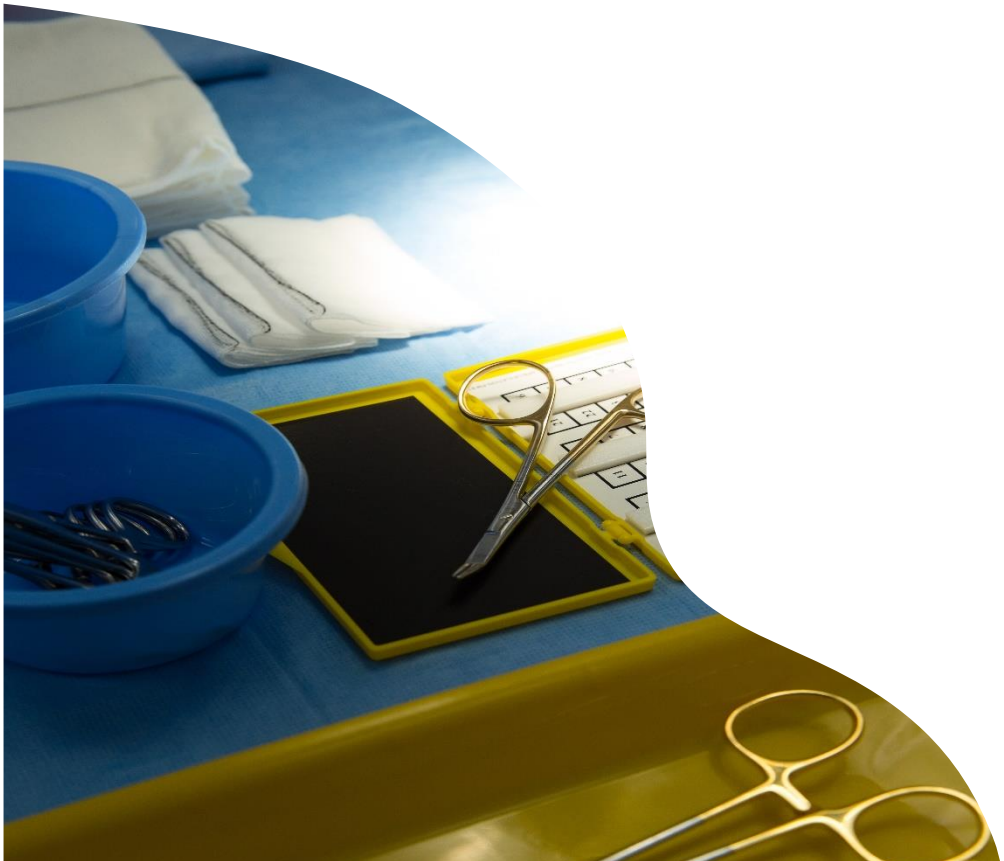
Government of **Western Australia**
Department of **Health**

ICD-10-AM/ACHI/ACS Thirteenth Edition

ACS 1904 *Complications of surgical or medical care*

WA Clinical Coding Authority
Purchasing and System Performance Division
1 July 2025, updated August 2025



Contents

This document

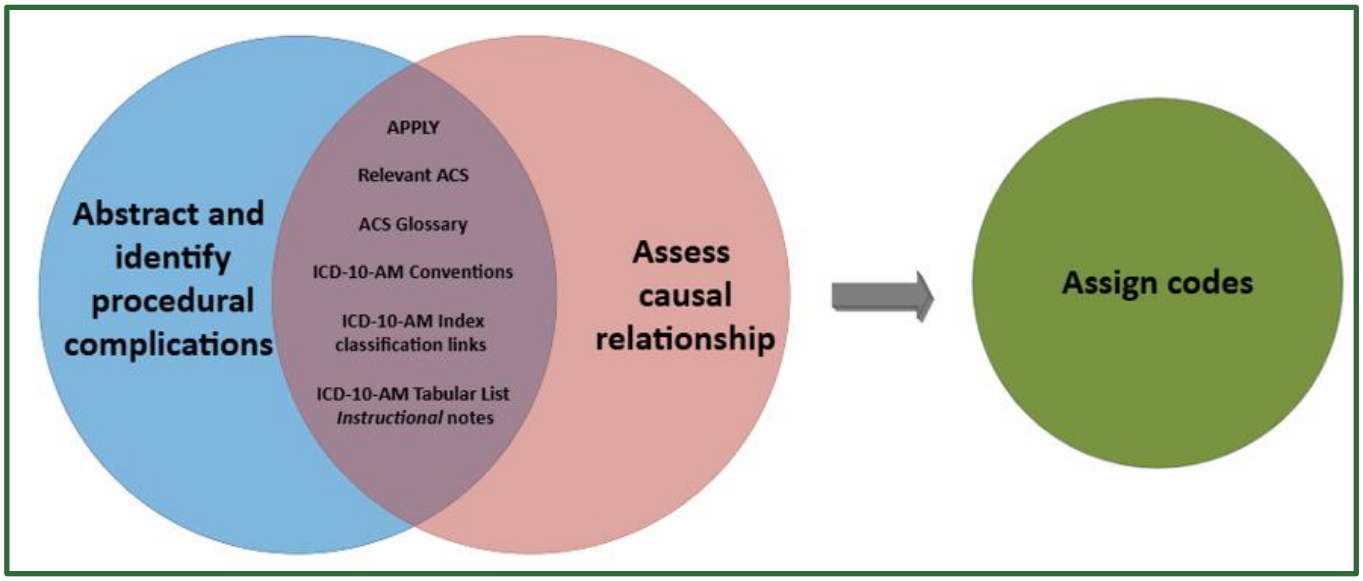
- This document:
    - Supplements Independent Health and Aged Pricing Care Authority (IHACPA) ICD-10-AM/ACHI/ACS Thirteenth Edition materials.
    - Summarises major Thirteenth Edition changes to ACS 1904 *Complications of surgical or medical care* but is not an exhaustive guide to all changes.
    - Lists Thirteenth Edition Frequently Asked Questions (FAQs) submitted to IHACPA by the WA Clinical Coding Authority (WACCA).
    - Includes information from the International Classification of Diseases Technical Group (ITG) process.
        - The ITG is a national advisory group that provides technical input and expert advice for the development and refinement of ICD-10-AM/ACHI/ACS.
        - The Western Australian ITG representative (Team Lead Clinical Classification, WA Department of Health) shares ITG proposals with WACCA and WA Clinical Coding Technical Advisory Group (TAG) members to seek feedback from the WA clinical coding community.
        - ITG proposals may be distributed by TAG members within their service.
        - ITG representatives often receive a written response from IHACPA to their feedback, and such information isn't always apparent in the classification. Such information has been included in this document, where relevant.
- The content in this document may be superseded by future IHACPA education releases and/or publication of FAQ responses.
- If submitting a FAQ to IHACPA, please e-mail a copy of your FAQ to WACCA at coding.query@health.wa.gov.au to help inform development of education resources in WA.
- See also accompanying WACCA ICD-10-AM/ACHI/ACS Thirteenth Edition documents:
    - *ACS 1924 Difficult intubation*
    - Miscellaneous changes
    - ICD-10-AM code changes
    - ACHI code changes

Introduction

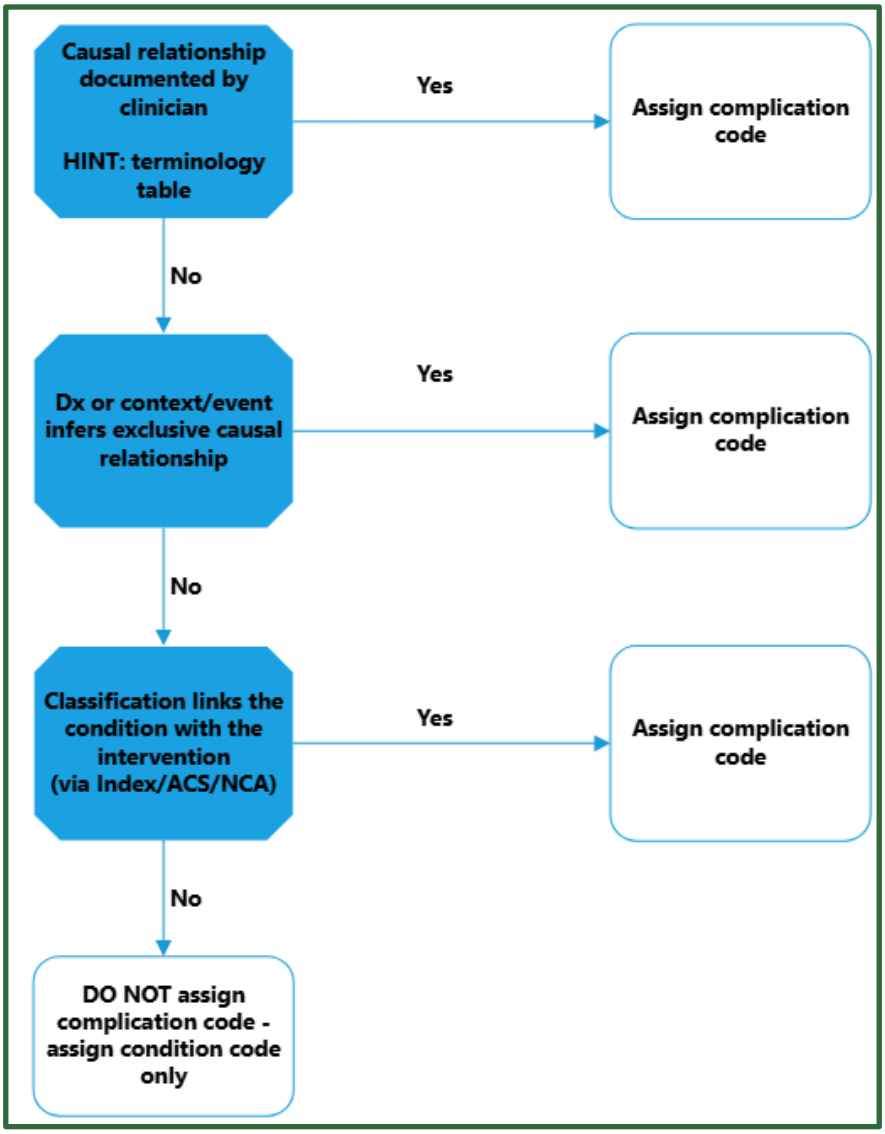
- All Australian Coding Standards 'look' different in Thirteenth Edition because each ACS has been standardised into a common format, plus some re-worded to improve clarity. However, ACS 1904 Procedural complications has undergone the most comprehensive revision. This revision is not intended to change the original principles of ACS 1904, but to address ambiguities from the last major revision of ACS 1904 in Tenth Edition.

- The Standard has been renamed from ACS 1904 *Procedural complications* to ACS 1904 *Complications of surgical or medical care*.

- The steps in classifying complications of surgical and medical care are represented in this diagram:



- Some key decisions about whether a complication code is assigned, are represented in this diagram:



1. Routine postoperative care

- The definitions and instructions for 'routine postoperative care' have been relocated from ACS 1904 to:

    - ACS 0002 *Additional diagnoses*
    - ACS *Glossary*

ACS 0002 ADDITIONAL DIAGNOSES

1.1 Commencement, alteration or adjustment of therapeutic treatment

Directive(s)

1.1.1 Assign an additional diagnosis code for a condition that requires commencement, alteration or adjustment of therapeutic treatment (see Examples 1, 2, 4, 5, 9, 19, 21 and 24).

Exception(s)

…

2. **Do not** assign an additional diagnosis code for a condition arising during an intervention or in the post interventional (postoperative) period that are a natural or expected event managed by routine postoperative care (eg pain; swelling; wound ooze; erythema) (see Glossary: *Routine postoperative care)* (see Example 8).

…

Note(s)

1. The following are examples of alterations to the treatment/care plan (ie additional care from the treating team) which demonstrate beyond routine postoperative care:

- admission to the intensive care unit following surgery for conditions that would normally be managed in the surgical ward postoperatively (see Example 3)
- application of a specialised dressing (not previously required) to replace a conventional dressing
- commencement of antibiotics for (purulent) surgical wound exudate or discharge
- control of bleeding with haemostatic agent for accidental laceration during a procedure
- an unexpected or unplanned return to theatre or transfer to another facility.

AUSTRALIAN CODING STANDARDS GLOSSARY

Routine postoperative care

Postoperative care is the management of a patient after surgery. This includes care given during the immediate postoperative period, both in the operating room and the post anaesthesia care unit, as well as during the days following surgery. The goal of postoperative care is to prevent complications such as infection, ensure adequate pain management, promote healing of the surgical incision, and return the patient to a state of health (Wojahn, Kaczkowski 2020).

Particularly in the early postoperative period, there may be rapid changes in physiology and pathology. Recognition and management of these changes by trained and skilled staff is required until a patient's physiological variables are stable, allowing discharge to the ward or discharge from the facility (ANZCA 49 2021).

Routine postoperative care may vary according to the services provided by the health facility and should be considered in the context of the health service providing the care.

Routine postoperative care may include:

- prescribing and administering analgesic medication (eg for operative site pain)
- wound dressing and cleansing, wound site elevation, application of ice or other care for postoperative wounds such as swelling, wound ooze, serous exudate and erythema (redness) of skin surrounding the wound
- maintenance and care of intravenous (IV) access (**without** a complication eg infection, phlebitis, or extravasation injury) such as:
    - resiting or removing IV cannulas (eg for leaking or dislodged IV catheter, patient discomfort, oedema, redness, tissuing, or stretched skin at the insertion site)
    - readjustment or change of IV catheter securement devices (splints) and/or dressings
    - adjustment of IV infusion rates (for slowed or stopped infusion)
    - other IV access site care (eg site hygiene, flushing, change of extension sets, elevation of limb, application of warm or cool compress)
- monitoring, dressing or other care of drainage tubes, stomas or other devices.

2. Causal relationship

- The definitions and instructions for 'causal relationship' have been relocated from ACS 1904 to *CONVENTIONS USED IN THE ICD-10-AM*:
    - 9.2 *Certain conditions where the classification links a condition and an intervention*
    - 9.5 *Causal relationship terminology*

- A terminology table has been produced by IHACPA

CONVENTIONS USED IN THE ICD-10-AM ALPHABETIC INDEX

9.2 Certain conditions where the classification links a condition and an intervention

For certain conditions the classification links the condition to an intervention.

The cause and effect relationship is implied when:

- the Alphabetic Index lists a condition (complication) with an essential modifier that specifies the intervention causing the complication **or**
- subterms listed under *Complication(s)/postprocedural* **or**
- *Directives* in a specialty ACS or National Coding Advice.

Note: The classification links the following specific interventions and conditions:

- haemodialysis-associated steal syndrome
- peritoneal dialysis-associated peritonitis
- transfusion-related acute lung injury
- ventilation-associated pneumonia.

Where the Alphabetic Index links a condition and an intervention as described above, follow the Alphabetic Index unless a different cause for the condition is documented in the health care record.

