oto Western Australia (WA). These standards are applicable to all WA healthcare facilities that report inpatient morbidity data.

2.0 Background

The Department of Health (DOH) instructs all Clinical Coders in WA, to adhere to the Australian Coding Standards (ACS). This ensures coded data reported for WA meets with Commonwealth data reporting requirements.

However, due to local policy requirements and as a result of audit findings, WA specific Coding Standards have been drafted and submitted to the WA Coding Committee for endorsement.

2.1 Policy

Some DOH policies, as outlined in specific Operational Directives and other relevant documentation, have direct implications for clinical coding practices in WA. For example, a WA Coding Standard (WACS) has been implemented to reflect the instructions for reporting of cancelled procedures documented in Operational Directive 0406/12 Admission, Readmission, Discharge and Transfer Policy for WA Health Services.

2.2 Audit Findings

DOH clinical information audits identify specific areas of contention, ambiguity and non-compliance. Based on these findings, appropriate WACS are drafted and submitted for endorsement.

The WA Coding Standards are designed to resolve ambiguities in existing standards/instructions and promote uniformity of practice. They primarily enlarge upon and clarify existing rules. Compliance with these standards will continue to be monitored in future audits.

The WA Coding Committee has endorsed seven WA Coding Standards but only the following five remain applicable:

- Cancelled elective procedures.
- Psychiatric diagnosis with self-injury/overdose.
- Spontaneous vaginal delivery.
- Place of occurrence and activity codes.
- Drug toxicity.
All other coding decisions must adhere to the ACS, as published in the current edition of The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), and any national coding advice published by the NCCH and NCCC. Unless specifically advised otherwise, national coding advice from the NCCC is effective immediately.

All other major changes in practice, such as introduction of new codes and/or standards, should be followed from the implementation of a new edition of ICD-10-AM and ACS.

Questions regarding the WACS or the ACS and/or their application, please contact:

**Principal Coding Trainer**
Data Integrity
Performance Activity & Quality
Department of Health
Telephone: 9222 4153

### 3.0 WA Coding Standards

#### 3.1 WACS 01 – Admission for After-care or Convalescence (Deleted July 2006)

#### 3.2 WACS 02 - Cancelled Procedures

##### 3.2.1 Admission for elective procedure, cancelled, same day discharge
Admissions for an elective procedure which is cancelled and the patient discharged on the same day should be reported as follows:

- If only administrative procedures have been completed and the patient has not been seen by any clinical staff, the admission should be reversed. No episode of care should be reported.
- Where the procedure is cancelled after the patient has been seen by clinical staff an episode of admitted patient care should be reported. A principal diagnosis of Z53.x should be assigned. These admissions are not included in calculations of hospital inpatient activity as they do not meet admission criteria.
- Cancelled elective procedures should not be reported as outpatient occasions of service. For more information see Operational Directive OD 0396/12 Non Admitted Outpatient services: HA215B reporting requirements and timeframes.

These guidelines exclude same day stays which are classifiable as continuing admissions (see 3.2.2 below).

##### 3.2.2 Admission for elective procedure, cancelled, continuing acute admission
If a patient’s booked elective procedure is cancelled, but the admission continues for acute inpatient management of some other condition or symptom, that condition/symptom is coded as principal diagnosis. The condition for which the procedure was booked should also be coded as an additional diagnosis. See also example 5 of ACS 0011.

Continuing admissions are usually overnight admissions but can be same day.

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*Superseded by: OD: 0534/14 10/07/2014*
3.2.3 Overnight Stay to Await Scheduled Surgery
When a patient is admitted the day prior to a scheduled procedure (for example, due to age or distance from hospital) and the procedure is subsequently cancelled, the episode should be reported as a maintenance care episode (non-acute).

- The principal diagnosis is Z75.2 Other waiting period for investigation and treatment.
- Additional code from Z53.x Persons encountering health services for specific procedures, not carried out
- All normal coding rules/standards apply as with any other maintenance care episode, for example (ACS 0002) Additional Diagnosis.

This rule does NOT apply to continuing acute admissions (see 3.2.2).

