



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

# Preview of Twelfth Edition Changes *Pharmacotherapy and Neoplasms*

**WA Clinical Coding Authority**

**Purchasing and System Performance Division**

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**Produced with resources available prior to release of IHPA Education**

The following concepts have been “unbundled” for pharmacotherapy coding, and for the purposes of ACS 0236 *Neoplasm coding and sequencing*.



ACS 0044 *Pharmacotherapy* has been split into **two** standards:

**ACS 0044 *Pharmacotherapy***  
Existing ACS refashioned, and is now applicable for:  
 Conditions other than neoplasms  
Examples:  

- multiple sclerosis;
- suppression of previously treated opportunistic infection in HIV/AIDS
- **Neoplasm related conditions**  
e.g. hypercalcaemia on background of bone metastases
- **Neoplasm treatment related conditions**  
e.g. dehydration due to recent chemotherapy

**ACS 0206  
*Pharmacotherapy for neoplasms***  
New ACS created for:  
 Neoplasms

To reinforce the concepts being unbundled, these Tabular List *Excludes* notes have been created:

**Z51.1 *Pharmacotherapy session for neoplasm***

*Excludes:* pharmacotherapy session for neoplasm:

- related condition – code condition – see Alphabetic Index
- treatment related condition – code condition – see Alphabetic Index

**-00 *Antineoplastic agent at block 1920 Administration of pharmacotherapy***

*Excludes:* agent(s) used in treatment of neoplasm:

- related condition — see Alphabetic Index: *Administration/type of agent*
- treatment related conditions — see Alphabetic Index: *Administration/type of agent*

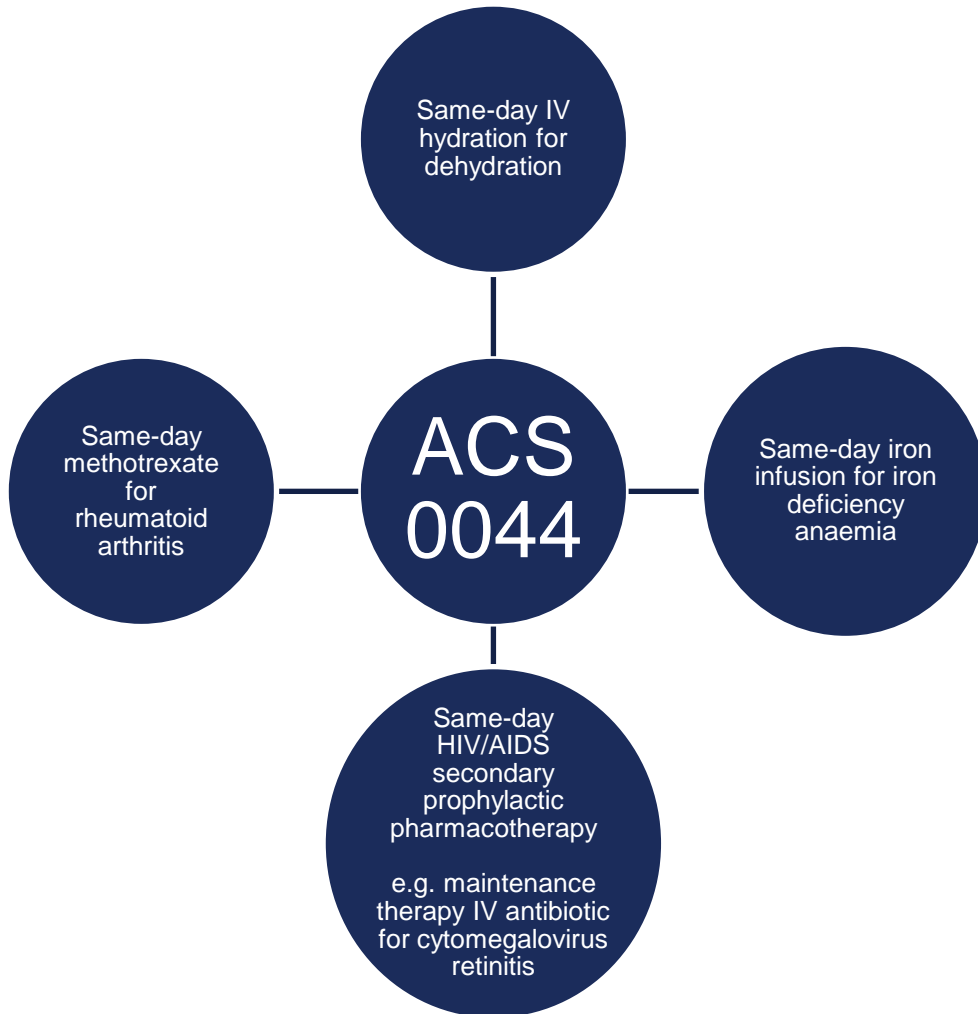
As a result of these changes, the following national coding rules will be retired:

