



# National Coding Rules (effective 1 April 2021)

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## Characteristics of left ventricular failure

### Q:

What is the correct code assignment for heart failure preserved ejection fraction (HFpEF), heart failure with reduced ejection fraction (HFrEF) and heart failure mid range ejection fraction (HFmrEF)?

### A:

The terms systolic heart failure, diastolic heart failure, HFpEF, HFrEF and HFmrEF refer to nomenclature that describes specific characteristics of left ventricular failure (American Heart Association 2017; Atherton et al. 2018; Nadar & Tariq 2018).

Where systolic heart failure, diastolic heart failure, HFpEF, HFrEF or HFmrEF (without mention of congestion) is documented, assign I50.1 *Left ventricular failure*.

Follow the ICD-10-AM Alphabetic Index:

#### **Failure, failed**

- ventricular
- - left I50.1

For heart failure that is not further specified by clinical documentation, assign I50.9 *Heart failure, unspecified*.

Follow the ICD-10-AM Alphabetic Index:

#### **Failure, failed**

- heart I50.9

See also Coding Rule *Congestive cardiac failure (CCF) and left ventricular failure (LVF)*.

Amendments will be considered for a future edition.

References:

American Heart Association 2017, *Types of heart failure*, American Heart Association, viewed 24 July 2020, <<https://www.heart.org/en/health-topics/heart-failure/what-is-heart-failure/types-of-heart-failure>>.

Atherton, J.J., Sindone, A., De Pasquale, C.G., Driscoll, A., MacDonald, P.S., Hopper, I., Kistler, P.M., Briffa, T., Wong, J., Abhayaratna, W., Thomas, L., Audehm, R., Newton, P., O'Loughlin, J., Branagan, M. & Connell, C. 2018, 'National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the prevention, detection, and management of heart failure in Australia 2018', *Heart, Lung and Circulation*, vol. 27, issue 10, pp. 1123–1208, viewed 24 July 2020, <<https://doi.org/10.1016/j.hlc.2018.06.1042>>.

Nadar, S.K. & Tariq, O. 2018, 'What is heart failure with mid-range ejection fraction? A new subgroup of patients with heart failure', *Cardiac Failure Review*, vol. 4, no. 1, pp. 6–8, viewed 24 July 2020, <<https://doi.org/10.15420/cfr.2018:7:2>>.

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## COVID-19 vaccines causing adverse effects in therapeutic use

### \*Effective from 1 January 2021\*

To identify adverse effects of COVID-19 vaccines in therapeutic use, the World Health Organization has activated an additional emergency use code.

In Australia, this emergency use code will be implemented as U07.7 *Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]*.

Assign U07.7 in addition to external cause codes where clinical documentation indicates that a patient has experienced an adverse effect due to a COVID-19 vaccination.

The COVID-19 vaccines currently approved for use in Australia are not serum based, therefore codes from T80 *Complications following infusion, transfusion and therapeutic injection* are not appropriate.

Example 1: A patient is admitted with allergic urticaria due to a COVID-19 vaccination. Assign codes for the adverse effect followed by emergency use code U07.7:

Codes: T88.1 *Other complications following immunisation, not elsewhere classified*  
L50.0 *Allergic urticaria*  
Y59.0 *Viral vaccines [causing adverse effects in therapeutic use]*  
Y92.23 *Health service area, not specified as this facility*  
U07.7 *Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]*

Example 2: A patient presents with wheezing, itchy skin and difficulty swallowing and is diagnosed with anaphylaxis due to COVID-19 vaccination. Assign a code for the anaphylaxis followed by emergency use code U07.7:

Codes: T88.6 *Anaphylaxis and anaphylactic shock due to adverse effect of correct drug or medicament properly administered*  
Y59.0 *Viral vaccines [causing adverse effects in therapeutic use]*  
Y92.23 *Health service area, not specified as this facility*  
U07.7 *Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]*

See also Coding Rule *Allergens and anaphylaxis*.

Reference:

World Health Organization 2020, *Serology and early investigation protocols*, viewed 2 September 2020, <<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/serology-in-the-context-of-covid-19>>.

Australian Government Department of Health 2021, *Are COVID-19 vaccines safe?*, viewed 21 January 2021, <<https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/about-covid-19-vaccines-are-covid-19-vaccines-safe>>.

Centres for Disease Control and Prevention 2021, *Allergic reactions*, United States Department of Health & Human Services, viewed 21 January 2021, <<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/allergic-reaction.html>>.



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## Delirium superimposed on specified and unspecified dementia

### Q:

What codes are assigned for a diagnosis of specified dementia (ie vascular) with delirium?

What codes are assigned for unspecified dementia with delirium?

### A:

Where a specified type of dementia (eg vascular dementia) is documented with delirium, assign F05.1 *Delirium superimposed on dementia*.

Follow the ICD-10-AM Alphabetic Index:

#### Dementia

- with
- - delirium or acute confusional state F05.1

Also assign a code for the type of dementia in accordance with the *Instructional* note at F05.1:

Code also specific type of dementia, if known.

