



Instructions

Errata for ICD-10-AM Tabular List, ICD-10-AM Alphabetic Index, ACHI Tabular List and ACHI Alphabetic Index Sixth Edition are produced from a database. This has resulted in the change of format shown below. Each row represents an item/change to be made and contains the following information necessary to complete the errata item.

Tabular/Index Entry

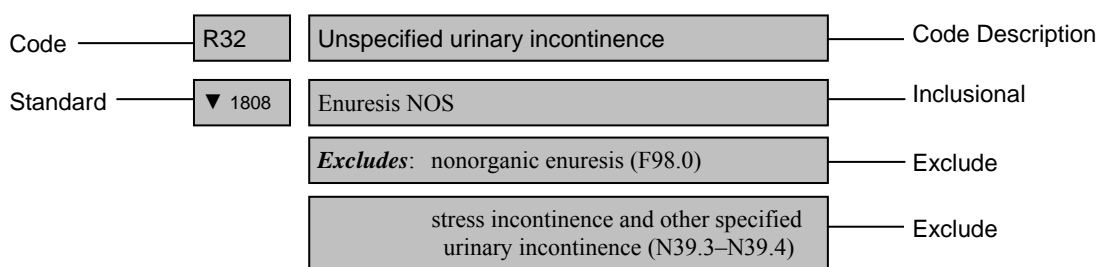
The Tabular Entry (Book:block:code) or Index Entry (Book:main term:subterm) to which the errata item applies. For example:

ICD-10-AM Tab List:R02	ICD-10-AM Tabular List, Code R02
ACHI Tab List:1886:34533-00	ACHI Tabular List, Block 1886, Code 34533-00
ACHI Index:Revision:device:urinary sphincter (artificial)	ACHI Alphabetic Index, Revision - device - - urinary sphincter (artificial)

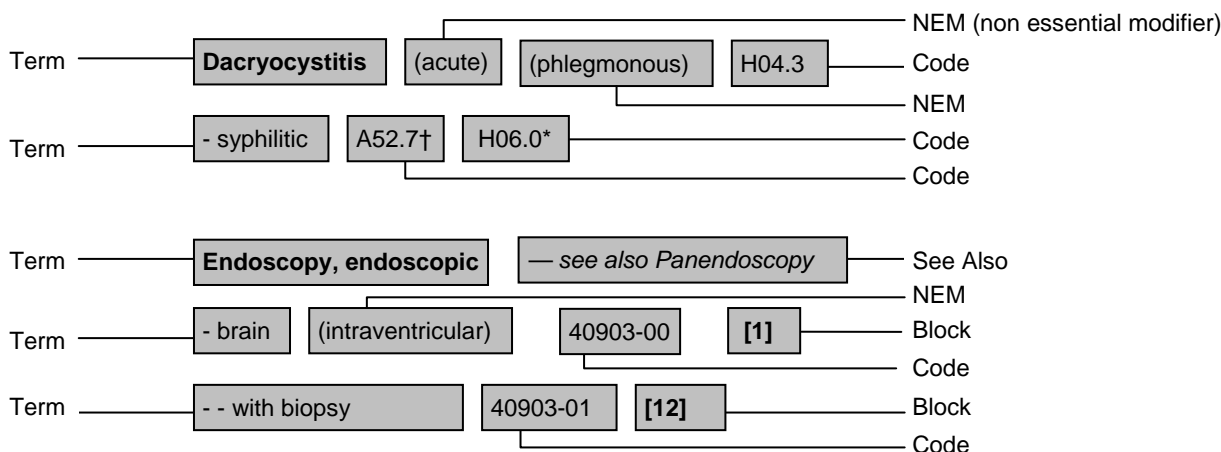
Note Type

The part of the Tabular or Index Entry to which the errata item applies. To use this errata, it is important to think of a Tabular Entry and an Index Entry as being composed of separate elements as shown in the examples below.