- Q3073 *Same-day admissions for chemotherapy/pharmacotherapy for neoplasm(s) and neoplasm related conditions*
- Q3498 *Clarification of ACS 0236 Neoplasm coding and sequencing*

## ACS 0044 Pharmacotherapy definition

Pharmacotherapy is the administration of a drug for **treatment of a condition or for prophylaxis**. For classification purposes, pharmacotherapy includes any therapeutic substance (usually a drug), but excluding blood and blood products.

## Examples of episodes for which ACS 0044 is applicable

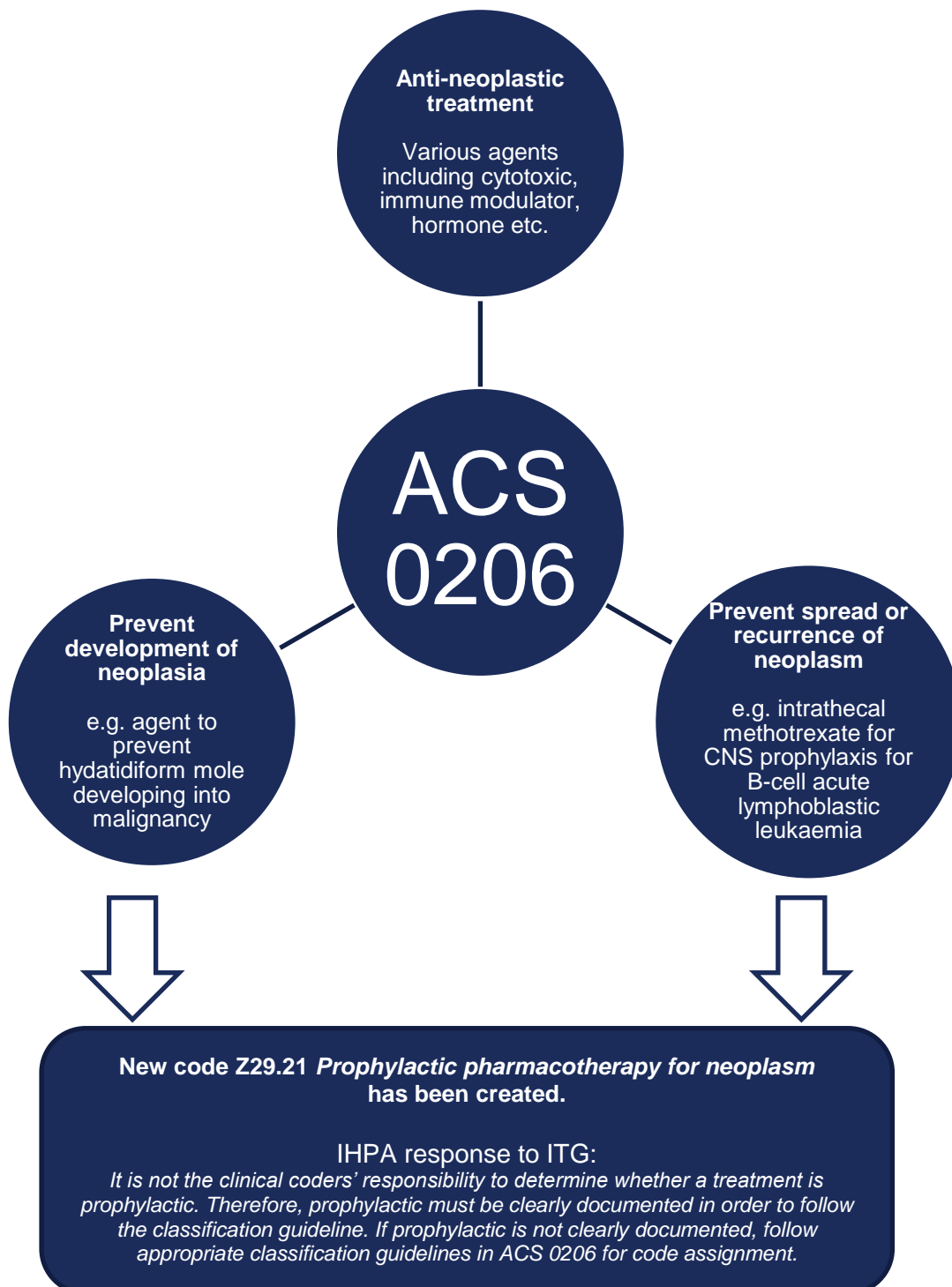


## ACS 0206 *Pharmacotherapy for neoplasms* definitions

**Pharmacotherapy for neoplasms** is the administration of a substance (usually a drug) for a neoplasm, for the **purposes of treatment or prophylaxis**. For classification purposes, an antineoplastic agent is any pharmacotherapy substance used in the treatment of neoplasms.

