



Western Australian Coding Rule

0318/39 Screening colonoscopy with benign neoplasm found

In ICD-10-AM/ACHI/ACS Tenth Edition, ACS 0052 *Same-day endoscopy – Surveillance* provides instruction on assignment of additional diagnoses. WA Coding Rule 0610/06 *Screening colonoscopy with benign neoplasm found* is therefore retired.

DECISION

WA Coding Rule 0610/06 *Screening colonoscopy with benign neoplasm found* is retired.

[Effective 01 Jul 2017, ICD-10-AM/ACHI/ACS 10th Ed.]



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0610/06 Screening colonoscopy with benign neoplasm found

Q.

When a patient is admitted for screening colonoscopy due to family history of colon cancer, what is the correct coding when a benign neoplasm e.g. adenoma is found, without malignancy?

A.

If in situ (behaviour code /2) or malignant neoplasm (behaviour code /3) is found, then the disease the person is being screened for has been detected and should be assigned as principal diagnosis with an additional diagnosis of Z80.0.

If a benign neoplasm is found, it should be coded as additional diagnosis only if it meets ACS 0002 e.g. polypectomy or biopsy performed. It would not be coded as principal diagnosis because the intent is screening for malignancy. Correct code assignment in this case would be: Z12.1 Special screening examination for neoplasm of intestinal tract Z80.0 Family history of malignant neoplasm of digestive organs D12.x Benign neoplasm colon Morphology (behaviour /0)

DECISION

If a benign neoplasm (conditions classified D00-D48) is found on screening scope for family history of colon cancer, the benign neoplasm should be coded as an additional diagnosis if it meets ACS 0002. This supersedes the advice give in WA 3rd edition archived coding database (Query no W1347).

[Effective 16 Jun 2010, ICD-10-AM/ACHI/ACS 6th Ed.]