

Independent Hospital Pricing Authority

# Frequently Asked Questions (FAQs)

ICD-10-AM/ACHI/ACS Eighth Edition



IHPA

## Frequently Asked Questions (FAQs) – ICD-10-AM/ACHI/ACS Eighth Edition

© Independent Hospital Pricing Authority 2021

This publication is available for your use under a Creative Commons BY Attribution 3.0 Australia licence, with the exception of the Independent Hospital Pricing Authority logo, photographs, images, signatures and where otherwise stated. The full licence terms are available from the Creative Commons website.



Use of Independent Hospital Pricing Authority material under a Creative Commons BY Attribution 3.0 Australia licence requires you to attribute the work (but not in any way that suggests that the Independent Hospital Pricing Authority endorses you or your use of the work).

*Independent Hospital Pricing Authority material used 'as supplied'.*

Provided you have not modified or transformed Independent Hospital Pricing Authority material in any way including, for example, by changing Independent Hospital Pricing Authority text – then the Independent Hospital Pricing Authority prefers the following attribution:

*Source: The Independent Hospital Pricing Authority*



## Contents

Minimally invasive procedures proceeding to open procedures .....	3
Single event multilevel surgery (SEMLS) .....	4
Haemorrhoids.....	5
Haemorrhoids.....	6
Haemorrhoids.....	7
Haemorrhoids.....	8
Resistance to antimicrobial and antineoplastic drugs .....	9
Resistance to antimicrobial and antineoplastic drugs .....	10
Jaundice.....	11
ACS 0048 <i>Condition onset flag</i> .....	12
ACS 0048 <i>Condition onset flag</i> .....	13
ACS 2114 <i>Prophylactic surgery</i> .....	14
ACS 0048 <i>Condition onset flag</i> .....	15
ACS 0020 <i>Bilateral/multiple procedures – skin lesions</i> .....	16
Hernia.....	17
Procedure for McRoberts Manoeuvre .....	18
Imaging services .....	19
High flow nasal cannula (HFNC).....	20
ACS 0020 <i>Bilateral/multiple procedures – skin lesions code title</i> .....	21
ACS 0402 <i>Cystic fibrosis - tune up</i> .....	22
ACS 0402 <i>Cystic fibrosis - nasal polyps</i> .....	23
Sunburn.....	24
Catheterisation in a neonate .....	25
Resistance to antimicrobial and antineoplastic drugs .....	26
ACS 0048 <i>Condition onset flag</i> .....	27
Respiratory failure, mixed type I and type II .....	28
Respiratory failure, type I acute and chronic .....	29
High flow nasal cannula (HFNC) .....	30
Laparoscopic gastric band .....	31
ACS 0402 <i>Cystic fibrosis</i> .....	32
Nitric oxide therapy.....	33
Percutaneous heart valve replacement.....	34



## Eighth Edition FAQs

Frequently Asked Questions (FAQs) are provided as an implementation material for ICD-10-AM/ACHI/ACS Eighth Edition to assist clinical coders in understanding classification updates made between Seventh Edition and Eighth Edition.

For the purposes of episodes coded in Australian hospitals, the Eighth Edition FAQs are not considered current classification advice. Therefore FAQs in this document are listed as 'Retired'.

While the Eighth Edition FAQs may still appear to be applicable for future editions of ICD-10-AM/ACHI/ACS, clinical coders should exercise caution in applying the advice in these FAQs as there may be more recent advice that should be applied to that area of the classification.

Please note that any links or references in this document are not maintained.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Minimally invasive procedures proceeding to open procedures

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

If a patient has a diagnostic laparoscopy performed and then proceeds to have an open procedure, should a code be assigned for the diagnostic laparoscopy?

#### A:

A code for the diagnostic laparoscopy should be assigned in addition to the open procedure code(s). It is only appropriate to assign 90343-01 **[1011]** *Laparoscopic procedure proceeding to open procedure* where the procedure was intended to be performed using a minimally invasive technique but then is converted to an open procedure due to a complication or other unplanned circumstance. These codes should not be used for diagnostic endoscopy/laparoscopy/arthroscopy.

