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
• **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


• **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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACHI</td>
<td>Australian Classification of Health Interventions</td>
</tr>
<tr>
<td>ACS</td>
<td>Australian Coding Standards</td>
</tr>
<tr>
<td>AF</td>
<td>Atrial fibrillation</td>
</tr>
<tr>
<td>ASA</td>
<td>American Society of Anesthesiology</td>
</tr>
<tr>
<td>AV</td>
<td>Arteriovenous</td>
</tr>
<tr>
<td>BD</td>
<td>Twice daily</td>
</tr>
<tr>
<td>BMI</td>
<td>Body mass index</td>
</tr>
<tr>
<td>BNI</td>
<td>Bladder neck incision</td>
</tr>
<tr>
<td>BP</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>BPH</td>
<td>Benign prostatic hypertrophy</td>
</tr>
<tr>
<td>bpm</td>
<td>Beats per minute</td>
</tr>
<tr>
<td>CABG</td>
<td>Coronary Artery Bypass Graft</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>CXR</td>
<td>Chest Xray</td>
</tr>
<tr>
<td>DVT</td>
<td>Deep vein/venous thrombosis</td>
</tr>
<tr>
<td>ECG</td>
<td>Electrocardiogram</td>
</tr>
<tr>
<td>ECT</td>
<td>Electroconvulsive therapy</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EF</td>
<td>Ejection fraction</td>
</tr>
<tr>
<td>EST</td>
<td>Exercise stress test</td>
</tr>
<tr>
<td>ETOH</td>
<td>Alcohol</td>
</tr>
<tr>
<td>FH</td>
<td>Fetal heartbeat</td>
</tr>
<tr>
<td>GA</td>
<td>General anaesthesia</td>
</tr>
<tr>
<td>GP</td>
<td>General practitioner</td>
</tr>
<tr>
<td>Hb</td>
<td>Haemoglobin</td>
</tr>
<tr>
<td>ICD-10</td>
<td>International Statistical Classification of Diseases and Related Health Problems, Tenth Revision</td>
</tr>
<tr>
<td>ICD-10-AM</td>
<td>International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification</td>
</tr>
<tr>
<td>IgG4</td>
<td>Immunoglobulin G4</td>
</tr>
<tr>
<td>IHPA</td>
<td>Independent Hospital Pricing Authority</td>
</tr>
<tr>
<td>INR</td>
<td>International normalised ratio</td>
</tr>
<tr>
<td>ITG</td>
<td>ICD Technical Group</td>
</tr>
<tr>
<td>IV</td>
<td>Intravenous</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>LAD</td>
<td>Left anterior descending coronary artery</td>
</tr>
<tr>
<td>LIF</td>
<td>Left iliac fossa</td>
</tr>
<tr>
<td>LMCA</td>
<td>Left main coronary artery</td>
</tr>
<tr>
<td>LMO</td>
<td>Local Medical Officer</td>
</tr>
<tr>
<td>LV</td>
<td>Left ventricle</td>
</tr>
<tr>
<td>MBS</td>
<td>Medicare Benefits Schedule</td>
</tr>
<tr>
<td>mg</td>
<td>milligrams</td>
</tr>
<tr>
<td>MRN</td>
<td>Medical Record Number</td>
</tr>
<tr>
<td>NAD</td>
<td>No abnormality detected</td>
</tr>
<tr>
<td>NOS</td>
<td>Not otherwise specified</td>
</tr>
<tr>
<td>PD</td>
<td>Peritoneal dialysis</td>
</tr>
<tr>
<td>PE</td>
<td>Pulmonary embolism</td>
</tr>
<tr>
<td>PPM</td>
<td>Permanent pacemaker</td>
</tr>
<tr>
<td>PR</td>
<td>Pulse rate</td>
</tr>
<tr>
<td>RCA</td>
<td>Right coronary artery</td>
</tr>
<tr>
<td>REBOA</td>
<td>Rapid (resuscitative) endovascular balloon occlusion of the aorta</td>
</tr>
<tr>
<td>RR</td>
<td>Respiratory rate</td>
</tr>
<tr>
<td>SOB</td>
<td>Shortness of breath</td>
</tr>
<tr>
<td>SOBOE</td>
<td>Shortness of breath on exertion</td>
</tr>
<tr>
<td>ST</td>
<td>ST segment of electrocardiogram</td>
</tr>
<tr>
<td>T2DM</td>
<td>Type 2 Diabetes mellitus</td>
</tr>
<tr>
<td>TPN</td>
<td>Total parenteral nutrition</td>
</tr>
<tr>
<td>TURP</td>
<td>Transurethral prostatectomy</td>
</tr>
<tr>
<td>UOQ</td>
<td>Upper outer quadrant</td>
</tr>
<tr>
<td>URC</td>
<td>Update and Revision Committee</td>
</tr>
<tr>
<td>VT</td>
<td>Ventricular tachycardia</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WHO-FIC</td>
<td>WHO Family of International Classifications</td>
</tr>
<tr>
<td>WHO-URC</td>
<td>WHO ICD-10 Update and Revision Committee</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th><strong>Endoscopy Report</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Name:</strong> Mr. X</td>
</tr>
<tr>
<td><strong>Gender:</strong> Male</td>
</tr>
<tr>
<td><strong>Procedure:</strong> Upper GI endoscopy</td>
</tr>
<tr>
<td><strong>Indication:</strong> epigastric pain and bloating</td>
</tr>
<tr>
<td><strong>Diagnosis:</strong></td>
</tr>
<tr>
<td>- Normal oesophagus</td>
</tr>
<tr>
<td>- Normal stomach</td>
</tr>
<tr>
<td>- Normal duodenum.</td>
</tr>
<tr>
<td><strong>Report:</strong> 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.</td>
</tr>
<tr>
<td><strong>Findings:</strong> The examined oesophagus was normal. The entire examined stomach was normal. The entire examined duodenum was normal. No biopsies were taken.</td>
</tr>
<tr>
<td><strong>Complications:</strong> No immediate complications.</td>
</tr>
<tr>
<td><strong>Final Disposition:</strong> Discharge patient to home.</td>
</tr>
</tbody>
</table>
2.8 Code this clinical record:

