Queries discussed by
WA Clinical Coding Advisory Group

Meeting on 7th June 2017

Attendees: Deborah Yagmich, Brooke Holroyd, Julia Stone, Vana Savietto, Elke Blocher, Jashan Johl, Dragana Losic, Maddy Mone, Bill Pyper, Claire Romaro.

Apologies: Lindy Burwood, Robyn Graham, Dianne Green, Emily Hookham, Anita Jacoby, Rosi Katich, Megan Kidd, Sharon Linton, Surya Pulamati, Silvana Rossi

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| 1 | Neurocardiogenic syncope  
What is the correct code assignment for neurocardiogenic syncope?  
Patient presented with 4 episodes of loss of consciousness, admitted for diagnosis and management of syncopal attacks. Patient was diagnosed with neurocardiogenic syncope.  
There is a 2006 CAP decision advising to assign: R55 Syncope and collapse  
G90.8 Other disorders of autonomic nervous system  
Please advise if this decision is still current? | Recommendation:  
Neurocardiogenic syncope is:  
- also known as vasovagal syncope.  
- defined as a syndrome in which triggering of a neural reflex results in a usually self-limited episode of systemic hypotension characterized by both bradycardia (asystole or relative bradycardia) and peripheral vasodilation.  
- a symptom, not a disease.  
For documentation of ‘neurocardiogenic syncope’ follow these Index pathways to assign R55 Syncope and collapse:  
- Syncope  
- Vasovagal attack  
- Syndrome, vasovagal  
- Syncope, cardiac  
- Syncope, heart  
In keeping with ACCD Coding Rule ‘Micturition syncope’ (Sept, 2015) do not assign an additional diagnosis code (such as G90.x) to accompany R55.  
Decision:  
Assign R55 Syncope and collapse for neurocardiogenic syncope.  
[WA Coding Rule Date: 07.06.2017] |
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<td>2</td>
<td>Viral URTI</td>
<td>Recommendation: &lt;br&gt;The assignment of B97.8 with URTI (J06.9) is supported by the following: &lt;br&gt;• ACS 0002 Additional diagnoses, Multiple Coding section, states that multiple coding is required for local infections to identify the organism &lt;br&gt;• The Tabular note at B95-B97 states: &quot;A code from these categories must be assigned if it provides more specificity about the infectious agent. Do not assign a code from these categories if the same agent has been identified in the infection code (e.g. streptococcal sepsis in A40.-)&quot;. &lt;br&gt;Decision: Viral URTI should be coded: &lt;br&gt;J06.9 Acute upper respiratory infection, unspecified &lt;br&gt;B97.8 Other viral agents as the cause of diseases classified to other chapters &lt;br&gt;[WA Coding Rule Date: 07.06.2017]</td>
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<td>3</td>
<td>Insertion of continuous glucose monitor (CGM)</td>
<td>Recommendation: A CGM system usually consists of a glucose sensor, a transmitter, and a small external monitor to view your glucose levels. A tiny electrode (glucose sensor) is inserted under the skin (usually on abdomen) using an insertion device containing a needle. A sensor is placed into the insertion device, and with a push of a button the glucose sensor is inserted quickly and easily. The needle is then removed once the glucose sensor is in place. The glucose sensor checks glucose levels in tissue fluid and has a small adhesive patch to hold it in place for a few days and then it must be replaced with a new sensor. The sensor is connected to a transmitter that sends the information to a monitoring and display device worn on a belt or under clothing. ACCD Coding Rule Insulin pumps (July 2015) advises that insulin pumps are not implanted in the body. In line with this advice, a continuous glucose monitor is also not classified as an implanted device and should instead be classified to 92204-00 [1866] Noninvasive diagnostic tests, measures or investigations, NEC which is a Type C list procedure. &lt;br&gt;Decision: As per ACCD Coding Rule Insulin pumps (July 2015), a continuous glucose monitor is not classified as an implanted device. It is classified to 92204-00 [1866] Noninvasive diagnostic tests, measures or investigations, NEC which is a Type C list procedure. &lt;br&gt;[WA Coding Rule Date: 07.06.2017]</td>
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