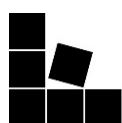




ICD-10-AM/ACHI/ACS Tenth Edition

Coding Exercise Workbook 2017



Australian Consortium for Classification Development

Consortium Partners




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SYDNEY
NATIONAL CENTRE
FOR CLASSIFICATION
IN HEALTH

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ICD-10-AM/ACHI/ACS Tenth Edition Coding Exercise Workbook

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VERSION CONTROL

Since original release, the following updates have been made:

- Obstetric ACS Module, Slide 22 should read:

FOR EXAMPLE

Vaginal delivery of healthy (single) infant following failed forceps. Assign:

Codes: O83 *Other assisted single delivery*
O66.5 *Failed application of vacuum extractor and forceps, unspecified*
Z37.0 *Single live birth*
90468-05 [1337] *Failed forceps*
[90467-00 \[1336\] Spontaneous vertex delivery](#)

- Exercise 2.7 Answer

~~R10.4 *Other and unspecified abdominal pain*~~ [R10.1 *Pain localised to upper abdomen*](#)

R14 *Flatulence and related conditions*

30473-00 [1005] *Panendoscopy to duodenum*

92515-99 [1910] *Sedation ASA 99*

- Exercise 4.11 Scenario [and answers](#)

A 72 year old male presented to hospital complaining of lower abdominal pain following his usual peritoneal dialysis. He had experienced chills and fever but no diarrhoea or constipation. He stated he had not had any haemoptysis or SOB.

On examination his abdomen was distended and there was pitting oedema bilaterally to his knees. Chest – bibasal creps. His temperature was 38°C, BP 120/80, PR113, RR 25. Creatinine on admission was 786, with urea of 19.3. CXR showed small effusions bilaterally.

Peritoneal fluid culture grew multiple organisms (Enterobacter and Streptococcus faecalis). Patient was commenced on intraperitoneal antibiotics with ceftazidime/cephazolin.

His PD catheter was thought to be the source of the infection and therefore his Tenckhoff was removed [under general anaesthesia](#). Haemodialysis was commenced via his AV fistula (L arm). Treatment for the [acute](#) peritonitis will consist of 6 weeks of antibiotic therapy with IV amoxicillin and oral ciprofloxacin. The amoxicillin needs to be IV 1g daily. He has now had one and a half weeks of treatment.

Both his renal function and T2DM were continually monitored throughout the admission and he was reviewed by the renal and endocrinology teams as well as the diabetic educator. Patient is now for discharge and is to return for 3 sessions of dialysis each week at which time the IV amoxicillin will be given. He will also be followed up in the renal clinic.

Answers

4.11

T85.71 *Infection and inflammatory reaction due to peritoneal dialysis catheter*

K65.0 *Acute peritonitis*

B96.88 *Other and unspecified bacterial agents as the cause of diseases classified to other chapters*

B95.2 *Streptococcus, group D and enterococcus, as the cause of diseases classified to other chapters*

Y84.1 *Kidney dialysis as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure*

Y92.23 *Place of occurrence, health service area, not specified as this facility*

E11.22 Type 2 diabetes mellitus with established diabetic nephropathy

N18.5 Chronic kidney disease, stage 5

[13110-00 \[1062\] Removal of indwelling peritoneal catheter](#)

[General anaesthesia code](#)

13100-00 [1060] Haemodialysis

95550-14 [1916] Allied health intervention, diabetes education

- Exercise 10.17 Scenario and Answer

Discharge Summary

Problems/Alerts and Diagnoses:

Patient admitted from nursing home for review of cachexia.

Breast Cancer

- Dx July 2013 (histopathology: intraductal papillary-mucinous (infiltrating) carcinoma of R UOQ)
- reviewed by oncology team and medications reviewed
- due for follow up on (18/4)

Cachexia

- Long standing due to malignancy
- Reviewed by dietitian, given supplements.

Follow – Up Plan and Appointments:

Please follow up with his GP in 3 days.

Please consider ongoing physiotherapy at the nursing home.

Discharge to:

Nursing home.

R64 Cachexia

C50.4 Malignant neoplasm of upper-outer quadrant of breast

~~M8500/3 Infiltrating duct carcinoma NOS~~

[M8503/3 Intraductal papillary adenocarcinoma with invasion](#)

95550-00 [1916] Allied health intervention, dietetics

- Exercise 10.20 Answer

R79.83 Abnormal coagulation profile

[Y44.2 Anticoagulants causing adverse effects in therapeutic use](#)

[Y92.23 Place of occurrence, health service area, not specified as this facility](#)

- Exercise 10.21 Answer

~~S30.1 Contusion of abdominal wall~~

D68.3 Haemorrhagic disorder due to circulating anticoagulants

~~S30.1 Contusion of abdominal wall~~

Y44.2 Anticoagulants causing adverse effects in therapeutic use

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

- **Exercise 12.3 Scenario and Answer**

~~Z38.0~~ [Z38.1](#) Singleton, born outside hospital

- Exercise 12.9 Scenario and Answer

Patient admitted [with carpal tunnel syndrome](#) for right carpal tunnel release under GA. Anaesthetist noted a difficult airway with a Mallampati score of 3; intubation was achieved by use of a Bougie.

G56.0 Carpal tunnel syndrome

T88.42 Difficult intubation

~~Y83.8 Other surgical procedures (as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure)~~

[Y84.8 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of unintentional events at the time of the procedure](#)

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

39331-01 [76] Release of carpal tunnel

92514-99 [1910] General anaesthesia, ASA 99

- Module 13 Slide 26

Progress notes state :
for commencement of K+ supplement

Ethical Query:
Please clarify the reason for potassium supplement:

- ~~Hypokalaemia~~ [Hyperkalaemia](#)
- Prophylactic (to prevent hypokalaemia)
- Other (please provide clinical details)
- Unable to determine

Medication Chart:
commenced Resonium.
No documentation in the progress notes of indication or the commencement of therapy

No query should be made as the clinician has not documented in the progress notes:

- an indication
- the order of an intervention or investigation
- the actual test result

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GLOSSARY OF ABBREVIATIONS

ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
AF	Atrial fibrillation
ASA	American Society of Anesthesiology
AV	Arteriovenous
BD	Twice daily
BMI	Body mass index
BNI	Bladder neck incision
BP	Blood pressure
BPH	Benign prostatic hypertrophy
bpm	Beats per minute
CABG	Coronary Artery Bypass Graft
COPD	Chronic Obstructive Pulmonary Disease
CXR	Chest Xray
DVT	Deep vein/venous thrombosis
ECG	Electrocardiogram
ECT	Electroconvulsive therapy
ED	Emergency Department
EF	Ejection fraction
EST	Exercise stress test
ETOH	Alcohol
FH	Fetal heartbeat
GA	General anaesthesia
GP	General practitioner
Hb	Haemoglobin
ICD-10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
IgG4	Immunoglobulin G4
IHPA	Independent Hospital Pricing Authority
INR	International normalised ratio
ITG	ICD Technical Group
IV	Intravenous

