# Queries discussed by

**WA Clinical Coding Advisory Group**

**Meeting via email May 2016**

<table>
<thead>
<tr>
<th>Query no.</th>
<th>Query Description</th>
<th>Decision</th>
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</table>
| 1         | Tumour necrosis factor receptor-associated periodic syndrome  
What is the correct code to assign for tumour necrosis factor receptor-associated periodic syndrome (TRAPS)? | **Recommendation:** Tumour necrosis factor receptor-associated periodic syndrome (TRAPS) is a rare genetic autoinflammatory syndrome. It presents as recurrent, prolonged episodes of fever typically associated with serosal, synovial and cutaneous inflammation. It can be complicated by amyloidosis, resulting in kidney or liver failure.
TRAPS is the most common autosomal dominant form of periodic fever syndrome and was originally known as familial Hibernian fever (FHF).

Hereditary periodic fever syndromes (HPFSs) are rare and distinct heritable disorders characterised by short and recurrent attacks of fever and severe localised inflammation that occur periodically or irregularly and that are not explained by usual childhood infections. These attacks undergo spontaneous remission without antibiotic, anti-inflammatory, or immunosuppressive treatment. Between attacks, patients feel well and regain their normal daily functions until the next episode occurs. The episodes are usually associated with elevated serum levels of acute-phase reactants (e.g. fibrinogen, serum amyloid, an elevated erythrocyte sedimentation rate and leukocytosis).

The Index pathway for TRAPS is:
Fever
- periodic (Mediterranean) E85.0
E85.0 *Non-neuropathic heredofamilial amyloidosis*

**Decision:** Tumour necrosis factor receptor-associated periodic syndrome (TRAPS) should be coded to E85.0 *Non-neuropathic heredofamilial amyloidosis* by following the pathway 'Fever/periodic' in the Alphabetic Index. |

[WA Clinical Coding Advisory Group Decision Date: 25/05/2016]
**Covered endovascular reconstruction of aortic bifurcation**

What procedure code/s should be assigned for covered endovascular reconstruction of aortic bifurcation (CERAB), performed for reconstruction of severe calcified atherosclerosis of the aortic bifurcation?

**Recommendation:** Covered Endovascular Reconstruction of Aortic Bifurcation (CERAB) technique is a relatively new approach in treating extensive and/or recurrent aorto-iliac (or common femoral artery bifurcation) atherosclerotic disease. It is a minimally invasive procedure.

Multiple covered expandable stents are inserted percutaneously (through a femoral artery puncture) in a collapsed state and expanded once in position. Covered stents are composed of graft material (e.g. a plastic PTFE in the Gore Viabahn Endoprosthesis and Atrium’s Avanta V12) covering a thin metal framework. The stents are balloon expandable or self-expanding. Covered rather than bare metal stents are used as the layer of graft material provides a direct barrier to tissue ingrowth from the vessel wall and thus potentially inhibit restenosis.


Clinical advice is that CERAB is essentially the same procedure as an EVAR (endovascular aneurysm repair) but for being for stenosis and the increased number of stents needed in CERAB.

The correct Index pathway is:

1. Insertion
2. stent
3. artery
4. aorta (for) (transluminal)
5. endovascular repair (AAA stent) (aneurysm) (dissection) (endoluminal)

**Decision:** Covered endovascular reconstruction of aortic bifurcation (CERAB) should be coded to [33116-00](https://www.angiocare.nl/uploads/downloads/4.CERAB_ZNA_poster-(1).pdf) [762] Endovascular repair of aneurysm.

[WA Clinical Coding Advisory Group Decision Date: 25/05/2016]
| **3** | **Lord’s plication of hydrocele**  
What procedure code should be assigned for Lord’s plication of hydrocele? There is no Index entry for plication of hydrocele. | **Recommendation:** Plication of a hydrocele sac is suitable for smaller thin walled hydroceles. The hydrocele is opened with a small skin incision, drained and the sac size is reduced by folding or making tucks in its surface and these folds are sutured.  
As there is no entry for plication of hydrocele in the ACHI Alphabetic Index, coders should assign codes for the components of the procedure performed.  
A code for drainage of the hydrocele should be assigned by following the Index pathway:  
Aspiration  
-hydrocele, tunica vaginalis  
30628-00 [1171] *Percutaneous aspiration of hydrocele*  
A code for reduction of the sac size by folding and suturing should also be assigned by following the Index pathway:  
Procedure  
- scrotum  
90398-01 [1176] *Other procedures on scrotum or tunica vaginalis*  
Decision: An Index entry does not currently exist in ACHI for Lord’s plication of a hydrocele. Coders should assign 30628-00 [1171] *Percutaneous aspiration of hydrocele* and 90398-01 [1176] *Other procedures on scrotum or tunica vaginalis* to reflect the components of the procedure.  
This query will be sent to the ACCD.  

