Contents

Ref No: Q3473 | Published On: 22-Jun-2020 | Status: Current

Covered endovascular reconstruction of the aortic bifurcation (CERAB)

Q:

What code is assigned for covered endovascular reconstruction of the aortic bifurcation (CERAB)?

A:

The covered endovascular reconstruction of the aortic bifurcation (CERAB) technique uses covered stents to reconstruct the aortic bifurcation in patients with aortoiliac occlusive disease by preserving its normal anatomical structure (Grimme et al. 2015).

CERAB uses a balloon expandable covered stent that is expanded in the distal aorta above the aortic bifurcation. The proximal two-thirds of the stent is flared to create a funnel shaped covered stent within the aorta. Two covered stents are then placed proximally into the distal third of the aortic stent and distally into the common iliac arteries and simultaneously inflated (Grimme et al. 2015).

The CERAB technique is similar to endovascular stent repair performed for aortic aneurysm and dissection.

Assign 33116-00 **[762]** *Endovascular repair of aneurysm* as a best fit for CERAB.

Follow the ACHI Alphabetic Index:

Insertion
- stent
- - artery
- - - aorta (transluminal)
- - - - endovascular repair (AAA stent) (aneurysm) (dissection) (endoluminal) 33116-00 **[762]**

Amendments will be considered for a future edition.

References:
Grimme, F.A.B., Goverde, P.C.J.M., Verbruggen, P.J.E.M., Zeebregts, C.J. & Reignen, M.M.P.J. 2015, 'Editor's choice – first results of the covered endovascular reconstruction of the aortic bifurcation (CERAB) technique for aortoiliac occlusive disease', *European Journal of Vascular and Endovascular Surgery*, vol. 50, issue 5, pp. 638–647, viewed 17 April 2020, https://www.ejves.com/article/S1078-5884(15)00540-7/pdf.

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Debulking of free flap

Q:

What code is assigned for a debulking procedure for a free flap?

A:

Debulking or redraping of a free flap for functional or cosmetic reasons is a type of elective flap revision (Garg et al. 2015) and can be achieved in several ways, including direct excision, liposuction, tissue shaving or skin grafting (Kim & Choi 2018).

As a best fit, assign an appropriate code from block **[1686]** *Revision of free flap and associated procedures* where debulking of free flap procedure is documented.

Follow the ACHI Alphabetic Index:

Revision
- flap
- - free
- - - tissue (by liposuction) (microvascular techniques)
- - - - 1st stage 45498-00 **[1686]**
- - - - 2nd stage 45499-00 **[1686]**
- - - - complete revision 45497-00 **[1686]**
- - - - open 45496-00 **[1686]**

Amendments will be considered for a future edition.

References:
Garg, R.K., Poore, S.O., Wieland, A.M., Mcculloch, T.M. & Hartig, G.K. 2015, 'Elective free flap revision in the head and neck cancer patient: indications and outcomes', *Microsurgery*, vol. 35, no. 8, pp. 591–595, viewed 23 January 2020, https://www.ncbi.nlm.nih.gov/pubmed/26419863.
Kim, T.G. & Choi, M.K. 2018, 'Secondary contouring of flaps', *Archives of Plastic Surgery*, vol. 54, no. 4, pp. 319–324, viewed 23 January 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6062696/.

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Dilation of ileal stricture via colonoscopy

Q:

What code is assigned for dilation of an ileal stricture performed via colonoscopy?

A:

Endoscopic (balloon) dilation of an ileal stricture is a minimally invasive intervention performed as an alternate to surgical interventions such as strictureplasty or resection (Gustavsson 2012).

As there is currently no ACHI code for endoscopic dilation of an ileal stricture, where this procedure is performed via a colonoscopy, assign 32090-00 **[905]** *Fibreoptic colonoscopy to caecum* <u>alone</u>.

Follow the ACHI Alphabetic Index:

Colonoscopy (beyond hepatic flexure) (fibreoptic) (long) (to caecum) 32090-00 **[905]**

Amendments will be considered for a future edition.

