



Instructions

Errata for ICD-10-AM Tabular List, ICD-10-AM Alphabetic Index, ACHI Tabular List and ACHI Alphabetic Index are produced from a database. This has resulted in the 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

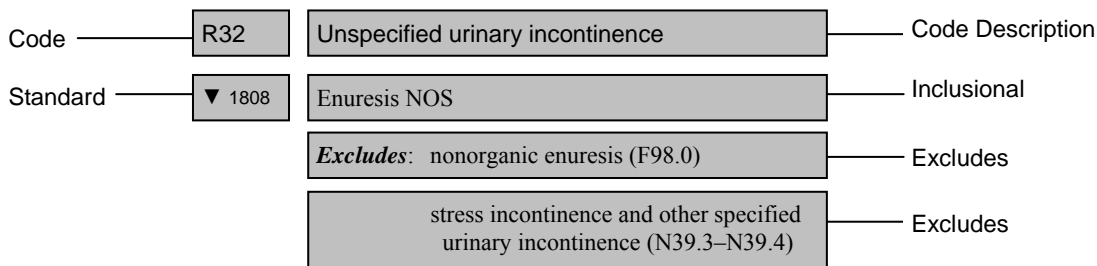
The Tabular Entry (Book:block:code) or Index Entry (Book:main term:subterm) to which the errata item applies. For example:

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)

