Clinical coding guidelines: Admissions for elective procedures not performed

ICD-10-AM/ACHI/ACS Tenth Edition

WA Clinical Coding Authority
Policy Standards & Assurance
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Introduction

This document contains guidelines for code assignment once an admission has been deemed appropriate and the care type has been determined.

Appropriateness of admission and determination of care type should be made following instructions in the Admission, Readmission, Discharge and Transfer Policy for WA Health Services (MP 0058/17).

These guidelines apply to admissions for elective procedures not performed i.e. cancelled, abandoned/interrupted.

Relevant Australian Coding Standards (ACS)

- ACS 0001 Principal diagnosis
- ACS 0002 Additional diagnoses
- ACS 0011 Admission for surgery not performed
- ACS 0019 Procedure not completed or interrupted
- ACS 0048 Condition onset flag
- ACS 0050 Unacceptable principal diagnosis codes

Admissions with elective procedures not performed should be coded according to ACS 0011 Admission for surgery not performed which provides instruction for the following scenarios:

a. If surgery was not carried out due to an administrative problem.
b. Where a Z code would normally be assigned to capture the reason for hospitalisation and the surgery was cancelled.
c. If surgery was not carried out due to another condition or complication being present on admission:
   - Where the condition or complication does not require ongoing inpatient care.
   - Where the condition or complication does require ongoing inpatient care.

If none of these scenarios apply, coders should apply the instructions from ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses.

A code from block Z53 Persons encountering health services for specific procedures, not carried out should never be assigned as principal diagnosis (see ACS 0050). A code from block Z53 should always be assigned with a Condition Onset Flag (COF) of 1 (see ACS 0048).

Procedure codes should be assigned in accordance with ACS 0019 Procedure not completed or interrupted.

The following examples are intended to assist with applying these standards.
Example 1
Patient admitted for dilation and curettage (D&C) due to postmenopausal bleeding. On admission, patient diagnosed with pneumonia and D&C cancelled. Patient remained in hospital for six days for IV antibiotics.

COF
(2) J18.9 Pneumonia, unspecified
(2) N95.0 Postmenopausal bleeding
(1) Z53.0 Procedure not carried out because of contraindication

ACS 0011 point C is applied. The patient was admitted for surgery which was cancelled due to pneumonia. Pneumonia is sequenced as principal diagnosis because it was present on admission and required ongoing inpatient care. Postmenopausal bleeding is assigned as an additional diagnosis because it is the condition for which the procedure was originally intended. Z53.0 is assigned as an additional diagnosis as per ACS 0011; and ICD-10-AM Alphabetic Index pathway: Cancelled procedure, because of, contraindication.

Example 2
Patient admitted for same-day chemotherapy for ductal carcinoma of the breast which was cancelled due to anaemia. Anaemia was treated with packed cell transfusion and patient discharged on the same day.

COF
(2) D64.9 Anaemia, unspecified
(2) Z51.1 Pharmacotherapy session for neoplasm
(2) C50.9 Malignant neoplasm of breast, unspecified part
(2) M8500/3 Infiltrating duct carcinoma NOS
(1) Z53.0 Procedure not carried out because of contraindication

13706-02 [1893] Administration of packed cells

ACS 0011 point C is applied. The patient was admitted for a procedure which was cancelled due to anaemia. Anaemia is sequenced as principal diagnosis because it was present on admission and required ongoing inpatient care. Same-day chemotherapy/neoplasm codes (Z51.1, C50.9, M8500/3) are assigned as additional diagnoses because they are the indication for which the procedure was originally intended (see also ACS 0044 Chemotherapy). Z53.0 is assigned as an additional diagnosis as per ACS 0011; and ICD-10-AM Alphabetic Index pathway: Cancelled procedure, because of, contraindication.

Example 3a
Patient admitted for elective caesarean due to previous caesarean. Premedication administered but due to equipment failure caesarean was not performed. The patient was transferred to another hospital for caesarean.

COF
(2) O34.2 Maternal care due to uterine scar from previous surgery
(1) Z53.8 Procedure not carried out for other reasons

ACS 0011 point A is applied. Previous caesarean (O34.2) is assigned as principal diagnosis because it is the indication for which the caesarean was originally intended. Z53.8 is assigned as an additional diagnosis as per ACS 0011; and ICD-10-AM Alphabetic Index pathway: Procedure, not done, because of, administrative reasons.
**Example 3b**

Patient admitted for elective caesarean. No indication for caesarean was documented, and clinical clarification was unavailable. Premedication administered but due to equipment failure caesarean was not performed. The patient was transferred to another hospital for caesarean.

**COF**
(2)  Z34.9 Supervision of normal pregnancy, unspecified
(1)  Z53.8 Procedure not carried out for other reasons

ACS 0011 point A is applied. As no indication was documented for caesarean, Z34.9 is assigned as principal diagnosis following ICD-10-AM Alphabetic Index pathway: Pregnancy, supervision, normal NEC. Z53.8 is assigned as an additional diagnosis as per ACS 0011; and ICD-10-AM Alphabetic Index pathway: Procedure, not done, because of, administrative reasons.

**Example 4**

Patient admitted for cardioversion for atrial fibrillation (AF). In theatre patient found to be in sinus rhythm, so cardioversion cancelled.