Tabular Entry



Index Entry



Instruction

Type of change to be made. For example:

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ICD-10-AM Index:Gangrene, gangrenous:with diabetes:and peripheral angiopathy	Term	Add		- - - and foot ulcer

indicates a term to be added at:

Gangrene
- with diabetes
- - and peripheral angiopathy
- - - and foot ulcer

Tabular/Index Entry	Note Type	Instruction	Existing Value	New Value
ACHI Index:Revision:device:port, implantable vascular access	Term	Delete*	- - port, implantable vascular access	

indicates a term to be deleted at:

Revision
- device
~~- - port, implantable vascular access~~

A 'Delete' instruction followed by an asterisk () indicates that there are subterms to be deleted as a result of this deletion. In the example given above, subterms and notes to be consequently deleted are:

~~- - - for infusion of agents via catheter~~
~~- - - central venous (CVC) 34530-00 [766]~~
~~- - - spinal 30126-00 [56]~~
~~- - - venous 34530-00 [766]~~

It should be assumed that if a Tabular 'Code' or an Index 'Term' is deleted, all its accompanying notes ('Code Description', 'Include', 'Exclude', 'NEM', 'Code', 'Block', 'See Also', etc) need to be deleted.

Existing Value

The text of the entry before the errata change. For an 'Add' instruction, this field will be blank.

New Value

The text of the entry after the errata change. For a 'Delete' instruction, this field will be blank.



Code or term to which the change applies

Part of the code/term to which the change applies

Type of change to be made

Text before making the change

Text after making the change

Tabular/Index Entry	Type	Instruction	Existing Value	New Value
ICD-10-AM Tab List:I12.9	Code also	Revise	Code also the stage of chronic kidney disease (CKD) (N18.-)	Code also the stage of chronic kidney disease (CKD) (N18.1–N18.4, N18.9)
ICD-10-AM Tab List:I13	Includes	Revise	any condition in I11.- with any condition in I12.- disease: • cardiorenal • cardiovascular renal	any condition in I11.- with any condition in I12.- disease: • cardiorenal • cardiovascular renal
ICD-10-AM Tab List:I13.0	Code also	Revise	Code also the stage of chronic kidney disease (CKD) (N18.-)	Code also the stage of chronic kidney disease (CKD) (N18.1–N18.4, N18.9)
ICD-10-AM Tab List:I13.9	Code also	Revise	Code also the stage of chronic kidney disease (CKD) (N18.-)	Code also the stage of chronic kidney disease (CKD) (N18.1–N18.4, N18.9)
ICD-10-AM Tab List:Z45.2	Excludes	Revise	adjustment and management of vascular catheter without reservoir attached (Z45.8)	adjustment and management of vascular catheter without <u>reservoir</u> attached (Z45.8)
ICD-10-AM Tab List:Z94.0	Code also	Add		Code also the stage of CKD (N18.3–N18.5)
ICD-10-AM Index:COAD (chronic obstructive airway disease)	See	Revise	— see Disease, lung obstructive	— see Disease, lung _a obstructive
ICD-10-AM Index:Complications:brain neurostimulator:specified	Code	Revise	T85.8-	T85.81
ICD-10-AM Index:COPD (chronic obstructive pulmonary disease)	See	Revise	— see Disease, lung obstructive	— see Disease, lung _a obstructive
ICD-10-AM Index:Diabetes, diabetic:with:tubulo-intestinal changes	Term	Revise	Diabetes, diabetic; with; tubulo-intestinal changes	Diabetes, diabetic; with; <u>tubulo-interstitial</u> changes
ICD-10-AM Index:Disease, diseased:coronary	See Also	Revise	— see also Disease, arteriosclerotic	— see also Disease, arteriosclerotic, coronary
ICD-10-AM Index:Disease, diseased:kidney:with	Term	Add		impaired glucose regulation
ICD-10-AM Index:Disease, diseased:kidney:with:impaired glucose regulation	See	Add		— see Impaired, impairment, glucose regulation, with, CKD
ICD-10-AM Index:Disorder:use:drug(s):gamma hydroxybutyrate	Code	Revise	- - - gamma hydroxybutyrate (GHB) — <i>F13.-</i>	- - - gamma hydroxybutyrate (GHB) F13.-
ICD-10-AM Index:Glucagonoma:pancreas	Code	Delete	D13.7	
ICD-10-AM Index:Impaired, impairment:glucose regulation	Code	Revise	E09.-	E09.9
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:dyslipidaemia	Code	Delete	E09.72	
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:dyslipidaemia	See	Add		— see ACS 0401 Diabetes mellitus and impaired glucose regulation, dyslipidaemia
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:incipient diabetic nephropathy	Term	Revise	incipient diabetic nephropathy	incipient nephropathy
ICD-10-AM Index:Impaired, impairment:glucose regulation:with:	Term, NEC and Code	Add		- - - kidney complication NEC E09.29
ICD-10-AM Index:Nephropathy:membranous	Code	Revise	N02.2	N05.2

