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Eleventh Edition ACS 1904 *Procedural complications – due to/related to prosthetic devices, implants or grafts*

Procedural complications may be classified to either the body system chapters or block *Complications of surgical and medical care, not elsewhere classified* (T80-T88), and the following rules apply:

- Where a complication is related to a prosthetic device, implant or graft, assign T82-T85 *Complications of prosthetic devices, implants and grafts*, except where directed by an *Includes* note or the Alphabetic Index
- Where a condition is not related to a prosthetic device, implant or graft and:
 - it is related to a body system, assign an appropriate code from the body system chapter
 - the complication is not related to a body system, assign an appropriate code from T80-T81 or T86-T88

As per ACS 1904 *Procedural complications/Overview/dot point three*, codes in categories T82–T85 are generally intended to be used for complications specific to prosthetic devices, implants and grafts such as mechanical complication, infection, pain, thrombosis, haemorrhage, mesh erosion and so on.

Therefore, unless there is a specific coding rule or ACS that indicates otherwise (eg complications related to coronary artery bypass graft), a causal relationship does not need to be documented to assign a procedural complication when the condition is classified to categories T82-T85.

Example 1: Patient with a history of endovascular aneurysm repair (EVAR) of an abdominal aortic aneurysm (AAA) with a bifurcated endoprosthesis, was readmitted due to intermittent abdominal pain and progressive dyspnoea. Computed tomography (CT) angiogram of the aorta confirmed endoleaks following EVAR.

Assign:

T82.3 *Mechanical complication of other vascular grafts*

with appropriate external cause codes Follow the Alphabetic Index:

Leak, leakage

- device, implant or graft (see also *Complication(s)/by site and type*)

- - arterial graft NEC T82.3

Example 2: Patient was admitted for a ruptured anterior cruciate ligament (ACL) graft for which the patient underwent revision of a left knee ACL reconstruction

Assign:

T84.4 *Mechanical complication of other internal orthopaedic devices, implants and grafts*

with appropriate external cause codes

Follow the Alphabetic Index:

Complication(s) (from) (of)

- orthopaedic

- - device, implant or graft (see also *Complication(s)/by site and type*) T84.9

- - - mechanical NEC T84.4

Example 3: A 59-year-old woman was admitted with complaints of pain and loss of mobility of the stump of her left leg. She had a below knee amputation (BKA) of her left lower limb in 2010. She did not wear her prosthesis over the amputated side, because of persistent touch-evoked pain. Physical examination revealed erythema on the stump with cellulitis. She was diagnosed with cellulitis of the amputation stump due to an ill-fitting prosthetic limb.

Assign:

T84.7 *Infection and inflammatory reaction due to other internal orthopaedic prosthetic devices, implants and grafts*

L03.13 *Cellulitis of lower limb*

Z89.5 *Acquired absence of leg at or below knee*

with appropriate external cause codes Follow the Alphabetic Index:

Complication

- orthopaedic
- - device, implant or graft
- - - infection or inflammation NEC T84.7

Cellulitis (diffuse) (with lymphangitis)

- limb L03.19
- - lower L03.13

Absence

- extremity (acquired) Z89.9
- - lower (above knee) (unilateral) Z89.6
- - - with upper extremity (any level) Z89.8
- - - below knee (unilateral) Z89.5

Example 4: Urethral trauma/injury sustained from displacement of an indwelling catheter

Assign:

T83.0 *Mechanical complication of urinary (indwelling) catheter*

with appropriate external cause codes

Follow the Alphabetic Index:

Displacement, displaced

- device, implant or graft (*see also Complication(s)/by site and type/mechanical*)
- - catheter NEC
- - - urinary (indwelling) T83.0

It is unnecessary to assign an additional code from Chapter 19 (eg S37.3- *Injury of urethra*) to indicate the site of the post-operative complication. The purpose of S codes in Chapter 19 *Injury, poisoning and certain other consequences of external causes* is to classify injuries due to trauma (ie an injury not related to an intervention).

If urethral trauma/injury occurs during removal (accidental or intentional) of an indwelling catheter (IDC) by a patient, ACS 1904 is not applicable as the trauma/injury is not a complication of the device (catheter). Where the urethral trauma/injury meets the criteria in ACS 0002 *Additional diagnoses*, assign:

S37.3- *Injury of urethra*
X58 *Exposure to other specified factors*
with place of occurrence and activity codes as appropriate.

