



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

ICD-10-AM/ACHI/ACS Thirteenth Edition

# Miscellaneous changes

**WA Clinical Coding Authority**  
**Purchasing and System Performance Division**  
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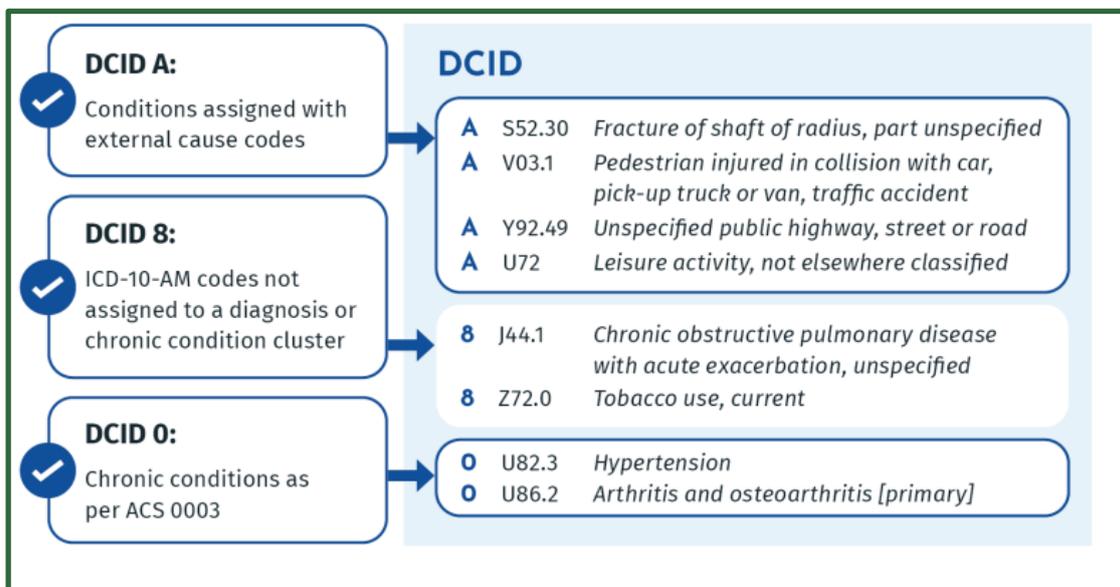
# This document

- This document:
  - Supplements Independent Health and Aged Pricing Care Authority (IHACPA) ICD-10-AM/ACHI/ACS Thirteenth Edition materials.
  - Summarises some Thirteenth Edition changes to ICD-10AM, ACHI and ACS 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- The content in this document may be superseded by future IHACPA education releases and/or publication of FAQ responses.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](mailto: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 1904 *Complications of surgical or medical care*
  - ACS 1924 *Difficult intubation*
  - ICD-10-AM code changes
  - ACHI code changes

# 1. Cluster coding & Diagnosis Cluster Identifier

- Cluster coding links related ICD-10-AM codes together through the assignment of a Diagnosis Cluster Identifier (DCID) (i.e., a 'cluster flag').
- A DCID is applied to every ICD-10-AM code.
- The DCID maintains a link between related ICD-10-AM codes which improves the utility of clinical coding data.
- From 13<sup>th</sup> Edition IHACPA is encouraging implementation of cluster coding and reporting of the DCID.
- Cluster coding will be implemented in stages. For 13<sup>th</sup> Edition, it will only apply to:
  - ICD-10-AM codes assigned with an external cause code (U50-73, V00-Y98).
  - U78-U88 *Supplementary codes for chronic conditions*.

Example of DCID assignment from [Cluster coding | IHACPA](#)



- **New ACS 0004 Diagnosis Cluster Identifier (DCID):**
  - describes cluster coding and the DCID.
  - directs Clinical Coders on DCID assignment.
  - permits multiple assignment of the same ICD-10-AM Chapter 19 S00-T98 code in certain circumstances (i.e., Double coding for clustering).
- For further cluster coding/DCID information, see:
  - Cluster coding at the [IHACPA website](#)
  - ACS 0004 *Diagnosis Cluster Identifier (DCID)*
  - WA Clinical Coding Authority [Circular No. 1 \(16052025\) Cluster coding and Diagnosis Cluster Identifier \(DCID\) in WA for 2025-26](#)
  - The Clinical Coding Section in the *Admitted Patient Activity Data Business Rules July 2025*.

## Cluster coding and DCID implementation in WA for 2025-26

### Health Service Providers are not required to:

- implement cluster coding
- record the DCID in webPAS
- report the DCID to the Hospital Morbidity Data Collection (HMDC)
- record an S00-T98 code more than once, in webPAS
- report an S00-T98 code more than once to the HMDC
- follow ACS 0004 *Diagnosis Cluster Identifier (DCID)*

### Contracted Health Entities and private hospitals may:

- implement cluster coding
- record the DCID in their system
- record an S00-T98 code more than once, in their systems
- follow ACS 0004 *Diagnosis Cluster Identifier (DCID)*

### It will not be possible for Contracted Health Entities and private hospitals to:

- report the DCID to the HMDC
- report an S00-T98 code more than once to the HMDC

WA aims to implement cluster coding practice and reporting of the DCID beyond 2025-26. This will allow time for the development and follow-through of a comprehensive and systematic implementation plan.

## 2. Bloodstream infection/bacteraemia

### 2.1 ACS 0111 Healthcare associated *Staphylococcus aureus* bloodstream infection

*ACS 0111 Directives are applicable only to 'healthcare associated Staphylococcus aureus bloodstream infection', and not other bloodstream infection/bacteraemia*

- A49.01 in ACS 0111, Example 1 has been removed and re-instated many times over past editions and errata, causing differing interpretations and inferences being made about bacteraemia coding.
- A49.01 remains absent for 13th Edition, however the Rationale clarifies its absence:

**Example 1:**

Patient was admitted with septic arthritis due to a previous internal fixation of bimalleolar left ankle fracture (performed at the same facility). Cultures obtained during the current admission identified *Staphylococcus aureus* (*S. Aureus*) in the joint and bloodstream. Clinical documentation confirmed HA-SABSI. A six week course of vancomycin was administered to treat the infections.

**Assign:**

- T84.6 *Infection and inflammatory reaction due to internal fixation device [any site]*
- M00.07 *Staphylococcal arthritis and polyarthritis, ankle and foot*
- B95.6 *Staphylococcus aureus as the cause of diseases classified to other chapters*
- U92 *Healthcare associated Staphylococcus aureus bloodstream infection [HA-SABSI]*

**Rationale:**

- T84.6 — ACS 0001 *Principal diagnosis* and ACS 1904 *Complications of surgical or medical care*
- M00.07 — for the infection in the joint (*Directive 1*)
- B95.6 — for the infectious agent causing the joint infection, as per the *Instructional note* at block B95–B97 *Bacterial and viral agents as the cause of diseases classified to other chapters*
- U92 — for HA-SABSI (*Directive 1*)
- A49.01 *Staphylococcus aureus infection, unspecified site* is not assigned as the infection site is known (*Directive 1*).

