

Subject: Eleventh Edition FAQs Part 2: Wound management

Q:

Can 96255-00 **[1601]** *Wound management NEC* be assigned for management of wounds on the ward (ie not in theatre) when performed by a medical officer, a specialist nurse, or allied health staff (eg podiatrist); or is this code only assigned for wound management performed in theatre under cerebral anaesthesia?

A:

The code 96255-00 **[1601]** *Wound management NEC* is only assigned where it meets the criteria in ACS 0042 *Procedures normally not coded*, that is if:

- cerebral anaesthesia is required in order for the procedure to be performed (see ACS 0031 *Anaesthesia*)
- it is the principal reason for admission in same-day episodes of care. This includes patients who are admitted the day before or discharged on the day after a procedure because a same-day admission is not possible or practicable for them (eg elderly patients, those who live in remote locations)
- another specialty standard directs they should be assigned. In such cases, the specialty standard overrides this list and the stated code is assigned.

Examples in the Eleventh Edition education material that are in contradiction to this standard, have been corrected for implementation 1 October 2019.

Subject: Eleventh Edition FAQs Part 2: Lactation consultation in newborn episode

Q:

Can the new allied health code for lactation consultant be used on a newborn/neonate episode when the lactation consultant sees the neonate and documents in the progress notes, or is it for use in the obstetric (mothers) episode of care only?

A:

The new intervention code 95550-16 **[1916]** *Allied health intervention, lactation consultant* is intended for use on the mother's episode of care, not on the newborn's episode of care (male or female). This is confirmed by the presence of the clinical (sex) edit on this code which prohibits its assignment on the episode of care of a male.

Where a newborn is reviewed for feeding problems by a lactation consultant (eg review of tongue tie), coders should assign a diagnosis code to indicate the neonatal condition causing the breastfeeding (attachment) difficulty, if applicable or a code from category P92 *Feeding problems of newborn*.

Subject: Eleventh Edition FAQs Part 2: Nontraumatic haematoma

Q:

Can a nontraumatic haematoma be assigned where documentation specifies 'spontaneous' or 'due to an unknown cause'? When a haematoma is documented as due to anticoagulants, should the essential modifier of 'nontraumatic' be followed?

A:

A spontaneous haematoma can be assumed to be 'nontraumatic' and the essential modifier 'nontraumatic' followed to assign a code for a spontaneous haematoma.

Similarly, where a haematoma is documented as due to anticoagulants, it can be assumed to be 'nontraumatic' and the essential modifier 'nontraumatic' followed to assign a code for a spontaneous haematoma. This is supported by the *Code also, if applicable* instruction:

D68.3 *Haemorrhagic disorder due to circulating anticoagulants*

...

Code also, if applicable:

- nontraumatic haematoma of skin and subcutaneous tissue (L98.8)
- nontraumatic haematoma of soft tissue (M79.8-)

However, where a haematoma is documented as due to an unknown cause, without further qualification, a code for a traumatic haematoma is assigned following the alphabetic index where 'traumatic' is a nonessential modifier:

Haematoma (skin surface intact) (traumatic) (*see also Contusion*) T14.08

Indexing improvements will be considered for a future edition of ICD-10-AM.

Subject: Eleventh Edition FAQs Part 2: Use of U91 Syndrome code

Q:

When classifying a syndrome classifiable to a single ICD-10-AM code, should U91 *Syndrome, not elsewhere classified* also be assigned?

A:

Where a syndrome is classified to a single code, U91 *Syndrome, not elsewhere classified* is not assigned.

For example, Brugada syndrome is classified to I49.8 *Other specified cardiac arrhythmias*.

The criteria for code assignment of U91 *Syndrome, not elsewhere classified* is specified in ACS 0005 *Syndromes*:

Where there is no single ICD-10-AM code to classify all the elements of a syndrome, assign:

- codes for the manifestations that are relevant for the patient, and meet the criteria in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*
- and
- U91 *Syndrome, not elsewhere classified*, as an additional diagnosis to flag that the manifestations are related to a syndrome.

U91 *Syndrome, not elsewhere classified* is intended to identify rare syndromes that are not classifiable to a single code in ICD-10-AM.