WA Coding Rules

The latest WA Coding Rules are available on our website: http://ww2.health.wa.gov.au/Articles/A_E/Clinical-Coding-Authority

There have been changes to our website – see WACCA update for further details.

June 2017
WA Coding Rules
1. Neurocardiogenic syncope
2. Viral URTI
3. Insertion of continuous glucose monitor (CGM)

August 2017
WA Coding Rules
1. Bladder stretch injury due to acute urine retention
2. Asynclitic presentation
3. Two endoscopies performed in the same episode, one diagnostic and one surveillance
4. Pre-eclampsia and HELLP syndrome

ACCD Coding Rules replacing WA advice
1. Bone graft with ORIF
2. Pancytopenia, specific blood abnormalities and ACS 0002

Retired WA Coding Rules
1. Rapid Endovascular Balloon Occlusion of the Aorta (REBOA)
October 2017

WA Coding Rules
1. Clot retention secondary to TURP
2. Postpartum haemorrhage
3. Angio-oedema due to drug in therapeutic use
4. Post Mohs defect reconstruction
5. Tripplegic spastic cerebral palsy
6. ACS 1521 *Conditions and injuries in pregnancy*
7. Fluid overload
8. Urosepsis

ACCD Coding Rules replacing WA advice
1. Aryepiglottoplasty/supraglottoplasty performed for laryngomalacia

**WA Clinical Coding Authority (WACCA) update**

**Staff changes at DoH**
WACCA belongs to the Policy, Standards & Assurance branch, which has recently undergone further restructuring.

The Clinical Information Assurance (CIA) team (previously known as Clinical Information Audit team) has now joined our branch. This provides excellent opportunity for our teams to collaborate and align more closely.

The WACCA Target Audit Plan has been placed on hold, pending process review of team functions.

Deb Yagmich has been seconded to the Clinical Information Assurance team as Acting Principal Consultant of Clinical Information Assurance.

In Deb’s absence, Brooke Holroyd and Vana Savietto are Acting Principal Coding Consultant of the WA Clinical Coding Authority, via a job-share arrangement.

**Tenth Edition**
Thank you to all educators and managers who attended the Education Forum or provided feedback outside the forum. Your valuable input is appreciated, and was incorporated into the *Frequently Asked Questions* submitted to the ACCD.

We are finalising the Tenth Edition Summary, which incorporates the FAQ responses. Unfortunately, some of the queries WACCA submitted were not answered in the FAQ responses.

WACCA is also currently revising existing WA Coding Rules that need to be updated in line with Tenth Edition changes.

**WACCA website**
Our website has transitioned to the new server. Thank you for your understanding during this time.

We continually strive to improve the website. If you have any feedback or suggestions for the website please email: clinical.coding@health.wa.gov.au

**Audit Discussion Cases**
The Audit Discussion Cases are undergoing review and currently unavailable on our website. The index is still present and documents may be requested via email: clinical.coding@health.wa.gov.au

**WA Coding Rules publication**
The publication format of WA Coding Rules is changing. From October 2017, each WA Coding Rule will be published on an individual template. Each Coding Rule will be linked to the existing A-Z index, but will also be linked to a new index organised chronologically by meeting date. The new chronological index will list whether a rule is current, retired or superseded. The index
can be searched via the normal process (CTRL+F) for finding text on a web page. The index will allow browsing to view the most recent published Coding Rules.

We will monitor use of each index and ask for user feedback in determining if the new chronological index is meeting user requirements and whether it can replace the A-Z index.

The existing Coding Rules on our website will eventually be re-published in the new template format, and also added to the new chronological index.

When a WA Coding Rule is retired or superseded, the published template will be retained, but a watermark placed to show it is no longer current. Therefore it can still be viewed to provide historical information, but will clearly be marked as retired or superseded in the index and also with the watermark over the document’s contents.

More information will be announced with any further significant website changes.