LAD	Left anterior descending coronary artery
LIF	Left iliac fossa
LMCA	Left main coronary artery
LMO	Local Medical Officer
LV	Left ventricle
MBS	Medicare Benefits Schedule
mg	milligrams
MRN	Medical Record Number
NAD	No abnormality detected
NOS	Not otherwise specified
PD	Peritoneal dialysis
PE	Pulmonary embolism
PPM	Permanent pacemaker
PR	Pulse rate
RCA	Right coronary artery
REBOA	Rapid (resuscitative) endovascular balloon occlusion of the aorta
RR	Respiratory rate
SOB	Shortness of breath
SOBOE	Shortness of breath on exertion
ST	ST segment of electrocardiogram
T2DM	Type 2 Diabetes mellitus
TPN	Total parenteral nutrition
TURP	Transurethral prostatectomy
UOQ	Upper outer quadrant
URC	Update and Revision Committee
VT	Ventricular tachycardia
WHO	World Health Organization
WHO-FIC	WHO Family of International Classifications
WHO-URC	WHO ICD-10 Update and Revision Committee

OVERVIEW

The material contained in the *ICD-10-AM/ACHI/ACS Tenth Edition Coding Exercise Workbook* should be reviewed in conjunction with ICD-10-AM/ACHI/ACS Tenth Edition and the *Reference to Changes for ICD-10-AM/ACHI/ACS Tenth Edition*.

This workbook includes questions designed to provide clinical coders with an overview of areas of major change. Some questions require review of clinical records. Only assign ICD-10-AM and ACHI codes as instructed in individual questions. Answers are provided at the end of the workbook.

Clinical coders should also familiarise themselves with the full range of updates by reviewing the *Reference to Changes for ICD-10-AM/ACHI/ACS Tenth Edition*.

1. Revision of conventions: Type 1 and Type 2 *Excludes* notes

1.1 Complete this sentence from the *Conventions used in the Tabular List of diseases*:

Do not assign an additional code to further classify a condition unless directed by

1.2 The main aim of coding is to classify clinical concepts into code.

True or false?

2. Same-day endoscopy

- 2.1 Match the following statements (1–3) to their corresponding classification guidelines (A–C) from ACS 0051 *Same-day endoscopy – diagnostic/Classification* (multiples may apply):

Symptom/condition documented as the indication for endoscopy:

1. If as per the ACS, a causal link is documented between the indication/symptom and any of the findings	A. Assign a code for the indication/symptom as the principal diagnosis
2. If as per the ACS, no causal link is documented between the indication/symptom and any of the findings	B. Assign as principal diagnosis a code for the finding identified as the cause of the indication and do not assign a code for the indication/symptom
3. If as per the ACS, there are no findings at diagnostic endoscopy	C. Assign codes for all other findings as additional diagnoses

Circle as appropriate

- 1 A B C
2 A B C
3 A B C

- 2.2 Complete the following sentence from ACS 0051 *Same-day endoscopy – diagnostic*:
This standard **does not apply**...

- 2.3 What code is assigned for a same-day endoscopy case where there is no indication for the procedure and no findings are documented?

- 2.4 When there is no indication documented for a same-day endoscopy, but there are findings documented, assign code(s) for the findings and apply the criteria in ACS 0001 *Principal diagnosis* to determine the principal diagnosis.
True or false?

2.5 Surveillance refers to:

- a) Follow-up of conditions previously treated and thought to be cured
- b) Review of chronic incurable conditions
- c) Screening of diseases with potential for malignant transformation
- d) All of the above

2.6 Code this case scenario:

Patient admitted for gastroscopy with biopsy (under sedation), performed for follow-up after pharmacotherapy treatment for chronic gastritis with *H.pylori*. Histopathology report showed chronic superficial gastritis and no evidence of *H.pylori*. Patient was discharged home the same day.

2.7 Code this clinical record:

Endoscopy Report	
Patient Name: Mr. X	Date of Birth: 16/3/1959
Gender: Male	Procedure Date: 21/03/2017
Procedure:	Upper GI endoscopy
Anaesthesia:	Sedation
Indication: epigastric pain and bloating	
Diagnosis:	
- Normal oesophagus	
- Normal stomach	
- Normal duodenum.	
Report:	After I obtained informed consent, the scope was introduced through the mouth, and advanced to the second part of the duodenum. The upper GI endoscopy was accomplished without difficulty. The patient tolerated the procedure well.
Findings:	The examined oesophagus was normal. The entire examined stomach was normal. The entire examined duodenum was normal. No biopsies were taken.
Complications:	No immediate complications.
Final Disposition:	Discharge patient to home.

2.8 Code this clinical record:

COLONOSCOPY REPORT	
Indication	Surveillance of previous colorectal cancer 2008, R hemi-colectomy, T3N0, No chemoRx. Serrated/Hyperplastic Polyposis Syndrome Last colonoscopy 2012.
Preparation	Anaesthesia: Sedation The bowel preparation was average using PreKit C, required a lot of flushing.
Findings & Interventions	The colonoscope was inserted to the terminal ileum. There were six benign flat hyperplastic polyps in the transverse colon and the descending colon. These were completely resected using a cold snare. No cancer seen. Moderate diverticulosis noted left side of colon.
Conclusion	Benign Colonic Polyps Diverticular disease
Follow Up	A repeat colonoscopy is recommended in 3 years.

3. Chronic pain

3.1 Where chronic pain is documented with an underlying cause, R52.2 *Chronic pain* is sequenced before the code for the underlying cause.

True or false?

3.2 Complete this sentence from the ACS 1807 *Acute and chronic pain*:

Assign R52.0 *Acute pain, not elsewhere classified* only when...

3.3 Code this clinical record:

DISCHARGE REFERRAL NOTE

Dear Dr X

Thank you for reviewing (patient), discharged on 30/10/2016, who presented to this facility from home with acute on chronic back pain.

HPC:

Gardening yesterday

Exacerbation of chronic back pain after standing up

Same sharp lumbar region pain as before

No radiation to legs

Unable to get out of bed this morning, therefore called ambulance

Chronic back pain since falling off train at age 18

Intermittent lumbar back pain since

O/E

Obs stable, afebrile

Looks comfortable at rest, but in distress when attempted to walk

Chest: clear

Imp:

1. Acute on chronic back pain

- No neurological abnormalities

- Not on analgesia

This patient was admitted under the care of Dr X. He was analgised and mobilised. His pain requirements were reviewed and he was discharged on Journista SR 4mg daily with hydromorphone for breakthrough. He was discharged with follow up with his GP.

