



# IHACPA National Coding Advice – Coding Rules and FAQs for ICD-10-AM/ACHI/ACS Thirteenth Edition

## Frequently Asked Questions (FAQs)

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#### **Note:**

New Zealand has not upgraded to ICD-10-AM/ACHI/ACS Thirteenth Edition. Therefore, all published IHACPA FAQs and Coding Rules etc from July 2025 onwards will not be applicable to New Zealand Twelfth Edition coding practice until they have been reviewed.

The FAQs in this document have been reviewed and where the question and/or answer contains Thirteenth Edition specific codes, conventions, standards or references they are marked as 'Not applicable to New Zealand for the duration of Twelfth Edition'.

For new Zealand specific information refer to the Health NZ Classification webpages:

[New Zealand Clinical Coding](#) for Twelfth Edition coding practice (includes reviewed IHACPA FAQs and Coding Rules, NZ Clinical Coding Conventions, NMDS Reporting Requirements and Clinical Coding Resources)

[New Zealand Coding Authority \(NZCA\) coding queries](#)

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## Thirteenth Edition FAQ: ACS 0042 *Interventions normally not coded*

### Q:

Is a code assigned for an intervention which is normally not coded, with  
for admission in a multi-day episode of care?

### A:

Assign a code for an intervention  
the principal reason for admission  
(same-day admission)

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only limited to the



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## Thirteenth Edition FAQ: Age associated conditions

### Q:

When are codes for 'age/ageing associated' conditions assigned?

### A:

ICD-10-AM Thirteenth Edition includes the following:

- R41.81 *Age associated cognitive*
- R54 *Ageing associated*

Assign to

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ambiguous, a  
used in the ICD-10-AM

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## Thirteenth Edition FAQ: Application of additional diagnosis criteria in *Specialty standards*

### Q:

When is ACS 0002 *Additional diagnoses* applicable in *Specialty standards*?

### A:

When undertaking the clinical coding process, the *General standards* must be applied before the *Specialty standards*, in accordance with the ACS *Introduction/General and specialty standards*.

In applying the standard ACS template for Thirteenth Edition some explicit instructions that codes must meet ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses* have been removed as these instructions are unnecessary when applying the *Introduction/General and specialty standards* first.

- ACS 0052 *Same-day endoscopy* – as per *Directive 3.4.1*
- ACS 0604 *Stricture* – as per *Directive 3.4.1*

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- Reasoning as per *Directive 3.4.1* referred to in other standards cross-referenced to meet the additional diagnosis criteria. Some standards also provide instructions where ACS 0002 is exempt. For example, *Directive 7* states that the code(s) for follow-up examination after treatment from categories Z08 or Z09, or special screening examination from categories Z11, Z12 or Z13 do not have to meet the criteria in ACS 0002.
- ACS 0503 *Drug, alcohol and tobacco use disorders* — *Directive 3.4.1* states that Z72.0 *Tobacco use, current* does not have to meet the criteria in ACS 0002.

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## Thirteenth Edition FAQ: Bleeding due to circulating anticoagulants

### Q:

What codes are assigned for bleeding due to circulating anticoagulants?

### A:

Anticoagulants work by interfering with the body's natural clotting process, which can range from minor to severe, is a common side effect.

Where a patient is admitted for bleeding that is due to a circulating anticoagulant (e.g. haematuria or bruising), assign D68.3 *Haemorrhage due to circulating anticoagulants* as the principal diagnosis.

Assign codes for medication or complications, or other conditions, as appropriate.

Conditions classified to Chapter 18 *Residuals, not elsewhere classified* in the thirteenth edition of ICD-10 are classified to Chapter 18 *Residuals, not elsewhere classified* in the thirteenth edition of ICD-10.

- *and ill-defined conditions*
- *symptoms, signs and ill-defined conditions*
- *note* at the beginning of Chapter 18.

Note that monitoring for haemorrhage parameters and haemorrhage recurrence is inherent in the clinical management for a diagnosis of haemorrhage due to circulating anticoagulants.



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## Thirteenth Edition FAQ: COF for difficult intubation

### Q:

What condition onset flag (COF) should be allocated for difficult intubation?

### A:

Allocate COF 1 to T88.42 *Complications of*  
harm or injury in accordance with *ICD-10*

Allocate COF 1 or COF 2  
(current or previous)  
and *ICD-10*

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## Thirteenth Edition FAQ: External cause for complications of medical care

### Q:

What external cause code is assigned for a complication of medical care, if the causative intervention is not classified to a body system chapter?

### A:

Assign an external cause code from block Y83–Y84 *Surgical and other medical procedures as the cause of abnormal reaction, or of later complication, without mention of unintentional injury* at the time of the procedure to describe the type of intervention causing the complication, as per ACS 1904 *Complications of surgical or medical care Directive* 3.2.1.

In most instances, follow the ICD-10-AM Alphabetic Index *Complication(s)/by body system* as per ACS 1904 *Complications of surgical or medical care Directive* 3.2.1.

If the causative intervention is not indexed under the lead term, follow the ICD-10-AM Alphabetic Index *Complication(s)/by body system* as per ACS 1904 *Complications of surgical or medical care Directive* 3.2.1.