ICD-10-AM Index:Neuropathy, neuropathic	Term and Code	Add		- femoral G57.2
ICD-10-AM Index:Problem:personality	Code	Revise	F61	F69
ICD-10-AM Index:Sertoli-Leydig cell tumour	Morphology	Revise	M8631/0	M8631/1
ICD-10-AM Index:Sertoli-Leydig cell tumour	See Also	Add		— see also Neoplasm, uncertain behaviour
ICD-10-AM Index:Sertoli-Leydig cell tumour:retiform:sarcomatoid (M8631/3) with heterologous elements (M8634/3)	Term	Delete one dash and Revise	- - sarcomatoid (M8631/3) with heterologous elements (M8634/3)	- sarcomatoid (M8631/3) — see Neoplasm, malignant
ICD-10-AM Index:Sertoli-Leydig cell tumour:retiform:well differentiated	Term	Delete one dash	- - well differentiated (M8631/0) — see Neoplasm, benign	- well differentiated (M8631/0) — see Neoplasm, benign
ICD-10-AM Index:Sertoli-Leydig cell tumour:specified site	Term and See	Delete	specified site — see Neoplasm, benign	
ICD-10-AM Index:Sertoli-Leydig cell tumour:unspecified site:male	Term and Code	Delete	- - male D29.2	
ICD-10-AM Index:Sertoli-Leydig cell tumour:unspecified site:female	Term and Code	Delete	- - female D27	
ICD-10-AM Index:Sertoli-Leydig cell tumour:unspecified site	Term	Delete	- unspecified site	
ICD-10-AM Index:Spondylosis:with:myelopathy	Code	Delete	G99.2*	
ICD-10-AM Index:Spondylosis:with:myelopathy	Dagger symbol	Delete	M47.1-+	M47.1-
ICD-10-AM Index:Syndrome:myeloproliferative	Code	Revise	D47.1	D47.9
ICD-10-AM Index:Syndrome:myeloproliferative	Morphology	Revise	M9960/3	M9975/1
ICD-10-AM Index:Syndrome:myeloproliferative	Non Essential	Delete	chronic	
ICD-10-AM Index:Syndrome:myeloproliferative	Term	Add		- - chronic
ICD-10-AM Index:Syndrome:myeloproliferative:chronic	Morphology	Add		M9960/3
ICD-10-AM Index:Syndrome:myeloproliferative:chronic	Code	Add		D47.1
ICD-10-AM Index:Syndrome:withdrawal	See Also	Revise	— see also Withdrawal, state	— see also Withdrawal, state, symptoms, syndrome
ICD-10-AM Index:Wound, open:complicated:infection	Term	Revise	- - - with foreign body	- - - with foreign body
ICD-10-AM Index:EXT:Assault:fight:with weapon:firearm	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, assault)
ICD-10-AM Index:EXT:Assault:firearm(s)	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, assault)
ICD-10-AM Index:EXT:Assault:gunshot	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, assault)
ICD-10-AM Index:EXT:Assault:shooting	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, assault)
ICD-10-AM Index:EXT:Assault:weapon:firearm	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, assault)
ICD-10-AM Index:EXT:Assault:wound:gunshot	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, assault)
ICD-10-AM Index:EXT:Cat bite or scratch	Code	Revise	W55.8	W55.1

