



# Western Australian Coding Rule

## 0711/09 Mild rejection of cardiac transplant

### Q.

Cardiac transplant patients are admitted as a day case periodically for check-up cardiac biopsy to monitor for cellular rejection. There is a longstanding clinical instruction to not code mild rejection for cardiac transplants: 'Only grades 3A 3B and 4 require specific treatment so grades less than this are not clinically significant. Therefore anything less than 3 should be coded as no rejection.'

Can we have this advice reviewed for ratification by the coding committee?

### A.

The grading system you refer to is the International Society for Heart and Lung Transplantation (ISHLT) 1990 classification detailed below.

### The International Society for Heart and Lung Transplantation (ISHLT) standardised cardiac biopsy grading of acute cellular rejection

Rejection level	Histologic findings	Rejection grade 1990	Rejection grade 2004	Clinical response
None	Normal	0	0	No change
Mild	Lymphocytic inflammation +/- one focus of myocyte damage	1A, 1B, 2	1R	No/minimal change to chronic immunosuppressive regimen
Moderate	Lymphocyte inflammation + multiple foci of myocyte damage	3A	2R	Steroid +/- change in chronic immunosuppressive regimen
Severe	Lymphocytic inflammation + diffuse myocyte damage +/- vascular injury	3B, 4	3R	Aggressive therapy (e.g. steroids +/- monoclonal antibodies [OKT3])

We agree with the clinical advice that if a patient has rejection grade 0, 1A, 1B, 2 and no treatment is received, the rejection should not be coded.



## **DECISION**

**We agree with the clinical advice that if a patient has rejection grade 0, 1A, 1B, 2 (mild rejection) and no treatment is received, the rejection should not be coded and the episode should be coded as a follow-up case. This advice should only be followed for heart transplant cases and not applied to other organs.**

[Effective 20 Jul 2011, ICD-10-AM/ACHI/ACS 7<sup>th</sup> Ed.]