ICD-10-AM Tabular List

Page 60
Add Code also instruction

D68.3 Haemorrhagic disorder due to circulating anticoagulants

Haemorrhage during long term use of anticoagulants
Hyperheparinaemia
Increase in:
• anti-VIIa
• anti-IXa
• anti-Xa
• anti-Xla
• antithrombin

Code also, if applicable:
• nontraumatic haematomata of skin and subcutaneous tissue (L98.8)
• nontraumatic haematomata of soft tissue (M79.8-)

Use additional external cause code (Chapter 20) to identify any administered anticoagulant.

Excludes: abnormal coagulation profile (R79.83)
long term use of anticoagulants without haemorrhagic disorder (Z92.1)

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Add Inclusion terms

J17.2* Pneumonia in mycoses
Pneumonia in:
• candidiasis (B37.1+)
• coccidioidomycosis (B38.0–B38.2+)
• histoplasmosis (B39.7+)
• pneumocystosis (B48.51)
Add Exclusion term and note

R40 Somnolence, stupor and coma
V1905

Note: For classification purposes, where there are multiple GCS scores documented in an episode of care, code assignment should be based on the lowest GCS score, that is, the most severe level of consciousness impairment.

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

R40.1 Stupor
GCS score 9–12
Semicoma
Excludes: due to trauma (S06.0–)
stupor:
• catatonic (F20.2)
• depressive (F31–F33)
• dissociative (F44.2)
• manic (F30.2)
that with any head injury classifiable to Chapter 19 (S06.01–S06.05)

R40.2 Coma
GCS score ≤ 8
Loss of consciousness (nontraumatic) NOS
Unconsciousness NOS
Excludes: coma:
• diabetic (E10–E14)
• hepatic (K72.−)
• hypoglycaemic (nondiabetic) (E15)
• neonatal (P91.5)
• that with any head injury classifiable to Chapter 19 (S06.01–S06.05)
• uraemic (N19)
syncope (R55)

Amend Use additional instruction

T78.0 Anaphylaxis and anaphylactic shock due to adverse food reaction
V2115

Use additional external cause code (Y37.0–Y37.5, Y37.8, Y37.9) to identify allergen, if known.
Add ACS number

Z58.7 Exposure to tobacco smoke
  v0050, 2118
  Passive (involuntary) smoking
  Includes: exposure to secondhand tobacco smoke (from):
  • cigarette
  • pipe
  • waterpipe
  Excludes: mental and behavioural disorders due to the use of tobacco (F17.-)
  newborn affected by maternal use of tobacco (P04.2)
  personal history of tobacco use disorder (Z86.43)
  tobacco use (Z72.0)

ICD-10-AM Alphabetic Index

Add and delete terms, codes and cross reference

Disorder (of) — see also Disease
  ...
  - cognitive (mild) (moderate) F06.7 NEC R41.8
  - - due to or secondary to
  - - - age (age-associated) R41.8
  - - - general medical condition F06.7
  -- mild (organic) F06.7
  - - severe — see Dementia
  - colon K63.9

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Add terms, code and cross reference

Disorder (of) — see also Disease
  ...
  - nervous system G98
  - - autonomic (peripheral) G90.9
  - - - specified NEC G90.8
  - - central G96.9
  - - - specified NEC G96.8
  - - parasympathetic G90.9
  - - - specified NEC G98
  - - sympathetic G90.9
  - - - vegetative G90.9
  - neurocognitive (mild) (moderate) F06.7
  - - severe — see Dementia
  - neurohypophysis NEC E23.3
### Page 172

**Add and delete terms, codes and cross references**

**Hepatitis – continued**

- viral, virus (without hepatic coma) B19.9
- - with hepatic coma B19.0
- - acute NEC B17.9
- - - specified NEC B17.8
- - - type
- - - - A B15.9
- - - - with hepatic coma B15.0
- - - - B B16.9
- - - - with delta-agent coinfection (hepatitis D) (without hepatic coma) B16.1
- - - - - and hepatic coma B16.0
- - - - - hepatic coma (without delta-agent coinfection) B16.2
- - - - C B17.1
- - - - D (coinfection) (acute delta coinfection with chronic hepatitis B with delta-agent) (without hepatic coma) B16.0
- - - - - with hepatic coma B16.0
- - - - E B17.2
- - chronic NEC B18.9
- - - specified NEC B18.8
- - - type
- - - - B B18.1
- - - - - with delta-agent (hepatitis D) B18.0
- - - - - C B18.2
- - - - D (chronic hepatitis B with delta-agent) B18.0
- - - - E B18.8
- - congenital P35.3
...

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**Delete nonessential modifier**

**Hypotension** (arterial) (chronic) (constitutional) I95.9
- chronic I95.8

### Page 188

**Add terms and code**

**Impaired, impairment** (function)

- myocardium, myocardial (see also insufficiency/myocardial) I50.9
- neurocognitive NEC R41.8
- rectal sphincter R19.89
**ACHI Tabular List**

<table>
<thead>
<tr>
<th>Page 29</th>
<th>Amend code</th>
</tr>
</thead>
</table>
| 42705-00 Extraction of crystalline lens with implantation of trans-trabecular drainage device | Extraction of crystalline lens with implantation of microstents  
*Note:* Performed for glaucoma in conjunction with cataract surgery  
*Code first:*  
• type of cataract extraction (see block [200]) |

**ACHI Alphabetic Index**

<table>
<thead>
<tr>
<th>Page 29</th>
<th>Amend code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block</td>
<td>...</td>
</tr>
<tr>
<td></td>
<td>- transversus abdominis plane (TAP)</td>
</tr>
<tr>
<td></td>
<td>- - for</td>
</tr>
<tr>
<td></td>
<td>- - - analgesia, postprocedural 92517-010 [1912]</td>
</tr>
</tbody>
</table>
**EXAMPLE 22:**
A 55-year-old man presented with lower respiratory infection on background of exacerbating his chronic obstructive pulmonary disease. He was commenced on Bactrim BD and physiotherapy performed. On the second day of the admission, the patient complained of having chest tightness since arrival to the hospital. He described the pain as constant, but not radiating. Nurse consulted the treating clinician over the phone and documented “team doctor advised over the phone to administer PRN GTN 300mcg. ECG was performed. Patient states that pain was not relieved with PRN oral GTN, so was given further GTN 300mcg as per team instruction. Patient remains saturating well and telemetry is in situ”. Patient responded well to the treatment and was discharged home.