See: Certain conditions where the classification links a condition and an intervention in this document

See: New section in the Alphabetic Index in this document

CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST

9.5 Causal relationship terminology

In clinical terminology, use of certain terms may infer a relationship between two concepts relating to time, sequence of events, co-occurrence, or cause and effect. There may be ambiguity in the exact relationship between these concepts when these connecting terms or phrases are used.

The World Health Organization guidelines for ICD-11 state that causal relationships should be specified with terminology that indicates a cause and effect relationship such as 'due to' or similar (WHO 2024).

9.5.1 Connecting terms such as 'secondary to', 'due to' or 'as a result of' (or similar or synonymous terms or phrases) infer a cause and effect relationship between a condition and:

- another condition **or**
- an external cause such as:
    - an adverse effect of drugs or substances
    - an unintentional event
    - another complication of a healthcare intervention
    - other injury mechanisms

See: Terminology table – reproduced from IHACPA website in this document

9.5.2 Connecting terms such as 'following', 'post' or 'after' (written or implied by similar terms) infer a temporal relationship (relating to time) or sequence of events, or co-occurrence of concept).

Relationship terms such as 'associated with', 'postprocedural' or 'related' (written or implied by similar terms) are ambiguous and depending on the context may infer a relationship relating to timing, sequence of events, coexistence **or** cause and effect.

9.5.3 A causation relationship is clearly established where:

- the causal relationship is stated by the clinician **or**
- the clinical diagnosis or context/event clearly infers an exclusive causation relationship (that is the complication would not have occurred in the absence of the causing condition or external causes such as an intervention complication) **or**
- the classification links two concepts by the Alphabetic Index (see *Conventions used in the ICD-10-AM Alphabetic Index/9. Special Terminology)*, an Australian Coding Standard or by National Coding Advice.

9.5.4 Where the cause of a condition is multifactorial or ambiguous, a causal relationship cannot be assumed. Where there is no explicit causal link stated or provided by the Alphabetic Index, look for supplementary wording or other information to provide contextual clarification (see Example 46).

3. Terminology table reproduced from IHACPA website

The resources provided on this page are to assist clinical coders and other users of ICD-10-AM/ACHI/ACS. Information may be updated at any time to maintain currency.

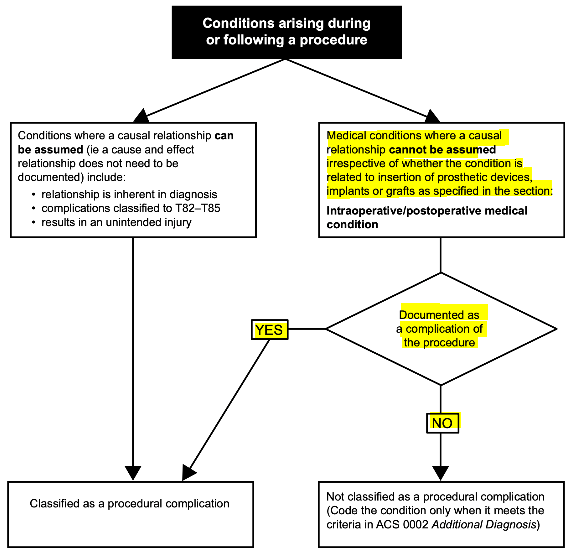
Clinicians use different terms to communicate cause and effect relationships in health care records. The terms are often subjective and contextual and cannot be assumed to always mean the same thing. It is not restricted to the prepositions of 'due to' or 'secondary to' which are often used in classification terminology to represent the concept of cause and effect.

The following table has been developed as a guide to assist clinical coders where the classification does not provide a causative link between a condition and an intervention. Clinical coders must refer to the ICD-10-AM *Conventions/Special terminology* in the first instance. The term 'during' can be used in various contexts to infer that an event occurred within a specific time period or activity. Terms such as 'associated with', 'related', 'post' or words with a 'post' prefix are ambiguous and depending on the context may infer a relationship of time, sequence, coexistence or cause and effect.

Table 1: Terms or expressions inferring relationship (note this list is not exhaustive)

A. Terms indicating cause and effect	B. Terms indicating other (such as time, sequence or concurrence) or unspecified relationships
as a consequence of (from)	after
as a result of	arising during (in)
attributed to	associated with
because of	accompanied by
bring, bringing about	background of
cause of, caused by (from)	consistent with
complication of (from) (by),	contributing factor (to), contributed by (to)
due to	during
from	following, followed
induced by (from)	in context of
leading to	incidental to
owing to	occurred after (in) (during)
precipitated by, precipitating	post, or words with a 'post' prefix (postembryonic)
resulting in (from), resultant, resulted	previous (to)
secondary to (from) (by)	prior (to)
stem, stemming from	related to

Example 3a: Catheter-related UTI (UTI meets ACS 0001 or 0002)

	TWELFTH EDITION	THIRTEENTH EDITION
Definitions	**ACS 1904** Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria: • Documentation clearly states that the condition arose as a complication of the procedure (the terms 'secondary to' or 'due to' infer a causal relationship in contrast to terms such as 'postop', 'following' or 'associated with')  	**CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST** **9.5.2** Connecting terms such as 'following', 'post' or 'after' (written or implied by similar terms) infer a temporal relationship (relating to time) or sequence of events, or co-occurrence of concepts (see Example 42). Relationship terms such as 'associated with', 'postprocedural' or 'related' (written or implied by similar terms) are ambiguous and depending on the context may infer a relationship relating to timing, sequence of events, coexistence **or** cause and effect. **9.5.3** A causation relationship is clearly established where: • the causal relationship is stated by the clinician **or** • the clinical diagnosis or context/event clearly infers an exclusive causation relationship (that is the complication would not have occurred in the absence of the causing condition or external causes such as an intervention complication) **or** • the classification links two concepts by the Alphabetic Index (see *Conventions used in the ICD-10-AM Alphabetic Index/9. Special Terminology)*, an Australian Coding Standard or by National Coding Advice.
Abstraction	The term 'related' is documented. There is no other documented cause of urinary tract infection; and no documented uncertainty about the cause of urinary tract infection.	
Assessment of causation relationship	Inconsistent interpretation of ACS 1904. Some Coders interpreted that 'catheter-related' represents a causal link; others interpreted that 'related' is synonymous with 'associated with' and thus not considered a causal link.	9.5.2 clarifies that the term 'related', in isolation, is ambiguous. Additional documentation is required before a causation relationship is established. However, the classification links urinary catheter and infection (Convention 9.5.3), via Alphabetic Index: **Complication(s)** - infection (surgical wound) - - device, implant or graft NEC - - - catheter NEC - - - - urinary (indwelling) T83.5 However, 'catheter-associated UTI/catheter-related UTI' (CAUTI), without further specification, is Excluded at T83.5, redirecting the Coder to assign N39.0, per national Clinical Advisory Group advice received by IHACPA during 13th Edition development. Multiple ITG members expressed their disagreement with this logic, but it was still implemented.
Code assignment	Inconsistent coding practice: **a)** T83.5 *Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system* N39.0 *Urinary tract infection, site not specified* Y84.6 *Urinary catheterisation* Y92.23 *Health service area, not specified as this facility* U73.8 *Other specified activity* or **b)** N39.0 *Urinary tract infection, site not specified* Z96.0 *Presence of urogenital implants*	Assign: N39.0 *Urinary tract infection, site not specified* Z96.0 *Presence of urogenital implants*

Example 3b: Central line-associated bloodstream infection (CLABSI) – Klebsiella pneumoniae (blood stream infection meets ACS 0001 or 0002)

	TWELFTH EDITION	THIRTEENTH EDITION
Definitions	**ACS 1904** Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria: • Documentation clearly states that the condition arose as a complication of the procedure (the terms 'secondary to' or 'due to' infer a causal relationship in contrast to terms such as 'postop', 'following' or 'associated with') • Conditions classified to T82–T85 for complications related to prosthetic devices, implants or grafts (eg mechanical complications, haematoma, pain, stenosis following insertion of prosthetic devices) (see Example 3)	**CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST** **9.5.2** Connecting terms such as 'following', 'post' or 'after' (written or implied by similar terms) infer a temporal relationship (relating to time) or sequence of events, or co-occurrence of concepts (see Example 42). Relationship terms such as 'associated with', 'postprocedural' or 'related' (written or implied by similar terms) are ambiguous and depending on the context may infer a relationship relating to timing, sequence of events, coexistence **or** cause and effect. **9.5.3** A causation relationship is clearly established where: • the causal relationship is stated by the clinician **or** • the clinical diagnosis or context/event clearly infers an exclusive causation relationship (that is the complication would not have occurred in the absence of the causing condition or external causes such as an intervention complication) **or** • the classification links two concepts by the Alphabetic Index (see *Conventions used in the ICD-10-AM Alphabetic Index/9. Special Terminology)*, an Australian Coding Standard or by National Coding Advice.
Abstraction	The term 'associated' is documented. There is no other documented cause of bloodstream infection; and no documented uncertainty about the cause of bloodstream infection.	
Assessment of causation relationship	Inconsistent interpretation of ACS 1904. Some Coders interpreted that 'central line-associated' represents a causal link; others were guided by the ACS 1904 where 'associated with' is described as not representing a causal relationship.	9.5.2 clarifies that the term 'associated', in isolation, is ambiguous. Additional documentation is required before a causation relationship is established. However, the classification links central catheter line and infection (Convention 9.5.3), via Alphabetic Index: **Complication(s)** - infection (surgical wound) - - device, implant or graft NEC - - - central line (site) T82.74
Code assignment	Inconsistent coding practice: **a)** T82.74 *Infection and inflammatory reaction due to central vascular catheter* A49.85 *Klebsiella pneumoniae [K. pneumoniae] infection, unspecified site* Y84.8 *Other medical procedures* Y92.23 *Health service area, not specified as this facility* U73.8 *Other specified activity* or **b)** A49.85 *Klebsiella pneumoniae [K. pneumoniae] infection, unspecified site* Z96.8 *Presence of other specified functional implants*	Assign: T82.74 *Infection and inflammatory reaction due to central vascular catheter* A49.85 *Klebsiella pneumoniae [K. pneumoniae] infection, unspecified site* Y84.09 *Medical procedure on cardiovascular system, NEC* Y92.23 *Health service area, not specified as this facility* U73.*89 Other specified activity, NEC* Note: A49.85 is assigned per the Instructional note at T82.74: *Use additional code (Chapter 1-18) to identify condition*, because it adds specificity of the condition (Klebsiella bloodstream infection).

4. Medical conditions

- Some medical conditions (e.g., acute myocardial infarction, acute kidney injury, urinary tract infection, stroke, acute respiratory failure), commonly seen intraoperatively and in the postoperative period, are related to complex interactions between the disease process and intervention i.e., the condition is likely multifactorial.

- The 'medical conditions' section of ACS 1904 no longer exists. The new *CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST* apply for all complications, including medical conditions.

5. Assign additional code from Chapter 1-18

- The instruction '*Assign an additional diagnosis code from Chapter 1 - 18 where it provides further specificity regarding the condition/complication*' remains in ACS 1904 in newly created *Directive 1.3*:

> **1.3** Assign an additional diagnosis code from Chapters 1–18 to add specificity to a clinical intervention complication code for a condition (not for anatomical site), only where directed by an *Instructional* note or an ACS *Directive*.

- Newly created *Instructional* notes through-out T80-T88 inform the Coder when to assign an additional code.

- **When no suitable Chapter 1-18 code exists, no additional code is assigned**.

Examples of T80-T88 codes <u>eligible</u> for an additional code

T81.86 ***Respiratory system complications due to a procedure, not elsewhere classified***
Use additional code (Chapter 1–18) to identify condition

T82.82 ***Embolism and thrombosis due to insertion of internal cardiac and vascular devices, implants and grafts***
Use additional code (I26.-) to identify pulmonary embolism
Use additional code (I80.-) to identify deep vein thrombosis

All codes in T82.5 ***Mechanical complication of other internal cardiac and vascular devices and implants***
Use additional code (Chapter 1–18) to identify condition resulting from mechanical complication

Examples of T80-T88 codes <u>not eligible</u> for an additional code

T81.0 *Haemorrhage and haematoma complicating a procedure, NEC*

T81.3 *Disruption of operation wound, NEC*

T81.84 *Postprocedural emphysema*

T83.8 *Pain due to insertion of internal genitourinary devices, implants and grafts*

- For T82.82 *Embolism and thrombosis due to insertion of internal cardiac and vascular devices, implants and grafts*, I26.- and I80.- only provide specificity of the **site**, which conflicts with the logic of ACS 1904/*Directive 1.3*. See <u>FAQ 1</u>.

Example 5: Neuropraxia post shoulder arthroplasty (Neuropraxia meets ACS 0001 or 0002)

	TWELFTH EDITION	THIRTEENTH EDITION
Definitions	**ACS 1904** Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria: • Documentation clearly states that the condition arose as a complication of the procedure (the terms 'secondary to' or 'due to' infer a causal relationship in contrast to terms such as 'postop', 'following' or 'associated with')	**CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST** **9.5 CAUSAL RELATIONSHIP TERMINOLOGY** **9.5.2** Connecting terms such as 'following', 'post' or 'after' (written or implied by similar terms) infer a temporal relationship (relating to time) or sequence of events, or co-occurrence of concepts (see Example 42). **9.5.3** A causation relationship is clearly established where: • the causal relationship is stated by the clinician **or** • the clinical diagnosis or context/event clearly infers an exclusive causation relationship (that is the complication would not have occurred in the absence of the causing condition or external causes such as an intervention complication) **or** • the classification links two concepts by the Alphabetic Index (see *Conventions used in the ICD-10-AM Alphabetic Index/9. Special Terminology)*, an Australian Coding Standard or by National Coding Advice.
Abstraction	The term 'post' is documented.	
Assessment of causation relationship	The term 'post' doesn't necessarily infer a causal relationship between neuropraxia and arthroplasty. A query letter should be sent to a clinician for confirmation of a causal relationship.	'Post' infers only a temporal relationship (Convention 9.5.2). However, neuropraxia is listed as a subterm under *Complications(s)/*postprocedural, and therefore a cause and effect relationship is assumed.
Code assignment	If the causal relationship is confirmed, assign: G97.8 *Other intraoperative and postprocedural disorders of nervous system.* via Alphabetic Index: **Neurapraxia, neuropraxia** — see *Injury/nerve* **Injury** - nerve … - - postprocedural G97.8 If the causal relationship is not confirmed, assign an appropriate code from Chapter 19 for nerve injury.	Assign: T81.85 *Nervous system complications due to a procedure, NEC* via Alphabetic Index: **Complication(s)** - postprocedural - - neuropraxia NEC T81.85 ACS 1904 *Directive 1.3* and the *Instructional* note '*Use additional code (Chapter 1-18) to identify condition'* at T81.85 instruct Coders to assign an additional code only if it adds specificity of the condition (not for anatomical site). ICD-10-AM classifies neuropraxia to an injury code in Chapter 19 (not Chapter 1-18); therefore, an additional diagnosis code is not assigned.

