

Coding Rules

Published 15 June 2021 (Effective 1 July 2021)

Abrasion or blister of the elbow

Adhesions divided during caesarean section without labour

Amniotic membrane graft or transplantation

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Laryngopharyngeal reflux (LPR)

Proopiomelanocortin (POMC) deficiency

Telangiectasia of the intestine and rectum



Ref No: Q3657 | Published On: 15-Jun-2021 | Status: Current

Abrasion or blister of the elbow

Q:

What codes are assigned for abrasion or blister of the elbow?

A:

Injuries of the elbow are classified in ICD-10, and hence ICD-10-AM, with injuries of the forearm in block S50–S59 *Injuries to the elbow and forearm*.

Forearm is the general term/site; elbow is a specific site of the forearm.

Superficial injuries of the elbow are either subcategories of injuries of forearm (eg S50.0 *Contusion of elbow*), or classified the same (eg S50.88 *Other superficial injuries of forearm*, S50.9 *Superficial injury of forearm, unspecified*).

Therefore, assign:

- S50.81 *Abrasion of forearm* for abrasion of the elbow
- S50.82 *Blister of forearm* for blister of the elbow

Follow the ICD-10-AM Alphabetic Index:

Abrasion (see also *Injury/superficial*)

- forearm S50.81

Blister (see also *Injury/superficial*)

- forearm S50.82

Amendments will be considered for a future edition.



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Adhesions divided during caesarean section without labour

NZ comment: May be a change in coding practice from 1 July 2021

Q:

What ICD-10-AM codes are assigned for pelvic adhesions, divided during caesarean section?

A:

Classification guidelines in ACS 1506 *Fetal presentation, disproportion and abnormality of maternal pelvic organs* state:

Where care and/or intervention is required due to malpresentation, disproportion or abnormality of maternal pelvic organs during labour and/or delivery, regardless of when the condition is first diagnosed, assign a code from blocks O64–O66...

ACS 1500 *Diagnosis sequencing in obstetric episodes of care* states:

Assign a code from another chapter where it adds specificity to the Chapter 15 code, or as per any Instructional notes.

ACS 1521 *Conditions and injuries in pregnancy* states:

Assign as an additional diagnosis a code from another chapter to add specificity to the Chapter 15 code.

Therefore, assign O65.5 *Labour and delivery affected by abnormality of maternal pelvic organs* where division of adhesions are required during caesarean section, regardless of when the adhesions are first diagnosed.

Assign N73.6 *Female pelvic peritoneal adhesions* as an additional diagnosis code for specificity.

Follow the ICD-10-AM Alphabetic Index:

Adhesions, adhesive (postinfective)

- pelvic, pelvis (*see also Adhesions/peritoneum*)
- peritoneum, peritoneal (male)
- - female pelvic (postpartal) (to uterus) N73.6
- - - affecting
- - - - labour or delivery O65.5

Note that ACS 1506 *Fetal presentation, disproportion and abnormality of maternal pelvic organs* and the cited indexing were amended in Eleventh Edition Errata 3.



Ref No: Q3519 | Published On: 15-Jun-2021 | Status: Current

Amniotic membrane graft or transplantation

NZ comment: Change in coding practice from 1 July 2021

Q:

What is the correct code assignment for amniotic membrane graft or transplant used in the treatment of corneal and conjunctival disorders?

A:

The amniotic membrane (AM) is the inner layer of the fetal membrane and has been shown to have anti-microbial, anti-inflammatory, anti-fibrotic and anti-angiogenic properties (Malhotra & Jain 2014). AM has the potential to inhibit corneal neovascularisation and promote corneal re-epithelialisation.

Amniotic membrane transplant (AMT) is used for the treatment of ocular surface disorders when the integrity has been disrupted due to surgery, diseases or chemicals (Medical Services Advisory Committee 2020). Common ophthalmic indicators for AMT include infectious keratitis, corneal perforation, cicatricial conjunctivitis and limbal stem cell deficiency (Ting et al. 2020). Prokera Slim® is a brand of cryopreserved amniotic membrane (cAM) used for the treatment of corneal ulcers (Brocks et al. 2020).

