Government of Western Australia
Department of Health

WACCA coding query response

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ENQUIRER E-MAIL	N/A
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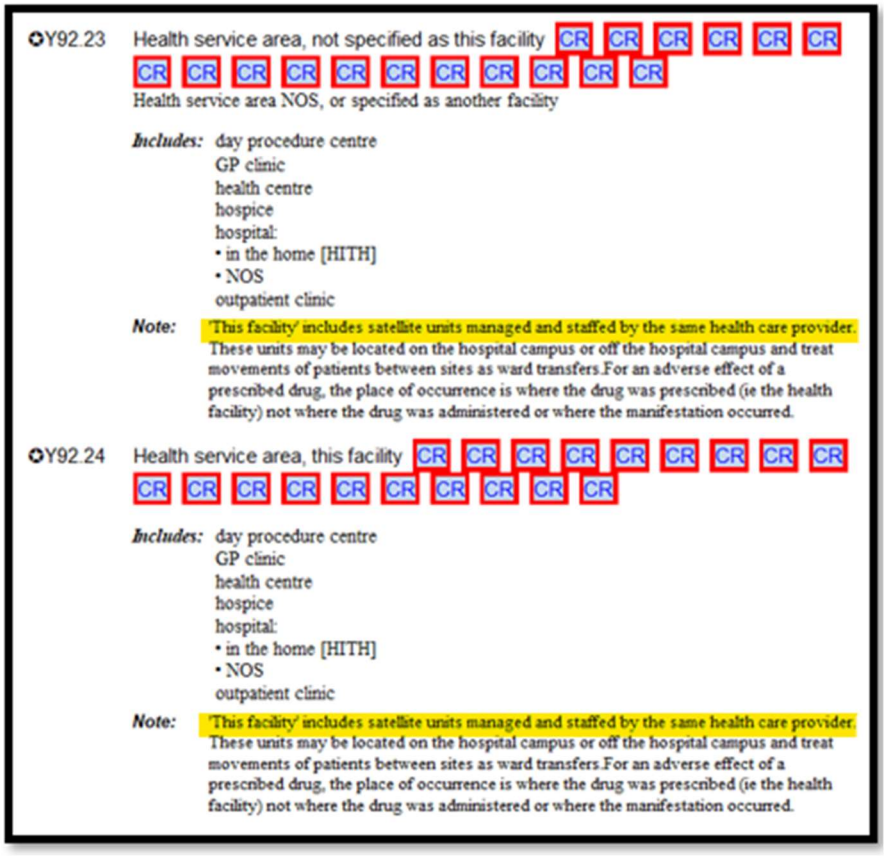
ICD-10-AM/ACHI/ACS EDITION	13th

13th Edition queries submitted to WACCA:

Query 1

Please clarify the Tabular List *Note* about satellite units at Y92.23 and Y92.24. For instance, is each hospital within a Health Service Provider (HSP) considered a satellite unit because they are all managed by the same HSP?

Response:



Y92.23 Health service area, not specified as this facility CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR

Health service area NOS, or specified as another facility

Includes: day procedure centre
GP clinic
health centre
hospice
hospital:
• in the home [HITH]
• NOS
outpatient clinic

Note: 'This facility' includes satellite units managed and staffed by the same health care provider. These units may be located on the hospital campus or off the hospital campus and treat movements of patients between sites as ward transfers.For an adverse effect of a prescribed drug, the place of occurrence is where the drug was prescribed (ie the health facility) not where the drug was administered or where the manifestation occurred.

Y92.24 Health service area, this facility CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR

Includes: day procedure centre
GP clinic
health centre
hospice
hospital:
• in the home [HITH]
• NOS
outpatient clinic

Note: 'This facility' includes satellite units managed and staffed by the same health care provider. These units may be located on the hospital campus or off the hospital campus and treat movements of patients between sites as ward transfers.For an adverse effect of a prescribed drug, the place of occurrence is where the drug was prescribed (ie the health facility) not where the drug was administered or where the manifestation occurred.

The *Notes* at Y92.23 and Y92.24 about 'satellite units' remain unchanged for 13th Edition. An additional *Note* has been added to these codes about adverse effect of a prescribed drug.

