



IHACPA

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

Frequently Asked Questions (FAQs) and Coding Rules

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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 and Coding Rules 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](#)

Thirteenth Edition FAQ: Cluster coding and supplementary factors related to external causes

Q:

Which codes in ICD-10-AM Chapter 20 *External causes of morbidity and mortality* (U50–U73, V00–Y98) are assigned to diagnosis clusters?

A:

Not all codes in ICD-10-AM Chapter 20 *External causes of morbidity and mortality* (U50–U73, V00–Y98) are external cause codes. Block Y90–Y98 *Supplementary factors related to morbidity and mortality classified elsewhere* contains codes which are not external causes.

Therefore, do not allocate codes from

- Y90 *Evidence*

For example, community-acquired pneumonia NOS (not otherwise specified) is assigned J18.9 *Pneumonia, unspecified* and Y95 *Nosocomial condition*, with DCID 8 allocated to both codes.

Codes from category Y92 *Place of occurrence* are allocated to diagnosis clusters in accordance with ACS 0004 *Diagnosis cluster identifier (DCID) Directive 1.3*:

Allocate corresponding external cause, place of occurrence and activity codes for each cluster.

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Ref No: TN1692 | Published On: 15-Dec-2025 | Status: Current

Thirteenth Edition FAQ: External cause codes for breakdown or malfunction of a device

Q:

Is breakdown or malfunction of a device always classified as an unintentional event?

A:

ICD-10-AM (and ICD-10) classifies device breakdown or malfunction as an unintentional event (formerly termed misadventure) when assigning the external cause code.

To classify an unintentional event, the injury or harm must be assigned in accordance with 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

Assign an appropriate external cause code from block 1
unintentional events in diagnostic and the
Section II *External causes of injury*

Excludes not

Y
...ic Index and

A
ex
ma
... External causes for detailed
... unintentional events such as breakdown or
... of medical devices without an unintentional event.

See [www.ACHI/ACS Thirteenth Edition – Errata 3](#).

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Thirteenth Edition FAQ: Hypotension associated with anaesthesia

Q:

What codes are assigned for hypotension associated with anaesthesia?

A:

Hypotension associated with anaesthesia may be due to a specific anaesthetic drug, or it could be due to other factors related to the anaesthesia that are unrelated to the anaesthetic drug.

If hypotension is due to an anaesthetic drug assign:

- I95.2 *Hypotension due to drugs*
- External cause code for the drug.

Follow ACS 1902 *Adverse effects of drugs and radiotherapy Directive 1.1*

Assign a code for a condition that is an adverse effect of a drug administered.

If hypotension is due to

- T00

with an established causal relationship.

Sc

Hypotension due to anaesthetic drug(s) NOS. Assign:

I95.2 *Hypotension due to drugs*

Y48.4 *Anaesthetic, unspecified causing adverse effects in therapeutic use*

Scenario 2

Hypotension due to a general anaesthetic drug(s) (such as propofol).

Assign:

I95.2 *Hypotension due to drugs*

Y48.2 *Other and unspecified general anaesthetics causing adverse effects in therapeutic use*

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Scenario 3

Hypotension due to anaesthesia for an intervention.

Assign:

T88.54 *Hypotension due to anaesthesia, not elsewhere classified*

Y84.89 *Other medical procedure as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure*

Follow the ICD-10-AM Alphabetic Index Section I *Alphabetic Index*

Complication(s)

- anaesthesia

- - hypotension

C

- - anaesthetic drug — see *Complication(s)/anaesthetic*

- anaesthetic NEC Y48.4

- - general Y48.2

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Thirteenth Edition FAQ: Infection following insertion of device, implant or graft

Q:

What code is assigned for an infection following insertion of device, implant or graft?

A:

Postprocedural infection following insertion of a device, implant or graft can occur for several reasons, including patient comorbidities, surgical technique, type of procedure or the device itself. These infections may appear at any point during the surgical process and can range from:

- superficial incisional (skin level)
- deep incisional (deeper tissue)
- organ or organ-space infections, including joints.

In ICD-10-AM:

- all postprocedural surgical site infections, including infection, not elsewhere classified, of wound, operation, or graft.

code for infection of wound, operation, or graft if the infection is classified as a prosthetic infection or an infected

The index at *Complication(s)/postprocedural/infection, surgical/at site of operation/graft*.

The type of intervention is classified by the external cause code, for example Y83.17 *Surgical operation with implant of orthopaedic internal device*.

Scenario 1

Surgical site (wound) infection following total knee replacement, with no evidence of infected prosthesis or infection at the joint implant site.

Assign:

T81.4 *Postprocedural wound infection, not elsewhere classified*

T81.4 is assigned for a surgical site (wound) infection following total knee replacement with no causal link between the infection and the knee implant.

