



Government of **Western Australia**
Department of **Health**

Guide to Major Eleventh Edition Changes:

Australian Coding Standards & ICD-10-AM

**WA Clinical Coding Authority
Purchasing and System Performance Division**

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VERSION	DATE	AUTHOR	COMMENTS
1.1	01/08/2019	WA Clinical Coding Authority	Developed
1.2	01/11/2019	WA Clinical Coding Authority	Revision of Examples 2 and 3; creation of Example 5
1.3	01/01/2020	WA Clinical Coding Authority	Revised content on page 7, Oral pharmacotherapy, dot point 2; creation of Example 9
1.4	01/01/2021	WA Clinical Coding Authority	Revised content page 12, ACS 0236, dot point 1
1.5	01/06/2021	WA Clinical Coding Authority	Revised content page 12, ACS 0236, dot point 1 and 2

ACS 0011 *Intervention not performed or cancelled*

- Use *Admission Policy, Appendix 4: Cancelled procedures flowchart* to determine whether an admission should be reported prior to applying ACS 0011.
- This standard has been renamed to reflect that it is applicable to any intervention (including non-surgical interventions).
- Classification instructions have been revised to reflect that a condition/complication resulting in cancellation of an intervention can be either:
 - present on admission **or**
 - arising during the admission.
- This standard applies only when a patient is admitted specifically for an intervention to be performed (i.e. booked procedure); where the intervention is **not initiated**.

ACS 0019 *Intervention abandoned, interrupted or not completed*

- Use *Admission Policy, Appendix 4: Cancelled procedures flowchart* to determine whether an admission should be reported prior to applying ACS 0019.
- ACS 0019 applies to any intervention, including surgical or diagnostic procedure (as per 11th Edition ACCD Coding Exercise Workbook, question 10.4: colonoscopy).
- Creation of new code Z53.3 *Procedure abandoned after initiation*.
- New classification instructions have been added to this standard for code assignment and sequencing when an intervention is **initiated** and subsequently abandoned, interrupted or not completed. These instruct the coder to assign:
 - A code for the condition requiring the intervention (principal diagnosis)
Note: this may be additional diagnosis, depending on the circumstances of the admission. For example, if a condition (unrelated to principal diagnosis) arises or is identified during the episode and surgery is initiated for this condition which is subsequently abandoned/interrupted/not completed, this condition is an additional diagnosis.
 - Z53.3 *Procedure abandoned after initiation*, as an additional diagnosis.
 - A code for the condition or complication responsible for the abandonment of the intervention, as an additional diagnosis, if applicable.
 - ACHI codes as applicable, coded to the extent of the intervention performed.
Note: ACS 0042 *Procedures normally not coded* and other relevant ACS should guide ACHI code assignment.

Example 1: Patient admitted for Infusaport insertion under general anaesthesia (GA). Under GA, a needle was inserted into the vein, however the surgeon was unable to insert Infusaport due to jugular vein thrombosis. The procedure was abandoned and patient was transferred to another hospital for management of thrombosis.

10 th Edition	11 th Edition
Z45.2 Adjustment and management of vascular access device	Z45.2 Adjustment and management of vascular access device
Z53.0 Procedure not carried out because of contraindication	Z53.3 Procedure abandoned after initiation
I82.8 Embolism and thrombosis of other specified veins	I82.8 Embolism and thrombosis of other specified veins
34100-01 [924] Exploration of jugular vein 92514-99 [1910] General anaesthesia	34100-01 [924] Exploration of jugular vein 92514-99 [1910] General anaesthesia
Z53.0 is assigned as per logic outlined in <i>Clinical coding guidelines: Admissions for elective procedures not performed</i> , WACCA Oct 2018.	The procedure was initiated therefore Z53.3 is assigned as per ACS 0019 <i>Intervention abandoned, interrupted or not completed</i> .

Example 2: Patient admitted for CT guided core biopsy of suspicious liver lesion. CT was performed, however following local anaesthetic administration the procedure did not progress further due to patient anxiety about the procedure. Patient rebooked to have procedure under sedation.

10 th Edition	11 th Edition
K76.9 Liver disease, unspecified	K76.9 Liver disease, unspecified
Z53.8 Procedure not carried out for other reasons	Z53.3 Procedure abandoned after initiation R45.89 Other symptoms and signs involving emotional state
No ACHI code.	No ACHI code.
Z53.8 is assigned as per logic outlined in <i>Clinical coding guidelines: Admission for elective procedures not performed</i> , WACCA Oct 2018.	Anaesthesia was initiated therefore Z53.3 is assigned as per ACS 0019 <i>Intervention abandoned, interrupted or not completed</i> .
	As per ACS 0019, the condition responsible for abandonment is assigned after Z53.3.
	No ACHI code is assigned as neither radiology nor local anaesthesia are coded, as per ACS 0042 <i>Procedures normally not coded</i> and ACS 0031 <i>Anaesthesia</i> .