Discharge plan

1. Follow up with GP within 1 week; GP to wean/review ongoing analgesia requirements

2. This patient has been advised to represent via GP or ED should there be any concern or deterioration.

4. Procedural complications

4.1 What (disease) code is assigned for intraoperative haemorrhage due to accidental puncture of a coronary artery?

4.2 What term has replaced 'misadventure' in ICD-10-AM in Tenth Edition?

4.3 Which of the following are considered to be routine postoperative care?
(circle as appropriate)

- a) Administration of pain medication
- b) Wound care including cleansing, evaluation, application of ice
- c) Re-siting of IV cannula (due to leaking or tissueing at insertion site)
- d) Application of vacuum/specialised dressing, not previously required
- e) Commencement of antibiotics

4.4 What ICD-10-AM code is assigned for postoperative wound dehiscence?

4.5 What codes are assigned for metallosis due to joint prosthesis?

4.6 As per the guidelines in ACS 0909 *Coronary Artery Bypass Grafts*, what code is assigned for an occluded CABG specifically documented as caused by acute graft thrombosis?

4.7 What code is assigned for a postoperative haematoma that developed five days after a total knee replacement? (*circle as appropriate*)

T84.81 *Haemorrhage and haematoma following insertion of internal orthopaedic prosthetic devices, implants and grafts*

OR

T81.0 *Haemorrhage and haematoma complicating a procedure, not elsewhere classified*

4.8 Which of the following are examples of unintentional events? (*circle as appropriate*)

- a) Foreign body accidentally left during a procedure
- b) Disruption of operation wound
- c) Cardiac arrest during a procedure
- d) Transfusion of mismatched blood
- e) Inadvertent exposure to radiation

4.9 A wound infection following insertion of a prosthetic device, implant or graft is classified to T81.4 *Wound infection following a procedure, not elsewhere classified* unless there is documentation that the infection is related to the prosthetic device, implant or graft. True or false?

4.10 What code is assigned for jejunostomy leak?

4.11 Code this case scenario:

A 72 year old male presented to hospital complaining of lower abdominal pain following his usual peritoneal dialysis. He had experienced chills and fever but no diarrhoea or constipation. He stated he had not had any haemoptysis or SOB.

On examination his abdomen was distended and there was pitting oedema bilaterally to his knees. Chest – bibasal creps. His temperature was 38°C, BP 120/80, PR113, RR 25. Creatinine on admission was 786, with urea of 19.3. CXR showed small effusions bilaterally.

Peritoneal fluid culture grew multiple organisms (Enterobacter and Streptococcus faecalis). Patient was commenced on intraperitoneal antibiotics with ceftazidime/cephazolin.

His PD catheter was thought to be the source of the infection and therefore his Tenckhoff was removed. Haemodialysis was commenced via his AV fistula (L arm). Treatment for the acute peritonitis will consist of 6 weeks of antibiotic therapy with IV amoxicillin and oral ciprofloxacin. The amoxicillin needs to be IV 1g daily. He has now had one and a half weeks of treatment.

Both his renal function and T2DM were continually monitored throughout the admission and he was reviewed by the renal and endocrinology teams as well as the diabetic educator. Patient is now for discharge and is to return for 3 sessions of dialysis each week at which time the IV amoxicillin will be given. He will also be followed up in the renal clinic.

5. Mental health interventions

5.1 What terms/concepts are included in the new ECT (electroconvulsive therapy) codes in block **[1907]** *Electroconvulsive therapy*?

- a) laterality (bilateral, unilateral)
- b) brevity (ultrabrief)
- c) number of sessions
- d) a and b only
- e) a, b and c

5.2 Code this case scenario:

Patient with major depression had one course of 6 ECT treatments consisting of 4 sessions with ultrabrief unilateral ECT and 2 sessions with bilateral stimulation not specified as ultrabrief, each performed under general anaesthetic in an episode of care.

6. Obstetrics

- 6.1 An appropriate code for diabetes mellitus or intermittent hyperglycaemia classified to Chapter 4 *Endocrine, nutritional and metabolic diseases* (e.g. E09–E14) is always assigned in addition to a code from O24.0–O24.3, and O24.5.

True or false?

- 6.2 Complete the following sentence from ACS 1521 *Conditions and injuries in pregnancy*: This standard provides guidelines for three mutually exclusive categories applicable to nonobstetric conditions/complications and injuries (trauma):

- 6.3 In the absence of documentation specifying that a nonobstetric condition is complicating pregnancy, what criteria (two or more) may be used to indicate that a condition is complicating pregnancy?

- 6.4 Complete the following sentences from ACS 1521 *Conditions and injuries in pregnancy*:

NONOBSTETRIC CONDITIONS NOT COMPLICATING PREGNANCY (INCIDENTAL PREGNANT STATE)...

Z33 _____ when a code from Chapter 15 *Pregnancy, childbirth and the puerperium* _____

NONOBSTETRIC INJURIES/POISONING IN PREGNANCY (SUPERVISION OF NORMAL PREGNANCY)...

Z34.- _____ when a code from Chapter 15 *Pregnancy, childbirth and the puerperium* _____

Investigations**CXR**

The cardiac and mediastinal contours are within normal limits.

There appears mildly increased interstitial markings throughout the lungs which may represent a viral or typical infection.

No focal area of consolidation or collapse.

Summary of Care

Patient presented to ED following a history of increasing cough and SOBOE for the past 4 weeks. She is currently 18 weeks pregnant with nil issues throughout pregnancy.

She also described wheeze and difficulty mobilising due to her breathlessness. She denies fevers.

Prior to presentation, she visited her LMO who commenced her on ventolin. She was using up to 3 puffs hourly to minimal effect.

She denies any cardiac symptoms or history indicative of a DVT/PE.

Issues**SOB**

Started on high dose weaning course of prednisone (50mg)

Commenced on regular nebulisers salbutamol --> weaned to inhalers

Regular Seretide 250/25 2 puffs BD. To be continued in the community.

FETAL MOVEMENTS

On 10 June, the patient reported that she had not felt fetal movements since waking that morning.

She was reviewed by the midwife on duty, who reported FH 155bpm on Doppler.

FINAL IMPRESSION – EXACERBATION OF ASTHMA**Discharge**

- Discharge to home

- Follow up with GP in next few days

7. Ophthalmology

7.1 42797-03 **[168]** *Destruction procedures on cornea* is assigned for which of the following procedures/methods?

- a) coagulation
- b) cryotherapy
- c) laser
- d) thermocauterisation
- e) all of the above

7.2 Code this case scenario:

A patient was admitted for a phacoemulsification extraction of cataract and insertion of artificial lens under sedation (ASA 2).

7.3 What code is assigned for enucleation of the eye with insertion of an artificial sphere implant?

7.4 What code is assigned for LASIK procedure?

7.5 What code is assigned for pars plana vitrectomy with gas exchange and division of vitreal bands?

8. Thrombolytic therapy

8.1 Thrombolysis for local effect (transcatheter) is classified to what ACHI code?

8.2 Complete the following sentences:

Thrombolytic therapy is the use of _____.

There are two categories of thrombolytic agents; _____ and _____.

