NCCC
national casemix and classification centre

ICD-10-AM/ACHI/ACS Eighth Edition

Changes Workbook 2013

Questions and Answers

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Published by the National Casemix and Classification Centre, Australian Health Services Research Institute, University of Wollongong,

OVERVIEW

The material contained in this *Changes Workbook* provides questions and answers for a large number of items detailed in the *ICD-10-AM/ACHI/ACS Eighth Edition Changes Reference Book*. The *Changes Reference Book* documents the changes in ICD-10-AM/ACHI/ACS Eighth Edition which have been made since ICD-10-AM/ACHI/ACS Seventh Edition.

The questions in this *Changes Workbook* are designed to familiarise users with new Eighth Edition content. To complete this workbook, users should refer to the *Changes Reference Book.*

The document is structured to match the ICD-10-AM chapters, with additional chapters to support intervention specific details. Cross-references have been included to alert the user to significant material in other chapters and to proceed to the alternate section. Items which affect multiple systems have been included in a special chapter called 'Cross-system updates'.

Table of Contents:

1. Infection & parasitic diseases

1.a. Infection, due to internal joint prosthesis *(Indexing)*

i) What is the default code at index entry: *Infection/knee* with no further specification?

Answer: The default code is M00.96 *Pyogenic arthritis, unspecified lower leg* with 'joint' as a nonessential modifier. The previous default index entry was L08.9 *Local infection of skin and subcutaneous tissue, unspecified* with 'skin' as a nonessential modifier.

1.b. Sepsis

i) When a patient diagnosed with sepsis due to *Streptococcus pneumoniae* is also treated for septic shock, should both conditions be coded?

Answer: Yes, both conditions should be coded. A 'Use additional code' instruction has been included at A40 *Streptococcal Sepsis* and A41 *Other Sepsis* to clarify that an additional code (R57.2) should be assigned to identify septic shock.

1.c. ACS 0104 *Viral hepatitis*

i) Insert the correct word to complete the following sentence:

curable incurable

Hepatitis C is a/an _____ disease

Answer: Curable. Treatments for hepatitis C have now improved where hepatitis C is no longer the lifelong illness it used to be. This may be documented as 'cleared hepatitis C' or 'cured hepatitis C'.

ii) What is the correct code for a patient documented as having 'hepatitis C' with no further specification?

Answer: Hepatitis C (not documented as 'cured' or 'cleared') is now assumed to be a chronic condition. The concept of hepatitis 'carrier status' is outdated and not clinically relevant. It cannot be assumed that the Hep C has been 'cured' or 'cleared' without supporting documentation in the clinical record. Therefore, hepatitis C not specified as cured or cleared should be coded to B18.2 *Chronic viral hepatitis C.* It does not need to meet ACS 0002 *Additional diagnoses*.

iii) Should a past history for hepatitis A be coded?

Answer: A past history of hepatitis A may be assigned as Z86.18 *Personal history of other infectious and parasitic disease* when the history meets ACS 2112 *Personal history.*

iv) How should 'hepatitis B' without further specification be coded?

Answer: Hepatitis B without further specification should be assigned to B18.1 *Chronic viral hepatitis B without delta-agent*. It should no longer be coded as a carrier status as the concept of hepatitis 'carrier status' is outdated and not clinically relevant.

v) If a patient documented as having 'cured hepatitis C' presents for treatment of ongoing liver cirrhosis (caused by the previous hepatitis C), how should this be coded?
a) cirrhosis
b) cirrhosis and past history hepatitis C
c) cirrhosis and chronic viral hepatitis C
d) cirrhosis and sequelae of viral hepatitis

Answer: The answer is d) cirrhosis and sequelae of viral hepatitis. Although the hepatitis has been cured, the residual manifestation is receiving ongoing treatment. These codes should be assigned by following ACS 0002 *Additional diagnoses* and ACS 0008 *Sequelae*.

vi) If a patient is admitted for treatment, and the background documentation notes 'cured hepatitis C' (with no manifestations), how should the hepatitis be coded?
a) chronic viral hepatitis C
b) personal history of other infectious and parasitic disease
c) not at all
d) sequelae of viral hepatitis

Answer: The correct answer is c) not at all. In this situation, as the hepatitis has been cured and no manifestations exist, an additional code should not be assigned for 'cured hepatitis C' (with no manifestations) which is not affecting the episode. However, if there was documentation that it met the criteria for ACS 2112 *Personal history*, then the answer could be b) personal history of other infectious and parasitic disease

2. Neoplasms

2.a. Cervical intraepithelial lesion (low/high grade)

i) What is the correct code assignment for HGSIL of the cervix?

Answer: HGSIL describes carcinoma in situ, in this case of the cervix, and should be assigned to D06.- *Carcinoma in situ of cervix uteri* and M8077/2 *Squamous intraepithelial neoplasia, grade III.*

ii) Low grade squamous intraepithelial lesion (LGSIL) is coded as a neoplasm. True or false?

Answer: The answer is false. A low grade squamous intraepithelial lesion (LGSIL) is classified to N87.0 *Mild cervical dysplasia*.

2.b. Chemotherapy wafer insertion, brain

i) What type of procedure is brain wafer insertion?
a) stent
b) shunt
c) chemotherapy

Answer: The correct answer is c) chemotherapy. This procedure delivers controlled-release chemotherapeutic agents into the brain cavity.

2.c. Electrochemotherapy

i) Where electrochemotherapy is performed on a single skin lesion, how many ACHI code(s) are required to identify the procedure?

Answer: Two ACHI codes are required to classify this procedure as indicated by the 'Code also when performed' instruction in the Tabular List at blocks [1612] and [1920]:

- an appropriate code from block **[1920]** *Administration of pharmacotherapy* with an extension of -00 for electrochemotherapy, and
- 30195-06 **[1612]** *Electrotherapy of lesion of skin, single lesion*

2.d. Eyeball/intraocular neoplasm

i) What is the correct disease code assignment for primary malignant neoplasm of the eyeball?

Answer: The correct code is C69.9 *Malignant neoplasm of the eye and adnexa, eye unspecified*. Primary malignant neoplasm of the eyeball has been reclassified from C69.4 *Malignant neoplasm of the eye and adnexa, ciliary body* to C69.9.

2.e. Insertion of seeds/fiducial markers into prostate

i) Radiotherapy may involve insertion of fiducial markers to assist with image guidance. Which ACHI code should be assigned for insertion of the fiducial markers?

Answer: The correct code for insertion of fiducial markers for image guided radiotherapy is 37217-00 [1160] *Implantation of fiducial marker, prostate*. Where radiotherapy is delivered in the same episode, it should be coded as an additional diagnosis.

ii) What is the difference between external beam radiotherapy and brachytherapy?

Answer: External beam radiotherapy is a form of external radiation. Brachytherapy is a form of internal radiation.

iii) Brachytherapy comes in which two forms?

Answer: Brachytherapy comes in two forms: 'low dose rate' and 'high dose rate'.

iv) Seeds implanted for 'low dose brachytherapy' are radioactive. True or false?

Answer: True. Seeds implanted for low dose brachytherapy (LDR) slowly release low dose radiation to the surrounding prostate tissue. After a few months the seeds gradually become inactive but remain in place permanently.

v) What is the correct procedure code for:
a) Insertion of fiducial marker into prostate for future radiotherapy
b) Insertion of radioactive seeds into prostate for low dose rate brachytherapy

Answer: The correct codes are:

a) 37217-00 **[1160]** *Implantation of fiducial marker, prostate*
b) 37227-00 **[1160]** *Implantation of brachytherapy applicator, prostate* and 15338-00 **[1792]** *Brachytherapy, prostate*

2.f. Lymphomatoid papulosis

i) What is the correct code assignment for lymphomatoid papulosis?

Answer: The correct codes are C86.6 *Other specified types of T/NK-cell lymphoma, Primary cutaneous CD30-positive T-cell proliferations* and M9718/3 *Primary cutaneous CD30+ T-cell lymphoproliferative disorder.* L41.2 *Lymphomatoid papulosis* has been deleted from ICD-10-AM as the condition has been reclassified to C86.6.

2.g. Telangiectatic focal nodular hyperplasia (TFNH) of liver *(Indexing)*

i) What is the correct code assignment for telangiectatic focal nodular hyperplasia (TFNH) of the liver?

Answer: The correct code assignment is D13.4 *Benign neoplasm of other and ill-defined parts of digestive system, Liver* and M8170/0 *Liver cell adenoma.*

2.h. Tumour of uncertain or unknown behaviour of pancreas

i) What is the correct disease code for tumour of uncertain or unknown behaviour of pancreas body?

Answer: The correct code is D37.71 *Neoplasm of uncertain or unknown behaviour, Other digestive organs, Pancreas.*

ii) Which disease code should be assigned for tumour of uncertain or unknown behaviour of the anal canal?

Answer: The correct code is D37.79 *Neoplasm of uncertain or unknown behaviour of other digestive organs, Other specified digestive organs.*

2.i. ACS 0229 *Radiotherapy*

i) How many times should radiotherapy (without cerebral anaesthesia) be coded if it is performed multiple times during an episode of care?

Answer: When a patient receives radiotherapy, without cerebral anaesthesia, a number of times during an episode of care (and the same procedure code applies), assign the procedure code once only.

ii) How many times should radiotherapy (under cerebral anaesthesia) be coded if it is performed multiple times during an episode of care?

Answer: When the radiotherapy is performed under cerebral anaesthesia, the procedure should be coded as many times as it is performed.