Example 3: Patient admitted for a colonoscopy for abdominal pain. An IV line is inserted but before sedation is administered, the patient complains of crushing radiating chest pain. The procedure is abandoned and the admission continues for investigation of the chest pain for which no cause is found. Patient re-booked for colonoscopy at a later date.

<p>10th Edition R10.4 Other and unspecified abdominal pain Z53.0 Procedure not carried out because of contraindication R07.4 Chest pain unspecified</p> <p>This scenario is not covered by ACS 0011 because the chest pain was not present on admission. The principal diagnosis is assigned as per ACS 0001 <i>Principal diagnosis/Original treatment plan not carried out</i>. Chest pain meets ACS 0002 criteria. Z53.0 assigned as per logic outlined in <i>Clinical coding guidelines: Admissions for elective procedures not performed</i>, WACCA Oct 2018.</p>	<p>11th Edition R07.4 Chest pain unspecified R10.4 Other and unspecified abdominal pain Z53.0 Procedure not carried out because of contraindication</p> <p>Anaesthesia did not commence, hence the intervention was not initiated. Therefore ACS 0011 <i>Intervention not performed or cancelled</i> is applicable. Chest pain is sequenced as the principal diagnosis as per ACS 0011, point 2. .</p> <p>A query will be sent to IHPA regarding <i>ICD-10-AM/ACHI/ACS11th Edition Coding Exercises Workbook</i> case 10.4 to confirm this was erroneously classified as 'abandoned' rather than 'cancelled' intervention.</p>
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Example 4: Patient admitted for a colonoscopy due to family history of bowel cancer. Patient sedated and colonoscope advanced past hepatic flexure but procedure was abandoned due to inadequate bowel preparation/poor visibility. Patient re-booked.

<p>10th Edition Z12.1 Special screening examination for neoplasm of intestinal tract Z80.0 Family history of malignant neoplasm of digestive organs Z53.0 Procedure not carried out because of contraindication</p> <p>32090-00 [905] Fiberoptic colonoscopy to caecum 92515-99 [1910] Sedation</p> <p>Z53.0 assigned as per logic outlined in <i>Clinical coding guidelines: Admissions for elective procedures not performed</i>, WACCA Oct 2018</p> <p>The extent of the procedure is coded, as per ACS 0019 <i>Procedure not completed or interrupted</i>.</p>	<p>11th Edition Z12.1 Special screening examination for neoplasm of intestinal tract Z80.0 Family history of malignant neoplasm of digestive organs Z53.3 Procedure abandoned after initiation</p> <p>32090-00 [905] Fiberoptic colonoscopy to caecum 92515-99 [1910] Sedation</p> <p>The procedure was initiated therefore Z53.3 is assigned as per ACS 0019 <i>Intervention abandoned, interrupted or not completed</i> and ICD-10-AM/ACHI/ACS11th Edition Coding Exercises Workbook.</p> <p>There is no condition or complication that can be coded as being responsible for the procedure being abandoned.</p> <p>Assign ACHI code as applicable, coded to the extent of the intervention performed, as per ACS 0019 <i>Intervention abandoned, interrupted or not completed</i>. In this instance the ACHI code indicates colonoscopy was complete, however Z53.3 flags that the colonoscopy was abandoned.</p>
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Example 5

Paediatric patient admitted for grommets for chronic otitis media with effusion. Emla cream applied, but before IV line was inserted the procedure was cancelled.

10 th Edition	11 th Edition
H65.4 Other chronic nonsuppurative otitis media Z53.9 Procedure not carried out, unspecified reason	H65.4 Other chronic nonsuppurative otitis media Z53.9 Procedure not carried out, unspecified reason As per the <i>Cancelled procedure flowchart</i> (Appendix 4) of the WA Admission Policy, Emla gel/cream is a “pre-medication”. Once pre-medication is given, an admission is to be reported. Emla cream is not operative anaesthesia, and therefore ACS 0019 <i>Intervention abandoned, interrupted or not completed</i> is not applicable as operative anaesthesia has not commenced. The episode is coded in accordance with ACS 0011 <i>Intervention not performed or cancelled</i> .

ACS 0044 Pharmacotherapy

The ACS title has been renamed from *Chemotherapy* to encompass all pharmacotherapy for consistency with the definition provided in the standard. Amendments to ACS 0044 include:

- The addition of guidelines stating that “Episodes of care for administration of pharmacotherapy for a patient with a neoplasm may be to:
 - Treat the neoplasm
 - Treat a ‘neoplasm related’ or ‘neoplasm treatment related’ condition
 - Prevent a ‘neoplasm related’ or ‘neoplasm treatment related’ condition
 - A combination of these factors”.

Note: some of these treatments may not meet Admission Policy. See Examples 5, 6 and 7 in this document.