**Prophylactic pharmacotherapy for neoplasms** is the administration of antineoplastic agents to **prevent the development of neoplasia** (eg prophylaxis to prevent hydatidiform mole becoming cancerous) **or the spread of a neoplasm** (eg central nervous system (CNS) prophylaxis to prevent the spread of a neoplasm to the CNS).

### Examples of episodes for which ACS 0206 is applicable



## Concepts awaiting clarification in IHPA education

The ACS 0206 definition of pharmacotherapy:

***“...administration of a substance (usually a drug) for a neoplasm, for the purposes of treatment...”***

may also be applicable for the following concepts. There was lack of clarity in the ITG process hence IHPA Education is awaited.

- **Supportive (not antineoplastic) pharmacotherapy for neoplasm**  
e.g. Aredia for bone metastases  
Aredia indications include bone pain; slowing destruction of bone; preventing fracture. However, these are usually not documented – rather the neoplasm is the documented indication/diagnosis.
- **Prophylactic pharmacotherapy that does not meet ACS 0206 definition of prophylactic pharmacotherapy**
  - Booked same-day IV hydration alone, as a scheduled part of a neoplasm chemotherapy regime.  
Note: in WA this is non-admitted activity because there is no established diagnosis.
  - Booked same-day Neulasta alone, as a scheduled part of a neoplasm chemotherapy regime.  
Note: in WA this is non-admitted activity because there is no established diagnosis.

(See also: [https://ww2.health.wa.gov.au/Articles/A\\_E/Clinical-Coding-Authority/Same-day-ACHI-Procedure-Codes](https://ww2.health.wa.gov.au/Articles/A_E/Clinical-Coding-Authority/Same-day-ACHI-Procedure-Codes))

# ICD-10-AM Tabular List changes

Z29.1 Prophylactic immunotherapy  
▼ 1500

Plasmapheresis for incompatible organ transplant

~~Z29.2 Other prophylactic pharmacotherapy~~  
~~▼ 1617~~

~~Prophylactic:~~  
~~• antibiotic therapy~~  
~~• chemotherapy~~

Z29.2 Prophylactic pharmacotherapy

⊕ Z29.21 Prophylactic pharmacotherapy for neoplasm  
▼ 0206

Note: Assign this code for prophylactic administration of pharmacological agent for neoplasm.

⊕ Z29.29 Prophylactic pharmacotherapy, not elsewhere classified  
▼ 0044, 0102, 1549, 1617

Prophylactic antibiotic therapy

Note: Assign this code for prophylactic administration of pharmacological agent for condition other than neoplasm.

Excludes: prophylactic pharmacotherapy for neoplasm (Z29.21)

Z51.1 Pharmacotherapy session for neoplasm  
▼ 0044

Maintenance chemotherapy ~~NOS~~ for neoplasm

Excludes: pharmacotherapy session for neoplasm:  
• related condition — code condition — see Alphabetic Index  
• treatment related condition — code condition — see Alphabetic Index  
prophylactic chemotherapy for neoplasm (Z29.21)

ITG query regarding classification of a same-day episode involving both Z51.1 and Z29.21:

IHPA Response: Assign Z29.21 by following the Excludes note at Z51.1

## ACS 0102 HIV/AIDS

Prophylactic pharmacotherapy is used to:

- prevent the acquisition of a particular infection (primary); or
- keep a previously treated opportunistic infection suppressed (secondary)

Code as per instructions in  
in ACS 0102 *HIV/AIDS*

Code as per instructions in  
ACS 0044

## ACS 0042 Procedures normally not coded

Excerpt:

### CLASSIFICATION

Procedures normally not coded are only assigned if:

- cerebral anaesthesia is required in order for the procedure to be performed (*see* ACS 0031 *Anaesthesia*)
- they are the principal reason for admission in same-day episodes of care. This includes patients who are admitted the day before or discharged on the day after a procedure because a same-day admission is not possible or practicable for them (eg elderly patients, those who live in remote locations)
- another specialty standard directs they should be assigned. In such cases, the specialty standard overrides this list and the stated code is assigned.