Follow the Alphabetic Index of diseases and nature of injury (Section I):

Injury

- urethra (sphincter) S37.30
- - membranous S37.31
- - penile S37.32
- - prostatic S37.33
- - specified part NEC S37.38

Follow the Alphabetic Index of external causes of injury (Section II):

Exposure (to)

- factor(s)
- - specified NEC X58

Example 5: Ureteral stricture due to a procedure

Ureteral stricture occurring after insertion of prosthetic devices, implants or grafts is classified as a complication of prosthetic devices, implants or grafts:

Assign:

T83.89 *Other specified complications of genitourinary devices, implants and grafts*
N13.5 *Kinking and stricture of ureter without hydronephrosis*
with appropriate external cause codes.

Follow the Alphabetic Index:

Complication(s) (from) (of)

- genitourinary NEC (*see also Complication(s)/by site and type*)
- - device, implant or graft
- - - specified NEC T83.89

Ureteral stricture due to a procedure with no involvement of prosthetic devices, implants or grafts, is classified to an appropriate code from the end of body system chapter.

Assign:

N99.89 *Other intraoperative and postprocedural disorder of genitourinary system*
N13.5 *Kinking and stricture of ureter without hydronephrosis*
with appropriate external cause codes. Follow the Alphabetic Index:

Complication(s) (from) (of)

- genitourinary NEC (*see also Complication(s)/by site and type*)
- - intraoperative or postprocedural
- - - specified NEC N99.89

N13.5 is assigned as an additional diagnosis to provide further specificity of the condition (ie ureteral stricture).

Example 6: Lymphocele following cannulation of the femoral vein

Assign:

T82.89 *Other specified complications of cardiac and vascular prosthetic devices, implants and grafts*

I97.83 *Postprocedural lymphocele, lymphoedema and chylothorax*

with appropriate external cause codes. Follow the Alphabetic Index:

Complication(s) (from) (of)

- vascular
- - device, implant or graft (*see also Complication(s)/by site and type*)
- - - infusion catheter
- - - - specified NEC T82.89

Lymphocele I89.8

- postprocedural I97.83

I97.83 is assigned to provide further specificity of the condition (ie postprocedural lymphocele) (Note: there are no *Excludes* notes to prevent assignment of T82.89 and I97.83 together). However, it is unnecessary to assign I89.8 *Other specified noninfective disorders of lymphatic vessels and lymph nodes* as it does not provide further specificity of the condition.

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Eleventh Edition ACS 1904 *Procedural complications* – assigned to body system chapters

Procedural complications may be classified to either the body system chapters or block *Complications of surgical and medical care, not elsewhere classified* (T80-T88), and the following rules apply:

- Where a complication is related to a prosthetic device, implant or graft, assign T82-T85 *Complications of prosthetic devices, implants and grafts*, except where directed by an *Includes* note or the Alphabetic Index
- Where a condition is not related to a prosthetic device, implant or graft and:
 - it is related to a body system, assign an appropriate code from the body system chapter
 - the complication is not related to a body system, assign an appropriate code from T80-T81 or T86-T88

Categories found at the end of body system chapters within ICD-10-AM classify specific intraoperative and postoperative complications associated with the body system. Many of these specific conditions have been identified as well-known complications for that body system that are frequently related to medical or surgical interventions.

Where the classification links the condition and the specific intervention via the Alphabetic Index the causal relationship can be assumed. Conditions classified to the end of body system chapters that commonly occur following an intervention are generally found with the condition being the lead term in the Alphabetic Index, followed by an essential modifier which specifies the intervention. For example:

Lymphoedema

- postmastectomy I97.2

Scoliosis (acquired) (postural) M41.9-

- postradiation therapy M96.5

Example 7: Patient was admitted with persistent oedema of the right arm 2 years after radical mastectomy and chest wall radiotherapy for adenocarcinoma of the right breast. Examination revealed extensive, predominantly pitting, oedema of the right forearm and upper arm and an ultrasound (US) of the right upper limb confirmed the diagnosis of lymphoedema. She was given physiotherapy for the lymphoedema and a prescription of a compression garment.

Assign:

I97.2 *Postmastectomy lymphoedema syndrome*

with appropriate external cause codes. Follow the Alphabetic Index:

Lymphoedema

- postmastectomy I97.2

In some instances the Alphabetic Index does not link the condition with a specific intervention for an end of chapter code. In these instances, a causal relationship between the condition and the intervention must be documented within the episode of care for the condition to be considered an intraoperative or postoperative complication. For example:

Adhesions, adhesive (postinfective)

- postprocedural
- - peritoneal
- - - pelvic N99.4

Example 8: Patient with adenocarcinoma of the prostate underwent a radical prostatectomy under general anaesthetic (GA). During the postoperative period the patient complained of pain and swelling at the operative site. A computed tomography (CT) scan of the abdomen and pelvis was performed which confirmed the presence of a lymphocele which was considered secondary to prostatectomy. The surgical team decided to manage this conservatively over the next 24 hours.