- Oral (including transmucosal e.g. buccal, sublingual) pharmacotherapy for neoplasms is now coded. Administration of oral chemotherapy alone may not meet Admission Policy. However, 96203-00 [1920] *Oral administration of pharmacological agent, antineoplastic agent* can be assigned when performed in an episode that meets Admission Policy.
- Note added at Example 2 to illustrate that admission for Aredia administration is considered pharmacotherapy for a neoplasm-related condition, regardless of the lack of documented link between hypercalcaemia and neoplasm.

ACS 0044 *Pharmacotherapy* (continued)

The revision of ACS 0044 was partly in response to national queries (originally answered in ACCD Coding Rule Q3073 *Same-day admissions for chemotherapy/pharmacotherapy for neoplasm(s) and neoplasm related conditions*, effective 1 Jan 2017, updated 15 Jun 2019) regarding booked/planned same-day episodes for the following scenarios:

- IV hydration **as part of a chemotherapy regimen/protocol** (e.g. Day 1 chemo, Day 2 chemo, Day 3 IV hydration)
- Neulasta (or other prophylactic pharmacotherapy), **as part of a chemotherapy regimen/protocol**.

The classification instructions to assign Z51.1 *Pharmacotherapy session for neoplasm* and -00 *Antineoplastic agent* for IV hydration and Neulasta as part of a chemotherapy treatment regimen/protocol are sound. However, there is concern about dehydration NOS or neoplasm treatment related conditions such as dehydration due to chemotherapy being coded this way.

ACS 0044 instructs Z51.1 *Pharmacotherapy session for neoplasm* and/or -00 *Antineoplastic agent* be assigned for **neoplasm treatment related** pharmacotherapy, which is considered inappropriate for the following situations:

- Dehydration due to nausea and vomiting from chemotherapy, requiring admission for IV hydration i.e. hydration **not** as part of a planned chemotherapy regimen/protocol.
- Unexpected need for antibiotics For example, antibiotics for febrile neutropenia, sepsis, or surgical wound infection from cancer surgery. (i.e. not antibiotics as part of a chemotherapy regimen/protocol).
- Booked same-day magnesium infusion for hypomagnesaemia due to intestinal malabsorption as a result of small intestine resection of neoplasm.

These issues will be raised with the Independent Hospital Pricing Authority (IHPA). In the meantime, do not assign Z51.1 or -00 *Antineoplastic agent* for a neoplasm **treatment** related condition, or dehydration NOS. See Examples 9 and 10 in this document. This logic is supported by the ACHI Tabular List and Alphabetic Index:

ACHI TABULAR LIST

Block [1920] *Administration of pharmacotherapy*

- 00 Antineoplastic agent

Note: This extension is assigned for any agent (e.g. anti-infective, electrolytes, nutritional substances, steroids) that is used in the treatment of neoplasm and/or neoplasm related conditions

→ **neoplasm treatment related condition is not included in the Note**

ACHI ALPHABETIC INDEX

Pharmacotherapy

- for

- - neoplasm and/or neoplasm related conditions – code to block 1920 with extension -00

→ **neoplasm treatment related condition is not included in the Index pathway**

Example 6: Same-day booked hospital attendance for oral Oradoxel for prostate cancer.

10 th Edition	11 th Edition
Non-admitted activity.	Non-admitted activity.
96203-00 <i>Oral administration of pharmacological agent, antineoplastic agent</i> is on the WA Health System Type C Non-Admitted Procedures List.	96203-00 <i>Oral administration of pharmacological agent, antineoplastic agent</i> is on the WA Health System Type C Non-Admitted Procedures List.
	<p>For jurisdictions where oral chemotherapy alone is a valid admission, the correct code assignment is:</p> <p>Z51.1 Pharmacotherapy session for neoplasm</p> <p>C61 Malignant neoplasm of prostate</p> <p>M8000/3 Neoplasm, malignant</p> <p>96203-00 [1920] Oral administration of pharmacological agent, antineoplastic agent</p> <p>as per ACS 0044 <i>Pharmacotherapy</i>.</p>

Example 7: Same-day booked/planned hospital attendance for IV hydration alone, which is part of patient’s chemotherapy regimen/protocol (day 1 IV chemotherapy, day 2 IV chemotherapy, day 3 IV hydration).

10 th Edition	11 th Edition
Non-admitted activity.	Non-admitted activity.
96199-19 <i>Intravenous administration of pharmacological agent, other and unspecified pharmacological agent</i> is on the WA Health System Type B Admittable Procedures list, however as per <i>ARDT Reference Manual</i> , section 4.1 (i) <i>Same day admitted procedures</i> , intravenous therapy must be therapy for an established diagnosis (i.e. not prophylactic).	96199-19 <i>Intravenous administration of pharmacological agent, other and unspecified pharmacological agent</i> is on the WA Health System Type B Admittable Procedures list, however as per <i>Admission Policy Reference Manual</i> , section 4.1 (i) <i>Same day admitted procedures</i> , intravenous therapy must be therapy for an established diagnosis (i.e. not prophylactic).
Prophylactic hydration is not treating an established diagnosis and does not meet ARDT Policy.	Prophylactic hydration is not treating an established diagnosis and does not meet Admission Policy.
	<p>For jurisdictions where prophylactic IV hydration is a valid admission, the correct code assignment is:</p> <p>Z51.1 Pharmacotherapy session for neoplasm</p> <p>C50.9 Malignant neoplasm of breast, unspecified part</p> <p>M8000/3 Neoplasm, malignant</p> <p>96199-00 [1920] Intravenous administration of pharmacological agent, antineoplastic agent</p> <p>as per ACS 0044 <i>Pharmacotherapy</i> and ACCD Coding Rule Q3073 <i>Same-day admissions for chemotherapy/pharmacotherapy for neoplasm(s) and neoplasm related conditions</i>, (effective 1 Jan 2017, updated 15 Jun 2019).</p>

