

INDEPENDENT HOSPITAL PRICING AUTHORITY

# **AUSTRALIAN CODING STANDARDS FOR ICD-10-AM AND ACHI**

THE INTERNATIONAL STATISTICAL CLASSIFICATION  
OF DISEASES AND RELATED HEALTH PROBLEMS,  
TENTH REVISION, AUSTRALIAN MODIFICATION

THE AUSTRALIAN CLASSIFICATION OF HEALTH INTERVENTIONS

TWELFTH EDITION  
1 JULY 2022

# TABLE OF CONTENTS

<b>ACKNOWLEDGEMENTS</b> .....	vii
<b>ABBREVIATIONS</b> .....	viii
<b>GLOSSARY</b> .....	ix
<b>INTRODUCTION</b> .....	xi
<b>GENERAL STANDARDS FOR DISEASES</b> .....	1
0001 Principal diagnosis.....	1
0002 Additional diagnoses .....	4
0003 Supplementary codes for chronic conditions .....	13
0005 Syndromes.....	15
0008 Sequelae.....	16
0010 Clinical documentation and general abstraction guidelines.....	17
0011 Intervention cancelled or not performed .....	22
0012 Suspected conditions .....	23
0015 Combination codes .....	25
0025 Double coding.....	25
0026 Admission for clinical trial or therapeutic drug monitoring .....	25
0048 Condition onset flag.....	26
0049 Disease codes that must never be assigned.....	31
0050 Unacceptable principal diagnosis codes .....	32
0051 Same-day endoscopy – diagnostic.....	32
0052 Same-day endoscopy – surveillance .....	33
<b>GENERAL STANDARDS FOR INTERVENTIONS</b> .....	37
0016 General procedure guidelines .....	37
0019 Intervention abandoned, interrupted or not completed .....	38
0020 Bilateral/multiple procedures.....	39
0022 Examination under anaesthesia .....	42
0023 Minimally invasive interventions.....	42
0024 Panendoscopy.....	45
0029 Coding of contracted procedures.....	45
0030 Organ, tissue and cell procurement and transplantation .....	46
0031 Anaesthesia.....	48
0032 Allied health interventions .....	50
0037 Paediatric procedures.....	51
0038 Procedures distinguished on the basis of size, time, number of lesions or sites .....	51
0039 Reopening of operative site.....	52
0042 Procedures normally not coded .....	53
0044 Pharmacotherapy.....	54
0047 Adhesions .....	56
<b>SPECIALTY STANDARDS</b> .....	57
<b>1 Certain infectious and parasitic diseases</b> .....	59
0102 HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome) .....	59
0104 Viral hepatitis .....	63
0110 Sepsis and septic shock .....	67
0111 Healthcare associated <i>Staphylococcus aureus</i> bloodstream infection .....	69
0112 Infection with drug resistant microorganisms .....	69
0113 Coronavirus disease 2019 (COVID-19).....	72

<b>2</b>	<b>Neoplasms</b> .....	77
0206	Pharmacotherapy for neoplasms .....	77
0222	Lymphoma .....	81
0229	Radiotherapy .....	82
0233	Morphology.....	82
0234	Neoplasms of contiguous or overlapping sites, or with localised spread .....	83
0236	Neoplasm coding and sequencing .....	84
0237	Recurrence of malignancy .....	85
0239	Metastases .....	86
0245	Remission in malignant immunoproliferative diseases and leukaemia.....	87
<b>3</b>	<b>Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</b> .....	89
0302	Blood transfusions.....	89
0303	Anticoagulant use and abnormal coagulation profile .....	89
0304	Pancytopenia .....	91
<b>4</b>	<b>Endocrine, nutritional and metabolic diseases</b> .....	93
0401	Diabetes mellitus and intermediate hyperglycaemia .....	93
0402	Cystic fibrosis .....	103
<b>5</b>	<b>Mental and behavioural disorders</b> .....	105
0503	Drug, alcohol and tobacco use disorders .....	105
0505	Mental illness in pregnancy, childbirth and the puerperium .....	108
0506	Adjustment/depressive reaction.....	110
0512	Personality trait/disorder .....	111
0530	Drug overdose .....	111
0534	Specific interventions related to mental health care services .....	111
<b>6</b>	<b>Nervous system</b> .....	113
0604	Cerebrovascular accident (CVA).....	113
0625	Quadriplegia and paraplegia, nontraumatic.....	114
0629	Stereotactic radiosurgery, radiotherapy and localisation .....	115
0633	Stereotactic neurosurgery .....	117
0634	Cerebrospinal fluid drain, shunt and ventriculostomy.....	118
<b>7</b>	<b>Eye and adnexa</b> .....	121
0701	Cataract.....	121
<b>8</b>	<b>Ear, nose, mouth and throat (ENMT)</b> .....	123
	<i>(This chapter intentionally left blank)</i>	
<b>9</b>	<b>Circulatory system</b> .....	125
0909	Coronary artery bypass grafts.....	125
0925	Hypertension and related conditions .....	128
0933	Cardiac catheterisation and coronary angiography .....	130
0934	Cardiac and vascular revision/reoperation procedures .....	131
0936	Cardiac pacemakers and implanted defibrillators .....	132
0940	Ischaemic heart disease.....	138
0941	Arterial disease .....	142