Thrombolytic agents may be administered _____ (by intravenous injection or infusion) or _____ (that is, delivery directly into the area of the thrombus _____)

8.3 Match the following interventions (1–3) with an appropriate ACHI code (A–C):

- | | |
|--|--------------------|
| 1. Systemic thrombolytic therapy via IV catheter | A. 96196-01 [1920] |
| 2. Local/transcatheter thrombolytic therapy | B. 96199-01 [1920] |
| 3. Systemic thrombolytic therapy via arterial catheter | C. 35317-01 [741] |

Circle as appropriate

- | | | | |
|---|---|---|---|
| 1 | A | B | C |
| 2 | A | B | C |
| 3 | A | B | C |

9. Destruction procedures

9.1 What ACHI code is assigned for transurethral prostatectomy (TURP)?

9.2 When a bladder neck incision (BNI) is performed in conjunction with a transurethral resection of prostate (TURP) only the TURP is coded.

True or false?

9.3 Complete the following sentences:

In block **[1041]** *Manipulation or extraction of calculus of kidney*, antegrade pyeloscopy is included in _____ fragmentation/extraction of kidney calculus codes; retrograde pyeloscopy is included in _____ manipulation/fragmentation/extraction of kidney calculus codes.

9.4 What code is assigned for percutaneous nephroscopy with laser fragmentation and extraction of calculus?

9.5 What code is assigned for greenlight laser vaporisation of the prostate?

9.6 What code is assigned for rollerball ablation of the endometrium?

10. Other ICD

Adoption

10.1 What ICD-10-AM code is assigned for an infant awaiting adoption or foster placement?

Arthropathy NOS

10.2 What code is assigned for arthropathy NOS?

Gouty nephrolithiasis, retroperitoneal fibrosis and IgG4-related disease

10.3 What code is assigned for IgG4 disease?

10.4 What codes are assigned for gouty nephrolithiasis NOS? (*circle one as appropriate*)

- a) M10.09 *Idiopathic gout*
N22.8 *Calculus of urinary tract in other diseases classified elsewhere**
- b) M10.99 *Gout unspecified, site unspecified*
N20.0 *Calculus of kidney*
- c) M10.09 *Idiopathic gout*
N20.0 *Calculus of kidney*

10.5 What code is assigned for retroperitoneal fibrosis?

Thickening endometrium

10.6 Code this case scenario:

A 48 year old female was admitted for a hysteroscopy under GA due to thickening of the endometrium and menorrhagia. No abnormalities were found.

Perinatal conditions

10.7 What code is assigned for posthaemorrhagic hydrocephalus of the newborn?

10.8 What code is assigned for thrombosis of the renal vein in a newborn?

Abdominal compartment syndrome

10.9 What code is assigned for abdominal compartment syndrome?

Influenza

10.10 Complete the following sentences from ACS 1012:

J09 *Influenza due to identified zoonotic or pandemic influenza virus* is only assigned for specific zoonotic or pandemic influenza strains. At present,

_____ is the only type of influenza virus that is classified to J09.

Clinical coders will be notified via _____ if any other virus strains require classifying to J09.

All other identified influenza virus strains (eg A/H1N1, A/H3N2) are classified to _____.

10.11 Code this case scenario:

An elderly 86 year old woman was admitted to hospital with SOB, chest pain, cough and fevers. She was diagnosed with bronchopneumonia and commenced on IV antibiotics, which were ceased when Influenza A virus was detected in her sputum sample. The patient was given Tamiflu and monitored. She was discharged on Day 2.

Obesity and BMI

10.12 A code from E66 *Obesity and overweight* may be assigned for documentation of ↑BMI.

True or false?

10.13 What fifth character is assigned with E66.1-, E66.2- or E66.9- for BMI in patients under 18 years of age?

Deep vein thrombosis

10.14 Code this case scenario:

Patient admitted from nursing home reports malaise and feeling feverish overnight and with painful left arm. A venous doppler revealed phlebitis of the brachial vein. Warfarin was commenced.

10.15 Code this case scenario:

A 23 year old female complained of a painful left calf. A vascular ultrasound showed thrombophlebitis of the popliteal vein. She was commenced on anticoagulants.

Cachexia

10.16 R64 *Cachexia* is assigned for which of the following clinical concepts:

- a) adult failure to thrive
- b) wasting disease/syndrome
- c) cachexia due to malnutrition
- d) pituitary cachexia
- e) all of the above

10.17 Code the following clinical record:

Discharge Summary

Problems/Alerts and Diagnoses:
Patient admitted from nursing home for review of cachexia.

Breast Cancer

- Dx July 2013 (histopathology: intraductal papillary-mucinous (infiltrating) carcinoma of R UOQ)
- reviewed by oncology team and medications reviewed
- due for follow up on (18/4)

Cachexia

- Long standing due to malignancy
- Reviewed by dietitian, given supplements.

Follow – Up Plan and Appointments:
Please follow up with his GP in 3 days.
Please consider ongoing physiotherapy at the nursing home.

Discharge to:
Nursing home.

Respite care

10.18 Which of the following standards contain guidelines for classifying respite care?

- a) ACS 0001 *Principal diagnosis*
- b) ACS 2103 *Admission for post acute care*
- c) ACS 2105 *Long term/nursing home type inpatients*
- d) ACS 2117 *Non-acute care*

Abnormal coagulation profile due to anticoagulants

10.19 R79.83 *Abnormal coagulation profile* may be assigned for:

- a) Abnormal or prolonged bleeding or coagulation time
- b) Overwarfarinisation (without documentation of haemorrhagic disorders or bleeding)
- c) Supratherapeutic INR (due to anticoagulants)
- d) Subtherapeutic INR (due to anticoagulants)
- e) Unstable INR
- f) All of the above

10.20 Code this clinical record:

<p>ED Case History Notes</p> <p>ADMISSION SUMMARY</p> <p>Progress Note</p> <p>An 86 year old female recently commenced on warfarin - INR now >12.</p> <p><u>History of Presenting Complaint</u></p> <p>Patient commenced on warfarin 4 days ago. Had 6mg for 2 days and then lowered to 5mg for the last 2 days. Saw GP today for repeat INR which was elevated. No recent bleeding, no epistaxis/haematuria/per rectal bleeding</p> <p>IMP: High INR with absent bleeding</p> <p><u>Plan</u></p> <ol style="list-style-type: none">1. 1mg IV Vit K2. Repeat INR in 12 hours3. D/W Dr X – for admission

10.21 Code this case scenario:

<p>ICU Consult Information</p> <p>ICU admission for right abdominal wall haematoma resulting from a raised INR.</p> <p>Issues</p> <ol style="list-style-type: none">1. R abdominal wall haematoma and suprathereapeutic INR<ul style="list-style-type: none">- INR 24 morning of arrival- Warfarin reversed with prothrombin X and vitamin K- Blood product provided and Hb has stabilised- Has remained well and groin pain has settled- Warfarin has continued to be withheld. <p>Plan</p> <ol style="list-style-type: none">1. Haematology team to review warfarin regimen2. Encourage oral intake

10.22 Code this case scenario:

<p>Clinical Summary:</p> <p>Issues during current admission:</p> <ul style="list-style-type: none">- Presented with worsening angina for 4/52 on background of AF on warfarin- Serial troponin – NAD- ECG – ST depression lateral leads; Atrial fibrillation- The patient’s discharge was delayed by 1 day as INR was monitored. <p>Follow up with pt’s own cardiologist – patient to arrange appointment</p>

11. Other ACHI

Administration

11.1 All subterms previously listed under the lead terms *Injection* and *Infusion* have been deleted, and transferred to the lead term *Administration*.