- **Updated** ACS 0111 *Directive* wording for clarity:

**Directive(s)**

1. Assign the following for HA-SABSI:
  - a code for any infection (eg endocarditis, pneumonia or urinary tract infection) or sepsis or
  - A49.01 *Staphylococcus aureus infection, unspecified site* (where the infection site is not known) and
  - U92 *Healthcare associated Staphylococcus aureus bloodstream infection [HA-SABSI]* to identify HA-SABSI (see Example 1).

- The ACS 0111 *Directive* and Example 1 Rationale have clarified that:
  - For ‘**healthcare associated**’ Staphylococcus aureus bloodstream infection (HA-SABSI), U92 represents bacteraemia.
  - For Staphylococcus aureus bloodstream infection, **not documented as ‘healthcare associated’**, A49.01 represents bacteraemia.
- WACCA believe the ACS 0111 *Directive* exists because U92 is an unacceptable principal diagnosis i.e., when HA-SABSI is principal diagnosis, an infection code is required to precede U92 in order to satisfy its *Code first* instruction. Even though the *Directive* likely exists to satisfy the *Code first* instruction at U92, the *Directive* is applicable regardless of whether HA-SABSI is principal or additional diagnosis.

## 2.2 Bloodstream infection/bacteraemia other than HA-SABSI

- Bloodstream infection/bacteraemia is a separate clinical concept to a bacterial infection such as pneumonia, and each concept is classified separately.
- It’s acknowledged there’s been inconsistent interpretation about whether these concepts should be classified separately, and about which code is assigned to represent ‘bacteraemia (other than HA-SABSI)’.
- To alleviate confusion, the *Excludes note* at A49 *Bacterial infection of unspecified site* (in red) has been **deleted**:

<b>A49</b>	<b>Bacterial infection of unspecified site</b>
	<i>Excludes:</i> <del>bacterial agents as cause of diseases classified to other chapters (B95–B96)</del> chlamydial infection NOS (A74.9) meningococcal infection NOS (A39.9) rickettsial infection NOS (A79.9) spirochaetal infection NOS (A69.9)

**Steps to find the appropriate bacteraemia code in the ICD-10-AM Alphabetic Index**

**E.g., gonococcal bacteraemia; streptococcal bacteraemia**

**Step 1**  
**Bacteraemia** – (see also *Infection/bacterial*) A49.9  
 - with sepsis - See *sepsis*  
 - healthcare associated Staphylococcus aureus U92  
 - meningococcal – see *Meningococcaemia*  
 - Staphylococcus, staphylococcal A49.00  
 - - aureus A49.01

**Step 2**  
**Infection, infected** (opportunistic)  
 - bacterial (unspecified agent) NEC  
 - - agent (unspecified site) – see also *Infection/by type of agent*

**Step 3**  
**Infection, infected** (opportunistic)  
 ...  
 - gonococcal NEC (see also *Gonococcus*) A54.9  
 ...  
 - streptococcus, streptococcal NEC A49.11

## Example 2.2

“Pyelonephritis – enterococcal bacteraemia”

Laboratory results: enterococcus in urine and blood cultures.

TWELFTH EDITION	THIRTEENTH EDITION
Inconsistent coding practice:	Assign:
<b>a)</b> N10 <i>Acute tubulo-interstitial nephritis</i>	N10 <i>Acute tubulo-interstitial nephritis</i>
B95.22 Enterococcus, as the cause of diseases classified to other chapters	B95.22 <i>Enterococcus, as the cause of diseases classified to other chapters</i>
A49.12 <i>Enterococcal infection, unspecified site</i>	A49.12 <i>Enterococcal infection, unspecified site</i>
or	
<b>b)</b> N10 <i>Acute tubulo-interstitial nephritis</i>	
B95.22 Enterococcus, as the cause of diseases classified to other chapters	

### 3. Abuse, neglect and other maltreatment

Code	Concepts classified to this code in 12 <sup>th</sup> Edition	Additional new concepts classified to this code in 13 <sup>th</sup> Edition
T74.1 <i>Physical abuse</i>	<ul style="list-style-type: none"> <li>Physical abuse (adult or child)</li> <li>Battered baby or child</li> <li>Battered spouse syndrome</li> <li>Munchausen's syndrome by proxy</li> </ul>	<ul style="list-style-type: none"> <li><b>New</b> Domestic violence</li> <li><b>New</b> Family violence</li> </ul>
T74.3 <i>Psychological abuse</i>	<ul style="list-style-type: none"> <li>Psychological abuse (adult or child)</li> <li>Emotional or social deprivation affecting infant or child</li> </ul>	<ul style="list-style-type: none"> <li><b>New</b> Coercive control</li> <li><b>New</b> Emotional abuse</li> </ul>

- Tabular List *Instructional* note at T74 *Abuse, neglect and other maltreatment* has been **updated** from:
  - 'Code first the current injury, if applicable' (12<sup>th</sup> Edition) to
  - 'Code first any current injury or condition due to abuse, neglect or other maltreatment, if applicable' (13<sup>th</sup> Edition).
- The term 'current injury' in the above 13<sup>th</sup> Edition *Instructional* note conflicts with ACS 1909 *Adult and child abuse (neglect of maltreatment)/Directive 1.1* which indicates that T74 is not assigned for injury due to abuse/neglect/maltreatment:

**1. VICTIM OF ABUSE (NEGLECT OR MAL TREATMENT)**

**Directive(s)**

**Injury due to abuse (known or suspected)**

1.1 Assign:

- a code for the injury
- external cause codes to describe the mechanism of the injury.

**Condition other than injury, due to abuse (known or suspected)**

1.2 Assign:

- a code for the condition specified as due to abuse (see Example 1)
- a code from category T74 *Abuse, neglect and other maltreatment*, to identify that the condition was due to maltreatment (see Example 1)
- an external cause code from category:
  - Y06 *Neglect and abandonment* (see Example 1) or
  - Y07 *Other maltreatment*.

**Suspected abuse with no current injury or condition specified**

1.3 Assign:

- a code from category T74 *Abuse, neglect and other maltreatment* alone, to identify suspected abuse or 'child at risk' where there is no current injury or condition related to the suspected abuse (see Example 2)
- an external cause code from category:
  - Y06 *Neglect and abandonment* or
  - Y07 *Other maltreatment* (see Example 2).