2.j. Appendix A – Morphology of neoplasms

i) How many new morphology codes have been included?
a) >50
b) >100
c) >200
d) >300

Answer: The correct answer is d). There have been 367 new morphology codes added to Appendix A: Morphology of Neoplasms in the ICD-10-AM Eighth Edition Tabular List.

ii) What is the correct morphology code to assign with C94.6 *Myelodysplastic and myeloproliferative disease NOS*?

Answer: The correct morphology code is M9989/3 *Myelodysplastic syndrome NOS*.

iii) What is the correct morphology code for a nodular melanoma in situ?

Answer: The correct morphology code is M8721/2 *Nodular melanoma, in situ*.

iv) What is the correct morphology for a compound naevus of uncertain behaviour?

Answer: The correct morphology code is M8760/1 *Compound naevus, uncertain whether benign or malignant*.

v) What is the correct behaviour type for Langerhans cell histiocytosis NOS?

Answer: The correct behaviour type is /3 Malignant primary site. The correct code assignment is M9751/3 *Langerhans cell histiocytosis NOS*. This has been updated from Seventh Edition where it was M9751/1.

3. Diseases of blood and blood forming organs and certain disorders of immune mechanism

3.a. Immune reconstitution syndrome *(Indexing)*

i) What is the new inclusion term added to D89.3 *Immune reconstitution syndrome*?

Answer: Immune reconstitution inflammatory syndrome [IRIS] has been added as an inclusion term.

3.b. Molecular adsorbent recirculating system (MARS) treatment *(Indexing)*

i) What is the correct code assignment for molecular adsorbent recirculating system (MARS) treatment?

Answer: The correct code is 13750-06 [1892] *Other therapeutic haemapheresis*. Molecular adsorbent recirculating system (MARS) treatment has been added as an inclusion term at this code.

3.c. Sentinel lymph node biopsy (SLNB)

i) How many steps are involved in a sentinel lymph node biopsy (SLNB)?

Answer: SLNB involves three steps:

- lymphoscintigram
- intraoperative lymphatic mapping with blue dye
- selective biopsy of lymph nodes identified as “sentinel” nodes

ii) Which code should be assigned for SLNB of the groin?

Answer: The correct code is 30300-01 [805] *Sentinel lymph node biopsy, not elsewhere classified*.

iii) Are SLNB of the neck and SLNB of the axilla assigned to the same code?

Answer: No, they are different codes. SLNB of the neck is assigned to the newly created ACHI code 30300-01 [805] *Sentinel lymph node biopsy, not elsewhere classified*, while SLNB of the axilla is assigned to the existing code 30300-00 [808] *Sentinel lymph node biopsy of axilla* where the code title has been modified to specify 'of axilla'.

iv) When a SLNB biopsy or excision is performed in addition to a radical excision of lymph nodes, do you code both procedures?

Answer: Yes, two codes are required: one to identify the SLNB and another to identify the radical excision of lymph nodes at their respective sites.

4. Endocrine, nutritional and metabolic

4.a. Cystic fibrosis

i) When a patient is treated for multiple manifestations of cystic fibrosis (CF), how should the cystic fibrosis be coded?

Answer: More than one code from E84.- *Cystic fibrosis* should be assigned if the patient presents with multiple manifestations of CF. The inclusion term 'Cystic fibrosis with combined manifestations' at E84.8 *Cystic fibrosis with other manifestations* has been removed and ACS 0402 *Cystic fibrosis* updated accordingly.

ii) What is the correct code assignment for CF with bronchiectasis?

Answer: The correct code assignment is:

E84.0 *Cystic fibrosis with pulmonary manifestations*
J47 *Bronchiectasis*

iii) Assign codes for the following scenario: Patient with cystic fibrosis presents for treatment of their bronchiectasis. They also have intestinal intussusception as a manifestation of their CF.

Answer: The correct code assignment is:

E84.0 *Cystic fibrosis with pulmonary manifestations*
J47 *Bronchiectasis*
E84.1 *Cystic fibrosis with intestinal manifestations*
K56.1 *Intussusception*

ACS 0402 *Cystic fibrosis* advises that more than one code from E84.- *Cystic fibrosis* should be used if the patient presents with multiple manifestations of CF. It is no longer appropriate to assign E84.8 *Cystic fibrosis with other manifestations*, as the reference to combined manifestations has been removed.

4.b. Diabetes mellitus and intermediate hyperglycaemia

i) What is the new code title of E09?

Answer: E09 has been renamed from 'Impaired glucose regulation' to 'Intermediate hyperglycaemia' in line with new clinical terminology introduced with the updated ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*. This renaming has been reflected throughout the Alphabetic Index, Tabular List of Diseases and the Australian Coding Standards.

ii) Diabetic frozen shoulder can be assigned by following the index pathway: *Frozen/shoulder/diabetic.* True or false?

Answer: True. Additional pathways have been added to the Alphabetic Index for terms which are classified as 'diabetic', such as diabetic rotator cuff syndrome, diabetic shin spots, and diabetic dermopathy.

iii) How should the principal diagnosis be determined in patients where the criteria for diabetic foot are met?
a) first listed diagnosis
b) always assign E1-.73 **Diabetes mellitus with foot ulcer due to multiple causes*
c) according to the principles of ACS 0001 *Principal diagnosis*

Answer: The correct answer is c) according to the principles of ACS 0001 *Principal diagnosis*. An additional note has been added to the classification box at point 6. Diabetic Foot to reinforce this principle. As these cases are very complex, the examples have been deleted so as not to bias code assignment.

4.c. Obesity hypoventilation syndrome

i) Obesity hypoventilation syndrome has been added as an inclusion term at which code?

Answer: Obesity hypoventilation syndrome is now an inclusion term at E66.2 *Extreme obesity with alveolar hypoventilation*.

5. Mental and behavioural disorders

5.a. Anhedonia *(Indexing)*

i) What is the correct code for anhedonia when it is not specified as 'sexual'?

Answer: The correct code is R45.89 *Other symptoms and signs involving emotional state*.

5.b. Major depressive disorder *(Indexing)*

i) What is the correct code for major depressive disorder without further specification *(not arising in the postnatal period)*?

Answer: The correct code is F32.20 *Severe depressive episode without psychotic symptoms, not specified as arising in the postnatal period*

ii) Is the term 'major' an essential or nonessential modifier in the Alphabetic Index for 'depressive disorder'?

Answer: 'Major' is an essential modifer at the index entry: *Disorder/depressive*

5.c. ACS 0511 *Panic attacks with phobia*

i) Where is the instruction regarding coding phobia with panic attacks found in the classification?

Answer: This instruction is now located as a 'Use additional code' instruction in the *Phobic anxiety disorders* code range F40.1-F40.9 and cross referenced as a 'Code first' instruction at F41.- *Anxiety disorders*. The standard ACS 0511 *Panic attacks with phobia* has been deleted.

5.d. ACS 0517 *Noncompliance with treatment (Deleted)*

i) Where is the instruction for the use of Z91.1 *Personal history of noncompliance with medical treatment and regimen* found in the classification?

Answer: This instruction is now located as a note at Z91.1 and ACS 0517 *Noncompliance with treatment* has been deleted. This code should be assigned if it meets ACS 0002 *Additional diagnoses* for all episodes of care, not just mental and behavioural disorders.

6. Nervous system

6.a. Akathisia

i) What is the correct code for akathisia?

Answer: The correct code is G25.8 *Other specified extrapyramidal and movement disorders*. The default has been amended based on clinical advice and approved by WHO.

6.b. Charcot's arthropathy

i) What is the default code assignment for Charcot's arthropathy without further specification?

Answer: The default code assignment for Charcot's arthropathy is G98† *Other disorders of nervous system, not elsewhere classified* and M14.6* *Neuropathic arthropathy*. This replaces the previous index entry which defaulted to A52.1† *Symptomatic neurosyphilis* and M14.6* *Neuropathic arthropathy* which is no longer clinically appropriate.

ii) What is the correct code assignment for a type 2 diabetic being treated for their Charcot's arthropathy?

Answer: The correct code assignment is:

E11-.61 *Type 2 diabetes mellitus with specified diabetic musculoskeletal and connective tissue complication*
and
G98† *Other disorders of nervous system, not elsewhere classified*
M14.6* *Neuropathic arthropathy*

6.c. Fat graft in spinal surgery

i) When a dural fat graft is harvested from the operative site during spinal surgery without an additional incision, should an additional code be assigned for the graft?

Answer: No. Where any fat graft is harvested from the same operative site, an additional code should not be assigned. 'Includes' notes have been added to the relevant blocks in the Tabular List, but 'Code also' notes have been added to the relevant blocks in the Tabular List for when the fat graft is harvested from another site.

6.d. Open door laminoplasty

i) The ACHI lead term *Laminoplasty* refers users to which alternative lead term?

Answer: The ACHI lead term *Laminoplasty* refers users to the lead term *Decompression/spinal*.

ii) Codes in ACHI block [46] *Decompression of cervical spinal cord* include open door laminoplasty. True or false?

Answer: True. 'Laminoplasty (open door)' has been added as an Includes note at block [46] *Decompression of spinal cord*, [47] *Decompression of thoracic and thoracolumbar spinal cord* and [48] *Decompression of lumbar spinal canal*.

6.e. Overnight oximetry

i) What's the difference between overnight oximetry and polysomnography?

