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Foreword

The *Coding Quarterly* is used to issue guidance on general coding issues and specific coding queries which arise frequently. Other matters of general interest relating to the work of the Scottish Clinical Coding Centre (SCCC) and Quality Assessment and Accreditation (QAA) will also be included.

A cumulative summary list of the codes covered in the *Coding Quarterly* is issued at the end of the document.

If there are any coding issues that you would like to see covered in the *Coding Quarterly*, please contact the SCCC.

**SCCC** is responsible for all clinical coding related matters in the NHS in Scotland, including ICD10, OPCS4 and Read coding.

A coding advisory service is provided by the SCCC to give help and guidance to coders and others with specific coding problems and queries, and to advise on any other issues relating to clinical coding. Coding queries that cannot be resolved easily are referred to the Clinical Coding Review Group (CCRG). This group meets monthly in the SCCC and comprises Consultants in Public Health Medicine, Clinical Coding Tutors and other members of QAA and SCCC staff. The CCRG’s resolutions are communicated to the Coding Review Panel at the NHS Centre for Coding and Classification in England. In this way, consistency in coding policy and practice throughout the UK can be maintained. Any problems that cannot be resolved at the CCRG, or that require changes to the UK coding policy, are further discussed at the Coding Review Panel, and may be referred to the World Health Organisation (WHO).

**SCCC Coding Advisory Service:** tel. 0131-552-7325

From 1 June 1998 this service will be available on Tuesday, Wednesday and Thursday only (9am – 5pm).

**QAA** is responsible for monitoring the quality of central returns against nationally agreed standards in terms of accuracy, completeness, consistency and fitness for purpose, offering recommendations for improving data quality.

In addition, QAA undertakes specific data quality projects, on request, for strategic planners, service deliverers and clinicians.

Coding queries relating to QAA projects should be referred to QAA rather than SCCC.

Tel. 0131-551 8005/8976.
Liz Williamson (tutor for Forth Valley, Lanarkshire Healthcare Trust and Lothian) has now settled into her new home, and has retained her telephone number (01324 – 714418).

Training

SMRs, ICD10, OPCS4, Anatomy & Physiology
All staff involved in collecting and/or processing SMR data should receive training in coding the clinical and non-clinical information recorded in the SMRs. Although most staff in the trusts throughout Scotland have by now been trained in ICD10, OPCS4 and SMR codes, there is a continuing small demand for training for new staff in these areas and in Anatomy & Physiology. An ongoing training programme is being maintained by the Clinical Coding Tutors and anyone requiring training should contact Julia Ewen at the Scottish Clinical Coding Centre (0131-551-8345).

The details of the charging structure for courses are as follows: from 1st April 1998, courses in ICD10, OPCS4 and Anatomy & Physiology, carried out by one of the Clinical Coding Tutors, will cost £75 per day for each trainee. Courses must have at least four participants. Wherever possible, courses will take place within trust premises rather than at ISD in Edinburgh, to keep expenses for the participants to a minimum. Where a trust is able to provide suitable training room facilities for their own staff and those attending the course from another nearby trust, a reduction in the course fee will be negotiated with the host trust.

Read codes

Training and/or advice on Read codes is available from the SCCC. Please phone Ann Ward for further details (0131-551 8424).
General Information

Coding Advisory Service Queries

When contacting the Coding Advisory Service with a query, it is important that you have the case notes to hand. We may ask about other information from the case record e.g. diagnosis when the query is about an operation.
For advice about a specific error or query on an error/query report, please identify the error or query number and be ready to tell us. This can be found at the end of each record on the error/query report e.g. E1330 or Q0710.

SMR02 guidelines

A review of SMR02 has been carried out by a group comprising Obstetricians from the service, Consultants in Public Health Medicine and senior ISD staff. The remit of the group was to resolve data collection and coding issues that have arisen since the introduction of the |Coppish| SMR02 – some of these were identified during the QAA project which as conducted last year. There was also a need to define when and how some specific conditions should be recorded to ensure consistency across Scotland.

