induced hypertension NOS

--- **O14**

--- Pre-eclampsia Gestational [pregnancy-induced] hypertension with significant proteinuria

--- *Excludes:* superimposed pre-eclampsia (O11)

--- **O14.0**

--- Mild to Moderate pre-eclampsia

--- **15.12. Pruritus in pregnancy**

--- A public submission requested that an index entry for pruritus in pregnancy be added at Pregnancy/complicated by. In response, the following amendments have been made to ICD-10-AM for Eighth Edition.

--- **ALPHABETIC INDEX OF DISEASES**

--- **Pregnancy (single) (uterine)**

--- - - A00–A07 O98.8

--- - - K80–K93 O99.6

--- - - L00–L99 NEC O99.7

--- - - - L29 - O26.88
- - - M00–M82 O99.8
| Pruritus, pruritic L29.9 |
- gravidum O26.88
- in pregnancy O26.88
- neurogenic (any site) F45.8

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>O99</th>
<th>Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium</th>
</tr>
</thead>
<tbody>
<tr>
<td>O99.7</td>
<td>Diseases of the skin and subcutaneous tissue complicating pregnancy, childbirth and the puerperium</td>
</tr>
</tbody>
</table>

*Excludes:*
- herpes gestationis (O26.4)
- pruritis in pregnancy (O26.88)

### 15.13. Reproductive medicine procedures

The MBS updates of 2009 and 2010 were reviewed for incorporation into ACHI. Changes to the MBS item numbers for reproductive medicine procedures have been included in ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

<table>
<thead>
<tr>
<th>Assistance, assisted</th>
</tr>
</thead>
<tbody>
<tr>
<td>- endotracheal respiratory — see block [569]</td>
</tr>
<tr>
<td>- reproductive technologies, to induce</td>
</tr>
<tr>
<td>- oocyte growth and development 13206-00 [1297]</td>
</tr>
<tr>
<td>- superovulation 13200-00 [1297]</td>
</tr>
<tr>
<td>Atherectomy</td>
</tr>
<tr>
<td>Counselling 96090-00 [1869]</td>
</tr>
<tr>
<td>- for (regarding)</td>
</tr>
<tr>
<td>- - addiction</td>
</tr>
<tr>
<td>- - gambling (betting) 96074-00 [1867]</td>
</tr>
<tr>
<td>- - substance (alcohol) (drug) 96073-00 [1867]</td>
</tr>
<tr>
<td>- - assisted reproductive services (GIFT) (IVF) technologies, to induce</td>
</tr>
<tr>
<td>- - oocyte growth and development 13206-00 [1297]</td>
</tr>
<tr>
<td>- - superovulation 13200-00 [1297]</td>
</tr>
<tr>
<td>- - using</td>
</tr>
<tr>
<td>- - - drugs to induce superovulation 13200-00 [1297]</td>
</tr>
<tr>
<td>- - - clomiphene citrate 13206-00 [1297]</td>
</tr>
<tr>
<td>- - - unstimulated ovulation 13206-00 [1297]</td>
</tr>
<tr>
<td>- - - assistive or adaptive device, aid or equipment 96071-00 [1867]</td>
</tr>
<tr>
<td>Estimation</td>
</tr>
<tr>
<td>- hormones</td>
</tr>
<tr>
<td>- - for assisted reproductive services (GIFT) (IVF) technologies, to induce</td>
</tr>
<tr>
<td>- - oocyte growth and development 13206-00 [1297]</td>
</tr>
<tr>
<td>- - superovulation 13200-00 [1297]</td>
</tr>
<tr>
<td>- - using</td>
</tr>
<tr>
<td>- - - drugs to induce superovulation 13200-00 [1297]</td>
</tr>
<tr>
<td>- - - clomiphene citrate 13206-00 [1297]</td>
</tr>
<tr>
<td>- - - unstimulated ovulation 13206-00 [1297]</td>
</tr>
<tr>
<td>- - lung compliance — see Test, testing/respiratory system/function</td>
</tr>
<tr>
<td>Monitoring</td>
</tr>
<tr>
<td>- intracranial pressure 39015-02 [3]</td>
</tr>
</tbody>
</table>

- - ovulation for artificial insemination 13203-00 [1297]
  - for |
  - - artificial insemination 13203-00 [1297]
  - - superovulation treatment cycles 13203-00 [1297]
- - pH for assessment of gastro-oesophageal reflux (24 hours) 11810-00 [1859]

**Preparation**

- semen |
  - - for reproductive medicine procedures artificial insemination 13221-00 [1177]
  - - with assisted reproductive technologies, to induce |
  - - - oocyte growth and development 13206-00 [1297]
  - - - superovulation 13200-00 [1297]
  - - tooth |

**Procedure**

- for |
  - - alimentary continuity (primary restoration) |
  - - - reproductive medicine (in vitro fertilisation) NEC 13215-02 13215-03 [1297]
  - - - assisted reproductive technologies, to induce |
  - - - - oocyte growth and development 13206-00 [1297]
  - - - - superovulation 13200-00 [1297]
  - - - - intracytoplasmic sperm injection 13251-00 [1177]
  - - - - management 13209-00 [1297]
  - - - - monitoring ovulation for artificial insemination 13203-00 [1297]
  - - - - planning 13209-00 [1297]
  - - - - preparation of semen for artificial insemination 13221-00 [1177]
  - - - - retrieval oocyte (transvaginal) 13212-00 [1297]
  - - - - using |
  - - - - - drugs to induce superovulation 13200-00 [1297] |
  - - - - - clomiphene citrate 13206-00 [1297]
  - - - - - unstimulated ovulation 13206-00 [1297]
- - retinal detachment (tear) repair NEC 90079-00 [212]

Service(s)
- assisted reproductive (GIFT), (IVF)
  - using
    - drugs to induce superovulation 13200-00 [1297]
    - unstimulated ovulation 13206-00 [1297]
- coordination 96107-00 [1915]
- embryology laboratory
  - for assisted reproductive services (GIFT), (IVF) technologies, to induce
    - oocyte growth and development 13206-00 [1297]
    - superovulation 13200-00 [1297]
    - using
      - drugs to induce superovulation 13200-00 [1297]
      - unstimulated ovulation 13206-00 [1297]

::: TABULAR LIST OF INTERVENTIONS

1177  Application, insertion or removal procedures on testis, vas deferens, epididymis or spermatic cord

13221-00 Preparation of semen for reproductive medicine procedures, artificial insemination

**Excludes:** that with assisted reproductive technologies (13200-00, 13206-00 [1297])

1297  Procedures for reproductive medicine

13206-00 Assisted reproductive technologies/services, using unstimulated ovulation or ovulation stimulated by clomiphene citrate, to induce oocyte growth and development

**Includes:**
- embryology laboratory services
- quantitative estimation of hormones
- semen preparation
- treatment counselling
- ultrasound examinations

13200-00 Assisted reproductive technologies/services, using drugs to induce superovulation

**Includes:**
- embryology laboratory services
- quantitative estimation of hormones
- semen preparation
- treatment counselling
- ultrasound examinations

13203-00 Ovulation monitoring services, for superovulation treatment cycles and artificial insemination

15.14. **Suture, pelvic floor / perineum (Indexing)**

It was highlighted that the essential modifier ‘obstetric laceration, current’ should be added to *Suture/pelvic floor* and *Suture/perineum* in the ACHI Alphabetic Index. The following amendments have been made to ACHI for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

*Suture (laceration)*
- palate, superficial wound 30026-00 [1635]
- soft tissue 30029-00 [1635]
- pelvic floor, obstetric laceration, current — see Suture/obstetric laceration, current/perineum
- perineum, obstetric laceration, current — see Suture/obstetric laceration, current/perineum
- peritoneum 90329-01 [1000]

---

Unstimulated ovulation 13206-00 [1297]
- ovulation monitoring for artificial insemination 13203-00 [1297]

Setback

Ultrasound (diagnostic) (scan) 90908-00 [1950]
- with
  - assisted reproductive services (GIFT), (IVF) technologies, to induce
    - oocyte growth and development 13206-00 [1297]
    - superovulation 13200-00 [1297]
    - using
      - drugs to induce superovulation 13200-00 [1297]
      - clomiphene citrate 13206-00 [1297]
      - unstimulated ovulation 13206-00 [1297]
      - bronchoscopy 30688-00 [1949]
15.15. **ACS 1530 Premature labour and delivery (Deleted)**

A public submission was received requesting an amendment to ACS 1530 *Premature labour and delivery*. On review, it was agreed by ITG, that the standard was superfluous as the guidelines were already contained within ACS 0001 *Principal diagnosis* and by following the Alphabetic Index and Tabular List. Consequently ACS 1530 *Premature labour and delivery* was deleted for Eighth Edition.

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>O42</td>
<td>Premature rupture of membranes</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>O60</td>
<td>Preterm labour and delivery</td>
</tr>
</tbody>
</table>

**Onset of labour before 37 completed weeks of gestation**

*Use additional code from category O09.- to identify duration of pregnancy.*

**AUSTRALIAN CODING STANDARDS**

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**SPECIALTY STANDARDS**

15. Pregnancy, childbirth and the puerperium

<table>
<thead>
<tr>
<th>Code</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>1521</td>
<td>Conditions complicating pregnancy</td>
</tr>
<tr>
<td>1530</td>
<td>Premature labour and delivery</td>
</tr>
<tr>
<td>1534</td>
<td>Forceps delivery</td>
</tr>
</tbody>
</table>

**0002 ADDITIONAL DIAGNOSES**

**ADDITIONAL DIAGNOSIS REPORTING REFERRED TO IN OTHER STANDARDS**

The standards listed below include guidance that, in some cases, may indicate that certain conditions that would not normally meet ACS 0002 should be assigned as additional diagnoses. Examples of these sorts of cases are 'status' codes such as HIV, smoking, carrier, conditions found at endoscopy and 'flag' codes such as duration of pregnancy, or outcome of delivery.

Note that this list may not always be exhaustive as standards are changed over time.

- 0005 Syndromes
- 1521 Conditions complicating pregnancy
- 1530 Premature labour and delivery
- 1544 Complications following abortion and ectopic and molar pregnancy

**1530 PREMATURE LABOUR AND DELIVERY**

Where the patient is admitted for management of their preterm labour and does not deliver during the episode of care, assign O60.0 Preterm labour without delivery as the principal diagnosis. The reason (if documented) for the onset of preterm labour should be assigned as an additional diagnosis.
When coding ‘premature delivery’ or delivery with onset of spontaneous labour before 37 completed weeks gestation, assign a code from category O80–O84 Delivery as the principal diagnosis with the reason for early delivery (if documented) and O60.1 Preterm spontaneous labour with preterm delivery as additional diagnoses.

For premature deliveries where there has been no labour (ie caesarean) or where there has been an induction, the labour has not been spontaneous. Therefore, assign a code from category O80–O84 Delivery as the principal diagnosis with the reason for early delivery (if documented) and O60.3 Preterm delivery without spontaneous labour as additional diagnoses.

15.16. ACS 1551 Obstetric perineal lacerations/grazes

Advice was published in Coding Matters, September 2006 (Vol 13, No 2) regarding the code assignment for perineal lacerations that are not repaired due to the patient’s choice. This advice has now been incorporated into ACS 1551 Obstetric perineal lacerations/grazes for Eighth Edition.

AUSTRALIAN CODING STANDARDS

1551 OBSTETRIC PERINEAL LACERATIONS/GRAZES

CLASSIFICATION
Laceration/grazes

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.
16. Perinatal

16.1. Cerebral leukomalacia

A review of neonatal conditions, including cerebral leukomalacia, was undertaken in conjunction with the Neonatal CTG.

The most common form of brain injury in preterm infants is periventricular leukomalacia (PVL), which is also the most common cause of cerebral palsy in preterm infants.

The current classification of neonatal cerebral leukomalacia does not distinguish between non-cystic and the more severe cystic leukomalacia. The following amendments have been made to ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Leukomalacia
- newborn
  - cerebral P91.20
  - - cystic P91.21
  - - periventricular (PVL) P91.20
  - - - cystic P91.21
  - - subcortical P91.20
  - - - cystic P91.21

Leukomelanopathy, hereditary D72.0

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>P91.2</th>
<th>Neonatal cerebral leukomalacia</th>
</tr>
</thead>
<tbody>
<tr>
<td>P91.20</td>
<td>Neonatal cerebral leukomalacia, unspecified</td>
</tr>
<tr>
<td>P91.21</td>
<td>Neonatal cerebral leukomalacia, cystic</td>
</tr>
</tbody>
</table>

16.2. Hypoxic ischaemic encephalopathy (HIE)

The classification of hypoxic ischaemic encephalopathy (HIE) was reviewed following recommendations of the Neonatal CTG.

HIE is the term used to describe damage to cells in the central nervous system due to a lack of oxygen and is one of the clinical manifestations of perinatal asphyxia. HIE has been classified into three categories – mild, moderate and severe. The terms ‘stage’ and ‘grade’ are used interchangeably. The following amendments have been made to ICD-10-AM for Eighth Edition.
ALPHABETIC INDEX OF DISEASES

Encephalopathy (acute) G93.4
- anoxic — see also Damage/brain/anoxic
- ischaemic, neonatal (neonatal) — see also
  Encephalopathy/neonatal ischaemia P91.60
- arteriosclerotic I67.2
  — see also Damage/brain/ischaemic
- hypoxic — see also Damage/brain/anoxic
- ischaemic of newborn (see also
  Encephalopathy/neonatal, ischaemia) P91.60
- in (due to)

TABULAR LIST OF DISEASES

P91.6 Hypoxic ischaemic encephalopathy [HIE] of newborn

- Stage 1 hypoxic ischaemic encephalopathy [HIE] of newborn
  Grade 1 } hypoxic ischaemic encephalopathy [HIE] of newborn
  Mild
- Stage 2 hypoxic ischaemic encephalopathy [HIE] of newborn
  Grade 2 } hypoxic ischaemic encephalopathy [HIE] of newborn
  Moderate
  Includes: seizures
- Stage 3 hypoxic ischaemic encephalopathy [HIE] of newborn
  Grade 3 } hypoxic ischaemic encephalopathy [HIE] of newborn
  Severe
  Includes: seizures

AUSTRALIAN CODING STANDARDS

TABLE OF CONTENTS

SPECIALTY STANDARDS

16. Certain conditions originating in the perinatal period

1615 Specific interventions for the sick neonate
1616 Hypoxic ischaemic encephalopathy (HIE) of newborn
1617 Neonatal sepsis/risk of sepsis

1616 HYPOXIC ISCHAEMIC ENCEPHALOPATHY (HIE) OF NEWBORN

Definition
This clinical syndrome is the encephalopathic process which follows a significant perinatal hypoxic-
ischaemic injury. The encephalopathy is graded clinically as:

Grade 1 — Hyperalertness, hyperreflexia, dilated pupils, tachycardia but no seizures.
Grade 2 — Lethargy, miosis, bradycardia, depressed reflexes (e.g. Moro), hypotonia and seizures.
Grade 3 — Stupor, flaccidity, seizures, absent Moro and bulbar reflexes.
### Classification

- **Grade 1**: Code to P91.6 *Hypoxic ischaemic encephalopathy [HIE] of newborn*
- **Grade 2**: Code to P91.6 *Hypoxic ischaemic encephalopathy [HIE] of newborn* + P90 *Convulsions of newborn*
- **Grade 3**: Code to P91.6 *Hypoxic ischaemic encephalopathy [HIE] of newborn* + P91.4 *Neonatal cerebral depression* + P90 *Convulsions of newborn*

Any co-existent severe birth asphyxia (P21.0 *Severe birth asphyxia*) should be coded if documented.

### 16.3. Jaundice


#### TABULAR LIST OF DISEASES

- **P58**: Neonatal jaundice due to other excessive haemolysis
  - Excludes: jaundice due to isoimmunisation (P55–P57)

- **P59**: Neonatal jaundice from other and unspecified causes
  - Excludes: due to inborn errors of metabolism (E70–E89) kernicterus (P57.-)

#### AUSTRALIAN CODING STANDARD

Refer section 16.12 ACS 1615 *Specific interventions for the sick neonate* (page 257) for full changes to ACS 1615.

### 1615 SPECIFIC INTERVENTIONS FOR THE SICK NEONATE

- **Phototherapy**
  
  A code for phototherapy of the newborn should be assigned only when sustained phototherapy (> 12 hours) is provided for the treatment of neonatal jaundice. The procedure code is 90677-00 [1611] *Other phototherapy, skin*.

- **Jaundice**

  **Note**: A diagnosis code for jaundice of the newborn should only be assigned when > 12 hours of phototherapy is provided.

  However, if a neonate is readmitted specifically for jaundice with or without phototherapy, jaundice should be coded as the principal diagnosis.
16.4.  Jaundice, from hepatocellular damage

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>P59</td>
<td>Neonatal jaundice from other and unspecified causes</td>
</tr>
<tr>
<td>P59.2</td>
<td>Neonatal jaundice from other and unspecified hepatocellular damage</td>
</tr>
</tbody>
</table>

Peri/intraventricular haemorrhage

The classification of peri/intraventricular haemorrhage was reviewed following recommendations from the Neonatal CTG. Bleeding into the ventricles of the brain can occur as a complication of prematurity and the grade assigned is an indicator of severity and therefore neurodevelopmental prognosis and outcomes.

The Australian and New Zealand Neonatal Network (ANZNN) define the grades of intraventricular haemorrhage as:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Isolated germinal matrix haemorrhage</td>
</tr>
<tr>
<td>II</td>
<td>Intraventricular haemorrhage with normal ventricle size</td>
</tr>
<tr>
<td>III</td>
<td>Intraventricular haemorrhage of sufficient severity to dilate the ventricles with blood</td>
</tr>
<tr>
<td>IV</td>
<td>Intraparenchymal haemorrhage</td>
</tr>
</tbody>
</table>

The following changes have been made to ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

<table>
<thead>
<tr>
<th>Haemorrhage, haemorrhagic R58</th>
</tr>
</thead>
<tbody>
<tr>
<td>- intraocular H44.8</td>
</tr>
<tr>
<td>- intraparenchymal, fetus or newborn P52.22</td>
</tr>
<tr>
<td>- intrapartum (see also Haemorrhage/complicating/delivery) O67.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABULAR LIST OF DISEASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>P52</td>
</tr>
</tbody>
</table>

Intracranial nontraumatic haemorrhage of fetus and newborn

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>P52.0</td>
<td>Intraventricular (nontraumatic) haemorrhage, grade 1, of fetus and newborn</td>
</tr>
</tbody>
</table>
Subependymal germinal matrix haemorrhage
Subependymal haemorrhage (without intraventricular extension)

P52.1  Intraventricular (nontraumatic) haemorrhage, grade 2, of fetus and newborn
Intraventricular haemorrhage with no ventricular distention
Subependymal haemorrhage with intraventricular extension

P52.2  Intraventricular (nontraumatic) haemorrhage, grade 3 and grade 4, of fetus and newborn
Subependymal haemorrhage with both intraventricular and intracerebral extension

P52.21 Intraventricular (nontraumatic) haemorrhage, grade 3, of fetus and newborn
Intraventricular haemorrhage with ventricle distended with blood

P52.22 Intraventricular (nontraumatic) haemorrhage, grade 4, of fetus and newborn
Intraparenchymal haemorrhage

16.6. Posthaemorrhagic hydrocephalus

The classification of posthaemorrhagic hydrocephalus was reviewed following the recommendations of the Neonatal CTG.

Hydrocephalus following intraventricular haemorrhage (IVH) is one of the most serious complications of premature birth and post-IVH hydrocephalus, also known as posthaemorrhagic hydrocephalus of prematurity (PHHP), it has a direct relationship with the grade of intraventricular haemorrhage (usually grade III-IV) as well as prematurity and very low birth weight. Clinical advice confirmed that this hydrocephalus is not congenital but acquired. Consequently, the following changes were made to ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Hydrocephalus (acquired) (external) (internal) (malignant) (recurrent) G91.9
- newborn Q03.9
  - - with spina bifida (see also Spina bifida/with hydrocephalus) Q05.4-
  - - congenital Q03.9
- - post intraventricular haemorrhage (IVH) G91.8
- - posthaemorrhagic G91.8
- noncommunicating G91.1

**TABULAR LIST OF DISEASES**

G91  Hydrocephalus

G91.8  Other hydrocephalus
Neonatal:
  • post intraventricular haemorrhage (IVH) hydrocephalus
  • posthaemorrhagic hydrocephalus

16.7. Sudden infant death syndrome (SIDS)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.
ALPHABETIC INDEX OF DISEASES

**Cot death** (without mention of autopsy) R95.9  
- - with mention of autopsy R95.0  

**Cotard's syndrome** F22.0

**Crib death** (without mention of autopsy) R95.9  
- - with mention of autopsy R95.0  

**Cribriform hymen** Q52.3

**Death**  
- cot (without mention of autopsy) R95.9  
- - with mention of autopsy R95.0  
- crib (without mention of autopsy) R95.9  
- - with mention of autopsy R95.0  
- family member Z63.4  
- - sudden unexplained (cause unknown) R96.0  
- - during delivery O95  
- - infant (without mention of autopsy) R95.9  
- - - with mention of autopsy R95.0  
- - puerperal, during puerperium O95  
- - unattended (cause unknown) R98

**Sudden**  
- death, cause unknown R96.0  
- - during childbirth O95  
- - infant (without mention of autopsy) R95.9  
- - - with mention of autopsy R95.0  
- - obstetric O95  
- - puerperal, postpartum O95  
- - heart failure (see also Failure, heart) I50.9  
- - infant death syndrome (without mention of autopsy) R95.9  
- - - with mention of autopsy R95.0  

**Sudeck’s atrophy, disease or syndrome** M89.0-

**Syndrome**  
- subcoracoid-pectoralis minor G54.0  
- sudden infant death (without mention of autopsy) R95.9  
- - with mention of autopsy R95.0  
- Sudeck’s atrophy M89.0-

TABULAR LIST OF DISEASES

**R95**  

**Sudden infant death syndrome**  

**R95.0** Sudden infant death syndrome with mention of autopsy  

**R95.9** Sudden infant death syndrome without mention of autopsy  

**Sudden infant death syndrome, unspecified**

**R96**  

**Other sudden death, cause unknown**  

*Excludes: sudden:  
- cardiac death, so described (I46.1)  
- infant death syndrome (R95.-)*

AUSTRALIAN CODING STANDARDS

1610 SUDDEN INFANT DEATH SYNDROME/ACUTE LIFE THREATENING EVENT

**CLASSIFICATION**

1. Most SIDS cases present as deaths before arrival and hence would not usually require coding for admission purposes.

2. Occasionally, resuscitative efforts are initiated but the child subsequently dies. If the postmortem results confirm SIDS, then assign R95.0 Sudden infant death syndrome with mention of autopsy.

3. Rarely, SIDS may complicate an admission for other reasons. If the postmortem results confirm SIDS, then assign R95.0 Sudden infant death syndrome with mention of autopsy.

4. In cases of apparent ALTE where subsequent investigations establish an underlying cause (including diverse neurological, gastrointestinal and respiratory disorders), the underlying cause should be coded only.

5. In cases of apparent ALTE where subsequent investigations do not establish an underlying cause, assign R95.- Sudden infant death syndrome.
16.8. **Therapeutic hypothermia**

Guidelines for the classification of therapeutic hypothermia in neonates have been incorporated into ACHI for Eighth Edition following the recommendations of the Neonatal CTG.