The classification of amniotic membrane transplant differs according to the ocular site being treated:

- In the treatment of corneal disease assign 90064-00 **[173]** *Other keratoplasty*
Follow the ACHI Alphabetic Index:
Keratoplasty 90064-00 [173]
- In the treatment of conjunctival disease assign 90093-00 **[255]** *Conjunctivoplasty*
Follow the ACHI Alphabetic Index:
Conjunctivoplasty 90093-00 [255]

Amendments to ACHI will be considered for a future edition.

References:

Brocks, D., Mead, O., G., Tighe, S. & Tseng, S., C., G. 2020, 'Self-Retained Cryopreserved Amniotic Membrane for the Management of Corneal Ulcers', *Clinical Ophthalmology*, vol. 14, pp. 1437–43, <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7266945/>>.

Malhotra, C. & Jain, A. K. 2014, 'Human amniotic membrane transplantation: Different modalities of its use in ophthalmology', *World Journal of Transplantation*, vol. 4, no. 2, pp. 111–21, <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4094946/>>.

Ting, D. S. J., Henein, C., Said, D. G. & Dua, H. S. 2020, 'Effectiveness and safety of early adjuvant amniotic membrane transplant versus standard antimicrobial treatment for infectious keratitis: a systematic review protocol', *JBI Evidence Synthesis*, vol. 18, no. 8, pp. 1808–14, <https://journals.lww.com/jbisrj/FullText/2020/08000/Effectiveness_and_safety_of_early_adjuvant.16.aspx>.



Ref No: Q3502 | Published On: 15-Jun-2021 | Status: Current

Amniotic stem cell infusion

Q:

What is the correct code assignment for amniotic stem cell infusion?

A:

Human amniotic epithelial cells (hA ESCs) are placental stem cells derived from the epithelial layer of the amnion (Qiu et al. 2020). They have been widely utilised in regenerative medicine due to their ability to differentiate into a number of cell types without the risk of tumorigenesis (Loukogeorgakis & De Coppi 2016). Preclinical studies have shown that hA ESCs are effective for treatment of gastrointestinal, hematopoietic, cardiovascular, nervous, respiratory and urinary diseases (Loukogeorgakis & De Coppi 2016).

Assign 14203-01 **[1906]** *Direct living tissue implantation* for infusion of amniotic stem cells.

Follow the ACHI Alphabetic Index:

Implant, implantation

- living tissue

- - by

- - - direct implantation 14203-01 **[1906]**

Amendments may be considered for a future edition.

References:

Loukogeorgakis, S. P. & De Coppi, P. 2016, 'Concise Review: Amniotic Fluid Stem Cells: The Known, the Unknown, and Potential Regenerative Medicine Applications', *Stem cells*, vol. 35, no. 7, <<https://stemcellsjournalsonline.wiley.com/doi/full/10.1002/stem.2553#:~:text=The%20amniotic%20fluid%20is%20an,the%20field%20of%20regenerative%20medicine.&text=Emerging%20evidence%20from%20experimental%20models,human%20tissue%20repair%20and%20regeneration>>.

Qiu, C., Ge, Z., Cui, W., Yu, L. & Li, J. 2020, 'Human Amniotic Epithelial Stem Cells: A Promising Seed Cell for Clinical Applications.' *International Journal of Molecular Sciences*, vol. 21, no. 20, viewed 22 April 2021, <<https://pubmed.ncbi.nlm.nih.gov/33086620/#:~:text=Multiple%20stem%20cell%20types%20have,cellular%20therapy%20and%20clinical%20application>>.



Ref No: Q3520 | Published On: 15-Jun-2021 | Status: Current

Autoimmune necrotising myopathy

Q:

What is the correct code assignment for autoimmune necrotising myopathy?

A:

Autoimmune necrotising myopathy is a rare form of inflammatory myopathy characterised clinically by necrotic muscle fibres with absent or minimal inflammation (Khan et al. 2017).