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Single event multilevel surgery (SEMLS)

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

Can the codes from block **[1580]** *Single event multilevel surgery [SEMLS]* be assigned where a child with cerebral palsy has the multiple procedures performed as in the Tabular List, however the clinician has not documented SEMLS?

#### A:

Single event multilevel surgery, or SEMLS, needs to be documented in order to assign the codes from block **[1580]** *Single event multilevel surgery [SEMLS]*. If there is uncertainty as to whether it is SEMLS being performed then the clinical coder should clarify with the clinician.

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Haemorrhoids

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

If haemorrhoids are documented as either 'internal' or 'external' do they still have to be assigned a code for unspecified?

#### A:

The classification of haemorrhoids is by degree. If the degree is not specified, the correct code to assign is K64.9 *Haemorrhoids, unspecified* following the index entry:

**Haemorrhoids** (bleeding) (external) (internal) (without mention of degree) K64.9

The terms 'internal' and 'external' are nonessential modifiers that do not affect the code assignment.

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Haemorrhoids

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

What code(s) should be assigned when multiple grades of haemorrhoids are documented or terminology such as grade II-III haemorrhoids is used?

#### A:

While there is currently nothing in the classification to preclude the assignment of multiple codes to reflect different stages of haemorrhoids, clinical advice indicates that it is only necessary to assign one code for the most severe haemorrhoid grade.

Improvements to the classification will be considered in the future to reflect this advice.

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Haemorrhoids

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

What haemorrhoid code should be assigned when a patient is admitted for banding of haemorrhoids?

#### A:

ACS 0942 *Banding of haemorrhoids* was deleted for Eighth Edition as the banding related to internal haemorrhoids, which is no longer relevant now that haemorrhoids are classified by degree. Therefore code assignment is determined by the clinical documentation.

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Haemorrhoids

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

Where there is no degree specified for the haemorrhoids but the clinician has documented 'retract spontaneously', can the haemorrhoids be assumed to be second degree, as in the *Inclusion* term in the Tabular List at K64.1 *Second degree haemorrhoids*?

#### A:

Following the coding process, the code for second degree haemorrhoids can be assigned in this case by following the index entry first:

#### Haemorrhoids

- 2nd degree (grade/stage II) (with prolapse but retracts spontaneously) K64.1

Then reference the *Inclusion* term at K64.1 *Second degree haemorrhoids* in the Tabular List, where it specifies:

*Haemorrhoids that prolapse on straining but retract spontaneously*

(see Tabular List of Diseases, *Guidance in the use of ICD-10-AM*).

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Resistance to antimicrobial and antineoplastic drugs

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

Where MRSA is documented by the clinician, can the information from the pathology report be used where it provides the information about whether the MRSA is multi resistant or methicillin resistant?

#### A:

The guidelines in ACS 0010 *General abstraction guidelines*, direct that diagnostic results should be used to add specificity to already documented conditions that meet the criteria for code assignment. As it is important to establish whether MRSA is referring to methicillin resistance as opposed to the less specific and less common usage 'multi resistance' the diagnostic results should be referenced (see ACS 0112 *Infection with drug resistant microorganisms*).

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Resistance to antimicrobial and antineoplastic drugs

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

Can a code for resistance to antibiotics be assigned where the resistance is not documented by the clinician, however the information is in the pathology report and the antibiotic treatment is changed?

#### A:

The clinician must document the drug resistance in the record in order to assign a code from Z06.- *Resistance to antimicrobial drugs* (see ACS 0112 *Infection with drug resistant microorganisms*).

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Jaundice

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

Where a neonate is readmitted for phototherapy, does the procedure code for phototherapy need to be assigned in addition to the ICD-10-AM code for jaundice?

#### A:

The code for phototherapy of the newborn, 90677-00 **[1611]** *Other phototherapy, skin*, should only be assigned where the phototherapy is sustained for >12 hours as per the specific instructions contained within ACS 1615 *Specific diseases and interventions related to the sick neonate*.

