




ICD-10-AM/ACHI/ACS Eleventh Edition

***Coding Exercise Workbook
Answers***

HIMAA/NCCH Conference 2019

© Copyright University of Sydney 2019

ICD-10-AM/ACHI/ACS Eleventh Edition Coding Exercise Workbook

ICD-10-AM is based upon the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) 2016 Edition © Copyright World Health Organization. All rights reserved. Modified by permission for Australian Government purposes, where indicated by .

Whilst every reasonable care has been taken to ensure information accuracy within this education module, the NCCH International Services and its staff make no warranty or guarantee that the information presented here is error free and will bear no responsibility for the results or consequences of the use of this education module.

This work is copyright. It may be reproduced in whole or in part for study and training purposes subject to the inclusion of an acknowledgment of the source and no commercial usage or sale.

Reproduction for purposes other than those stated above requires the written permission of the NCCH International Services (ncch@sydney.edu.au).

ANSWERS

RECORD 1

Condition	Code	Justification to code/not code
Acute on chronic cholecystitis (with cholangitis)	K81.0 (2) <i>Acute cholecystitis</i> K81.1 (2) <i>Chronic cholecystitis</i>	As per ACS 0001 <i>Principal diagnosis/Acute on chronic conditions</i>
Cholangitis	K83.0 (2) <i>Cholangitis</i>	Code assigned as a component of the principal diagnosis as per As per ACS 0001 <i>Principal diagnosis/two or more interrelated conditions, each potentially meeting the definition for principal diagnosis</i>
Peg insitu	Z93.1 (2) <i>Gastrostomy status</i>	As per ACS 0002 <i>Additional diagnoses/Family and personal history and certain conditions influencing health status (Z80-Z99).</i>
Developmental delay	U79.4 (2) <i>Disorder of intellectual development</i>	As per ACS 0003 <i>Supplementary codes for chronic conditions</i>
Epilepsy	U80.3 (2) <i>Epilepsy</i>	As per ACS 0003 <i>Supplementary codes for chronic conditions</i>
Spastic quad	U80.5 (2) <i>Tetraplegia, paraplegia, diplegia, monoplegia and hemiplegia, due to any cause</i>	As per ACS 0003 <i>Supplementary codes for chronic conditions</i>
Metachromatic leucodystrophy	Does not meet ACS	Routine involvement by neurology team – no additional care or care plan for the MLD was evident.
Scoliosis	Does not meet ACS	No care plan, no increased care
Peripheral neuropathy	Does not meet ACS	No care plan, no increased care
WOB / Dyspnoea	Does not meet ACS	No care plan, no increased care
Mild dehydration	Does not meet ACS	Transient condition which resolved after one off IV fluids.

Intervention	Code
Dietitian	95550-00 [1916] <i>Allied health intervention, dietetics</i>

RECORD 2

Condition	Code	Justification to code/not code
Bacterial pneumonia	J15.9 (2) <i>Bacterial pneumonia, unspecified</i>	As per ACS 0001 <i>Principal diagnosis</i>
CRF EGFR 10	N18.5 (2) <i>Chronic kidney disease, stage 5</i>	As per ACS 0001 <i>Principal diagnosis/Two or more diagnoses that equally meet the definition for principal diagnosis.</i>
Underlying cause CRF = nephrotic syndrome	N04.9 (2) <i>Nephrotic syndrome, unspecified</i>	As per ACS 1438 <i>Chronic kidney disease/Classification dot point five states 'where a patient has a documented underlying cause of the chronic kidney disease ... assign an additional code for the underlying cause.</i>
Anaemia	D64.9 (2) <i>Anaemia, unspecified</i>	As per ACS 0002 <i>Additional diagnoses/Commencement, alteration or adjustment of therapeutic treatment/Dot point 1</i> (ie blood transfusion x2 12/1). Transfusion records (pg 19 and 20) state 'indication: anaemia'.
On warfarin – INR unstable	R79.83 (2) <i>Abnormal coagulation profile</i> Y44.2 (2) <i>Anticoagulants causing adverse effects in therapeutic use</i> Y92.23 (2) <i>Place of occurrence, health service area, not specified as this facility</i>	As per ACS 0303 <i>Abnormal coagulation profile due to anticoagulants.</i> Discharge summary (page 2) states 'unstable' Progress notes (pg 16) states 'patient on warfarin has an INR of 4.1' withheld warfarin and ordered repeat INR.
CCF	I50.0 (2) <i>Congestive heart failure</i>	Progress notes 11/1 (pg 17) indicate an adjustment in medication protocol, and care plan post review for the pulmonary oedema (a component of CCF).
Hyperphosphataemia	E83.3 (2) <i>Disorders of phosphorus metabolism and phosphatases</i>	Discharge summary (pg 1) states 'calcium carbonate 1.2g chewable before breakfast – modified, monitor PO4' Progress notes 15/1 (pg 25) states 'review dietitian for decreased phosphate diet' VMO clinical handover form (pg 14) states 'ongoing issues hyperphosphataemia'