A flow chart to assist clinical coders and other hospital staff to understand and follow the above rules is appended (Appendix 1).

3.3 WACS 03 – Irritable Baby (Deleted July 2003)

3.4 WACS 04 - Psychiatric Diagnosis with Overdose or Injury

The sequencing of principal and other diagnoses for patients who are admitted to hospital with a minor overdose or injury due to self-harm, and whose stay in hospital is comparatively long can be problematic. Often injuries and overdoses do not require admission to hospital and when an admission does occur, the primary focus of treatment is the underlying psychiatric condition, not the injuries or overdoses.

ACS 0530 states that in an admission for treatment of drug overdose, the overdose is sequenced first and any associated conditions are additional diagnoses. However, in WA, ACS 0001 takes precedence over ACS 0530 when coding cases with a psychiatric diagnosis with overdose or injury, that is, the normal rules of principal diagnosis assignment apply.

The following are examples from DOH coding audits of WA public hospitals:

Example 1
A patient is admitted via Emergency Department (ED) with an overdose of multiple medications and alcohol. She was treated extensively for the overdose on admission, and transferred to the adult psychiatric unit on day 2 following psychiatric consult. She was discharged two weeks later with a final diagnosis of Overdose secondary to major depression.

Principal diagnosis is major depression. It is the underlying cause of the presenting problem and the primary focus of treatment over the episode of care.

Example 2
A patient was admitted with suspected overdose of temazepam and valium taken with an estimated half bottle of bourbon. He was admitted overnight for observations and for risk of further self-harm. He is discharged the next morning with a final diagnosis (from progress notes) of “no suicidal ideation, impulsive gesture, and multiple social stressors.” The discharge summary stated “depressed/marital and financial problems, impulsive overdose– benzodiazepines”

The patient was admitted primarily for observations following overdose. There is no clear
psychiatric diagnosis, nor mental health team involvement in care. There is no clear diagnosis of any psychiatric condition within the progress notes. The use of the term “Depressed” does not necessarily reflect a clear diagnosis of clinical depression (see also ACS 0506). Documented diagnoses of multiple social stressors translate only to Z codes. The principal diagnosis is overdose of benzodiazepines.

When the identification of the principal diagnosis is difficult, the coder should consult the clinician for advice on selection of principal diagnosis. Only when further advice is not available, should coders resort to coding the diagnoses exactly in the order listed on the summary, i.e. the first mentioned diagnosis (ACS 0001).

3.5 WACS 05 - Spontaneous Vaginal Delivery

The assignment of a code for spontaneous vaginal delivery (SVD) (90467-00) is mandatory for WA Coders in the birth episode. This ensures uniform reporting of this procedure code and facilitates relevant clinical research.

In obstetric cases, ACS 0001 determines the principal diagnosis for delivery episodes. Where there is no antenatal condition occasioning the episode of care, the principal diagnosis is a code from category O80 – O84. Accordingly, the principal procedure for all delivery episodes is the mode of delivery i.e. Caesarean, forceps, vacuum, breech or SVD.

In multiple births, a code for mode of delivery is assigned for each newborn delivered (except for caesarean section). For example twins both born via SVD - assign two SVD procedure codes.

Example 1:
Principal Diagnosis: O80 Single spontaneous delivery
Additional Diagnosis: Z37.0 Single live born infant
Principal Procedure: 90467-00 Spontaneous vaginal delivery
Additional Procedure: 90472-00 Episiotomy

Example 2:
Principal Diagnosis: O84.0 Multiple delivery, all spontaneous
Additional Diagnoses: O30.0 Twin pregnancy
Z37.2 Twins, both live born
Principal Procedure: 90467-00 Spontaneous vaginal delivery
Additional Procedure: 90467-00 Spontaneous vaginal delivery

See also ACS 1520 for a further example.

3.6 WACS 06 - Place of Occurrence and Activity Codes

External cause codes identify how injuries occur or add additional information about diagnoses or effects of treatment. ACS 2001 instructs that where a condition has an external cause the assignment of a code from V01-Y89 is mandatory. This is primarily applicable, but not limited to, diagnostic codes S00 – T98 and Z04.1 – Z04.5.
Place of Occurrence codes (Y92.xx) are mandatory with all external cause codes (V01-Y89) both nationally and in WA.