- T74 is only assigned per ACS 1909:
  - *Directive 1.2:*
    - when abuse/neglect/maltreatment has caused a condition other than injury e.g., malnutrition; or
  - *Directive 1.3:*
    - when abuse/neglect/maltreatment is suspected but there is no injury or condition.

See [FAQ 1](#) asking for the Tabular List instruction to be amended to:

Code first any **current injury or** condition due to abuse, neglect or other maltreatment.

<b>Example 3a</b>	
Injury from domestic violence, perpetrator spouse.	
TWELFTH EDITION	THIRTEENTH EDITION
Assign:	Assign:
<ul style="list-style-type: none"> <li>• Injury code from Chapter 19</li> <li>• External cause code to describe the mechanism of the injury, with 5<sup>th</sup> digit '0' spouse or domestic partner</li> <li>• Place of occurrence</li> <li>• Activity</li> </ul>	<ul style="list-style-type: none"> <li>• Injury code from Chapter 19</li> <li>• External cause code to describe the mechanism of the injury, with 5<sup>th</sup> digit '0' spouse or domestic partner</li> <li>• Place of occurrence</li> <li>• Activity</li> </ul>
	Note:
	<ul style="list-style-type: none"> <li>• Apply ACS 1909 <i>Directive 1.1</i> to code the injury without T74 i.e., do <b>not</b> follow Alphabetic Index pathway: <b>Violence</b> (physical)(suspected) - domestic T74.1</li> <li>• Tabular List <i>Instructional</i> note 'code first injury' at T74 is likely erroneous - see <a href="#">FAQ 1</a>.</li> </ul>

<b>Example 3b</b>	
Anxiety related to domestic violence (perpetrator spouse).	
TWELFTH EDITION	THIRTEENTH EDITION
Assign:	Assign:
F41.9 <i>Anxiety disorder, unspecified</i> Z63.0 <i>Problems in relationship with spouse or partner</i>	F41.9 <i>Anxiety disorder, unspecified</i> T74.1 <i>Physical abuse</i> via Alphabetic Index <b>Violence</b> /domestic Y07 <i>Other maltreatment, spouse or domestic partner</i> Y92.9 <i>Unspecified place of occurrence</i> U73.9 <i>Unspecified activity</i>
	Note:
	<ul style="list-style-type: none"> <li>• Any injuries that meet criteria for coding would be coded separately to the above codes, with the appropriate external cause code(s) from X85-Y09 <i>Assault</i>.</li> </ul>

### 3.1 External cause code for ACS 1909/Directive 1.1

- See [FAQ 2](#) seeking clarification whether the entire range of codes from X85-Y09 *Assault* (including Y06 *Neglect and abandonment* and Y07 *Other maltreatment*), may be assigned as the external cause of an injury.

## 4. Voluntary Assisted Dying (VAD)

- **New** code Z51.7 *Supervision of voluntary assisted dying [VAD] substance administration* created for assignment as additional diagnosis where a VAD substance is administered, either by the patient themselves or an authorised practitioner.
- Z51.7 is never assigned as principal diagnosis.
- Do not assign codes from [1920] *Administration of pharmacotherapy* to classify administration of the VAD substance, even when the administration of the VAD substance is the principal reason for admission. Administration of VAD substance is inherent in Z51.7.
- **New** code 96278-00 [1824] *Assessment for voluntary assisted dying [VAD]* created to classify assessment to participate in the voluntary assisted dying process, by an authorised practitioner for eligibility.

*96278-00 [1824] Assessment for voluntary assisted dying [VAD] is assigned **multiple times** to capture each separate eligibility assessment performed in an episode, per IHACPA Learn module: Factors influencing health. See [FAQ 5](#).*

## 5. Vaping

- **New** codes Z72.7 *Use of vaping device, current* and Z91.8 *Personal history of use of vaping device*.
- **New** Section 4. *Vaping* created in ACS 0503 *Drug, alcohol and tobacco use disorders*.
- **New** Directives instruct that Z72.7 *Use of vaping device, current* and Z91.8 do not need to meet ACS 0002 criteria for coding.

## 6. Z codes

- **Update** to indexing of social factors. Indexing now centralised at lead term **Problem related to**.
- **New** code Z55.5 *Problem related to level of health knowledge* classifies noncompliance with medical treatment and regimen **due to lack of health knowledge**.
  - Assign Z55.5 when clinician documentation indicates noncompliance due to a health knowledge deficit.
  - Where noncompliance is not documented as due to health knowledge deficit, assign Z91.1 *Personal history of noncompliance with medical treatment and regimen* when it meets ACS 0002 *Additional diagnoses/Directive 4.2*.

### Example 6

Patient readmitted with infected surgical site wound following repair of laceration to hand. On review it was determined the patient had misunderstood antibiotic dosage instructions and was taking less than required. Education provided to patient and family member about treatment plan to support understanding and adherence.

Assign:

Codes for infected surgical wound

Z55.5 *Problem related to level of health knowledge*

per Alphabetic Index: **Problem related to/literacy low/health**.

Rationale:

Assign Z55.5 per ACS 2119 *Socioeconomic and psychosocial circumstances, Directive 1*.

- **New** codes at:
  - Z56.4 *Problem related to workplace relationships and culture* to classify problems related to workplace 'relationships' and problems related to workplace 'culture'.
  - Z59.0 *Homelessness* to classify "sheltered" and "unsheltered" homelessness (and homelessness NOS).
  - Z63.8 *Other specified problems related to primary support group including family circumstances* to classify problems related to 'family and household' and 'other primary support group'.
  - Z65.5 *Exposure to disaster, war and other hostilities* to classify:
    - natural disaster – including bushfire and flooding
    - war – including military personnel and war victims
    - other disasters or hostilities.

- **Deleted** Z60.2 *Living alone*. Living alone is a status/circumstance and not a problem. If applicable, assign instead: a code for the problem, such as Z63.2 *Problem with family support* or a code from Z74 *Problems related to care-provider dependency*.

**Updated:**

- The *Glossary description* has been amended and an *Inclusion* term added at Z60.4 *Social exclusion and rejection* for ‘social isolation’.
- An *Includes* note has been added at Z60.5 *Target of [perceived] adverse discrimination and persecution* to focus on discrimination based on group characteristics other than physical characteristics, such as belief, ethnicity, gender and sexual orientation.
- *Inclusion* terms have been added at Z60.8 *Other problem related to social or cultural environment* for bullying and cyberbullying.
- *Inclusion* terms have been added at Z57.2 *Occupational exposure to dust* and Z57.3 *Occupational exposure to other air contaminants* for occupational exposure to asbestos or silica, and bushfire smoke.
- Expansion of Z74 *Problems related to care-provider dependency* to improve specificity relating to need for assistance with functional decline.