Condition	Code	Justification to code/not code
Hyperkalaemia	E87.5 (1) <i>Hyperkalaemia</i>	Discharge summary (pg 1) states 'sodium polystyrene sulfonate 15g daily – new, will require monitoring of serum potassium' Progress notes 15/1 (pg 25) states 'sodium polystyrene sulfonate' VMO clinical handover form (pg 14) states 'ongoing issues hyperkalaemia'
HT	U82.3 (2) <i>Hypertension</i>	As per ACS 0003 <i>Supplementary codes for chronic conditions</i>

Intervention	Code
Blood transfusion x2	13706-02 [1893] <i>Administration of packed cells</i>
Dietitian	95550-00 [1916] <i>Allied health intervention, dietetics</i>

RECORD 3

Condition	Code	Justification to code/not code
Tachy-brady syndrome	I49.5 (2) <i>Sick sinus syndrome</i>	As per ACS 0001 <i>Principal diagnosis</i>
INR > 3	R79.83 (2) <i>Abnormal coagulation profile</i> Y44.2 (2) <i>Anticoagulants causing adverse effects in therapeutic use</i> Y92.23 (2) <i>Place of occurrence, health service area, not specified as this facility</i>	As per ACS 0303 <i>Abnormal coagulation profile due to anticoagulants.</i> Transfer letter (pg 5) states 'We used 2 units of FFP and 2000 units of prothrombin-x pre-op because her INR was 3' Progress notes 2/10 (pg 14) states ' issues: INR >3, warfarin for AF ceased of 1/10' In healthy people an INR of 1.1 or below is considered normal. An INR range of 2.0 to 3.0 is generally an effective therapeutic range for people taking warfarin. For further information see https://www.mayoclinic.org/tests-procedures/prothrombin-time/about/pac-20384661
2DM with ankle ulcers	E11.69 (2) <i>Type 2 diabetes mellitus with other specified complication</i>	As per ACS 0401 <i>Diabetes mellitus and intermediate hyperglycaemia/ General classification rules for DM and IH/ Rule 3 states:</i> <i>'The classification includes conditions (often termed 'complications') which occur commonly with DM or IH. These conditions may or may not have been a direct consequence of the metabolic disturbance and are indexed under Diabetes, with or Hyperglycaemia/intermediate/with. Always refer to these index entries to classify DM or IH.'</i> And Rule 4b. <i>Complications or conditions associated with DM or IH classified outside of category E09–E14 should only be coded when the condition meets the criteria in ACS 0001 Principal diagnosis or ACS 0002 Additional diagnoses.</i> As the ulcers only received routine care they do not meet ACS 0002.
On insulin	Z92.22 (2) <i>Personal history of long term (current) use of other medicaments, insulin</i>	As per ICD-10-AM instructional note at category E11.

HT	U82.3 (2) <i>Hypertension</i>	<p>As per ACS 0003 <i>Supplementary codes for chronic conditions</i></p> <p>As per ACS 0002 <i>Additional diagnoses/Commencement, alteration or adjustment of therapeutic treatment/Dot point 2</i> which states: <i>'Do not assign an additional diagnosis code for a pre-existing condition requiring administration of ongoing medication. This includes where the ongoing medication is adjusted due to the management of another condition.'</i></p> <p>Therefore the one off stat dose of amlodipine administered on 2/10 (pg 16) does not qualify the hypertension to be coded.</p>
AF	Does not meet ACS	<p>As per ACS 0002 <i>Additional diagnoses/Commencement, alteration or adjustment of therapeutic treatment/Dot point 2</i> which states: <i>'Do not assign an additional diagnosis code for a pre-existing condition requiring administration of ongoing medication. This includes where the ongoing medication is adjusted due to the management of another condition'</i>.</p> <p>The change to the warfarin was to manage the overwarfarinisation not because the AF changed.</p> <p>See also ACS 0303 <i>Abnormal coagulation profile due to anticoagulants</i> Example 4.</p>
Incontinence	Does not meet ACS	As per ACS 0002 <i>Additional diagnoses/Increased clinical care.</i>