References:

Gustavsson, A., Magnuson, A., Blomberg, B., Andersson, M., Halfvarson, J. & Tysk, C. 2012, 'Endoscopic dilation is an efficacious and safe treatment of intestinal strictures in Crohn's disease', *Alimentary Pharmacology and Therapeutics*, vol. 36, issue 2, pp. 151–158, viewed 26 February 2020, https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2036.2012.05146.x.

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Ref No: Q3518 | Published On: 22-Jun-2020 | Status: Current

Fetal intracardiac injection for termination of pregnancy

Q:

What code is assigned for fetal intracardiac injection for termination of pregnancy (abortion)?

A:

Fetal intracardiac injection of a pharmacological agent (eg potassium chloride) is performed to achieve asystole (Sfakianaki et al. 2019). Fetal demise may be induced prior to another abortion procedure, or for fetal reduction in a multiple pregnancy (Kaur et al. 2018).

Where fetal intracardiac injection is performed for termination of pregnancy (abortion), assign 90462-01 **[1330]** *Termination of pregnancy [abortion procedure], not elsewhere classified*.

Follow the ACHI Alphabetic Index:

Termination of pregnancy (administration of pharmacological agent) (medical) NEC 90462-01 **[1330]**

Amendments will be considered for a future edition.

References:
Kaur, R., Goel, B., Sehgal, A., Goyal, P. & Mehra, R. 2018, 'Feticide with intracardiac potassium chloride to reduce risk of haemorrhage in medical termination of pregnancy', *Journal of Gynecology and Women Healthcare*, vol. 1, issue 1, viewed 3 April 2020, http://article.scholarena.co/Feticide-with-Intracardiac-Potassium-Chlorid-to-Reduce-Risk-of-Hemorrhage-in-Medical-Termination-of-Pregnancy.pdf.
Sfakianaki, A., Copel, J. & Stanwood, N. 2019, *Induced fetal demise*, UpToDate, viewed 3 April 2020, https://www.uptodate.com/contents/induced-fetal-demise.

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Hypotension due to anaesthesia

Q:

What codes are assigned for hypotension due to anaesthesia?

A:

ICD-10-AM classifies complications of anaesthesia and anaesthetics (that were properly administered) to code range T88.2–T88.59 and is reflected in the ICD-10-AM Alphabetic Index:

Anaesthesia, anaesthetic
- complication or reaction NEC (*see also Complication(s)/anaesthesia*) T88.59

Complication(s)
- anaesthesia, anaesthetic NEC T88.59
- - awareness (during) T88.53
- - due to
- - - correct substance properly administered T88.59
…
- - failed T88.53
- - headache T88.52
- - hyperthermia, malignant T88.3
- - hypothermia NEC T88.51
- - intubation (endotracheal)
- - - difficult T88.42
- - - failed T88.41
- - malignant hyperthermia T88.3
- - shock T88.2

While an anaesthetic is a type of drug, it is used to induce anaesthesia. Therefore, where there is documentation of hypotension due to general anaesthesia, assign T88.59 *Complications of anaesthesia, not elsewhere classified*.

Follow the ICD-10-AM Alphabetic Index:

Complication(s)
- anaesthesia, anaesthetic NEC T88.59
- - due to
- - - correct substance properly administered T88.59

Assign I95.9 *Hypotension, unspecified* to add specificity. Also assign external cause and place of occurrence codes.

See also ACS 0002 *Additional diagnoses* and ACS 1904 *Procedural complications*.

Amendments will be made for a future edition.

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Latarjet procedure

Q:

What codes are assigned for Latarjet procedure?

A:

Latarjet procedure, also known as Latarjet-Patte procedure, is a surgical option for treatment of recurrent shoulder dislocation, congenital deformity or trauma in the presence of glenoid bone loss (Hurley et al. 2019). This procedure can be performed both open and arthroscopically. The Latarjet procedure involves transferring part of the coracoid process and the adjacent tendon to the anterior glenoid rim to improve stability (Hurley et al. 2019).

Where Latarjet procedure is performed by an open approach, assign:
48930-00 **[1404]** *Stabilisation of shoulder*
48242-00 **[1569]** *Bone graft with internal fixation, not elsewhere classified*

Where Latarjet procedure is performed arthroscopically, assign:
48957-00 **[1404]** *Arthroscopic stabilisation of shoulder*
48242-00 **[1569]** *Bone graft with internal fixation, not elsewhere classified*

Follow the ACHI Alphabetic Index:

Stabilisation
- joint (*see also Arthrodesis*)
- - shoulder 48930-00 **[1404]**
- - - arthroscopic 48957-00 **[1404]**

Graft (repair)
- bone
- - with
- - - internal fixation NEC 48242-00 **[1569]**

Amendments will be considered for a future edition.