Answer: Overnight oximetry is an unattended sleep study which uses an oximetre clip on the patient's finger overnight, whereas polysomnography is an attended (laboratory-based) sleep study where a laboratory technician monitors the patient and the environment during testing.

ii) Are polysomnography and overnight oximetry assigned the same code?

Answer: No, overnight oximetry is assigned the newly created code 12203-01 [1828] *Overnight oximetry*. Polysomnography continues to be classified to 12203-00 [1828] *Polysomnography*.

iii) Should a code for overnight oximetry be assigned when performed with polysomnography?

Answer: No, an excludes note at 12203-01 [1828] *Overnight oximetry* instructs that when overnight oximetry is conducted with polysomnography, then only 12203-00 [1828] *Polysomnography* should be assigned.

6.f. Renal denervation for treatment-resistant hypertension

i) Renal denervation uses which technique?
a) radiofrequency ablation
b) excision of nerve endings

Answer: The correct answer is a) radiofrequency ablation. Renal denervation is a radiofrequency ablation technique developed for the treatment of resistant hypertension.

ii) What is the correct code for renal denervation for treatment resistant hypertension?

Answer: The correct code is 39323-00 [72] *Other percutaneous neurotomy by radiofrequency*

iii) Which two ACHI lead terms can be used to find this code?

Answer: The two lead terms used to look up this code are *Ablation* and *Denervation*.

6.g. Sacral nerve stimulation

i) What is the correct code for revision of sacral nerve electrode?

Answer: The correct code is 36665-00 [67] *Adjustment of sacral nerve electrodes*

ii) Sacral nerve stimulation can be performed for both faecal and urinary incontinence. True or false?

Answer: True. Sacral nerve stimulation can be performed for both faecal and urinary incontinence. It can also be used to treat various medical conditions. Until now, ACHI has provided codes in block [940] *Other repair procedures on rectum or anus* for treatment of faecal incontinence. For Eighth Edition, nerve electrode procedures have been relocated to ACHI block [67] *Insertion, replacement or removal of peripheral nerve electrodes* facilitating wider use and the codes in block [940] have been deleted.

7. Eye and adnexa

7.a. ACS 0723 *Corneal rust ring (Deleted)*

i) The advice previously included in ACS 0723 *Corneal rust ring* is now included in which part of the classification?

Answer: The advice previously located in ACS 0723 is now provided as a 'Use additional codes' instruction at H18.0 *Corneal pigmentations and deposits* and is supported by additional Alphabetic Index entries.

8. Ear, nose, mouth and throat

8.a. ACS 0803 *Admission for removal of grommets* (ACS references)

i) What is the correct disease code for removal of grommets?

Answer: The correct code is H72.9 *Perforation of tympanic membrane, unspecified* as per the guidelines in *ACS 0803 Admission for removal of grommets.* The ACS 0803 reference symbol has been added to H72.9 in the Tabular List.

9. Circulatory system

9.a. Aneurysm and dissection of vertebral artery

i) What is the correct code to assign for aneurysm and dissection of vertebral artery?

Answer: The correct code is I72.6 *Aneurysm and dissection of vertebral artery*. This was an update from WHO which has been incorporated into ICD-10-AM for Eighth Edition. This is distinct from aneurysm and dissection of basilar artery (trunk) which is now provided as an inclusion term at I72.5 *Aneurysm and dissection of other precerebral arteries.*

9.b. Aspiration thrombectomy of the coronary artery

i) 'Aspiration thrombectomy' and 'rotational atherectomy' are classified to the same code. True or false?

Answer: False. Aspiration thrombectomy of the coronary artery is performed by a catheter where aspiration is performed through syringe suction. This is different to rotational atherectomy which uses a rotablator, which uses a spinning blade to grind the hardened plaque into particles. While both interventions are classified within block [669] *Excision procedures on coronary arteries*, aspiration thrombectomy has two new codes 90218-00 [669] *Percutaneous transluminal coronary angioplasty with aspiration thrombectomy, 1 artery* and 90218-01 [669] *Percutaneous transluminal coronary angioplasty with aspiration thrombectomy, multiple arteries*.

ii) Should aspiration thrombectomy be coded in addition to percutaneous coronary intervention (PCI) with stenting?

Answer: Yes. Aspiration thrombectomy is coded in addition to PCI with stenting. Follow the classification instruction 'Code also when performed' and assign additional codes from block [671] *Transluminal coronary angioplasty with stenting* if appropriate.

iii) What are 'embolic protection devices' used for?

Answer: Embolic protection devices are used to capture debris that is dislodged during stenting. Clinical advice indicates that 'embolic protection devices' are used for selected high risk patients with acute myocardial infarction, either alone or with an aspiration thrombectomy. When both procedures are performed, both codes should be assigned.

9.c. Atrial fibrillation and flutter

i) The code I48 *Atrial fibrillation and flutter* has been expanded from one code to how many codes?

Answer: There are now six codes available to specify the type of atrial fibrillation and flutter. This change originated from updates to ICD-10 from WHO, which have now been incorporated into ICD-10-AM for Eighth Edition.

9.d. Cardiac resynchronisation therapy pacemaker/defibrillator

i) Cardiac resynchronisation therapy (CRT) pacemaker and cardiac resynchronisation therapy defibrillation (CRT-D) have been added as inclusion terms at which two ICD-10-AM codes?

Answer: CRT and CRT-D are new inclusion terms at:
Z45.0 *Adjustment and management of cardiac device*, and
Z95.0 *Presence of cardiac device*

This change originated from WHO updates to ICD-10 which have now been incorporated into ICD-10-AM for Eighth Edition.

9.e. CT scan of coronary arteries

i) What is the correct intervention code for CT coronary angiogram (with IV contrast) performed under anaesthesia?

Answer: CT coronary angiogram should be assigned to the newly created code 57360-00 [1966] *Spiral coronary angiography by computerised tomography, with intravenous contrast medium.*

9.f. Percutaneous heart valve replacement

i) What is the correct ACHI code for replacement of aortic valve with percutaneous insertion of Edwards SAPIEN valve prosthesis?

Answer: The correct code is 38488-08 [623] *Percutaneous replacement of aortic valve with bioprosthesis.*

ii) When a percutaneous aortic valve replacement (PAVR) is performed with coronary angiography, is it necessary to code the coronary angiography as an additional code?

Answer: Yes, code 38488-08 [623] *Percutaneous replacement of aortic valve with bioprosthesis* provides a "Code also when performed: coronary angiography" instruction indicating an additional code is required.

9.g. Transcatheter thrombectomy of intracranial arteries

i) What ACHI code(s) is/are required for the following procedure: Embolectomy performed with insertion of stent into intracranial artery?

Answer: The correct code is 90235-00 [702] *Embolectomy or thrombectomy of intracranial artery*. Block [702] has an instruction note 'includes that with stenting'.

ii) Assign an ACHI code for the following scenario: Patient admitted for thrombectomy of internal carotid artery of the intracranial area.

Answer: The correct code is 90235-00 [702] *Embolectomy or thrombectomy of intracranial artery*. Note also the 'excludes note' at 33800-00 [702] *Embolectomy or thrombectomy of carotid artery* which excludes 'intracranial internal carotid artery'.

9.h. ACS 0925 *Hypertension and related conditions*

i) Complete the name of this standard:
ACS 0925 *Hypertension and* _____ _____

Answer: ACS 0925 *Hypertension and related conditions*

ii) When can a code from category I13 *Hypertensive heart and kidney disease* be assigned?

Answer: When both *Hypertensive heart disease* (I11) and *Hypertensive kidney disease* (I12) are present.

iii) Is advice for hypertension in kidney disease still contained in ACS 1438 *Chronic kidney disease*?

Answer: No. All advice related to coding hypertension is now contained within ACS 0925 *Hypertension and related conditions.*

iv) Why has I10 *Essential hypertension* been assigned in example 3 of ACS 0925 *Hypertension and related conditions*?

Answer: The code for hypertension has been assigned in addition to N18.4 *Chronic kidney disease, stage 4* as per the 'Use additional code to identify presence of hypertension' instruction at N18 *Chronic kidney disease.* It is not necessary that the hypertension meets the criteria for code assignment as per ACS 0002 *Additional diagnoses*.

10. Respiratory system

10.a. Flexible bronchoscopy with broncho-alveolar lavage

i) Which two new ACHI codes have been added to block [544] *Bronchoscopy with biopsy, broncho-alveolar lavage or removal of foreign body*?

Answer: 41898-02 [544] *Fibreoptic bronchoscopy with broncho-alveolar lavage [BAL]* and 41898-03 [544] *Fibreoptic bronchoscopy with removal of foreign body.*

ii) What has been added to the title of block [544]?

Answer: The term *broncho-alveolar lavage* has been added to the block title.

iii) Which type of bronchoscopy is performed with a broncho-alveolar lavage: rigid or flexible?

Answer: A 'flexible' bronchoscopy. A rigid bronchoscopy is not used for broncho-alveolar lavage.

iv) Which type of lavage goes deeper into the lung: bronchial lavage or broncho-alveolar lavage?

Answer: A broncho-alveolar lavage. A broncho-alveolar lavage involves the instillation of saline into the smaller airways and more distal lung surfaces such as the alveoli. A bronchial lavage involves the instillation of saline into the large airways or proximal lung surfaces such as bronchi.

10.b. High flow nasal cannula

i) High flow nasal cannula (HFNC) is available as an alternative to what other type of ventilation?

