



# Western Australian Coding Rule

## 0318/69 Assignment of R45.81 *Suicidal ideation*

### Q.

Can R45.81 *Suicidal ideation* be assigned as a principal diagnosis?

Is it correct to assign R45.81 as an additional diagnosis when there is increased monitoring (e.g. suicide watch) or does the Excludes note preclude this?

### A.

When suicidal ideation is documented as the principal diagnosis without any documented mental disorder(s), it should not be coded without first querying with the clinician whether there is an underlying mental disorder. If clinical advice is that there is no mental disorder, or if clinical advice cannot be obtained, then assign R45.81 *Suicidal ideation* as the principal diagnosis.

In Australia, multiple condition coding (meaning that multiple conditions may be assigned in an episode of care) is used to provide the necessary specificity to fully describe the episode of care. Therefore R45.81 may be assigned as an additional diagnosis if it meets criteria in ACS 0002 *Additional diagnoses* and the note at Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified* (i.e. it represents an important problem in medical care in its own right). This may be determined by documentation of, for example, chemical or physical restraint, one-on-one monitoring, or delayed discharge because of suicidal ideation.

## DECISION

**R45.81 *Suicidal ideation* may be assigned as a principal diagnosis if the clinician has confirmed that there is no underlying mental disorder.**

**R45.81 *Suicidal ideation* may be assigned as an additional diagnosis with a code from F00-F99 *Mental and behavioural disorders* if it meets criteria in ACS 0002 *Additional diagnoses* and the note at Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified*, i.e. it represents an important problem in medical care in its own right. This may be determined by documentation of, for example, chemical or physical restraint, one on one monitoring or delayed discharge because of suicidal ideation.**

**This WA Coding Rule 0318/69 *Assignment of R45.81 Suicidal ideation* supersedes WA Coding Rule 1116/03 *Assignment of R45.81 Suicidal ideation*.**

This Rule has been modified to correspond with an update in ICD-10-AM/ACHI/ACS Tenth Edition.

[Effective 01 Jul 2017, ICD-10-AM/ACHI/ACS 10<sup>th</sup> Ed.]



# Western Australian Coding Rule

## 1116/03 Assignment of R45.81 *Suicidal ideation*

### Q.

Can R45.81 *Suicidal ideation* be assigned as a principal diagnosis?

Is it correct to assign R45.81 as an additional diagnosis when there is increased monitoring (e.g. suicide watch) or does the Excludes note preclude this?

### A.

When suicidal ideation is documented as the principal diagnosis without any documented mental disorder(s), it should not be coded without first querying with the clinician whether there is an underlying mental disorder. If clinical advice is that there is no mental disorder, or if clinical advice cannot be obtained, then assign R45.81 *Suicidal ideation* as the principal diagnosis.

The Excludes note at R45.81 is a type 1 excludes note (for single condition coding). Because we practice multiple condition coding, it is acceptable to assign R45.81 as an additional diagnosis if it meets criteria in ACS 1802 *Signs and symptoms*, i.e. it represents an important problem in medical care in its own right. This may be determined by documentation of, for example, chemical or physical restraint, one on one monitoring or delayed discharge because of suicidal ideation.

### DECISION

**R45.81 *Suicidal ideation* may be assigned as a principal diagnosis if the clinician has confirmed that there is no underlying mental disorder.**

**R45.81 *Suicidal ideation* may be assigned as an additional diagnosis with a code from F00-F99 if it meets criteria in ACS 1802 *Signs and symptoms*, i.e. it represents an important problem in medical care in its own right. This may be determined by documentation of, for example, chemical or physical restraint, one on one monitoring or delayed discharge because of suicidal ideation.**

[Effective 23 Nov 2016, ICD-10-AM/ACHI/ACS 9<sup>th</sup> Ed.]