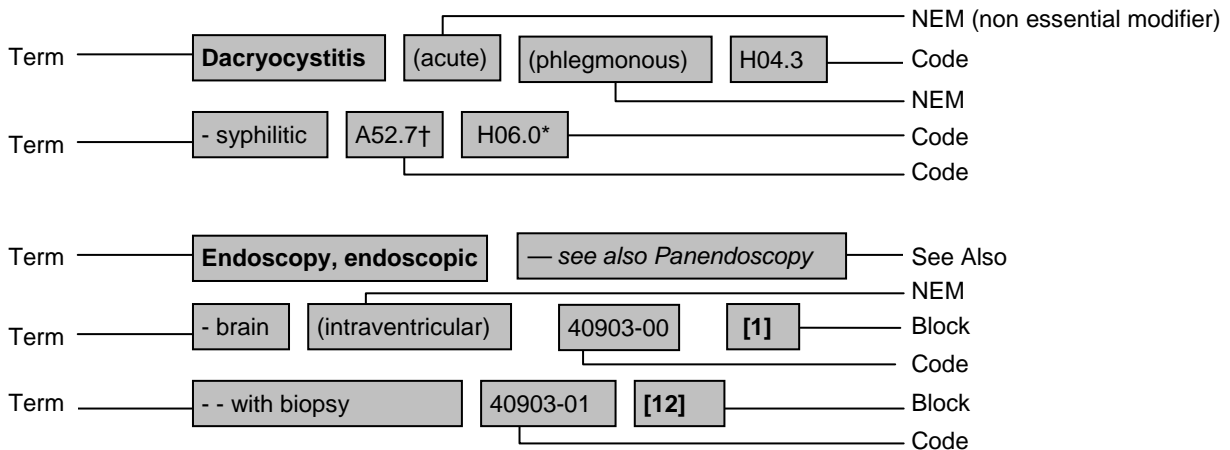
Note Type

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:Q89.9	Code	Revise	Remove grey box. Code is valid at four characters	
ICD-10-AM Tab List:Y92.40	Inclusion	Delete	Street parking	
ICD-10-AM Index:EXT>Contact:with:circular saw	Code	Revise	W31.2	W29.1
ICD-10-AM Index:EXT:Place of occurrence of external cause:highway	Code	Revise	Y92.40	Y92.49
ICD-10-AM Index:EXT:Place of occurrence of external cause:street	Code	Revise	Y92.40	Y92.49
ICD-10-AM Index:EXT:Place of occurrence of external cause:street:parking	Term	Delete term and code	parking Y92.40	
ACHI Tab List:1552:18360-00	Excludes	Delete	Subcutaneous or intramuscular injection of agent for systemic effect (see block [1920])	
ACHI Index:Attachment:occlusal arrest, to partial denture	Term	Revise	Attachment; occlusal arrest, to partial denture	Attachment; occlusal <u>rest</u> , to partial denture
ACHI Index:Attachment:tooth:to partial denture	Code	Revise	97731-00	97733-00
ACHI Index:Clipping:thoracic duct	Code	Revise	34818-00	38418-00
ACHI Index:Clipping:thoracic duct	Block	Revise	736	561
ACHI Index:Prostatectomy:radical	Non Essential	Add		total
ACHI Index:Replacement:electrode(s) lead(s):heart	See	Revise	— see Insertion, electrode(s) lead(s), cardiac, permanent	— see <u>Replacement</u> , electrode(s) lead(s), cardiac

AUSTRALIAN CODING STANDARDS

0401 DIABETES MELLITUS AND IMPAIRED GLUCOSE REGULATION

P98

Visceral fat deposition/obesity/overweight

Alternatively abnormal and excessive fat distribution can also be assessed by the waist:hip ratio (WHR) with abnormal WHR being > 0.90 in men and > 0.85 in women.

Delete

CLASSIFICATION
~~When obesity is documented in the clinical record as “morbid”, it does not require further confirmation by BMI estimation.~~

P99

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 E09.72 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 i.e obesity grades 1, 2 or 3 or documented as “morbid obesity” documentation of overweight, obesity or 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...

Eradicated conditions in diabetes**CLASSIFICATION**

When a complication of diabetes has been eradicated often as a result of surgery, do not assign the specific code for the manifestation as it has been eradicated. Assign instead an 'other specified complication' code from the appropriate diabetes section.

Vascular reconstruction procedures or lower limb amputations do not eradicate the condition of peripheral vascular disease. These procedures, however, may eradicate a diabetic ulcer on the lower extremity. In this latter eventuality, assign the code E1-.51 **Diabetes mellitus with peripheral angiopathy, without gangrene* and where appropriate the additional code Z89.- for the acquired absence of limb.

EXAMPLE 8:

A patient with a history of Type 2 diabetes mellitus with nephropathy treated by kidney transplantation.

Codes: E11.292 *Type 2 diabetes mellitus with ~~other specified kidney complication~~ established diabetic nephropathy*
 N18.3 *Chronic kidney disease, stage 3*
 Z94.0 *Kidney transplant status*

Revise

Add

In this case E11.29 *Type 2 diabetes mellitus with other specified kidney complication* is not assigned as chronic kidney disease is never eradicated.

Add

(See also ACS 1438 *Chronic kidney disease, Kidney replacement therapy*)

0604 STROKE

P 128

2. Severity

The Neurosciences CCG has produced a list of additional diagnosis codes which give some indication of the severity of a stroke episode. It is interesting to note that it is not necessarily the deficits, such as hemiplegia, which indicate that a stroke is 'severe'. This table is provided here primarily for interest, as the conditions listed here would be coded routinely during the abstraction process. However, **note that for a stroke case, dysphagia, urinary incontinence and faecal incontinence, should only be coded when certain criteria are met.**

STROKE-ADDITIONAL DIAGNOSES

ADDITIONAL DIAGNOSIS	ICD-10-AM CODE(S)
Urinary tract infection, site not specified	N39.0
Aspiration pneumonitis	J69.0
Pneumonia	J12.0, J12.1, J12.2, J12.8, J12.9, J13, J14, J15.0, J15.1, J15.2, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17.0, J17.1, J17.2, J17.3, J17.8, J18.0, J18.1, J18.2, J18.8, J18.9
Decubitus {ulcer and pressure area} and lower limb ulcer	L89.-, L97
Pulmonary embolism and venous thrombosis	I26.0, I26.9, I80.2

Delete square brackets

1006 VENTILATORY SUPPORT**Classification**

P177

1. **Code first the ventilatory support** (see also *Calculating the duration of CVS*)

...

