National Coding Advice

Coding Rules and FAQs for ICD-10-AM/ACHI/ACS Twelfth Edition

Current at 1 January 2023

National Coding Advice – Coding Rules and FAQsfor ICD-10-AM/ACHI/ACS Twelfth Edition

Coding Rules

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Contents

Ref No: Q3653 | Published On: 15-Dec-2022 | Status: Current

Admission for preoperative workup with no risk factors

Q:

What is the principal diagnosis in an admission for preoperative workup with no risk factors specified?

A:

Where there is an admission for preoperative (preop) work-up, but no risk factors are specified as the reason for the investigations, assign as principal diagnosis the condition that necessitated the admission (ie requires surgery) in accordance with ACS 0001 *Principal diagnosis*:

> *The principal diagnosis is defined as:*
> *"The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care…"*

Assign additional diagnosis codes for any investigation findings, in accordance with ACS 0002 *Additional diagnoses.*

Scenario 1:

Patient with known liver cirrhosis admitted for pre-transplant work-up. Multiple systems are evaluated with no abnormalities found. Care included cardiology assessment and angiography, psychological assessment, dietary assessment and education, renal function tests.

Assign:

K74.6 *Other and unspecified cirrhosis of liver*

ACHI codes as appropriate.

Follow the ICD-10-AM Alphabetic Index:

Cirrhosis, cirrhotic (hepatic)
- liver (chronic) (hepatolienal) (hypertrophic) (nodular) (splenomegalic) K74.6

Scenario 2:

Patient with known cerebral aneurysm admitted for pre-op workup, including magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA) of the brain, digital subtraction technique (DSA) angiography, social work assessment (regarding accommodation for rural patient), and respiratory and renal function assessments.

Assign:

I67.1 *Cerebral aneurysm, nonruptured*

ACHI codes as appropriate.

Follow the ICD-10-AM Alphabetic Index:

Aneurysm
- brain I67.1
- cerebral — *see Aneurysm/brain*

See also Coding Rules *Principal diagnosis for prophylactic PEG insertion prior to oropharyngeal radiation therapy, Principal diagnosis for insertion of fiducial markers (use of Z51.4 Preparatory care for subsequent treatment, not elsewhere classified)* and *Brachytherapy planning*.

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Atrial and ventricular bigeminy

Q:

What codes are assigned for atrial and ventricular bigeminy?

A:

Bigeminy is a pattern of heart beats, where each normal heartbeat is followed by a beat that arrives too quickly. Where these early heartbeats originate from ventricles, they are known as premature ventricular contractions. If they originate in the atria, they're called premature atrial contractions (Healthline 2017). Premature atrial and ventricular contractions may also be known as ectopic beats (Simpson et al. 2017).

Clinical advice confirms that atrial and ventricular bigeminy are classified to category I49 *Other cardiac arrhythmias*.

Assign I49.1 *Atrial premature depolarisation* to classify atrial bigeminy.

Assign I49.3 *Ventricular premature depolarisation* to classify ventricular bigeminy.

Where bigeminy is not further specified assign I49.4 *Other and unspecified premature depolarisation*.

Follow the ICD-10-AM Alphabetic Index:

Ectopic, ectopia (congenital)

…
- beats I49.4
- - atrial I49.1
- - ventricular I49.3

Amendments will be considered for a future edition.

References:

Healthline 2017, *Bigeminy: What You Should Know*, viewed 11 November 2022, <https://www.healthline.com/health/bigeminy>.

Simpson, R.F.G., Langtree, J., & Mitchell, A.R.J. 2017, 'Ectopic Beats: How Many Count?', *European Medical Journal Cardiology*,viewed 11 November 2022, <https://www.emjreviews.com/cardiology/article/ectopic-beats-how-many-count/>.

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Cardiac implantable electronic devices

Q:

When is a status code for the presence of a cardiac implantable electronic device (such as a pacemaker or defibrillator) assigned?