True or false?

11.2 The lead term *Administration* has been split by three main subterms, choose the correct ones from the following options:

indication type of agent approach dosage specified site

Administration/_____

Administration/_____

Administration/_____

11.3 What is the correct code for administration of botox to the bladder wall?

Robotic assisted interventions

11.4 Code this case scenario

Patient with BPH was admitted for a robotic-assisted laparoscopic radical prostatectomy, under GA.

Facetectomy and spinal nerve decompression

11.5 What is the correct code for spinal facetectomy?

Drainage of haematoma in scrotum

11.6 What code is assigned for open drainage of scrotal haematoma?

Percutaneous drainage of renal abscess

11.7 What code is assigned for percutaneous drainage of perinephric area?

Orchidopexy

11.8 Codes in block **[1175]** *Repair procedures on scrotum or tunica vaginalis* may be assigned for undescended testis.
True or false?

11.9 What code is assigned for bilateral orchidopexy?

Trachelectomy

11.10 What code is assigned for radical excision of the cervix via laparoscopy?

11.11 Code this case scenario:

A 27 year old woman was admitted with a polyp in her cervix. A cervical polypectomy was performed under GA (ASA 1). The histopathology report stated: *Endocervical polyp. No malignancy found.*

Urogenital interventions

11.12 Codes for pelvic exenteration (90450-00 **[989]** *Anterior pelvic exenteration*, 90450-01 **[989]** *Posterior pelvic exenteration* and 90450-02 **[989]** *Total pelvic exenteration*) are assigned for females patients only.

True or false?

11.13 What code is assigned for implantation of Urolift?

11.14 What code is assigned for injection of SpaceOAR hydrogel into the region between the prostate and rectum?

Cardiovascular interventions

11.15 Code this case scenario:

A 42 year old male was admitted with a ruptured aneurysm of the splenic artery. REBOA was performed before the patient was transferred to the operating room for a splenectomy under GA (ASA 4E).

11.16 Code this clinical record:

Cardiac Catheterisation Report			
Name		Date	26/08/2015
MRN		Accession #	
Date of Birth	11/10/1936 Male	Height	
Address		Weight	80.0 kg
Phone Number		BMI	
Performing Physician		Referring Physician	D

Clinical History

Pre-operative Evaluation for Surgery Pre-op Whipple's procedure..

ECG - AF

Exercise test - 2 minutes into EST ECG showed run of VT then developed new AF (started in sinus rhythm).

Risk factors: hypercholesterolemia and dyslipidemia.

Angiographic Findings - Dominance:Right

LMCA: Diffuse irregularity. 30% distal.

LAD: Diffuse irregularity. 30% at origin. 60-70% mid- FFR 0.83 negative for ischaemia.

Mid LAD:

RCA: Diffuse irregularity. 30% prox.

LV Function: Normal. EF%

Entry Locations: Access: Right Radial artery - Device: 6 Fr sheath. Closure: TR Band (Terumo).

Conclusions

Single vessel disease (negative for myocardial ischaemia on pressure wire testing.

Recommendations

PPM insertion.

11.17 Code this case scenario:

A 40-year-old woman with end stage congestive heart failure is admitted for a total artificial heart transplantation under GA (ASA 3E). The operation was uncomplicated and the patient was discharged to the care of family members.

Extracorporeal carbon dioxide removal (ECCO2R)

11.18 What code is assigned for extracorporeal carbon dioxide removal?

Machine perfusion for organ transplant

11.19 Code this case scenario:

A 43 year old male was admitted to hospital for kidney donation. Procurement of the left kidney was performed under GA (ASA 1) and the organ was preserved with the machine-perfusion system until transplantation.

11.20 Code this case scenario:

A patient with liver cirrhosis was admitted for a liver transplant. The donated liver was preserved with the machine perfusion system. A liver transplantation was performed under general anaesthesia (ASA 3). The procedure was uneventful.

Adjustment of gastric balloon

11.21 What code is assigned for repositioning of gastric balloon?

12. Other ACS

ACS 0002 *Additional diagnoses and incidental findings and conditions*

12.1 Complete the following sentence from ACS 0002 *Additional diagnoses/Incidental findings and conditions*:

However, where these findings or conditions are incidental to the episode of care and are only flagged for follow-up or referral post discharge...

12.2 Code this case scenario:

A 65 year old lady was admitted for cellulitis of the left leg. A suspicious looking skin lesion was noted on the left upper thigh. IV antibiotics were commenced for her cellulitis and a prescription was given to her for oral antibiotics to continue treatment after discharge. The patient was advised to see her GP within a week for follow-up of her cellulitis, and to investigate her skin lesion.

12.3 Code this case scenario (baby's record):

A healthy male in the breech position was delivered via unassisted breech delivery. Clicky hips were noted at the time of the newborn assessment. A referral was provided to the mother for a hip ultrasound for her son in 6 weeks' time to assess his hip position.

ACS 0012 Suspected conditions

12.4 Code this case scenario:

Patient is admitted with periumbilical pain that later shifts to the LIF. After initial examination, the patient was transferred to a larger hospital with a diagnosis of ‘? acute appendicitis for further investigation and treatment.

ACS 0042 Procedures normally not coded

12.5 Nasogastric feeding (eg total parenteral nutrition (TPN)) is normally not coded in adults. True or false?

12.6 Code this case scenario:

A 25 year old man admitted for a tonsillectomy for recurrent tonsillitis under general anaesthesia. On Day 1 staff noted tissuing around the cannula site and the cannula was resited. IV antibiotics were commenced.

ACS 0503 Drug, alcohol and tobacco use disorders

12.7 What code is assigned for alcohol poisoning?

12.8 Code this case scenario:

A patient is admitted with a urinary tract infection. Her medical history states that she has smoking related COPD, but she quit smoking 2 years ago. The COPD did not require any attention during the admission.

ACS 1924 *Difficult intubation*

12.9 Code this case scenario:

Patient admitted for right carpal tunnel release under GA. Anaesthetist noted a difficult airway with a Mallampati score of 3; intubation was achieved by use of a Bougie.

ACS 2118 *Exposure to tobacco smoke*

12.10 Which of the following may be a source of secondhand tobacco smoke?

- a) cigarettes
- b) pipes
- c) waterpipes (eg hookah, narghile, shisha)
- d) cigars
- e) all of the above

12.11 Code this case scenario:

A 43 year old patient was admitted with exacerbation of asthma. Her medical background stated that she is a non smoker but her husband is a smoker. The patient stated that her SOB started when she was near him while he was smoking.

