



Western Australian Coding Rule

0725/47 Injection of adrenaline into bleeding gastric ulcer

Q.

Is injection of adrenaline a procedural component of 30761-01 [874]00 *Control of bleeding peptic ulcer* and 30761-00 [887] *Endoscopic control of upper gastrointestinal bleeding*; or is an additional procedure code required?

A.

Per ACS 0016 *General intervention guidelines/Exception 2*, do not code interventions that are components of another procedure, where they are a routine or an inherent part of the more significant intervention being performed.

When adrenaline is injected into a bleeding gastric ulcer it is often used for vasoconstriction and provides **temporary haemostasis**. It improves visualisation of the affected area prior to a definitive treatment. Definitive treatment of the bleeding may be resection, thermal coagulation, clipping, suturing or injection of a sclerosant.

The primary mechanism of adrenaline for arterial haemostasis is temporary compression of the artery in the serosal space. Therefore, **significant bleeding cannot be arrested with adrenaline alone** and a more effective agent is usually needed. Adrenaline can help localise a sclerosant to the injected area, thereby maximising its effect.

When adrenaline injection is performed alongside another more significant procedure or agent, adrenaline injection is a procedural component of 30761-01 [874] *Control of bleeding peptic ulcer* and 30761-00 [887] *Endoscopic control of upper gastrointestinal bleeding*.

However, adrenaline injection may be coded when it is the sole method to control bleeding i.e., 30478-07 [870] *Endoscopic administration of agent into lesion of stomach or duodenum*.

An Excludes note was added in 12th ed ACHI at 30761-00 [887] *Endoscopic control of upper gastrointestinal bleeding*. This *Excludes* note instructs that when administration of an agent is the sole method of controlling bleeding (e.g., sclerotherapy), administration of an agent is classified elsewhere in ACHI, i.e., to 30478-07 [870]. The *Excludes* note is not an instruction to always assign a separate code for the injection of any agent.



DECISION

When adrenaline is injected into a bleeding gastric ulcer to provide temporary haemostasis as part of definitive treatment (e.g. sclerotherapy), then adrenaline is an inherent component of the more significant intervention being performed.

This WA Coding Rule 0725/47 *Injection of adrenaline into bleeding gastric ulcer* supersedes WA Coding Rule 0924/01 *Injection of adrenaline into bleeding gastric ulcer*.

This Rule has been modified to improve clarity; and to correspond with a minor modification in ICD-10-AM/ACHI/ACS Thirteenth Edition.

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

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



Western Australian Coding Rule

0924/01 Injection of adrenaline into bleeding gastric ulcer

Q.

Is injection of adrenaline a procedural component of 30505-00 *Control of bleeding peptic ulcer* and 90296-00 *Endoscopic control of upper gastrointestinal bleeding*; or is an additional procedure code required?

A.

Per ACS 0016 *General procedure guidelines: Procedural components*, do not code procedures which are individual components of another procedure. These components would usually be considered a routine or inherent part of the more significant procedure being performed.

When adrenaline is injected into a bleeding gastric ulcer it is often used for vasoconstriction and provides **temporary haemostasis**. It improves visualisation of the affected area prior to a definitive treatment. Definitive treatment of the bleeding may be resection, thermal coagulation, clipping, suturing or injection of a sclerosant.

The primary mechanism of arterial haemostasis for adrenaline is temporary compression of the artery in the serosal space. Therefore, **significant bleeding cannot be arrested with adrenaline alone**. A more effective agent is usually needed. E.g., Adrenaline can help localise a sclerosant to the injected area, thereby maximising its effect.

Therefore, when adrenaline injection is performed alongside another more significant procedure or agent, adrenaline injection is a procedural component of 30505-00 *Control of bleeding peptic ulcer* and 90296-00 *Endoscopic control of upper gastrointestinal bleeding*.

However, per NCA Q3240 *Control of bleeding during ERCP*, an ACHI code for adrenaline injection may be assigned when it is the only agent administered to control bleeding i.e., 30478-07 [870] *Endoscopic administration of agent into lesion of stomach or duodenum*.

An Excludes note was added in 12th ed ACHI at 90296-00 *Endoscopic control of upper gastrointestinal bleeding*, this Excludes note instructs the coder that when administration of an agent is the primary means of controlling bleeding (e.g., sclerotherapy), administration of an agent is classified elsewhere in ACHI, i.e., to 30478-07 [870]. The coder follows the Excludes note and then assigns procedure codes considering all conventions and standards including ACS 0016.

The Excludes note is not an instruction to always assign a separate code for the injection of any agent. This Excludes note instructs that 90296-00 is not the code for classifying administration of an agent into a lesion.



DECISION

When adrenaline is injected into a bleeding gastric ulcer to provide temporary haemostasis prior to a definitive treatment then it is a procedural component of the definitive procedure i.e., 30505-00 *Control of bleeding peptic ulcer* or 90296-00 *Endoscopic control of upper gastrointestinal bleeding*. An additional procedure code is not required to reflect adrenaline injection.

This WA Coding Rule 0924/01 *Injection of adrenaline into bleeding gastric ulcer* supersedes WA Coding Rule 0716/05 *Injection of adrenaline into bleeding gastric ulcer*.

This Rule has been modified to clarify a corresponding update in ICD-10-AM/ACHI/ACS Twelfth Edition.

[Effective 1 September 2024, ICD-10-AM/ACHI/ACS 12th Ed.]



Western Australian Coding Rule

0716/05 Injection of adrenaline into bleeding gastric ulcer

Q.

Is injection of adrenaline a procedural component of 30505-00 *Control of bleeding peptic ulcer* and 90296-00 *Endoscopic control of peptic ulcer or bleeding*; or is an additional procedure code required?

A.

Adrenaline injection into bleeding gastric ulcer is used for vasoconstriction and provides **temporary haemostasis**. It improves visualisation of the affected area prior to a definitive treatment. Definitive treatment may be: resection, thermal coagulation, clipping, suturing or injection of a sclerosant.

The primary mechanism of arterial haemostasis for adrenaline is temporary compression of the artery in the serosal space. Therefore **significant bleeding cannot be arrested with adrenaline alone**. A more effective sclerosant is needed. Adrenaline can help localise the sclerosant to the injected area, thereby maximising its effect.

Adrenaline injection into bleeding gastric ulcer is a procedural component of 30505-00 *Control of bleeding peptic ulcer* and 90296-00 *Endoscopic control of peptic ulcer or bleeding* as per the Index pathways:

Control

- haemorrhage
- gastrointestinal
- from peptic ulcer → 30505-00 [874] *Control of bleeding peptic ulcer*
- via endoscopy → 90296-00 [887] *Endoscopic control of peptic ulcer or bleeding*

DECISION

Adrenaline injection into bleeding gastric ulcer provides temporary haemostasis prior to definitive treatment and is thus a procedural component of 30505-00 *Control of bleeding peptic ulcer* and 90296-00 *Endoscopic control of peptic ulcer or bleeding*. An additional procedure code is not required to reflect adrenaline injection when assigning 30505-00 or 90296-00.

[Effective 20 July 2016, ICD-10-AM/ACHI/ACS 9th Ed.]