**WA Clinical Coding Advisory Group (WACCAG) – expressions of interest**

The WA Clinical Coding Advisory Group was established in late 2012 to review and make recommendations regarding clinical coding issues to assist the Department of Health in its decision making.

Non Department of Health/Royal Street members are selected via an expression of interest process every 12 months.

In the near future we will be seeking expressions of interest from clinical coders who have a genuine interest and commitment to participate in coding query decision making in 2018.

Nomination is not limited to those clinical coders working in senior coding positions and membership of this group may be beneficial to a coder’s professional development.

The group of 12-20 members will consist of a cross-section of the WA clinical coding community. Selection of all group members will be made by the Department.

**ACCD update**

A clarification document has been developed by the ACCD to be used in conjunction with the *Standards for ethical conduct in clinical coding*.

Many queries were raised with interpretation of the *Standards for ethical conduct in clinical coding* in the Tenth Edition Education Modules.

These have now been addressed in the clarification document which has been published on the ACCD website:

https://www.accd.net.au/Ethics.aspx

In addition, the Tenth Edition Education on the ACCD website will be updated to reflect the points of clarification.

**Back to basics**

**Blood product administration for patient with malignancy**

Many hospitals report documentation issues with same-day episodes for administration of blood products, where the underlying malignancy is documented as principal diagnosis rather than the condition being treated e.g. anaemia, thrombocytopenia, or hypogammaglobulinaemia.

There are no ACS classification instructions or Coding Rules to assist coders in these situations. The only option is to seek clinical clarification. Education of clinicians regarding the definition of principal diagnosis may be required.
Tabular instructional note: *Use additional code (B95-B97) to identify infectious agent*

Instructional notes are present in parts of the Tabular List. There is lack of consistency in where the instructional note: *Use additional code (B95-B97) to identify infectious agent* is included in the Tabular List.

Examples of ICD-10-AM infection codes with above instructional note:
- **G06** Intracranial and intraspinal abscess and granuloma
- **J01** Acute sinusitis
- **J03.8** Acute tonsillitis due to other specified organisms
- **J05** Acute obstructive laryngitis [croup] and epiglottis
- **G06** Intracranial and intraspinal abscess and granuloma
- **N39.0** Urinary tract infection, site not specified

Examples of ICD-10-AM infection codes without above instructional note:
- **G00.8** Other bacterial meningitis
- **J20.8** Acute bronchitis due to other specified organisms
- **J21.8** Acute bronchiolitis due to other specified organisms
- **J22** Unspecified acute lower respiratory infection
- **L02** Cutaneous abscess, furuncle and carbuncle
- **L03** Cellulitis

Coders should be guided by ACS 0002 Additional diagnoses, Multiple coding which instructs that multiple coding is required to identify the organism when coding local infections. In addition, there is a note in the Tabular List at B95-B97:

Note: A code from these categories must be assigned if it provides more specificity about the infectious agent.

A public submission has been sent to ACCD suggesting improvement in consistency of the instructional note *Use additional code (B95-B97) to identify infectious agent* in the Tabular List.

**Coding tip – Colorectal polyps**

Colorectal polyp is a generic, morphological (structural) term describing a grossly visible mass, derived from colorectal mucosa that protrudes into the colorectal lumen.

Colorectal polyps can be:

- Non-neoplastic
  - No malignant potential.
  - Polyps consisting of normal colorectal mucosa, hyperplastic polyps, hamartomatous polyps and inflammatory pseudopolyps.
- Neoplastic
  - Malignant or malignant potential.
  - Adenomatous (tubular, villous, tubulovillous, serrated) polyps and carcinomatous polyps.

Occasionally a gastroenterologist may visualise and excise a polyp and histopathology examination will find normal colorectal mucosa. When the gastroenterologist documents “polyp” and histopathology shows the sample consists of normal colorectal mucosa, assign either:

- **K62.1 Rectal polyp** following Index pathway: Polyp, polypus; rectum or
- **K63.50 Polyp of colon, unspecified** following Index pathway: Polyp, polypus; colon NOS.