Answer: High flow nasal cannula (HFNC), commonly referred to as 'high flow', is an alternative to traditional noninvasive ventilation (NIV). HFNC delivers air and oxygen at flow rates greater than those traditionally used with a nasal interface. It is more than oxygen enrichment as it involves the administration of ventilatory support.

ii) What is the correct code to assign when high flow therapy is given for 23 hours?

Answer: The correct code to assign is 92209-00 [570] *Management of noninvasive ventilatory support, ≤24 hours*. This is supported by ACS 1006 *Ventilatory support* and an excludes note at 92044-00 [1889] *Other oxygen enrichment* referring coders to use block [570].

iii) Is high flow therapy used in patients of any age?

Answer: Yes, high flow therapy can be used in patients of any age, although currently it is predominantly used for neonates.

10.c. Influenza due to certain identified influenza virus

i) Why has there been a change to code J09 *Influenza due to certain identified avian influenza virus*?

Answer: J09 *Influenza due to identified avian influenza virus* was modified to '*Influenza due to certain identified influenza virus*' to facilitate inclusion of pandemic/epidemic influenza viruses identified by WHO, such as swine flu.

ii) Which types of influenza can be assigned to J09 *Influenza due to certain identified influenza virus?*

Answer: Only those influenza viruses listed at J09 (i.e. A/H1N1 (swine) and A/H5N1 (avian)) may be assigned to this code and additional virus strains may only be included upon recommendation from WHO.

iii) Which three codes are possible dagger codes for encephalitis in influenza?

Answer: The possible codes are J09† *Influenza due to certain identified influenza virus*, J10.8† *Influenza with other manifestations, other influenza virus identified* or J11.8† *Influenza with other manifestations, virus not identified*. All codes are listed at the subterm, but only the appropriate code should be assigned.

10.d. Respiratory failure, type I and type II

i) How many characters are now in the codes for respiratory failure?

Answer: There are now five characters in the codes for respiratory failure. A fifth character subdivision has been added to identify type I, type II and type unspecified.

ii) Which type is also described as 'hypoxic'?

Answer: Type I is also described as 'hypoxic' respiratory failure. Type II is also described as 'hypercapnic' respiratory failure.

iii) Is respiratory failure still identified as acute and chronic?

Answer: Yes, respiratory failure is still identified as either acute or chronic respiratory failure.

iv) Type I is also commonly associated with:
a) pulmonary oedema
b) pneumonia
c) pulmonary haemorrhage
d) all of the above

Answer: The correct answer is d) all of the above. Type I respiratory failure (hypoxaemia) generally involves fluid filling the lungs, which can occur in any of the instances noted above.

10.e. Ventilatory support (short term and combined CVS & NIV)

Refer section 16.h Ventilation - combined ventilatory support in neonates for material related to this item.

11. Digestive system

11.a. Bulking injections for faecal incontinence

i) Bulking injections involve the injection of _____ _____ which becomes _____.

Answer: Bulking injections involve the injection of liquid material which becomes solid.

11.b. Dental services

i) Assign ACHI code(s) for the following: patient presents with a fractured tooth, bringing in the tooth fragment. The tooth is restored by bonding the fragment onto the tooth using a dentin-bonding agent and composite resin.

Answer: 97579-01 [469] *Bonding of tooth fragment*

ii) What is the difference between the substances used in 97234-00 [456] *Alveolar osseus graft, per tooth or implant* and 97244-00 [456] *Alveolar osseous graft, block*?

Answer: In ACHI code 97234-00 [456] *Alveolar osseus graft, per tooth or implant,* the substance used is particulate bone, or a synthetic substitute or other matrix used to replace alveolar bone. In 97244-00 [456] *Alveolar osseous graft, block,* the substance used is a block of bone used for augmentation of a bony ridge.

11.c. Endoluminal fundoplication (ELF)

i) Endoluminal fundoplication is for treatment of which disease?
a) gastro-oesophageal reflux disease
b) peptic ulcer
c) gastroparesis

Answer: The correct answer is a) gastro-oesophageal reflux disease.

ii) Endoluminal fundoplication is which type of procedure: invasive, noninvasive or minimally invasive?

Answer: Endoluminal fundoplication is a minimally invasive procedure. It is performed for the same purpose as open surgery, however this endoscopic technique utilises a device which enters through the mouth and there are no external incisions or internal dissections involved.

iii) In addition to GORD, what other condition can be treated at the same time when ELF is performed?

Answer: It is also effective in reducing hiatal hernia.

11.d. Functional dyspepsia

i) What is the correct code title of K30?

Answer: The correct code title of K30 is *Functional dyspepsia*. This change originated from WHO updates which have now been incorporated into ICD-10-AM Eighth Edition.

ii) What is the correct code to assign for dyspepsia without further specification?

Answer: The correct code is R10.1 *Pain localised to upper abdomen*. This change originates from WHO updates, which have now been incorporated into ICD-10-AM for Eighth Edition.

11.e. Haemorrhoids

i) In which ICD-10-AM chapter are haemorrhoids classified?

Answer: Haemorrhoids have been reclassified from Chapter 9 *Diseases of the circulatory system* to Chapter 11 *Diseases of the digestive system* to appropriately reflect that haemorrhoids are considered a gastrointestinal disorder not a vascular disorder. NB: Haemorrhoids complicating the pregnancy and puerperium remain classified to Chapter 15 *Pregnancy, childbirth and the puerperium*. This change originated from updates to ICD-10 from WHO, which have now been incorporated into ICD-10-AM for Eighth Edition.

ii) How are haemorrhoids classified?
a) internal or external
b) by degrees

Answer: The classification has been updated to reflect that haemorrhoids are now more appropriately classified by degrees.

iii) What is the correct code for 'haemorrhoids' with no further specification?

Answer: The correct code is K64.9 *Haemorrhoids, unspecified*.

iv) How should the diagnosis 'internal haemorrhoids' be coded?

Answer: The terminology *internal* and *external* for haemorrhoids are nonessential modifiers at the lead term *Haemorrhoids* only. Where further detail is not available, internal haemorrhoids should be assigned to K64.9 *Haemorrhoids, unspecified*.

v) What is the correct code for haemorrhoids complicating the puerperium?

Answer: The code for haemorrhoids complicating the puerperium remains unchanged: O87.2 *Haemorrhoids in the puerperium*.

vi) Varicose veins of the anus are the same as 'haemorrhoids'. True or false?

Answer: False. Varicose veins of the anus are not haemorrhoids. The previous 'includes' note at I84 *Haemorrhoids* has not been continued at K64 *Haemorrhoids and perianal venous thrombosis*. Varicose veins of the anus are now indexed to I86.4 *Varicose veins of other specified sites*.

vii) ACS 0942 *Banding of haemorrhoids* has been deleted. True or false?

Answer: True. ACS 0942 provided classification advice on internal haemorrhoids, unspecified. With changed terminology and improved indexing, ACS 0942 is no longer required.

11.f. Hernia

i) Name two new types of ventral hernia codes?

Answer: Incisional hernias and parastomal hernias

ii) What is an incisional hernia?

Answer: An incisional hernia is a protrusion (often of the abdominal wall) formed at the incision line of a previous surgery.

iii) What is the correct code for parastomal hernia, unspecified?

Answer: K43.5 *Parastomal hernia without obstruction or gangrene*

iv) What is the correct code title for K43.1?
a) ventral hernia with gangrene
b) incisional hernia with gangrene
c) parastomal hernia with gangrene

Answer: The correct answer is b) incisional hernia with gangrene. This has been updated from the former code title of 'ventral hernia with gangrene'.

11.g. Ileocolic resection

i) Ileocolic resection is also referred to as _____ or _____ _____?

Answer: Ileocolectomy or ileocaecal resection

ii) Ileocolic resection creates an anastomosis beween the _____ and the _____ _____.

Answer: Ileocolic resection creates an anastomosis between the ileum and the ascending colon.

iii) What is the correct code for a laparoscopic ileocolic resection with anastomosis?

Answer: 30515-04 [913] *Laparoscopic ileocolic resection with anastomosis*

11.h. Insertion, artificial bowel sphincter

i) What is the correct code for insertion of an artificial bowel sphincter?

Answer: The correct code is 32220-00 [940] *Insertion of artificial bowel sphincter*. This code number has been changed from 90769-00 [940] *Insertion of artificial bowel sphincter* due to an update in the Medicare Benefits Schedule (MBS).

11.i. Laparoscopic colectomy

i) How many codes are required for left hemicolectomy with anastomosis which is performed laparosocpically?

Answer: Only one code is required - 32006-02 [913] *Laparoscopic left hemicolectomy with anastomosis*.

ii) What is the correct code for Hartmann's procedure via laparoscopy?

Answer: The correct code assignment is 32030-01 [934] *Laparoscopic rectosigmoidectomy with formation of stoma.*

iii) How many new ACHI codes have been added to block [913]?

Answer: There have been 12 new ACHI codes added to block [913] *Colectomy*. Each new code is a laparascopic version of an existing ACHI colectomy code.

11.j. Peritonectomy/cytoreduction surgery (CRS)

i) Peritonectomy or cytoreduction surgery is performed for what aim?

Answer: Peritonectomy or cytoreduction surgery is performed to remove all peritoneal tumour deposits in patients with diagnoses such as peritoneal carcinomatosis, ovarian cancer, appendiceal cancer and pseudomyxoma.

ii) When *peritonectomy* is performed with excision of pelvic lesions, should the excision of lesions also be coded?

Answer: The excision of lesions should be coded in addition to 96211-00 [989] *Peritonectomy*, as per the 'Code also when performed' instruction.