Example 8: Same-day booked hospital attendance for Neulasta injection alone, which is part of patient's chemotherapy regimen/protocol.

10 th Edition	11 th Edition
<p>Non-admitted activity.</p> <p>96200-00 <i>Subcutaneous administration of pharmacological agent, antineoplastic agent</i> is on the WA Health System Type C Non-Admitted Procedures List.</p>	<p>Non-admitted activity.</p> <p>96200-00 <i>Subcutaneous administration of pharmacological agent, antineoplastic agent</i> is on the WA Health System Type C Non-Admitted Procedures List.</p> <p>For jurisdictions where subcutaneous pharmacotherapy alone is a valid admission, the correct code assignment is:</p> <p>Z51.1 Pharmacotherapy session for neoplasm Neoplasm codes 96200-00 [1920] <i>Subcutaneous administration of pharmacological agent, antineoplastic agent</i></p> <p>as per ACS 0044 <i>Pharmacotherapy</i> and ACCD Coding Rule Q3073 <i>Same-day admissions for chemotherapy/pharmacotherapy for neoplasm(s) and neoplasm related conditions</i> (effective 1 Jan 2017, updated 15 Jun 2019).</p>

Example 9: Patient recently completed second cycle of chemotherapy for cancer. Presents with dehydration requiring admission for IV hydration, discharged later that day. Third cycle to go ahead next week as planned.

10 th Edition	11 th Edition
<p>E86 Volume depletion</p> <p>96199-19 <i>Intravenous administration of pharmacological agent, other and unspecified pharmacological agent</i></p> <p>As per <i>ARDT Reference Manual</i>, IV hydration meets criteria for admission as it was therapy for an established diagnosis (dehydration).</p> <p>Z51.1 is not coded as per WA Coding Rule 0217/02 <i>ACCD Coding Rule Sameday admissions for chemotherapy/pharmacotherapy for neoplasm(s) and neoplasm related conditions (December 2016)</i></p>	<p>E86 Volume depletion</p> <p>96199-19 <i>Intravenous administration of pharmacological agent, other and unspecified pharmacological agent</i></p> <p>As per <i>Admission Policy Reference Manual</i>, IV hydration meets criteria for admission as it was therapy for an established diagnosis (dehydration).</p> <p>As per ACS 0236 <i>Neoplasm coding and sequencing</i>, code the neoplasm if the episode of care is for treatment of complications of neoplasm treatment. If dehydration is documented as being chemotherapy related, neoplasm codes are assigned in accordance with ACS 0236.</p> <p>Do not assign: Z51.1 or 96199-00 [1920] <i>Intravenous administration of pharmacological agent, antineoplastic agent</i> as per logic outlined in page 7 of this document.</p>

Example 10: Patient presented to hospital with febrile neutropenia secondary to recent chemotherapy for non-Hodgkin lymphoma at this facility. Responded well to IV antibiotic therapy and discharged on day four.

10 th Edition	11 th Edition
D70 Agranulocytosis	D70 Agranulocytosis
R50.2 Drug-induced fever	R50.2 Drug-induced fever
Y43.3 Other antineoplastic drugs	Y43.3 Other antineoplastic drugs
Y92.24 Health service area, this facility	Y92.24 Health service area, this facility
U73.8 Other specified activity	U73.8 Other specified activity
	C85.9 Non-Hodgkin lymphoma, unspecified
	M9591/3 Lymphoma, non-Hodgkin NOS
	As per ACS 0236 <i>Neoplasm coding and sequencing</i> , the primary neoplasm is classified as a current condition if the episode of care is for treatment of complications of the primary neoplasm or neoplasm treatment.
	Do not assign: 96199-00 [1920] <i>Intravenous administration of pharmacological agent, antineoplastic agent</i> as per logic outlined in pages 7 of this document.

Example 11: Patient admitted for booked same-day chemotherapy for breast cancer. Patient was dehydrated and the chemotherapy was cancelled. IV hydration performed and patient discharged home the same day.