The procedures listed below are normally not coded:

#### 1. Application of plaster

...

#### 8. Drug treatment/pharmacotherapy/prescription of drugs (eg total parental nutrition (TPN))

Exception(s): code following the guidelines in:

~~ACS 0044 *Pharmacotherapy*~~

- [ACS 0206 \*Pharmacotherapy for neoplasms\*](#)
- ACS 0534 *Specific interventions related to mental health care services*
- ACS 0943 *Thrombolytic therapy*
- ACS 1316 *Cement spacer/beads*
- ACS 1500 *Diagnosis sequencing in obstetric episodes of care*
- ACS 1511 *Termination of pregnancy (abortion)*
- ACS 1615 *Specific diseases and interventions related to the sick neonate*

The new ACS 0206 *Pharmacotherapy for neoplasms* is a specialty standard.

ACS 0044 *Pharmacotherapy* is not a specialty standard.

**Instruction added in ACS 0044:**  
  
"Assign codes from block 1920 for pharmacotherapy for conditions other than neoplasms in accordance with ACS 0042".

#### SAME-DAY

e.g. iron infusion

ACHI code is only assigned if it's the principal reason for admission; or cerebral anaesthesia is required in order for the procedure to be performed.

#### MULTI-DAY

e.g. iron infusion during multi-day episode

ACHI code is NOT assigned because ACS 0044 is NOT listed as an exception in ACS 0042/point 8.

It was unclear in 11th Edition whether an ACHI code should be assigned in multi-day episodes, resulting in inconsistent practice.

## Summary of main changes to ACS 0236 *Neoplasm coding and sequencing*

What has changed	11 <sup>th</sup> Edition ACS instruction	12 <sup>th</sup> Edition ACS instruction
<p><b>The concepts: neoplasm, neoplasm related condition, and neoplasm treatment related condition have been “unbundled”.</b></p>	<p>Primary neoplasm classified as a current condition if the episode is for treatment of complications of primary neoplasm or neoplasm treatment.</p>	<p>If the episode of care is for treatment of neoplasm related or neoplasm treatment related condition, assign a code for the neoplasm only if it meets criteria for coding (ACS 0002 <i>Additional diagnoses</i>).</p>
	<p><b>i.e. primary neoplasm automatically coded</b></p>	<p><b>i.e. primary neoplasm NOT automatically coded</b></p>
<p><b>Metastases are only coded when documented in the current episode</b></p>	<p>Where there are multiple secondary (metastatic) sites, assign a code for each metastatic site to reflect the severity of the neoplastic condition            Note: this instruction conflicted with TN1505 <i>FAQ 11<sup>th</sup> Edition – ACS 0010</i> but no clarification was forthcoming from IHPA about this during 11<sup>th</sup> Edition.</p>	<p>Assign code(s) for secondary (metastatic) sites that are documented by the clinician in the current episode of care, see also ACS 0010 <i>Clinical documentation and general abstraction guidelines</i>.</p>
	<p><b>i.e. abstraction outside of episode for metastatic sites justified as per ACS 0236</b></p>	<p><b>i.e. abstraction outside of episode for metastatic sites only allowed in limited circumstances as per ACS 0010</b></p>
<p><b>Clarification of dental clearance classification - no change in practice</b></p>	<p>A primary neoplasm is classified as a current condition if the episode is for: dental clearance prior to radiotherapy. Assign a code for the condition requiring the procedure as per the criteria in ACS 0001 <i>Principal diagnosis</i>.</p>	<p>If the episode is for dental clearance prior to radiotherapy, assign:            - a code for the dental condition requiring the dental clearance, or            - a neoplasm code where dental clearance is for prophylactic purposes.</p>
	<p><b>i.e. ambiguous classification instruction</b></p>	<p><b>i.e. clear classification instruction</b></p>