Hospitals within a Health Service Provider, such as the WA Country Health Service, for example, are considered separate establishments and are not satellite units. Please seek guidance from your manager about any satellite units relevant to your casemix.

Query 2

Is the IHACPA Terminology table ICD-10-AM/ACHI/ACS resources | Resources | IHACPA applicable for assessing **all relationships** in clinical documentation? E.g. between symptoms and conditions; between separate conditions; histopathology report conclusions etc?

Response

No. The IHACPA Terminology table **is applicable only to relationships between a condition and an intervention**, as stated on the IHACPA website:

> *"The following table has been developed as a guide to assist clinical coders where the classification does not provide a causative link between a condition and an intervention. Clinical coders must refer to the ICD-10-AM Conventions/Special terminology in the first instance".*

However, it is important to note that the *ICD-10-AM Diseases Tabular List Conventions/Special terminology/9.5 Causal relationship terminology* **is applicable for assessing all relationships** in clinical documentation.

9.5 Casual relationship terminology

In clinical terminology, use of certain terms may infer a relationship between two concepts relating to time, sequence of events, co-occurrence, or cause and effect. There may be ambiguity in the exact relationship between these concepts when these connecting terms or phrases are used.

The World Health Organization guidelines for ICD-11 state that causal relationships should be specified with terminology that indicates a cause and effect relationship such as 'due to' or similar (WHO 2024).

9.5.1 Connecting terms such as 'secondary to', 'due to' or 'as a result of' (or similar or synonymous terms or phrases) infer a cause and effect relationship between a condition and:

- another condition **or**
- an external cause such as:
  - an adverse effect of drugs or substances
  - an unintentional event
  - another complication of a healthcare intervention
  - other injury mechanisms

(see Example 42).

9.5.2 Connecting terms such as 'following', 'post' or 'after' (written or implied by similar terms) infer a temporal relationship (relating to time) or sequence of events, or co-occurrence of concepts (see Example 42).

Relationship terms such as 'associated with', 'postprocedural' or 'related' (written or implied by similar terms) are ambiguous and depending on the context may infer a relationship relating to timing, sequence of events, coexistence **or** cause and effect.

9.5.3 A causation relationship is clearly established where:

- the causal relationship is stated by the clinician **or**
- the clinical diagnosis or context/event clearly infers an exclusive causation relationship (that is the complication would not have occurred in the absence of the causing condition or external causes such as an intervention complication) (see Examples 42–45) **or**
- the classification links two concepts by the Alphabetic Index (see *Conventions used in the ICD-10-AM Alphabetic Index/10. Special Terminology)*, an Australian Coding Standard or by National Coding Advice.

9.5.4 Where the cause of a condition is multifactorial or ambiguous, a causal relationship cannot be assumed. Where there is no explicit causal link stated or provided by the Alphabetic Index, look for supplementary wording or other information to provide contextual clarification (see Example 46).

Examples

- **Documentation: "Chest pain related to GORD"**
  'Related to' is listed in the IHACPA Terminology table as terminology that does **not** infer a causal relationship. However, as this Table is only applicable to the assessment of a relationship between a condition and an intervention, it's not applicable to this example.

  Convention 9.5.2 is applicable and indicates that terms such as 'related' **may** infer a cause and effect relationship, depending on the context. In this example, the relationship between the symptom (chest pain) and the condition (GORD) would be abstracted as a causal relationship on the proviso that all documentation from the current episode had been assessed and that "chest pain related to GORD" is the **final** documented diagnosis i.e. after study, there is no other cause suspected, nor documented uncertainty about the final diagnosis.

- **Histopathology documentation: "Consistent with metastasis from a breast primary"**
  "Consistent with" is listed in the IHACPA Terminology table as terminology that does **not** infer a causal relationship. However, as this Table is only applicable to assessment of a relationship between a condition and an intervention, it's not applicable to this example.

