



# Western Australian Coding Rule

## **0124/03 Same-day endoscopy for follow-up of diverticulitis**

WA Coding Rule 0719/48 *Same-day endoscopy for follow-up of diverticulitis* is superseded by ICD-10-AM/ACHI/ACS Coding Rule *Same-day surveillance of diverticulitis* (Ref No: Q3630) effective 01 January 2024; (log in to view on the [ACE portal](#)).

### **DECISION**

**WA Coding Rule 0719/48 *Same-day endoscopy for follow-up of diverticulitis* is retired.**

[Effective 01 January 2024, ICD-10-AM/ACHI/ACS 12th Ed.]

# Western Australian Coding Rule

## 0719/48 Same-day endoscopy for follow-up of diverticulitis

### Q.

What codes should be assigned when a patient is admitted for colonoscopy for follow-up of diverticulitis but only diverticulosis is found?

### A.

The term diverticular disease describes two states of the same disease: diverticulosis, which is the presence of pouches (diverticula) in the wall of the colon; and diverticulitis, which occurs when the diverticula become inflamed or infected.

Diverticular disease is a chronic incurable condition.

Patients with recurrent severe diverticulitis may have prophylactic resection of the colon. The distal resection margin extends to the upper third of the rectum (from this section, diverticula do not form). The proximal margin should be an area of colon without inflammation or infection. Not all diverticula bearing colon requires resection as diverticula proximal to the descending colon rarely cause symptoms.

Apply ACS 0052 *Same-day endoscopy – Surveillance* for classification of same-day endoscopy for follow-up of diverticular disease:

1. Assign as principal diagnosis:

- The pre-existing condition under surveillance (including chronic incurable conditions) i.e. diverticular disease. Code the current state/severity of disease as per documented findings.

2. A code from Z09 *Follow-up examination after treatment for conditions other than malignant neoplasms* is not assigned for surveillance of chronic incurable conditions. It may be assigned for other conditions under surveillance in the same episode, as per instructions in ACS 0052.

## DECISION

**Clinical coders should be guided by classification instructions in ACS 0052 *Same-day endoscopy – Surveillance*, for coding endoscopic surveillance of pre-existing chronic incurable conditions such as diverticular disease. This WA Coding Rule 0719/48 *Same-day endoscopy for follow-up of diverticulitis* supersedes WA Coding Rule 0318/43 *Same-day endoscopy for follow-up of diverticulitis*.**

This Rule has been modified to correspond with an update in ICD-10-AM/ACHI/ACS Eleventh Edition.

[Effective 1 Jul 2019, ICD-10-AM/ACHI/ASC 11<sup>th</sup> Ed.]



# Western Australian Coding Rule

## 0318/43 Same-day endoscopy for follow-up of diverticulitis

### Q.

What codes should be assigned when a patient is admitted for colonoscopy for follow-up of diverticulitis but only diverticulosis is found?

### A.

The term diverticular disease describes two states of the same disease: diverticulosis, which is the presence of pouches (diverticula) in the wall of the colon; and diverticulitis, which occurs when the diverticula become inflamed or infected.

Diverticular disease is a chronic incurable condition.

Patients with recurrent severe diverticulitis may have prophylactic resection of the colon. The distal resection margin extends to the upper third of the rectum (from this section, diverticula do not form). The proximal margin should be an area of colon without inflammation or infection. Not all diverticula bearing colon requires resection as diverticula proximal to the descending colon rarely cause symptoms.

Apply ACS 0052 *Same-day endoscopy – Surveillance* for classification of a same-day endoscopy for follow-up of diverticulosis:

1. Assign as principal diagnosis:
  - The pre-existing condition under surveillance (including chronic incurable conditions)
2. Assign a code from Z08 *Follow-up examination after treatment for malignant neoplasms* or Z09 *Follow-up examination after treatment for conditions other than malignant neoplasms* as an additional diagnosis as appropriate.

Note: WACCA has submitted a query to ACCD for clarification on this statement, in particular the terminology “as appropriate”.

### DECISION

**Clinical coders should be guided by ACS 0052 *Same-day endoscopy – Surveillance, Classification instruction point 1* for code assignment of same-day endoscopy for follow-up of diverticulosis.**

**This WA Coding Rule 0318/43 *Same-day endoscopy for follow-up of diverticulitis* supersedes WA Coding Rule 1215/04 *Same-day endoscopy for follow-up of diverticulitis*.**

This Rule has been modified to correspond with an update in ICD-10-AM/ACHI/ACS Tenth Edition.

[Effective 1 Jul 2017, ICD-10-AM/ACHI/ASC 10<sup>th</sup> Ed.]



Government of **Western Australia**  
Department of **Health**

# Western Australian Coding Rule

## 1215/04 Same-day endoscopy for follow-up of diverticulitis

### Q.

What codes should be assigned when a patient is admitted for colonoscopy for follow-up of diverticulitis but only diverticulosis of the sigmoid is found?

### A.

The term 'diverticular disease' describes two statuses of the same disease: diverticulosis, which is the presence of pouches (diverticula) in the wall of the colon, and diverticulitis, which occurs when the diverticula become inflamed or infected. Diverticular disease is incurable, except by resection of the colon.

This scenario is covered by the ACCD Coding Rule '*Same-day endoscopy for chronic incurable diseases*' published in June 2015. It should not be coded as a follow-up as it cannot be cured or eradicated with treatment. Treatment is aimed at symptom control and prevention of exacerbation to diverticulitis. Therefore, this case should be coded according to ACS 0001 *Principal diagnosis* and assign K57.30 *Diverticulosis of large intestine without perforation, abscess or mention of haemorrhage* as the principal diagnosis.

As per the Coding Rule, a code from Z09 is not required, as these cases are not true follow-up admissions.

Please note that the Coding Rule only mentions three conditions (coeliac disease, Crohn's disease and ulcerative colitis). We believe that it can also be applied to the coding of diverticular disease but should not be applied to other conditions unless ratified by the WACCAG or ACCD.

### DECISION

**When a patient is admitted for follow-up of diverticulitis and only diverticulosis of the sigmoid is found, coders should follow the advice in the ACCD Coding Rule '*Same-day endoscopy for chronic incurable diseases*' and assign K57.30 *Diverticulosis of large intestine without perforation, abscess or mention of haemorrhage* as the principal diagnosis. An additional code from Z09 is not required, as this is not a true follow-up case.**

[Effective 02 Dec 2015, ICD-10-AM/ACHI/ASC 9<sup>th</sup> Ed.]