References:
Hurley, E.T., Lim Fat, D., Farrington, S.K. & Mullett, H. 2019, 'Open versus arthroscopic Latarjet procedure for anterior shoulder instability: a systematic review and meta-analysis', *American Journal of Sports Medicine*, vol. 47, no. 5, pp. 1248–1253. https://doi.org/10.1177%2F0363546518759540.

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Lipoedema

Q:

What code is assigned for lipoedema?

A:

Lipoedema is characterised by chronic abnormal fat deposition, typically localised to the thighs, buttocks and lower legs, resulting in large legs that are out of proportion to overall body size. It may also occur in the arms or other body sites.

Lipoedema may be painful, hence the synonymous term 'painful fat syndrome'. It is a rare clinical entity in its own right, but is often misdiagnosed as obesity or lymphoedema, although there is often an association with these conditions (Crescenzi et al. 2017; Lipoedema Australia 2020; Oakley 2016; Reich-Schupke et al. 2012).

Assign R60.0 *Localised oedema*.

Follow the ICD-10-AM Alphabetic Index:

Lipoedema — *see Oedema*
Oedema, oedematous
- localised R60.0

Amendments will be considered for a future edition.

References:
Crescenzi, R., Marton, A., Donahue, P., Mahany, H., Lants, S., Wang, P., Beckman, J., Donahue, M. & Titze, J. 2017, 'Tissue sodium content is elevated in the skin and subcutaneous adipose tissue in women with lipedema', *Obesity: A Research Journal*, viewed 5 February 2020, https://onlinelibrary.wiley.com/doi/full/10.1002/oby.22090.
Lipoedema Australia 2020, *Lipoedema*, viewed 5 February 2020, https://www.lipoedemaaustralia.com.au/.
Oakley, A. 2016, *Lipoedema*, DermNet NZ, viewed 5 February 2020, https://dermnetnz.org/topics/lipoedema/.
Reich-Schupke, S., Altmeyer, P. & Stücker, M. 2012, 'Thick legs – not always lipedema', *Journal of the German Society of Dermatology*, viewed 5 February 2020, https://onlinelibrary.wiley.com/doi/full/10.1111/ddg.12024.

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Fracture of femoral neck due to osteoporosis and fall

Q:

What codes are assigned for fracture of femoral neck due to osteoporosis and fall?

A:

Osteoporosis is a progressive metabolic bone disease where bones become thin, weak and fragile. As a result, a minor bump or fall can cause a fracture. Osteoporosis related fractures occur in the hip, wrist or spine most commonly (Mayo Clinic 2019). Fall is the most common cause for hip fractures from osteoporosis (Osteoporosis Canada n.d.).

Where fracture of femoral neck is documented as due to unspecified osteoporosis and a fall, assign M80.95 *Unspecified osteoporosis with pathological fracture, pelvic region and thigh*.

Follow the ICD-10-AM Alphabetic Index:

Fracture
- pathological (cause unknown)
- - with osteoporosis M80.9-

Select the fifth character for the site of fracture from the *Site of Musculoskeletal Involvement* list at the beginning of Chapter 13 *Diseases of the musculoskeletal system and connective tissue*.

Also assign appropriate external cause codes.

An S code from Chapter 19 is not assigned because pathological fractures are specifically excluded in Chapter 19.

> *The blocks of the S section as well as T00–T14 and T90–T98 contain injuries at the three character level classified by type as follows:*
> *Fracture*
> …
> **Excludes**: *fracture:*
> - *pathological:*
>   - *NOS (M84.4)*
>   - *with osteoporosis (M80.-)*
> - *stress (M84.3-)*
>   *malunion of fracture (M84.0)*
>   *non union of fracture [pseudoarthrosis] (84.1)*

References:
Mayo Clinic 2019, *Osteoporosis*, viewed 10 March 2020, https://www.mayoclinic.org/diseases-conditions/osteoporosis/symptoms-causes/syc-20351968.
Osteoporosis Canada n.d., *Hip fracture*, viewed 10 March 2020, https://osteoporosis.ca/bone-health-osteoporosis/living-with-the-disease/after-the-fracture/what-to-expect-from-some-specific-types-of-fracture/hip-fractures/.

