



Western Australian Coding Rule

0719/30 Multiple same-day endoscopies, with assignment of Z08/Z09 and/or Z11/Z12/Z13 as additional diagnosis

ACCD Coding Rule **Tenth Edition FAQs Part 2: Same-day endoscopy** (Ref No: TN1248) was retired on 30 June 2019.

In 11th Edition, ACS 0052 *Same-day endoscopy – Surveillance* has been revised to clarify the appropriate assignment of Z08/Z09 and/or Z11/Z12/Z13 as additional diagnosis.



Western Australian Coding Rule

0318/01 Two endoscopies performed in the same episode, one diagnostic and one surveillance

WA Coding Rule 0817/03 *Two endoscopies performed in the same episode, one diagnostic and one surveillance* is superseded by ACCD Coding Rule **Tenth Edition FAQs Part 2: Same-day endoscopy** (Ref No: TN1248) effective 1 October 2012; (log in to view on the [ACCD CLIP portal](#)).

DECISION

WA Coding Rule 0817/01 *Two endoscopies performed in the same episode, one diagnostic and one surveillance* is retired.

[Effective 1 Oct 2017, ICD-10-AM/ACHI/ACS 10th Ed.]



Western Australian Coding Rule

0817/03 Two endoscopies performed in the same episode, one diagnostic and one surveillance

Q.

There have been significant changes to the coding of same-day endoscopies with implementation of Tenth Edition. As per ACS 0052 *Same-day endoscopy – Surveillance*: Do not assign codes from Z08, Z09, Z11, Z12 and Z13 as additional diagnoses.

WA Coding Rule *Upper and lower GI endoscopy* (June 2010) advises that when a patient is admitted for two endoscopies (one diagnostic and one screening), to code the two endoscopies out separately, then combine the assigned codes.

As Z08, Z09, Z11, Z12 and Z13 cannot be assigned as additional diagnoses, how should two endoscopies, one diagnostic and one surveillance, be coded and sequenced?

A.

In June 2010 the WA Coding Committee issued instruction on the coding and sequencing of episodes in which two endoscopies are performed for different purposes (e.g. one diagnostic and one surveillance):

Upper and lower GI endoscopy – Screening/follow-up endoscopy with symptom

Query: Patient admitted for elective day case upper and lower GI scopes.

One scope is for a symptom and the other scope is for screening and/or follow-up

Example:

Gastroscopy indication: dyspepsia

Colonoscopy indication: family history colon cancer

As there is a symptom being investigated, we apply ACS 0046 DIAGNOSIS SELECTION FOR SAMEDAY ENDOSCOPY. Guidelines state that ACS 0046 “does not apply to episodes for screening or patients presenting for follow-up investigations”. Also, ACS 2111 SCREENING FOR SPECIFIC DISORDERS states: “Z12.x would not be assigned when a sign or symptom is the reason for examination”.

Should we interpret these guidelines to mean:

1. ACS 2111 should not be applied to the above example, as screening was a component of an episode where a symptom was being investigation i.e. assign K30, Z80.0; or
2. ACS 2111 should be applied in addition to ACS 0046 as there were no longer GI symptoms – the colonoscopy was solely performed for screening i.e. assign K30, Z12.1, Z80.0



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Recommendation: ACS 2111 should be applied in addition to ACS 0046. The two scopes should be coded out separately with code assignment: K30 Dyspepsia, Z12.1 Special screening examination for neoplasm of intestinal tract, Z80.0 Family history of malignant neoplasm of digestive organs.

It should be noted that had there been a lower GI symptom as an additional indication for colonoscopy, this symptom would be coded instead of Z12.1 as symptoms always take precedence over screening or follow-up.

Decision: Correct code assignment for elective day case scope episode for indications dyspepsia and family history colon cancer is K30 Dyspepsia, Z12.1 Special screening examination for neoplasm of intestinal tract, Z80.0 Family history of malignant neoplasm of digestive organs.

The issue of how to code/sequence episodes in which two endoscopies with different purposes are performed has not been addressed in Tenth Edition. ACS 0052 *Same day endoscopy – Surveillance* states: Do not assign codes from Z08 or Z09 *Follow-up examination after treatment for...* or Z11, Z12 and Z13 *Special screening examination for...* as additional diagnoses. It is unclear whether this instruction is relevant when two endoscopies are coded out separately i.e. ACS 0051 *Same day endoscopy – Diagnostic* also applies, as per the logic in the WA Coding Rule.

If following the WA Coding Rule and assigning Z08, Z09, Z11, Z12 or Z13 as an additional diagnosis, a warning error is generated on 3M Codefinder.

A query has been sent to the ACCD to clarify how to code the scenario in the above WA Coding Rule.

In the interim, WACCAG advises to continue following the WA Coding Rule and assign Z08, Z09, Z11, Z12 or Z13 as an additional diagnosis where appropriate. Once the ACCD publishes the FAQ responses, all WA Coding Rules will be updated in line with 10th Edition.

DECISION

WACCAG advises to continue following the WA Coding Rule *Upper and lower GI endoscopy – Screening/follow-up endoscopy with symptom* (June 2010) until further classification instructions are published by the ACCD.

[Effective 02 Aug 2017, ICD-10-AM/ACHI/ACS 10th Ed.]