<b>10</b>	<b>Respiratory system</b> .....	145
1006	Ventilatory support.....	145
1008	Chronic obstructive pulmonary disease (COPD) .....	149
1012	Influenza due to identified influenza virus.....	150
<b>11</b>	<b>Digestive system</b> .....	151
1103	Gastrointestinal (GI) haemorrhage.....	151
<b>12</b>	<b>Skin and subcutaneous tissue</b> .....	153
1204	Plastic surgery.....	153
1221	Pressure injury.....	154
<b>13</b>	<b>Musculoskeletal system and connective tissue</b> .....	157
1309	Dislocation or complication of joint prosthesis.....	157
1353	Bankart lesion .....	157
1354	SLAP lesion .....	157
<b>14</b>	<b>Genitourinary system</b> .....	159
1404	Admission for kidney dialysis .....	159
1428	Diethylstilboestrol (DES) syndrome.....	159
1438	Chronic kidney disease.....	159
<b>15</b>	<b>Pregnancy, childbirth and the puerperium</b> .....	165
1500	Diagnosis sequencing in obstetric episodes of care.....	165
1505	Delivery and assisted delivery codes .....	166
1506	Fetal presentation, disproportion and abnormality of maternal pelvic organs.....	170
1511	Termination of pregnancy (abortion).....	170
1521	Conditions and injuries in pregnancy.....	173
1544	Complications following pregnancy with abortive outcome .....	177
1548	Puerperal/postpartum condition or complication.....	180
1549	Streptococcal group B infection/carrier in pregnancy.....	184
1550	Discharge/transfer in labour.....	184
1551	Obstetric perineal lacerations/grazes.....	187
1552	Premature rupture of membranes, labour delayed by therapy.....	188
<b>16</b>	<b>Certain conditions originating in the perinatal period</b> .....	189
1602	Neonatal complications of maternal diabetes .....	189
1605	Conditions originating in the perinatal period .....	189
1607	Newborn/neonate.....	190
1610	Sudden infant death syndrome/apparent life threatening event.....	191
1611	Observation and evaluation of newborn and infants for suspected condition not found .....	192
1613	Massive aspiration syndrome.....	192
1615	Specific diseases and interventions related to the sick neonate .....	193
1617	Neonatal sepsis/risk of sepsis.....	195
<b>17</b>	<b>Congenital malformations, deformations and chromosomal abnormalities</b> .....	197
	<i>(This chapter intentionally left blank)</i>	
<b>18</b>	<b>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</b> .....	199
1805	Acopia .....	199