Following the review, guidance notes for completion of SMR02 were prepared and issued in March, to take effect from 1 April 1998. These notes contain clarification on many points that have until now caused difficulty in some units – there are very few real changes to the data being collected. The notes are, in effect, the amendments to Chapter 8 of the Coppish SMR Data Manual and should be used in conjunction with the Manual until it is updated. If you require a copy of the notes or any advice on them please contact the Clinical Coding Tutor for your area.
The review group will continue to monitor SMR02 data collection and assess the need for further amendments to the dataset.

QAA current activity

SMR01 1996/97 data

Assessment visits have now been completed, the last being on 27 February 1998. The full list of hospitals included in he project is as follows:

Borders General Hospital, Melrose
Victoria Hospital, Kirkcaldy
Caithness General, Hospital, Wick
City, Hospital, Edinburgh
Aberdeen Royal Infirmary
Woodend General Hospital, Aberdeen
Western Infirmary/Gartnavel General Hospital, Glasgow & Beatson Oncology Centre, Glasgow
Royal Hospital for Sick Children, Edinburgh
Royal Infirmary, Edinburgh
Monklands Hospital, Airdrie
Royal Hospital for Sick Children, Yorkhill, Glasgow
Ninewells Hospital, Dundee
Greenock
Dundee Royal Infirmary
Ayr Hospital
St John’s at Howden, Livingston
Raigmore Hospital, Inverness
Eastern General Hospital, Edinburgh
Princess Margaret Rose Orthopaedic Hospital, Edinburgh
Royal Aberdeen Children’s Hospital
Queen Margaret Hospital, Dunfermline
Western General Hospital, Edinburgh
Stobhill Hospital, Glasgow
Falkirk and District Royal Infirmary
Glasgow Royal Infirmary
Canniesburn Hospital, Glasgow
Kings Cross Hospital, Dundee
Inverclyde Royal Hospital,
Ninewells Hospital, Dundee
Inverclyde Royal Hospital,
Dundee Royal Infirmary
Stracathro Hospital, Brechin
Stirling Royal Infirmary
SMR01 1996/97 data continued

Dr. Grays Hospital, Elgin
Law Hospital, Carluke
Southern General Hospital, Glasgow
Perth Royal Infirmary
Crosshouse Hospital, Kilmarnock

Results for all hospitals are expected to be issued by the end of April 1998.

Follow-up meetings with hospital records staff, clinical coding tutors and QAA have taken place for 26 hospitals. These meetings have proved to be very useful for both the trusts and ISD. The remaining meetings will be arranged during May.

Provisional Scotland results will be available shortly, with final results issued on completion of the following –up meetings.

SMR02 1996/97 data

Assessment visits have now been completed. The full list of hospitals included in the project were as follows:

St John’s Hospital at Howden, Livingston
Bellshill Maternity Hospital
Eastern General Hospital, Edinburgh
Aberdeen Maternity Hospital
Falkirk and District Royal Infirmary
Caithness General Hospital, Wick
Forth Park Maternity Hospital, Kirkcaldy
Perth Royal Infirmary
The Royal Alexandra Hospital, Paisley
Ayrshire Central Hospital, Irvine
Glasgow Royal Maternity
Stirling Royal Infirmary

Borders General Hospital, Melrose
Law Hospital, Carluke
Southern General Hospital, Glasgow
Simpson Memorial Maternity Pavilion, Edinburgh
Rutherglen Maternity Hospital, Glasgow
Raigmore Hospital, Inverness
Queen Mother’s Hospital, Glasgow
Vale of Leven Hospital, Alexandria
Dr Gray’s Hospital, Elgin
Inverclyde Royal Hospital, Greenock
Ninewells Hospital, Dundee
Creswell Maternity Hospital, Dumfries

A review of SMR02 initiated from this project has taken place – see page 3 (SMR002) guidelines).