**This advice has a minor modification to correspond with an update in a subsequent edition of ICD-10-AM/ACHI/ACS**

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## **ACS 0048 *Condition onset flag***

### **Eighth Edition Education Workshop FAQs - Part 1**

#### **Q:**

Why can't a COF 1 be assigned to J44.1 *Chronic obstructive pulmonary disease with acute exacerbation, unspecified* where the acute exacerbation arises during the episode of care?

#### **A:**

A chronic disease that is present on admission and is exacerbated during the episode of care should be assigned a COF of 2 (see ACS 0048 *Condition onset flag, Permissible values*).

**Published 17 October 2013,  
for implementation 01 November 2013.**



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## **ACS 0048 *Condition onset flag***

### **Eighth Edition Education Workshop FAQs - Part 1**

#### **Q:**

What COF should be assigned where a patient is admitted with chronic obstructive pulmonary disease and develops an acute respiratory infection during the episode of care?

#### **A:**

When two conditions are described within a combination code, such as J44.0 *Chronic obstructive pulmonary disease with acute lower respiratory infection*, assign COF 1 if one of those conditions meets the criteria for assignment of COF 1 and the condition is not represented by another code with a COF value of 1 (see ACS 0048 *Condition onset flag, Guide for use, point 5*)

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## **ACS 2114 *Prophylactic surgery***

### **Eighth Edition Education Workshop FAQs - Part 1**

#### **Q:**

Patients who have neoplastic bone disease sometimes have a nail inserted into the diseased bone to assist in the prevention of fractures. As the clinicians refer to this as prophylactic surgery should a code from Z40.- *Prophylactic surgery* be assigned?

#### **A:**

ACS 2114 *Prophylactic surgery* principally provides instruction for assigning ICD-10-AM codes where prophylactic surgery is performed on healthy organs in patients who have known risks for the development of malignant disease. The standard does not currently provide specific guidelines for the assignment of an additional diagnosis of Z40.-, for other types of prophylactic surgery. However, consideration will be given to expanding this standard in the future to address other scenarios where surgery is considered prophylactic.

Therefore, for this scenario assign the neoplastic bone disease as the principal diagnosis and a code from Z40.- is not currently required.

**Published 17 October 2013,  
for implementation 01 November 2013.**



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## **ACS 0048 *Condition onset flag***

### **Eighth Edition Education Workshop FAQs - Part 1**

#### **Q:**

Where a patient with chronic obstructive pulmonary disease develops pneumonia during the episode of care, what COF would be assigned to the pneumonia code?

#### **A:**

A COF of 1 should be assigned to the pneumonia code as this condition arose during the episode of admitted patient care.

**Published 17 October 2013,  
for implementation 01 November 2013.**



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## **ACS 0020 *Bilateral/multiple procedures – skin lesions***

### **Eighth Edition Education Workshop FAQs - Part 1**

#### **Q:**

If one lesion is excised but the histopathology report indicates that there was more than one morphological type in the excised tissue, how many times should the ACHI code be assigned?

#### **A:**

The ACHI code should be assigned as many times as the procedure is performed. Where one lesion is excised, the procedure code should be assigned once only, regardless of the number of morphological types reported.

**Published 17 October 2013,  
for implementation 01 November 2013.**



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Hernia

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

If there is a causal link documented between a previous surgical procedure and an incisional hernia, can external cause codes also be assigned?

#### A:

Where there is documentation of a specific surgical procedure that has caused an incisional hernia, assign Y83.- as an additional code and Y92.22 *Health service area* for the place of occurrence (see ACS 2001 *External cause code use and sequencing* and Coding Matters September 2005 Volume 12, Number 2, updated June 2013). See also ACS 1904 *Procedural complications*.

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Procedure for McRoberts Manoeuvre

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

In the workshop presentation there was an exercise scenario that included McRoberts manoeuvre, a type of assisted delivery, for which no procedure code was assigned. Should the ACHI code 90477-00 [1343] *Other procedures to assist delivery* be assigned in addition to O83 *Other assisted delivery*?