For example, for vascular dementia not otherwise specified (NOS) assign F01.9 *Vascular dementia, unspecified*.

Follow the ICD-10-AM Alphabetic Index:

#### Dementia

- vascular (of) F01.9

Where dementia with delirium is documented but the type of dementia is not specified, do not assign F03 *Unspecified dementia*, as it does not add specificity.

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## Glaucoma drainage device insertion and cataract extraction

### Q:

What is the sequencing for cataract and glaucoma diagnosis codes?

For intervention codes, is it necessary to follow the *Code first* instruction in the ACHI Tabular List at 42705-00 **[200]** *Extraction of crystalline lens with implantation of trans-trabecular drainage device* and assign a code for cataract extraction, even if the type of cataract extraction is not documented?

### A:

Diagnosis codes for cataract and glaucoma are sequenced in accordance with the guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

For intervention codes, the *Code first* instruction must be followed and a code for extraction of crystalline lens must be assigned first with 42705-00 **[200]** *Extraction of crystalline lens with implantation of trans-trabecular drainage device*. Where the type of cataract extraction is not documented, assign 42698-05 **[200]** *Other extraction of crystalline lens*.

Follow the ACHI Alphabetic Index:

#### Extraction

- lens (crystalline) NEC 42698-05 **[200]**

An update in this area of classification is being progressed for Twelfth Edition.

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Ref No: Q3612 | Published On: 16-Mar-2021 | Status: Current

## Medicinal cannabis

### Q:

What code is assigned for personal history of medicinal cannabis use?

### A:

Medicinal cannabinoids include a variety of chemical compounds, some synthetic and some extracted from the cannabis plant, which have been developed for medical use (RANZCP 2020). In Australia and New Zealand medicinal cannabis products are prescription medicines (RANZCP 2020).

Medicinal cannabis is classified the same as other prescription medication.

ACS 0002 *Additional Diagnoses/family and personal history and certain conditions influencing health status (Z80–Z99)* states:

*Assign additional diagnosis codes for a personal or family history of diseases and disorders, or statuses (eg...) classified to categories Z80–Z99, when they are relevant to a condition being managed or an intervention being performed in the current episode of care.*

Where there is documentation of long term use of prescribed medicinal cannabis that meets criteria in ACS 0002 *Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80–Z99)*, assign Z92.28 *Personal history of long term (current) use of other medicaments*.

Follow the ICD-10-AM Alphabetic Index:

### Long

- term use (current) of
- - medicaments NEC Z92.28

References:

The Royal Australian and New Zealand College of Psychiatrists 2020, *Therapeutic use of medicinal cannabis products*, RANZCP, viewed 14 December 2020, <[https://www.ranzcp.org/files/resources/college\\_statements/clinical\\_memoranda/cm-medical-use-of-cannabinoids.aspx](https://www.ranzcp.org/files/resources/college_statements/clinical_memoranda/cm-medical-use-of-cannabinoids.aspx)>.

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## Microglandular adenosis of cervix

### Q:

What code is assigned for microglandular adenosis of cervix?

### A:

Microglandular adenosis (also known as microglandular hyperplasia) is a pathological finding, described as localised non-neoplastic proliferation of endocervical glands (Goyal et al. 2017).

Where microglandular adenosis of the cervix is documented and meets the criteria for code assignment in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*, assign N87.9 *Dysplasia of cervix uteri, unspecified*.

Follow the ICD-10-AM Alphabetic Index:

#### **Hyperplasia, hyperplastic**

- cervix (basal cell) (endometrium) (polypoid) (uteri) (*see also Dysplasia/cervix*) N87.9

Amendments will be considered for a future edition.

References:

Goyal, A., Alperstein, S.A., & Hoda, R.S. 2017, 'Microglandular Hyperplasia, Cytological Findings', *Cytopathology. Encyclopedia of Pathology*, 2017 Edition, viewed 12 January 2021, [https://doi.org/10.1007/978-3-319-33286-4\\_925](https://doi.org/10.1007/978-3-319-33286-4_925).

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## Septic miscarriage

### Q:

What code is assigned for septic miscarriage?

### A:

The medical definition of 'septic' relates to infection (Cambridge Dictionary n.d.; Shiel n.d.); however, septic is also an adjective that implies 'relating to or causing sepsis'.

In ICD-10-AM the term septic mostly describes an infection or inflammation in an organ or tissue (eg septic abscess, septic arthritis, septic colitis) and is not synonymous with sepsis, which has a specific definition and clinical criteria (Singer et al. 2016).

Septic miscarriage is described as spontaneous abortion complicated by uterine (pelvic) infection (Gaufberg 2016; Mayo Clinic Health Library 2019). The infection originates in the placental tissue and fetus and may spread to the uterus, blood or organs (Oliveira et al. 2020).