Following the completion of SMR01 results, SMR02 will become the priority and it is hoped that these results will be completed by the end of May 1998.
Administration of Abortifacient Drug

From 1 April 1998, administration of abortifacient drugs, for example, Mifepristone (RU486) or prostaglandin, is to be coded in ICD10 as:

Z30.3 - Menstrual extraction (includes Interception of pregnancy)

and not Z51.2 as previously advised in the Coding Quarterly of May 1997. 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.

Obstructive Jaundice

The code for Obstructive Jaundice is currently under review by the WHO (World Health Organisation).

Until further advised, use code

R17.X Jaundice, unspecified.

Site of musculoskeletal involvement

In the Musculoskeletal chapter p 628-629, 5th character subdivisions are given for site of involvement. Coders have difficulty when the site is specified as “arm” or “leg” without specifying “upper” or “lower”. In the majority of these cases it should be possible to find out which is more appropriate, but where this is not possible it has been decided to use:

3 for arm, nec
6 for leg, nec

Coding Guidelines — OPCS4

Cold Coagulation to Cervix

Cold coagulation is the destruction of tissue by heat and not cold. The correct code assignment is:

Q02.3 Cauterisation of lesion of cervix uteri

Termination of Pregnancy using Mifepristone (RU486) pessary

When coding termination of pregnancy using an abortifacient pessary there is a choice of two codes depending on the type of abortifacient drug used. Prostaglandins administered in pessary form are coded to Q14.5 Insertion of prostaglandin pessary. Mifepristone (which belongs to a different class of drugs) administered in pessary form is coded to Q14.6 Insertion of abortifacient pessary nec.
OPCS4 Guidelines continued

Excision of lesion of skin

This operation is frequently miscoded in OPCS4. The use of the code S06.8 follows the same rules as any other .8 code in OPCS4 i.e. it is an ‘Other excision of lesion of skin’ (category title) but not one of those previously listed in the category (marsupialisation or shave excision). It should not be used merely when the operation specifies a different site from head or neck. For example, the correct codes for excision of lesion of skin of back are:

- S06.9 - Unspecified other excision of lesion of skin; with
- Z49.4 - Skin of back

Injections and Infusions

The Clinical Coding Review Group have issued the following definitions:

a) Injections - the person administering the injection needs to be present throughout the administration of the injection.

b) Infusions - the person administering the infusion can leave the patient while the infusion is taking place. An infusion is continuous administration in the form of a drip.

It is important to note that the purpose of the classification is not to identify the specific drug given, but to indicate the way it is administered.

- X29.- Continuous infusion of therapeutic substance

is the only category available to code the continuous infusion of any therapeutic substance.

- X35.2 Intravenous chemotherapy

is used to code intravenous chemotherapy.

Chemotherapy is a generic term for the treatment of disease by a chemical agent and is not restricted to the use of cytotoxic drugs for treatment of malignant neoplasm. Chemotherapy should therefore be coded according to the method of administration as detailed above.

Unicondylar / Unicompartmental knee joint replacement

Are Unicondylar/Unicompartmental knee joint replacements considered to be total or hemi replacements? The Clinical Coding Review Group have issued the following guidelines. Unicondylar/Unicompartmental knee joint replacements are total and therefore should be coded within categories W40.-, W41.- or W42.-. Hemiarthroplasty, knee should be coded within categories W52.-, W53.- or W54.-, with site code Z84.6.

HEAL - Hysteroscopic endometrium ablation - laser

Hysteroscopic endometrial ablation using a laser (HEAL) involves the destruction of endometrial tissue which is behaving abnormally and not the destruction of a lesion. The Clinical Coding Review Group have issued the following codes for HEAL:

- Q17.8 Other specified therapeutic endoscopic operation on uterus; with
Coding Guidelines OPCS4 continued

Hickman Line Insertion

The default code for the eponym Hickman Line is L91.1 (Open insertion of central venous catheter). However it is advisable to check if this is carried out as an open procedure. If not, the code L91.2 (Insertion of central venous catheter nec) maybe more appropriate.