11.k. Procedures for obesity

i) When a sleeve gastrectomy (SG) is performed concurrently with a biliopancreatic diversion/duodenal switch (BPD-DS), how many ACHI codes should be assigned?

Answer: Only the BPD-DS should be assigned. This is confirmed by the excludes note at 30511-10 [889] *Sleeve gastrectomy [SG]*; the includes notes at 30512-02 [889] *Biliopancreatic diversion [BPD]* and the includes note at 30512-01 [889] *Laparoscopic biliopancreatic diversion [LBPD]*.

ii) If a diaphragmatic hernia repair is performed at the same time as a sleeve gastrectomy for obesity, should an additional ACHI code be assigned for the hernia repair?

Answer: No, an additional ACHI code is not required for the diaphragmatic hernia repair performed at the same time as the sleeve gastrectomy for obesity. Diaphragmatic hernia repairs (or crurual repairs) are often performed at the same time as the surgery for obesity. An 'includes note' has been added to ACHI codes in block [889] *Procedures for obesity* where this is relevant.

iii) When a sleeve gastrectomy is performed for malignancy how should it be coded?

Answer: A sleeve gastrectomy performed for a reason other than obesity should be assigned to 30523-00 [879] *Subtotal gastrectomy* as per the Alphabetic Index.

iv) All ACHI codes for obesity are now located in ACHI block [889] *Procedures for obesity*. True or false?

Answer: False. In addition to the ACHI codes in block [889] *Procedures for obesity*, there are also codes in block [881] *Gastrostomy, gastro-enterostomy or gastro-gastrostomy* and block [1604] *Other application, insertion or removal procedures on skin and subcutaneous tissue* for implantation of neurostimulators, as these can also be performed for obesity.

12. Skin and subcutaneous tissue

12.a. Excision skin lesions

Refer section 25.e ACS 0020 Bilateral/multiple procedures for material related to this item.

12.b. Injection into breast tissue expander

i) Which ACHI code(s) should be assigned for refill of a breast tissue expander?

Answer: Only one ACHI code is required. The correct code is 45566-01 [1661] *Injection into tissue expander.* The previous note which excluded *that for breast* has been removed.

12.c. Necklift

i) When a necklift is performed alone, how is it coded?

Answer: Assign code 45588-02 [1675] *Necklift*

ii) Which ACHI codes should be assigned for the following scenario:
Patient admitted for bilateral facelift, with necklift and bilateral browlift.

Answer: Two ACHI codes are required:
45588-00 [1675] *Facelift, bilateral*
45588-01 [1675] *Browlift, bilateral*

An ACHI code for the necklift is not required as per the includes note at 45588-00 [1675] *Facelift, bilateral*.

12.d. Sunburn

i) How many codes are required when coding sunburn?

Answer: There are six codes required when coding suburn as follows:

L55 *Sunburn*, plus:
- a code from T20–T25, T29–T30 to identify site of sunburn
- T31.-- to identify the percentage of body surface area
- external cause code (Chapter 20) to identify cause
- place of occurrence code (Y92.-) and
- activity code (U50–U73).

ii) Which codes should be sequenced first, L55.- *Sunburn* or the site of burn (injury) code?

Answer: The sunburn code should be sequenced ahead of the site of burn (injury) code, as per the guidelines in ACS 1911 *Sunburn*.

12.e. ACS 1210 *Cellulitis (Deleted)*

i) How should codes be assigned for cellulitis associated with an open wound?

Answer: The codes for the cellulitis and the associated complicated wound should be assigned according to ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

13. Musculoskeletal and connective tissue

13.a. Arthroscopy, wrist with release of adhesions *(Indexing)*

i) When a wrist arthroscopy with release of adhesions and removal of loose body is performed, should both procedures be coded or only one?

Answer: Two codes should be assigned. One for release of the adhesions and one for the removal of the loose body. The Alphabetic Index has been corrected to support this code assignment.

13.b. Closed reduction of acetabulum

i) Code the following scenario: Patient admitted for closed reduction with internal fixation of fracture of acetabulum.

Answer: The correct code is 47498-00 [1479] *Internal fixation of fracture of acetabulum*. An includes note has been added for 'closed reduction' for ACHI Eighth Edition.

13.c. Haglund's deformity *(Indexing)*

i) What is the correct code for Haglund's disease?

Answer: The correct code is M21.67 *Other acquired deformities of ankle and foot, ankle and foot.* This is an update from the previous default (M92.6 *Juvenile osteochondrosis of tarsus*) to support coding advice published in June 2012.

13.d. March fracture *(Indexing)*

i) What is the correct code for march fracture?

Answer: The correct code is M84.3- *Stress fracture, not elsewhere classified*. This has been updated by WHO from the previous index entry S92.3 *Fracture of metatarsal bone*.

13.e. Matrix autologous chondrocyte implantation (MACI)

i) MACI is performed on which body structure?

Answer: The knee joint.

ii) MACI grows chondrocytes from:
a) the patient themselves
b) another person

Answer: The correct answer is a). MACI grows chrondrocytes from the patient themselves. MACI involves isolating and growing the patient's own cartilage (chondrocytes) from healthy cartilage cells that are removed at stage 1, and re-implanting these cells into the damaged area within the knee joint via surgery in stage 2.

iii) What is the correct code for MACI?

Answer: The correct code is 14203-01 [1906] *Direct living tissue implantation*. Both autologous chondrocyte implantation (ACI) and matrix-induced autologous chondrocyte implantation (MACI) are now indexed under their full description and their abbreviation, as well as under the lead terms *Implant* and *Transplant*.

iv) What other procedure is very similar to MACI?

Answer: Another procedure very similar to MACI is autologous chondrocyte implantation (ACI).

13.f. Ostectomy, mandible, multiple procedures

i) What is the instruction at the Alphabetic Index entry: *Ostectomy/mandible/multiple procedures*?

Answer: The instruction is to 'see block [1707]' to provide a clear cross reference to the ACHI Tabular List to ensure correct code selection.

13.g. Single event multilevel surgery (SEMLS)

i) SEMLS could also be referred to as MLEP. What does MLEP stand for?

Answer: Multiple lower extremity procedure

ii) SEMLS is performed for what type of patient?

Answer: Ambulant children with cerebral palsy and a number of other neuromuscular conditions such as hereditary spastic paraplegia.

iii) How many new ACHI codes have been added in block [1580] for SEMLS?

Answer: Six

iv) When SEMLS is performed, how many ACHI codes should be assigned for the SEMLS?

Answer: Just the SEMLS code is required. SEMLS codes encompass all procedures associated with SEMLS. Individual procedures are not required to be coded out separately. Any additional procedures performed which are not part of the SEMLS should be assigned as additional codes.

14. Genitourinary system

14.a. Bladder neck obstruction

i) When coding hyperplasia of prostate, with documentation of bladder neck obstruction, where is the coding instruction about whether or not to assign the obstruction?

Answer: The classification instruction about whether or not to assign the obstruction when hyperplasia of prostate is present is provided as a 'Code also' instruction at N40 *Hyperplasia of prostate*. ACS 1420 *Bladder neck incision for benign prostatic hypertrophy* has been deleted.

14.b. Pipelle aspiration of the endometrium *(Indexing)*

i) What is the correct code for Pipelle aspiration of the endometrium?

Answer: The correct code is 35630-00 [1259] *Diagnostic hysteroscopy.*

ii) Is Pipelle aspiration performed with or without anaesthesia?

Answer: Pipelle aspiration is performed without cervical dilation or anaesthesia.

14.c. Vaginal vault suspension

i) What is the correct code for suspension of vaginal vault, by vaginal approach?

Answer: The correct code is 35568-00 [1285] *Sacrospinous colpopexy* which now contains the inclusion term 'Suspension of vaginal vault, vaginal approach'

14.d. ACS 1404 *Admission for kidney dialysis*

i) How many times should kidney dialysis be coded if it is performed multiple times during an episode of care?

Answer: When kidney dialysis is given multiple times during an episode of care and the same procedure code applies, assign the procedure code once only.

15. Pregnancy, childbirth and puerperium

15.a. Duration of pregnancy - O09

i) Complete the code title: O09.5 *34 –* _____ *completed weeks*

Answer: The correct code title is O09.5 *34 – <37 completed weeks*.

ii) Is a duration of pregnancy code required when coding PROM if the gestation is 36+5/40 weeks gestation?

Answer: Yes. Code O09.5 *34 – <37 completed weeks* should be assigned as the code title now specifies <37 completed weeks gestation.

iii) Is a duration of pregnancy code required when coding fetal death in utero (FDIU) at 37+1/40 weeks gestation?

Answer: No. A duration of pregnancy code is not required. The note for fetal death in utero at O09 *Duration of pregnancy* now specifies before 37 completed weeks of gestation.

iv) What is the correct definition of 37 completed weeks gestation?

Answer: 37 completed weeks gestation refers to 36 weeks plus 7 days. This definition has been added as a note at O09 *Duration of pregnancy* for ICD-10-AM Eighth Edition.

15.b. McRoberts manoeuvre

i) What is the correct ICD-10-AM code to assign for a single delivery with McRoberts manoeuvre?

Answer: The correct code assignment is O83 *Other assisted single delivery*. This is confirmed by the ICD-10-AM Alphabetic Index, the includes note at O83 *Other assisted single delivery* and the excludes note at O80 *Single spontaneous delivery*.

