



Western Australian Coding Rule

1111/06 Arrest of nasal haemorrhage

Q.

Please confirm past coding advice for arrest of nasal haemorrhage for chronic epistaxis?

A.

Past advice (WA decision W0506) is still current.

Epistaxis or nosebleeds are due to the rupture of a blood vessel within the richly perfused nasal mucosa. Rupture may be spontaneous or initiated by trauma. An increase in blood pressure tends to increase the duration of spontaneous epistaxis. The vast majority of nose bleeds occur in the anterior (front) part of the nose from the nasal septum. This area is also known as Little's area. Bleeding farther back in the nose is known as a posterior bleed and is often prolonged and difficult to control. They can be associated with bleeding from both nostrils and with a greater flow of blood into the mouth.

If the patient has chronic epistaxis or has suffered from recent epistaxis and it is not documented as anterior or posterior, assign other and unspecified 41677-00 [373] *Arrest of anterior nasal haemorrhage by packing and/or cauterization.*

DECISION

Cauterisation of septum or Little's area (41674-01) when performed for epistaxis, with or without current active bleeding, should be coded to 41677-00 [373] *Arrest of anterior nasal haemorrhage by packing and/or cauterization.*

[Effective 16 Nov 2011, ICD-10-AM/ACHI/ACS 7th Ed.]