10 th Edition	11 th Edition
E86 Volume depletion	E86 Volume depletion
Z51.1 Pharmacotherapy session for neoplasm	Z51.1 Pharmacotherapy session for neoplasm
C50.9 Malignant neoplasm of breast, unspecified part	C50.9 Malignant neoplasm of breast, unspecified part
M8000/3 Neoplasm, malignant	M8000/3 Neoplasm, malignant
Z53.0 Procedure not carried out because of contraindication	Z53.0 Procedure not carried out because of contraindication
	As per Admission Policy, IV hydration meets criteria for admission as it was therapy for an established diagnosis (dehydration).
	ACS 0044 <i>Pharmacotherapy</i> does not apply as chemotherapy was cancelled. Instead, apply ACS 0011 <i>Intervention not performed or cancelled</i> , point 2.
	No ACHI code is assigned because IV hydration was not the principal reason for same-day admission, as per logic in ACS 0042 <i>Procedures normally not coded</i> (the principal reason was the original reason for admission i.e. breast cancer).

Example 12: Patient admitted for booked same-day IV chemotherapy for breast cancer. Patient had a cold and the chemotherapy was cancelled (infusion did not commence). Chemotherapy was re-booked.

10 th Edition	11 th Edition
<p>Non-admitted activity.</p> <p>As per <i>ARDT Policy, Appendix 4: Cancelled procedure flowchart</i>, the admission is not reported.</p>	<p>Non-admitted activity.</p> <p>As per <i>Admission Policy, Appendix 4: Cancelled procedure flowchart</i>, the admission is not reported.</p>

ACS 0236 Neoplasm coding and sequencing

Amendments include:

- Primary neoplasm is automatically coded in an episode for treatment of:
 - **complication of the primary neoplasm; or**
 - **complication of pharmacotherapy or radiotherapy treatment (even if neoplasm has completely resolved)**

i.e. the neoplasm itself does not need to meet ACS 0002 *Additional diagnoses*.

See also Q3498 *Clarification of ACS 0236 Neoplasm coding and sequencing* (effective 1 January 2021) and Example 11 in ACS 0002 *Additional diagnoses*

- Errata 1 (June 2019) instruction added to ACS 0236:
“If the episode of care is for treatment of another non-malignant condition, the malignancy may be classified as a current condition only if it meets the criteria in ACS 0002 Additional diagnoses”

was further clarified in Q3498:

When a non-malignant condition is the principal diagnosis in an episode of care, a primary neoplasm code is assigned as an additional diagnosis when:

- *It meets the criteria in ACS 0002 Additional diagnoses*
- *a neoplasm related condition, or pharmacotherapy or radiotherapy related complication, meets the criteria in ACS 0002 Additional diagnoses.*

Example: patient admitted for hip replacement for osteoarthritis. During the episode, patient develops diarrhoea documented as due to chemotherapy (administered few days prior to current episode). As per Q3498, the primary neoplasm is coded in this episode if the pharmacotherapy related complication (diarrhoea) meets ACS 0002 *Additional diagnoses*.

- Classification instructions have been added about history of/follow-up for a neoplasm with a secondary (metastatic) neoplasm diagnosed.

ACS 0237 *Recurrence of malignancy*

- Examples have been added to illustrate coding of recurrence with regard to morphology, behaviour and site.

ACS 0005 *Syndromes*

Amendments include:

- Simplified classification guidelines in ACS 0005 *Syndromes* for congenital and non-congenital syndromes where no single code is available to classify all elements/manifestations of the syndrome.
- Creation of U91 *Syndrome, not elsewhere classified* to flag both congenital and non-congenital syndromes, where no single code for that syndrome is available.
 - U91 is sequenced directly after the code(s) for manifestations of the syndrome, that are relevant for the patient and meet the criteria in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnosis*.

Example 12: Patient admitted for investigation of alternating hemiplegia of childhood (alternating hemiplegia syndrome).

10th Edition G98 Other disorders of nervous system, not elsewhere classified Coded as per ACCD Coding Rule Q2770 <i>Alternating hemiplegia of childhood</i> (effective 1 Jul 2012, updated 15 Jun 2019).	11th Edition G98 Other disorders of nervous system, not elsewhere classified U91 Syndrome, not elsewhere classified. U91 is assigned as no individual code exists for alternating hemiplegia of childhood in the Index at Syndrome . U91 is sequenced directly after the relevant manifestation code(s).
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Example 13: Patient admitted for chronic pain personality syndrome.

10th Edition F62.8 Other enduring personality changes	11th Edition F62.8 Other enduring personality changes U91 is not assigned as chronic pain personality syndrome is classified to an individual code at the Index lead term Syndrome .
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Example 14: Patient with Gitelman Syndrome presented with hypokalaemia and hypomagnesaemia. Potassium (K) and magnesium (Mg) were replaced.

10 th Edition	11 th Edition
N25.8 Other disorders resulting from impaired renal tubular function E87.6 Hypokalaemia E83.4 Disorders of magnesium metabolism Q87.89 Other specified congenital malformation syndromes, not elsewhere classified	N25.8 Other disorders resulting from impaired renal tubular function E87.6 Hypokalaemia E83.4 Disorders of magnesium metabolism U91 Syndrome, not elsewhere classified U91 is assigned as no individual code exists for Gitelman Syndrome at the Index lead term Syndrome .

