



Government of **Western Australia**  
Department of **Health**

# **Clinical coding guidelines: ACS 0020 *Bilateral/multiple procedures***

**ICD-10-AM/ACHI/ACS Eleventh Edition**

**WA Clinical Coding Authority**  
**Purchasing and System Performance Division**  
**January 2020**

## Introduction

ACS 0020 *Bilateral/multiple procedures* is reproduced in this document, accompanied by text boxes containing guidelines about aspects of the standard which have proven ambiguous for clinical coders.

## BILATERAL PROCEDURES

### Definition

Bilateral procedures are those which involve the same organ/structure on different sides of the body at the same operative episode.

### Procedures with a bilateral code

ACHI provides a single code for bilateral procedures where the disorder/indication commonly has a bilateral effect (e.g. osteoarthritis of the knees, polycystic ovaries, cosmetic eyelid surgery, hallux valgus). For example:

- bilateral orchidectomy
- bilateral repair of femoral hernia
- bilateral probing of lacrimal passages
- bilateral simple mastectomy
- bilateral knee replacement
- bilateral correction of hallux valgus
- bilateral graft to eyelid
- bilateral oophorectomy
- sterilisation
- vasectomy

### Classification

Where a code is provided for a bilateral procedure, assign the code once.

### Inherently bilateral procedures

Another group of 'pseudo-bilateral' procedures which are not explicitly described as bilateral in ACHI, include diagnostic or therapeutic interventions which have one entry point but affect bilateral structures, usually vessels, for example, coronary angiography or tonsillectomy.

### Classification

Where a procedure is inherently bilateral, assign the code once.

### Procedures with no code option for bilateral

ACHI does not provide a bilateral option for all procedures on bilateral organs/structures. For example, there are no bilateral procedure codes for the following:

- cataract extraction
- iris procedures
- mastoidectomy
- stapedectomy
- fracture reduction – e.g. maxilla, humerus

## Classification

Where no single code is provided for the bilateral procedure, assign the code twice for example, stapedectomy, cataract extraction, reduction of fractures of both humeri.

# MULTIPLE PROCEDURES

## Definition

ACHI generally refers to organs, diseases and sites using the singular tense. This is done for consistency and ease of updating. For example, the code title *intranasal removal of polyp from maxillary antrum* includes where one, or more than one, polyp is removed. Thus *polyp* can be interpreted as *polyp* or *polyps*. Other examples include wart(s), skin tag(s), biopsy/biopsies, lesion(s).

For ease of expression 'theatre' is used in the following section. It should be interpreted as an operating theatre or any other place where a procedure is performed during an inpatient episode of care for example, intensive care unit, on the ward.

## Classification

### 1. The SAME PROCEDURE repeated during the episode of care at DIFFERENT visits to theatre

A procedure which is repeated during the episode of care at different visits to theatre should be coded as many times as it is performed.

Exceptions to this rule are:

- procedures included in ACS 0042 *Procedures normally not coded*
- procedures with specific rules in other coding standards, such as:
  - burn dressings (see ACS 1911 *Burns*)
  - chemotherapy (see ACS 0044 *Pharmacotherapy*)
  - blood transfusions (see ACS 0302 *Blood transfusions*)
  - allied health interventions (see ACS 0032 *Allied health interventions*)
  - dialysis (see ACS 1404 *Admission for kidney dialysis*)
  - mental health interventions (see ACS 0534 *Specific interventions related to mental health care services*)
  - radiotherapy (see ACS 0229 *Radiotherapy*)

Refer also to  
ACS 0533  
*Electroconvulsive therapy*

#### EXAMPLE 1:

Patient has drainage of Bartholin's gland abscess performed at two different visits to theatre during an episode of care.

Codes: 35520-00 [1290] *Treatment of Bartholin's gland abscess*  
35520-00 [1290] *Treatment of Bartholin's gland abscess*

Assign the code for each visit to theatre

## 2. The SAME PROCEDURE repeated during a visit to theatre involving ONE ENTRY POINT/APPROACH and similar/same lesions

Assign one code for these procedure types. For example:

- multiple meniscectomy of one knee
- embolisation involving multiple vessels (e.g. left and right uterine arteries)
- colonoscopy with polypectomies (ACHI provides some specific codes for multiple procedures (e.g. *rigid sigmoidoscopy with polypectomy involving removal of ≤ 9 polyps*) and where these are provided they should be assigned appropriately).
- cystoscopy with bladder biopsies
- laparoscopic aspiration of ovarian cysts
- intranasal removal of polyps from maxillary antrum
- endoscopic excision of lesions or tissue of anus
- insertion of multiple vascular stents

An endoscopic procedure may include multiple ports to gain access to a site, but is considered 'one entry point/approach'.

