



Western Australian Coding Rule

0716/05 Injection of adrenaline into bleeding gastric ulcer

Q.

Is injection of adrenaline a procedural component of 30505-00 *Control of bleeding peptic ulcer* and 90296-00 *Endoscopic control of peptic ulcer or bleeding*; or is an additional procedure code required?

A.

Adrenaline injection into bleeding gastric ulcer is used for vasoconstriction and provides **temporary haemostasis**. It improves visualisation of the affected area prior to a definitive treatment. Definitive treatment may be: resection, thermal coagulation, clipping, suturing or injection of a sclerosant.

The primary mechanism of arterial haemostasis for adrenaline is temporary compression of the artery in the serosal space. Therefore **significant bleeding cannot be arrested with adrenaline alone**. A more effective sclerosant is needed. Adrenaline can help localise the sclerosant to the injected area, thereby maximising its effect.

Adrenaline injection into bleeding gastric ulcer is a procedural component of 30505-00 *Control of bleeding peptic ulcer* and 90296-00 *Endoscopic control of peptic ulcer or bleeding* as per the Index pathways:

Control

- haemorrhage
- gastrointestinal
- from peptic ulcer → 30505-00 [874] *Control of bleeding peptic ulcer*
- via endoscopy → 90296-00 [887] *Endoscopic control of peptic ulcer or bleeding*

DECISION

Adrenaline injection into bleeding gastric ulcer provides temporary haemostasis prior to definitive treatment and is thus a procedural component of 30505-00 *Control of bleeding peptic ulcer* and 90296-00 *Endoscopic control of peptic ulcer or bleeding*. An additional procedure code is not required to reflect adrenaline injection when assigning 30505-00 or 90296-00.

[Effective 20 July 2016, ICD-10-AM/ACHI/ACS 9th Ed.]