



# Western Australian Coding Rule

## 0318/40 Procedures normally not coded

ACCD Coding Rule *Imaging services* (November 2013) referenced in WA Coding Rule 1113/04 *Procedures normally not coded* was retired on 30<sup>th</sup> June 2017. Clinical coders should be guided by ACS 0042 *Procedures normally not coded*. WA Coding Rule 1113/04 *Procedures normally not coded* is therefore retired.

### DECISION

**WA Coding Rule 1113/04 *Procedures normally not coded* is retired.**

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



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## 1113/04 Procedures normally not coded

### Q.

Should NCCH Coding Rule 'Imaging Services' October 2013 be applied to all procedures listed in ACS 0042 *Procedures normally not coded*?

### A.

NCCH Coding Rule 'Imaging Services' published in October 2013 gave guidance on when to assign codes from ACHI Chapter 20 *Imaging Services*:

#### **Q: Eighth Edition Education Workshop FAQs - Part 1**

In the workshop presentation there were some scenarios where codes were assigned for imaging services such as CT and MRI guidance, where they were performed in association with other procedures. Even though these were done under anaesthetic should they be coded?

**A:** As per ACS 0042 *Procedures normally not coded*, codes from ACHI Chapter 20 *Imaging services* should only be coded in certain circumstances, such as where cerebral anaesthesia is required in order for the procedure to be performed. The scenarios in the recent Eighth Edition Education should not have assigned codes for CTs and MRIs.

The title of ACS 0042 indicates that the procedures listed are **normally not coded** unless they meet one of the exceptions listed in the Standard. Therefore the default coding practice is to not code the listed procedures, unless it has been documented that cerebral anaesthesia was required to perform the procedure.

The fact that a procedure listed in ACS 0042 has been performed under anaesthesia does not necessarily mean that it should be coded. There must be evidence that cerebral anaesthesia was **required** in order to perform the procedure in order for it to be coded.

## DECISION

**Procedures listed in ACS 0042 *Procedures normally not coded* should only be assigned in certain circumstances as listed in the Standard, such as where cerebral anaesthesia is required for the procedure to be performed.**

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