Microwave Prostatectomy

Microwave prostatectomy is a procedure commonly used to treat benign prostatic hyperplasia (BPH). Part of the confusion between assigning codes from categories M65 or M67 is that the “ectomy” element of the medical term “prostatectomy” actually means excision i.e. surgical removal of the prostate gland. However, prostatectomy is now performed in different ways. A useful working principle to follow is that category M65, Endoscopic resection of outlet of male bladder, is applicable for excision or resection procedures when tissue samples are also obtained for histology. The category M67 is however, applicable for destruction procedures, e.g. laser, cauterisation, cryotherapy, coagulation, diathermy, thermotherapy, etc.

On this basis, Microwave prostatectomy which is thermotherapy or a coagulation type destructive procedure should be assigned a code from category M67.

For microwave prostatectomy, the correct OPCS4 codes are:

M67.2 Endoscopic destruction of lesion of prostate nec; with
Y13.4 Radiofrequency controlled thermal destruction of lesion of organ noc.

If the microwave prostatectomy is performed “blind” via the urethra or transrectally, this should be identified by using codes:

M70.8 Other specified operation on outlet of male bladder; with
Y13.4 Radiofrequency controlled thermal destruction of lesion of organ noc.

Transurethral vaporisation of the prostate (sometimes referred to as Vaportrode TURP) is a new electrosurgical treatment for BPH, which is performed as an alternative to transurethral resection of the prostate (TURP). It uses a destruction technique called electrovaporisation (EVAP) and combines the use of high electrical power with specially developed EVAP-elements to vapourise the prostate. The correct OPCS4 codes for this procedure are:

M67.2 Endoscopic destruction of lesion of prostate nec; with
Y13.1 Cauterisation of lesion of organ noc.
Coding Guidelines  Cumulative Summary

ICD10 Coding Guidelines

Abortion codes on SMR02          Feb. ’97
Administration of abortifacient drug     Apr. ‘98
Alcohol-related conditions        CG May ‘96
Ante partum haemorrhage           Jan. ‘98
Arterial disease                  Feb. ‘97

Cancelled procedure, condition resolved Nov. ’96
Cancer patients admitted for chemotherapy May ‘97
Clicking hip                       Nov. ’96
Coding HIV disease                 Feb. ’97
Coding HIV disease in ICD10        Nov. ’96
Coding poisonings with the drug Ecstasy Nov. ’96
Conditions caused by an infectious agent Nov. ’96
Conditions in pregnancy            CG May ‘96
Convalescence on SMR01              Feb. ‘97

Dagger and asterisk coding         CG May ‘96
Drugs and alcohol poisoning        May ‘97

E coli 157                         Feb. ‘97
External cause codes               May ‘97

Helicobacter infection             Nov. ’96
Helicobacter positive              May ‘97
Helicobacter pylori infection      CG May ‘96

ICD10 index                        Jan. ’98
Injury with tendon involvement     Nov. ‘96

Malignant pleural effusion         Nov. ’96
Meconium staining                  Sept. ’97
MRSA (Methicillin resistant staphylococcus aureus) CG May ‘96
Multi-organ failure                Nov. ’96
Multiple rehabilitation procedures Feb. ‘97

Observation codes (Z03.- and Z04.-) – when to use them May ‘97
Obstructive jaundice                Apr. ‘98
Old myocardial infection            Jan. ’98

Patient who takes overdose transferred to psychiatric hospital May ‘97
Poisoning – intentional self-harm or accidental? CG May ‘96
Postnatal administration of Anti D May ‘97
Postprocedural disorders            CG May ‘96
Presumptive diagnoses              Jan. ’98
ICD10 Coding Guidelines *Cumulative Summary* continued

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**OPCS4 Coding Guidelines**

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Unicondylar/unicompartmental knee joint replacement  Apr. ‘98