<b>19</b>	<b>Injury, poisoning and certain other consequences of external causes</b> .....	201
1901	Poisoning.....	201
1902	Adverse effects.....	201
1903	Two or more drugs taken in combination.....	203
1904	Procedural complications.....	205
1905	Closed head injury/loss of consciousness/concussion.....	213
1906	Current and old injuries.....	215
1907	Multiple injuries.....	215
1908	Open wound with artery, nerve and/or tendon damage.....	216
1909	Adult and child abuse.....	217
1910	Skin loss.....	218
1911	Burns.....	218
1912	Sequelae of injuries, poisoning, toxic effects and other external causes.....	221
1914	Degloving injury.....	222
1915	Spinal (cord) injury.....	223
1916	Superficial and soft tissue injuries.....	227
1917	Open wounds.....	228
1918	Fracture and dislocation.....	229
1919	Open intracranial injury.....	230
1920	Open intrathoracic/intra-abdominal injury.....	230
1922	Crushing injury.....	231
1923	Contact with venomous/nonvenomous creatures.....	232
1924	Difficult intubation.....	235
<b>20</b>	<b>External causes of morbidity</b> .....	237
2001	External cause code use and sequencing.....	237
2005	Poisonings and injuries – indication of intent.....	239
2008	Perpetrator of assault, abuse and neglect.....	239
2009	Mode of pedestrian conveyance.....	241
<b>21</b>	<b>Factors influencing health status and contact with health services</b> .....	243
2103	Admission for post acute care.....	243
2104	Rehabilitation.....	244
2105	Long term/nursing home type inpatients.....	246
2108	Assessment.....	246
2114	Prophylactic surgery.....	246
2115	Admission for allergen challenge.....	247
2116	Palliative care.....	248
2117	Non-acute care.....	249
2118	Exposure to tobacco smoke.....	250
2119	Socioeconomic and psychosocial circumstances.....	250
<b>APPENDIX A: CLINICAL CODERS' CREED</b> .....		253
<b>APPENDIX B: GUIDELINES FOR FORMULATING CLINICAL DOCUMENTATION QUERIES</b> .....		255
<b>REFERENCES</b> .....		259
<b>STANDARDS INDEX</b> .....		261

# GENERAL STANDARDS FOR DISEASES

Please refer to the Glossary to assist with applying these guidelines.

## 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, an episode of residential care or an attendance at the health care establishment, as represented by a code” (AIHW 2021e).

The phrase **after study** in the definition means evaluation of findings to establish the condition that was chiefly responsible for occasioning the episode of care. Findings evaluated may include information gained from the history of illness, any mental status evaluation, specialist consultations, physical examination, diagnostic tests or procedures, any surgical procedures, and any pathological or radiological examination. The condition established after study may or may not confirm the admitting diagnosis.

### EXAMPLE 1:

#### Diagnoses as listed on the front sheet:

Diabetes mellitus

Coronary artery disease

Myocardial infarction

#### History of present illness:

Patient experienced severe chest pain on the morning of admission and was transported by ambulance to hospital and admitted to the coronary care unit.

In this example, the information from the clinical record indicates that myocardial infarction is the principal diagnosis.

The circumstances of inpatient admission will always govern the selection of principal diagnosis. In determining principal diagnosis, the coding directives in the ICD-10-AM manuals take precedence over all other guidelines (see ICD-10-AM Tabular List: *Conventions used in the ICD-10-AM Tabular List* and ICD-10-AM Alphabetic Index: *Conventions of the ICD-10-AM Alphabetic Index*).

The importance of consistent, complete documentation in the clinical record cannot be overemphasised. Without such documentation the application of all coding guidelines is a difficult, if not impossible, task.

Following are some general rules about principal diagnosis selection, some of which may be addressed in other chapters of this document (see also ACS 0050 *Unacceptable principal diagnosis codes*).

## PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

For guidelines regarding assignment of principal diagnosis in delivery episodes of care, see ACS 1500 *Diagnosis sequencing in obstetric episodes of care*.

See also ACS 1521 *Conditions and injuries in pregnancy* and ACS 1548 *Puerperal/postpartum condition or complication*.

## AETIOLOGY AND MANIFESTATION CONVENTION (THE ‘DAGGER AND ASTERISK’ SYSTEM)

Sequence the aetiology and manifestation (dagger and asterisk) codes according to the principal diagnosis definition. While dagger and asterisk pairs are always shown with the aetiology code sequenced first in the ICD-10-AM Alphabetic Index, either code can be assigned as the principal diagnosis. Assign code combinations as specified in the ICD-10-AM Alphabetic Index, or as per the discrete code ranges listed in the Tabular List (see also ICD-10-AM Tabular List: *Conventions used in the ICD-10-AM Tabular List/Aetiology and manifestation convention (the ‘dagger and asterisk’ system)*).

## PROBLEMS AND UNDERLYING CONDITIONS

### 1. Coding the underlying condition as the principal diagnosis

When a patient presents with a problem, and during the episode of care the underlying condition is identified, then the underlying condition is assigned as the principal diagnosis code and the problem should not be coded.

#### EXAMPLE 2:

Patient presents with seizures. The patient had not previously been treated for seizures. Computerised tomography (CT) scan revealed a large brain tumour.

Principal diagnosis: Brain tumour

Additional diagnosis: Nil

### 2. Coding the problem as the principal diagnosis

If a patient presents with a problem, and the underlying condition is known at the time of admission, and only the problem is being treated, then the problem should be assigned as the principal diagnosis code. The underlying condition should be sequenced as an additional diagnosis code.

