



Western Australian Coding Rule

0719/15 Coding of abbreviations from pathology (lab) results

ACCD Coding Rule *Use of abbreviations, symbols and test result values to inform code assignment for abnormal pathology results* (Ref No: TN199) was retired on 30 June 2019.

In ICD-10-AM/ACHI/ACS Eleventh Edition (effective 1 July 2019), ACS 0010 *Clinical documentation and general abstraction guidelines* was amended to provide guidance on coding of test results.



Western Australian Coding Rule

0218/04 Coding of lab results

WA Coding Rule 0809/04 *Coding of lab results* is superseded by ACCD Coding Rule *Use of abbreviations, symbols and test result values to inform code assignment for abnormal pathology results* (Ref No: TN199) effective 1 October 2009; (log in to view on the [ACCD CLIP portal](#)).

See also: ACCD Coding Rule **Low magnesium** (Ref No: TN1035) effective 1 January 2016; (log in to view on the [ACCD CLIP portal](#)).

DECISION

WA Coding Rule 0809/04 *Coding of lab results* is retired.

[Effective 1 October 2009, ICD-10-AM/ACHI/ACS 6th Ed.]



Western Australian Coding Rule

0809/04 Coding of lab results

Q.

Confusion appears to arise when Coders see documentation written

1. K 3.4 replace or
2. Mg 0.89 replace.

Is this enough to code hypokalaemia or hypomagnesium?? Documentation may also be written as low potassium, low magnesium replace, to my way of thinking this is clearer documentation to code hypokalaemia or hypomagnesium?

A.

In cases where the clinician is documenting test results but not documenting the condition being treated, the coder needs to review the medical record and lab results closely before coding the condition.

For example:

Documentation "K 3.4 Plan: IV KCl" Review blood test results corresponding to the date it was documented to confirm result is in the abnormal range. If it is, assign hypokalaemia after confirming potassium chloride was administered.

Documentation "K replace" This documentation could be referring to patient's potassium levels trending downwards, rather than a potassium level in the abnormal range. Check lab results before assigning hypokalaemia code. This would be sufficient documentation to assign a code for hypokalaemia as long as the lab result is confirmed to be in the abnormal range, and the condition meets ACS 0001 or 0002.

DECISION

When clinicians document test results but not the condition, always review the medical record and lab results to confirm condition and query with clinician if possible. From an auditing perspective it is ideal to have clinician confirmation of the diagnosis however there is latitude given when not documented.

[Effective 14 August 2009, ICD-10-AM/ACHI/ACS 6th Ed.]