ICD-10-AM Index:EXT:Foreign body, object or material:aspiration:	Terms and Codes	Delete	causing injury W44 mucus, not of newborn W80.8 phlegm, not of newborn W80.8 vomitus W78 - - causing injury W44 - - mucus, not of newborn W80.8 - - phlegm, not of newborn W80.8 - - vomitus W78	- - causing injury W44 - - mucus, not of newborn W80.8 - - phlegm, not of newborn W80.8 - - vomitus W78
ICD-10-AM Index:EXT:Killed, killing:in:brawl, fight:by weapon:firearm	See Also	Revise	(see also Discharge, by type of firearm, homicide)	(see also Discharge, by type of firearm, <u>assault</u>)
ACHI Tab List:38368-00	Code also when performed	Add		• insertion of permanent transvenous electrode into other heart chamber(s) for cardiac pacemaker (38350-00 [648])
ACHI Tab List:38390-01	Code also when performed	Add		• insertion of permanent transvenous electrode into other heart chamber(s) for cardiac defibrillator (38390-02 [648])
ACHI Tab List:38350-00	Code also when performed	Add		• insertion of permanent transvenous electrode into left ventricle for cardiac pacemaker (38368-00 [648])
ACHI Tab List:38390-02	Code also when performed	Add		• insertion of permanent transvenous electrode into left ventricle for cardiac defibrillator (38390-01 [648])
ACHI Tab List:90545-00	Inclusional term	Delete	Fasciotomy of hand NOS	
ACHI Index:Biopsy	Non Essential	Delete	(by aspiration)	
ACHI Index:Biopsy	Code and Block	Delete	45799-00 [402]	
ACHI Index:Excision:lesion(s)	Term	Revise	Excision — <i>continued</i> - lesion(s) — <i>continued</i> - - rectum NEC — <i>continued</i> - - - open 90407-00 [1168] - - rectum NEC 90341-00 [933] - - - perirectal 90341-00 [933]	Excision — <i>continued</i> - lesion(s) — <i>continued</i> rectum NEC — continued - - prostate — <i>continued</i> - - - open 90407-00 [1168] - - rectum NEC 90341-00 [933] - - - perirectal 90341-00 [933]
ACHI Index:Exteriorisation:oesophageal pouch	Code	Revise	30293-01	30293-00
ACHI Index:Fistulisation:oesophagus, external	Code	Revise	30293-01	30293-00
ACHI Index:Implant, implantation:device:prosthetic	See	Revise	— see Implant, implantation, prosthesis, prosthetic device	— see Implant, implantation, <u>prosthesis</u> , prosthetic device
ACHI Index:Irrigation:device	Term and Code	Add		- - vascular access 13939-02 [1922]
ACHI Index:Irrigation	Term and Code	Add		- vascular access device 13939-02 [1922]
ACHI Index:Procedure:dental:emergency:palliative	Block	Add		484
ACHI Index:Prostatectomy:transurethral:needle ablation	Code	Revise	37203-00	37201-00
ACHI Index:Replacement:skull:plate	Code	Revise	40600-02	40600-00

ACHI Appendix A

MBS Item not Included in ACHI	MBS Item Map	MBS Item not Included in ACHI	MBS Item Map
32505	inactive '98	45505	45502
32507	32505	45520	45521
32517	32514	45521	inactive '98
		45522	45521
41858	41861	45543	inactive '01
41881	41883	59900	inactive '01
41883	inactive '99	59903	59900
		59906	inactive '01

AUSTRALIAN CODING STANDARDS

P41 & 42	<p>0020 BILATERAL/MULTIPLE PROCEDURES</p> <p>Multiple procedures</p> <p>Classification</p> <p>1. The SAME PROCEDURE repeated during the episode of care at different visits to theatre A procedure which is repeated during the episode of care should be coded as many times as it is performed.</p> <p>Examples of exceptions to this rule are:</p> <ul style="list-style-type: none"> • Procedures included in ACS 0042 <i>Procedures normally not coded</i> • Procedures where multiples are included in the code descriptor, such as: <ul style="list-style-type: none"> • ECT (see ACS 0533 <i>Electroconvulsive therapy, page 124</i>) • Dental extractions • Removal of renal calculi
Delete	
Delete	<p>EXAMPLE 2: Patient has four teeth surgically removed during an episode of care. Code: 97322-04 [458] <i>Surgical removal of 4 teeth not requiring removal of bone or tooth division</i></p>
	<p>EXAMPLE 32: Patient has two laparotomies performed during an episode of care. Assign: the appropriate laparotomy code twice</p>
P42 & 43	<p>5. Skin or subcutaneous lesion removal Assign the relevant code for excision of multiple lesions.</p>
Revise	<p>EXAMPLE 43: Excision of two lesions from forearm. Code: 31205-00 [1620] <i>Excision of lesion(s) of skin and subcutaneous tissue of other sites</i></p>
	<p>EXAMPLE 54: Excision of lesions from eyelid (1) and nose (1) and neck (2). Code: 31230-00 [1620] <i>Excision of lesion(s) of skin and subcutaneous tissue of eyelid</i> 31230-01 [1620] <i>Excision of lesion(s) of skin and subcutaneous tissue of nose</i> 31235-00<u>1</u> [1620] <i>Excision of lesion(s) of skin and subcutaneous tissue of neck</i></p>
	<p>EXAMPLE 65: Assign one code only in the following examples:</p> <ul style="list-style-type: none"> • Diathermy of anal warts • Diathermy of vulval warts • Removal of plantar warts • Excision of anal skin tags