Principal diagnosis: Chronic obstructive pulmonary disease with acute lower respiratory infection
Additional diagnosis: Chest pain
In this example, the chest pain meets the criteria in ACS 0002 in the episode of care, as clinical consultation was undertaken specifically for the condition (Note: Telephone consultation with clear documentation of the information exchange is regarded as clinical consultation).

**EXAMPLE 3:**
Patient admitted with a mass in the tracheobronchial region. A biopsy was performed via a bronchoscopy under sedation, ASA 2. Histopathology report indicated squamous cell carcinoma (SCC).
Codes:  C34.8  Overlapping lesion of bronchus and lung  
58070/3  Squamous cell carcinoma NOS  
41898-04 [544]  Endoscopic [needle] biopsy of bronchus  
92515-29 [1910]  General anaesthesia Sedation, ASA 29
**0236  NEOPLASM CODING AND SEQUENCING**

**PRIMARY NEOPLASM AS A CURRENT CONDITION**
A primary neoplasm is classified as a current condition if the episode of care is for:

- diagnosis or treatment of the primary neoplasm, in any of the following circumstances:
  - initial diagnosis of the primary neoplasm
  - treatment of complications of the primary neoplasm or neoplasm treatment
  - operative intervention to remove the primary neoplasm
  - medical care related to the primary neoplasm, including palliative care (see also ACS 2116 *Palliative care*)
  - recurrence of the primary neoplasm previously eradicated from the same organ or tissue (see also ACS 0237 *Recurrence of malignancy*).
- diagnosis or treatment of a secondary (metastatic) malignancy, regardless of when/if the primary site was previously resected. Assign an additional diagnosis code for the primary neoplasm if known, or C80. - *Malignant neoplasm without specification of site* if the site of the primary neoplasm is unknown or unspecified.
- treatment aimed at stopping progression of the neoplasm, such as:
  - pharmacotherapy or radiotherapy (see also ACS 0044 *Pharmacotherapy* and ACS 0229 *Radiotherapy*)
  - subsequent admissions for wider excision (even if there is no residual neoplasm identified on histopathology)
  - staged surgery for prophylactic removal of a related organ.
  - treatment of another nonmalignant condition, when the malignancy is a comorbidity that has an affect on the episode of care as per ACS 0002 *Additional diagnoses*.
  - dental clearance prior to radiotherapy. Assign a code for the condition requiring the procedure as per the criteria in ACS 0001 *Principal diagnosis*.

If the episode of care is for treatment of another nonmalignant condition, the malignancy may be classified as a current condition only if it meets the criteria for code assignment as per ACS 0002 *Additional diagnoses*.

If the episode of care is for dental clearance prior to radiotherapy, assign a code for the condition requiring the procedure as per the criteria in ACS 0001 *Principal diagnosis*.

If the episode is for follow-up care, the malignancy may be coded as current or as a past history, dependent on the circumstances surrounding the episode of care. (See also ACS 1204 *Plastic surgery*, ACS 2112 *Personal history* and ACS 2114 *Prophylactic surgery*.)

Where there are multiple metastatic sites, assign a code for each site in order to reflect the severity of the condition.
Delete term in scenario

**1511 TERMINATION OF PREGNANCY (ABORTION)**

**EXAMPLE 1:**
Patient admitted for suction D&C (GA) for termination of pregnancy at (13/40) weeks due to fetal anencephaly.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O04.9</td>
<td>Medical abortion, complete or unspecified, without complication</td>
</tr>
<tr>
<td>O09.1</td>
<td>Duration of pregnancy 5–13 completed weeks</td>
</tr>
<tr>
<td>O35.0</td>
<td>Maternal care for (suspected) central nervous system malformation in fetus</td>
</tr>
<tr>
<td>35640-03</td>
<td>Suction curettage of uterus</td>
</tr>
<tr>
<td>92514-99</td>
<td>General anaesthesia, ASA 99</td>
</tr>
</tbody>
</table>

Revise scenario

**1521 CONDITIONS AND INJURIES IN PREGNANCY**

**EXAMPLE 6:**
A pregnant patient with elevated blood pressure (no diagnosis of hypertension) was admitted by her obstetrician to the obstetric unit for hourly BP (blood pressure) monitoring by midwifery staff. She was assessed by the dermatologist and then treated with calamine lotion for heat rash during the admission. Her blood pressure returned to normal and her rash was no longer evident, therefore she was discharged home the following day.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O99.8</td>
<td>Other specified diseases and conditions in pregnancy, childbirth and the puerperium</td>
</tr>
<tr>
<td>R03.0</td>
<td>Elevated blood-pressure reading, without diagnosis of hypertension</td>
</tr>
<tr>
<td>O99.7</td>
<td>Diseases of the skin and subcutaneous tissue in pregnancy, childbirth and the puerperium</td>
</tr>
<tr>
<td>L74.0</td>
<td>Miliaria rubra</td>
</tr>
</tbody>
</table>