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

Western Australian Coding Rule

0318/28 Causal link in same-day endoscopy coding

In ICD-10-AM/ACHI/ACS Tenth Edition, ACS 0051 *Same-day endoscopy – diagnostic* clarifies classification instructions for causal link documentation. WA Coding Rule 0114/01 *Causal link in same-day endoscopy coding* is therefore retired.

DECISION

WA Coding Rule 0114/01 *Causal link in same-day endoscopy coding* is retired.

[Effective 1 Jul 2017, ICD-10-AM/ACHI/ACS 10th Ed.]

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0114/01 Causal link in same-day endoscopy coding

Q.

Please clarify 'causal link' as per ACS 0046 *Diagnosis selection for same-day endoscopy?*
Example 1
Indication for colonoscopy is PR bleeding. Procedure report findings and conclusion state only "haemorrhoids". Is code assignment: K92.2, K64.9 OR K64.9?
Example 2
Indicaiton for cystoscopy is haematuria. Procedure report findings and histology show Transitional Cell Carcinoma, but no causal link is documented. Is code assignment: C67.9, M8120/3 OR r31, C67.9 M8120/3?

A.

There is lack of consistency in day-case endoscopy coding across WA. Some sites are interpreting the procedure report conclusion to be the clinician's principal diagnosis selection. Although this would be ideal, there are various factors that need consideration:

Discrepancies in documentation between hospitals and various clinicians
Many sites only perform and report on the endoscopic procedure – the pre and post-operative investigations and medical management are managed by a GP or other clinician. Clinical advice at one site was that the clinician performing the procedure did not wish to take responsibility for principal diagnosis selection.
It is therefore difficult to provide guidance to suit all sites, so our recommendation is to eliminate the need for coders to decide whether procedure findings account for the symptoms/indications by providing the following guideline:

Code indication as principal diagnosis and finding(s) as additional diagnosis, unless the clinician has documented a causal link as per ACS 0046, or another Australian Coding Standard can be applied e.g. ACS 1103 *Gastrointestinal (GI) haemorrhage*. Please note that incidental findings are not coded for screening and follow-up cases as per ACS 2111 *Screening for specific disorders* and ACS 2113 *Follow-up examination for specific disorders*.

DECISION

Coders should not decide whether procedure findings account for the symptom/indication (unless a causal link is documented). Code the symptom/indication as principal diagnosis and finding(s) as additional diagnosis. Example 1 codes would be: *K92.2, K64.9* Example 2: *R31, C67.9, M8120/3.*

[Effective 22 Jan 2014, ICD-10-AM/ACHI/ACS 8th Ed.]

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