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Follow the ICD-10-AM Alphabetic Index:

Complication(s)

- postprocedural
- - infection, surgical (wound) NEC T81.4

Scenario 2

Infection at the site of a prosthetic knee joint replacement with evidence of infection surrounding the prosthesis.

Assign:

T84.5 *Infection and inflammatory reaction due to*

T84.5 is assigned for infection

The ICD-10-AM

-
-
- , implant or graft — see *Complication(s)/infection/device, implant or graft*

Complication(s)

- infection (surgical wound)
- - device, implant or graft
- - - joint prosthesis T84.5

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Thirteenth Edition FAQ: Intravascular catheter associated/related infections

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

Q:

What codes are assigned for intravascular catheter associated/related infections without further specification?

A:

Clinical advice confirmed that documentation of intravascular catheter associated infections or intravascular catheter related infections, on their own, are insufficient to assume a causal relationship.

Further evidence in the documentation or clinical confirmation is required to assign intravascular catheter associated infections or sepsis as a complication of an intravascular catheter.

Scenario 1

Bacterial bloodstream infection related to an intravascular catheter not otherwise specified (NOS).

Assign:

A49.9 *Bacterial infection, unspecified*

Follow the ICD-10-AM Alphabetic Index:

Infection, infected

- bloodstream
- - bacterial NEC A49.9

Also assign Z95.8 *Presence of other cardiac and vascular implants and grafts*.

Scenario 2

Sepsis associated with an intravascular catheter NOS. Assign:

A41.9 *Sepsis, unspecified*

Follow the ICD-10-AM Alphabetic Index:

Sepsis NEC A41.9

Also assign Z95.8 *Presence of other cardiac and vascular implants and grafts*.

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Thirteenth Edition FAQ: Mammoplasty

Q:

WhatACHI codes are assigned for mammoplasty?

A:

Mammoplasty encompasses a variety of surgical interventions that may be performed for cosmetic or therapeutic purposes. There are 3 main types of mammoplasties:

- augmentation mammoplasty
- reduction mammoplasty
- reconstructive mammoplasty.

Therapeutic mammoplasty is a type of surgery that involves reshaping the remaining breast tissue after the removal of a cancer/lesion.

It is important to note that the duration of the procedure is uncertain.

There are two main operative techniques (incisional and non-incisional) and the duration of the procedure should be specified using the appropriate modifiers in the Alphabetic Index at the end of the procedure. *Reconstruction/breast NEC* do not affect code assignment.

Therapeutic mammoplasty without further specification is classified to 96279-00 **[1756]**
Reconstruction of breast, not elsewhere classified.

References:

Cancer council NSW (2024) [Surgery to the other breast](#), Cancer council NSW website, viewed 21 October 2025.

Ref No: Q4001 | Published On: 15-Dec-2025 | Status: Current

Applying ACS 0020 *Bilateral/multiple interventions* for interventions performed on multiple vessels, using one entry point/approach

Q:

What is the correct application of ACS 0020 *Bilateral/multiple interventions* for interventions performed on multiple vessels, using one entry point/approach?

A:

Where the same intervention is repeated during a single visit to theatre involving one entry point/approach, apply ACS 0020 *Bilateral/multiple interventions*:

- *Directive 2.2.1* and assign one code for the intervention for similar/same lesions
- *Directive 2.3.1* and assign a code for each site for different lesions.

Scenario 1

Transcatheter embolisation of the left and right uterine arteries

Assign 35321-06 [768] *Transcatheter embolisation of the uterine artery* intervention (embolisation) using one entry point/approach

Scenario 2

Percutaneous transluminal angioplasty performed on anterior tibial artery (ATA), tibial peroneal trunk (TPT), profunda femoral artery (PFA) and superficial femoral artery (SFA) for arteriosclerosis.

Assign a code for each of the four interventions (angioplasties) performed during a single visit to theatre, involving one entry point/approach for different arteriosclerotic lesions in the ATA, TPT, PFA and SFA.

Follow the ACHI Alphabetic Index:

Angioplasty

- transluminal balloon
- - peripheral vessel (percutaneous)

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Ref No: Q3795 | Published On: 15-Dec-2025 | Status: Current

Meconium aspiration syndrome in transferred neonates

Q:

What code is assigned for meconium aspiration syndrome in a neonate transferred to another facility?

A:

ICD-10-AM classifies meconium aspiration syndrome to P24.0 *Neonatal aspiration of meconium*.

Follow the ICD-10-AM Alphabetic Index:

Syndrome

- meconium
- - aspiration P24.0

However, *AC*

P

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P24.0 Meconium aspiration syndrome in a newborn

P24.0 Meconium aspiration syndrome in a newborn
with oxygen for 24 hours or more.

