Government of **Western Australia**
Department of **Health**

Clinical coding guidelines: Same-day endoscopy with both diagnostic and surveillance components

ICD-10-AM/ACHI/ACS Eleventh Edition

WA Clinical Coding Authority
Purchasing and System Performance Division
December 2019

better health • better care • better value

Introduction

The following Australian Coding Standards were revised in Tenth Edition:

- ACS 0046 *Diagnosis selection for same-day endoscopy*
  → Replaced by ACS 0051 *Same-day Endoscopy – Diagnostic*

- ACS 2111 *Screening for specific disorders*
  → Replaced by ACS 0052 *Same-day Endoscopy – Surveillance*

- ACS 2113 *Follow-up examinations for specific disorders*
  → Replaced by ACS 0052 *Same-day Endoscopy – Surveillance*

In the absence of a discharge summary, a common question is whether a hierarchy exists for principal diagnosis sequencing when:

- a single endoscopy incorporates both diagnostic and surveillance components
  or
- multiple endoscopies are performed, one diagnostic and the other surveillance.

The following sources are relevant and direct coders to apply ACS 0001 *Principal diagnosis*:

- Coding Rule TN1248 *FAQs Part 2: Same day endoscopy* (retired 30 June 2019, along with all other Tenth Edition FAQs)
- Example 5 in ACS 0051 *Same-day Endoscopy – Diagnostic*
- Example 14 in ACS 0052 *Same-day Endoscopy – Surveillance*
- Coding Rule Q2721 *Same day admission for both radiotherapy and chemotherapy*

Interpretation of ACS 0001 *Principal diagnosis*

ACS 0001 *Principal diagnosis*, *Two or more or more diagnoses that equally meet the definition for principal diagnosis* instructs that in the absence of clinician clarification: "…code as principal diagnosis the first mentioned diagnosis".

When there are multiple listed indications, WACCA interprets "first mentioned **diagnosis**" to refer to a symptom or condition.

Follow up/screening with no condition detected i.e. Z08/Z09/Z11/Z12/Z13 is not considered a "diagnosis". Therefore Z08/Z09/Z11/Z12/Z13 should not be considered to be a "first mentioned diagnosis" unless it is the only code.

The instruction "…code as principal diagnosis the first mentioned diagnosis" is unhelpful for multiple endoscopies in the same episode because there are **two** separate lists of indications **i.e. two potential "first mentioned diagnoses"**. Gastroscopy is generally always performed first and is technically the "first mentioned", however this is unlikely to be the intent of ACS 0001. Both endoscopies are equally responsible for occasioning an episode, therefore the coder may choose principal diagnosis sequencing on a case by case basis.

Example 1: Single endoscopy

Colonoscopy
Indication: Follow up adenoma, PR bleed
Findings: Haemorrhoids and diverticulosis (no causal link documented). No adenoma or polyp detected.

Code assignment
PD K92.2 Gastrointestinal haemorrhage, unspecified
AD K64.9 Haemorrhoids, unspecified
AD K57.30 Diverticulosis of large intestine without perforation, abscess or mention of
 haemorrhage
AD Z86.0 Personal history of other neoplasm
The first mentioned indication is "follow-up adenoma", however no adenoma is detected. Therefore the "first mentioned diagnosis" is PR bleed and is sequenced as principal diagnosis, with K92.2 assigned as per ACS 0051 point 1.2.

K64.9 and K57.30 are assigned as additional diagnoses as per ACS 0051, point 1.2.

ACS 0052 instructs that Z09 is not assigned as additional diagnosis **except** for multiple endoscopies where the scope sequenced second requires assignment of Z08/Z09 or Z11/Z12/Z13 i.e. if a condition has not been detected.
Z86.0 is assigned to capture follow-up due to previous adenoma, with no adenoma or polyp detected this episode.

Example 2: Single endoscopy

Colonoscopy
Indication: Follow up adenoma, PR bleed
Findings: Haemorrhoids and diverticulosis (no causal link documented). Tubular adenoma excised.

Diagnosis code assignment
PD D12.6 Benign neoplasm of colon, unspecified
 M8211/0 Tubular adenoma NOS
AD K92.2 Gastrointestinal haemorrhage, unspecified
AD K64.9 Haemorrhoids, unspecified
AD K57.30 Diverticulosis of large intestine without perforation, abscess or mention of
 haemorrhage

The first mentioned indication is "follow-up adenoma", and a new adenoma is detected. Therefore the "first mentioned diagnosis" is adenoma and is sequenced as principal diagnosis.

K92.2, K64.9 and K57.30 are assigned as additional diagnoses as per ACS 0051, point 1.2.

Example 3: Single endoscopy

Colonoscopy
Indication: Abdominal pain, PR bleeding
Findings: Internal haemorrhoids, likely cause of bleeding. No cause found for abdominal pain.

Diagnosis code assignment
R10.4 Other and unspecified abdominal pain
K64.9 Haemorrhoids, unspecified

"Abdominal pain" is the "first mentioned diagnosis" and is coded as per ACS 0051 classification instruction 1.2.

Any findings are coded as additional diagnoses as per ACS 0051 classification instructions 1.1 and 1.2. There is a documented causal link between PR bleeding and haemorrhoids, therefore only haemorrhoids are coded as per ACS 0051 classification instruction 1.1.

Example 4: Multiple endoscopy

Gastroscopy
Indication: iron deficiency
Findings: bleeding antral ulcer, likely causing iron deficiency.

Colonoscopy
Indication: family history colon cancer
Findings: rectal polyp excised (histopathology: hyperplastic rectal polyp)

Diagnosis code assignment
K25.4 Gastric ulcer, chronic or unspecified with haemorrhage
Z12.1 Special screening examination for neoplasm of intestinal tract
Z80.0 Family history of malignant neoplasm of digestive organ
K62.1 Rectal polyp

Screening with no condition found is neither a symptom nor condition. Therefore the "first mentioned diagnosis" for sequencing purposes is "iron deficiency".
In accordance with ACS 0051 classification instruction 1.1, ulcer is coded as there is a documented causal link between iron deficiency and ulcer.

As per ACS 0052, Z12 may be assigned as an additional diagnosis as multiple endoscopies were performed. As per ACS 0052, rectal polyp is assigned as it meets ACS 0002 *Additional diagnoses*.

Example 5: Multiple endoscopy

Gastroscopy
Indication: chest pain
Findings: no abnormality detected

Colonoscopy
Indication: constipation
Findings: no abnormality detected

Diagnosis code assignment
R07.4 Chest pain, unspecified
K59.0 Constipation

OR

K59.0 Constipation
R07.4 Chest pain, unspecified

There are two potential "first mentioned diagnoses". Both endoscopies are equally responsible for occasioning the episode, therefore the coder may choose principal diagnosis sequencing on a case by case basis. ACHI codes should be sequenced to match diagnoses.