



Western Australian Coding Rule

0709/09 Laparoscopic procedures (that can only be assigned an open code) performed with another laparoscopic procedure

Q.

Please provide clarification for the coding of laparoscopy and arthroscopy codes.

There is some confusion regarding the assignment of inherently laparoscopic codes with non-laparoscopic codes. Specifically, we are not sure if an additional laparoscopy code (30390-00 *Laparoscopy*) should be assigned to show that the procedures with non-laparoscopic codes were performed via the same ports and were therefore executed laparoscopically.

Example 1:

Laparoscopic Abdominal Hysterectomy (90448-01) with Pelvic Washings.

Should 30390-00 *Laparoscopy* be assigned after 30396-00 *Debridement and lavage of peritoneal cavity* to show that it was performed laparoscopically?

We have the same issue regarding arthroscopic and non-arthroscopic codes.

Example 2:

Arthroscopic removal of loose body (49703-02) with debridement.

Should 49700-00 *Arthroscopy of ankle* be assigned after 90574-01 *Excision of joint NEC* to show that it was performed arthroscopically?

A.

In the first instance it would appear reasonable to assign an additional code for laparoscopy, arthroscopy or endoscopy for those procedures that do not have a code which encompasses both the scope and the procedure as per ACS 0023 *Minimally invasive interventions*.

However, when another ACHI code is assigned which does encompass a scope in the same theatre episode, the multiple coding of the scope will lead to some over-coding which many coders may feel uncomfortable with. There is some argument from a research point of view of clearly labelling which procedures are 'scopic' and which are not. If we make a rule that any code, which does not have a laparoscopic/arthroscopic/endoscopic version, must be labelled as such by always adding the scope to the individual code, it all becomes unworkable. The system is not meant to cover all research needs and as we are increasingly reminded, if it proves useful for research, well and good, but this is not our primary intent.

Example 1: The code 30390-00 *Laparoscopy* is not required – the laparoscopic component has already been captured in 90448-01 *Total laparoscopic abdominal hysterectomy*.

Example 2: The code 49700-00 *Arthroscopy of ankle* is not required. The arthroscopic component has already been captured in 49703-02 *Arthroscopic removal of loose body of ankle*.

DECISION

If laparoscopic/arthroscopic/endoscopic has been captured in at least one ACHI code and separate procedures are performed laparoscopically/arthroscopically/endoscopically at the same time, a separate code for laparoscopy/arthroscopy/endoscopy is not required.

This advice has a minor modification to correspond with an update in ICD-10-AM/ACHI/ACS Twelfth Edition, effective 1 July 2022.

[Effective 7 July 2009, ICD-10-AM/ACHI/ACS 6th Ed.]