## 7. Assessment for child protection

- **New** code 96277-00 [1824] *External agency [family] assessment* to classify child protection assessment.

## 8. U73.81 Intentional self-harm

- **New** code U73.81 *Intentional self-harm*:

U73.8	Other specified activity	CR
U73.81	Intentional self-harm	
U73.89	Other specified activity, not elsewhere classified	
U73.9	Unspecified activity	

## 9. Repetitive transcranial magnetic stimulation (rTMS)

- **Update** to rTMS ACHI codes to classify 1, 2–15, 16–35 or more than 35 treatments (in 12th Edition rTMS codes classified 1, 2–20 or 21 or more treatments).

## 10. COVID-19

- **Updated** in 13th Edition: the concept ‘laboratory testing’ has been replaced by ‘confirmed by positive polymerase chain reaction [PCR] or rapid antigen test [RAT]’. This means that both RAT and PCR confirmed COVID-19 will now be classified to U07.1 *Coronavirus disease 2019 [COVID-19], virus identified*.
- **Updated** in 13th Edition: U07.2 is assigned for clinically diagnosed or probable coronavirus disease 2019 [COVID-19] not confirmed by PCR or RAT. This includes COVID-19 NOS, or where testing for SARS-CoV-2 is inconclusive or not available.

### Example 10

RAT positive COVID-19.

	TWELFTH EDITION	THIRTEENTH EDITION
<b>With manifestation of COVID</b>	Assign: <ul style="list-style-type: none"> <li>• A code for the manifestation</li> <li>• U07.2</li> </ul> Sequence codes as per ACS 0001 and ACS 0002.	Assign: <ul style="list-style-type: none"> <li>• A code for the manifestation</li> <li>• U07.12</li> </ul> Sequence codes as per ACS 0001 and ACS 0002.
<b>Symptomatic presentation, without manifestation of COVID-19</b>	U07.2 <i>Coronavirus disease 2019 [COVID-19], virus not identified</i>	U07.12 <i>Coronavirus disease 2019 [COVID-19], virus identified, symptomatic</i>
<b>Asymptomatic presentation</b>	U07.2 <i>Coronavirus disease 2019 [COVID-19], virus not identified</i>	U07.11 <i>Coronavirus disease 2019 [COVID-19], virus identified, asymptomatic</i>

### 10.1 COVID-19 testing

- **Deleted** reference to 96273-00 [1866] *Testing for severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]* in ACS 0113 *Coronavirus Disease 2019 (COVID-19)*. There’s no requirement to routinely assign 96273-00 [1866] in 13th Edition.
- Apply ACS 0042 *Interventions normally not coded* which will result in an ACHI code for Polymerase Chain Reaction (PCR) testing almost never being assigned.

### 10.2 COVID-19 vaccination

- COVID-19 vaccination continues to be assigned an ACHI code in accordance with ACS 0113.

# 11. ACS 0102 HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome)

- **Update** to ACS 0102 AIDS (*Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome*) instructing that manifestations are only coded if they meet ACS 0001/0002 criteria for coding (in 12<sup>th</sup> Edition manifestations were always coded).
- **Update** to ACS 0102 instructing that multiple codes from B20–B24 *Human immunodeficiency virus [HIV] disease* may be assigned for multiple manifestations (in 12<sup>th</sup> Edition only one B20–B24 code, related to the principal diagnosis, was assigned)

## Example 11a

Patient admitted for treatment of cytomegalovirus retinitis due to HIV. Patient also had Kaposi sarcoma of the skin which did not meet ACS 0002 criteria for coding.

TWELFTH EDITION	THIRTEENTH EDITION
H30.9 Chorioretinal inflammation, unspecified	H30.9 Chorioretinal inflammation, unspecified
B25.8 Other cytomegaloviral diseases	B25.8 Other cytomegaloviral diseases
B23.8 HIV disease resulting in other specified conditions	B23.8 HIV disease resulting in other specified conditions
C46.0 Kaposi sarcoma of skin	The manifestation 'Kaposi sarcoma of skin' is not coded because it does not meet ACS 0002. ACS 0102/ <i>Directive 1.1</i> instructs that only R75, Z21, B23.0 and B20-B24 are exempt from having to meet ACS 0002 criteria for coding.
M9140/3 Kaposi sarcoma	
The manifestation 'Kaposi sarcoma of skin' is coded even though it doesn't meet ACS 0002, as instructed by ACS 0102: ' <i>All manifestations of the HIV infection must be coded</i> '.	

## Example 11b

Patient admitted for treatment of cytomegalovirus retinitis due to HIV. Patient also has Kaposi sarcoma of the skin which met ACS 0002 criteria for coding.

TWELFTH EDITION	THIRTEENTH EDITION
H30.9 Chorioretinal inflammation, unspecified	H30.9 Chorioretinal inflammation, unspecified
B25.8 Other cytomegaloviral diseases	B25.8 Other cytomegaloviral diseases
B23.8 HIV disease resulting in other specified conditions	B23.8 HIV disease resulting in other specified conditions
C46.0 Kaposi sarcoma of skin	C46.0 Kaposi sarcoma of skin
M9140/3 Kaposi sarcoma	M9140/3 Kaposi sarcoma
Only B23.8 is assigned per ACS 0102 instruction:	B21 HIV disease resulting in malignant neoplasms
' <i>If the patient has multiple manifestations classifiable to two or more categories within B20–B24, only the HIV code related to the principal diagnosis need be assigned for the episode.</i> '	Both B23.8 and B21 are assigned per ACS 0102/Note 3.

## 12. Condition onset flag for Z14-Z16 Resistance to antimicrobial drugs

- **New Directive 15** in ACS 0048 *Condition onset flag* clarifies Condition Onset Flag (COF) allocation for codes from Z14–Z16 *Resistance to antimicrobial drugs*. This incorporates NCA Q3949 *Onset of antimicrobial drug resistance* (retired for 13<sup>th</sup> Edition).

## 13. ACS 2009 Pedestrian accidents

- **Update** to ACS 2009 title from *Mode of pedestrian conveyance* to *Pedestrian accidents*.
- **Update** to ACS 2009 ‘pedestrian conveyance’ definition:

TWELFTH EDITION	THIRTEENTH EDITION
“A pedestrian conveyance can be defined as ‘something that serves as a means of transportation’ and includes scooters, rollerskates, wheelchairs, skateboards, etc.”	“A pedestrian conveyance is a device which is designed primarily for, or being used at the time primarily for, conveying the person and is not a transport vehicle. These devices <b>may be powered or nonpowered</b> , and include scooters, roller-skates, wheelchairs, and skateboards”.

