Government of Western Australia
Department of Health

Western Australian Coding Rule

0725/94 Ventilation in organ procurement

Q.
Should ventilatory support be coded in an organ procurement episode of care?

A.
The National Minimum Data Set data element 'Organ procurement-posthumous' (https://meteor.aihw.gov.au/content/711000) definition is:

> An activity undertaken by hospitals in which human tissue is procured for the purpose of transplantation from a donor whose brain function or circulation of blood has permanently stopped.

The collection and usage attributes for this data element instruct:

> Any diagnoses and procedures undertaken during this activity, **including mechanical ventilation** and tissue procurement, are recorded in accordance with Australian Coding Standards.

ACS 0030 *Organ, tissue and cell procurement and transplantation* and ACS 1006 *Ventilatory support* are not explicit about coding of ventilatory support in an organ procurement episode, however ACS 1006 instructs that ventilatory support duration calculation ends with death. Therefore:

- For the initial episode of care in which the donor dies, calculation of duration of ventilatory support ends at time of death.
- For the procurement episode of care, ventilatory support is not coded.

DECISION
Ventilatory support should not be coded in an organ procurement episode of care.

This WA Coding Rule 0725/94 *Ventilation in organ procurement* supersedes WA Coding Rule 0515/02 *Ventilation in organ procurement*.

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.

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0515/02 Ventilation in organ procurement

Q.
Should mechanical ventilation be coded in organ procurement episodes of care?

A.
The Admitted Patient Care National Minimum Data Set 2015-16 defines posthumous organ procurement as “an activity undertaken by hospitals in which human tissue is procured for the purpose of transplantation from a donor who has been declared brain dead”. It goes on to state that “diagnoses and procedures undertaken during this activity, including mechanical ventilation and tissue procurement, are recorded in accordance with Australian coding standards”.

The ACS 0030 *Organ and tissue procurement and transplantation* and ACS 1006 *Ventilatory support* are not explicit in regards to the coding of ventilatory support in an episode care change to “posthumous organ procurement”, however ACS 1006 does state for the purpose of calculating the duration of CVS it ends with death. Therefore, for episodes of care for donation following brain death in hospital, codes for mechanical ventilation should not be assigned.

DECISION
Mechanical ventilation should not be coded in organ procurement episodes of care.

[Effective 13 May 2015, ICD-10-AM/ACHI/ACS 8th Ed.]