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Occlusion or stenosis of (pre)cerebral arteries and cerebral infarction

Q:

Does a causal relationship need to be documented between occlusion or stenosis of (pre)cerebral arteries and cerebral infarction?

A:

Cerebral infarction, also known as ischaemic stroke, is the end result of decreased blood supply to an area of the brain that occurs over a period of time (Healthdirect 2019; Saver 2008). Cerebral infarction occurs due to narrowed (stenosed) or blocked (occluded) blood vessels (Saver 2008).

Stenosis may occur as a result of atherosclerosis or other diseases, and occlusion may be caused by thrombi or emboli.

Where documentation indicates (pre)cerebral occlusion alone, and it meets the criteria in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*, assign an appropriate code from categories I65 *Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction* or I66 *Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction*.

Where documentation indicates (pre)cerebral artery occlusion <u>resulting in or causing infarction</u>, and it meets the criteria in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses*, assign an appropriate code from category I63 *Cerebral infarction* by following the *Excludes* note at categories I65 and I66 that state:

Excludes: <u>*when causing cerebral infarction (I63.-)*</u>

References:
Healthdirect 2019, *Stroke*, Healthdirect, viewed 6 April 2020, https://www.healthdirect.gov.au/stroke.
Saver, J.L. 2008, 'Proposal for a universal definition of cerebral infarction', *Stroke*, vol. 39, no. 11, pp. 3110–3115, https://www.ahajournals.org/doi/full/10.1161/strokeaha.108.518415.

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Median arcuate ligament syndrome

Q:

What code is assigned for median arcuate ligament syndrome?

A:

Median arcuate ligament syndrome (MALS) is a rare disorder characterised by chronic, recurrent abdominal pain related to compression of the coeliac artery (which supplies blood to the upper abdominal organs) by the median arcuate ligament (a muscular fibrous band of the diaphragm) (National Institutes of Health 2016).

MALS is also known as coeliac artery compression syndrome (CACS) (National Institutes of Health 2016).

CLASSIFICATION

Assign I77.4 *Coeliac artery compression syndrome* where median arcuate ligament syndrome is documented.

Follow the ICD-10-AM Alphabetic Index:

Syndrome
- coeliac artery compression I77.4

Amendments will be considered for a future edition.

References:
National Institutes of Health 2016, Median arcuate ligament syndrome, US Department of Health & Human Services, viewed 28 February 2020, https://rarediseases.info.nih.gov/diseases/12308/median-arcuate-ligament-syndrome.

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Pharmacological agent for termination of pregnancy following spontaneous fetal demise

Q:

What code is assigned for medical management (eg administration of misoprostol) for missed abortion or incomplete spontaneous abortion (without documentation of induction of labour)?

A:

Misoprostol is a medication that is used as part of the treatment for miscarriage (early pregnancy loss) and for termination of a pregnancy (Royal Australian and New Zealand College of Obstetricians and Gynaecologists 2016).

Where a pharmacological agent (eg misoprostol) is administered to induce expulsion of a fetus and/or products of conception following spontaneous fetal demise (ie missed abortion or incomplete spontaneous abortion), assign 90462-01 **[1330]** *Termination of pregnancy [abortion procedure], not elsewhere classified*.

Follow the ACHI Alphabetic Index:

Administration (around) (into) (local) (of) (therapeutic agent)
- indication
- - termination of pregnancy (abortion) NEC 90462-01 **[1330]**
- type of agent
- - misoprostol
- - - for termination of pregnancy (abortion) 90462-01 **[1330]**

OR

Termination of pregnancy (administration of pharmacological agent) (medical) NEC 90462-01 **[1330]**

References:
Royal Australian and New Zealand College of Obstetricians and Gynaecologists 2016, *The use of misoprostol in obstetrics and gynaecology*, viewed 8 April 2020, https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/The-use-of-misoprostol-in-obstetrics-(C-Obs-12)-Review-March-2016.pdf?ext=.pdf.