Example 15: Patient admitted for symptom management of cerebellar ataxia, sensory neuropathy and bilateral vestibulopathy associated with CANVAS syndrome.

10 th Edition	11 th Edition
G11.9 Hereditary ataxia, unspecified G62.9 Polyneuropathy, unspecified H81.8 Other disorders of vestibular function Coded as per ACCD Coding Rule <i>Cerebellar ataxia, neuropathy, vestibular areflexia syndrome (CANVAS)</i> (Q3057, effective 1 Oct 2016, updated 15 Jun 2019).	G11.9 Hereditary ataxia, unspecified G62.9 Polyneuropathy, unspecified H81.8 Other disorders of vestibular function U91 Syndrome, not elsewhere classified U91 is assigned as no individual code exists for CANVAS syndrome at the Index lead term Syndrome .

Example 16: Patient admitted with angioedema, rash, wheezing and dyspnoea following administration of Vancomycin. Symptoms managed and patient discharged with diagnosis of Red Man Syndrome (RMS).

10 th Edition	11 th Edition
T78.3 Angioneurotic oedema L27.0 Generalised skin eruption due to drugs and medicaments R06.2 Wheezing R06.0 Dyspnoea Y40.8 Other systemic antibiotics causing adverse effects in therapeutic use Y92.23 Place of occurrence, health service area, not specified as this facility U73.8 Other specified activity Coded as per WA Coding Rule <i>Red Man Syndrome</i> (0312/05, effective 28 Mar 2012 to 30 Jun 2019).	T78.3 Angioneurotic oedema L27.0 Generalised skin eruption due to drugs and medicaments R06.2 Wheezing R06.0 Dyspnoea U91 Syndrome, not elsewhere classified Y40.8 Other systemic antibiotics causing adverse effects in therapeutic use Y92.23 Place of occurrence, health service area, not specified as this facility U73.8 Other specified activity Assign manifestation codes followed by external cause codes to represent adverse effect of Vancomycin. U91 is assigned as no individual code exists for Red Man Syndrome at the Index lead term Syndrome . U91 is sequenced directly after the relevant manifestation code(s).

ACS 0604 *Cerebrovascular Accident (CVA)*

Amendments to ACS 0604:

- ACS 0604 renamed from *Stroke* to *Cerebrovascular Accident (CVA)*.
- Definitions for current CVA and sequelae/residual deficits of CVA have been clarified.
- For classification purposes:
 - a CVA with associated residual deficits is considered current during the 'initial episode(s) of care' the 'initial episode(s) of care' is considered complete at the time of discharge of the patient (to their home or residential care facility, or upon death) following acute and/or rehabilitation care episode(s).
 - Failed trial of discharge home with patient returning to hospital within seven days is considered continuing treatment in the 'initial episode of care'.
 - Admissions for rehabilitation undertaken at a second facility immediately following an acute episode of care is considered as a continuum of care; and is considered part of the initial 'episode(s) of care' (see also ACS 2104 *Rehabilitation*).
- For residual deficits that meet ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* criteria for coding, for episodes of care **after** the 'initial episode(s) of care' 'is **complete**, assign:
 - A code for the deficit (e.g. hemiplegia).
 - An additional code from I69.- *Sequelae of cerebrovascular disease*.
- Deletion of *Stroke – Additional diagnoses* table.
- CVA severity is indicated by the assignment of codes for CVA-associated conditions meeting the criteria in ACS 0002 *Additional diagnoses* and/or another ACS.
- Classification guidelines have been revised for history of stroke with or without residual deficits:
 - For pre-existing residual deficits from an old stroke assign a code from I69.- *Sequelae of cerebrovascular disease*, directly after the code(s) for the deficit(s) if they meet ACS 0002.
 - There may be instances where a patient has a history of stroke but has no residual deficits; and this history is a risk factor. Follow ACS 0002 *Additional diagnoses/ Family and personal history and certain conditions influencing health status* to determine whether it is relevant to assignment a 'history of stroke' code.
 - For history of stroke without deficits assign a code from Z86.7- *Personal history of diseases of the circulatory system* by following the Index at:

Accident

- cerebrovascular
- - old
- - - without residuals

Example 17: Patient suffers cerebral infarction on January 1. Speech pathology diagnoses dysphagia and commences exercises for the patient. The dysphagia resolves and the patient is discharged home on January 5.

10th Edition	11th Edition
I63.- Cerebral infarction	I63.- Cerebral infarction R13 Dysphagia
ACS 0604 instructs that dysphagia should be coded only when requiring nasogastric tube/enteral feeding or when the dysphagia is present at discharge or still requiring treatment more than 7 days after the stroke occurred.	ACS 0604 instructs that severity of CVA is indicated by assignment of codes for associated conditions when meeting criteria in ACS 0002 <i>Additional diagnoses</i> and/or another ACS.

