Western Australian Coding Rule

0318/66 Congenital intestinal lymphangiectasia

In ICD-10-AM/ACHI/ACS Tenth Edition the concept of “translating the medical statement into code” has changed to “classifying the clinical concept”. Multiple codes are no longer assigned to describe a single clinical concept (unless instructed by a Tabular Instruction or Australian Coding Standard).

WA Coding Rule 0611/02 Congenital intestinal lymphangiectasia is therefore retired.

DECISION

WA Coding Rule 0611/02 Congenital intestinal lymphangiectasia is retired.

[Effective 01 Jul 2017, ICD-10-AM/ACHI/ACS 10th Ed.]
Western Australian Coding Rule

0611/02 Congenital intestinal lymphangiectasia

Q. What is the correct diagnosis code assignment for congenital intestinal lymphangiectasia? Index look-up for lymphangiectasia is I89.0 Lymphoedema NEC. There is an exclusion note at I89.0 stating: Excludes hereditary lymphoedema. Can we assume hereditary (as it is congenital) and code Q82.0 Hereditary lymphoedema, or default to I89.0?

A. Intestinal lymphangiectasia is a disease in which the lymph vessels supplying the intestine are abnormal. The vessels become dilated resulting in leakage of lymph fluid.

There is no alternative but to assign I89.0 Lymphoedema NEC for "congenital lymphangiectasia" as we cannot ignore the lead term lymphangiectasia. As per ACS 0027 Multiple Coding, it is appropriate to add code(s) to fully translate the medical statement as I89.0 alone does not fully explain the condition. In the absence of a Q code for congenital disorder of lymphatic system, we advise to assign Q43.89 Other specified congenital malformations of intestine as an additional code to help fully translate the medical statement. Hereditary lymphoedema is not the same disorder and hence Q82.0 is not appropriate.

DECISION

For congenital intestinal lymphangiectasia assign:
I89.0 0 Lymphoedema NEC
Q43.89 Other specified congenital malformations of intestine

[Effective 15 June 2011, ICD-10-AM/ACHI/ACS 7th Ed.]