15.c. Nephritis complicating pregnancy *(Indexing)*

i) Is the code for 'nephritis complicating pregnancy' the same code as that for 'nephritis complicating the puerperium'?

Answer: Yes. The same code is assigned for both 'complicating pregnancy' and 'complicating the puerperium'. The correct code is O26.81 *Kidney disease, pregnancy-related*.

15.d. Neuritis complicating puerperium *(Indexing)*

i) What is the correct code to assign for neuritis complicating the puerperium?

Answer: The correct code is O90.8 *Other complications of the puerperium, not elsewhere classified*. This has been updated in the ICD-10-AM Alphabetic Index for Eighth Edition.

15.e. Obstetric laceration of mid or upper third of vaginal wall

i) Which is the correct code to assign for vaginal laceration (NOS) during delivery?
a) O70.0 *First degree perineal laceration during delivery*
b) O71.4 *Obstetric high vaginal laceration alone*

Answer: The correct code assignment is a) O70.0 *First degree perineal laceration during delivery*. The ICD-10-AM now classifies 'low' tears to O70.0. There is also an excludes note added at O70 *Perineal laceration during delivery* for obstetric high vaginal laceration. O71.4 *Obstetric high vaginal laceration alone* should be assigned for vaginal lacerations specified as 'high' or of the vaginal sulcus.

ii) What is the correct code to assign for obstetric lacerations of periurethral tissue?

Answer: The correct code is O70.0 *First degree perineal laceration during delivery*. This was previously assigned to O71.5 *Other obstetric injury to pelvic organ* reflecting a urethral tear rather than the more minor tear of periurethral tissue. This change is supported by an excludes note at O71.5 *Other obstetric injury to pelvic organ* and the note at O70.0 *First degree perineal laceration during delivery* which excludes periurethral laceration involving urethra.

15.f. Pre-eclampsia superimposed on chronic hypertension

i) What is the correct code to assign for mild pre-eclampsia?

Answer: The correct code is O14.0 *Mild to moderate pre-eclampsia*. The code title at O14.0 has been updated to include both mild and moderate, and mild pre-eclampsia has been removed as an inclusion term at O13 *Gestational [pregnancy-induced] hypertension*.

ii) What is the new code title for O11 *Pre-existing hypertensive disorder with superimposed proteinuria*?

Answer: The new code title is *Pre-eclampsia superimposed on chronic hypertension*. This updated terminology more correctly reflects that these codes are related to pre-eclampsia with pre-existing hypertension.

15.g. Reproductive medicine procedures

i) Assisted reproductive services is now referred to as assisted reproductive _____?

Answer: Assisted reproductive services is now referred to as assisted reproductive technologies.

ii) What is the correct code title of 13203-00 [1297]?

Answer: The correct title of 13203-00 [1297] is *Ovulation monitoring services for artificial insemination*. This code title no longer specifies 'superovulation treatment cycles' as per the MBS updates.

iii) What is the correct code for treatment to induce superovulation?

Answer: The correct code is 13200-00 [1297] *Assisted reproductive technologies to induce superovulation*. This code encompasses services relevant to the inducing of superovulation and is found under the following lead terms: *Assistance, Counselling, Estimation, Preparation, Procedure, Services* or *Ultrasound*.

15.h. ACS 1551 *Obstetric perineal lacerations/grazes*

i) When a patient has a perineal laceration which requires suturing, but then elects not to have it sutured, should it be coded?

Answer: Yes, it should be coded, with the addition of a code from Z53 *Persons encountering health services for specific procedures, not carried out*. This classification instruction has been added to ACS 1551 *Obstetric perineal lacerations/grazes*.

16. Perinatal

16.a. Hypoxic ischaemic encephalopathy (HIE)

i) How many grades/stages are there for hypoxic ischaemic encephalopathy?

Answer: There are three grades/stages for HIE.

ii) Are seizures associated with all stages of HIE?

Answer: Seizures only occur in stage 2 and stage 3 HIE. They are not present in stage 1.

iii) Where would you find the classification instruction to code also any co-existent severe birth asphyxia (P21.0)?

Answer: This classification instruction is included as a 'code also' instruction at P91.6 *Hypoxic ischaemic encephalopathy [HIE] of newborn*. ACS 1616 *Hypoxic ischaemic encephalopathy (HIE) of newborn* has been deleted as it is no longer required.

16.b. Jaundice

i) If a neonate is re-admitted for jaundice but phototherapy is given for less than 12 hours, jaundice should still be coded. True or false?

Answer: True. Although jaundice is normally only coded when phototherapy is given for more than 12 hours, when a neonate is readmitted specifically for phototherapy the jaundice should be assigned as the principal diagnosis irrespective of the duration of phototherapy.

16.c. Peri/intraventricular haemorrhage

i) According to the Australian and New Zealand Neonatal Network (ANZNN), how many grades of intraventricular haemorrhage are there?

Answer: There are four grades of intraventricular haemorrhage.

ii) What is the correct code to assign for a grade IV intraventricular haemorrhage?

Answer: The correct code is P52.22 *Intraventricular (nontraumatic) haemorrhage, grade 4, of fetus and newborn*. In Seventh Edition, this was indexed to P52.4 *Intracerebral (nontraumatic) haemorrhage of fetus and newborn*.

iii) What is the correct code to assign for a subependymal haemorrhage of newborn?

Answer: The correct code is P52.0 *Intraventricular (nontraumatic) haemorrhage, grade 1, of fetus and newborn*.

16.d. Posthaemorrhagic hydrocephalus

i) What is the correct code to assign for hydrocephalus post intraventricular haemorrhage (IVH) in a newborn?

Answer: The correct code is G91.8 *Other hydrocephalus.* Clinical advice confirmed that post-IVH hydrocephalus is an acquired rather than congenital hydrocephalus and should not be assigned to a code from category Q03 *Congenital hydrocephalus*.

16.e. Sudden infant death syndrome (SIDS)

i) The code R95 *Sudden infant death syndrome* has been expanded based on what factor?

Answer: R95 has been expanded to specify whether or not there is mention of an autopsy: R95.0 *Sudden infant death syndrome with mention of autopsy*; R95.9 *Sudden infant death syndrome without mention of autopsy*

16.f. Therapeutic hypothermia

Refer section 24.a Therapeutic hypothermia for material related to this item.

16.g. Ventilation - administration of nitric oxide

i) How is nitric oxide administered?

Answer: Nitric oxide gas is administered by inhalation.

ii) In which ACHI block is the new code 92210-00 *Nitric oxide therapy*?

Answer: The new code is in ACHI block [1889] *Other therapeutic interventions on respiratory system.*

iii) Is nitric oxide inhalation performed alone or in conjunction with other ventilatory support?

Answer: Nitric oxide inhalation is performed in conjunction with other invasive or noninvasive ventilatory support.

iv) What type of condition is nitric oxide used to treat?

Answer: Inhalation of nitric oxide gas with invasive or noninvasive ventilatory support is used to treat critical hypoxic respiratory failure in neonates.

16.h. Ventilation - combined ventilatory support in neonates

i) What two types of ventilation are combined in this classification instruction?

Answer: Continuous ventilatory support (CVS) and noninvasive ventilation (NIV)

ii) Can the combined ventilatory support code be assigned for all patients?

Answer: No, the combined ventilatory support codes can only be assigned to neonates. This is confirmed by the note at block [571] *Combined ventilatory support.*

iii) How many total hours are required before this code can be assigned?

Answer: The duration of combined ventilatory support must be ≥ 96 hours. This is confirmed by the note at block [571] *Combined ventilatory support.*

iv) Should the combined ventilatory support code be sequenced ahead of the other ventilatory support codes?

Answer: No, the other ventilatory support codes from block [569] or [570] should be coded first. This is confirmed by the 'code first' instruction at block [571] *Combined ventilatory support.*

16.i. Ventilation - high flow nasal cannula

Refer section 10.b High flow nasal cannula for material related to this item.

16.j. ACS 1615 *Specific interventions for the sick neonate*

i) What are the new names of section 1 and section 2 within the revised ACS 1615 *Specific interventions for the sick neonate*?

Answer: The two new section headings are:

1. *Code the following only when the intervention meets the specified criteria*
2. *Code the following intervention when performed*

ii) Which of the following instructions have been removed from ACS 1615?
a) parental fluid therapy
b) administration of blood products
c) maternal illness/incapacity to care

Answer: Only the instructions for b) administration of blood products has been removed from ACS 1615. The heading remains but provides a cross reference to ACS 0302 *Blood transfusion* where appropriate instructions were already provided.

iii) Classification instructions for how many additional interventions/conditions have been added to ACS 1615?

Answer: There are five new topics. They are: jaundice; combined ventilatory support; catheterisation in a neonate; nitric oxide therapy; and therapeutic hypothermia. This is mostly due to introduction of new codes to ACHI for Eighth Edition.

iv) Should catheterisation in a neonate be coded?

Answer: Yes, catheterisation in a neonate should be coded when performed. This instruction has now been included in ACS 1615 *Specific interventions for the sick neonate* under section 2. *Code the following intervention when performed*. This standard overrides ACS 0042 *Procedures normally not coded*, which also now contains an exception for catheterisation in neonates.

17. Congenital

17.a. Ear tag *(Indexing)*

i) What is the correct code to assign for ear tag?

Answer: The correct code is Q17.02 *Ear tag*. A new index entry has been added for *Tag/ear* in the ICD-10-AM Alphabetic Index for Eighth Edition.