Assign *G72.4 Inflammatory myopathy, not elsewhere classified* for autoimmune necrotising myopathy.

Follow the ICD-10-AM Alphabetic Index:

Myopathy

- inflammatory NEC G72.4

References:

Khan, N., Khalid, S., Ullah, S., Malik, M., U. & Makhoul, S. 2017, 'Necrotizing Autoimmune Myopathy: A Rare Variant of Idiopathic Inflammatory Myopathies', *Journal of Investigative Medicine High Impact Case Reports*, vol. 5, no. 2, <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5476327/>>.



Ref No: Q3637 | Published On: 15-Jun-2021 | Status: Current

Biceps tenodesis performed with a shoulder reconstruction

Q:

Is a biceps tenodesis considered a component of a shoulder reconstruction or should it be classified separately?

A:

Biceps tenodesis is performed to repair a tear or tendinopathy of the biceps tendon, whereas a shoulder reconstruction repairs shoulder instability where the structures surrounding the shoulder joint become overstretched or injured (Coastal orthopaedics n.d.). The shoulder joint is stabilised by the rotator cuff tendons and muscles, the bursa and the labrum (a cuff of cartilage) (Huffman 2019). However, instability of the shoulder joint can impact on and damage the biceps tendon (Kiritsis 2020).

Biceps tenodesis is not a component of a shoulder reconstruction and so when performed together assign an appropriate code for the shoulder reconstruction with an additional code for the biceps tenodesis as follows:

47963-01 **[1572]** *Tenoplasty, not elsewhere classified*

Follow the ACHI Alphabetic Index:

Tenodesis NEC 47963-01 **[1572]**

Amendments will be considered for a future edition.

References

Coastal orthopaedics (n.d.), *Shoulder reconstruction*, viewed 3 May 2021, <<http://www.coastalorthopaedics.com.au/shoulder-reconstruction-coastal-orthopaedics.html>>.

Hoffman, M. (2019), *Human anatomy*, WebMD, viewed 3 May 2021, <<https://www.webmd.com/pain-management/picture-of-the-shoulder>>.

Kiritsis, P. (2020), *Knee and Shoulder Specialist – Orthopedic Surgery*, viewed 3 May 2021, <<https://www.kneeandshouldersurgery.com/shoulder-disorders/>>.

Erickson, B.J., Jain, A., Cvetanovich, G.L., Nicholson, G.P., Cole, B.J., Romeo, A.A., & Verma, N.N. (2017), 'Biceps Tenodesis: An Evolution of Treatment', *Am J Orthop (Belle Mead NJ)*, Vol. 46, no. 4, E219-E223, viewed 3 May 2021, <<https://pubmed.ncbi.nlm.nih.gov/28856351/>>.



Ref No: Q3668 | Published On: 15-Jun-2021 | Status: Current

Dilation of ileal (anastomotic) stricture via colonoscopy

Q:

What code is assigned for dilation of an ileal stricture performed via colonoscopy?

A:

Endoscopic (balloon) dilation of an ileal stricture is a minimally invasive intervention performed as an alternate to surgical interventions such as strictuoplasty or resection (Gustavsson 2012).

Ileocolic anastomotic stricture may occur after ileocaecal resection or hemicolectomy for conditions such as malignancy of the gastrointestinal tract or Crohn's disease. Endoscopic balloon dilation or surgical resection are performed to treat the ileocolic anastomotic strictures (Ding et al. 2016; Lian et al. 2017).

As there is currently no ACHI code for endoscopic dilation of an ileal stricture, where this procedure is performed via a colonoscopy, assign 32094-00 [917] *Endoscopic dilation of colorectal stricture* as a best fit.

Amendments will be considered for a future edition.

References:

Ding, NS, Yip, WM, Choi, CH, Saunders, B, Thomas-Gibson, S, Arebi, N, Humphries Hart, A 2016, 'Endoscopic dilatation of Crohn's anastomotic strictures is effective in the long term, and escalation of medical therapy improves outcomes in the biologic era', *Journal of Crohn's and colitis*, vol. 10, no. 10, pp. 1172-1178, viewed 6 November 2018, <<https://doi.org/10.1093/ecco-jcc/jjw072>>.