6. Obstetric complications

- Obstetric complication classification instructions have been moved from ACS 1904 to ACS 1500 *General guidelines for obstetric episodes of care* (which has been renamed from ACS 1500 *Diagnosis sequencing in obstetric episodes of care*):

ACS 1500 GENERAL GUIDELINES FOR OBSTETRIC EPISODES OF CARE

3. HEALTHCARE RELATED COMPLICATIONS IN OBSTETRIC EPISODES OF CARE

Description(s)

An obstetric healthcare related complication is a current condition (injury or harm) that arises due to surgical or medical care during pregnancy, childbirth or the puerperium.

Directive(s)

Obstetric healthcare related complications

3.1 Assign one of the following for an obstetric healthcare related complication, by following the Alphabetic Index:

- a code from Chapter 15 *Pregnancy, childbirth and the puerperium (O00–O99)* (see Example 1)
- where there is no appropriate code in Chapter 15, a code from another chapter in accordance with ACS 1904 *Complications of surgical or medical care* (see Examples 2 and 3).

External cause of obstetric healthcare related complications

3.2 Do not assign external cause and place of occurrence codes for the healthcare related complication where the external cause concept is included in the Chapter 15 code (see Example 1).

Note(s)

3. *Directives* 3.1 and 3.2 also apply to antenatal episodes of care with or without delivery, and postpartum episodes of care.

- A new *Note* has been added at lead term **Complication(s)**, re-directing Coders to lead term: *Obstetric/complication* to find obstetric complication codes:

Complication(s) (due to surgical or medical care) (from) (of)

Note: The list of terms below relate to complications of surgical or medical care (intervention complications). For complications of disease or health condition, assign a code for the condition — see *condition*, or *Obstetric/complication* or lead terms *Disease* or *Disorder*.

7. Alphabetic Index

7.1 New section in Alphabetic Index

- A new section has been created in *SECTION I: ALPHABETIC INDEX OF DISEASES AND NATURE OF INJURY* at lead term:

  Complication(s) (due to surgical or medical care) (from) (of)
  - postprocedural

  This new section allows a causal relationship to be assumed for all the subterms listed here, **even in the absence of a documented causation relationship such as 'due to'.**

- The following *Note* appears at this section of the Alphabetic Index:

  Note: Subterms listed under *Complications(s)/postprocedural* are considered an obvious result of a specific or broader group of clinical interventions where the causal (cause and effect) relationship can be assumed. Do not follow the subterm *postprocedural* where a different cause for the condition is documented in the health care record.

- The subterm 'postprocedural' is only appropriate in the context of a procedure e.g., for hypotension without further specification, the Alphabetic Index pathway ***Complication(s)****/postprocedural/hypotension* isn't appropriate.

Example 7.1a: Clot retention in the context of previous TURP

'Clot retention post transurethral resection of prostate' is a subterm listed under ***Complication(s)****/postprocedural.* Clot retention in the context of previous TURP, can be assumed to be due to TURP in the absence of a documented causal relationship, to assign T81.88 *Genitourinary system complications due to a procedure, not elsewhere classified* (unless a different cause for clot retention is documented).

Example 7.1b: Adhesions in the context of previous surgery

'Peritoneal adhesions', 'pelvic adhesions' and 'vaginal adhesions' are subterms listed under ***Complication(s)****/postprocedural.* Such adhesions, in the context of previous surgery, can be assumed to be due to surgery in the absence of a documented causal relationship (unless a different cause for adhesions is documented).

Assign complication codes via Alphabetic Index:
Complication(s)
- postprocedural
- - adhesions (from)(of)
- - - peritoneal NEC K91.85
- - - - pelvic N99.4
- - - vagina N99.2

For **other body sites** (e.g., adhesions divided during intrathoracic procedure), a causal relationship may **not** be assumed because the body site is not listed as a subterm at Alphabetic Index entry *Complication(s)/postprocedural/adhesions.*

If the type of past surgery isn't documented, assign external cause code: Y83.9 *Surgical procedure, unspecified*.

*Where **'due to'** is an **essential modifier** in the Alphabetic Index, a causal relationship must be established before that Index pathway can be followed.*

Example 7.1c: Pelvic adhesions in female patient
Operation Report 1 – no previous surgery
Operation Report 2 – previous surgery

	THIRTEENTH EDITION
Operation report 1 OPERATION: Anterior resection FINDINGS: Pelvic adhesions Left ureter identified and followed into pelvis PROCEDURE: Umbilical incision. Hasson port inserted. Pelvic adhesions divided. Sigmoid, descending and splenic flexure mobilised. Left ureter identified and preserved. Upper rectum mobilised into TME plane. Rectum divided using purple 60mm. Umbilical incision extended and colon delivered. EEA 28mm stapler used. End to end anastomosis. 3-0 pds used to reinforce anterior wall.	Assign: N73.*6 Female pelvic peritoneal adhesions* There is no indication of previous surgery on the operation report, therefore the subterm 'postprocedural' is not appropriate i.e., do not follow Alphabetic Index pathway ***Complication(s)****/postprocedural/adhesions.* Note: To reduce Coder burden, Coders should not abstract from outside of the episode to determine if there was previous surgery; instead, be guided by documentation in the current episode (predominantly the operation report).
Operation report 2 OPERATION: Anterior resection FINDINGS: Pelvic adhesions after hysterectomy Left ureter identified and followed into pelvis PROCEDURE: Umbilical incision. Hasson port inserted. Pelvic adhesions divided. Sigmoid, descending and splenic flexure mobilised. Left ureter identified and preserved. Upper rectum mobilised into TME plane. Rectum divided using purple 60mm. Umbilical incision extended and colon delivered. EEA 28mm stapler used. End to end anastomosis. 3-0 pds used to reinforce anterior wall.	Assign: N99.4 *Postprocedural pelvic peritoneal adhesions* Y83.86 *Surgical procedure, gynaecological* Y92.23 *Health service area, not specified as this facility* U73.89 *Other specified activity, NEC* The term 'after' does not represent a causation relationship. However, the documentation indicates that previous surgery occurred therefore the subterm 'postprocedural' is appropriate. The classification assumes a causal relationship at Alphabetic Index pathway: ***Complication(s)****/postprocedural/adhesions.*

7.2 Certain conditions where the classification links a condition and an intervention

- There are Alphabetic Index entries located outside of new section '***Complication(s)****/postprocedural,'* where the Index links a condition to an intervention and the causal relationship is assumed (unless another cause for the condition is documented).

Example Index entries where the classification links a condition to an intervention, and the cause and effect relationship is assumed

Complication(s)
- gastrostomy
- - leak (exit site) NEC K91.43

Complication(s)
- peritonitis with continuous ambulatory peritoneal dialysis – *see Complication(s)/postprocedural/peritoneal-dialysis associated peritonitis*

Complication(s)
- infection (surgical wound)
- - device, implant or graft NEC
- - - central line (site) T82.74

*The **condition** **AND** the **intervention** must **both** be within the **same Index pathway** (and essential modifier 'due to' not present)*

- FAQ 2 asks whether the classification links embolism or thrombosis (e.g., pulmonary embolism) to a 'device, implant or graft'.

7.3 Example of when the classification does not link a condition and an intervention

Complication(s)
- respiratory
- - postprocedural NEC T81.86

- The above Index pathway does **not** contain a specific condition, therefore, do not use this pathway alone to justify a causal relationship. This pathway may only be used where a causal relationship has already been established (e.g., causal relationship explicitly documented; or context/event clearly infers an exclusive causation relationship).

Example 7.3: Atelectasis post lung lobectomy

Alphabetic Index pathway:
Complication(s)
- respiratory
- - postprocedural NEC T81.86

does not link atelectasis and lobectomy, because 'atelectasis' isn't in the pathway. However, this pathway can be followed to assign T81.86 if there is a documented causal relationship such as 'atelectasis due to lobectomy'.

8. New *Excludes* notes to assist navigation

Example 8: Hypotension due to Propofol (general anaesthesia)

Assign:

I95.2 *Hypotension due to drugs*
Y48.2 *Other and unspecified general anaesthetics*
Y92.24 *Health service area, this facility*
U73.89 *Other specified activity, NEC*

via Alphabetic Index:
Hypotension (arterial)(constitutional) I95.9
- chronic I95.8
- drug-induced (specified drug) I95.2
- due to anaesthesia NEC T88.54

The *Excludes* notes in the Tabular List at I95.2 *Hypotension due to drugs* and T88.54 *Hypotension due to anaesthesia, not elsewhere classified* re-direct the Coder if they haven't followed the Index correctly:

I95.2 Hypotension due to drugs
Hypotension due to specified anaesthetic drug
Use additional external cause code (Chapter 20) to identify drug.
Excludes: drug-induced orthostatic (postural) hypotension (I95.19)
that due to anaesthesia NOS (T88.54 ~~T88.59~~)

✪T88.54 Hypotension due to anaesthesia, not elsewhere classified
Excludes: hypotension due to a specified anaesthetic drug (I95.2)

The above *Excludes* notes are based on National Coding Advice Q3616 *Hypotension due to anaesthesia* (retired for 13th Edition) which has also been incorporated via the addition of this *Note* in the Tabular List at T88.5:

T88.5 Complications of anaesthesia, not elsewhere classified

Note: Anaesthesia related complications may be one of the following:
• an adverse effect of the drug(s) administered, or
• due to other (physical) or unknown aspects of the intervention.

- Some new *Excludes* notes are problematic. For example, IHACPA Education advises that new *Excludes* notes have been added at various subcategories (e.g., I97.3) to 'assist navigation between codes where there are complications with overlapping components':

✪I97.3 **Accidental puncture and laceration of circulatory system organ or structure during a procedure**
Excludes: that with haemorrhage and haematoma due to insertion of internal devices, implants and grafts (T82.81, T83.81, T84.81, T85.83)

- See FAQ 3 which seeks clarification on two scenarios affected by this new *Excludes* note.

9. Standardised, new & inactivated complication codes

9.1 Code title standardisation

Code titles in T80–T88 *Complications of surgical and medical care* have been standardised, e.g.:

- T85.78 *Infection and inflammatory reaction due to other internal ~~prosthetic~~ devices, implants and grafts*
- T85.86 *Stenosis ~~following~~ due to insertion of other ~~prosthetic~~ internal devices, implants and grafts*

9.2 New codes and concepts

New complication codes include:

- I97.84 *Haemorrhage and haematoma of access site, from percutaneous cardiovascular procedure*
- K91.7 *Retained calculi postcholecystectomy*
- K91.85 *Postprocedural adhesions [peritoneal], NEC*
- M96.61 *Fracture of bone following insertion of orthopaedic implant [joint prosthesis or bone plate]*
- M96.62 *Postprocedural osteolysis*
- T81.85 *Nervous system complications due to a procedure, NEC*
- T81.87 *Digestive system complications due to a procedure, NEC*
- T81.88 *Genitourinary system complications due to a procedure, NEC*
- T88.54 *Hypotension due to anaesthesia, NEC*

New concepts:

- New *Includes* note '*Includes: spilled gallstones*' at existing code K91.64 *Accidental puncture and laceration of gallbladder or bile duct during a procedure*.

Example 9.2a: Groin haematoma following cardiac catheterisation with insertion of cardiac stent (haematoma meets ACS 0001 or 0002)

TWELFTH EDITION	THIRTEENTH EDITION
Assign: T82.81 *Haemorrhage and haematoma following insertion of cardiac and vascular prosthetic devices, implants and grafts* Y83.1 *Surgical operation with implant of artificial internal device* Y92.23 *Health service area, not specified as this facility* U73.8 *Other specified activity*	Assign: I97.84 *Haemorrhage and haematoma of access site, from percutaneous cardiovascular procedure* Y83.11 *Surgical operation with implant of cardiovascular internal device* Y92.23 *Health service area, not specified as this facility* U73.89 *Other specified activity, NEC*

9.3 Inactivated codes

Inactivated 'end of chapter' (body system) complication codes	
TWELFTH EDITION Inactivated code	**THIRTEENTH EDITION How it's classified now**
E89 *Intraoperative and postprocedural disorders of endocrine and metabolic system, NEC*	Pre-existing code T81.89 *Other complications of a procedure, NEC*
G97 *Intraoperative and postprocedural disorders of nervous system, NEC*	New code T81.85 *Nervous system complications due to a procedure, NEC*
H59 *Intraoperative and postprocedural disorders of eye and adnexa, NEC*	Pre-existing code T81.89 *Other complications of a procedure, NEC*
H95 *Intraoperative and postprocedural disorders of ear and mastoid process, NEC*	Pre-existing code T81.89 *Other complications of a procedure, NEC*
I97 *Intraoperative and postprocedural disorders of circulatory system, NEC*	Pre-existing code T81.7, now renamed T81.7 *Circulatory system complications due to a procedure, NEC*
J95 *Intraoperative and postprocedural disorders of respiratory system, NEC*	New code T81.86 *Respiratory system complications due to a procedure, NEC*
K91 *Intraoperative and postprocedural disorders of digestive system, NEC*	New code T81.87 *Digestive system complications due to a procedure, NEC*
M96 *Intraoperative and postprocedural disorders of musculoskeletal system, NEC*	Pre-existing code T81.89 *Other complications of a procedure, NEC*
N99 *Intraoperative and postprocedural disorders of genitourinary system, NEC*	New code T81.88 *Genitourinary system complications due to a procedure, NEC*

Example 9.2b: Pseudomeningocele post cranioplasty (pseudomeningocele meets ACS 0001 or 0002)	
TWELFTH EDITION	**THIRTEENTH EDITION**
Assign: G97.8 *Other intraoperative and postprocedural disorders of nervous system* Y83.8 *Other surgical procedures* Note: the method used for cranioplasty e.g. graft versus artificial implant is unknown, hence classified to 'other.' Y92.23 *Health service area, not specified as this facility* U73.8 *Other specified activity*	Assign: T81.85 *Nervous system complications due to a procedure, NEC* Y83.71 *Surgical operation on nervous system* Note: all types of cranioplasty are classified to: ACHI Chapter 1 *Procedures on nervous system*, hence classified to 'nervous system' Y92.23 *Health service area, not specified as this facility* U73.89 *Other specified activity, NEC* Note: G96.1 *Disorders of meninges, not elsewhere classified* isn't assigned because it does not add specificity of the condition. See also rationale in ACS 1904 Example 16.

10. External cause codes

- Tabular List: Y83 and Y84 external cause codes have been updated or created to specify body system.
- Alphabetic Index: Subterms specifying body system have been added to the Index: *SECTION II: EXTERNAL CAUSES OF INJURY* at lead term: ***Complication (s)*** *(from) (of)*.