Where there is documentation of septic miscarriage, assign one of the following codes based on documentation in the health care record:

O03.0 *Spontaneous abortion, incomplete, complicated by genital tract and pelvic infection*

O03.5 *Spontaneous abortion, complete or unspecified, complicated by genital tract and pelvic infection*

Follow the ICD-10-AM Alphabetic Index:

**Miscarriage** — see also *Abortion/spontaneous*

**Abortion** (complete) (incomplete)

- spontaneous O03.-
- - complicated by — see also *Abortion/complicated by*
- - - genital tract and pelvic infection (complete) O03.5
- - - - incomplete O03.0

Assign additional diagnosis codes in accordance with the *Instructional* notes at O03 *Spontaneous abortion* (eg duration of pregnancy, infectious agent). Do not assign a code for sepsis (or severe sepsis or septic shock) unless sepsis or septic shock are explicitly documented.

See also ACS 1544 *Complications following pregnancy with abortive outcome*.

Note that the classification of sepsis is under review for ICD-10-AM/ACS Twelfth Edition.

References:

Cambridge Dictionary n.d. *Septic*, Cambridge University Press, viewed 17 December 2020, <<https://dictionary.cambridge.org/dictionary/english/septic>>.

Gaufberg, S. 2016 *Abortion complications*, Medscape WebMD, viewed 17 December 2020, <<https://emedicine.medscape.com/article/795001-overview>>.

Mayo Clinic Health Library 2019, *Miscarriage*, NCH Healthcare System, Naples, United States, viewed 17 December 2020, <<https://www.nchmd.org/education/mayo-health-library/details/CON-20198833>>.



Oliveira, C.N.T., Oliveira, M.T.S., Oliveira, H.B.M., Silva, L.S.C., Freire, R.S., Santos Junior, M.N., Oliveira, M.V., Timenetsky, J., Campos, G.B. & Marques, L.M. 2020, 'Association of spontaneous abortion and *Ureaplasma parvum* detected in placental tissue', *Cambridge University Press*, viewed 11 January 2021, <<https://www.cambridge.org/core/journals/epidemiology-and-infection/article/association-of-spontaneous-abortion-and-ureaplasma-parvum-detected-in-placental-tissue/F4851B09BE0EDDEACE141A2EE8312C28>>.

Shiel, W. n.d. *Medical definition of septic*, MedicineNet, viewed 17 December 2020, <<https://www.medicinenet.com/septic/definition.htm>>.

Singer, M., Deutschman, C.S., Seymour, C.W., Shankar-Kari, M., Annane, D., Bauer, M., Bellomo, R., Bernard, G.R., Chiche, J-D., Coopersmith, C.M.; Hotchkiss, R.S., Levy, M.M., Marshall, J.C., Martin, G.S., Opal, S.M., Rubenfeld, G.D., van der Poll, T., Vincent, J-L. & Angus, D.C. 2016, 'The third international consensus definitions for sepsis and septic shock (Sepsis 3)', *Journal of the American Medical Association*, vol. 315, no. 8, pp. 801–810, viewed 17 December 2020, <<https://doi.org/10.1001/jama.2016.0287>>.

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## Upper respiratory tract infection with chronic obstructive pulmonary disease

### Q:

What codes are assigned for an upper respiratory tract infection (URTI) and a history of chronic obstructive pulmonary disease (COPD) without specific documentation of exacerbation of the COPD?

### A:

For patients admitted with an upper respiratory tract infection (URTI) and a documented history of chronic obstructive pulmonary disease (COPD) without documentation of exacerbation of the COPD, assign J06.9 *Acute upper respiratory infection, unspecified*.

Follow the ICD-10-AM Alphabetic Index:

**Infection, infected** (opportunistic)

- respiratory (tract) NEC
- - upper (acute) NEC J06.9

Assign U83.2 *Chronic obstructive pulmonary disease* as an additional diagnosis if COPD does not meet the criteria for code assignment in accordance with ACS 0002 *Additional diagnoses*.

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## Vulvoscopy

### Q:

What code is assigned for vulvoscopy?

### A:

A colposcope is a specialist microscope that allows for examination of cervix, vagina or vulva (Cancer Council NSW 2020). A vulvoscopy is a close-up examination of the vulva using a colposcope (Cancer Council NSW 2020), which differs to a 'colposcopy' which examines the cervical surface using a colposcope (Healthdirect 2020).

Vulvoscopy performed as a component of another gynaecological procedure is not coded. There is no specific ACHI code to classify vulvoscopy performed alone.

Therefore, where vulvoscopy is performed as a standalone intervention, assign 35500-00 **[1296]** *Gynaecological examination*.

Follow the ACHI Alphabetic Index:

#### Examination

- gynaecological 35500-00 **[1296]**
- - with any other gynaecological procedure — omit code

Amendments may be considered for a future edition.

References:

Cancer Council NSW 2020, *Tests for vulvar cancer 2020*, Cancer Council NSW, Woolloomooloo, viewed 14 December 2020, <<https://www.cancercouncil.com.au/vulvar-cancer/diagnosis/tests/>>.

Healthdirect 2020, *Colposcopy*, viewed 14 December 2020, <<https://www.healthdirect.gov.au/colposcopy>>.

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