P24.0 Meconium aspiration syndrome in a newborn
with oxygen for 24 hours or more. It
does not apply for confirmed conditions transferred for ongoing care.

Ref No: Q3803 | Published On: 15-Dec-2025 | Status: Current

Pelvic venous hypertension

Q:

What codes are assigned for pelvic venous hypertension?

A:

Pelvic venous hypertension is also known as pelvic venous congestion syndrome, or pelvic congestion syndrome (PCS). Pelvic congestion syndrome can occur when the valve of a pelvic vein fails, causing blood to pool, which leads to enlarged and dilated veins. In females, PCS can cause chronic pelvic pain and varicose veins in the vulva, vagina, inner thighs, sometimes extending down the leg. In males, PCS can cause dilated veins in the testicles, which can lead to discomfort, infertility and varicose veins of the legs. May 2024. PCS (Ponash Vascular 2024; Rophael n.d.)

Assign one of the following codes:

- N94.8 Other

Diagnosis / 3. Problems and
Additional diagnoses / 3.1 Problems and
Diabetic Index:

Congestive, congestive

- pelvic, female N94.8

Varicocele (scrotum) (thrombosed) I86.1

- spermatic cord (ulcerated) I86.1

Amendments may be considered for a future edition.

References:

Ponosh Vascular (2024) [Pelvic congestion or hypertension syndrome](#), Ponash Vascular website, accessed 8 December 2025.

Rophael J (n.d.) [Pelvic congestion syndrome](#), Victorian Vascular Clinic website, accessed 8 December 2025.

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Ref No: Q3761 | Published On: 15-Dec-2025 | Status: Current

Principal diagnosis for treatment of cerebral palsy manifestation(s)

This Coding Rule is applicable to ICD-10-AM/ACHI/ACS Twelfth Edition

Q:

What code is assigned as principal diagnosis in an episode of care for treatment of cerebral palsy manifestation(s)?

A:

Cerebral palsy (CP) is a clinical descriptor covering a diverse group of permanent, nondegenerative, neuromuscular disorders of movement and posture that is caused by damage to the developing brain (Mayo Clinic 2023). This includes the progression of musculoskeletal pathology (such as bony deformities and contractures), that can occur with advancing age (Graham et al. 2021).

Surgery for bony deformities and contractures or other musculoskeletal pathology is often recommended when spasticity and stiffness are severe enough to make walking difficult or painful (NINDS 2025). Conventional interventions for CP range from intramuscular administration of Botox and, muscle-tendon procedures, to bone osteotomies (redirection of deformed bone and joints) and complex hip and spine surgery (RCH n.d.).

Assign a code from subcategory G80.0 *Cerebral palsy* as principal diagnosis where manifestations of CP such as muscular contractures are being treated.

Follow the ICD-10-AM Alphabetic Index:

Palsy

- cerebral (congenital)

Assign an additional diagnosis code for manifestations of CP requiring an intervention (such as a code from subcategory M62.4 *Contracture of muscle*).

Do not assign additional codes from Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified* (such as R25.2 *Cramp and spasm*) when one of these features is documented as the indication for the episode of care.

See also Coding Rule Injection of botulinum toxin (Botox) for manifestations of cerebral palsy. Minor amendments may be considered for a future edition.

References:

Graham HK, Thomason P, Willoughby K, Hastings-Ison T, Stralen RV, Dala-Ali B, Wong P and Rutz E (2021) 'Musculoskeletal Pathology in Cerebral Palsy: A Classification System and Reliability Study'. *Children*, 8(3):252, doi: 10.3390/children8030252.

Mayo Clinic (2023) [Cerebral palsy](#), Mayo clinic website, accessed 20 November 2025.

NINDS (National Institute of Neurological Disorders and Stroke) (2025) [Cerebral palsy](#), NINDS website, accessed 20 November 2025.

RCH (The Royal Children's Hospital Melbourne) (n.d.) [Cerebral Palsy and related conditions](#), RCH website, accessed 20 November 2025.



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Ref No: Q3954 | Published On: 15-Dec-2025 | Status: Current

Procedural anxiety

This Coding Rule is applicable to ICD-10-AM/ACHI/ACS Twelfth Edition

Q:

What code is assigned for procedural anxiety in the absence of a mental or behavioural health condition?

A:

Some patients may experience mild to moderate anxiety before a procedure that may alter the course of their treatment, for example administration of oral sedation. This is not a mental or behavioural health condition.

Assign R45.89 *Other symptoms and signs involving emotional state* for procedural anxiety or distress in these circumstances.