Example 18: Patient suffers cerebral infarction on January 1. Speech pathologist diagnoses dysphagia and commences exercises for the patient. During the episode, the patient also receives physiotherapy for residual hemiplegia from a stroke 5 years previously. The dysphagia resolves and the patient is discharged home on January 5.

10th Edition	11th Edition
I63.- Cerebral infarction G81.9 Hemiplegia, unspecified I69.- Sequelae of cerebrovascular disease	I63.- Cerebral infarction R13 Dysphagia G81.9 Hemiplegia, unspecified I69.- Sequelae of cerebrovascular disease
ACS 0604 instructs that dysphagia should be coded only when requiring nasogastric tube/enteral feeding, or when the dysphagia is present at discharge or still requiring treatment more than 7 days after the stroke occurred.	ACS 0604 instructs that severity of CVA is indicated by assignment of codes for associated conditions when meeting criteria in ACS 0002 <i>Additional diagnoses</i> and/or another ACS.
Hemiplegia meets ACS 0002 <i>Additional diagnoses</i> .	Hemiplegia meets ACS 0002 <i>Additional diagnoses</i> .

Example 19: Patient admitted with transitory muscle weakness. Patient has history of stroke without residual deficits. In view of patient history, investigations are undertaken and the weakness is determined to be unrelated to a new stroke. Principal diagnosis: Transitory muscle weakness.

10th Edition	11th Edition
M62.89 Other specified disorders of muscle, site unspecified	M62.89 M62.89 Other specified disorders of muscle, site unspecified Z86.71 Personal history of cerebrovascular disease, without residual deficits

Personal history of thrombosis and embolism

- Expansion of codes in Z86.7 *Personal history of diseases of the circulatory system* for circulatory disorders when they meet the criteria in ACS 0002 *Additional diagnoses*.

Anaphylaxis and Anaphylactic Shock

- Anaphylaxis and anaphylactic shock are part of a continuum.
- The terms anaphylaxis and anaphylactic shock are often used interchangeably in research and documentation, so code titles were amended to incorporate both anaphylaxis and anaphylactic shock.
- New Index pathways at **Anaphylaxis** for classification 'due to; - - drug or medicament (adverse effect) - - food reaction - - serum.'
- New Index pathway at '**Allergy, allergic** (reaction); - with' for specific allergic conditions (i.e. asthma, contact dermatitis, rhinitis, urticaria).
- Addition of new category Y37 *Exposure to or contact with allergens*.
- New instructional notes at allergy diagnosis codes throughout the Tabular List to *Use additional external cause code (Y37.-) to identify allergen, if known*.
- Deletion of ACS 2004 *Allergic reaction NOS*.

Example 20: Anaphylaxis after eating a sandwich containing nuts at home.

10 th Edition		11 th Edition	
T78.0	Anaphylactic shock due to adverse food reaction	T78.0	Anaphylactic shock due to adverse food reaction
Y57.9	Drug or medicament, unspecified	Y37.03	Allergy to nuts, not elsewhere classified
Y92.09	Other and unspecified place in home		Other and unspecified place in home
U73.2	While resting, sleeping, eating or engaging in other vital activities		While resting, sleeping, eating or engaging in other vital activities
		Y92.09	Other and unspecified place in home
		U73.2	While resting, sleeping, eating or engaging in other vital activities

Example 21: Allergic dermatitis after touching kangaroo paw in the bush whilst hiking.

10 th Edition		11 th Edition	
L23.7	Allergic contact dermatitis due to plants, except food	L23.7	Allergic contact dermatitis due to plants, except food
		Y37.19	Allergy to other natural flora
		Y92.84	Forest
		U64.1	Hiking
		Assign external cause codes as per the instructional note at L23.7 Use additional external cause code (Y37.-) to identify allergen, if known.	

Example 22: Atopic asthma due to pollen.

10 th Edition		11 th Edition	
J45.0	Predominantly allergic asthma	J45.0	Predominantly allergic asthma
		Y37.11	Allergy to pollen
		Y92.9	Unspecified place of occurrence
		U73.9	Unspecified activity

ACS 1438 Chronic kidney disease (CKD)

Amendments to ACS 1438 *Chronic kidney disease*:

- Addition of an instruction for classifying: CKD patients admitted for creation of an arteriovenous (AV) fistula for haemodialysis, where the CKD does not meet ACS 0002 *Additional diagnoses* criteria for coding. See also Example 4 in ACS 0003 *Supplementary codes for chronic conditions*.
- Where coders only have access to documentation of 'mild', 'moderate' or 'severe' CKD, they cannot use the *Description* detail in the *Stages of chronic kidney disease (CKD)* table to determine the stage of CKD. ACS 1438 instructs that if CKD is documented, assign a code for the stage based on clinical documentation of stage or eGFR/GFR; or eGFR/GFR from pathology result.
- Definition for diabetic nephropathy has been expanded with further clinical description.