- Historically there’s likely been inconsistent external cause code assignment for accidents involving eScooters. This is due to the term ‘motor scooter’ appearing as an *Includes* note at item (k) *Motorcycle*:

### ICD-10-AM TABULAR LIST

#### CHAPTER 20

#### DEFINITIONS RELATED TO TRANSPORT ACCIDENTS

<p>(e) A <i>pedestrian</i> is any person involved in an accident who was not at the time of the accident riding in or on a motor vehicle, railway train, streetcar or animal-drawn or other vehicle, or on a pedal cycle or animal.</p> <p><b>Includes:</b> person:</p> <ul style="list-style-type: none"> <li>• changing tyre of vehicle</li> <li>• making adjustment to motor of vehicle</li> <li>• on foot</li> </ul> <p>user of a pedestrian conveyance such as:</p> <ul style="list-style-type: none"> <li>• baby carriage</li> <li>• ice-skates</li> <li>• perambulator</li> <li>• push-cart</li> <li>• push-chair</li> <li>• roller-skates</li> <li>• <b>scooter</b></li> <li>• skateboard</li> <li>• skis</li> <li>• sled</li> <li>• wheelchair (powered)</li> </ul>	<p>(k) A <i>motorcycle</i> is a two-wheeled motor vehicle with one or two riding saddles and sometimes with a third wheel for the support of a sidecar. The sidecar is considered part of the motorcycle.</p> <p><b>Includes:</b> moped</p> <ul style="list-style-type: none"> <li>• <b>motor scooter</b></li> </ul> <p>motorcycle:</p> <ul style="list-style-type: none"> <li>• NOS</li> <li>• combination</li> <li>• with sidecar</li> </ul> <p>motorised bicycle</p> <p>speed-limited motor-driven cycle</p> <p><b>Excludes:</b> motor-driven tricycle — see definition (m)</p>
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- WACCA interpret that in ICD-10-AM ‘motor scooter’ refers to small motorcycles e.g., Vespa scooter, moped.

- Based on the updated ACS 2009 definition that a pedestrian conveyance **may be powered or nonpowered**, eScooter should be classified as **powered** scooter (pedestrian conveyance), rather than **motor** scooter (motorcycle), noting that [FAQs 6 and 7](#) seek review of this interpretation and ask how eBike ought to be classified in ICD-10-AM.

## 14. ACS 0303 Anticoagulant use and abnormal coagulation profile

- **New** content added to ACS 0303 *Anticoagulant use and abnormal coagulation profile* detailing the different coagulation assays that may be performed to monitor anticoagulant levels/profile - see *Note 1* in ACS 0303.

Before 13<sup>th</sup> Edition, only the International Normalised Ratio (INR) was explicitly mentioned within ACS 0303, although other anticoagulant assay types were listed as *Inclusion* terms under R79.83 *Abnormal coagulation profile* and D68.3 *Haemorrhagic disorder due to circulating anticoagulants* in 12<sup>th</sup> Edition. See [FAQ 8](#) regarding whether ACS 0303 is applicable for antiplatelet drugs.

- **New** Alphabetic Index pathway for *Epistaxis/due to circulating anticoagulant*. An additional code for R04.0 *Epistaxis* is no longer assigned with D68.3 *Haemorrhagic disorder due to circulating anticoagulants*.

Additional diagnosis codes continue to be assigned for nontraumatic haematomas per the *Use additional code* note at D68.3, which incorporates NCA Q3188 *Rectus sheath haematoma secondary to overwarfarinisation* (retired for 13<sup>th</sup> Edition).

**While awaiting [FAQ 8](#) response, ACS 0303 should not be applied for antiplatelet drugs (see also NCA Q3367 Anticoagulants not requiring INR level monitoring (retired 30 June 2019)).**

Clinicians may use the term 'anticoagulant' to describe an antiplatelet drug – in this instance ACS 0303 is not applicable. See below list of antiplatelet drug examples.

## Examples of antiplatelet drugs (i.e., ACS 0303 not applicable)

<b>Glycoprotein platelet inhibitors</b>	Abciximab Eptifibatide Tirofiban
<b>Platelet aggregation inhibitors</b>	Aspirin Cangrelor Cilostazol Clopidogrel Dipyridamole Prasugrel Ticlopidine Ticagrelor
<b>Protease-activated receptor-1 antagonists</b>	Voropaxar
Patients may be on <b>dual antiplatelet therapy (DAPT)</b> , such as aspirin with clopidogrel or ticagrelor, for management or prevention of cardiovascular diseases and stroke. <a href="#">Drugs in secondary stroke prevention</a>	

[List of Antiplatelet agents - Drugs.com](#)

## 15. ACS 1605 Conditions originating in the perinatal period

- **Update** Directive 2 is now more definitively worded to instruct that prematurity is coded as principal diagnosis in the birth episode (previous wording: In a preterm infant's birth episode, the principal diagnosis **will generally** be a code from either category P07.4 *Extreme prematurity* or category P07.5 *Other and unspecified preterm infants*).
- The second dot point of Directive 2 instructs to assign a code from subcategories P07.4 or P07.5 as principal or additional diagnosis in an episode of care subsequent to the birth episode. ACS 0002 is still applicable, even though not explicitly stated. Specific references to ACS 0002 were removed from many ACS in 13<sup>th</sup> Edition because it's a fundamental principle that 0002 needs to be met.

## 16. Release of tarsal tunnel

- **Deleted** 39330-01 [76] *Release of tarsal tunnel* in Chapter 1 *Procedures on nervous system*.
- **New** code 49774-00 [1530] *Release of tarsal tunnel* in Chapter 15 *Procedures on musculoskeletal system*.

## 17. Injection into posterior segment of eye

- **Deleted** 42740-03 [209] *Administration of therapeutic agent into posterior chamber as it was anatomically incorrect.*
- **New** code 90080-03 [209] *Administration of therapeutic agent into posterior segment, not elsewhere classified.*
- **New** code 42740-06 [205] *Intravitreal injection of therapeutic substances for intravitreal injection into posterior segment.*

## 18. Transcatheter aortic valve implantation (TAVI)

- **New** lead term 'TAVI (transcatheter aortic valve implantation)' added to the ACHI Alphabetic Index.

