CODING GUIDELINES - ICD10

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COAD + pneumonia
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Raised PSA
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CODING GUIDELINES - CUMULATIVE SUMMARY (FEB 2001)

ICD10 Coding Guidelines

OPCS4 Coding Guidelines
Please note that the Coding Advisory Service Telephone Number is 0131-552-7325
The number is manned Tuesday to Thursday from 09.00 to 17.00 hrs.

CODING GUIDELINES - ICD10

Transitional Cell Carcinoma Bladder
Where no further information or histology is available for the term ‘Transitional Cell Carcinoma (TCC)’ of the bladder, coders are instructed to code ‘TCC’ to D41.4 Neoplasm of uncertain or unknown behaviour of bladder and **not** to continue following the index trail which leads to C67.9 Malignant neoplasm of bladder.

**THIS CHANGE WILL BE IMPLEMENTED FROM 1ST APRIL 2001. PLEASE REMEMBER TO ALSO UPDATE INDEX (VOL. 3).**

Mixed Arterial and Venous Ulcer of Lower Leg
Please note that the following two codes should be used to reflect this condition:
- I73.9 Peripheral vascular disease, unspecified
- I83.0 Varicose veins of lower extremities with ulcer.
Venous ulcer of lower limb is synonymous with varicose ulcer.

COAD + pneumonia
The Coding Review Panel (CRP) have agreed the tabular ‘excludes’ entry at - J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection, is misleading and should include an exclusion of pneumonia as that is the same block as influenza (J10 - J18 Influenza and Pneumonia). The recommendation is that both pneumonia with COAD and influenza with COAD are dual coded with the pneumonia or influenza sequenced in the primary position.
The Clinical Coding Instruction Manual page X-8 will require amending to read –

> COAD patients are often hospitalised with acute exacerbations of their chronic obstructive airways disease. There is no necessity to use an additional code to identify the condition specified as the acute exacerbation except for influenza and pneumonia J10 - J18

**THIS CHANGE SHOULD BE IMPLEMENTED FROM 1ST APRIL 2001.**

Paraneoplastic Syndrome
Paraneoplastic syndrome refers to a large group of signs or symptoms that may occur in a patient with cancer. These conditions are not due to the direct impact of the neoplasm, yet rather due to the production of chemical substances from the cancer cells. Not all cancers cause paraneoplastic syndrome.

Among the most commonly seen paraneoplastic syndromes are:
- Blood clot formation in cancer of the pancreas
- Low sodium level in small cell lung cancer
- High calcium levels in various cancers
- Fever
- Eaton Lambert syndrome
- Myasthenia gravis due to thymoma
- Nerve dysfunctions due to various cancers
- Anaemia

From the above it is obvious that there can be no single code given out for paraneoplastic syndrome. When coding it is important to find out the nature of the complication, and code that. This may give rise to a dagger/asterisk combination or to two separate codes.
Example 1 - Myasthenia gravis in thymoma would be coded to:

D15.0 D - Benign neoplasm of thymus
G73.2 A - Other myasthenic syndromes in neoplastic disease

Example 2 - Low sodium level in small cell lung cancer would be coded to:

C34.9 - Malignant neoplasm of bronchus or lung, unspecified
E87.1 - Sodium deficiency

Raised PSA
Some coders are having difficulty with coding raised PSA (Prostate Specific Antigen) where no specific diagnosis has been made after tests. Raised PSA is an abnormal immunological finding in serum, and so should be coded to:

R76.8 - Other specified abnormal immunological findings in serum

Amendments To Previous Guidelines:-

'Mifepristone - Prostaglandin'

In order to identify those patients who have been given the abortifacient drug Mifepristone (RU486) from the group who are admitted for termination with treatment given as oral Prostaglandin (possibly following previous administration of Mifepristone), it is necessary to change/update previous instructions as follows:-

CODING QUARTERLY No. 3, May 1997 - page 5 (ICD10 section)

Termination of Pregnancy using Mifepristone (RU486)
Scenario B
Operation Section:
Prostaglandin administered orally - no procedure code is required
Add the following diagnostic code to the above termination code:
(Remains as) - Z51.2 - Other chemotherapy

CODING QUARTERLEY No. 6, April 1998 - page 5 (OPCS4 section)

Termination of Pregnancy using Mifepristone (RU486)
Please change to read:
From 1 April 1998, administration of abortifacient drug Mifepristone (RU486) should be coded in ICD10 as:
Z30.3 - Menstrual extraction (includes Interception of pregnancy)
This is to bring Scotland into line with practice in England and Wales. Please note that this procedure will normally be carried out as an Outpatient attendance.