Gustavsson, A., Magnuson, A., Blomberg, B., Andersson, M., Halfvarson, J. & Tysk, C. 2012, 'Endoscopic dilation is an efficacious and safe treatment of intestinal strictures in Crohn's disease', *Alimentary Pharmacology and Therapeutics*, vol. 36, issue 2, pp. 151-158, viewed 26 February 2020, <<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2036.2012.05146.x>>.

Lian, L, Stocchi, L, Remzi, FH Shen, B 2017, 'Comparison of Endoscopic Dilation vs Surgery for Anastomotic Stricture in Patients with Crohn's Disease Following Ileocolonic Resection', *Clinical Gastroenterology and Hepatology*, vol. 15, no. 8, pp. 1226-1231, viewed 6 November 2018, <<https://www.clinicalkey.com.au/#!/content/playContent/1-s2.0-S1542356516310011?returnurl=https%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1542356516310011%3Fshowall%3Dtrue&referrer=https%2F%2Fwww.ncbi.nlm.nih.gov%2F>>.



Ref No: Q3554 | Published On: 15-Jun-2021 | Status: Current

Goniosynechialysis

Q:

What is the correct code assignment for goniosynechialysis?

A:

Peripheral anterior synechiae (PAS) is a condition in which the iris permanently adheres to the angle, which obstructs the aqueous outflow through the trabecular meshwork, contributing to the increase of intraocular pressure (IOP) (Lee et al. 2021; Lee et al. 2006). Goniosynechialysis (GSL) is the procedure where the PAS is stripped from the angle wall to restore the aqueous outflow (Lai 2013).

Assign 42761-00 **[186]** *Division of synechiae or corneovitreal adhesions* for GSL.

Follow the ACHI Alphabetic Index:

Division

- synechiae
- - corneovitreal (laser) 42761-00 **[186]**
- - iris (anterior) (laser) (posterior) 42761-00 **[186]**

Amendments will be considered for a future edition.

References:

Lai, J. 2013, 'The Role of Goniosynechialysis in the Management of Chronic Angle-Closure Glaucoma', *Asia-Pacific Journal of Ophthalmology*, vol. 2, no. 5, pp. 277-78, <https://journals.lww.com/apjoo/fulltext/2013/09000/the_role_of_goniosynechialysis_in_the_management.1.aspx>.

Lee, J. Y., Kim, Y. Y., & Jung, H. R. 2006, 'Distribution and characteristics of peripheral anterior synechiae in primary angle-closure glaucoma', *Korean Journal of Ophthalmology*, vol. 20, no. 2, pp. 104–108, <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2908823/>>.

Lee, T. E., Yoo, C. & Kim, Y. Y. 2021, 'The effects of peripheral anterior synechiae on refractive outcomes after cataract surgery in eyes with primary angle-closure disease', *Medicine*, vol. 100, no. 14, <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8036052/>>.



Ref No: Q3667 | Published On: 15-Jun-2021 | Status: Current

Intrauterine balloon device for adhesion prevention

Q:

What code is assigned for insertion of an intrauterine balloon stent (eg Bakri® balloon) for Asherman's syndrome?

A:

Asherman's syndrome, also known as intrauterine adhesions or intrauterine synechiae, occurs when adhesions (scar tissue) form inside the uterus (Smikle et al. 2021).

Insertion of a device into the uterus (eg intrauterine balloon stent, Foley catheter, intrauterine device) is an option for re-adhesion prevention in Asherman's syndrome (Doroftie et al. 2020).

Bakri® balloon is an intrauterine balloon stent that is mainly used to treat postpartum haemorrhage, but may be used for uterine adhesion prevention. When inflated with sterile liquid, the device applies pressure to the uterine walls (Cook Medical 2020).