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Reflux associated with digestive system

Q:

What code is assigned for reflux associated with the digestive system?

A:

Reflux in adults and paediatrics
The term reflux may refer to gastro-oesophageal reflux (GOR) or gastro-oesophageal reflux disease (GORD) when associated with the digestive system (Rosen et al. 2018).
ICD-10-AM does not differentiate GOR and GORD. Oesophageal reflux NOS is an *Inclusion* term at K21.9 *Gastro-oesophageal reflux disease without oesophagitis*.

Therefore, in the context of the digestive system, where reflux is documented without further qualification, assign K21.9 *Gastro-oesophageal reflux disease without oesophagitis*.

Follow the ICD-10-AM Alphabetic Index:

Reflux
- gastro-oesophageal K21.9

OR

Reflux
- oesophageal K21.9

Reflux may be used to describe the attribute of conditions or symptom such as 'reflux-type chest pain' or 'reflux heartburn'. In these scenarios, assign the appropriate code for the condition or symptom. For example, for 'reflux heartburn' assign R12 *Heartburn*.

Reflux in neonates
Reflux in neonates generally refers to GOR, which is defined as the passage of gastric contents into the oesophagus (National Collaborating Centre for Women's and Children's Health 2015). In contrast, regurgitation is the voluntary or involuntary movement of part or all of the stomach contents up the oesophagus at least as far as the mouth, and often emerging from the mouth (National Collaborating Centre for Women's and Children's Health 2015). Regurgitation is a specific symptom of GOR but it can also be caused by other conditions such as achalasia and regurgitation rumination (Royal Children's Hospital 2018).

ICD-10-AM classifies neonatal GOR and regurgitation separately.

When reflux not otherwise specified (NOS) is documented in a neonate, assign P78.8 *Other specified perinatal digestive system disorders*.

Follow the ICD-10-AM Alphabetic Index:
Reflux
- gastro-oesophageal K21.9
- - in newborn P78.8

When regurgitation NOS is documented in a neonate, assign P92.1 *Regurgitation and rumination in newborn.*

Follow the ICD-10-AM Alphabetic Index:

Regurgitation
- food
- - newborn P92.1

Where reflux and regurgitation are both documented in a neonate, assign P78.8 for the neonatal reflux alone.

Assign and sequence codes as per the guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses.*

References:

National Collaborating Centre for Women's and Children's Health 2015, *Gastro-oesophageal reflux disease in children and young people*, National Institute for Health and Care Excellence, viewed 4 May 2020, https://www.spg.pt/wp-content/uploads/2015/11/2015-GERD-in-young-people.pdf
Rosen, R., Vandenplas, Y., Singendonk, M., Cabana, M., Di Lorenzo, C., Gottrand, F., Gupta, S., Langendam, M., Staiano, A., Thapar, N., Tipnis, N. & Tabbers, M. 2018, 'Pediatric gastroesophageal reflux clinical practice guidelines: joint recommendations of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN)'. *Journal of Pediatric Gastroenterology and Nutrition*, vol. 66, no. 3, pp. 516–554, viewed 13 May 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5958910/
Royal Children's Hospital 2018, *Reflux (GOR) and GORD*, Royal Children's Hospital, Melbourne, viewed 7 May 2020. http://www.rch.org.au/kidsinfo/fact_sheets/Reflux_GOR_and_GORD/.

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Removal of adnexa with vaginal hysterectomy

Q:

What codes are assigned for transvaginal removal of adnexa (ie salpingectomy, oophorectomy or salpingo-oophorectomy) with vaginal hysterectomy?

A:

One or both ovaries and fallopian tubes may be removed during vaginal hysterectomy. If the ovaries require removal, the fallopian tubes will be removed as well (Foust-Wright et al. 2019).

Prior to ACHI Eleventh Edition, removal of adnexa was classified with vaginal hysterectomy (ie vaginal hysterectomy with removal of adnexa). The decision to assign additional codes for salpingectomy, oophorectomy and salpingo-oophorectomy was made to identify the specific adnexa removed, and the laterality (which could not be previously identified).