Note: Remember to amend any notes you may have made to ICD10 volumes

IN SUMMARY FROM 1ST APRIL 2001 ADMINISTRATION OF MIFEPRISTONE WILL CONTINUE TO BE CODED TO Z30.3, BUT ADMINISTRATION OF PROSTAGLANDIN ORALLY WILL BE CODED TO Z51.2
Malignant pleural effusion

CODING QUARTERLY No. 1 November 1996 - page 4

Malignant pleural effusion

Please erase this previous article - and code to the following guidelines:

Usually, a malignant pleural effusion will indicate secondaries in the pleura, but not necessarily. It would also be possible to have a malignant pleural effusion accompanying a primary mesothelioma of the pleura, in which case it would not be appropriate to use:

C78.2 - Secondary malignant neoplasm of pleura.
(C78.2 should only be used when there are secondaries in the pleura)

When coding malignant pleural effusion -
code the primary site … and add D (Dagger)
(if primary site unknown C80.X D)
plus J91.X.A (Asterisk) (Pleural effusion in conditions classified elsewhere)

Please note that if the resulting dagger/asterisk pair has not been set up on the reference files it will be necessary to contact the Coding Advisory Service.

Note:- remember to amend any notes you may have made to ICD10 volumes

THIS CHANGE SHOULD BE IMPLEMENTED FROM 1ST APRIL 2001.

CODING GUIDELINES - OPCS4

Insertion of Reveal Loop Recorder

The Insertable Loop Recorder (ILR) is a device implanted into the subcutaneous tissue of the chest wall to monitor arrhythmias. This procedure is carried out as a Day Case or even in Outpatients, using local anaesthetic and thus there is usually no overnight stay. The recorder can stay in for up to two years.

The Reveal ILR system has three primary components:

Insertable Loop Recorder [ILR] - An implantable, single use, programmable device containing two electrodes on the body of the device for continuous (ie looping) recording of the patient’s ECG
Activator - A hand-held, battery-operated telemetry device used by the patient during or after a symptomatic event to store an event into the ILR memory.
Programmer - The ILR’s operations are enabled, and stored data are viewed and/or printed.

The correct OPCS4 Codes for this procedure are:

K66.8 - Other operations on heart - Other specified
Y70.5 - Temporary operations
S62.8 - Other operations on subcutaneous tissue

Y52 Approach to organ

Please note that there are differences between the different published editions of OPCS4 Tabular.

If you have an earlier edition - please remove the term ‘artificial’ from the heading at Y52. It should read:

Y52 - Approach to organ through other opening.
**Linton’s procedure - Correction of Eponym**
OPCS4, Section II, Alphabetic Index of Surgical Eponyms - **L** Linton
The text should be altered and the following inserted:-

- **L83.2** – Linton - subfascial ligation perforating vein leg
- **L87.8** – Linton - interruption perforating varicose vein.

We would once again reiterate, the importance of checking when eponyms are used whether the text listed in the eponym corresponds with the actual procedure performed.

**THIS CHANGE SHOULD BE IMPLEMENTED FROM 1ST APRIL 2001.**

**Skin Grafts**
In Scotland when coding skin grafts - *the graft to and its site should take priority over graft from*
When information is available regarding the harvesting of a graft, this must be coded. This is a subsidiary Y code which may require to be preceded with a code from Chapter S eg S60.8 (Other operations on skin)
This advice conflicts with the example given in the OPCS4 Training Instructions Manual - Version 1.6, page S-5.

**Example 1:**

*Full thickness autograft of skin to back. Skin for graft harvested (random pattern) from thigh.*

**Code to:**

- **S36.2** - Autograft of skin nec/Z49.4 - Skin of back
- **S60.8** - Other operations on skin/Y55.5 - Harvest of random pattern flap of skin from thigh

Coders should also be aware that the enhancing code (from Chapter S) relates to the code selected in first position and should not be used to identify a separate procedure.

**Example 2:** *(not in training manual)*

*Excision of lump on nose with harvest of full thickness postauricular skin and split skin graft to the nose.*

**Code to:**

- **E09.1** - Excision of lesion of external nose
- **E02.8** - Other specified plastic operation/S35.3 - Split autograft of skin to head or neck nec
- **S60.8** - Other specified operation on skin/Y58.1 - Harvest of full thickness skin from postauricular region.

However if the code for the primary operation specifies that that the operation includes a graft, it is not required to have a separate code for the harvest.

**Example 3:**

*Myringoplasty using temporalis flap.*

**Code to:**

- **D14.1** - Tympanoplasty using graft *(includes myringoplasty using graft)/ Y59.1 - Harvest of temporalis flap of skin and fascia*
Endometrial Procedures
There are various procedures commonly carried out on the endometrium as treatments for menorrhagia. These are coded within the OPCS4 categories:

- Q16 - Other vaginal operations on uterus and
- Q17 - Therapeutic endoscopic operations on uterus.