On the discharge summary the clinician documented the following:

Exacerbation of asthma due to exposure to cigarette smoke.

Answers

1. Revision of conventions: Type 1 and Type 2 Excludes notes

1.1 Do not assign an additional code to further classify a condition unless directed by **an Instructional note in the Tabular List or an Australian Coding Standard.**

1.2 True

2. Same-day endoscopy

2.1 1 – B and C

2 – A and C

3 – A only

2.2 This standard does not apply **where principal/additional diagnoses are clearly documented.**

2.3 Z01.8 *Other specified special examinations*

Hint: ACS 0051 *Same-day endoscopy – diagnostic*/Classification point 2.1

If there is no indication and no findings documented:

- assign Z01.8 *Other specified special examinations* as the principal diagnosis.

2.4 True

2.5 d) All of the above

2.6 K29.30 *Chronic superficial gastritis, without mention of haemorrhage*

30473-01 **[1008]** *Panendoscopy to duodenum with biopsy*

92515-99 **[1910]** *Sedation, ASA 99*

Hint: As per ACS 0052 *Same-Day Endoscopy – Surveillance*:

Do not assign codes from Z08 or Z09 *Follow-up examination after treatment for...* or Z11, Z12 and Z13 *Special screening examination for...* as additional diagnoses.

2.7 R10.1 *Pain localised to upper abdomen*

R14 *Flatulence and related conditions*

30473-00 **[1005]** *Panendoscopy to duodenum*

92515-99 **[1910]** *Sedation ASA 99*

2.8 Z08.0 *Follow-up examination after surgery for malignant neoplasm*

Z85.0 *Personal history of malignant neoplasm of digestive organs*

K63.58 *Other polyp of colon*

32093-00 **[911]** *Fibreoptic colonoscopy to caecum, with polypectomy*

92515-99 **[1910]** *Sedation, ASA 99*

Hint:

Do not assign a code for diverticular disease as an additional diagnosis as it has not met the criteria in ACS 0002 *Additional diagnoses.*

3. Chronic pain

3.1 False

Hint: As per ACS 1807 *Acute and chronic pain*:

To classify chronic pain with a documented site or underlying cause:

- code first the site or underlying cause and,
- assign R52.2 *Chronic pain* as an additional diagnosis

3.2 Assign R52.0 *Acute pain*, not elsewhere classified only when **there is no documentation as to the site or cause of the acute pain.**

3.3 M54.5 *Low back pain*

R52.2 *Chronic pain*

Hint: Assign M54.5 as the back pain is documented as being located in the lumbar region.

4. Procedural complications

4.1 I97.32 *Accidental puncture and laceration of coronary artery during a procedure*

4.2 Unintentional event

4.3 a), b) and c)

4.4 T81.3 *Disruption of operation wound, not elsewhere classified*

4.5 T84.85 *Metallosis following insertion of internal orthopaedic prosthetic devices, implants and grafts*

Y83.1 *Surgical operation with implant of artificial internal device*

Y92.23 *Place of occurrence, health service area, not specified as this facility*

or

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

Hint: Follow the ICD-10-AM Alphabetic Index:

Complication(s) (from) (of)

- orthopaedic
- - device, implant or graft
- - - joint NEC
- - - - metallosis T84.85

4.6 T82.82 *Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts.*

Hint: As per ACS 0909 *Coronary Artery Bypass Grafts*:

COMPLICATIONS

CABG occlusion

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

- If the documentation specifies that the occluded CABG is caused by a complication of the graft eg acute graft thrombosis, assign T82.82 *Embolism and thrombosis following insertion of cardiac and vascular prosthetic devices, implants and grafts.*

- 4.7 T84.81 *Haemorrhage and haematoma following insertion of internal orthopaedic prosthetic devices, implants and grafts*
- 4.8 a), d) and e)
- 4.9 True
- 4.10 K91.43 *Leak from stoma of the digestive system*
- 4.11 T85.71 *Infection and inflammatory reaction due to peritoneal dialysis catheter*
 K65.0 *Acute peritonitis*
 B96.88 *Other and unspecified bacterial agents as the cause of diseases classified to other chapters*
 B95.2 *Streptococcus, group D and enterococcus, as the cause of diseases classified to other chapters*
 Y84.1 *Kidney dialysis as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure*
 Y92.23 *Place of occurrence, health service area, not specified as this facility*
 E11.22 *Type 2 diabetes mellitus with established diabetic nephropathy*
 N18.5 *Chronic kidney disease, stage 5*
 13100-00 [1060] *Haemodialysis*
 95550-14 [1916] *Allied health intervention, diabetes education*

Hints:

As per coding rule *Peritonitis in a peritoneal dialysis patient*, K65.- *Peritonitis* must be assigned in addition to T85.71.

To code infection due to *Enterobacter* follow the Alphabetic Index *Infection/bacterial NEC/agent NEC/as cause of disease classified elsewhere* B96.88

5. Mental health interventions

- 5.1 e) (a, b and c)

Hint: As per ACS 0533 *Electroconvulsive therapy (ECT)*:

ACHI codes for ECT are split by the **laterality** of the electrodes' position, the **brevity** of the electrical pulse width and **the number of ECT sessions** performed in an episode of care...

- 5.2 F32.20 *Severe depressive episode without psychotic symptoms, not specified as arising in the postnatal period*
 14224-03 [1907] *Electroconvulsive therapy [ECT], unilateral, ultrabrief*
 92514-99 [1910] *General anaesthesia, ASA 9, nonemergency*
 14224-03 [1907] *Electroconvulsive therapy [ECT], unilateral, ultrabrief*
 92514-99 [1910] *General anaesthesia, ASA 9, nonemergency*
 14224-03 [1907] *Electroconvulsive therapy [ECT], unilateral, ultrabrief*
 92514-99 [1910] *General anaesthesia, ASA 9, nonemergency*
 14224-03 [1907] *Electroconvulsive therapy [ECT], unilateral, ultrabrief*
 92514-99 [1910] *General anaesthesia, ASA 9, nonemergency*
 14224-04 [1907] *Electroconvulsive therapy [ECT], bilateral, not specified as ultrabrief*
 92514-99 [1910] *General anaesthesia, ASA 9, nonemergency*
 14224-04 [1907] *Electroconvulsive therapy [ECT], bilateral, not specified as ultrabrief*
 92514-99 [1910] *General anaesthesia, ASA 9, nonemergency*

6. Obstetrics

6.1 True

Hint: As per ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia:*

DM and IH in pregnancy, childbirth and the puerperium

Assign codes for DM or IH (E09-E14) as per the *Instructional notes (code also)* at O24.-.