Y83 changes	
TWELFTH EDITION	**THIRTEENTH EDITION**
Y83.7 *Other surgical operations on body systems* - did not exist in Twelfth Edition	**New codes created:** Y83.71 *Surgical operation on nervous system* Y83.72 *Surgical operation on endocrine system* Y83.73 *Surgical operation on respiratory system* Y83.74 *Surgical operation on cardiovascular system* Y83.75 *Surgical operation on digestive system* Y83.76 *Surgical operation on urinary system* Y83.77 *Surgical operation on male genital system* Y83.78 *Surgical operation on musculoskeletal system*
Y83.8 *Other surgical procedures*	**Updated at 4th digit:** Y83.81 *Surgical procedure on eye and adnexa* Y83.82 *Surgical procedure on ear and mastoid process* Y83.83 *Surgical procedure on nose, mouth and pharynx* Y83.84 *Surgical procedure, dental* Y83.85 *Surgical procedure on blood and blood-forming organs* Y83.86 *Surgical procedure, gynaecological* Y83.87 *Surgical procedure, obstetric* Y83.88 *Surgical procedure on breast* Y83.89 *Other surgical procedure*

Code categories at block Y83 *Surgical procedures*

- **Y83.0 Surgical operation with transplant of partial or whole organ**
- **Y83.1 Surgical operation with implant of internal device**
- **Y83.2 Surgical operation with anastomosis, bypass or graft**
- **Y83.3 Surgical operation with formation of external stoma**
- **Y83.4 Other reconstructive surgery**
- **Y83.7 Other surgical operations on body systems**
- **Y83.8 Other surgical procedures NEC**

Y83.0 – Y83.4 are more specific and take precedence over Y83.7 and Y83.8

When assigning an external cause code from Y83.7-, Y83.8-, Y84.0-, Y84.3-, Y84.5-, Y84.6, Y84.7 & Y84.8- it should reflect the ACHI Tabular List chapter in which the procedure is classified.

e.g., haemorrhoidectomy = ACHI Chapter 10: Procedures on digestive system; so the external cause code is Y83.75 Surgical operation on digestive system.

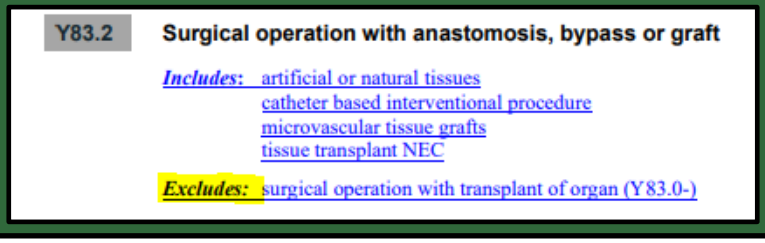
e.g., peripheral vascular catheter (IV cannula) = ACHI Chapter 8: Procedures on cardiovascular system, so the external cause code is Y84.09 Medical procedure on cardiovascular system, NEC.

Examples of external cause coding

EXTERNAL CAUSE	TWELFTH EDITION	THIRTEENTH EDITION
Left hemicolectomy with anastomosis, as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure	Y83.2 *Surgical operation with anastomosis, bypass or graft*	Y83.23 *Surgical operation with gastrointestinal anastomosis, bypass or graft*
Rectosigmoidectomy with formation of stoma, as the cause of abnormal reaction, or of later complications, without mention of unintentional events at the time of the procedure (e.g., Hartmann's rectal stump haematoma)	Y83.3 *Surgical operation with formation of external stoma*	Y83.33 E*nterostomy*
Endoscopic biopsy, as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure	Y84.8 *Other medical procedures*	Y83.75 *Surgical operation on digestive system NEC* via Alphabetic Index: **Section II: External Causes of Injury Complication(s)** - endoscopic procedure (with biopsy) – *see Complication(s)/by body system/surgical*
Diagnostic colonoscopy (without biopsy or polypectomy), as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure	Y84.8 *Other medical procedures*	Y83.75 *Surgical operation on digestive system NEC* via Alphabetic Index: **Section II: External Causes of Injury Complication(s)** - endoscopic procedure (with biopsy) – *see Complication(s)/by body system/surgical*
Percutaneous biopsy, as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure	Y84.8 *Other medical procedures*	Y84.89 *Other medical procedures*
Percutaneous biopsy of lung, as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure	Y84.8 *Other medical procedures*	Y84.85 *Medical procedure for respiratory system, NEC*
Accidental puncture during colonoscopy	Y60.4 *Unintentional cut, puncture, perforation, or haemorrhage during endoscopic examination*	Y60.4 *Unintentional cut, puncture, perforation, or haemorrhage during endoscopic examination*

When there are overlapping concepts, the Excludes notes assist with navigation:

E.g., assign Y83.0- for anastomosis complication, if the anastomosis is a component of a transplant:



11. Flap complications

- In Thirteenth Edition, the non-essential modifier '*(flap)*' was removed at this Alphabetic Index entry:

  Complication(s)
  graft
  - skin ~~(flap)~~ T85.9

  and a new entry created for 'skin flap complication':

  Complication(s)
  - flap, skin — *see Complication(s)/graft/skin*

- No Index entries were created for complications of flaps **other than skin flaps** (e.g., for single tissue flaps such as muscle flaps; or for composite flaps such as myocutaneous flaps). See FAQ 4.

- In the interim:

  - Complication of a **single tissue flap** (e.g., muscle flap) should be classified as a complication of a graft of that particular tissue type.

  - Complication of a **composite flap** (e.g., myocutaneous flap or fasciocutaneous flap) should be classified as a complication of 'other graft not elsewhere classified' (T85 *Complications of other internal devices, implants and grafts*).

Example 11a: Infection of single tissue flap (e.g., muscle flap) (infection meets ACS 0001 or 0002)

Assign:

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

via Alphabetic Index:

Complication(s)
- graft
- - muscle T84.9
- - - infection or inflammation T84.7
- - - mechanical T84.4
- - - specified NEC T84.89

Example 11b: Infection of composite flap (e.g., myocutaneous flap) (infection meets ACS 0001 or 0002)

Assign:

T85.78 *Infection and inflammatory reaction due to other internal devices, implants or grafts*

via Alphabetic Index:

Complication(s)
- infection
- - device, implant or graft NEC T85.78

11.1 External cause codes for flap complications

- Alphabetic Index entries for external cause codes for flap complications include:

  Complication(s)(from)(of)
  - graft NEC Y83.29
  - - muscle (with repair) Y83.28
  - - plastic surgery Y83.29
  - - skin Y83.29

Example 11c: Haematoma at muscle flap site

Patient admitted for medial gastrocnemius muscle flap repair of lower limb defect. The muscle was covered with split thickness skin graft. Imaging performed in the postoperative period revealed a haematoma around the muscle flap.

	TWELFTH EDITION	THIRTEENTH EDITION
Definitions	**ACS 1904 OVERVIEW** … Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria: … • Conditions classified to T82–T85 for complications related to prosthetic devices, implants or grafts (eg mechanical complications, haematoma, pain, stenosis following insertion of prosthetic devices) (see Example 3)	**CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST** **9.5 CAUSAL RELATIONSHIP TERMINOLOGY** **9.5.3** A causation relationship is clearly established where: • the causal relationship is stated by the clinician **or** • the clinical diagnosis or context/event clearly infers an exclusive causation relationship (that is the complication would not have occurred in the absence of the causing condition or external causes such as an intervention complication) **or** • the classification links two concepts by the Alphabetic Index (see *Conventions used in the ICD-10-AM Alphabetic Index/9. Special Terminology)*, an Australian Coding Standard or by National Coding Advice.
Abstraction	There is no causal relationship stated between the haematoma and flap procedure. There is no other documented cause of haematoma; and no documented uncertainty about the cause of haematoma.	
Assessment of causation relationship	Causation relationship is established based on ACS 1904: Conditions classified to T82–T85 for complications related to prosthetic devices, implants or grafts (eg mechanical complications, haematoma, pain, stenosis following insertion of prosthetic devices)	As per 9.5.3, the classification links haematoma and graft because both the condition and the procedure are in the same Index pathway: **Complication(s)** - orthopaedic - - device, implant or graft - - - haemorrhage (bleeding) T84.81 **OR** **Complication(s)** - haemorrhage or haematoma - - device, implant or graft NEC - - - orthopaedic NEC T84.81 Because haematoma and graft are linked by the classification, haematoma and flap are also considered to be linked because graft and flap complications are classified the same way in ICD-10-AM. In addition, 9.5.3 Example 44 logic is applicable - a flap site haematoma would not have occurred in the absence of the flap procedure.

Code assignment	T84.81 *Haemorrhage and haematoma due to insertion of internal orthopaedic prosthetic devices, implants and grafts* Inconsistent practice for external cause code: Y83.2 *Surgical operation with anastomosis, bypass or graft* OR Y83.4 *Other reconstructive surgery* Y92.24 *Health service area, this facility* U73.8 *Other specified activity*	Assign: T84.81 *Haemorrhage and haematoma due to insertion of internal orthopaedic devices, implants and grafts* via Alphabetic Index: **Complication(s)** - musculoskeletal — *see Complication(s)/orthopaedic* **Complication(s)** - orthopaedic - - device, implant or graft - - - haemorrhage (bleeding) T84.81 OR **Complication(s)** - haemorrhage or haematoma - - device, implant or graft NEC - - - orthopaedic NEC T84.81 Assign external cause code: Y83.29 *Surgical operation with anastomosis, bypass or graft, not elsewhere classified* via Alphabetic Index: **Complication(s)** - graft NEC - - plastic surgery Y83.29 Y92.24 *Health service area, this facility* U73.89 *Other specified activity, NEC*

Example 11d: Dehiscence and infection at myocutaneous flap site

Patient admitted for abdominoperineal resection and myocutaneous flap repair of perineum for treatment of rectal adenocarcinoma. During the postoperative period, flap monitoring revealed infection and dehiscence at the flap edge. Intravenous antibiotics were administered, and flap dehiscence was monitored.

	TWELFTH EDITION	THIRTEENTH EDITION
Definitions	**ACS 1904 OVERVIEW** … Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria: • Certain conditions where the relationship is inherent in the diagnosis (eg infection or bleeding of a surgical wound, stoma or anastomosis, wound dehiscence, transfusion related acute lung injury) • Conditions classified to T82–T85 for complications related to prosthetic devices, implants or grafts (eg mechanical complications, haematoma, pain, stenosis following insertion of prosthetic devices) (see Example 3)	**CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST** **9.5 CAUSAL RELATIONSHIP TERMINOLOGY** **9.5.3** A causation relationship is clearly established where: • the causal relationship is stated by the clinician **or** • the clinical diagnosis or context/event clearly infers an exclusive causation relationship (that is the complication would not have occurred in the absence of the causing condition or external causes such as an intervention complication) **or** • the classification links two concepts by the Alphabetic Index (see *Conventions used in the ICD-10-AM Alphabetic Index/9. Special Terminology)*, an Australian Coding Standard or by National Coding Advice.
Abstraction	There is no causal relationship stated between the infection and flap procedure. There is no other documented cause of infection; and no documented uncertainty about the cause of infection. There is no causal relationship stated between the dehiscence and flap procedure. There is no other documented cause of dehiscence; and no documented uncertainty about the cause of dehiscence.	

Assessment of causation relationship	Causation relationship is established based on ACS 1904: • Certain conditions where the relationship is inherent in the diagnosis (eg infection or bleeding of a surgical wound, stoma or anastomosis, wound dehiscence, transfusion related acute lung injury) • Conditions classified to T82–T85 for complications related to prosthetic devices, implants or grafts (eg mechanical complications, haematoma, pain, stenosis following insertion of prosthetic devices) (see Example 3)	**INFECTION** As per 9.5.3, the classification links infection and graft because both the condition and the procedure are in the same Index pathway: **Complication(s)** - infection (surgical wound) … - - device, implant or graft NEC T85.78 Because infection and graft are linked by the classification, infection and flap are also considered to be linked because graft and flap complications are classified the same way in ICD-10-AM. In addition, 9.5.3 Example 44 logic is applicable - a flap site infection would not have occurred in the absence of the flap procedure. **DEHISCENCE** As per 9.5.3, the classification assumes a causal link for dehiscence of surgical wound via Index pathways: **Complication(s)** - postprocedural … - - dehiscence (of wound) NEC T81.3 OR **Dehiscence** (operation wound) NEC T81.3 In addition, 9.5.3 Example 44 logic is applicable – dehiscence at flap site would not have occurred in the absence of the flap procedure.
Code assignment	Assign: T81.3 *Disruption of operation wound, not elsewhere classified* T85.78 *Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts* Inconsistent practice for external cause code: Y83.2 *Surgical operation with anastomosis, bypass or graft* OR Y83.4 *Other reconstructive surgery* Y92.24 *Health service area, this facility* U73.8 *Other specified activity*	Assign: T81.3 *Disruption of operation wound, not elsewhere classified* T85.78 *Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts* Via Alphabetic Index: **Dehiscence** (operation wound) NEC T81.3 AND **Complication(s)** - infection - - device, implant or graft NEC T85.78 Assign external cause code: Y83.29 *Surgical operation with anastomosis, bypass or graft, not elsewhere classified* via Alphabetic Index: **Complication(s)** - graft NEC - - plastic surgery Y83.29 Y92.24 *Health service area, this facility* U73.89 *Other specified activity, NEC*

12. Infection at site of device, implant or graft

- IHACPA's response to ITG representatives about infection at site of device is reproduced here:

  'The Index entry:

  Complication(s)*/postprocedural/infection/at site of device, implant or graft* allows for assumption causation where there is infection at the specific site of device, implant or graft, unless another cause other than an intervention complication is specified or it is clear from the clinical context that the infection is not related (where there is pre existing infection or where the infection is not at the device, implant or graft site).

  Note addition of *Excludes* note at T83.5 for CAUTI as per clinical advice.

  This Index linkage of an infection at an implant or graft site will be a focus of Thirteenth Edition education'.

Example 12a: Septic arthritis 18 months post total hip replacement

Discharge summary
PRINCIPAL DIAGNOSIS: Orthopaedic – septic joint – septic arthritis, hip or pelvis

PRESENTING HISTORY:
60M Right hip collection
5 day hx of Right buttock pain and abdo pain. CT abdo and pelvis showed collection. Afebrile. Good hip ROM. NVI. No wound issues.
BG: R THR under Mr xx 18 months ago (25/5/20xx) at X Hospital - no issues.