To be able to clearly identify the different types of treatment and to make the subcategories compatible with the title of Q17, the words ‘lesion of’ at codes Q17.1 to Q17.4 (inclusive) should be put in brackets e.g. Q17.1 Endoscopic resection of (lesion of) uterus, thus making ‘lesion’ a non-essential modifier.

Some of the most common treatments are identified below:

**Endoscopic microwave ablation of endometrium**
An endoscopic microwave ablation of the endometrium is a procedure used to destroy the lining of the uterus (the endometrium) using a YAG laser. This does not constitute a resection, cauterisation or cryotherapy and therefore should be assigned a code with ‘destruction nec’ in the rubric.

The OPCS4 codes to be assigned are:

- Q17.4 - Endoscopic destruction of (lesion of) endometrium nec
- Y11.4 - Radiofrequency controlled thermal destruction of organ noc

If the procedure is not endoscopic, the correct OPCS4 code is:

- Q16.8 - Other specified vaginal operations on uterus
- Y11.8 - Other specified destruction of organ noc

**Thermal balloon ablation of endometrium**
A thermal balloon ablation of the endometrium is a procedure whereby the endometrium is destroyed by a balloon inserted through the cervix and filled with hot water. This is not an endoscopic procedure.

The OPCS4 codes to be assigned are:

- Q16.8 - Other specified vaginal operations on uterus
- Y11.8 - Other specified destruction of organ noc

Amendments To Previous Guidelines

**Endoscopic “Balloon” Ablation of Endometrium**

CODING GUIDELINES No. 3 January 1999 - page 3

Endoscopic “Balloon” Ablation of Endometrium
Endoscopic balloon ablation of lesion of the endometrium should be coded as stated in Coding Guidelines No. 2 January 1999 to:

- Q17.4 - Endoscopic destruction of (lesion of) uterus nec
- Y13.8 - Other destruction of lesion of organ noc - other specified

but Endoscopic balloon ablation of endometrium is now coded to:

- Q17.4 - Endoscopic destruction of (lesion of) uterus nec
- Y11.8 - Other destruction of organ noc - other specified
HEAL - Hysteroscopic Endometrial Ablation with Laser

CODING QUARTERLY No. 6 April 1998 - page 6
HEAL - Hysteroscopic Endometrial Ablation - Laser
The OPCS4 codes to be assigned are:
- Q17.4 - Endoscopic destruction of (lesion of) uterus nec
- Y08.8 - Other specified laser therapy to organ noc

Note: The index entries for ablation endometrium should be amended as follows:
- Q17.- Ablation Endometrium Endoscopic Nec (Not Q17.8)
- Q17.- Ablation Endometrium Lesion Endoscopic (not Q17.1)

Please ensure that your OPCS4 index is amended

Bronchoscopy with brushings/washings

CODING QUARTERLY No. 4 SEPTEMBER 1997 - page 5
Brushings for Cytology
When a bronchoscopy is performed, diagnostic bronchial brushings or washings are often taken at the same time. Washings are acquired by placing saline into the endobronchial tree and retrieving the aspirate by direct suction. Brushings (or brush biopsies) are obtained by rubbing a brush over the lesion.
The OPCS4 code Y21.1 Brush cytology of organ noc should be used to indicate that brushings are taken for cytology and Y21.8 Other specified cytology of organ noc to indicate washings taken for cytology.

Examples of the correct codes to use for these procedures when done in conjunction with a bronchoscopy are:

Flexible bronchoscopy with brushings for cytology
- E49.8 - Other specified fibreoptic endoscopic examination of lower respiratory tract
- Y21.1 - Brush cytology of organ noc

Flexible bronchoscopy with washings (for cytology)
- E49.8 - Other specified fibreoptic endoscopic examination of lower respiratory tract
- Y21.8 - Other specified cytology of organ noc

Note: Unless there is evidence that the washings were intended to be therapeutic, coders should always code 'diagnostic bronchoscopy with washings’, supplemented by Y21.8

Flexible bronchoscopy with biopsy
- E49.1 - Diagnostic fibreoptic endoscopic examination of lower respiratory tract and biopsy of lesion (add appropriate site code)

Note: Y21.- should be used for cytology only and should not be used for histology or microbiology

General Information

DQA News

*Ruptured Abdominal Aortic Aneurysms (RAAA)*

The team have investigated over 300 SMR1/01 episodes from the linked dataset with a diagnosis of ruptured abdominal aortic aneurysm, where no elective operation was carried out and the patient was still alive after 30 days. The episodes cover the years 1990 to 1998 which has caused some difficulties as many medical records have been destroyed. We would like to thank our colleagues in trusts who have helped by checking PAS to find more information. A summary report is being produced and will be distributed to Medical Records/Information Managers.