## 19. Division of adhesions

- **New** *Includes* note added to the ACHI Tabular List at several gastrointestinal codes stating '*Includes: division of adhesions*'.
- See also ACS 0016 *General intervention guidelines Exception 2* (this Exception came into effect in ICD-10-AM/ACHI/ACS Thirteen Edition [Errata 1](#)):

### 0047 ADHESIONS

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#### Exception(s)

1. **Do not** assign an ICD-10-AM code for adhesions where they are noted but not divided, and their presence has no effect on the intervention performed (see Example 1).
2. **Do not** assign an ACHI code for division of adhesions where it is a component of another intervention (eg where division of adhesions is listed in the *Includes* note).

## 20. Z49.3 Dialysis follow-up care

- **New** code Z49.3 *Dialysis follow-up care* includes:
  - Closure of arteriovenous fistula
  - Removal of arteriovenous shunt
  - Removal of dialysis
  - Removal of peritoneal catheter

## 21. Revision arthroplasty of hip

- **New** code 49372-00 [1492] *Revision arthroplasty of hip* replaces:
- **Deleted:**
  - 49346-00 [1492] *Revision of partial arthroplasty of hip*
  - 49324-00 [1492] *Revision of total arthroplasty of hip*
  - 49327-00 [1492] *Revision of total arthroplasty of hip with bone graft to acetabulum*
  - 49330-00 [1492] *Revision of total arthroplasty of hip with bone graft to femur*
  - 49333-00 [1492] *Revision of total arthroplasty of hip with bone graft to acetabulum and femur*
  - 49339-00 [1492] *Revision of total arthroplasty of hip with anatomic specific allograft to acetabulum*
  - 49342-00 [1492] *Revision of total arthroplasty of hip with anatomic specific allograft to femur*
  - 49345-00 [1492] *Revision of total arthroplasty of hip with anatomic specific allograft to acetabulum and femur*

## 22. Patella resurfacing

- **Deleted** 90562-00 [1524] *Patella resurfacing*.
- **New** code 49527-01 [1524] *Revision of patella component of arthroplasty of knee* classifies patella resurfacing not elsewhere classified (NEC).
- Patella resurfacing is a component of various arthroplasty codes per *Includes* notes in the ACHI Tabular List at these codes.

## 23. Brief resolved unexplained event (BRUE)

- **Update** to ACS 1610 *Sudden infant death syndrome and acute life threatening event* and the ICD-10-AM Alphabetic Index and Tabular List to support classification of acute/apparent life threatening event (ALTE), also known as brief resolved unexplained event (BRUE).

## 24. 90468-03 [1337] Forceps rotation of fetal head

- **Update** to Table in ACS 1505 *Delivery and assisted delivery codes* to include 90468-03 [1337] *Forceps rotation of fetal head*. 'Forceps rotation of fetal head' is not a delivery method (although the code is located within a delivery code block). See [FAQ 3](#).

### Example 23

Forceps rotation of fetal head, followed by vaginal delivery of infant

#### TWELFTH EDITION

Assign:

O83 *Other assisted single delivery*

Z37.0 *Single live birth*

90477-02 [1339] *Assisted vertex delivery*

90468-03 [1337] *Forceps rotation of fetal head*

#### THIRTEENTH EDITION

**Code assignment per IHACPA Learn Module *Obstetrics and paediatrics*:**

O83 *Other assisted single delivery*

Z37.0 *Single live birth*

90468-03 [1337] *Forceps rotation of fetal head*

**Code assignment for WA Coders while awaiting response to [FAQ 3](#):**

O83 *Other assisted single delivery*

Z37.0 *Single live birth*

90477-02 [1339] *Assisted vertex delivery*

90468-03 [1337] *Forceps rotation of fetal head*

## 25. [1926] Supplementary codes for interventions, NEC

- **New** block [1926] *Supplementary codes for interventions, not elsewhere classified*:

### 1926 Supplementary codes for interventions, not elsewhere classified

▽ 0023

**Note:** Codes in this block (flag codes) do not identify interventions in their own right but describe aspects of another intervention. Assign codes in this block only in addition to a code from Chapters 1-18.

*Code First:*

- open surgical procedure(s) performed

30390-01 Laparoscopic approach, not elsewhere classified

**Excludes:** laparoscopic procedure proceeding to open procedure (90343-03 [1926]) that with any laparoscopic intervention at the same site in Chapters 1-18 — omit code

90343-02 Endoscopic procedure proceeding to open procedure

Endoscopic procedure NEC proceeding to open procedure

Minimally invasive procedure NEC proceeding to open procedure

**Includes:** minimal access approach (via):

- percutaneous
- transluminal

**Excludes:** that via:

- arthroscopy (90613-01 [1926])
- laparoscopy (90343-03 [1926])

90343-03 Laparoscopic procedure proceeding to open procedure

90613-01 Arthroscopic procedure proceeding to open procedure

**Includes:** percutaneous minimal access approach

### Example 24

Laparoscopic hepatectomy

TWELFTH EDITION	THIRTEENTH EDITION
30418-00 [953] <i>Lobectomy of liver</i>	30418-00 [953] <i>Lobectomy of liver</i>
30390-00 [984] <i>Laparoscopy</i>	30390-01 [1926] <i>Laparoscopic approach, NEC</i>

## 26. [1756] Reconstruction procedures on breast

- **New** codes:

- 45503-02 [1756] *Reconstruction of breast using permanent prosthesis*
- 45530-03 [1756] *Reconstruction of breast using free [microsurgical] flap*
- 45530-04 [1756] *Reconstruction of breast using pedicled flap*
- 45534-00 [1756] *Reconstruction of breast using autologous fat graft*
- 96279-00 [1756] *Reconstruction of breast, not elsewhere classified*

- **Deleted:**

- 45530-02 [1756] *Reconstruction of breast using flap*

- Coders are encouraged to review the *Includes* and *Excludes* notes to identify procedural components of breast reconstruction.

- A discrepancy has been identified with the codes:

- 45530-03 [1756] *Reconstruction of breast using free [microsurgical] flap* and
- 45530-04 [1756] *Reconstruction of breast using pedicled flap*.