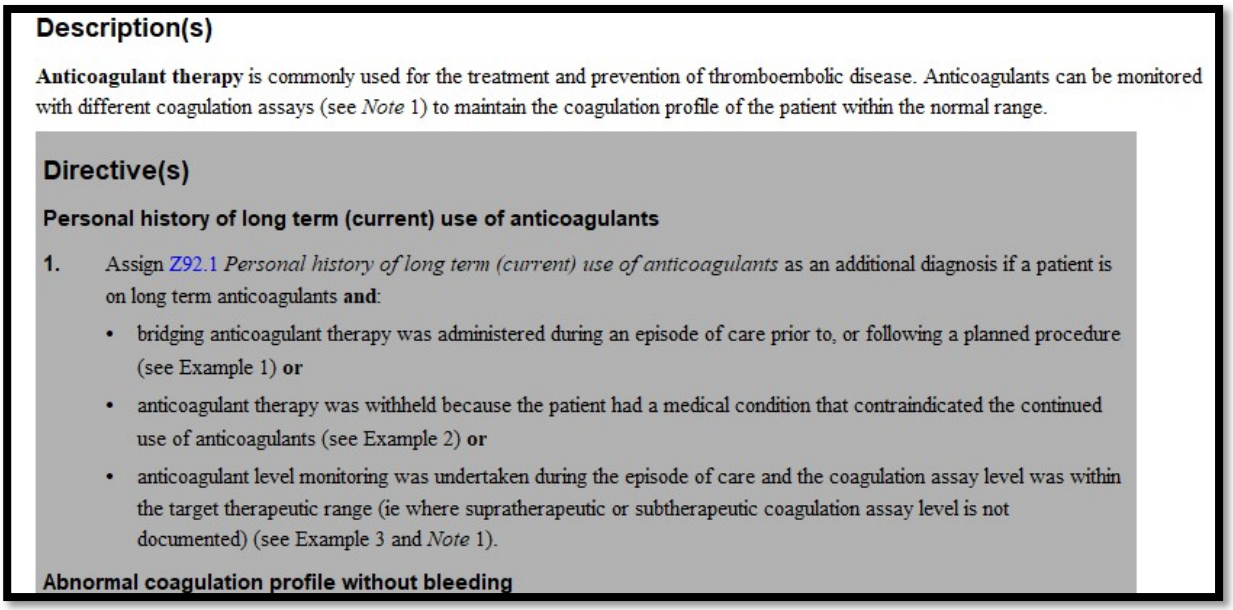
  In this example, breast is abstracted as the primary site, on the proviso that all documentation from the current episode has been assessed and there is no alternative primary site documented, nor documented uncertainty about the primary site. See also *Clinical coding guidelines: Malignant neoplasms*, page 2 - diagnostic terminology.

Query 3

Is Z92.1 *Personal history of long term (current) use of anticoagulants* assigned when an anticoagulant is withheld pre and/or post intervention (and bridging therapy isn't administered; and anticoagulant level monitoring isn't undertaken)?

Response

No. Z92.1 is only assigned per Directive 1 in ACS 0303 *Anticoagulant use and abnormal coagulation profile* which directs that Z92.1 is assigned if anticoagulant therapy is withheld due to a medical condition. Withholding pre and/or post intervention does not equate to withholding for a medical condition.



Description(s)

Anticoagulant therapy is commonly used for the treatment and prevention of thromboembolic disease. Anticoagulants can be monitored with different coagulation assays (see *Note* 1) to maintain the coagulation profile of the patient within the normal range.

Directive(s)

Personal history of long term (current) use of anticoagulants

1. Assign Z92.1 *Personal history of long term (current) use of anticoagulants* as an additional diagnosis if a patient is on long term anticoagulants **and**:
   - bridging anticoagulant therapy was administered during an episode of care prior to, or following a planned procedure (see Example 1) **or**
   - anticoagulant therapy was withheld because the patient had a medical condition that contraindicated the continued use of anticoagulants (see Example 2) **or**
   - anticoagulant level monitoring was undertaken during the episode of care and the coagulation assay level was within the target therapeutic range (ie where supratherapeutic or subtherapeutic coagulation assay level is not documented) (see Example 3 and *Note* 1).

Abnormal coagulation profile without bleeding

Query 4

Can an ICD code for a social factor, that is documented by a clinician (including allied health), be abstracted by a Clinical Coder and assigned for an admission?

Response

No. Documentation of an ICD code alone, without documentation of the clinical (or social) concept, should not be used in isolation for classification purposes. This is akin to not abstracting from MBS item numbers, in isolation, for procedure classification.