A:

The development of complex cardiac implantable electronic devices (CIEDs) over the last two decades, has resulted in substantially improved life quality and survival for patients with cardiovascular disease. Despite the development of specific shielding of electronic devices, and a preference for device bipolar sensing, electromagnetic interference (EMI) may still occur with certain settings. Important medical sources of EMI include monopolar electrosurgery, bipolar electrosurgery, radiation therapy, radiofrequency ablation, magnetic resonance imaging and cardioversion/defibrillation (Boriani 2022, Ozkartal 2022).

Patients with CIEDs are at risk from EMI when undergoing certain procedures, as described above, requiring peri-operative assessment, monitoring and/or management of CIED function in procedure planning and implementation.

ACS 0002 *Additional diagnoses/Family and personal history, and certain conditions influencing health status* states:

> *Assign additional diagnosis codes for a personal or family history of diseases and disorders, or statuses (eg…) classified to the following blocks and categories when they are documented as being related to …an intervention being performed in the current episode of care:*
> *…*
> - *Certain conditions influencing health status (eg…, presence of, …): Z89, Z90, Z93–Z99*

The presence of CIED influences the health status of patients undergoing clinical interventions.

ACS 0016 *General procedure guidelines* state:

> *A procedure is defined as "a clinical intervention represented by a code that:*
> - *is surgical in nature, and/or*
> - *carries a procedural risk, and/or*
> - *carries an anaesthetic risk, and/or*
> - *requires specialised training, and/or*
> - *requires special facilities or equipment only available in an admitted patient care setting"*

Where an intervention is performed that meets the definition in ACS 0016 *General procedure guidelines,* assign Z95.0 *Presence of cardiac device* to identify that the patient's CIED function is atrisk from intervention related EMI.

Where a CIED requires adjustment during the episode of care, apply the guidelines in ACS 0936 *Cardiac pacemakers and implanted defibrillators*.

References:

Steffel, J. 2022, 'Electromagnetic interference in pacemaker patients', *ESC CardioMed*. 3 edn ed. viewed 15 November 2022, <https://oxfordmedicine.com/view/10.1093/med/9780198784906.001.0001/med-9780198784906-chapter-466>.

Özkartal, T., Demarchi, A., Caputo, M., Baldi, E., Conte, G. & Auricchio, A. 2022, 'Perioperative Management of Patients with CardiacImplantable Electronic Devices and Utility of Magnet Application', *Journal of clinical medicine*; vol. 11, no. 3, pp. 691.

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Ref No: Q3460 | Published On: 15-Dec-2022 | Status: Current

Diathermy for control of haemorrhage due to minor liver laceration

Q:

What code is assigned for diathermy for control of haemorrhage due to minor liver laceration?

A:

Haemostasis is the process of blood clot formation at the site of vessel injury (Leung, L 2019). Diathermy is a technique that uses heat generated by high frequency electric currents, performed for interventions such as coagulation of bleeding vessels (Oxford Lexico UK Dictionary 2022).

Where a minor liver laceration occurred during a laparoscopic cholecystectomy and diathermy was used for control of haemorrhage (ie haemostasis), assign 90319-03 **[956]** *Other endoscopic procedures on liver.*

Follow the ACHI Alphabetic Index:

Procedure
- digestive system
- - liver
- - - endoscopic 90319-03 **[956]**

References:

Dictionary.com 2022, viewed 11 November 2022, <https://www.dictionary.com/browse/diathermy>.

Leung, L. 2019, *Overview of hemostasis*, viewed 11 November 2022, <https://www.uptodate.com/contents/overview-of-hemostasis?search=methods-to-achieve-hemostasis-in-&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2

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IPEX syndrome

Q:

What code is assigned for immunodysregulation polyendocrinopathy enteropathy X-linked (IPEX) syndrome?

A:

Immune dysregulation, polyendocrinopathy, enteropathy, X-linked (IPEX) syndrome is a rare disorder resulting from mutations in the FOXP3 gene which causes regulatory dysfunction in the T-cells and results in an autoimmune disorder (Barker 2022).

IPEX syndrome may manifest in enteropathy, chronic dermatitis, endocrinopathy and other organ-specific diseases such as anaemia, thrombocytopenia, hepatitis and nephritis and usually affects boys (Ben-Skowronek 2021).

