Codeable procedures performed in radiology departments

This article applies to codeable procedures performed in:

- **Privately owned radiology departments**
- **Off site radiology departments**

Introduction

Since the publication of the article titled 'Coding radiological investigations' in the February 2002 ICD Coding Newsletter, the Victorian ICD Coding Committee has from time to time received queries regarding the coding of radiological procedures performed in privately owned radiology departments. This coupled with an ever-increasing shift in therapeutic procedures such as coiling of aneurysms that were previously performed in operating theatres now being performed in radiology departments has prompted a review of this previously published advice.

Background

The purpose of the morbidity data collection is to collect information about the care provided to admitted patients.

Australian Coding Standard 0016 General procedure guidelines provides the following information:

> *All significant procedures undertaken from the time of admission to the time of separation should be coded. This includes diagnostic and therapeutic procedures.*
>
> *The definition of a significant procedure is one that either:*
> - *is surgical in nature*
> - *carries a procedural risk*
> - *carries an anaesthetic risk*
> - *requires special facilities or equipment or specialised training.*
>
> *The difference between surgical procedures and nonsurgical procedures is becoming difficult to define, particularly with the introduction of endoscopic and radiological intervention. For example, fine needle aspiration, percutaneous procedures, cardiological percutaneous angioplasties and endoscopic therapeutic procedures, together with other treatments, often do not require large incisions and may not be performed in the traditional operating room. It is extremely important that all significant procedures including traditional 'nonsurgical' procedures are coded.*

The VAED manual and ACS 0029 Coding of contracted procedures provide business rules for the coding of procedures that are performed under a contracting arrangement between two hospitals.

Funding arrangements that might exist between the hospital and the radiology department are complex and varied.

Advice to be applied from 1 July 2007

During the admitted episode of care at your hospital where there is supporting documentation in the record related to the procedure, all codeable procedures performed in privately owned or off site radiology departments should be coded.

VAED business rules that may impact on the coding decision and therefore need to be considered are:

a) Leave. If the patient is placed on leave from your hospital to be admitted to another hospital to receive the procedure, the procedure should not be coded by your hospital.

b) Contracted care. Where the procedure is performed under contract between two hospitals, code according to the VAED manual business rules for contracted care, ACS 0029 Coding of contracted procedures and VIC 0029 Coding of contracted procedures.

Note: If the patient is transferred to another hospital to receive the procedure, the procedure should not be coded by your hospital.

If coders become aware of circumstances arising in the provision of care that are not covered by the above instructions, a query should be sent to the HDSS Help Desk.