*Refer section 24.1 Therapeutic hypothermia (page 282) for changes to therapeutic hypothermia in neonates.*

16.9. **Ventilation – administration of nitric oxide**

Guidelines for the classification of administration of nitric oxide in neonates have been included in Eighth Edition following the recommendations of the Neonatal CTG.

Nitric oxide gas is a drug administered by inhalation, and delivered via mechanical ventilation. In term or near term (>34 weeks) neonates, it is used for treatment of respiratory failure and provides improved oxygenation and reduces the need for extracorporeal membrane oxygenation.

The following changes have been made to ACHI and the ACS for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

- **Infusion**
  - thrombolytic agent — see Infusion/agent/thrombolytic
- **Inhalation**
  - nitric oxide 92210-00 [1889]
- **Injection** (around) (into) (of) – see also Administration

**Therapy**
- nebuliser 92043-00 [1889]
- nitric oxide (inhalation) 92210-00 [1889]
- noninvasive ventilation

**TABULAR LIST OF INTERVENTIONS**

*Refer section 16.10 Ventilation – combined ventilatory support in neonates (page 254) for overlapping changes to blocks [569] and [570].*

**CHAPTER 7 PROCEDURES ON RESPIRATORY SYSTEM (BLOCKS 520–5710)**

| 569 | Ventilatory support |
|---------------------------------|
| ▼ 1006, 1615 |

- 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]

**Includes:**
- endotracheal:
  - intubation
  - respiratory assistance
  - mechanical ventilation by:
  - endotracheal tube (ETT)
  - nasal
  - oral
  - tracheostomy
- weaning of intubated (endotracheal tube/tracheostomy) patient by any method
Code also when performed:

- neonates:
  - nitric oxide therapy (92210-00 [1889])
  - when combined invasive and noninvasive ventilatory support is ≥ 96 hours (92211-00 [571])
- tracheostomy:
  - percutaneous (41880-00 [536])
  - permanent (41881-01 [536])
  - temporary (41881-00 [536])

Excludes:
- continuous negative pressure ventilation [CNPV] (92041-00 [568])
- intermittent positive pressure breathing [IPPB] (see block [570])
- intermittent positive pressure ventilation [IPPV] (see block [570])
- noninvasive ventilatory support (see block [570])

Noninvasive ventilatory support

Bi-level positive airway pressure [BiPAP]
Continuous positive airway pressure [CPAP]
Intermittent mask CPAP
Intermittent positive pressure breathing [IPPB]
Intermittent positive pressure ventilation [IPPV]
Noninvasive mask ventilation [NIMV]
Noninvasive pressure ventilation [NIPV]

Includes: ventilatory support by:
- face mask
- mouthpiece
- nasal mask/pillows/prongs
- nasal/nasopharyngeal tube

Code also when performed:

- neonates:
  - nitric oxide therapy (92210-00 [1889])
  - when combined invasive and noninvasive ventilatory support is ≥ 96 hours (92211-00 [571])

Excludes: that by:
- endotracheal intubation (see block [569])
- tracheostomy (see block [569])

Other therapeutic interventions on respiratory system

Nitric oxide therapy

Code first:
- ventilatory support (13882 [569], 92209 [570])

AUSTRALIAN CODING STANDARDS

Refer section 16.12 ACS 1615 Specific interventions for the sick neonate (page 257) for full changes to ACS 1615.

1615 SPECIFIC INTERVENTIONS FOR THE SICK NEONATE

The coding standards set out below relate to specific interventions for the sick neonate. These standards will provide a valuable body of data which will assist in improving AR-DRG classification of neonatal conditions.

2. CODE THE FOLLOWING INTERVENTION WHEN PERFORMED:

Nitric oxide therapy

Inhalation of nitric oxide gas with invasive or noninvasive ventilatory support is used to treat critical respiratory failure in neonates.

Code 92210-00 [1889] Nitric oxide therapy should be assigned in addition to a ventilatory support code.
16.10. Ventilation – combined ventilatory support in neonates

A public submission and a recommendation from the Neonatal CTG highlighted the need to classify combined continuous ventilatory support (CVS) and noninvasive ventilation (NIV). ACS 1006 Ventilatory support states that each ventilatory mode should be assigned a separate code. The following changes have been made to ACHI and the ACS for Eighth Edition.

**ALPHABETIC INDEX OF INTERVENTIONS**

- 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]

- BiPAP (bilevel positive airway pressure)
  - (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 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]

- CPAP (continuous positive airway pressure)
  - (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]

- Intermittent positive pressure breathing (IPPB)
  - see block [570]
  - combined with continuous ventilatory support, for neonates — see block [571]

- Intermittent positive pressure ventilation (IPPV)
  - see block [570]
  - combined with continuous ventilatory support, for neonates — see block [571]

- Iridectomy (peripheral)
  - see block [189]

- Management (of)
  - continuous ventilatory support
    - ≤ 24 hours 13882-00 [569]
    - > 24 and ≤ 96 hours 13882-01 [569]
    - ≥ 96 hours 13882-02 [569]
    - combined with noninvasive ventilatory support, for neonates — see block [571]
    - device
    
    - ventilation (IPPV) — see block [570]

- NIMV (noninvasive mask ventilation)
  - see block [570]
  - combined with continuous ventilatory support, for neonates — see block [571]

- NIPV (noninvasive pressure ventilation)
  - see block [570]
  - combined with continuous ventilatory support, for neonates — see block [571]

- Nissen’s fundoplication — see block
  - Fundoply/abdominal approach
  - Fundoply/laparoscopic approach

- Noninvasive mask ventilation (NIMV)
  - see block [570]
  - combined with continuous ventilatory support, for neonates — see block [571]

- Noninvasive pressure ventilation (NIPV)
  - see block [570]
  - combined with continuous ventilatory support, for neonates — see block [571]

- Notchplasty

- Pressure support
  - ventilation (PSV) — see block [569]
  - with continuous ventilatory support, for neonates — see block [571]

- PRK (photorefractive keratoplasty)
  - 90063-00 [173]

- Therapy
  - bilevel positive airway pressure (BiPAP)
    - (nonintubated) — see block [570]
    - with continuous ventilatory support, for neonates — see block [571]
    - via endotracheal tube or tracheostomy (with continuous ventilatory support) — see block [569]

  - continuous
    - negative pressure
      - 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]

      - intermittent positive pressure
        - breathing (IPPB) — see block [570]
        - combined with continuous ventilatory support, for neonates — see block [571]
        - ventilation (IPPV) — see block [570]
- - - combined with continuous ventilatory support, for neonates — see block [571]
- - - noninvasive ventilation
- - - mask (NIMV) — see block [570]
- - - combined with continuous ventilatory support, for neonates — see block [571]
- - - pressure (NIPV) — see block [570]
- - - combined with continuous ventilatory support, for neonates — see block [571]
- - occlusal (dental)

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

- 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]
- - - intermittent positive pressure
- - - breathing (IPPB) — see block [570]
- - - combined with continuous ventilatory support, for neonates — see block [571]
- - ventilation (IPPV) — see block [570]
- - - combined with continuous ventilatory support, for neonates — see block [571]
- - - mechanical, continuous
- - - combined with noninvasive ventilatory support, for neonates — see block [571]
- - - endotracheal respiratory assistance — see block [569]
- - - - noninvasive
- - - - combined with continuous ventilatory support, for neonates — see block [571]
- - - - mask ventilation (NIMV) — see block [570]

TABULAR LIST OF INTERVENTIONS

Refer section 16.9 Ventilation – administration of nitric oxide (page 252) for overlapping changes to blocks [569] and [570].

Refer section 10.3 High flow nasal cannula (page 154) for overlapping changes to block [570].

LIST OF ACHI BLOCK NUMBERS

<table>
<thead>
<tr>
<th>Block No</th>
<th>Block Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>570</td>
<td>Noninvasive ventilatory support</td>
</tr>
<tr>
<td>571</td>
<td>Combined ventilatory support</td>
</tr>
<tr>
<td>600</td>
<td>Incision procedures on atrium</td>
</tr>
</tbody>
</table>

CHAPTER 7

PROCEDURES ON RESPIRATORY SYSTEM
(BLOCKS 520–5710)

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]

Includes:
- endotracheal:
  - intubation
  - respiratory assistance
mechanical ventilation by:
• endotracheal tube (ETT)
• nasal
• oral
• tracheostomy
weaning of intubated (endotracheal tube/tracheostomy) patient by any method

Code also when performed:

- neonates:
  • nitric oxide therapy (92210-00 [1889])
  • when combined invasive and noninvasive ventilatory support is ≥ 96 hours (92211-00 [571])
- tracheostomy:
  • percutaneous (41880-00 [536])
  • permanent (41881-01 [536])
  • temporary (41881-00 [536])

Excludes: continuous negative pressure ventilation [CNPV] (92041-00 [568])
intermittent positive pressure breathing [IPPB] (see block [570])
intermittent positive pressure ventilation [IPPV] (see block [570])
noninvasive ventilatory support (see block [570])

Noninvasive ventilatory support

- Bi-level positive airway pressure [BiPAP]
- Continuous positive airway pressure [CPAP]
- High flow therapy [HFT] (nasal high flow cannula [HFNC])
- Intermittent mask CPAP
- Intermittent positive pressure breathing [IPPB]
- Intermittent positive pressure ventilation [IPPV]
- Noninvasive mask ventilation [NIMV]
- Noninvasive pressure ventilation [NIPV]

Includes: ventilatory support by:
• face mask
• mouthpiece
• nasal mask/pillows/prongs
• nasal/nasopharyngeal tube

Code also when performed:

- neonates:
  • nitric oxide therapy (92210-00 [1889])
  • when combined invasive and noninvasive ventilatory support is ≥ 96 hours (92211-00 [571])

Excludes: that by:
• endotracheal intubation (see block [569])
• tracheostomy (see block [569])

Combined ventilatory support

- Combined continuous (invasive) and noninvasive ventilatory support listed in blocks [569] and [570]

Note: For neonates only. Duration of combined ventilatory support must be ≥ 96 hours.

Code first:
• duration of ventilatory support:
  • continuous (invasive) (see block [569])
  • noninvasive (see block [570])

92211-00 Management of combined ventilatory support, ≥ 96 hours

AUSTRALIAN CODING STANDARDS

Refer section 16.12 ACS 1615 Specific interventions for the sick neonate (page 257) for full changes to ACS 1615.
1615  **SPECIFIC INTERVENTIONS FOR THE SICK NEONATE**

The coding standards set out below relate to specific interventions for the sick neonate. These standards will provide a valuable body of data which will assist in improving AR-DRG classification of neonatal conditions.

...  

**1. CODE THE FOLLOWING ONLY WHEN THE INTERVENTION MEETS THE SPECIFIED CRITERIA:**  

**Ventilatory support for resuscitation at birth**  
**Combined ventilatory support (invasive and noninvasive)**

Neonates may receive both continuous ventilatory support (CVS) and noninvasive ventilatory support (NIV) in the same episode of care. CVS and NIV should be assigned separate codes as per the guidelines in ACS 1006 *Ventilatory support, Classification, point 1a*.

In addition, when the hours of invasive and noninvasive ventilatory support are added together and the total is \( \geq 96 \) hours, assign 92211-00 *Management of combined ventilatory support, \( \geq 96 \) hours*.

**For resuscitation at birth**

Ventilation (eg bag and mask, or IPPB) administered for resuscitation at birth should not be coded.

For specific information on the classification of ventilatory support refer to ACS 1006 *Ventilatory support*.

---

16.11.  **Ventilation – high flow nasal cannula**

The classification of high flow nasal cannula (HFNC) was reviewed following a recommendation from the Neonatal CTG. HFNC, more commonly known as ‘high flow’, has been introduced as an alternative to NIV as it delivers air and oxygen at flow rates greater than those traditionally used with a nasal interface.

Recent studies indicate that HFNC is used in a large number of neonatal intensive care units (NICUs) across Australia and New Zealand because it reduces nasal trauma, provides continuous positive airway pressure and easier access to infant for breast feeding, parent bonding and neurodevelopmental care.

*Refer section 10.3 High flow nasal cannula (page 154) for details of changes for High flow.*

---

16.12.  **ACS 1615 Specific interventions for the sick neonate**

As a result of consultation with the Neonatal CTG the following changes were approved and reflected in ACS 1615 *Specific interventions for the sick neonate*:

- Neonatal ventilatory support
- Administration of nitric oxide in neonates
- Neonatal procedures
- Neonatal therapeutic hypothermia

At the time of incorporating these proposals the layout of the standard was reviewed, with some minor clarification of wording and refinement of content. Additional ACHI Tabular List amendments were also made for Eighth Edition.
## TABULAR LIST OF INTERVENTIONS

### Arterial catheterisation

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13303-00</td>
<td>Umbilical artery catheterisation/cannulation in neonate</td>
</tr>
<tr>
<td>▼1615</td>
<td>Includes: infusion</td>
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</table>

### Venous catheterisation

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>13300-01</td>
<td>Scalp vein catheterisation/cannulation in neonate</td>
</tr>
<tr>
<td>▼1615</td>
<td>Includes: infusion</td>
</tr>
<tr>
<td>13300-02</td>
<td>Umbilical vein catheterisation/cannulation in neonate</td>
</tr>
<tr>
<td>▼1615</td>
<td>Includes: infusion</td>
</tr>
<tr>
<td>13319-00</td>
<td>Central vein catheterisation in neonate</td>
</tr>
<tr>
<td>▼1615</td>
<td>Includes: infusion</td>
</tr>
<tr>
<td>13300-00</td>
<td>Catheterisation/cannulation of other vein in neonate</td>
</tr>
<tr>
<td>▼1615</td>
<td>Includes: infusion</td>
</tr>
</tbody>
</table>

### Administration of blood and blood products

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13706-01</td>
<td>Administration of whole blood</td>
</tr>
<tr>
<td>▼1615</td>
<td>Administration of blood NOS</td>
</tr>
<tr>
<td>▼1615</td>
<td>Transfusion of whole blood</td>
</tr>
<tr>
<td>13706-02</td>
<td>Administration of packed cells</td>
</tr>
<tr>
<td>▼1615</td>
<td>Transfusion of:</td>
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<tr>
<td>▼1615</td>
<td>• erythrocytes</td>
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<td>• packed cells</td>
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<tr>
<td>▼1615</td>
<td>• red blood cells</td>
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<tr>
<td>92062-00</td>
<td>Administration of other serum</td>
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<tr>
<td>▼1615</td>
<td>Transfusion of:</td>
</tr>
<tr>
<td>▼1615</td>
<td>• albumin</td>
</tr>
<tr>
<td>▼1615</td>
<td>• plasma (fresh frozen) (FFP)</td>
</tr>
<tr>
<td>92063-00</td>
<td>Administration of blood expander</td>
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<tr>
<td>▼1615</td>
<td>Haemodilution</td>
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<td>▼1615</td>
<td>Transfusion of:</td>
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<td>▼1615</td>
<td>• blood expander</td>
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<tr>
<td>▼1615</td>
<td>• Dextran</td>
</tr>
<tr>
<td>▼1615</td>
<td>• Rheomacrodex</td>
</tr>
</tbody>
</table>

## AUSTRALIAN CODING STANDARDS

### SPECIFIC INTERVENTIONS FOR THE SICK NEONATE

The coding standards set out below relate to specific interventions for the sick neonate. These standards will provide a valuable body of data which will assist in improving AR-DRG classification of neonatal conditions.

1. **CODE THE FOLLOWING ONLY WHEN THE INTERVENTION MEETS THE SPECIFIED CRITERIA:**
**Maternal illness/incapacity to care**

In cases where a neonate requires care due to maternal illness or 'incapacity to care', the appropriate code should only be assigned if the neonate is exclusively dependent on nursing care for more than 24 hours (consecutive).

Such cases would include 'baby for adoption' (Z02.8 Other examinations for administrative purposes) or maternal death (P01.6 Fetus and newborn affected by maternal death).

**Oxygen therapy**

92044-00 [1889] Other oxygen enrichment should be assigned only if the oxygen therapy (via cot, headbox, mask or cannula) was performed for more than four hours. Examples of diagnoses which may require oxygen therapy are 'transient tachypnoea' (P22.1 Transient tachypnoea of newborn) or 'other respiratory problems after birth' (P22.8 Other respiratory distress of newborn).

**Ventilation for resuscitation at birth**

Ventilation (eg bag and mask, or IPPB) administered for resuscitation at birth should not be coded. For specific information on the classification of ventilatory support refer to ACS 1006 Ventilatory support.

**Parenteral fluid therapy**

96199-07 [1920] Intravenous administration of pharmacological agent, nutritional substance and 96199-08 [1920] Intravenous administration of pharmacological agent, electrolytes should be assigned when used for management of carbohydrate, hydration or electrolyte disorders. Examples of diagnoses that may require parenteral fluid therapy are 'neonatal hypoglycaemia' (P20. Transitory disorders of carbohydrate metabolism specific to fetus and newborn) or 'other transient neonatal electrolyte disorders' (P24. Other transient neonatal electrolyte and metabolic disturbances).

**Note:** These codes should not be assigned when these procedures are part of resuscitation at birth.

**Parenteral antibiotics/anti-infectives**

Procedure codes for injection administration of antibiotics and other anti-infectives should be assigned only when given for > 24 hours (see block [1920] Administration of pharmacotherapy with extension of -02). Examples of diagnoses which may require such treatment are 'perinatal infection' (P39.8 Other specified infections specific to the perinatal period) and 'neonatal sepsis' (P36.- Bacterial sepsis of newborn).

**Phototherapy**

A code for phototherapy of the newborn should be assigned only when sustained phototherapy (> 12 hours) is provided for the treatment of neonatal jaundice. The procedure code is 90677-00 [1611] Other phototherapy, skin.

**Jaundice**

**Note:** A diagnosis code for jaundice of the newborn should only be assigned when > 12 hours of phototherapy is provided.

However, if a neonate is readmitted specifically for jaundice with or without phototherapy, jaundice should be coded as the principal diagnosis.

**Ventilatory Support**

**Combined ventilatory support (invasive and noninvasive)**

Neonates may receive both continuous ventilatory support (CVS) and noninvasive ventilatory support (NIV) in the same episode of care. CVS and NIV should be assigned separate codes as per the guidelines in ACS 1006 Ventilatory support, Classification, point 1a.

In addition, when the hours of invasive and noninvasive ventilatory support are added together and the total is ≥ 96 hours, assign 92211-00 Management of combined ventilatory support, ≥ 96 hours.

**For resuscitation at birth**

Ventilation (eg bag and mask, or IPPB) administered for resuscitation at birth should not be coded. For specific information on the classification of ventilatory support refer to ACS 1006 Ventilatory support.
2. CODE THE FOLLOWING INTERVENTION WHEN PERFORMED:

**Administration of blood and blood products**
- 13706-01 [1893] Administration of whole blood
- 13706-02 [1893] Administration of packed cells
- 92062-00 [1893] Administration of other serum (including plasma or albumin)
- 92063-00 [1893] Administration of blood expander (including dextran, etc)

The above codes should be assigned when performed for the neonate.
(See also ACS 0302 Blood transfusions.)

Examples of diagnoses which may require transfusion are:
- Fetal blood loss [P50.]
- Congenital anaemia [P61.3]
- Polycythaemia neonatorum [P61.1]
- Anaemia of prematurity [P61.2]
- Shock [R57.9]
- Hypovolaemia [P74.1]

**Maternal illness/incapacity to care**
In cases where a neonate requires care due to maternal illness or 'incapacity to care', the appropriate code should only be assigned if the neonate is **exclusively dependent on nursing care for more than 24 hours (consecutive)**.

Such cases would include 'baby for adoption' (Z02.8 Other examinations for administrative purposes) or maternal death (P01.6 Fetus and newborn affected by maternal death).

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

**Nitric oxide therapy**
Inhalation of nitric oxide gas with invasive or noninvasive ventilatory support is used to treat critical respiratory failure in neonates.

Code 92210-00 [1889] Nitric oxide therapy should be assigned in addition to the appropriate ventilatory support code(s).

**Parenteral fluid therapy**
- 96199-07 [1920] Intravenous administration of pharmacological agent, nutritional substance
- 96199-08 [1920] Intravenous administration of pharmacological agent, electrolytes

Examples of diagnoses that may require parenteral fluid therapy are 'neonatal hypoglycaemia' (P70.- Transitory disorders of carbohydrate metabolism specific to fetus and newborn) or 'other transient neonatal electrolyte disorders' (P74.- Other transient neonatal electrolyte and metabolic disturbances).

**Note:** These codes should **not be assigned** when these procedures are part of resuscitation at birth.

**Therapeutic hypothermia**
Therapeutic hypothermia is used in neonates who are at risk of suffering from lack of oxygen to the brain. A lack of oxygen before or during the birth process can destroy brain cells in a newborn and one method to stop this damage continuing is to induce hypothermia. Cooling should be started as soon as possible after birth and involves keeping the newborn’s core temperature at 33 - 34°C for a period of 72 hours.

Assign 22065-00 [1880] Cold therapy in neonates regardless of duration given.
0042 PROCEDURES NORMALLY NOT CODED

... 4. Cardiotocography (CTG) except fetal scalp electrodes
5. Catheterisation:
   • arterial or venous (such as Hickman's, PICC, CVC, Swan Ganz) except cardiac catheterisation
     (blocks [667] and [668]), or surgical catheterisation (block [741]) or catheterisation in neonates (see
     ACS 1615 Specific interventions for the sick neonate)
     • urinary except if suprapubic
6. Doppler recordings
17. Congenital

17.1. Blue rubber bleb naevus syndrome (Indexing)

A query published in Coding Q&A, June 2012, Blue rubber bleb naevus syndrome highlighted that additional index entries would assist with the classification of this disorder.

Blue rubber bleb naevus syndrome (BRBNS), also referred to as Bean syndrome, is a rare congenital disorder commonly characterised by cutaneous and gastrointestinal venous malformations, however lesions have also been known to occur in other body organs.

The following entries have been included in the ICD-10-AM Alphabetic Index for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

<table>
<thead>
<tr>
<th>Beals syndrome Q74.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bean syndrome Q27.8</td>
</tr>
<tr>
<td>Beard’s disease F48.0</td>
</tr>
<tr>
<td>Blue</td>
</tr>
<tr>
<td>- naevus (M8780/0) D22.-</td>
</tr>
<tr>
<td>- - in situ (M8780/2) D04.-</td>
</tr>
<tr>
<td>- rubber bleb naevus syndrome (BRBNS) Q27.8</td>
</tr>
<tr>
<td>- sclera Q13.5</td>
</tr>
<tr>
<td>Braziers’ disease T56.8</td>
</tr>
<tr>
<td>BRBNS (blue rubber bleb naevus syndrome) Q27.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Break, retina (without detachment) H33.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syndrome — see also Disease</td>
</tr>
<tr>
<td>- Beals Q74.4</td>
</tr>
<tr>
<td>- Bean Q27.8</td>
</tr>
<tr>
<td>- Beckwith’s Q87.31</td>
</tr>
<tr>
<td>- blue diaper E70.8</td>
</tr>
<tr>
<td>- blue rubber bleb naevus (BRBNS) Q27.8</td>
</tr>
<tr>
<td>- body stalk Q79.5</td>
</tr>
</tbody>
</table>

17.2. Cat eye syndrome (Indexing)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

<table>
<thead>
<tr>
<th>Cat</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ear Q17.3</td>
</tr>
<tr>
<td>- eye syndrome Q92.8</td>
</tr>
<tr>
<td>Catabolism, senile R54</td>
</tr>
<tr>
<td>Syndrome</td>
</tr>
<tr>
<td>- cat eye Q92.8</td>
</tr>
<tr>
<td>- CATCH 22 Q87.8</td>
</tr>
</tbody>
</table>

17.3. Ear tag (Indexing)

A public submission highlighted there was no index entry for ear tag despite the code title at Q17.02 being Ear tag. A new index entry has been created for the ICD-10-AM Alphabetic Index for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Refer section 11.17 Haemorrhoids (page 175) for further changes under lead term Tag.