Where an intrauterine balloon device (eg Bakri® balloon) is inserted for adhesion prevention in Asherman's syndrome, assign 35503-00 **[1260]** *Insertion of intrauterine device [IUD]* as a best fit.

Follow the ACHI Alphabetic Index:

Insertion

- intrauterine device (IUD) 35503-00 **[1260]**

Amendments will be considered for a future edition.

References:

Cook Medical 2020, *Bakri® Postpartum balloon with rapid instillation components*, viewed 3 February 2021, <https://www.cookmedical.com/data/resources/RH-D58385-EN-F_M3_1607453195285.pdf>.

Doroftie, B., Dabuleanu, A., Ilie, O., Maftai, R., Anton, E., Simionescu, G., Matei, T., & Armeanu, T. 2020, 'Mini-Review of the New Therapeutic Possibilities in Asherman Syndrome—Where Are We after One Hundred and Twenty-Six Years?', *Diagnostics*, 10(9), 706, viewed 8 April 2021, <<https://doi.org/10.3390/diagnostics10090706>>.

Smikle, C., Yarrarapu, S.N.S., Khetarpal, S. 2021, *Asherman syndrome*, StatPearls Publishing LLC., National Center for Biotechnology Information, U.S. National Library of Medicine, viewed 8 April 2021, <<https://www.ncbi.nlm.nih.gov/books/NBK448088/>>.



Ref No: Q3670 | Published On: 15-Jun-2021 | Status: Current

Isolated pulmonary capillaritis

Q:

What code is assigned for isolated pulmonary capillaritis?

A:

Isolated (pauciimmune) pulmonary capillaritis is a small vessel vasculitis restricted to the lungs that may induce diffuse alveolar haemorrhage with dyspnoea, anaemia, chest pain, haemoptysis, bilateral and diffuse alveolar infiltrates, without any underlying systemic disease (Orphanet 2012).

Assign J84.8 *Other specified interstitial pulmonary diseases* for isolated pulmonary capillaritis.

Follow the ICD-10-AM Alphabetic Index:

Disease, diseased

- lung
- - interstitial
- - - specified NEC J84.8

Amendments will be considered for a future edition.

References:

Orphanet 2012, *Isolated pulmonary capillaritis*, viewed 20 April 2021, <https://www.orpha.net/consor/cgi-bin/OC_Exp.php?Ing=en&Expert=264691>.



Ref No: Q3636 | Published On: 15-Jun-2021 | Status: Current

Laryngopharyngeal reflux (LPR)

Q:

What code is assigned for laryngopharyngeal reflux (LPR)?

A:

Laryngopharyngeal reflux (LPR) (also known as silent reflux) occurs when dysfunction of oesophageal sphincters permits gastric contents (acid) to travel up the oesophagus into the upper airway (ie larynx and pharynx), resulting in inflammation. Symptoms include voice problems, cough, throat clearing or a lump in the throat (Melbourne Voice Analysis Centre n.d.; WebMD 2020).

While LPR is a distinct entity to gastro-oesophageal reflux disease (GORD), the underlying mechanism is the same as GORD; that is, retrograde passage of gastric contents beyond the upper oesophageal sphincter (Fraser-Kirk 2017).

Therefore, assign K21.9 *Gastro-oesophageal reflux disease without oesophagitis* for laryngopharyngeal reflux NOS (not otherwise specified).

Follow the ICD-10-AM Alphabetic Index:

Reflux

- gastro-oesophageal K21.9

Amendments will be considered for a future edition.

References:

Fraser-Kirk, K. 2017 'Laryngopharyngeal reflux: A confounding cause of aerodigestive dysfunction', *Australian Family Physician*, Volume 46, No.1, January/February 2017 Pages 34-39, viewed 4 May 2021, <<https://www.racgp.org.au/afp/2017/januaryfebruary/laryngopharyngeal-reflux-a-confounding-cause-of-aerodigestive-dysfunction/>>.

Melbourne Voice Analysis Centre (n.d) *Laryngopharyngeal reflux*, viewed 4 May 2021, <<https://mvac.com.au/laryngopharyngeal-reflux/>>.

