Government of **Western Australia**
Department of Health

Western Australian Coding Rule

0719/31 Fibrinopurulent peritonitis

ACCD Coding Rules
Coding of findings on pathology results (Ref No: TN198) and
Coding from findings on medical imaging (radiological) reports (Ref No: TN1028)
were retired on 30 June 2019.

Coders should be guided by ACS 0010 *Clinical Documentation and General Abstraction Guidelines*, in particular, sub-heading *Test Results and Medication Charts;* and ACCD Coding Rule ***Selection of morphology codes from pathology reports*** (Ref No: Q3147) (effective 1 April 2017).

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Western Australian Coding Rule

0318/61 Fibrinopurulent peritonitis

WA Coding Rule 0812/07 *Fibrinopurulent peritonitis* is superseded by several relevant ACCD Coding Rules:

- **Coding of findings on pathology results** (Ref No: TN198) effective 1 January 2010
- **Coding from findings on medical imaging (radiological) reports** (Ref No: TN1028) effective 1 January 2016
- **Selection of morphology codes from pathology reports** (Ref No: Q3147) effective 1 April 2017

(log in to view on the ACCD CLIP portal).

DECISION

WA Coding Rule 0812/07 *Fibrinopurulent peritonitis* is retired.

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

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0812/07 Fibrinopurulent peritonitis

Q.

What is the correct code for fibrinopurulent peritonitis? It was a microscopic finding on a histopathology report. There was no actual change in treatment. Principal diagnosis was appendicitis.

A.

The coding committee has previously determined that coders are not expected to interpret microscopic findings in laboratory reports and should only use the information supplied in the conclusion. [WA Coding Committee Decision Date: 14/08/09] ACS 0010 *General abstraction guidelines* states that pathological findings should be coded where they clearly add specificity to an already documented condition and meet ACS 0002 *Additional diagnosis*.

DECISION

In this particular query, the fibrinopurulent peritonitis would not be coded because it was not documented by the clinician as being clinically significant and it did not meet ACS 0002 *Additional diagnosis***.**

[Effective 15 Aug 2012, ICD-10-AM/ACHI/ACS 7th Ed.]

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