[WA Clinical Coding Advisory Group Decision Date: 25/05/2016] |
Atypical small acinar proliferation of the prostate
What code should be assigned for ASAP of the prostate?

**Recommendation:** Atypical small acinar proliferation (ASAP) is a diagnosis that incorporates a continuum ranging from benign, histologically atypical cells to marginally sampled carcinoma. A pathologist may also refer to atypical small acinar proliferation as a ‘proliferation of usually small acini with features highly suggestive of, but not diagnostic for, carcinoma’. i.e. the suspicious focus of ASAP is limited by being either qualitatively (degree of atypia) or quantitatively (too few atypical glands) inconclusive for a diagnosis of prostatic carcinoma. A repeat biopsy is recommended.

**Decision:** Atypical small acinar proliferation of the prostate should be coded to N42.3 Dysplasia of the prostate. A submission will be made to the ACCD for updates to the Index.

[WA Clinical Coding Advisory Group Decision Date: 25/05/2016]

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**Facetectomy**

**Q:** What is the correct code to assign for facetectomy, e.g. lumbar 4/5 medial facetectomy?

**A:** Medial facetectomy is a procedure that partially removes one or both facet joints of the vertebrae. The procedure decompresses the spinal nerves being pinched by degenerated facet joints (Philips, 2016).

While there is no index entry for facetectomy in ACHI the correct code to assign is 40330-00 [49] Spinal rhizolysis following the index pathway:

**Decompression**
- spinal
- - nerve roots (rhizolysis) 40330-00 [49]

Amendments to the ACHI Alphabetic Index will be considered for a future edition.

Reference:

[ACCD Coding Rules, June 2016]
Lipiodol (poppyseed oil) tubal flushing

Q: What procedure code should be assigned for Lipiodol flush?

A: Lipiodol tubal flushing is a procedure that bathes the fallopian tubes (and uterus) in Lipiodol (poppy seed oil) (Repromed 2016).

Several theories exist on how Lipiodol is thought to enhance pregnancy rates, including flushing of non-occlusive but pregnancy-hindering debris from fallopian tubes; positively influencing the intraperitoneal environment; improving either the environment in which eggs mature or the sperm-egg interaction; or by enhancing implantation through a direct effect on the endometrium (Reilly & Johnson 2010).

The correct code to assign for Lipiodol tubal flushing is 35703-01 [1248] Therapeutic hydrotubation by following the index pathway:

Hydrotubation
- fallopian tube
  - - therapeutic 35703-01 [1248]

If Lipiodol flushing is conducted with other gynaecology procedures e.g. hysteroscopy, code other procedures as appropriate.

Improvements will be considered for a future edition of ACHI.

References:

[ACCD Coding Rules, June 2016]
<table>
<thead>
<tr>
<th>5</th>
<th><strong>Endometrial scratch</strong></th>
<th><strong>Q:</strong></th>
<th>What is the correct code to assign for an endometrial scratch?</th>
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<tbody>
<tr>
<td></td>
<td><strong>A:</strong></td>
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<td>Research suggests that by ‘scratching’ the endometrium the chemical conditions in the endometrium are more beneficial to an implanting embryo. It is thought that a repair process begins and this allows the release of a group of chemicals called growth factors in the endometrium, and it is these chemicals that increase the chances of a pregnancy (Woodhead 2014).</td>
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<td>Assign 13215-03 [1297] Other reproductive medicine procedure for endometrial scratch by following the index pathway:</td>
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<td><strong>Procedure</strong></td>
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<td>- for</td>
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<td>- reproductive medicine (in vitro fertilisation) NEC 13215-03 [1297]</td>
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<td>Amendments to ACHI will be considered for a future edition.</td>
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<td>[ACCD Coding Rules, June 2016]</td>
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| 6 | Mittendorf dot | **Q:** What is the correct code to assign for a Mittendorf dot?  

**A:** A Mittendorf dot is a small, circular opacity on the posterior lens capsule, classically nasal in location, which represents the anterior attachment of the hyaloid artery. The hyaloid artery is present during gestation and typically regresses completely. Failure to do so results in an embryonic remnant of the hyaloid artery (also described as a persistent hyaloid artery) and to benign findings, such as a Mittendorf dot (Weed, 2013).  

The correct code to assign for a Mittendorf dot is Q14.0 *Congenital malformation of vitreous humour* following the index pathway:  

**Persistence, persistent (congenital)**  
- hyaloid  
- - artery (generally incomplete) Q14.0  

Improvements to ICD-10-AM will be considered for a future edition.  


[ACCID Coding Rules, June 2016]