CLINICAL FINDINGS:
Right hip not significantly irritable
able to WB with limp
non tender over lower back
non tender SIJ
Good hip ROM

MANAGEMENT / PROGRESS:
- Admitted to ward X under Orthopaedics
- USS guided aspirate performed 29/11/xx
- Underwent DAIR on 30/11/xx
- PICC line inserted 3/12/xx
- TTE completed 3/12/xx
- Reviewed by infectious disease team while on ward
- Reviewed by allied health team and optimised for discharge

Operation report
OPERATION: Right Revision Total Hip Replacement: Debridement, Exchange of Modular Components (DAIR)

FINDINGS:
THR for NOF 18 months ago
Confirmed staph aureus on aspirate

PROCEDURE DETAILS:
GA, IV Abs, Lateral

Posterior approach
Superficial to fascia no evidence of infection
Purulence under fascia in joint
Oxford samples
++debridement of diseased tissue
Versajet
Hip dislocated
Poly removed
versajet
++irrigation
bactisure
Re-prep/drape
Poly replaced
Stryker v40 36+5 head placed
locking mechanism checked
Stimulan beads
Closure 1 PDS, 2-0PDS, PICO

Microbiology report 29/11/xx
R hip synovial fluid
Moderate growth of staphylococcus aureus

Microbiology report 30/11/xx
Tissue joint – hip – right – Oxford Pot
Scanty growth of Staphylococcus aureus

	TWELFTH EDITION	THIRTEENTH EDITION
Definitions	**ACS 1904 OVERVIEW** … Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria: … • Conditions classified to T82–T85 for complications related to prosthetic devices, implants or grafts (eg mechanical complications, haematoma, pain, stenosis following insertion of prosthetic devices) (see Example 3)	**CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST** **9.5 CAUSAL RELATIONSHIP TERMINOLOGY** 9.5.2 Connecting terms such as 'following', 'post' or 'after' (written or implied by similar terms) infer a temporal relationship (relating to time) or sequence of events, or co-occurrence of concepts (see Example 42). **9.5.3** A causation relationship is clearly established where: • the causal relationship is stated by the clinician **or** • the clinical diagnosis or context/event clearly infers an exclusive causation relationship (that is the complication would not have occurred in the absence of the causing condition or external causes such as an intervention complication) **or** • the classification links two concepts by the Alphabetic Index (see *Conventions used in the ICD-10-AM Alphabetic Index/9. Special Terminology)*, an Australian Coding Standard or by National Coding Advice.
Abstraction	There is no causal relationship stated by the clinician between the septic arthritis and joint prosthesis insertion. There is no other documented cause of septic arthritis, and no documented uncertainty about the cause of septic arthritis. The term 'septic arthritis' (rather than clinically accepted terminology 'peri-prosthetic joint infection (PJI)') is documented as principal diagnosis, possibly due to a limitation in the drop-down list options available in the electronic discharge summary system. This is an example of ambiguous documentation, because the terminology 'septic arthritis' is usually used for native joints, not prosthetic joints. Despite this, 'septic arthritis' in a prosthetic joint, with 'confirmed staph aureus on aspirate', is synonymous with 'infection at site of implant'.	

Assessment of causation relationship	Inconsistent interpretation of ACS 1904 and the Alphabetic Index to decide whether a causal relationship has been established.	The classification provides the following Index pathway at ***Complication(s)****/postprocedural* and a causal link may be assumed: **Complication(s)/postprocedural** - infection, surgical (wound) - - at site of device, implant or graft – *see Complication(s)/infection/device, implant or graft* 'Septic arthritis' in a prosthetic joint, with documented 'confirmed staph aureus on aspirate' is deemed synonymous with 'infection at site of implant'.
Code assignment	Inconsistent coding practice **a)** M00.05 *Staphylococcal arthritis and polyarthritis, pelvic region and thigh* or **b)** T84.5 *Infection and inflammatory reaction due to internal joint prosthesis* M00.05 *Staphylococcal arthritis and polyarthritis, pelvic region and thigh* B95.6 *Staphylococcus aureus as the cause of diseases classified to other chapters* Y83.1 *Surgical operation with implant of artificial internal device* Y92.23 *Health service area, not specified as this facility* U73.8 *Other specified activity*	Assign: T84.5 *Infection and inflammatory reaction due to internal joint prosthesis* M00.05 *Staphylococcal arthritis and polyarthritis, pelvic region and thigh* B95.6 *Staphylococcus aureus as the cause of diseases classified to other chapters* Y83.17 *Surgical operation with implant of orthopaedic internal device* Y92.23 *Health service area, not specified as this facility* U73.89 *Other specified activity, NEC* Note: M00.05 is assigned as it provides specificity of the condition 'septic arthritis'. If 'peri-prosthetic joint infection' had been correctly documented in this episode instead of 'septic arthritis', then T84.5 B95.6 would be assigned rather than T84.5 M00.05 B95.6.

Example 12b: Phlebitis along the cannula insertion site

Progress notes

Nursing
30/04/20xx 07:19
Phase 1. RUG 4. AKPS 60.
Care of patient taken over at 2100hrs.
Alert and orientated.
Independent with ADL's and toileting.
Pt appears to have slept well overnight.
This morning pt reports his sleep was intermittent.
Pt reports bowels opened Type 4 medium amount overnight.
Nil issues or concerns.
Medical
30/04/20xx 13:17
Palliative care review noted many thanks
1. Multifactorial abdominal symptomology - incomplete BO, ?colitis/diverticulitis (although CRP 13) plus ascites.
- ?GI blood loss (history does not sound like biliary colic, I note the gallstone but this is not the primary issue)
2. Progression of disease (oedema, ascites) with functional decline
- Metoclopramide tds pre meals.
-CA 19-9 increased to 39000
3. Anaemia
- Transfused 2 units packed red cells.
- PPI not started given his history of Vasculitis. If he has evidence of GI bleeding suggest he have H2 antagonist instead.
- On the same line, I have not started Dexamethasone for fatigue.
4. overflow diarrhoea
- Given PR suppositories and 2 coloxyl/senna nocte with small amount of BO
- Movicol prn.
- If using more analgesia consider regular - not for Targin given LFTs, just SR oxycontin
HB 87

CRP 35
EGFR 89
K 4.3
Mr X is clinically stable
Alert and oriented.
No respiratory or urinary symptoms
Bowel open , no significant diarrhea
There is small tender lesion along the cannula insertion likely phlebitis
OBS within normal limits
LFT obstructive derangement
Plan:
-warm compress/heat pack over the phlebitis area
-Continue A/H input
-Outpatient oncology F/U
-Aiming Dc 24-48 hours
-UEC man

	TWELFTH EDITION	THIRTEENTH EDITION

Definitions	**ACS 1904 OVERVIEW**
	…
	Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria:
	• Conditions classified to T82–T85 for complications related to prosthetic devices, implants or grafts
	(eg mechanical complications, haematoma, pain, stenosis following insertion of prosthetic devices)
	(see Example 3)
	For a medical condition occurring during or following insertion of prosthetic devices but not classified to T82–T85, see *Intraoperative/postoperative medical conditions* below.
	
	ACS 1904/Routine 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).
	Routine postoperative care includes:
	• prescribing analgesic medication (eg for pain in the operative site)
	• wound cleansing, elevation, application of ice or other care for minor wound problems (eg swelling, wound ooze, serous exudate and erythema (redness) of skin surrounding the wound)
	• re-siting or removing intravenous cannulas or other care for minor catheter related conditions (eg slowing or stopping of the infusion, oedema, redness and/or tissuing at the insertion site, taut or stretched skin, leaking or dislodged intravenous catheter without infection or major tissue damage, or when a catheter/device is inadvertently or intentionally removed requiring replacement)
	• monitoring or dressing or other care of drainage tubes, stomas or other devices.
		CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST
		9.5 CAUSAL RELATIONSHIP TERMINOLOGY
		9.5.3 A causation relationship is clearly established where:
		• the causal relationship is stated by the clinician **or**
		• the clinical diagnosis or context/event clearly infers an exclusive causation relationship (that is the complication would not have occurred in the absence of the causing condition or external causes such as an intervention complication) **or**
		• the classification links two concepts by the Alphabetic Index (see *Conventions used in the ICD-10-AM Alphabetic Index/9. Special Terminology)*, an Australian Coding Standard or by National Coding Advice.
		
		Glossary for ACS
		Routine postoperative care includes:
		• maintenance and care of intravenous (IV) access (**without** a complication eg infection, phlebitis, or extravasation injury) such as:
		  • resiting or removing IV cannulas (eg for leaking or dislodged IV catheter, patient discomfort, oedema, redness, tissuing, or stretched skin at the insertion site)
		  • readjustment or change of IV catheter securement devices (splints) and/or dressings
		  • adjustment of IV infusion rates (for slowed or stopped infusion)
		  • other IV access site care (eg site hygiene, flushing, change of extension sets, elevation of limb, application of warm or cool compress)

Clinical	Phlebitis is a sign of vessel damage. The cause can be chemical (due to the osmolarity of the solution), mechanical (from trauma at insertion or movement) or infective (microorganisms contaminating the device) (Nursing guidelines : Management of Midline and Peripheral Intravenous Catheters). Sometimes antibiotics are used to treat phlebitis and thrombophlebitis.	

Abstraction	There is no explicit causal relationship stated between the phlebitis and vascular catheter. The diagnosis 'phlebitis' is documented by a medical officer and is described as being located 'along the canula insertion' i.e., **at the site of the device**. There is no other documented cause of phlebitis; and no documented uncertainty about the cause of phlebitis.	

Does the complication meet criteria for coding?	Differing interpretations on whether phlebitis should be coded.
	
	Warm compress for phlebitis may, or may not, be interpreted as routine postoperative care for ACS 1904/Routine postoperative care definition: '*other care for minor catheter related conditions*'.
		Yes, it meets ACS 0002 because:
		• there was commencement of therapeutic treatment (*Directive 1.1.1*), and
		• warm compress is only considered 'routine' care when there **isn't** a complication present (Glossary).
		
		1.1 Commencement, alteration or adjustment of therapeutic treatment
		Directive(s)
		1.1.1 Assign an additional diagnosis code for a condition that requires commencement, alteration or adjustment of therapeutic treatment (see Examples 1, 2, 4, 5, 9, 19, 21 and 24).
		Exception(s)
		…
		2. Do not assign an additional diagnosis code for a condition arising during an intervention or in the post interventional (postoperative) period that are a natural or expected event managed by routine postoperative care (eg pain; swelling; wound ooze; erythema) (see Glossary*: Routine postoperative care)* (see Example 8).
		Glossary for ACS
		Routine postoperative care includes:
		• maintenance and care of intravenous (IV) access (without a complication eg infection, phlebitis, or extravasation injury) such as:
		  • resiting or removing IV cannulas (eg for leaking or dislodged IV catheter, patient discomfort, oedema, redness, tissuing, or stretched skin at the insertion site)
		  • readjustment or change of IV catheter securement devices (splints) and/or dressings
		  • adjustment of IV infusion rates (for slowed or stopped infusion)
		  • other IV access site care (eg site hygiene, flushing, change of extension sets, elevation of limb, application of warm or cool compress)

Assessment of causation relationship	Inconsistent interpretation of ACS 1904 and the Alphabetic Index to decide whether a causal relationship has been established.	A causal relationship is assumed per ACS 1904 *Directive 1.2*: 1.2 Assume a causal relationship for a condition listed as a subterm under ***Complication(s)****/postprocedural* (see Alphabetic Index *Note*) Alphabetic Index: **Complication(s)** - postprocedural - - phlebitis, peripheral (IV) line site T82.75

Code assignment	Inconsistent coding practices **a)** don't code phlebitis based on rationale that warm compress is considered routine postoperative care for a 'minor catheter related condition' **b)** code phlebitis T82.75 *Infection and inflammatory reaction due to peripheral vascular catheter* I80.40 *Phlebitis and thrombophlebitis of vessels of upper extremities, NEC* Y84.8 *Other medical procedures* Y92.24 *Health service area, this facility* U73.8 *Other specified activity* or I80.40 *Phlebitis and thrombophlebitis of vessels of upper extremities, NEC* Z96.8 *Presence of other specified functional implants*	Assign: T82.75 *Infection and inflammatory reaction due to peripheral vascular catheter* I80.40 *Phlebitis and thrombophlebitis of vessels of upper extremities, NEC* Y84.09 *Medical procedure on cardiovascular system, NEC* Y92.24 *Health service area, this facility* U73.89 *Other specified activity, NEC* Note: I80.40 is assigned per the Instructional note at T82.75: '*Use additional code (Chapter 1-18) to identify condition*,' because it adds specificity of the condition (phlebitis).

Example 12c: Cellulitis around cannula insertion site (Cellulitis meets ACS 0001 or 0002)

	TWELFTH EDITION	THIRTEENTH EDITION
Definitions	**ACS 1904 OVERVIEW** … Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria: • Conditions classified to T82–T85 for complications related to prosthetic devices, implants or grafts (eg mechanical complications, haematoma, pain, stenosis following insertion of prosthetic devices) (see Example 3)	**CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST** **9.5 CAUSAL RELATIONSHIP TERMINOLOGY** **9.5.3** A causation relationship is clearly established where: • the causal relationship is stated by the clinician **or** • the clinical diagnosis or context/event clearly infers an exclusive causation relationship (that is the complication would not have occurred in the absence of the causing condition or external causes such as an intervention complication) **or** • the classification links two concepts by the Alphabetic Index (see *Conventions used in the ICD-10-AM Alphabetic Index/9. Special Terminology)*, an Australian Coding Standard or by National Coding Advice.
Abstraction	There is no explicit causal relationship stated between the cellulitis and vascular catheter. There is no other documented cause of cellulitis; and no documented uncertainty about the cause of cellulitis.	
Assessment of causation relationship	Inconsistent interpretation of ACS 1904 and the Alphabetic Index to decide whether a causal relationship has been established.	IHACPA feedback to ITG representatives: The Index entry: ***Complication(s)****/postprocedural/infection/at site of device, implant or graft* allows for assumption causation where there is infection at the specific site of device, implant or graft, unless another cause other than an intervention complication is specified or it is clear from the clinical context that the infection is not related (where there is pre existing infection or where the infection is not at the device, implant or graft site). Convention 9.5.3 is applicable because the classification links the device with infection at the site of device.

Code assignment	Inconsistent coding practice: **a)** T82.75 *Infection and inflammatory reaction due to peripheral vascular catheter* L03.12 *Cellulitis of upper limb* Y84.8 *Other medical procedures* Y92.24 *Health service area, this facility* U73.8 *Other specified activity* or **b)** L03.12 *Cellulitis of upper limb* Z96.8 *Presence of other specified functional implants*	Assign: T82.75 *Infection and inflammatory reaction due to peripheral vascular catheter* L03.12 *Cellulitis of upper limb* Y84.09 *Medical procedure on cardiovascular system, NEC* Y92.24 *Health service area, this facility* U73.89 *Other specified activity, NEC* Note: L03.12 is assigned per the Instructional note at T82.75: '*Use additional code (Chapter 1-18) to identify condition*,' because it adds specificity of the condition (cellulitis).

13. Complication due to internal device, implant or graft

- An exception has been added to ACS 1904 *Complications of surgical and medical care* to clarify when codes from T82-T86 are assigned:

Exception(s)

1. **Do not** assign a code from block T82–T86 for a condition that is due to an accompanying intervention and not related to the insertion of an internal device, implant or graft (see Examples 4 and 7). Codes in block T82–T86 are used to indicate that the complication is due to an internal device, implant or graft.