0030 ORGAN PROCUREMENT AND TRANSPLANTATION

ORGAN/TISSUE PROCUREMENT AND TRANSPLANTATION TABLE					
ORGAN/ TISSUE	Dx CODE	PROCUREMENT PROCEDURE CODE		TRANSPLANTATION PROCEDURE CODE	
Blood, whole	Z52.00	13709-00 [1891]	<i>Collection of blood for transfusion</i>	13706-01 [1893]	<i>Administration of whole blood</i>
Blood (see also ACS 0301)	Z51.81	Block [1892]	<i>Apheresis</i>	Block [802] or Block [1893]	<i>Bone marrow/stem cell transplantation via apheresis</i>
Blood, other products	Z52.08	Block [1891]	<i>Therapeutic collection and processing of blood/bone marrow</i>	Block [1893]	<i>Administration of blood and blood products</i>
		Block [1892]	<i>Apheresis</i>		

Delete

0401 DIABETES MELLITUS AND IMPAIRED GLUCOSE REGULATION

P98 &99

Dyslipidaemia

The characteristic pretreatment dyslipidaemia attributed to insulin resistance features elevated fasting triglycerides and depressed HDL-cholesterol fraction.

Diagnostic Criteria for Dyslipidaemia

Triglycerides (mmol/L)	≥2.0
AND	
HDL-Cholesterol (mmol/L)	≤1.0

Delete

Note: These criteria are for use by clinicians, not clinical coders.

Some patients with diabetes or IGR may also have documented pretreatment lipid abnormalities not characteristic of insulin resistance, including unqualified ‘hypercholesterolaemia’.

The terms ‘hypercholesterolaemia’, ‘high cholesterol’ or ‘chol’ are often used in medical records rather than the term ‘dyslipidaemia’. This creates difficulties for coders to determine the existence of insulin resistance in patients with diabetes mellitus or IGR. When any of these terms are documented, the following guidelines may help to determine when to assign E1-.72 * *Diabetes mellitus with features of insulin resistance* or E09.72 *Impaired glucose regulation with features of insulin resistance*.

Add

CLASSIFICATION

- If increased cholesterol is documented in the clinical record with either increased fasting triglycerides or decreased HDL documented or confirmed by test results – **code to** E1-.72 or E09.72
- If there is no documentation of increased cholesterol but both increased fasting triglycerides and decreased HDL are documented in the clinical record – **code to** E1-.72 or E09.72
- If increased cholesterol only is documented with no mention of increased fasting triglycerides or decreased HDL – **do not code to** E1-.72 or E09.72

Acanthosis nigricans

Acanthosis nigricans is a skin disorder characteristically associated with insulin resistant states (especially congenital) and not Type 1 diabetes.

Revise

CLASSIFICATION

E11.72, E13.72, E14.72 **Diabetes mellitus with features of insulin resistance* or E09.472 *Impaired glucose regulation with features of insulin resistance*, as appropriate, should be assigned when one or more of the following is documented:

- acanthosis nigricans
- characteristic dyslipidaemia (elevated fasting triglycerides and depressed HDL-cholesterol)
- hyperinsulinism
- hypertension
- increased intra-abdominal visceral fat deposition
- ‘insulin resistance’
- nonalcoholic fatty (change in) liver
- obesity (meeting recognised criteria or documented as “morbid obesity”)

Additional diagnosis codes should be assigned for acanthosis nigricans, dyslipidaemia, hypertension, hyperinsulinism, nonalcoholic fatty (change in) liver or obesity, as appropriate.

Note: When unqualified ‘obesity’ (E66.-), **or** other lipid disturbance (E78.-) not characteristic of insulin resistance (as defined above) is/are documented with diabetes mellitus or IGR and none of the above criteria are met, assign the appropriate diabetes or IGR code with these conditions as additional diagnoses

0909 CORONARY ARTERY BYPASS GRAFTS

P151

Pacing wires (temporary pacemaker) (temporary electrodes)

Temporary pacing wires may be placed on the epicardial surface of the atrium and/or ventricle and brought out through the chest wall prior to closure of the operative wound. The pacing wires may be used postoperatively to stimulate the heart in the event of heart block or arrhythmia. As the insertion of pacing wires is a routine part of CABG, procedure a code for this component is not required. (See also ACS 0936 *Cardiac pacemakers and implanted defibrillators*.)

