



Western Australian Coding Rule

1023/02 Seizures, brain tumour, ACS 0001 and ACS 0002

Q.

How do you apply:

- ACS 0001 *Principal diagnosis, PROBLEMS AND UNDERLYING CONDITIONS*, Point 1. *Coding the underlying condition as the principal diagnosis and*
- ACS 0002 *Additional diagnoses, OTHER GUIDELINES RELATED TO ADDITIONAL DIAGNOSIS CRITERIA, Problems and underlying conditions and*
- The *Note* at Chapter 18 *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified: (f) certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right*

to classify:

Principal diagnosis: Brain tumour

Admitted for investigation of seizures (not otherwise specified, tonic-clonic etc.). CT brain showed brain tumour. Brain tumour documented as the underlying cause of seizures. Commenced on treatment for seizures by medical officer.

A.

Seizures:

- are a disruption of the normal electrical impulses in the brain, causing fits (convulsions) or other symptoms.
- are a common presenting symptom of brain tumours or may occur following diagnosis of brain tumour.
- are influenced by tumour histopathology, tumour location, tumour growth rate, number of tumours, blood-brain barrier integrity, neurotransmitter changes etc.
- are commonly treated/prevented with anti-convulsant medication.

Classification

For patients admitted for investigation of seizures, with the underlying cause and principal diagnosis documented as brain tumour:

PRINCIPAL DIAGNOSIS

Assign a code for the tumour as principal diagnosis:

as per ACS 0001 *Principal diagnosis, PROBLEMS AND UNDERLYING CONDITIONS*, Point 1
Coding the underlying condition as the principal diagnosis:

'When a patient presents with a problem (seizures), and ... the underlying condition (tumour) is identified, then the underlying condition (tumour) is assigned as the principal diagnosis ...'

Note

Point 1 also instructs:

' ... the problem (seizures) should not be coded.'

therefore a code for seizures is not assigned as per ACS 0001. However, a code for seizures may be assigned as per the logic in ACS 0002 *Additional diagnoses* - see next section.

See ACS 0001, *EXAMPLE 2*.

1. ADDITIONAL DIAGNOSIS

Assign a code for seizures (e.g. R56.8 *Other and unspecified convulsions* or G40.x *Epilepsy*) as an additional diagnosis when they're treated:

as per the logic in ACS 0002 *Additional diagnoses, OTHER GUIDELINES RELATED TO ADDITIONAL DIAGNOSIS CRITERIA, Problems and underlying conditions:*

*'If a condition (problem) (seizures) with a known underlying cause (tumour) is **treated** in an episode ... then assign codes for both conditions (seizures and tumour) ...'*

Note

As per *OTHER GUIDELINES RELATED TO ADDITIONAL DIAGNOSIS CRITERIA, Symptoms, signs and ill-defined conditions:*

*'Care should be taken when assigning codes ... from Chapter 18 (e.g. R56.8) ... as additional diagnoses. ... coders must ensure they **meet the additional diagnosis criteria in their own right**.'*

If 'seizures' not otherwise specified (i.e. R56.8) are **treated**, then they **meet the additional diagnosis criteria in their own right** (i.e. commencement ... of therapeutic treatment).

See ACS 0002, *EXAMPLE 16*.

Note

As per Chapter 18 *Symptoms, signs ... Tabular List Note*, Point (f):

*' ... categories R00–R99 consist of: (f) certain symptoms (e.g. R56.8), for which supplementary information is provided, that represent **important problems in medical care in their own right**.'*

If 'seizures' not otherwise specified (i.e. R56.8) are **treated**, then they **meet the additional diagnosis criteria in their own right**, therefore they are **important problems in medical care in their own right**.

Do not routinely code seizures for brain tumour patients. To assign a code for seizures, they must be **treated** and/or meet the other ACS 0002 *Additional diagnosis* criteria.

Additional points

Both ACS 0001 and ACS 0002 can be applied, according to:

- The ACS INTRODUCTION, *General and speciality standards*:
 - '... ACS are not mutually exclusive, and **multiple standards may apply to an episode of care**. Apply first the general standards for diseases and interventions (such as ACS 0001 Principal diagnosis, ACS 0002 Additional diagnoses, ACS 0010 Clinical documentation and general abstraction guidelines), then apply the guidelines in the specialty standards that may take precedence over the general standards. ...'
- IHACPA Coding Rule Q3055 *Conditions described as secondary to or due to* (effective 1 Jul 2016 to current):
 - '... **Codes for both the condition and its underlying cause may be assigned by applying the guidelines in ACS 0001 and ACS 0002 Additional diagnoses/Problems and underlying conditions, and specialty standards (where applicable).**'

This Coding Rule:

- is consistent with coding instruction published by the Clinical Coding Authority of Queensland: *Seizures with brain tumour* (Query ID 04-11200), March 2023.
- **only** applies to the classification of seizures, with a principal diagnosis of brain tumour.

DECISION

Assign:

- **Principal diagnosis: a code for the tumour.**
- **Additional diagnosis: a code for the seizures (e.g. R56.8 *Other and unspecified convulsions* or G40.x *Epilepsy*) when they're treated and/or meet the other ACS 0002 *Additional diagnosis* criteria.**

This Coding Rule's query and answer will be submitted to the Independent Health and Aged Care Pricing Authority (IHACPA).

[Effective 01 October 2023, ICD-10-AM/ACHI/ACS 12th Ed.]