Codes for open and laparoscopic salpingectomy, oophorectomy and salpingo-oophorectomy were listed in ACHI prior to Eleventh Edition and the expectation was that these codes would be assigned with amended Eleventh Edition hysterectomy codes. Codes for transvaginal removal of adnexa were not considered and therefore not created for Eleventh Edition.

Where transvaginal removal of adnexa is performed with vaginal hysterectomy, assign 35657-00 **[1269]** *Vaginal hysterectomy* with one of the following codes as a best fit:

35713-07 **[1243]** *Oophorectomy, unilateral*
35717-01 **[1243]** *Oophorectomy, bilateral*
35713-11 **[1252]** *Salpingo-oophorectomy, unilateral*
35717-04 **[1252]** *Salpingo-oophorectomy, bilateral*
35713-09 **[1251]** *Salpingectomy, unilateral*
35717-03 **[1251]** *Salpingectomy, bilateral*

Amendments will be considered for a future edition.

References:
Foust-Wright, C. & Berkowitz, L. 2019, *Patient education: vaginal hysterectomy (beyond the basics)*, UpToDate, viewed 2 April 2020, https://www.uptodate.com/contents/vaginal-hysterectomy-beyond-the-basics.

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Rhabdomyolysis due to prolonged immobilisation following a fall

Q:

What code is assigned for rhabdomyolysis due to prolonged immobilisation following a fall?

A:

Rhabdomyolysis is a complex medical condition involving the rapid dissolution of damaged or injured muscle (Torres et al. 2015).

A study by Wongrakpanich et al. (2018) identified falls (with or without immobilisation) as the most frequent cause of rhabdomyolysis in the elderly.

Traumatic rhabdomyolysis may be caused by a crush injury, such as from a fall or motor vehicle accident, or from long-lasting muscle compression, such as that caused by prolonged immobilisation after a fall (Robinson 2019).

Causes of nontraumatic rhabdomyolysis include alcohol abuse, seizures, muscle enzyme deficiencies, electrolyte abnormalities, infections, drugs and toxins, or endocrinopathy (Strong & Pryor 2010).

CLASSIFICATION

Assign T79.6 *Traumatic ischaemia of muscle* where rhabdomyolysis is documented as due to prolonged immobilisation (ie 'long lie') after a fall.

Follow the ICD-10-AM Alphabetic Index:

Rhabdomyolysis
- traumatic T79.6

Also assign applicable external cause, place of occurrence and activity codes.

References:
Strong, M.L. & Pryor, J.P. 2010, 'What are the critical implications of muscle and long bone trauma?', in C.S. Deutschman & P.J. Neligan (eds), *Evidence Based Practice of Critical Care*, 3rd edn, pp. 599–606, viewed 6 February 2020, https://www.sciencedirect.com/science/article/pii/B9781416054764000857.
Torres, P.A., Helmstetter, J.A., Kaye, A.M. & Kaye, A.D. 2015, 'Rhabdomyolysis: pathogenesis, diagnosis, and treatment', *Ochsner Journal*, vol. 15, no. 1, pp. 58–69, viewed 16 April 2020, https://www.ncbi.nlm.nih.gov/pubmed/25829882.
Wongrakpanich, S., Kallis, C., Prasad, P., Rangaswami, J. & Rosenzweig, A. 2018, 'The study of rhabdomyolysis in the elderly: an epidemiological study and single center experience', *Aging and Disease*, vol. 9, no. 1, pp. 1–7, viewed 5 February 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5772847/#__ffn_sectitle.

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Targeted muscle reinnervation

Q:

What code is assigned for targeted muscle reinnervation (TMR)?

A:

Targeted muscle reinnervation (TMR) is a surgical technique that allows individuals with amputated limbs to have better control of their prostheses (Cheesborough et al. 2016). TMR also treats and prevents chronic localised symptomatic neuromas and phantom limb pain (Bowen et al. 2019). The procedure involves transfer of severed nerves from the amputated limb to reinnervate the new muscle targets of the amputated nerve motor signals (Kuiken et al. 2017).

Assign 39321-00 **[83]** *Transposition of nerve* where targeted muscle reinnervation is documented. Follow the ACHI Alphabetic Index:

Transposition (of)
- nerve 39321-00 **[83]**

Amendments will be considered for a future edition.