ICD-10-AM does not have a unique code for IPEX syndrome. Polyglandular is a synonym for polyendocrine, therefore, assign E31.0 *Autoimmune polyglandular failure*.

Follow the ICD-10-AM Alphabetic Index:

Syndrome
- polyglandular
- - autoimmune E31.0

Amendments will be considered for a future edition.

References:

Barker, J. 2022, *IPEX Syndrome*, MSD Manual Professional version, viewed 24 November 2022, <https://www.msdmanuals.com/en-au/professional/endocrine-and-metabolic-disorders/polyglandular-deficiency-syndromes/ipex-syndrome>.

Ben-Skowronek, I. 2021, 'IPEX syndrome: genetics and treatment options', *Genes*, vol. 12, no. 3, pp.323.

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Ref No: Q3689 | Published On: 15-Dec-2022 | Status: Current

Loose orthopaedic devices, implants or prostheses

Q:

What code is assigned for loose orthopaedic devices, implants or prostheses, including internal fixation devices, metal ware and joint prostheses?

A:

When implanted orthopaedic devices such as internal fixation devices (eg pedicle screws) and joint prosthesis are subject to wear and tear or trauma, they get loose or displaced from their original fixed position. In joint replacement patients, continual repetitive movements of the implanted parts can cause small pieces of the joint prosthesis to break off. The presence of foreign prosthetic pieces generates an immune response resulting in bone destruction around the joint replacement causing the prosthesis to become separated from the bone and become loose (Della Valle 2016).

The term loose is synonymous with displacement or breakdown for orthopaedic devices, implants or prostheses, including internal fixation devices, metal ware and joint prostheses.

Assign a mechanical complication code from T84.0–T84.4 for loose orthopaedic devices, implants or prostheses, including internal fixation devices, metal ware and joint prostheses, in accordance with the *Includes* note listed at T82.0 *Mechanical complication of heart valve prosthesis*, which are applicable to codes in the range T84.0 – T84.4.

Follow the ICD-10-AM Alphabetic Index:

Displacement, displaced
- device, implant or graft *(see also Complication(s)/by site and type/mechanical)*
- - fixation, internal (orthopaedic) NEC T84.2
- - - bones of limb T84.1
…
- - joint prosthesis T84.0
…
- - orthopaedic NEC T84.4
- - - bone graft T84.3

Also assign external cause, place of occurrence and activity codes.

Amendments will be considered for a future edition.

References:

Della Valle, A.G. 2016, '*Revision Total Hip Replacement: Overview*', viewed 24 November 2022, <https://www.hss.edu/conditions_revision-total-hip-replacement-overview.asp>.

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Ref No: Q3593 | Published On: 15-Dec-2022 | Status: Current

Neutropenic colitis (typhlitis)

Q:

What codes are assigned for neutropenic enterocolitis?

A:

Neutropenic enterocolitis, also referred to as typhlitis, occurs mostly in patients with haematologic malignancies, other immunosuppressive causes such as acquired immune deficiency syndrome, therapy for solid tumours, and organ transplant (Xia & Zhang 2020). The pathophysiology of neutropenic enterocolitis is likely secondary to multiple underlying causes including the exposure to cytotoxic medications that disrupt the mucosal barrier, which allows bacterial translocation from the gut. Neutropenia further aggravates the risks, decreasing immunity with failure to control the transmural translocation of pathogens (Qasim & Nahas 2020).

Clinical advice confirms that neutropenic enterocolitis can be assumed to be of infectious origin and indicates a state of neutropenia.

ICD-10-AM does not have a specific code for neutropenic enterocolitis. Therefore, assign A09.0 *Other gastroenteritis and colitis of infectious origin* with D70 *Agranulocytosis* to classify neutropenic enterocolitis.

Follow the ICD-10-AM Alphabetic Index:

Enterocolitis
- infectious NEC A09.0

Neutropenia, neutropenic (congenital) (cyclic) (drug-induced) (periodic) (primary) (splenic) (toxic) D70

Where neutropenic enterocolitis is specified as an adverse effect of therapeutic drug use, apply the guidelines in ACS 1902 *Adverse effects.*

Amendments may be considered for a future edition.