<table>
<thead>
<tr>
<th>Tag (hypertrophied skin) (infected) L91.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>- anus I84.6</td>
</tr>
<tr>
<td>- ear Q17.02</td>
</tr>
<tr>
<td>- haemorrhoidal I84.6</td>
</tr>
</tbody>
</table>
17.4.  **Idiopathic infantile arterial calcification (IIAC) (Indexing)**

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Calcification
- heart *(see also Degeneration/myocardial)* I51.5
- - - valve — *(see Endocarditis)*
- - idiopathic infantile arterial (IIAC) Q28.8
- - intervertebral cartilage or disc (postinfective) M51.8

Idiot, idiocy (congenital) F73. -
- amaurotic (Bielschowsky(-Jansky)) (familial) (infantile (late)) (juvenile (late)) (Vogt-Spielmeyer) E75.4

IIAC (idiopathic infantile arterial calcification) Q28.8

Ileitis *(see also Enteritis)* A09.9

17.5.  **Syndrome, trisomy and Trisomy (Indexing)**

It was highlighted that there were indexing inconsistencies at *Syndrome/trisomy* and *Trisomy*. In response, the ICD-10-AM Alphabetic Index has been amended for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Syndrome — *(see also Disease)*
- trisomy NEC *(see also Trisomy)* Q92.9
  - - 13 *(partial) (with)* NEC Q91.7
  - - - meiotic nondisjunction Q91.4
  - - - mitotic nondisjunction Q91.5
  - - - mosaicism Q91.5
  - - - translocation (Robertsonian) Q91.6
  - - 18 *(partial) (with)* NEC Q91.3
  - - - meiotic nondisjunction Q91.0
  - - - mitotic nondisjunction Q91.1
  - - - mosaicism Q91.1
  - - - translocation Q91.2
  - - 20 *(p) (q) NEC Q92.8
  - - 21 *(partial) (with)* NEC Q90.9
  - - - meiotic nondisjunction Q90.0
  - - - mitotic nondisjunction Q90.1
  - - - mosaicism Q90.1
  - - - translocation (Robertsonian) Q90.2
  - - 22 NEC Q92.8
  - - tumour lysis (following antineoplastic treatment) *(spontaneous)* E88.3

Trisomy *(syndrome)* Q92.9
- - 13 *(partial) (with)* NEC Q91.7
  - - - meiotic nondisjunction Q91.4
  - - - mitotic nondisjunction Q91.5
  - - - mosaicism Q91.5
  - - - translocation (Robertsonian) Q91.6
  - - 18 *(partial) (with)* NEC Q91.3
  - - - meiotic nondisjunction Q91.0
  - - - mitotic nondisjunction Q91.1
  - - - mosaicism Q91.1
  - - - translocation Q91.2
  - - 20 *(p) (q) NEC Q92.8
  - - 21 *(partial) (with)* NEC Q90.9
  - - - meiotic nondisjunction Q90.0
  - - - mitotic nondisjunction Q90.1
  - - - mosaicism Q90.1
  - - - translocation (Robertsonian) Q90.2
  - - 22 NEC Q92.8
  - - - autosomes NEC Q92.9
18. Signs and symptoms

18.1. Malaise and fatigue

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>R53</th>
<th>Malaise and fatigue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asthenia NOS</td>
</tr>
<tr>
<td></td>
<td>Debility:</td>
</tr>
<tr>
<td></td>
<td>• chronic</td>
</tr>
<tr>
<td></td>
<td>• NOS</td>
</tr>
<tr>
<td></td>
<td>General physical deterioration</td>
</tr>
<tr>
<td></td>
<td>Lethargy</td>
</tr>
<tr>
<td></td>
<td>Tiredness</td>
</tr>
</tbody>
</table>

18.2. Musculoskeletal chest pain (*Indexing*)

Following advice published in Coding, Q&A, June 2012 *Musculoskeletal chest pain*, the following amendment was made to the ICD-10-AM Alphabetic Index for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

- Pain(s) R52.9
  - chest R07.4
  - anterior wall R07.3
  - ischaemic I20.9
  - musculoskeletal R07.3
  - on breathing R07.1

18.3. Systemic inflammatory response syndrome (*Indexing*)

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

- Syndrome
  - systemic inflammatory response (SIRS), as a result of disease classified elsewhere
  - infectious origin (without acute organ failure) R65.0
19. Injury

19.1. Fracture, tibial plateau

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S82</td>
<td>Fracture of lower leg, including ankle</td>
</tr>
<tr>
<td>S82.1</td>
<td>Fracture of upper end of tibia</td>
</tr>
<tr>
<td></td>
<td>Tibial:</td>
</tr>
<tr>
<td></td>
<td>• condyles</td>
</tr>
<tr>
<td></td>
<td>• head</td>
</tr>
<tr>
<td></td>
<td>• plateau</td>
</tr>
<tr>
<td></td>
<td>• proximal end</td>
</tr>
<tr>
<td></td>
<td>• tuberosity</td>
</tr>
</tbody>
</table>

19.2. Open wound of hand and wrist

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S61</td>
<td>Open wound of wrist and hand</td>
</tr>
<tr>
<td>S61.9</td>
<td>Open wound of wrist and hand, part, part unspecified</td>
</tr>
</tbody>
</table>

19.3. Poisoning by helium, nonmedicinal

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

**SECTION 3: TABLE OF DRUGS AND CHEMICALS**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Chapter 19</th>
<th>Poisoning</th>
<th>Adverse effect in therapeutic use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helium (nonmedicinal) NEC</td>
<td>T48.7T59.8</td>
<td>X44X47</td>
<td>Y44X17.8 Y55.7</td>
</tr>
<tr>
<td>- medicinal</td>
<td>T48.7</td>
<td>X44X67</td>
<td>Y14 Y55.7</td>
</tr>
</tbody>
</table>
### TABULAR LIST OF DISEASES

**X47** Accidental poisoning by and exposure to other gases and vapours

- **X47.8** Accidental poisoning by and exposure to other specified gas and vapours
  - Accidental poisoning by and exposure to:
    - carbon monoxide
    - helium (nonmedicinal) NOS
    - lacrimogenic gas [tear gas]
    - nitrogen oxides
    - sulfur dioxide

**X67** Intentional self-poisoning by and exposure to other gases and vapours

- **X67.8** Intentional self-poisoning by and exposure to other specified gas or vapours
  - Intentional self-poisoning by and exposure to:
    - carbon monoxide
    - helium (nonmedicinal) NOS
    - lacrimogenic gas [tear gas]
    - nitrogen oxides
    - sulfur dioxide

**Y17** Poisoning by and exposure to other gases and vapours, undetermined intent

- **Y17.8** Poisoning by and exposure to other specified gas 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

19.4. **S56.0 and S56.1 Discrepancy between Electronic Code List and book descriptors**

The following discrepancies between ICD-10-AM and the Electronic Code List (ECL) for S56.0 and S56.1 were highlighted and amended for Eighth Edition:

- **S56.0** ICD-10-AM - *Injury of long flexor muscle and tendon of thumb at forearm level*
  - ECL descriptor - *Injury of flexor muscle and tendon of thumb at forearm level*
- **S56.1** ICD-10-AM - *Injury of flexor muscle and tendon of other finger(s) at forearm level*
  - ECL descriptor - *Injury of long flexor muscle and tendon of other finger(s) at forearm level*

### ALPHABETIC INDEX OF DISEASES

<table>
<thead>
<tr>
<th>Injury (see also specified injury type) T14.9</th>
<th>...</th>
</tr>
</thead>
<tbody>
<tr>
<td>- muscle (and fascia) (and tendon) T14.6</td>
<td>...</td>
</tr>
<tr>
<td>- abdomen S39.0</td>
<td>...</td>
</tr>
<tr>
<td>- extensor</td>
<td>...</td>
</tr>
<tr>
<td>- finger(s) (other than thumb), forearm level S56.4</td>
<td>...</td>
</tr>
<tr>
<td>- toe (ankle level) (foot level) (large) (long) S96.1</td>
<td>...</td>
</tr>
<tr>
<td>- wrist and hand level, multiple S66.7</td>
<td>...</td>
</tr>
<tr>
<td>- finger(s) (other than thumb), forearm level (long) S56.1</td>
<td>...</td>
</tr>
<tr>
<td>- wrist and hand level S66.1</td>
<td>...</td>
</tr>
<tr>
<td>- forearm level, specified NEC S56.2</td>
<td>...</td>
</tr>
<tr>
<td>- multiple, wrist (and hand) level S66.6</td>
<td>...</td>
</tr>
</tbody>
</table>

- - - thumb, long (wrist and hand level) S66.0
- - - forearm level S66.0
- - - wrist and hand level (long) S66.0
- - - toe (ankle level) (foot level) (long) S96.0
- - - wrist and hand (level), multiple S66.6
- - - foot (level) S96.9
- - - long
- - - extensor, toe, at ankle and foot level S96.1
- - - flexor, toe, at ankle and foot level S96.0
- - - finger(s) (other than thumb), forearm level S56.1
- - - thumb, wrist and hand level S66.0
- - - toe, ankle and foot level S96.0
- - - head, biceps S46.1
19.5. **Unspecified injury of neck (Indexing)**

In 2009 and 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meetings in Seoul & Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

### ALPHABETIC INDEX OF DISEASES

**Injury**
- epigastric region S39.9
- epiglottis NEC *(see also Injury/neck)* S19.89
- eustachian tube S09.9
  ...
- gland
  - lacrimal (laceration) S05.8
  - salivary S09.9
  - thyroid NEC *(see also Injury/neck)* S19.89
    - globe (eye) S05.9
    ...
- lacrimal duct S05.8
- larynx NEC *(see also Injury/neck)* S19.89
- leg
  ...
- oesophagus (thoracic part) S27.83
  - cervical NEC *(see also Injury/neck)* S19.89
  - optic (chiasm) (cortex) (nerve) (pathways) S04.0
  ...
- phalanges

- foot S99.9
- hand S69.9
- pharynx *(see also Injury/neck)* S09.9 S19.89
- pleura S27.6
  ...
- throat NEC *(see also Injury/neck)* S19.89
- thumb S69.9
- thymus (gland) S27.84
- thyroid (gland) NEC *(see also Injury/neck)* S19.89
- toe S99.9
  ...
- trachea (cervical) NEC *(see also Injury/neck)* S19.89
- thoracic S27.5

**Rupture, ruptured** *(see also Injury/by site)*
- oesophagus K22.3
- traumatic
  - cervical NEC *(see also Injury/neck)* S19.89
  - thoracic S27.83

19.6. **ACS 1911 Burns**

Refer section 12.9 Sunburn (page 211) for changes to ACS 1911 Burns.
20. External causes

20.1. Complications of medical devices associated with adverse incidents

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. These changes have been included in ICD-10-AM for Eighth Edition.

TABULAR LIST OF DISEASES

MISADVENTURES TO PATIENTS DURING SURGICAL AND MEDICAL CARE (Y60–Y69)

Excludes: breakdown or malfunctioning of medical device (during procedure)(after implantation)(ongoing use) (Y70–Y82)
medical devices associated with adverse incidents due to external causes classified elsewhere (V01–Y59, Y85–Y87, Y89)
surgical and medical procedures as the cause of abnormal reaction of the patient, without mention of misadventure at the time of the procedure (Y83–Y84)

MEDICAL DEVICES ASSOCIATED WITH MISADVENTURES IN DIAGNOSTIC AND THERAPEUTIC USE (Y70–Y82)

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

Excludes: later complications following use of medical devices without mention of breakdown or malfunctioning of medical device (Y83–Y84)
medical devices associated with adverse incidents due to external causes classified elsewhere (V01–Y59, Y85–Y87, Y89)
misadventures to patients during surgical or medical care classifiable to Y60–Y69

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

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

20.2. External cause for cut by object (Indexing)

A public submission highlighted inconsistency in the indexing of the external cause code for cut by object. Consequently, the following amendments were made to the ICD-10-AM Alphabetic Index for Eighth Edition.

ALPHABETIC INDEX OF DISEASES

Contact (accidental) - - abrasive wheel (metalworking) W31.1
- with
**20.3. Fall, from, stationary machinery**

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. These changes have been included in ICD-10-AM for Eighth Edition.

### ALPHABETIC INDEX OF DISEASES

**Contact (accidental)**
- with
  - abrasive wheel (metalworking) W31.1
  - chisel W27
  - lift, lifting (devices) (shaft) NEC W24
  - stationary W17.5
  - lion fish X26.18
  - machine, machinery NEC (see also Contact/with/by type of machine) W31.9
  - agricultural, including animal-powered NEC W30.9
  - cherry picker W31.8
  - stationary W17.5
  - drilling, metal (industrial) W31.1
  - lifting (devices) NEC W24
  - stationary W17.5
  - metalworking (industrial) W31.1
  - milling, metal W31.1
  - mining W31.0
  - mobile elevated work platform (MEWP) W31.8
    - stationary W17.5
    - moulding W31.8
    - scraping W31.4
    - sky lift W31.8
    - stationary W17.5
    - specified NEC W31.8
    - woodland
  - woodworking or forming (industrial) W31.2
  - marine

**Fall, falling (accidental) W19**
- from, off (see also Fall, falling/involving)
  - 1 level to another NEC W17.9
  - change table, baby W08.0
  - cherry picker, stationary (see also Contact/with/cherry picker) W17.5
  - cliff W15
  - ladder W11
  - lifting device, stationary (see also Contact/with/lift, lifting) W17.5
  - loft bed W06.8
  - lounge W07.8
  - machine, machinery (see also Contact/with/by type of machine) W31.9
  - stationary, not in operation NEC W17.8
  - mobile elevated work platform (MEWP), stationary (see also Contact/with/mobile elevated work platform) W17.5
  - motorcycle (without antecedent collision) V28.
  - shopping trolley W02.9
  - sky lift, stationary (see also Contact/with/sky lift) W17.5
  - sofa W07.8

### TABULAR LIST OF DISEASES

**W17** Other fall from one level to another

- **W17.5** Fall from mobile elevated work platform (MEWP)
  - from stationary:
    - cherry picker
    - lifting device
• sky lift

W24 Contact with lifting and transmission devices, 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)

W30 Contact with agricultural machinery

Includes: animal-powered farm machine

Excludes: contact with agricultural machinery in transport under own power or being towed by a vehicle (V00–V99)
exposure to electric current (W86)
fall from stationary mobile elevated work platform (MEWP) (cherry picker) (sky lift) (W17.5)
power take off (PTO) (W24)
transport accident involving:
• 2-, 3- or 4-wheeled agricultural bikes (V86.-)
• special vehicle mainly used in agriculture (V84.-)

W31 Contact with other and unspecified machinery

Excludes: contact with:
• hot engines, machinery and tools (X17)
• machinery in transport under own power or being towed by a vehicle (V00–V99)
• powered hand tools and household machinery (W29)
• powered lawn mower (W28)
exposure to electric current (W86)
fall from stationary mobile elevated work platform (MEWP) (cherry picker) (sky lift) (W17.5)

20.4. ACS 2001 External cause code use and sequencing

Refer section 12.9 Sunburn (page 211) for details.
21. Factors influencing health status

21.1. Dependence on respirator

A public submission was received requesting the addition of the term ventilator at Z99.1 Dependence on respirator as this is synonymous with respirator but the common terminology now.

The following amendments have been made to ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

Dependence
- on
  - aspirator Z99.0
- respirator Z99.1
- ventilator Z99.1
- wheelchair Z99.3

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>Z99</th>
<th>Dependence on enabling machines and devices, not elsewhere classified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z99.1</td>
<td>Dependence on respirator</td>
</tr>
<tr>
<td></td>
<td>Dependence on ventilator</td>
</tr>
</tbody>
</table>

21.2. Donation of haematopoietic progenitor stem cells

A public submission was received regarding donation of haematopoietic progenitor cells. Stem cells that form immune and blood cells are also known as haematopoietic stem cells (HSC). They are responsible for the constant renewal of blood and can be collected from bone marrow, peripheral blood or umbilical cord blood. HSC can be used in the treatment of cancers, leukaemia and lymphomas, and inherited blood disorders.

Patients may be admitted for preparatory care, and given a dose of granulocyte colony stimulating factor (G-CSF), but are not yet donors. Granulocyte colony stimulating factor (G-CSF) is a pharmacological agent used to induce stem cell mobilisation (stimulation of migration from bone marrow to blood stream).

The following amendments have been made to ICD-10-AM for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

<table>
<thead>
<tr>
<th>Care (following) (for) (of)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- pregnancy — see Maternal care</td>
</tr>
<tr>
<td>- preparatory, for subsequent treatment Z51.4</td>
</tr>
<tr>
<td>- for dialysis Z49.0</td>
</tr>
<tr>
<td>- potential donor of organ and tissue Z00.5</td>
</tr>
<tr>
<td>- subsequent treatment NEC Z51.4</td>
</tr>
<tr>
<td>- respite Z75.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Donor, donation (allogeneic) (of) (organ or tissue)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- (procurement) Z52.9</td>
</tr>
<tr>
<td>- potential, examination of Z00.5</td>
</tr>
<tr>
<td>- preparatory care Z00.5</td>
</tr>
<tr>
<td>- skin Z52.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mixed — see condition</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mobile, mobilisation, mobility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- cells (stem), for potential donor of organ and tissue Z00.5</td>
</tr>
<tr>
<td>- excessive — see Hypermobility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prenatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>- screening — see Antenatal/screening</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparatory care (for) for subsequent treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEC Z51.4</td>
</tr>
<tr>
<td>- for dialysis Z49.0</td>
</tr>
<tr>
<td>- potential donor of organ and tissue Z00.5</td>
</tr>
<tr>
<td>- subsequent treatment NEC Z51.4</td>
</tr>
</tbody>
</table>

| Prepartum — see condition |
21.3. **Resistance to antimicrobial and antineoplastic drugs**

In 2009, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Seoul. This update provides new codes to specify agents resistant to antimicrobial and antineoplastic drugs, not just antibiotics. The following changes have been included in ICD-10-AM for Eighth Edition.

### ALPHABETIC INDEX OF DISEASES

**Drug**
- rehabilitation measures Z50.3
- resistant bacterial agent in bacterial infection — see Resistance/bacterial agent to antibiotic(s)

**Infection, infected** (opportunistic) B99
- with lymphangitis — see Lymphangitis
  — antibiotic-resistant bacterial agent (resistant to) Z06.90
  — methicillin Z06.32
  — multiple antibiotics Z06.8
  — penicillin Z06.31
  — penicillin-related antibiotic Z06.39
  — specified antibiotic (single) NEC Z06.99
  — multiple antibiotics Z06.8
  — vancomycin Z06.41
  — vancomycin-related antibiotic Z06.49
  — lymphangitis — see Lymphangitis
- abortion (subsequent episode) O08.0
  — bacterial NEC A49.9
  — agent NEC
  — as cause of disease classified elsewhere B96.88
  — resistant to antibiotic — see Infection, infected with antibiotic-resistant bacterial agent/Resistance, resistant/antibiotic(s)
  — resulting from HIV disease B20

**Resistance, resistant** (to)
- activated protein C (APC) (factor V Leiden mutation) (thrombophilia) D68.5
  — bacterial agent to antibiotic Z06.90
  — methicillin Z06.32
  — multiple Z06.8
  — penicillin Z06.31
  — penicillin-related Z06.39
  — specified (single) NEC Z06.99
  — multiple Z06.8
  — vancomycin Z06.41
  — vancomycin-related Z06.49
- antibiotic(s) Z06.60
  — beta-lactam Z06.50
  — extended spectrum beta-lactamase (ESBL) Z06.53
  — methicillin (cloxacillin) (dicloxacillin) (flucloxacillin) (oxacillin) Z06.52
  — penicillin (amoxicillin) (ampicillin) Z06.51
  — specified Z06.58
  — multiple Z06.67
  — quinolones Z06.63
  — specified (single) NEC Z06.68
  — vancomycin Z06.61
  — other related Z06.62
  — antifungal drug(s) Z06.72
  — antimicrobial drug(s) Z06.70
  — antifungal Z06.72
  — antiparasitic Z06.71
  — antiviral Z06.73
  — multiple Z06.77
  — quinine Z06.71
  — specified NEC Z06.78
  — tuberculostatic Z06.74
  — antineoplastic drug(s) Z07
  — antiparasitic drug(s) Z06.71
  — antiviral drug(s) Z06.73
  — drug Z06.70
- extended spectrum beta-lactamase (ESBL) Z06.53
- methicillin (cloxacillin) (dicloxacillin) (flucloxacillin) (oxacillin) Z06.52
- multiple
  — antibiotics Z06.67
  — antimicrobial drugs Z06.77
  — penicillin (amoxicillin) (ampicillin) Z06.51
  — quinine Z06.71
  — quinolones Z06.63
  — tuberculostatic drug(s) Z06.74
  — vancomycin Z06.61
  — other related Z06.62

**Resorption**
TABULAR LIST OF DISEASES

LIST OF THREE-CHARACTER CATEGORIES

CHAPTER 21
FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES (Z00–Z99)

Persons encountering health services for examination and investigation (Z00–Z13)

Z04 Examination and observation for other reasons
Z06 Bacterial agents resistant to antibiotics
Z07 Resistance to antineoplastic drugs
Z08 Follow-up examination after treatment for malignant neoplasms

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

Includes: diseases generally recognised as communicable or transmissible

Use additional code (Z06–Z07) to identify the antibiotic to which a bacterial agent is resistant, and antineoplastic drugs.

Z06 Bacterial agents resistant to antibiotics

Note: This category is intended for use as an additional code to identify the antibiotic to which a bacterial agent is resistant, in bacterial infection classified elsewhere.

Z06.3 Agent resistant to penicillin and related antibiotics
Z06.31 Penicillin resistant agent
Z06.32 Methicillin resistant agent
Z06.39 Agent resistant to other penicillin-related antibiotic

Z06.4 Agent resistant to vancomycin and related antibiotics
Z06.41 Vancomycin resistant agent
Z06.49 Agent resistant to other vancomycin-related antibiotic

Z06.5 Resistance to beta-lactam antibiotics

Use additional code (B95–B96) to identify infectious agents resistant to beta-lactam antibiotics.
Z06.50  Resistance to beta-lactam antibiotics, unspecified

Z06.51  Resistance to penicillin
        Resistance to:
        • amoxicillin
        • ampicillin

Z06.52  Resistance to methicillin
        Resistance to:
        • cloxacillin
        • dicloxacillin
        • flucloxacillin
        • multiple antibiotics including methicillin
        • oxacillin

Z06.53  Extended spectrum beta-lactamase [ESBL] resistance

Z06.58  Resistance to other beta-lactam antibiotics

Z06.6  Resistance to other antibiotics

Use additional code (B95–B96) to identify infectious agents resistant to antibiotics.