#### A:

A national guideline to mandate the assignment of an ACHI code for McRoberts manoeuvre does not currently exist. The assignment of an ACHI code for McRoberts manoeuvre is similar to a previous query about assigning an ACHI code for spontaneous vertex delivery, for which current advice directs that:

*“the assignment of the procedure code is optional as directed by jurisdictional guidelines.”*

This advice will be considered along with the requirement to assign intervention codes for both McRoberts manoeuvre and spontaneous vertex delivery in a future edition of ICD-10-AM and ACS. (see Coding Q&A Oct 2010 McRoberts manoeuvre and Q&A Dec 2011 Intervention code for spontaneous vertex delivery).

**Published 17 October 2013,  
for implementation 01 November 2013.**



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Imaging services

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

In the workshop presentation there were some scenarios where codes were assigned for imaging services such as CT and MRI guidance, where they were performed in association with other procedures. Even though these were done under anaesthetic should they be coded?

#### A:

As per ACS 0042 *Procedures normally not coded*, codes from ACHI Chapter 20 *Imaging services* should only be coded in certain circumstances, such as where cerebral anaesthesia is required in order for the procedure to be performed. The scenarios in the recent Eighth Edition Education should not have assigned codes for CTs and MRIs.

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Superseded | Superseded On: 15-Jun-2016 |  
Superseded By: Q2953

## High flow nasal cannula (HFNC)

### Eighth Edition Education Workshop FAQs - Part 1

**Q:**

Can high flow nasal cannula be used for adults as well as neonates?

**A:**

Yes, as per the Q&A for High Flow Cannula published in December 2011.

**Published 17 October 2013,  
for implementation 01 November 2013.**



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## **ACS 0020 *Bilateral/multiple procedures* – skin lesions code title**

### **Eighth Edition Education Workshop FAQs - Part 1**

#### **Q:**

If the codes for excision of separate skin lesions are assigned as many times as they are performed during a visit to theatre, why is the plural still in the code title, as in lesion(s)?

#### **A:**

It is acknowledged that the presence of the plural in the '*Excision of lesion(s) of skin and subcutaneous tissue*' codes is misleading following the changes to ACS 0020 *Bilateral/multiple procedures*. It was not possible to update the code titles to remove the 's' for Eighth Edition due to time limits imposed by the production cycle. It will, however, be updated for the Ninth Edition of ACHI.

**Published 17 October 2013,  
for implementation 01 November 2013.**



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## ACS 0402 *Cystic fibrosis* - tune up

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

When a patient is admitted to hospital for several days for CF 'tune up', what principal diagnosis code should be assigned?

#### A:

Patients with CF typically require several admissions to hospital to improve ('tune up') their health level. A CF 'tune up' involves the provision of intravenous antibiotics and intensive chest physiotherapy in order to minimise the risk of recurrent lung infections or other worsening symptoms. During the hospital stay, investigations such as lung function, x-ray or sputum culture may also be performed. A 'tune up' is considered an integral part of the management of patients with CF and therefore appropriate code(s) from E84.- *Cystic fibrosis* should be assigned, as per ACS 0001 *Principal diagnosis* and ACS 0402 *Cystic fibrosis*.

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## ACS 0402 *Cystic fibrosis* - nasal polyps

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

When nasal polyps or pancreatic insufficiency are documented as manifestations of cystic fibrosis (CF), which E84.- *Cystic fibrosis* code should be assigned?

#### A:

The current structure of the CF codes in ICD-10, the parent classification of ICD-10-AM, is limited. It is not clear which E84.- code should be assigned to reflect CF with nasal polyps or pancreatic insufficiency. Options to improve the classification of CF are being proposed internationally where these two manifestations are classified as otorhinolaryngological and exocrine pancreatic manifestations of CF respectively. As these options are currently not available in ICD-10-AM these manifestations should both be assigned to E84.8 *Cystic fibrosis with other manifestations*. It is inappropriate to assign E84.0 *Cystic fibrosis with pulmonary manifestations* or E84.1 *Cystic fibrosis with intestinal manifestations* for these manifestations (see also revised Q&A for Cystic fibrosis published June 2013).