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

Breast feeding mother is admitted eight weeks after delivery for treatment of severe bilateral mastitis. She was commenced on antibiotics and reviewed by the lactation consultant.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6.6 Circle the correct term in regards to elective or emergency caesarean section:
Assignment of codes for ‘elective’ or ‘emergency’ caesarean section is based on documentation of these terms in the clinical record.

Where neither of these terms are documented, assign an appropriate code for elective/emergency.

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

6.7 Is an ACHI code required for all delivery episodes of care, including spontaneous vertex delivery?
Yes / No

6.8 Code this clinical record:

Discharge Referral Note

Age: 34 years  Sex: Female  DOB: 16/07/1980
Associated Diagnoses:  Acute exacerbation of asthma; Shortness of breath

Admission Date:  08/06/2015  Discharge date: 12/06/2015
Medical Service:  Respiratory Medicine  Consulting Clinician: Dr X

Consultation Note:
Dear Doctor
Thank you for reviewing a 34 year old female to be discharged on 12/06/2015. Patient presented to this facility with shortness of breath.

Social History
Ex-smoker. Smoked for 4 years as a teenager
Nil recent travel
Nil ETOH intake currently

Examination
Dyspnoeic, audible wheeze
Moist mucous membranes
Chest – diffuse wheeze throughout, no creps heard
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?

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...........................................................................................................................
...........................................................................................................................
...........................................................................................................................

7.4 What code is assigned for LASIK procedure?

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...........................................................................................................................
...........................................................................................................................
...........................................................................................................................

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:

<table>
<thead>
<tr>
<th>ED Case History Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMISSION SUMMARY</td>
</tr>
<tr>
<td>Progress Note</td>
</tr>
<tr>
<td>An 86 year old female recently commenced on warfarin - INR now &gt;12.</td>
</tr>
<tr>
<td>History of Presenting Complaint</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>IMP: High INR with absent bleeding</td>
</tr>
<tr>
<td>Plan</td>
</tr>
<tr>
<td>1. 1mg IV Vit K</td>
</tr>
<tr>
<td>2. Repeat INR in 12 hours</td>
</tr>
<tr>
<td>3. D/W Dr X – for admission</td>
</tr>
</tbody>
</table>
10.21 Code this case scenario:

**ICU Consult Information**

ICU admission for right abdominal wall haematoma resulting from a raised INR.

**Issues**

1. R abdominal wall haematoma and supratherapeutic INR
   - 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.

**Plan**

1. Haematology team to review warfarin regimen
2. Encourage oral intake

10.22 Code this case scenario:

**Clinical Summary:**

Issues during current admission:
- 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.
Follow up with pt’s own cardiologist – patient to arrange appointment
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:

<table>
<thead>
<tr>
<th>indication</th>
<th>type of agent</th>
<th>approach</th>
<th>dosage</th>
<th>specified site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration/ ______________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration/ ______________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration/ ______________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.*

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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.\nREBOA was performed before the patient was transferred to the operating room for a splenectomy under GA (ASA 4E).

11.16 Code this clinical record:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRN</td>
<td>Accession #</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Height</td>
</tr>
<tr>
<td>Address</td>
<td>Weight</td>
</tr>
<tr>
<td></td>
<td>26/08/2015</td>
</tr>
</tbody>
</table>

**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 orig. 60-70% mid. FFR 0.83 negative for ischaemia.
Mid LAD:
RCA: Diffuse irregularity. 30% prox.
LV Function: Normal. EF%.

**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.

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Extracorporeal carbon dioxide removal (ECCO2R)

11.18 What code is assigned for extracorporeal carbon dioxide removal?

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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.

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________________________________________________________________________
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.

________________________________________________________________________

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________________________________________________________________________

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.

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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.

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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.

________________________________________________________________________
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________________________________________________________________________

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.

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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


       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


       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], 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 \textit{[avian influenza]} is the only type of influenza virus that should be classified to J09.

Clinical coders will be notified via \textit{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

<table>
<thead>
<tr>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BMI (body mass index)</strong></td>
</tr>
<tr>
<td>- ≥ 25 kg/m² to ≤ 29.99 kg/m² E66.3</td>
</tr>
<tr>
<td>- ≥ 30 kg/m² — see Obesity</td>
</tr>
</tbody>
</table>

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] \textit{Allied health intervention, dietetics}

Respite care

10.18 c) ACS 2117 \textit{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/\textit{indication}
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

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

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

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


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