



Western Australian Coding Rule

0715/05 Weaning of ventilation

ACCD Coding Rule **Weaning of continuous ventilatory support (CVS)** (Ref No: Q2848) was retired on 30 June 2015. Amendments have been made to ACS 1006 *Ventilatory support* in ICD-10-AM/ACHI/ACS Ninth Edition (effective 1 July 2015) to further clarify weaning from CVS and the calculation of the duration of CVS.



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0115/04 Weaning of ventilation

WA Coding Rule 1113/02 *Weaning of ventilation* is superseded by ACCD Coding Rule ***Weaning of continuous ventilatory support (CVS)*** (Ref No: Q2848) effective 1 January 2015; (log in to view on the [ACCD CLIP portal](#)).

DECISION

WA Coding Rule 1113/02 *Weaning of ventilation* is retired.

[Effective 1 Jan 2015, ICD-10-AM/ACHI/ACS 8th Ed.]



Western Australian Coding Rule

1113/02 Weaning of ventilation

Q.

When should noninvasive ventilation performed after invasive ventilation be considered weaning? Does 'weaning' have to be stated or should any noninvasive ventilation after invasive ventilation be considered weaning?

A.

ACS 1006 *Ventilatory support* states:

Do not code methods of weaning (eg CPAP, IMV) from ventilatory support separately. Weaning is included in calculating the length of time that a patient is on ventilatory support. There may be several attempts to wean the patient off the ventilator. Weaning may include changing the type of ventilation from CVS to CPAP or BiPAP; include the duration of CPAP or BiPAP weaning in the cumulative hours for the CVS.

However an example in the NCCC 8th Edition Workshop Slides (Slide 130) assigns a code for CVS and for noninvasive ventilatory support for a newborn intubated and ventilated for 76 hours and then moved onto NIV BIPAP for 30 hours.

The WACCAG advises that any noninvasive ventilation given while the patient is still intubated, should be counted as weaning and included in the calculation of invasive ventilation (see ACS 1006 *Ventilatory support* Classification points 1a and 1d). Once a patient has been extubated, any noninvasive ventilation given should be assigned a separate noninvasive ventilation code and is not counted as weaning.

DECISION

Noninvasive ventilation given directly after invasive ventilation should be considered as weaning and included in the calculation of invasive ventilation, until the patient is extubated. Any noninvasive ventilation given after extubation should be assigned a separate noninvasive ventilation code.

We will query with the ACCD whether our interpretation of weaning and ACS 1006 *Ventilatory support* is consistent with theirs.

[Effective 26 Nov 2013, ICD-10-AM/ACHI/ACS 8th Ed.]