References:

Qasim, A. & Nahas, J. 2020, *Neutropenic Enterocolitis (Typhlitis)*, National library of medicine, Bethesda, MD 20894, viewed 13 October2022, https://www.ncbi.nlm.nih.gov/books/NBK551577/

Xia, R. & Zhang, X. 2020, 'Neutropenic enterocolitis: a clinico-pathological review', *World Journal of Gastrointestinal Pathophysiology*,vol. 10, no. 3, pp. 36–41.

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Open reduction and internal fixation (ORIF) of a pubic symphysis disruption/dislocation without fracture

Q:

What ACHI code is assigned for open reduction and internal fixation of a pubic symphysis disruption/dislocation without fracture?

A:

Open reduction and internal fixation (ORIF) of pubic symphysis disruption is performed for unstable pelvic ring injuries. Internal fixation devices such as reconstruction plates and screws are placed on each side to stabilise symphyseal disruption, prevent rotatory deformities and reduce pubic diastasis (Banerjee et al n.d.; Russell Jr 2020).

Assign 50106-00 [1571] *Joint stabilisation, not elsewhere classified* where an ORIF is performed for pubic symphysis disruption or dislocation without fracture.

Follow the ACHI Alphabetic Index:

Stabilisation
- joint 50106-00 **[1571]**
- - specified site NEC 50106-00 **[1571]**

Amendments will be considered for a future edition.

References:

Banerjee, R., Brink, P., Cimerman, M., Pohlemann, T. & Tomazevic, M. n.d. 'ORIF – Pubic symphysis plate, pubic symphysis fractures', in P. Trafton (ed.), *AO Foundation Surgery reference*, viewed 10 November 2022, <https://surgeryreference.aofoundation.org/orthopedic-trauma/adult-trauma/pelvic-ring/pubic-symphysis/orif-pubic-symphysis-plate>.

Russell Jr, G. V. 2020, *Pelvic fractures treatment & management*, Medscape, viewed 10 November 2022, <https://emedicine.medscape.com/article/1247913-treatment#d10>.

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Ref No: Q3745 | Published On: 15-Dec-2022 | Status: Current

Superficialisation of arteriovenous fistula

Q:

What principal diagnosis code is assigned for admission for superficialisation of an arteriovenous fistula?

A:

Superficialisation of arteriovenous (AV) fistula supports improved dialysis access and allows for prolonged utilization and more efficient dialysis treatment. In certain patient groups, such as obese patients or those with deep veins, superficialisation may be necessary to facilitate the repeated cannulation required for dialysis (Causey et al. 2010).

In brachiocephalic or brachiobasilic fistulas, superficialisation, or fistula elevation, involves an incision from the antecubital fossa to the proximal upper arm. Superficialisation is achieved through venous branch ligation and repositioning of subcutaneous fat relative to the fistula. Cannulation may commence in three to four weeks when the incision has healed (Krochmal et al. 2010).

Assign Z49.0 *Preparatory care for dialysis* for admission for superficialisation of an AV fistula.

Follow the ICD-10-AM Alphabetic Index:

Dialysis (intermittent) (treatment)
…
- preparatory care only (without treatment) Z49.0

Amendments will be considered for a future edition.

References:

Causey, M. W., Quan, R., Hamawy, A. & Singh, N. 2010, 'Superficialization of arteriovenous fistulae employing minimally invasive liposuction', *Journal of Vascular Surgery*, vol. 52, issue 5, pp.1397-1400.

Krochmal, D.J., Rebecca, A.M., Kalkbrenner, K.A., Casey, W.J., Fowl, R.J., Stone, W.M., Chapital, A.B., & Smith, A.A. 2010, 'Superficialization of deep arteriovenous access procedures in obese patients using suction-assisted lipectomy: A novel approach', *The Canadian Journal of Plastic Surgery*, vol. 18, no. 1, pp. 25-7.

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