Z06.60  Resistance to unspecified antibiotic
        Resistance to antibiotic NOS

Z06.61  Resistance to vancomycin

Z06.62  Resistance to other vancomycin related antibiotics

Z06.63  Resistance to quinolones

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.

Excludes:  resistance to multiple antibiotics involving methicillin (Z06.52)

Z06.68  Resistance to other single specified antibiotic

Z06.7  Resistance to other antimicrobial drugs

Excludes:  resistance to antibiotics (Z06.5–Z06.6–)

Z06.70  Resistance to unspecified antimicrobial drug(s)
        Drug resistance NOS
        Resistance to antimicrobial drugs NOS

Use additional code (B95–B97) to identify infectious agents resistant to antimicrobial drugs.

Z06.71  Resistance to antiparasitic drug(s)
        Resistance to quinine and related compounds

Z06.72  Resistance to antifungal drug(s)

Z06.73  Resistance to antiviral drug(s)

Use additional code (B97–) to identify infectious agents resistant to antiviral drugs.

Z06.74  Resistance to tuberculostatic drug(s)

Z06.77  Resistance to multiple antimicrobial drugs

Note:  This code should only be assigned when an infectious agent is resistant to two or more antimicrobial drugs but the type of antimicrobial drugs are not specified. Where multiple resistant antimicrobial drugs are specified, code each resistant drug separately.

Excludes:  resistance to multiple antibiotics (Z06.67)
Z06.78  Resistance to other specified antimicrobial drug

Z06.8   Agent resistant to multiple antibiotics

Note:   This category is used to identify agent resistant to multiple antibiotics excluding those involving methicillin (Z06.32).

Z06.9   Agent resistant to other and unspecified antibiotics

Z06.90  Agent resistant to unspecified antibiotic

Z06.99  Agent resistant to other single specified antibiotic

Z07     Resistance to antineoplastic drugs

Note:   Assign Z07 as an additional code to identify resistance to antineoplastic drugs in the treatment of conditions classified elsewhere.

Z22     Carrier of infectious disease

Includes:   suspected carrier

Use additional code to identify resistance to antimicrobial drugs (Z06.5- -Z06.7-).

AUSTRALIAN CODING STANDARDS

0112 INFECTION WITH DRUG RESISTANT MICROORGANISMS

DEFINITION
Resistance to a drug can be identified in most organisms. This standard deals with the coding of antibiotic or antimicrobial drug resistant organisms that have caused an infection in the patient.

MRSA: (Methicillin Resistant or Multi-Resistant Staphylococcus Aureus)
Traditionally the M refers to methicillin and this is still the commonest use of the term MRSA. It is also used to mean multi-resistant.

Staphylococcus aureus is a common bacterium found on the skin, but it may be the cause of a number of diseases and conditions ranging from minor to life threatening. The degree of infection varies from stitch abscesses to septic phlebitis, chronic osteomyelitis, pneumonia, meningitis, endocarditis and sepsis.

Penicillins, cephalosporins, carbapenems and monobactams contain a beta-lactam ring in their chemical structure and are known as beta-lactam antibiotics. Methicillin is a semisynthetic penicillin used in the laboratory to identify resistance although no longer used in clinical practice. Similar drugs used for treatment are fluclaxacillin and dicloxacillin. Generally there are two strains of MRSA:

- Nosocomial (or hospital acquired) strains of MRSA are usually resistant to multiple antibiotics, not just methicillin and penicillin. Staphylococcus aureus resistant to methicillin is typically resistant to multiple antibiotics.
- Community acquired strains of MRSA are typically resistant to only methicillin and penicillin (with a small percentage also resistant to erythromycin or ciprofloxacin).

CLASSIFICATION
The presence of an infection (wound infection, urinary tract infection, pneumonia, etc) must be documented and coded in accordance with ACS 0002 Additional diagnoses before additional codes can be assigned for the organism, or the condition coded as being due to the organism. If the clinician has documented in the record that the organism causing the infection is resistant to an antibiotic or other antimicrobial drugs, then the appropriate code from Z06.- Resistance to antimicrobial drugs must be assigned as an additional code to identify the antibiotic or other antimicrobial agent to which the organism is resistant. Bacterial agents resistant to antibiotics must also be assigned.
A code from category Z06.- Bacterial agents resistant to antibiotics is assigned as an additional code to identify the antibiotic to which a bacterial agent is resistant.

MRSA – MRSA infections would have codes assigned as follows:
- A code for the infection
- B95.6 Staphylococcus aureus as the cause of diseases classified to other chapters (if the organism is not included in the infection code)
- Z06.32 Methicillin resistant agent Z06.52 Resistance to methicillin

Note that Z06.4252 is assigned for MRSA when it means Methicillin Resistant or Multi-Resistant Staphylococcus Aureus, where one of the agents is methicillin.

VRE – An infection resistant to Vancomycin would be coded as follows:
- A code for the infection
- B95.2 Streptococcus, group D, as the cause of diseases classified to other chapters (if the organism is not already included in the infection code)
- Z06.61 Vancomycin resistant agent Z06.61 Resistance to vancomycin Z06.8 Agent resistant to multiple antibiotics 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 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 separately, not including Methicillin (which is classified to Z06.32).

21.4. ACS 2114 Prophylactic surgery (New)

Coding advice published in Coding Q&A, December 2011, Prophylactic salpingo-oophorectomy highlighted a code sequence inconsistency for prophylactic surgery. Consequently, ACS 2114 Prophylactic surgery was created and the section ‘Prophylactic mastectomy’ was relocated from ACS 1204 Plastic surgery to ACS 2114 for Eighth Edition.

The new standard provides the same code selection advice however the sequencing instruction has been revised. A code from Z40.0- Prophylactic surgery for risk-factors related to malignant neoplasms should now be sequenced as the principal diagnosis when a patient is admitted for prophylactic surgery, and the risk factor (eg family history, personal history) sequenced as an additional diagnosis.

**ALPHABETIC INDEX OF DISEASES**

**Prophylactic**
- organ removal (for neoplasm management)
  - surgery Z40.9
    - for risk factors related to malignant neoplasm
      -- breast Z40.00
      -- ovary Z40.01
      -- specified NEC Z40.08
    -- specified NEC Z40.8

**Propionic acidaemia** E71.1

**Surgery**
- prophylactic Z40.9
  - organ removal (for neoplasm management)
    - breast Z40.00
    - ovary Z40.01
    - specified organ NEC Z40.08
      -- for risk factors related to malignant neoplasm
      -- breast Z40.00
      -- other specified organ Z40.08
      -- ovary Z40.01
    -- specified NEC Z40.8
    - reconstructive (following healed injury or operation) Z42.9
**TABULAR LIST OF DISEASES**

**Z40**

Prophylactic surgery

**Z40.0**

Prophylactic surgery for risk-factors related to malignant neoplasms

Admission for prophylactic organ removal

- **Z40.00** Breast
  - Admission for prophylactic breast removal

- **Z40.01** Ovary
  - Admission for prophylactic ovary removal

- **Z40.08** Other

- **Z40.8** Other prophylactic surgery

- **Z40.9** Prophylactic surgery, unspecified

**AUSTRALIAN CODING STANDARD**

**TABLE OF CONTENTS**

**SPECIALTY STANDARDS**

21. Factors influencing health status and contact with health services

- 2113 Follow-up examinations for specific disorders
- 2114 Prophylactic surgery

**0236**

NEOPLASM CODING AND SEQUENCING
(excluding same-day chemotherapy/radiotherapy)

If the episode is for follow-up care, the malignancy may be coded as current or as a past history, dependent on the circumstances surrounding the episode of care. (See also ACS 1204 Plastic surgery, ACS 2112 Personal history, and ACS 2113 Follow-up examinations for specific disorders and ACS 2114 Prophylactic surgery.)

Where there are multiple metastatic sites, assign a code for each site in order to reflect the severity of the condition.

**1204**

PLASTIC SURGERY

... REMOVAL OF BREAST IMPLANTS

...  

**EXAMPLE 6:**

Patient anxious about silicone breast implants; bilateral replacement with saline implants performed under GA.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z42.1</td>
<td>Follow-up care involving plastic surgery of breast</td>
</tr>
<tr>
<td>Z71.1</td>
<td>Person with feared complaint in whom no diagnosis is made</td>
</tr>
<tr>
<td>45555-00 [1758]</td>
<td>Removal of silicone breast prosthesis and replacement with other than</td>
</tr>
<tr>
<td></td>
<td>silicone prosthesis</td>
</tr>
<tr>
<td>45555-00 [1758]</td>
<td>Removal of silicone breast prosthesis and replacement with other than</td>
</tr>
<tr>
<td></td>
<td>silicone prosthesis</td>
</tr>
<tr>
<td>92514-99 [1910]</td>
<td>General anaesthesia, ASA 9, nonemergency</td>
</tr>
</tbody>
</table>
**Prophylactic mastectomy**

The term ‘prophylactic’ in regards to mastectomy may refer to:

1. Those who have had breast disease (eg carcinoma, fibrocystic disease), or
2. Those who have had no previous breast disease (eg family history carcinoma).

Where the reason for the prophylactic mastectomy can be assigned a code (eg fibrocystic disease, family history), this should be sequenced as the principal diagnosis (even if all evident disease was previously resected). Z40.00 Prophylactic surgery for risk-factors related to malignant neoplasms, breast or Z40.8 Other prophylactic surgery should be assigned as an additional diagnosis.

For prophylactic surgery performed in the absence of breast disease, or when a more definitive diagnosis cannot be abstracted from the clinical record, assign Z40.00 Prophylactic surgery for risk-factors related to malignant neoplasms, breast or Z40.8 Other prophylactic surgery as the principal diagnosis.

### 2114 PROPHYLACTIC SURGERY

Prophylactic surgery is performed to reduce the risk of developing cancer or other diseases. It is most commonly an option for individuals with high risk factors related to neoplasms, including:

- a strong family history of cancer
- gene mutations (eg positive BRCA1 or BRCA2 gene mutation)
- personal history of disease (eg carcinoma, indeterminate breast microcalcifications).

**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 2112 Personal history for code assignment relating to neoplasia.

**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 [1748] 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 [1252] Laparoscopic salpingo-oophorectomy, bilateral

(See also ACS 2112 Personal history.)
22. Codes for special purpose

22.1. Codes for emergency use

In 2010, the URC of WHO-FIC approved a number of changes to the Tabular List and Alphabetical Index of ICD-10 at the annual meeting in Toronto. Codes U00-U49 are reserved for use by WHO for the provisional classification of new diseases. WHO have designated U04.9 for classification of severe acute respiratory syndrome [SARS], unspecified. U06 and U07 have been set aside for special reserve use and can only be assigned upon instruction from WHO. These changes have been included in ICD-10-AM for Eighth Edition.

**TABULAR LIST OF DISEASES**

**LIST OF THREE CHARACTER CATEGORIES**

**CHAPTER 22**

**CODES FOR SPECIAL PURPOSES (U00–U49)**

Provisional assignment of new diseases of uncertain aetiology or emergency use (U00–U49)

U04 Severe acute respiratory syndrome [SARS]
U06 Emergency use of U06
U07 Emergency use of U07

**CHAPTER 22**

**CODES FOR SPECIAL PURPOSES (U00–U49)**

This chapter contains the following blocks:

U00–U49 Provisional assignment of new diseases of uncertain aetiology or emergency use

**PROVISIONAL ASSIGNMENT OF NEW DISEASES OF UNCERTAIN AETIOLOGY OR EMERGENCY USE (U00–U49)**

Note: Codes U00–U49 are reserved for use by WHO for the provisional classification of new diseases of uncertain aetiology.

**U06** Emergency use of U06

Note: As codes are not always readily available in electronic systems, categories U06 and U07 have been designated for emergency use so they can be used immediately upon instruction from WHO.

U06.0 Emergency use of U06.0
U06.1 Emergency use of U06.1
U06.2 Emergency use of U06.2
U06.3 Emergency use of U06.3
U06.4 Emergency use of U06.4
U06.5 Emergency use of U06.5
U06.6 Emergency use of U06.6
U06.7 Emergency use of U06.7
U06.8 Emergency use of U06.8
U06.9 Emergency use of U06.9
Emergency use of U07

Note: As codes are not always readily available in electronic systems, categories U06 and U07 have been designated for emergency use so they can be used immediately upon instruction from WHO.

U07.0 Emergency use of U07.0
U07.1 Emergency use of U07.1
U07.2 Emergency use of U07.2
U07.3 Emergency use of U07.3
U07.4 Emergency use of U07.4
U07.5 Emergency use of U07.5
U07.6 Emergency use of U07.6
U07.7 Emergency use of U07.7
U07.8 Emergency use of U07.8
U07.9 Emergency use of U07.9

AUSTRALIAN CODING STANDARDS

INTRODUCTION

Tabular List of Diseases
Most of the Tabular List is taken up with the main disease classification 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. Four chapters (Chapters 1, 2, 19 and 20) use more than one letter in the first position of their codes.

WHO intends the codes U00–U99 to be used for provisional assignment of new diseases of uncertain aetiology, for emergency use and for specific research purposes. U50–U73 are used in ICD-10-AM to classify activity and U90 classifies Healthcare associated infections.
23. Section 3 - Drugs & Chemicals

23.1. Escitalopram oxalate (Lexapro®) *(Indexing)*

Advice was published in *Coding Matters*, June 2010 (Vol. 17, No. 1), *Lexapro®* regarding the correct code assignment for poisoning or adverse effect following ingestion of escitalopram (Lexapro®). *Escitalopram oxalate* is a type of selective serotonin reuptake inhibitor (SSRI) which are typically used as antidepressants.

Consequently, the following amendments were made to the ICD-10-AM Alphabetic Index in Section 3: Table of Drugs and Chemicals for Eighth Edition.

**ALPHABETIC INDEX OF DISEASES**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Chapter 19</th>
<th>Accidental</th>
<th>Intentional</th>
<th>Undetermined</th>
<th>Adverse effect in therapeutic use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant NEC</td>
<td>T43.2</td>
<td>X41</td>
<td>X61</td>
<td>Y11</td>
<td>Y49.2</td>
</tr>
<tr>
<td>- monoamine-oxidase-inhibitor</td>
<td>T43.1</td>
<td>X41</td>
<td>X61</td>
<td>Y11</td>
<td>Y49.1</td>
</tr>
<tr>
<td>- selective serotonin reuptake inhibitor (SSRI)</td>
<td>T43.2</td>
<td>X41</td>
<td>X61</td>
<td>Y11</td>
<td>Y49.2</td>
</tr>
<tr>
<td>- triazolopyridine</td>
<td>T43.2</td>
<td>X41</td>
<td>X61</td>
<td>Y11</td>
<td>Y49.2</td>
</tr>
<tr>
<td>Escin</td>
<td>T46.9</td>
<td>X44</td>
<td>X64</td>
<td>Y14</td>
<td>Y52.9</td>
</tr>
<tr>
<td>Escitalopram</td>
<td>T43.2</td>
<td>X41</td>
<td>X61</td>
<td>Y11</td>
<td>Y49.2</td>
</tr>
<tr>
<td>Esclulin</td>
<td>T45.2</td>
<td>X44</td>
<td>X64</td>
<td>Y14</td>
<td>Y57.7</td>
</tr>
</tbody>
</table>
24. Noninvasive, cognitive and other interventions

24.1. Therapeutic hypothermia

Therapeutic hypothermia is used in neonates at risk of suffering lack of oxygen to the brain and has been shown to effectively stop the damage caused to brain cells. It is regarded as a significant indicator of morbidity and cost in neonates.

Guidelines for the classification of therapeutic hypothermia in neonates have been incorporated into Eighth Edition following recommendations from the Neonatal CTG.

ALPHABETIC INDEX OF INTERVENTIONS

Hypothermia
- gastric 13500-00 [1899]
- therapeutic 22065-00 [1880]
- total body 22065-00 [1880]

TABULAR LIST OF INTERVENTIONS

22065-00 Cold therapy
  ▼ 1615 Hypothermic therapy (therapeutic hypothermia)
      Total body hypothermia

Note: The application of cold in the therapeutic treatment of disease or injury. Hypothermia can be induced by ice packs or compresses, cooling blankets, immersion in cold water (bath or tub) or by extracorporeal cooling of the blood. Hypothermia can also be induced as a protective measure in certain cardiovascular and neurological surgical procedures or as an adjunct to anaesthesia in surgical procedures involving a limb.

Excludes: cryotherapeutic destruction of tissue (see Alphabetic Index: Cryotherapy/by site)
  deep hypothermia (22075-00 [642])
  gastric hypothermia (13500-00 [1899])
  hypothermic therapy in conjunction with cardiac or circulatory arrest (22075-00 [642])

AUSTRALIAN CODING STANDARDS

Refer section 16.12 ACS 1615 Specific interventions for the sick neonate (page 257) for details of the full changes in ACS 1615.

1615 SPECIFIC INTERVENTIONS FOR THE SICK NEONATE

The coding standards set out below relate to specific interventions for the sick neonate. These standards will provide a valuable body of data which will assist in improving AR-DRG classification of neonatal conditions.

... 2. CODE THE FOLLOWING INTERVENTION WHEN PERFORMED:

... Therapeutic hypothermia

Therapeutic hypothermia is used for neonates who are at risk of suffering from lack of oxygen to the brain. A lack of oxygen before or during the birth process can destroy brain cells in a newborn and one way to stop this damage continuing is to induce hypothermia. Cooling should be started as soon as possible after birth and involves keeping the newborn’s core temperature at 33–34°C usually for a period of 72 hours.

Assign 22065-00 [1880] Cold therapy regardless of duration given.
25. Imaging services

25.1. Cisternography

It was highlighted that ACHI classifies cisternography to 90900-00 Encephalography in block [1967] Radiography of head or neck, however a cisternogram is not a radiographic examination. A cisternogram is a nuclear medicine imaging study involving the injection of a radionuclide by lumbar puncture into the cerebrospinal fluid. A series of images are taken at intervals to determine if there is abnormal CSF flow within the brain and spinal canal.

The correct code for cisternography is 90910-00 [2014] Nuclear medicine study of other region or organ, which is in Chapter 20 Imaging Services, therefore there is no requirement to routinely code cisternography as per the guidelines in ACS 0042 Procedures normally not code. The following amendments have been incorporated into ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Circumcision, male 30653-00 [1196]
- hemi
  - with urethral meatotomy 37354-00 [1198]

Cisternography 90910-00 [2014] 90900-00 [1967]

Clavicotomy 48406-06 [1395]

TABULAR LIST OF INTERVENTIONS

<table>
<thead>
<tr>
<th>1967</th>
<th>Radiography of head or neck</th>
</tr>
</thead>
<tbody>
<tr>
<td>90900-00</td>
<td>Encephalography</td>
</tr>
<tr>
<td></td>
<td>Cisternography</td>
</tr>
<tr>
<td></td>
<td>Pneumocisternography</td>
</tr>
<tr>
<td></td>
<td>Pneumoencephalography</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2014</th>
<th>Other nuclear medicine imaging study</th>
</tr>
</thead>
<tbody>
<tr>
<td>90910-00</td>
<td>Nuclear medicine study of other region or organ</td>
</tr>
<tr>
<td></td>
<td>Cisternography</td>
</tr>
</tbody>
</table>

25.2. Endoscopic ultrasound

A new code 30668-00 [1949] Endoscopic ultrasound was created in ACHI Seventh Edition based on MBS item number 30688. As the numbers had been inadvertently transposed, it was inactivated and 30688-00 [1949] was created in ACHI for Eighth Edition to correctly align with the MBS item number.

ALPHABETIC INDEX OF INTERVENTIONS

Ethmoidotomy 41737-04 [383]

EUS (endoscopic ultrasound) 30688-0030668-00 [1949]
Evacuation

Ultrasound (diagnostic) (scan) 90908-00 [1950]
- with
  - bronchoscopy 30688-0030668-00 [1949]
  - endoscopy 30688-0030668-00 [1949]
  - abdomen, abdominal 55036-00 [1943]
- for pregnancy-related condition NEC 55700-02 [1943]
  - with urinary tract 55036-00 [1943]
  - endoscopic 30688-0030668-00 [1949]
  - vessels — see Ultrasound/vessels/intra-abdominal
  - elbow 55804-00 [1950]
  - endoscopic 30688-0030668-00 [1949]
  - eye (bidimensional) (orbital contents) (unidimensional) 55030-00 [1940]
TABULAR LIST OF INTERVENTIONS

1949 Other ultrasound

30668-0030688-00 Endoscopic ultrasound
Ultrasound in conjunction with endoscopy

25.3. MRI scan of pelvis

A new MBS item number 63476 was introduced in July 2009 for MRI scan of pelvis performed for initial staging of rectal cancer. Consequently, ACHI has been updated for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Imaging (diagnostic)
- magnetic resonance (MRI) (nuclear) 90901-08 [2015]
  - abdomen 90901-05 [2015]
    ...
  - prostate 90901-06 [2015]
  - rectum 90901-06 [2015]
  - sinuses (ethmoid) (frontal) (maxillary) (sphenoid) 90901-01 [2015]

TABULAR LIST OF INTERVENTIONS

2015 Magnetic resonance imaging

90901-06 Magnetic resonance imaging of pelvis
Includes: bladder
   prostate
   rectum
26. Cross system updates

26.1. High intensity focused ultrasound (HIFUS)

High intensity focused ultrasound (HIFUS) is a noninvasive thermal ablation that uses focused ultrasound waves to target pathogenic tissue. The focused ultrasound transducer directs sound waves to a single point through the skin and into the body. The focused waves create heat at the focal point, which rapidly raises the temperature in a small region inside the body. In less than 10 seconds, the tissue in the focal region reaches a temperature that causes irreversible cell death and the dead tissue is removed via natural process, similar to the way the body handles infection.

HIFUS is currently used for several conditions, including the treatment of uterine fibroids, atrial fibrillation and arrhythmia, with the potential for treatment of solid tumours (both malignant and benign) of the bone, breast, liver, kidney and prostate.

HIFUS can be used in conjunction with MRI, CT and other ultrasound guidance systems. When HIFUS is combined with MRI guidance, it is sometimes referred to as MRI-guided high intensity focused ultrasound (either MR-HIFUS or MRgFUS).