18. Signs and symptoms

18.a. Musculoskeletal chest pain *(Indexing)*

i) What is the correct code to assign for musculoskeletal chest pain?

Answer: The correct code is R07.3 *Other chest pain*. An index entry for *Pain/chest/musculoskeletal* has been added to the ICD-10-AM Alphabetic Index for Eighth Edition.

19. Injury

19.a. Poisoning by helium, nonmedicinal

i) What is the correct injury code for accidental poisoning by inhaling gas from helium balloons?

Answer: The correct injury code is T59.8 *Toxic effect of other gases, fumes and vapours, other specified gases, fumes and vapours.*

19.b. ACS 1911 *Burns*

Refer section 12.d Sunburn for material related to this item.

20. External causes

20.a. External cause for cut by object *(Indexing)*

i) What is the correct external cause code to assign for contact with sharp object not otherwise specified?

Answer: The correct code for contact with sharp object is W45.9 *Foreign body or object entering through skin*. The default index entry has been amended from W49 *Exposure to other and unspecified inanimate mechanical forces* to W45.9 *Foreign body or object entering through skin* for ICD-10-AM Eighth Edition.

20.b. Fall, from, stationary machinery

i) Complete the following code title:
W17.5 *Fall from mobile* _____ _____ _____

Answer: The correct code title is
W17.5 *Fall from mobile elevated work platform*. This may also be referred to as MEWP.

ii) What type of machinery is represented by the code W17.5?

Answer: This code represents machinery such as a stationary cherry picker, lifting device or sky lift.

iii) Can W17.5 be assigned for falls from machinery in operation?

Answer: No, W17.5 is for use with stationary machinery only. An excludes note in the Tabular List at Falls (W00 – W19) specifies: 'machinery (in operation) (W28-W31)'.

21. Factors influencing health status

21.a. Dependence on respirator

i) The term 'dependence on respirator' is synonymous with 'dependence on _____'?

Answer: The term 'dependence on respirator' is synonymous with 'dependence on ventilator'. This terminology has been added as an inclusion term at Z99.1 *Dependence on respirator* for ICD-10-AM Eighth Edition.

21.b. Donation of haematopoietic progenitor stem cells

i) What is the correct code to assign for a patient admitted for preparatory care for future donation of stem cells?

Answer: The correct code is Z00.5 *Examination of potential donor of organ and tissue.* An inclusion term for 'preparatory care' has been added at Z00.5 for ICD-10-AM Eighth Edition.

ii) Haematopoietic progenitor cells are also known as haematopoietic _____ cells?

Answer: Haematopoietic progenitor cells are also known as haematopoietic stem cells (HSC).

iii) Haematopoietic stem cells are collected from which parts of the body?

Answer: HSC can be collected from bone marrow, peripheral blood or umbilical cord blood.

iv) Granulocyte colony stimulating factor (G-CSF) is a pharmacological agent used to induce stem cell mobilisation (stimulation of migration from _____ _____ to _____ _____)?

Answer: Granulocyte colony stimulating factor (G-CSF) is a pharmacological agent used to induce stem cell mobilisation (stimulation of migration from bone marrow to blood stream).

21.c. Resistance to antimicrobial and antineoplastic drugs

i) Complete the new code title for Z06 *Resistance to* _____ _____.

Answer: The answer is Z06 *Resistance to antimicrobial drugs*

ii) Which code from the Z06 category should be assigned to a patient diagnosed with methicillin resistant *Staphyloccocus aureus*?

Answer: The correct code is Z06.52 *Resistance to methicillin*.

iii) Which code from the Z06 category should be assigned to a patient diagnosed with MRSA, with no further specification?

Answer: Where MRSA with no further specification is documented, the representation of the M should be confirmed with the clinician to identify whether the MRSA represents either Methicillin resistant *Staphylococcus aureus* or multi-resistant *Staphylococcus aureus* (where one of the agents is methicillin). Where no further documentation of the specific antibiotics is available, the correct code to assign is Z06.67 *Resistance to multiple antibiotics.*

iv) What is the correct code to assign for resistance to amoxicillin?

Answer: The correct code is Z06.51 *Resistance to penicillin.*

v) What is the correct code to assign for resistance to antibiotics, NOS?

Answer: The correct code is Z06.60 *Resistance to unspecified antibiotic*.

vi) What is the correct code to assign for resistance to multiple antibiotics, which include methicillin?

Answer: The correct code to assign is Z06.52 *Resistance to methicillin.* This is confirmed by the excludes note at Z06.67 *Resistance to multiple antibiotics*. Additionally, ACS 0112 *Infection with drug resistant microorganisms* states that Z06.52 *Resistance to methicillin* should be assigned for MRSA when it means either ***Methicillin Resistant or Multi-Resistant Staphylococcus aureus***, where one of the agents is methicillin.

vii) How should 'resistance to multiple antibiotics' be coded, where the specified antibiotics are known?

Answer: Where there is documentation of resistance to multiple antibiotics, and the antibiotics are specified, assign codes for each of the specified antibiotics separately. Z06.67 *Resistance to multiple antiotics* should not be assigned.

viii) Resistance to antineoplastic drugs can be coded. True or false?

Answer: True. Z07 *Resistance to antineoplastic drugs* is a new code for Eighth Edition. It should be assigned as an additional code to identify resistance to antineoplastic drugs in the treatment of conditions classified elsewhere.

21.d. ACS 2114 *Prophylactic surgery (New)*

i) Z40.00 *Prophylactic surgery for risk-factors related to malignant neoplasms, breast* represents surgery for:
a) prophylactic surgery for removal of breast due to cancer
b) prophylactic surgery for removal of organ due to breast cancer

Answer: The answer is a) prophylactic surgery for removal of breast due to cancer. The Z40.0- codes represent the organ being prophylactically removed and are not related to the source of the risk factor. This has been clarified with an inclusion term 'Admission for prophylactic breast removal'.

ii) For prophylactic surgery, should the appropriate code from Z40 *Prophylactic surgery* be sequenced as principal diagnosis or as an additional diagnosis?

Answer: During an episode for prophylactic surgery, the appropriate code from Z40 *Prophylactic surgery* should be sequenced as principal diagnosis. Where risk factors are known, they should be sequenced as additional diagnoses.

22. Codes for special purpose

22.a. Codes for emergency use

i) Which two new categories of codes have been created in Chapter 22 *Codes for special purpose*?

Answer: The two new categories of codes added to this chapter are:
U06 *Emergency use of U06* and
U07 *Emergency use of U07*

ii) Under what circumstances can the codes from U00-U07 be assigned?

Answer: Codes U00-U49 are reserved for use by WHO for the provisional classification of new diseases of uncertain aetiology. Currently WHO have designated U04.9 for classification of *Severe acute respiratory syndrome [SARS], unspecified.*

U06 and U07 have been set aside by WHO for special reserve use and can only be assigned upon their instruction . They are currently unavailable for use within Australia.

23. Section 3 - Drugs & Chemicals

23.a. Escitalopram oxalate (Lexapro®) *(Indexing)*

i) Which injury code should be assigned for poisoning by escitalopram oxalate?

Answer: The correct code is T43.2 *Other and unspecified antidepressants*. New index entries have been added to the Alphabetic Index in Section 3. Table of Drugs and Chemicals for escitalopram.

ii) Which adverse effect code should be assigned for poisoning by selective serotonin reuptake inhibitor (SSRI)?

Answer: The correct code is Y49.2 *Other and unspecified antidepressants*. New index entries have been added to the Alphabetic Index in Section 3. Table of Drugs and Chemicals for selective serotonin reuptake inhibitor (SSRI).

24. Noninvasive, cognitive and other interventions

24.a. Therapeutic hypothermia

i) What is an alternate name for therapeutic hypothermia?

Answer: Cold therapy

ii) What is the correct code for therapeutic hypothermia?

Answer: The correct code is 22065-00 [1880] *Cold therapy*

iii) Is there a minimum length of time therapeutic hypothermia must be performed in a neonate in order for the code to be assigned?

Answer: There is no minimum length of time that therapeutic hypothermia should be performed in a neonate in order for the code to be assigned. ACS 1615 *Specific interventions for the sick neonate* provides advice that 22065-00 [1880] *Cold therapy* should be assigned regardless of duration given.

25. Cross system updates

25.a. High intensity focused ultrasound (HIFUS)

i) Which body systems can HIFUS be used for?
a) bone, breast
b) kidney, liver
c) prostate, uterus
d) all of the above

Answer: The correct answer is d) all of the above. HIFUS can also be used to treat atrial fibrillation and arrhythmia.

ii) What is the correct code assignment for HIFUS?

Answer: The correct codes are 90908-01 [1949] *High intensity focused ultrasound [HIFUS]* and the appropriate code for the destruction of the lesion. HIFUS performed for the treatment of atrial fibrillation and arrhythmia is classified to the appropriate code in block [601] *Destruction procedures on atrium*.

iii) HIFUS can be used in conjunction with which techniques:
a) MRI
b) CT
c) other ultrasound guidance systems
d) all of the above

Answer: The correct answer is d) all of the above.

iv) Which two components make up MRgFUS?

Answer: MRgFUS is the combination of MRI guidance with HIFUS treatment.