WebMD. 2020 *Laryngopharyngeal reflux (Silent reflux)*, viewed 4 May 2021, <<https://www.webmd.com/heartburn-gerd/guide/laryngopharyngeal-reflux-silent-reflux>>.



Ref No: Q3665 | Published On: 15-Jun-2021 | Status: Current

Proopiomelanocortin (POMC) deficiency

Q:

What is the correct code assignment for proopiomelanocortin (POMC) deficiency?

A:

Proopiomelanocortin (pro-opiomelanocortin) (POMC) deficiency is a rare congenital genetic disorder. POMC deficiency is characterised by severe obesity due to hyperphagia from excessive hunger (during the first year and throughout life), and low levels of adrenocorticotrophic hormone (ACTH) which may lead to adrenal insufficiency (GARD 2015; Graves et al. 2021).

To classify POMC, assign a code from subcategory E66.9- *Obesity, not elsewhere classified*. Note that fifth character 0 is assigned for patients less than 18 years of age.

Follow the ICD-10-AM Alphabetic Index:

Obesity (morbid) (simple) E66.9-

Amendments will be considered for a future edition.

References:

Genetic and Rare Diseases Information Center (GARD) 2015, *Proopiomelanocortin deficiency*, viewed 20 April 2021, <<https://rarediseases.info.nih.gov/diseases/10823/proopiomelanocortin-deficiency>>.

Graves, L.E., Khouri, J.M., Kristidis, P. & Verge, C.F. 2021, 'Proopiomelanocortin deficiency diagnosed in infancy in two boys and a review of the known cases', *Journal of Paediatrics and Child Health*, volume 57, issue 4, pages 484-490, viewed 20 April 2021, <<https://onlinelibrary.wiley.com/doi/full/10.1111/jpc.15407>>.



Ref No: Q3638 | Published On: 15-Jun-2021 | Status: Current

Telangiectasia of the intestine and rectum

Q:

What is the correct code assignment for telangiectasia of intestine and rectum?

A:

Gastrointestinal telangiectasia is synonymous with gastrointestinal angiodysplasia, a term used to describe non-specific vascular malformation originating from the gastrointestinal mucosa and/or submucosa (WHO 2020). Research into the nature of gastrointestinal angiodysplasia has resulted in the development of a multitude of synonymous terms including arteriovenous malformation, telangiectasia, angiectasia, or vascular ectasia (Al-Hamid & Gamarra 2011).

As gastrointestinal telangiectasia is synonymous with gastrointestinal angiodysplasia, assign an appropriate code for gastrointestinal telangiectasia by the following the lead term **Angiodysplasia**.

Assign K55.2- *Angiodysplasia of colon* for telangiectasia of intestine or rectum.

Follow the ICD-10-AM Alphabetic Index:

Angiodysplasia (caecum) (colon) (intestine) K55.21

- with haemorrhage K55.22

Amendments to the classification of gastrointestinal telangiectasia are being considered for ICD-10-AM Twelfth Edition.

References and Bibliographies

Al-Hamid, H. and Gamarra, M.R. (2019), 'Angiodysplasia of the Colon', *Medscape*, viewed 12 January 2021, <<http://emedicine.medscape.com/article/170719-overview>>.

Jaramillo, E. (2002), 'Multiple rectal telangiectasias', *Medscape*, viewed 29 March 2021, <https://www.medscape.com/viewarticle/418937_2>.

Li, J. A., Zhong, L. L., Li, B., Jiang, D. Q., & Zhao, Y. L. (2020), 'Diffuse telangiectasia of the colon: A case report', *Medicine*, vol. 99, no. 34, e21106., viewed 29 March 2021, <<https://doi.org/10.1097/MD.00000000000021106>>.

World Health Organization (2020), International classification of diseases for mortality and morbidity statistics (11th Revision) (ICD-11), viewed 11 March 2021, <https://icd.who.int/ct11/icd11_mms/en/release>.