The following changes have been made to ACHI and the ACS for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Refer section 26.2 Irreversible electroporation (IRE) (page 288) for overlapping ACHI changes in this area.

| Destruction | - bone (laser) (lesion) (tumour) 90609-00 [1579] |
| - breast (lesion) (tumour) 90726-00 [1759] |
| - calculus, calculi (encrustation) (stone) … |
| - kidney (irreversible electroporation) (lesion) (tumour) 90370-00 [1046] |
| - labyrinth (inner ear) 41572-00 [330] |
| - lesion (tumour) |
| - - anus (open) 90315-01 [933] |
| - - bone (laser) (radiofrequency) (tumour) 90609-00 [1579] |
| - - breast 90726-00 [1759] |
| - cervix 35608-01 [1275] … |
| - - iris, by laser 42806-00 [188] |
| - - kidney (irreversible electroporation) 90370-00 [1046] |
| - - laryngopharynx, by endoscopic laser 52035-00 [27] |
| - - breast 90726-00 [1759] |
| - - cervix 35608-01 [1275] … |
| - - liver 90299-00 [956] |
| - - - by cryotherapy 30419-00 [956] |
| - - - irreversible electroporation 90408-00 [1162] |
| - - - laser (closed) (endoscopic) 37224-00 [1162] |
| - - - rectum … |
| - - - - urethra (closed) (endoscopic) 37318-01 [1116] |
| - - - - wart 36815-01 [1116] |
| - - - - uterus 90451-00 [1263] |
| - - - - vagina NEC 90437-00 [1281] … |
| - - - liver (lesion) (tumour) 90299-00 [956] |
| - - by |
| - - - cryotherapy 30419-00 [956] |
| - - - irreversible electroporation 90299-00 [956] |
| - - - laser 90299-00 [956] |
| - - - radiofrequency ablation 50950-00 [956] |
| - - lung (irreversible electroporation) (lesion) (radiofrequency) (tumour) 9018T-00 [558] … |
| - - - - pharynx (by cautery) (by diathermy) 41674-02 [419] |
| - - - - prostate (lesion) (tumour) 90408-00 [1162] |
| - - - - - by |
| - - - - - diathermy (closed) (endoscopic) 37224-00 [1162] |
| - - - - - high intensity focused ultrasound 90408-00 [1162] |
| - - - - - irreversible electroporation 90408-00 [1162] |
| - - - - - laser (closed) (endoscopic) 37224-00 [1162] |
| - - - - - rectum … |
| - - - - - tumour — see also Destruction/lesion |
| - - - - - angiofibroma, face or neck … |
| - - - - - - bone (closed) (endoscopic) 37224-00 [1162] |
| - - - - - - breast 90726-00 [1759] |
| - - - - - - colon … |
TABULAR LIST OF INTERVENTIONS

Refer section 26.2 Irreversible electroporation (IRE) (page 288) for overlapping ACHI changes in this area.

**601 Destruction procedures on atrium**

*Includes:* that with:
- cryoablation
- electrophysiological studies
- high intensity focused ultrasound (HIFUS)
- laser
- microwave
- radiofrequency ablation

*Code also when performed:*
- transoesophageal echocardiogram (55118-00 [1942])

*Excludes:* division of accessory pathway (38512-00, 38515-00 [600])

**956 Other procedures on liver**

*90299-00 Other destruction of liver*

- Interstitial laser coagulation of liver lesion/tumour
- Irreversible electroporation (IRE)

*Code also when performed:*
- high intensity focused ultrasound (HIFUS) (90908-01 [1949])
1046  Destruction procedures on kidney

90370-00  Other destruction of lesion of kidney
Irreversible electroporation [IRE] of kidney lesion/tumour

Code also when performed:
• high intensity focused ultrasound (HIFUS) (90908-01 [1949])

1162  Destruction of tissue of prostate

90408-00  Other destruction of lesion of prostate
Irreversible electroporation [IRE] of prostate lesion/tumour

Code also when performed:
• high intensity focused ultrasound (HIFUS) (90908-01 [1949])

1166  Other closed prostatectomy

37203-05  High intensity focused ultrasound [HIFUS] (transrectal) of prostate

1263  Destruction procedures on uterus

90451-00  Other destruction of lesion of uterus

Code also when performed:
• high intensity focused ultrasound (HIFUS) (90908-01 [1949])

1579  Other procedures for other musculoskeletal sites

90609-00  Destruction of bone
Laser destruction  } of bone lesion
Radiofrequency ablation  }

Code also when performed:
• high intensity focused ultrasound (HIFUS) (90908-01 [1949])

1759  Other procedures on breast

90726-00  Other destruction of breast
Destruction of lesion of breast

Code also when performed:
• high intensity focused ultrasound (HIFUS) (90908-01 [1949])

1949  Other ultrasound

90908-01  High intensity focused ultrasound [HIFUS]

Code first:
HIFUS for:
• arthritis and other musculoskeletal conditions (90609-00 [1579])
• treatment of lesion(s)/tumour(s):
  • bone (90609-00 [1579])
  • breast (90726-00 [1759])
  • kidney (90370-00 [1046])
  • liver (90299-00 [1956])
  • prostate (90408-00 [1162])
  • uterus (90451-00 [1263])

Excludes: that for arrhythmia or atrial fibrillation (38287-02, 38290-01, 38287-01 [601])
26.2. Irreversible electroporation (IRE)

A public submission was received requesting procedure codes for irreversible electroporation (IRE) of liver, kidney and lung lesions using the NanoKnife® system.

IRE was first introduced as a potential tissue ablation technique in 2005. It involves the insertion of a pair of fine needle electrodes into the tumour under general anaesthesia using ultrasound and CT guidance. An intense pulsating direct current is delivered to the target organ over 1-2 minutes causing the cancer cells to open microscopic pores permanently, or irreversibly. This ultimately causes the cancer cells to die, dissolve and be removed by the body’s natural processes.

The following updates have been made to ACHI for Eighth Edition.

ALPHABETIC INDEX OF INTERVENTIONS

Refer section 26.1 High intensity focused ultrasound (HIFUS) (page 285) for overlapping ACHI changes in this area.

Destruction
- kidney (irreversible electroporation) (lesion) (tumour) 90370-00 [1046]
  - labyrinth (inner ear) 41572-00 [330]
  - lesion (tumour)
    - anus (open) 90315-01 [933]
    - iris, by laser 42806-00 [188]
  - kidney (irreversible electroporation) 90370-00 [1046]
    - laryngopharynx, by endoscopic laser 52035-00 [419]
    - liver 90299-00 [956]
      - by
        - cryotherapy 30419-00 [956]
        - irreversible electroporation 90299-00 [956]
        - laser 90299-00 [956]
        - radiofrequency ablation 50950-00 [956]
        - lung (irreversible electroporation) (laser) (radiofrequency) (tumour) 90181-00 [558]
        - lymphangioma — see Destruction/vascular anomaly
          - tumour — see also Destruction/lesion
            - angiofibroma, face or neck
        ...
    - kidney (irreversible electroporation) 90370-00 [1046]
      - with delivery system
        - cryotherapy 30419-00 [956]
        - irreversible electroporation 90299-00 [956]
        - laser 90299-00 [956]
        - radiofrequency ablation 50950-00 [956]
        - lung (irreversible electroporation) (laser) (radiofrequency) (tumour) 90181-00 [558]
        - lymphangioma — see Destruction/vascular anomaly
          - prostate
            - by
              - diathermy (closed) (endoscopic) 37224-00 [1162]
              - irreversible electroporation 90408-00 [1162]
              - laser (closed) (endoscopic) 37224-00 [1162]
        ...
    - liver (lesion) (tumour) 90299-00 [956]

- liver (tumour) — see Destruction/lesion/skin
  ...
- kidney (irreversible electroporation) 90370-00 [1046]
  ...
- lung (irreversible electroporation) (laser) (radiofrequency) 90181-00 [558]
  ...
- lymphangioma — see Destruction/vascular anomaly
  ...
- mouth, by endoscopic laser 52035-00 [419]
### TABULAR LIST OF INTERVENTIONS

Refer section 26.1 High intensity focused ultrasound (HIFUS) (page 285) for overlapping ACHI changes in this area.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electro-oculography (EOG) (bilateral) (unilateral)</td>
<td>11205-00</td>
<td>Electroretinography (ERG) (bilateral) (unilateral) 11204-00</td>
</tr>
<tr>
<td>Electroporation, irreversible (IRE)</td>
<td>- kidney 90370-00</td>
<td>Irreversible electroporation (IRE) — see Electroporation, irreversible (IRE)</td>
</tr>
<tr>
<td>- liver 90299-00</td>
<td>- lung 90181-00</td>
<td>Irrigation — see also Maintenance</td>
</tr>
<tr>
<td>Electroretinography (ERG) (bilateral) (unilateral)</td>
<td>11204-00</td>
<td>[1835]</td>
</tr>
</tbody>
</table>

#### 26.3. Minimally invasive procedures proceeding to open procedure

Updates to other procedures highlighted a need to identify laparoscopic and minimally invasive procedures proceeding to open procedures. Clinical advice obtained from a number of specialties emphasised the need to identify these types of procedures.

The following changes were made to ACHI and ACS for Eighth Edition.

### ALPHABETIC INDEX OF INTERVENTIONS

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthroscopy (with lavage)</td>
<td>50100-00</td>
<td>50100-00 [1555]</td>
</tr>
<tr>
<td>- procedure proceeding to open procedure</td>
<td>90613-00</td>
<td>90613-00 [1579]</td>
</tr>
<tr>
<td>- shoulder</td>
<td>48945-00</td>
<td>48945-00 [1395]</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>30443-00</td>
<td>30443-00 [965]</td>
</tr>
<tr>
<td>- laparoscopic</td>
<td>30445-00</td>
<td>30445-00 [965]</td>
</tr>
<tr>
<td>- with exploration of common bile duct, via</td>
<td>30448-00</td>
<td>30448-00 [965]</td>
</tr>
<tr>
<td>- cystic duct</td>
<td>30449-00</td>
<td>30449-00 [965]</td>
</tr>
<tr>
<td>- proceeding to open cholecystectomy</td>
<td>90343-01</td>
<td>90343-01 [1011]</td>
</tr>
<tr>
<td>- - laparoscopic choledochotomy</td>
<td>30449-00</td>
<td>30449-00 [965]</td>
</tr>
<tr>
<td>- - - proceeding to open cholecystectomy</td>
<td>90343-01</td>
<td>90343-01 [1011]</td>
</tr>
<tr>
<td>- - - laparoscopic choledochotomy</td>
<td>30449-00</td>
<td>30449-00 [965]</td>
</tr>
<tr>
<td>- procedure proceeding to open procedure NEC</td>
<td>90343-00</td>
<td>90343-00 [1011]</td>
</tr>
<tr>
<td>Cholecystocostomy</td>
<td>30460-01</td>
<td>30460-01 [969]</td>
</tr>
<tr>
<td>Endoscopy, endoscopic (double balloon)</td>
<td>see also Panendoscopy</td>
<td>- pharynx 41764-02</td>
</tr>
<tr>
<td>- procedure proceeding to open procedure NEC</td>
<td>90343-00</td>
<td>90343-00 [1011]</td>
</tr>
</tbody>
</table>
- sinus, nasal 41764-01 [370]

Hysterectomy
- vaginal 35657-00 [1269]
  - with
    …
  - laparoscopically assisted (guided) 35750-00 [1269]
  - with
    …
    - proceeding to abdominal hysterectomy (open) 90343-01 [1011]35750-00 [1269]
    ---- with
    ------ oophorectomy (bilateral) (unilateral) 35756-03 [1269]
    ------ salpingectomy (bilateral) (unilateral) 35756-03 [1269]
    ------ salpingo-oophorectomy (bilateral) (unilateral) [1269]
  - radical (with salpingo-oophorectomy) 35667-01 [1269]

Laparoscopy (diagnostic) (exploratory) 30390-00 [984]
  …
  - procedure proceeding to open procedure 90343-01 [1011]

Laparostomy
- artery NEC 90222-00 [720]
- heart (intrathoracic) (without cardiopulmonary bypass) NEC 38456-19 [681]
- with cardiopulmonary bypass 38653-08 [681]
- mesenteric, inferior NEC 32736-00 [720]
- arthroscopic proceeding to open procedure 90613-00 [1579]
- atrium, heart (intrathoracic) (without cardiopulmonary bypass) NEC 38456-13 [606]
  …
  - Elmslie-Trillat (medial tibial tubercle transfer) 49603-01 [1520]
  - endoscopic proceeding to open procedure NEC 90343-00 [1011]
  - epididymis NEC 30644-12 [1189]
  …
  - Ladd (correction of malrotation of intestine) 43801-00 [916]
  - laparoscopic proceeding to open procedure 90343-01 [1011]
  - larynx NEC 90160-00 [531]
  …
  - posterior chamber (eye) NEC 90080-01 [214]
  - proceeding to open procedure, endoscopic NEC 90343-00 [1011]
    - arthroscopic (percutaneous) 90613-00 [1579]
    - laparoscopic 90343-01 [1011]
    - other minimally invasive approach 90343-00 [1011]
    - prostate NEC 90395-00 [1170]

TABULAR LIST OF INTERVENTIONS

965 Cholecystectomy

30446-00 Laparoscopic cholecystectomy proceeding to open cholecystectomy

1011 Other procedures on digestive system

90343-00 Endoscopic procedure proceeding to open procedure
  ▼0019 Endoscopic procedure proceeding to open procedure
  Minimally invasive
  Includes: minimal access approach (via):
  • percutaneous
  • transluminal
  Code first:
  • open surgical procedure(s) performed
  Excludes: that via:
  • arthroscopy (90613-00 [1579])
  • laparoscopy (90343-01 [1011])

90343-01 Laparoscopic procedure proceeding to open procedure
  ▼0019

Code first:
• open surgical procedure(s) performed

1269 Vaginal hysterectomy

35753-02 Laparoscopically assisted vaginal hysterectomy with removal of adnexa
  Includes: excision of (bilateral) (unilateral):
  • fallopian tube
• ovarian cyst
• ovary

Excludes: that proceeding to abdominal hysterectomy (35756-03 [1269])

35756-00 Laparoscopically assisted vaginal hysterectomy proceeding to abdominal hysterectomy

Excludes: that with removal of adnexa (bilateral) (unilateral) (35756-03 [1269])

35756-03 Laparoscopically assisted vaginal hysterectomy proceeding to abdominal hysterectomy with removal of adnexa

Includes: excision of (bilateral) (unilateral):
• fallopian tube
• ovarian cyst
• ovary

Other procedures for other musculoskeletal sites

90613-00 Arthroscopic procedure proceeding to open procedure

▼0019

Includes: percutaneous minimal access approach

Code first:
• open surgical procedure(s) performed

AUSTRALIAN CODING STANDARDS

0019 PROCEDURE NOT COMPLETED OR INTERRUPTED

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

EXAMPLE 2:
Attempted endoscopic release of carpal tunnel, converted to open procedure.
Procedure sequenced first: 39331-01 [76] Release of carpal tunnel
Other procedure: 39331-00 [76] Endoscopic release of carpal tunnel

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

Code: 35756-00 [1269] Laparoscopically assisted vaginal hysterectomy proceeding to abdominal hysterectomy

Clinical coders should be cautious when a procedure is recorded as ‘failed’ (eg ‘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 (ie delivery of the baby was not achieved using forceps).
MINIMALLY INVASIVE (KEYHOLE) PROCEDURES 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.

Code: 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

26.4. **ACS 0001 Principal diagnosis (dagger and asterisk system)**

In 2008, the URC of WHO-FIC approved a number of changes to ICD-10 at the annual meeting in Delhi. One of these changes was in the use of the dagger and asterisk convention detailed in the Volume 2 Instruction Manual of ICD-10; allowing that either the dagger or asterisk code be sequenced as the principal diagnosis.

This change has been affected in the conventions section of the ICD-10-AM Tabular List for Eighth Edition.

**TABULAR LIST OF DISEASES**

Refer section 27.5 Formatting – ICD and ACHI conventions (page 312) for further details of changes to Conventions used in the Tabular List of Diseases.
CONVENTIONS USED IN THE TABULAR LIST OF DISEASES

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

AETIOLOGY AND MANIFESTATION CONVENTION (THE ‘DAGGER AND ASTERISK’ SYSTEM)

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

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

EXAMPLE 1:
Fracture to femur due to bony metastases from adenocarcinoma of prostate.

Index entry: Fracture/metastatic C79.5† M90.7-*

Tabular:

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

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

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

EXAMPLE 2:
B37.3† Candidiasis of vulva and vagina (N77.1*)

- Candidal vulvovaginitis
- Monilial vulvovaginitis
- Vaginal thrush

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

EXAMPLE 3:
A18.0† Tuberculosis of bones and joints

- Tuberculosis of:
  - hip (M01.15*)
  - knee (M01.16*)
  - vertebral column (M49.0-*)
- Tuberculous:
  - arthritis (M01.1-*)
  - mastoiditis (H75.0*)
  - necrosis of bone (M90.0-*)
  - osteitis (M90.0-*)
  - osteomyelitis (M90.0-*)
  - synovitis (M68.0-*)
  - tenosynovitis (M68.0-*)

c. **If neither the symbol (†) nor the alternative asterisk code appear in the title**, the rubric as a whole is not subject to dual classification but individual inclusion terms may be. If so, these terms will be marked with the symbol and their alternative codes given.
EXAMPLE 4:
A54.8 Other gonococcal infections
   Gonococcal:
   …
   • peritonitis† (K67.1*)
   • pneumonia† (J17.0*)
   • septicemia
   • skin lesions

AUSTRALIAN CODING STANDARDS

Refer section 26.7 ACS 0027 Multiple coding (Deleted) (page 297) for changes to Aetiology and manifestation (the ‘dagger and asterisk’ system) in ACS 0027 Multiple coding.

0001 PRINCIPAL DIAGNOSIS

…

AETIOLOGY AND MANIFESTATION CONVENTION (THE ‘DAGGER AND ASTERISK’ SYSTEM CODES)

ICD-10-AM coding convention requires that the aetiology code (dagger †) be sequenced before the manifestation code (asterisk *) as specified in the Alphabetic Index (see ACS 0027 Multiple coding). Sequence the aetiology and manifestation (dagger and asterisk) codes according to the principal diagnosis definition. While dagger and asterisk pairs are always shown with the aetiology code sequenced first in the Alphabetic Index, either code can be assigned as the principal diagnosis (see also ICD-10-AM Tabular List: Conventions used in the Tabular List of Diseases/Aetiology and manifestation convention (the ‘dagger and asterisk’ system).

0102 HIV/AIDS

…

Sequencing and selection of codes

Decisions as to sequencing of codes should be made in light of the definition of principal diagnosis (ACS 0001 Principal diagnosis).

If the condition chiefly responsible for occasioning the patient's episode of care was the HIV, use the appropriate code from B20–B24.

If the condition chiefly responsible for occasioning the patient's episode of care was a manifestation of HIV, code the manifestation as the principal diagnosis.

Note: Manifestations that are annotated with an asterisk (*) must never be assigned as the principal diagnosis in HIV/AIDS (see ACS 0027 Multiple coding).

When the manifestation requires both an aetiology code (†) and a manifestation code (*), such as dementia in HIV (B22† and F02.4*), assign the two codes in the order given (ie aetiology followed by manifestation).

If the patient has multiple manifestations classifiable to two or more categories within B20–B24, only the HIV code related to the principal diagnosis need be assigned for the episode. This HIV code should be sequenced directly after the principal diagnosis code. Assignment of more than one code from block B20–B24 is acceptable for those hospitals which may require this level of detail and should be sequenced after the manifestation code to which they relate.
26.5. **ACS 0005 Syndromes**

Following receipt of several coding queries, ACS 0005 *Syndromes* was reviewed. The instruction advising that syndromes without a specific code allocation in ICD-10-AM should be notified to the state coding advisory body was reviewed in consultation with the state/territory jurisdictions and considered unnecessary.

Consequently, the following amendment has been made to ACS 0005 *Syndromes* for Eighth Edition.

**AUSTRALIAN CODING STANDARDS**

**0005 SYNDROMES**

...  

**GUIDELINES FOR SEQUENCING WHEN CODING SYNDROMES**

...  

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. These cases should be notified to your state coding advisory body.

6. When assigning multiple codes to represent the syndrome, assign codes only for the manifestations that are relevant for the patient in question – all ‘standard’ manifestations of a syndrome may not be present in every patient with the syndrome.

26.6. **ACS 0020 Bilateral/multiple procedures**

Advice was published in *Coding, Q&A*, December 2011, *Multiple skin biopsies* which indicated that ACS 0020 *Bilateral/multiple procedures* would be reviewed. To support the advice published in the Q&A, the following amendments were made to ACS 0020 *Bilateral/multiple procedures, Multiple procedures – Point 5* for Eighth Edition.

Additional updates were also made to ACS 0020 *Bilateral/multiple procedures* based on changes to wording within ACS 0229 *Radiotherapy* and ACS 1404 *Admission for kidney dialysis*.

**AUSTRALIAN CODING STANDARDS**

Refer section 2.35 ACS 0229 *Radiotherapy* (page 42) for details of changes to ACS 0229 *Radiotherapy*.

Refer section 14.13 ACS 1404 *Admission for kidney dialysis* (page 232) for details of changes to ACS 1404 *Admission for kidney dialysis*.

**0020 BILATERAL/MULTIPLE PROCEDURES**

...  

**MULTIPLE PROCEDURES**

...  

**Classification**

1. The SAME PROCEDURE repeated during the episode of care at different 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.
Examples of exceptions to this rule are:

- procedures included in ACS 0042 Procedures normally not coded
- procedures where multiples are included in the code descriptor, such as:
  - ECT (see ACS 0533 Electroconvulsive therapy)
  - removal of renal calculi
- dialysis (haemodialysis, peritoneal)
- excision/removal of skin lesions (see point 5 below)
- procedures with specific rules in other coding standards, such as:
  - burn dressings (see ACS 1911 Burns)
  - chemotherapy (see ACS 0044 Chemotherapy)
  - blood transfusions (see ACS 0302 Blood transfusions)
  - allied health interventions (see ACS 0032 Allied health interventions)
  - dialysis (see ACS 1404 Admission for kidney dialysis)
  - ECT (see ACS 0533 Electroconvulsive therapy)
  - radiotherapy (see ACS 0229 Radiotherapy)

In these cases use the appropriate code that reflects the number of visits to theatre.

EXAMPLE 1:
Patient has three ECT sessions each requiring general anaesthetic.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93341-03</td>
<td>Electroconvulsive therapy [ECT], 3 treatments</td>
</tr>
<tr>
<td>92514-99</td>
<td>General anaesthesia, ASA 99</td>
</tr>
<tr>
<td>92514-99</td>
<td>General anaesthesia, ASA 99</td>
</tr>
<tr>
<td>92514-99</td>
<td>General anaesthesia, ASA 99</td>
</tr>
</tbody>
</table>

EXAMPLE 2:
Patient has drainage of Bartholin’s gland abscess performed at two different visits to theatre—two laparotomies performed during an episode of care.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>35520-00</td>
<td>Treatment of Bartholin’s gland abscess</td>
</tr>
</tbody>
</table>

Assign the code for each visit to theatre
Assign: the appropriate laparotomy code twice

EXAMPLE 3:
Excision of two lesions from forearm.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31205-00</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of other sites</td>
</tr>
<tr>
<td>31205-00</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of other sites</td>
</tr>
</tbody>
</table>

EXAMPLE 4:
Excision of four lesions from eyelid (1) and nose (1) and neck (2).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31230-00</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of eyelid</td>
</tr>
</tbody>
</table>
EXAMPLE 5:
Assign one code only in the following examples:
• diathermy of anal warts
• diathermy of vulval warts
• removal of plantar warts
• excision of anal skin tags
• multiple excisions or biopsies of the same lesion

EXAMPLE 6:
3 x biopsy of SCC (1) on face.
Code: 30071-00 [1618] Biopsy of skin and subcutaneous tissue

EXAMPLE 7:
Biopsy of BCC on forearm and compound naevus on neck.
Codes: 30071-00 [1618] Biopsy of skin and subcutaneous tissue

26.7. **ACS 0027 Multiple coding (Deleted)**

Duplication and inconsistencies were highlighted relating to conventions found in the introductory sections of ICD-10-AM and ACHI and the corresponding information in the ACS. In particular, ACS 0027 Multiple coding contains information that is duplicated in the introductory sections and in Appendix A: Basic coding guidelines. Information on the conventions and coding guidelines in the standards were removed and consolidated into the relevant volumes of ICD-10-AM and ACHI for Eighth Edition.