25.b. Irreversible electroporation (IRE)

i) 'Irreversible electroporation' consists of which of the following techniques:
a) intense pulsating direct current delivered to the target organ causing cancer cells to open microscopic pores permanently
b) utilisation of extreme heat or cold
c) radiofrequency ablation

Answer: The correct answer is a) intense pulsating direct current delivered to the target organ causing cancer cells to open microscopic pores permanently. This new technique is much less invasive than other minimally invasive surgical techniques (such as radiofrequency ablation, microwave ablation, or cryoablation, utilisation of extreme heat or cold) which can irreparably damage healthy tissue outside the target ablation zone.

ii) Which four organs have ACHI codes for irreversible electroporation?

Answer: ACHI codes for irreversible electroporation are available for liver, kidney, lung and prostate.

iii) The new codes created for irreversible electroporation are described in which way:
a) excision of lesion
b) resection of lesion
c) destruction of lesion

Answer: The correct answer is c). The new codes created for irreversible electroporation are described as 'destruction of lesion'

25.c. Minimally invasive procedures proceeding to open procedure

i) Which three types of minimally invasive procedures have had codes created to facilitate the classification of those which proceed to open procedures?

Answer: Endoscopic, laparoscopic and arthroscopic.

ii) These codes can be used for any type of minimally invasive procedure proceeding to an open procedure, regardless of the ACHI block they are located in. True or false?

Answer: True. These codes can be used for any type of minimally invasive procedure proceeding to an open procedure, regardless of the body system involved. For example, 90343-01 [1011] *Laparoscopic procedure proceeding to open procedure* is not limited to digestive surgery simply because it is located in ACHI Chapter 10 *Procedures on digestive system*.

iii) Should a 'minimally invasive procedures proceeding to open procedure' code be assigned in addition to the open procedure code?

Answer: Yes, both the open procedure code and the code for the minimally invasive procedure proceeding to open procedure should be assigned. However, each code has a 'code first' instruction that requires that the 'open procedure' code be sequenced ahead of the code to denote the minimally invasive procedure proceeding to open procedure. These instructions are also provided in ACS 0019 *Procedure not completed or interrupted*.

25.d. ACS 0001 *Principal diagnosis* (dagger and asterisk system)

i) An asterisk code may be sequenced as principal diagnosis ahead of a dagger code in Eighth Edition. True or false?

Answer: True. Following a WHO recommendation to relax the sequencing of the dagger and asterisk convention, ACS 0001 *Principal diagnosis* and the *Conventions used in the Tabular List of Diseases* have been updated to allow the asterisk code to be sequenced as the principal diagnosis where appropriate.

25.e. ACS 0020 *Bilateral/multiple procedures*

i) For two separate lesions on the hand excised during a single visit to theatre, how many ACHI codes should be assigned (not including anaesthetic code)?

Answer: The correct answer is two ACHI codes, because there are two separate lesions. ACS 0020 *Bilateral/multiple procedures, point 5 Skin or subcutaneous lesion removal, excision or biopsy*, states:
For multiple excisions or biopsies or removals performed on:
• separate skin lesions: assign relevant code(s) as many times as it is performed

ii) For two biopsies taken from one lesion on the leg during a single visit to theatre, how many ACHI codes should be assigned (not including anaesthetic code)?

Answer: The correct answer is one ACHI code, because there is only one lesion. ACS 0020 *Bilateral/multiple procedures,* point 5 *Skin or subcutaneous lesion removal, excision or biopsy*, states:
For multiple excisions or biopsies or removals performed on:
• same lesion: assign relevant code once

iii) For a biopsy of a single lesion on the neck, repeated during two different visits to theatre, how many ACHI codes should be assigned (not including anaesthetic codes)?

Answer: The correct answer is two ACHI codes (ie the same code repeated), because although there is only one lesion being biopsied, the procedure was repeated on separate visits to theatre. ACS 0020 *Bilateral/multiple procedures,* point 5 *Skin or subcutaneous lesion removal, excision or biopsy*, refers to point 1 *The SAME PROCEDURE repeated during the episode of care at DIFFERENT visits to theatre* which states:
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.

iv) Assign ACHI codes (without anaesthetic codes) to the following procedures performed during one visit to theatre:

a) excision of three lesions: 1 from the ear and 2 from the nose
b) 2 biopsies from 1 lesion on skin on cheek

Answer: The correct ACHI codes are as follows:

a) 31230-02 [1620] *Excision of lesion(s) of skin and subcutaneous tissue of ear*
31230-01 [1620] *Excision of lesion(s) of skin and subcutaneous tissue of nose*
31230-01 [1620] *Excision of lesion(s) of skin and subcutaneous tissue of nose*

b) 30071-00 [1618] *Biopsy of skin and subcutaneous tissue*

25.f. ACS 0048 *Condition onset flag*

i) Conditions arising during the delivery process (eg, birth injury) of a newborn born in hospital are considered as arising before or during an episode of care?

Answer: The correct answer is 'during an episode of care' (see ACS 0048 *Condition onset flag*, Guide for use, point 4).

ii) Dagger and asterisk codes must be assigned the same COF value. True or false?

Answer: False. The COF value on aetiology and manifestation (dagger and asterisk) codes should be appropriate to each condition and therefore the dagger and asterisk codes may be assigned different COF values (see see ACS 0048 *Condition onset flag*,Guide for use, point 10).

iii) Conditions which arise during each of the following periods are considered as arising during an episode of care. True or false?

a) hospital in the home (HITH)
b) approved leave
c) unapproved leave

Answer: The correct answers are as follows (see ACS 0048 *Condition onset flag*,Guide for use, point 11):
a) True, the patient is under the responsibility of the health service during a HITH episode.
b) True, the patient is under the responsibility of the health service during approved leave.
c) False, the patient is not under the responsibility of the health service during unapproved leave.

iv) A newborn in their birth episode experiences haematemesis after swallowing their mothers blood during breast feeding. An initial attachment difficulty caused the mothers' nipples to bleed and blood being passed on to the newborn. Which codes should be assigned to this birth episode and which COF values should be assigned to each of these codes?

Answer: As the baby was affected by swallowed blood which arose during the episode, it would meet the criteria for COF 1. For neonates, where the principal diagnosis is a condition which arose during the episode the principal diagnosis should be assigned as COF 1 as per the exception noted at ACS 0048 *Condition onset flag*, guide for use, point 3.

COF 1 P78.2 *Neonatal haematemesis and melaena due to swallowed maternal blood*
COF 2 Z38.0 *Singleton, born in hospital*

v) Assign the disease code and COF value for the following condition: a newborn in their birth episode is born prematurely at 34 weeks gestation.

Answer: Prematurity is a condition which is present on admission, therefore it does not meet the criteria for COF 1.

COF 2 P07.32 *Other preterm infant, 32 or more completed weeks but less than 37 completed weeks*
COF 2 Z38.0 *Singleton, born in hospital*

vi) Assign disease codes and COF values to the following scenarios. ACHI or external cause codes are not required for these exercises:

a) Newborn delivered with caesarean section with large laceration to scalp from scalpel, requiring suturing. Baby also has positional talipes and Mongolian spot which were both clinically reviewed, and has feeding problems during the episode requiring management.

Answer:

COF 1 P15.8 *Other specified birth trauma*
COF 1 P03.4 *Fetus and newborn affected by caesarean delivery*
COF 2 Q66.89 *Other congenital deformities of feet*
COF 2 Q82.5 *Congenital non-neoplastic naevus*
COF 1 P92.9 *Feeding problem of newborn, unspecified*
COF 2 Z38.0 *Singleton, born in hospital*

b) 72 year old lady admitted with Bell's palsy, during episode develops hospital acquired pneumonia.

Answer:

COF 2 G51.0 *Bell's palsy*
COF 1 J18.9 *Pneumonia, unspecified*
COF 1 *Y95 Nosocomial condition*

c) Patient admitted with suspected unstable angina. After initial investigations the patient was transferred to another hospital for ongoing care, with a provisional diagnosis of unstable angina.

Answer:

COF 2 I20.0 *Unstable angina*

d) Patient admitted with atrial fibrillation. UTI (due to E.Coli) diagnosed on day 2 of admission, unable to determine whether it arose before or after admission.

Answer:

COF 2 I48.9 *Atrial fibrillation and atrial flutter, unspecified*
COF 2 N39.0 *Urinary tract infection, site not specified*
COF 2 B96.2 *Escherichia coli [E. coli] as the cause of diseases classified to other chapters*

e) 32 year old female admitted at term with SROM. After six hours of labour, maternal exhaustion documented and baby develops fetal bradycardia and requires forceps delivery. Also has third degree tear and postpartum haemorrhage.

Answer:

COF 2 O81 *Single delivery by forceps and vacuum extractor*
COF 1 O75.8 *Other specified complications of labour & delivery*
COF 1 O68.0 *Labour & delivery complicated by fetal heart rate anomaly*
COF 1 O70.2 *Third degree perineal laceration during delivery*
COF 1 O72.1 *Other immediate postpartum haemorrhage*
COF 2 Z37.0 *Single live birth*

f) Patient admitted for investigation of their GI bleeding. While they are in hospital, they suffer an acute exacerbation of their COPD.

Answer:

COF 2 K92.2 *Gastrointestinal haemorrhage, unspecified*
COF 2 J44.1 *Chronic obstructive pulmonary disease with acute exacerbation, unspecified*

26. Formatting changes

26.a. ACS 0033, ACS 0034, ACS 0040 and ACS 0041 *Conventions used in the ICD-10-AM/ACHI/ACS (Deleted)*

i) Which sections are the conventions information located in?

Answer: All four standards have been deleted from the ACS and consolidated into the existing conventions information contained in the introductory sections of each volume. This has centralised and standardised the instructions for each volume.