Example 13: Wound haematoma post knee arthroplasty (haematoma meets ACS 0001 or 0002)

TWELFTH EDITION	THIRTEENTH EDITION
Assign: T84.81 *Haemorrhage and haematoma following insertion of internal orthopaedic prosthetic devices, implants and grafts* Y83.1 *Surgical operation with implant of artificial internal device* Y92.23 *Health service area, not specified as this facility* U73.8 *Other specified activity*	Assign: T81.0 *Haemorrhage and haematoma complicating a procedure, NEC* (The complication is not related to the device itself, so T84.81 is not appropriate). Y83.17 *Surgical operation with implant of orthopaedic internal device* Y92.23 *Health service area, not specified as this facility* U73.89 *Other specified activity, NEC*

14. Transplant complications

- Transplant failure and rejection continues to be classified to T86 *Failure and rejection of other complications of transplanted organs and tissues.* The inactivation of T86.89 *Other complications of transplanted organs and tissues, NEC* along with the following newly created *Excludes* note:

  ICD-10-AM TABULAR LIST
  COMPLICATIONS OF DEVICES, IMPLANTS AND GRAFTS
  (T82-T86)

  Includes: artificial device, implant or graft
  tissue graft

  Excludes: complications from transplant interventions other than failure and rejection (T81.-)

  clarifies that in 13th Edition, **every type of transplant complication (other than failure/rejection)** is to be classified to **T81 *Complications of procedures, NEC*** (rather than to graft complication (T82-T85)). The external cause code will provide specificity of the transplant procedure.

- When searching for the appropriate complication code (for failure/rejection; or any other type of transplant complication), **always** start directly at the Index entry:

  Complication(s)*/organ or tissue transplant*, rather than the Index entry for the specific type of complication e.g., ***Complication(s)****/stenosis*.

- See FAQ 5 asking why additional Index entries haven't been created under ***Complication(s)****/organ or tissue transplant* to avoid the need for multiple new *Excludes* notes at T81.89.

Example 14: Hepatic vein anastomotic stricture following liver transplant (stricture meets ACS 0001 or 0002)

	TWELFTH EDITION	THIRTEENTH EDITION
Definitions	**ACS 1904** Qualifying terms such as 'intraoperative', 'postoperative' or 'postprocedural' may be documented in the clinical record, however these terms may only refer to the timing of an event that occurred during, or after, the procedure. Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria: • Certain conditions where the relationship is inherent in the diagnosis (eg infection or bleeding of a surgical wound, stoma or anastomosis, wound dehiscence, transfusion related acute lung injury)	**CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST** **9.5 CAUSAL RELATIONSHIP TERMINOLOGY** 9.5.2 Connecting terms such as 'following', 'post' or 'after' (written or implied by similar terms) infer a temporal relationship (relating to time) or sequence of events, or co-occurrence of concepts (see Example 42). **9.5.3** A causation relationship is clearly established where: • the causal relationship is stated by the clinician **or** • the clinical diagnosis or context/event clearly infers an exclusive causation relationship (that is the complication would not have occurred in the absence of the causing condition or external causes such as an intervention complication) **or** • the classification links two concepts by the Alphabetic Index (see *Conventions used in the ICD-10-AM Alphabetic Index/9. Special Terminology)*, an Australian Coding Standard or by National Coding Advice.

Abstraction	The term 'following' is documented (i.e., timing, not necessarily causal relationship). There is no other documented cause of stricture; and no documented uncertainty about the cause of stricture.	
Assessment of causation relationship	An anastomosis is a surgical connection between tubular structures, such as blood vessels or intestines. There is an inherent relationship between an 'anastomotic' condition and the anastomosis procedure and a documented causal link is not required.	An anastomosis is a surgical connection between tubular structures, such as blood vessels or intestines. The clinical diagnosis 'anastomotic stricture' clearly infers an exclusive causation relationship because there is an inherent relationship between an 'anastomotic' condition and the anastomosis procedure. The presence of the subterm 'stenosis' at Index entry ***Complication(s)****/postprocedural* (where causal link may be assumed) supports this logic.
Code assignment	Inconsistent practice for complication code assignment because there are two valid options: **a)** T82.84 *Stenosis following insertion of cardiac and vascular prosthetic devices, implants and grafts* or **b)** T86.89 *Other complications of transplanted organs and tissues, NEC* I87.1 *Compression of vein* T82.84 was the recommended choice at the time this query was reviewed by WACCA, based on draft 13th Edition proposals current at that time, where *transplanted organ(s), tissues or cells* were listed as a type of graft in the *Includes* note at T82-T86. Inconsistent practice for external cause code assignment: Y83.06 *Liver transplant* or Y83.2 *Surgical operation with anastomosis, bypass or graft* Y92.23 *Health service area, not specified as this facility* U73.8 *Other specified activity*	When searching for a complication code for any transplant complication, start at Index entry: **Complication(s)** - organ or tissue transplant (graft) (partial) (total) NEC rather than the specific type of complication e.g., Complication/stenosis. Alphabetic Index: **Complication(s)** - organ or tissue transplant (graft) (partial) (total) NEC T81.89 - - disruption of operation wound T81.3 - - embolism T81.7 - - failure or rejection NEC T86.88 - - - bone T86.84 - - - - marrow T86.0 - - - corneal T86.85 … - - - stem cell T86.5 - - - - from bone marrow T86.0 - - fistula (persistent) NEC T81.82 - - haemorrhage and haematoma T81.0 - - infection wound T81.4 In the Tabular List, T81.89 *Other complications of a procedure, not elsewhere classified* has the following *Excludes* notes: ***Excludes***: circulatory system complication due to procedure NEC (T81.7) digestive system complication due to procedure NEC (T81.87) genitourinary system complication due to procedure NEC (T81.88) nervous system complication due to procedure NEC (T81.85) respiratory system complication due to procedure NEC (T81.86) Follow the *Excludes* note to assign T81.7 *Circulatory system complications due to a procedure, NEC* Assign also I87.1 *Compression of vein* per the '*Use additional code (Chapter 1-18) to identify condition'* instructional note at T81.7. I87.1 *Compression of vein* adds specificity of the condition (compression) and is therefore eligible to be assigned, per ACS 1904 *Directive 1.3*. Y83.06 *Liver transplant* (per *Excludes* note at Y83.2) Y92.23 *Health service area, not specified as this facility* U73.89 *Other specified activity, NEC*

15. ACS 1904 Miscellaneous examples

Example 15a: Chyle leak secondary to axillary lymph node dissection (chyle leak meets ACS 0001 or 0002)

	TWELFTH EDITION	THIRTEENTH EDITION

Definitions	**ACS 1904**
	Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria:
	• Documentation clearly states that the condition arose as a complication of the procedure (the terms 'secondary to' or 'due to' infer a causal relationship in contrast to terms such as 'postop', 'following' or 'associated with')
		CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST
		9.5 CAUSAL RELATIONSHIP TERMINOLOGY
		9.5.1 Connecting terms such as 'secondary to', 'due to' or 'as a result of' (or similar or synonymous terms or phrases) infer a cause and effect relationship between a condition and:
		• another condition **or**
		• an external cause such as:
		  • an adverse effect of drugs or substances
		  • an unintentional event
		  • another complication of a healthcare intervention
		  • other injury mechanisms

Abstraction	The terms 'secondary to' are documented.	
Assessment of causation relationship	'Secondary to' infers a causal relationship between the condition (chyle leak) and the procedure (axillary lymph node dissection).	'Secondary to' infers a cause and effect relationship between the condition (chyle leak) and the healthcare intervention (axillary lymph node dissection).
Code assignment	Assign: I97.89 *Other intraoperative and postprocedural disorders of circulatory system, not elsewhere classified* via Alphabetic Index: **Complication(s)** … - circulatory - - intraoperative or postprocedural - - - specified NEC I97.89 ACS 1904 instructs: *Where a condition is not related to a prosthetic device, implant and graft and it is related to a body system, assign an appropriate code from the body system chapter* … *Assign an additional diagnosis code from Chapters 1 to 18 where it provides further specificity regarding the condition/complication* There is no Index entry for chyle leak; therefore, an additional diagnosis code from Chapters 1 to 18 is not assigned. Inconsistent practice for external cause code: Y83.6 *Removal of other organ (partial) (total)* OR Y83.8 *Other surgical procedures* Y92.23 *Health service area, not specified as this facility* U73.8 *Other specified activity*	Assign: T81.7 *Circulatory system complications due to a procedure, not elsewhere classified* Y83.85 *Surgical procedure on blood and blood-forming organs* ACS 1904 *Directive 1.3* and the *Instructional* note '*Use additional code (Chapter 1-18) to identify condition'* at T81.7 instructs Coders to assign an additional code only if it adds specificity of the condition (not for anatomical site). There is no Index entry for chyle leak; therefore, an additional diagnosis code from Chapters 1 to 18 is not assigned. External cause code Y83.6 has been inactivated in 13th Edition. Dissection of lymph node is classified to ACHI Chapter 9 *Procedures on blood and blood-forming organs*. Therefore, assign external cause code: Y83.85 *Surgical procedure on blood and blood-forming organs* per Alphabetic Index: **Complication(s)** (from) (of) - blood (blood forming organ) procedure - - surgical Y83.85 Y92.23 *Health service area, not specified as this facility* U73.89 *Other specified activity, NEC*

Example 15b: Pressure injury from nasal prong

Newborn with transient tachypnoea of the newborn administered oxygen therapy via nasal prong. During admission, stage II pressure injury of nasal septum was identified, and a wound management plan was commenced. Discharge summary stated the pressure injury was from nasal prong.

	TWELFTH EDITION	THIRTEENTH EDITION
Definitions	**ACS 1904** Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria: • Documentation clearly states that the condition arose as a complication of the procedure (the terms 'secondary to' or 'due to' infer a causal relationship in contrast to terms such as 'postop', 'following' or 'associated with') An unintentional event (previously termed misadventure) is defined as injury or harm caused during medical or surgical care. An unintentional event may be identified at the time of the procedure or after completion of the procedure. **ACS 1221** Mucosal membrane pressure injuries: • are not classified to L89.- *Pressure injury* as they do not occur in skin and subcutaneous tissue. See Alphabetic Index: *Ulcer/by site* • are complications of medical devices. See ACS 1904 *Procedural complications/Classification of procedural complications (Diagnosis codes)/Complications classified to T80–T88.*	**CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST** **9.5 CAUSAL RELATIONSHIP TERMINOLOGY** **9.5.1** Connecting terms such as 'secondary to', 'due to' or 'as a result of' (or similar or synonymous terms or phrases) infer a cause and effect relationship between a condition and: • another condition **or** • an external cause such as: ▪ an adverse effect of drugs or substances ▪ an unintentional event ▪ another complication of a healthcare intervention ▪ other injury mechanisms **ACS 1904** Unintentional events (iatrogenic) (misadventure) that are defined as injury or harm caused during surgical or medical care and may be identified as an incident at the time of the intervention or after completion of the intervention. **ACS 1221** Mucosal membrane pressure injuries do not occur in skin and subcutaneous tissue and are complications of medical devices… Do not assign a code from category L89 *Pressure injury* for mucosal membrane pressure injuries — follow the Alphabetic Index: *Ulcer/by site*.
Abstraction	The term 'from' is documented.	
Assessment of causation relationship	While ACS 1904 did not specify 'from' as a term inferring a causal relationship, most Coders interpreted that documentation of 'pressure injury from nasal prong' is an explicit causal link.	'From' is considered a connecting term (Convention 9.5.1). In addition, IHACPA has developed a terminology table as a guide to assist Coders where the classification does not provide a causal link between a condition and an intervention. In this table, the term 'from' is listed as a term indicating cause and effect. This is also consistent with Example 7 of ACS 1904 (shoulder pain *from* laparoscopy)
Code assignment	Assign: T85.88 *Other complications of internal prosthetic device, implant and graft, not elsewhere classified* J34.0 *Abscess, furuncle and carbuncle of nose* via Alphabetic Index: **Complication(s)** - respiratory - - device, implant or graft - - - specified NEC T85.88 **Ulcer, ulcerated, ulcerating, ulceration, ulcerative** - nose, nasal (infective) (passage) (septum) J34.0	Assign: T85.88 *Other complications of internal device, implant and graft, not elsewhere classified* J34.0 *Abscess, furuncle and carbuncle of nose* via Alphabetic Index: **Complication(s)** - respiratory - - device, implant or graft - - - specified NEC T85.88 **Ulcer, ulcerated, ulcerating, ulceration, ulcerative** - nose, nasal (infective) (passage) (septum) J34.0 J34.0 is assigned per ACS 1904 *Directive 1.3* and *Use additional code (Chapter 1-18) to identify*

J34.0 is assigned following ACS 1904 instruction:

Assign an additional diagnosis code from Chapters 1 to 18 where it provides further specificity regarding the condition/complication.

Y65.8 *Other specified unintentional events during surgical and medical care*

via Alphabetic Index:
Unintentional event(s)
- specified type NEC Y65.8

Y92.24 *Health service area, this facility*
U73.8 *Other specified activity*

condition note at T85.88 to add specificity for the condition.

