



Western Australian Coding Rule

0515/02 Ventilation in organ procurement

Q.

Should mechanical ventilation be coded in organ procurement episodes of care?

A.

The Admitted Patient Care National Minimum Data Set 2015-16 defines posthumous organ procurement as “an activity undertaken by hospitals in which human tissue is procured for the purpose of transplantation from a donor who has been declared brain dead”. It goes on to state that “diagnoses and procedures undertaken during this activity, including mechanical ventilation and tissue procurement, are recorded in accordance with Australian coding standards”.

The ACS 0030 *Organ and tissue procurement and transplantation* and ACS 1006 *Ventilatory support* are not explicit in regards to the coding of ventilatory support in an episode care change to “posthumous organ procurement”, however ACS 1006 does state for the purpose of calculating the duration of CVS it ends with death. Therefore, for episodes of care for donation following brain death in hospital, codes for mechanical ventilation should not be assigned.

DECISION

Mechanical ventilation should not be coded in organ procurement episodes of care.

[Effective 13 May 2015, ICD-10-AM/ACHI/ACS 8th Ed.]