## Summary of pharmacotherapy coding practices

Same-day pharmacotherapy example	11 <sup>th</sup> Edition	12 <sup>th</sup> Edition	Change in coding practice?
<b>Neoplasm</b>	Z51.1 and neoplasm and -00 <i>Antineoplastic therapy</i> assigned per ACS 0044	Z51.1 and neoplasm and -00 <i>Antineoplastic therapy</i> assigned as per new ACS 0206.	No change
<b>Condition other than neoplasm</b> e.g. methylprednisone for multiple sclerosis	Multiple sclerosis and -03 <i>Steroid therapy</i> assigned as per ACS 0044	Multiple sclerosis and -03 <i>Steroid therapy</i> assigned as per ACS 0044	No change
<b>Neoplasm related condition</b> e.g. Aredia for hypercalcaemia on background of bone metastases; or hypercalcaemia “due to” bone metastases.	Z51.1 and neoplasm and -00 <i>Antineoplastic therapy</i> assigned as per ACS 0044	Hypercalcaemia and -19 <i>Other and unspecified therapy</i> assigned as per ACS 0044  Neoplasm coded as additional diagnosis only if meets ACS 0002, which includes if causal link (e.g. “due to”) documented.	Change in coding practice
<b>Supportive pharmacotherapy for neoplasm</b> e.g. Aredia for bone metastases, without a condition such as hypercalcaemia documented. Aredia is used to slow the destruction of bone by cancer cells which is a supportive measure, but not anti-neoplastic treatment of the neoplasm itself. Aredia can also be used as treatment of hypercalcaemia.	Z51.1 and neoplasm and -00 <i>Antineoplastic therapy</i> assigned as per ACS 0044	???  Z51.1 and neoplasm and -00 <i>Antineoplastic therapy</i> assigned as per ACS 0206?	Unclear response from IHPA in ITG process. Await IHPA 12 <sup>th</sup> Edition education.
<b>Neoplasm treatment related condition</b> e.g. IV hydration for dehydration due to recent chemotherapy	<b>National</b> Z51.1 and neoplasm and -00 <i>Antineoplastic therapy</i> assigned as per national coding rule Q3073.  <b>Western Australia</b> Dehydration and -19 <i>Other and unspecified therapy</i>  assigned as per <i>Guide to Major Eleventh Edition Changes: ACS &amp; ICD-10-AM</i> .	Dehydration and -19 <i>Other and unspecified therapy</i> assigned as per ACS 0044.	No change as 12 <sup>th</sup> edition practice was already in place in Western Australia.
<b>Oral chemotherapy for neoplasm</b>	Where admission eligibility has been met, ACHI codes for oral, subcutaneous, enteral, and/or intramuscular may be assigned (in isolation; or with other chemotherapy codes).	Oral administration is assigned when it is the only route of administration in the episode.	Change in coding practice for oral chemotherapy.
<b>Pharmacotherapy for condition other than neoplasm in multi-day episode</b> e.g. iron infusion in multi-day episode	Inconsistent coding practice	ACHI code not assigned in multi day episode, as per ACS 0042	Change in coding practice for some coders
<b>Prophylactic anti-neoplastic to prevent spread or recurrence of neoplasm; or prevent development of neoplasm.</b>	Z51.1 and neoplasm and -00 <i>Antineoplastic therapy</i> assigned as per ACS 0044	Z29.21 and neoplasm and -00 <i>Antineoplastic therapy</i> assigned as per ACS 0206	Change in coding practice. New code Z29.21 (only assigned if prophylactic documented).

## Twelfth Edition error


### Example 3 in ACS 0044

For multi-day episode ACHI codes are not assigned for pharmacotherapy for conditions covered by ACS 0044 (in this case neoplasm treatment related conditions – dehydration and anaemia). 96199-19 should **not** have been assigned for iron infusion in this Example.

#### EXAMPLE 3:

Patient with small cell lung carcinoma admitted for dehydration and anaemia due to recent chemotherapy. Intravenous (IV) hydration was administered on day 1. Patient received an IV iron infusion and was discharged on the following day.

Codes:	<u>E86</u>	<u><i>Volume depletion</i></u>
	<u>D64.9</u>	<u><i>Anaemia, unspecified</i></u>
	<u>Y43.3</u>	<u><i>Other antineoplastic drugs causing adverse effects in therapeutic use</i></u>
	<u>Y92.23</u>	<u><i>Place of occurrence, health service area, not specified as this facility</i></u>
	<u>96199-19 [1920]</u>	<u><i>Intravenous administration of pharmacological agent, other and unspecified pharmacological agent</i></u>

 In this example, E86 and D64.9 are assigned in accordance with ACS 0001, as dehydration and anaemia both equally meet the definition for principal diagnosis. Neoplasm codes are not assigned as the lung carcinoma does not meet the criteria in ACS 0002 *Additional diagnoses* (see also ACS 0236 *Neoplasm coding and sequencing*). 96199-19 [1920] is assigned in accordance with ACS 0042 *Procedures normally not coded*. An ACHI code for IV hydration is not assigned as it does not meet the criteria in ACS 0042 *Procedures normally not coded*. See also ACS 1902 *Adverse effects*.

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