*SMR01, Clinical Priorities and Clinical Outcomes*

Work has started on this project. Visits to 3 trusts have taken place with other visits planned. As outlined in Coding Guidelines 7 we have incorporated many changes to our methodology e.g.

I. Inviting coding staff to join us to see what we do,
II. Discussing all clinical coding differences with coding staff

Although it is still the early stages of the project we have found this initiative to be successful and coding staff have expressed that they feel it is a worthwhile exercise.

*Investigation of Anomalies Resulting from Coppish*

This project is now complete the report was distributed to Medical Records/Information Managers in November last year. For those of you with access to the Internet copies of the report and summary report can be found at the web address below or if you wish a copy please contact us.

http://www.show.scot.nhs.uk/isd/isd_services/NHSiS_services/Data_quality/dqa.htm

*Socrates - QA of Cancer Registration Data*

This project is now complete. A report detailing the methodology, hospitals involved and a table showing the provisional number of differences between ICD10 and ICD02 was sent to all Medical Records/Information Managers involved in November last year. The data collected has been passed to the Scottish Cancer Intelligence Unit (SCIU) in ISD for analysis and reporting. As a result of this project SCIU will amend and provide to their Cancer Registration Officers, more guidance on the issues highlighted.

*National Clinical Coding Qualification*

Congratulations to Mary Virtue, DQA who is the first Scottish candidate to pass the examination for this qualification.
The date of the next NCCQ examination is Tuesday 10/4/01. Registrations to IHRIM by 28/02/01.
Coding guidelines - Cumulative Summary (Feb 2001)

ICD10 Coding Guidelines

- Abortion codes in SMR02: Feb 97
- Abortion coding: Jan 99
- Acute on Chronic Conditions: Jan 99
- Administration of abortifacient drug: Apr 98/ Feb 01
- Alcohol-related conditions: May 96
- Ante-partum haemorrhage: Jan 98
- Antiphospholipid Syndrome: Jun 00
- Arterial disease: Feb 97

- Burns classified according to percentage of body area: Sep 99
- Cancelled procedure, condition resolved: Nov 96
- Cancer patients admitted for chemotherapy: May 97
- Clicking hip: Nov 96
- COAD: Sep 99
- COAD + bronchitis: Feb 01
- Coding HIV disease: Feb 97
- Coding HIV disease in ICD10: Nov 96
- Coding poisonings with the drug Ecstasy: Nov 96
- Co-morbidities on SMR01 coding: Jun 99
- Compound drugs: Sep 99
- Conditions caused by an infectious agent: Nov 96
- Conditions in pregnancy: May 96
- Convalescence on SMR01: Feb 97

- Dagger and asterisk codes: Nov 00
- Dagger and asterisk coding: May 96
- Drugs and alcohol poisoning: May 97

- E Coli 157: Feb 97
- External cause codes: May 97
- External Orthopaedic fixators: Jun 00

- Geriatric Falls/ Off Legs/ Off feet: Jan 00

- Head Injuries: Jun 99
- Heavy drinkers/ smokers: Jun 00
- Helicobactor infection: Nov 96
- Helicobactor positive: May 97
- Helicobactor pylori infection: May 96
- Holiday Relief Care: Jun 00

- ICD10 index changes: Feb 97/ Jan 98/ Jan 00

- Injury with tendon involvement: Nov 96
- Intramucosal carcinoma: Nov 00

- Last position coding - ICD10: Sep 99
- Learning Disability: Jun 00
- Left Ventricular Dysfunction: Jan 99
- Lewy Body Dementia/Syndrome/Disease: Jan 99
### Coding guidelines - Cumulative Summary (Feb 2001)

#### ICD10 Coding Guidelines (cont)

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## Coding guidelines - Cumulative Summary (Feb 2001)

### OPCS4 Coding Guidelines

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<td>Termination of pregnancy using Mifepristone (RU486) pessary</td>
<td>Apr 98</td>
</tr>
<tr>
<td>Therapeutic v diagnostic procedures</td>
<td>Nov 00</td>
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<tr>
<td>Unicondylar/Unicompartmental knee joint replacement</td>
<td>Apr 98</td>
</tr>
<tr>
<td>Unlikely pair codes</td>
<td>Jun 99</td>
</tr>
<tr>
<td>Y52 approach code to organ</td>
<td>Feb 01</td>
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</tbody>
</table>

**NB: From Nov 96 to Sept 98 issues were entitled Coding Quarterly**