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Sunburn

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

In the workshop presentation there was an exercise scenario that included sunburn caused by a home solarium. Is it really sunburn when it isn't caused by the sun?

#### A:

Clinical advice confirmed that burns caused by other sources of ultraviolet radiation, such as tanning beds and therapeutic ultraviolet radiation, should be classified in the same way as sunburn. Enhancements were made to the ICD-10-AM Alphabetic Index in Errata 1, June 2013, to ensure the correct classification of burns from ultraviolet radiation.

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Catheterisation in a neonate

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

Should a code be assigned for each episode of catheterisation in a neonate?

#### A:

A code for each type of catheterisation in a neonate should be assigned once only, regardless of the number of times it is performed. This instruction has been clarified in ACS 1615 *Specific interventions for the sick neonate* in the second errata to Eighth Edition.

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 17-Oct-2013 | Status: Retired

## Resistance to antimicrobial and antineoplastic drugs

### Eighth Edition Education Workshop FAQs - Part 1

#### Q:

Can the code for resistance to antineoplastic drugs be used where there is resistance to cytotoxic drugs?

#### A:

Z07 *Resistance to antineoplastic drugs* is used where there is documentation of resistance, non-responsiveness and refractive properties of neoplasms to antineoplastic drugs (including cytotoxic drugs). This code should not be assigned for non-neoplastic conditions.

The second errata to Eighth Edition will amend the *Inclusion* term at Z07 and the '*Use additional code*' *Instructional* note at the beginning of Chapter 1 *Certain infectious and parasitic diseases*, and a '*Use additional code*' *Instructional* note will be added at the beginning of Chapter 2 *Neoplasms* to reflect this advice.

Published 17 October 2013,  
for implementation 01 November 2013.



Ref No: TN565 | Published On: 12-Dec-2013 | Status: Retired

## **ACS 0048 *Condition onset flag***

### **Eighth Edition Education Workshop FAQs - Part 2**

#### **Q:**

Could Condition Onset Flag (COF) value of 1 be assigned to a patient who is admitted with diabetes and develops uncontrolled diabetes during the episode of admitted patient care?

#### **A:**

Clinical advice indicates that diabetes can become uncontrolled during the course of an admission, therefore COF 1 should be assigned for E1-.65 \**diabetes mellitus with poor control* where it is clearly documented that controlled diabetes develops into poorly controlled or unstable diabetes during the episode of care (see ACS 0048 *Condition onset flag, Guide For Use, Point 5.*).

**Published 12 December 2013,  
for implementation 01 January 2014.**



Ref No: TN565 | Published On: 12-Dec-2013 | Status: Retired

## Respiratory failure, mixed type I and type II

### Eighth Edition Education Workshop FAQs - Part 2

#### Q:

What code should be assigned where the clinician documents mixed type I and type II respiratory failure? Can both codes be assigned?

#### A:

Respiratory failure results in abnormal blood gases and is always the consequence of another condition. Clinical advice confirms that type I and type II respiratory failure cannot occur at the same time, as in type I respiratory failure the carbon dioxide levels are normal or low, in contrast to type II respiratory failure where carbon dioxide levels are high.

However, type I and type II respiratory failure could occur at separate times during the course of an admission. Therefore codes for type I and type II respiratory failure can be assigned according to the documentation in the episode of care, noting that they cannot occur at the same time.

**Published 12 December 2013,  
for implementation 01 January 2014.**



Ref No: TN565 | Published On: 12-Dec-2013 | Status: Retired

## Respiratory failure, type I acute and chronic

### Eighth Edition Education Workshop FAQs - Part 2

#### Q:

If a patient has acute and chronic type I respiratory failure should both be coded?

#### A:

Where the type I respiratory failure is documented as both acute and chronic during an episode of care, assign a code for each (see ACS 0001 *Principal diagnosis, Acute and chronic conditions*).

Published 12 December 2013,  
for implementation 01 January 2014.