Note: clinicians may document codes from classifications other than ICD-10-AM, e.g. the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), which may not always align with ICD-10-AM.

Query 5

Should the new Codefinder compliance edit for T88.42 *Complications due to difficult intubation* be a Warning edit, rather than an Error edit?

10980001 - CODING ERROR: T8842 (Complications dt difficult intubation) has been assigned without an additional diagnosis code for the injury or harm that resulted from the difficult intubation. (REFERENCE: ICD-10-AM, Australian Coding Standards, 13th Edition, No. 1924)

Response

Yes. Solventum have been contacted and they've confirmed it will be changed to a Warning edit in a future Codefinder release.

Query 6

Has there been a change in coding practice for ACS 0052 *Same-day endoscopy – surveillance* where conditions no longer need to meet ACS 0002 *Additional diagnoses* (see Directive 5)?

Directive(s)

Principal diagnosis

1. Assign a code for the **pre-existing condition under surveillance** (including chronic incurable conditions) (see Examples 7–9, 11, 12 and 14)
2. Assign a code for **the condition under surveillance** (follow-up/screening) detected at screening (see Examples 6, 10 and 13)
3. Assign **a code from categories Z08 or Z09** *Follow-up examination after treatment for…* where the condition under surveillance has been previously treated, and no recurrence or residual condition is detected (see Examples 1 and 2)
4. Assign **a code from categories Z11, Z12 and Z13** *Special screening examination for…* where screening for a disease pre-cursor (risk factor) or other factor and no disease is detected or has ever been detected (see Examples 3–5).

Additional diagnoses

5. Assign code(s) for any condition found at endoscopy (see Example 12)
6. Assign code(s) from block Z80–Z99 *Persons with potential health hazards related to family and personal history and certain conditions influencing health status,* in accordance with ACS 0002 *Additional diagnoses/4.2 Family and personal history, and certain conditions influencing health status* (see Examples 1–3, 6 and 14).
7. Assign code(s) for follow-up examination after treatment from categories Z08 or Z09, or special screening examination from categories Z11, Z12 or Z13.

   These codes **do not** have to meet the criteria in ACS 0002.

   These codes may be assigned to reflect that multiple endoscopies were performed for different purposes within the same episode of care, and no condition is detected for one of the endoscopies

   (see Example 14).

Example 12:

Patient was admitted for Barrett's oesophagus surveillance with an oesophagogastroscopy and biopsy performed. The histopathology report confirmed adenocarcinoma of the upper third of the oesophagus.

Assign: K22.7 *Barrett's oesophagus*
C15.3 *Malignant neoplasm of upper third of oesophagus*
M8140/3 *Adenocarcinoma NOS*

Rationale: K22.7 — for a pre-existing condition under surveillance (*Directive* 1)
C15.3, M8140/3 — ACS 0002 *Additional diagnoses*/*1.2 Diagnostic interventions*, for a condition found at endoscopy (*Directive* 5)

Response

No, there hasn't been a change in coding practice. Any other condition found needs to meet ACS 0002 to be coded. This is illustrated in the Rationale in Example 12.

The sentence *"any condition found at endoscopy that meets the criteria in ACS 0002"* was removed in early development of 13th Edition, to which WACCA provided the following feedback:

> *Why was "any condition found at endoscopy that meets ACS 0002" omitted? Rationale? This ought to be re-instated, because related standard ACS 0051 has special rules to code all other findings and therefore it needs to be explicit that those rules don't apply in ACS 0052.*

IHACPA appear to have reinstated only part of the sentence, without mention of ACS 0002. Our understanding is that there was a concerted effort to avoid mentioning 0002 throughout the ACS because it's a General Standard that's always applicable, unless instructed otherwise (like in 0051). There was no intention to change coding practice for 0052, but this wording has now led to confusion.

WACCA have submitted a FAQ to IHACPA about this issue.

Query 7

Codefinder does not assign a code from A49 *Bacterial infection of unspecified site* code for 'bacteraemia' with a known specific infection site e.g. pharyngitis – is the content correct in Section 2.2 (pages 8-9) of WACCA's *Thirteenth Edition Miscellaneous changes* document?

