



# Western Australian Coding Rule

## 0725/34 Failed lumbar puncture

### Q.

How should “failed” lumbar puncture be coded?

### A.

A lumbar puncture is a procedure which involves insertion of thin, hollow needle into the spinal subarachnoid space to withdraw a sample of cerebrospinal fluid (CSF). The procedure may be diagnostic or therapeutic. Documentation of a “failed” lumbar puncture may mean a number of different things:

- The subarachnoid space has been entered but insufficient CSF has been obtained for pathology
- The subarachnoid space has been entered but no CSF has been obtained
- The needle could not be passed into the subarachnoid space

For classification purposes, ACS 0019 *Intervention abandoned, interrupted, not completed, or failed* considers a failed intervention as one that has still **achieved the expected outcome** but with certain component(s) not carried out successfully.

For classification purposes, when the outcome (sufficient CSF obtained) isn’t achieved, it’s considered an ‘intervention not completed’ rather than a ‘failed intervention’.

For “failed” lumbar puncture where the outcome isn’t achieved, ACS 0019/1. *Intervention abandoned, interrupted or not completed* is applicable:

- If documentation confirms that the subarachnoid space has been entered (e.g. insufficient fluid obtained), assign 39000-00 [30] *Lumbar puncture* for the extent to which the intervention was performed; and Z53.3 *Procedure abandoned after initiation* as an additional diagnosis.
- If documentation indicates the subarachnoid space has not been entered, or documentation is ambiguous, assign Z53.3 *Procedure abandoned after initiation*. In this instance there is no applicable ACHI code for the extent of the procedure.

### DECISION

For “failed” lumbar puncture where the expected outcome (sufficient CSF obtained) isn’t achieved, apply the *Directives in ACS 0019 Intervention abandoned, interrupted, not completed, or failed/ 1. Intervention abandoned, interrupted or not completed.*



**This WA Coding Rule 0725/34 *Failed lumbar puncture* supersedes WA Coding Rule 0719/06 *Failed lumbar puncture*.**

This Rule has been modified to correspond with an update in ICD-10-AM/ACHI/ACS Thirteenth Edition.

Effective 1 July 2025, ICD-10-AM/ACHI/ACS 13<sup>th</sup> Ed.

As per the Patient Activity Data Policy (MP 0164/21) Western Australian Coding Rules must be followed.



# Western Australian Coding Rule

## 0719/06 Failed lumbar puncture

### Q.

How should failed lumbar puncture be coded?

### A.

A lumbar puncture is a procedure which involves insertion of thin, hollow needle into the spinal subarachnoid space to withdraw a sample of cerebrospinal fluid (CSF). The procedure may be diagnostic or therapeutic. Documentation of a failed lumbar puncture may mean a number of different things:

- The subarachnoid space has been entered but insufficient CSF has been obtained for pathology
- The subarachnoid space has been entered but no CSF has been obtained
- The needle could not be passed into the subarachnoid space

### DECISION

As per ACS 0019 *Intervention Abandoned, Interrupted or Not Completed*, the procedure should be coded to the extent performed.

- If documentation confirms that the subarachnoid space has been entered (e.g. insufficient fluid obtained), assign 39000-00 [30] *Lumbar puncture*. Z53.3 *Procedure abandoned after initiation* is not assigned.

or

- If documentation indicates the subarachnoid space has not been entered, or documentation is ambiguous, assign Z53.3 *Procedure abandoned after initiation*. In this instance there is no applicable ACHI code for the extent of the procedure.

This WA Coding Rule 0719/06 *Failed lumbar puncture* supersedes WA Coding Rule 0916/04 *Failed lumbar puncture*.

This Rule has been modified to correspond with an update in ICD-10-AM/ACHI/ACS Eleventh Edition.

[Effective 1 Jul 2019, ICD-10-AM/ACHI/ACS 11<sup>th</sup> Ed.]



# Western Australian Coding Rule

## 0916/04 Failed lumbar puncture

**Q.**

What is the correct procedure code to assign for a failed lumbar puncture?

**A.**

A lumbar puncture is a procedure which involves insertion of thin, hollow needle into the spinal subarachnoid space to withdraw a sample of cerebrospinal fluid (CSF). The procedure may be diagnostic or therapeutic. Documentation of a failed lumbar puncture may mean a number of different things:

- The subarachnoid space has been entered but insufficient CSF has been obtained for pathology
- The subarachnoid space has been entered but no CSF has been obtained
- The needle could not be passed into the subarachnoid space.

### **DECISION**

**Documentation of failed lumbar puncture may refer to entry of the subarachnoid space which has failed to obtain sufficient or any CSF. As per ACS 0019 *Procedure not completed or interrupted*, the procedure should be coded to the extent performed. If documentation confirms that the subarachnoid space has been entered (i.e. insufficient fluid obtained), the correct code assignment is 39000-00 [30] *Lumbar puncture*. If documentation indicates that the subarachnoid space has not been entered or documentation is ambiguous, no procedure code should be assigned.**

[Effective 21 September 2016, ICD-10-AM/ACHI/ACS 9<sup>th</sup> Ed.]