Ref No: TN565 | Published On: 12-Dec-2013 | Status: Superseded | Superseded On: 15-Jun-2016 |  
Superseded By: Q2953

## High flow nasal cannula (HFNC)

### Eighth Edition Education Workshop FAQs - Part 2

#### Q:

Where high flow therapy is delivered through a mask, is it the same as high flow nasal cannula therapy?

#### A:

Clinical advice indicates that high flow therapy delivered through a mask is not the same as high flow nasal therapy. High flow nasal cannula therapy depends on the nasal airways partly sealing the cannula to generate a pressure gradient to improve oxygenation and this cannot be generated with a face mask even if high flow oxygen is administered. Therefore, despite the modalities listed for NIV in ACS 1006 *Ventilatory support* including mask, high flow therapy must be delivered through a nasal cannula to be coded as non-invasive ventilation.

Published 12 December 2013,  
for implementation 01 January 2014.



Ref No: TN565 | Published On: 12-Dec-2013 | Status: Retired

## Laparoscopic gastric band

### Eighth Edition Education Workshop FAQs - Part 2

#### Q:

What ACHI code(s) should be assigned when a patient has their laparoscopic gastric band repositioned?

#### A:

There is no specific code in ACHI for repositioning of a laparoscopic gastric band, therefore the procedure should be assigned to 90943-01 **[889]** *Other laparoscopic procedures for obesity* where the repositioning is performed laparoscopically, or 90943-00 **[889]** *Other procedures for obesity* where the repositioning is performed as an open procedure.

The NCCH will consider improvements to the classification of laparoscopic gastric band repositioning for a future edition of ACHI.

Published 12 December 2013,  
for implementation 01 January 2014.



Ref No: TN565 | Published On: 12-Dec-2013 | Status: Retired

## **ACS 0402 *Cystic fibrosis***

### **Eighth Edition Education Workshop FAQs - Part 2**

#### **Q:**

Should gastric manifestations of CF be coded to E84.1 *Cystic fibrosis with intestinal manifestations* or E84.8 *Cystic fibrosis with other manifestations*?

#### **A:**

Gastric manifestations are not distinguished in the ICD-10-AM classification of cystic fibrosis and should, therefore, be assigned to E84.8 *Cystic fibrosis with other manifestations*.

**Published 12 December 2013,  
for implementation 01 January 2014.**



Ref No: TN565 | Published On: 12-Dec-2013 | Status: Retired

## Nitric oxide therapy

### Eighth Edition Education Workshop FAQs - Part 2

#### Q:

Is nitric oxide therapy only to be coded for neonates?

#### A:

Both the guidelines in ACS 1615 *Specific interventions for the sick neonate* and the *Code also when performed* note at block **[569] Ventilatory support** indicate that a code for nitric oxide therapy should only be assigned for neonates. For clarity, an additional *Instructional* note will be included at 92210-00 **[1889] Nitric oxide therapy** in the second errata to Eighth Edition.

Published 12 December 2013,  
for implementation 01 January 2014.



Ref No: TN565 | Published On: 12-Dec-2013 | Status: Superseded | Superseded On: 15-Dec-2014 |  
Superseded By: Q2908

## Percutaneous heart valve replacement

### Eighth Edition Education Workshop FAQs - Part 2

#### Q:

Would a coronary angiography with cardiac catheterisation always be performed as part of a percutaneous heart valve replacement?

#### A:

Clinical advice indicates that coronary angiography with cardiac catheterisation is always performed with a percutaneous heart valve replacement and should be coded separately by following the Alphabetic Index:

#### **Angiography**

- coronary
- - with catheterisation of heart

This will be clarified further in the second errata to Eighth Edition.

**Published 12 December 2013,  
for implementation 01 January 2014.**

Level 6, 1 Oxford Street  
Sydney NSW 2000

Phone 02 8215 1100  
Email [enquiries.ihpa@ihpa.gov.au](mailto:enquiries.ihpa@ihpa.gov.au)  
Twitter @IHPAnews



**IHPA**