



Western Australian Coding Rule

0713/02 Bleeding gastric arteriovenous malformations (AVM)

Q.

What is the correct code to assign for a bleeding gastric AVM?

A.

Arteriovenous malformations (AVMs) of the GI tract are rare. The term AVM very often is misapplied to the more common vascular lesions, i.e. angioectasia, telangiectasia, and angioma. An AVM is a congenital lesion with persisting direct connections between its arterial and venous components, and it forms because of failure of the embryonic vascular plexus to fully differentiate and develop a mature capillary bed in the affected area. The structure of an AVM may change and grow with aging, but all such lesions were present since before birth.

In the GI tract, AVMs usually manifest with bleeding, which is a consequence of the direct connection between arteries and veins that exposes the venous system to unusually high pressures. Gastric AVM may clinically be asymptomatic or may present as massive upper gastrointestinal bleeding or chronic iron deficiency anaemia.

There is no specific code for this condition. There are two equally appropriate index entries which should both be followed:

Malformation

- arteriovenous, aneurysmatic Q27.3

and

Malformation – see also Anomaly

Anomaly

- stomach Q40.3

As per ACS 1103 *Gastrointestinal (GI) haemorrhage* add an additional code of K92.2 *Gastrointestinal haemorrhage, unspecified* to capture the gastric bleeding.

DECISION

Bleeding gastric AVM should be assigned the following codes:

Q27.3 *Peripheral arteriovenous malformation*

Q40.3 *Congenital malformation of stomach, unspecified*

K92.2 *Gastrointestinal haemorrhage, unspecified*

[Effective 10 July 2013, ICD-10-AM/ACHI/ACS 8th Ed.]