**TABULAR LIST OF DISEASES**

<table>
<thead>
<tr>
<th>O85</th>
<th>Puerperal sepsis</th>
</tr>
</thead>
</table>

Puerperal:
• endometritis
• fever
• peritonitis
• septicaemia

**AUSTRALIAN CODING STANDARDS**

Refer section 26.4 ACS 0001 Principal diagnosis (dagger and asterisk system) (page 292) and section 27.5 Formatting – ICD and ACHI conventions (page 312) for further details regarding changes to the Conventions in ICD-10-AM and ACHI.
### TABLE OF CONTENTS

**GENERAL STANDARDS FOR DISEASES**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0026</td>
<td>Admission for clinical trial, drug challenge or therapeutic drug monitoring</td>
</tr>
<tr>
<td>0027</td>
<td>Multiple coding</td>
</tr>
</tbody>
</table>

**Appendices**

A. Basic coding guidelines
B. Code of ethics for clinical coders
C. Clinical Coders’ Creed

---

#### 0001 PRINCIPAL DIAGNOSIS

**AETIOLOGY AND MANIFESTATION CONVENTION (THE ‘DAGGER AND ASTERISK’ SYSTEM)**

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

---

#### 0002 ADDITIONAL DIAGNOSES

**MULTIPLE CODING**

As explained in ACS 0027 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). The ICD-10-AM coding conventions referred to in that standard must be followed. For example, when using a code from category I60–I69 Cerebrovascular diseases, hypertension will also be coded if present as there is an instruction at this category to ‘Use additional code to identify presence of hypertension’.

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

---

#### 0015 COMBINATION CODES

Multiple coding (ACS 0027) should not be used when the classification provides a combination code that clearly identifies all of the elements documented in the diagnosis.
0025 DOUBLE CODING

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

For further discussion of multiple coding, see ACS 0027 Multiple coding.

0027 MULTIPLE CODING

There are situations where multiple codes may need to be assigned to reflect the various components of a

disease. Each individual component (ie code) may not necessarily meet the definition of ACS 0002

Additional diagnoses, yet the detail is required to ensure that the entire medical concept is captured by the
codes. The main aim of coding is:

To translate medical statements into code

If the application of the criteria in ACS 0002 Additional diagnoses results in the medical statement not

being fully represented by code(s), then you may need to re-examine the code assignments. A good way to
test the appropriateness of your code assignments is to translate the codes back to the medical statement.

Note: Avoid indiscriminate multiple coding of irrelevant information, such as symptoms or signs

characteristic of the diagnosis.

Examples of common areas where multiple coding is used in ICD-10-AM include:

- aetiology and manifestations
- local infections to identify the organism
- functional activity of neoplasms
- neoplasm morphology
- underlying disease
- toxic agents
- nature of injury or cause of poisoning or adverse effect
- diabetes mellitus with complications
- postprocedural complications

The following ICD-10-AM coding conventions assist in the appropriate assignment of multiple coding:

Aetiology and manifestation convention (the ‘dagger and asterisk’ system)

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

asterisk (*) symbol.

When a condition classified using the dagger and asterisk system is reported as the principal diagnosis,

follow the guidelines in ACS 0001 Principal diagnosis to determine the sequence. In cases where a

morphology code is required, assign the morphology after the neoplasm (C00–D48) code (see also ACS

0233 Morphology).

EXAMPLE 1:
Fracture to femur due to bony metastases from adenocarcinoma of prostate.
Index entry: Fracture/metastatic C79.5† M90.7–*

Tabular: M90.75* Fracture of bone in neoplastic disease, pelvic region and thigh
C79.5 Secondary malignant neoplasm of bone and bone marrow
M81.10/6 Adenocarcinoma, metastatic NOS
C61 Malignant neoplasm of prostate
The rubrics in which dagger-marked terms appear may take one of three different forms:

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

**EXAMPLE 2:**

<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>Candidal vulvovaginitis</td>
<td></td>
</tr>
<tr>
<td>Monilial vulvovaginitis</td>
<td></td>
</tr>
<tr>
<td>Vaginal thrush</td>
<td></td>
</tr>
</tbody>
</table>

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

**EXAMPLE 3:**

<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>Tuberculosis of:</td>
<td></td>
</tr>
<tr>
<td>• hip (M01.15*)</td>
<td></td>
</tr>
<tr>
<td>• knee (M01.16*)</td>
<td></td>
</tr>
<tr>
<td>• vertebral column (M49.0-*)</td>
<td></td>
</tr>
<tr>
<td>Tuberculous:</td>
<td></td>
</tr>
<tr>
<td>• arthritis (M01.1-*)</td>
<td></td>
</tr>
<tr>
<td>• mastoiditis (H75.0*)</td>
<td></td>
</tr>
<tr>
<td>• necrosis of bone (M90.0-*)</td>
<td></td>
</tr>
<tr>
<td>• osteitis (M90.0-*)</td>
<td></td>
</tr>
<tr>
<td>• osteomyelitis (M90.0-*)</td>
<td></td>
</tr>
<tr>
<td>• synovitis (M68.0-*)</td>
<td></td>
</tr>
<tr>
<td>• tenosynovitis (M68.0-*)</td>
<td></td>
</tr>
</tbody>
</table>

C. **If neither the symbol (†) nor the alternative asterisk code appear in the title**, the rubric as a whole is not subject to dual classification but individual inclusion terms may be. If so, these terms will be marked with the symbol and their alternative codes given.

**EXAMPLE 4:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A54.8</td>
<td>Other gonococcal infections</td>
</tr>
<tr>
<td>Gonococcal:</td>
<td></td>
</tr>
<tr>
<td>• peritonitis† (K67.1*)</td>
<td></td>
</tr>
<tr>
<td>• pneumonia† (J17.0*)</td>
<td></td>
</tr>
<tr>
<td>• septicaemia</td>
<td></td>
</tr>
<tr>
<td>• skin lesions</td>
<td></td>
</tr>
</tbody>
</table>

**Instructional terms**

There are situations, other than in the dagger and asterisk system, that permit two ICD-10-AM codes to be used to describe fully a person’s condition. Instructional terms such as ‘Code also…’, ‘Use additional code…’, ‘Note…’, identify many of these situations.

- **‘Code also underlying disease’**—Assign the codes for both the manifestation and underlying cause with the underlying cause being sequenced first.

- **‘Use additional code…’**:
  - to identify manifestation—Assign also the code that identifies the manifestation, such as, but not limited to, the examples listed in the Tabular List.
  - to identify infectious agent—Assign also the code that identifies the organism responsible for the condition, if known.
Apply multiple coding instructions as directed in either the Alphabetic Index or the Tabular List.

EXAMPLE 8:
Patient admitted with puerperal endometritis seven days after giving birth. Group A__haemolytic Streptococcus pyogenes isolated as the causative organism.

Index entry:  **Endometritis/puerperal, postpartum O85**

Tabular:  

<table>
<thead>
<tr>
<th>O85</th>
<th>Puerperal sepsis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Puerperal:</td>
</tr>
<tr>
<td></td>
<td>• endometritis</td>
</tr>
</tbody>
</table>

Use additional code (B95–B97) to identify infectious agent in localised infection
Use additional code to identify localised infection:
• endometritis (N71.-)

Codes:  

- O85  Puerperal sepsis
- N71.9  Inflammatory disease of uterus, unspecified
- B95.0  Streptococcus, group A, as the cause of diseases classified to other chapters
- Z39.01  Postpartum care after hospital delivery

(See also ACS 1548  Postpartum condition or complication.)

0233  **MORPHOLOGY**

... Note the following important points:

1. A morphology code should **always** be assigned directly after the neoplasm code to which it applies ie:
   - C00–D48  Neoplasms (see also ACS 0027–0002  Additional diagnoses/Multiple coding)
   - L41.2  Lymphomatoid papulosis

0401  **DIABETES MELLITUS AND INTERMEDIATE HYPERGLYCAEMIA**

1. **GENERAL CLASSIFICATION RULES FOR DM AND IH**

   Rule 6. Multiple coding (see ACS 0027) should not be used when the classification provides a combination code (see ACS 0015) for the DM or IH that clearly identifies all of the elements documented in the diagnosis (see examples 7 and 11).

1904  **PROCEDURAL COMPLICATIONS**

...  
CLASSIFICATION OF PROCEDURAL COMPLICATIONS (DIAGNOSIS CODES)

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

EXAMPLE 9:  
Severe headache due to confirmed cerebrospinal fluid leak following lumbar puncture.

ICD-10-AM Alphabetic Index

**Leak, leakage**
- cerebrospinal fluid G96.0
- - from spinal (lumbar) puncture G97.0

Codes:  

- G97.0  Cerebrospinal fluid leak from spinal puncture
- R51  Headache
An additional code from Chapters 1 to 19 may should be assigned to provide further specification of the condition where it provides further specificity.

**EXAMPLE 10:**
Rectovaginal fistula due to previous low anterior resection, for rectal carcinoma.

**ICD-10-AM Alphabetic Index**

**Fistula**
- rectovaginal N82.3
- postprocedural N99.8

<table>
<thead>
<tr>
<th>Codes:</th>
<th>N99.8</th>
<th>Other postprocedural disorders of genitourinary system</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N82.3</td>
<td>Fistula of vagina to large intestine</td>
</tr>
</tbody>
</table>

**1907 MULTIPLE INJURIES**

**CLASSIFICATION**

... (See also ACS 0027-0002 Additional diagnoses/Multiple coding.)

**Note:** External cause and ACHI codes are not included in the following example.

**APPENDIX A**

**BASIC CODING GUIDELINES**

The Alphabetic Indexes contain many terms not included in the Tabular Lists, and coding requires that both the Index and the Tabular List are consulted before a code is assigned.

The following is a simple guide intended to assist the occasional user of ICD-10-AM and ACHI.

1. Identify the type of statement to be coded and refer to the appropriate section of the Alphabetic Index.

2. Locate the lead term. For disease and injuries, this is usually a noun for the pathological condition. For procedures, this is usually a noun identifying the type of procedure performed. However, some conditions expressed as adjectives or eponyms are included in the Index as lead terms.

3. Read and be guided by any note that appears under the lead term.

4. Read any terms enclosed in parentheses after the lead term (these nonessential modifiers do not affect the code number), as well as any terms indented under the lead term (these essential modifiers may affect the code number), until all the words in the clinical expression have been accounted for.

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

6. Refer to the Tabular List to verify the suitability of the code number selected. For disease classification, note that a three character code in the Index with a dash in the fourth or fifth position means that there is a fourth or fifth character to be found in the Tabular List. Further subdivisions to be used in a supplementary character position are not indexed and, if used, must be located in the Tabular List.

7. Be guided by any inclusion or exclusion notes under the selected code or under the chapter, block or category heading.

8. Assign the code.
APPENDIX BA
CODE OF ETHICS FOR CLINICAL CODERS

APPENDIX CB
CLINICAL CODERS’ CREED

26.8. ACS 0033 Conventions used in the tabular list of diseases (Deleted)
Refer section 27.5 Formatting – ICD and ACHI conventions (page 312) for details.

26.9. ACS 0034 Conventions used in the alphabetic index of diseases (Deleted)
Refer section 27.5 Formatting – ICD and ACHI conventions (page 312) for details.

26.10. ACS 0040 Conventions used in the tabular list of interventions (Deleted)
Refer section 27.5 Formatting – ICD and ACHI conventions (page 312) for details.

26.11. ACS 0041 Conventions used in the alphabetic index of interventions (Deleted)
Refer section 27.5 Formatting – ICD and ACHI conventions (page 312) for details.

26.12. ACS 0042 Procedures normally not coded and ACS 0044 Chemotherapy
A public submission suggested that a reference to ACS 0044 Chemotherapy be included in ACS 0042 Procedures normally not coded. In response, the following amendment was made to ACS 0042 for Eighth Edition.

AUSTRALIAN CODING STANDARDS
Refer section 16.12 ACS 1615 Specific interventions for the sick neonate (page 257) for additional changes to ACS 0042 Procedures normally not coded.

Refer section 26.1 High intensity focused ultrasound (HIFUS) (page 285) for additional changes to ACS 0042 Procedures normally not coded
0042  PROCEDURES NORMALLY NOT CODED

8. Drug treatment/pharmacotherapy
   Drug treatment should not be coded except if:
   - the substance is given as the principal treatment in same-day episodes of care
   - drug treatment is specifically addressed in a coding standard (see ACS 0044 Chemotherapy, ACS 1316 Cement spacer/heads and ACS 1615 Specific interventions for the sick neonate)

9. Electrocardiography (ECG) except patient-activated implantable cardiac event monitoring (loop recorder)

26.13. ACS 0048 Condition onset flag

The Department of Health and Ageing (DoHA) wrote to NCCC on behalf of the National Health Information Standards and Statistics Committee (NHISSC) highlighting apparent inconsistent application of the condition onset flag (COF). This followed an analysis conducted by the Australian Institute of Health and Welfare (AIHW) which had raised concerns about the maturity of implementation and quality of the COF data. NHISSC has a particular interest in the quality of the COF data given its role in developing specifications for National Healthcare Agreement (NHA) performance indicators (PIs) for the Council of Australian Governments (COAG). NHA indicators include adverse drug events in hospitals; falls resulting in harm in hospitals; intentional self-harm in hospitals; and pressure ulcers in hospitals. A sound mechanism for reporting these indicators with a high degree of comparability across jurisdictions is essential.

NHISSC supported the prevailing COF definition but suggested the wording of ACS 0048 Condition onset flag be refined and additional examples be added to better support assignment of the COF across jurisdictions.

During development, the NCCC sought feedback from the Australian Commission on Safety and Quality in Health Care (the Commission) to confirm the appropriate application of COF values. Based on this feedback, it was recommended that ACS 0048 Condition onset flag be updated to identify all instances of potentially preventable disease circumstances or events for further review. Additionally, periods of planned leave (ie where the health care provider has assessed the patient as fit to commence leave) should be included within the COF definitions of ‘arising during the admitted patient episode’ where the condition(s) meet the criteria of ACS 0002 Additional diagnoses for coding.

The following changes have been made to the ACS for Eighth Edition.

AUSTRALIAN CODING STANDARDS

0048  CONDITION ONSET FLAG

The condition onset flag (COF) is a means of differentiating those conditions which arise during, or from those arising during, an admitted patient episode of care. Having this information will provide an insight into the kinds of conditions patients already have when entering hospital and those conditions that arise during the episode of admitted patient care. A better understanding of those conditions arising during the episode of admitted patient care may inform prevention strategies particularly in relation to complications of medical care.

PERMISSIBLE VALUES:

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

Definition

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

- a condition resulting from a misadventure during surgical or medical care in the current episode of admitted patient care (eg accidental laceration during procedure, foreign body left in cavity, medication infusion error)
- an abnormal reaction to, or later complication of, surgical or medical care arising during the current episode of admitted patient care (eg postprocedural shock, disruption of wound, catheter associated UTI)
- a condition newly arising during the episode of admitted patient care and not related to surgical or medical care, (eg pneumonia, rash, confusion, cyst, UTI, hypotension, electrolyte imbalance)
- a condition impacting on obstetric care arising after admission, including complications or unsuccessful interventions of labour and delivery or prenatal/postpartum management (eg labour and delivery complicated by fetal heart rate anomalies, postpartum haemorrhage)
- for neonates, this also includes the condition(s) in the birth episode arising during the birth event (ie the labour and delivery process) (eg respiratory distress, jaundice, feeding problems, neonatal aspiration, conditions associated with birth trauma, newborn affected by delivery or intrauterine procedures) (see Guide for use, point 4)
- disease status or administrative codes arising during the episode of admitted patient care (eg cancelled procedure, MRSA).

**COF 2. Condition not noted as arising during the episode of admitted patient care**

**Definition**
A condition previously existing or suspected present on admission such as the presenting problem, a comorbidity or chronic disease or disease status.

**OR**
A previously existing condition not diagnosed until the episode of admitted patient care.

**Explanatory notes:**
Conditions that have not yet been diagnosed at the time of admission, but clearly did not develop after admission, should be assigned a value of 2. For example, if a patient presents with a symptom which is diagnosed during the admission as a malignancy, the malignancy should be considered to be present on admission.

Examples of inclusions:

- a condition that has not been documented at the time of admission, but clearly did not develop after admission (eg newly diagnosed diabetes mellitus, malignancy and morphology)
- in the case of neonates, the condition(s) present at birth.
- a previously existing condition that is exacerbated during the current episode of admitted patient care (eg atrial fibrillation, unstable angina)
- a conditions that is suspected at the time of admission and subsequently confirmed during the current episode of admitted patient care should be assigned a value of 2. (eg pneumonia, AMI, stroke, unstable angina)
- a condition impacting on obstetric care arising prior to admission (eg venous complications, maternal disproportion)
- for neonates, this also includes the condition(s) in the birth episode arising before the labour and delivery process (eg prematurity, birth weight, talipes, clicking hip)
- disease status or administrative codes not arising during the episode of admitted patient care (eg history of tobacco use, duration of pregnancy, colostomy status)
- outcome of delivery (Z37) and place of birth (Z38) codes (see Guide for use, point 9).

**GUIDE FOR USE**

1. Assign the relevant COF value condition onset flag only to ICD-10-AM disease codes assigned in the principal diagnosis and additional diagnosis fields for the National Hospital Morbidity Data (NHMD) collection.
2. Sequencing of ICD-10-AM disease codes must comply with the Australian Coding Standards and therefore codes should not be re-sequenced in an attempt to list them with the same COF values condition onset flag together.

3. The principal diagnosis code is always assigned COF 2. The exception to this is neonates in their admitted birth episode in that hospital, where codes sequenced as the principal diagnosis may be assigned COF 1 if appropriate (see Example 6).

4. For neonates, where a condition in the admitted birth episode is determined to have arisen during the birth event (ie labour and delivery process), these conditions should be considered as arising during the episode of admitted patient care and assigned COF 1 (see Examples 5 and 6).

5. When a single ICD-10-AM code describes multiple concepts (ie a combination code) and any concept within that code meets the criteria of COF 1, assign COF 1 (see Example 2).

6. When it is difficult to decide if a condition was present at the beginning of the episode of admitted patient care or if it arose during the episode, assign COF value of 2 Condition not noted as arising during the episode of admitted patient care (see Example 12).

7. The condition onset flag value on the principal diagnosis code is always 2.

8. The COF value assigned to flag on external cause, place of occurrence and activity codes should match that of the corresponding injury or disease code. Injuries which occur during the admitted episode of care but not on the hospital grounds (eg hospital in the home (HITH)) should be assigned COF 1 as ‘arising during the episode of admitted patient care’.

9. The COF value assigned to flag on morphology codes should match that of the corresponding neoplasm code.

10. When a single disease code describes a condition and:
   - that code contains more than one concept (eg diabetes with kidney complications) and
   - each concept within that code has a different condition onset flag (see example 10 below),
     always assign a flag value of 2.

11. When a condition requires more than one disease code to describe it, it is possible and allowable, that each disease code can have a different condition onset flag value. For example, diabetes with kidney complications will have an E code for the diabetes (which may be flagged 2 – see example 10 below) and an N code for the kidney condition (which may be flagged 1 if the kidney complication arises during the episode of care (see example 10 below)).

12. The COF value flag on Z codes related to the outcome of delivery on the mother's record (Z37), or the place of birth on the baby's record (Z38) should always be assigned COF a value of 2.

13. The flag on Z codes related to the place of birth on the baby's record (Z38), should always be assigned a value of 2.

14. The COF value on aetiology and manifestation (dagger and asterisk) codes should be appropriate to each condition and therefore the dagger and asterisk codes may be assigned different COF values.

15. An episode of admitted patient care includes all periods when the patient remains admitted and under the responsibility of the health care provider, including periods of authorised leave and HITH. Where diagnoses arising during this period meet the criteria for ACS 0002 Additional diagnoses, coders should apply the COF Guide for use instructions and assign COF 1 if appropriate (see Example 13). Unauthorised leave does not fall under the responsibility of the health care provider and conditions arising during this time should be assigned COF 2.

16. Where an admission has multiple admitted patient episode ‘care type’ changes (eg acute to rehabilitation), COF assignment should be relevant to each episode. A condition arising in an episode should be assigned COF 1. If care for that condition continues in subsequent episodes those conditions should be assigned COF 2.
Note: ACHI codes are not included in the following examples.

EXAMPLE 1:
Patient is admitted with acute appendicitis and has an appendicectomy. A wound infection develops in the post operative period and a swab taken grows MRSA.

2 – Acute appendicitis
1 – Wound infection
1 – *Staphylococcus aureus* (infectious agent)
1 – MRSA
1 – Removal of organ (external cause code related to wound infection)
1 – Place of occurrence (of external cause)

EXAMPLE 2:
A patient admitted with acute cholecystitis for laparoscopic cholecystectomy. Patient also has Type 2 diabetes mellitus and develops lactic acidosis post operatively. The lactic acidosis is an exacerbation of pre-existing diabetes and is therefore coded as:

2 – Acute cholecystitis
12 – E11.13 Type 2 diabetes mellitus with lactic acidosis, without coma

EXAMPLE 3:
A woman is admitted for induction of labour due to post dates. During delivery she suffers a first degree perineal tear (that is sutured) and a post partum haemorrhage. Fetal distress arises during labour requiring forceps delivery. The baby is born alive with the cord wrapped tightly around its neck. During delivery she also suffers a second degree perineal tear (that is sutured) and a postpartum haemorrhage. On day three following delivery, the patient experiences chest pain and palpitations and is diagnosed with puerperal cardiomyopathy.

2 – Delivery affected by forceps
2 – Prolonged pregnancy
1 – Second first-degree perineal laceration during delivery
1 – Labour and delivery complicated by fetal distress
1 – Labour and delivery complicated by other cord entanglement
1 – Other immediate post-partum haemorrhage
1 – Cardiomyopathy in the puerperium
2 – Single live birth (Z37)

EXAMPLE 4:
Patient admitted for preterm confinement at 36 weeks. She was known to be Group B *Strep* positive and was given antibiotics. She progressed to SVD of single male infant. A second degree tear was sutured. Nipple care was discussed as the patient had bleeding nipples with difficulty attaching the baby. During the episode, the patient developed a generalised rash caused by the ibuprofen which was changed to paracetamol.

2 – Delivery
2 – Preterm delivery
2 – Duration of pregnancy
2 – Group B Strep positive
2 – Prophylactic antibiotics
1 – Second degree tear
1 – Bleeding nipples (attachment difficulty)
1 – Diseases of skin complicating pregnancy, childbirth and puerperium
1 – Skin eruption due to drugs
1 – Adverse effect in therapeutic use
1 – Place of occurrence – health service area
EXAMPLE 5:
Baby born in hospital at 36 weeks (3200g). After delivery, clinical review confirmed ‘meconium aspiration syndrome’ and newborn was given IV antibiotics and oxygen. Initial check – talipes. Nursing staff felt that there was a slight hip click. Baby was unsettled and fussed at breast. Required assistance with feeding due to tongue tie. Developed jaundice on the second day which was treated with 15 hours of phototherapy. Rx with biliblanket – Physiotherapy review for talipes. Paediatric review on day 3 “L hip subluxatable” for follow up.