Response

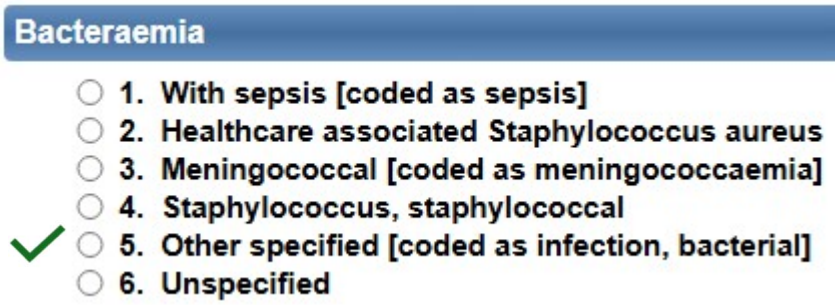
It is confirmed that A49.12 *Enterococcal infection, unspecified site* is the correct code assignment for 'enterococcal bacteraemia' in Example 2.2 in the *Miscellaneous changes* document.

Bacteraemia is an independent clinical concept and is classified separately, as confirmed in IHACPA's jurisdictional response to WACCA in February 2025 (yet to be formally published).

In the ICD-10-AM Alphabetic Index, the lead term bacteraemia is cross-referenced to ***Infection/bacterial*** followed by a second cross-reference: ***Infection/by type of agent***. Codefinder correctly reflects this Indexing.

Tips to code bacteraemia (specified agent) using Codefinder

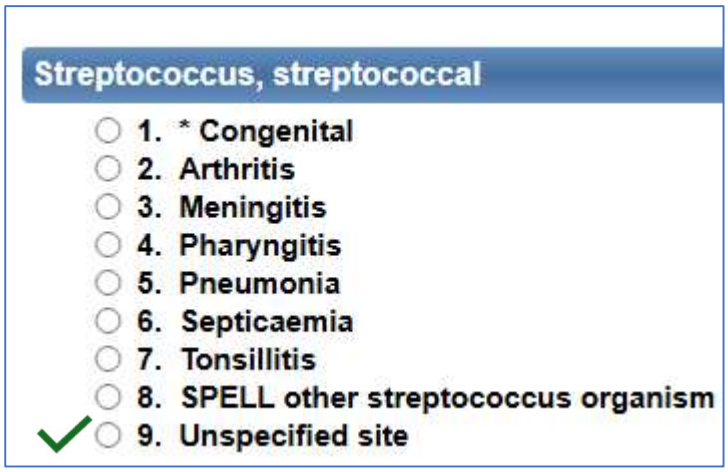
1. Select Option 5 (exceptions: healthcare associated, meningococcal or staphylococcal have their own Options)



2. Select Option 3 to reach *Infection, by type of agent*

3. Spell the agent (e.g. streptococcus)

4. Select Option 9



5. The originating infection e.g. pharyngitis, is coded via its own separate pathway.

Solventum have advised plans to release a future enhancement to improve clarity and better guide users toward correct code assignment for bacteraemia and bloodstream infection.

Query 8
Should patients requiring translator services be assigned a social factor code?

Response
ACS 2119 *Socioeconomic and psychosocial circumstances* describes social factors as non-clinical factors that may affect a patient's health status or experience of care. Social factors may:

- affect admission and discharge decisions and processes
- affect a patient's ability or willingness to follow a recommended care plan
- affect a patient's likelihood of experiencing a condition

During 13th Edition development, IHACPA stated that mandatory code assignment for social determinants of health that don't meet other ACS *Directive(s),* is not supported due to Coder burden concerns. However, where a social factor is documented by a clinician, Coders are encouraged to assign a code to classify these social factors.

Z60.31 *Problem related to migration culture* may be assigned where the clinician documents a language barrier (or need for translator) by following Index pathway:

Problem related to (due to) (of) (psychosocial) (with)
- language (developmental) F80.9
- - barrier NEC Z60.31

Do not assign Z60.31 *Problem related to migration culture* based on booking of translator services alone. Coders should be guided by the *Directive(s)* in ACS 2119 *Socioeconomic and psychosocial circumstances* when assigning codes for social factors.

These responses will be published on the Western Australian Clinical Coding Authority (WACCA) website.

If you have any queries in relation to the above, please contact the WACCA at coding.query@health.wa.gov.au