Assign:

C61 *Malignant neoplasm of prostate*

M8140/3 *Adenocarcinoma NOS*

I97.83 *Postprocedural lymphocele, lymphoedema and chylothorax*

with appropriate external cause codes. Follow the Alphabetic Index:

Lymphocele

- postprocedural I97.83

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Eleventh Edition ACS 1904 *Procedural complications* – classified to T80-T81 or T86-T88 (Chapter 19)

When a condition is not related to a prosthetic device, implant or graft and the complication is not related to a body system, assign an appropriate code from T80-T81 or T86-T88.

Example 9: A 70-year-old man with a history of acute myocardial infarction underwent coronary artery bypass graft (CABG) with a left saphenous vein autograft. He was readmitted 10 days after surgery as an infection developed at the saphenous donor site and a skin graft was applied to the donor site.

Assign:

T81.4 *Wound infection following a procedure, not elsewhere classified*

Y83.2 *Surgical operation with anastomosis, bypass or graft*

Place of occurrence as appropriate Follow the Alphabetic Index:

Complication(s) (from) (of)

- postprocedural

- - wound infection T81.4

Skin infections that develop at a vein donor site are considered a post procedural skin infection rather than a complication of the CABG site (ie the heart). Y83.2 is assigned as an external cause code to describe the type of procedure causing a complication, ie CABG.

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Eleventh Edition ACS 1904 *Procedural complications – additional code to add specificity*

When classifying procedural complications, a number of general coding conventions utilised in ICD-10-AM need to be highlighted, in particular, multiple condition coding which states:

In Australia, multiple condition coding (meaning that multiple conditions may be assigned in an episode of care) is used to provide the necessary specificity to fully describe the episode of care. This does not mean multiple codes are assigned to describe a single condition (unless otherwise instructed).

The instruction in the ACS regarding ‘an additional code from Chapters 1 to 19 may be assigned where it provides further specificity’, is intended to provide further specificity of the condition, not an anatomical site.

For postoperative complications, the majority of complications occur around the area that has been operated on, therefore it is unnecessary to add an additional code to identify the site of the complication.

It should also be noted that ICD-10-AM does not have diagnostic codes/entities independently reflecting the detail of an anatomical site, therefore it is not possible to identify every single possible site for all diseases/injuries. While some ICD-10-AM codes specify the anatomical site, they are generally located in the specific chapters/categories to which they relate (mainly in Chapter 13 *Diseases of the musculoskeletal system and connective tissue* and Chapter 19 *Injury, poisoning and certain other consequences of external causes*). These codes should not be used to provide further specificity of the anatomical site when the nature of diseases/injuries are completely different.

Example 10: 28-year-old lady admitted for a bilateral breast augmentation with insertion of saline prostheses performed under general anaesthetic (GA). In the postoperative period, the patient developed a haematoma around her right breast wound site as documented by the plastic surgeon. The area was marked and monitored closely for the next 12 hours. An ultrasound of the breast confirmed a superficial haematoma not amenable to drainage.

Note: code T85.83 and classification guidelines below have been updated since original publication

Assign:

Z41.1 *Other plastic surgery for unacceptable cosmetic appearance*

T85.83 *Haemorrhage and haematoma following insertion of other prosthetic devices, implants and grafts*

with appropriate external cause codes. Follow the Alphabetic Index:

Haematoma (skin surface intact) (traumatic) (see also Contusion)
- postprocedural T81.0

Then follow the *Excludes* note at T81.0 *Haemorrhage and haematoma complicating a procedure, not elsewhere classified* to assign T85.83.

It is unnecessary to assign N64.8 *Other specified disorders of breast* to capture the site of

the haematoma.

Example 11: Haematoma in the subdural region of the brain post craniotomy and excision of a brain lesion.

Assign:

T81.0 *Haemorrhage and haematoma complicating a procedure, not elsewhere classified* with appropriate external cause codes. Follow the Alphabetic Index:

Haematoma (skin surface intact) (traumatic) (see also Contusion)
- postprocedural T81.0

It is unnecessary to assign an additional code from Chapter 19 (eg S06.5 *Traumatic subdural haemorrhage*) to indicate the site of the post-operative complication. The purpose of S codes in Chapter 19 *Injury, poisoning and certain other consequences of external causes* is to classify injuries due to trauma (ie an injury not related to an intervention).