2 – Preterm infant
1 – Neonatal aspiration of meconium
1 – Other feeding problems of newborn
2 – Tongue tie
2 – Talipes
1 – Jaundice
2 – Subluxatable hip
2 – Singleton born in hospital

EXAMPLE 6:
Singleton born at 38 weeks (2840g) by caesarean section. During caesarean section, scalp laceration occurred requiring review by paediatrician. Initial check – cleft palate, Mongolian spot. Newborn referred to specialist team for repair of cleft palate.

1 – Other birth trauma to scalp
1 – Fetus and newborn affected by caesarean delivery
2 – Cleft palate
2 – Singleton born in hospital

EXAMPLE 76:
A patient is admitted with chest pain. He has a history of IHD and hypertension. A diagnosis of unstable angina is made. During admission, test results revealed previously undiagnosed thalassaemia minor. Patient referred to haematology clinic for further review.

2 – Unstable angina
2 – Hypertension
2 – Thalassaemia minor

EXAMPLE 87:
Patient admitted with pneumonia. On admission chest x-ray showed several nodules in the left lung felt thought to be metastases. These were biopsied and histology showed SCC.

2 – Pneumonia
2 – Metastases to lung
2 – Morphology (of lung metastases code)
2 – Unknown primary neoplasm site
2 – Morphology (of unknown primary neoplasm code)

EXAMPLE 98:
A patient is readmitted with a post cholecystectomy wound infection and the swabs grow MRSA. The patient had a background of hypertension controlled with regular medication. During the episode, the patient had several hypertensive episodes, managed by adjusting the patient’s regular medication.

2 – Wound infection
2 – Staphylococcus aureus (infected agent)
2 – MRSA
2 – Removal of organ (external cause)
EXAMPLE 109:
Patient admitted with bone secondaries (spine and ribs). Left mastectomy 10 yrs ago – infiltrating duct ca. Patient in pain on admission, has not mobilised for several days. Small red pressure area to sacrum on admission. Day 4 ulcer stage 2 continue pressure care. Day 8 some shortness of breath. Investigations reveal Hb80 which was a significant drop from Hb115 on admission (patient's normal). Anaemic – transfused packed cells.

2 – Place of occurrence (of external cause)
2 – Hypertension
1 – Anaemia, unspecified
2 – Bone metastases
2 – Morphology (of bone metastases code)
2 – Bone metastases
1 – Breast primary
2 – Morphology (of breast cancer code)
2 – Pressure ulcer (stage 1 progressed to stage 2)
1 – Anaemia, unspecified

EXAMPLE 110:
Patient admitted with uncontrolled Type 2 diabetes. The patient is known to have peripheral neuropathy, nephropathy (CKD stage 3) but no other complications of the diabetes. During admission the patient develops acute kidney failure.

2 – Type 2 diabetes mellitus uncontrolled (E11.65)
1 – Acute kidney failure
1 – Type 2 diabetes mellitus with acute kidney failure
2 – Type 2 diabetes mellitus with chronic kidney disease
2 – Chronic kidney disease, stage 3
2 – Type 2 diabetes with multiple microvascular complications (E11.71)
2 – Peripheral neuropathy (G62.9 – related to E11.71)
1 – Acute kidney failure (N17.9 – related to E11.71)

EXAMPLE 111:
During admission, test results indicate that the patient has previously undiagnosed thalassaemia minor.

2 – Thalassaemia minor

EXAMPLE 12:
Patient admitted with pneumonia. During admission, the patient was also diagnosed with UTI. It could not be determined whether the UTI arose during or prior to the admitted episode of care.

2 – Pneumonia
2 – UTI

EXAMPLE 13:
Elderly patient admitted with chronic respiratory failure. Given permission for home leave for the weekend to attend family event at daughter’s house. During the weekend, the patient slips while in the bathroom and fractures her neck of femur. She immediately returns to hospital from approved leave where fracture is treated.

2 – Chronic respiratory failure
1 – Fractured neck of femur
1 – External cause code – slip
1 – Place of occurrence – bathroom
1 – Activity – other vital activity
EXAMPLE 14:
A patient is admitted with schizophrenia. On the fourth day, patient absconds and returns 16 hours later. On return, patient is found with multiple self-inflicted lacerations to their left forearm. The patient is taken to the emergency department for treatment before returning to the mental health unit.

2 – Schizophrenia
2 – Open wound of forearm
2 – External cause code – self-inflicted cut
2 – Place of occurrence – unspecified
2 – Activity – other specified
27. Formatting changes

27.1. Formatting – Consistency of terminology for category and character

During the publishing process, inconsistencies in terminology were identified at the instruction notes at code subdivisions in the ICD-10-AM Tabular List. The terms category, subcategory, block, character and digit have been used interchangeably at fourth and fifth character subdivision notes. To be consistent with the terminology used in other sections of the Tabular List and the ICD-10-AM database, it was decided that the term ‘category’ should be used for three character codes and the term ‘subcategory’ should be used for fourth character codes. The term ‘digit’ was replaced with the term ‘character.’

27.2. Formatting – Expansion of alpha, beta, gamma and mu symbols

The symbols α, β, γ, µ in ICD-10-AM were expanded to the written form ‘alpha’, ‘beta’, ‘gamma’ and ‘mu’ respectively, for compatibility with the NCCC’s electronic coding product.

Inconsistency in the use of hyphens in the compound words ‘betalactam’, ‘betalactamase’ were also identified. Consequently hyphens were added to these compound words to be consistent with the format in the Electronic Code List (ECL).

27.3. Formatting – Review ACS references

The list of References and in text references were amended for compatibility with University of Wollongong Author-Date (Harvard) Referencing Guidelines (2007). It was also noted that amendments were required to ensure all references and definitions used in the standards, including AIHW METeOR data items, were current.

NCCC has updated the references in the following ACS in Eighth Edition:

- 0001 Principal diagnosis
- 0002 Additional diagnoses
- 0016 General procedure guidelines
- 0026 Admission for clinical trial, drug challenge or therapeutic drug monitoring
- 0029 Coding of contracted procedures
- 0102 HIV/AIDS
- 0111 Healthcare associated Staphylococcus aureus bacteraemia
- 0224 Palliative care
- 0304 Pancytopenia
- 0503 Drug, alcohol and tobacco use disorders
- 0505 Mental illness complicating pregnancy
- 0526 Munchhausen’s by proxy
- 0530 Drug overdose
- 0532 Cognitive impairment
- 0625 Quadriplegia and paraplegia, nontraumatic
- 0741 Ectropion/entropion
- 0936 Cardiac pacemakers and implanted defibrillators
- 0940 Ischaemic heart disease
- 1103 Gastrointestinal (GI) haemorrhage
- 1435 Female genital mutilation
- 1438 Chronic kidney disease
27.4. Formatting – Replace commas with slashes in index pathways

The commas in the index pathways and cross references in ICD-10-AM/ACHI/ACS were replaced with slashes to facilitate development of the NCCC’s electronic coding product. Refer section 27.5 Formatting – ICD and ACHI conventions (page 312) for further details.

This change was also reflected in the Conventions used in the Alphabetic Index of Diseases and Interventions.

27.5. Formatting – ICD and ACHI conventions

There was inconsistency in the introductory content with respect to conventions and the corresponding information in the ACS. Information on the conventions in the standards has been removed and consolidated into the relevant volumes of ICD-10-AM and ACHI.

Updates relating to the relaxing of the sequencing of dagger and asterisk codes were also incorporated into the conventions section in the introductory content. Refer section 26.4 ACS 0001 Principal diagnosis (dagger and asterisk system) (page 292) for further details for changes for the sequencing of dagger and asterisk codes.

Instructions in ACS 0027 Multiple coding was also duplicated in the ACS and the introductory content, and consequently consolidated into the introductory content relating to conventions. Refer section 26.7 ACS 0027 Multiple coding (Deleted) (page 297) for further details on these changes.

The following amendments were made to ICD-10-AM/ACHI/ACS for Eighth Edition:

Conventions
- Deleted ACS:
  - 0033 Conventions used in the tabular list of diseases
  - 0034 Conventions used in the alphabetic index of diseases
  - 0040 Conventions used in the tabular list of interventions
  - 0041 Conventions used in the alphabetic index of interventions
- Updated all references to conventions in the ACS
- Updated information about conventions in the appropriate volumes of ICD and ACHI
- Deleted the following references from the ACS Eighth Edition hard copy books:
  - Page 52: “0033-0034 see pages 27–32”
  - Page 54: “0040–0041 see pages 34–38”

Aetiology and manifestation system (‘dagger and asterisk’)
- Amended ACS:
  - 0001 Principal diagnosis
  - 0027 Multiple codes
  - 0102 HIV/AIDS
- Amended:
  - Conventions used in the tabular list of diseases – Annotations
  - Conventions used in the alphabetic index of diseases – Code numbers
ALPHABETIC INDEX OF DISEASES

GENERAL ARRANGEMENT OF THE ALPHABETIC DISEASE-INDEX OF DISEASES

MAIN SECTIONS

The Alphabetic Index consists of three sections, as follows:

- **Section I** is the index of diseases, syndromes, pathological conditions, injuries, signs, symptoms, problems and other reasons for contact with health services, i.e. the type of information that would be recorded by a clinician. It includes all terms classifiable to categories A00–T98 and Z00–Z99 except drugs and other chemical substances giving rise to poisoning or other adverse effects (these are included in Section III).

- **Section II** is the index of external causes of injury. The terms included here are not medical diagnoses but descriptions of the circumstances in which the violence occurred (e.g. fire, explosion, fall, assault, collision, submersion). It includes all terms classifiable to U50–Y98, except drugs and chemicals.

- **Section III** is the index of drugs and other chemical substances giving rise to poisoning or other adverse effects (referred to in Sections I and II as the Table of drugs and chemicals). For each substance the table gives the Chapter 19 code for poisoning (T36–T65) and the external cause (Chapter 20) codes for accidental poisoning by and exposure to noxious substances (X40–X49), intentional self-harm (X60–X69), and poisoning, undetermined whether accidental or intentional (Y10–Y19). For drugs, medicaments and biological substances, it also gives the code for these substances causing adverse effects in therapeutic use (Y40–Y59).

The Alphabetic Index is arranged in three sections:

- **Section I** lists all the terms classifiable to Chapters 1–19 and Chapter 21–22, except drugs and other chemicals.
- **Section II** is the index of external causes of injury and contains all the terms classifiable to Chapter 20, except drugs and other chemicals.
- **Section III**, the Table of Drugs and Chemicals, lists for each substance the codes for poisonings and adverse effects of drugs classifiable to Chapter 19, and the Chapter 20 codes that indicate adverse effects of a correct substance properly administered and whether the poisoning was accidental, deliberate (self-harm) or undetermined.

SEQUENCE

Main Lead terms are usually sequenced alphabetically. This may vary from previous editions where hyphens, symbols and numbers preceded alphabetic lettering. For example:

**Example 1:**

- Bee sting
- Beer drinker’s heart
- Descemetocle
- Descemet’s membrane
- Fibromyxosarcoma
- Fibro-odontoma, ameloblastic

**Example 2:**

- Bee sting
- Beer drinker’s heart
- Descemetocle
- Descemet’s membrane
- Fibromyxosarcoma
- Fibro-odontoma, amelobastic
Hyphens, symbols and numbers precede alphabetic sequence.

**EXAMPLE 2:**

**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

**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:**

**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 4:**

**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 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’.

- - Erythroblastosis (fetalis) (newborn) P55.9
- - due to
- - - - ABO (antibodies) (incompatibility) (isoimmunisation) P55.1
- - - - Rh (antibodies) (incompatibility) (isoimmunisation) P55.0

- 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. The clinical coder 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. (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’.

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.

CODE NUMBERS

The code numbers that follow the terms in the index are those of the three, four or five character categories to which the terms are classified. In some cases, the fourth 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 (e.g. 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.

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 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.

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), see ACS 0001 Principal diagnosis/Aetiology and manifestation convention (the ‘dagger and asterisk’ system) (see Australian Coding Standards), both codes are given, the first followed by a dagger (†) and the second by an asterisk (*), e.g. Pott’s disease A18.0† M49.0*.

MULTIPLE DIAGNOSES

The 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 Tabular List, also appear in the index.

SPELLING


CONVENTIONS USED IN THE ALPHABETIC DISEASE INDEX OF DISEASES

PARENTHESES

In the index, as in the Tabular List, parentheses have a special meaning which the user clinical coder 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. For example:

**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 – e.g. pamidronate (Aredia)
- morphology codes – e.g. pseudomucinous (M8470/3)
- instructional notes – e.g. Laceration NEC (see also Wound, open)

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

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 clinical coder 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

---

**EXAMPLE 9:**
Enlargement, enlarged — see also Hypertrophy

If the user does not find the site of the enlargement among indentations beneath ‘Enlargement’, he or she 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

---

**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 clinical coder 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
- childbirth — see Haemorrhage, complicating, delivery

is shown as:

Haemorrhage, haemorrhagic
- childbirth — see Haemorrhage/complicating/delivery

**NEC**

The letters NEC stand for ‘not elsewhere classified’. They are added after terms classified to residual or unspecific categories and to terms in themselves ill-defined as a warning that specified forms of the conditions are classified differently. If the medical clinical record includes more precise information the coding should be modified accordingly, eg:

**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 medical 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’.

#/ Attached to certain terms in the list of sites under ‘Neoplasm’ to refer the clinical coder user to Notes 23 and 24, respectively, at the start of that list.
### TABULAR LIST OF DISEASES

### CONVENTIONS USED IN THE TABULAR LIST OF DISEASES

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

### Aetiology and manifestation convention (the ‘dagger and asterisk’ system)

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

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

#### EXAMPLE 1:
Fracture to femur due to bony metastases from adenocarcinoma of prostate.

Index entry: **Fracture/metastatic C79.5† M90.7-*

<table>
<thead>
<tr>
<th>Tabular:</th>
<th>M90.75*</th>
<th>Fracture of bone in neoplastic disease, pelvic region and thigh</th>
</tr>
</thead>
<tbody>
<tr>
<td>C79.5</td>
<td>Secondary malignant neoplasm of bone and bone marrow</td>
<td></td>
</tr>
<tr>
<td>M8140/6</td>
<td>Adenocarcinoma, metastatic NOS</td>
<td></td>
</tr>
<tr>
<td>C61</td>
<td>Malignant neoplasm of prostate</td>
<td></td>
</tr>
<tr>
<td>M8140/3</td>
<td>Adenocarcinoma NOS</td>
<td></td>
</tr>
</tbody>
</table>

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

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

#### EXAMPLE 2:

<table>
<thead>
<tr>
<th>B37.3†</th>
<th><em>Candidiasis of vulva and vagina (N77.1</em>)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidal vulvovaginitis</td>
<td></td>
</tr>
<tr>
<td>Monilial vulvovaginitis</td>
<td></td>
</tr>
<tr>
<td>Vaginal thrush</td>
<td></td>
</tr>
</tbody>
</table>

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

#### EXAMPLE 3:

<table>
<thead>
<tr>
<th>A18.0†</th>
<th><em>Tuberculosis of bones and joints</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis of:</td>
<td></td>
</tr>
<tr>
<td>• hip (M01.15*)</td>
<td></td>
</tr>
<tr>
<td>• knee (M01.16*)</td>
<td></td>
</tr>
<tr>
<td>• vertebral column (M49.0-*)</td>
<td></td>
</tr>
<tr>
<td>Tuberculous:</td>
<td></td>
</tr>
<tr>
<td>• arthritis (M01.1-*)</td>
<td></td>
</tr>
<tr>
<td>• mastoiditis (H75.0*)</td>
<td></td>
</tr>
<tr>
<td>• necrosis of bone (M90.0-*)</td>
<td></td>
</tr>
<tr>
<td>• osteitis (M90.0-*)</td>
<td></td>
</tr>
<tr>
<td>• osteomyelitis (M90.0-*)</td>
<td></td>
</tr>
<tr>
<td>• synovitis (M68.0-*)</td>
<td></td>
</tr>
<tr>
<td>• tenosynovitis (M68.0-*)</td>
<td></td>
</tr>
</tbody>
</table>
**c. If neither the symbol (†) nor the alternative asterisk code appear in the title**, the rubric as a whole is not subject to dual classification but individual inclusion terms may be. If so, these terms will be marked with the symbol and their alternative codes given.

**EXAMPLE 4:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>A54.8</td>
<td>Other gonococcal infections</td>
</tr>
<tr>
<td></td>
<td>Gonococcal:</td>
</tr>
<tr>
<td></td>
<td>• peritonitis† (K67.1*)</td>
</tr>
<tr>
<td></td>
<td>• pneumonia† (J17.0*)</td>
</tr>
<tr>
<td></td>
<td>• septicaemia</td>
</tr>
<tr>
<td></td>
<td>• skin lesions</td>
</tr>
</tbody>
</table>

**Inclusion terms**

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

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

**EXAMPLE 5:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>H50.5</td>
<td>Heterophoria</td>
</tr>
<tr>
<td></td>
<td>Alternating hyperphoria</td>
</tr>
<tr>
<td></td>
<td>Esophoria</td>
</tr>
<tr>
<td></td>
<td>Exophoria</td>
</tr>
</tbody>
</table>

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

**EXAMPLE 6:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>D21</td>
<td>Other benign neoplasms of connective and other soft tissue</td>
</tr>
<tr>
<td>D21.3</td>
<td>Connective and other soft tissue of thorax</td>
</tr>
<tr>
<td></td>
<td>Axilla</td>
</tr>
<tr>
<td></td>
<td>Diaphragm</td>
</tr>
<tr>
<td></td>
<td>Great vessels</td>
</tr>
</tbody>
</table>

**Instructional notes/terms**

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

**Includes note**

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

**EXAMPLE 7:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>C50</td>
<td>Malignant neoplasm of breast</td>
</tr>
</tbody>
</table>

*Includes: connective tissue of breast*
EXAMPLE 8:
CHAPTER 16
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD (P00–P96)

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

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

EXAMPLE 9:
DERMATITIS AND ECZEMA (L20–L30)

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

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

EXAMPLE 10:
K26  Duodenal ulcer
   See subdivisions

EXAMPLE 11:
M71  Other bursopathies
   See site code

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

EXAMPLE 12:
S91.81  Open wound (of any part of ankle and foot) communicating with a fracture
   Code first the fracture (S82-, S92-).

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

EXAMPLE 13:
N34  Urethritis and urethral syndrome
   Use additional code (B95–B97) to identify infectious agent.

EXAMPLE 14:
K08.81  Pathological fracture of tooth
   Code also any predisposing dental disease (K00–K10).
Exclusion terms

Excludes notes

Certain rubrics contain lists of conditions preceded by the word ‘Excludes’. These are terms which, although the rubric title might suggest that they were to be classified there, are in fact classified elsewhere. An example of this is in category A46 Erysipelas, where postpartum or puerperal erysipelas is excluded. Following each exclusion term, in parentheses, is the category or subcategory code elsewhere in the classification to which the excluded term should be allocated.

‘Excludes’ notes can be found immediately following a chapter, block, category or code title. For a more detailed explanation of exclusion terms see ACS 0033 Conventions used in the tabular list of diseases: Exclusion notes.

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

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

**Excludes Note Type 1**  
For single condition coding, ‘it’ goes somewhere else.

**Excludes Note Type 2**  
You might think ‘it’ goes here but it doesn’t.

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

*To translate medical statements into code*

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

A simple example of translating code back to a medical statement:

Medical statement: Cholecystitis with cholelithiasis

Code translation: K80.10

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

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

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

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

**Type 1 excludes notes (For single condition coding, ‘it’ goes somewhere else)**

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

Sometimes the code in the pregnancy or perinatal chapter may not have enough detail to translate the diagnostic statement into code. For example, the code may say ‘other conditions complicating pregnancy’. In such cases, coders should assign the pregnancy code and the code where the excludes note applies. The two codes translate the medical statement.
Again, the rule of thumb is to translate your codes back to the medical statement to check for completeness of code assignment.

**EXAMPLE 15:**
Diagnosis: Gangrene in Raynaud’s syndrome.
For ‘single condition’ coding, this diagnostic statement would be coded to I73.0 *Raynaud’s syndrome* because there is an excludes note at R02 *Gangrene, not elsewhere classified*, which excludes gangrene in other peripheral vascular diseases (I73.-):

```
R02 Gangrene, not elsewhere classified
Excludes: gangrene in:
  • atherosclerosis (I70.24)
  • diabetes mellitus (E1-.52, E1-.69, E1-.73)
  • other peripheral vascular diseases (I73.-)
    gangrene of certain specified sites (see Alphabetic Index)
    gas gangrene (A48.0)
    pyoderma gangrenosum (L88)
```

For multiple condition coding, R02 would be used as an additional code to fully describe the diagnostic statement because the code I73.0 does not provide detail about the gangrene (see ACS 0002 Additional diagnoses/Multiple coding and ACS 1802 Signs and symptoms).

**EXAMPLE 16:**
Diagnosis: Exhaustion during pregnancy.
There is an excludes note at R53 *Malaise and fatigue* which excludes pregnancy (O26.88).

```
R53 Malaise and fatigue
Asthenia NOS
Debility:
  • chronic
  • nervous
  • NOS
General physical deterioration
Lethargy
Tiredness

Excludes: debility:
  • congenital (P96.9)
  • senile (R54)
  exhaustion and fatigue (due to)(in):
    • combat (F43.0)
    • excessive exertion (T73.3)
    • exposure (T73.2)
    • heat (T67.-)
    • neurasthenia (F48.0)
  • pregnancy (O26.88)
    • senile asthenia (R54)
    fatigue syndrome:
    • NOS (F48.0)
    • postviral (G93.3)
```

As ‘exhaustion during pregnancy’ contains multiple diagnostic concepts (ie ‘exhaustion’ and ‘pregnancy’), this requires multiple codes.

To fully translate this medical statement into code you need to assign both O26.88 *Other specified pregnancy-related conditions* and R53 *Malaise and fatigue*. 

Codes: O26.88 Other specified pregnancy-related conditions  
R53 Malaise and fatigue

**Type 2 excludes notes (You might think ‘it’ goes here but it doesn’t)**

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

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

**EXAMPLE 17:**
**Diagnosis:** Intussusception of appendix  
K56.1 Intussusception  
Intussusception or invagination of:  
- bowel  
- colon  
- intestine  
- rectum  

*Excludes:* intussusception of appendix (K38.8)

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

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

**EXAMPLE 18:**
**Diagnosis:** Newborn developed hydrocephalus post intraventricular haemorrhage  
Q03 Congenital hydrocephalus  

*Includes:* hydrocephalus in newborn  

*Excludes:* Arnold-Chiari syndrome (Q07.0)  
hydrocephalus:  
- acquired (G91.-)  
- due to congenital toxoplasmosis (P37.1)  
- with spina bifida (Q05.0–Q05.4-)

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

**EXAMPLE 19:**
**Diagnosis:** Cholelithiasis with obstruction  
K82.0 Obstruction of gallbladder  
Oclusion  
Stenosis of cystic duct or gallbladder without calculus  
Stricture  

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

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 is not intended for use by clinical coders.

Parentheses ( )

Parentheses are used in four ways:

1. 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 420:**
In the inclusion 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).