Follow the ICD-10-AM Alphabetic Index:

Symptoms specified

- involving
- - emotional state NEC R45.89

Amendments to ICD-10-AM may be considered for a future edition.

Ref No: Q3770 | Published On: 15-Dec-2025 | Status: Current

Reticulohistiocytoma

Q:

Is a morphology code required to be assigned with reticulohistiocytoma?

A:

Reticulohistiocytoma is a benign neoplasm. In accordance with ACS 0233 *Morphology Directories* and *Note 1*, a morphology code is assigned directly after the neoplasm code to which it applies. In the Thirteenth Edition, ACS 0233 was amended and the list of codes that were previously assigned to D76.3 code assignment was removed as it was not exhaustive and was superseded by the Alphabetic Index.

Assign the following for reticulohistiocytoma:

D76.3 *Other histiocytoses*

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Histiocytosis syndromes are neoplasms. Do not assign a morphology code unless classified to D76.3 unless directed by the ICD-10-AM Alphabetic Index.



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Ref No: Q3735 | Published On: 15-Dec-2025 | Status: Current

Stealth guided endoscopic sinus surgery

This Coding Rule is applicable to ICD-10-AM/ACHI/ACS Twelfth Edition

Note: in 13th Ed 'Procedure' has been updated to 'Intervention'

Q:

What code is assigned for the stealth guided component of endoscopic sinus surgery?

A:

Stealth is a product name for an image guidance system commonly used during endoscopic sinus surgery. Image guidance systems provide real-time instrument positioning information to help navigate around the sinuses and related structures (Nobre et al. 2022).

Image guidance systems are a component of endoscopic sinus surgery. Therefore, do not assign an ACHI code for the image guidance component, in accordance with ACS 0016 *General intervention guidelines Exception 2* that states '**Do not** code interventions that are components of another intervention, where they are routine or an inherent part of the more significant intervention being performed'.

References:

Nobre ML, Sarmento AC, de Bedaque H, Medeiros K, Cobucci R Gonçalves A (2022) 'Image-guided endoscopic sinus surgery for patients with chronic rhinosinusitis: a systematic review and meta-analysis', *Authorea*, doi:10.22541/au.166507564.43654968/v1.

Tongue swelling

This Coding Rule is applicable to ICD-10-AM/ACHI/ACS Twelfth Edition

Q:

What code is assigned for tongue swelling?

A:

Tongue swelling is a symptom of conditions such as allergy, infections, dry mouth, mouth trauma and vitamin/nutritional deficiencies (Wiginton 2023).

Assign the following for tongue swelling:

- a code for the underlying cause if known, or
- R22.0 *Localised swelling, mass and lump, head* if the underlying cause is unknown.

Follow the ICD-10-AM Alphabetic Index:

Swelling (of)

- head (localised) R22.0

References:

Wiginton K (2023) [Tongue Swelling: Causes of Swollen Tongue](#), WebMD website, accessed 25 June 2025.



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Ref No: Q3960 | Published On: 15-Dec-2025 | Status: Current

Unknown primary or secondary neoplasm of specified site

This Coding Rule is applicable to ICD-10-AM/ACHI/ACS Twelfth Edition

Q:

What code is assigned for an unknown primary or secondary neoplasm where the site is specified, for example lung neoplasm – unknown whether primary or secondary, not for further investigation?

A:

Neoplasms are often first identified through non-invasive interventions such as imaging. In some cases, it may not be possible to determine if these are primary or secondary neoplasms, especially in patients who are contraindicated or who elect not to proceed with invasive investigations.

Documentation of neoplasm - unknown whether primary or secondary will most often occur in organs such as the lungs where both primary and secondary neoplasms commonly occur.

Assign C80.9 *Malignant neoplasm, primary site unspecified* for a malignant neoplasm of specified site (for example lung) where it is unknown whether the neoplasm is a primary or secondary malignancy.

Follow the ICD-10-AM Alphabetic Index:

Neoplasm, neoplastic

- unknown
- - whether primary or secondary C80.9

As the site of the neoplasm is known (lung) **do not** follow the ICD-10-AM Alphabetic Index *Neoplasm/unknown/primary site, so stated* to assign C80.0 *Malignant neoplasm primary site unknown, so stated*.

The ICD-10-AM Tabular List Chapter 2 *Neoplasms* Note 1 states categories C76–C80 *Malignant neoplasms of ill-defined, secondary and unspecified sites* include malignant neoplasms for which there is no clear indication of the original site of the neoplasm. Therefore, **do not** follow the ICD-10-AM Alphabetic Index *Neoplasm/lung* to assign C34.9 *Malignant neoplasm of bronchus or lung unspecified*.

Amendments to ICD-10-AM may be considered for a future edition.