6.2 This standard provides guidelines for three mutually exclusive categories applicable to nonobstetric conditions/complications and injuries (trauma):

- **nonobstetric conditions complicating pregnancy**
- **nonobstetric conditions not complicating pregnancy**
- **nonobstetric injury/poisoning in pregnancy**

6.3

- Patient is admitted to an obstetric unit
- Patient is supervised/evaluated by an obstetrician, midwife and/or neonatologist
- Fetal evaluation and/or monitoring is performed
- Patient is transferred to another facility for obstetric and/or neonatal care

Hint: see ACS 1521 *Conditions and injuries in pregnancy/ Nonobstetric conditions complicating pregnancy*

6.4 Z33 **should never be assigned** when a code from Chapter 15 Pregnancy, childbirth and the puerperium **is assigned in the same episode of care.**

Z34.- **should never be assigned** when a code from Chapter 15 *Pregnancy, childbirth and the puerperium* **is assigned in the same episode of care.**

6.5 N61 *Inflammatory disorders of breast*

Z39.1 *Care and examination of lactating mother*

Hint: As per ACS 1548 *Puerperal/postpartum condition of complication/Conditions relating to lactation:*

Where a patient is admitted for a condition relating to lactation **beyond the puerperium:**

- assign as principal diagnosis a code from outside of Chapter 15
- assign Z39.1 *Care and examination of lactating mother* as an additional diagnosis

6.6 Where neither of these terms are documented, assign an appropriate code for **elective.**

Where there is conflicting documentation (that is, both of these terms are documented), assign an appropriate code for **emergency.**

6.7 Yes

Hint: As per the guidelines in ACS 1505 *Delivery and assisted delivery* codes:

Where a patient delivers during an episode of care, assign:

- a code from O80–O84 *Delivery and*
- an ACHI code from [1336]–[1340] *Delivery procedures* or other procedure(s) to assist delivery

- 6.8 O99.5 *Diseases of the respiratory system in pregnancy, childbirth and the puerperium*
J45.9 *Asthma, unspecified*
Z86.43 *Personal history of tobacco use disorder*

Hint: As the patient was seen by the midwife and the fetal heart rate was monitored (Doppler), the case meets the criteria for *Nonobstetric conditions complicating pregnancy* in ACS 1521 *Conditions and injuries in pregnancy*.

7. Ophthalmology

- 7.1 e) all of the above
- 7.2 H26.9 *Cataract, unspecified*
42698-07 [200] *Phacoemulsification of crystalline lens*
42701-00 [193] *Insertion of intraocular lens*
92515-29 [1910] *Sedation, ASA29*
- 7.3 42509-00 [161] *Enucleation of eyeball with insertion of implant*
- 7.4 90064-01 [173] *Refractive keratoplasty*
- 7.5 42725-00 [207] *Removal of vitreous, pars plana approach*

8. Thrombolytic therapy

- 8.1 35317-01 [741] *Peripheral arterial or venous catheterisation with administration of thrombolytic agent*
- 8.2 Thrombolytic therapy is the use of **thrombolytic agents to dissolve blood clots in blood vessels.**

There are two categories of thrombolytic agents; **fibrin specific agents** and **non-fibrin specific agents.**

Thrombolytic agents may be administered **systemically** (by intravenous injection or infusion) or **locally** (that is, delivery directly into the area of the thrombus **through peripheral arterial or venous catheterisation**)

- 8.3 1 = B
2 = C
3 = A

9. Destruction procedures

- 9.1 37224-03 [1166] *Endoscopic resection of prostate*
9.2 False

Hint: 37224-03 [1166] *Endoscopic resection of prostate* lists an *Instructional note*:
Code also when performed:

- bladder neck incision (36854-00 [1095])

- 9.3 In block [1041] *Manipulation or extraction of calculus of kidney*, antegrade pyeloscopy is included in **percutaneous** fragmentation/extraction of kidney calculus codes; retrograde pyeloscopy is included in **endoscopic** manipulation/fragmentation/extraction of kidney calculus codes.
- 9.4 36639-02 [1041] *Percutaneous fragmentation and extraction of calculus of kidney*
9.5 37224-00 [1162] *Endoscopic destruction procedures on prostate*
9.6 35622-00 [1263] *Endoscopic destruction procedures on uterus*

10. Other ICD

Adoption

- 10.1 Z76.21 *Health supervision and care of infant and child awaiting adoption or foster placement*

Arthropathy NOS

- 10.2 M25.99 *Joint disorder, unspecified, site unspecified*

Gouty nephrolithiasis, retroperitoneal fibrosis and IgG4-related disease

- 10.3 D89.8 *Other specified disorders involving the immune mechanism, not elsewhere classified*
10.4 b) M10.99 *Gout unspecified, site unspecified*
N20.0 *Calculus of kidney*
10.5 K66.2 *Retroperitoneal fibrosis*

Thickening endometrium

- 10.6 R93.51 *Abnormal findings on diagnostic imaging of uterus*
N92.0 *Excessive and frequent menstruation with regular cycle*
35630-00 [1259] *Diagnostic hysteroscopy*
92514-99 [1910] *General anaesthesia, ASA99*

Perinatal conditions

- 10.7 P91.7 *Acquired hydrocephalus of newborn*
10.8 P29.83 *Embolism and thrombosis of renal vein in newborn*

Abdominal compartment syndrome

- 10.9 R19.81 *Abdominal compartment syndrome*

Influenza

- 10.10 J09 *Influenza due to identified zoonotic or pandemic influenza virus* is only assigned for specific zoonotic or pandemic influenza strains. At present, **A/H5N1 [avian influenza]** is the only type of influenza virus that should be classified to J09.

Clinical coders will be notified via **published advice** if any other virus strains require classifying to J09.

All other identified influenza virus strains (e.g. A/H1N1, A/H3N2) are classified to **J10.- Influenza due to other identified influenza virus.**

- 10.11 J10.0 *Influenza with pneumonia, other influenza virus identified*

Obesity and BMI

- 10.12 False

Hint: A code for obesity or overweight may be assigned where there is documentation of BMI (body mass index) values as per the Alphabetic Index:

BMI (body mass index)

- ≥ 25 kg/m² to ≤ 29.99 kg/m² E66.3

- ≥ 30 kg/m² — see *Obesity*

- 10.13 For patients under 18 years of age, assign fifth character 0.