Nontraumatic haematoma

It was recognised that nontraumatic causes of haematomas (or contusions) of skin and subcutaneous tissue and soft tissue were poorly classified, particularly in regards to anticoagulant use.

Amendments include:

- Creation of codes L98.8 *Other specified disorders of skin and subcutaneous tissue* and M79.8 *Other specified soft tissue disorders* to classify nontraumatic haematomas.
- Instructional note to: 'Use additional external cause code (Chapter 20) to identify drug, if drug-induced' included at codes L98.8 and M79.8.
- Addition of *Inclusion* terms to existing codes to classify this concept.

Example 23: Haematoma flank region due to aspirin taken as prescribed.

10 th Edition	11 th Edition
S30.1 Contusion of abdominal wall	L98.8 Other specified disorders of skin and subcutaneous tissue
Y45.1 Salicylates causing adverse effects in therapeutic use	Y45.1 Salicylates causing adverse effects in therapeutic use
Y92.2- Place of occurrence, health service area	Y92.2- Place of occurrence, health service area
U73.8 Other specified activity	U73.8 Other specified activity
	External cause codes from Chapter 20 are assigned as per the <i>Instructional note</i> at L98.8.

Respiratory Distress Syndrome (RDS)

- J80 has been re-titled from *Adult respiratory distress syndrome* to *Acute respiratory distress syndrome* for clinical currency; and to allow for the classification of respiratory distress syndrome in non-neonatal paediatric patients.
- The *Excludes* note for respiratory distress at J96 *Respiratory failure, not elsewhere classified* has been deleted to allow for the assignment of codes for both acute respiratory distress syndrome (ARDS) and acute respiratory failure, when both conditions meet the criteria for code assignment in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*.
- ACS 1614 *Respiratory distress syndrome/hyaline membrane disease/surfactant deficiency* was deleted, with the relevant content relocated to the Tabular List and Index.

Example 24: ARDS as the underlying cause of respiratory failure in a 9 year old.

10 th Edition	11 th Edition
J96.09 Acute respiratory failure, type unspecified	J96.09 Acute respiratory failure, type unspecified
	J80 Acute respiratory distress syndrome

Arthritis of spine

- **Arthritis** of the spine is also known as **spondylopathy**.
- **Arthrosis** or **osteoarthritis** of the spine is also known as **spondylosis**.
- Prior to 11th Edition, ACS 1334 *Spondylosis/Spondylolisthesis/Retrolisthesis* incorrectly stated that spondylosis is arthritis of the spine.
- In 11th Edition, ACS 1334 *Spondylosis/Spondylolisthesis/Retrolisthesis* has been deleted. All information from ACS 1334 is located in the Index and Tabular List.
- Index entries have been added for facet joint arthritis and retrolisthesis of spine.
 - Facet joint arthritis is classified as spondylosis.

Example 25: Facet joint arthritis of lumbar spine.

10 th Edition	11 th Edition
M46.96 Unspecified inflammatory spondylopathy, lumbar region	M47.86 Other spondylosis, lumbar region

Decreased consciousness

- The term 'decreased consciousness' and Glasgow Coma Scale (GCS) score ranges have been added to the Tabular List and Index:

Decrease(d)

- consciousness (cause unknown) (level) (nontraumatic) NEC R40.0
 - - GCS score
 - - - ≤ 8 R40.2
 - - - 9 - 12 R40.1
 - - - 13 - 15 R40.0
 - - underlying cause identified — *see condition*
- When decreased consciousness and multiple GCS scores are documented, assign a code from R40 *Somnolence, stupor and coma* based on the lowest documented GCS score.
 - A patient's GCS cannot be used in isolation for code assignment.**
 - Refer also to ACS 1905 *Closed head injury/Loss of consciousness/Concussion, Coma unrelated to head injury.*

Examples:

- Decreased consciousness documented. No GCS score or underlying cause documented. Assign R40.0 *Somnolence* following Index pathway:
Decrease(d); - consciousness NEC
- Decreased consciousness documented with a GCS of 9. Assign R40.1 *Stupor* following Index pathway:
Decrease(d); - consciousness; - - GCS score; - - - 9-12
- GCS of 7 documented. Nil further documentation.
A patient's GCS score cannot be used in isolation for code assignment.
- GCS of 7 documented with no head injury found. Patient remained in coma for three days. Assign R40.2 following the Index at:
Coma
- Nontraumatic loss of consciousness documented with GCS of 13. Assign R40.0 *Somnolence* following Index pathway:
Loss (of); - consciousness; - - nontraumatic; - - - GCS score; - - - - 13-15
- Patient admitted with decreased conscious state. Traumatic causes ruled out and no underlying cause identified.

10 th Edition	11 th Edition
Lack of consistency in coding of 'decreased conscious state'.	R40.0 Somnolence

Acknowledgment

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Supporting information

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