



Western Australian Coding Rule

0719/29 Multiple same-day endoscopies – one diagnostic and the other surveillance

ACCD Coding Rule **Tenth Edition FAQs Part 2: Same day endoscopy** (Ref No: TN1248) was retired on 30 June 2019.

Coders should be guided by ACS 0001 *Principal diagnosis, Two or more diagnoses that equally meet the definition for principal diagnosis.*

It is acknowledged there is difficulty applying the ACS 0001 default instruction: "...code as the principal diagnosis the first mentioned diagnosis" because there are two separate lists of diagnoses/indications i.e. two potential "first mentioned" diagnoses.

A public submission will be made to IHPA.



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

Western Australian Coding Rule

0218/07 Upper and lower GI endoscopy

WA Coding Rule 0610/02 *Upper and lower GI endoscopy* is superseded by ACCD Coding Rule **Tenth Edition FAQs Part 2: Same-day endoscopy** (Ref No: TN1248) effective 1 October 2017; (log in to view on the [ACCD CLIP portal](#)).

DECISION

WA Coding Rule 0610/02 *Upper and lower GI endoscopy* is retired.

[Effective 1 Oct 2017, ICD-10-AM/ACHI/ACS 10th Ed.]



Western Australian Coding Rule

0610/02 Upper and lower GI endoscopy

Q.

Patient admitted for elective day case upper and lower GI scopes. One scope is for a symptom and the other scope is for screening and/or follow up.

Example:

Gastroscopy indication: dyspepsia

Colonoscopy indication: family history colon cancer

As there is a symptom being investigated, we apply ACS 0046 DIAGNOSIS SELECTION FOR SAME-DAY ENDOSCOPY. Guidelines state that ACS 0046 “does NOT apply to episodes for screening and patients presenting for follow-up investigations”. Also, ACS 2111 SCREENING FOR SPECIFIC DISORDERS states “Z12.x would not be assigned when a sign or symptom is the reason for examination”.

Should we interpret these guidelines to mean:

1.

ACS 2111 should not be applied to the above example, as screening was a component of an episode where a symptom was being investigated i.e. assign K30 Z80.0; or

2.

ACS 2111 should be applied in addition to ACS 0046 as there were no lower GI symptoms – the colonoscopy was solely performed for screening i.e. assign K30 Z12.1 Z80.0

A.

ACS 2111 should be applied in addition to ACS 0046. The two scopes should be coded out separately with code assignment: K30 *Dyspepsia*, Z12.1 *Special screening examination for neoplasm of intestinal tract*, Z80.0 *Family history of malignant neoplasm of digestive organs*.

It should be noted that had there been a lower GI symptom as an additional indication for colonoscopy, this symptom would be coded instead of Z12.1 as a symptom always takes precedence over screening and follow up.

DECISION

Correct code assignment for elective day case scope episode for indications dyspepsia and family history colon cancer is: K30 *Dyspepsia*, Z12.1 *Special screening examination for neoplasm of intestinal tract*, Z80.0 *Family history of malignant neoplasm of digestive organs*.

[Effective 16 Jun 2010, ICD-10-AM/ACHI/ACS 6th Ed.]