- These codes contain 'insertion of prosthesis' in their *Includes* notes:

45530-03 Reconstruction of breast using free [microsurgical] flap

*Includes:* deep inferior epigastric:

- artery [DIEA] flap
- perforator [DIEP] flap

free flap:

- myocutaneous
- perforator
- transverse rectus abdominis myocutaneous [TRAM]

insertion of prosthesis

gluteal artery flap (inferior [iGAP]) or (superior [sGAP])

microvascular anastomosis (artery and/or vein)

repair of secondary cutaneous defect by suture

45530-04 Reconstruction of breast using pedicled flap

*Includes:* insertion of prosthesis

latissimus dorsi flap

microvascular anastomosis (artery and/or vein)

myocutaneous flap

omental flap

pedicled flap:

- myocutaneous
- transverse rectus abdominis myocutaneous [TRAM]

repair of secondary cutaneous defect by suture

subcutaneous tissue and fat flap

- 45527-02 [1756] *Reconstruction of breast using permanent prosthesis*, however, does not *Exclude* breast reconstruction using flap:

45527-02 Reconstruction of breast using permanent prosthesis

*Includes:* following mastectomy

- Furthermore, the Alphabetic Index does not provide a pathway for breast reconstruction using flap **with** insertion of prosthesis:

<p><b>Insertion</b></p> <p>-prosthesis, prosthetic device</p> <p>- - breast (permanent)</p> <p>- - - for reconstruction 45527-02 [1756]</p> <p><b>Reconstruction</b></p> <p>-breast (batwing) (crescent) (round block) NEC 96279-00 [1756]</p> <p>...</p> <p>- - with</p> <p>- - - autologous fat graft 45534-00 [1756]</p> <p>- - - flap</p> <p>- - - - free (microsurgical) 45530-03 [1756]</p> <p>- - - - pedicled 45530-04 [1756]</p> <p>- - - insertion of tissue expander 45539-00 [1756]</p> <p>- - - prosthesis (permanent) 45527-02 [1756]</p>
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- See [FAQ 4](#). In the interim, WACCA recommends that prosthesis insertion is inherent in the codes for reconstruction of breast using flap i.e., an additional code is not assigned for reconstruction with prosthesis.

### Example 25

Left breast mastectomy and reconstruction with pedicled latissimus dorsi flap and saline implant.

TWELFTH EDITION	THIRTEENTH EDITION
Assign:	Assign:
31518-00 [1748] <i>Simple mastectomy, unilateral</i>	31518-00 [1748] <i>Simple mastectomy, unilateral</i>
45530-02 [1756] <i>Reconstruction of breast using flap</i>	45530-04 [1756] <i>Reconstruction of breast using pedicled flap</i> (this code includes insertion of prosthesis)
45527-00 [1753] <i>Augmentation mammoplasty following mastectomy, unilateral</i>	Note: this code assignment may change pending <a href="#">FAQ 4</a> response.

## 27. ACS deleted for 13th Edition

ACS DELETED FOR 13 <sup>TH</sup> EDITION		RATIONALE
0503	<i>Drug, alcohol and tobacco use disorders</i>	ACS 0001 and 0002 should be applied.
0625	<i>Quadriplegia and paraplegia, nontraumatic</i>	Content moved to ICD-10-AM Tabular List at G82 <i>Paraplegia and tetraplegia</i> .
0629	<i>Stereotactic radiosurgery, radiotherapy and localisation</i>	Content moved to ACHI Alphabetic Index and Tabular List.
0633	<i>Stereotactic neurosurgery</i>	
0634	<i>Cerebrospinal fluid drain, shunt and ventriculostomy</i>	The ACHI Alphabetic Index should be followed.
0911	<i>Arterial disease</i>	Contained unnecessary clinical information and duplicated content in ICD-10-AM Alphabetic Index.
0304	<i>Pancytopenia</i>	<p>Contained unnecessary clinical information and duplicated standard classification guidelines.</p> <p>Note: there is no change to coding practice for pancytopenia in 13<sup>th</sup> Edition.</p> <p>Pancytopenia is a general term for the simultaneous decrease in haemoglobin level (anaemia), white cell count (leukocytopenia/neutropenia/leukopenia) and platelet count (thrombocytopenia).</p> <p>As per ACS 0010, Coders may seek clinician clarification of the specific blood abnormalities where pancytopenia is documented without further specification.</p> <p>Where the clinician confirms a specific blood abnormality(ies) assign codes for the specific blood abnormality(ies) meeting the criteria in ACS 0002 <i>Additional diagnoses</i>. Where clinician clarification is unavailable, assign D61.9 <i>Aplastic anaemia, unspecified</i>.</p>
0701	<i>Cataract</i>	<p>Assign codes for cataract by following the ICD-10-AM Alphabetic Index and the <i>General standards</i> (e.g., ACS 0001 <i>Principal diagnosis</i>, ACS 0002 <i>Additional diagnoses</i> and ACS 0016 <i>General intervention guidelines</i>).</p> <p>For cataracts in a diabetic patient, assign codes in accordance with ACS 0401 <i>Diabetes mellitus and intermediate hyperglycaemia</i>.</p>
1549	<i>Streptococcal group B infection/carrier in pregnancy</i>	<i>Directives</i> for carrier of bacterial diseases have been incorporated into ACS 1500 <i>General guidelines for obstetric episodes of care</i> and the ICD-10-AM Tabular List.
1611	<i>Observation and evaluation of newborn and infants for suspected condition not found</i>	Content moved to ACS 0012 <i>Suspected conditions</i> .
0402	<i>Cystic fibrosis</i>	Clinical information included in a <i>Glossary description</i> in the ICD-10-AM Tabular List.
1908	<i>Open wound with artery, nerve and/or tendon damage</i>	Contained unnecessary content. Example 2 has been moved to ACS 1917 <i>Open wounds</i> .
1910	<i>Skin loss</i>	Classification of 'skin loss' is directed by the ICD-10-AM Alphabetic Index.
1912	<i>Sequelae of injuries, poisoning, toxic effects and other external causes</i>	Content moved to ACS 0008 <i>Sequelae</i> .
2005	<i>Poisonings and injuries - indication of intent</i>	It duplicated content in ICD-10-AM Tabular List <i>Instructional notes</i> .

## 28. FAQs submitted to IHACPA

### 1. Injury from domestic/family violence

How should injury from physical violence, which happens to be domestic/family violence, be coded?

ACS 1909 Adult and child abuse (neglect or maltreatment) *Directive* 1.1, and Example 3 in ACS 2008 Perpetrator of assault, abuse and neglect indicate that the injury (e.g. 'S' code) is coded alone without T74 Abuse, neglect and other maltreatment.

However, the Tabular List *Instructional* note at T74 instructs **both** should be coded because it instructs to 'code first injury'.

The WA Clinical Coding Authority interpret that T74.1 *Physical abuse* should only be assigned where domestic/family violence causes a condition (e.g., anxiety disorder) or where there is no injury or condition, and domestic/family violence is suspected. If our interpretation is correct, then the *Instructional* note at T74 requires the words 'current injury or' to be deleted.

### 2. Y06 Neglect and abandonment and Y07 Other maltreatment as external causes of injury

Can external cause codes from Y06 Neglect and abandonment or Y07 Other maltreatment be assigned for an injury?