Y65.89 *Other specified unintentional events during surgical and medical care*

via Alphabetic Index:
Unintentional event(s) (during surgical and medical care)
- due to device
- - without breakdown or malfunction NEC Y65.89

Y92.24 *Health service area, this facility*
U73.89 *Other specified activity, NEC*

Example 15c: Haematuria, pain, and UTI in patient with long-term indwelling catheter (while undergoing radiotherapy for cervical cancer)

Discharge summary
Admission date 28/10/xx
Discharge date 30/10/xx
Principal Diagnosis **GENITO-URINARY - HAEMATURIA**
Complications **Periurethral pain**
Clinical Synopsis Information
PRESENTING HISTORY:
OBSTETRICS / GYNAECOLOGICAL (Patient Expect: KNOWN CERVICAL CA, UNDERGOING TREATMENT. PV BLEEDING, WITH TACHYCARDIA. WILL NEED FULL ASSESSMENT, COMING FROM RAD ONC CLINIC}. PT DUE FOR RADIOTHERAPHY AT 1300 TODAY. CURRENTLY USING X1 REGULAR PAD W/ X1 CLOT. O/E: ALERT,INTERACTIVE, HR 90/MIN, RR 20/MIN, CRT <2SECS
B/G of Stage IIIC cervical SCC presented with vaginal pain from IDC and haematuria
Recent 7-day admission under Med Onc XX with UTI and severe PV bleed, discharged 15th Oct
PICC Line and UC in situ for 12 weeks during CRT
HxPC:
- Reports new onset pain associated with indwelling UC for 3/7, 8/10, associated discharge, worsened on defecation
- Ongoing hematuria into UC bag with stringy clots described over 3/7
- PV bleeding, small circular penny sized clots on wiping over 3/7
- Attended ED on 26th Oct (2/7 ago) for above, left prior to finalization of ED review
- Represented today due to worsening of described sx
- Describes intermittent dizziness and lethargy since presenting ED, present when lying in ED Bed
- Describes mild lower back pain for 2/7, managed with simple analgesia
- Nil CP, SOB, palpitations, subjective fever
On review by oncology team:
Ongoing stinging pain around site of catheter - urethra
IDC changed yesterday - pain on insertion
Commenced on Augmentin IV for UTI
Due for chemo today
Ongoing radiotx - 11/25 fractions to cervix
Patient keen for TOV but informed that there's a high likelihood of re-insertion due to ongoing radiotx
IDC initially planned to remain for 12/52. Pt able to manage catheter at home
Onco hx:
1. Stage IIIC cervical SCC (HPV associated).
1. Histopathology; cervical squamous cell carcinoma, grade 3, HPV associated.
1.2 For concurrent chemoradiotherapy with weekly cisplatin
PMHx: Appendectomy
Allergies: Amoxicillin
Meds:
1. Pantoprazole 20mg - ceased
2. Mg supplements 1tab BD
3. Phosphate supplements 1 tab BD
4. TXA 1g TDS - ceased
5. Nystatin 100,000 units 1ml QID
O/E:
ADDS 2 - HR 95, BP 94/60, on RA, afebrile overnight
IDC in situ - draining well (dark yellow urine, Nil haematuria)

Abdo SNT
Nil LL oedema
Ix:
1. UA: Blood + leucocytes
2. Urine MCS: pending

Issues:
1. Anaemia - secondary to haematuria (resolved)
2. Urethral Pain
3. Hypokaelaemia
Plan:
1. For d/c after chemo
2. d/c with Augmentin 875/125mg BD x5/7 + Lignocaine gel
3. Repeat bloods on d/c Monday - form with pt
7. f/u in onc OPD next Tuesday (05/10/2024)
8. SURC f/u for PV swab and Blood cultures
CONSULTATIONS:ONCOLOGY

Progress notes
MEDICAL 28/10/20xx 5:06PM

Med Onc admission from ED - xx (Reg), xx (RMO)
Known to cons Dr. xx
b/g of Stage IIIC cervical SCC presented with vaginal pain from IDC and haematuria
HxPC:
Pain around site of catheter - urethra
Last IDC change 15/10/20xx
Changed catheter bag today - usually x2/7
Pain wakes pt up at night - oxycodone helps
Some relief with oxycodone 5mg in ED
5mg oxycodone on Sat and 5mg on Sunday
Phosphate causing diarrhoea
Not taking TXA now
Only some PV spotting today, clot over weekend
Chemo due 29/10/20xx and daily radiation
Cisplatin C2D1 22/10/20xx
PMHx: Appendectomy
Allergies: Amoxicillin
Meds:
1. Pantoprazole 20mg - pt not taking, nil reflux sx
2. Mg supplements 1tab BD
3. Phosphate supplements 1 tab BD
4. TXA 1g TDS - has not been taking as not bleeding
5. Nystatin 100,000 units 1ml QID

O/E:
ADDS 1 - HR 85,BP 105/65, RR 17, on RA,
IDC in situ attached to leg bag - draining well, Nil haematuria
Abdo SNT
Nil LL oedema
Ix:
1. Bloods: Hb 96 (baseline 80-90), MCV 90, Lympocytes 0.28, Neuts 7.10, CRP 72, K+ 3.4
2. Iron studies: (10/10/24) Iron 11, Transferrin sats 29%
3. UA: pending
4. Urine MCS: pending
Issues:
1. Anaemia - secondary to haematuria (?TXA)
2. Urethral Pain
3. Hypokaelaemia
ED mgt:
1. 1.5L NaCl 0.9%
2. STAT 5mg oxycodone IR
Plan:
1. Admit under med onc consultant Dr xx - list for ward xx bed as due chemo 29/10/20xx
2. Add CMP to today's bloods
3. r/w electrolytes tomorrow ?consider need for phosphate supps in light of diarrhoea
4. Repeat bloods mane
5. Replace potassium
6. Chase vaginal swabs

7. UA + Urine MCS
8. Regular meds charted
9. VTE prophylaxis - TEDs in view of bleeding
10. Trial lignocaine gel
11. Change IDC

MEDICAL 28/10/20xx 6:54PM
Nurses successful at changing IDC in ED
UA- positive for Nitrites
Previous Urine MCS reviewed 10/10/xx - E. coli resistant to amox and trimethoprim; sensitive to Augmentin
IV augmentin charted
Have updated med onc reg on call

MEDICAL 28/10/20xx 7:34PM
EMERGENCY DEPT REVIEW - Dr xx (RMO)
Stage IIIC cervical SCC undergoing chemoradTx with ongoing PV bleeding, tachycardia, pain associated with UC
Recent 7-day admission under Med Onc with UTI and severe PV bleed, discharged 15th Oct
PICC Line and UC in situ for 12 weeks during CRT
HxPC:
- Reports new onset pain associated with indwelling UC for 3/7, 8/10, associated discharge, worsened on defecation
- Ongoing hematuria into UC bag with stringy clots described over 3/7
- PV bleeding, small circular penny sized clots on wiping over 3/7
- Attended ED on 26th Oct (2/7 ago) for above, left prior to finalization of ED review
- Represented today due to worsening of described sx
- Describes intermittent dizziness and lethargy since presenting ED, present when lying in ED Bed
- Describes mild lower back pain for 2/7, managed with simple analgesia
- Nil CP, SOB, palpitations, subjective fever
PMHx:
- HPV associated stage 3 cervical SCC with bilateral pelvic lymphadenopathy
- Undergoing concurrent CRT with weekly cisplatin since 15th Oct
- E coli associated UTI 10th Oct
- Treated with course IV Taz and PO Augmentin
- Obstructive Uropathy secondary to Ca mass effect
- UC in situ since 10th Oct, to stay in for CRT treatment
- Severe PV bleed (Hb-63) with hypotension requiring 4units RBC on 10th Oct as inpatient under MedOnc
- Hb-91 on 22nd Oct

MEDS:
Prescribed PRN Oxycodone and TXA
Reports rash from amoxicillin as child
- administered Taz and Augmentin for UTI 2/52 ago, nil issues report
ON EXAMINATION:
- On arrival: tachycardia 118, BP 105/50, otherwise well, nil fevers nor resp distress
- On review: HR 100, BP 106/65, nil other changes
- Abdo soft, tender on deep palpation of umbilical region
- Nil renal angle tenderness
- Pelvic examination with consent and female chaperone present
- White, non-offensive discharge visualised
- Speculum examination not performed due to cervical lesion and described pain from pt
- Swabs taken with consent
- UC in situ, clear non-cloudy urine in bag, draining well
- No evidence inflammation at PICC line site

INVESTIGATIONS:
BLOODS 28TH OCT:
Hb 95
WCC 8
NEUTS 7
CRP 72 (145 on 15th Oct)
K 3.4
Cr 48
Beta HCG- N
Coag- N
BSL-6
Discussed with ED Reg, recommended following:
- Referred to MedOnc on call, kindly agreed to accept
- PICC line Blood C&S sent

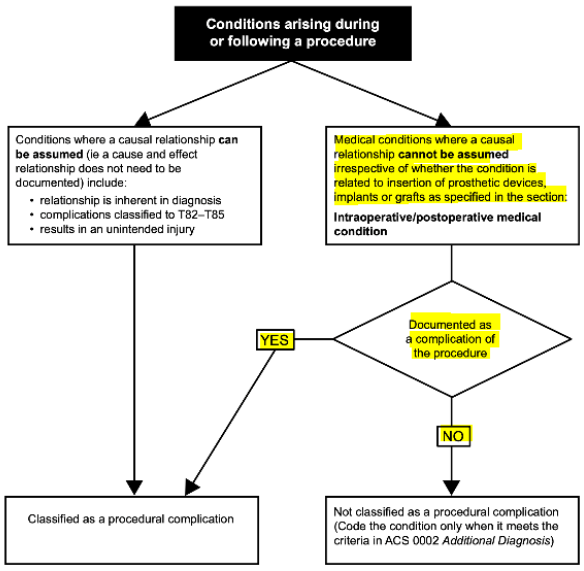
- Group and Save
- Chase pelvic swabs
- 500ml NS over 1hr, then 1L over 8hrs

MEDICAL 29/10/20xx 12:12PM
Medical oncology Team C WR - xx(cons), xx(Reg), xx(RMO)
b/g of Stage IIIC1 cervical SCC presented with vaginal pain from IDC and haematuria
HxPC:
Ongoing stinging pain around site of catheter - urethra
IDC changed yesterday - pain on insertion
Commenced on Augmentin IV for UTI
Due for chemo today
Ongoing radiotx - 11/25 fractions to cervix
Pt has blood form for Monday 4th Oct
Patient keen for TOV but informed that there's a high likelihood of re-insertion due to ongoing radiotx
IDC initially planned to remain for 12/52
Pt able to manage catheter at home
Allergies: Amoxicillin
Meds:
1. Pantoprazole 20mg - ceased
2. Mg supplements 1tab BD
3. Phosphate supplements 1 tab BD
4. TXA 1g TDS - ceased
5. Nystatin 100,000 units 1ml QID
O/E:
ADDS 2 - HR 95 ,BP 94/60, on RA, afebrile overnight
IDC in situ - draining well (dark yellow urine, Nil haematuria)
Abdo SNT
Nil LL oedema
Ix:
1. Bloods: pending
2. UA: Blood + leucocytes
3. Urine MCS: pending
Issues:
1. Anaemia - secondary to haematuria (resolved)
2. Urethral Pain
3. Hypokaelaemia
Plan:
1. Chase PM bloods
2. Transfer to ward xx for Chemo today
3. For d/c after chemo
4. d/c with Augmentin 625mg BD x5/7 + Lignocaine gel
5. Stop TXA
6. Repeat bloods on d/c Monday - form with pt
7. f/u in onc OPD next Tuesday (05/10/2024)

MEDICAL 29/10/20xx 3:26PM
On Chemo in ward xx - has script for dexamethasone 8mg one dose post chemo
PV swab and blood cultures pending
Plan:
1. d/c home after chemo
2. Scripts supplied
- Augmentin 875/125mg BD x5/7
- Lignocaine gel 2% T PRN x1 tube
- Oxycodone 5mg x10 tablets
3. Repeat bloods on d/c Monday - form with pt
4. f/u in onc OPD next Tuesday (05/10/2024) - Dr. xx
5. SURC f/u for blood cultures and PV swab results

MEDICAL 31/10/20xx (post discharge)
Medical oncology cancer centre RMO clinic
Phone follow up post discharge
Urine MCS - Growth of E coli S to Augmentin, Cephalexin, Nitro, Norfloxacin
Patient was on IV augmentin during admission and discharged on PO augmentin.
Reports has been well, some ongoing very slight pain in urethra. Nil fevers, nausea, vomiting, nil flank pain.
Reports was given Augmentin PO to last 5 days at home, however asked whether she can take 10 days due to ongoing RTX and had recent infection in Oct with same bug
Advised UTI treatment in females is generally 7-10 days, hence if she wishes I can supply Abx for a further 5 days. xx happy with this. Has follow up with xx on 5/11.

	TWELFTH EDITION	THIRTEENTH EDITION

Definitions	**ACS 1904 OVERVIEW**
	…
	Conditions described in this way should be assigned procedural complication codes only if they meet the following criteria:
	• Documentation clearly states that the condition arose as a complication of the procedure (the terms 'secondary to' or 'due to' infer a causal relationship in contrast to terms such as 'postop', 'following' or 'associated with')
	(see Examples 1 and 2)
	• Certain conditions where the relationship is inherent in the diagnosis (eg infection or bleeding of a surgical wound, stoma or anastomosis, wound dehiscence, transfusion related acute lung injury)
	• Conditions classified to T82–T85 for complications related to prosthetic devices, implants or grafts (eg mechanical complications, haematoma, pain, stenosis following insertion of prosthetic devices)
	(see Example 3)
	For a medical condition occurring during or following insertion of prosthetic devices but not classified to T82–T85, see *Intraoperative/postoperative medical conditions* below.
	
	ACS 1904 Intraoperative/postoperative medical conditions
	Some conditions, especially medical conditions commonly seen intraoperatively and in the postoperative period, are not solely related to the procedure performed, but are related to the complex interaction between the disease process and the procedure (that is, the cause of the condition is multifactorial). These conditions are not classified as procedural complications unless the causal relationship is clearly documented as per dot point one above.
	 
	
		CONVENTIONS USED IN THE ICD-10-AM TABULAR LIST
		9.5 CAUSAL RELATIONSHIP TERMINOLOGY
		9.5.1 Connecting terms such as 'secondary to', 'due to' or 'as a result of' (or similar or synonymous terms or phrases) infer a cause and effect relationship between a condition and:
		• another condition or
		• an external cause such as:
		  • an adverse effect of drugs or substances
		  • an unintentional event
		  • another complication of a healthcare intervention
		  • other injury mechanisms
		9.5.3 A causation relationship is clearly established where:
		• the causal relationship is stated by the clinician **or**
		• the clinical diagnosis or context/event clearly infers an exclusive causation relationship (that is the complication would not have occurred in the absence of the causing condition or external causes such as an intervention complication) **or**
		• the classification links two concepts by the Alphabetic Index (see *Conventions used in the ICD-10-AM Alphabetic Index/9. Special Terminology)*, an Australian Coding Standard or by National Coding Advice.
		
		9.5.4 Where the cause of a condition is multifactorial or ambiguous, a causal relationship cannot be assumed. Where there is no explicit causal link stated or provided by the Alphabetic Index, look for supplementary wording or other information to provide contextual clarification (see Example 46).
		
		Alphabetic Index Note
		Note: Subterms listed under *Complication(s)/postprocedural* are considered an obvious result of a specific or broader group of clinical interventions where the causal (cause and effect) relationship can be assumed. Do not follow the subterm *postprocedural* where a different cause for the condition is documented in the health care record.

Abstraction	Patient presents with haematuria and urethral pain in the context of:
	• Two recent medical procedures:
	  • indwelling catheter (long term placement)
	  • recent pelvic radiotherapy
	• Recent UTI (treated in previous episode)
	• UTI treated in current episode (confirmed on MSU results received post discharge)
	• Cervical cancer
	
	Haematuria had resolved by time of admission but was one of the reasons occasioning admission. Haematuria was not attributed to UTI nor cervical cancer; nor was it causally linked with catheter or radiotherapy i.e., haematuria remained unaccounted for, plus was listed as the principal diagnosis on the discharge summary. It meets criteria for coding because it occasioned the admission, but also because it caused anaemia 'Anaemia - secondary to haematuria (resolved)' and anaemia itself was managed.
	This documentation indicated a causal relationship between pain and catheter:
	• Medical ward round progress note 12:12PM: 'presented with vaginal pain from IDC… Ongoing stinging pain around site of catheter – urethra'
	• Discharge summary: 'Reports new onset pain associated with indwelling UC for 3/7, 8/10, associated discharge, worsened on defecation'.
	Urethral pain meets criteria for coding because it occasioned the admission plus was managed with catheter change and therapeutic treatment (Lignocaine gel).
	UTI meets criteria for coding because antibiotics were commenced. There was no causal relationship documented between catheter and UTI.

