



Western Australian Coding Rule

0610/03 Cerebral infarction with specified infarct site

Q.

A Coding Advisory Panel decision from 2004 to code I63.8 *Other cerebral infarction* for cerebral infarcts with a specified site such as Middle Cerebral Artery, conflicts with advice at the NCCH Seventh Edition workshop where it stated that block 163 is based on aetiology, not site. Should we cease following the 2004 Coding Advisory Panel decision?

A.

Coding Advisory Panel decision 07/09/2004 stated that if the site of a cerebral infarct is documented e.g. Thalamic, Posterior, Middle Cerebral Artery (MCA) – to follow Alphabetic index pathway:

Infarct, infarction

- cerebral

-- specified NEC

and assign I63.8 *Other cerebral infarction*. At the recent NCCH Seventh Edition workshop, this issue was raised when discussing answers for clinical record 1 in the workbook. The NCCH advised that block I63 *Cerebral infarction* code allocation is based on infarct aetiology e.g. thrombosis, embolism, stenosis, occlusion rather than site of the infarct. NCCH advised MCA infarct with no specification of aetiology should be assigned code I63.9 *Cerebral infarction unspecified*. The WA Coding Committee disagrees with this advice as aetiologies are listed under Alphabetic Index entry:

Infarct, infarction

- cerebral

- - due to

These are followed by a separate index entry –specified NEC which on the basis of coding convention would be used for other specified infarcts, not other specified aetiology. In addition, certain types of infarcts e.g. subcortical, lacunar have different prognosis and treatment.

DECISION

Continue coding to I63.8 *Other cerebral infarction* as per the 2004 Coding Advisory Panel decision for infarcts of specified type or site.

[Effective 16 Jun 2010, ICD-10-AM/ACHI/ACS 6th Ed.]