Intervention	Code
I/O ppm	38353-00 [650] <i>Insertion of cardiac pacemaker generator</i>
I/O lead rv	38350-00 [648] <i>Insertion of permanent transvenous electrode into other heart chambers(s) for cardiac pacemaker</i>
GA 40	92514-40 [1910] <i>General anaesthesia, ASA 40</i>
Prothrombin X	92061-00 [1893] <i>Administration of coagulation factors</i>

FFP transfusion	92062-00 [1893] <i>Administration of other serum</i>
-----------------	---

ACS 0936 *Cardiac pacemakers and implanted defibrillators* states:

Testing is routinely performed during the episode of care when the pacemaker or defibrillator is inserted, adjusted or replaced and therefore a procedure code is not necessary in this instance.

Transvenous insertion of lead, operation report states 'subclavian vein cannulated' indicating the operative approach.

RECORD 4

Condition	Code	Justification to code/not code
Pulmonary embolism	I26.9 (2) <i>Pulmonary embolism without mention of acute cor pulmonale</i>	As per ACS 0001 <i>Principal diagnosis</i>
LRTI	J22 (2) <i>Unspecified acute lower respiratory infection</i>	As per ACS 0001 <i>Principal diagnosis/Two or more diagnoses that equally meet the definition for principal diagnosis</i>
2DM	E11.9 (2) <i>Type 2 diabetes mellitus without complication</i>	As per ACS 0401 <i>Diabetes mellitus and intermediate hyperglycaemia</i>
Exsmoker	Z86.43 (2) <i>Personal history of tobacco use disorder</i>	As per ACS 0503 <i>Drug, alcohol and tobacco use disorders</i> Discharge summary (pg 2) and progress notes 22/3 (pg 14) state 'exsmoker'.
Asthma	U83.3 (2) <i>Asthma, without mention of chronic obstructive pulmonary disease</i>	As per ACS 0003 <i>Supplementary codes for chronic conditions</i>
RA	U86.1 (2) <i>Rheumatoid arthritis</i>	As per ACS 0003 <i>Supplementary codes for chronic conditions</i>
Factor V Leiden	Does not meet ACS	As per ACS 0002 <i>Additional diagnoses/risk factors</i> <i>Risk factors should only be coded if they meet the additional diagnosis criteria above or another standard indicates they should be coded.</i>

Intervention	Code
VQ SCAN	-

ACS 0042 *Procedures normally not coded* instructs to not code imaging intervention

RECORD 5

Condition	Code	Justification to code/not code
Alcohol dependence	F10.2 (2) <i>Mental and behavioural disorders due to use of alcohol, dependence syndrome</i>	As per ACS 0001 <i>Principal diagnosis</i>
Alcohol withdrawal	F10.3 (2) <i>Mental and behavioural disorders due to use of alcohol, withdrawal state</i>	As per ACS 0503 <i>Drug, alcohol and tobacco use disorders /Classification/Dependence (syndrome)</i> Cases of dependence (syndrome) with withdrawal should be assigned both a code for the dependence (syndrome) and a code for the withdrawal (syndrome) because withdrawal is not always a feature of dependence (syndrome).
Blood alcohol level 0.059	Y90.2 (2) <i>Blood alcohol level of 40-59 mg/100 ml</i>	As per ACS 0503 <i>Drug, alcohol and tobacco use disorders /Alcohol use disorders/Evidence of alcohol involvement determined by blood alcohol level and intoxication</i> ICD-10-AM includes the following codes that relate to alcohol consumption: Y90 <i>Evidence of alcohol involvement determined by blood alcohol level</i> If the clinical notes include documentation of the blood alcohol level, then a code from Y90 may be assigned in addition to intoxication (F10.0), harmful use (F10.1) or dependence syndrome (F10.2) or alcohol poisoning (T51.0) as applicable.
Smoking dependence	F17.2 (2) <i>Mental and behavioural disorders due to use of tobacco, dependence syndrome</i>	As per ACS 0503 <i>Drug, alcohol and tobacco use disorders/Tobacco use disorders</i>
Depression	U79.3 (2) <i>Depression</i>	As per ACS 0003 <i>Supplementary codes for chronic conditions</i>
Asthma	U83.3 (2) <i>Asthma, without mention of chronic obstructive pulmonary disease</i>	As per ACS 0003 <i>Supplementary codes for chronic conditions</i>
Upper gastric pain	Does not meet ACS	Progress notes 14/9 indicate administration of a one off dose gastrogel As per ACS 0002 <i>Additional diagnoses/Commencement, alteration or adjustment of</i>