In WA, activity codes (U50-U73) are mandatory with all external cause codes (V01 – Y89). *(Nationally, the applicable range is restricted to V01 –Y34).* This WA standard is required to comply with computer system requirements in both public and private hospitals.

### 3.7 WACS 07 - Drug Toxicity

**Note:** Drug toxicity in improper use follows normal coding rules (ACS 1901, 1903).

This WA Coding Standard addresses drug toxicity in therapeutic use only. *(Exception: anticoagulants in therapeutic use – see ACS 0303).* Poisoning in therapeutic use, so stated, is always coded to poisoning (T36-T50).

Toxicity in therapeutic use may occur through accumulation of drugs reaching toxic levels. There may be neither documentation of improper use by the patient nor any documentation of prescription error or dosage error on the part of clinical staff.

Where the terms ‘toxicity’ or ‘intoxication’ are used in therapeutic use, follow the appropriate rule:

1. Toxicology results in the toxic range - assign a code for poisoning (T36-T50) with an external cause code from Y40-Y59, or
2. Toxicology results are within the therapeutic range - code specific adverse effects (ACS 1902), or
3. No toxicology results - default to poisoning (T36-T50) with an external cause code from Y40-Y59.

Clinical advice may be sought at the coder’s discretion. For example, patients may exhibit clinical manifestations of systemic poisoning, with borderline toxicology results.

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**Kim Snowball**  
**DIRECTOR GENERAL**  
**DEPARTMENT OF HEALTH WA**
Appendix 1: Cancelled Procedures Flowchart

**Booked Admission?**
- **Yes**
  - Code as per normal ACS
- **No**
  - Reverse admission

**Only administrative processes performed and the patient has not been admitted to the ward or received any clinical care?**
- **Yes**
  - See ACS 0011
  - See 'Additional Notes 1'
- **No**
  - Patient is already in a theatre or procedure unit?
    - **Yes**
      - Patient has already received oral or IV pre-med?
        - **Yes**
          - Has anaesthetic been administered (including LA)?
            - **Yes to any of these**
              - Code the condition or symptom that was investigated or treated as the Principal Diagnosis, and Z53.0 and the condition the procedure was for as Additional Diagnoses.
              - See 'Additional Notes 2'
              - See WACS 02 point 3.2.2
            - **No**
              - Code Z53.x as Principal Diagnosis. No other codes are required.
              - See also WACS 02 point 3.2.1
              - See 'Additional Notes 3'
        - **No**
          - Was the patient discharged on the same day?
            - **Yes**
              - Code Z75.2 as Principal Diagnosis.
              - Also code Z53.x and other diagnoses that meet ACS 0002. Alter ‘Care Type’ to Maintenance
              - See WACS 02
              - See ‘Additional Notes 4’
            - **No**
              - Multi-day stay?
                - **Yes**
                  - Code Z53.x as Principal Diagnosis. No other codes are required.
                  - See also WACS 02 point 3.2.1
                  - See ‘Additional Notes 3’
                - **No**
                  - Was the patient discharged on the same day?
                    - **Yes**
                      - Code Z75.2 as Principal Diagnosis.
                      - Also code Z53.x and other diagnoses that meet ACS 0002. Alter ‘Care Type’ to Maintenance
                      - See WACS 02
                      - See ‘Additional Notes 4’

**Additional Notes**

1) Theatre or Procedure Unit include:
   - Endoscopy suite
   - Cardiac catheter laboratory
   - Radiology (e.g. where procedure may be performed under CT guidance)

2) Treatment/investigation of any specific condition/symptom under doctor’s orders include:
   - Patient may stay for treatment or investigation of some other condition or symptom, not necessarily defined as a contraindication.
   - Patient may stay after cancellation for medical treatment of original condition or treatment of a contraindication.

3) No other diagnostic or procedural codes required. However additional codes can be used for hospitals’ own reporting requirements.

4) Code also Z53.x, other codes that meet normal coding rules (ACS 0002) and any mandatory codes, for example Z72.0