Revise

1006 VENTILATORY SUPPORT

P178

Classification

- e. **Do not code ventilation** when the patient brings their own ventilatory support devices (eg CPAP machine) into hospital.
- f. The ventilatory support that is provided to a patient **during surgery** is associated with anaesthesia and is considered an integral part of the surgical procedure. The patient may remain on ventilatory support for some hours while recovering following surgery. Ventilation of **≤ 24 hours post surgery** should not be coded in these cases.

Add

Ventilatory support should be coded when:

Add

- it is initially performed for **respiratory support** prior to surgery and is then **continued during surgery and post surgery** (even if < 24 hours post surgery).
- it is **initiated during surgery** and **continues** after surgery (in recovery, ICU, ward or for further surgery) for **> 24 hours post (initial) surgery**.

Note: The duration of ventilatory support should be counted from the time of intubation (see *Calculating the duration of CVS*). In cases where ventilatory support has been initiated **during surgery** and has met the above criteria for coding then the duration begins from the time of (initial) intraoperative intubation.

Delete

~~However, ventilatory support:~~

- ~~• **initiated during surgery** and continuing after surgery (in ICU or ward) for **> 24 hours post surgery** should be coded with duration beginning at the time of intraoperative intubation.~~
- ~~• **initiated prior to surgery, continuing during surgery and post surgery** should be coded (even if ≤ 24 hours) with duration beginning from the time of intubation. In such cases the ventilation is initially performed for respiratory support not for anaesthesia.~~

P 212

Revise

EXAMPLE 5:

A 79 year old woman, with known renal artery stenosis and hypertensive kidney disease, was admitted for renal artery stenting to alleviate ~~with~~-worsening hypertension and deteriorating renal function, latest eGFR = 31 mL/min. Comorbidities included angina. ~~Diagnosis of hypertensive kidney disease was made, and renal artery stent insertion recommended.~~

~~On the evening p~~Prior to operation she experienced several attacks of angina which responded to Anginine. Anaesthetic assessment considered her cardiac status to be too unstable for operation at this time and she was discharged for ongoing follow-up.

Delete

Codes: I12.9 ~~—~~ *Hypertensive kidney disease without kidney failure*
 N18.3 ~~—~~ *Chronic kidney disease, stage 3*
 I70.1 *Atherosclerosis of renal artery*
 Z53.0 *Procedure not carried out due to contraindication*
 I20.9 *Angina pectoris, unspecified*
 Add I12.9 *Hypertensive kidney disease without kidney failure*
 N18.3 *Chronic kidney disease, stage 3*

(See also ACS 0913 *Hypertensive kidney disease*)

P212
& 213**Kidney replacement therapy**

Patients who have had their end-stage kidney disease treated with kidney replacement therapy, either in the form of dialysis or transplant, are still considered to have CKD. Patients receiving kidney replacement therapy in the form of ongoing maintenance dialysis are considered to be at stage 5, while transplanted patients are considered to be stage 3, unless otherwise documented.

Delete

CLASSIFICATION

...

4. For patients dependent on haemodialysis or peritoneal dialysis for end-stage kidney disease, but not receiving dialysis treatment during the current admission, and where documentation pertaining to this status satisfies criteria for coding under ACS 0002, assign Z99.2 *Dependence on kidney dialysis* ~~together with N18.5 *Chronic kidney disease, stage 5.*~~

Anaemia in kidney disease

P 214

CLASSIFICATION

When anaemia is documented:

Revise

- 1) as linked to, or in the presence of, chronic kidney disease, ~~OR~~
- 2) ~~in the presence of chronic kidney disease~~ stage 3 or higher, or chronic renal impairment/failure (CRI/F) with an eGFR <60mL/min, **AND**
- 3) it meets ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*,

assign N18.3 – N18.5 *Chronic kidney disease stage 3 – stage 5* or N18.9 *Chronic kidney disease, unspecified* with D63.8* *Anaemia in other chronic diseases classified elsewhere*.