A traumatic laceration is considered 'one entry point/approach'.

e.g. do not repeat the same nerve repair code if associated with one laceration/entry point

'One entry point/approach' refers to the primary incision/approach, regardless of how many incisions to gain further access are subsequently performed once primary entry is gained.

e.g. multiple meniscectomy of knee with a primary incision into knee joint to gain access. Any subsequent incisions to get to separate menisci are considered secondary incisions. The joint incision is the primary one and is considered 'one entry point/approach'.

## 3. The SAME PROCEDURE repeated during a visit to theatre involving ONE ENTRY POINT/APPROACH and different lesions

Assign a code for each lesion. For example:

- suture of a tendon and an artery in the hand through a single incision requires two codes.

In this example, tendon lesion and artery lesion are considered 'different' lesions.

However, two tendon lesions with one entry point/approach are considered 'same or similar' lesions, and coded in accordance with ACS 0020, point 2.

**4. The SAME PROCEDURE repeated during a visit to theatre involving MORE THAN ONE ENTRY POINT/APPROACH and more than one non-bilateral site**

Assign a code for each procedure as there is a separate entry point/approach for each one.  
Examples of procedures in this category are:

- arthrodesis of multiple joints
- release of tendons on different body regions

**These two examples illustrate that a procedure code should be assigned for each separate entry point/approach.**

**However, release of multiple tendons in the same body region (accessed via one primary incision/entry point), would be considered 'similar lesions' with 'one entry point/approach' and coded in accordance with ACS 0020, point 2.**

Another example is facet joint radiofrequency rhizolysis where each joint is treated via a separate entry point/approach.

**Example: facet joint radiofrequency rhizolysis bilateral L3/4 and bilateral L4/5**

**Assign: 39118-00 [72]  
*Percutaneous neurotomy for facet joint denervation by radiofrequency four times i.e. a code for each separate entry point.***

**5. Skin or subcutaneous lesion removal, excision or biopsy**

For multiple excisions or biopsies or removals performed on:

- separate skin lesions: assign relevant code(s) as many times as it is performed
- same lesion: assign relevant code once.

For excision or biopsy or removal of skin lesions repeated during the episode of care at different visits to theatre – see point 1.

**EXAMPLE 2:**

Excision of two lesions from forearm.

Codes:	31205-00 <b>[1620]</b>	<i>Excision of lesion of skin and subcutaneous tissue of other sites</i>
	31205-00 <b>[1620]</b>	<i>Excision of lesion of skin and subcutaneous tissue of other sites</i>

**EXAMPLE 3:**

Excision of four lesions from eyelid (1) and nose (1) and neck (2).

Codes:	31230-00 <b>[1620]</b>	<i>Excision of lesion of skin and subcutaneous tissue of eyelid</i>
	31230-01 <b>[1620]</b>	<i>Excision of lesion of skin and subcutaneous tissue of nose</i>
	31235-01 <b>[1620]</b>	<i>Excision of lesion of skin and subcutaneous tissue of neck</i>
	31235-01 <b>[1620]</b>	<i>Excision of lesion of skin and subcutaneous tissue of neck</i>

**EXAMPLE 4:**

Assign one code only in the following examples:

- diathermy of anal warts
- diathermy of vulval warts
- removal of plantar warts
- excision of anal skin tags
- multiple excisions or biopsies of the same lesion

**EXAMPLE 5:**

3 x biopsy of SCC (1) on face.

Code: 30071-00 [\[1618\]](#) *Biopsy of skin and subcutaneous tissue*

**EXAMPLE 6:**

Biopsy of BCC on forearm and compound naevus on neck.

Codes: 30071-00 [\[1618\]](#) *Biopsy of skin and subcutaneous tissue*  
30071-00 [\[1618\]](#) *Biopsy of skin and subcutaneous tissue*

## Acknowledgment

The WA Clinical Coding Authority acknowledges Bill Pyper and the WA Clinical Coding Technical Advisory Group for their contribution in development of this document.

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