Example 1

Patient admitted with laceration from maltreatment/abuse. The specific mechanism of laceration is unknown. Is the external cause Y07.- *Other maltreatment* or X99.9- *Assault by sharp object, unspecified*?

Example 2

Patient admitted with contusion from maltreatment/abuse. The specific mechanism of injury is unknown. Is the external cause Y07.- *Other maltreatment*, Y04 *Assault by bodily force* or Y09 *Assault by unspecified means*?

Could IHACPA please consider adding the range X85-Y09 *Assault* at ACS 1909 *Adult and child abuse (neglect or maltreatment)*, *Directive* 1.1 if codes from Y06 and Y07 may be assigned as external causes for an injury?

### 3. 90468-03 [1337] Forceps rotation of fetal head

90468-03 [1337] *Forceps rotation of fetal head* has been listed as an ACHI delivery intervention in Table 1 in ACS 1505 *Delivery and assisted delivery codes*.

However, forceps rotation of fetal head is not a method of delivery; it is an assistance procedure and should instead be coded in accordance with *Directive* 1.3, in the same manner as manual rotation of fetal head which would be assigned 90477-02 [1339] *Assisted vertex delivery* and 90471-06 [1342] *Manual rotation of fetal head*.

We acknowledge 90468-03 [1337] *Forceps rotation of fetal head* is located in a delivery block, rather than in [1342] *Manipulation of fetal position and presentation*, however it would be inconsistent to have 'forceps rotation of fetal head' classified as a delivery intervention, when other

rotations are not classified this way.

Could IHACPA please clarify this issue, and whether 90468-03 [1337] should be removed from ACS 1505 Table 1?

#### 4. Breast reconstruction with flap and insertion of prosthesis

New codes 45530-03 [1756] *Reconstruction of breast using free [microsurgical] flap* and 45530-04 [1756] *Reconstruction of breast using pedicled flap* have 'insertion of prosthesis' in their *Includes* notes.

However, new code 45527-02 [1756] *Reconstruction of breast using permanent prosthesis* does not *Exclude* breast reconstruction with flap. The Alphabetic Index also does not provide a pathway for breast reconstruction using prosthesis with flap.

Could IHACPA please advise the correct code assignment for reconstruction of breast using pedicled flap and saline implant?

Possible options include:

A)

45530-04 [1756] *Reconstruction of breast using pedicled flap*

45527-02 [1756] *Reconstruction of breast using permanent prosthesis*

- requires deletion of 'insertion of prosthesis' from the **Includes** notes in 45530-03 [1756] and 45530-04 [1756] and addition of 'insertion of prosthesis' to the '*Code also when performed*' notes.

or

B) 45530-04 [1756] *Reconstruction of breast using pedicled flap*

- an *Excludes* note should be added to 45527-02 [1756] for breast reconstruction with flap and Alphabetic Index pathway improved by adding a subterm 'with flap':

i.e.

##### **Insertion**

- prosthesis, prosthetic device

- - breast (permanent)

- - - for reconstruction 45527-02 [1756]

**- - - with flap – see Reconstruction/breast/with/flap**

...

##### **Reconstruction**

- breast (batwing) (crescent) (round block) NEC 96279-00 [1756]

...

- - with

- - - autologous fat graft 45534-00 [1756]

- - - flap

- - - - free (microsurgical) 45530-03 [1756]

- - - - pedicled 45530-04 [1756]

- - - insertion of tissue expander 45539-00 [1756]

- - - prosthesis (permanent) 45527-02 [1756]

**- - - with flap - see Reconstruction/breast/with/flap**

## 5. Multiple assignment of 96278-00 [1824] *Assessment for voluntary assisted dying [VAD]*

What is the justification for coding 96278-00 [1824] *Assessment for voluntary assisted dying [VAD]* as many times as performed? Assessment may be performed outside of admitted care, so this code is not a reliable counting method to determine the number of assessments being performed. The instruction to code 96278-00 [1824] multiple times is not included anywhere in the classification and differs to usual coding practice. Could IHACPA please consider a Tabular List instruction if this code is to be assigned multiple times?

## 6. eScooter

Based on the updated ACS 2009 *Pedestrian accidents* definition that a pedestrian conveyance **may be powered or nonpowered**, should eScooter be classified as **powered** scooter (pedestrian conveyance), rather than **motor** scooter (motorcycle)? The WA Clinical Coding Authority interpret that in ICD-10-AM 'motor scooter' refers to small motorcycles e.g. Vespa scooter, moped.

## 7. eBike

Is an eBike classified as a 'motorcycle' in ICD-10-AM, because it is not usually operated solely by pedals?

ICD-10-AM Definitions related to transport accidents

(i) A *pedal cycle* is any land transport vehicle **operated solely by pedals**.

**Includes:**

bicycle  
tricycle

**Excludes:**

motorised bicycle - see definition (k)

(k) A *motorcycle* is a two-wheeled motor vehicle with one or two riding saddles and sometimes with a third wheel for the support of a sidecar. The sidecar is considered part of the motorcycle.

**Includes:**

Moped  
motor scooter  
motorcycle:

- NOS
- combination
- with sidecar

motorised bicycle  
speed-limited motor-driven cycle

**Excludes:**

motor-driven tricycle - see definition (m)

## 8. ACS 0303 *Anticoagulant use and abnormal coagulation profile and antiplatelet drugs*

ACS 0303 *Anticoagulant use and abnormal coagulation profile* appears to only be applicable where monitoring via anticoagulant assay is performed. However, there are tests listed in the Tabular List at R79.83 *Abnormal coagulation profile* that are not assays: bleeding time and coagulation time. These tests can be used for patients on antiplatelet drugs such as clopidogrel i.e. not just for anticoagulants.

Anticoagulant is a broad term that may be documented by some clinicians when describing antiplatelet drugs such as clopidogrel.

Previous NCA Q3667 *Anticoagulants not requiring INR level monitoring* (retired 30/06/2019) advised: “antiplatelets are not anticoagulants, and INR monitoring is not required when these agents are administered”.

Could IHACPA please confirm that ACS 0303 is **not** applicable for antiplatelet drugs, such as clopidogrel?

Also, it has been identified that ICD-10-AM classifies Ticlopidine to Y44.2 *Anticoagulants*, but the drug is a platelet-aggregation inhibitor and should be classified to Y44.4 *Anti-thrombotic drugs [platelet-aggregation inhibitors]*.

## Appendix – Summary of Changes

Date	Author	Comments
July 2025	WA Clinical Coding Authority	Document published
August 2025	WA Clinical Coding Authority	Page 18 – new section added for ACS 1605 Conditions originating in the perinatal period
October 2025	WA Clinical Coding Authority	Page 9 – amendment of typographical error (A49.11 replaced with A49.12)

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