Deep vein thrombosis

- 10.14 I80.42 *Phlebitis and thrombophlebitis of deep vessels of upper extremities*

- 10.15 I80.22 *Phlebitis and thrombophlebitis of popliteal vein*

Cachexia

- 10.16 a) and b)

- 10.17 R64 *Cachexia*

C50.4 *Malignant neoplasm of upper-outer quadrant of breast*

M8500/3 *Infiltrating duct carcinoma NOS*

95550-00 **[1916]** *Allied health intervention, dietetics*

Respite care

- 10.18 c) ACS 2117 *Non-Acute Care*

Abnormal coagulation profile due to anticoagulants

- 10.19 f) All of the above

- 10.20 R79.83 *Abnormal coagulation profile*

Y44.2 *Anticoagulants causing adverse effects in therapeutic use*

Y92.23 *Place of occurrence, health service area, not specified as this facility*

- 10.21 D68.3 *Haemorrhagic disorder due to circulating anticoagulants*

S30.1 *Contusion of abdominal wall*

Y44.2 *Anticoagulants causing adverse effects in therapeutic use*

Y92.23 *Place of occurrence, health service area, not specified as this facility*

- 10.22 I20.9 *Angina pectoris, unspecified*
 I48.9 *Atrial fibrillation and atrial flutter, unspecified*
 Z92.1 *Personal history of long term (current) use of anticoagulants*

Hint:

ACS 0002 *Additional diagnoses*

For coding purposes, additional diagnoses should be interpreted as conditions that affect patient management in terms of requiring any of the following:

- commencement, alteration or adjustment of therapeutic treatment
- diagnostic procedures
- increased clinical care and/or monitoring

Therefore, in this case the AF meets the above criteria for an additional diagnosis, as an ECG was performed (diagnostic procedure), and the patient's discharge was delayed due to INR monitoring.

11. Other ACHI

Administration

- 11.1 True
- 11.2 *Administration/***indication**
*Administration/***specified site**
*Administration/***type of agent**
- 11.3 36851-00 **[1092]** *Endoscopic administration of agent into bladder wall*

Robotic assisted interventions

- 11.4 N40 *Hyperplasia of prostate*
 37209-01 **[1166]** *Laparoscopic radical prostatectomy*
 96233-00 **[1923]** *Robotic-assisted intervention*
 92514-99 **[1910]** *General anaesthesia, ASA 99*

Facetectomy and spinal nerve decompression

- 11.5 40330-00 **[49]** *Decompression of spinal nerve roots*

Drainage of haematoma in scrotum

- 11.6 37604-00 **[1172]** *Exploration of scrotal contents, unilateral*

Percutaneous drainage of renal abscess

- 11.7 36537-02 **[1042]** *Percutaneous drainage of perinephric area*

Orchidopexy

- 11.8 True
- 11.9 37604-12 **[1175]** *Fixation of testis, bilateral*

Trachelectomy

- 11.10 96235-04 [1276] *Radical excision of cervix, laparoscopic*
- 11.11 N84.1 *Polyp of cervix uteri*
- 35611-01 [1276] *Partial excision of cervix*
- 92514-19 [1910] *General anaesthesia, ASA19*

Urogenital interventions

- 11.12 False
- 11.13 90409-00 [1160] *Implantation of other device(s), prostate*

Hint: Urolift is an *Inclusion* term at the above code; follow the Alphabetic Index:

Lift

- urethral, prostatic (PUL) procedure (Urolift) 90409-00 [1160]

- 11.14 37218-01 [1160] *Administration of agent into prostate*

Hint: SpaceOAR is an *Inclusion* term at the above code; follow the Alphabetic Index:

Administration

- specified site

- - periprostatic tissue (SpaceOAR) (spacing organs at risk) 37218-01 [1160]

Cardiovascular interventions

- 11.15 I72.8 *Aneurysm and dissection of other specified arteries*
- 35321-11 [768] *Transcatheter embolisation of aorta*
- 30597-00 [815] *Splenectomy*
- 92514-40 [1910] *General anaesthesia, ASA40*
- 11.16 I25.11 *Atherosclerotic heart disease of native coronary artery*
- 38218-00 [668] *Coronary angiography with left heart catheterisation*
- 38241-00 [668] *Coronary artery blood flow measurement*
- 59903-00 [607] *Left ventriculography*

Hint:

See ACS 0933 *Cardiac catheterisation and coronary angiography*

See ACS 0940 *Ischaemic heart disease /Atherosclerotic heart disease*

- 11.17 I50.0 *Congestive heart failure*
- 96229-00 [608] *Implantation of total artificial heart*
- 92514-30 [1910] *General anaesthesia, ASA 30*

Extracorporeal carbon dioxide removal (ECCO2R)

- 11.18 90225-02 [572] *Extracorporeal carbon dioxide removal [ECCOR] [ECCO2R]*

Machine perfusion for organ transplant

- 11.19 Z52.4 *Kidney donor*
36516-05 [1050] *Complete nephrectomy for transplantation, living donor*
96231-00 [1886] *Machine perfusion for organ transplantation*
92514-19 [1910] *General anaesthesia, ASA 19*
- 11.20 K74.6 *Other and unspecified cirrhosis of liver*
90317-00 [954] *Transplantation of liver*
92514-39 [1910] *General anaesthesia, ASA 39*

Hint:

Do not code the machine perfusion in the recipient's admission.

Adjustment of gastric balloon

- 11.21 90950-04 [889] *Endoscopic revision of device in stomach*

12. Other ACS

ACS 0002 Additional diagnoses and incidental findings and conditions

- 12.1 However, where these findings or conditions are incidental to the episode of care and are only flagged for follow-up or referral post discharge **they do not qualify for code assignment under ACS 0002 Additional diagnoses.**
- 12.2 L03.13 *Cellulitis of lower limb*
- 12.3 Z38.1 *Singleton, born outside hospital*

ACS 0012 Suspected conditions

- 12.4 K35.8 *Acute appendicitis, other and unspecified*
Z75.6 *Transfer for suspected condition*

ACS 0042 Procedures normally not coded

- 12.5 True
- 12.6 J35.0 *Chronic tonsillitis*
41789-00 [412] *Tonsillectomy without adenoidectomy*
92514-99 [1910] *General anaesthesia, ASA 99*

Hint:

See ACS 0042 *Procedures normally not coded/Classification point 8*

See ACS 1904 *Procedural complications/Routine postoperative care*

ACS 0503 *Drug, alcohol and tobacco use disorders*

- 12.7 T51.0 (*Toxic effect of alcohol*) *Ethanol*
- 12.8 N39.0 *Urinary tract infection, site not specified*
 - F17.1 *Mental and behavioural disorders due to use of tobacco, harmful use*
 - U83.2 *Chronic obstructive pulmonary disease*

Hint:

A disease code for the COPD is not assigned as it does not meet the criteria in ACS 0002 *Additional diagnoses*. F17.1 is assigned irrespective of whether or not the condition caused by the harmful use of tobacco (in this case COPD) meets the criteria in ACS 0002.

However, U82.3 is assigned as per the guidelines in ACS 0003 *Supplementary conditions*.

ACS 1924 *Difficult intubation*

- 12.9 G56.0 *Carpal tunnel syndrome*
 - T88.42 *Difficult intubation*
 - Y83.8 *Other surgical procedures (as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure)*
 - Y92.24 *Place of occurrence, Health service area, this facility*
 - 39331-01 **[76]** *Release of carpal tunnel*
 - 92514-99 **[1910]** *General anaesthesia, ASA 99*

ACS 2118 *Exposure to tobacco smoke*

- 12.10 e) all of the above
- 12.11 J45.9 *Asthma, unspecified*
 - Z58.7 *Exposure to tobacco smoke*