**COF**
(2)  I48.9 Atrial fibrillation and atrial flutter, unspecified
(1)  Z53.8 Procedure not carried out for other reasons

The logic in ACS 0011 point A is applied. Although the patient is currently in sinus rhythm, they still have the chronic condition AF. The principal diagnosis is assigned according to ACS 0001, *Original treatment plan not carried out*. AF is the condition chiefly responsible for occasioning the episode of care, so is assigned as principal diagnosis. Z53.8 is assigned as an additional diagnosis as per ACS 0011; and ICD-10-AM Alphabetic Index pathway: Cancelled procedure, because of, specified reason.

**Example 5**

Patient admitted for excision of lesion. In theatre it was discovered the lesion had disappeared. The procedure was cancelled and the patient discharged.

**COF**
(2)  Z03.8 Observation for other suspected diseases and conditions
(1)  Z53.8 Procedure not carried out for other reasons

This scenario is not covered by ACS 0011. The lesion is no longer present. The principal diagnosis is assigned according to ACS 0012 - *Observation for suspected diseases and conditions* (Z03.0 – Z03.9); and ICD-10-AM Alphabetic Index pathway: Observation, suspected, condition NEC. Z53.8 is assigned as an additional diagnosis as per ACS 0011; and ICD-10-AM Alphabetic Index pathway: Cancelled procedure, because of, specified reason.
Example 6
Patient arrived in theatre then developed crushing chest pain. The elective incisional hernia repair was not performed but admission continued for investigation of chest pain.

COF
(2) K43.2 Incisional hernia without obstruction or gangrene
(1) Z53.0 Procedure not carried out because of contraindication
(1) R07.4 Chest pain, unspecified

This scenario is not covered by ACS 0011 because the chest pain was not present on admission. The principal diagnosis is assigned according to ACS 0001 - Original treatment plan not carried out. Incisional hernia was the condition chiefly responsible for occasioning the episode of care, so is assigned as principal diagnosis. Chest pain meets ACS 0002 criteria for code assignment because it resulted in an alteration to treatment and required diagnostic procedures. Z53.0 is assigned as an additional diagnosis as per ACS 0011; and ICD-10-AM Alphabetic Index pathway: Cancelled procedure, because of, contraindication.

Example 7
Patient admitted for breast augmentation. Upon induction of general anaesthetic, patient suffered anaphylactic reaction to anaesthetic drugs. The surgery was cancelled and patient transferred to another hospital.

COF
(2) Z41.1 Other plastic surgery for unacceptable cosmetic appearance
(1) Z53.0 Procedure not carried out because of contraindication
(1) T88.6 Anaphylactic shock due to adverse effect of correct drug or medicament properly administered
(1) Y48.2 Other and unspecified general anaesthetics causing adverse effects in therapeutic use
(1) Y92.24 Place of occurrence, health service area, this facility
(1) U73.8 Other specified activity

92514-99 [1910] General anaesthesia, no ASA score, nonemergency or not known

This scenario is not covered by ACS 0011 because the anaphylactic reaction was not present on admission. The principal diagnosis is assigned according to ACS 0001 - Original treatment plan not carried out. The admission is chiefly for breast augmentation, so Z41.1 is assigned as principal diagnosis. The anaphylactic reaction (T88.6, Y84.2, Y92.24, U73.8) meets ACS 0002 criteria for code assignment because it resulted in an alteration to treatment. A procedure code for general anaesthesia (GA) is assigned as per ACS 0019 Procedure not completed or interrupted. Z53.0 is assigned as an additional diagnosis as per ACS 0011; and ICD-10-AM Alphabetic Index pathway: Cancelled procedure, because of, contraindication.
Example 8
Patient admitted for Infusaport insertion under GA. Under GA, surgeon was unable to insert Infusaport due to jugular vein thrombosis. The procedure was abandoned and patient was transferred to another hospital for management of thrombosis.

COF
(2)  Z45.2 Adjustment and management of vascular access device
(1)  Z53.0 Procedure not carried out because of contraindication
(2)  I82.8 Embolism and thrombosis of other specified veins

34100-01 [924] Exploration of jugular vein
92514-99 [1910] General anaesthesia, no ASA, nonemergency or unknown

ACS 0011 point B is applied. Fitting of vascular access device (Z45.2) is assigned as principal diagnosis because it is the indication for which the procedure was originally intended. Jugular vein thrombosis (I82.8) meets ACS 0002 criteria for code assignment because it resulted in an alteration to treatment. Z53.0 is assigned as an additional diagnosis as per ACS 0011; and ICD-10-AM Alphabetic Index pathway: Procedure, not done, because of contraindication. The Index entry 'Procedure, not done' can be interpreted to mean when all, or part, of the procedure is 'not done'.

Procedure codes are assigned for the extent of the procedures performed as per ACS 0019 Procedure not completed or interrupted.

Had the thrombosis required ongoing inpatient care, code assignment would be in accordance with example 1.

Relevant Documents
- Admission, Readmission, Discharge and Transfer Policy

WA Coding Rule
- Use of Z53.- Procedure not carried out codes
  (June 2013)

Available at: WA Coding Rules A-Z Index