References:
Bowen, J.B., Ruter, D., Wee, C., West, J. & Valerio, I.L. 2019, 'Targeted muscle reinnervation technique in below-knee amputation', *Plastic and Reconstructive Surgery*, vol. 143, no. 1, pp. 309–312, viewed 16 March 2020, https://www.ncbi.nlm.nih.gov/pubmed/30589808.
Cheesborough, J., Smith, L., Kuiken, T. & Dumanian, G. 2016, 'Targeted muscle reinnervation and advanced prosthetic arms', *Seminars in Plastic Surgery*, vol. 29, no. 1, pp. 62–72, viewed 16 March 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4317279/.
Kuiken, T.A., Barlow, A.K., Hargrove, L. & Dumanian, G.A. 2017, 'Targeted muscle reinnervation for the upper and lower extremity', *Techniques in Orthopaedics*, vol. 32, no. 2, pp. 109–116, viewed 16 March 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5448419.

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Bandage contact lens (BCL)

Q:

What codes are assigned for insertion, replacement and removal of bandage contact lens?

A:

Bandage contact lenses (BCLs) are predominantly used in the treatment of ocular surface diseases (Solomon 2013). However, they may also be used in other circumstances. BCLs mechanically protect the eye by shielding the epithelial surface from the external environment and sources of infection, promote re-epithelialisation and reduce discomfort and pain during blinking (Rachel et al. 2019). BCLs can be applied alone or in conjunction with other eye operations such as corneal glueing.

For application of BCL alone, assign 96092-00 **[1870]** *Application, fitting, adjustment or replacement of other assistive or adaptive device, aid or equipment*.
Follow the ACHI Alphabetic Index:

Fitting
- contact lenses 96092-00 **[1870]**

For removal of BCL alone, assign 90061-00 **[165]** *Other procedures on eyeball*.
Follow the ACHI Alphabetic Index:

Removal
- contact lens
- - as operative procedure 90061-00 **[165]**

For replacement of BCL not in conjunction with other eye procedures, assign:

90061-00 **[165]** *Other procedures on eyeball*
and
96092-00 **[1870]** *Application, fitting, adjustment or replacement of other assistive or adaptive device, aid or equipment*

When insertion, removal or replacement of BCL is performed in conjunction with other eye procedures such as corneal glueing, it is regarded as a procedure component. Therefore, as per the guidelines in ACS 0016 *General procedure guidelines/Procedure components*, do not assign a separate code for insertion, removal or replacement of BCL.

Amendments will be considered for a future edition.

References:

Solomon, A. 2013, 'Corneal epithelial adhesion disorders', in E.J. Holland, M.J. Mannis, W.B. Lee (eds), *Ocular surface disease: cornea, conjunctiva and tear film*, W.B. Saunders, pp. 195–203, viewed 7 April 2020, https://doi.org/10.1016/B978-1-4557-2876-3.00026-2.

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Carpometacarpal (CMC) joint washout

Q:

What code is assigned for carpometacarpal joint washout?

A:

The Australian Classification of Health Interventions (ACHI) Alphabetic Index *Introduction* states:

> *Both the ACHI Tabular List and Alphabetic Index are meant to be used together. It is not recommended that the ACHI Tabular List or ACHI Alphabetic Index be used in isolation of each other. After locating a code in the index, refer to that code in the Tabular List for important instructions, such as* Includes *and* Excludes *notes.*

In ACHI Chapter 15 *Procedures on musculoskeletal system* the hierarchical structure follows a first level (principal) axis of anatomical site. Under the first level axis for *Hand, Wrist* the *Instructional* note states:

> **HAND, WRIST**
> Includes: *carpometacarpal joint*
>   *carpus NOS*
>   *finger*
>   *wrist NOS*

This *Includes* note applies to all codes classified to the site of *Hand, Wrist* (ie blocks **[1439]** to **[1474]**).

Therefore, for washout of a carpometacarpal joint (CMC) assign 49212 00 **[1443]** *Arthrotomy of wrist*.

Follow the ACHI Alphabetic Index:

Washing(s) — *see also Lavage AND Irrigation*

Lavage
- joint (open)
- - wrist 49212-00 **[1443]**

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