		<i>therapeutic treatment/Dot point 1</i> which states: 'Do not assign an additional diagnosis code for a condition that is transient and can be treated successfully with administration of medication without the need for further consultation, investigation or a plan of care'.
--	--	--

Intervention	Code
Detox alcohol and nicotine	92009-00 [1872] <i>Combined alcohol and drug detoxification</i>

'Low mood' has no Index pathway to depression.

RECORD 6

Condition	Code	Justification to code/not code
Chiari malformation	Q07.0 (2) <i>Arnold-Chiari syndrome</i>	As per ACS 0001 <i>Principal diagnosis/Two or more interrelated conditions, each potentially meeting the definition for principal diagnosis</i>
Syrinx spinal cord (also known as syringomyelia)	G95.0 (2) <i>Syringomyelia and syringobulbia</i>	As per ACS 0001 <i>Principal diagnosis/Two or more interrelated conditions, each potentially meeting the definition for principal diagnosis</i>
Diff intubation	T88.42 (1) <i>Difficult intubation</i> Y84.8 (1) <i>Other medical procedures</i> Y92.24 (1) <i>Place of occurrence, health service area, this facility</i>	As per ACS 1924 <i>Difficult intubation</i> Discharge summary (pg 1), airway alert (pg 7), progress notes (pg 19) and anaesthetic chart (pgs 29 and 30) all document difficult intubation and Mallampati score.
Pain postop	T81.83 (1) <i>Pain following a procedure, not elsewhere classified</i> Y83.8 (1) <i>Other surgical procedures</i> Y92.24 (1) <i>Place of occurrence, health service area, this facility</i>	Consultation requested from Pain team with review, care plan and additional treatment initiated 20/2 21/2 22/2 As per ACS 0002 <i>Additional diagnoses/Commencement, alteration or adjustment of therapeutic treatment/Dot point 1</i>
Nausea	Does not meet ACS	As per ACS 0002 <i>Additional diagnoses/Commencement, alteration or adjustment of therapeutic treatment/Dot point 1</i> And ACS 0002 <i>Additional diagnoses/Increased clinical care</i> – no additional care or care plan (only regular antiemetics given)
Reduced mobility	Does not meet ACS	As per ACS 0002 <i>Additional diagnoses/Commencement, alteration or adjustment of therapeutic treatment/Dot point 1</i> and ACS 0002 <i>Additional diagnoses/Increased clinical care</i> – day 1 postop seen by PT and OT but no ongoing additional care or care plan
IV dislodged 21/2 and resited	Does not meet ACS	As per ACS 1904 <i>Procedural complications</i> - routine postoperative care

Condition	Code	Justification to code/not code
Childhood asthma	Does not meet ACS	As per ACS 0003 <i>Supplementary codes for chronic conditions</i>

Intervention	Code
Craniectomy w/ decompression of chiari	40106-00 [9] <i>Hind brain decompression</i>
C1 laminectomy for syrinx	40331-00 [46] <i>Decompression of cervical spinal cord, 1 level</i>
GA 19	92514-19 [1910] <i>General anaesthesia, ASA 19</i>
OT	95550-02 [1916] <i>Allied health intervention, occupational therapy</i>
Physio	95550-03 [1916] <i>Allied health intervention, physiotherapy</i>
CT Brain	-

Syrinx of the spinal cord is clinically a syringomyelia

ACS 0042 *Procedures normally not coded* instructs to not code imaging intervention