Add

e. **Do not code ventilation** when the patient brings their own ventilatory support devices (eg CPAP machine) into hospital and the patient operates the device.

Transferred intubated patients

P179

Transferred intubated and ventilated patients

When a ventilated (by ETT or tracheostomy) patient is transferred, both the transferring and receiving hospitals assign the code for the appropriate hours of CVS. If the patient has a tracheostomy then this should be coded at the hospital where it was performed. Do not code the ventilation/intubation if it is for < 1 hour prior to transfer.

Add

1438 CHRONIC KIDNEY DISEASE

P 213

EXAMPLE 6:

A 76 year old man was admitted through emergency with a fractured neck of femur, following a fall down steps in his garden. Comorbidities included IgA nephropathy with kidney failure, on home dialysis. X-ray confirmed subcapital fracture of the L femur. The fracture was treated by hemiarthroplasty to the left hip, under GA, ASA 2.

He underwent haemodialysis three times during his stay, and was transferred to a private facility for rehabilitation 5 days after operation.

Codes: S72.03 *Fracture of subcapital section of femur*
 W10 *Fall on and from steps or stairs*
 Y92.091 ~~*Other and unspecified place in home*~~ *Outdoor areas*
 U73.9 *Unspecified activity*
 N18.5 *Chronic kidney disease, stage 5*
 N02.8 *IgA nephropathy*

Revise

1511 TERMINATION OF PREGNANCY

P 217 & 218

If pregnancy is terminated because of known or suspected fetal abnormality or other fetal and placental problems or a maternal condition, apply the following guidelines:

...

2. If the termination of pregnancy (excluding fetal death in utero) occurs **after** fetal viability, assign:
 - a code to indicate the reason for termination as the principal diagnosis
 - O04.- *Medical abortion*
 - O60.4- ~~*Preterm labour with preterm and delivery*~~
 - O09.- *Duration of pregnancy*
 - Z37.- *Outcome of delivery*
 (see Examples 2 and 3).

Revise

EXAMPLE 2:

Patient admitted for termination of pregnancy at 23 weeks due to diagnosis of liver and bony metastases two weeks ago. Mastectomy one year previously for infiltrating duct carcinoma of the breast. Outcome single stillborn.

Codes: O99.8 *Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium*
 C78.7 *Secondary malignant neoplasm of liver*
 C79.5 *Secondary malignant neoplasm of bone and bone marrow*
 M8500/6 *Infiltrating duct carcinoma NOS, metastatic*
 C50.9 *Breast, unspecified*
 M8500/3 *Infiltrating duct carcinoma NOS*
 O04.9 *Medical abortion, complete or unspecified, without complication*
 O60.43 ~~*Preterm delivery without spontaneous labour labour with preterm delivery*~~
 O09.3 *Duration of pregnancy 20–25 completed weeks*
 Z37.1 *Single stillbirth*

Revise

Other diagnosis and procedure codes as appropriate.

EXAMPLE 3:

Patient admitted for termination of pregnancy at 25 weeks due to fetal chromosomal abnormality. Outcome single stillborn.

Codes: O35.1 *Maternal care for (suspected) chromosomal abnormality in fetus*
 O04.9 *Medical abortion, complete or unspecified, without complication*
 O60.43 ~~*Preterm delivery without spontaneous labour labour with preterm delivery*~~
 O09.3 *Duration of pregnancy 20–25 completed weeks*
 Z37.1 *Single stillbirth*

Revise

Other diagnosis and procedure codes as appropriate.

1904 PROCEDURAL COMPLICATIONS

P263

Misadventure

A code from block Y60–Y69 *Misadventures to patients during surgical and medical care* should be assigned when the complication occurs during a procedure ~~due to human intervention~~.

Delete