I12 Hypertensive kidney disease

*Includes:* any condition in N00–N07, N18–N26 due to hypertension

- arteriosclerosis of kidney
- arteriosclerotic nephritis (chronic) (interstitial)
- hypertensive nephropathy
- nephrosclerosis

*Excludes:* secondary hypertension (I15-)

2. Parentheses are also used to enclose the code(s) to which an exclusion term excludes note refers.

**EXAMPLE 221:**
I88 Nonspecific lymphadenitis excludes ‘acute lymphadenitis, except mesenteric’ (L04.- Acute lymphadenitis) and ‘enlarged lymph nodes NOS’ (R59.- Enlarged lymph nodes)

I88 Nonspecific lymphadenitis

*Excludes:* acute lymphadenitis, except mesenteric (L04-)

- enlarged lymph nodes NOS (R59-)

3. Parentheses are used in the block titles in the Tabular List to enclose the three character codes of categories included in that block.

**EXAMPLE 22:**
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 323:**
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.

<table>
<thead>
<tr>
<th>EXAMPLE 424:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A30</td>
</tr>
</tbody>
</table>

2. For explanatory phrases.

<table>
<thead>
<tr>
<th>EXAMPLE 525:</th>
</tr>
</thead>
<tbody>
<tr>
<td>G06.02</td>
</tr>
</tbody>
</table>

3. For valid characters.

<table>
<thead>
<tr>
<th>EXAMPLE 626:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M19.0</td>
</tr>
</tbody>
</table>

### Colon :
A colon is used in listings of inclusion terms and exclusion terms excludes notes when the words that precede it are not complete terms for assignment to that rubric. They require one or more of the modifying or qualifying words indented under them before they can be assigned to the rubric.

<table>
<thead>
<tr>
<th>EXAMPLE 727:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In K36 <strong>Other appendicitis</strong>, the diagnosis ‘appendicitis’ is to be classified there only if qualified by the words ‘chronic’ or ‘recurrent’.</td>
</tr>
</tbody>
</table>

### Brace }
A brace is used in listings of inclusion terms and exclusion terms 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.

<table>
<thead>
<tr>
<th>EXAMPLE 828:</th>
</tr>
</thead>
<tbody>
<tr>
<td>—O71.6 <strong>Obstetric damage to pelvic joints and ligaments</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Avulsion of inner symphyseal cartilage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damage to coccyx</td>
</tr>
</tbody>
</table>
Traumatic separation of symphysis (pubis) { }

**NOS**
The letters NOS are an abbreviation for ‘not otherwise specified’, meaning ‘unspecified’ or ‘unqualified’.

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 929:**
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**
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.

**EXAMPLE 4030:**
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 agent is not stated.

**‘AND’ in titles**
‘And’ stands for ‘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’.

**Annotations**
† The dagger symbol denotes a code describing the aetiology or underlying cause of a disease and should always be assigned together with the appropriate manifestation (*) code. Sequence both codes in the same sequence in which they appear in the alphabetic index (that is, the aetiology code followed by the manifestation code).

* The asterisk symbol denotes a code describing the manifestation of a disease and should always be assigned together with the appropriate aetiology (†) code. Sequence both codes in the same sequence in which they appear in the alphabetic index (that is, the aetiology code followed by the manifestation code).

▼ This symbol denotes that an Australian Coding Standard applies to a particular code or group of codes (category or block) and therefore, the standard should be checked 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).

**I12** 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
- mixed lineage leukemia
Biphenotypic acute
Stem cell leukaemia of unclear lineage

*Excludes:* secondary hypertension (I15.-)

A box outline is used to indicate codes at the three 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 all instructional terms text of *Includes, Excludes* and *Note*, with the exception of ‘Code also...’ and ‘Use additional code...’.

**Italics**

Italicised type face is used for the instructional terms text of *Code also..., Code first..., See... and Use additional code... ‘Code also...’ and ‘Use additional code...’.

Format

ICD-10-AM uses an overall block format for ease of reference with an indented format applying to all inclusional and instructional terms notes exceeding one line of text.

GUIDANCE IN THE USE OF ICD-10-AM

The translation of disease, injury, condition and procedure descriptions into code is a complex activity. In order to code accurately, it is essential to have a working knowledge of medical terminology and to understand the characteristics, terminology, and conventions of ICD-10-AM.

The main aim of coding is:

*To translate medical statements into code*
Originally designed to provide access to information contained in medical records for research, education, and administration, medical codes are now also utilised to facilitate payment of health services, to determine utilisation patterns and to evaluate the appropriateness of health care costs. Coding also provides the basis for epidemiological studies and research into the quality of health care.

The translation of disease, injury, condition and procedure descriptions into code is a complex activity. Because coding is used in so many areas, it is essential that coding is performed correctly and consistently in order to produce meaningful statistics to aid in the planning of the health care needs of the country.

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

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

1. Identify the type of statement to be coded and refer to the appropriate section of the Alphabetic Index.
   \textit{Note:} Avoid indiscriminate multiple coding of irrelevant information, such as symptoms or signs characteristic of the diagnosis.

2. Locate the lead term. For disease and injuries, this is usually a noun for the pathological condition. For procedures, this is usually a noun identifying the type of procedure performed. However, some conditions expressed as adjectives or eponyms are included in the Alphabetic Index as lead terms.

3. Read and be guided by any \textit{instructional note(s)} that appears under the lead term.

4. Read any terms enclosed in parentheses after the lead term (these nonessential modifiers do not affect the code number), as well as any terms indented under the lead term (these essential modifiers may affect the code number), until all the words in the clinical expression have been accounted for.

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

6. Refer to the Tabular List to verify the suitability of the code number selected. For disease classification, note that a three character code in the Alphabetic Index with a dash in the fourth or fifth position means that there is a fourth or fifth character to be found in the Tabular List. Further subdivisions to be used in a supplementary character position are not indexed and, if used, must be located in the Tabular List.

7. Be guided by any inclusion terms, \textit{instructional notes and/or exclusion notes} under the selected code or under the chapter, block or category heading.

8. Assign the code.

Questions regarding the use and interpretation of the \textit{International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)} can be directed to:

National Centre for Classification in Health
Faculty of Health Sciences
The University of Sydney
PO Box 170
Lidcombe NSW 1825
Australia
ALPHABETIC INDEX OF INTERVENTIONS

CONVENTIONS USED IN THE ALPHABETIC INDEX OF INTERVENTIONS

Conventions used in the Alphabetic Index of Interventions

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 brackets.

Main Lead Terms

The Alphabetic Index of Interventions is organised by ‘main lead terms’ which are printed in bold type face for ease of reference. Main 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.

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 brackets.

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]

Main terms are sequenced alphabetically. This may vary from previous editions where hyphens, symbols and numbers preceded alphabetic lettering. For example:

- Amniocentesis
  - diagnostic 16600-00 [1330]
  - therapeutic 16618-00 [1330]
- Amnio-infusion 16621-00 [1330]

Hyphens appear in the Alphabetic Index of Interventions to indicate levels of indentation of sub-entries in the Index. For example:

Example 2:

Hypothermia
- deep 22075-00 [642]
- - with
<table>
<thead>
<tr>
<th>22075-00 [642] cardiac arrest, induced</th>
<th>38577-00 [642] cerebral perfusion (antegrade) (retrograde)</th>
<th>22075-00 [642] circulatory arrest, induced</th>
</tr>
</thead>
</table>

**Hypothermia**
- deep 20075-00 [642]
  - with
    - cardiac arrest, induced 22075-00 [642]
    - cerebral perfusion (antegrade) (retrograde) 38577-00 [642]
    - circulatory 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]
  - 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]*
        - prosthesi (Gore-tex) 34512-01 [765]
      - limb (extremity)
        - lower 34509-00 [765]**
        - upper 34509-01 [765]

The prepositions ‘as’, ‘by’, ‘for’, ‘with’ and ‘without’ immediately follow the main term or subterm to which they refer. When a procedure description includes terms listed under a prepositional subterm and an alphabetic subterm, the prepositional subterm takes precedence when there is no default code listed.

For example:
**Formation**
- fistula
  - arteriovenous
    - with
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]

For example:

**Arthroplasty** (see also **Repair, joint**) 50127-00 [1571]
- by osseointegration (implantation of titanium fixture)
  - digit (finger) (toe) 45794-07 [1698]
  - for hallux valgus (hallux rigidus) (unilateral) 49821-00 [1547]
  - with prosthesis 49839-00 [1547]
  - bilateral 49824-00 [1547]
  - with prosthesis 49842-00 [1547]
- ankle
  - for joint replacement (total) 49715-00 [1544]
    - revision 49716-00 [1544]
    - with bone graft 46717-00 [1544]
    - Austin Moore, hip 47522-00 [1489]

**MODIFIERS**

A main 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** (fiberoptic) (with fluoroscopic guidance) (with bronchial lavage) (with washings) 41898-00 [543]
- with
  - biopsy (bronchus) (lung) 41898-01 [544]
  - broncho-alveolar lavage 41898-02 [544]
  - dilation (bronchial stricture) (tracheal stricture) 41904-00 [546]
  - excision of lesion 41892-01 [545]
  - by laser 41901-00 [545]
  - removal of
    - foreign body 41898-03 [544]
    - lesion 41892-01 [545]
    - by laser 41901-00 [545]
For example:

**Bronchoscopy** (fiberoptic) (with fluoroscopic guidance) (with lavage). 41898-00 [543]
- with
  - biopsy (bronchus) (lung). 41898-01 [544]
  - dilatation (bronchial stricture) (tracheal stricture). 41904-00 [546]
  - excision of lesion. 41892-01 [545]
  - by laser. 41901-00 [545]
  - removal of
    - foreign body. 41895-00 [544]
    - lesion. 41892-01 [545]
    - by laser. 41901-00 [545]
    - washings (for specimen collection). 41898-01 [544]

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 [697]
  - for aneurysm. 33070-00 [714]
  - ruptured. 33175-00 [714]
  - cardiac collateral (open). 38700-03 [691]
  - percutaneous (closed). 38700-02 [691]

For example:

**Clipping**
- artery. 34106-11 [697]
  - axillary. 34103-11 [697]
  - for aneurysm. 33070-00 [714]
  - ruptured. 33175-00 [714]
  - brachial. 34106-10 [697]
  - for aneurysm. 33070-00 [714]
  - ruptured. 33175-00 [714]
  - cardiac collateral (open). 38700-03 [691]
  - percutaneous (closed). 38700-02 [691]

**NOT ELSEWHERE CLASSIFIED (NEC)**

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.

**Omit code**

The *omit code* instruction can apply to terms which identify incisions that are listed as main 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.

For example:

**Arthrotomy** (with lavage). 50103-00 [1555]
- as operative approach — *omit code*
  - ankle. 49706-00 [1529]
  - elbow. 49100-00 [1410]
  - hip. 49303-00 [1481]
Omit code instructions can also apply to certain procedures which, when performed with other procedures, should not be coded.

For example:

Cardioversion 13400-00 [1890]

—in conjunction with cardiac surgery — omit code

CROSS REFERENCES/INSTRUCTIONAL REFERENCES

Prior to ACHI Eighth Edition cross references in the Alphabetic Index used commas to separate lead terms and subterms in an alternate index pathway. From Eighth Edition these commas have been replaced with slashes as follows:

EXAMPLE 8:
Administration
- agent (to)
- - sympatholytic — see also Administration, nerve, sympathetic

is shown as:

Administration
- agent (to)
- - sympatholytic — see also Administration/nerve/sympathetic

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 with terms which do not define the type of procedure performed.

EXAMPLE 9:
CAT (computerised axial tomography) — see Tomography/computerised

For example:
CAT (computerised axial tomography) — see Tomography, computerised

2. ‘see also’ directs the user to another main lead term when the entries under consideration do not provide a code.

EXAMPLE 10:
Abdominoplasty
- abdominal apron — see also Lipectomy/abdominal
- Pitanguy 30177-00 [1666]
- radical 30177-00 [1666]

For example:
Abdominoplasty
- abdominal apron — see also Lipectomy, abdominal apron
- Pitanguy 30177-00 [1666]
- radical 30177-00 [1666]

3. ‘see block [xxxx]’ directs the user to the Tabular List for further information or specific site references.

EXAMPLE 11:
Assistance
- 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.

EXAMPLE 12:
Arthrotomy (with lavage) 50103-00 [1555]
- as operative approach — omit code
- ankle 49706-00 [1529]
- elbow 49100-00 [1410]
- hip 49303-00 [1481]

Omit code instructions can also apply to certain procedures which, when performed with other procedures, should not be coded.

EXAMPLE 13:
Cardioversion 13400-00 [1890]
- in conjunction with cardiac surgery — omit code

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 a procedure and these are not specifically listed at this lead term.

EXAMPLE 14:
Amputation
- ear — code specific procedure(s) performed
- nose — code specific procedure(s) performed

EPONYMS

Procedures named after people (eponyms) are listed both as main lead terms in their appropriate alphabetic sequence and under the main lead term ‘procedure’. A description of the procedure or anatomic site affected usually follows the eponym.

EXAMPLE 15:
Darrach procedure (osteotomy of ulna) 48406-04 [1424]
- with internal fixation 48409-04 [1424]

Procedure
- Darrach (osteotomy of ulna) 48406-04 [1424]
- - with internal fixation 48409-04 [1424]

For example:

Darrach procedure (osteotomy of ulna) 48406-04 [1424]
- —with internal fixation 48409-04 [1424]

Procedure
- Darrach (osteotomy of ulna) 48406-04 [1424]
- —with internal fixation 48409-04 [1424]
TABULAR LIST OF INTERVENTIONS

CONVENTIONS USED IN THE TABULAR LIST OF INTERVENTIONS

Conventions used in the Tabular List of Interventions

FORMAT

First level – anatomical site axis
ACHI has been structured with a principal axis of anatomical site. Within each chapter the anatomical site has been structured by a ‘superior’ to ‘inferior’ (head-to-toe) approach.

Second level – procedural type axis
The secondary axis is procedure type, beginning with the least invasive procedure through to the most invasive procedure. Standardised procedural axes are:

- Examination
- Application, Insertion, Removal
- Incision
- Destruction
- Excision
- Reduction (only applicable to Musculoskeletal chapter)
- 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 structured on an anatomical basis, the code numbers do not always appear in numerical order within the Tabular List. A third level axis, called a block, has been introduced. Blocks are numbered sequentially in the 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 exception to the general format:

- Dental services
  This chapter is based on ‘The Australian Schedule of Dental Services and Glossary, 8th Edition’ published by the Australian Dental Association (ADA) Incorporated. Copies of this publication can be obtained from the ADA, PO Box 520, St Leonards NSW 1590 Australia. The Dental Services chapter is structured on a service basis, for example, diagnostic services, preventative services, periodontics, oral surgery, etc. Secondary axes, in most instances, relate to procedure type. The MBS also contains dental items based on the ADA’s item numbers. The MBS dental items are not utilised in ACHI but are listed in ACHI Tabular List Appendix C Mapping table for MBS dental items.

- Obstetric procedures
  This chapter has a principal axis relating to the pregnancy cycle, for example, antepartum procedures, procedures associated with labour, delivery, etc. Secondary axes relate to procedure type.

- Radiation oncology procedures
  This chapter has a principal axis relating to radiation oncology procedures. Secondary axes relate to the type of radiation, for example, external beam therapy, brachytherapy, computerised planning, etc.

- Noninvasive, cognitive and interventions, 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. The secondary axis relates to the type of intervention or the body system. For example, in the primary axis of Diagnostic Interventions, the secondary axes are Assessment, Consultation, Interview, Examination, Evaluation or Diagnostic Tests, Measures or Investigations – Eye and Adnexa. In the primary axis of Therapeutic Interventions, secondary axes include Counselling, Education or Nutritional Support Interventions, or Therapeutic Interventions – Cardiovascular System.
• **Imaging services**
  The principal axis within this chapter relates to the imaging service performed, for example, ultrasound, tomography, radiography, etc. There is no secondary axis within this chapter.

**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:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>48224-00</td>
<td>Bone graft to radius or ulna</td>
</tr>
<tr>
<td>47393-00</td>
<td>Open reduction of fracture of shaft of radius and ulna</td>
</tr>
</tbody>
</table>

For example:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>48224-00</td>
<td>Bone graft to radius or ulna</td>
</tr>
<tr>
<td>47393-00</td>
<td>Open reduction of fracture of shaft of radius and ulna</td>
</tr>
</tbody>
</table>

**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 or code description. Their purpose is to give examples of terms which are categorised to the code or block. For example:

**EXAMPLE 2:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90064-01</td>
<td>Refractive keratoplasty</td>
</tr>
<tr>
<td></td>
<td>Keratomileusis</td>
</tr>
<tr>
<td></td>
<td>Thermokeratoplasty</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90064-01</td>
<td>Refractive keratoplasty</td>
</tr>
<tr>
<td></td>
<td>Keratomileusis</td>
</tr>
<tr>
<td></td>
<td>Thermokeratoplasty</td>
</tr>
</tbody>
</table>

Inclusion terms are not exhaustive and users 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.

**INSTRUCTIONAL NOTES**

Instructional notes appear in certain locations throughout the Tabular List:

**Chapter** instructional notes relate to the codes classified to the chapter

**First level** instructional notes relate to the codes classified to the site
Anatomical site axis

Second level
Procedural type axis

Third level
Block axis

Fourth level
Code

Instructional notations 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 are formal statements of the meaning of a term or code. They are used to define the content of a chapter, anatomical site, procedure type, block or code. Glossary descriptions are useful in standardising terminology and assist with coding quality. Glossary descriptions are not intended for use by clinical coders.

Includes:
The Includes note is used to further define the contents of a chapter, site, procedure 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. For example:

**EXAMPLE 3:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Includes</th>
</tr>
</thead>
<tbody>
<tr>
<td>36503-00 [1058]</td>
<td>Kidney transplantation</td>
<td>vascular anastomosis</td>
</tr>
</tbody>
</table>

In other instances, the Includes instructional note further defines the site. For example:

**EXAMPLE 4:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Includes</th>
</tr>
</thead>
<tbody>
<tr>
<td>30394-00 [987]</td>
<td>Drainage of intra-abdominal abscess, haematoma or cyst</td>
<td>appendiceal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>iliac fossa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>intraperitoneal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pelvic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>abscess, haematoma or cyst</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pouch of Douglas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>subhepatic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>subphrenic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>peritonitis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Includes</th>
</tr>
</thead>
<tbody>
<tr>
<td>30394-00 [987]</td>
<td>Drainage of intra-abdominal abscess, haematoma or cyst</td>
<td>appendiceal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>iliac fossa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>intraperitoneal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pelvic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>abscess, haematoma or cyst</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pouch of Douglas</td>
</tr>
</tbody>
</table>
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 (i.e., the Note is not exhaustive). For example:

EXAMPLE 5:

Note:  Performed for aneurysm or arteriovenous malformation

EXAMPLE 6:
[712]  Arterial bypass graft using synthetic material

Note:  Synthetic material can include polyester (woven or knitted) or polytetrafluoroethylene [PTFE] grafts

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. For example:

EXAMPLE 7:
41548-00 [323]  Obliteration of mastoid cavity

Code also when performed:
• meatoplasty (41512-00 [305])

Code first:
Code first instructions assist the user in the correct sequencing of codes. This instruction appears under codes that must never be assigned alone.

EXAMPLE 8:
15012-00 [1794]  Brachytherapy, eye

Code first:
• implantation of brachytherapy applicator, eye (42801-00 [177])
Excludes:
Terms following the word ‘Excludes’ are to be coded elsewhere as indicated in each case.

Codes are not listed within the ‘Excludes’ note instructional term in numerical order. Rather they are ordered sequentially by block number. For example:

**EXAMPLE 9:**
<table>
<thead>
<tr>
<th>[8]</th>
<th>Intracranial drainage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excludes: cerebrospinal fluid shunt (40003 [5], 40000-00, 40012 [19])</td>
<td></td>
</tr>
</tbody>
</table>

Cerebrospinal fluid shunt (40003 [5], 40000-00, 40012 [19])

Codes can be listed in Excludes notes with or without their extensions (see above example, 40003 [5] and 40012 [19]). When the extensions are not used, the Excludes note instructional term applies to all the two digit extensions of that code. In the above example, there are two extensions to code 40012 (below):

**EXAMPLE 10:**
| 40012-00 [19] | Endoscopic third ventriculostomy |
| 40012-01 [19] | Third ventriculostomy |

- 40012-00 [19] Enoscpoic third ventriculostomy
- 40012-01 [19] Third ventriculostomy

Black reverse text boxes
Black reverse text boxes are used for all block numbers. They DO NOT indicate valid codes and CANNOT be assigned. For example:

<table>
<thead>
<tr>
<th>1340</th>
<th>Caesarean section</th>
</tr>
</thead>
<tbody>
<tr>
<td>16520-00</td>
<td>Elective classical caesarean section</td>
</tr>
<tr>
<td>16520-01</td>
<td>Emergency classical caesarean section</td>
</tr>
<tr>
<td>16520-02</td>
<td>Elective lower segment caesarean section</td>
</tr>
<tr>
<td>16520-03</td>
<td>Emergency lower segment caesarean section</td>
</tr>
</tbody>
</table>

Type Face

**Bold**
Bold type face is used for all block titles in the Tabular List of Interventions.

**Bold, Italics**
Bold and italicised type face is used for all the instructional note text of Includes, Excludes and Note, with the exception of ‘Code also when performed’ and ‘Code first’.

**Italics**
Italicised type face is used for the instructional note text of Code also..., Code first, See... and Use additional code: ‘Code also when performed’ and ‘Code first’.

Annotations

▼
This symbol denotes that for a particular code or group of codes (category or block) there is an Australian Coding Standard that should be checked before the code(s) is assigned. The relevant standard number(s) is shown under or beside the symbol.
GUIDANCE IN THE USE OF ACHI

The translation of disease, injury, condition and procedure descriptions into code is a complex activity. In order to code accurately, it is essential to have a working knowledge of medical terminology and to understand the characteristics, terminology and conventions of ICD-10-AM and ACHI.

The main aim of coding is:

To translate medical statements into code

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

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

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

1. Identify the type of statement to be coded and refer to the appropriate section of the Alphabetic Index. 
   
   **Note:** Avoid indiscriminate multiple coding of irrelevant information, such as symptoms or signs characteristic of the diagnosis.

2. Locate the lead term. For disease and injuries, this is usually a noun for the pathological condition. For interventions, this is usually a noun identifying the type of procedure performed. However, some conditions expressed as adjectives or eponyms are included in the Alphabetic Index as lead terms.

3. Read and be guided by any instructional note(s) that appears under the lead term.

4. Read any terms enclosed in parentheses after the lead term (these nonessential modifiers do not affect the code number), as well as any terms indented under the lead term (these essential modifiers may affect the code number), until all the words in the clinical expression have been accounted for.

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

6. Refer to the Tabular List to verify the suitability of the code number selected. For disease classification note that a three character code in the Alphabetic Index with a dash in the fourth or fifth position means that there is a fourth or fifth character to be found in the Tabular List. Further subdivisions to be used in a supplementary character position are not indexed and, if used, must be located in the Tabular List.

7. Be guided by any inclusion terms, instructional notes under exclusion notes under the selected code or under the chapter, block or category heading.

8. Assign the code.

Questions regarding the use and interpretation of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) or the Australian Classification of Health Interventions (ACHI) can be directed to:

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