#### EXAMPLE 3:

A patient is admitted for treatment of recurrent seizures caused by a brain tumour diagnosed three months previously.

Principal diagnosis: Seizures

Additional diagnosis: Brain tumour

#### EXAMPLE 4:

Patient is admitted for drainage of ascites due to known underlying liver disease.

Principal diagnosis: Ascites

Additional diagnosis: Liver disease

Procedure: Drainage of ascites

## CODES FOR SYMPTOMS, SIGNS AND ILL-DEFINED CONDITIONS

Codes for symptoms, signs and ill-defined conditions from Chapter 18 *Symptoms signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)*, are not to be used as principal diagnosis when a related definitive diagnosis has been established (see also *Note* at the beginning of Chapter 18 and ACS 0012 *Suspected conditions*).

## ACUTE ON CHRONIC CONDITIONS

If a condition is described as both acute (subacute) and chronic **and separate subterms exist in the Alphabetic Index at the same indentation level**, code both and sequence the acute (subacute) code first.

#### EXAMPLE 5:

Admission for acute on chronic pancreatitis.

Principal diagnosis: Acute pancreatitis, unspecified

Additional diagnosis: Other chronic pancreatitis

This criterion **should not be used** when:

- ICD-10-AM has an instruction to the contrary. For example:  
When coding acute on chronic myeloid leukaemia, the Tabular List clearly directs the coder to use the 'chronic' code, C92.1 *Chronic myeloid leukaemia [CML], BCR/ABL-positive* only.
- ICD-10-AM indicates that only one code is required. For example:  
When coding acute on chronic bronchiolitis, the index indicates that the **acute** condition need not be separately coded as it is in parentheses after the lead term, (ie a nonessential modifier):

**Bronchiolitis (acute) (infective) (subacute) J21.9**  
- chronic (fibrosing) J44.8

## TWO OR MORE INTERRELATED CONDITIONS, EACH POTENTIALLY MEETING THE DEFINITION FOR PRINCIPAL DIAGNOSIS

When there are two or more interrelated conditions (such as diseases in the same ICD-10-AM chapter or manifestations characteristically associated with a certain disease) potentially meeting the definition of principal diagnosis, the clinician should be asked to indicate which diagnosis best meets the principal diagnosis definition.

If no further information is available, code as the principal diagnosis the first mentioned diagnosis (WHO 2016).

## TWO OR MORE DIAGNOSES THAT EQUALLY MEET THE DEFINITION FOR PRINCIPAL DIAGNOSIS

When two or more diagnoses equally meet the criteria for principal diagnosis as determined by the circumstances of admission, diagnostic work-up and/or therapy provided, and the Alphabetic Index, Tabular List or the standard does not provide sequencing direction, the clinician should be asked to indicate which diagnosis best meets the principal diagnosis definition.

If no further information is available, code as the principal diagnosis the first mentioned diagnosis (WHO 2016).

### EXAMPLE 6:

Elderly patient admitted with multiple problems – discharged four weeks later.

Diagnoses:	Procedures:
Congestive cardiac failure	Debridement of ulcers
Chronic leg ulcers	Daily dressings to ulcers
Chronic airway limitation	
Diabetes mellitus	

As a number of conditions could have been sequenced as the principal diagnosis, the clinician should indicate which diagnosis best meets the principal diagnosis definition. If no further information is available, code congestive cardiac failure as the principal diagnosis because this is the first mentioned diagnosis.

## ORIGINAL TREATMENT PLAN NOT CARRIED OUT

Sequence as the principal diagnosis the condition which after study occasioned the admission to the hospital, even though treatment may not have been carried out due to unforeseen circumstances (see ACS 0011 *Intervention cancelled or not performed*).

## RESIDUAL CONDITION OR NATURE OF SEQUELA

The residual condition or nature of the sequela is sequenced first, followed by the sequela code for the cause of the residual condition, except in a few instances where the Alphabetic Index directs otherwise (see also ACS 0008 *Sequelae* and ACS 1912 *Sequelae of injuries, poisoning, toxic effects and other external causes*).

**Note:** For more information regarding principal diagnosis selection in specific cases, refer to the following general rules and chapter specific rules. In particular, obstetric admissions, admissions for pharmacotherapy, radiotherapy and dialysis have special guidelines for principal diagnosis selection.