Assessment of causation relationship	**Pain** The documentation 'pain from IDC…. ongoing stinging pain around site of catheter – urethra' is an explicit causal link. There is no documentation elsewhere in the episode stating an alternative cause of pain. UTI has the potential to cause pain, but this does not preclude classification of the documented explicit causal link because the catheter does not have to be the **sole** cause of pain to be classified as a complication. **Haematuria** Haematuria is a sign rather than a condition, but most Coders would apply the 'medical conditions' section of ACS 1904 which requires a documented causal link. There was no causal link documented between haematuria and: catheter, radiotherapy, and/or UTI. Due to lack of documented explanation of cause of haematuria, a clinician query would be warranted to clarify this. **UTI** The 'medical conditions' section of ACS 1904 is applicable, which requires a documented causal link. There was no causal link documented between UTI and catheter. 'Pain at site of device' and 'haemorrhage at site of device' are each listed as subterms under ***Complication(s)****/postprocedural* and therefore each eligible for assumption of causal relationship. **Pain** The documentation 'pain from IDC…ongoing stinging pain around site of catheter – urethra' is an explicit causal link (Convention 9.5.1). There is no documentation elsewhere stating an alternative cause of pain. UTI has the potential to cause pain, but this does not preclude classification of the documented explicit causal link because the catheter does not have to be the **sole** cause of pain to be classified as a complication. **Haematuria** Although a different cause of haematuria isn't documented, the patient's presentation is complex and the cause of haematuria is likely multifactorial (e.g., potentially due to both catheter and UTI; and also exacerbated by radiotherapy), therefore apply Convention **9.5.4:** Where the cause of a condition is multifactorial or ambiguous, a causal relationship cannot be assumed. Due to lack of documentation of cause of haematuria, a clinician query would be warranted to clarify this. **UTI** The classification links urinary catheter and infection (Convention 9.5.3), via Alphabetic Index: **Complication(s)** - infection (surgical wound) - - device, implant or graft NEC - - - catheter NEC - - - - urinary (indwelling) T83.5 However, 'catheter-associated UTI/catheter-related UTI' (CAUTI), without further

		specification, is Excluded at T83.5, redirecting the Coder to assign N39.0, per national Clinical Advisory Group advice received by IHACPA during 13th Edition development.
Code assignment	In the absence of clinician clarification, do not code haematuria as a procedural complication. Assign: R31 *Unspecified haematuria* T83.83 *Pain following insertion of genitourinary prosthetic devices, implants and grafts* Y84.6 *Urinary catheterisation* Y92.23 *Health service area, not specified as this facility* U73.8 *Other specified activity* N39.0 *Urinary tract infection, site not specified* B96.2 *Escherichia coli [E. coli] as the cause of diseases classified to other chapters* C53.9 *Cervix uteri, unspecified* M8085/3 Squamous cell carcinoma, HPV positive C77.5 *Intrapelvic lymph nodes* M8085/6 *Squamous cell carcinoma, HPV positive, metastatic* D50.0 *Iron deficiency anaemia secondary to blood loss (chronic)* E87.6 *Hypokalaemia* 96199-00 [1920] *Intravenous administration of pharmacological agent, antineoplastic agent*	In the absence of clinician clarification, do not code haematuria as a procedural complication. Assign: R31 *Unspecified haematuria* T83.83 *Pain following insertion of genitourinary prosthetic devices, implants and grafts* Y84.61 *Urinary catheterisation* Y92.23 *Health service area, not specified as this facility* U73.89 *Other specified activity, NEC* N39.0 *Urinary tract infection, site not specified* B96.2 *Escherichia coli [E. coli] as the cause of diseases classified to other chapters* C53.9 *Cervix uteri, unspecified* M8085/3 *Squamous cell carcinoma, HPV positive* C77.5 *Intrapelvic lymph nodes* M8085/6 *Squamous cell carcinoma, HPV positive, metastatic* D50.0 *Iron deficiency anaemia secondary to blood loss (chronic)* E87.6 *Hypokalaemia* 96199-00 [1920] *Intravenous administration of pharmacological agent, antineoplastic agent*

16. FAQs submitted to IHACPA

1. Use additional code to identify pulmonary embolism and deep vein thrombosis

T82.82 *Embolism and thrombosis due to insertion of internal cardiac and vascular devices, implants and grafts* (and T83.82, T84.8 and T85.84) instruct to:

> *Use additional code (I26.-) to identify pulmonary embolism*
> *Use additional code (I80.-) to identify deep vein thrombosis*

Could IHACPA please clarify why I26.- and I80.- have '*Use additional code*' instructions, when these codes only provide specificity of the **site** (i.e., the condition, embolism or thrombosis, is already in the T code's description)?

2. Embolism and thrombosis linked to 'device, implant or graft'

Please clarify whether the classification links embolism to a 'device, implant or graft'; and whether it links thrombosis to a 'device, implant or graft'.

Example
Pulmonary embolism post PICC (central line) insertion

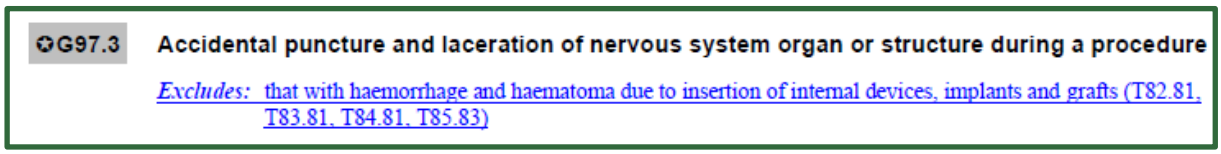
> **Complication(s)**
> - embolism NEC T81.7
> - - - catheter NEC T85.84
> - - - - vascular infusion (central)(peripheral) T82.82

Should 'at the site of device, implant or graft' or 'due to' be added to device embolism and thrombosis Index pathways? If not, any embolism or thrombosis can automatically be assumed to be due to a device using Index Convention 9.2 which states:

> The cause and effect relationship is implied when
> • the Alphabetic Index lists a condition (complication) with an essential modifier that specifies the intervention causing the complication

3. *Excludes* notes at E89.7, G97.3 etc.

IHACPA Education advises that new *Excludes* notes have been added at various subcategories (E89.7, G97.3, H59.1, I97.3 etc.) to 'assist navigation between codes where there are complications with overlapping components':



What are the '*Excludes: that with haemorrhage due to insertion of device'* notes at E98.7, G97.3, H59.1, I97.3 etc. specifically aiming to achieve?

Example 1
Patient admitted for knee arthroplasty. During procedure, a nerve was unintentionally lacerated prior to prosthesis insertion. Laceration repaired. Remainder of arthroplasty uneventful. In the postoperative period, imaging identified haemarthrosis, which was documented as unrelated to the nerve laceration.

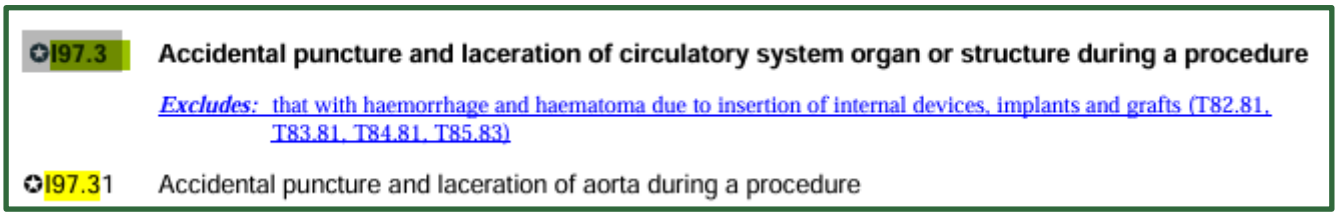
There are two separate complications to be coded:

- Unintentional knee nerve laceration (G97.34)
- Haemorrhage at site of device (T84.81)

The *Excludes* note at G97.3 is problematic because it directs to assign **only** T84.81, when both concepts ought to be coded.

Example 2
Patient admitted for device insertion. During placement of the device, the device itself lacerates something, causing haemorrhage.

The WA Clinical Coding Authority interpret that only one concept is to be coded: unintentional laceration (e.g., I97.31), noting that haemorrhage is inherent in any accidental laceration code.



The *Excludes* note at I97.3 is problematic because it may be interpreted to be redirecting to assign T82-T85, when the correct code is I97.31.

4. Complications of flaps, other than skin flaps

A new Index entry was created for complication of skin flap which directs Coders to follow the Index entry for complication of skin graft. However, no new entries were created for complication of other types of flaps (e.g., for muscle, myocutaneous or fasciocutaneous flaps).

For complications of flaps other than skin flaps, are the terms graft and flap interchangeable in the Index?

Is it correct for ‘complication of flap’ to be classified to ‘complication of graft’?

Example 1
Is T84.7 the code for infection of muscle flap? I.e., for complication of a single tissue flap, code to complication/graft/by tissue type:

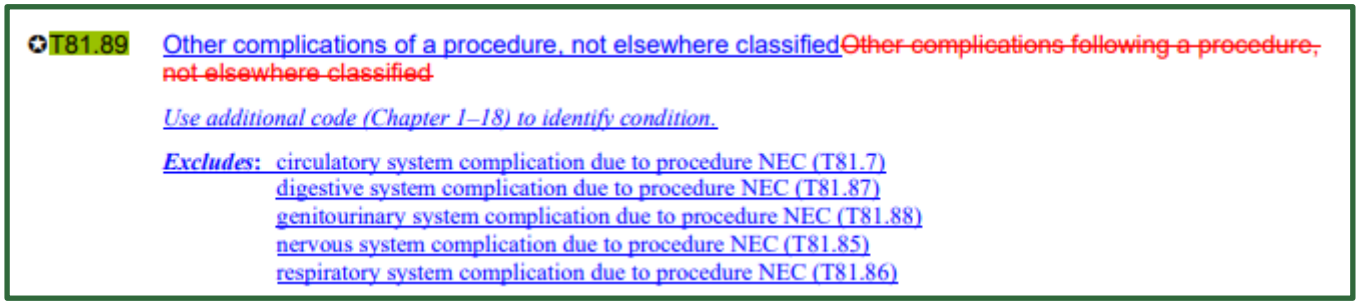
Complication(s)
- graft
- - muscle T84.9
- - - infection or inflammation T84.7

Example 2
Is T85.78 the code for infection of myocutaneous flap? I.e., for complication of a composite flap, code to complication/other graft NEC:

Complication(s)
- - device, implant or graft NEC T85.78

5. *Excludes* notes at T81.89 Other complications of a procedure, NEC

Why haven't additional Index entries been created at ***Complication(s)****/organ or tissue transplant* to avoid the need for all the new *Excludes* notes at T81.89 *Other complications of a procedure, NEC*?



T81.89 Other complications of a procedure, not elsewhere classified ~~Other complications following a procedure, not elsewhere classified~~

Use additional code (Chapter 1–18) to identify condition.

Excludes: circulatory system complication due to procedure NEC (T81.7)
digestive system complication due to procedure NEC (T81.87)
genitourinary system complication due to procedure NEC (T81.88)
nervous system complication due to procedure NEC (T81.85)
respiratory system complication due to procedure NEC (T81.86)

6. Bloodstream infection/bacteraemia with vascular catheter

1. Is the Indexed term 'central line infection' (Index pathway: **Complication(s)**/infection/device, implant or graft/central line) synonymous with central line-associated/related bloodstream infection/bacteraemia? If not, what code is assigned for 'PICC line associated blood stream infection/bacteraemia'?

2. Is the Indexed term 'peripheral line infection' (Index pathway: **Complication(s)**/infection/device, implant or graft/central line) synonymous with peripheral vascular-associated/related bloodstream infection/bacteraemia? If not, what code is assigned for 'peripheral line associated bloodstream infection/bacteraemia'?

3. Is the Indexed term 'infusion/transfusion/therapeutic injection infection' (Index pathway: **Complication(s)**/infusion, transfusion, therapeutic injection/infection) synonymous with bloodstream infection/bacteraemia following infusion/transfusion/injection? If not, what code is assigned for bloodstream infection/bacteraemia following infusion?

7. Purpose of ACS 1904 Directives 1.4 & 1.5

ACS 1904 *Complications of surgical and medical care*, *Directives 1.4* and *1.5* seemingly only serve to instruct the addition of a '*code for the specific condition e.g. cellulitis, sepsis if known*'.

The WA Clinical Coding Authority interpret that these *Directives*, which already existed in 12th Edition, have now *become* superfluous since *Use additional code* instructional notes have been added at: T80.2, T82.7, T82.74 and T82.75.

Is there another purpose for these *Directives*? Adding the word 'bloodstream' would make the *Directives* useful, i.e.:

- 1.4 Assign the following for intravascular catheter bloodstream infection or sepsis
- 1.5 Assign the following for infusion/transfusion bloodstream infection or sepsis

8. Error in ACS 1904 Example 1 following Errata 1

The Errata 1 update of ACS 1904/Example 1 has not resolved the error.

The Index pathway: ***Complication(s)****/postprocedural/ peritoneal/dialysis-associated peritonitis* is not appropriate because 'dialysis-associated' is an essential modifier and 'dialysis-associated' isn't documented in the scenario. Please amend the scenario to include documentation of 'dialysis-associated' or create a new example to demonstrate *Directive 1.2*.

(The Index pathway ***Complication(s)****/peritonitis with continuous ambulatory peritoneal dialysis* is an example where the classification links a condition and an intervention (Convention 9.2) and will hopefully be retained as an example within ACS 1904, but it can't be used to demonstrate *Directive 1.2*).

9. Lack of Use additional code instructions at T81.4

There are no *Use additional code* instructions at T81.4 *Postprocedural wound infection, not elsewhere classified*. Should the following instructions be added?

- Use additional code (Chapter 1) to identify sepsis – see Alphabetic Index: Sepsis/by type
- Use additional code to identify specific type of infection

Such instructions would allow additional codes for cellulitis, abscess, sepsis etc. to be assigned.

10. Similar Index pathways at Complication(s)/postprocedural/stenosis

What is the difference between these highlighted pathways at **Complication(s)**/postprocedural?

Complication(s)/postprocedural
…
- - stenosis — *see also Complication(s)/stenosis*
- - - anastomosis (surgical), digestive tract K91.82
- - - at site of device, implant or graft — *see Complication(s)/stenosis/device, implant or graft*
- - - gastrointestinal (bile duct) (oesophagus) NEC T81.87
- - - respiratory (nasopharynx) NEC T81.86
- - - - subglottic (postsurgical) J95.5
- - - - - newborn (postintubation) P28.82
- - - - tracheal J95.81

11. Inconsistent Index pathways for skin graft complication

Please amend these inconsistent external cause Index pathways for skin graft complication:

Complication(s)
- graft NEC
- - skin Y83.2**9**

or

Complication(s)
- skin or integument procedure
- - graft Y83.2**8**

Appendix – Summary of Changes

Date	Author	Comments
July 2025	WA Clinical Coding Authority	Document published
August 2025	WA Clinical Coding Authority	Page 5 - Diagram added Page 20 - Table added Page 20 - Y84 replaced with the specific categories: Y84.0-, Y84.3-, Y84.5-, Y84.6, Y84.7 & Y84.8-

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