For example, mechanical complication of device, implant or graft (internal) (prosthesis) ... T85.69

A

T85

Y84

Place

Follow

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

- mechanical, of device, implant or graft (internal) (prosthesis) ... T85.69

Follow the ICD-10-AM Alphabetic Index Section II *External causes of injury*:

**Complication(s)** (from) (of)

- implant, implanted, implantation (of) NEC Y84.89

- medical procedure (nonsurgical) (see also *Complication(s)/by site or type of procedure*)

- - specified NEC Y84.89

- skin or integument procedure

- - medical (nonsurgical) Y84.89

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## Thirteenth Edition FAQ: External cause codes for injury from e-bikes and e-scooters

**This FAQ is applicable to ICD-10-AM/ACHI/ACS Twelfth Edition**

### Q:

What external cause codes are assigned for an e-bike or e-scooter accident causing injury?

### A:

ICD-10-AM classifies an electric scooter (e-scooter) as a pedestrian conveyance subject to the guidelines within ACS 2009 *Pedestrian accidents*.

ICD-10-AM classifies an electric bike (e-bike) as a motorcycle as per the ICD-10-AM Tabular List Chapter 20 *Definitions related to transport accidents* (k) and the *Includes* notes at block V20–V29 *Motorcycle rider injured in transport accident*.

Assign a code from block V20–V29 with fifth character 0 *motor scooter, moped or motorised bicycle* for the external cause of an injury where a rider or passenger of an e-bike is injured.





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## Thirteenth Edition FAQ: HIV disease with manifestation

**Q:**

Does a disease/manifestation of human immunodeficiency virus (HIV) need to meet ACS 0002 *Additional diagnoses* and how are codes from block B20–B24 assigned? *immunodeficiency virus [HIV] disease* assigned?

**A:**

HIV disease

Assign a code from

(*Human immunodeficiency virus [HIV] disease*)

As

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in accordance with the *General standards*.

For patient has HIV nephropathy, but the nephropathy does not meet ACS 0001 or assign B23.8 *HIV disease resulting in other specified conditions* for the HIV disease.



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## Thirteenth Edition FAQ: Intervention components

**Q:**

When is a separate code assigned for an intervention component?

**A:**

Some interventions are components of another intervention. These are listed in the *intervention guidelines* for each intervention.

Intervention -

Alph

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T  
pr

... must be applied to determine if an intervention is a component  
... intervention.

... CHI

... however if an

... modifier it does

...

...

... note at 39712-04 [15] Removal of other

... [15] Removal of intracranial lesion. This does not

... in addition to these other codes.

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## Thirteenth Edition FAQ: Principal diagnosis in open wound with associated injuries

**This FAQ is applicable to ICD-10-AM/ACHI/ACS Twelfth Edition**

### Q:

What is the principal diagnosis when there is an open wound with associated artery, tendon and/or nerve injuries?

### A:

To determine the principal diagnosis where there is an open wound with artery, tendon and/or nerve injuries, follow the guidelines in ACS 0001 *Principal diagnosis* and ACS 1917 *Open wounds*.

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## Thirteenth Edition FAQ: Procedural complications

**Q:**

How is a causal relationship established for a procedural complication?

**A:**

Once it has been determined that a condition meets the criteria for coding in the *General standards*, the classification guidelines are applied to identify causal relationships.

Guidelines for establishing a causal relationship for procedural complications have been relocated from ACS 1904 *Complications of surgical or medical care* to the ICD-10-AM Tabular List, *Conventions 9.5 Causal relationship terminology* and the ICD-10-AM Alphabetic Index, *Convention 9. Special terminology*.

A causal relationship can be established when supported by:

- clinical documentation, or
- the classification links two conditions
- an Australian Modification (AM) code

For

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relationship, not a causal relationship, as per the cause of a pulmonary embolism post (ICD-10-AM) may be multifactorial, therefore a causal relationship may be explicitly documented.

As *Embolism and thrombosis due to insertion of internal cardiac and vascular devices, implants and grafts* where a pulmonary embolism is specified as due to central line insertion and meets the criteria in one of the *General standards*.

Follow the ICD-10-AM Alphabetic Index:

### Embolism

- due to device, implant or graft NEC — see *Complication(s)/embolism/device, implant or graft*

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

- embolism
- - device, implant or graft
- - - catheter
- - - - vascular infusion (central)(peripheral) T82.82



#### Postprocedural pain

Assign a code for postprocedural pain where it meets the criteria in one of the following categories:  
Postprocedural pain has an established causal relationship as a result of an  
exclusive causation relationship between pain and a procedure or intervention  
*Convention 9.5.3. The cause and effect relationship must be documented*  
under *Complication(s)/postprocedural pain*  
*medical care Directive 1.2*

See also the [Terminology](#)

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## Thirteenth Edition FAQ: Use of vaping device

### Q:

What codes may be assigned with Z72.7 *Use of vaping device, current* or Z91.81 *Personal history of use of vaping device*?

### A:

Z72.7 *Use of vaping device, current* and Z91.81 *Personal history of use of vaping device* are mutually exclusive, that is they cannot be assigned together.

Z72.7 and Z91.81

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Z91.81 *Personal history of use of vaping device*

For the ICD-10-AM Alphabetic Index:

**Nicotine** — see *Tobacco*

**Tobacco** (nicotine)

- use NEC Z72.0

**Problem related to**

- vaping device use, current Z72.7

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## Thirteenth Edition FAQ: Vaping related disorder

### Q:

Is a code for vaping related disorder assigned when a condition is documented as a vaping related disorder?

### A:

Assign U07.0 *Vaping related disorder* for a condition documented by a clinician as a 'vaping related disorder' in the *disorders Directive* 4.2.1.

Symptoms, such as cough, are not sufficient for assignment.

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