Example 12: Patient admitted with an old medial meniscal tear of the left knee and underwent arthroscopic meniscal debridement under general anaesthetic (GA). In the postoperative period, the patient complained of left knee pain necessitating a consult with the pain management team and an increase in pain medication requirements. Discharged home on day 2 postoperatively once the pain was well controlled and patient was able to mobilise.

Assign:

M23.23 *Derangement of meniscus due to old tear or injury, medial collateral ligament or other and unspecified medial meniscus*

T81.83 *Pain following a procedure, not elsewhere classified*

with appropriate external cause codes. Follow the Alphabetic Index:

Complication(s) (from) (of)
- postprocedural
- - pain NEC T81.83

It is unnecessary to assign M25.56 *Pain in joint, lower leg* to capture the site of the pain.

If the pain being assessed/treated is not at the site of the operation, such as shoulder pain following laparoscopic cholecystectomy and the clinician confirms that the shoulder pain is due to laparoscopy, and it meets ACS 0002 *Additional diagnoses*, an additional code for the shoulder pain (M25.51) can be added to provide further specificity.

Example 13: Patient admitted to hospital for a laparoscopic cholecystectomy performed under general anaesthetic (GA). During the procedure the duodenum was accidentally lacerated and then repaired. Histopathology report: Gallbladder – chronic cholecystitis and cholelithiasis.

Assign:

K80.10 *Calculus of gallbladder with other cholecystitis, without mention of obstruction*

K91.63 *Accidental puncture and laceration of intestine during a procedure*

with appropriate external cause codes. Follow the Alphabetic Index:

Complication(s) (from) (of)
- accidental puncture or laceration during procedure
- - digestive system organ or structure
- - - intestine (large) (rectum) (small) K91.63

It is unnecessary to assign an additional code from Chapter 19 *Injury, poisoning and certain other consequences of external causes* (eg S36.41 *Injury of duodenum*) to provide further specificity of the site.

Example 14: Accidental laceration of digital nerve of hand during a procedure

Assign:

G97.34 *Accidental puncture and laceration of peripheral nerve during a procedure* with appropriate external cause codes. Follow the Alphabetic Index:

Complication(s) (from) (of)

- accidental puncture or laceration during procedure
- - nervous system organ or structure
- - - peripheral nerve G97.34

It is unnecessary to assign S64.4 *Injury of digital nerve of other finger* or S64.3 *Injury of digital nerve of thumb* to provide site specificity.

Example 15: A patient admitted to hospital with stiffness of right total knee replacement (TKR) for manipulation under anaesthesia (MUA) performed under general anaesthetic (GA) without any complications

Assign:

T84.89 *Other specified complications following insertion of internal orthopaedic prosthetic devices, implants and grafts*

M25.66 *Stiffness of joint, not elsewhere classified, lower leg* with appropriate external cause codes.

Follow the Alphabetic Index:

Complication(s) (from) (of)

- prosthetic device, implant or graft (see also Complication(s)/by site and type)
- - joint prosthesis T84.89

Stiffness, joint

- knee M25.66

The additional code M25.66 is assigned to provide further specificity of the condition not the site (ie stiffness of the joint).

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Eleventh Edition ACS 1904 *Procedural complications – care beyond intraoperative/postoperative care*

Some conditions that develop postoperatively are considered as natural or expected events and are not necessarily complications of clinical care (ie they are not considered significant as per the criteria in ACS 0002 *Additional diagnoses*).

These conditions are **only** assigned as procedural complications when there is documentation of care or management that is significantly beyond routine care.

Care beyond routine may include:

- consultation/treatment by a clinician resulting in a change of management
- application of vacuum dressing or other specialised dressing/device, which was not previously required, to replace a conventional dressing
- unexpected or unplanned return to theatre
- commencement of antibiotics
- treatment that delays discharge

Example 16: This 58 year old lady with bilateral ovarian cysts underwent bilateral oophorectomy and division of omental adhesions under a general anaesthetic (GA) without any complications. Persistent wound ooze from the abdominal site noted on day 2 postoperatively by wound management team. The dressing from the abdominal wound was removed and a vacuum dressing was applied. Patient remained in hospital until ooze settled down. The patient was discharged home on day 4 as significant ooze was no longer present. Patient instructed to present to the Emergency Department if she has any concerns. Histopathology report – mucinous cystadenoma of ovaries.

Assign:

D27 *Benign neoplasm of ovary M8470/0 Mucinous cystadenoma NOS K66.0*
Peritoneal adhesions

T81.89 *Other complications following a procedure, not elsewhere classified*
with appropriate external cause codes. Follow the Alphabetic Index:

Complication(s) (from) (of)

- postprocedural

- - specified NEC T81.89

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